

MINUTES

Dorset Children's Hearing Services Working Group (CHSWG)

**Tuesday May 21st
10:00am to 12:00 noon**

County Hall Dorchester, Committee Room 2

Present Janet McKrill, Kim Burton, Penina Caswell, Emma Hooper, Simon Baird, Helen Joscelyne, Sam Bealing, Sue MacDermott, Ken Tucker, Sally Robinson, Jemma Buckler, Nicola Foley, Erica Davies

Apologies: Deepa Shenoy, Rachel Beeby, Lisa Nind, Sue Stirk, Sarah Morris, Dorothy Goodall, Christine Rainsford, Sarah Collinson, Patsy Welch, Clare Nixon

1. Introductions and apologies
2. Presentations by Sally Robinson and Ken Tucker, HSS

DDCS have funded the purchase of two boxes of equipment for use by HSS to demonstrate to parents and pupils. Sally demonstrated the items which include vibrating alarm clocks and smoke alarms (which can be requested through the fire service), portable flashing doorbell, Bluetooth streamer (would need T setting enabled on hearing aids) and Bluetooth phone booster.

DDCS will award grants towards purchase of some items if young people are interested.

For students aged 18 or over, Millbrook (new Sight and Hearing Team) will help and fund.

Ken explained and demonstrated the nine different radio aids that we use in the HSS. He has produced a document summarising the different models and in which situations they might be used. He will share this with both Audiology departments.

- 3 Minutes of the last meeting
- 4 Matters arising

The minutes were agreed.

5. Presentation on NHSP model by Jemma Buckler
Contract for NHSP has expired.

Currently: delivered by HV in the community and normally between day 10 and day 15. Screening completed by day 35. Dorset has the largest number of trained screeners in the country.

5 standards to meet. Only four have ever been met. The 5th is that there are too many babies being referred forward because of no clear response to OAE1.

The NHSP contract is put out to tender every 3 years. The current model being used involves a high number of Health Visitors who may each carry out a small number of scans. This creates risks with regard to the quality of the scanning being done by people not familiar with the task. In addition there are difficulties with the use of such a large number of scanners. Dorset healthcare have reviewed several different models for improving the delivery of the NHSP and to reduce the risks of losing the contract. E.g. reducing number and improving competence of HV screeners (Community Model) or moving to a Hospital Model (completed in maternity on Day 5) or Stand Alone Model (preferred option).

Stand Alone Model – dedicated team of screeners going out into the community, home visits or clinics. Advantages would be the staff would be well trained and competent, amount of equipment would be reduced (reducing cost with annual calibration), if referred from OAE2, screeners would be able to do AABR at the same appointment (so fewer appointments and earlier identification). Disadvantages would be more difficult communication between families/HVs and screeners, need to recruit screeners etc.

To gain stakeholder opinions, could consult DDCS. Those present today appreciated the benefits (esp. increased expertise) and drawbacks ('another' professional involved with families)

6. Terms of Reference and Annual Report

For review in Sept 19. SM – Do we need to change anything?

Yes:

Name to include Christchurch.

SM questioned the need for an annual report – as there are only two meetings per year, there are only two sets of minutes. Is there a need to summarise them into one report? After this year, there will not be a need for an annual report, but it will be important to make sure that minutes and pre-meeting updates are published online.

7. Updates and discussion arising (refer to pre-meeting updates for further information)

- Simon Baird (Audiology West) – David Sippitt, current care group manager is leaving 14th June. Another operational manager (Sarah Burt) is taking on David's role for a 9 month secondment, whilst the Trust decides what they would like to do going forward.
Shelley Baines will be returning from maternity leave this month (June). She is a Band 7 clinical scientist who does a lot of paediatric work.
Rachel has trialled using a play assistant from Kingfisher Ward (the paediatric ward at DCH) as a second tester for routine assessment of some 3-

4 year old children whilst Shelley has been on maternity leave, which has gone well.

- Emma Hooper (Audiology East) – Lisa Nind has returned and has resumed the post of the clinical lead. Looking to employ another band 5/6 but this is difficult, locums are not trained in paediatrics so looking to train up existing staff. Training up staff for the Canford Clinic (the current distractor is leaving), there is new equipment which is welcome and looking at making the family room more family-friendly for ABR testing. Children newly fitted with hearing aids since last meeting – 5 conductive and 4 SNHL. E Dorset has also been working with commissioners in Hants: non-Dorset families (which is based on where their GP is) will be redirected to Hants audiology services. This will happen gradually as and when hearing aids need upgrading. This is because of the way funding is allocated. Audiology will be sensitive about this, there will be some leeway and opportunity to request funds from Hants for some patients. E Dorset has forged good links with Hants audiology to ensure support is maintained for all patients. This has been the case for 6 months or so and there have been no issues. But taking a pragmatic view, especially for those with learning difficulties.
- SamB (UoSAIS) – Biggest news is the change to NICE guidance criteria. UoSAIS have been given the go ahead to accept patients under the new criteria. UoSAIS will not seek out those patients who were previously referred but turned down. It is for audiology departments to re-refer patients as appropriate. There are now 4 surgeons (with the addition of a 'North' team), but it is unlikely that this will affect Dorset. It is now only SB and Dorothy Goodall as teachers of the deaf visiting Dorset pupils, as Amy Stephens has moved on.
- SM (HSS) – No changes to staffing currently. NDCS and DDCS are writing to Dorset Council to express concern about the recruitment freeze. Audiology departments offered to write a letter of concern, jointly. Nicola Foley, parent, raised the question with respect to support from HSS which is stipulated in an EHCP: with rising caseloads and a frozen staff-base, is the HSS still able to provide the stipulated support?
Currently running more events for parents, in addition to the monthly pre-school group: an evening event in February, another coffee morning in July
- SS (DDCS) – has been busy and events are very successful and well attended.
- School health – JMc. Also out to tender at the moment.
- Social Care – not represented today but the link is still there and it is hoped they will be with us again in the future.

8. AOB

Useful to move to the second Tuesday of the month

New chair – there has been discussion between audiology departments and it is hoped that Rachel Beeby and Lisa Nind will take this on jointly.

Dates of next meetings:

Tuesday November 12th 2019, Ground Floor Conference Room, Dorset Healthcare, 11 Shelley Road, Boscombe, Bournemouth BH1 4JQ

Tuesday May 12th 2020 County Hall, Dorchester