COMMENTS PROFORMA

Consultee name: The Optical Confederation

Each year, community optical practices and practitioners provide 21 million sight tests. The optical sector prides itself on the quality of service it provides to the public and embraces the market mechanisms through which patients choose their service provider, as a vital driver of clinical quality, service quality, access, compassion and value.

It is against this background that we welcome this consultation and fully support indicators that will provide the public with information about the outcomes of commissioned services in order that they can hold commissioners to account.

The proposed Domains in this consultation are uncontroversial. However, as we have noted in our responses to previous consultations, we believe there is scope for significantly better alignment between the three published outcomes frameworks – for the NHS, public health and social care.

Whilst the consultation stresses that the indicators relate to outcomes of commissioned services, not commissioning itself, we see these as inseparable and indeed a key improvement that the Government plans should flow from clinical commissioning.

At the heart of commissioning is the allocation of health resources to meet health needs of the population. It is self-evident that the CCG-OIS's indicators will provide incentives for commissioners when allocating resources. Therefore, there will inevitably need to be adjustment and development over several years as this system is rolled out, in order to better to align investment and outcomes. We address possible solutions to this in our responses below.

We hope that future commissioning and consequently a future version of the CCG-OIS will increasingly focus on interventions that tackle preventable conditions and disease that have catastrophic impacts on the quality of life and impact adversely on outcomes across all Domains. Sight loss for example, has major adverse impacts on quality of life, mental health and wellbeing, and is a well evidenced causal link of falls and hip fractures. Nevertheless 50% of sight loss is avoidable, and it is because of this that we hope future CCG-OIS's will include such 'spanning indicators' as sight loss and sensory impairment which focus on prevention and amelioration to improve the outcomes across all Domains. The Optical Confederation would very much welcome the opportunity to work with NICE and the NHS CB in developing these

Outcome Indicator Sets and would be pleased to help further with eyesight-related conditions.

We also fully support the Government's drive for more integrated care and, again believe spanning indicators will help to deliver it.

The Optical Confederation represents the 12,000 optometrists, the 6,000 dispensing opticians, and 7,000 optical businesses and 45,000 ancillary staff in the UK, who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of five optical representative 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). As a Confederation, we work with others to improve eye health for the public good.

Indicator	**Consultee Comment**
Domain 1: Preventing people from dying prematurely	**Most acute conditions in Domain 1 are well on their way to becoming chronic conditions with life extended by anything from two to five years. Survival with long term conditions is made immeasurably more difficult for patients and their carers if patients are, at the same time, starting to lose their sight or suffer from wider sensory impairment.** **In the next round of CCG-OIS we hope to see sensory loss developed as an overarching indicator as it has the potential significantly to improve quality of life and would be applicable to all five Domains.**
Improvement area: Reducing premature mortality from the major causes of death	**No comment**
Indicators derived from other sources	**No comment**
Cancer	
1.9 Cancers diagnosed via emergency routes 1.10 Cancers stage at diagnosis 1.11 Cancers detected at stage 1 or 2	**No comment**
Indicators derived from quality standards	**No comment**
Chronic Heart Failure	

CHF01 Of people presenting in primary care with suspected heart failure, the time from referral to specialist assessment in those with: i) Previous Myocardial Infarction (MI) is no longer than 2 weeks ii) No previous MI but high serum natriuretic peptide levels is no longer than 2 weeks iii) No previous MI but intermediate serum natriuretic peptide levels is no longer than 6 weeks CHF12 All cause mortality – up to 30 days from admission to hospital for heart failure CHF13 All cause mortality – 12 months following admission to hospital for heart failure	**No comment**
Breast Cancer	
BC30 Breast cancer mortality rates. BC32 Recurrence rates of breast cancer by site and type of primary surgery.	**No comment**
Hip Fracture	
HFra24 Hip fracture incidence HFra26 Mortality following hip fracture within 30 days and 12 months	**No comment**
Lung Cancer	
LC02 Lung Cancer: 3-month and 1-year survival rates from diagnosis LC03 Lung cancer: Stage at diagnosis LC09 Of people with lung cancer, the proportion who have been seen by a lung cancer clinical nurse specialist LC21 Resection rates LC22 Of people with lung cancer, the proportion who receive assessment for multimodality treatment by a multidisciplinary team comprising all specialist core members	**No comment**
Improvement area: Reducing premature mortality in people with serious mental illness	**We support all attempts to put the needs of vulnerable people high up on the CCG-OIS.** **For the future, in line with the NHS CB's new focus on vulnerable people, it would be beneficial to have an additional supporting indicator that included particularly vulnerable groups such as homeless people and their health care needs.**
Indicators derived from Public Health Outcomes Framework	**We support attempts to integrate the published outcomes**

	frameworks for the NHS, public health and social care. **In the next phase of CCG-OIS development we would welcome an indicator for sensory loss for reasons highlighted in our introduction.** **In terms of sight loss, using the existing preventable sight loss indicator (4.12), we feel, could be used to improve the quality of life for the majority falling under all Domains.**
Mental Health	
1.33 Smoking rates in people with serious mental illness (SMI)	**No comment**
Domain 2: Enhancing quality of life for people with long term conditions	**With an aging population, sensory deprivation is likely to sit in both domains two and three.** **As stated above, 50% of sight loss is avoidable and hence could be a key spanning indictor for CCG's. For the other 50%, a delay in presentation can lead to markedly worse health outcomes and the individual might not receive the necessary support.** **In the next round of CCG-OIS, under Domain 2, we would hope to see outcome indicators for:** • **% of patients with glaucoma receiving treatment and not having lost their sight [beyond a specified degree]** • **% of patients with wet Age related Macular Degeneration (AMD) receiving therapy and who have not lost their sight [beyond a specified degree]**

	• **% of patients with diabetic retinopathy who have received laser treatment and not lost their sight [beyond a specified degree]** • **% of patients with cataract who have had surgery and reported improvements to vision and daily living**

Improvement area: Improving functional ability in people with long term conditions	
Indicators derived from quality standards	
Chronic Obstructive Pulmonary Disease	
2.26 People with COPD referred to a pulmonary rehabilitation programme who complete the programme	**No comment**
Improvement area: Enhancing quality of life for carers	No comment
Indicators derived from other sources	No comment
Carers	
2.19 Carers identified on practice registers 2.21 Number of information prescriptions for carers	**No comment**
Improvement area: Enhancing quality of life for people with dementia	**No comment**
Indicators derived from quality standards	No comment
Dementia	
2.44 People presenting with suspected dementia who are referred and seen by memory assessment services within 3 months	**No comment**
Domain 3: Helping people to recover from episodes of ill health or following injury	**We agree health care should be about ongoing support and welcome any indicators that will help an individual to recover from ill health and enable them to return to as much daily functioning and independence as possible.** **With the ageing population, sensory loss is likely to have a significant impact on the quality of life following diagnosis. Therefore, in the next set of CCG-OIS, under Domain 3, we would hope to see outcomes indicators for:** • **% of patients diagnosed as visually impaired/not severely visually impaired who** **a) have access to Eye Clinic Liaison Office (ECLO) support on the same day as diagnosis** **b) are Certificate of Visual Impairment (CVI) registered**

	• **% of patients with double sensory impairment who have community access to vision and hearing correction.**
Overarching	No comment
Indicators derived from quality standards	No comment
Chronic Heart Failure	
CHF11 Of people with heart failure who are discharged from hospital following an admission to hospital for heart failure, the proportion who are readmitted as an emergency because of heart failure within 30 days of discharge	No comment
Alcohol	
ALC35 Of adults accessing specialist alcohol services, the proportion who receive evidence-based psychological interventions in accordance with NICE clinical guideline 115 ALC43 Alcohol-related hospital admissions ALC44 Alcohol-related readmission to any hospital within X days/months after the last previous discharge following an alcohol-related admission (timescale to be confirmed as part of indicator testing)	No comment
Improvement area: Improving recovery from injuries and trauma	No comment
Indicators derived from quality standards	No comment
Hip Fracture	
HFra28 Reoperation after 12 months (allowing 6-12 months for complications) HFra01 Of people with hip fracture, the proportion who receive a formal hip fracture programme from admission evidenced as having a joint acute care protocol at admission, and evidence of MDT rehabilitation agreed with a named responsible orthogeriatrician and orthopaedic surgeon, with GMC numbers recorded HFra05 Of people with hip fracture, the proportion receiving recorded preoperative cognitive assessment and measurement using a validated tool HFra10 Of people with hip fracture, the proportion who receive surgery on the day of, or the day after, admission HFra20 Of people with hip fracture, the proportion who receive a multifactorial risk assessment of future falls risk, led by the Hip Fracture programme team evidenced by GMC number of responsible clinician HFra28 Reoperation after 12 months (allowing 6-12 months for complications)	**Further to our comments above, we feel this CCG-OIS highlights a major opportunity for more preventive action.** **It is well documented that poor vision is more likely to result in falls and hence fractures[1].** **We welcome that falls prevention might include an assessment of visual acuity.** **An unintended consequence might be that visual function is only considered as reduced visual acuity. Visual acuity is only one measure of visual function, and risk factors of falls may**

	include poor contrast, diplopia and other visual problems, such as visual field loss. **This highlights the advantage of closer collaboration across specialties. The Optical Confederation would welcome the opportunity to work with both NICE and NHSCB on such cross-cutting outcome indicators which contribute to existing health outcomes.** **[1]References** College of Optometrists and The British Geriatric Society. *The importance of vision in preventing falls, a*vailable from http://tinyurl.com/vision-falls. Accessed 11.2.2013. Abdelhafiz, A.H. and Austin, C.A Visual factors should be assessed in older people presenting with falls or hip fracture *Age and Ageing* 2003 32(1), 26-30 Ivers RQ, Cumming RG, Mitchell P et al. Visual impairment and falls in older adults: the Blue Mountains Eye Study. *J. Amer Ger. Soc*. 1998 46(1): 58-64 Cummings SR. Treatable and untreatable risk factors for hip fracture. *Bone* 1996 18(3 suppl): 165S-167S Jack DI, Smith T, Neoh C et al. Prevalence of low vision in elderly patients admitted to an acute geriatric unit in Liverpool: elderly people who fall are more likely to have low vision *Gerontology* 1995 41(5), 280-5 Patino CM, McKean-Cowdin R, Azen SP et al Central and peripheral visual impairment and the risk of falls and falls with injury *Ophthalmology* 2010 117(2) 199-206 Knudtson MD, Klein BE, Klein R Biomarker of aging and falling: the Beaver Dam eye study *Arch Gerontol Geriatr* 2009 49(1) 22-26 Kuang TM, Tsai SY, Hsu WM et al Visual impairment and falls in the elderly: the Shihpai Eye Study *J Chin Med Assoc* 2008 71(9) 467-72

	Kulmala J, Era P, Parssinen O et al Lowered vision as a risk factor for injurious accidents in older people *Aging Clin Exp Res* 2008 20(1) 25-30 Lamoureux El, Chong E, Want JJ et al Visual impairment, causes of vision loss, and falls; the Singapore Malay eye study *Invest Ophthalmol Vis Sci* 2008 49(2) 528-33 de Boer MR, Pluijm SM, Lips P et al Different aspects of visual impairment as risk factors for falls and fractures in older men and women *J Bone Miner Res* 2004 19(9) 1539-47 Coleman AL, Stone K, Ewing SK et al Higher risk of multiple falls among elderly women who lose visual acuity *Ophthalmology* 2004 111(5) 857-62

Improvement area: Improving recovery from stroke	**Optometrists are familiar with working as part of a multidisciplinary team and it would seem unreasonable not to include their input in stroke rehabilitation once the patient has been discharged back to the community setting.** **A recent survey within the profession has shown that more than 85% of practitioners routinely examine stroke patients within their practice and more than 70% would want to participate in any future enhanced eye care service pathway (please see attached survey results from the Local Optical Committee Support Unit). We would suggest that the inclusion of optometrists in the rehabilitation pathway should be reviewed and recognised as an integral part of this domain.**
Indicators derived from quality standards	**No comment**
Stroke	
3.36 Patients who have acute stroke who spend 90% or more of their stay on a stroke unit	**No comment**
Domain 4: Ensuring that people have a positive experience of care	**We support all attempts to improve the positive experiences people have of care.**
Improvement area: Improving the experience of care for people at the end of their lives	**No comment**
Indicators derived from quality standards	**No comment**
End of Life Care	

ELC05 Of people who have stated their preferred place of death, the proportion who died in their preferred place of death ELC28 Of people closely affected by a death, the proportion who report a satisfactory experience of: • Communication • Information • Co-ordination of care • Addressing their own needs • Care around the time of death • Bereavement care • Pain management	**No comment**