Exploring views on current and future cochlear implant service delivery in UK: the voices of users, parents and professionals

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Introduction

Cochlear implantation has grown significantly over the past twenty years in most parts of Europe and is now a well-established service in the UK. However, in today’s financially challenging times as numbers grow, long-term sustainability of cochlear implant services is challenged and under long-term scrutiny. Although the National Institute of Health and Clinical Excellence (NICE, 2009) recommends cochlear implantation for both children and adults, there is still debate about access and long-term management. In order to explore the views of current and future challenges by cochlear implant services and their delivery, a survey of users, parents, and professionals was conducted across the UK. 742 responses were obtained. Responses were from a wide range of participants: ENT consultants, audiologists, teachers of the deaf, speech and language therapists, social workers, parent, carers, and cochlear implant users. Only responses from closed ended questions are discussed here.

Aims of the study

• Explore the views of users, parents/carers, and professionals regarding cochlear implant service delivery
• Explore the major current issues and perceived challenges for the future

Method

The research study utilised a questionnaire survey design. Data were collected via a questionnaire consisting of 22 questions. The questionnaire included both closed and open-ended questions. Descriptive statistics were used to analyze the closed-ended questions.

Results

1) The majority of participants found their current experience (figure 1) of implant services was mainly driven by decisions made by the implant team but for the future (figure 2) they preferred it to be mainly driven by decisions made by the user and/or parent/carers, giving a more pro-active role to families.

2) The current greatest challenge (figure 3) for the cochlear implant services as perceived by participants is ‘restrictions on number of candidates funded’ while the long-term challenge (figure 4) is ‘political decisions’ followed closely by ‘restrictions on number of candidates funded’.

Conclusions

• More work needs to be done to integrate cochlear implant services into community and audiology clinics. There was a broad consensus among respondents regardless of their category. This would be a step towards improving their access and long-term sustainability as well as cost effectiveness. The focus needs to be on a provision of a holistic service that entails optimum communication and liaison between local services, audiology and education.
• Implant services need to focus on delivering services that are jointly led by decisions made by user/parents and cochlear implant team as opposed to cochlear implant team alone.
• The perceived challenges of funding restrictions and political decisions need to be considered while planning long-term sustainability of the services

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References