

Bournemouth, Poole and Dorset
Children's Hearing Services Working Group (CHSWG)

Tuesday May 17th 2016
10:00am to 12:00 noon

Committee Room 2, County Hall, Dorchester

Present: Rachel Beeby, Eirwen Burgess, Rollo Clifford, Dorothy Goodall, Joanna Jenney (CCG), Helen Jocelyne (Service Manager, DCH), Sue McDermott, Sarah Morris, Lisa Nind, Ros Plumpton, Shirley Sorbie, Ken Tucker

Apologies: Sarah Collinson (National NDCS), Erica Davies, Katrina Ingman, Sally Clark (School Nursing Lead, Bournemouth), Christine Rainsford

1. Introductions and apologies

Joanna Jenney and Helen Jocelyne were welcomed to their first CHSWG meeting; Ken Tucker is no longer 'acting' Educational Audiologist.

2. Minutes of the last meeting – Nov 2016

Amended minutes were sent out after the last meeting, and were accepted.

3. Matters arising

There were no Matters Arising not included as Agenda items, although a previous item, led by NDCS on the Local Offer, was meant to be discussed at this meeting.

4. 2nd tier Audiology, East Dorset – recommissioning of service

The background to the on-going recommissioning of the service was reviewed for CHSWG members; a number of meetings have taken place over the last 6 months and are continuing, with the current aim being to transfer services from the Community Paediatricians in East Dorset, Bournemouth and Poole to a new provider from October 2016. This is recognised to be a tight timetable and there may be some flexibility in moving services for preschool children first. JJ is pleased with the positive work that has taken place with local providers. It has been extremely positive to have an enthusiastic Commissioner presence in CHSWG and we would hope this would continue long-term.

5. Review of Terms of Reference

The current ToR are overdue for review; they refer to some national documents which are no longer in place, and the Introduction is out-dated. The Aims of the group (section 3) appear passive rather than proactive. SM will circulate a redraft, rewriting Section 1, amending some other sections and including the Implant Service in the membership. There is clear reference in the ToR to a rotating Chair, and sharing out of administrative duties. Parent representation remains difficult, with no-one from West Dorset. KT raised the possibility of a young person

attending the group, either as a member or guest and CHSWG members working directly with families and children/young people are going to try to encourage new recruits.

Post-meeting note: Sue McDermott has volunteered to act as CHSWG Chair, from the November meeting, for TWO years. Please consider standing as Vice-Chair! SM will act as Secretary.

6. Newborn Hearing Screening Program (NHSP)

EB reported that 99.3% of babies have completed the whole screening process within 35 days of birth, which is 'acceptable' but just below the 99.5% target. A KPI is to achieve this within 28 days, which is a struggle. There are ongoing discussions nationally about the pros and cons of Community v Hospital screening. A new 'link' HV has been trained, with plans for a further new HV too. The transfer of HV roles to the LA, rather than CCG, has meant some difficulties with screening Hampshire babies who have a Dorset GP. This is not a problem for the Devon/Somerset babies who still have Community screening but Hampshire have a Hospital model. Processes are in place to ensure no babies are missed. NHSP is moving to a new web platform.

7. Dorchester Audiology

RB reviewed the DCH service, which is struggling because of maternity leave at the moment. The recent emphasis on joint working with the DHUFT service has been very positive although RB and LN have always tried to follow the same standards and pathways. RB raised the issue of an increase in children with a conductive hearing loss being referred for hearing aids, which is perhaps because of the favoured practice of one particular ENT surgeon. 24 hearing aids for conductive loss were fitted in 2015, which is a bigger number than in the East. NICE guidance gives more choice on the management of conductive hearing loss, and it may be clinically more appropriate for a child to have a trial of hearing aids, but the increase in work for the audiology service is not funded. No ENT surgeons were present at the meeting – SM will make sure Phillip Scott is aware of this issue for the November meeting.

8. East Dorset Audiology

LN also commented on the benefits of joint working with Rachel. The process mentioned at the last meeting whereby children can be quickly referred in for 'de-waxing' is working well. A clearer pathway for the care of children with Down Syndrome is being established, so they will not be routinely discharged from Audiology and therefore need regular re-referral. The numbers of children born with DS in East Dorset, Bournemouth and Poole vary from 2-12 a year; RB only sees a small number of children with DS for targeted follow-up and the numbers will be smaller in DCH.

9. Hearing and Vision Support Services (HVSS)

KT now has the permanent role of Educational Audiologist. Two new qualified teachers of the deaf will be starting in September. SMD has completed the NASSIP survey of statutory assessments of hearing impaired children. A new Ofsted inspection framework is being established and will mean a full inspection within 5 years.

10. Dorset Deaf Children's Society

There is a new Chair of the DDCS. SS circulated copies of the new information leaflet and last two newsletters. Three big events are coming up – a Funday, a family weekend and a water-skiing event for teenagers. She re-emphasised the desire for more parent reps on CHSWG, with face-face requests being the best way of finding people – anyone working with the families of children with a hearing impairment could discuss this. The membership database has been updated.

Post-meeting note: all CHSWG members are asked to remember to encourage parents to consider joining the Group

11. AIS

There have been fewer referrals to the service in the last 12 months – and those that have been are older children with a deteriorating hearing loss rather than babies. The latest report and newsletter are available on the website (www.ais.southampton.ac.uk)

12. Speech and Language Therapy (SALT)

ED had provided some information - the service is receiving 1-2 referrals a month, and children are being seen within 6-8 weeks of referral. Information is sent to parents at the time of referral (for all SALT referrals) to let them know what to expect and this will be developed further over the next few months.

13. Any Other Business - review of investigations/diagnoses 2015

Review of children who were seen by the Paediatricians in the calendar year 2015 with a confirmed sensori-neural hearing loss took place, with anonymised details of children circulated. A total of 15 children were reviewed in Dorchester and 20 in Poole but numbers are not directly comparable. One aim for 2016 will be to look at the same referral criteria, but, as before, this is difficult for children who may be referred in a variable number of years after first recognition of the hearing loss. After previous years with a fairly high diagnostic yield, 2015 was less positive, with fewer babies with severe loss being referred from the NHSP. The number of children being referred for a mild or unilateral loss is a significant proportion of the total, with no extra funding for appointments and/or investigations. SM/RC will look at numbers and costings of appointments and investigations.

Dates of next meetings:

Tuesday 15th November 2016, 10.00 to 12.00 noon, Poole (Boardroom 2, Management Corridor, 1st floor, main hospital)

Thursday May 18th 2017, Dorchester

Thursday November 21st 2017, Poole