Suspected neurological conditions

NICE National Institute for Health and Care Excellence

Consultation on draft guideline – deadline for comments 5.00pm on 19 September 2017 email: NeurologicalProblems@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

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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…….

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	Full and short	General		We are disappointed to not see any mention of sudden onset adult squint at all and particularly the role that optometrists and dispensing opticians play in the detection and referral of these patients.
	Full and short	General		We would like to highlight the role optometrists and dispensing opticians can play in the quicker diagnosis and treatment of neurological conditions. One example is the South Tees Optical Referral Project (STORP). This is designed to fast-track the referral of specific visual field defects and papilloedema into the appropriate neurosciences department. This scheme differs to previous schemes in that it relies upon hard physical signs rather than clinical suspicion.
	Short	1	6	Optometrists and dispensing opticians are likely to see many patients who present in non-specialist settings with symptoms suggestive of a neurological condition. However, they do not appear to feature in the short guidance at all and receive only a passing mention in the full guidance. This is despite the fact that in an earlier version of the consultation we advised the following. *Optometrists currently have a range of clinical investigations available to them for the assessment of neurological or possible neurological problems. These include:* • *Assessment of the optic nerve head for swelling (papilloedema) and optic atrophy using a variety of ophthalmoscopic devices* • *Full assessment of the pupillary reflexes* • *Assessment of central and in many cases peripheral visual fields. Optometrists are trained in the differentiation of neurological form other causes of visual field loss* • *Assessment of the oculomotor balance and the ability to identify incomitant squint caused by neurological disease* *These skills and competencies together with equipment normally found in community optical practices enable an optometrist to identify and refer patients with vision loss or visual system deficits secondary to neurological disease.*
	Short	4	21	Optometrists and dispensing opticians routinely encounter patients presenting for examination, either via self-referral or at the request of their GP, who are experiencing dizziness. Some of these patients will have nystagmus, while we accept there is a clinical distinction between horizontal and both vertical and rotatory nystagmus, optical practices will be sent many of these patients from GPs. Unfortunately, there is no acknowledgment of the role of optometrists and dispensing opticians in the management or referral process.

	Short	31	6	We are pleased to see an acknowledgement of the lack of support to help non-specialists deal with neurological symptoms. However, we are disappointed to see that help has not been extended to optometrists and dispensing opticians.
	Full	26	13	Reference is made to primary care and in this context this is explained to include opticians. We presume by this you mean optometrists and dispensing opticians. The guidance fails to offer any help to this section of primary care, either by defining our role in the referral process or by providing any practical help for differentiating between those patients who warrant urgent referral compared to those that do not. In response to a previous version of this consultation we made the following comments. • *We suggest that an algorithm designed to help classify headache indicative of serious neurological disease, or rather neurological disease that required specialist assessment by a neurologist, would be extremely useful to non-specialists clinicians in primary care.* • *Conventional referral pathways for community optometrists commonly involve referral to the patient's GP with a preliminary diagnosis unless an urgent referral direct to secondary care is indicated such as with cases of papilloedema. The GP will then agree (or disagree) that the need for referral to a neurologist is indicated and add value to the referral by including other relevant clinical data* • *Specific referral criteria for the referral of patients with vision related signs and symptoms would be welcomed by optometrists.* • *We suggest that consideration is given to determining the professional group or groups best suited to assessing presenting signs and symptoms – for example optometrists in primary care, who have the necessary skills and instrumentation, would be best placed to assess anomalies of the visual system caused by neurological disease either causing symptoms or evidenced by functional deficits such as clumsiness.*
	Full	118		Again, we note a request to perform or request fundoscopy, we again seek to remind you that there is currently no provision for this as part of GOS. If this is to be delivered via optical practices then an extended primary care service would need to be put in place. The Optical Confederation and LOCSU would be very happy to assist with this as we have for other conditions.

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	Full	120		Recommendation 105 - Fundoscopy. We are pleased to see the acknowledgement that examination of the retinal fundus should be considered an essential part of the neurological examination. However, we are disappointed that reference is only made to the examination of children and not adults. Further, the recommendation advises that this should be requested from an ophthalmologist or optician. While optometrists can undertake this examination, there is currently no mechanism to provide for this under the NHS. NHS regulations and NHS England are very clear the general ophthalmic services (GOS) are for sight testing and case finding only and that this sort of service, although not at all difficult to implement through the existing infrastructure, would require an extended primary care service to be put in place by commissioners. It would be helpful to the NHS if this were made clear in the final guideline.

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.

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