CONSULTATION QUESTIONS

1. The strategy outlines a care pathway (page 10).

(a) If you are a service user and/or carer, please tell us what difference you believe the implementation of the pathway will make to the services you experience.

It is refreshing to think there will be a kind of professional checklist and road that someone will be entitled to go on, with various stopping points along the way.

It has been by chance that I found out about agencies that seek to promote self help combating the isolation of having a hearing loss and to share some of the frustrations this conditions bring in daily life.At no point did my audiologist check on how the emotional impact of deafness was affecting me, yet this is a major factor in dealing with the condition and in avoiding depression and isolation.

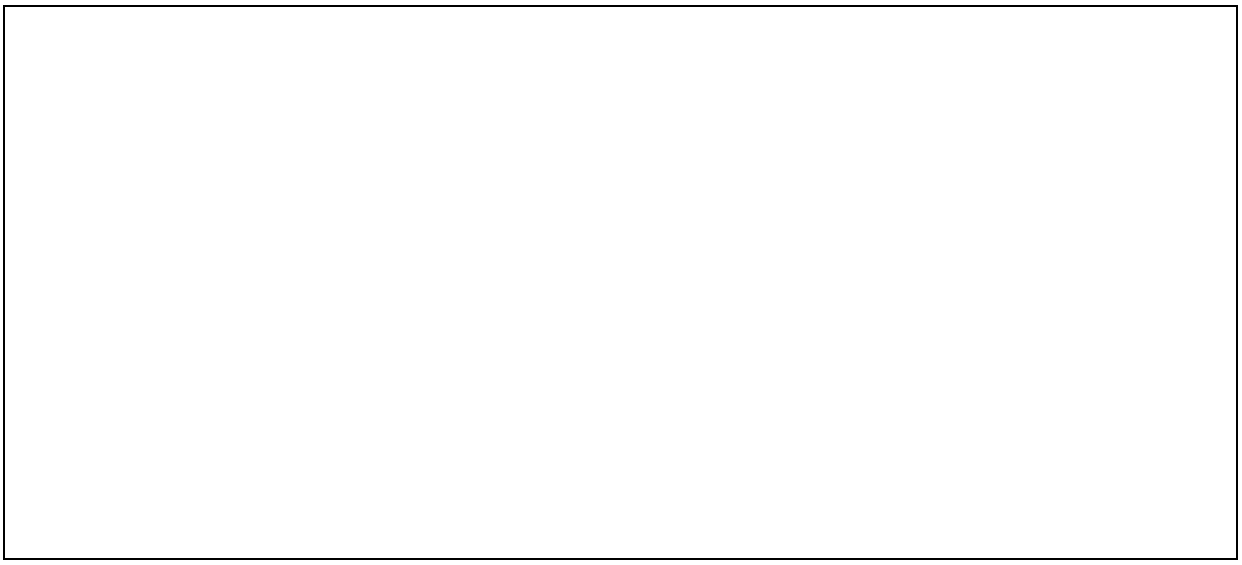
Further ,access to life long education and recreation to join in with those without hearing loss, is a 'normalising' experience and access would be easier with improved link ups services such as Community High Schools with Community Education staff in charge of access. Could NHS, Social work and Community Education and Voluntary Agencies
be brought together to help create checklists where their potential special contributions to pathways can be made evident ?

Hearing Link and Action on Hearing Loss rarely seem to be mentioned by NHS services but both are seeking to support and involve people with a hearing loss emotionally and keep users informed .These voluntary organisations keep members informed and can consult with members. Perhaps NHS practitioners might have a sensory patients forum to feed in ideas for improvements needed.

Deaf awareness is needed not just in NHS services but across all services . Many people who are hard of hearing miss out because they 'don't know what they don't know' because they didn't hear.

One Audiology department in Edinburgh had a nurse call out people's names to see the Consultant in such a quiet voice that I had to get up each time she called to ensure it wasn't me!

(b) How can we best ensure that services and support meet your needs?



(c) If you are a care provider, what changes will you need to make to implement the pathway?

(d) How will you make these changes?

2. The strategy identifies key factors that need to be in place to ensure the pathway is successful (Page 11 para 6.7).

(a) Which of the key factors are most important for a successful pathway?

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(b) Which are the most challenging to put in place?

(c) Do you think that any key factors have been missed?

Those with long term conditions need to be checked periodically to see if their needs are being met.

3. The strategy identifies areas for action that should be addressed going forward (Page 13-16)

(a) Which of the areas for action will be the most challenging to implement?

The actions which require NHS staff to link with other agencies such as voluntary organisations and to work together.

(b) Which of the areas for action will make the biggest difference and why?

Will these pathways fulfil these needs?

If successful the hard of hearing client will
feel ‘heard’!

There will be a fresh understanding of their need to avoid getting lost , or get misinformed or feel abandoned with their condition which will be long term. There will be respect for them and continued support from trained volunteers
and professionals in joined up teams if needed. The need for provision to be open to adjustment and change following feedback from client consultations is crucial.

(c) Are there any other areas for action that you would like to see included within the strategy?

See above with regard to effective listening to clients across the services and some power and cash to implement change.

4. Please comment on the current provision of sensory impairment services as either a service provider or service user. If you have any experience of sensory impairment services, please let us know what you think of them: this should include any experience of one-stop shops.

The audiology services vary greatly from area to area.

Lipreading services are good at disseminating information and mutual support. However many of these lipreading groups, with the wonderful odd exception like West Lothian who provide an ongoing lipreading group, these courses finish after 10 weeks. I found the WL Lipreading group good and soon they hope to set up a second bookgroup for the hard of hearing , the need for which came out of consultation with users. People can get lost to systems providing further support options once a short term lip-reading course has finished .There are cash flow issues for voluntary organisations like Hearing Link (vis credit crunch) but they too try do a good job of involving and supporting people who are hard of hearing often redirecting people back to the NHS to ask the right questions to elicit better provision.

5. What difference will the implementation of the strategy make to your life?

Reassured that should my condition worsen there are systems in place with which to follow through and help me with re-uptake procedures.

6. Does this strategy properly reflect the current climate and developments in policy and practice for children and young people particularly in relation to the Getting it Right for Every Child approach and the Doran Review?

7. Do you have anything you wish to add to the Sensory Impairment Strategy or any other general comments that have not been covered by the questions?