

Any Qualified Provider: more information for commissioners

Here are our answers to questions and issues you have raised with us on the use of Any Qualified Provider (AQP) in adult hearing services. We think these answers and questions are also relevant for other services where choice applies.

Do we need to run a new procurement process to qualify existing providers when the AQP contracts end?

When AQP contracts end, you do not need to run a new process to requalify existing provider if the service specifications and qualification criteria remain unchanged, assuming the existing providers are performing satisfactorily. It would not be a good use of resources for you to require them to re-qualify if nothing has changed.

Offering new providers a chance to qualify is important to help you get the best providers and ensure you are acting in a transparent and non-discriminatory way. The easiest way to get the best provider is to be open to new contracts all the time. Find a way to seek expressions of interest in the simplest way that you can, for example by publishing a notice on your website.

We only have one AQP provider left in our area. What shall we do?

If you have one provider in the area and they are performing well, you don't have to do anything. However, you might want to ask why you only have one provider and think about how to attract more providers and let potential providers know about the opportunity to provide a service.

For adult hearing services, we found that there is a limited number of CCGs that currently only have one provider under AQP and that the average number of providers is four. If you seek expressions of interest and there really is only one provider, you may want to renegotiate their contract to get better terms.

How should commissioners deal with providers who are not Improving Quality In Physiological Services (IQIPS) qualified (or on the way to qualification) even though this is required in the AQP adult hearing service specification?

It is important that you hold providers to account to make sure they deliver the right service for patients. If the contract specifies that providers need to get IQIPS accreditation at a certain point, hold them to this and think about what you can do if they are unwilling or appear to be showing limited progress. You could set an deadline for accreditation and monitor how providers progress against this deadline.

**How much influence should providers have in the design of the service model?
Can they challenge the service model we have chosen for our area?
Is it solely the role of the commissioner to make that decision?**

You are responsible for specifying the service model in the service specification and the contractual obligations, but this doesn't mean you shouldn't use the feedback from providers and other stakeholders to improve the service. In the end, you as a commissioner are responsible for the way the service is designed.

Is there an updated service specification which includes the learning from the first three years of using AQP in adult hearing services?

Most commissioners appear to use the original service specification issued by the Department of Health (DH) as part of their support package for AQP in adult hearing services. Some commissioners have amended the service specification to suit local needs but there is no centrally updated service specification. However, we are aware that many commissioners would like access to the original DH service specification, so we have re-published it on our [website](#).

NHS England and the Department of Health recently published their [Action Plan on Hearing Loss](#). As a part of this, they will work with partners and stakeholders to produce guidance to support the commissioning of hearing services. This is likely to be useful for commissioners who are thinking of amending their service specifications or pathways.

IT and information governance issues can be challenging for smaller providers, how do we ensure this does not prevent those providers from taking part?

The Health and Social Care Information Centre has been working over the last few years to make it easier for smaller providers to access central NHS networks and systems. Their website (<http://systems.hscic.gov.uk/businesspartners>) provides resources to help smaller providers get started (including a mini guide, an illustrative guide to processes and a section with frequently asked questions). If a provider has any questions left after consulting the website they could email the Health and Social Care Centre directly: businesspartners@hscic.gov.uk

Do we need to qualify extra providers after the initial AQP qualification period?

You always want to make sure you have the best providers and should be open to new providers who could provide new and innovative services. You should try and find the easiest way to allow in new providers who comply with your qualification criteria. This could be through allowing providers to come to you at any time or through having a specific period when you assess new providers. It is important you are open and transparent about the service and the opportunities in your area for new providers.

How should we assess providers who are already qualified in a different clinical commissioning group area? Do we need to re-qualify them for our area?

Whenever you are approached by a new provider, you will need to decide if they will provide a good services and satisfy the necessary criteria to deliver the service in your area. If they are qualified in another area, this could be useful information and could make it easier for you to decide whether they satisfy all or parts of your local criteria. If the provider partly qualifies, you should determine what the provider needs to do to become fully qualified in your area, which need not be a resource intensive exercise.

Can we limit the number of providers we have for our AQP service? We're worried about the number of contracts we'll need to manage.

Generally, AQP is about putting a number of providers in place to ensure that patients can get a good service. Limiting the number of providers could undermine what you're trying to achieve with choice. We encourage commissioners to work out how they can most effectively monitor contracts, without losing the benefits that patient choice can bring for patients. Managing these contracts should not be burdensome.

We found that the average number of providers of adult hearing service in AQP areas was four. Some commissioners have a larger number of providers and have worked out ways to make contract management easier. One commissioner (with seven providers) has used an IT solution to establish a reporting system which makes it easy to monitor all the providers. This effective reporting system allows the CCG to monitor the service without having to meet frequently with providers, which saves time.

How can we support patients change provider when they are dissatisfied with their service?

It is important that patients are able to change their provider if they are dissatisfied with the service they are receiving. Patients could change provider if they are dissatisfied with the service they are receiving even if they are halfway through a three-year pathway of care as is often the case in hearing loss services. However, as a first step, patients should file a complaint with their provider and work with them to see how the service could be improved.

Patients changing providers can motivate them to improve their service. To help patients move, commissioners can help with the process. For example, commissioners could put in place a payment system mechanism which supports patients when changing providers, which would allow commissioners to reclaim payments when patients decide to change.

Where can I find the old NHS Supply2Health portal support materials such as the original adult hearing services service specification, guidance on the procurements process, and good examples and support for providers to apply for an AQP services?

We have made some of the material from NHS Supply2Health available on the [Monitor website](#).

Where can I go if I have more questions about the Monitor report or AQP?

We can advise on the application of the Procurement, Patient Choice and Competition Regulations and how AQP and patient choice fit into the framework of the regulations. We can also elaborate on the findings from the report.

Please feel free to contact us:

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