

Extending patient choice to Any Qualified Provider (AQP) Policy statement

Any Qualified Provider was launched in 2012 as part of government health reforms in England. It means that any healthcare provider including the NHS, independent and voluntary sector organisations can deliver NHS services, providing they meet NHS quality requirements, prices and contracts.

Our position

Action on Hearing Loss wants hearing services to deliver improved outcomes and benefits for people with hearing loss. Our vision is for more accessible and integrated services, which:

- **Improve public health and prevent avoidable hearing loss.**
- **Encourage early diagnosis and management.**
- **Provide person-centred care, and respond to information and psychosocial needs.**
- **Support communication needs, by providing timely access to lipreading classes, assistive technologies and other support services.**
- **Promote the inclusion and participation of people who are deaf or hard of hearing in wider society, for example through signposting to employment and educational support.**

As part of the government's health service reforms, it has extended patient choice to Any Qualified Provider (AQP) for some health services. Choice of AQP in adult hearing services could drive innovation and improvement of services, and make hearing services more accessible and responsive to people's needs.

However AQP must be monitored and evaluated to ensure that service quality improves and high clinical standards are guaranteed. We call on the government and commissioners to collect data from providers and properly evaluate the AQP policy. Action on Hearing Loss has developed an evaluation framework that can be used for this purpose¹.

Introduction

This policy statement outlines the main issues for people with hearing loss. It also includes our stand on the issues².

¹ www.actiononhearingloss.org.uk/evaluationframework

² Please note that, like many policy documents, this statement reflects the issues relevant at the time of writing. Over time this may be subject to change, such as new legislation, and we may review and amend the document.

We use the term 'people with hearing loss' to refer to people who are deaf, deafened and hard of hearing throughout.

Background

In 2012, the Department of Health in England extended patient choice to a range of community and mental health services. Initially, eight services were recommended as the most suitable for Any Qualified Provider (AQP) arrangements, including adult hearing aid services in the community. Each area can choose which services to open up to AQP, and many areas across England chose to offer patients a choice of providers of adult hearing services.

AQP means that any healthcare provider from the NHS, independent, voluntary or third sector can become qualified to deliver NHS services, providing they meet NHS quality requirements, prices and contracts. AQP applies to England only.

Under AQP arrangements, when a patient is referred for the chosen NHS service they should be able to choose from a wider choice of providers for that treatment.

The AQP model of delivering hearing services could help alleviate the pressures caused by increasing numbers of people with hearing loss. Low levels of diagnosis could be increased through improved patient choice and access to services. The government has also argued that AQP will increase innovation, leading to higher quality services.

Action on Hearing Loss supported the development of the AQP implementation pack for adult hearing aid services, including the service specification and a rigorous qualification process for service providers.

The NHS pays healthcare providers per patient they see, at a set tariff. Providers will not be able to compete on price. They will instead compete for patients on the basis of the quality of service offered.

Evidence

Although AQP could improve patient choice and service quality, we are concerned that these aspirations may not be being met, and we are therefore calling for outcomes to be monitored and for the policy to be properly evaluated. In particular, we have anecdotal evidence that:

- There is low awareness of patient choice among patients and GPs.
- Regulations may not be being followed in all areas.
- The quality and choice of AQP services is inconsistent.

Recommendations

Under AQP we want to see more accessible and integrated services, closer to people's homes, that improve levels of diagnosis and meet patient needs. Commissioners should ensure that these outcomes are being achieved.

It is also crucial that NHS hearing aid services, including hearing aids, follow up and ongoing care, remain free to the patient.

We are calling on the government to monitor and properly evaluate AQP to ensure that it improves service quality, drives innovation and guarantees high clinical standards. A test of its success will be how it delivers against key patient outcomes.

Action on Hearing Loss has developed an evaluation framework including a set of performance indicators and the necessary tools to assess AQP adult hearing services in England³. The framework can be used to evaluate and compare individual service providers and monitor their performance over time, using outcomes relevant to service users. It can therefore also be used to assess the extent to which AQP has delivered its objectives.

More information

The Department of Health AQP Q&A: <http://healthandcare.dh.gov.uk/aqp-answers/>

Guidance with Hearing Services case studies:
<http://healthandcare.dh.gov.uk/adult-hearing-aid-services/>

Action on Hearing Loss Evaluation Framework for Adult Hearing Services in England:
<http://www.actiononhearingloss.org.uk/evaluationframework>

³ www.actiononhearingloss.org.uk/evaluationframework