Circular HSC (SQSD) (NICE NG98) 22/18

Subject: NICE Clinical Guideline NG98 – Hearing loss in adults: assessment and management

For action by:
Chief Executive of HSC Board – for distribution to:
   All HSC Board Directors – for cascade to relevant staff
Director of Integrated Care, HSC Board – for cascade to:
   Head of Pharmacy and Medicines Management
   Family Practitioner Services Leads – for cascade to relevant Family Practitioner groups
Chief Executive of Public Health Agency – for distribution to:
   Director of Public Health and Medical Director – for cascade to relevant staff
   Director of Nursing and AHPs – for cascade to relevant staff
Chief Executives of HSC Trusts – for distribution to:
   Medical Directors – for cascade to relevant staff
   Directors of Nursing – for cascade to relevant staff
   Heads of Pharmaceutical Services – for cascade to relevant staff
   Directors of Acute Services – for cascade to relevant staff
   HSC Clinical and Social Governance Leads
   Directors of Social Services – for cascade to relevant staff
   Directors of Finance – for cascade to relevant staff
   AHP Leads – for cascade to relevant staff
Chief Executive, Regulation & Quality Improvement Authority – for cascade to: relevant independent healthcare establishments
Chief Executives of HSC Special Agencies and NDPBs

For Information to:
Chair of HSC Board
Chair of Public Health Agency
Chairs of HSC Trusts
Chair of RQIA
NICE Implementation Facilitator NI
Members of NI NICE Managers’ Forum

Summary of Contents:
This guideline covers some aspects of assessing and managing hearing loss in primary, community and secondary care. It aims to improve the quality of life for adults with hearing loss by advising healthcare staff on assessing hearing difficulties, managing earwax and referring people for audiological or specialist assessment and management.

Enquiries:
Any enquiries about the content of this Circular should be addressed to:
   Quality Regulation and Improvement Unit
   Department of Health
   Room D1.4
   Castle Buildings
   Stormont Estate
   Belfast
   BT4 3SQ
   SGU-NICEGuidance@health-ni.gov.uk

Circular Reference: HSC (SQSD) (NICE NG98) 22/18
Date of Issue: 20 August 2018
Related documents:
HSC (SQSD) 3/13

Superseded documents
None

Status of Contents:
Action

Implementation:
As per circular. Generally, Clinical Guidelines should be implemented within 12 months of endorsement.

Additional copies:
Available to download from
Dear Colleagues

NICE Clinical Guideline NG98 - Hearing loss in adults: assessment and management
https://www.nice.org.uk/guidance/ng98

The Department has recently reviewed the above NICE guidance and has formally endorsed it as applicable in Northern Ireland.

In accordance with the process outlined in circular HSC (SQSD) 3/13, the following actions should be taken (https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hsc-sqsd-3-13.pdf)

1. HSC Board / PHA
   a. Identify a Professional Lead who will consider the commissioning implications of the Clinical Guideline and co-ordinate with any other relevant commissioning teams. This Lead will identify any areas where regional planning / investment / commissioning are required, or where there is material risk to safety or quality. These will then be actioned immediately through normal commissioning arrangements or through bespoke arrangements reflecting the nature of the issue / risk.
   b. Ensure that relevant guidance is sent to the appropriate Family Practitioners.
   c. Seek positive assurance from the HSC Trusts that the required initial actions have been undertaken within a 3 month period, and that the Guideline has been implemented within a further 9 months (unless otherwise notified by the HSC Trusts).
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, agree appropriate arrangements with HSC Trusts. Report to DoH as required at 6 monthly accountability meetings.

2. HSC Trusts
   a. Proceed with targeted dissemination, agree a clinical/management lead to coordinate implementation and consider what has to be done to achieve implementation using a risk based assessment and baseline review as appropriate to support planning. These initial actions should be undertaken within a three month period.
   b. Implement the Guideline within a further 9 months (apart from any elements where significant issues have been raised with the HSC Board/PHA).
   c. Provide positive assurances to the HSC Board that required initial actions have been taken within the 3 month planning period and that the Guideline has been implemented within a further 9 months, where appropriate.
   d. Where significant investment/ commissioning needs cannot be met within the usual timeframe, notify the HSC Board/PHA at the earliest opportunity through the bi-monthly director level meetings and agree appropriate arrangements with them to achieve implementation.

3. RQIA
   a. Disseminate the Guideline to the independent sector as appropriate.

4. HSC Special Agencies and NDPBs
   a. Take account of this Guideline in training and other developments as appropriate.
To inform the planning process, please find attached details from the Departmental review. You should consider and take account of other relevant Departmental policies and strategies in your planning, as well as any legislative / policy caveats identified in the course of the Departmental review.


Dr Paddy Woods  
Deputy Chief Medical Officer
# Appendix 1

## Endorsed NICE guidance - Details from Departmental review

| Reference Number | NICE Clinical Guideline – NG98  
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Title</td>
<td>Hearing loss in adults: assessment and management</td>
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| Summary of guidance | This guideline covers some aspects of assessing and managing hearing loss in primary, community and secondary care. It aims to improve the quality of life for adults with hearing loss by advising healthcare staff on assessing hearing difficulties, managing earwax and referring people for audiological or specialist assessment and management.  

The guideline covers adults aged over 18, including adults whose age of onset of hearing loss was under 18 but who present for the first time in adulthood.  

It includes recommendations on:  
- assessment and referral  
- removing earwax  
- investigation using MRI  
- treating idiopathic sudden sensorineural hearing loss  
- assessment and management in audiology services  
- hearing aids and assistive listening devices, including follow-up in audiology services  
- information and support.  

<table>
<thead>
<tr>
<th>Related strategically relevant DoH/ HSC policies</th>
<th>None</th>
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<tr>
<td>Inter-Departmental interest</td>
<td>None</td>
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<tr>
<td>Legislative / policy caveats</td>
<td>This advice does not override or replace the individual responsibility of health professionals to make appropriate decisions in the circumstances of their individual patients, in consultation with the patient and/or guardian or carer. This would, for example, include situations where individual patients have other conditions or complications that need to be taken into account in determining whether the NICE guidance is fully appropriate in their case.</td>
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