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.

General Response to Consultation overall

The British Healthcare Trades Association (BHTA) is one of the UK`s oldest and largest healthcare associations (founded in 1917). Its membership - of some 460 companies employing over 17,000 people - comprises both large and small businesses across the many non-pharmaceutical and assistive technology sectors of the healthcare industry, manufacturing, supplying and serving those with special physical needs and specialist healthcare areas, too. However, we represent predominantly SMEs supplying the NHS and local authorities. The products our members make and supply are as varied as hearing aids, wheelchairs and scooters, seating and positioning products, electronic communication devices, rehabilitation products, first aid equipment, aids and services for children and for visually impaired people, and even prosthetics and orthotics. The BHTA represents large and small companies, organised in one or more of 13 sections covering most sectors of the industry. At the heart of our association is the Code of Practice, which sets out the standards that all members must meet to demonstrate best practice in their business dealings. The Code of Practice - the first for consumers in the healthcare industry - has achieved approval under the Office of Fair Trading (OFT) Consumer Codes Approval Scheme and means that member companies trade ethically and professionally.

We currently represent companies which provide community hearing services in Scotland and welcome the opportunity to support this strategy and the Scottish Government’s focus on sensory impairment. We welcome the fact that all recommendations will have initial work undertaken in the near future and that the strategy will be regularly reviewed.

We agree that the needs of those with sensory impairment should be tackled on an individual basis with a Personal Outcomes approach. We are also happy to support the GIRFEC approach to tackling sensory impairment and agree that the Strategy should cover children. This should assist with a smooth transition between childrens and adults services.

We agree with the Scottish Government that a partnership approach, with the patient at its heart, is required in the provision of assessment , care and support to people with a sensory impairment. We believe that community hearing care providers should be viewed as key players in the delivery of this strategy, particularly in areas of diagnosis and assessment, intervention and provision of information. Therefore we warmly welcome the Government's acknowledgement at 5.2 of “the need to ensure effective and efficient joined-up working across the public, third and independent sectors, with a drive to minimise duplication and encourage the showing of information across and within agencies and effective partnership approaches with service users and carers”. We believe that, in the context of increased demand and decreasing real terms budgets, greater partnership working and clearer pathways are essential. We note the work already done in Scotland with the independent eye

care sector in terms of greater integration and would suggest this as a model for closer working in the hearing sector. Greater use of independent community hearing specialists will relieve pressure on GPs and audiologists while giving greater access and choice to patients.

We agree with and support the special consideration given to older people, those with dual sensory loss and those with learning disabilities.

We support the recommendation in relation to mandatory training in sensory impairment awareness for staff in health and social care settings. The community hearing care sector is ideally placed to support this approach. Community hearing care specialists are a key component of the " skilled and well trained workforce" mentioned at 5.2.

We agree with the emerging themes at 5.2 particularly in relation to the need for an outcome focused approach which incorporates the active engagement of service users and carers ; preventative strategies; early diagnosis and screening and the need for better signposting; greater choice for individuals; clear care pathways and better performance measurement.

It is critical that service users and patients are given access to the appropriate hearing, sensory and communication equipment that will enhance their lives and allow them to enjoy their lives to the fullest. We welcome the Scottish Government's intention to examine strategy and policy in this area in relation to the Equality Act 2010. We would suggest that relevant and appropriate access may well lead to an increase in the equipment budget however this may well be required if those with sensory impairments are to enjoy the best possible quality of life possible.

Technology allows individuals greater self management through telecare, communication aids and improved hearing devices. We welcome the view expressed at section 6.5 that " Meeting the communication needs of people with a sensory impairment is fundamental to ensuring that they can engage with the care pathway and is an essential element in their everyday lives as part of the care pathway".

We would question the point made at 6.7 that "For the majority of people, the point of diagnosis will be undertaken primarily through NHS Audiologists". This may well be the case, however we would suggest that this is not necessarily the most efficient use of resources and that increased demand driven by demographic change and other factors, will lead to increased waiting lists for NHS audiology appointments. There is, therefore, a clear need to make the best use of the hearing care workforce, including independent community based practitioners. We would suggest that the Scottish Government reviews its policy in this area and encourages health boards to make appropriate use of community hearing care providers where they meet required standards. We believe that fully involving community hearing care providers in the development of local care pathways and policies will deliver better integration and greater quality and choice for those with hearing impairment. Making full use of community hearing care providers will also improve access to services.

Bearing the above in mind we support Recommendations 1, 2, 3, 4, 5 and 6 and support the Strategy.

(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?

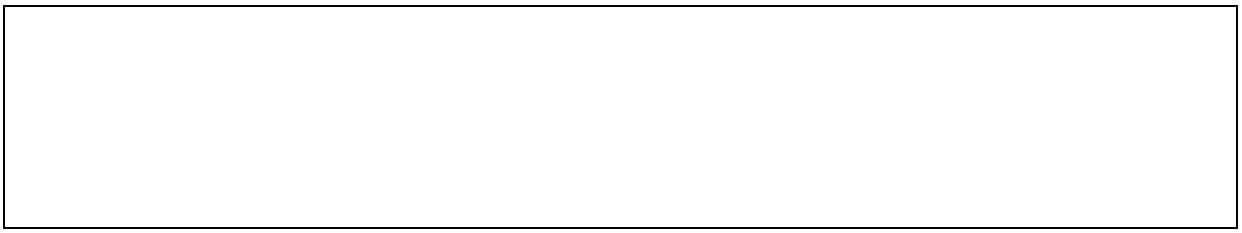
The key aim of a revised pathway must be to reduce the barriers which people with sensory impairments encounter when attempting to access care. There is a significant level of unmet need in terms of lack of referral for assessments. This is likely to continue given an aging demographic. We believe that early and appropriate assessment and diagnosis helps not only the patient but also the health and social care systems by allowing people to live independently, by reducing falls and by aiding an individual's confidence and general mental wellbeing.

Therefore local Health Boards need access to the trained personnel they need to deliver both the required initial assessments and follow up care

Scottish health boards have not contracted with the community hearing sector to provide NHS hearing assessments, hearing aid dispensing and referral. However, BHTA believe that the current and future levels of requirement mean that the community hearing sector must be included in service and pathway planning and should be utilised to help address the issues of increased demand. This will require closer working between the community hearing sector, GPs and hospital based services. This is an example of an area where assessment and care might be taken out of the acute sector and retained to a greater degree in the community with benefits for patients, the NHS and the community hearing care sector.

(d) How will you make these changes?

This new approach calls for effective partnership working and BHTA members are keen to play a part in that approach so Scotland can better utilise hearing care resources without necessarily relying solely on the NHS directly.



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?

We believe all the factors covered are important . However, we don't believe the current system is working for patients so it's important that referral routes are both clear and available within reasonable waiting times.

The key factor is the most effective and efficient use of the hearing care personnel available , irrespective of which sector (NHS, third or independent) they come from. Better utilisation of skilled personnel in the community hearing care sector will allow the NHS to focus on the most serious, acute cases and will allow the Scottish Government to address the growing demand from those with hearing loss. This would allow the NHS and partners to cope with the increased workload a very welcome sensory screening programme would involve.

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

There is a significant financial , personnel and organisational challenge involved in commitments to undertake a basic screening programme, potentially triggered at certain ages or by the diagnosis of other conditions. However such an approach would be helpful in detecting hidden and untreated sensory loss. Commitments to introduce such an approach will require resources as well as clear leadership at all levels.

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

The necessary resources in terms of finance and personnel.

3. The strategy identifies areas for action that should be addressed going forward (Page 13-16)

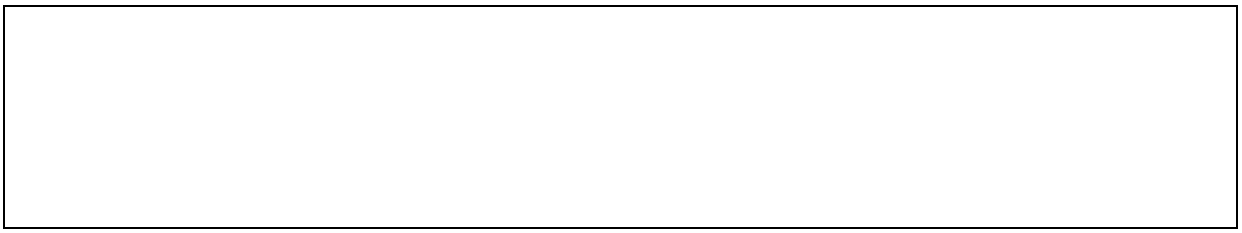
(a) Which of the areas for action will be the most challenging to implement?

All of the areas for action are challenging . We would hope that greater integration between health and social care authorities will assist in the delivery of improved local partnerships . Strong national leadership and campaigns as well as effective local provision and protocols will be required to raise awareness.

Spending Patterns - increased demand and reduced funding means pressure on an already stretched service area. That's why the resources available, including human resources, should be used as efficiently as possible. A growing use of community hearing sector personnel as part of improved patient pathways and earlier assessment may release savings in other areas e.g acute in patient stays due to falls. We welcome the early focus on an audit of current spend. However, we would suggest that the Scottish Government should be ready to put extra resources in to the sensory loss sector to cope with increased demand , if required.

Screening – see our comments at 2 (b) above. It's essential that community hearing representatives are involved in the design and implementation of screening programmes.

Barriers to everyday Life - We welcome the Scottish Government's commitment to look at sensory loss in the context of an individual's human rights. However, this may lead into challenging issues around patient expectations and access to technology which are similar to recent discussions around access to new drugs.



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

Locally developed care pathways can make a significant difference. We welcome The Scottish Government's commitment to allocate funding to local partnerships in 2013/14 and 2014/15. However, as we have outlined above we believe independent community hearing care providers can play a significant role in the planning and delivery of local care pathways which utilise the hearing care workforce most effectively and deliver greater access and choice for patients.

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

We would like to see greater focus on the role of communications devices and technology in supporting people with sensory impairment.

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.

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

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 .

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?

See our initial introductory comments above.