

Ref no	1599220914
From	Christina Lowe Christina.Lowe@hearingloss.org.uk
Date	22/09/14
Subject	Audiology Services

REQUEST & RESPONSE

Questions

- Name and Address of Audiology Department

**St Helens Hospital
Marshalls Cross Rd
St Helens
WA9 3DA**

- Are you based in an area where Adult Hearing Services (non-complex audiology) is currently being delivered through Any Qualified Provider (AQP)?

Yes

If Adult Hearing Services are delivered through AQP in your area:

- Are you providing Adult Hearing Services (non-complex audiology) under Any Qualified Provider?

Yes

- **If yes, are you paid the non-mandatory Any Qualified Provider tariff to deliver this service?** Yes/ No-paid above the non-mandatory tariff/ No-paid below the non-mandatory tariff / Not sure

We were paid non-mandatory tariff for Adult Hearing Services in 2012/13 and 2013/14.

- **Have there been reductions to your budget for non-AQP patients (i.e. complex audiology patients) over the last 2 years?** (This includes if your budget has not risen with inflation) Yes/ No

For budgeting purposes, we do not separate Adult Hearing Services into AQP and Non-AQP. On gross basis, the budget for Audiology department has increased in 2013/14 compare with 2012/13. Therefore, the answer is No.

- If yes, what has been the impact of these budget reductions?

- **Have you noticed any of the following changes for non-AQP patients over the last 2 years for a reason other than budget reductions?**

Change to hearing aid candidacy

- **If you have noticed any of the above, what was the reason for these changes?**

Increase in direct referrals for under 55 age group as they cannot be referred directly under AQP.

- **Are you aware of any budget reductions planned for the next 12 months? Yes/ No / Not sure**

Yes. The budget for 2014/15 was reduced to take account of one-off expenditure incurred in 2013/14 and reflect the activity plan for this financial year.

If Adult Hearing Services are not delivered through AQP in your area:

- **Has the budget for your audiology service been reduced in the last 2 years? (This includes if your budget has not risen with inflation) Yes/ No**
- **If yes, what has been the impact of these budget reductions?** Reduced follow up appointments / Reduced aftercare service / Reduced length of appointments / Reduced information provision / Increased time to reassessment / Change to policy on bilateral hearing aids / Change to hearing aid candidacy / Increased waiting times / Reduced availability of domiciliary visits / Reduced number or qualification level of specialist staff for complex cases / Reduced overall number of staff / Reduced average qualification level of professional staff/ Reduced tinnitus services / Other (please specify)
- **Have you noticed any of the following changes over the last 2 years for a reason other than budget reductions?** Reduced follow up appointments / Reduced aftercare service / Reduced length of appointments / Reduced information provision / Increased time to reassessment / Change to policy on bilateral hearing aids / Change to hearing aid candidacy / Increased waiting times / Reduced availability of domiciliary visits / Reduced number or qualification level of specialist staff for complex cases / Reduced overall number of staff / Reduced average qualification level of professional staff/ Reduced tinnitus services / Other (please specify)
- **If you have noticed any of the above, what was the reason for these changes?** Increased demand / Changes to service priorities / Other (please specify)
- **Are you aware of any budget reductions planned for the next 12 months? Yes/ No / Not sure**

Not applicable

All areas:

Audiology Waiting Times

- The national target in England is 18 weeks from Referral to Treatment (e.g. hearing aid fitting).

100%

- *Bilateral hearing aid provision*
- **What is your policy on bilateral hearing aid provision?**
Where clinically appropriate we always offer two hearing aids

Individual Management Plans

- **Do you develop an Individual Management Plan with patients?**
Yes - with all patients

- **If yes, do you measure the outcomes of the Individual Management Plan?**

Very rarely formally measured. (COSI or Glasgow occasionally)

- **If yes, please describe how you measure outcomes**

During follow up appointment –if COSI/Glasgow done @ assessment/fitting then reviewed.

Follow-up appointments

- **What follow-up arrangements do you generally offer for patients fitted with hearing aids?**

Face-to-face follow-up appointments

- **For each of the above, please state if they are offered to all patients, a particular group of patients, patients who request it, or not offered.**

Face to face follow up appointment are offered to all new fittings and newly exchanged patients

Aftercare

- **In which settings do you offer a hearing aid repairs and replacement service?**

At a hospital - by appointment only

At local health centres/ GP surgeries - by appointment only

By post

Via third sector volunteers (lip reading class)

Re-assessment

- **Do you offer a re-assessment of patients' hearing needs:**

Automatically after a certain number of years (for AQP patients) and on patient request for others

- **If you offer an automatic re-assessment, after how many years does this take place for non-complex patients?**

AQP-3 yrs ,otherwise on request but not more frequently unless clinical need

Hearing therapy

- **Do you offer hearing therapy:**

Not offered – or available in this area

Signposting and referrals

- **Do you provide patients with information about and/or formal referral to:**

Hearing aid repairs and replacements service

Lipreading classes

Local authority / council sensory services

Equipment and products that can help people with hearing loss

Voluntary organisations that help people with hearing loss / Peer support groups

Tinnitus Services

- **Are tinnitus patients seen by:**

We do not provide a service or referrals for tinnitus patients

- **Which of the following services are patients with tinnitus offered, where clinically appropriate?**

We don't routinely offer tinnitus services

Additional information (optional)

- **Are there any examples you would like to share of innovation or changes you have made to increase quality or use resources more efficiently?**

Pre booked slots for Audiometry support to ENT has enabled more efficient use of resource

Pre booked repair clinics (not walk in) has enabled more efficient use of resource

- **Are there any examples you would like to share of plans your service has to respond to expected increases in demand?**
- **Please tell us any other information you would like to share regarding audiology service provision in your area**
- **Please provide the best point of contact if we should want to find out more about audiology services**

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