

Reference: FOI.ICB-2324/464

Subject: Audiology Providers/AQP & Earwax Removal Services

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
<p>1. Does your ICB provide Age-related Hearing Services (including hearing aid provision) throughout your ICB area? (Y/N).</p> <p>If there are areas or localities without provision, then please provide the reason(s) for this. Are there areas where distances for patients to travel to an appointment are deemed by the ICB, or relevant regulatory body to be excessive, or somewhat concerning? Please highlight any such areas, with an idea of the distances patients need to travel. This is likely to relate to smaller population, remote communities.</p>	<p>BNSSG ICB commissions services for age related hearing loss. These services cover all BNSSG localities. The ICB has taken into consideration the distribution of these services within localities to provide coverage for the population.</p>
<p>2. Is the Hearing aid provision set up differently across different areas within the ICB borders?</p> <p>(Perhaps these sub-areas were inherited from the CCG era but still operating within the current ICB set up?) Please document the type of service set-ups within your ICB indicating the type for each area e.g. AQP, single</p>	<p>All Audiology service are commissioned under the same AQP contracts and there is no difference in provision.</p>

<p>provider, Community Services, ENT-led, Hospital-based only etc.</p> <p>For example,</p> <p>Area X within ICB – Multiple AQP community providers</p> <p>Area Y within ICB – Single Provider / Secondary Care Provider</p> <p>OR</p> <p>Entire ICB Area – AQP with multiple community Providers</p>	
<p>3. Please let us know who the audiology providers are within the ICB.</p> <p>For example,</p> <p>Area X within ICB – Company A, Company B, Company C</p> <p>Area Y within ICB – Hospital D</p> <p>OR</p> <p>Entire ICB - Company A, Company B, Company C</p>	<p>All these providers are commissioned to provide age related hearing loss treatment under an AQP contract:</p> <ul style="list-style-type: none"> • University Hospitals Bristol and Weston NHS Foundation Trust (UHBW) • Specsavers • Scrivens • Outside Clinic
<p>4. When did the contract(s) start?</p>	<p>All AQP audiology contracts started July 2018</p>

<p>5. When is/was the contract end date according to the original contract ? (please detail for all contracts in the ICB area)</p>	<p>All AQP audiology contracts original end date was 31/03/2023</p>
<p>6. Has the contract been extended with existing Providers beyond the original contracted end date (without going to Tender)? (please detail all dates for all contracts in the ICB area. If they have been extended multiple times, then please itemise all extensions)</p>	<p>All AQP audiology contracts have been extended by 1 year.</p>
<p>7. If the required contract renewal has been delayed beyond the original contracted End Date, then why was a new tender not issued and what are the intentions for the future required contracting of the service? please detail for all contracts in the ICB area, and send any documents or minutes of meetings that relate to the ICBs consideration of their options for the required future contract arrangements.</p>	<p>All contracts were extended by 1 year as per contracted terms.</p>
<p>8. Are there plans to merge/harmonise multiple services within the ICB into one service Contract for the entire ICB? If so, then please supply information together with proposed start dates. Or are there any plans to change the Contract type significantly in some other way e.g. combine all into AQP, add ear wax removal to the service, change to self-referral model. Please highlight the reasons for the delay in harmonising the service or delays in changing contract specification. Please supply all internal/external documents and minutes of meetings that relate to this question.</p>	<p>There are no significant plans to change the current AQP Audiology services.</p>

<p>9. Can a Provider be admitted to the contract mid-term/mid-contract? i.e. can new providers be admitted during the current contract, after the initial contract had been awarded. If so, please advise how the Provider would apply to be included within the Contracts Provider List for a mid-term entry. Please also advise how a new Provider could apply to be included at the point of Contract extending i.e. be added to the existing Providers when the original contract is extended. . If an interested Provider who holds similar AQP contracts currently elsewhere cannot apply to be added to the current Provider List mid-term during the a current contract, and cannot be considered at the point of the extension of an existing current contract, then please indicate on what grounds the ICB feels this entry would not be acceptable.</p>	<p>Under NHS England Patient Choice any qualifying provider may request to be accredited by local ICB. If service is able to pass the accreditation process then can be offered an NHS Standard contract.</p>
<p>10. What are the current typical wait times for accessing (the various) Hearing Aid Services within the ICB? Please also indicate the areas or localities within the ICB where wait times have breached KPIs in more than two months within the last 6 months.</p>	<p>The ICB does not hold this information.</p>
<p>11. Have any Providers left the contract for any reason, or restricted their intake very significantly ? Please provide as much detail as possible.</p>	<p>One provider serviced notice on their contract in 2022.</p>
<p>12. Have any current Providers been awarded the current Contract without the ICB tendering the opportunity? And why was this deemed permissible? This may be a short term contract that was issued for emergency reasons e.g. due to COVID or Provider terminating their service</p>	<p>All providers were awarded the contract through an AQP tender.</p>

<p>suddenly. Please detail contract extensions and indicate on what grounds the ICB felt they were able to directly award the contract, and on what grounds they felt that they were not obliged to issue a tender to the market or invite new Providers to apply.</p>	
<p>13. Have there been any material changes during the course of the current specification. (This includes changes during the period of any contract extensions that were based on the Original contract) e.g:</p> <ul style="list-style-type: none"> · Earwax Removal services · Self-referral pathway 	<p>A self-referral pathway was varied into the contract in 2023. There have been no other changes.</p>
<p>14.</p> <ol style="list-style-type: none"> a. For AQP services within the ICB, are there any areas or localities where services are currently only available from a single Provider? b. For AQP services within the ICB, are there any areas or localities where services are currently only available from a single Provider for in-clinic appointments, as per activity reports in the last 3 months? c. For AQP services within the ICB, are there any areas or localities where domiciliary services are only active from a single domiciliary Provider, as evidenced in ICB activity reports in the last 3 months? 	<p>All Audiology providers and their services are accessible from all localities of BNSSG.</p>
<p>15. Please comment further on any future intentions for the procurement of Age-related Hearing services within the ICB (that may not have been mentioned above). Please</p>	<p>There are currently no plans to procure age related hearing service.</p>

<p>send any available documents or meeting minutes that support your answers to this issue.</p>	
<p>16. Will commissioners be reviewing the current contract under the new Provider Selection Regime (PSR)? Please detail how the ICB will issue contracts under the PSR requirement. What is the ICBs understanding of how AQP Audiology fits within the PSR requirement, and how does the ICB understand how PSR requirements should be executed for AQP Audiology?</p>	<p>No changes will be made to the current contracts as they were procured prior to 1st January 2024 deadline for PSR.</p>
<p>17. What are the referral to assessment times for patients being seen for domiciliary services specifically? Has this been breached by any Provider for two or more of the last 6 months? Are there any areas or localities where domiciliary services are not available in the ICB?</p>	<p>The ICB does not hold this information.</p>
<p>18. In reviewing the KPI data for domiciliary services, would the addition of a new domiciliary Provider improve the service for patients?</p>	<p>This ICB has no concerns with the KPI data provided by commissioned services.</p>
<p>19. Please could you inform us of any tariff uplifts, if so, how much and which year(s)?</p>	<p>For 2023/24, in line with NHS England guidance, the tariff was uplifted by net 1.8%</p>
<p>20. Are there any areas or localities within the ICB where there are typically days without provision e.g. Sundays or Bank Holidays? Similarly, are there any areas or localities where evening appointments are not provided i.e. between 6pm and 8pm?</p>	<p>All commissioned Audiology services are required to open during regular working hours (Mon-Fri, 9am-5pm). The services should include some flexibility to provide later evening and/or weekend appointments outside of regular working hours.</p>

<p>21. NHS hearing aids are now available with Bluetooth functionality, providing better value to NHS, taxpayers and patients when fitted. Are any Providers in your area providing less than 75% of their hearing aids without Bluetooth enabled features including mobile phone streaming, remote control Apps, remote aftercare? Please itemise for each Provider. Please state whether the Provider's 'standard' model(s) provision tends to include or exclude these Bluetooth-enabled functions for their cohort.</p>	<p>All commissioned Audiology services provide Bluetooth enabled hearing aids. The ICB does not hold information on the product each service provides.</p>
<p>22. Has the ICB noted any areas of concern re Health Inequalities or Access within the current Provision of services? Are there KPIs or Standards not being met with regard to Health Inequalities and /or Access?</p>	<p>The ICB has noted no areas of concern with current service provision.</p>
<p>23. NHS England has made self-referral a requirement of AQP audiology. Has Self-referral been implemented for the ICB's Audiology contract(s)? Please provide the self-referral commencement dates. If Self-referral has not been implemented, then on what date will Self-referral commence?</p>	<p>All commissioned Audiology services can be accessed by self-referral.</p>
<p>24. Is ear wax removal part of the audiology pathways? If so when was this implemented? If not, then please detail any documented plans to integrate ear wax removal as part of the Audiology pathway.</p>	<p>Ear wax removal is not commissioned under our adult hearing loss audiology pathways.</p>
<p>25. Separate Ear Wax Removal Pathway - Do you have an Ear Wax Removal pathway (that is entirely separate from the Audiology service a)?</p>	<p>This information is published here: https://remedy.bnssg.icb.nhs.uk/adults/ent/ear-wax-and-microsuction/</p>

<p>If yes the please provide the following information</p> <ul style="list-style-type: none">a. When did the contract start?b. When is the contract end date?c. Who is the Contracted Provider (or Providers)d. Was the contract subject to a market Tender? If so please send us the link to the Tender.e. If there was no open market Tender then how were the Providers or the Provider selected ? On what grounds, with what rationale and with what selection process were the Providers or the Provider recruited ?f. If the current Contract was extended then on what grounds was the contract extended ? Using what rationale ? Why was the contract extended and a competitive Tender not applied ?g. Can new Providers be considered for entry mid-term, at contract extension , or via Tender process. Please advise the process required for a new Provider to apply.h. Will PSR be applied to future ear wax contracts? How will the PSR process be implemented given the different ways that PSR should be used to issue awards?	
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The information provided in this response is accurate as of 7 March 2024 and has been approved for release by Sarah Truelove, Deputy Chief Executive and Chief Finance Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.