

# First wave update

modernising NHS hearing aid services



## What's new?

**A** LOT HAS HAPPENED SINCE the summer edition of the Newsletter. We hope this bumper copy will bring you up to date with what's been happening. In this issue we highlight the first sites now fitting digital hearing aids. You can also read about the training events that have been held for departments to get them ready for modernisation. Then, as a follow-up from the last newsletter, we have more information for you on the hearing aids that were selected and how you can purchase them if you are set up to do so.

In order to prepare for rollout from March 2002 we thought it would be useful to give you information about the protocols being used across the departments. You can also find out more about the research evaluation part of the programme and the paediatric programme, which is under way.

We hope you find this newsletter a useful means of finding out what is going on and of sharing information with colleagues. At the end of the newsletter, as a reminder for those who want to contact us, we have enclosed our details so you can get in touch.

## First sites fitting digital hearing aids before Christmas



After all the planning and preparation work across the country the first digital hearing aids were successfully fitted in Bath and Winchester on Friday 29 September. Soon after, Cambridge, Birmingham and Shrewsbury also started fitting.

### In Winchester

One of the first patients to be fitted wrote saying how much the digital hearing aid has changed their life. Helen Martin, Head of Audiology at Winchester, said, "It was a very exciting day."

### In Bath

One patient who has been back for 'fine tuning' gave very promising comments. He reported being able to hear sounds that he couldn't hear with his analogue hearing aid. He now hears the sound of traffic

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## Newsflash: Money for audiology in Wales and Scotland

In February Jane Hutt AM, Minister for Health and Social Services, announced that £1.5million is being made available to modernise the audiology services and the quality of hearing aids in Wales. Mr Clive Sparkes has been seconded to support the changes within Audiology and Universal Neonatal Hearing Screening.

On 22 February Susan Deacon announced that NHS Scotland would receive an extra £10m for community care, including additional resources for hearing aids. This follows the production of good practice guidance for audiology departments, which will establish detailed policy and protocols covering fittings and services. A working group to consider a wide-ranging review of audiology services is also being set up to ensure that all patients with hearing difficulties – regardless of where they live – will receive the best possible service.

## A reminder of how to contact the project team

We have set up several channels to receive your comments and to deal with any queries.

Project e-mail address:  
**firstwave@rnid.org.uk**

Project telephone number:  
**020 7296 8022**



The Department of Health has set up a special project website, which you and members of the public can click on

**www.doh.gov.uk/hearingaidproject**  
and surf the modernisation information.

In addition, the interactive site for participating Trusts at [firstwave.org.uk](http://firstwave.org.uk) is up and running. Queries can be posted on the site and up-to-date policies retrieved.

There is also the RNID Information Line for all issues relating to deaf and hard of hearing people. The telephone number for this is  
**0808 808 0123.**

## Next issue of *First wave update*

We hope to bring you news on the following in the Spring issue:

- Digital fittings – a rural and inner city experience
- Responses from the first few NHS Trusts introducing digital aids
- First Paediatric site fittings
- Hints and tips for getting set up for rollout
- High-powered aids

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approaching from behind. In the past he had only heard the traffic when it was too close for comfort, whereas with the digital hearing aid he hears it approaching from a considerable distance. He has also heard the sound of indicators in his car, and curtains sliding along their runners for the first time. Andrew Reid, Head of Audiology at Bath, said: "Initial indications from the first fittings have been very positive and I am sure that the findings from this modernisation project will be very interesting."

## First Wave – getting ready



In order to help departments to modernise a lot of hard work has been under way. New equipment has been bought, patient management systems introduced and clinic schedules changed to accommodate the extra time spent with patients. A vital part of this preparation has involved the training of staff. During the latter part of last year training courses were held to train key staff about modernisation. These groups of staff then returned to their departments to cascade this learning. In addition, dedicated training on how to fit the new hearing aids took place on site.

### What did the training for modernisation involve?

Approximately three members of staff from each department attended a three-day residential training course in Nottingham.

### At Cambridge

The fittings gave rise to extensive local newspaper and radio coverage. The department at Addenbrooke's was also visited by the Health Minister, John Hutton, and RNID's Chief Executive James Strachan. Nigel Bligh, the Chief Audiologist who fitted the hearing aids, said: "My patient beamed with delight at how lucky she was to be one of the first to be fitted. Patients are very happy to be part of the project and are very impressed with the extra work we are doing with them."

### The Programme

#### Day One: Objectives and research methods

Introduction to Modernising Hearing Aid Services  
 Research methods and programme including consent and randomisation  
 Supplies administration

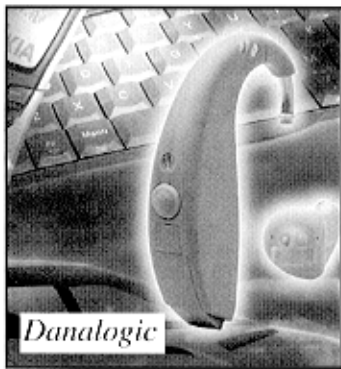
#### Day Two: Implementation – technology and procedures

Non-linear processing and digitalisation  
 Glasgow Hearing Aid Benefit Profile and practical interview  
 Pure tone audiometry  
 Pre-fitting and fitting counselling  
 New questionnaires  
 Real Ear Measurement rationale and practice

#### Day Three: Implementation – data management, planning and shared learning

Data management and IT overview  
 Patient administration issues  
 Hearing aid training – what to expect  
 My experience so far – a perspective from one department already fitting digital aids  
 Departments' presentations of their action plans

Although there was a lot to fit into three days, those that attended went home tired but brimming with information and enthusiasm. One course participant said: "Thanks for the training; the course was tiring but we now feel well set up and raring to go."



The BTE aids all have a dual microphone system that is switchable between directional and omnidirectional mode except for the DigiFocus, which has Adaptive Speech Alignment as an alternative technique to improve speech perception in noise.

As well as the above features, which were specified as 'essential', some of the aids have additional 'desirable' features. The Danalogic and 'Selectra' models have a digital signal processing algorithm for reduction of non-speech noise and the Gemini aids have user-adjustable volume override. All BTE models except Danalogic have direct audio input.

The specification also included detailed requirements for:

- Fitting software
- Repairs
- Compatibility
- Training capability
- Interfaces
- Guarantees
- Delivery times
- Support and Helpdesk

### Can other NHS Trusts order digital hearing aids from the contract?

As you will have seen from the section on training, much has taken place to introduce the changes that are needed to provide digital hearing aids to patients taking part in the project. In addition, the guidance in the summer from NICE indicated that this project would be important in informing the NHS about the move to a modern, IT-based service, including supplying digital aids.

Nevertheless, there will inevitably be instances where audiology departments have acquired the skills and equipment to supply and fit digital hearing aids to patients who

have particularly difficult hearing problems. In these instances, NHS Trusts will be able to purchase hearing aids under the modernising hearing aid services contract. As part of the project implementation, a short form has been developed to enable us to confirm that the training and procedures are in place to fit digital aids to patients. This can be obtained through the project office by phoning the project helpline number. We hope this won't be too onerous but do need to ensure that digital aids are supplied in line with the direction of the project and NHS policy.

### NICE guidance

You will know that health authorities have been funded to implement NICE guidance through their general allocations. So finance is available, through health authorities, to support the implementation of the recommendations made by NICE.

## And there's more going on...

### The paediatric programme

This has started in the last few months. In the next edition of the newsletter we will have a longer article on what is happening.

The paediatric programme aims to:

- introduce digital signal processing hearing aids into routine paediatric audiology services
- mesh this with ongoing modernisation
- conduct an evaluation of the costs and benefits of this introduction
- provide information with respect to the factors that might optimise the subsequent modernising of paediatric audiology services in other NHS Trusts.

There are 10 sites (ie NHS Trust paediatric audiology departments) that will be involved in the project. A list of these is available on the Department of Health website:

[www.doh.gov.uk/hearingaidproject](http://www.doh.gov.uk/hearingaidproject)

## More about the protocols...

### The patient journey and new protocols

The patient, not the hearing aid, is at the heart of the hearing aid fitting process. The Modernising Hearing Aid Services project is about improving the rehabilitation provided, which is at least as important as the introduction of new technology hearing aids. Spending more time with the patient is the key to successful hearing aid fitting, and it is in this area that the NHS usually falls down, owing to overstretched staff and inadequate resources.

In many departments initial assessment of the patient is done in a busy ENT clinic with most of the time taken up by audiometry. This may be followed by a short 30-minute fitting appointment, which is barely enough time to go through the basics, and often no follow-up at all. This is not an adequate service, and leads to the all too common 'aid in drawer' syndrome.

For the project we have designed a set of protocols and a new patient process based on best practice and discussion. In many cases, this represents about a doubling of the time that audiologists spend with patients, and the project has included funding for extra staff for this.

## More about the evaluation and research...

Modernisation should spring from a clear vision, informed by evidence, of what factors improve the quality of life of deaf and hard of hearing people. The evaluation and research component of the project aims to provide that evidence base, working with hearing aid services (and other members of the Modernising Hearing Aid Services (MHAS) team) to ensure evaluation always takes place so that we can continually fine-tune the service.

### Patient Process

#### 1. First assessment visit (60 minutes)

Questionnaire on medical history etc

Otoscopy

PTA (AC/BC)

(Tympanometry where indicated)

Information on project/consent

Glasgow Hearing Aid Benefit Profile (GHABP)  
Part 1

Motivation/attitude/expectation  
questionnaire

Pre-fitting counselling

Impressions, choice of venting/tubing

Written information for patients to take home

Enter data collected from patient

#### 2. Fitting (60 minutes)

Hearing aid set up according to  
manufacturer's instructions

Patient guidance

Modifying earmould/venting if necessary

Real Ear Measurement (REM) where  
consistent with manufacturer's instructions

Written information including structured  
programme

Assessing the need for Assistive Listening  
Devices (ALDs)

Enter data collected from patient

#### 3. Fine tune visit two weeks (30 minutes)

Fine tune the hearing aid based on patient's  
comments

#### 4. Follow-up three-month (30 minutes)

GHABP Part 1 and 2

REM

Fine tune if necessary

Liaison/appointment with hearing  
therapist/social services about ALDs.

*More information on the fitting protocols can  
be found on the Department of Health website:*

**[www.doh.gov.uk/hearingaidproject](http://www.doh.gov.uk/hearingaidproject)**

The MRC Institute of Hearing Research has been commissioned by the Department of Health to lead this study. Professor Adrian Davis, in collaboration with scientific colleagues at the Institute and at the University of York and with advice from UK and international experts on hearing aid evaluation, has developed the evaluation and research plan for the project.

Modernisation is not only about introducing new technology hearing aids. It is also about introducing more comprehensive assessment and fitting procedures and introducing a system for ongoing evaluation of services and improving IT systems.

The evaluation plan has to be robust in order to withstand scientific scrutiny and so patients will be asked to consent to fill out questionnaires on their satisfaction with the services and also with respect to their quality of life.

The overall scientific aims of the evaluation are to:

- establish the real benefits to patients of modernised hearing aid services
- estimate the components of the services that contribute to that benefit
- make recommendations for future development of services, including training.

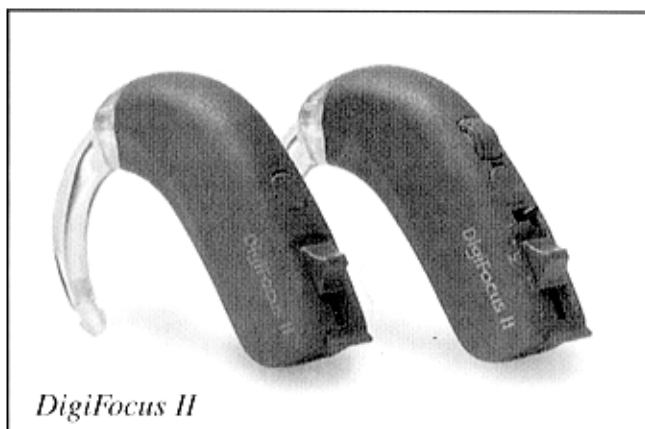
Three components of the technology will be examined in detail:

- provision of leading-edge digital hearing aids
- offering patients small in-the-ear hearing aids
- routinely offering patients two hearing aids rather than one.

Research audiologists are being appointed, one in most Trusts, to work on the evaluation aspects of the project. They are responsible for collecting baseline audiological and quality of life measures on patients already fitted with hearing aids. Throughout the study they will ensure that the right questionnaires get to the right patients at the right time and that data is collected. Four of the First Wave hearing aid services are designated as research sites: these are Cambridge, Bath, Nottingham and the Royal National Throat Nose and Ear Hospital in London.

They will additionally see a group of concurrent control patients, who will be offered current NHS hearing aids (for example, BE101, BE38), in a modernised patient process. They will also be conducting objective speech tests and carrying out specific research sub-projects within the main project in 2001/02.

## More about the hearing aids...



All the hearing aids NHS Purchasing and Supply Agency have secured for the project are commercially available moderate-power digital aids. None of the aids submitted met the specification for high-power models, and so contracts for these will be negotiated by the spring when suitable models become available.

The moderate-power models chosen to meet the specification are:

Manufacturer	Model		Price £
GN ReSound	Danalogic 163D	(bte)	155+VAT
GN ReSound	Danalogic 601	(ite)	175+VAT
Starkey	Gemini AV MM	(bte)	140+VAT
Starkey	Gemini Custom MM	(ite)	149+VAT
Oticon	DigiFocus II Compact	(bte)	205+VAT
A&M Hearing	'Selectra' (Prisma)	(bte)	140+VAT

All the aids have four or more frequency-shaping bands and two or more bands with independent programmable compression in each band (including the option of wide dynamic range compression). All have a telecoil and a method of managing acoustic feedback. All models have at least two independently-fitted listening programmes.