

Social Innovation in Health :

The impact of a Third Sector organisation on public services-

The case of Audiology Services

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Outline of presentation

- What is the RNID
- The nature of hearing loss and disadvantage
- Audiology as a 'Cinderella Service'
- The issue of digital hearing aids
- The change and how it happened
- The lessons which can be drawn

The nature of hearing loss

- **Hearing loss is severely stigmatising**
 - People conceal it (especially public celebrities)
 - People delay getting help for it
 - It has a very negative image compared to other loss of faculties
- **Employers are less willing to hire a deaf person than someone who has:-**
 - HIV positive status
 - Mental Health problems
 - A criminal record
- In UK it accounts for **24% of adult disabilities** and affects **55% of over those 60 years old**

The World Health Organisation

- describes deafness as a non-communicable disease that is "a cause of enormous human suffering and a threat to the economics of many countries...[that] constitutes a major contributor to the burden of avoidable risk and disease"

The changing technology -> digital

- Hearing aid technology has moved on dramatically
- The impact has been not just reduction in size
- The move to digital technology is a dramatic improvement over the analogue hearing aids
- Audiology as a 'cinderella service' – not a main focus of Government



Case Study-The Issue

- Phenomenal new technology not reaching 2 million NHS hearing aid users
- Average first time patient is 75 years old (after 10-15 year history of hearing problems)
- No worse example of inequity between NHS and private provision
- Extraordinary waste of resource and potential
- No better opportunity in NHS to change so many lives, so radically, at such low per capita cost
- Achievable by harnessing NHS hearing aids purchasing power (largest in world) and marginal additional expenditure

First Wave Achievement

- Remarkable progress
 - Major infrastructure upgrade at 20 sites and all fitting digital aids
 - 20,000 patients fitted
 - Dramatic reduction in hearing aid prices (to £165 vs £2,500 retail) but still unnecessarily high
- Significant culture shift
 - Audiology departments were demoralised, under resourced and ignored, truly a Cinderella service
 - Now staff in first wave where enthusiastic for change, utilising the latest technology and delivering a modern effective service
- Initial results show very low cost per QALY

Rapidly building pressure

- Developed case for role out but Minister changed and whole issue lost momentum
- Yet public demand rising rapidly
 - Typical Helpline caller, ‘I will die before receiving an NHS digital aid’
 - Private sector national adverts e.g. ‘it will be years, if ever, before digital products are available to all on the NHS’ (Evening Standard 3.9.01)
 - Tens of thousands of calls to RNID Helpline & Audiology Departments
 - RNID Members calling for major campaign
 - NICE and Audit Commission support our campaign

Why do it?

- No opportunity exists in the NHS to change so many lives, so radically, at such a low per capita cost (£75; less than a day in hospital or a week in care)
- Patient benefits: robust evidence: 40% patient benefit
- Reduced NHS/State net expenditure: greater wellbeing and independence reduces health/care costs, increased productivity and/or extension of working life
- Political benefits:
 - positive: bang for buck, proof of delivery on NHS modernisation
 - Votes!
 - new: avoiding negative of millions of unfulfilled expectations

Roll-out

- Total £125 million allocated to modernise NHS hearing aid services
- RNID retained to deliver national rollout
- Led procurement negotiations reporting directly to Ministers and the Department of Health Board
- Cost of digital aids reduced to £55
- Piloted then established private sector deliver of NHS services: community based provision
- Pulled in Modernisation Agency
- Utilised NHS Direct capability to create Hearing Direct reducing need for follow-up appointments

Success

- At end of modernisation process in April 2008, RNID management ceased and funding incorporated in general NHS allocations
- 165 Trusts modernised: over 350 audiology clinics
- 1.5M people fitted with digital aid
- Over 30k fitted per month going forward
- Half of adult services utilising private sector capacity
- Unique campaigning and delivery solutions in each devolved country

Comment from RNID

- The sector has the flexibility to work across boundaries yet remains independent of public services and Government. We have knowledge of and closeness to the user coupled with a passion for change. These combine with an ability to manage risk, to move quickly and to leverage resources. Put all these together and the effect can be unstoppable.

James Strachan, Chair of RNID

Comment from Government

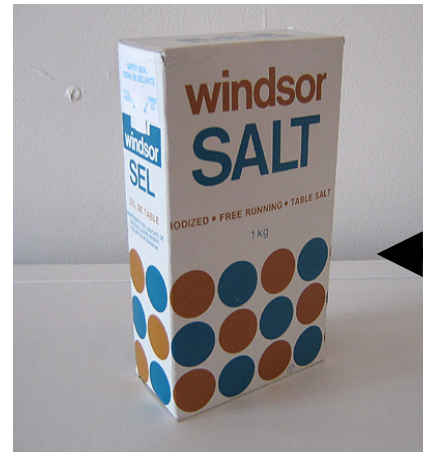
- The RNID has proved that it is possible to combine a campaigning role – that of achieving better quality of life for deaf and hard of hearing people with a service delivery role
- (It)... shows how effective partnerships should take account of the strengths of different players.

The case dynamics - Leverage

- Though the NHS was the largest purchaser of Hearing Aids in the world it was a small actual proportion of the NHS budget
- The RNID provided leverage because it possessed the particular knowledge and expertise.
- The leverage came from Government money being 'managed' by RNID

Image – the nature of Salt

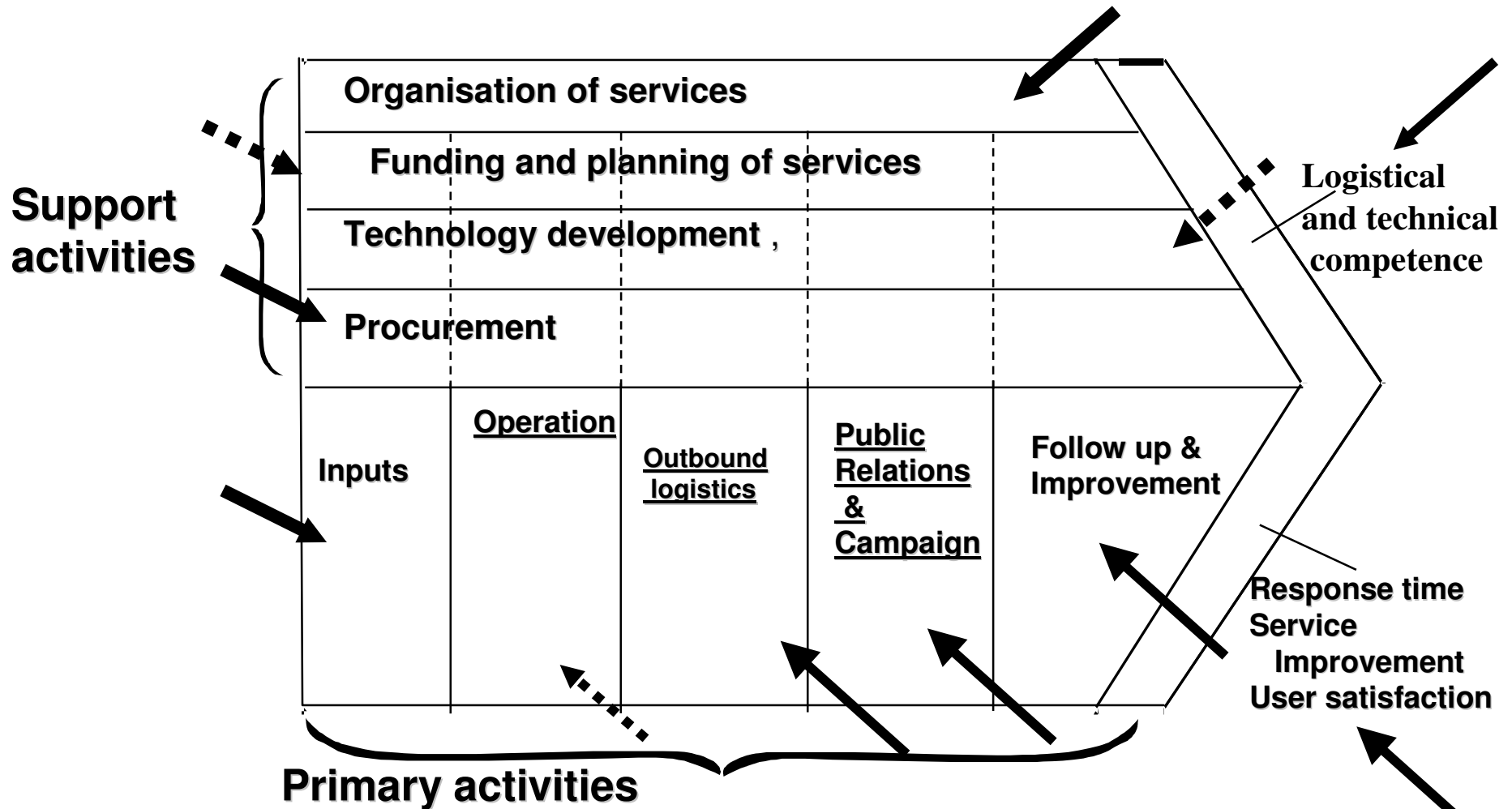
- For Government hearing aids purchase is like the household purchase of salt.
- It is , in relative terms, a small proportion of the NHS budget
- For RNID knowledge of hearing aids costs and possibilities is core to their purpose.



How much does this Salt cost?
Do you Know?



The value chain aspects-RNID



— = direct impact
 = indirect impact

Linking value impacts

Hearing impaired

Government

Health Service



RNID Staff

Hearing Aid manufacturer

Hearing aid Distributor



Other stakeholders

Hearing Impaired

Related Stakeholders



Voluntary sector adding value

- Closeness to service users-can speak with authority
- Passion and continuity of commitment - we're around long after Ministers and officials have moved on
- Flexibility and speed of response – able to think and act outside tramlines of Government
- Personalised services - tailored to individual need
- Clear solutions - driving change on the back of developing technology