

**Consultation on a future model for the referral and provision of NHS hearing aids for  
adults with mild hearing loss**

**Dates to be confirmed 2017**

**This 13 week consultation is to gather feedback on proposals to stop routinely  
funding provision of NHS hearing aids for adults with mild hearing loss**

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**Version 14 amended 8.3.17 SL**

**FINAL FORMATTING AND PAGE NUMBERS TO BE COMPLETED ON APPROVED  
SIGNED OFF VERSION**

This consultation is aimed at patients registered at GP practices within Cambridgeshire and Peterborough Clinical Commissioning Group's area.

This document is available in other languages and formats on request.

To request alternative formats, or if you require the services of an interpreter, please contact us on:

- 01223 725304
- [capccg.contact@nhs.net](mailto:capccg.contact@nhs.net)

Pokud byste požadovali informace v jiném jazyce nebo formátu, kontaktujte nás

જો તમને માહિતી બીજી ભાષા અથવા રચનામાં જોઈતી હોય તો, કૃપા કરી અમને વિનંતી કરો.

Se desiderate ricevere informazioni in un'altra lingua o in un altro formato, siete pregati di chiedere.

Jei norėtumėte gauti informaciją kita kalba ar formatu, kreipkitės į mus.

Jeżeli chcieliby Państwo uzyskać informacje w innym języku lub w innym formacie, prosimy dać nam znać.

Se deseja obter informação noutro idioma ou formato, diga-nos.

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## **The consultation process**

You can give your views in a number of ways:

- Fill in the questionnaire found online on the CCG's website at [www.cambridgeshireandpeterboroughccg.nhs.uk/have\\_your\\_say](http://www.cambridgeshireandpeterboroughccg.nhs.uk/have_your_say)
- Fill in the paper copy of the questionnaire in this consultation document and send it FREEPOST to Freepost Plus RSCR-GSGK-XSHK, Cambridgeshire and Peterborough CCG, Lockton House, Clarendon Road, Cambridge CB2 8FH. You do not need a stamp.
- Telephone the Communications and Engagement Team on 01223 725304.
- If you belong to a group or organisation, you can invite us along to one of your meetings by contacting the Communications and Engagement Team on 01223 725304 or [capccg.contact@nhs.net](mailto:capccg.contact@nhs.net)

## **Who we are and what we do**

Cambridgeshire and Peterborough Clinical Commissioning Group (the CCG) is a statutory body set up to commission health services on behalf of patients registered at a GP practice in our area. The CCG and GP member practices work together collaboratively to fulfil the purpose of the CCG. The CCG's Constitution sets out how the organisation is governed and how commissioning decisions are made.

The CCG is a membership organisation. We are one of the largest CCGs in England, by patient population. We have 105 GP practices as members, which cover all GP practices in Cambridgeshire and Peterborough as well as three practices in North Hertfordshire (Royston) and two in Northamptonshire (Oundle and Wansford).

We have a patient population of approximately 940,000 which is diverse, ageing, and has significant inequalities. We manage a budget of around £1 billion to spend on healthcare for the whole population of this area, which is just over £1,000 per person.

## **What is this document about?**

The NHS receives a fixed budget to buy and provide health services for the local population. When commissioning (buying) health services we do so specifically for the health needs which have been identified locally for our population. We make decisions about which health services to purchase based on these identified needs.

Like many CCGs up and down the country, there is greater demand on our budget than we have the budget to spend.

The challenge faced by all organisations across the NHS is how to spend the available budget in ways that most benefit the health of the whole population and which deliver good value for money. Cambridgeshire and Peterborough CCG has been identified as one of England's 11 most financially challenged health economies.

It has a growing population, which is also an ageing population that is diverse and has significant inequalities. We have a limited budget and a growing demand for all types of healthcare services. The CCG has to evaluate every service that it commissions to see if it offers good quality, outcomes, and is good value for money, as well as whether it is an effective and equitable way of allocating our resources for the benefit of the whole population.

The proposal would save the CCG approximately 392,000 over each year if fully implemented.

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## The Proposal

Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) is proposing a new Clinical Policy to restrict provision of NHS hearing aids in adult patients with **mild** hearing impairment.

### It is important to note:

Provision of hearing aids for moderate or greater degrees of hearing loss **will** continue as **will all** hearing testing.

A number of clear exceptions have been proposed where people with mild hearing loss who are at greater than normal risk would still be provided with hearing aids based on clinical need. These are set out at pages 6/7 (**CHECK ON FINAL FORMATTED VERSION**)

### What is hearing loss?

The most common categories of hearing loss classifications are mild hearing loss, moderate hearing loss, severe hearing loss and profound hearing loss.

### What is the CCG proposing to change?

The CCG's proposal is to no longer fund hearing aids for patients with **mild** hearing loss.

There are groups of people who would be exempt from this proposal which is identified later in the document page 6/7 (**CHECK PAGE NUMBERS ON FINAL FORMATTED VERSION**)

### What is mild hearing loss?

Adult-onset hearing loss has been defined as 'Cases of adult onset hearing loss due to ageing or noise exposure'<sup>1</sup>. The World Health Organisation classification<sup>1</sup> is used within this policy as stated in the Commissioning Services for People with Hearing Loss: A Framework for Clinical Commissioning Groups. NHS England.

On average, the most quiet sounds that people can hear with their better ear are between 26 and 40 dB (dB decibels are described below) People who suffer from mild hearing loss have some difficulties keeping up with conversations, especially in noisy surroundings.

### Below are the definitions of the different levels of hearing loss.

**dB** = The **decibel** (abbreviated **dB**) it is the unit used to measure the intensity of a sound.

- **Normal hearing** (0-25 dB): at this level, hearing is within normal limits.
- **Mild hearing loss** (26-40 dB): mild hearing loss may cause inattention, difficulty suppressing background noise, and increased listening efforts. Patients with this degree of loss may not hear soft speech. Children may be fatigued after listening for long periods.

- **Moderate hearing loss** (41-55 dB): moderate hearing loss may affect language development, syntax and articulation, interaction with peers, and self-esteem. Patients with this degree of loss have trouble hearing some conversational speech.
- **Moderate-severe hearing loss** (56-70 dB): moderate-severe hearing loss may cause difficulty with speech and decreased speech intelligibility. Patients with this degree of loss do not hear most conversational-level speech.
- **Severe hearing loss** (71-90 dB): severe hearing loss may affect voice quality.
- **Profound hearing loss** (>90 dB): with profound hearing loss (deafness), speech and language deteriorate.

These are based on the average of the pure-tone hearing threshold levels at 250, 500, 1000, 2000 and 4000 Hz. Averages do not imply any particular configuration of hearing loss and do not exclude additional terms (eg profound high-frequency hearing loss) being used.

At present the testing and provision of hearing aids is available via NHS services to patients with **any** degree of hearing loss.

**The CCG will continue to fund hearing aids to people with moderate, severe or profound hearing loss. The proposed reduction in service is only the provision of the hearing aid, not the testing or other non-hearing aid assistance to patients with mild hearing loss.**

There are a number of conditions and circumstances where even mild hearing loss can have more significant effects. It is proposed that patients in these categories would not be expected to pay for hearing aids.

There is evidence to show health benefit for hearing aids in patients who are at risk of becoming isolated, depressed, having more falls, are more likely to lose their independence or are suspected or have a confirmed diagnosis of dementia so providing hearing aids at an early stage of hearing loss is best practice in this patient group. The evidence is reflected in the further documentation, which can be found on the CCG website at [www.cambridgeshireandpeterboroughccg.nhs.uk](http://www.cambridgeshireandpeterboroughccg.nhs.uk) or contact 01223 725304 for copies.

**The CCG is proposing to implement a new Clinical Policy that will result in:**

- the CCG routinely funding the provision of hearing aids for people with moderate or worse hearing loss
- **the CCG not routinely funding NHS provision of hearing aids for people with mild hearing loss with stated exceptions**
- the CCG will fund provision of NHS hearing aids where a patient's level of hearing loss does not meet the average loss of 40dB, but where the loss at high tones causes significant interference with hearing of speech. Funding will be considered based on clinical, audiometry (hearing test), and psychosocial factors on a case by case basis.

In cases where a patient meets the criteria (moderate or worse) hearing loss in both ears the patient would be eligible for two hearing aids, one for each ear. In case where a patient has mild hearing loss in one ear but moderate or above hearing loss in the other ear, they would only be eligible for a hearing aid to be used in the ear that has moderate or worse hearing loss.

**The following groups of people would be exempt from these proposals.**

We propose no restrictions on the provision of hearing aids for the following, even if their hearing loss is mild, as it has more significant consequences for these groups of people:

1. Patients under the age of 18
2. Patients with:
  - hearing loss since childhood
  - a high level of suspected or confirmed diagnosis of dementia
  - a learning disability
  - an auditory processing disorder
  - severe multiple sensory impairment
  - tinnitus
  - sudden onset hearing loss
  - multiple severe physical disabilities
  - elderly patients who are at risk of falls, isolation and depression due to the hearing problem
  - patients already receiving NHS hearing aids where replacement is required.

We are asking you to consider and feedback views on whether this service reduction is reasonable, fair, in the context of the CCG's plan to reduce overall expenditure to a sustainable level.

The CCG is looking to work with providers to improve the efficiency, effectiveness and equity of the service. It also looks at all services that it commissions to ensure fairness and balance and also that all treatments we pay for have good evidence that they are effective.

**How many people will be affected by these changes?**

During 2016 there were 12,509 hearing aids issued to patients registered at a GP practice in Cambridgeshire and Peterborough CCG's area. It is estimated that 20% of patients seen have mild hearing loss. If the policy was implemented it is estimated that 2,500 hearing aids would no longer be issued.

The CCG would also work to ensure that we have an equitable service across the Cambridgeshire and Peterborough CCG area.

The current service costs approximately £2.4 million and the implementation of the new Clinical Policy would make a potential saving of £392,000.

### **The case for change**

The CCG has finite resources to fund a whole range of health services and treatments. Patients are being requested to buy medicines for minor conditions over the counter from the pharmacy or supermarket, and we propose to ask people to provide their own hearing aids when mild hearing loss is diagnosed.

### **Please Note**

The Impact Assessments can be found on the CCG website at [www.cambridgeshireandpeterboroughccg.nhs.uk](http://www.cambridgeshireandpeterboroughccg.nhs.uk). These are reviewed following the end of consultation.



# Why we consult

## Legal requirements

This consultation document has been drawn up in accordance with the following legal requirements and guidance:

### **Cabinet Office Consultation Principles July 2012**

This guidance sets out the principles that Government departments and other public bodies should adopt for engaging stakeholders when developing policy and legislation. It replaces the Code of Practice on Consultation issued in July 2008. The governing principle is proportionality of the type and scale of consultation to the potential impacts of the proposal or decision being taken, and thought should be given to achieving real engagement rather than merely following bureaucratic process. Consultation forms part of wider engagement and decisions on whether and how to consult should in part depend on the wider scheme of engagement.

Policy makers should bear in mind the Civil Service Reform principles of open policy making throughout the process and not just at set points of consultation, and should use real discussion with affected parties and experts as well as the expertise of civil service learning to make well informed decisions. Modern communications technologies enable policy makers to engage in such discussions more quickly and in a more targeted way than before, and mean that the traditional written consultation is not always the best way of getting those who know most and care most about a particular issue to engage in fruitful dialogue.

The full consultation principles document can be accessed via the Cabinet Office website at:

<https://www.gov.uk/government/publications/consultation-principles-guidance>

### **Section 14Z2 Health and Social Care Act 2012**

14Z2 Public involvement and consultation by clinical commissioning groups

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

- (a) in the planning of the commissioning arrangements by the group,
- (b) in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the

proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

(3) The clinical commissioning group must include in its constitution:

(a) a description of the arrangements made by it under subsection (2), and

(b) a statement of the principles which it will follow in implementing those arrangements.

(4) The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.

(5) A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).

(6) The reference in subsection (2) (b) to the delivery of services is a reference to their delivery at the point when they are received by users.

For more on the Section 14Z2 Health and Social Care Act 2012 see <http://www.legislation.gov.uk/ukpga/2012/7/section/26/enacted>

### **Criteria for Significant Service Change**

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

### **CCG Constitution Section 5.2**

5.2. General Duties - in discharging its functions the NHS C& P CCG will:

5.2.1. Make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements by:

a) ensuring that individuals to whom the services are being or may be provided are involved:

- (i) in the planning of the CCG's commissioning arrangements;
- (ii) in the development and consideration of the proposals by the CCG for changes in commission arrangements;
- (iii) in the decisions of the CCG affecting the operation of commissioning arrangements, where the decisions would, if made, impact on the manner in which the services are delivered to the individuals or the range of health services available to them;

b) in order to understand the views of patients and the public and to disseminate relevant information to them, establishing and working closely with:

- (i) a Patient Reference Group which is constituted as a subcommittee of the Governing Body in accordance with this Constitution;
- (ii) Local Commissioning Groups which are constituted as subcommittees of the Governing Body in accordance with this Constitution;
- (iii) the Patient Safety and Quality Committee which is constituted as a subcommittee of the Governing Body and considers patient experience, complaints and feedback;
- (iv) Patient Participation Groups which will seek the views of local populations and assist with the dissemination of information, and representatives of which will sit on each Local Commissioning Group's patient forum;

c) in order to understand the views of patients and the public and to disseminate relevant information to them, ensuring regular liaison and the development of close working relationships with each of the following bodies:

- (i) Patient Forums, which are intended to give individuals the opportunity to raise questions or concerns about the provision of healthcare services at the wider county level;
- (ii) Healthwatch, which gathers views of local people on local health services;
- (iii) Health Overview and Scrutiny Committees which review the planning, commissioning and delivery of health services;
- (iv) Health and Wellbeing Boards, each of which is a group of key leaders representing health and care organisations who work together to understand what their local communities need from health and care services and to agree priorities;

d) publishing a Communications Membership and Engagement Strategy, approved by its Governing Body and regularly revised to take into account any new guidance published by NHS England, which will be designed to ensure that the CCG involves patients and the public by a range of means that are suitable to different aspects of its commissioning arrangements, those means to include as appropriate:

- (i) the publication of documents to disseminate relevant information about the commissioning arrangements;
- (ii) regular attendance at key meetings, forums and events for the purpose of listening to the views of patients and the public, providing information about and explaining actions being taken or considered by the CCG, and answering questions;
- (iii) the dissemination of information by means of the CCG website, emails, newsletters targeted at specific groups, media campaigns, advertising, and targeted engagement events;
- (iv) the provision of an opportunity for patients and the public to make their views known via the CCG website, emails and other suitable means;
- (v) the publication of consultation documents in relation to certain planning and commissioning activities, and the creation of specific engagement opportunities such as the use of public surveys and feedback forms;

e) in the implementation of the arrangements described above, acting consistently with the following principles:

- (i) ensuring that appropriate time is allowed for the planning of activities and commissioning arrangements;
- (ii) proactively seeking engagement with the communities which experience the greatest health inequalities and poorest health outcomes;
- (iii) commencing patient and public involvement as early as possible and allowing appropriate time for it;
- (iv) using plain language, and sharing information as openly as is reasonably practicable;
- (v) treating with equality and respect all patients and members of the public who wish to express views;
- (vi) carefully listening to, considering and having due regard to all such views;
- (vii) providing clear feedback on the results of patient and public involvement.

You can read more about the CCG's duties to engage and consult in section 5.2 of the CCG's Constitution

<http://extranet.cambridgeshireandpeterboroughccg.nhs.uk/easysiteweb/getresource.axd?assetid=4360&type=0&servicetype=1>

## **NHS Accessible Information Standards.**

The NHS Accessible Information Standards ensure clearer health and care information for disabled people and their carers.

The Accessible Information Standard aims to ensure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with services. Examples of the types of support that might be required include large print, plain text copy on websites, braille or using a British Sign Language (BSL) interpreter.

All organisations that provide NHS care or adult social care are required to follow the new standard, including NHS Trusts and Foundation Trusts, and GP practices. As part of the accessible information standard, NHS organisations must do five things:

- Ask people if they have any information or communication needs, and find out how to meet their needs.
- Record those needs clearly and in a set way.
- Highlight or 'flag' the person's file or notes so it is clear that they have information or communication needs and how those needs should be met.
- Share information about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
- Take steps to ensure that people receive information which they can access and understand, and receive communication support if they need it.

The Accessible Information Standard came into effect in July 2016.

## The questionnaire

1. Do you understand why the CCG has proposed to restrict provision of NHS hearing aids to adult patients with mild hearing impairment, with the exceptions outlined within the consultation document?

**The following groups of people would be exempt from these proposals.**

We propose no restrictions on the provision of hearing aids for the following, even if their hearing loss is mild, as it has more significant consequences for these groups of people:

1. Patients under the age of 18
2. Patients with:
  - hearing loss since childhood
  - a high level of suspected or confirmed diagnosis of dementia
  - a learning disability
  - an auditory processing disorder
  - severe multiple sensory impairment
  - tinnitus
  - sudden onset hearing loss
  - multiple severe physical disabilities
  - elderly patients who are at risk of falls, isolation and depression due to the hearing problem
  - patients already receiving NHS hearing aids where replacement is required.

Yes ☐ No ☐ Undecided ☐ I need more information ☐

Comment

2. Do you agree with the proposal to restrict provision of NHS hearing aids to adult patients with mild hearing impairment, with the exceptions outlined below.

**The following groups of people would be exempt from these proposals.**

We propose no restrictions on the provision of hearing aids for the following, even if their hearing loss is mild, as it has more significant consequences for these groups of people:

1. Patients under the age of 18
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  - an auditory processing disorder
  - severe multiple sensory impairment
  - tinnitus
  - sudden onset hearing loss
  - multiple severe physical disabilities

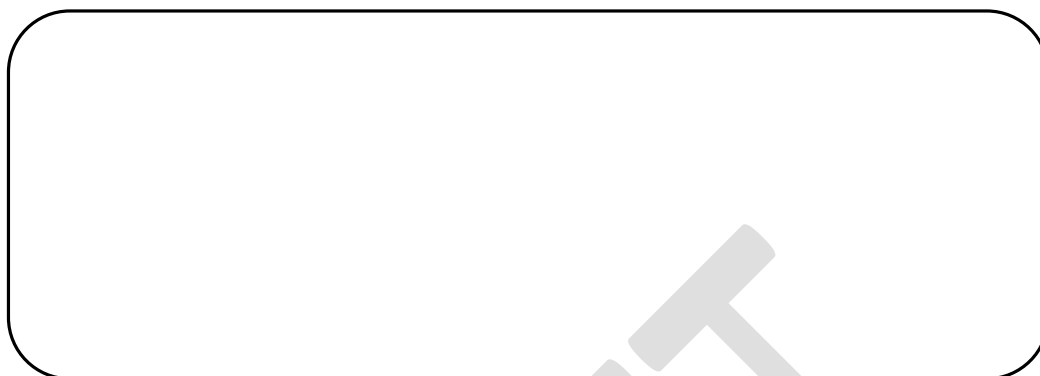
- elderly patients who are at risk of falls, isolation and depression due to the hearing problem
- patients already receiving NHS hearing aids where replacement is required.

Yes ☐

No ☐

Undecided ☐

Comment



3. Are there any other comments you would like to make in relation to the proposal outlined in this consultation document?



Finally, to understand who has given their views, we would like to collect some details.

Any information provided in this section will only be used by Cambridgeshire and Peterborough Clinical Commissioning Group for the purpose of understanding who has responded to this consultation.

Can you tell us which of the following age bands you belong to?

<input type="checkbox"/>	16-29 years	<input type="checkbox"/>	30-44 years	<input type="checkbox"/>	45-59 years	<input type="checkbox"/>	60-74 years	<input type="checkbox"/>	75+ years
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How would you describe your gender?

How would you describe your ethnic background?

Do you consider yourself to have any disabilities and/or impairments?

Yes ☐ No ☐ Prefer not to answer ☐

Finally, please could you tell us the first part of your postcode?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Thank you for taking the time to complete this questionnaire.

**The closing date for receipt of responses to this consultation is 5pm on **Date to be confirmed.****



## Your feedback

You can send your feedback to us in many different ways:

- By filling in the online survey  
<http://www.cambridgeshireandpeterboroughccg.nhs.uk/have-your-say/>
- By filling in the survey attached to this document and returning it to:  
Freepost Plus RSCR-GSGK-XSHK  
Engagement Team  
Cambridgeshire and Peterborough Clinical Commissioning Group  
Lockton House  
Clarendon Road  
Cambridge  
CB2 8FH
- or email your completed survey to: [capccg.contact@nhs.net](mailto:capccg.contact@nhs.net)

You can also:

- write to us with your views (at the address above)
- phone us on 01223 725304
- email us your views to [capccg.contact@nhs.net](mailto:capccg.contact@nhs.net)
- attend the planned meeting to tell us what you think.

Through this public consultation your views will be fed into the development of the final proposal. All of the feedback received from all of the responses to this consultation will be collated into a report for the CCG's Governing Body to consider before it makes any decisions on the future of these services.

**The closing date for receipt of responses to this consultation **Date to be confirmed 2017.****