

No, please publish it

My opinion hasn't altered. I strongly believe that those with acquired disabilities in adulthood particularly those who are earning and continue to earn are ill-served by the present systems that serve this group particularly badly and those it serves the worst are professionals who develop disabilities. I can justify my opinions by my own experience and my knowledge of the experience of others. The NHS in particular is becoming less responsive to the needs of the disabled and the emphasis seems to be on diagnosis, considerable testing where the results are not communicated (new GP contract) and a total ignorance of the functional effects of disability or how to maximise the disabled potential or have the facility to refer to the relevant departments. In my area GPs are not allowed to refer to the Disability Services Centre. This must be carried out by a hospital consultant. A hospital consultant when he refers to another consultant is not covered by the current waiting time targets and the wait can be up to two years locally for referrals.

I think the proposals are laudable if the resources are there and if it isn't just a ploy to try to reduce the people on the 'sick'. I also think that positioning job centre plus with the same facility for the unemployed sends out the wrong message and in my organisation the letterheads have certainly raised a few eyebrows and the same inflexibility and delays that are inherent in the job-centre are transferred to this organisation. There is no proper system of complaint as it is covered by the same scheme as job centre and in my opinion based on experience the service provided leaves a lot to be desired and is wasteful on resources. It took me 9 months to obtain assistance with travel dealing with three separate staff who had differing ideas on the services they would provide and the evidence they required. The 'expert' assessment recommended two pieces of software which were incompatible when run together and the training for one was obtainable in any reasonable time frame and the packages weren't even the most suitable. A ten minute conversation with the IT expert at RNIB was more useful than the so called assessment.

In my own profession there is considerable stigma attached to being disabled and 'passing' (see Goffman; Stigma) is the norm but when disclosure becomes necessary the response is totally inadequate both from employers and from government agencies and there is unspoken discrimination against the disabled which is justified as 'being in their best interests'. The British Medical Association have no experts in disability and are advocating employing more disabled doctors without any knowledge of the problems or the services that are available.

You may think that this is not relevant to the document which in my opinion is unimplementable because of the cultural and organisational change and the resources required

Get real!!!

You may gather from this I am a complete sceptic and rather irritated

I am

Yours Sincerely

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