

National Institute for Health and Clinical Excellence

PUBLIC HEALTH GUIDANCE – SMOKING CESSATION SERVICES IN PRIMARY CARE, PHARMACIES, LOCAL AUTHORITIES AND WORKPLACES, PARTICULARLY FOR MANUAL WORKING GROUPS, PREGNANT WOMEN AND HARD TO REACH COMMUNITIES

Consultation on the Review Proposal from
11th April – 25th April 2011

Comments on the Review Proposal to be submitted
no later than 5pm on Wednesday 27th April 2011

Stakeholder Comments

Please use this form for submitting your comments to the Institute.

1. Please put each new comment in a new row.
2. Please insert the **section number** in the 1st column. If your comment relates to the document as a whole, please put '**general**' in this column
3. **Please note - Comments forms with attachments such as research articles, letters or leaflets cannot be accepted. If comments forms do have attachments they will be returned without being read. If the stakeholder resubmits the form without attachments, it must be by the consultation deadline.**

Name:	Ben Cook
Organisation:	Optical Confederation The Optical Confederation represents the 12,000 optometrists, the 6,000 dispensing opticians and 7,000 optical businesses in the UK who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of the five optical bodies: the Association of British Dispensing Opticians (ABDO); the Association of Contact Lens Manufacturers (ACLM); the Association of Optometrists (AOP); the Federation of Manufacturing Opticians (FMO) and the Federation of Ophthalmic and Dispensing Opticians (FODO).
Section number Indicate section number or ' general ' if your comment relates to the whole document	Comments Please insert each new comment in a new row.

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Please return to: SmokingCessationProg@nice.org.uk

NB:NICE reserves the absolute right to edit, summarise or remove comments received on during consultation on draft scope where, in the reasonable opinion of the Institute, they may conflict with the law, are voluminous or are otherwise considered inappropriate.

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General	<p>In light of the significant contributory impact of smoking on sight loss and blindness, this public health guidance should encourage optical practices to play their full part in NHS smoking cessation services alongside pharmacies, dental practices and general medical practice.</p> <p>Age-related macular degeneration (AMD) is the leading cause of severe visual loss and blindness in the UK. (1) There are several factors which increase the risk of a person developing AMD of which smoking is the chief modifiable one, the others being UV exposure and nutrition. Studies in the UK have shown that smoking more than doubles the risk of developing AMD. (2) It is estimated there are over 40,000 cases in the UK of AMD with sight loss in people aged over 70 caused as a result of smoking. (3) We therefore welcome the inclusion of AMD in the range of diseases and conditions caused by smoking.</p> <p>Smoking is also a major risk factor for the development of cataracts. (4) In the UK cataract surgery is the most common ophthalmic surgical procedure. There are both patient and NHS costs as a result of developing cataracts. Although surgical treatment for cataracts is very successful, complications can and do occur, with sometimes devastating results. Compared with non-smokers, a smoker of 20 or more cigarettes a day is at least twice as likely to develop cataracts.(5) It would be helpful if NICE would add cataracts to the range of diseases caused by smoking as this is a major public health issue.</p> <p>Also, the Department of Health recently made reference to the role of optometry in smoking cessation services, as follows: <i>There is a strong association between smoking and age-related macular degeneration (AMD). Currently, there is no effective treatment for dry AMD and therefore identifying modifiable risk factors is of great importance. Optometrists therefore provide a further opportunity to deliver brief advice to smokers, to promote and refer to stop smoking services.</i>" (6)</p>
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	<p>Community optical practices have reach into the community comparable with that of community pharmacies, especially for patients who do not routinely attend pharmacies and GPs, e.g. middle-aged male presbyops, and could therefore play a similar role in smoking cessation. This could be either in signposting to local services or in counselling patients and directly providing locally commissioned Smoking Cessation services.</p> <p>As we see it the barriers to participation among optical practices are:</p> <ul style="list-style-type: none">- ignorance amongst commissioners about the direct links between smoking, eye disease and visual impairment- consequent lack of optometric input into local Smoking Cessation planning and commissioning- optical practices not being given the opportunity to bid to provide smoking cessation services as part of locally commissioned networks <p>It would be helpful if NICE could make clear the links between smoking and eye disease and stress that opticians (via local optical committees) should be included in local smoking cessation planning, commissioning and tendering, exercises to ensure optometrist and opticians can play their full role as health professionals in helping patients quit smoking.</p> <p>¹ Bunce, C, Wormald, R. Leading causes of certification for blindness and partial sight in England and Wales. BMC Public Health. 2006; 6: 58.</p> <p>² Tomany, SC, et al. Risk factors for incident age-related macular degeneration. Pooled findings from 3 continents. Ophthalmology 2004; 111: 1280-7</p> <p>³ Edwards, R et al. Age-related macular degeneration in the United Kingdom: estimates of smoking-related vision loss. Letter. Br J Ophthalmology 20 July 2005.</p> <p>⁴ Cigarettes: What the label doesn't tell you. (Chapter 15:Smoking and the eyes.) American Council on Science and Health. New York ACSH 1996.</p> <p>⁵ Kelly, S et al. Smoking and cataract: a review of causal association. Journal of Cataract & Refractive Surgery. J Cataract Refract Surg. 2005 Dec;31(12):2395-404.</p> <p>⁶ 'Local Stop Smoking Services: Service delivery and monitoring guidance 2011/12' 14th March 2011</p>
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