

Date 29th January 2008
Your Ref
Our Ref DM Oban

Draft Quality Standards for Adult Hearing Rehabilitation Services

Dear Sir/Madam

As the Audiology Manager for Argyll and the Inner and Southern Hebrides, I would fully endorse the FULL implementation of the recommendations within the document entitled 'Quality Standards for Adult Hearing Rehabilitation Services'.

This implementation would provide the 'gold standard' services for patients referred to Audiology clinics throughout Scotland. This would lead to a high quality professional service which would provide very good outcomes with respect to 'patient satisfaction ratings'.

Being realistic and relying on my experiences working within the NHS for many years, we are heading in the correct direction, but we will have to overcome many obstacles in order to fully implement ALL/MOST of the recommendations within this paper.

From personal experience, Audiology is not high on the agenda of Senior Management within the NHS and is not one of the 'cinderella' services which is high profile and will attract *continuing* investment. Therefore we as Audiologists must strive to implement change under often severe financial restrictions.

Looking at the recommendations within this paper, it is clear continuing investment will be required on an annual basis in order for many Audiology Departments to reach the levels required, for even partial implementation, to comply with the quality standards.

One example would be the recommendation that all testing facilities conform to ISO regulations for sound attenuation etc. As a result of applying these recommendations there comes cost implications for many areas for sound proofed rooms etc.

This would be further exacerbated in that 98% of all hearing aids fitted should be fitted binaurally. This again has serious cost implications even though research shows this to be a very cost effective method of reducing disability/handicap for the hearing impaired.

On a daily basis, all Audiology Departments are under severe pressure to reduce their waiting times, and to achieve this all staff must be fully trained to high levels to administer high levels of treatment and rehabilitation. We would preclude that time must be reserved for training etc, but this is tremendously difficult with staff shortages and government waiting time targets in situ. //

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Chief Executive: Dr Roger Gibbins BA MBA PhD
Chairman: Mr Garry Coutts

I think it is clear that there are many hurdles to cross and I hope that these recommendations can be fully implemented nationally. The results would be that Audiology Departments would provide a very cost effective/efficient service to their patients which would actually save monies in the **long term**. However within the NHS many decisions are based on short term fixes which tend to be reactive rather than proactive.

To end on an upbeat note we now have standards to aim for, and applying these standards provides a way forward for the treatment for Audiology patients.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Drew', written in a cursive style.

Drew Ferguson Bsc Msc
Audiology Manager

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