



Mr. Marcus Warnes
Accountable Officer
North Staffordshire Clinical Commissioning Group
By e-mail

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E: information@rnid.org.uk

Date: 20.11.20

Dear Mr Warnes,

Re: The provision of NHS hearing aids in Staffordshire.

I am writing to ask you to take stock of the overwhelming and growing body of evidence in support of the provision of NHS hearing aids and to reinstate the provision for patients with mild or moderate hearing loss in North Staffordshire without further delay. I understand that your current plan is for another round of public consultation, though I would be grateful if you could provide me with your reasoning for this, in light of the evidence already gathered and other evident growing pressures for the CCG.

As you may be aware in November this year we changed our name from Action on Hearing Loss to RNID. As an organisation we have a new purpose: Together, we'll make life fully inclusive for deaf people and those with hearing loss and tinnitus. This new purpose retains our commitment to campaign for high quality audiology services and access to NHS hearing aids for those who would gain clinical benefit from them.

We appreciate the work that the combined Staffordshire CCGs have undertaken to run the *Difficult Decisions* listening exercise and we valued the positive engagement that we had with NHS Midlands and Lancashire Commissioning Support Unit. Whilst we strongly objected to the way in which the evidence was framed within the Information Paper that supported the process, we felt that NHS Midlands and Lancashire Commissioning Support Unit worked well in partnership with our local and national teams to engage with deaf people and run accessible events.

We passionately disagreed with the decision taken to limit the provision of NHS hearing aids to patients with mild and moderate hearing loss by North Staffordshire CCG in 2014. At the time we believed that this went against the overwhelming evidence of clinical benefit, cost effectiveness and local public opinion. Our argument, and evidence base, has only been reinforced since then and we now believe that the case for reinstating the provision of hearing aids for those who could benefit from them is irrefutable.

Chairman: John Morgan Chief Executive Officer: Mark Atkinson

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In our previous correspondence with you, and in our submission to the CCG, we set out in detail the evidence from NHS England and NICE, which clearly demonstrates the clinical and cost effective case for the provision of NHS hearing aids. I do not see the benefit of repeating this information within this letter, although I would be happy to supply you with it again if required?

The results of *Difficult Decisions* undermine any argument that rationing hearing aids could be justified. The report clearly finds that the public support the provision of hearing aids for those with mild and moderate hearing loss who would derive benefit.

The report demonstrates that 338 of the 569 survey responses discussed hearing loss – more than any of the other conditions involved. Only 2% of the respondents endorsed a theme in disagreement with the NHS providing hearing aids to mild and moderate hearing loss – and this was the fact that hearing aids can be purchased privately (ignoring the prohibitive cost for many patients of securing private provision). In contrast the most popular themes cited on this issue were all in support of the provision of hearing aids – with six different pro-hearing aids themes cited by 10% of respondents. It is also worth noting that support for the provision of hearing aids was the summary for each of the six CCG areas, as well as across service users, likely future service users, healthcare professions and other interested parties.

The support given for the provision of hearing aids was overwhelming, to the extent that it is hard to imagine that further public consultation will provide a substantively different finding. It is now clear the evidence of clinical benefit, cost efficiency and local need all demonstrate the case for reinstating the provision of hearing aids as soon as possible.

The review of hearing aid provision has already been a long process. We understand the perfectly legitimate reasons why the public engagement phase of *Difficult Decisions* was delayed because of the 2019 General Election. We are also hugely appreciative of the strain that the Coronavirus pandemic has put onto CCGs and accepted without question that the analysis of response to *Difficult Decisions* would be delayed. We also accept that the ongoing pandemic has delayed the point at which the CCGs can move ahead to a full public consultation.

However, given all the evidence you now have, it is not at all clear what purpose a further public consultation could serve. Indeed, surely it can only be a waste of time and resources for the CCG to go and ask local people to reaffirm the evidence that they gave you during *Difficult Decisions*?

Denying people hearing aids has a profound impact on their quality of life. This is only heightened by the pandemic, which has isolated people and created new barriers such as face coverings and video calls (which are not better for people with hearing loss). In the face of the overwhelming evidence we do not think it is sensible to ask people to wait for the pandemic to end before they benefit from the life-enhancing impact of hearing aids.

We would therefore like to ask you to bring forward the inevitable decision and withdraw the policy of rationing NHS hearing aids now.

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We have also written to the Clinical Chairs of the other Staffordshire CCGs, including the clinical lead of *Difficult Decisions*, Dr. Lorna Clarson. We have called on them to use the results of *Difficult Decisions* as the final piece of evidence needed to withdraw any possibility that they will follow North Staffordshire CCG in rationing NHS hearing aids, which would be contrary to overwhelming clinical evidence and national guidance.

We would be more than happy to discuss any of these issues with you further and contribute anything we can to either the remainder of the decision process or, if appropriate, the need to communicate a change of policy locally. If you or your office have any questions about anything contained within this letter, or would like to arrange a time to discuss these issues then please do not hesitate to contact our Audiology Specialist Franki Oliver, franki.oliver@rnid.org.uk.

Yours sincerely,



Mark Atkinson
Chief Executive Officer

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