



Hearing (Services) today and tomorrow

Professor **Adrian Davis**

AD CAVE SOLUTIONS LIMITED and
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- Adrian is a public health professor who worked mainly on hearing and vision problems.
- He worked with the Global Burden of Disease team in Seattle and specialised in local UK burden of disease and hearing disability globally.
- He was Director of the Newborn Hearing Screening and Newborn Physical Examination Programmes.

POSSIBLE GOOD NEWS FOR THE UK and globally?



England



Cumulative deaths

Daily deaths

Vaccine Coverage

Hospital resource use

Infections and testing

Mask use

Social distancing

Daily deaths

Trend

Compare

Map

Reported

Total

Scenario ⓘ

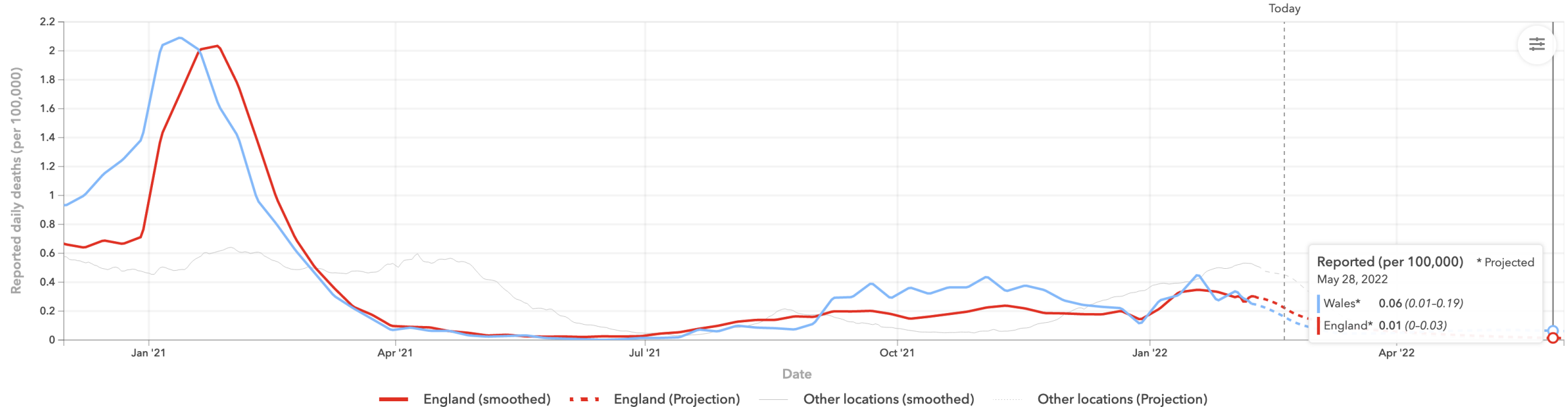
Current projection

Compare England to

Wales x

France x

x v



All deaths specific to COVID-19 patients.

Impact of COVID on health services (Lancet / BMA)

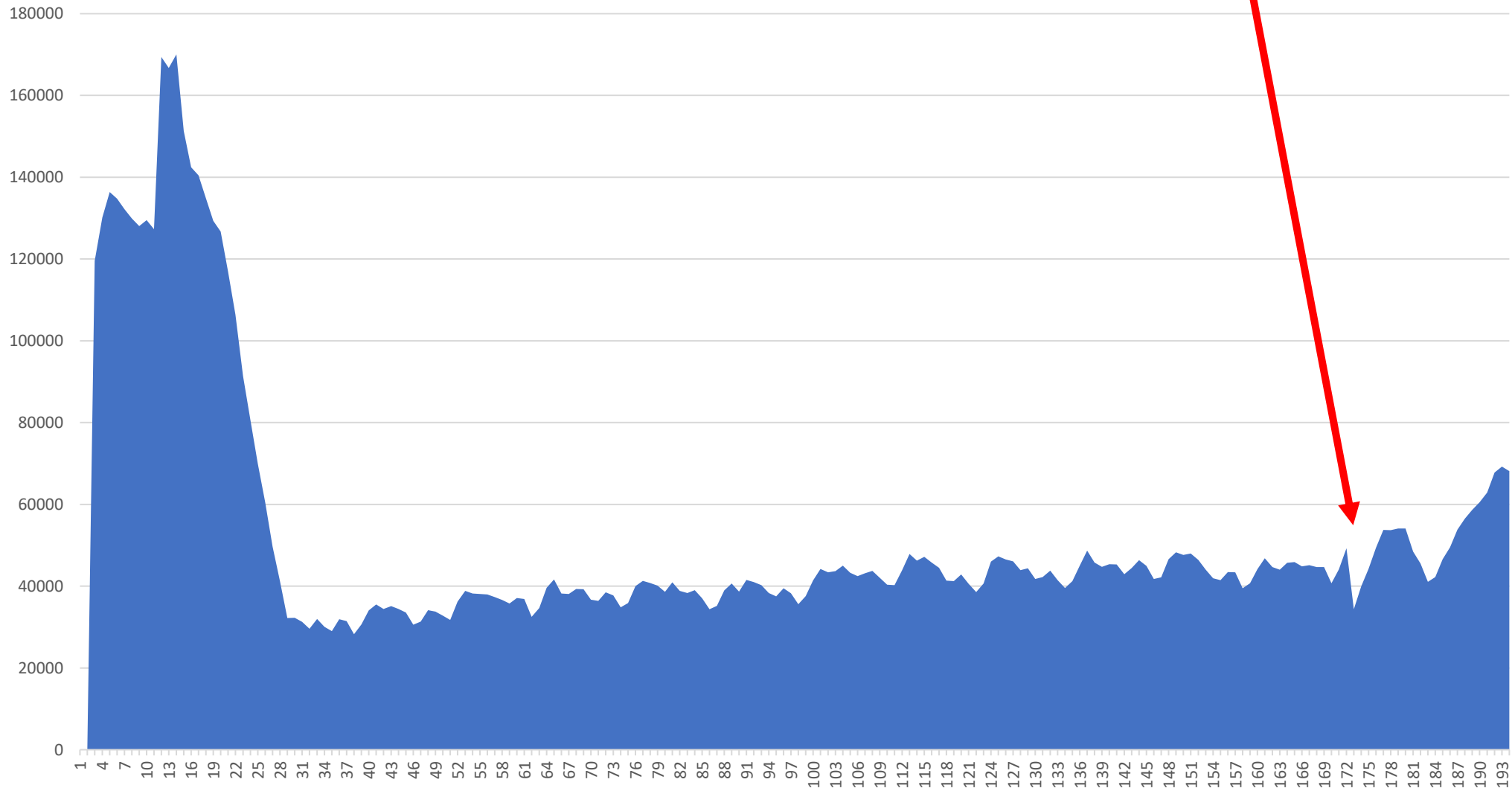
The BMA estimates fewer services April, May, June 2020 in England

- between 1.32 and 1.50 million fewer elective admissions than would usually be expected
- between 2.47 million and 2.60 million fewer first outpatient attendances
- between 274,000 and 286,000 fewer urgent cancer referrals
- between 20,800 and 25,900 fewer patients starting first cancer treatments following a decision to treat
- between 12,000 and 15,000 fewer patients starting first cancer treatments following an urgent GP referral.

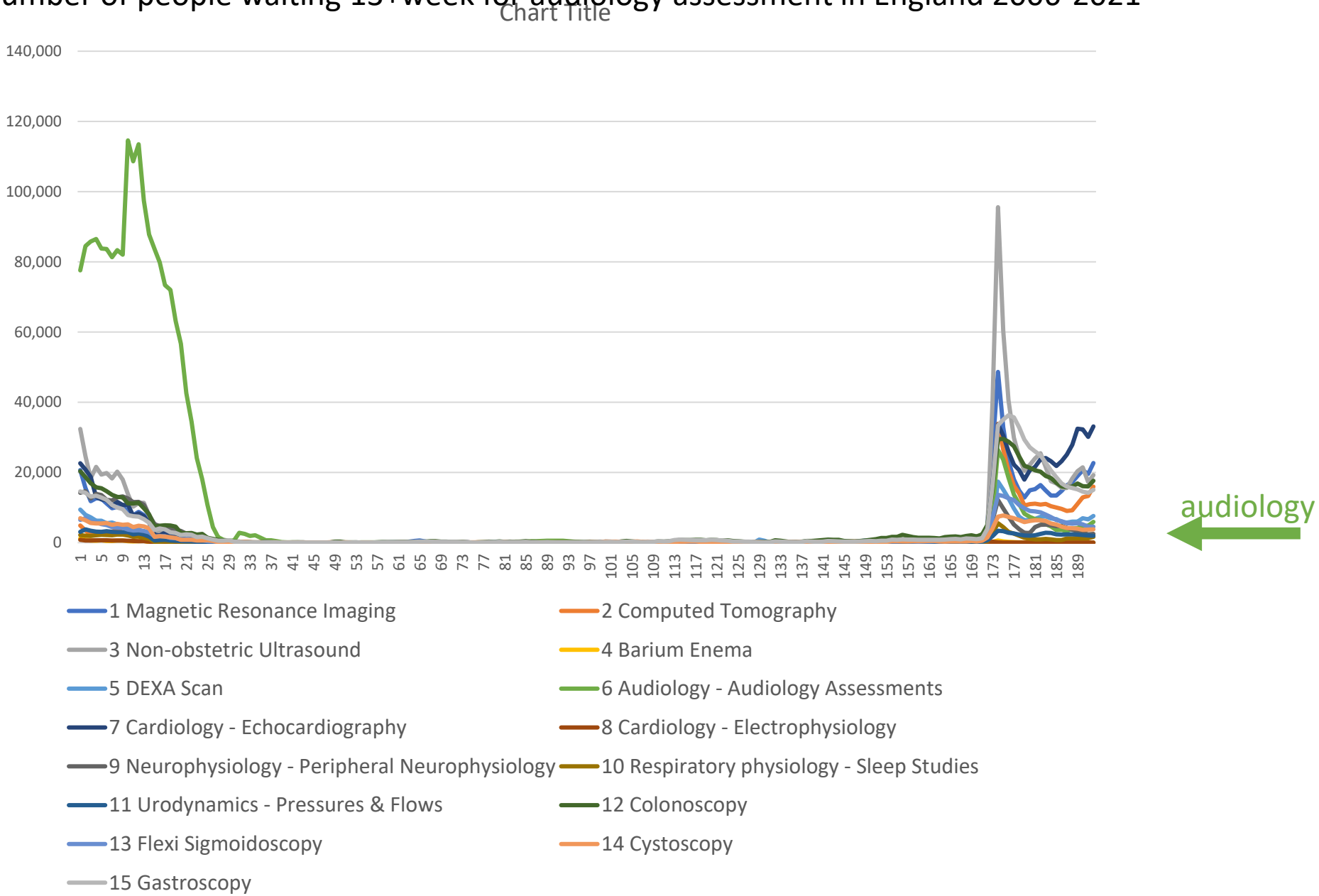
Waiting longer? For the routine 'ordinary' services

- What data do we have in UK?
- DM01 collection since 2006
- Major flaws but .. Comparable data verified over time

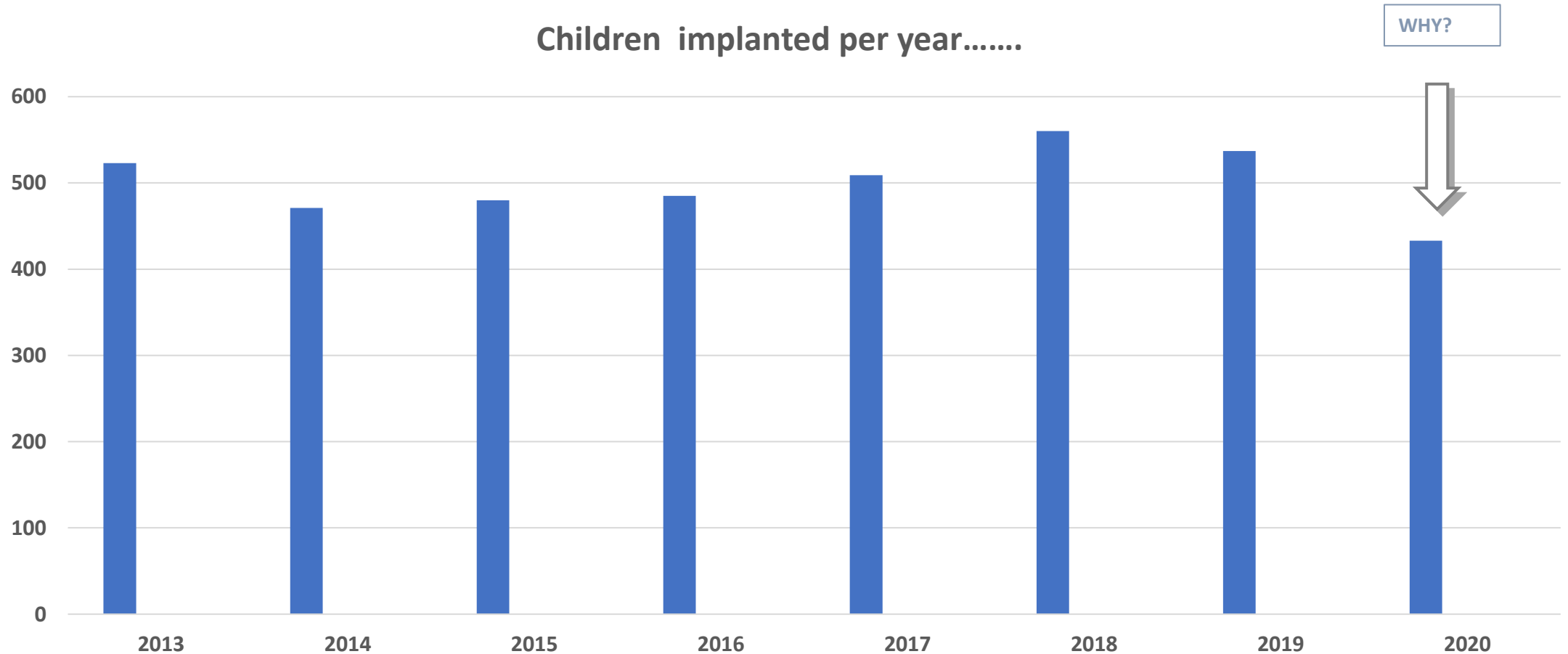
Waiting list for audiology assessments 2006 – 2021 including covid times



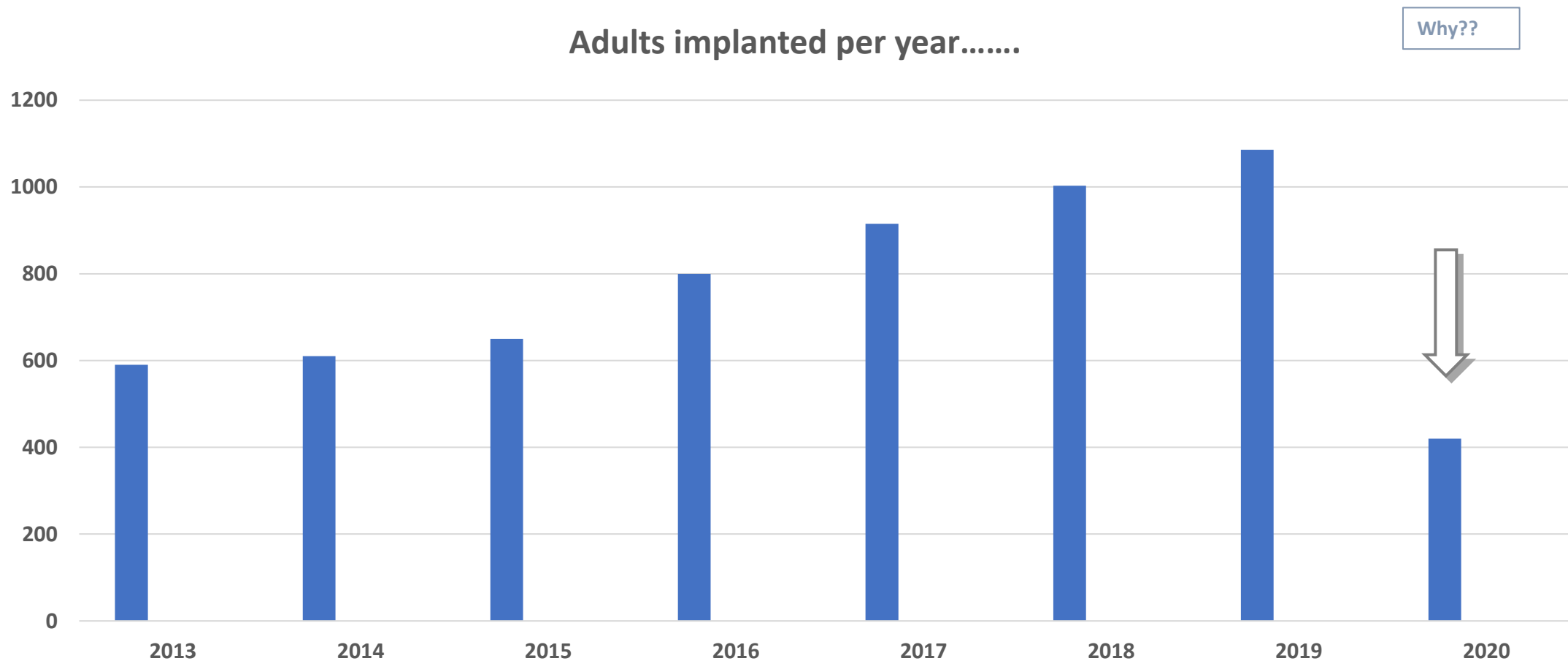
Number of people waiting 13+week for audiology assessment in England 2006-2021



Impact of pandemic on numbers children implanted in UK (www.bcig.org.uk)



Impact of pandemic on numbers adults implanted in UK (www.bcig.org.uk)

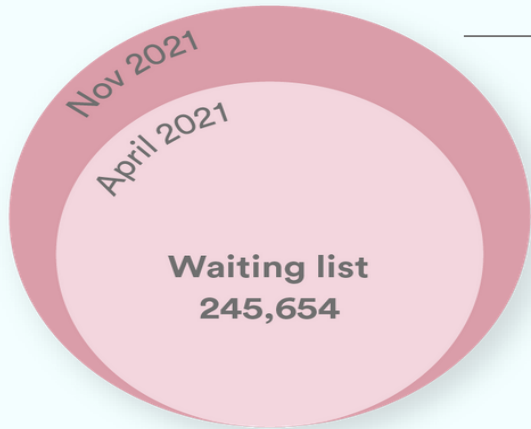


Children and Covid = a difficult story?

- Although children are minimally susceptible to COVID-19, they are hit the hardest by psychosocial impact. Being quarantined in homes and institutions may impose greater psychological burden than the physical sufferings caused by the virus.
- School closure, lack of outdoor activity, aberrant dietary and sleeping habits are likely to disrupt children's usual lifestyle and can potentially promote monotony, distress, impatience, annoyance and varied neuropsychiatric manifestations.
- Incidences of domestic violence, child abuse, adulterated online contents are on the rise. Children of single parent and frontline workers suffer unique problems.
- Violence against women and children (VAMC) has increased by 20% (WHO)

Children and Covid = a difficult story?

- The children from marginalized communities are particularly susceptible to the infection and may suffer from extended ill-consequences of this pandemic, such as child labour, child trafficking, child marriage, sexual exploitation and death etc.
- Parents, pediatricians, psychologists, social workers, hospital authorities, government and non-governmental organizations have important roles to play to mitigate the psychosocial ill-effects of COVID-19 on children and adolescents.
- To provide the basic amenities, social security, medical care, and to minimize the educational inequities among the children of the different strata of the society are foremost priorities.



54,811 more children Waiting for treatment

With the country emerging from lockdown, the waiting list for **planned paediatric hospital care** grew by 22% in seven months, leaving 300,465 children and young people waiting.

Department for Education figures show a 25% rise in Mental health cases since the start of the pandemic

The challenge is to ensure that the “new normal” isn’t simply the “old normal” but with even more damaging consequences. BMJ editorial 18-2-22; The BMJ@bmj_latest;@KamranAbbasi

- Promises to build back better or fairer are empty, especially when the haste to end all restrictions, including abandoning covid surveillance is widely condemned as ill informed and reckless ((doi:[10.1136/bmj.o376](https://doi.org/10.1136/bmj.o376)), doi:[10.1136/bmj.o383](https://doi.org/10.1136/bmj.o383))
- We’re reconstructing the same flawed society that failed to respond effectively to SARS-CoV-2 and continues to fail on climate action **AND HEARING CARE.**
- The answers may lie in new approaches to incentivise sustainable corporate behaviour, reduce the rich world’s consumption, and, most interestingly, to encourage “degrowth” (doi:[10.1136/bmj-2021-068126](https://doi.org/10.1136/bmj-2021-068126))
- Doctors and other health professionals are stronger than they think, with influence stretching from citizens to politicians (doi:[10.1136/bmj.o246](https://doi.org/10.1136/bmj.o246))

Extent of need FOR IMPLANT SERVICES

(NICE view 2019??)

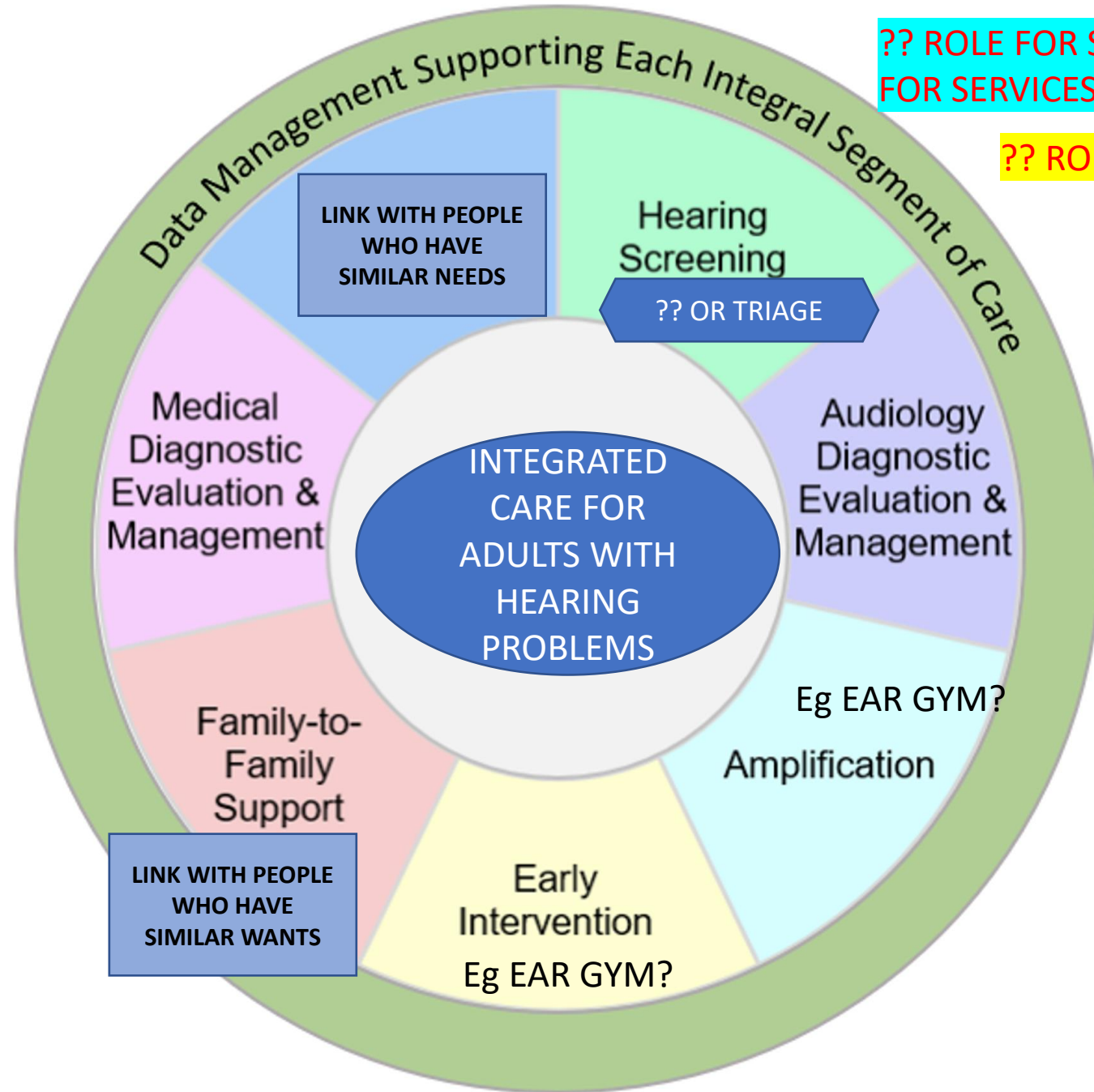
- Approximately 370 children in England and 20 children in Wales are born with permanent severe to profound deafness each year. About 1 in every 1,000 children is severely or profoundly deaf at 3 years old. This rises to 2 in every 1,000 children aged 9 to 16 years.
- So as shown in BCIG data around 500 a year **BUT considerably less in pandemic times – reduction by 22.7%**
- There are approximately 613,000 people older than 16 years with severe to profound deafness in England and Wales.
- In the UK around 3% of people older than 50 and 8% of those older than 70 years have severe to profound hearing loss.
- Approximately 40% of children who are deaf and 45% of people younger than 60 years who are deaf have additional difficulties, such as other physical disabilities.
- **Davis et al various publications**

Hearing Today and Better tomorrow

- There is much need in UK and globally!! For good hearing care to support people with hearing problems and their families
- Yesterday – pre Covid we had a solution
- **IT DIDN'T WORK WELL !!**
- **We need to build back differently**
- **Yes workforce needs to be commensurate BUT we need better ways of working**
- **WE NEED PROPER DIGITAL HEARING SERVICES supported by the best datasets and IT / AI / ML.. A long way from auditbase and Practice Navigator!**

**INTEGRATED CARE
SYSTEM MODEL for the
future?**

**QUALITY BASED
PERSON CENTRED
HEARING CARE**

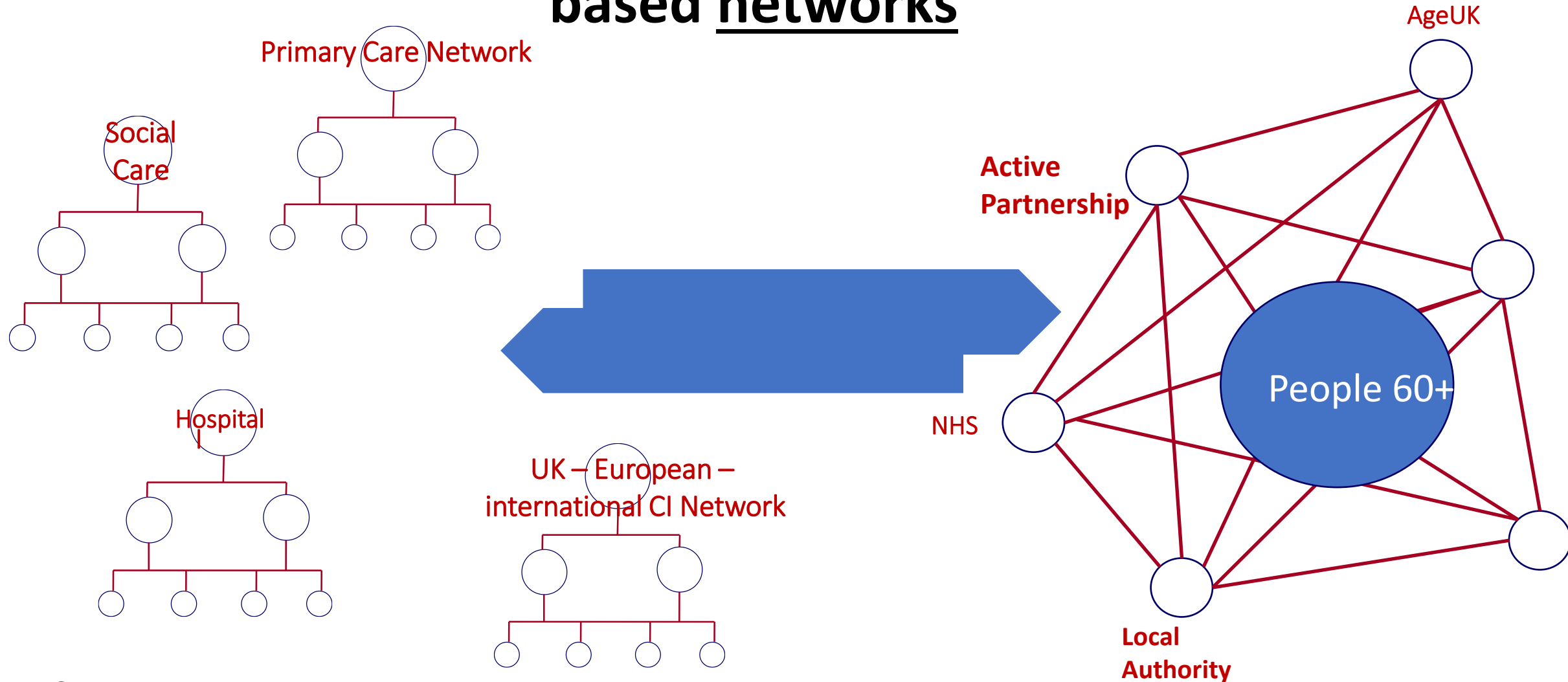


**?? ROLE FOR SELF REFERRAL
FOR SERVICES, AIDS, IMPLANTS?**

?? ROLE FOR TRIAGE

**SOME OF THESE
COMPONENTS MAY
NEED TO HAPPEN
IN PARALLEL**

The Integrated Care System is delivered by population based networks



What does a UK – European – International CI Network look like?

- Led by .. People with lived experience
- Supported by many professional networks and refined criteria for self referral
- With better, more accurate, validated **triage** of self referrals
- Not screening

Thank you!

- For inviting me to speak
- To Katrina Davis for some inspiration and data
- To Sue and Brian for BCIG data - and BCIG!
- To you all for listening.
- Any post meeting queries to : adriancjdavis@me.com