CI ADVOCACY IN ACTION · BRUSSELS · 22–23 OCTOBER 2026

Breaking down barriers: improving access to CI

Redesigning advocacy for challenging times

North East Regional Cochlear Implant Programme

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At most one in five adults who could benefit has an implant

≤20%

of eligible adults in high-income countries have a CI. Globally, about 2.5%.

1,085

adults implanted in the UK in the year to March 2024 — the most ever

+40%

rise in UK adult referrals in just two years

Advocacy is working, and the gap is still enormous. Closing it will stress our services.

Sources: BCIG UK CI numbers 2023–24; Audiology Research 2026;16(1):19

Three barriers between a patient and an implant

1

Nobody tells them

Candidacy depends on a busy clinician remembering to raise it

WHAT BREAKS IT

A list, a letter and a phone call

2

Services can’t keep up

Every implant adds a patient for life, on budgets that pay for the operation

WHAT BREAKS IT

New follow-up models, and funding the lifetime

3

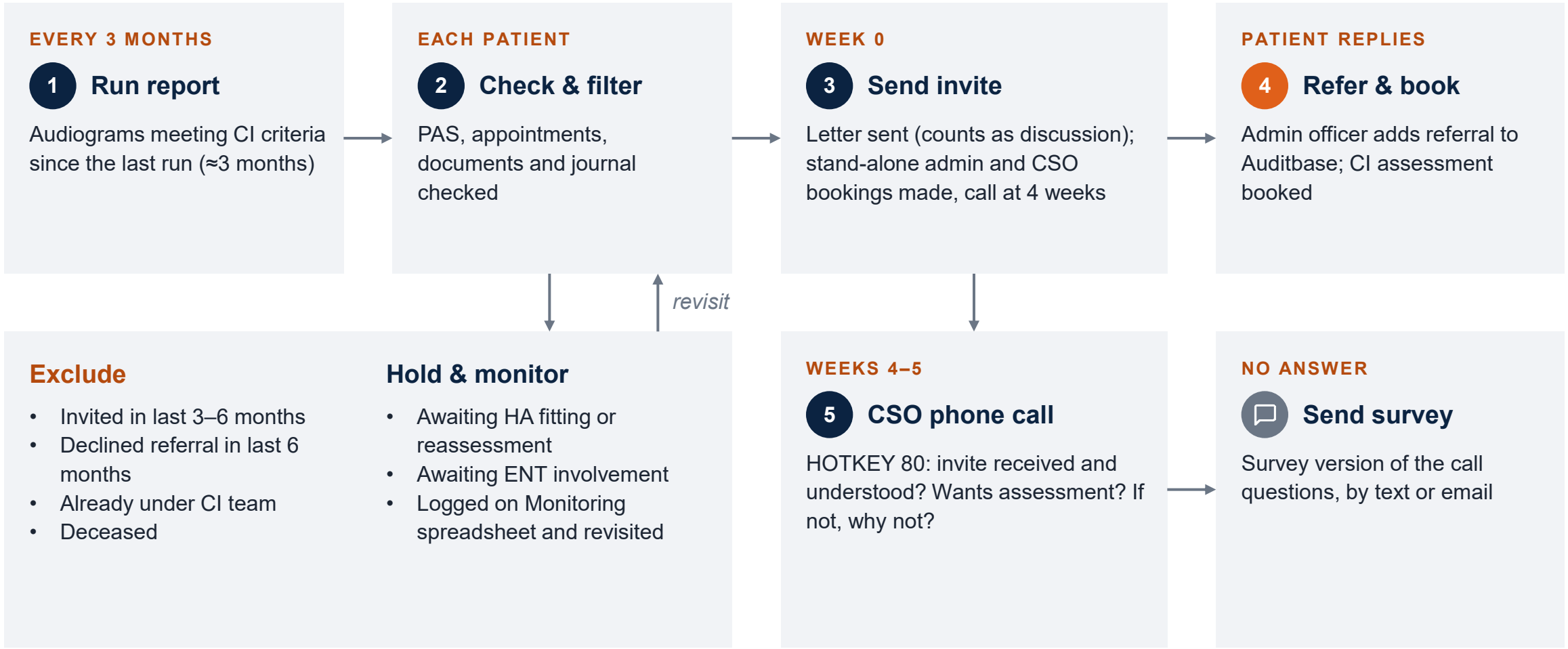
Information people can’t use

Vague leaflets, organised around the hospital, not the patient

WHAT BREAKS IT

Plain, concrete information built around the patient’s journey

How we find them: the full invite process



Source: CI invites – current working practice, James Cook University Hospital.

We didn’t find new patients.
We wrote to the ones already in our records.

EVERY 3 MONTHS

A list

Search our audiology records for every audiogram that meets CI criteria

WEEK 0

A letter

Invites every eligible patient to a CI assessment. Reply, and the referral goes straight in.

WEEKS 4–5

A phone call

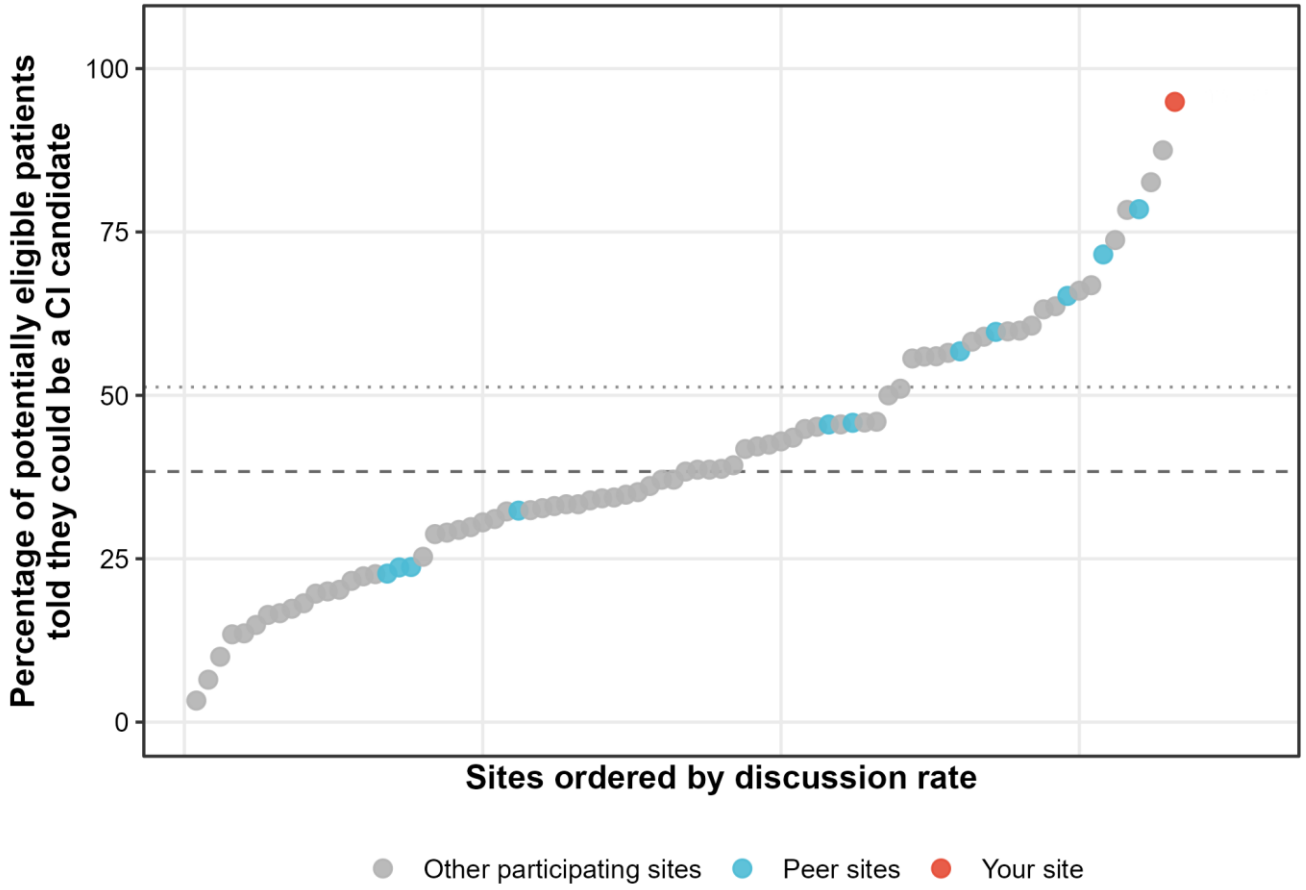
Did it arrive? Did it make sense? Would you like an assessment? If not, why not?

Nobody has to remember to raise it.

Source: CI invites – current working practice, James Cook University Hospital. Full procedure in backup.

Now every eligible patient hears about CI

Each dot is one site in the national audit, ordered by the share of eligible patients told about CI



Told they could be a CI candidate

94.9%

the highest of every site (red dot). The letter counts, which is the point of sending it.

And more of them choose assessment

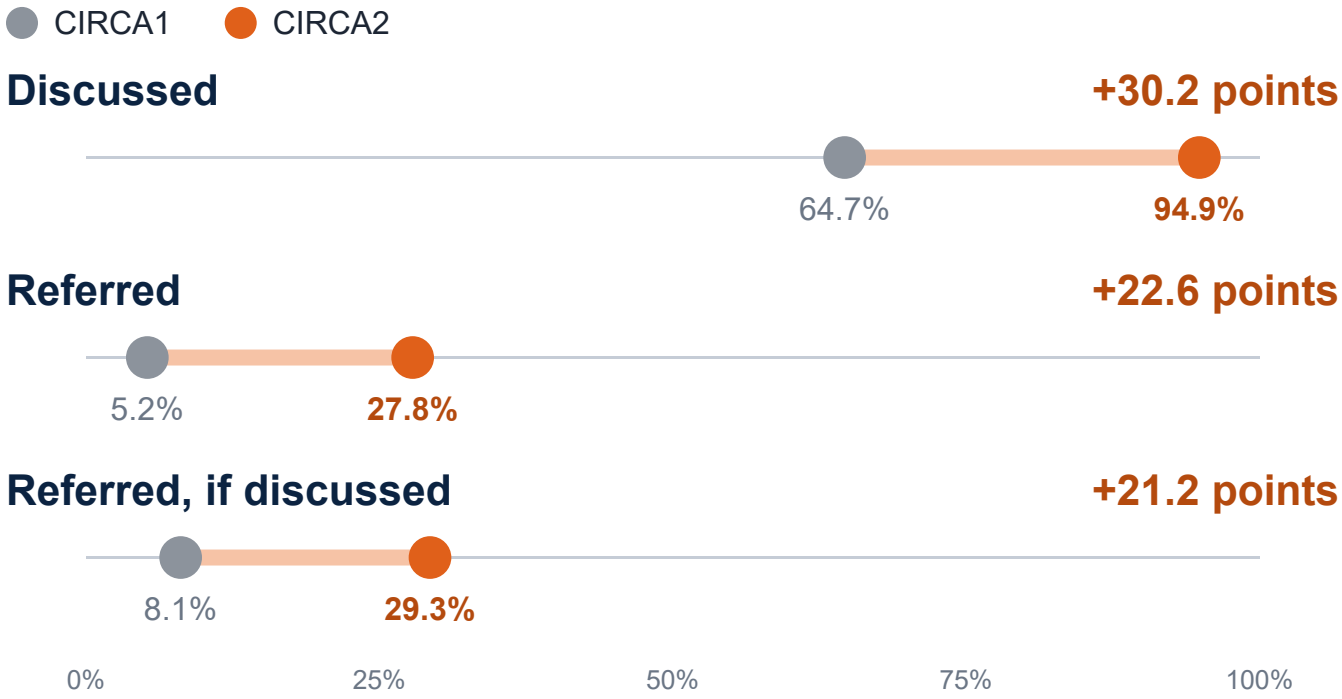
5.2% → 27.8%

referred, before and after the letters: now 3.7× the peer median and 2nd highest nationally

Chart: CIRCA2 site report, 7 July 2026. Red: James Cook · blue: peer implant centres · grey: other sites. Dotted line: peer median 51.3% · dashed: national median 38.3%.
Referral before and after: CIRCA1 vs CIRCA2, which are not a like-for-like comparison.

Every measure has risen sharply since CIRCA1

Site results, CIRCA1 (153 records) vs CIRCA2 (274 records)



WHAT CHANGED

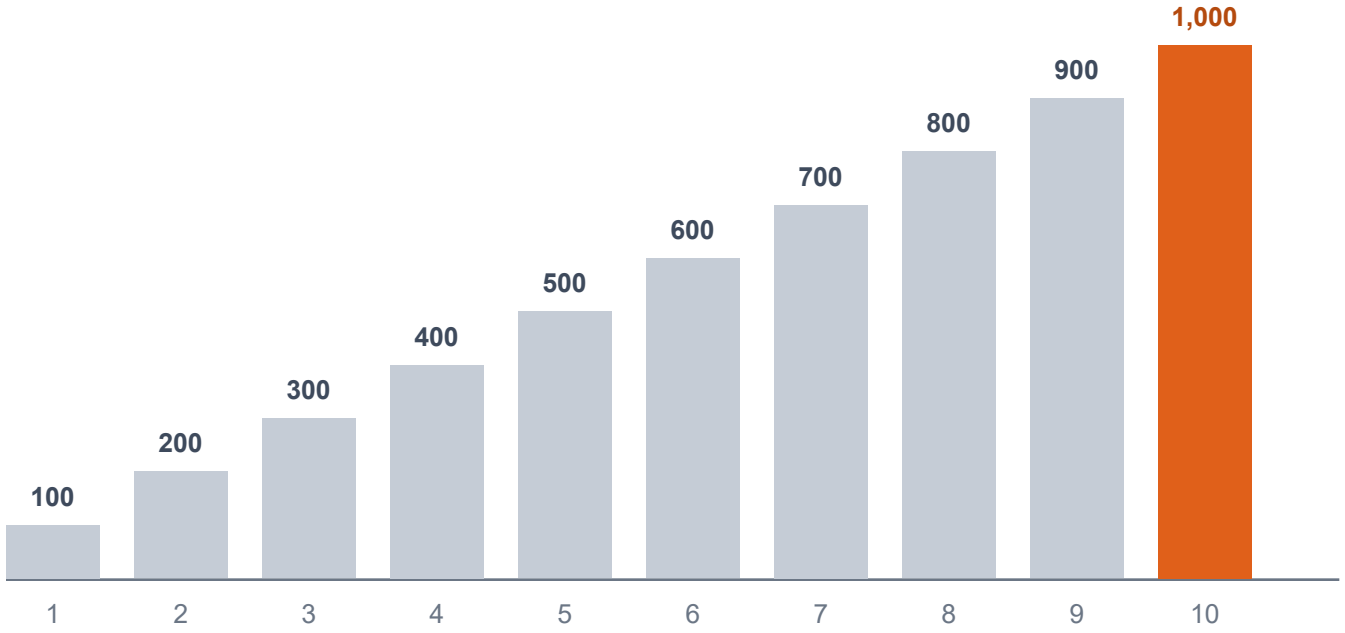
Quarterly CI invite process

Audiogram search, invite letter (which counts as discussion) and CSO follow-up call, introduced between the two cycles

Not like-for-like: coding, case mix and data completeness may also play a part.

Source: CIRCA2 site report, 7 July 2026, CIRCA1 vs CIRCA2 site comparison.

Every implant is a lifelong commitment, not an operation



Year of the programme · recipients under follow-up

Implant 100 people a year. Almost nobody is discharged.

By year 10 you are following about 1,000 recipients — for decades, through upgrades, failures and ageing — usually with year-1 staffing.

The catch: every referral we find is a patient to follow for life.

Illustrative model: 100 implants a year, attrition ignored

Answer the question before it becomes an appointment

Thinking about a CI | **Surgery** | **Tuning and rehab** | **Living with a CI**

Concrete, not vague

"Wash your hair: one week. Swim or fly: six weeks."

Three tuning and three rehab appointments after switch-on — told up front. Easy-read versions throughout.

Why it matters

43% of working-age adults in England struggle with standard health information

61% when it includes numbers

southtees.nhs.uk — North East Regional Cochlear Implant Programme · Rowlands et al., Br J Gen Pract 2015

Four joint asks, for services and advocates together

1

BREAKS BARRIER 3 · INFORMATION

Share the information

Co-write patient content once
and let every centre use it

2

BREAKS BARRIERS 1 AND 2 · COUNT THE NEED

Share the data

National registries — countries that keep them report higher uptake

3

BREAKS BARRIER 2 · CAPACITY

Fund the lifetime

Commission follow-up, upgrades and re-implantation, not only surgery

4

BREAKS BARRIER 2 · CAPACITY

Design follow-up with users

CI recipients help decide what
needs a clinic and what doesn't

Keep the voices, widen the ask: from more implants to implants and lifelong care.

BREAKING DOWN BARRIERS

Keep the voices. Add the numbers. Ask together.

Advocate for the lifetime of care, not just the day of surgery.

Thank you · **Anirvan Banerjee**

Four joint asks

1. Share the information
2. Share the data
3. Fund the lifetime
4. Design follow-up with users

BACKUP

CIRCA2: James Cook in detail

The invite process and CIRCA2 results in detail, plus slides moved out of the main talk

Ahead of peer and national medians on every measure

James Cook University Hospital, CIRCA2; denominator 216 patients coded CI1–CI5

Discussed

Told they could be a CI candidate, by letter or in clinic

94.9%

205 of 216 patients

Peer median	**51.3%**
National median	**38.3%**

1.8× peer · 2.5× national

Referred

Referred for CI assessment

27.8%

60 of 216 patients

Peer median	**7.5%**
National median	**6.2%**

3.7× peer · 4.5× national

Conversion

Referred, of those discussed

29.3%

60 of 205 patients

Peer median	**19.2%**
National median	**17.4%**

1.5× peer · 1.7× national

Referral stands out: 27.8% against a peer median of 7.5%

Source: CIRCA2 site report, 7 July 2026. Peer group: implant centre / colocated. James Cook's discussion figure includes invite letters.

From 274 records to 60 referrals

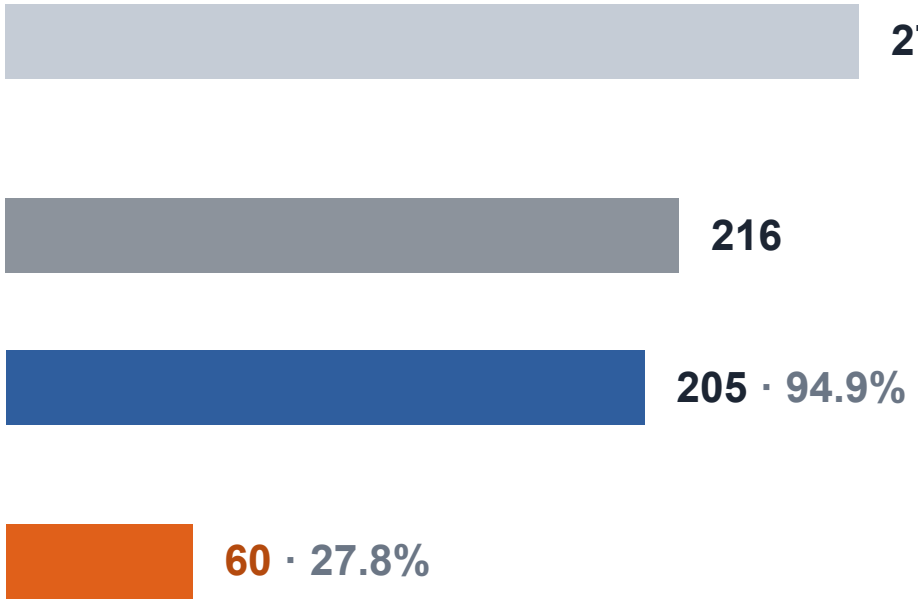
Patients at each step of the pathway, CIRCA2 site data

Submitted
all records

Analysed
coded CI1–CI5: the denominator

Discussed
told by letter or in clinic

Referred
for CI assessment



58 records

21% of submissions sat outside the CI1–CI5 analysis group

145 patients

71% of those discussed were not referred; the report doesn't say why

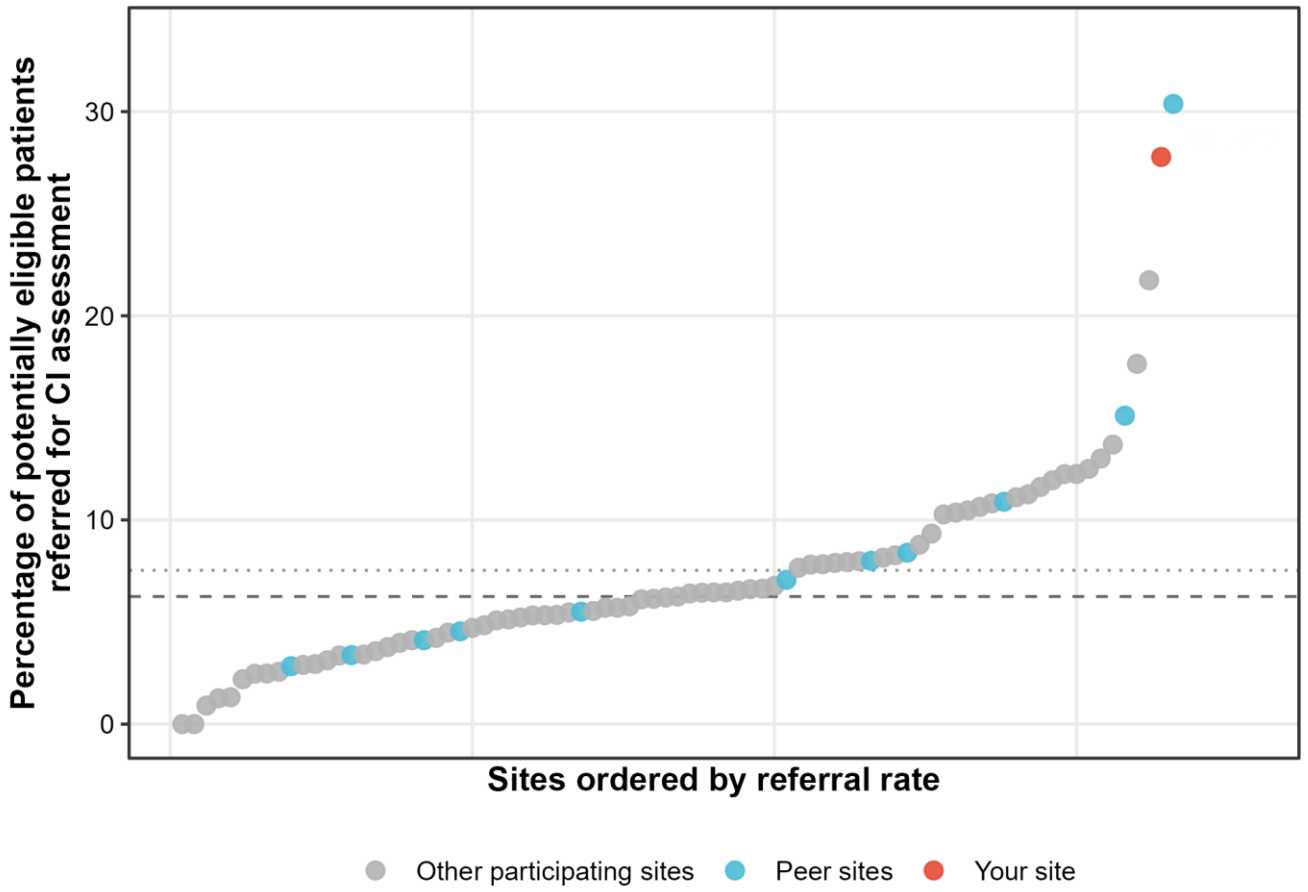
Rates use 216

Headline rates divide by analysed patients, not all 274 records

Bar lengths to scale. The report's own pathway chart divides by all 274 records (74.8% discussed, 21.9% referred).

Second-highest referral rate nationally

Each dot is one participating site, ordered by referral rate



James Cook

27.8%

referred for CI assessment. Only one site, a peer implant centre, refers more

Peer median (dotted line)	**7.5%**
National median (dashed line)	**6.2%**

Red: James Cook · blue: peer implant centres · grey: other sites

Chart: CIRCA2 site report, 7 July 2026. Other sites anonymised.

Four questions for the service

01

145 discussed, not referred

71% of patients told they could be candidates weren’t referred. The audit doesn’t capture why.

02

58 records outside CI1–CI5

21% of submissions fell outside the analysis. Checking their coding keeps eligible patients in the denominator.

03

Conversion lead: directional

29.3% against a 19.2% peer median, but the report judges conversion broadly similar to peers.

04

Do other sites count letters?

Our 94.9% includes invite letters. If peers count only clinic conversations, discussion isn’t like-for-like; referral is.

Four pressures arriving together

Money

Flat budgets; funding follows the operation, not the lifetime

Demand

Wider criteria, older candidates, a caseload that never shrinks

People

Specialist audiologists and therapists are scarce and slow to train

Patients

Rightly want to understand their care and share decisions about it

The first three push us to do less. The fourth gives us a way to do it differently.

Keep the voices; widen the ask

KEEP DOING

- **Evidence plus lived experience**
- **Clinicians and users side by side**
- **A specific, costed ask**
- **Plain-language information**

CHANGE: AS IT WAS	FOR CHALLENGING TIMES
“More implants”	More implants **and lifelong care** for those already implanted
Each organisation for itself	Joint asks — no one is precious about the logo
Stories alone	Stories plus data — registries and real demand
Asking for more of the same	Backing new models — remote and patient-initiated follow-up
Patients as the cause	Patients as partners in designing services

Widen the ask: advocates and services as allies, not adversaries.

Growing provision while running the service



Count real demand

Capacity models that count referrals, not just appointments delivered — otherwise the shortfall is invisible



Adopt early

World-first fitting of the Advanced Bionics CROS device for a CI recipient, January 2024



Explain everything

A patient website built around the patient’s journey, not our departments