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?

- Closer multi agency working with clear pathways.
- Awareness training across both Deaf and vision services
- Supportive management
- ringfenced budgets of client based teams.
- Budgets and management that support both diagnostics and assessment as well as rehabilitation.

(d) How will you make these changes?

- Highlight and raise awareness of this strategy and recommendations to NHS managers and budget holders.
- Meet regularly for planning, reflective practise, pathway development with multi agency team.

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?

- Commitment to single point of access (this would make things much easier for service users and service providers and has been a regular suggestion from clients)
- Clearly developed local sensory care pathways
- Awareness raising for frontline staff

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

- Single point of access

Challenging in Highland as we have 2 separate Lead Agencies (NHS and HC) dealing separately with children and adults following the Health and Social Care Directives.
As a result budgets are split between children and adults and single point of access would require a cradle to grave acknowledgment of the budgets.

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

No mention of the pathways including links into the Scottish Cochlear Implant Programme or where they would fit into this.
We need clear links particularly for adults referred to this service to be picked up for rehab when they return to the community.
At the moment this is ad hoc.

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?

Audit of the Service and Costs.
Not easy to identify costs due to

- Cradle to grave service
- Overlap of multi agency working
- Staff/travel/equipment/training

Local Partnership evidencing/planning/developing care pathways.
Challenging in Highland due to the split between children's and adults services and split in budget.
At the moment it is challenging to keep the service together as a cradle to grave service.
Pathways clearer in children's services due to GIRFEC but a lot of work required to implement the above in adult service.
Staff under pressure to meet basic service provision…extra time required to implement above.

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

Local Partnership evidencing and developing planning for the service.

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

More detail re provision of universal and targeted provision to clients referred to the service.

Pathways for follow up re adults with cochlear implant having received operation and coming back into community.

Pathways for vocational rehabilitation.

Document focuses on referral and access, however need to be clearer guidelines as to what happens next. It is the follow up and rehab that requires resource allocated.

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.

Currently fairly split in Highland between hearing impairment and visual.

Service to adults referred is “post code dependent” with no clear pathway.

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

Enable the Service to provide the rehabilitation required with equity across a large remote and rural area.

Enable the service to receive appropriate referrals.

The job would be easier.

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 as GIRFEC has already addressed many of the issues (single point of access, clear pathways and mult agency working)
The document does read as being very adult focussed with superficial recognition of childrens services, however the pathways for children referred to the service and a lot more robust and as a result of GIRFEC good multi agency working is in place. This is not the case for adult services so it is good that the needs of the adults are

addressed.

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?

- Important to acknowledge that ongoing financial commitment is required if this is to be implemented and not remain a set of good paper recommendations.
- Scottish Cochlear Implant Programme should be considered in all pathways.
- Particular to Highland is the split between Children and Adult services and the challenges that the multi agency Deaf Services workers have in maintaining a cradle to grave service and implementing recommendations in this climate.