

National Institute for Health and Care Excellence

NICE Quality Standards Consultation – Falls: assessment and secondary prevention in older people

Closing date: 5pm – Wednesday 3 December 2014

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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 formally supporting this quality standard? Yes	
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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
Question 5, statement 2	<p>We are pleased that Visual Impairment is recognised as an essential component of the multi-factorial risks assessment and highlighted within the draft Quality Standard. With this in mind, service providers and health and social care practitioners should receive training in basic vision-testing. The Eyes Right Tool from Thomas Pocklington Trust (http://www.pocklington-trust.org.uk/researchandknowledge/publications/Eyes+Right+Toolkit) provides a peer reviewed and user friendly solution for quick and easy vision checks within a falls service setting.</p>
Statement 3	<p>There are additional falls risks associated with older adults who have poor vision (for example, a drastic reduction in mobility)* and no real evidence to suggest that standard rehabilitation programmes are actually effective for falls patients with visual impairment. Northumbria, Manchester, Newcastle and Glasgow Caledonian Universities are conducting research at the moment which is looking to adapt exercise programmes to improve falls prevention among older people with sight loss. (Funded by the National Institute for Health Research). We therefore urge the Quality Standards Advisory Committee to consider a caveat in this particular standard that takes the visually impaired into account.</p> <p><i>*Crews JE, Campbell VA. (2004), Vision impairment and hearing loss among community-dwelling older Americans: Implications for health and functioning. American Journal of Public Health, 94, 823-829</i></p>

Section	Comments
Statement 4	<p>If vision was a known factor in the fall, it is imperative that the home hazard assessment is sensitive to the specific needs of the visually impaired patient. No matter how hazardous the objects in a person’s home may seem to others, it may well be that, for the visually impaired person, they are crucial for enabling them to navigate their home environment. It is more lighting and contrast around stairs and doorways that play a fundamental role in preventing falls in the home of a visually impaired person. We recommend that caution should be used when moving or removing objects and a consultation with the visually impaired person (or their carer) should be standard practice.</p> <p>Housing for people with sight loss: A practical guide to improving existing homes, Good Practice Guide 4 (3rd edition) www.pocklington-trust.org.uk/researchandknowledge/publications/rf17</p>
Section 1	<p>Coordinated Services – We strongly suggest that an official link-up between community optical services, including low vision, and falls services should be established, especially when the result of a vision check in a falls service context highlights a problem. A basic protocol for reciprocal referral between eye health specialists and falls services should be implemented as part of local falls pathways and post-fall protocols. Open communication and feedback, through NHS mail, would help to navigate patients along the pathway, bolstering clinical continuity. Facilitating these links would help prevent significant numbers of falls in older patients with visual impairment.</p>

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.