

## City of Edinburgh Council

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



## Background

The City of Edinburgh Council commissions its services for deaf people from Deaf Action. In forming this response we have been advised by them as our agents who work with the client group.

## Response

### 1a) Access to services

Services should be provided in a flexible manner which meets the differing needs of the patient group. If specialist expertise is not required the service might be provided more locally e.g. simple hearing aid repairs at local medical centres.

#### 1a.i *Referral*

Many service-users are unaware of how to refer themselves. Self-referral should be promoted as part of a self-management approach.

#### 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. Given that a large proportion of adults who access audiology services are older people using suitable, accessible methods of communication are very important.

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

It is suggested that an additional criterion might be 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*

2a i and ii Reliance on written material may not be advisable, given the age profile of those attending services and the increase in visual impairments with increasing age. A range of communication methods should be available.

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

In consultation events on our local Joint Physical and Complex Disability strategy the lack of comprehensive information was raised as an issue. It is suggested that 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.

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

Again in our consultation (mentioned above) the need for deaf awareness for all staff was seen as vital. Staff within Audiology should also 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 should be routinely used in reception areas and waiting rooms within audiology departments. This is apparently not always the case and leaves people feeling disempowered and disadvantaged.

*3a individually-tailored audiological assessment*

This would seem to be a highly aspirational target dependant on resource availability.

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

Self-report questionnaires are a good idea and could be seen as part of a self-management approach. They will, however, need to be produced in accessible formats, including BSL.

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

This is a laudable aim, though possibly unrealistic given the limited resources available.

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

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 take account of people's communication needs e.g. they 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*

Competencies other than "clinical" competencies should be assessed.

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

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

Collaborative working with local voluntary organisations where deaf people meet will provide potential for creative solutions in this area.

*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. This relies on good communication, which needs to be a focus of improvement.

#### 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 mentioned above the potential of audiology services working collaboratively with primary care, voluntary sector organisations and local authority services to meet some of the needs of service users should be recognised.

Self management is an important part of rehabilitation that should be promoted, involving information provision and training for service users. As an essential part of rehabilitation, funded lipreading and British Sign Language classes should be available to all service users who require them.

Thank you for offering this opportunity to comment on the standards document.