

# Healthwatch Stockport “It’s in the Drawer” Report

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## 1. Foreword

I was delighted to get the invitation to write this foreword. I've been wearing hearing aids for six or seven years now. In my job I spend a lot of time in conversations and meetings, and it was getting more and more difficult to hear properly.

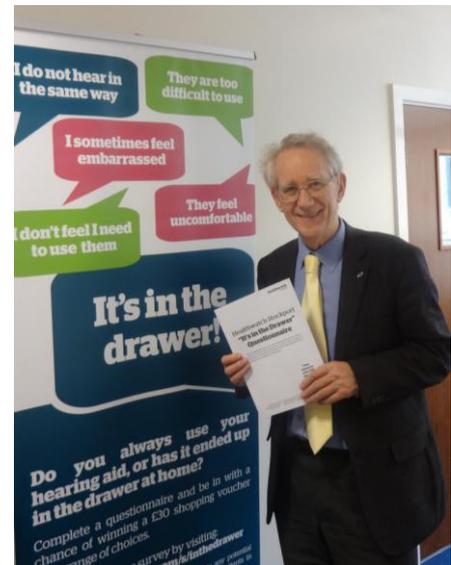
My two aids have been a tremendous help, and I've never been tempted to 'leave them in the drawer'. They are switched on every waking hour. But there is no point in pretending that hearing aids bring you back to where you once were with perfect sound.

Reading this report I could feel for many of those who responded and commented on the difficulties they faced getting used to their aids, and the practical issues that can come with them. Noisy rooms, winds, even music, no it isn't the same as it used to be, but, trust me, if your partner or carer says you need hearing help, you really do! So do persevere, and above all, go back to your provider and ask for help and advice. Don't take no for an answer. Show them this report if they still don't get it. In fact of course they won't ever say 'no', especially not at Stepping Hill, who provided mine. But they can't ever promise to 'make it like it used to be'. Our ears and brains are still smarter than the technology.

So this report is very welcome indeed, and a thorough bit of work that I hope will be well read by audiology professionals and providers much more widely than just in Stockport. It will give comfort to users, too - you are not alone, and it will provide encouragement for our friends to gently remind us to switch on!

I commend it to readers 100%, and I'm even encouraging the authors to start work on volume two: that is the one about hearing aid users experience of loop systems, something I'm currently discussing very politely with the technical people in the Houses of Parliament, where, believe me, it leaves something to be desired!

**Sir Andrew Stunell MP**



## Healthwatch Stockport “It’s in the Drawer” Report

**Report from:** Healthwatch Stockport “It’s in the Drawer” Task & Finish Group

**Task group:** Clem Beaumont, Tony Stokes and Joyce Drummond supported by Kirsty Bagnall.

**Report Date:** March 2014

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### 2. Introduction

Welcome to the Healthwatch Stockport report on the results of our “It’s in the Drawer” Task & Finish group, a project looking at local people’s experiences of wearing hearing aids.



This project is entitled “It’s in the Drawer” from a response my late Uncle Joe gave me a few years ago when I asked how he was getting on with his new digital hearing aid. Having never worn one before, he told me he had given up on wearing it and he had put in the drawer because he could not get used to it. He never did and in the drawer it stayed.

Over the years I have learned of other similar instances and understand my uncle’s problems somewhat. I have worn a hearing aid for almost 20 years and have shared some of the issues and problems encountered by the respondents completing this survey.

There are more than 10 million people in the UK with some form of hearing loss, or one in six of the population<sup>1</sup>.

This report also builds locally on the Action on Hearing Loss Report by Laura Matthews, *Seen but not heard*<sup>2</sup>, which found that a lack of clear and comprehensive information is a key issue for many participants, that participants did not feel they have sufficient time in audiology appointments to ask questions and for thorough explanations to be given, not all participants were given a follow-up appointment after their hearing aids were fitted, and the majority received no ongoing review.

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<sup>1</sup> Hearing Matters (Action on Hearing Loss, 2013) <http://www.actiononhearingloss.org.uk/supporting-you/policy-research-and-influencing/research/hearing-matters.aspx>

<sup>2</sup> Seen but not Heard (Matthews, Laura) <http://www.actiononhearingloss.org.uk/supporting-you/policy-research-and-influencing/research/our-research-reports/research-reports-2011.aspx>

Research has shown that using hearing aids continuously will enable the brain to adapt to the device and enable users to get the most out of their hearing aid. Intermittent use of hearing aids will be less effective. In his blog post *How the brain compensates for hearing loss*<sup>3</sup>, James Robins explains, “If sound coming into the ears is distorted or degraded, the auditory nerves can adapt to make the best of the information they do have.”

However, it can take time for hearing aid users to acclimatise to the device, users are recommended to restrict use at first to reasonably easy situations and build up their use of the hearing aids as they acclimatise to the use of it.

In her book, *Principles of hearing aid audiology*<sup>4</sup> Maryanne Tate Maltby explains, “Most new users need to become acclimatised to hearing aid use over a period of time... It is usually inadvisable for the aids, particularly linear hearing aids, to be worn too soon in noisy situations and is therefore not sensible for the client to wear the hearing aid in the street immediately after fitting. Wind and traffic noise are particularly disconcerting.”

Hearing loss and deafness can also lead to barriers to inclusion and feelings of isolation for both the person with hearing loss and any partners they may have. In her report, *In it together: The impact of hearing loss on personal relationships*<sup>5</sup>, Melissa Echalié, reported that “Hearing loss also impacts on relationships, “There was the sense that these small communications added up to something much greater within relationships... therefore, couples experienced any hindrance to this communication as a loss and, in some cases, this led to a sense of isolation on the part of both partners.”

Following feedback from relatives, friends and the local community, we worked with representatives from Walthew House, Action on Hearing Loss, Age UK Stockport and Signpost Stockport for Carers to design a questionnaire to investigate why new hearing loss patients may give up completely wearing them.

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<sup>3</sup> How the brain compensates for hearing loss (Robins, James 2013)  
<http://www.actiononhearingloss.org.uk/community/blogs/our-guest-blog/how-the-brain-compensates-for-hearing-loss.aspx>

<sup>4</sup> Principles of hearing aid audiology, (2nd edition) (Tate Maltby, Maryanne 2002)

<sup>5</sup> In it together: The impact of hearing loss on personal relationships, RNID (Echalié, Melissa 2010)  
[http://idainstitute.com/fileadmin/user\\_upload/documents/In%20It%20Together%20-%20Impact%20on%20Personal%20Relationships.pdf](http://idainstitute.com/fileadmin/user_upload/documents/In%20It%20Together%20-%20Impact%20on%20Personal%20Relationships.pdf)

The questionnaire was carried out during October, November and December 2013, looking for the views of local people about their experience of wearing hearing aids and the reason why some give up using them or only wear them for reduced periods of time.

Overall there has been a fantastic response to our survey; the majority of respondents were identified face-to-face in supermarkets, Stepping Hill Audiology department, Stockport Train Station and Healthwatch Stockport events in the town.

If you have any questions about any of this research, please contact us and we will endeavour to answer your queries. For a blank copy of the survey, please contact the Healthwatch Stockport office.

Finally, Healthwatch Stockport would really welcome your views about what we have found following this survey and the recommendations we have made.

Healthwatch Stockport is an independent consumer champion created to gather and represent the views of the public. Healthwatch plays a role at both national and local level and will make sure that the views of the public and people who use services are taken into account.

Thank you for your time in reading this report; we hope that the results will be taken into account in the planning and provision of services for people with a hearing loss.

You can get in touch with us by calling on **0161 477 8479**, email us on **info@healthwatchstockport.co.uk**, text us on **07765 568 345**, tweet us at **@HWStockport** using the hashtag **#inthedrawer**, comment on our facebook wall or write to us at **Healthwatch Stockport, Graylaw House, Chestergate, Stockport SK1 1LZ**.

*Clem Beaumont*

Clem Beaumont,  
Healthwatch Stockport Lead on the “It’s in the Drawer” Task & Finish Group

### 3. Executive Summary

Below is a summary of the results received from the 223 respondents to the survey:

- The highest response, (38% of respondents) received their hearing aid 1-3 years ago
- 9 out of 10 received their hearing aid free on the NHS; fitted by NHS audiology, primarily at Stepping Hill Hospital.
- Respondents who felt they did not receive enough information were twice as likely to not wear their hearing aids at all compared to those who had received enough information.
- Only 34% of NHS patients recalled being invited to a follow-up appointment compared to all respondents who had received their hearing aids privately.
- Nearly 83% were not offered counselling or any other support when they were given their hearing aid.
- Half of respondents do not wear their hearing aids all the time they are awake with nearly 15% stating that they do not wear their hearing aids at all.
- Over half of respondents who did not wear their hearing aid, wore it for less than a month before deciding not to use it.
- 35% of respondents found making an appointment difficult when they have problems with their hearing aid, with the majority either unable to get an appointment or feeling the wait for appointments were too long.
- 68% of respondents would have found a follow-up appointment useful. The majority of comments reflected the issues highlighted in the report with explanations of why they do not wear their hearing aid and stated that given the opportunity, they would attend follow-up appointments to find solutions to these problems.
- The highest occurring reasons given for not wearing their hearing aids were:
  - 43% don't wear them because they struggle to distinguish between noises in the background and foreground
  - 41% reported that their hearing aids were uncomfortable.
  - 37% of respondents sometimes feel frustrated by their hearing aids
  - 26% reported that they do not feel the difference hearing aids make to their hearing is beneficial
  - 25% don't wear their hearing aids because they don't hear the same way they used to
  - 15% feel embarrassed to use them in public places.

This report makes recommendations to audiology departments, NHS Commissioners of the service, local GPs, Stockport Council as the Local Authority social care provider and non-statutory deaf and hard of hearing champions.

Highlights from the recommendations are as follows:

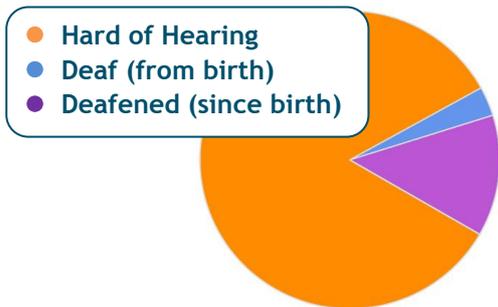
- A contact and a follow-up appointment should be offered at Stepping Hill Audiology department as well as from other NHS and private providers delivering NHS services.
- When patients have their hearing aids fitted, they should be made aware and given clear details of the monthly clinic at Shaw Heath run by Walthew House and Stockport NHS Foundation Trust.
- Audiologists should explain to patients what they can expect from hearing aids before they are fitted.
- GPs should routinely ask hearing aid users about their hearing and refer them to the audiology department if necessary.
- GPs should maintain contact with their local audiology departments to update their awareness of technology, treatment pathways and referral protocol.
- The issue of why patients stop using their hearing aids or use them for a reduced period of time is a significant one. We would recommend a “working together” approach with non-statutory care providers, in Stockport, in order to improve the quality of life for deaf and hard of hearing people.
- Action on Hearing Loss in collaboration with other Deaf and Hard of Hearing Champions in Stockport, should work together to develop best practice guidelines to highlight those issues they feel have not been addressed by this report.

A full list of recommendations is available on page 26. They are also available throughout the document.

## 4. Survey Respondents

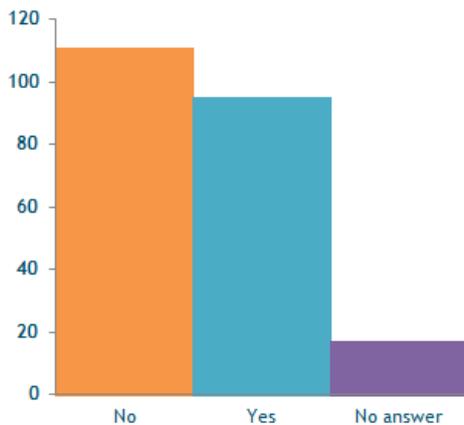
Overall 223 responses were received to the survey. Numbers have been rounded up to the nearest percentage.

46% of respondents were female, 44% of respondents were male and 10% gave no answer.



The majority of respondents to the survey were hard of hearing, at **84%**. **3%** of respondents were Deaf (from birth), **13%** were Deafened (become deaf since birth).

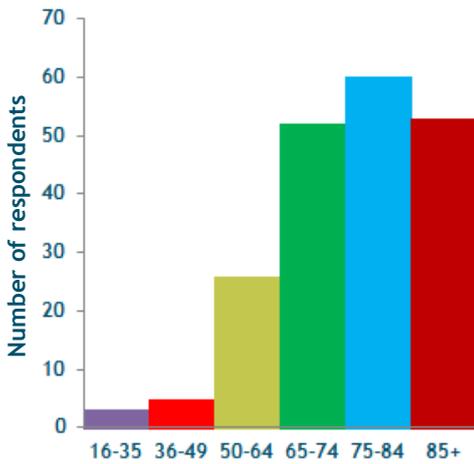
Walthew House offered their support to the project, supporting local BSL users to complete the survey with an interpreter. Of the respondents, **4%** used British Sign Language (BSL), **5%** lipread and **2%** used Sign Supported English.



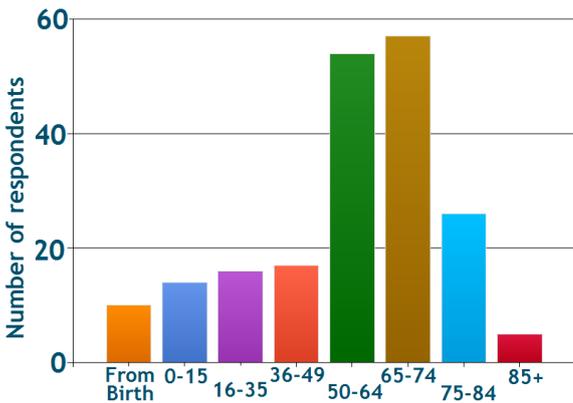
**50%** of respondents noted that they did not have a disability, while **42%** said they had and **8%** did not respond.



Interestingly, of the **42%** of respondents who said they had a disability, only **45%** stated their hearing loss as a disability, with **55%** of respondents not naming their hearing loss as a disability.



At the time of completing the survey, **82%** of respondents were aged over 65, with **26%** over 85 years of age. **4%** of respondents were aged less than 49 years of age.



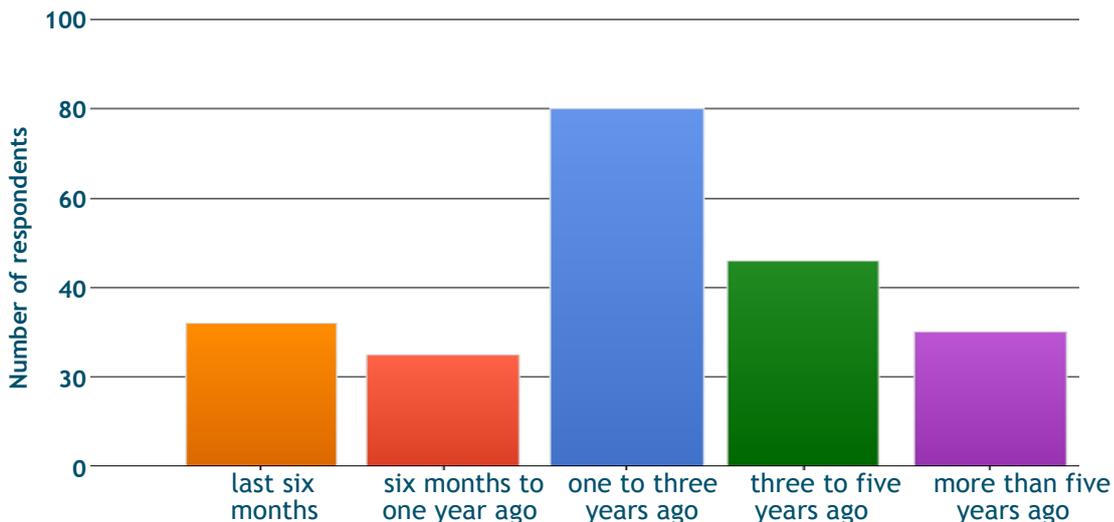
**56%** of respondents developed hearing loss when they were aged 50-74.

**15%** were aged 75+ when they developed their hearing loss, and **25%** of respondents were under 49.

**5%** of respondents had hearing loss from birth.

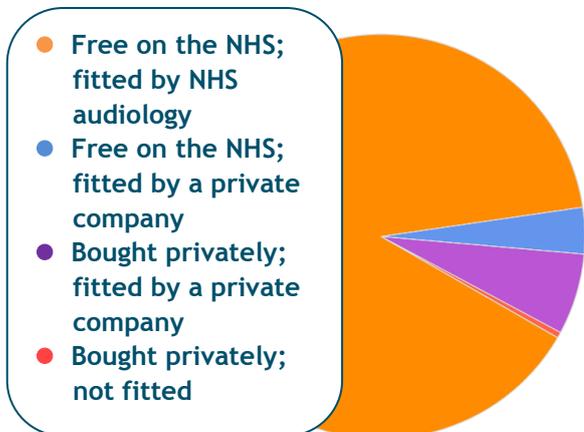
**86%** of respondents used a digital hearing aid with **11%** of respondents using a non-digital hearing aid. **4%** have a bone anchored hearing aid (BAHA) or Cochlear implant.

How long respondents have had their hearing aid.



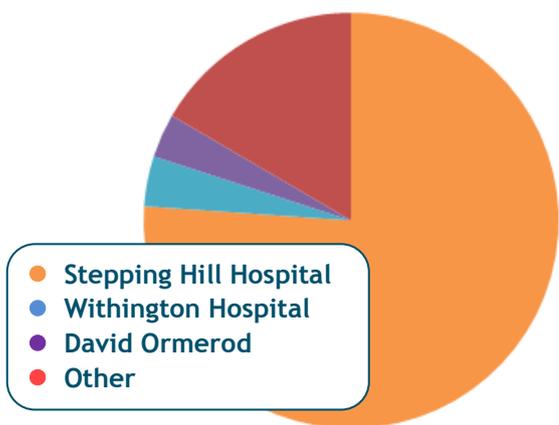
One to three years was the most frequent response with **38%** of respondents. With **22%** receiving their hearing aids 3 to 5 years ago, **14%** receiving them more than 5 years ago and **12%** 6 months to one year ago. **15%** had received them in the last 6 months.

How hearing aids were bought and fitted.



The large majority of respondents, almost 9 out of 10 got their hearing aids free on the NHS and were fitted by NHS audiology.

7% of respondents bought and had their hearing aids fitted privately and 4% got their hearing aids free on the NHS but were fitted by a private company.



76% of respondents received their hearing aids from Stepping Hill Hospital with 4% and 3% receiving them from Withington Community Hospital and David Ormerod Hearing Care Centre respectively. 17% received their hearing aids elsewhere, including Manchester Royal Infirmary, the now closed Stockport Infirmary, Tameside Hospital, Wythenshawe Hospital and hospitals outside of the Stockport area.

## 5. Key Findings

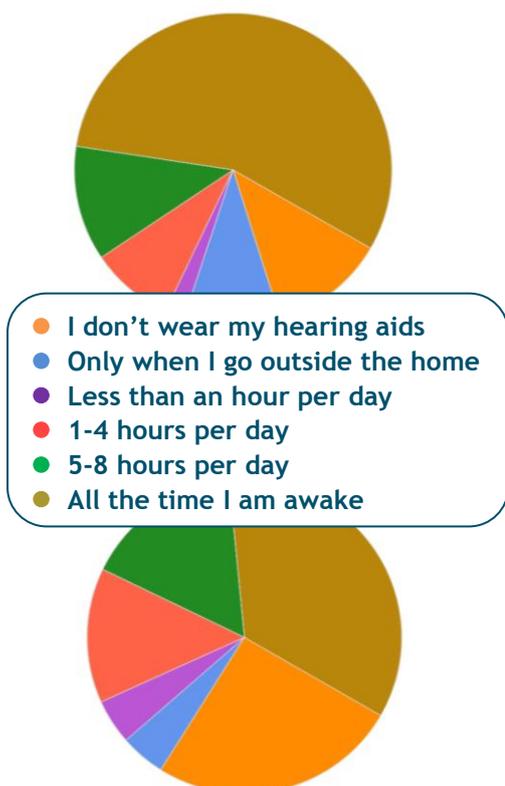
The research has identified a number of key findings as summarised in the Executive Summary. What follows are more detailed analysis of the data collected including both qualitative and quantitative information.

### Types of information respondents received when they were given their hearing aids.

Just under half of respondents felt that the reason for their hearing loss had been properly explained to them. 3 in 10 respondents felt that their hearing loss had not been properly explained to them and 2 in 10 were not sure or couldn't remember having the reasons explained. There was no discernible difference between responses from those who had their hearing aids fitted privately and those who received their hearing aid from the NHS, nor was there a discernible difference between responses from those who had received their hearing aids 0-3 years ago or over 5 years ago.

Encouragingly, 53% of respondents received written information when they were given their hearing aids and 38% of respondents received verbal information. However, nearly 9% of respondents either couldn't remember or had not received any information when they were given their hearing aids.

Nearly 83% of respondents were not offered counselling or any other support when they were given their hearing aid. Nearly one in four respondents felt they did not receive enough information when their hearing aid was provided.



For those who responded that they were given enough information when they were given their hearing aid, 56% wore their hearing aids all the time they were awake, with only 12% not wearing their hearing aids at all.

In comparison, for those who responded they were not given enough information when they were given their hearing aid, only 35% of respondents wore their hearing aids all the time they were awake and 26% do not wearing their hearing aids at all.

Many respondents suggested ways to improve the information they were given when they were given their hearing aids. Their responses can be generally grouped into:

- Improved general information
  - “Bit more time explaining the settings and function on my aids”
  - “Probably needed much simpler instructions, perhaps 1 sheet of laminated A4.”
  - “A month later [it was suggested I attend a] lip-reading class which I found very beneficial”
  - “Too short an instruction time to understand all the information”
- Continued usage of the hearing aid
  - “How often do I need my ears tested? Do I need to come back for maintenance?”
  - “A back up appointment after a couple of weeks would have helped, as I do not think I adjusted mine properly. I could not find any difference when I wore them to my hearing”
  - “How often you have to come for a hearing test and upgrade your hearing aid”
- Managing expectations
  - “[It would have helped] if I had been told what problems could have occurred, e.g. whistling.”
  - “I do not understand why I have so much interference - if there is a car engine or on the bus I don't hear speech.”
  - “I suggest that maybe one of the staff at the audiology dept. wears hearing aids to understand the problems with the NHS ones...”
- Diagnosis information
  - “I was so pleased to be able to hear again that the fact that the hospital didn't explain the reason for my deafness was lost in the moment”

### **Recommendation**

A contact and a follow-up appointment should be offered at Stepping Hill Audiology department as well as from other NHS and private providers delivering NHS services.

### **Recommendation**

When patients have their hearing aids fitted, they should be made aware and given clear details of the monthly clinic at Shaw Heath run by Walthew House and Stockport NHS Foundation Trust.

How often respondents use their hearing aids.



15% of respondents did not wear the hearing aids they had been given.

36% of respondents wore their hearing aids for varying periods throughout the day.

49% of respondents wore their hearing aids all the time they were awake.



For those who had identified that they did not use their hearing aids all the time, the majority of respondents had waited between one and five months before deciding not to use them all the time, with 24% waiting one month and the same percentage waiting 2-5 months.

Over half of respondents to this question wore their hearing aid for less than a month before deciding not to use it.

15% used their hearing aids for 6-11 months before not using them, 10% waiting more than 1 year before not using their hearing aids.

7% respondents stopped using their hearing aids one day or less after receiving them.

**Recommendation**

Audiologists should explain to patients what they can expect from hearing aids before they are fitted.

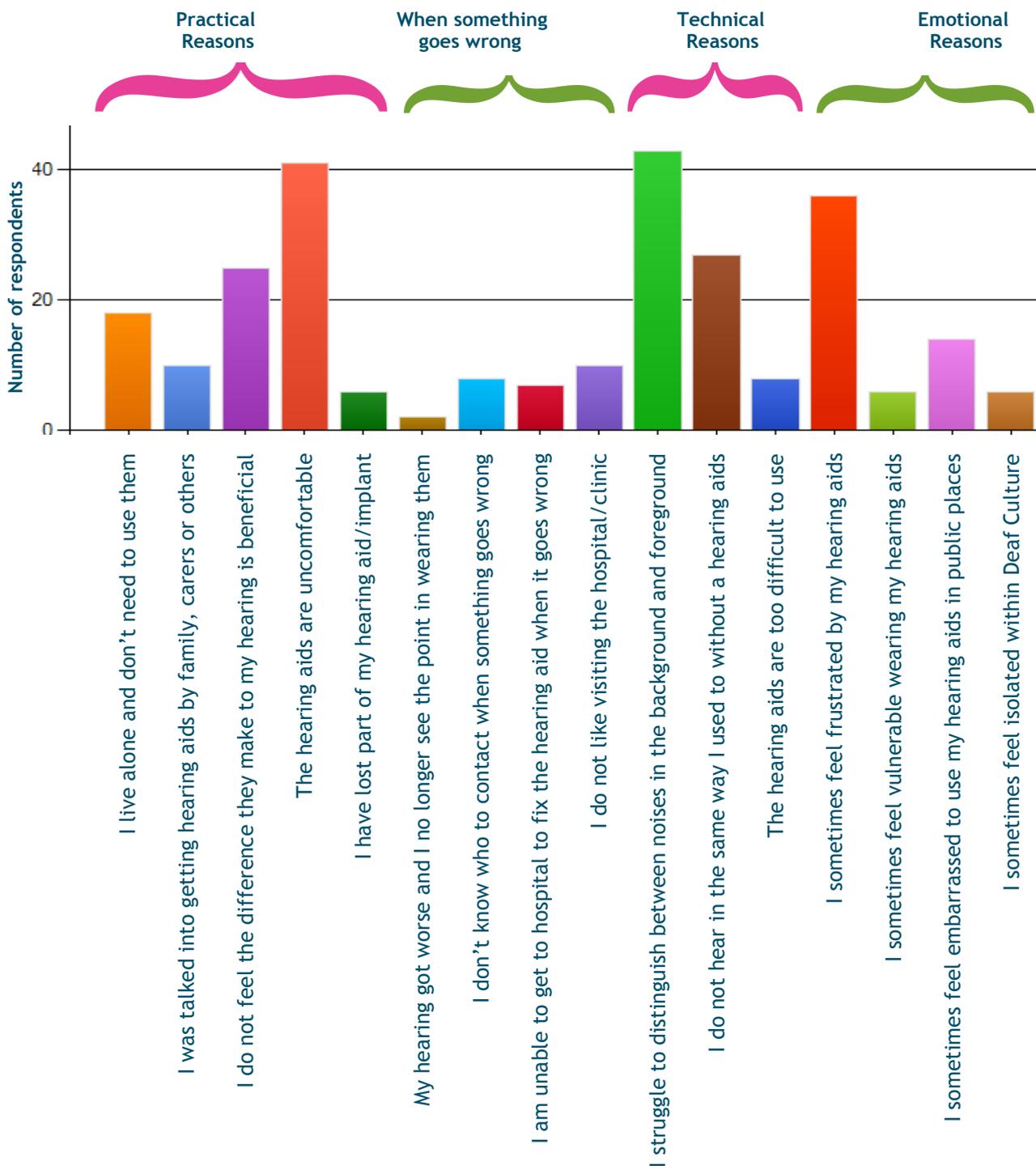
**Recommendation**

Audiology departments and audiologists should encourage hearing aid users to return to the audiology department (or monthly clinic at Shaw Heath) to ask questions and talk through any problems as and when they arise.

Reasons behind reduced or non use of hearing aids.

Reasons given why respondents did not use their hearing aids were numerous, with many respondents feeding back additional comments. The options provided in the questionnaire were collected following a preliminary research period, consulting with Action on Hearing Loss, Walthew House, Age UK Stockport and Signpost Stockport for Carers.

Options were split into four main areas:



### Reasons behind reduced or non use of hearing aids.

The majority of respondents cited technical reasons for not using their hearing aids, in particular, struggling to distinguish between noises in the background and foreground (44%),

- “They amplify sharp high frequencies - rustling of paper, coins dropping, spoons in cups and background noise but I can’t hear someone properly sitting alongside speaking directly to me”
- “Don't offer any improvement in real life situations - group conversations, pub, socially...”
- “The aid picks up too much background noise which drowns out the voice of the person you are trying to converse with. A new design is needed urgently which concentrates on the voice not pick up so much background noise”

A quarter of respondents noted that they do not hear in the same way they used to without a hearing aids and over a quarter of respondents reported that they do not feel the difference they make to their hearing is beneficial.

- “They do not make sufficient difference to justify the palaver... in a busy environment I cannot hear clearly when being spoken to.”
- “In a noisy environment the hearing aid is more of a hindrance then help.”
- “As I feel they make little difference (my wife disagrees), I have not bothered to make a follow up appointment.”
- “It made me feel disorientated around traffic which sounded closer than it really was.”

These responses support the issues respondents felt around information provided when they received their hearing aids and managing expectations.

41% of respondents reported that they reduced the use of or stopped using their hearing aids because they were uncomfortable.

- “The mould gives me sore ears... It was filed 3 times after visiting [service provider outside of Stockport] 3 times and on the third time I was told that I could file them down myself. So because of getting very sore ears, I stopped using them.”

### Reasons behind reduced or non use of hearing aids.

- “I had hearing aids for five years which were very comfortable and I wore them from first thing in the morning until late at night. Since having new ones fitted the ear moulds have been very uncomfortable - with very little or no venting... I wear them for as long as I can but need to take them out regularly.”
- “After wearing hearing aids for a day, makes my ears itch so I need to take them out. Careful cleaning helps.”

37% of respondents sometimes feel frustrated by their hearing aids and 15% feel embarrassed to use them in public places.

- “I do not like the total dependence on wearing both hearing aids at the same time, it creates a feeling on being detached from reality. Wearing one at a time is a happy compromise plus alternating between left and right reduces ear canal irritation.”
- “I feel that I became different having to wear hearing aids, I feel embarrassed, feel people treat me like an imbecile. I prefer to pretend that I can hear.”

18% of respondents said that they live alone and therefore don't need to use them. Saving on battery usage also factored into a few responses to this option.

- “I wear my hearing aids when I go out, even when walking the dog, visiting family and friends I use them otherwise I could not communicate. At home at home alone, I seldom wear them.”
- “[I only wear them] when visitors call or I am going out. I want to save on battery usage”

Nearly **one in ten** respondents felt that they were talked into getting hearing aids by family, carers or others and the **same number** cited not liking to visit the hospital or clinic as a reason behind not wearing them.

- “My hearing has got worse and I think I should be tested again and have better aids. It is not easy to get to the hospital for this”
- “Parking can be difficult at [Stepping Hill] hospital not enough disabled parking.”

### Reasons behind reduced or non use of hearing aids.

7% of respondents said that they did not know who to contact when their hearing aid goes wrong, the **same amount** noted that their hearing aids are too difficult to use or that they find it difficult to handle replacement parts, such as batteries. 7% also said that they sometimes feel isolated within Deaf Culture leading to not using hearing aids.

- “I am unable to replace the batteries myself so fully rely on family when they visit.”
- “The filter can get clogged with wax and stop it from working. Also the battery can fail. My husband has to sort it out as I am disabled.”

Problems with wearing both the hearing aids(s) and spectacles was highlighted as an issue by many respondents, nothing that often they felt they were “juggling” the two.

- “When wearing spectacles at the same time as my hearing aids, I struggle with space behind the ear for the two things.”

Some respondents also noted that when they wore their hearing aids outside, they were prone to falling out and getting lost.

- “Avoid likelihood of them dropping out and having sometimes to crawl around looking for them. eg another time found outside garage door.”

### **Recommendation**

Audiology departments and private companies should provide clear and comprehensive information about hearing aids, including how to use and maintain the aids and a troubleshooting guide.

### **Recommendation**

Audiology and other healthcare providers should encourage partners, a family member or friend to attend appointments with the hearing aids user.

### Recommendation

Suppliers of equipment should enable hearing aid users to try out equipment before they receive it.

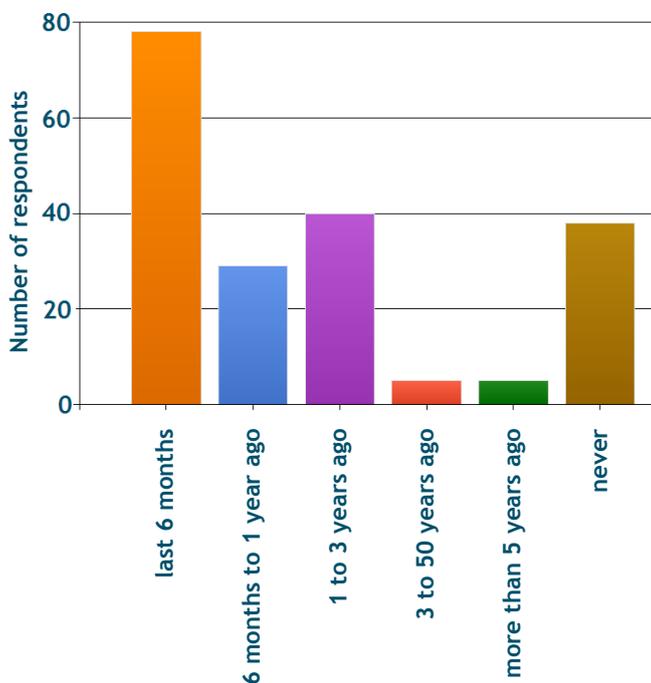
### Recommendation

GPs should maintain contact with their local audiology departments to update their awareness of technology, treatment pathways and referral protocol.

### Recommendation

The issue of why patients stop using their hearing aids or use them for a reduced period of time is a significant one. We would recommend a “working together” approach with non-statutory care providers, in Stockport, in order to improve the quality of life for deaf and hard of hearing people.

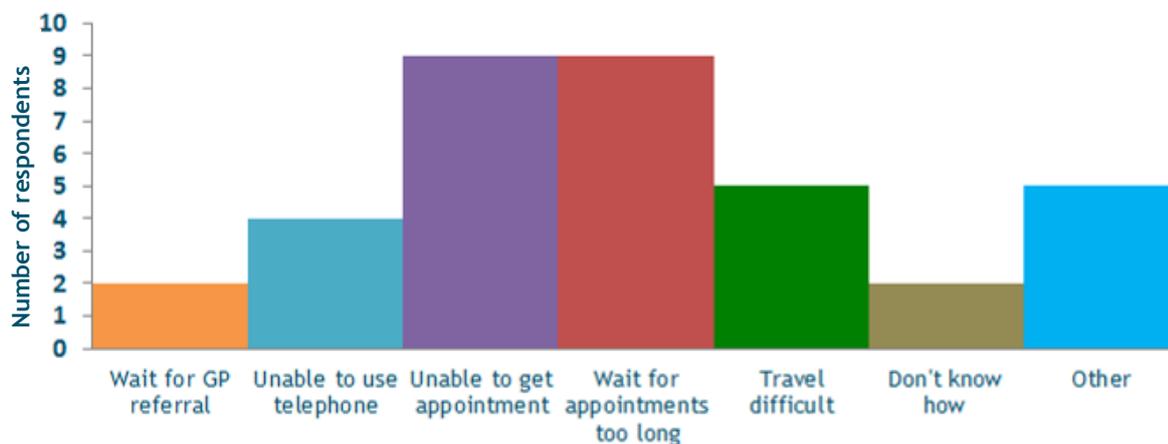
What support respondents had requested or been offered after being given their hearing aids.



40% of respondents had attended a hearing aid check for repairs, tube replacement, hearing checks in general in the last 6 months. Nearly 1 in 5 respondents had never attended a hearing check and another 1 in 5 had attended 1 to 3 years ago. Just over 15% had attended a hearing check 6 months to 1 year ago.

There was no discernible difference between responses from those who had their hearing aids fitted privately and those who received their hearing aid from the NHS.

64% of respondents found it easy to make an appointment when they have problems with their hearing aid. However, 35% of respondents found making an appointment difficult.

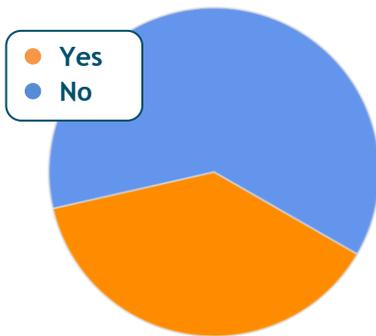


For those who found making an appointment difficult, the highest occurring were either unable to get an appointment or felt the wait for appointments were too long. Several noted that they felt the audiology departments involved were very busy. Difficulties travelling were mentioned along with an inability to use the telephone to make an appointment.

- I work full time, but appointments are only available during 10-12pm and 2-4pm.
- “There are no regular follow-up appointments and I don't like to bother otherwise as I might be wasting their time”

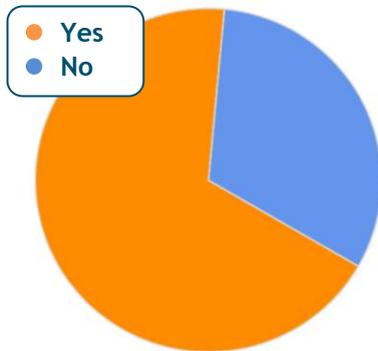
Encouragingly, **87%** of respondents found it easy to access replacement parts for their hearing aid, such as batteries and tubes.

## Follow up appointments



On being asked if they had ever been invited to a follow-up appointment, only **38%** recalled being invited.

Responses were low from those who received their hearing aids privately, but 100% of respondents who had received their hearing aids privately, stated they had been invited to a follow-up appointment. This compares to **34%** of NHS patients invited to a follow-up appointment.



**68%** of respondents would have found a follow-up appointment useful with **32%** feeling that it would not have been useful.

Of those who gave reasons around why they would not have found a follow-up appointment useful, the majority stated not needing a follow-up because:

- They have hearing aids checks elsewhere or while at hospital for other reasons.
- They proactively make or attend appointments on their own initiative.
- They know enough and are happy with the information received when they got their hearing aids.

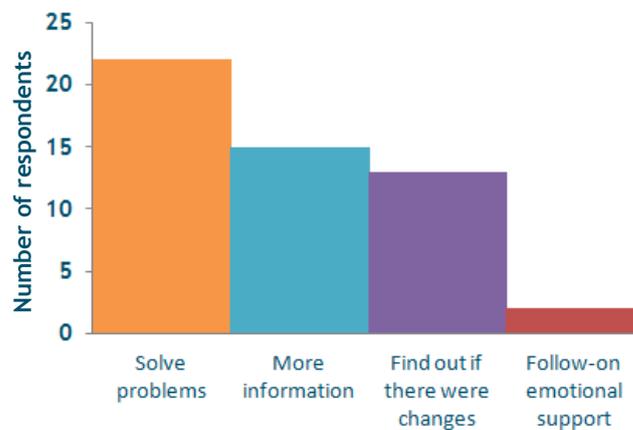
Some respondents echoed the frustrations previously indicated within the research.

- “I feel they would tell me to persevere with them”
- “I think that a follow up appointment would be routine and would do nothing to address my distress.”

## Follow up appointments

Of those who felt that a follow-up appointment would be useful, responses were varied. A few key messages included:

- Support in solving problems.
- Providing more information on their hearing aids.
- Find out if there were any changes in their own hearing or in the support available.
- Follow-on emotional support.



## **Support in solving problems**

A third of people, who stated that they would have liked to attend a follow-up appointment, said it could have helped them solve problems that had arisen around their hearing aids. Respondents grouped into this theme ranged from the comfort of the hearing aids to getting used to the way respondents hear when using a hearing aid.

- “I could have mentioned the discomfort and got my hearing aids adjusted”
- “Felt the hearing aids where fitted outside the ear was uncomfortable, however after 20 years I have today had in the ear fitted and these are 300% better”
- “To explain problems with hearing aids and receive advice. Re: excessive sound levels for eg whistling”
- “When I first got them I misunderstood the buttons on the receivers”
- “The aid did not perform as well as I had hoped and it was not until I arranged a service appointment that adjustments were made”

### Providing more information on their hearing aids

24% respondents would have liked more information from a follow-up appointment.

- “They could have told me how they worked so I would have had a better understanding”
- “To ensure I was using them correctly and that they were working as designed.”
- “Couldn't remember all details I was told, got by with help from friends”
- “To answer questions. Felt there's no after care or help”

### Find out if there were any changes in their own hearing or in the support available

24% of respondents would have liked a follow-up appointment to find out if there were any changes in their own hearing or in the support available.

- “So I can get them checked regularly otherwise I am not sure what gap I should leave before returning (don't always remember when the last appointment was)”

### Follow-on emotional support.

A strong theme throughout the responses was that the expectation that patients would be proactive in making appointment was erroneous.

- “I would feel better if I did not have to make the first contact. I have worried in the past about going to often to the clinic and I forget how long since my last visit”
- “[A follow-up appointment] would have helped my confidence. I felt a sense of just being abandoned”
- “If offered an appointment I would have gone. I now realise that automatic follow up appointments are absolutely necessary to ensure aids are used. Without such appointments the money spent supplying the aids risks being wasted.”
- “Maybe I wouldn't have given up wearing it.”
- “Encouragement to persevere should be standard practice.”

The majority of comments reflected the issues highlighted as to why they do not wear their hearing aid and stated that given the opportunity, patients would attend follow-up appointments to find solutions to these problems.

### **Recommendation**

A contact and a follow-up appointment should be offered at Stepping Hill Audiology department as well as from other NHS and private providers delivering NHS services.

### **Recommendation**

GPs should routinely ask hearing aid users about their hearing and refer them to the audiology department if necessary.

Finally, respondents were asked if they were aware that Walthew House and Stockport NHS Foundation Trust offer a monthly hearing aid clinic in Shaw Heath. Interestingly, there was no noticeable difference in opinion from respondents over whether they would have found a follow-up appointment useful between those who were aware of the service and those who were not.

This question was also able to support the promotion of this service, with **31%** of respondents already aware of the service and **69%** of respondents learning about the service from the questionnaire.

### **Recommendation**

Audiology departments and audiologists should encourage hearing aid users to return to the audiology department (or monthly clinic at Shaw Heath) to ask questions and talk through any problems as and when they arise.

## 6. Recommendations

It is clear from the research within this report that many of the issues that cause patients to not use their hearing aids often have very simple solutions. The following recommendations are for providers, commissioners, partners and stakeholders to help improve the experience of deaf and hard of hearing patients in Stockport.

### **Recommendations to audiology departments**

A contact and a follow-up appointment should be offered at Stepping Hill Audiology department as well as from other NHS and private providers delivering NHS services.

When patients have their hearing aids fitted, they should be made aware and given clear details of the monthly clinic at Shaw Heath run by Walthew House and Stockport NHS Foundation Trust.

Audiologists should explain to patients what they can expect from hearing aids before they are fitted.

Audiology departments and audiologists should encourage hearing aid users to return to the audiology department (or monthly clinic at Shaw Heath) to ask questions and talk through any problems as and when they arise.

Audiology departments and private companies should provide clear and comprehensive information about hearing aids, including how to use and maintain the aids and a troubleshooting guide.

Audiology and other healthcare providers should encourage partners, a family member or friend to attend appointments with the hearing aids user.

Suppliers of equipment should enable hearing aid users to try out equipment before they receive it.

### **Recommendations to NHS Commissioners**

NHS Commissioners of audiology services to work together with audiology providers to work towards implementing the above recommendations with additional funding if required.

### **Recommendations to GPs**

GPs should routinely ask hearing aid users about their hearing and refer them to the audiology department if necessary.

GPs should maintain contact with their local audiology departments to update their awareness of technology, treatment pathways and referral protocol.

### **Recommendation to Stockport Council as the Local Authority social care provider**

The issue of why patients stop using their hearing aids or use them for a reduced period of time is a significant one. We would recommend a “working together” approach with non-statutory care providers, in Stockport, in order to improve the quality of life for deaf and hard of hearing people.

### **Recommendation to Non-statutory Deaf and Hard of Hearing Champions.**

Action on Hearing Loss in collaboration with other Deaf and Hard of Hearing Champions in Stockport, should work together to develop best practice guidelines to highlight those issues they feel have not been addressed by this report.

## 7. Conclusion



Many thanks to everybody who got involved in this piece of work; all partners, stakeholders, and in particular, thank you to all respondents who took the time to complete the survey. Your input will help to improve services for deaf and hard of hearing patients in Stockport.

Our research has found that half of our respondents do not wear their hearing aids all the time they are awake with nearly 15% stating that they do not wear their hearing aids at all.

The reason behind this usage varies, with key issues arising around a range of concerns. However, many of the issues that lead to patients not using their hearing aids can be easily solved via the correct support from the service provider.

Our research found that 44% of respondents who don't wear their hearing aids don't do so because they struggle to distinguish between noises in the background and foreground and over a quarter reported that they do not feel the difference hearing aids make to their hearing is beneficial and/or that they don't hear the same way they used to.

Previous research has shown that using hearing aids continuously will enable the user to acclimatise to the device and enable them to get the most out of their hearing aid (Robins, James, 2013, Tate Maltby, Maryanne 2002), a benefit not gained by those who keep their hearing aid in the proverbial drawer.

In addition, 41% reported that they reduced the use of or stopped using their hearing aids because they were uncomfortable and 37% of respondents sometimes feel frustrated by their hearing aids.

Our research has found that these issues are common amongst hearing aid users, and there are no easy solutions to solve the problems. However, there does appear to be a large difference between patient's expectations for what they anticipate their hearing aids to provide and what they actually do.

Managing the expectations of patients to ensure that they are fully informed on what their hearing aid will and will not do is imperative in ensuring that it stays out of the drawer.

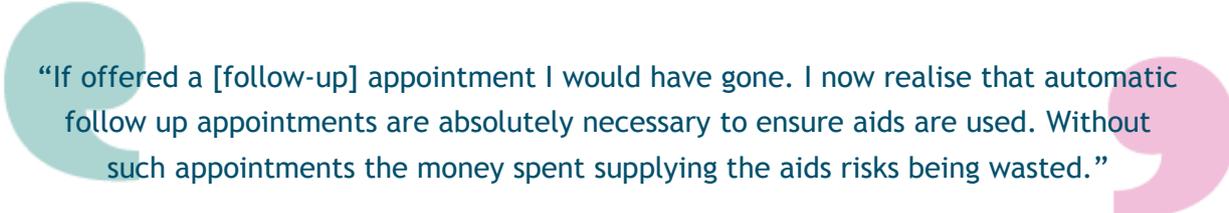
As previously stated, hearing loss and deafness can lead to barriers to inclusion and feelings of isolation, particularly for older people (82% of our respondents were aged over 65). Encouraging use of hearing aids to improve the hearing of patients could lead to a reduction in the feelings of isolation brought on by loss of hearing.

With nearly 1 in 4 respondents feeling they would have liked to have been given more information when their hearing aid was given to them and nearly 83% not offered counselling or any other support when they were given their hearing aid, information is a theme running throughout our research.

68.1% of respondents stated that given the opportunity, they would attend follow-up appointments to find solutions to the problems they found with their hearing aids, an opportunity for service providers to support patients in dealing with the issues that arise from using their hearing aids. Our research suggested that patients would like to be invited to a follow-up appointment, rather than be expected to attend proactively; with some respondents feeling that they are unable to identify for themselves whether they need to attend an appointment, and instead, choose to not use their hearing aid.

For those who had attended appointments after being given their hearing aids, many responded positively to the information they had gained during these. Respondents who felt they did not receive enough information, were twice as likely to not wear their hearing aids at all compared to those who had received enough information.

It is clear from the research within this report that many of the issues that cause patients to not use their hearing aids often have very simple solutions, which can be solved by a continuous dialogue with patients from the first contact, through receiving their hearing aids to a follow-up appointment.



“If offered a [follow-up] appointment I would have gone. I now realise that automatic follow up appointments are absolutely necessary to ensure aids are used. Without such appointments the money spent supplying the aids risks being wasted.”

- Respondent, used hearing aids for one week or less

## 8. References

Adjusting to your hearing aids Leaflet (Action on Hearing Loss, 2013)

Hearing Matters (Action on Hearing Loss, 2013)

[\[http://www.actiononhearingloss.org.uk/supporting-you/policy-research-and-influencing/research/hearing-matters.aspx\]](http://www.actiononhearingloss.org.uk/supporting-you/policy-research-and-influencing/research/hearing-matters.aspx)

How the brain compensates for hearing loss (Robins, James 2013)

[\[http://www.actiononhearingloss.org.uk/community/blogs/our-guest-blog/how-the-brain-compensates-for-hearing-loss.aspx\]](http://www.actiononhearingloss.org.uk/community/blogs/our-guest-blog/how-the-brain-compensates-for-hearing-loss.aspx)

In it together: The impact of hearing loss on personal relationships, RNID (Echalier, Melissa 2010)

[http://idainstitute.com/fileadmin/user\\_upload/documents/In%20It%20Together%20-%20Impact%20on%20Personal%20Relationships.pdf](http://idainstitute.com/fileadmin/user_upload/documents/In%20It%20Together%20-%20Impact%20on%20Personal%20Relationships.pdf)

Principles of hearing aid audiology, (2nd edition) (Tate Maltby, Maryanne 2002)

The provision of social care for people with hearing loss (Calton, Rachel 2012)

[\[http://www.actiononhearingloss.org.uk/supporting-you/policy-research-and-influencing/research/provision-of-social-care-for-people-with-hearing-loss.aspx\]](http://www.actiononhearingloss.org.uk/supporting-you/policy-research-and-influencing/research/provision-of-social-care-for-people-with-hearing-loss.aspx)

*Healthwatch Stockport March 2014*

## 9. Acknowledgments



The Healthwatch Stockport “It’s in the Drawer” Task & Finish group would like to extend many thanks to all the respondents who took time to complete our survey.

In addition, we would like to thank the following organisations for helping us in circulating the survey: Stockport NHS Foundation Trust, Age UK Stockport, Walthew House, Home Instead Senior Care, Signpost Stockport for Carers, Disability Stockport, Stockport Car Schemes, Stockport Older People's Forum, Stockport Library, Stockport FLAG, Care Needs, Home Instead High Peak Council Home Care Services, Quality Care Cheadle, Bluebird Care, Deaf Health Champions and Healthy Stockport.

We would particularly like to highlight our thanks to Stockport NHS Foundation Trust, who circulated the survey to a randomised selection of patients who had not recently attended follow-up appointments.

Additional thanks to Walthew House, Action on Hearing Loss, Age UK Stockport and Signpost Stockport for Carers for support in designing a questionnaire.

Thank you to Sir Andrew Stunell MP for publically backing the campaign.

Thank you to Morrisons, Asda, Sainsbury’s and Virgin Trains for supporting our Roadshow.

Thank you to the Healthwatch Stockport Reading Group for proof reading the survey and responding with many suggestions and advice.

Thank you to Gemma Twitchen, Senior Audiology Specialist at Action on Hearing Loss in supporting the research by providing support documentation.

Special thanks to Kirsty Bagnall, Healthwatch Stockport Engagement and Communications Officer, for her commitment and excellent co-ordination of every aspect in this report.

We thank also Roy Oliver, Healthwatch Stockport Core Group member, for his vital work inputting all the data from the survey.

The support of all of our stakeholders has been invaluable.

## 10. Circulating the Survey

In October 2013, Healthwatch Stockport launched a survey for people who use hearing aids, in particular targeting those who do not use them. The survey was circulated throughout autumn 2013 with a deadline for responses for 16<sup>th</sup> December 2013. The survey was circulated via the following organisations:

- Stockport NHS Foundation Trust
- Age UK Stockport
- Walthew House
- Home Instead Senior Care
- Signpost Stockport for Carers
- Disability Stockport
- Stockport Car Schemes
- Stockport Older People's Forum
- Stockport Library
- Wellbeing Centre
- Stockport FLAG
- Care Needs Ltd
- Home Instead High Peak
- Council Home Care Services
- Quality Care Cheadle
- Bluebird Care
- Deaf Health Champions
- Healthy Stockport
- Pharmacists
- Dentists
- Community Centres
- GPs Practices

To support the promotion of the survey, members of the Task & Finish group carried out a short roadshow throughout the survey period. They visited the following venues:

- 15th October 2013: Age UK Stockport's Winter Warmth Event
- 17th October 2013: Stockport College Wellbeing Fair
- 22nd October 2013: Morrisons Stockport stall
- 6th November 2013: Stockport Train Station
- 13th November 2013: Asda, Stockport
- 19th November 2013: Audiology waiting room at Stepping Hill
- 22nd November 2013: Sainsbury's Stockport

A promotional piece on the survey was featured in the Healthwatch Stockport newsletter in June and October 2013. The project received a front page piece with a supporting article in the December 2013 edition of the Healthwatch Stockport newsletter.

Articles on the work were also featured in the Stockport Express on the 2<sup>nd</sup> October 2013 and the 16<sup>th</sup> October 2013, Stockport Times East and West on 10<sup>th</sup> October 2013, Stockport Independent in November 2013, in Walthew House News on November 2013 and featured on the Action on Hearing Loss website.



## 11. Distribution

This report will be distributed to the following:

Providers of hearing aids to Stockport residents

Bolton Foundation Trust  
Salford Royal Foundation Trust  
Specsavers

Scrivens Opticians

Pennine Acute NHS Trust

Wrightington Wigan & Leigh Foundation Trust

St Helens & Knowsley NHS Trust

Central Manchester Foundation Trust

Pennine Care Foundation Trust

University Hospitals of South Manchester

Stockport NHS Foundation Trust, Stepping Hill

Tameside Foundation Trust

The Outside Clinic

Local Authority Quality Team

Health and Wellbeing Board

Health & Wellbeing Scrutiny Committee

Adults and Housing Scrutiny Committee

LA contracting department

Safeguarding Board

Stockport Clinical Commissioning Group

Care Quality Commission

Healthwatch England

Local MPs

Voluntary Organisations

Action on Hearing Loss

Age UK Stockport

Walthew House

Home Instead Senior Care

Signpost Stockport for Carers

Disability Stockport

Stockport Car Schemes

Stockport Library

Wellbeing Centre

Stockport FLAG

Care Needs Ltd

Home Instead High Peak

Council Home Care Services

Quality Care Cheadle

Bluebird Care

Deaf Health Champions

Healthy Stockport

Stockport Older People's

Forum

Healthwatch Stockport website [www.healthwatchstockport.co.uk](http://www.healthwatchstockport.co.uk)

Council's My Care, My Choice website [www.mycaremychoice.org.uk](http://www.mycaremychoice.org.uk)



## **Appendix i - About Healthwatch Stockport**

Healthwatch is an independent consumer champion created to gather and represent the views of the public. Healthwatch will play a role at both national and local level and will make sure that the views of the public and people who use services are taken into account.

Healthwatch Stockport is a membership organisation run by volunteers with an interest in health & social care.

They are supported by a team of staff to offer help to members carrying out activity on behalf of the organisation. Healthwatch Stockport is part of a network of other local Healthwatch organisations and is supported by Healthwatch England, a national body.

**Healthwatch Stockport has been given powers in legislation to help them carry out their role.**

**These include being able to:**

- Enter & View places where publicly funded health and social care takes place;
- Promote and support local people to be involved in monitoring, commissioning and provision of local care services;
- Obtain local people's views about their needs for and experience of local care services;
- Tell agencies involved in the commissioning, provision and scrutiny of care services about these views;
- Produce reports and make recommendations about how local health and care services could or should be improved;
- Have a seat on the local authority statutory Health & Wellbeing Board where they are an important contributor to the local work on reducing health inequalities;
- Help Healthwatch England carry out its role as national champion by telling it about the views and experiences of local people;
- Work with Stockport FLAG, who provide the information and advice function to signpost people to appropriate services.

[Ends]