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NHS East Lancashire Clinical Commissioning Group  
NHS Blackburn with Darwen Clinical Commissioning Group

## **AQP Audiology Service Engagement and Review 2017**

### **1. Introduction**

Hearing loss affects over 45,000 children and over 10 million adults in the UK (Action on Hearing Loss 2015). The local position in Lancashire shows that there are 11 Service Providers across Lancashire serving a population of 1.1 million adults. There is a Lead Commissioner framework with a Lancashire wide AQP Audiology Contract in place since 2012. There is an estimated 255,000 adults who may have suffered hearing loss in 2014, 280,000 by 2020 and 345,000 by 2037. This is a long-term condition and projected growth requires forward planning to ensure we have sustainable and quality hearing care – e.g. capacity, outcomes based commissioning and value for money.

The purpose of the Audiology review was in response to a number of issues highlighted by service providers, Primary Care, Commissioners and Patients. These issues included concerns raised in relation to the referral pathway, access and choice for patients, inter-provider communications and with Commissioners being unclear about value for money due to a lack of contracting monitoring and quality information not being reported via the AQP contract.

### **2. Summary of Engagement Events**

In June 2017 three engagement events were organised across Blackburn with Darwen and East Lancashire areas to engage with patients, carers, service providers, stakeholders and commissioners to evaluate the current position of the Audiology Services with over 50 attendees. Please see the full notes in appendix 1. East Lancashire and Blackburn with Darwen CCG staff have undertaken further planned engagement sessions which include one to one interviews with patients in audiology services and group discussions and conferences until the end of August 2017 with service providers and Stakeholders across the Pennine Lancashire area. This engagement included one to one interviews, questionnaires and chats with patients of current services and those not accessing audiology services as well as audiology staff, carers from Specsavers stores, East Lancashire Hospital Trust (ELHT) clinical sessions, East Lancashire Older Peoples Forum and East Lancashire Deaf Society. We have received a wide variety of feedback that has been utilised to build the foundations and ideas for a new service model. Altogether we have liaised with over 50 individuals including professionals from other Health areas and NHS Trusts alongside on-line surveys

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with patients and GP's. We have received online responses from over 180 members of the public, GP's and patients which have been reviewed through the Audiology Leadership Board and have been utilised in the development of the new service.

The aim of the engagement has been to actively listen to individuals' experience, views and opinions of the current service to support any improvements and ideas for innovation based on local needs.

The stakeholder engagement workshop included representatives from across all sector organisations including Age Concern, Specsavers, neighbouring CCGs and Acute Hospitals. Individuals worked together in groups to debate their experiences, constraints, opportunities and visualise/brainstorm new concepts and develop ideas on how to improve audiology services., Listening to patients, clinicians, stakeholders and providers enabled a great deal of information to be shared and on which to base future audiology services utilising the right care, right place, right time every time with the patient at the centre methodology in mind.



**3.Our Vision**

Delivery of an Audiology operating model with sufficient detail to provide a clear picture and description to fulfil its mission of:



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- Achieving the best possible outcomes for those with hearing loss, reducing health inequalities and social exclusion
- Maintaining choice and access for patients
- Improving customer experience through greater responsiveness to people's needs
- Securing the best value for money through robust monitoring of quality and delivery.
- Outcome based commissioning and contracting
- Demonstrable commitment across the system to work together to ensure progress is made across the stated objectives and actions
- Enable the reduction in inequalities
- Provision of high quality care

Local decision making based on:

- Better use of national evidence and best practice from other areas
- Benchmarking
- Understanding and avoiding the downstream cost of poor hearing
- Outcome based commissioning to incentivise changes
- Improving patient access to and choice of services
- Paying, contracting and monitoring outcomes and referrals from all providers equally to ensure fair choice and improve quality
- Integration to improve care in line with new models of care

Links to the Right Care Approach:

- Helps health economies investigate ways to improve efficiencies and effectiveness within their health economy. Helps support the provision of optimal healthcare delivered in the most cost effective way..
- An improvement methodology that meets needs of all perspectives and delivers efficiency within a sustainable health economy.

**4. Summary of outcomes of engagement session to date**



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NHS England Commissioning Services for People with Hearing Loss guidance outlines that the overall aim of moving towards more outcome focused commissioning is to provide services that have a positive impact on those using them in terms of access, choice, quality and other related outcomes that demonstrate benefits and improvements as a result of any treatment or intervention for the service user. The intention is to move away from commissioning services based solely on activity (60).

CCGs need to define what good outcomes look like for hearing services and what measures should be used to demonstrate improvement. The outcomes should be designed with the local population and the users of local hearing services themselves (50, 60). To help with this task the stakeholders involved in the co-production of this framework have agreed some recommended outcomes that CCGs can use and adapt locally to monitor the impact and benefits of hearing services on people who use them.

**System and processes**

- Health and social care system approach and future model to include Prevention, Early Intervention, Education & Training, Audiology assessment and hearing aid fitting with patients able to access the right service at the right time e.g. wax removal, volunteers, ECLO.
- System to support a patient centred approach to meet individual needs and maximise use of community assets, reduction in variation.
- Pathway to be seamless at all points of transfer with clear criteria for access.
- Develop a deaf awareness strategy with rollout to the general public to support inclusion and reduce stigma.
- Equality of service provision including domiciliary care/care homes through a single point of access.
- Both direct referral to the service and GP managed referral were discussed with no preference to either.

**Workforce**

- Support systematic training at appropriate levels for patient empowerment and clinicians to support appropriate referrals and promotion and provision of most appropriate equipment including assistive technology.



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- Improve the awareness, training and education for professionals within health and social care so that they are aware of specific needs of the deaf society.
- Enhanced communication skill training for all (public, public servants and carers) to support communication with those who are hard of hearing-training to be undertaken by someone who is deaf or hard of hearing e.g. lip reading, interpreters.
- Audiologists should be members of either the BAA (British Academy of Audiologists) or the BSA (British society of Audiology). They should also be either RCCP or HCPC registered. There is no standard required to have students.
- Organisations should be working towards becoming UKAS accredited to ensure assurance and confidence to all users, including patients and commissioners, that the service they receive is compliant with the latest international standards of practice.

**Technology**

- Information and access to technology to enhance quality of life.
- Public buildings and GP practices to have standard equipment such as hearing loops.
- Availability of patient information in order to make an informed choice about the range of hearing aids and choices available.
- Single IT systems and sharing of patient information across agencies/services to reduce having to repeat information.

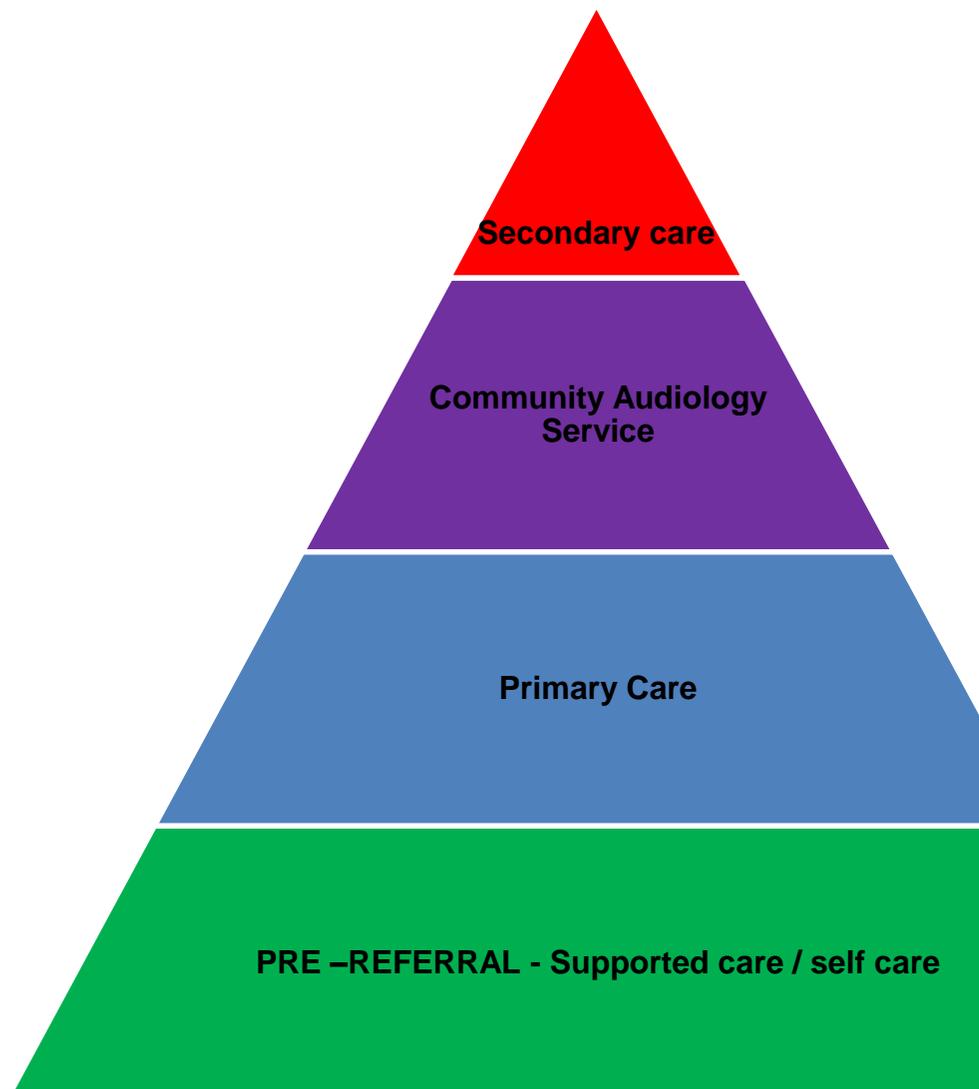
**Key important themes from patients/carers:**

- People with hearing loss want to be part of society, attend meetings and not be isolated or feel different.
- Patients want the opportunity to provide service feedback via a variety of mediums-making this as easy as possible e.g. facebook, website survey, survey monkey etc. Feedback to be acted upon.
- Patients want to be empowered.
- Patient would appreciate signposting to befriending services (to reduce isolation) and support carer resilience, volunteers and ECLO.
- Support and signposting to employment support.
- Many patients are willing to contribute payment towards enhanced services or hearing aids.

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- Patients would like to have responsive and a patient centred service.



**Audiology Service Model**

**Key model suggestions**

Adult Community based Service (18 years +) weekdays and weekend access

- One Single Point of Access/clinical triage for access to range of providers
- Multiple community sites for one stop shop service including wax removal/syringing/domiciliary and care home provision
- Agreed clinical pathways & criteria for step up to secondary care
- Self referral/drop in sessions for existing patients for urgent advice, batteries and repairs (existing patients)

Primary Care – information/ advice – pre referral

- GP to check if wax removal required prior to referral
- Shared decision making/ discussion of choice of providers
- Education to improve prevention, awareness & early diagnosis of hearing loss including sign posting to support services

Autonomous independent patient in Primary Care

- Self care information, info on local hearing support groups, info on how to access hearing equipment

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## Best practice guidance

DoH Transforming Services for Children with Hearing Difficulty and their families 2008  
DoH Improving Access to Audiology Services in England  
DoH Transforming Adult Hearing Services for Patients with Hearing Difficulty.  
BAA Audiology Services: A guide for Health Commissioners and Health Boards



2016 June



2016-17



CCG prevalence of  
Commissioning Childr hearing loss 2014.xls

## Appendix 1



Combined Patient  
Carer Stakeholder En