

# Chapter 11

## Hearing services

### 11.1 Key audiences

Primary care trusts:

- commissioners of services for older people and ear, nose and throat (ENT) services
- directors of public health
- GPs.

NHS trusts and NHS foundation trusts:

- managers of services for older people
- audiology service managers.

### 11.2 Key issues and concerns

#### Summary

- Historically hearing services had long waits and were under-prioritised, but this situation has recently improved.
- The majority of people with hearing loss are in the older age group.
- Hearing problems can compromise safety and independence.
- Many older people who could benefit from a hearing aid do not have one.
- There are a significant number of older people with dual sensory loss and their needs are often neglected by service providers.

#### ***The majority of people with hearing loss are in the older age group***

Historically hearing services had long waits and were under-prioritised, which impacted on older people in particular, but this situation has recently improved. More people will need hearing services as the population ages.<sup>278</sup>

#### ***Hearing problems can compromise safety and independence***

Hearing problems can cause difficulty hearing fire alarms, traffic and pedestrian crossings etc. Other practical problems include hearing doorbells, telephones and other devices, and difficulty with communication can lead to

---

<sup>278</sup> *Hearing services for older people*, Department of Health, 2009

social isolation.<sup>279</sup> Audiology services can particularly support older people to live independently.<sup>280</sup>

### ***Many older people who could benefit from a hearing aid do not have one***

Only approximately two million people in the UK use a hearing aid but over 4 million more could benefit from one. This figure includes nearly 20 per cent of people aged between 51 and 60; 36 per cent of people between 61 and 70; 80 per cent of 71 to 80 year-olds and 92 per cent of those aged over 80.<sup>281</sup>

### ***There are a significant number of older people with dual sensory loss and their needs are often neglected by service providers***

There are over 2.7 million people in the UK with a combined sight and hearing loss ranging from minimal to severe. The majority have acquired this dual sensory loss in adult life and are over 60 years of age.<sup>282</sup> Little attention is paid to their needs when accessing services. For example, a 2006 survey found that only 16 per cent of deaf blind patients were offered longer appointments to allow for the use of alternative communication methods (e.g. deaf blind manual, British Sign Language), in addition 58 per cent did not receive letters or appointment cards from any NHS organisation in a format they could access themselves (e.g. large print, Braille), though this represents a significant improvement on the 90 per cent reported in 2001.<sup>283</sup>

## **11.3 Drivers and policy imperatives**

*Improving Access to Audiology Services in England*,<sup>284</sup> sets out a vision for all people with hearing and balance problems, including older people, for: “high-quality, efficient services delivered closer to home, with low waits and high responsiveness to the needs of local communities, free at the point of access”.

## **11.4 What good age-equal practice might look like**

As hearing loss and speedy access to hearing aids has a particular impact on older people, primary care trusts can promote age equality through the continuing improvement of audiology services and ensuring that their design is appropriate to meet the needs of older people.

Huge progress has been made generally in waiting times for audiology assessments in England. At the end of November 2009, fewer than 200

---

<sup>279</sup> *Ageism and age discrimination in primary and community health care in the United Kingdom - a review from the literature*, Centre for Policy on Ageing (CPA), 2009

<sup>280</sup> *Hearing services for older people*, Department of Health, 2009

<sup>281</sup> *Audiology services: fifth report of session 2006–07, Report, together with formal minutes, oral and written evidence*, (HC 392 2006/07), Parliament, House of Commons Health Committee, TSO, 2007

<sup>282</sup> *National Service Framework for Older People*

<sup>283</sup> *Cause and Cure – Deafblind people’s experience of the NHS*, Deafblind UK

<sup>284</sup> *Improving Access to Audiology Services in England*, Department of Health, 2007

people (0.6 per cent) had been waiting more than six weeks. The average wait for an audiology assessment (end of 2009) is under two weeks. Where improvements have been made that have resulted in a better experience for people with hearing and balance problems, these have resulted from changes to the way that services are provided, where they are provided and who provides them, such as:

- delivering services in primary care settings that are close to patients' homes, providing more convenient and more accessible care
- assessing falls risks while assessing and diagnosing balance disorders, improving home safety and enabling independent living.<sup>285</sup>

Commissioners could review local audiology services with older people, GPs and providers of the service to ensure that older people are benefiting from the reduced waiting times and are not waiting longer than others for audiology assessments. It will also be important to ascertain where delays and shortfalls occur for older people and to seek remedies.

It is also important to ensure that services and information are accessible to older people who have dual sensory loss. Healthcare staff need to be able to identify patients' support and communication requirements.

There is a range of tools to help commissioners and providers improve audiology services available on the Department of Health 18-week website, including:

- The national framework *Improving access to audiology services*<sup>286</sup>
  - 18-week commissioning pathways for hearing loss/difficulties in adults and adolescents and tinnitus
  - Audiology good practice guides providing advice to the NHS on reducing waits, evidence and new pathways for the innovative delivery of care:
- [www.18weeks.nhs.uk/content.aspx?path=/achieve-and-sustain/Specialty-focussed-areas/Audiology](http://www.18weeks.nhs.uk/content.aspx?path=/achieve-and-sustain/Specialty-focussed-areas/Audiology)

The Quality Enhancement Tool (QET) for audiology is a web-based assessment tool.

- <http://audiology.globalratingscale.com/Default.aspx?ReturnUrl=%2fMainMenu.aspx>

---

<sup>285</sup> *Hearing services for older people*, Department of Health, 2009

<sup>286</sup> *Improving access to audiology services*, Department of Health, 2007

Audiology departments can self assess themselves against five quality criteria. This provides an effective benchmarking tool that aims to improve, year on year, the quality of the service being provided, which includes the quality of the patient experience.

## 11.5 Case studies of illustrative / good practice

Key learning and outcomes from pilot projects seeking to improve audiology services are shared via the NHS Improvement website:

→ [www.improvement.nhs.uk/audiology](http://www.improvement.nhs.uk/audiology)

## 11.6 Suggestions for quick wins / what you can do now

- Review local audiology services, with older people, against the Department of Health national framework *Improving access to audiology services*.<sup>287</sup>
- Involve voluntary groups such as Royal National Institute for the Deaf and Age UK to ensure that audiology services have considered the specific needs of older people.
- Ensure that large print (at least 14pt) is used in all letters, appointment cards and information leaflets and that larger print versions are available.