# West Hampshire Adult Audiology/Hearing Aid Services

# Frequently Asked Questions – Locally Qualified Providers (LQP) of Adult Hearing Aid Services

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## Background

Audiology services are a major consumer of health resource, with many patients being seen repeatedly in an acute hospital setting multiple times at in and charged per attendance (even for battery or tubing change). Our LQP providers provide a 3 year inclusive service of assessment, provision and fitting of hearing aids and aftercare to exacting NHS service standards.

Adult Audiology and hearing aid provision has traditionally be provided in the acute hospital setting until the introduction of the any qualified provider (AQP) initiative which introduced independent providers such as Specsavers and Scrivens into the local provider market.

The AQP contracts come to an end in September 2015 and we have moved on to locally accrediting a number of providers. These are now known as ‘locally qualified providers’, or LQPs. This has ensured continuity of service to patients to consider how we needed to commission services differently to meet the needs of our elderly population.

We have been through a robust tendering process to identify appropriate high quality providers of hearing aid services that suit the access needs of local people. As a part of this process, we have scrutinised issues such as staff qualifications, ongoing training and the quality of the overall service. Patients have consistently rated local providers highly for quality of services.

## Who are our local providers?

We commission adult from:

* Specsavers PLC (accept adults from 18 years)
* Scrivens Hearing Centres Ltd (accept adults from 18 years) InHealth Ltd (accept adults from 16 years)
* Hampshire Hospitals Foundation Trust (accept adults from 18 years)
* The Outside Clinic – (new for 2018), providing a service for housebound patients only

## Why do we need multiple local providers?

We recognise that many GPs are happiest referring to services that they know and trust. However reviews have suggested that the local health we have recognised that most patients do not need to attend acute hospitals for hearing aid assessment, fitting and support and that this can often be done more conveniently in the community. This is because hearing aid services and technologies have evolved over time and services can now be offered closer to patients’ home or indeed in some cases in the patient’s home.

## What has changed?

University Hospital Southampton Foundation Trust (UHS), who originally provided the service at Lymington, Hythe, Romsey and the Royal South Hants Hospitals, elected not to participate in the 2015 tender process and as a result, meant the transfer of all the existing patient to alternative providers.

We (in 2018) have agreed with Salisbury Foundation Trust that this is a sustainable move with them and patients are now being offered a choice of new provider in the local area.

## Have patients been involved in this change?

Yes; as part of the pre-tender process we have held patient engagement events and sought feedback from patients with hearing problems. Patient views have informed the local service specification. We have also taken into consideration patient feedback on experience at individual providers and reviewed complaints – this work continues as part of our provider quality monitoring.

## My patient used to be seen at Lymington/Hythe, Romsey, Royal South Hants or Salisbury Hospitals, what do I do now?

There should be no need for the GP or practice team to initiate a referral. However, some patients may choose to discuss their options with their GP. Specsavers, Scrivens and InHealth have confirmed acceptance of UHS and Salisbury transfer patients. Patients should have been given or sent a letter explaining the process and what they need to do. Patients are given a code ‘UHSTRANS15’ (for UHS patients) or ‘SFT-TRANS18’ (for Salisbury) which triggers the LQP to request the patients’ history from the relevant hospital. Patients should be encouraged to follow the process where possible.

Patients choosing to have their ongoing care provided by HHFT should be referred to HHFT Audiology service.

If patients seek your support in making their decision about ongoing support and request a referral then please make sure you include the ‘UHSTRANS15’ or ‘SFT-TRANS18’ code which will ensure the patient is put on a transfer pathway and not a new one.

If the patient has not been seen and assessed at UHS or SFT in the last three (3) years, these should be referred as a ‘new patient’ to their choice of LQP.

## How do I refer to an LQP?

You will see our providers listed as ‘West Hampshire Adult Hearing Aid Services’ on e- Referrals (see referral form at appendix B).

What do LQPs provide?

All our LQP providers are commissioned and contracted to provide a community based adult audiology service for patients that meet the referral criteria. This includes:

* Full audiometry assessment by a qualified audiologist within 21 days of referral;
* Appropriate environment and equipment to undertake audiometry assessments; Domiciliary assessment and care for housebound patients;
* Supply and fitting of necessary device(s) to meet the patient’s clinical need
* completed within 6 weeks of initial referral;
* Offer a range of hearing aid devices from the NHS framework;
* Provide appropriate education and hearing rehabilitation support to patients with new devices;
* After care and maintenance for a minimum of 3 years for acceptance into the service, including:
	+ Urgent repair service;
	+ Supply and fitting of batteries (instore and where necessary supply of batteries by post);
	+ Supply and replacement of tubing;
	+ Cleaning wires;
	+ Ear care advice.

## What do LQPs not provide?

* An emergency service;
* Complex audiometry - patients with non-routine presentation of hearing loss should be referred to the West Hampshire Community ENT service, who will then onward refer if hearing aids are indicated;
* Ear wax removal – patients requiring micro-suctioning should be referred to the West
* Hampshire Community ENT service;
* Sound proof booths – the industry standard for routine hearing loss assessment is quiet environment with less than 20dB ambient notice.
* Maintenance for privately bought hearing aids under an NHS pathway.

## Who should I refer to an LQP?

Any adult patient with a perception of hearing loss and who scores less than 4 with the ‘HearCheck’ hand held screening device. Ears should be free of obstructive wax and the patient should not meet any of the exception criteria on the referral guidance (see appendix A) and referral form (Appendix B).

## What should I make sure my patient knows?

That the LQP’s:

* Are high quality independent providers of a NHS service which meets the NHS service standards;
* Assessments are carried out by fully qualified and experienced audiologists; maintenance, clearing and minor adjustments may be carried out by a trained audiology technician (not an audiologist);
* Working environment is not the same as a hospital clinic;
* Will register patients under their care for a minimum of 3 years.

Patient responsibilities:

* To wear and care for the device as instructed;
* To address concerns with the audiologist or branch manager (support is available from the Patient Experience Team at the CCG).

## My patient has presented me with a letter from a provider asking for a referral; what should I do?

Referrals generated by the provider should not be routinely accepted. The commissioned pathway is for the referral to only be generated by the GP (or delegate responsibility within the practice team) or from the Community ENT Service. It is anticipated that referrals are only made after a GP/clinician and patient discussion into the patient’s needs and choice of appropriate provider.

## My patient has had a ‘free’ NHS hearing assessment and I have been presented with a referral proforma from a provider asking for a signature; what should I do?

Referrals generated by the provider should not be routinely accepted. The commissioned pathway is for the referral to only be generated by the GP (or delegate responsibility within the practice team) or from the Community ENT Service. It is anticipated that referrals are only made after a GP/clinician and patient discussion into the patient’s needs and choice of appropriate provider.

‘Free NHS Hearing aids’ and assessments are driving patient expectations for referrals.

This is recognised as a marketing ploy by some providers. The CCG has implemented a requirement for all marketing material used locally to not use the term ‘free’. We have only approved ‘NHS Funded’ services wording. Any material found to be promoting ‘free’ tests or devices should be brought to the attention of the CCG.

## My patient wants to change from a hospital to a LQP provider, can they?

Yes, patients may choose to be referred to a more convenient service provider. If they are transferring from any acute Trust other than UHS, then you need to make a referral in the usual way.

## My patient wants to switch from one LQP to another LQP provider, can they?

Patients can be referred to alternative providers; however we expect this to be on an exceptional basis. We have an expectation that patients who are referred to a local LQP will remain with them for a minimum of 3 years – that’s the period of time we have paid for. We would discourage multiple referrals to differing audiology or hearing aid providers within this time frame – the CCG will be paying for the patient multiple times. It should be ascertained why the patient wishes to change. If this is due to dissatisfaction patients should be encouraged to raise their concern with their branch manager or seek support from the CCG Patient Experience Manager to resolve concerns.

## My patient always needs non-emergency patient transport to get to appointments. Can transport be booked to attend the LQP?

Yes, as long as the patient meets the eligibility criteria for patient transport services, however, it is anticipated that this would only be in exceptional circumstances due to difficult for the LQP providers to be flex appointment times around late arrival of patients, in the way that hospital outpatient based services are able to. It may be worth considering requesting domiciliary care for your patient (see Appendix C).

## Where is the ‘Patient Choice’ if I have to refer to the Community ENT in the first instance?

For simple age related hearing loss you can refer direct to the patient choice of adult audiology/hearing aid service provider. If you are unsure of nature of hearing loss we ask that you refer to the Community ENT service while recognising that GPs have a key role in the patient choice process and where patients and referrers have a specific preference this should be communicated through the referral forms/letters. The initial triage process is designed to efficiently select patients where; ear wax impaction inhibits hearing loss assessment, routine medical ENT assessment can add value, or patient require more specialist audiological assessment manageable entirely within the service. Patients being referred from the Community ENT Service for hearing aid provision will also be given informed choice according to the nature of their condition.

## Does adding a Tier 2 service elongate the patient pathway?

The 5 Five Year Forward view envisages community services playing an increasing role in the shape of the new NHS, and with the axis of care shifting away from acute services; The Community ENT Service will support this transition, delivering a clinically effective service for the majority of medical ENT presentations with triage, diagnostics, clinical assessment and treatment supported by patient management plans. The risk of elongating the patient pathway is recognised and while the Tier 2 services often have shorter waiting times than an acute trust, many definitive treatments and interventions obviate the need for surgical opinion or intervention or onward referral. For those that require specialist intervention there will be a focus on ensuring that there are no unnecessary delays in their pathway.

## This FAQ document does not answer my question, who should I contact?

If you have any concerns or questions, please get in touch with Cheryl Harding-Trestrail (Cheryl.Harding@.nhs.net) or 023 8062 7845.

Comments and feedback can also be made through the GP Feedback Tool.

# Appendix A

## Referral Considerations and pathways for Audiology

Locally qualified providers (LQPs) of Audiology Hearing Aid services are able to provide assessment and treatment for adult patients with low acuity and age related hearing loss, including ‘age related hearing loss’.

The chart and table below are designed to help with determining which service is most appropriate for your patient.

**Refer to West Hampshire Community ENT service for initial assessment**

**YES**

**YES**

**YES**

Previous poor outcome following AQP Audiology treatment?

Co-existing or confounding condition?

Non-routine auditory symptoms?

**If all three factors ‘No’**

**then**

**Offer patient choice of**

**LQP and**

**Refer to West Hampshire LQP Hearing Aid Provider**

**Non-routine Auditory symptoms:**

 Fluctuating hearing loss not attributable to head cold/respiratory tract infection

 Asymmetrical or single-sided hearing loss

 Sudden or Rapid hearing loss which is a loss that occurred within the preceding 7 days before the consultation took place

 Significant oversensitivity to everyday sounds

 Troublesome tinnitus, associated with sleep disturbance or symptoms of anxiety or depression

 Hearing loss syndromes e.g. Usher’s syndrome

 Suspected Non-Organic hearing loss

 Perforation of eardrum

**British Academy of Audiology 2015\***

**Co-existing or Confounding Conditions:**

 Neurological disorder e.g. stroke or head injuries

 Significant visual impairment not corrected by spectacles

 Physical impairments that are likely to impact on, or prevent use of hearing aids

 Learning disabilities

 Dementia or memory problems

 Psychological / Psychiatric Disorders / Psychosocial

**Poor outcomes following routine Audiology intervention:**

 Patients who have received audiology treatment via AQP pathway but who still have significant hearing difficulty

**\*Reference:** [www.baaudiology.org/files/1714/3029/2743/BAA\_Guidance\_on\_Identifying\_Cases\_of\_Non\_Routine\_Hearing\_Loss\_in\_A dults\_April\_2015.pdf](http://www.baaudiology.org/files/1714/3029/2743/BAA_Guidance_on_Identifying_Cases_of_Non_Routine_Hearing_Loss_in_Adults_April_2015.pdf)

**Referral Details:**

hearing aid

Referring clinician

Usual GP

Locum GP

GP Practice

Practice Code

Practice Address

Telephone

**Reason for referral**

Please tick

**New presentation** Hearing Aid Assessment

**Transfer** of existing NHS

patient

If Transferring: Details of previous provider

**Please assess this patient under the Audiology Direct Referral scheme, due to concerns about their hearing.**

I confirm this patient: (tick if all bullet points are true; otherwise refer to West Hampshire

Community ENT Service)

 **Has both ears clear of all wax**

 **Has intact and healthy ear drums**

 **Does not report fluctuating hearing loss, ear pain longer than 7 days or discharge within 90 days**

 **Does not report unilateral hearing loss and/or unilateral or troublesome tinnitus**

 **Does not report sudden onset or rapid deterioration of hearing loss**

 **Does not report suffering with dizziness (vertigo)**

 **No conductive element**

This patient has confirmed intent to wear hearing aids if suitable.

NHS no.

Practice Pt. ID

Surname

Forenames

Previous surname

Title

Gender

Date of birth

Address

Post Code

Home tel. no.

Work tel. no.

Mobile no.

## Appendix B

### Locally Qualified Provider: Adult Audiology Referral Form

**This form should be attached to the NHS E-Referral Service Referral.**

**This Form should be used when Referring to Specsavers, Scrivens, InHealth, HHFT or The Outside Clinic (housebound only) LQP Audiology Services.**

**This form should be attached to the NHS E-Referral Service Referral.**

**Additional relevant information:**

**Current Medications:**

High tone

Low tone

LEFT

RIGHT

Enter number of tones heard (0 – 3)

**HearCheck results – if undertaken:**

**Definition of Housebound**

“A housebound patient is one who is unable to leave home without exceptional effort and support and to

whom a GP would normally offer home visits as the only practical means of enabling the patient to consult a general practitioner or other healthcare professional, face-to-face.

A patient is not housebound if she or he is able to leave their home environment with minimal assistance and routinely undertakes unassisted visits or visits minimally assisted by family, friends or other helpers to the doctor, dentist, clinic, hairdresser, supermarket, bingo, luncheon or similar clubs and activities or other leisure venues. "

**Draft trigger questions:-**

1) Where do you normally see your GP?

2) Are you able to get out to the shops, lunch club, hairdresser etc?

3) When you go out can you get out on your own or do you need some assistance?

**Default position:-**

*- if a patient can get out they need to attend the local branch or community clinic.*

**Shared Care model with Locally Qualified Hearing Aid and Audiology Services**

If a high level of Audiological Care is required, or the level of assistance required by the patient to get out that would mean that a patient could not attend appointments, then the provider should offer a domiciliary support.

**Change of Patient Status**

If a patient is acutely unwell and becomes completely housebound, the Provider will provide care and support the patient needs in or to the home until the patient recovers their ability to get to the branch. The patient would then be expected to return to visiting the branch.

**Non-urgent Patient Transport Services**

Patient who meets the criteria of Non-Emergency Patient Transport Service (NEPTS) for hospital care would be entitle to this to attend necessary assessment visits and aftercare.

NEPTS is provided by South Central Ambulance Service is designed for the non-urgent, planned transportation of patients with a medical need for transport.

## Appendix C

### Criteria for Domiciliary Care