

NHS adult hearing services in England: exploring how choice is working for patients

Annexes

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Annex 1: Commissioning areas in England that have introduced patient choice and those that have not

Based on our web research and discussions with commissioners, we estimate that 125 of the 211 clinical commissioning groups (CCGs) in England have introduced choice in adult hearing services using the any qualified provider approach. The following table lists the CCGs that have introduced choice in adult hearing services and those that have not.

Commissioner	Patient choice	Date of introduction
NHS Airedale, Wharfedale and Craven CCG	no	-
NHS Ashford CCG	yes	01/07/2014
NHS Aylesbury Vale CCG	yes	01/04/2013
NHS Barking & Dagenham CCG	no	-
NHS Barnet CCG	yes	01/04/2013
NHS Barnsley CCG	no	-
NHS Basildon and Brentwood CCG	no	-
NHS Bassetlaw CCG	no	-
NHS Bath and North East Somerset CCG	no	-
NHS Bedfordshire CCG	yes	01/04/2013
NHS Bexley CCG	yes	01/10/2012
NHS Birmingham Cross City CCG	yes	01/11/2012
NHS Birmingham South and Central CCG	yes	01/09/2012
NHS Blackburn with Darwen CCG	yes	before March 2013
NHS Blackpool CCG	yes	01/10/2012
NHS Bolton CCG	yes	01/09/2012
NHS Bracknell and Ascot CCG	yes	not known
NHS Bradford City CCG	no	-
NHS Bradford Districts CCG	no	-
NHS Brent CCG	yes	01/11/2013
NHS Brighton & Hove CCG	yes	01/02/2013
NHS Bristol CCG	yes	01/02/2013
NHS Bromley CCG	yes	01/10/2012
NHS Bury CCG	yes	01/09/2012
NHS Calderdale CCG	yes	01/04/2013
NHS Cambridgeshire and Peterborough CCG	no	-
NHS Camden CCG	yes	01/04/2013
NHS Cannock Chase CCG	yes	01/10/2012
NHS Canterbury and Coastal CCG	yes	01/07/2014
NHS Castle Point, Rayleigh and Rochford CCG	no	-

Commissioner	Patient choice	Date of introduction
NHS Central London (Westminster) CCG	yes	17/12/2012
NHS Central Manchester CCG	yes	01/09/2012
NHS Chiltern CCG	yes	01/01/2012
NHS Chorley and South Ribble CCG	yes	01/12/2012
NHS City and Hackney CCG	yes	01/04/2014
NHS Coastal West Sussex CCG	yes	not known
NHS Corby CCG	no	-
NHS Coventry and Rugby CCG	yes	01/10/2012
NHS Crawley CCG	yes	not known
NHS Croydon CCG	no	-
NHS Cumbria CCG	no	-
NHS Darlington CCG	yes	01/09/2012
NHS Dartford, Gravesham and Swanley CCG	no	-
NHS Doncaster CCG	no	-
NHS Dorset CCG	no	-
NHS Dudley CCG	yes	01/10/2012
NHS Durham Dales, Easington and Sedgefield CCG	yes	01/09/2012
NHS Ealing CCG	yes	01/11/2013
NHS East and North Hertfordshire CCG	no	-
NHS East Lancashire CCG	yes	01/04/2014
NHS East Leicestershire and Rutland CCG	no	-
NHS East Riding of Yorkshire CCG	no	-
NHS East Staffordshire CCG	yes	01/09/2012
NHS East Surrey CCG	no	-
NHS Eastbourne, Hailsham and Seaford CCG	yes	01/12/2012
NHS Eastern Cheshire CCG	yes	01/04/2014
NHS Enfield CCG	yes	01/04/2013
NHS Erewash CCG	yes	02/01/2012
NHS Fareham and Gosport CCG	yes	not known
NHS Fylde & Wyre CCG	yes	01/04/2014
NHS Gateshead CCG	yes	01/01/2013
NHS Gloucestershire CCG	no	-
NHS Great Yarmouth & Waveney CCG	no	-
NHS Greater Huddersfield CCG	yes	not known
NHS Greater Preston CCG	yes	01/12/2012
NHS Greenwich CCG	yes	01/12/2012
NHS Guildford and Waverley CCG	no	-
NHS Halton CCG	yes	unknown date in 2013

Commissioner	Patient choice	Date of introduction
NHS Hambleton, Richmondshire and Whitby CCG	no	-
NHS Hammersmith and Fulham CCG	yes	01/12/2012
NHS Hardwick CCG	yes	01/10/2012
NHS Haringey CCG	no	-
NHS Harrogate and Rural District CCG	no	-
NHS Harrow CCG	yes	01/11/2013
NHS Hartlepool and Stockton-on-Tees CCG	yes	01/06/2012
NHS Hastings & Rother CCG	yes	01/12/2012
NHS Havering CCG	no	-
NHS Herefordshire CCG	yes	01/10/2012
NHS Herts Valleys CCG	no	-
NHS Heywood, Middleton & Rochdale CCG	yes	01/09/2012
NHS High Weald Lewes Havens CCG	yes	01/12/2012
NHS Hillingdon CCG	yes	01/11/2013
NHS Horsham and Mid Sussex CCG	yes	not known
NHS Hounslow CCG	yes	01/11/2013
NHS Hull CCG	no	-
NHS Ipswich and East Suffolk CCG	no	-
NHS Isle of Wight CCG	no	-
NHS Islington CCG	no	-
NHS Kernow	yes	01/04/2013
NHS Kingston CCG	no	-
NHS Knowsley CCG	yes	01/10/2012
NHS Lambeth CCG	yes	01/04/2013
NHS Lancashire North CCG	yes	01/10/2012
NHS Leeds North CCG	no	-
NHS Leeds South and East CCG	no	-
NHS Leeds West CCG	no	-
NHS Leicester City CCG	no	-
NHS Lewisham CCG	yes	01/12/2012
NHS Lincolnshire East CCG	no	-
NHS Lincolnshire West CCG	no	-
NHS Liverpool CCG	yes	01/02/2013
NHS Luton CCG	yes	01/06/2013
NHS Mansfield & Ashfield CCG	no	-
NHS Medway CCG	no	-
NHS Merton CCG	no	-
NHS Mid Essex CCG	no	-

Commissioner	Patient choice	Date of introduction
NHS Milton Keynes CCG	no	-
NHS Nene CCG	no	-
NHS Newark & Sherwood CCG	no	-
NHS Newbury and District CCG	yes	02/01/2013
NHS Newcastle North and East CCG	no	-
NHS Newcastle West CCG	no	-
NHS Newham CCG	no	-
NHS North & West Reading CCG	yes	not known
NHS North Derbyshire CCG	yes	02/01/2012
NHS North Durham CCG	yes	not known
NHS North East Essex CCG	no	-
NHS North East Hampshire and Farnham CCG	yes	01/01/2013
NHS North East Lincolnshire CCG	no	-
NHS North Hampshire CCG	yes	01/09/2012
NHS North Kirklees CCG	yes	01/04/2014
NHS North Lincolnshire CCG	no	-
NHS North Manchester CCG	yes	01/09/2012
NHS North Norfolk CCG	yes	01/05/2013
NHS North Somerset CCG	yes	01/12/2012
NHS North Staffordshire CCG	yes	01/04/2012
NHS North Tyneside CCG	no	-
NHS North West Surrey CCG	no	-
NHS North, East, West Devon CCG	yes	01/02/2013
NHS Northumberland CCG	no	-
NHS Norwich CCG	yes	01/04/2013
NHS Nottingham City CCG	no	-
NHS Nottingham North & East CCG	no	-
NHS Nottingham West CCG	no	-
NHS Oldham CCG	yes	01/09/2012
NHS Oxfordshire CCG	yes	01/03/2013
NHS Portsmouth CCG	yes	not known
NHS Redbridge CCG	no	-
NHS Redditch and Bromsgrove CCG	yes	01/10/2012
NHS Richmond CCG	no	-
NHS Rotherham CCG	no	-
NHS Rushcliffe CCG	no	-
NHS Salford CCG	yes	01/09/2012
NHS Sandwell and West Birmingham CCG	yes	not known

Commissioner	Patient choice	Date of introduction
NHS Scarborough and Ryedale CCG	no	-
NHS Sheffield CCG	no	-
NHS Shropshire CCG	yes	01/10/2012
NHS Slough CCG	yes	not known
NHS Solihull CCG	yes	01/10/2012
NHS Somerset CCG	no	-
NHS South Cheshire CCG	yes	01/04/2013
NHS South Devon and Torbay CCG	yes	01/03/2013
NHS South East Staffs and Seisdon and Peninsular CCG	yes	01/11/2012
NHS South Eastern Hampshire CCG	yes	not known
NHS South Gloucestershire CCG	yes	01/10/2012
NHS South Kent Coast CCG	yes	01/07/2014
NHS South Lincolnshire CCG	no	-
NHS South Manchester CCG	yes	01/09/2012
NHS South Norfolk CCG	yes	01/05/2013
NHS South Reading CCG	yes	not known
NHS South Sefton CCG	yes	01/10/2012
NHS South Tees CCG	yes	not known
NHS South Tyneside CCG	yes	01/01/2013
NHS South Warwickshire CCG	yes	01/10/2012
NHS South West Lincolnshire CCG	no	-
NHS South Worcestershire CCG	yes	01/10/2012
NHS Southampton CCG	yes	01/11/2012
NHS Southend CCG	no	-
NHS Southern Derbyshire CCG	yes	02/01/2012
NHS Southport and Formby CCG	yes	01/10/2012
NHS Southwark CCG	yes	01/04/2013
NHS St Helens CCG	yes	01/10/2012
NHS Stafford and Surrounds CCG	yes	01/10/2012
NHS Stockport CCG	yes	01/09/2012
NHS Stoke on Trent CCG	yes	01/09/2012
NHS Sunderland CCG	yes	01/01/2013
NHS Surrey Downs CCG	no	-
NHS Surrey Heath CCG	no	-
NHS Sutton CCG	no	-
NHS Swale CCG	no	-
NHS Swindon CCG	no	-
NHS Tameside and Glossop CCG	yes	01/09/2012

Commissioner	Patient choice	Date of introduction
NHS Telford & Wrekin CCG	yes	01/10/2012
NHS Thanet CCG	no	-
NHS Thurrock CCG	no	-
NHS Tower Hamlets CCG	no	-
NHS Trafford CCG	yes	01/09/2012
NHS Vale of York CCG	no	-
NHS Vale Royal CCG	yes	not known
NHS Wakefield CCG	yes	01/01/2013
NHS Walsall CCG	yes	01/10/2012
NHS Waltham Forest CCG	no	-
NHS Wandsworth CCG	yes	not known
NHS Warrington CCG	no	-
NHS Warwickshire North CCG	yes	01/10/2012
NHS West Cheshire CCG	no	-
NHS West Essex CCG	no	-
NHS West Hampshire CCG	yes	01/09/2012
NHS West Kent CCG	no	-
NHS West Lancashire CCG	yes	not known
NHS West Leicestershire CCG	no	-
NHS West London (K&C & QPP) CCG	yes	01/11/2013
NHS West Norfolk CCG	no	-
NHS West Suffolk CCG	no	-
NHS Wigan Borough CCG	yes	01/10/2012
NHS Wiltshire CCG	no	-
NHS Windsor, Ascot and Maidenhead CCG	yes	not known
NHS Wirral CCG	yes	01/07/2013
NHS Wokingham CCG	yes	not known
NHS Wolverhampton CCG	yes	01/01/2013
NHS Wyre Forest CCG	yes	01/10/2012

Annex 2: Stakeholder engagement

On 8 July 2014, we publicly announced the launch of the project and invited views from patients, patient groups, commissioners, GPs, providers of adult hearing services and other interested parties on how choice and AQP are working in adult hearing services.¹ A questionnaire was developed to help guide stakeholders' submissions, which was available online and in hard copy. The consultation closed on 4 September 2014.

Throughout the project, we also spoke to a broad range of stakeholders with an interest in adult hearing services, including patient groups, commissioners, providers and professional bodies. Some had submitted evidence to the project and we wanted to follow-up on particular points raised. We also spoke to some who had not made a submission to ensure their experiences and views were captured in the project. We also visited a number of providers' hearing clinics.

As a result of this engagement, we gathered views from:

- around 390 patients, including patients living in areas where choice had been introduced in adult hearing services and those where it had not
- 12 patient groups and hearing loss charities, including those operating at both the national and/or local level
- 33 commissioners, many of which had decided to introduce choice in adult hearing services
- 110 providers (including their representative bodies), including a broad range of NHS providers, social enterprises, independent sector and third sector providers. Some operate at a national and/or local level, and in areas with and/or without choice
- 30 GPs, including GPs in practices in areas where commissioners had introduced choice and in areas where they had not
- around 40 other stakeholders.

We list below those patient groups and charities, commissioners, providers and other stakeholders with whom we engaged and who were content to be named. Some stakeholders provided views anonymously and asked us not to name them, so are not listed below.

Patient groups and charities

- Action on Hearing Loss
- Age UK
- Cambridgeshire Hearing Help

¹ See: www.gov.uk/government/consultations/nhs-adult-hearing-services-in-england-how-any-qualified-provider-is-working-for-patients

- Deaf Health Champions
- Deafconnect
- dDeaflinks, Staffordshire
- Ear Foundation
- Healthwatch (Stockport)
- Hearing Help
- Hearing Link
- The National Association of Deafened People
- SENSE

Providers

- AgeUK Hearing Aids
- Aintree University Hospital NHS Foundation Trust
- Alistair Kinsey Ltd
- Amplifon
- Barnsley Hospital NHS Foundation Trust
- Bedford Hospital NHS Trust
- Berkshire Healthcare NHS Foundation Trust
- Boots Hearingcare Ltd
- Broom Reid & Harris
- Burton Hospitals NHS Foundation Trust
- Central and West London NHS Foundation Trust
- Chear Ltd
- Chime Social Enterprise CIC
- Click Hearing at Springfield Hospital (Ramsay group)
- Costco Wholesale
- County Durham and Darlington NHS Foundation Trust
- Doncaster & Bassetlaw Hospitals NHS Foundation Trust
- Dudley Group NHS Foundation Trust
- Ealing Hospital NHS Trust
- First Community Health & Care
- GP Care
- Guy's and St Thomas' NHS Foundation Trust
- Hampshire Hospitals NHS Foundation Trust
- Hinchingsbrooke (Hospital NHS Trust)
- Holme Valley Hearing Aid Centre
- Kellar Hearing
- Kempton Healthcare Ltd
- Kingston Hospital NHS Foundation Trust
- Mid-Cheshire NHS Foundation Trust
- Norfolk & Norwich University Hospitals NHS Foundation Trust

- North Manchester General Hospital
- Nottingham University Hospital
- Regional Hearing Specialists Ltd
- Royal Sussex County Hospital Audiology Department
- Salford Royal NHS Foundation Trust
- Scrivens Limited (trading as Scrivens Opticians and Hearing Care)
- SHC AUDIOLOGY LTD
- South Essex Partnership University NHS Foundation Trust
- South Tees Hospitals NHS Foundation Trust
- Specsavers Hearcare
- The Dudley Group NHS Foundation Trust
- The Newcastle upon Tyne Hospitals NHS Foundation Trust
- Torbay Hospital Audiology
- United Bristol Healthcare NHS Foundation Trust
- University Hospital Birmingham NHS Foundation Trust
- University Hospital of North Staffs NHS Trust
- Wrightington, Wigan and Leigh NHS Foundation Trust
- Yeovil District Hospital NHS Foundation Trust

Commissioners

- Bath and North Somerset CCG
- Brighton and Hove CCG
- Bromley CCG
- Cambridgeshire and Peterborough CCG
- Canterbury and Costal CCG
- Doncaster CCG
- East Staffordshire CCG
- Erewash CCG
- Hartlepool and Stockton-on-Tees CCG
- Milton Keynes CCG
- North East London CSU
- North Norfolk CCG
- North of England CSU
- Northern, Eastern and Western Devon CCG
- Oldham CCG
- Oxfordshire CCG
- Solihull CCG
- South CSU
- South East Staffs and Seisdon Peninsula CCG
- Southern Derbyshire CCG
- South-West Lincolnshire CCG

- Stockport CCG
- Waltham Forest CCG

Other stakeholders

- AQP Support Hub
- British Academy of Audiology
- British Society of Audiologists
- British Society of Hearing Aid Audiologists
- Department of Health
- National Community Hearing Association
- NHS Clinical Commissioners
- NHS England
- NHS Partners Network
- Public Health England
- Royal College of Physicians
- Shropshire Deaf and Hard of Hearing Forum
- Thorpe Salvin Luncheon Club
- UKAS

Annex 3: Case studies examining how the introduction of choice has impacted patients' access to services

In this annex, we set out our analysis exploring whether introducing patient choice has:

- improved the accessibility of services by moving them closer to people's homes
- increased the number of providers and service locations that patients could choose from.

We explore four different geographic areas of England where patient choice has been introduced by the respective local commissioners:

- NHS North Norfolk CCG, NHS South Norfolk CCG and NHS Norwich CCG
- NHS Brighton and Hove CCG
- NHS Oxfordshire CCG
- NHS South Tees CCG and NHS Hartlepool and Stockton-on-Tees CCG.

Below, we describe the methodology adopted for this research.

Methodology

(a) The impact of choice on the accessibility of adult hearing services

As a measure of accessibility, we examine the change in the proximity of services to patients' homes. In our view, this is likely to be an important driver of accessibility for services like adult hearing services which are used by an older segment of the population. The patient survey results suggest that ease of getting to services is valued by patients and can be an influential factor in their choice of provider.²

We assume for the purposes of the analysis that the shorter the distance between patients and an adult hearing service provider site, the easier the service is to get to. We use the location of GP practices as a proxy for patients' homes since patients are likely to choose a practice that is close to home.

As a measure of accessibility, we examined how many GP practices were within a particular drive-time of at least one provider's site. We did so both before and after the introduction of patient choice. This allows us to understand the impact of introducing choice on accessibility.

² See [the patient survey report](#), pages 21-22 (see also Figure 14).

We used different drive-time thresholds for urban and rural areas to reflect the willingness of patients to travel further for treatment in rural areas.³

(b) The impact of choice on the options available to patients

In order to measure how the introduction of choice has affected the options available to patients, we identified the number of provider organisations and sites located within a particular drive-time from patient locations. Again, we used GP practices as a proxy for patient locations, and we used different drive-time thresholds for urban and rural areas.

The impact of choice on the accessibility of adult hearing services

This section sets out the results of our analysis on ease of access in each of the four areas analysed.

North Norfolk, South Norfolk and Norwich CCGs

North Norfolk, South Norfolk and Norwich CCGs were originally part of a wider commissioning area overseen by Norfolk Primary Care Trust (PCT).⁴ For this wider area and prior to the introduction of patient choice, four providers of adult hearing services operated from five sites. In May 2013 (shortly after the establishment of CCGs), North Norfolk, South Norfolk and Norwich CCGs jointly introduced patient choice in adult hearing services. As a result, six organisations provide the service from 32 sites; the Outside Clinic, a domiciliary care provider, is also available to patients.⁵ Figure 1 (overleaf) shows the location of providers' sites both before and after patient choice was introduced.

Figure 2 (also overleaf) shows the location of the 89 GP practices in the area and illustrates their proximity to providers' sites both before and after the introduction of choice.⁶ The actual number of GP practices located within a 20-minute drive time both before and after the introduction of choice is presented in Table 1.

Our analysis shows that the proportion of GP practices within a 20-minute drive of a provider's site has increased from 53% to 92% of practices following the introduction

³ This does not imply that patients would not travel a longer distance if necessary; the overall assumption is that patients are better off if they travel shorter distances to access the same service. We have calculated drive-times using Cadcorp SIS software.

⁴ Norfolk PCT also included West Norfolk CCG. The geographic boundaries of the former PCT were slightly different than the area represented by these four CCGs.

⁵ Five providers qualified and eventually mobilised for the service under the patient choice framework. Two additional providers in neighbouring CCGs are available to patients. We understand that the CCGs sought to qualify further providers in the summer of 2014 and two additional providers are likely to be available to patients in the future.

⁶ GP practices lists for each of the four areas analysed in this appendix were obtained from the Health and Social Care Information Centre (HSCIC) data on GPs, GP Practices, Nurses and Pharmacies.

of patient choice. This suggests that accessibility has increased significantly following the introduction of patient choice.

Table 1: North Norfolk, South Norfolk and Norwich CCGs

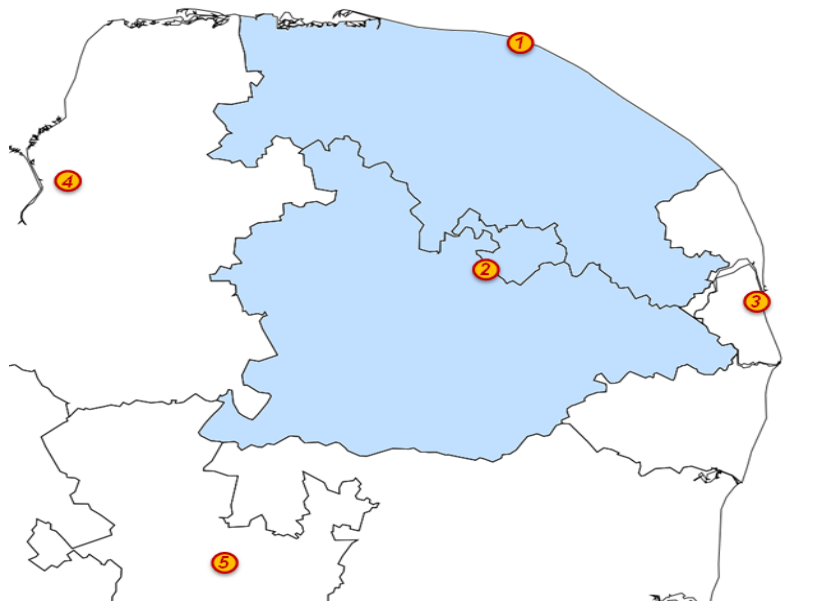
	Number of providers in the area	Number of providers' sites	Number of GP practices within a 20-min drive of a provider's site
Before the introduction of patient choice	4	5	47 (53%)
After the introduction of patient choice	6	32	82 (92%)

Note: a total of 89 GP practices operate in the area

The above analysis does not recognise the presence of the Outside Clinic, which started to provide a domiciliary service in the area following the introduction of choice. We expect its presence to improve the overall accessibility of the service even further, especially for housebound patients.

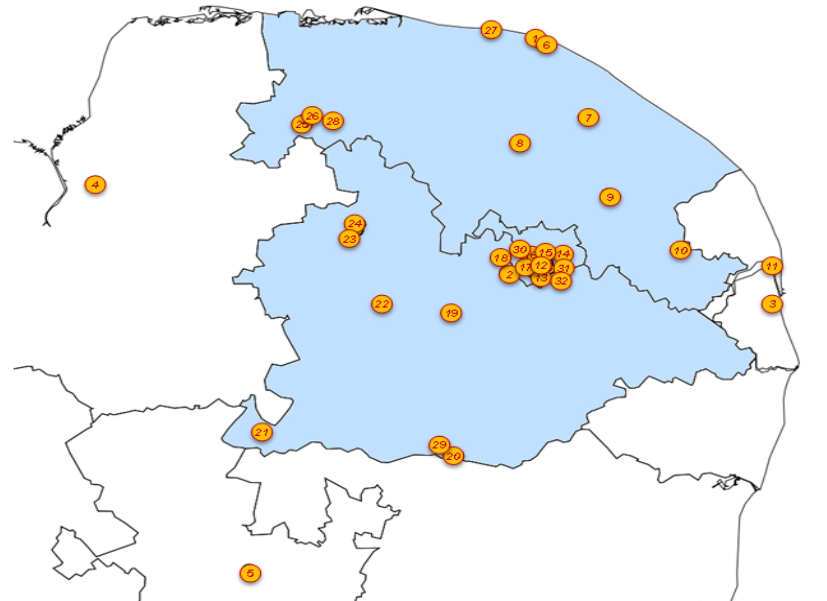
Figure 1: North Norfolk, South Norfolk, Norwich CCGs - sites before and after patient choice was introduced

Before the introduction of patient choice



<i>Providers before patient choice</i>	<i>Id</i>
Norfolk and Norwich University Hospitals NHS FT	1,2
James Paget University Hospitals NHS FT	3
The Queen Elizabeth Hospital Kings Lynn NHS FT	4
West Suffolk NHS FT	5

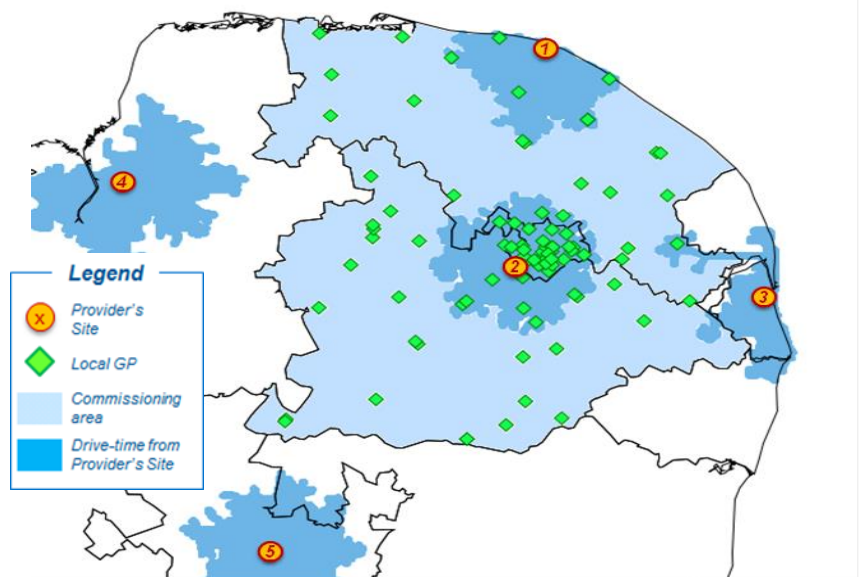
After the introduction of patient choice



<i>Providers after patient choice</i>	<i>Id</i>
Norfolk and Norwich University Hospitals NHS FT	1,2
James Paget University Hospitals NHS FT	3
The Queen Elizabeth Hospital Kings Lynn NHS FT	4,24,25
West Suffolk NHS FT	5
Specsavers	6,11,18,20, 21,26,27
Scrivens	7,8,9,10,12,13,14,15,16,17,19. 22,23,28,29,30,31,32

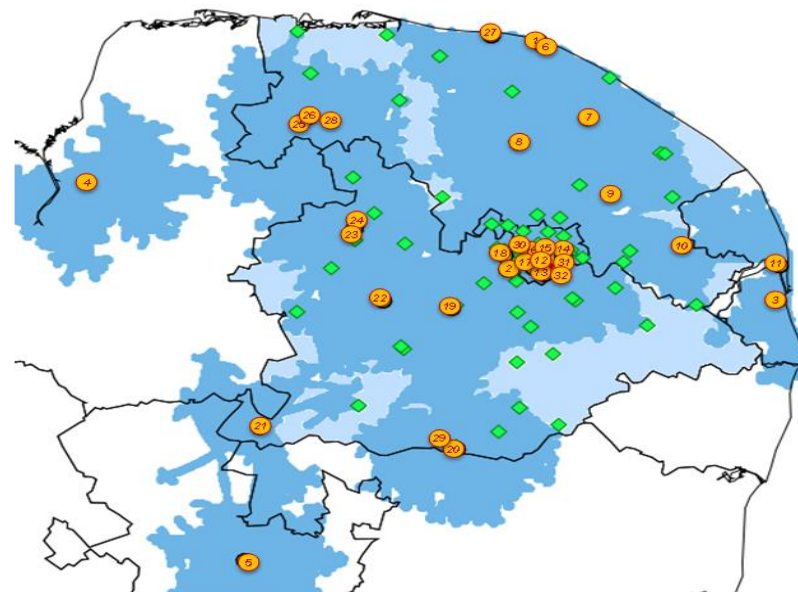
Figure 2: North Norfolk, South Norfolk and Norwich CCGs – accessibility before and after patient choice was introduced (GP practices within a 20-minute drive away of providers’ sites)⁷

Before the introduction of patient choice



<i>Providers before patient choice</i>	<i>Id</i>
Norfolk and Norwich University Hospitals NHS FT	1,2
James Paget University Hospitals NHS FT	3
The Queen Elizabeth Hospital Kings Lynn NHS FT	4
West Suffolk NHS FT	5

After the introduction of patient choice



<i>Providers after patient choice</i>	<i>Id</i>
Norfolk and Norwich University Hospitals NHS FT	1,2
James Paget University Hospitals NHS FT	3
The Queen Elizabeth Hospital Kings Lynn NHS FT	4,24,25
West Suffolk NHS FT	5
Specsavers	6,11,18,20, 21,26,27
Scrivens	7,8,9,10,12,13,14,15,16,17,19, 22,23,28,29,30,31,32

⁷ The map above identifies the full range of sites contracted by North Norfolk, South Norfolk and Norwich CCGs. It therefore includes sites that are contracted to provide services to patients within North Norfolk, South Norfolk and Norwich CCGs but which are located in other CCGs. For clarity we have not conducted an assessment of accessibility to adult hearing services for patients in these neighbouring areas. We expect such an assessment would identify a range of sites not contracted by North Norfolk, South Norfolk and Norwich CCGs which are not included in the map above.

Brighton and Hove CCG

Brighton and Hove CCG broadly covers the same geographical area as Brighton and Hove City Teaching PCT. As a PCT, the commissioning body contracted with Brighton and Sussex University Hospitals NHS Trust for the provision of adult hearing services. The trust operated the service from six different sites, some of which were located outside of the PCT's boundary. With the introduction of patient choice in February 2013, the local NHS trust decided not to apply for the provision of adult hearing services⁸ and three new providers were qualified for the service.

These new providers offer services from seven sites in the area. Figure 3 (overleaf) shows the location of providers' sites both before and after the introduction of choice.

Figures 4 and 5 (overleaf) show the location of the 54 GP practices in the area and illustrates their proximity to providers' sites both before and after the introduction of choice. The actual number of GP practices within a 10-minute and 5-minute drive of a provider's site is presented in Table 2.

Our analysis shows that the proportion of practices within a 10-minute drive of a provider's site has increased from 93% to 98% following the introduction of choice. Similarly, the proportion of practices within a 5-minute drive has increased from 65% to 81% following the introduction of choice.

Table 2: Brighton and Hove CCG

	Number of providers in the area	Number of providers' sites	Number of GP practices within 10-min drive of a provider's site	Number of GP practices within 5-min drive of a provider's site
Before the introduction of patient choice	1	6	50 (93%)	35 (65%)
After the introduction of patient choice	3	7	53 (98%)	44 (81%)

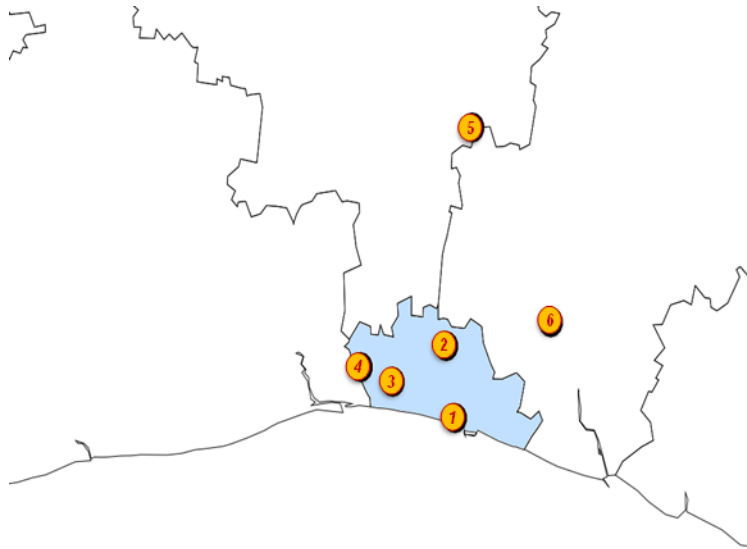
Note: a total of 54 GP practices operate in the area

Our results suggest that accessibility has increased slightly as a result of patient choice in the Brighton and Hove CCG area. This has occurred despite the sole provider at the time of introducing choice deciding not to apply for the provision of adult hearing services.

⁸ Brighton and Sussex University Hospitals NHS Trust keeps treating the patients they supplied with hearing aids prior to the introduction of patient choice. They will treat these patients for three years following the start of the pathway. After three years they will refer the patients back to the GP.

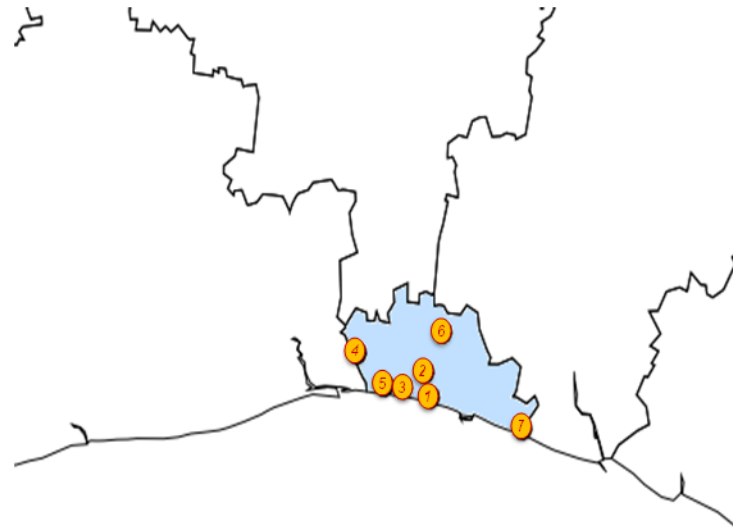
Figure 3: Brighton and Hove CCG - sites before and after patient choice was introduced

Before the introduction of patient choice



<i>Providers before patient choice</i>	<i>Id</i>
Brighton and Sussex University Hospitals NHS FT	1-6

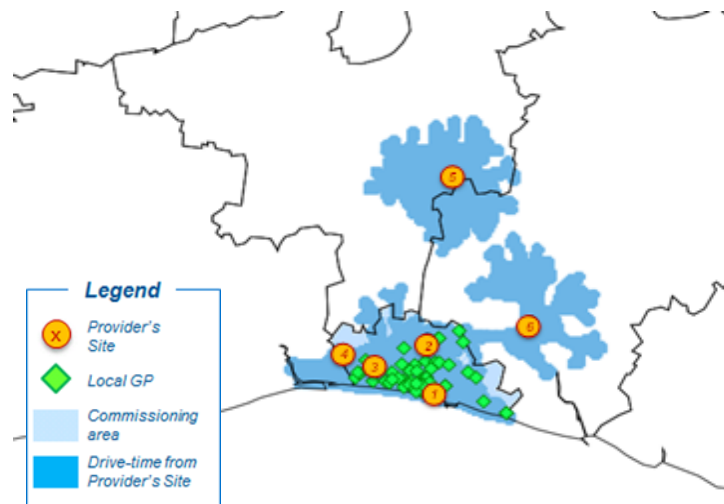
After the introduction of patient choice



<i>Providers after patient choice</i>	<i>Id</i>
Specsavers	1,3
Inhealth	2
Bloom – Regional Hearing Specialists	4,5,6,7

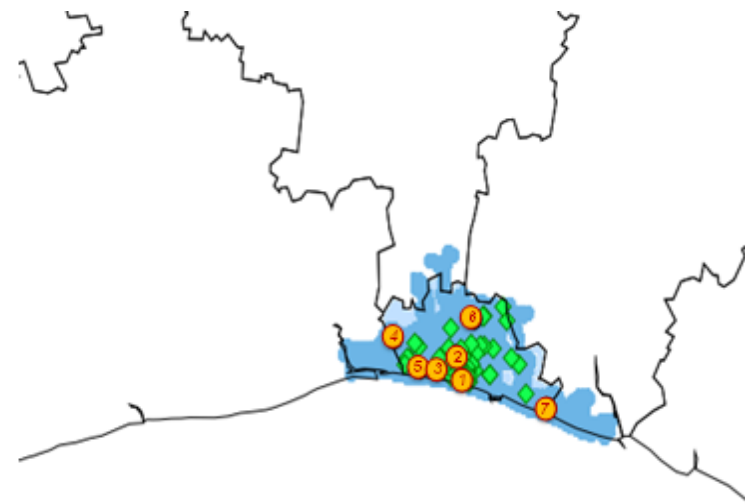
Figure 4: Brighton and Hove CCG - accessibility before and after patient choice was introduced (GP practices within a 10-minute drive away of providers' sites)⁹

Before the introduction of patient choice



<i>Providers before patient choice</i>	<i>Id</i>
Brighton and Sussex University Hospitals NHS FT	1-6

After the introduction of patient choice

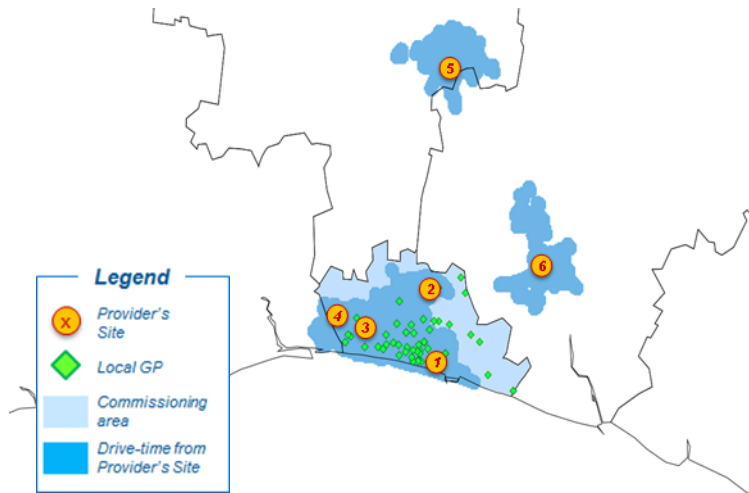


<i>Providers after patient choice</i>	<i>Id</i>
Specsavers	1,3
Inhealth	2
Bloom – Regional Hearing Specialists	4,5,6,7

⁹ The map above identifies the full range of sites contracted by Brighton and Hove CCG. It therefore includes sites that were contracted to provide services to patients within Brighton and Hove CCG but which are located in other CCGs. For clarity we have not conducted an assessment of accessibility to adult hearing services for patients in these neighbouring areas. We expect such an assessment would identify a range of sites in these neighbouring areas, but who are not contracted by Brighton and Hove CCG (and hence not included here).

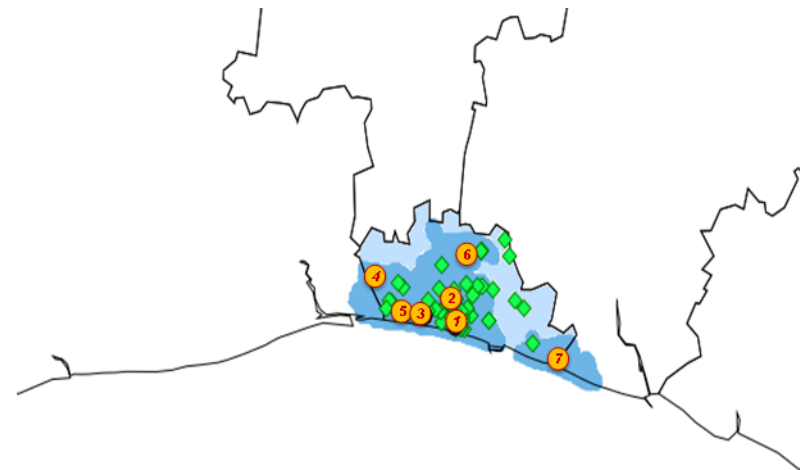
Figure 5: Brighton and Hove CCG - accessibility before and after patient choice was introduced (GP practices within a 5-minute drive away of providers' sites)¹⁰

Before the introduction of patient choice



<i>Providers before patient choice</i>	<i>Id</i>
Brighton and Sussex University Hospitals NHS FT	1-6

After the introduction of patient choice



<i>Providers after patient choice</i>	<i>Id</i>
Specsavers	1,3
Inhealth	2
Bloom – Regional Hearing Specialists	4,5,6,7

¹⁰ See footnote 10.

Oxfordshire CCG

Before the introduction of patient choice, two providers delivered services in Oxfordshire from 13 sites.¹¹ As a result of the introduction of patient choice in March 2013, four organisations provide the service from 30 sites; the Outside Clinic, a domiciliary care provider, is also available to patients. Figure 6 (overleaf) shows the location of providers' sites both before and after choice was introduced.

Figures 7 and 8 (overleaf) show the location of the 99 GP practices operating in the area and their proximity to providers' sites both before and after the introduction of choice. The actual number of GP practices located within 20-minute and 10-minute drives of a provider's site is presented in Table 3.

Our analysis shows that the proportion of practices within a 20-minute drive of a provider's site has increased from 90% to 99% following the introduction of patient choice. Similarly, the proportion of GP practices within a 10-minute drive time increased from 56% to 72% following the introduction of choice. This suggests that the introduction of choice has brought benefits in terms of accessibility.

Table 3: Oxfordshire CCG

	Number of providers	Number of providers' sites	Number of GP practices within 20-min drive of a site	Number of GP practices within 10-min drive of a site
Before the introduction of patient choice	2	13	89 (90%)	55 (56%)
After the introduction of patient choice	4	30	98 (99%)	71 (72%)

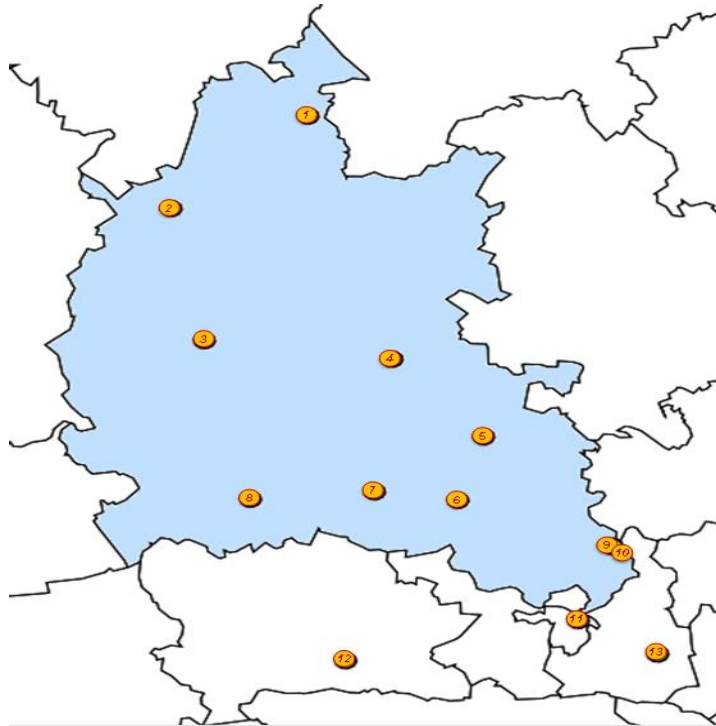
Note: a total of 99 GP practices operate in the area

The above analysis does not recognise the presence of the Outside Clinic, which started to provide a domiciliary service in the area following the introduction of choice. We expect its presence to improve the overall accessibility of the service even further, especially for housebound patients.

¹¹ Some of the sites belonging to Royal Berkshire NHS FT are located outside the CCG area (see Figure 6).

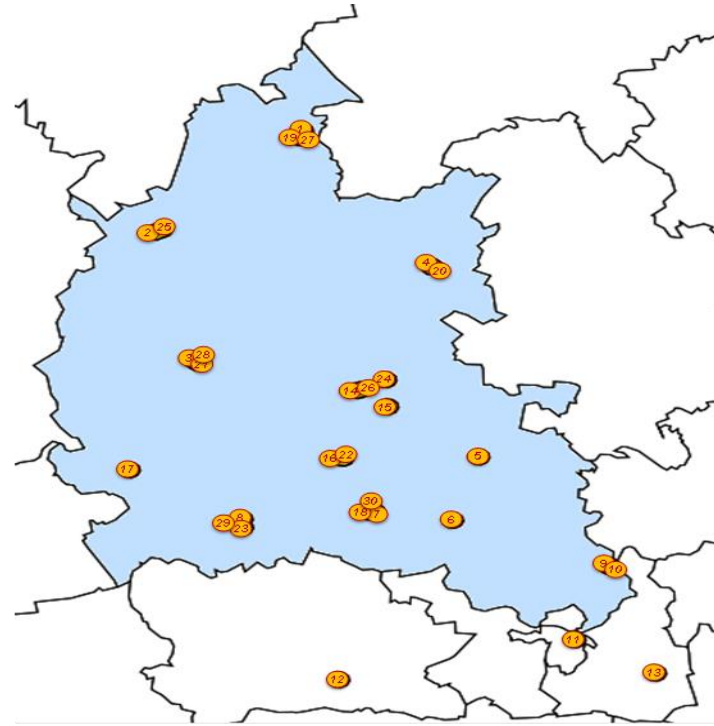
Figure 6: Oxfordshire CCG - sites before and after patient choice was introduced

Before the introduction of patient choice



<i>Providers before patient choice</i>	<i>Id</i>
Oxford University Hospital NHS FT	1,2,3,4,7,8
Royal Berkshire NHS FT	5,6,9,10,11, 12,13

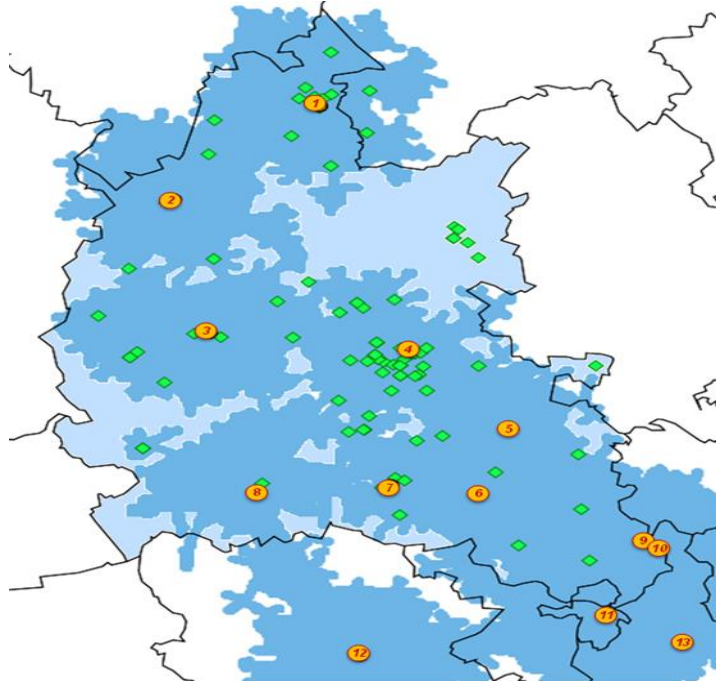
After the introduction of patient choice



<i>Providers after patient choice</i>	<i>Id</i>
Oxford University Hospital NHS FT	1,2,3,7,8,24
Royal Berkshire NHS FT	5,6,9,10,11,12,13
Specsavers	4,14,15,23,27,28,30
Scrivens	16,17,18,19, 20,21,22,25, 26,29

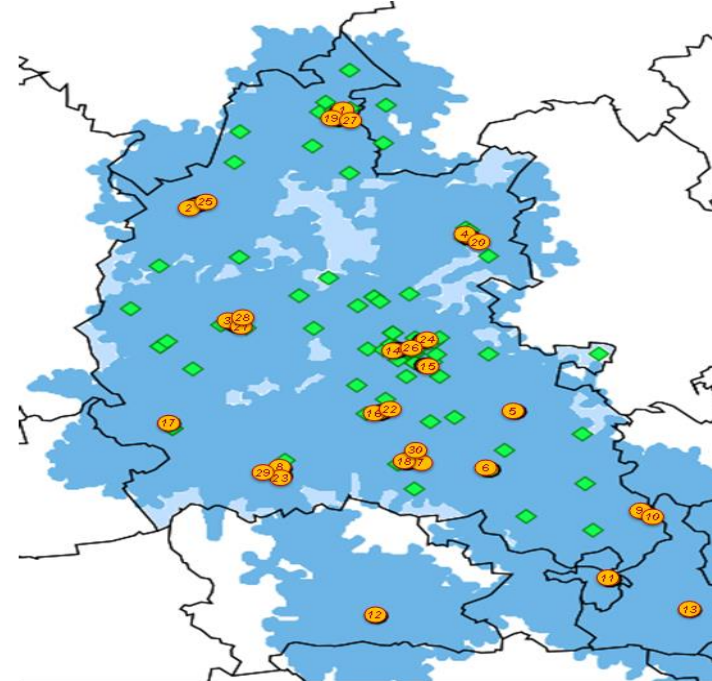
Figure 7: Oxfordshire CCG - accessibility before and after patient choice was introduced (GP practices within a 10-minute drive away of providers' sites)¹²

Before the introduction of patient choice



Providers before patient choice	Id
Oxford University Hospital NHS FT	1,2,3,4,7,8
Royal Berkshire NHS FT	5,6,9,10,11, 12,13

After the introduction of patient choice

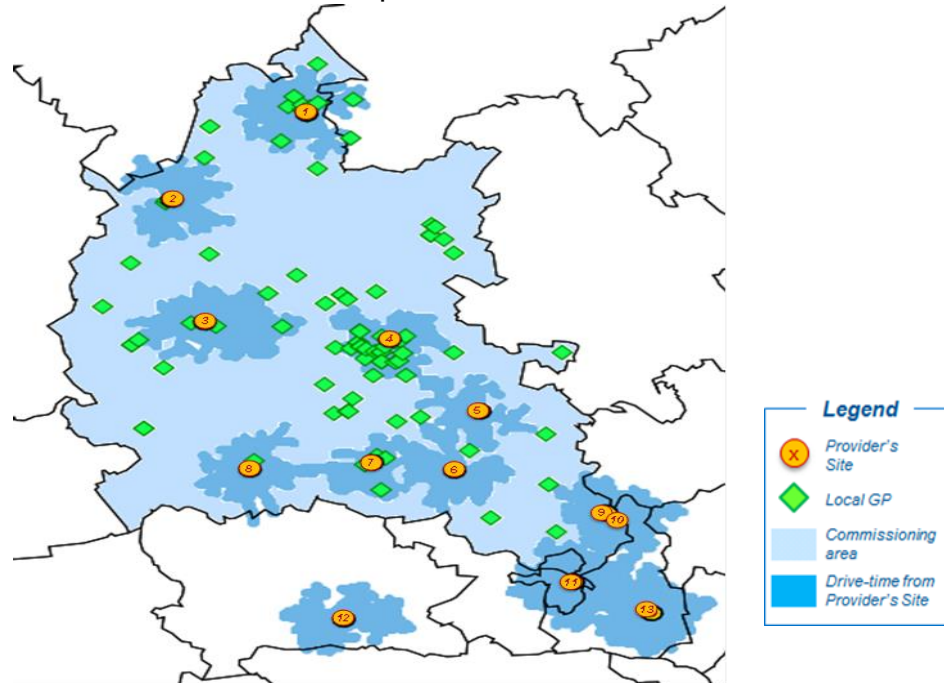


Providers after patient choice	Id
Oxford University Hospital NHS FT	1,2,3,7,8,24
Royal Berkshire NHS FT	5,6,9,10,11,12,13
Specsavers	4,14,15,23,27,28,30
Scrivens	16,17,18,19, 20,21,22,25, 26,29

¹² This map shows the full range of sites contracted by Oxfordshire CCG. It includes sites that are contracted to provide services to patients within Oxfordshire CCG but which are located in other CCGs. For clarity we have not conducted an assessment of accessibility in neighbouring areas. We would expect such an assessment to identify a range of sites not contracted by Oxfordshire CCG and hence not listed above.

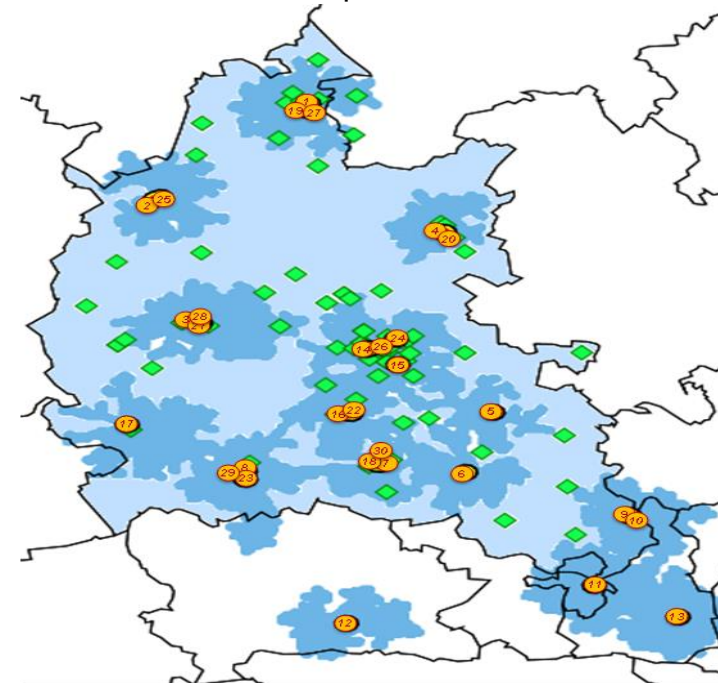
Figure 8: Oxfordshire CCG - accessibility before and after patient choice was introduced (GP practices within a 10-minute drive away of providers' sites)¹³

Before the introduction of patient choice



Providers before patient choice	Id
Oxford University Hospital NHS FT	1,2,3,4,7,8
Royal Berkshire NHS FT	5,6,9,10,11, 12,13

After the introduction of patient choice



Providers after patient choice	Id
Oxford University Hospital NHS FT	1,2,3,7,8,24
Royal Berkshire NHS FT	5,6,9,10,11,12,13
Specsavers	4,14,15,23,27,28,30
Scrivens	16,17,18,19, 20,21,22,25, 26,29

¹³ See footnote 14.

South Tees CCG and Hartlepool and Stockton-on-Tees CCG

Prior to the establishment of CCGs, the former Stockton-on-Tees Teaching PCT, Middlesbrough PCT and Redcar and Cleveland PCT jointly commissioned adult hearing services.

Since the former Hartlepool PCT arranged the service independently, we decided to exclude the correspondent area from this analysis.

Following the introduction of patient choice, the two providers that were previously providing adult hearing services qualified. They provide services from 12 sites. In addition, the Outside Clinic, a domiciliary care provider was also qualified and available to patients in the area.

Figure 9 shows the location of providers' sites in the area. Figures 10 and 11 show the location of the 89 GP practices operating in the area and illustrates their proximity to providers' sites. The actual number of GPs within a 20-minute and 10-minute drive of a provider's site is presented in Table 4.

Our analysis shows that services were already relatively accessible in the area before choice was introduced. Before choice was introduced, all GP practices were located within a 20-minute drive of a provider's site, and virtually all practices (98%) were located within a 10-minute drive. In our view, it is not surprising that the introduction of choice has led to a limited increase in the number of providers.

That said, the introduction of choice has led to the entry of the Outside Clinic, which started to provide a domiciliary service in the area. The above analysis does not recognise the presence of the Outside Clinic. We expect its presence to improve the overall accessibility of the service, especially for housebound patients.

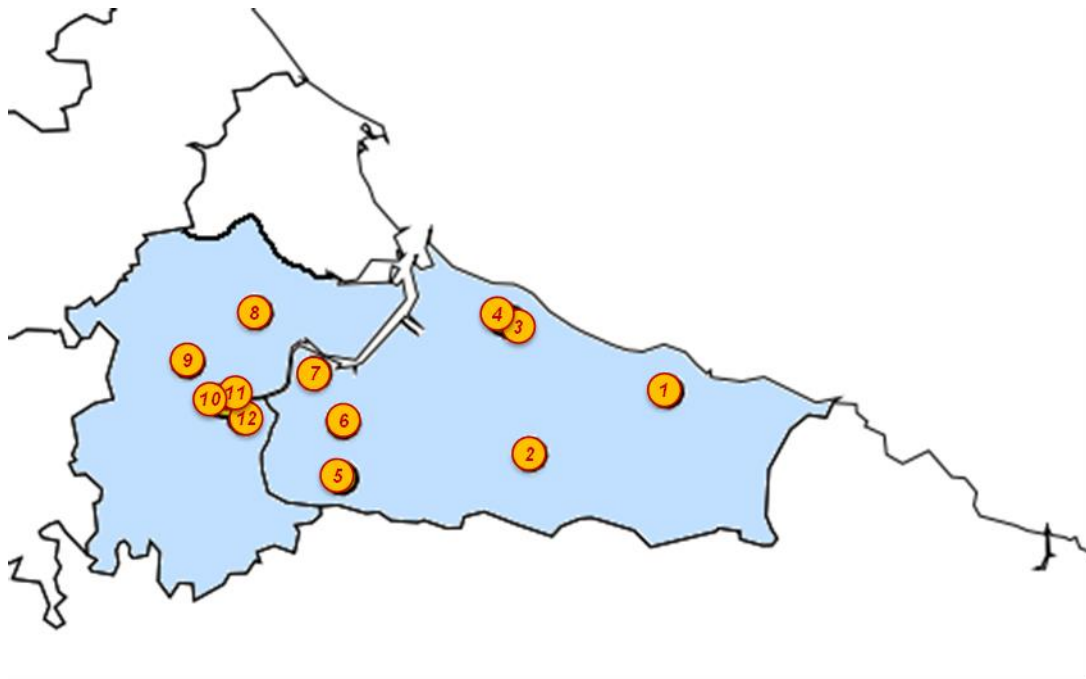
Table 4: South Tees CCG and Hartlepool and Stockton-on-Tees CCG

	Number of providers	Number of providers' sites	Number of GP practices within 20-min drive of a site	Number of GP practices within 10-min drive of a site
Before and after the introduction of patient choice	2 ¹⁴	12	89 (100%)	87 (98%)

Note: a total of 89 GP practices operate in the area

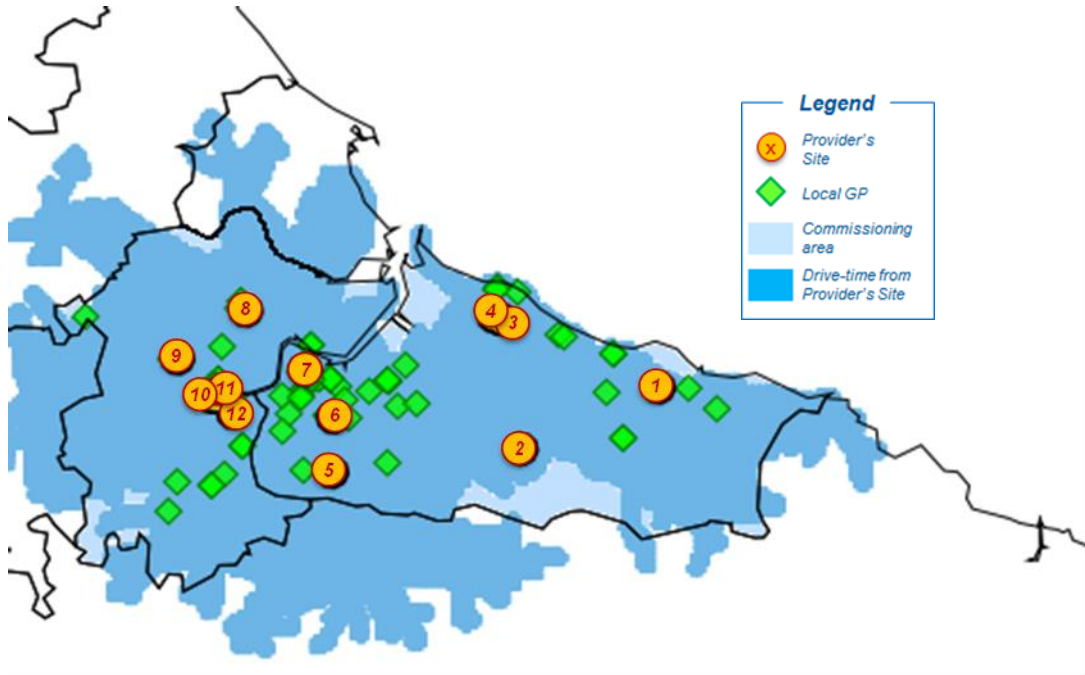
¹⁴ Additionally, since services in Hartlepool are now commissioned alongside those in Stockton-on-Tees and South Tees CCGs, patients in these two CCGs can access North Tees and Hartlepool NHS Trust, the provider formerly contracted by Hartlepool PCT. Further analysis has shown no improvements in accessibility coming as a result of this additional option.

Figure 9: South Tees CCG and Hartlepool and Stockton-on-Tees CCG - sites before and after patient choice was introduced



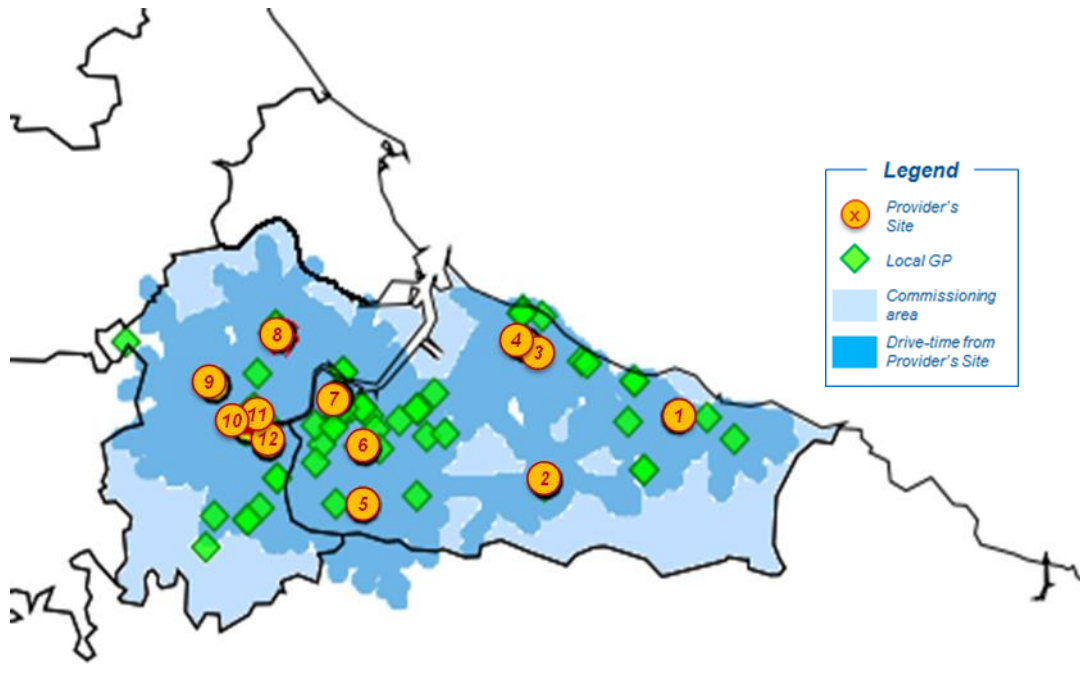
<i>Providers before and after patient choice</i>	<i>Id</i>
South Tees NHS FT	1,3,6,9,10
Specsavers	2,4,5,7,8,11,12

Figure 10: South Tees CCG and Hartlepool and Stockton-on-Tees CCG - accessibility before and after patient choice was introduced (GP practices within a 20-minute drive away of providers' sites)



<i>Providers before and after patient choice</i>	<i>Id</i>
South Tees NHS FT	1,3,6,9,10
Specsavers	2,4,5,7,8,11,12

Figure 11: South Tees CCG and Hartlepool and Stockton-on-Tees CCG - accessibility before and after patient choice was introduced (GP practices within a 10-minute drive away of providers' sites)



<i>Providers before and after patient choice</i>	<i>Id</i>
South Tees NHS FT	1,3,6,9,10
Specsavers	2,4,5,7,8,11,12

Conclusions on the accessibility of adult hearing services for patients

- In North Norfolk, South Norfolk and Norwich CCGs accessibility has increased significantly. In fact, the number of GP practices sufficiently close to at least one provider site has almost doubled after the introduction of choice.
- In Brighton and Hove CCG, the impact of the policy has been limited. The main reason is that the number of providers' sites has changed slightly. Although, notably, our analysis does not show a reduction in the accessibility of services despite the local NHS hospital deciding not to apply to provide adult hearing services.
- The introduction of patient choice in Oxfordshire CCG has brought some improvements in terms of accessibility. In fact, a doubling in the number of provider sites has brought almost a 10% increase in the number of GPs sufficiently close to at least one provider's site.
- In South Tees CCG and Hartlepool and Stockton-on-Tees CCG accessibility improved as a result of the addition of one provider offering domiciliary services in the area. The number of sites remained the same as prior to the introduction of choice, although our analysis shows that accessibility of services was already relatively high before choice was introduced.

Assessment on choice of providers

In this section, in each of the four areas analysed, we examine whether patient choice has led to an increase in the number of options patients can choose from. We assess the options available to patients both in terms of individual provider sites and of distinct organisations that patients can choose from. We use the same drive-times adopted in the previous section as a threshold for options that are likely to be practical for patients to use.¹⁵

The tables below show the options available to patients both before and after the introduction of patient choice in each area.

North Norfolk, South Norfolk and Norwich CCGs

Table 5 below shows that before patient choice was introduced, there were no GP practices within a 20-minute drive of two or more provider sites; this has increased to 83% of practices following the introduction of choice.

Table 5: Before and after patient choice – sites within 20-minute drive-time

Before patient choice			After patient choice		
Number of adult hearing providers (sites) located within the drive-time	Number of GP practices	Share of GP practices	Number of adult hearing providers (sites) located within the drive-time	Number of GP practices	Share of GP practices
0	42	47.2%	0	7	7.9%
1	47	52.8%	1	8	9.0%
			2	16	18.0%
			3	9	10.1%
			4	4	4.5%
			6	3	3.4%
			9	3	3.4%
			10	1	1.1%
			11	31	34.8%
			12	6	6.7%
			13	1	1.1%
Total	89	100.0%	Total	89	100.0%

Table 6 shows that, prior to patient choice, there were no GP practices within a 20-minute drive away of two or more provider organisations. After the introduction of

¹⁵ Again, this analysis does not take into account those providers that operate a domiciliary service (eg the Outside Clinic).

patient choice, 73% are located within a 20-minute drive of two or more provider organisations.

These results show that in North Norfolk, South Norfolk and Norwich CCGs, the range of providers and sites that patients can choose from has considerably improved.

Table 6: Before and after patient choice – organisations within 20-minute drive-time

Before patient choice			After patient choice		
Number of adult hearing providers (organisations) located within the drive-time	Number of GP practices	Share of GP practices	Number of adult hearing providers (organisations) located within the drive-time	Number of GP practices	Share of GP practices
0	42	47.2%	0	7	7.9%
1	47	52.8%	1	17	19.1%
			2	18	20.2%
			3	47	52.8%
Total	89	100.0%	Total	89	100%

Brighton and Hove CCG

Table 7 shows that, prior to patient choice, about 74% of GP practices in the area were located within a 10-minute drive of two or more provider sites. Following the introduction of choice, this has increased to 89%.

Table 7: Before and after patient choice – sites within 10-minute drive-time

Before Patient Choice			After Patient Choice		
Number of adult hearing providers (sites) located within the drive-time	Number of GP practices	Share of GP practices	Number of adult hearing providers (sites) located within the drive-time	Number of GP practices	Share of GP practices
0	4	7.4%	0	1	1.9%
1	10	18.5%	1	5	9.3%
2	7	13.0%	2	3	5.6%
3	30	55.6%	3	5	9.3%
4	3	5.6%	4	3	5.6%
			5	34	63.0%
			6	3	5.6%
Total	54	100.0%	Total	54	100.0%

Table 8 shows that, prior to patient choice, only 7% of GP practices in the area were located within a 5-minute drive away of two or more provider sites. After the introduction of choice, this has increased to 65%.

Table 8: Before and after patient choice – sites within 5-minute drive-time

Before patient choice			After patient choice		
Number of adult hearing providers (sites) located within the drive-time	Number of GP practices	Share of GP practices	Number of adult hearing providers (sites) located within the drive-time	Number of GP practices	Share of GP practices
0	19	35.2%	0	10	18.5%
1	31	57.4%	1	9	16.7%
2	4	7.4%	2	16	29.6%
			3	14	25.9%
			4	5	9.3%
Total	54	100.0%	Total	54	100.0%

Table 9 shows that, prior to patient choice, there were no GP practices within a 10-minute drive away of two or more provider organisations (only one organisation provided the service). Following the introduction of choice, this has increased to 94%.

Table 9: Before and after patient choice - organisations within 10-minute drive-time

Before patient choice			After patient choice		
Number of adult hearing providers (organisations) located within the drive-time	Number of GP practices	Share of GP practices	Number of adult hearing providers (organisations) located within the drive-time	Number of GP practices	Share of GP practices
0	4	7.4%	0	1	1.9%
1	50	92.6%	1	2	3.7%
			2	4	7.4%
			3	47	87.0%
Total	54	100.0%	Total	54	100.0%

Table 10 shows that, prior to patient choice, there were no GP practices within a 5-minute drive away of two or more provider organisations (only one organisation provided the service). Following the introduction of choice, this has increased to 59%.

These results show that in Brighton and Hove CCG, the introduction of choice has increased the number of different providers that patients can choose between.

Table 10: Before and after patient choice – organisations within 5-minute drive-time

Before patient choice			After patient choice		
Number of adult hearing providers (organisations) located within the drive-time	Number of GP practices	Share of GP practices	Number of adult hearing providers (organisations) located within the drive-time	Number of GP practices	Share of GP practices
0	19	35.2%	0	10	18.5%
1	35	64.8%	1	12	22.2%
			2	27	50.0%
			3	5	9.3%
Total	54	100.0%	Total	54	100.0%

Oxfordshire CCG

Table 11 below shows that, before patient choice was introduced, about 35% of GP practices in the area were located within a 20-minute drive of two or more provider sites; this has increased to 98% of practices following the introduction of choice.

Table 11: Before and after patient choice – sites within 20-minute drive-time

Before patient choice			After patient choice		
Number of adult hearing providers (sites) located within the drive-time	Number of GP practices	Share of GP practices	Number of adult hearing providers (sites) located within the drive-time	Number of GP practices	Share of GP practices
0	10	10.1%	0	1	1.0%
1	54	54.5%	1	1	1.0%
2	26	26.3%	2	10	10.1%
3	9	9.1%	3	28	28.3%
			4	16	16.2%
			5	11	11.1%
			6	15	15.2%
			7	9	9.1%
			8	3	3.0%
			9	3	3.0%
			10	2	2.0%
Total	99	100.0%	Total	99	100.0%

Table 12 below shows that, before patient was introduced, only 2% of GP practices in the area were located within a 10-minute drive of two or more provider sites; this has increased to 67% of practices following the introduction of choice.

Table 12: Before and after patient choice – sites within 10-minute drive-time

Before patient choice			After patient choice		
Number of adult hearing providers (sites) located within the drive-time	Number of GP practices	Share of GP practices	Number of adult hearing providers (sites) located within the drive-time	Number of GP practices	Share of GP practices
0	44	44.4%	0	28	28.3%
1	53	53.5%	1	5	5.1%
2	2	2.0%	2	16	16.2%
			3	28	28.3%
			4	22	22.2%
Total	99	100.0%	Total	99	100.0%

Table 13 shows that, before patient choice was introduced, about 18% of GP practices in the area were located within a 20-minute drive of two or more provider organisations; this has increased to 91% of practices following the introduction of choice.

Table 13: Before and after patient choice – organisations within 20-minute drive-time

Before patient choice			After patient choice		
Number of adult hearing providers (organisations) located within the drive-time	Number of GP practices	Share of GP practices	Number of adult hearing providers (organisations) located within the drive-time	Number of GP practices	Share of GP practices
0	10	10.1%	0	1	1.0%
1	71	71.7%	1	8	8.1%
2	18	18.2%	2	11	11.1%
			3	61	61.6%
			4	18	18.2%
Total	99	100.0%	Total	99	100.0%

Table 14 shows that, prior to patient choice, there were no GP practices within a 10-minute drive away of two or more provider organisations; this has increased to 65% of practices following the introduction of choice.

These results show that in Oxfordshire CCG, the range of providers and sites that patients can choose from has considerably improved.

Table 14: Before and after patient choice – organisations within 10-minute drive-time

Before patient choice			After patient choice		
Number of adult hearing providers (organisations) located within the drive-time	Number of GP practices	Share of GP practices	Number of adult hearing providers (organisations) located within the drive-time	Number of GP practices	Share of GP practices
0	44	44.4%	0	28	28.3%
1	55	55.6%	1	7	7.1%
			2	15	15.2%
			3	49	49.5%
Total	99	100.0%	Total	99	100.0%

South Tees CCG and Hartlepool and Stockton-on-Tees CCG¹⁶

Table 15 below shows that 97% of GP practices are within a 20-minute drive of two or more provider sites.

Table 15: Sites within 20-minute drive-time

Number of adult hearing providers (sites) located within the drive-time	Number of GP practices	Share of GP practices
1	1	1.1%
3	2	2.2%
4	17	19.1%
6	2	2.2%
7	9	10.1%
8	41	46.1%
9	3	3.4%

¹⁶ As in the accessibility assessment we excluded the area corresponding to the former Hartlepool PCT from this analysis. Nonetheless, choice in the area is likely to have improved due to availability of providers based in Hartlepool after the introduction of patient choice. No before and after comparison is provided as the same organisations operate the service from the same sites after the introduction of choice.

Number of adult hearing providers (sites) located within the drive-time	Number of GP practices	Share of GP practices
10	9	10.1%
11	5	5.6%
Total	89	100.0%

Table 16 below shows that 76% of GP practices are within a 10-minute drive of two or more provider sites.

Table 16: Sites within 10-minute drive-time

Number of adult hearing providers (sites) located within the drive-time	Number of GP practices	Share of GP practices
0	2	2.2%
1	19	21.3%
2	20	22.5%
3	12	13.5%
4	9	10.1%
5	18	20.2%
6	9	10.1%
Total	89	100.0%

Table 17 below shows that 99% of GP practices are within a 20-minute drive of two or more provider organisations.

Table 17: Organisations within 20-minute drive-time

Number of adult hearing providers (organisations) located within the drive-time	Number of GP practices	Share of GP practices
1	1	1.1%
2	88	98.9%
Total	89	100.0%

Table 18 below shows that 76% of GP practices are within a 10-minute drive of two or more provider organisations.

As already discussed, in South Tees CCG and Hartlepool and Stockton-on-Tees CCG, the range of providers and sites that patients can choose from has remained the same.¹⁷

Table 18: Organisations within 10-minute drive-time

Number of adult hearing providers (organisations) located within the drive-time	Number of GP practices	Share of GP practices
0	2	2.2%
1	19	21.3%
2	68	76.4%
Total	89	100.0%

Conclusions on Choice of Providers Proximity to Patients

- In North Norfolk, South Norfolk and Norwich CCGs the range of providers and sites that patients can choose from has considerably improved. Prior to the introduction of choice, no GP practice was sufficiently close to more than one provider site or to more than one organisation. After the introduction of choice 83% of GP practices are located within a 20-minute drive away of two or more provider's sites and 73% of GP practices are located within a 20-minute drive away of two or more organisations.
- In Brighton and Hove CCG the introduction of choice has increased the number of different providers that patients can choose between. Before the introduction of choice only one organisation was operating the service, now three organisations are active in the area and 94% of GP practices are located within a 10-minute drive away of at least two of them. Despite the local trust deciding to stop providing the service, the number of sites for patients to choose between has increased and all of them are now within the CCG area.
- With the introduction of patient choice in Oxfordshire CCG, choice of providers has considerably improved. 98% of GP practices are located within a 20-minute drive away of two or more providers' sites and 91% of GP practices are located within a 20-minute drive away of two or more organisations.

¹⁷ See footnote 15.

- The number of sites to choose from in South Tees CCG and Hartlepool and Stockton-on-Tees CCG has remained the same.¹⁸ However, all patients now have the option of choosing an additional provider that operates the service within their own home.

¹⁸ See also footnote 15.

Annex 4: Analysis of commissioner data on waiting times for adult hearing services

Introduction

The length of time that a patient has to wait for an assessment and the fitting of hearing aids (ie waiting times) is one service feature which determines how easy it is for patients to access a service. The evidence we reviewed suggests that waiting times can be of value to patients. For example, the patient survey suggests that patients are more likely to be dissatisfied with the service if the wait for a hearing assessment takes longer than five weeks after the GP referral.¹⁹

This note summarises the results of our analysis of waiting times for adult hearing services. It explores whether waiting times have fallen faster in areas that introduced patient choice compared with those areas that did not.

This note is structured as follows. We first report the average time that patients had to wait to receive a hearing assessment in 2006. We then describe how waiting times have changed from October 2008 to July 2014 and analyse whether introducing patient choice has had an impact on waiting times.

Background: 2006 to 2008

Evidence from DH shows that in November 2006 around 166,000 patients in England were waiting for an audiology assessment. Of these, over 108,000 had been waiting more than 13 weeks and over 80,000 more than 26 weeks. The same evidence shows that the expected average wait for an audiology assessment in December 2006 was 17–18 weeks.²⁰

It is worth noting that the period measured in this data covers only part of the wait for treatment (the wait between GP referral and the hearing assessment). It does not include the wait between the assessment and the fitting of any hearing aid(s) that may be required (the referral to treatment waiting time, RTT). This means that waiting times for patients to receive a fitting will have been longer than 17–18 weeks.

These long waits were caused in part by a significant increase in the number of GP referrals to audiology services as a consequence of the Modernising Hearing Aid Services (MHAS) programme.²¹ This programme was sponsored by DH, and was intended to modernise hearing services across England. The main innovation in this

¹⁹ See [the patient survey report](#), page 27-28.

²⁰ DH, *Improving access to audiology services in England*, March 2007, page 3, [/www.bipsolutions.com/docstore/pdf/16176.pdf](http://www.bipsolutions.com/docstore/pdf/16176.pdf)

²¹ House of Commons, Health Committee, *Audiology services*, fifth report of session 2006–07, 16 May 2007, page 12, <http://www.publications.parliament.uk/pa/cm200607/cmselect/cmhealth/392/392.pdf>

programme was the introduction of digital hearing aids. The programme started in September 2000 and ended in 2005 when all providers of NHS services were able to offer digital hearing aids.

Digital hearing aids are generally better performing and more comfortable to wear than analogue hearing aids.²² Over time this led to increased GP referrals, not only of new patients but also of those who wished to switch from analogue hearing aids to digital ones. As a consequence, existing NHS audiology service providers received more GP referrals and were unable to treat these patients in a timely way. Waiting times grew as a result.

In 2007, DH made funding available for audiology. Existing providers expanded capacity to meet the increased demand (eg new roles were created by providers; for example assistants were employed specifically to set up the test rooms, so that audiologists could concentrate on serving patients).²³ In addition, DH made funding available for the purchase of further capacity from the independent sector.²⁴

The increased capacity had a significant impact, and by the end of 2008 the average referral to treatment in audiology was on average between 6 and 10 weeks.²⁵

Waiting times since 2008 and following the introduction of patient choice

In October 2008, DH started to publish data on RTT waiting times for direct access audiology in each commissioning area in England.^{26, 27, 28} This information provides a good approximation of waiting times for adult hearing services

²² We acknowledge that digital hearing aids may not be better performing than analogue hearing aids in all cases. For example, a musician wrote to us saying that the current sound quality of digital hearing aids could be lower than analogue hearing aids when playing music.

²³ House of Commons, Health Committee, *Audiology services*, fifth report of session 2006-07, 16 May 2007, page 28,

<http://www.publications.parliament.uk/pa/cm200607/cmselect/cmhealth/392/392.pdf>

²⁴ DH, *Improving Access to Audiology Services in England*, March 2007, page 7,

<http://www.bipsolutions.com/docstore/pdf/16176.pdf>

²⁵ Monitor analysis of NHS England's Direct Access Audiology Data. Data are available at:

<http://www.england.nhs.uk/statistics/statistical-work-areas/direct-access-audiology/daa-data/>

²⁶ Direct access audiology services are predominantly services for patients affected by age-related hearing loss.

²⁷ In 2013, the responsibility for publishing these statistics transferred to the NHS Commissioning Board (NHS England).

²⁸ Direct access audiology RTT data have been collected on a mandatory basis since April 2008 and have been published since October 2008. This data does not include the entire population of patients accessing direct access audiology services. It excludes those patients that, even if sufficiently aged to receive a direct referral, have been first referred to an ENT department by their GP and then have been re-referred to an Adult Hearing Services provider. In addition, this data does not include information for those patients who failed to attend their first appointment. For these patients the referral is removed from the data, provided that the provider can demonstrate that the appointment was clearly communicated to the patient.

Unlike the pre-2008 data the information published from October 2008 onwards includes not only the time that patients had to wait to receive an assessment, but also the waiting time between the assessment and fitting. The RTT period ends with the fitting of hearing aids following the hearing assessment (or with the assessment if the patient does not require the fitting of a hearing aid).

Data description and methodology

In our analysis we use two sets of data collected by DH: completed pathways and incomplete pathways.²⁹

Ideally, to measure the average waiting times on a monthly basis it would be necessary to have information on the average RTT waiting time for the set of patients that is referred each month. However, we are not aware of a dataset that records this information. The completed pathways dataset measures the average RTT wait for those patients whose treatment was completed within the reporting month.³⁰ As a consequence, it does not provide any information on the length of wait for those patients who have not yet been treated (even if they have been waiting for more than 52 weeks). Using this dataset would mean that areas with large numbers of untreated patients might misleadingly appear to have short average wait. In contrast, the incomplete pathways dataset provides information on the length of wait for all patients who are still waiting for a treatment at the end of the reporting month.³¹ While this is not an RTT waiting time it does include all patients and is therefore a more accurate representation of the average patient's experience of waiting times.

The incomplete pathway dataset reports incomplete waiting times in weekly bands without specifying the exact number of days the patient has been waiting at the end of the reporting month. This means that if at the end of the month the patient has been waiting for 15 days or for 20 days this will in both cases be recorded as 2–3 weeks. We approximate the length of the wait to the weekly mid-point. For example,

²⁹ See NHS England, Direct Access Audiology Data, www.england.nhs.uk/statistics/statistical-work-areas/direct-access-audiology/daa-data/

³⁰ The length of the wait in the completed pathways dataset is measured from the date the referral takes place to the date where the patient receives the required treatment. The length of wait is reported in weekly bands (ie 0-1 weeks, 1-2 weeks, ... 17-18 weeks, 18-19 weeks, ...51-52 weeks, 52 weeks). If, for example, the referral is made on the 1 January 2011 and the fitting takes place on the 17 January of the same year, the length of the wait is 16 days and the patient will be reported as having waited 2-3 weeks. The incomplete pathways dataset reports each month the length of the wait so far for patients whose assessment has not occurred by the last day of the month.

³¹ The length of wait in the incomplete pathways dataset is measured from the date the referral takes place to the last day of the month. Again the length of wait is reported in weekly bands. If, for example, the referral is made on 1 January 2011 and the fitting has not yet taken place on 31 January of the same year, the length of the wait is 30 days and the patient will be reported as having waited 4–5 weeks so far.

if a patient is recorded in the 2–3 weeks band we assume that at the end of the month this patient has been waiting for 2.5 weeks.

In what follows we present our analysis of monthly average incomplete waiting times at a commissioner level (PCT until April 2013 and CCG afterwards). For each PCT and CCG we first calculate the average incomplete waiting time for all the patients in that PCT or CCG who were waiting for treatment at the end of the month. We then use these averages to calculate average incomplete waiting times for: all PCTs and CCGs in England; all CCGs that introduced patient choice; and, all CCGs that did not introduce patient choice.³² Finally we weight these averages by the number of patients who at the end of each month are still waiting for treatment.³³

Analysis and findings

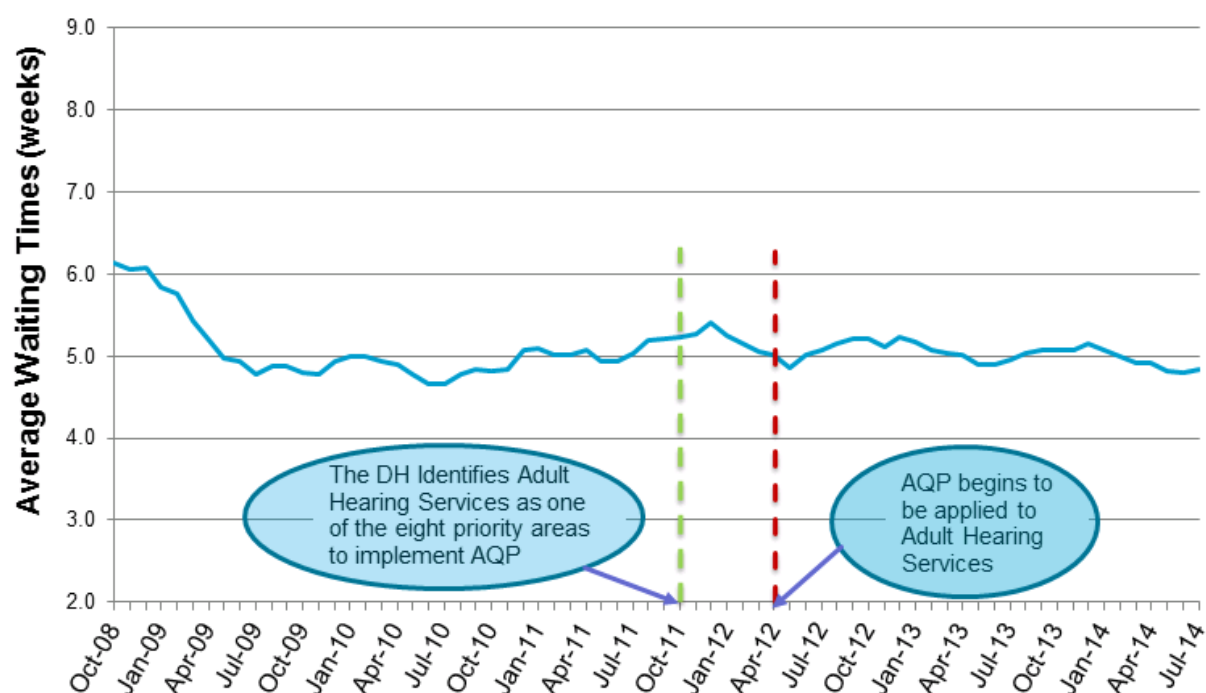
We analysed the waiting time data to understand whether and how waiting times have changed over the period October 2008 to July 2014. We also compared areas where choice has been introduced and those where it has not to see whether there was a difference in average incomplete waiting times between the two areas. Figure 2 illustrates the average incomplete waiting times for direct access audiology services on a monthly basis over the period October 2008 to July 2014.³⁴ The figure shows that incomplete waiting times fell in 2009 and in the first half of 2010, reaching a minimum of 4.7 weeks in April 2010.

³² In our analysis we excluded East Surrey CCG. We considered this CCG to be an outlier on the basis of extremely high waiting times characterising it in the first part of the covered period.

³³ For example, let's assume that patient choice was introduced in only two CCGs. If in the first CCG we find that at the end of the month there are 20 patients on the waiting list for an average of 5-6 weeks, and in the second CCG at the end of the month there are 30 patients on the waiting list with a waiting time of an average of 2–3 weeks, the weighted average incomplete wait for the CCGs that introduced patient choice would be: $((20/50) \times 5.5) + ((30/50) \times 2.5) = 3.7$ weeks.

³⁴ In the figure we plot a 5-month moving average. This is conducted to ensure that the trend is visually smooth and hence more comprehensible.

Figure 2 : Monthly average incomplete waiting times, England (Oct 08 – Jul 14)



Source: Monitor Analysis of NHS England dataset (incomplete pathways)

From May 2010 until the end of 2011 incomplete waiting times increased. In December 2011 the average incomplete waiting time was 5.8 weeks. In 2012 the average incomplete wait decreased again and in the last two years it stabilised at around 5 weeks. The average incomplete waiting time in July 2014 was 4.8 weeks.

We found that these changes in waiting times happened over a period where GP referrals for direct access audiology services increased significantly. Table 3 shows that between 2009 and 2013 the number of referrals for direct access audiology services in England increased on average by 4% on an annual basis and overall by 16%.

Table 3: Number of referrals for direct access audiology services in England over the period 2009 to 2013

	2009	2010	2011	2012	2013
Referrals	423,000	443,000	464,000	484,000	496,000
Annual Percentage Increase	4.7%	4.7%	4.3%	2.5%	

Source: Monitor analysis of NHS England dataset (completed pathways)

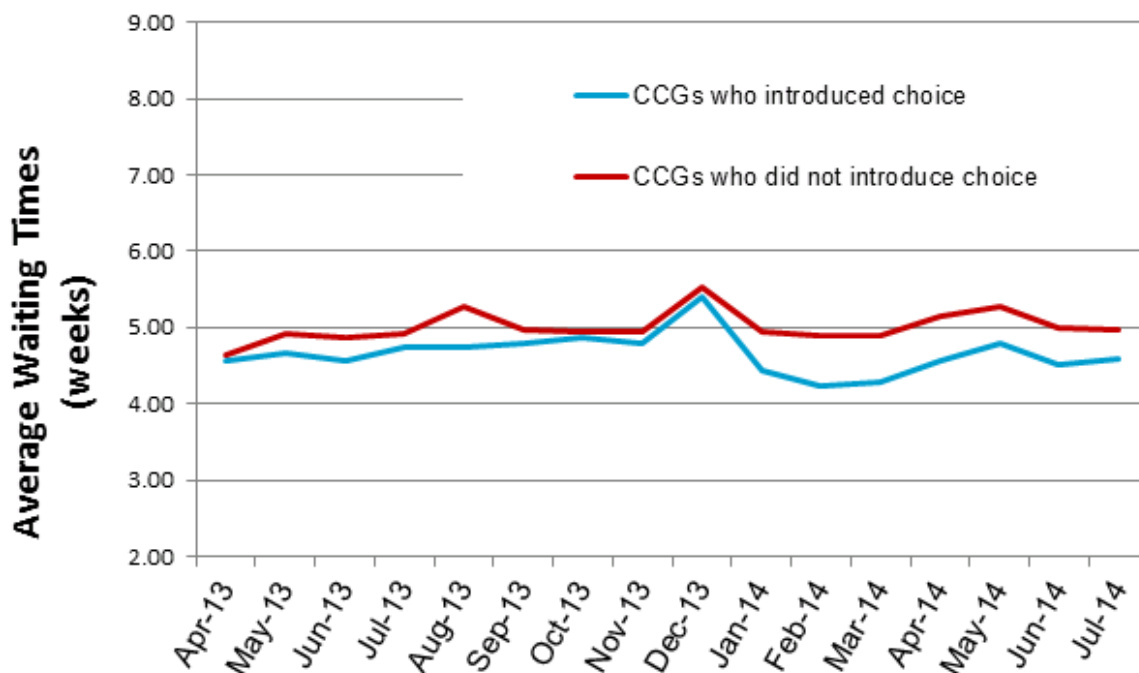
Comparison of areas that have introduced choice and those that have not

We compared the average incomplete waiting times after April 2013 for areas that have introduced choice and those that have not. This allows us to identify the effect of the introduction of choice controlling for other factors that might have affected

waiting times in both areas. The reason for examining the data after April 2013 is that waiting times at CCG level are only available from that date onwards. Figure 3 shows the average incomplete waiting time in areas that introduced choice and those that did not between April 2013 and July 2014. CCGs included in the 'choice' sample are those CCGs where we know the date of introduction of patient choice and who had introduced choice by 1 April 2013.³⁵ The CCGs included in the 'non-choice' sample are those CCGs who did not introduce choice. We did not include those CCGs who introduced choice after April 2013 or for which the starting date is not known to us.

In Figure 3 we observe that incomplete waiting times were similar but slightly lower in choice areas compared to non-choice areas over the period April 2013 to December 2013. This difference became slightly larger from January 2014 when incomplete waiting times in areas that had introduced choice fell faster than in areas that had not introduced choice. In April 2013 incomplete waiting times were 0.1 weeks lower in areas that had introduced choice, and in July 2014 these were 0.6 weeks lower in areas that had introduced choice compared to the areas that had not introduced choice.

Figure 3: Average incomplete waiting times, areas that have introduced choice and areas that have not introduced choice (April 2013 – July 2014)



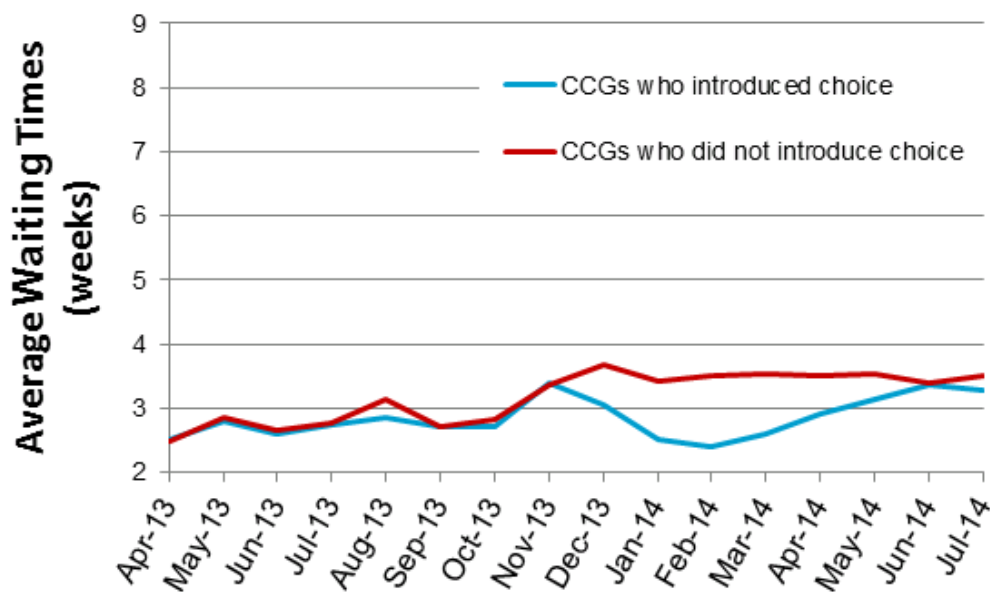
Source: Monitor Analysis of NHS England dataset (incomplete pathways)

³⁵ See Annex 1:.

We also examined changes in average incomplete waiting times for those CCGs that in April 2013 had relatively shorter or longer waiting times (see Figures 4 to 8).

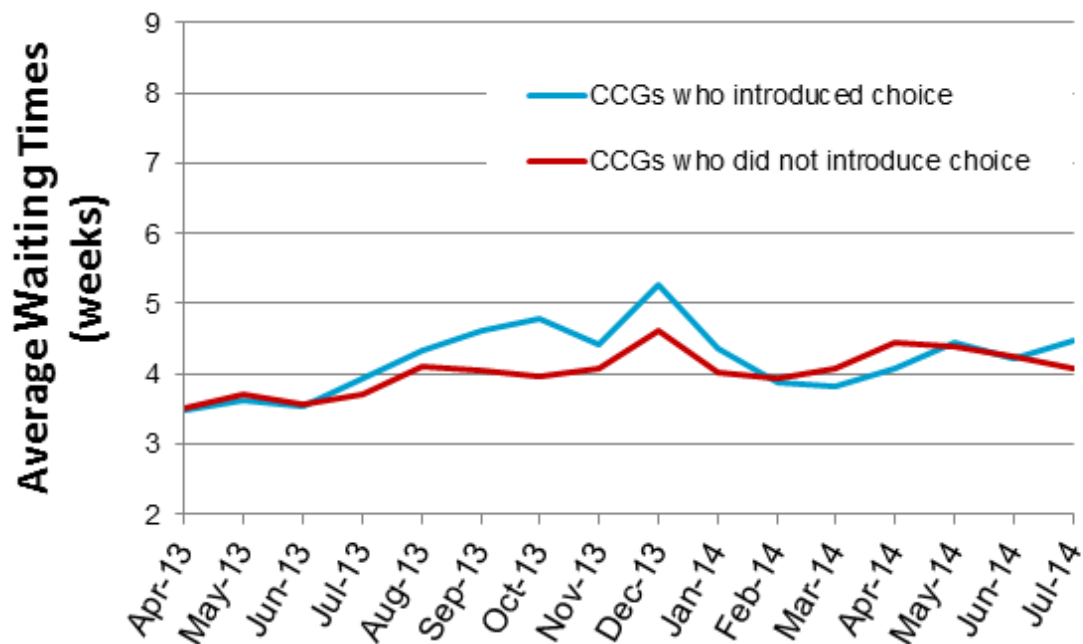
Figures 4 to 7 show that in areas where waiting times were relatively low to begin with the average incomplete waiting times in areas that had introduced choice and areas that had not were very similar over the period April 2013 to July 2014. In contrast Figure 8 shows that in areas where waiting times were initially relatively high (ie those areas where the average incomplete wait was 6 weeks or more in April 2013) waiting times fell faster in areas that introduced choice than in areas that had not. Those areas that had an average incomplete wait of 6 weeks or more in April 2013 and introduced choice, reduced their average incomplete waiting times by nearly 2 weeks. This reduction was 70% larger than the fall achieved in areas that had not introduced choice.

Figure 4: Average incomplete waiting times, comparison of areas that have introduced choice and areas that have not introduced choice with wait times lower than 3 weeks in April 2013



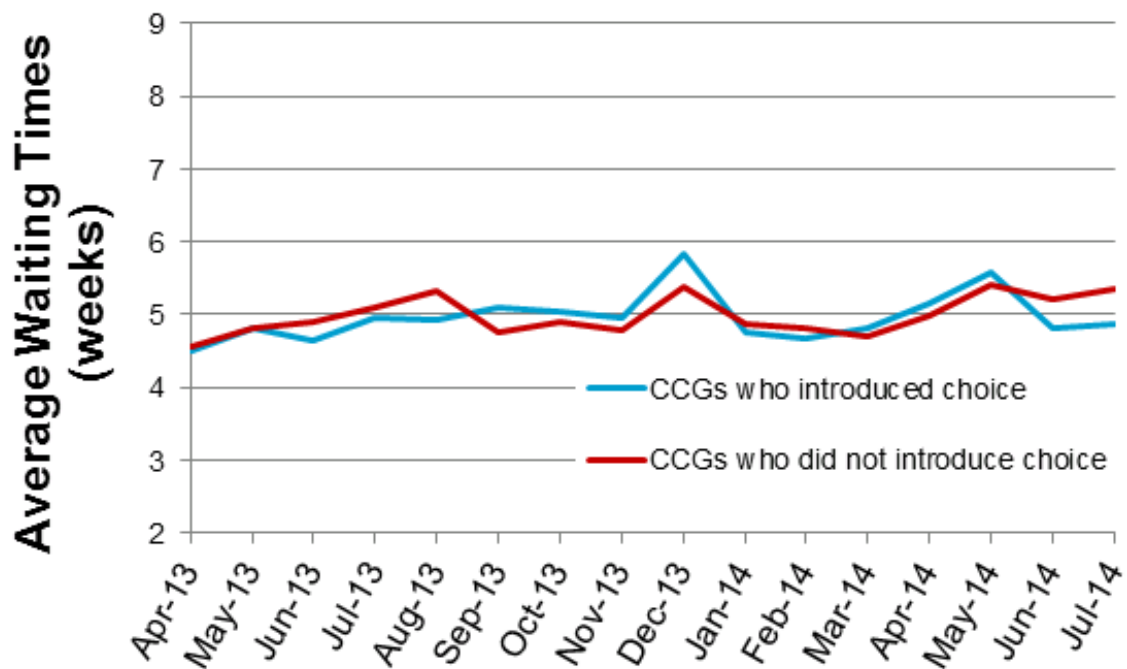
Source: Monitor Analysis of NHS England dataset (incomplete pathways)

Figure 5: Average incomplete waiting times, comparison of areas that have introduced choice and areas that have not introduced choice with wait times between 3 and 4 weeks in April 2013



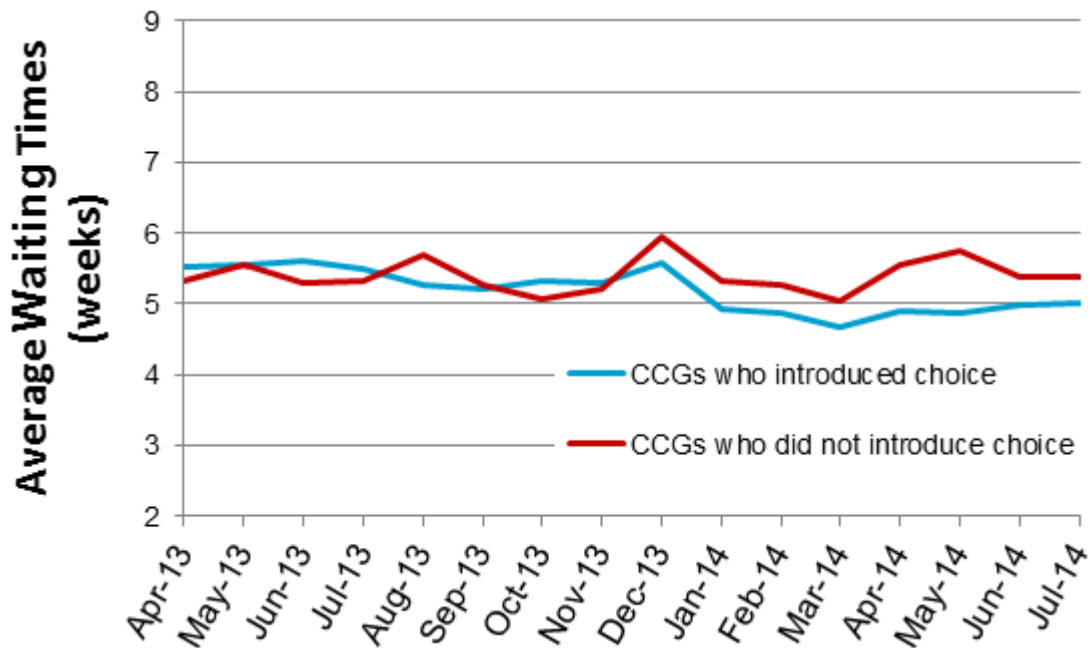
Source: Monitor Analysis of NHS England dataset (incomplete pathways)

Figure 6: Average incomplete waiting times, comparison of areas that have introduced choice and areas that have not introduced choice with wait times between 4 and 5 weeks in April 2013



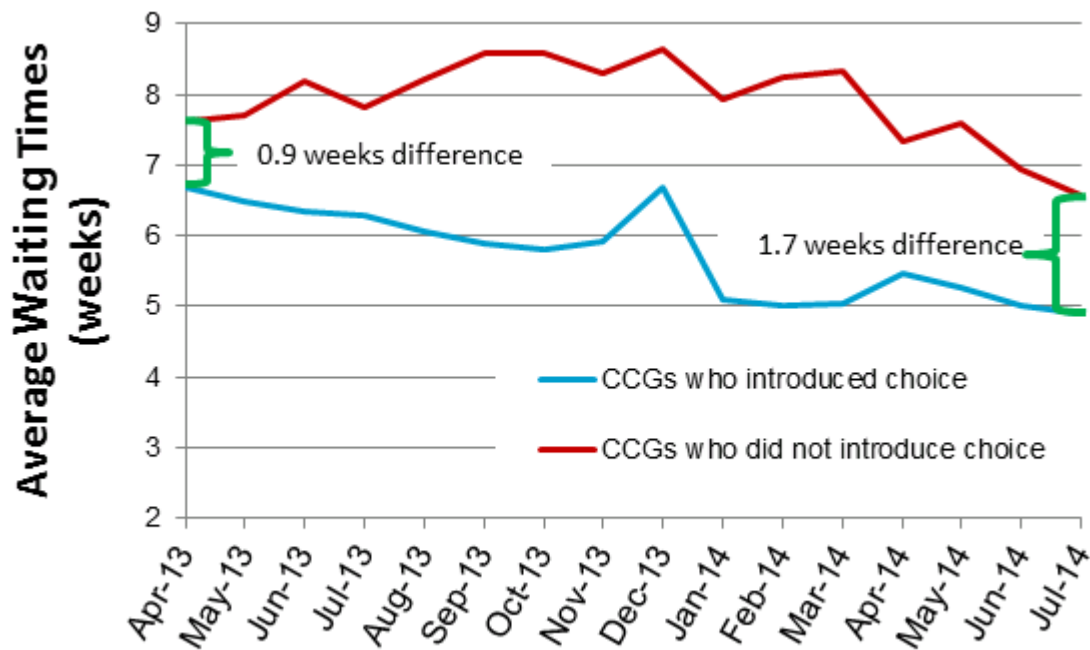
Source: Monitor Analysis of NHS England dataset (incomplete pathways)

Figure 7: Average incomplete waiting times, comparison of areas that have introduced choice and areas that have not introduced choice with wait times between 5 and 6 weeks in April 2013



Source: Monitor Analysis of NHS England dataset (incomplete pathways)

Figure 8: Average incomplete waiting times, comparison of areas that have introduced choice and areas that have not introduced choice with wait times higher than 6 weeks in April 2013



Source: Monitor analysis of NHS England dataset (incomplete pathways)

Conclusion

Following the introduction of digital hearing aids, GP referrals to audiology services increased and, as providers did not expand their capacity in response, waiting times sharply increased. To deal with the increase in waiting times funding was provided to commissioners to purchase additional treatments. RTT waiting times went from more than 17–18 weeks in December 2006 to 6–8 weeks in October 2008. When choice was introduced in some CCGs' areas, waiting times were often already low due to the progress that had been made in previous years. In areas where waiting times were particularly low, the introduction of choice did not further reduce waiting times. However, when commissioners introduced choice in areas with longer waiting times, we found that waiting times fell by 70% more than they did in areas where commissioners chose not to introduce choice. This suggests that introducing choice can be an effective way to reduce waiting times quickly in areas that have relatively long waiting times.

Annex 5: IQIPS accreditation

The service specification developed to support the introduction of choice in adult hearing services included a requirement for providers to employ staff registered with the Health and Care Professions Council (HCPC)³⁶ and recommended that providers be accredited by the Improving Quality in Physiological Diagnostic Service Programme (IQIPS).³⁷ The IQIPS accreditation requirement was intended as a less onerous regulatory requirement than registration with the Care Quality Commission (CQC).³⁸

IQIPS accreditation involves an annual self assessment and external peer assessment against a set of 26 standards covering performance in relation to patient experience, facilities, resources and workforce, safety and clinical aspects of the service.³⁹ The process involves the use of a self-assessment and improvement tool and a full day assessment. To gain and maintain accreditation, providers must pay a fee which includes an annual subscription to the IQIPS programme⁴⁰ and an annual accreditation fee costing around £2,600.⁴¹

³⁶ The HCPC is a statutory regulator of around 300,000 health and care professionals from 16 professions including hearing aid dispensers. For more information, see www.hcpc-uk.org.uk/

³⁷ DH's implementation pack, pages 31 and 47.

³⁸ DH's implementation pack, page 47.

³⁹ The full list of standards are available here:

www.iqips.org.uk/documents/IQIPS%20Standards%20and%20Criteria_03-06-11.pdf

⁴⁰ This subscription fee increases with the number of specialties that provider offers and the number of sites it operates.

⁴¹ British Society of Hearing Aid Audiologists, Presentation: 'IQIPS and AQP – Actually Quite Perplexing?', Consultation by DH for change to CQC registration regulations, 2 November 2012, slide 12; Royal College of Physicians, *IQIPS office Quick Guide to Improving Quality in Physiological Services Programme*, last updated 25 April 2013.