

## SCHEDULE 2 – THE SERVICES

### A. Service Specifications

All subheadings for local determination and agreement

<b>Service Specification No.</b>	1
<b>Service</b>	Community hearing services for non-complex audiology
<b>Commissioner Lead</b>	NHS North Staffordshire CCG & NHS Stoke On Trent CCG
<b>Provider Lead</b>	
<b>Period</b>	1 <sup>st</sup> April 2016 – 1 <sup>st</sup> April 2019
<b>Date of Review</b>	1 <sup>st</sup> April 2017

<b>1. Population Needs</b>		
<b>1.1 National / Local Context and Evidence Base</b>		
<p>It is estimated that one in six people in the UK have some form of hearing loss. Most are older people who are gradually losing their hearing as part of the ageing process, with more than <b>70% of over 70 year-olds</b> and <b>40% of over 50 year-olds</b> having some form of hearing loss.</p> <p>Around 2 million people currently have a hearing aid, however, approximately 30% of these do not use them regularly, and there are a further 4 million people who do not have hearing aids and would benefit from them.</p> <p>The ageing population means that demand for both hearing assessment and treatment services is set to rise substantially over the coming years. However, a significant proportion of this client group will have routine problems that do not require referral for an Ear, Nose and Throat (ENT) out-patient appointment prior to assessment. These patients would benefit from direct access to adult hearing care services with a referral being made directly from their GP enabling timely diagnosis and treatment.</p>		
<b>2. Outcomes</b>		
<b>2.1 <u>NHS Outcomes Framework Domains &amp; Indicators</u></b>		
<b>Domain 1</b>	<b>Preventing people from dying prematurely</b>	
<b>Domain 2</b>	<b>Enhancing quality of life for people with long-term conditions</b>	ü

<b>Domain 3</b>	<b>Helping people to recover from episodes of ill-health or following injury</b>	
<b>Domain 4</b>	<b>Ensuring people have a positive experience of care</b>	ü
<b>Domain 5</b>	<b>Treating and caring for people in safe environment and protecting them from avoidable harm</b>	ü

## 2.2 Local defined outcomes

<b>Priority 1</b>	<b>Better and More: A community focussed model of care</b>	ü
<b>Priority 2</b>	<b>Improved care and outcomes for people with LTC's</b>	ü
<b>Priority 3</b>	<b>Use patient experience to improve quality of care</b>	ü
<b>Priority 4</b>	<b>Deliver 'Must Do's'</b>	

## 3. Scope

### 3.1 Aims and objectives of service

The service shall:

- Provide a clear, consistent and robust service, Monday to Friday, 9:00 – 17:00
- Deliver services which are more accessible and convenient for patients, i.e. close to patient's homes, timely and easily accessible;
- Ensure efficient, timely and prompt communication mechanisms between the Community Hearing service and Primary Care;
- Provide a comprehensive patient-centred direct access adult hearing service which includes robust aftercare for all patients;
- Support communication needs by providing timely signposting to lip reading classes, assistive technologies and other rehabilitation services beneficial to the patient;
- Deliver a safe hearing service for patients that conforms to a recognised quality assurance tool e.g. the Improving Quality in Physiological Diagnostic Services Self-Assessment and Improvement Tool (IQIPS-SAIT).

### 3.2 Service description/care pathway

Referrals to this service can be made by the patients GP. The provider shall contact the patient and arrange an initial assessment within 15 working days of receipt of referral. The provider shall ensure patients who require hearing aid fitting are seen within 20 working days of the initial assessment.

The provider shall identify and manage appropriately patients with specific needs including, but not limited to housebound patients, translation services, test facilities and techniques for patients with learning disabilities.

All patients shall receive education and information about their treatment on initial appointment in the form of an individual management plan. This shall include information on and signposting to any relevant communication/social support services.

The service model shall comprise of the following elements;

#### **Referrals**

A standardised referral form shall be adopted. The template shall be agreed between the Commissioner and Provider prior to service commencement.

#### **Pre-assessment**

Prior to the first appointment the provider shall;

- Ensure patients have an adequate understanding of the hearing assessment process before the appointment, by providing information (in a suitable language and format) that shall be received by the patient at least 2 working days before the appointment.
- Ensure patients are aware of their right to communication support for the duration of their pathway and how to request this, if required.

#### **One stage 'Assess & Fit'**

The provider shall ensure that two approaches are available to address the assessment and fitting requirements of the pathway:

- A single 'assess and fit' pathway where suitable, for patients to receive hearing aids at the initial assessment appointment - suitability depends on hearing loss, dexterity, cognitive ability, emotional readiness and patient choice of most appropriate hearing aids.
- A two stage pathway, where an impression of the ear is taken at the first assessment appointment for an ear mould to be made and the patient returns at a later date for the hearing aid fitting (or bilateral impressions for bilateral fittings)

Pre-appointment information shall mention the two options, to prepare patients better in advance of having to make this decision.

#### **Assessment**

At the first appointment/assessment the provider shall undertake;

- Full Otoscopy;
- Measurements of pure-tone air and bone conduction thresholds in line with the latest BSA guidelines;

- A clinical interview to assess hearing and communication needs and expectations in line with BSA Common principles of rehabilitation for adults with hearing – and/or balance-related problems in routine audiology services;
- Complete an agreed outcome tool. This shall be shall be agreed between the Commissioner and Provider prior to service commencement;
- Proceed to fitting where hearing aids are expected to be beneficial and the patient wishes to accept provision of hearing aids

### **Fitting**

Following the assessment, the practitioner shall:

- Explain the outcome of the assessment and undertake pre-fitting counselling, managing expectations as necessary;
- Develop a written Individual Management Plan (IMP) with the patient that defines the patients' goals and hearing needs and how they are going to be addressed;
- Ensure the patient has all information available to them to facilitate their understanding of the treatment plan in a suitable format including signposting to any relevant support services;
- Discuss and document hearing aid options and agree types and models with the patient based on their suitability to the patients' hearing loss;
- Discuss and document whether a unilateral or bilateral fitting is appropriate. Any decision in this respect must be based on clinical need and not financially driven. Bilateral fittings are not clinically appropriate where:
  - One ear is not sufficiently impaired to merit amplification;
  - One ear is so impaired that amplification would not be beneficial (and must be referral back to the GP for onward referral to complex audiology or other support services);
  - The patient declines bilateral aiding where offered as appropriate (this shall be confirmed in a signed statement by the patient);
  - Other reason (e.g. manipulative ability, otological).
- Undertake selection and programming of hearing aids;
- Conduct objective measurement where clinically appropriate in line with BSA/BAA guidance on the use of Real Ear Measurement to verify the fittings of digital signal processing hearing aids;
- Modify ear moulds/venting if necessary and repeat objective measurements for verification;
- Evaluate subjective sound quality (including own voice) and fine tune if necessary;
- Teach the patient, with patients own aid(s) worn and switched on, how to operate the aid including, but not limited to, changing batteries switching between programmes, using hearing loops and maintenance of aids.
- Advise on acclimatising to the use of hearing aids and amplified sound
- Advise on battery warnings, battery supply, repair/maintenance service;

- Supply cleaning wires if open ear fit;
- Explain the purpose and function of hearing aid data-logging;
- It shall be the responsibility of the patient to fund replacement aids in the event of loss or damage unless the patient has a confirmed diagnosis by the referring GP of dementia, learning disabilities or blindness, in which case the cost of £50 will be borne by the Commissioner.
- Issue a copy of the audiogram, information (in a suitable format) on the aids, ear moulds, local services, and update the IMP and provide a battery issue book if appropriate;
- Arrange a follow-up appointment - the patient shall be offered a choice of face to face or non-face to face follow-up and given the option to bring a relative/carer.

The hearing aid(s) fitted shall be that which best meets the clinical needs of the patient.

Only one aid (or one aid per ear in the case of bilateral patients) shall be provided. If following the re- assessment of a patient it is determined the patient requires a new aid the patient must be referred back to their GP for onward referral. The reasons for the new fitting and expected benefits of this to the patient must be formally documented and provided to the patient's GP. The provider shall record:

- The change in threshold of the audiogram
- Details of both new hearing aid(s) issued and old aid(s) no longer in use.
- The provider shall ensure that hearing aids no longer required are disposed of in a safe and appropriate manner and in accordance with applicable legislation.

### **Delayed Fitting**

Where the fitting appointment is separate to the assessment, the provider shall repeat the otoscopy and review patient information and outcome measures before proceeding to fitting as described above.

### **Independent Sector Providers**

Where an NHS qualified provider also provides private hearing aids and a patient expresses a personal preference around hearing aids that cannot be met by the NHS funded service, or enquires about privately prescribed hearing aids, the provider shall advise the patient that the appointment is exclusively for NHS services and any further dialogue or information concerning private hearing aids shall be dealt with at a separate patient booked appointment outside of the NHS funded service.

- Providers shall not promote their own private treatment service, or an organisation in which they have a commercial interest;

- Providers shall not encourage patients to 'trade up' (i.e. to privately purchase more expensive hearing devices than is necessary);
- Where an enquiry is made because the patient is experiencing functional difficulty with an NHS provided device, every effort shall be made to address this from within the NHS funded service. Where this is not possible, the Commissioner must be informed providing details of what action the Provider is proposing to take to resolve the issue supported with appropriate records;
- Providers shall issue patients with a maximum of 1 hearing aid for unilateral use or 2 hearing aids for bilateral use. Spare hearing aids are not part of standard NHS provision unless the patient would suffer total sensory deprivation without provision of one spare aid.

## **Follow-Up**

### *Post-fitting follow up*

Patients shall be offered a choice of a face to face (in a choice of locations) or non-face to face follow-up (e.g. telephone review or postal questionnaire) within 50 working days of fitting (unless there are clear documented reason to do otherwise, or if a patient chooses to wait beyond this period) – the Provider shall seek to meet the patient's preference, where possible.

If the patient opts for a non-face to face follow up and this proves unsuitable (for either patient or Provider), a face to face appointment shall then be undertaken within 9 calendar days of the non-face to face contact.

Within the follow-up the provider shall:

- Discuss with the patient whether the outcomes agreed within the IMP have been met and if not how to resolve residual needs and update the IMP as necessary;
- Check on use of hearing aid(s) in terms of comfort, sound quality, adequacy of loudness, loudness discomfort, noise intrusiveness, telephone use, battery life, cleaning, use of loop and different programmes;
- Confirm patient's ability to remove and insert aid and provide further help if needed;
- Review hearing aid data-logging;
- Fine tune hearing aid (if necessary) based on patient's comments;
- Repeat outcome measure from first assessment plus any additional measures used to assess the effectiveness of the intervention and respond to result;
- Conduct objective measurements where clinically appropriate in line with BSA/BAA procedure Guidance on the use of Real Ear Measurement (REM) to verify the fitting of digital signal processing hearing aids;

- Provide information (in a suitable language and format) and sign-posting to any relevant communication/social/rehabilitation support services.
- Provide written information to the GP detailing the outcome of the patient's assessment including a copy of the patient's audiogram and the patient's Individual Management Plan within 5 working days;
- Maintain secure and confidential electronic records of the follow-up appointment including completed copies of the outcome tool, any adjustments made to the aid(s) and comments made by the patient;
- Emergency follow ups shall be available to the small minority of patients who experience difficulties with their hearing aids and must be available to the patient within 2 working days of contacting the service.

### *Annual Review*

The provider shall review patients on an annual basis repeating the follow up procedure as detailed above.

Where there is a choice of provider and the review appointment suggests replacement hearing aids may be of significant audiological benefit to the patient, the patient shall be discharged back to the CCGs Choice and Referral Centre with the advice to undergo a full re-assessment and fitting pathway. The choice and referral centre would be required to offer patients choice of provider and re-refer patients to begin a new pathway (at the full assessment and fitting tariff)

Replacement aids shall only be issued in the following circumstances;

- Excessive damage/wear of the hearing aid(s) preventing its proper functioning.
- Evidence of deterioration of hearing by comparison with the previous audiogram (when current aids first fitted). Deterioration defined as 15dB or more in AC threshold readings at two or more of the following frequencies: 500, 1000, 2000, 4000Hz. Where possible, existing hearing aids shall be reprogrammed to new thresholds. New hearing aids shall only be prescribed where deterioration takes the thresholds at any of the above frequencies out of the fitting range of current hearing aids.

### **Aftercare**

The Provider shall provide on-going aftercare, support and equipment maintenance on an annual basis as required by the patient after the patient's follow up appointment. Appointments shall not be limited to an annual check-up and patients must be able to access this service as frequently as required.

Aftercare services covered by the tariff price shall include:

- Cleaning advice and cleaning aids for patients with limited dexterity;
- Battery removal devices for those with limited dexterity;

- Replacement of batteries, tips, domes, wax filters and tubing, where required;
- Replacement or modification of ear moulds;
- Repair or replacement of faulty hearing aids on a like for like basis
- Provision of information (in a suitable language and format) about wider support services for hearing loss.
- Review of patients where a patient is having problems managing their hearing aid and / or where the provider or the patient considers that there has been a significant change in the patients hearing.

### **Battery Replacement Service**

Batteries for hearing aids provided through an NHS qualified provider shall be provided free of charge to NHS patients as required as part of the above aftercare service.

Options for battery replacement:

- By post (free of charge to the patient and the Commissioner) from the Provider
- Collection from the Provider's service

### **Additional Provision**

- Domiciliary – The community hearing service shall visit housebound patients within their home setting to carry out the core service elements;

Definition of Housebound individual : -

A person who has proven morbidity and who is genuinely unable to leave their home, either on a short term or long term basis. Where it is apparent that the patient could be assisted to, or is able to attend clinic or surgery then this should be discussed with the individual, facilitated and promoted.

### **Non-Attenders**

The provider shall have a robust system of call and recall and be able to identify and act quickly when a patient has failed to attend an appointment. The provider shall implement its policies and strategies for the management and targeting of non-attenders.

### **Discharge process**

Where replacement aids are required - as described under the annual review section.

## **Discharge processes**

**Any patient discharged (as per section 3.3.6) should be informed of how to get advice and support if they believe their hearing has deteriorated further or if their hearing aids are no longer fit for purpose.**

**The Provider should provide a discharge report to the GP and complete an Individual Management Plan for the patient.**

### **3.3 Population covered**

The service shall be available to all patients aged 18 and over registered with a GP practice within North Staffordshire or Stoke on Trent CCG.

### **3.4 Any acceptance and exclusion criteria**

Referrals shall be accepted from GPs only; patients self-referring will not be accepted.

Referrals shall be accepted for adults aged 18 and above presenting with non-complex hearing difficulties.

#### **Accepting referrals**

**The Provider should have the ability to be able to receive referrals through the national NHS Choose & Book E Referrals (entry level with ability to upgrade). Where a referrer is unable to use or access Choose & Book E Referrals, an alternative (i.e. paper) referral process should be accepted.**

#### **Exclusion criteria**

- Children under 18 years of age (i.e. 17 and 364 days old);
- Complex adult patients who meet the contra-indications in line with BAA Guidelines for Referral to Audiology of Adults with Hearing Difficulty
- Services including lip reading, effective hearing programmes, differential diagnostics, hearing therapy, Tinnitus, balance clinics and patient transport services are excluded from this service specification. The provider will be required to provide advice and direct patients to appropriate support services and training as required including but not limited to translation and lip-reading services.
- Further eligibility criteria for patients registered with a North Staffordshire GP is found in Appendix A – Hearing Aids for people with mild to moderate Adult-Onset Hearing Loss.

#### **Rejecting referrals**

**The Provider must only accept referrals that meet the referral criteria covered by this specification.**

**Prior to referral, an initial assessment should be undertaken by the GP of the patient presenting with hearing difficulties to ensure that they do not fall within the exclusion criteria (see section 3.8.2).**

### **Inappropriate referrals**

The provider shall implement its policies and strategies for the management and targeting of inappropriate referrals.

**Any inappropriate referrals received (i.e. for patients who meet the exclusion criteria) should be returned back to the GP within 5 working days for onward referral with sufficient feedback to minimise inappropriate referrals in future. If the Provider thinks that there is an urgent need and the patient would require to be seen within 2 weeks, the referral should be made directly and the GP must be informed within 2 working days.**

**If a referral is received with insufficient information, the Provider should liaise with the GP to seek this information so as not to delay the patient's appointment. If it is not possible to get the necessary information then the Provider can return the referral to the GP for re-referral once all the missing information is known – providing patients are informed of any cancellations to pre-booked appointments following the return of the referral to the referrer.**

**Any referrals received that are not from a GP practice should be directed back to the referrer before any assessment is undertaken for this service with an explanation of the correct referral path and criteria. If an assessment as part of this service is undertaken in this scenario, the Provider will not be paid for this activity.**

### **3.5 Interdependencies with other services**

- Stoke and North Staffordshire GPs
- Secondary Care providers – for onward ENT referrals
- Local Authority
- Voluntary sector and charitable support organisations

## **4. Applicable Service Standards**

**4.1 Applicable national standards (e.g. NICE)**

**4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)**

- British Society of Audiology: Guidelines on minimum training standards for Otoscopy and impression taking, 2004
- British Society of Audiology: Recommended procedure for determination of uncomfortable loudness levels, 2011
- British Society of Audiology and British Academy of Audiology: Guidance on the use of real ear measurement to verify the fitting of digital signal processing hearing aids, 2007
- British Society of Audiology: Guidelines on the acoustics of sound field audiometry in clinical audiological applications, 2008
- British Society of Audiology: Pure Tone air and bone conduction threshold Audiometry with and without masking, 2011
- British Society of Audiology: Common principles of rehabilitation for adults with hearing – and/or balance-related problems in routine audiology services, 2012
- British Society of Audiology: Recommended procedure for taking an aural impression, 2013
- British Society of Audiology: Recommended procedure for tympanometry [when undertaken], 2014
- British society of Audiology: Recommended procedure for ear examination, 2010
- British Academy of Audiology: Guidelines for Referral to Audiology of Adults with Hearing Difficulty 2009
- British Academy of Audiology: Guidance on identifying non-routine cases of Hearing Loss in Adults, 2015
- British Society of Hearing Aid Audiologists: Guidance on Professional Practice for Hearing Aid Audiologists, 2014
- NHS England: Accessible information Specification, 2015

#### **4.3 Applicable Local Standards**

Not used

### **5. Applicable quality requirements and CQUIN goals**

#### **5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])**

#### **5.2 Applicable CQUIN goals (See Schedule 4 Part [D])**

To be agreed

### **6. Location of Provider Premises**

The service shall be provided from at least 5 community premises within the geographic boundaries of North Staffordshire and Stoke on Trent CCG's with a key emphasis on Care Closer to Home.