**Frequently asked questions: AQP audiology service**

 **I have a patient who has a faulty hearing aid? What do I do?**

 In the first instance your patient should contact their AQP audiology provider. If the hearing aid is faulty and within the manufacturer’s warranty (normally three years), the provider can arrange for a replacement hearing aid to be issued at no cost to either the person or commissioner.

 If the hearing aid is faulty after 3 years, then the provider will seek reimbursement for a new aid from NHS Kernow.

 **My patient has lost their hearing aid and does not know what to do**?

 The patient should contact their provider if they have lost their hearing aid who will arrange for a replacement to be provided. Depending on the circumstances, the patient may have to pay for the replacement hearing aid – this is in line with the NHS Kernow commissioning policy for replacement hearing aids.

 **A patient has come back to me at the end of their three year audiology pathway to say they need a referral for new hearing aids?**

A new GP referral is not required in order for the patient to continue to be seen by their existing provider at the end of the 3 year pathway. This may be done by phone, letter or face to face. The provider can continue to see them on aftercare basis if no new changes are noted.The only time that a GP needs to make a subsequent referral for an existing hearing aid user is if, the patient wishes to change to a different provider at the end of three years. The patient’s current audiology provider will notify the GP practice in writing that a change in provider has been requested which will allow the practice to get in contact with the patient to discuss where they would now like to be referred.

 Any patient transferring as part of the RCHT AQP audiology exit will be dealt with directly between RCHT and the patient’s new chosen provider.

**A patient has come back to me after seeing their provider and wants to get a new referral to same provider**

A GP only needs to do a new referral if patient changing providers. If same provider then no new referral is needed. The provider will contact the GP to let them know that a new 3 years pathway has started because of change in hearing threshold requiring new hearing aids.

**What happens to my patient at the end of their three year AQP audiology pathway?**

Unless the patient requests a change in their AQP audiology provider, the GP will unlikely be involved at the three year review stage.

All patients must be offered a review by their AQP audiology provider at the end of the third year of their pathway. This may take the form of a face to face appointment, over the phone, or via letter. Following review, there are a number of options available to the patient;

1. The patient has no change in their hearing needs.

The provider can continue to see the patient on an aftercare only basis supplying them with consumables such as batteries, domes and tubes until such time as the hearing aid is no longer serviceable or the individual hearing needs significantly change to a point where the current hearing aids cannot be reprogrammed.

The provider can claim an annual aftercare tariff from NHS Kernow.

1. The patient has a change in their hearing needs.

In the first instance, the provider must attempt to service and reprogramme the existing hearing aids. If the hearing loss is significant enough that the current hearing aids are not sufficient for the level of hearing loss, the audiology provider can start a new three year pathway (or in the case of the RCHT exiting patients, arrange for them to be transferred to a differet provider). Whilst a GP referral is not necessary to start this pathway, it is a requirement of the provider to notify the GP that a new pathway has started. Accompanying this letter should be copies of the audiograms as to demonstrate the clinical justification for starting the new hearing aid pathway.

**I’ve been asked by a provider to refer a person for a hearing test? What should I do?**

A number of our AQP audiology providers offer a complimentary hearing screening test. This can sometimes create a contact with the GP to ask for a referral for a full assessment. The GP in this instance should have a discussion with the patient about whether they want a referral, whether the resulting intervention of hearing aids will be utilised, whether they are able to attend within the next 6 weeks for an appointment and discuss their choice of providers (all providers offering domiciliary care should the GP feel that a home visit is necessary).

**I have a person who is already part of an AQP audiology pathway but their needs have changed and they are no longer able to visit a fixed location for their hearing support. Is it possible for them to be seen at home?**

All our AQP audiology providers offer domiciliary services. If a person’s needs change whilst they are on a pathway and they can no longer attend a fixed location site, their current provider can arrange for them to be seen at home and ensure continuity of care. A GP does not need to make a new referral for this to happen but the provider may ask for confirmation from the practice that there is a valid reason for the domiciliary visit.