



NCHA submission – Call for evidence, Health Bill

1. Introduction

Our submission to the call for evidence focuses on implementation of the Health Bill in relation to primary care audiology and delivering the Government's stated aim of shifting care from hospitals into the community (the 'left shift').

2. About the Association for Primary Care Audiology Providers

The NCHA is the association for primary care audiology providers in the UK. We exist to improve ear and hearing care for all and work with the NHS, health and social care bodies and policymakers to make this happen.

3. Primary care audiology

Our members deliver high-quality ear and hearing care on high streets up and down the country.

Our members provide NHS adult hearing care, commissioned locally by many ICBs across England. NHS patients living in these ICB areas benefit from a comprehensive package of care for their hearing loss (a long-term condition) - including assessment, treatment, aftercare and follow-up on demand. NHS evidence shows our members deliver this care out-of-hospital for less than it costs in hospitals meaning if implemented more widely the NHS could treat more patients with the same budget.ⁱ

Section 5 of the Bill amends the NHS Act 2006 to provide a duty for the Secretary of State to enable patients to make choices with respect of their health services. However, in many areas patients do not have a choice of audiology provider in the same way they have for other outpatient services. This means that many patients still endure needlessly long periods on hospital waiting lists for ear and hearing care needs that can be safely and effectively delivered closer to home.

The 10 Year Health Plan committed to delivering more services closer to where patients live and to prioritise self-referral to audiology as a way of improving choice and control for patients. This would help tackle inequalities in access for people suffering from hearing loss and help them age well, as well as reducing unnecessary pressures on the NHS and care system in the long run.ⁱⁱ This is key to delivering a second goal in the 10 Year Health Plan; prevention. Finally, it will also help tackle the waiting time crisis in ENT, by helping ICBs ensure primary care audiology is more accessible and that only those people who need it go to hospital.

Our members can help make this vision a reality through a NHS primary care audiology service, which like GPs, dentists, opticians and pharmacies are the first point of contact and treatment providers outside hospital. They have the existing capacity, infrastructure and workforces to provide high quality care for more NHS patients.

There is often confusion about primary care audiology including from hearing professionals in hospital services and positions of influence. This is because it is commissioned under an independent contractor model and the commercial aspects of private hearing care which contractors also provide. However, these fears are misplaced.

Primary care audiology is provided on exactly the same model as GP services, NHS dentistry, community pharmacy and the NHS sight testing service. Mixing rules prevent an NHS patient changing pathways or becoming a private patient once they are being treated under the NHS. Any hearing aids required are the same as in the hospital service and free to patients; as is ongoing after care and support on an 'on demand' basis which is not available in the hospital service.

As all audiologists know, the key to successful intervention and prevention is for patients to keep wearing their hearing aids. In the community they can have on demand support as well as battery supplies and repairs to support them whenever they need it.

In summary, by investing in NHS primary care audiology, more patients could be treated closer to home, and more quickly, reducing pressure on secondary care by freeing-up capacity for patients whose needs are best met in hospital.

Primary care audiology providers stand ready to help deliver the 'left shift' of the NHS 10 Year Health Plan. **It would be helpful for the Government to give a signal during Committee that in exercising its powers under the Bill it is planning to**

- a) implement self-referral to audiology in all areas**
- b) expand the right for patients with hearing loss to have a choice of provider, in the same way as they can already for consultant led services.**

i Monitor 2015. NHS adult hearing services in England: exploring how choice is working for

patients, https://assets.publishing.service.gov.uk/media/5a7ffb45ed915d74e622bc58/Adult_hearing_services_-_Monitor_s_report.pdf

ii Monitor 2015. NHS adult hearing services in England: exploring how choice is working for

patients, https://assets.publishing.service.gov.uk/media/5a7ffb45ed915d74e622bc58/Adult_hearing_services_-_Monitor_s_report.pdf

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