



Summer Meeting and AGM

This well attended meeting at Birkbeck College was a very enjoyable event. Jackie Ashley, our president, addressed the meeting. She welcomed the long awaited action plan on hearing loss which, due to the persistence of many people, especially Lilian Greenwood, was published just before the election. David Cameron promised 8 billion pounds of extra money for the NHS by the end of this parliament. Although he has not said where the money is coming from or where it is going she hoped that some would be spent on cochlear implantation. Cochlear implants have been proved to be cost effective and can save money – studies have shown that they can help to get people back to work, end isolation and often the need for caring.



*Jenny Burdge, Chair Home Counties Cochlear Implant Group,
Nigel Williams Chairman and Helen Cullington, University of
Southampton*

Jackie ended by saying that she had just been elected President of the Lucy Cavendish College, Cambridge, which is for women over twenty one. She said that we would be welcome if we wished to hold a meeting there.

We were very pleased to welcome Peter Gadsdon, who featured in the One Show in March, to the meeting. Peter very courageously agreed to be filmed while he was in the process of having his implant. There were several sessions before and after the operation to illustrate the benefits the implant gave him.

Representatives of the manufacturers gave presentations about their products and services. Members appreciated being able to visit their exhibitions and ask questions.



Peter Gadsdon

DIARY DATES

Technology Day

Our November Forum Sound Advice for Adults with Cochlear Implants will be held on Saturday 7th November 2015 11.00 a.m. to 4.00 p.m. at the Ear Foundation, 83 Sherwin Road, Nottingham NG7 2FB

Please send a cheque for £15 to NCIUA, 11 Hamilton Road, Bicester OX26 2HJ to reserve a place.

Tinnitus and Cochlear Implants

**David Baguley PhD, Consultant Clinical Scientist,
Cambridge University Hospital Trust**

What is tinnitus? It is the subjective perception of sound or sounds that are not present in the external environment.

Many cochlear implant users have tinnitus and for most it largely disappears when the device is switched on. A few people have trouble sleeping at night and some even wear their implant at night.

In the general population about a third of all people say that they have had tinnitus at some time but only one in twenty say that it is really annoying. Between 2% and 4% go to hospital with tinnitus. Most people with tinnitus hear more than one sound and left sided tinnitus for some unknown reason is more common than right sided tinnitus.

Tinnitus is also related to hyperacusis or decreased sound tolerance. About 2% of people in this country have that. People with tinnitus can become agitated and struggle with their concentration, have sleeping problems and, as a result, to become anxious and depressed or as the Scandinavians say suffer from 'emotional exhaustion'.

Although most people say that the cochlea is the organ of hearing it is actually the auditory centre in the brain itself which is of crucial importance in recognising sound. Awareness of music happens when it goes to the conscious part of the brain. Normally in the hearing system there is a little bit of system noise but the system is so sensitive, so dynamic that it is normally filtered out at the level of the brainstem (where the spinal cord becomes the brain proper). If these filters fail the person becomes aware of that background sound. When they become anxious, fearful and dismayed about this tinnitus sound there is a problem.



David Baguley

How can an Audiologist help them? They may be helped by becoming habituated to the sound just as people living in a village near a motorway learn to ignore the traffic noise. Some people may be helped and become less fearful when they understand what is happening and learn to ignore it.

There are many different ideas as to what tinnitus actually is. Some tinnitus is generated at the level of the cochlea when the delicate hair cells have been damaged by age or by noise causing a tinnitus signal to go from the ear to the brain. In other people the signal is in the brain itself.

There are three main theories at the moment about what tinnitus actually is. Some people say it is an increase in spontaneous activity often associated with deafness. Others say it is when the hearing system picks up the tinnitus signal and that then becomes organised and synchronised so that it is perceivable and loud. Other people talk about networks in the hearing brain, or several different layers of connection which are not connected randomly but in networks.

hearing brain, or several different layers of connection which are not connected randomly but in networks.

Many people with significant deafness have tinnitus. Researchers looked into this and found that the severity of tinnitus in the profoundly deaf is generally moderate but a small number are very troubled indeed by their tinnitus. They are often anxious, depressed, isolated and not sleeping.

What does a cochlear implant do for tinnitus? In the vast majority of people cochlear implants improve tinnitus. Cochlear implant users usually cast tinnitus as a mild problem. Maybe this is because they are less anxious and have a better quality of life. However there is some residual tinnitus handicap and 20% of cochlear implant users, including some children, have a problem.

Some recent research from Cambridge suggests that tinnitus in cochlear implant users is a hidden problem. When a group of 250 users were asked to say which of these problems – tinnitus, speech in noise, music, the naturalness of speech and of environmental sound – one in five said tinnitus was their worst problem. Nearly half the group said that tinnitus was either their first or second problem so it is probably under-reported.

What can implant users do to help themselves? They could use what is called 'progressive muscle relaxation'. This is a very simple technique – you lie down, breath properly, tense your muscles and relax your muscles in a very structured way from your forehead to your toes. It resets your agitation.

You could use sound – an iPod with a little bit of background sound, either rain or the

ocean or a little bit of gentle music. Rain and the ocean would sound terrible through an implant which is looking for speech. There is some research going on in Cambridge looking at what rain and the ocean sounds like for a person with normal hearing and designing an implant to produce this so your implant could have a tinnitus setting.

'Sleep hygiene' is another technique that may help with troublesome tinnitus. No reading in bed, no fiddling around with your iPhone, or your iPad. Minimal coffee and tea in the evening and, importantly, getting up at the same time every day. Psychologists say that helps to reset your sleep system. There are also other techniques such as saying over and over again a nonsense syllable under your breath such as 'ama, ama, ama' which will help to dislodge the tinnitus. If you are really in severe trouble with your tinnitus there is cognitive therapy which works on changing what we believe. I have published a little self help book entitled 'Living with Tinnitus and Hyperacusis' about these techniques for relieving tinnitus.

More work is going with drug trials and also magnetic stimulation of the brain to help alleviate tinnitus. A major European grant has recently been made to enable a group of scientists from various disciplines work together to acquire an understanding of the complexity of tinnitus. Psychologists are also working on the problem. A Cambridge student is researching the application of a powerful psychological tool – cognitive behaviour therapy – to tinnitus relief, delivered via the internet. It looks at building up resilience to tinnitus in those who suffer from it. Tinnitus research is a vibrant field and I am cautiously optimistic it will yield results.

EQUITY AND PERSON-CENTEREDNESS IN PROVISION OF TINNITUS SERVICES IN UK NATIONAL HEALTH SERVICE AUDIOLOGY DEPARTMENTS

Derek James Hoare, Emily Broomhead, David Stockdale, Veronica Kennedy

This recently published article gives an overview of tinnitus provision across the UK. Chronic tinnitus is broadly managed using individualised sound-based intervention, individualised or group education, counselling or cognitive therapies. It is shown that the provision of services varies widely across the four countries of the UK. Training in and the provision of support for tinnitus sufferers by audiologists is of particular concern in Scotland and Northern Ireland. The need for research in paediatric tinnitus, combination devices, non-ear level sound devices and audiologist-delivered psychological therapy, are noted.

The paper can be accessed here; <http://ubplj.org/index.php/ejpch/article/view/984>

From iPhone to 'I MAP'!

Helen Cullington, Clinical Scientist, University of Southampton Auditory Implant Service

Recently I read an article online entitled 'My week without my iPhone'. It made me think of all the things I do on mine: watch TV, check my pulse, shop, monitor my fitness and activity, send pictures and videos instantly across the world, see my family at the touch of a button, identify songs on the radio, see images of my living room wherever I am in the world ... and even turn the heating on in preparation for my return!



Most of us have become very reliant on technology in our everyday lives, and can't imagine a day without these things (let alone a week!). So how is technology affecting healthcare? The first article on telemedicine was over 100 years ago describing ECG data being sent over telephone wires.



However telemedicine as we now know it (the provision of interactive healthcare using telecommunication) began to emerge in the 1970s. It has been used in other long-term conditions for example heart disease and diabetes. In the United Kingdom, there are only around 20 cochlear implant programmes to care for the whole population (more than 800,000 severely to profoundly deaf people). So many cochlear implant users live a long way from their implant centre; this makes cochlear implant care an ideal candidate for telemedicine.

I am currently working on a project (funded by The Health Foundation) where adults will be invited to take part in a remote care trial. Instead of coming in to the centre for appointments, they will be able to:

1. test their hearing
2. do a little mapping and device checking
3. access a personalised online/smartphone intervention package for information, rehabilitation, trouble-shooting, training, reminders etc.

During the project we will assess how empowered patients feel in their hearing care, clinician and patient preference, speech perception, and the use of clinic resources. The trial ends summer 2016.

We live in exciting times and I am keen to make the best possible use of technology to optimise outcomes and the care experience for people with cochlear implants. I will finish now and go and make some coffee and have a shower – still can't do either of those on my iPhone!

If anyone is interested in taking part in this project or being involved in focus groups (travel expenses paid), or has any comments or suggestions, please get in touch:

Helen Cullington
H.Cullington@Southampton.ac.uk
University of Southampton Auditory Implant Service
SO17 1BJ



Manufacturer's News

From Advanced Bionics

Wireless Technology Helps You Hear Better in Noise

Despite great advances in cochlear implant (CI) technology in recent years, hearing in noise, listening to music and the television, and using the telephone can still present challenges for many users. Advanced Bionics (AB) Naída CI Q70 recipients have access to a range of wireless accessories designed to make hearing in challenging situations easier and more comfortable.

AB & Phonak offer the broadest range of proven wireless connectivity accessories, including the Phonak ComPilot. The ComPilot enables 100% wireless connectivity with countless Bluetooth® products. Audio from devices including mobile phones, computers, and media players, is streamed directly to your processors. This provides sound directly to the ear for better understanding on the telephone or for listening to music in stereo.

Sophie Woolley is an AB recipient in the UK who uses the ComPilot. "I love the hands-free facility on the ComPilot. It allows me to answer my mobile phone by pressing the main button. If I'm listening to music on my iPod, the music automatically cuts out during the call, returning after the call ends. It's really effortless."

The TVLink II accessory connects to your television or audio system to wirelessly stream audio to your ears via the ComPilot. The TVLink II provides better audio quality, so you can watch movies or television without the need for subtitles. As the volume of the sound you hear can be adjusted through your ComPilot, you can watch your favourite television programmes at a level that is comfortable for you without affecting the volume for others.

For better hearing during one-on-one conversations in moderately noisy settings, such as a restaurant or in a car, the RemoteMic offers an ideal solution. The speaker clips the RemoteMic to their clothing and their speech is streamed directly to your ears via the ComPilot. The RemoteMic is also a great tool over distance, in situations such as lectures, classrooms, or presentations.

The AB myPilot is an easy-to-use remote control offering status information and one-touch changes to programs, volume, and sensitivity settings for extra convenience.

Connectivity for Naída CI Q70 users is also made easier with the Roger system, a wireless solution that streams audio from a microphone directly to your processors. A discreet, design integrated receiver attaches neatly to the Naída CI battery and the speaker's voice is then transmitted directly to the processor without the need for any intermediary device.

The Roger Pen microphone works both in one-on-one conversations and in group meetings and can also be attached to the television for audio streaming from the TV. Dave, an AB recipient living in the UK, uses the Roger system. "At work I use the Roger Pen to take part in telephone conference calls," he said. "The quality of the calls is very good. I have also used the Roger Pen at a social event. It was very good at making conversations easier in a noisy place."

To learn more about Advanced Bionics, the Naída CI sound processor, and the full range of devices available to enhance hearing in challenging environments, visit AdvancedBionics.com or email info.uk@AdvancedBionics.com.

From Cochlear

Australian cricket great, Brett Lee, was announced as Cochlear's first Global Hearing Ambassador in July.

As one of the world's fastest bowlers, who has smashed multiple cricket records, Brett's new target is 360 million people – and raising awareness about hearing loss.

360 million is the estimated number of people worldwide suffering from a disabling hearing loss. Many, however, are not aware of the effects it can have on them or what treatments are available.

As Cochlear Ambassador, Brett will spearhead a 'Sounds of Cricket' campaign to raise awareness of the significant medical, social and economic impacts hearing loss can have on individuals and their families.

The campaign, commencing later this year, asks people to 'imagine if you could only imagine the sounds of cricket.'

Speaking in London, prior to the start of The Ashes, Brett said, "Hearing loss is a huge global public health issue. I can't imagine cricket without sound

– on the field not hearing the appeals and the crowd, off the field not hearing team mates, or at home not hearing family. I can't imagine it.

"A cochlear implant can change all of that. I've seen it happen. The implant takes a person from silence to sound. It is a wonderful, life changing moment."

"And through the language of cricket, a game with three billion fans across the world, we can expose more people to implantable hearing technologies. We can help more people go from silence to sound."

Brett said his association with Cochlear began when he was filming the soon to be released movie unIndian.

"When we were filming at Cochlear's headquarters in Sydney I got to know some of their recipients and even saw some of them 'switched on' for the first time, when they suddenly hear sound! I saw their sheer joy at being able to hear life. It really affected me."

"I also got to appreciate all of the opportunities in life that sound brings, which is why I'm honoured to be Cochlear's first Global Hearing Ambassador." Cochlear CEO, Dr Chris Roberts, said "We are delighted to have one of the true greats of sport working with Cochlear. Sport is a universal language and cricket is one of the most communicated languages in the world."

"While 114 million people watched this year's Superbowl, making it the most watched television program in US history, approximately 1 billion people watched the Cricket World Cup Match between India and Pakistan, broadcast from Adelaide. That is truly astonishing."

"With reach like this and an Ambassador like Brett, our goal is to connect as many people as possible to a world of sound. Our promise is to help people 'Hear now. And always', so they can live the life they want."



From MED-EL

WaterWear Package

WaterWear package now available for the RONDO. Enjoying an active lifestyle in the water with your RONDO audio processor has never been easier, thanks to a new package including the WaterWear and compatible batteries. WaterWear is an optional accessory that allows cochlear implant users to wear the RONDO while bathing, swimming or taking part in water sports, without losing any sound quality. WaterWear is a skin-tight transparent cover which is simply put over the RONDO processor and closed with an adhesive strip to provide a tight seal. Its IP68 protection rating

means that it is fully submersible in natural, chlorinated, or salt water. Each WaterWear package contains three WaterWear covers with nine adhesive strips, and compatible batteries.



Each WaterWear cover may be used up to three times; the adhesive strips are designed for single use only. If buying the WaterWear singularly, it is important to change the batteries to alkaline, silveroxide, or a rechargeable (HP675) option. The WaterWear package is available from the MED-EL UK Shop,

to order simply email, orders@medel.co.uk more information is available at www.medel.com/uk/team. For more information about WaterWear, the RONDO, and other MED-EL products and accessories, visit www.medel.com.

Choose your own colour combination for your SONNET audio processor!

Make a statement with pink, green, white, and blue; or blend in with ebony or grey - whatever your personal style, you can now customise your SONNET audio processor with MED-EL's new mix and match colour configurations.

With hundreds of colour combinations you can choose individual colours for your audio processor control unit, battery pack cover, microphone, coil, and cable to make your SONNET audio processor as individual as you are. To see the colour options available and print out your own design, visit medel.com/sonnet

The new SONNET audio processor from MED-EL has been specially designed so you can enjoy a more natural hearing experience in all situations. Its advanced technology includes Automatic Sound Management 2.0 that rapidly adapts to any environment, featuring a directional microphone, automatic volume control, and wind noise reduction that work together to provide optimal hearing performance.

You can even enjoy listening to music by the pool as not only does the SONNET have built-in wireless connectivity and flexible direct audio input options, but with an IP54 protection rating, the SONNET is splash proof too!

The SONNET is now available as an upgrade option for eligible MED-EL cochlear implant, and EAS, users in the UK. Processor upgrade eligibility and colour options offered are determined by your CI centre, and may vary.

For more information about the SONNET, including its lightweight design, water-resistance, long battery life, and colour options, visit medel.com hearLIFE with MED-EL.



Challenges in TV Subtitling

A Summary of a talk given at the Summer Meeting by David Padmore, Head of Access Services, Ericsson

Ericsson is a Swedish communications company that has recently acquired Red Bee Media which provides subtitles for all BBC programming and also Ch 4, Sky, BT and UKTV. We have five studios in the UK together with a team of home based staff. The first subtitling was just 36 years ago in the UK so it is still quite a young industry. I began working as a subtitler in 1993 so I have first hand experience of the development and expansion of subtitling. In 2008, the BBC finally reached 100% subtitling of its output across the 18 national and regional variations of the BBC which amounts to around 60,000 hours of subtitled content every year.

Today 79 channels are regulated by Ofcom to provide subtitling services. Current regulations do not extend beyond broadcast television, so if you are trying to watch TV programmes in another way, through iPlayer or another On Demand platform, there is currently no obligation on the content owners or the broadcaster to provide subtitling on those platforms. More than 80% of the UK's 90 on demand providers have no subtitles. There is another regulator, the Association for Television on Demand (ATVOD), which is trying to encourage providers of services like All 4, Netflix and Amazon to make sure that their services are as accessible as possible but currently they have no regulatory enforcement powers .

There are four areas of subtitling that need explanation. The differences between pre-recorded programmes and live television and, importantly, the critical topics of accuracy and latency. Accuracy is quality of the displayed text relative to the spoken words of the programme. Latency is the time delay between the original timing of the spoken words of the programme and the displayed text. Both accuracy and latency



David Padmore and Richard Byrnes

are influenced by the nature of the original programme.

For pre-recorded programmes it is relatively straightforward but still demanding. A subtitling operator views the recorded programme (see Fig 1) and either manually with a keyboard or by voice recognition computer software (VRCS) , creates the subtitles placing them appropriately in the scenes depicted. Colour attributes are added to distinguish individual voices in the programme. Accuracy is ensured through a quality control process and latency is eliminated.

Live transmissions however present a major challenge as both accuracy and latency can get compromised. Live TV news programmes are a combination of both prepared text and direct live transmission. Where the newsreader is reading from the screen we can get access in advance to the autocue scripts and prepare them and send them out in sync with the audio. The parts which are unscripted, where you don't know what is going to come, are done either by stenography, or by using speech recognition technology using a technique we call re-speaking. The original

VRCS produces poor quality results. So we use re-speaking in which the subtitler listens to the audio and dictates directly into VRCS which has been 'trained' to that operator's unique voice. This is now a very dominant method of producing live subtitling, partly because of the massive volume increases that we have seen in demand for live programmes to be covered, and a relative shortage of skilled realtime transcription professionals to cover all of that output. Subtitlers often have access to newsroom systems and other resources to help them prepare and anticipate what is going to come up, but sometimes you just don't know what will be talked about so the operator needs to be both very resilient and good under pressure.

A big problem is late delivery of programme material. The biggest challenge in many ways is not knowing what is going to be in the programme and the earlier we receive programme material obviously the easier it is for the subtitler to do their job effectively. Provided a pre-recorded programme is delivered to us by 4 hours prior to its intended transmission then pre-recorded subtitling can be provided

Coupled with this is the issue of vocal speed. Some presenters and members of the public when interviewed speak very quickly and it's a challenge to identify what is being said or to edit words out to keep the reading speed within recommended limits. We try to present subtitles as blocks of text that don't move, because it is easier for people to read a static block than a moving line of words. On a TV screen you are confined really to two lines, as scrolling subtitles are a little bit more difficult to read.

Subtitles then have to follow quite a long path to actually get to the TV screen – through the TV transmission and presentation areas, onto transmitters or up to satellites, through the satellite dish and set top box, and finally onto the TV screen. There are many technical risks along the broadcast chain which need to be managed. This is also why you see quite



Subtitling Booth (fig.1)

a lot of latency between the audio and text appearing on screen.

Turning to improvements and developments, Ofcom has been running a process of reviewing of live subtitling on television for the last 18 months. It is working with the broadcasters and with the service providers to try to make sure that everything that could be done to make the subtitling experience as good as possible is being done. An essential part of that obviously is getting as much prepared material as possible. Speech recognition software is getting better. There is a lot of investment into the technology which takes audio and turns it into text, and we are getting the benefit from that as those advances are made.

Many people would argue that everything should be subtitled. Clearly, accessibility is a good enough reason to subtitle everything in the first place. Whilst there are over 10 million people in the UK with some form of hearing impairment it is known that some 18 million people access subtitles. It is a very useful tool in language learning and literacy and features in ethnic communities where English is not the first language. Subtitles are also increasingly being used in public spaces and in noisy environments like gyms and pubs.

There is cause for optimism in the future of subtitling. People who make television and video are increasingly aware of the benefits of good quality subtitles, and also what best practice in this area looks like.

It is campaigners like the lobby groups in the UK which have made that so effective in the UK. The UK, in comparison to many other countries in the world, has a far higher proportion of television with subtitles, and the lobby groups here have been particularly successful over the last 20 years. We see that social media and audience pressure does bring results. BBC and Channel 4 went to 100% voluntarily, because of audience pressure. Services like Amazon Prime Video, which is similar to Netflix, have started to make their content accessible because they are getting such a lot of pressure from

the audience through social media such as Twitter and Facebook. Technology is getting better and a lot of the transmission problems we saw maybe 10 or 15 years ago, when we first had digital TV, have been addressed. There are fewer technical problems with the process than there were then. More people will find and watch TV if producers create good quality subtitles for it and this will be profitable for the producers so we are trying to use that argument to persuade them to make their programmes accessible.

Richard Byrnes

The new NHS Accessible Information Standard

One of life's eternal bug bears for people with hearing difficulties is the problems they experience when trying to use the NHS. A typical Out Patients Department is an acoustic nightmare for people with hearing impairments, and the situation in many GP and Dentist surgeries isn't much better. This leads to patients being left marooned in the waiting room because they didn't hear their name being called, and [more seriously] giving the wrong answer to the doctor or nurse because they misheard the question. In recent years many practices have put ever more emphasis on patients contacting them by telephone, which has an isolating effect as seen by many people with hearing impairments.

Hence the NCIUA was pleased to see a year or so ago that NHS England was drafting a mandatory "Accessible Information Standard" to address issues of this type. Effectively the Standard sets out how NHS England requires NHS funded facilities to implement the "reasonable adjustments" required by the Equality Act to allow people with various forms of disability to have full access NHS services. The Association was able to make some input to the development of the standard, along with other bodies such as Action Hearing Loss, hence we are pleased to see that the Standard has now been officially approved by NHS England, and will be rolled out nationally over the next year or so. [The standard itself is a voluminous document, running to about 60 pages, so it perfectly reasonable to give teams at the sharp end

some months to digest it!].

The Standard states that it applies to

- All providers of NHS care or treatment;
- All providers of publicly-funded adult social care;
- Adult social care or services bodies (in their role as service providers);
- Independent contractors providing NHS services including primary medical services (GP practices), dental services, optometric services and pharmacy services.

Perhaps of most interest to Association members are Requirements 26-31 of the Standard, which provide that:

26. Organisations MUST ensure that patients, service users, carers and parents with information and / or communication needs related to or caused by a disability, impairment or sensory loss have these needs met.
27. Organisations MUST ensure that patients, service users, carers and parents with information needs (a need for information in a non-standard print format) are sent or otherwise provided with information, including correspondence, in formats which are appropriate, accessible and that they are able to understand.
28. Organisations MUST ensure that patients, service users, carers and parents with

information and / or communication support needs have access to accessible contact methods and are contacted using accessible means.

29. Organisations MUST ensure that patients, service users, carers and parents are provided with appropriate communication support, including using aids or equipment and / or by staff making adjustments to their behaviour to enable effective communication.

30. Organisations MUST take steps to ensure that communication support, professional communication support and information in alternative formats can be provided promptly and without unreasonable delay. This includes making use of remote, virtual, digital and telecommunications solutions.

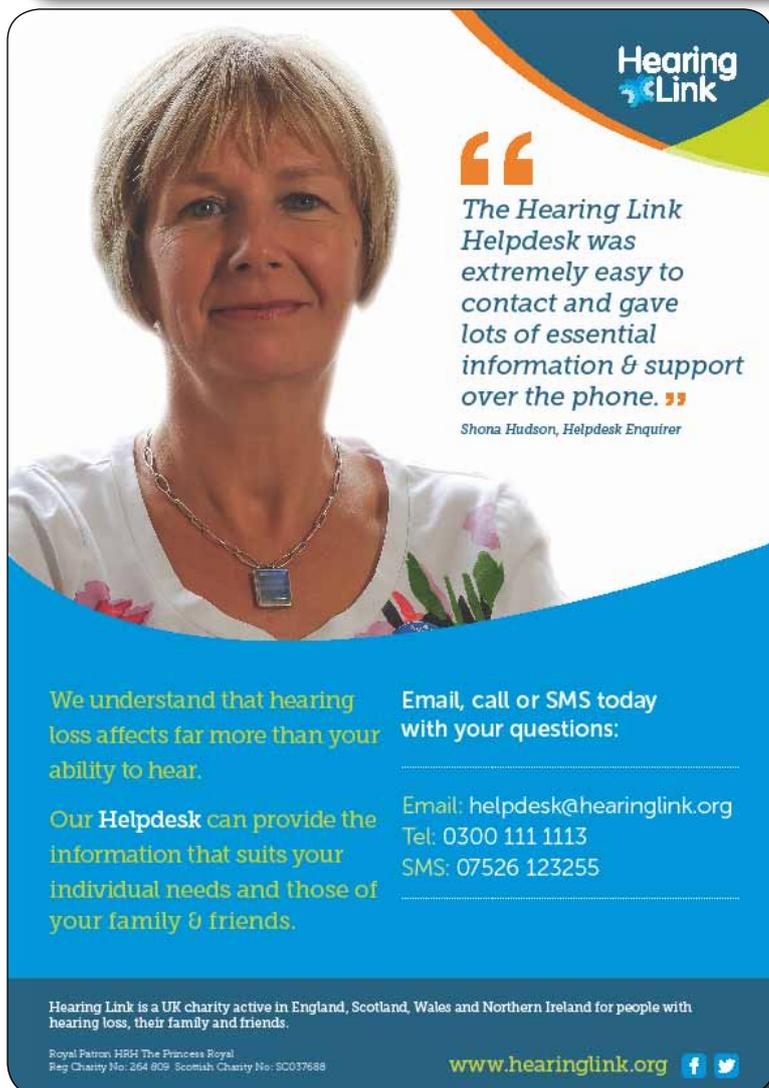
31. Organisations MUST ensure that communication professionals (including British

Sign Language interpreters and deafblind manual interpreters) used in health and social care settings have:

- Appropriate qualifications; AND
- Disclosure and Barring Service (DBS) clearance; AND
- Signed up to a relevant professional code of conduct.

From our perspective this new Standard has a lot to offer, so it is very much in our interests to see it being effectively implemented at local level. The Standard is to be implemented in full by 31.07.2016, but we can hope to see some tangible progress before then. So if you are visiting a Hospital or Surgery in late 2015 or early 2016 it might be a good idea to check that they understand what things need doing to ensure that you can access their services effectively, and that full delivery plans are in place.

Paul Tomlinson



Hearing Link

“
The Hearing Link Helpdesk was extremely easy to contact and gave lots of essential information & support over the phone.
”

Shona Hudson, Helpdesk Enquirer

We understand that hearing loss affects far more than your ability to hear.

Our Helpdesk can provide the information that suits your individual needs and those of your family & friends.

Email, call or SMS today with your questions:

Email: helpdesk@hearinglink.org
Tel: 0300 111 1113
SMS: 07526 123255

Hearing Link is a UK charity active in England, Scotland, Wales and Northern Ireland for people with hearing loss, their family and friends.

Royal Patron: HRH The Princess Royal
Reg Charity No: 264 809 Scottish Charity No: SC037688

www.hearinglink.org  

Home Counties Cochlear Implant Group Christmas Meal

HCCIG Christmas meal on
Tuesday 8th December at
6 - 9 pm
Spaghetti House,
20 Sicilian Avenue, London
WC1A 2 QD.

This is instead of our normal
wine bar meeting during
the festive season.

To book for the above
please contact;
Jenny Burdge on
hccigs@gmail.com



All Party Parliamentary Group on Deafness – Lilian Greenwood elected chair

We are pleased to say that at the first meeting of the group after the election Lilian Greenwood, Labour MP for Nottingham South was elected chair. Lilian has been a staunch supporter of the campaign for Adult Cochlear Implants since its inception.

Lilian said: "I'm delighted to have been elected to this role and look forward to leading the group in an ambitious programme of work. Many government policies are having an impact on people who are deaf or have a hearing loss. We need to make sure they are levelling the playing field,

not making it harder for people to succeed."

Three vice chairs were elected: the Lord Shipley OBE (Liberal Democratic), Neil Carmichael MP (Conservative) and Ian Mearns MP (Labour).

The APPGD is an informal group that is run by Members of the House of Commons and the House of Lords. They meet to discuss current issues facing people who are deaf or have a hearing loss and decide what they can do to help.

The Next Newsletter

The newsletter is only being published twice a year. The next one will come out in April 2016. Please let the editor have any news, letters and other items of interest to members by 15th March.

Gloucester Cochlear Implant Support Group 10th Anniversary Saturday 28th November 12.00 am -3.30 pm

GCISG invites all members, friends and relations to join this social event at the Gloucester Deaf Centre, Colin Road, Barnwood, Gloucester GL4 3JL.

There will be a buffet lunch.

Please email:
cathnkiln@izat.myzen.co.uk
for further information.

National Cochlear Implant Users Association

President:	Jackie Ashley
*Chairman	Nigel Williams e-mail: chair@nciua.org.uk
*Vice Chairman	Tricia Kemp E-mail: vice.chair@nciua.org.uk
*Treasurer	Paul Tomlinson E-mail: treasurer@nciua.org.uk
*Secretary	Dr Ray Glover The Vicarage, 70 Sycamore Road, Amersham, Bucks. HP6 5DR E-mail: secretary@nciua.org.uk
*Editor	Alison Heath E-mail: editor@nciua.org.uk
*Committee Members	Jenny Burdge, John Hirst, David Williamson, Richard Byrnes, David Cotter

Disclaimer

Whilst the Association uses its best endeavours to provide accurate information on the subject of cochlear implants it does not provide medical advice or make recommendations with regard to any particular implant or equipment and no article in this newsletter should be construed as doing so.

Registered Address:
NCIUA, 70 Sycamore Road, Amersham, Buckinghamshire. HP6 5DR
Registered Charity No. 1073222
Web Site: www.nciua.org.uk E-mail: enquiries@nciua.org.uk