UNIVERSITY HOSPITALS OF LEICESTER NHS TRUST

Forum for older people
Report on the availability of digital hearing aids for older people in the community.

Background

At the beginning of 2002, the Hearing Services department at Leicester Royal Infirmary was dispensing analogue hearing aids to all of its patients. We had won our second Charter Mark for delivering excellence in public services. Despite previous neglect and under funding of all NHS audiology services, and with a longstanding shortage of qualified audiologists in the UK, we were seeing all our new patients within six weeks of their referral and fitting them with an analogue aid 5 weeks later. We usually offered a reassessment to each patient after about 5 years.

In 2001 the Government announced that it was to fund the modernising of all hearing aid services (MHAS) and the provision of digital hearing aids. This money was to be project managed by the RNID who undertook the distribution of funds to purchase digital aids, the training of all audiologists in the new modernised system, and allocated the money to purchase all the new equipment necessary to support MHAS and to programme and fit digital aids.

In June 2002 the department in Leicester had issued 65,000 patients with a hearing aid and we successfully applied to be in the second wave of departments to undertake modernisation.

Implications of MHAS

Modernisation meant that our department was supplied with state of the art equipment to assess hearing loss and to fit digital aids. We received a new and dedicated management system (Practice Navigator) so that every patient was on a database and all their appointments and hearing aid settings were recorded on computer, and we all had to undertake new training to enable us to fit digital aids.

The department readily undertook all of this training and successfully installed all our new equipment. This now means that any patient attending our department can be assured that they will be seen using the most up-to-date equipment, and that they will be supplied with the best possible hearing aid for their loss.

Waiting times for Hearing aids

The introduction of new equipment and necessary training inevitably set back our waiting times for patients to be seen, and the Government's announcement that digital hearing aids were now available created a huge surge in demand for the new technology. In particular, many people who already had the old type of NHS hearing aid (who would not normally be reassessed for a number of years) understandably wanted to be changed over quickly to the new models.

Our department, in line with many others, was quickly swamped with demand for the new aids and we have worked extremely hard to address this.
The department successfully obtained funding for two initiatives, which we are using to address this demand:

The Public Private Partnership, where we are working with two private dispensers to offer a reassessment service to our old patients, delivering the same modernised service but within the private sector, and a new telephone based follow-up service called Hearing Direct, where we have led a very successful pilot. Both of these initiatives help to free up time and resources within our department, helping us to see many more patients.

Whatever we do to tackle waiting times, it must not be at the expense of service quality. An important part of the modernised service is the time and care spent with each patient, making sure the aids are programmed exactly to suit them and counselling to ensure they get the very best from their hearing aid and are happy with the result. This care and attention to detail and to follow-up had been lacking in the past, leading to many people not using the aid they were issued with. We are working very hard now that we have the best possible tools, to make sure all patients issued with aids are good users, and to audit and report on outcomes.

Eligibility criteria, process and timescales for obtaining digital hearing aids

We are now in the position of seeing all new referrals into the LRI, either as a Direct Referral from the GP (at age 50 and over) or through the ENT department, within 12 weeks of receiving the referral. We are able to fit a digital aid 5 or 6 weeks later. However the situation with reassessment of our present patients is a more difficult issue as it is obviously going to take a significant length of time to see and reassess all of our present analogue users.

Government guidelines have indicated that we should not immediately reassess patients who have been seen within the last 3 years, so anyone not reassessed within that time is put directly onto the waiting list. Priority is given to war pensioners as per a DoH directive, we were funded in the first year to ensure that all of our hearing impaired children were reassessed to digital aids, and this has been successfully completed.

All other patients, regardless of age, are added to our reassessment list if they are suitable. We have always encouraged all of our users to return for service and retube to their aid every six months to ensure their aids are functioning well, and as these users have returned we have discussed their suitability for a digital aid and have put them onto our waiting list as necessary. We have also ensured that they leave the department with the best possible analogue aid for their loss, so that no regular user of an aid is fitted with an out of date or unsuitable aid.

We presently have 1058 patients on our waiting list for a reassessment, and of these 500 have waited more than 27 weeks for an appointment. Using PPP, Hearing Direct, Capacity money and Saturday and evening working, we feel we are making significant progress in reassessments, which we hope to continue into 2006 and beyond.

Funding issues

As stated previously we have been funded for all modernisation costs, equipment and staffing, and for the differential costs of fitting a digital rather than an analogue aid. This money has over the past three years been ring-fenced, however for 2005/6, although we have been notified of the allocation to allow us to continue offering our service, the money is not now ring-fenced. The PCTs are aware of the funding coming down to them and we hope that they will continue to support the service as before.