Summary

- NHS and local authorities must recognise the impact of hearing loss and increase the level of evidence to support the planning and delivery of local services. Further action is also required to improve the level of diagnosis of hearing loss and to improve communication in GPs, hospitals and care homes.

- Hearing aids must remain free of charge on the NHS for everyone who needs them. The NHS, local authorities and Health and Wellbeing Boards (HWBs) responsible for scrutinising commissioning decisions must be much more effective at monitoring and intervening when CCGs make decisions that run contrary to clinical evidence and local need.

1. Background and Introduction

1.1 Action on Hearing is the largest UK charity representing people with hearing loss. We help people confronting deafness, tinnitus and hearing loss to live the life they choose. We enable them to take control of their lives and remove the barriers in their way. We provide information, advice and support for people with hearing loss, we campaign for equality and better services and we support research efforts to find new treatments and improve the management of hearing loss.

1.2 Action on Hearing Loss welcomes the opportunity to submit evidence to the Health Committee inquiry into the impact on public health post-2013 of the Health and Social Care Act reforms.

1.3 Our response will focus on issues relevant to people with hearing loss. Throughout this response we use the term 'people with hearing loss' to refer to people with all levels of hearing loss, including people who are profoundly deaf.

1.4 Hearing loss is a long term condition which affects more than eleven million people in the UK, about 1 in 6 of the population. The prevalence of hearing loss increases with age. Over 71.1% over 70 year olds have some form of hearing loss. With the ageing population, the number of people with hearing loss is set to grow in the years to come. By 2035, there will be approximately 15.6 million people with hearing loss in UK - that's a fifth of the population.

1.5 People with hearing loss may find it difficult to communicate with friends and family, and health and social care professionals, and have an increased risk of social isolation, anxiety and depression. There is also strong evidence that hearing loss increases the risk of dementia.

1.6 There is good evidence that hearing aids improve quality of life, reduce the risk of loneliness and depression, and may even reduce of the developing dementia, but many people are waiting too long to get their hearing loss tested. Diagnosing and
managing hearing loss and taking a person’s hearing loss into account when managing other conditions are also essential for good communication and care⁸.

1.7 The recently published Action Plan on Hearing Loss states that hearing loss is “responsible for an enormous personal, social and economic impact throughout life” and urgent action is required to increase the awareness of its impacts and the level of support for adults with permanent hearing loss. The Department of Health and NHS England have committed to review the commissioning of hearing loss services and develop guidance to reduce variations in service quality and provision, and improve the experience of people with hearing loss when using health services. Improving the quality of health services for people with hearing loss is now a national priority – and we want to make sure that it is also a local priority, and local services have the evidence, expertise and support to meet the needs of people with hearing loss.

1.8 In this submission, we present evidence on the service gaps and barriers to communication preventing people with hearing loss getting the treatment and support they need. We also present the case study of North Staffordshire CCG’s hearing aid policy as a worrying example of a commissioning decision that ignores robust clinical evidence and goes against local need. This demonstrates a worrying lack of oversight and scrutiny of commissioning decisions by NHS England and local authorities.

2. Joint Strategic Needs Assessments

2.1 The Department of Health and NHS England, and the Chief Medical Officer, have stated that hearing loss is a major public health issue⁹. NHS England, and Public Health England, have committed to strengthening the evidence base on the prevalence and impact of hearing loss and reduce inequalities through prevention strategies, early diagnosis and prompt access to treatment and support.

2.2 Urgent action needs to be taken to make sure this is recognised by local authorities. At present, most local authorities are ignoring the high prevalence and impact of hearing loss when they plan local services. The Department of Health and NHS England’s Action Plan on Hearing Loss states that hearing loss must be included in Joint Strategic Needs Assessments (JSNAs), which are carried out by the NHS and local authorities to assess the needs of local populations and co-ordinate policies on the prevention and management of long term conditions. However, our research¹⁰ shows that only one in three (35%) local authorities include hearing loss as a specific issue in their JSNAs. As a result many people with hearing loss are failing to get the vital health and social services they need.

3. The diagnosis and management of hearing loss

3.1 Most hearing loss is age related, and many people with hearing loss are likely to have other health conditions such as physical impairments, sight loss, dementia or cancer. This can cause complications - for example hearing loss can be misdiagnosed as dementia or make symptoms of dementia appear worse¹¹.
3.2 Hearing loss should be diagnosed and treated at the earliest opportunity to enable people with hearing loss to communicate well, to allow the effective diagnosis and management of other conditions, and to avoid deteriorating health and independence. Research shows that people wait on average ten years before seeking help for their hearing loss. When people eventually do seek help, GPs fail to refer 45% people with hearing loss for a hearing assessment. Hearing loss deteriorates with age and guidance from NHS England states that treatment is more likely to be effective when hearing loss is diagnosed early\(^\text{12}\). Hearing aids are most effective when fitted early as people with severe hearing loss find it more difficult to adapt to hearing aids\(^\text{13}\).

3.3 With the ageing population, the number of people with unaddressed hearing loss is set to grow in the years to come. Evidence already shows that screening everyone for hearing loss as they get older would be both cost effective and could improve quality of life for millions of people\(^\text{14}\).

3.4 Health services should take a joined up approach to the diagnosis and management of hearing loss and other conditions. We estimate that at least £28 million per year could be saved by properly managing hearing loss in people with dementia, thus delaying their admission to residential care\(^\text{15}\).

4. **Access to health and social care**

4.1 People with hearing loss often struggle to access health and social care services, which can lead to confusion over diagnosis and ineffective treatment. Our research shows that when visiting the GP more than a quarter (29%) of people with hearing loss said they didn’t understand their diagnosis and approximately one in five (19%) were unsure about their medication. Around two thirds (68%) of people who asked for a British Sign Language (BSL) interpreter didn’t get one.

4.2 NHS England’s Accessible Information Standard, which becomes mandatory on 31st July 2016, provides clear guidance on what GPs, hospitals and care homes must to do to make their services accessible for people with sensory loss and learning disabilities – including people with hearing loss. The Standard ensures people with hearing loss understand the information they are given and can participate fully in decisions about their care. It is vital that health and social care services have robust processes in place for identifying, recording and meeting the communication needs of people with hearing loss.

5. **Oversight and Scrutiny – North Staffordshire CCG**

5.1 Against robust clinical evidence and professional guidance, in October 2015, North Staffordshire clinical commission group first CCG in the country to stop providing hearing aids to most people. Four other local CCGs are proposing to follow in the steps of North Staffordshire, meaning the cuts could affect over 145,000 people across Staffordshire. With 2 other CCGs across England, now consulting on similar proposals.

5.2 Hearing aids are the only viable treatment for people with hearing loss\(^\text{16}\). There is robust and overwhelming evidence from systematic reviews and randomised control trials that
hearing aids improve quality of life and reduce health risks (for more information, see section 2). No evidence has been put forward to make the case for not providing hearing aids on the NHS and North Staffordshire CCG have consistently overlooked or misrepresented key pieces of evidence.

5.3 The CCG also has a statutory duty to properly involve people affected by service changes in the planning of services and in the development and consideration of proposals\(^\text{17}\). North Staffordshire CCG did not carry out a full public consultation on their hearing aid policy and only held an “engagement exercise” on their original proposals, which were subsequently amended. The CCG held two engagement events to find out the public’s views on their proposals. Unfortunately there were issues around accessibility such as problems with the loop systems and microphone use, leaving many participants unable to hear the discussion. Attendees were told not to ask questions at the events and instead note these down for a later response, which over a year on has still yet to be issued. There were also issues with the online tool for engagement and changes made to it midway through the process.

5.4 NHS England and CCGs have a statutory duty to secure improvements in physical and mental health and continuously improve the quality of the health services. NHS England is also responsible for making sure that CCGs meet this statutory duty and for scrutinising the performance and decisions of CCGs. However, no assessment has been conducted by NHS England to assure North Staffordshire CCG’s use of clinical evidence or the effectiveness of their public engagement.

5.5 Cutting hearing aid provision contradicts Staffordshire Strategic Partnership’s priority to “positively support the ageing population”, as well as Staffordshire’s JSNAs and Joint Health and Wellbeing Strategy (JHWS), which calls for a focus on “Aging well” and the frail elderly, and argues there is a need to “invest in early help and prevention”. HWBs - who are responsible for producing JSNAs and JHWSs - can refer their opinion to NHS England if commissioning decisions do not have regard to the JHWS\(^\text{18}\). Staffordshire HWB has not done so.

5.6 The local oversight and scrutiny committee (the Healthy Staffordshire Select Committee) have explored this issue several times since June 2014. However, they have only ever heard evidence from the CCG itself. The only opportunity to publicly challenge the situation and outline what has occurred in a formal setting came thanks to the 5,000 local people signing a petition – this triggered a full county council debate where the first time the CCG’s evidence was contested – but no further action has been taken.

6. Our recommendations

- Public Health England must meet its commitments to improve the evidence on the prevalence and impacts of hearing loss, and to provide tools for assessing local needs.
- Local authorities must include hearing loss in their JSNAs – that collect data on the number of people who are deaf or have hearing loss and assess their needs to inform the provision of local services.
NHS services and local authorities should take into account hearing loss and deafness when providing the diagnosis, management and care for people who also have other long term conditions.

The National Screening Committee should propose a hearing screening programme for all adults, over the age of 65, across the UK.

The UK Government should fund a randomised controlled trial to ascertain the most effective way to screen people for hearing loss – and to show the long-term benefits of screening – and commission further research to determine the full benefits of hearing aids and the social and economic costs of hearing loss.

NHS England should ensure the Accessible Information Standard is properly enforced and performance monitored; and it should provide funding, resources and training to help health and social care services meet the Standard.

GPs, hospital and care homes should ensure there are robust processes in place for identifying, recording and meeting the communication and information needs of people with hearing loss.

NHS England, HWBs and local authorities must intervene if CCGs make decisions that run contrary to clinical evidence and local need.


Year Study. Journal of the American Geriatrics Society, 63 (10), 2099-2104.

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