

# NHS Standard Contract - SCHEDULE 2 – THE SERVICES

## Aural Care Service Specification

<b>Service Specification No.</b>	
<b>Service</b>	Aural Care Local Enhanced Service
<b>Commissioner Lead</b>	Dr Avanthi Gunasekera, Strategic Clinical Executive
<b>Provider Lead</b>	As signed
<b>Period</b>	<del>1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021</del> <u>1 April 2021 to 31 March 2022</u>
<b>Date of Review</b>	End of contract period or as necessary

### 1. Population Needs

All practices are expected to provide essential and those additional services that they are contracted to provide to all their patients. This specification outlines the more specialised services to be provided. The specification of this service is designed to cover the enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential services. No part of the specification by commission, omission, or implication defines or redefines essential or additional services.

The aims of this agreement are:

- To provide a basic level of Aural Care to the practice population
- To reduce referrals to secondary care
- To bring treatment closer to home.

Patient consultation has not taken place as this is a revision to an existing service that supports both National and CCG priorities

As per the NHS Rotherham CCG Quality Contract, if practices do not wish to deliver this service it must be sub-contracted to another practice following discussions with the CCG. All patients must have access to this service.

### 2. Outcomes

#### 2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	N/A
Domain 2	Enhancing quality of life for people with long-term conditions	N/A
Domain 3	Helping people to recover from episodes of ill-health or following injury	Yes
Domain 4	Ensuring people have a positive experience of care	Yes
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	Yes

### 3. Scope

#### 3.1 Overview

- This service will be provided at practice level to provide advice and where necessary treatment of minor aural care conditions.
- Assessment of Hearing Loss, which will include patient history, tuning fork test, Audiometry and tympanometry.
- General ear care advice and education and, where appropriate, referrals to the Primary Ear Care Centre. Other conditions to be treated include: ear wax, Acute and Chronic Otitis Externa, Eustachian Tube Dysfunction, Acute and Chronic Otitis Media and mastoid cavity care.
- Topical applications can be given in line with patient group directions or topical and systemic medications may be prescribed.

- All interventions for Aural Care will be read coded and documented in the patient records for audit purposes.
- This service is to be provided utilising single use instruments, ordered from the Primary Ear Care Centre

### **3.2 Eligibility/Accreditation**

Practitioners providing this service must have the necessary skills.

### **3.3 Patient Pathways**

Practices will deliver a basic level of Aural Care to the population, and complex cases can be referred to the Primary Ear Care Centre (PECC). The PECC will not accept patients for basic ear care if the practice is undertaking the LES, and the practice must not attempt to refer these patients.

The following patient pathways have been agreed with the PECC:

For adults, practices will undertake:

- Wax removal
- Instrumentation
- Treatment of infections, and associated basic hearing tests

Referrals to the PECC can be made for:

- Un-resolving infections as a result of otitis media and/or externa
  - Difficult wax that may require suction
  - Mastoid cavity care for wax or infection
- Please review in conjunction with the Aural Care Impact Earwax – Eligibility criteria for referral to Primary Ear Care Centre document.

Referrals to ENT should be made for:

- Troublesome tinnitus, unilateral or pulsatile

Band 1 – Initial first assessment by a clinician and/or treatment, which is undertaken as part of that consultation by a clinician. This assessment should involve the use of clinical instrumentation (other than solely using a conventional otoscope) and claims should only include those conditions that would previously have been referred to the Primary Ear Care Centre for treatment.

Band 2 – Follow up by a clinician

The PECC will see children for wax removal but only over 19 year olds for treatments of infections. The PECC cannot prescribe for children.

### **3.4 Reporting Achievement**

Practices will submit a quarterly data report to the CCG via the LES data worksheet when requested by the Primary Care Team. As a minimum, the dataset will include the numbers, and types of cases treated in the previous quarter.

### **3.5 Patient Satisfaction**

In order to ensure patients are satisfied with the Aural Care service, the CCG will undertake a rolling SMART survey to monitor patient satisfaction. GP practices will provide the patient with the appropriate link for completion.

### **3.6 Remuneration**

First appointments (procedures) will be paid at £7.31 per patient per appointment, and follow-ups at £4.87 per patient per appointment.

Band 1 – Initial first assessment by a clinician and/or treatment, which is undertaken as part of that consultation by a clinician. This assessment should involve the use of clinical instrumentation (other than solely using a conventional otoscope) and claims should only include those conditions that would previously have been referred to the Primary Ear Care Centre for treatment.

Band 2 – Follow up by a clinician

Consequences for late submission of activity data:

- 1 – 7 days: 5% of payment
- 8 – 14 days: 10% of payment and payment won't be released until the next payment run
- 15 – 21 days: 50% of payment and payment won't be released until the next payment run
- Submissions received after 21 days (3 weeks) will receive no payment.

A reminder by email will be sent out at least one week prior to submission date. It is the responsibility of the practice to ensure that any changes to contact details for the Practice lead/practice manager are notified to the GP Commissioning team.

In the event of unforeseen exceptional circumstances e.g. unplanned admission to hospital, there is scope for the CCG to process a payment without precedent. It is however a practice responsibility to put in place sufficient contingency arrangements to ensure activity is submitted by the date specified.

If the CCG makes a payment to a practice under the LES and :

- a) The practice was not entitled to receive all or part thereof, whether because it did not meet the entitlement conditions for the payment **or because the payment was calculated incorrectly** (including where a payment on account overestimates the amount that is to fall due );or
- b) the CCG was entitled to withhold all or part of the payment because of a breach of a condition attached to the payment, but is unable to do so because the money is already been paid,

then the CCG is entitled to repayment of all or part of the money paid.

Any suspicions of fraud will be referred to the CCG's Counter Fraud Specialist for further investigation. It is important to recognise that claiming for procedures that do not fall within the service specification may constitute fraud and will be referred to the CCGs Counter Fraud Specialist for further investigation.

### **3.7 Audit – Compliance with the Scheme**

Practices will be selected at random for audit (and also if the GP for Primary Care identifies any potential irregularities). Practices selected for audit are required to work with the auditors to demonstrate to them that all parts of the scheme have been complied with.

### **3.8 Termination of Agreement**

This service forms part of the basket of enhanced services of the Rotherham Quality Contract, and is therefore subject to the terms outlined in the Quality Contract.

Following the recent publication of the 'Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan' the CCG acknowledges that further guidance may influence the future delivery of Local Enhanced Services.

All Local Enhanced Services will be subject to regular review in line with the development of Primary Care Networks (PCNs). Three months' notice will be given to Providers if services are to transfer to PCN delivery and/or payment

The Practice and/or CCG may give three months written notice to terminate the service for reasons other than those outlined above.