

**Consultation on the Scottish Government's draft National
Standards for Adult Rehabilitation Services**

Response from South Lanarkshire Council.

I confirm that the attached response is made on behalf of South Lanarkshire Council and we are happy for the response to be made public.

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Response from South Lanarkshire Council – April 2008
COMMENTS ON SCOTTISH GOVERNMENTS DRAFT NATIONAL STANDARDS FOR ADULT
HEARING REHABILITATION SERVICES

GENERAL

South Lanarkshire Council welcomes the opportunity to comment on the above draft standards. In general, the standards appear SMART and in line with NHS QIS guidelines. The paper also takes account of the importance of workforce planning in terms of HPC guidelines and the importance of CPD (continuing professional development) to ensure service users and patients receive treatment and intervention from staff who are up to date with professional standards and requirements.

THE QUALITY STANDARDS

Standard 1 – Accessing the Services

Standard statement 5, Criteria 1a.i. makes mention of direct referral to Audiology services. Although referral criteria is mentioned, it would be helpful in the standard to indicate by whom. Is referral still only acceptable through General Practitioners, or are other Health Care professionals or Social services staff able to refer to the service? Mention is made later in the document of self referral to Audiology and this would be welcomed. In relation to this, perhaps the patient pathway should be reviewed in terms of “triage” of referrals to ensure their appropriateness to medical or technical staff and therefore assist in the waiting time for further review appointments for hearing aid patients accessing the service.

Standard statement 5, Criteria 1.b.ii. discusses the robust method of data collection in terms of waiting times. Given the above standard, are these statistics likely to be influenced by referral from other agencies and in self referral methods? Reporting should also indicate gaps in service provision (unmet need) for continued service planning. It would be helpful to know the areas of service delivery that are gathered through the data, for example, referral to Audiologist, or referral for ear care / wax. These headings are not outlined in the standard document and would be helpful for agencies outwith the NHS.

Standard statement 5, Criteria 1.c makes mention of maintenance and repair of hearing aids. The provision of access to technical support and, for example, batteries at a local, accessible base for patients and service users is crucial and welcomed. However, a further step towards better service delivery may be follow up at home for some people, as the home environment can be crucial to settings of hearing aids, for example. Follow up after three months at this stage for example would achieve a better outcome in their tolerance and confidence in using their hearing aids (adjustment and use of settings)

Standard 2 - Information and Communication with Individual Patients

Standard statement 2a.vii discusses deaf-awareness and communication training. This is welcomed and is crucial for all staff who work with the direct public, but specifically, the statutory agencies. Staff within general reception areas and particularly within Audiology clinics should be prioritised, as with NHS 24 staff on the usage of text phones. However, it is crucial that (as with any awareness training), that this is delivered by people who have experience of deafness and reduced hearing, so that the training can be truly reflective in terms of their life experiences and not purely on technical or anatomical issues.

Point 2a.viii and 2a.x are very pertinent and welcomed. An important factor would also be that patient records, (GP-pass, other electronic and paper records) record the preferred method of communication of that individual, so that preparation is made, for example, for support at any available clinic, not purely audiology.

Statement 3a – The suggestion that part of the assessment process should take account of the person's social and listening needs and activity levels, not just on measurement of hearing impairment is welcomed. As mentioned previously, if follow up at home timeously was carried out following hearing aid provision, then these issues would be very relevant to the individual and how they cope.

Statement 3a.iii – Individual Management Plan. This holistic method of assessment is welcomed, however, the proforma in Appendix 4 was not helpful and could be modified to take into account the outcomes socially for people, which are mentioned in the standard statement criteria. Is the IMP shared with the individual, is it part of the clinical records and who ensures implementation? In our view, the IMP should be a shared document for the person to take home so that other agencies, carers or significant people could get access to it if the individual wishes.

Standard 5 – Implementation and Individual Management Plan

Statement 5c.i. discusses a review appointment within 3 years, our suggestion is that the initial review should take place within a year.

Standard 6 – Outcome

The rationale statement is welcomed and pertinent. Patient satisfaction and feedback is crucial to improve service delivery. The patient survey is welcomed, but perhaps could include a tear off slip to allow people to self refer or access the service again should they be experiencing difficulties (within the year)

If the annual survey was a follow up to a three monthly review visit at home (which we are suggesting for good practice), the outcomes for service users and patients would greatly improve as a result.

Standard 7 – Professional Competence

HPC standards to ensure registration and CPD is crucial to improving the service and a welcome statement. Mention is made of the use of volunteers. There is no mention of the specific roles that the volunteers would undertake which would enhance the service, this would be required for us to make comment.

Standard 8 – Communication, Support and Collaborative Working

Any joint working at a local level between statutory agencies, service users and voluntary sector is welcomed

Quality Rating Tool

Page 37 – Column 5 - Reference is made to an annual review. Who will undertake the annual review of service and will the Joint Planning Group have a major stake in this reporting?

Page 41 – Information given in plain English or Crystal Mark is welcomed and would be useful to include this standard within the IMP if this is being patient held, as mentioned before.

Page 48 – Rather than suggest that questionnaires would be contra-indicated, it may be helpful to suggest other formats available to allow the person to access the questionnaire.

Page 55 - As suggested earlier, access to a review appointment we suggest should be earlier than three years and following a review at home within the first three months .

Conclusion

In general the quality standards document is clear on how it will improve standards and outcomes for service users and patients. No mention is made however of private practice and whether contractual arrangements may be an option (as per the Eye Care Review GOS contracts with Ophthalmologists) to assist in waiting times and better follow up review mechanisms. The IMP is a helpful addition to a more holistic overview of people's needs, however the tool within the document (Appendix 4) would seem to need further development in terms of social issues. Completed assessments would have been helpful as examples to the document. Joint working is welcomed within the Lanarkshire Health Board areas (and overdue) to allow us to improve the outcomes for service users within our locality.