

**Preventing type 2 diabetes: risk identification and interventions
for individuals at high risk**

Consultation on the Draft Guidance from 9th Nov 2011 – 9th Jan 2012

Comments to be received no later than 5pm on 9th January 2012

Stakeholder Comments

Please use this form for submitting your comments to:

type2diabetesprogression@nice.org.uk

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 If your comment relates to the draft guidance as a whole, please put '**general**' in this column

Name:		Geoff Roberson
Organisation:		The Optical Confederation
Section number Indicate section number or ' general ' if your comment relates to the whole document.	Page Number	Comments Please insert each new comment in a new row.
General		We welcome the opportunity to comment on the draft recommendations. As NICE will be aware, diabetes is the leading causes of blindness among working age adults in the UK. For this reason, if possible given the proposed timeline, we feel that it would be very beneficial to have input from an ophthalmic public health specialist in the Programme Development Group. Given that some of the key symptoms that lead an investigation for diabetes are visual (e.g. blurred vision, variable vision), we would welcome a recommendation that high risk groups attend for regular sight tests. We feel that this should feature as part of the proposed package of information and advice provided to those at risk of developing diabetes.
General		We welcome the proposal to deliver some of these services in community settings, including optical practices. Optical practices perform over 20 million sight tests annually at over 7,000 community optical practices and are therefore well placed to intervene to assist those at risk of developing diabetes. The Optical Confederation is ready to assist the implementation programme to ensure that optical practices are ready to deliver this service from the outset.

Please add extra rows as needed

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Recommendation 1	7	We suggest the inclusion of community optometric and optical practices in the bullet list of those who should take action. We believe community optometric and optical practices could provide an ideal location, with accessible facilities and expertise, to also undertake risk assessments. Many diabetic patients already access community ophthalmic services and many optometrists are involved in local retinal screening services. This experience provides an ideal building block for community optical practices to also provide risk assessment services. Evidence from South London community blood pressure identification projects shows that many high risk adults who are reluctant to access conventional healthcare services can be identified and offered treatment as a result of accessing eyecare services. We believe that similar benefits could be derived from the identification of those at high risk of developing type 2 diabetes by community optical practices.

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Recommendation 1	7	As noted above, we would welcome the inclusion of an ophthalmic public health specialist or at least optometric input when developing the risk assessment service. This would greatly assist in preparing the ground to provide the service in optical practices.
Recommendation 2	9	We are pleased to see the inclusion of opticians in the list of who should encourage high risk individuals to have a risk assessment for type 2 diabetes. We would like to add for clarity that optometrists perform NHS and private sight testing in the UK and it would be helpful to include 'optometrists' in the list.
Recommendation 3	11	We note that the list of "who should take action" is defined as those who undertake risk assessments. We also believe that those who are identified in Recommendation 2, as able to identify those who would benefit from a risk assessment, could also communicate the risks of type 2 diabetes and the benefits of prevention. We would strongly advocate the inclusion of this group in recommendation 3

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Recommendation 4	12	As the umbrella representative body for the optical sector, the Optical Confederation would be grateful for input into the development of the pathway (e.g. referrals into/from optical practices); proposals for record-keeping, keeping a register and recall system; and model contract for the provision of risk assessments in optical practices (for example to ensure we have adequate professional indemnity insurance in place). The Optical Confederation will play its part to ensure that optical professionals and practices can participate from the outset.
Recommendation 4	12	As with Recommendation 3, we believe the list of "who should take action", which is currently defined as those who undertake risk assessments, should also include those who are listed in Recommendation 2, as able to identify those who would benefit from a risk assessment, could also communicate the risks of type 2 diabetes and the benefits of prevention. We would strongly advocate the inclusion of this group in recommendation 4.

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Recommendation 5	13	Given that our members have been included as potential providers, we would welcome an opportunity to input to the draft advice and guidance for the providers of risk assessments in the community, to ensure it is appropriate for patients that visit optical practices. We are keen to ensure that any service we provide is joined up and integrated with other local health and social care services. Optical practices are represented locally by Local Optical Committees, who are well placed to communicate information on local services and facilities (e.g. slimming clubs or weight management services) designed to improve the lifestyle of those at risk.
Recommendation 7	17	As mentioned above, our members are well placed to provide advice. It would be very helpful if a package of NHS dietary advice were available to our members in hard copy to give to patients at risk of developing diabetes. The Optical Confederation would be happy to facilitate the distribution of such information to optical providers of risk assessments, and potentially to all practices.
Recommendation 8 and 9	19-21	As stated under Recommendation 7, it would be very helpful if such information (on physical activity and weight management) were available in hard copy for our members.

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Recommendation 15	30	Local representative committees are available to assist commissioners and public health specialists when mapping and outlining the primary care services in their local area. This includes the local representation of dentists, GPs, optometrists and pharmacists. Please find attached a guide to engaging with these groups, also available here: http://www.epolitix.com/fileadmin/epolitix/stakeholders/Engaging_with_primary_healthcare_professionals_to_improve_the_health_of_the_local_population.pdf
Recommendation 16	31	We would be pleased to assist with the commissioning of risk assessment services, to ensure that optical practices are placed to participate from the outset. Please refer to the comments above relating to Recommendations 2,3 and 4. Local Optical Committee's are well placed to assist in the dissemination of information to optical practices that may participate in any scheme (please also refer to comments under Recommendation 15). This can be co-ordinated via the Local Optical Committee Support Unit (LOCSU)

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