Please respond by selecting the relevant answer option at each question by placing an ‘X’ in the box, or by providing the information requested in the question.

1. Name of CCG: NHS Greater Preston CCG

2. Are any of the adult hearing services provided though Any Qualified Provider (AQP) in your CCG area?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

   If ‘yes’ please state how many providers 6

3. Do you have a policy on the implementation of the NICE guideline ‘Hearing loss in adults: assessment and management’ when providing adult audiology services?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

   If you have any comments on the implementation of the NICE guidance, please specify here:

   All providers are expected to follow the relevant published clinical and best practice guidelines and when providing their audiology service.

4. Do you hold information on the following for your CCG area:

   Response: Please see the attached spreadsheet.

<table>
<thead>
<tr>
<th>Spend on adult audiology</th>
<th>Spend on child (paediatric) audiology</th>
<th>Total audiology spend</th>
<th>Comments (Please clarify if this is complete data for the CCG, or just from a sub set of providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your audiology spend in 2015/16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your audiology spend in 2016/17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your audiology spend in 2017/18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your planned spend in 2018/19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your planned spend in 2019/20 (if known)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NOTE 1: Please fill in as much as you can. If, for example, you cannot provide a breakdown between adult and child services, please just fill in the TOTAL fields.

NOTE 2: Please present all these figures in nominal terms.

5. a) How many hearing aid fittings took place in the services you commission in each of the following years for adults.

NOTE 1: we are not asking for patient identifiable data, we just want the number of fittings.

NOTE 2: Please fill in as much as you can. However if, for example, you cannot provide a breakdown between adult and child services, or bilateral vs unilateral, please just fill in the total fields – or even just the total field or the total table in part c.

<table>
<thead>
<tr>
<th></th>
<th>Number of unilateral fittings (just one hearing aid fitted)</th>
<th>Number of bilateral fittings (hearing aids fitted to both ears)</th>
<th>Total</th>
<th>Comments (Please clarify if this this is complete data for the CCG, or just from a sub set of providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td></td>
<td></td>
<td></td>
<td>No reportable data available as Adult/Child split</td>
</tr>
<tr>
<td>2016/17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017/18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b: How many hearing aid fittings took place in each of the following years for children:

<table>
<thead>
<tr>
<th></th>
<th>Number of unilateral fittings (just one hearing aid fitted)</th>
<th>Number of bilateral fittings (hearing aids fitted to both ears)</th>
<th>Total</th>
<th>Comments (Please clarify if this is complete data for the CCG, or just from a sub set of providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td></td>
<td></td>
<td></td>
<td>No reportable data available as Adult/Child split</td>
</tr>
<tr>
<td>2016/17</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017/18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c: How many hearing aid fittings took place in total (adults + children):

<table>
<thead>
<tr>
<th></th>
<th>Number of unilateral fittings (just one hearing aid fitted)</th>
<th>Number of bilateral fittings (hearing aids fitted to both ears)</th>
<th>Total</th>
<th>Comments (Please clarify if this is complete data for the CCG, or just from a sub set of providers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015/16</td>
<td></td>
<td></td>
<td>4175</td>
<td></td>
</tr>
<tr>
<td>2016/17</td>
<td></td>
<td></td>
<td>3235</td>
<td>The depth, quality and accuracy of this data is dependent on provider defined HRG coding, which</td>
</tr>
<tr>
<td>2017/18</td>
<td></td>
<td></td>
<td>4401</td>
<td></td>
</tr>
</tbody>
</table>

These figures
represent Lancashire Teaching Hospitals NHS Foundation Trust only, for the following HRG codes: AudFitAQP, Audiology Fitting, Hearing Aid, Audiology Fitting AQP varies per provider. *Stronger data would be better sourced directly from the providers as detailed below. This would also allow for capture of community based provider activity.

6. Do you have a hearing loss threshold dBHL, below which adults will not be prescribed hearing aids?
   
   Yes – please state what the threshold is: 25dBHL

7. When adults have an aidable hearing loss in both ears, what is your CCG policy? (Please select the relevant response)

   | Two hearing aids are always offered | X |
   | One hearing aid is offered in the first instance unless someone specifically requests two hearing aids |
   | Only one hearing aid is offered |
   | We have a restriction in place for fitting hearing aids (please comment) |

8. Do you commission any hearing screening programme in your CCG area?

   | Yes – please provide details |
   | No | X |

9. For the services you commission please tell us how many Whole Time Equivalent (WTE) audiologists provide (or provided) services to adults? Please include all audiologists, including locums.
Currently

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Audiology hearing aid assessment only</td>
<td>£53</td>
<td>£53</td>
<td>£53</td>
<td>£53</td>
<td>£53</td>
</tr>
<tr>
<td>Pathway for hearing aid assessment, fitting of one hearing aid device, cost of one device and first follow up</td>
<td>£268</td>
<td>£268</td>
<td>£268</td>
<td>£268</td>
<td>£268</td>
</tr>
<tr>
<td>Pathway for hearing aid assessment, fitting of two hearing aid devices, cost of two devices and first follow up</td>
<td>£370</td>
<td>£370</td>
<td>£370</td>
<td>£370</td>
<td>£370</td>
</tr>
</tbody>
</table>

We do not hold this level of information. We would suggest that this would need to be requested from the providers directly. *The CCG’s AQP audiology providers are: Lancashire Teaching Hospitals NHS Foundation Trust, East Lancashire Hospitals NHS Foundation Trust, PDS Medical Ltd, Pennine Care NHS Foundation Trust, Southport and Ormskirk Hospital NHS Foundation Trust and Specsavers Hearcare Group Ltd.*
### 11. Do the services you commission offer a one stop assess and fit service for people with hearing loss? This is a service where hearing aid assessment and fitting takes place on the same day.

| Yes (If you wish, please provide further details of how this works) | x- This is in line with the NHS Standard AQP audiology service specification |

### 12. Is any of the following data collected in relation to outcomes from adults using hearing loss services in your area? (Please select all that apply)

**Response:** The CCG does not collect this data. *You may wish to redirect your request to the providers as before.*

| Continuation with use of hearing intervention provided |  |
| Reported benefits from hearing intervention |  |
| Service user satisfaction with their choice of intervention |  |
| Reduced communication difficulties |  |
| Improved quality of life |  |
| Other *(please specify)* |  |

### 13. Do you publish any of this data? - Not applicable.

| Yes *(please specify)* |  |
| No |  |

### 14. Do you use outcomes data as part of your commissioning and monitoring arrangements?

| Yes | x |
| No |  |
15. Are adult hearing loss services in your CCG area commissioned on the basis of activity (e.g. number of procedures performed) or on the basis of outcome (e.g. patient outcome data)? Please select the relevant option and provide further details:

<table>
<thead>
<tr>
<th>Service commissioned by: (select option)</th>
<th>Please specify details of what activity / what outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity</td>
<td>Cost per case</td>
</tr>
<tr>
<td>Outcome</td>
<td></td>
</tr>
<tr>
<td>Combination / other (please specify)</td>
<td></td>
</tr>
</tbody>
</table>

16. What follow-up arrangements are offered to patients who have received a hearing aid fitting from the services you commission?

| Follow-up appointments are not offered | |
| Follow-up appointments are offered to patients who request them | |
| Follow-up appointments are automatically offered to all patients | X |
| Follow-up appointments are automatically offered, but only to some patients (please specify) | |

17. If services automatically offer follow-up appointments, do you have any policies or targets in place for the length of time between hearing aid fittings, and follow up appointments?

| Yes (please specify the length of time) | A follow-up appointment should be undertaken within 10 weeks of fitting (unless there are clear documented, clinical reasons to do otherwise, or if patient chooses to wait beyond this period), in order to determine whether needs have been met. |

18. Do you hold any data on the actual length of time between hearing aid fitting and first follow up appointment?

| Yes (please specify the median time) | |
19. How do the services you commission offer follow-up appointments to patients? (Please tick all that apply)

Response: The CCG does not hold this information. *Please refer to the providers as detailed previously.

<table>
<thead>
<tr>
<th>Service</th>
<th>Face-to-face</th>
<th>Via telephone</th>
<th>Via post/email</th>
<th>Other (please specify)</th>
</tr>
</thead>
</table>

20. Do the services you commission provide audiology clinics out of hours i.e. after 6pm/ before 9am/ at weekends?

Response: The CCG does not hold this information. *Please refer to the providers as detailed previously.

<table>
<thead>
<tr>
<th>Answer</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If yes, please provide any further details here:</td>
<td></td>
</tr>
</tbody>
</table>

21. We would like to know more about the services you commission and any charges patients may experience?

<table>
<thead>
<tr>
<th>Item</th>
<th>We commission services that provide this, and the patient receives it for free</th>
<th>We commission services that provide this, but there is a charge. If so please specify the charge and what the patient receives for the charge (e.g. 5 batteries for £5).</th>
<th>We do not commission services that provide this.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hearing aid batteries</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing aid battery postage</td>
<td>X</td>
<td></td>
<td>Please go to Q21a.</td>
</tr>
<tr>
<td>Replacement for lost hearing aid</td>
<td>X- only once</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear moulds</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tubing replacement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service</td>
<td>Description</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear wax removal</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing aid repair/maintenance</td>
<td>Second or subsequent repairs are chargeable in some cases. For further details please contact the providers.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

21a. If the services you commission do not provide this service, please specify how people obtain their hearing aid batteries:

22. If you have any comments on the above, or if there are any other charges related to hearing aids or audiology service provision in your CCG area, please specify here:

23. For patients fitted with hearing aids, in what ways do the services you commission offer re-assessments of their hearing needs after a period of time (please indicate all that apply)

<table>
<thead>
<tr>
<th>Re-assessment Method</th>
<th>Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automatically after a certain period of time</td>
<td>X</td>
</tr>
<tr>
<td>On patient request or new GP referral</td>
<td></td>
</tr>
<tr>
<td>Other <em>(please specify)</em></td>
<td></td>
</tr>
</tbody>
</table>

24. If services offer an automatic re-assessment, after how many months/years does this take place for non-complex patients?

| Please specify: | After 3 years |

25. If services offer re-assessment on patient request or GP referral, is there a minimum number of months/years they have to wait before requesting this?

| Please specify: | No |
