

## Service model for people with learning disabilities and challenging behaviour

Consultation on draft scope – deadline for comments 5pm on 02/09/2015

email: [LDCB@nice.nhs.uk](mailto:LDCB@nice.nhs.uk)

<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>[Optical Confederation]</b>	
<b>Name of commentator</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):		<b>[Arielle Nylander]</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	General and especially		<p>Our request is that wherever health care workers or carers interact with people with learning disabilities and behaviour that challenges, they are nudged to think about sensory impairment and to check that issues are not being exacerbated by people not wearing or having their spectacles (or hearing aids).</p> <p>We have responded in depth to the scope consultation on care and support of older people with learning disabilities on these issues and will not repeat those submissions here.</p> <p>However, we do wish to provide a brief reminder in the context of this consultation that people with learning disabilities experience serious sight problems and visual impairments at a rate of 10 times the general population. These issues often arise earlier in life among people with learning disabilities, with approximately 14% of people over 50 diagnosed as visually impaired or blind and a further 56% experiencing refractive error (<b>Emerson and Roberson. 2011.; commissioned by RNIB and SeeAbility, accessible at: <a href="http://www.rnib.org.uk/knowledge-and-research-hub/research-reports/prevention-sight-loss/prevalence-VI-learning-disabilities">http://www.rnib.org.uk/knowledge-and-research-hub/research-reports/prevention-sight-loss/prevalence-VI-learning-disabilities</a></b>).</p> <p>Recognising the need to improve access to good eye care services, the Local Optical Committee Support Unit (LOCSU) has developed a new Community Eye Care Pathway for Adults and Young People with Learning Disabilities. The pathway, which can be viewed here: <a href="http://www.locsu.co.uk/community-services-pathways/community-eye-care-pathway-for-adults-and-young-pe">http://www.locsu.co.uk/community-services-pathways/community-eye-care-pathway-for-adults-and-young-pe</a>, has been developed in conjunction with two leading charities, Mencap and SeeAbility, to ensure that it reflects the needs of people with learning disabilities and is based on established, successful learning disability services provided by community optometrists in a number of areas in England. The pathway gives Local Optical Committees the basis for a proposal to improve the way eye care for people with learning disabilities is delivered in their local area.</p> <p>Vision and other sensory loss among this population is often overlooked by health and social care providers and carers, who may not fully understand the importance of good sensory functioning for people who may not read, work or drive. However, communication and social inclusion are important aspects of valuing and supporting people with learning disabilities to lead as comfortable and participatory lives as possible; both depend greatly on sensory functioning – at a minimum through either vision or hearing, though ideally through both.</p> <p>Health and social care professionals and carers may need additional education and support – and informal carers reminding – to ensure that changes in vision are noted and referred on for appropriate care as early as possible, particularly given the high prevalence of sight problems and the fact that people with learning disabilities may be less able to communicate such changes.</p>
	5	117-119	
	5	124-127	
	6	142	
	6	143	
	6	144	
	6	146	
	6	147-148	
Please add extra rows as needed			

Please return to: **LDCB@nice.nhs.uk**

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

2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

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.

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

Please return to: **LDCB@nice.nhs.uk**

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