

(In preparing this report the relevance of the following factors has been considered: prevention of crime and disorder, equality of opportunity, environmental, financial, health, legal and human rights, personnel and property considerations.)

Derbyshire County Council

Adult Health and Care Improvement and Scrutiny Committee 15 July 2010

Report of the Chairman Review of Changes to Audiology Services in Derbyshire

1. Purpose of the Report

To inform the Adult Health and Care Improvement and Scrutiny Committee of the work undertaken by the Service Reconfiguration Sub-Group in relation to changes made by NHS Derbyshire County to Audiology Services.

2. Background

- 2.1 NHS Derbyshire County (hereafter referred to as the PCT) re-commissioned Audiology Services during 2009/10. The intention of the PCT's Board of Directors was to reduce patient waiting times to below the 18 week directive (a directive removed by the Government in June 2010).
- 2.2 As part of the re-commissioning process the PCT took clinical advice from a national audiology expert and other national guidance that patients should travel no more than 15 miles to receive audiology services. The PCT also felt that the existing service did not provide any choice for patients and was in need of modernisation. This resulted in a tender for providers to deliver high quality modern services at a local level and in competition with each other as it was felt that competition would help keep service quality to a high standard.
- 2.3 Audiology Services had been provided through the acute hospitals via contracts with the PCT. This meant the majority of service users in the County would have accessed Audiology Services provided by Chesterfield Royal NHS Foundation Trust (FT) or Derby Hospitals NHS FT. There were also a number of people living close to the County boundaries that accessed Audiology Services from providers in other areas – these being: Burton Hospital NHS FT; Sherwood Forest Hospitals NHS FT; Nottingham University Hospitals NHS FT; Sheffield Teaching Hospitals NHS FT

- 2.4 Three providers were identified as suitable suppliers of Audiology Services for the County in early 2009 following the contract tendering process. The new contract began in October 2009
- 2.5 Despite the intentions of the PCT to enhance the service there was no consideration given to consulting or involving existing or potential users on the proposals. Unfortunately this contravened Section 242 of the National Health Service Act 2006 (NHS Act 2006).
- 2.6 Section 242 of the NHS Act 2006 (strengthened by the 'duty to involve' requirement of the Local Government and Public Involvement in Health Act 2007) requires NHS organisations, including PCTs, to make arrangements to involve and consult patients and the public in:
- planning of the provision of services;
 - the development and consideration of proposals for changes in the way those services are provided, and
 - decisions to be made by the NHS organisation affecting the operation of services.
- The duty applies if implementation of the proposal, or a decision (if made), would have impact on -
- a) the manner in which the services are delivered to users of those services, or
 - b) the range of health services available to those users¹.
- 2.7 The changes made by the PCT had unintended consequences for a large number of people in the Derbyshire Dales, Amber Valley, Erewash, and South Derbyshire areas. Some of these issues could have been addressed through proper involvement in the planning process and by informing the Adult Health and Care Improvement and Scrutiny Committee of the proposals in line with Section 242 guidance. The Committee itself was not informed of the proposals and was made aware of the changes through an enquiry from a County Councillor in November 2009.
- 2.8 For service users in the North of the County there was effectively no change in services as Chesterfield Royal NHS FT retained the contract for providing services and had previously established outreach centres in Bolsover, Clay Cross and North East Derbyshire in addition to the outpatient service provided at Chesterfield Royal Hospital.

¹ 'Duty to involve patients strengthened. Briefing on section 242 of NHS Act 2006', Department of Health, Gateway ref: 9138, December 2007.

3 Information and Analysis

- 3.1 Those most affected by the change in provider have been people in the southern half of the County who would normally have accessed the services at London Road Community Hospital in Derby City or at Queen's Hospital in Burton, Queen's Medical Centre in Nottingham, or King's Mill Hospital, in Mansfield. A list of locations for people to go to was placed on the doors of the audiology clinic at London Road Community Hospital by Derby Hospitals NHS FT on the date the new contract began. The list of audiology clinics in the County and the service providers is appended to this report.
- 3.2 In January 2010, the Service Reconfiguration Sub-Group held a public meeting with officers from NHS Derbyshire County in Swadlincote. Members of the group heard from service users about their issues with the new service and the reasons for change from officers from the PCT.
- 3.3 The Service Reconfiguration sub-group made seven recommendations to NHS Derbyshire County at the January meeting for improving the audiology service, raising public awareness, and ensuring robust procedures were followed by the PCT in relation to public involvement in service changes. These recommendations were based on work of the service reconfiguration sub-group prior to and feedback from members of the public provided at the meeting in January 2010.
- 3.4 A follow-up meeting to determine the effectiveness of the PCT's response to the Scrutiny recommendations was held on 16 June 2010. Members of the public were also invited to attend and comment on the work undertaken between January and June. The following outlines the Scrutiny recommendations and the response from the PCT (presented at the June meeting and in writing to the Chair of the Adult Health and Care Improvement and Scrutiny Committee). Issues which arose during the public meeting are included under the relevant recommendations to highlight areas that are still of a concern.
- 3.5 **Scrutiny Recommendation 1:** To explore, along with contracted providers, the provision of an audiology service from a central base in the Derby City area.
NHS Derbyshire County Response: NOW ACTIONED – a new site managed by InHealth will be established within the next 3 months.
- Scrutiny Recommendation 2:** Inform all General Practitioners, servicing Derbyshire residents, of the recent changes and clarifies the referral procedures for Audiology Services.
NHS Derbyshire County Response: NOW ACTIONED – All practices are aware of the new referral arrangements and contact numbers for the new providers.

Scrutiny Recommendation 3: Clarity where patients on boundaries to other Primary Care Trusts can go to receive audiology referrals.

NHS Derbyshire County Response: NOW ACTIONED

- a) North of the County – Chesterfield Royal Hospital outreach services – all localities.
- b) South of the County – InHealth and David Ormerod now providing full coverage. (New sites Derby City, Burton Centre, Belper, Long Eaton and expanded clinics at Swadlincote, Ilkeston).
- c) Note also – Domiciliary Visits are also provided.

Scrutiny Recommendation 4: Ensures, through new arrangements or through existing contracts with providers, that Voluntary Sector organisations, e.g. CAMTAD and Hearing Help, and Health Centres providing support and assistance to people with hearing aids receive supplies of equipment provided to them under the previous Derby FT contract.

NHS Derbyshire County Response: NOW ACTIONED – an efficient and robust supplier system has now been put in place so that all sites are receiving timely and appropriate supplies from both InHealth and David Ormerod. There has been considerable three way discussion between the PCT, the Voluntary Sector bodies and the Private Providers to ensure any service issues have been addressed.

Area for concern: The supply of resources including batteries and tubing to voluntary organisation CamTAD had not been sorted out. CamTAD had agreed to supply health centres as well as its own clinics with the necessary equipment but only two months stock of batteries had been received to date since October 2009 from provider organisation InHealth. InHealth receive its stock directly from the NHS and have had difficulty in procuring stock from them.

Scrutiny Recommendation 5: Promotes the change of service through a local media campaign.

NHS Derbyshire County Response: NOW ACTIONED – media release on 16 June 2010 (am) and further publicity to follow after the session 16 June. Leaflets to all former Derby/Burton hospital users have now been issued on an individual user basis.

Area of concern: The 16 June meeting highlighted that not everyone was getting information about the new services and there are likely to be service users who are still unaware of the changes. The flow of information informing people about the change should be ongoing.

Scrutiny Recommendations 6 and 7: Review of reporting requirements to PCT Board, linked to consultation processes, and promotion of the Health Service Protocol to Senior Management and Non Executive Board members.

NHS Derbyshire County Response: NOW ACTIONED – procedures and processes now fully strengthened to ensure the requirements are met. All service changes are now subjected to appropriate consultation and scrutiny procedures.

- 3.6 The above information was presented at the public meeting on 16 June (minutes for which are appended to this report). Following this presentation a question and answer session involving Committee Members, members of the public, and representatives of some voluntary organisations supporting people with hearing loss, highlighted there were still a number of issues that needed rectifying. These areas related to:
- The length of time it took to make and have an appointment for a hearing assessment or a hearing aid repair/retuning. Some people reported having to wait up to six weeks to get an appointment for a repair;
 - Poor standards of customer service experienced by people trying to make appointments through InHealth's national call centre;
 - InHealth referring hearing aid aftercare work to CamTAD despite being contracted to provide this work;
 - Transfer of patient records from previous providers, particularly Derby Royal Hospitals HNS FT, to new providers does not appear to be happening. Patient records are available upon request and with authorisation from the patient themselves;
 - The Sensory Service Team, part of Derbyshire County Council's Adult Care Department, had not received any referrals for its services since the change of providers in October 2009 and it was felt that some people could be missing out on vital support/assistance and equipment. Audiologists should be asking clients as to whether they need any other equipment besides the hearing aid – a referral can then be made to Derbyshire County Council's through the Call Derbyshire service;
 - Activation of hearing aid loop switches did not appear to be happening at some appointments. Where the provider does not include this service the client is unable to make use of hearing loops in buildings or make use of any equipment they may have to assist them – particularly that supplied by Derbyshire County Council.
- 3.7 The June meeting also highlighted that out of the three providers of Audiology Services in Derbyshire there were a number of issues that were directed towards one of the new providers. This is something that NHS Derbyshire County should seek to address as the local health authority in charge of the contract for Audiology Services.

- 3.8 There are examples of good practice emerging from the new service with people in some areas pleased that they can access the service in their local area. David Ormerod Hearing Centres have also received 100% positive feedback from new service users, particularly in the Ripley area where they have formed a close working relationship with voluntary organisation Hearing Help.
- 3.9 The original intention of the PCT to provide a high quality, modern and local service should be achieved provided the remaining issues highlighted in this report are addressed. NHS Derbyshire County have acknowledged where they went wrong and have made a public apology to existing service users who had been affected by the change.
- 3.10 Internal processes within the PCT to ensure that the duty to involve is considered by Commissioners in their work have been strengthened and more internal scrutiny of commissioning decisions is being undertaken. Reports to the Board of Directors also include a requirement to state what public involvement has been undertaken.
- 3.11 Whilst there are still a number of issues to be resolved it is recommended that NHS Derbyshire County do this through their contract monitoring process with the provider organisations. An update should then be provided to the Committee at its meeting of 18 November following their annual contract review meetings with providers of Audiology Services in September. Subsequent updates to the Committee may also be required.

4 Recommendations

- 4.1 That NHS Derbyshire County address the outstanding issues highlighted in the report through its contract monitoring process.
- 4.2 That NHS Derbyshire County provides an update report at the 18 November Committee meeting and further update reports where necessary.
- 4.3 That the Committee note the work undertaken by NHS Derbyshire County in addressing the issues it inadvertently created for service users through the redesign and recommissioning of audiology services.

Gill Farrington
Chairman Adult Health and Care Improvement and Scrutiny Committee