

National Institute for Health and Clinical Excellence

NICE pilot quality standards for social care:

Consultation on the draft quality standard for Dementia: Supporting people to live well with dementia

Closing date: 5pm – 16 October 2012

Organisation	The Optical Confederation
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Are you happy to be named as a consultee to the Quality Standard on the NICE website? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Would your organisation like to express an interest in endorsing this quality standard? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
For information about endorsing quality standards please visit http://www.nice.org.uk/guidance/qualitystandards/indevelopment	

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PLEASE NOTE: The Institute reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of the Institute, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

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Please provide comments on the draft quality standard using the forms 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 10 (general)	We feel the Quality Statement would be significantly improved if it contained more specific and detailed information about the types of services that need to be provided in order to support people living with dementia in maintaining their physical and mental wellbeing. Such a list was included in the original draft QS, but was not included in the final version (QS1). In order to assist service users, carers and commissioners, and ensure the quality standard can function as a standalone document, we feel the specific interventions described in NICE clinical guideline 42 recommendation 1.1.1.4 should be included, perhaps in the definitions for QS10.
Draft Quality Statement 10 (general)	We believe the specific interventions described in NICE clinical guideline 42 recommendation 1.1.1.4 should be included in Draft Quality Statement 10. Those recommendations include two interlinked issues - sensory impairment and communication difficulties. Along with hearing, vision is vital to maintaining communication and quality of life in people with dementia. We believe this is so important that specific guidance on regular eye examinations should form part of the QS. People with dementia can experience a number of vision related problems form those normally associated with ageing, but

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Section	Comments
	also from additional damage to the visual system caused by specific types of dementia. These can result in a variety of visual “misunderstandings” that are likely to be more severe for people with dementia as they may not have the awareness to interpret these “misunderstandings”. Good vision can significantly improve the quality of life of a person with dementia and may have a significant effect on behaviour.
Draft Quality Statement 10 (definitions)	The second bullet point (“Primary care teams”) is too vague to be of assistance to users of the QS and should be much more specific.

Please also consider the general and specific questions relating to this quality standard on the next page:

General questions	Comments
How will this quality standard improve the quality of care provided?	We are not in a position to comment on this question.
What important areas of care or services, if any, are not covered by this quality standard?	We are not in a position to comment on this question.
How useful are each of the proposed quality statements?	We have commented on draft QS 10 and believe this is particularly important to the care and well being of people with dementia. We do however feel that more

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General questions	Comments
	specific guidance on the types of interventions and the primary care teams who might provide them would increase the usefulness of the standard.
Which are the most important quality statements and why?	We are not in a position to comment on this question.
Are any of the proposed quality statements inappropriate and if so why?	We are not in a position to comment on this question.
How measurable are each of the proposed quality statements - how easy will it be to collect data for each statement?	We are not in a position to comment on this question.
Are any of the proposed quality measures inappropriate and, if so why, and can you identify suitable alternatives?	We are not in a position to comment on this question.
Are there any additional quality measures that should be included?	We are not in a position to comment on this question.
Dementia QS specific question	Comments
Can you suggest how we should demonstrate alignment between this quality standard and the published quality standard for dementia (Appendix 2)	We are not in a position to comment on this question.

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