



**Ministerial Standing  
Committee  
On  
Hearing  
(MSCH)**

**Annual Report  
2006 - 2007**

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## 1. INTRODUCTION

This is the third annual report submitted to the Minister for Health by the Ministerial Standing Committee on Hearing (MSCH). Previous reports were presented for 2004/2005 and 2005/2006.

The MSCH was established in February 2004 under Section 20 of the *Health Administration Act 1982* and commenced operation on 30 March 2004 where it held its inaugural meeting at Parliament House.

In accordance with its Terms of Reference, the MSCH provides advice to the NSW Minister for Health and the NSW Department of Health in relation to strategic directions for hearing services in NSW.

The MSCH has a broad role and strategic focus. Membership includes clinicians, audiologists, hearing service providers, State and Australian government agencies, support and advocacy groups, parents of deaf children, Aboriginal representation and non-government organisations involved in the provision of hearing services across NSW.

The MSCH's focus includes multidisciplinary collaboration of service providers across the whole spectrum of care including screening, diagnosis, treatment, research, education and occupational safety. These services range in scope from Statewide Infant Screening – Hearing (SWISH) program to Diagnostic audiology services in Area Health Services and Cochlear implant services.

This report has been prepared to provide an overview of the Committee's achievements for 2006/2007 and to highlight key priority areas for the Committee for 2006/2008.

The report includes the key achievements in 2006-2007 of the following statewide hearing health programs:

- State-wide Infant Screening - Hearing (SWISH) program
- Otitis media screening program for Aboriginal children 0-6 years
- Cochlear implant program

## 2. TERMS OF REFERENCE

The Terms of Reference for the Ministerial Standing Committee on Hearing is as follows:

- Set strategic directions for hearing services in NSW, in consultation with key interest groups including people with hearing disabilities, members of the wider community, and health professionals.
- Identify gaps in the provision of hearing services whether in particular sectors of the community or by geographical area.
- Identify, consider and advise the Minister for Health on issues relating to:
  - Funding priorities for hearing services

- Quality and appropriateness of hearing services, including the use of standard, agreed clinical pathways and treatment protocols
- Timely and equitable consumer access to required services, including those for rural residents
- Outcomes of investments in hearing services
- Research, education and training programs.

In 2006/2007, the Committee held five meetings. The meeting dates were: 10 August 2006, 17 October 2006, 14 December 2006, 8 March 2007, and a special meeting held on 25 May 2007.

### **3. COMMITTEE MEMBERSHIP**

#### **3.1 Chairperson**

Ms Sue West acted as Chair until Professor Jennie Brand-Miller was appointed by the Minister on 8 January 2007.

Professor Jennie Brand-Miller is a recipient of a Nucleus® bionic ear and currently holds the position of Professor of Human Nutrition at the University of Sydney. She brings extensive experience to the committee.

Professor Brand-Miller was appointed up to and including 31 August 2007 aligning with the MSCH members' term of appointment.

#### **3.2 Committee membership**

The original term of appointment for the Ministerial Standing Committee on Hearing (MSCH) expired on 28 February 2006. An extension to the term of the MSCH was approved by then Minister for Health, The Hon John Hatzistergos MLC up to 31 August 2007.

In August 2007, the Minister for Health, the Hon Reba Meagher MP approved the reappointment of the following members of the Ministerial Standing Committee on Hearing for a 2-year period commencing September 2007 up to and including 31 August 2009.

- Professor Jennie Brand-Miller (Chair)
- Dr Maree Doble
- Professor William Gibson AO
- Professor Gregory Leigh
- Ms Barbara Nudd
- Ms Robyn Phillips
- Dr Anthony Pun OAM JP
- Dr Alison Purcell
- Ms Susan Rayner
- Mr Christopher Rehn
- Mr John Searl
- Mr Brian Smyth King

- Ms Suzanne West

Changes to membership during 2006/2007 included:

- Mr John Bowie, Chief Executive Officer, The Shepherd Centre was nominated by The Shepherd Centre to replace Mr Jones on the MSCH. Mr Bowie's term of appointment was from 19 July 2006 up to and including 31 August 2007. However Mr Bowie resigned from the MSCH on 13 February 2007 to focus on his role as Chief Executive Officer.
- The Shepherd Centre's Director of Programs, Dr Maree Doble was appointed.
- The Minister for Health, The Hon Reba Meagher MP approved Dr Doble's appointment to the MSCH on 25 June 2007. The appointment is until 31 August 2009.

A list of the Committee members is attached at **Appendix 1**.

## **4. KEY ACHIEVEMENTS**

This section reports on the key activities of the Ministerial Standing Committee on Hearing during the reporting period.

### **4.1 Joint Workshop of the Adult Services and Family Support Working Groups of the Ministerial Standing Committee on Hearing.**

In 2005, the NSW Health Department undertook a survey of hearing services in NSW to provide the MSCH working groups with a range of information and data on hearing services currently available to children and adults who are deaf and hearing impaired, and their families. This was aimed at assisting to identify issues and gaps in hearing services provision in NSW.

NSW Department of Health Primary Health and Community Partnerships Branch prepared the report on the survey findings in May 2006.

A copy of the Executive Summary is provided at **Appendix 2**.

A joint workshop of the Adult Services and Family Support Working Groups was conducted on 6 July 2006 to consider the *Report to the Adult Services and Family Support Working Groups on the Survey on Hearing Services in NSW* (the Report).

The workshop reviewed the information and findings of the Report and developed key recommendations for hearing services which, were accepted by the MSCH as the Key Priorities for 2006-2008.

A copy of the consultants report on the joint workshop is attached at **Appendix 3**.

### **4.2 Ministerial Standing Committee on Hearing Key Priorities 2006 – 2008**

The *MSCH Key Priorities 2006-2008* have been developed by the MSCH and associated working groups and the Cochlear Implant Sub-committee, in conjunction with NSW Health, to put in place an achievable two-year forward plan and strategies for hearing health in NSW: the priorities being consistent with the Committee's Terms of Reference.

The MSCH Key Priorities 2006-2008 were endorsed at the MSCH 17 October 2006 meeting to be submitted for approval by the Minister for Health. The then Minister for Health, the Hon John Hatzistergos MLC approved the *MSCH Key Priorities 2006-2008* in December 2006.

Key priorities to be addressed are:

- For **hearing services**: the establishment of a State-wide Infant Screening-Hearing (SWISH) Database; the development of data standards; aids and equipment costs/support funding; hearing health coordination/policy (proposed NSW Hearing Health Network); and service delivery and standards.
- For **cochlear implants**: funding (sustained recurrent funding for cochlear implants for both adults and children); service delivery; information and education; federal government issues (cost of implant maintenance).

NSW Health plans to implement the key priorities as part of the newly established Hearing Health Network.

**Table 1** outlines the Key Priorities attached at **Appendix 4**.

#### **4.3 Working Groups of the Ministerial Standing Committee on Hearing**

At its 12 July 2007 meeting, the MSCH considered the purpose and composition of the existing MSCH Adult Services, Family Support and Data Working Groups in relation to the *Key Priorities 2006-2008*.

The MSCH adopted a proposal by NSW Department of Health to establish three working groups to focus on:

- Data/Data Standards
- Cochlear Implants
- Hearing Services (hearing service coordination)

All three groups would also operate as part of the Hearing Health Network (HHN).

The Department accepted nominations for membership for the Cochlear Implant Working Group, the Data Working Group and the Hearing Services Reference Group from MSCH members and other key stakeholders in February 2007.

The NSW Department of Health undertook to develop draft Terms of Reference (TOR) for each working group. Draft versions will be distributed to working group members for review and comment in 2008.

The working groups will report to the MSCH.

## 4.4 Hearing Health Network

### 4.4.1 Background

A key outcome of the MSCH Key Priorities 2006-2008 is the development of a Hearing Health Network (HHN) to oversee consistency of practice in hearing health services across NSW.

The HHN is being established, in consultation with the Ministerial Standing Committee on Hearing in recognition of the complexity and diversity of current hearing service provision, and the variation in service distribution across NSW. This acknowledges that many hearing services are interconnected, and many operate outside the State and Area Health Service systems in the private and non-government sectors.

### 4.4.2 Aim

The aim of the HHN is to create a cohesive and standardised system providing hearing services, gathering data and disseminating information. It aims to facilitate equitable access for patients to high quality, efficient and effective hearing services that will promote early intervention.

Hearing services in NSW are delivered and accessed through a mix of government and, private and non-government agencies that operate outside an integrated service framework. Agencies involved are:

- NSW Health
- Commonwealth, Department of Health and Ageing (Hearing Services), Department of Human Services (Australia Hearing, Medicare) and the Department of Family and Community Services
- Other State Government departments (Department of Education and Training (DET), Department of Ageing, Disability and Home Care (DADHC))
- Aboriginal community controlled health organisations
- Non-government, not for profit sector organisations
- Private sector
- Universities
- Professional and consumer organisations.

### 4.4.3 Policy and Network Development

On 25 May 2007 MSCH members held a special meeting to review a paper prepared for NSW Health titled *Recommendations Paper on the HHN*.

The MSCH concluded that the level of policy and network development required for successful devolution of the Hearing Health Network (HHN) had not yet been achieved. In October 2007, the Minister for Health granted approval for the NSW Department of Health to establish the Hearing Health Network. After establishment consideration would then be given to devolution of the network.

The policy development and project planning would be carried out by three temporary positions comprising a full-time Hearing Health Coordinator (Clerk 9/10) and two full-time policy officer positions (Clerk 7/8) who will be located in the Community and Government Relations Unit, Primary Health and Community Partnerships Branch (PHCPB).

The development of the HHN will incorporate the following elements:

- Need to identify the key relationships in hearing health services and develop/establish networks of relationships.
- Equity and access to hearing services for Aboriginal people, rural communities and low socio-economic populations.
- Define scope of the HHN as a business unit within the NSW Department of Health.
- Objectives and terms of reference for HHN as an organisational unit.
- Age groups that will be included.
- Provide guidelines and direction for hearing services in the context of an integrated and coordinated system and for service providers to work in partnership, to promote the hearing health and hearing wellbeing of the community.

#### **4.5 Government Relations – Consultation between Hearing Services Consultative Committee (HSCC) and MSCH.**

During 2006/2007, the MSCH Acting Chair, Ms Sue West made initial contact with the Chair of the Hearing Service Consultative Committee (HSCC), Mr Barry MacKinnon, to establish formal communication links.

The Hearing Services Consultative Committee was established by the former Australian Government to provide advice on strategic directions for the national provision of hearing services and emerging issues of concern. Its operations are based in the Department of Health and Ageing in Canberra.

The MSCH nominated the following issues for possible discussion with the HSCC.

- Federal and state funding priorities for hearing services – priority to review level of Commonwealth funding on hearing.
- Explore options for identifying recurrent federal funding for hearing services for people between 21 years and 60 years of age.
- Issues linking low-income earners' associated disadvantages and inequities and access to cochlear/hearing aid funding.
- Private health insurance - Income earning capacity of people born with hearing impairments to access insurances.
- Costs associated with life-long financial support for people with hearing loss.
- Need for relevant meaningful data relative to hearing.
- Opportunity for NSW and its Minister to raise hearing related issues in other forums such as Australian Health Minister and Australian Health Ministers Advisory Council.

- Opportunities for NSW to raise issues through the Australian Health Care Agreement, which expires in 2008. NSW is in the early stages of identifying issues and respective Commonwealth and State responsibilities.
- Explore use of existing mechanisms or systems similar to HECS to subsidise the costs for cochlear implants.

At the time of preparing this report in March 2008, the HSCC Chair, Mr MacKinnon had responded to NSW Health and conveyed his 'in principle' support for liaison between the committees. Mr MacKinnon advised that the HSCC was being reviewed following the change in Australian Government in November 2007.

The MSCH will maintain contact with the Department of Health and Ageing representative regarding the outcome of the Australian Government's review of the HSCC.

#### **4.6 Parent Resource publication: *Hearing loss and your baby: the next step***

NSW Health developed and published the Parent Resource, *Hearing loss and your baby: the next step*. The resource was in development from 2004 and completed in June 2007.

*Hearing loss and your baby: the next step* is designed to be an information resource for parents of children who have been diagnosed with a hearing loss within the SWISH program. The resource is distributed to parents through the three diagnostic centres associated with the SWISH program, The Children's Hospital at Westmead, John Hunter Hospital in Newcastle and Sydney Children's Hospital in Randwick.

*Hearing loss and your baby: the next step* features an A4 folder with information on hearing loss, advice on ways to communicate with an infant with hearing loss, information on relevant support services and advice on where to go for further information. The resource also has an A5 section that is to be inserted into the baby's Personal Health Record or "Blue Book". This features a section for recording contact information of the infant's health care team, a yearly planning calendar for appointments, and an early intervention checklist for parents.

A copy of the *Hearing loss and your baby: the next step* publication is available on the NSW Health Internet ([www.health.nsw.gov.au](http://www.health.nsw.gov.au)).

## 5. STATE-WIDE HEARING HEALTH PROGRAMS

In 2006/2007, the Ministerial Standing Committee on Hearing received information on three statewide hearing related programs:

- State-wide Infant Screening - Hearing (SWISH) program
- Otitis Media screening program for Aboriginal children 0-6 years
- Cochlear implant program

### 5.1 State-wide Infant Screening-Hearing (SWISH) Program

The Statewide Infant Screening - Hearing (SWISH) program commenced in December 2002.

The SWISH Program aims to identify all infants born in NSW with significant permanent bilateral hearing loss by three months of age. It also aims for those infants to be able to access appropriate intervention, by six months of age. Identification of hearing loss is achieved through universal hearing screening of all newborns.

The SWISH program incorporates newborn hearing screening services, diagnostic audiology services, medical (paediatrician) services and parent support (social worker) services. All of these services work together to ensure that newborns with suspected hearing impairment receive an efficient clinical pathway from screening to diagnosis and onto early intervention services if required.

The SWISH program also provides a travel assistance scheme to assist families with the costs of travelling to SWISH diagnostic audiology services where the family lives a considerable distance from a tertiary paediatric hospital.

#### ***SWISH Screening***

In 2006 and 2007 SWISH continued to exceed the program's key performance indicators and associated international benchmarks for early hearing detection and intervention programs.

The following represents a summary of SWISH statistics:

- For the period July 2003 to June 2007, hearing screening coverage rates have averaged over 98 per cent.
- Since the commencement of the program in December 2002 to June 2007, approximately 400,000 babies have been screened, with 356 infants identified by the program as having significant permanent bilateral hearing loss.
- The identification rate of significant permanent bilateral hearing loss by SWISH is 0.91 per 1,000 births from July 2006 to June 2007, which has remained steady since the commencement of the program.

**Table 2** sets of the SWISH screening statistics for 2006/07.

**Table 2 SWISH Stats 2006/2007 - July 2006 to June 2007**

SWISH Stats 2006/2007 - July 2006 to June 2007												
AHS	Livebirths	Died prior to screen*	Number Screened	Declined Screen	Number Unscreened	% Screened	% Declined	% Unscreened	Number Bilat. Refer and Direct Refer #	Rate Bilat. Refer (per 1,000 births)	Number Unilateral Refer	Rate Unilat.Refer (per 1,000 Births)
GSAHS	4144	3	4090	14	34	98.70	0.34	0.82	16	3.86	15	3.62
GWAHS	3840	8	3821	2	7	99.51	0.05	0.18	8	2.08	8	2.08
HNEAHS	11122	64	10847	31	180	97.53	0.28	1.62	76	6.83	102	9.17
NCAHS	5855	10	5734	64	46	97.93	1.09	0.79	10	1.71	3	0.51
NSCCAHS	16133	26	16049	28	29	99.48	0.17	0.18	36	2.23	60	3.72
SESAHS	17458	11	17367	33	43	99.48	0.19	0.25	52	2.98	39	2.23
SSWAHS	18274	65	18102	19	88	99.06	0.10	0.48	85	4.65	121	6.62
SWAHS	18042	67	17921	25	48	99.33	0.14	0.27	56	3.10	92	5.10
<b>Total</b>	<b>94868</b>	<b>254</b>	<b>93931</b>	<b>216</b>	<b>475</b>	<b>99.01</b>	<b>0.23</b>	<b>0.50</b>	<b>339</b>	<b>3.57</b>	<b>440</b>	<b>4.64</b>

\*Data available from GSAHS from January 2007

### Diagnosis

<b>Total Number of Babies Screened</b>	<b>93,931</b>
<b>Number of Babies Referred to Diagnostic Audiology for Bilateral Refer</b>	<b>339</b>
<b>Number of Babies Diagnosed with permanent bilateral significant hearing loss</b>	<b>86</b>
<b>True Positive Rate #</b>	<b>25%</b>
<b>Identification Rate per 1,000 births</b>	<b>0.91</b>

## 5.2 OTITIS MEDIA - Screening for Aboriginal children 0 - 6 years

The NSW Department of Health Centre for Aboriginal Health manages the Otitis Media program in NSW. The following includes information on program activities and results for Area Health Services for Otitis Media in 2006/2007.

### 5.2.1 NSW Aboriginal Affairs Plan 2003-2012: Two Ways Together

The NSW Otitis Media Screening Program for 0-6 year old Aboriginal Children was selected as an initiative of the Aboriginal Affairs Plan 2003-2012: *Two Ways Together*. Funding of \$2.49 million was allocated to this initiative over four years, commencing in 2004/2005.

Otitis media (commonly referred to as "glue-ear") is an infection in the middle ear. Recurring and chronic middle ear infections can adversely affect health, learning ability, interaction skills and educational attainment. Middle ear infection is significantly higher in Aboriginal children than non-Aboriginal children. The Centre for Aboriginal Health, within the NSW Department of Health, is responsible for implementing the Government's otitis media screening initiatives for 0 to 6 year-old Aboriginal children across NSW. The total population for the 0 to 6 years age cohort in NSW is 22,817. The screening target for 2006/2007 was 85% of this population, or 19,394 children.

### 5.2.2 Screening

During 2006/2007 (the third year of the initiative), a total of 19,403 Aboriginal children were screened for otitis media infection. This equates to a little over 100 per cent of the screening target for the year.

Screening coverage has risen significantly since the start of the initiative, from 42% of the target population in 2004/2005 to 85% of the target population in 2006/2007. The referral rate of children screened is consistent between rural and metropolitan locations at an average of 32%.

### 5.2.3 Professional Development

The Centre for Aboriginal Health engaged TAFE OTEN to deliver a further five training courses in 2006/2007 for Aboriginal Health Workers and Nurses. Sixty participants successfully completed training during the year.

This training program, jointly developed by TAFE and NSW Health, was recognised in the 2007 NSW Public Sector Awards for Excellence.

### 5.2.4 Area Action Plans and support funding

All Area Health Services developed Action Plans detailing how the 2006/07 and 2007/08 screening targets were to be met within their respective Areas. The NSW Department of Health Centre for Aboriginal Health (CAH) provided the Area Health Services with additional support funding in 2006/07 to assist with the implementation of these Action Plans.

### 5.2.5 Reporting

A new *Otitis Media Screening Reporting Pro forma* was implemented in 2006/2007, which streamlined and standardised reporting between Areas.

The Centre for Aboriginal Health made arrangements with the Commonwealth Department of Health and Ageing's Office of Aboriginal and Torres Strait Islander Health (OATSIH) for all Aboriginal Community Controlled Health Services funded by the two agencies to provide mandatory reports of otitis media screening activity. This reporting arrangement is to commence from 1 July 2007.

#### *5.2.6 Database development*

The new *Otitis Media Screening Reporting Pro forma* is to be incorporated into Community Health Information Management Engine (CHIME), a common database currently used in the NSW Health system. There were development delays experienced in 2006/2007, however, it is expected that the reporting module will be operational with the next update of CHIME in 2008.

#### *5.2.7 Program Evaluation*

Planning has commenced for an independent evaluation of the Otitis Media Screening Program. The evaluation is expected to begin in late 2007.

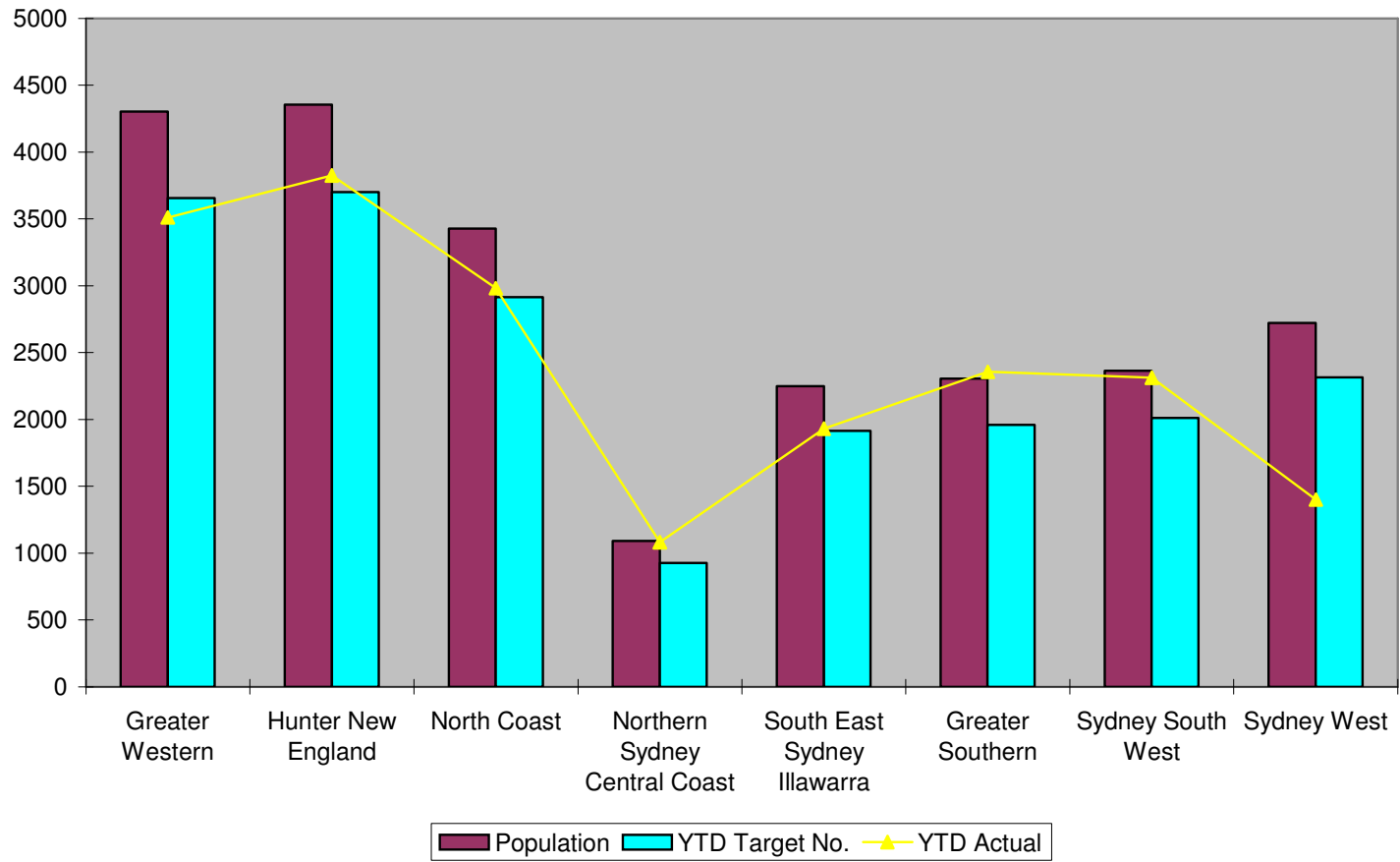
**Table 3** and **Chart 1** present the results for the 2007 financial year by Area Health Services NSW Aboriginal Child (0-6 year old) Otitis Media Screening Program.

**Table 3****NSW Aboriginal Child (0-6 year old) Otitis Media Screening Program: Results for FY2007 by Area Health Service**

Area Health Services	Population	YTD Target %	YTD Target No.	YTD Actual	% Of Pop.	% of YTD Target	AHS Share	NGO Share
Greater Western	4302	85%	3657	3512	82%	96%	947	2565
Hunter New England	4354	85%	3701	3825	88%	103%	1327	2498
North Coast	3427	85%	2913	2982	87%	102%	907	2075
Northern Sydney Central Coast	1091	85%	927	1082	99%	116%	425	657
South East Sydney Illawarra	2251	85%	1913	1932	86%	100%	1208	724
Greater Southern	2305	85%	1959	2356	102%	120%	1021	1335
Sydney South West	2365	85%	2010	2313	98%	115%	1104	1209
Sydney West	2722	85%	2314	1401	51%	60%	1023	378
<b>Totals</b>	<b>22817</b>	<b>85%</b>	<b>19394</b>	<b>19403</b>	<b>85%</b>	<b>100%</b>	<b>7962</b>	<b>11441</b>

Chart 1

**FY2007 Otitis Media Screening Results by Area Health Service**



### 5.3 Cochlear Implant Program

The NSW Department of Health Statewide Services Branch oversees policy for Cochlear Implant services for NSW.

The cochlear implant program provides screening, pre-operative assessment, surgical implantation, post-operative assessment and rehabilitation for children and adults with permanent bilateral sensory-neural hearing loss.

The Program operates through collaborative partnerships between the Sydney Cochlear Implant Centre, The Children's Hospital at Westmead, Royal Prince Alfred Hospital, the Shepherd Centre, and Sydney Children's Hospital.

#### 5.3.1 2005/2006 Activity Levels

According to FLOWINFO V 8.1<sup>1</sup>, the following number of procedures was performed in the NSW public health system during 2005/2006:

Hospital	Number of procedures performed
<i>Children's Hospital Westmead</i>	39
<i>Sydney Children's Hospital</i>	9
<i>Royal Prince Alfred Hospital</i>	39
<i>St. Vincent's Hospital</i>	4
<i>John Hunter Hospital</i>	1
<i>Westmead</i>	1

#### 5.3.2 Enhancements

In 2006/07, NSW Health provided funding for an additional 44 cochlear implants as follows:

Hospital	Number of additional procedures
<i>Children's Hospital Westmead</i>	18
<i>Sydney Children's Hospital</i>	4
<i>Royal Prince Alfred Hospital</i>	22

Facilities are required to perform these additional implants by July 2008 and have indicated that they are on target to meet these timelines.

On 18 May 2007, the Minister for Health announced a \$3.1 million funding boost that will significantly increase the number of implants for both children and adults. This means that more people in NSW will have access to life changing cochlear surgery and an additional 44 patients will receive their cochlear implants between now and June 2008.

The additional funding is intended to reduce overall waiting lists by up to 60 per cent and take the NSW Government's total investment to more than \$7 million over the two years.

<sup>1</sup> Software used by NSW Department of Health to track patient flows between and within NSW Health Area Health Services.

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**Appendix 1**


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**Ministerial Standing Committee On Hearing Membership**


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Prof Jennie Brand-Miller <i>Chair</i>	Professor of Human Nutrition, School of Molecular & Microbial Sciences, University of Sydney
Ms Sue West <i>Acting Chair</i> (Part year – June 06-Jan07)	Former Senator; former Board Member, Mid Western Area Health Service; daughter of a deaf parent
Ms Leanne Wallace	Delegate of Director-General, NSW Health; Director, Primary Health and Community Partnerships Branch, NSW Department of Health
Professor William Gibson	Professor of Otolaryngology/Head of Department, Royal Prince Alfred Hospital
Mr John Bowie (19 July 2006 to 13 February 2007)	Chief Executive Officer The Shepherd Centre
Dr Maree Doble (25 June 2007 to present)	Director of Programs The Shepherd Centre
Professor Greg Leigh	Chair, The Renwick Centre for Professional Education & Research, Royal Institute for Deaf and Blind Children/The University of Newcastle
Ms Barbara Nudd	Senior Audiologist, Gosford Hospital Northern Sydney Central Coast Area Health Service
Ms Robyn Phillips	Coordinator, Otitis Media Program North Coast Area Health Service
Dr Tony Pun	Ethnic Communities Council
Ms Alison Purcell	Speech Pathologist & Lecturer Faculty of Health Sciences, University of Sydney
Ms Sue Rayner	Parent of a deaf child
Mr Chris Rehn	General Manager Sydney Cochlear Implant Centre
Mr John Searl	Delegate of Australian Government Minister for Health; Director, Client Services Office of Hearing Services Department of Health and Ageing
Mr Brian Smyth-King	Delegate of Minister for Education and Training; Director, Disability Programs NSW Department of Education and Training

## **Appendix 2**

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### **Executive Summary:**

**Report to the Adult Services & Family Support Working Groups of the Ministerial Standing Committee on Hearing on the Survey on Hearing Services in NSW**

# **Executive Summary**

## **Report to the Adult Services & Family Support Working Groups of the Ministerial Standing Committee on Hearing**

**on the**

## **Survey on Hearing Services in NSW**

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**Prepared by the Primary Health & Community Partnerships Branch,  
NSW Department of Health for the Adult Services, Family Support  
and Data Working Groups of the Ministerial Standing Committee on  
Hearing**

**May 2006**

## EXECUTIVE SUMMARY

The Ministerial Standing Committee on Hearing was established in February 2004 to provide the NSW Minister for Health with advice on strategic directions for hearing services in NSW.

The Standing Committee has a broad role and strategic focus, working with other government departments and non-government organisations involved in the provision of hearing services. The Standing Committee facilitates multidisciplinary collaboration of service providers across the whole spectrum of care including screening, diagnosis, treatment, research, education and occupational safety.

The Standing Committee oversees hearing services in NSW, including:

- State-wide Infant Screening – Hearing (SWISH) program
- Diagnostic audiology services in Area Health Services
- Cochlear implant services

In 2005, three Working Groups of the Ministerial Standing Committee on Hearing (MSC-H), the Adult Services, Family Support, and Data Working Groups, determined that more detailed information and data was needed in order for the MSC-H to develop a broader understanding of the current range and scope of services provided to adults and children, and their families, who are Deaf and hearing impaired. More information and data was also required to assist the MSC-H in identifying issues and gaps in the provision of these hearing services, which need to be addressed by the NSW Government.

Consequently, a Survey was developed by NSW Health, in conjunction with the MSC-H Working Groups, and distributed in July 2005 to 146 public and private hearing service providers in NSW, including federal and state government departments. Some of the government organisations surveyed, such as *Australian Hearing*, provide services Australia-wide.

The response rate to *the Ministerial Standing Committee on Hearing Services in NSW Survey* was 40% and this factor must be taken into consideration when reviewing any data results. Overall, the lowest response rate was from private hearing service providers (25%) and Aboriginal Community-Controlled Health Organisations (29%). In addition, many of the organisations/providers that did respond to the Survey, did not respond or provide information to individual items within the Survey modules.

Overall, results show that hearing services in NSW are provided by State Government and Australian Government-funded organisations, private service providers, not-for-profit service providers, and Aboriginal Community-Controlled Health Organisations (ACCH)/Aboriginal Medical Services (AMS). The geographical area serviced by these organisations also varies and is, in most cases, determined by the location of the service/practice (with the exception of services provided by *Australian Hearing* which are national, and some support organisations which provide online internet support).

The high no information/no response rate from survey respondents on organisational staffing profiles should be taken into account when reviewing the data in this Report. Generally, organisations (with the exception of organisations providing educational-type support services) employed a mix of the following: audiologists, audiometrists, nurse audiometrists, and SWISH Coordinators/screeners. One large Commonwealth-funded organisation providing national services employed 359 audiologists and 15 audiometrists.

Overall, the majority of organisations surveyed (with the exception of some support organisations) provided all or some of the following services: diagnostic and/or assessment; intervention/treatment, client education; community education; advocacy and/or support.

The prescription of hearing aids and assistive listening devices and the fitting of hearing aids and assistive listening devices were mainly provided by private audiologist service providers.

There is also a large range of 'other' services identified by the Survey respondents and these are listed in the body of the Survey Report.

Costs for hearing services varied considerably according to the type of organisation (public vs private) with the highest amounts, ranging from \$25 (for advocacy and support services) to \$8,700 (for the fitting of hearing aids and assistive listening devices), identified by the private service providers. Methods of payment for services ranged from Medicare, Voucher, Community Services Obligations funding (CSO), private insurance, client pays, donation, school fees, and annual membership fees to class fees.

Waiting times varied according to the service (assessment/initial contact and intervention/treatment) and the type of organisation providing that service. Across the range of respondents, usual waiting times for assessment/initial contact ranged from 24 hours to 3 days (for postnatal) to from 0 to 12 weeks. For intervention/treatment services, waiting times were 2 to 8 weeks.

Geographical eligibility criteria applied to most respondents (dependant on the organisation/provider's location). Specific communities serviced applied mainly to Aboriginal Medical Services which provide ATSI-targeted services (some organisations specified they provided services to CALD communities, however, this did not refer to eligibility criteria). There was a wide range of age eligibility criteria presented in diverse age range groups by each 'type' of organisation/provider surveyed. In general, services were provided for all age groups, from 0 to 6 months to 100 years plus. Information on eligibility criteria relating to diagnosis/ presenting issue is also wide-ranging and varies according to the organisation/provider type. More detailed information on eligibility criteria can be found in the body of the Survey Report.

There is great diversity of data collection methods and systems used across the State by hearing service organisations and providers. Most survey respondents identified that key issues for consideration included the standardisation and centralisation of data collection systems for hearing services in NSW. These organisations have also identified a need for the sharing of data between providers.

## **Appendix 3**

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**Report to Primary Health and Community Partnerships Branch, NSW Health on Outcomes of the Joint Workshop of the Adult Services and Family Support Working Groups of the Ministerial Standing Committee on Hearing 6 July 2006**

**Report**  
**to**  
**Primary Health and Community**  
**Partnerships Branch,**  
**NSW Health**

**on**

**Outcomes**  
**of the**  
**Joint Workshop of the Adult Services and Family**  
**Support Working Groups**  
**of the**  
**Ministerial Standing Committee**  
**on Hearing**  
**6 July 2006**

**Submitted by**

**Schofield Consultancy Pty Ltd**

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HUNTERS HILL NSW 2110

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**20 July 2006**

## 1. Background

The Joint Workshop of the Adult Services and Family Support Working Groups of the Ministerial Standing Committee on Hearing (MSC-H) was held on 6 July 2006 to consider the *Report to the Adult Services and Family Support Working Groups on the Survey on Hearing Services in NSW* and other information on hearing services included in the Report.

The aims of the Ministerial Standing Committee on Hearing *Survey on Hearing Services in NSW*, undertaken in 2005, were to:

1. Provide the MSC-H Working Groups with a range of information/data on hearing services in NSW currently available to children and adults who are deaf and hearing impaired, and their families.
2. Provide the MSC-H Working Groups with information/data that will assist them in identifying issues and gaps in the provision of hearing services in NSW to people who are deaf and hearing impaired which need to be addressed by the NSW Government.

The results of the Survey were collated and presented in the *Report to the Adult Services and Family Support Working Groups on the Survey on Hearing Services in NSW*, produced by the Primary Health and Community Partnerships Branch, NSW Health.

The purpose of the Joint Workshop was to develop, and agree on, six priority recommendations, with associated actions, for submission to the Ministerial Standing Committee on Hearing.

Initially, members of the Working Groups had been asked to base their recommendations on the results of the *Report to the Adult Services and Family Support Working Groups on the Survey on Hearing Services in NSW*. However, during the course of the Workshop, participants agreed to extend its scope to include other recommendations discussed and developed during the Workshop process that did not arise from information/data included in the Report. These recommendations were ranked by the participants during the Workshop process and are included in the final ranked lists at 2.1 and 2.2.

The Workshop program is at Attachment 1. There were eleven participants from the Family Support and Adult Services Working Groups and four participants from NSW Health. The participant list is at Attachment 2.

The Workshop was facilitated by Jennifer Schofield and JulieAnne Anderson of Schofield Consultancy Pty Ltd.

## 2. Workshop process

Prior to the Joint Workshop, participants received pre-reading to prepare for the workshop. The materials included the *Report to the Adult Services and Family Support Working Groups on the Survey on Hearing Services in NSW* and additional information previously requested by members. Participants were requested to identify their three recommendations from the Report and bring them to the Workshop.

Some Working Group members who were unable to attend the Workshop provided their three recommendations to the Community and Government Relations Unit, NSW Health, prior to the Workshop. These recommendations were discussed and considered by participants during the Workshop process.

The first activity required the participants to work in three groups of six to share their individually-identified recommendations and agree on six recommendations for the group. These were then shared with the large group. The Workshop facilitators then refined these recommendations and a Delphi technique was used to enable participants to rank these. The ranking achieved the following result.

## 2.1 Ranking grouped recommendations

<b>Recommendation</b>	<b>Ranking</b>
Establish a State-wide Infant Screening - Hearing (SWISH) Program database.	1
Define standards for client data collection: <ul style="list-style-type: none"> <li>• What to collect, when and how</li> <li>• Data definitions</li> <li>• Data sharing to enable access across services</li> </ul>	2
Provide financial support for children and families, and people in the workplace for: <ul style="list-style-type: none"> <li>• Aids</li> <li>• Equipment</li> </ul>	3
Develop standards for hearing health related to: <ul style="list-style-type: none"> <li>• Access to services</li> <li>• Education and training</li> <li>• Protocols for service delivery</li> </ul>	4
Map current care coordination including: <ul style="list-style-type: none"> <li>• Accessing services</li> <li>• Appropriateness of services</li> <li>• Communication between providers</li> <li>• Public/private mix</li> </ul>	5
Establish a 'point of contact' in Area Health Services to: <ul style="list-style-type: none"> <li>• Gather data</li> <li>• Disseminate information</li> <li>• Establish intra and extra Area networks</li> </ul>	6
Enhance access to support services: <ul style="list-style-type: none"> <li>• Counselling</li> <li>• Respite care</li> <li>• Support groups and networks</li> </ul>	6
Obtain population data (demographics) on the incidence and location of people with hearing loss.	8
Gather / collect complete information about services: <ul style="list-style-type: none"> <li>• Access</li> <li>• Care coordination</li> <li>• Public and private</li> <li>• Staffing</li> <li>• Performance indicators</li> </ul>	9
Enhance consumer protection and regulation: <ul style="list-style-type: none"> <li>• Practitioners</li> <li>• Occupational Health and Safety</li> <li>• Hearing devices</li> </ul>	10
Promote hearing health of the community:	11

<ul style="list-style-type: none"> <li>• Prevention</li> <li>• Promotion</li> <li>• Early intervention</li> </ul>	
Training of health professionals: <ul style="list-style-type: none"> <li>• Consistent NSW and national programs</li> <li>• For all health professionals</li> </ul>	12
Investigate incidence of hearing loss in Justice Health.	13
Expand data from the <i>Report to the Adult Services and Family Support Working Groups on the Survey on Hearing Services in NSW</i>	13

The participants then worked in their small groups to define the actions required to implement the top seven ranked recommendations. The following actions were agreed by the large group. It was further agreed that the actions are not exclusive and many are dependent upon other actions to enable work to be progressed.

## 2.2 Defining required actions for priority recommendations

	<b>Priority recommendation</b>	<b>Required actions</b>
1.	Establish a SWISH database.	<ul style="list-style-type: none"> <li>• Provide resources for the development of a SWISH database.</li> <li>• Expedite its development.</li> <li>• Keep the database as simple as possible.</li> </ul>
2.	Define standards for client data collection: <ul style="list-style-type: none"> <li>• What to collect, when and how</li> <li>• Data definitions</li> <li>• Data sharing to enable access across services</li> </ul>	<ul style="list-style-type: none"> <li>• Provide resources for the development of a common client identification system to be used across NSW.</li> <li>• Establish core definitions to be used and the categories to be used.</li> <li>• Identify state and national initiatives and 'plug in'.</li> </ul>
3.	Provide financial support for children and families, and people in the workplace, for: <ul style="list-style-type: none"> <li>• Aids</li> <li>• Equipment</li> </ul>	<ul style="list-style-type: none"> <li>• Benchmark expenditure on aids and equipment and other expenses associated with having hearing loss.</li> <li>• Identify current expenditure and the gaps.</li> <li>• Identify the cost to the community and government of hearing loss – see <a href="http://www.accesseconomics.com.au/frameset.htm">http://www.accesseconomics.com.au/frameset.htm</a> February 2006 report: LISTEN HEAR! <i>The economic impact and cost of hearing loss in Australia.</i></li> <li>• Lobby for funding to provide the required support.</li> </ul>
4.	Develop standards for hearing health related to: <ul style="list-style-type: none"> <li>• Access to services</li> <li>• Education and training</li> <li>• Protocols for service delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a working group of service providers and consumers.</li> <li>• Identify current NSW Health models for service delivery and standards/guidelines.</li> <li>• Develop draft standards including access to services, education and training, liaison mechanisms.</li> <li>• Define a care pathway for life-long care.</li> </ul>
5.	Map current care coordination including: <ul style="list-style-type: none"> <li>• Accessing services</li> <li>• Appropriateness of</li> </ul>	<ul style="list-style-type: none"> <li>• Establish a working group to map current service provision in NSW.</li> <li>• Define appropriate service provision.</li> <li>• Identify gaps and advise on enhancement of</li> </ul>

	<p>services</p> <ul style="list-style-type: none"> <li>• Communication between providers</li> <li>• Public/private mix</li> </ul>	<p>services.</p> <ul style="list-style-type: none"> <li>• Define the role of a case manager.</li> <li>• Discuss mechanisms to increase the knowledge of GPs and other key health professionals – consider role of GP Council.</li> </ul>
6.	<p>Establish a 'point of contact' in Area Health Services to:</p> <ul style="list-style-type: none"> <li>• Gather data</li> <li>• Disseminate information</li> <li>• Establish intra and extra Area networks</li> </ul>	<ul style="list-style-type: none"> <li>• Establish NSW Health quarantined and recurrent funding for: <ul style="list-style-type: none"> <li>○ Dedicated Departmental Officer – policy role related to standards development.</li> <li>○ Hearing health coordinator at each Area Health Service.</li> </ul> </li> <li>• Identify successful models in other services.</li> </ul>
7.	<p>Enhance access to support services:</p> <ul style="list-style-type: none"> <li>• Counselling</li> <li>• Respite care</li> <li>• Support groups and networks</li> </ul>	<ul style="list-style-type: none"> <li>• Workshop participants linked this priority recommendation to Recommendation 5</li> </ul>



Joint Workshop of the Adult Services & Family Support Working Groups of the Ministerial Standing Committee on Hearing

**Date:** Thursday 6 July 2006  
**Time:** 12.30pm (arrival/lunch) for 1.00pm start  
**Venue:** Tenison Woods Memorial Centre, Anderley Lodge & Conference Centre  
 Mary MacKillop Place  
 William Street, North Sydney

### Workshop purpose

To consider the *Report to the Adult Services & Family Support Working Groups on the Survey on Hearing Services in NSW* and other information included in the Report.

### Workshop outcome

The joint Working Group to develop and agree on six priority recommendations, with associated actions, for submission to the Ministerial Standing Committee on Hearing.

### WORKSHOP PROGRAM *(Facilitators: Jennifer Schofield/JulieAnne Anderson)*

12.30pm	<b>Welcome lunch (sandwiches, tea/coffee/juice)</b>
1.00pm	<b>Introductions and orientation to the tasks for the meeting</b> <i>Karen Peters</i> <i>Acting Director, Primary Health and Community Partnerships Branch, NSW Department of Health</i>
1.15pm	<b>Small group work 1: Discuss individually-identified key priorities</b> <i>Jennifer Schofield and JulieAnne Anderson</i>
1.45pm	<b>Feedback to the large group</b> <ul style="list-style-type: none"> <li>One representative from each group to present his/her group's six key priorities</li> </ul> <i>Jennifer Schofield and JulieAnne Anderson</i>
2.15pm	<b>Discussion</b>
2.45pm	<b>Afternoon refreshments</b>
3.05pm	<b>Rank key priorities for action</b> <ul style="list-style-type: none"> <li>Each member to rank top six key priorities</li> <li>Delphi Technique to rank priorities to identify the top six key priorities for the large group</li> </ul> <i>JulieAnne Anderson and Jennifer Schofield</i>
3.25pm	<b>Small group work 2: Define specific actions</b> <i>Jennifer Schofield and JulieAnne Anderson</i>
3.55pm	<b>Feedback to the large group</b> <ul style="list-style-type: none"> <li>One representative from each group to present his/her group's recommended actions</li> </ul> <i>Jennifer Schofield and JulieAnne Anderson</i>
4.25pm	<b>Agreed priority recommendations to the Ministerial Standing Committee on Hearing</b> <i>Jennifer Schofield and JulieAnne Anderson</i>
4.45pm	<b>Future Directions</b> <i>Karen Peters</i>
5.00pm	<b>Close</b>

## ATTACHMENT 2

**WORKSHOP PARTICIPANTS**

Sue West	Chair, Adult Services Working Group
Margaret Colebrook	Deafness Council of NSW
Jenny Rosen	Head, Department of Audiology, Hornsby Ku-ring-gai Health Service
Mary Caruana	Member, Let Us Hear
Sue Rayner	Chair, Family Support Working Group
Prof Greg Leigh	Assistant CEO, Educational Services, Royal Institute for Deaf and Blind Children
Margaret Dewberry	Executive Manager, Community Service Obligations, Australian Hearing
Sandra Carroll	Senior Services Development Officer, Deaf Society of NSW
Robin Birchell	Itinerant Support Teacher, Profound Deafness Disability Support Programs, DET
Geoff Muir	Disability Programs Directorate, DET
Dr David Starte	Senior Staff Specialist in Developmental Paediatrics Hearing Support Service, Sydney Children's Hospital and Service Director, Chatswood Assessment Centre, Royal North Shore Hospital
<b>NSW Health</b>	
Karen Peters	A/Director, Primary Health and Community Partnerships Branch
Peita Shirvington	A/Manager, Community and Government Relations Unit
Marina Adolphe	Senior Policy Officer, Community and Government Relations Unit
Chris Rhodes	Manager SWISH, SESIAHS
<b>Workshop Facilitators</b>	
Jennifer Schofield	Schofield Consultancy
JulieAnne Anderson	Schofield Consultancy

**Apologies**

Bill Hick	Deafness Forum
Dr Patricia Mutton	Coordinator, Deafness Centre, The Children's Hospital at Westmead
Andrew Stewart	Deafness Forum
Linda Wilson	Deaf consumer
Ann Porter	Aussie Deaf Kids
Irene Truscott	President, Deafness Council of NSW
Paul Huntley	Senior Project Officer, Centre for Aboriginal Health, NSW Department of Health

**Appendix 4**

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**Ministerial Standing Committee on Hearing – Key Priorities 2006-2008**

**Ministerial Standing Committee on Hearing (MSCH)**  
**KEY PRIORITIES**

KEY PRIORITIES	RECOMMENDED ACTIONS	IMPACT (Including costs)	IMPACT OF NON ACTION (Including costs)	NSW HEALTH RESPONSE
<i>Hearing services</i>				
<b>1. SWISH DATABASE</b>  i) Establish a SWISH database	a. Provide resources for the development of a SWISH database.  b. Expedite database development.  c. Keep database as simple as possible.	\$650,000 has been allocated to support costs of the development and implementation of SWISH Database.	<ul style="list-style-type: none"> <li>• Reduced ability to report on cost-effectiveness and quality of SWISH program service provision, information and early intervention.</li> <li>• Reduced investment in early intervention leads to non-productivity and affects the safety of society. Later remediation is costly (Heckman, 2004).</li> <li>• Early identification of onset of hearing loss at birth serves as a critical flag for child's future (<i>Listen Hear</i>, 2006)</li> <li>• Potential for impact on social determinants of health, in particular,</li> </ul>	1. NSW Health has identified available funding. 2. Health to proceed on development and implementation of stand alone SWISH Database (Need fast solution- previously waiting on development of Obstetrics database – clarification to be sought on whether this is still viable). 3. Data dictionary (eg country of birth), data elements, code sets, definition for each element for SWISH database have already been developed. 4. New SWISH Database will: <ul style="list-style-type: none"> <li>• Be web-based (NSW Health website) &amp; SWISH-specific; not integrated.</li> </ul>

**Ministerial Standing Committee on Hearing (MSCH)**  
**KEY PRIORITIES**

KEY PRIORITIES	RECOMMENDED ACTIONS	IMPACT (Including costs)	IMPACT OF NON ACTION (Including costs)	NSW HEALTH RESPONSE
			education, employment, community and social life.	<ul style="list-style-type: none"> <li>• Have secure access.</li> <li>• Have capacity to: collect unit record data on each baby screened; collect results for screening &amp; audiology assessment (where relevant) and generate reports.</li> </ul> <p>5.Next stage: NSW Health to engage Strategic Information/Health Technology in development of database (proposed timeframe 6 months).</p>
<b>2. DATA STANDARDS</b>  i) Define standards for client data collection: <ul style="list-style-type: none"> <li>• What to collect, when &amp; how</li> <li>• Data definitions</li> <li>• Data sharing to enable access across services</li> </ul>	a. Provide resources for the development of a common client identification system to be used across NSW. b. Establish core definitions to be used and the categories to be used. c. Identify state & national initiatives and 'plug in'.	Project to be scoped after the development of SWISH database. NSW Health to identify funds/resources required to the manage project in conjunction with Strategic Information Management Branch/external	<ul style="list-style-type: none"> <li>• Lack of integration in service planning may lead to an increased risk of fragmented service delivery.</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing Health Network including SWISH Program to be devolved eg to an Area Health Service. (EOI process to be undertaken in early 2007).</li> <li>• Establish agreed data definitions; include in EOI for Hearing Health</li> </ul>

**Ministerial Standing Committee on Hearing (MSCH)**  
**KEY PRIORITIES**

KEY PRIORITIES	RECOMMENDED ACTIONS	IMPACT (Including costs)	IMPACT OF NON ACTION (Including costs)	NSW HEALTH RESPONSE
	d. Obtain population data (demographics) on the incidence and location of people with hearing loss.	resources, if required.		<p>Network.</p> <ul style="list-style-type: none"> <li>• Link to SWISH/Otitis Media and tap into state/national initiatives.</li> <li>• Data Standards Project to be managed by Hearing Health Network Manager in conjunction with NSW Health (following devolvement).</li> <li>• Project to be scoped end 2007. Post development of SWISH database.</li> </ul>
<p><b>3. AIDS &amp; EQUIPMENT COSTS/SUPPORT FUNDING</b></p> <p>l) Provide financial support for children &amp; families, and people in the workplace, for:</p> <ul style="list-style-type: none"> <li>• Aids</li> </ul>	<p>a. Benchmark expenditure on aids and equipment and other expenses associated with hearing loss.</p> <p>b. Identify current expenditure and gaps.</p> <p>c. Identify cost to the community and government of hearing</p>	Pension holders are eligible for services offered by the Office of Hearing Services.	<ul style="list-style-type: none"> <li>• Cost of replacement of aids and equipment impacts on household disposable income.</li> <li>• Inability to afford upgrades will impact on employment capacity. This will potentially increase use of income support</li> </ul>	<ul style="list-style-type: none"> <li>• This is not a NSW Government responsibility - should be referred to the Commonwealth.</li> <li>• In 2006/07 NSW Health will look into the feasibility of providing smoke detectors for people who are Deaf.</li> </ul>

**Ministerial Standing Committee on Hearing (MSCH)**  
**KEY PRIORITIES**

KEY PRIORITIES	RECOMMENDED ACTIONS	IMPACT (Including costs)	IMPACT OF NON ACTION (Including costs)	NSW HEALTH RESPONSE
<ul style="list-style-type: none"> <li>Equipment</li> </ul>	<p>loss (<i>refer to 2006 Access Economics Report</i>).</p> <p>d. Lobby for funding to provide the required support.</p>		<p>from Social Security budget.</p> <ul style="list-style-type: none"> <li>Inability to afford or failure to upgrade aids and equipment will decrease peoples ability to communicate - can lead to increased isolation and mental health issues. This will increase demands on the health budget with increasing visits to health professionals and possible increase of medication.</li> </ul>	<p>Cost is approximately \$400 per unit.</p> <ul style="list-style-type: none"> <li>Issue of implant maintenance costs for adults to be raised with Minister for referral to Federal Minister for Health.</li> </ul>
<p><b>4. HEARING HEALTH COORDINATION/POLICY</b></p> <p>l) Establish a 'point of contact' in Area Health Services to:</p> <ul style="list-style-type: none"> <li>Gather data</li> <li>Disseminate</li> </ul>	<p>a. Establish NSW Health quarantined and recurrent funding for:</p> <ul style="list-style-type: none"> <li>Dedicated departmental officer-policy role related to standards development.</li> </ul>	<p>NSW Health to determine funding/resource allocation. Senior Policy Officer position within NSW Health to support.</p> <ul style="list-style-type: none"> <li>Improved statewide coordination of</li> </ul>	<ul style="list-style-type: none"> <li>Capacity of NSW Health to respond in a meaningful way to challenges of improving hearing health will be fragmented.</li> <li>Lack of coordination will lead to reduced</li> </ul>	<ul style="list-style-type: none"> <li>Development of Hearing Health Network which will oversee hearing health services across NSW, including the SWISH program. This network will be managed externally to NSW Health.</li> </ul>

**Ministerial Standing Committee on Hearing (MSCH)**  
**KEY PRIORITIES**

KEY PRIORITIES	RECOMMENDED ACTIONS	IMPACT (Including costs)	IMPACT OF NON ACTION (Including costs)	NSW HEALTH RESPONSE
<p>information</p> <ul style="list-style-type: none"> <li>Establish intra and extra Area networks</li> </ul>	<ul style="list-style-type: none"> <li>Hearing health coordinator at each Area Health Service.</li> <li>Identify successful models in other services.</li> </ul>	<p>policy development and Hearing Health network.</p>	<p>cohesiveness in planning and ability to leverage initiatives at inter-agency and national levels.</p>	<ul style="list-style-type: none"> <li>Senior Policy Officer position to be established within NSW Health to ensure improved state-wide coordination of policy development and Hearing Health network.</li> <li>Three Hearing Health Networks to be set up across NSW. Each Network should include a Children’s Hospital and a Teaching Hospital.</li> <li>The management of this network to be devolved outside of the Department of Health.</li> </ul>
<p><b>5. SERVICE DELIVERY/STANDARDS</b></p> <p>i) Map current care coordination including:</p> <ul style="list-style-type: none"> <li>Access to services</li> </ul>	<p>a. Establish a working group of service providers and consumers to map current service provision (including care coordination) in</p>	<p>NSW Health to investigate best funding/resource options.</p> <ul style="list-style-type: none"> <li>Will result in improved standards of</li> </ul>	<ul style="list-style-type: none"> <li>Inconsistency in access to services across the health system and failure to ensure equity of access.</li> </ul>	<ul style="list-style-type: none"> <li>The establishment of a Hearing Health Network is required to ensure equitable and effective service provision across NSW.</li> </ul>

**Ministerial Standing Committee on Hearing (MSCH)**  
**KEY PRIORITIES**

KEY PRIORITIES	RECOMMENDED ACTIONS	IMPACT (Including costs)	IMPACT OF NON ACTION (Including costs)	NSW HEALTH RESPONSE
<ul style="list-style-type: none"> <li>• Education &amp; training</li> <li>• Protocols for service delivery</li> </ul> <p>ii) Develop standards for hearing health related to:</p> <ul style="list-style-type: none"> <li>• Access to services</li> <li>• Education &amp; training</li> <li>• Protocols for service delivery</li> </ul> <p>iii) Enhance access to:</p> <ul style="list-style-type: none"> <li>• Counselling</li> <li>• Respite care</li> <li>• Support groups and networks</li> </ul>	<p>NSW.</p> <p>b. Identify current NSW Health models for service delivery and standards/guidelines.</p> <p>c. Identify gaps and advise on enhancement of services.</p> <p>d. Define appropriate service provision.</p> <p>e. Define the role of a case manager.</p> <p>f. Develop draft standards including access to services, education and training, liaison mechanisms.</p> <p>g. Define a care pathway for life-long care.</p> <p>h. Discuss mechanisms to increase the knowledge of GPs and other key health professionals – consider role of GP Council.</p>	<p>access, education, and service delivery with improved health outcomes for individuals.</p> <ul style="list-style-type: none"> <li>• Improved counselling and support services for Deaf and hearing impaired adults and children.</li> <li>• Equity of access and access to culturally appropriate services will result in improved social, economic and health outcomes for Aboriginal people.</li> </ul>	<ul style="list-style-type: none"> <li>• Disconnect from integrated primary care activities.</li> <li>• Reduced efficacy of services provided to individual.</li> <li>• Potential for impact on social determinants for health (participation in education, employment, community and social engagement).</li> <li>• Reduced access and equity to mainstream services contributes to a high rate of hearing impediment in Aboriginal people. This has a direct impact on literacy skills, education, self-esteem, sense of self, and can progress into drug and alcohol abuse and lead</li> </ul>	<ul style="list-style-type: none"> <li>• As part of the development of the network service delivery standards will be reviewed and documented.</li> <li>• Development of the network service to include communication across Audiology network and NSW Health interdepartmental work on continuity of care.</li> <li>• Senior Policy Officer to be employed by NSW Health to scope network development (approximately six months)</li> </ul>

**Ministerial Standing Committee on Hearing (MSCH)**  
**KEY PRIORITIES**

KEY PRIORITIES	RECOMMENDED ACTIONS	IMPACT (Including costs)	IMPACT OF NON ACTION (Including costs)	NSW HEALTH RESPONSE
			to domestic violence, criminal activity and incarceration.	
<i>Cochlear implants</i>				
<b>1. FUNDING</b> Sustained recurrent funding for cochlear implants for both adults and children.	1. Develop and implement a three-year funding model and policy that takes account of projected demand, cost of implants, replacements of implants, provision of bilateral implants in exceptional circumstances and allows flexibility of funding between centres.	Report (Eckstein, Masso, 2005): <ul style="list-style-type: none"> <li>• Sustained recurrent funding will ensure enormous social economic benefits.</li> <li>• Of 1200 persons in pool of cochlear implant recipients, most are children expecting continuing service and equipment upgrade for the rest of their lives.</li> <li>• Cochlear implantation is extremely cost effective compared</li> </ul>	<ul style="list-style-type: none"> <li>• Lack of continued support for the use of cochlear implants will result in non-favourable outcomes for adults related to improvements in hearing, quality of life and reductions in depression and anxiety.</li> <li>• Failure to maintain funding may lead to increased burden on support and other allied services (housing, education, employment, mental health).</li> <li>• Detrimental impact on</li> </ul>	<ul style="list-style-type: none"> <li>• NSW Health State-wide Services will develop and implement a three-year funding program.</li> <li>• Non-recurrent funding to address the paediatric waiting list - \$510,000 to be allocated (2006-07).</li> <li>• Recurrent funding enhancement \$635,410 in 2006/07 (\$456,236 paediatric &amp; \$179,180 adults).</li> <li>• (The increased cost of implants is \$5,000 per year. NSW Health will provide additional funding of \$125,350 per year (2007-2008) on top</li> </ul>

**Ministerial Standing Committee on Hearing (MSCH)**  
**KEY PRIORITIES**

KEY PRIORITIES	RECOMMENDED ACTIONS	IMPACT (Including costs)	IMPACT OF NON ACTION (Including costs)	NSW HEALTH RESPONSE
		<p>to most other health interventions, regardless of age at implantation.</p> <ul style="list-style-type: none"> <li>• Strong support beyond profoundly deaf indicates that demand is likely to expand up to the limits of available resources.</li> <li>• Funding for audiology and habilitation must accompany any increase in the volume of procedures to avoid bottlenecks from developing.</li> </ul>	<p>social determinants of health.</p>	<p>of the annualised allocation to cover the increased demand between 2007/08 – 2009/10)</p> <ul style="list-style-type: none"> <li>• DoH will examine options for additional audiology and habilitation.</li> <li>• DoH to review information on number of cochlear implants received by Aboriginal people.</li> </ul>
<p><b>2. SERVICE DELIVERY</b> Improved service delivery for cochlear implants from pre- to post- implantation.</p>	<p>1. Develop strategies for improved services to groups with particular needs – rural and</p>		<ul style="list-style-type: none"> <li>• Reduced equity in service provision to population sub-groups.</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing Health Network will review strategies for improving cochlear services to groups with</li> </ul>

**Ministerial Standing Committee on Hearing (MSCH)**  
**KEY PRIORITIES**

KEY PRIORITIES	RECOMMENDED ACTIONS	IMPACT (Including costs)	IMPACT OF NON ACTION (Including costs)	NSW HEALTH RESPONSE
	<p>remote, indigenous, CALD and socio-economically disadvantaged communities.</p> <p>2.Examine the feasibility of establishing a second site for adult implants taking account of critical mass, key standards, collaboration with other centres and availability of technology.</p>		<ul style="list-style-type: none"> <li>• Failure to ensure equitable access has implications for rural/remote communities.</li> <li>• Indigenous community and other disadvantaged groups will continue to experience lower services than would be anticipated by population need.</li> </ul>	<p>particular needs in the context of broader service delivery strategies across the hearing health continuum of care.</p> <ul style="list-style-type: none"> <li>• Strategies to be linked to Otitis Media program and number of cochlear implants in Aboriginal children.</li> <li>• NSW Health State-wide Services will examine the feasibility of establishing an additional site for adult implants.</li> </ul>

**Ministerial Standing Committee on Hearing (MSCH)**  
**KEY PRIORITIES**

KEY PRIORITIES	RECOMMENDED ACTIONS	IMPACT (Including costs)	IMPACT OF NON ACTION (Including costs)	NSW HEALTH RESPONSE
<p><b>3. INFORMATION &amp; EDUCATION</b> Improved education and information about the social and economic benefits of cochlear implants.</p> <p><b>4. FEDERAL GOVERNMENT ISSUES – COST OF IMPLANT MAINTENANCE</b></p>	<p>1. Develop an information and education strategy covering the costs of implants, services available and the social and economic benefits of implants.</p> <p>2. Raise issue of cost of implant maintenance for adults to the Federal Minister for Health.</p>		<ul style="list-style-type: none"> <li>• Failure to support initiatives with sound educative approaches reduces efficiency of interventions.</li> </ul>	<ul style="list-style-type: none"> <li>• Hearing Health Network to develop information and education strategies for cochlear implants within context of broader educational strategies across the hearing health continuum of care.</li> <li>• Issue of implant maintenance costs for adults to be raised in letter from MSC-H Chair to NSW Minister for Health.</li> <li>• NSW Minister for Health to refer issue from MSC-H to the Federal Minister for Health.</li> </ul>

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**KEY PRIORITIES**

*Hearing services- other ranked priorities*

**1. INFORMATION ON HEARING SERVICES** (Link to key priority no.s 1, 2, 4)

Collect information about hearing services including:

- Access
- Care coordination
- Public & private
- Staffing
- Performance Indicators

**2. CONSUMER PROTECTION & REGULATION** (Link to key priority no 3)

Enhance consumer protection & regulation:

- Practitioners
- Occupational Health & Safety
- Hearing Devices

**3. PROMOTION OF HEARING HEALTH** (Link to key priority No 4 and Cochlear key priority nos 2 and 3)

Promote Hearing Health of the community:

- Prevention
- Promotion
- Early intervention

**4. TRAINING OF HEALTH PROFESSIONALS** (Link to key priority no 4)

- Consistent NSW and national programs
- All professionals

**5. JUSTICE HEALTH** (Link to Aboriginal Health, Youth, Corrective Services, etc - investigate interagency programs)

- Investigate incidence of hearing loss in Justice Health.

## **THE PREVALENCE & IMPACT OF HEARING LOSS (INCLUDING COSTS) IN AUSTRALIA**

### Prevalence

- One in six Australians is affected by hearing loss.
- Hearing loss is projected to increase to one in every four Australians by 2050 due to an ageing population.
- Prevalence rates for hearing loss are associated with increasing age, rising from less than 1% for people aged younger than 15 years to three in every four people aged over 70 years.
- Nearly half of people with a hearing loss are of working age (15-64).
- Hearing loss in the Aboriginal community is very common.
- The prevalence of otitis media in Aboriginal children is reported to vary between 10% and 54%.

### Cost impact

- In 2005, the real financial cost of hearing loss in Australia was \$11.75 billion or 1.4% of GDP (does not include costs of otitis media which can be substantial in some sub-populations, such as Aboriginal children).
- In 2005, national direct health system costs incurred for the diagnosis, treatment and management of hearing loss were estimated at \$674 million (including hearing aids and cochlear implants).
- The largest financial cost component is productivity loss which accounts for well over half (57%) of all financial costs (\$6.7 billion). An estimated 158, 876 people were not employed in 2005 due to hearing loss.
- The cost of informal carers is second at 27% of the total (\$3.2 billion).
- The largest health expenditure item is devices spending on hearing aids (\$376.7 million encompassing public and private markets - \$243 million for the Office of Hearing Services Program) and cochlear implants (\$10 million per annum).
- 400 Australians receive a cochlear implant each year – 33% of these are aged 18 years or less,
- The total estimated cost for early intervention services in 2005 (national and excluding universal neo-natal hearing screening costs) was \$20.8 million).
- Allocated recurrent health system expenditure (53% for services such as audiology and speech pathology) is \$247.5 million or just under \$70 per person with a hearing loss per annum.
- Unallocated health expenditure on capital items eg community health, public health programs and administration is \$40.3 million.
- Education and support services comprise 1.6% of real financial costs (\$191 million in 2005).
- 27% of health expenditure is on children aged less than 14 years (these comprise less than 1% of people with a hearing loss).
- Males dominate health expenditure 61%: 39% (male: female).

### Impact – non financial

- Hearing loss has a number of impacts on the social determinants of health, in particular education, employment, community and social life.

- Hearing loss impacts directly on literacy and learning, education and employment options for children.
- 95,005 DALYs Disability Adjusted Life Years (DALYs) were estimated to be lost in 2005 due to hearing loss; this was worth \$11.3 billion in net terms and some 3.8% of the total burden of disease from all causes of disability and premature death.
- The burden of disease from hearing impairment is 3.8%; this is greater than that of three of the National Health Priority Areas – asthma, diabetes and musculoskeletal conditions.
- Adult hearing loss is associated with an increased risk for a variety of health conditions including diabetes, stroke, elevated blood pressure, heart attack, psychiatric disorder, affective mood disorders, poorer social relations, and reduced health-related quality of life.

#### Future issues

- The number of children with hearing loss is projected to increase from 10, 268 in 2005 to 11,031 by mid-century, an increase of 7.4% over the period.
- The growing incidence of hearing loss in young people due to the harmful effects of personal hearing devices (eg iPods) (identified by the National Acoustic Laboratories (NAL), Australian Hearing, in recent research).
- The cost of research and prevention programs to address the prevalence of hearing loss due to excess occupational or recreational noise exposure (eg farms, industry). Noise currently accounts for 37% of all hearing loss.

#### References

1. Access Economics Pty Ltd (February 2006), The Economic Impact and Cost of Hearing Loss in Australia.
2. National Acoustics Laboratory (NAL), Australian Hearing.