

# National Institute for Health and Care Excellence

## Transition from children's to adults' services

Consultation on draft quality standard – deadline for comments 5pm on 26/10/23

Please email your completed form to: [QualityStandards@nice.org.uk](mailto:QualityStandards@nice.org.uk)

Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.

Please only comment on the specific questions below.

### Organisation details

<b>Organisation name</b> (if you are responding as an individual rather than a registered stakeholder please leave blank)	<b>British Association of Teachers of Deaf Children and Young People (BATOD)</b>
<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	<b>N/A</b>
<b>Name of person completing form</b>	<b>Teresa Quail BATOD National Executive Officer</b>
<b>Supporting the quality standard</b> Would your organisation like to express an interest in formally supporting this quality standard? <a href="#">More information.</a>	<b>Yes</b>
<b>Type</b>	<b>[Office use only]</b>

## Comments on the updated quality standard

Question /comment number	Question Or 'general' for other comments	Comments Insert each comment in a new row. Do not paste other tables into this table because your comments could get lost – type directly into this table.
1	<p><b>For draft quality statement 2:</b> Does this quality statement accurately reflect a key area for quality improvement?</p>	<p><i>British Association of Deaf Children and Young People (BATOD) feels the draft quality statement 2 “Young people who will move from children’s to adults’ services have a co-ordinated transition plan. [new 2023]” does accurately reflect a key area for quality improvement.</i></p> <p><i>Within education, particularly for deaf children and young people, will often have transition focus as part of their education, health and care plan (EHCP) annual review. BATOD members report Health is often under-represented at those meetings. BATOD members also highlight that there tends to be limited reports from Health colleagues submitted to those review meetings. Any co-ordinated transition plan should streamline with education to maintain the ‘tell it once’ approach and ensure effective multi-professional engagement.</i></p>
2	<p><b>For draft quality statement 2:</b> Can data for the proposed quality measures be collected locally? Please include in your answer any data sources that can be used or reasons why data cannot be collected.</p>	<p><i>Data for the proposed quality measures be collected locally for deaf children and young people from the audiology and auditory implant services</i></p>
3	<p><b>For draft quality statement 2:</b></p>	<p><i>Members report transition pathways with services are already in place with established transition meetings routinely occurring for the various transition pathways eg in house adult services</i></p>

	<p>Do you think this statement would be achievable by local services given the net resources needed to deliver it? Please describe any resource requirements that you think would be necessary for this statement. Please describe any potential cost savings or opportunities for disinvestment.</p>	<p><i>(mainstream, and complex), transition to external adult services (NHS and other commissioned providers) (mainstream, and complex). However, the outcomes are not effective due to poor supporting infrastructure, in particular ineffective secure data-sharing/communication platforms between Health departments, between Health and education (local authorities and education settings).</i></p> <p><i>Co-ordinated transition plans should be accessible to all deaf children and young people eg Plain English, non-jargon based accessible reports. Related meetings should be held in acoustically suitable meeting spaces and accessible to the individuals needs of the deaf child/young people eg qualified registered British Sign Language interpreters, speech to text relay, lip-speakers.</i></p> <p><i>The adult audiology services need access to the assistive listening technology information that ensures the compatible with the hearing aid models required for the young person to maintain effective access to their further/higher education and employment environments.</i></p>
4	<p><b>For draft quality statement 6:</b> We have suggested that this statement could be measured based on attendance at any of the first 3 meetings or appointments in adults' services. Is this a helpful definition of initial appointments? If not, please suggest an alternative.</p>	<p><i>BATOD partially agrees with that the "statement could be measured based on attendance at any of the first 3 meetings or appointments in adults' services." However, members report the deaf young people transitioning to higher education ie relocating from home to a new area for university, college, employment are often overwhelmed with all the new transitions experiences. Therefore, the wording may need to recognise the scenario of adult services, particularly third party commissioned services, that are in a new geographical location for the young person.</i></p>

5	<p><b>For draft quality statement 6:</b> Can structure measure a) on arrangements to monitor and assure transitions from children's to adults' services be measured in practice? If so, how? Please let us know of any examples where this is already collected.</p>	<p><i>BATOD is aware there are challenges for some deaf young people due to local commissioning arrangements. For example, there may be no commissioned adult audiology services for individuals with mild deafness levels in some geographical areas.</i></p>
6	<p><b>For draft quality statement 6:</b> Is it helpful to include the new outcome measure b) to capture ongoing engagement with adults' services (1 year after transfer) for this statement?</p>	<p><i>BATOD partially agrees with this outcome. As noted above, the engagement needs flexibility to accommodate the complexities deaf young people often experience when relocating from the family home to a new area for university, college, employment.</i></p>
7	<p>Please let us know about any practical resources that have been developed to improve awareness of this quality standard among young people and their families and carers.</p>	<p><i>In 2014 National Deaf Children's Society (NDCS) created 'My life, my health' in collaboration with young people</i></p> <p><a href="https://www.ndcs.org.uk/media/1792/my_life_my_health_report_from_yab_2014.pdf">https://www.ndcs.org.uk/media/1792/my_life_my_health_report_from_yab_2014.pdf</a></p> <p><i>NDCS quality standards transition from paediatric to adult audiology</i></p> <p><a href="https://www.ndcs.org.uk/media/4481/qs_transition_from_paediatric_to_adult_audiology_2011.pdf">https://www.ndcs.org.uk/media/4481/qs_transition_from_paediatric_to_adult_audiology_2011.pdf</a></p>

8	<p>What are the challenges to implementing the NICE guidance underpinning this quality standard? Please say why and for whom. Please include any suggestions that could help users overcome these challenges (for example, existing practical resources or national initiatives).</p>	<p>Clarification is required on how it is proposed young deaf adults engage with adult services. There is an emphasis on young adults to transition and engage via all these meetings etc but the practicalities are not all covered.</p> <p>1 – In some areas, it is incredibly challenging for deaf people to contact their services. Will all services have a clear coherent and accessible way of contacting them (e.g. email that is answered in an appropriate length of time, British Sign Language (BSL) on demand video relay service an option etc?)</p> <p>2 – How is it services propose to ‘engage’? Are services clear on young deaf adults’ communication needs?</p> <p>An accessible information standard already exists <a href="https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/">https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/</a> However, BATOD members are aware through their work with deaf young people and through engagement with deaf colleagues that reception areas are often not “deaf friendly. Listening conditions are poor, so that deaf young people and adults are not able to understand receptionists or to hear names being called out.</p> <p>Some professionals who work often with deaf individuals e.g. audiologists can sometimes themselves be not easy to follow or understand etc.</p> <p>Many deaf children and young people lack an understanding of their rights to be able to challenge poor service delivery.</p> <p>Existing communication and secure information sharing platforms present challenges to effective implementation of existing transition processes in place in audiology, auditory implant and education services.</p>

Insert more rows as needed

## Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- **Clearly mark any confidential information or other material that you do not wish to be made public. Also, ensure you state in your email to NICE that your submission includes confidential comments.**
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use

Please return to [QualityStandards@nice.org.uk](mailto:QualityStandards@nice.org.uk)

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

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