

## Deaf Action

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**Consultation Title:** Draft National Standards for Adult Hearing Rehabilitation Services



Deaf Action is a voluntary organisation, established in 1835, which offers a range of services to Deaf BSL users, deafened, deafblind and hard of hearing people. We have service level agreements with five local authorities and two NHS boards and deliver services in Edinburgh, East, West and Midlothian, Highland, Fife and Scottish Borders, and further afield. We offer:

Advice and information

Communication support (British Sign Language / English Interpreters, Lipspeakers, Note-takers, Deafblind Communicators, Speech to Text Reporters)

Specialist equipment

Social work

Supported accommodation

Outreach / visiting support services

British Sign Language (BSL) courses

Deaf Awareness and other specialist training

Production of Accessible Information - websites/DVD

Community development (including a Health Information Project)

Social and leisure activities

## **Background**

Deaf Action welcomes the introduction of quality standards for adult hearing rehabilitation services, and the opportunity to comment on the draft standards.

This consultation response is based on discussions with staff and service users, as well as extensive experience over many years working with adult users of hearing rehabilitation services. It must be acknowledged that these services are generally perceived by our service users to be lacking, and our response reflects this. While welcoming the introduction of standards by which to measure the service, many of the responses we received expressed extreme concern that current services could, in a meaningful way, achieve the stated standards within a reasonable time-scale.

## **Response**

### **1a) Access to services**

More local services should be provided e.g. simple hearing aid repairs at local medical centres.

Improved access should include an improved domiciliary service.

Follow-up appointments should be provided as a matter of course to each service user, following provision of a hearing aid. This should be used (and might usefully be contracted out to the voluntary sector) to ensure that the user is fully aware of how to use the various functions of the hearing aid, and to resolve any problems. This would greatly reduce the number of aids

that remain unused because the service user is unaware of how to operate them properly, and result in improved quality of life for a significant proportion of service users.

#### 1a.i *Referral*

Many service-users are unaware of how to refer themselves. Self-referral should be promoted.

#### 1a.ii *Convenience*

Convenience in accessing the service should refer not only to proximity, but to communication including the use of textphones and SMS for arranging appointments.

#### 1b *service demand and referral patterns are accurately monitored*

A criterion should be added to measure how many service users are successfully using their aid after receiving them e.g after a period of 2 months.

### 2a) **Timely and relevant information is provided...**

#### *Written and Verbal information*

It should be acknowledged that for many people who use British Sign Language, English is, at best, a second language and written information may not be accessible. BSL/English interpreters should be used where appropriate.

#### 2a.iii *Information re services offered by other agencies*

Standard national as well as local information packs should be provided at the point of diagnosis. These should include details about statutory services available to people with a hearing loss including specialist equipment, communication support and social care, as well as full details of all local services which may include lipreading and BSL classes, advice services, rehabilitation courses, visiting outreach services etc. Information packs should be produced in accessible formats, including BSL. See extracts from consultation below, 3, 7 and 8.

#### 2a.vii *All staff receive deaf awareness and communication training*

Staff should be trained in all modes of communication including lipspeaking, British Sign Language (to at least level 2) and how to use language service professionals.

#### 2a.viii *All available technology is employed to support communication between patients and the audiology service*

This should include SMS text messaging

#### 2a.ix *All available technology is employed to support communication with patients in clinics*

Loop or visual display systems are not routinely used in reception areas and waiting rooms within audiology departments. *See extracts from transcript of consultation with hard of hearing service users, below, 1 and 2*

#### 3a *individually-tailored audiological assessment*

This is unrealistic for some services as currently the necessary equipment, staff and space are not available.

#### 3a.v *A self-report questionnaire is a routine part of the assessment protocols*

Self-report questionnaires should be produced in accessible formats, including BSL.

#### 4a *an individual management plan is developed for each patient*

There is not enough personnel to carry out this aim, and numbers of newly-trained audiologists are projected to rise only very slowly over the coming years. A more realistic approach would be to work with other agencies to develop Individual Management Plans e.g. statutory Social Care providers.

*5a Individual Management Plan is implemented over a series of co-ordinated appointments*

See 4 a above. Management plans should include follow-up appointments as standard to ensure that hearing aids are being used effectively.

*6aiv patients are encouraged to complete surveys at least annually*

Surveys and response mechanisms should be provided in accessible formats, including BSL.

*7a.i All clinical audiology staff must comply with the minimum requirements for education, training and registration*

Insufficient personnel – see 4a

Competencies other than “clinical” competencies should be assessed.

Audiological education courses should include British Sign Language and communication tactics training.

*8a.i Policies and procedures in place to facilitate communication between patients and audiology service providers*

Forums such as open meetings should be conducted regularly, with a minimum standard for frequency.

*8a.ii Local audiology services are encouraged to come up with new, innovative ways of communicating with patients such as internet chatrooms*

It should be acknowledged that face-to-face communication is very often preferred by people with a hearing loss. At present, basic standards of communication are very often lacking (e.g. failure or inability to use loop systems, lack of SMS text messaging contacts, lack of textphones, failure to use communication support). These must be delivered as a priority.

*8a.iv Referral to other specialist services*

Examples are omitted but could include specialist equipment services, advice and information, rehabilitation courses etc

## Quality Rating Tool

*Foreword*

*This quality rating tool has been developed to assist providers of adult rehabilitation services in assessing their ability to deliver...*

Given current concerns about the performance of audiology services in Scotland, use of the Quality Rating Tool, or any other mechanism for measuring performance, should demonstrate accountability. Service users, and partner agencies who support them, should receive up-to-date information on the performance of service providers, so the tool should not be used only as an internal mechanism for measuring performance.

*The publication of externally verified service quality ratings could also help potential users... make more informed decisions on the services that they choose to access.*

There is, in reality, little or no choice for users of services in some areas, as those services that are available are under-resourced with unacceptable waiting lists, and there is no alternative

service. A multi-agency approach, using statutory and voluntary sector providers, should be used to deliver the necessary rehabilitation services.

### Other Comments

As an essential part of rehabilitation, funded lipreading and British Sign Language classes should be available to all service users who require them.

An outline of the communication implications of hearing loss (including deafness from birth or an early age and that acquired in later life) should be added, as well as a comprehensive list of language service professionals.

**The following are extracts from the electronic notetaker's transcript of a consultation with hard of hearing people held at Deaf Action on 29<sup>th</sup> January 2008, in response to the Lothian Joint Physical and Complex Disability Strategy document 'Our Lives, Our Way'. Over 60 hard of hearing people attended.**

1 "Health is the worst, e.g. Audiology Lauriston buildings. Last week for the first time I saw a symbol for the loop. I altered my hearing aid to 'T' but it didn't work. I saw a girl calling, no one went up. I couldn't lip read, she had a foreign accent. I asked her about (the loop). She said, 'oh the loop is only on in the morning when the volunteers are here'."

2 "I have been attending Lauriston and St Johns for 20 years. They should have a number system (for calling appointments). They should also give us some awareness how to cope. They give you hearing aids, and say 'right you're not life threatening - get home and get on with it!'"

3 "I have Meniere's. I now have support in place but before then I wouldn't go out. My support is LINK. But national health won't pay. Link sometimes will pay through the charity. I attended a week long course with Link. Link has saved me going to the Audiology again and again, and saved me taking anti-depressants. No one told me about any support places to go to or any equipment I could get to help me."

4 "I work (as a volunteer) in St Johns, and Audiology. Most people West Lothian feel Edinburgh runs everything and other people don't know what's going on. One lady was given hearing aids and sent home. No one told her how to use them so she phoned me in a panic"

5 "I have attended Lauriston for 10 years. I needed an operation and had to travel to Livingston. I think that it is a disgrace that there is no ENT ward in Edinburgh to have surgery."

6 "National health should be researching on Tinnitus and Meniere's. Why not? They say it's not life threatening but I disagree!"

7 "No one gives you any information. Not even the doctor knows where to go to get information".

8 "When people go to ENT and Audiology for the first time, they should be printed out a list of information and services available. As my hearing got worse, I found out information from my Deaf niece. I had to ask for the information and this was years after my first contact. It made a huge difference to my life. They should have given me this information on my first