NHS
East and North Hertfordshire
Clinical Commissioning Group

Priorities Forum Statement

Number	**30**
Subject	**Bone Anchored Hearing Aids (BAHAs)**
Date of decision	**March 2009**
Date refreshed	**May 2017**
Date of review	**May 2018**

GUIDANCE

Selection criteria for Bone Anchored Hearing Aids

Patients must meet the following criteria:

1. Bilateral conductive or mixed hearing loss and can still benefit from sound amplification. BAHA works independently of the severity of the conductive part of the hearing loss, and;
2. Average bone conduction thresholds of (0.5-4kHz) of <40dBHL (ear level aid) <60dBHL (body worn aid), and;
3. Speech discrimination greater than 60%, and;
4. The patient and/ or parent should have realistic expectations about the BAHA, and;
5. The patient should have reasonable social support, and;
6. Otological indications –

    a. Congenital malformation of the middle/external ear or microtia, or
    b. Chronically draining ear that does not allow use of an air conduction hearing aid (e.g. external otitis, draining mastoid cavity), or
    c. Patients with bilateral conductive hearing loss due to ossicular disease (and not appropriate for surgical correction) or unable to be aided by conventional air conducting devices.

Patients with unilateral hearing loss, will only be considered in exceptional cases by the PCT Exceptional Treatment Panel.

Providers of BAHA services should follow the pathway (Annex A) and meet the quality standards (Annex B)

The Human Rights Act has been considered in the formation of this policy statement.

Appendix A

Summary of BAHA pathway for Children and Young people[1]

The local audiology service will:

Identify the child/young person's hearing loss

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Provide full audiological assessment, identifying any conductive component

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Trial bone conduction, or air conduction aids if appropriate, and provide information on BAHAs to parents and/or young person

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Refer to paediatric BAHA service, according to referral criteria (see appendix)

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Carry out liaison with the BAHA service

The BAHA multidisciplinary team will

Carry out detailed assessments with the child/young person

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Ensure the family and child/young person are fully involved in the process

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Liaise with local services

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In children

Carry out BAHA surgery – first stage surgical procedure

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Carry out BAHA surgery – second stage surgical procedure

Or

In young people

This is likely to be a combined one stage surgical procedure

Arrange BAHA fitting follow Osseointegration: six months for children/at least four months for young people (following first stage procedure)

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Follow up and carry out liaison with local services

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Transfer where appropriate to an adult BAHA programme

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Provide ongoing care by NHS, BAHA team and local services

[1] Quality standards in bone anchored hearing aids for children and young people. The National Deaf Children's Society. Published July 2003

Appendix B

Quality standards in bone anchored hearing aids for children and young people. The National deaf children's society. July 2003.

The referral and selection procedure

Prior to referring the child for assessment, the local audiology service must ensure that the child and family have a clear understanding that a BAHA will not be suitable for all children referred for assessment.

- *QS - All children meeting the selection criteria (appendix B) must be provided with the opportunity to be referred for assessment to the BAHA service.*

The child should be referred to a BAHA team for assessment as soon as a permanent conductive or mixed hearing loss is identified that cannot be effectively treated by conventional medical or surgical interventions. The BAHA team should work closely with the local audiology service during the assessment process.

A letter of referral, including all relevant medical and audiological details must be sent to the consultant ENT surgeon or the coordinator of the BAHA service. Referrals will be accepted from medical and audiological personnel, preferably with the knowledge and agreement of the consultant otolaryngologist or audiological physician at the child's local service.

- *QS - A written reply, confirming acceptance of the referral, will be sent to the child's family, the referrer, and to the GP within ten working days of receipt.*

If a referral is considered inappropriate, a letter must be sent to the referrer with a clear explanation as to why the referral has not been accepted.

- *QS - The BAHA service will return inappropriate referral to the referrer, with an explanatory letter, within two weeks of receipt of referral. The referrer has a responsibility of passing such information to the family within five working days of receipt.*

Information must be given by the BAHA service to the child and family to ensure that they are able to participate effectively in the selection criteria.

In order for a BAHA to be considered, the audiological criteria set by the equipment manufacturer must be met. The decision to proceed must be made by the multi-disciplinary BAHA team, with the child and family fully involved throughout the assessment and decision making process.

Age of child

In order for the child to develop good speech, language and communication skills, a BAHA should be fitted as soon as it is clinically feasible. This will be as soon as the child has been fully assessed and it is believed by the clinician, the BAHA service and the Childs parents to be an appropriate candidate.

- *QS - The minimum age for first stage surgery as identified by the equipment manufacturer, is 3 years.*

Before the age of 3, the skull, especially in undersize children, may be too thin to retain the fixture. The skull thickness may vary according to the medical condition of the child, expecially for those with craniofacial syndromes. However referral and assessment can be carried out prior to this. The physical size and the development of the child will be taken into consideration by the clinician during the assessment process.

Attendance and commitment by the family and young person/child

It is important for the family to have realistic expectations of their child's audiological, speech and language, educational and general development, and the level of impact that the BAHA system may have on these.

The child and family will need to understand the necessity of attending the hospital or clinic for appointments as part of the assessment; the surgical intervention; the follow up care and support; the long term monitoring. The family also need to understand how important it is that the child used their BAHA consistently during home, social and educational activities.

Prompt reporting of skin, loose abutment and hearing aid problems is crucial.

Hygiene

Good hygiene of the abutment site is essential. It is vital that the child, young person and family fully understand the need for the area to be cleaned regularly (at least weekly) by a person other than the patient. This person must be identified at the time of assessment and demonstrate an understanding of the importance and commitment to carrying out this task.

- *QS - The liaison nurse must provide training and written details to the child and family, and other carers, regarding optimum care and good hygiene of the abutment site.*