

MINUTES

Dorset Children's Hearing Services Working Group (CHSWG)

Thursday November 15th 2018
10:00am to 12:00 noon

Poole Hospital (Ladybird Seminar Room)

Present: Sue MacDermott (chair) , Ken Tucker (minutes), Dorothy Goodall, Shirley Sorbie, Rachel Beeby, Emma Hooper, Sarah Morris, Joanna Jenney, , Pat C, Phillip Scott, Patsy Welch, Helen Joscelyne, Deepa Shenoy, Sarah Collinson, Eirwen Burgess, Janet Mackrill, Maria La Rue, Christine Rainsford

Maria and Laura (Kestrel Medical)

Apologies: Nicola Foley, Claire Nixson, Erica Davies, Jemma Buckler, Dorset Parent Carer Council, Sue Stirk

Presentation by Maria from Kestrel Medical

Presentation from Kestrel Medical about the Otovent product – a non-surgical intervention to treat Otitis Media (glue ear). This cited a study by Ian Williamson which indicated a significantly better outcome measured by the incidence of normal tympanograms when Otovent was used (49.8% (with Otovent) vs 38.3% (without) → normal tymps). Results were even better when using Moniri (the Otovent Frog which can be used if children are not able to blow out through their noses).

A Moniri Mini will be available from about January 2019.

A Study with Moniri and Downs Syndrome may be coming.

Updates and discussion arising

Pre-meeting updates were provided by some contributors. There was a general feeling that this was useful. The following are notes regarding the discussion for each update:

Update from RB and EH (Audiology Depts) – discharge criteria will be discussed by KT, SM, RB and EH.

As East and West Audiology are now working more closely together, there may be some duplication.

SM suggested that there seemed to be more new referrals made to HSS than were suggested in the summaries from Audiology. SM will send the information held by HSS to both Audiology Departments for cross-checking.

EH – doing a lot of work with the specialised adult service. Wanted to get a smoother transition from Paeds to adult services. A new leaflet has been produced explaining level of support, access to work, etc. and this will be rolled out after December (when there will be a meeting about it). This will be shared with HSS and DDSCS. SC felt that 'Access to Work' funding should

be a higher priority and mentioned earlier with young people so as to broaden students' awareness of options available to them and encourage them to look at the future. EB talked about linking with the apprenticeship teams. MLR discussed linking with Ansbury about career choices. SM will remind the HSS team about Access To Work and will look to update HSS information on post 16 options.

SS asked about changes to DNA policy. This has been tightened up and there is more follow up to contact parents and a clearer pathway.

Review of Looked After Children and how they are dealt with – the process and flow of patients who are in looked after care. Felt that Jill Warn (Named Nurse and Service Manager Looked after children Dorset Health Care team lead) would be a positive addition to CHSWG. She has been added to the CHSWG mailing list.

Update from DG (USAIS)

Draft of eligibility criteria changes. Expected to be finalised Mid/end of December. Patients referred in the past but who did not meet previous criteria could now be re-referred and a new cohort of candidates identified (who were previously borderline). A pilot for remote care (linking in from home) in adults underway. Not yet in place for paedics but it could come online (depending on funding).

Update from SMO (Paediatrician)

Early in the year was very quiet for new identifications. More than half the number for the year were identified after September and so have not yet been seen. Big change of Paediatricians not doing audiology has given families a better service. Responding to Deepa - When there is a positive genetics result, there is not always a need for a full family screen. Deepa has not yet had any Genetics positive returns. CMV is investigated for all children if parents are happy for this to happen. Some babies born with congenital CMV are symptomatic (many physical features) or may be 'just' deafness. CMV deafness can be unilateral or progressive. IGG (observable immunological response to CMV) will indicate CMV but then there is a lot of difficult investigation to identify if CMV was congenital. If a diagnosis can be made very early, there *may* be the possibility of treatment. Could possibly be done by about 4 weeks of age together with confirmation of deafness – but this is still in research. Deepa discussed that some practitioners feel there is no need to test for CMV if asymptomatic but SMO said she tests every case and that this is recommended.

RB suggested that she could work a little more closely with Deepa

SC – question about rates of ANSD diagnosis. NDCS suggests the incidence is higher than is shown by local testing. EH and RB discussed how they are picking up more babies and that this may increase. British Association of Audiological Physicians produce good guidelines.

Update from SM (HSS)

Changes with Local Government Reorganisation – should be no real effect on HSS.

SS – concern over reduction of staff. It has not been felt necessary to replace two specialist TAs who retired. SM would like to replace advisory teachers but it is not known if recruitment freeze will be lifted. HSS is looking at its frequency of visits while staying within NATSIP guidelines. SC suggested that feedback from higher up in DCC is lacking. She received no response to her letter stating concerns re decrease in staffing levels.

Update from SaLT

SM asked about the new referral form. Talk of a graduated response which means that schools should be putting in place support for speech and language needs **while waiting** for input from

SaLT, not to wait for involvement. A school-aged referral form is now in place and there is work on a preschool version. SaLT having to look at how best to use their limited time and dedicated one to one or small group work really is for a limited number of cases. SC feels that guidance from the Royal College should be built in to and considered in the graduated response of SaLT. Christine listed the qualities and qualifications of the team suggesting that the service measures up very well to the guidelines. ED to feed back to SC.

Update from SC (Regional NDCS)

SM asked about how Cornwall manages its NHS budget for radio aids.

SM responded that we do not have a significant number of MSI children and that, although there is no dedicated MSI-trained teacher, there is one teacher who has dual VI/HI qualification. SC suggested that MSI students are not being identified as MSI as quite a mild secondary impairment can have a big impact and these should be identified as MSI children. Patsy W said that she would take this back to the team and provide information to SC. Babcock in Devon offer MSI support and it might be worth purchasing this for a very small number of children.

Update from EB (NHSP)

Health visiting is out for tender (April/May) and there is no guarantee that this will be provided by Dorset Healthcare Trust. NHSP is currently done by health visitors and it is not yet known if NHSP was in the tender contract. NHSP contract is also up for renewal next March. This is disagreement on the approach among the healthcare trusts (e.g. back to midwives?), but there will need to be a Dorset wide agreed approach. The current NHSP managers will be required to manage the transfer of NHSP to wherever it goes. It might be that it becomes a hybrid system again – done by health visitors (community) **and** in hospital or (more frequently) by midwives. The reason it is not done often in hospitals is because new mums go home from hospital very quickly. There are advantages of it changing to a 'day 5 when blood spot is done' service by midwives.

AOB

Waiting list is getting longer and longer for surgery → referring for hearing aids happening earlier. This explains why more children are being referred for hearing aids as the waiting time is less now for HAs.

JJ (CCG)- Integrated Community Childrens Health Services review. A view seeking exercise with CYP. Now looking at evaluating from that event and a report will be written. Initial thought that there was nothing relevant/specific to audiology services. "Dorset Vision" has some information and JJ will send the link to SM.

SMo – merger of Poole and Bournemouth hospital services is resulting in some (audiological/surgical) services moving and for some new accommodation to be built and used.

SM – any suggestions for presentations?

Would anybody like to slot into the role of Chair of CHSWG? SM will be asking again in May.

Dates of next meetings:

Tuesday May 21st 2019 County Hall Dorchester

Tuesday November 19th 2019 Poole Hospital (tbc)