

The NHS hearing aid service

About this factsheet

This factsheet is part of RNID's **hearing aids** range. It is written for deaf and hard of hearing people. We use the term deaf people to refer to deaf, deafened and hard of hearing people throughout this factsheet.

If you think you have a hearing loss or you are sure that you have, you have probably thought about getting a hearing aid. However, you may not know what to do next. This factsheet tells you what you need to do to get a hearing aid.

In the UK, you can get a hearing aid free from the National Health Service (NHS) or you can buy one privately. This factsheet tells you more about getting an NHS hearing aid. If you already have an NHS hearing aid, you will also find this factsheet useful since it tells you what the NHS hearing aid service can offer you. For information about buying a hearing aid privately, see RNID's factsheet, *Buying a hearing aid?*

At the end of this factsheet we give you details of organisations you can contact for further information.

If you would like this factsheet on audio tape, in braille or in large print, fill in the *Want to know more?* form at the end of this factsheet and send it to RNID.

How to get an NHS hearing aid

If you think you are hard of hearing and may need a hearing aid, the first thing you need to do is visit your GP (family doctor). You may have wax

or an infection which can temporarily affect your hearing and which can be treated by your GP. Alternatively, he or she may refer you to a hospital ear, nose and throat (ENT) clinic. Here, you will be seen by an ENT surgeon and an audiologist.

Your GP may send you straight to the audiology department at the local hospital to have your hearing tested. This is called 'direct referral' and it means you will not have to join a waiting list to see the ENT surgeon first. You will still have to wait for an audiology appointment, though. In most areas, direct referral to the audiology department is only possible for people over 60 and depends on local arrangements.

Some GPs arrange for audiology staff to visit their surgery or health centre to run a clinic, so you may be able to have an assessment of your hearing there instead of at the hospital.

Your GP may need convincing about the problems your hearing loss causes. You may have to insist on being referred to a hospital for assessment. Remember that you have the right to have your hearing assessed, particularly if you feel your hearing loss is becoming a problem.

The hospital appointment

If you have been referred to an ENT surgeon, you will usually see them in a hospital outpatients' clinic. Your ears will be examined for obvious signs of damage or disease and you will be asked about your medical history.

Some hearing tests may be performed with a tuning fork. These tests can tell which ear has the greater hearing loss and the type of hearing loss. Audiology staff will then carry out further tests using a machine

called an audiometer. The audiometer produces sounds of differing frequencies (pitch) and levels of loudness. You will be asked to listen to these through a set of headphones and you have to say when you hear the particular sound, usually by pressing a button. The audiology staff will record the softest sound that you can hear at each frequency. This is known as the 'threshold'. If the tests suggest you would find a hearing aid useful, the audiology staff will discuss options with you and will take impressions of your ears to make earmoulds that fit perfectly.

You should be offered two hearing aids if you will benefit more from two aids than from one, though policy about this varies from one clinic to another. Opinion varies as to how two aids should be provided. You may be given both aids at the same time, so that you start to get used to using an aid in each ear immediately, or you may be given one aid and have time to get used to it before the second aid is fitted.

You will have an appointment a few weeks after the assessment when the earmould is ready, so that you can have your hearing aid fitted. The hearing aid will be chosen to suit your hearing loss. The audiology staff who fit it will also adjust it for you, show you how to put it in, how to use the volume control and the on/off/telecoil switch, and how to change the batteries.

The audiology staff will also explain what your hearing aid can and cannot do. They may suggest ways you can get used to it, such as gradually increasing how long you wear the aid, and practising listening to different sounds around the house before trying it when you are out. You should have an appointment about six weeks after this, so that you can ask questions and sort out any problems you may be having. The audiology staff can make necessary adjustments to the earmould or hearing aid.

How the NHS hearing aid service works

The NHS buys a range of hearing aids and uses its bulk buying power to get cheaper hearing aids from hearing aid manufacturers. The audiology departments then buy these aids and loan them to NHS patients, though they may not have every aid in the range. It is the job of audiology staff to choose the best NHS hearing aid for you.

The companies that make NHS hearing aids also supply the private sector, but NHS provision is separate from private purchase. You are still entitled to an NHS hearing aid if you buy a hearing aid privately, but you cannot get financial help from the NHS to buy an aid.

It is unlawful to sell an NHS hearing aid and they remain NHS property, so if you have one that you no longer use, you should take it back to an audiology department. If you lose or damage your hearing aid, the NHS may charge you for 'loss of property'. However, each case of such loss or damage should be assessed individually.

National Health Service hearing aids

NHS hearing aids are usually available in the following categories:

In-the-ear (ITE types)

These hearing aids are modular aids – this means they are a standard shape – connected to individually-made earmoulds. The aid and mould fit into your ear as a single unit. They are suitable for people with mild to moderate hearing loss.

Behind-the-ear aids (BTE types)

These are worn behind the ear, with sound relayed to the ear through the earmould. Three series of these aids are available on the NHS:

- Those that are medium power for mild to moderate hearing loss.
- Those that are high power for moderate to severe hearing loss.
- Those that are very high power for severe to profound hearing loss.

Some are mini aids and others are compact or of a standard size.

Body worn hearing aids (BW types)

BW hearing aids consist of a box, a little larger than a matchbox, which you clip to your clothes, or put in a pocket or pouch. A lead connects the aid to an earphone, which is attached to the earmould in the ear.

Earphones are of varying strengths to suit different degrees of hearing loss. The following types of BW hearing aids are available on the NHS:

- High-powered aids, suitable for moderate to profound hearing loss.
- Very high-powered aids, suitable for profound hearing loss.

Bone conduction hearing aids

These are suitable for people who cannot use a conventional hearing aid because of frequent ear infections or the shape of their outer ear. The bone conductor is held on to the mastoid – the bone behind the ear – by a small headband. It vibrates in response to sounds, transmitting them through the skull to the inner ear. These aids are available as behind-the-ear and body worn models.

An alternative type of bone conduction hearing aid is the bone anchored hearing aid (BAHA). The BAHA is attached to a titanium fixture, which is surgically implanted in the region behind the ear.

The different features of hearing aids

Automatic Gain Control (AGC): hearing aids with AGC can automatically adjust their level of amplification according to the level of sound they pick up. As the sounds coming into the aid get louder, they are amplified less. This means that sounds never become uncomfortably loud.

Frequency range: the range of frequencies (pitches) of sound amplified by the hearing aid. People's hearing loss varies and hearing aids are therefore chosen and adjusted to amplify the range of tones that each person needs to hear more clearly.

Full on gain and maximum output: full on gain is the highest amount that the aid can amplify sound by, and maximum output is the highest volume of sound that an aid can produce. More powerful aids have higher gain and output and are therefore suitable for people with a more severe hearing loss.

Peak clipping: this is another system for limiting the loudness of sounds so that they do not get to an uncomfortable level. Sounds above a certain loudness level are 'clipped' but this sometimes results in distorted sound. Aids with AGC (see above) provide better sound quality and you may prefer these.

Telecoil: a tiny device in the hearing aid that enables it to pick up an electromagnetic signal from an induction loop. For practical purposes, this means that to use an induction loop or telephone with an inductive coupler, you need to switch to the 'T' setting on your hearing aid. You should then hear the sound source much more clearly, without interference from room acoustics or background noise.

Spare hearing aids

It will not usually be possible for you to have a spare hearing aid, but policy differs from centre to centre. Whether you can have a spare may depend on various factors. For example, you are more likely to get a spare if you have a visual impairment and a very severe hearing loss, or you have a hearing loss in one ear and no useful hearing in the other.

Digital hearing aids and the NHS

RNID has campaigned long and hard for modernisation of the NHS hearing aid service. In January 2000 the Government announced that it would fund a project to upgrade the service and introduce high quality digital hearing aid technology. Have a look at our factsheet on *Digital hearing aids* for more information.

England

In September 2000 the first of 20 selected NHS trusts in England began to provide digital aids as part of the 'First wave' project.

50,000 RNID supporters campaigned with us for the modernisation to be extended throughout the NHS. On 24 December, 2001, the Health Minister announced an additional £20 million to modernise hearing aid services in 46 more NHS Trusts during 2002. They will all have started fitting digital hearing aids by April 2003.

In February 2003, the Health Minister announced a further £94 million to complete the modernisation programme, bringing the new digital hearing aid service to all remaining audiology departments in England by April 2005.

Northern Ireland

The Northern Ireland Minister has pledged £2.5 million to modernise audiology services by March 2004. This will be used to equip and train audiology staff and to supply departments with digital hearing aids so that they can begin to provide these to patients by September 2003.

Scotland

In February 2003 the Scottish Executive announced an investment of £8 million over four years to modernise audiology services. This was on top of the £2.25 million funding that they had already provided to upgrade audiology equipment.

Wales

The Welsh Executive has provided £2.25 million to help modernise audiology services and hearing aids throughout Wales. Local funding has also been provided and all departments are now delivering the new service.

What else is available?

A wide range of hearing aids is available through the NHS, so it is likely that one of them will suit you. However, if they are not suitable, a commercial hearing aid may be prescribed for you. Policy on this varies. It depends on the audiology department's financial constraints, and often on whether or not your situation meets criteria set by the ENT surgeon or head of department. Commercial hearing aids that are not part of the standard NHS range may include:

BTE, ITE and ITC (in-the-canal) hearing aids with special features.

Some are self-adjusting and some have settings for different listening conditions such as a noisy environment, using the telephone, or

meetings. You may be able to use a remote control to change the settings or volume. ITC aids are not suitable for profoundly deaf people.

CROS or BiCROS hearing aids are a further option for people with no hearing in one ear and normal or mild to moderate hearing loss in the other ear. CROS hearing aids feed sound from the side where there is no useable hearing into the good ear. A BiCROS aid amplifies sound from both sides and feeds it into the ear that has useable hearing.

Frequency Transposition Aids. These can be helpful for people with some hearing at low frequencies, but no hearing at high frequencies.

Noise generators can be provided for people with tinnitus. Please contact the RNID Tinnitus Helpline for further information (contact details at the end of this factsheet).

Patients with mild to moderate hearing loss who wear glasses can have hearing aids attached to their spectacle frames.

Personal communicators and listening devices may be issued to people who cannot tolerate or manage hearing aids. They may also be used with hearing aids.

Vibrotactile aids. These may be helpful to people who have little or no hearing in either ear.

Having your hearing aid serviced and getting new batteries
NHS hearing aids come with a booklet to keep a record of information about them such as the type of hearing aid, and when and where they were issued. This booklet proves you have an NHS hearing aid, so if you

need to, you can go to any audiology department to get new batteries or check that your aid is working properly. Remember that you can go back as often as you need to if you have a problem with your hearing aid. If you think your hearing has changed, you can ask to have it tested again to see if you need a different hearing aid.

If you have an NHS hearing aid, you can get free batteries from any audiology department. Audiology staff will tell you if you can get batteries from the hearing aid centre by post, or at a drop-in clinic. At drop-in clinics, you do not need an appointment for batteries, simple repairs or earmould retubing, but they may not always be open. Some GP surgeries run battery exchange services. You can also buy batteries from any pharmacy.

If you find your hearing aid does not help

If you find it difficult to get used to your hearing aid, do not give up. Try wearing it for a few days and make a note of all the problems you have with it. Then make an appointment with the audiology department to talk to the staff there about the problems you are having. They can check whether your hearing aid is working properly. They may be able to adjust your hearing aid to suit you better. If it whistles, you may need a new mould, or you may not be inserting it correctly. Whatever happens, keep trying. It takes a while to get used to a hearing aid. If you still find that your hearing aid is not really helping, you could ask for a better hearing aid in the NHS range or for an aid for each ear if you have been offered only one aid so far.

Other ways to help yourself

Just acknowledging that you have a hearing loss and may need a hearing aid is a huge step, but it is only the beginning. You can do many other things to help yourself:

- Some audiology departments have a hearing therapist to counsel you if you are finding it difficult to get used to your hearing loss or using a hearing aid, and to liaise with social services if you need other equipment. Hearing therapists may also advise you about communicating with other people. They may run tinnitus clinics and they will know if there are local support groups you can join. Whether or not you have access to a hearing therapist, your audiology department is there to help if you have problems with your hearing aid.
- Contact your local social services. Ask their sensory impairment unit or the social worker with deaf people to visit you to assess your needs. They may provide special equipment such as amplified telephones or visual alerting systems for your home, or suggest other ways they can help. RNID's factsheet, *Social services for deaf people*, gives more information about how social services can help.
- Make sure your family and friends know about your hearing loss. RNID has a leaflet, *Lipreading and lipspeaking*, which they will find useful. Keep reminding them that they must make an effort to talk clearly to you. You are not being selfish or demanding – no-one wants to be left out of a conversation.
- Go to lipreading classes. You will be able to learn tactics for lipreading and to practise with other hard of hearing people.
- Find out if there is a local hard of hearing group you can join. Sharing experiences and listening to the suggestions of other people can be very helpful.

- Try to find out if there is a volunteer visiting service in your area. Support from other people can give you the confidence and encouragement you need to keep trying with your hearing aid.

If you need to make a complaint

If you are not happy with the service you have had from the audiology department, and you would like to complain, your first step is to speak to the hearing aid service manager. It may be possible to sort the problem out quickly. If you are still not happy that your complaint has been dealt with properly ask about the complaints procedure that all NHS Trusts have.

Further information

Visit www.mhas.info for the latest information about Modernising Hearing Aid Services (MHAS).

Further information from the RNID Tinnitus Helpline

If you want to find out more about tinnitus you may find the other factsheets in RNID's tinnitus range useful. You may also wish to get RNID's leaflet, *Questions about tinnitus*.

The RNID Tinnitus Helpline offers information and advice to people with tinnitus, their families and friends and the professionals who work with them. You can contact the Helpline for further copies of this factsheet and the full range of RNID information factsheets and leaflets.

Alternatively, fill in the *Want to know more?* order form at the end of this factsheet and return it to RNID.

RNID Tinnitus Helpline

RNID Tinnitus Helpline, 19-23 Featherstone Street, London EC1Y 8SL.

Tel: 0808 808 6666. Textphone: 0808 808 0007. Fax: 020 7296 8199.
E-mail: tinnitushelpline@rnid.org.uk Website: www.rnid.org.uk

Further information from RNID

If you want to find out more about some of the subjects covered in this factsheet the following RNID factsheets may be useful:

- *Bone conduction hearing aids.*
- *Digital hearing aids.*
- *Buying a hearing aid?*
- You may also wish to get RNID's leaflet *All about hearing aids.*

The RNID Information Line offers a wide range of information on many aspects of deafness and hearing loss. You can contact us for further copies of this factsheet and the full range of RNID information factsheets and leaflets.

RNID Information Line

RNID Information Line, 19-23 Featherstone Street, London EC1Y 8SL.
Tel: 0808 808 0123. Textphone: 0808 808 9000. Fax: 020 7296 8199.
E-mail: informationline@rnid.org.uk Website: www.rnid.org.uk

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RNID Information, February 2003

Want to know more?

This factsheet is available in **audio tape**, **braille** and **large print**. We can also send you more information on many of the subjects covered in this factsheet. Just tick the boxes below, tell us what you particularly need to know about, or see our website at **www.rnid.org.uk**

Please send me:

The NHS Hearing Aid Service audio tape braille large print

The RNID *Publications Catalogue*.

Information about RNID Typetalk and BT TextDirect.

Details of RNID communication services in my area.

RNID's fundraising leaflet. RNID relies heavily on donations from, individuals, companies, trusts and fundraising events. Our leaflet shows how *you* can help.

Details on supporting RNID's future work with a legacy.

Information on how to take part in RNID campaigns.

A copy of the RNID Sound Advantage *Solutions* catalogue, giving details of equipment for deaf and hard of hearing people.

Other information – please tell us what you would like to know.

(Please write clearly, using block capitals)

We are always keen to know what our customers think about our publications. If you have any suggestions for ways we could improve this factsheet you can use the space below. Please send your suggestions to the address overleaf.

Please send this information to: (Please write clearly using block capitals)

Title (Mr/Mrs/Ms/Miss) First Name _____

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Your contact details will be held on our database so that occasionally we can send you information on our work. Please tick this box if you do not wish your details to be kept on the database.

We will use any information you give below to monitor requests for this factsheet and help us tailor our services to your needs. You do not have to give this information, but if you do, please tick this box to confirm we may keep it on our database.

Tick all boxes that apply

Is the information:

- For you
- For a friend or family member
- A professional enquiry

Are you?

- At school or below school age
- A student
- Working age
- Retired

How would you describe yourself?

- Profoundly/severely deaf
- Hard of hearing
- Hearing
- Hearing aid user
- I have tinnitus
- I have balance problems

If we could provide it, would you like to receive information in a different format? Please use number 1, 2 or 3 to show your preferred choice.

- Videotape in British Sign Language (BSL) and with subtitles
- E-mail
- Face-to-face

If we could provide it, would you like information in another language?

- Yes. Please tell us which one.

Please return this form to: RNID Information Line, 19-23 Featherstone Street, London EC1Y 8SL or order from our website at www.rnid.org.uk