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 was a carer for my late father, and welcome any improvement in services for those with Sensory Impairment. I would hope that this strategy will ensure others do not suffer in the way my father did, due to lack of Sensory Impairment Recognition in hospital/clinic settings.

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

I am campaigning for better treatment of Sensory Impaired patients when they are in hospital, especially when that admission is due to unrelated illness. I particularly require to see a vast improvement in how elderly terminal ill patients with severe sight impairment are cared for in hospital, after witnessing the unacceptable additional suffering my late father endured, because his virtual blindness was handled so appallingly badly.

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

I am no longer a carer, but want to ensure others do not suffer in the way my father did. I would hope that when staff in hospitals and clinics require to be made more aware on this issue, relatives like myself would have greater peace of mind about the care their loved one is receiving. That would be a welcome change for carers/relatives.

(d) How will you make these changes?

As above, I am no longer a carer, but would ascertain that all staff knew someone was visually impaired if I was visiting them in hospital. I would also speak up if I witnessed the appalling kind of neglectful care I did with my father.

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?

Those listed below, as the success of everything else depends on awareness and training.

Awareness of issues relating to sensory loss

7.7. Discussion with stakeholders revealed a clear view that there is a lack of awareness of sensory impairment issues in staff across a range of services that can have a direct impact on the appropriateness of care plans for some people, and the ability of some staff to provide simple solutions. Local initiatives in care settings (such as the provision of sensory impairment awareness training and the introduction of tools to assist in care planning) have provided positive results in staff awareness and on the impact this has on the quality of care planning that takes into account the impact of sensory loss for people. The view was strongly expressed that this is particularly important for staff who work with older people, e.g. community nursing staff, home carers, care home staff, occupational therapists and community based health professionals.

Recommendation 3

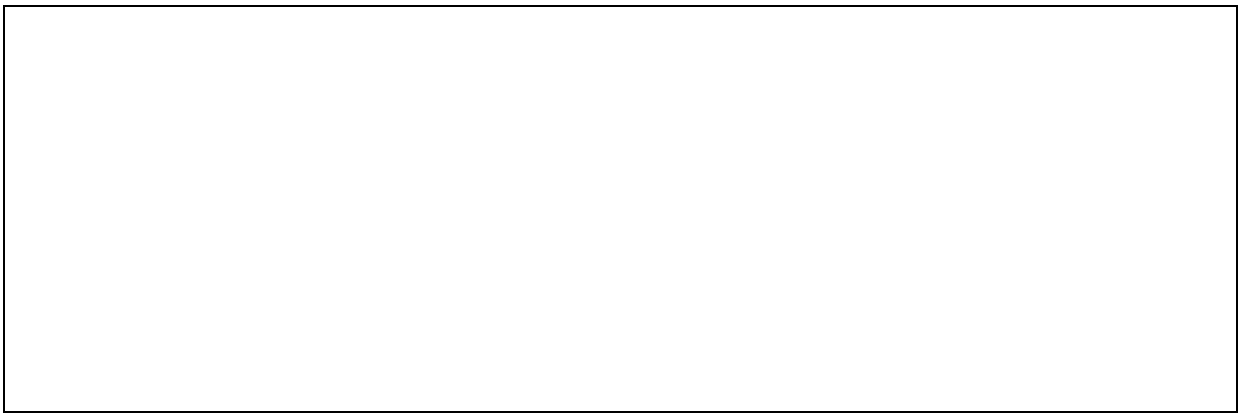
There should be mandatory training in sensory awareness and assessing for non complex needs across staff in health and social care settings, targeted in the first instance on older people's services.

8. Summary of recommendations

8.3. There should be mandatory training in sensory awareness and assessing for non complex needs across staff in health and social care settings, targeted in the first instance on older people's services.

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

Awareness and Training because of the time and cost involved, but they are ESSENTIAL, and will ensure better healthcare provision for patients with sensory impairment, which is the optimum object of this exercise, and the least those who live with such a disability deserve.



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

I believe little or no emphasis has been put on the issue of care of patients within hospital and clinic settings, when they are patients for other reasons other than their sight impairment issues.

It is one thing to expect to be provided with excellent care when on a ward familiar with sight loss etc, etc, but this recognition and care is sadly very much lacking in virtually all other wards and clinics.

My father died from terminal cancer, after 19 weeks in 7 different wards in 2 different hospitals, and obviously endured all that goes along with being a frail elderly gentleman of 84 suffering Urological Cancer.

However, what is more upsetting is that he endured more unacceptable suffering because his sight impairment was largely ignored by around 100 different people who cared for him from consultants through to cleaners.

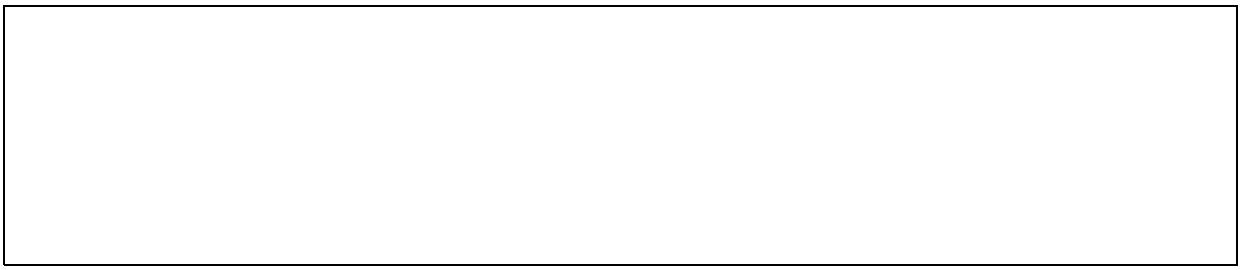
There was little care and virtually no empathy or compassion shown to him.

I do not want others to suffer in this way, so it is vital that delivering the correct level of care and compassion/empathy to sensory impaired patients in hospitals/clinics is included in this strategy.

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?

Awareness and Training because of the time and cost involved, but they are ESSENTIAL, and will ensure better healthcare provision for patients with sensory impairment, which is the optimum object of this exercise, and the least those who live with such a disability deserve.



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

Awareness and Training because of the time and cost involved, but they are ESSENTIAL, and will ensure better healthcare provision for patients with sensory impairment, which is the optimum object of this exercise, and the least those who live with such a disability deserve.

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

Better liaising between support organisations and health care workers in highlighting those with sensory impairment and more input being welcomed as regards sharing patient information.

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.

Services are not always easy to access, especially for elderly people, and these people can easily disappear from service providers lists. My father had annual visits at home from a council worker, but no further input. His GP surgery never supported his sight impairment, believing that was probably being done by Eye Clinic Low Vision Department and local council community workers – but that was not enough for an elderly gentleman living alone, and not coping well due to having only 20% vision in one eye.

Even the Eye Clinic at Aberdeen Royal Infirmary provides pretty poor provision – annual visit, difficult to access area of Foresterhill complex, and astonishingly little consideration given to the fact patients have sight problems.

I have had around 30 years experience of attending there, firstly from around 1983-1993 with my late Mother-in-Law, who was blind with glaucoma, then latterly from around 2004 -2012 with my father who had Macular Degeneration.

If anything this clinic has become worse, and there are now limited consultant hours, due to retirements, and difficulty in replacing them.

I sense that service provision is worse for older people, perhaps because they are deemed less important than the young.

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

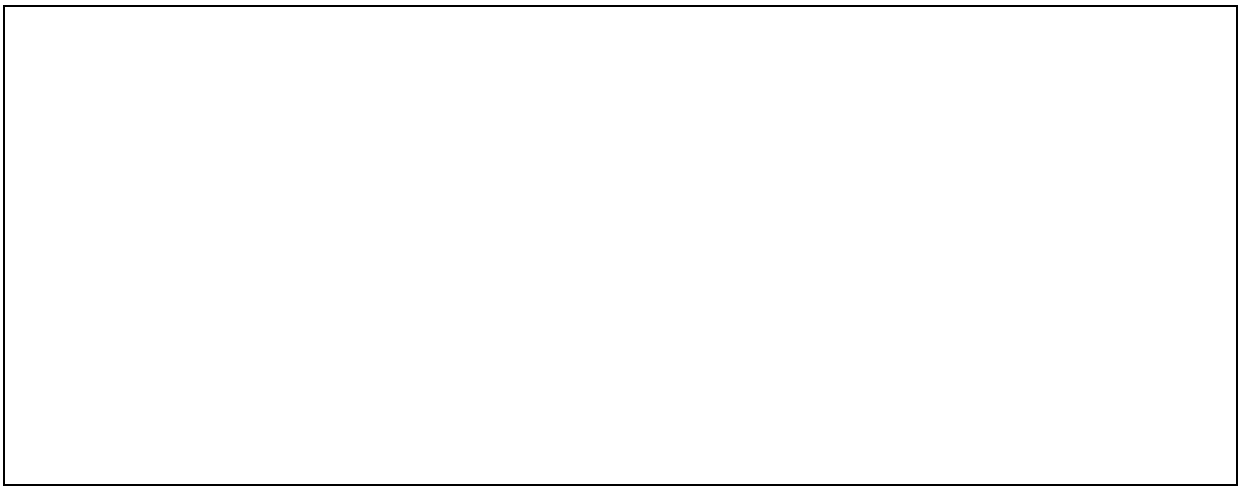
I would hope it would enable me to get feedback as a Public Representative with NHS Grampian, and via numerous health care professionals I know that things have eventually improved greatly – that is my wish for my campaigning efforts.

Who knows ? I may develop the hereditary Macular Degeneration, and my husband may develop the hereditary Glaucoma, so in the not too distant future we may be these sight impaired patients. I do not want either of us to suffer as my father did because he couldn’t see.

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 believe so.

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 would like to be consulted, kept fully informed, and am willing to be involved in any way I can with this strategy.

My experiences are in the NHS Grampian area, but I want to know improvement s are being made throughout all of Scotland, (and in England/Wales to for that matter).