

Programme 9: Hearing problems

This is work in progress, your views and input are welcomed.

What are the big health issues for North Yorkshire and the City of York in this programme?

This programme covers disorders of the outer ear, middle ear (such as middle ear infection and glue ear), and inner ear problems, including a variety of causes of deafness. This is the domain of the general practitioner, audiologist and ENT (ears, nose and throat) surgeon.

Programme purpose:

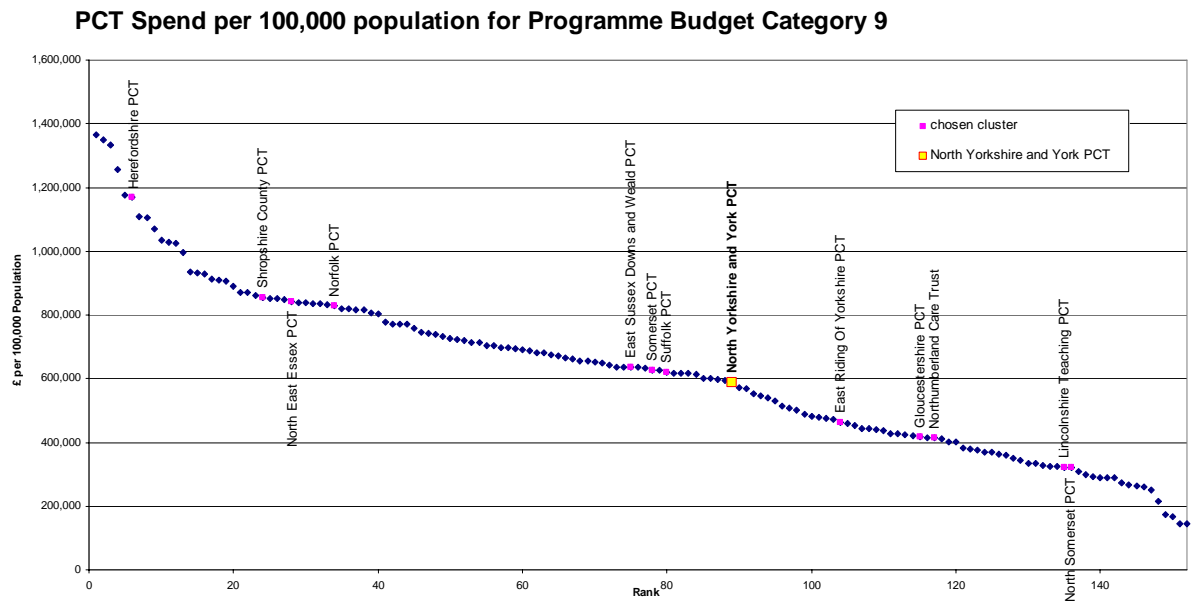
To reduce the avoidable burden of hearing problems in North Yorkshire and the City of York by a combination of prevention, early detection (including screening), rapid access to treatment and enhanced quality of life.

- Prevention of age related and noise induced hearing impairment.
- Early detection of hearing loss in newborns and children who have yet to acquire speech.
- Early detection in occupational and other high-risk groups to respond to early signs of damage.
- Management of common middle ear problems of childhood with the appropriate balance of prescribing, “watchful waiting” and surgery only where strictly necessary.
- Early diagnosis and support to those requiring hearing assessment and reduction of the waiting list for hearing aid fittings.
- Support for deaf and/or hearing impaired individuals with provision of necessary communication services and equipment.

What was the NYYPCT estimated programme budget for hearing problems in 2006/07, as spend per 100,000 unified weighted population, and how did that compare with our peers and with the English average?

NYYPCT	£588,000
Cluster average	£587,000
Yorkshire and the Humber SHA average	£699,000
England average	£623,000

The chart below shows how the spend in NYYPCT compared with every other PCT in England and highlights those PCTs in the same cluster.



How did that programme budget break down between our providers (total sums)?

NHS Hospital Trusts	£2,506,000
YHFT	£1,227,000
HDFT	£291,000
STHT	£144,000
SNEYT	£377,000
General Practitioner medicines prescribing	£109,000
PCT provider services	£1,168,000
Non NHS Providers	£18,000
Other NHS providers	£100,000
Other	£115,000

What are the age-related issues in this programme?

The national programme budget project does not as yet collect data by age in each programme (the difficulty being capturing GP prescribing data by age). The table below looks at the impact on hospital admissions for different age groups. Note that these age groups are in multiples of five years, but are not all the same size. They are the categories used to weight the allocation of resources to PCTs, so it is appropriate to consider the health impacts at these ages, and plan ahead as the age structure of the population changes over the next ten years (see “the big picture” section).

Ages of admissions within this programme, NYYPCT residents, 2006/07

Programme	Age group (years)							Total
	0-4	5-14	15-44	45-64	65-74	75-84	85+	
Hearing	277	316	202	167	72	36	14	1084
ALL	12306	6027	48029	44253	28075	26841	12087	177618

Many of the problems associated with hearing difficulty in older age are dealt with on an out-patient basis and this programme has an age profile skewed towards children and young adults.

How does the hearing problems programme outcome in North Yorkshire and the City of York compare with PCTs around England?

We have very little data on outcomes or patient experience of care.

In Progress Guidance

Publication date	Type of guidance	Topic
Feb-08	Clinical guideline	Surgical management (grommets etc) of Otitis Media with Effusions
Jun-08	Technology appraisal	Hearing impairment - cochlear implants

The national context of hearing problems

- Noise induced hearing loss is one of the most common occupational diseases and the second most commonly self reported occupational injury.
- Some 170,000 people in the UK suffer deafness tinnitus or other ear conditions as a result of exposure to excessive noise at work.
- Approximately 840 babies are born each year in England with hearing loss in both ears and 500 with a loss in one ear.
- To date, the hearing screening programme in England has screened over 2 million babies and identified 3,400 babies with permanent hearing impairment or deafness.

Key facts

In response to Department of Health report: Modernising Hearing Aid Services (2000), a “modern and effective” service for hearing impaired people resulted in many audiology departments resourced to improve services and make the latest technology available.

National hearing screening programme

Objective: Newborn hearing screening should be offered to all babies and should be completed by 4 weeks of age for well babies in hospital based programmes and by 5 weeks of age for babies in community based programmes.

Approximately 900 babies are born every year in the UK with a permanent hearing loss. This is not a large number of children over the entire UK but the potential ramifications can be substantial for both the children and their families.

From a screening perspective, a universal infant hearing screen (the Infant Distraction Test (IDT)), has been in place since the 1960s i.e. before the current more sophisticated technology was developed, but this test does not have high sensitivity or specificity. Hence lots of children require unnecessary follow-up, and more importantly a substantial percentage of children with hearing impairment erroneously 'pass' that screen. There is accruing evidence to suggest that the earlier a child's hearing impairment is identified and an appropriate intervention programme introduced, the greater the chances the child will develop better language skills, and

enjoy benefits in speech, social and emotional development. The new technology is far superior to the IDT, so there is very little chance of a hearing impairment at birth being missed AND of equal importance, it costs less per child to use this screening method than the older less reliable IDT.

General advice on noise induced hearing loss

- A common cause of hearing loss is damage to the ear from loud noises when part of the inner structure of the ear is injured.
- Night club staff, people who work with noisy equipment (pneumatic drills/compressed air hammers), and people listening to headphones are at high risk.
- Audiologists advise to turn down the volume and limit use of personal stereos and MP3 players to an hour a day.
- Research by the Royal National Institute for the Deaf (RNID) revealed that 39% of 18-24 year olds don't practise safe listening.

Summary of commissioning questions for hearing problems.

- In the light of our relatively low investment in this programme compared with other PCTs but the lack of data on the outcomes we achieve, should we invest more, less or the same programme budget (marginal analysis)?
- Have we got the balance of activity and investment right at each step from prevention to terminal care, and between the partners?
- What are the most important things to do this year?

Prevention

- Public awareness campaign of the risks of loud music.
- Workplace prevention schemes to address occupational exposures.
- Smoking cessation support in families to reduce ear infections in children

Diagnosis and Assessment

- Ensure good uptake of the Newborn hearing Screening Programme, and the linked provision of comprehensive & timely treatment and support services.
- Revise the patient pathways and thresholds for referral and treatment in the major common hearing ailments.
- Alert parents to their role in early detection of childhood deafness.

Treatment

- Address waiting list for hearing aid fittings.
- Support the provision of digital hearing technology to existing patients.
- Collaborative audits of services to hearing-impaired people between primary and secondary care.
- Provision for communication aids and other equipment needs.

Rehabilitation and Continuing Care

- User-led and community based support services for deaf and hearing impaired persons.
- Recognition of the social service, mental health, and needs of carers in providing services
- Disability awareness training and provision of sign language courses.

Terminal Care

- For the hearing-impaired person approaching the end of life, support a frank and informed planning for the passing, respecting patient choice for place of death whenever possible.