



Eastern and Coastal Kent

Audiology Services in East Kent Briefing Paper January 2009

This paper is intended to give an update on the services currently provided by the Audiology Service commissioned by Eastern and Coastal Kent PCT and the future plans of the service.

Background and need for change:-

Referrals for Audiology services are made through one of three routes, via ear nose and throat Services, via direct access referrals from GPs into Audiology and self referrals made by patients who are upgrading their analogue hearing appliance for a digital aid.

Just over a year ago the average wait for the Audiology service in East Kent was in excess of 52 weeks, peaking in July of 2007 when the average wait was 96 weeks.

In September 2007 East Kent recognised over 5000 patients waiting (see table 1 below) with an average wait of 85 weeks.

The challenge for East Kent was to radically reduce the long waiting list and to bring waiting times in line with the national commitment to the 18 week referral to treatment target.

Key milestone achievements:-

Significant developments have been made within this service over the last year, especially with regards to East Kent Hospitals University NHS Trust (EKHUT) waiting lists.

In direct response to the challenge to reduce the long waiting list the PCT commissioned Hearbase as independent audiologists to help reduce long waiters; they agreed to treat circa 2000 patients by the end of March 2008. Hearbase currently work out of four sites based in Folkestone, Ashford, Canterbury and Dover.

In addition the PCT commissioned a community audiologist to work out of three GP practices (Whitstable, Deal and Ramsgate) to further reduce the backlog of waiters.

At the end of March 2008 the number of people waiting for audiology services at EKHUT were reduced below the target to 1056 of these only 449 patients were waiting longer than 18 weeks through their own choice and the remaining 605 patients were all on 18 week pathways.

In recognition of the continued challenge to the provision and sustainability of audiology services in East Kent, Eastern and Coastal Kent PCT made provision for an additional £1.7m to be made available through the Local Delivery Plan process to

be used in securing additional capacity through the local hospital provider and an increase in community based services. In addition this funding will assist in dealing with an anticipated up turn in demand based on the success of securing reduced waits into the service, and the continued number of patients that might take up the opportunity to change their analogue aids for digital equipment.

April 2008

In April 2008 a fourth community audiology clinic was opened at Sittingbourne, to further support the drive for care closer to the home and to bring a much needed choice alternative to swale patients. Historically Swale patients have been referred to Medway NHS Foundation Trust for all audiology treatment.

November 2008

At the end of November 2008 the number of patients waiting for audiology services at EKHUT is 742 (see table 2 below); all patients are on 18 week pathway (assessment - fitting) which is in line with the national standard for all elective services. Direct access patients all have their assessment within 6 weeks and wherever possible and medically appropriate patients are often assessed and fitted on the same day. Over 95% of people on the current waiting list profile will be both assessed, and fitted with a hearing aid within 11 weeks. 67% of people identified on the profile will be assessed and treated within 6 weeks of referral.

Open ear testing is also widely used, again where medically appropriate

Table 1 Waiting List Progress

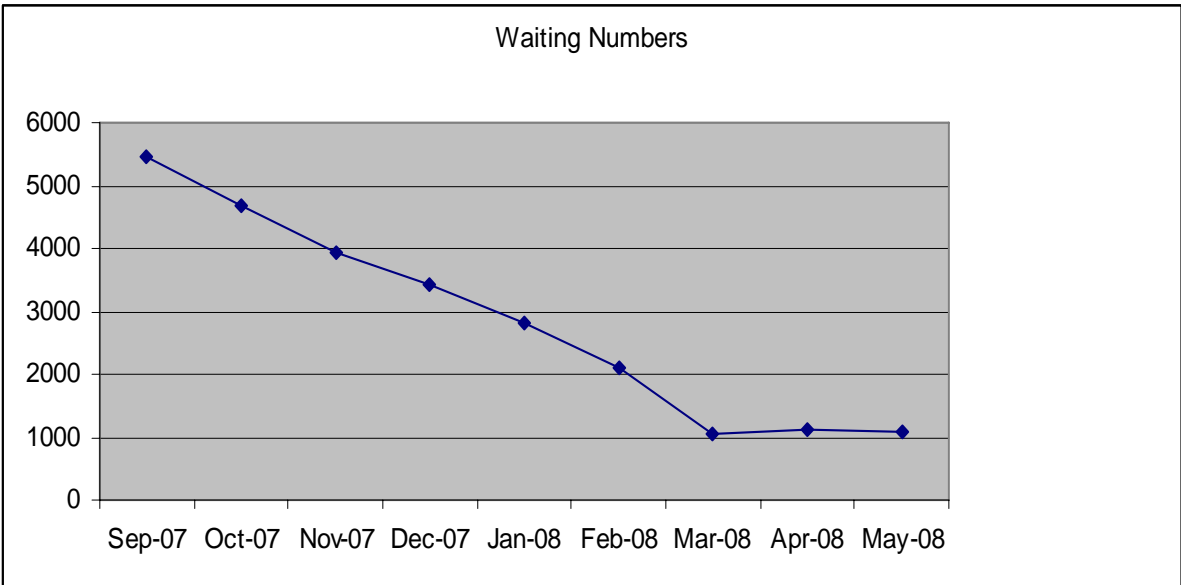
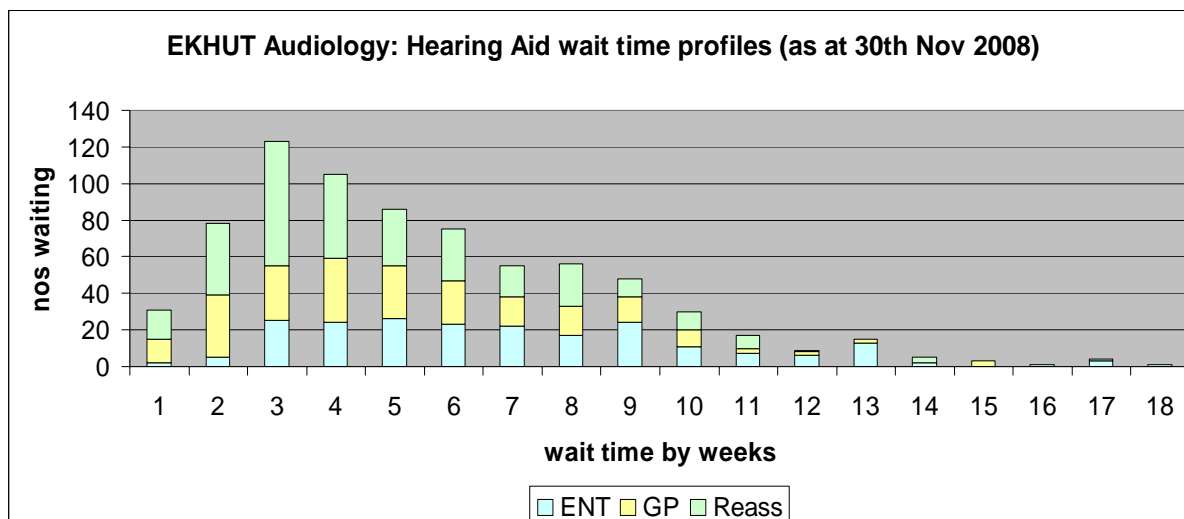


Table 2 Waiting List Profile



Choose and Book

Direct access to audiology at EKHUT is now available via Choose and Book and the waits are in line with the national diagnostic target of a maximum of 6 weeks.

Hearbase and the community based audiologist have been given extended contracts and are now receiving referrals via the Choose and Book system. Average waits for these services is 4 weeks, with a large majority of patients being seen with three weeks.

Performance Management

Throughout this time data collection has improved and the Audiology Service has been performance managed with the PCTs lead commissioner on a monthly basis on progress against the agreed action plan for full roll out of services. The following key performance indicators are also monitored and reported against:-

- Number of new referrals received by source
- Number of new patients seen
- Number of bilateral fittings

Much work has now been done to unbundle the block contract for work at EKHUT and Audiology work is now paid for on a cost per case basis, this enables a much more detailed understanding of performance as a whole.

In addition to the above a whole system service improvement group has been established that has a membership that includes GP's, Consultant Audiologists, Finance and Practice based commissioning representatives and a representative from HI-Kent.

Paediatric Audiology

The World Class Commissioning arrangements recently endorsed by Eastern and Coastal Primary Care Trust will require us to revise the commissioning of paediatric audiology services to ensure a coherent paediatric audiology pathway. This would

suggest that the children's lead commissioner should undertake the commissioning of paediatric audiology services collaborating closely with public health leads (for neonatal hearing screening) and head and neck commissioner (for ENT provision).

Until recently an adult audiologist employed by EKHUT provided the audiology assessments and services for children. However, the Clinical Services Manager recently made a successful internal Trust business case to develop a specific paediatric service. The Service now has a full time Specialist Consultant Community Paediatrician specialising in audio-vestibular medicine who is now leading the team and managing the newborn hearing screening programme. In addition EKHUT have now established two specialist paediatric audiologist posts. One post is now filled and the other is being covered by a locum whilst the second post is being recruited to (in progress). This means that as well as increasing the capacity of the overall audiology services, the standard and quality of provision for children is improved by the establishment of a more specialised paediatric service.

The Kent Children's Trust arrangements strengthen opportunities for collaboration at strategic and local levels and the Children's Commissioning Health Team will also work closely with KCC Education Deaf Services Team and Specialist Teaching Services thus ensuring a coherent pathway to enable children to have access to an early year's services, education and community provision.

In order to determine the level of the required commissioning budget an audit of need over the last three years has now been requested.

Children in the Swale area are provided for by West Kent PCT paediatric audiology team.

Future Planning

As commissioners we continue to proactively search for interested willing providers to declare their ability and desire to provide services in the future. As we establish the future levels of demand we will be working in partnership with all interested parties and stakeholders to establish a platform for sustainable service across the economy. And in addition ensure that services are established in rural and hard to reach areas.

ECKPCT continue to work with Medway NHS Foundation Trust to further establish links and opportunities for Swale residents to be able to receive services closer to their homes and enable swifter access to Audiology services and for GPs to be able to make such referrals through the Choose and Book system.

Audiology Services in West Kent Briefing Paper January 2009

This update builds on the previous report submitted to the HOSC in July 2008.

During the past year considerable efforts have been made by NHS West Kent to reduce waiting times for digital hearing aids to the target level of 18 weeks from GP referral to treatment.

An additional contract was awarded to Clinicenta to enable this, with funding made available for 1200 new audiology assessments and hearing aid fittings for people from the Maidstone and Tunbridge Wells areas. Patients treated in this service are both those waiting for first fit hearing aids and those changing from analogue to digital.

This additional capacity extends the services already provided by Maidstone & Tunbridge Wells NHS Trust (MTW) for patients in the south of West Kent. Medway NHS Trust treats patients in the Dartford, Gravesham and Swanley areas. A number of other centres provide audiology services for the people of West Kent, including Bromley Hospitals Trust, Guys and St Thomas' NHS Foundation Trust and a number of other London Hospitals.

Since the previous HOSC update and our success in reducing waiting times, Clinicenta now accepts direct referrals from GPs. Patients referred in this way receive a hearing assessment within 10-14 days and have their hearing aids fitted within 4-6 weeks of referral.

Currently all patients referred for audiology across West Kent are assessed within 6 weeks and treated within 18 weeks.

In line with "*Transforming Adult Hearing Services*", both MTW and Medway are redesigning their processes to ensure they can provide 3 year reviews for all patients. In the meantime best use is being made of other opportunities to offer such a review, for example Medway re-testing patients who attend for a repair.

Work on improving audiology services sits within the ENT stream of the Elective Care Programme. The Programme forms a key component of the overall Fit for the Future strategy and aligns with the NHS West Kent Operating Plan for 2008/09 for example in achieving and sustaining 18 weeks referral to treatment times, giving fast access to high quality care closer to home, aligning with pathway redesign work required to support the new hospital at Pembury, and the patient choice agenda. Through this Programme the PCT works in close partnership with Trusts across the local health economy.

