

CONSULTATION DOCUMENT ON THE SCOTTISH GOVERNMENTS DRAFT NATIONAL STANDARDS FOR ADULT HEARING REHABILITATION SERVICES

Response – individual, Hearing Aid user; Irene Audain

1. Summary:

I welcome the introduction of the draft national standards for adult hearing rehabilitation services.

As a lifelong hearing aid user, since I was a young adult, I fully appreciate the work of hearing rehabilitation services and would like to point out that most of the time I have personally experienced a very good service. Nonetheless, there have been times where the suggested standards, and the extra principles I set out below, have absolutely not been met, so I agree that this framework is needed.

All of the standards set out are required. They are understandable in the format set out here and should not be too difficult to implement if audiology and related services are given sufficient resources.

Access to training and technical support is essential for the standards to be implemented properly; training in *deaf and disability awareness* is just as important as training in technical competence in fitting hearing aids. I would also suggest that with a large number of hearing aid users perhaps belonging to an older generation, training on equality and diversity, especially in terms of age discrimination or awareness should also be mandatory.

What is particularly welcome is the stress on good communication with users of the service and indeed the need to consult with users and seek feedback on the quality of service they have received.

What is missing from the standards is a statement of principles about the ethos of the service(s). This may be covered by other, overarching NHS principles; however, as a service user I would like to know that staff and volunteers working in hearing rehabilitation services have to work within a set of principles, as well as towards prescribed standards.

I would like to see principles, such as the ones I suggest below, incorporated into the overall set of standards. This can be done by having the principles set out at the beginning, or by linking them with the actual standards.

I can see *some links* with the principles I suggest below and the standards, unfortunately I do not have time to “join them up” here, so I suggest other indicators, which could be adapted.

2. Suggested Principles

To give an example, care services in Scotland, regulated by the Scottish Commission for the Regulation of Care, as well as having to meet prescribed and particular standards for their sector, also have to subscribe to the following principles:

Dignity

Your right to:

- be treated with dignity and respect at all times; and
- enjoy a full range of social relationships.

Privacy

Your right to:

- have your privacy and property respected, and to receive the time, the space and the facilities you need and want; and
- be free from intrusion as long as it is safe for you and everyone else.

Choice

Your right to:

- make informed choices, while recognising the rights of other people to do the same;
- know about the range of choices; and
- get help to fully understand all the options and choose the one that is right for you.

Safety

Your right to:

- feel safe and secure in all aspects of life, including health and wellbeing;
- enjoy safety but not be over-protected; and
- be free from exploitation and abuse.

Realising potential

Your right to have the opportunity to:

- achieve all you can;
- make full use of the resources that are available to you; and
- make the most of your life.

Equality and diversity

Your right to:

- live an independent life, rich in purpose, meaning and personal fulfilment;
- be valued for your background, language, culture, and faith;
- be treated equally and to live in an environment which is free from bullying, harassment and discrimination; and
- be able to complain effectively without fear of victimisation.

In the case of NHS Hearing rehabilitation services there should also be:

Links to the NHS Quality Improvement Scotland:

NHS Quality Improvement Scotland (NHS QIS) sets standards and monitors performance in the NHS to improve the quality of healthcare in Scotland.

People using services should be able to expect that standards set by NHS QIS will apply.

[Here are some examples of how these principles could be adapted or included in the framework.](#)

I must stress that the suggestions below, could, of course be, worded differently, I am trying to give a flavour of the type of “principled behaviour” service users should expect. The “negative” examples are, unfortunately, drawn from some individual’s (including my

own) experiences in the past. Most evidence for these statements would have to come from user consultation, conducted in a way in which users can freely contribute positive or negative views about the quality of the service they receive.

Dignity	Indicators	Measures	Contra - indicators
Your right to:	Staff treat each patient as an individual with respect	Individual service plan Service user feedback- positive	No individual plan Negative service user feedback
• be treated with dignity and respect at all times; and	Staff demonstrate deaf and disability awareness	Evidence of training Service user and colleague feedback - positive	No training Negative feedback Behaving in discriminatory manner
	Staff display awareness that a good NHS hearing aid and associated services are <i>rights</i> that their service users are entitled to	Information to users on choices and options Seeking user feedback on satisfaction with aid or service/ acting on that feedback	Not giving using information on choices available Not seeking user feedback Giving users the impression that the aid or service is decided by them
	The service is accessible, with clearly set out information on procedures to access support, including emergency repairs and renewals of hearing aids etc.	Wide range of opening hours Clear information Reliable and accessible repair service	The access for repairs and renewals is limited There is a lack of up to date and clear information The service is ad hoc and inaccessible
• enjoy a full range of social relationships.	Staff are aware of the value of good quality hearing aid and support services to help people enjoy social relationships	Social and personal needs and preferences in individual service plan Evidence of deaf awareness training – barriers to social situations	No plan or no evidence of social and personal preferences in the plan No training or awareness of social barriers that deaf and hard of hearing people experience

Privacy			
<ul style="list-style-type: none"> • have your privacy and property respected, and to receive the time, the space and the facilities you need and want; and 	Users can expect that in all consultations, including repairs, retubing etc, that their privacy will be respected.	Private room for consultation and tests Repairs and retubing carried out in a private area or room	No private consulting room Repairs and retubing etc carried out in public waiting rooms and corridors
<ul style="list-style-type: none"> • be free from intrusion as long as it is safe for you and everyone else. 	During tests, discussions or consultations be free of interruption	No interruptions unless an emergency Equipment etc stored away from consulting rooms so patients are not interrupted by staff seeking supplies.	Interruptions frequent Equipment and supplies stored in consulting rooms IT support shared in consulting rooms
Choice			
Your right to:			
<ul style="list-style-type: none"> • make informed choices, while recognising the rights of other people 	Users can expect clear information on the range of choices available to them	Information on paper, in person, through discussion	No choices or information
to do the same;		Range of options made available	Only one option presented “take it or leave it” attitude
<ul style="list-style-type: none"> • know about the range of choices; and 			
<ul style="list-style-type: none"> • get help to fully understand all the options and choose the one that is 	Users can, where possible, try a range of options, and/ or discuss, without pressure, the implications of their choices	Users decisions and choices are respected	Users are pressurized to make choices in one direction Users are criticized for their choices or threatened with negative (non clinical) consequences
right for you.		Personal plan in place	No personal plan

Safety			
Your right to:			
<ul style="list-style-type: none"> • feel safe and secure in all aspects of life, including health and wellbeing; 	Users maximise communication abilities through use of the services provided	Service provision User feedback Counselling and training in use of aids, lip reading etc.	Poor service provision No feedback No support services
<ul style="list-style-type: none"> • enjoy safety but not be over-protected; and 	Users understand that hearing aids do not restore hearing abilities completely	Training in how aids work and situations where they do not	No training and information
<ul style="list-style-type: none"> • be free from exploitation and abuse. 	NHS users be aware of the free batteries, repairs etc available so they do not have to buy expensive parts themselves	Information	Lack of information
	Information on the quality of NHS compared to private – informed choices	Information	Lack of information
Realising potential			
Your right to have the opportunity to:			
<ul style="list-style-type: none"> • achieve all you can; 	Users learn about how they can be supported	Information, advice leaflets, user feedback	No information
<ul style="list-style-type: none"> • make full use of the resources that are available to you; and 	Users are given mentoring and ongoing support in choosing and using aids and support services	Mentoring available and accessed records	No mentoring or support
<ul style="list-style-type: none"> • make the most of your life. 	Users are given information on groups and other sources of support	Paper and online and in person information	No information
Equality and diversity			
Your right to:			
<ul style="list-style-type: none"> • live an independent life, rich in purpose, meaning and personal fulfilment; 			

<ul style="list-style-type: none"> • be valued for your background, language, culture, and faith; 	Users can access a range of support in terms of their own language and culture, especially BSL.	Access to interpreters Gender specific staff/ allowing companions/relative Signers and other communication support	Lack of access to alternative language and cultural support Lack of information on other support
<ul style="list-style-type: none"> • be treated equally and to live in an environment which is free from 	There should be an equality and diversity policy which users can clearly use and understand	Staff training on equality and diversity Policies and clear information, and ongoing monitoring of the policy User feedback	
bullying, harassment and discrimination; and	There is a guarantee that the service is free of bullying and harassment	Policy on bullying and harassment and monitoring	
<ul style="list-style-type: none"> • be able to complain effectively without fear of victimisation. 	There are clear procedures for user feedback at every stage, including a protected complaints procedure	Complaints procedure and monitoring Regular user feedback – ie not waiting for a complaint	

Quality Statement rationale – Overarching Principles: The service must demonstrate a commitment to the principles of: **Dignity**, Privacy, Choice, Safety, Realising Potential, Equality and Diversity, and link to NHS Quality Improvement Scotland standards:

1. No elements of the quality criteria are met	2. Few elements of the quality criteria are met	3. Half of the elements of the quality criteria are met	4. Most elements of the quality criteria are met	5. All elements of the quality criteria are met	Self Assessment Score
<p>Users of the service indicate that staff and/or volunteers do not treat service users with respect.*</p> <p>Users of the service are cut off from enjoying a full range of social relationships due to the inadequacies of the support or aid or parts/repairs provided.</p>				<p>Users of the service indicate that staff and volunteers treat them with respect at all times</p> <p>Users of the service indicate that the provision of (aid/support/repairs/parts) contributes to their enjoyment of a full range of social relationships</p>	

Evidence = User survey forms, management processes,

Quality Statement rationale – Overarching Principles

The service must demonstrate a commitment to the principles of: Dignity, **Privacy**, Choice, Safety, Realising Potential, Equality and Diversity, and link to NHS Quality Improvement Scotland standards:

PRIVACY					
<p>1</p> <p>No elements of the quality statement criteria are met (or not evident)</p>	<p>2</p> <p>Few elements of the quality statement criteria are met</p>	<p>3</p> <p>Meet around half of the elements of the quality statement criteria</p>	<p>4</p> <p>Almost fully meets the quality statement criteria</p>	<p>5</p> <p>Fully compliant with good to best practice as indicated by quality statement criteria</p>	<p>Self assessment score based on evidence sources</p>
<p>Service users have their Aid removed for repairs and refitting in public corridors and waiting area</p> <p>Service users are made to communicate without their aid in public corridors and waiting areas. Consultations are not held in a private, uninterrupted, separate room</p>				<p>Service users are able to access privacy when being refitted .repairs to aids and communication relating this process</p> <p>Users have privacy, without being interrupted by others, when being consulted, fitted, tested or for discussions about their needs.</p>	

Evidence = User survey forms, management processes, observations of systems in place

Quality Statement rationale – Overarching Principles: The service must demonstrate a commitment to the principles of: Dignity, Privacy, **Choice**, Safety, Realising Potential, Equality and Diversity, and link to NHS Quality Improvement Scotland standards:

1	2	3	4	5	Self assessment score based on evidence sources
<p>No elements of the quality statement criteria are met (or not evident)</p> <p>Service users are not given any choices, information or consultation on the range of options open to them.</p> <p>Decisions are made on prescribing aid or aids without consulting users**</p>	<p>Few elements of the quality statement criteria are met</p>	<p>Meet around half of the elements of the quality statement criteria</p>	<p>Almost fully meets the quality statement criteria</p>	<p>Fully compliant with good to best practice as indicated by quality statement criteria</p> <p>Service users are able to choose the best type of support aid or aids relevant to their own needs.</p> <p>Information is available both in printed form and through appointments so that users are well informed on the choices available to them</p>	

Evidence = User survey forms, management processes, observations of systems in place

Quality Statement rationale – Overarching Principles: The service must demonstrate a commitment to the principles of: Dignity, Privacy, Choice, **Safety**, Realising Potential, Equality and Diversity, and link to NHS Quality Improvement Scotland standards:

1	2	3	4	5	Self assessment score based on evidence sources
<p>No elements of the quality statement criteria are met (or not evident)</p> <p>Pre-checks or regular servicing checks are not carried out to ensure that aids are not compromising the safety of the user by either: Potentially damaging hearing Or, not working to the best potential, therefore contributing to safety problems experienced through being deaf or hard of hearing ,</p> <p>The audiology and hearing rehabilitation service has not a specific plan for fire safety, which takes into account the fact that many of their patients may not be able to hear fire alarms etc.</p>	<p>Few elements of the quality statement criteria are met</p>	<p>Meet around half of the elements of the quality statement criteria</p>	<p>Almost fully meets the quality statement criteria</p>	<p>Fully compliant with good to best practice as indicated by quality statement criteria</p> <p>There are pre-check and regular servicing appointments, including upgrades and replacements to ensure that aids work to their full potential and do not damage hearing by being set at the wrong levels for that patient.</p> <p>The hearing rehabilitation service a specific and regularly tested plan for fire safety, which takes into account the fact that many of their patients may not be able to hear fire alarms etc</p>	

Evidence = Planning, monitoring of testing of aids, and fire safety procedures

Quality Statement rationale – Overarching Principles: The service must demonstrate a commitment to the principles of: Dignity, Privacy, Choice, Safety, **Realising Potential**, Equality and Diversity, and link to NHS Quality Improvement Scotland standards:

1	2	3	4	5	Self assessment score based on evidence sources
No elements of the quality statement criteria are met (or not evident)	Few elements of the quality statement criteria are met	Meet around half of the elements of the quality statement criteria	Almost fully meets the quality statement criteria	Fully compliant with good to best practice as indicated by quality statement criteria	
<p>Not recognizing that every user has specific medical, social, cultural and personal needs, no evidence of individual plans.</p> <p>Not prescribing and maintaining support services and aids which enable people to make the most of all of their own abilities. No monitoring of service outcomes on people's lives.</p>				<p>Has a management plan in place which ensures that the individual's way of life, other medical needs, and personal preferences are fully considered and acted on.</p> <p>Maintaining support services and aids etc which help enable people to meet their potential. Monitoring the effectiveness of such services/</p>	
Evidence = User survey forms, management processes, observations of systems in place					

Quality Statement rationale – Overarching Principles: The service must demonstrate a commitment to the principles of: Dignity, Privacy, Choice, Safety, Realising Potential, **Equality and Diversity**, and link to NHS Quality Improvement Scotland standards:

<p>1</p> <p>No elements of the quality statement criteria are met (or not evident)</p>	<p>2</p> <p>Few elements of the quality statement criteria are met</p>	<p>3</p> <p>Meet around half of the elements of the quality statement criteria</p>	<p>4</p> <p>Almost fully meets the quality statement criteria</p>	<p>5</p> <p>Fully compliant with good to best practice as indicated by quality statement criteria</p>	<p>Self assessment score based on evidence sources</p>
<p>Staff and volunteers do not demonstrate knowledge, understanding or awareness of, for example: Age discrimination, Disability Discrimination, Gender or sexuality discrimination, Faith Discrimination</p> <p>Users are not informed of equality policies, statement or access to specific support based on language, cultural or other needs.</p> <p>There has been no training in Equality and Diversity</p>				<p>Staff demonstrate through their practice, knowledge and understanding, and through monitoring user feedback, a commitment to equality and diversity. All users are informed of the Equality and Diversity policies and measures in place to support other language users, people with other disabilities and specific needs. There is evidence of recent and ongoing training for staff and volunteers in relation to equality and diversity issues.</p>	
<p>Evidence = User survey forms, User information, Training records, management and monitoring</p>					

3. Specific comments on one of the Standards

If the principles set out above are put in place, the very vague standard below could be completely strengthened by (Added in blue)

Given that hearing rehabilitation services are primarily used by deaf and hard of hearing people the deaf awareness training

1. Must be of significant duration (not a two hour workshop)
2. Must involve testing/ certification (people can attend training but then not use it in practice)
3. Must be repeated and updated
4. Must be validated by user feedback on the actual deaf awareness skills of staff
5. Must be provided by a reputable organisation with proven expertise

Meeting specific communication/information needs

Quality Statement rationale					
To avoid discrimination services should meet the specific communication and information needs of hearing impaired patients and their significant other(s) accessing the service. And follow the principles set out for all of the standard, especially equality and diversity					
1	2	3	4	5	
No elements of the quality statement criteria are met (or not evident)	Few elements of the quality statement criteria are met	Meet around half of the elements of the quality statement criteria	Almost fully meets the quality statement criteria	Fully compliant with good to best practice as indicated by quality statement criteria	Self assessment score based on evidence sources
Staff do not undergo deaf awareness				All staff with direct patient contact ¹⁹ receive deaf-	

training				<p>awareness and communication training as part of induction</p> <p>This training is updated</p> <p>This training is approved by a relevant third party such as a voluntary sector organisation.</p>	
Evidence					