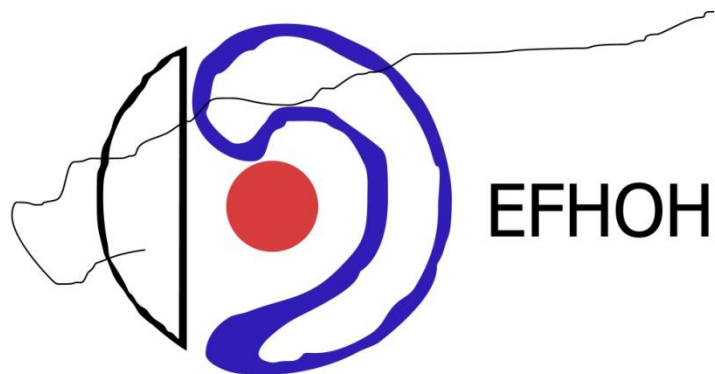


**Creating a barrier-free Europe for all hard of hearing citizens**



European Federation of Hard of Hearing People

## EFHOH Survey

European Standard EN 15927:2010

“Services offered by hearing aid professionals

# Preamble

In 2010, the European Committee for Standardization (CEN) issued the EN-15927 norm on the “Services offered by hearing aid professionals.”

This European standard defines the minimum requirements for services in the field of hearing-aid acoustics in Europe. Moreover this standard stipulates recommendations for the vocational training and all other aspects of service rendering. The standard which has been approved by all involved European countries with regard to content also includes all professional requirements for hearing-aid professionals for maximum transparency.

In spring 2015, EFHOH Board received communication about call to open this standard to a review. In order to be prepared for negotiations and to seek members view, we have canvassed our membership with a questionnaire sent out during summer 2015.

The survey asked questions related to audiology testing, the training of doctors, pricing and after care available to the public in each country. The questions were constructed based on the standard of “Services offered by hearing aids professionals” to see to ensure comparable results gathering.

The survey that EFHOH conducted last year has come up with some interesting results from a total of 6 countries across European Union. Out of 28 members of EFHOH, only six countries responded through one organisation, with exception of the United Kingdom who answered through ‘Action on Hearing Loss’ and the ‘NADP’.

The responders were; **Finland, France, Germany, Netherlands, Slovenia, United Kingdom.**

The low number of responses indicates lack of awareness of the standard existence and perhaps low membership engagement in this exercise. It is possible that one of the reasons for low response related to level of English used in questions; however we can improve on that in future.

Most importantly, the mantra “**Nothing about us without us**” cannot be practiced if there is lack of engagement from users themselves.

We strongly urge everyone to take more proactive engagement in future.



# The results

All the countries that took part in the survey had a pure tone audiometry included in their audiology assessment, a test used to measure the different hearing thresholds of the patient and to analyse the most suitable hearing aid for that purpose. **Germany** was the only country that noted that additional tests were **mandatory**, such as a full sensory test, as part of the pure tone audiometry assessment.

The names of the health professionals of each country differed slightly, with the Netherlands results presenting different titles based on the age of the patient such as 'audioloog' for someone age 0-18 and then 18-67 on their first audiology assessment but 'Audicien' for a repeat assessment. The remaining countries reported that 'audiologist' or 'hearing aid professional' were used but gave the translation of these in their own language.

Responders said that the audiology assessment included a speech audiometry, a test which is critical to measure the hearing loss of the individual. Germany's assessors are part of an independent group so could bring up varying decisions for a speech audiometry based on the individual, age and severity of his or her hearing loss. In terms of the titles of each professional every country tended to follow the same trend that the professional who fits the hearing aid and the one that fits the mould of aid are the same person, which is a positive thing and avoids patient's records being misinterpreted and stays consistent.

The results of the survey also showed that 2 of the 6 countries said the fitted hearing aid system was not always tested with pure tone audiometry, which possibly is a concern and that 3 out of the respondents said that the fitted system was either not at all or not usually tested with speech audiometry. What is quite concerning is that Germany said they didn't know whether this test was part of the assessment at all so clearly more needs to be done to ensure the tests are the same across Europe so consumers receive the same service.

One set of results that are concerning are the answers to **Question 10**, whether the patient received a copy of the results and or/ diagrams during or after their assessment. Most of the data showed that only if the patient asks directly for a copy will they be given a copy of the results. This shows that users of hearing aids are still not aware of their rights and what is available to them which EFHOH wants to change.

**In question 12** we asked participants if were given a demonstration of the benefits of the T-coil system so that hearing aid users can hear the TV and phone conversations. Worryingly Finland and Netherlands reported that this was always the case, both Germany and Slovenia said that this didn't usually happen, with the United Kingdom however an explanation is usually given but there is no demonstration showing how the T-coil works:

*"This is offered but not demonstrated, patients are given advice, but it is not always explained very well. Many patients don't understand how to use the T-Coil and many don't have access to the necessary technology, either at home or when using services, to use the T-Coil."* (United Kingdom response to the survey).

We are also concerned by the answers to **Question 13** which asks if the professional gives the patient an instruction booklet on how to use hearing aids and how to care for them, with two countries not providing this essential information.

## Pricing

**Question 14** asks if the professional gives the patient a complete quote explaining the different prices for each part of the audiology service. Many hearing aids are provided by the countries national health service, such as in the United Kingdom and Finland, where they are currently free . Price breakdowns therefore are often irrelevant, but for those who are using a private health provider this information is incredibly important.

The data showed that one of the key issues with the audiology clinics in Europe is a lack of transparency when it comes to the price of the service. EFHOH notes that the price should always be included and a full breakdown of costs given to each patient with information on what they should expect. EFHOH recommends a European toolkit be created for these purposes, ensuring every country treats hearing aid users fairly and equally.

## The trial and follow up

From the data we have found that each trial period varies greatly from country to country. In Finland the trial period can be anything from 1- 3months, while in France it is only 1 week to 1 month. In comparison Germany does not have a set time period and so the trail is measured up to the point where the first three set of aids are no longer useable. In comparison, the Netherlands estimated about 8 weeks, while like Finland Slovenia's trial period is 14 days- 3months if necessary. The United Kingdom has one of the shortest trial periods lasting between 2-4 weeks.

**Question 19** on the follow up period also produced some interesting results. For example, in Finland there is only a trial period if the audiologist feels that it is necessary for the patient, which is concerning, as a new wearer of hearing aids can experience difficulties and may need to try out different versions once they adjust to this new way of hearing. Even more worrying in Slovenia, patients do not have any follow up period or after care once they have been given their hearing aids. Most of the countries audiology services provide the patient with batteries for their aids free of charge except France.

## Awareness

One key issue that came up reviewing the data of the survey is that two countries (United Kingdom and Germany) out of the 6 were not aware of the existence of the of the EN- 15927 Standard, while the Netherlands knew of its existence but not of its content. This has shown EFHOH that member organisations need more transparency and understanding of the standard so they can know and understand the rights of users of the services. The barriers are created by the European Standard rules, which prevent free access to what standards contain. Furthermore 3 (with both organisations from the United Kingdom: Action on Hearing Loss and NADP not involved) of the 6 countries noted that they were not involved in the preparation of the standard in their country so again more education of health professionals and organisations for hard of hearing people are needed. Furthermore only 1 country's organisation, France's were involved in the implementation process in their country.

# The review

In **Question 31**, participants were asked which points of the standard in their opinion had the most need to be implemented, and only 4 out of 6 countries answered the question. Finland noted that 6.4 needed to be implemented and was the only part of the standard they felt needed more implementation. Germany noted that they had been over questioned while the Netherlands said they would have to look at the standard first so were unable to answer at this time. The survey was written under the premise that all countries knew about the standard and because this turned out to be incorrect many of the answers.

Interestingly the countries that answered in full came up with completely different parts of the standard, so there aren't any direct comparisons we can make with this data.

For example the United Kingdom wrote that:

*“Many standards are not enforced and so are only inconsistently followed – for example Action on Hearing Loss’s recent research found that in some cases bilateral fittings are not undertaken as standard by all NHS services (5.5.1), and only 49% of NHS services do face to face follow ups (5.6).” \**

So for the United Kingdom one of the issues are that patients are not being given two hearing aids, but there is also an issue with follow up appointments being a guarantee with monitoring being a serious issue. Additionally, they commented on following:

*“5.4.4 Speech audiometry which is not always undertaken in UK NHS.*

*5.5.1 The choices and needs of individual patient are not always taken into account when planning the care provided – eg which programs to use and whether other support or equipment would be helpful.*

*5.6.2 Provision of auditory training and hearing therapy is inconsistent across the UK so it is not always possible to refer to these.*

*5.5.5 Patient information is offered but is not always adequate. The NHS needs to coordinate what information and support they offer with third sector organisations.”*

Slovenia wrote adding the following parts of the standard: “3.10, 3.14, 4.2.2, 4.2.3., 4.5.2 and 5.6.2.”

France commented:

*“4.4.7 Demonstration tools : An induction loop system with magnetic field in accordance with EN60118-4 shall be available for demonstration of hearing aids with induction pick-up coil.*

*5.5.3 Fine-tuning of hearing aids: If hearing aids with several user-selectable settings are used, the fine-tuning procedure shall be repeated for all programs, this also comprises programs for telecoil and direct audio input in case the hearing aid has such features. The telecoil should be excited by the appropriate magnetic field strength.*

*5.5.4 Verification of fitting: questionnaire concerning the perceived benefit of the hearing system. The questions may refer to before and after fitting or focus directly on perceived benefit. A scientifically validated questionnaire should be used, and the client should have at least several weeks of everyday experience with the hearing system.”*

**All of these answers point to the need of transparency, greater information sharing and parts of the standard that need to be better enforced.**

**Question 32** asked ‘In your opinion, which points of this standard should not be implemented? All the countries that were surveyed wrote they didn’t think any of the points of the standard shouldn’t be included so this shows that all the points in the standard are important and should be kept.

**Question 33** also brought up some very interesting responses, and asked participants what was missing from the standard. Both Finland and France wrote that there was not enough information on the prices of hearing aids from different providers, what was included in the price and the quality of these services, so more monitoring is needed in this area. Finland wrote that:

*“The knowledge of hearing aid’s quality (public clinics) and the possibility of compare prices (private side)”*

While France wrote that:

*“The norm says nothing about informing the patient of the price and about what is included in the price paid. This is important since some patient think that what they pay for is only the device, not the follow up.”*

The Netherlands couldn’t answer and Slovenia felt that the standard was detailed enough and didn’t need anything more. The United Kingdom however were largely concerned with domiciliary care and practice standards being left off the standard:

*“Practice standards for domicillary care and patient/ customer satisfaction and other outcome measurement. There is evidence to suggest that assistive devices can increase quality of life when used along with hearing aids. Explanation and demonstration of the benefits assistive devices including hearing loops should be include in the standard.”*

Again, the trends that we are seeing here is that not enough information is given to hearing aid users about their care, how to use the aids for example with hearing loops and breakdowns of price are not often provided unless asked for.

**What we can draw out from the survey is that almost all responders felt that the standard needed to be revised.**

**Question 34** asked participants, “To the best of your knowledge, could you tell to which extent this norm is actually implemented by the professionals in your country?” Only three responders gave answers.

Slovenia :

*“I mean in 80%. According to our data, the most problems are because of modest program of rehabilitation after receipt of HA.”*

France:

*“Very few audioprothésiste shops are certified.”*

United Kingdom:

*“Standards are set but not always maintained at the correct level, so - for example our recent research found that in some cases bilateral fittings are not undertaken as standard by all NHS services, and only 49% of NHS services do face to face follow ups (see [www.actiononhearingloss.org.uk/underpressure](http://www.actiononhearingloss.org.uk/underpressure) for full results) – these should both be done by all NHS and private services, and the standard should be enforced.”*

**Question 40** Asked” What is the opinion of your organization about the possible need to revise this norm?”

Slovenia:

*“Well, I think it will be okay, we will translate this normative and send it to professionals. To remind them again, we want/need to participate and we need really professional staff which cooperate perfectly in all levels.”*

The United Kingdom :

*“The Standard needs to be revised as it is lacking in the specific requirements listed above. . The fitting process and understanding patient needs should be as important as the medical part of assessment. Understanding what hearing loss means and how it affects the patient is important in order to improve HA users overall satisfaction and managing expectations.”*

Both of these answers point towards a general dissatisfaction with the quality of audiology assessments. EFHOH’s recommendation to supply and write up a toolkit for patients, health professionals and friends and family members of those with a hearing aid is a good step to ensuring full examinations are given to each patient and that hearing aid users are treated with respect and understanding to their drastic life change as a result of trying hearing aids for the first time.

**Question 35** “Please write below all the relevant information that you think could be useful in order to understand the particularities of your country’s case” four of the countries surveyed wrote something that personally affects hearing aid users in their country.

Netherlands:

*“Sending the field norm NOAH4 protocol, protocol 1.0 and 2.0 draft protocol”*

Slovenia:

*“In my opinion in SLO there are not enough participating between patients, medical staff and hearing aid professional staff and of course there are a lot of problems our association focused more on deaf population and SL than on HA and CI.”*

The United Kingdom:

*“The NHS is the most used service for hearing aids in the UK– 84% of people who have hearing aids get them through the NHS . Some NHS hearing aids are provided by voluntary and private sector providers through AQP. Some are provided by NHS hospital departments. Private dispensing of hearing aids is a small market in UK. Most of the standards are included in IQIPs standards which most services are working towards – these should be made mandatory, and this would ensure many of these standards are met.”*

# Recommendations

- A pure tone audiometry needs to be used in conjunction with speech audiometry, a test which is critical to measure more realistic hearing loss of the individual.
- Hearing in noise, would be additional benefit for early detection of hearing loss during screening and also for existing users. This needs to be enforced as part of standard practice in appointments.
- Once hearing aids are fitted, the system needs to be tested again with pure tone and speech audiometry.
- Copies of the test results with explanation need to be given to patients at the end of the visit
- Hearing aids professionals need to provide the clients with user instruction booklets and explain how to take care of the hearing aids they have just received.
- T-coil programs need to be activated without additional cost and as part of routine set up. The benefits of using T-coil programme and hearing loops need to be explained and demonstrated.
- Full transparency is required in providing information related to services offered to the individual clients and to help manage expectations.
- Full transparency is required when HA are sold privately with full breakdown of costs involved including after purchase and repairs.
- Trial length needs to be defined in the standard.
- More needs to be done to educate hearing aid users and to ensure they are given the right information and support when individuals take this first step. This recommendation relates to professionals as much as organisations representing hard of hearing people.
- Better cooperation between hearing care professionals and users organisations in the Member States needs to be established.

Date 1st April 2016