

Date: 08/05/2017

FREEDOM OF INFORMATION REQUEST FOI/013415 – Audiology

We have follow-up questions linked to the attached FoI response. Please can you either have these answered in follow-up or a new FoI. The questions are as follows

- 1) In response to question five, six and seven it is suggested this information is not readily accessible. Please note the contract/tariff systems in place for AQP and non-AQP vary significantly. It would be impossible for example to charge local CCGs without collecting this data and submitting it – i.e. in our view this information should be readily available unless CCGs are not charged based on local contracts. Can you therefore please answer these questions again?

Overall activity for 2015/16  
Over 18+, hearing aid  
AQP – 3252 , Non-AQP – 13057 (Total = 16309)

Overall activity for 2016/17  
Over 18+, hearing aid  
AQP – 3194 , Non-AQP – 11854 (Total = 15048)

- 2) You have a service specification for adult hearing services for adults aged 55 and older.
  - a) Please provide the service specification for adults aged 18 to 49
  - b) Please provide a service specification for adult hearing services for people aged 55 and older that you do not code as AQP patients.

[Reason for questions: coding is based on clinical need and what is provided, so in the case a person visits the service with age-related hearing loss but via ENT, we would like to understand what is done differently in adult hearing aid clinics for this cohort. We are also surprised to learn about the response to question 10 see below].

**Response:**

We do not have a separate service specification for the two client groups mentioned above – all our “Non-AQP” patients are covered by the same Service Specification (see attached):-

- 3) In response to question eight it states people are only seen as AQP if they are referred via the AQP pathway. Please explain this in detail. For example. does this mean that unless a referral is marked “AQP”, patients are classified as “non-AQP” even if they meet the inclusion criteria for the “AQP service”?

**Response:**

Yes, In accordance with our AQP contract, patients can only be seen under AQP if the referral meets the Acceptance criteria, is on the correct referral form and does not fall under the Exclusion Criteria (see extract from AQP Contract below )

“Accepting referrals:

The provider can only accept referrals made on the approved / agreed referral form where e-Referral (eRs) is used the referral form must be attached by the referrer.

Any referrals received that are not from a GP must 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.

Exclusion criteria

- Complex adult patients who meet the contra-indications as set out in Appendix 1
- Patients whose pathway is not initiated by their GP / Nurse or Allied Healthcare Professional within their practice and the referral form at Appendix 6 MUST be received otherwise no payment will be forthcoming. ( see attached)”

4) In response to question 10 it states “only hearing aids issued to AQP patients can be coded to the AQP contract”. The original question was why 79% of hearing aids were coded to non-AQP contracts in annual reference costs. The Trust answered this question as it did, yet stated it could not answer other questions linked to proportion of activity to AQP/non-AQP contracts. We therefore have follow-up questions

a) Given the vast majority of local adults with hearing loss will be eligible for the AQP contract inclusion criteria, what is the leading cause of hearing loss in Dudley that means the vast majority of patients fitted with hearing aids are fitted to non-AQP contract?

**Response:** as stated before in the response to Question 2, patients can only be seen under the AQP contract if they meet the Acceptance criteria ( i.e. the referral is made on the approved / agreed referral form , and the referral has come from their GP practice) and do not meet the exclusion criteria for AQP Contract (i.e. they are not Complex adult patients who meet the contra-indications as set out in Appendix 1, and they are not patients whose pathway is not initiated by their GP / Nurse or Allied Healthcare Professional within their practice). Patients not seen as AQP may be either seen as Complex Needs, or as a routine Adult hearing aid fitting.

b) Does the trust receive a lower tariff for AQP work relative to non-AQP adult hearing aid work?  
Please see response for Question 5 for this information.

c) Are there any known coding issues with respect to adult hearing services? No

5) Please state the tariff paid for adult hearing work based on the local AQP service specification, and please state the tariff for adult hearing work not coded as AQP. (Please note this is not commercially sensitive as AQP is a non-competitive tender, i.e. prices should be the same across all providers. Non-AQP hearing aid fittings might have different arrangements in place – e.g. non-mandated tariffs, which are again public information. If the Trust has an alternative to these two and believes that to be commercially sensitive we would try and understand the explanation given).

**Response:**

**AQP Tariff from October 2103- June 2016**

Tariff 1	Assessment only	£49
Tariff 2	Assessment, fitting of 1 aid, follow-up, 3 years aftercare and 3 <sup>rd</sup> year review	£294
Tariff 3	Assessment, fitting of 2 aids, follow-up, 3 years aftercare and 3 <sup>rd</sup> year review	£388
Tariff 4	Annual aftercare and review	£23

**AQP Tariff from July 2016 –July 2019**

Tariff 1	Assessment only	£49
Tariff 2	Assessment, fitting of 1 aid, follow-up, 3 years aftercare and 3 <sup>rd</sup> year review	£149
Tariff 3	Assessment, fitting of 2 aids, follow-up, 3 years aftercare and 3 <sup>rd</sup> year review	£249
Tariff 4	Annual aftercare and review	£25
<b>Tariff for <u>all</u> other Non-AQP patient contacts</b>		<b>£48.93</b>