

---

**Title:** Community ENT, Wax Removal and Adult Audiology Service redesign and Procurement – Update

**Date:** 7<sup>th</sup> December 2015

**Submitted to:** Health Overview and Scrutiny Committee

**Author:** Ahmer Farooqi – GP Clinical Lead  
Teresa Callum – Head of Demand Management

---

## 1. Purpose

The purpose of this paper is to provide the Overview and Scrutiny Committee with an overview of the future commissioning arrangements for the above services and a summary of the stakeholder engagement undertaken and planned.

## 2. Brief overview of existing services

### **Community ENT service – Provided by UCLH**

A consultant-led community ENT service was commissioned jointly by Barnet and Enfield CCGs in January 2013 and is provided by the The Royal National Throat Nose and Ear Hospital (UCLH). The service is currently provided on three sites, Edgware Community Hospital, Finchley Memorial Hospital and the RNTNE, Grays Inn Road. The referral form allows patients to choose the location most convenient for them. Patients access this service through referral via their GP.

### **Adult Audiology Service (including the provision and fitting of hearing aids) – Provided by a range of AQP Providers**

The audiology service is provided by several providers under an “Any Qualified Provider” (AQP) arrangement. Patients access this service through referral via their GP. This service is aimed at patients over the age of 55 who have experienced gradual hearing loss in both ears.

Current providers of this service are:

- Spec Savers
- Scrivens
- Outside clinic
- RFH
- UCLH
- Inhealth

Services are provided across a range of locations in Barnet, located on the high street, as well as Edgware Community Hospital and Finchley Memorial Hospital.

## **Microsuction Service – Provided by Barnet Hospital, UCLH and the Community ENT service**

There is currently a microsuction service provided at Barnet Hospital and at UCLH as part of the main acute contract, as well as two microsuction clinics per week provided by the community ENT service at Edgware. The cohort of patients accessing this service can be mixed, with some needing microsuction prior to hearing tests, and unable to access ear syringing through their GP practices, some patients needing microsuction as opposed to ear syringing for clinical reasons (i.e. a perforated ear drum, or significant wax build up that cannot be treated through ear syringing). Access is via a GP referral

### **3. Clinical Case for Change**

The CCG has had lots of feedback from GPs regarding the confusion they and patients experience when accessing this group of services. Many patients in this group will need to access one or more of these services currently, and have to navigate a range of service providers and locations, each one providing one or more “steps” of the patient pathway. This can be confusing for patients, confusing for GPs, and creates unnecessary multiple appointments for patients. This results in a poor patient experience as well as poor value for money.

One of the reasons why problems are experienced is that it is not always obvious when the patient starts their journey which services they need to access. Typical examples which are not uncommon include:

- A patient needing a hearing test attends their appointment, only to be sent away again to have their ears cleaned, before reattending for their hearing test.
- Patients attending the Community ENT service could end up with a diagnosis requiring a hearing test and the fitting of a hearing aid. They then are discharged from one service, back to their GP for referral through the AQP route. The same patient may also need their ears cleaned, involving a third separate visit.

Patients and GPs alike would benefit from a more streamlined service, with all services being co-located, across several sites, enabling patients to move seamlessly between the various service elements that they need in a single visit. This would vastly improve the patient experience, improve continuity of care and be a better, more effective use of resources. It would also mean that for GPs there would be a single point of entry into the system.

The proposed new service model is that all three services are provided side by side in two/three locations across Barnet on a one stop shop basis. This means that irrespective of the reason for the patients referral, they will be able to access any combination of these services as part of the same appointment should they need to.

### **4. Stakeholder Engagement**

There have been several types of stakeholder engagement, listed below.

- A patient representative from Healthwatch, has fed into the service specification, and will also be part of the panel who score, moderate, and interview potential bidders.
- Another service user who expressed an interest but was not able to commit to being the patient representative on the panel was also interviewed and her views recorded for the project team.
- A patient survey has also been undertaken. 200 surveys were sent out and we have had 30 responses.
- Feedback was sought from GPs through an ENT educational event on their views of the best model of service from their perspective for the patient.
- A visit is scheduled to both Age UK and the West Locality Patient Participation Group (this is a group of 40 patients who are currently registered to GPs on the west side of the borough) to gain further patient feedback.

The engagement activities outlined above will be supplemented by ongoing engagement through patient surveys which will be a contractual requirement.

Feedback so far from both the patients groups and GPs is that they are in favour of the proposed new service model. When balancing the convenience of multiple locations with potentially multiple appointments, against a model with fewer locations but a “one stop” model, where all three services can be accessed as part of the same appointment, the vast majority are in favour of the one stop model.

## 5. Conclusion

The redesign and future procurement of these three services as a single seamless service will benefit patients and GPs by

- Providing a single point of access
- reducing the steps in the patient pathway by providing a one stop shop service

The proposed new model is supported by Barnet GPs and patients

The Overview and Scrutiny are asked to note and provide any comment on the contents of this paper