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.

Service users were asked if they would like to take part in this consultation. Where verbal responses were given these are reflected in the Society's response.

I have also included some general comments from a service-user and a carer later in the document. These were gathered through summarising the contents of See Hear to reinterpret in more simple language. Given that this is not valid in relation to the consultation a respondent information form was not completed on behalf of these clients.

Some clients have also indicated that they plan to submit their own response.

(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?

Currently the Society provides an effective hub through which the pathway operates. Ensuring that, to the extent possible, communication between agencies and services is maintained in order to provide a positive service to blind and partially-sighted people living in Dundee.

In order to implement the care pathway detailed in See Hear it will need to be simplified to reflect the actual pathway in a coherent and understandable way. It will also need to specify the roles and responsibilities of those involved.

(d) How will you make these changes?

We will consult with our clients to assess their experience of the current pathway to identify issues. For example, duplication of effort or confusing or complicated processes. This will require direction from the Local Authority and NHS as the agencies who will need to lead the way.

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?

There will need to be effective structures for providing mainstream information and advice regarding initial referral. Requires a consistent response at the first point of contact for all users – whether that is notifying a GP or Optician of concerns about impairments. We need to check that people are getting good advice and appropriate referral for specialist assessment or services.

There has to be communication and well-developed working relationships between services and agreed formats for achieving this. Local partnerships will need to agreed standardisation of referral processes and accepted criteria and benchmarking.

Awareness-raising for frontline staff is essential, not only to ensure that people are appropriately referred, but also to ensure that services received are adapted to their sensory needs. I would suggest that this is easily achievable and can be recognised in competence assessment.

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

Communication between services – requires in depth analysis of the barriers to effective communication and achieving integration: and how these can be addressed. This may involve assessing where there are duplicated or over-lapping services; addressing difficulties of data access and integration; and investigating the impact of cross-service cultural differences.

Single point of access – this requires information about all the agencies that will expect a presence; what resources and service they plan to provide and how; and who will be responsible for maintaining the resource. It should also be recognised that for service-users this one access point may create confusion rather than simplify the process.

Ensuring that all stakeholders understand the purpose and expectations of the strategy itself will be challenging; given the inaccessible language, lack of coherence and lack of specificity it provides.

Consistency across Scotland – there appear to be significant differences across Scotland in relation to service provision and its organisation and resourcing, which will be difficult to collate and bring into line.

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

There appears to be an emphasis on health, social service and third sector involvement with a lack of reference to how education services will be expected to be involved.

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?

Much of the strategy will be challenging to implement since it is non-specific and open to interpretation.

In general, the main stumbling block will be addressing the enduring problems of achieving integration. This must come first and appears to be the most difficult to realise.

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

Awareness-raising that goes beyond the confines of specialised services and into the mainstream, including general public involvement. Potential service-users cannot only be identified through specialist provision as many never have this contact and remain undiagnosed and with unmet need. This would also ensure that communities, not just service staff, are aware of the impact of sensory impairment and how they can help.

Training in sensory impairment for frontline staff, particularly those working with older people, will ensure that all provision is tailored to address the needs of sensory impaired users. This would also help to make sure that users receive an appropriate response when need arises. Also, frontline staff would be aware of and be better able to support service-users through the care pathway.

Inclusion of sensory impairment in generic assessments would help to highlight to non-specialist assessors the requirement to consider the specific impact on needs of this.

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

Involving service-users in interpretation and implementation of 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.

I have no experience of one-stop shops and provision in Dundee does not involve one organisation providing statutory and other services. In addition, recent changes would make it difficult to comment on provision. However, there appears to be good provision and the intent to ensure that provision is monitored thoroughly. There also appears to be a commitment to good communication as far as this is achievable.

The following is a brief overview of the comments made by a service-user and his carer about their experience of service provision, for information.

- Their care pathway was clear because they had a pre-existing health condition which meant they were already being monitored for sight changes.
- They felt there had been good communication between health and social care services so that they felt they received a seamless response.
- Their experience involved receiving services in two local authority areas and they have been aware that the differing demand for services in each area has had an impact on their own access to resources.
- In relation to one-stop access, it was noted that having a Social Work service provided in the local society has ensured that he is able to access social and emotional support easily as he felt supported to attend groups in the centre.
- The client has experienced the transfer of registration and found this went well with no protracted break in service.
- The client and carer both noted that they have positive and negative experiences of how health professionals have treated them.
- In addition, the client felt there was a general lack of awareness in society about the experience of living with significant sight impairment. This has an impact on their day to day life making things more difficult.

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

It is not clear whether the implementation of the strategy will make significant differences locally. If all recommendations are achieved and all stakeholders are committed to working together to agree roles and aims then there may be perceivable improvements over the long term.

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?

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?

The strategy starts from an analysis of the prevalence of sensory impairments and trends. It lacks any real insight into the lived experience of service-users. Objectives of the strategy only partially address the difficulties people face. Given the variation in service provision and needs observed at a local level there will have to be agreement within local partnerships of what changes are required by the strategy. Aims should be far easier to disseminate from See Hear. A simpler version of the strategy which recognises the accessibility needs of users would help providers to interpret, implement and measure the strategy in practice.