

Cyflwyniad Awdioleg i'r Grŵp Cyfeirio Rhanddeiliaid Audiology Presentation to Stakeholder Reference Group

Ionawr 2018

John Day

Gwyddonydd Clinigol Ymgynghorol

Cyfarwyddwr Clinigol Awdioleg

**Cyfarwyddiaeth Gwasanaethau Clinigol wedi'i
Reoli**



Gwasanaeth Awdioleg Gogledd Cymru
North Wales Audiology Service

January 2018

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Directorate**





GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Cynllun Cenedlaethol ar gyfer Colli Clyw

Gwasanaeth Awdioleg
Gogledd Cymru



North Wales
Audiology Service

National Plan for Hearing Loss

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Glywodraeth Cymru
Welsh Government

Fframwaith Gweithredu ar gyfer Cymru, 2017-2020

Fframwaith Gofal a chymorth integredig ar gyfer pobl sy'n F/fyddar neu sy'n byw â cholled clyw

Mai 2017

Iechyd, Lles a Chwaraeon a Gwasanaethau Cymdeithasol ac Iechyd y Cyhoedd

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Framework of Action for Wales, 2017-2020

Integrated framework of care and support for people who are D/deaf or living with hearing loss

May 2017

Health, Well-being and Sport, and Social Services and Public Health

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Lansiwyd gan Ysgrifenydd y Cabinet ym mis Mai 2017

Launched by the Cabinet Secretary in May 2017

Mae'r fframwaith ar gael drwy'r dolenni canlynol
The framework is available via the following links:

<http://gov.wales/topics/health/publications/health/reports/audiologgy/?lang=en>

<http://gov.wales/topics/health/publications/health/reports/audiology/?skip=1&lang=cy>



Gwasanaeth Awdioleg Gogledd Cymru
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Iechyd a Gwasanaethau Cymdeithasol: Fframwaith Gofal a Chymorth Integredig ar gyfer pobl sy'n Ffryddar neu sy'n byw â cholled clyw

Rhagair

Gall colled clyw fod yn bresennol o enedigaeth, neu ymddangos yn sydyn neu'n raddol dros amser. Rydym eisiau adeiladu ar y cynnydd da sydd wedi cael ei wneud i wella'r gwasanaethau awdioleg iechyd a gofal cymdeithasol a ddarparwyd i bob grŵp oedran dros y deng mlynedd diwethaf.

Mae gwella gwasanaethau ar gyfer pobl sy'n Ffryddar neu sy'n byw â cholled clyw yn arbennig o heriol pan fo galw cynyddol yn anochel dherwydd poblogaeth sy'n heneiddio. Dyna pam mae'r Fframwaith Gweithredu hwn yn bwysig. Mae'n rhwymo Llywodraeth Cymru, byrddau iechyd, awdurdodau lleol a sefydliadau yn y trydydd sector i gydweithio i wella gwasanaethau i bobl ymhellach a siochau y darperir gofal a chymorth o ansawdd da. Dylai pawb allu cael y gwasanaethau mae eu hangen arnynt a gwybod ble y gallant gael gwasanaethau, gofal a chymorth yn eu hardal leol, gyda sicrwydd y byddant yn gallu cael y gwasanaethau a'r cymorth hynny yn gyflym pan fo eu hangen arnynt.

Mae pobl sy'n Ffryddar neu sy'n byw gyda cholled clyw heb ei reoli a dementia neu broblemau iechyd meddwl yn fwy tebygol o fod angen gofal a chymorth er mwyn cyflawni eu potensial llawn o ran cyflogaeth ac addysg a'u potensial cymdeithasol. Nod y Fframwaith hwn yw dilyn cwrs bywyd o sgrinio babanod newydd-anedig a phlant, trwodd i oedolion a phobl hŷn, er mwyn sicrhau y caiff gwasanaethau priodol eu datblygu a'u hamlygu i'r rheiny mae eu hangen arnynt i fyw'n annibynnol.

Mae'n galonogol bod gweithwyr proffesiynol, defnyddwyr gwasanaethau, cynghorau iechyd cymuned, y trydydd sector a sefydliadau eraill wedi cydweithio i gynhyrchu'r Fframwaith Gweithredu hwn sydd wedi'i ddylunio i weithio ar draws system integredig o Iechyd a Gwasanaethau Cymdeithasol yng Nghymru.



Vaughan Gething AC,
Ysgrifennydd y Cabinet dros Iechyd,
Llesiant a Chwaraeon

Rebecca Evans, AC
Gweinidog Iechyd y Cyhoedd a
Gwasanaethau Cymdeithasol

Gwasanaeth Awdioleg: Beth rydym yn ei wneud?

Audiology Services: What do we do?

- Sgrinio clyw plant
- Aseidiadau Clyw plant, cymuned a diagnostig
- Cymorthion clyw a chefnogaeth ar gyfer plant sy'n colli clyw
- Aseidiadau Clyw oedolion
- Tinitws
- Sgrinio problemau cydbwysedd, ei asesu a'r driniaeth
- Adsefydlu colli clyw mewn oedolion
- Cleifion ag anghenion cymhleth
 - Anableddau Dysgu
 - Dementia
- Dyfeisiau wedi'i umewnblannu
 - Cymhorthion clyw asgwrn wedi'i angori
 - Mewnblaniad yn y cochlea
- Hearing Screening in children
- Hearing Assessments children community and diagnostics
- Hearing aids and support for children with hearing loss
- Hearing Assessment adults
- Tinnitus
- Screening , assessment and treatment of balance problems
- Rehabilitation of hearing loss in adults
- Complex needs patients
 - Learning Difficulties
 - Dementia
- Implantable devices
 - Bone anchored hearing aids
 - Cochlear implants





Pam fod clywed, tinitws a chydbwysedd yn gyflyrau iechyd pwysig

Why Hearing, Tinnitus and Balance are Important Health Conditions

- ▣ Cyffredinolrwydd uchel o gyflyrau
- ▣ Bydd un ym mhob 5 o unigolion yn y DU wedi colli clyw erbyn 2035 – angen sylweddol sydd heb ei gyflawni.
- ▣ Mae 10% o unigolion yn cael profiad o tinitws parhaus. Bydd 10% yn gweld ei fod yn cael effaith sylweddol ar ansawdd eu bywyd.
- ▣ Credir mai fertigo parhaus ysbeidiol (BPPV) yw'r achos mwyaf cyffredin o fertigo festibwlar sy'n effeithio 15% o'r boblogaeth.
- ▣ Mae WHO wedi nodi mai colli clyw yw'r trydydd achos o fyw gyda chlefyd am flynyddoedd
- ▣ Comisiwn Lancet, 'Atal Dementia, ymyrraeth , a gofal' dynodwyd colli clyw fel ffactor risg mwyaf ar gyfer dementia.

▣ High prevalence of conditions

- ▣ 1 in 5 people in the UK with hearing loss by 2035 – significant unmet need
- ▣ 10% of people experience persistent tinnitus. 10% of which will find that it has a significant impact on their quality of life
- ▣ Benign paroxysmal positional vertigo (BPPV) is thought to be the most common cause of vestibular vertigo affecting 15% of the population
- ▣ WHO state hearing loss is the 3rd leading cause of years lived with disease
- ▣ Lancet Commission 'Dementia prevention, intervention, and care', hearing loss was identified as the biggest modifiable risk factor for dementia





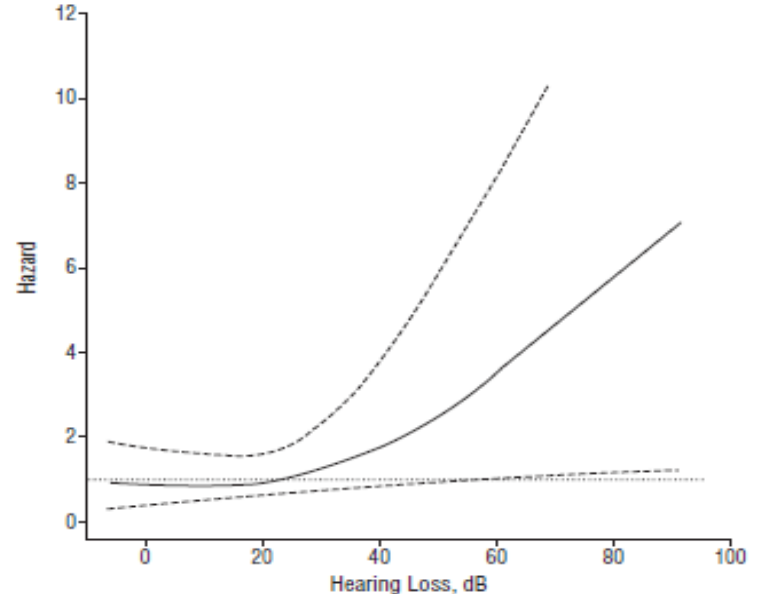
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Pwysigrwydd Clyw - Dementia Importance of Hearing - Dementia

- **Mae colli clyw yn cael ei gysylltu'n gryf â chyfradd gynyddol o ddirywiad gwybyddol a risg cynyddol o ddementia.**
- Mae tystiolaeth i awgrymu bod unigolion ag ychydig o golli clyw bron i ddwywaith yn fwy tebygol o ddatblygu dementia.
- Mae'r risg ar gyfer unigolion â cholli clyw cymedrol dair gwaith yn fwy, ac ar gyfer unigolion â cholli clyw difrifol mae bron i bum gwaith yn uwch.

- **Hearing loss is strongly associated with an increased rate of cognitive decline and an increased risk of dementia.**
- There is evidence to suggest that people with mild hearing loss are almost twice as likely to develop dementia.
- The risk for people with moderate hearing loss is three times higher, and for people with severe hearing loss it is almost five times higher.



Gwasanaeth Awdioleg Gogledd Cymru
North Wales Audiology Service

Dementia prevention, intervention, and care

GB Livingston, Andrea Sommerlad, Vaishali Ogryniak, Sergei G Costafreda, Jonathan Hindley, David Ames, Gvine Barford, Sobe Banerjee, Winton Burns, Julia Cohen-Mansfield, Claudia Cooper, Mark Fox, Laura N Galati, Robert Howard, Helen Kales, Eric Larson, Karen Ritchie, Kenneth Rockwood, Elizabeth L. Simpson, Quincy Somes, Lon S Schneider, Geir Selbæk, Linda Teri, Naushad Mulla Islam

Executive summary

Acting now on dementia prevention, intervention, and care will vastly improve living and dying for individuals with dementia and their families, and in doing so, will transform the future for society.

Dementia is the greatest global challenge for health and social care in the 21st century. It occurs mainly in people older than 65 years, so increases in numbers and costs are driven, worldwide, by increased longevity resulting from the welcome reduction in people dying prematurely. The Lancet Commission on Dementia Prevention, Intervention, and Care met to consolidate the best evidence that has been made and the emerging knowledge as to what we should do to prevent and manage dementia.

Globally, about 47 million people were living with dementia in 2015, and this number is projected to triple

by 2050. Dementia affects the individuals with the condition, who gradually lose their abilities, as well as their relatives and other supporters, who have to cope with seeing a family member or friend become ill and decline, while responding to their needs, such as increasing dependency and changes in behaviour. Additionally, it affects the wider society because people with dementia also require health and social care. The 2015 global cost of dementia was estimated to be US\$818 billion, and this figure will continue to increase as the number of people with dementia rises. Nearly 85% of costs are related to family and social, rather than medical, care. It might be that new medical care in the future, including public health measures, could replace and possibly reduce some of this cost.

Dementia is by no means an inevitable consequence of reaching retirement age, or even of entering the ninth



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Key messages

1 The number of people with dementia is increasing globally
 Although incidence in some countries has decreased.

2 Be ambitious about prevention

We recommend active treatment of hypertension in middle aged (45–65 years) and older people (aged older than 65 years) without dementia to reduce dementia incidence. Interventions for other risk factors including more childhood education, exercise, maintaining social engagement, reducing smoking, and management of hearing loss, depression, diabetes, and obesity might have the potential to delay or prevent a third of dementia cases.

3 Treat cognitive symptoms

To maximise cognition, people with Alzheimer's disease or dementia with Lewy bodies should be offered cholinesterase inhibitors at all stages, or memantine for severe dementia. Cholinesterase inhibitors are not effective in mild cognitive impairment.

4 Individualise dementia care

Good dementia care spans medical, social, and supportive care; it should be tailored to unique individual and cultural needs, preferences, and priorities and should incorporate support for family carers.

5 Care for family carers

Family carers are at high risk of depression. Effective interventions, including STarTages for Relatives (STARTR) or Resources for Enhancing Alzheimer's Caregiver Health Intervention (REACH), reduce the risk of depression, treat the symptoms, and should be made available.

6 Plan for the future

People with dementia and their families value discussions about the future and decisions about possible attempts to make decisions. Clinicians should consider capacity to make different types of decisions at diagnosis.

7 Protect people with dementia

People with dementia and society require protection from possible risks of the condition, including self-neglect, vulnerability (including to exploitation), managing money, driving or using weapons. Risk assessment and management at all stages of the disease is essential, but it should be balanced against the person's right to autonomy.

8 Manage neuropsychiatric symptoms

Management of the neuropsychiatric symptoms of dementia including agitation, low mood, or psychosis is usually psychological, social, and environmental, with pharmacological management reserved for individuals with more severe symptoms.

9 Consider end-of-life

A third of older people die with dementia, so it is essential that professionals working in end-of-life care consider whether a patient has dementia, because they might be unable to make decisions about their care and treatment or express their needs and wishes.

10 Technology

Technological interventions have the potential to improve care delivery but should not replace social contact.

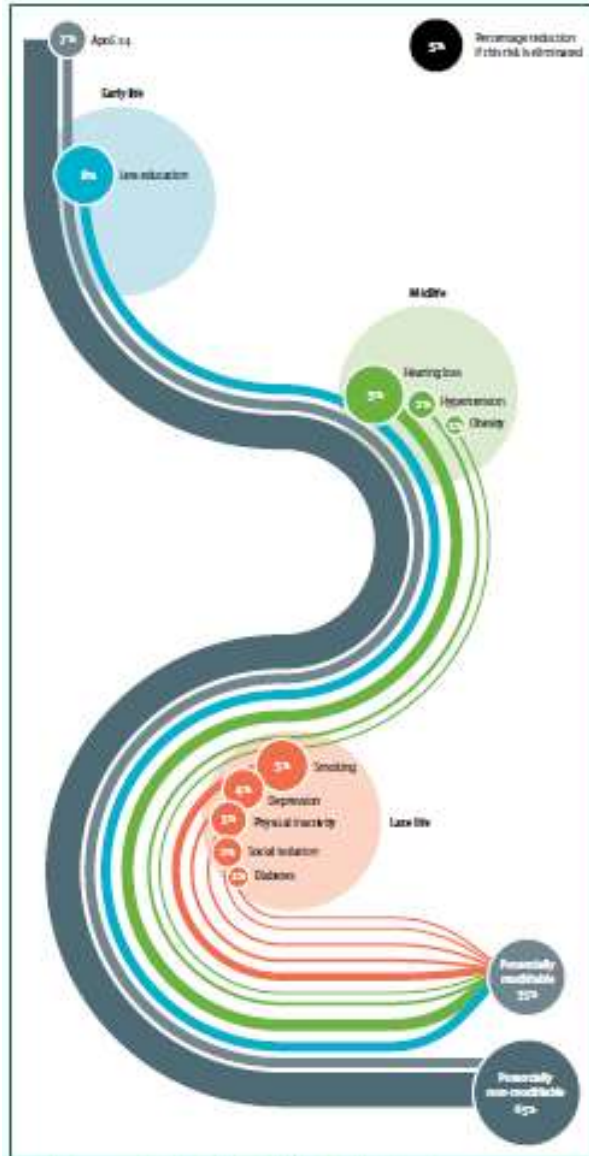


Figure 4: Life-course model of contribution of modifiable risk factors to dementia. Numbers are rounded to nearest integer. Figure shows potentially modifiable or non-modifiable risk factors.

Pwyntiau Allweddol Cynllun Cenedlaethol 2017-20

/ National Plan 2017-20 Key Points

- Cynllun Integredig (aml-asiantaethol)
- Cyfnod 2017 – 20
- Bwrdd Prosiect wedi'i sefydlu
- Aelodaeth:
 - Cael ei gadeirio gan Brif Swyddog Nyrsio LLC
 - Swyddogion Polisi LLC
 - Cynrychiolwyr Awdioleg (4)
 - Gwasanaethau Cymdeithasol
 - Trydydd Sector
 - Gofal Cychwynnol
 - Cyfarwyddwr Therapiau a Gwyddorau Iechyd
- Integrated (multi-agency) plan
- Period 2017 – 20
- Project Board Established
- Membership:
 - Chaired by WG Chief Nursing Officer
 - WG Policy Officers
 - Audiology reps (4)
 - Social Services
 - Third Sector
 - Primary Care
 - Director of Therapies & Health Science



Cynnwys y Cynllun

Content of Plan

Camau'r Fframwaith (cyfanswm o 33) a Dyranïad fesul Asiantaeth:

Iechyd Cyhoeddus Cymru(3)

Gwasanaethau Cymdeithasol a
Byrddau Iechyd (9)

Byrddau Iechyd (8)

Gwasanaethau Cymdeithasol(4)

Cynghorau Iechyd Cymuned (1)

Llywodraeth Cymru(5)

Trydydd Sector(3)

Framework Actions (total of 33) and Allocation by Agency:

Public Health Wales (3)

Social Services and Healthboards (9)

Healthboards (8)

Social Services (4)

Community Health Councils (1)

Welsh Government (5)

Third Sector (3)



Camau gweithredu: Iechyd Cyhoeddus Cymru

Actions: Public Health Wales

Gweithred 1: Darparu cyngor i unigolion sydd yn fyddar / byw gyda cholli clyw ac annog ei atal

Gweithred 2: Annog dynodi colli clyw

Gweithred 3: Gweithio ar draws asiantaethau i godi ymwybyddiaeth o'r cymorth sydd ei angen ar gyfer unigolion sy'n colli clyw



Action 1: Provide advice for people who are D/deaf/living with hearing loss and to encourage prevention

Action 2: Encourage identification of hearing loss

Action 3: Work across agencies to raise awareness of support needed for people with hearing loss



Camau gweithredu: Byrddau Iechyd a Gwasanaethau Cymdeithasol

Actions: Health Boards and Social Services

Gweithred 4: Sefydlu Grwpiau ar y cyd ar Ofal Clyw ym mhob ardal Bwrdd Iechyd a chysylltu â Byrddau Partneriaeth Rhanbarthol.

Gweithred 5: Adolygu hyfforddiant craidd ar gyfer holl weithwyr proffesiynol iechyd a gofal cymdeithasol, yn enwedig adeiladau gofal preswyl;

Gweithred 6: Datblygu meini prawf cyfeirio uniongyrchol a llwybrau i adrannau awdioleg ac ohonynt i adrannau ac asiantaethau eraill yn cynnwys gwasanaethau cymdeithasol (ar gyfer asesiad ac offer cynorthwyol)

Gweithred 7: Gweithio ag awdurdodau lleol a'r trydydd sector i ddynodi unigolion sy'n byw mewn cartrefi gofal, cartrefi nyrsio a chartrefi gofal preswyl eraill a'u cefnogi fel bod eu hanghenion clyw yn cael eu dynodi a'u bodloni.

Action 4: Establish Hearing Care Collaborative Groups in each health board area and link with the Regional Partnership Boards,

Action 5: Review core training for all health and social care professionals, particularly residential care premises;

Action 6: Develop appropriate direct referral criteria and routes to and from audiology departments to other departments and agencies including social services (for assessment and assistive equipment)

Action 7: Work with local authorities and third sector to identify and support people living in care homes, nursing homes and other residential care so that their hearing needs are identified and met



Camau gweithredu: Byrddau Iechyd a Gwasanaethau Cymdeithasol

Actions: Health Boards and Social Services

Gweithred 8: Cyflwyno system 'fflag' sy'n rhybuddio holl weithwyr proffesiynol iechyd a gofal cymdeithasol a'u staff am anghenion cyfathrebu unigolion wrth iddynt gael mynediad at wasanaethau.

Gweithred 9: Sector Iechyd, gofal cymdeithasol a'r trydydd sector i ddatblygu agwedd integredig i rannu mesuriadau profiad (PREMS) ar draws Cymru.

Gweithred 10: Gwella ymwybyddiaeth o'r pwynt mynediad i wasanaethau awdioleg, cefnogaeth gofal cymdeithasol a'r trydydd sector.

Gweithred 11: Gweithio gyda'r trydydd sector, dynodi sut i roi pŵer i unigolion gynyddu eu sgiliau hunan-reoli,

Gweithred 12: Sicrhau rheolaeth integredig o blant sy'n colli clyw rhwng asiantaethau

Action 8: Introduce a 'flag' system that alerts all health and social care professionals and their staff to people's communication as they access services

requirements

Action 9: Health, social care and third sector to develop an integrated approach to sharing experience measures (PREMS) across

Wales.

Action 10: Improve awareness of the point of access to audiology services, social care and third sector support.

Action 11: Working with the third sector, identify how to empower people to increase their self-management skills

Action 12: Ensure integrated management of children with hearing loss between agencies



Camau gweithredu: Byrddau Iechyd

Actions: Health Boards

Gweithred 13: Sefydlu cyfathrebu ffurfiol drwy grwpiau aml-ddisgyblaethol, yn cynnwys sefydliadau trydydd sector i gyd-ddylunio, cynllunio, monitro ac adolygu gwasanaethau a llwybrau cleifion.

Gweithred 14: Sgopio datblygu cynlluniau i ymestyn gwasanaethau awdioleg i leoliadau gofal cychwynnol a chymuned, yn cynnwys mynediad uniongyrchol i gleifion at Llwybrau Clyw Oedolion heb gyfeiriad gan Feddyg Teulu.

Gweithred 15: Sefydlu capasiti yng ngwasanaethau awdioleg drwy gynllunio gweithle, i gynnwys rôl Uwch Ymarferydd Awdioleg yng ngofal cychwynnol, ac i gymhwyso'r trosglwyddiad o weithgaredd o ENT

Gweithred 16: Sefydlu llwybrau cenedlaethol ar gyfer tinitws, llwybr rheoli cwyrr, oedolion ag anabledau dysgu ayb

Action 13: Establish formal communications via multi-disciplinary groups, involving third sector organisations to co-design, plan, monitor and review services and patient pathways.

Action 14: Scope, develop and implement a plan to extend audiology services into primary and community care settings, including direct access for patients to the Adult Hearing Pathway without referral by GP.

Action 15: Establish capacity in audiology services via workforce planning, to include the Advanced Audiology Practitioner role in primary care, and to accommodate the transfer of activity from ENT.

Action 16: Establish national pathways for tinnitus, wax management pathway, adults with learning disability, etc



Camau gweithredu: Byrddau Iechyd

Actions: Health Boards

Gweithred 17: Datblygu rhoi sicrwydd gwasanaeth a'i roi ar waith yn erbyn safonau ansawdd ar gyfer meysydd awdioleg sydd ddim mewn lle'n barod.

Gweithred 18: Perfformio archwiliad cenedlaethol o sut mae plant sydd â nam ar eu clyw yn cael eu dynodi a datblygu llwybrau newydd clyw.

Gweithred 19: Datblygu llwybr cenedlaethol y cytunwyd arno ar gyfer darparu batri sa chynnal a chadw parhaus o'r cymorth clyw, yn cynnwys hunan-reolaeth, cefnogaeth cyfoedion gwirfoddol yn unol â chanllaw Llywodraeth Cymru: 'Cynlluniau Gwirfoddoli i gefnogi Oedolion sy'n defnyddio cymhorthion clyw 2011.'

Gweithred 20: Cynnwys asesiadau o statws clyw fel rhan o lwybrau cleifion mewnol ar gyfer unigolion sy'n byw â dementia, ac mewn llwybrau gofal cof cleifion allanol ar gyfer diagnosis o ddementia. Datblygu gwasanaethau clyw sy'n ddementia cyfeillgar.

Action 17: Develop implement service assurance against quality standards for audiology areas not currently in place.

Action 18: Perform a national audit of how hearing impaired children are identified and develop new hearing pathways,

Action 19: Develop a nationally agreed pathway for, battery provision and ongoing hearing aid maintenance, including self management, volunteer peer support in line with the Welsh Government guidance: '*Volunteer Schemes to Support Adults who use hearing aids 2011*'

Action 20: Include assessment of hearing status as part of in-patient pathways for people with dementia, and in out-patient memory care pathways for diagnosis of dementia. Develop dementia friendly hearing services.



Camau gweithredu: : Gwasanaethau Cymdeithasol

Actions: Social Services

Gweithred 21: Datblygu llwybr gofal cymdeithasol ar gyfer unigolion hŷn sy'n fyddar / byw â cholli clyw ochr yn ochr ag anghenion iechyd a gofal cymdeithasol eraill

Gweithred 22: Datblygu asesiad o ofal a'i roi ar waith a chefnogi unigolion sy'n fyddar / byw â cholli clyw, yn cynnwys gwybodaeth, cyngor a chyfeirio.

Gweithred 23: Gwerthuso hyfforddiant cenedlaethol a rhaglenni addysg ar gyfer gwasanaethau cymdeithasol sy'n ymwneud â cholli clyw.

Gweithred 24: Datblygu canllaw arfer da cenedlaethol ar fod yn fyddar / colli clyw a'i roi ar waith i gefnogi gweithrediad Deddf a chod ymarfer Gwasanaethau Cymdeithasol a Lles, yn benodol, ynglŷn â'r mathau o ofal a chymorth y dylid eu darparu i unigolion sy'n fyddar / byd â cholli clyw.

Action 21: Develop a social care pathway for older people who are D/deaf/living with hearing loss alongside other health and social care needs

Action 22: Develop and implement an assessment of care and support for people who are D/deaf/living with hearing loss, including, information, advice and signposting.

Action 23: Appraise national training and education programmes for social services relating to hearing loss.

Action 24: Develop and implement national good practice guidance on D/deaf/hearing loss to support the implementation of the Social Services and Well-being (Wales) Act and codes of practice, specifically about the types of care and support which should be provided for people who are D/deaf/living with hearing loss.



Camau gweithredu: : Llywodraeth Cymru

Actions: Welsh Government

Gweithred 25: Sicrhau bod byrddau iechyd a gwasanaethau cymdeithasol yn gweithredu Safonau Cymru Gyfan ar gyfer Cyfathrebu a Gwybodaeth Hyglyrch i Unigolion wedi colli defnydd o'r Synhwyrâu.

Gweithred 26: Sefydlu Bwrdd Prosiect Cymru Gyfan i oruchwyllo'r fframwaith gweithredu hwn, cynghori byrddau iechyd a gwasanaethau cymdeithasol a phartneriaid eraill ar flaenoriaethau.

Gweithred 27: Datblygu system ar-lein yn genedlaethol ar gyfer cofrestru unigolion sy'n fyddar neu sy'n byw â cholli clyw

Gweithred 28: Gweithio gyda rhanddeiliaid i adolygu mesurau canlyniadau ar gyfer yr holl gleifion, eu diwygio ac adrodd arnynt.

Gweithred 29: Gweithio gyda rhanddeiliaid i wella cyfathrebu ac ymgysylltiad, sicrhau cysondeb negeseuon allweddol ar gyfer y cyhoedd a gweithwyr proffesiynol.


Action 25: Ensure health boards and social services implement the All Wales Standards for Accessible Communication and Information for People with Sensory loss.

Action 26: Establish an all Wales Project Board to oversee this framework of action, advising health boards and social services and other partners on priorities.

Action 27: Develop a national on-line system for the registration of people who are D/deaf/living with hearing loss

Action 28: Work with stakeholders to review and revise and report on outcome measures for all patients

Action 29: Work with stakeholders to improve communications and engagement, ensuring consistency of key messages for the public and professionals.



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North Wales Audiology Service

Camau gweithredu: : Trydydd Sector

Actions: Third Sector

Gweithred 31: Ymgysylltu â gwasanaethau iechyd a chymdeithasol, a defnyddwyr gwasanaeth i sicrhau bod gwasanaethau'n cael eu dylunio ar y cyd ac yn bodloni anghenion unigolion am fwy o wasanaethau lleol.

Gweithred 32: Cysylltu'r holl waith trydydd sector ar draws Cymru i ddosbarthu negeseuon allweddol, codi ymwybyddiaeth a chyhoeddi'r ystod lawn o grwpiau cefnogi a gwasanaethau eraill sydd ar gael.

Gweithred 33: Cynrychioli barn ac adborth unigolion am wasanaethau, annog agweddau arloesol a'i gydlynu.

Action 31: Engage with social services, health and service users to ensure services are co-designed and meet people's need for more local services.

Action 32: Join up all third sector work across Wales to deliver key messages; raise awareness and publicise the full range of support groups and other services available

Action 33: Represent and co-ordinate people's views and feedback about services, encouraging innovative approaches.



Statws Cyfredol Awdioleg Bwrdd Iechyd PBC (Cyfradd RAG) BCU Health Board Audiology Current Status (RAG Rating)

Camau gweithredu penodol Bwrdd Iechyd (8):

Grwpiau cydweithio lleol wedi'u sefydlu	●
Darpariaeth awdioleg cychwynnol a chymuned	● ●
Cynllunio Gweithlu ar gyfer capasiti Awdioleg	● ●
Gwella llwybr (tinitws, cwyr, cydbwysedd)	●
Sefydlu safonau ansawdd gwasanaeth ychwanegol	●
Llwybrau plant	●
Llwybrau ar gyfer cefnogaeth barhaus ar gyfer oedolion sy'n defnyddio cymorth clyw	● ●
Llwybrau dementia a cholli clyw	●

Health board specific actions (8):

- Local collaborative groups established
- Primary and community delivery of audiology
- Workforce planning for Audiology capacity
- Pathway improvement (tinnitus, wax, balance)
- Establish additional service quality standards
- Childrens pathways
- Pathways for on-going support for adult hearing aid users
- Dementia pathways and hearing loss



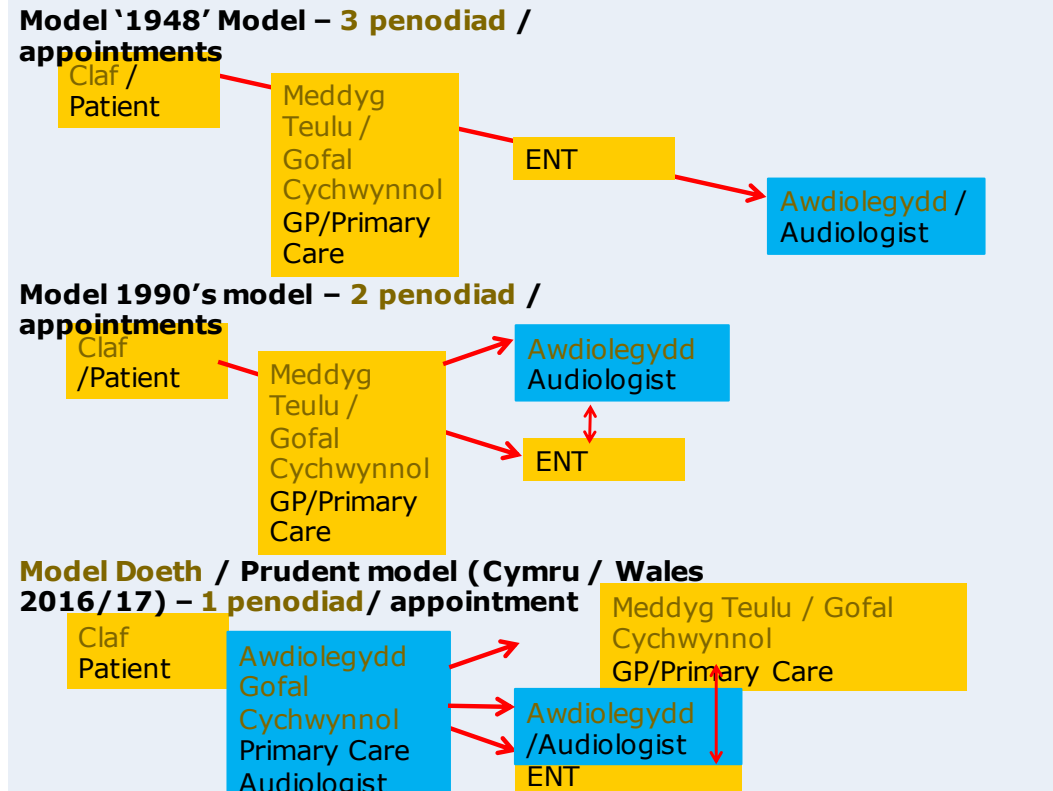
Awdioleg Gofal Cychwynnol: Uwchffrydio Awdioleg

Primary Care Audiology: Moving Audiology Upstream



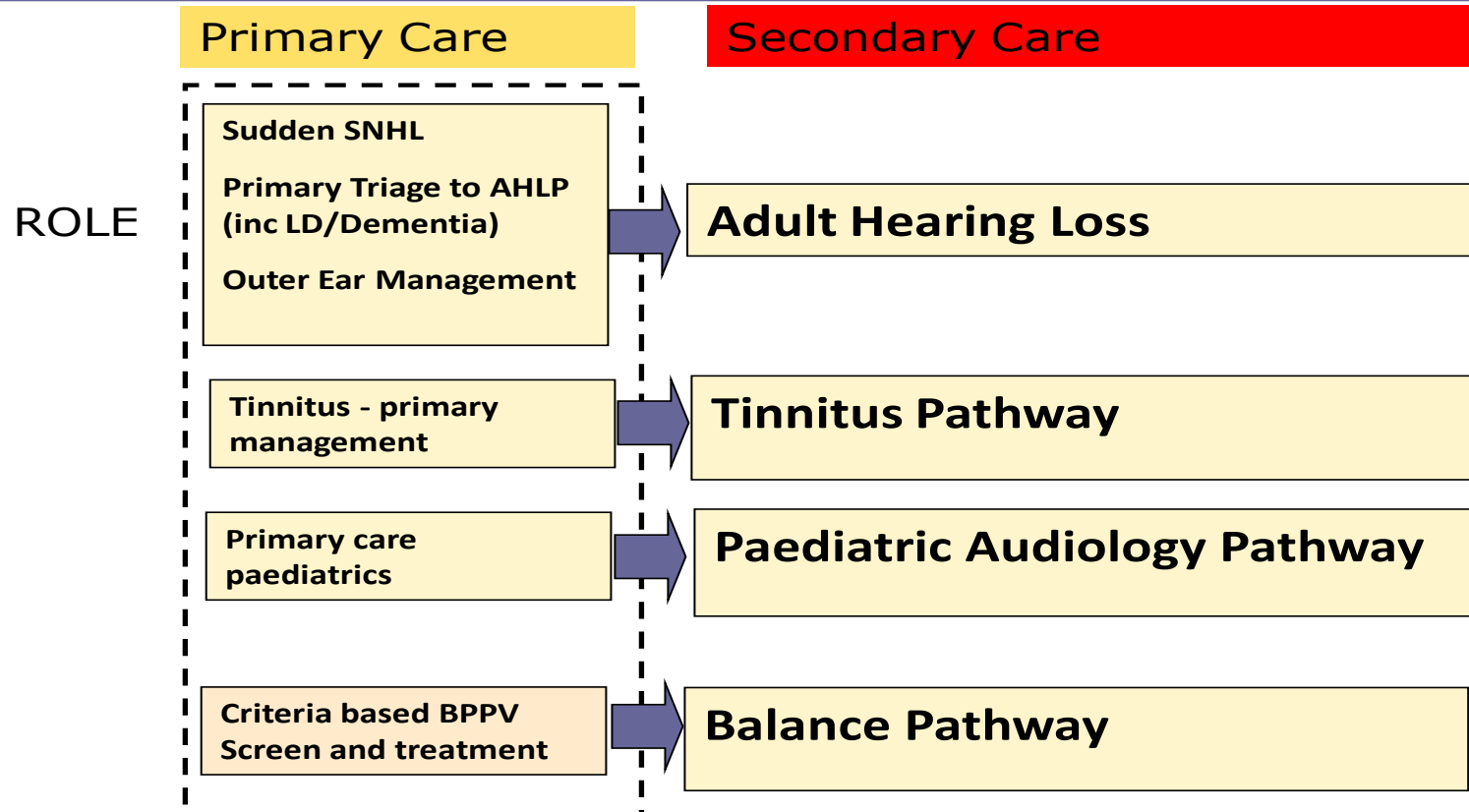
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Awdioleg Gofal Cychwynnol: Ffrydiau

Primary Care Audiology : Streams



□+ tynnu cwyr yn gysylltiedig â'r uchod
Wax removal associated with above

Adrannau Awdioleg
sy'n cael eu rheoli
drwy'r amser

Permanently
manned Audiology
departments



Gwasanaeth Awdioleg Gog
North Wales Audiology Ser



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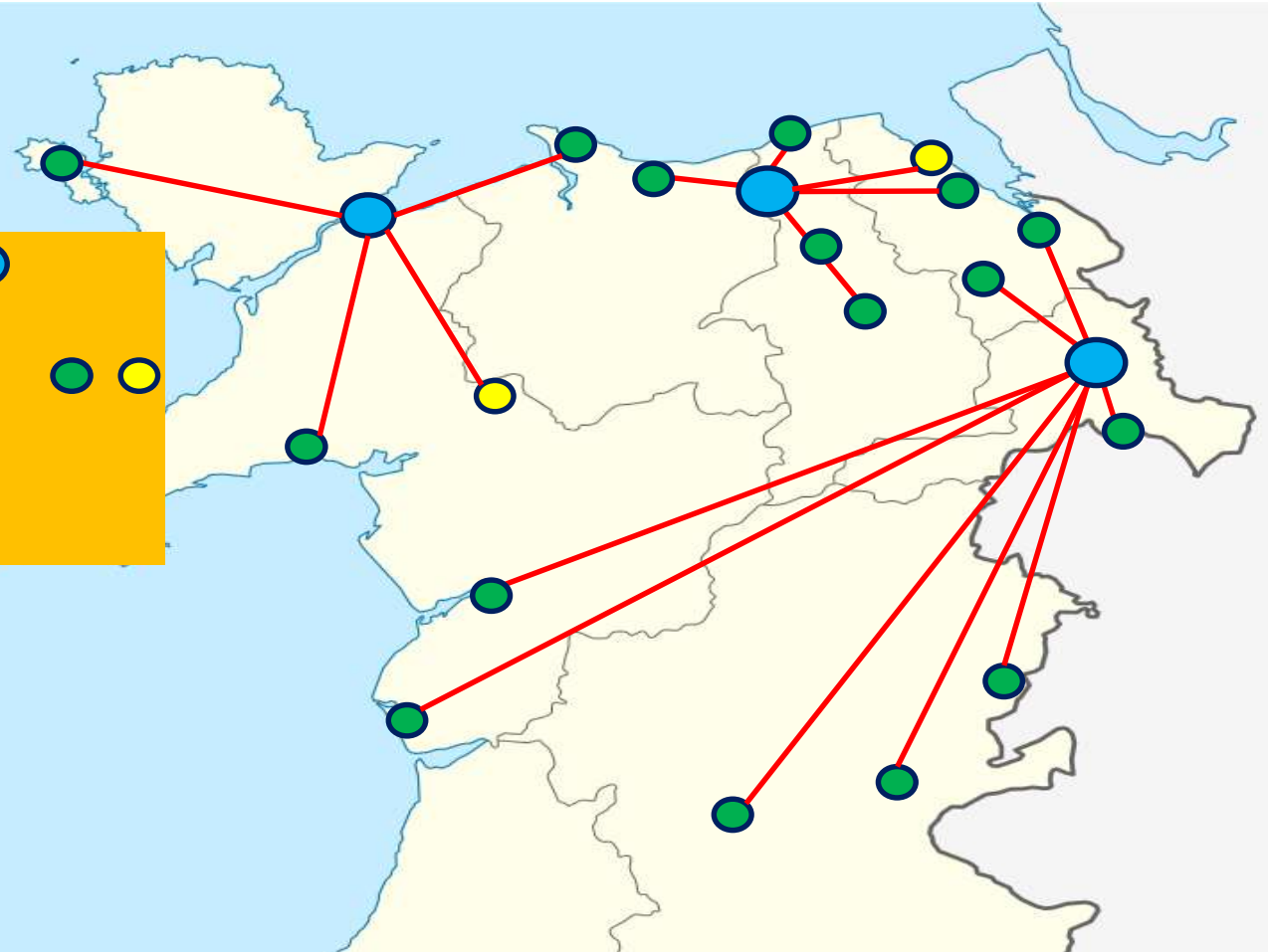
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Gogledd Cymru: Lleoliadau Awdioleg i Oedolion

North Wales: Adult Audiology locations

Prif adrannau
Main departments

Clinigau rheolaidd yn y
gymuned
Regular Clinics in the
community



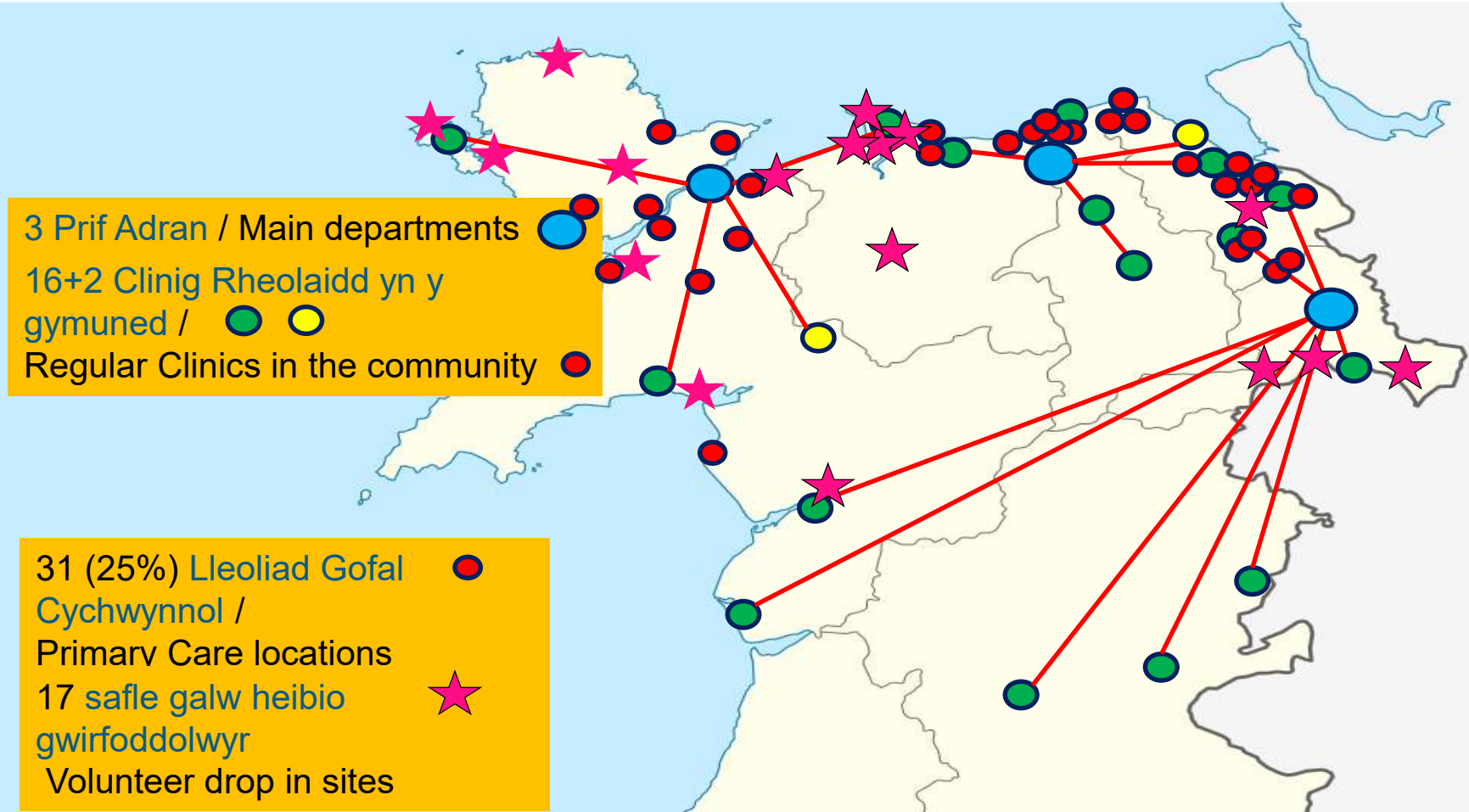


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Gogledd Cymru: Lleoliadau Awdioleg i Oedolion

North Wales: Adult Audiology locations



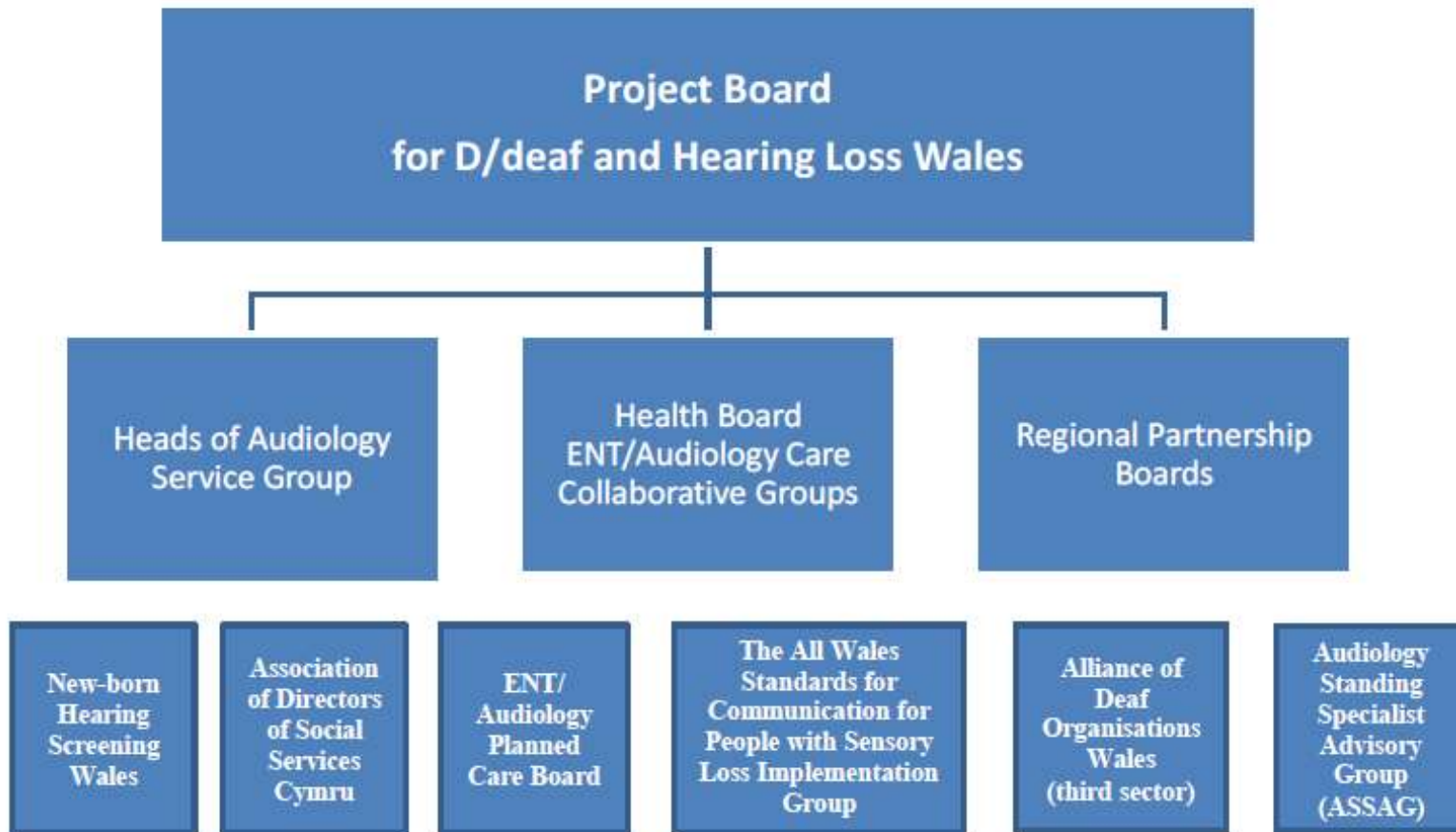
Darlun Cenedlaethol: Grwpiau Rhanddeiliaid a pherthnasoedd

National Picture: Stakeholder groups and relationships



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Cynhwysion ar gyfer llwyddiant yn genedlaethol: Ingredients for success nationally:

1. Gwybodaeth o gynlluniau gweithredu ar gyfer asiantaethau eraill.
2. Ffurio grwpiau gorchwyl a gorffen cydweithredol – rhwng asiantaethau ar lefel cenedlaethol
3. Cydlynu gweithgareddau ac amserlenni y cytunwyd arnynt ar lefel genedlaethol
4. Cefnogaeth, cydnabyddiaeth a dilyniant o fewn asiantaethau yn lleol
5. Cydweithio a chydlynu lleol

1. Knowledge of action plans for other agencies
2. Formation of collaborative task and finish groups – between agencies at national level
3. Coordination of activities and agreed timetables at national level
4. Endorsement, recognition and progression within agencies locally
5. Local collaboration and coordination





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Gwasanaeth Awdioleg
Gogledd Cymru



North Wales
Audiology Service

Cynllunio'r cyfraniad Awdioleg

Gweithrediadau ar gyfer Penaethiaid Gwasanaethau Awdioleg (HoS)

1: Gweithrediadau uniongyrchol grŵp Penaethiaid Gwasanaeth: eitemau y gall Penaethiaid Gwasanaeth ei wneud neu eu symud ymlaen fel grŵp drwy is-grwpiau clinigol dirprwyedig.

2: Gweithrediadau Grŵp Penaethiaid Gwasanaeth: ar y cyd ag eraill: beth all grŵp Penaethiaid Gwasanaeth gyfrannu ato yn lleol ac yn genedlaethol, ond bydd yn dibynnu ar weithio mewn partneriaeth gyda rhanddeiliaid eraill, sy'n gofyn am sefydlu grwpiau gorchwyl a gorffen neu weithgorau amlddisgyblaethol.

3: Gweithrediadau unigol Penaethiaid Gwasanaeth: beth all Penaethiaid Unigol Gwasanaeth ei wneud ar lefel Bwrdd Iechyd Lleol / cymuned

Ond ni allwn ei wneud i gyd! – angen trefnu a chydweithio.

Planning the Audiology Contribution

▣ Actions for Audiology Heads of Services (HoS)

▣1: Collectively HoS group direct actions: items that HoS can do or take forward as a group or through delegated clinical sub-groups

▣2: Collectively HoS Group actions: in collaboration with others: what HoS group can contribute to locally and nationally, but will rely on working in partnership with other stakeholders, requiring establishment of multidisciplinary task and finish or working groups.

▣3: Individual HoS actions: what individual Heads of Service can do at a local HB/community level

▣ But we can't do it all! – need for organisation and collaboration.



Her: Sut rydym yn gweithredu'n lleol? Challenge: How do we implement locally?

- Dim cyllid dynodedig ychwanegol
- Pennu dulliau o ddilyniant drwy gydweithredu amlddisgyblaethol yng Ngogledd Cymru.
- Proffil a chymorth i'w ddarparu o fewn y bwrdd iechyd – cynnwys yn yr IMTP
- Cymeradwyo cynnydd hyd yn hyn ynglŷn â sefydlu gwasanaeth Awdioleg Gofal Cychwynnol
- No designated additional funding
- Determine means of progression through multi-agency collaboration in North Wales
- Profile and support for delivery within health board – inclusion in IMTP
- Endorsement of progress to date regarding establishment of the Primary Care Audiology service.

