

4. The candidacy consensus was a big exercise to find out what people thought about the candidacy criteria and how or whether it should be changed. One hundred and sixty people responded to the initial questionnaire and we had a meeting in which 41 people attended to discuss candidacy. We looked to see whether there was consensus on various points such as which speech test to use for assessing candidacy. We gave people details of 600 potential patient profiles and asked them to say who they considered appropriate for an implant - appropriate means that the benefits outweigh any harm – and also if it was necessary. When people had a 90dB HL loss the criteria worked and the same was true when the hearing loss was 80dB HL but with a 70dB HL hearing loss there were a lot more problems and a large proportion of the profiles were considered inappropriate for an implant.

5. The final piece of evidence that was reviewed was the choice of frequencies to be included in the criteria. Currently we look at 2 and 4 kHz which are quite high frequencies but if you have a low frequency hearing loss but good hearing at 2 and 4kHz there can be a problem in terms of hearing speech. Literature says important speech regions are between 750 and 3000 Hz reflecting the fact that vowel information and a lot of speech cues are present in the low frequency region. A lot of other countries look at lower frequencies than we do in the UK.

Based on these five pieces of evidence the majority of stakeholders have recommended to NICE that the hearing threshold criteria should be amended to be greater than or equal to 80dB HL at two or more frequencies out of 500, 1000, 2000, 3000, or 4000 Hz bilaterally. We have requested that the speech criteria should be based the AB word test scored by phoneme rather than the BKB sentence test. We have suggested that the cut-off should be <50% on the AB phoneme score which is roughly equivalent to 70% on BKB sentences.

For children we don't want to change the rule that the team decides whether the child's listening skills and speech and language abilities are developing appropriately and for all candidates we strongly believe that the multi-disciplinary team should decide whether cochlear implantation will provide additional benefits beyond those of conventional hearing aids for each individual.

Going forwards we need to think about the areas of need that will not be covered by these amendments such as bilateral cochlear implants for adults or implants motivated to relieve tinnitus.

We hope that by the end of 2019 we will receive updated NICE guidance for cochlear implant criteria in the UK. This will be the result of hard work by many people.