Programme Update

On 7 February 2003 Alan Milburn, the Secretary of State for Health, announced that £94 million would be made available to complete the modernisation of NHS Hearing Aid services throughout England.

Following this exciting news, the RNID MHAS Programme Team invited all audiology departments that were not already part of the programme to participate, either in 2003/2004 or 2004/2005. The expectation is that all departments will be modernised by March 2005.

We are working with 70 hospital departments during this year, and are in the process of visiting the selected hospitals. Training began in early June and continues after the summer break.

We have already received a number of applications from sites wishing to participate in the programme during 2004/2005 and we will be contacting these hospitals in due course. One of our next tasks is to contact those departments that have not yet been modernised and have not applied to take part, to encourage them to take advantage of the modernisation programme.

Welcome to the summer edition of the MHAS newsletter. And a particular welcome to the 70 new audiology departments that have joined the MHAS programme this year. From Dudley to Durham, from Liverpool to Luton, and from Stockport to Surrey, the MHAS programme team is busy visiting hospitals and helping audiologists to start the modernisation programme.

So far the audiology departments already modernised have issued over 98,000 aids and fitted over 63,000 patients. With the expansion of the MHAS programme following the Government’s investment of £94 million, we hope to see the remaining audiology departments modernised within the next two years.

A full list of sites within the programme can be found on our website, www.mhas.info

Helen Liles
Head of MHAS programme
First wave evaluation

In December 2002, the Institute of Hearing Research hosted a meeting at the Ear Foundation, Nottingham, to evaluate the challenges involved in the first wave of MHAS. About half the participating services were represented, and this was a remarkable consensus about most matters. Many of the points raised have now been taken on board by the programme team at RNID, and the necessary changes implemented. Unfortunately, some of the second wave sites also had to learn the hard way. Our initial implementation of new IT systems posed the biggest problem. Introduction of the Patient Management System (PMS) is a large project in itself, and also felt that a staged approach, with bite-sized chunks, would work best. The order in which sites implemented these changes would be governed by the existing structure, while the rate of change could be determined by how well things were working. It was important for departments and their IT services to introduce IT in a staggered way that once they had ‘gotten live’, they would be highly dependent on the PMS for the smooth running of the service. However, PMSs do put audit services at the vanguard of the Electronic Patient Record, and at least one first wave site is now involved in their Trust’s overall IT strategy, as a result of this. One significant criticism seemed to be the lack of a national strategy – many Trusts had different policies regarding, for example, remote access.

Another strategic problem was the incompatibility of systems, which had been a major source of frustration. It is pleasing to be able to report that a number of the manufacturers are now co-operating to try to ensure that these problems do not recur.

There was a great deal of support for the Gloucester Hearing Aid Benefit Profile. Despite the time it takes, most departments are pleased to know the percentage of patients who would like more support in being able to use an individual’s results to design their hearing aids. This was not a plea to be shown some interim results of QHAB data, which were overwhelmingly positive. Everyone is now aware of the formal evaluation of both the adult and children’s branches of the programme with balance.

To end, the really encouraging part was how positive everyone felt about MHAS. Although there has been problems, particularly with both IT and waiting times, none of the auditors considered the changes for a moment. To have gone from fitting simple analogue aids, adjusted with considerable skill, to complex digital systems, digital aids, fitted with pride, and based on evidence, and with the outcome measures, has been a huge leap, and the benefits that patients gain every day make it all worthwhile.

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Meet the programme team

Claire began her career at the Department of Health (DH) as a DH-funded programme investigating care and waiting times. Since April 2002, Claire has been with the DH in the Community Care and Access to Audiology role, being responsible for the implementation, evaluation and reporting in the baseline work of MHAS. Claire has since held management roles in both adult and children’s services, and currently manages the MHAS programme, ensuring accurate funding and budget adherence.

Alex worked in Japan and South Korea managing and planning a work project management at a large electronics company. He then worked in the private sector, before returning to the DH. Alex has a management role within the MHAS programme team, and is responsible for the implementation, evaluation and reporting in the baseline work of MHAS.

Phil qualified as an audiologist in 1988 and has worked in both the NHS and private sector. He joined the MHAS programme team, and is responsible for the implementation, evaluation and reporting in the baseline work of MHAS.

Taki received training at St John’s College and the South African Institute for the Blind in the UK, before moving into management roles within the government. He is now the General Manager of the MHAS programme team, and is responsible for the implementation, evaluation and reporting in the baseline work of MHAS.

Orla was employed as an audiologist in both the NHS and private sector. On moving into the UK, she was selected for a leadership role in one of the five teams involved in the MHAS programme. Orla also works on media development and campaigning work.

Pascale is the MHAS training coordinator and can be contacted on 0161 274 8159 or pascale.acquah@rnid.org.uk

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Training schedule

July
1-9 Children’s practical training
Manchester
20-28 Children’s practical training
Nottingham
September
1-9 Children’s practical training
Manchester
10-17 Children’s practical training
Nottingham
29-30 Children’s practical training
Manchester
October
3-11 Adult practical training
Nottingham
6-8 Adult practical training
Manchester
13-21 Adult practical training
Nottingham
November
20-22 Children’s practical training
Manchester
24-25 Adult practical training
Nottingham
December
6-8 Adult practical training
Manchester
13-15 Adult practical training
Manchester
12-14 Children’s practical training
Manchester
15-16 Children’s practical training
Manchester

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First wave experience highlighted the importance of good communication and links between health and education services. The training reinforces this by asking that staff from both teams attend the full hands-on training. One Teacher of the Deaf summed up the course saying ‘it was excellent overall and will make the information we receive from clinics and hospitals much more meaningful’. The hands-on-training experience was invaluable and it is essential that the key concepts from the generic training have been absorbed.

Children’s sites will be offered an additional one-day of on-site training to cover topics negotiated with cascade team leaders.

**PASCAL Acquah is the MHAS training coordinator and can be contacted on 0161 274 8159 or pascale.acquah@rnid.org.uk**

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**Helen Lilley** heads the programme team, and is supported by a team of programme managers: Claire Evans, Alex Gordon, Phil Kennedy, Tali Mendelson and Orla Murphy. Pascal Acquah is the MHAS training co-ordinator.

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**Point of view**

We asked Nicola Howells, an audiological scientist at King Edward VII Hospital, Windsor, about her experience of MHAS. Windsor, a first wave site, provides a joint adult and children’s service, although Nicola specialises in paediatric audiology.

**What, in your view, is the best thing about providing a modernised hearing aid service?**
Being able to deliver a service that really has the child at the centre. The sort of service I would want for my own children and something we can be really proud of.

**What was the hardest part of the changes for you?**
There was, and still is, so much to learn. It is a totally new way of working with new technology and you tend to be trained one day and doing it in clinic the next. A bit scary sometimes!

**How do you think long-term hearing aid users adapt to digital aids?**
Several of the children have said they are too quiet at first but once they and their families get used to it, they like them.

**What would you do next to improve your hearing aid service?**
We have already rescheduled some clinics to take more children and are currently offering evening clinics, as a way to manage waiting times. We would also like to be more flexible with our paediatric appointments and develop access to a range of communication options for our newly identified babies.

**What advice would you offer to sites participating in the third and fourth waves of MHAS?**
Go for it! It’s definitely a challenge but an exciting and rewarding one for all concerned.

**Is there anything you would like to add?**
I don’t think there is any doubt that the future is digital but at the moment hearing aids are not necessarily going to be better for every child just because they are digital. It is important to remember that they are still an aid to hearing and not a cure for hearing impairment. Therefore expectations have to be realistic and some children still prefer their old analogue aids.

What is happening to modernise audiology services in other UK countries?

### Northern Ireland

In December 2002, £1 million funding was announced to equip and train audiology staff and to supply departments with digital hearing aids so that they can begin to provide these to patients from September 2003.

### Scotland

The Scottish Executive is providing £8 million over four years (on top of previous £2.25 million for equipment upgrade). The programme will follow recommendations of a recent review (report available on the Public Health Institute of Scotland website www.phis.org.uk under ‘Special Projects’).

### Wales

The Welsh Assembly provided £2.25 million for staff training and upgrade of facilities throughout Wales. A further £1.7 million was made available from April 2002 for the purchase of modern technology hearing aids (including digital) and for additional staff. All departments are now delivering the new service.
As the programme expands, we are doing our best to improve the way we communicate with you.

February saw the launch of the new website, www.mhas.info which has information for patients, as well as resources for audiologists and other professionals working with hearing aid users within the NHS. An electronic version of this newsletter is available in the news section. If there is anything else you would like to see on the website, please send your comments via the online forms, so that we can consider your suggestions.

The new-style newsletter will be produced twice-yearly, with summer and winter issues. The next copy should hit your in-trays just after the Christmas break. We also plan to keep you informed through contributions to other relevant newsletters.

The RNID Information Line is available as a freephone resource for patients.

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<th>Telephone</th>
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<td>0808 808 0123</td>
<td>0808 808 9000</td>
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For information or queries on communications, please email Fiona Beckman, MHAS Communications Manager, on fiona.beckman@rnid.org.uk

For general MHAS enquiries, please use the contact form on the website, or telephone the programme office on 020 7296 8022

MHAS member sites should continue to direct all queries to their assigned programme manager.

Key diary dates 2003/04

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<tr>
<th>Date</th>
<th>Event Description</th>
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<tr>
<td>10 September 2003</td>
<td>AuditBase User Group meeting - RNTNE</td>
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<tr>
<td>1 November 2003</td>
<td>New hearing aid contract starts</td>
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<tr>
<td>14 January 2004</td>
<td>AuditBase User Group meeting - Merthyr Tydfil</td>
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<tr>
<td>10 March 2004</td>
<td>AuditBase User Group meeting - AGM GN Resound Oxford</td>
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User Group dates for Practice Navigator to be confirmed