

## Adult Hearing Loss

### February 2019

It is said that people wait on average 10 years before they seek help for their hearing loss. CCGs can encourage more people to seek help by ensuring services are easy to access and available in different settings across a range of providers. As part of checking that services we commission are meeting expectations we reviewed our Adult Hearing Loss service.

#### *What did we engage / consult on?*

As part of our role to make sure that services meet the needs of our patients, we worked with patients and providers to redesign the community Adult Hearing pathway, and looked at ways to improve the quality of this service. At the heart of this was a consideration of the diverse needs of service users, and to make sure that these are addressed by the service redesign.

We built on previous engagement carried out in May and July 2018 and the feedback from both stages of this work can be found in this report.

The service review of the existing community Adult Hearing service followed a process of gathering information about what the service was actually delivering, who was using it, and identifying what the key issues were with current provision based on feedback from stakeholders (patients and providers). Alongside this an appraisal of local and national evidence, and an early consideration of the diverse needs of service users. Specifically, an Equality Impact Assessment was done to help shape the review and the future direction of the service. This was an essential element that underpinned suggested changes to a service, and - along with other impact assessments – acted as an aid to transform an existing service to a new one.

#### *What has been done?*

- Stakeholder engagement workshop to support the redesign of the service was attended by a representative from a third sector user support service.
- The engagement was aimed at patients using the Adult Hearing Loss service in Wakefield District. It was through a discussion group that we asked them and their carers about their experiences of services, what works well and what could be improved to have a better experience.
- This influenced the revised specification which reflected both their feedback as well as our intention to increase provider consideration in respect of equality and diversity needs.
- This project fed into the NHS England's **Equality Delivery System (EDS2)**. During the EDS2 assessment, we sought more feedback as part of the review of the service.
- We have committed to patient input during the procurement stage.

### ***What did people tell us?***

This project took on board feedback at different stages and during different engagement opportunities. The below summarises what we have heard during the time and this has been reflected in the service review.

#### **Healthy Wakefield Public Engagement Event, May 2018:**

A large public event took place on 15<sup>th</sup> May 2018 with over 70 attendees, where staff and clinicians met with patients, members of the public and voluntary and community sector representatives. One of the many round table discussions hosted at the event was about service review, at which Adult Hearing was used as an example. Key comments and suggestions from members of the public were that engagement should encourage objective input from some targeted patient groups, rather than broader public opinion; and that an impact assessment that considers equality issues should be undertaken including looking at the range of protected characteristics.

#### **From public engagement, July 2018:**

The CCG invited feedback in relation to contracts held with a small number of private health companies for services that they deliver on behalf of the NHS. The CCG pays the private providers for patients the NHS sends to them for tests or treatment, and this includes Adult Hearing. 538 survey responses were received. 16% of respondents had accessed ear, nose and throat services; and 4% the adult hearing loss service. When asked to rank what would influence their choice of provider 'how long you have to wait for your first appointment' was most important, 'how far the service is from home' second and 'the skills or experience of the clinician or clinical team' third most important out of six choices.

#### **Patient Focus Group, January 2019:**

In January 2019 we invited current service users to share their experiences first hand at a facilitated focus group to explore what the service meant to them and their carers, and to get a sense of how consistent the quality of provision is across the district. As the CCG cannot contact patients directly in these circumstances, to ensure an objective cross-section of feedback we asked providers to forward invitations to 50 recent users, split evenly between men and women (rather than a proportionate sample, to try to compensate for the under-representation of men.)

Ten people attended, five men and five women, including one carer who provided valuable insight from her own perspective. 8 people were over the age of 70. There were no significant differences between the experiences of the men and women who attended the focus group and used the service. However, three key themes emerged where quality of experience varied from good to poor: the degree of

personalised care; the environment in which people had a hearing test; the choice of provider offered by their GP.

- The impact of hearing loss itself was evident, including frustration, isolation and therefore the benefit of the service had social as well as medical benefits
- The appointment environment varied from a soundproofed room to 'cupboard under stairs'
- Some reported a friendly service but a lack of lack of clinical explanation, lack of useful information/signposting to support

*'You miss out on so much – like jokes!'*

*'I have stopped going to family occasions - birthday parties, family meals as it just gets too much for me, everything is a jumble.'*

*'I was accused of being rude or ignorant when I couldn't hear what someone was trying to say ...'*

Wakefield Adult Hearing Loss service users, Jan 2019

### **Provider engagement, February 2019:**

We met with current and potential providers to discuss a new pathway, and feedback key issues from service users to flag where improvements in quality will be expected. They also identified need for a better understanding of local support, in particular in reference to mental health services.

Service redesign has an opportunity to address issues raised that potentially impact across a number of protected characteristics. Specific examples are set out below:

- Given that **older people** may experience more pronounced difficulty in travel, we expected provision to continue in locations across the district. This is also important for **carers** who may accompany service users, or who may wish to access the service themselves and would prefer a location closer to home. Home visits were also in scope for some service users.
- We expected improved support and signposting for those recently diagnosed, to boost confidence and reduce **social isolation and depression** associated with hearing loss - which has wider impacts on lifestyle and employment.
- A renewed emphasis on co-producing personal care plans, created with service users straight after the hearing assessment would help to improve the service across **all characteristics**.
- Timely diagnosis is clearly important given potential links to **dementia**, and we drafted into the new pathway less need to go back to a GP and a smoother journey for patients who need further investigations, or a different form of hearing intervention.
- We would ensure that providers have facilities suitable for **people with disability** other than hearing loss who may wish to access the service, especially bearing in mind the older population who use this service.

- One provider of this service (a hospital Trust) has a dedicated **learning disability liaison** team. They aim to ensure that all patients with a learning disability receive good quality care at the same level as all non-disabled patients. There was scope to encourage other providers to learn from this expertise so that the service actively meets the specific needs of people with a learning disability.
- We would be clear with providers about monitoring requirements and ensure that **ethnicity** of service users is captured so that we can review this in future.
- We would ensure that equality monitoring takes place across all protected characteristics and that this is reported to the CCG on a regular basis.
- We would expect providers to consider timings and days of clinics, being mindful of **religious preferences** of service users.
- We also acknowledged the need to ensure that providers have undertaken **LGBT+** awareness training.

Walking the patient journey with providers...

- *40 year old man, concerned after told by family and friends he is shouting*
- *74 year old woman, finding callers hard to hear on the phone; history of wax*
- *88 year old man has a 10 year old aid that he avoids using; complex health needs*

Presented to providers to support discussions as part of the Wakefield Adult Hearing Service Provider Engagement, Jan 2019

### ***What decision has been taken based on the feedback?***

Following the review, revisions were proposed to the specification for the service. This was in direct response to patient and provider feedback. Improvements included to:

- place emphasis on agreeing a personal care plan with the patient and ensuring they are signposted to additional resources in the community for support;
- avoid unnecessary referrals back to GPs with a smoother pathway (ie. during pathway if changes to hearing, and at end of pathway);
- enable providers to refer patients onwards to the right place in a timely way to improve outcomes and in some circumstances prevent more costly treatment at a later stage;
- address anomalies and confusion in relation to the current two tariff payment system by simplifying the structure;
- introduce outcome measures for better monitoring of quality;
- require regular reporting of meaningful data and regular dialogue between CCG and providers;
- expect collaboration with a range of partners to improve care for patients and their carers, as well as benefits to the local healthcare system;
- signpost patients for support and give patient information around assistive listening devices
- improve standards for the testing room environment; and

- strengthen Equality and Diversity requirements to benefit a number of protected characteristics (as shown in the IIA).