The Hearing Loss and Deafness Alliance

Principles and Standards to Inform a Quality Audiology Pathway for Adults in England.

It is currently estimated that **15 million adults** England have a **hearing loss greater than 20 dB** in the poorer ear and this is expected to increase further by 2035.

This has made hearing loss the third leading cause of years lived with disability (YLD) in the UK. Ensuring that we have a clear way in which people can identify if they have hearing loss, be supported to action and make the most of their hearing through the support that technology offers we need to ensure that information and services are provided in the most accessible way which supports patient choice and ensures they receive a quality assured service.

The following principles and standards have been developed by the Alliance to provide an overall guide to what should inform service development and support at every stage of the process and is based on well-developed evidence and practice.

General Principles

All providers and primary health care professionals should work together to ensure that ear and hearing care is recognised as a public health priority.

The aim of the service should be to reduce the YLD associated with unsupported hearing loss and thus the risks/costs, helping people live and age well.

Services should be commissioned around patient and population needs in line with principles outlined in the NHSE Commissioning Guidelines (2016). Those commissioning services should expect to be given measures of quality assurance from all providers.

Standards

Adult Screening should be available to help identify who is at risk of hearing loss. People must be able to easily establish how well they are hearing and if they need to take further action. Greater use of hearing screening would also send out a strong public health message that people should value their hearing and take action if they perceive they are not hearing as well as they could.

A clear and understandable referral process that patients can navigate with ease. There is clear evidence around barriers to accessing services, including problems where the GP acts as a gatekeeper to secondary care (RNID 2024). Patients are also unclear on the process for accessing care. Within this there needs to be better and consistent information given to patients about all referral processes including self-referral and how they use this mechanism to access services. It is also important to follow the standards for transition from children's to adult services (NICE 2023).

Adult Patients should be supported to be aware of the choices they have throughout the whole process. Patients should always be informed of the choices available to them at every stage of the process from checking their hearing to being fitted with a hearing aid or other device. They should be supported with objective, clear information that meets the NHSE Accessible Information Standards. This includes access to hearing instruments that meet patient's needs.

Accessible communication throughout the pathway and high levels of deaf awareness shown by staff. Patients have identified problems with the accessibility for both booking appointments and with the communication within those appointments (RNID 2024). Making

appointments should not be reliant on telephone bookings with alternative means of access available and staff, both administrative and clinical, should have received deaf awareness training and meet patients' communication preferences.

Patients should be offered different options for appointments which meet their needs. Whilst the majority of patients still want face-to-face services for much of the pathway, there is a growing minority for whom remote services are preferred.

There needs to be awareness of the criteria for Cochlear Implants and other auditory implants. Primary and hearing healthcare providers need to be clear about the criteria for candidacy for cochlear implants and other auditory implants to prevent the under-identification of eligible candidates. Clear referral and candidacy pathways increase access to cochlear implants for those who qualify.

Patients to be properly informed about the hearing aids and cochlear implants that are available to them. Patients need good information provision at initial device fitting appointments, they need to help them adjust to their hearing aids and feel supported in the early stages of their hearing loss journey. This should be explained to patients as they go through the fitting.

Patients also need to have the opportunity to discuss with their clinicians the different auditory implants and have follow-up support and access to new processors as part of planned upgrades. Patients to be properly informed about the hearing aids and cochlear implants that are available to them.

Patients need access and information about the latest hearing technology. Service users want to see access to the latest technology and for a broader range of devices to be made available on the NHS and all providers, making full use of the Bluetooth and rechargeable technology that is now available.

Patients to be given help and advice to understand the range of complimentary assistive technology. Patients need to leave audiology with a good understanding of the assistive technology that could complement their hearing aid. Services should ensure patients are informed patients and that they are signposted to appropriate information.

Services need to be patient-centred and personalised. Services must be designed around the patient and in co-production with them to ensure quality in care and provision.

Support and aftercare are provided to allow people to adapt to their hearing aid or other device. Patients need to be satisfied with the aftercare they receive and this is related to people feeling less informed about their options and less involved in decisions about their treatment options.

Services need to evidence the work they do to meet best practices and offer quality assurance. This may be through IQIPS, CQC or some other regulatory body.

Resources, Standards and Evidence

Accessible Information Standard.
https://www.england.nhs.uk/about/equality/equality-hub/patient-equalities-programme/equality-frameworks-and-information-standards/accessibleinfo/

BSA. Practice Guidance Common Principles of Rehabilitation for Adults in Audiology Services October 2016.
www.thebsa.org.uk/wp-content/uploads/2023/10/OD104-52-Practice-Guidance-Common-Principles-of-Rehabilitation-for-Adults-in-Audiology-Services-2016.pdf

Commissioning Services for People with Hearing Loss: A framework for clinical commissioning groups NHSE 2016.
www.hearinglossanddeafnessalliance.com/downloads/managed/Resources/HLCF.pdf

NICE, 2018, Hearing loss in adults: assessment and management.
https://www.nice.org.uk/guidance/ng98

NICE 2019 Hearing Loss in Adults Quality Standard.
https://www.nice.org.uk/guidance/qs185

Transition from Children's to Adult Services.
Transition from children's to adults' services | Quality standards | NICE

Cochlear Implants

British Cochlear Implant Group Quality Standards.
https://www.bcig.org.uk/news/42/bcig_quality_standard_2023/

Living Guidelines for Adult Cochlear Implantation.
https://adulthearing.com/wp-content/uploads/2023/07/Living-Guidelines-for-Adult-Cochlear-Implantation-V1-2023_July20.pdf

The Alliance seeks to represent the needs of children, young people and adults with hearing loss, deafness and tinnitus across the UK on issues related to audiology, hearing services and public health. It is made up of 29 organisations spanning the voluntary and independent sectors and professionals working in the NHS. For more information on resources and evidence visit the Hearing Loss and Deafness website at https://www.hearinglossanddeafnessalliance.com/resources/other-resources/

For further information please

contact us

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