



Commissioning Policy

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

Version 1.6

April 2016

Name of Responsible Board / Committee for Ratification:	North Staffordshire Clinical Commissioning Group Governing Board
Date Issued:	1 st April 2016
Review Date:	30 th September 2016

VERSION CONTROL

Version Number	Date	Outline of amendments
1.1	04/02/2015	Policy developed following engagement exercise and input from an independent review group which included external advice from an audiology provider and a patient representative.
1.2	16/02/2015	Policy amended following appraisal of assessment tools by Public Health.
1.3	23/02/2015	Policy amended to include input from the Commissioning, Finance and Performance Committee and practicing audiologists.
1.4	09/04/2015	Section numbering amended
1.4	09/04/2015	Section 4.1 amended to read <56dB (less than) as opposed to >56db (more than)
1.4	09/04/2015	Section 5.2.2 amended to read <41dB (less than) as opposed to >41dB (more than)
1.5	26/08/2015	Reference added for the HHIE-S
1.6	24/02/2016	Review date amended in line with request from Healthy Staffordshire Select Committee

1. Treatment	Supply and fit digital signal processing hearing aid
2. For the treatment of	Mild to moderate adult-onset hearing loss
3. Background	<p>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'.</p> <p>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;</p> <p>Normal hearing (0-25 dB): At this level, hearing is within normal limits.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Severe hearing loss (71-90 dB): Severe hearing loss may affect voice quality.</p> <p>Profound hearing loss (>90 dB): With profound hearing loss (deafness), speech and language deteriorate.</p> <p>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.)</p>
4. Scope	<p>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.</p> <p>4.2 This policy relates to non-complex audiology only. The following exclusions apply;</p> <ul style="list-style-type: none"> • Patients under the age of 18 • Patients with hearing loss since childhood • Patients with a confirmed diagnosis of dementia • Patients with learning disability • Patients with auditory processing disorder • Patients with severe multiple sensory disability

	<ul style="list-style-type: none"> • Patients with tinnitus • Sudden onset hearing loss • Multiple severe physical disabilities (see appendix 1 for further definitions) <p>4.3 This policy does not include occupational hearing loss nor its related legal processes</p>
<p>5. Commissioning Position</p>	<p>5.1 Commissioned Services</p> <p>Providers of adult hearing services will deliver the service in line with the contracted service specification</p> <p>5.2 Eligibility Criteria</p> <p>5.2.1 Please see appendix 2 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)</p> <p>5.2.2 North Staffordshire CCG will routinely fund the provision of hearing aids in the following circumstances;</p> <ul style="list-style-type: none"> • Hearing loss diagnosed as moderate (41-55db); <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> • A functional impact score above the commissioned threshold using the HHIE-S score i.e.>24 (see appendix 3) <p>5.2.3 North Staffordshire CCG will not routinely fund the provision of hearing aids in patients who are diagnosed with a mild hearing loss (<41db) following an audiogram conducted by an audiologist.</p>

Appendix 1: Definitions

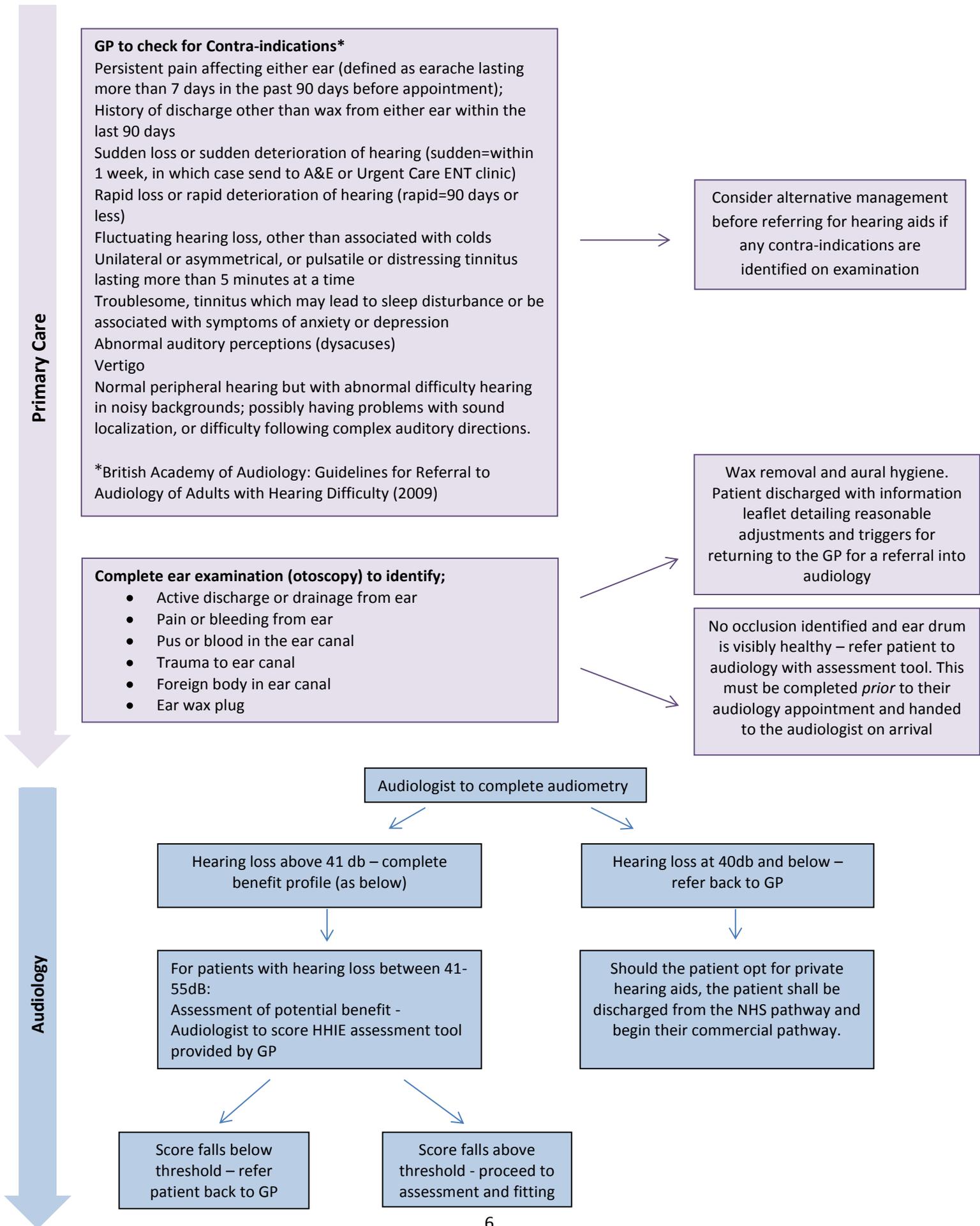
Severe multiple sensory disability

A sensory impairment can be anything that affects the five main senses, however the most common are hearing and visual impairments. People with multi-sensory impairment (MSI) have impairments of both sight and hearing. Severe MSI encompasses visual loss (including blindness and partial sight i.e. having a diagnosed visual impairment with at least "low vision" diagnosed in the better eye) and hearing loss. A person with low vision is one who has impairment of visual functioning even after treatment and/or standard refractive correction, and has a visual acuity of less than 6/18 to light perception, or a visual field of less than 10 degree from the point of fixation, but who uses, or is potentially able to use, vision for planning and/or execution of a task.

Multiple severe physical disabilities

An individual with a multiple severe physical disabilities will have a severe physical impairment which seriously limits one or more functional capacities and whose need for rehabilitation can be expected to require multiple rehabilitation services over an extended period of time; and who has more than one such physical disability. The physical impairment will be so severe that activities of daily living cannot be achieved without assistance

Appendix 2: Patient Pathway



Appendix 3: Hearing Handicap Inventory for the Elderly - Short Version (HHIE-S)¹²

Instructions: Please tick “yes,” “no,” or “sometimes” in response to each of the following items. Do not skip a question if you avoid a situation because of a hearing problem. If you use a hearing aid, please answer the way you hear without the aid.

	Item	Yes	sometimes	never
E	Does a hearing problem cause you to feel embarrassed when meeting new people?			
E	Does a hearing problem cause you to feel frustrated when talking to members of your family?			
S	Do you have difficulty hearing when someone speaks in a whisper?			
E	Do you feel handicapped by a hearing problem?			
S	Does a hearing problem cause you difficulty when visiting friends, relatives, or neighbours?			
S	Does a hearing problem cause you to attend social or community events less often than you would like?			
E	Does a hearing problem cause you to have arguments with family members?			
S	Does a hearing problem cause you difficulty when listening to TV or radio?			
E	Do you feel that any difficulty with your hearing limits or hampers your personal or social life?			
S	Does a hearing problem cause you difficulty when in a restaurant with relatives or friends?			
	TOTAL SCORE (sum of the points assigned to each of the items)			

‘Yes’ column scores 4 pts

‘sometimes’ scores 2pts

‘never’ scores 0pts

0-8 suggests no hearing handicap

10-24 suggests mild-moderate hearing handicap

25-40 suggests significant hearing handicap

¹ Ventry, I.M., & Weinstein, B.E. (1983). Identification of elderly people with hearing problems. ASHA, 25, 37-42. Copyright 1983 by American Speech-Language-Hearing Association

² Demers, K. Hearing Screening in Older Adults (2013)The Hartford Institute for Geriatric Nursing, New York University, College of Nursing