

## Cataracts

Consultation on draft scope – deadline for comments 5pm on 25/03/2015

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<b>Please note:</b>		Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline. <a href="#">Developing NICE guidance: how to get involved</a> has a list of possible areas for comment on the draft scope.	
<b>Stakeholder organisation</b> (if you are responding as an individual rather than a registered stakeholder please state name here):		<b><u>Optical Confederation and Local Optical Committee Support Unit (LOCSU)</u></b>	
<b>Name of commentator</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):		<b>Geoff Roberson Professional Adviser Association of Optometrists</b>	
<b>Comment No.</b>	<b>Page number</b> or <b>'general'</b> for comments on the whole document	<b>Line number</b> or <b>'general'</b> for comments on the whole document	<b>Comments</b>  Insert each comment in a new row.  Do not paste other tables into this table, as your comments could get lost – type directly into this table.
Example	3	55	The draft scope currently excludes people who have already been diagnosed. We feel this group should be included because....
1	2	50	We believe it would give greater clarity if Congenital and/or Juvenile Cataract were added to the list of groups that will not be covered.
2	4	92	The current scope for ongoing care seems to be limited to immediate post-operative care and does not include longer term complications such as posterior capsular opacification or cystoid macular oedema. We suggest a second sub-bullet point is added to Section 4 Ongoing Care to deal with longer term complications. If it is felt that this is beyond the scope of the guideline then we feel it would be helpful if this were stated in the section "Areas that will not be covered" (line 98).
3	4	93	The word "outpatient" should be deleted and the sentence should simply refer to "Optimal postoperative follow-up ....." It may not be what was intended, but the use of "outpatient" suggests that post-operative follow-up should take place in a hospital secondary care setting, when this may not be the optimal strategy. We believe the guideline should cover post-operative follow-up in community settings as well as hospital.

4	4	96/97	As it is assumed that post-operative care might be provided outside a hospital setting there will need to be a 2-way communication pathway, both from and back to the surgical centre and the wording should reflect this joint responsibility.
5	5	131	We suggest that lifestyle considerations must be included in a discussion about indications and clinical thresholds for referral. Because of its importance we feel it would be helpful if lifestyle considerations were specifically identified in the text.
6	11	304	For clarity we suggest that “optometrist” is replaced by “community optometrist”.
7	General	General	We welcome the fact that the whole cataract pathway is in scope and not just surgery, and that this includes the role of the community optometrist in referral.

Add extra rows if needed

### Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, do not include attachments such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments.

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

Please add extra rows as needed

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