The Dudley Group
NHS Foundation Trust

Date: 06/01/2017

FREEDOM OF INFORMATION REQUEST FOI/013197 – Audiology

Questions relate to your adult (aged 18+) hearing aid service. Please answer all questions twice
 for the financial year 2015/16 and then again
 for the financial year 2016/17 to date - if response to both years is the same, state "as 2015/16" for that question.

1. Regardless of the contract(s) you hold with NHS commissioners.

A: Please **state the age** at which your department accepts direct access audiology adult patients – i.e. adults that GPs refer directly to your department, or that are triaged to your department within your Trust, because they do not need to see ENT and it is thought they will most likely only need audiological support.
AGE = **for the financial year 2015/16** 18+ for non-AQP, 55+ for AQP referrals
for the financial year 2016/17 to date as 2015/16
B: Please **explain your local process here**.
for the financial year 2015/16 Direct access audiology is available to all adults aged 18 and older without the contra-indications listed at the end of this FoI request. AQP pathway access is available to all patients aged 55+ without the contra-indications listed at the end of this FoI request.
for the financial year 2016/17 to date as 2015/16
[Note: this might for example be people aged 18, 50, or 55 without longstanding medical contra-indications. This list is provided at the end of this submission for ease of reference. You might therefore state "direct access audiology is available to all adults aged 18 and older without the contra-indications listed at the end of this FoI request".]

2. Please state what proportion (%) of your adult hearing aid service patients are referred via Direct Access Audiology Criteria (listed at the end of this submission for ease of reference)?

for the financial year 2015/16 We do not record this information separately so are unable to provide this data.
for the financial year 2016/17 to date as 2015/16

3. Please state what proportion (%) of your adult hearing aid service patients are referred via ENT

for the financial year 2015/16 We do not record this information separately so are unable to provide this data.

for the financial year 2016/17 to date as 2015/16
If 2 and 3 do not add up to 100% please explain where the rest of your adult hearing aid service patients come from? (e.g. they are existing patients on the database)

4. Please define a complex adult hearing aid patients here and explain why they are complex? (i.e. those you do not book/code to your local AQP contract and why)
for the financial year 2015/16 Any patient who has any contra-indications listed at the end of this FOI request.
for the financial year 2016/17 to date as 2015/16

5. Please explain what proportion (%) of all adult (aged 18+) hearing aid work you do is coded within your Trust as AQP adult hearing aid work?
for the financial year 2015/16 We do not record this information separately so are unable to provide this data.
for the financial year 2016/17 to date as 2015/16

6. Please explain what proportion (%) of all adult (aged 18+) hearing aid work you do is coded within your Trust as non-AQP adult hearing aid work?

for the financial year 2015/16 We do not record this information separately so are unable to provide this data.
for the financial year 2016/17 to date as 2015/16

7. If 6 and 7 do not add up to 100% please explain why here:

8. When you provide an adult hearing assessment for ENT, or other purpose, and that adult then needs a hearing aid do you

a) See all eligible AQP patients on an AQP pathway –

for the financial year 2015/16 only if they are referred via the AQP pathway.
for the financial year 2016/17 to date as 2015/16
b) Continue the pathway you started using an alternative contract/price mechanism (i.e. not AQP)

for the financial year 2015/16 If they were not referred via the AQP pathway

for the financial year 2016/17 to date as 2015/16

c) If you use a different process, please explain this here

10. Why in submitted reference cost data is 79% of hearing aid activity assigned to "Hearing Aid, Adult, Other Contract", i.e. why not code more hearing aids to the AQP contract as would be expected based on the epidemiology of hearing loss and local contracts?

11.
for the financial year 2015/16 – only hearing aids issued to AQP patients can be coded to the AQP contract.
for the financial year 2016/17 to date as 2015/16
For ease of reference – linked to question 1.
APPENDIX 1 - CONTRA-INDICATIONS WHICH MUST NOT BE REFERRED INTO OR TREATED BY THE DIRECT ACCESS ADULT HEARING SERVICE
S1A1.1 History:
 Persistent pain affecting either ear (defined as earache lasting more than 7 days in the past 90 days before appointment);

 History of discharge other than wax from either ear within the last 90 days

 Sudden loss or sudden deterioration of hearing (sudden=within 7 days, in which case send to A&E or Urgent Care ENT clinic)

 Rapid loss or rapid deterioration of hearing (rapid=90 days or less)

 Fluctuating hearing loss, other than associated with colds

- Unilateral or asymmetrical, or pulsatile or distressing tinnitus lasting more than 5 minutes at a time

 Troublesome, tinnitus which may lead to sleep disturbance or be associated with symptoms of anxiety or depression

 Abnormal auditory perceptions (dysacuses)

 Vertigo (Vertigo is classically described hallucination of movement, but here includes dizziness, swaying or floating sensations that may indicate otological, neurological or medical conditions)

 Normal peripheral hearing but with abnormal difficulty hearing in noisy backgrounds; possibly having problems with sound localization, or difficulty following complex auditory directions.

S1A1.2 Ear examination:

 Complete or partial obstruction of the external auditory canal preventing proper examination of the eardrum and/or proper taking of an aural impression.

 Abnormal appearance of the outer ear and/or the eardrum (e.g., inflammation of the external auditory canal, perforated eardrum, active discharge).

S1A1.3 Audiometry:

 Conductive hearing loss, defined as B1_25 dB or greater air-bone gap present at two or more of the following frequencies: 500, 1000, B1_2000 or 4000 Hz.

 Unilateral or asymmetrical sensorineural hearing loss, defined as a difference between the left and right bone conduction thresholds of B1_20 dB or greater at two or more of the following frequencies: 500, 1000, B1_2000 or 4000 Hz.

Evidence of deterioration of hearing by comparison with an audiogram taken in the last B1_24 months, defined as a deterioration of 15 dB or more in air conduction threshold readings at two or more of the following frequencies: 500, 1000, B1_2000 or 4000 Hz.

References:

British Academy of Audiology Guidelines for Referral to Audiology of Adults with Hearing Difficulty (2009)
BSHAA Protocol and Criteria for Referral for Medical or other Specialist Opinion (2011