

Thank you for the opportunity to provide a submission to the current Senate Committee inquiry into Hearing Health in Australia.

We, the Public Hospital Audiologists and Allied Private Audiologists respond with particular reference to:

- **The adequacy of access to hearing services, including assessment and support services, and hearing technologies.**
- **Specific Issues affecting Indigenous Communities**

Inadequate Access of Hearing Services, especially for Paediatric assessment in NSW.

1. Inadequate Supply of Public Hospital Audiology Departments

There has been a reduction in the number of Public (State funded) Audiology Departments in NSW. The erosion of these departments has been occurring for some time and includes the closure of the Audiology Departments of Canterbury Hospital, Lidcombe Hospital, Audiological services at Sydney Hospital, and more recently Hornsby Hospital and Mona Vale Hospital. Although a current Audiology Department exists at Royal Prince Alfred Hospital, Camperdown, young children are not seen there and staff hours have also been reduced over the years.

This has left NSW depleted of State run Audiology services particularly on the North Shore of Sydney. In this region there are no Public Hospitals that cater for the assessment of young children.

Families are able to access private hearing aid clinics for assessment but must pay for services. Most of these clinics have not been set up for assessment of young children. Children under 3 years of age require special facilities if they are to be assessed adequately. These facilities are often not available in private clinics. Therefore even at private clinics that do attempt to provide service to this age group, unless there are purpose built facilities, service standards will likely be lower than is recommended.

A list of private hearing aid clinics has been attached for your perusal (see attachment A). It emphasises the inequities surrounding the lack of publicly funded hearing assessment on the North Shore of Sydney.

a) Lack of Planning for Increased Patient Load in State funded Hospitals

The Federally funded service, Australian Hearing, has in the last few years changed its practice with an emphasis toward rehabilitative services rather than diagnostic services. Diagnostic services have now largely become the responsibility of the State funded hospitals. Unfortunately, there has been no increase in staffing levels or funding to State run hospitals with this increase in patient population. The result of this is increasing waiting times.

Undiagnosed and/or untimely diagnosis or treatment of childhood hearing impairment has been shown to have a fiscal, social and educational cost on the individual. It is now also clear that there is an ongoing

and measurable fiscal cost on society as well. It is therefore essential that adequate services are available to provide timely diagnosis and indeed timely intervention for childhood hearing impairment. With this in mind we must address the inadequacy of services provided to children, particularly young children, in the NSW area.

2. Issues with Technology

Audiology is a highly technical field. There has been a rapid increase in technology. Most Audiology Departments are functioning with antiquated equipment, some of which may be 20 years old. There is heavy reliance on donations for new equipment. There should be a review of the issue of funding for replacement equipment. If audiology departments are to provide an adequate standard of care for their patients, allowances must be made for the replacement of equipment within a reasonable timespan.

3. Education of Staff

There are inadequate measures within the Public Health system to ensure the continued education of Audiologists. There is a constant need for Audiologists to further educate themselves as technology increases and new concepts related to Hearing Health emerge but there is no financial assistance to attend courses or conferences. There is reliance on the good will of staff to fund themselves and continue educating themselves. This situation must be reviewed if State run Audiology Departments are to exist as Centres of Excellence.

4. Support Services

The advent of hearing screening for all newborns in NSW in 2002 has of course been hugely successful in the early identification of hearing impaired newborns. A tremendous amount of work has been carried out by the health professionals involved.

However, after 7 years of screening and diagnostics, NSW still does not have a central database to record results and details of each newborn screened. There are a few ad hoc databases that have been prepared by the staff themselves in each centre but a lack of a centralised database leaves NSW without the ability to monitor outcomes.

Specific Issues affecting Indigenous Communities

There does not appear to be a transparent approach to the coordination of hearing assessment in indigenous communities.

As a result, there appears to be gaps and overlaps in services provided. Access to post screening and diagnostic assessments as well as medical attention is fragmented. Programs need to acknowledge and address the fact that once assessed, children will still require access to follow up assessment and care.

Some communities do appear to have effective local arrangements but centralised coordination is lacking, resulting in inequities.

Hopefully, these comments will be helpful in the Inquiry into Hearing Health in Australia. **Comments reflect discussions from Audiologists within NSW.**

Yours sincerely,

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Submission written on behalf of NSW Hospital Audiologists and Allied Audiologists

