

Consultation on draft scope – deadline for comments 5pm on 28/11/16

email: infections@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 or arrive after the deadline.</p> <p>We would like to hear your views on:</p> <ol style="list-style-type: none"> 1. Table 1 providing any reasons for why you would suggest adding, changing or removing topics <p>Developing NICE guidance: how to get involved has a list of possible areas for comment on the draft scope.</p> | |
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| <p>Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</p> | | <p>Optical Confederation and Local Optical Committee Support Unit</p> | |
| <p>Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.</p> | | <p>[Insert disclosure here]</p> | |
| <p>Name of person completing form:</p> | | <p>Jenny Gowen Optical Confederation</p> | |
| <p>Type</p> | | <p>[for office use only]</p> | |
| Comment No. | Page number or 'general' for comments on the whole document | Line number or 'general' for comments on the whole document | Comments |
| Example | 3 | 55 | The draft scope currently excludes people who have already been diagnosed. We feel this group should be included because.... |
| <p>Insert each comment in a new row. Do not paste other tables into this table, as your comments could get lost – type directly into this table.</p> | | | |

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| 1 | 4 | 102 | <p>Table 1 – Eye – Conjunctivitis</p> <p>The Optical Confederation represents optometrists and dispensing opticians, both of whom use antibiotics as part of their professional practice. The Confederation is fully committed to minimising antibiotic use and to the overarching strategy to eliminate unnecessary prescribing.</p> <p>Eye care practitioners are trained in the recognition of ocular disease. Most are conveniently located and easily accessible to patients, and have both the equipment to comprehensively examine eyes and the skills to make a differential diagnosis of ocular infections.</p> <p>Optometrists and dispensing opticians use antibiotics for treatment, for example to manage patients suffering from bacterial conjunctivitis. However, they are aware that this condition is generally self-limiting, often requiring no treatment. Eye care practitioners are skilled at making that differentiation and are therefore cautious prescribers, only treating those infections that are not self-limiting or are - on rare occasions - causing the patient significant discomfort.</p> <p>Optometrists can also use antibiotics for prophylactic purposes, following a corneal insult for example.</p> <p>All registered optometrists currently have exemption access to two antibiotics, Chloramphenicol and Fucithalamic, and dispensing opticians to Chloramphenicol. Optometrists with additional therapeutic qualifications or who work within a Patient Group Direction have access to a wider range of antibiotics and Independent Prescriber optometrists may manage a wide range of anterior segment ocular infections, including conjunctivitis, and prescribe autonomously in their clinical practice.</p> <p>NB: Fucithalamic is no longer available in generic form and has recently seen a significant increase in price. We would urge the committee therefore, to support a change to an alternative antibiotic for optometrist prescribing to reduce costs for the NHS.</p> <p>We support the development of the guideline and, in so far as the draft scope currently applies to our sector, are happy with the content proposals.</p> |
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Please add extra rows as needed

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| 1 continued | | | <p>In addition, primary eye care practitioners are increasingly providing a wider range of extended primary eye care services outside hospital, for instance to manage patients with urgent eye conditions (e.g. via Minor Eye Care Services, or MECS) and to carry out surgical follow-up (e.g. for cataract). Across England, there are currently 70 commissioned MECS. MECS direct patients to primary eye care practitioners with the necessary skills and equipment to assess minor eye conditions, such as foreign matter in the eye, thus freeing up resource in GP surgeries and in secondary care eye departments, both of which are currently facing severe capacity issues. All urgent eye condition services include the assessment and management of red eyes and inflammation caused by conjunctivitis and have been shown to be clinically effective and positively received by patients¹</p> <p>A optometrist prescriber would make a meaningful contribution to the work of the guideline development committee and we urge the Committee to make a co-opted appointment to assist in the discussion of conjunctivitis and other eye conditions.</p> |
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Add extra rows if needed

Checklist for submitting comments

- Use this 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

¹ 1.Konstantakopoulou, E. et al. Evaluation of a minor eye conditions scheme delivered by community optometrists. *BMJ Open* 6, e011832 (2016).

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- For copyright reasons, do not include attachments such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments.

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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.

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