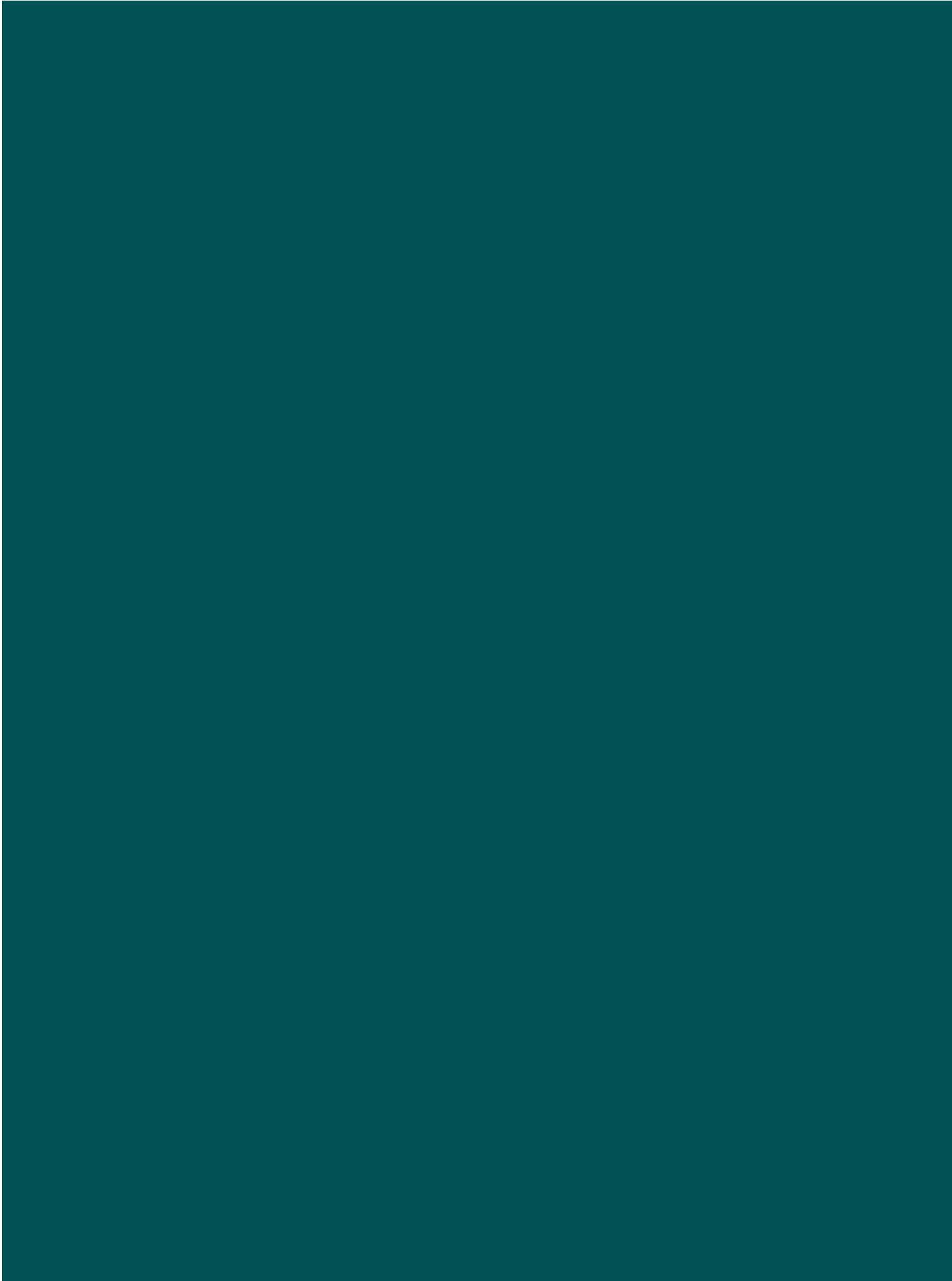


IT'S TIME TO TALK ABOUT HEARING



LIVING HEALTHIER
FOR LONGER



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Yasmin Qureshi, MP

WELCOME

IT'S TIME TO TALK ABOUT HEARING

YASMIN QURESHI, MP

When the Speaker in the House of Commons called out my name, everyone in the chamber heard him. Everyone, that was, except me. Thankfully, a moment of clarity came when he made eye contact and gave a nod that prompted me to my feet. 'Sorry Mr Speaker, I didn't hear you,' I said, acknowledging the impact of my declining hearing and feeling embarrassed, before proceeding to ask my question.

For many, hearing loss can have a devastating impact. It can make continued work unsustainable – 40 per cent of those leaving the workforce early say hearing loss is a factor. The impact on an individual's wider health and wellbeing can be profound. If uncorrected, hearing loss complicates communication and social interactions, often leading to social isolation and loneliness, which has been shown to increase mortality, increase blood pressure, heighten stress hormones and impair the immune system. Hearing loss is one of the many health conditions that is associated with dementia. We do not know if hearing loss causes dementia. If research shows that it does, avoiding or treating hearing loss could potentially reduce the risk of dementia. We know that by addressing hearing loss we can improve communication, wellbeing and quality of life, so let's promote all these benefits that facilitate healthy ageing.

It should concern us all that an estimated 45 per cent of people

who need treatment for adult-onset hearing loss are not under the care of hearing services. Reluctance to acknowledge that hearing loss is, for many people, a natural part of ageing, combined with continued stigma around the wearing of hearing aids, means that people with adult-onset hearing loss often wait between seven to 10 years before seeking help. This delay is then compounded by the 'postcode lottery' for accessing audiology services. In many areas, the only way to access NHS audiology services is through your local hospital, following GP referral. Yet NHS England data shows the average waiting time for hospital adult audiology services is 18 weeks.

For those, like me, who experience hearing loss at a younger age, or through injury or disease, the hospital remains the right place to receive care. However, most people who begin to lose their hearing as they get older, high street audiologists are fully qualified to treat them. It is estimated that 18 million people in the UK have hearing

loss. We cannot ignore this issue and we need to see change if the NHS is going to be able to care for all those who need it. Extending NHS care by moving to a model of NHS provision in both primary and secondary care settings is the solution. We need to harness the capacity that exists in our communities to ensure the NHS can deliver the right care, in a timely manner, closer to home and at a lower cost. At the same time, it would reduce pressure on hospital hearing services to enable them to focus on those who need hospital-based care.

This report brings together new data and insight to get commissioners, policy makers, service providers and professionals talking about hearing. Let's move on from myths and misunderstandings. Everyone hears differently and hearing health is everyone's business. Together we can get the nation talking about hearing.

HEARING LOSS IS THE MOST COMMON SENSORY PROBLEM IN THE WORLD



Professor Kevin Munro,
Ewing Professor of Audiology,
NIHR Manchester Biomedical
Research Centre

Colleagues and I published new data recently [1], aligning the UK with internationally accepted prevalence estimates. We reported that 18 million adults in the UK have hearing loss in at least one ear – that’s more than a quarter of the UK’s population with some form of hearing loss that will cause listening difficulty, especially in background noise. RNID has adopted these new numbers.

Maintaining the hearing health of adults is a strong social responsibility.

Hearing professionals, professional bodies and charities have a duty to raise awareness of the prevalence of hearing loss, the impact of untreated hearing loss on quality-of-life, and the proven benefits of hearing interventions for all ages. Addressing hearing loss is also an important component of healthy ageing. I am pleased that this report focuses on the benefits – improving communication, wellbeing and living healthier for longer.

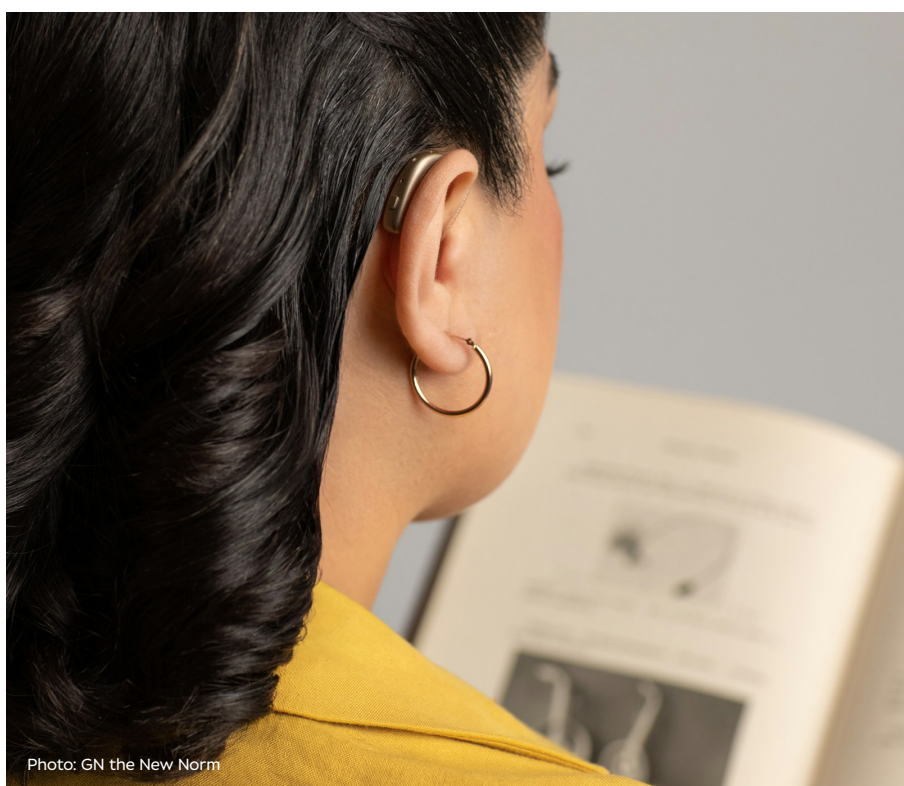
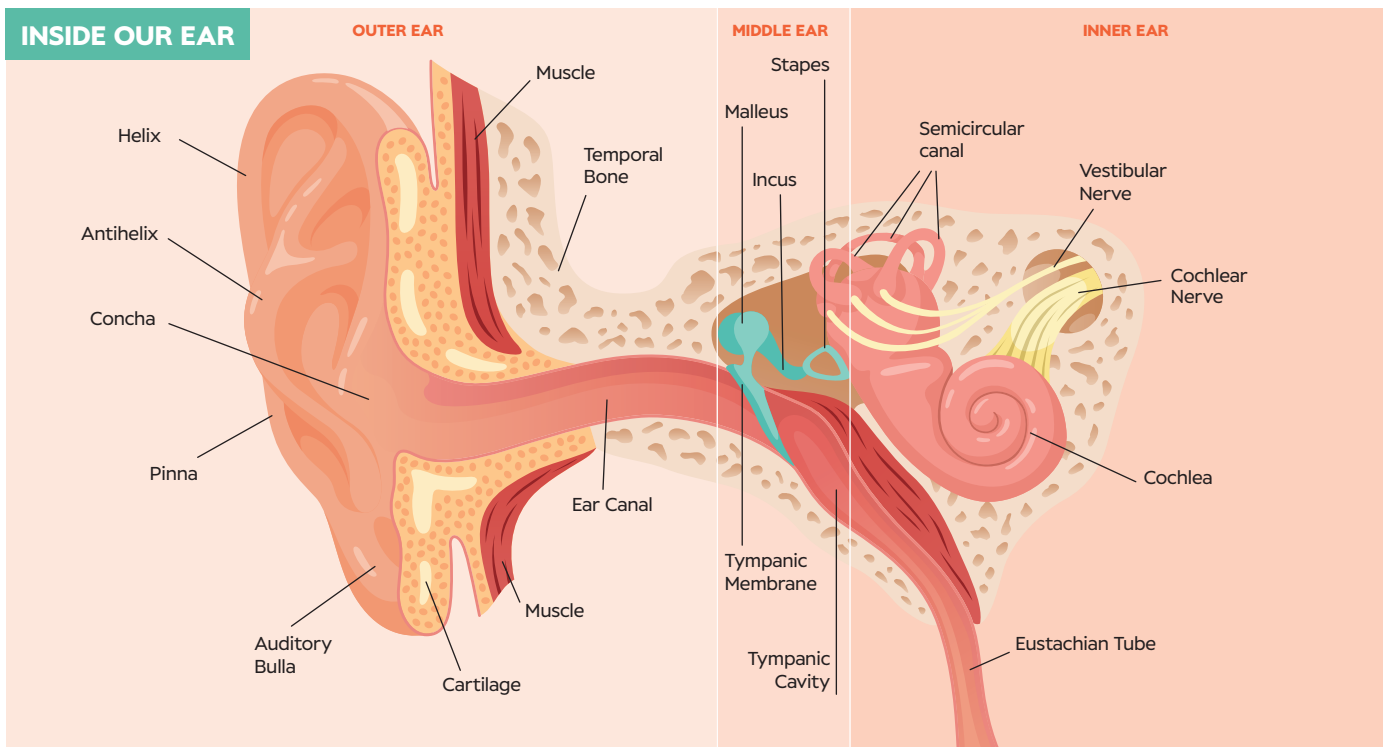


Photo: GN the New Norm

Although it is not known whether hearing loss causes dementia, a recent review [2] supports many earlier studies by providing robust evidence for the association between hearing loss and cognitive decline or dementia. It notes that the association between dementia and other conditions, such as traumatic brain injury, hypertension, obesity, depression and diabetes, is stronger. As clinicians we should focus on promoting the benefits of looking after our hearing to promote social inclusion and wellbeing as we talk with our patients.

Together we can help other health professionals understand that communication is important in healthcare delivery, and we can encourage them to deliver holistic care that includes addressing hearing needs.

As a profession we need to work together to show policy makers that hearing interventions reduce healthcare costs because they help people to maintain independence. I welcome initiatives that genuinely seek to move the audiology profession forward and I hope this report prompts positive and fruitful dialogue for patient benefit.



OUR EARS ARE AMAZING

Audiologist Joanne Prescott explains why looking after our hearing is so important.

Our ears do a wonderful job of capturing sounds and sending information to our brain to make sense of what we hear. We rely on this teamwork to communicate with those around us, listen to music and other enjoyable sounds, and live our daily lives. However, we live in an increasingly noisy world and this is damaging more than just our hearing. The United Nations says this growing hazard can no longer be ignored because it is having a devastating impact on our mental and physical health [3].

How we hear

Our ears are made up of three main parts. The outer ear collects the sound waves and funnels them into the ear canal. From there, sound travels into the middle ear, where it vibrates the eardrum



and three very small bones that transmit sound energy to the inner ear, or cochlea. The cochlea sends a constant chatter of electrical signals to the brain, which helps us recognise sounds and where they are coming from [4,5,6,7,8]. We use this directional hearing to work out how an object is moving, from the changes in sound waves reaching each ear separately over time. We rely on this amazing ability every time we cross a busy road.

Incredibly, our ears interpret sounds so rapidly that we are unaware of the intricate steps involved. We can hear low and high notes and quiet and loud sounds. We are also very good at spotting new sounds, telling the difference between sounds that are similar, such as within human speech, and picking apart sounds that are mixed together, like when an orchestra is playing.

Everyone's hearing is different

The most common form of hearing loss in adults is 'presbycusis', which occurs as delicate hair cells in the cochlea, that detect specific frequencies, wear out naturally with age along with changes in the hearing nerve that carries the signal to the brain. Hearing aids are programmed to amplify the frequencies where the wearer has a shortage of these hair cells and needs help to hear better. They have directional microphones to focus on what the wearer wants to hear and they can also identify background noise and make the listening level more comfortable. The 'smart' hearing aids available today mean that more people than ever with presbycusis can get help. Others who experience head injury, traumatic noise exposure or children who are born with congenital or other forms of deafness, may need other technologies, such as cochlear implants. This group is much smaller – 1.97 million hearing aids fitted annually in the UK compared to 1,800 cochlear implants – so they require specialist services in hospital [9]. Many people who have minimal or no hearing choose alternative communication strategies, such as sign language or lip-reading, rather than technology, and enjoy a successful, non-hearing lifestyle. Audiologists, or hearing care professionals, can also help by referring people to the government's 'Access to Work' scheme which provides funding to pay for practical support at work for people with these kinds of health conditions [10].

Understanding how we hear has led to technology innovation in artificial speech recognition. Audiologists use this knowledge to treat hearing problems and help people of all ages rediscover the sounds they have lost.



CHRISTIAN'S STORY

'I can now hear conversations'

I have had hearing loss for several years due, in part, to DJing in my youth. I first started to struggle with conversations seven years ago and noticed it in my role as a paramedic. As well as constantly asking people to repeat themselves and moving closer for clarity, I also started to notice it was harder to listen to breathing and other sounds with my stethoscope. During the pandemic, my difficulties were exacerbated by the need to wear masks - I wasn't able to lip-read

Professor Kevin Munro explains why patient preferences are important



- Unlike prescription glasses or contact lenses, the management of hearing loss requires a longer term adjustment, with active daily maintenance.
- Hearing aids are unlikely to fully compensate for the difficulty experienced when listening in the presence of background noise.
- Management options for hearing loss may involve provision of one or two hearing aids, assistive technology (for use with the TV and telephone for example), hearing tactics and communication training.
- For the management of hearing loss to be effective, involving the person with hearing loss in the decision-making, and taking their preferences into account, is vital.

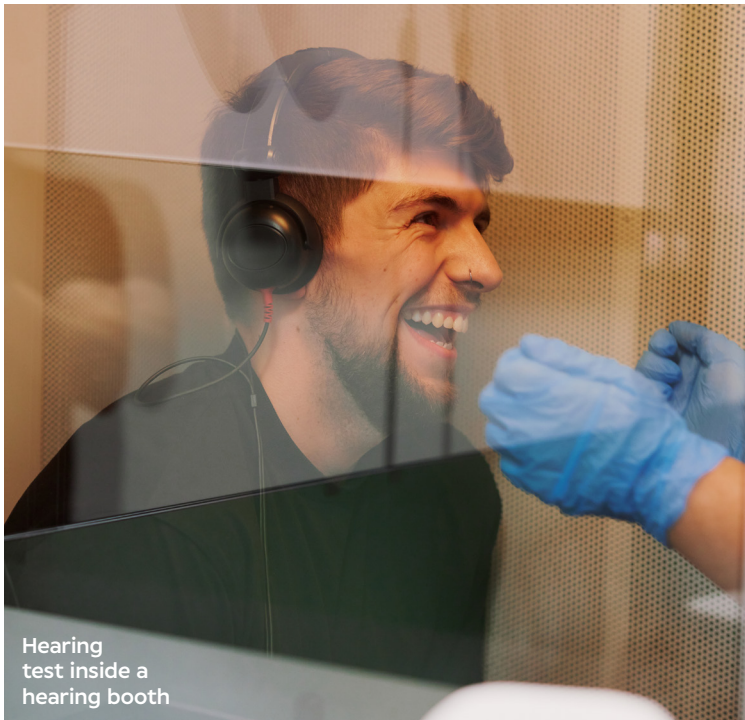
Right Care, Right time, Right place

'I believe that people want the right care, to have confidence in the professional and a feeling that they are being listening to and involved in the decisions about how to manage their specific problems. They want to be seen at the right time with flexible appointments and no long waiting times. If these first two things are met, people want to be seen in the right place – and local is more convenient to all of us.'

and found it much more difficult to understand people.

I've received support and a digital stethoscope from my employer and wearing hearing aids has definitely helped me. I can now hear conversations in a quieter environment and for 999 emergency calls, which can be full of noise and distractions, I can concentrate on the patient while keeping an ear out to everyone around me for safety.

Christian Hill, 49, paramedic



Hearing test inside a hearing booth

‘Loss of hearing, which is often under-appreciated, can have a substantial effect on quality of life, including social interaction.... There is strong evidence that hearing technology, including hearing aids and (more rarely) cochlear implants, enables most people with hearing loss to stay socially active, reduce the risk of depression and may reduce the risk of dementia.’

Professor Sir Chris Whitty,
Chief Medical Officer’s Annual Report 2023 [11]

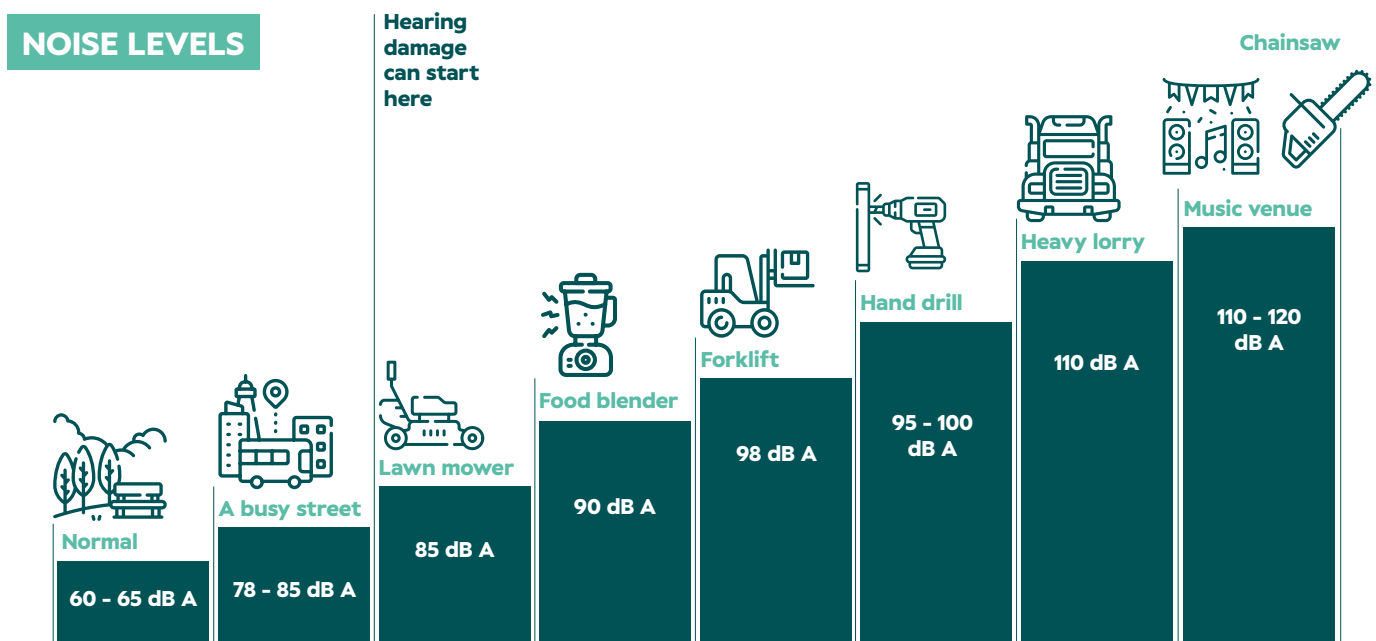
Measuring our hearing

Audiologists can check how clearly we can hear the range of low and high frequency sounds and how well we can hear very quiet sounds (measured in decibels – dB A). Some animals, like cats and dogs, can hear frequencies twice as high as humans, and mice can hear ultra-high frequencies but not the lower frequencies important for human speech and music. Scientists have recently discovered that humans may be better than any other species at

distinguishing similar sounds [6]. Perhaps we use this special skill in our communication.

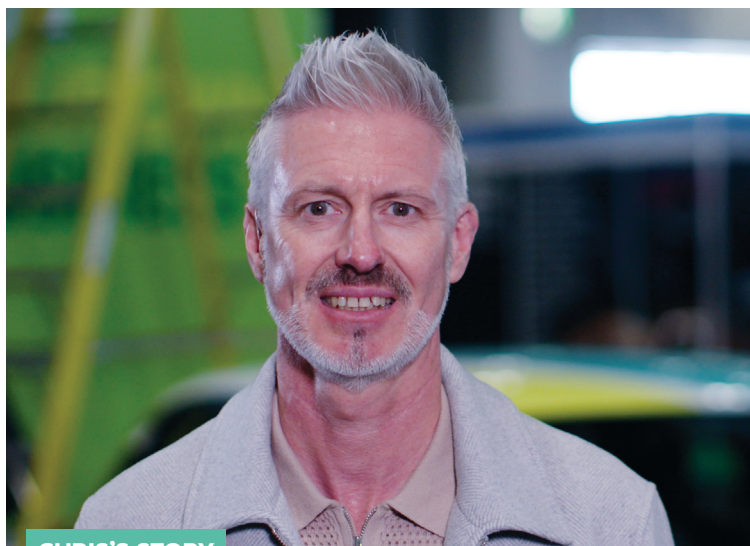
When it comes to volume, long-term or repeated exposure to sounds louder than 85 dB A can cause hearing damage. A loud conversation (around 70 dB A) is a safe level for any duration of time, but a few minutes of exposure to rock-concert noise levels at 115 dB A has the potential to damage your hearing permanently [12]. A motorbike engine sits at around 90 dB A but it may surprise you that listening to headphones at maximum volume can exceed this and reach 100 dB A or more.

The World Health Organisation ‘Make Listening Safe’ standards recommend that music played through headphones should never exceed 110 dB A [13]. Some smartphones can be set to alert you when surrounding noise is too loud for safe listening.



Hearing is vital for our physical and mental health

Most of us are familiar with the obvious effects of hearing loss, such as no longer being able to hear high-pitched sounds or having trouble following conversations in crowded places. Perhaps you have noticed needing to have the TV a little louder, or struggling to catch important information during meetings at work, or having to ask people to repeat themselves multiple times. It's easy to underestimate the impact and effort this can have [14]. Hearing loss has been linked to depression, loneliness and social isolation [15]. The personal stories in this report show the real impact of hearing loss – people describe feeling frustrated, embarrassed and isolated. Scientists are also discovering that noise may increase our risk of developing heart disease, stroke and type 2 diabetes [16,17,18,19].



CHRIS'S STORY

I just felt like it was going to change my life... and it has'

'You associate hearing loss with older people and you don't think it's ever going to happen to you. I was struggling. Working in a fast-paced industry, communicating with my team and customers, being on-site in busy exhibition halls with background noise can bring its challenges. I felt embarrassed always leaning in and asking people to repeat themselves.

I found myself withdrawing from

social events and it made me feel cut off – what was the point of me going out to restaurants or bars if I couldn't hear anything? It was limiting. Thinking I couldn't do things was making me quite anxious. I'd get hot and flustered because I couldn't hear what people were saying and kept thinking there was something wrong with me.

I decided to go and get help. I felt there was definitely a problem, and I was fed up with it – I was fed up of avoiding situations.

Having the hearing aid has changed my life. I can hear a lot better and I certainly don't feel like I have to leave

a situation anymore. When I'm at work, whether I'm in meetings, on a video call or face to face, the hearing aid has really helped me. I don't feel like I need to make any apologies at all.

Ultimately, being diagnosed with hearing loss and having a solution, was probably the best thing that happened. I didn't feel self-conscious with my hearing aid. When I looked in the mirror, I thought this is great. I was really, really pleased and I just felt like it was going to change my life... and it has.'

Chris Kent, 51, Director of Exhibitinteractive

By looking after our hearing, we're looking after our brain

Hearing loss is one of the most common health conditions – RNID says that 18 million adults in the UK are deaf, have hearing loss or tinnitus. It can be pretty difficult to notice in the earliest stages, so for many people their hearing gets worse without realising. Only around 30% of people who would benefit from hearing aids currently wear one [20]. Typically, it takes someone seven to 10 years to seek help after they first notice changes in their hearing [21]. This delay can have significant consequences, not only for your day-to-day life, but also for your physical and mental health. Early diagnosis and timely provision of hearing aids, with ongoing support, helps improve quality of life [22,23].

Our hearing is connected to a lot of processes in our brain, including our memory. If you lose your hearing, the auditory processing areas of the brain may start to reorganise, making it harder for us to listen and commit information to long term memory.

Early intervention with hearing aids can stop this reorganisation in our auditory system. This is hugely important because it highlights the relevance of addressing hearing loss for healthy ageing. Research has shown that a number of health conditions are associated with dementia, including obesity, hypertension, depression, social isolation and hearing loss [24].



KATHRYN'S STORY

'The best thing for me is feeling whole again'

'My hearing loss happened gradually. I didn't suddenly realise it was a problem. I was continually asking my husband to turn the television up and would often take a back seat in social situations.

I felt particularly at ease during my appointment and I trusted my audiologist. I felt supported and was thrilled to go home on the same day with a new pair of NHS funded hearing aids.

It was incredible the first time I listened with them. It was like somebody switching a light on. The immediate impact of being able to hear again was realising how much I had missed – like the joyful sound of birds singing. I believe it lifted my mood and I think it increased my confidence. I often go on the beach and to hear the waves crashing is fantastic. I can appreciate music, hear children – and these are all things that lift my spirit and have a positive impact on my mental wellbeing.

I feel safer with hearing aids. I can hear a car approaching, which I couldn't before, and there are many things that I now appreciate more than I used to. I wear my hearing aids with pride and, without them, I'd be living in half a world. The best thing for me is feeling whole again.'

Audiologist, Joanne Prescott, says, 'It's been so great to be able to see Kathy start to enjoy new activities, to join in and hear different things again; to have the confidence to go places and know she's going to be able to hear people and just live her life as she wants to.'

Kathryn Harrison, 69, retired nurse

Who would you speak to about your hearing?

You first instinct might be to see your GP, but it is worth bearing in mind that your local community audiologist has a lot of expertise when it comes to hearing health and plays a vital role in helping all of us look after our hearing. We can see our audiologist in much the same way we see our optician, dentist or pharmacist. You may be able to access NHS appointments and modern hearing technology through high-street hearing care providers.

This report has examples of people at different stages of their hearing journey, including those who have found solutions that work for them. The less hearing you've lost when you start, the easier it is to get used to a new hearing device and you'll lose fewer sounds over time.



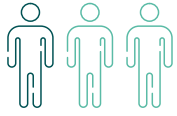
Joanne's tips to keep our hearing and our mind healthy

- **Making sure our hearing is as good as it can be helps us stay healthy and happy for as long as possible. By taking care of our hearing, we can stay connected to the things and people who matter to us and improve our wellbeing.**
- **Using good hearing protection is an easy way to minimise hearing loss.**
- **Getting regular hearing tests - every year if you're over 50, or every two years if you're under 50 - because an audiologist can spot problems early and give us the best chance of successful treatment.**
- **Using hearing aids as soon as we need them helps us hear better, feel better and live healthier for longer.**
- **If you have hearing aids, attending regular aftercare sessions with your audiologist will help you get the most out of wearing them.**
- **If you suddenly lose hearing in one or both ears, you should contact NHS (or HSC) 111 or your GP urgently (or go direct to accident and emergency department). It could be a medical emergency requiring urgent treatment.**

HEARING DIFFERENTLY

More people are embracing hearing technology

Hearing loss is very common.



Hearing loss affects **18 million people in the UK [25]**.

That's **one in three** adults in the UK who are deaf, have hearing loss or tinnitus.

Early diagnosis and timely provision of hearing aids, with ongoing support, helps improve quality of life and reduce risks associated with hearing loss [23]

This is why timely access to audiology services is essential in enabling people **to live healthier for longer**.

Today in the UK, more people are embracing hearing technology [26]. 2023 saw a 9% increase in sales compared to 2022, combining NHS and private patients [27].

2,155,033 hearing devices sold in 2023 in the UK (includes NHS and private) [27].

66% of hearing aid users wish they had started using them sooner, especially so they did not miss out on their social life.

The great resignation

As our population ages, employers are facing a growing challenge.

Hearing loss currently affects **4.4 million** of the UK's workforce [28]

£25 billion annual cost to the UK economy of working age hearing loss

The UK economy loses an estimated **£25 billion each year in lost productivity** and unemployment due to unaddressed hearing loss – a **huge economic cost [28]**.

40% of people who retire early say hearing loss is one of the causes

The government recognises **age-related hearing loss** as the third most common reason for people leaving the workforce prematurely [28].

Hearing technology **can empower people to stay in work** or get back to work and improve their working life.

One third of all UK workers are aged 50 and over [29]

Employers will need to be ready to **support increasing numbers of people** with hearing loss in the workplace in order to retain staff.

55/Redefined champions the over-50s, advocating for age diversity, positivity and inclusion across all areas of life.

'We are passionate about age diversity in the workplace. If companies don't have an age strategy, they don't have a growth strategy! All businesses must change how they attract and grow older workers. This must include employees with age-related hearing loss. With 40% citing hearing loss as a major factor in retiring early, it is critical that employers take a proactive stance to educate teams that hearing loss can be supported and take action to remove dated stereotypes about hearing aids and age.'



Lyndsey Simpson, CEO of 55/Redefined.

Meeting a growing societal need

‘There is no single place to access data on trends in hearing health and patient behaviour, so Specsavers commissioned studies for UK and Ireland to give us an accurate view of need within the UK audiology sector – from ear wax removal services and hearing protection, through to the hearing loss journey stages. We have identified 5.3 million people who are in the denial phase. This represents a huge opportunity for the hearing care sector to work together to reduce this number and the length of time people wait to seek help, which can be seven to 10 years.

‘We know our sector shares the goal of making a difference in our society; helping our nation to embrace hearing differently as part of daily life. In this, our first hearing health report, we are setting out indicators and benchmarks that will help us track progress towards this goal. As we work together to bust hearing myths, Specsavers is committed to monitoring and reporting on the change we achieve as a result of our combined effort.’



Carina Hummel, Specsavers Audiology Managing Director

We found that:

40% of the UK adult population, or 21.1m people, say they have a hearing issue

The age breakdown is startling, with 69% of working age, including 10% aged 18 to 24 years

This includes those who recognise their hearing is not as good as it used to be but have not yet taken action, those who have had a hearing test in the last 12 months and those with a hearing device fitted. Therefore, it is greater than the 18m people reported by RNID, which includes people who are deaf, have hearing loss or tinnitus.

11% or 5.3 million people say they have been told they need to have their hearing looked at but don't agree

These people are in denial about their hearing issue and so are not ready to take action yet. Personal stories in this report indicate that this is linked to the stigma around hearing loss.

Two thirds of those with hearing aids wear them sporadically and less than a third use them all the time

Being able to hear well is also vital when people end paid work, so they can remain active in their community, and as carers and volunteers. We can do so much more as a sector to keep patients engaged.

48% or 25.4m people have used ear wax removal services at least once previously

Of these, 50% are likely to consider using the services in the next one to two years, notably under 55s.

50% or 26.5m people use hearing protection

Of these 13%, or 7.1m people, use hearing protection for themselves and a child. Users are more likely to be aged under 45, with aiding sleep, DIY, travel and sensory issues as the key use occasions. 39% would consider buying hearing protection in the next one to two years (rising to 52% among parents for themselves or a child). Foam plugs and ear-muffs are the most popular hearing protection.



‘After years working as a drum and bass DJ, taking my hearing for granted, other people began to spot a few signs that my hearing had changed. My wife would complain that the TV was blasting at full volume. Then at gigs, people would say, “mate, turn that sound monitor

down”. I'd have it right at the max. I've now got some great tech in my hearing aids – it's unbelievable the difference it makes – and I can hear everything so much clearer again. The thing is, hearing loss is very gradual and without you realising, your body tries to adapt. You just don't appreciate all the things you've been missing. I wish I'd done this sooner. One of the big positives is that I can continue to enjoy the sounds and things that I love doing – including my music.’



Nicky Blackmarket, 56, DJ and record producer

Take-away messages

- More people than ever before are embracing hearing devices.
- Unaddressed hearing loss is expensive and has massive personal cost.
- There is a huge opportunity for our sector to transform the lives of millions of people who could benefit from support including hearing technology and to help those in denial recognise the need to act.

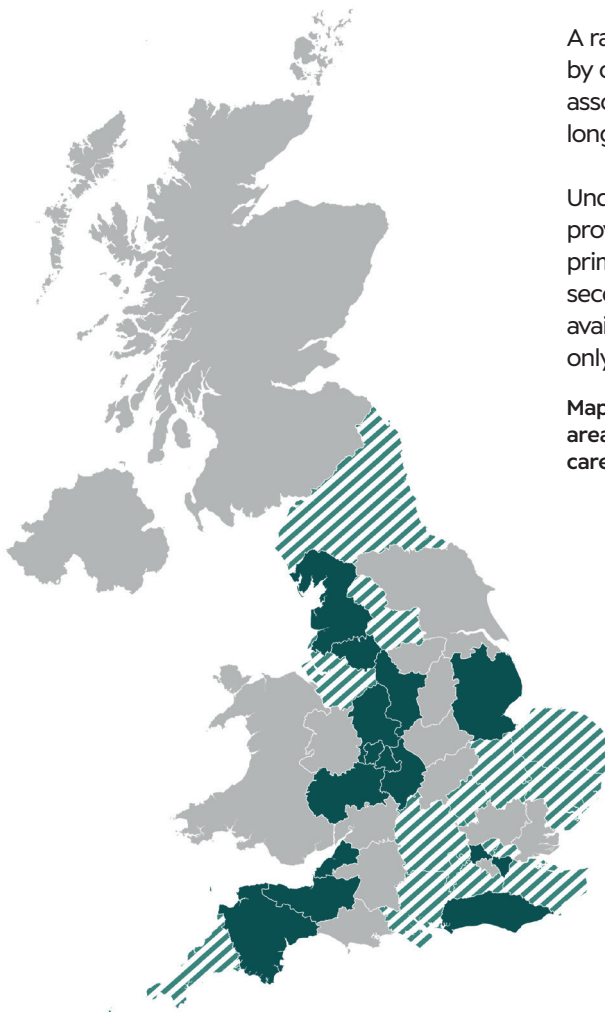
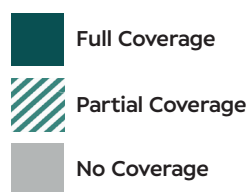
EQUITABLE AND TIMELY ACCESS TO HEARING CARE

Services, already under strain due to our ageing and growing population, are still recovering from the pandemic. Despite the best efforts of NHS hospital-based clinicians, the number of patients waiting for this NHS hearing care service, including hearing aids, assistive technology and listening tactics, continues to escalate. The average waiting time for hospital-based hearing services for adults is 18 weeks [30]. This is in contrast with NHS commissioned community audiology services from high-street providers, whose average waiting time in May 2024 was three weeks (average of all providers published waiting times on NHS Choices 11/05/24).

A rapid rise in the need for adult-onset hearing loss services is being caused by our growing understanding of the risks unaddressed hearing loss and associated social isolation pose to physical and mental health, our increased longevity and our need to work longer.

Under the NHS Any Qualified Provider (AQP) scheme accredited high street providers can offer NHS hearing care and NHS hearing aids. Community-based primary care audiologists can work closely with hospital-based audiologists in secondary care to support more people. But NHS community audiology is not available to everyone - for most people in the UK primary care audiology is only available to patients who choose to pay for their own care.

Map of the UK that shows which areas commission NHS primary care audiology services



England

Data shows the growth in waiting times for adult hearing loss services provided by NHS hospitals over recent years.



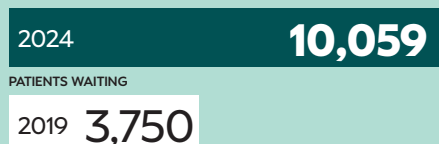
February 2017 audiology waiting times - direct access data [32] shows 117,528 people waiting.

In February 2020 (the latest data available) [33], 120,140 patients were waiting. Of these, 8,055 (6.7%) are 'long waiters' (waiting more than 14 weeks, the NHS target) and 40 waiting more than one year. Waiting times across the board have risen sharply since 2020, exacerbated by the pandemic.

The Department of Health and NHS England have recognised the huge and growing need among adults with age-related hearing loss [34] due to the ageing population. Commissioning guidelines call for capacity building but in England, commissioning of NHS community audiology services varies. While many commissioners have embraced this fully with new guidelines, others have chosen to restrict access to services and ration availability of care.

Wales

NHS Wales is providing adult audiology services in community settings, including GP practices. While this improves access, it does not increase capacity. Waiting times continue to rise sharply, including in areas where these services are offered.



As of January 2024, 10,059 patients were waiting for adult hearing loss services (increased from 3,750 in November 2019). 47% of these are 'long waiters', waiting more than 14 weeks (the NHS Wales target) and 197 have been waiting more than 40 weeks [31].

Waiting lists are worst and longest in remote and rural communities. Rural central and NW Wales has 22% of the population but 50% of the waiting list [31].



England continued...

- 30 of the 42 Integrated Care Boards (ICBs) commission adult community audiology services – 15 across the entire ICB and 15 across part, leaving many communities without a local service and no alternative to the local NHS hospital.
- 12 ICBs do not commission a community audiology service at all. In these areas, everyone has to attend the hospital service and contend with hospital waiting times.
- Community audiology can be complementary to NHS services, relieving waiting lists and releasing capacity for paediatric audiology and adults who have lost their hearing due to illness or injury, or have other needs which require the specialist services that can only be provided in hospital.
- Manchester has an established and successful AQP community audiology service, linking NHS primary and secondary audiology care.

LAURELLE'S STORY

'I want to find a solution that works for me'

'It was my primary school teacher who first suggested I have my hearing tested. Following in-depth investigation, it was identified that I had hearing loss in my right ear. It was suggested that the issue was genetic, given my mum and her twin sister also had hearing loss.

I used a hearing aid in one ear at primary school but as I moved into my teens, I wore it much less. I already had braces and glasses, that was enough!

Besides the muffled, echoey sounds in my right ear, it's very difficult for me to concentrate and hear in noisy, crowded places. Looking back at my university years, life was tiring but I thought that was normal. It hadn't occurred to me that it might be because of the additional effort required to listen without a hearing aid! Today, working in communications, I always need the security of the written word,

including subtitles on film and TV. I will often write things down in conversation, so I have something concrete to rely on.

It's become increasingly important for me to re-address my hearing loss. I'm keen to consider the different options available and find something I'm comfortable with aesthetically, that doesn't feel bulky and can sit alongside my glasses.

My mum and my aunt didn't do anything to address their hearing loss and I've seen how that has impacted their quality of life and interactions with others. It's important to me that I don't follow a similar path. I want to gain a better understanding and find a solution that works for me.'

Laurelle Marfleet, 30, Media Officer

'Relying on hospital ENT for wax management causes a delay and is an expensive and unnecessary use of specialist resources.'

Professor Kevin Munro, Ewing Professor of Audiology, NIHR Manchester Biomedical Research Centre [35] quoted with permission



has recommended that ear wax removal services should be 'close to home', in primary care or community ear care services, as this reduces the inappropriate use of hospital services, unregulated providers and unsafe self-care methods [37].

Successive NHS England primary care directors have called for NHS adult audiology to be a primary care service. This would enable hospital services to focus on the wider diagnostic services needed as the population ages.

At least 2.3 million people need ear wax removal each year [36].



In many ICB areas, there is no NHS wax removal service. Wax removal is not regulated, so unqualified providers are entering the market. Build-up of wax is a significant healthcare issue, particularly for those with poor dexterity or limited mobility who are unable to treat themselves with ear drops. Wax build-up can make it impossible to perform a hearing test or fit hearing aids, so repeat visits to clinics are required and assessment is delayed [23]. The National Institute for Health and Care Excellence (NICE)

From GP referral to self-referral

Historically anyone who wanted to access hearing care needed a referral from a GP. In 2022, NHS England published audiology planning guidance enabling patients to make a 'self-referral' to an audiology specialist, just as they do for an NHS sight test and spectacles. Self-referral was already in place in seven ICB areas. Only five additional ICBs have adopted this guidance and implemented patient self-referral since the guidance was issued.



If fully implemented, patient self-referral to audiology practices could save around 500,000 GP appointments per annum [38].

'At the moment, when we talk about primary care, we mean general practice, pharmacy, optometry and dentistry. I always put in a case for audiology being included within that family. If you have your eyes and your teeth, why would you not include your ears?'

Professor Claire Fuller, CEO NHS Integrated Care System, now National Medical Director for Primary Care, NHS England [39] quoted with permission



Scotland

There are no NHS community audiology services commissioned but NHS Scotland has committed to a primary care model for adult audiology.



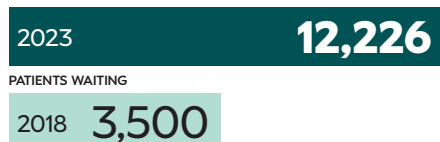
In June 2019, a Scottish Parliament Inquiry into Future of Primary Care included a recommendation for 11 new primary care services, including audiology.



This commitment in the Scottish Government's NHS Recovery Plan 2012-2026, to introduce community audiology on the same basis as community eye health, has not yet been fulfilled. Responses to Freedom of Information requests submitted [40] to every health board in Scotland in 2023 revealed that there were 15,057 people waiting for hearing tests at their local hospital, with many of them waiting for more than a year for an initial assessment, another year to have hearing aids fitted and, in the worst cases, nearly four years for aftercare.

Northern Ireland

The story is the same in Northern Ireland where all NHS hearing care is delivered by the local Trusts. The Northern Ireland Health and Social Care Board's own data [41] shows increasing waiting times for patients.



As of September 2023, the most recent complete data that has been published, more than 12,000 patients are on the waiting list, with 4,000 waiting more than 26 weeks (increased from 500 in Sept 2018), which includes 375 patients waiting more than a year and 48 patients waiting more than 18 months.



Clinician completing an examination of the ear with an otoscope

The NI government has still to make good on a November 2015 announcement of plans to roll out NHS funded community audiology services.

Outpatient waiting lists continue to rise and referrals outstrip capacity. The NHS 'Getting It Right First Time' (GIRFT) programme, designed to improve the treatment and care of patients, calls for recognition that 'we cannot offer a comprehensive ear and hearing health care service based in hospitals' and a national initiative is needed to develop 'a primary or intermediate services that can deal with the simple and recognise the more complex' [42].

What this means for patients



About 40% of new referrals to UK hospitals for ear and hearing care in 2023 were for uncomplicated hearing problems, including wax build up, presbycusis and a runny nose [43].

The National Community Hearing Association (NCHA - the Association for Primary Care Audiology Providers) commissioned research to show that, if access to primary care audiology was improved, almost all these people could have their needs met more conveniently, and more cost-effectively for the NHS, in primary care [9].



More than two million GP appointments could be saved per year, enabling GPs to focus on more urgent medical needs.



More than 250,000 hospital appointments could be saved per year freeing up time and capacity for one of the busiest hospital specialities.

Supporting the NHS

Specsavers is the largest provider of community audiology for people with adult-onset hearing loss, with more than 1,000 hearing experts who test and fit the latest hearing technology in more than 972 locations throughout the UK. This includes 860 registered Hearing Aid Dispensing Audiologists, supported by clinical practitioners.

'Our clinicians care for our communities at scale. In the last 12 months, we have delivered 1.2 million appointments to support a range of services, such as hearing tests, wax removal and hearing protection, in public and private sectors. This represents 23% of UK NHS and private audiology care, so we are well-placed to give a comprehensive picture of the nation's hearing needs.

'We are waiting for NHS Wales and NHS Scotland to deliver on their commitment to a primary care model for adult audiology. The Republic of Ireland's Department of Social Welfare already offers a hearing aid voucher scheme for working age adults, similar to NHS spectacle vouchers. A nationally commissioned primary care audiology service in England would give NHS patients shorter waiting times and reduce pressure on secondary care, releasing capacity for paediatric and diagnostic services. In the longer term, this will reduce social isolation and help people live independently for longer.'

Gordon Harrison, Specsavers
Clinical Director for
Audiology Professional
Advancement



Improving equitable access to care

A range of unnecessary administrative barriers to accessing healthcare services are particularly harmful to disadvantaged and marginalised groups.

People in care homes and those unable to leave home

About 400,000 older people live in care homes and are disproportionately affected by hearing loss, with approximately 75% of residents having a hearing problem [43].

Earwax build-up affects up to 44% of care home residents with dementia, leading to further social isolation [44]. Unassisted hearing loss may increase the speed of cognitive decline [45]. Hearing loss in older people affects their physical and mental health, leading to reduced quality of life and loss of independence and mobility [46].

Maintaining good hearing health is an essential part of residential care, particularly because of the link between poor hearing and falls – which are one of the most common causes of hospitalisation for people aged over 65, costing the UK £4.4 billion each year [47].

Older adults with hearing loss are at 2.4 times greater risk of falls than their peers in the general population.

The human cost of falls includes pain, injury, distress, loss of confidence and a greater risk of death [48].

New evidence shows that restoring hearing through the use of hearing aids could reduce the risk of falls, especially when people wear them consistently [49]. Hearing aids can now be customised using smartphone apps to work with assistive living devices, such as wireless microphones and TV connectors, to enhance communication and listening experiences for people. Including hearing health as part of active living and falls prevention programmes, can



KIT'S STORY

'It's like living in a different world'

'Before I had my hearing aids, I didn't realise I was missing so much in life. I didn't notice my hearing loss at the beginning. It was other people who noticed and drew it to my attention – the television was too loud, I was having to repeat myself and not hearing conversation in the car.

I live in sheltered housing in Haddington. We're totally independent and can come and go as we like but the support is there if we need it. It's so important for me to stay connected. I just love people to come out and have a cup of tea,

and I enjoy my social groups – the craft one is very special to me.

Having Specsavers come to me has really made all the difference. The whole process has been so smooth and I felt very much at ease. I couldn't have gone to them – as simple as that! To me, it's become a social occasion and I've benefitted greatly from it. I'm much happier going into company now, if we're sitting in a group or at a table. It's all those little things that I had missed that I hadn't realised I was missing – it's like living in a different world.'

Kit Reid, 96, relies on a home visit audiology service

deliver wider health and wellbeing benefits.

'Someone who can't leave their home unaccompanied can be entitled to a visit from an audiologist, but NHS services are governed by complex rules. Although patients who need domiciliary audiology care have unique needs, there are no tailored commissioning arrangements. In some areas, an NHS-funded home hearing service, which includes an NHS-funded hearing test, new hearing aids and aftercare for up to four years, is available. But these visits are subject

to meeting local eligibility criteria and the person may need a GP referral or a letter from their GP confirming eligibility. Variation across UK nations also presents a barrier – NHS primary care audiology is not available in one third of England, in some pilot areas in Wales, and not at all in Scotland. The primary care model for audiology needs to support domiciliary provision in the same way it does for optometry, so that everyone, wherever they live and whatever their circumstances, can



access the care they need.'

Lynne Phillips, Home Visits Audiologist

Yusuf:
'I wanted
my hearing
tested.'



People experiencing homelessness

People experiencing homelessness (including rough sleeping, the most brutal and visible form of homelessness, and hidden homelessness - sleeping on friends' sofas and floors, sleeping in cars, on public transport or living in unsuitable temporary accommodation) struggle to access healthcare services.

They are more likely than the general population to experience a range of health problems, including hearing loss, and with earlier onset [50]. They are much more likely to need hearing aids to help them with communication, build their skills and maintain job security.

Specsavers is working with Expert Focus and a group of people with lived experience of homelessness to help improve existing services and identify new and better ways to meet people's needs.

Although everyone is entitled to NHS hearing technology, there are some challenges for people experiencing homelessness, including GP referral, access to regular aftercare and support with repairs. People navigating the homelessness shelter system may also face challenges of keeping a hearing aid clean, dry and charged [51].

Aisha: 'This project isn't about feeling sorry for homeless people, it's about making sure that what they have to say is heard.'



Vincent: 'People experiencing homelessness may find a hearing test invasive. It's important to make people feel comfortable because the likelihood is, if they have a good experience, they will come back.'

Selina:

‘We have to help people understand that their hearing is important.’



Eye health initiatives for people experiencing homelessness are gaining traction. It may be possible to initiate hearing screening alongside these pre-existing programmes. Information and education could also be provided to homelessness shelters and residents with hearing concerns to increase knowledge and decrease the barriers to accessing health care resources, such as hearing aids.

Take-away messages

- On average, patients are waiting 18 weeks for NHS hospital adult audiology services compared to three weeks in areas where NHS primary care audiology services are commissioned from high-street providers.
- Access to community-based audiology services is not yet an option for patients in Northern Ireland, Scotland and some parts of Wales and England.
- To improve access to care for all, as part of a whole system solution, primary care audiology offered in local communities could help meet NHS patient need, reduce pressure on GPs and hospitals. This approach allows hospital-based diagnostic and paediatric services the capacity to provide best care.

Christina:

‘It’s important to get privacy right. People will not want to give any personal information in a public setting in front of other customers – this must be absolutely confidential.’



Rachel:

‘I have tinnitus. It comes and goes. I find it hard. I get distracted by background noise.’



THE WORKFORCE CHALLENGE

As the number of adults requiring hearing intervention increases, the UK does not have enough audiology clinicians to meet this growing demand for hearing care. The societal impact is serious, so there is an urgent need for flexible training routes to attract more people into this profession.

NHS England's framework for commissioning services for people with hearing loss, published in 2016 [21] highlights unmet need and the variation in access and quality of services. It points out that demand for hearing services will continue to rise in line with changing demographics and the introduction of new technologies. It recommends assessing population need and demand to determine where new service models or additional capacity may be required to meet population need, or to improve quality and productivity.

In 2023 the British Academy of Audiology (BAA) wrote an open letter to NHS England [52] about the staffing crisis in audiology in the NHS, driven by the perfect storm of fewer graduates, more staff leaving the NHS, and an increase in demand from an ageing population. BAA says that without immediate action this staffing crisis will worsen until NHS Audiology services grind to a halt.

'With more than 200 students per year, the Manchester Centre for Audiology and Deafness (ManCAD)

has the most extensive portfolio of audiology and deaf education training programmes in the UK. Through our strong links with industry, we know that we need to scale up the audiology workforce. This means proactively encouraging people to enter clinical careers, attracting school leavers into STEM apprenticeships and vocational degrees, and offering training that is appealing to people returning to the workplace after children looking for

second and third careers.'



Encouraging youngsters at the 2023 Big Bang careers fair, the UK's largest annual celebration of STEM careers, to think about a rewarding and dynamic healthcare career in audiology.

Building a pipeline of clinicians

'Audiologists working in primary care in the community follow the same degree programmes as those working in secondary care. However, we need to increase capacity and build a pipeline of clinicians by bringing people into an audiology career path at an earlier stage, Specsavers developed our audiology practitioner role to support state-registered audiologists working in Specsavers practices. The training follows a modular approach, allowing colleagues to gain qualifications in wax removal, triage and repair, and fitting and rehabilitation. They can then immediately contribute to wider clinical teams, delivering the best healthcare possible. This motivates learners as it makes qualifications more achievable and offers a clear career progression into more senior clinical roles. The training has attracted young people and those who are already working in related healthcare roles. Those who qualify as Audiology Practitioners on this in-house course are supported to develop further and may go on to follow degree programmes provided by higher education institutions.'



Sonam Sehemby,
Specsavers Head of
Clinical Training

Nikki Money qualified as a wax specialist Audiology Practitioner (AP) after working as an administrator in a busy audiology clinic for 19 years. 'The course is separated into bitesize modules allowing flexibility. This worked well for me as a working mum. This has a massive advantage to the previous two year HCA course. The AP course has opened my eyes to more clinical training in the future.'



Nikki Money, Specsavers
Audiology Practitioner

A creative response from the audiology sector

'By dismantling barriers to entry, Specsavers AP program has empowered individuals from diverse



DAVID'S STORY

'I knew I needed to book an ear health check'

'My hearing loss came on quite quickly when I simply couldn't hear something that my partner could. I immediately leapt to the worst conclusion and was worried about the potential outcome – what if I needed a hearing aid... at my age! It would have been so easy to suffer in silence and worry even more but I knew I needed to book an ear health check.'

The audiology team on the high street were super friendly and so

professional, helping me through what was really a painless process. To be told my ears were blocked with a build-up of wax was, quite frankly, a bit mortifying. I felt I could have taken more care of my ears and shouldn't have allowed it to happen but I was, of course, relieved that it wasn't something more serious and could be fixed easily. It was a pleasure to come home and turn the TV down! This experience has definitely made me change my behaviour – my ears are as important as my eyes and I need to look after them.'

David McDiarmuid,
39, marketing professional

backgrounds to pursue a fulfilling career path. Specsavers AP course has attracted and trained almost 500 new clinicians in the last nine months, which is unprecedented for audiology. We hope this may encourage others to consider how to make their training programmes more accessible to a wider range of learners. We are committed to working with sector partners and the NHS to help find solutions to some of the workforce challenges we all face.'



Gordon Harrison, Specsavers
Clinical Director for Audiology
Professional Advancement

'We need to offer an efficient patient journey for those needing hearing rehabilitation, increasing the availability of appointments. By working together, we can achieve longterm impact – reducing risk of social isolation, loneliness, mental

ill-health and cognitive decline. This should include improving access to wax removal services as access is now limited for NHS patients, though we know build-up of wax is a significant health care issue, especially for patients with poor dexterity who find it difficult to



manage their own treatment.'

Rob Donnan, President,
BSHAA

Take-away message

- **The UK does not have enough audiology clinicians to meet the growing need for hearing care. The entire sector must work together to develop creative solutions to shape the workforce to meet current and future demand.**

LOOKING AHEAD

As our world becomes ever noisier, experts are developing innovative ways to help us turn down the volume. Young people are leading a hearing protection revolution, teaching us to look after our hearing before the cost of hearing loss for our nation reaches a disastrous level.

Young people leading the way on hearing protection

One billion teenagers and young adults worldwide risk permanent hearing damage from listening to loud music through headphones and visiting loud music venues [53]



The WHO says a public health approach is essential to tackle this issue. Their 'Make Listening safe' initiative raises awareness about the need for safe listening for all ages and promotes standards that support behaviour change amongst young people.

Listening to any sound at a high volume - more than 85 dB A - for more than eight hours a week can damage hearing permanently. The damage builds up gradually and the effects may not be noticed until years later when it is too late. Noise-induced hearing loss is permanent - you can't regain hearing that you lose from sounds that are too loud for you. Wearing hearing protection is an easy way to help protect your hearing.



eargym's award-winning app is making hearing health more accessible with features to easily check, train and track your hearing over time. With a growing user base, they are raising awareness and getting more people interested in their hearing at an earlier stage.

- 70% of people who check their hearing with **eargym** are aged under 35 (250k people)
- **eargym's** speech in noise test data shows that 45% of users aged 16-35 have possible or definite hearing loss detected.

'People of any age can train their hearing and the more you train, the more you can improve. **eargym's** mission is to make hearing healthcare easily



accessible to all, and by improving hearing contribute to improved cognitive and emotional well-being as we age.'

Amanda Philpott, eargym co-founder & CEO

'At Alzheimer's Society we're working towards a world where dementia no longer devastates lives. Our Accelerator Programme is designed to support people in developing and accelerating their product and service innovations, involving people affected by dementia in shaping new developments. We are



working with **eargym** to support people affected by dementia to care for their hearing before the need for hearing aids.'

Simon Lord, Head of Innovation, Alzheimer's Society

WOODY'S STORY



'Without a doubt the tinnitus I suffer with today is a result of listening to loud music for most of my life. Sometimes it makes me feel like I have a continual electric buzz or really high-pitched noise in my head. It's so distracting and disorientating for me as a music lover and DJ. I am learning more about my hearing as time goes on and wish I had known about the risks. I would have definitely used hearing protection earlier in my career as at times this is debilitating.'

Woody Cook, 23, DJ and Influencer

'Earplugs are listed as "rave essentials", alongside familiar favourites like chewing gum and portable chargers.' Belle Richardson, MixMag, Feb 2024

ESTHER'S STORY

'As a singer, I go to a lot of live events. I'm really invested in looking after my hearing health because I know how important it is for the longevity of my career. I use hearing protection designed specifically to allow me to enjoy my favourite music at gigs and concerts but keep harmful noise to a minimum.'



Esther Simkiss, 23, musician



Championing hearing protection with 'Listen for Life'

The Night Time Industries Association (NTIA) is a member organisation which advocates for the interests of a diverse range of businesses, from bars and clubs to music venues and restaurants, and fosters collaboration between business and government. The NTIA recognises that all those working in or enjoying music-rich environments are likely to experience prolonged exposure to loud sounds.

The 'Listen for Life' initiative aims to raise awareness of the need for hearing protection, so that people can safely enjoy music in their workplaces and social settings. With support from Trevor Nelson, Judge Jules, Lisa Lashes and many others, the campaign is encouraging a new generation of people to be proactive in protecting and testing their hearing.

Rob Shepherd, consultant audiologist for the NTIA and chair of the initiative, says, 'The NTIA has launched one of the most ambitious programmes in the world to engage all those working in or enjoying music. Hearing loss and tinnitus (constant ringing in your ears) are commonplace for those working in the industry. We will be introducing innovative technologies that no one has used before and our extra training

for clinicians will have global influence. We want to improve access to affordable hearing protection to help everyone who loves listening to music to protect their most valuable asset.'

This report marks a new stage of the campaign, with the release of the **Listen for Life: Night Time Economy Charter**. Establishments that adhere to the 10 points will foster a safe and enjoyable listening environment for their employees and patrons.

Adhering to this Night Time Economy Charter will demonstrate a commitment to hearing health in late-night economy businesses. The 'Listen for Life' Campaign encourages adoption of these practises to develop a culture of hearing health awareness and responsibility.

NTIA CEO Mike Kill says, 'We all want to help people to enjoy our vibrant culture safely. Our ambition is UK-wide hearing conservation. Every business has a duty to do what's right for colleagues and patrons and this charter will help them to do just that. We're currently recruiting pilot businesses to demonstrate how this works in practise, so to get involved just register your interest.'

Register your interest here ntia.co.uk/listen-for-life-campaign

Tinnitus

‘Tinnitus affects 7.6 million people in the UK. Tinnitus can have a profound impact on wellbeing, leading to anxiety and severe depression. It’s on the rise and our research respondents believe their tinnitus was caused by loud noise exposure in the workplace, DIY, live music and using headphones. We would like to see people use hearing protection in the same way that they use sunglasses or seatbelts.’



Robin Greenwood,
CEO of Tinnitus UK

NICE guidelines make it clear that people with tinnitus and no other symptoms should be offered an audiology assessment as the first-line intervention [23]. Primary care audiology can then support patients with underlying hearing loss and earwax, provide advice and guidance where appropriate and triage patients to specialist tinnitus or ENT services as clinically necessary. This will help free up GP capacity and reduce false positive referrals to hospital ear and hearing care [9].

Safe listening practises for work and leisure

Employers have a legal duty to protect your hearing. If the daily noise level reaches 85 dB A, ear protection must be provided [54].



One in five
trades people in the UK
have hearing problems
due to their work [55].

It is up to the employee to make sure they use this hearing protection. Despite many tradespeople experiencing symptoms, most are not taking steps to protect their hearing. Only one in nine have their hearing checked regularly and just one in six say they always wear ear defenders when they should.

SOPHIE’S STORY

‘Many bikers recognise the need for suitable hearing protection – worried about the impact riding may be having on their hearing. Several friends who have been riding for years have shared that tinnitus is a real issue for them. As a rider, you want to be able to really enjoy the full experience that each journey brings, so finding a comfortable, cost-effective solution which works alongside your helmet is important for many bikers – something that will enable us to hear our bikes, the road and traffic noise but block out that damaging wind noise.’
Sophie April, 33,
photographer and biker



Bespoke hearing protection products are also available for a wide range of leisure activities, including motorcycling, swimming, surfing, shooting, travelling and DIY. Some can preserve speech while minimising harmful noise.

Oversensitivity to sound is common among the neurodivergent population [56]. Reducing noise, for example by creating sensory-friendly environments or using hearing protection, can improve comfort and help people manage their sound sensitivity [57].

Innovation and technology

Hearing technology is advancing rapidly, with modern digital hearing solutions providing high-tech noise management and the ability to seamlessly adapt to different environments. Over-the-counter devices, remote diagnostics and

aftercare, and technology platforms for image sharing to promote integrated patient care are gathering pace.

The Earhelp care pathway

Earhelp is a digital platform used throughout the Netherlands to provide patients with a remote consultation with an Ear, Nose and Throat (ENT) doctor within 48 hours. The patient visits their local audiologist, who carries out a hearing test and takes otoscopy images. Patient history and images are sent via secure connection to the ENT doctor, who evaluates the information and agrees a treatment-plan with the patient during a tele-consultation. The plan is sent to the audiologist to begin treatment, supported by the doctor. Almost 85 percent of cases are managed through this process, without the need for further examination by the ENT doctor. There is no intervention by the GP in the process and patient waiting time is greatly reduced. So

GETHIN'S STORY



'Receiving my hearing aids has changed everything'

'It's hard for me to pin down when I first noticed I had hearing loss. If someone spoke to me, I would acknowledge but not hear or understand what had actually been said. I would say yes to something but not remember the details of what I'd agreed to. I always felt like I was missing the beginning of a sentence or instruction and found

it very difficult to focus. The tinnitus in my ears was constant and I felt demoralised asking people to make accommodations for me.

My hearing loss has been quite detrimental to my relationships with others - my wife, my daughter, my friends. I'm very active and like to cycle socially with others, always lots of conversation and laughter. Besides feeling like I was missing out at times, my misunderstanding of what I'd heard meant my interactions started to come across as ignorant or rude. At the time, my daughter

was in her teens and my inability to hear caused us to drift apart - she assumed I was disinterested but I just couldn't hear or understand.

Receiving my hearing aids has changed everything entirely and the positive impact on the family has been drastic. The impact on work has been as helpful as on family life. I was immediately less aware of the tinnitus and I was once again able to engage fully in conversation. Life is just easier.'

Gethin Davies-Jones, 57, Customer Engagement Manager

far 2,800 patients have received remote ENT care. Along with hearing care professionals they are very enthusiastic about this service. Earhelp has been replicated in at least one location in the UK to test the feasibility of using technology to reduce hospital referrals. In this pilot, 65% of patients avoided a hospital visit. 98% of patients were satisfied with the pathway [58].

Comparing models of care

The Association for Primary Care Audiology Providers (NCHA) commissioned the York Health Economics Consortium (YHEC) to develop an open-source tool that allows users to compare different models of adult hearing care [9]. The YHEC cost calculator is designed to be used alongside planning and other guidance, to help NHS and HSC decision makers make the most of limited resources. Users can review different adult hearing care pathways and compare the number of patients treated and costs for different pathway innovation scenarios.

Over the counter devices

In the USA, some hearing devices can now be purchased over-the-counter (OTC) without a prescription. While these devices are easily

accessible and tend to be less expensive than prescription hearing aids, the technology is simpler and not programmed to fit individual hearing needs to the same degree as dispenser-fitted hearing technology. Studies suggest that OTC hearing aids may be effective for people with low level hearing loss [59]. Some, like World Health Organisation, welcome the development as long as sales are regulated and users have access to support and services within their community [60]. Others are concerned that lack of aftercare will make it more difficult for people to use them successfully.

Caring for our planet

'Sustainability is about ensuring long-term growth through the right choices for our people, planet and communities. We know avoiding carbon emissions and minimising our environmental impact requires the audiology sector to think about everything we do, from how we power our practices and clinics, to how we design, manufacture, and deliver our products and services to our customers and patients. We have set an ambition to achieve net zero carbon emissions across our global operations and supply chain by 2050, now validated by the science-based targets initiative (SBTi). We've

already taken steps by increasing our renewable energy procurement and reducing the amount of packaging throughout our business. We're committed to taking responsibility for the impact our business has on the planet, by improving our processes and activities. We will share our learning and insight with sector colleagues, for the benefit of our



planet and our communities.'

Tracy Pellett, Specsavers Global Sustainability Director

Take-away messages

- **Every employer has a duty of care to do more to talk about hearing protection.**
- **Our audiology sector needs to work together to minimise our environmental impact.**
- **Digital technologies which can improve access to care and help us adapt to different environments can be part of the solution.**

CALLING FOR CHANGE

A NEW WAY TO TALK ABOUT HEARING



Images from the GN's The New Norm image bank

The New Norm

Globally, an estimated 344 million people with hearing loss don't wear a hearing aid, causing them to miss out on the sounds of life, communicating, socialising and potentially even compromising their future health [61].

Until now, the images of people wearing hearing aids available to media and others to use in their reports have been limited, often featuring older people wearing hearing aids that are obsolete. Misperceptions around the appearance of hearing aids can discourage people from addressing their hearing loss.

In response, GN, a global leader in hearing technology, launched The New Norm image bank - a striking, perception-shifting collection of free images showcasing real people with hearing loss wearing their modern-day hearing aids. Through this photography campaign, GN aims to build the largest and most diverse modern image bank showing people of all ages proudly wearing their hearing aids.

To get involved and support this campaign, go to gn.com/the-new-norm

'GN was founded more than 150 years ago with a vision to connect the world. Today, GN brings people closer through leading intelligent hearing, audio, video and gaming solutions, delivering technology that enhances

the senses of hearing and sight. Through the New Norm, we want wearing hearing aids to be seen as a symbol of empowerment and an integral part of enjoying life.'



Aysel Cengiz, Global PR and Communications Director, GN

'Hearing devices have changed more during the last 10 years than the last 50. We've all got a responsibility to help break the stereotypes attached to hearing aids and help normalise this. It's time to change.'



James Thomas, Specsavers Audiology Board Member

Together we can change the conversation about our hearing



Rick Astley, getting tested for his hearing loss

Misheard lyrics

Hearing loss and mishearing are part of normal life. To start a new conversation about hearing loss and encourage people to get their hearing tested, Specsavers re-recorded Rick Astley's hit 'Never Gonna Give You Up' with the lyrics people have misheard for years, turning one of the most famously misheard songs into a hearing test for the nation.

The objective was to get the nation

talking and thinking differently about hearing loss, by sharing a variety of content across social media, radio and wider media. This included a mini-series featuring Rick and audiologist Martina McNulty titled 'Rick's Guide to Never Giving Up On Your Hearing' and expert commentary from the late Dr Michael Mosley.

The message reached 80% of the UK, helping people feel that hearing loss is just part of normal life and reducing the stigma the UK feels towards hearing loss by 6%.

'I've noticed my hearing changing over time, so recently had a hearing test at Specsavers. It showed I have some hearing loss, which I was not fully aware of. It's probably a result of playing the drums as a kid and working in the music industry, so they've given me my first hearing aids.

It's important to remember that everyone's hearing is different. Some people lose high notes, others lose low frequency sounds.

I'd encourage anyone to get their hearing tested if they notice any changes, so they don't lose the sounds or music they love.'

Rick Astley



An agenda for change

Now is the time to talk about hearing.

Key areas of opportunity for the hearing care sector to pursue:

- Prevent avoidable hearing loss – encourage all ages to protect hearing now to avoid problems later.
- Work creatively to address the workforce challenge.
- Integrate hospital and community based services to meet patient need.
- Encourage use of hearing technology as a means of facilitating life-long learning, continuing employment, maintaining independence and social engagement, by making hearing loss services as accessible as possible.

We call upon politicians and policy makers to reduce pressure on GPs and other NHS hospital services by making more effective use of capacity and expertise that already exists in community services to extend NHS care.

The changes we need to see:

- **Introduce** a nationally commissioned primary care audiology service in all communities to supplement NHS hospital services, so that adults of all ages who need NHS care can refer themselves to a high-street hearing care provider.
- **Commission** ear wax removal by primary care audiologists everywhere. The ability to pay should not be a barrier to receiving care.
- **Invest** in better IT connectivity between primary and secondary ear and hearing care services to enable integrated working and reduce unnecessary trips to hospital for patients.

Northern Ireland

‘The risk of hearing loss is a significant and a growing public health challenge in Northern Ireland. Untreated hearing loss impacts every aspect of life. We need to work together with primary and secondary care providers to develop cost-effective, integrated healthcare solutions to meet the needs of our population.’



Kellie Armstrong, MLA for Strangford, hearing aid wearer

England

‘Access to NHS-funded primary care audiology is dependent on where people live. This is unfair. Areas such as Greater Manchester, including in my constituency of Bolton South East, have seen local NHS commissioners take the initiative and commission these services locally. But across England these services remain patchy and inconsistent. Making audiology a primary care service is a simple solution to improve access. By allowing more NHS patients to access existing primary care audiology services, we can tackle this inequality, reduce waiting times and ease pressure on GPs and busy ENT hospital departments.’



Yasmin Qureshi, MP for Bolton South East

Scotland

‘It is cheaper and safer to provide hearing loss services for adults in the community rather than in hospitals. Primary care audiologists are expert clinicians who can improve access to care in communities throughout Scotland and help us reduce waiting times for GP and hospital services for those who need them.’



Elena Whitham, MSP for Carrick, Cumnock and Doon Valley

Wales

‘In Wales, Primary care optometrists manage patients in the community, like a GP of the eyes. We could adapt this model to tackle the huge hospital waiting lists of people who need hearing care services. If primary care audiologists were the first port of call, fewer people with hearing problems would need to go to hospital.’



Mark Isherwood, MS for North Wales

Ready for action



As someone who has personally embraced hearing technology I know the life changing benefit of hearing aids. In this report we set out the compelling case for change needed in the hearing care sector. It will require our combined skill and professional expertise to overcome the significant challenges we face, if we are to deliver improved care and better outcomes desperately needed by people.

Together, we have begun to change the public conversation to encourage more people to realise that hearing loss is part of normal life and that engaging with our hearing health is a critical part of our wellbeing. We must do more.

It is clear that we need more capacity to meet current and future demand for audiology services. GPs and hospital audiology services alone do not have the resources to respond to demographic change, and millions of patients with treatable conditions are waiting for many months. We need a whole system solution based on a model of NHS provision in both primary and secondary care settings.

The World Health Organisation urges us to reorientate models of care, so that people have access to ear and hearing care services close to their homes with efficient referral pathways to services in hospitals. This presents a recruitment challenge and we need to find creative solutions to attract many more people into this rewarding career. It means working with higher education institutions, UK governments and regulators to train more clinicians who can work with GPs and hospital colleagues to improve equitable access to care for all.

Disruptive technologies will bring new service models. We must grasp the opportunity to innovate, as we did in optics 40 years ago. Together, we can develop new models of care, which will allow the NHS to treat more people in a cost-effective way. As a group of sector partners with a shared vision for a sustainable health system, we can work with commissioners and politicians from all parties to deliver better integration of primary and secondary ear and hearing care services.

Introducing a nationally commissioned primary care audiology service will address unmet need at reduced cost, take pressure off GPs and release capacity in hospitals for wider diagnostic and paediatric services. Most importantly, it could deliver a step change in the care and quality of life for adults with age-related hearing loss.

Doug Perkins, Chairman and Founder of Specsavers

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IT'S TIME TO TALK ABOUT HEARING

Key areas of opportunity for the hearing care sector to pursue:

- Prevent avoidable hearing loss – encourage all ages to protect hearing now to avoid problems later.
- Work creatively to address the workforce challenge.
- Integrate hospital and community based services to meet patient need.
- Encourage use of hearing technology as a means of facilitating lifelong learning, continuing employment, maintaining independence and social engagement, by making hearing loss services as accessible as possible.

We call upon politicians and policy makers to reduce pressure on GPs and other NHS hospital services by making more effective use of capacity and expertise that already exists in community services to extend NHS care.

The changes we need to see:

- **Introduce** a nationally commissioned primary care audiology service in all communities to supplement NHS hospital services, so that adults of all ages who need NHS care can refer themselves to a high-street hearing care provider.
- **Commission** ear wax removal by primary care audiologists everywhere. The ability to pay should not be a barrier to receiving care.
- **Invest** in better IT connectivity between primary and secondary ear and hearing care services to enable integrated working and reduce unnecessary trips to hospital for patients.

This report is available to download from
Specsavers.co.uk/reports/hearing-health-2024