About Us

The Hearing Loss and Deafness Alliance (HLDA) is a group of 32 organisations spanning the voluntary and independent sectors and professionals. The Alliance seeks to represent the needs of children, young people and adults with hearing loss, deafness and tinnitus on issues related to audiology, hearing services and public health. The Alliance has worked with NHS England and NHS Improvement on implementing the Action Plan on Hearing Loss through producing the Commissioning Framework for Hearing Loss Services and the NHS, LGA and ADPH to produce Joint Strategic Needs Assessment Guidance for hearing needs. We have also worked with NHS England on providing practical What Works Guides for commissioners.

Difficult decisions - NHS Staffordshire and Stoke-on-Trent

We welcome this opportunity to provide feedback on the 'Difficult Decisions consultation' run by the six NHS Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs).

The Alliance understands that with finite resources, NHS commissioners need to commission efficient and effective services, and make decisions about which services they provide. We also understand the desire to align policies across the CCGs in a fair and equal way, taking account of evidence, as the consultation document states.

We welcome the decision taken by North Staffordshire CCG in January 2021 to remove restrictions to hearing aids for people with 'moderate' hearing loss. However, people with 'mild' hearing loss in the area still do not have access to these life-changing devices on the NHS. Further North Staffordshire is only NHS area in the country;

- that restricts access to NHS funded hearing aids based on policies that pre-date an independent review of the clinical and economic evidence by NICE (see below)
- that uses an out-of-date classification system for hearing loss to help decide on the care it will fund, despite the World Health Organization (WHO) updating its guidance and advising against this approach (see below).

We therefore fully support local commissioners in their review of this policy based on new evidence that has emerged since they originally decided to restrict access to hearing aids. We hope the current policy will be revoked as a result. We believe this would also help address inequalities in access and meet the public sector equality duty (Equality Act 2010).

NICE recommendations and cost analysis

Clinical guidance from NICE: *Hearing Loss Assessment and management in adults*[1], which was produced based on a comprehensive review of the clinical and economic evidence and supported by a committee of experts in hearing loss. We feel it necessary to highlight the key messages relating to the provision of hearing aids for those with mild hearing loss, especially in light of the recent policy change within North Staffordshire CCG:

- NICE recommend offering hearing aids to "adults whose hearing loss affects their ability to communicate and hear", this includes people with 'mild' hearing loss.
- NICE and other experts agree the fitting of hearing aids should be based on need rather than on hearing thresholds alone – i.e. descriptors such as 'mild' should not be used as the sole determinant for the provision of hearing support, because they are not a reliable indicator of the difficulty experienced with communication and impact of hearing loss on day to day to life. This view is shared by the World Health Organisation in their landmark *World Report on Hearing* (2021)[2].
- Hearing aids are cost effective, and NICE recommends fitting hearing aids, stating within the guideline that they are **highly cost-effective compared to no treatment at the NICE cost-effectiveness threshold**.

- The guideline also highlights that people with 'mild' hearing loss specifically benefit from hearing aids as they improve quality of life due to better listening ability, and hearing aids are best fitted at an early stage of hearing loss when adjustment to hearing aids is easier.

Other NICE guidelines and recommendations for hearing loss

Recently NICE published guidance: *Tinnitus: assessment and management* (March 2020)[3], which recommends offering amplification devices (hearing aids or tinnitus combination devices) for those with tinnitus and hearing loss that affects their ability to communicate, but also to consider them for people with tinnitus and hearing loss that does not affect their ability to communicate. This highlights that hearing aids are an appropriate management option for those who have tinnitus in conjunction with hearing loss. However, it is not clear what the current policy is for people who have 'mild' hearing loss and tinnitus in North Staffordshire.

The use of thresholds and descriptors

The consultation document unfortunately falls into the trap of classifying hearing loss based on thresholds. It is important to note that WHO (2021) specifically advises **against** using thresholds to determine who is eligible for treatment, stating:

- "While audiometric descriptors (e.g. category, pure-tone average) provide a useful summary of an individual's hearing thresholds, they should not be used as the sole determinant in the assessment of disability or the provision of intervention(s) including hearing aids or cochlear implants."
- "The ability to detect pure tones using earphones in a quiet environment is not, in itself, a reliable indicator of hearing disability. Audiometric descriptors alone should not be used as the measure of difficulty experienced with communication in background noise, the primary complaint of individuals with hearing loss."
- WHO has changed its classification system of hearing loss based on a better understanding of the impacts of hearing loss and improvements in interventions (hearing aids); this explains why today WHO classifies 'mild hearing loss' as 20 to <35 dBHL.[4]

Impact of the Equality Act 2010

- People with hearing impairments who seek help because there hearing loss has a long term impact on their daily life might be considered to have a disability under the definition of the Equality Act 2010. Revoking this policy would help address inequalities in access and meet the public sector equality duty.
- Hearing aids are also not comparable to spectacles, as they do not restore hearing to 'normal levels', but rather seek to minimise the impact of hearing loss (disability) on an individual.[5]

WHO Resolution

The UK Government is a signatory to WHO resolution on the Prevention of Deafness and Hearing Loss (2017). It is our view that this policy might be in contravention of that resolution.

Evidence for health and wellbeing benefits of hearing aids

The Difficult Decisions Issues paper states that "when deciding which tests and treatments we should buy on behalf of patients, it is important that we prioritise those that are **most needed** by the population, and have been shown to be **most effective by clinical trials** and

research studies." In our previous submission, we highlighted the significant body of evidence that demonstrates the health and wellbeing benefits of hearing aids for adults with mild and moderate hearing loss, which include:

- improved communication, mental health and quality of life[6]
- increased ability to stay in work[7]
- improved listening ability and hearing specific and general health related quality of life[8]

Furthermore, hearing aids are the only viable treatment option for those with 'mild' hearing loss[9], and evidence shows the benefits of hearing aids for people with mild and moderate hearing loss, including improved communication, mental health, quality of life, and an increased ability to stay in work.

The Case for Early Identification and Intervention for Hearing Loss

The Difficult Decisions Issues paper states that there is, "broad agreement that it is important to take early action before conditions become more serious and that mental ill-health is just as important as physical ill-health". In most cases, hearing loss is a progressive long-term condition, related to age, but those in North Staffordshire are currently unable to access help for their hearing loss when it is in its early stages, i.e., when it is mild. This is despite evidence showing that unmanaged hearing loss is associated with a number of mental and physical health conditions.

These include (but are not limited to):

- social isolation, loneliness and depression[10]
- cognitive decline[11]
- falls[12]
- Type 2 Diabetes[13]

A strong link has also been identified between hearing loss and dementia, those with mild hearing loss are twice as likely to develop dementia[14]. Furthermore, the rate of measured age-related cognitive decline is 75% less following the adoption of hearing devices[15] and estimates suggest if hearing loss were properly addressed, 8% of dementia cases could be prevented. In addition, recommendations from the recent report of the *Lancet Commission: Dementia prevention, intervention, and care* (2020) include encouraging the use of hearing aids for hearing loss, based on evidence suggesting hearing aids could be protective against dementia.[16]

Furthermore, hearing loss and dementia often co-occur and are particularly difficult to manage when they are experienced together. This suggests that there is significant benefit in ensuring that hearing loss is identified early, so that people can adapt to hearing aids before the onset or progression of dementia. This is further supported by recommendations within *NICE Guidance for Dementia* [NG97][17] and *Hearing Loss* [NG98][1].

Finally, and crucially, evidence shows that the early fitting and use of hearing aids makes hearing loss easier to manage as it progresses[18]. Evidence shows increased use, benefit, and satisfaction with hearing aids for those fitted earlier.

Therefore, not only does early identification and intervention improve outcomes for hearing aid use and hearing health, evidence suggests that it reduces the risk of developing other mental or physical health conditions.

Hearing loss and access to health and wider society and the impact of Covid-19

Hearing loss can negatively impact health outcomes and access to health and social care, including:

- increased risk of mortality and worse health outcomes[19]
- increased health care use and burden of disease among older adults[20]
- reduced ability to communicate with health professionals and access health and social care, which prevents people being able to manage their hearing loss and wider health, which is costly for the health and social care system[21]

The Covid-19 pandemic has brought about huge changes to the delivery of health and social care, which has undoubtedly presented challenges to the CCG and we appreciate the strain that NHS services have been under, and are still experiencing, 18 months after the initial lockdown. However, in that time, Alliance members have also heard from people who are deaf, have hearing loss and tinnitus about major barriers to communication.

Moving Forward

The Alliance hopes that NHS commissioners will change policy in the light of evidence presented here. Given that hearing aids are cost-effective, it is in the CCGs' best interests to ensure their provision now, as lack of management when hearing loss is mild could be more costly in the medium to long term. If finance is the barrier, then we would ask local commissioners to be open about this by for example acknowledging the NICE and WHO guidance that early diagnosis and treatment of hearing loss is the right standard of care. Alliance members are keen to work with local commissioners on how to solve this challenge. We would be happy, in line with NHSE Commissioning Framework on hearing loss, to work with commissioners to secure sustainable services without restricting access to NHS funded care.

For further information on this response please contact Brian Lamb Chair of the Hearing Loss and Deafness Alliance brian.publicaffairs@gmail.com

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[1] NICE Hearing Loss in adults: assessment and management [NG98], (2018). Available at: https://www.nice.org.uk/guidance/ng98

[2] Page 38, World report on hearing. Geneva: World Health Organization; 2021. Licence: CC BY-NC-SA 3.0 IGO. Available at: https://www.who.int/publications/i/item/world-report-on-hearing

[3] NICE Tinnitus: assessment and management [NG155], (2020). Available at: https://www.nice.org.uk/guidance/ng155

[4] WHO, 2021, World Report on Hearing.

[5] Office for Disability Issues HMG, Equality Act Guidance 2010, Guidance on matters to be taken into account in determining questions relating to the definition of disability.

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