

Diabetes in adults (update)

Consultation on draft quality standard – deadline for comments 5pm on 12/04/2016 **email:** QSconsultations@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">1. Does this draft quality standard accurately reflect the key areas for quality improvement? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.
Organisation name – stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	Optical Confederation and Local Optical Committee Support Unit
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	N/A
Name of commentator person completing form:	Saqib Ahmad

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Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.		Yes	
Type		[office use only]	
Comment number	Section	Statement number	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	Statement 1 (measure)		This statement may be hard to measure because...
1	Statement 2 & Statement 3		<p>We support the standard to provide an education programme to adults to allow them to better manage their condition. However, whilst the focus on everyday management is understandable there should also be inclusion of advice on the various screening programmes and other tools that provide safe, evidence-based management of complications. Providing this advice early will support higher awareness levels and uptake of screening, leading to fewer health costs to individuals and health systems into the future.</p> <p>Table 20 in the briefing paper sets out the management of eye complications as an area for quality improvement. The best way to minimize complications is through early detection of retinopathy through the eye screening programme. While eye screening uptake numbers are meeting targets, there is still room for improvement, in particular reducing geographical variation. As recently recommended by the Public Accounts Committee the implementation of the recommended care processes needs to be improved to reduce avoidable complications.</p> <p>Diabetic retinopathy is a leading cause of blindness in adults; early detection and management can prevent more than 90% of visual loss¹. Raising awareness of how to manage these risks amongst patients and service providers is therefore critical to minimising preventable sight loss. Community optometrists play an important role in diabetic eye</p>

¹ Williams R, et al. Epidemiology of diabetic retinopathy and macular oedema: a systematic review. Eye (Lond) 2004;18:963–83

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			screening, there is good evidence of their effectiveness and they have a wide network of practice locations which can provide screening close to home ² . Our recent response to the Public Accounts Committee inquiry into diabetes management provides more information on the role optometrists, opticians and community optical practices can play in the screening programme. http://www.opticalconfederation.org.uk/downloads/pac-inquiry-nhs-diabetes-management---optical-confed--college-of-optometrists-and-locsu-submission.pdf
2			
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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 section number of the text each comment is about eg. introduction; quality statement 1; quality statement 2 (measure).
- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- 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 and quality standards that we have produced on topics related to this quality standard 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

² Sellahewa et al. (2014) “Grader agreement, and sensitivity and specificity of digital photography in a community optometry-based diabetic eye screening program”. 8, 1345

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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 return to: QSconsultations@nice.org.uk