

BRIEFING:

PROPOSALS FOR DECOMMISSIONING FUNDING OF HEARING AIDS FOR ADULTS WITH MILD TO MODERATE HEARING LOSS

North Staffordshire Clinical Commissioning Group's (CCG) commissioning intentions for 2014/15 include the proposal to decommission the funding of hearing aids for adults with mild to moderate adult onset hearing loss. This definition is taken from the WHO document 'Global Burden of Hearing Loss' where this is defined as 'Cases of adult onset hearing loss due to ageing or noise exposure. Excludes hearing loss due to congenital causes, infectious diseases, other diseases or injury'.

This briefing explains the prioritisation process that informed the commissioning intention and the context within which a decision to decommission the service will be made.

Although the proposal considers the decommissioning of hearing aids for adults with mild to moderate hearing loss, these patients will still be eligible for NHS hearing tests. The service for people with severe and profound hearing loss remains unaffected and people with mild to moderate adult-onset hearing loss will be eligible for a hearing aid if their condition deteriorates to severe.

The CCG recognises there are different classifications of hearing loss, and as the main systematic evidence review was undertaken by the American Academy of Audiology, CPAG has recommended that the American classification is used which gives a cut-off at 55dB for moderate loss.

Prioritisation Process

The CCG has a process for prioritising the use of the resources available to commission healthcare in North Staffordshire. This is set out in the Policy on the Prioritisation of Healthcare Resources which can be found on the CCG website ([click here](#)).

Prioritisation is the process of ranking interventions, such as drugs, or services, in order of clinical importance. Priority setting is a key part of making decisions about the best use of NHS funds locally, i.e. which investments should be made that will deliver the best outcomes for patients, given the limited resources available.

The CCG has a group known as the Clinical Priorities Advisory Group (CPAG), which is a subcommittee of the Governing Board. The group considers interventions and services which are referred from the CCG's commissioning team. This may be because there is a recognised unmet need and the CCG wishes to identify the best interventions to invest in or, as is the reason in this case, because there is a view that a service needs to be reviewed.

CPAG undertakes the ranking of healthcare interventions using a scoring system of criteria based on the Portsmouth Scorecard.

- The magnitude of overall health benefit, where it looks at issues such as how far the intervention or service extends life and how far it improves quality of life.

- The strength of the evidence supporting the assessment of benefit is assessed using the same categories adopted by NICE
- Prevention and whether the intervention will prevent a condition or detect a condition which is not known (as in screening).
- How far the intervention provides support to someone who has a long-term condition, especially preventing complications.
- What is the cost-effectiveness - which is best expressed as a cost for the gain of one quality adjusted life year.
- What is the opportunity cost - this is measured as the cost per patient per year.
- Assessment of the impact on inequality (different health risks between population groups) and inequity (different levels of access).

Finally the group considers whether there are any local or national standards, targets or guidance (such as NICE) which are relevant.

The scoring is carried out in small groups and then debated by CPAG to reach a consensus. This final score is reported to the CCG Commissioning, Finance and Performance Committee. No decision is made by CPAG about whether a service should or should not be commissioned. As the policy explains there is a threshold score, and interventions scoring below the threshold will not be considered by the CCG for new investment and where already commissioned, will be considered for decommissioning.

Context

As described, the CCG has a robust process for prioritising the services and treatments it commissions.

Decommissioning and disinvestment are difficult decisions to make, which is why the CCG has a clinically-led prioritisation process. Inevitably, this will result in some services scoring below the threshold for investment, but the CCG has to ensure that it operates within its defined budget and achieves financial balance.

The provision of hearing aids for adults with mild to moderate hearing loss was initially scored during CPAG in August 2013 where the score for the intervention fell below the threshold score. The CCG engaged with providers of hearing services to discuss the prioritisation process and to understand the impact of de-commissioning funding for hearing aids for people with mild or moderate adult-onset hearing loss. Some providers asked for additional evidence to be considered. CPAG agreed to this request and this further evidence was appraised and presented as a new submission to CPAG on Wednesday 26th February 2014.

A guiding question behind the process is “what clinical priority should be given to providing hearing aids to people with mild/moderate hearing loss”. A total of 22 papers providing evidence were considered against this question but the score once again fell below the threshold and is therefore being considered for decommissioning.

Next steps

In light of the outcome of CPAG and prior to a decision being made on the future commissioning of this service, the CCG will ensure they have undertaken meaningful engagement with the public and provide opportunities for patients, potential patients, carers and the voluntary sector to give feedback on any proposed changes.

In particular, the CCG want to understand the impact a change in service may have on service users, whether there are any unintended consequences of decommissioning the service and the potential impact on other services. The proposed stages are set out below with an expected timescale of June 2014 – October 2014;

Early June 2014

- Patient Membership Scheme. Consists of around 900 patients with whom the CCG maintain regular contact through a monthly newsletter. Members were forwarded a briefing and invited to comment on the potential changes to the hearing aid service and/or attend the engagement events.
- Patient Participation Groups. Members were forwarded a briefing and invited to comment on the potential changes to the hearing aid service and/or attend the engagement events.
- Website. A page added to the CCG website with information, details of the engagement events and a feedback form/Survey Monkey link.
- Press release (3rd June). Sent to our main local newspapers; The Sentinel, Leek Post and Times and the Biddulph Chronicle. Included details of our prioritisation process and its current context within the hearing aid service. Readers were invited to register their interest in our engagement events and given several options to submit their views.
- GP communication. Briefing circulated to GPs via email. GPs were invited to comment and share details with their patients.
- MP communication. A briefing and covering letter was circulated to MPs via email on the 3rd June.
- Staffordshire County Overview and Scrutiny Committee. Briefing circulated to the committee via email
 - Correspondence with Staffordshire County Council's Scrutiny and Support Manager was first established with regard to this proposal in February 2014 following our CPAG. As, advised, the CCG forwarded a briefing to the Scrutiny and Support Manager (in May 2014) highlighting the CCGs proposal and its intention to enter the engagement process.
 - the briefing was discussed during the committee meeting in June 2014 and during a subsequent conversation, it was agreed with the Scrutiny and Support Manager that the CCG would present their proposals to the September Committee once the analysis of the feedback was complete
- Patient Congress. This is a strategic patient group consisting of around 18 representatives of patient participation groups and community and voluntary sector organisations that reports to the CCG Governing Board. Members were updated during their monthly meeting regarding our intentions and invited to attend the engagement events. Members also received details of the email address and phone number for feedback to circulate to their respective networks.

End June - July 2014

- Two engagement events were held across North Staffordshire; one in the Newcastle area on Wednesday 25 June and one in the Staffordshire Moorlands area Wednesday 2 July. Invitations were extended to patients, the public, community and voluntary sector organisations, including specific groups who support patients with hearing loss. Both events were well attended with over 100 attendees across the two events. There was excellent representation from a cross section of patients, various charity and voluntary sector organisations and councillors. Whilst many people were anxious about the impact of the proposals, they appreciated the opportunity to express their views, which were captured by the note takers in round table discussions with senior management from the CCG. These views will form part of the feedback and findings of the engagement to help the CCG shape their decisions
- Briefing circulated to the Newcastle under Lyme Health and Wellbeing Scrutiny Committee
 - Contact established with the Democratic Services Manager and it was agreed that the CCG would present at the September Committee once the analysis of feedback was complete.

- The closing date for feedback was the 31st July 2014 however the CCG have committed to arranging additional engagement events in line with demand
- The CCG has received several requests for additional information regarding the prioritisation process and as a result arranged a meeting with representatives from various organisations and shared the evidence, individual criterion scores and rationale as agreed during the CPAG in February 2014. Several attendees submitted additional evidence for consideration and which is subject to a technical appraisal by Public Health colleagues by mid-august.

August 2014

- Technical appraisal of new evidence by Public Health colleagues
- Analysis of feedback from the engagement process

September 2014

- Quality and Equality Impact assessment to be completed using feedback from the engagement process to inform this analysis
- Outcomes of engagement presented to CCG Commissioning, Finance and Performance Committee
- Engagement results and the CCG's intentions to be presented to Staffordshire County OSC, the Staffordshire Moorlands District Council Health & Community O&S Panel and the Newcastle under Lyme Health and Wellbeing Scrutiny Committee

October - November 2014

- Recommendations and feedback from the various scrutiny committees will be presented to the CCGs Commissioning, Finance and Performance Committee on 15 October 2014.
- Recommendations and feedback from the various scrutiny committees will be presented to the Governing Board 5 November 2014.

ENDS.