

## APPENDIX 3

### POLICY ON COMMISSIONING COCHLEA IMPLANT (SUMMARY)

(Completion Date: 30<sup>th</sup> April 2005; Expiry Date: 30<sup>th</sup> April 2007)

1. This sheet summarises the Commissioning Policy on Cochlear Implants for Primary Care Trusts in the NORCOM area. The policy has been developed by Barnsley Primary Care Trust, in conjunction with key stakeholders, on behalf of all NORCOM Primary Care Trusts. The policy sets out the criteria for treatment.
2. A cochlear implant is an electronic device that is surgically inserted into the inner ear of a profoundly deaf person to introduce or restore the perception of sound. It has both external and internal components. It stimulates the nerve of hearing directly and is used when conventional hearing aids do not provide benefit.
3. Cochlear implantation is a collaborative effort involving a multidisciplinary team. Surgery involves a two-day stay in hospital with the actual operation lasting 3 - 4 hours. A cochlear implant does not work like a conventional acoustic hearing aid, therefore following surgery there is an intensive period of programming and assessment with rehabilitation - regular visits to the specialist centre, visits to the family and school. Annual life long maintenance follows this initial period of rehabilitation.
4. In 1990, the Department of Health in the UK set up the National Cochlear Implant Programme. This was a three year centrally funded programme of cochlear implantation with the aim of consolidating the provision of implantation in the UK in a number of centres, thereby setting standards for others to follow. In 1995 Summerfield and Marshall published a report by the Medical Research Council's Institute of Hearing Research on the evaluation of the National Cochlear Implant Programme that showed that cochlear implants provided to both adults and children are safe and effective for all but a small minority of patients.
5. Unilateral implantation is cost effective within the limits defined for the National Health Service.
6. Specialist centres provide Cochlear implants. Review of clinical outcome data for the specialist centres closest to the NORCOM area (Bradford, Nottingham and Manchester) shows no significant differences in outcomes.
7. NORCOM will commission cochlear implant services from the Yorkshire Cochlear Implant Service in Bradford, the Nottingham Cochlear Implant Programme and the Manchester Cochlear Implant Programme and in accordance with current patient flows. The patient referral pathway is detailed in the policy.
8. For 2005/06, activity will be commissioned in accordance with the estimates given by each service of the numbers of patients likely to be suitable for implants. In subsequent years, it is anticipated that activity will be in line with the expected incidence of new cases in England, this being 10 cases across NORCOM. This is an indicative figure and may vary from year to year.

9. The costs of assessment, implantation, annual maintenance, repairs and upgrades will be risk shared on a weighted population basis. An estimate of the costs has been included in the 2005/06 NORCOM LDP schedules.
10. NORCOM will review this policy in April 2007 or when further significant evidence from clinical trials, technological development or the National Institute for Clinical Excellence (NICE) becomes available.

