

Reference: FOI 22356 GLO 11M

Subject: UK Adult Rehabilitation

QUESTION	RESPONSE
Section 1: Information about your service	
<p>1.1 What is the name of your organisation? (e.g. Nottingham University Hospitals NHS Trust)</p>	<p>Gloucestershire CCG does not hold this information.</p> <p>Please direct your request to the service providers as follows:</p> <p>Gloucestershire Hospitals NHS Foundation Trust - http://www.gloshospitals.nhs.uk/en/Freedom-of-Information/</p> <p>2gether NHS Foundation Trust - https://www.2gether.nhs.uk/freedom-of-information/</p> <p>Gloucestershire Care Services NHS Trust - https://www.glos-care.nhs.uk/about-us/freedom-of-information</p> <p>South Western Ambulance Service NHS Foundation Trust - https://www.swast.nhs.uk/making-an-foi-request.htm</p>

1.2 What is your region?	Not applicable, see question 1.1
1.3. Is your service part of: (tick one box)	
<ul style="list-style-type: none"> • NHS Organisation 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Private/independent organisation providing NHS-funded services 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Voluntary organisation providing NHS-funded services 	Not applicable, see question 1.1
1.4 How do you typically assess patient's needs leading to goal-setting? (Tick all that apply.)	
<ul style="list-style-type: none"> • A clinical interview 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • A published questionnaire <ul style="list-style-type: none"> - Glasgow Hearing Aid Benefit Profile - Glasgow Hearing Aid Difference Profile - COSI - HHIE-S (screening) - Other 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • An in-house questionnaire 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Completing an individual management plan 	Not applicable, see question 1.1

<ul style="list-style-type: none"> • Discussion with significant other 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Other (please specify) 	Not applicable, see question 1.1
1.5 Do you assess patient readiness and motivation for intervention? Yes/No	Not applicable, see question 1.1
If yes, how do you assess these (tick all that apply)	
<ul style="list-style-type: none"> • A clinical interview 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • An in-house questionnaire 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • A published questionnaire 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Ida Institute motivation tools 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Discussion with significant other 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Other (please specify) 	Not applicable, see question 1.1
If yes, how does assessment of patients' motivation inform your delivery of clinical services?	Not applicable, see question 1.1

<p>1.6 Does your service use patient self-report outcome measures YES / NO</p> <p>NB these are measures that are reported directly by patients to describe the impact of their hearing loss and the intervention they receive.</p> <p>These are not:</p> <ul style="list-style-type: none"> - measures of patient experience with the service - behavioural tests such as speech discrimination - objective measures such as Real ear measurement 	<p>Not applicable, see question 1.1</p>
<p>1.7. Why do you use patient self-report outcome measures? (Please tick all that apply):</p>	
<ul style="list-style-type: none"> • To help plan additional appointments 	<p>Not applicable, see question 1.1</p>
<ul style="list-style-type: none"> • To enhance individual patient care 	<p>Not applicable, see question 1.1</p>
<ul style="list-style-type: none"> • To monitor patient outcomes 	<p>Not applicable, see question 1.1</p>
<ul style="list-style-type: none"> • To monitor and improve the service provided 	<p>Not applicable, see question 1.1</p>
<ul style="list-style-type: none"> • To justify resource allocation 	<p>Not applicable, see question 1.1</p>
<ul style="list-style-type: none"> • It is required by our contract 	<p>Not applicable, see question 1.1</p>
<ul style="list-style-type: none"> • We have to provide the data to the CCG 	<p>Not applicable, see question 1.1</p>

• Other (please specify)	Not applicable, see question 1.1
• We do not use outcome measures	Not applicable, see question 1.1
• If not why?	Not applicable, see question 1.1
Section 2: Measuring outcomes for individual patients	
2.1 Which tools do you use to measure individual patient outcome? (Please tick all that apply, even if not used all the time):	
• Glasgow Hearing Aid Benefit Profile	Not applicable, see question 1.1
• Glasgow Hearing Aid Difference Profile	Not applicable, see question 1.1
• Client Orientated Scale of Improvement	Not applicable, see question 1.1
• International Outcome Inventory – Hearing Aids (or others)	Not applicable, see question 1.1
• SSQ (Speech Spatial Qualities)	Not applicable, see question 1.1
• IMP-outcome score	Not applicable, see question 1.1
• Generic (e.g. quality of life EQ5D, SF36)	Not applicable, see question 1.1
• Specific for significant others (e.g. family or friends)	Not applicable, see question 1.1
• In-house (please describe)	Not applicable, see question 1.1
• Other (please specify)	Not applicable, see question 1.1
• None	Not applicable, see question 1.1
If none please explain why	Not applicable, see question 1.1

<ul style="list-style-type: none"> • Too time consuming 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Burden on patients 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Limited or no added value for patient care 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Uncertain as to which is the best questionnaire to use 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Other (please specify) 	Not applicable, see question 1.1
2.2 Do you find these tools satisfactory for the purpose of measuring patient outcomes? Yes/No	Not applicable, see question 1.1
<ul style="list-style-type: none"> • If no, why? What else would you want to see measured? 	Not applicable, see question 1.1
2.3 If you use any outcome measure(s), do you use it with:	Not applicable, see question 1.1
<ul style="list-style-type: none"> • All patients (unless clinically or linguistically contraindicated (e.g. dementia/cognitive or English not first language)) 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Most patients 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Some patients 	Not applicable, see question 1.1
If you selected some or most patients, please explain your criteria for deciding whether or not to use it (tick all that apply)	
<ul style="list-style-type: none"> • Non attendance 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • English not first language 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Dementia/cognitive problems 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Too time-consuming 	Not applicable, see question 1.1

• Only certain pathways	Not applicable, see question 1.1
• Specific patient groups	Not applicable, see question 1.1
• Only want a sample. If so, how do you choose patients (e.g. every third patient)?	Not applicable, see question 1.1
• Other (please state)	Not applicable, see question 1.1
2.4 How long after intervention (e.g. hearing aids, communication tactics) for each patient does your service typically collect patient reported outcome measures? (tick all that apply)	
• < 1 month	Not applicable, see question 1.1
• 1-2 months	Not applicable, see question 1.1
• 3-4 months	Not applicable, see question 1.1
• 5-6 months	Not applicable, see question 1.1
• 6+ months	Not applicable, see question 1.1

2.5 For those patients for whom outcomes are reported, what proportion of patients report their outcomes by the following means? (approximately) Not applicable, see question 1.1

Face to Face	0%	25%	50%	75%	100%
By telephone	0%	25%	50%	75%	100%
Postal	0%	25%	50%	75%	100%
Email or electronic	0%	25%	50%	75%	100%
Other, please state	0%	25%	50%	75%	100%

2.6 Who administers the outcome measures for face-to-face or telephone? (tick all that apply)

• Audiologist/clinical scientist	Not applicable, see question 1.1
• Audiologist assistant	Not applicable, see question 1.1
• Student audiologist	Not applicable, see question 1.1
• Administrative assistant	Not applicable, see question 1.1
• Speech and Language Therapist	Not applicable, see question 1.1
• Hearing Therapist	Not applicable, see question 1.1

2.8 How helpful are the outcome measures you use in evaluating the following for an individual patient post-intervention?

Not applicable, see question 1.1

Technological interventions (e.g. hearing aid)			
Not at all	A little	Moderately	Very
Non-technological interventions (e.g. communication strategies)			
Not at all	A little	Moderately	Very
Psychosocial impact of hearing loss			
Not at all	A little	Moderately	Very
Communication abilities			
Not at all	A little	Moderately	Very
Activity limitations (e.g. disability, speech intelligibility)			
Not at all	A little	Moderately	Very
Participation restrictions (e.g. handicap, social engagement)			
Not at all	A little	Moderately	Very
Involvement of significant others			
Not at all	A little	Moderately	Very

2.8 Do you use different outcome measures for patients with complex needs than you do for routine patients? Yes/No

If yes, which outcome measures do you use?

Not applicable, see question 1.1

Section 3: Measuring outcomes for service evaluation

**3.1 Which outcome measures do you use for the purposes of service evaluation.
(Please tick all that apply, even if not used all the time):**

• Glasgow Hearing Aid Benefit Profile	Not applicable, see question 1.1
• Glasgow Hearing Aid Difference Profile	Not applicable, see question 1.1
• Client Orientated Scale of Improvement	Not applicable, see question 1.1
• International Outcome Inventory – Hearing Aids (or others)	Not applicable, see question 1.1
• SSQ (Speech Spatial Qualities)	Not applicable, see question 1.1
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• Generic (e.g. quality of life EQ5D, SF36)	Not applicable, see question 1.1
• Specific for significant others (e.g. family or friends)	Not applicable, see question 1.1
• In-house (please describe)	Not applicable, see question 1.1
• Other (please specify)	Not applicable, see question 1.1
• None	Not applicable, see question 1.1
If none please explain why	Not applicable, see question 1.1
• Too time consuming	Not applicable, see question 1.1
• Burden on patients	Not applicable, see question 1.1
• Limited or no added value for patient care	Not applicable, see question 1.1
• Uncertain as to which is the best questionnaire to use	Not applicable, see question 1.1
• Other (please specify)	Not applicable, see question 1.1

3.2			
How helpful are the outcome measures you use in evaluating the following for an individual patient post-intervention			
Not at all	A little	Moderately	Very
Not applicable, see question 1.1			
Section 4: Provision of patient-reported outcome measure data outside of your service			
4.1 Are you required to provide patient-reported outcome measures outside of your service? Yes/No		Not applicable, see question 1.1	
If yes, who receives this outcomes information? (tick all apply)			
• Directorate or non-audiology management		Not applicable, see question 1.1	
• Executive Board of your organisation		Not applicable, see question 1.1	
• Commissioner		Not applicable, see question 1.1	
• Other (please state)		Not applicable, see question 1.1	
4.2 Do you report on all collected outcome data? Yes/No- Not applicable, see question 1.1			
If no, please explain why not		Not applicable, see question 1.1	
4.3 Are the processes for collecting and reporting outcome data subject to external scrutiny? Yes/No		Not applicable, see question 1.1	

(external = individuals not employed by your own organisation)	
If yes, by whom?	Not applicable, see question 1.1
If No, why not?	Not applicable, see question 1.1
4.4 If outcomes data are used by commissioners, how do you think are they used? (tick all that apply)	
• To monitor contractual requirements	Not applicable, see question 1.1
• To work with us to improve the service	Not applicable, see question 1.1
• To choose who provides the service	Not applicable, see question 1.1
• We are paid according to the outcomes we achieve	Not applicable, see question 1.1
• General	Not applicable, see question 1.1
• I don't know	Not applicable, see question 1.1
• Other, please specify	Not applicable, see question 1.1
4.5 If a national database of outcome measures was to be set up with the main purpose of providing evidence for the effectiveness of adult rehabilitation services, would you be interested in supplying anonymous outcomes data from your service? Yes/No/Maybe	Not applicable, see question 1.1
4.6 If a practical guidance / toolkit about using outcome	Not applicable, see question 1.1

<p>measures was made available by the British Society of Audiology would you make use of it/</p> <p>Yes/No/Maybe</p> <p>Would you consider reassessing what you would do and changing what you do in the light of it?</p> <p>Yes/No/Maybe</p>	
<p>4.7 Please provide the contact details of the person who filled in this survey</p>	
<ul style="list-style-type: none"> • Name 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Role 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Service 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Email address 	Not applicable, see question 1.1
<ul style="list-style-type: none"> • Telephone 	Not applicable, see question 1.1
<p>4.8 Please indicate if you are happy for use to contact you for more details on your answers, or if you would like to help us by supplying anonymous data from your service.</p> <p>Yes/No</p>	Not applicable, see question 1.1

The information provided in this response is accurate as of 06 September 2017, and has been authorised for release by Kim Forey, Director of Integration for NHS Gloucestershire CCG.