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.

Optometry Scotland is not a user or a carer but realises that users are often bewildered by the number of agencies that may be able to provide help, and the complexity of the benefits system.

It is essential that the Sensory Impairment pathway is straightforward for users and providers. Optometry Scotland would also like the Scottish Government to consider designing the SI pathway as a SIGN guideline.

Simple access to care and a single point of contact for users would be hugely beneficial and facilitate their pathway through the system.

(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?

Optometry Scotland fully endorses the need for a Sensory Impairment strategy, a SI pathway (SIGN guideline) and looks forward to implementing a system that enhances patient care.

The pathway as illustrated on page 10 presents many challenges for communication, however effective communication between care providers and users is essential.

Within Optometry practices we would need

- training for all staff
- inclusion into operating manuals and systems
- inclusion into staff handbooks
- information available for patients in multiple formats

We would expect information to be provided by the Health Board so it is uniform amongst all providers.

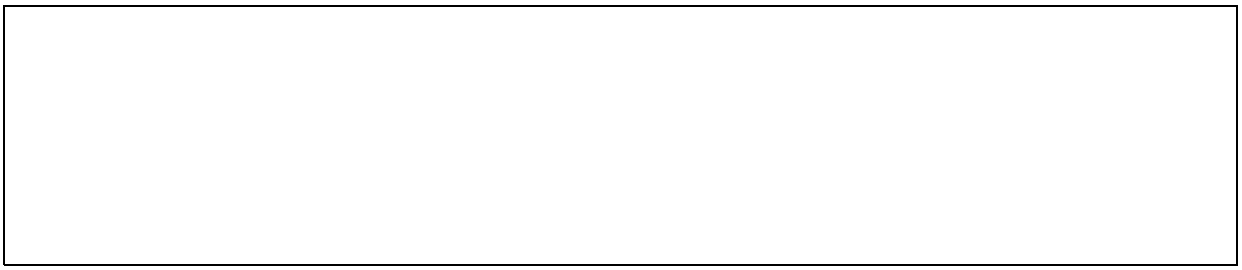
Training should be designed and co-ordinated by National Education Scotland, again to ensure a national standardised approach throughout Scotland.

Whilst there will be local variation of service provision, the diseases are the same throughout the country. Therefore the pathway needs to take account of differences in who will deliver various services in each Health Board area.

(d) How will you make these changes?

Health Boards will provide national information that is tailored for service provision in their local area.

Practice managers and professional service directors can implement business and procedural changes within IT and paper practice management systems.



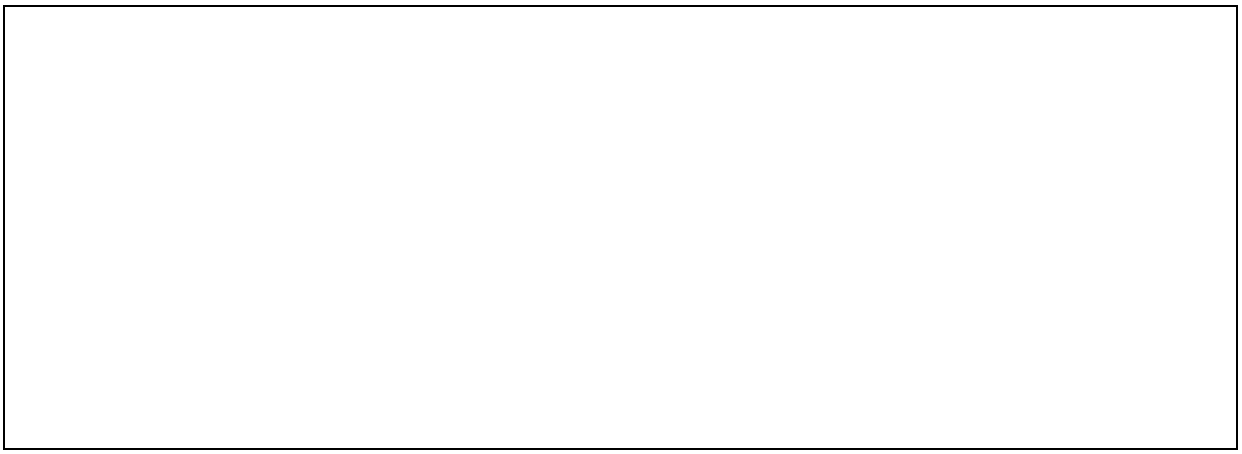
2. The strategy identifies key factors that need to be in place to ensure the pathway is successful (Page 11 para 6.7).

(a) Which of the key factors are most important for a successful pathway?

- Simplicity
- Short pathway with as few steps as possible, clear communication at every step and one or two key workers to support and guide the patient through the steps
- No dead ends
- Clear explanations available for patients and carers
- Patients are sent to the right place at the first appointment, with the right (clinical and informative) information
- Patients are informed why we are sending them into a care pathway, and what they can expect
- Whilst there may be a Primary Sensory Impairment pathway, there will obviously be many condition specific subsets. It is important that they fit into the overall strategy.
- More work could be done within Optometry practices re provision of Low Visual Aids by Optometrists and Dispensing Opticians, and this could be much more convenient than having to send patients into a distant care pathway.
- Provision of interpreter or information in an accessible format at important points of the pathway.

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

- Keeping the contact information up to date
- Standardised information across all Health Boards and across all service providers
- Actually getting to the carers and the service users who need the services the most
- Designing a screening service that is effective and efficient. It is important that people do not think a basic screening is the same or an acceptable alternative to a full eye examination. This is currently the case with some people who have Diabetic Retinopathy Screening or Glaucoma monitoring at hospital.



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

- Speech impairment should be included as a sensory impairment as it is obviously the most vital part of the communication process
- How are service providers going to give patients the right information in the right format?

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?

- Screening
- What will it look like?
- What do we hope to achieve by it?
- How do we reach the people we want to attend for screening?
- Do we wait until people reach Residential care or need Home care services.
- We should be doing more to prevent SI rather than waiting until there is a much increased risk of it being present.

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

Raising awareness in the general population

- actually getting people through the door to some sort of screening programme
- or taking the screening programme to them particularly for excluded groups

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

- How to deal with people with speech impairment
- Regular newsletter to service providers so the awareness levels of SI do not drop
- Regular newsletter to patients and user groups to keep them in touch with SI Strategy provision

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.

- At present optometrists normally refer to the Hospital Eye Service
- If patients have been discharged from the HES then optometrists may refer to the Voluntary sector providers such as Visibility or the Macular Degeneration Society
- There should be more publicity of the social (club type) activities that are available for patients with SI.
- New patients with Dementia are guarenteed 12 months support. It would be good to see the same gaurentee for patients newly diagnosed with Visual Impairment.

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

It will allow a more meaningful interaction with patients, and there will be the ability to provide more services.

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, but how will it feed into educational and employment services?

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 has been mentioned above, Speech Impairment is a central part of SI and the communication process, social isolation etc. This should be included as part of the SISG project.

Transportation, access to the various services, and how are they arranged? Is access arranged by the service providers, the patients or their carers?