Serious eye disorders

Consultation on draft quality standard – deadline for comments 5pm on 08/10/18 **email:** QSconsultations@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. Does this draft quality standard accurately reflect the key areas for quality improvement? If the systems and structures were available, do you think it would be possible to collect the data for the proposed quality measures? Do you have an example from practice of implementing the NICE guideline(s) that underpins this quality standard? If so, please submit your example to the NICE local practice collection on the NICE website. Examples of using NICE quality standards can also be submitted.
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 commentator 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.	

Please return to: QSconsultations@nice.org.uk

Serious eye disorders

NICE National Institute for Health and Care Excellence

Consultation on draft quality standard – deadline for comments 5pm on 08/10/18 **email:** QSconsultations@nice.org.uk

Type		[office use only]	
Comment number	**Section**	**Statement number**	**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	Statement 1 (measure)		This statement may be hard to measure because…
1	Statement 1 (process)	1 (b)	In areas without defined extended primary care services, it will be hard to measure the number of patients who are referred as the data gathering will be scattered. In areas with commissioned services this will be far easier to measure and quality check. There is therefore a real possibility that the total number of patients with cataract will be nothing more than a rough estimate, unless all optical practices are suitably engaged in data collection.
2	Statement 1 (process)	1 (c & d)	This statement may be hard to measure as we hear anecdotal evidence from patients that they are currently dissuaded from cataract surgery by consultants despite meeting both Visual Acuity and other considerations such as glare. It will be very hard to separate these to obtain any meaningful measure.
3	Statement 2 (structure)	2 a & b	Case finding is generally performed in optical practices; if an extended primary care service has been commissioned all practices who are part of this service will have the required equipment, however so do many other practices that are not in an area with a formal scheme. The skills required for case finding are core competencies for optometrists, however many have voluntarily chosen to further demonstrate these skills via an additional postgraduate certification.
4	Statement 2 (process)	2 a	Care needs to be taken to ensure that this measure is not inappropriately used and that both primary and secondary care use the same definitions. As an example, an optical practice may make a referral for OHT, but as the patient does not have COAG it may be erroneously recorded as a false positive referral.
5	Statement 2 (process)	2 b	Satisfaction can be subjective; there will be a number of patients who meet all of the criteria for referral, but secondary care decide against treating. Some of these patients will be dissatisfied that they were referred and then told that there wasn't anything wrong. This cannot be avoided, but could lead to negative perceptions of optical practices amongst secondary care.
6	Statement 3		No comment
7	Statement 4 (process)	(a & b)	This monitoring appointment could be delivered in optical practices, helping secondary care to meet targets. It is disappointing that this hasn't been captured in the standards.
8	Statement 5 (process)	(a & b)	Again both of these measures could make use of primary care optical practices, reducing pressure on secondary care.
9	Statement 6 (process)	(a & b)	A clear record should be kept of those that are offered CVI registration, but decline. This will help to ensure statistics are accurate.

Please return to: QSconsultations@nice.org.uk

Consultation on draft quality standard – deadline for comments 5pm on 08/10/18 **email:** QSconsultations@nice.org.uk

10	General		We are disappointed that there has not been greater effort to include quality standards that more fully consider or appreciate properly take account of the prevalence of appropriate equipment and skills in primary care environments.
11	General		There is a lack of local infrastructure and systems to enable the requested data gathering. Unless these systems are put in place there is a significant risk that data gathering will remain disjointed and ad hoc and the resulting data will present an incomplete picture.

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 section number of the text each comment is about eg. introduction; quality statement 1; quality statement 2 (measure).
- If commenting on a specific quality statement, please indicate the particular sub-section (for example, statement, measure or audience descriptor).
- 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 and quality standards that we have produced on topics related to this quality standard 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 from registered stakeholders and respondents 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.

Serious eye disorders

Consultation on draft quality standard – deadline for comments 5pm on 08/10/18 **email:** QSconsultations@nice.org.uk

Please return to: QSconsultations@nice.org.uk