

# Adult Hearing Rehabilitation Consultation Response

## About Help the Age

Our vision is of a future where older people are free from the disadvantages of poverty, isolation and neglect so they can live with dignity as valued, respected and involved members of society.

Our mission is to secure and uphold the rights of disadvantaged older people in the UK and around the world. Working with them, we research their needs, campaign for changes in policy and provide services to alleviate hardship today and prevent deprivation tomorrow.

Our aim is to secure within five years measurable reductions in the poverty, isolation and neglect of older people in the UK and severely deprived countries overseas by delivering practical services, and by bringing about change in public policy and practice, using the recognised authority of our understanding about ageing.

## Introduction

Audiology services are essential to maintaining the standard of living of people with difficulty hearing. As older people account for the majority of people with hearing impairment, any problems or bottlenecks within audiology services disproportionately impacts older people and their quality of life. In this context, Help the Aged in Scotland welcomes the opportunity to respond to the Scottish Government's consultation on the proposed Adult Hearing Rehabilitation Quality Standards.

## Proposed Adult Hearing Rehabilitation Quality Standards

On 6 February 2008, Tara Anderson, Head of Community Development for Help the Aged in Scotland, attended the consultation meeting in Dundee with Edinburgh West Older Peoples' Forum President Roy Keenan. Their comments from the meeting are reiterated below.

1. It was felt that points which referred to non-specific standards should be made more explicit. For example, the outcome indicator of Criterion 1a.ii reads "The proximity of patients to centres delivering services meets nationally specified criteria." Elements of the proposed standards that refer to other criteria or standards should state what those criteria are, or highlight where more information about those criteria can be found.
2. Criteria 2a.iv, 2a.v and 2a.vi state that all written material should be developed with reference to Crystal Mark plain English standards – a commitment which is undoubtedly welcome. However, it is important that the same commitment to clarity is made in the development of information available to those with literacy problems, visual difficulties and other languages. It was also felt that more general information should be provided by the GP at the referral stage.
3. Criterion 3a.v regards the use of self report questionnaires as part of the assessment process, to be used in conjunction with information about social circumstances, listening needs and expectations. It should be made clear that the self report questionnaire and its involvement in the assessment process is done via the audiologist.

4. An Individual Management Plan, as laid out in Standard 4a, should, in the 'patient history' section include information on any difficulty with verbal and written communication that patients may have.
5. Criterion 5b.iii, which refers to bilateral hearing aids, needs to be more explicit with regard to how the outcome indicators will take account of new and existing patients and how each will contribute to the overall target of 95% of patients being offered bilateral hearing aids if it is clinically suitable for them.
6. Criterion 5c.i states that review appointments should be offered to all hearing aid patients within three years of successful implementation of their IMP, and that patients will be made aware that interim support is available. Review appointments are valuable but take-up should be encouraged by offering patients regular reminders of their availability.
7. Criterion 6a.iv outlines how patients and their families would be encouraged to complete surveys on at least an annual basis to determine satisfaction with different elements of the service provided. This approach would rely on written communication and the possibility of collecting information by other means should be made explicit.
8. It was felt that Standard 8 - Communication, Support and Collaborative Working - was in need of extensive revision.