



Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	27 July 2023	Agenda Item	3.2
Report Title	Cochlear and Bone Conduction Hearing Implant (BCHI) Engagement & Next Steps		
Report Author	Kerry Broadhead, Assistant Director of Strategy (Commissioning & Sustainability) Joanne Abbott-Davies, Assistant Director of Insight, Engagement & Charity		
Report Sponsor	Richard Thomas, Director of Insight, Communications & Engagement Nerissa Vaughan, Interim Director of Strategy		
Presented by	Richard Thomas, Director of Insight, Communications & Engagement		
Freedom of Information	Open		
Purpose of the Report	The purpose of this report is to outline the targeted engagement process undertaken regarding Cochlear and Bone Conduction Hearing Implant (BCHI) services for people in South East Wales, South West Wales and South Powys, to present the findings from that process; and to establish the necessary next steps.		
Key Issues	<p>Specialised Auditory hearing services in South Wales are commissioned by WHHSC and include Cochlear Implants (CI) and Bone Conduction Hearing Implants (BCHI).</p> <p>The former Health Commission Wales in 2006, confirmed that the strategic direction for specialised auditory hearing services in South Wales was to centralise CI services due to disjointed activity levels and differential costs. Discussions were carried out for years but no service changes were made until 2019 when the Bridgend service became fragile due to lack of staff and the service moved to Cardiff & Vale University Health Board.</p> <p>In September 2021, WHSSC Joint Committee agreed to a review of CI and BCHI services across South Wales. Workshops and direct engagement with stakeholders was undertaken by WHSSC and in May 2023, WHSSC Joint Committee approved to proceed with full consultation via Health Boards for the commissioning of a single implantable</p>		

	hub for South East Wales, South West Wales and South Powys.			
Specific Action Required <i>(please choose one only)</i>	Information	Discussion	Assurance	Approval
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recommendations	<p>Members are asked to:</p> <ul style="list-style-type: none"> • Note the report, • Receive the outcome of the engagement process • Note the process that has been enabled both in respect of a) the temporary urgent service change for Cochlear services and b) the requirements against the guidance for changes to NHS services in Wales, • Note and consider the feedback received from patients, staff and stakeholders with respect commissioning intent, • Support the next steps specifically the undertaking of a designated provider process; followed by a period of formal public consultation, • Note the process that has been enabled to seek patient and stakeholder views in line with the requirements against the guidance for changes to NHS services in Wales; and • Note that the WHSSC Joint Committee meeting on 16 May 2023 agreed the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model. 			

COCHLEAR AND BONE CONDUCTION HEARING IMPLANT (BCHI) ENGAGEMENT & NEXT STEPS

1. INTRODUCTION

The purpose of this report is to outline the targeted engagement process undertaken regarding Cochlear and Bone Conduction Hearing Implant (BCHI) services for people in South East Wales, South West Wales and South Powys, to present the findings from that process; and to establish the necessary next steps.

2. BACKGROUND

There are approximately **613,000** people over the age of 16 with severe / profound deafness in England and Wales.¹

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 and 16.

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

- One at the University Hospital of Wales (UHW), Cardiff and Vale University Health Board (CVUHB); and
- One at the Princess of Wales Hospital (PoWH), Cwm Taf Morgannwg, University Health Board (CTMUHB).

Urgent temporary service change arrangements for the Cochlear Implant service located in the PoWH, Bridgend have been in place since September 2019. The patients previously seen at the PoWH are currently seen in the UHW in Cardiff.

There are three centres delivering the BCHI Service. Services from UHW, Cardiff and the other at Neath Port Talbot Hospital (NPTH) are funded by the Welsh Health Specialised Services Committee (WHSSC) on behalf of all Health Boards (HBs).

The service delivered from the Royal Gwent Hospital (RGH) is funded by Aneurin Bevan University Health Board (ABUHB).

3. ASSESSMENT

3.1 Current Position

Following notification from CTMUHB in 2019, that the HB would no longer be able to provide the Cochlear service from PoWH in Bridgend, due to issues of workforce and sustainability, an urgent temporary service change was enabled that resulted in all patients from South West Wales, South East Wales and South Powys being seen at the UHW within CVUHB.

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

The Covid19 pandemic delayed the ability to proceed with public engagement / consultation. The process restarted as appropriate within the context of other recovery and commissioning priorities.

When recommenced; a number of processes were enabled to determine a preferred commissioning model onward; and to ensure a solid background to the engagement process. The components of this were:

- A clinical option appraisal,
- An independent assessment of the options by an external assessor (from a comparable service in NHS England); and
- A financial appraisal of the options.

Horizon scanning and reviews of models of specialist auditory provision in other parts of the UK resulted in WHSSC considering the entire / potential services within its remit. This would allow the commissioning ambition for a Centre of Excellence in Wales which would include Cochlear implants, BCHI's, and middle ear implants (should they be approved through a process which is enabled in 2023).

This information was brought together and considered by both the WHSSC Management Group and the Joint Committee, who then supported both the content and process relating to a period of engagement on a 'a single implantable device hub for both children and adults with an outreach support model'.

Agreement was reached through HBs during September 2022, for a period of targeted engagement with regard future provision of both Cochlear and BCHI.

3.2 Aim of the targeted engagement

Early discussions were held with Community Health Councils (CHC's) and a targeted engagement was agreed as the affected patient cohort were small in numbers and it was a highly specialised service.

The scope of the engagement was to seek support or otherwise for a Centre of Excellence for Specialist Auditory Devices (including BCHI, Cochlear and middle ear implants – subject to approval of the latter).

3.3 Process

The process, which was agreed with the CHC, was of a targeted engagement with those accessing the service. Because BCHI services were also included within the scope of the engagement, a broader stakeholder cascade of information was made. A summary of the reach is outlined in **table 1** below.

Table 1: Summary of the Reach

GROUP	METHOD
Patients	952 patients cascaded via their local clinical teams
Staff	All documentation made available to clinical teams via the Heads of Service

Stakeholders	<p>National organisations managed by WHSSC</p> <p>Cascade of documentation via:</p> <ul style="list-style-type: none"> • ABUHB Stakeholder network & website • BCUHB Stakeholder network & website • CTMUHB Stakeholder network & website • CVUHB Stakeholder network & website • HDUHB Stakeholder network & website • PTHB Stakeholder network & website • SBUHB Stakeholder network & website
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A number of materials were produced to support the process:

- Core consultation document (English and Welsh),
- Summary document (English and Welsh),
- Easy read document (English and Welsh),
- Video (with British Sign Language (BSL)),
- Questionnaire,
- Equality Impact Assessment (EQIA); and
- Publications on HB websites signposting to the engagement.

3.4 Outcome

There were 201 responses to the questionnaire, of these, 5 were from organisations, and 196 were from individuals. There was also a detailed written response from the clinical community, submitted via the Audiology Standing Specialist Advisory Group (ASSAG). The data from the questionnaire is reported against the engagement questions presented at **Appendix 1**. The ASSAG response is presented at **Appendix 3**.

A thematic analysis has been undertaken against the data. The key themes that emerged from the analysis are outlined in **table 2** below:

Table 2: Key Themes of Analysis

Theme	Summary
<ul style="list-style-type: none"> • General support for the proposed change 	<p>There was good support for a single implantable device hub with 74% of respondents agreeing to the preferred option. The qualitative information presented in Appendix 2 is worthy of further note.</p>
<ul style="list-style-type: none"> • No support for the proposed change 	<p>There were 8% who disagreed with the preferred option and 18% who had no particular view. The qualitative information presented in Appendix 2 is worthy of further note.</p>
<ul style="list-style-type: none"> • Access, travel, location, parking & costs 	<p>The four most consistent themes were of accessibility, i.e. location of services particularly the single hub centre, sustainability, the patient</p>

	experience and travel and journey times for patients.
• Staff and resources	There were a number of statements related to either staffing levels or service funding.
• Service design	A number of suggestions/comments were made in respect of service design.
• Service feedback/general comments	There was good support and positive comments from respondents about the current provision of services, how they had received excellent quality care and were well looked after by the staff. There were also some areas suggested for improvement.
• Comments on process and options	A number of issues of process were raised, these predominantly related to the length of the process (which delayed through COVID); the separation of Cochlear from BCHI and the separation of children from adults, these responses were predominantly from the clinical community.
• Waiting times	The majority of comments were with regard waiting times.

All responses are reported against the themes outlined in **Appendix 2**.

(Note - some quotes have been used for illustration in the text, however, should not be considered in isolation of the data presented in the appendices).

3.5 Findings and Exploration

The majority of the respondents (74%) were **supportive of the preferred option**. Reasons stated included the benefits of a single Centre of Excellence, all staff in the same place, continuity of personnel and an anticipated benefit regarding waiting times and staff availability. There were examples of respondents being supportive of the preferred option, however they were also aware of a broader impact for example on travel times/distance and associated costs. These have been captured in the thematic report.

I think that this will be a positive move, everything will be easily accessible and all at one place

The most important thing is the experience of the person setting up the hearing aid to give maximum benefit. If you have to travel for this it is worth it.

High volume surgical sites' are key for good outcomes. At the same time follow up services should be 'local to a patient' for better compliance & outcomes

Having one team of skilled experienced specialists in one hub can be a huge benefit to implant surgery. It is however vital that regional outreach support is maintained as access from across Wales to one central hub is not practical for all

A smaller number of respondents (8%) who offered their views as to why they **would not support the preferred option**, with the dominant reason being linked to travel impact for both patients and staff.

Too large, anonymous, patients are not familiar with staff and feel insecure and apprehensive. Harder for relatives to visit.

The view of the professional group was that there is support for the centralisation of Cochlear services, but not for BCHI, due to the reasons outlined in **Appendix 3**. (Permission to publish the clinical communities' response has been gained).

The highest number of consistent themes from the engagement process were in the areas of: **Access, travel, location, parking & costs**. Cochlear services have all been on a single site since 2019, as such whilst the inconvenience of travel to and parking at a single sight, is acknowledged it does not appear to have impacted attendance at clinics to date.

Accessibility is the key problem for me, already having issues with train strikes, limited timetables for all public transport.

People living in far reaches of the area that provides hearing devices have a hard time reaching one hub, especially in inclement weather

With regard **staff and resources**, the main areas of feedback here were with regard adequate staffing numbers; appropriate training; sufficient finances to support the service, and the right level of specialist staff.

The success of delivering the future aims is very much dependable upon consistent funding

For all of the above to be achieved I think will take a long time. It needs much more funding.

Through the responses, a number of observations and suggestions were made with regard **Service Design**. These included increased access through outreach clinics; weekly hub presence; increased use of technology and new advances in treatment; working to agreed standards, and provision of emotional support to families.

Local outreach and access, including audiology appointments and rehabilitation appointments would enable ease of access

Many respondents took the opportunity through the engagement process to offer general commentary on their experience of the service and some personal patient stories. These collectively offer a rich picture and should be considered in forward planning and delivery of service. (Note the relevant section is outlined in **Appendix 2**).

A number of comments were also received on the **process** that had been followed. Specifically comments predominantly related to separating Cochlear and BCHI; separating adult and children; the length of time that the process has taken since the urgent temporary change in 2019; and a few respondents suggested they would prefer a different option. There was some suggestion that insufficient regard had been given to the clinical view, and that the incorrect guidance had been used to inform the work, and that there was inconsistency in two of the resources supporting the engagement information.

A theme also emerged with regard to **waiting times**, some regarding aspiration and hope for shortened waiting times as a result of a centralised service, and others with regard actual experience. Some respondents for example, suggested that the proposed single implantable device hub would offer a more timely service with equitable waiting times for all patients, conversely, some respondents commented that it could increase waiting times due to the increase in volume of patients trying to access the service.

The proposed mitigations arising from the engagement are as follows:

I am wondering if this will have a positive impact on waiting times.

Table 3: Proposed Mitigations

Theme	Mitigation
<ul style="list-style-type: none"> Access, travel, location, parking & costs 	Whilst a single central location is proposed (site to be identified) the service model should a) have a central MDT, b) centralised operations; and c) local follow up, monitoring

Theme	Mitigation
	and modifications. Commitment will remain to local outreach clinics.
<ul style="list-style-type: none"> Staff and resources 	<p>The financial option appraisal undertaken to inform this work demonstrated that there is sufficient funding within the service, and that finance was not a driver for this work. WHSSC will review further service developments as part of its normal commissioning processes.</p>
<ul style="list-style-type: none"> Service design 	<p>Issues raised regarding: access through outreach clinics; weekly hub presence; increased use of technology and new advances in treatment; working to agreed standards, and provision of emotional support to families will be included within service modelling and implementation discussions.</p> <p>Further understanding is to be had with regard availability of soundproofed rooms</p>
<ul style="list-style-type: none"> Service feedback/general comments 	<p>Feedback to be shared with clinical teams delivering services, and suggestions (as appropriate) used to inform future service modelling</p>
<ul style="list-style-type: none"> Comments on process and options 	<p>Further engagement is required with the Clinical Reference Group regarding the specifics of the issues raised. Also further discussions with the Chair of ASSAG will take place.</p> <p>With regard the specific point raised by the clinical community on the relevance of the guidance - We acknowledge the reference to the latest policy. Both the 2013 and 2016 policies are listed as current published documents on the NHS England website and have therefore been used to inform the review of the services.</p> <p>We acknowledge that BCIG standards are for the Cochlear Implant service only. The BCHI standard" a centre should undertake a minimum of 15 BCHI per year" has been quoted from the Clinical Commissioning Policy: Bone Anchored Hearing Aids, April 2013. Reference NHSCB/D09/P/a.</p>
<ul style="list-style-type: none"> Waiting times 	<p>Monitoring information on waiting times to continue to be regularly reviewed.</p>

3.6 Conclusion and Next Steps

The engagement process outlined above has tested support or otherwise for the commissioning of a single implantable hub for South East Wales, South West Wales and South Powys. The patient voice appears to give strong support, whilst there is further engagement to be held with the clinical community on the future service model. A number of mitigations have been highlighted in the response to the patient voice.

The clinical view has been consistent throughout the process, and WHSSC has again considered the issues raised by the clinical community. The feedback obtained through the consultation process does not appear to have identified any information

(aside of the need to profile available sound proof rooms), which had not previously been taken into account when the preferred commission model was agreed. Specifically:

- The preferred option will enable the safe and sustainable delivery of services for patients requiring an implantable hearing device which will include:
 - Assessment by a multi-disciplinary team that is able to offer access to all types of (commissioned) hearing implants; and
 - Guidance 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 implants per year.” [Clinical Commissioning Policy](#)

In addition, the implementation of the Duty of Quality (Health and Social Care (Quality and Engagement) (Wales) Act 2020) means that WHSSC now risks legal challenge if it derogates from established best practice.

Taking all of the above into account and, in particular, the strong patient support for the single centre, WHSSC continues with the ambition to commission a Centre of Excellence for all Auditory Specialist Implantable Devices (Cochlear, BCHI and middle ear if supported).

To date, no location has been specified for the centre, as such WHSSC will now move forward into a second phase of consultation which includes a preferred location. To do this, a designated provider process will need to be enabled, this means WHSSC will ask providers to submit a proposal outlining if they wish to deliver the centralised service, and if so, how they can deliver the service. WHSSC will develop clear criteria against which the service proposals are assessed and will use this information as the basis of consultation on a preferred option.

In the meantime, all Cochlear patients will continue to be seen at CVUHB. There will be no immediate change to the provision of BCHI.

In line with Welsh Government (WG) guidance for engagement and consultation on changes to health services in Wales, guidance is required from CHC colleagues with regard the process that has been enabled, the outcome of the exercise and proposed next steps. Formal discussions to agree next necessary steps are to take place with Llais shortly. The final report to Joint Committee will include their recommendation.

3.7 Llais and Joint Committee consideration

The outcome of the engagement was presented to Llais on the 9 May 2023 where both process and outcome were well received.

The Joint Committee received an update report on [16 May 2023](#)² and agreed to the following recommendations:

- **Noted** the process that has been enabled both in respect of a) the temporary urgent service change for Cochlear services and b) the requirements against

² Page 17 of the pdf document bundle

the guidance for changes to NHS services in Wales,

- **Noted** and **considered** the feedback received from patients, staff and stakeholders with respect commissioning intent,
- **Approved** the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model,
- **Supported** the next steps specifically the undertaking of a designated provider process; followed by a period of formal consultation,
- **Noted** the process that has been enabled to seek patient and stakeholder views in line with the requirements against the guidance for changes to NHS services in Wales; and
- **Agreed** to take the outcome and proposed next steps through Health Boards for consideration.

Now that the proposal has been formally taken through the Joint Committee to seek support for the change, there is now a requirement for final approval from each of the HBs. Further to the approval to move to a period of engagement through HBs during September 2023, Health Boards are now recommended to consider this report and support the recommendations outlined in section 6.

4. GOVERNANCE AND RISK ISSUES

From a Swansea Bay point of view it should be noted that in the event that the BCHI service moves out of our area, there is a risk that staff could opt to move in order to be part of the new implantable hub for South Wales which could be a loss in relation to Audiologists with enhanced skills such as implantable devices. This may also be the case for ENT if the surgeons chose to transfer in order to be able to continue undertaking the surgical side of BCHI implantation which is a small part of their job plan but involves enhanced skills.

Also, should the implantable hub model not include local outreach clinics for BCHI, and dependent on the locations of these, this could result in residents of Swansea Bay and beyond having to travel further for services.

5. FINANCIAL IMPLICATIONS

There are no financial implications associated with this paper.

6. RECOMMENDATION

Health Boards are asked to:

- **Note** the report,
- **Receive** the outcome of the engagement process,
- **Note** the process that has been enabled both in respect of a) the temporary urgent service change for Cochlear services and b) the requirements against the guidance for changes to NHS services in Wales,
- **Note** and **consider** the feedback received from patients, staff and stakeholders with respect commissioning intent,
- **Support** the next steps specifically the undertaking of a designated provider

process; followed by a period of formal public consultation,

- **Note** the process that has been enabled to seek patient and stakeholder views in line with the requirements against the guidance for changes to NHS services in Wales; and
- **Note** that the WHSSC Joint Committee meeting on 16 May 2023 agreed the preferred commissioning model of a single implantable device hub for both children and adults with an outreach support model.

Governance and Assurance		
Link to Enabling Objectives <i>(please choose)</i>	Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input type="checkbox"/>
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High Quality Care	<input type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input type="checkbox"/>
	Digitally Enabled Care	<input type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
Health and Care Standards		
<i>(please choose)</i>	Staying Healthy	<input type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input type="checkbox"/>
	Dignified Care	<input type="checkbox"/>
	Timely Care	<input type="checkbox"/>
	Individual Care	<input type="checkbox"/>
	Staff and Resources	<input type="checkbox"/>
Quality, Safety and Patient Experience		
This engagement has been undertaken in order to respond to issues of service sustainability and patient experience.		
Financial Implications		
A financial option appraisal has been undertaken to inform this work.		
Legal Implications (including equality and diversity assessment)		
An EQIA was undertaken to inform the work. A number of issues have arisen through the process with regard socio economic issues, specifically as related to travel, location and cost. These are detailed within the report, along with any available mitigating actions.		
Staffing Implications		
There are no staffing implications associated with this paper.		
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)		
The framework has been developed cognisant of the relevant long term implications		
Report History	N/A	
Appendices	Appendix 1 - Presentation of data against questions asked Appendix 2 - Thematic analysis Appendix 3 - Professional Community response	