

# The NHS hearing aid service

## About this factsheet

This factsheet is part of RNID's **hearing aids** range. It is written for deaf and hard of hearing people. We use the term deaf people to refer to deaf, deafened and hard of hearing people throughout this factsheet.

Read this factsheet to find out about:

- How to get a hearing aid on the National Health Service (NHS).
- How the NHS hearing aid service works.
- Different types of NHS hearing aids.
- Different features of hearing aids.
- Servicing your hearing aid and getting new batteries.
- What to do if your hearing aid isn't working properly.
- What to do if your hearing aid isn't helping you.
- Other ways to help yourself.

At the end of this factsheet we give you details of organisations you can contact for further information.

If you would like this factsheet on audio tape, in braille or in large print, fill in the *Want to know more?* form at the end of this factsheet and send it to RNID.

## **How can I get a hearing aid?**

In the UK, you can get a hearing aid free from the NHS or you can buy one privately. For information about buying a hearing aid privately, see our factsheet *Buying a hearing aid?*

## **How do I get an NHS hearing aid?**

If you think you are hard of hearing and you might need a hearing aid, the first thing you need to do is visit your GP (family doctor). You may have a wax build-up or an infection which has temporarily affected your hearing and which can be treated by your GP. They may refer you to a hospital ear, nose and throat (ENT) clinic, where you will see an ENT surgeon and an audiologist.

Otherwise, your GP may send you straight to the audiology department at the local hospital to have your hearing tested. This is called 'direct referral' and it means you won't have to join a waiting list to see the ENT surgeon first. But you'll still have to wait for an audiology appointment. In most areas, you'll only get a direct referral if you are over 60. It can also depend on local arrangements.

Some GPs arrange for audiology staff to visit their surgery or health centre to run a clinic, so you may be able to get an assessment of your hearing at your local surgery or health centre instead of at a hospital.

Your GP may need convincing about the problems your hearing loss causes. You might have to insist on being referred to the audiology service for an assessment.

Remember: you have the right to have your hearing assessed, especially if you think your hearing loss is becoming a problem.

## **What happens at the hospital appointment?**

### **Your first appointment**

If you've been referred to an ENT surgeon, you will usually see the surgeon in a hospital outpatients' clinic. Your ears will be examined for obvious signs of damage or disease and you will be asked about your medical history.

Some hearing tests may be carried out with a tuning fork. These tests will tell which ear has greater hearing loss and what type of hearing loss it is. Further tests might involve a machine called an audiometer. The audiometer produces sounds of differing frequencies (pitch) and levels of loudness. You'll be asked to listen through a set of headphones and let them know when you hear a particular sound. The audiology staff will record the softest sound that you can hear at each frequency. This is known as the 'threshold'.

If the tests suggest that you'd find a hearing aid useful, the audiology staff will discuss options with you. They will also take impressions of your ears to make earmoulds that fit perfectly.

You should be offered two hearing aids if this is likely to be more helpful, but this may vary from clinic to clinic. If you're offered two aids, you might be given one aid first, to give you time to get used to it before the other one is fitted. Or, you might be given both aids at the same time, depending on what the staff think is best.

### **Your hearing aid fitting**

You'll have another appointment a few weeks after the assessment, when the earmould is ready, so that you can have your hearing aid fitted. The hearing aid will be chosen to suit your hearing loss. The

audiology staff who fit it will adjust it for you, show you how to put it in, how to use the controls, and how to change the batteries.

The audiology staff will also explain what your hearing aid can and can't do. They might suggest ways for you to get used to it, such as gradually increasing the length of time you wear it. They may also suggest that you use it to listen to different sounds around the house, before you try it outside.

### **Your follow-up appointment**

You should have an appointment about six weeks after this, so you can ask questions and sort out any problems. The audiology staff will then make adjustments to the earmould or hearing aid.

### **How does the NHS hearing aid service work?**

The NHS buys a range of hearing aids and uses its bulk buying power to get good quality hearing aids at low prices from hearing aid manufacturers. The audiology departments then buy these aids and loan them to NHS patients. They may not have every aid in the range but it is the audiology staff's job to choose the best NHS hearing aid for you.

You can't get disposable hearing aids on the NHS and you can't usually get hearing aids that fit completely in the ear canal. These types, which are only suitable for people with mild to moderate hearing loss, are available from some private hearing aid dispensers.

The companies that make NHS hearing aids also supply the private sector, but the NHS and the private sector are completely separate. This means that you can't get financial help from the NHS to buy a hearing

aid privately. But, if you choose to buy a hearing aid privately, you are still entitled to an NHS hearing aid.

It is unlawful to sell an NHS hearing aid. It is NHS property, so if you have one that you no longer use, you should take it back to an audiology department. If you lose or damage your hearing aid, the NHS will replace or repair it. But you might have to pay for your aid, if they think you've been careless with it.

### **Spare hearing aids**

Usually, you won't be able to get a spare hearing aid on the NHS, but policy differs from centre to centre and depends on several things. For example, you are more likely to get a spare if you have problems with your sight and a very severe hearing loss, or you have a hearing loss in one ear and no useful hearing in the other.

### **Different types of NHS hearing aids**

Hearing aids are described as analogue or digital, depending on the technology they use to process sound. Digital aids are the latest, most advanced kind but they are not yet available from all audiology departments.

The following hearing aids are available on the NHS. But the NHS only has behind-the-ear (BTE) hearing aids in digital as well as analogue models. Your audiologist will advise you on the most suitable type for you.

#### **In-the-ear (ITE types)**

These are suitable for people with mild to moderate hearing loss. They are modular aids – this means they are a standard shape – connected to

individually-made earmoulds. The aid and mould fit into your ear as a single unit.

### **Behind-the-ear aids (BTE types)**

These have an earmould which sits inside your ear. The hearing aid rests behind your ear and a soft plastic tube connects it to the earmould and channels sound from the aid into your ear. BTE types are the most common kind of hearing aid. Most people with NHS hearing aids have one of these.

They come in different sizes – mini, compact and standard – and are of moderate or high power.

### **Body-worn hearing aids (BW types)**

These have a small box that you clip to your clothes or put in your pocket. This contains the microphone and working parts. It is connected by a lead to an earphone clipped into your earmould. Body-worn hearing aids may be more suitable for if you have sight problems or problems using very small switches or buttons. Some models are very powerful.

### **Bone conduction hearing aids**

These are for people with conductive hearing loss, or people who can't wear a conventional hearing aid. They deliver sound through the skull by vibrations. A bone conduction hearing aid can be fitted to a special headband. Another type, called the bone anchored hearing aid (BAHA), involves having a small operation behind the ear. See our factsheet *Bone conduction hearing aids* for more information.

## **CROS and BiCROS hearing aids**

These are for people with hearing in one ear only. CROS hearing aids pick up the sound from the side with no hearing and feed it to your hearing ear. This ensures that you do not miss sounds on your deaf side. BiCROS aids amplify sound from both sides and feed it into the ear that has some hearing.

## **Digital hearing aids and the NHS**

RNID has campaigned long and hard for the modernisation of the NHS hearing aid service. In January 2000, the government announced that it would fund a project to upgrade the service in England and introduce high quality digital hearing aid technology. See our factsheet *Digital hearing aids* for more information.

### **England**

In September 2000, the first of 20 selected NHS trusts in England began to provide digital aids as part of the 'First wave' project.

Fifty thousand RNID supporters campaigned with us for the modernisation to be extended throughout the NHS. On 24 December 2001, the Health Minister announced an additional £20 million to modernise hearing aid services in 47 more NHS Trusts during 2002. All of these have now started fitting digital hearing aids.

In February 2003, the Health Minister announced a further £94 million to complete the modernisation programme, bringing the new digital hearing aid service to all remaining audiology departments in England by April 2005.

## **Northern Ireland**

The Northern Ireland Minister pledged £2.5 million to modernise audiology services by March 2004. This is being used to equip and train audiology staff and to supply departments with digital hearing aids so that they can provide these to patients.

## **Scotland**

In February 2003, the Scottish Executive announced an investment of £8 million over four years to modernise audiology services. This was on top of the £2.25 million funding that they had already provided to upgrade audiology equipment. Then in October 2003, a further £9 million over three years was announced to ensure that hearing services have the necessary equipment, staff and digital hearing aids. Scotland should have completed the upgrade by 2007.

## **Wales**

The Welsh Executive has provided £2.25 million to help modernise audiology services and hearing aids throughout Wales. Local funding has also been provided and all departments are now delivering the new service.

## **What are the different features of hearing aids?**

### **Automatic gain control (AGC)**

Hearing aids with AGC can automatically adjust their level of amplification according to the level of sound they pick up. As the sounds coming into the aid get louder, they are amplified less. This means that sounds never become uncomfortably loud.

### **Frequency range**

This is the range of frequencies (itches) of sound amplified by the

hearing aid. People's hearing loss varies and hearing aids are chosen and adjusted to amplify the range of tones that each person needs to hear more clearly.

### **Full-on gain and maximum output**

Full-on gain is the highest amount that the aid can amplify sound by. Maximum output is the highest volume of sound that an aid can produce. More powerful aids have higher gain and output. This makes them suitable for people with severe hearing loss.

### **Peak clipping**

This is another system to limit the loudness of sounds so that they do not become uncomfortable. Sounds above a certain level of loudness are 'clipped'. The disadvantage is that sound can sometimes be distorted. Aids with AGC (see the section on *Automatic gain control* earlier) provide better sound quality.

### **Telecoil**

This is a tiny device in the hearing aid that works with an induction loop and allows you to hear sounds more clearly, without interference from room acoustics or background noise. It works by picking up an electromagnetic signal from the induction loop. To use an induction loop or telephone with an inductive coupler, you need to switch to the 'T' setting on your hearing aid. See RNID's factsheet *Induction loop and infrared systems – a guide for deaf and hard of hearing people*.

### **Twin microphones**

This is a directional microphone system found in some hearing aids. It can be switched to pick up sounds from in front of you, so you can hear them better than sounds to the side or behind you. This makes it easier

for you to focus on what you want to listen to in a noisy place. Only hearing aids with advanced technology have these.

### **Feedback suppression**

This automatically reduces the whistling that bothers many people who use hearing aids. This feature is generally only available in digital hearing aids.

### **Automatic noise reduction**

This reduces some kinds of steady background noise, like the rumble of traffic or the whirr of a fan. Only digital hearing aids have this feature.

### **A choice of listening programmes**

Some digital hearing aids allow you to switch between different settings for different listening conditions.

### **What else is available?**

A wide range of hearing aids is available through the NHS, so it's likely that one of them will suit you. If not, your audiology department may give you a hearing aid that's usually only available from private hearing aid dispensers. But this depends on the audiology department's budget, and whether your situation meets criteria set by the ENT surgeon or head of department. The following paragraphs tell you something about private hearing aids and equipment that are not part of the standard NHS range.

### **BTE, ITE and ITC (in-the-canal) hearing aids with special features**

Some of these aids are self-adjusting and some have settings for different listening conditions, such as a noisy room or a telephone

conversation. You may be able to use a remote control to change the settings or volume. ITC aids are not suitable for profoundly deaf people.

### **Frequency transposition aids**

These can be helpful for people with some hearing at low frequencies, but no hearing at high frequencies.

### **Sound generators**

These can be helpful for people with tinnitus. Tinnitus is the word for noises that some people hear 'in the ears' or 'in the head' – buzzing, ringing, whistling, hissing and other sounds. The RNID Tinnitus Helpline can give you more information about sound generators and tinnitus. See *Further information* for contact details.

### **Spectacle attachments**

People who wear glasses and have mild to moderate hearing loss can have hearing aids attached to their spectacle frames.

### **Personal communicators and listening equipment**

These may be issued to people who cannot tolerate or manage hearing aids. They may also be used with hearing aids.

### **Vibrotactile aids**

These may be helpful to people who have little or no hearing in either ear.

### **Servicing your hearing aid and getting new batteries**

NHS hearing aids come with a booklet. Keep it as it shows the type of hearing aid you have, and when and where it was issued. It proves you have an NHS hearing aid, so if you need to, you can go to any audiology

department to get new batteries free of charge or to check that your aid is working properly.

### **How to get new batteries**

When your aid is fitted, audiology staff will tell you if you can get batteries from the hearing aid centre by post, or at a drop-in clinic.

- You don't need to book an appointment to get new batteries, for simple repairs or earmould retubing, at a drop-in clinic. But do check opening times.
- Some GP surgeries run battery exchange services.
- You can also buy batteries from pharmacies.

Remember that you can go back to your clinic (or another one if necessary) as often as you need to if you have a problem with your hearing aid or earmould. If you think your hearing has changed, you can ask to have it tested again to see if you need a different hearing aid.

### **What do I do if my hearing aid isn't working properly?**

If you are having problems with your hearing aid, your audiologist will be able to help you. But, there are some common problems that you may be able to sort out yourself. Try the suggestions below. If they don't help, then ask your audiologist.

### **Tips for sorting out common problems**

If your hearing aid doesn't seem to be working:

- Have you switched it to the 'T' position by accident?
- If your hearing aid has a volume control, check that the volume is at the correct level for you and is not turned right down.
- Check that the battery is the right way round.
- Try putting in a new battery.

- If you have a BTE hearing aid, take it out, pull the soft tubing off the plastic hook and blow down the tubing to remove any condensation that may be blocking the tubing.
- Check that the earmould is not blocked with wax.
- Check that the tubing is not twisted, squashed or split.

### **Whistling and squeaking**

This may be caused by 'feedback'. This happens when sound amplified by your hearing aid leaks out and is picked up by the hearing aid microphone. It may happen if:

- You have not put the earmould in properly – push it gently to check.
- You have excess wax in your ears – ask your GP to check your ears.
- The earmould does not fit your ear snugly enough. Ask your audiologist about this.
- You have the volume too high.
- The earmould, plastic hook or tubing in a BTE aid has become loose or has split.
- The tubing in a BTE hearing aid has begun to harden. If the tubing gets very hard, the hearing aid may not work well. If it splits, the aid will start to whistle. Your audiologist or hearing aid dispenser will show you how to change the tubing and will give you spare tubing. They will also replace the tubing for you, if you find this too difficult.

### **Buzzing noises**

If you hear a buzzing sound, it might mean that you've switched your hearing aid to the 'T' setting by accident. But if this is not the problem, buzzing generally means your hearing aid has developed a fault and needs to be repaired.

## **What do I do if my hearing aid isn't helping?**

- If you find it difficult to get used to your hearing aid, don't give up. Try wearing it for a few days and make a note of the problems you have with it.
- Make an appointment with the audiology department to talk to the staff about the problems you're having. They can check whether your hearing aid is working properly and they may be able to adjust it to suit you better.
- Whatever happens, keep trying. It takes time to get used to a hearing aid. If you still find that your hearing aid is not really helping, you could ask for a better hearing aid within the NHS range. You could also ask for an aid for each ear, if you've been offered only one aid.

## **Other ways to help yourself**

Just acknowledging that you have a hearing loss and may need a hearing aid is a huge step, but it is only the beginning. You can do many other things to help yourself:

- Some audiology departments have a hearing therapist to counsel you if you are finding it difficult to get used to your hearing loss or to using a hearing aid. They can also liaise with social services if you need other equipment. Hearing therapists may also advise you about communicating with other people. They may run tinnitus clinics and they will know if there are local support groups you can join. Your audiology department is also there to help if you have problems with your hearing aid.
- Contact your local social services. Ask their sensory impairment unit or their social worker with deaf people to visit you to assess your needs. They may provide special equipment such as amplified telephones or visual alerting systems for your home, or suggest other

ways to help. See our factsheet *Social services for deaf and hard of hearing people* for more information.

- Make sure your family and friends know about your hearing loss. They may find it useful to look at our leaflet *Lipreading and lipspeaking*. Keep reminding them that they must make an effort to talk clearly to you. You are not being selfish or demanding – no one wants to be left out of a conversation.
- Go to lipreading classes. You will be able to learn tips for lipreading and to practise with other hard of hearing people. You may want to look at our leaflet *Lipreading and lipspeaking*.
- Find out if there is a local hard of hearing group you can join. Sharing experiences and listening to other people's suggestions can be very helpful.
- Find out if there is a volunteer visiting service for hard of hearing people in your area. Support from other people can give you the confidence and encouragement you need to keep trying with your hearing aid.

### **If you need to make a complaint**

If you are not happy with the service you've had from an audiology department, and you'd like to complain, your first step is to speak to the hearing aid service manager. It may be possible to sort the problem out quickly. If you are still not happy that your complaint has been dealt with properly, ask about the NHS Trust complaints procedure.

### **Further information**

Visit [www.mhas.info](http://www.mhas.info) for the latest information about Modernising Hearing Aid Services (MHAS).

## **Further information from RNID**

The RNID Information Line offers a wide range of information on many aspects of deafness and hearing loss. You can contact us for further copies of this factsheet and the full range of our information factsheets and leaflets.

### **RNID Information Line**

RNID Information Line, 19-23 Featherstone Street, London EC1Y 8SL.  
Tel: 0808 808 0123. Textphone: 0808 808 9000. Fax: 020 7296 8199.  
E-mail: [informationline@rnid.org.uk](mailto:informationline@rnid.org.uk) Website: [www.rnid.org.uk](http://www.rnid.org.uk)

Alternatively, fill in the *Want to know more?* order form at the end of this factsheet and return it to RNID.

## **Further information from the RNID Tinnitus Helpline**

If you want to find out more about tinnitus you may find the other factsheets in our tinnitus range useful. You may also want to look at our leaflet *Questions about tinnitus*.

The RNID Tinnitus Helpline offers information and advice to people with tinnitus, their families and friends and the professionals who work with them.

### **RNID Tinnitus Helpline**

RNID Tinnitus Helpline, 19-23 Featherstone Street, London EC1Y 8SL.  
Tel: 0808 808 6666. Textphone: 0808 808 0007. Fax: 020 7296 8199.  
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## **RNID Information, October 2003**

## Want to know more?

This factsheet is available in **audio tape**, **braille** and **large print**. We can also send you more information on many of the subjects covered in this factsheet. Just tick the boxes below, tell us what you particularly need to know about, or see our website at **[www.rnid.org.uk](http://www.rnid.org.uk)**

### Please send me:

**The NHS hearing aid service**  audio tape  braille  large print

The RNID *Publications Catalogue*.

Information about RNID Typetalk and BT TextDirect.

Details of RNID communication services in my area.

RNID's fundraising leaflet. RNID relies heavily on donations from, individuals, companies, trusts and fundraising events. Our leaflet shows how *you* can help.

Details on supporting RNID's future work with a legacy.

Information on how to take part in RNID campaigns.

A copy of the RNID Sound Advantage *Solutions* catalogue, giving details of equipment for deaf and hard of hearing people.

Other information – please tell us what you would like to know.

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Please send this information to: (Please write clearly using block capitals)

**Title (Mr/Mrs/Ms/Miss) First Name** \_\_\_\_\_

**Surname** \_\_\_\_\_

**Address** \_\_\_\_\_

**Postcode** \_\_\_\_\_ **E-mail** \_\_\_\_\_

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Your contact details will be held on our database so that occasionally we can send you information on our work. Please tick this box if you do not wish your details to be kept on the database.

We will use any information you give below to monitor requests for this factsheet and help us tailor our services to your needs. You do not have to give this information, but if you do, please tick this box to confirm we may keep it on our database.

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**Is the information:**

- For you
- For a friend or family member
- A professional enquiry

**Are you?**

- At school or below school age
- A student
- Working age
- Retired

**How would you describe yourself?**

- Profoundly/severely deaf
- Hard of hearing
- Hearing
- Hearing aid user
- I have tinnitus
- I have balance problems

**If we could provide it, would you like to receive information in a different format? Please use number 1, 2 or 3 to show your preferred choice.**

- Videotape in British Sign Language (BSL) and with subtitles
- E-mail
- Face-to-face

**If we could provide it, would you like information in another language?**

- Yes. Please tell us which one.

**Please return this form to: RNID Information Line, 19-23 Featherstone Street, London EC1Y 8SL or order from our website at [www.rnid.org.uk](http://www.rnid.org.uk)**