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?

By introducing standards and protecting resources for services.

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

The strategic framework does not impose a single pathway, and at this stage there are no pathways designed in response to the strategy. However, we do not envisage any changes that would be significant for us.

(d) How will you make these changes?

N/A – see answer to c. We do not yet know what these changes will be for each locality.

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?

Bullet 1, clarity on referral routes and information for patients/users Bullet 7, consistency of approach across Scotland Other factors, not listed in 6.7 but crucially important are: • The availability of effective services with minimal waiting time • Cost efficiency of system, to maximise resources remaining for service delivery

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

Bullet 7 Consistency of approach across Scotland will be compromised by the strategy's main thrust of delegation of pathway design to local partnerships, unless requirements are set for specific elements to be present.

Bullet 2 Gathering information of this kind is costly to do. It is hard to justify funding this while basic services are under resourced.

Bullet 3 is hard to assess as its meaning is somewhat obscure.

Bullet 4 Screening will cause problems of service delivery as services are at more than full stretch already.

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

Quality delivery of actual service consistent with the pathway.

Feedback mechanisms

Most of the points begin with words like "A commitment to". The pathways do not need a "commitment to" an action, they need the action itself.

The case for a single point of access covering all stages etc has not been effectively demonstrated in the consultation document, nor has it been indicated quite how it would work.

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?

In these times of scarce financial resources, anything that has a significant cost attached to it will be difficult to implement.

The audit in recommendation 1 will only ever yield a limited amount of information, with limited precision, and it is only going to be worth doing if Scottish Government is clear in advance what it intends to do with the information the audit will find, and if the resultant data will be useful enough justify the cost.

Auditing costs of services with a care element is an inexact science - are local authorities' accounting systems capable of yielding the information to be requested?

Considering the scope of the audit leads to further questions – Remembering that most people with sensory impairment are older people, who also have other care needs, are all the costs of caring for that person to be taken in? or is a separation somehow to be made of the effect of VI/HL? does the cost of education and care for children include the full cost of schooling or just the extra support? How are management administration and property costs to be apportioned to give consistency of treatment between statutory and voluntary sectors?

Recommendation 3 is straightforward and should be done. Experiences are often unnecessarily confusing and upsetting for people. Every child has the right to be listened to and taken seriously, and SCCYP golden rule 5 is "Think carefully about how to communicate with me in a way that I will understand, and don't give up until I do". It's disappointing however that the document does not list the services that should be covered by this requirement or suggest how compliance would be monitored and enforced.

Recommendation 4 provides a challenge, in that "local partnerships" do not at present exist and so would require to be formed. It is not clear what type of entity these would be and in what way they will be accountable for their actions and to what electorate/constituency? For the partnerships to engage with voluntary sector agencies and give them responsibilities it has to be clear with whom the voluntary agencies are contracting, and they have to want to do so on the terms offered. Any voluntary sector agency participation would need some kind of fair open and appropriate selection/nomination process to be devised.

Most challenging of all under recommendation 4 is "ensuring maximum sustainability" – the wording in itself appears to admit defeat by not stating that it must be sustained into the future in all respects.

Recommendation 6 should preferably be carried out before this strategy is finalised, to inform the final version.

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

Recommendation 3. If carried out effectively its effect will be far reaching and benefit everyone with a visual and/or hearing impairment.

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

There should be straightforward performance requirements set centrally to which local authorities and health providers are held to account.

The strategy presents an opportunity to raise service standards, for example by including the good practice expectations set out in “Seeing It My Way”.

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 current provision is characterised by a universal shortage of resources in the face of increasing levels of need.

When interpreting the representations made at the consultation events, it is important to bear in mind that the user view was primarily from younger and more articulate users of services capable of a good deal of self advocacy and self help (such as the learning of Braille and BSL). As the document states, the vast majority of those affected are the very old, who tend to be less effective self-advocates.

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

With very locality devising its own pathways, service planning may become complicated. The local partnerships add an extra structure to interface with in each area.

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?

It does not reflect the current climate, in that the recommendations do not sufficiently acknowledge the lack of resources in the sector and the need to protect services from further erosion.

Establishing the relationship of this initiative with GIRFEC and the Doran Review is important. As drafted there is no clear fit. Both are still very much works in progress, and introducing a new strategy to children’s services at this time will potentially confuse unless it can be tailored to fit round the edges of these present strategies.

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?

Section 3.1: If GP's are not referring 45% of those with hearing problems, there needs to be more interpretive understanding as to whether decision rules on referral are applied consistently, and who are the 55% not being referred. It is implied, but not stated, that this creates an obligation to refer a higher percentage in future, but that is not followed up into the recommendations.

Section 3.2: The statistic of 78% - these are essentially the disabilities and illnesses of old age.

Section 4.1: "cradle to grave sensory impairment" has two possible meanings, so perhaps could be replaced by a more helpful term.

Section 4.1: The document does not identify the shortfalls in the present services and pathways that the strategy has been devised to address. This section comes closest, but needs to say more in order to be able to assess the proposed framework's advantages.

Section 4.4: Outcomes for this younger age group should not be the same as for older people. Children and young people are developing and learning and have a number of additional outcome requirements related to that, as is noted later in the same section.

Section 5.2 bullet 3: It is good to see early intervention listed as an emerging theme. Our experience of recent actions of central and local government has been mostly that they have sought to make the latest possible intervention, meaning that the right service is offered only after there has been a failure of another. (See for example Doran Review paragraph 3.11).

Section 5.2 bullet 8: A skilled well trained and supported workforce – to what extent is that currently a reality, and what steps are going to be taken?

Section 5.2 bullet 9: This reference to performance and outcomes might usefully be followed through to the recommendations.

Section 5.3 The issues listed represent some, but not all, of the essential principles to guide the development of services. Others, not listed, include:

- Ease of access/equality of access
- Performance monitoring of all providers in all sectors by the same measures
- Accountability of all providers
- Continuity of support relationships
- Outcomes for long term quality of life, not just outcomes for each intervention

Section 5.6: The diagram does not simply indicate levels between which an individual moves. Different parts of the diagram may relate to an individual concurrently. Placement of text boxes and arrows is not founded on anything and lacks explanation.

Section 6.8: The reference to “some groups” understates the significance. Older people are actually the dominant category this policy has to be aimed towards – it’s actually people of working age that are the small minority.