Neurological problems

NICE National Institute for Health and Care Excellence

Consultation on draft guideline – deadline for comments 5.00pm on 8th January 2016 **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 these questions: 1. Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why. 2. What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) 3. The current title of this guideline is Neurological problems: Assessment, diagnosis and referral. There is a need for guidance that helps non-specialists recognise the symptoms that may indicate a neurological problem, and guides them in assessing people and making decisions about whether referral to specialist care is appropriate. The diagnosis of neurological conditions should be carried out or confirmed by neurological specialists, following referral, so including diagnosis within the remit of this guideline is considered to be of limited practical value. Given the suggested focus of this guideline, the following revised title has been proposed - **Suspected neurological conditions: Recognition and referral**. Do you agree with the proposed change to the guideline title? 4. We are planning to construct our literature searches around these condition groups to identify features, signs and symptoms of concern - are any important condition groups missing from this list? Please provide a rationale for your response. 4.1 Adults – Movement disorders including tremors, dystonia and gait apraxia – Neuromuscular conditions including myopathies, myasthenia and muscular dystrophies – Functional disorders including non-epileptic dissociative seizures – Neuropathies including entrapment neuropathies and Guillain-Barre syndrome – Radiculopathies 4.2 Children and young people – Movement disorders including dystonia – Neuromuscular conditions including myopathies, myasthenia and muscular dystrophies – Brain tumours – Guillain-Barre syndrome – Neurodegenerative conditions See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.

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Stakeholder organisation(s) (or your name if you are commenting as an individual):	**Optical Confederation**
Name of commentator (leave blank if you are commenting as an individual):	**Geoff Roberson** **Professional Adviser** **Association of Optometrists**

Comment number	Document (**full** version)	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 2: 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	Draft Scope	3/4	80/81/82	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.
2	Draft Scope	4	86	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.

3	Draft Scope	4	89/90	As in comment 1 above, 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.
4	Draft Scope	4	91	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.
5	Draft Scope	4	92/93	Specific referral criteria for the referral of patients with vision related signs and symptoms would be welcomed by optometrists.
6	Draft Scope	4	103/104	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 .
7	Draft Scope	4	108	We would encourage the committee to consider specific vision and vision related symptoms as well as other symptoms of neurological disease when conducting a review of evidence.
8	Draft Scope	4	109	We would encourage the committee to, where appropriate, consider combinations of tests where this can be shown to improve diagnostic accuracy.
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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).
- 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.