## 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.

I am a partially-sighted person of 65, expecting to experience further deterioration in my vision. My hearing is presently good, but there is a history of age-related hearing loss in my family.

I hope the new framework will make it simpler for me to learn about and access the support I shall need in future years, since my various needs would be addressed through one point of contact.

In general, the "pathway" framework set out here looks sensible and I would be in favour of its implementation.

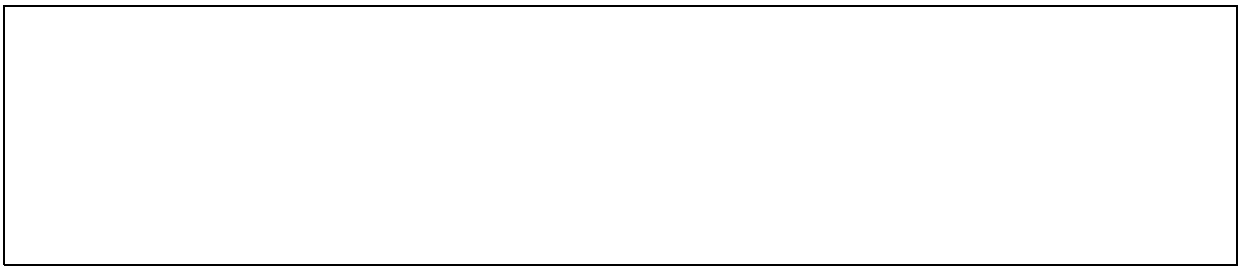
I can accept that this proposed framework offers more than just a cost-cutting exercise- while wishing to make clear that I realise this must be a major aspect in the hidden agenda here. In a time of diminishing resources and increasing needs, it would be unreasonable to expect otherwise.

Do I "believe" it will make a difference to the service I receive?
I cannot predict. IF the resources are made available for full implementation of the framework and IF the process can be managed in the idealistic and clear-sighted way the document projects, it quite possibly would.

I have had extensive professional experience of the problems encountered implementing of policy. In practice, it comes down to lack of resources, in terms of time and money. I find it hard to "believe" this Framework will not be subject to severe modification as policy becomes practice.

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

By resourcing the full implementation of the framework and the services which it leads to: see above.



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

N/A

(d) How will you make these changes?

N/A

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?

It would have been helpful to annotate these bullet points, so that it is clear which is being referred to. I shall use roman numerals i- viii for this purpose.

Clearly all these factors are interdependent and if one falls, they all will do.

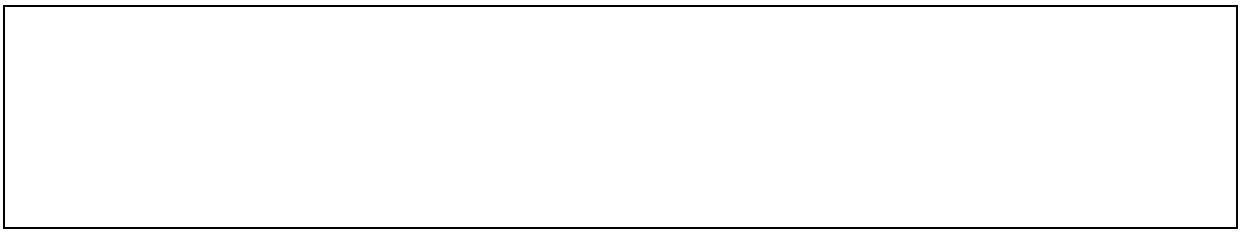
Nothing will get started unless "those undertaking diagnosis" ( 6.7 (i) ) have the training, knowledge and empathic skills to engage the client, assess their needs and start them on their "pathway". In this sense, 6.7 (i) is essentially covering the same ground as 6.7 (viii).

The rest of the key factors describe a process of audit, screening, diagnosis which are intended to lead to support for the client. In our current climate, we are wedded (or "committed") to these complex procedures. In my experience, they are costly to resource in terms of skilled staff time and therefore money. My concern is that as a result, the actual services which can be delivered to clients are limited because they are at the end of the supply line in resources.

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

I have no way of assessing this. As stated above, my concern is that resources will have to be targeted heavily into delivering them all.

Delivering actual services to clients will be the important challenge. (see 2(a) above.)



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

No.
I wish, on the contrary, I could make a constructive suggestion about how they could be simplified and compressed to make implementation less resource-heavy.
See 2(a).

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?

I do not feel I can comment on this, but wish to respond on the proves as a whole.

I am glad to see the table showing the timescales for implementation in Appendix 1. As will be clear from my comments above, my concern lies with the expeditious delivery of extensive Framework. This will be challenging enough. In my experience, this will depend on the skills and effectiveness of those leading and driving the work. Co-ordinating progress between the different autonomous but interdependent Recommendations will demand management skills of the highest order.

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

In my opinion, it is Recommendation 6.3 which will make the most difference to service users. Trained and informed staff at the first point of contact will open up access to support and services. Without them, only the most informed and aware clients will access to the services they need. Since the client group is by definition suffering from sensory impairment and frequently aging, dependency on staff at the start of their pathway will be heavy.

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

I would be happy to see some acknowledgement of the emotional needs of the service user as they embark on a "pathway" made necessary by their sensory impairment.

In describing the "mandatory training in sensory awareness" to be given to frontline staff, I would be glad to see emphasis that these staff are the first point of contact in a distressing situation. The pathway the service user is setting out on is essentially one of damage limitation from their point of view. This being the case, the purely clinical approach (both literally and metaphorically) of the process described here does not foreground the most important aspect for the client: empathy and support.

Am I mistaken is picking up that the nature of the support/treatment to which the pathway leads is not the concern of the Strategic Framework in any way? I hope I am.

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.

I have received excellent medical and surgical services for my complex and deteriorating visual problems over a period of 20 years. At age 65, my prognostication is of further untreatable deterioration and my needs are emotional as well as practical. At the time of diagnosis (some 15 years ago) no other routes of support were offered. I had to find my own way into support . At the time, I succeeded in doing this, with help from employer and friends. More recently, I have found my local services of reasonable assistance but do feel a more coherent and integrated service would have benefitted me.

Meeting my emotional needs in facing gradual loss of sight has felt more like my own responsibility. As an articulate, proactive person I have opened up various lines for myself. I value my membership both of the RNIB and of Fife Blind and Visually Impaired Consultative Group. What I would like is to find ways of taking a voluntary role in helping others facing similar problems.

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

The integration of service provision for sensory impairment would, I think, make access to support easier for me in the future, as I grow older and more dependent.

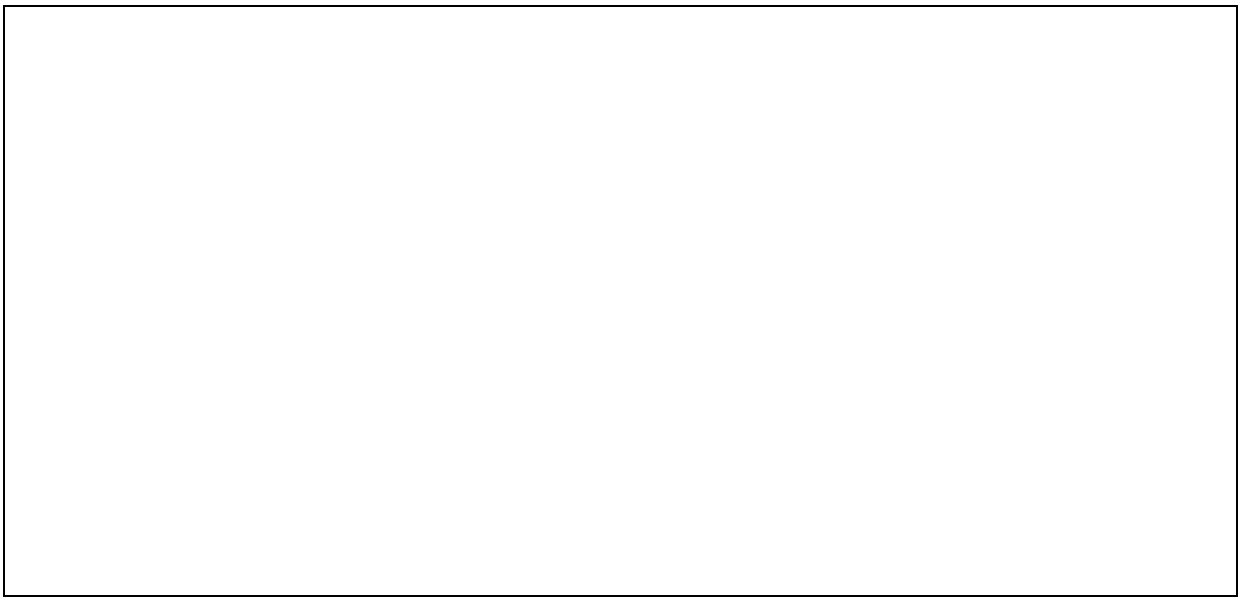
The delivery of the Framework , however, will depend on whether the resources to implement it can be made available. In the present climate, where more services will be required but we are all aware that they will have to be delivered within dwindling resources, it is hard to feel confident.

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?

I am unable to comment.

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?

I do welcome this Strategic Framework and believe that bringing services for visual and hearing impairment together in a single pathway is a sound innovation. I find the document well-expressed and clearly set out. I like the Pathway diagram on page 10 and especially endorse the Timescales offered in Appendix 1.

I wish it were not necessary to have such a complex theoretical framework for delivering innovation, but I do accept such are the times we live in.

I spent my career in education, the latter half of it as a senior manager in a large secondary school. My reservations and concerns are based on my experience of innovations which promise much and fail to deliver fully. I shall follow the progress of this Consultation with interest and wish it well. May my misgivings be proved groundless!