



Increasing access to hearing technologies – start with adult screening?

We live in a world where there is a tremendous potential for new hearing technologies for both children and adults to make a difference to family and social life, education and employment.

We have Newborn Hearing Screening, digital aids, cochlear implants, bone anchored hearing devices, middle ear implants and brain stem implants ... with constant new developments. Today, almost every deaf child and adult has the possibility to hear, with the implications for communication and spoken language. However, this is also taking place in a world where there are growing financial demands on health care services and an aging population making increasing demands on services. Clearly this needs to be managed and one example of this is the attempt to ration hearing aids in England.

We need to change the narrative – instead of discussing how to cut costs and the costs of providing technology

we need to consider the costs to society of not addressing hearing loss. The Ear Foundation produced a report, The Real Cost of Hearing Loss, which does this (www.earfoundation.org.uk).

The cost of not managing hearing loss was estimated at £30bn (37bn euros) per year, and similar costs have been found in other studies. The message then becomes: we can spend on hearing technologies, change lives AND save health services money.

Thanks to many of you who take part in our research, we can provide examples where adults tell us the difference that the provision of cochlear implant in adult hood has made to their lives. For example:

- I was out of work for three years and then within a month of getting switched on I had a job..."
- "...until finding myself redundant and unable to gain work, largely due to my deafness. My cochlear implant has allowed me to return to a life I thought was all but over..."
- "the benefits I was claiming that are no longer necessary - it's cheap at half the price!"
- "I have paid for my implant within two years (with taxes...)"



DIARY DATES

5th November, 2016 - November Forum from 11.00 am to 4.00 pm - will be held at GDH Centre, Colin Road, Barnwood, Gloucester GL4 3JL

3rd June 2017 Summer Meeting and AGM will be held at the University of London (Birkbeck Main Building), Torrington Square, London WC1E 7HX

Watch our website for more up to date information: www.nciua.org.uk

To influence and increase access to hearing technologies, including cochlear implants, we need to address the lack of public awareness of the impact of hearing loss and the stigma associated with it, the lack of GP awareness of the impact and options today, the professional lack of awareness of impact and options. We need to increase the access of adults to hearing technologies if they are to benefit and that may require the introduction of adult hearing screening, which brings adult hearing loss into the health care arena.

Over the past few years, Third Sector, or voluntary organisations, such as NCIUA and The Ear Foundation, have formed an Alliance, with professional and private organisations to raise the matter of hearing loss up the public agenda. The Hearing Loss and Deafness Alliance in the UK is a coalition of charities and professional representative groups formed to prevent and reduce the impact of hearing loss and tinnitus, to ensure timely access to integrated services and support and to the knowledge and information those affected by hearing loss require to get what they want and need. This group, led by Brian Lamb, has been a real example of productive working together. We have succeeded in getting the action plan for hearing loss published by government, and are involved in its implementation. We have been successful in getting questions asked in Parliament and in fighting Clinical Commissioning Groups (funders) who are planning to reduce the fitting of hearing aids in the UK – and winning. The government has established the Commission on Hearing loss and we have increased hugely media interest in hearing loss and technology. As part of this work The Ear Foundation established the Action Group for Adult Cochlear Implantation, led by Brian Lamb, and are delighted that we have leading figures and organisations on board. We aim to improve access to implantation for adults by improving information, including

information about audiological services, and looking at the current evidence on criteria for adult implantation.

As part of this work, we have produced several reports, which are available from The Ear Foundation's website: Adult cochlear implantation: evidence and experience; The Real cost of hearing loss; Bending the Spend, and have recently focussed on looking at the evidence for Adult Hearing Screening, with a report, Adult hearing screening, Why wait any longer?. Adult hearing screening is not currently available: there is evidence to show that adults wait years before they go to have their hearing checked, but also evidence to show that the earlier you have hearing aid or implant, the better. Adult hearing screening fulfils Wilson and Junger's criteria for screening (JMG Wilson and G Junger: Principles and Practice of Screening for Disease, World Health Organization, 1968). For example:

- Important health problem (many affected)
- Natural history understood
- Early intervention leads to better outcomes
- Treatment is readily accessible (hearing aids and cochlear implants)
- Many do not avail themselves of available treatment automatically

Opportunistic screening programmes are showing what a difference can be made, and there are many tools available to self-test one's hearing. By providing hearing technologies and managing hearing loss well we can change lives. For example: " I now spend Christmas with daughter – previously I preferred Christmas at home alone as it was so difficult to communicate with a crowd." and we can save society's money. We have taken our reports to Brussels and into Europe and we have a conference in Brussels on 26th Sep 2016, on 12th October: and in Central Hall, Westminster 'Spend to Save'. Can you join us?

Services for adult with cochlear implants at The Ear Foundation

We have several services – you can come and try a range of telephones, a range of FM (radio aids) systems and other assistive devices. You can buy your spares on-line, and you can come to our Saturday focussed groups or to our coffee morning drop ins. If you have a Cochlear or AB cochlear implant systems, we have regular sessions where you can meet their staff, bring your equipment in for support in its use, talk about the latest developments, and receive free advice – for example about listening to music, or the TV. A typical comment: “the audiologist was great... but I can't remember what she said about ...”

Look on the website www.earfoundation.org.uk for information and come and see us...!

Sue Archbold

Manchester CICADA.

We are a registered charity, based in the North West of England with members from Cumbria to North Wales, across Cheshire, Lancashire and Greater Manchester. The CICADA club, as it used to be known, was started in 1993, by the Manchester CI clinic to provide information and support to implantees.

Our Patron, Professor Richard Ramsden, a leading surgeon and one of the pioneers of cochlear implant operations in the UK was working at the Manchester Royal Infirmary and realized that once the operation was complete, an immense amount of work and help was needed to enable an implant user to get the maximum benefit from their new CI. The hospital provided a post-operative assessment and monitoring program, with regular checkups and testing of the patient's ability to use the processor, but longer term much more support was needed to get the maximum benefit for the patient.

Introducing a new patient to an existing implant user before they had their operation was becoming standard practice and it was felt

that continuing contact with the same or other existing users post operation would be beneficial as part of the rehabilitation process.

It is well known that deaf people can easily become isolated especially in situations where the majority of others nearby are hearing and this puts stress onto the deaf person. However in a group where everyone else is deaf and has been through the same operation this stress is removed, people share their experiences, and in doing so confidence increases.



A group of us on a visit to the Tate Gallery at Liverpool

We meet as a group many times during the year for social activities such as lunches, trips out to visit places of interest and day trips. In addition as most charities do we have an annual XMAS dinner and a conference and AGM. These events take place all over the North West so that as many members as possible can get the opportunity to meet. We help the Manchester Royal Infirmary by supplying people to take part in research activities for the continued development of better technical equipment and have provided one to one help and support when members have been in hospital.

All members receive a regular magazine with news and articles and have access to a Facebook page and Website to keep in touch and up to date with news and events.

Our contact details are:

Email: secretary@manchestercicada.org.uk

Website: <http://www.manchestercicada.org.uk/>

Facebook: [Manchester Cicada Club](#)

Berkshire Cochlear Implant Social Group

CI Berkshire Social group started three years ago when I realised there no CI Social or Support Groups nearby for people who had gone through the process of having a cochlear implant. Most people I already met who had a CI were mainly post linguually deafened and therefore were not culturally deaf and the deaf and hard of hearing clubs nearby catered magnificently for those with a hearing loss. They had their own dialogue and support, and I thought, "What about our dialogue?"



CI-Berkshire was formed because of its close travel connections to Oxfordshire, Hampshire, Wiltshire, Bucks and Greater London. Though we have people coming from afar as Cambridge, Gloucestershire and Cornwall! We have picnics in the Summer and meet socially in public venues that are best suited for our hearing environment as we also have hearing aid users in our group.

CI-Berkshire is not only for just the CI Users themselves but also their partners and close friends and family. They are part of the whole picture of each person living

with a hearing loss and who also happens to have a CI. They find the Socials as much fun as the CI users themselves because they can connect and relate to others who are living in a similar vein of understanding everything there is to know about CI's! It is also very much open to those who are thinking about having a cochlear implant and who better to ask than a whole bunch of CI Users who are living first hand with the device themselves!! I can't tell you how much it means to me to see some people come to our meetings looking and feeling quite apprehensive and then going away

relaxed and happy knowing how much there is to gain by having a CI. They've seen for themselves how interactive and social we are because our devices enable us to.

I think especially what I have found since this wonderful group started is the friendships that have been made and after every social meet-up we have, I love

it when people ask, as they are leaving, "When's the next one?"

Footnote: If you would like to be put on the mailing list for CI-Berkshire Socials email: michelemotteux@outlook.com or join us on Facebook "Cochlear Implant Events UK". It is free to join.

Manufacturer's News

From Advanced Bionics



Advanced Bionics

New Hearing Solution Changes the Way People Hear with Cochlear Implants

Advanced Bionics and Phonak introduce Naída Link, the first hearing aid capable of communicating with a cochlear implant

Advanced Bionics (AB) and Phonak announce the introduction of the new Naída bimodal hearing solution featuring the Phonak Naída™ Link, the world's first hearing aid offering full-bandwidth, bidirectional audio streaming with the Naída CI sound processor from AB. Using shared technology co-developed by AB and Phonak, the Naída devices are able to communicate with each other in a way no other hearing aid and cochlear implant combination can match.

"After years of combined efforts in audiology, R&D and product management, we are delivering a game changer in technology. Two Naída devices — a CI and hearing aid — can now use the same advanced automatic technology and stream the audio signal from one side to the other. This means they can respond and adjust the same way to changing listening situations, as if they are one system," said Dr. Hans Müller, Marketing Director at Phonak Communications AG. "It is very rewarding

to see AB and Phonak delivering on the expectations that were raised when the two companies came together."

By transmitting audio information as well as sharing automatic features, controls, and the wireless Roger™ system, the AB and Phonak Naída devices make it easier to hear with them together. Studies show that this provides a proven advantage for hearing in noise and greater listening comfort compared to using a cochlear implant and any other hearing aid.^{1,2}

Approximately 40% to 60% of cochlear implant recipients are considered "bimodal", which means they wear a hearing aid on one ear in combination with using a cochlear implant on the other.³ "This breakthrough in bimodal hearing means we can deliver better hearing to more people affected by significant hearing loss and that's always our goal," said Hansjuerg Emch, President of Advanced Bionics and Group Vice President of the Sonova Medical Division.

The Phonak Naída Link hearing aid will be available starting this summer in the United States and Europe.

1. Veugen LC, Chalupper J, Snik AF, van Opstal AJ, Mens LH. (2016) Matching automatic gain control across devices in bimodal cochlear implant users. *Ear and Hearing* (2015 Dec 10, epub ahead of print)
2. Advanced Bionics (2016) Adaptive Phonak Digital Bimodal Fitting Formula: Optimizing Hearing for Listeners with a Cochlear Implant and Contralateral Hearing Aid White Paper
3. Dorman MF, Gifford RH. (2010) Combining acoustic and electric stimulation in the service of speech recognition. *International Journal of Audiology* 49(12): 912-919

Advanced Bionics - Ear Foundation Accessory Information Days

Advice and information for Advanced Bionics Cochlear Implant Recipients & Cochlear Implant Candidates

- Do you struggle to follow conversations in a noisy environment?
- Do you need to use subtitles on the TV?
- Do you know about:
 - Cochlear Implants, AquaCase, Wireless Connectivity, TV Link, Dect Phone, EasyCall?

Join us at our Advice and Information Events:

Yvonne Noon, AB Clinical Specialist, will be available to answer your questions

Dates: 29th September 2016, 26th October 2016, 24th November 2016

Time: 10:00 – 14:00

Location: Ear Foundation Nottingham

For more information or to register for an appointment email: Hear-UK@AdvancedBionics.com

From Cochlear

Introducing Kanso – simple, smart and discreet!

Kanso is the latest addition to Cochlear's portfolio. The smallest and lightest off-the-ear sound processor on the market, it provides the wearer with both discretion as well as enhanced comfort. The new technology is simple, discreet and smart as it has the ability to automatically adjust to different hearing environments providing a seamless experience from visiting a restaurant to going to the movies.

- Kanso is Smart: it provides the benefits of the Nucleus 6 technology in an off-the-ear-solution.



- KANSO is Simple: it is an easy to use single unit sound processor. It is cable free and has only one button to set and forget.
- KANSO is Discreet: it is the smallest and lightest off-the-ear sound processor coming in eight colours.

KANSO also includes state-of-the-art Cochlear True Wireless™ technology, which helps people use the phone, hear over distance and in noisy situations. The

True Wireless range of devices allows the wearer to stream conversation, phone calls, music and television programs directly to their sound processor enhancing their hearing experience.

“Since having the KANSO, I feel a lot more confident. I’m not self-conscious and life is easy again. I love everything about it.” – Alison V, KANSO recipient since 2015
To find out more about KANSO please visit <http://bit.ly/2cl2x7w>

True Wireless™ freedom: Introducing Cochlear’s new generation of Mini Microphones

We have updated our Cochlear™ True Wireless™ range by introducing the next generation of Cochlear Wireless Mini Microphones. The Mini Microphone 2 and 2+ join the Cochlear Wireless Phone Clip and TV Streamer in the True Wireless range.

The Mini Microphone 2 and 2+ build on the success of the original Mini Microphone, the most popular product in the True Wireless range and are compatible with a Cochlear Nucleus® 6 Sound Processor. Speech and audio are streamed directly to the sound processor, helping people hear more clearly over distance and in noisy environments, letting them live life to the fullest.

The next generation Mini Microphones introduce a number of new and improved benefits:

Being able to keep up with the conversation in noisy and crowded places thanks to the new directional microphones.

Having the freedom to sit where you like in a meeting or at school thanks to the improved 25-metre range (with clear line of sight).

Enjoying better sound quality in all situations.

Enhanced ease of use and convenience for friends and family members thanks to its smaller size and design improvements. Having the peace of mind provided by an average battery life of 10 hours.

To find out more, please visit: www.cochlear.com/uk

From MED-EL

SONNET: Now the World’s Lightest Audio Processor

Audio processors that are comfortable to wear, easy to use, and provide access to the latest automatic sound management

technology are a focus for MED-EL. That’s why we are pleased to introduce a range of new battery packs for the SONNET audio processor. A new body worn mini battery pack and a choice of three rechargeable kits, featuring a micro

battery that makes the SONNET the world's lightest audio processor, are now available in the UK.

NEW: SONNET Rechargeable Battery Kits

The three SONNET rechargeable battery kits (micro battery pack, standard battery pack, or a mixed pack containing both the micro and standard options) provide complete flexibility for MED-EL cochlear implant users.

When fitted with the micro battery, the SONNET is 9% smaller and 24% lighter than the standard Zn-air BTE configuration, making it the world's lightest audio processor thus ideal for children and users of all ages with an active lifestyle. For parents, its water resistant design (IP54), lockable coil cable, and continuous link monitoring to the cochlear implant via the DL-Coil also provide extra peace of mind.

The reduction in size and weight of the SONNET battery does not compromise performance. The SONNET features the latest generation of automatic sound

management (ASM 2.0) and FineHearing Technology which combine to deliver optimum hearing in all situations.

NEW: SONNET Mini Battery Pack

The SONNET Mini Battery Pack (MBP) is an ideal option for parents seeking a secure off-ear solution for their child. Weighing less than 6 grams on the ear, it provides a lightweight design without compromising battery life - one single AAA battery offers up to 37 hours of use. It can also be used with the DaCapo PowerPack rechargeable cells.

Lockable connections on the DL-Coil and battery pack add further security, along with a range of additional retention methods. With direct audio input via the Euro Audio (EA) 3-pin socket, the MBP can connect to FM-systems and virtually all audio sources, making it compatible with interactive classroom learning equipment.

For more information about the SONNET and the revolutionary SYNCHRONY cochlear implant, visit www.medel.com.

MRI scans - did you know...?

Magnetic Resonance Imaging (MRI) is one of the most important diagnostic imaging tools for healthcare professionals. MRI scans use powerful magnets to create detailed images of the inside of a person's body.

Have you ever wondered just how powerful an MRI scan at 3.0 Tesla is?

Did you know that a 3.0 Tesla MRI machine uses magnets up to 600 times stronger than a fridge magnet¹; that's strong enough to lift a car.

With such a powerful magnet, it is important to ensure safety and comfort especially for people with a cochlear implant. This is why MED-EL has

developed the SYNCHRONY cochlear implant with its revolutionary self-aligning magnet.

For more information about MED-EL's SYNCHRONY implant, which allows MRI scans at 0.2, 1.0, 1.5, and now 3.0 Tesla, without the need for surgeries to remove / replace the implant magnet, no discomfort, and no hearing downtime, visit www.medel.com.

For information about MRIs and cochlear implants, visit [medel.com/cochlear-implants-mri-safety](http://www.medel.com/cochlear-implants-mri-safety)

¹ Kim, S.G. Basics of Magnetic Resonance Imaging. http://www.mntp.pitt.edu/public/files/2012_files/MRI_Basic_Lecture_Kim_Wed.pdf

Read all about it! Issue 4 of EXPLORE Magazine out now!

Have you ever wondered why time flies as you grow older whereas for children time seems to stretch into infinity? This conundrum and other aspects of ageing are examined in the latest edition of EXPLORE Magazine from MED-EL: EXPLORE Age.

And, if the mention of the word “age” fills you with dread, think again, EXPLORE Age takes a highly positive and informative look at what is inevitable for all of us with good humour and some sound advice.

Articles include tips on how to make friends in later life and the amazing benefits of ageing.

In “The Age of Restoration”, the article

reveals that age is no barrier to benefiting from hearing implant technology. This means that hearing loss which affects so many of us as we grow older can be successfully treated, removing one of the major causes of depression and isolation in later life.

In addition to EXPLORE Age, you can catch up with our other special magazine issues: EXPLORE Kids, EXPLORE Sound and EXPLORE Music and these are all available free of charge.

To request your free copy simply email orders@medel.co.uk or download it online at www.medel.com/explore.

For more information about MED-EL hearing solutions visit www.medel.com.

Impact of Auditory Rehabilitation for Adults with Limited Benefit after Cochlear Implantation

Tina Olmstead, David Schramm, Elizabeth Fitzpatrick, Shelly Armstrong, and Arran McAfee

In Canada, children who receive cochlear implants often are provided ongoing and intensive listening, speech, and language instruction with a focus on parent participation. Auditory-verbal therapy is available in many of the large Canadian pediatric implant centers. Adults who are implanted are supported by a team of audiologists in collaboration with the implant surgeon but the patients do not typically receive ongoing structured listening practice unless they actively seek out private therapy. In addition to regular appointments with the audiologist, many patients choose to attend support group meetings. The meetings provide opportunities for members to share their personal stories, give advice to each other, invite guest

speakers and foster friendships based on mutual experiences. At our site, an audiologist attends and answers questions. Many centres that work with adults provide a similar support system.

In 2013 Dr. David Schramm, the head of Otolaryngology at The Ottawa Hospital, proposed to investigate the impact of therapy for adults who are receiving limited benefit from their implants. Dr. Schramm is the cochlear implant surgeon for children and adults in our program. As a result, he is familiar with the type of instruction given to young children and their families and has witnessed the success of the pediatric Auditory-Verbal program. With funding from a private donation, Dr. Schramm and his

research team invited me, as an experienced LSLS Cert. AVT, to apply the techniques and strategies commonly used with children who are learning to listen to a group of adults who were identified as struggling with listening. Any initial concerns I had about working with adults were quickly alleviated as soon as we began working together; they are motivated, hardworking, and willing to give anything a try.

There are several components to the research therapy program:

Adult Participants

The participants are adults with cochlear implants who are followed at The Ottawa Hospital and who received implants between 2002 and 2015. To be included in the study, all participants scored less than the 50th percentile on a standardized consonant-vowel-consonant (CNC) test. The participants were implanted after the age of eighteen and are actively followed in the clinic. Each participant agrees to attend twenty-four individual weekly or bi-weekly sessions focusing on the development of listening skills and communication strategies in English. They also agree to complete a battery of assessments pre and post training. At this time, fourteen participants have completed the program but the study is ongoing and currently there are four participants enrolled.

Listening Coaches

The participant chooses a partner to attend each lesson as a listening coach. Husbands, wives, children, and friends have been recruited as coaches. The role of the coach has been vital to the success of the program; the coach is not an observer but an active member of the team who practices in the session and then completes carryover activities

in the home. Watching the coaches develop an understanding of the challenges faced by the implant user and then employ appropriate strategies for improving success with the implant has been an outstanding aspect of the project. The coaches learn how to help rather than be passive observers of a struggling family member or friend. The coach and participant are given specific listening exercises and goals based on individual needs and ongoing diagnostic teaching. When they return to the clinic, the coach and participant report on progress and document areas requiring additional instruction. A volunteer coach stated, "This was a very good experience. It's kind of incredible to see the difference." The listening coaches provide an important link between clinic and home.

Audiologists

Fortunately, the research therapy program is located in the Audiology department of The Ottawa Hospital and cooperation between the therapist and audiologists has been key in identifying potential map changes. For example, when errors persist in the detection of a sound or in the discrimination of a set of sounds, the audiologist is consulted and specific frequencies are examined so that new maps can be created. The therapist, the audiologist, the listening coach and the implant user are actively involved in the mapping session addressing specific listening issues. Throughout the twenty-four week period of instruction, it is typical to adjust maps two or three times based on the performance of the participant in the therapy program as well as in routine environments of daily life. The collaboration leads to more precise communication with the audiologists on the implant team; small mapping changes can yield great improvements in listening.

Auditory Rehabilitation Therapy

Individual plans are created based on the results of standardized speech perception tests, informal tests, and personal goals of the participants. Most participants identify use of the telephone as a goal and therefore structured telephone training is part of the therapy program. My work with children as an Auditory-Verbal Therapist provides me with a framework and skills for working with adults. The listening model of detection, discrimination, identification and comprehension described by Erber (1982) forms the basis of the program. Because the aim of the research is to improve listening with the implant, hearing aids in the opposite ear are not worn during the sessions. Visual cues are only used if needed and then the information is put back into hearing only. Most of the adults are skilled lip readers so tasks are presented by sitting or standing on the side of the implant but out of the participant's visual field. In the beginning, the removal of the hearing aid and visual cues can be daunting. The therapist and the listening coach provide positive reinforcement to the adult who is learning to listen. We proceed from easy to difficult tasks using a variety of materials that are appropriate to an adult learner. As the weeks go by, confidence in listening grows and performance in listening only conditions improves. The sessions allow us to discuss strategies for improved listening in difficult situations such as restaurants and large groups. Adults enquire why listening is challenging, they appreciate confirmation of concerns and they are eager to incorporate suggestions.

Results

Preliminary data collected demonstrate overall improvement in speech perception tests for all participants in quiet and in noise. In addition, the participants are asked to rate their use of the telephone and by the end

of the twenty-four weeks, more than ninety percent reported moderate to considerable improvement and no one reported "no telephone use." One person commented, "I stopped using the telephone long before I had the implant and it's just because of the therapy that I'm using the phone again." When asked about the benefits of the therapy, one person summed it up, "The harder you work, the more you get out of it. I'm glad it's over but I'm glad I took it."

Once all of the data are collected and analyzed, the research team will publish the results in a scholarly journal.

Final Thoughts

Unlike the pediatric population in Ottawa, adults do not receive ongoing auditory rehabilitation as part of the implant program due to a lack of funding for therapy. While many experience rapid success without intervention, there are others who do not achieve optimal benefit from their implant. It is the group who has limited benefit that the study chose to investigate the impact of therapy. The participants were motivated and when given techniques and strategies to use, they made gains. As more research is conducted, it is hoped that adult auditory rehabilitation will become the norm and more widely available to all.

Reference

Erber, N. (1982). Auditory training. Washington, DC: AG Bell.

Research Team

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No Local Support Group in your area?

Local CI groups give users something that no professional can – friendship and the opportunity to connect and relate to other CI users who can share experiences and problems because they can understand and sympathise. There is nothing like talking to someone who has been through the whole process themselves. The articles on the Manchester and Berkshire groups in this issue of the newsletter give a good idea of what they can offer.

There is a full list of all active local groups on our website: www.nciua.org.uk but if there are none in your area then please contact your CI centre. If you have time, energy and enthusiasm to start a group your local CI team will be sure to do their best to help you.



Melanie Jewett, our Ambassador, Pauline Ashley, our President and Nigel Williams, Chairman at the 2016 Summer Meeting and AGM. Be sure to note the date of next year's meeting on 3rd June 2017 – we are celebrating our 20th anniversary!

Hearing Link

“
The Hearing Link Helpdesk was extremely easy to contact and gave lots of essential information & support over the phone.”
Shona Jackson, 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 Patent 1881 The Princess Royal
Reg Charity No. 274 814 Scottish Charity No. SC017088

www.hearinglink.org

National Cochlear Implant Users Association

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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.

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