

INVESTIGATING VARIATION IN NHS HEARING AID SERVICES

A Research Note

Overview

Most people who access hearing healthcare in the UK do so via the NHS, and hearing aids are free at the point of use for all who need them. RNID is aware of recent concerns about variation in access to NHS hearing aid services and in hearing aid quality. We carried out a short survey with our communities to gain greater understanding of their experiences.

The findings indicate the need for:

- **Further research** to understand consistency of high-quality hearing aid provision
- **Implementation of national quality standards and assurance** across audiology providers
- **Increasing access to self-referral** and improving awareness of existing routes

Background

Earlier this year, RNID noticed more people were contacting us with questions about hearing aid technology available on the NHS. Some were concerned that they couldn't access hearing aids with Bluetooth, or didn't understand why some areas seemed to provide "better quality" hearing aids than others.

In addition, RNID have received information that some hearing aid providers in England (who deliver both NHS and private hearing aid services) could be encouraging the purchase of private hearing aids during NHS appointments. This conflicts with the principles of NHS hearing aid provision and guidance for commissioners when determining adult hearing aid contracts (Department for Health 2011).

RNID is alarmed by these concerns, which could indicate a potential postcode lottery of hearing aid technology. This could also mean some NHS patients have to buy private hearing aids to access essential features. NHS patients should not feel that they have to pay to "upgrade" their hearing aids. Especially when many of these features are supplied as standard on the NHS across the UK (for example telecoil or Bluetooth).

To understand these reports further, RNID asked our communities about their recent experiences of NHS hearing aid services.

Method

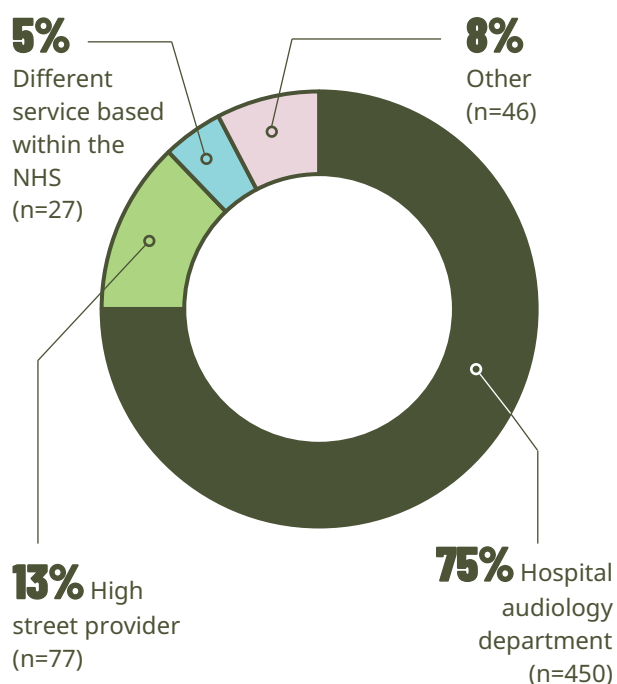
In July 2024, RNID sent a short survey to our Research Panel. We only included participants who had received an NHS hearing aid in England over the past 3 years. We also asked respondents to choose which type of provider they had received their hearing aids from.

We asked people about their experience initially accessing NHS hearing aid services, the technology available to them, and accessing follow up support.

Profile of Respondents

After initial screening, 600 people completed the survey. There was roughly proportionate representation of the number of people that access each type of provider, (defined in our survey as 'hospital audiology department', 'high street provider', 'a different service based within the NHS such as a Community Diagnostic Centre' and 'Other') but due to the overall sample size there were small numbers of respondents in some groups (see **Figure 1**).

Figure 1: Profile of respondents by hearing aid provider



More than half (56%) were 65 years or above, and 24% were aged between 55-64. 67% of respondents were women. 96% of respondents were White.

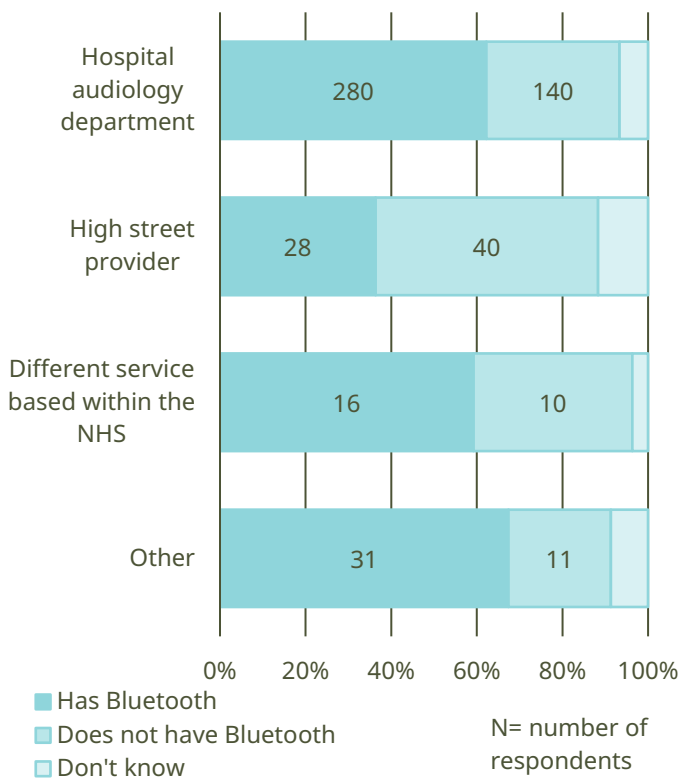
There was good geographic spread, with respondents from across England.

Results

Hearing aid technology

When asked about their current NHS technology, 62% of hospital patients, 60% from a different NHS service and 66% of patients attending “Other” reported receiving Bluetooth-enabled hearing aids, however only 36% of those who received hearing aids from high street providers reported having this technology (see **Figure 2**).

Figure 2: Bluetooth-enabled hearing aids by hearing aid provider

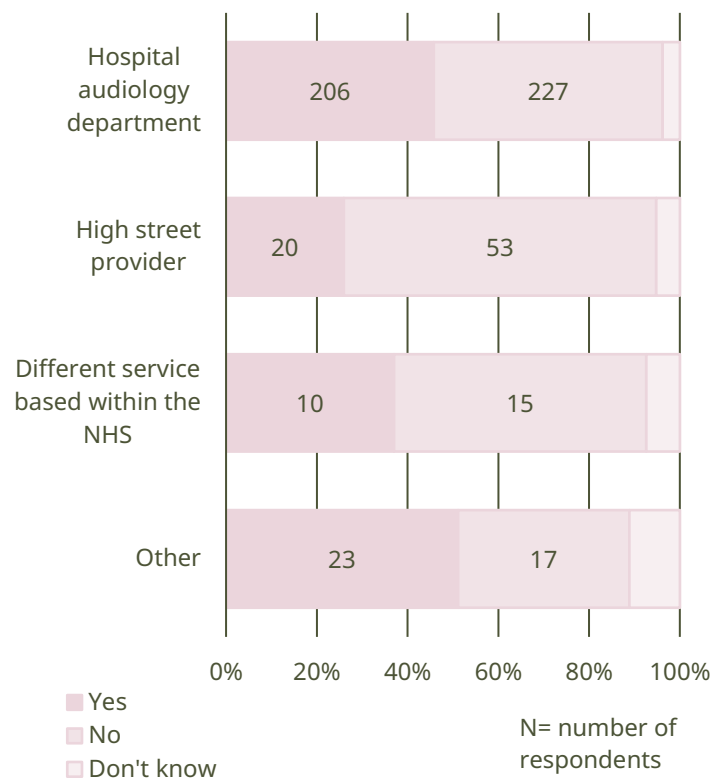


Just under a quarter (23%) of respondents at high street providers reported being told about buying private hearing aids rather than receiving NHS hearing aids during their NHS appointment. Respondents were most commonly told that the benefits of buying hearing aids were that they would be better

quality, smaller, or more discreet than NHS hearing aids.

We asked if the hearing aid provider discussed what type of smartphone the respondent had. Many NHS hearing aids can be controlled by a smartphone app where a compatible model is chosen. 46% of hospital patients, 26% of high street patients, 37% different service patients and 51% of patients attending “Other” reported being asked this (see **Figure 3**).

Figure 3: “Did the audiologist ask what type of smartphone you use?”



Initial access to hearing aid services

While many people continue to access hearing aid services via their GP, audiology providers are now advised to offer self-referral for adult hearing aid patients (NHS England 2023). Just over a fifth (22%) of respondents reported referring themselves to NHS hearing aid services, while 58% of respondents reported they were not aware of this option in some parts of England (see **Figure 4**).

Figure 4: “Are you aware that in some areas of England, NHS patients can self-refer into the audiology service?”

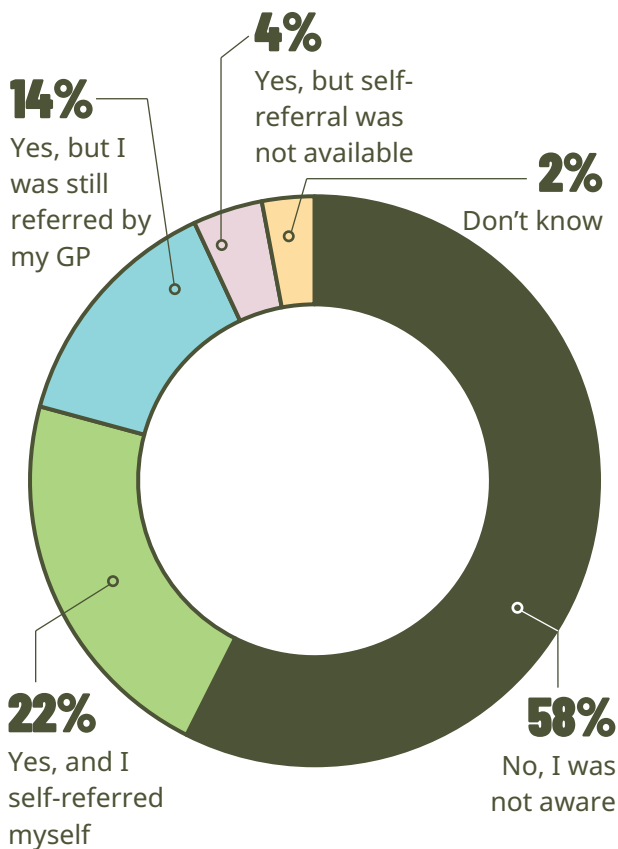
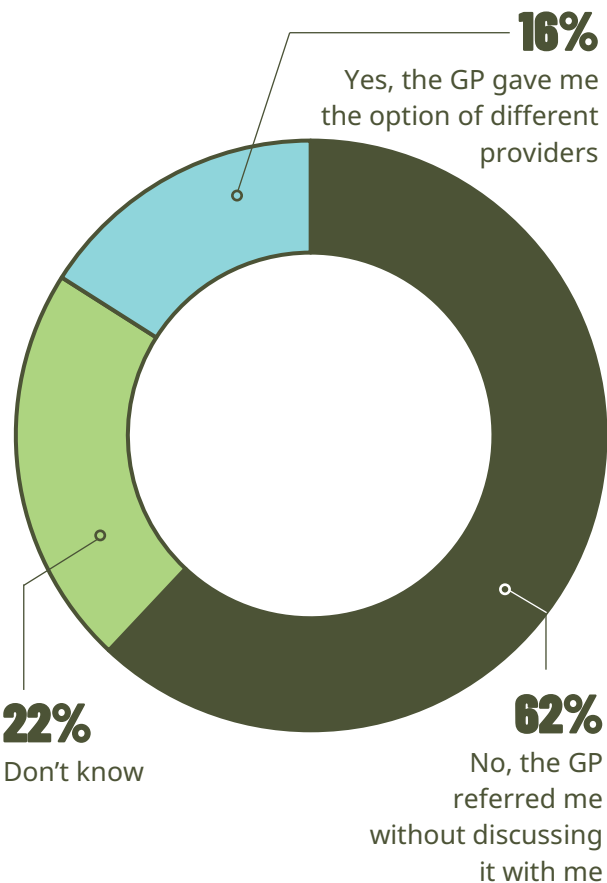


Figure 5: “Did your GP give you options for where you went for audiology treatment?”



If several different providers offer hearing aid services within an area, patients should be given the option to choose where they receive their care, allowing people to be seen in the most convenient location for them. Of those that were referred by their GP, only 16% of respondents were given a choice of provider for their hearing care (see **Figure 5**).

Follow up and aftercare

Finally, we asked respondents about their experience of accessing ongoing support, maintenance or adjustment of their hearing aids. Of those that had needed these services, 88% of all respondents reported they were provided with them. This was seen across all types of providers.

Discussion

The results of this survey provide a snapshot of experiences of NHS hearing aid services across England. However, some of the findings raise concern and indicate the need for action. This includes further research to understand consistency of hearing aid provision, implementing national quality standards, and improving access to self-referral.

Consistency of hearing aid provision

The process of procuring NHS hearing aids is complex. There is no universally agreed specification or standard for providers to adhere to. In addition, the different funding and commissioning arrangements for NHS audiology could result in costs being cut by reducing quality of hearing aid technology.

RNID are concerned by the potential variation in access to hearing aid technology, especially as our results suggest that high street providers (who can deliver both private and NHS hearing aid services) were least likely to offer Bluetooth-enabled hearing aids compared to other providers. NHS patients seen by these providers may be at risk of trading-up “by stealth”. Patients may feel they have no choice but to pay for private hearing aids to access features that would be free if they received their NHS treatment elsewhere.

National guidance makes it clear that NHS hearing aid providers should not be discussing private hearing aid options during NHS appointments. This includes when a patient themselves enquires about private treatment. Furthermore, the guidance explicitly states that providers should not encourage people to “trade-up” their NHS hearing aid for a private model (Department for Health 2011).

The survey specifically asked about the availability of Bluetooth-enabled hearing aids, but there are other differences in access to features in NHS hearing aids, such as telecoils and rechargeability. In our *In Their Own Words* report (RNID 2024), hearing aid wearers highlighted that all three of these features are important to them. Bluetooth was also the preferred feature of these three.

It is clear why Bluetooth is rapidly becoming essential to many hearing aid wearers. Bluetooth-enabled hearing aids allow users to directly stream phone calls, control settings from their phone, and even access remote support from their audiology provider. It is essential that audiologists ensure smartphone compatibility with Bluetooth-enabled NHS hearing aids where possible. This is even more important in areas that are offering remote support for their hearing aids. The results from our survey suggest that this is not consistently considered as part of the hearing aid fitting process.

Our results also showed that eventypes of providers that were more likely to provide Bluetooth-enabled hearing aids did not do so universally. This suggests that NHS hearing aid technology is subject to a postcode lottery across England and may be limited by local commissioning arrangements.

A postcode lottery and an indication of upselling raises concern for patients accessing NHS hearing aid services. We would welcome further research at a national level to fully understand to what extent this may be happening. We would also encourage research to understand variation in NHS hearing aid

technology, and if this is due to a provider or commissioner decision. This research is even more urgent given the last national evaluation of NHS hearing aid providers took place 10 years ago (Monitor 2015).

Implementing national quality standards

The Government is currently proposing three “big shifts” for the NHS, including moving more care from hospital to community settings. In audiology this could mean more care is moved to providers that offer private hearing aid services. While we support the need to address capacity within NHS audiology, we would caution this approach if changes are not made to the way services are monitored. In particular, we would want to see all NHS providers adhere to a nationally agreed and accredited quality assurance scheme. The only scheme that can currently deliver this is *Improving Quality in Physiological Services* (IQIPS), run by UKAS.

RNID have concerns that some hearing aid providers could be supplying lower quality devices to encourage private purchase. We believe this warrants more research and investigation to better inform any big shifts in NHS policy. People should be able to access high-quality hearing care at their choice of provider. However, if some NHS providers are deliberately supplying lower quality devices and encouraging private purchase, commissioners should address this at a local level and the Government should look at system wide interventions.

Improving access to self-referral

While the survey primarily focused on hearing aid technology, the results also emphasise the need to improve access to self-referral. This includes increasing awareness of self-referral, supporting people to access it, and implementing it consistently across the country. Guidance issued by NHS England required adult hearing aid providers to have self-referral routes in place by September 2023 (NHS England 2023). Based on the results of our survey, this is still not an option for most adults in England.

It's important to note that as the results include self-referrals from the last 3 years, it is possible that with further research we could see an increase in self-referral rates over time. However, RNID have been repeatedly told by our communities that many areas of England are still not offering this route.

Similarly, the results indicate that choice of provider is something only a small number of NHS hearing aid patients are offered. More widespread adoption of self-referral could help improve this, and action to improve access to self-referral is urgently needed.

Limitations

This report provides valuable insights into specific experiences of NHS hearing aid services across England, offering a useful snapshot of patient perspectives. The findings help to shed light on individual experiences, which may inform areas for improvement and patient care, or indicate the need for further research. However, it is important to note that the sample size is limited, particularly when comparing data across different providers, which impacts the generalisability of the results. Additionally, the survey's scope does not encompass all aspects of NHS hearing aid service access, so while this research points to potential issues, it is not comprehensive evidence of overall service quality.

Next steps

RNID firmly advocates for access to high quality NHS hearing aid services for everyone across the UK. NHS hearing aid patients should be confident that they will receive hearing devices that are high quality and meet their needs wherever they receive their care. NHS hearing aid technology should not be subject to a postcode lottery, and NHS patients should not feel they have to purchase private hearing aids to receive the same features that someone else might receive for free.

The findings indicate a need for further action, including:

- **Further research** to understand consistency of high-quality hearing aid provision
- **Implementation of national quality standards and assurance** across audiology providers
- **Improving access to self-referral** into NHS hearing aid services

About our Research Panel

Our Research Panel is a group of people with lived experience and people with close connections to our cause that takes part in research on a regular basis. They inform our work by helping us find out more about the experiences of deaf people and those with hearing loss or tinnitus.

References

Department for Health. (2011). *Adult Hearing AQP Implementation Pack*. Pg 15.
[https://assets.publishing.service.gov.uk/media/5a8066c140f0b623026934b3/DH -
Adult Hearing Implementation Pack.pdf](https://assets.publishing.service.gov.uk/media/5a8066c140f0b623026934b3/DH-_Adult_Hearing_Implementation_Pack.pdf)

Monitor. (2015). *NHS adult hearing services in England: exploring how choice is working for patients*.
[https://assets.publishing.service.gov.uk/media/5a7ffb45ed915d74e622bc58/Adult hearing s
ervices - Monitor s report.pdf](https://assets.publishing.service.gov.uk/media/5a7ffb45ed915d74e622bc58/Adult_hearing_services_-_Monitor_s_report.pdf)

NHS England. (2023). *2023/24 priorities and operational planning guidance*. Pg 9.
[https://www.england.nhs.uk/wp-
content/uploads/2022/12/PRN00021-23-24-
priorities-and-operational-planning-guidance-
v1.1.pdf](https://www.england.nhs.uk/wp-content/uploads/2022/12/PRN00021-23-24-priorities-and-operational-planning-guidance-v1.1.pdf)

RNID. (2024). *In Their Own Words*. Pg 17. RNID.
[https://rnid.org.uk/wp-
content/uploads/2024/02/audiology-
report RNID Feb24.pdf](https://rnid.org.uk/wp-content/uploads/2024/02/audiology-report-RNID-Feb24.pdf)

Citation: RNID (2024) *Investigating Variation in NHS Hearing aid services: A Research Note*. RNID.