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.

N/A

(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?

Comments from the specialist audiological perspective were provided at the consultation meetings.

From the perspective of optometry, some changes to the children's low vision service in Ayrshire and Arran could be beneficial in making the service more accessible. There is a model in place for adult low vision services which could be translated for children.

There is scope to develop preventative strategies within Community Optometry as a positive way forward e.g:

- Educating patients around issues such as smoking, life style and nutrition could all go some way to prevent sight loss in the future (Accessible information strategy). Community Optometrists are well placed to become active in this area given appropriate training, resources and funding.
- Encouraging the regular access to eye examinations amongst children/parents (to encourage a life long commitment to regular screening from the earliest age).
- Encouraging the uptake of regular eye examinations amongst the more deprived socio economic groups where uptake is still poor even with the advent of the universally free eye examination. This group is also most at risk of visual impairment due to poor life style choices, smoking, and poor diet.
- Encouragement for older people (over 70 years of age) to attend annual eye examinations and to heighten the awareness of the symptoms of visual disorders. It would be possible for GP practices to actively enquire about sensory impairment and promote access to eyecare services.

(d) How will you make these changes?

To implement change it will be necessary to engage and consult with the relevant stakeholders to determine what benefits could be derived from increasing the access to eye care services and what could be done by Optometrists to educate patients around the need for good diet and positive lifestyle choices. This work would need to be underpinned by a review of the evidence to ensure the most effective methodologies were used.

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?

In relation to optometry services, within the children's low vision service sharing of information between the different providers is crucial, as is understanding of the different roles and relationships and how to signpost patients to appropriate care through the use of agreed and developed referral routes.

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

It is always challenging to obtain cross organisation communication and buy in. However, we note that this is not insurmountable as we have previously demonstrated with the adult low vision service.

Sharing of information across agencies is a major challenge, although recent guidance from the Information Commissioner's office will assist in easing some of the challenges here.

Screening for sensory impairment needs to be supported by evidence that the screening tools used are specific and sensitive, that benefit will result and harm will not be caused as a consequence of screening.

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

For any care pathway to be successfully implemented, there needs to be strong leadership and support from service management, and ultimately from the wider organisation. This is not currently clear within the strategy.

There is also a need to ensure that the strategy, and associated care pathway(s), are robustly evidence-informed, showing what does and does not work for specific groups, where gaps exist in evidence and proposals to address these.

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 regarding expenditure on sensory impairment is likely to highlight only those areas where funding is clearly demarcated for sensory impairment work (e.g. audiology services, hospital eye service, community optometry service) rather than the wider aspects of integration of people with sensory impairment into mainstream services. Much of the work around sensory impairment will need to be carried out in an environment of ever-reducing resources and should therefore be integrated into everyday practice.

Recommendation 2 is likely to need to be underpinned by an evidence base of effective practice to ensure that screening (i.e looking for sensory loss in a population which is not currently aware of such loss and has not presented for it) is effective, efficient, sensitive and specific.

Recommendation 5 regarding information systems is likely to present considerable challenges and we would be keen to learn from areas where this has been implemented.

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

Education and increasing regular access to eye examinations is likely to reduce the impact of preventable vision loss in the future. Early intervention in diagnosed eye disease is of paramount importance to the outcome of any treatment. This is particularly true for diseases such as glaucoma, age-related macular degeneration and to young children when looking at their refractive status.

Poor diet, smoking and obesity are all major contributors to visual impairment. Reducing their impact by coordinated action and advice across generalist and specialist services e.g. by appropriate advice and support, health promotion activities and regular eye examinations should reduce these factors.

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

Since much of the work around sensory impairment will need to be carried out in an environment of ever-reducing resources, it is therefore important to influence the next generation of health, social care and education professionals through integration of sensory impairment awareness into undergraduate curricula.

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.

In Ayrshire and Arran we have an adult low vision service that was established based on the guiding principles of effective and high quality integrated patient care. It is well signposted, easily accessible, and incorporates annual follow up. There is referral between social service sensory impairment teams and the community Optometrists who provide the service, and a vision passport to supply the service user with ownership of information about their visual condition. Low vision aids are supplied free on a permanent loan basis and there is no wait for an appointment. The aids are supplied from stock and are upgraded as required at follow up appointments. Service users may also be referred to their GPs for wider health problems including depression, if identified by their Optometrist during a low vision assessment.

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

N/A

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?

Whilst the strategy reflects many of the GIRFEC principles, it perhaps does not entirely address those aspects for children who have a sensory impairment in addition to extensive other health needs such as learning disability and physical impairment where the focus of attention is more likely to be on management and communication rather than treatment and cure.

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?

We have no further comments.