Putting patients first

NHS
Stoke-on-Trent
Clinical Commissioning Group

Commissioning Policy

Hearing Aids for people with mild to moderate Adult-Onset Hearing Loss

Version 1.1

April 2016

Name of Responsible Board / Committee for Ratification:	Joint Planning Committee
Date Issued:	1st April 2016
Review Date:	30th September 2016

VERSION CONTROL

Version Number	Date	Outline of amendments
1.1	24/02/2016	Policy developed

1. Treatment	Supply and fit digital signal processing hearing aid
2. For the treatment of	Mild to moderate adult-onset hearing loss
3. Background	**3.1 Definition** The definition of adult-onset hearing loss is taken from the WHO document 'Global Burden of Hearing Loss' where this is defined as 'Cases of adult onset hearing loss due to ageing or noise exposure. Excludes hearing loss due to congenital causes, infectious diseases, other diseases or injury'. **3.2 Classification of hearing loss** There are different classifications of hearing loss, and as the main systematic evidence review was undertaken by the American Academy of Audiology, the American classification is used within this policy; 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 (e.g. profound high-frequency hearing loss) being used. (British Society of Audiology: Recommended Procedure. Pure-tone air-conduction and bone-conduction threshold audiometry with and without masking. 2011.)
4. Scope	4.1 The purpose of this policy is to outline eligibility criteria for NHS funded hearing aids for patients with adult-onset hearing loss with loss <56dB. 4.2 This policy relates to non-complex audiology only. 4.3 This policy does not include occupational hearing loss nor its related legal processes
5. Commissioning Position	**5.1 Commissioned Services**

	Providers of adult hearing services shall deliver the service in line with the contracted service specification **5.2 Eligibility Criteria** 5.2.1 Please see appendix 1 for the referral pathway through Primary Care and Audiology (developed using the Department of Health, Transforming Adult Hearing Services for Patients with Hearing Difficulty: A Good Practice Guide 2007) 5.2.2 Stoke-on-Trent CCG shall routinely fund the provision of hearing aids in patients diagnosed with a hearing loss (<25db) following an audiogram conducted by an audiologist.

Appendix 1: Patient Pathway

Primary Care

GP to check for Contra-indications*

Persistent pain affecting either ear (defined as earache lasting more than 7 days in the past 90 days before appointment);
History of discharge other than wax from either ear within the last 90 days
Sudden loss or sudden deterioration of hearing (sudden=within 1 week, in which case send to A&E or Urgent Care ENT clinic)
Rapid loss or rapid deterioration of hearing (rapid=90 days or less)
Fluctuating hearing loss, other than associated with colds
Unilateral or asymmetrical, or pulsatile or distressing tinnitus lasting more than 5 minutes at a time
Troublesome, tinnitus which may lead to sleep disturbance or be associated with symptoms of anxiety or depression
Abnormal auditory perceptions (dysacuses)
Vertigo
Normal peripheral hearing but with abnormal difficulty hearing in noisy backgrounds; possibly having problems with sound localization, or difficulty following complex auditory directions.

*British Academy of Audiology: Guidelines for Referral to Audiology of Adults with Hearing Difficulty (2009)

→ Consider alternative management before referring for hearing aids if any contra-indications are identified on examination

Complete ear examination (otoscopy) to identify;

- Active discharge or drainage from ear
- Pain or bleeding from ear
- Pus or blood in the ear canal
- Trauma to ear canal
- Foreign body in ear canal
- Ear wax plug

→ Wax removal and aural hygiene. If no occlusion identified and ear drum is visibly healthy – refer patient to audiology.

Audiology

Audiologist to complete audiometry

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Hearing loss above 25 db – complete clinical interview to assess hearing and communication needs and expectations. To include completion of agreed outcome tool

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Proceed to fitting where hearing aids are expected to be beneficial and the patient wishes to accept provision of hearing aids

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Should the patient opt for private hearing aids, the patient shall be discharged from the NHS pathway and begin their commercial pathway.