

# Specialist Healthcare

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# Introduction

- Specialist Health Care
  - What is it?
  - Who pays for it?
  - Who provides it?
  - How will it work?

# Health Reforms

- Changes to commissioning
  - Clinical Commissioning Groups (CCGs)
    - Most care
      - Option of multiple providers
      - Competition to improve quality
    - Arms length – NHS Commissioning Board
      - “NHS England”
      - Advice, guidance, service specifications
    - Public Health England
      - Screening and Immunisation

# Health Reforms

- Specialist care
  - Low incidence
  - High cost
  - High value
  - CCGs would struggle to commission
    - Specialist knowledge
    - Variation in incidence
    - “Prescribed services”

# Commissioning Specialist Services

- NHS England
  - 130 prescribed services
  - Expert commissioners
  - 27 Area Teams – “sub-regional”
  - Southwest
    - Devon, Cornwall & Isles of Scilly
    - Bath, Gloucestershire, Swindon And Wiltshire
    - Bristol, North Somerset, Somerset And South Gloucestershire

# Commissioning Specialist Services

- Available money top-sliced
  - Estimated proportion spent on specialist services
    - Directly to NHS England
    - Rest passed on to CCGs

# Commissioning Specialist Services

- In hearing
  - Permanent childhood hearing impairment
    - 40dBHL or worse in better ear
  - Implantable devices (all ages)
    - Bone anchored hearing aids, cochlear implants, middle ear implants, auditory brainstem implants
  - Cleft lip & palate
  - Vestibular schwannoma



# Commissioning Screening and Immunisation

- Newborn hearing screening
- Public Health England not commissioners
  - Commissioning outsourced to NHS England
    - Area Teams
  - Performance managed by PHE staff
    - Screening and immunisation teams



# Commissioning other paediatric audiology

- CCGs responsible
  - High incidence, low cost or low value
    - Diagnostic audiology
      - 1000s tests per year in a patch
  - Glue ear
    - 8/10 children
  - Auditory processing disorders
    - 5% of population (?)
  - Mild hearing losses
    - Lower impact

# Illustration

- Born
  - Hearing screen – community – 10 & 17 days
  - **no clear response**
    - Screened by Health Visitor employed by CIC
      - Commissioned –NHS England Area Team for PHE
        - » Possibly not explicitly, as included as part of basic service commissioned by CCG
  - Second stage screen – 24 days
  - **no clear response**
    - Specialist screener employed by acute Trust
      - Commissioned –NHS England Area Team for PHE

# Illustration

- 6 weeks old – diagnostic test - ABR
  - Moderate loss – 45dB
  - Diagnostic test
    - Specialist audiologist
      - Commissioned –NHS England Area Team for PHE
      - Performance managed by PHE
- 8 weeks old – Repeat ABR



– PCHI

- Specialist audiologist
  - Commissioned by NHS England Area Team

# Illustration

- 12 weeks old
- **moderate mixed loss**
  - Some evidence of glue ear, but also some degree of sensory loss
- Prescribe hearing aids
  - Commissioned by NHS England area team
  - Performance managed by NHS England
- Plan follow-up – behavioural testing – 6 months



# Illustration

- 6 months
  - Behavioural testing shows mild underlying sensory loss – 35dB - with glue ear
    - Care now commissioned and performance managed by CCG

# Does this matter?

- Meetings I attend as a Head of Audiology
  - AQP Meetings
    - Adult hearing services, AQP commissioner
  - Clinical Pathways Group – ENT & Audiology
    - ENT and Audiology pathways to improve patient pathways and save health community money
    - CCG Commissioner
  - NHSP governance meetings
    - PHE & NHS England
  - No meetings
    - Children's & Young People's commissioner – CCG

# Does this matter?

- CHSWG
  - Which commissioner should come?
  - All of them?

# Provider changes

- Long-standing debate
  - Critical numbers for specialist services
    - Plymouth – largest catchment on Peninsula
    - Most deprived urban areas
    - Approx 12/year born and acquired PCHI
    - Is that enough to be truly specialist?
  - Moves towards network approach
    - Highly specialised
    - Critical mass of patients
    - Long, long way to go



# Provider Changes

- Network issues
  - Population/geography size?
  - Accountability?
  - Highly specialist lead individual?
  - Lead organisation?
  - Interface specialist/local hearing care?
- Political aim
  - Changes within 3 years
  - Will have to be driven by commissioners

# Provider Changes

- What will the future look like?
- I really don't know!