

**Workplace policy and management practices to improve the health and wellbeing of employees**

**Consultation on draft guideline – deadline for comments 5pm on 19/10/15 email: WorkplaceOlderEmployees@nice.org.uk**

	<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"> <li>1. Do you have a view on the updated recommendations? The focus for the guideline older employees. The parts of the guideline that have been updated are marked <b>[new 2015]</b> and we are asking for comments on these parts of the guideline only. Sections marked <b>[2015]</b> and greyed out have only been updated to bring them into line with the current NICE template. We are unable to accept any comments on these sections.</li> <li>2. The areas that will have the biggest impact on practice and be challenging to implement</li> <li>3. How to help users overcome challenges</li> </ol> <p>See section 3.9 of <a href="#">Developing NICE guidance: how to get involved</a> for suggestions of general points to think about when commenting.</p>
<p><b>Organisation name – Stakeholder or respondent organisation</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p><u><b>Optical Confederation</b></u></p>
<p><b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.</p>	<p>None</p>
<p><b>Name of commentator person completing form:</b></p>	<p><u><b>Arielle Nylander</b></u></p>

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Type		[office use only]		Comments
Comment number	Document (full version, short version or the appendices)	Page number Or 'general' for comments on the whole document	Line number Or 'general' for comments on the whole document	
Insert each comment in a new row. Do not paste other tables into this table, because your comments could get lost – type directly into this table.				
Example 1	Full	16	45	We are concerned that this recommendation may imply that .....
Example 2	Full	16	45	Question 1: This recommendation will be a challenging change in practice because .....
Example 3	Full	16	45	Question 3: Our trust has had experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact.....
1	Full	General		<p>The Optical Confederation represents the 12,000 optometrists, the 6,000 dispensing opticians and 7,000 optical businesses in the UK who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of the five optical representative bodies: the Association of British Dispensing Opticians (ABDO); the Association of Contact Lens Manufacturers (ACLM); the Association of Optometrists (AOP); the Federation of Manufacturing Opticians (FMO) and the Federation of Opticians (FODO).</p> <p>As a Confederation, we work with others to improve eye health for the public good. Vision impairment - defined as sight impaired (partially sighted) or as severely sight impaired (blind) - affects people of all ages but is mainly age related. Half of all sight loss can be prevented, and working preventatively and encouraging employees to undertake regular sight tests will both help and support people and prevent significant future costs. Through early detection and treatment vision loss can often be mitigated and where it cannot be, people can be better supported to live more independent lives and remain in employment.</p>
2	Full	General		<p>We welcome the inclusion of many of our comments on the previous version of this guidance. We remain concerned, however, that not enough attention has been given to the need to prevent sight loss and otherwise support people with sight loss to live active and independent lives, and to stay in work if they so choose.</p> <p>This is especially important in light of the inclusion in this update of new material specifically relating to older people. With many people living longer we are already and will continue to see many people choosing to</p>

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				<p>stay in the workforce for a considerably longer period, and this is particularly true amongst lower earners (as noted in on page 18, line 16-29 of this guidance). Recent evidence has shown 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, and the rapidity of deterioration in vision is related to decreases in income, quality of life and social activity. Given the high rates of avoidable age related sight loss - 1 in 5 of those aged 75 experience sight problems – and the poor rates of employment and unemployment-related psychological wellbeing amongst people in the UK with visual impairment, eye health should be given greater attention within this guideline.</p> <p>It is unfortunate that stronger language is not used to impress upon employers their statutory responsibilities to make reasonable adjustments for employees with sensory and other impairments throughout this guidance.</p>
3	Full	9	1-3	<p>It is not sufficient to simply ‘consider promoting or providing access to interventions via the workplace to help older employees access preventative services that they are eligible for and that will benefit their health’, particularly in light of the differential impact of a number of health conditions on older people, including sight problems and eye health pathologies.</p> <p>Use of visual display units (VDU), which is now common in many jobs staffed by people of all ages, can have impact on avoidable sight loss. Regular sight testing is essential to monitor and correct any deleterious impact resulting from the use of this equipment. Further, people with visual impairment for example are under the Health and Safety (Display Screen Equipment) Regulations 1992 entitled to free eye tests if they use display screen equipment for work. These regulations include the requirement of an employer to pay for a full eye examination.</p> <p>However, uptake by employers in the UK is relatively poor and employees are generally unaware of this requirement, e.g.</p> <ul style="list-style-type: none"> <li>• One in ten employers have no eye care policy at all.</li> <li>• One in five big businesses (18%) fail to pay for regular sight tests.</li> <li>• 40% of big businesses say they would refuse to make a contribution towards the cost of spectacles required solely for Visual Display Unit (VDU) work.</li> </ul> <p>It is therefore essential that employers receive clear guidance from NICE on these issues and to ensure that</p>

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				<p>employers inform their employees about their entitlements to a funded sight test – e.g. if they are a regular VDU user.</p> <p>The NHS already funds sight testing for those aged over 60 years old on a bi-yearly basis (and sooner where clinically required). This represents a cost-effective system already in place to keep older employees healthy and independent, but the take-up of this service is low. Employers must proactively promote this service to their employees, and help to educate them on the importance of regular sight tests. Employers offer a key route for raising awareness of the availability of NHS-funded sight tests for people over 60, or with glaucoma, a family history of glaucoma, or diabetes, and those on other means-tested benefits. Encouraging uptake will enable people to access services more effectively and doing so will improve workers’ health and wellbeing.</p> <p>Finally, it is of note that 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 are more prevalent among older people.</p>
4				
5				
6				

Insert extra rows as needed

**Checklist for submitting comments**

- Use this comment form and submit it as a Word document (not a PDF).
- Complete the disclosure about links with, or funding from, the tobacco industry.
- 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, comment forms do not include attachments such as research articles, letters or leaflets (for copyright reasons).

We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without

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## Workplace policy and management practices to improve the health and wellbeing of employees

**NICE** National Institute for  
Health and Care Excellence

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attachments, but it must be received by the deadline.

You can see any guidance that we have produced on topics related to this guideline by checking [NICE Pathways](#).

**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.