As the representative and professional associations for community hearing in Scotland, we are delighted to support this strategy. We agree with the aims of tackling inequalities in Scottish Society and the "Personal Outcomes" and "Getting It Right for Every Child" approaches to tackling sensory impairment.

We are pleased that the report acknowledges that different types of sensory impairment require different responses (paragraph 4.2). We are also pleased to see how the Scottish Government intends to promote partnership and active engagement of a wider range of agencies and representatives (paragraph 4.2). We support this collaborative approach and putting the patient at the centre of service design and look forward to working with all stakeholders to deliver this vision for hearing care in Scotland.

Community hearing care providers also welcome the "the need to ensure effective and efficient joined-up working across the public, third and independent sectors, with a drive to minimise duplication and encourage the sharing of information across and within agencies and effective partnership approaches with service users and carers" (paragraph 5.2). We support initiatives that improve efficiency and feel this proactive approach on supply-side issues can meet the challenge of increased demand within constrained health care expenditure.

Sensory impairment has a significant impact on the quality of life of patients and carers. Therefore, we agree with and support the special consideration given to older people, those with dual sensory loss and those with learning disabilities. We also agree with the analysis that people with learning disabilities (paragraph 6.9) are far more at risk of sensory impairment which often goes un-remedied and also that "hearing or sight loss is often not recognised or responded to by caring agencies, including home carers, hospital or care home staff" in the case of older people (paragraph 6.10). We hope that through a more collaborative approach – particularly by including community hearing care providers- the Scottish Government can provide a platform to address many of these challenges.

The strategic framework makes it clear that: sensory impairment pathways should be developed with all stakeholders; more should be done to improve information sharing; more emphasis should be placed on collaboration on the supply side; and stresses the importance of consistency of approach and similar access to services across Scotland. We fully support all of these aims and, as a community hearing sector – the fifth primary care service - are very keen to play our full part in delivering these benefits to the public and patients. We would particularly highlight our support of the following recommendations:

- Recommendation 1: that an audit of current spend and service patterns should be undertaken. However, we urge caution as cost-allocation within hospitals (particularly of indirect costs) is fraught with difficulty[1] and therefore costing data may underestimate true costs within the hospital setting and result in unsustainable care pathways being put in place.

- Recommendation 2: that local partnerships should consider options for the introduction of basic sensory screening. We would point out, in respect of the latter, that community

[1] Diagnosis-related groups in Europe (2011), European Observatory on Health Systems and Policies Series

hearing staff can play a major role in providing outreach, basic screening services or in training others to do so

- Recommendation 3: that there should be mandatory training in sensory awareness across staff in health and social care settings, targeted to older people's services in the first instance

- Recommendation 4: for local partnerships to develop local pathways and plans. We would urge that the community hearing sector should be appropriately involved in these partnerships (alongside the statutory and third sector agencies) as proposed in paragraph 5.2

- Recommendation 5 and 6: are also supported

However we would challenge the assertion that "for the majority of people, the point of diagnosis will be undertaken primarily through NHS audiologists" (paragraph 6.7). In our view, this is an inefficient use of audiologist resources and with the projected increase in demand will result in waiting lists that put pressure on the hospital sector. More needs to be done to make use of available and cost-effective infrastructure outside the current NHS domain otherwise many people will simply be forced – unnecessarily – to live with sensory loss and as a result a diminished quality of life.

Here, the community sector has much to offer. Patients can access screening tests locally, with short to no waiting times. Weekend appointments are also available meaning that the working population can have access to hearing care advice 7/7. Furthermore many over 70s often rely on family for assistance and the ability to access weekend hearing services can significantly ease pressure on carers. Overall, the community hearing sector can help improve responsiveness, equity in access and provide high-quality cost-effective community-based services to help meet local need.

We therefore ask that the Scottish Health Department

- reviews its policy in this area and encourages health boards to make appropriate use of community hearing providers where they meet required standards and

- ensures that community hearing providers are fully involved in the review of locally developed care pathways with a view to promoting quality, integration, access, choice, and sustainability (Table, page 18).

It is in the light of our very strong support for this strategy and our belief in the need for greater recognition of the human rights of those with sensory impairment that we enter our strong plea to be enabled to play our full part within those integrated services for which we are well qualified. Therefore, we are pleased to submit responses to the formal consultation questions below.

CONSULTATION QUESTIONS

1. The strategy outlines a care pathway (page 10).

(a) If you are a service user and/or carer, please tell us what difference you believe the implementation of the pathway will make to the services you experience.

N/A

(b) How can we best ensure that services and support meet your needs?

N/A

(c) If you are a care provider, what changes will you need to make to implement the pathway?

The report echoes what the community hearing sector has highlighted for some time

- people – unnecessarily – are confronted by barriers to accessing care
- services should be designed to meet the needs and wishes of those that need them
- services should take a co-ordinated approach and put the patient at the centre of design and implementation
- people are often not referred for hearing assessment despite symptoms/complaints[2]
- with an increasingly ageing population more needs to be done to meet the needs of 300,000 people who currently would benefit from hearing aids (paragraph 3.1) and
- to support and reassure others who will also suffer some hearing loss in the future

Many of the current challenges are the result of health system design and more can be done to overcome the challenges highlighted in the report.

Traditionally health boards have not contracted with the community hearing sector to provide NHS hearing assessments, hearing aid dispensing and auditory rehabilitation services or onward referral when appropriate. Hearing care in the community increases choice and responsiveness and can be used as a policy tool to address many of the inefficiencies in the current system, highlighted in the strategic framework document. Furthermore, community hearing care providers can offer screening services and reduce the 45% of people that receive no further referral despite complaining of hearing difficulties to their GP[2] (paragraph 3.1) - e.g. by supporting GPs with a low cost alternative screening system in primary care and helping them facilitate referral refinement.

With 850,000 people currently with hearing loss and 300,000 estimated to benefit from hearing aids, the current model needs reform. This need for reform becomes even more strongly justified in the context of an increasingly ageing population. This will greatly add to the burden on the current system for delivery of NHS adult hearing services especially as it is well established that the prevalence of hearing loss increases with age[3]. The current system – where community care is underutilised - remains a major missed opportunity and creates inequity in the health system. In order to implement the pathway, which we support, we would need local health boards to make appropriate use of community hearing providers where they meet required standards.

Community hearing practices offer quality, access, flexibility and choice but at present this is only available to self-funding patients. This inequity in access is historical and not based on clinical

quality, cost-effectiveness or governance issues. Therefore we very much welcome this strategy and its commitments to human rights. We believe it is fundamental to the vision of equality and care in Scotland that NHS patients should also – where appropriate – have access to the community hearing sector as well as hospital audiology departments, GPs and social care support.

[2] Davis, Adrian et al, 'Acceptability, benefit and costs of early screening for hearing disability: a study of potential screening tests and models'. Health Technology Assessment, Vol II: 42, 2007.
[3] Davis, Adrian, Hearing in Adults. Whurr, London, 1995.

(d) How will you make these changes?

Community practices are ready to work with key stakeholders to deliver an integrated care pathway. As noted above, the current system does not efficiently utilise resources available in the community. With an ageing population and some people already waiting at least 10 years before addressing their hearing loss[4], more needs to be done to support care in the community and raise awareness.

Community based providers are willing to demonstrate the high standards of care on offer and provide these services to those in need. This can be achieved by contracting with health boards to provide services in partnership with existing NHS providers as part of local sensory impairment plans and integrated pathways (paragraph 6.7). We support the principles outlined in section 6.7 and are committed to working with all agencies and disciplines to support a more coordinated approach to care.

We look forward to being able to do this and to improving the hearing of the people of Scotland but require health boards to make appropriate use of community hearing providers where they meet required standards.

4 Action on Hearing Loss, Hearing Matters.2011

2. The strategy identifies key factors that need to be in place to ensure the pathway is successful (Page 11 para 6.7).

(a) Which of the key factors are most important for a successful pathway?

We strongly support the findings and proposals that

- sensory loss can result in feelings of isolation and loss of independence, therefore more sophisticated referral mechanisms should be in place to allow carers, social workers etc. to refer to screening services. Patients should be supported in choosing where they are seen. Information is vital in this area and patients should be provided with waiting times and the service/care they can expect when they see a specific provider. Therefore, information that is easy to understand and act upon is very important.

- general screening, particularly for older people, to identify people with sensory impairment and particularly dual sensory impairment should be considered. With many high street locations offering hearing care on-site or at place of residence, we can support development of screening protocols that detect sensory impairment early on – enhancing mental well-being.

- simple but high-quality communication systems between primary care and the hospital sector using simple – and real-time IT-based – referral and feedback mechanisms. (In the eye health sector, the Scottish Government has already made significant progress in linking community optical practices with the rest of the NHS. It would be excellent if, building on this success, the Scottish Government were to work with the community hearing sector to develop similar arrangements for primary care hearing.)

(b) Which are the most challenging to put in place?

In hearing care, the challenges are primarily cultural as well as structural:

- we need to encourage a culture shift amongst the public and their carers so that they recognise that sensory impairment in the form of hearing loss, although an almost inevitable consequence of ageing, can be reduced in its severity and its onset delayed if excessive noise exposure earlier in life is minimised and a healthier lifestyle adopted to improve cardiovascular, mental and hearing health in later years. Public health measures should be adopted to encourage preservation of hearing health and to strongly promote a culture which attaches importance to regular and routine hearing tests *"as a cost-effective way to reduce unmet need for hearing aids and improve quality of life among older adults"* [5].The earlier hearing loss is identified and hearing aids are used, the more successful will be the outcomes with concomitant avoidance of adverse socioeconomic[6], mental and physical health consequences[7].

- as noted above, many of the challenges highlighted in the report can be addressed by the use of current underutilised resources. The challenge then is to encourage the NHS and social care to work closely – for the first time – with the community hearing sector. With an ageing population and increased demand for these services, the system has to adapt to meet patient needs because it is currently unsustainable. This will require strong leadership and for all providers to work together in an integrated way.

- in residential and care homes to ensure basic screening is carried out and that, where risk of sensory impairment is identified, to ensure a protocol-led referral to the community hearing sector, including through domiciliary-provided services where patients are unable to travel. (The inability to leave a residential or care home should not be a barrier to having access to the best hearing care as a basic human right.)

[5] An economic evaluation of screening 60- to 70-year-old adults for hearing loss J Public Health (2013) 35(1): 139-146.
[6] Shield B. Evaluation of the social and economic costs of hearing impairment. A report for Hear-It AISBL (Association international sans but lucrative), Belgium. 2006.
[7] Arlinger S. Negative consequences of uncorrected hearing loss – a review.2003.Int J Audiol.42 (Suppl 2).

(c) Do you think that any key factors have been missed?

Yes.

The community hearing sector has to form part of any future strategy involving sensory impairment. The sector can help increase responsiveness through increased capacity without greater public investment in new facilities. Providers can deliver high-quality, cost-effective care with low barriers to

access and reduced waiting times for screening or hearing aids or both. Today, 850,000 people are estimated to have hearing loss and the current system is not able to service this need. Without the involvement of the community hearing care providers, it is likely that Scottish people will be left without a credible or sustainable system.

The Scottish Government is to be congratulated on the way it has worked with and harnessed the health and cost benefits of the community eye health sector in Scotland including the reshaping services and pathways better to meet local needs. Community hearing is an exact parallel and not fully including the community hearing sector would be a major (and inexplicable) error in terms of access and public health. Therefore we respond to this consultation with the plea to enable the community hearing sector to be an integral part of the health system and help the Scottish Nation maintain sustainable hearing care pathways.

3. The strategy identifies areas for action that should be addressed going forward
(Page 13-16)

(a) Which of the areas for action will be the most challenging to implement?

Each of the actions signals that the Scottish Government is focussed on a patient-centred health service but the following challenges are present:

Spending Patterns: whilst balancing increased demand and reduced funding may appear to be problematic, it is not unachievable. However, this requires innovation and therefore strong leadership. New pathways involving the community hearing sector can help bring significant efficiency gains and achieve such goals. There are also significant savings to be made by early interventions. Supporting people to stay independent for longer is something that audits and economic analysis may not capture but is vitally important in the domain of sensory loss. The main challenge to this is accurately costing the impact of sensory loss so that interventions are appropriately funded.

Screening for Sensory Loss: screening programmes can be costly and inefficient. The community sector would be willing to work closely with all parties to devise an effective and sustainable system. However there is a risk that the system will be undermined and partnership reduced to current NHS providers only. Therefore we would urge that community hearing representatives should be present when designing/implementing screening protocols.

Awareness of issues relating to sensory loss: we strongly support increasing awareness about sensory impairment issues. However, in practice, this is often done by multiple agencies – increasing total costs- in an uncoordinated way and as a result the message is often dampened. We would support a national steering committee made up of all service providers that can develop a central, standardised resource that all providers can use.

Recommendation four: we support an evidence-based approach to service planning.

In summary, with a focus on patients, access and health outcomes underpinned by goodwill, common-sense and action in the public interest, all of the proposals should be able to be implemented. As a sector, we believe that we have a major contribution to make which will assist cost-efficient implementation and look forward to contributing positively to this strategy.

(b) Which of the areas for action will make the biggest difference and why?

Undoubtedly the inclusion of community hearing practices within local NHS pathways.

Engaging community hearing practices in the pathways will reduce pressure on GPs and hospital audiology departments, freeing up capacity for higher level care and those with complex needs. It would significantly improve access to provision whilst controlling costs on the assumption that community hearing practices would only be paid for patients seen so that costs can be predicted and tightly managed.

Such a move would also improve access and choice for NHS patients, enabling care closer to home and easier follow-up, benefits which have only been available in the past to paying patients, thereby increasing equality and fairness in society.

(c) Are there any other areas for action that you would like to see included within the strategy?

Other than engagement with the community hearing sector, no. This is a very good strategy and a welcome advance in human rights which we are delighted to support and – as a community hearing sector – commit to delivering in partnership with the NHS and social care.

The aim should be to ensure this strategy works first and then review in, say, five years' time against progress (paragraph 4.3 and Appendix 1).

In time it would be good to develop an agreed set of population-based public health outcome measures for hearing based on this strategy but that should not be used as an excuse to delay or deflect from implementation.

4. Please comment on the current provision of sensory impairment services as either a service provider or service user. If you have any experience of sensory impairment services, please let us know what you think of them: this should include any experience of one-stop shops.

As community hearing providers, we have a number of concerns relating to sensory impairment services. Our principal concerns are as follows:-

1. We feel that the impact on NHS adult hearing services of an increasingly ageing population is greatly underestimated. This is partly an issue of capacity and we feel strongly that the community hearing sector can make a substantial and cost-effective contribution, now and in the future, to meeting the unmet needs of the hearing impaired population. Vision and/or cognitive impairment, also more prevalent in the older population, adds greatly to the reduction in quality of life of the hearing impaired population.

2. Insufficient account is being taken of the emerging but increasingly strong evidence of the connections between hearing impairment and the onset and progress of cognitive decline with increased risk of incident dementia.[8,9,10,11.] There is insufficient recognition of the need for routine inclusion of a hearing test in the assessment of those with significant cognitive decline who may receive a diagnosis of dementia. If unaided hearing loss is present, this increases the risk of significant communication problems, social isolation and increased dependence on carers and state-funded support. Inevitably this requires greater capacity for hearing assessment services, the burden of which need not fall only on GPs or NHS audiology services.

Earlier identification of hearing loss in the older population and appropriate intervention may delay the onset and progress of cognitive decline and reduce the associated and greater costs of social and health care support.

3. We feel that sustained preventative measures taken now will reduce the cost and increase the effectiveness of reactive measures such as the fitting of hearing aids. Universal screening of older adults should result in earlier identification of hearing loss and the greater likelihood of more successful outcomes if hearing aids are fitted at an earlier stage in the progress of hearing loss. Evidence indicates the cost-effectiveness of adult hearing screening programmes [2].

4. We remain very concerned about the lack of recognition about the communication needs of those with hearing impairment by NHS healthcare providers such as GPs, nurses and other staff in outpatient departments[12] and care home staff.

5. One of our greatest concerns about current NHS provision of hearing impairment services is that meeting even the current unmet demand for adult hearing care services, let alone the increasing demand from the ageing population, will result in a decrease in essential rehabilitation services following the fitting of hearing aids and in more process driven, less personalised services. Only an increase in trained and qualified capacity using the community hearing sector will prevent this from happening. The quality of the outcomes from the fitting of hearing aids will decline and result in poor use of public funding of NHS adult hearing services if the opportunity is not taken of increasing the capacity to support the rehabilitative needs of those who are fitted with NHS hearing aids. Innovations such as combined 'assess and fit' appointments and use of tele-audiology will be insufficient.

[8] Hearing Loss and Incident Dementia. Lin et al. Arch Neurol. 2011;68(2).
[9] Popelka et al.The Epidemiology of Hearing Loss Study. J Am Geriatr Soc. 1998;46.
[10] Tun et al. Aging, hearing acuity, and the attentional costs of effortful listening. Psychol Aging. 2009;24.
[11] What do we really know about hearing loss and cognitive function? Chung K. Hear Jour. 2012:65(01).
[2] Davis, Adrian et al, 'Acceptability, benefit and costs of early screening for hearing disability: a study of potential screening tests and models'. Health Technology Assessment, Vol II: 42, 2007.
[12] Are you Listening? Access to health services in Scotland. RNID Glasgow, 2010 and Hear Me out: audiology services in Scotland. RNID Glasgow, 2011

5. What difference will the implementation of the strategy make to your life?

As providers, it will enable us to do what we were trained and qualified to do and to bring the benefits, which have traditionally only been available to the self-funding patients, to NHS patients for the first time as part of an integrated, personalised and 'caring' sensory care system. We are delighted to be part of this.

Elsewhere in Europe, including now in England, the community hearing sector is recognised as a key partner in care and provides an increasingly important role in meeting the needs of patients and the public for awareness, access, assessment, diagnosis and intervention, reducing pressure on GP and hospital services and working in partnership with other parts of primary care, the voluntary sector and social services. We very much hope this strategy will give us the opportunity to be similarly engaged for the benefit of the public and patients in Scotland.

6. Does this strategy properly reflect the current climate and developments in policy and practice for children and young people particularly in relation to the Getting it Right for Every Child approach and the Doran Review?

We believe so, yes

7. Do you have anything you wish to add to the Sensory Impairment Strategy or any other general comments that have not been covered by the questions?

Here, we reiterate that engaging community hearing practices in the pathways will reduce pressure on GPs and hospital audiology departments (freeing up capacity for higher level care and for those with complex needs) and will significantly improve access provision whilst controlling costs. (Assuming that community hearing practices would only be paid for patients seen then costs can be predicted and tightly managed.) Such a move would also improve access and choice for NHS patients, enabling care closer to home and easier follow-up, benefits which have only been available in the past to paying patients, thereby increasing equality and fairness in society.