

National Institute for Health and Clinical Excellence

NICE Quality Standards Consultation – Smoking cessation: supporting people to stop smoking

Closing date: 5pm – Wednesday 10 April 2013

Organisation	<p>This response is submitted jointly by the Optical Confederation and the College of Optometrists.</p> <p>The Optical Confederation</p> <p>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).</p> <p>The College of Optometrists</p> <p>The College of Optometrists is the Professional, Scientific and Examining Body for Optometry in the UK, working for the public benefit. Supporting its 13,000 members in all aspects of professional development, the College provides Pre-Registration training and assessment, continuous professional development opportunities, and advice and guidance on professional conduct and standards, enabling Members to serve their patients well and contribute to the wellbeing of local communities.</p>
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Please note: comments submitted on the draft quality standard are published on the NICE website.	
Would your organisation like to express an interest in endorsing this quality standard? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
For information about endorsing quality standards please visit http://www.nice.org.uk/guidance/qualitystandards/indevelopment	

The personal data submitted on this form will be used by the National Institute for Health and Clinical Excellence (NICE) for the purpose specified. The information will not be passed to any other third party and will be held in accordance with the Data Protection Act 1998.

Please provide comments on the draft quality standard on the form below, putting each new comment in a new row. When feeding back, please note the section you are commenting on (for example, section 1 Introduction). If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor). If your comment relates to the standard as a whole then please put 'general'.

In order to guide your comments, please refer to the general points for consideration on the NICE website as well as the specific questions detailed within the quality standard.

Please add rows as necessary.

Section	Comments
e.g. Section 1 Introduction or quality statement 1 (measure)	e.g. Comment about quality statement 1.
Draft quality statement 1: (Definitions)	<p>In draft quality statement 1 (Identifying people who smoke) the definition statement is: “Healthcare professionals include but are not limited to doctors, nurses, midwives, pharmacists and dentists.”</p> <p>Notwithstanding the clear relationship between smoking and cancers, heart and lung disease and low birth weight babies, there is an equally important causal relationship between smoking, sight loss and blindness. Smokers have triple the incidence of age-related macular degeneration compared with non-smokers¹ and smoking is strongly associated with cataracts². Research elsewhere suggest the public have little awareness that smoking increases the risk of sight loss and that such campaigns can be effective³; especially among teenagers who are more scared of losing sight than of lung or heart disease⁴. A warning that smoking causes blindness will be included on cigarette packets across the EU in the coming years and already exists in Australia⁵. In our view it is vital that this is highlighted by the inclusion of optometrists and opticians in the list above. Whilst we accept that the broad statement indicates the range of healthcare professionals that could ask their patients whether they smoke, and offer those who smoke brief advice on how to stop, optometrists and opticians have a major and influential role (sight being the sense people of all ages fear losing most). Many eye health consultations already</p>

Section	Comments
	<p>include advising and counselling smokers on their increased risk, the benefits of stopping and, where appropriate, referral to a local stop smoking service. We would be grateful if this could be amended.</p> <p>We have also asked for the same inclusion to be made in draft quality statement 2 and for the same reasons.</p> <p>¹ Cong, R , et al (2008). Smoking and the risk of age-related macular degeneration: a meta-analysis. <i>Ann Epidemiol</i>; 18:647–656.</p> <p>² Kelly, SP, et al (2004). Smoking and blindness: strong evidence for the link, but public awareness lags. <i>BMJ</i>; 328:537–8</p> <p>³ Carroll, T, Rock, B. (2003) Generating Quitline calls during Australia’s National Tobacco Campaign: effects of television advertisement execution and programme placement. <i>Tobacco Control</i> ; 12(Suppl II):ii40–ii44</p> <p>⁴ Moradi, P, et al (2007). Teenagers’ perceptions of blindness related to smoking: a novel message to a vulnerable group. <i>Br J Ophthalmol</i>; 91:605–607.</p> <p>⁵ http://www.quitnow.gov.au/internet/quitnow/publishing.nsf/content/warnings-b-eye</p>
Draft quality statement 2 (Definitions)	<p>In draft quality statement 2 (Referral to stop smoking services) the definition statement is: “Healthcare professionals who may refer include but are not limited to doctors, nurses, midwives, pharmacists and dentists.”</p> <p>Notwithstanding the clear relationship between smoking and cancers, heart and lung disease and low birth weight babies, there is an equally important causal relationship between smoking, sight loss and blindness. Smokers have triple the incidence of age-related macular degeneration compared with non-smokers¹ and smoking is strongly associated with cataracts². Research elsewhere suggest the public have little awareness that smoking increases the risk of sight loss and that such campaigns can be effective³; especially among teenagers who are more scared of losing sight than of lung or heart disease⁴. A warning that smoking causes blindness will be included on cigarette packets across the EU in the coming years and already exists in Australia⁵. In our view it is vital that this is highlighted by the inclusion of optometrists and opticians in the list above. Whilst we accept that the broad statement indicates the range of healthcare professionals that could refer patients who smoke, optometrists and opticians have a major and influential role (sight being the sense people of all ages fear losing most). Many eye health consultations already include advising and counselling of smokers on their increased risk, the benefits of stopping and, where appropriate, referral to a local stop smoking service. We would be grateful if this could be amended.</p>

