



# **Draft Quality Standards for Adult Hearing Rehabilitation**

Healthcare Policy and Strategy Directorate

Patients and Quality Division

The Scottish Government

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**Sense Scotland Response**

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## Introduction

Sense Scotland is a leader in the field of communication and innovative support services for people who are marginalised because of challenging behaviour, health care issues and the complexity of their support needs. The organisation offers a range of services for children, young people and adults whose complex support needs are caused by deafblindness or sensory impairment, physical, learning or communication difficulties. Our services are designed to provide continuity across age groups and we work closely with families and colleagues from health, housing, education and social work. This breadth and depth of approach to service delivery helps us take a wider perspective on the direction and implementation of new policies.

## Draft Quality Standards for Adult Hearing Rehabilitation Services

Here we offer some comments specifically about using the draft evaluation tool to evaluate the quality and outcomes of the audiological services as experienced by adults with complex support needs and their carers. Getting it right for those with the most complex support needs, rather than tacking complex support needs onto already agreed quality criteria, will benefit all others who utilise the adult hearing rehabilitation services because services will have rigorous systems in place to meet diverse needs.

We welcome the use of the QIS model for developing the draft Quality Standards for Adult Hearing Rehabilitation Services. QIS are widely recognised for developing usable and measurable criteria for measuring the quality of a wide range of delivery services. We were somewhat surprised that we found the eight draft quality standards for adult rehabilitation services not to be easily straightforward and hence measurement not easy for use by those outwith an audiology service. We appreciate that there are some audiological issues where the focus will quite rightly be focused on audiology professionals and their expertise (such as in the standards relating to equipment or professional development). But we feel that the standards could be more inclusive of adult hearing aid users. One way that we see of achieving a more inclusive focus would be to simply re-order the quality standards so that the views of hearing aid users are prioritised from the very beginning. Such a move would value first the importance of getting it right for each individual hearing aid user. This is particularly relevant when looking at a quality service for people with complex support needs or others with learning difficulties.

We recommend that the standards are re-ordered so that 'Seeking the views of Patients' comes at the beginning of every section. If the inclusion of patient views is incorporated into every aspect of service delivery, it will consequently become the constant driver for quality improvement and result in not only improved service quality but also result in widespread but subtle changes in attitude. Positive attitudes amongst service providers are consistently remarked upon by people with disabilities as being of utmost importance.

Renewed scrutiny of the re-ordered standards below will indicate that some of the sub-headings could also benefit from re-ordering. This is particularly true for the numerous sub-headings currently under Standard 1) – Accessing the Service. We

have not taken forward any content re-organisation at this stage but would be willing to work with others to do so if requested.

### **Improving quality and outcomes in adult audiology rehabilitation services through critical evaluation**

We suggest the following reordering of the standards, with 'Seeking views of Patients' coming first in each one.

1. (currently Standard 2) – Information Provision and Communication with Individual Patients
2. (currently Standard 4) – Developing an Individual Management Plan
3. (currently Standard 5) – Implementing an Individual Management Plan
4. (currently Standard 3) – Assessment
5. (currently Standard 1) – Accessing the Service
6. (currently Standard 6) – Outcome
7. (currently Standard 7) – Professional Competence
8. We recommend calling this section ' Working with Volunteers' ; (currently it is Standard 8 – Communication, Support and Collaborative Working). Collaborative working with 'significant others' is needed from the outset to support people with complex support needs.

### **Further quality indicators**

We know this can be of huge difficulty for young people and we would like to see standards that aim towards improved collaboration between all concerned so that young adults with complex support needs are not disadvantaged when they leave paediatric services and school education.

We would also like to see recognition within the quality criteria of the value of functional audiological assessment for people with complex support needs. We would welcome wider use of functional assessment and the development of a tool for use by carers to supplement the information that is used by audiologists to prescribe the optimum aids for hearing for individuals with complex support needs. The use of functional assessment could helpfully be considered when developing an individual's management plan or IMP. Carers (both unpaid and paid) are well placed to provide good information on responses or lack of response that a person with complex support needs makes to stimuli.

This is an area of increasing concern as the shift to digital aids will necessitate very close working between audiology staff and carers to ensure that the fine tuning of prescribed aids is achievable. Digital aids will necessitate extensive re-programming in order that the individual aid enhances individual hearing potential. Our concern is that this extensive fine tuning or re-programming does not result in people with complex support needs being disadvantaged and choosing not to wear aids that would improve their hearing potential.

Response from Sense Scotland

As discussed above, the development of tools that would enable carers and others to participate effectively in audiological assessment should be included within the quality criteria. In addition, information that outlines the different types of hearing assessment that can be delivered should be developed. Such information will assist carers in preparing an individual with complex support needs for assessment appointments; good preparation will create greater understanding of the processes involved in hearing assessment and help to achieve maximum cooperation from an individual with complex support needs. These factors could be helpfully included in the development of individual management plan (IMP).

In summary, the focus on good assessment information, collaborative IMP development, and working with carers from the outset is essential if the standards are to be useful in measuring the quality of audiology services that are delivered to adults with complex support needs.