How Choice is Working in NHS Adult Hearing Services in England

Report

February 2015

Disclaimer

The research has been commissioned and funded by Monitor.

The reported findings of this survey commissioned by Monitor as part of its research project made a number of references to individual providers of NHS funded adult hearing services, based on the responses of those questioned as part of the survey. Monitor has asked us to redact the names of individual providers because they do not consider these relevant to the objective of their research project which is to explore how choice in adult hearing services is working overall and not to evaluate the quality of services offered by individual providers.

Prepared by:

Accent
Chiswick Gate
598-608 Chiswick High Road
London
W4 5RT

Prepared for:

Monitor
Wellington House
133-155 Waterloo Road
London
SE1 8UG

Contact:	Alison Lawrence	Contact:	Nina Shore
E-mail:	alison.lawrence@accent-mr.com		
Tel:	020 8742 2211		

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Executive Summary

This research was commissioned from Creative Research by Monitor. Accent undertook this element of the project as a sub-contractor to Creative Research. This report contains the findings of Accent's research. Any views expressed are those of the authors and do not necessarily reflect the views of Monitor.

Background

- Research was commissioned by Monitor to understand what impact choice, and Any Qualified Provide (AQP) in particular, has had on the quality of adult hearing services
- Monitor is the sector regulator for health services in England
- A quantitative study was undertaken among people aged 55 and above, with suspected or diagnosed age-related hearing loss and who had been referred by a GP for NHS funded hearing assessments within the last 18 months
- Matters on which the research was to probe included: patients' understanding and experiences of services, patients' awareness of choice and whether patients are able to exercise choice
- 1,261 interviews were conducted using a mix of telephone, face-to-face and online interviewing. 818 were in AQP areas and 443 in non AQP areas
- Fieldwork took place between 8th October and 16th November 2014
- Data was weighted to be representative of the target audience using results from an omnibus survey

Main Findings:

- Currently patients are offered very little choice. For most (four in five) there is no discussion with their GP or referral management centre (RMC) about there being options available. The possibility of discussing options appears to decrease with age and patients over the age of 80 are much less likely than younger patients to be given choice (86% of over 80s compared to 76% of under 70s given no choice)
- Nine out of ten were not offered a choice of hearing specialists they could go to by their GP
- Most of those offered a choice of hearing specialists are offered just two choices although a sizeable minority (45%) are offered between three and four options.
- However, the amount of choice available to those given options was universally felt to be sufficient
- An NHS hospital is generally offered by the GP or RMC as a choice in both AQP (88%) and non AQP areas (77%). [Provider] is offered to around four in ten of those in AQP areas with a clinic in the GP's surgery also offered in some areas
- Awareness of there being choice available is quite low and where people do know in advance they are most likely to have found out through word of mouth
- While there is little information provided to help in making choices, it is not generally felt to be difficult to choose (of those that had been offered a choice, just 11% in AQP areas found it difficult)
- Those who did not find it 'very easy' to choose suggested more information should be available on ease of getting to the provider and simplification or more clarity in the information available

- Despite a lack of awareness of choice patients who had been given options valued having a choice and those who had not had a choice would have found it useful to have one
- Choice was generally seen as a good thing particularly where it provided closer, cheaper and easier to access services. Of those who had had a choice, seven in ten indicated that choice was of some value, describing it as either very valuable or nice to have but not essential. Of those that had not have a choice, eight out of ten described it as either very useful or fairly useful.
- Those who did not value choice (three in ten of those who had had a choice and 21% of those who had not) were satisfied with the service they'd received so saw no need for further options (15%), felt it was better to go to hospital (15%) or better to have a specialist service (9%) with 16% feeling that choice wouldn't make any difference
- The GP's recommendation is influential in choosing a hearing specialist but equally important is that the location is easy to get to
- Most people surveyed received their hearing assessment at an NHS hospital (significantly more likely in non AQP areas at 81%) with a clinic in the GP's surgery having been used by one in ten
- Given a free choice, the local NHS hospital would still be most people's first choice, chosen by 72%, although people tended to be influenced by what they had already done, usually choosing the option closest to the type of provider that they used previously
- 42% said they would choose somewhere in the community (a clinic in the GP's surgery, a high street hearing specialist, a clinic in their neighbourhood or treatment in their own home)
- There is little evidence currently of people switching suppliers for their aftercare; just 7% of those with hearing aids have done so although a third of those using [Provider] had switched from another specialist
- Waiting times were generally reasonable although 12% had to wait more than six weeks for an appointment. Longer waiting times were experienced at NHS hospitals than at other providers; 16% waited more than six weeks for an NHS hospital appointment and 4% waited more than three months
- Most considered their waiting time acceptable; five weeks or more is the point at which acceptability starts to reduce
- It was generally convenient and easy to get to hearing specialists for an appointment, however NHS hospitals were seen as less easy to access than all other providers
- Generally hearing aid assessments and fittings were not both carried out on the same day although [Provider] and specialists other than NHS hospitals or clinics in GP surgeries were more likely to do so
- While most were not shown a selection of hearing aids (73% were not), eight out of ten were happy with what they were shown regardless of whether it was one or more
- 8% believe they were shown private as well as NHS hearing aids and this was virtually the same in AQP as in non AQP areas (8% compared to 7%). Of these very few (six of the 78 people shown private hearing aids, or 8%) felt under any

pressure to make a private purchase. This equates to just 0.6% of all those who needed hearing aids.

- The majority of patients felt they were given at least adequate time and explanation at their appointment. The 'T-Loop' setting was less likely to be explained to those attending a clinic in the GP's surgery than at other specialists
- Eight out of ten would go back to the hearing specialist who fitted their hearing aids if they needed support; this was especially likely to be the case where the specialist was [Provider]
- Satisfaction with hearing aids was high with more than eight in ten satisfied and most of these (58%) very satisfied. Those who already had hearing aids were significantly less likely to be very dissatisfied with them than those who didn't currently have or had never had hearing aids.
- Significantly more of those who were offered a follow up consultation were ultimately very satisfied with their hearing aids than those who were not offered a follow up consultation (68% very satisfied compared to 46%).
- Eight out of ten said they wore their hearing aids most days for at least 2 hours a day. Patients were least likely to be only wearing their aids on some days when their specialist was an NHS hospital or was located in a clinic in the GP's surgery
- The amount which hearing aids are used increases when people have had them before; this may be due to people becoming habituated to them or could also be a result of needing to wear them more as the hearing deteriorates over time
- Four out of ten of those who use their hearing aids less than eight hours a day say that they don't need to wear them all the time and one in five say that it's too noisy to wear them. A further 27% say that their hearing aids are not comfortable
- Most patients (nine out of ten) feel that their NHS hearing aids are beneficial in improving their lifestyle
- There is very little information given about other devices or services to help those with hearing loss and little usage of these
- Follow up consultations were not happening in a significant minority of cases; only 59% had a follow up. In AQP areas most of those not offered a follow up were also not aware that they were entitled to this
- Overall satisfaction with the ongoing support provided by their hearing specialist was high.

AQP compared to non AQP areas

- Overall there are few statistically significant differences in the findings between AQP and non AQP areas. This is largely because the main differences in experience are often due to the hearing specialist they were referred to and in both AQP and non AQP areas this was most likely to be an NHS hospital
- The statistically significant differences between AQP and non AQP areas include:
  - More of those in non AQP than AQP areas went to an NHS hospital (81% vs 72%). More of those in AQP areas went to [Provider] (9% vs 5%)
  - Reasons for choice of hearing specialist: more of those in non AQP areas were more likely to prefer an NHS hospital (46% vs 16%)
  - Those who were not offered a choice but feel choice would not be very useful were more likely in non AQP areas to say this was because it's better to go to hospital (22% vs 10%) and better to have specialist service (15% vs 5%)
  - Those who were not offered a choice but feel choice would be fairly useful were more likely in non AQP areas to say choice would be easier (12% vs 6%) or that it's better to go to hospital (8% vs 4%)
  - Given a choice of seven possible hearing specialist options, while there was virtually no difference between AQP and non AQP areas in terms of which options were chosen, there were differences in reasons for choice. People in non AQP areas were more likely than those in AQP areas to say it was because it's better to go to hospital (11% vs 7%) or better to have specialist service (8% vs 5%) or they prefer the NHS (6% vs 3%) or that it's familiar/comfortable - used to it (9% vs 5%) or that private providers have commercial interests (2% vs 0%)
  - Those in AQP areas were more likely to have their first appointment at a weekend than people in non AQP areas (3% vs 1%)
  - Those who did not have their assessment and fitting on the same day were more likely in AQP areas to be called back for a fitting a few days later (10% vs 4%) while those in non AQP areas were more likely to be called back two weeks later (41% vs 32%)
  - In non AQP areas people were more likely to say that they felt very rushed at their appointment and would have liked more time (2% vs 1%)
  - Those in non AQP areas were more likely to have the T-loop setting on their hearing aids explained than those in AQP areas (82% vs 74%)
  - Those in AQP areas who were offered a follow up appointment were more likely than those in non AQP areas to have this appointment 3-4 weeks later (43% vs 32%)
  - Those in non AQP areas were more likely to be fairly dissatisfied with the support they receive from their hearing specialist on an ongoing basis than those in AQP areas (8% vs 5%)
  - Those in AQP areas who don't wear their hearing aids all day for most of the day are more likely to say this is because they don't make any/enough difference to their hearing (7% vs 2%), or they don't like the look of them (4% vs 0%). Those in non AQP areas were more likely to say that the batteries run out (6% vs 1%), that they only use them when talking to people (6% vs 1%), some activities don't require them - gardening etc (3% vs 1%), they can't get used to them (3% vs 0%) or they forget (2% vs 0%)

- 30% of those in AQP areas were fairly satisfied that they have sufficient help in managing their hearing loss compared to 23% in non AQP areas and total satisfaction (fairly plus very satisfied) is also higher in AQP areas (93% vs 89%)
- Those in AQP areas were more likely to have changed the hearing specialist they use for their hearing aids from the place they were first referred by their GP (8% vs 5%)
- When asked if they had any final comments on the service they had received, those in non AQP areas were more likely to make a general comment about being dissatisfied with their hearing aids (3% vs 1%)

1. INTRODUCTION

1.1 Background

Monitor is the sector regulator for health services in England. Its primary duty is to protect and promote the interests of people who use healthcare services and its mission is to make the health sector work better for patients.

In July 2014 Monitor launched a project to examine how choice is working in NHS adult hearing services in England. The aim was to understand whether choice is working well for patients and whether the way choice is working can be improved.

A process called 'any qualified provider' (AQP) has been used to offer choice in adult hearing services in many areas in England. AQP is a way of commissioning healthcare services funded by the NHS. It allows any provider meeting the qualification requirements specified by a commissioner in a given area to deliver services in that area. As a result, when a patient is referred to the service, he or she can choose who provides their care from a list of qualified providers in the area.

Commissioners were initially asked to roll out AQP to three community-based services from April 2012. Over half of commissioners in England chose adult hearing services as one of those services.

Adult hearing services are services for adults, typically aged 55 or over, with suspected or diagnosed age-related hearing loss. Adult hearing services are usually accessed following a referral from a GP and can include a number of services components:

- An appointment to assess the patient's condition and suitability for hearing aids
- A hearing aid fitting (where required)
- Follow-up visits (to assess whether needs have been met)
- Aftercare (including advice, maintenance and review).

1.2 Objectives

The objective of the research was to understand what impact choice, and AQP in particular, has had on the quality of adult hearing services, whether choice is working well for patients and the impact that GPs are having on patients' ability to exercise choice.

Specifically the quantitative research sought to examine:

- Patients' understanding and experiences of adult hearing services
- Patients' awareness of choice
- Patients' ability to exercise choice and whether they have switched provider in response to quality of service provided

The sample was to include both areas where AQP has and has not been implemented, so that a comparison could be made.

A separate piece of qualitative research among GPs was undertaken in parallel by Creative Research.

2. METHODOLOGY

2.1 Introduction

A quantitative methodology was used to provide robust and representative data. In order to provide as inclusive a sample as possible, three separate methodologies were used:

- telephone
- online
- face-to-face.

These separate elements are discussed in further detail below.

Interviews were conducted with a target audience defined as people:

- diagnosed with age-related hearing loss or are suspected to be suffering from this and awaiting diagnosis
- aged 55 or above[1]
- referred by a GP for NHS funded hearing assessment within the last 18 months.

The research was conducted in accordance with the international quality standard for market research ISO 20252.

2.2 Approach

In total 1,261 interviews were conducted; 1,172 by phone, 61 face-to-face and 28 online.

The telephone interviews were conducted using purchased 'lifestyle' sample of people with an above average likelihood of being in the target audience. A link to an online version of the questionnaire was programmed within the telephone survey to be provided to anyone who expressed a preference for doing the interview online; in fact all those contacted by phone completed the interview over the phone.

The online version of the survey was also sent out by Monitor to patients who had responded previously to Monitor's online consultation. It was also sent out by the charities Action on Hearing Loss and HearingLink to their panels of people with hearing loss.

A face-to-face element was included to cover more elderly and vulnerable people who might not otherwise be accessed for their views. There were three different elements to the face-to-face interviews. Contact details of people defined as 'isolated elderly' were provided by HearingLink, and two of these people were interviewed in their own homes. The original target number of interviews with isolated elderly people was 25

[1] This age threshold was recommended in national service specifications that were developed to support commissioners' implementation of AQP for adult hearing services.

but insufficient contacts who had been referred to adult hearing services within the past 18 months were available.

A further 20 people were interviewed in residential care homes and 39 via social clubs.

While the majority of interviews were undertaken with the person with the hearing loss, we allowed the interview to be undertaken by a carer on behalf of that person where it was more appropriate; for example where the person with the diagnosis had hearing which was too impaired or had another problem which prevented them from participating, such as speech difficulties or dementia. Where a carer undertook the interview, questionnaire wording was adapted appropriately.

2.3 AQP versus non AQP

The introduction of AQP for adult hearing services has been rolled out gradually and information on when it was introduced was not available for all CCGs. In order to ensure that those interviewed as representative of an AQP area were in an area where AQP was definitely being operated, only those CCGs were included for which we had information to confirm that AQP had been implemented for adult hearing services prior to April 2013 and all participants were screened to ensure that their referral was since April 2013. In non AQP areas the same time frame was used although all CCGs in non AQP areas were eligible for inclusion.

Participants were asked for their postcode at the outset of the interview and this was used to automatically allocate them to AQP or non AQP as appropriate. The questionnaire then routed accordingly.

In total 818 people were interviewed in AQP areas and 443 in non AQP areas.

2.4 Questionnaire

The questionnaire used in the research was the same whether the approach was by telephone, online or face-to-face. It was developed by Accent in discussion with Monitor and with input from the charities Action on Hearing Loss and HearingLink and from Creative Research who undertook qualitative research with GPs in parallel to this quantitative research.

The questionnaire used is included at Appendix A.

2.5 Fieldwork

Pilot

A pilot of 20 interviews was undertaken between 3rd and 6th October 2014 following which some small changes were made to the questionnaire.

Main Fieldwork

The main stage of fieldwork took place between 8th October and 16th November 2014.

Telephone interviews were undertaken from Accent's London telephone unit and took around 15 minutes to complete on average.

2.6 Representativeness and Reporting of Data

The approach drew on a range of different sample sources in an attempt to be as widespread and inclusive as possible. However, it could not be said to be a representative sample of those in this target audience. An omnibus survey was therefore commissioned (a representative sample of over 2,000 individuals aged over 55) in order to determine the demographics of people who would meet the recruitment criteria of having age-related hearing loss and having been referred for an NHS hearing assessment since April 2013.

The omnibus results showed 4% of people aged over 55 met these criteria and the demographic breakdown of these people is shown in Table 1 below compared to the final demographic profile of those who were interviewed.

Table 1: Demographics for weighting

	Omnibus results	Survey results
Gender		
Male	50%	53%
Female	50%	47%
Age		
55-59	3%	10%
60-69	38%	20%
70-79	29%	31%
80+	30%	39%
SEG		
AB	30%	11%
C1	25%	9%
C2	12%	8%
DE	34%	68%
Not stated[2]	-	3%
Base	**2,757**	**1,261**

These results were then used for weighting the data to make it representative of the target audience.

[2] AB=Upper/middle class; C1 = Lower Middle class; C2 = Skilled working class; DE = Working class/ those at lowest level of subsistence

Weighted data are used within this report but unweighted base sizes are shown to give a better indication of the number of people who gave a particular answer and therefore the robustness of that finding.

Where differences between subgroups are statistically significant at the 95% confidence level, this is highlighted in the report.

Caution should be exercised when interpreting data with low base sizes (for example where the data is based on less than 100 respondents).

In the majority of the data reported, those who said 'Don't know' or 'Can't remember' are excluded to make comparison between subgroups easier. The only exceptions were the questions about where they went for their hearing assessment and what was wrong with the hearing aids they already had; in both cases just 1% said they didn't know or couldn't remember.

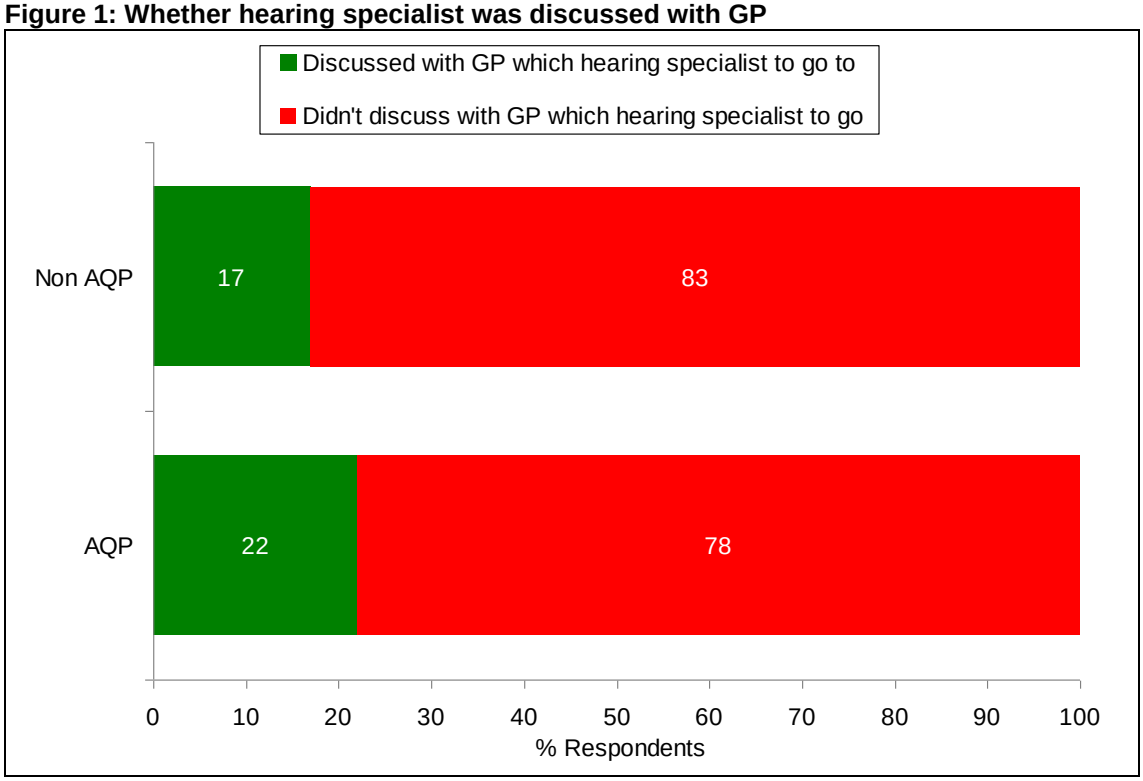
There are occasions on which the bars on charts add to more than 100%. This is due to rounding of the data.

3. FINDINGS

3.1 Choice

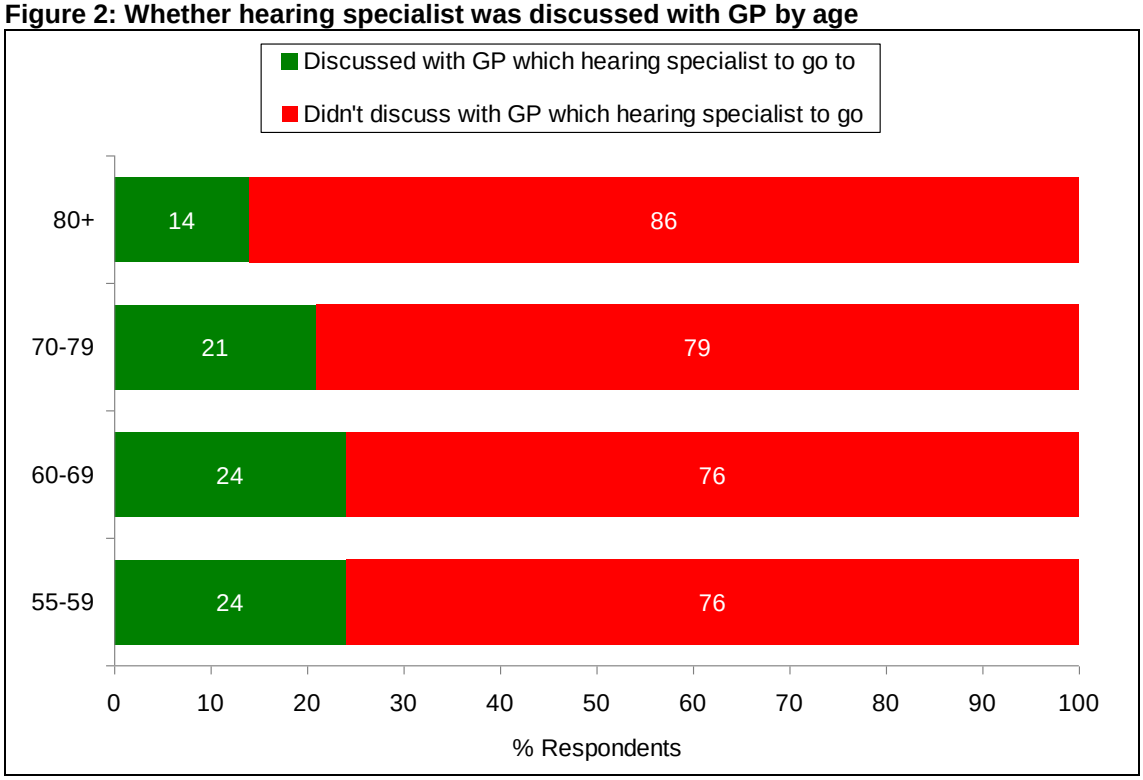
When patients first present at their GP with symptoms of age-related hearing loss, very few are involved in any form of discussion with the GP about which hearing specialists they might go to for their hearing assessment. When asked whether they did discuss which hearing specialists they might go to, around one in five said they did have that discussion and it was slightly more likely in AQP areas. It was also more likely the younger the patient, with a noticeable decrease in the likelihood of discussion taking place the older the patient. 76% of those aged under 60 had no discussion but the corresponding figure for over 80 year olds was 86%.

Figure 1: Whether hearing specialist was discussed with GP



Base: 1,114 respondents. AQP – 715; Non AQP – 399

Figure 2: Whether hearing specialist was discussed with GP by age

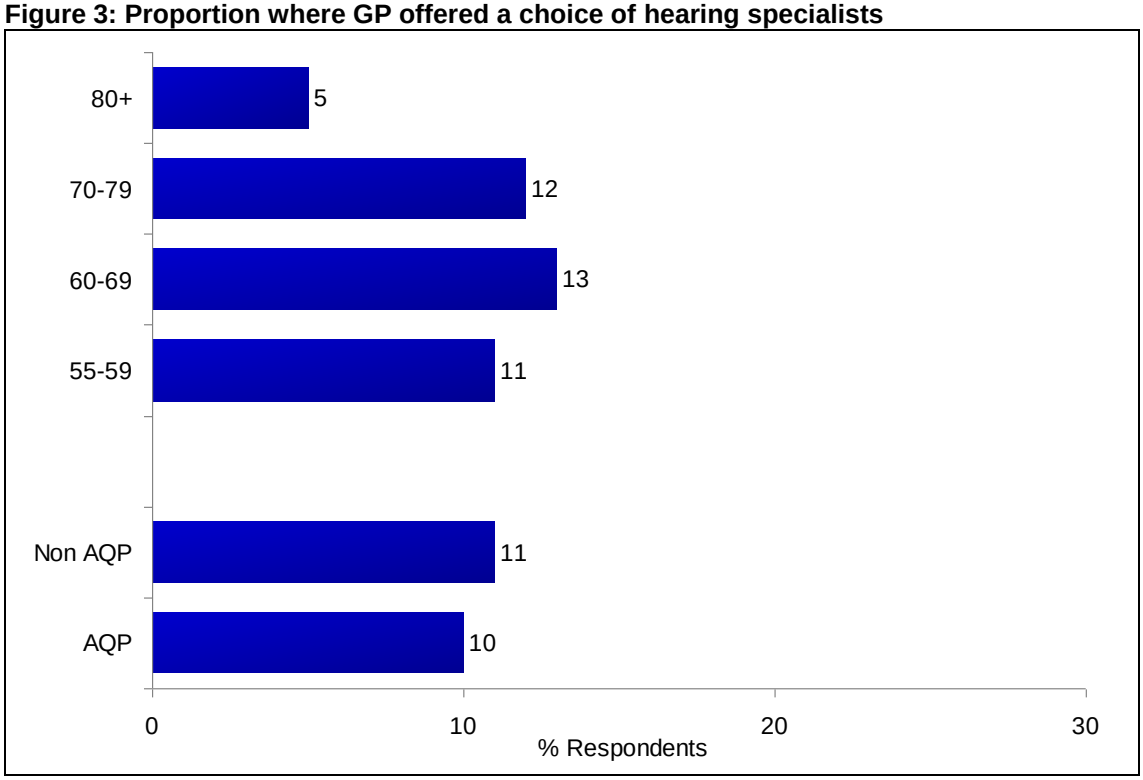


Base: 1,114 respondents. 55-59 - 110; 60-69 – 226; 70-79 – 356; 80+ - 422

In 9% of cases the initial referral was via a Referral Management Centre (RMC) rather than a GP and discussion of which hearing specialists they might go to was more likely to happen with an RMC although it was still not discussed in the majority of cases; 27% said they discussed where they might go, 73% did not.

A second question probed whether the GP offered them a choice of hearing specialists they could go to, but even fewer had choice at that point. Just one in ten was offered a choice of provider. Again, more elderly people were less likely to get offered a choice and 80 year olds and above were less than half as likely as those under 80 to be offered a choice of provider by their GP.

Figure 3: Proportion where GP offered a choice of hearing specialists



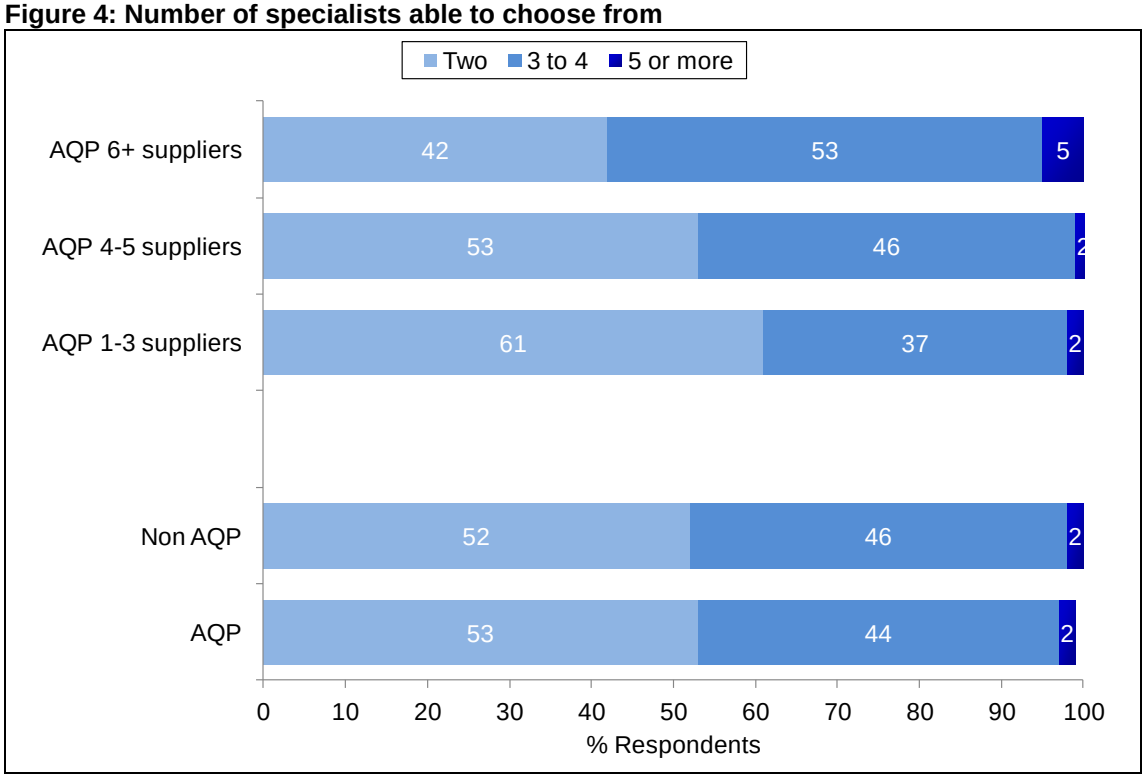
Base: 1,099 respondents. AQP – 700; Non AQP - 399; 55-59 - 109; 60-69 – 225; 70-79 – 347; 80+ – 418

Despite there being more discussion where an RMC was involved, there was no higher likelihood of being offered a choice; 11% of those whose referral was via an RMC said they were offered a choice of different hearing specialists.

Number of Choices Available

Where choice was offered, generally speaking it was between two different hearing specialists and there was virtually no difference between AQP and non AQP areas in that regard. Although base sizes are small, there is a noticeable correlation between the number of options we understand are available and the number offered, so in AQP areas with 6+ suppliers, the majority were offered more than three choices while in AQP areas with 1-3 suppliers the majority were offered just two choices.

Figure 4: Number of specialists able to choose from



Base: 100 respondents. AQP – 66; Non AQP – 34; 1-3 suppliers – 21; 4-5 suppliers – 30; 6+ suppliers – 15; NB. Small bases

None of those who were offered a choice felt that they would have liked more choice. 99% of those in AQP areas and all of those in non AQP areas felt that they had enough options.

Options Available

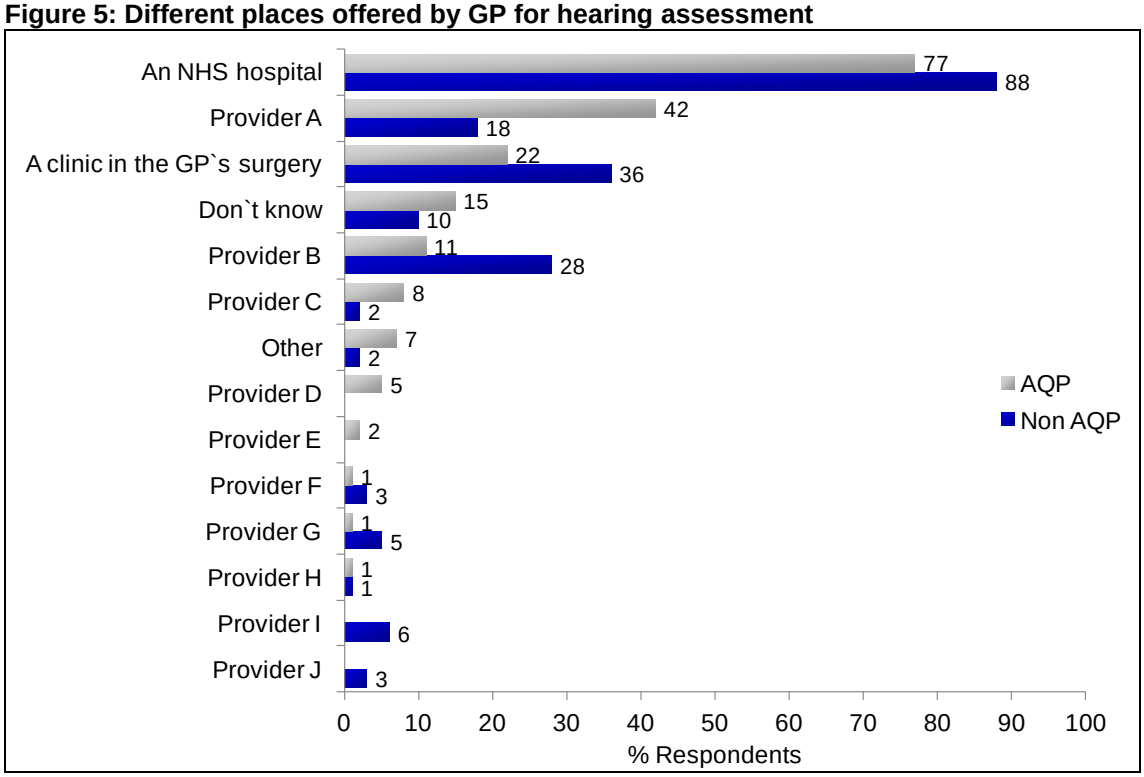
The few patients that were offered a choice were also asked what the different places were that their GP or RMC offered for their hearing assessment. It was rare that an NHS hospital was not offered; 77% in AQP areas and 88% in non AQP areas had this option. [Provider A] was an option offered for four in ten in AQP areas, significantly more than in non AQP areas.

In non AQP areas a clinic in the GP's surgery was the second most frequently offered option at 36%.

Comparatively low mentions were received for other providers.

Having chosen a hearing specialist, 99% were able to go to the one they chose.

Figure 5: Different places offered by GP for hearing assessment



Base: Those who have been offered a choice of different hearing specialists, excluding DKs - 117 respondents. AQP – 75; Non AQP – 42

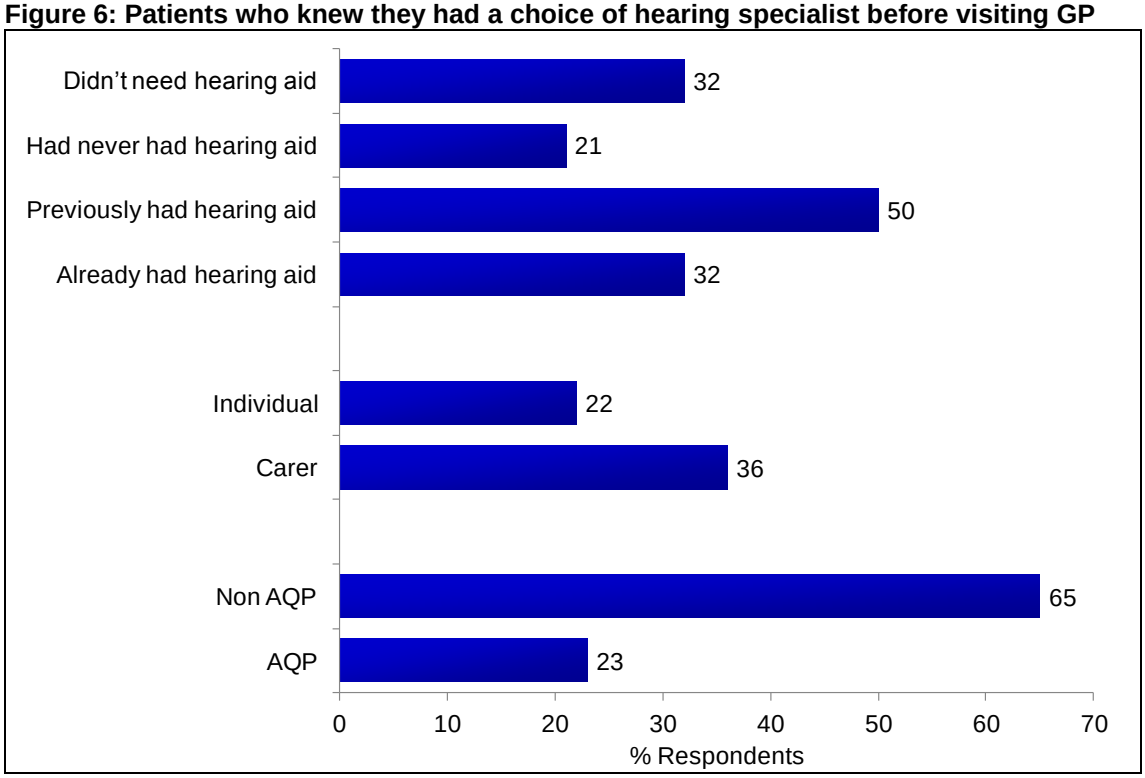
In AQP areas there isn't yet a great deal of awareness of choice being available; fewer than one in four knew prior to visiting their GP or talking to the RMC that there was likely to be choice available. However, it may be that awareness is slowly increasing as it was higher among those people more recently referred, although not significantly.

While there appears to be greater awareness of choice in non AQP areas, the question was only asked of those in non AQP areas who said they had been given a choice; this suggests that this small number of people who knew of options available beforehand were more likely to ask for and be offered them.

Awareness was also significantly higher (36% versus 22%) where the interview was done by a carer on behalf of the participant.

Those already with hearing aids or who had previously done so, were more aware of choice than those who were going for their first assessment. But even so, no more than half were aware of choice.

Figure 6: Patients who knew they had a choice of hearing specialist before visiting GP



Base: AQP or those in non AQP who have been offered a choice of different hearing specialists, excluding DKs – 812 respondents. AQP – 771; Non AQP – 41; Since Sept '13 – 94; April '13 to Sept '13 – 68; Male – 120; Female – 86; Already had HA – 207; Previously had HA – 53; Never had HA – 547; Didn't need HA – 90

Where patients were aware that they had a choice of hearing specialists, this was generally because family or friends had told them (58%). 12% found out through the hearing specialist, 1% through a hearing loss charity and the rest from a variety of sources such as information in the doctor's surgery, through their own research or advertising that they'd seen.

Information and Ease of Choosing

Few said they had information to help them make a decision regarding choice of specialist (for example, information from their GP, the internet, a hearing loss charity, or from friends/family or promotional material from the specialist). There was virtually no difference in patients having information between AQP and non AQP areas.

Significantly fewer people referred recently (since September 2013) remembered having information than those referred in the six months prior to September 2013. It is possible that in AQP areas at least, the initial launch of AQP led to information being available in the media or via CCGs or providers and this has ceased to be the case as AQP has become more established.

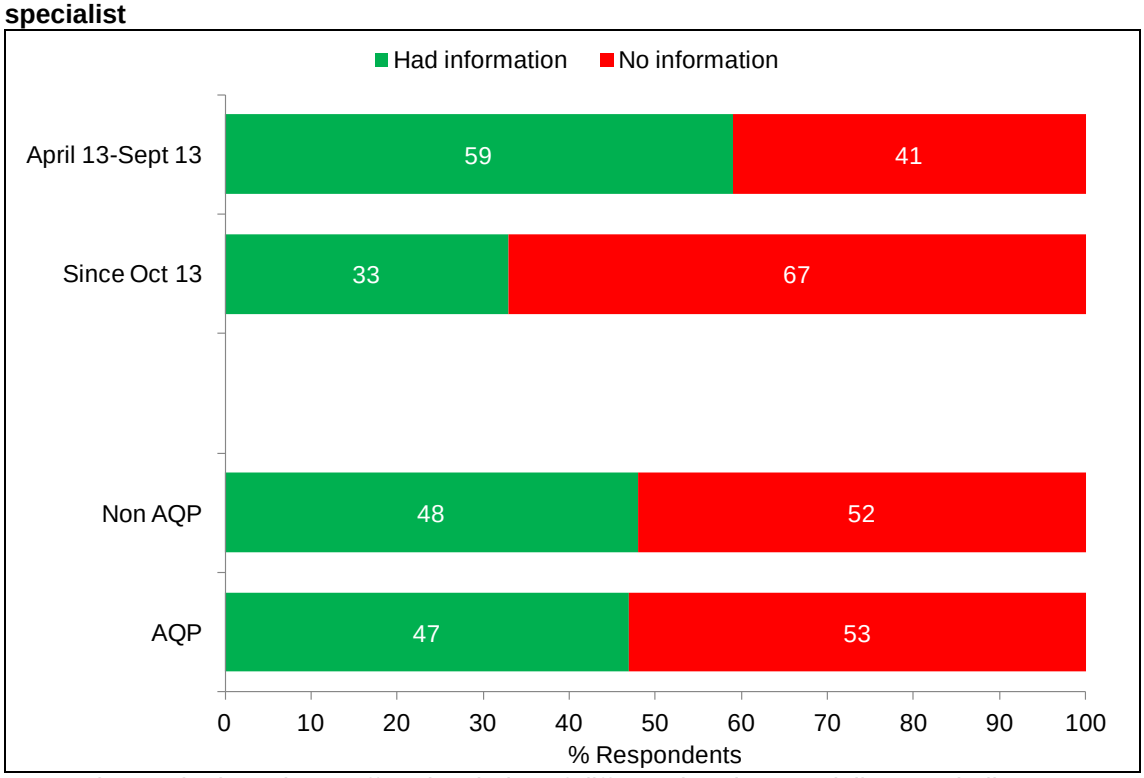
Information that patients recall having access to:

- Leaflets/brochures/literature/a book (8 mentions)
- information or advice from the GP (5 mentions)
- information sourced on the internet (2 mentions)
- help provided by their residential care home (2 mentions)

- family or friends (2 mentions)
- an audiology day course run by the NHS (1 mention).

Others, when answering the question on what information they had access to, focussed more on the information which influenced their decision rather than the type of information. So they talked about choosing somewhere because of its location or proximity to home, its reputation or because of a preference for the NHS or a particular provider.

Figure 7: Whether provided with information to help make decision about hearing specialist

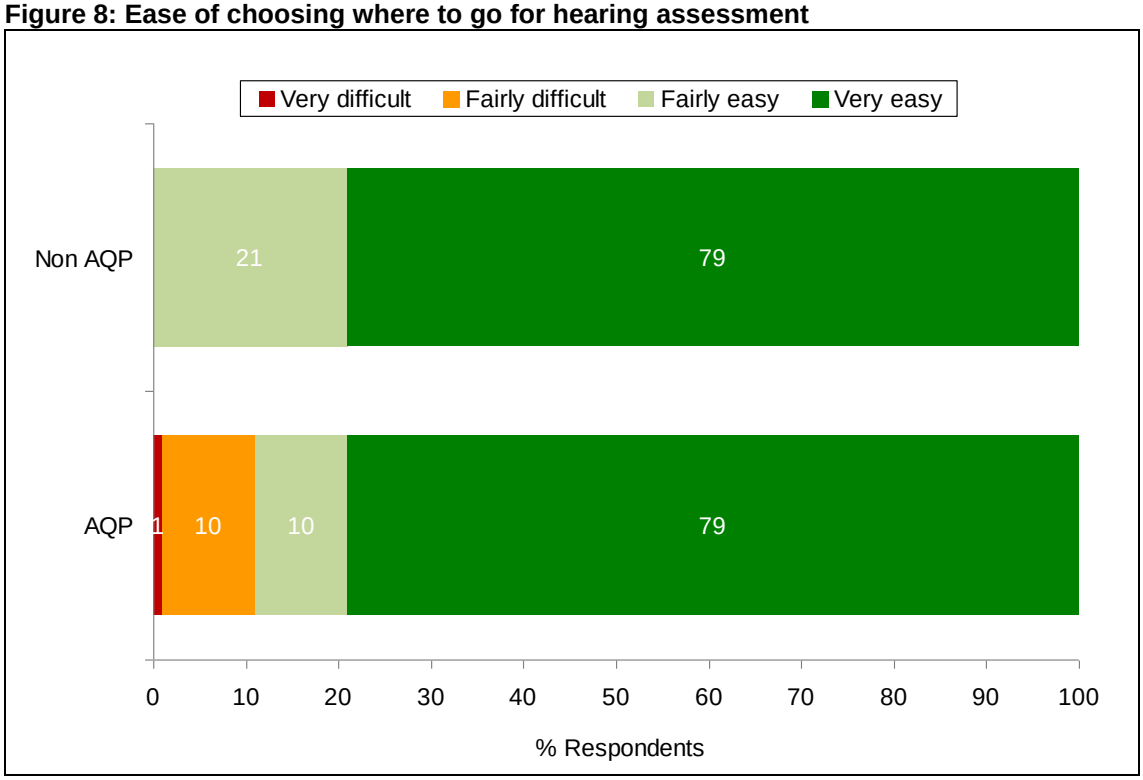


Base: Those who have been offered a choice of different hearing specialists, excluding DKs – 102; referred April 13- Sept 13 – 48; referred since Oct 13 - 38; AQP – 63; Non AQP – 39. NB. Low base sizes

Despite this lack of information, it was not generally felt to be difficult to choose where to go for a hearing assessment. Eight out of ten of those with a choice found it very easy but it was slightly more likely to be found difficult in AQP areas, perhaps because those patients were less likely to attend the appointment already knowing that they would be offered a choice.

Those aged over 80 were less likely to find it easy to choose (60% found it very easy while 82% of those under 80 found it very easy). So too were those who were referred by an RMC rather than a GP. While there are only eleven people in the sample who were referred by an RMC and offered a choice of hearing specialist, four out of the eleven found it fairly difficult and only five found it very easy. Those referred by a GP were around twice as likely to say it was very easy to choose (82% did so).

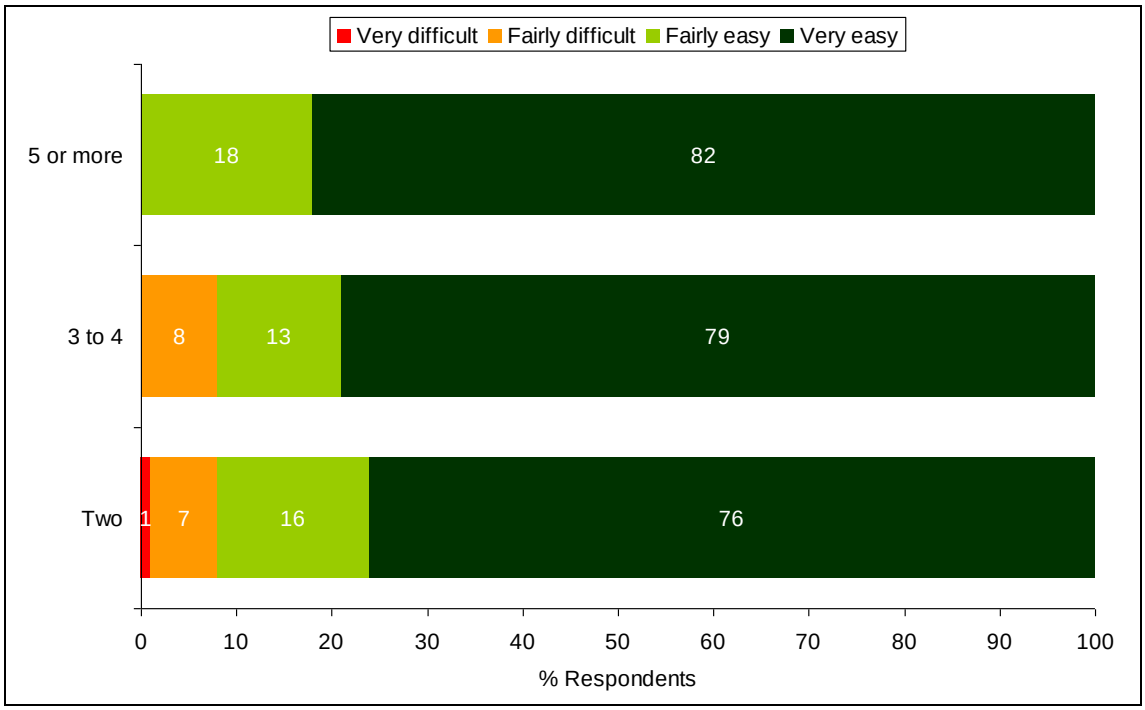
Figure 8: Ease of choosing where to go for hearing assessment



Base: Those who have been offered a choice of different hearing specialists, excluding DKs – 117; AQP – 75; Non AQP – 42 NB. Low base sizes

Ease of choice is not linked to lack of options; on the contrary, the more options available, the more likely it was that patients would find it very easy to choose.

Figure 9: Ease of choosing where to go for hearing assessment by number of specialists to choose from



Base: Those who have been offered a choice of different hearing specialists, excluding DKs – 117; Two – 59; 3 to 4 – 36; 5 or more – 5. NB. Low base sizes

Among the minority who didn't describe it as 'very easy' to choose where to go for their hearing assessment, there were few suggestions as to what information would have made it easier and in fact seven of the twenty-seven said that they were happy with the information provided and it wasn't a problem. There were a few mentions of ease of getting to the provider and simplification or more clarity in the information available.

Verbatim comments included the following:

> *That it could have been done other than at a NHS hospital.*
>
> *If they could have come to the house.*
>
> *Information was helpful but could be more simplified for me to understand.*
>
> *A bit more information about timings.*
>
> *What choice of hearing aids was available.*
>
> *More details of those I could choose and more time to consider rather than being expected to decide when I was contacted by phone, although, with the benefit of hindsight I could have asked for more information and more time to think about the choices and then I could have phoned back. It felt that an answer was required immediately.*

Value of Choice

Despite a lack of awareness of choice and limited choices being offered to them, the majority of people nonetheless valued having a choice of hearing specialist. Four in ten of those who had been offered a choice described choice as very valuable with reasons including the following comments:

> *Useful when considering travel arrangements/parking etc.*
>
> *Made it easier for me as my local hospital was too far.*
>
> *It is always good to have a choice. More choice means better service in my opinion.*

Those more recently referred (since September 2013) were significantly more likely to feel choice was very valuable (53% thought this compared to 33% of those referred in April to September 2013).

Three in ten of those who had been offered a choice described the choice as nice to have but not essential:

It's good to have options.

It's nice to go to the nearest one.

It was valuable so we can choose but is it not fully essential.

And a further three in ten said having choice made no difference to them at all:

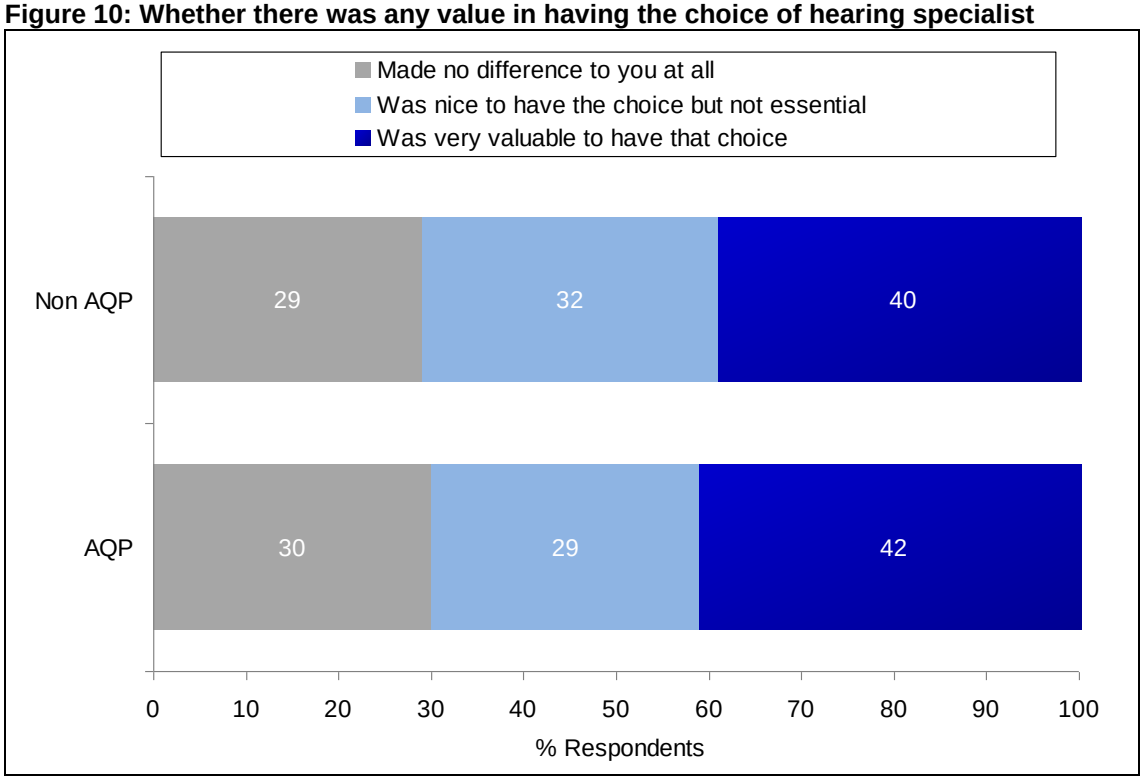
I would have gone to [Provider] anyway.

I will go wherever they send me.

Had decided to use NHS.

Women were significantly more likely than men to say that choice made no difference to them (39% versus 22% among men). However, there were no other significant differences between demographic groups and those aged over 80 were no less likely than younger age groups to value choice.

Figure 10: Whether there was any value in having the choice of hearing specialist



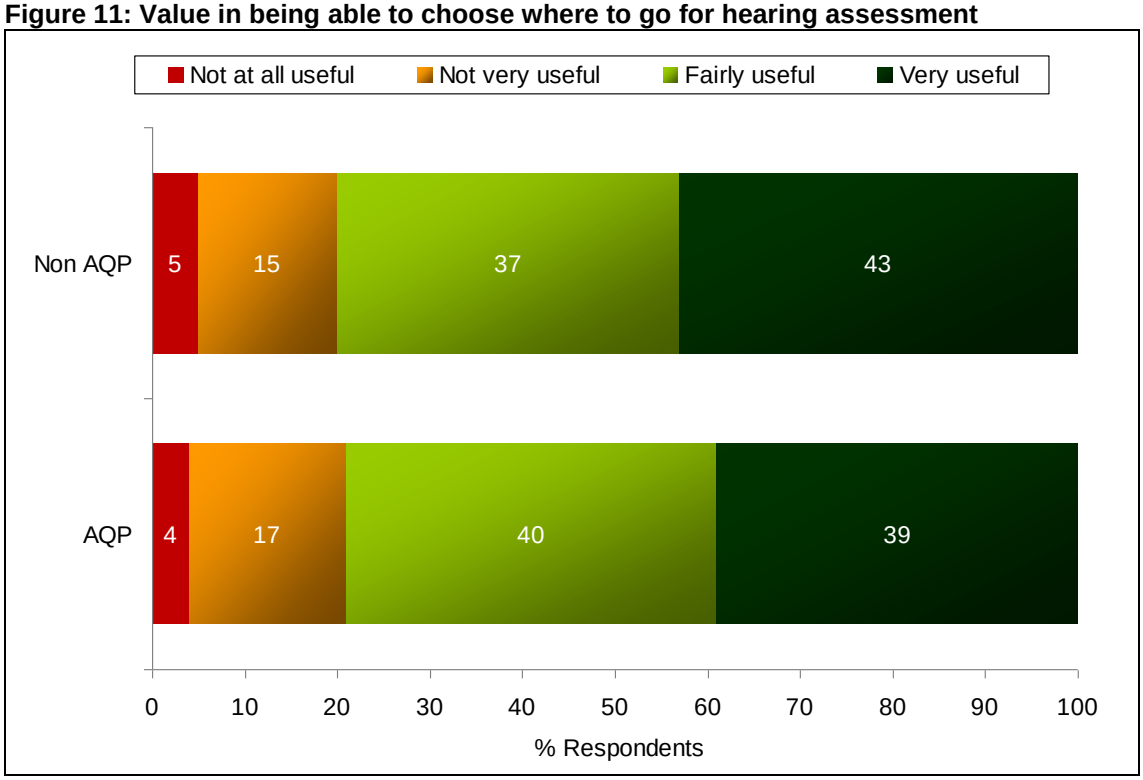
Base: Those who have been offered a choice of different hearing specialists, excluding DKs – 117; AQP – 75; Non AQP – 42 NB. Low base sizes

Those who had not been offered a choice of specialists were told about the choice potentially available and asked how valuable they thought it would be to have that choice. The wording used was "In some parts of the country, you can choose to have your NHS hearing assessment and hearing aids from a range of different places, including an NHS hospital, or a clinic in your neighbourhood like at a library or at the

GP surgery, or from specialist outlets on the high street. How valuable do you think it is to be able to choose where to go for your assessment?"

Four out of five felt that it would be very or fairly useful to have that choice available, with just one in twenty describing it as not at all useful. There were no significant differences between demographic groups and those aged over 80 were no less likely than younger age groups to value choice.

Figure 11: Value in being able to choose where to go for hearing assessment



Base: Those who haven't been offered a choice of different hearing specialists, excluding DKs – 1,144; AQP – 743; Non AQP - 401

There was a view that choice was generally a good thing and that these choices would make the hearing assessment more convenient, quicker, cheaper (in terms of transport or parking) or easier to access. Examples of reasons for saying choice would be useful include the following verbatim comments:

> *A lot of people may not be able to get to the hospital or other places easily, so to have a choice is very good.*
>
> *It is a good idea, as you can pick where you would like to go, it can be near bus routes or the local area, makes getting to the place easy.*
>
> *At my age, 82, and living in an area that has not got a good bus service it can be very awkward to travel and costly to [go to] the hospital or if you have to pay for a taxi.*
>
> *Excellent idea, both hospitals in the area are far, you need to take buses, also if you had the choice you would be able to see where you get the best service.*

It can be more convenient as the hospital can charge a lot for parking.

Because some people prefer local venues because public transport links in rural areas may be bad. Also, local clinics may be non-threatening environments compared to a large hospital having to navigate your way to the audiology dept.

Well if you're going to [Provider], you can get your hearing done at the same time as your sight.

Well, if you have a long waiting list in one place then it's better to go somewhere where the wait is not so long.

Some places you get a good service, and some places are bad, this way you have a choice to pick from.

If people can pick the specialist where they want to go, then it's a really good thing, to ensure they feel comfortable and at ease.

More possibilities for a range of people. Some people cannot attend GPs on weekends; [Provider] for example, people can attend on evenings and weekends.

If it's free and you have a choice, then why not use it.

Knowledge is power.

People have freedom to go where is good for them.

I feel if I'm not getting much satisfaction from one place, I can go somewhere else.

Of those indicating that choice was not valuable to them, the main reasons centred around being satisfied with the service they'd received (15%), a feeling that it's better to go to hospital (15%), better to have a specialist service (9%). There was also a proportion who were simply not bothered (7%) or felt that choice wouldn't make any difference as it's all the same service (16%). A few also had a concern that it would be difficult to make a judgement, saying that it's better to have guidance (5%) or that having too many options is confusing (2%).

Based on a personal level, the treatment I had was magnificent, so would not have been of value to me.

Because I'm happy where I am. I don't want to go anywhere else. The doctors I went to had clinic in there that deals with hearing so I would have chosen that anyway.

I don't think you will get the same professional service that you would get in the hospital.

The best service will be offered at the Audiology departments of the major hospitals where they have better equipment and wider range of services.

I am pleased with the NHS Hospital Audiology. I know some people who go to High Street shops for free NHS tests but I am pleased with the NHS service.

I believe in the NHS and feel they have [more] capable people than private practices or people in [Provider].

I think they should keep it all within the hospital and long term it would cost more.

Best place to go is the hospital because they know what they're doing.

Because you will need to know the background of the place you go to before you have their services. If you don't know then you will be unsure whether you did the right thing by going there.

Unless you have experience, you don't really know. You just hope your doctor's chosen the best place.

Choice is a loaded response. I wish to have the best possible care via the NHS. I do not want to try to assess the competence or otherwise of private or profit making companies.

Depending on the seriousness of the condition, you should be able to choose, but for hearing services it's not too important.

At my age not bothered.

I think if you are told to go somewhere, then you should go, as they will be professional and they know what they are doing.

Where Hearing assessment was received

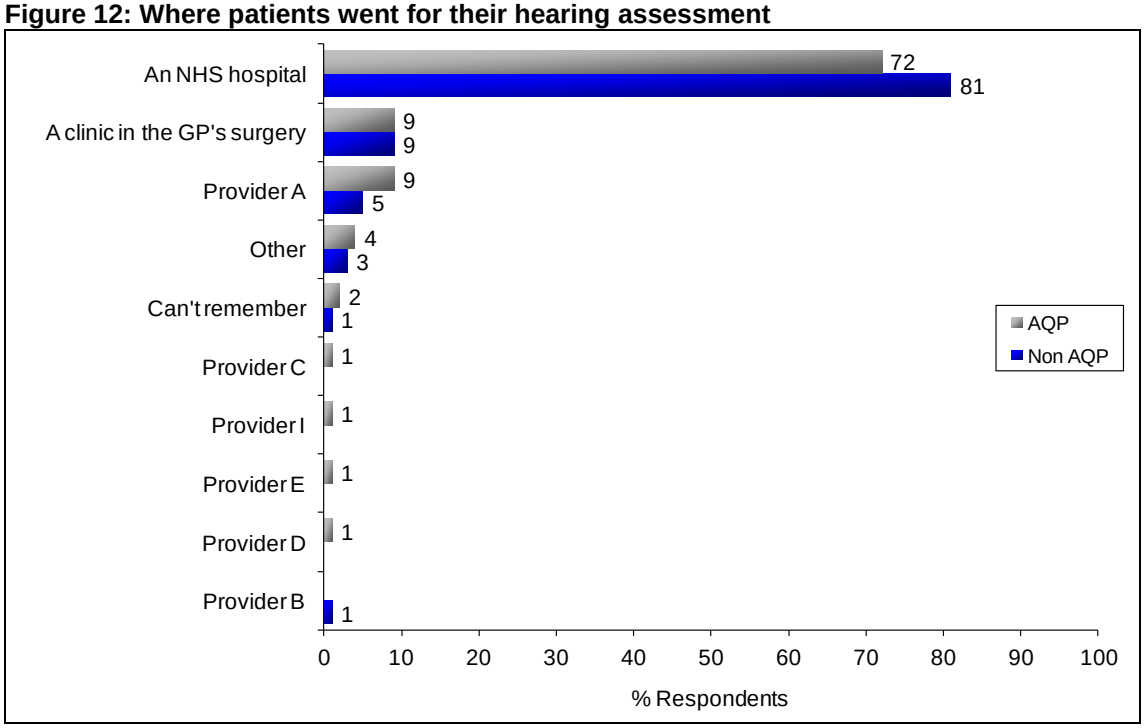
Regardless of whether they were in an AQP or non AQP area, most people received their hearing assessment at an NHS hospital. However, the proportion going to an NHS hospital in non AQP areas was significantly higher than in AQP areas.

Just under one in ten had their hearing assessment at a clinic in the GP's surgery in both AQP and non AQP areas. Twice as many over 80 year olds as those under 80 were treated in a clinic in a GP surgery (14%). There was also a higher likelihood that those

who did not need hearing aids had been treated in a clinic in a GP's surgery; 22% who did not need hearing aids had been treated in a GP's surgery clinic compared to 9% of those who did need hearing aids. Conversely, only 55% of those who did not need hearing aids had gone to an NHS hospital, a significantly smaller proportion than for those who did need hearing aids (75%). It is difficult to know whether people were more likely to be referred to a clinic in a GP's surgery because their condition was less likely to warrant hearing aids or whether clinics in GPs' surgeries are less likely to prescribe hearing aids for some other reason.

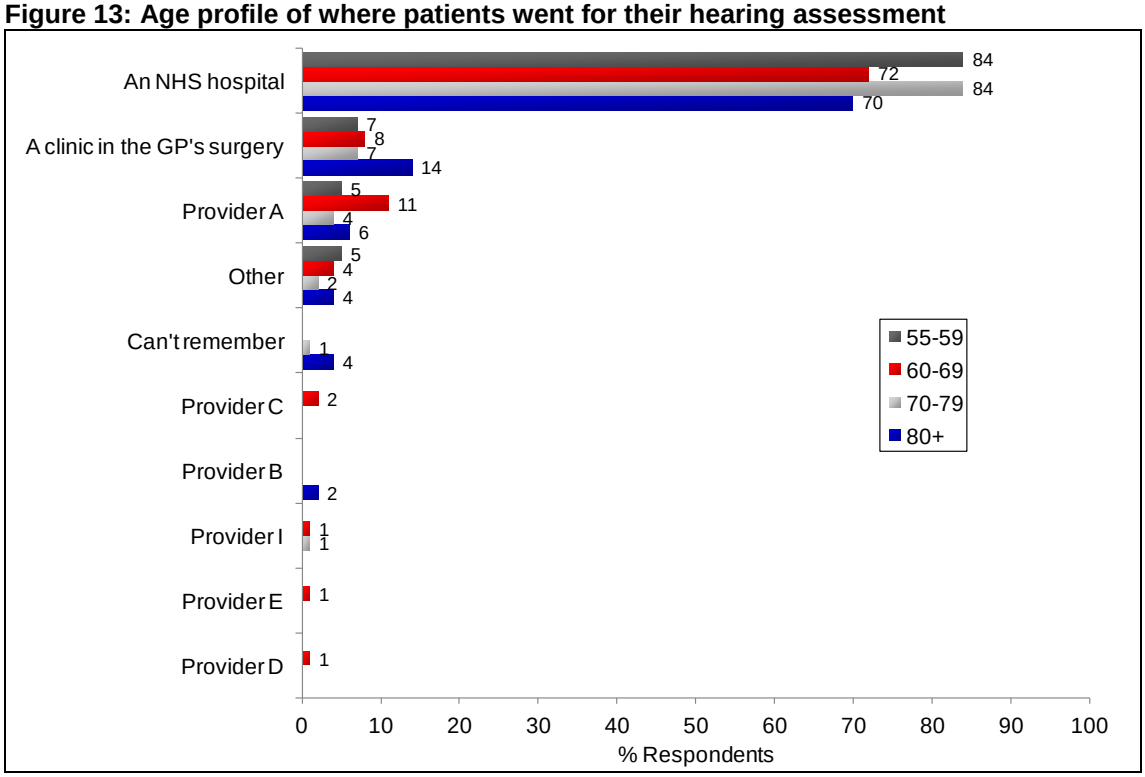
[Provider A] was used by 9% in AQP areas, significantly more than in non AQP areas. It was also more likely to have been used by the 60-69 age group (11%). [Provider] was more likely to be used where the referral was from a GP rather than an RMC (8%) and by women (9%). Where the referral was from an RMC, people were significantly more likely to have used [Provider], [Provider] or other providers.

Figure 12: Where patients went for their hearing assessment



Base: 1,261 respondents. AQP – 818; Non AQP – 443

Figure 13: Age profile of where patients went for their hearing assessment



Base: 1,261 respondents. 55-59 - 130; 60-69 - 254; 70-79 - 391; 80+ - 486

Reasons for Choice of Provider

When choosing where to go for their hearing assessment, the GP's recommendation and ease of access were equally influential with the GP's recommendation slightly, but not significantly, more important in AQP than in non AQP areas.

Having a good reputation was an important consideration, and more so in non AQP areas (although the difference is not significant).

Women were especially likely to choose based on their GP's recommendation (56% versus 25% of men, a significant difference) and had a significantly stronger preference than men for somewhere they were already familiar with (27% of women, 7% of men).

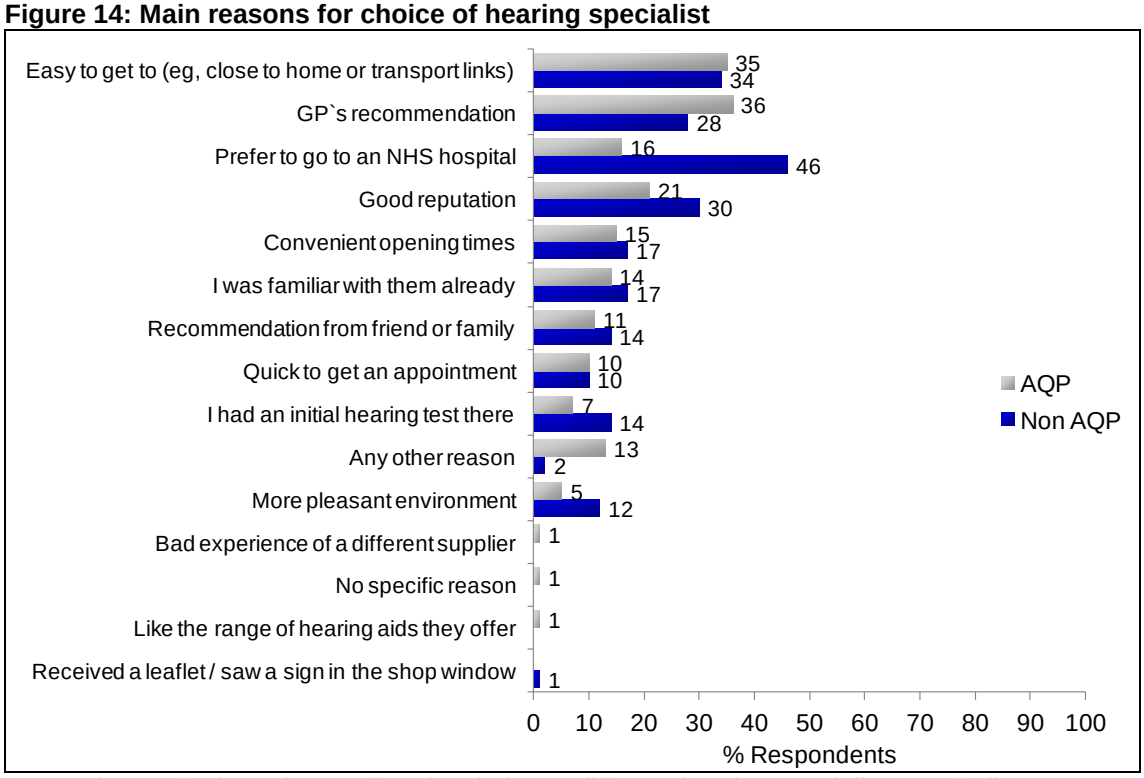
A location that was easy to get to was significantly more likely to be a reason for choosing where the patient already had hearing aids, suggesting that they perhaps felt more confident in not going to a hospital.

In non AQP areas the preference for going to an NHS hospital was significantly higher than in AQP areas. This preference was also particularly likely to be expressed by those in socio-economic group AB (45%).

Convenient opening times were significantly more likely to be chosen by those aged over 70 (28% compared to 4% of those under 70 mentioning this as a factor) and also by those whose referral was via a Referral Management Centre (4 out of 11).

Those who chose [Provider] were most likely to have done so because it has a good reputation (9 out of 14) but were also significantly more likely than those going to an NHS hospital to mention it was quick to get an appointment (5 out of 14).

Figure 14: Main reasons for choice of hearing specialist



Base: Those who have been offered a choice of different hearing specialists, excluding DKs. AQP - 74; non AQP - 42

Preferences regarding choice of provider

All participants were asked what their preference would be if the following seven options were available for their hearing assessment:

- A local NHS hospital
- An NHS hospital in a neighbouring areas
- An NHS hospital in a different area, further away
- A hearing specialist on the high street
- Treatment in your own home
- A clinic within your GP's surgery
- A clinic in your neighbourhood, or
- None of these.

More than one option could be selected and on average 1.3 options were chosen so most had just one option they preferred over the others. A further 3% did not prefer any of the options.

Given these choices, a local NHS hospital was still the most popular option, chosen by just over seven in ten.

There was very little, and no significant, difference in the choices made by those in AQP and non AQP areas but people were influenced by what they had already experienced and were more likely to choose the option they were familiar with.

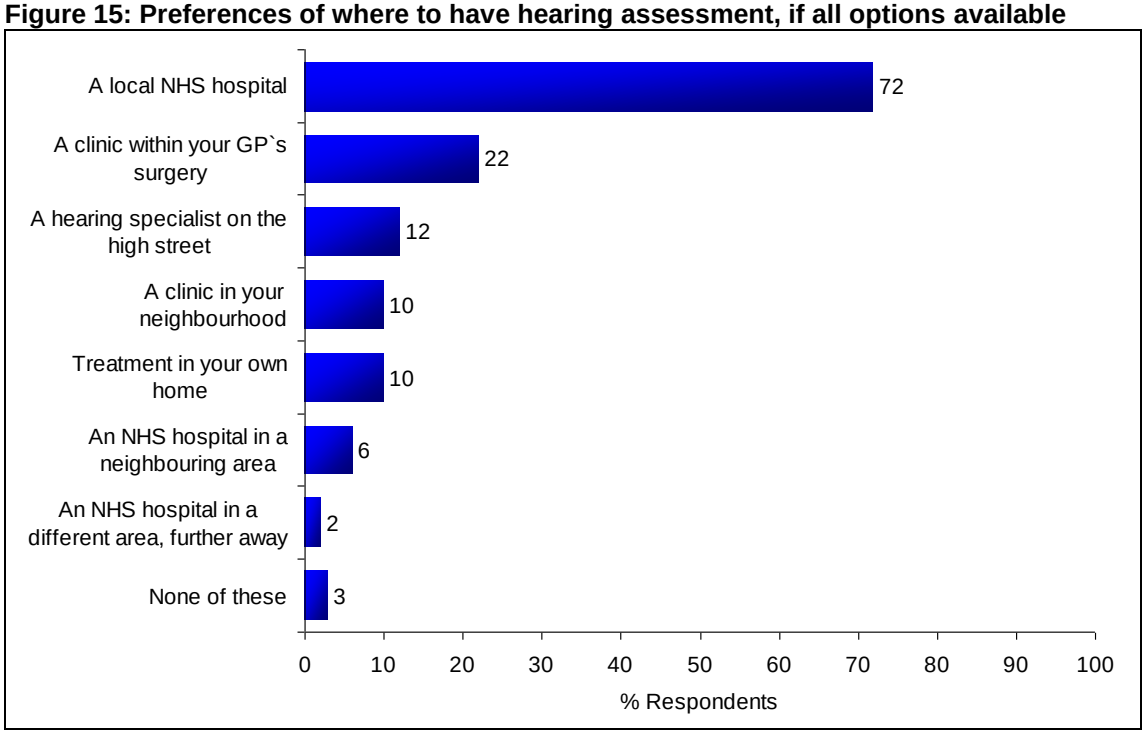
For example, 82% of those whose hearing assessment had been at an NHS hospital chose this option from the list of choices read to them – significantly more than those whose hearing assessment had not been at an NHS hospital, 38% of whom chose this option. The 'hearing specialist on the high street' option was chosen by 49% of those who went to [Provider], and just 30% of those who had been to [Provider] chose an NHS hospital from the list read out. And 47% of those whose hearing assessment was in a clinic within their GP's surgery chose this option, just higher than the 44% of them who chose an NHS hospital from the list.

Overall one in five liked the idea of a hearing assessment in a clinic in their GP's surgery and this option was significantly preferred by those in socio-economic group AB (32% compared to 18% of C1C2DEs). This does appear to be an option that would be used if more widely available.

A hearing assessment in their own home appeals particularly to the more elderly and vulnerable and was chosen by significantly more of those aged over 80 (16%) and where the interview was conducted by a carer (26%). Again, this is an option which would appeal if more widely available, although to a specific minority.

Overall 42% chose at least one of the community-based options (a clinic in the GP's surgery, a high street hearing specialist, a clinic in their neighbourhood or treatment in their own home).

Figure 15: Preferences of where to have hearing assessment, if all options available



Base: all respondents – All respondents, excluding DKs - 1,261

Table 2 shows the reasons given for preferring the options chosen with the top three responses shaded in grey.

Convenience with the location being nearer, quicker or cheaper to get to was the main reason given, whatever the choice of specialist. The fact that it was good to have a choice was mentioned in the top three by all those apart from those choosing the local NHS hospital.

Where a high street specialist or a clinic in their neighbourhood was chosen, the fact that it is better to have a specialist service was the reason which featured third most often.

Table 2: Reasons for choice of preferred place to have hearing assessment

	Local NHS hospital %	Clinic in GP's surgery %	High Street specialist %	Clinic in your neighbourhood %	Hearing assessment in own home %
Convenient/nearer - quicker/cheaper to get to	34	40	35	51	27
Happy with current service/service I receive	15	6	6	7	
It's the best place to go	12	2	14	3	
Better to go to hospital	12	1		4	1
Easier	9	18	10	9	17
Good to have choice	7	21	20	19	25
Trust them (more)	6	5			1
It's familiar/ comfortable - used to it	6	9	5		6
Better to have specialist service	5	4	13	10	
Prefer NHS	5	4	1		
Friendly/helpful/caring	4	2	4	7	
Better equipped/best facilities	3		4	1	
You can be seen quicker	2	3	5	5	
Happy as long as I get a decent service		3			2
Can use public transport to get there		1	5		
Have problems with mobility		1	2	2	16
Ideally, have hearing assessment at home		3			26
Base	**892**	**242**	**130**	**125**	**132**

Switching Suppliers

While choice is available currently, there is little evidence so far of people switching from one supplier to another.

Overall 7% of those with hearing aids had changed hearing specialist from the place where they were first referred by their GP. Significantly more had done so in AQP areas (8% versus 5% in non AQP areas). Women had done so more than men (11% of women compared to 4% of men) and ABs more than other groups (11% versus 6%).

A third of those who used [Provider] had switched from another specialist.

Based on the 61 people who had switched, their main reasons for doing so were around service quality and choice or quality of hearing aids:

- Unhappy with the service the original supplier provided (23%)
- Better service in terms of waiting times/choice of appointments (20%)
- I moved to a different area (19%)
- Better choice of hearing aids (17%)
- Not happy with the hearing aids provided (13%)
- New supplier was recommended to me (11%)
- Wanted to buy private hearing aids (5%)
- No/poor ongoing support/aftercare (4%)

Among those who considered themselves either fairly satisfied or dissatisfied with their NHS hearing aids, only 6% had considered but not tried to switch and a further 3% had tried to switch. In AQP areas 5% had considered switching but not tried to do so, compared to 8% in non AQP areas, while 3% in AQP areas had tried to switch compared to 4% in non AQP areas. While these differences between AQP and non AQP areas are not statistically significant, the overall proportion of people in AQP areas who had not either considered or tried to switch was significantly higher (93% compared to 88% in non AQP areas).

Reasons for not having tried to switch were mainly because they were happy with their current supplier (most being fairly satisfied with their hearing aids) but the rest were prevented from doing so by lack of information:

- Don't know who else to go to (3%)
- I didn't know I was able to/didn't think there was a choice (3%)
- I think it would be difficult/time-consuming/too much hassle (2%)
- Don't have enough information to decide (2%)
- Don't think anyone else would be any better (1%)

Among those 23 people who had tried but failed to switch supplier, a couple said it was a long process or they were still awaiting an appointment, one had decided to seek their GP's advice first, two mentioned not getting help or sufficient explanation to do it and two more said they had tried private options but were not happy with them.

3.2 Appointments

Timing and Convenience

Waiting times for first appointments, with a few notable exceptions, were generally not too long from the time of referral to the appointment. Overall 12% had to wait more than 6 weeks for their first appointment.

Patients were slightly more likely to be treated within 6 weeks in AQP than non AQP areas but not significantly so (88 vs 85%).

More than whether patients were in an AQP area, waiting time appears to be related to the type of hearing specialist that patients were referred to.

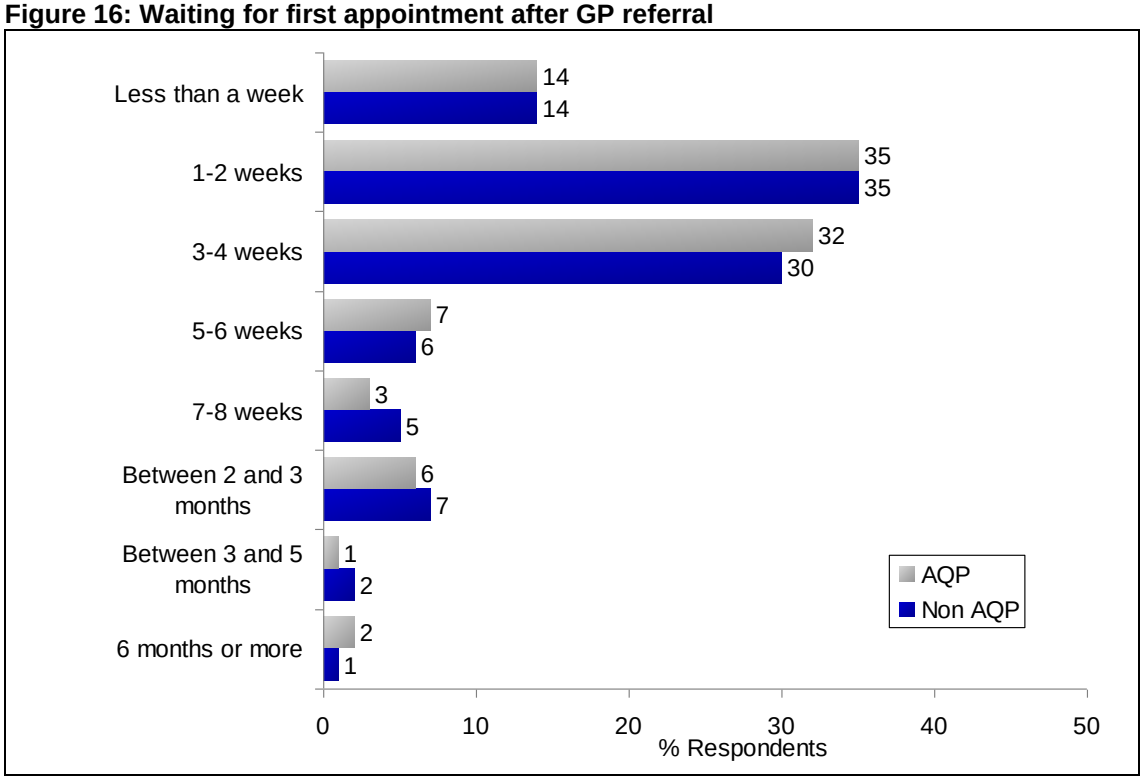
It is NHS hospitals where the longest waits were experienced with 16% waiting more than six weeks and with waits of more than three months reported by 4%.

This contrasts with [Provider] where 37% were seen within a week and nine out of ten within a month.

Specifically in AQP areas, 68% of patients attending a provider that is not a hospital were seen within two weeks of being referred, and almost all (99%) were seen within six weeks. Those in AQP areas attending a hospital experienced the longest waits with 17% of patients waiting longer than six weeks and 3% waiting three months or more.

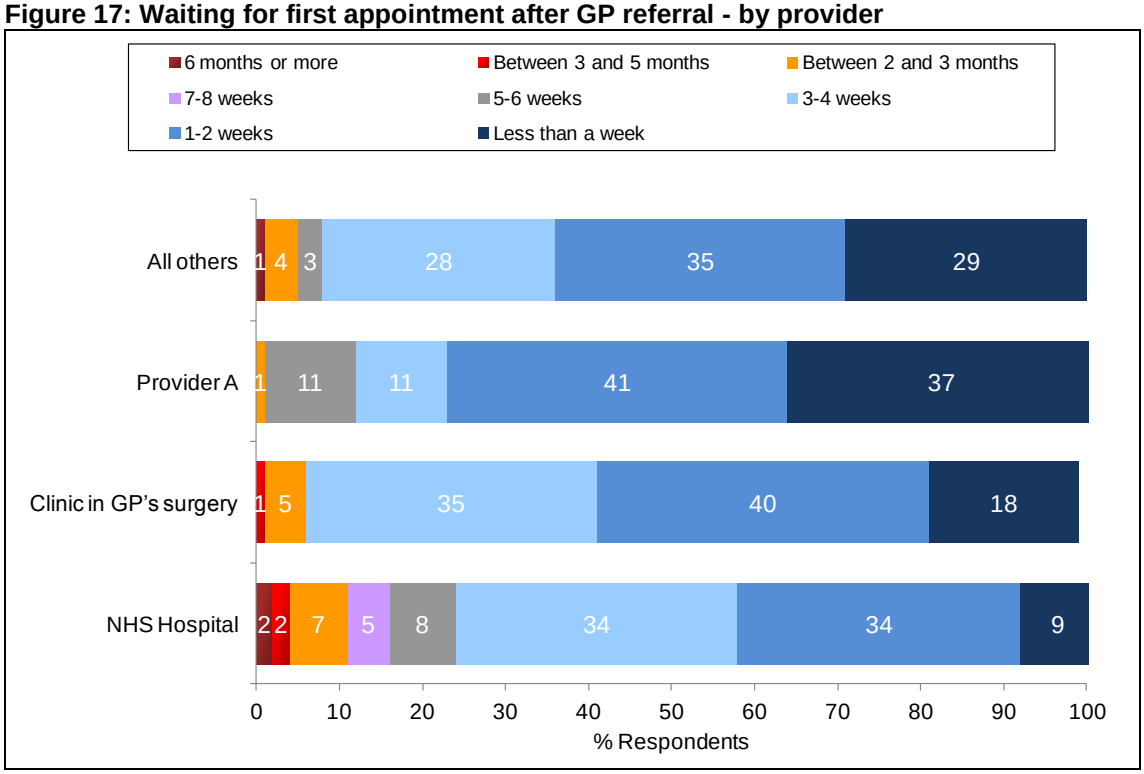
It should be noted that 25% of participants were not able to recall how long they waited for an appointment and are excluded from these results.

Figure 16: Waiting for first appointment after GP referral



Base: All Participants, excluding DKs – 942; AQP – 611; Non AQP – 331

Figure 17: Waiting for first appointment after GP referral - by provider



Base: All Participants, excluding DKs – 942; NHS Hospital – 704; clinic in GP's surgery – 93; [Provider A] – 67; All others – 68

Nine out of ten (91%) felt that the length of time they had had to wait was acceptable. Patients were slightly more likely to be satisfied with the length of wait in AQP than non AQP areas, but not significantly so (92 vs 89%).

The tipping point for acceptability appears to be five weeks; beyond that point there are more people who find the wait too long than find it acceptable.

Fourteen per cent of those who were happy with the length of time they waited for an appointment had in fact waited five weeks or more. Conversely, there were 27% of those who said that their wait was too long who had only waited between one and four weeks.

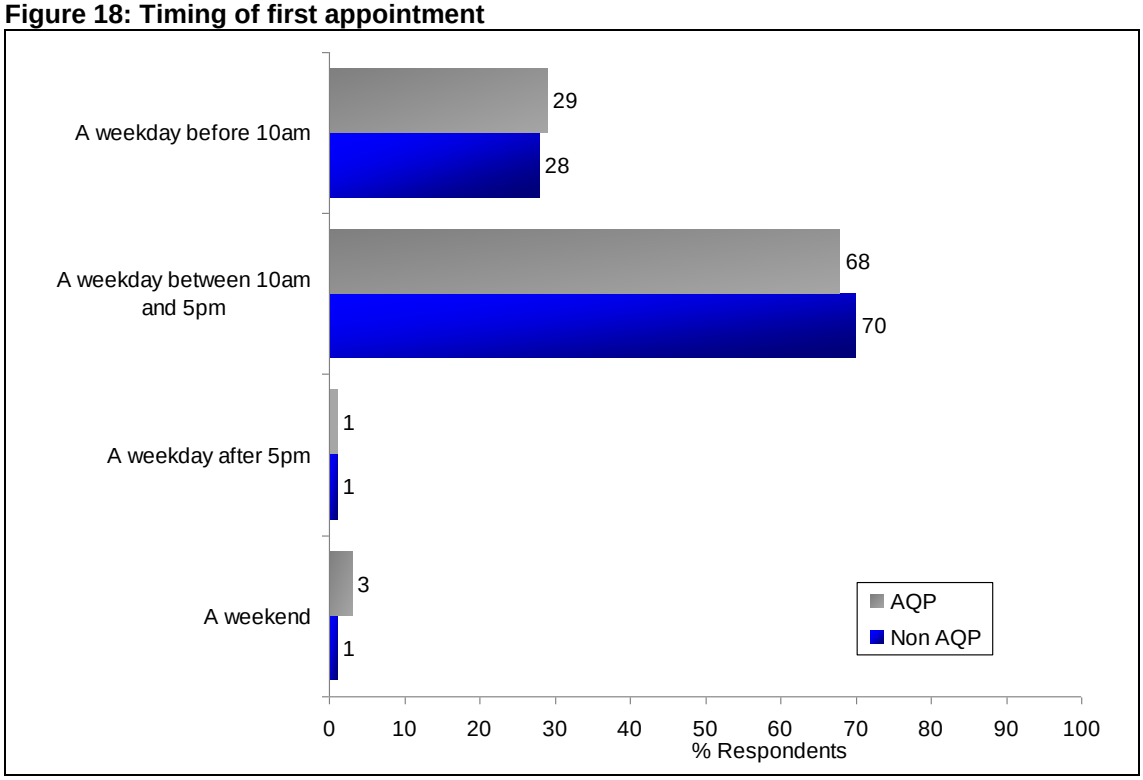
Table 3: Acceptability of wait time

	Wait was acceptable	Wait was too long
	%	%
Less than a week	15	
1-2 weeks	37	12
3-4 weeks	33	15
5-6 weeks	6	17
7-8 weeks	3	15
Between 2 and 3 months	4	25
Between 3 and 5 months	1	5
6 months or more		10
Base	**846**	**86**

Twenty-seven per cent were unable to recall the timing of their first appointment, but among those who could it was generally on a weekday between 10am and 5pm. Appointments outside of 10am to 5pm on weekdays were slightly more likely in AQP areas compared to non AQP areas (32% versus 30%). A weekend appointment was very rare and only 2% had their appointment at the weekend. A weekend appointment was significantly more likely in AQP areas and also where the appointment was at [Provider] (11%).

Those in socio-economic group ABC1 were more likely to favour earlier appointments, 34% going before 10am while 77% of C2DEs had appointments between 10am and 5pm.

Figure 18: Timing of first appointment

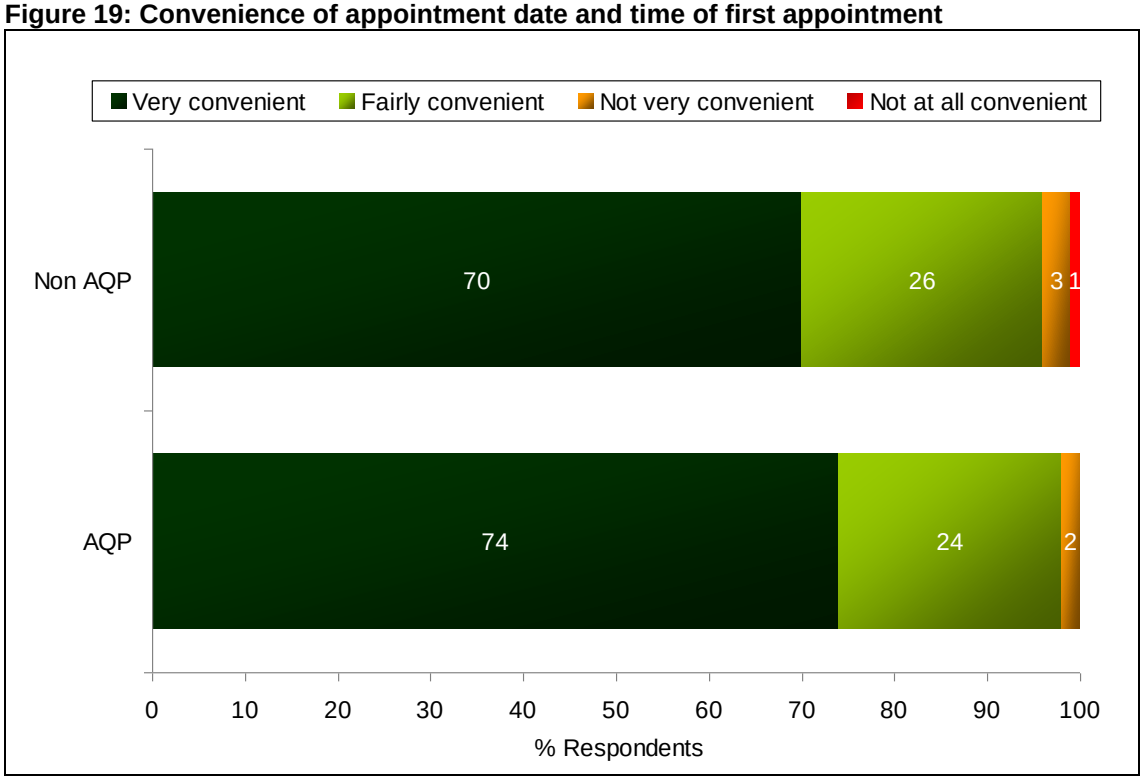


Base: All Participants, excluding DKs – 942. AQP – 593; Non AQP – 330

Appointment dates and times were convenient for all but a very small minority of patients. Patients were slightly more likely to view the timing of appointments as convenient in AQP areas than non-AQP areas, but not significantly so.

[Provider]'s appointments were rated particularly highly, with 82% rating them as 'very convenient'.

Figure 19: Convenience of appointment date and time of first appointment



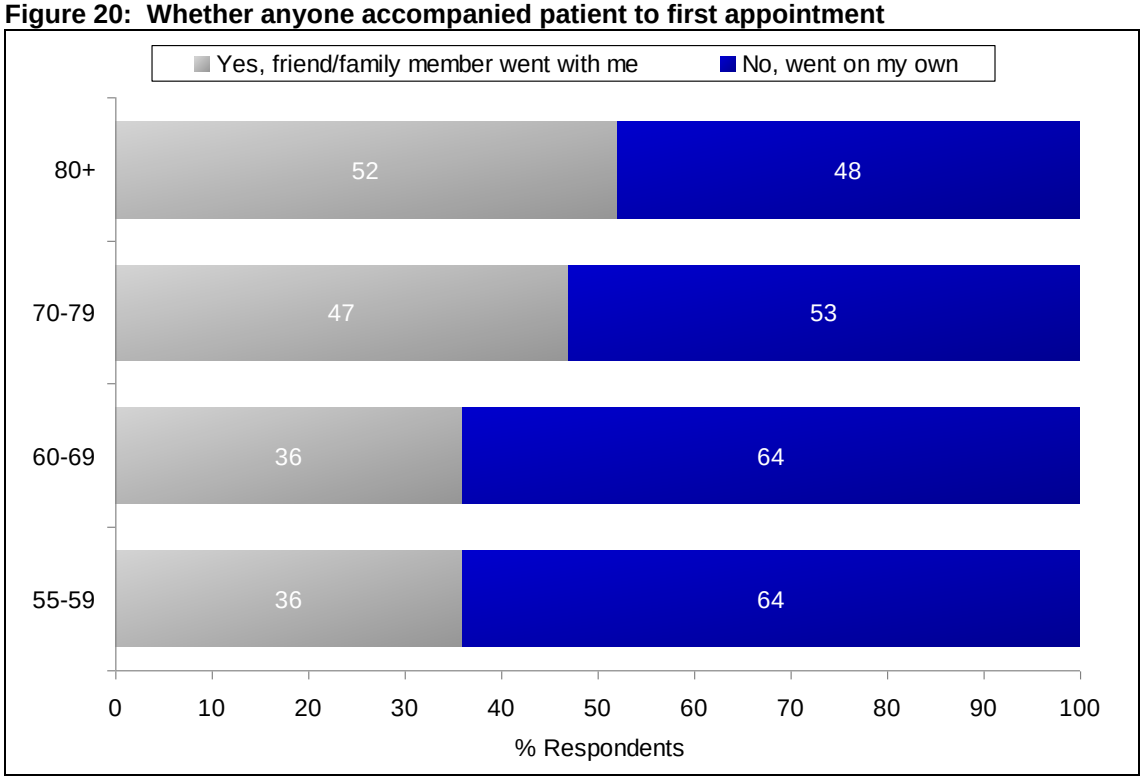
Base: All Participants, excluding DKs – 1,163; AQP – 754; Non AQP - 409

Overall 44% of patients were accompanied by a friend or family member when they went for their first appointment. This was significantly higher among over 70 year olds compared to under 70s and also significantly higher among women than men, 48% of women but only 40% of men being accompanied.

The patient was accompanied in 85% of cases where a carer did the interview on their behalf. Also, the lower the socio-economic grade, the more likely the patient was to be accompanied with 53% of DEs accompanied to their first appointment.

Whether or not a patient was accompanied by a friend or family member to the first appointment does not appear to impact on how satisfied they are with their hearing aids.

Figure 20: Whether anyone accompanied patient to first appointment

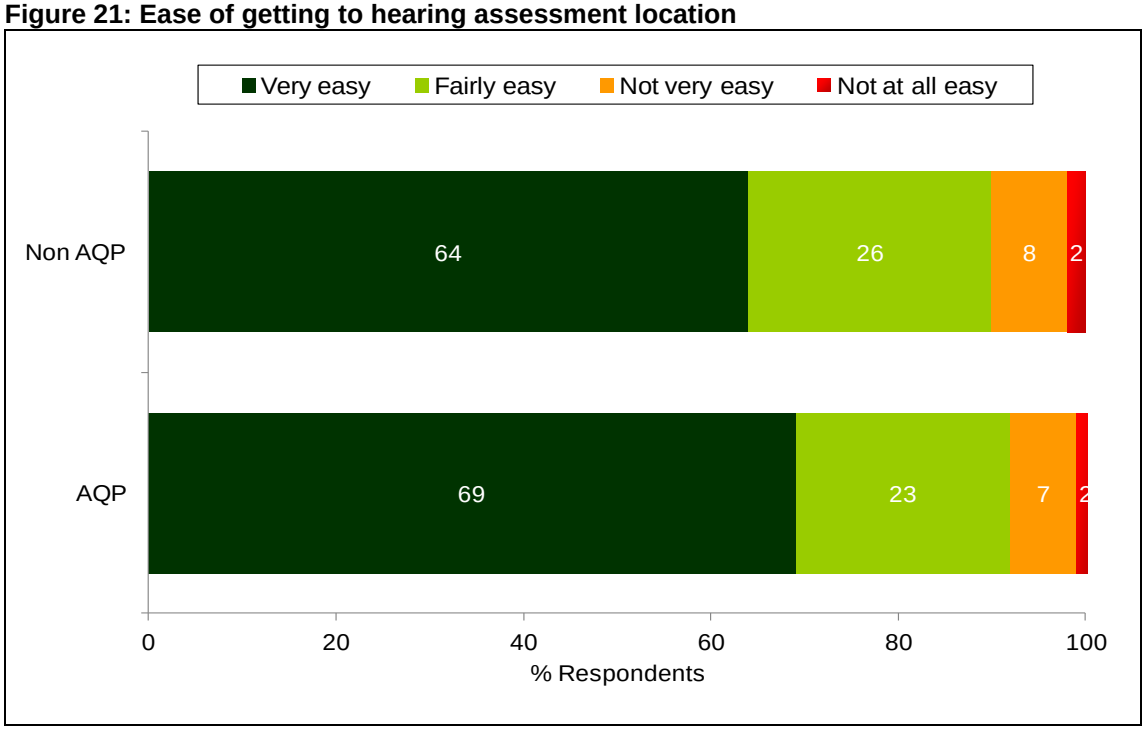


Base: All Participants, excluding DKs – 1,229; 55-59 - 126; 60-69 – 250; 70-79 – 381; 80+ - 472

Ease of Access

Most patients found it very easy to get to the place they had to go to for their hearing assessment and patients found it slightly easier to get to places in AQP areas compared to non AQP areas, but not significantly so.

Figure 21: Ease of getting to hearing assessment location



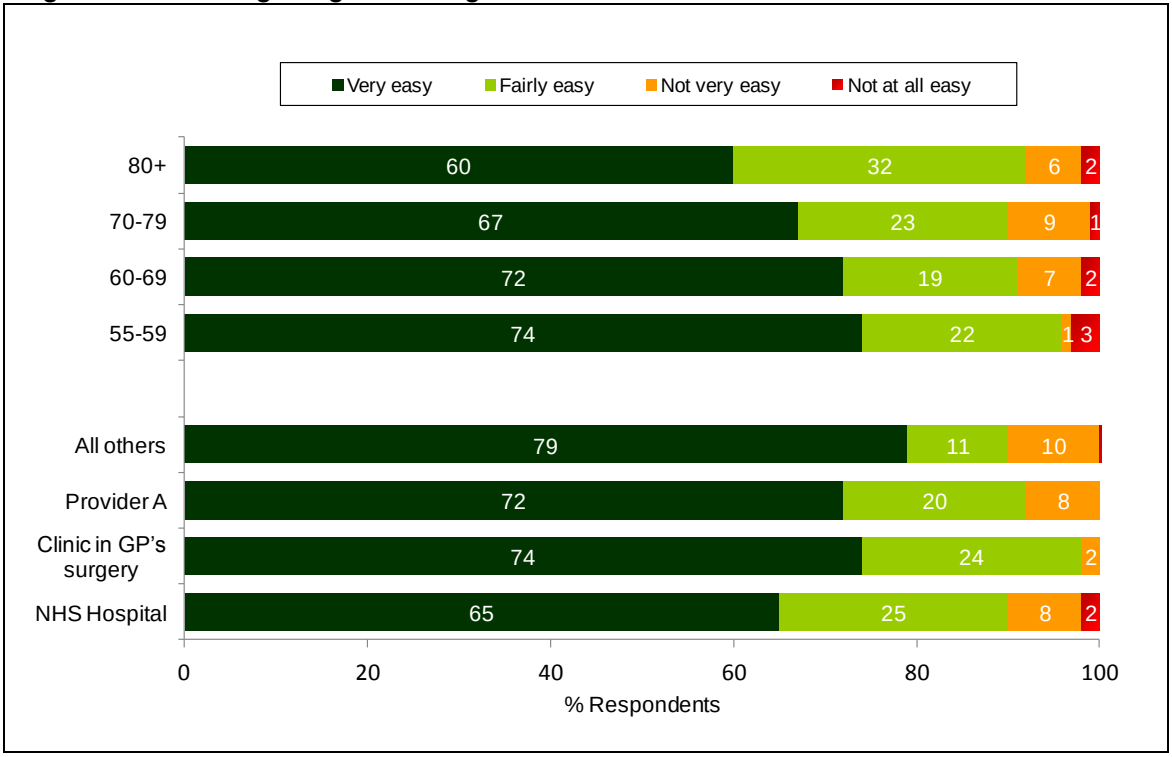
Base: All Participants, excluding DKs AQP - 793; non AQP – 434

The proportion describing it as very easy decreased with age and those aged over 80 were significantly more likely than younger people to describe the location as 'fairly easy' to get to (32%).

NHS hospitals were seen as less easy to access overall and significantly less easy to access than a clinic in a GP's surgery.

Specifically in AQP areas, 82% attending a provider other than a hospital said the location was 'very easy' to get to, compared to 64% of those attending a hospital.

Figure 22: Ease of getting to hearing assessment location



Base: All Participants, excluding DKs – 1,227. NHS Hospital – 941; clinic in GP's surgery – 120; [Provider A] – 73; All others – 77; 55-59 - 124; 60-69 – 252; 70-79 – 384; 80+ - 467

The specific reasons given for the location being difficult to get to were generally transport and distance related:

- Inconvenient - difficult to get to (33%)
- Far from home (30%)
- Difficult to park (27%)
- Had to arrange transport/lifts etc (13%)
- Have problems with mobility (11%)
- Heavy traffic (9%)
- Time-consuming (7%)
- Have to get a taxi (6%)
- Expensive (6%)

Conversely, those with no problems getting to the location were usually going to a location close to home or they had good transport options available:

- It's close/local (33%)
- Can drive there (23%)
- No problems (17%)
- East to get there (14%)
- A short time to get there (9%
- Can get the bus (8%)
- Can arrange transport/lift (6%)
- Can walk there (5%)

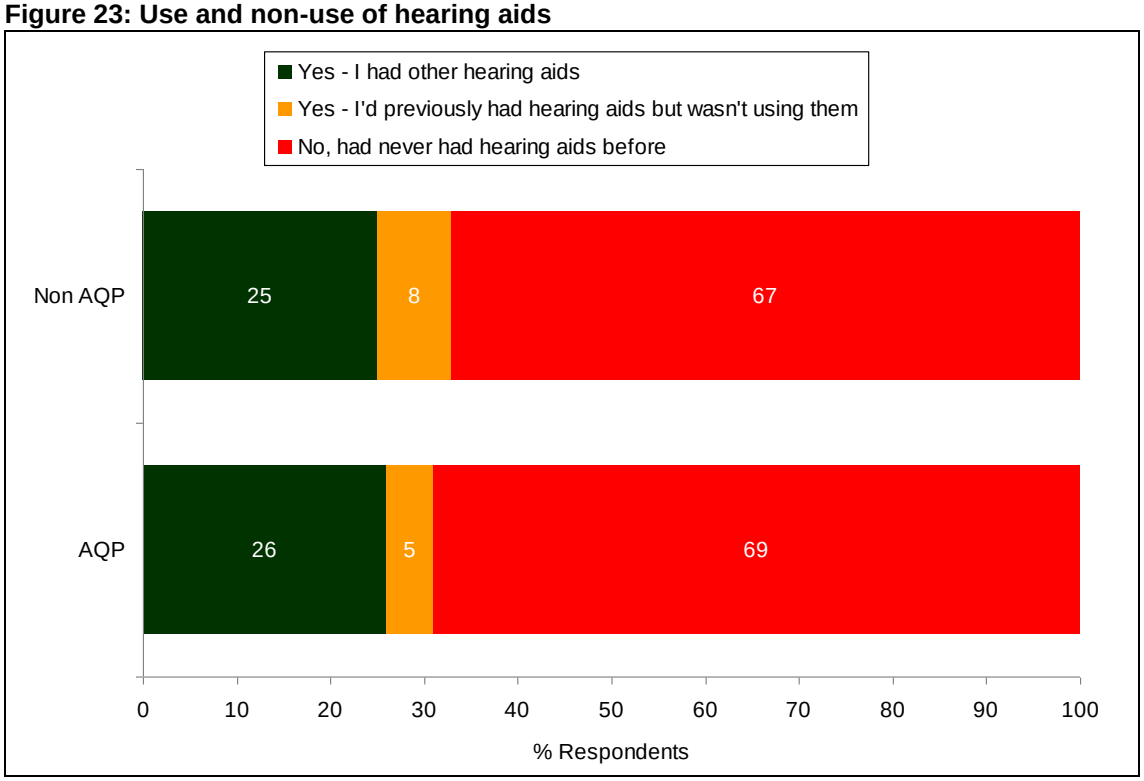
- Know where it is/been before (2%)
- Took a taxi (2%)
- Can use public transport (2%)

3.3 Assessment and Fitting

Whether currently had hearing aids

For three in ten patients, the referral in the last eighteen months was not for an initial hearing aid fitting: 26% already had other hearing aids and a further 6% had had hearing aids in the past but were no longer using them.

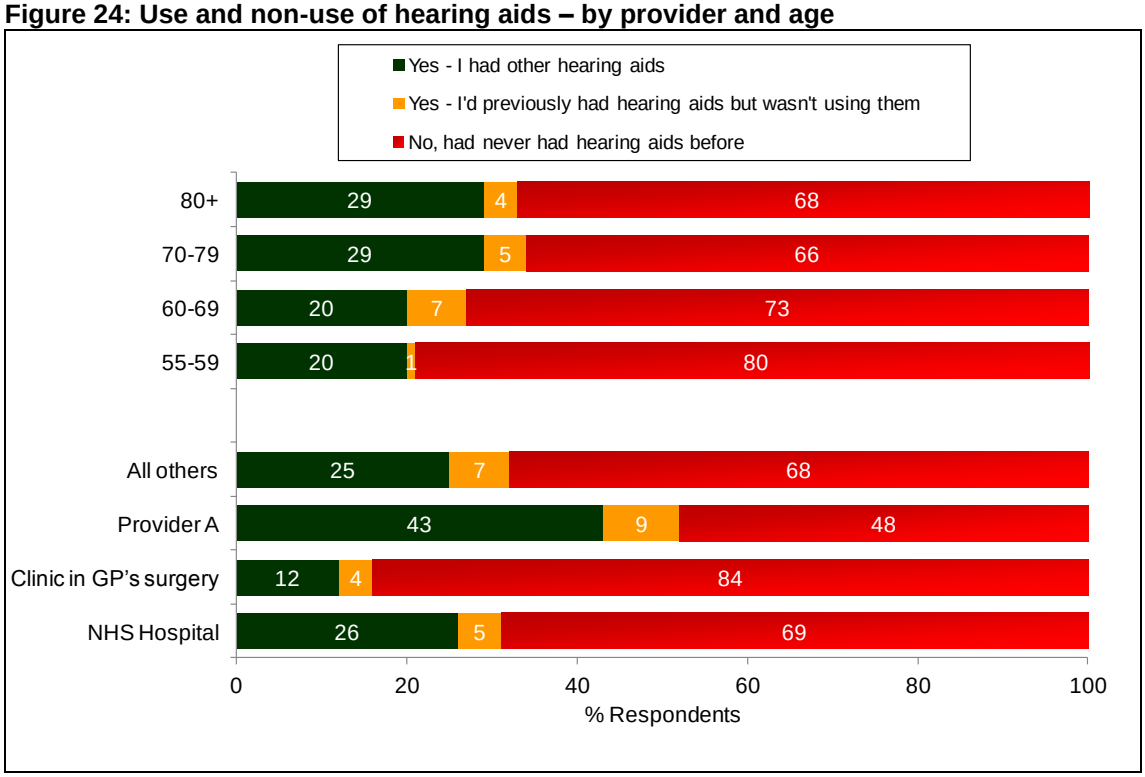
Figure 23: Use and non-use of hearing aids



Base: All Participants, excluding DKs – 1,251; AQP – 812; Non AQP – 439

As would be expected, the older participants, those aged 70 or above, were significantly more likely to already have hearing aids. So too were those who went to [Provider A], suggesting perhaps a greater confidence in using a high street supplier when they already had some experience themselves.

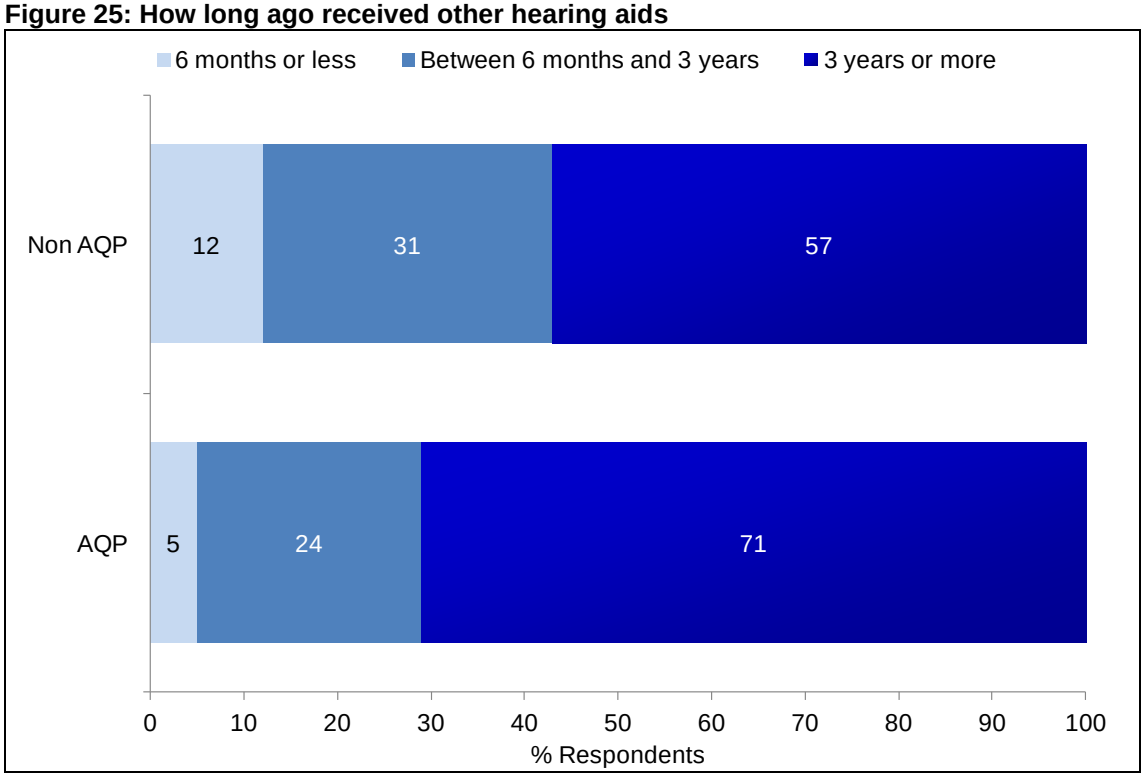
Figure 24: Use and non-use of hearing aids – by provider and age



Base: All Participants, excluding DKs – 1,251; NHS Hospital – 957; clinic in GP's surgery – 121; [Provider A] – 74; All others – 81; 55-59 - 129; 60-69 – 253; 70-79 – 388; 80+ - 481

Most of those who already had hearing aids had received them three years ago or more and in AQP areas the participants were significantly more likely to have had their hearing aids for longer.

Figure 25: How long ago received other hearing aids



Base: those with hearing aids already. AQP – 258; non AQP – 127

The most common reason for these people seeking new hearing aids was because their existing hearing aids were broken or not working properly; 43% gave this reason and it was significantly more likely to be mentioned in non AQP than in AQP areas (53% compared to 37%).

A proportion were also looking for spare or upgraded hearing aids; 18% overall but slightly more likely in AQP than non AQP areas (19% compared to 15%). This equates to 6% of all those fitted with hearing aids.

Those in non AQP areas than those in AQP areas were more likely to say that their hearing aids were broken or not working properly or ineffective, while those in AQP areas were significantly more likely to say that their hearing had deteriorated.

Table 4: Reasons for wanting new hearing aids

Reasons	Total	AQP area	Non AQP area
	%	%	%
They were broken/not working properly	43	37	53
Wanted new ones/upgrade	13	15	10
They did not fit properly	10	12	7
Ineffective	6	3	13
I wanted a spare pair of hearing aids	5	4	6
I had lost them	2	3	1
I wanted smaller/more discrete hearing aids	2	3	2
Uncomfortable	2	2	1
Needed one for the other ear	2	2	2
Hearing deteriorated	2	4	-
Base:	399	251	149

Those who had had their hearing aids for less than 3 years were significantly more likely than those who had had them for longer to say that they did not fit properly (19% compared to 5%).

Fitting

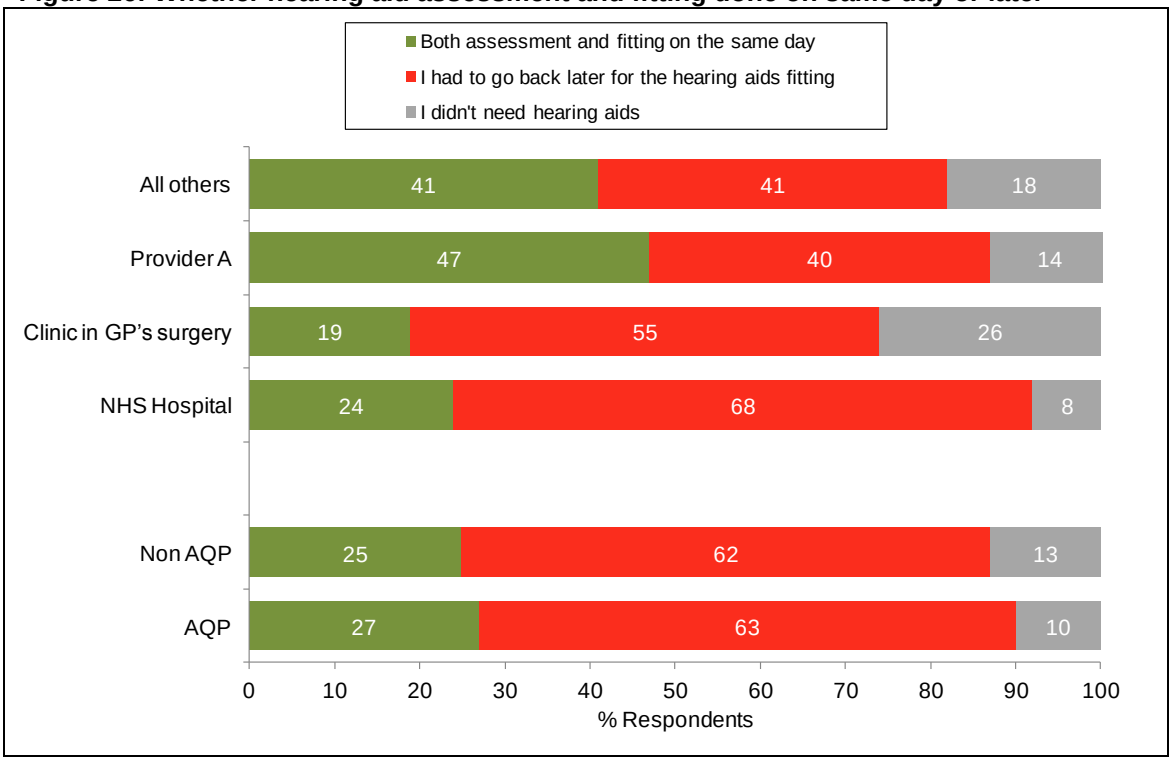
Generally the assessment and fitting were not both carried out on the same day.

[Provider A] and 'other' specialists were significantly more likely to do both the assessment and fitting on the same day.

One in ten did not need hearing aids and the proportion is higher at [Provider] and 'other' specialists suggesting that there is no evidence here of people being persuaded to have hearing aids unnecessarily.

Therefore while the proportion not needing hearing aids was slightly higher in non AQP than AQP areas, this is not due to the fact that there are providers other than NHS hospitals in AQP areas.

Figure 26: Whether hearing aid assessment and fitting done on same day or later

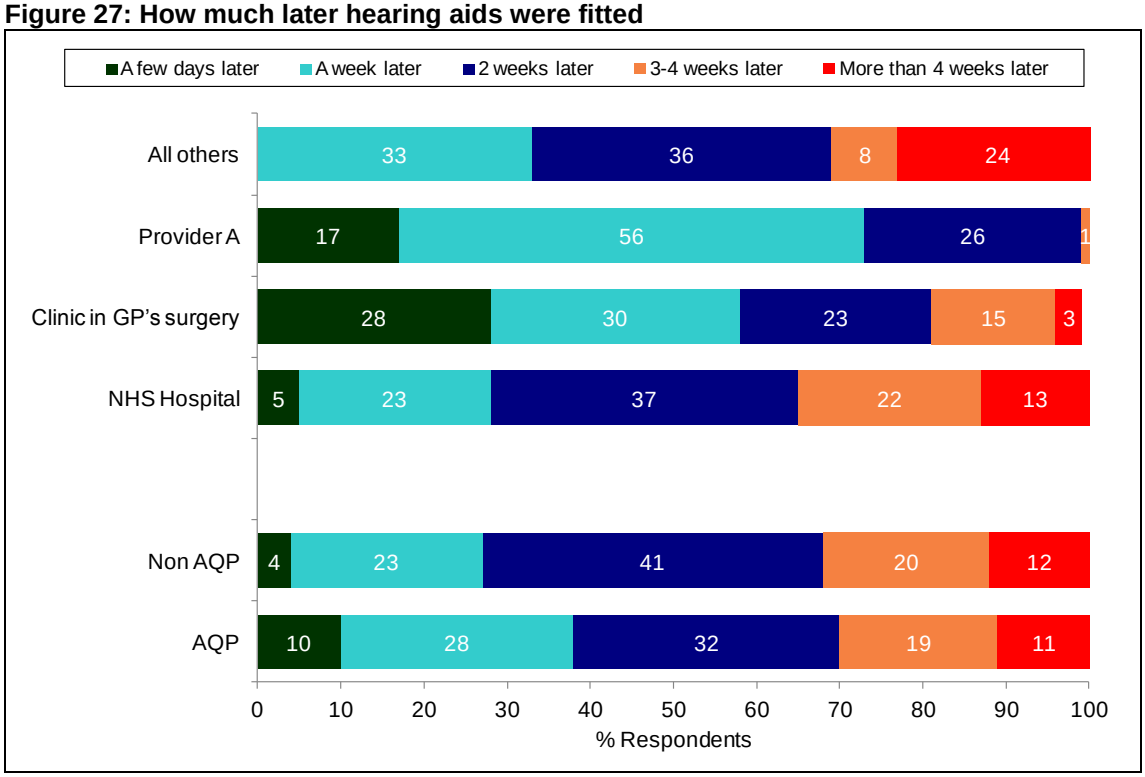


Base: All Participants, excluding DKs – 1195; AQP – 770; Non AQP – 425; NHS Hospital – 917; clinic in GP's surgery – 113; [Provider A] – 73; All others – 78

Where the fitting was carried out at a later date, seven in ten were called back within a fortnight for a follow-up appointment. Those in AQP areas were more likely to be seen within a week but equally likely to be seen within a fortnight as those in non AQP areas.

Again, it is the specialist rather than the type of area which is driving the time taken. Those attending a clinic in the GP's surgery or [Provider A] were significantly more likely to be seen within a few days whereas a wait of 3-4 weeks was significantly more likely in an NHS hospital.

Figure 27: How much later hearing aids were fitted



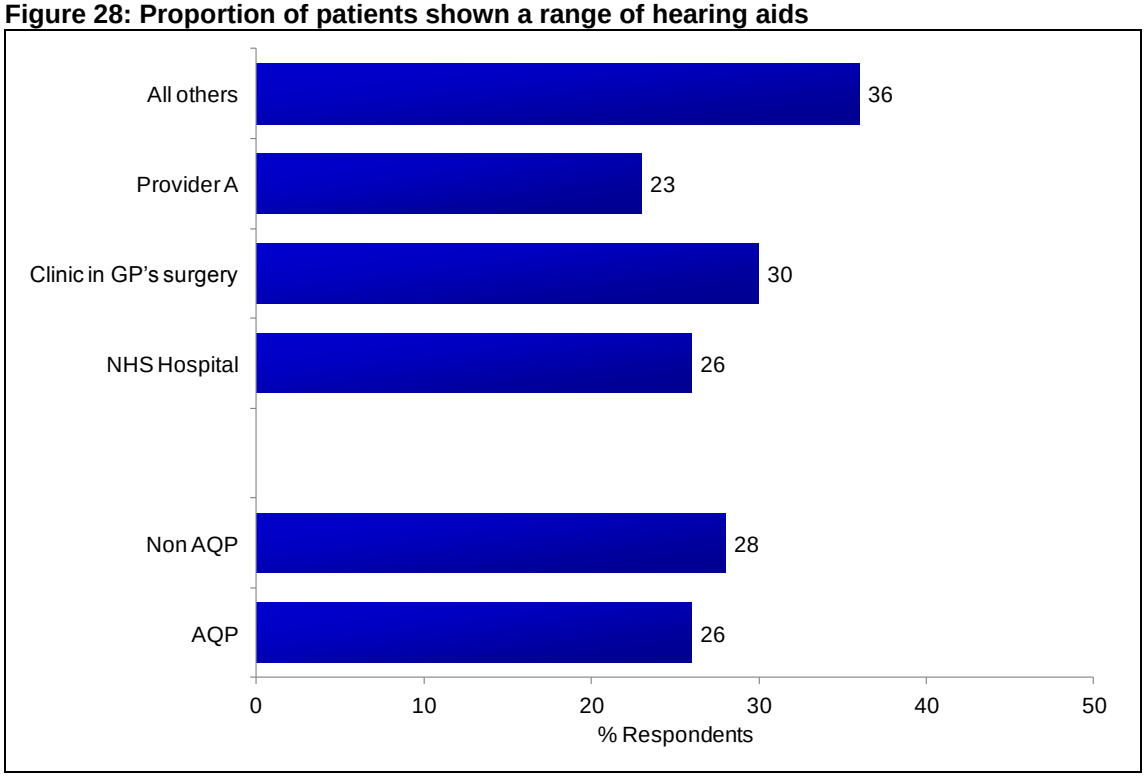
Base: Those who had to go back later for the hearing aids fitting, excluding DKs – 665; AQP – 421; Non AQP – 244; NHS Hospital –542; clinic in GP's surgery – 59; [Provider A] – 27; All others – 29

3.4 Hearing Aids

Selection Available

Just one in four of those who needed hearing aids said they were shown a selection, with the differences not significant by AQP and non AQP areas or by specialist they went to.

Figure 28: Proportion of patients shown a range of hearing aids

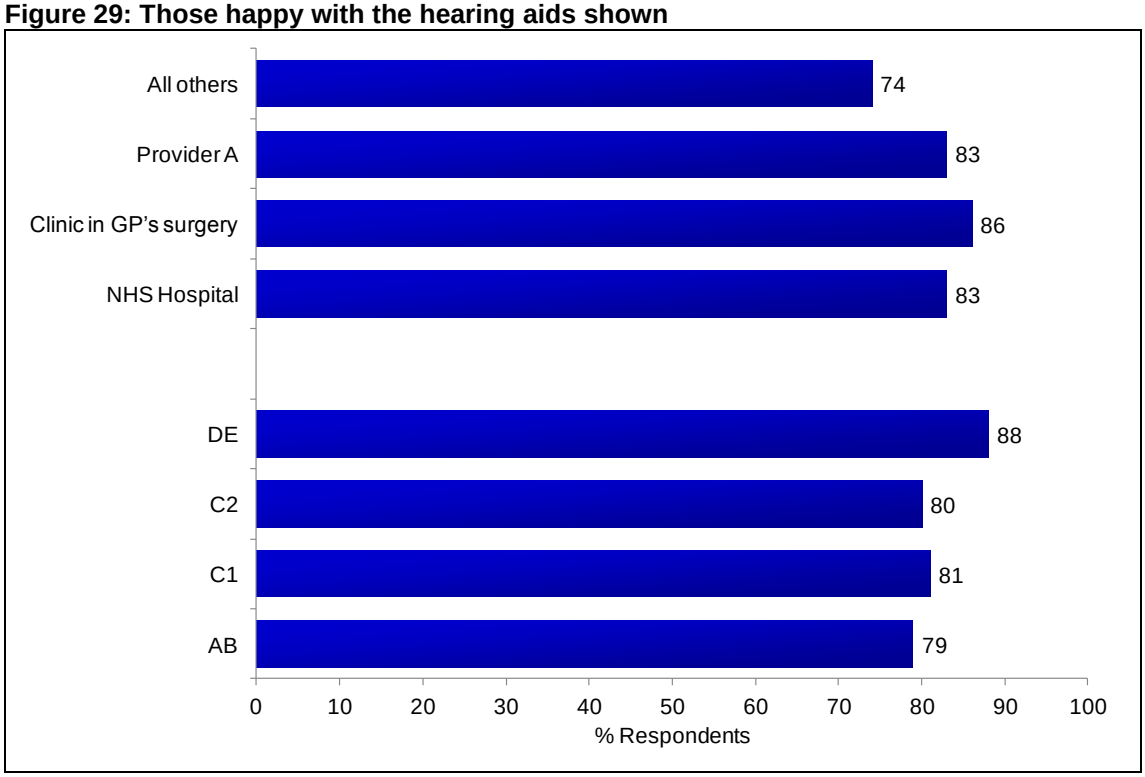


Base: Those who need hearing aids, excluding DKs – 1,082; AQP – 706; Non AQP – 376; NHS Hospital – 850; clinic in GP's surgery – 98; [Provider A] – 62; All others – 57

Regardless of whether they were shown a choice, the large majority of people were happy with the hearing aids they were shown: 93% of those shown a choice were happy but so too were 78% of those not shown a choice. Patients' satisfaction with the range of hearing aids shown was virtually the same in AQP as in non-AQP areas (82% vs 83%).

Men were significantly more happy than women with the hearing aids shown (85% compared to 79% of women) and those in socio-economic group DE were more likely to be happy than higher socio-economic groups (88% happy).

Figure 29: Those happy with the hearing aids shown

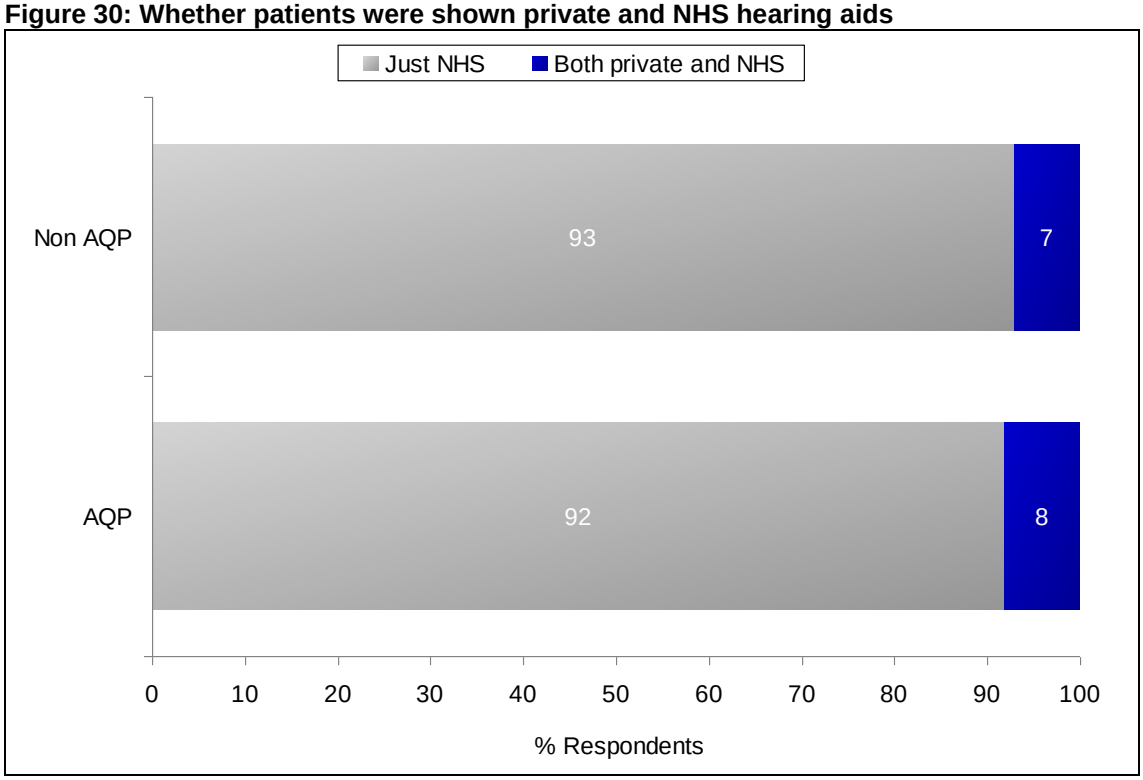


Base: Those who remember if they were shown a range of different hearing aids, excluding DKs – 1,082; NHS Hospital – 850; clinic in GP's surgery – 98; [Provider A] – 62; All others – 57; AB – 126; c1 – 97; C2 – 88; DE - 741

While the vast majority were shown only NHS hearing aids, 8% believe they were shown both NHS and private hearing aids and this was virtually the same in AQP (8%) as in non AQP areas (7%). The proportion was significantly higher where the appointment was with 'other' suppliers (17%).

Only 6 of the 78 people (8%) shown private hearing aids and who were able to answer, feel they were pressured to purchase private hearing aids. This equates to just 0.6% of all those who needed hearing aids. In AQP areas 7% shown private hearing aids felt pressured (4 out of 52 people). Three of the six patients who said they felt pressured to purchase private hearing aids were attending an NHS hospital.

Figure 30: Whether patients were shown private and NHS hearing aids



Base: Those who remember if they were shown a range of different hearing aids, excluding DKs – 1,058; AQP – 691; Non AQP – 367

Help with Using Hearing Aids

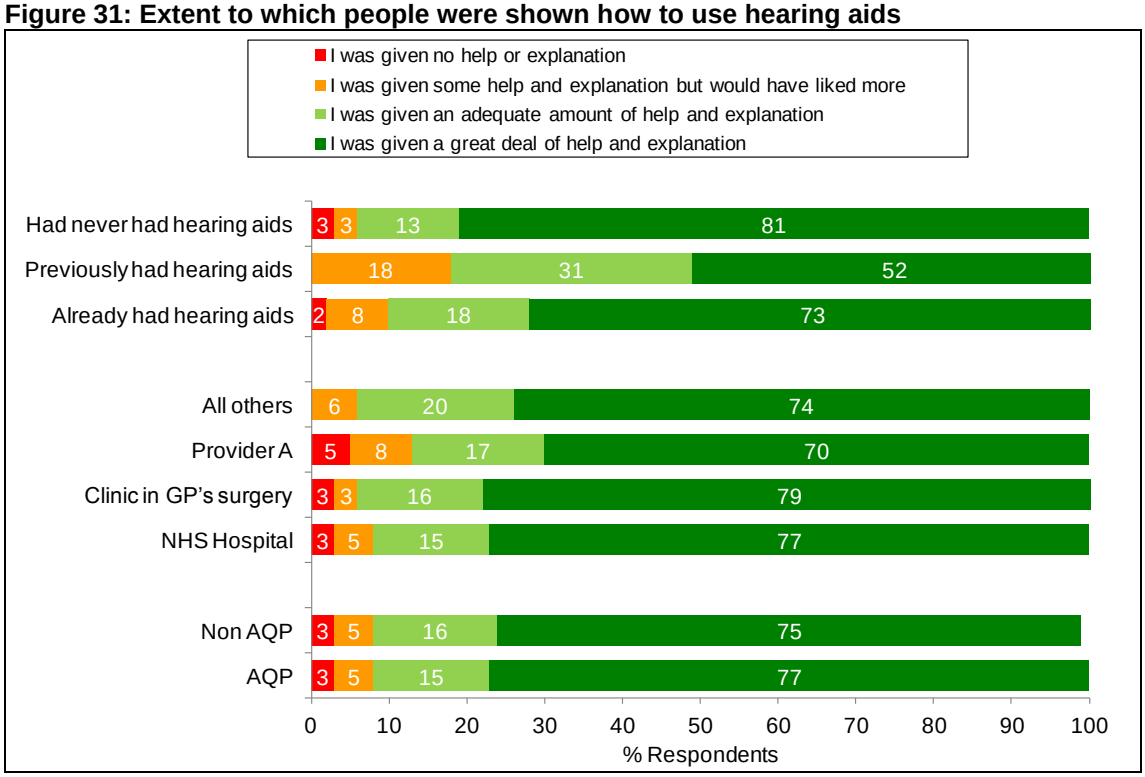
Survey participants were asked whether or not they were shown how to use their hearing aids, for example how to put it on and take it off, how to adjust the volume, how to replace the batteries and how to clean it.

The majority were happy with the help and explanation provided, most saying they were given a great deal of help and explanation and this being particularly the case for those who had never had hearing aids previously.

Those who had previously had, but no longer wore hearing aids were significantly more likely to say they would have liked more help and explanation than they were given.

There was little difference, and no significant differences, in the levels of help and explanation given by different specialists or between specialists in AQP and non AQP areas. Although 5% of those who went to [Provider A] (based on 78 people) said that they were given no help or explanation, the difference is not significant compared to other specialists.

Figure 31: Extent to which people were shown how to use hearing aids

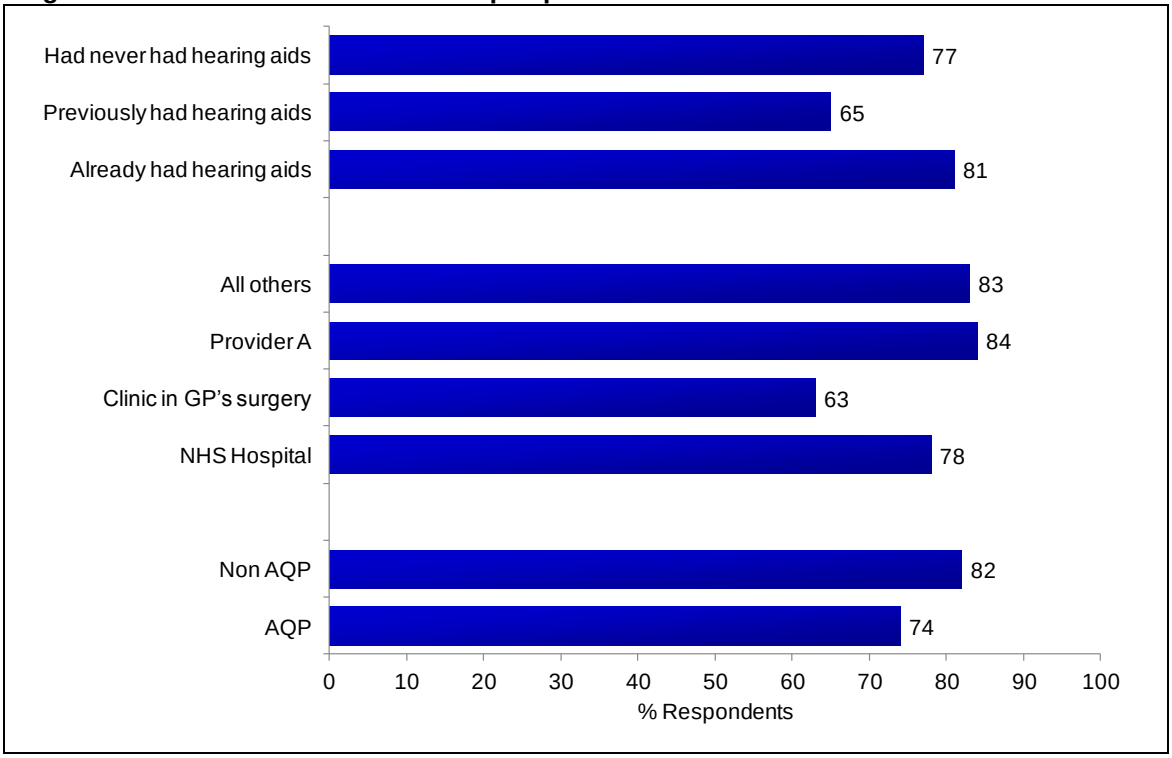


Base: Those who got hearing aids, excluding DKs – 1,110; AQP – 727; Non AQP – 383; NHS Hospital – 877; clinic in GP's surgery – 97; [Provider A] – 63; All others – 59; Already had HAs – 300; Previously had HAs – 70; Never had HAs – 733

An explanation of the 'T-loop' setting on their hearing aid, enabling them to understand the advantages of using hearing induction loops, was provided in the majority of cases. An explanation was significantly more likely to be given in non AQP (82%) than in AQP areas (74%). However, this difference is more likely due to the mix of specialists than to whether or not the area was AQP. It was especially likely to be explained to those who attended an NHS hospital (78%) or [Provider A] (84%) but less likely to be explained at clinics in the GP's surgery (63%).

Again, those who had previously but no longer had hearing aids were more likely to say they did not have the 'T-loop' setting explained; 35% said they were given no explanation.

Figure 32: Those who had the 'T' Loop explained



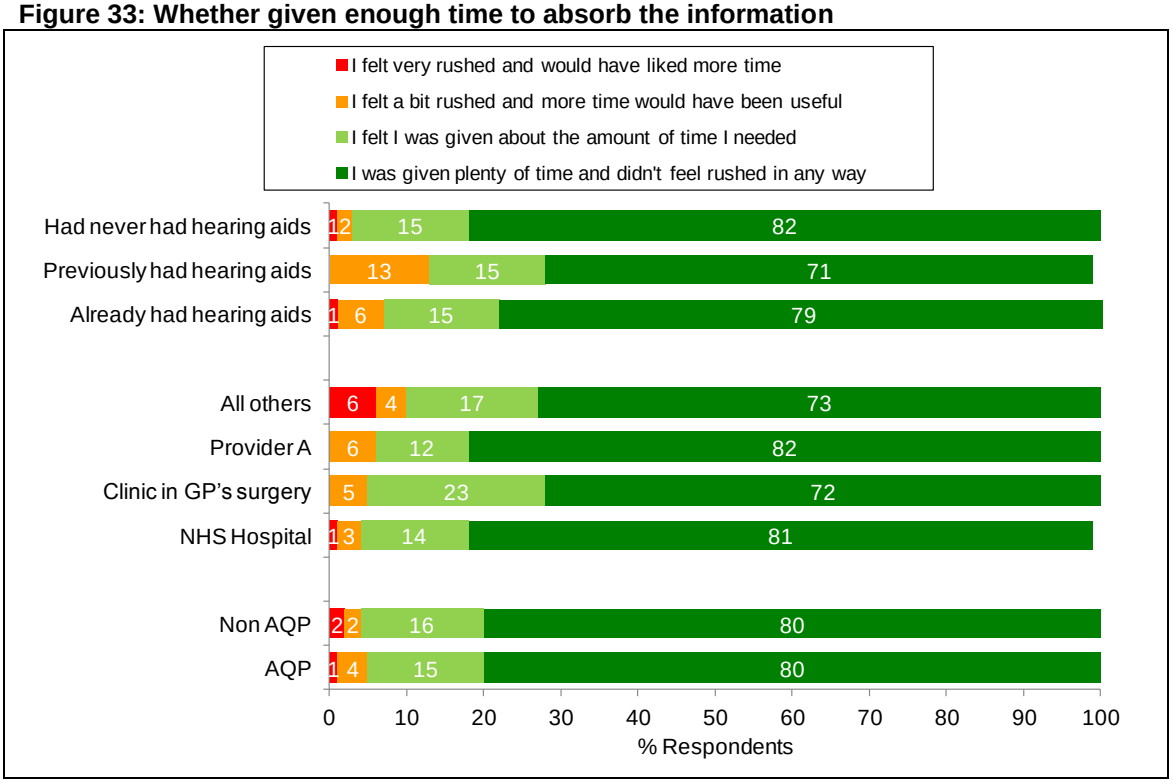
Base: Those who got hearing aids, excluding DKs – 1,025; AQP – 672; Non AQP – 353; NHS Hospital – 808; clinic in GP's surgery – 93; [Provider A] – 60; All others – 53; Already had HAs – 277; Previously had HAs – 64; Never had HAs – 723

Overall, among those who were at least given some help and explanation, a very small minority (1% or 11 people) said they felt very rushed and would have liked more time to absorb the information they were given with a further 4% saying they felt a bit rushed and more time would have been useful.

Where the specialist was in the 'others' category, patients were more likely to say they felt very rushed.

Men were significantly more likely than women to say that they were given plenty of time and didn't feel rushed in any way (84% compared to 77% of women).

Figure 33: Whether given enough time to absorb the information

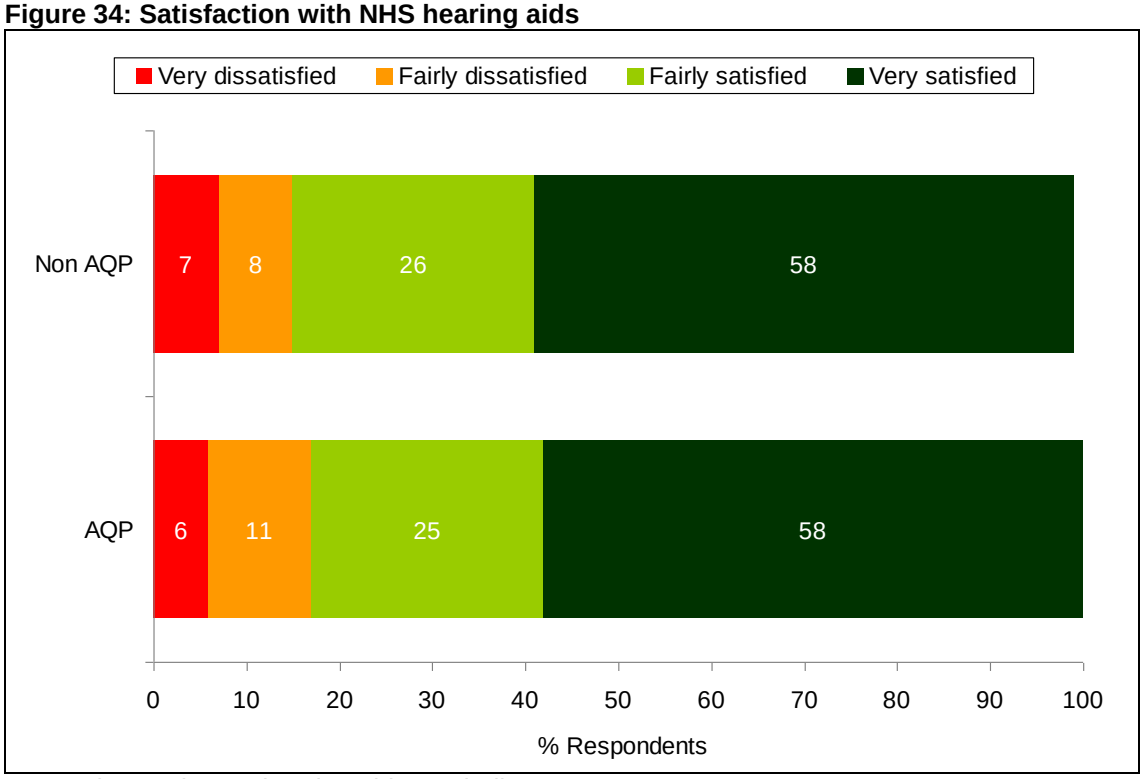


Base: Those who were given help, excluding DKs – 1,075; AQP – 702; Non AQP – 373; NHS Hospital – 849; clinic in GP's surgery – 94; [Provider A] – 61; All others – 58; Already had HAs – 292; Previously had HAs – 69; Never had HAs – 708

3.5 Hearing Aid Usage and Satisfaction

Just over half of those with NHS hearing aids were very satisfied with them and there is virtually no difference between those in AQP and non AQP areas.

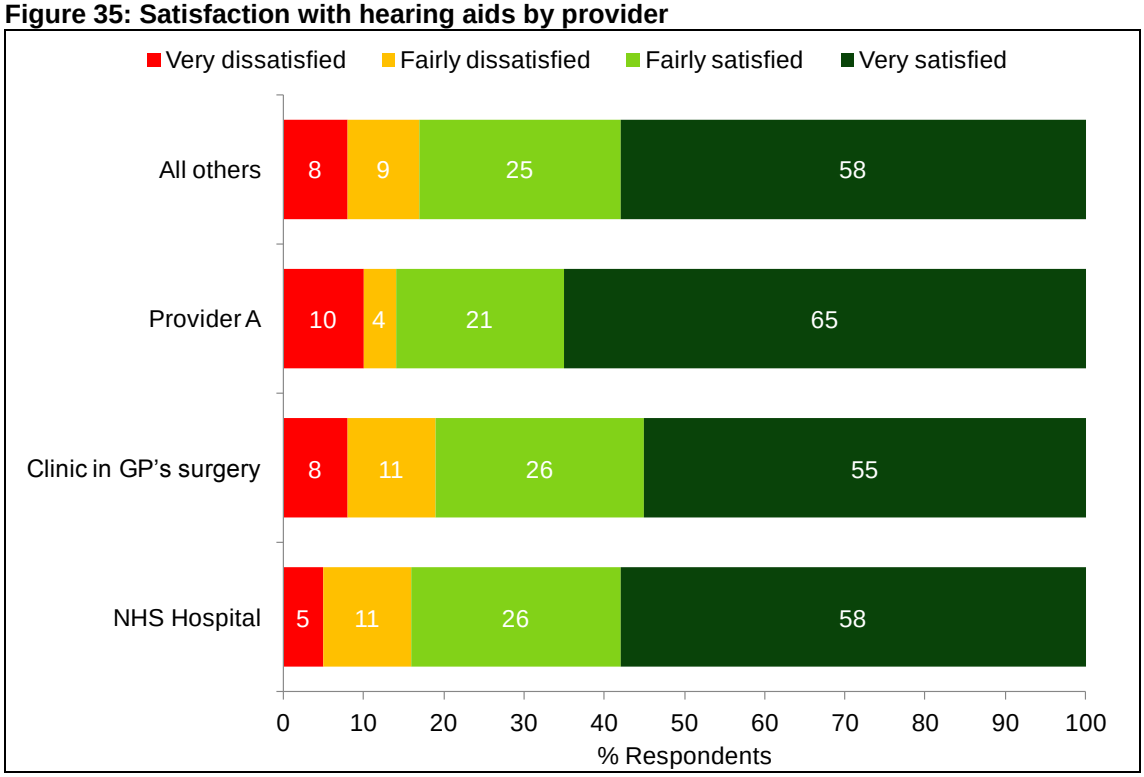
Figure 34: Satisfaction with NHS hearing aids



Base: Those who got hearing aids, excluding DKs – 1,123; AQP – 733; Non AQP – 390

There was also little difference in satisfaction with the hearing aids by who provided them. While those who had been supplied by [Provider A] were slightly more likely to be very satisfied, they were also slightly more likely than those who had used other hearing specialists to be very dissatisfied. However, there are no significant differences in the results.

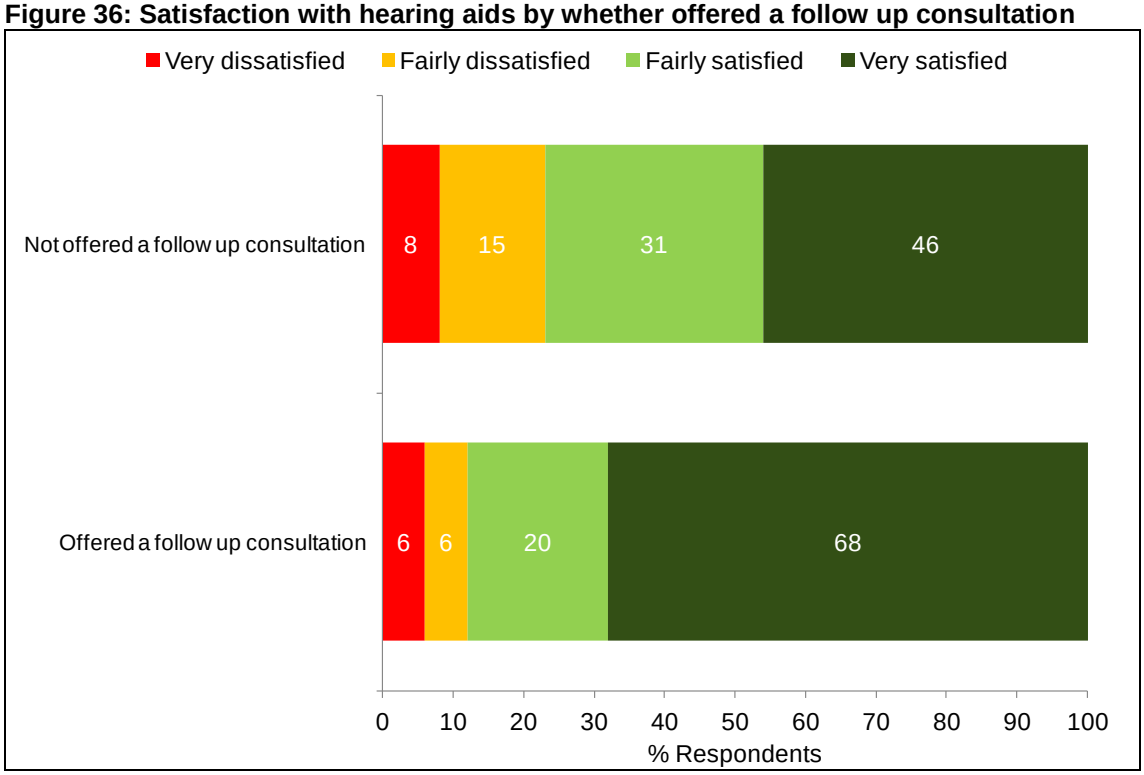
Figure 35: Satisfaction with hearing aids by provider



Base: Those who got hearing aids, excluding DKs – 1,123; All others – 59; [Provider A] – 63; Clinic in GP's surgery – 100; NHS Hospital – 886

More influential than hearing specialist was whether or not people were offered a follow up consultation. Significantly more of those who were offered a follow up consultation were ultimately very satisfied with their hearing aids than those who were not offered a follow up consultation (68% very satisfied compared to 46%).

Figure 36: Satisfaction with hearing aids by whether offered a follow up consultation

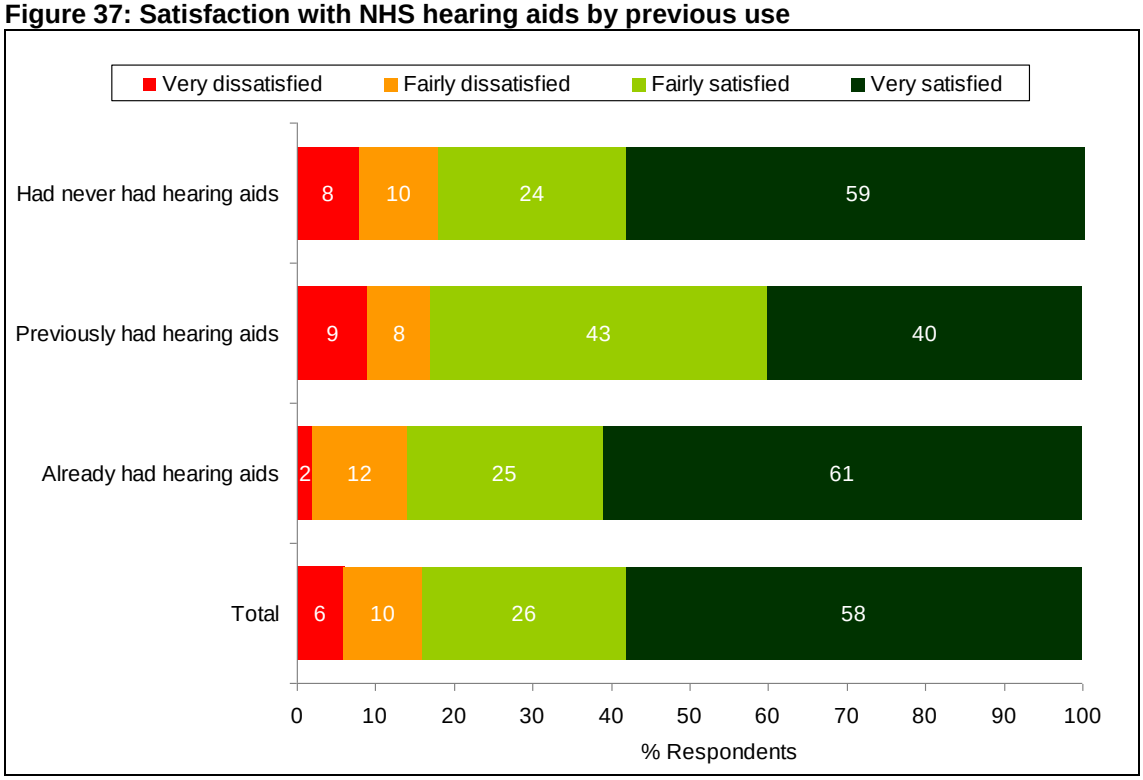


Base: Those who got hearing aids, excluding DKs – 1,123; not offered a follow up consultation – 424; offered a follow up consultation – 610

Whether or not the patient had had hearing aids before is quite influential in determining how satisfied they are with them. Those who already had hearing aids at the time of the referral were significantly less likely to be very dissatisfied with them (2% compared to 8% of those who didn't currently have hearing aids).

Conversely the (relatively small) group of people who had previously had hearing aids were the least satisfied and only 40% declared themselves very satisfied.

Figure 37: Satisfaction with NHS hearing aids by previous use

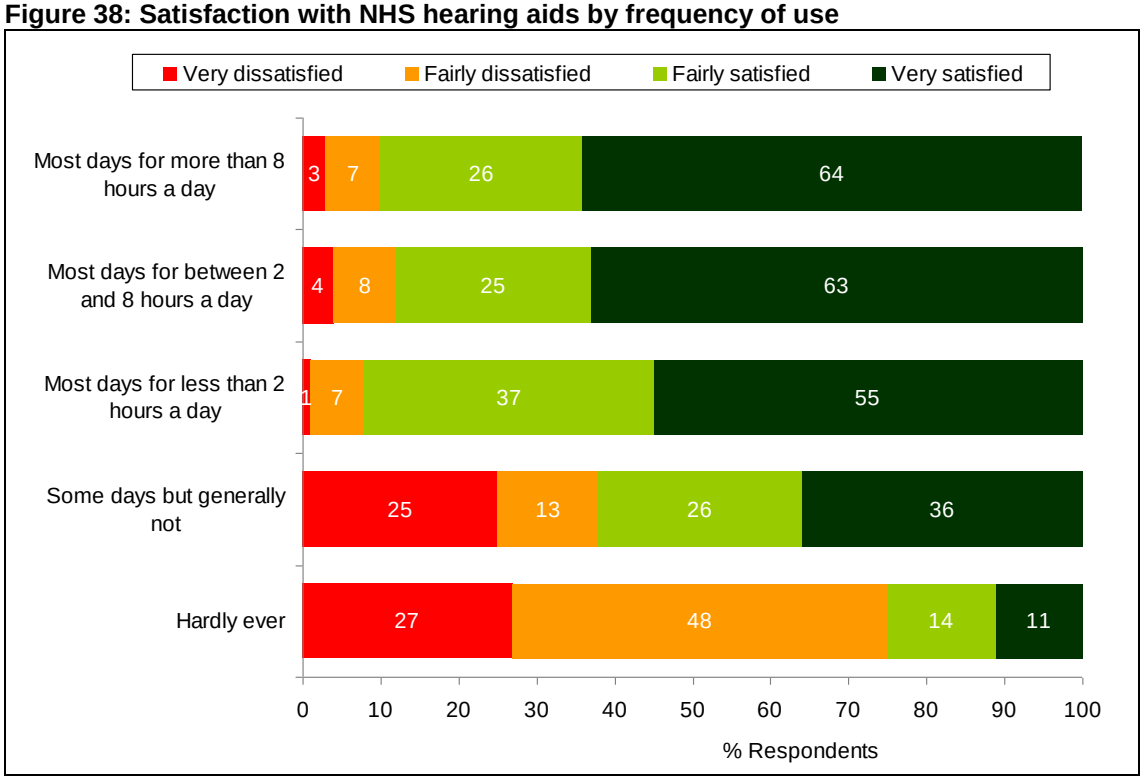


Base: Those who got hearing aids, excluding DKs – 1,123; Already had HAs – 302; Previously had HAs – 70; Never had HAs – 742

It is apparent that not being satisfied with the hearing aids translates into wearing them less frequently.

Those who do not wear their hearing aids most days are significantly more likely to say they are very or fairly dissatisfied with them than more frequent wearers while few of those who wear their hearing aids for at least two hours a day are dissatisfied with them.

Figure 38: Satisfaction with NHS hearing aids by frequency of use



Base: Those who got hearing aids, excluding DKs – 1,123; Hardly ever – 74; Some days – 51; Most days < 2 hrs – 49; Most days 2 to 8 hours – 203; Most days > 8 hrs - 746

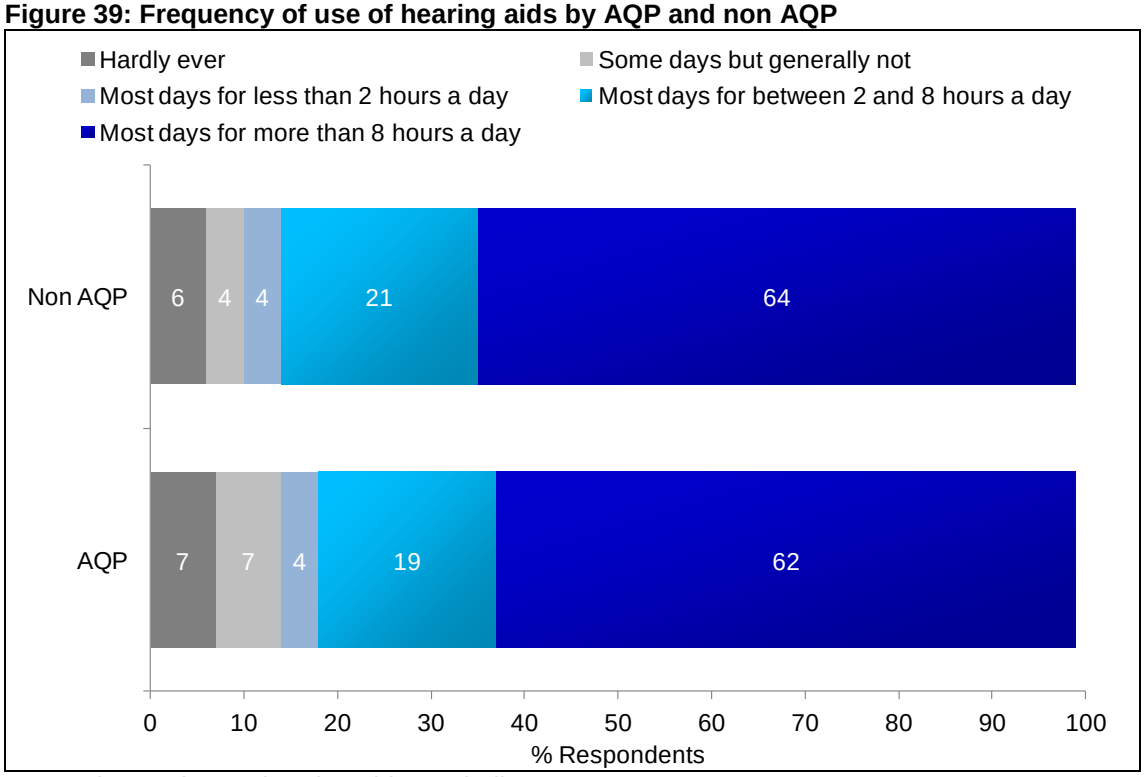
On average 63% of patients were wearing their hearing aids most days for more than eight hours a day with a further 20% wearing them for between two and eight hours most days.

There was virtually no difference, and no significant difference, between AQP and non AQP areas with regard to how much hearing aids were worn.

Those whose hearing aids were supplied by [Provider A] or 'other' specialists were significantly more likely to only be wearing them 'some days but generally not' compared to those who had been to an NHS hospital or a clinic in a GP's surgery.

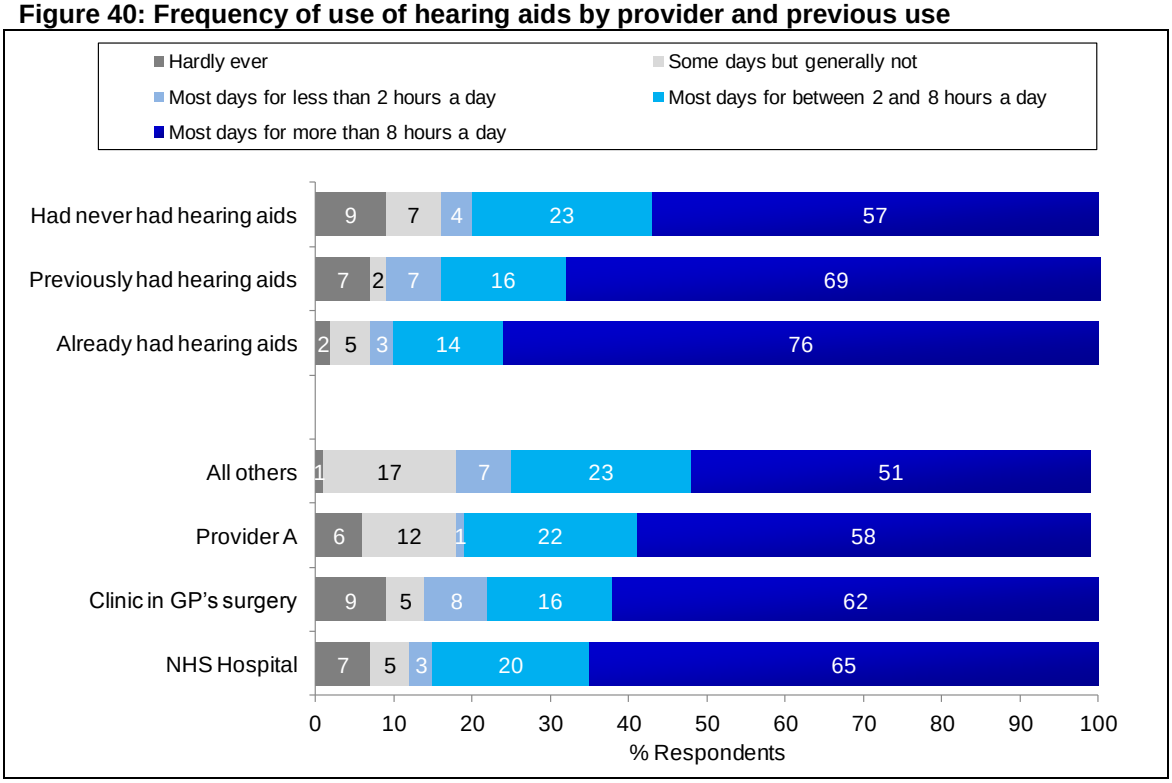
The other main predictor of the extent to which hearing aids are being worn is whether or not these are their first hearing aids. Those who have not had them previously wear them less often; this may be because they need to build up their usage over time or it may be that their hearing loss is less severe than those who have had hearing aids for longer.

Figure 39: Frequency of use of hearing aids by AQP and non AQP



Base: Those who got hearing aids, excluding DKs – 1,123; AQP – 733; non AQP – 390

Figure 40: Frequency of use of hearing aids by provider and previous use

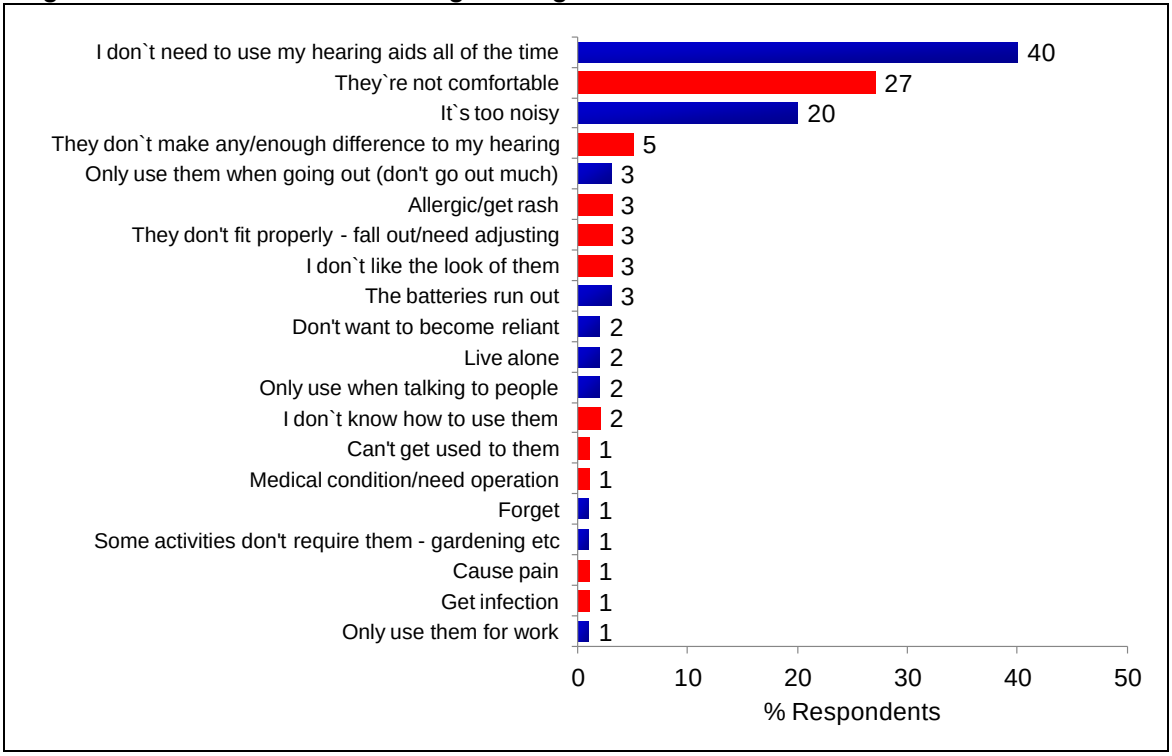


Base: Those who got hearing aids, excluding DKs – 1,123; NHS hospital - 886; clinic in GP's surgery – 100; [Provider A] – 63; All others – 59; Already had HAs – 302; Previously had HAs – 70; Never had HAs – 742

Where the hearing aids are not worn most days for more than eight hours a day, the most common reason is because they're not needed. However, a range of other reasons was given, many of them reasons to do with the fit, appearance or

effectiveness of the hearing aids. Those 416 patients who said they hardly ever wear their hearing aids were more likely than average to say that they were not comfortable (42%), that it's too noisy (31%) or that they don't fit properly (10%).

Figure 41: Reasons for not wearing hearing aids most of the time



Base: Those who use their hearing aids less than eight hours a day – 377

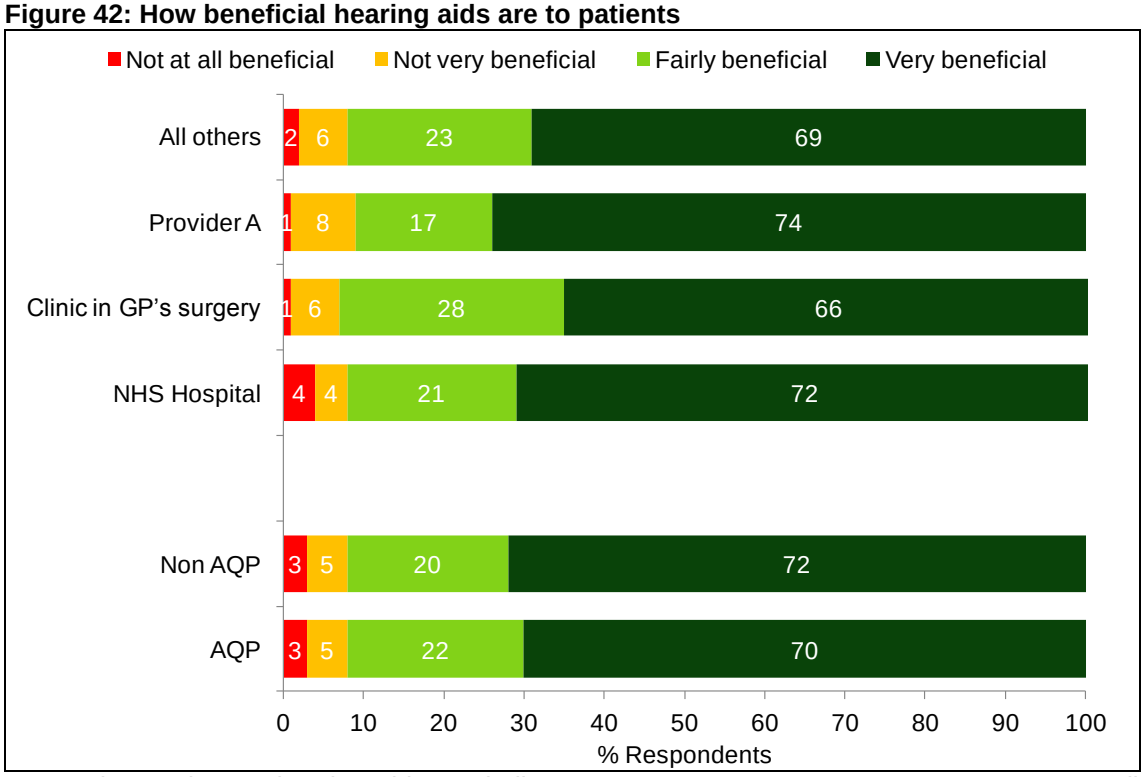
Those in AQP areas were significantly more likely than those in non AQP areas to say that their hearing aids don't make enough difference to their hearing or that they don't like the look of them. In non AQP areas there was a greater likelihood than in AQP areas that the wearer couldn't get used to them, only wore them when talking to people or didn't wear them because the batteries run out.

Table 5: Reasons for not wearing hearing aids most of the time

	Area	
Reasons	**AQP**	**Non AQP**
	%	%
I don’t need to use my hearing aids all of the time	41	39
They’re not comfortable	24	32
It’s too noisy	20	21
They don’t make any/enough difference to my hearing	7	2
Only use when talking to people	1	6
They don't fit properly - fall out/need adjusting	2	4
Only use them when going out (don't go out much)	3	4
Don't want to become reliant	3	-
The batteries run out	1	6
I don’t know how to use them	3	1
Allergic/get rash	3	3
Live alone	3	-
I don’t like the look of them	4	-
Can't get used to them	-	3
Medical condition/need operation	2	1
Get infection	-	2
Base	**247**	**130**

Although they are not necessarily worn for long periods of time, most patients (nine out of ten) feel that their hearing aids are beneficial in improving their lifestyle. There is virtually no difference between AQP and non AQP areas or with type of hearing specialist with regard to level of agreement.

Figure 42: How beneficial hearing aids are to patients

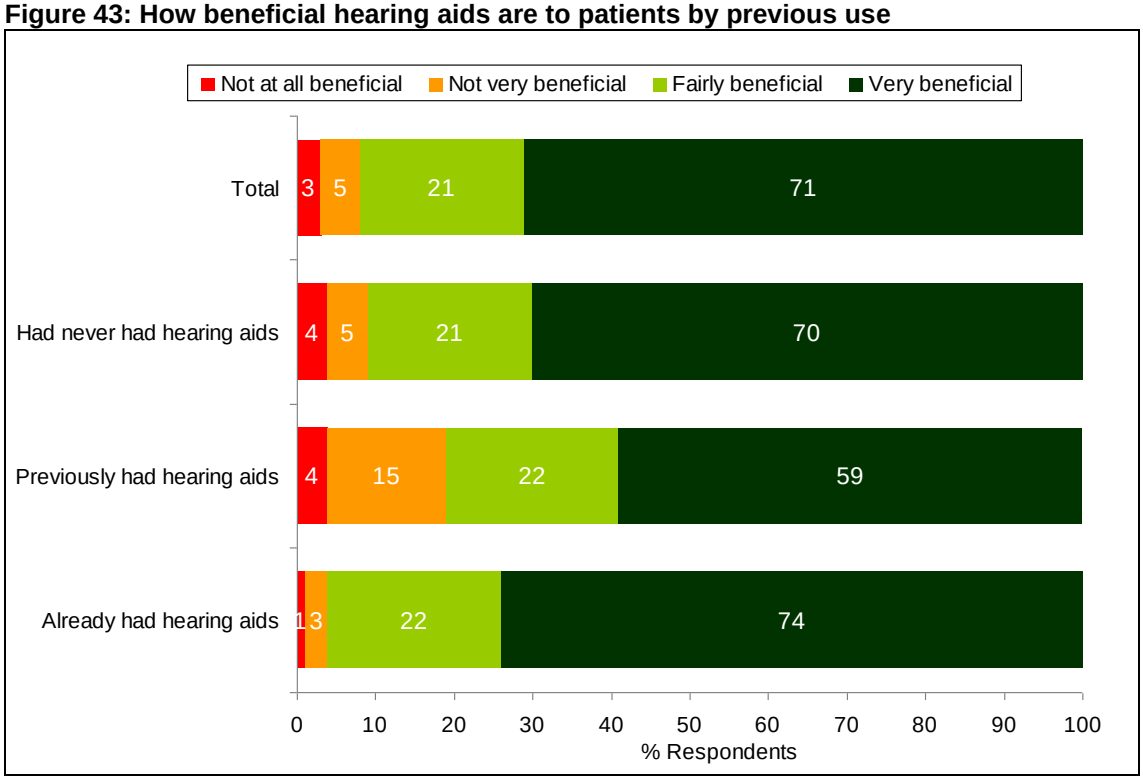


Base: Those who got hearing aids, excluding DKs – 1,123; AQP – 733; Non AQP – 390; all others – 59; [Provider A] – 63; Clinic in GP's surgery – 100; NHS Hospital – 886

However, where a follow up consultation had been offered, people were significantly more likely to say that their hearing aids were very beneficial (76% compared to 64%).

As noted previously, those who had worn hearing aids before but were not doing so at present were the least positive about their new hearing aids. Significantly more of this group described their hearing aids as not very beneficial in improving their lifestyle.

Figure 43: How beneficial hearing aids are to patients by previous use



Base: Those who got hearing aids, excluding DKs – 1,123; Already had HAs – 302; Previously had HAs – 70; Never had HAs – 742

Other Devices and Services

Very rarely was information about other devices or services to help with hearing loss provided by the hearing specialists, although on not all occasions would these devices or services be relevant. Those in AQP areas were slightly less likely to be given information on other devices or services, but not significantly so.

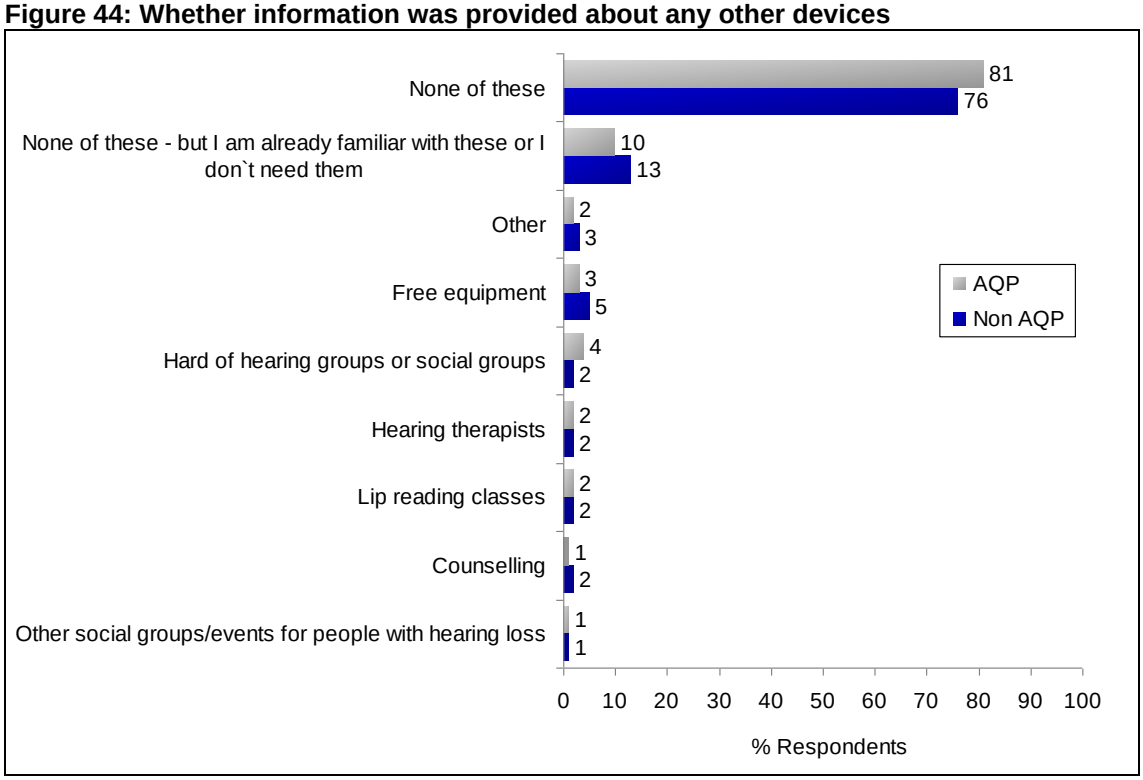
There was very little difference in the level of information given by different hearing specialists although 89% of those who went to [Provider] were not given any advice, a higher proportion than for other specialists and those who attended a clinic in a GP's surgery were more likely than other groups to be told about social groups or events for people with hearing loss (5%).

Around one in ten was provided with information and this was most likely to be regarding free equipment or social groups for the hard of hearing.

Being provided with information did not appear to impact on how satisfied people were with their hearing aids or how beneficial they found them.

Interestingly, those who had previously had hearing aids but no longer had them were significantly more likely than the other groups to be told about free equipment (14%), hearing therapists (9%), lip reading classes (7%) or counselling (7%).

Figure 44: Whether information was provided about any other devices

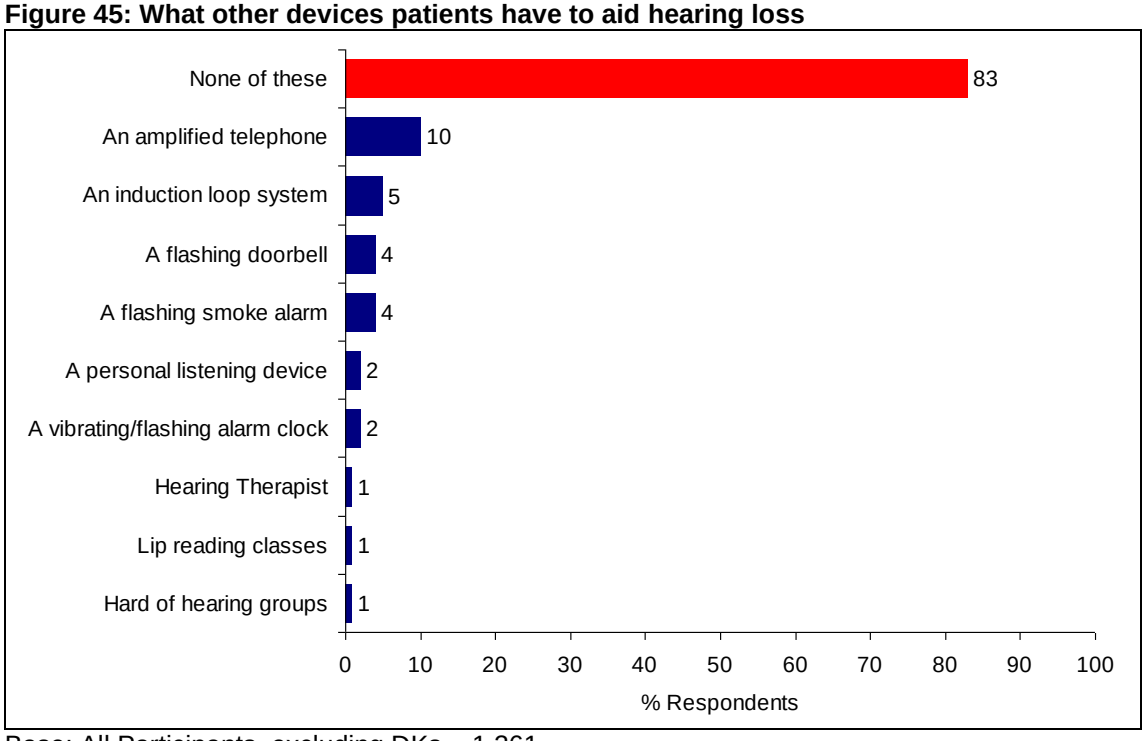


Base: All Participants, excluding DKs – 1,172; AQP – 756; Non AQP - 416

Overall 15% had a device or service of some type to help them with their hearing loss. This was most likely to be an amplified telephone which was used by one in ten.

Those aged over 70 were more likely than those under 70 to have a vibrating or flashing alarm clock (3%) or to attend hard of hearing groups (2%).

Figure 45: What other devices patients have to aid hearing loss



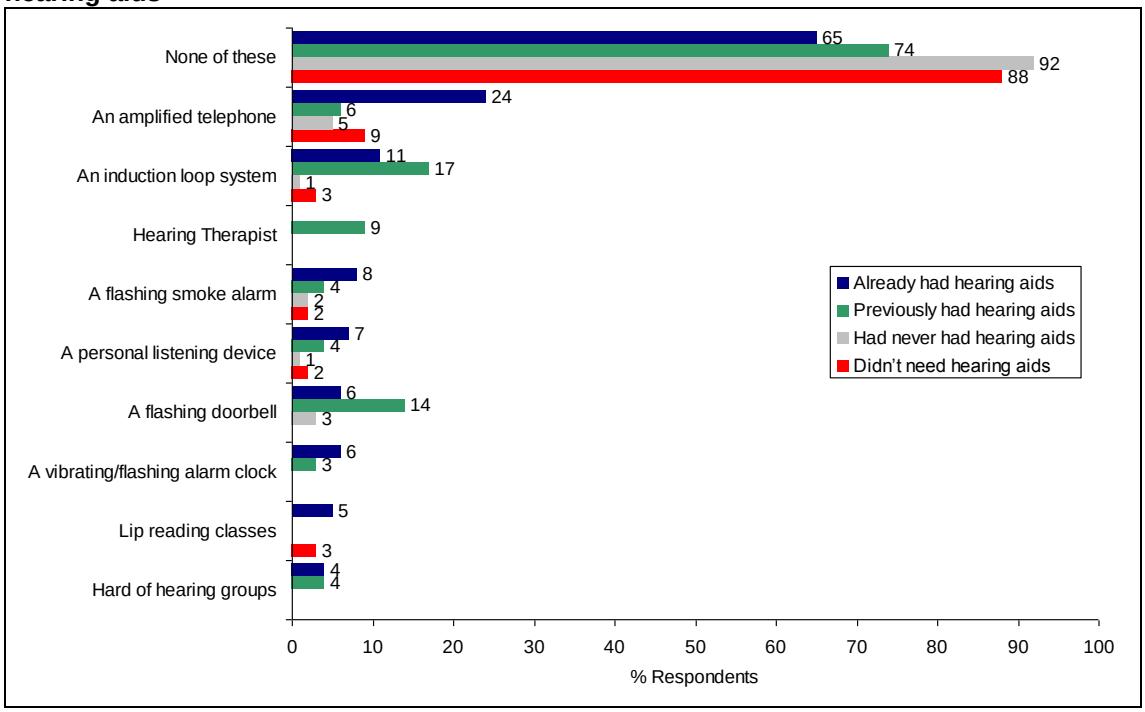
Base: All Participants, excluding DKs – 1,261

Almost all devices or services were more likely to be used by those who already had hearing aids and therefore a more long-standing condition. For example 24% of those who already had hearing aids had an amplified telephone.

Those who had previously but no longer wore hearing aids were more likely than the other groups to make use of hearing therapists (9%) or counselling (8%).

92% of those who had not had hearing aids before were not using any of these services or devices.

Figure 46: What other devices patients have to aid hearing loss by previous use of hearing aids



Base: All Participants, excluding DKs – 1,261; Already had HAs – 313; Previously had HAs – 72; Never had HAs – 866; Didn't need HAs – 138

Those who had devices or services to help them were slightly more likely to have found out about these by word of mouth than from their hearing specialist:

- Word of mouth/friends or family (32%)
- The place where they got their hearing aids (29%)
- Their GP/GP's surgery (27%)
- A charity (12%)

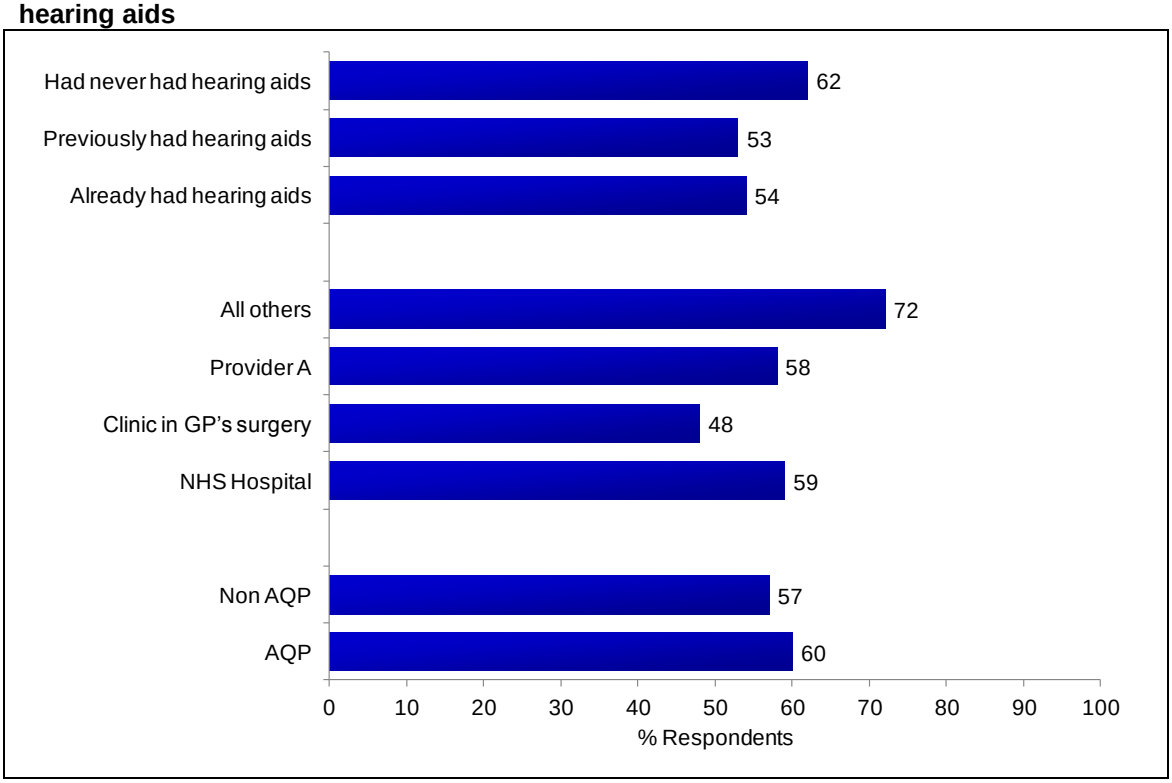
3.6 Follow Up and Aftercare

Follow up appointments can be offered to all those who are fitted with hearing aids but this was by no means happening universally and overall was offered in only 59% of cases. Follow up appointments were slightly more likely to be offered in AQP than non AQP areas (60 vs 57%).

Those who had never had hearing aids before were more likely to be offered a follow up consultation (62%) as were those who went to 'other' hearing specialists (72%).

However, those whose hearing assessment was at a clinic in the GP's surgery were significantly less likely to have a follow up consultation.

Figure 47: Patients who were offered a follow up consultation after a few weeks of having hearing aids

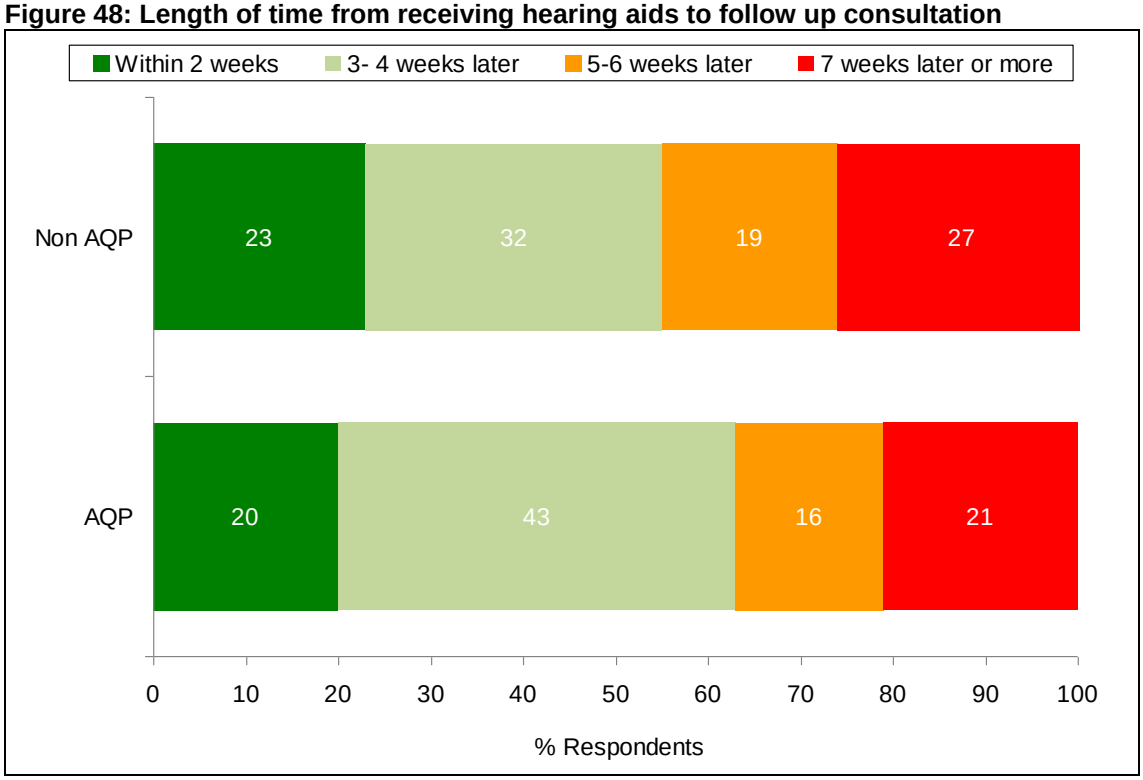


Base: Those who got hearing aids, excluding DKs – 1,016; AQP – 666; Non AQP – 350; NHS Hospital – 801; clinic in GP's surgery – 90; [Provider A] – 63; All others – 51; Already had HAs – 276; Previously had HAs – 69; Never had HAs – 666

Six out of ten of those with a follow up consultation had that follow up within four weeks; in non AQP areas the appointment was slightly more likely to be within two weeks than in AQP areas, although in AQP areas patients were more likely to have an appointment within four weeks.

However there is little difference across hearing specialists in the speed with which a follow up consultation was provided.

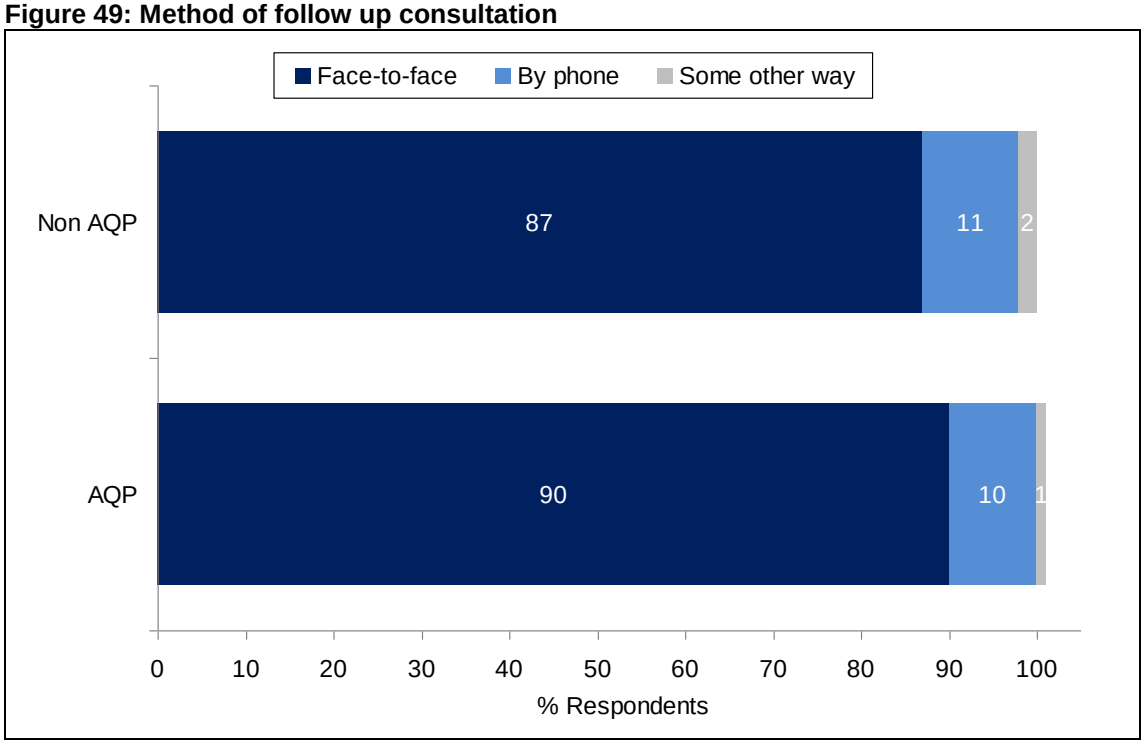
Figure 48: Length of time from receiving hearing aids to follow up consultation



Base: Those who were offered a follow up consultation, excluding DKs – 508; AQP – 334; Non AQP – 174

Nine times out of ten the follow up consultation was face-to-face with most of the rest taking place over the phone. Where the interview was carried out by a carer, a face-to-face follow up took place in 99% of cases.

Figure 49: Method of follow up consultation



Base: Those who were offered a follow up consultation, excluding DKs – 610; AQP – 409; Non AQP – 201

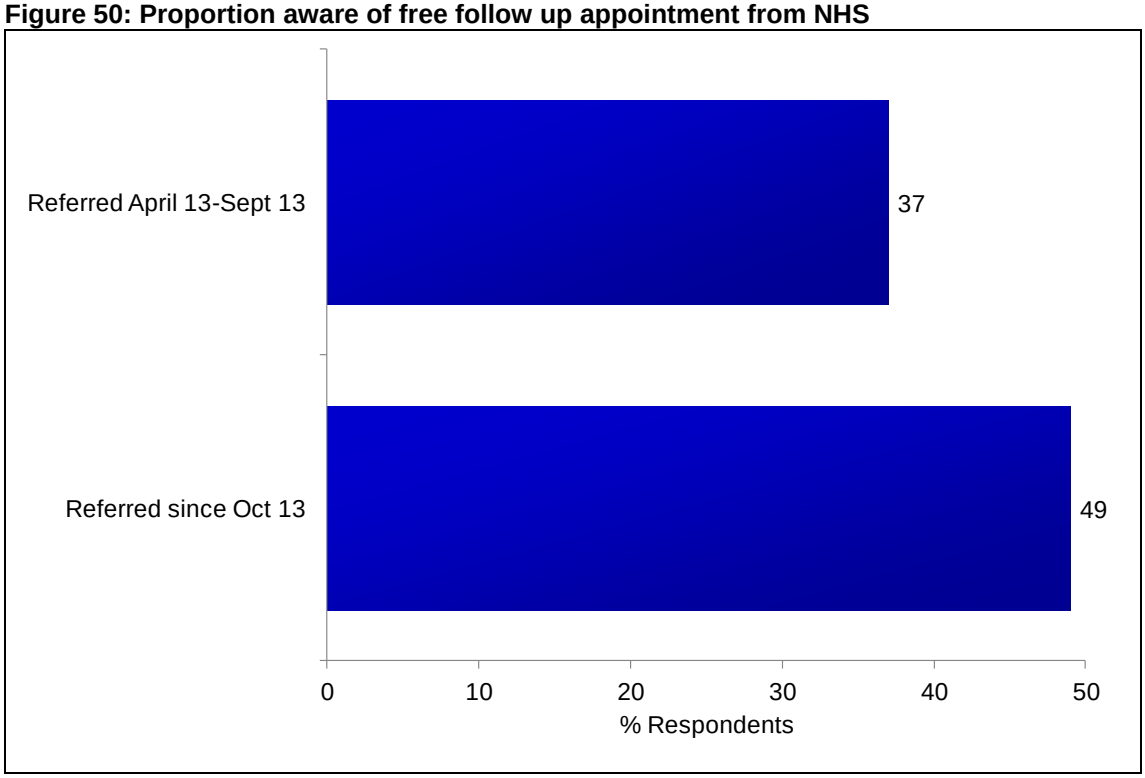
People's preferred method of follow up accord closely with what was offered. 89% prefer face-to-face, 9% prefer telephone and 1% prefer some other way. Among those who had a face-to-face consultation 98% would choose that as their preferred method of follow up while 77% of those who had a telephone follow up appointment would choose telephone, the rest choosing face-to-face.

Among that large minority of patients in AQP areas who were not offered a follow up appointment, most (56%) were also not aware that they were entitled to a free of charge appointment as part of the NHS service.

Awareness of this entitlement was significantly higher where the service was provided by an NHS hospital or a clinic in the GP's surgery, but not significantly so.

It was also significantly higher where the referral was more recent, suggesting that awareness may possibly be increasing over time as AQP becomes more established.

Figure 50: Proportion aware of free follow up appointment from NHS



Base: Those who were in AQP areas and not offered a follow up consultation, excluding DKs; Referred April –to Sept 13 – 94; Referred since Oct 13 - 123

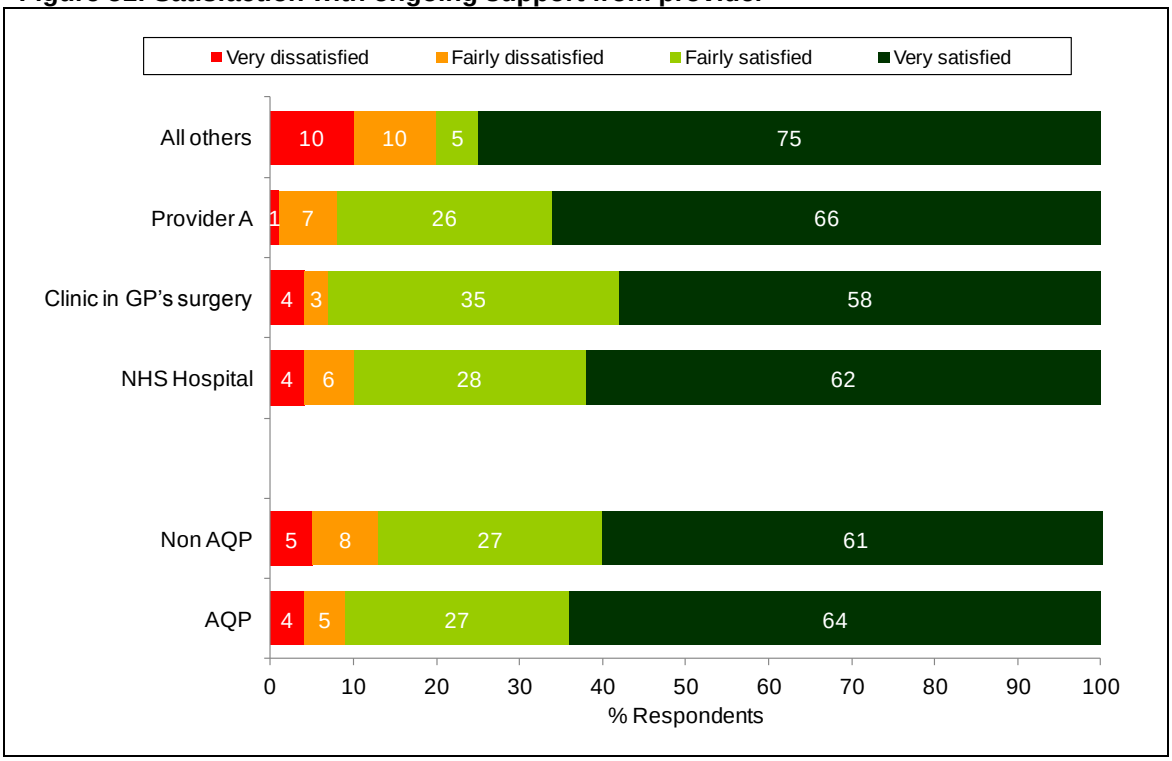
Satisfaction with Ongoing Support

Despite the comparatively low level of follow up appointments offered, the majority are very satisfied with the ongoing support provided by their hearing specialist.

Patients were slightly more likely to be satisfied with the ongoing support from their provider in AQP than non AQP areas, but not significantly so (91 vs 88%, or about 3% better). 90% of respondents in AQP areas and who are using a provider other than a hospital said that they were satisfied with the ongoing support offered by that

provider. This was slightly lower than at NHS hospitals located in AQP areas but not significantly so (90 vs 92%). There was little difference between hearing specialists. Those using 'other' specialists were more polarised in their views with a larger proportion very satisfied but a larger proportion also very dissatisfied than among 'other' hearing specialists.

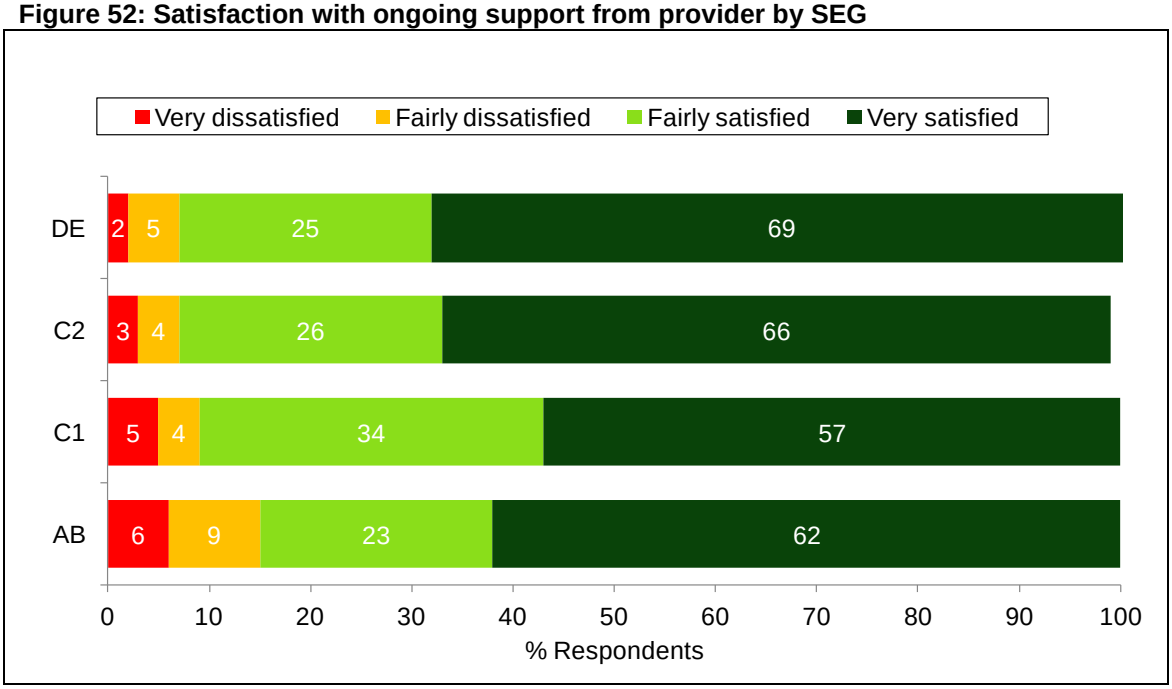
Figure 51: Satisfaction with ongoing support from provider



Base: Those who got hearing aids, excluding DKs – 1,123; AQP – 733, Non AQP – 390; NHS hospital - 886; clinic in GP's surgery – 100; [Provider A] – 63; All others – 59

Men were more likely to be very satisfied than women (67% compared to 59%). There was also higher satisfaction among C2DEs than ABC1s, with 15% of ABs declaring themselves dissatisfied with the ongoing support available.

Figure 52: Satisfaction with ongoing support from provider by SEG



Base: Those who got hearing aids, excluding DKs: DE – 765, C2 – 93; C1 – 101; AB – 129

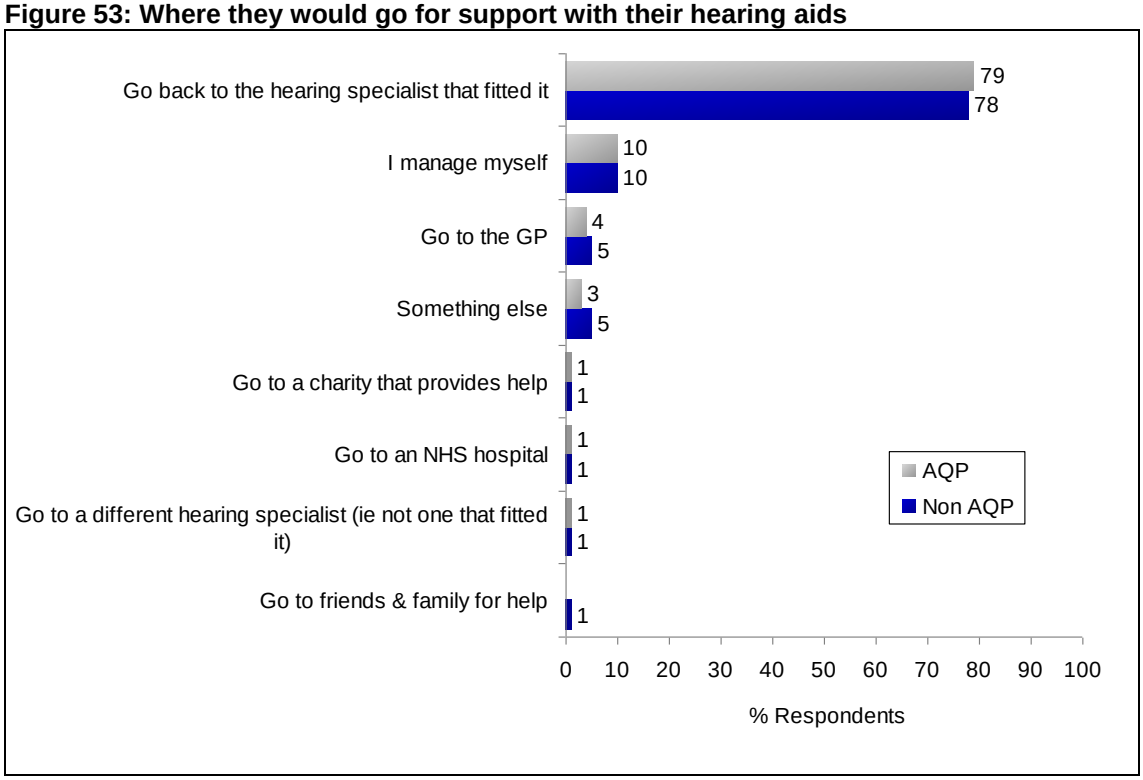
Eight out of ten patients would go back to the hearing specialist that fitted their hearing aids if they needed support; for example replacing the batteries, tubes or ear moulds, cleaning the hearing aids, or if the hearing aids were not working.

A further one in ten said they would manage by themselves.

While there was virtually no difference between AQP and non AQP areas, there was a greater propensity to go back to the hearing specialist that fitted the hearing aids where that specialist was [Provider].

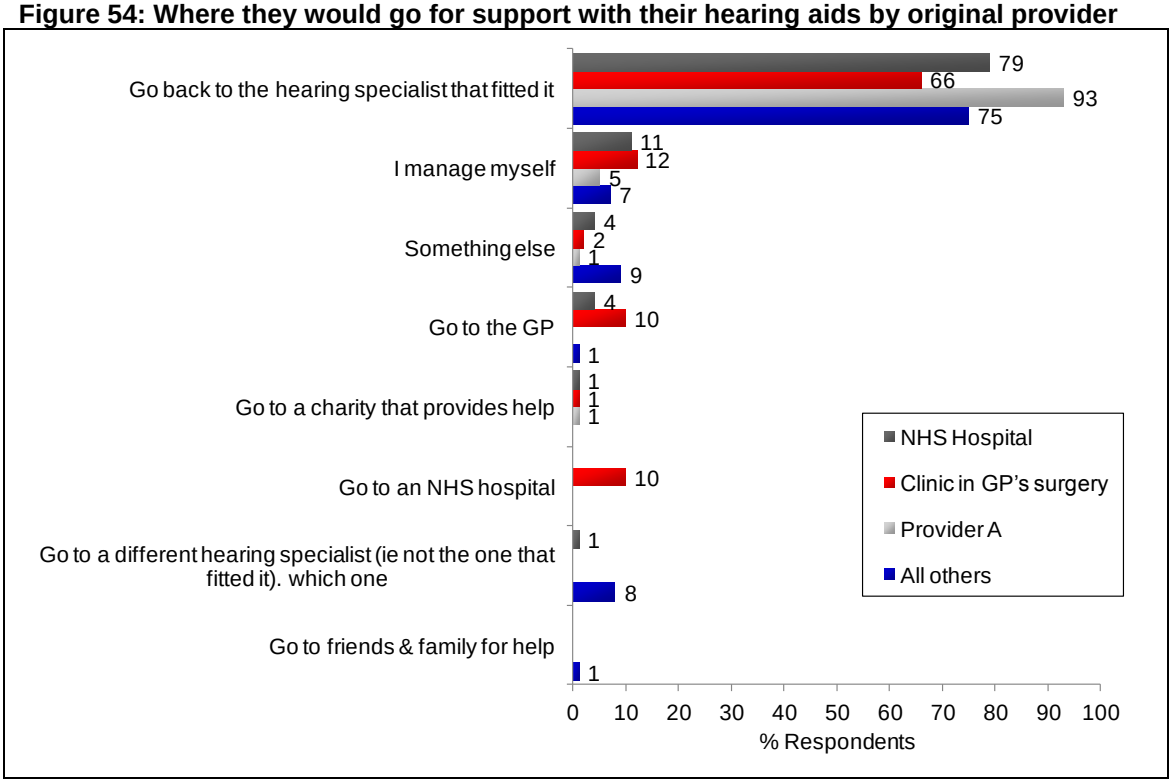
Women were significantly more likely than men to return to the original supplier for help (81% compared to 76% of men) while men were significantly more likely than women to say they would manage themselves (12% compared to 8%). Those in socio-economic groups C2DE were also proportionately more likely to manage by themselves; 15% said that was what they would do compared to 6% of ABC1s.

Figure 53: Where they would go for support with their hearing aids



Base: Those who got hearing aids, excluding DKs - 1,123; AQP – 733; Non AQP - 390

Figure 54: Where they would go for support with their hearing aids by original provider



Base: Those who got hearing aids, excluding DKs - 1,123; NHS hospital - 886; clinic in GP's surgery – 100; [Provider A] – 63; All others – 59

Where patients chose an option other than returning to the place where they had their hearing aids fitted, they were asked why they would choose not to do that.

The reasons given were mainly to do with not needing to go back but for some it was not convenient to do so.

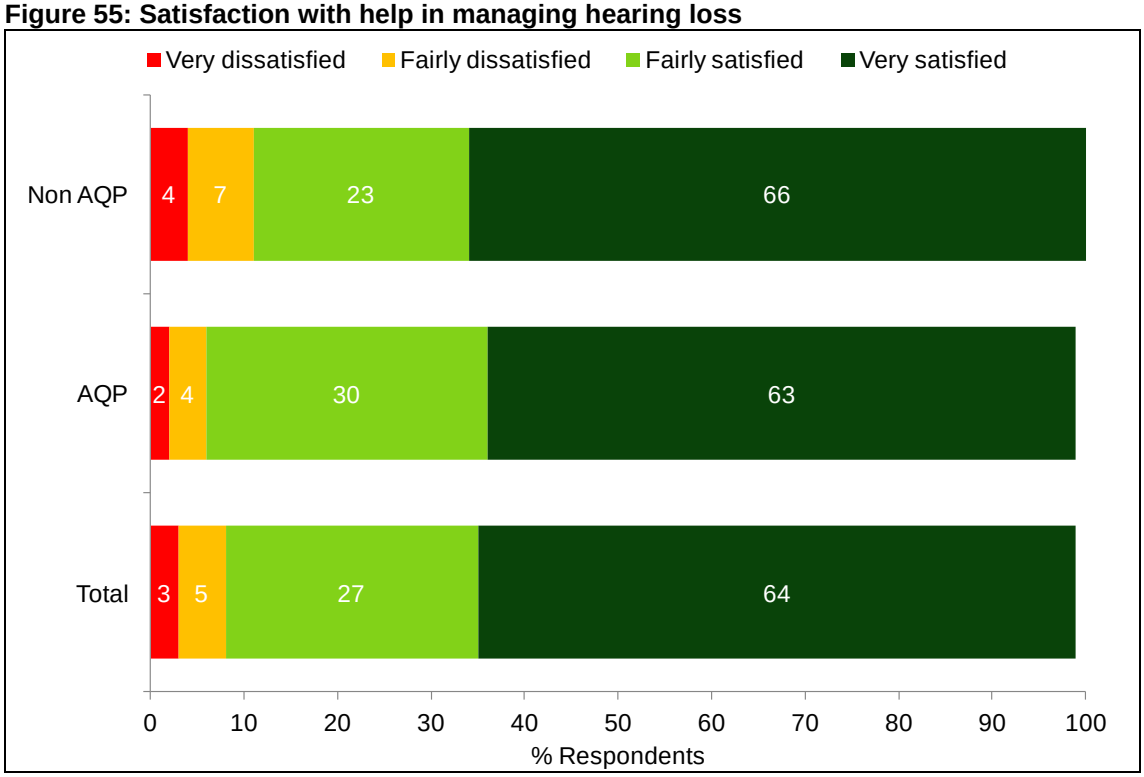
- Can manage/do it myself (24% but 3 out of 5 who had been to [Provider])
- Get support more locally (19% but 7 out of 17 of those who used 'other' providers)
- Easier (18%)
- No need to go back (12% but 6 out of 17 of those who used 'other' providers)
- Go to GP – for help/supplies (9%)
- If I need to I will (8%)
- Can change batteries/tubes myself (4)
- Advised to go elsewhere (3%)
- Shorter waiting times (3%)
- I can call them (2% but 10% where they had used a clinic in a GP's surgery)
- My partner/family/friend can help (2%)
- Time consuming (2%)
- It's too far (2%)

There were no differences between AQP and non AQP areas.

Overall satisfaction with help in managing hearing loss

Most people are satisfied that they have sufficient help in managing their hearing loss with almost two-thirds describing themselves as very satisfied and only 8% dissatisfied. There is little difference in overall satisfaction between AQP and non AQP areas although the proportion in AQP areas who are fairly satisfied (30%) is significantly higher than the 23% in non AQP areas who describe themselves as fairly satisfied.

Figure 55: Satisfaction with help in managing hearing loss



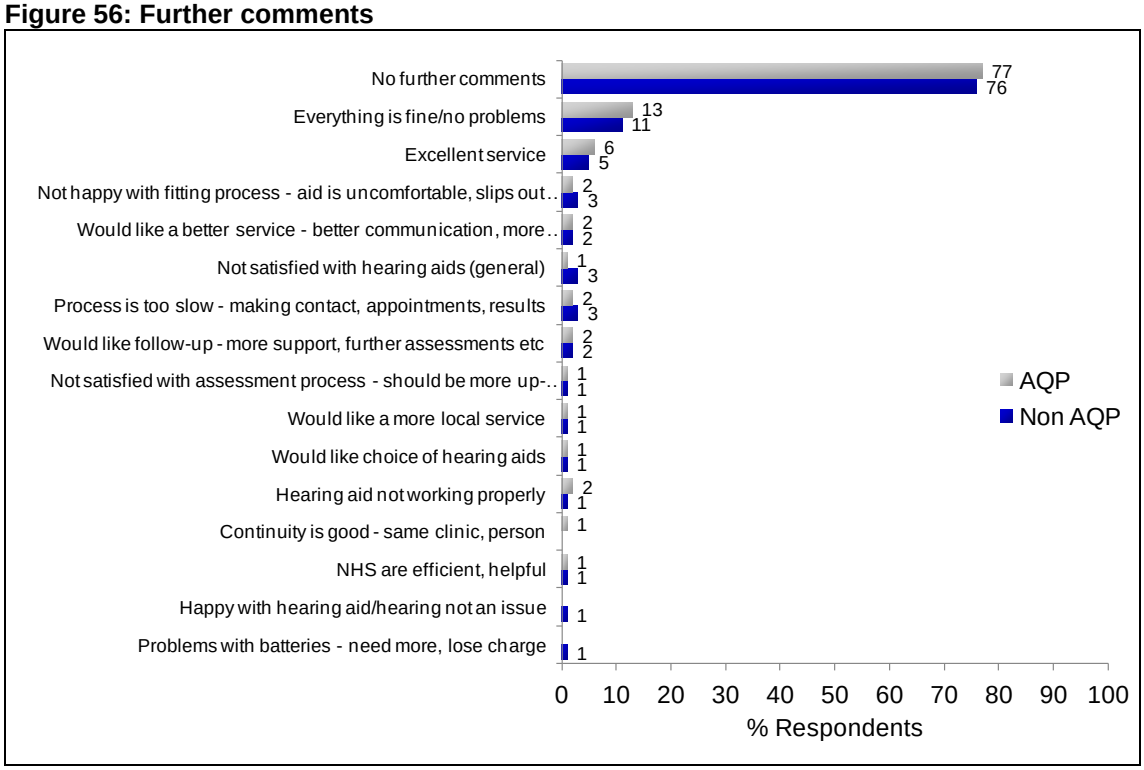
Base: All participants, excluding DKs – 1,261; Non AQP – 453; AQP – 808

3.7 Final Comments

When asked if there was anything else they would like to tell us about the service they received in relation to their hearing loss, three out of four had no further comments.

The comments made were generally positive and reveal very little difference between AQP and non AQP areas, although those in non AQP areas were more likely to make a general comment about being dissatisfied with their hearing aids (3% vs 1%).

Figure 56: Further comments



Base: all participants excluding DKs; AQP – 617; non AQP – 344

4. CONCLUSIONS

Patients' Awareness of Choice

Overall there is little awareness either of choice being available or of what those choices might be. Where people are aware of increased options for adult hearing services, they are more likely to have found out about this via word of mouth from friends and relatives than from other sources.

Patients' Ability to Exercise Choice

Few patients currently are able to exercise choice in where they go for their hearing assessment; the options are generally not provided to them by their GP or the Referral Management Centre.

Most feel they would like choice, as a matter of principle or because they are likely to be able to choose an option which suits them best. Those few who were offered a choice were happy with the number of options they have currently.

Some of the options not currently widely used such as attending a clinic in the GP's surgery or having a hearing assessment in their own home would have appeal to around four in ten in total, although most say they will choose the option with which they are most familiar, the NHS hospital.

Where choice is made available to patients they are able to exercise the choice in that, despite a lack of information, they do not find it difficult to choose.

GPs are very important and influential in the decision-making but so too is location and convenience of the hearing specialist, with transport and mobility issues top of mind. The reputation of the hearing specialist is also influential and among some there is a preference for NHS hospitals, particularly evident in non AQP areas.

Patients' Understanding and Experience of Adult Hearing Services

Most patients report a positive experience of the assessment and fitting. A minority do experience lengthy waiting times, particularly where the appointment is at an NHS hospital. In terms of the appointment itself, most feel they are given plenty of help and explanation.

Few are shown a selection of different hearing aids but despite this, a large majority are happy with what they are shown. There is little evidence of being shown, or pressured to buy, private hearing aids.

Follow up appointments are an area for concern with four in ten offered no follow up.

While most feel that the hearing aids they have are beneficial to them, usage varies and those less satisfied tend to wear their hearing aids less.

Whether and How Issues vary according to AQP or non AQP areas

In AQP areas where choice is, in theory, available, very few patients are being given options and most are going to an NHS hospital.

Experience is largely dependent on the place they went for their hearing assessment rather than whether or not the area was AQP and with little difference between AQP and non AQP areas in terms of hearing provider used, there are therefore few significant differences between AQP and non AQP areas.

Differences between AQP and non AQP areas which were significant included:

- A greater likelihood of being offered [Provider] as an option and of going to [Provider] in AQP areas
- Less likelihood of going to an NHS hospital in AQP areas (although it is still the most used option) than in non AQP areas
- A greater likelihood of having had a weekend appointment in AQP areas
- Those in AQP areas were significantly less likely than those in non AQP areas to say that one of their main reasons for the choice they made was a preference for NHS hospitals
- More people in AQP areas had switched supplier (although just 8% had done so)
- In AQP areas, those who already had hearing aids were more likely to have had them for longer (three years or more)
- Of those who already had hearing aids, those in non AQP areas more likely to say that the hearing aids they had already were broken/not working properly or ineffective while those in AQP areas more likely to say that their hearing had deteriorated
- Those in AQP areas who did not have assessment and fitting on the same day were more likely to be called back for a fitting a few days later (than having to wait a few weeks)
- Those in non AQP areas saying that they felt very rushed at their appointment and would have liked more time (although only 2% compared to 1% in AQP areas)
- Those in non AQP areas were more likely to be given an explanation of the 'T-loop-setting
- Satisfaction that they have sufficient help in managing their hearing loss is higher in AQP areas

APPENDIX A

Questionnaire

SYSTEM INFORMATION:
Interviewer number
Interviewer name
Date:
Time interview started:

Information from sample

Area 1 (check quotas)
AQP 1-3 suppliers
AQP 4-5 suppliers
AQP 6+ suppliers

Area 2 (for routing)
Over 60s (Bristol, North Somerset, South Gloucestershire)

Sample source (for analysis and final question routing only)
Purchased
Monitor panel
Charity: Hearing Link
Charity: Action on Hearing Loss

INTERVIEWER SELECT QUOTA FOR F2F
Face to Face (for quotas)
Isolated Elderly
Residential care homes
Social clubs

Introduction Purchased sample/Face-to-face

Good morning/afternoon/evening. My name is ..... from Accent and I am carrying out research on behalf of Monitor (the healthcare regulator) into patients' experiences of certain NHS services. Would it be OK to ask you a couple of questions to see if you're eligible? By taking part, you can help improve the services provided.

The services we are interested in are for people with hearing loss who are 55 years of age or more [IF AREA2 =OVER 60S SAY 60 years of age or more]. Is there someone in the household aged 55 [60] or over who I could speak to?
INTERVIEWER: IF APPROPRIATE SAY THAT WE CAN INTERVIEW THE PERSON'S CARER ON THEIR BEHALF BUT TRY TO GET INTERVIEW WITH SERVICE USER IF AT ALL POSSIBLE.

Introduction Monitor/charity sample

Good morning/afternoon/evening. My name is ..... from Accent and I am carrying out research on behalf of Monitor (the healthcare regulator) into patients' experiences of certain NHS services. Would it be OK to ask you a couple of questions to see if you're eligible? By taking part, you can help improve the services provided.

The services we are interested in are for people with hearing loss who are 55 years of age or more [IF AREA2 =OVER 60S SAY 60 years of age or more]. Please could I speak to [name from sample]? INTERVIEWER: WHEN SPEAKING TO THE APPROPRIATE PERSON SAY: Your [their] name has been passed to us by [Monitor/charity name] as someone who might be able to help us with the research we're doing.

Introduction Online (DP: any alternative online text shown highlighted in green)

Thank you very much for helping with this research for the healthcare regulator, Monitor. Monitor's main duty is to protect and promote the interests of patients. The research is being carried out by Accent, an independent market research agency.

The purpose of this research is to find out more about patients' experiences of certain hearing services provided by the NHS. These services are for people with hearing loss who are 55 years of age or more [IF AREA2 =OVER 60S SAY 60 years of age or more].

CATI/CAPI ONLY: QCarer: RECORD WHETHER INTERVIEWING INDIVIDUAL OR THEIR CARER

Individual
Carer [DP: use word in square brackets for carers]

Can I just ask you a couple of questions to check that you [they] are eligible to take part in this research?
The first couple of questions are to check that you are eligible to take part in this research.
Any answer you give will be treated in confidence in accordance with the Code of Conduct of the Market Research Society.

Scoping questions

Q1. Please can you tell me your [their] postcode? **INT IF NECESSARY EXPLAIN: For this research we are looking to speak to people in different areas – please be assured that any information you give will remain confidential. For this research we are looking to speak to people in different areas – please be assured that any information you give will remain confidential.**

.....
DP look up postcode and assign to AQP or non AQP.
If respondent does not know postcode, use postcode from sample
THANK & CLOSE IF NOT IN SELECTED AREAS
CHECK QUOTAS

Q2. Please can you just confirm your [their] age? Which of these bands does it fall into? READ OUT

54 or younger THANK & CLOSE
55-59 IF AREA2= OVER 60S, THANK & CLOSE
60-69
70-79
80+
Prefer not to say THANK & CLOSE

Q3. Have you [they] been referred by your [their] GP for a hearing assessment or received hearing aids in the last 18 months (so that is from April 2013 onwards)?

Yes
No/ can't remember THANK & CLOSE

Q4. When were you [they] first referred by your [their] GP?

Since October 2013
April 2013-September 2013
Don't know

CHECK QUOTAS

Q5. Do you know what caused your [their] hearing loss? For example, was it illness, an injury or is it age-related? INTERVIEWER NOTE: IF THE HEARING LOSS IS CAUSED BY SIDE EFFECTS OF MEDICATION, VIRAL INFECTION, HEAD INJURY, MÉNIÈRE'S DISEASE OR MENINGITIS, THE RESPONDENT IS OUT OF SCOPE. ALSO IF THE RESPONDENT MENTIONS COCHLEAR IMPLANTS, TINNITUS, VERTIGO/BALANCE PROBLEMS, SUDDEN HEARING LOSS, PAIN, OR INFLAMMATION THEY ARE OUT OF SCOPE. IF THE RESPONDENT MENTIONS OTOSCLEROSIS THEY ARE IN SCOPE
Please note that if your hearing loss was caused by side effects of medication, viral infection, a head injury, Ménière's disease or meningitis it was most likely not age-related. Also if you have cochlear implants, suffer from tinnitus, vertigo or balance problems, had sudden hearing loss, pain or inflammation, again this is most likely not age-related. If you have Otosclerosis then that **is** age-related.

Yes, age-related
No/don't know THANK & CLOSE

Q6. Did you [they] receive the hearing assessment and your [their] hearing aids (if you [they] received hearing aids) for free (ie were they provided by the NHS)?

Yes
No /don't know THANK & CLOSE

Main Questionnaire

Thank you, I can confirm you are eligible to take part in the survey. The questionnaire will take about 15 minutes to complete.
You do not have to answer questions you do not wish to and you can stop the interview at any point.

For convenience you can stop and return to complete the questionnaire as many times as you wish, although once submitted you will not be able to enter again.

CATI ONLY ASK QONLINE: INTERVIEWER NOTE: IF RESPONDENT DOESN'T WISH TO TAKE PART, PLEASE ASK IF THEY WOULD LIKE TO DO THE SURVEY ONLINE INSTEAD. IF SO, TAKE THEIR EMAIL ADDRESS AND SEND THROUGH.

Yes, undertake online **TAKE EMAIL ADDRESS AND SEND LINK TO RESPONDENT**
Yes, undertake by phone now
Yes, undertake by phone at a later date **MAKE APPOINTMENT**
No **THANK & CLOSE**

INTRO FOR THOSE CONVERTING FROM CATI TO ONLINE: Thank you very much for helping with this research for the healthcare regulator, Monitor. The questionnaire will take about 15 minutes to complete.
You do not have to answer questions you do not wish to and you can stop the interview at any point. For convenience you can stop and return to complete the questionnaire as many times as you wish, although once submitted you will not be able to enter again.

Referral and choosing where to go

Q7. ASK ALL: Thinking about when you [they] were referred by your [their] GP (within the last 18 months) for a hearing assessment, where did you [they] go for that assessment?

An NHS hospital
A clinic in the GP's surgery
Action for Deafness
Amplifon
Boots Hearing Care INTERVIEWER NOTE: THIS WAS FORMERLY KNOWN AS DAVID OMEROD (formerly known as David Ormerod)
Chime
Express Diagnostics
GP Care INTERVIEWER NOTE: THIS DOES NOT MEAN TREATMENT BY THEIR GP
Hearbase
Hidden Hearing
InHealth
Kemptown Healthcare
Minor Ops

Regional Hearing Specialists
Scrivens Hearing Care
Sirona Care and Health
Specsavers
The Outside Clinic
Other (please specify)
Can't remember [DP: programme as 'your [their] hearing specialist']

Q8. And was it a referral management centre that organised the timing of that first appointment with the hearing specialist? Or did you [they] or your [their] GP make the arrangements? INTERVIEWER PROMPT IF NECESSARY: A referral management centre operates in some areas. Your GP would have given you [them] a phone number to call or the centre would have contacted you [them] after you saw your [their] GP to arrange where to go for your [their] hearing assessment. This is not the receptionist at your [their] GP practice or the hearing specialist itself. A referral management centre operates in some areas. Your GP would have given you [them] a phone number to call or the centre would have contacted you [them] after you saw your [their] GP to arrange where to go for your [their] hearing assessment. This is not the receptionist at your [their] GP practice or the hearing specialist itself.

My GP/me [them]
Referral management centre GO TO Q11 DP REPLACE 'GP' WITH RMC IN QUESTIONS WHERE {RMC} SHOWN
Don't know / not sure

Q9. Did you [they] discuss with your [their] GP which hearing specialists you [they] might go to for your [their] hearing assessment?

Yes
No
Can't remember

Q10. Did your [their] GP offer you [them] a choice of different hearing specialists you [they] could go to for your [their] hearing assessment?

Yes GO TO Q12B
No GO TO Q15 (OR IF NON-AQP GO TO Q26)
Can't remember GO TO Q15 (OR IF NON-AQP GO TO Q26)

Q11. Did you [they] discuss with the referral management centre which hearing specialists you [they] might go to for your [their] hearing assessment?

Yes
No
Can't remember

Q12. Did the referral management centre offer you [them] a choice of different hearing specialists you [they] could go to for your [their] hearing assessment?

Yes
No GO TO Q15 (OR IF NON-AQP GO TO Q26)
Can't remember GO TO Q15 (OR IF NON-AQP GO TO Q26)

Q12B How many hearing specialists could you [they] choose from?

Two
3-4
5 or more
Can't remember

Q13. What were the different places your [their] GP {RMC} offered for your [their] hearing assessment? INTERVIEWER NOTE: ENCOURAGE RESPONDENT TO RECALL ALL THE DIFFERENT OPTIONS THEY DISCUSSED WITH THEIR GP {THE RMC}. MULTICODE

An NHS hospital
A clinic in the GP's surgery
Action for Deafness
Amplifon
Boots Hearing Care INTERVIEWER NOTE: THIS WAS FORMERLY KNOWN AS DAVID OMEROD(formerly known as David Ormerod)
Chime
Express diagnostics
GP Care INTERVIEWER NOTE: THIS DOES NOT MEAN TREATMENT BY THEIR GP
Hearbase
Hidden Hearing
InHealth
Kemptown Healthcare
Minor Ops
Regional Hearing Specialists
Scrivens Hearing Care
Sirona Care and Health
Specsavers
The Outside Clinic
Other (please specify)
Don't know

Q14. Were you [they] able to go to the hearing specialist that you [they] wanted to go to for your [their] hearing assessment?

Yes
No
Can't remember

Q15. ASK IF AQP OR WHERE Q10 OR Q12 = 'YES' IN NON-AQP. OTHERS GO TO Q26. Before you [they] visited your [their] GP {talked to the RMC}, did you [they] know you [they] had a choice of hearing specialists that you [they] could go to for your [their] hearing assessment?

Yes
No GO TO Q17, UNLESS Q10 OR Q12 = 'NO' OR 'CAN'T REMEMBER' (THEN GO TO Q26)
Can't remember GO TO Q17, UNLESS Q10 OR Q12 = 'NO' OR 'CAN'T REMEMBER' (THEN GO TO Q26)

Q16. How did you [they] become aware of this?

Friends or family
A hearing loss charity
The supplier/ hearing specialist
Other (please specify)

IF Q10 OR Q12 = 'NO' OR 'CAN'T REMEMBER' GO TO Q26

Q17. When you [they] were offered the choice of hearing specialists, did you [they] have any information to help you [them] make that decision? INTERVIEWER PROMPT IF NECESSARY: For example, information from your [their] GP, the internet, a hearing loss charity, or from friends/family or promotional material from the specialist.

Yes
No
Can't remember

Q18. IF YES AT Q17 ASK: What other information did you [they] have to help you [them] decide and where did you [they] get it?
Please type in below

.....

Q19. How easy was it for you [them] to choose where to go for your [their] hearing assessment?

Very difficult
Fairly difficult
Fairly easy
Very easy GO TO Q21

Q20. What sort of information would have made it easier for you [them] to decide where to have your [their] hearing assessment? PROBE: What would you [they] like to have known?
Please type in below

.....

Q21. How valuable did you [they] find it to have a choice of hearing specialists to go to for your [their] hearing assessment? Would you say it…READ OUT

Made no difference to you [them] at all
Was nice to have the choice but not essential
Was very valuable to have that choice

Q22. Why do you say that?
Please type in below

.....

Q23. And what were your [their] main reasons for choosing to have your [their] hearing assessment at (answer from Q7)? MULTICODE

GP's recommendation
RMC's recommendation – ONLY SHOW IF Q8=2 (RMC)
Prefer to go to an NHS hospital
Easy to get to (eg, close to home or transport links)
Good reputation
I was familiar with them already
I had an initial hearing test there
Received a leaflet / saw a sign in the shop window
Quick to get an appointment
Convenient opening times
Like the range of hearing aids they offer
Recommendation from friend or family
More pleasant environment
Bad experience of a different supplier
No specific reason
Don't know/Can't remember
Any other reason [please specify]

Q24. Do you [they] feel you [they] had enough options or would you [they] have liked more choice?

I had enough options
I would have liked more choice
Don't know

Q25. Why do you say that?
Please type in below

……

GO TO Q28

Q26. ASK THOSE NOT GIVEN A CHOICE AT Q10 or Q12 (OTHERS GO TO Q28): In some parts of the country, you can choose to have your NHS hearing assessment and hearing aids from a range of different places, including an NHS hospital, or a clinic in your neighbourhood like at a library or at the GP surgery, or from specialist outlets on the high street. How valuable do you [they] think it is to be able to choose where to go for your [their] assessment? INTERVIEWER NOTE: SPECIALIST OUTLETS ON THE HIGH STREET INCLUDE SPECSAVERS, BOOTS, SCRIVENS, AND AMPLIFON.

Not at all useful
Not very useful
Fairly useful
Very useful

Q27. Why do you say that?
Please type in below

……

Q28. ASK ALL: If all the following options were available for your [their] hearing assessment, which ones would you [they] prefer? Would you [they] prefer…? READ OUT. MULTICODE

A local NHS hospital
An NHS hospital in a neighbouring area
An NHS hospital in a different area, further away
A hearing specialist on the high street
Treatment in your own home
A clinic within your GP's surgery
A clinic in your neighbourhood
None of these

Q28B Why do you say that?
Please type in below

……

Appointment

Q29. ASK ALL: After your [their] GP referred you [them] for your [their] hearing assessment, how long did you [they] have to wait for your [their] first appointment? PROBE FOR BEST GUESS IF RESPONDENT DOESN'T KNOW EXACTLY

Less than a week
1-2 weeks
3-4 weeks
5-6 weeks
7-8 weeks
Between 2 and 3 months
Between 3 and 5 months
6 months or more
Can't remember GO TO Q31

Q30. And do you [they] feel that length of wait was acceptable or not?

Yes, it was acceptable
No, it was too long

Q31. What was the timing of your [their] first appointment? Was it…READ OUT

A weekday before 10am
A weekday between 10am and 5pm
A weekday after 5pm
A weekend
Can't remember DO NOT READ OUT

Q32. How convenient was the appointment date and time of your [their] first appointment?

Not at all convenient
Not very convenient
Fairly convenient
Very convenient
Don't know/can't remember

Q33. And how easy to get to was the location where you [they] went for your [their] hearing assessment?

Not at all easy
Not very easy
Fairly easy GO TO Q35
Very easy GO TO Q35
Don't know/can't remember GO TO Q36

Q34. Why do you say it was not easy?
Please type in below

……

GO TO Q36

Q35. Why do you say it was easy?
Please type in below

……

Assessment and Fitting

Q36. At the point in time when you [they] went for this hearing assessment, did you [they] already have hearing aids that you [they] used, or had you [they] had hearing aids before but were no longer using them or had you [they] never had hearing aids?

Yes – I had other hearing aids
Yes – I'd previously had hearing aids but wasn't using them
No, had never had hearing aids before GO TO Q38
Can't remember GO TO Q38

Q37. What was wrong with the hearing aids you [they] already had?

I had lost them
They were broken/not working properly
They did not fit properly
I wanted smaller/more discrete hearing aids
I wanted a spare pair of hearing aids
Other (please specify)

Q37B How long ago did you [they] receive those other hearing aids?

6 months or less
Between 6 months and 3 years
3 years or more

Q38. Did a friend or family member go with you [them] to your [their] first appointment or did you [they] go on your [their] own?

Yes, friend/family member went with me [them]
No, went on my [their] own
Can't remember

Q39. Did you [they] have your [their] assessment and hearing aids fitting on the same day or did you [they] go back at a later date for the fitting?

Both on the same day GO TO Q41
I had to go back later for the hearing aids fitting
I [they] didn't need hearing aids GO TO Q48
Can't remember GO TO Q41

Q40. How much later was the fitting for hearing aids?

A few days later
A week later
2 weeks later
3-4 weeks later
More than 4 weeks later
Can't remember

Q41. Were you [they] shown a range of different hearing aids?

Yes
No, not shown a range
Can't remember GO TO Q45

Q42. Were you [they] happy with the hearing aids that you [they] were shown?

Yes
No

Q43. Were you [they] shown any private hearing aids as well as ones available for free on the NHS? INTERVIEWER PROMPT IF NEEDED: Private hearing aids are those that you would have to pay for

Just NHS GO TO Q45
Both private and NHS
Can't remember GO TO Q45

Q44. Did you [they] feel pressured to purchase private hearing aids?

Yes
No
I didn't get hearing aids GO TO Q48
Don't know DO NOT READ OUT

Q45. And were you [they] shown how to use your [their] hearing aids? For example, how to put it on and take it off, how to adjust the volume, how to replace the batteries, and how to clean it. Which of these most closely reflects what happened? READ OUT

I was given no help or explanation GO TO Q47
I was given some help and explanation but would have liked more
I was given an adequate amount of help and explanation
I was given a great deal of help and explanation
Can't remember DO NOT READ OUT. GO TO Q47

Q46. Do you feel you [they] were given enough time to absorb this information or did you [they] feel rushed? Which of the following is most true? READ OUT

I felt very rushed and would have liked more time
I felt a bit rushed and more time would have been useful
I felt I was given about the amount of time I needed
I was given plenty of time and didn't feel rushed in any way
Can't remember DO NOT READ OUT

Q47. Did [answer from Q7] explain the "T-loop" setting on your [their] hearing aid so that you [they] understood the advantages of using hearing induction loops? INTERVIEWER NOTE: HEARING LOOPS CAN BE FOUND IN A RANGE OF PLACES INCLUDING WAITING ROOMS, THEATRES AND CINEMAS, TAXIS AND TRAINS. THEY CAN HELP ENHANCE SOUND WHEN YOU ARE HAVING TROUBLE WITH YOUR HEARING AIDS BECAUSE OF BACKGROUND NOISE

Yes
No
Can't remember

Q48. Did [answer fromQ7] provide you [them] with any information about any other devices or services to help you [them] with your [their] hearing loss? READ OUT. MULTICODE FIRST FIVE

Hard of hearing groups
Other social groups/events for people with hearing loss
Lip reading classes
Free equipment
Hearing therapists
Counselling
Other, please specify
None of these
None of these – but I am already familiar with these or I don't need them
Can't remember

Follow Up

Q49. IF NO HEARING AID (CODE 3 AT Q39 OR CODE 3 AT Q44), GO TO Q61. Were you [they] offered a follow up consultation a few weeks after you [they] got your [their] hearing aids? This consultation would be to see how you [they] were getting on with your [their] hearing aids.

Yes
No GO TO Q53
Can't remember GO TO Q53

Q50. And how long after you [they] got your [their] hearing aids was this follow up consultation?

Within 2 weeks
3- 4 weeks later
5-6 weeks later
7 weeks later or more
Can't remember

Q51. And was that follow up a face-to-face meeting or by phone or some other way?

Face-to-face
By phone
Some other way (please specify)

Q52. What would be your [their] preferred method of follow up? PROMPT IF NECESSARY

Face-to-face
By phone
Some other way (please specify)

GO TO Q54

Q53. NON AQP GO TO Q54: IF AQP AND NO OR CAN'T REMEMBER AT Q49 ASK: Were you [they] aware that you [they] are entitled to a follow up appointment free of charge as part of the NHS service?

Yes
No

Aftercare

Q54. Since you [they] got your [their] hearing aids, what do you [they] do when you [they] need support with your [their] hearing aids? For example, this might be because the batteries, tubes or ear moulds need replacing, the hearing aids need cleaning, the hearing aids don't seem to be working, or you [they] need some other help with them?

Go back to the hearing specialist that fitted it
Go to a different hearing specialist (ie not the one that fitted it). Please specify which one……..
Go to an NHS hospital ONLY SHOW WHERE Q7 IS NOT NHS HOSPITAL
Go to a charity that provides help
Go to friends or family for help
Go to the GP
I manage myself
Something else, please specify

Q55. IF Q54 NOT CODE 1 (GO BACK TO PLACE THAT FITTED IT) ASK: Why do you [they] not go back to the place where you [they] had your [their] hearing aids fitted?
Please type in below

……

Q56. And how satisfied are you [they] with the support you [they] receive from [answer from Q7] on an ongoing basis?

Very dissatisfied
Fairly dissatisfied
Fairly satisfied
Very satisfied

Hearing Aids Usage

Q57. IF HAS A HEARING AID (IE NOT CODE 3 AT Q39 OR CODE 3 AT Q44) ASK. OTHERS GO TO Q61: How satisfied are you [they] with your [their] NHS hearing aids?

Very dissatisfied
Fairly dissatisfied
Fairly satisfied
Very satisfied

Q58. How much do you [they] use your [their] hearing aids on average? Is it…READ OUT

Hardly ever
Some days but generally not
Most days for less than 2 hours a day
Most days for between 2 and 8 hours a day
Most days for more than 8 hours a day GO TO Q60

Q59. What stops you [them] from wearing your [their] hearing aids every day for most of the day? MULTICODE

I don't need to use my hearing aids all of the time
I don't know how to use them
It's too noisy
The batteries run out
They don't make any/enough difference to my hearing
They're not comfortable
I don't like the look of them
Other (please specify)

Q60. And overall how would you [they] say you [they] benefit from your [their] hearing aids (eg in terms of improving your [their] lifestyle)? Would you [they] say they are...? READ OUT

Not at all beneficial
Not very beneficial
Fairly beneficial
Very beneficial

Other Devices and Services

Q61. Do you [they] have any other devices or use services to help you [them] with your [their] hearing loss? MULTICODE

A flashing smoke alarm
A flashing doorbell
An amplified telephone
A personal listening device
An induction loop system
An infrared device
A paging device
A vibrating/flashing alarm clock
Apps on a mobile phone or tablet
Lip reading classes
Hard of hearing groups
Other social groups/events for people with hearing loss
Hearing Therapist
Counselling
Social Media eg Facebook/Twitter
Any other service (please specify)
Any other device (please specify)
None of these GO TO Q63

Q62. Where did you [they] find out about these devices and/or services? MULTICODE

From my GP/GP's practice
From the place I got my hearing aids/hospital/hearing specialist
From a charity
Word of mouth/friends or family
Read about them in the press/magazine
Internet
Other (please specify)

Q63. ASK ALL: Overall, how satisfied are you [they] that you [they] have sufficient help in managing your [their] hearing loss?

Very dissatisfied
Fairly dissatisfied
Fairly satisfied
Very satisfied

Switching Supplier

Q64. IF NOT FITTED WITH HEARING AID AT Q39 OR Q44 GO TO Q69: Have you [they] ever changed the hearing specialist you [they] use for your [their] hearing aids from the place you [they] were first referred by your [their] GP?

Yes
No GO TO Q66

Q65. Why did you [they] change to a new hearing specialist? MULTICODE

Unhappy with the service the original supplier provided
Not happy with the hearing aids provided
No/poor ongoing support/aftercare
Better service in terms of waiting times/choice of appointments
I moved to a different area
New supplier was recommended to me
Better choice of hearing aids
Wanted to buy private hearing aids
Other reason (please specify)

GO TO Q69

Q66. IF Q57=VERY SATISFIED GO TO Q69: Have you [they] considered or tried changing the hearing specialist you [they] use for your [their] hearing aids from the place you [they] were first referred by your [their] GP?

Yes, considered but not tried
Yes, considered and tried GO TO Q68
Not considered or tried switching

Q67. Why have you [they] not tried to change hearing specialist?

Happy with current supplier
Don't know who else to go to
Don't think anyone else would be any better
I think it would be difficult/time-consuming/too much hassle
I didn't know I was able to/didn't think there was a choice
Don't have enough information to decide
Other reason (please specify)

GO TO Q69

Q68. Why were you [they] not able to change your [their] hearing specialist?
Please type in below

.....

Q69. Is there anything else you [they] would like to tell us about the service you [they] received in relation to your [their] hearing loss?
Please type in below

.....

No further comment

Classification Questions

Q70. INTERVIEWER RECORD GENDER. IF INTERVIEWING CARER, PLEASE RECORD GENDER OF PERSON WITH HEARING LOSS, NOT OF CARER Please tell us your gender.

Male
Female
Prefer not to say

Q71. What is your [their] ethnic group? INTERVIEWER READ OUT HEADINGS AND THEN PROBE FOR SPECIFIC GROUP

White
English/Welsh/Scottish/Northern Irish/British
Irish
Gypsy/Irish Traveller
Any other white background (please specify)
Mixed/Multiple ethnic groups
White and Black Caribbean
White and Black African
White and Asian
Any other Mixed/multiple ethnic background (please specify)
Asian/Asian British
Indian
Pakistani
Bangladeshi
Chinese
Any other Asian background (please specify)
Black/African/Caribbean/Black British
African
Caribbean
Any other Black/African/Caribbean background (please specify)
Other ethnic group
Arab
Any other ethnic group (please specify)
I prefer not to answer

Q72. ONLINE SEG QUESTION. CATI/CAPI GO TO Q73
Please indicate to which occupational group the Chief Income Earner in your household belongs, or which group fits best.

This could be you: the Chief Income Earner is the person in your household with the largest income.

If the Chief Income Earner is **retired and has an occupational pension** please answer for their most recent occupation.

If the Chief Income Earner is **not in paid employment** but has been out of work for less than 6 months, please answer for their **most recent** occupation.

PLEASE TICK ONLY ONE ANSWER

1. **Semi or unskilled manual work.** (e.g. Manual workers, all apprentices to be skilled trades, Caretaker, Park keeper, non-HGV driver, shop assistant)
2. **Skilled manual worker** (e.g. Skilled Bricklayer, Carpenter, Plumber, Painter, Bus/ Ambulance Driver, HGV driver, AA patrolman, pub/bar worker, etc)
3. **Supervisory or clerical/ junior managerial/ professional/ administrative** (e.g. Office worker, Student Doctor, Foreman with 25+ employees, salesperson, etc)
4. **Intermediate managerial/ professional/ administrative** (e.g. Newly qualified (under 3 years) doctor, Solicitor, Board director small organisation, middle manager in large organisation, principle officer in civil service/local government)

5. **Higher managerial/ professional/ administrative** (e.g. Established doctor, Solicitor, Board Director in a large organisation (200+ employees, top level civil servant/public service employee))
6. Student
7. Casual worker, not in permanent employment
8. Housewife/Homemaker
9. Retired and living on state pension
10. Unemployed or not working due to long-term sickness
11. Full-time carer of other household member

AB
C1
C2
DE
Prefer not to say

GO TO Q74

Q73. What is the job title of the chief wage earner of your [their] household or, if you [they] are the chief wage earner, your own [their] job title?

IF SELF-EMPLOYED: ASK IF MANUAL/NON-MANUAL, SKILLED/QUALIFIED OR NOT, NUMBER OF EMPLOYEES – THEN LOOK UP SELF EMPLOYED TABLE
IF MANAGER/EXEC: ASK FOR INDUSTRY SECTOR, NUMBER OF EMPLOYEES IN COMPANY AND MANAGEMENT STATUS
IF RANK/GRADE (CIVIL SERVANT, NURSING, MILITARY, NAVY, POLICE ETC.) RECORD RANK/GRADE SPECIFICALLY
IF PENSIONERS: ASK IF STATE (GRADE "E") OR PRIVATE/OCCUPATIONAL PENSION (GRADE ON PREVIOUS OCCUPATION)
IF UNEMPLOYED: IF MORE THAN 6 MONTHS AGO (GRADE "E"), IF LESS THAN 6 MONTHS AGO (GRADE ON PREVIOUS OCCUPATION)

WRITE IN AND CODE SEG.....

1. A
2. B
3. C1
4. C2
5. DE
6. Not stated

Q74. PURCHASED SAMPLE ONLY. OTHERS GO TO 'THANK YOU': Thank you. We really appreciate the time you have given us today. Our client might wish to conduct some further interviews with some of the people we have spoken to in this research. This could again take place in the form of a telephone interview or a face to face interview over the next few months. Would it be okay for us to re-contact you about this follow up research?

INTERVIEWER EXPLAIN IF NECESSARY THAT IT DOESN'T MEAN THE RESPONDENT WILL DEFINITELY BE CONTACTED OR THAT THERE IS ANY OBLIGATION TO PARTICIPATE

Yes, for telephone interview only
Yes, for face to face interview only
Yes, for either telephone or face to face
No

Q75. And would you be willing to be contacted again for clarification purposes with regards to this interview?

Yes
No

Thank you very much for completing this survey. This research was conducted under the terms of the Market Research Society (MRS) code of conduct and is completely confidential.

If you would like to confirm my credentials or those of Accent, please call the MRS free on 0500 396999.

If you would like to confirm Accent's credentials, please call the MRS free on 0500 396999.

CATI/CAPI ONLY: Please can I take a note of your [their] name and where we can contact you for quality control purposes?

Respondent name: [**CATI:** DP, IMPORT FROM ID]

Telephone: [**CATI:** DP, IMPORT FROM TELNUMBER]

Interviewer Confirmation

I confirm that this interview was conducted under the terms of the MRS code of conduct and is completely confidential

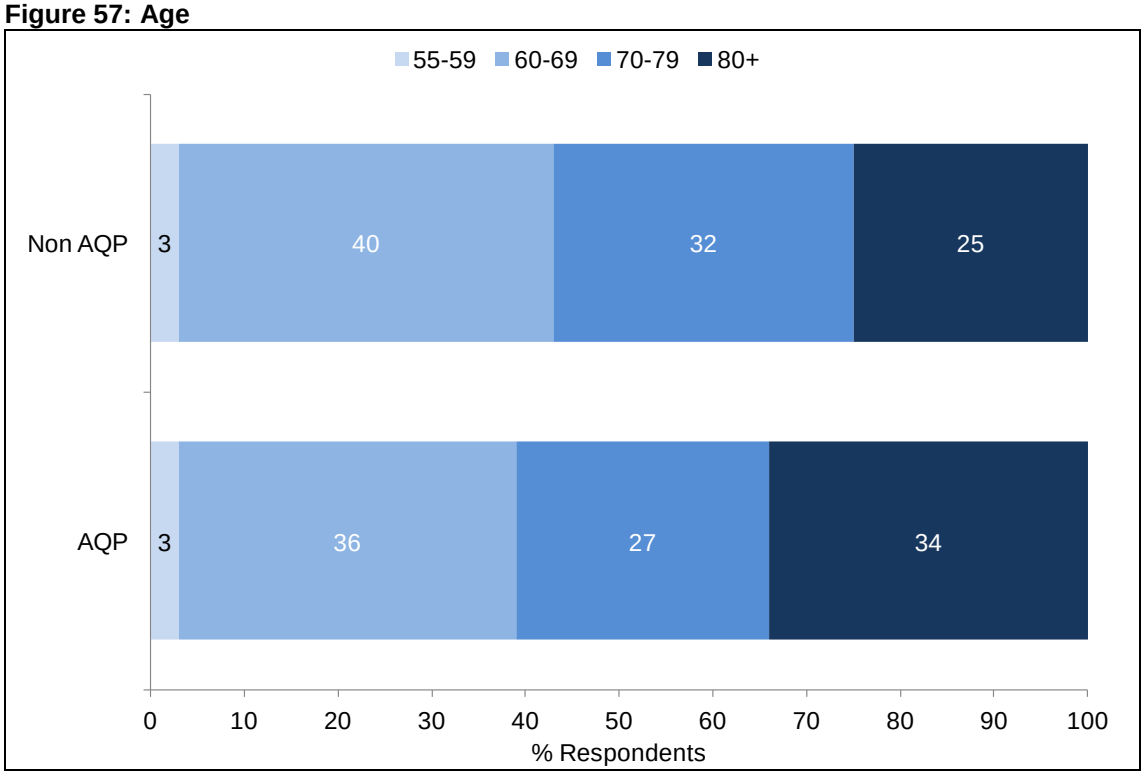
Yes No

SYSTEM INFORMATION
Time interview completed:

APPENDIX B

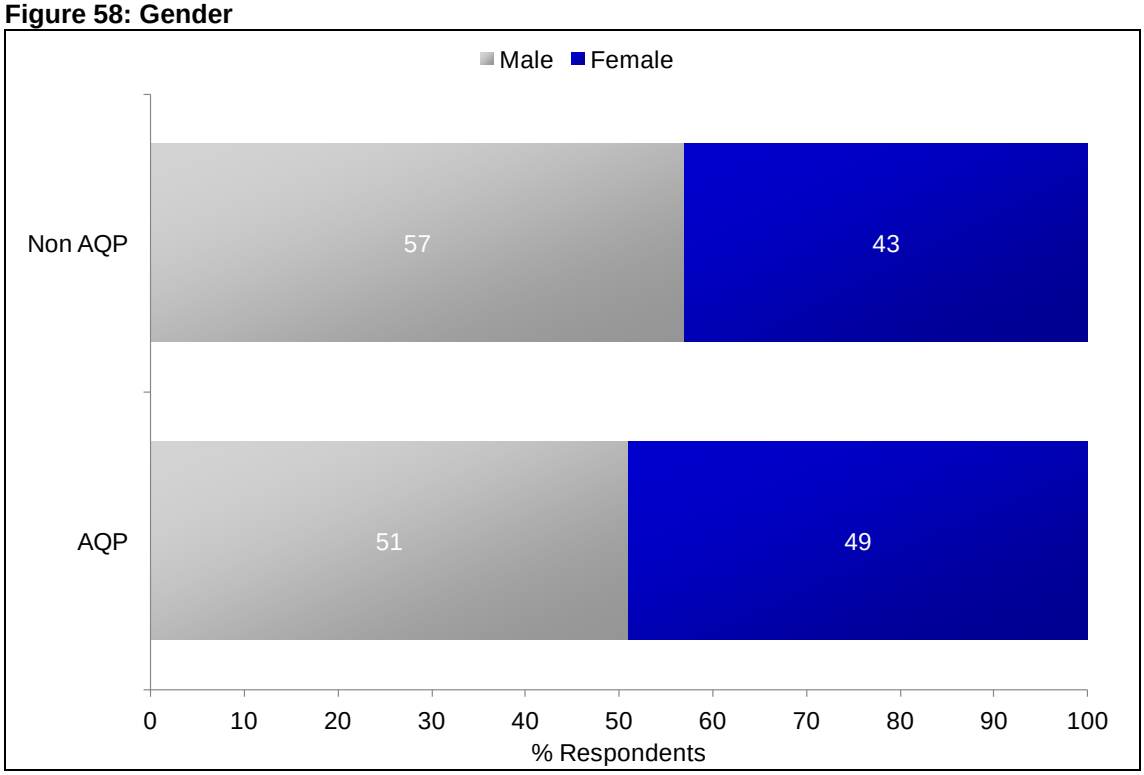
Demographics

Figure 57: Age



Base: AQP – 818; non AQP – 443

Figure 58: Gender



Base: AQP – 818; non AQP – 443