FREEDOM OF INFORMATION REQUEST – PROVIDERS 2018

IMPORTANT: when answering the questions below please note:

- questions 1-5 are about the **NHS financial year 2017-18**. Question 6 is about changes since 2017/18
- Direct Access Audiology (DAA) is defined by the NHS as an audiology "service where patients are directly referred from primary and community care to the direct access service for both diagnostic assessment and treatment". For more details see here and here]
- adult means any person aged 18 and older
- audiology refers to all audiology care – e.g. DAA, adult hearing services, AQP contracts, ENT support and other services audiologists might deliver
- adult hearing loss means all causes of hearing loss, for example conductive, noise-induced, age-related, complex, non-complex and any other descriptors/causes
- Most questions are written for the audiology department to answer. Questions that refer to currency codes and coding might need to be answered by the finance department and/or audiology.

1) Your details

a) State your organisation's official name here

Blackpool Teaching Hospitals NHS Foundation Trust

b) Please list all sites where you provide audiology services. We only need a postcode, site name and location type. Table provided to help answer quickly.

Site name	Postcode	Is this a hospital site **(tick)**
Blackpool Victoria Hospital	FY3 8NR	☒ Yes ☐ No
Fleetwood Hospital	FY7 6BE	☒ Yes ☐ No
Lytham Primary Care Centre	FY8 5DZ	☐ Yes ☒ No
Freckleton Health Centre	PR4 1RY	☐ Yes ☒ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

If you need to add additional sites, please attach additional rows

2) About adult audiology services – access criteria etc.

a) At what age can people access your Direct Access Audiology (DAA) service?

55 [state age in years]

b) Please provide the clinical criteria used to determine who is eligible for your DAA service. Please clearly explain or attach the criteria.

List or attach:
See NationalProtocol:
British Academy of Audiology, (2016) "Guidance for Primary Care: Direct Referral of Adults with Hearing Difficulty to Audiology Services." British Academy of Audiology.

c) Please provide the clinical criteria used to decide which DAA service patients require onward referral to ENT, Audiovestibular physicians or other consultant led service. Please clearly explain or attach the criteria.

List or attach:
See NationalProtocol:

British Academy of Audiology (2016) "Guidance for Audiologists: Onward Referral of Adults with Hearing Difficulty Directly Referred to Audiology Services." British Academy of Audiology.

d) Please provide the clinical criteria used to decide which patients accessing the DAA service require referral back to their GP. Please clearly explain or attach the criteria

List or attach:
As above.

e) Do you have an audiologist led clinic – i.e. non-consultant led – to manage tinnitus that falls outside of the DAA service above?
☐ Yes, answer f
☒ No, go to g

f) please provide details of the service including:
- inclusion/exclusion criteria
- service specification

List or attach:

g) Do you have an audiologist led clinic – i.e. non-consultant led – to manage asymmetric hearing loss that falls outside of the DAA service above?
☐ Yes, answer h
☒ No, go to i

h) please provide details of the service including:
- inclusion/exclusion criteria
- service specification

List or attach:

i) Does your audiology clinic manage earwax?

☐ Yes
☒ No

3) About how audiology services work with GPs, ENT and other services

a) what proportion (%) of <u>all adult hearing assessments</u> that you did in 2017/18 were

- referred by ENT/Audiovestibular physicians 70 %
- referred by GPs (i.e. Direct Access Audiology) 4 %
- self-referred/patient initiated 26 %
- other route(s) % **Please state what these are:**

If the above do not add up to 100% please explain why here:

b) what proportion (%) of all <u>DAA pathways</u> in 2017/18 resulted in

- assessment only – i.e. no treatment and discharged 12 %
- hearing aid(s) fitted and no referral required – i.e. managed by audiology 88 %
- other outcomes % **Please state what the most common 'other outcomes' are here:**

If the above do not add up to 100% please explain why here:

c) what proportion (%) of all <u>DAA pathways</u> in 2017/18 resulted in

- referral back to a GP Included in above 12 %
- referral to ENT/Audiovestibular physician Included in above 12 %

4) About adult hearing loss and adult hearing aid fits

a) what proportion (%) of <u>all adults</u> that you fitted with hearing aids in 2017/18

- had age-related hearing loss Info not available %
- had noise-induced hearing loss Info not available %
- had a different cause of hearing loss Info not available %

estimate if specific data not recorded.

b) what was the average (mean) <u>age of the adults you fitted with hearing aids</u> in 2017/18

63 average (mean) age

[Optional: if you have additional data, then please also provide the
80 *mode*
87 (19 - 106) *range (min-max)*
Other]

c) what proportion (%) of adults that you fitted with hearing aids were provided with two hearing aids?

73% **adults** fitted with two hearing aids

Please do **not** state all suitable adults are offered two aids. If the proportion is not known provide an estimated bilateral fitting rate above. If not known or cannot estimate local fitting rate, tick here ☐

5) About payment and coding (you may require finance department support for this section)

We do not require any commercially sensitive information, only high level data – i.e. this question is not exempt from an FoI request

a) **This is only about consultant-led clinics**. When an audiologist **supports a consultant led clinic**, are the cost allocated to the consultant led (e.g. ENT) clinic?

☒ Yes the costs are allocated to the consultant led clinic, and therefore funded by the NHS via consultant led clinic budgets/tariffs

☐ No the costs are not allocated to the consultant led clinic, and therefore funded by the NHS via audiology or other contracts

☐ None of the above, please explain here how costs are allocated and then billed to the NHS)

b) **This is only about your audiology, non-consultant led, clinics**. Tick all funding models that applied in 2017/18

Please tick ALL that apply

☒ Block Contract
☐ National tariffs for audiology led services - e.g. diagnostic tests etc.
☐ Non-mandated national tariff for adult hearing services
☐ AQP tariff for adult hearing services
☐ AQP tariff for other services – NOT including adult hearing services
☐ Cost per case
☐ Other (if ticked please specify here:)

c) Do you assign the code CA37A to hearing assessments performed in the DAA clinic?

☐ Yes
☒ No. If no how do you record assessments done in the DAA clinic
Recorded on Audiology Database, and reported via DM01 monthly to Department of Health.

d) Who is responsible for assigning the codes AS05 and AS06 at your organisation?

Please tick ALL that apply

☒ Coding department/finance team – i.e. non clinical
☐ Audiology – i.e. clinical
☐ Both of the above
☒ Other (if ticked please specify here: Data is recorded on Audiology database, and reported to CCG's, via Finance department.)

e) How is the adult hearing service – hearing assessment, hearing aid fits, ongoing care etc. – commissioned?

Please tick which option applies at your organisation

☐ We do not have an AQP contract for adult hearing services (proceed to part 6)

☒ We have an AQP and non-AQP contracts for adult hearing services (please answer f below)

☐ We only have an AQP contract for adult hearing services (please answer f below)

☒ Other (if ticked please specify here: We are on a block contract for all activity. Data is recorded on Audiology database, and reported to CCG's, via Finance department..) (please answer f below)

f) Please provide the process for coding AS05 and AS06 at your organisation?

For example please provide any and all copies of instructions given to staff to code adults as being eligible/ineligible for any local AQP adult hearing contract.

6) About material changes during the 2018/19 financial year?

The questions above related to the 2017/18 financial year only. Have there been any material – i.e. significant – changes to your local audiology services in the 2018/19 financial year so far?

☐ Yes, if yes please explain here
☒ No