



Dear Ms Hibbert,

Thank you for sending for consultation the proposed changes to the Newborn Hearing Screening Programme (NHSP) standards in England. We write on behalf of the British Academy of Audiology (BAA). The BAA is the largest group of professional audiologists in the UK and our members are acutely involved in the diagnostic and management stage of babies post NHSP.

We note with interest the programmes suggested changes to the standards, however would request that you outline the clinical justification behind these changes as we do not feel this is well expressed in the consultation and indeed are concerned that the changes suggested may have a detrimental effect on the clinical outcomes of the programme or make it less 'family friendly'.

Specifically we would suggest that:

The suggested change to NHSP Standard 2a and 2b (i.e. to reduce the acceptable and achievable levels for babies that refer OAE1) is only clinically possible by moving OAE1 further from time of birth, which is likely to have a detrimental effect on coverage.

Again the suggested change to NHSP Standard 3a and 3b (i.e. the referral rate to audiology) is only clinically possible by moving OAE2 and AABR further from time of birth. This will also result in a likely worsening of coverage and another journey for the parents for screening.

The changes to standard 4 seem to not be grounded in good clinical evidence. To change the target to offer an appointment in 3 weeks post referral is unlikely to improve performance on standard 5 (it is suggested that the vast majority of babies which do not meet standard 5 meet it through parental choice, remaining too unwell or not being brought). If this change is brought in, it will not only result in more children being diagnosed as temporary conductive at ABR stage and either requiring a further ABR session or behavioural testing, but also result in children with sensorineural hearing losses requiring further visits to audiology to confirm their hearing loss due to maturation of the ABR response.

For these reasons, we would be grateful if you could outline both the clinical process these suggested changes have gone through and the clinical reasoning behind these suggested changes for our membership.

Yours Sincerely,

BAA Board of Directors