

Joint Strategic Needs Assessment Guidance

Guidance for Local Authorities
and NHS commissioners on
assessing the hearing needs
of local populations



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Contents

1	Foreword	5
2	Equality and health inequalities statement	6
3	Introduction	7
4	Hearing Loss and tinnitus: overview	8
4.1	Causes and prevalence	8
4.2	Impacts and costs	10
4.2.1	Communication	10
4.2.2	Health and wellbeing	11
4.2.3	Social isolation	11
4.2.4	Mental health	11
4.2.5	Dementia	11
4.2.6	Balance and falls	12
4.2.7	Employment	13
4.3	Treatment and support	13
4.3.1	Earwax	13
4.3.2	Hearing aids and the importance of early intervention	13
4.3.3	Cochlear implants and bone conducting hearing implants	15
4.3.4	Assistive technology	15
4.3.5	Other treatment and support	15
4.3.6	Treatment and support for tinnitus	15
4.3.7	Supporting people who use BSL	16
5	Local data on hearing loss	17
5.1	Hearing loss data tool	17
5.2	Hearing loss registers	17
5.3	Other sources of local data	17
5.3.1	Population statistics	17
5.3.2	Local service statistics	18
6	Who is at greater risk of hearing loss and its impacts?	19
6.1	Children and young people	19
6.2	Older people	19
6.3	People living in care homes	20
6.4	People with dual sensory loss	20
6.5	People with learning disabilities	21
6.6	People with, or at risk of, dementia	21
6.7	Carers	22
6.8	Other groups	22
7	Services for people with hearing loss	23
7.1	Children (0-17 years)	23
7.1.1	NHS hearing screening	23
7.1.2	NHS audiology services	24
7.1.3	NHS Child and Adolescent Mental Health Services (CAMHS)	25

OFFICIAL

7.1.4	Social care	26
7.1.5	Education	26
7.2	Adults (aged 18 and over)	28
7.2.1	NHS adult hearing services	28
7.2.2	Social services and social care	32
7.2.3	NHS Mental health services	34
7.2.4	Employers	35
8	Communication support and equipment	36
8.1	Barriers to communication	36
8.2	Improving accessibility for people with hearing loss	36
9	Involving people with hearing loss in the JSNA and JHWS process	38
10	Resources and support	39
10.1	Commissioning framework for hearing loss services	39
10.2	Model service specifications	39
10.3	What Works guides	39
10.4	Improving Quality in Physiological Services (IQIPS)	39
10.5	Action Plan on Hearing Loss	40
10.6	NICE guidance	40
10.6.1	Hearing Loss in Adults: Assessment and Management	40
10.6.2	Mental wellbeing of older people in care homes	40
10.6.3	Otitis media with effusion in under 12s: surgery	40
10.6.4	Cochlear implants for children and adults with severe to profound deafness	40
10.6.5	Transition from children's to adults' services for young people using health or social care services	41
10.6.6	Older people with social care needs and multiple long term conditions	41
10.6.7	Social care for older people with long term conditions	41
10.7	NHS England's Accessible Information Standard	41
10.8	National Sensory Impairment Partnership (NatSIP) guidance	41
10.9	National organisations	42
11	References	44

1 Foreword

Hearing loss is a major public health issue that now affects over 9 million people in England. Due to our ageing population and the increasing prevalence of age-related hearing loss, this is set to grow to 13 million by 2035.

Without the right support, people with hearing loss can find it difficult to communicate and are at greater risk of unemployment, social isolation, depression and other mental health issues. This worsens inequalities and increases avoidable costs for individuals, the health and care system and the economy. Yet with the right local support, people with hearing loss do not have to be disadvantaged and the impact and costs associated with hearing loss can be significantly reduced.

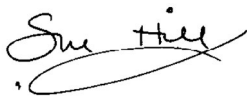



The scale and impact of unsupported hearing loss now requires a coordinated response across the health and care system, and at the heart of this is ensuring that hearing needs are accurately captured in every local Joint Strategic Needs Assessment (JSNA).

This guide brings together the available evidence and timely data on hearing loss so that local authorities and NHS commissioners can include hearing needs in local JSNAs. It will help local decision makers define the future health, care and wellbeing needs of their local populations with regards to hearing loss and access national guidance on how local services can help them to meet these needs. This local approach is key to ensuring that by working together, the health and care system can tackle this growing public health issue in a sustainable way.

This guide will also help leaders within local health and care systems to work together to secure integrated care for individuals with hearing loss, tackle unmet needs, improve outcomes and reduce health inequalities. It therefore presents an important step forward in the integration programme across health and social care sectors.

This guide has been co-produced by NHS England, the Local Government Association, the Association of Directors of Public Health, Public Health England and other stakeholders.¹

We have worked closely together to ensure this guide provides the data, evidence and insight local authorities and NHS commissioners need to develop robust hearing needs assessments and then meet local needs in a way that is right for the local population.

			
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2 Equality and health inequalities statement

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from, healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Further guidance to support NHS Commissioners in meeting their legal duties in respect of equality and health inequalities can be found at:

<http://www.england.nhs.uk/about/gov/equality-hub/legal-duties/>

The LGA has also produced a framework to help local authorities meet their statutory duties under Equality Act 2010 and this can be found at <https://www.local.gov.uk/our-support/guidance-and-resources/equality-frameworks/equality-framework-local-government>

3 Introduction

“Hearing loss affects those both born deaf and those who acquire it later in life [...] it is responsible for an enormous personal, social and economic impact throughout life”

Source: The Department of Health and NHS England’s [Action Plan on Hearing Loss](#)¹

Unsupported hearing loss can have a serious impact on the development of children, and reduce quality of life in adulthood. Over nine million people in England have a hearing loss – around one in six of the population.² Due to the ageing population and the high prevalence of hearing loss in older people this is set to grow to around 13 million people by 2035. Tackling the growing prevalence of unsupported hearing loss is crucial for improving public health and reducing inequalities.

The Department of Health and NHS England’s [Action Plan on Hearing Loss](#)¹ states that hearing loss is “a major public health issue which is often associated with other long-term conditions” that should be considered in the context of strategies and plans. The Action Plan also states that local authorities and NHS commissioners should make sure that hearing needs are included in Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).

This guide and the [accompanying hearing loss data tool](#) present data and evidence on the prevalence and impact of hearing loss. This JSNA guide should be used alongside NHS England’s [Commissioning Services for People with Hearing Loss: A Framework for Clinical Commissioning Groups](#) which was published in 2016.³ Together, these two key outputs of the Action Plan on Hearing Loss, aim to support local authorities and NHS commissioners to meet their statutory duties to assess the needs of local populations, take account of health inequalities, advance equality and commission high-quality services to meet local hearing needs and improve public health.⁴ This guide however does not act as a substitute for each statutory organisation ensuring that it has satisfied its statutory duties.

Throughout this guide, the term “people with hearing loss” refers to people with all levels of hearing loss, including those who are profoundly deaf. The term hearing loss is intended to be inclusive of those who identify as hard of hearing, deaf and Deaf, including those who use British Sign Language (BSL) as their first or preferred language.

4 Hearing Loss and tinnitus: overview

This section provides an important overview of hearing and loss and tinnitus, covering:

- causes and prevalence,
- impacts and costs,
- treatment and support available.

It will help local authorities and NHS commissioners gain a better understanding of hearing loss and tinnitus and why it's important to include hearing needs in local needs assessments. It will also help local decision-makers commission services that promote equality of opportunity and reduce health-inequalities that might otherwise be experienced by people with hearing loss.

It is important to note that this section only provides key facts and information on hearing loss and tinnitus; it is not an exhaustive list of all the issues that need to be considered in local hearing needs assessments. In addition, certain sub-groups warrant special consideration in order to minimise the risk and impacts associated with unsupported hearing and these groups are considered separately in Section 6.

4.1 Causes and prevalence

Key facts and figures

- Over 9 million people in England have a hearing loss, about one in six of the population.²
- Age-related hearing loss is the single biggest cause of hearing loss. This means with an ageing population the number of people with hearing loss is set to increase to an estimated 13 million people by 2035.⁵
- There are 41,000 children and young people with hearing loss under the age of 19 in England.⁶ Around half are born with hearing loss and the other half lose their hearing during childhood.⁷
- Based on the 2011 census, Action on Hearing Loss estimate there are at least 24,000 people across the UK who use (BSL) as their first or preferred language.² People who use BSL may consider themselves part of the Deaf community, with a shared history, culture and language.²

Hearing loss is the result of blockages or damage to the ear, auditory nerve or hair cells in the cochlea. It can be permanent or temporary. The causes of hearing loss and the estimated prevalence of ear conditions in different age groups are summarised in the table below.

² There are also other forms of sign language including variants of BSL for example, some people who are deafblind may use "visual frame signing" or "hands-on signing" to communicate with other people.

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Age group	Causes	Prevalence
Children	<p>Hearing loss in children may be caused by a number of factors including genetic predisposition, complications at birth or complications from other conditions such as mumps, meningitis and other causes.</p> <p>Children may also experience temporary hearing loss, such as glue ear, which may in some cases require treatment.</p>	<p>It is estimated that 0.1 percent of children are born with Permanent Childhood Hearing Loss (PCHL) in both ears and an additional 600 children in England develop or acquire PCHL by age 10.⁷ When children with lower levels of hearing loss and unilateral hearing loss are also included, it is estimated that the overall prevalence of hearing loss in children, of all levels in one or both ears, might be as high as 0.39 percent.^{7,8}</p> <p>The cause of permanent hearing loss in 25 percent of babies is unknown, in 25 percent is due to infections during pregnancy and in 50 percent of cases is likely to have a genetic cause.⁹</p> <p>80 percent of children will experience glue ear before the age of 10.¹⁰</p>
Adults	<p>Hearing loss in adults can be caused by sensorineural hearing loss, conductive hearing loss or a combination of both.</p> <p>Sensorineural hearing loss is caused by damage to hair cells within the inner ear and is permanent.</p> <p>Conductive causes of hearing loss could include impacted wax, perforated ear drums, ear infections, inflammations and middle ear problems. Conductive hearing loss can either be temporary or permanent, and may be amenable to medical management or minor surgery</p>	<p>More than 90 percent of hearing loss is sensorineural and is permanent.¹¹ Age-related hearing loss is the single-biggest cause of sensorineural hearing loss, followed by noise-induced hearing loss.³ Estimates suggest that approximately 8 percent of hearing loss has a conductive cause.¹¹</p> <p>The most common cause of temporary conductive hearing loss is impacted earwax. It is estimated to affect 3.9 percent of adults, with 2.3 million people in the UK seeking help for earwax each year.¹²</p> <p>Medical causes of hearing loss are relatively rare. The main medical causes of hearing loss are listed below (estimated prevalence is shown in brackets):</p> <ul style="list-style-type: none"> • Meniere’s disease (0.1 percent) • Otosclerosis (0.06 percent) • Sudden idiopathic sensorineural loss (0.02 percent) • Cholesteatoma (0.01 percent) • Vestibular schwannoma or other retrocochlear mass (0.002 percent).¹³

Tinnitus is the perception of sound in the absence of sound from the environment. It might be described as a ‘ringing in the ears.’ People can also experience different sounds, for example a buzzing, humming or grinding noise. 10 percent of the population will have tinnitus at some point and it will be moderately annoying in 2.8 percent of the population; severely annoying in 1.6 percent;¹⁴ and disrupting a person’s ability to live a normal life in 0.5 percent.¹⁵ Tinnitus is also a relatively common experience in children, and in terms of prevalence, is on a par with the adult population.¹⁶

Tinnitus is often associated with hearing loss. For example, 75 percent of people with hearing loss might experience tinnitus,¹⁷ whilst only 20 percent to 30 percent of people who report tinnitus have normal hearing.¹⁸ It is estimated that 3 percent of adults might require a clinical intervention for tinnitus.³ Evidence suggests that tinnitus is linked to depression and other mental health issues (see Section 4.2.4).

4.2 Impacts and costs

The impact of hearing loss extends beyond the ability to hear, for example people with hearing loss may find it difficult to communicate with other people and are at greater risk of social isolation, depression and dementia. People with hearing loss may also face barriers to employment due to poor deaf awareness or the lack of communication support. The key impacts and costs of hearing loss and tinnitus are summarised in the sub-sections below.

4.2.1 Communication

The impact of hearing loss on hearing ability will vary depending on many individual factors, and two people with the same degree of hearing loss measure in decibels hearing level (dB HL) may experience very different symptoms. NHS England’s commissioning framework states that:

“...prevalence figures [for hearing loss] are based on the threshold of 25dB HL in the better ear as most of the literature to date has recommended this and [NHS Commissioners] can base their planning assumptions on this threshold. However, the Global Burden of Disease Expert group has recently acknowledged that hearing problems may occur at 20dB HL threshold and clinicians should take account of this”³

The table below provides examples of common problems people with different levels of hearing loss might experience.

Better ear average hearing level in decibels of hearing loss (dB HL)	Hearing in a quiet environment	Hearing in a noisy environment
20-34 dBHL	Does not have problems hearing what is said	May have real difficulty following/taking part in a conversation
35-49 dBHL	May have difficulty hearing a normal voice	Has difficulty hearing and taking part in conversation
50-64 dBHL	Can hear loud speech	Has great difficulty hearing and taking part in conversation
65-79 dBHL	Can hear loud speech directly in one’s ear	Has very great difficulty hearing and taking part in conversation
80-94 dBHL	Has great difficulty hearing	Cannot hear any speech
Unilateral hearing loss: Up to 20 dBHL in the better ear; at least 35 dBHL in the worse ear	Does not have problems unless sound is near poorer hearing ear	May have real difficulty following/taking part in a conversation

Source: NHS England’s [Commissioning Services for People with Hearing Loss: A Framework for Clinical Commissioning Groups](#)³

4.2.2 Health and wellbeing

Evidence shows that hearing loss is a serious health condition that can have an adverse impact on a person's health and quality of life.¹⁹ Adult hearing loss is already one of the most common long-term conditions in older people and the sixth leading cause of years lived with disability in England.²⁰ The World Health Organisation (WHO) also notes that hearing loss is now the fourth leading cause of years lived with disability, up from 11th in 2010.²¹ People with hearing loss are more likely to use health services and hearing loss has been associated with an increased burden of disease amongst adults and an increased risk of mortality.²²

4.2.3 Social isolation

Unaddressed hearing loss can lead to loneliness, emotional distress, withdrawal from social situations and mental health problems.²³ People who receive support for their hearing loss are less likely to become socially isolated (see Section 4.3). Partners of people with hearing loss also often experience frustration, loneliness, social withdrawal and reduced quality of life.²⁴

BSL users who need to access health and social care and support for other conditions may also be at risk of loneliness and loss of cultural identity if they are unable to communicate in a meaningful way with care staff or other people in care homes. Evidence suggests that poor communication or lack of awareness of Deaf culture could lead to ineffective care and deterioration in health and wellbeing.²⁵

4.2.4 Mental health

People with hearing loss are more likely to develop mental health issues – for example, evidence shows that hearing loss doubles the risk of developing depression.²⁶ There is good evidence that hearing aids may reduce these risks but many people are waiting too long to seek help for their hearing difficulties (see section 4.3.2). Evidence suggests that depressive episodes often precede the onset of tinnitus and some tinnitus patients may also experience psychological distress.²⁷

People who use BSL may be reluctant to contact their GP due to communication barriers²⁸ and when they do, poor deaf awareness may lead to misdiagnosis or under-diagnosis of mental health problems.²⁹

4.2.5 Dementia

There is evidence of a link between hearing loss and cognitive decline and dementia.³⁰ Research shows that there is an association between hearing loss and developing dementia, with the risk of developing dementia increasing the more severe an individual's hearing loss is.³¹ The Lancet Commission on Dementia has also reported that hearing loss is the main modifiable risk factor in dementia –suggesting that eliminating the risk associated with hearing loss could reduce dementia cases by 9 percent (see Figure one below).³²

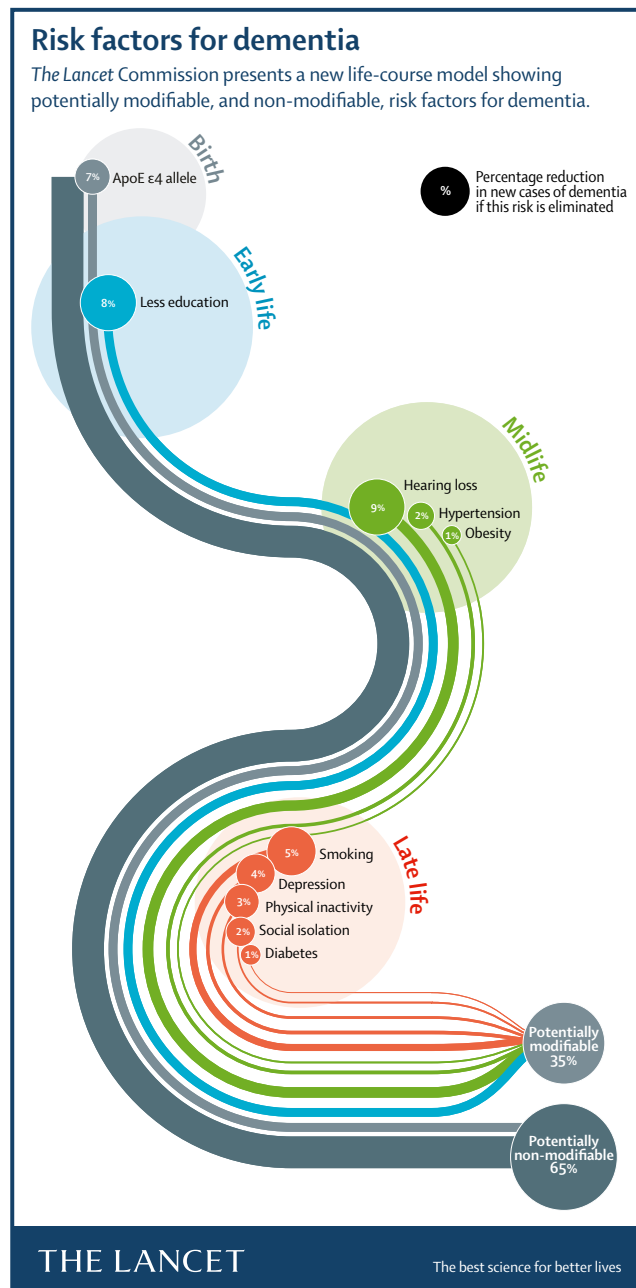


Figure 1: Hearing loss and dementia, an infographic on risk factors for dementia, source: [The Lancet Commission on Dementia](#)

Early research suggests that hearing aids might reduce the risk of cognitive decline and the onset of dementia.³³ The Ageing, Cognition, and Hearing Evaluation in Elders Study (ACHIEVE)³⁴ is planning a large randomised trial to investigate if treatment of hearing loss reduces cognitive decline and dementia (see Section 4.3.2).

4.2.6 Balance and falls

Hearing loss has been independently associated with falls.³⁵ Older people with dual sensory loss are also more likely to have falls compared to people with sight loss only by up to three times.³⁶ It has been suggested that this is due to hearing loss preventing people with sight loss from hearing information that would help them navigate their environment.³⁶

A systematic review of the literature shows that the prevalence of vestibular dysfunction in children with hearing loss ranges from 20 percent to 85 percent, depending on their level of hearing loss and underlying pathologies.³⁷ Children with hearing loss may be born with balance disorders or acquire them through illness, trauma or other conditions³⁸. Balance disorders in children with hearing loss can delay developmental milestones such as sitting unsupported and walking. Older children with hearing loss who experience balance problems may have difficulties with certain activities such as learning to ride a bike due to imbalance.³⁷ Some dizziness and balance disorders have also been associated with poor hearing in older people.³⁹

4.2.7 Employment

Hearing loss can lead to a loss of employment,⁴⁰ difficulties gaining employment,⁴¹ and even early retirement⁴² – a significant issue given the ageing population and pension age. Action on Hearing Loss' [Hidden Disadvantage](#)⁴³ report found that 70 percent of survey respondents felt their hearing loss sometimes prevented them from fulfilling their potential at work and a similar proportion said that hearing loss left them feeling isolated at work. In addition, 41 percent of survey respondents who retired early said this was related to their hearing loss. On average, people with hearing loss are paid £2,000 less per year than the general population.⁴⁴ Estimates suggest that, in 2013, the UK economy lost £24.8 billion in potential economic output because too many people with hearing loss were unable to work and this will rise to £38.6 billion every year by 2031 if nothing is done to address the lower employment rates for people with hearing loss.⁴⁵

4.3 Treatment and support

This sub-section sets out the main treatment and support options for people with hearing loss and tinnitus. It is not the intention of this sub-section to provide an exhaustive list of interventions for hearing loss and tinnitus, but to instead provide an overview of the main interventions currently commissioned and provided by the local authorities and NHS services in England. More information on different types of services available for children and adults with hearing loss can be found in Section 7. Section 10 also provides an overview of key national strategies and guidance on hearing loss and tinnitus.

4.3.1 Earwax

As highlighted in Section 4.1, impacted earwax is a leading cause of temporary hearing loss in England. NICE recommends that earwax should be removed in primary or community ear care services if it contributes to a person's hearing loss or other symptoms or interferes with clinical management. There are several safe options available for managing earwax. To find out more, please see NICE's [Hearing Loss in Adults: Assessment and Management](#) Guideline⁴⁶ (see Section 10.6.1).

4.3.2 Hearing aids and the importance of early intervention

Age-related and noise induced hearing loss are the two main causes of permanent hearing loss, and are not remediable by medical intervention.⁴⁷ Hearing aids remain the primary intervention for adults with permanent hearing loss.

A recent review by NICE shows that the provision of hearing aids is very cost-effective and can improve quality of life and reduce the risks and costs associated with unsupported

hearing loss. Moreover, NICE found that earlier intervention for hearing loss is more cost-effective than delaying treatment until a person's hearing gets worse.⁴⁸

The body of clinical and economic evidence resulted in NICE recommending that people who report hearing difficulties should be encouraged to have a hearing assessment and provided with the necessary support in a timely manner. NICE for example notes:

- hearing aids are very cost effective at £4,591 per Quality Adjusted Life Year (QALY)³ for the first 10 years of treatment, well below the cost-effectiveness threshold of £20,000 per QALY that NICE usually uses.
- early treatment with hearing aids is even more cost effective than delayed treatment.
- "Clinicians need not be concerned that some of the patients they refer may not have hearing loss severe enough to benefit from hearing aids, as sensitivity analysis has shown that even if a large proportion of patients are found not to require hearing aids, that does not prevent referral being cost effective for the group as a whole, and this will maximise the sensitivity of the process, minimising the number of people who could benefit from hearing aids who will be missed."
- "it would be helpful if there was wide awareness of the clinical benefits of hearing aids, including to those with only mild to moderate hearing loss. It may also help if people were aware that GPs would now treat all expressions of concern about hearing as a serious matter and refer people for a full hearing assessment as a matter of course."⁴⁹

Other evidence shows that hearing aids help people communicate and may even reduce the risk of other health problems:

- evidence from systematic reviews shows that hearing aids improve quality of life and are an effective form of treatment for people with hearing loss.⁵⁰
- in children the use of hearing amplification is associated with better developmental outcomes, including speech, language and literacy.⁵¹
- delays in treatment mean adults who acquire hearing loss later in life are less likely to benefit from hearing aids. Early access to hearing aids ensures adults get the most of out of them. Hearing aids have also been shown to have a positive impact on overall health.⁵²
- research shows that hearing aids reduce the risk of loneliness and depression.⁵³ Some early research also suggests that they may also reduce the risk of dementia³³ and further clinical trials are underway (see Section 4.2.5).

Despite these benefits, many more people could be accessing hearing aids than are currently doing so; less than two-thirds of people who could benefit from hearing aids currently have them.⁵⁴ Negative stereotypes about hearing loss and hearing aids as well as fear of stigma itself can be a significant barrier stopping people from seeking help.⁵⁵ Evidence suggests that people wait 10 years on average to seek help for their hearing loss and the average age of those referred for a hearing test is in the mid-70s⁵⁶. When people

³ QALYs are a measure of the state of health of a person or group in which the benefits, in terms of length of life, are adjusted to reflect the quality of life. One QALY is equal to 1 year of life in perfect health. QALYs are calculated by estimating the years of life remaining for a patient following a particular treatment or intervention and weighting each year with a quality-of-life score (on a 0 to 1 scale).

eventually do seek help, evidence also suggests that GPs fail to refer 30-45 percent of those reporting hearing loss to NHS audiology services.⁴⁸

NICE guidelines and other evidence strongly support the need for early intervention on hearing loss and the benefits of providing hearing aids. Taking account of current local demand and unmet need, with the opportunities early intervention can bring, will help local authorities and NHS commissioners plan services that advance equality and tackle health inequalities associated with unsupported hearing loss.

4.3.3 Cochlear implants and bone conducting hearing implants

People with more severe forms of hearing loss might not benefit from hearing aids. NICE has approved cochlear implantation as a cost effective form of treatment for people with a functioning auditory nerve who gain little benefit from air conduction hearing aids.⁵⁷ The NICE guidance on cochlear implantation recommends one cochlear implant for adults and two for children, as well as two for adults who also have sight loss or other disabilities that increase their reliance on hearing.

Some people with conductive hearing loss, mixed hearing loss and Single Sided Deafness (SSD) may also benefit from Bone Conducting Hearing Implants (BCHIs). BCHIs convert sound into vibrations by directing stimulating the inner ear and bypassing the ear canal and middle ear. When someone has SSD, BCHIs can also stimulate a person's better inner ear.

4.3.4 Assistive technology

In addition to the above, it is also important to consider individual's needs in relation to assistive listening devices. For example, personal loops, personal communicators, TV amplifiers, telephone devices, smoke alarms, doorbell sensors, and technologies such as streamers and apps.⁴⁶ More information on assistive technology and other rehabilitation support typically provided by local authorities can be found in Section 7.2.2.

4.3.5 Other treatment and support

Some causes of hearing loss warrant urgent access to diagnosis and effective management in order to minimise the risk of a permanent hearing damage. For example, sudden sensorineural hearing loss in adults, although rare, is a medical emergency and might require treatment with steroids.⁴⁶ More information on the referral criteria for sudden sensorineural hearing loss and other forms of sudden or rapid onset hearing loss can be found in NICE's [Hearing Loss in Adults: Assessment and Management](#) Guideline⁴⁶ (see Section 10.6.1).

4.3.6 Treatment and support for tinnitus

Often addressing an underlying hearing loss can help address tinnitus. A large group of people with tinnitus will also benefit from reassurance and advice. Some people with distressing tinnitus may need to access a range of support through their local NHS hearing services that could include:

- Counselling – therapy that helps people learn more about their tinnitus and manage their tinnitus more effectively.

- Sound therapy – listening to neutral sounds to distract people from the sound of tinnitus.
- Cognitive Behavioural Therapy (CBT) – therapy that helps people change the way they think about tinnitus, so it becomes less noticeable.
- Tinnitus Retraining Therapy (TRT) – therapy that aims to retrain the way people respond to tinnitus so they become less aware of it.²⁷

4.3.7 Supporting people who use BSL

BSL users who are severely or profoundly deaf are unlikely to benefit from hearing aids and may not want other forms of treatment such as cochlear implants. BSL users may instead require support from a communication professional in order to help them access local services and employment (see Section 8). People who use BSL with mental health problems or other long term conditions may also need to access specialist care and support that recognises the unique language and culture of the Deaf community (see Sections 7.2.2 and 7.2.3).

5 Local data on hearing loss

This section provides an overview of the different local data sources available to local authorities and NHS commissioners. It will help local authorities and NHS commissioners assess the prevalence of hearing loss and level of existing service provision in their area, and consequently help identify any gaps in provision or unwarranted variation. Including this data in local JSNAs can therefore help local authorities and NHS commissioners meet hearing needs and tackle any inequalities in access to care.

For example, local authorities and NHS commissioners can use the prevalence estimates in and local services statistics listed below to assess for unmet need, unwarranted variation, or to monitor service uptake over time:

- **Numerator** – the number of adults using audiology pathways (see Direct Access Audiology in Section 5.3.2).
- **Denominator** – the estimated local adult population with hearing loss (see Section 5.1).

5.1 Hearing loss data tool

A hearing loss data tool has been produced to support local authorities and NHS commissioners access local data on hearing loss. This provides hearing loss population estimates, future population projections and graphs for each local authority area and NHS commissioning area. The tool can also be used to compare hearing loss population estimates and projections between areas and regions.

[Access the hearing loss data tool here](#)

5.2 Hearing loss registers

Under the Children and Families Act 2014, local authorities are required to identify children who have a special educational need and/or disability. How these data are collected depends to a large extent on where people live.

Some local authorities maintain a register of people with hearing loss living in the local area. Registration is voluntary for people with hearing loss and is reliant on the individual being known to the local authority. Hearing loss registers are therefore likely to significantly under-estimate the number of people with hearing loss in each area, because most people with hearing loss do not use local authority services, and many do not seek help at all or only seek support from NHS hearing services. As a result, these registers are of limited value when assessing the full extent of hearing needs of local populations.

5.3 Other sources of local data

5.3.1 Population statistics

The [POPPI dataset](#) has been updated and aligned with the hearing loss data tool noted in Section 5.1.

The National Community Hearing Association (NCHA) has created a hearing map of England. Local information can be accessed from <http://the-ncha.com/resources/hearing->

[map/ccgs-england/](#). The map will also be updated to reflect any changes to health and care planning boundaries in England.

The Consortium of Research into Deaf Children (CRIDE) conducts annual surveys of specialist educational needs services and staff provision for children with hearing loss, asking local authorities to provide information on the number of children with hearing loss in their area. To find out more please visit www.ndcs.org.uk/CRIDE.

5.3.2 Local service statistics

Public Health England (PHE) collects data on key performance indicators for the National Hearing Screening Programme. To find out more, please visit: <https://www.gov.uk/government/collections/nhs-screening-programmes-national-data-reporting>

Statistics and Information on the Referral to Treatment (RTT) completed pathways and incomplete pathways for Direct Access Audiology are available on NHS England's website. To find out more, please visit: <https://www.england.nhs.uk/statistics/statistical-work-areas/direct-access-audiology/>

Waiting times for Ear, Nose Throat (ENT) appointments are also available:

<https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>

Please note, these waiting time statistics will include many patients who have nose and throat issues only.

NHS Improvement also publishes activity data and reference costs for NHS Audiology and ENT services across England. To find out more, please visit:

<https://improvement.nhs.uk/resources/reference-costs/>

6 Who is at greater risk of hearing loss and its impacts?

This section provides a non-exhaustive list of people who might be at higher risk of hearing loss and its associated impacts. The groups listed below include groups that are likely to warrant consideration in all regions across England, however in the process of developing JSNAs and JHWSs local authorities and NHS commissioners may identify additional groups who require special attention. The goal of this section is to help local authorities and NHS commissioners to meet their statutory duties, as highlighted in Section 3.35 of the Department of Health and NHS England's [Action Plan on Hearing Loss](#),¹ to reduce health inequalities and secure continuous improvements in service quality.

6.1 Children and young people

Hearing loss can have a serious impact on the language, communication, education, learning and social development of children and young people. In their early years, children do not have the knowledge and understanding of language to fill in the gaps in conversations. Children with hearing loss may miss out on new vocabulary and incidental learning from other conversations.

Providing children with hearing loss have the right support from their early years, there is no reason why they cannot achieve as well as other children. However, government figures suggest that many children with hearing loss still face barriers in education:

- In 2016, 67 percent of pre-school children with hearing loss as their primary special educational need did not achieve a 'good level of development' compared to 25 percent of pre-school children with identified special education needs.⁵⁸
- 67 percent of children with hearing loss left primary school without having achieved the expected standard at reading, writing and mathematics.⁵⁹
- 41.3 percent of children with hearing loss achieved 5 A* to C grades in their GCSEs (including English and Maths) compared to 63.9 percent of children with no identified special educational needs.⁶⁰
- 43 percent of young people with hearing loss achieved Level 3 (2 A-levels or vocational equivalent) by age 19 compared with 66 percent of young people with no identified special educational needs.⁶¹

Children and young people with hearing loss may also be at risk of worse health and emotional problems, particularly if there are difficulties around communication within the family. For example, estimates suggest that 40 percent children with hearing loss have mental health problems, compared to 25 percent of hearing children.⁶²

6.2 Older people

As stated in Section 4.1, more than 90 percent of permanent hearing loss is sensorineural, and age-related hearing loss is by far the single biggest of cause.¹¹ Unsupported hearing loss in older adults significantly increases the risk of social isolation, depression, rate of cognitive decline and other mental health issues, and can therefore also worsen health inequalities.^{46,3,1}

Despite NICE guidance and clinical and economic evidence strongly supporting early diagnosis and intervention (see Section 4.3.2) most people with age-related hearing loss fail to seek help from a health professionals or wait on average 10 years to seek help with hearing difficulties.⁴⁸ This explains why the average age of those referred for a hearing test is in the mid-70s.⁵⁶

Older people may wrongly assume the impact and consequences of hearing loss are an inevitable part of the ageing process, and as a result remain exposed to the risks associated with unsupported hearing loss for many years. These delays in accessing treatment explain why adult hearing loss is now widely recognised as a major and growing public health issue in England.^{46,3,1}

The older population is also very likely to have other long-term conditions and certain sub-groups might warrant additional consideration. For example, people with hearing loss and frailty or physical impairments may need to access domiciliary hearing care,³ and people with communication and memory problems due to dementia might find it difficult to report hearing difficulties and be more likely to have unaddressed hearing loss.^{63,64}

People with age-related hearing loss therefore require better information and support in order to take action on hearing loss at an earlier stage. Helping older people with hearing loss seek timely support for any hearing difficulties can will also help advance equality and minimise health inequalities in a cost-effective way.

6.3 People living in care homes

People living in care homes are more likely to have a hearing loss than the general population, and need special attention when planning local services. For example research shows that 80 percent of older people living in care homes have hearing loss and they are very likely to have unmet hearing needs,³ and those that do have hearing aids will need ongoing support to get the most out of them. Local authorities and NHS commissioners should work together to ensure people that are unable to attend an audiology service have access to domiciliary hearing care (the evidence cited in Section 6.2 is also applicable to this sub-group).

6.4 People with dual sensory loss

Sight loss and hearing loss are both more common in older age, and therefore so is the incidence of dual sensory loss – it has been suggested that hearing loss and sight loss may share common risk factors and biological ageing markers.⁶⁵ Dual sensory loss has been identified as having wide-ranging negative impacts on mental wellbeing,⁶⁶ social functioning,⁶⁷ general quality of life,⁶⁸ cognition⁶⁹ and mobility.³⁶ There are an estimated 358,000 people who are deafblind in the UK. Of these, 61 percent are aged 70 or over.⁷⁰ A person is regarded as deafblind if their combined sight and hearing loss causes difficulties with communication, access to information and mobility. Due to the ageing population, the number of people who are deafblind is set to grow substantially over the next two decades. Sense estimates there will be half a million people who are deafblind by 2030.⁷⁰

Given the impacts of dual sensory loss this group warrants special consideration when planning local services (the evidence cited in Sections 6.2 and 6.3 and is also applicable to this sub-group).

6.5 People with learning disabilities

Evidence suggests that up to 40 percent of people with learning disabilities⁷¹ have some level of hearing loss and this often goes undiagnosed or is misdiagnosed.⁷² The prevalence of hearing loss is higher in people with learning disabilities compared to the general population and people with learning disabilities are more likely to develop hearing loss and its associated health problems earlier.⁷² People with learning disabilities may find it even more difficult to report their hearing loss due to communication difficulties, which can lead to misdiagnosis and ineffective care.^{72,73}

NICE recognises people with learning disability as a sub-group that warrants special consideration when planning hearing services. For example NICE recommends that local services should consider “referring people with a diagnosed learning disability to an audiology service for a hearing assessment when they transfer from child to adult services, and then every 2 years.”⁴⁶

Ensuring the hearing and communication needs of people with learning disabilities are considered as part of local hearing needs assessments will help advance equalities and tackle health inequalities that might exist in local areas.

6.6 People with, or at risk of, dementia

Hearing loss can complicate the symptoms of dementia for example by making communication more difficult and in some cases hearing loss can even be misdiagnosed as dementia due to the appearance of similar symptoms.⁷⁴

Given the evidence of a link between hearing loss, cognitive decline and dementia (**see Section 4.2.5**), early intervention and on-going support for any underlying hearing loss may have an important role to play in reducing both the risk and impact of dementia. For example, Action on Hearing Loss estimated that properly diagnosing and managing hearing loss in people with dementia could save the NHS £28 million per year by supporting older people to remain independent for longer.⁶⁴

Although more evidence is needed to confirm what impact hearing aids might have on dementia, it is increasingly accepted that hearing aids have the potential “to improve functioning and quality of life, and this could delay the progress of dementia or improve its management (see Section 4.3.2).⁴⁹

NICE now also recommends that local services consider:

- “referring adults with diagnosed or suspected dementia or mild cognitive impairment to an audiology service for a hearing assessment, because hearing loss may be a comorbid condition”, and
- “referring adults with diagnosed dementia or mild cognitive impairment to an audiology service for a hearing assessment every 2 years if they have not previously been diagnosed with hearing loss.”

Ensuring the hearing and communication needs of people with, or at risk of, dementia are considered as part of local hearing needs assessments will help advance equalities and tackle health inequalities.

6.7 Carers

According to the 2011 census, there are 6.5 million carers across the UK. Of these, almost 1.3 million are aged 65 or over – an increase of 35 percent since 2001. The vast majority of carers provide care for a family member or spouse. For example, 40 percent of carers care for their parents or parents in law and 26 percent care for the spouse or partner.⁷⁵

Given the demographic of carers and those they care for, both are more likely to have a hearing loss than the general population. Unsupported hearing loss may lead to communication problems and have an adverse impact on both parties in terms of health and wellbeing. Furthermore, given that the partners of people with hearing loss and those that care for them often experience social isolation, loneliness and reduced quality of life (see Section 4.2.3) early diagnosis and prompt access to treatment for hearing loss are crucial for improving the wellbeing of carers and those they care for.

Older carers may also face additional barriers preventing them from seeking help for their hearing loss due to the caring responsibilities and they may need additional support to get a hearing test and use their hearing aids. Given the potential impact of unsupported hearing loss on both carer and those they care for, it is important to ensure that the hearing and communication needs of this sub-group are considered as part of any local hearing needs assessment.

6.8 Other groups

Local authorities and NHS commissioners may wish to consider the needs of other groups when carrying out local needs assessments. For example, research shows there is link between hearing loss and strokes.⁷⁶ Particular symptoms of strokes such as limb apraxia (difficulty in planning movement) or paralysis can make it more difficult for people who use British Sign Language (BSL) to communicate with other people⁷⁷ – which can put them at risk of worse care and poor health outcomes. Some research suggests that vascular changes in the body related to diabetes, cardiovascular disease or obesity might contribute to the risk of age-related hearing loss.⁷⁸

7 Services for people with hearing loss

“Over recent years, the quality of NHS services for people with or at risk of hearing loss has improved. However, there is still room for improvement to reduce the inequality of unwarranted variation in access and quality of services and improve patient experience and outcomes for children, young people, working age adults and older people with hearing loss”

Source: The Department of Health and NHS England’s [Action Plan on Hearing Loss](#)¹

A range of services can help with the diagnosis and management of hearing loss, depending on an individual’s needs. This section provides an overview of the different types of services available for children and adults with hearing loss. It should help local authorities and NHS commissioners review the state of current service provision for people with hearing loss and set priorities for their local area.

People with hearing loss who need to use NHS and other local services may also require communication support to ensure they can communicate well and understand information they are given. People should be given a choice of how they contact services. For example, people with hearing loss should not be forced to contact services by phone as this could result in worsening inequalities such as missed appointments, ineffective care and worse health outcomes. To find out more, please see Section 8.

How to use this section

At the end of each sub-section, there are tables that cover common questions and issues, supported by evidence, that arise in hearing care. Local authorities and NHS commissioners can use these tables as a starting point to identify any potential service issues and plan new services to meet needs in a sustainable way.

This section should be read alongside NHS England’s [Commissioning Services for People with Hearing Loss: A Framework for Clinical Commissioning Groups](#),³ in particular Section 6.2 of the Framework, as this will help NHS Commissioners meet their statutory duties to commission effective services, reduce inequalities and continuously improve quality.

7.1 Children (0-17 years)

7.1.1 NHS hearing screening

All babies under three months of age born or residing in the UK receive a screening test for hearing loss shortly after birth either in the hospital before the baby is discharged or about 10 days after the baby is born in the community. If the test results do not show a clear hearing response from both ears or if there are any known risk factors that can lead to hearing loss, the child will be referred to NHS audiology services for a full hearing assessment – which should take place less than four weeks after screening.⁷⁹ Early diagnosis is crucial as research has shown that an undiagnosed child with hearing loss at age three will not know more than 25 words, compared with 700 in a hearing child of the same age.⁸⁰ Some children identified with known risk factors for hearing loss may have regular assessments even if they are not diagnosed with hearing loss and the audiologist will arrange this with the parents and/or guardian of the child.

The full service and quality requirements for the Newborn Hearing Screening Programme are outlined in more detail in NHS England’s [Newborn Hearing Screening Programme](#)⁸¹ service specification. To find out more, please see Section 10.2.

In addition to the Newborn Hearing Screening Programme, local authorities are also responsible for screening children for hearing loss when they start school, either through school nursing services or dedicated screeners as part of the [Healthy Child Programme](#).⁸² At the time of writing, the Child Health Sub-Group of the [UK National Screening Committee](#).⁸³ is considering recommendations on whether screening for hearing loss in school age children should continue, following a new Health Technology Assessment undertaken during 2016.

Questions you might ask locally	Common issues to consider
Are all babies offered hearing screening, in line with Newborn Hearing Screening Standards ⁸⁴ ?	Failure to ensure high coverage and timely diagnosis creates a risk that some children with hearing loss may not be identified at the earliest possible opportunity. This can have a profound impact on their future development. ⁸⁴
Are all babies who are referred to NHS audiology services following screening seen within four weeks, in line with the Newborn Hearing Screening Standards ? ⁸⁴	
If school entry screening is not provided in the local area, what steps are in place to ensure children who develop hearing loss in their early years are identified as soon as possible?	

7.1.2 NHS audiology services

Children can access NHS audiology services at any age; either following Newborn Hearing Screening, school entry screening or when there is a concern about the child’s hearing, speech or development. NHS audiology services assess whether a child’s hearing loss is caused by temporary blockages such as the build-up of fluid in the middle ear (commonly known as “glue ear”) or whether the child’s hearing loss is permanent. If a child is diagnosed with hearing loss, the audiologist will then discuss available options, such as referral to ENT for grommet surgery or whether hearing aids may be beneficial. When the child is identified as having severe to profound hearing loss and meets the eligibility criteria (see Section 4.3.3), the audiologist will refer the family to a specialist auditory implant centre to discuss the option of cochlear implantation, Bone Conducting Hearing Implants (BCHIs) or other forms of management. Cochlear implantation and BCHIs services are commissioned nationally by NHS England. The audiologist will also refer the child’s family to a specialist Teacher of the Deaf from education services who will offer information and advice on good communication and other support available through local authorities. Audiology will also monitor some children with temporary hearing loss where amplification is not required and when there is an identified condition that could lead to hearing loss in the future.

The full service and quality requirements for children’s audiology services are set out in NHS England’s national [Hearing Services for Children](#) service specification⁸⁵ (see Section 10.2).

Questions you might ask locally	Common issues to consider
Do children with hearing loss have prompt access to treatment following the Newborn Hearing Screening?	The Department of Health and NHS England’s Action Plan on Hearing Loss ¹ states that there is a five-fold geographical variation in the waiting times for newborn hearing assessments. Children who develop hearing loss in the first few years of life often experience long delays waiting for their hearing loss to be diagnosed, which can impact on their development.
Are children with hearing loss and families able to access high quality NHS audiology services in their local area?	The National Deaf Children’s Society’s Listen Up ⁸⁶ report found that 33 percent of NHS audiology services were failing to meet the required National Hearing Screening Programme quality standards for hearing tests and the fitting of hearing aids in 2012. They also report found that only 15 percent of NHS audiology services have become accredited under the Improving Quality in Physiological Services programme (IQIPS). ⁸⁷
Do NHS audiology services work closely together with other paediatric services and/or services for children with Special Educational Needs (SEN)?	NHS England’s national Hearing Services for Children service specification ⁸⁵ states that paediatricians, Ear Nose and Throat (ENT) specialists, audiologists and speech and language therapists should work closely together to make sure children with hearing loss and their families have prompt access to treatment and other forms of support.
Do NHS audiology services monitor and report on children’s outcomes to make sure they get the most out of their hearing aids or other forms of support?	NHS England’s national Hearing Services for Children service specification ⁸⁵ states that NHS audiology services should regularly monitor the achievement of outcomes to make sure children with hearing loss and their families are meeting their agreed personal development goals in listening and hearing development.

7.1.3 NHS Child and Adolescent Mental Health Services (CAMHS)

Children with a hearing loss can be vulnerable to poor emotional well-being, particularly if there are difficulties around communication within the family.⁶² As stated in Section 6.1, estimates suggest that 40 percent of children with hearing loss have mental health problems, compared to 25 percent of hearing children.⁶²

Questions you might ask locally	Common issues to consider
Are children with hearing loss and their families able to access high quality NHS mental health services in the local area?	Local CAMHS may have little experience of working with children with hearing loss and steps may need to be taken to ensure that any support provided is accessible. Across England, there are four specialist CAMHS. ⁸⁸ It’s vital that NHS England, local authorities and NHS commissioners work together to ensure children with mental health problems are able to access specialist mental health services when they need to.

7.1.4 Social care

Children with a hearing loss may be eligible for support from local authority social care services.

Parents of disabled children have the right to ask the local authority for a statutory assessment of their child's social care needs. The Children Act 1989 places a general duty on the local authority to provide services to promote the welfare of 'children in need' in their area. 'Children in need' includes 'disabled children', and the Act includes children with hearing loss in its definition of 'disabled'. Any social care and support for children is conditional on any eligibility criteria in place within the local authority.

Social care support from a local authority may include:

- technology to help a child live safely and independent at home – such as vibrating smoke alarms/doorbells or a pager system
- financial help around communication, such as funding sign language classes.

The National Deaf Children's Society has produced a [range of resources](#) for local authorities on meeting the social care needs of children and young people with hearing loss.

7.1.5 Education

Under the Equality Act 2010, local authorities and education providers have a legal duty to make reasonable adjustments to make sure children with hearing loss are able to access education and to remove any disadvantage they may experience because of their disability. The National Deaf Children's Society has produced [guidance for early year settings, schools and colleges on making education accessible for children and young people with hearing loss](#).⁸⁹

Under the Children and Families Act 2014, local authorities must identify children with Special Educational Needs and Disabilities (SEND). Children with SEND may find it more difficult to learn due to their SEND, which may make it harder for them to learn within mainstream education. They must also ensure the child's school, nursery or playgroup provides appropriate support so they can achieve the best possible educational outcomes. NHS England has [produced guidance for commissioners on the requirements of the Children and Families Act 2014](#).⁹⁰

As stated in the Department of Health and NHS England's [Action Plan on Hearing Loss](#),¹ the Children and Families Act (2014) introduced a new statutory framework focused on a single co-ordinated assessment of the needs of each child or young person with SEND and the agreement of an integrated Education, Health and Care Plan, a legal document which sets out the provision required for the child or young person to make good progress. Some children and young people with hearing loss may require an Education, Health and Care plan. This is likely to be the case if the child's nursery, playgroup, school or college cannot meet the child's needs through their own resources.

Under the Children and Families Act 2014, local authorities are also required to bring together and publish information online on support that should normally be available for children and young people with SEND and their families in the form of a 'Local Offer'. This 'Local Offer' should reflect local needs assessed in the JSNA. As stated in the Action

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Plan,¹ the Department of Education's *SEND code of practice: 0 to 25 years*,⁹¹ "includes a requirement for local authorities to include in their 'local offer' specialist services for children and young people with SEN or disabilities which will include support for children and young people with sensory impairment" "... The Action Plan¹ also states that, where appropriate, hearing loss should be included in safeguarding arrangements for children with SEND.

Support for children with hearing loss could include:

- Support from specialist Teachers of the Deaf who have gained an additional mandatory qualification in teaching children with hearing loss.
- A placement at a mainstream school with specialist SEND provision or at a special school.
- Speech and language therapy and specialist nurseries or schools with teachers or child care staff who are trained to communicate with children with hearing loss.
- NHS audiology or mental health services that may benefit children with hearing loss.
- Support to families around communication, such as sign language classes.
- Day care services, assistive technology and arrangements for SEND personal budgets.
- Support available for young people with hearing loss in higher education, such as Disabled Students Allowance (DSA).
- Local clubs or community groups which provide information and advice to children with hearing loss and their parents.
- Support in helping young people with hearing loss in making a successful transition to adulthood, including specialist careers advice.

Local authorities commission specialist education support services for children with hearing loss, mostly comprised of Teachers of the Deaf. The role of Teachers for the Deaf includes:

- providing advice and support to families on developing language and communication, following identification of hearing loss. 90 percent children with hearing loss are born to families with no prior experience of hearing loss.⁹²
- providing advice to mainstream teachers and education staff on ensuring inclusion of children with a hearing loss.

The National Sensory Impairment Partnership (NatSIP) has developed [quality standards](#)⁹³ for local authority specialist education services for children with sensory loss (see Section 10.8).

Questions you might ask locally	Common issues to consider
Are children and their families able to access equipment and support from their local authority to help them communicate?	The National Deaf Children's Society's Right from Start ⁹⁴ report shows that some parents found it difficult to access radios for their children at home or in the nursery or classroom. The report also found that many parents found it did not have enough information on different communication options that are available and others found in difficult access support to help them communicate with their child, such as specialist speech and language therapy, Cued Speech, British Sign Language (BSL) or Auditory Verbal Therapy.
Are children and young people with hearing loss and their families able to access high-quality support from Teachers of the Deaf?	Research shows that there has been a 12 percent decline in the number of qualified Teachers of the Deaf over the past five years. ⁶
Are young people with hearing loss able to access supported work experience and specialist careers advice?	Young people with hearing loss are considerably less likely to be in employment compared with hearing young people. ⁹⁵ Work experience has been found to be an important factor in making the transition from education to employment as employers value work experience over qualifications. ⁹⁶

7.2 Adults (aged 18 and over)

Most adults with hearing difficulties will access NHS hearing care. Adults can also access hearing care privately from community hearing care providers. It is estimated 20 percent of hearing aids in the UK are fitted privately, and 80 percent by NHS hearing care.⁹⁷ The section below focuses on NHS services.

7.2.1 NHS adult hearing services

In some areas, hearing checks are available at the GP or in community settings, but there is no systematic screening for adults with hearing loss. Some commissioners now allow adults to access NHS hearing services without seeing a GP – known as Open Access Audiology.³ However, in most areas, adults with hearing difficulties have to see their GP for a referral letter in order to access NHS hearing services – this is known as Direct Access Audiology.

If someone reports hearing loss to their GP or if they have symptoms or signs of an ear condition, the GP will check to see if the person has any suspected underlying medical cause amenable to treatment or whether there is a build-up of earwax. If the GP does not find any impacted wax or suspect a medical cause, they will refer the patient to NHS adult hearing services.

Those (a minority) suspected to have a medical condition will be referred to their local Ear Nose Throat (ENT) department or Audiovestibular Physician service. The vast majority of adults with hearing difficulties however will be eligible to access NHS adult hearing services directly (either via their GP or open access audiology). More information on the referral criteria can be found in NHS England's [Commissioning Services for People with Hearing Loss: A Framework for Clinical Commissioning Groups](#)³ (see Section 10.1).

and NICE's [Hearing Loss in Adults: Assessment and Management](#) Guideline⁴⁶ (see Section 10.6.1).

During the hearing assessment, an audiologist will assess the patient's hearing loss, agree a personalised care plan (sometimes called an individual management plan) with the patient and also discuss whether hearing aids will be beneficial. Where hearing aids are likely to provide a benefit, then the NHS hearing service will fit and programme high quality digital hearing aids, and should offer on-going aftercare and support for patients to ensure they are benefit from hearing aids, such as hearing aid battery replacement and repairs. The hearing care pathway is typically delivered as standard three to five year pathway of care.

For those who require greater level of support, audiologists might discuss alternative treatment options such as such as cochlear implantation or Bone Conducting Hearing Implants (BCHIs). Cochlear implantation and BCHIs services are commissioned nationally by NHS England. If the GP or audiologist identify or suspect a medical cause of hearing loss, the patient will be referred to an ENT or Audiovestibular Physician service.

As stated in Section 6, older people living in care homes and people with other long-term conditions such as learning disabilities are more likely to have hearing loss and may need additional support to get a hearing test and use their hearing aids. NHS adult hearing services should tackle any local inequalities in access and outcomes by ensuring these groups are able to access high quality hearing care. Audiologists should also refer people that need additional support to social services for equipment, support groups and lipreading classes (see Section 7.2.2) and other local services that could help them such as specialist counselling, hearing therapy, benefits and Access to Work (see Section 7.2.4).

NHS adult hearing services are provided by a range of providers depending on local commissioning decisions, these include NHS hospitals, social enterprises, charities and the independent sector – for example 50 percent of NHS commissioning regions use Any Qualified Provider (AQP) to commission NHS adult hearing services in England.⁹⁸

More information on service and quality requirements for NHS hearing services can be found in NHS England's [Commissioning Services for People with Hearing Loss: A Framework for Clinical Commissioning Groups](#)³ (see Section 10.1) and [Adult Hearing Service](#) model service specification⁹⁹ (see Section 10.2). Statistics and information on the number of people seen by NHS audiology services and waiting times are also available from NHS England (see Section 5.3.2).

Following a referral from their GP or ENT department, NHS hearing services also offer support for people with troublesome tinnitus and whose needs cannot be met as part of the adult hearing services described above. In most cases however tinnitus is associated with a hearing loss and needs will be met as part of the adult hearing service as described in NHS England's [Adult Hearing Service](#) model service specification⁹⁹ (see Section 10.2).

OFFICIAL

Questions you might ask locally	Common issues to consider
<p>Are GPs and other health and care professionals alert to the early signs of hearing loss and do they encourage people to seek help? For example, do they routinely offer or recommend hearing checks to older adults?</p>	<p>Despite the evidence that hearing aids improve quality of life and reduce health risks many people are waiting too long to get their hearing tested (see Section 4.3.2). When people eventually do seek help, evidence also suggests that GPs do not refer 30-45 percent of those reporting hearing difficulties to NHS adult hearing services.⁴⁸</p>
<p>Are hearing checks offered to adults over a certain age?</p>	
<p>Do audiology services monitor patient outcomes and provide on-going support to ensure people get the most out of their hearing aids?</p>	<p>NHS services have a statutory duty to improve services.¹⁰⁰ NHS patients who receive ongoing support are more satisfied with their hearing aids and derive more benefit from them.⁹⁸ Those people who do not get the support they need are more likely to experience difficulties – up to 66 percent might have trouble using hearing aids without further support.¹⁰¹</p> <p>NHS England’s Commissioning Services for People with Hearing Loss: A Framework for Clinical Commissioning Groups³ (see Section 10.1) states that NHS commissioners and providers should monitor the achievement of outcomes to help improve services. This is an area for improvement, as previous Action on Hearing Loss research from 2015¹⁰² has shown that only 44 percent of audiology providers across the UK routinely monitor patient outcomes to check if services are responding to patient’s needs.</p>
<p>Do audiology services work closely together or integrate with social services?</p>	<p>NHS England’s Commissioning Services for People with Hearing Loss: A Framework for Clinical Commissioning Groups³ (see Section 10.1) states that “an integrated patient pathway, which facilitates signposting to wider communication/social support services” is a key quality requirement for adult hearing loss services</p>
<p>Do audiology services provide information to ensure people hearing loss are able to access social services, lipreading classes and Access to Work (where appropriate)?</p>	<p>NHS England’s Commissioning Services for People with Hearing Loss: A Framework for Clinical Commissioning Groups³ (see Section 10.1) states that adult hearing services should refer people to social services and other services that could help them.</p>
<p>Are people with impacted earwax given access to timely and local care, out of hospital and closer to home?</p>	<p>People can experience significant waiting times to get the support they need for impacted earwax, which might delay a full ear examination or cause a temporary hearing loss or both. NICE’s Hearing Loss in Adults: Assessment and Management Guideline⁴⁶ (see Section 10.6.1) highlights the importance of providing timely support for adults that have impacted earwax. It advises that this care should be provided in primary and community care settings, for example by suitability trained audiologists. Local areas might be able to improve aural care services by referring to the NICE guideline.</p>

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Questions you might ask locally	Common issues to consider
<p>Are people with tinnitus (with or without hearing loss) able to access high quality support services in the local area?</p>	<p>Department of Health guidance²⁷ states that people with bilateral tinnitus without additional hearing difficulties can receive treatment from their GP. Some people with distressing tinnitus who also have hearing difficulties may need to access NHS adult hearing services to help them manage their tinnitus better (see Section 4.3.6). People with more severe cases of tinnitus and/or associated problems such as anxiety and depression may need to be referred to a specialist centre.</p> <p>Previous research indicates that just 56 percent of NHS audiology services offered Cognitive Behavioural Therapy (CBT) as an option for their patients.¹⁰³ It's vital all people with distressing tinnitus are able to access these services (when necessary).</p>
<p>Is cochlear implantation offered as an option to all those who are eligible?</p>	<p>The Department of Health and NHS England's Action Plan on Hearing Loss¹ called for better access to cochlear implantation in England and included "improved access to a choice of support to manage hearing loss, including innovative technologies (e.g. hearing aids and implants)" as a key outcome measure for reducing unwarranted regional variations in service quality and provision.</p> <p>Evidence suggests that only 5 percent of adults in the UK who are eligible for a cochlear implant receive one¹⁰⁴ and greater knowledge and understanding of the benefits of cochlear implantation, amongst audiology professionals, could increase the number of audiologists offering cochlear implantation as an option.¹⁰⁵</p>

7.2.2 Social services and social care

Local authority social services offer a range of support for people with loss, depending upon their level of need. People with hearing loss may benefit from equipment and other support to help them live safely and independently in their own homes and participate in their local community.

Social services offer equipment up to the value of £1000. Equipment provided through local authorities could include:

- An amplified telephone which makes the volume of the caller's voice louder.
- A textphone which allows people to type messages to other textphone users or use the Next Generation Text (NGT) service.
- A personal listener that makes speech clearer by reducing the level of background noise for people who use hearing aids.
- Alert systems such as flashing lights or vibrating pads or pages which activate when a doorbell, telephone ringer or smoke alarm is triggered.

People with hearing loss may also benefit from other social services that could include:

- Lipreading classes which help people manage their hearing loss better and provide information and advice on equipment and other forms of support that could help them, such as specialist counselling, hearing therapy, benefits or Access to Work.
- Communication support to help people with hearing loss access local services, for example the provision of a qualified British Sign Language (BSL) interpreter.
- Group support such as befriending services and local deaf or hearing loss clubs.

The British Association of Social Workers (BASW) has [produced guidance for social workers on supporting adults with acquired hearing loss](#)¹⁰⁶

As highlighted in the Department of Health and NHS England's [Action Plan on Hearing Loss](#),¹ some people with hearing loss may also be eligible for Disabled Facilities Grants (DFGs). DFGs are means tested grants administered by local housing authorities that help people with disabilities, including people with severe hearing loss, pay for the cost housing adaptations that enable them to live safely and independently in their own homes. To find out more, please visit: <https://www.gov.uk/disabled-facilities-grants>.

Older people or people with other long-term conditions living in care homes or receiving care in their own homes may need additional support to communicate well. Care staff should be alert to the early signs of hearing loss and make sure people are referred to their GP, to ensure early diagnosis and prompt access to treatment. If someone wears hearing aids, this should be recorded in their care plan and regular checks should be carried out to make sure their hearing aids are working and fitted correctly. If people need staff to face them so that they can lipread or if they need support from a communication professional such as a BSL interpreter, this must be recorded in their care plan or care record, in line with [NHS England's Accessible Information Standard](#)¹⁰⁷ (see Section 10.7). Action on Hearing Loss has produced [guidance for residential care homes](#)¹⁰⁸ on supporting older people with hearing loss.

People who use BSL who need to access social care for other conditions such as physical and learning disabilities may need culturally sensitive care and support that recognises the

importance of good communication and takes account of the unique values and culture of the Deaf community. For example, people who use BSL with additional needs may require a specialist support worker or someone who is trained in BSL.

The Think Local Act Personal Making it Real partnership, has produced [guidance for local authorities on how to deliver personalised care and support to people with sensory loss](#).¹⁰⁹

Questions you might ask locally	Common issues to consider
<p>Are people with hearing loss able to access equipment, communication support, support groups and lipreading classes that can help prevent, reduce or delay future care and support needs?</p>	<p>Research shows that the availability of social services depends to a large extent on where people live. Action on Hearing Loss' Life Support¹¹⁰ report shows that all local authorities who responded to the survey offered community equipment for people with hearing loss who met the eligibility criteria and a high proportion also offered social and support work and occupational therapy. However, 25 percent did not offer any advocacy support and more than 10 percent did not offer crucial interpretative support.</p> <p>Lipreading classes are often not free, few are put on outside working hours, and lipreading-teacher-training opportunities are limited. It is vital that local authorities explore different ways of overcoming these challenges to ensure lipreading classes are available for all those who could benefit from them.</p>
<p>Do older people and people with other conditions living in care homes or receiving care in their own homes get regular hearing checks?</p> <p>Is a domiciliary service available and if not how are these needs met, as set out in NHS England's Adult Hearing Service⁹⁹ Model Service Specification (see Section 10.2)?</p>	<p>The NICE Mental Wellbeing of Older People in Care Homes Quality Standard¹¹¹ states that older people living in care homes should get regular hearing tests and be aware of the role of the GP in the route to referral (see Section 10.6.2). However, evidence suggests that two-thirds of older people in these settings have undiagnosed hearing loss and many more are not getting the support they need (see Section 6.3). Action on Hearing Loss' A World of Silence⁶³ report shows that older people in residential care homes are less likely to want address their hearing loss without support – and that care staff found it difficult to encourage them to seek help. The report found that staff had a lack of training in this area and that hearing loss was often seen as less important compared to other issues such as sight loss, pain or safeguarding. Some care staff also lacked the know-how to carry out basic hearing aid maintenance.</p> <p>Evidence also suggests that carers for people with learning disabilities are often unaware of the early signs of hearing loss or misinterpreted hearing loss as behavioural difficulties⁷³ (see Section 6.5)</p>

Questions you might ask locally	Common issues to consider
Do older people and people with other conditions living in care homes or receiving care in their own homes get the support they need to communicate well?	The NICE Older People with Social Care Needs and Multiple Long-term Conditions Guideline ¹² states that care homes should provide support to help people communicate and participate in communal activities (see Section 10.6.6). However, Action on Hearing Loss' A World of Silence ⁶³ report also shows that staff in care homes are often aware of the technology that could help people with hearing loss communicate, such as hearing loops, amplified telephones and personal listeners.
Does the commissioning of social care and support services for other conditions take account of the unique communication and care needs of people who use BSL?	The commissioning of care and support services does not always take account of the unique communication and care needs of people who use BSL. Research shows that people who use BSL may be at risk of loneliness and loss of cultural identity if they are unable to communicate in a meaningful way with care staff or other people (see Section 4.2.3).

7.2.3 NHS Mental health services

A systematic review of the literature on mental health and deafness shows that standard tests and mental health measures may be ineffective for people who use BSL if they are unable to communicate well in English.¹¹³ As a result, people who use BSL may need specialist NHS mental health services with specially trained psychotherapists or other mental health staff who are trained to a high level in BSL.¹¹³

Questions you might ask locally	Common Issues to consider
Are people who use BSL able to access specialist mental health services in the local area?	<p>Across the UK, only three mental health trusts and four local community mental health teams currently provide specialist, mental health services for people who use BSL. As highlighted in Section 4.2.4 evidence suggests that the lack of communication support or poor Deaf awareness in primary care can also lead to misdiagnosis or under-diagnosis of mental health problems in people who use BSL.</p> <p>In line with the Section 82 of the NHS Act 2006, NHS England, local authorities and NHS commissioners should work together to ensure people who use BSL with mental health problems are able to access these specialist mental health services in an equitable way. To assist with this, the Royal College of the Psychiatrists (RCP), in partnership with SignHealth, has produced guidance for commissioners of primary care mental health services on improving access to mental health care for people who use BSL.²⁹</p>

7.2.4 Employers

Aside from employer's legal duties under the Equality Act to make workplaces accessible for people with hearing loss (see Section 8), the Government's [Access to Work](#) scheme

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also provides grants to help fund practical support and specialist equipment that can help people with hearing loss communicate well.

At Jobcentres, Work Coaches can choose from a variety of employment support services which will enable people with hearing loss to find a job or remain in work. Action on Hearing loss has produced guidance for [Employers](#)¹¹⁴ and [Jobcentres](#)¹¹⁵ on providing support for people with hearing loss in the workplace.

Questions you might ask locally	Common Issues to consider
Do people with hearing loss have prompt access to support to help them communicate well in the workplace?	<p>Research shows that many people with hearing loss are not getting the support they need in the workplace (see Section 4.2.7).</p> <p>Action on Hearing Loss' Unlimited Potential⁴⁰ report also shows managers were only likely to take action or make adjustments when requested, and there were often long delays in support being provided.</p>
Do employers actively promote the government's Access to Work scheme to their employees?	<p>The Department of Work and Pensions Access to Work provider guidance¹¹⁶ states that people are eligible for support if their hearing loss impacts their ability to work.</p> <p>Many more people could be using Access to Work than are currently doing so. In 2014/15, around 36,000 people used Access to Work and of these, 5,570 had hearing loss. There are four million working age people with hearing loss in England,² and of these 192,000 will have severe to profound hearing loss are very likely to benefit from Access to Work. This suggests a level of unmet need.</p> <p>Action on Hearing Loss' Hidden Disadvantage⁴³ report shows that 54 percent of survey respondents were aware of Access to Work and 13 percent found out about Access to Work through their employer. Action on Hearing Loss' Working for Change¹¹⁷ report shows 63 percent of business leaders had not heard of Access to Work. It's vital that employers are aware of the Access to Work scheme and promote it to their employees to ensure it is available to all those who are eligible.</p>

8 Communication support and equipment

This section provides an overview of the common barriers to communication people with hearing loss face when accessing services. It also provides guidance for local authorities and NHS commissioners on improving the accessibility of services for people with hearing loss. It will help them meet their statutory duties, including under the Equality Act 2010, to eliminate discrimination and advance equality of opportunity for people with protected characteristics, including people with hearing loss.

8.1 Barriers to communication

People with hearing loss of all ages may struggle to access vital services when they need to due to problems with communication and understanding. For example, Action on Hearing Loss' [Access All Areas](#)¹¹⁸ report shows that forcing people to contact services by phone or failure to provide communication support may lead to missed appointments and ineffective care:

- 14 percent of survey respondents had missed an appointment because they did not hear their name being called in waiting room.
- After attending an appointment with their GP, 28 percent had been unclear about their diagnosis and 19 percent had been unclear about their medication.
- 68 percent of survey respondents who asked for a BSL interpreter for their GP appointment did not get one and 41 percent felt the quality of interpretation was not good enough.

Without a qualified British Sign Language (BSL) interpreter or access to information in BSL, people who use BSL may be at risk of worse care and poor health. Research shows that 34 percent of people who use BSL were unaware they had high or very high blood pressure and 55 percent of those who said they had cardiovascular disease were not receiving appropriate treatment – suggesting problems with communication and access¹¹⁹. Additional research suggests that BSL users face inequalities in access to health services and that the lack of information available in sign language might worsen these inequalities in access.¹²⁰

Action on Hearing Loss' [A World of Silence](#)⁶³ report shows that staff in care homes often lack awareness of the technology that could help people with hearing loss communicate, such as hearing loops, amplified telephones and personal listeners. When accessing local authorities, Action on Hearing Loss' [Life Support](#)¹¹⁰ report also shows that people with hearing loss often struggle to access the information and advice they need. The report found that 25 percent of local authorities in England did not offer a bespoke telephone or minicom service. In most cases, an under-qualified BSL interpreter was provided during adult social care assessments.

8.2 Improving accessibility for people with hearing loss

As highlighted in Section 3.29 of the Department of Health and NHS England's [Action Plan on Hearing Loss](#)¹ NHS, social care and other local services must meet requirements under the Equality Act 2010 to make reasonable adjustments if people face substantial difficulties accessing their services due to their hearing loss. The Department of Health's [Care and Support Statutory Guidance](#)¹²¹ also states that the provision of accessible

information and advice is crucial to ensure people are able to participate fully in social care assessments and make informed decisions about their care and support.

NHS England's mandatory [Accessible Information Standard](#)¹⁰⁷ (see Section 10.7) provides guidance for NHS providers and providers of publicly funded adult social care on meeting the requirements of the Equality Act, which is also useful for other services. NHS and adult care commissioners and providers should also make sure their contracts for communication support meet the quality requirements set out in the Accessible Information Standard.

Depending on their level of need, people with hearing loss of all ages may need a range of different support to contact services when they need to and communicate well:

- Many people with hearing loss may find it difficult or impossible to use the telephone and may benefit from alternative contact options such as email, SMS text, [Next Generation Text](#) or BSL video relay.
- For face-to-face contact, people with hearing loss may need other people to follow [simple communication tips](#) such as speaking clearly and avoid obstructing their lip movements with hand gestures or other objects. People who use hearing aids may benefit from hearing loop systems that make speech clearer by reducing background noise.
- Some people with hearing loss require support from a communication professional to follow conversations, such as a BSL interpreter or Speech-To-Text-Reporter (STTR).
- English may not be the first or preferred language of people who use BSL, so information should be written in [Plain English](#). While many people who use BSL can read and write English, some cannot, so services should consider producing BSL videos of key documents or other information and promote these to the Deaf community.
- Some children and young people with hearing loss may find it difficult to read or understand complex language, so information should be written in [Plain English](#) and supported by visual aids such as pictures and diagrams. The National Deaf Children's Society has [produced guidance on how to make information accessible for children and young people with hearing loss](#).
- All online videos should be subtitled and easy to understand. BSL videos should have good picture quality to ensure the BSL interpreter is clearly visible.

9 Involving people with hearing loss in the JSNA and JHWS process

“[NHS Commissioners] and LAs have a statutory obligation to carry out a joint strategic needs assessment and to agree a joint health and wellbeing strategy, through the health and wellbeing board. Engaging patients (their carers and families) and the broader community in the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy process is a key way to involving the local community in the decisions about planning and delivery of NHS services in their area”

Source: Department of Health’s Handbook to the NHS Constitution¹⁰⁰

The Department of Health’s [Statutory Guidance on Joint Strategic Needs Assessments and Joint Health and Wellbeing Strategies](#)⁴ states that local authorities and NHS commissioners “should consider inclusive ways to involve people from different parts of the community including people with particular communication needs” in the JSNA and JHWS development process. The guidance adds that local authorities and NHS commissioners should enable people to “input their views and experiences of local services, needs and assets as part of qualitative evidence; and to have a genuine voice and influence over the planning of their services”. Section 7.3 of NHS England’s [Commissioning Services for People with Hearing Loss: A Framework for Clinical Commissioning Groups](#)³ (see Section 10.1) also provides guidance on how to involve services users in the JSNA and JHWS development process.

Ensuring the views and experiences of people with hearing loss of all ages are properly considered as part of the JSNA development process will help ensure JSNAs and JHWSs accurately reflect the needs of local population. This will help Local authorities and NHS commissioners meet their commitments in the Department of Health and NHS England’s [Action Plan on Hearing Loss](#)¹ to include hearing loss in JSNAs and JHWS (see Section 3). Appendix 4 in the Action Plan also provides information on the how local authorities and NHS commissioners should meet these duties, through Health and Wellbeing (HWB).

Local authorities and NHS commissioners should also work with local service users, Deaf clubs, hearing loss groups, parents groups and other organisations to ensure children and adults with all levels of hearing loss and their families are able to express their views about local services. Some areas have also set up Children’s Hearing Services Working Groups, which include representatives from local education, health and social care services for children with hearing loss and their families. The National Deaf Children’s Society website has [an interactive map with information about local groups for children with hearing loss and their families](#).

People with hearing loss may require accessible alternatives to the telephone and communication support and/or equipment to ensure they can participate fully in any JSNA and JHWS development process (to find out more, please see Section 8). Children and young people with hearing loss may also require additional specialist support. For example, JSNA and JHWS workshops and events could be interactive and children and young people with hearing loss could be encouraged and supported to share their views.

10 Resources and support

This section provides an overview of key national strategies and guidance on hearing loss. It should help Local authorities and NHS commissioners when planning and designing services to meet the hearing needs of local populations. It also lists the contact details of national organisations that may be able to provide further information and advice.

10.1 Commissioning framework for hearing loss services

NHS England's [Commissioning Services for People with Hearing Loss: A Framework for Clinical Commissioning Groups](#),³ case studies and guidance for NHS commissioners on how to improve the quality of care for people with hearing loss. The framework contains important information on how to assess the hearing needs of local populations, commission high quality hearing services that focus on the needs of patients and ensure patients are signposted to other services that could help them, such as social services. It sets out the responsibilities of commissioners in relation to NHS hearing service provision (see Appendix 3 in the framework) and how to monitor outcomes from services to compare providers and improve quality. It will also assist with enabling NHS commissioners to meet their wider legislative duties, for instance in relation to Procurement, Patient Choice and Competition Regulations.

10.2 Model service specifications

NHS England's model service specifications provide templates for the NHS to use when commissioning and designing NHS audiology services. The specifications describe the quality requirements for NHS audiology services and provide a list of Key Performance Indicators (KPIs) that can be modified to meet local needs in three service areas:

- [newborn hearing screening](#)⁸¹
- [hearing services for children](#)⁸⁵ and
- [adult hearing loss services](#)⁹⁹ (for people aged 18 or over)

10.3 What Works guides

A series of [What Works](#)¹²² guides have been produced by NHS England, the Department for Work and Pensions, the Department of Education and hearing loss charities. These guides cover children transitioning to adult services, helping people with hearing loss age well and hearing loss and employment. They aim to create a whole system approach to delivery of public services.

10.4 Improving Quality in Physiological Services (IQIPS)

The [Improving Quality in Physiological Services](#) (IQIPS)¹²³ scheme is a professionally led accreditation programme that includes NHS audiology services regardless of how they are commissioned. The IQIPS accreditation provides assurance for commissioners and people who use services that NHS audiology services are meeting a set of 26 quality standards across four domains:

1. Patient experience
2. Safety

3. Facilities, resource and workforce
4. Clinical

Under the model service specifications (see Section 10.2), NHS audiology services are expected to undertake a self-assessment audit against the IQIPS standards before delivering NHS care, and also monitor their performance on a regular basis.

10.5 Action Plan on Hearing Loss

The Department of Health and NHS England's [Action Plan on Hearing Loss](#)¹ states that urgent action is needed to tackle the growing prevalence and impact of hearing loss and to reduce unwarranted variations in service quality and provision. The Action Plan states that local authorities and NHS commissioners should assess the hearing needs of local populations, improve the quality of hearing services and ensure hearing loss is taken into account as part of plans and strategies for other long term conditions.

10.6 NICE guidance

10.6.1 Hearing Loss in Adults: Assessment and Management

The NICE [Hearing loss in Adults: Assessment and Management](#) guideline⁴⁶ makes a strong case for early intervention and support for people with adult hearing loss, showing that early diagnosis and support for hearing loss is very cost-effective. NICE also provides online tools and resources to help local areas assess current services and prioritise areas for quality improvement.¹²⁴ Given NICE's recommendations, most areas are likely to have to plan for an increase in demand for adults services.¹²⁵

10.6.2 Mental wellbeing of older people in care homes

The NICE [Mental Wellbeing of Older People in Care Homes](#) Quality Standard¹¹¹ states that care staff should ensure older people and people with other conditions get regular hearing tests and are referred to their GP, to ensure early diagnosis and prompt access to treatment.

10.6.3 Otitis media with effusion in under 12s: surgery

The NICE [Otitis Media with Effusion in Under 12s: Surgery](#) Clinical Guidelines¹⁰ provide recommendations on surgical management of Otitis Media with Effusion (OME) in children under the age of 12. OME is a common condition of early childhood in which an accumulation of fluid within the middle ear causes hearing loss.

10.6.4 Cochlear implants for children and adults with severe to profound deafness

The NICE [Cochlear Implants for Children and Adults with Severe to Profound Deafness](#) Technology Appraisal Guidance⁵⁷ sets out the criteria for cochlear implantation in children and adults. The NICE guidance on cochlear implantation recommends one cochlear implant for adults and two for children, as well as two for adults who also have sight loss or other disabilities that increase their reliance on hearing.

10.6.5 Transition from children's to adults' services for young people using health or social care services

The NICE [Transition from children to adult services for young people using health or social care services](#) Guideline¹²⁶ on planning the transition between children and adults services for young people and their families and carers. The guidance states that children with disabilities (including children with hearing loss) and their families should be able to access information on adult's services in a format they can understand.

10.6.6 Older people with social care needs and multiple long term conditions

The NICE [Older People with Social Care Needs and Multiple Long-term Conditions](#) Guideline¹¹² states that care homes should provide support to help people communicate and participate in communal activities, such as reducing background noise, providing hearing loop systems and working with befriending schemes and other community projects.

10.6.7 Social care for older people with long term conditions

The NICE [Social Care for Older People with Long-term Conditions](#) Quality Standard¹²⁷ states that physical and health needs such as hearing loss should be taken into account during social care assessments. Services responsible for carrying out assessments should also ensure people with hearing loss get the support they need to communicate well and participate fully in the assessment process, in line with the [Accessible Information Standard](#)¹⁰⁷ (see Section 10.7).

10.7 NHS England's Accessible Information Standard

As highlighted in Appendix 2 of the Action Plan on Hearing Loss,¹ NHS England's [Accessible Information Standard](#)¹⁰⁷ which became mandatory on 1st August 2016, provides clear guidance for NHS and adult social care providers on making their services accessible for people with disabilities and sensory loss, including people with hearing loss.

The Accessible Information Standard sets out a clear five step process to make sure people with disabilities and sensory loss can contact services when they need to, communicate well during appointments or when receiving care, and understand information they are given. The Accessible Information Standard includes the communication and information needs of parents, guardians and carers.

The [Care and Support Statutory Guidance](#)¹²¹ also states that local authorities must take account of the Accessible Information Standard when providing information and advice.

10.8 National Sensory Impairment Partnership (NatSIP) guidance

The National Sensory Impairment Partnership (NaSIP) has produced produce guidelines and frameworks which address current national issues facing children and young people with sensory needs:

- [Commissioning Guide and Workbook for Sensory Support Services](#)¹²⁸

- [Regional Commissioning for low-incidence, high-need children with SEND Popular](#)¹²⁹
- [Eligibility Framework for Scoring Support Levels](#)¹³⁰

10.9 National organisations

Action on Hearing Loss

1-3 Highbury Station Road
London
N1 1SE

Telephone: 0808 808 0123
Textphone: 0808 808 9000
SMS: 0780 000 360
Email: informationline@hearingloss.org.uk
Website: www.actiononhearingloss.org.uk

British Academy of Audiology (BAA)

Blackburn House,
Redhouse Road
Seafield,
West Lothian,
EH47 7AQ

Telephone: 01625 290046
Fax: 01625 290046
Email: admin@baaudiology.org
Website: www.baaudiology.org

British Society of Audiology (BSA)

Blackburn House
Redhouse Road
Seafield
Bathgate
EH47 7AQ

Tel: 0118 9660622
Fax: 01506 811477
Email: bsa@thebsa.org.uk
Website: www.thebsa.org.uk

British Society of Hearing Aid Audiologists (BSHAA)

City Wharf
Davidson Road
Lichfield
Staffordshire
WS14 9DZ

Tel: 01543 442155
Fax: 0121 355 2420
Email: secretary@bshaa.com
Website: www.bshaa.com

National Community Hearing Association (NCHA)

199 Gloucester Terrace
London
W2 6LD

Telephone: 020 7298 5110
Email: info@the-ncha.com
Website: www.the-ncha.com

National Deaf Children's Society

Ground Floor South, Castle House
37- 45 Paul Street
London
EC2A 4LS

Tel: 020 7490 8656
Minicom: 020 7490 8656
Fax: 020 7251 5020
Email: ndcs@ndcs.org.uk
Website: www.ndcs.org.uk

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