

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.

(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?

NHS Forth Valley vision for our Integrated Healthcare Strategy is “Fit for the Future”

This vision is underpinned by the work of the Institute of Healthcare Improvement (IHI). IHI's Triple Aim describes the pursuit of the following three strategic objectives, each objective being equal in terms of energy, focus and commitment by the organisation. The three strategic objectives are:

- Improving the health of the population; addressing inequality
- Enhancing the patient experience of care, with a focus on safe, effective and reliability of care and services
- Reducing or at least controlling the per capita cost of care

Our Healthcare Strategy is built on strong financial and staff governance achievements and arrangements and has had Clinical Governance and the quality and safety of care we provide as a key and sustaining driver over many years. The focus on safe care and improving the experience of patients and their families has and continues to be at the core of all that NHS Forth Valley does. It is recognised that having the accurate and most up to date information relating to service users is imperative to achieving good patient journey's which are safe, effective, patient-centred, timely, equitable and efficient.

NHS Forth Valley has embraced the ethos of Scotland's first Quality Strategy and the six domains of quality provided by The Institute of Medicine (IOM)(1999).

Our aim for the framework is **“Getting it right for people, first time, every time”**

As a key corporate priority, all teams will have safe, effective and patient centred care at the core of what they do. NHS Forth Valley will continue to produce clear, specific and measurable aims to deliver safe, effective and person centred care as part of this framework. The recommendations from the See Hear strategic framework will be incorporated into existing work streams.

As an organisation NHS Forth Valley are working towards the Scottish Governments “Person Centred” agenda. We plan to recognise the sensory strategy recommendations as part of these processes.

We have already identified that there are several referral process into the many services across the organisation and we will review how we ensure sensory loss is captured. We have in the last year implemented a referral process from primary to secondary care (via SciGateway) which captures “Access and Communication Requirements” during referral from GP's to out-patient and other secondary care services. NHS Forth Valley hope that this information will enable us to appropriately support those with specific communication and information needs to access health services from the start of their journey and throughout.

The “Access and Communication Requirements” box is a compulsory box and either requires having a NO entered or a Yes with the specifics of the individuals need e.g. requires interpretation, requires information in Braille, is a guide dog user. This information is then transferred manually into the secondary care records and the requirements would be arranged alongside the appointment being made. NHS Forth Valley will be required to enable better transfer of information via our IT systems and across partnerships whilst adhering to data protection protocols. We will continue to work with our eHealth and Patient Records teams to progress this work.

A "Person Centred Pathway" booklet has been designed to assist staff in making informed decisions and provides information on how to book interpretation, access a Braille document etc. This was provided to GP surgeries across primary care and booking teams within secondary care, initial response has been positive. We plan to widen the circulation of this information across health teams in the coming year and will incorporate information relating to further consideration if an individual has a sensory loss.

NHS Forth Valley has a Disability Service, this service may not be available within other health board settings; this team are based within the Forth Valley Sensory Centre. The centre is a purpose built resource, designed to be fully accessible and equipped to meet the needs of sensory impaired people across Forth Valley. The partners within the building are NHS Forth Valley, Forth Valley Local Authorities, RNIB Scotland, Action on Hearing Loss Scotland and Guide Dogs for the Blind Association. All partners provide specific services within the building as well as working on joint projects.

NHS Forth Valley also provides the Audiology Paediatric Services and Ophthalmology clinics from the centre. Signposting takes place for those service users visiting the centre for support or information, with partners supporting the referral routes from one service to another. The centre also provides a resource equipment area managed by RNIB, a café for socialisation and many groups, classes and opportunities for sensory impaired people. NHS Forth Valley will continue to utilise the opportunities provided as a partner within the Forth Valley Sensory Centre and build upon the work already being undertaken from this resource. This is an area which could be further explored; a one stop shop of information for sensory impaired people is a unique opportunity for the partners to meet the needs of sensory impaired people directly.

NHS Forth Valley is able locally via our Disability Service to provide information in accessible formats including Braille, large print and audio.

The Disability Service also manages interpretation services providing British Sign Language, Sign Supported English, Deafblind Guide Communicator, Lipspeaker and Notetaker which can be booked for any health related appointment. This service is available 24/7, 365 days a year. It is accessed by a single contact point for both staff and clients, with an out of hour's text/mobile number for emergencies. A fold card was developed by staff and service users to highlight how to use interpretation and access interpretation, who to call etc. This card has been very successful and as both service users and NHS Forth Valley staff have the same information it has reduced any confusion relating to what is available. The Interpretation service is audited annually and NHS Forth Valley will undertake further developments as is necessary to meet the needs of service users and staff. Staff training on how to work with an interpreter is available for staff groups across NHS Forth Valley; this is not currently a mandatory training session. NHS Forth Valley will discuss training needs with the Organisational Leads and give further consideration to the needs of the staff groups.

NHS Forth Valley feel it is important to have service user involvement when any provision change is being considered, during the tendering and procurement for the interpretation provision service users with personal experience of hearing loss, Deafness and Deafblindness were involved throughout the tendering process and contributed to the final outcomes. NHS Forth Valley will continue to involve service users during service change, we hope that this will ensure appropriate transparency and deliver services which meet the needs of the Forth Valley population.

(d) How will you make these changes?

As part of our referral process NHS Forth Valley hope in the longer term to have an automatic transfer of information during primary to secondary care referrals, this project is integrated into other work across the organisation.

NHS Forth Valley will continue to identify sensory loss during the patient journey and encourage staff to seek advice on how to communicate effectively with each individual displaying a person centred approach.

NHS Forth Valley currently provide sensory impairments training however this is not mandatory, further discussion with Organisational Development leads will be undertaken to review this.

NHS Forth Valley has supported volunteers who have a personal experience of sensory loss to gain skills in presenting and facilitating. These volunteers support the boards training programme by delivering particular sections in collaboration with the NHS Forth Valley disability service team. This includes Visual Impairment, Hearing Impairment, Deafblind Awareness, Sensory Loss, Deaf Culture and use of BSL, Alternative Format Requirements and Use of Assistive Technology e.g. JAWS.

We will continue to work in partnership with our volunteers and encourage others to participate. This experiential type of training evaluates well and provides staff with direct opportunities to discuss their service provision with those who are most likely to access it.

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?

Referral routes and service user understanding of health journeys and how to access services is imperative to successful pathways.

It will be extremely difficult to have one referral route for sensory impairment within health boards. Sensory Impairment has historically been linked to specialist services e.g. across audiology and ophthalmology services. NHS Forth Valley will promote better sign posting from one specialism to another but would find it difficult to have all services linked to sensory loss provided from the same location in our hospital base. There is co-location work progressed within the Forth Valley Sensory centre and we will continue to support this model of “one stop shop” provision.

NHS Forth Valley within their generic assessment enquire if there is any sensory loss, we will review further in relation to how this information is then utilised and also how the information collected is shared across services/other professional organisations.

Further staff training is required to enable our workforce to better understand the importance of sensory impairment information and how to utilise it within patient pathways. Discussion is underway with our Organisational Development team.

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

As there is no recognised register for hearing impaired or Deaf people it can be difficult to evidence the number of service users within a boards area who may require additional support or an adjustment to how service are provided. It may assist boards to be proactive in developments should accurate data be available perhaps further consideration could be given nationally regarding the collection of statistical information.

As individuals who meet the criteria for registration as partially sighted or blind can choose to register or not, this again makes accurate statistical evidence difficult to gain for local areas. With better evidence of need, services would be able to proactively review their provisions and adapt to meet local populations.

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

Disclosure of information- providing information of need/permission to share service user details across services and partnerships where appropriate.

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?

Recommendation 1

An audit of all health services provided in Forth Valley will be extremely difficult particularly for those services which are not linked directly to sensory loss.

Within Audiology and Ophthalmology budget and spend will be specific to this community, however as the board move into Elderly Services, Learning Disability, Mental Health and Acute Care it will become more challenging to provide specific spend relating directly to sensory loss.

The person centred agenda will be reflected in those areas and as part of these processes our expectation is that sensory loss will be captured during the patient journey. This journey may take place across several services who will consider the sensory loss however; this may not be the reason for the person's admission or attendance at appointments. Here it would be complex to identify spend which was specifically attached to the sensory loss.

It would be helpful for boards to be provided with a universal template as guidance to what information is being sought as part of an audit.

Integration and partnership working has become common practice across health and social services, in the future we expect an increase in joint projects. There may be further opportunities via the Forth Valley Sensory Centre partnerships to undertake specific work to increase opportunities for sensory impaired people.

Recommendation 2

NHS Forth Valley will have further discussions locally in relation to this recommendation.

Work is being undertaken by NHS Forth Valley Stroke Service and Falkirk Social Work Sensory Team Rehabilitation workers and NHS Forth Valley Ophthalmology Service relating to early diagnosis of sensory loss after stroke. This early diagnosis enables appropriate rehabilitation plans to be implemented. Further information will be submitted from specific services involved.

Audiology Services continue with their early screening for new born babies, again this will be a more detailed submission directly from the service.

Recommendation 3

NHS Forth Valley currently provides a wide range of training linked to sensory impairment however these are not at present mandatory. We are in discussion with our Organisational Development Team to review this.

NHS Forth Valley will review training supports for those working in older people's services and will develop programmes to support those teams; these sessions may require to be provided on site.

It may also be beneficial from a national perspective to review the training provision for those entering professions in the public sector and for core sensory impairments components to be given a higher priority (based on future population demographics of increased elderly people) with doctor, nurse training, social work training etc.

Recommendation 4

NHS Forth Valley is a funding partner within the Forth Valley Sensory Centre; this enables joint working and service planning to be undertaken in a cohesive way for those services provided within the building.

This partnership will continue and further develop opportunities for sensory impaired people in Forth Valley.

Recommendation 5

NHS Forth Valley will continue to collect sensory impairment information as part of their referral processes from primary to secondary care. We will continue to utilise these details to ensure a better pathway through health.

NHS Forth Valley will work in partnership with others and where appropriate and with permissions will share data relating to sensory loss either as a whole (statistical information) or person specific.

NHS Forth Valley will require to further review their screening processes for those service users within continuing care areas.

Recommendation 6

NHS Forth Valley has an Equality Outcomes Implementation Plan to support the board to meet the Equality Act 2010 requirements. Equality Impact Assessments are carried out by staff team during any change or implementation of services. Sensory loss is highlighted as an area for consideration during the EQIA process; further support and guidance are also available from our Equality and Diversity Team or our Disability Service. We will continue to review our implementation plan and amend as is required.

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

Clearer pathways for referral.

Clear referral and pathways for service users will support patient journey's which are safe, effective, patient-centred, timely, equitable and efficient. Complexities arise when cross referring takes place or sharing of data/information is required as often computer systems and language used is not compatible. Like many public sector agencies NHS Forth Valley are working towards a more streamlined approach to information governance and data sharing, we do however have more work to complete in these areas.

Mandatory training

This will support staff groups to better understand the implication of sensory loss across all patient journey's, including accessing information for wellbeing, screening and health promotion activities.

By becoming mandatory it does place pressure on public services in relation to how this will be accomplished, however the reasoning behind this recommendation is clear.

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

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.

NHS Forth Valley has a Disability Service which is based within the Forth Valley Sensory Centre; a partnership funded building providing a one stop shop approach. The centre includes Audiology, Ophthalmology and Disability Services from NHS Forth Valley, a Sensory Impairment Team, Rehabilitation Workers, Technicians, Social Care Officers and Support Workers from the Local Authorities, a Resource Equipment Service and Welfare Benefits Helpline from RNIB, a Drop in Advice Clinic from Action on Hearing Loss and Several User Groups and classes provided by the Sensory Centre Development Worker, Volunteer Co-ordinator and Volunteers. As a partnership "One stop shop" other services within the building can signpost people across the partnerships, often enabling individuals to see several services during one visit.

The Disability Service is a direct point of contact for sensory impaired NHS staff, service users and carers from across the Forth Valley area. They receive community and in-patient referrals relating to people with a disability including sensory loss. The service provide health information in accessible formats including Braille, large print, audio and where appropriate vocally via an appointment system.

The service also manage interpretation and translation services for hard of hearing, Deaf and Deafblind people, this includes the booking process and the provision of interpretation at health appointments. As part of this provision a folding information card was developed (credit card size) which provides information on how to work

with an interpreter, how to book and who to contact to do so. The card was created in a joint process with staff and service users and the same card is distributed to patients and NHS Forth Valley staff. The interpretation service is contacted on one telephone number to minimise confusing and ensure a quick and timely response, those service users utilising interpretation have a direct SMS text number. A text reminder service is in place and service users receive a text 5-7 days prior to their appointment, this enables time for cancellations if required and reduces “do not attends” across the organisation, supporting the service to be financially efficient. It also encouraged service users to remain more independent in the booking and cancellation processes.

The Disability Service has direct contact with service users groups and supports consultation and involvement exercises relating to health topics and organisational change for NHS Forth Valley. E.g. Create training for GP practices.

The Disability Service in collaboration with Health Records and Local GP's has initiated a referral system which captures at first point of referral “communication and access requirements”. This is part of the SCI Gateway referral process, where GP's provide details of an individual's communication or access requirements as part of the referral requirements. This ensures that when an appointment is provided within secondary care that any particular needs are identified and provision put in place e.g. requires BSL interpreter. The medical records team on receiving this referral and associated needs would book the interpreter via the Disability Service at the same point of allocating the service user appointment to the clinic.

Other teams supporting sensory impaired people will be submitting comments via those services.

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

Increase service user knowledge and expectation. Create a better informed staff group who have the appropriate skills to provide services for sensory impaired people.

It will better integrate the needs of sensory impaired people to policy and provision across the organisation.

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?

This section will be responded to from the appropriate service in a direct submission.

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?