



Row between ICB and provider over 'significant' waiting times rise

By Matt Discombe | 24 January 2025

ICB accuses provider of "self-imposed activity cap" leading to long waits

But audiology provider claims commissioner is "bullying"

An integrated care board has blamed an audiology services provider for causing "significant increases" in waiting times – sparking a complaint of "bullying" by the company, which also accuses the ICB of not providing enough funding.

Devon ICB claimed audiology provider Chime had caused a significant increase in waiting times by making a "business decision" not to increase activity within its current contract, a report shared with *HSJ* has revealed.

The ICB's report on audiology services, written in March last year but not made public, said waits in the eastern areas of Devon, where Chime was the provider, were at 10 months – whereas waits in other areas stood at eight weeks at most.

However, Chime claimed the ICB was "bullying small providers" and had not heeded repeated warnings that it could not increase activity within the funding envelope of its contract.

The provider said losing the contract would mean its business was "unsustainable" and the entity up. It made the allegations in an email sent to NHS England and the Department

of Health and Social Care, also seen by *HSJ*.

The dispute follows the ICB being accused of “attacking patient choice” by the Association of Optometrists last year for allegedly “pressuring” providers not to outsource work to private firms and, instead, send it to other NHS organisations.

The ICB’s report on Chime said: “A business decision made by the provider that they cannot afford to increase activity within the block funding has meant that there has been a self-imposed ‘cap’ on activity. This has caused significant increases in waiting times and created an inequity of access for eastern [Devon] patients.

“Eastern patients over 18 are disadvantaged by the long waiting times as opposed to other areas of Devon where patients can access services in significantly shorter times.”

But Chime claimed such waiting time comparisons were invalid. It said audiology patients could be seen in other areas of Devon under “any qualified provider” arrangements, which meant patients could choose from a range of providers. However, this was not possible in east Devon, where Chime was the sole provider of routine and specialist audiology.

The provider, which is a social enterprise, said it “repeatedly asked for equity with the rest of Devon” to see patients under AQP, but these requests were refused.

In the email to NHSE and DHSC, sent just before Christmas, Chime managing director Jonathan Parsons said: “Commissioners can bully small providers and do – as they do not have the power of the large acute.

“The ICB decided the previous three-year trial contract failed – as there are long waits. For the whole of the three years and for the two rollover years, Chime demonstrated that the contract did not keep up with demand. For the final year, after ignoring us or telling us they were comfortable with waits they turned round and said it was our fault.”

Chime had been contracted to provide both routine adult hearing aids and specialist audiology services in east Devon under a £4m contract.

The ICB is carrying out a procurement process for routine and specialist audiology in east Devon but has now opted to split the two services into different contracts.

Chime claims the value of the specialist services contracts has reduced by £340,000. Mr Parsons told *HSJ* the valuation “has made it unsustainable and Chime will come to an end”.

He said that had the ICB moved to AQP earlier, “they would not have waits” in east Devon as patients could have been seen by other providers.

Mr Parsons added that during the first four years of the contract, before the ICB report, it was “never once suggested that it was our responsibility under contract (however absurdly) to see extra activity at our expense.”

Devon ICB said that while Chime has indicated it will not bid for the new contracts, “several other bids have been received” as part of the ongoing procurement process.

An ICB spokesperson added: “As with any procurement, there will be a managed process for the transfer of care of patients and employment of staff.

“We are working with the current outgoing provider on an exit plan and a smooth handover for a new provider to take over in the spring.”

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