Eye disorders

NICE National Institute for Health and Care Excellence

Stakeholder engagement – deadline for comments 5PM on 18/01/2018
email: QStopicengagement@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 or arrive after the deadline. We would like to hear your views on these questions: 1. What are the **key areas for quality improvement** that you would want to see covered by this quality standard? Please **prioritise up to 5 areas** which you consider as having the greatest potential to improve the quality of care. Please state the specific aspects of care or service delivery that should be addressed, including the actions that you feel would most improve quality. 2. You may also wish to highlight any areas of practice that might be considered as emergent, are only currently being done by a minority of providers but which have the potential to be widely adopted and drive improvements in the longer term. Please note, these areas should be underpinned by NICE or NICE-accredited guidance 3. [Insert any specific questions you would like considered during consultation, or delete if not needed]
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	**Optical Confederation**
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	**[Insert disclosure here]**
Name of person completing form:	**Dr Peter Hampson**

Supporting the quality standard - Would your organisation like to express an interest in formally supporting this quality standard? More information.			
Type		[for office use only]	
Key area for quality improvement	**Why is this important?**	**Why is this a key area for quality improvement?** Evidence or information that care in the suggested key areas for quality improvement is poor or variable and requires improvement?	**Supporting information** If available, any national data sources that collect data relating to your suggested key areas for quality improvement? Do not paste other tables into this table, as your comments could get lost – type directly into this table.

Please return to: **QStopicengagement@nice.org.uk**

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements 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.

Separately list each key area for quality improvement that you would want to see covered by this quality standard. **EXAMPLE:** **Pulmonary rehabilitation for chronic obstructive pulmonary disease (COPD)**	EXAMPLE: There is good evidence that appropriate and effective pulmonary rehabilitation can drive significant improvements in the quality of life and health status of people with COPD. Pulmonary rehabilitation is recommended within NICE guidance. Rehabilitation should be considered at all stages of disease progression when symptoms and disability are present. The threshold for referral would usually be breathlessness equivalent to MRC dyspnoea grade 3, based on the NICE guideline.	EXAMPLE: The National Audit for COPD found that the number of areas offering pulmonary rehabilitation has increased in the last three years and although many people are offered referral, the quality of pulmonary rehabilitation and its availability is still limited in the UK. Individual programmes differ in the precise exercises used, are of different duration, involve variable amounts of home exercise and have different referral criteria.	EXAMPLE: Please see the Royal College of Physicians national COPD audit which highlights findings of data collection for quality indicators relating to pulmonary rehabilitation. http://www.rcplondon.ac.uk/resources/chronic-obstructive-pulmonary-disease-audit

Please return to: **QStopicengagement@nice.org.uk**

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements 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.

Cataract pre and post assessment time period	There is good evidence that elderly people with cataract suffer a significant decrease in quality of life. Consideration should be given to suitably qualified staff at community optical practices undertaking the routine pre-cataract examination as well as the post-operative checks. This would increase capacity within secondary care.	There are numerous examples of post-operative cataract care being delivered by optometrists across the UK. These provide good results for patients and release capacity in the HES. This provides eye departments with more time to see new or complex patients. Increased capacity for complex care cases within the HES decreases avoidable sight loss. Currently eye departments are overburdened with routine appointments, leading to missed targets and risk to patients. This area will not directly improve outcomes, but indirectly will increase capacity and improve outcomes.	Study of post operative cataract care. Mongan, A.M., Kerins, F., McKenna, B. et al. Ir J Med Sci (2017). https://doi.org/10.1007/s11845-017-1694-9 Effect of cataract on quality of life. Owsley, C., McGwin, G., Scilley, K., Meek, G. C., Seker, D., & Dyer, A. (2007). Impact of cataract surgery on health-related quality of life in nursing home residents. *British Journal of Ophthalmology*, *91*(10), 1359-1363.

Please return to: **QStopicengagement@nice.org.uk**

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements 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.

Follow up time period for glaucoma patients	There is good evidence that stable glaucoma monitoring can be carried out in community optical practice. Currently many patients with stable glaucoma are seeing an increased time period between appointments due to the extreme workloads in secondary care. This care could be delivered closer to home in community optical practices. Further there is good evidence that delays in glaucoma follow up increase avoidable sight loss.	Many hospital eye departments currently are not reaching their glaucoma follow up appointment targets due to the number of glaucoma patients. This increases the risk of avoidable sight loss. By moving stable glaucoma to community optical practice, there will be an increase within the HES capacity for more complex cases.	**Evidence of optometrist and ophthalmologist agreement in glaucoma diagnosis.** Azuara-Blanco A, Burr J, Thomas R*, et al* The accuracy of accredited glaucoma optometrists in the diagnosis and treatment recommendation for glaucoma *British Journal of Ophthalmology* 2007;**91:**1639-1643. **NICE & RNIB impact of delayed glaucoma follow up.** https://www.nice.org.uk/sharedlearning/reducing-avoidable-sight-loss-from-glaucoma-through-a-reduction-in-delays-to-glaucoma-patient-follow-up-appointments-and-patients-lost-to-follow-up
Time to first appointment for glaucoma suspects.	Delays in glaucoma diagnosis have been shown to increase the risk of sight loss. Implementation of referral refinement schemes can reduce false positives and decrease the period true glaucoma suspects have to wait.	The time to first appointment has risen in many hospital eye departments. By implementing referral refinement schemes across all areas of the UK, time to first appointment for glaucoma suspects can be reduced.	**Evidence of optometrist and ophthalmologist agreement in glaucoma diagnosis.** Azuara-Blanco A, Burr J, Thomas R*, et al* The accuracy of accredited glaucoma optometrists in the diagnosis and treatment recommendation for glaucoma *British Journal of Ophthalmology* 2007;**91:**1639-1643.

Please return to: **QStopicengagement@nice.org.uk**

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements 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.

Wet AMD fast track	Patients with suspected Wet AMD should be seen within 2 weeks by the HES, this target has slipped in many areas due to capacity issues. OCT is increasingly prevalent within optical practices. By implementing OCT before referral, capacity can be increased for seeing Wet AMD patients within the HES.	Wet AMD is a time critical condition. Numerous areas are struggling to reach the two week referral target with many having extended this period. This places patients at risk.	**Impact of delayed Wet AMD treatment** Arias, L., Armada, F., Donate, J., Garcia-Arumi, J., Giralt, J., Pazos, B., ... & Zlateva, G. (2008). Delay in treating age-related macular degeneration in Spain is associated with progressive vision loss. *Eye*, *23*(2), 326.
Stable Wet AMD monitoring	OCT is increasingly prevalent in optical practices. Patients who are stable could also receive follow up monitoring appointments in an optical practice, freeing capacity within secondary care.	Wet AMD is a time critical condition. Numerous areas are struggling to reach the follow up referral targets with many having extended this period. This places patients at risk.	**Impact of delayed Wet AMD treatment** Arias, L., Armada, F., Donate, J., Garcia-Arumi, J., Giralt, J., Pazos, B., ... & Zlateva, G. (2008). Delay in treating age-related macular degeneration in Spain is associated with progressive vision loss. *Eye*, *23*(2), 326.

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.
- 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.

Please return to: **QStopicengagement@nice.org.uk**

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements 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.

- 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
- Please provide concise supporting information for each key area. Provide reference to examples from the published or grey literature such as national, regional or local reports of variation in care, audits, surveys, confidential enquiries, uptake reports and evaluations such as impact of NICE guidance recommendations
- For copyright reasons, do not include attachments of **published** material such as research articles, letters or leaflets. However, if you give us the full citation, we will obtain our own copy
- Attachments of unpublished reports, local reports / documents are permissible. If you wish to provide academic in confidence material i.e. written but not yet published, or commercial in confidence i.e. internal documentation, highlight this using the highlighter function in Word.

Please return to: **QStopicengagement@nice.org.uk**

NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.

Comments received from registered stakeholders and respondents during our stakeholder engagements 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.