

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 118

Ymateb gan: | Response from: RNID

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor **Initial priorities identified by the Committee**

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?

Q1. Which of the issues listed above do you think should be a priority, and why?

Evidence based innovation in health and social care

The Health and Social Care Committee should review the most effective way in which to make sure that everyone has access to the high quality rehabilitation services and equipment for people with hearing loss.

Access to equipment and rehabilitation services can aid in individual's management of their hearing loss, including equipment for the home, support groups, counselling, and advocacy services. Satisfactory provision of suitable equipment in health and social care settings is important not only in managing the physical component of audiological health, but also in contributing to better mental health and reducing levels of anxiety and isolation of those living with deafness, tinnitus or hearing loss.



Access to Covid and non-covid rehabilitation services and access to mental health services

The Health and Social Care Committee should review the effectiveness and implementation of both the All Wales Standards for Accessible Communication and Information for People with Sensory Loss and the Accessible Information Standard as part of any assessment of access to Covid and non-Covid rehabilitation services, and access to mental health services.

As the first country in the UK to introduce standards for accessible information, Wales must ensure that it remains at the forefront of accessible healthcare. RNID believe that a substantive review of the content and implementation of the All Wales Standards for Accessible Communication and Information for People with Sensory Loss (NHS Wales, July 2013) should be undertaken. The Standards were written to ensure that the communication and information needs of people with sensory loss are met when accessing healthcare, including the needs of people with hearing loss or who are deaf. Currently, the only edition of the annual report (written by the NHS Centre for Equality for Human Rights, CEHR) that is available online is from 2014 while the Annual Equality Report 2019-2020 (Public Health Wales, January 2021) listed the initiatives underway to raise awareness of the standard but did not adequately explain how successful they had been and whether they were improving the experience of people with hearing loss or who are deaf. In 2014, we found that 9/10 patients had not seen any improvements in the way hospitals share and communicate information with them. (Hearing Matters Wales, RNID). Additionally, the change in services due to the pandemic, such as the reduction of face-to-face appointments and expectations of using alternatives such as video calls or phones instead, may have impacted people's ability to use services. For instance, as members of the Vaccine Equity Committee, we are aware of instances where the Standards were not being applied consistently and have raised our concerns with NHS Wales and are waiting for a meeting with their staff to feed back further on the experience. In general, we also know that one of the barriers to the Standards being met is that Primary and Secondary care have different IT systems which don't guarantee that when you notify one of your communication needs that the other services will be made aware. We understand this may be a large undertaking, but it would be helpful for the committee to consider these issues as part of a review.

Additionally, it would be helpful to have a supplementary review of the Accessible Information Standard (2017), which had a more limited remit requiring GP surgeries to capture, record, flag and share patient communication and information needs if they have sensory loss, including if they are BSL users or have hearing loss. This was supposed to be implemented by 2018 and it would be helpful to have more information about the progress that has been made since, including the steps taken to seek and incorporate the views, insights and comments of those with lived experience.

Blaenoriaethau allweddol ar gyfer y Chweched Senedd

Key priorities for the Sixth Senedd

C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

- a) gwasanaethau iechyd;**
- b) gofal cymdeithasol a gofalwyr;**
- c) adfer yn dilyn COVID?**

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) health services;**
 - b) social care and carers;**
 - c) COVID recovery?**
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Gwasanaethau iechyd

Health services

The Health and Social Care Committee should prioritise assessing the provision of audiology services across Wales in any work regarding

It would be timely to undertake an assessment of audiology services in Wales to confirm that they are meeting the updated Quality Standards for Adult Hearing Rehabilitation Services (2016). It is important that these services are monitored, and the results reported so that improvements can be made and consideration given to using innovation in service delivery to achieve greater coverage in a cost-effective and efficient way.

Any assessment of the audiology pathway should also consider the implementation of the Ear Wax Management Primary and Community Care Pathway (2020), as timely ear wax management is integral to an efficient audiology service.

Additionally, due to the reduced offering from audiology, it would also be helpful to include primary care audiology trails in your assessment to evaluate their impact.

The Health and Social Care Committee should ensure the provision of early intervention for hearing loss is prioritised.

The Social Services and Well-being (Wales) Act 2014 obliges local authorities to provide preventative services for the purposes of minimising the effect on disabled people of their disabilities. Additionally, the 2019 *A Healthier Wales, our Plan for Health and Social Care*, published by Welsh Government prioritised the principle of prevention and early intervention in its ten national design principles to drive change and transformation. For hearing loss, early identification and intervention can be key in ensuring individuals are supported in managing their hearing loss

when they are likely to gain the most benefit from hearing aids, thereby also reducing the risk of other co-morbidities such as social isolation, depression, and falls.

Furthermore, there is growing evidence of an association between unmanaged hearing loss and dementia. As hearing loss prevalence is set to rise, early identification and intervention will be increasingly important. We consider that it is important that the views, insights, and comments of those with lived experience are sought and taken into account in evaluating the success of current service provision and in the design of any new services for the future.