



Report Title	Cochlear Implant and Bone Conduction Hearing Implant Hearing Device Service – Engagement			Agenda Item	7.1.1
Meeting Title	Hywel Dda UHB Public Board Meeting			Meeting Date	29.09.22
FOI Status	Open				
Author (Job title)	Specialised Planner Neurosciences and Long Term Conditions and Assistant Director of Planning				
Executive Lead (Job title)	Director of Planning, WHSSC				
Purpose of the Report	The purpose of this report is to : <ul style="list-style-type: none"><li>Set out the process followed by WHSSC following a temporary service change to the provision of Cochlear services in South and West Wales and South Powys; and to,</li><li>Present the materials and process for a period of targeted engagement with regard the future configuration of the South Wales Cochlear Implant and Bone Conduction Hearing Implant Device Service.</li></ul>				
Specific Action Required	RATIFY <input type="checkbox"/>	APPROVE <input checked="" type="checkbox"/>	SUPPORT <input type="checkbox"/>	ASSURE <input checked="" type="checkbox"/>	INFORM <input checked="" type="checkbox"/>
<b>Recommendation(s):</b> <p>Members are asked to:</p> <ul style="list-style-type: none"><li><b>Consider</b> and approve the attached, content, process and timeline for a period of targeted engagement (as supported by the Board of CHCs)</li><li><b>Support</b> local action to disseminate the information being cascaded as outlined within the main body of the report; and</li><li><b>Note</b> the Draft Equality Impact Assessment (EQIA).</li></ul>					

## COCHLEAR IMPLANT AND BONE CONDUCTION HEARING IMPLANT

## DEVICE SERVICE –ENGAGEMENT

### 1.0 SITUATION

The purpose of this report is to:

- Set out the process followed by WHSSC following a temporary service change to the provision of Cochlear services in South and West Wales and South Powys; and to
- Present the materials and process for a period of targeted engagement with regard the future configuration of the South Wales Cochlear Implant and Bone Conduction Hearing Implant (BCHI) Device Service.

### 2.0 BACKGROUND

WHSSC commissions Cochlear and Bone Conduction Hearing Implants for the population of Wales on behalf of the 7 Health Boards. This report applies to all Health Boards (HBs) with the exception of Betsi Cadwaladr University Health Board (BCUHB), and the population within Powys Teaching Health Board (PTHB) that flow to North Wales/England for their services.

**Cochlear** services are commissioned from two centres in South Wales; the University Hospital of Wales (UHW) in Cardiff and the Princess of Wales (PoW) Hospital in Bridgend. The services are provided to the populations of the following Health Board (HB) areas:

- Cwm Taf Morgannwg University Health Board (CTMUHB)
- Cardiff & Vale University Health Board (CVUHB)
- Aneurin Bevan University Health Board (ABUHB)
- Powys Teaching Health Board (PTHB)
- Swansea Bay University Health Board (SBUHB)
- Hywel Dda University Health Board (HDUHB)

There are approximately 30 adult Cochlear implants and approximately 16 paediatric Cochlear implants undertaken each year.

Urgent temporary arrangements have been in place for the provision of Cochlear Implant services from a single centre at CVUHB since 2019 when the service provided at the PoW, Bridgend became unviable. At this time, a commitment was given to undertake a process compliant with the 'Guidance on changes to services in NHS Wales' in order to move towards a permanent model of delivery.

**Bone Conductor Hearing Implant** services for the South Wales population are currently provided from three HBs: SBUHB, CVUHB and

ABUHB. Across all three centres there are a total of between 16 and 20 BAHAs provided each year (approximately 6 per centre).

In order to inform both the future commissioning model and engagement requirements, 3 pieces of work have recently been undertaken:

- A clinical options appraisal,
- An external assessment of the options against clinical standards; and
- A financial options appraisal.

A summary of the process and outcomes, as well as a recommendation on a preferred future commissioning option for all specialist hearing services was outlined in a report to the WHSSC Management Group in July 2022, and subsequently to the Joint Committee on the 6<sup>th</sup> September 2022. The Joint Committee supported the proposals. The report which also presented a process and core content of a period of targeted engagement, can be viewed via the following [link](#). (it is important to note that the link to the JC papers refers to earlier versions of the engagement materials, which have since been updated).

Agreement was reached through these discussions to follow the process as advised by the Board of Community Health Councils(CHC's) and an agreement was given to the content of the engagement materials as the basis of a targeted engagement process, for which support is sought through HBs at their September meetings as follows:

Health Board (HB)	Date
Aneurin Bevan University Health Board	28th September 2022
Cardiff & Vale University Health Board	29th September 2022
Cwm Taff University Health Board	29th September 2022
Hywel Dda University Health Board	29th September 2022
Powys Teaching Health Board	29th September 2022
Swansea Bay University Health Board	28th September 2022

### 3.0 ASSESSMENT

The following section outlines the materials, methods and proposed timeline for the engagement process, as well as a summary view from each CHC, to enable HBs to consider this as part of their assessment.

### 3.1 Materials

In order to support the process, the following materials have been developed:

- A Core engagement document with a questionnaire to aid response (**Appendices 1 & 1a**),
- A Summary document (**Appendix 2**),
- An Easy Read document; and
- A Draft Equality Impact Assessment (EQIA) (**Appendix 3**)

It should be noted that the Easy Read document is currently being developed by an external organisation and will be available on request. It should further be noted that the EQIA remains in a draft format as it will be further updated using the information received through the engagement process.

### 3.2 Methods

In order to support the process, the following methods have been agreed:

- A Letter to all current patients/carers, (*note those already within the service, and those on a waiting list*) including engagement materials, and outlining the current position, the case for change, options that have clinically been considered and a preferred option of future delivery,
- A Letter to all clinical teams including engagement materials, and outlining the current position, the case for change, options that have clinically been considered and a preferred option of future delivery,
- Publication of the engagement process and materials on HB websites and consideration of cascade through stakeholder reference groups (SRGs); and
- Cascade of documentation to a number of stakeholders to enable broader view.

### 3.3 Timeline

The following timeline is proposed for targeted engagement, noting that an additional period of consultation may be required following this stage:

Governance Process	Date	Action
Health Board Meetings	September 2022	Seek support from Boards on engagement with Health Board
Community Health Council meeting	19 <sup>th</sup> October 2022	Final update based on Joint Committee and Health Board views

<b>Engagement Process *</b>	24 <sup>th</sup> October 2022	6 week targeted engagement
<b>Engagement Finishes</b>	5 <sup>th</sup> December 2022	Consideration of comments and any associated mitigations
<b>Health Board Meetings</b>	January 2023 (tbc)	Outcome of the Engagement process
<b>Community Health Council meeting</b>	19 <sup>th</sup> January 2023 (tbc)	Outcome of the Engagement process

*\*Note subject to Welsh translation timeline*

### 3.4 Community Health Council (CHC) Considerations

Outlined below are the considerations of each of the CHCs on the proposed process and materials:

<b>Health Board</b>	<b>Status</b>
Aneurin Bevan CHC	Supported
South Glamorgan CHC	Supported
Cwm Taf Morgannwg CHC	Supported
Swansea Bay CHC	Not meeting until 27 <sup>th</sup> Sept
Hywel Dda CHC	Supported
Powys CHC	Supported

## 4.0 RECOMMENDATIONS

Members are asked to:

- **Consider** and approve the attached, content, process and timeline for a period of targeted engagement (as supported by the Board of CHCs);
- **Support** local action to disseminate the information being cascaded as outlined within the main body of the report; and,
- **Note** the draft Equality Impact Assessment (EQIA).

## Governance and Assurance

## Link to Strategic Objectives

<b>Strategic Objective(s)</b>	Development of the Plan
<b>Link to Integrated Commissioning Plan</b>	Yes
<b>Health and Care Standards</b>	Safe Care Effective Care Timely Care
<b>Principles of Prudent Healthcare</b>	Care for Those with the greatest health need first Reduce inappropriate variation
<b>NHS Delivery Framework Quadruple Aim</b>	People in Wales have improved health and well-being with better prevention and self-management
<b>Organisational Implications</b>	
<b>Quality, Safety &amp; Patient Experience</b>	To ensure that the delivery model will provide a safe and sustainable hearing implant device service, which meets national standards for the South Wales region.
<b>Finance/Resource Implications</b>	There are no resource implications.
<b>Population Health</b>	To ensure all users of the Hearing Implant Device centre have equal access to surgery and provide life management and care for patients offering care closer to home.
<b>Legal Implications (including equality &amp; diversity, socio economic duty etc)</b>	There are no known legal, equality and diversity implications.
<b>Long Term Implications (incl WBFG Act 2015)</b>	Ensuring patients physical and mental well-being is maximised in which choices that will benefit future health.
<b>Report History (Meeting/Date/ Summary of Outcome)</b>	15 September 2022 - Corporate Directors Group Board
<b>Appendices</b>	Appendix 1 and 1a - Core engagement document with a questionnaire to aid response







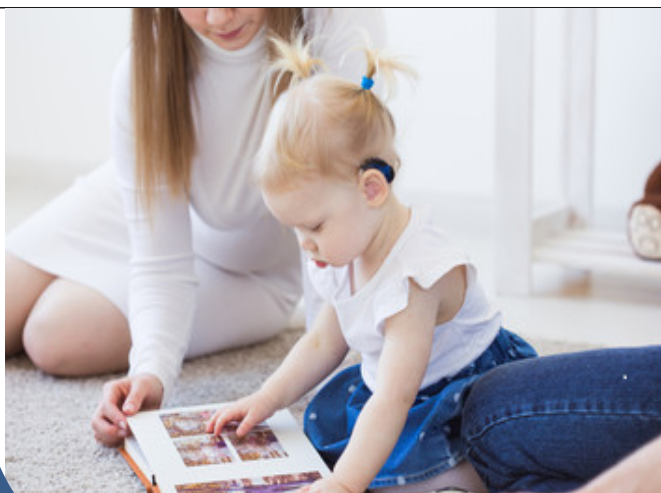
**GIG**  
CYMRU  
**NHS**  
WALES

Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)

Welsh Health Specialised  
Services Committee (WHSSC)



**COCHLEAR IMPLANT AND BONE CONDUCTION HEARING  
IMPLANT (BCHI) DEVICE SERVICES FOR CHILDREN & ADULTS  
IN SOUTH & WEST WALES AND SOUTH POWYS**





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## 1. INTRODUCTION

Many people in Wales experience hearing loss. Specialist hearing services for patients needing a Cochlear Implant or a Bone Conduction Hearing Implant (BCHI) are provided from two centres in Wales, one in Cardiff and one in Bridgend. Health Boards in South Wales, West Wales, and South Powys have been working together to identify the best way of providing these services in the future, and would like to hear your views on these ideas. The reason we need to talk with you now is that there are temporary arrangements in place for these services, and we would like to get them to a more permanent position.

The discussion paper will answer the following questions:

- What are Cochlear implants and BCHI?
- Who needs a Cochlear implant or BCHI?
- How are services in South Wales currently organised?
- What challenges are facing the service?
- What options do we have to respond to the challenges?
- Do we have a preferred option?
- What are the advantages and disadvantages?

We would like to hear your views on the issues shared in the paper, and have developed a questionnaire that you can use to respond at Annex A. If you have feedback that you would like to comment on that the questionnaire does not cover, please use the commentary section at the end to share this.

We welcome views from all residents and stakeholders in South East Wales, South West Wales and South Powys who may be affected by the contents of this paper. An Equality Impact Assessment screening has been developed for this service, which the responses to this engagement will further inform. Both will be published as part of the outcome of the engagement process.

Due to the nature of the service, we recognise that this document will have some medical terms within it that may not be familiar to all. There is a description of these words in Annex 2.

**2. WHAT ARE COCHLEAR IMPLANTS AND BONE CONDUCTION HEARING IMPLANT (BCHI) SERVICES ?**

Hearing loss affects over 10 million people across the United Kingdom. It can lead to significant health and mental health issues<sup>1</sup>. It is a very common condition affecting around one in seven of the population. As we get older, the chance of us having hearing loss increases.

Many people with hearing loss wear a hearing aid(s) which make sounds louder in the ears. Not everybody is able to wear hearing aids as the hearing aid cannot be made loud enough for them to hear clearly. There are many medical conditions that make hearing aids unsuitable for certain people and therefore an implantable hearing device may be considered.

<b>What is a Cochlear Implant?</b>	<b>What is a Bone Conduction Hearing Implant (BCHI)?</b>
A cochlear implant is for people who gain no benefit from air conduction hearing aids. The implant stimulates the nerves in the inner ear to create sound.	A BCHI is for people who cannot physically wear an air conduction hearing aid. BCHI uses bone conduction to help sound get to the inner ear.

Specialist Auditory services that support people needing cochlear implants and/or BCHIs aim to:

- Improve speech and quality of life
- Promote normal development of hearing
- Provide adult hearing rehabilitation and paediatric hearing rehabilitation – this could be through direct input or an advisory

service.

- Provide a high quality, family focused cochlear implant and BCHI programme
- Promote understanding and the use of spoken language in children
- Provide remote rehabilitation and care to ensure patients get the maximum benefit from their devices
- Use of auditory devices to restore hearing functions and enhance the listener's quality of life to optimise the patient experience

### 3. WHO NEEDS THESE SERVICES?

#### What do we know about hearing loss in Wales?



There are approximately **613,000** people over the age of 16 with severe/profound deafness in England and Wales.

Around **370** children in England and **20** children in Wales are born with permanent severe/profound deafness each year. Around **90%** of these children live with hearing parents. About 1 in every 1,000 children is severely or profoundly deaf at 3 years old. It is 2 in every 1'000 between the ages of 9 – 16.

There are more women than men with hearing loss, which is because women live longer than men. Some ethnic groups may also have higher rates of hearing loss.

Doctors and Auditory Specialists who believe a person could be helped by a hearing implant, can refer them to a specialist hearing centre to be seen by a team of clinical staff (a multi-disciplinary team) who will assess whether a someone is suitable for a hearing

<sup>1</sup> [Overview | Cochlear implants for children and adults with severe to profound deafness | Guidance | NICE](#)

implant. Not all people will benefit from a hearing implant.

It is really important that children who have hearing loss are identified and seen early so that they can learn to speak well, take part in school and learning, make friends and have good conversations.

People who receive a cochlear implant or BCHI device may have:

- A chronic ear disease
- Deafness in one or both ears
- Ear canal problems
- Malformations of or absent ear structures

#### **4. HOW ARE COCHLEAR IMPLANT AND BCHI SERVICES CURRENTLY ORGANISED IN SOUTH WALES ?**

##### **National Context**

The Welsh Health Specialised Services Committee is responsible for the commissioning (buying and monitoring) of Cochlear Implant and BCHI Device services for Welsh residents.

There are two specialist centres for Cochlear Implant services in South Wales:



- One at the University Hospital of Wales, Cardiff and Vale University Health Board and;



- One at the Princess of Wales Hospital, Cwm Taf Morgannwg University Health Board

These centres work together and are recognised as the Specialist Auditory Implant Device Service for children and adults in South Wales, West Wales and South Powys.

There are three centres delivering the BCHI Service and these are located at:



**The Royal Gwent  
Hospital in  
Newport**



**Neath Port Talbot  
Hospital**



**University  
Hospital of  
Wales,  
Cardiff**

Services from Cardiff & Vale and Neath Port Talbot are bought and monitored (commissioned) by WHSSC. The service at Aneurin Bevan University Health Board is funded by Aneurin Bevan University Health Board.

People from across South Wales, West Wales and South Powys are referred to one of the two centres funded by WHSSC for BCHI.

### **For Cochlear Implant referrals:**

Prior to August, 2019 people living in the following areas were referred to (sent to and seen at) the Princess of Wales Hospital, Bridgend :

Carmarthenshire
Ceredigion
Pembrokeshire
Neath
Bridgend
Swansea
A small number of South Powys patients

Prior to August, 2019 people living in the following areas were referred to (sent to and seen at) the University Hospital of Wales, Cardiff:

Cardiff and Vale
Gwent
Merthyr Tydfil
Rhondda Cynon Taff
Taff Ely
small number of South Powys patients

### **For BCHI referrals:**

People living in the following areas are currently referred to (sent to and seen at) Neath Port Talbot Hospital:

Carmarthenshire
Ceredigion
Pembrokeshire
Neath
Bridgend
Swansea
A small number of South Powys patients

People living in the following areas are currently referred to (sent to and seen at) University Hospital of Wales, Cardiff:

Cardiff and Vale
Merthyr Tydfil
Rhondda Cynon Valley
Gwent
Taff Ely
small number of South Powys patients

Adults living in Gwent area are currently seen in Aneurhan Bevan University Health Board which is not a WHSSC funded service for BCHI.



The North Wales Cochlear Implant Programme and BCHI service is delivered in Glan Clwyd Hospital, Betsi Cadwaladr University Health Board, with the children's cochlear implant service being in Central Manchester University Hospitals NHS Foundation Trust.

Services for people living in North Wales and North Powys are not included in this engagement.

To deliver these services the Specialist Auditory Implant Device Service must provide the following<sup>2</sup>:

- All patient areas should be appropriate to the needs of a hard of hearing and D/deaf population and take into account the needs of families and young children.
- A specialist auditory implant device centre should include the full range of staff to deliver it in line with the standards.
- Guidance<sup>2</sup> suggests the following roles should be included in an implantable devices team:
  - Otorhinolaryngologist/ENT surgeons
  - Audiological Scientists / Specialist Audiologists
  - Hearing Therapists
  - Speech & Language Therapist
  - Clinical Psychologist

In addition for children:

- Paediatric Anaesthetists
- Qualified Teachers of the Deaf
- Specialist Speech & Language Therapist
- Clinical Psychologist
- Specialist Radiologists
- Specialist Nurses

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<sup>2</sup> <https://www.bciq.org.uk/wp-content/uploads/2021/03/QS-update-2018-WORD-final-v2.pdf>

- The specialist auditory implant team must be suitably qualified and registered with the appropriate professional bodies. All members must continue to maintain continual professional development, and all will have training in D/deaf awareness and knowledge of the full range of hearing implants available.
- Specialist auditory implant services must have access to appropriately calibrated and up to date equipment and facilities to enable appropriate assessments to take place.
- Audiological testing will need to be undertaken in sound proofed rooms where the ambient noise levels are compliant with the BBS EN ISO 8253-1 1998 standard.
- Day case operating theatres
- Inpatient operating theatres
- Outreach clinics to provide care closer to the people's homes
- Home and school visits where appropriate
- Offer remote programming for cochlear implants

## 5. HOW DOES THE SERVICE PERFORM?

There are three pieces of information that are reported by the service, these are:

- **Referrals** – the number of adults and children who need the specialist service and are referred by their doctor or auditory specialists
- **Waiting times** – length of time adults and children have to wait in weeks or days to be seen for treatment
- **Activity** – number of adults and children who receive treatment

Table 1 shows the number of adults and children who are referred to the Cochlear Implant and Bone Conductor Hearing Implant (BCHI) service over the last four years. The BCHI information is shown as an average figure.

**Table 1: Referrals**

<b>Cochlear Implant Referrals</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Adults	56	57	82	31
Paediatrics	20	17	31	12
<b>Average Number BCHI Referrals</b>				
Adults	42	42	42	42
Paediatrics	2.5	2.5	2.5	2.5

The next table shows how long adults and children are likely to wait to receive treatment for a cochlear implant or BCHI during 2019/20. The Cardiff and Vale University Health Board is the only centre in South Wales that has had a cochlear implant service since August, 2019.

**Table 2: Waiting Times to first assessment 2019/20**

<b>Cochlear Implants Waiting time</b>	<b>Cardiff and Vale University Health Board</b>	<b>Swansea Bay University Health Board</b>	<b>Aneurin Bevan University Health Board</b>
New adult patients	8 weeks	Not applicable	Not applicable
New paediatrics patients	4 weeks	Not applicable	Not applicable
<b>BCHI Waiting Time</b>			
New BCHI patients	2-3 weeks	12 weeks	24 weeks

Table 3 shows the number of adults and children that were treated in the last four years.

The numbers were much lower in 2020/21 due to the Covid-19 pandemic.

## Activity

<b>Cochlear Implant Activity</b>	<b>2017/18</b>	<b>2018/19</b>	<b>2019/20</b>	<b>2020/21</b>
Adults	14	28	32 40	30
Paediatrics	16	15	17	16
<b>BCHI Activity</b>				
Adults	25	21	18	4
Paediatrics	0	0	0	0

## Outcome Measures for Cochlear Implants

The service are required to take account of national standards to ensure that treatment is provided in the best possible way. Patients are asked to complete a number of questionnaires asking about their hearing loss, how it is affecting them and whether the hearing implant has improved their hearing and general quality of life. These are called patient reported outcome measures (PROMS).

There are other tests that can be used to measure how well a person can hear words or words in sentences, without lip-reading. These tests are used to see if the adult or child is suitable for a cochlear implant. This is known as a speech test measurement and is performed before surgery and again after surgery to measure the change and whether there has been an improvement in the quality of their hearing.

For those adults or children who have been assessed and may be suitable for a BCHI, speech tests are not usually used. The measure is more around reduction in pain, ear infections, earmould allergies or how well the BCHI fits compared to an air conduction hearing aid.

## **6. WHAT ARE THE CHALLENGES FACING COCHLEAR IMPLANT AND BCHI HEARING DEVICE SERVICES IN SOUTH WALES ?**

Services face a number of current challenges which are outlined here:

- **Workforce challenges**

During 2019, it was established that the service provided from the Princess of Wales hospital in Bridgend service was facing workforce challenges and became unsustainable due to the immediate withdrawal of the Principal Clinical Scientist from the service. The Bridgend service was without Audiology support and were not able to meet some of the quality indicators to achieve the minimum standards as recommended by the British Cochlear Implant Group due to the staffing shortage.

In line with the guidance on '*Changes to NHS services in Wales*', arrangements were made for the temporary transfer of Cochlear surgery services from Cwm Taf Morgannwg to Cardiff and Vale University Health Board. The change means that patients who would have gone to Princess of Wales Hospital Bridgend for surgery and out-patient appointments would temporarily be seen at the University Hospital of Wales, Cardiff. Staff from the Bridgend service were also temporarily transferred on honorary contracts to support the provision of the service in Cardiff, enabling a level of continuity to patients previously being seen in the Princess of Wales hospital.

- **Meeting Quality Standards**

To deliver services, specialist auditory implant device centres should meet the 'British Cochlear Implant Group Quality Standards'. The key standards are set out overleaf:

Accept referrals based on agreed criteria e.g. NICE/Commissioning Policy	Be able to provide full Audiological care for patients across the pathway including assessment, surgery, and device programming
MDT where all referrals are discussed and planned for, and able to offer access to all types of commissioned hearing implants	Service has required recommended throughput required to maintain surgical (min 10 CI/surgeon/yr) and clinical scientist/physiologist's skills.(centre undertakes min 15 BAHA/yr)
Facilitate timely access to surgery	Facilitate rapid access to a Clinical Scientist/Physiologist when device failure is suspected( recommended that a centre should have a minimum of 3)
Provide equitable and life long access	Have clear governance processes
Facilitate effective liaison with relevant local services (local audiology, SLT and TOD)	Publish data on audit and outcomes

The British Cochlear Implant Group (BCIG) standards recommend:

- That a Cochlear Implant Centre should have a minimum of two experienced ear surgeons with an annual surgical activity level of 10 surgeries, per year, per surgeon in order to maintain high levels of skill and experience.

Recommendations on standards for BCHI services comes from a consensus statement of experts, which states:

- That BCHI fitting should take place in a specialist auditory implant device centre performing at least 15 procedures per year.

Not all units are able to achieve the quality standards that are set out in the British Cochlear Implant Group guidelines and NHS England Clinical Commissioning Policy for Bone Anchored Hearing.

- **Services spread across the South Wales region**

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BCHI services are widely spread across the region. Some of the centres have single handed auditory specialist staff, which means that there is no cross cover when people are on leave. There is no arrangement in place for skilled staff to rotate into these posts and clinical staff are often also working in audiology and Ear, Nose and Throat services. There are challenges in recruiting staff to roles and in some centres there has been a lack of opportunity for development due to the gaps in the workforce.

- **Waiting Times**

Waiting times across the region vary from centre to centre and there is no central Multi-Disciplinary Team (MDT) provision, which means that not all patients have the opportunity to be considered for all types of hearing implant devices.

All of the issues above have led to the suggestion of a centralised service in order to have economies of scale and seek to address the challenges outlined.

<b>7. WHAT OPTIONS HAVE WE CONSIDERED TO RESPOND TO THE CHALLENGES?</b>
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Our aim is to have a Cochlear Implant and Bone Conduction Hearing Implant Device Service that:

- Can deliver a safe and sustainable specialist auditory implant device service for the adult and paediatric population of South Wales, West Wales and South Powys
- Has equitable access
- Meets national standards
- Has staff in the right place with the right specialist skills
- Facilitates timely access to surgery

To consider the best option, three pieces of work have been done:

- a) A clinical option appraisal
- b) An external assessment of the options and how they would deliver against relevant service standards



c) A financial option appraisal

Underpinning all three pieces of work were the British Cochlear Implant Group guidelines<sup>6</sup> and the NHS England BCHI Commissioning document.

Below is a summary of the work:

- **Clinical Option Appraisal**

A series of workshops with clinical teams were held between September 2021 and June 2022 with the aim of discussing the best way of delivering a safe and sustainable specialist auditory implant device service for the adult and paediatric population of South Wales, West Wales and South Powys that meets national standards.

The group considered five options for the delivery of specialist hearing services in the future and scored them against the following criteria:

- Quality and Patient Safety
- Achievability (Staffing, sustainability, and training)
- Accessibility
- Clinical Effectiveness and Efficiency
- Acceptability

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<sup>6</sup> <https://www.bci.org.uk/>

The options considered were:

	Option	Description
A	Do Nothing	2 Cochlear hubs for adults and children, 3 BCHI hubs for adults and children
B	Central Cochlear/distributed BCHI	Single Hub (with outreach) for Cochlear 3 BCHI hubs for both adults and children
C	Central Cochlear Central Paediatrics BCHI Distributed adult BCHI	1 Cochlear hub with cochlear outreach 1 BCHI hub (Paediatrics) 3 BCHI hubs (adult)
D	Single implantable device hub	1 single centre for Cochlear and BCHI for both children and adults with an outreach support model

E	1 Cochlear hub (Children & adults) 1 BCHI hub (Children and adults)	1 single centre for BCHI (children and adults) 1 single centre for Cochlear (children and adults)
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The clinical team expressed a preference for Option B.

- **External Assessment**

To consider the options against the national standards, a specialist hearing centre from within NHS England was asked to objectively review the options. In undertaking this assessment, the external assessor arrived at the following ranking of the options:

Option	External specialist auditory implant centre assessment
A	5
B	4
C	3
D	1
E	2

The outcome of the external assessment against the standards was option D being the preferred option.

- **Financial Appraisal**

Finally, each of the options was reviewed financially. It was concluded that none of the options would cost more than the money that is currently invested in the service, in fact that through consolidating the services that there was an opportunity to release money for investment in an out of hours service, and other service developments.

The outcome of the financial appraisal identified that Option D, a single implantable device hub for both children and adults with an outreach support model was the most cost-efficient option.

**In summary of the outcome of the 3 pieces of work:**

Option	Title	Clinical Option Appraisal	External Assessment against of standards	Financial Appraisal
Option A	Do nothing			
Option B	Central Cochlear /distributed BCHI	√		
Option C	Central Cochlear, Central Paediatrics BCHI Distributed adult BCHI			
Option D	Single implantable device hub for both children and adults with an outreach support model		√	√
Option E	1 Cochlear hub (Children & adults) 1 BCHI hub (Children and adults)			

## 8. DO WE HAVE A PREFERRED OPTION?

Welsh Health Specialised Services as commissioner of the service has the responsibility to consider the most appropriate means of commissioning the service for the future.

There are a number of key messages taken from the national standards that the service must have.

*A service must:*

- Accept referrals based on agreed criteria e.g. NICE/Commissioning Policy
- Be able to provide full Audiological care for patients across the pathway including assessment, surgery, and device programming
- Be able to offer access to all types of commissioned hearing implants
- Have a functioning MDT where all referrals are discussed and planned for
- Facilitate timely access to surgery
- Facilitate rapid access to a Clinical Scientist/Specialist Audiologist when device failure is suspected
- Provide equitable and lifelong access
- Have clear governance processes

- Facilitate effective liaison with relevant local services
- Publish data on audit and outcomes

Having considered all three assessments against the national standards the only option that meets these requirements is **Option D, a single implantable device hub for both children and adults with an outreach support model**. This is the model that WHSSC would like to commission.

## 9. IMPACT OF THE CHANGE

The suggestion above will enable the safe and sustainable delivery of services for patients requiring an implantable device which will include assessment, surgery and device programming. It will also include the full range of staff required to support the service, and see sufficient numbers of patients for the clinical team to maintain a high level of skill.

The service would:

- Support rapid access to a Clinical Scientist/Specialist Audiologist when device failure is suspected at the specialist auditory centre and provide equitable and lifelong access
- Ensure equity of access for all patients (i.e. all patients having the same options open to them, and considered for them)
- Support a critical mass of patients required for the adoption of new technological advances
- Provide remote digital programming and outreach clinics in the local health boards to improve access to services

### What is the Impact?

- Some patients and families may need to travel further distance to receive the service
- Patients would be treated at a centre carrying out higher numbers of the procedures, which is linked to improved outcomes
- There is the opportunity to use money more efficiently, potential opportunity to reinvest in new developments for the service, and to have an improved service comparable to other regional specialist auditory device centres.

## **10. HOW CAN YOU CONTRIBUTE: ENGAGEMENT AND CONSULTATION**

This is the start of our conversation with you about the Cochlear Implant and BCHI Hearing Implant Device service for South and West Wales and South Powys. We would like you to share your views about what you have read.

Some of the things we would be interested to learn from you are whether:

- You have an understanding of the Cochlear Implant and BCHI Hearing Implant Device service as a result of reading this document
- You have a better awareness of how the services are currently provided as a result of reading this document
- The challenges facing the service and the options that have been considered for the future delivery of the services are clear
- Your views on the preferred model

### **Next Steps**

- When the engagement exercise has ended, all information received will be shared with the individual Health Boards and Board of Community Health Councils. We will also make available a report that outlines a summary of what has been received. We will consider all of your comments and decide to take any necessary mitigating actions as a result. We will also update the Equality Impact Assessment.

On discussing the outcome with Community Health Councils, a further period of consultation may be needed. If this is required we will once again invite your views.

A questionnaire is available at the end of this document to aid your response. It should be returned to:

Cochlear and BCHI engagement  
Welsh Health Specialised Services Committee  
Unit G1 Main Avenue

Treforest  
Pontypridd  
CF37 5YL

Or alternately [WHSSC.GeneralEnquiries@wales.nhs.uk](mailto:WHSSC.GeneralEnquiries@wales.nhs.uk) (*please title Specialist Audiology Engagement*)

We would welcome your feedback by **5<sup>th</sup> December 2022**



## APPENDIX 1– GLOSSARY OF TERMS

Audiology	The branch of science and medicine concerned with the sense of hearing.
Cochlear Implant System	A cochlear implant is an implanted electronic hearing device designed to produce useful hearing sensations to a person with severe to profound nerve deafness by electrically stimulating nerves inside the inner ear.
Otorhinolaryngologist/ENT surgeon	A doctor who studies or treats diseases of the ear, nose, and throat.
Audiological scientists / Specialist Audiologist	A clinical scientist or specialist audiologist specialises in the diagnosis, analysis and treatment of human auditory disorders such as hearing, tinnitus and audio balance deficiencies.
Hearing therapist	A hearing therapist offers counselling to help with hearing difficulties
Speech and Language Therapist	A speech and language therapist provides life-changing treatment, support and care for children and adults who have difficulties with communication, eating, drinking and swallowing.
Clinical Psychologist for children	Clinical child psychologists work with children by assessing, diagnosing and treating children and adolescents with psychological or developmental disorders, and they conduct academic and scientific research
Paediatric Anaesthetist	Paediatric anaesthesiologists are responsible for the general anesthesia, sedation, and pain management needs of infants and children
Qualified Teacher of the Deaf (QTOD)	Qualified Teachers of the Deaf (also known as QToDs) are qualified teachers who provide support to D/deaf children, their parents and family, and to other professionals who are involved with a child's education.
Specialist Radiologists	Specialised Radiologists are medical doctors that specialise in diagnosing and treating injuries and diseases using medical imaging (radiology) procedures (exams/tests) such as X-rays, computed tomography (CT), magnetic resonance imaging (MRI), nuclear medicine, positron emission tomography (PET) and ultrasound.
Specialist Nurses	Specialist nurses are dedicated to a particular area of nursing; caring for patients suffering from long-term conditions and diseases



NICE	National Institute of Clinical Excellence
MDT	Multi-disciplinary Team
SLT	Speech and language therapy

# The Future of Specialist Auditory Hearing Implant Device Services in South Wales Questionnaire

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We are seeking the views of patients and other members of the public regarding how specialist auditory implant device services, such as Bone Conducting Hearing Implant (BCHI) and Cochlear implants, are currently delivered in South Wales, and how they could be delivered in the future. Your contribution to this is valuable, and helps us shape future discussions.

## **Section 1: Please tell us about yourself.**

1. Are you responding on behalf of a group/organisation or as an individual?
  - ☐ Group/Organisation (please state which group or organisation and move to question 7)

- ☐ Individual

2. What is your age?

- ☐ Under 16
- ☐ 16 - 18
- ☐ 19 - 49
- ☐ 50 – 69
- ☐ 70+
- ☐ Prefer not to say

3. What is your gender?

- ☐ Female
- ☐ Male
- ☐ Non-binary
- ☐ Prefer not to say

4. How would you describe your national identity?

- ☐ Welsh
- ☐ English
- ☐ Scottish
- ☐ Northern Irish
- ☐ British
- ☐ Other
- ☐ Prefer not to say

5. How would you describe your ethnic group?

- ☐ White
- ☐ Mixed or multiple ethnic groups
- ☐ Asian, Asian Welsh, Asian British
- ☐ Black, Black Welsh, Black British, Caribbean or African
- ☐ Other
- ☐ Prefer not to say

6. Please tell us the first four characters of your postcode. (this helps us learn where the answers have come from)

7. Which Health Board area do you come under?

- ☐ Aneurin Bevan University Health Board
- ☐ Betsi Cadwaladr University Health Board
- ☐ Cardiff & Vale University Health Board
- ☐ Cwm Taf Morgannwg University Health Board
- ☐ Hywel Dda University Health Board
- ☐ Powys Teaching Health Board
- ☐ Swansea Bay University Health Board

- ☐ NHS England
- ☐ Other

## **Section 2: About the Service**

8. As a result of reading this information:

- ☐ I have a better understanding of how BCHI and Cochlear services are currently organised
- ☐ I have no understanding of how BCHI and Cochlear services are currently organised
- ☐ My understanding of how services are currently organised is the same

9. As a result of reading this information:

- ☐ I have a better understanding of the issues facing the service
- ☐ I have no understanding of the issues facing the service
- ☐ My understanding of the issues is the same

Do you have any comments about the issues facing the service?

10. Would you agree/disagree with the following aims for a future Cochlear and Bone Anchored Hearing Implant service:

### **The service:**

- can deliver a safe and sustainable hearing implant device service for the adult and paediatric population of South Wales
- has equitable access
- meets national standards
- has staff in the right place with the right specialist skills
- facilitates timely access to surgery

Agree

☐

Disagree

☐

Neither agree or disagree

☐

Please tell us more

11. As a result of reading this information:

- ☐ I have an understanding of the process that has been followed to arrive at the preferred option
- ☐ I have no understanding of the process that has been followed to arrive at the preferred option
- ☐ Not applicable

Do you have any comments about the process followed?

12. Please tell us what you think about the preferred option of **a single implantable device hub for both children and adults with an outreach support model.**

- ☐ I agree with the preferred option
- ☐ I disagree with the preferred option
- ☐ I have no particular view on the preferred option

Do you have any comments about the preferred option (i.e. why you agree/disagree)?

13. Should the preferred option be progressed, what do you think the impact would be?

Please use this box to tell us more

# THE FUTURE OF SPECIALIST AUDITORY HEARING IMPLANT DEVICE SERVICES IN SOUTH WALES





# WHAT WOULD WE LIKE TO TALK TO YOU ABOUT?

We would like to talk with people across South and West Wales and South Powys on the ideas we have about how specialist auditory implant device services could be provided in the future.

# WHO IS LEADING THE WORK?

This work is being led by Welsh Health Specialised Services Committee (WHSSC) in conjunction with the Health Boards in:

- South West Wales,
- South East Wales, and
- South Powys.



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CYMRU  
NHS  
WALES

Pwyllgor Gwasanaethau Iechyd  
Arbenigol Cymru (PGIAC)  
Welsh Health Specialised  
Services Committee (WHSSC)

# HEARING LOSS

- Hearing loss affects over 10 million people across the United Kingdom.
- It is a common condition affecting around 1 in 7 of the population.
- As we get older, there is a greater chance of increases in hearing loss and many people are offered a hearing aid.
- Not everyone is able to wear a hearing aid and patients may be sent to a specialist auditory hearing centre to be assessed whether they should have a hearing implant.

# WHY WOULD SOMEONE NEED A HEARING IMPLANT ?

- Deafness in one or both ears
- Hearing loss due to the shape or size of the ear canal
- Hearing loss for a medical reason
- Patients may be offered to wear a Cochlear Implant or a bone conduction hearing implant device.

<b>Cochlear Implant</b>	<ul style="list-style-type: none"><li>• A cochlear implant stimulates the nerves in the inner ear. It is implanted in the ear</li></ul>
<b>Bone Conduction Hearing Implant</b>	<ul style="list-style-type: none"><li>• A Bone Conductor Hearing Implant(BCHI) is a hearing aid which uses bone conduction to help sound get to the inner ear.</li></ul>

# WHERE ARE SERVICES PROVIDED NOW?

## **Cochlear Implant Service**

- University Hospital of Wales, Cardiff and Vale University Health Board
- Princess of Wales Hospital, Cwm Taf Morgannwg University Health Board

## **Bone Conduction Hearing Implant Service**

- Royal Gwent Hospital, Aneurin Bevan University Health Board
- University Hospital of Wales, Cardiff and Vale University Health Board
- Neath Port Talbot Hospital, Swansea Bay University Health Board



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# WHY DO WE NEED THIS CONVERSATION?

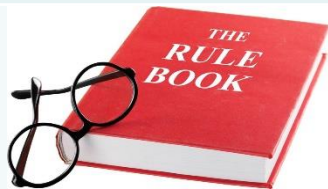
- The service in South Wales, West Wales and South Powys face some current challenges:



British Cochlear Implant Group (BCIG) say that Consultants working at the centres should do 10 cochlear implants and 15 BCHI per year. There are not enough patients to support this across multiple centres.



Patients needing implants should have access to a wide range of clinicians and implants all in the same place – not all centres can offer this.



Because of the above issues, not all centres can meet the standards as set out by the British Cochlear Implant Group.



The Bridgend service temporarily closed in 2019 with all patients currently being seen in Cardiff.



# WHAT ARE WE SUGGESTING?

To overcome the challenges outlined on the previous page, WHSSC would like to commission:

**A single implantable device hub for both children and adults with an outreach support model.**

# HOW DID WE GET TO THAT SUGGESTION?



We worked with clinical teams from the South and West Wales services to look at a number of options for future service delivery



We asked a service from NHS England to assess all of the options against the clinical standards



We undertook a financial assessment of all of the options.



# WHAT WOULD THE CHANGE MEAN?

- Patients would have their implant fitted in a single centre that would do all of this work for South Wales, West Wales and South Powys residents – this has been the situation since 2019.
- Appointments with the team before the implant has been fitted, and after the implant has been fitted will take place closer to home (where they do now)
- Services could meet their standards i.e. do the correct number of procedures
- There would be a critical mass of staff

# WILL THE CHANGE AFFECT ME ?

The change will affect patients living in the following Health Board areas:

- Aneurin Bevan University Health Board
- Cardiff and Vale University Health Board
- Cwm Taf Morgannwg University Health Board
- Hywel Dda University Health Board
- Powys Teaching Health Board
- Swansea Bay University Health Board

*Note the change is only suggested for the implant to be fitted*



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Welsh Health Specialised  
Services Committee (WHSSC)

# HAVE YOUR SAY

We want to hear your thoughts. Please complete the survey form at the end of the summary document and send it to:

Cochlear and BCHI engagement  
Welsh Health Specialised Services Committee  
Unit G1  
Main Avenue 24  
Treforest, Pontypridd CF37 5YL

Or alternately (insert WHSSC generic e-mail)

We would welcome your feedback by date **05<sup>th</sup> December 2022**





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Welsh Health Specialised  
Services Committee (WHSSC)

**PROPOSED CHANGES TO THE SOUTH WALES COCHLEAR IMPLANT  
AND BONE CONDUCTION HEARING IMPLANT (BCHI)  
DEVICE SERVICE**

**EQUALITY IMPACT ASSESSMENT (EIA)**

## **1. INTRODUCTION**

In order to demonstrate that a public sector body has given due regard to the general duty, public sector bodies in Wales are required under the Welsh Public Sector Equality Duties to conduct an equality impact assessment (EIA) of their policies and service developments in order to assess the potential impact(s) upon people with protected characteristics.

This purpose of this document is to set out the narrative and findings of the equality impact assessment (EIA) of proposed changes to the Cochlear Implant and BCHI Hearing Implant Device Services in South Wales.

Equality is about making sure people are treated fairly. It is not about treating 'everyone the same', but recognising that everyone's needs are met in different ways. As part of this duty, public sector bodies in Wales are required to publish an assessment of impact in order to be transparent and accountable i.e. their consideration of the effects that their decisions, policies or services have on people on the basis of their gender, race, disability, sexual orientation, religion or belief, and age, to include gender re-assignment, pregnancy and maternity, marriage and civil partnership issues. These are classed as 'protected characteristics', it is relevant because people from within protected groups are more likely to experience it.

In addition we recognise that Wales is a country with two official languages: Welsh and English. The importance of bilingual healthcare for all patients in Wales is fundamental and is particularly important for four key groups - people with mental health problems; those with learning disabilities; older people and young children. Research has shown these groups cannot be

treated effectively except in their first language. Our consideration of equality takes account of this.

Hearing loss affects over 10 million people across the United Kingdom which makes it the second most common disability in the UK. It can lead to significant health and mental health issues. It is a very common condition affecting approximately one in seven of the population, with a steeply increasing incidence with age.

## **2. THE DEMOGRAPHIC PROFILE**

According to Action on Hearing Loss at least 11 million people in the UK have varying degrees of hearing loss. In people over the age of 50, at least 40% have some form of hearing loss and this rises to around 70% in adults over 70<sup>1</sup>. 900,000 are classed as severe to profoundly deaf. There are around 50,000 children in the UK with hearing loss and half that number are born with it.

The Wales average life expectancy is 78.3 years for men, 82.3 for women; with healthy life expectancy being 65.3 years for men, 66.7 for women. According to Action on Hearing Loss in Wales, there are around 575,500 deaf and hard of hearing people in Wales<sup>2</sup>. In 2018 the total number of deaf children in Wales was 2,625.

## **3. BACKGROUND AND RATIONALE**

The intention to consolidate the cochlear implant service in South Wales has been discussed for some time. The reasons being the close proximity of the two providers, and the viability of sustaining multiple services that can all meet quality standards.

During 2019, an urgent temporary service change was made as a result of the service provided from Bridgend becoming unsustainable, with all patients being moved to Cardiff. The staff associated with the service were also temporarily moved with honorary contracts, in order to support the service.

At this time, there were plans to implement a formal service change, however the emergence of the pandemic resulted in a delay to the conclusion of the preparatory work and subsequent progress into formal engagement and consultation.

Whilst the urgent temporary change related to the provision of Cochlear Implant services, WHSSC's commissioning responsibility for Specialist

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<sup>1</sup> <https://libguides.southwales.ac.uk/c.php?g=669129&p=4748827>

<sup>2</sup> <https://rnid.org.uk/wp-content/uploads/2020/05/Hearing-Matters-report--Wales-Supplement.pdf#:~:text=Action%20on%20Hearing%20Loss%20runs%20free%20hearing%20aid,hearing%20aids%20%28Action%20on%20Hearing%20Loss%20Cymru%2C%202014%29.>

Audiology includes both Cochlear and BCHI. The scope of the project was revised to include both Cochlear, BCHI, adult and children services. The EIA will help with answering the following questions:

- Do different groups have different needs, experiences, issues and priorities in relation to the proposed service change?
- Will the proposed service change promote equality?
- Will the proposed service change affect different groups differently?
- Is there evidence of negative impact and what alternatives are available?

#### **4. CURRENT SERVICE PROVISION**

Cochlear Implant services are commissioned from two centres in South Wales:

- University Hospital of Wales, Cardiff and Vale University Health Board
- Princess of Wales Hospital, Bridgend, Cwm Taf Morgannwg University Health Board

The BCHI Hearing Implant Services are located at three sites:

- Neath Port Talbot Hospital, Swansea Bay University Health Board
- University Hospital of Wales, Cardiff and Vale University Health Board
- Royal Gwent Hospital, Aneurin Bevan University Health Board.

#### **5. PROPOSED SERVICE PROVISION**

Following the pandemic, a scoping exercise was undertaken. There were a number of steps in the process to agree a preferred delivery model which required to meet the aim of the service review:

*To consider how we deliver a safe and sustainable hearing implant device service for the adult and paediatric population of South Wales that meets national standards.*

The steps to determine the preferred commissioning model are outlined below:

- Develop an options appraisal on the future commissioning of specialist auditory services
- An external assessment of the options against the service standards
- A financial appraisal of the options.

The approach and outcome of all of these processes can be viewed at this link [\(insert hyper link when paper is published\)](#)



Having paid due regard to all three assessments, and the service standards, the only option that meets these requirement is;

**A single implantable Hub with outreach model with a central Multi-Disciplinary Team provision**

(note this is called option D in the link above)

- A single centre for both children and adults, for the provision and maintenance of both cochlear and BCI, ensuring that the delivery model provides a safe and sustainable hearing implant device service, which meets national standards for the south Wales region.
- There will be a central hub with an outreach service. This supports the establishment of a central Multi-disciplinary Team (MDT) where all referrals are discussed and planned for and where patients will be able to be offered access to all types of commissioned implants.
- The option will facilitate timely and equitable access to surgery and provide life management and care for these patients offering care closer to home with the establishment of outreach clinics across the region.

The proposed delivery model must be able to:

- Accept referrals based on agreed criteria e.g. The National Institute for Health and Care Excellence (NICE)/Commissioning Policy,
- Be able to provide full Audiological care for patients across the pathway including assessment, surgery, and device programming,
- Be able to offer access to all types of commissioned hearing implants,
- Have a functioning Multi-Disciplinary Team (MDT) where all referrals are discussed and planned for,
- Facilitate timely access to surgery,
- Facilitate rapid access to a Clinical Scientist/Physiologist when device failure is suspected,
- Provide equitable and lifelong access,
- Have clear governance processes,
- Facilitate effective liaison with relevant local services; and
- Publish data on audit and outcomes.

The Welsh Health Specialised Services Committee, as commissioner of the service, has responsibility to ensure the provision of high quality specialist services for the Welsh population and will commission these in line with the agreed service standards.

## **6. HOW WILL IT BE DELIVERED**

### **Central Hub**

A decision has yet to be made on where the single site will be located in south Wales but there are a number of considerations:

All patient areas should be able to meet the needs of a hard of hearing population and the needs of families and young children.

There should be a full range of specialist staff to provide the service to meet the national standards.

There is a need to have other services at the same site for example day case, operating theatres.

The centre must provide a central multi-disciplinary team where all referrals are discussed and planned for.

### **Outreach Services**

The location of outreach services has not been agreed but here are some suggested centres:

- Neath Port Talbot, Swansea Bay University Health Board
- A location in north Cwm Taf Morgannwg University Health Board
- A location in Aneurin Bevan University Health Board
- University Hospital of Wales, Cardiff and Vale University Health Board.

The key implications of the proposed relocation that are likely to have an impact on patients and staff are:

### **Patient parking**

This is available at all sites. There are no car parking charges within Wales' hospital sites.

### **Staff parking**

This is available at all sites. Members of staff who wish to park on site may need to apply for a permit. A permit does not guarantee them a parking space on site. Staff must park in designated staff car parks.

### **Healthcare Travel Costs Scheme**



Under this scheme, patients on low incomes or receiving specific qualifying benefits or allowances are reimbursed in full or in part for costs incurred in travelling to receive NHS services provided in a hospital. This includes:

- Income support benefit
- Income based job seekers allowance
- Working tax credit or child tax credit
- Or hold a HC2 or HC3.

## 7. UNDERSTANDING THE IMPACT ON PEOPLE WITH PROTECTED CHARACTERISTICS

The proposal to locate a single implantable device hub for both paediatrics and adults with an outreach support model will therefore affect patients living in the local Health Board regions of Cwm Taf Morgannwg, Aneurin Bevan, Cardiff and Vale, Hywel Dda, Swansea Bay and South Powys.

### Gender/Sex

The gender split for the area affected by service change mirrors very closely the gender split for Wales as a whole; approximately a 50:50 split with slightly more females (51%) than males (49%).

Region	Males	Females	Total (%)	Total
Aneurin Bevan UHB	49.0%	51.0%	100.0%	576,754
Caerphilly	49.0%	51.0%	100.0%	178,806
Blaenau Gwent	49.2%	50.8%	100.0%	69,814
Torfaen	48.7%	51.3%	100.0%	91,075
Monmouthshire	49.2%	50.8%	100.0%	91,323
Newport	49.0%	51.0%	100.0%	145,736
Cardiff and Vale UHB	49.0%	51.0%	100.0%	472,426
Vale of Glamorgan	48.7%	51.3%	100.0%	126,336
Cardiff	49.1%	50.9%	100.0%	346,090
Cwm Taf UHB	48.9%	51.1%	100.0%	293,212
Rhondda Cynon Taf	48.9%	51.1%	100.0%	234,410
Merthyr Tydfil	49.0%	51.0%	100.0%	58,802
Powys THB	49.4%	50.6%	100.0%	132,976
<b>Area affected*</b>	<b>49.0%</b>	<b>51.0%</b>	<b>100.0%</b>	<b>1,408,880</b>
Wales	49.1%	50.9%	100.0%	3,063,456

Car travel is the most common means of transport for both men and women from all age groups, including children. However, children make more walking trips than adults. For all age groups, men drive further than women

on average. According to the Department of Transport's Road Use Statistics 2016, nationally men are more likely than women to be car drivers, with 80% of men compared to 67% of women holding a driving licence in 2014.

It is therefore assumed that older female patients are most likely to be impacted by the change of location to the University Hospital of Wales due to their likely reliance on public transport. The evidence of a gender difference in access to transport is a relevant consideration in relation to this service change since a single centre would mean some patients and families travelling further than they would otherwise need to, however some patients will be travelling less, based on the current available evidence. A single centre for Cochlear has been in place since 2019, with no adverse feedback from this group. We would anticipate a similar position and will look for feedback through the engagement process on this issue.

## **Age**

Approximately 370 children in England and 20 children in Wales are born with permanent severe to profound deafness each year. About 1 in every 1,000 children is severely or profoundly deaf at 3 years old. This rises to 2 in every 1,000 children aged 9 to 16 years. About half the incidence of childhood deafness is attributed to genetic causes, although approximately 90% of deaf children come from families with no direct experience of deafness. Causes of severe to profound hearing loss in children also include conditions such as meningitis and viral infection of the inner ear (for example, rubella or measles), as well as premature birth and congenital infections.<sup>3</sup>

Hearing loss is a very common condition affecting approximately one in seven of the population, with a steeply increasing incidence with age. There are approximately 613,000 people older than 16 years with severe to profound deafness in England and Wales. In the UK around 3% of people older than 50 and 8% of those older than 70 years have severe to profound hearing loss. There are more females than males with hearing loss although this is associated with females living longer rather than gender differences in causes of deafness.

The ageing population means that demand for both hearing assessment and associated interventions is set to rise over the coming years. The vast majority of the ageing population with poor hearing can benefit from a direct primary care referral to adult hearing services, often based in the community, and do not require referral to an Ear, Nose and Throat (ENT)

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<sup>3</sup> [2 Clinical need and practice | Cochlear implants for children and adults with severe to profound deafness | Guidance | NICE](#)

out-patient appointment prior to audiological assessment. This facilitates timely diagnosis and access to support for adults with poor hearing.

Older People are also less likely to have access to a car with the over 70 year age group with only 50% of women holding driving licences compared to 73% of men. Women, particularly older women, are therefore likely to be more dependent on public transport and would benefit from community/locality based services and those easily accessible by bus or train.<sup>4</sup>

Older people are therefore likely to be impacted more by the move to a central single implantable device hub as they tend to be high users of the service, some patients who are reliant on public transport may benefit from the outreach service that will be available. We will seek to understand this further through the engagement process.

## **Disability**

Disabled people are ten times more likely to report ill health and also approximately half are likely to experience mental ill health. The Cwm Taf Morgannwg population report the poorest mental health status of all Health Boards in Wales. The proportion of people identifying themselves as disabled<sup>5</sup> in the area affected is very similar to the proportion in Wales as a whole, 22.2% compared to 22.7%. There is a great deal of variation in disability among the Health Boards in the area affected. Cardiff and Vale UHB has the lowest proportion of its population reporting disability at 18.6%, while Cwm Taf at 26.1% has the highest proportion of its population reporting disability. At a Local Authority level Cardiff (18.0%), Monmouthshire (20.1%), the Vale of Glamorgan (20.3%) and Newport (20.8%) stand out with the lowest population proportions reporting a disability.

People who have a disability are twice as likely as people without a disability to have no access to a car (Office for Disability Issues 2009). Disabled people are also less confident in using public transport because of physical access issues but also because of staff attitudes (Framework for Action on Independent Living 2012).

Patients are eligible for non-emergency patient transport if the medical condition of the patient is such that they require the skills of ambulance staff or appropriately skilled personnel on or for the journey; and/or if the

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/514912/road-use-statistics.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/514912/road-use-statistics.pdf)

<sup>5</sup> Disabled is defined as individuals whose day-to-day activities are either limited a lot, or limited a little

medical condition of the patient is such that it would be detrimental to the patient’s condition or recovery if they were to travel by any other means.

Some people undergoing hearing loss surgery may be classed as disabled. To classify as disabled under the Equality Act 2010, you must have a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on your ability to do normal daily activities.

The service will be able to provide and meet the needs of patients with any level of disability and be able to make reasonable adjustments to meet the person’s needs if required. However, based on the currently available evidence, no impact is anticipated on this protected characteristic group but may need further consideration following the engagement process.

Table 3: Long-term health problem or disability by local authorities in Wales (Source: Table QS303EW 2011 Census, ONS).

Region	Day-to-day activities limited a lot	Day-to-day activities limited a little	Day-to-day activities not limited	Total (%)	Total
Aneurin Bevan UHB	12.5%	10.9%	76.6%	100.0%	576,754
Caerphilly	14.0%	11.4%	74.6%	100.0%	178806
Blaenau Gwent	15.7%	11.5%	72.8%	100.0%	69814
Torfaen	13.1%	11.0%	75.9%	100.0%	91075
Monmouthshire	9.7%	10.5%	79.9%	100.0%	91323
Newport	10.6%	10.2%	79.2%	100.0%	145736
Cardiff and Vale UHB	9.4%	9.2%	81.4%	100.0%	472,426
Vale of Glamorgan	9.9%	10.4%	79.7%	100.0%	126,336
Cardiff	9.2%	8.8%	82.0%	100.0%	346,090
Cwm Taf UHB	14.7%	11.3%	73.9%	100.0%	293,212
Rhondda Cynon Taf	14.5%	11.4%	74.2%	100.0%	234,410
Merthyr Tydfil	15.8%	11.1%	73.1%	100.0%	58,802
Powys	10.2%	11.2%	78.6%	100.0%	132,976
<b>Area affected</b>	<b>11.8%</b>	<b>10.4%</b>	<b>77.7%</b>	<b>100.0%</b>	<b>1,408,880</b>
Wales	11.9%	10.8%	77.3%	100.0%	3,063,456

### Sensory Loss

20% of people have impaired hearing and up to 70% of people aged over 70 have sensory loss. This can impact significantly on their ability to understand what they are being told and to interact effectively in a healthcare situation.

British Sign Language (BSL) is the preferred language of over 87,000 Deaf people in the UK for whom English may be a second or third language (A total of 151,000 individuals in the UK can use BSL - this figure does not include professional BSL users, Interpreters, Translators, etc. unless they use BSL at home).

Sign languages are fully functional and expressive languages; at the same time they differ profoundly from spoken languages. BSL is a visual-gestural language with a distinctive grammar using handshapes, facial expressions, gestures and body language to convey meaning.

Contrary to popular belief, Sign Language is not international. Sign languages evolve wherever there are Deaf people, and they show all the variation expected from different spoken languages. They are not derived from the spoken language of a country. Thus, although in Great Britain, Ireland and the United States the main spoken language is English, all three have entirely separate sign languages.

Deaf people can choose from a number of communication methods. An individual's choice will have been determined by many factors to do with their experience and the nature and degree of their deafness. The range includes:

- Sign Language
- Lip-reading
- Fingerspelling
- Deafblind fingerspelling
- Written communication

There are also signing systems that attempts to encode English into sign or to illustrate spoken English.

It can be difficult for a hearing person meeting a Deaf person for the first time, not knowing what communication methods they prefer, but the barriers are usually broken down once communication via the right method is established.

People with sight loss can also be affected by a changed location particularly if they are reliant on guide dogs. Others with low vision will benefit from clear signage, maps etc. It will be essential to take account the needs of people with sensory loss. This is also relevant to people with dementia.

There are already processes in place to support persons with disabilities, for example

- Easy read patient information leaflets
- Wheelchair access at places of safety facilities
- Translation services for those with Sensory issues

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on their disability.

## **Ethnicity/Race**

Overall the area affected is slightly more ethnically diverse than Wales as a whole, with 5.5% black and minority ethnic (BME)<sup>6</sup> population compared to 4.4% BME population nationally. The area affected contains two of the four Welsh asylum seekers dispersal areas (Cardiff and Newport), and this is reflected in the higher BME populations in these areas compared to the other local authorities. Cardiff has the highest BME population at 15.3% with Newport having the second highest BME population at 10.1%. BME populations outside these local authorities in the area affected are in the range of 1.5% to 2%.

Cwm Taf Morgannwg has lower representation from ethnic groups other than white than Wales as a whole. However there are significant number of Polish, Portuguese and Czech people living in the Cwm Taf Morgannwg community and their access issues will need to be considered

Some minority ethnic groups may have higher rates of hearing loss due to increased genetic risk associated with consanguinity and increased risk of childhood infections. Approximately 40% of children who are deaf and 45% of people younger than 60 years who are deaf have additional difficulties, such as other physical or sensory disabilities<sup>7</sup>.

Overall, language can represent a barrier across a number of areas, for example in accessing public transport and also in terms of finding and accessing health or social services.

Cultural differences may also be a factor in how people engage with health services. It can also limit understanding during diagnosis, treatment and during recovery. The use of translation services may be appropriate.

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<sup>6</sup> Black and minority population is classed here as any ethnicity not included under the white categories

<sup>7</sup> [Overview](#) | [Cochlear implants for children and adults with severe to profound deafness](#) | [Guidance](#) | [NICE](#)

The language needs of patients from non-white ethnic groups will be taken into account when communicating information about the relocation of services.

Certain ethnic groups are less likely to access many of our services e.g. gypsies and travellers, and it will be important to take account of strategies which address this e.g. 'Travelling to A Better Future', Welsh Government. This has been a particular consideration in the development of the Health Board's Homeless and Vulnerable Groups Health Action Plan.

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on their ethnicity.

Table 4 Ethnic group by unitary authorities in Wales (Source: Table KS201EW Census 2011, ONS).

Region	White	Mixed / Multiple ethnic group	Asian / Asian British	Black / African / Caribbean / Black British	Other ethnic group	Total (%)	Total
Aneurin Bevan	96.1%	1.0%	2.0%	0.6%	0.3%	100.0%	576,754
Caerphilly	98.3%	0.7%	0.8%	0.1%	0.1%	100.0%	178,806
Blaenau Gwent	98.5%	0.6%	0.7%	0.1%	0.1%	100.0%	69,814
Torfaen	98.0%	0.7%	1.1%	0.2%	0.1%	100.0%	91,075
Monmouthshire	98.0%	0.7%	1.0%	0.2%	0.1%	100.0%	91,323
Newport	89.9%	1.9%	5.5%	1.7%	1.0%	100.0%	145,736
Cardiff and Vale	87.8%	2.5%	6.3%	1.8%	1.5%	100.0%	472,426
Vale of	96.4%	1.3%	1.6%	0.4%	0.3%	100.0%	126,336
Cardiff	84.7%	2.9%	8.1%	2.4%	2.0%	100.0%	346,090
Cwm Taf	97.4%	0.7%	1.3%	0.5%	0.1%	100.0%	293,212
Rhondda Cynon	97.4%	0.6%	1.3%	0.6%	0.1%	100.0%	234,410
Merthyr Tydfil	97.6%	0.8%	1.2%	0.2%	0.2%	100.0%	58,802
Powys	98.4%	0.6%	0.9%	0.1%	0.1%	100.0%	132,976
<b>Area affected*</b>	<b>93.7</b>	<b>1.4%</b>	<b>3.2%</b>	<b>0.9%</b>	<b>0.7%</b>	<b>100.0</b>	<b>1,408,88</b>
Wales	95.6%	1.0%	2.3%	0.6%	0.5%	100.0%	3,063,456

## **Marriage and Civil Partnership**

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on their status of marriage or civil partnership.

## **Pregnancy and Maternity**

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on pregnancy and maternity.

## **Religion**

Research indicates that patients and families rely on spirituality and religion to help them deal with serious physical illnesses, expressing a desire to have specific spiritual and religious needs and concerns acknowledged or addressed by medical staff.

It is important that services take cultural needs into account. Some BME groups have a strong reliance on spiritual belief and practice; this has important implications for the way that they want to be cared for.

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on patients based on their religion.

## **Sexual Orientation**

The proposed relocation to a central single implantable device hub is not considered to have any significant likely impact on sexuality. Patients of all sexualities would be given appropriate support when required.

## **Gender Reassignment**

Recent research looking at the mental health and emotional wellbeing of transgender people has found rates of current and previously diagnosed mental ill health are high among this group. It is also recognised that this group find it particularly difficult to access services and their dignity and respect must be protected in both hospital and community settings.

## **Welsh Language**

Public services have a responsibility to comply with the Welsh Language (Wales) Measure. This has created standards which establish the right for Welsh language speakers to receive services in Welsh. The Welsh average



of 18% of Males and 20% of Females are able to speak Welsh. 19 % of the population are able to speak Welsh according to the UK Census 2011.

Service users who may prefer or need to communicate in the medium of Welsh may be required to access services at sites which do not have sufficient Welsh speaking staff. This could affect the service user's ability to communicate with service providers in their preferred language. Meeting the information and communication needs of Welsh speakers will need to be taken into account. Reading materials will also be made available upon request.

It will be essential to comply with the Welsh Language Act 1993 and all supporting strategies particularly the Bilingual Skills Strategy and the 'active offer' when planning for service change. In addition to this, the Welsh Language Commissioner has applied a new set of Standards throughout the Health Service in Wales which were issued in November 2018 and many must be met by May 2019. They cover staff and patients and we have a legal duty to meet them.

There are no identified impacts on the Welsh Language Measure of the potential change. If staff are not Welsh speakers approved translation services will be contacted at the earliest instance if it is suspected that one will be required.

## **Socioeconomic status**

While socioeconomic status is not a protected characteristic under the Equality Act 2010, it is particularly relevant in relation to the protected characteristics. There is a strong correlation between the protected characteristics and low socioeconomic status<sup>8</sup>.

Approximately a quarter of households (22.9%) in Wales has no access to a car. Comparing the health boards in the area affected, Powys has the lowest proportion of households with no car or van at 15.0%, while Cwm Taf at 27.6% has the highest proportion with no car or van.

In terms of local authorities, Merthyr Tydfil (29.7%), Blaenau Gwent (29.0%), and Cardiff (29.0%) have the highest proportion of households with no car or van. Powys (15.0%) and Monmouthshire (15.2%) have the lowest proportion of households with no car or van.

Table 5 Car or van availability by local authorities in Wales (Source: Table KS404EW 2011 Census, ONS)

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<sup>8</sup> National Equality Panel. (2010). *An anatomy of economic inequality in the UK*. London: London School of Economics & Political Science (LSE) - Centre for Analysis of Social Exclusion

Region	No cars or vans in household	1 car or van in household	2 cars or vans in household	3 cars or vans in household	4 or more cars or vans in household	Total (%)	Total
Aneurin Bevan UHB	24.3	42.4	25.3	6.0	2.0	100.0%	242,824
Caerphilly	24.4	43.2	25.0	5.7	1.8	100.0%	74,479
Blaenau Gwent	29.0	43.8	20.9	4.9	1.5	100.0%	30,416
Torfaen	23.6	43.5	24.9	6.0	2.1	100.0%	38,524
Monmouthshire	15.2	40.2	32.5	8.7	3.4	100.0%	38,233
Newport	27.9	41.4	23.7	5.2	1.7	100.0%	61,172
Cardiff and Vale UHB	26.4	42.9	24.1	5.0	1.6	100.0%	196,062
Vale of Glamorgan	19.4	43.0	28.8	6.7	2.2	100.0%	53,505
Cardiff	29.0	42.9	22.3	4.4	1.4	100.0%	142,557
Cwm Taf UHB	27.6	42.7	22.9	5.2	1.6	100.0%	123,927
Rhondda Cynon Taf	27.1	42.6	23.4	5.3	1.6	100.0%	99,663
Merthyr Tydfil	29.7	43.2	21.0	4.6	1.5	100.0%	24,264
Powys THB	15.0	42.8	30.1	8.4	3.6	100.0%	58,345
Area affected*	25.2	42.6	24.6	5.6	1.9	100.0%	591,986
Wales	22.9%	43.0%	25.8%	6.1%	2.2%	100.0%	1,302,676

## Human Rights

At its most basic, care and support offers protection of people's right to life under Article 2 of the European Convention and the aim of this service is to preserve life through advanced treatment delivery. Reference has also been made to dignity and respect which is relevant to freedom from inhuman and degrading treatment (under Article 3 of the Convention) and the right to respect for private and family life (under Article 8).

### Right to Life (taking reasonable steps to protect life)

It is anticipated that having a single implantable hub with outreach model with a central Multi-disciplinary team provision will provide a safe and sustainable specialist auditory implant device service that meets national standards, will improve clinical outcomes and will have a positive impact on individuals right to have their life protected.

## **Summary Conclusion**

WHSSC has considered all of the protected characteristics, the proposed relocation of specialised services is not considered to have any significant negative impact, however will continue to review this position throughout the engagement period.

## **Next Steps**

Welsh Health Specialised Services will enter a period of targeted engagement, noting that a period of consultation may be required following this stage. The feedback from these processes will enable this EQIA to be further updated and associated considerations accordingly.