



**Brighton and Hove
Clinical Commissioning Group**

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Ref: GH124/JAF/CCG
31st May, 2012

Dear Sven,

Thank you for writing to outline the main issues raised by committee members following my attendance at HOSC to discuss the use of an Any Qualified Provider (AQP) procurement approach for the provision of direct access hearing services for age related hearing loss. We do value your input and I hope that the responses below will satisfy committee members, but if not please come back with any further queries.

Pressure to Buy Additional Products/Services

The package or pathway of care will be funded for a single sum, so if patients are provided with more expensive equipment the extra cost will be carried by the provider. There is a clause in the specification that prohibits providers from marketing their private services to NHS patients. We will be very clear about this in the patient information leaflet, so that if providers do promote their private services they are acting outside of their contractual obligations and we will ask patients to feed this back to us via the patient satisfaction questionnaires.

'Cherry-picking' and Impact on Current Provider

Under AQP all qualified providers have equal opportunity to attract patients who are referred by their GP. Information for patients will detail all of the possible AQP providers and patients will choose their provider. The AQP specification defines what must be offered and bidders will have to agree to provide all of the service as defined by the specification.

Brighton and Sussex University Hospitals NHS Trust (BSUH) is the current service provider. Under the AQP model BSUH could bid to be one of the AQP providers and maintain a proportion of their current activity thus reducing any loss of income and consequent service instability.

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NHS Sussex represents the following primary care trusts:

NHS East Sussex Downs and Weald
NHS West Sussex

NHS Hastings and Rother
NHS Brighton and Hove

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The impact on the remainder of the Audiology service is something that will be discussed with BSUH in June as part of the transition discussion. We are keen to ensure that the more medically focussed part of the Audiology service that is not appropriate for AQP remains locally provided and affordable and we will be discussing this specifically.

Outreach

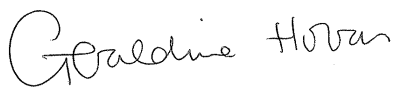
This has not been included in the AQP specification as it might not be cost effective for multiple providers to provide this aspect of the service. We intend to maintain this function within the ongoing contract with BSUH, and will continue to make this available to patients. Again, this will be discussed with BSUH in June as part of the transition discussion.

Timescale

This AQP process is part of a national programme and as such will be advertised on 1st June 2012. The queries raised by HOSC members have not needed any changes to be made to the specification and we are therefore proceeding with a specification very similar to the version seen by HOSC with a few other minor changes. I am happy to provide an update to HOSC on the AQP model at a future date so look forward to hearing when this would be convenient for the committee.

I hope that this answers your questions, but as stated above, please do come back if more detail is required.

Yours sincerely,



Geraldine Hoban
Chief Operating Officer
Brighton & Hove Clinical Commissioning Group

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