Macular degeneration

Consultation on draft guideline – deadline for comments 5pm on 24th August 2017 **email: MacularDegeneration@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 and Local Optical Committee Support Unit**]

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NICE National Institute for Health and Care Excellence

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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]

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	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	Short	General		As organisations which represent optometrists and dispensing opticians who are by far the most numerous primary care eye health professionals, we welcome the NICE Clinical Guidelines on macular degeneration. However, we are very disappointed about the general lack of acknowledgement of the current & potential role of optometrists and dispensing opticians in the entire consultation.

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				The regulations (and NHS England) are clear that General Ophthalmic Services (GOS) are only for the testing of sight (including opportunistic case finding, treatment or referral) and should not be used for monitoring established eye health conditions. Instead, extended primary care services should be commissioned for these purposes in line with local needs (including improved access and convenience for patients). The contractual framework for this has been in place since 2006. NHS England Local Eye Health Networks (LEHN), the LOC Support Unit (LOCSU), Local optical Committees (LOCs) can work with commissioners to arrange such services ideally at NHS regional level for maximum efficiency.
2	Short	General		Optical practices, optometrists and dispensing opticians, as the most numerous of those included in the definition of primary eye care professionals, need to be connected to the NHS IT infrastructure. If this is in place, optical practices will provide the much-needed additional clinical capacity to meet this growing patient demographic more effectively. Currently the technological isolation of optical practices prevents the true two way exchange of information stifling potentially new ways of working.
3	Short	3	4	We note that small “hard” drusen (less than 63um) is now only classified as a variation of normal under the revised international classification. Clear guidance on this is urgently needed to avoid confusion among patients with one practitioner explaining that hard drusen are “normal” and another who informs the patient of early AMD. Such differences could lead to unnecessary complaints to the General Optical Council (GOC) creating an unnecessary additional burden for all parties. The Optical Confederation will work with the College of Optometrists and education providers to ensure practitioners are aware of the change and reflect that appropriately in their practise and patient communications.
4	Short	5	11	Whilst we are naturally supportive of any aims to increase understanding and support for patients, this section does not accurately reflect the role of primary care. Patients could and should be directed towards appropriate optical practices for advice and support. As noted above however this extended primary care service should be commissioned separately from GOS sight testing in England. Scotland and Wales have national schemes for services that fall outside of GOS, England is sadly trailing far behind.
5	Short	6	11	Community optical practices are by far the largest providers of NHS eye care. As such they are the most logical location for patients to access information, ask questions and discuss concerns. As above this needs to be commissioned separately from GOS in line with local needs.

6	Short	7	2,3,4	We have concerns over the term “offer ophthalmoscopy” as this is backward step. Further, the term ‘ophthalmoscopy’ is inconsistent with the later sections on examining patients where slit lamp biomicroscopic fundus examination is recommended. Slit lamp biomicroscopic fundus examinations are already routinely provided by optometrists in optical practices and form a fundamental part of the clear majority of referrals to secondary care which come via this route. This recommendation appears to not understand or be unaware of this and the role optometrists currently play which is of great concern if the needs of AMD patients are to be met.
7	Short	7	6,7,8,9	As above this draft appears not to understand the role of optical practices or GOS. The recommended diagnosis and triaging of patients falls outside of the remit of GOS. An increasing number of optical practices now offer Optical Coherence Tomography (OCT) privately but could equally do so for the NHS to give a definitive AMD diagnosis and classification. This service could be commissioned locally ideally through a primary eyecare company (PEC) to ensure consistent standards, clinical governance and hospital clinic liaison.
8	Short	7	22,23	The benefits of offering this service in primary care (although not via GOS) are increased capacity to meet growing need, better access and earlier diagnosis for patients, avoidance of unnecessary referrals, better differential diagnosis and more appropriate and timely referral and monitoring of other macula conditions.
9	Short	8	6,7,8,9,10,11	We believe that local pathways lead to confusion, adding risk and cost. This is especially the case for locum clinicians of all disciplines who only occasionally work in a given geographical area and whose work is made more difficult than it should be. It is time for a national AMD referral protocol, with clear procedures to avoid placing patients and clinicians of all disciplines at risk.
10	Short	8	21,22,23,24,25	We are concerned by the omission of optometrists and potentially dispensing opticians from the list of suitably trained professionals. There are already optometrists providing intraocular injections. This section should either add all professionals who may be involved or remove the examples and simply state “suitably trained healthcare professionals”.
11	Short	12	1,2,3	This recommendation rejects hospital monitoring, but is silent on monitoring in primary care. Monitoring could and should be provided in optical practices as part of extended primary care services.
12	Short	12	6.7.8	As above we urge NICE to recognise that monitoring could and should be provided by optical practices as part of an extended primary care service. Also there is an anomalous reference to 1.8.5 which does not appear to exist.
13	Short	12	9,10	We are disappointed to see that given the immense financial and capacity strain caused by the monitoring of AMD a recommendation has not been made to deliver NHS monitoring within suitably equipped optical practices.

14	Short	12	14,15	Optical practices will most likely see the majority of patients with visual concerns, either directly or via referral from a GP. Yet, without an extended primary care service in place, some of these patients will not be able to be seen for an NHS sight test (GOS) and will need to be re-referred to a more expensive and less convenient hospital service.
15	Short	12	24,25	This could be provided in optical practices with suitable equipment. If IT connectivity is in place, safe remote monitoring of wet AMD will be possible from suitable practices. This will increase capacity in hospital clinics and improve access for patients.

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.

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.