P 31

Ymchwiliad i'r Adolygiad Blaenoriaethau ar gyfer y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Inquiry into the Priorities for the Health, Social Care and Sport Committee

Ymateb gan: National Community Hearing Association

Response from: National Community Hearing Association

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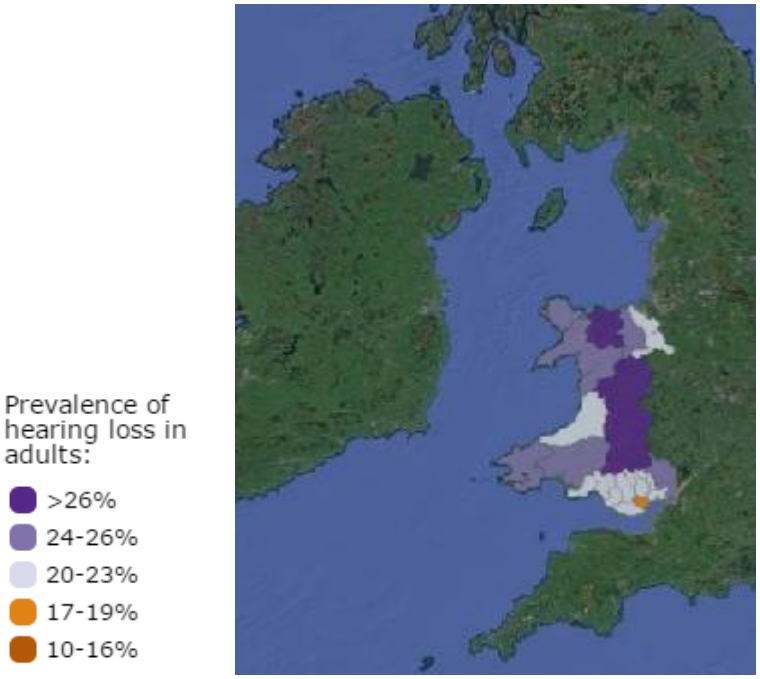
HEARING LOSS IN WALES – CASE FOR ACTION

RESPONSE TO PRIORITIES FOR THE HEALTH, SOCIAL CARE AND SPORT COMMITTEE.



Background

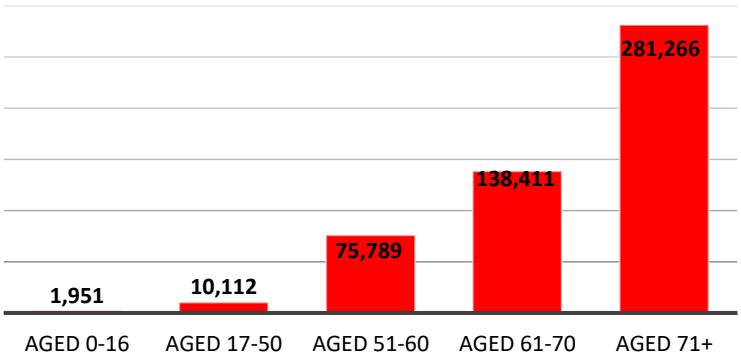
1. The National Community Hearing Association (NCHA) represents community hearing providers in Wales. NCHA members are committed to good hearing for all and have an excellent record of outcome, safety, and patient satisfaction. NCHA members are either registered Hearing Aid Dispensers (HADs) or employ a large number of HADs or audiologists. HADs are registered hearing health care professionals who are regulated by the Health and Care Professions Council (HCPC).

2. We welcome this opportunity to comment on the *Priorities for the Health, Social Care and Sport Committee*. We fully support the Committee's intention to transform primary care and tackle loneliness and isolation among older people as key elements of its long-term Forward Work Programme[1].

3. There is also a compelling case for action on hearing loss in Wales as part of wider primary care – e.g. transforming hearing services to meet the needs of an ageing population. This fits clearly within the transforming primary care and tackling loneliness and isolation among older people agendas and we urge the Committee to include transforming hearing services within in its Forward Work Programme as full parts of these work streams.

TACKLING LONELINESS AND ISOLATION – THE CASE FOR ADDRESSING UNMET HEARING NEEDS

4. Hearing loss affects over half a million people in Wales. It is a major and growing public health challenge and the 5th leading cause of years lived with disability in Wales[2]. Age-related hearing loss is the main cause of hearing loss, with nine out of ten people with a hearing loss aged 50 and over (Graph below)[3]. **Unsupported adult hearing loss** has a major impact on an individual's ability to communicate, including with friends and family, and **increases the risk of** depression[4], **loneliness and social isolation[5]**, cognitive decline[6], early exit from the workforce[7] and reduced quality of life[8].



The estimated number of people with a hearing loss in Wales.

5. Hearing support has been shown to improve quality of life and reduce these risks[9]. This means the Committee, by focussing on adult hearing loss, can also address "***Loneliness and isolation among older people.*** *The Older People's Commissioner for Wales has stated that loneliness and isolation needs to be recognised as a key public health issue. The Committee could examine the issue with an aim of understanding and raising awareness of the health and wellbeing implications of loneliness and isolation for older people*."[10] – i.e. unsupported hearing loss can result in loneliness and isolation and older people are at greatest risk of this.

TRANSFORMING PRIMARY CARE SERVICES – THE CASE FOR HEARING CARE CLOSER TO HOME

6. To achieve the ambitions of the Forward Work Programme, and to support people with hearing loss, it is essential fully to utilise the existing workforce. For example, Hearing Aid Dispensers in Wales are registered with the Health and Care Professions Council (HCPC) but are not currently commissioned to see NHS patients in the community which results in patients having to make multiple visits to hospital. This also exacerbates health inequalities in that people who can afford to go private can access care close to home whereas NHS patients are debarred from this. By permitting Hearing Aid Dispensers to see NHS patients in the community, the capacity in hearing care (currently a chronic problem and likely to grow worse as demand increases) can rapidly be expanded to support the ageing population and combat the existing unmet need.

7. There is longstanding and widespread support for delivering adult hearing services out of hospital and closer to home; for example in the 1980s the Royal National Institute for the Deaf (RNID) (now Action on Hearing Loss) stated: "*emphasis of hearing aids services should be on community delivery**.** People who require hearing aids are not ill and should not have to go to hospital. They require an essentially rehabilitative/technical service, not a medical service. They require this service to be as local and easily accessible as possible and where this delivers advice and systematic follow-up on fitting, together with back-up service to sort out quickly any problems, research has established that the use and benefit of a hearing aid is greatly increased. This would be a hearing aid service only, not a community audiological service"*[2]. Adding that the *"majority of people with a hearing loss, particularly elderly people, should be dealt with locally and not referred as a matter of course for ENT*

appointments and to hospital"[11] The RNID has repeated this call to action many times since.

8. Despite the RNID and others calling for adult hearing services in Wales to be delivered out of hospital and closer to home, today the service remains predominately hospital based. This is anomalous given that over 90% of adults with hearing loss do not need any medical intervention or review[12]. What they do need is better access to care and ongoing support.

9. The Committee can support people to age well by improving access to adult hearing services in the community**[13]**. This in turn is likely to improve outcomes, e.g. heads of NHS audiology in Wales have previously reported that care closer to home is a major benefit in terms of access for patients and ongoing use of hearing aids[14]. Delivering more care in the community has the potential to reduce pressure (and costs) on the health and social care system in Wales – e.g. because hearing aids and ongoing aftercare can reduce the psychological and social effects associated with age-related hearing loss[15].

10. The Committee, by focussing on adult hearing loss, can therefore also help the Welsh Government achieve its goal of moving *"…the balance of care and resources – including workforce and funding – out of hospitals into the community so people only go to hospital were this is appropriate"*[16]. This is particularly important given the geography of Wales which makes it difficult for people with hearing loss, and particularly older people, to access on-going support in hospitals.

11. To achieve the ambitions of the Forward Work Programme, and to support people with hearing loss, it is necessary to fully utilise the existing workforce. For example, Hearing Aid Dispensers in Wales are registered with the Health and Care Professions Council (HCPC) but are not allowed to see NHS patients in the community. This creates an artificial barrier where people who can pay to go private can access care close to home but NHS patients cannot. By enabling Hearing Aid Dispensers to see NHS patients in the community the capacity in hearing care (currently a chronic problem and likely to grow worse as demand will increase) can rapidly be expanded to support the ageing population and combat the existing unmet need.

12. Another reason for action is that in terms of delivering hearing care closer to home, Wales is now falling behind the rest of the UK. For example, the NHS in England has an Action Plan on Hearing Loss[17] and a National Commissioning Framework for hearing services[18] – with a focus on public and preventative health, helping people to age well and delivering services in the community. The SNP in its manifesto has made clear it will trial a community audiology programme[19], and Northern Ireland is exploring a community audiology pilot[20]. The Committee therefore has an opportunity to build on lessons learned from all parts of the UK and to improve hearing care for the half a million people in Wales with hearing loss and to ensure local people are not disadvantages by a postcode lottery. The Committee holds a unique position in that it can hold the system to account and ensure patient led changes happen - *"The Health, Social Care and Sport Committee was established on 28 June 2016 to examine legislation and hold the Welsh Government to account by scrutinising expenditure, administration and policy matters, encompassing the physical, mental and public health and well-being of the people of Wales, including the social care system."*[21]

SUMMARY

13. In summary, as part of ageing well, transforming primary care - .i.e. doing more out of hospital - and tackling loneliness, depression cognitive decline and dementia amongst older people – we urge the Committee to prioritise modernising hearing services as a key part of its Forward Work Programme.

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