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.

Single point of contact for access to services. A coordinated service. Supporting people to self-manage their own conditions and to maintain their independence in their own homes. Specialist support as required.

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

Equalities Act – is there an understanding of this Act among the agencies involved? Training programmes for front line staff and carers – who provides this training? Are people with sensory impairments involved in the training, e.g. Access Panels? Meeting the communication needs of people with a sensory impairment (and additional impairments). This includes producing easy read versions of consultation documents. Information on referrals being shared between audiologists, opticians, GPs and other agencies. Acknowledging the fact that carers, parents and other family members can be the first people to identify a sensory impairment in a family member, are a valuable source of knowledge and expertise, and should be supported to develop their role of carer for the individual with the sensory impairment.

(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?

Identifying people with untreated visual impairments and responding to their needs, particularly with older people, reduces the risks of falls and unnecessary admissions to A&E in hospitals.
The impact of undiagnosed sensory impairments on older people needs to be better recognised and understood.
The diagnosis of a sensory impairment is particularly important to people with dementia to reduce feelings of isolation and misinterpretation by others of their behaviour.
Easy read information formats for people with developmental disorders, older people, people with dementia, and people where English is not their first language.

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

Setting up a database of people who have been diagnosed with a sensory impairment.
Setting up systems to share this information across all the involved agencies.
Setting up a sensory screening process for people with a learning disability, given that not all people with a learning disability are known to either the local authorities or health services.

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

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?

Assessing the current expenditure on services for people with sensory impairments and ensuring there is a ring-fenced budget for developing the care pathways for current and future service users with sensory impairments.

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

Having a coordinated service which can be accessed by a single point of contact, with all the relevant information on each service user being shared by the agencies involved in the service delivery to each individual.
The training of front line staff in sensory impairment awareness training and also the Equality Act 2010 is essential. The Government has not indicated however, who will be responsible for the training or if people who have sensory impairments or other disabilities will be involved in the training.

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

The Access Panel would like more emphasis on meeting the needs of people with a learning disability who have additional sensory impairments.
This would link up with meeting the general and specific health needs of people with a learning disability as outlined in the new National Learning Disability Strategy, “The Keys to Life”.

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.

There is a local issue regarding the hearing aid service. Some time ago “lay people” were trained to provide a local service re-tubing and replacing batteries in hearing aids. At the moment this service is provided in Stobhill Hospital and an appointment is required. Some local care homes also provide this service. It had been hoped that a local service could be rolled out to other people who suffer from hearing loss however there has been no further progress on this issue from East Dunbartonshire Council or the local CHP.
Life for people with visual impairments would be so much easier if the Scottish Government and local authorities would refrain from publishing documents/consultations in pdf format only. How difficult is it to produce an accompanying Word Document that is accessible to VIPs? How hard is it to make a document available in an easy read format?

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

It will make no difference whatsoever if public bodies have little or no understanding of the Equalities Act 2010 and the staff working for these public bodies have little or no awareness of disability issues.

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?

N/A

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?

As an Access Panel, we think it is particularly insensitive of the Scottish Government to include in its consultation with people with sensory impairments, a chart of the care pathway, in colour, which cannot be accessed by people with visual impairments as the software used for this does not recognise the details within the chart.
In addition to this, the fact that the consultation was made available initially on the Government website as a pdf document only, and that a word document of the consultation was only sent to the Access Panel after a complaint, suggests that staff working for the Scottish Government are in need of training on sensory impairment issues.
To that you can also add training on the Equality Act 2010, as there is little apparent understanding of this legislation. An example of this would be the lack of an easy read version of the consultation.