

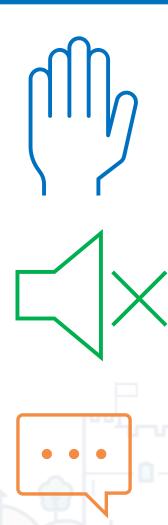


Adult Hearing Service

Public session



Welcome and housekeeping



- This event is for members of the public and all views and questions should reflect this
- Please keep your microphone muted to avoid background noises
- If you have a question or comment, you can either drop it in the chat or put your hand up as we go along
- There will also be an opportunity to ask questions at the end
- We will share the presentation with everyone who registered for the session
- Your questions will be captured to feed into a Q&A document which we'll make available with the presentation and on our website.



The purpose of the session

- What is an Any Qualified Provider (AQP) service
- Background to the adult hearing service
- Reasons for change
- The audiology review
- The proposal for the service
- The procurement process
- Your input into the procurement process
- The timeline for the new service







About the Any Qualified Provider scheme

What is AQP?

- The AQP scheme is a government initiative to offer patients a choice of providers for certain key services that can be delivered in the community.
- Providers who qualify will all have met certain minimum standards regarding the quality of service they provide.

What does it mean for me as a patient?

- If your GP thinks you need an audiology service, you will be able to choose from any of the qualified providers.
- You may decide to stick to well established services you have used before and like, or you might opt for a new provider that can offer a different and possibly more convenient site or appointment time.



Background

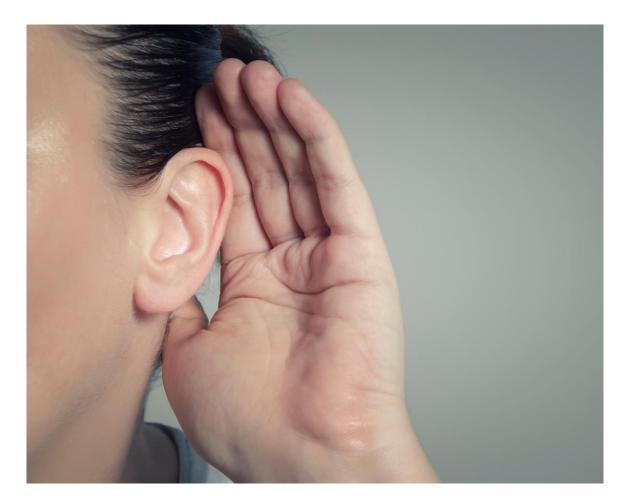
- The aim of the AQP Adult Hearing Service for Age Related Hearing Loss (Age 55 and above Mild to Moderate Hearing Loss) is to provide a comprehensive patient-centred community adult hearing service for hearing loss in line with national guidance and local requirements.
- The vision is that people with hearing problems will receive high quality, efficient services delivered closer to home, with short waiting times and high responsiveness to the needs of local communities.
- The service was last procured in 2016 under an AQP model.

Reasons for change

Over nine million people across England have hearing loss, that's approximately one in six of the population.

Age-related hearing loss is the single biggest type of hearing loss - this is why hearing loss increases with age.

It affects 42 percent of people aged over 50 and 71 percent of people aged over 70.







Hearing loss is now one of the most common long-term conditions in older people and is the sixth leading cause of years lived with disability in England.





Due to the ageing population, estimates suggest that by 2035 over 13 million people in England will have hearing loss – that's one in five of the population.



Audiology review - engagement

- We undertook a patient engagement exercise through May and June 2022 to fully understand the views and experiences of audiology patients across STW.
- A patient survey was conducted, gathering feedback from around 130 people. The survey was scripted with feedback from Healthwatch and patient representatives, with large text and paper copies made available, as well as an opportunity to complete the survey over the phone.
- It was distributed amongst partners who make up the STW ICS, including Healthwatch, the voluntary and community sector, and local patient representative groups.
- We also visited audiology clinics in Shropshire and Telford to encourage and support people on a one-to-one basis to complete the survey.



Audiology review - engagement

| Theme | Feedback |
|-----------------------|--|
| | Around three quarters of respondents accessed audiology services through a NHS community clinic or GP practice, and around a quarter visited an acute hospital. Drivers include; Comfortable environment and parking Quality of care received Depending on age – visits may be tied in with working commitment Concerns that if appointments were centralised or moved to Telford or Shrewsbury, they would struggle to access them, particularly in an affordable manner. |
| Aftercare and support | Patients are keen to simplify their treatment pathways into as few appointments as possible. Around 9 in 10 of those <u>who expressed a preference</u> (40% had no preference) would like hearing aids fitted on the same day as the assessment where possible, citing time saving, difficulty in traveling to site because of mobility problems, and the increased cost associated with multiple appointments. Around 80% of patients would like to receive batteries and other equipment either by post, or from their local GP practice. Location remains the primary driver here |

Benchmarking

A benchmarking exercise has been undertaken to review and compare tariffs with other systems, including those identified as 'similar Clinical Commissioning Groups' by NHS England and a number already available in the public domain following Freedom of Information (FOI) requests.

Activity

Trend activity for AQP activity has been analysed from April 2018 to April 2022. In addition, waiting times for the current provider have been supplied.



Proposal following review

Chosen option following review is to undertake an AQP tender process

Benefits:

- Offer opportunities for improved pathways for patients
- Supports patient choice and care closer to home.







- We are looking to procure an AQP Contract.
- This will allow a list of qualified providers to be formed, in which patients will have choice in where they receive treatment.
- The procurement process itself shall be made up of a number of pass / fail evaluation questions, in which all providers to be appointed will have to pass all the requirements.
- Evaluation topics may include but are not limited to:
 - Service delivery
 - Patient experience
 - Quality
 - Governance
 - Workforce
 - Information governance
 - > IT
 - Equity



Ensuring providers consider patient experience



What are the criteria do you think we should be using to evaluate providers on:

- a) Their approach to gathering patient experience and feedback
- b) Their approach to using patient experience and feedback to inform quality and service improvements





Next steps and the timeline

- July through to August community engagement
- Mid to late August providers invited to tender
- Mid to end September deadline for submissions
- Mid to late November decision notification
- April 2024 service starts







Questions?







Thank you!