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.

N/A

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

N/A

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

- Given the progress in communication options we need to consider how we can be more innovative in using communication technology, given the current (not always appropriate) emphasis on communication by letter.
- Need to scope (through consultation) different approaches to screening, prevention and sign posting to services, especially optometry and social care services.
- All current screening programmes need to be considered as to how to ensure ease of access for the sensory impaired e.g. participation in the bowel screening programme.
- Enhance the link with statutory services e.g. social care
- Improve the quality of patient information e.g. on ethnicity, language/communication needs and low income in order to enable better measurement of outcomes.
- Review accessibility of information resources for community engagement and outreach activities with ethnic minority communities, acknowledging all potential access/language/communication issues can adversely impact on awareness raising.

(d) How will you make these changes?

- To include community engagement method, as we explore needs, priorities and practical solutions.
- Review accessibility of the existing prevention and self-care resources through service user evaluations.
- Increase the awareness of planners and care-providers of the need for robust patient data collection as a fundamental building block in the assessment of workforce training needs.

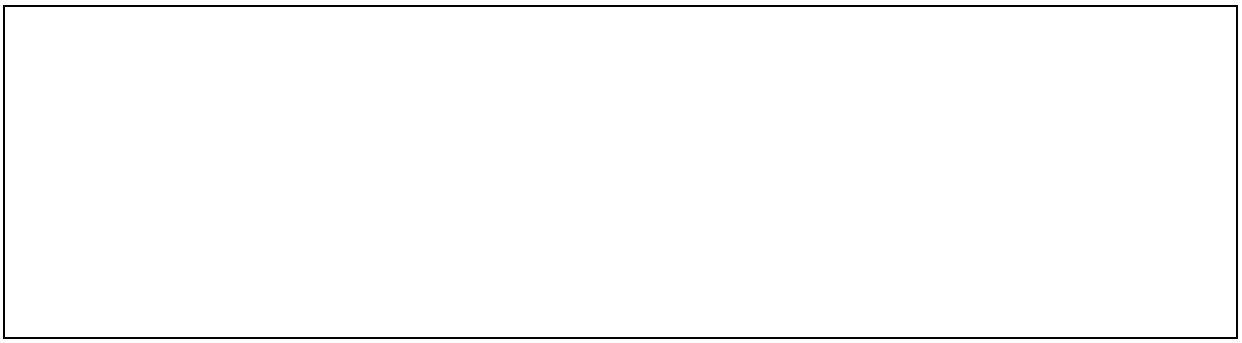
2. The strategy identifies key factors that need to be in place to ensure the pathway is successful (Page 11 para 6.7).

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

- There is recognition that care pathways are often viewed negatively by staff. It is therefore essential that front line staff (implementers of the practical side of the strategy) are involved in the development of useful, useable care pathways.
- There is a tendency for over-developed pathways to be unwieldy and not amenable to use in the busy world of everyday practice.
- Any pathway should therefore be clear and concise in order to encourage clinician to use it.
- Clear referral routes into support services.
- Gather accurate information on individuals in respect of their diagnoses. There is a paucity of good quality clinical information in relation to the SI population, something the strategy will hopefully be able to address.

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

- Gathering and collation of accurate patient information in order to ensure appropriate service can be delivered.
- Consistent, high quality staff training.
- There needs to be thought on how, for example, information is shared across different parts of health and social care system without undermining the trust patients/clients have in any particular profession or agency maintaining confidentiality.
- Measurement and monitoring of implementation not yet thought through.
- Whilst much of the aspirational thrust of the strategy seems clear and positive, there has to be a recognition that the very real restraints of time and resource required to deliver this will need to be thought through. There is no doubt that lengthier consultations would assist in enabling clarity of communication, and that screening and emotional support would be valuable, but that time is required to ensure delivery of this priority.



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

- Place of the community optometrist in this strategy.
- Whilst the consultation rightly talks of the elderly as a significant part of the deaf blind population; diabetes, as the commonest cause of blindness in the working age population should be emphasised by specific mention. Given the number of younger people affected by this disease, screening should be broadened to more than care home entry.
- Ethnic minority people with sight loss (given their higher risk, tendency to late presentation and sometimes patchy access to services, this is a significant and obvious target population for practical prevention approaches).
- Need to recognise and address the challenges of mental health issues and emotional support for those diagnosed with sight loss.
- Consider employment issues (challenges and potential) as a priority for those with SI.

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?

- Need to have robust data to enable service planning
- Basic screening for sensory loss.
- Ensuing the pathway is helpful in prompting clinicians, carers and patients to access help rather than creating obstacles and hoops to jump through.

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

- Once there is a clear knowledge of current service use and gap in provision, this will be a foundation for identifying and providing the necessary (local) solutions.
- The Single Point of Access could be the most helpful tool for the generalist clinician, care and patient.
- Simple training of how all staff (from the care worker or receptionist to the consultant) should be reminded of how to communicate effectively with the SI population.

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

- There should be clearer recognition of the development of the 'inclusive society': employment, civic engagement and access to leisure and sport
- Continued education to promote prevention, for example in participation in screening.
- Greater emphasis on engagement to promote awareness and promoting sustainable eye health behaviour
- Ensure that optometry, as the 'first port of call for eye problems' is clearly recognised as the key eye care service in primary care.

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.

- Key to joined up working is the need for service users to see the benefit of and to consent to the sharing of information.
- There is an apparent strain on the provision of eye care services due to shrinking social care capacity with reductions in visual impairment teams.
- The point of diagnosis is a key opportunity to provide emotional support, which can be missed and perhaps might not recur.
- Models such as One Stop Shop could offer practical approaches to deliver hearing and sight loss services more quickly, efficiently and in a more coherent way between service providers.
- Many people with SI have multiple pathologies, may be elderly or are developing cognitive impairment. Recognition of the need for greater patience and encouragement is required to ensure for example, equipment is used effectively (not stored in a cupboard), with follow up and checking gadgets etc are working and can be utilised.

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

Potentially, the implementation of the strategy could enable improved services to be delivered for a particular individual. The delivery could allow for service provision to take account of ethnicity, deprivation, complex needs, special needs of a particular group, e.g. such as the elderly.
A note of caution, the pathway on page 10 refers to “automatic referrals”, however, there is rarely anything automatic. Referrals will depend on the acceptability and practicality of pathways and availability of resources to support any referral.

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?

Yes, and it is valuable to see the link with other policy developments.

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?

The group is generally welcoming of the spirit of the strategy, however, the members of the group are clear that Optometry services should be a more central focus of the strategy, as part of an integrated primary care service.
Essential to joined up working is the need for service users to see the benefit of and to consent to the sharing of information.
The group is also keen that engagement and access to service provision should not be complex, but should be simple and straightforward for a service user.

Implementation will require time and resources at the front line.