

## Diabetes in children and young people

**Consultation on draft quality standard – deadline for comments** 5pm on 14<sup>th</sup> March 2016 email: [QSconsultations@nice.org.uk](mailto: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"><li>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 <a href="#">NICE local practice collection</a> on the NICE website. Examples of using NICE quality standards can also be submitted.</li><li>2. [Insert any specific questions about the quality standard from the Developer, or delete if not needed]</li></ol>
<b>Organisation name – stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):	Optical Confederation and Local Optical Committee Support Unit
<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	None
<b>Name of commentator person completing form:</b>	Saqib Ahmad

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<b>Supporting the quality standard</b> - Would your organisation like to express an interest in formally supporting this quality standard? <a href="#">More information.</a>		Yes	
<b>Type</b>		[office use only]	
<b>Comment number</b>	<b>Section</b>	<b>Statement number</b>	<b>Comments</b>
			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 Page 13	2	<p>The standard to provide education for young people and their families is welcomed. Whilst we understand that the education programme should focus on management of glucose levels, this statement should also include a requirement for 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. The briefing paper shows an encouraging rise in the uptake of screening in the last several years, but this needs to be further improved: the uptake of the eye screening programme was just 51.9% for eligible over 12s, and only 16.1% received all seven processes. The need for diabetic eye screening in over 12s is set out in the briefing paper, and we welcome a focus on the areas set out for quality improvement in table 11 to ensure young people and their families/carers are provided with information about eye screening. These should be used to further develop the quality statement as is suggested.</p> <p>Diabetic retinopathy is a leading cause of blindness in young people; early detection and management can prevent more than 90% of visual loss<sup>1</sup>. Background retinopathy occurs in up to 29% of the adolescent type 1 diabetes population, and those who develop diabetes at an early age are at a greater risk of DR progression than adults<sup>2</sup>. Raising awareness of</p>

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

<sup>2</sup> McIntyre, B., et al. "Improving the communication pathway for eye screening in paediatric diabetes." *Practical Diabetes* 32.3 (2015): 103-106.

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			<p>how to manage these risks amongst patients and service providers is therefore critical to minimising preventable sight loss. Paediatric diabetes services and eye screening services should work collaboratively to ensure any barriers to uptake are removed and pathways to screening are clear. Community optometrists play an important role in diabetic eye screening, there is good evidence of their effectiveness and they have a wide network of practice locations which can provide screening close to home<sup>3</sup>. 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.</p> <p><a href="http://www.opticalconfederation.org.uk/downloads/pac-inquiry-nhs-diabetes-management---optical-confed--college-of-optometrists-and-locsu-submission.pdf">http://www.opticalconfederation.org.uk/downloads/pac-inquiry-nhs-diabetes-management---optical-confed--college-of-optometrists-and-locsu-submission.pdf</a></p>
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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.

<sup>3</sup> 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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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 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.