



National Health Service in Scotland  
Management Executive

St. Andrew's House  
Edinburgh EH1 3DG

26 October 1995

Dear Colleague

**SNAP REPORT ON PAEDIATRIC COCHLEAR  
IMPLANTATION**

**Summary**

1. A report by the Scottish Needs Assessment Programme on Paediatric Cochlear Implantation is attached. It draws on a recent evaluations study by the MRC Institute of Hearing Research, which cited accumulating evidence that implantation in association with detailed assessment and prolonged rehabilitation is a safe, and effective intervention (copies attached for Health Boards). The Report also recommends that to safeguard outcome a proliferation of treatment centres should be avoided.

**Action**

2. Paediatric Cochlear Implantation is currently a centrally purchased service. The feasibility of the future devolvement of the service is being considered. Meanwhile purchasers should use this report when assessing local needs.

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**Addressees**

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GP Fundholders

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## **Background**

Cochlear Implantation is a new technology based procedure for the restoration of hearing to profoundly deaf people and it is estimated that 20 children per year in Scotland (range 14-24) may be suitable for the procedure. This figure may rise to 27 (range 21-33) and there is in addition, an estimated backlog of 100 children between the ages of 2 and 7 years who would be candidates according to current criteria (although the individuals concerned have not been identified).

The existing programme at Crosshouse Hospital in Kilmarnock is funded through a national contract managed by National Service Division. In 1994/95, 10 children were implanted and a further 4 were referred for assessment to a centre in England.

Given the small numbers involved, and the early stages of paediatric evaluation, there is a shortage of published objective data to inform the purchasing process. Nonetheless evidence is accumulating that implantation in association with detailed assessment and prolonged rehabilitation is a safe, and effective intervention in children with successful implantation allowing the majority of children to understand common phrases without lip reading within 6 months. Established units achieving higher patient volumes offer the prospect of high quality outcomes.

## **Purchasing Issues**

1. Purchasers should consider the number of cochlear implants required for local populations based on the epidemiological and actual assessment of need. In doing so purchasers should be aware that an MRC report evaluating the National Cochlear Implantation Programme is now available.
2. While accepting the effectiveness of the intervention for recipients, and in the opinion of professionals, purchasers should be aware of the debate within the deaf community, some of whom question the desirability of imposing hearing on an otherwise 'normal' child.