

Written Evidence from **Eastern & Coastal Kent Primary Care Trust** in response to questions on Audiology for the NHS Overview and Scrutiny Committee on Friday 14 December 2007

- 1. Whether the following "milestone" diagnostic target is being achieved for audiology: by March 2007, no-one should wait more than 13 weeks for diagnosis.**

No, however, Eastern & Coastal Kent PCT (E&CK PCT) has invested heavily this year to implement a waiting list initiative which will mean that anyone who was already waiting for a hearing assessment at the end of November will be seen by the end of March 2008.

- 2. Whether the following "milestone" diagnostic target will be achieved for audiology: by March 2008, no-one should wait more than six weeks for diagnosis.**

Yes – E&CK PCT has commissioned activity which estimates that 1450 patients will be on lists by the end of March 2008 which will mean patients could be seen within 6 weeks by then.

- 3. Whether it is intended that routine (non-ENT) audiology referrals will conform to the 18-week referral-to-treatment maximum wait standard by the end of 2008 (although these referrals are not formally covered by the 18-week RTT maximum waiting target).**

Yes – since August E&CK PCT has recognised all audiology referrals as being part of an 18 week pathway and has planned to meet this by the end of March 2008.

- 4. How (and when) Eastern and Coastal Kent PCT will meet its stated long-term target of reducing the maximum RTT waiting time to eight weeks.**

This is not a national target but is an *average* that E&CK PCT is aiming for. By commissioning sufficient volumes the PCT plans to have enough capacity from 2008-09 to create this as an average wait for referral to audiology to fitting. However, patients who delay (i.e. can't be contacted, have holidays, or are clinically complex) will extend that average.

- 5. What the level of unmet need for audiology services (including analogue-to-digital upgrades) is and how this has been estimated – and whether current procurement plans will be sufficient to address this.**

Currently the conversion (analogue-to-digital) component of the waiting list accounts for roughly 25% of the waiting list. E&CK PCT is working with the Acute Trusts to identify the numbers of analogue fittings that have already been 'converted' and what number that might leave.

However, the PCT has taken a more prudent approach, and assumed that there will be a growth in demand for services as a result of reduced waiting times for *all* components of the waiting list (rather than focusing on the remaining unmet need of the 'conversions' only). Estimating what impact reduced waits will have on demand is extremely difficult. Once E&CK PCT has identified the appropriate

level of growth, the funding required to meet it will be included in the audiology bid that is submitted in our annual local delivery planning (“LDP”).

**6. Whether providing upgrades to digital hearing aids for patients who already have analogue hearing aids is as important a priority as providing hearing aids for new patients.**

Yes – E&CK PCT are committed to reducing waits for *all* patients including those requiring upgrades to digital, and this will be supported by bids for additional investment if necessary.

**7. Regarding the recent cross-PCT Clinicenta audiology procurement for South East Coast:**

- **Why Eastern and Coastal Kent PCT is a party to the contract but is currently commissioning zero pathways through it; and how it will source additional capacity to clear up excessively long waits.**

E&CK PCT’s original plans for central procurement of diagnostics did not include audiology as it did not expect problems in securing additional capacity locally. When the Clinicenta procurement was promoted by South East Coast SHA, the PCT was already in negotiation with a local independent provider. Those negotiations continued and a contract agreed on the basis it offered a local solution with more flexibility and better value for money, than the Clinicenta contract. The PCT, however, signed up to the Clinicenta contract as a contingency arrangement, with no commitment to Clinicenta for a minimum level of activity or payment for audiology.

- **How the procurement came about and what the respective roles of the PCTs, the SHA and the DoH's Commercial Directorate were in bringing it about.**

The Clinicenta procurement was co-ordinated by the SHA and the Department of Health’s Commercial Directorate. E&CK PCT was reporting to the SHA regularly regarding its alternative plans for audiology.

- **How the procurement relates to the government's previously-announced plan to procure centrally 300,000 Independent Sector audiology pathways p.a. over five years.**

The central procurement of diagnostics as a whole represented circa £6m for Kent & Medway and E&CK PCT was allocated its ‘fair share’ of this, but it was not broken down to specialty level. At that time the PCT felt it would have more difficulty in sourcing additional capacity for MRI and Endoscopy than finding capacity for hearing aid services, and therefore prioritised these diagnostics from the centrally-negotiated independent sector contract.

- **What the effect of the procurement is likely to be on NHS audiology providers, given the fears expressed by some that the planned central Independent Sector audiology procurement could destabilise NHS audiology departments (which provide a much wider range of services).**

E&CK PCT's current contract with its local independent provider is to address part of the waiting list backlog and is until March 2008 only, rather than a 5 year commitment. This minimises risk and gives more flexibility in seeing how effectively the acute Trusts and primary care providers can manage demand after the current years' waiting list initiative. There has been increased investment in the hospital Trusts as well as the independent provider and therefore will not destabilise existing NHS provision.

- **How the contract addresses the following issues:**

Our local private provider contract will address some of the backlog of waiters for an appointment at East Kent Hospitals Trust whilst our Swale patients will continue to be seen by Medway Maritime NHS Trust.

- **quality, repair and maintenance of hearing aids;**

Our local private provider contract stipulates a period of 3 years aftercare for each patient fitted.

- **onward referral of cases requiring a specialist opinion;**

Our local private provider contract means there will be onward referral where necessary within 18 week timelines.

- **follow-up care for patients with complex needs;**

Our local private provider contract stipulates that complex cases will be referred back to East Kent Hospitals Trust where necessary.

- **continuity of care;**

The service specification with our local private provider states that patients already referred to East Kent Hospitals Trust for ENT would stay with East Kent Hospitals Trust as far as possible for continuity of care.

- **clinical governance;**

Our local private provider was assessed for clinical governance aspects as part of the overall provider assessment exercise. Monitoring the quality of the service is also part of the contract and a clinical audit is being undertaken in December by the East Kent Clinical Audit Service (Primary Care Audit Service). In addition to this a patient satisfaction questionnaire is being issued to all patients.

- **sharing of patient records with NHS audiology services;**

If a patient needed treatment elsewhere in the system then full demographic and clinical information would be made available. The contract with our local private provider also stipulates that they must adhere to patient confidentiality.

- **patient selection (whether this will be done through Patient Choice; whether those on waiting lists will be seen first);**

The contract with our local private provider stipulates that existing waiting list patients should be taken from the waiting list in chronological order. Those patients willing to be seen at one of the 4 locations are offered the choice and then booked for assessment and fitting according to patient availability.

- **staffing and "additionality" (given concerns around possible "poaching" of staff from NHS services).**

In an open market E&CK PCT can not influence staff choice regarding their employment but does need capacity across all providers and therefore require additional staff rather than moving staff/capacity around the system.