



Dear all,

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As you all probably know by now the decision was taken at the AGM to form a Charitable Incorporated Organisation and to change the name of the Charity to Cambridgeshire Hearing Help. But we will not abandon the name CAMTAD and will run the two names in tandem for a while. This was one of the best attended AGMs for a number of years and it was encouraging to see both old hands and newcomers debating vigorously. Thank you all very much for your contributions and for giving your time and effort to considering these important issues. I am glad that we are able to work with our expanded remit in Fenland under the new name.

At the AGM, 10 year awards were given to Bob Wilson and Sue Stanley, and Jill Hall, who was unable to attend, received hers later. As usual I am hugely impressed by the dedication and commitment of these volunteers and it was a great pleasure to give a small token of our appreciation of their work.

The AGM ended with a presentation by Donald Ashmore on

Fenland CAMTAD and the reasons for linking with the Cambridge charity which set the tone for future co-operation. The food was again generously provided by volunteers who also served the teas.

Liz Wheeler has retired as a Trustee after 3 years of hard work and 3 new Trustees have been elected.

Andy Glyde has been working with the Trustees in a co-opted capacity for nearly a year. Andy used to work for Action on Hearing Loss and now has a campaigning role with Age UK.

Ruth Kern has also started to work with the Trustees. Ruth used to run the charity Our Voice which was a local advocacy charity whose clients were mainly from the Deaf community. Our Voice sadly had to close due to funding problems and Ruth now has other roles but wishes to continue her links with this sector.

Sue Stanley will be well known as a fellow volunteer and will bring her expertise

in the hearing help service and home visits.

Thanks to all the Trustees who continue to work hard for CAMTAD and give their time to the task of steering the organisation.

We have been working to establish the Fenland service on a sound footing. The Chatteris service will now run fortnightly but for 2 hours for each session. The Whittlesey service will be at the same times fortnightly but we have secured a bigger room so that service users can wait in comfort and there is more space for retubing. We are no longer running the monthly Doddington equipment service which was poorly attended, but advice on equipment is available at Chatteris and Whittlesey or over the telephone and we intend to include Fenland in the Equipment demonstrations. I've started to explore the possibilities of getting better known in the area and I attended an excellent networking day

with the District Nurses at Doddington Hospital. We will also be running a series of coffee morning talks with Roddons the sheltered housing association.

The new NHS structures are becoming a reality. Cambridgeshire, Peterborough and a few other districts in Hertfordshire Bedfordshire and Northamptonshire are all part of the Cambridgeshire and Peterborough Clinical Commissioning Group, which is a federation of eight local commissioning groups. These groups have control over the local health budget. All the groups have significant representation from GPs and health professionals. Sitting beside these groups runs the Health & Wellbeing Board which has representation from the local

authorities as well as some health professionals and this Board is tasked with linking health to the wider public health agenda. Finally Links, the patient representative group has been disbanded and there is a new body called Healthwatch to champion the patients' interests. Sounds complicated? It is - and it is unfortunate that nowhere in this structure does the local charity sector has the right to representation. But I am working closely with Healthwatch and my other charity colleagues to make sure our voice is heard, and the signs are that the doctors and other professionals involved are willing to listen and understand what we contribute.

We are already gearing up for a busy Autumn. We are starting a

new volunteer training course in September in Bluntisham, so please encourage your friends to join. We particularly want new volunteers in the St Ives and Huntingdon areas. We will also be running Refresher and Open Fit Training courses (details to follow). We have got two equipment demonstrations in both St Neots and Huntingdon, and of course there is the 35 year Tea Party, in October more details of which will be sent to you nearer the time.

I am feeling a little sorry for myself in the hot office while the weather is so glorious outside but I will be off for a week shortly. I hope you manage to take advantage of the lovely weather and enjoy the summer.

Frances

AGM photo gallery....



Audiology News

We must not give service users an unrealistic expectation of the audiology service available, particularly where clients have serviceable aids, even if not the latest model. Addenbrooke's have asked us to advise Addenbrooke's patients in the following way:

For clients who might need a reassessment, then recommend they come to a repairs session

at Addenbrookes.

It is recommended that patients have a review of their hearing and hearing aids after three years but this is not rigid and depends how the client is getting on with their hearing and hearing aids.

A reassessment does not automatically lead to new hearing aids as in many cases the hearing aids are still suitable and

can be adjusted to accommodate changes in hearing.

If Specsavers patients feel they need a reassessment then they should contact the call centre number, and Hinchingsbrooke patients should make an appointment through the hospital. Everyone should also be advised to have their ears checked for wax first.

Hearing Help Sessions

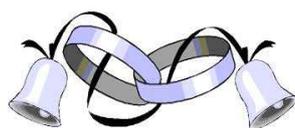
We need to be able to record new users of our service and so there will be a small additional piece of information for receptionists to record when they are recording information about new service users. Fran and Jane will be discussing with receptionists how to record the information.

As part of our patient satisfaction survey we will now be sending questionnaires to people who haven't attended for a year. This will only be a small scale review and we will be selecting five people from the card index on the date

when we hand out the questionnaire. This will enable us to have canvass the views of people who may have reasons for not attending and remind them of the need to keep their hearing aids in good condition.

Fundraising and volunteer news

The Great Staughton Social Day on 8th June, organised by Norman Hardy and the West Hunts Friendship club was well attended despite the cold weather, with visitors enjoying a look around the vicarage gardens, coconut shies, plant sales and refreshments, tombola and a vintage car rally. The proceeds raised a total of £222.49 for CAMTAD. Our thanks to Norman and the other organisers for all their hard work and to local businesses for their support.



Wedding Wishes

Congratulations to Trustee Andy Glyde and his fiancée Leanne Marvelley, who are getting married on 10th August 2013.

We wish them both every happiness for the future.

The fundraising group is currently looking into the possibility of producing packs of Christmas cards for sale at Hearing Help Sessions, so look out for these in the Autumn!

We are sorry to say goodbye to Ray Stamford, who is retiring from CAMTAD. We thank him for his contribution to CAMTAD and to the fundraising group, and wish him all the best for the future.

Thanks also to Barbara Atkins, who held one of her regular tabletop sales for CAMTAD on 6th July.

Hearing Screening Campaign

June 2013 saw the launch of the Hearing Screening for Life Campaign in Parliament, which is calling for Hearing Screening to be brought in for everybody at the age of 65.

Hearing loss is a major public health issue affecting over 10 million people in the UK – one in six of the population. It impacts on communication, causing difficulties for people interacting with their family and friends, and can lead to social isolation and depression. It reduces the ability to access services including healthcare and can exacerbate or lead to other medical problems. In particular, new evidence suggests that there is a link between hearing loss and dementia; peo-

ple with mild hearing loss have nearly twice the chance of going on to develop dementia as do people with normal hearing. The risk increases threefold for those with moderate hearing loss and fivefold for those with severe hearing loss.

Despite the difficulties it can cause, there are an estimated four million people in the UK with unaddressed hearing loss. It takes people an average of 10 years to seek help after they start noticing symptoms. By the time many people seek treatment, aged around 75, their ability to adapt to and benefit from a hearing aid is greatly reduced. The number of older people in our society is growing, and the issue of unaddressed

hearing loss will become increasingly prevalent unless action is taken now.

Stephen Lloyd MP said: “Hearing loss is not a glamorous issue, but age-onset hearing loss can be hugely detrimental to older people’s health and quality of life. And staging an intervention at 65 is crucial – when most people seek treatment at 75, 10 years after they first noticed signs, it is too late to develop the techniques so vital to using a hearing aid. Any later than 70 and these strategies can be too hard to develop and the hearing aid remains in the drawer. Hearing loss may not be exciting, but treating it is vital in order for millions or people to lead full and healthy lives.”

Disclosure and Barring Service

The Disclosure and Barring Service has now replaced the old Criminal Records Bureau so if we now refer to “DBS” checks then this is what we are talking about. Most of you will not observe any changes but the new regime has a lighter touch to reduce unnecessary checking, and we will no longer check people who just undertake reception work.

In June of this year the update service was introduced. I know this is something you have all wanted for sometime as volun-

teers are some of the most frequently checked members of the population if they volunteer for more than one body.

The new scheme allows you to register for the Update service and this is free to volunteers but you need to have undertaken a DBS check first as the number on the certificate will be the key to the check. You can then show the certificate to the future “employer” who can then check the record without asking for a further DBS check. This will only apply if the new

role is at the same level.

A further change is that only the volunteer will get a copy of the DBS check so you will need to show it to the organisation for which you volunteer before they can complete their recruitment checks.

The website <https://www.gov.uk/government/news/disclosure-and-barring-service-update-service-now-available> has more details.

In the News: Ferrets could change hearing aid design

Insights into how the brain compensates for temporary hearing loss during infancy, such as that commonly experienced by children with glue ear, have been revealed in a research study in ferrets. The Wellcome Trust-funded study could point to new therapies for glue ear and has implications for the design of hearing aid devices.

Normally, the brain works out where sounds are coming from by relying on information from both ears located on opposite sides of the head, such as differences in volume and time delay in sounds reaching the two ears. The shape of the outer ear also helps us to interpret the location of sounds by filtering sounds from different directions - so-called 'spectral cues'.

This ability to identify where sounds are coming from not only helps us to locate the path of moving objects but also helps us to separate different sound sources in noisy environments.

Glue ear, or otitis media, is a relatively common condition caused by a build-up of fluid in the middle ear that causes temporary hearing loss. By age 10, eight out of ten children will have experienced one or more episodes of glue ear. It usually resolves itself, but more severe cases can require interventions such as the insertion of tubes (commonly known as grommets) to drain the fluid and restore hearing.

If the loss of hearing is persistent, however, it can lead to impairments in later life, even after normal hearing has returned. These impairments include 'lazy ear', or amblyaudia, which leaves people struggling to locate sounds or pick out sounds in noisy environments

such as classrooms or restaurants.

Researchers at the University of Oxford used removable earplugs to introduce intermittent, temporary hearing loss in one ear in young ferrets, mimicking the effects of glue ear in children. The team then tested their ability to localise sounds as adults and measured activity in the brain to see how the loss of hearing affected their development.

The results show that animals raised with temporary hearing loss were still able to localise sounds accurately while wearing an earplug in one ear. They achieved this by becoming more dependent on the unchanged spectral cues from the outer part of the unaffected ear. When the plug was removed and hearing returned to normal, the animals were just as good at localising sounds as those who had never experienced hearing loss.

Professor Andrew King, a Wellcome Trust Principal Research Fellow at the University of Oxford who led the study, explains: "Our results show that, with experience, the brain is able to shift the strategy it uses to localise sounds depending on the information that is available at the time.

"During periods of hearing loss in one ear - when the spatial cues provided by comparing the sounds at each ear are compromised - the brain becomes much more reliant on the intact spectral cues that arise from the way sounds are filtered by the outer ear. But when hearing is restored, the brain returns to using information from both ears to work out where sounds are coming from."



The results contrast with previous studies that looked at the effects of enduring hearing loss - rather than recurring hearing loss - on brain development. These earlier studies found that changes in the brain that result from loss of hearing persisted even when normal hearing returned.

The new findings suggest that intermittent experience of normal hearing is important for preserving sensitivity to those cues and could offer new strategies for rehabilitating people who have experienced hearing loss in childhood. In addition, the finding that spectral cues from the outer ear are an important source of information during periods of hearing loss has important implications for the design of hearing aids, particularly those that sit behind the ear.

"Recurring periods of hearing loss are extremely common during childhood. These findings will help us to find better ways of rehabilitating those affected, which should limit the number who go on to develop more serious hearing problems in later life," adds Professor King.

Article adapted from Hearing Times, 3 July 2013,

www.hearingtimes.co.uk

Hearing aid user Sam Evans joins Big Brother household

Those who follow the TV series 'Big Brother' will know that one of the new housemates, Sam Evans, has 70-80% hearing loss from birth and wears hearing aids. Sam comes from Wales and has played for Welsh and English charity football teams. In interviews before the programme he said that he hopes to be a role model for young people who are self-conscious about wearing their hearing aids. He also said that

he finds not being able to pronounce some words incorrectly frustrating, although speech therapy has helped a lot. He thought he might find it difficult to follow group conversations and to answer some of the questions on the show; according to independent deaf blog 'Limping Chicken' he has so far not been given any accessibility adjustments such as subtitles for the video sequences, but is managing well by lip-reading.



If you're not watching the programme but would like to follow Sam's progress online, there are regular updates by deaf blogger Michelle Hedley at

www.limpingchicken.com

Cambridge Lip-reading Group Wednesdays, 6.45-8.45pm

- Come and learn or practise the basics of lip-reading
- We're an informal group, most of us use hearing aids, but all of us benefit hugely from being able to lip-read in a modest way
- We enjoy learning using light-hearted exercises
- Our programme involves 30 evenings per year, in school terms. We meet at Mayfield School, off Histon Rd.
- Our next year starts in late September 2013
- Why not come to try an evening?
- Enquiries to : cambridgelipreadinggroup@yahoo.co.uk

Dates for your diary

7th August 2013	Equipment demonstration preparation meeting 2pm-4pm at CAMTAD office, 8a Romsey Terrace
24th September 2013	Training for new volunteers starts At Bluntisham Village Hall
26th September 2013	Equipment Demonstration 10am-12.30pm at The Priory Centre, St Neots
Tues 1st October 2013	Equipment Information Session 10am-12pm at Buchan Street Hearing Help Session
Thurs 10th October 2013	CAMTAD 35th Anniversary Tea Party 3-5pm at Scotsdales Garden Centre, Great Shelford
Thurs 21st November 2013	Refresher and Open Fit Training 10am in CDA hall, 8 Romsey Terrace
Fri 29th November 2013	Equipment demonstration 10am-12.30pm at Huntingdon Community Church, Huntingdon