

Difficult Decisions Report of findings

November 2021

(for engagement between 13 September and 10 October 2021)

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Summary

Introduction

Background

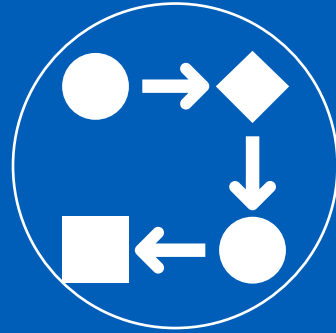
- In January 2020, the six Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs) began the first phase of engagement about five areas of care:
 - Assisted conception
 - Hearing aids for non-complex hearing loss
 - Male and female sterilisation
 - Breast augmentation and reconstruction
 - Removal of excess skin following significant weight loss.
- The work was known as Difficult Decisions. Patient eligibility is not the same across all the Staffordshire and Stoke-on-Trent localities, and the CCGs wanted to make this the same for everyone.
- The eight-week engagement work ended on 1 March 2020. Plans for any further engagement was put on hold when all local health services focused on supporting the efforts to manage the COVID-19 (coronavirus) pandemic. Since then, there have been changes to the way the NHS has been able to deliver services and see patients.



Overview of the engagement



This survey aimed to understand if anything new needs to be considered since the pandemic.



This survey will help the CCGs to move from the first phase (engagement) to the second phase (involvement).



The CCGs will then develop some possible solutions for the five areas of care and final proposals.

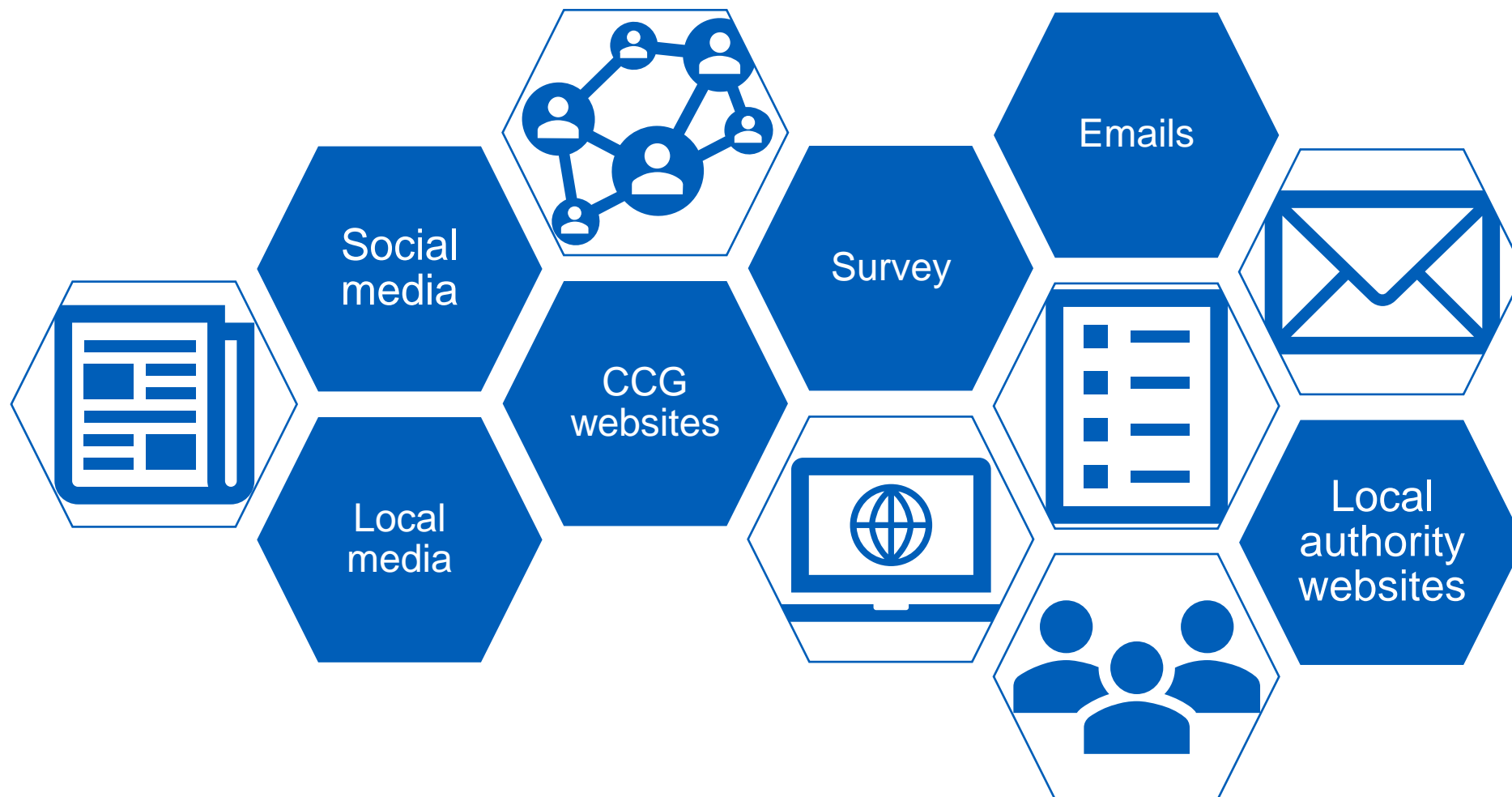


The survey was live between 13 September and 10 October 2021. It received 306 responses.



Communications and engagement

Channels used



Collateral and activity

Collateral:

- Promotional materials pack: social media content and schedule, web copy, media release/statement and stakeholder and organisational emails
- Engagement document
- Contact database
- Survey

Activity:

- Issued more than 600 emails
- Contact made with community groups on Facebook to share survey link – 15 groups identified and contacted

Cannock Chase Clinical Commissioning Group
East Staffordshire Clinical Commissioning Group
North Staffordshire Clinical Commissioning Group
South East Staffordshire and Seisdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group
Stoke-on-Trent Clinical Commissioning Group



Difficult Decisions - Help us to prioritise and align clinical policies

13 September – 10 October 2021

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Introduction

In January 2020, the six NHS Staffordshire and Stoke-on-Trent Clinical Commissioning Groups (CCGs) began the first phase of engagement about five areas of care:

Assisted conception
Hearing loss in adults
Removal of excess skin following significant weight loss
Breast augmentation and reconstruction
Male and female sterilisation

The work was known as Difficult Decisions. The policy criteria and patient eligibility was not the same across all of the Staffordshire and Stoke-on-Trent regions, so we wanted to make this the same for everyone.

The eight-week engagement work ended on 1 March 2020. The report of findings can be found on each of the CCGs' websites (listed on page 9) under Consultations and Events.

Plans for any further engagement was put on hold when all local health services focused on supporting the efforts to manage the COVID-19 (coronavirus) pandemic. We sent a statement to all stakeholders involved in this engagement to explain this.

Since then, there have been changes to the way the NHS has been able to deliver services and see patients. We know this may have affected the way people feel about or changed their experience of the services.

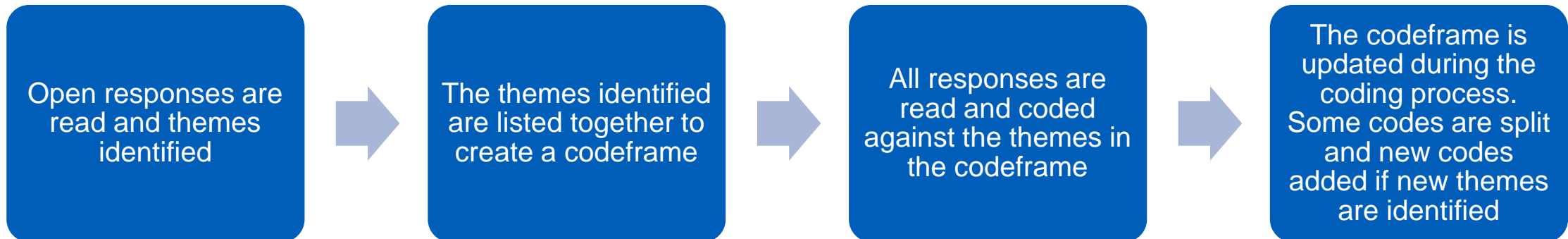
We now feel able to continue with the engagement work, using what people told us in early 2020 (before COVID-19) and adding any new information.

This most recent questionnaire is mainly to understand if anything new needs to be considered since the pandemic. If you completed the first questionnaire in January 2020 and your views have not changed, you do not need to do it again.

Reporting methodology

Approach to analysis

- Open questions were analysed by following the theming and coding process outlined in the process diagram below.
- This approach ensures that every response from every survey respondent is read and analysed.



- Some open questions had fewer than 20 responses – these have been read, themes identified and then summarised.
- Open questions with more than 20 responses have been read and coded against the code frame.

Presentation of findings

- Responses to the questions are broken down by the following variables:
 - CCG area
 - Respondent type / service usage.
- The survey responses contained responses from respondents outside of Staffordshire and Stoke-on-Trent.
- The responses from respondents outside the Staffordshire and Stoke-on-Trent area have been separated out from those from respondents within the area.
- Within the presentation of findings, responses from individual respondents out of area are shown separately. However, all formal organisational responses are reported together and not separated according to if they are in or out of area.

	Total	Within Staffordshire and Stoke-on-Trent	Outside of Staffordshire and Stoke-on-Trent	No postcode provided / unable to profile
Assisted conception	12	8	3	1
Hearing loss in adults	295	168	81	46
Removal of excess skin	17	15	1	1
Breast augmentation and reconstruction	11	9	-	2
Male and female sterilisation	8	7	1	-

Respondent profiling

Overview of respondents from 2020 engagement



Survey: 569 responses



Deliberative events: Seven events held with a total attendance of 56



Additional events: Two additional events held with Deafvibe and Action on Hearing Loss



Correspondence: Eight pieces received, five from clinical respondents and three from non-clinical respondents

	Assisted conception	Hearing loss in adults	Removal of excess skin	Breast augmentation and reconstruction	Male and female sterilisation
Current service user	9	129	1	-	10
Service user in the last three years	11	115	-	4	128
Likely to be a service user in the future	18	97	9	7	7
Healthcare professional	16	42	12	11	12
Interested party or organisation	15	43	11	17	15
Other	40	43	29	31	35
Base	98	338	58	64	203

Respondent types

All respondents



86%

Patients / members
of the public
(260)



2%

Carers
(7)



7%

NHS employees
(20)



3%

Organisation
representatives
(8)



2%

Formal organisational
responses
(7)

Base: 302

Respondents from Staffordshire and Stoke-on-Trent



90%

Patients / members
of the public
(156)



3%

Carers
(5)



2%

NHS employees
(3)



3%

Organisation
representatives
(5)



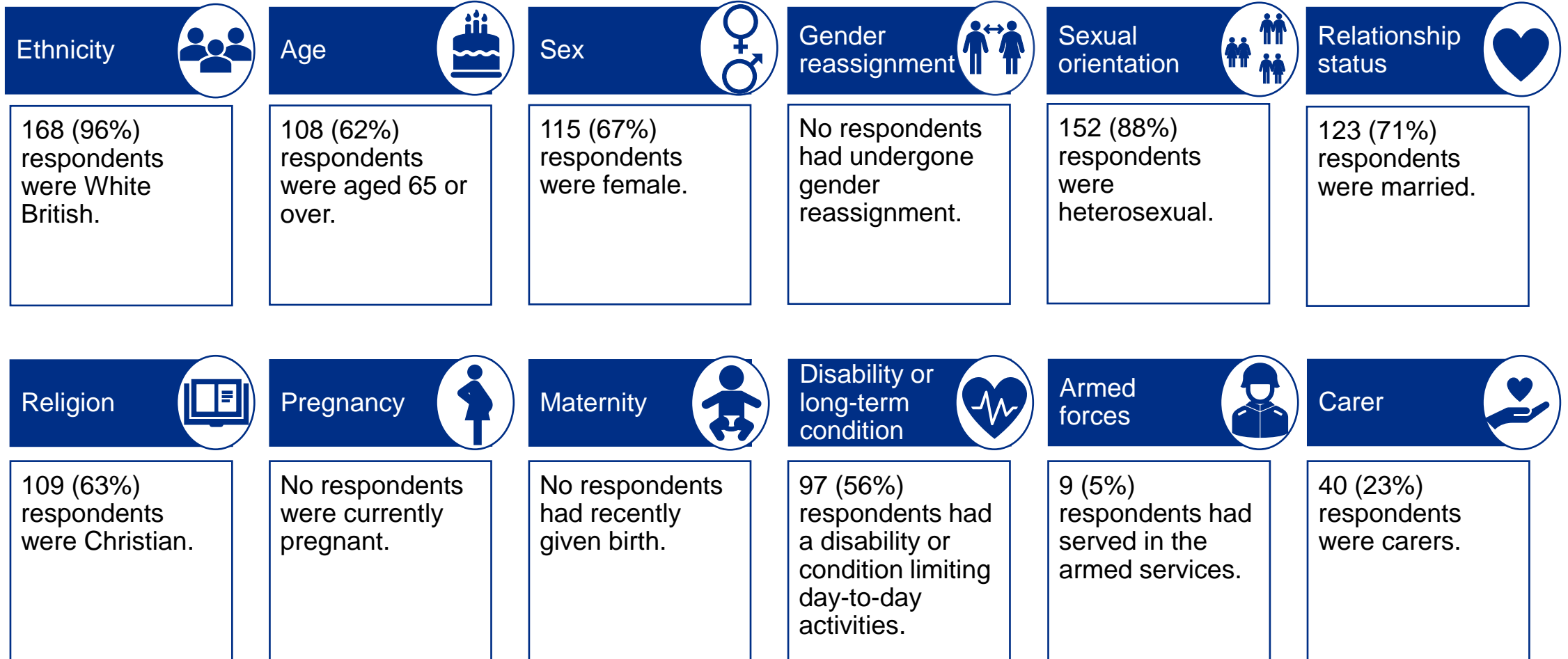
2%

Formal organisational
responses
(4)

Base: 173

Demographic profiling

Respondents from Staffordshire and Stoke-on-Trent



Demographic profiling: Ethnicity

Ethnicity	Within Staffordshire and Stoke-on- Trent	Outside Staffordshire and Stoke-on- Trent	No postcode provided / unable to profile	Total no.	Total percent
White British	96%	90%	90%	285	93%
White: Other White background	1%	5%	-	6	2%
White: Gypsy or Irish Traveller	1%	-	-	1	0.3%
Mixed: White and Asian	1%	-	-	1	0.3%
Asian/Asian British: Any other Asian background	-	-	2%	1	0.3%
White: Irish	-	-	2%	1	0.3%
Mixed: White and Black African	-	1%	-	1	0.3%
Black/Black British: Caribbean	-	1%	-	1	0.3%
Prefer not to say	2%	2%	6%	8	3%
Base	175	82	48	305	

Demographic profiling: Age

Age	Within Staffordshire and Stoke-on-Trent	Outside Staffordshire and Stoke-on-Trent	No postcode / unable to profile	Total no.	Total percent
20 – 24	1%	1%	4%	4	1%
25 – 29	1%	-	-	2	1%
30 – 34	3%	5%	2%	10	3%
35 – 39	3%	4%	4%	11	4%
40 – 44	2%	-	2%	5	2%
45 – 49	3%	3%	4%	9	3%
50 – 54	2%	5%	4%	10	3%
55 – 59	9%	12%	6%	29	10%
60 – 64	12%	14%	19%	41	13%
65 – 69	25%	12%	6%	57	19%
70 – 74	16%	16%	19%	50	16%
75 – 79	14%	11%	10%	39	13%
80 and over	6%	16%	15%	31	10%
Prefer not to say	2%	1%	4%	6	2%
Base	175	81	48	304	

Demographic profiling: Sex and gender reassignment

Sex	Within Staffordshire and Stoke-on-Trent	Outside Staffordshire and Stoke-on-Trent	No postcode provided / unable to profile	Total no.	Total percent
Female	67%	55%	68%	192	64%
Male	30%	42%	26%	98	33%
Other	1%	-	-	1	0.3%
Prefer not to say	2%	4%	6%	10	3%
Base	172	82	47	301	

Gender reassignment	Within Staffordshire and Stoke-on-Trent	Outside Staffordshire and Stoke-on-Trent	No postcode provided / unable to profile	Total no.	Total percent
Yes	-	5%	2%	5	2%
No	94%	85%	88%	249	91%
Prefer not to say	6%	9%	10%	21	8%
Base	158	75	42	275	

Demographic profiling: Sexual orientation

Sexual orientation	Within Staffordshire and Stoke-on- Trent	Outside Staffordshire and Stoke-on- Trent	No postcode provided / unable to profile	Total no.	Total percent
Heterosexual	88%	88%	81%	263	87%
Bisexual	3%	-	-	5	2%
Lesbian	1%	1%	-	2	1%
Gay	-	1%	2%	2	1%
Other	1%	-	-	1	0.3%
Prefer not to say	8%	10%	17%	29	10%
Base	172	82	48	302	

Demographic profiling: Pregnancy and maternity

Pregnant at this time	Within Staffordshire and Stoke-on-Trent	Outside Staffordshire and Stoke-on-Trent	No postcode provided / unable to profile	Total no.	Total percent
Yes	-	-	-	-	-
No	97%	93%	91%	275	95%
Prefer not to say	4%	7%	9%	15	5%
Base	170	75	45	290	

Recently given birth	Within Staffordshire and Stoke-on-Trent	Outside Staffordshire and Stoke-on-Trent	No postcode provided / unable to profile	Total no.	Total percent
Yes	-	-	-	-	-
No	96%	93%	91%	273	95%
Prefer not to say	4%	7%	9%	15	5%
Base	168	75	45	288	

Demographic profiling: Religion and armed forces

Religion	Within Staffordshire and Stoke-on-Trent	Outside Staffordshire and Stoke-on-Trent	No postcode provided / unable to profile	Total no.	Total percent
No religion	29%	27%	23%	83	27%
Christian	63%	65%	65%	193	64%
Buddhist	1%	2%	-	4	1%
Any other religion	1%	-	-	2	1%
Prefer not to say	6%	6%	13%	21	7%
<i>Base</i>	173	82	48	303	
Armed forces	Within Staffordshire and Stoke-on-Trent	Outside Staffordshire and Stoke-on-Trent	No postcode provided / unable to profile	Total no.	Total percent
Yes	5%	5%	2%	14	5%
No	93%	85%	91%	273	90%
Prefer not to say	2%	10%	6%	15	5%
<i>Base</i>	174	81	47	302	

Demographic profiling: Relationship status

Relationship status	Within Staffordshire and Stoke-on-Trent	Outside Staffordshire and Stoke-on-Trent	No postcode provided / unable to profile	Total no.	Total percent
Married	71%	56%	54%	195	64%
Widowed	6%	9%	8%	22	7%
Lives with partner	8%	6%	8%	23	8%
Single	2%	13%	6%	18	6%
Civil partnership	-	-	2%	1	0.3%
Divorced	6%	10%	13%	24	8%
Separated	2%	-	-	2	1%
Other	1%	-	-	1	0.3%
Prefer not to say	5%	6%	8%	18	6%
Base	174	82	48	304	

Demographic profiling: Disability and carers

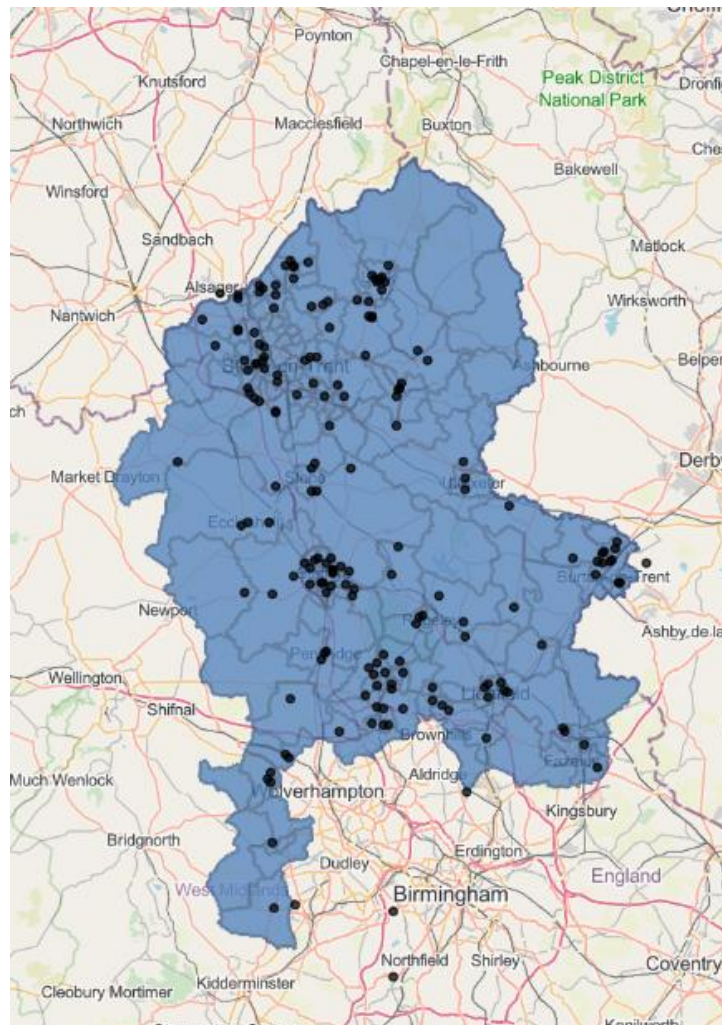
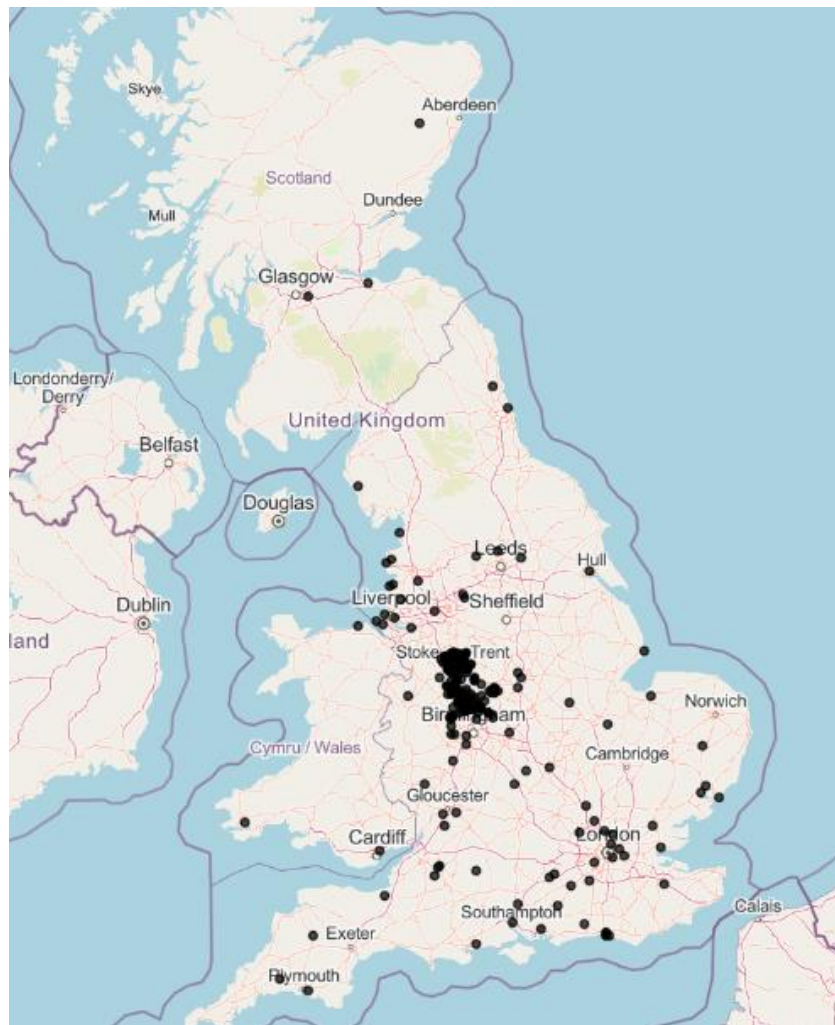
Disability or long-term health condition limiting day-to-day activities	Within Staffordshire and Stoke-on-Trent	Outside Staffordshire and Stoke-on-Trent	No postcode provided / unable to profile	Total no.	Total percent
Yes, limited a lot	20%	24%	20%	63	21%
Yes, limited a little	36%	41%	47%	115	39%
No	44%	35%	33%	120	40%
Base	174	79	45	298	

Carer	Within Staffordshire and Stoke-on-Trent	Outside Staffordshire and Stoke-on-Trent	No postcode provided / unable to profile	Total no.	Total percent
Yes – person(s) aged under 25	2%	11%	4%	15	5%
Yes – person(s) aged 25–49	2%	4%	2%	8	3%
Yes – older person(s) aged over 50	19%	20%	17%	57	19%
No	73%	63%	72%	211	70%
Prefer not to say	5%	5%	6%	15	5%
Base	175	80	47	302	

Demographic profiling: Disabilities and conditions

Disability or long-term health condition	Within Staffordshire and Stoke-on-Trent	Outside Staffordshire and Stoke-on-Trent	No postcode provided / unable to profile	Total no.	Total percent
Mental health need	8%	3%	3%	14	6%
Long-term illness	20%	4%	11%	33	14%
Physical disability	33%	21%	16%	64	27%
Sensory disability	64%	79%	73%	166	70%
Learning difficulty or disability	2%	2%	-	3	1%
Other	6%	6%	3%	13	6%
Prefer not to say	11%	6%	14%	23	10%
Base	133	68	37	238	

Location of respondents



CCG	No.	%
North Staffordshire CCG	54	18%
Stafford and Surrounds CCG	39	13%
South East Staffordshire and Seisdon Peninsula CCG	23	8%
Cannock Chase CCG	21	7%
East Staffordshire CCG	20	7%
Stoke-on-Trent CCG	18	6%
No postcode provided / unable to profile	49	16%
Outside of area	82	27%
Base	306	

Feedback on assisted conception

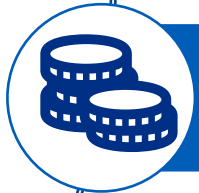
Assisted conception: Summary from 2020 engagement



Service users highlighted the good standard of care and service from staff and raised concerns over the lack of access to treatment and the cost of self-funding.



The negative impact of infertility on patients' mental health, wellbeing and relationships was highlighted. Service users commented that successful treatment had a positive impact on their lives through becoming parents. However, unsuccessful treatment had resulted in adverse impacts on respondents' wellbeing and mental health.



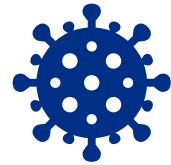
The key themes raised tended to be in support for funding this service, but it was also commented that there should be restrictions on the number of cycles and who is eligible; for example, funding two or three rounds of IVF and prioritising those without children.



The Royal British Legion highlighted that Armed Forces couples are entitled to three rounds of IVF and this should not be diminished in any way.

Assisted conception: Service usage: Please select which most applies to you?

Respondents from Staffordshire and Stoke-on-Trent



0%

Service user before
COVID

(-)

14%

Service user during
COVID

(1)

29%

Likely to be a service
user in the future

(2)

14%

Healthcare
professional

(1)

43%

Other respondent

(3)

Base: 7

Feedback on assisted conception

1 respondent from Staffordshire provided feedback on the use of the service.

Where did you have this service or procedure?



The respondent received this procedure at TFP Nurture Fertility Clinic in Nottingham.

Was this funded by the NHS or privately?



The respondent's treatment was NHS funded.

What went well?

- The respondent said that the clinic was good, highlighting the high quality of communication.
- The respondent fell pregnant, but had a miscarriage.

What concerns or issues, if any, did you have?

- The respondent did not have any concerns and did not experience any issues.

After you received this service or procedure how has this affected your life?

- The respondent felt it was unfair that service provision is different across the UK.
- It was highlighted that Staffordshire is one of a few areas in the country that does not complete a full cycle of the procedure when, at the same time, residents of other areas have access to two cycles of IVF.
- The respondent said that this situation caused a lot of stress and added a financial pressure on families.

Assisted conception: What are your views on this procedure?



Themes from within Staffordshire and Stoke-on-Trent

- 8 responses
- Respondents shared mixed views on how the procedure should be funded
- A key theme was the need for there to be a consistent approach across different areas
- Two respondents highlighted the need for clear criteria on who can access the service. It was suggested that different factors should be considered, such as number of other children, age, chance of success, infertility
- One respondent suggested that all who do not meet the criteria should receive the service at a reduced fee
- A respondent advised couples without children to think about adoption or fostering as there are many children looking for a family
- One respondent highlighted that not funding the service could lead to patients being exploited by the private sector.

Themes outside Staffordshire and Stoke-on-Trent

- 3 responses
- It was commented that this service should be funded as it is too expensive to afford privately.

Themes from respondents with no postcode / unable to profile

- 1 response
- It was commented that funding should be available and needs to be consistent across CCGs.

Feedback on hearing loss in adults

Hearing loss: Summary from 2020 engagement



Service users highlighted the importance of accessing hearing aids as it improves hearing and patients' social life, wellbeing and quality of life. Concerns over the lack of access were also raised.



The key themes raised tended to be in support of funding the service for all patients.



Action on Hearing Loss, British Society of Audiology and the British Academy of Audiology commented that hearing aids should be available in line with NICE guidance. They also highlighted the impact of hearing loss on quality of life and the potential of untreated hearing loss resulting in adverse patient outcomes.



The Royal British Legion made it clear that veterans with hearing problems caused by military service should have access to advanced hearing aids and equipment under the Armed Forces Covenant principle of special consideration. The Legion suggested veterans with any level of hearing loss should be able to access hearing aids.



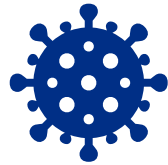
At Action on Hearing Loss and Deafvibe events, participants highlighted the positive impact of hearing aids on daily life and raised concerns over the cost of private hearing aids. The need to improve follow-up care, such as access to batteries and checking patients are using their aids, was also highlighted.

Hearing loss: Service usage: Please select which most applies to you?

Respondents from Staffordshire and Stoke-on-Trent



19%
Service user before
COVID
(30)



27%
Service user during
COVID
(44)



26%
Likely to be a service
user in the future
(42)



3%
Healthcare
professional
(5)



25%
Other respondent
(41)

Base:162

Hearing loss: Where did you have this service or procedure?

Top three locations:

*Respondents from
Staffordshire and Stoke-on-Trent*

Specsavers
(16 / 22%)

County Hospital
(inc. *Stafford, Stafford Hospital*)
(11 / 15%)

Queen's Hospital
(inc. *Burton*)
(8 / 11%)

Top location by CCG area:

Cannock Chase: Cannock Chase Hospital
(inc. Cannock) (6 / 46%)

East Staffordshire: Queen's Hospital Burton
(inc. Burton) (4 / 44%)

North Staffordshire:
Specsavers (8 / 32%)

Stafford and Surrounds: County Hospital
(inc. Stafford, Stafford Hospital) (9 / 60%)

Stoke-on-Trent:
Specsavers (2 / 50%)

SES and Seisdon Peninsula: Queen's Hospital / West Park Hospital (2 / 29%)

Outside the area: Other location outside Staffordshire (32 / 78%)

Unable to profile / postcode not provided:
Other location outside Staffordshire (7 / 30%)

Top location by service usage (within Staffordshire and Stoke-on-Trent):

Service user before COVID-19:
Specsavers / County Hospital (6 / 20%)

Service user during COVID-19:
Specsavers (10 / 23%)

Base: 73

Hearing loss: Was this funded by the NHS or privately?

Overall responses (within Staffordshire and Stoke-on-Trent)



Base: 72

	Cannock Chase	East Staffs	North Staffs	Stafford and Surrounds	Stoke-on-Trent	SES and Seisdon Peninsula	Outside the area	Unable to profile/postcode not provided	Service user before COVID*	Service user during COVID*
NHS	100%	100%	96%	93%	100%	86%	95%	96%	93%	98%
Privately	-	-	4%	7%	-	14%	5%	4%	7%	2%
Base	13	8	25	15	4	7	43	25	29	43

**Respondents within Staffordshire and Stoke-on-Trent*

Hearing loss: What went well?

Respondents from Staffordshire and Stoke-on-Trent

Main themes

Access

Communication

General

Health and wellbeing

Quality of care

Service provision

Staff

Key themes



General:

Everything was good
(e.g. good service)
(30 / 44%)



Service provision:

Ability to access
hearing aids is
important
(14 / 20%)



Service provision:

Diagnosis and
hearing tests were
effective
(13 / 19%)

Base: 69

Hearing loss: What went well? By CCG and service usage

Top theme by CCG area:



Cannock Chase: General –
Everything was good (e.g. good service) (5 / 42%)



East Staffordshire: General –
Everything was good / Diagnosis and hearing tests
were effective (3 / 43%)



North Staffordshire: General –
Everything was good (e.g. good service) (12 / 48%)



Stafford and Surrounds: General –
Everything was good (e.g. good service) (6 / 40%)



Stoke-on-Trent:
Access – Service was accessible (2 / 50%)



SES and Seisdon Peninsula: General –
Everything was good (e.g. good service) (3 / 50%)



Outside the area: Service provision –
Ability to access hearing aids is important (12 / 30%)



Unable to profile / no postcode: General – Everything
was good / Service provision – Diagnosis and hearing
tests were effective / Health and wellbeing – Hearing aid
improved quality of life (4 / 21%)

Top theme by service usage (within Staffordshire and Stoke-on-Trent):



Service user before COVID-19: General –
Everything was good (e.g. good service) (11 / 39%)



Service user during COVID-19: General –
Everything was good (e.g. good service) (19 / 46%)

Hearing loss: What concerns or issues, if any, did you have?



Respondents from Staffordshire and Stoke-on-Trent

Main themes

Access

Communication

Cost and efficiency

General

Health and wellbeing

Integration

Quality of care

Quality of equipment

Service provision

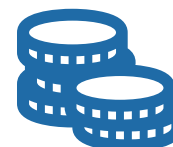
Technology

Base: 62

Key themes



General:
None/no concerns
(23 / 37%)



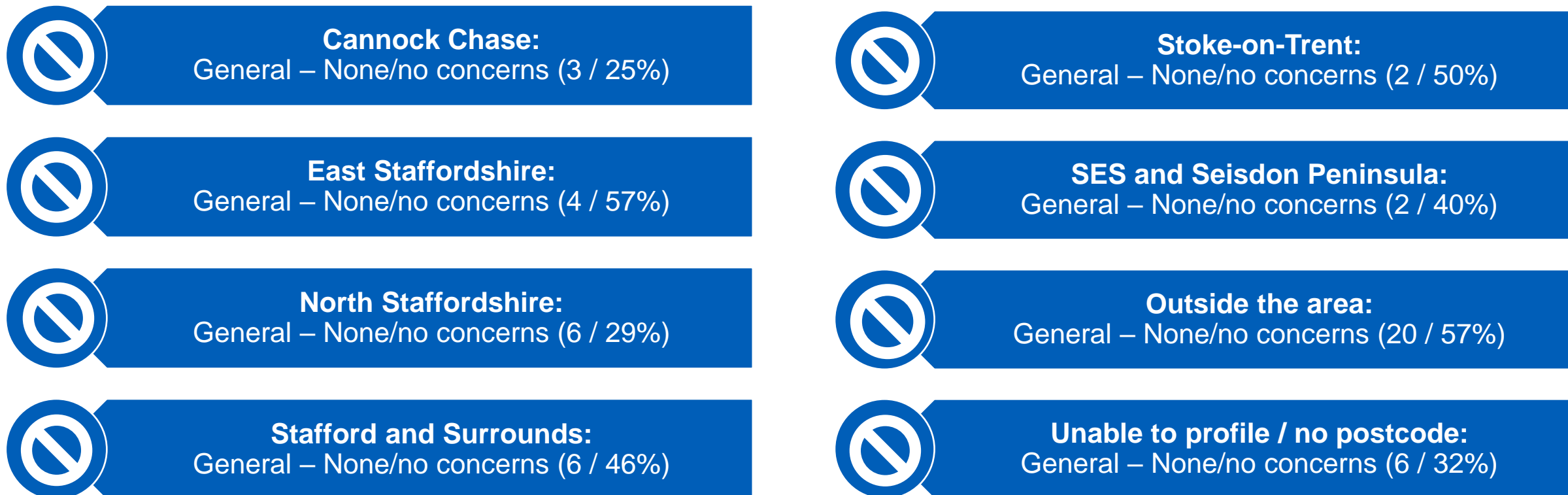
Cost and efficiency:
Concern over the high
cost of hearing aids
(8 / 13%)



Quality of care:
Concern over
effectiveness of
hearing aids
(6 / 10%)

Hearing loss: What concerns or issues, if any, did you have?

Top theme by CCG area:



Top theme by service usage (within Staffordshire and Stoke-on-Trent):



Hearing loss: How has this affected your life?

Respondents from Staffordshire and Stoke-on-Trent

Main themes

Access

Communication

Cost and efficiency

Education

General

Health and wellbeing

Key themes



Health and wellbeing:

Hearing aid improved quality of life (e.g. social life, relationship)
(39 / 57%)



Communication:

Hearing aid improved communication (e.g. can use phone)
(22 / 32%)



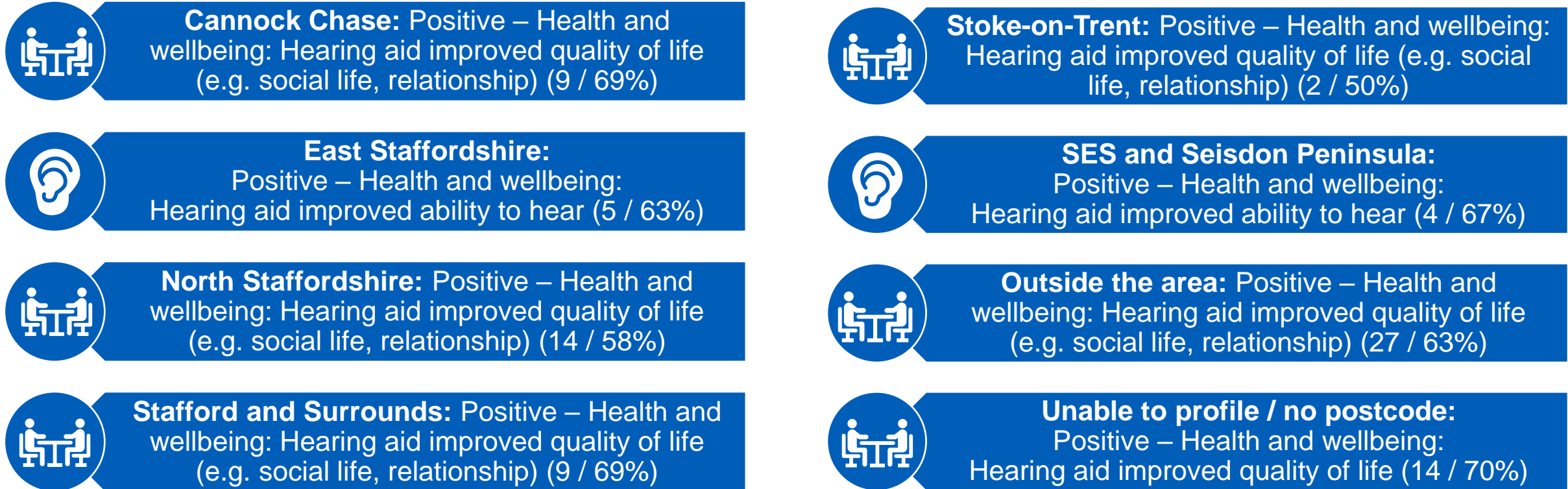
Health and wellbeing:

Hearing aid improved ability to hear
(21 / 31%)

Base: 68

Hearing loss: How has this affected your life?

Top theme by CCG area:



Top theme by service usage (within Staffordshire and Stoke-on-Trent):



Hearing loss: What are your views on this service?

Respondents from Staffordshire and Stoke-on-Trent

Main themes

Access

Cost and efficiency

COVID

General

Health and wellbeing

Quality of care

Quality of equipment

Service provision

Specific groups

Key themes



Cost and efficiency:
NHS should fund the provision of hearing care and hearing aids (e.g. free of charge)
(85 / 52%)



General:
Service should be available to anyone with hearing loss
(68 / 41%)

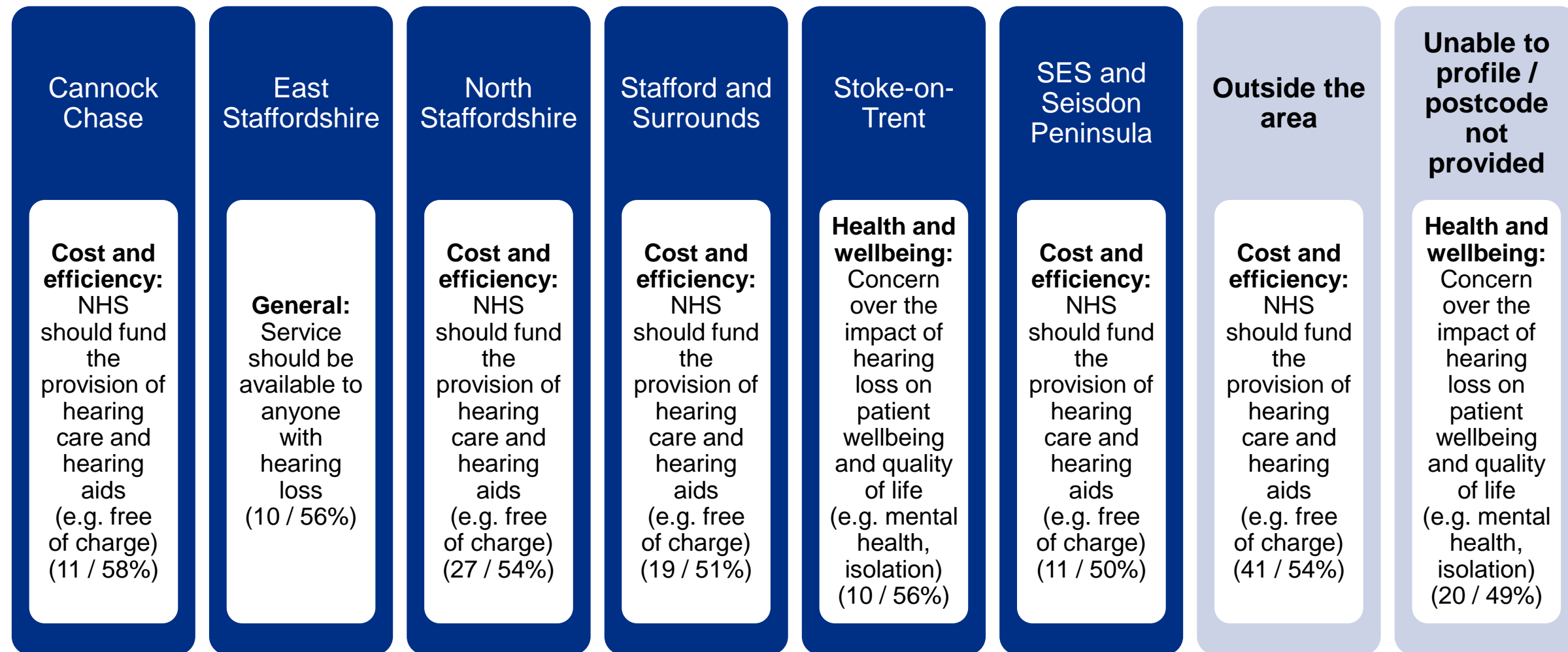


Health and wellbeing:
Concern over the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)
(59 / 36%)

Base: 164

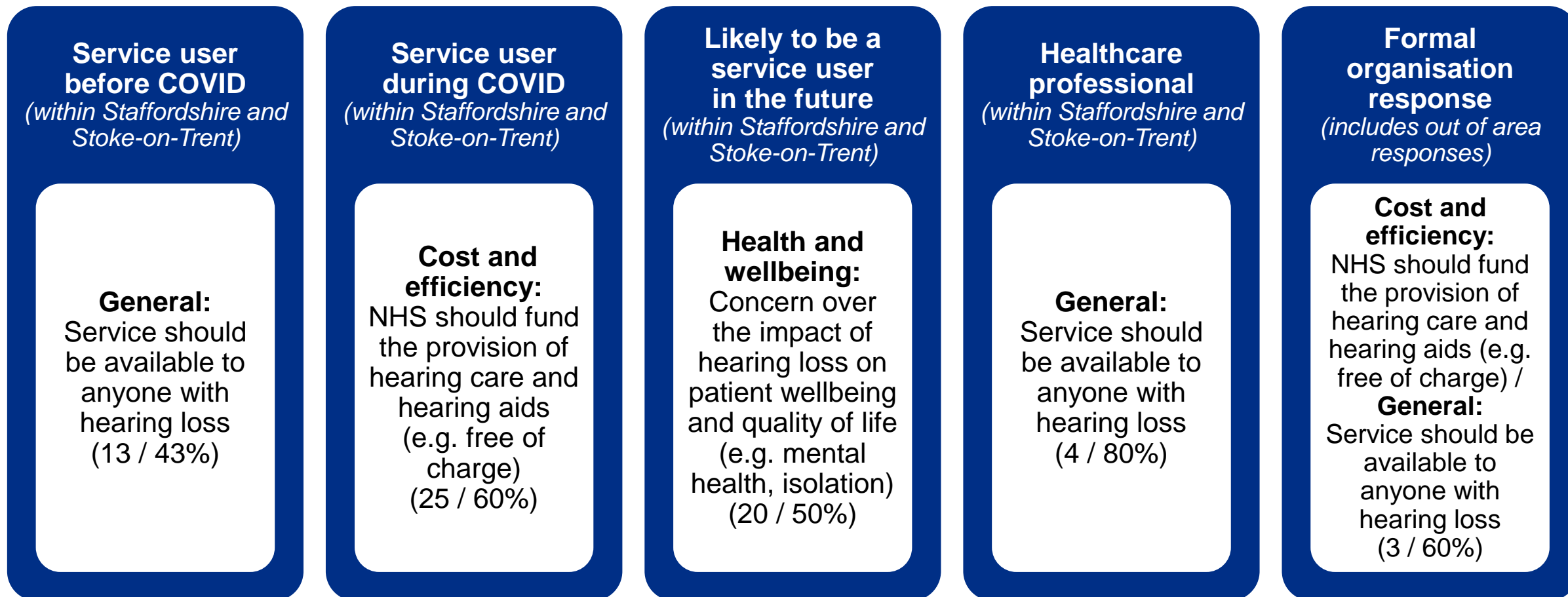
Hearing loss: What are your views on this service?

Top themes by CCG area



Hearing loss: What are your views on this service?

Top themes by service usage / respondent type



Feedback on male and female sterilisation

Sterilisation: Summary of feedback from 2020 engagement



Service users highlighted the success of the procedure and all aspects of the treatment going well.



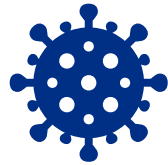
Key themes raised included funding the procedure to reduce unplanned pregnancies and considering the cost of pregnancies to the NHS.



When considering who should be eligible, key themes raised were that the procedure should be funded if patients wish to be sterilised or if patients or their partners would be at risk of adverse impacts from becoming pregnant.

Sterilisation: Service usage: Please select which most applies to you?

Respondents from Staffordshire and Stoke-on-Trent



0%

Service user before
COVID

(-)

0%

Service user during
COVID

(-)

17%

Likely to be a service
user in the future

(1)

17%

Healthcare
professional

(1)

67%

Other respondent

(4)

Base: 6

Sterilisation: What are your views on this procedure?

Themes from within Staffordshire and Stoke-on-Trent

- 7 responses
- All respondents agreed that this procedure should be available to anyone who would benefit from it medically, physically or emotionally
- It was highlighted that costs of pregnancy, strain on social services and costs from population growth are much higher than the cost of this procedure
- 2 respondents commented that younger people (particularly younger women) should be able to access this procedure
- 1 respondent commented that contraception such as pills and condoms are not as effective as sterilisation, while another commented that funding the procedure saves the NHS the cost of contraceptive pill prescriptions
- 1 respondent suggested that funding for the procedure should be means-tested.

Themes outside Staffordshire and Stoke-on-Trent

- 1 response
- It was commented that this service should be available on the NHS for health reasons and for those who cannot afford to fund it privately.

Themes from respondents with no postcode / unable to profile

- No responses

Feedback on breast augmentation and reconstruction

Summary of feedback from the 2020 engagement



Service users highlighted the impact of the procedure on reducing discomfort and improving quality of life.



Key themes raised were that reconstructive surgery should be available for breast cancer or breast surgery patients. However, respondents were clear that the procedure should not be funded for cosmetic reasons.



The impact of this procedure on patient wellbeing, quality of life and relationships was also highlighted.

Breast augmentation and reconstruction: Service usage: Please select which most applies to you?

Respondents from Staffordshire and Stoke-on-Trent



0%

Service user before
COVID

(-)



0%

Service user during
COVID

(-)



25%

Likely to be a service
user in the future

(2)



13%

Healthcare
professional

(1)



63%

Other respondent

(5)

Base: 8

Breast augmentation and reconstruction: What are your views on this procedure?

Themes from within Staffordshire and Stoke-on-Trent

- 9 responses
- All respondents agreed that the procedure should be funded by the NHS for all breast cancer patients and if it is needed due to other serious ill health or injury
- 2 respondents commented that eligibility criteria should include those with extremely large breasts, which causes back problems and could cost more to the NHS in the long term
- Respondents felt that breast augmentation and reconstruction for cosmetic or mental health reasons should be paid for privately.

Themes outside Staffordshire and Stoke-on-Trent

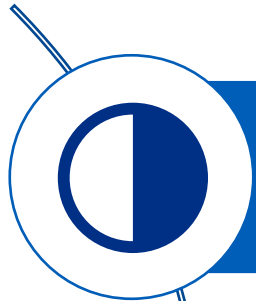
- No responses.

Themes from respondents with no postcode / unable to profile

- 2 responses
- 1 respondent commented that the service is unfair, highlighted that a patient was unable to have implants fitted for breast deformity replaced
- Another respondent commented that the procedure should be funded for patients that have had mastectomies, but the criteria for cosmetic or mental health reasons should be consistent with the removal of excess skin following significant weight loss criteria.

Feedback on removal of excess skin following significant weight loss

Removal of excess skin: Summary from 2020 engagement



There were contrasting views on whether this procedure should be funded.



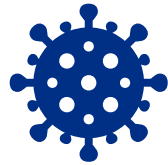
The impact of excess skin on patient health and wellbeing was highlighted, such as sores, itching and adverse mental health impacts.



Key themes raised in support of funding this service were that the procedure should be funded to support patients who have made significant lifestyle changes, and that restricting access to the treatment may discourage patients from losing weight. This, along with adverse impacts on patients from not funding the treatment, may cost the NHS more in the long term.

Removal of excess skin: Service usage: Please select which most applies to you?

Respondents from Staffordshire and Stoke-on-Trent



0%

Service user before
COVID

(-)

0%

Service user during
COVID

(-)

36%

Likely to be a service
user in the future

(5)

7%

Healthcare
professional

(1)

57%

Other respondent

(8)

Base: 14

Removal of excess skin: What are your views on this procedure?



Themes from within Staffordshire and Stoke-on-Trent

- 15 responses
- Respondents had mixed views on provision of this procedure
- 11 respondents suggested that the service should be funded by the NHS and should be available for anyone who loses a considerable amount of weight without a gastric band
- It was highlighted that serious excess skin has a negative impact on quality of life, mental health, ability to work and can cause other health problems (e.g. infection, diabetes) which will cost the NHS more in the long term
- 3 respondents felt that this is a cosmetic procedure with lack of clinical benefits and should not be funded by the NHS
- 1 participant commented that each case should be considered individually
- It was commented that waiting time for assessment and procedure is too long
- A respondent also highlighted the need to have equal access to the procedure across the country.

Themes outside Staffordshire and Stoke-on-Trent

- 1 response
- The respondent commented in support of funding the procedure.

Themes from respondents with no postcode / unable to profile

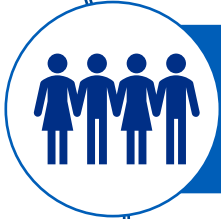
- 1 response
- The respondent highlighted that there is a lack of equity of access to this procedure
- The impact of excess skin on confidence, quality of life and mental health was highlighted.

Feedback on making decisions about how services will be provided in the future

Making decisions: Summary from 2020 engagement



A large proportion of respondents (458 / 89%) felt that providing services which are proven to have a clinical benefit for patients is the key consideration. The key reason was that patient health and public and patient needs are more important than finances.



The need to consider the impact of changing services on patients and their families (e.g. mental health, quality of life) and the long-term cost savings in providing services were highlighted.



At the deliberative events, key considerations were around self-care and prevention, such as considering whether treatments are for a disease or a lifestyle choice. Other key considerations were around the cost and value for money of treatments, including considering whether reducing access to the treatment would cost more in the long term, patient outcomes, and quality of life.



The Royal British Legion highlighted that the needs of the Armed Forces community need to be considered.

Making decisions about how services will be provided in the future

Proportion rating most important in Staffordshire and Stoke-on-Trent



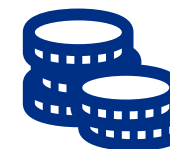
94%

Providing services which are proven to have a clinical benefit for patients



6%

Providing services that are consistent with national and local priorities



4%

Providing services that provide value for money

Base: 160–167

Providing services which are proven to have a clinical benefit for patients was rated as the most important factor across all CCG areas and respondent types

Please tell us why you rated the factors in that order



Respondents from Staffordshire and Stoke-on-Trent

Main themes

Access

Cost and efficiency

General

Health and wellbeing

Hearing aids

Removal of excess skin

Service provision

Specific groups

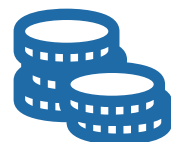
Staff

Key themes



Cost and efficiency:

Patient benefits and quality of care are more important than money
(62 / 42%)



Cost and efficiency:

Money should be allocated in a way which provides best value (e.g. include short-term and long-term health benefits, wider impact)
(19 / 13%)



Service provision:

NHS should provide services that have clinical benefits
(e.g. clinical benefits are the priority)
(33 / 22%)



Hearing aids:

Consider impact of hearing loss on patient wellbeing and quality of life
(e.g. mental health, isolation)
(19 / 13%)



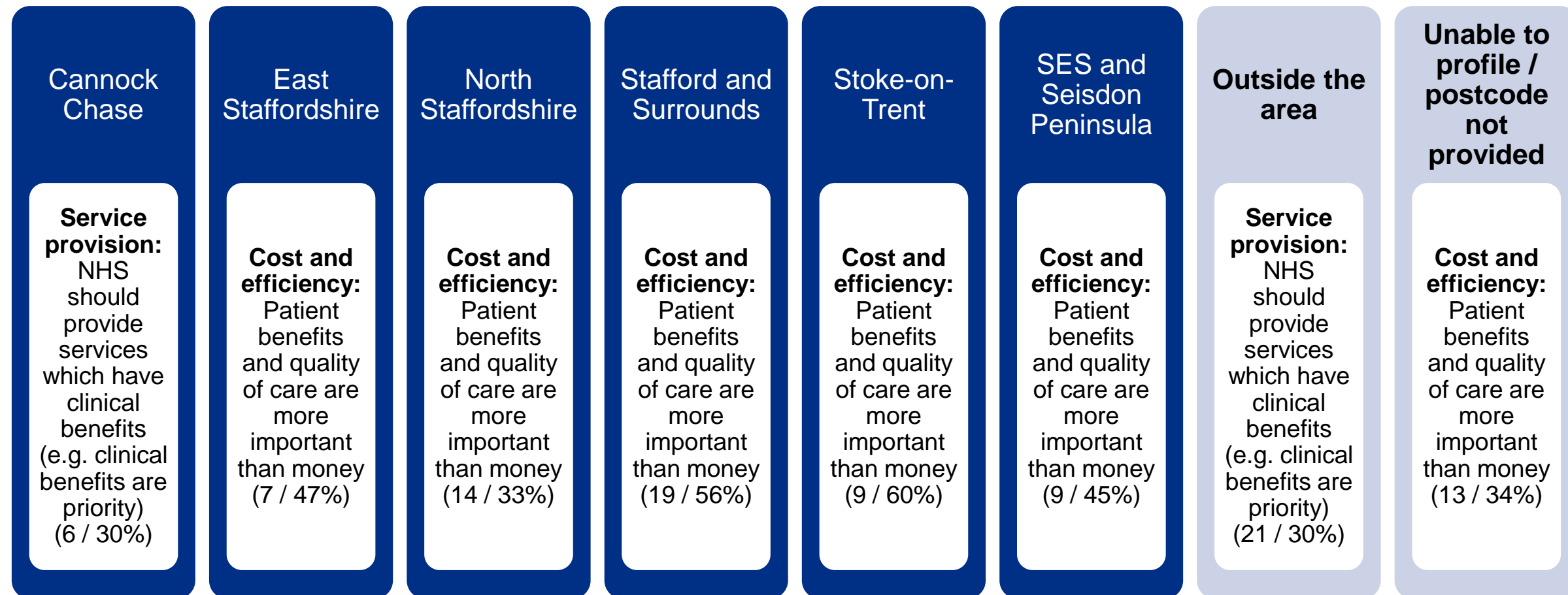
Access:

Services should be consistent across different areas
(e.g. no postcode lottery)
(19 / 13%)

Base: 147

Please tell us why you rated the factors in that order

Top themes by CCG area



Please tell us why you rated the factors in that order



Top themes by respondent type

**Patient or member
of the public**
*(within Staffordshire and
Stoke-on-Trent)*

**Cost and
efficiency:**
Patient benefits
and quality of
care are more
important than
money
(57 / 44%)

Carer
*(within Staffordshire and
Stoke-on-Trent)*

Access:
NHS services
should be
available to
anyone who
needs them
(2 / 50%)

NHS employee
*(within Staffordshire and
Stoke-on-Trent)*

Limited feedback
received

**From another
organisation**
*(within Staffordshire and
Stoke-on-Trent)*

Cost and efficiency:
Patient benefits and
quality of care are
more important than
money / **Cost and
efficiency:** Adverse
patient outcomes
from lack of access
to these services
could cost the NHS
or social services
more in the long term
(2 / 40%)

**Formal organisation
response**
*(includes out of area
responses)*

**Cost and
efficiency:**
Patient benefits
and quality of
care are more
important than
money
(4 / 57%)

Is there anything we may have missed from this list of factors that you think we should consider?

Respondents from Staffordshire and Stoke-on-Trent

Main themes

Access

Communication

Cost and efficiency

COVID

Education

General

Integration

Quality of care

Service provision

Specific groups

Technology

Base: 80

Key themes



Health and wellbeing:

Concern over the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)
(16 / 20%)



COVID:

Consider the impact of COVID-19 restrictions on people with hearing loss (e.g. more communication barriers as unable to lip-read through face masks, isolation and exclusion)
(8 / 10%)



Health and wellbeing:

Consider social and wellbeing benefits of service provision
(9 / 11%)



Access:

NHS services should be accessible for everyone (e.g. short travelling distance, public transport, service at home)
(8 / 10%)

Is there anything we may have missed from this list of factors that you think we should consider?

Top themes by CCG area

Cannock Chase

Access: NHS services should be accessible for everyone (e.g. short travelling distance, public transport, service at home)
(3 / 30%)

East Staffordshire

Cost and efficiency: Consider the impact of hearing loss on ability to work and study
(2 / 29%)

North Staffordshire

Health and wellbeing: Concern over the impact of hearing loss on patient wellbeing and quality of life / Consider social and wellbeing benefits of service provision
(4 / 18%)

Stafford and Surrounds

Health and wellbeing: Concern over the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)
(7 / 33%)

Stoke-on-Trent

Health and wellbeing: Concern over the impact of hearing loss on patient wellbeing and quality of life /
Cost and efficiency: Adverse patient outcomes from lack of access could cost more in the long run /
Quality of care: Consider benefits of hearing aids in early stages of hearing loss
(2 / 25%)

SES and Seisdon Peninsula

COVID: Concern over poor access to healthcare service during pandemic (e.g. support for patients with hearing loss)
(3 / 25%)

Is there anything we may have missed from this list of factors that you think we should consider?

Top themes by area

Outside the area

Health and wellbeing:

Concern over the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation) / Consider social and wellbeing benefits of service provision (10 / 22%)

Unable to profile / no postcode

Access:

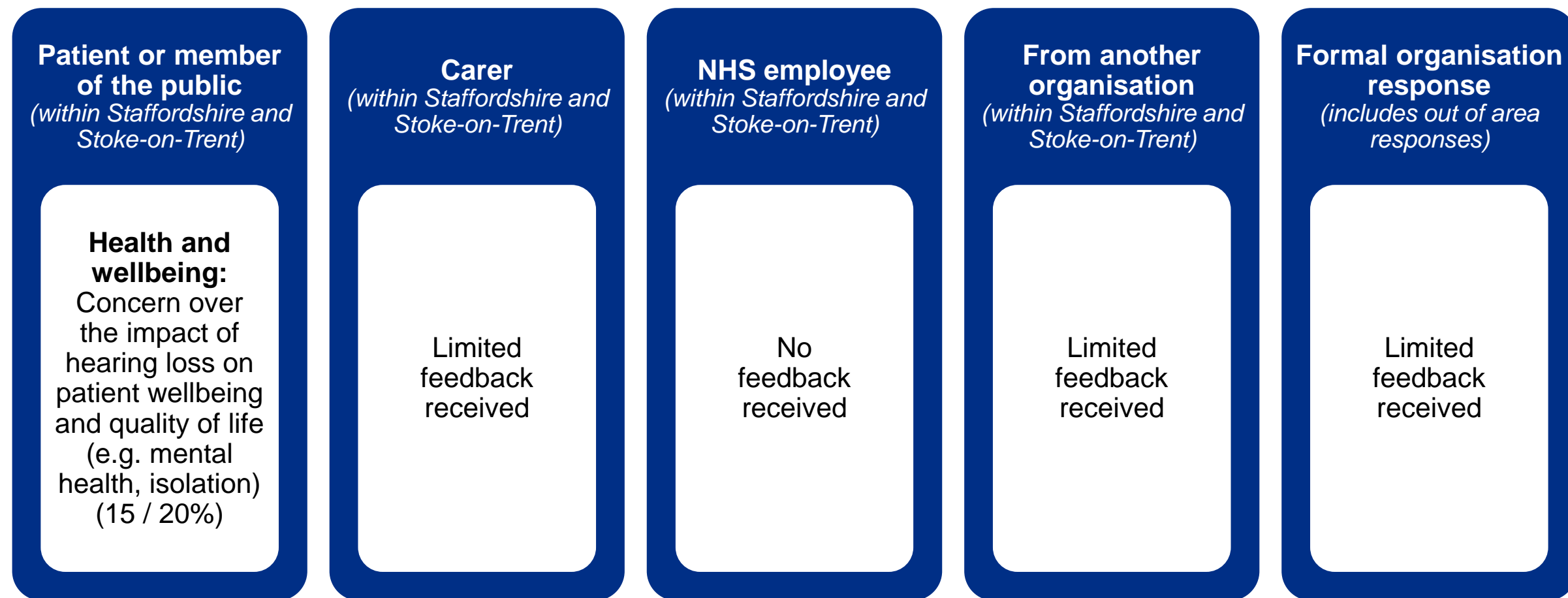
NHS services should be accessible for everyone (e.g. short travelling distance, public transport, service at home) /

Technology:

Concern over effectiveness of virtual appointments (e.g. for people with hearing loss) (4 / 19%)

Is there anything we may have missed from this list of factors that you think we should consider?

Top themes by respondent type



Summary

Summary of findings on the five procedures / services

Assisted conception

- Respondents shared mixed views on how the procedure should be funded
- A key theme was the need for a consistent approach across different areas
- The need for clear criteria on who can access the service was highlighted.

Hearing loss in adults

- Respondents highlighted positive experiences of using the service
- It was highlighted that the NHS should fund the provision of care and hearing aids and that the service should be available to anyone with hearing loss
- Respondents shared concern over the impact of hearing loss on patient wellbeing and quality of life.

Male and female sterilisation

- All respondents agreed that this procedure should be available to anyone who would benefit from it medically, physically or emotionally
- It was highlighted that costs of pregnancy, strain on social services and costs from population growth are much higher than the cost of this procedure.

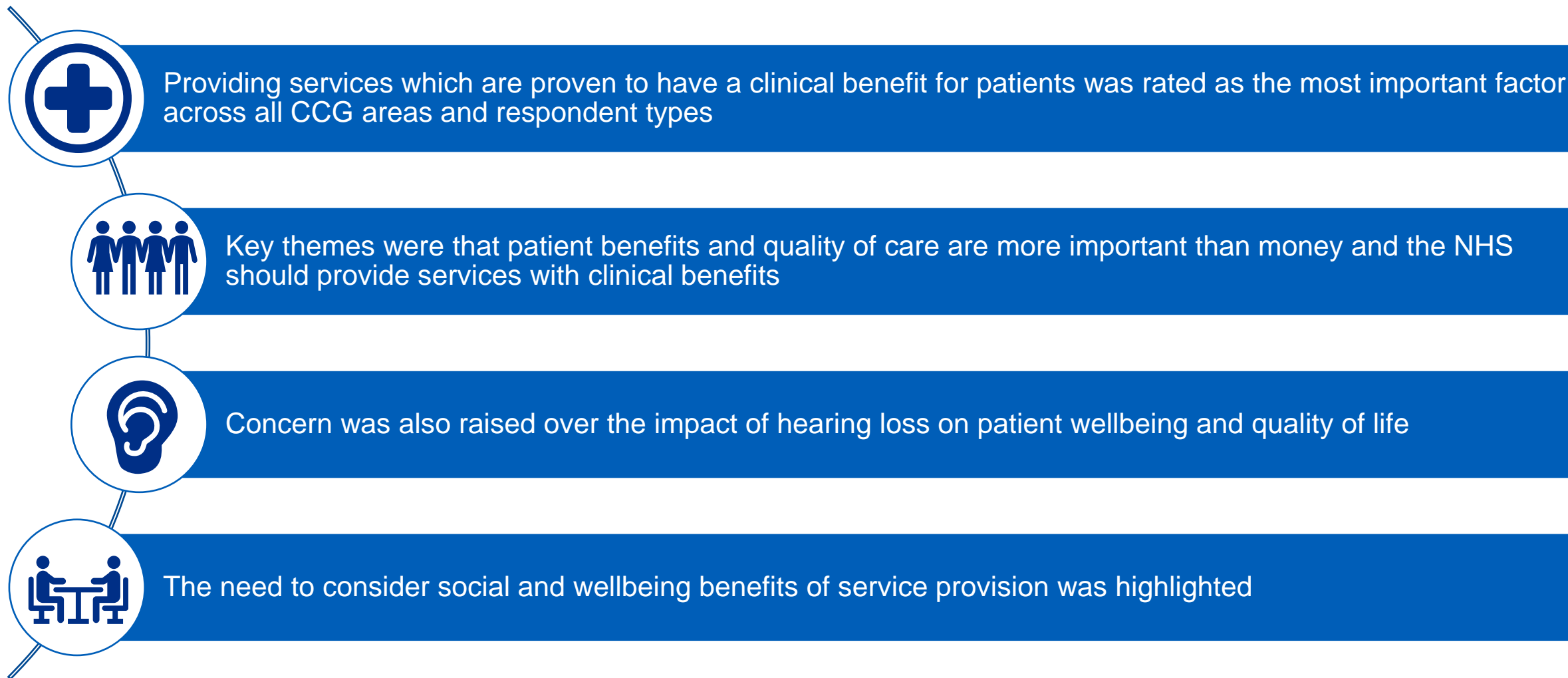
Breast augmentation and reconstruction

- All respondents agreed that the procedure should be funded by the NHS for breast cancer patients and clinical reasons
- It was highlighted that eligibility criteria should include those with extremely large breasts, causing back problems
- Respondents commented that the procedure should be funded privately for cosmetic reasons.

Removal of excess skin following significant weight loss

- Respondents had mixed views on provision of this procedure
- Most respondents were in support of this service being funded by the NHS, highlighting that serious excess skin has a negative impact on health and quality of life
- Some respondents felt that this is a cosmetic procedure and should not be funded by the NHS.

Summary of findings on making decisions about how services will be provided in the future



Appendix

Hearing loss: Where did you have this service or procedure?

Respondents in Staffordshire and Stoke-on-Trent	No.
Location - Specsavers	16
Location - County Hospital (inc. Stafford, Stafford Hospital)	11
Location - Queen's Hospital Burton (inc. Burton)	8
Location - Royal Stoke University Hospital (inc. North Staffs Hospital, Stoke-on-Trent)	7
Location - Cannock Chase Hospital (inc. Cannock)	7
Other, location unclear or not provided	5
Location - Wolverhampton Road Surgery	4
Location - Leek Coach House (Moorlands Medical Centre)	3
Location - Samuel Johnson Community Hospital (inc. Lichfield)	3
Location - Bloom Hearing Specialists (Endon Hearing)	2
Location - West Park Hospital (inc. Wolverhampton)	2
Location - Uttoxeter	2
Location - Unspecified hospital (e.g. hospital)	1
Location - Boots	1
Location - Walsall Manor Hospital	1
Location - Birmingham (inc. Heartlands, QE)	1
Location - Private treatment	1
Location - The Park Medical Practice	1
Location - Dove Hearing Centre (Lichfield)	1
Location - Biddulph	1
Location - Bentilee Neighbourhood Centre	1
Location - Longton Cottage Hospital	1
Location - Scrivens	1
<i>Base</i>	73

Hearing loss: What went well?

Respondents in Staffordshire and Stoke-on-Trent	No.
General - Everything was good (e.g. good service)	30
Service provision - Ability to access hearing aids is important	14
Service provision - Diagnosis and hearing tests were effective	13
Health and wellbeing - Hearing aid improved quality of life (e.g. increased confidence, can hear)	11
Quality of care - Fitting of hearing aid went well	10
Access - Service was accessible	6
Staff - Staff were professional and caring	4
Service provision - Easy access to hearing aid repairs and check-ups (e.g. batteries)	3
Access - Referral process was easy and fast	3
Service provision - Quality of hearing aids is good	2
Service provision - Provision of follow-up checks was good	2
General - Nothing or very little went well	2
Communication - Communication with service users was good	1
Staff - Staff were unprofessional	1
Service provision - Training on how to use hearing aid was useful	1
Quality of care - Service provided at Cannock was good	1
Service provision - Concern over poor service provision at Stafford	1
Quality of care - Longton Cottage Hospital provided good service	1
Base	69

Hearing loss: What concerns or issues, if any, did you have?

Respondents in Staffordshire and Stoke-on-Trent	No.
General - None/no concerns	23
Cost and efficiency - Concern over the high cost of hearing aids	8
Quality of care - Concern over effectiveness of hearing aids	6
Service provision - Concern over reduced provision of hearing aids in the future	4
Health and wellbeing - Concern over impact of hearing loss on quality of life (e.g. ability to work)	4
Access - Concern over criteria to access services (e.g. whether would qualify)	4
Service provision - Concern over the use of external providers (e.g. private providers)	4
Health and wellbeing - Concern over severity or worsening of hearing loss	3
Access - Concern over lack of follow-up support and care (e.g. poor access to follow-ups)	3
Access - Wait to access service is too long (e.g. lack of appointments)	3
General - No comment (e.g. N/A)	2
Access - Concern over poor access to replacement or repairing hearing aids (e.g. new batteries)	1
Access - Concern over unequal access to hearing aids (e.g. postcode lottery)	1
Access - Concern over access to other treatments (e.g. wax removal)	1
Quality of equipment - Concern over quality of hearing aids provided by NHS (e.g. not up to date)	1
General - Other	1
Communication - Concern over poor communication with service users (e.g. poorly informed)	1
Quality of care - Concern over poor quality of follow-up care	1
Health and wellbeing - Consider long-term impact of hearing loss on patients' mental health (e.g. anxiety and depression)	1
Technology - Concern over effectiveness of virtual appointments for people with hearing loss	1
Integration - Concern over poor integration between service providers (e.g. no access to patient's records)	1
Service provision - Concern over poor hearing aid service provision at Stafford	1
Access - Concern over distance of travel to service	1
Access - Concern over complicated referral process	1
Health and wellbeing - Concern over visibility of hearing aids	1
Base	62

Hearing loss: After you received this service or procedure how has this affected your life?

Respondents in Staffordshire and Stoke-on-Trent	No.
Positive - Health and wellbeing - Hearing aid improved quality of life (e.g. social life, relationship)	39
Positive - Communication - Hearing aid improved communication (e.g. can use phone)	22
Positive - Health and wellbeing - Hearing aid improved ability to hear	21
Positive - Health and wellbeing - Hearing aid has a positive impact on mood, wellbeing and mental health	19
Positive - Health and wellbeing - Hearing aid helped to continue education or employment	12
Positive - Health and wellbeing - Consider the positive impact of hearing aid on family members	6
Positive - Health and wellbeing - Hearing aid helped to improve spatial awareness and safety (e.g. alerted to danger)	5
General - Other	3
Negative - Access - Concern over criteria to access NHS hearing aids (e.g. paid privately)	3
Observation - General - Consider that deafness is a disability	3
Positive - Health and wellbeing - Hearing aid had positive impact on physical health (e.g. reduced tinnitus)	2
Observation - Health and wellbeing - Consider long-term impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)	2
Observation - Cost and efficiency - Consider that not everyone can afford privately funded hearing aid	1
Observation - Cost and efficiency - Consider long-term financial benefits by supporting people with hearing loss (e.g. fewer benefit claims)	1
Observation - Education - Consider the need to raise public awareness of deafness	1
Negative - General - Hearing aids are not effective (e.g. amplify background noise)	1
Negative - General - There was no or little impact	1
Negative - Access - Concern over poor access to service at Royal Derby Hospital	1
Base	68

Hearing loss: What are your views on this service/procedure? (1 of 2)



Respondents in Staffordshire and Stoke-on-Trent	No.
Observation - Cost and efficiency - NHS should fund the provision of hearing care and hearing aids (e.g. free of charge)	85
Observation - General - Service should be available to anyone with hearing loss	68
Negative - Health and wellbeing - Concern over the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)	59
Observation - Cost and efficiency - Consider that not everyone can afford hearing aid privately (e.g. too expensive)	21
Observation - General - This NHS service is essential	19
Observation - Cost and efficiency - Consider the impact of hearing loss on ability to work and study	13
Observation - Specific groups - Consider the needs of elderly people (e.g. most needed and least able to self-fund)	11
Negative - Cost and efficiency - Adverse patient outcomes from lack of access to hearing aids could cost the NHS or social services more in the long run	10
Negative - Cost and efficiency - Concern over the adverse impact of hearing loss on other conditions (e.g. dementia)	10
Observation - General - Consider that deafness is a disability (e.g. not a lifestyle choice)	10
Observation - Quality of care - Consider benefits of hearing aids in early stages of hearing loss (e.g. mild hearing loss)	9
Observation - Cost and efficiency - Funding for services should be consistent across different areas (e.g. no postcode lottery)	8
Observation - Cost and efficiency - Consider patients' financial contribution	6
Negative - Quality of care - Concern over the use of private providers (e.g. poor quality of services)	5
Observation - Cost and efficiency - Funding should be means-tested	5
Observation - General - Positive comment about received service	5
Observation - General - Service should be available free of charge to all tax payers	5
Observation - Cost and efficiency - Consider long-term financial benefits of supporting people with hearing loss (e.g. fewer benefit claims)	4
Negative - General - The service requires improvement (e.g. poor service)	4
Base	164

Hearing loss: What are your views on this service/procedure? (2 of 2)



Respondents in Staffordshire and Stoke-on-Trent	No.
Observation - Cost and efficiency - Patients who lost hearing due to working environment should receive the service from NHS	3
Observation - Service provision - Consider the need for hearing aids repair and maintenance service	3
Observation - Specific groups - Service should be available free of charge to all over pension age	3
General - Other	2
Observation - Specific groups - Service should be available to all NHS patients suffering from moderate to severe hearing loss	2
Observation - Health and wellbeing - Consider impact of lack of access to hearing aids on people's safety (e.g. road accidents)	2
Observation - Specific groups - Children should be given priority accessing hearing aids	2
Negative - COVID - Concern over lack of access to service during pandemic	1
Observation - Specific groups - Service should be available free of charge to all people in employment or education	1
Observation - Service provision - Consider provision of NHS hearing aids only for non-complex patients (e.g. basic hearing aids)	1
Observation - Service provision - Hearing aids should be available if doctors prescribe them	1
Observation - Health and wellbeing - Consider the impact of hearing loss on family members	1
Observation - Access - Consider the need to change criteria to access NHS hearing aids (e.g. should not be based on pure-tone average)	1
Observation - Service provision - Consider lack of benefits from hearing aids for mild to moderate hearing loss	1
Observation - Access - Consider the need to reduce waiting time for service	1
Observation - Access - Consider the need to reduce time between hearing tests (e.g. three years is too long)	1
Negative - Quality of equipment - Concern over poor quality of NHS hearing aids	1
Base	164

Please tell us why you rated the factors in that order (1 of 2)



Respondents in Staffordshire and Stoke-on-Trent	No.
Cost and efficiency - Patients' benefits and quality of care are more important than money	62
Service provision - NHS services should provide services which have clinical benefits (e.g. clinical benefits are priority)	33
Cost and efficiency - Money should be allocated in a way which provides best value (e.g. include short-term and long-term health benefits, wider impact)	19
Hearing aids - Consider impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)	19
Access - Services should be consistent across different areas (e.g. no postcode lottery)	19
Access - NHS services should be available to anyone who needs them	11
General - Ranked the factors based on personal view	9
Cost and efficiency - Adverse patient outcomes from lack of access to these services could cost the NHS or social services more in the long term	9
General - National priorities are not important (e.g. irrelevant, each area has different priorities)	8
Cost and efficiency - Provided services should be consistent with national and local priorities	6
Cost and efficiency - Provided services should be consistent with local priorities (e.g. local demand)	6
General - All factors are equally important (e.g. difficult to rank)	5
Cost and efficiency - Provision of services which benefit patients is value for money (e.g. save money in the long term)	5
Health and wellbeing - Provision of services with proven clinical benefits improves people's quality of life	4
Cost and efficiency - Concern over measuring value for money (e.g. difficult to measure)	3
Cost and efficiency - Patients should receive treatment as they have financially contributed via taxes	3
Hearing aids - Consider long-term financial benefits by supporting people with hearing loss (e.g. fewer benefit claims)	2
General - Other	2
Base	147

Please tell us why you rated the factors in that order (2 of 2)

Respondents in Staffordshire and Stoke-on-Trent	No.
Hearing aids - Hearing aids should be provided in line with NICE guidelines	2
General - National and local priorities should be based on clinical benefit	2
Hearing aids - Consider impact of lack of access to hearing aids on people's safety (e.g. road accidents)	2
Hearing aids - Consider benefits of hearing aids in early stages of hearing loss (e.g. mild hearing loss)	2
Hearing aids - Hearing aids have been proven to have a clinical benefit for patients	2
Hearing aids - Consider the impact of COVID-19 restrictions on people with hearing loss (e.g. more communication barriers, isolation and exclusion)	2
Hearing aids - Consider the impact of hearing loss on ability to work and study	1
Hearing aid - Consider that deafness is a disability (e.g. not a lifestyle choice)	1
Hearing aids - Concern over the adverse impact of hearing loss on other conditions (e.g. dementia)	1
Cost and efficiency - NHS should prioritise life-saving care	1
General - Comment about the question (e.g. don't understand it)	1
Specific groups - Ensure that services reflect the needs of disabled people	1
Cost and efficiency - Consider reducing spending on management and increasing it on medical staff	1
Removal of excess skin - Consider the adverse impact of excess skin on patient quality of life (e.g. mental health, sores, itching)	1
Cost and efficiency - Service provided must be effective	1
Hearing aids - Consider patients' financial contribution in provision of hearing aids	1
General - More details are required to comment on the question	1
Hearing aids - Removing the hearing aid service is discriminatory (e.g. increase health inequalities)	1
Staff - NHS services should be provided by trained and qualified staff	1
Hearing aids - Consider the need to align with NHS England Accessible Information Standards 2015	1
Base	147

Is there anything we may have missed from this list of factors that you think we should consider? (1 of 2)

Respondents in Staffordshire and Stoke-on-Trent	No.
Observation - Health and wellbeing - Concern over the impact of hearing loss on patient wellbeing and quality of life (e.g. mental health, isolation)	16
Observation - Health and wellbeing - Consider social and wellbeing benefits of service provision	9
Observation - COVID - Consider the impact of COVID-19 restrictions on people with hearing loss (e.g. more communication barriers as unable to lip-read through face masks, plus isolation and exclusion)	8
Observation - Access - NHS services should be accessible for everyone (e.g. short travelling distance, public transport, service at home)	8
General - No comments	6
Negative - Cost and efficiency - Adverse patient outcomes from lack of access to NHS services could cost the NHS or social services more in the long run	5
Negative - COVID - Concern over poor access to healthcare service during pandemic (e.g. support for patients with hearing loss)	5
Observation - Cost and efficiency - Consider the impact of hearing loss on ability to work and study	4
Negative - Access - Waiting time for appointments is too long	3
Observation - Access - Consider the need to increase availability of face-to-face appointments	3
Observation - Specific groups - Consider the needs of vulnerable patients (e.g. elderly, disabled)	3
Observation - Access - Services should be consistent across different areas (e.g. no postcode lottery)	3
Observation - Communication - Consider the need to improve communication with patients (e.g. better explanation)	3
Observation - Quality of care - Consider the need to improve quality of care (e.g. holistic approach)	3
Observation - Service provision - Consider getting back to pre-pandemic service provision (e.g. increase service availability)	3
Negative - Technology - Concern over effectiveness of virtual appointments (e.g. for people with hearing loss)	2
Observation - Quality of care - Patients' clinical needs must come first	2
Observation - Cost and efficiency - Consider patient's financial contribution to cost of some services (e.g. charge for non-urgent procedure, procedures chosen by patients)	2
Observation - Quality of care - Consider the need for ongoing support for patients with hearing loss (e.g. hearing aid reviews, upgrade)	2
Base	80

Is there anything we may have missed from this list of factors that you think we should consider? (2 of 2)

Respondents in Staffordshire and Stoke-on-Trent	No.
Observation - Cost and efficiency - Service should be cost-effective (e.g. save the NHS money in the future)	2
Observation - Health and wellbeing - Consider the impact of long COVID on hearing loss	2
Observation - Quality of care - Consider benefits of hearing aids in early stages of hearing loss (e.g. mild hearing loss)	2
Observation - Integration - Consider the need to improve integration between healthcare providers (e.g. GP and A&E)	2
Observation - Access - Consider the need for people to have access to services outside of their residential area (e.g. at any GP practice)	2
Negative - Cost and efficiency - Concern over the adverse impact of hearing loss on other conditions (e.g. dementia)	1
Observation - General - Hearing aids should be provided in line with all appropriate guidance for adult hearing loss services (e.g. NICE guidelines, National Commissioning Framework for Hearing Loss Services)	1
Observation - Cost and efficiency - NHS should prioritise life-saving urgent care	1
Negative - Service provision - Concern over removal of existing services during pandemic	1
Observation - General - Hearing aids should be available to anyone with hearing loss	1
Observation - Communication - Consider the views of patients about provision of services	1
General - Other	1
Negative - Quality of care - NHS 111 provided poor quality of care (e.g. lack of professional support)	1
Observation - Technology - Consider increased provision of video consultations	1
Negative - COVID - Concern over lack of COVID safety measures at ENT clinics (e.g. staff without masks)	1
Observation - Cost and efficiency - Hearing aids are cheaper than surgical procedures and should be provided by NHS	1
Observation - Cost and efficiency - Consider increasing National Insurance contributions	1
Observation - Cost and efficiency - Consider increased provision of services at GP practices to reduce pressure on other services	1
Observation - Cost and efficiency - Consider reducing spending on management and increasing it on medical staff	1
Observation - Access - Consider provision of mobile screening services for assessment of hearing loss	1
Observation - Education - Consider the need to raise public awareness of deafness	1
Observation - Quality of care - Consider improving mental health services (e.g. lack of consistency)	1
Observation - COVID - Consider the impact of COVID-19 on people's health	1
Base	80