SCHEDULE 2 – THE SERVICES

A. Service Specifications

1. Service name	Bone Conduction Hearing Implant and Middle Ear Implant Service (all ages)
2. Service specification number	D09/S/b - 240201
3. Date published	April 2024
4. Accountable Commissioner	NHS England

5.	**Population and/or geography to be served**
5.1	**Population Covered** Bone Conduction Hearing Implants (BCHI) and Middle Ear Implants (MEI) are commissioned for adults and children with permanent hearing loss who are physically unable to wear or do not receive adequate benefit from acoustic hearing aids after a suitable fitting and trial in line with the Clinical Commissioning Policy: Bone Conduction Implants (BCHIs) for Hearing Loss (all ages) (2016). As detailed in the policy, this can include children or adults with the following: • unilateral or bilateral conductive sensorineural loss. • an absent or underdeveloped ear canal (ear canal atresia or stenosis) which is often associated with Microtia (absent or underdeveloped external ear). • asymmetric hearing loss. • other indications which cannot be resolved by medical treatments in the presence of an acoustic hearing aid.
5.2	**Minimum population size** Recommended commissioning footprint 1-3m population.
6.	**Service aims and outcomes**
6.1	**Service aim** The aim of the Bone Conduction Hearing Implant and Middle Ear Implant Service is to improve the hearing related quality of life for those with permanent hearing loss who are unable to benefit from acoustic hearing aids. The service aims to ensure that adults and children with an absent or underdeveloped ear canal (ear canal atresia or stenosis) and microtia (absent or underdeveloped external ear) have a holistic and coordinated assessment taking account of any requirements for hearing implant surgery as well as potential ear reconstruction surgery or prosthetics.

The service will deliver the aim by:

i. Providing equitable access for all eligible children and adults.
ii. Providing a service which is clinically and cost effective.
iii. Providing appropriate long-term support and aftercare.

Hearing related quality of life includes the domains of access to:

- Environmental and other sounds.
- Spoken language (understanding, use and speech intelligibility).
- Integration (social, educational, employment).
- Well-being (listening effort, health, psychological status, cognition).

Additional aim for children:

- To promote the normal development of auditory awareness and comprehension.

6.2 Outcomes

NHS Outcomes Framework Domains & Indicators

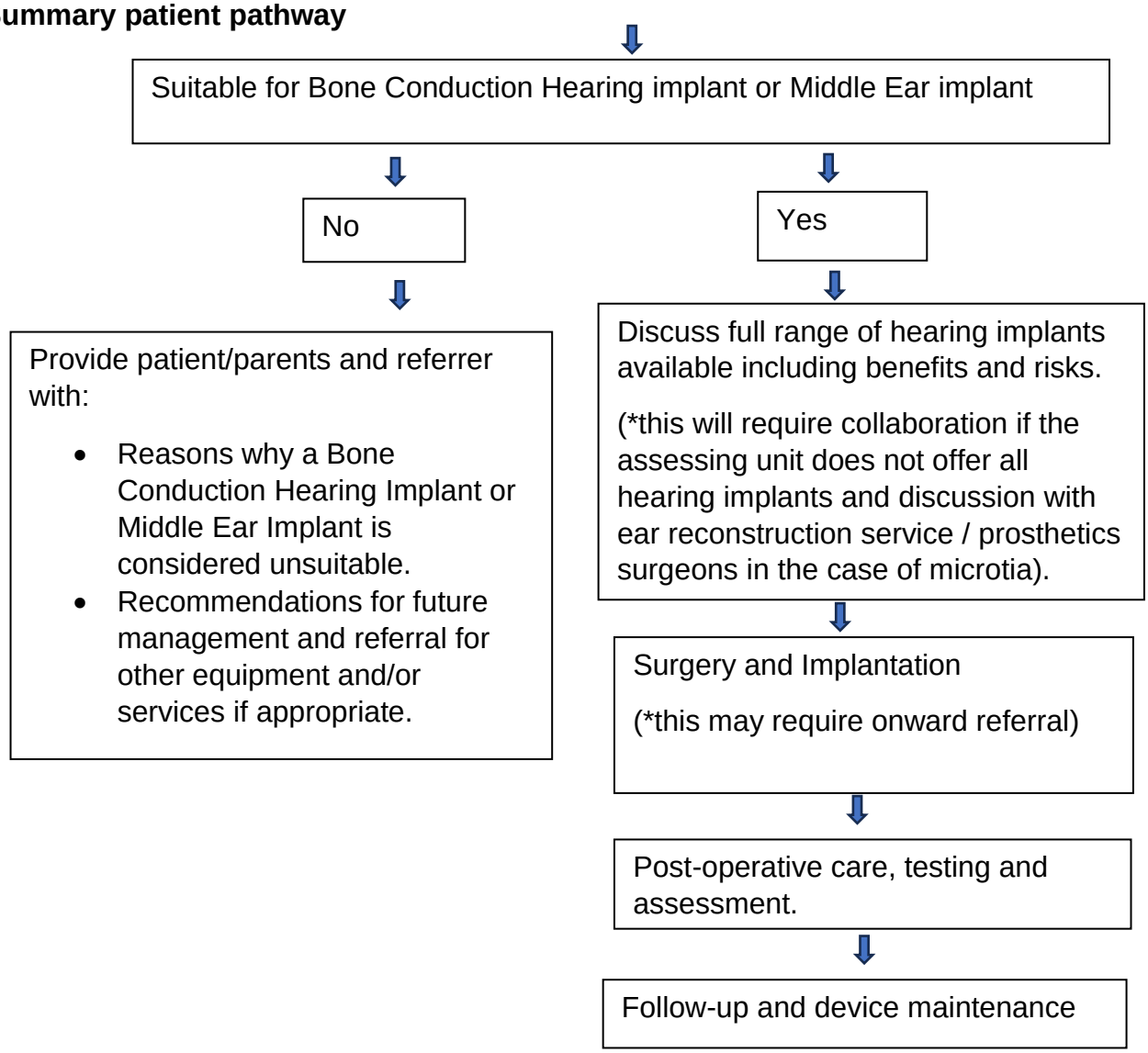
Domain 1	Preventing people from dying prematurely
Domain 2	Enhancing quality of life for people with long-term conditions
Domain 3	Helping people to recover from episodes of ill-health or following injury
Domain 4	Ensuring people have a positive experience of care
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm

Clinical Outcome Metrics - quantitative data		
% of patients with reported improvement in hearing at 12 months	National Hearing Implant Registry*	Domain 2
% of patients continuing to use and gain benefit from their hearing implant at 12 months	National Hearing Implant Registry*	Domain 2
% of patients without access to aided hearing for more than 7 days due to lack of device repair or replacement	Provider Submitted	Domain 2

	**National Hearing Implant Registry in development with expected availability during 2024/25.* The service will complete / upload data for all listed quality metrics to the national specialised Services Quality Dashboard (SSQD). The full version of the quality metrics and their descriptions including the numerators and denominators can be accessed at https://www.england.nhs.uk/commissioning/spec-services/npc-crg/spec-dashboards/ The service will engage in audit and monitoring of service outcomes, including complying with data requirements of the National Hearing Implant Registry (NHIR) and appropriate external organisations, such as the Medical and Health Care Products Regulatory Agency (MHRA).
7.	**Service description**
7.1	This service includes: • Bone Conduction Hearing Implants (BCHI) • Middle Ear Implants (MEI) The service includes assessment, surgical implantation, rehabilitation and ongoing care and maintenance of the hearing implant. Each unit delivering the service will have knowledge of the full range of acoustic hearing aids and implantable hearing devices available. All providers are required to be part of an agreed network with a unit that does offer all hearing implants to ensure patients can be fitted with the most appropriate device for their hearing loss. The service will have appropriate transition arrangements in place for children moving into adult hearing implant services. The service will provide support to all patients, including those with complex needs, and ensure access to further appropriate services and care for these patients as necessary. When appropriate, suitable communication support must be provided to permit equal access for deaf patients e.g., British Sign Language (BSL) interpreters, speech to text.

7.2 Pathways

Summary patient pathway



Referral

The service will accept referrals from:

- General Practitioner (GP)
- NHS or private Audiology Service
- Ear, Nose and Throat (ENT) Service
- Paediatricians
- Speech and Language Therapists
- Teacher of the Deaf.

Written referrals will be made to the hearing implant service providing evidence of:

Unaided hearing level in both ears at frequencies 0.5 - 4 kHz (masked where needed) for air conduction, and masked bone conduction thresholds (for babies and young children this may not be possible to assess fully prior to referral)and

- Where possible, evidence of an acoustic hearing aid trial with real ear measurements and suitable ear moulds of at least 6 weeks or a reason as to why this is contraindicated or inappropriate.

Assessment

All patients will undergo comprehensive assessment by a specialist multi-disciplinary team (MDT) including ENT surgeons experienced in hearing implant surgery and audiologists with experience in BCHI and MEI to ensure joined up and effective decision-making. The MDT will assess suitability for BCHI and/or MEI and ensure that all appropriate acoustic hearing aids have been considered.

To ensure equity of access, the MDT will assess suitability for the full range of acoustic hearing aids and implantable hearing devices available.

The assessment will include the following:

- **Audiology assessment**
  - Otoscopy, tympanometry, age-appropriate hearing assessments and speech testing, speech in noise testing and objective hearing assessments as appropriate.
  - Testing may need to be adapted to take account of a person's disabilities (such as physical and cognitive impairments), or linguistic or other communication difficulties, to ensure equality of access.
  - If it is not possible to administer tests in a language in which a person is sufficiently fluent for the tests to be appropriate, other methods of assessment will be considered, for example the Auditory Speech Sounds Evaluation (ASSE) or other non-language-biased tests.
- **Medical assessment**
  - Clinical history, physical examination, fitness for surgery, suitability of anatomical site for implantation, Magnetic Resonance Imaging (MRI), computed tomography (CT) scan as required.

- Consideration of other medical conditions where regular imaging is required should be considered, due to the potential issues with BCHI and MEI and MRI or CT imaging.

- **Ear reconstruction and prosthetics assessment (if appropriate)**
  - For adults and children with an absent or underdeveloped ear canal (ear canal atresia or stenosis) and microtia (absent or underdeveloped external ear), any hearing implant assessment should be undertaken collaboratively with paediatric or adult ear reconstruction and prosthetics services to ensure any requirements for hearing implant surgery as well as potential ear reconstruction surgery are taken into account.

- **Device trial**
  - Assessments for BCHI must include a minimum of 2 weeks trial with a loan device in the relevant home, social, work and learning environments.
  - This trial must be supported by suitable tools for assessment of benefit by the patient including pre- and post- trial evaluations e.g. outcome questionnaires such as the client oriented scale of improvement (COSI), Glasgow hearing aid benefit profile (GHABP) and Bern Benefit in Single-Sided Deafness Questionnaire.
  - Assessments for MEI must include an identical trial of a BCHI for conductive or mixed hearing loss outlined above together with an assessment and record of the patient outcomes (where appropriate). A trial is not necessary for a sensorineural loss.
  - Wireless Contralateral Routing Of Signals (CROS) or BiCROS aids must be available as a home trial for patients who are suitable for these devices.

- **Psychological assessment (if required)**
  - Access to local mental health and psychological services (for adults and children), and Mental Health Services for the Deaf (Adults and Children), if required.

- **Information and signposting**
  - Patients who may be candidates for hearing implants and their families /carers as appropriate, will receive information about voluntary services, charities and support groups including the opportunity to have contact with deaf patients of a similar age (and their families for paediatric patients) who are users of hearing implants, either face to face or via alternative media.
  - Patients will be offered written information or signposted to appropriate online information to help them to make informed decisions about their healthcare, at appropriate points within the assessment.

- **Assessment Outcome**
  - Following MDT assessment, if it is determined that a patient is not suitable for a hearing implant, the service will ensure that the patient and/or the family have the opportunity to discuss the outcome of the assessment.
  - The referrer, the local audiology department, other relevant professionals and the

patient's GP are notified of the decision and the future management plan.

Surgery and implantation

- The surgery may be carried out as a day case or inpatient depending on individual clinical assessment.
- The hearing implant surgery must be completed by an ENT surgeon with experience in hearing implant surgery.
- Surgical facilities must afford appropriate NHS standards of safety, accessibility, cleanliness, privacy and dignity and also take into account communication needs of deaf patients.

The hearing implant device implanted will:

- Conform to the recommendations of the Medical and Health Care Products Regulatory Agency (MHRA) Medical devices: how to comply with the legal requirements in Great Britain - GOV.UK (www.gov.uk).
- Be recorded within the National Hearing Implant Registry (NHIR).
- Comply with terms and conditions of the purchasing body.
- Have clinical and technical support available from the manufacturer.

Post-operative management

- Medical check of surgical site and device placement and functioning following implantation.
- Written information regarding care of the wound/ear and pain management post operatively.
- Written guidelines on what to do should medical /surgical problems arise.
- Advice regarding health and safety with a hearing implant.
- Activation and programming of device using in situ measurements will be performed at the initial fitting appointment which should be within 3 months of implant surgery.
- Validation of the amplification of sound should also be performed at the initial and subsequent fitting appointment e.g., speech testing and adjusted when it is not optimal.
- On-going sound programming and assessment dependent on individual need.
- Speech testing appropriate to age, developmental stage and cognitive ability following surgery and processor loading.
- The patient will have access to on-going audiological review, frequency based on individual patient need. This may be offered through the use of patient-initiated follow-up as outlined in Implementing patient initiated follow-up guidance for local health and care systems (2022).
- Remote consultation and programming may be offered where appropriate.
- Records of measurement of all programmes installed in the software, and of all tests

performed by the multi-disciplinary team, must be kept. Progress with the hearing implant will be monitored through at least two assessments in the first year and then again at routine reviews. These tests will include the patient's ability to hear sounds and speech, as well as assessment of quality of life.

Training and outreach

- Training and advice to patient (and carers if appropriate) on care and use of the implant.
- Patients and/or carers will be trained by the service to carry out simple troubleshooting and maintenance such as visual inspection of external parts and subjective listening checks (where possible).
- Advice to other organisations (for example, troubleshooting advice for local education, health, and social care staff).

Device Maintenance

- Patients and or carers will be trained by the service to carry out simple trouble-shooting and maintenance such as visual inspection of external parts and subjective listening checks (where possible).
- For more complex maintenance needs, the hearing implant service will provide advice (via telephone, e- mail, text) and make arrangements whereby external implant parts can be brought or posted to the service during opening hours.
- The service will aim to resolve simple repair issues within 2 working days. Where devices need to be sent for repair, patients will receive a working device (which may be a loan device) within 7 working days.
- Replacements of external equipment will be provided as appropriate.
- Batteries will be available to implant users either from the hearing implant programme or from a local audiology department by prior agreement.
- Upgrade or provision of new sound processors, if clinically appropriate (on average at 5 yearly intervals), to ensure patient access to up-to-date technology to optimise their hearing performance and subsequently outcome from the intervention.

Device Failure

- The service will provide re-implantation if required.
- Any device failures must be reported to the MHRA Adverse Incidents section and the company that supplied the implant.
- If device failure is clinically suspected, the patient must be offered an appointment within 7 working days to check the external and internal components of the implant device.

Device Policies

The service will have appropriate local policies which cover, as a minimum:

- Device failure
- Lost devices
- Assistive Listening Devices

	• Upgrade of devices • Transfer of care pathway from/to another service • Essential repairs, consumables, and spare parts • Non-essential items e.g., decorative covers, holiday loaners and for repair or replacement of parts or devices if damage, loss, or failure is determined to be due to inappropriate care, with appropriate provision for appeal. **Transition and Transfer** • All healthcare services are required to deliver developmentally appropriate healthcare to patients and families. Children and young people with ongoing healthcare needs may present direct to adult services or may be required to transition into adult services from children's services. Transition is defined as a 'purposeful and planned process of supporting young people to move from children's to adults' services. Poor planning of transition and transfer can result in a loss in continuity of treatment, patients being lost to follow up, patient disengagement, poor self-management, and inequitable health outcomes for young people. It is therefore crucial that adult and children's NHS services, in line with what they are responsible for, plan, organise and implement transition support and care (for example, holding joint annual review meetings with the child/young person, their family/carers, the children's and adult service). This should ensure that young people are equal partners in planning and decision making and that their preferences and wishes are central throughout transition and transfer. NICE guidelines recommend that planning for transition into adult services should start by age 13-14 years at the latest, or as developmentally appropriate and continue until the young person is embedded in adult services.
7.3	**Clinical Networks** There are no formal operational delivery networks (ODNs) for the BCHI and MEI services. However, all providers are required to be part of an agreed network with a unit that does offer all hearing implants, to provide equity of access to hearing implants. This will ensure patients are provided with the most appropriate implant for them rather than being restricted to those provided by any particular service. This could be achieved through agreed regional MDT arrangements with agreed referral pathways. For adults and children with an absent or underdeveloped ear canal (ear canal atresia or stenosis) and microtia (absent or underdeveloped external ear), any hearing implant assessment should be undertaken collaboratively with paediatric or adult ear reconstruction services.
7.4	**Essential Staff Groups** The multidisciplinary team should comprise a core team including: • Hearing Implant Co-ordinator/Service Lead. • Minimum of two ENT surgeons with experience in hearing implant surgery. • Audiologists with experience in BCHI and MEI. Access should also be available to the following health professionals:

	• Rehabilitation Therapists (this may include the following - Speech and Language Therapist, Teacher of the Deaf, Hearing Therapist, Auditory Verbal Therapist) • Neuroradiologists, • Geneticists, • Paediatricians, • Specialists in Older People's Medicine, • Ear reconstruction and prosthetic service in an established network (for Microtia), • Psychology.
7.5	**Essential equipment and/or facilities** Hearing implant services should have the following facilities: • Age-appropriate inpatient and outpatient facilities. • Operating theatres • Audiological testing will comply with British Society of Audiology Practice Guidance for The Acoustics of Sound Fields Audiometry in Clinical Audiology Applications (2019) • Facilities for patients should be accessible, safe, suitable, and family friendly for a hearing impaired population (including for patients with additional comorbidities). • Outpatient settings should include the provision of visual or other devices to alert the patient that the clinician is ready to see them. Hearing implant services should have the following equipment: • Electro-medical equipment necessary to deliver a safe and effective service. Equipment should be serviced on a regular basis and annual electromedical safety checks should be carried out. All equipment must be appropriately calibrated to current British and ISO standards, with calibration and service records appropriately retained.
7.6	**Interdependent Service Components – Links with other NHS services** The service has interdependencies with the following other services: • Primary Care • NHS Audiology Service • NHS Newborn Hearing Screening Programme • Occupational therapy • Physiotherapy • Psychology • Mental Health Services for the Deaf (Adults and Children). • Educational Services (including Teacher of the Deaf or other specialist teaching staff) • Social Services (including Social Worker for the Deaf).

7.7	**Additional requirements** Providers are required to take account of and work in collaboration with providers commissioned for the management of complex congenital abnormalities of the ear as described in the Paediatric Surgery Service Specification.
7.8	**Commissioned providers** <link to be inserted to published prescribed services list>
7.9	**Links to other key documents** Clinical Commissioning Policy: Bone Conducting Implants (BCHIs) for Hearing Loss (all ages) (2016) Ear, Nose and Throat Surgery GIRFT Programme National Specialty Report (2019) Paediatric Surgery Service Specification

Change form for published Specifications and Products developed by Clinical Reference Group (CRGs)

Product name: Service Specification - Bone Conduction Hearing Implant and Middle Ear Implant Service (all ages)

Publication number: D09/S/b - 240201

CRG Lead: National Clinical Lead for Specialised Ear Services / National Programme of Care Senior Manager

Description of changes required

Describe what was stated in original document	Describe new text in the document	Section/Paragraph to which changes apply	Describe why document change required	Changes made by	Date change made
Implantable Hearing Aids for Microtia, Bone Anchored Hearing Aids and Middle Ear Implants (All Ages)	Bone Conduction Hearing Implant and Middle Ear Implant Service (all ages)	Service name	Updated title reflects change in terminology from Bone Anchored Hearing Aid (BAHA) to Bone Conducting Hearing Implant (BCHI). Confirmed that this revised name will also be reflected in the Manual of Prescribed Specialised Services	Specification Working Group	September 2023
National/local context and evidence base (whole section)	remove	National/local context and evidence base	Not required in new service specification template	Specification Working Group	July 2023

The service outlined in this specification is for patients ordinarily resident in England*; or otherwise the commissioning responsibility of the NHS in England (as defined in Who Pays?: Establishing the responsible commissioner and other Department of Health guidance relating to patients entitled to NHS care or exempt from charges)	Bone Conduction Hearing Implants (BCHI) and Middle Ear Implants (MEI) are commissioned for adults and children with permanent hearing loss who do not receive adequate benefit from acoustic hearing aids after a suitable fitting and trial in line with the Clinical Commissioning Policy: Bone Conduction Implants (BCHIs) for Hearing Loss (all ages) (2016) As detailed in the policy, this can include children or adults with the following: unilateral or bilateral conductive Sensorineural loss absent or underdeveloped ear canal (ear canal atresia or stenosis) which is often associated with Microtia (absent or underdeveloped external ear) asymmetric hearing loss other indications which cannot be resolved by medical treatments in the presence of an acoustic hearing aid.	5.1 Population covered	Added reference to the clinical commissioning policy published in 2016, not previously referenced.	Specification Working Group	July 2023

-	Recommended commissioning footprint expected to be 1-3m population.	5.2 Minimum population size	New section in the template. Population included is as per the recommendations in the future commissioning models work.	Specification Working Group	September 2023
The aim of a hearing implant rehabilitation centre is to improve the hearing and quality of life	The aim of a Bone Conduction Hearing Implant and Middle Ear Implant Service is to improve the hearing related quality of life.	6.1 Service Aim	To use the updated name of the service.	Specification Working Group	July 2023
-	Hearing related quality of life includes the domains of access to: • Environmental and other sounds. • Spoken language (understanding, use and speech intelligibility). • Integration (social, educational, employment). • Well-being (listening effort, health, psychological status, cognition).	6.1 Service Aims	Includes definition of hearing related quality of life domains not previously included.	Specification Working Group	September 2023
To ensure that those individuals with microtia have access to support and treatment for their hearing and cosmetic aspects provided in a coordinated fashion by a single team or two teams working in a	To ensure that children with microtia have a holistic and coordinated assessment and care plan taking account of any requirements for hearing implant surgery as well as ear reconstruction surgery.	6.1 Service Aims	Rephrasing of sentence	Specification Working Group	September 2023

coordinated way					
Service Outcomes Section	Key Service outcomes	6.2 Outcomes	Whole section updated to reflect new approach to assessing the quality of services. Quality outcomes and metrics indicators approved by the Metrics Review Group.	Specification Working Group	September 2023
knowledge of the full range of ACHA and implantable devices offered by their service.	knowledge of the full range of acoustic hearing aids and implantable devices available.	7.1 Service description	Updated terminology from ACHA to acoustic hearing aids.	Specification Working Group	September 2023
-	Summary Care Pathway	7.2 Service Model	Insertion of summary care pathway diagram	Specification Working Group	September 2023
The service will accept referrals from: GP NHS or private Audiology Service Ear, Nose and Throat (ENT) Service Paediatrician Teacher of the Deaf	The service will accept referrals from: GP NHS or private Audiology Service Ear, Nose and Throat (ENT) Service Paediatrician Teacher of the Deaf Speech and Language Therapists	7.2 Service Model (Referrals)	Included additional referrers in line with standard practice. Speech and Language Therapists	Specification Working Group	September 2023
	Testing may need to be adapted to take account of a person's disabilities (such as physical and cognitive impairments), or linguistic or other communication difficulties, to ensure	7.2 Service Model (Audiology Assessment)	Additional text to ensure appropriate adaptions are in place	Specification Working Group	September 2023

	equality of access. If it is not possible to administer tests in a language in which a person is sufficiently fluent for the tests to be appropriate, other methods of assessment will be considered, for example the Auditory Speech Sounds Evaluation (ASSE) or other non-language-biased tests.				
	Consideration of other medical conditions where regular imaging is required should be considered, due to the potential issues with BCHI and MEI and MRI or CT imaging.	7.2 Service Model (Medical Assessment	Additional text to highlight considerations of other medical conditions that may impact imaging compatibility.	Specification Working / Stakeholder Testing	January 2024
	Psychological Services Access to local mental health and psychological services (for adults and children), and Mental Health Services for the Deaf (Adults and Children), if required.	7.2 Service Model Psychology Services	Additional text to ensure appropriate awareness and referral pathways to other local and specialised mental health services are in place	Specification Working Group	September 2023
Assessments for the hearing rehabilitation of children with microtia will be coordinated with the views of the wider team responsible for the	**Ear reconstruction and prosthetics assessment (if appropriate)** For adults and children with an absent or underdeveloped ear canal	7.2 Service Model	Rewording to strengthen the emphasis on joint planning of care.	Specification Working Group / Stakeholder Testing	September 2023 / January 2024

cosmetic aspects of care.	(ear canal atresia or stenosis) and microtia (absent or underdeveloped external ear), any hearing implant assessment should be undertaken collaboratively with paediatric or adult ear reconstruction and prosthetics services to ensure any requirements for hearing implant surgery as well as potential ear reconstruction surgery are taken into account.				
Have Conformité Européenne (CE) approval	Conform to the recommendations of the Medical and Health Care Products Regulatory Agency (MHRA) Medical devices: how to comply with the legal requirements in Great Britain - GOV.UK (www.gov.uk)	7.2 Service Model	Update to regulatory standards post exit from the European Union.	Specification Working Group	September 2023
The Inpatient episode	The surgery may be carried out as a day case or inpatient depending on individual clinical assessment	7.2 Service Model	Broader term used as the surgery may be carried out as either a day case or inpatient following clinical assessment. This is in line with routine current clinical practice.	Specification Working Group	September 2023
Assessments for middle ear implants must include an identical trial of a BAHA as outlined above	Assessments for Middle Ear Implants (MEI) must include an identical trial of a BCHI	7.2 Service Model Device Trial	Update term BAHA to BCHI and to confirm a trial is not required for sensorineural loss.	Specification Working Group / Stakeholder Feedback	January 2024

together with an assessment with a direct drive stimulator (when appropriate) with mechanisms to record the patient outcomes.	for conductive or mixed hearing loss outlined above together with an assessment and record of the patient outcomes (where appropriate). A trial is not necessary for a sensorineural loss				
Ensure patient has access to up to date technology to maximise their hearing performance and subsequently outcome from the intervention	Upgrade or provision of new sound processors, if clinically appropriate (on average at 5 yearly intervals), to ensure patient access to up-to-date technology to optimise their hearing performance and subsequently outcome from the intervention.	7.2 Service Model (device Maintenance)	Further detail included regarding access to updated technology. This statement is in line with the Cochlear Implant Service Specification published in 2023.	Specification Working Group	September 2023
-	Transition and Transfer standard text.	7.2 Service Model	Insertion of agreed standard text	Specification Working Group	September 2023
-	New text / section	7.3 Clinical Networks	New section, detail not previously included. Describes existing practice.	Specification Working Group	September 2023
-	Hearing implant services should have the following facilities: Age-appropriate inpatient and outpatient facilities. Operating theatres Audiological testing will comply with British Society of Audiology Practice	7.5 Essential equipment and/or facilities	New section, detail not previously included. The text is in line with existing British Society of Audiology guidelines and is met by existing commissioned services.	Specification Working Group	September 2023

	Guidance for The Acoustics of Sound Fields Audiometry in Clinical Audiology Applications (2019) Facilities for patients should be accessible, safe, suitable, and family friendly for a hearing impaired population (including for patients with additional comorbidities). Outpatient settings should include the provision of visual or other devices to alert the patient that the clinician is ready to see them. Hearing implant services should have the following equipment: Electro-medical equipment necessary to deliver a safe and effective service. Equipment should be serviced on a regular basis and annual electromedical safety checks should be carried out. All equipment must be appropriately calibrated to current British and ISO standards, with calibration and service records appropriately retained				

	Mental Health Services for the Deaf (Adults and Children)	7.6 Interdependent Services	Additional service added. This is an existing commissioned service omitted from the previous specification interdependencies.	Specification Working Group	September 2023
-	Clinical Commissioning Policy: Bone Conduction Implants (BCHIs) for Hearing Loss (all ages) (2016) Ear, Nose and Throat Surgery GIRFT Programme National Specialty Report (2019)	7.9 Key documents	Key document links included.	Specification Working Group	September 2023
Annex 1	removed	-	Not required in the new template	Specification Working Group	September 2023
	Annex A Provider List				
Deafness	Hearing Loss	Throughout document	Consistency of use in terminology	Specification Working Group	September 2023
ACHA – Air Conduction Hearing Aids	Acoustic Hearing Aids	Throughout document	Consistency of use in terminology	Specification Working Group	September 2023

Note: Informal stakeholder testing was completed with the commissioned providers of the service between 12th December 2023 and 5th January 2024. Respondents agreed that the document reflected the current patient pathway and would not result in financial implications for the delivery of care. Respondents noted a couple of other minor edits to the documentation which have been incorporated.