

National Institute for Health and Care Excellence

**PUBLIC HEALTH GUIDANCE – Behaviour Change (partial update of PH6)
Consultation on the Draft Guidance from 5th June 2013 – 31st July 2013**

Comments to be received no later than 5pm on Wednesday 31st July 2013

Stakeholder Comments

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1. Please put each new comment in a new row.
2. Please insert the **section number** (eg 3.2) in the 1st column. If your comment relates to the document as a whole, please put '**general**' in this column
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4. **Please note forms with attachments such as research articles, letters or leaflets cannot be accepted. If forms are received with an attachment they will be returned without being read. Any resubmitted forms without attachments must be by the consultation deadline.**

Name:		Ben Cook
Organisation:		Optical Confederation & College of Optometrists
Section number	Page Number	Comments
Indicate section number or 'general' if your comment relates to the whole document		Please insert each new comment in a new row.
General		Optometrists and dispensing opticians are ideally placed in the community to deliver either 'brief interventions' or 'very brief interventions' to prevent sight loss or to deliver other important health messages. For example, we may be in a position to offer dietary advice to people with diabetes, or to discuss the importance of taking medication on a regular basis etc, and are certainly ideally placed to signpost community services or direct patients to appropriate professionals.

Please add extra rows as needed

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General		As optometrists carry out approximately 17.5 million sight tests a year in England (1), there is the potential for optometrists and dispensing opticians to do more to make 'every contact count' by expanding their role in health promotion. For example, they could provide smoking cessation or signpost to relevant services. Smoking is a major risk factor in age-related macular degeneration, which the biggest cause of blindness in the UK (2) and a principal risk factor in the development of cataracts (3). If resources and training were made available, these interventions could be delivered by health care professionals, such as optometrists and dispensing opticians, or referrals made to other primary care providers.

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General		There were over 6.2m outpatient appointments for ophthalmology in 2011-12, the third busiest speciality (4). The vast bulk of these referrals come from community optometrists who detect sight threatening conditions through routine sight tests. Early detection and diagnosis are a key factor in patient outcomes, for example AMD requires an urgent referral from community optometrists to minimise sight loss. Certain ethnic groups and populations in areas of socio-economic deprivation are more at risk of poor eye health but less likely to seek treatment (5). Changing behaviour so that people, particularly those in high risk groups, have regular eye examinations would significantly improve the nation's eye health by lowering the level of undiagnosed eye conditions and by improving the outcomes of treatment.
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General		<p>It would be helpful therefore if NICE and Public Health England could make clear the importance of early intervention by optometrists and dispensing opticians, especially with regard to 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 optometrists and opticians can play their full role as health professionals in helping patients quit smoking and in getting their eyes tested regularly.</p> <p>References: (1) Optical Confederation (2011) Optics at a glance. http://www.opticalconfederation.org.uk/downloads/key-statistics/Optics%20at%20a%20Glance%202011.pdf (2) Bunce, C, Wormald, R. Leading causes of certification for blindness and partial sight in England and Wales. BMC Public Health. 2006; 6: 58.</p>
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		(3) Kelly, SP, et al (2004). Smoking and blindness: strong evidence for the link, but public awareness lags. <i>BMJ</i> ; 328:537–8
		(4) Hospital Episode Statistics: Outpatient, treatment speciality by attendance type: England 2011/2012, Health & Social Care Information Centre
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		<p>(5) Dickey, H. Et al (2012) Utilisation of eye-care services: The effect of Scotland's free eye examination policy. Health Policy Volume 108, Issues 2–3, December 2012, Pages 286–293. Fraser et al (2001) Deprivation and late presentation of glaucoma: case-control study. <i>BMJ</i> 2001;322:639 doi:10.1136/bmj.322.7287.639</p> <p>Saidkasimova, S et al (2009) Clinical science: Retinal detachment in Scotland is associated with affluence. <i>Br J Ophthalmol</i>;93:1591-1594 doi:10.1136/bjo.2009.162347</p> <p>Klein, R et al (2006). Prevalence of age-related macular degeneration in 4 racial/ethnic groups in the multi-ethnic study of atherosclerosis. <i>Ophthalmology</i> 113(3), 373-380</p> <p>Diabetes UK (2004) <i>Diabetes in the UK</i>, www.diabetes.org.uk/Documents/Reports/in_the_UK_2004.doc</p> <p>Wadhwa, S & Higginbotham, E.J (2005), Ethnic differences in glaucoma: prevalence, management and outcome. <i>Current Opinion in Ophthalmology</i>, 16:101-106.</p>
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General		<p>The College of Optometrists is the professional, scientific and examining body for optometry in the UK, working for the public benefit.</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 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 Opticians (FODO). As a Confederation, we work with others to improve eye health for the public good.</p>

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