

SCHEDULE 2 – THE SERVICES
A. Service Specifications (B1)

Service Specification No.	02/GMS/0018
Service	Audiology Service
Commissioner Lead	CCP for General Medical & Surgical
Provider Lead	Luna Hill
Period	2013/14
Date of Review	To be Agreed

NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	
Domain 2	Enhancing quality of life for people with long-term conditions	*
Domain 3	Helping people to recover from episodes of ill-health or following injury	
Domain 4	Ensuring people have a positive experience of care	*
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	

1. Purpose

1.1 Aims

To provide Audiology Services to patients within Bournemouth, Poole and East Dorset (Purbeck, Christchurch and East Dorset Localities).

The function of the Audiology Service is to reduce disability caused by hearing loss

1.2 Evidence Base

The following Department of Health policy documents are of direct relevance to the Audiology Service:

- Website - 18 week - Audiology pages
- Website - Newborn Hearing Screening Programme
- Improving Access to Audiology Services DH March 2007
- Transforming Adult Hearing Services for People with Hearing Difficulty DH June 2007
- Transforming Services for Children with Hearing Difficulty and their Families DH August 2008
- Provision of Services for Adults with Tinnitus DH January 2009
- Provision of Adult Balance Services DH January 2009

Other relevant documents

1. Purpose

- Hearing Impairment in Adults Davis A C Whurr, London 1995
- Candidature for Hearing Aids: Justification for the concept and a two part audiometric criterion Haggard M P and Gatehouse S G Brit J Audiology 1993 27 303-318
- Davis et al Health Technology Assessment 207, Vol 11 number 42 Acceptability, benefit and cost of early screening for hearing disability: a study of potential screening tests and models

1.3 General Overview

Prevalence of permanent hearing loss in eastern Dorset

(From Davis et al 1989 Int.J.Epidemiology 18:4 911-917 and OPCS 2001 census)

People	Mean loss	Description	Cannot hear
37,800	25-34 dBHL	Mild loss	In groups
38,000	35-54 dBHL	Moderate	In quiet
8,000	55+ dBHL	Severe /profound	Loud speech / anything

Apart from communication difficulties, hearing loss is a source of chronic stress for both those who have the loss and those who live with them.

Hearing loss worsens with age, typically 10dB per decade of life (Davis 1995). Individuals decide at what level of hearing loss they have problems. It is reasonable to assume that annual incidence of hearing problems is 10% of the prevalence. i.e. 4,600 patients per year. However over the remaining years of life hearing continues to deteriorate and again it is reasonable to assume that someone presenting for help for the first time will require a further 3 patient journeys.

1.4 Objectives

The objectives of the Audiology Service are to reduce the disabilities caused by hearing loss, in particular :

- to provide accessible, evidence based, effective and efficient hearing assessment, hearing advice and hearing aid services for adults, children and babies
- to manage the Dorset Newborn Hearing Screening Programme (for all of Dorset) and provide rapid and accurate hearing assessments for east Dorset babies referred from the programme
- to provide accessible, evidence based, effective and efficient specialist services for patients with

1. Purpose

- * complex hearing problems
- * distressing tinnitus
- * vertigo
- * Learning Disabilities and hearing loss
- to provide rapid and accurate hearing tests for ENT clinics
- to provide support to other organisations working to reduce the disabilities caused by hearing loss especially in the areas of
 - * Hearing loss Awareness
 - * Hearing Aid First Aid
 - * Tinnitus First Aid
 - * Particle Repositioning Manoeuvre for BPPV (Benign Paroxysmal Positional Vertigo)

1.5 Expected Outcomes including improving prevention

- Improve proportion of hearing aid patients noting a significant reduction in disability
- Improve proportion of patients noting a significant reduction in disability due to tinnitus or vertigo
- Consider use of the accreditation scheme when available

2. Scope

2.1 Service Description

The Audiology Service provides

A. NHS digital hearing aid services for east Dorset

- Clinics at Boscombe (main centre), Swanage, Wareham, Upton, Poole, Westbourne, Pelhams, Wimborne, St Leonards and Highcliffe
- Home visits by audiologists and volunteers
- Following initial GP referral, service includes hearing assessment, hearing aid fitting, follow-up and long term support
- Self referral for hearing aid repairs/reviews
- Walk-in at Boscombe and Poole NHS Centre
- Hearing aid batteries by post or via community hospitals, clinics and most GP surgeries

B. In-clinic hearing tests for ENT services, OPD and wards

- Clinics at Poole, Swanage, Wimborne and Royal Bournemouth Hospitals and Canford Heath and Boscombe Community Clinics

C. Specialist pathways at Boscombe for:

- Patients with severe/complex hearing problems
 - * Audiologist referrals only

2. Scope

- Patients with severe tinnitus
 - * Consultant referral at present
 - Patients with vertigo
 - * Consultant referral at present,
 - Children with suspected hearing loss
 - * from Newborn Hearing Screening Programme
 - * from Health Visitors, GPs and Community Physicians
 - Children with hearing aids and cochlea implants
 - * joint review clinics with Specialist Education Service
 - Adults with Learning Disabilities and hearing loss
 - * carer referral , joint clinics with SALT Assistant
- D. Dorset wide Newborn Hearing Screening Programme (Dorset NHSP)**
- Support to Health Visitors and Link Health Visitors conducting the first two tiers of the screening process
 - Managing data flow to national NHSP database

Adult Hearing Assessment includes:

1. History (with initial PROM)
2. Otoscopy
3. Audiometry
4. Ear Impressions if needed
5. Careplan (with patient)

The Audiology Service is technology dependent. All hearing tests are conducted via computers and specialist test equipment (Aurical) as are all hearing aid programme settings. The Service uses a specialist combined PMS and EPR (Patient Management System and Electronic Patient Record) called PN (Practice Navigator) to manage this.

For the Dorset NHSP (Newborn Hearing Screening Programme) Health Visitors are provided with and supported in the use of handheld OAE (Oto-Acoustic Emission) test equipment (Accuscreen) and taught how to download the results electronically to the Local Coordinator in audiology for checking and transfer to the web based national NHSP database. More advanced testing of babies and young children is conducted via ABR (Auditory Brainstem Response) testing and the service pioneered the provision of this service as a domiciliary visit rather than requiring general anaesthesia.

The Audiology Service needs quiet rooms that ideally meet DH HTM 2045 (Specification for Audiology Rooms). This is regarded as Class 1. Rooms that meet HTM 2045 for part of the time are Class 2 and those that do not meet HTM 2045 at all are Class 3.

2. Scope

Patients with vertigo are assessed using VNG (Video Nystagmography) to assess the minimally disordered eye movements associated with that condition.

2.2 Accessibility/acceptability

The Service covers the populations of Bournemouth, Poole and East Dorset. The Audiology Service is based at the Boscombe Community Clinic although half the clinical activity is undertaken at ten outstations. The core Service operates from Monday – Friday during office hours.

2.3 Whole System Relationships

Childrens Hearing Services Working Group; Local Education Authorities

2.4 Interdependencies

- ENT outpatient clinics at Poole, Bournemouth, Swanage and Wimborne Hospitals
- ENT GPSI clinics at Boscombe Community Clinic and [Poole NHS Centre](#)

2.5 Relevant networks and screening programmes

- Dorset Newborn Hearing Screening Programme

3. Service Delivery

3.1 Service model

See paragraph 2.

3.2 Care Pathway(s)

See Audiology 18 week website which includes a set of pathways which are regularly updated and monitored.

See Front version sheet for comment

4. Referral, Access and Acceptance Criteria

4.1 Geographic coverage/boundaries

The Audiology Service will see:

- patients registered with a GP Practice in Bournemouth and Poole and east Dorset

4.2 Location(s) of Service Delivery

Location	Frequency
Boscombe	Daily
Pelhams	Daily
Poole Hospital	Daily
Swanage	Weekly
Wareham	Weekly
Upton	Weekly
Wimborne	Weekly
St Leonard's	Weekly
Highcliffe	Weekly
RBH	Weekly
Poole Road MC	Weekly
Poole NHS Centre	Frequently
Home Visits	as required

4. Referral, Access and Acceptance Criteria

4.3 Days/Hours of operation

Appointments:

- Mon – Fri 08.45 – 17.00 (Thurs to 19.00)

Walk-in clinics:

- Boscombe
 - * Mon – Fri 09.00 – 16.30
- Poole NHS Centre
 - * Mon and Tue 9.00-12.00 and 14.00 -16.00 (currently single handed)

Home visits:

- Adults Mon-Fri 09.00 – 17.00
- Babies Mon-Fri 09.00 – 17.00 additional time is provided on a case by case basis as required

4.4 Referral criteria & sources

Referral Criteria:

Criteria/Condition	Refer to	Special note
Adults with hearing problems	Audiology Service for referral triage	GP referral form indicates which patients should be referred directly to ENT and which patients can refer themselves, via the walk-in clinics
Adults with complex hearing problems	Audiology Service for referral triage	Internal referrals
Adults with distressing Tinnitus	Audiology Service for referral triage	Consultant referral GP referral
Adults with Vertigo	Audiology Service for referral triage	Consultant referral GP referral
Adults with Learning Disability	Audiology Service for referral triage	Consultant referral GP referral
Children with hearing problems	Audiology Service for referral triage	Community Paediatrician and consultant referral GP referral
Babies with no clear response from Newborn Hearing Screening Programme	Audiology Service for referral triage	Link HV referral

4. Referral, Access and Acceptance Criteria

Adults and children for in-clinic hearing tests

Direct to Duty Audiologist

ENT clinician referral

4.5 Referral route

See above.

4.6 Exclusion criteria

- For 2011-12 the normal threshold at which hearing aids will be fitted is from 35dB Hearing Level (HL) average loss in better ear.
- The following patient groups may be offered hearing aids when their better ear average hearing loss is below 35dB HL
 - a. War Pensioners
 - b. Full time carers (people who have to arrange cover for their charge in order to visit the audiology service)
 - c. People with health problems exacerbated by hearing loss
 - i. Blindness / partially sighted
 - ii. Mental health and learning disability
 - iii. Tinnitus (where this is the primary reason for the referral)
 - d. People under 21 in full time education
 - e. People with terminal conditions.
- The service works to the Direct Referral Guidelines of the British Academy of Audiology

4.7 Response time & detail and prioritisation

See Section 8

5. Discharge Criteria and Planning

See patient pathways on Audiology 18 week website

6. Prevention, Self-Care and Patient and Carer Information

There is a range of documentation available to patients and carers to assist with self care. In addition Audiology Service operates a Volunteer Visiting Services which provides more than 1,000 home visits a year to assist/encourage patient self care

7. Continual Service Improvement/Innovation Plan

The principal aims of the service improvement and innovation programme for 2011-12 are to:

- maintain a continuous focus on improving the quality of patient care
- manage demand
- improve productivity.

The programme includes:

4. Referral, Access and Acceptance Criteria

- updating referral criteria for GPs
- improving arrangements for removing ear wax
- improving service productivity by evaluating and where appropriate implementing plans for:
 - * reducing follow up attendances for certain patients
 - * lengthening the lives of aids
 - * changing the mix of aids fitted
 - * improving the repair service to reduce the need to replace
 - * improving staff productivity
- To work towards locality teams and supporting long term condition teams

8. Baseline Performance Targets – Quality, Performance & Productivity

<i>Performance Indicator</i>	<i>Indicator</i>	<i>Threshold</i>	<i>Method of Measurement</i>	<i>Frequency of Monitoring</i>
<u>Quality</u>				
95% of patients achieving national RTT targets		95%	Monthly Score Card	Monthly
100% of all new children receive RTA for diagnostics of 6 weeks		100%	Monthly Score Card	Monthly
100% all dizzy patients receive RTA for diagnostics of 6 weeks		100%	Monthly Score Card	Monthly
100% of referrals for adult hearing assessment and treatment are concluded within the locally agreed standard. The locally agreed standard being 10% of the AHA activity for RTA within 6 weeks and 100% for 18 week RTT		100%	Monthly Score Card	Monthly
Sickness levels				
Agency and bank spend				
Contacts per FTE				

9. Activity

9.1 Activity; tbc

Activity Performance Indicators	Method of measurement	Baseline Target	Threshold	Frequency of Monitoring
Audiometry	Activity Report	3,641		Monthly
Adult Hearing Assessments	Activity Report	4,994		Monthly
Fitting	Activity Report	2,573		Monthly
Follow Up	Activity Report	2,573		Monthly
Repairs	Activity Report	15,005		Monthly
CHAI	Activity Report	225		Monthly
CHA2	Activity Report	401		Monthly
CHRB	Activity Report	87		Monthly
BABR	Activity Report	187		Monthly
DAV	Activity Report	98		Monthly
NHSP Screens	Activity Report	7,200		Monthly

9.2 Activity Plan / Activity Management Plan

Monthly activity reports defined by a minimum of total new and follow ups.

9.3 Capacity Review

10. Currency and Prices

10.1 Currency and Price - see separate schedule

Basis of Contract	Currency	Price	Thresholds	Expected Annual Contract Value
Block/cost & volume/cost per case/Other_____*		£		£
Total		£		£

*delete as appropriate

10.2 Cost of Service by Commissioner

9. Activity						
9.1 Activity; tbc						
Activity Performance Indicators		Method of measurement		Baseline Target	Threshold	Frequency of Monitoring
Total Cost of Service	Co-ordinating Commissioner Total	Associate Total	Associate Total	Associate Total	Total Annual Expected Cost	
£	£	£	£	£	£	