Macular degeneration NICE National Institute for Health and Care Excellence

Consultation on draft scope – deadline for comments 5pm on 08/06/2015
email: **MacularDegeneration@nice.org.uk**

Please note:	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. Developing NICE guidance: how to get involved has a list of possible areas for comment on the draft scope.
Stakeholder organisation (if you are responding as an individual rather than a registered stakeholder please state name here):	**Optical Confederation**
Name of commentator (if you are responding as an individual rather than a registered stakeholder please leave blank):	**David Craig**

Comment No.	**Page number** or **'general'** for comments on the whole document	**Line number** or **'general'** for comments on the whole document	**Comments** 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	3	14-16	We note that one of the areas covered in the guidance will be service organisation including patient referral pathways, timescales, and service models for triage and diagnosis, treatment and ongoing management. This seems inconsistent with the statement in page page 5 line 24 and 25 that reducing the risk of AMD will not include “Access to optometrist services, emergency services and general practitioners”. We do not believe that service organisation can ignore how patients access primary care (including optometric and dispensing optician services) and emergency services.
2	3	21-22	This section indicates the guideline will cover “strategies to reduce the risk of AMD progressing or developing in the unaffected eye”. We believe this section should describe strategies for risk reduction in all people not just those who already have AMD in one eye.
3	4	11-13	Add reference to optimising existing visual performance.
4	5	24-25	We are concerned that if the guideline does not cover “Access to optometrist services, emergency services and general practitioners” it will be difficult to assess different referral pathways and also difficult to make recommendations about best practice in care pathways identified as a key issue on page 6 line 23-25.

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5	5	23-25	The exclusion of community optometric services conflicts with the stated aim on page 3 line 11 which says that all settings in which NHS funded care is provided will be covered. We are concerned that it will be both difficult to assess different referral pathways and difficult to make recommendations about best practice in care pathways if the guideline will not cover “Access to optometrist services, emergency services and general practitioners.” The care pathway surely starts with the identification of cases (often through optometric examination) and can end with the provision of low vision services (through optometrists and dispensing opticians)
6	6	13	Costings from a “personal social services perspective” should include non HES eye-care costs such as GOS and community schemes.
7	6	22-26	We are concerned that it will be difficult to assess how different organisational models and referral pathways for triage and diagnosis influence outcomes if optometrist services, emergency services and general practitioners are not included in the scope of this guidance – given that these services are the route by which most patients are identified.

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8	7	1-4	We are concerned that it will be difficult to advise on best practice when assessing how different organisational models for ongoing treatment and follow up influence outcomes for people with neovascular AMD if access to community optometric and dispensing optician services is not included in the scope of the guidance.
9	7	5-9	We are concerned that it will be difficult to assess how the risk of AMD can be reduced if the role of community optometrists, and access to optometric services, is not included in the scope of the guidance, given that optometrists are well placed to identify and advise patients at risk of AMD.
10	7	11-13	We are concerned that it will be difficult to have any full assessment of the signs and symptoms which should prompt a healthcare professional to suspect AMD in people presenting to healthcare services without including those healthcare services which are most likely to spot those signs and symptoms – optometrists, GPs and emergency services.
11	8	16	This should include community eye care services that seek to maximise residual vision.

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12	8	26-27	We are concerned that an assessment of what strategies and tools are useful for monitoring people with AMD will be difficult without including community optometric services in the scope of the guidance, given how well-placed optometrists are to play a role in any monitoring
13	16	16	Should recognise that where the HES does not provide information to the patient, community optometry practices do.
14	16	21	Add in community low vision services.
11			

Add extra rows if needed

Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).
- Include page and line number (not section number) of the text each comment is about.
- 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.

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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.

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