

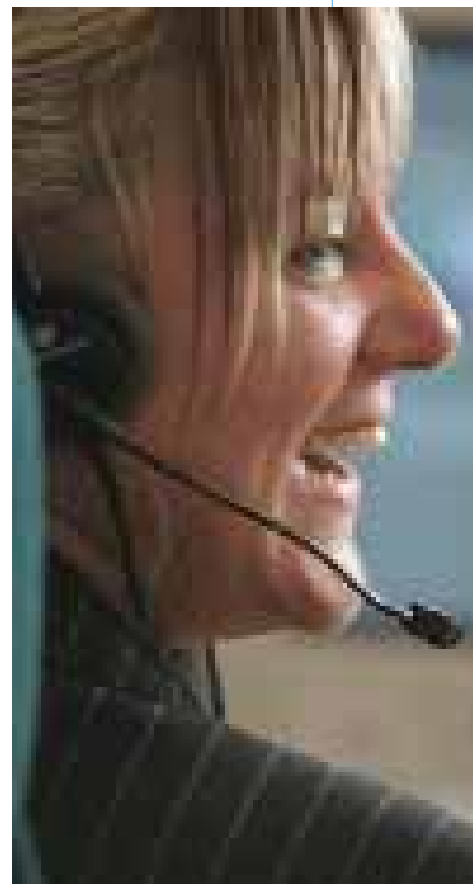
## Sustaining your Modernised Audiology Service



Modernising  
Hearing Aid  
Services



Public Private  
Partnership



Hearing  
Direct

# Modernising NHS Hearing Aid Services

## Background

In England, 20% of the adult population (7.62 million people) have a hearing loss. Hearing loss causes individuals all sorts of difficulties in their daily lives. The vast majority of hearing loss involves damage to the cochlea, in the inner ear.

There are no current medical treatments that are effective in reducing cochlear hearing impairment or in slowing down its progression. The major intervention is secondary prevention, through rehabilitation to reduce disability. The main way of doing this is via sound amplification by using hearing aids.

## Before modernisation

Prior to the Modernisation of NHS Hearing Aid Services (MHAS) programme, people with a hearing loss were fitted with analogue hearing aid technology that had developed little from hearing aids fitted in the 1970s. NHS hearing aid services tended to be 'Cinderella' services, which fitted out-of-date technology to patients. They suffered from a lack of technical expertise and funding to fit modern hearing aids to their patients, combined with patchy follow-up and rehabilitation. This meant that at least one third of patients fitted with old analogue hearing aids did not use them, as they found they offered little benefit for their individual hearing loss.

Before the MHAS programme began, people who wanted digital hearing aids were paying up to £2,500 to get them privately. One of the successes of the programme has been to drive down the cost of digital hearing aids for the NHS using the service's bulk purchasing power. This has meant digital hearing aids cost the NHS from as little as £55. As the new digital hearing aids were more expensive than the old analogue ones (average price £45), services were funded the price differential between the aids, so the new technology was cost neutral to NHS services.



## Committed resources for MHAS

The MHAS programme, which was managed by RNID but funded by the Department of Health, has enabled £125m to be invested in NHS hearing aid services throughout England (164 NHS Trusts).

As a result of this programme, hearing aid services were fully funded to buy the latest technology required to fit digital hearing aids to their patients. This involved buying new computers, patient management systems and the latest clinical equipment.

## The new service

Patients are fitted to nationally agreed protocols, which ensure the technology is used to specifically tailor the hearing aid to each individual's hearing loss. The audiologist spends longer with each patient and there are now standardised national systems to monitor patient outcomes.

In addition to the equipment and hearing aids, NHS services were given additional funding to recruit extra staff to fit the new hearing aids. Furthermore, in order to be able to fit the new hearing aids to their patients, a comprehensive national training package was delivered, including hands-on training within the individual hearing aid departments. This has effectively meant that every audiologist in England has been fully trained to fit digital hearing aids to NHS patients.

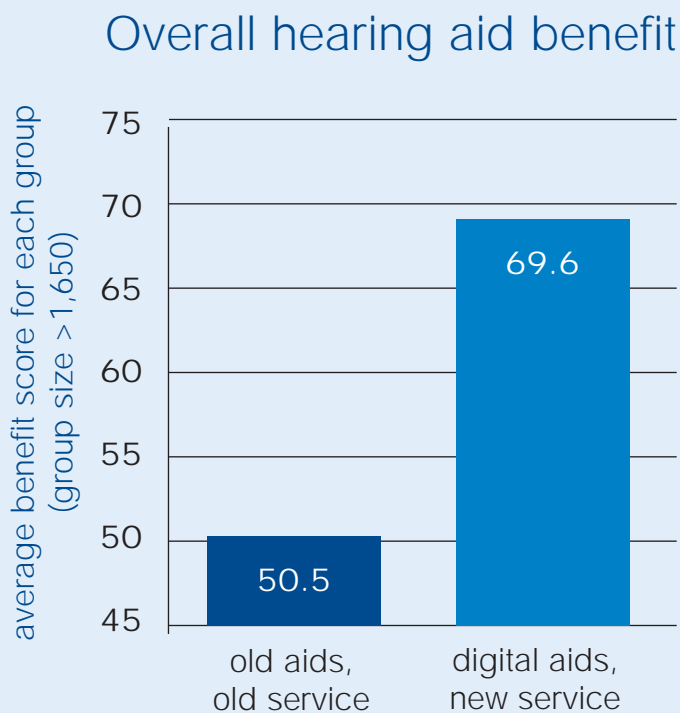
## Evidence-based change

Modern digital hearing aids provide users with an 'intelligent' amplifier – the performance of which is programmed and fine-tuned by an audiological professional to meet their individual needs.

The hearing aid will constantly adapt to changes in the sounds it picks up. In addition, it offers the user a means of choosing the most helpful settings for each listening environment that they encounter in daily life.

While the MHAS programme was at the pilot stage, Professor Adrian Davis of the MRC's Institute of Hearing Research was commissioned to evaluate the effectiveness of the new digital hearing aids and the new service offered to patients.

The differential benefit to patients was measured using a standardised questionnaire (The Glasgow Hearing Aid Benefit Profile). This questionnaire captures how much of the time each person uses their hearing aid, how much it helps in different everyday situations and how satisfied they are with the result. The composite score is shown in the chart below.



## Progress/achievements

The national MHAS programme is now complete, as all 164 English NHS Trusts have modernised their hearing aid services and are fully equipped to fit digital hearing aids as standard. All children's services have been fully modernised and funded to fit digital hearing aids. Adult services have been fully funded to fit digital aids, and an increase to reflect ongoing commitments has now become part of the baseline allocation to Trusts. Future financial allocations will be made in the same format as in previous years, via each Trust's Strategic Health Authority for capital funding and the local Primary Care Trust (PCT) for revenue funding.

The MRC study found that people fitted with high quality digital hearing aids in the modernised service reported 41% greater overall benefit compared to those with analogue aids. They were using their aids more of the time, finding them more helpful, and were more satisfied with the result.

## How can commissioners support the change?

While hearing aids cannot restore perfect hearing, modern hearing aids, when personalised and introduced to the individual using recommended protocols, can substantially offset the effects of hearing loss in daily life. As the framework for providing the best hearing aids offering the best outcomes for patients already exists, commissioners are asked to support the continuation of the modernised services by ensuring all additional funding allocated to this service under MHAS goes into NHS hearing aid services. Furthermore, commissioners are asked to continue to support the delivery of high-tech, good quality hearing aid services for users.

Any queries relating to MHAS should be addressed to:

[healthactionteam@nhd.org.uk](mailto:healthactionteam@nhd.org.uk)

Telephone 020 7296 8022

# Public Private Partnership (PPP)

## Background

Results from MHAS showed better outcomes for patients when compared to the previous NHS model of care. However, longer individual appointments, increasing demand and a national shortage of audiologists meant there was a lack of capacity within the NHS. To address these issues a Public Private Partnership (PPP) was established.

PPP was designed to increase the workforce delivering hearing aids to NHS patients – and therefore to reduce waiting times for hearing aids. Initially, two NHS sites volunteered to join a pilot evaluating the effects of using private sector capacity to provide NHS-equivalent hearing aid services. Patients received the same hearing aids free of charge and fitted in the same way as on the NHS. Patients remained under the clinical responsibility of the NHS but were seen faster, freeing up capacity for others. The Medical Research Council's Institute of Hearing Research in Nottingham, using validated outcome measures and focus groups to evaluate the patients' experiences, evaluated the pilot.



## Evidence-based change

Analysis of patient outcomes at one pilot site was significantly better for patients seen by the private sector, while in the other pilot site there was a similar outcome between provision within the NHS under MHAS and private sector provision.

The pilot showed that this was an opportunity to reduce waiting lists with a significant number of patients (>400) being taken off the waiting list in a short period of time. Further evaluation of PPP has shown the cost per patient journey to be competitively priced.

The pilot project was successful, as shown in the following points:

- Outcomes from the private sector as good as or better than the NHS service.
- Patient experiences of PPP were positive – all were grateful to have had their hearing aid/s fitted earlier than expected by a private hearing aid dispenser.
- The local NHS service reduced waiting lists without too much increase in administration.

“Our research concluded that judicious, quality assured use of private sector hearing aid dispensers has substantial promise in delivering a major boost to capacity. By training hearing aid dispensers in modernised NHS protocols and by working in partnership with them, we can be confident they will provide a high quality service. Furthermore, private sector audiology can make available additional affordable capacity, so it makes practical sense to draw upon their expertise and experience.”

Professor Adrian Davis, MRC-IHR

## Progress/achievements

The pilot led to a comprehensive tender process for a national framework contract, which was awarded to two companies. This has created a unique partnership between the two private sector companies, RNID, PASA and the NHS.

Almost half the NHS departments in England (76 NHS Trusts) are now using PPP. Selected private hearing aid dispensers have been contracted to help deliver the NHS service to adults. They are fully trained in the new NHS procedures and work in partnership with local NHS services. Patients receive the same hearing aids as in the audiology department, fitted to the same protocols, and remain the clinical responsibility of the NHS.

PPP has greatly enhanced the capacity of NHS hearing aid services to deliver modernised services to meet the needs of deaf and hard of hearing people. NHS audiologists initially regarded PPP with some suspicion, but most now see it as a necessary and useful addition to the modernisation process.

## Committed resources for PPP

Central funding was provided to sites that wished to use the national framework contract and more than 50,000 patients will be seen by the end of March 2006. PPP participating services will receive funding in 2005/6 and beyond, which can be used to continue their local contracts and refer even more patients via the scheme. The national contract has been extended until September 2006.

## How can commissioners support the change?

Commissioners can help their audiology services to work towards achieving national waiting list targets by funding them to introduce PPP. Where services are already using the private sector, commissioners can provide extra funding to expand the service and bring waits down further.



Any queries relating to PPP should be addressed to:

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# Hearing Direct

## Background

Hearing Direct is a new service aimed to increase capacity within audiology departments and thereby reduce hearing aid waiting lists.

A core objective of the MHAS programme is the introduction of routine follow-up appointments. All patients fitted with hearing aids will automatically return to the audiology department for a follow-up appointment with an audiologist eight to 12 weeks after fitting to see how they are getting on, and to make adjustments or give advice as necessary. However, if the patient is getting on well there is often no need for intervention and therefore an appointment in a clinic setting is not essential.

Hearing Direct was set up to act as a telephone follow-up and triage service, used to assess progress and identify those patients who need a face-to-face follow-up appointment with an audiologist and to refer the patient back to audiology if needed. In addition to the triage service, Hearing Direct also provides a patient helpline from 10am-6pm, five days a week. This is accessed by a local call rate number. The helpline provides patients with information on hearing aids and hearing loss together with information on local and national services available from the health, social and voluntary sectors.

The service is based at NHS Direct East Midlands in Nottingham and is staffed by Health Information Advisors (HIAs) who have been specially trained in the additional skills and specific knowledge required to work as Hearing Direct Advisors (HDAs). All staff work to very strict protocols and their work is audited on an ongoing basis.



## Evidence-based change

Hearing Direct was piloted at four audiology departments from October 2003 to March 2004. Results from an internal audit report and an external research evaluation by the MRC have highlighted significant benefits for patients, audiology departments and for the NHS.

- The audit has shown that 64% of patients were referred from the participating Trusts to Hearing Direct, which equates to approximately 1,000 patients receiving follow-up calls.
- Detailed results have shown that there is a dramatic impact on waiting times at audiology clinics. There is a 31% decrease in the demand for follow-up appointments within a clinic, which translates into a minimum net gain of 130 patient journeys.
- The vast majority (85%) of patients were in when they were called confirming the use of a call booking system is successful.
- Evaluation of the pilot has shown that where this additional capacity was provided by Hearing Direct, patients were also shown to obtain at least equivalent outcomes and in some dimensions a significantly better outcome than using the traditional MHAS patient journey with three visits to the audiology department.
- Focus groups with patients show high levels of satisfaction. This is as a result of being able to receive care in their own home and have access to a helpline service, which also provides information about local support services. They also do not need to travel for hospital appointments and pay car parking costs.
- Evaluation showed high levels of satisfaction from audiology departments: they feel confident that the patient is receiving a high standard of care and that those patients experiencing difficulties are correctly referred back into audiology. Those audiologists who have participated in this pilot support the introduction of Hearing Direct as a routine part of the patient journey.
- Results have shown the service utilises spare NHS Direct capacity.

## Progress/achievements

Hearing Direct is a high quality service that has successfully created additional capacity for hearing aid fitting within the NHS. As a result of this success the service has since been extended to a further three NHS Trusts and it is intended that it will be rolled out to five more NHS Trusts in 2005/6. Additional plans for expansion will be discussed during this time. It is estimated that Hearing Direct could be suitable for up to one third of all NHS hearing aid patients.

## How can commissioners support the change?

In order to support this initiative to reduce audiology waiting times, commissioners can express an interest in providing funding for Hearing Direct in their local area in one of three ways:

- via their local audiology department
- via their local NHS Direct Commissioning Consortia or
- directly to the RNID project team.



Any queries relating to Hearing Direct should be addressed to:

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Telephone 020 7296 8022

RNID's vision is of a world where deafness and hearing loss are not barriers to opportunity and fulfilment.

RNID is the largest charity representing the 9 million deaf and hard of hearing people in the UK. As a membership charity, we aim to achieve a radically better quality of life for deaf and hard of hearing people. We do this by campaigning and lobbying vigorously, by raising awareness of deafness and hearing loss, by providing services and through social, medical and technical research.



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