

Audiology FAQ's

Will the current NHS audiology service still be offered?

The specification for the future NHS audiology service is the same as the specification of the service currently provided.

So, what is changing?

National guidance suggests Any Qualified Provider (AQP) of Adult Hearing Services for Age Related Hearing Loss (Age 55 and above, Mild to Moderate Hearing Loss) can provide a community service to meet local needs.

We have decided to invite Any Qualified Providers to be hearing service suppliers in our future service model. This will support patient choice and care closer to home.

Will there continue to be a clinic at the acute hospitals (the Princess Royal Hospital in Telford and the Royal Shrewsbury Hospital)?

Until the procurement exercise has concluded, we won't know the location of the services. However, an Any Qualified Provider contract provides the opportunity for services to be available in more locations and closer to where people live.

Who do people see in an emergency?

If the medical emergency isn't life-threatening but is still urgent, people can visit [nhs111.com](https://www.nhs.uk/111) or call 111 for advice on what to do next.

Have patients been involved in this change?

Yes. As part of the pre-tender process, we held patient engagement events and sought feedback from patients with hearing loss including via a survey and outreach into Audiology clinics. We have also taken into consideration patient feedback on experience and reviewed complaints – this work continues as part of our provider quality monitoring. The insight gathered has informed the local service specification and procurement process.

What about audiology services for people aged under 55?

For people under the age of 55 experiencing issues with their hearing, they should speak to their GP in the first instance. If the medical emergency isn't life-threatening but is still urgent, they can visit [nhs111.com](https://www.nhs.uk/111) or call 111 for advice on what to do next.

Is there an 'Exit Strategy' for providers if they choose to exit the contract within the contract term to try and prevent overloading the remaining service/s?

As the commissioner, we include information around exit arrangements in contracts which is followed if a provider chooses to exit within the contract term.

Will all AQPs have the same accreditation, qualifications, and expertise?

The AQP contract sets out that the provider must provide a safe hearing service that conforms to the accreditation standards set out in the Improving Quality in Physiological Diagnostic Services (IQIPS) Accreditation Scheme and should recognise published clinical guidelines and good practice.

How long is the AQP contract for?

The proposed Contract Term is for 3 years with an option of a 24-month extension period; however, this is subject to change.

Will the GP refer someone to a specific AQP or will they be able to choose or self-refer?

People will need to be referred by their GP or clinician but at the point of booking an appointment, they will be offered a choice of provider. We are looking at the possibility of enabling self-referral in the future.

How will information about the providers be communicated to hearing aid users in order to make an informed choice?

At the point of booking an appointment, people will be given a choice of providers and their locations.

If the AQP provider who provided a person's hearing aid stops providing the service, who will they go to for repairs or support?

We include information around exit arrangements in contracts which is followed if a provider chooses to exit within the contract term. This includes ongoing support for users of their service.

How will people know which AQPs have been appointed?

We will make this information public once the procurement exercise has concluded.

What information will be given, particularly to new hearing aid users?

Each provider will provide people with information to support them with their hearing aid experience.

Will the local hearing hubs continue to be available and will they support people who are fitted with an NHS hearing aid?

The hearing loss support hubs are funded by the Shrewsbury and Telford Hospital NHS Trust.

The AQP provider will provide people with information about how to access support aligned to that particular service.

Who will provide the aftercare for hearing aids, including spares and repairs?

The provider who provides the hearing aid will be responsible for the aftercare. They should maintain an adequate stock and range of hearing aids and accessories to support the ongoing care of people using their service and keep an up-to-date stock that meets the minimum specifications as set out by the NHS.

Will all providers offer the same hearing aid make/model?

All hearing aids provided to patients on behalf of the NHS must meet NHS quality and technical standards.

If a hearing specialist recommends a hearing aid, people should talk to them about the different types that are available on the NHS and which will suit them best. Some will be available straight away and some may need to be custom made to fit an individual's ears and take longer to be ready. There are variety of different types and once selected they will be programmed to suit the level of each person's hearing loss.

How will patient records be kept up to date?

The service provider will record an individual's information electronically and will share the outcome of their assessment and ongoing care with their GP.

How will care homes be informed of the changes in provision?

Until the procurement exercise has concluded, we won't know if there will be a change to the current service. If there is a change, we will inform care homes.

Will the audiology service also do ear wax removal?

No. Ear wax removal is not included in the contract. However, ear wax removal is sometimes needed before a person is seen by an audiology service. A GP surgery should arrange wax removal before referring someone to audiology.

How will all providers ensure that people can obtain batteries and spare parts for their hearing aids locally?

The aim of AQP is to increase a person's choice of where and when they access treatment. This means, people can choose to access the service closest to their home.

How long will it be between hearing aid reviews?

A follow-up appointment must be undertaken within 70 calendar days of fitting (unless there is a clinical reason not to or a patient chooses to wait beyond this period).

Providers will offer a review assessment to all hearing aid users at 36 months, as part of the provision of aftercare.

Hearing aid users should be able to directly access a review appointment earlier than three years if they are unable to manage with their hearing aid(s) or if there is a significant change in their hearing.

What is the provision for hearing tests, referrals and support for those with complex needs that cannot undergo a 'normal hearing test'?

People with more complex needs that are not suitable for review with an AQP Audiology provider can be referred by their GP to ENT (Ear, Nose and Throat) specialist for review and audiology provision.

How will you prevent profiteering by private providers offering NHS services as an AQP?

Providers must not promote their own private treatment service, or an organisation in which they have a commercial interest. They also must not encourage people to 'trade

up' (i.e. to privately purchase more expensive hearing aids than is necessary). To make a complaint about a provider, please contact our complaints service: [Complaints, Patient Advice and Liaison Service \(PALS\) - NHS Shropshire, Telford and Wrekin \(shropshiretelfordandwrekin.nhs.uk\)](https://www.shropshiretelfordandwrekin.nhs.uk)