NICE National Institute for Health and Care Excellence

Glaucoma (update)

Consultation on draft guideline – deadline for comments 5.00pm on 4 July 2017
email: glaucoma@nice.org.uk

	Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly. We would like to hear your views on the draft recommendations presented in the short version and any comments you may have on the evidence presented in the full version. We would also welcome views on the Equality Impact Assessment. We would like to hear your views on these questions: 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. Would implementation of any of the draft recommendations have significant cost implications? 3. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) 4. [Insert any specific questions about the recommendations from the Developer, or delete if not needed] See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	[**Optical Confederation**]
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	[**Insert disclosure here**]
Name of commentator person completing form:	[**Peter Hampson**]
Type	[office use only]

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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	Comments 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 Example 2 Example 3	Full Full Full	16 16 16	45 45 45	We are concerned that this recommendation may imply that …….. Question 1: This recommendation will be a challenging change in practice because …… 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	Short	General	General	Question 1: We are concerned that for this guidance to be implemented, optometrists as the most numerous of those included in the definition of primary eye care professionals, need to be connected to the NHS infrastructure. Although there have been numerous statements on a paperless NHS, currently optometry practices are not connected to NHS systems and as such will have great difficulty accessing previous care episodes and discharge summaries.
2	Short	General	General	Question 1: We are concerned that in the eagerness to remove the cost burden of 1.8 million people with IOP >21 <24 mmHg from formal monitoring, this cost has been shifted to the patient. Unless patients with IOP >21 <24 mmHg are discharged with a statement that they are at risk of glaucoma, there is a chance they may not be eligible for NHS sight tests. This could create a risk of patients not having regular examinations, when they are in a group of increased risk. NHS England have made it clear, that patients should not normally be seen at sooner intervals than those designated by the Department of Health in the memorandum of understanding on the frequency of GOS sight tests.
3	Short	General	General	Question 2: Connecting optometry practices to the NHS infrastructure has a significant cost. Funding has previously been requested from NHS England, but has been rejected. Without connection to the wider NHS, it will be very difficult to break the cycle of unnecessary re-referral caused by operating in technological isolation. There is also the potential cost of 1.8 million people who require more regular follow up by primary eye care professionals.
4	Short	4	2,3,4	We are pleased to see that it is made clear that these recommendations are outside of a sight test.

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				However, we would like to see a more explicit early statement that a service should be commissioned to provide this service.
5	Short	4	8,9	We are concerned that threshold fields may not always be appropriate and difficult to complete for some patients. It would be better to have a line that says “threshold fields where possible”. Otherwise there is a risk that the extra time and cost associated make referral refinement unviable.
6	Short	4	11	We are concerned that pupil dilation adds an unnecessary burden and level of inconvenience to the patient. The need for pupil dilation should be clinically driven. If a sufficient view of the optic nerve can be obtained without dilation we do not believe it is necessary. For those that are driving this may require a return visit adding cost.
7	Short	4	15,16	We are pleased to see the addition of Van Herick’s and SD-OCT for anterior chamber assessment, but this could lead to a need to revise existing repeat readings schemes. Existing agreements may have to end before new ones can be negotiated.
8	Short	4	18,19	We believe the word “routinely” should be added, if an IOP is measured that warrants emergency referral and the practice does not have access to a Goldman-type applanation tonometer, it is our opinion that in this case, referral should both be made and accepted. For the avoidance of doubt this is defined by the College of Optometrists as an IOP ≥ 45 mmHg. If not this exposes patients to unacceptable risk.
9	Short	4	20,21,	Without very clear and easily accessible discharge plans it is very difficult for optometrists to know if clinical circumstances have changed. Unlike medicine, optometrists do not have a common record that follows the patient and patients tend to move between practices on a regular basis. There is an associated cost of making the necessary connections to NHS IT. Currently there is no funding available to optical practices.
10	Short	5	7,8,9,10,11,12,13	We are concerned that this could be misleading. While it makes sense to repeat IOP and visual fields, If there is optic nerve head damage, then this does not warrant repeat measures as it is unlikely to be a false positive.
11	Short	5	16,17	This requires greater elaboration to inform patients of both the reasons for non-referral and when they should return. If it is requested that patients are followed up more regularly than their normal sight test intervals, this would not normally be provided under GOS and as such would require an extended primary care service. NHS England have made it clear that patients should not normally be seen at sooner intervals than those designated by the Department of Health in the memorandum of understanding on the frequency of GOS sight tests.

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12	Short	5	16,17	Consideration should also be given to the funding of this recommendation. Only those with defined criteria are eligible for NHS sight tests. Unless patients with IOP >21 <24 mmHg are discharged with a statement that they are at risk of glaucoma, there is a chance they may not be eligible for NHS sight tests. This could create a risk of patients not having regular examinations, when they are in a group of increased risk.
13	Short	5	23,24.25,26	While we welcome this recommendation, care should be taken to not disadvantage patients. These services should be commissioned from all practices as extended primary care services. This will maximise patient convenience and cost effectiveness. We would discourage the use of tertiary referral triage centres as this inconveniences patients, limits patient choice and is no more cost-effective than services commissioned at optical practices. It should be noted that this pathway starts at the outcome of a sight test. It would therefore seem logical that the most convenient system for the patient is for repeat readings to follow on directly from the sight test at the same location.
14	Short	6	6,7	Pupil dilation at diagnosis is sensible. However, the evidence does not support mandatory dilation at referral.
15	Short	10	10,11,12,13,14	We welcome the addition of the discharge summary, however there will still be logistical challenges as patients move around between practices. Thought should be given to how this information can be accessed by whichever optometrist sees the patient.
15	Short	11	5,6,7	Only those who meet defined criteria are eligible for NHS sight tests. Unless patients with IOP >21 <24 mmHg are discharged with a statement that they are at risk of glaucoma, there is a chance they may not be eligible for NHS sight tests. This could create a risk of patients not having regular examinations, when they are in a group of increased risk.
17	Short	15	25,26,27,28	We are pleased to see that this has been clarified to avoid the current confusion amongst some practitioners.

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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 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.

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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.