

National Institute for Health and Care Excellence

Stakeholder comments proforma – engagement exercise for quality standard on mental wellbeing and independence for older people

Please enter the name of your registered stakeholder organisation below.	
Stakeholder organisation:	Optical Confederation
Commenter name:	Arielle Nylander
Job title:	Policy Officer
Address and postcode:	199 Gloucester Terrace, London, W2 6LD
Email address:	Arielle@fodo.com
Telephone number:	0207 298 5151
Please note: comments submitted are published on the NICE website.	
Would you like to express an interest in formally supporting this quality standard? <input type="checkbox"/> Yes	

Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
<p>Separately list each key area for quality improvement that you would want to see covered by this quality standard.</p> <p>EXAMPLE: Pulmonary rehabilitation for</p>	<p>EXAMPLE: There is good evidence that appropriate and effective pulmonary rehabilitation can drive significant improvements in the quality of life and health status of people with COPD.</p> <p>Pulmonary rehabilitation is recommended within NICE</p>	<p>EXAMPLE: The National Audit for COPD found that the number of areas offering pulmonary rehabilitation has increased in the last three years and although many people are offered referral, the quality of pulmonary rehabilitation and its availability is still limited in the UK.</p> <p>Individual programmes differ in the precise exercises used, are of different duration, involve variable amounts of home exercise and have</p>	<p>EXAMPLE: Please see the Royal College of Physicians national COPD audit which highlights findings of data collection for quality indicators relating to pulmonary rehabilitation.</p> <p>http://www.rcplondon.ac.uk/resources/chronic-obstructive-pulmonary-disease-audit</p>

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chronic obstructive pulmonary disease (COPD)	guidance. Rehabilitation should be considered at all stages of disease progression when symptoms and disability are present. The threshold for referral would usually be breathlessness equivalent to MRC dyspnoea grade 3, based on the NICE guideline.	different referral criteria.	
Visual impairment: community optical services	<p>Older people are at significant risk of visual impairment with 1 in 5 of those aged 75 and older and 1 in 2 of those over 90 experiencing sight loss [1]. Communication and social inclusion are key aspects of valuing and supporting older people's independency and quality of life; both depend greatly on sensory functioning – at a minimum through either vision or hearing, though ideally through both [2]. There is evidence that unaddressed sight loss contributes to isolation, loneliness and depression in older adults and significantly increases the risk of falls and hip fractures [3].</p> <p>Given the high prevalence of sight loss amongst older people and the multiple ways in which good vision supported by regular eye</p>	<p>We welcome NICE's recognition of visual impairment as an age-related disability in its 'Older people: independence and mental wellbeing' guideline [4].</p> <p>Community optical practices offer effective and cost effective interventions nationally via GOS. All adults over 60 are entitled to free eye tests. Programmes such as diabetic retinopathy screening are also in place nationally on the NHS. In addition, optical practices provide locally commissioned community services including Minor Eye Condition Service (MECS). Where commissioned by CCGs, these services are free at the point of use. However, commissioning is currently piecemeal; for example, only one third of CCGs have commissioned MECS locally. This results in duplication of cost and effort and leads to postcode lotteries as well as confusion amongst the public.</p> <p>These services would enable provision of quality, accessible care in the community and provide a</p>	<ol style="list-style-type: none"> 1) Access Economics. 2009. Future Sight Loss (1): The economic impact of partial sight and blindness in the UK adult population, 1.1 Definitions of Partial Sight and Blindness, p.3 2) Older people with social care needs and multiple long-term conditions. Nice Guideline - Publication expected September 2016 3) Hodge, Barr and Knox. 2010. Evaluation of emotional support 4) Older people: independence and mental wellbeing. NICE Guideline 5) Douglas et al. 2006. Network 1000 6) Workplace policy and management practices to improve the health and wellbeing of

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	<p>care can help to maintain physical, mental and social wellbeing, community optical services have an important role to play in supporting older people to retain the maximum amount of independence, choice and control over daily life.</p>	<p>cost benefit to the NHS. In order to maximise these benefits they should be agreed through a national pathway with common standards, outcomes and experience measures that all areas could implement to avoid 'reinventing the wheel' – ideally at one fixed fee to save on commissioning costs. This would greatly reduce the cost and time burden on hospital ophthalmology and emergency departments as the majority of acute eye conditions are urgent rather than emergency, and most screening, monitoring and follow up can be done more cheaply but to the same standard by properly qualified community optometrists. However despite being one of the four primary care professions, Optometry is sometimes overlooked by health and social care professionals. If primary care services are to be fully utilised, we believe that the value of healthy vision and the role of community optical services in supporting this will need to be highlighted.</p> <p>Sight loss and other vision problems are often overlooked in part because their importance is not always well understood by front line staff. Regular sight tests and correction of any refractive error support communication and social interaction, and offer the opportunity to prevent and treat eye health conditions before they become sight threatening. Regular sight tests also support overall health and management of conditions such as diabetes and high blood pressure, and help to prevent falls and hip fractures, all of which</p>	<p>employees. Nice Guideline - Publication expected March 2016</p> <p>7) Nazroo, Whillans and Matthews. 2015. Changes in vision in older people: causes and impact. Thomas Pocklington Trust.</p>

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		<p>are more prevalent among older people [5].</p> <p>Where older people choose to remain in work, as is particularly true amongst lower earners [6], community optical services play an important role in reducing rates of avoidable age related sight loss. Rates of unemployment and unemployment-related psychological stress are high amongst people in the UK with visual impairment, and recent evidence shows that older people in the poorest fifth of the population have an almost 80% higher risk of developing severe visual impairment than those from the wealthiest fifth [7]. The rapidity of deterioration in vision is related to decreases in income, quality of life and social activity. Given the key importance of eye health for enabling independence and wellbeing in this population, and the potential for sight loss to exacerbate other social determinants of health, preventing visual impairment amongst older employees should be given greater attention.</p> <p>In cases where older people have multiple conditions or complex needs, visual impairment is often confused with other aspects of their diagnosis ('diagnostic overshadowing'). For example, it is particularly important that elderly people at greater risk of dementia attend regular eye examinations as symptoms of dementia can mask symptoms of sight loss. There is a need for training for those who care for older people around recognising changes in vision, particularly</p>	

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		<p>amongst those with sight loss and co-morbidities such as dementia, in order to ensure that vision problems are correctly and swiftly identified.</p> <p>Moreover, the variety of community optical services offers an opportunity for people to exercise real choice and control in their care and treatment, selecting the practice with the approach and accommodations that best suit their needs. It is important that this choice and continuity of care be preserved, for example through care home staff supporting arrangements for older people to continue to see their regular eye health practitioner if they wish. Older people who are unable to visit an optical practice in the community are entitled to an NHS-funded domiciliary eye care in their own home or in the care home where they reside; staff must support them in making the necessary arrangements with a provider of their choice.</p>	
Key area for quality improvement 2			
Key area for quality improvement 3			
Key area for quality improvement 4			
Key area for quality improvement 5			
Additional			

Key area for quality improvement	Why is this important?	Why is this a key area for quality improvement?	Supporting information
developmental areas of emergent practice			

Please email this form to: QStopicengagement@nice.org.uk

Closing date: 5pm 24th February 2016