

Introduction

In 1990, the Department of Health initiated programmes of cochlear implantation at selected hospitals in England. The Medical Research Council's Institute of Hearing Research was commissioned to evaluate a national programme. The terms of reference were to monitor the performance of the centrally funded service providers and to document and interpret the outcomes achieved by their patients.

This prospective collaborative study resulted in the publication in 1995 of the Report by Summerfield and Marshall entitled *Cochlear Implantation in the UK 1990-1994*.

This is arguably one of the best pieces of evidence-based medicine to be published. Cochlear implantation in the United Kingdom continues to prosper and the original six centres, which became 10 during the evaluation, have now increased to 19 centres.

In the report Summerfield and Marshall make many recommendations which can be summarized as follows:

(1) That cochlear implantation brings material benefit to those with profound hearing loss.

(2) That service provision should optimize cost effectiveness.

(3) Providers should use a minimum number of multi-channel devices and should develop a high level of surgical and rehabilitative experience.

(4) Well-founded teams with co-ordination of the professional groups will sustain their survival and continue to provide services to already implanted patients by recruiting new patients from outside their immediate catchment.

These goals are only achieved by having a few provider units based in the major urban areas.

A further consideration, not in the original recommendations, was that all paediatric cochlear implant teams should have a linked adult programme on to which their children may graduate for the majority of their lives.

By 1996 the majority of cochlear implants performed in that year were for children and this trend is likely to continue. It is timely, therefore, to reflect on the experience of one of the founder adult programmes.

The Midland Cochlear Implant Programme is an adult service based at the University Hospital Birmingham and has a sister Paediatric programme based at the Diana, Princess of Wales, Children's Hospital, Birmingham.

The core team members have been present throughout its development and individually and collectively present the results of the first 100 patients. It has been decided to publish the results in the form of several papers in a supplement for the following reasons: firstly, it is vital to publish the individual results from centres; secondly, for the convenience of the reader and so that it can be read in conjunction with the main report of The Medical Research Council by Summerfield and Marshall. Finally, to provide purchasers with an instrument to be used to evaluate the placement of future contracts and to feedback on the patients that they entrusted to this centre.

The Midland Cochlear Implant team fulfills the requirements recommended in the National report. It is a mature well-founded multi-disciplinary team with a good flow of patients. It has confined itself to a limited range of devices, to maximize experience, minimize variables and reduce the range of complications. It is blessed by geography and the enthusiasm of the team. The presence of key team members in both adult and paediatric programmes offers consistency and the best chance of long-term survival and hence service to those we have the privilege of calling our patients and our friends.

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