

Hearing Aid Provision in North Staffordshire

Healthy and Wellbeing Scrutiny Committee 24th September

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

Commissioning intentions for 2014/15 :

Proposal to decommission the funding of hearing aids for patients with mild to moderate adult onset hearing loss.

CCG's Policy on the Prioritisation of Healthcare Resources:

Services or interventions that are considered not to be a clinical priority for the population may be considered for disinvestment in order to enable the CCG focus on services and interventions which provide more clinically and cost-effective healthcare, with the additional aim of improving health for our population.

The CCG is considering a proposal:

As part of our considerations, we have engaged with the public and local and national organisations to obtain their views regarding this. In particular, the CCG wanted 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.

No decision has been made to decommission hearing aid services in North Staffordshire.

The CCG wish to seek the views and recommendations of the Committee in undertaking it's duties in respect of entering a consultation on change in service provision. The comments of the Select committee will be reported to our Commissioning, Finance and Performance Committee on 15 October 2014 and reported to our CCG Governing Board on 5 November 2014.

The commissioning cycle



- We use the commissioning cycle to develop our commissioning intentions.
- We have embedded the commissioning cycle in our day to day business.
- Central to this is our commitment to engage with patients and the public at every phase of the commissioning cycle.
- Making decisions about the best use of NHS funds locally, which investments should be made to deliver the best outcomes for patients, given the limited resources available.



Our priorities

“Focusing on investment in the right services and ensuring the right quality of care, while achieving the best value for money”



- ✓ to buy safe, effective and high quality services for the long term
- ✓ to support better health through collaboration with key partners
- ✓ to improve patient involvement and influence in decision-making
- ✓ to reduce health inequalities and variation in health services
- ✓ to ensure we get best value from all our investments in services.

The prioritisation process

**North Staffordshire Clinical
Commissioning Group**

**Policy on the Prioritisation of
Healthcare Resources**

Policy Folder & Policy Number	Commissioning 1.1
Version:	2.1
Ratified by:	Governing Board
Date ratified:	2 July 2014
Name of originator/author:	John Harvey Consultant in Public Health
Name of responsible committee/individual:	Clinical Priorities Advisory Group
Date reviewed:	26 February 2014
Review date:	31 March 2016
Date of first issue	1 March 2013
Target audience:	Commissioners, Care providers and public

North Staffordshire CCG
Policy on the Prioritisation of Healthcare Resources v2.1
Policy NO: Commissioning 1.1 Version 2, Approved by Committee February 14, Governing Board July 2014

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- Clinical Priorities Advisory Group (CPAG) considers interventions and services.
- CPAG uses the modified Portsmouth Scorecard to assess evidence by eight criteria
- Ranking interventions in order of clinical importance.
- The scoring is carried out in small groups and then debated to reach a consensus.
- Final score is reported to the CCG Commissioning, Finance and Performance Committee.
- Interventions scoring below a threshold will not be considered by the CCG for new investment and where already commissioned, will be considered for decommissioning.

Engagement

- Briefings to all stakeholders
- Press releases and media engagement
- 2 Online surveys
- Public meetings in Leek and Newcastle Under Lyme
- Engagement with local groups and individuals
- National Petition from Action on Hearing Loss
- Representations from stakeholders
- Review of additional evidence submitted
- OSC engagement

“The CCG initiated an engagement process to consider the views and experiences of patients and understand the potential impact of the proposed service changes”

Engagement events

- 120 people attended - many from outside of the area representing national charities and industry bodies
- Mixture of attendees
- An alternative to the online and paper survey
- Focus on comments from participants
- Whilst many people were anxious about the impact of the proposals, they appreciated the opportunity to express their views and participate in round table discussions with senior management from the CCG.

Engagement events – key themes

- Negative impact on self/individual
- Impact on health conditions
- Economic impact
- Limitations of the proposal
- Impact on patient safety
- Confusion over the proposal and the evidence base used
- An opportunity to review services and improve them

Survey Results

Survey 1 generated 860 responses

Limited information about respondents within this survey
and therefore a more detailed survey was developed

Sixty per cent of respondents were hearing aid users

96% of respondents were opposed to the proposal

Survey 2 generated 1,574 responses

Of these responses, less than 3% were from within North
Staffordshire and less than 5% were from within the whole
of Staffordshire (excluding Stoke on Trent)

Fifty six percent of respondents were hearing aid users

80% of respondents were opposed to the proposal

Survey Themes

- Negative impact on self/individual
- Impact on health conditions
- Economic impact
- Concern about NHS policies
- Limitations of the proposal
- Impact on patient safety
- Confusion over the proposal

Feedback

“Many studies show the link between untreated hearing loss and onset of dementia.”

Hearing aid professional, aged 35-44

“Withdrawing services for mild to moderate losses based purely on the Audiogram is absolute stupidity. Hearing aids alone are not the whole picture.”

Audiologist, aged 25-34

“Without a hearing aid people will become isolated from social events, leading to loneliness and possible depression.”

Hearing aid user, aged 45-54

“Private hearing aids are very expensive and many pensioners would not be able to afford them, with a consequent major degrading of their wellbeing.”

Hearing aid user, aged 75-84

“This proposed change is highly likely to lead to people being unable to travel safely, understand verbal information, communicate with others.”

Health Care Professional (not hearing aid related), aged 45-54

“Hearing aids will only be available to those who can afford to go privately, which is blatantly unfair.”

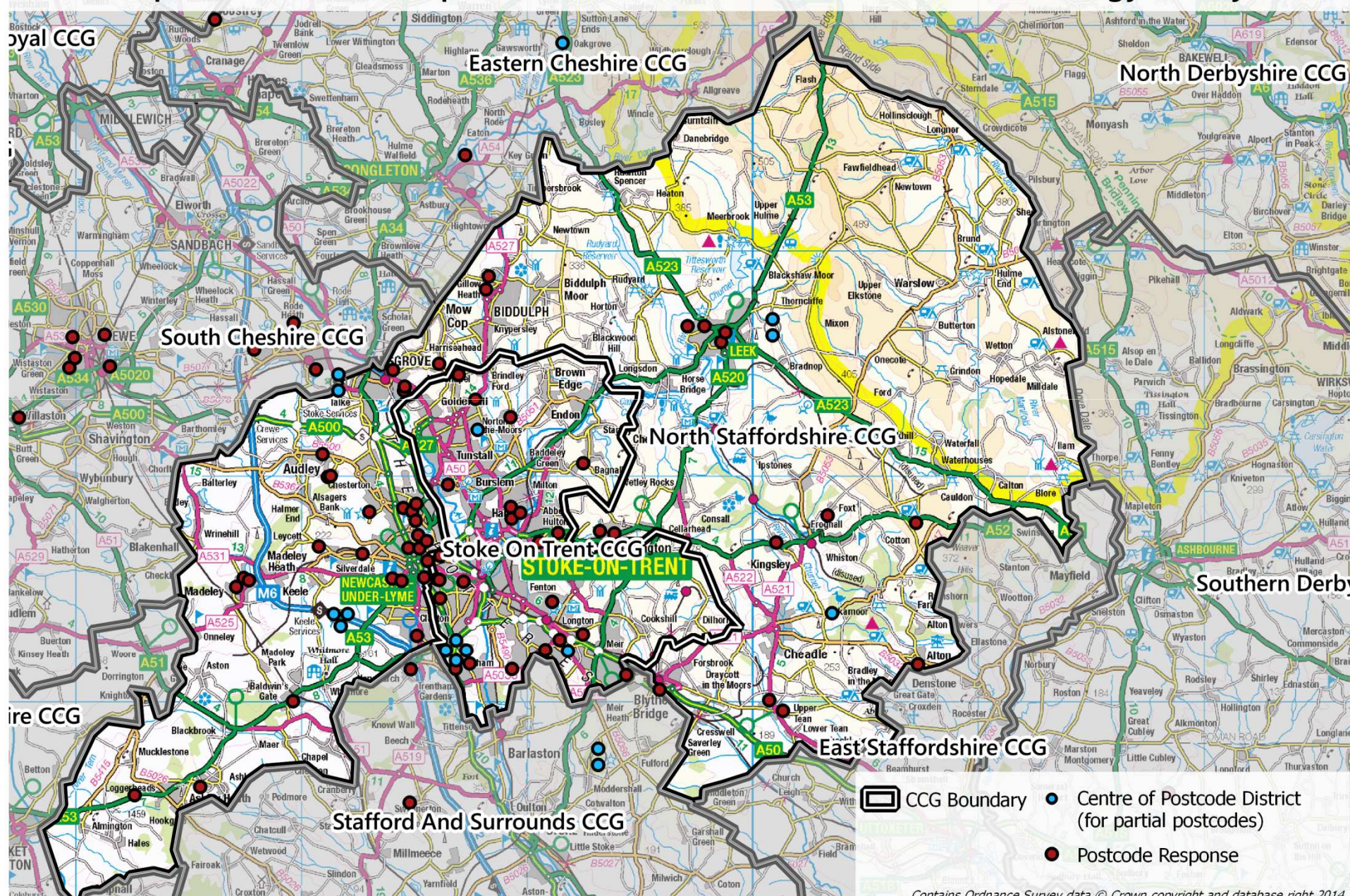
Carer / family member, aged 65-74

Postcode mapping

- Respondents were asked to supply their postcode
- Where possible, the postcodes have been mapped
- 1,197 postcodes have been plotted on maps 1 & 2.

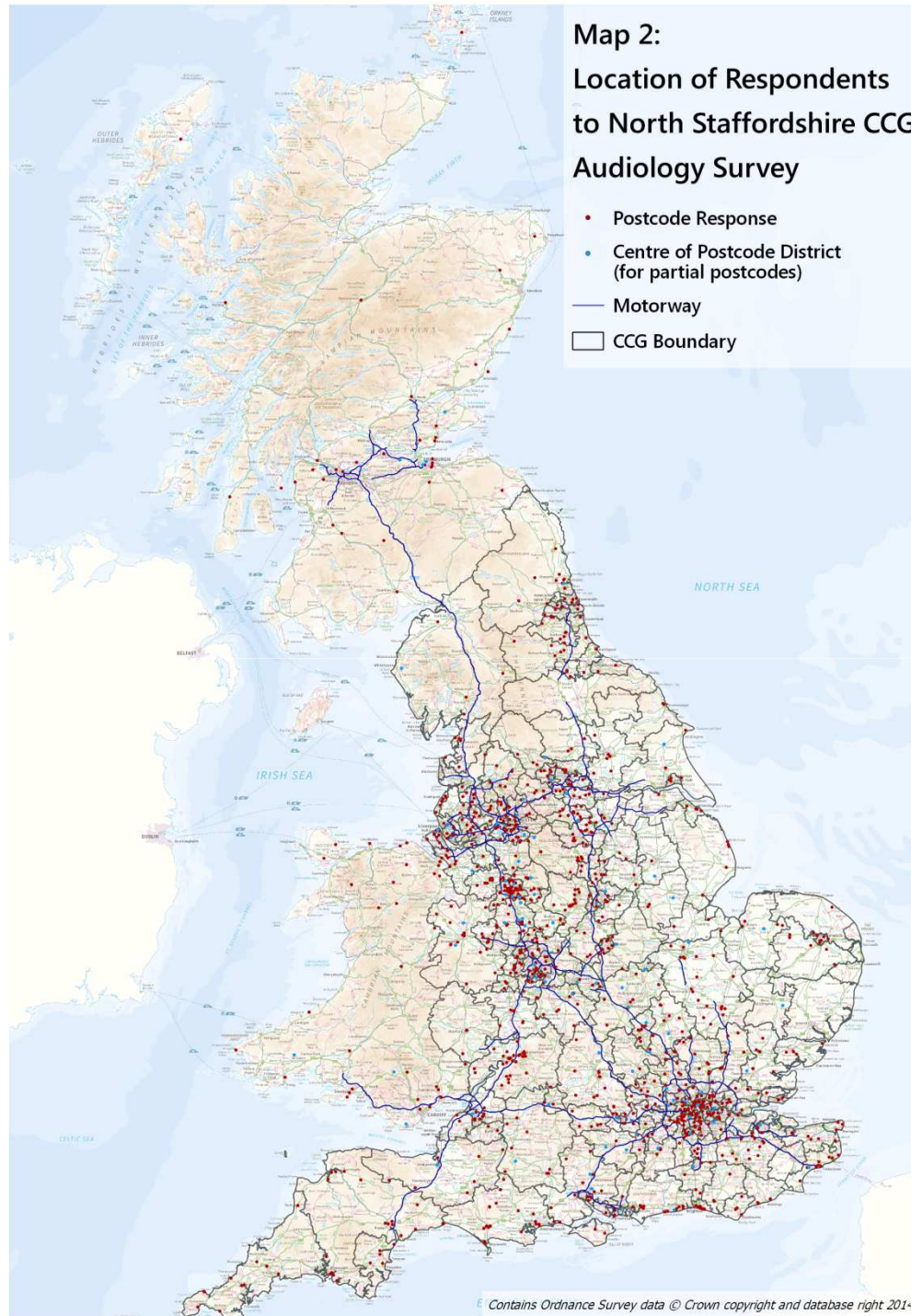
North Staffordshire CCG	44
Stoke on Trent CCG	25
Staffordshire (excluding Stoke on Trent CCG)	74
Other CCGs	933
Scotland, Wales and Ireland	76
Incomplete / no postcode provided	465
Total	1,573

Map 1: Location of Respondents to North Staffordshire CCG Audiology survey



Map 2:
Location of Respondents
to North Staffordshire CCG
Audiology Survey

- Postcode Response
- Centre of Postcode District (for partial postcodes)
- Motorway
- CCG Boundary



Stakeholder representations

- Meeting with national and local stakeholders – 23rd July
- Action on Hearing Loss, Deaflinks, DeafVibe, the National Community Hearing Association, British Academy of Audiology, British Society of Audiology.
- Detailed submission of additional evidence
- Additional evidence subject to technical appraisal
- CPAG considered technical appraisal – 27th August
- Agreed to revisit criterion on inequality at the 10th September meeting

Review of additional evidence

- Action on Hearing Loss provided evidence with 120 references
- These were reviewed by Public Health and CPAG
- Many references were duplicate
- The majority of papers did not address the question considered by CPAG or did not add value to the evidence
- Several papers reinforced information already considered by CPAG
- Two papers supported the CPAG score, suggesting that the most benefit is for those with moderate-very severe hearing loss

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Next steps

- Receive views from this Committee (22/09/14)
- Receive views from Newcastle under Lyme Health and Wellbeing Scrutiny Committee (24/09/14)
- Receive views from Staffordshire Moorlands District Council Health & Community Overview and Scrutiny Panel (30/09/14)
- Recommendations and feedback from the various scrutiny committees will be considered at the CCGs Commissioning, Finance and Performance Committee (15/10/14)