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If calling or phoning please ask for: Wendy Jack

Eric Gray
Scottish Executive Health Department
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Dear Mr Gray

West Dunbartonshire Joint Future Partnership welcomes the opportunity to be included in the consultation being carried out as part of the review of community eye care services.

The Review of Certification and Registration in Scotland Report

The Partnership welcomes the ongoing work being undertaken to address the shortcomings of the present system, while learning from the difficulties experienced with the new system in England and Wales.

We would firstly like to draw attention to the obvious capacity and resource issues in relation to the new role of the community optometrist. The new model of service will have an impact on local services who will need further resources to meet the increased identified needs. If we are to use the RNIB prevalence figures, the already stretched specialist community visual impairment services will need to be resourced and staffed to ensure community services can meet the new demands.

The collection of data is part of the wider agenda for the Partnership and we welcome the ongoing desire to record information more accurately within the Certification process and there is a need to ensure IT systems are compatible across agencies. We would hope that the developments linked to the recording of data and the development of standards for service delivery would be subsumed into already existing frameworks such as JPIAF and the Local Improvement Targets, rather than setting up additional systems which are potentially resource intensive, and could become disconnected from related planning mechanisms. There is also a need to secure reliable information on the needs of people with complex conditions, such as deafblindness, learning disability or physical disabilities. Once such needs are identified individuals must be able to access services easily and effectively as part of the Single Shared Assessment process.

By building on existing links between health and social work through the new Community Health Partnerships and by using information recorded based on individual's needs and on early intervention rather than on their registration status, we

will facilitate closer working relationships between agencies working within the community. The West Dunbartonshire Joint Future Partnership appreciates the shift to move away from registration status as a means to provide services, and for some time we have been prioritising services based on the individual's needs not their registration status. The Single Shared Assessment process would be the most obvious way forward for referral mechanisms and would be clear for eye health care and social services staff as it is already an established framework. Therefore accessing services will be easier and quicker for service users, and performance management information could be gathered within that context.

The proposed changes in the recording of information about the individual's visual impairment, eye health and the functional impact ensures targeted effective services and clearer recording frameworks. As shared information can be made more available and links are made to other medical conditions there will be more effective and localised service planning, allowing patterns to emerge and gaps in patient journeys to become more apparent. For example the links between acquired brain injury and sight loss, where sight loss is due to damage to the brain rather than as a consequence of damage to the eye but the impact on the individual service user and those around them is as traumatic.

Service users are central to the registration process and as such need to understand and be part of the process. The West Dunbartonshire Joint Future Partnership has worked with people with sight loss who represent their organisations within the joint locality planning process and has done for a number of years. Both local campaigning and support groups have been part of the development of the Draft Sensory Impairment Strategy and national organisations for the Blind have been part of the Sensory Impairment Strategy Group since its establishment. West Dunbartonshire supports the Scottish National Federation for the Welfare of the Blind through its Management Executive and Service Providers sub-group to ensure national plans can be set in a locality context for users and the recommendations for West Dunbartonshire fit within the national developments for people with a visual impairment.

We would seek assurance that there will there be an implementation strategy with key personnel identified within the Executive to continue the momentum of the interim report. Recommendations for Sensing Progress and the Report from the Certification and Registration Working Group were published however there was no implementation plan and resources identified at a national and local level to ensure the achievement of the recommendations.

The Review of Community Eyecare Services in Scotland: A Study of Interagency work in Three Localities Report

This review demonstrates the need for earlier access to all services and the integration of a variety of services. As with the registration process, the Single Shared Assessment process would be the most obvious way forward for referral mechanisms for eye health care and social services as it is an already established framework in the locality.

As the role of community optometrists increases, there will be a requirement for more training and support about local services to ensure that they hold a wide range of information on specialist services within the West Dunbartonshire area, including statutory and voluntary services. Capacity and resourcing this shift is a major issue and there is a need for ongoing funding for sustainable localised services.

Within West Dunbartonshire there have been challenges linked to a Council area sitting as part of two larger health board areas covering a number of local authorities. However the opportunities for change linked to the development of the new NHS Greater Glasgow and Clyde and the new Community Health Partnership will mean service users will have more influence over the planning of more localised health services for individuals with a visual impairment. These changes will be facilitated through the multi-agency Sensory Impairment Strategy Group and the wider Joint Future Planning processes. However, we may require additional support in order to resolve some of the historic inequities that have developed in order to achieve a similar high standard of care for our whole population.

A Report to the Eye Care Review Steering Group from the Working Group on Children's Services

As above this review demonstrates the diversity of service planning and delivery across the country.

We welcome the need for the planning of local services and the development of service standards and again would stress the usage of existing frameworks for their implementation such as those laid out in the children's services planning structures. These forums have established networks of local organisations and agencies as well as representation from parents. Within West Dunbartonshire we have already established working links between the Sensory Impairment Strategy Group and the Children with or Affected by Disabilities Strategy Group to ensure effective service planning and a clear focus for this small group of children and young people.

The CVISTA model should be applauded for its approach and the success of the project. We have been striving to replicate a similar model of multi-agency practice through the Visual Impairment Forum where practitioners, from a number of agencies, have the opportunity to come together to deliver joined up localised services. We recognise that a key worker role is a good model for supporting individuals with life long conditions.

The need for social and emotional support is vital to the development of visually impaired children and young people, a national framework outlining the minimum standards for specialist staff within services is to be welcomed. We would want to see a clear training and implementation plan resourced to ensure services can achieve the standards both nationally and locally.

The need for increased training opportunities for staff in mainstream settings has been widely recognised and it would be hoped that as part of the implementation plan that resources could be identified to develop, deliver and monitor training for health, education and social care practitioners. An increase in the number of specialist teachers and rehabilitation workers would need to be resourced if training and daily living skills are to be offered to children in their pre-school years.

Therefore a national plan would also need to include an increase in the specialist workers and training available for existing specialist workers such as rehabilitation workers for the blind undertaking rehabilitation, mobility and independence training to work with children and young people within schools.

There has been some discussion of the dissolution of the Certification and Registration scheme in Scotland as part of the ongoing reviews and consultations over the past few

years. It was our understanding that this could not be achieved as the process was not a devolved issue, therefore how can a system of notification for children be considered in place of registration for children? Is this not an anomaly?

As with many of the recommendations laid out in this review, the supply and maintenance of equipment needs to sit within a wider setting, that of the review of equipment and adaptations being undertaken within the Scottish Executive. We would seek clarity from the Executive as to the expectations and the resourcing of these expectations locally to ensure that we avoid a postcode lottery of service to children and young people.

Any development of a national transcription service should be linked to an already established educational organisation such as the Scottish Sensory Centre, who have a proven track record within the education of visually impaired children and young people. This would allow for the development of a centre of excellence for the education of sensory impaired children in Scotland.

We would reiterate the need for key personnel within the Executive to be identified to develop and implement the key recommendations. We would also hope that personnel would work closely alongside colleagues undertaking work within the Executive such the implementation of the Sensory Impairment Action Plan, the Review of Equipment and Adaptations and the Development of a Rehabilitation Framework.

Yours sincerely

A handwritten signature in black ink, appearing to read 'William W Clark', with a stylized flourish at the end.

William W Clark
Acting Director of Social Work.