Audiology Engagement Event
11/6/2018
Walshaw House

Sam Jones welcomed all attendees and stated the agenda for the day. The aim of the day is to ensure that commissioners are commissioning and developing the best possible service for patients. Throughout the day the specification, procurement process and activity would be discussed.

All of the CCGs involved had representatives there except Fylde & Wyre who sent their apologies.

David Rogers presented:

- Thanked Action on Hearing Loss for the information they have shared.
- Explained to attendees that the CCGs are responsible for purchasing services for patients. He stated that providers and services need to be patient focused.
- 7 patient representatives were present at the event, to help providers and commissioners gain a greater understanding of their needs.

David talked through the presentation from Action on Hearing Loss:

- New NICE guidance to be published 20th June 2018, which will be included.
- Patient are experts and have ideas and experiences to help improve the services.
- GPs are critical to the service
- Feedback taken previously from patients included that there was a lack of information regarding follow up care
- A Questionnaire has been drafted, which Action on Hearing Loss has looked through. This is a short questionnaire without any leading questions and it will be used to help shape the specification.

Sam Presented:

- The AQP Contract is coming to natural end – 31.3.2019
- When developing the specification, Commissioners have met with patients, various groups, other CCGs, looked at current guidance, bench marked across other CCGs in the country to gain consistency with other areas. The specification has now been brought up to date.
- The contract is for Pan Lancashire (across all CCGs)
- Engagement started in April / May 2017.

Dr Black was due to speak, but was not available at the time, so Sam provided a clinical update on his behalf.

- Feedback from GPs and providers has been collected. The issues include requests for re-referral and duplication in the system. As a result, in order to try and prevent this, the contract will be for 4 years, and not 3 year, as Audiology is a long term /ongoing condition.
- Further feedback included providers not knowing about local support groups. Better patient information is needed regarding after care.

- A key Pathway driver is patient choice
- An IT representative from the CSU is present today, to help answer any IT questions. A focus for providers should be to ensure that the care of individuals are coordinated, as duplication needs to be avoided.
- E referrals needs to be effective in order to reduce waiting times. We know wax removal times can be lengthy; information regarding this is included in the specification.

- Commissioners have decided to commission for a framework, and so the contract will have created in line with that. The framework will include local lots for each CCG. Each lot will have specific information for the CCG. The commissioner will be 1 pan Lancashire commissioner, and Blackburn with Darwen CCG will manage on behalf of all other CCGs.
- The contract length will be for a maximum of 4 years because it is a framework.
- There will be a reduction in tariff. The Tarif rate has been bench marked across 5 CCGs across England.
- The service will now include patients from 50 years of age and above, whereas previously this has been 55 years of age (and will include non-complex patients with hearing loss only)
- Activity information shown today will be shared. The information provided is for a guide only, at this stage, and will be confirmed before the tender goes live.
- There will be no variation in Tariff across Lancashire – this will be 20% reduction.
- The activity is shown per CCG area for patients of 55+ years. The information includes a 1.49% increase in population.
- Regarding the information for patients of 50+ years, Blackpool CCG are considering their position. This will be confirmed by the 1st week July.
- West Lancashire CCG will not be including non AQP activity in this procurement.
- Up to 25% of activity shown may be in scope for future service because of exclusions.

Question and Answer Session

Q – The savings you have given are against a 3 year plan. Is this figure 20% of what was 3 years, but now you are expecting providers to provide it for 4 years. If so, this is more than 20%
A – Yes, however, other areas have done 25% and extended to over 5 years.

Q) – Rather than aiming for cost cuttings of up to 25%, you should be aiming for savings of 25%. Therefore tariffs should not just be decreased.
A) We have looked into this and discussed with various CCGs involved. They have decided to reduce the tariff mainly, as a way of making savings, but some mechanisms have paid to make savings also. We have looked broadly and felt that the best option is to reduce the tariff. Reduction is 20% on tariff.

A) Further savings include, aftercare to be included in this tariff, and the contract is extended to 4 years

Q) Currently the after care fee is separate. Which is now going to be included?
A) Yes. When we were looking at data, from providers, different providers across the board, have included different things, so we have decided to include aftercare, to bring all services in line. This will also create consistency when invoicing.

Q) Please can you clarify what you mean by 'follow up' and 'annual review'.
A) Follow up could be once a year, or it could be quarterly depending on patient. But the 4-year review is for the assessment, rather than rereferral.

Q) you are suggesting follow ups and after care to be included, but aftercare is typically £23 per year and this includes 2 hearing aids and aftercare, so can't make any profit, from £192, therefore this is a very surprising conclusion.
Q) is there a definition of 'complex', and could you advise what percentage has previously gone through e referral.

A) there are CCGs with lower tariffs than the Tariff we are proposing

Q) I disagree, as a provider I have never seen this before, and even more so if aftercare is now to be included.
A) thankyou for your feedback. We can discuss this further shortly, if that is ok?

Sam Presented:

- The Core Specification is included in the packs provided.
- Another aim is to be outcomes focused, so patients are a focus and have positive hearing and a positive lifestyle as an outcome.
- The service should be delivered on a 7 day basis.
- There is some information on local lots, including pathways, in order for you to be able to tailor your proposals to local areas
- Last summer we spent 4 months engaging with stakeholders to develop the specification, we have tried to streamline elements of the pathway, we had a provider event which was based here at Walshaw, we learnt about changes which were required from a system perspective as well as a workforce perspective.
- We would also like to standardise equipment across buildings.
- We would also like to promote on social media to reduce any potential stigma

Anne Greenwood Presented:

- There is a Core specification, and the local lot information. This will be complete by the ITT stage. We have included as much information as possible for now, to give providers an idea. Information which will be included before the procurement is live includes the referral process and pathways.
- Morecambe bay information was provided in the presentation, and boundary information is included.
- EL CCG information was provided in the presentation.
- Blackburn with Darwen CCG information provided in presentation. A question was asked regarding direct referrals. This will be clarified in the specification and needs to be compatible for next 4 years.
- Greater Preston & Chorley & South Ribble CCG information was provided in the presentation. This CCG have a referral management centre, and the providers for this lot will need to accept referrals from Beacon Medical (the Community ENT provider), and the provider will need to have presence in 3 locations (Preston, South Ribble, Chorley)
- West Lancashire CCG information was provided in the presentation
- F&W information has been received but not displayed in the PowerPoint. Information will be circulated with the PowerPoint.
- Blackpool CCG have not provided information at this stage.

Rachel Roocroft presented regarding the Procurement Process:

- An overview of the tendering process, attachments, timescales were given.
- Transparency is important, and all information will be shared evenly for all bidders.
- A proportionate time will be given to providers, to review documents and respond to the tender.
- All bidders will be evaluated the same, and not be discriminated against.
- The procurement will be advertised on Contracts Finder and OJEU.
- The procurement should be live at the beginning of July 2018. Providers will have until the end of August 2018 to respond.
- Each CCG will have a separate lot and will reserve the right to not award. Each CCG will have a separate contract and each CCG will state a maximum number of providers that they will award to at the start of the tender.

- A Provider can bid for each as separate lot – they won't have to bid for all lots to be successful.
- The tender will include detailed questions which bidders will need to respond to.
- The tender will also include some attachments which will have to be completed and returned, other attachments will be for you to download.
- Clarifications and responses will be shared with all bidders.
- Don't leave submissions until last minute – in case there are any technical difficulties.
- Proposed draft timetable was shown

Q) Why, from clinical perspective, are you changing things, why are you moving away from the current AQP model, we provide services for 108 CCGs, in Midlands, there are 12 CCGs, and the contract is managed by 1 CCG. What you want can be delivered under the AQP, so why not? The level of management and processes needed for the different lots and the ITT process, is larger. What has been so unsuccessful with the current AQP?
A) GP Dr Adam Black responded: the AQP wasn't unsuccessful. However, providers performing eye tests have suggested to patients that they can have a hearing test, when there has been no need for this. There is also the issue of re-referring and patients bouncing around the system, creating additional workloads for GPs.

Q) The re-referral and GP involvement issue could be addressed in an AQP contract, with KPIs and statistics provided on how many are wearing hear aids. Therefore I am surprised at your comments. If a patient has had a hearing test and the result is they need hearing support, then why would the GP not want to do this.
A)You can have an un met demand,
A)Sam stated: the AQP model has been successful, and consistent. We want patient choice and accessibility to remain. We have looked at a variety of contracts, and in order to meet the needs of each CCG, we needed better consistently of delivery. The current contracting and reporting is variable. A framework has also been selected to meet local demands and because of the local forming partnerships, we wanted local lots to be tailored. Therefore all CCGs have agreed that the framework is most relevant for us now.

Q) how will patients have choice with local lots.
A) each CCG will have agreed a potential number of providers per area, based on what we have now.

Q) Only EL CCG has been mentioned in the papers as stating the number of providers.
A) Blackburn with Darwen CCG = 2
West Lancashire CCG = 1 because they are not including non AQP activity
Blackpool CCG = 3
Greater Preston Chorley South Ribble CCG = 2/3
Morecambe Bay CCG have not decided yet.

Q) for small providers, having multiple lots may make us unsuccessful. We only have a small amount of patients. We are the only national domiciliary provider with IQUIPS accreditation. You could potentially be loosing this expertise.
A)From another attendee: You can be UCAS accredited if you are a local provider, and domiciliary service provider.

To be discussed further during networking. Small providers may want to join up with other providers. Any concerns regarding this can be addressed with the commissioners.

There is time before the tender goes live to consider what has been said today, and if necessary we can amend the specification.

Q) an AQP can be lot base. If you have selected a framework agreement to ensure consistency amongst providers, how will you manage this under a framework
A) each CCG currently manages the local data submission. To avoid variation on how it is managed, Blackburn with Darwen CCG will manage on behalf of all of the CCGs. Also, schedule 4 and schedule 6 will be monitored.

Q) On page 19 of the service specification, it states that providers should have accreditation, but this cannot be immediately done, you need to be able to see patients in the area in order to get the accreditation
A) Sam will review the specification

Networking to commence and CCG appointments

Patient representatives to meet down the corridor.

<u>Comments from patients</u>

- *Patient representative's husband wears a hearing aids and within 3 years, they have never received a recall or follow up. After 3 years should he have a hearing test again?*
- *Batteries are currently lasting 2/3 days maximum*
- *A patient representative's follow up is due in October, but they have had to ring in June to get on waiting list. ELHT for eye tests book appointments 1 year in advance, why can't this be the same for audiology appointments.*
- *Transport to appointments is important*
- *Waiting times are inconsistent*
- *Patients are unclear if you have to go back for another test*
- *Patient's felt that they should be informed of technological improvements to hearing aids.*
- *Patients would like regular follow ups, or information on what to do it they lose their hearing aid.*
- *Confusion – if there will be a 4 year contract, will the review be every 4 years.*
- *Is there an emergency service available within audiology? A patient representative has had 2 occasions in 5 years where they have had total loss of hearing. They went to their GP who advised they would have to wait 6 weeks. The patient then went to Cyprus on holiday and was seen the same day.*
- *Advice needed for if patients have sudden hearing loss on a Saturday*

- *Location of the test needs to be appropriate e.g. not in the middle of a noisy shop. A sound proof room would be better.*

- *One representative had a positive experience were the provider walked with the patient into the market to check that they can hear.*

- *If providers are having to make less profit, are they going to push private additional services on patients to make their money up*

- *Batteries are becoming poorer and poorer quality. There was a discussion whether some hearing aids whistle as a warning when the battery is about to run out.*

- *Some patients wanted the option to pay a 'top-up' to their hearing aid so they could get a better one.*

Action on Hearing Loss – David Haughton:
Meets with patient groups from other areas. It is important to capture a patient voice. He gave details regarding a free information line and contact email address. Professionals can call this also. In other areas, patient groups meet regularly, have a Facebook group or catch up on email.

David to contact Healthwatch and arrange an information session with Action on Hearing Loss.

Rachel discussed possible involvement of patient representatives in the procurement process. If patients are interested, then to contact David.

David Rogers requested patient representatives to email him regarding travel expenses. If they have another patient focus group, travel expenses and lunch will be provided.

A provider came to talk to the patient representatives, and discussed if they would like a one stop shop. Clinicians are usually against this as they say that patients should go home and discuss with family.

Patients liked the idea of one stop shop, as this is what happens with glasses. However, they would still like the option to go home and discuss if required. A follow up period was welcomed if one stop shop service.

Conclusion – Sam

- Thanks for openness and honesty
- The tariff will be reviewed and any queries around the contract model.
- Specification has been generally well received and understood.
- Vision discussed
- Mobilisation needs to be considered – and timescales.
- Presentations will be circulated.

David feedback from the patient group
We have collected feedback from the patient group.
The patient group will meet again and work with Action on Hearing Loss
Some points raised will hopefully be worked into the contract e.g waiting times.

Sam publicly apologised to Specsavers for any comments made earlier which they may consider to be negative.