



MODERNISING HEARING AID SERVICES

Newsletter
Summer 2003

Welcome

to the summer edition of the MHAS newsletter. And a particular welcome to the 70 new audiology departments that have joined the MHAS programme this year. From Dudley to Durham, from Liverpool to Luton, and from Stockport to Surrey, the MHAS programme team is busy visiting hospitals and helping audiologists to start the modernisation programme.

So far the audiology departments already modernised have issued over 98,000 aids and fitted over 63,000 patients. With the expansion of the MHAS programme following the Government's investment of £94 million, we hope to see the remaining audiology departments modernised within the next two years.

A full list of sites within the programme can be found on our website, www.mhas.info

*Helen Liles
Head of MHAS programme*

Programme Update

On 7 February 2003 Alan Milburn, the Secretary of State for Health, announced that £94 million would be made available to complete the modernisation of NHS Hearing Aid services throughout England.

Following this exciting news, the RNID MHAS Programme Team invited all audiology departments that were not already part of the programme to participate, either in 2003/2004 or 2004/2005. The expectation is that all departments will be modernised by March 2005.

We are working with 70 hospital departments during this year, and are in the process of visiting the selected hospitals. Training began in early June and continues after the summer break.

We have already received a number of applications from sites wishing to participate in the programme during 2004/2005 and we will be contacting these hospitals in due course. One of our next tasks is to contact those departments that have not yet been modernised and have not applied to take part, to encourage them to take advantage of the modernisation programme.

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- First and second wave sites
(fitting digital hearing aids)
 - Third wave sites

First wave evaluation

Learning from MHAS pioneers

In December 2002, the Institute of Hearing Research hosted a meeting at the Ear Foundation, Nottingham, to evaluate the changes involved in the first wave of MHAS. About half the participating services were represented, and there was a remarkable consensus about most matters. Many of the points raised have now been taken on board by the programme team at RNID, and the necessary changes implemented. Unfortunately, some of the second wave sites also had to learn things the hard way.

Overall, implementation of new IT systems posed the biggest problem. Introduction of the Patient Management System (PMS) is a large project in itself, and sites felt that a staged approach, with bite-sized chunks, would work best. The order in which to introduce modules would be governed by the existing

structure, while the rate of change could be determined by how well things were progressing. It was important for departments and their IT services to realise in advance that once they had "gone live", they would be highly dependent on the PMS for the smooth running of the service. However, PMSs do put audiology services at the vanguard of the Electronic Patient Record, and at least one first wave site is now involved in their Trust's overall IT strategy, as a result of this. One significant criticism seemed to be the lack of a national strategy – many Trusts had different policies regarding, for example, remote access.

Another strategic problem was the incompatibility of systems, which had been a major source of frustration. It is pleasing to be able to report that a number of the manufacturers are now co-operating to try to ensure that these problems do not recur.

There was a great deal of support for the Glasgow Hearing Aid Benefit Profile. Despite the time it takes, most departments are pleased to be using it, although some people would like more support in being able to use an individual's results to assist in their rehabilitation. We were pleased to be shown some interim results using the GHABP data, which were exceedingly positive. Everyone is now awaiting the formal evaluation of both the adults' and children's branches of the programme with baited breath.

To end, the really encouraging part was how positive everyone felt about MHAS. Although there have been problems, particularly with both IT and waiting times, none of the attendees regretted the changes for a moment. To have gone from fitting simple analogue aids, adjusted with screwdrivers, to computerised systems, digital aids, fitted with REMs, with pre- and post-fitting outcome measures, has been a huge leap, and the benefits that patients gain every day make it all very worthwhile.

*Adam Beckman
Programme Audiologist*

Training Programme

The training programme for 2003/4, which has been developed in response to feedback from the first and second waves, is designed to support sites as they begin to modernise their services. All training is free of charge to participants and funding is provided to help with travel and accommodation. Joint sites are required to undertake both adult and children's training and all stages of training must be completed before your site can start to fit digital aids.

Adult training is provided by the Institute of Hearing Research (IHR) in Nottingham for up to four members of staff per site. One day of generic training in Manchester is followed by two days of hands-on training in Nottingham, where sites which have selected the same patient management system and audiological equipment are trained together. Those who have been through the training then cascade the learning back to the rest of their colleagues supported by specialist trainers from IHR. When selecting which staff should go to Nottingham, it is important to bear in mind that they will be the future Cascade Trainers for your site. Adult sites also receive two or three days of on-site training for all their staff from the manufacturer of their assigned moderate power digital hearing aid.

Children's training is run by the University of Manchester and all training for children's services takes place in Manchester. The programme comprises two days of generic training, with three days of hands-on training at a later date, to cover both theory and practical tuition.

First wave experience highlighted the importance of good communication and links between health and education services. The training reinforces this by asking that staff from both teams attend the full hands-on training. One Teacher of the Deaf summed up the course saying "it was excellent overall and will make the information we receive from clinics and hospitals much more meaningful". The hands-on training incorporates a lot of issues and it is essential that the key concepts from the generic training have been absorbed.

Children's sites will be offered one additional day of on-site training to cover topics negotiated with cascade team leaders.

*Pascale Acquah is the MHAS training coordinator and can be contacted on
0207 296 8159 or pascale.acquah@rnid.org.uk*



Meet the programme team

Following the announcement of the additional £94 million to maintain the existing modernised hospital departments and complete the modernisation throughout England, the MHAS programme team was established.

Each programme manager is responsible for a number of audiology departments. He or she works very closely with each head of audiology, in assessing the needs of the service, organising funding for equipment, staff and hearing aids and liaising with the Department of Health, the NHS Purchasing and Supplies Agency and the equipment and hearing aid manufacturers. Each programme manager visits their hospital site at least once and provides ongoing support to the departments throughout the modernisation process. Programme managers also have additional responsibilities which are highlighted below.

Helen Liles heads up the programme team, and is supported by a team of programme managers; **Claire Evetts**, **Alex Gordon**, **Phil Kennedy**, **Tali Mendelsohn** and **Orla Murphy**. **Pascale Acquah** is the MHAS training co-ordinator.

Helen worked in NHS management, before taking up a project management post with a Department of Health (DoH) funded programme investigating causes of stillbirth and infant death. Following a short time in management consultancy, she joined RNID in March 2002. Helen liaises with the DoH on the financial aspects of the programme, ensuring accurate funding allocation and budget adherence.

Claire began her career at NatWest, as a project manager in IT. She then moved to GN Resound where her role involved managing the implementation, installation and training for AuditBase. Claire joined RNID in September 2002, working on the second wave rollout of MHAS. Additional responsibilities include close liaison with supplies (PASA) and the various manufacturers.

Alex worked in Japanese local government, for a ski operator in the Alps, and ActionAid, before joining the NHS as a management trainee. He has since held management posts in acute services and primary care. Prior to joining RNID in April 2003, he was responsible for Outpatient and services at Charing Cross and Hammersmith Hospitals. Alex will also be working on cochlear implants for RNID.

Phil worked as a state-registered Chiropractor before moving into foot health management and then more general community nursing, therapy and estates management. He was involved in opening one of the first NHS Walk-in Centres, before overseeing language support services within South East London. Phil joined RNID in April 2003, and will also be working on the Public Private Partnership.

Tali qualified as a Speech Therapist and Audiologist in South Africa and worked in both a district general hospital and private practice. On moving to the UK, she was employed as an audiologist within the NHS, before joining RNID in audiology policy development and campaigning support. In March 2003, Tali moved into the MHAS team. Tali also leads on media relations and MHAS publicity.

Orla comes to RNID from a management consultancy specialising in the not-for-profit sector. She also worked with An Bord Altranais (Irish Nursing Board) in the recruitment and selection of student nurses. Orla is responsible for modernisation at dedicated children's services. She also takes a lead on collection and examination of fitting activity and waiting time data from participating services.

Pascale worked for a commercial training and consulting company in West London. Moving into the charity sector she worked for Shelter's media team. Pascale joined RNID in March 2003 and is responsible for coordinating the training programme process for sites joining the third wave. Pascale also organises MHAS-related events.

Training schedule 2003

July

7-9	Children's practical training	Manchester
21-22	Adult practical training	Nottingham
28-29	Adult practical training	Nottingham

September

4-5	Generic training	Manchester
8-10	Children's practical training	Manchester
16-17	Adult practical training	Nottingham
25-26	Generic training	Manchester
29-30	Adult practical training	Nottingham
29-1 Oct	Children's practical training	Manchester

October

2-3	Adult practical training	Nottingham
6-8	Children's practical training	Manchester
16-17	Generic training	Manchester
20-21	Adult practical training	Nottingham
20-22	Children's practical training	Manchester

November

4-5	Adult practical training	Nottingham
10-11	Adult practical training	Nottingham
17-18	Adult practical training	Nottingham
24-25	Adult practical training	Nottingham
27-28	Generic training	Manchester

December

1-2	Adult practical training	Nottingham
8-9	Adult practical training	Nottingham
15-16	Adult practical training	Nottingham

Point of view

We asked Nicola Howells, an audiological scientist at King Edward VII Hospital, Windsor, about her experience of MHAS. Windsor, a first wave site, provides a joint adult and children's service, although Nicola specialises in paediatric audiology.

What, in your view, is the best thing about providing a modernised hearing aid service?

Being able to deliver a service that really has the child at the centre. The sort of service I would want for my own children and something we can be really proud of.

What was the hardest part of the changes for you?

There was, and still is, so much to learn. It is a totally new way of working with new technology and you tend to be trained one day and doing it in clinic the next. A bit scary sometimes!

How do you think long-term hearing aid users adapt to digital aids?

Several of the children have said they are too quiet at first but once they and their families get used to it, they like them.

What would you do next to improve your hearing aid service?

We have already rescheduled some clinics to take more children and are currently offering evening clinics, as a way to manage waiting times. We would also like to be more flexible with our paediatric appointments and develop access to a range of communication options for our newly identified babies.



What advice would you offer to sites participating in the third and fourth waves of MHAS?

Go for it! It's definitely a challenge but an exciting and rewarding one for all concerned.

Is there anything you would like to add?

I don't think there is any doubt that the future is digital but at the moment hearing aids are not necessarily going to be better for every child just because they are digital. It is important to remember that they are still an aid to hearing and not a cure for hearing impairment. Therefore expectations have to be realistic and some children still prefer their old analogue aids.

What is happening to modernise audiology services in other UK countries?

Northern Ireland

In December 2002, £1 million funding was announced to equip and train audiology staff and to supply departments with digital hearing aids so that they can begin to provide these to patients from September 2003.

Scotland

The Scottish Executive is providing £8 million over four years (on top of previous £2.25 million for equipment upgrade). The programme will follow recommendations of a recent review (report available on the Public Health Institute of Scotland website www.phis.org.uk under 'Special Projects').

Wales

The Welsh Assembly provided £2.25 million for staff training and upgrade of facilities throughout Wales. A further £1.7 million was made available from April 2002 for the purchase of modern technology hearing aids (including digital) and for additional staff. All departments are now delivering the new service.

Communications

As the programme expands, we are doing our best to improve the way we communicate with you.

February saw the launch of the new website, www.mhas.info which has information for patients, as well as resources for audiologists and other professionals working with hearing aid users within the NHS. An electronic version of this newsletter is available in the news section. If there is anything else you would like to see on the website, please send your comments via the online forms, so that we can consider your suggestions.

The new-style newsletter will be produced twice-yearly, with summer and winter issues. The next copy should hit your in-trays just after the Christmas break. We also plan to keep you informed through contributions to other relevant newsletters.

The RNID Information Line

is available as a freephone resource for patients.

Telephone **0808 808 0123** Textphone **0808 808 9000**

For information or queries on communications, please email Fiona Beckman, MHAS Communications Manager, on fiona.beckman@rnid.org.uk

For general MHAS enquires, please use the contact form on the website, or telephone the programme office on **020 7296 8022**

MHAS member sites should continue to direct all queries to their assigned programme manager.

Key diary dates 2003/04

10 September 2003	AuditBase User Group meeting - RNTNE
1 November 2003	New hearing aid contract starts
14 January 2004	AuditBase User Group meeting - Merthyr Tydfil
10 March 2004	AuditBase User Group meeting - AGM GN Resound Oxford

User Group dates for Practice Navigator to be confirmed

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