

Local Members' Interest
n/a

## **Healthy Staffordshire Select Committee - 8 June 2015**

### **Hearing Aid Policy – North Staffordshire Clinical Commissioning Group**

#### **Recommendation**

1. That the Healthy Staffordshire Select Committee consider and comment on the new hearing aid policy for North Staffordshire Clinical Commissioning Group.

#### **Report of Chief Accountable Officer, North Staffordshire Clinical Commissioning Group**

### **Summary**

#### **What is the Scrutiny Committee being asked to do and why?**

1. The Governing Body of NHS North Staffordshire Clinical Commissioning Group (CCG) at its public Board meeting on 4 March 2015 approved a commissioning policy that sets out the eligibility criteria for NHS funded hearing aids for adults with mild to moderate hearing loss.
2. This report provides an update on the CCGs activities since the last report in September 2014 and details the process through which the policy was developed.
3. This report also provides details on the eligibility criteria and implications for patients once this policy comes into effect on 01 October 2015.

### **Report**

#### **Background**

4. In June 2014, North Staffordshire CCG entered their engagement process to consider the views and experiences of patients and understand the potential impact of a proposed service change within the hearing aid service.
5. The CCG presented its proposal and the outcomes of this extensive engagement to each of the local authority health overview and scrutiny committees during the engagement process; The Healthy Staffordshire Select Committee for Staffordshire County Council, the Newcastle Borough Council and Staffordshire Moorlands District Council committees.

6. The Healthy Staffordshire Select Committee passed the motion that they were *'unable to support the current proposals as they stand and the CCG should take the Committee's view back to the Board for consideration'*. The Chair of the OSC *'reminded all present that the Committee could refer decisions to the Secretary of State'* (extracted from the minutes of the committee meeting).
7. In response to the feedback from the engagement process and the Scrutiny Committees, the CCG in conjunction with audiology and public health professionals considered how it would commission hearing aids and considered eligibility criteria and thresholds. As a result the CCG introduced a threshold for eligibility.
8. By doing this the CCG has brought commissioning of hearing aids in line with the way a wide range of other health care interventions are commissioned. This means that our priorities and eligibility criteria have been considered carefully and rationally by the CCG, which has been open and transparent in doing so. The CCG considered advice from stakeholders and evidence of relative clinical benefit in establishing the scope of the policy.

## **Policy Development**

9. The commissioning policy was developed following the consideration of a wide range of clinical evidence by the CCGs Clinical Priorities Advisory Group (CPAG). In addition and as part of a comprehensive engagement process whilst developing its proposals, the CCG invited stakeholders to submit any further evidence that the CCG may not have considered, which was also reviewed by CPAG in arriving at its recommendations.
10. The results of the CCGs engagement process were analysed and were presented to the committee in September 2014. The results of the engagement process and the recommendations from the Healthy Select Committee were subsequently presented to the CCGs Commissioning, Finance and Performance Committee in October 2014 where *'Committee members agreed that further work is to be completed on eligibility criteria in order to develop a policy for hearing aids, and to determine a threshold with the assistance of clinical experts.'* (extracted from the minutes of the meeting)
11. Following this recommendation, the CCG completed work in a number of areas;

### **October 2014**

- Attendance at local drop-in support service for hearing aid users. Feedback was sought from service users.

### **December 2014**

- Dr Mark Shapley, Clinical Chair of the CCG, met with representatives from Action on Hearing Loss to discuss the proposal and provide an update on our position.
- The CCG began work on defining the scope of the policy and the patient pathway. This included considering best practice pathways, feedback of the engagement process and the outcomes of the evidence review/clinical efficacy.

## January – March 2015

- The CCG hosted a meeting on 28<sup>th</sup> January at the request of the National Community Hearing Association. Attendees included providers of hearing services, a representative from Action on Hearing Loss and representatives from the National Community Hearing Association
- The CCG convened an independent review group to develop the Commissioning Policy. The group considering best practice pathways, feedback of the engagement process and the outcomes of the evidence review/clinical efficacy.
- The CCG sought input from practicing Audiologists on the commissioning policy and eligibility criteria. The exclusions within the policy were defined further following this input.
- The commissioning policy and eligibility criteria was presented to our Commissioning, Finance and Performance Committee on 18 February 2015 where the Committee approved the policy
- Detailed equality and quality impact assessments completed and signed off
- The commissioning policy and eligibility criteria was presented to our CCG Governing Board on 04 March 2015 where the Board approved and ratified the policy

## Eligibility Criteria

12. The approval of this policy means that an individual who has a suspected hearing loss will be referred by their GP to an audiologist for a hearing test.
13. If the hearing test shows that the patient has a hearing loss which is diagnosed as moderate (41-55 decibels) and if their hearing can be shown to affect their everyday life (functional impact) they will be eligible to receive an NHS funded hearing aid.
14. If an individual is diagnosed with a mild hearing loss (less than 41 decibels and more than 25 decibels) following an audiogram conducted by an audiologist they will not be eligible or able to have an NHS funded hearing aid.
15. A hearing loss of 56 decibels or more as diagnosed by an audiologist as a result of an audiology assessment will not be affected by this policy i.e. patients will continue to receive NHS funded hearing aids.
16. This policy will only affect adults aged 18 and above with adult-onset hearing loss. This policy does not apply to hearing loss due to other causes i.e. infectious diseases. It will not affect babies, children or teenagers up to 17 years of age or anyone who has worn hearing aids since childhood.
17. An individual who already has an NHS hearing aid will not be affected by this policy until they reach the end of their 3 year pathway. At which point, they will be re-assessed. If patients are re-assessed and do not meet the eligibility criteria they will not receive NHS-funded replacement hearing aids or consumables i.e. batteries. These

patients will not have their hearing aids taken off them even if they are assessed as no longer being eligible for replacement hearing aids.

18. This policy will not affect the following groups:

- Patients under the age of 18
- Patients with hearing loss since childhood
- Patients with a confirmed diagnosis of dementia
- Patients with learning disability
- Patients with auditory processing disorder
- Patients with severe multiple sensory disability
- Patients with tinnitus
- Patients with sudden onset hearing loss

This policy does not include occupational hearing loss or its related legal processes.

### **Next Steps**

19. As part of the new policy and to ensure we are mitigating any negative impact for patients, the CGG is developing a patient support leaflet ready for the implementation of the new commissioning policy. This will provide information for patients without a hearing aid and describe how best to manage their condition with good advice and signposting to local support services. The leaflet will also describe circumstances when they should return to their GP to be re-assessed.

20. Deterioration of condition will lead to a further assessment and may result in the issuing of hearing aids.

21. The approval of this policy means current providers of hearing aid services will be issued with a contract variation and will be expected to work to the policy from 1 October 2015.

### **Link to Trust's or Shared Strategic Objectives**

22. North Staffordshire CCGs prioritisation process is described in our Integrated Strategy and Operating Plan (ISOP) 2014/15 – 2015/16. The ISOP makes clear that what we commission for our population is affordable within the financial envelope that is made available to us and any investment or disinvestment decisions are based on sound evidence and a robust prioritisation process that is clinically driven.

### **Link to Other Overview and Scrutiny Activity**

23. Initial briefing sent to the Committee June 2014  
Paper presented to the Committee September 2014 by Marcus Warnes and Dr John Harvey

### **Community Impact**

24. Equality impact assessment presented to EDS graders on the 2 October 2014

Full equality assessment finalised February 2015. The Equality Impact Assessment considers the effect of the proposed policy on people living in North Staffordshire who are covered by the 9 protected characteristics as outlined in the Equality Act 2010, i.e. race, sex, disability.

25. Quality Impact assessment completed and signed off at panel March 2015. The Quality Impact Assessment considers the potential effect of the proposed policy on the 3 elements of quality: patient safety, clinical effectiveness and patient experience. The QIA details any actions that will be put in place to mitigate any potential negative impacts. The CCG routinely completes a QIA for all significant service changes, financial recovery plans and QIPP plans

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