FINANCE COMMITTEE: THE COST OF CARING FOR AN AGEING POPULATION

About us

1. The National Community Hearing Association (NCHA) represents community hearing care providers in Wales. NCHA members are committed to good hearing for all and have an excellent record of outcome, safety and patient satisfaction.

Our response

2. We welcome this inquiry to assess, in the context of major economic and strategic challenges facing the Welsh Government, the cost of caring for an ageing population[1].

3. We agree with the Parliamentary Review of Health and Social Care that ***"Wales needs a different system of care"***. We also agree that Welsh **services should be reorganised to meet the needs of patients and their families**, **easy to access, as close to home as possible**, **seamless and delivered without artificial barriers**[2]. These are unobjectionable goals for a system committed to serving population needs and developing a sustainable health and social care system. Unfortunately, these are longstanding and yet largely unachieved goals.

4. This is particularly the case in hearing care where need is growing but where, unlike the parallel services in eye care where the Wales Government has led the UK, the simple and obvious solutions have been eschewed and community providers unfairly excluded from the national debate.

5. Living longer and healthier lives is a sign of social progress and should be celebrated. Although we have improved life expectancy as a country, we have made less – and in many cases no – progress on active ageing. This means that **current health models are unsustainable and that they increase pressure on social care,** and therefore must change. The challenge of growing need needs should be reframed, for example
   a. there should be a focus on investing in active ageing rather than a – often negative – focus on the "cost of ageing"
   b. the "cost of caring for an ageing population" needs to focus on tackling risk factors associated with morbidities, especially long-term conditions and preventing them deteriorating, not just mortality.

6. At the heart of this is the **need to focus on improving quality of life and preventing premature decline.** In our response **we therefore use hearing loss and audiology as a prime example of the opportunity to improve access, outcomes and quality of life, whilst reducing avoidable costs associated with a population that is growing older.**

7. **Scale of the challenge:** unaddressed hearing loss is a major public health and financial challenge in Wales. There are an estimated 575,500 people with hearing loss and most have unmet needs[3]. Hearing loss is one of the most common long-term conditions in older people and as the population grows ages the number of people with hearing loss will increase.

8. **Impact:** Adult hearing loss is the fifth leading cause of years lived with a disability in Wales[4]. **Unsupported hearing loss significantly exacerbates the costs of health and social care**, for example it increases the risk of premature retirement[5], depression[6], social isolation[7]and loneliness[8], and reduces quality of life[9]. Research has also shown that unsupported hearing loss is associated with falls[10] and cognitive decline[11] in older people. Hearing loss can also lead to loss of employment[12], difficulties in finding employment[13] and reduced/unequal pay[14]. In contrast to expanded services in Wales for the parallel sensory impairment area of vision, individuals, the social care system and Welsh society itself is impoverished when people do not get the support they need for their hearing loss[15].

9. **Benefits of intervention:** fortunately, **early intervention and support for hearing loss can decrease pressure on health and social care by reducing the risks noted above**[16,17] and enabling people to age well. **Early intervention is especially helpful in supporting 'active ageing',** enabling older people to maintain their independence and remain, for those who are able, in the workforce for longer if they choose to do so.

10. **Solutions:** improving access to quality hearing care would improve patient outcomes and reduce medium to long-term financial pressures on health and social care[18] in Wales. More importantly it would improve the quality of life of older people in Wales, who will increasingly make up a larger proportion of society.

Given the scale of the challenge and affordable solutions, why is hearing loss an unaddressed challenge in Wales?

11. Although NHS Wales and Government published a plan in 2017 to better integrate hearing care services[19], many elements of this plan are unlikely to be delivered because the root causes of current system challenges remain unaddressed. For example
    a. the plan is not evidence-based and not related to population needs or risk. It is instead based on incremental and selective changes to existing models, largely influenced by existing professional groups and providers
    b. it does not fully address existing capacity issues and the need for more infrastructure, given the chronic nature of the main condition which the service will need to support
    c. there is no management imperative or additional funding to deliver change in non-medical adult hearing services, and therefore it is unlikely the changes required will be achieved.

12. In contrast, if an evidence and risk-based approach were taken, it would be clear that a different plan is required.

13. Given that alternative models of care will be covered by the Finance Committee's inquiry, we share lessons from other NHS regions here.

14. The NHS in England made a commitment to offer non-medical hearing care out of hospital and closer to home in 2007. Today 60% of the country offers adults the choice of accessing their entire adult hearing care pathway out of hospital. In contrast no meaningful progress has been made in Wales over the same time period. That is over 11 years of missed opportunities to transform local hearing services, improve access and reduce health and social care costs whilst supporting active ageing.

15. The NHS adult hearing service in England was reviewed by an independent regulator in 2015. The independent report found that when community-based capacity was added it encouraged all

providers (including incumbent hospitals) to provide adult hearing care closer to home, and also increased transparency, improved standards and provided value for money[20]. The review noted:

a. "*The introduction of [community based capacity[1]] has strengthened the opportunity for [the NHS] to achieve better value for money [and] often put in place more robust or higher service specifications that raise expectations of providers.*"

b. "*We estimate that the locally determined prices adopted by commissioners have been about 20% to 25% lower than the national non-mandated tariff. This can allow commissioners to treat more patients for the same spend and/or release additional funds that commissioners can spend on meeting other patients' needs.*

c. "…***making [adult hearing] services more accessible can help ease the longer term pressures on health and social services from unaddressed hearing loss***." [21] (our emphasis)

16. This and other evidence shows what can be achieved when service users and the public are put at the heart of planning health and care. It can also shift the focus away from 'the cost of an ageing population' to 'opportunities to help active ageing'.

17. Too often hearing loss is deemed a low priority in health care, yet the scale and impact of hearing loss on our ageing population challenges that longstanding bias. There is an urgent need to take an evidence-based approach to health and care reforms and put patients and the public, not the professions, first.

18. The vast majority of people accessing NHS hearing services today are aged 70 and older. **This review by the Finance Committee is an important opportunity to start taking this major public health issue seriously.** In doing so the Committee could demonstrate that active ageing is a viable strategy and avoid the biased trap of labelling our older population a cost burden. By targeting services like hearing care, and other sensory services, for reform we can deliver cost-effective and sustainable services to keep people well. **This will reduce social care costs associated with caring for an ageing population.**

19. If it is to be hoped that the focus and leadership of the Committee will stimulate more forward-thinking amongst the leadership of NHS Wales and Welsh Government officials. If it would be helpful to any AMs to visit a community hearing practice to see what can be achieved we would be happy to arrange this.

20. The NCHA is committed to working with Welsh Government and would be happy to expand on our submission if that would be helpful.

[1] The report uses the term "choice" to refer to any qualified provider (footnote 2 of the report). In this case choice therefore means an explicit policy which stimulated the introduction of community-based hearing care.

References

[1] National Assembly for Wales, 2017, The cost of caring for an ageing population, www.senedd.assembly.wales/mgIssueHistoryHome.aspx?lld=20013

[2] Parliamentary Review of Health and Social Care in Wales, 2018. *A Revolution from Within: Transforming Health and Care in Wales*. Available at: https://beta.gov.wales/review-health-and-social-care-wales-final-report

[3] Action on Hearing Loss, 2015. *Hearing matters*. Available at: https://www.actiononhearingloss.org.uk/how-we-help/information-and-resources/publications/research-reports/hearing-matters-report/

[4] Global Burden of Disease Study Collaborators, June 8, 2015, Lancet. Available at: http://dxdoi.org/10.1016/S0140-6736(15)60692-4

[5] Helvik, A. 2012. Hearing loss and risk of early retirement. The Hunt study. European Journal of Public Health, 23(4), pp. 617-622

[6] Acar, B. et al. 2011. Effects of hearing aids on cognitive functions and depressive signs in elderly people. *Archives of Gerontology and Geriatrics*, 52(3), pp. 250-252.

[7] Hidalgo, J. L. et al. 2009. Functional status of elderly people with hearing loss. *Archives of Gerontology and Geriatrics,* 49(1), pp. 88-92

[8] Cacioppo JT, Hawkley LC, Norman GJ, Berntson GG. Social isolation. *Ann N Y Acad Sci*. 2011;1231:17-22

[9] Appollonio, I. et al. 1996. Effects of Sensory Aids on the Quality of Life and Mortality of Elderly People: A Multivariate Analysis. *Age and Aging*, 25(2), pp. 89-96.

[10] Lin and Ferrucci 2012. Hearing loss and falls among older adults in the United States, Archives of Internal Medicine, 172 (4), 369-371.

[11] Lin FR et al, 2011. Hearing loss and incident dementia. Archives of Neurology, 68 (2), 214-220; Lin, et al, 2013. Hearing loss and cognitive decline in older adults. Internal medicine, 173 (4), 293-299; Gurgel et al, 2014. Relationship of Hearing Loss and Dementia: A Prospective, Population-Based Study. Otology & Neurotology. 35 (5), 775-781; Albers et al, 2015. At the interface of sensory and motor dysfunctions and Alzheimer's disease. Alzheimers and Dementia Journal, 11 (1), 70–98. Deal, et al, 2017. Hearing impairment and incident dementia and cognitive decline in older adults: the health ABC study. The Journals of Gerontology, 72 (5), 703-709.

[12] Matthews, 2011. Unlimited potential. Available at: https://www.actiononhearingloss.org.uk/supporting-you/policy-research-and-influencing/research/hearing-loss-in-the-workplace.aspx

[13] RNID, 2008. Opportunity blocked: The employment experiences of deaf and hard of hearing people. Available at: https://www.actiononhearingloss.org.uk/~/media/Documents/Policy%20research%20and%20influencing/Research/Previous%20research%20reports/2007/Opportunity%20Blocked.ashx

[14] The Ear Foundation, 2014 The Real cost of Adult Hearing Loss: Reducing its impact by increasing access to the latest hearing technologies. Nottingham: The Ear Foundation

[15] International Longevity Centre (ILC) UK, 2013. *Commission on Hearing Loss: Final report.* London: ILC-UK.

[16] Chisolm, T. et al. 2007. A Systematic Review of Health-Related Quality of Life and Hearing Aids: Final Report of the American Academy of Audiology Task Force on the Health-Related Quality of Life Benefits of Amplification in Adults. *Journal of the American Audiology*, 18(2), pp. 151-183; Davis, A. et al., 2007. Acceptability, benefit and costs of early screening for hearing disability: a study of potential screening tests and models. Health technology assessment,11(42) pp. 75-78; Acar, B. et al. 2011. Effects of hearing aids on cognitive functions and depressive signs in elderly people. *Archives of Gerontology and Geriatrics*, 52(3), pp. 250-252.

[17] Hjalte, F. et al. 2012. Societal costs of hearing disorders: A systematic and critical review of literature. *International Journal of Audiology*, 51(9), pp. 655-662; and Monitor, 2015. NHS adult hearing services in England: exploring how choice is working for patients - https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409273/Adult_hearing_services_-_Monitor_s_report.pdf

[18] Monitor (NHS Improvement), 2015. *NHS adult hearing services in England: exploring how choice is working for patients*. Available at: https://www.gov.uk/government/publications/nhs-adult-hearing-services-in-england-exploring-how-choice-is-working-for-patients

[19] Audiology: Framework of Action for Wales, 2017-2020. Integrated framework of care and support for people who are D/deaf or living with hearing loss. Available at: http://gov.wales/topics/health/publications/health/reports/audiology/?lang=en

[20] Monitor (NHS Improvement), 2015. *NHS adult hearing services in England: exploring how choice is working for patients*. Available at: https://www.gov.uk/government/publications/nhs-adult-hearing-services-in-england-exploring-how-choice-is-working-for-patients

[21] Monitor (NHS Improvement), 2015. *NHS adult hearing services in England: exploring how choice is working for patients*. Available at: https://www.gov.uk/government/publications/nhs-adult-hearing-services-in-england-exploring-how-choice-is-working-for-patients