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2015-18 Guidance

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CLINICAL COMMISSIONING GROUPS

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ANNEX B

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ANNEX C

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ANNEX E

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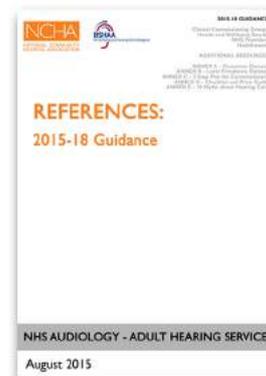
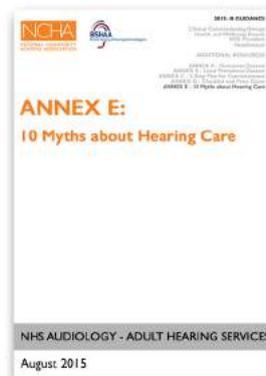
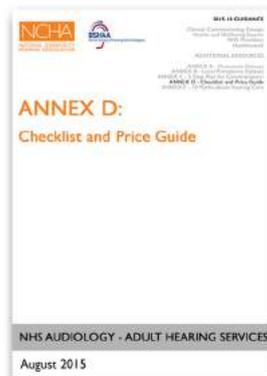
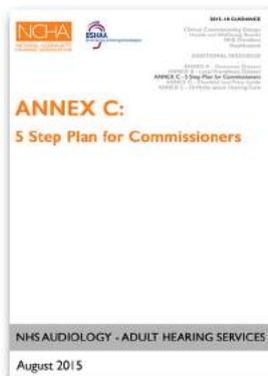
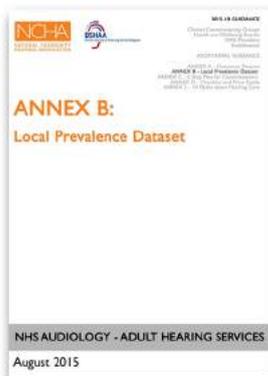
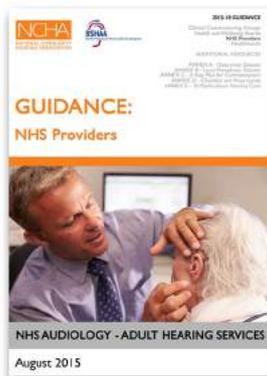
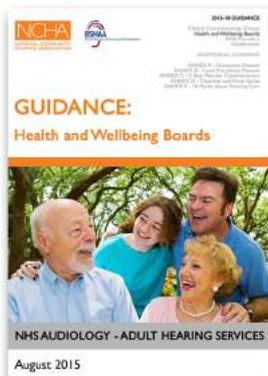
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45. Calculated by dividing total reported activity by the number of submissions (Source: reference cost data 2004-2012).
46. Simon Stevens, HSJ interview [insert link]
47. See: Monitor (2015) NHS adult hearing services in England: exploring how choice is working for patients. Then see how the non-mandated tariff was designed (link to [p 44-45](#)). Then compare this to the Department of Health's Best Practice Guidance 2012 (AQP Implementation Pack). Then refer to reference cost activity data locally. Cost the Department of Health's 2012 package

of care based on local costs, and compare this to the AQP specification and prices and non-mandated tariff for the equivalent package of care). This analysis will show that an inclusive three year package of care can be procured by introducing choice (which was a care closer to home policy) for less than the non-mandated prices (which are derived from NHS hospital cost reporting systems).

48. Hind et al. 2011. Prevalence of clinical referrals having hearing thresholds within normal limits. *International Journal of Audiology* 2011; 50: 708–716
49. NDCS, 2014, Listen Up, available here <http://www.ndcs.org.uk/document.rm?id=9393>
50. Calculated by dividing total reported activity by the number of submissions (Source: reference cost data 2004-2012). Reference cost data are from the Department of Health.

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