

Pro-forma for consultation on public health quality standards library

Overview

NICE quality standards are a concise set of prioritised statements designed to drive measurable quality improvements within a particular area of health or care. They are developed from existing guidelines developed or accredited by NICE. Quality standards consider the complete care pathway, from public health to health and social care. Although some standards will be area specific, there will often be significant overlap across areas and these are considered during development of the standard.

Following the new public health responsibilities for local authorities, which came into effect in April 2013, NICE was referred an initial programme of quality standards for public health, which covered alcohol, obesity and smoking. These were in addition to referrals NICE had previously received for quality standard development which addressed areas of public health concern, such as drug use disorders. We have included the currently referred and published public health related quality standards for information.

This consultation aims to seek views on potential further topics for quality standard development to help improve the quality of public health. Where there are no existing relevant guidelines, this topic list will inform the development of future guidelines. As a result, the scheduling and publication dates of the quality standards will be affected by the availability of appropriate guidance. We are hoping to collect your views on an initial proposed list and any other areas you feel need to be included. The consultation will be open from **the 27th September until the 20th of December**.

Each proposed topic will be considered, but it is not possible to guarantee that all of these topics will be taken forward for development as this is dependent on a number of elements such as the crossover and interface with other quality standards topics scheduled for production, existing evidence based guidance and sector/Government priorities.

Organisation	College of Optometrists and the Optical Confederation
Title (e.g. Dr, Mr, Ms, Prof)	Ms
Name	Jo Mullin
Job title or role	Director of Policy and Strategy
Address and post code	41-42 Craven Street, London, WC2N 5NG
Telephone number	
Email address	Jo.mullin@college-optometrists.org
Please note: comments submitted may be published on the NICE website.	

The personal data submitted on this form will be used by the National Institute for Health and Care Excellence (NICE) for the purpose specified. The information will not be passed to any other third party and will be held in accordance with the Data Protection Act 1998.

General comments

Please use the section below to include any general comments your organisation may have about the proposed public health library.

There is a significant issue with preventable or treatable visual impairment in Britain's older population, and recently this was recognised as a major public health concern by the welcome addition of sight-loss indicators to the Public Health Outcomes Framework (<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>). We strongly believe that eye health should feature in any public health discussion for many reasons: While NICE already recommends that falls prevention includes a vision check (NICE CG21), visual impairment in the elderly can have many implications (<http://profane.co>)

- as well as being almost twice as likely to fall, people with visual impairment can experience increased feelings of isolation and depression
- smoking accelerates the likelihood of AMD
- there is emerging evidence of significant inequalities in eye health.

Additionally, eye disease is a significant morbidity burden in the UK expected to grow as society ages but which could be mitigated with better prevention, early intervention and effective treatment. For example, age-related macular degeneration is the biggest cause of sight loss in the UK and thought to be responsible for 32 disability-adjusted life years per 100,000, up from 21 in 1990 (*UK health performance: findings of the Global Burden of Disease Study 2010, Murray et al, Lancet 2013; 381: 997–1020*). But smoking cessation, regular sight tests and timely treatment can reduce morbidity (http://www.college-optometrists.org/filemanager/root/site_assets/guidance/amd_guidance_25_11_13.pdf). Refractive error is thought to be responsible for 28 DALYs per 100,000 and can be treatment cheaply and effectively with sight tests and spectacles.

NB: we have only commented on the standards in the library that have implications for eye health and made suggestions for further topics.

Currently referred/published public health quality standards

The National Institute for Health and Care Excellence has already received referrals for quality standard development that address public health areas. As a result these do not form part of the consultation. However, these are presented below for information so that stakeholders are able to appropriately comment on the proposed library.

Previously referred topics	Quality standard status	Areas covered
Alcohol dependence and harmful alcohol use	Published (QS 11)	Screening and brief interventions, physical complications and alcohol dependence.
Alcohol: preventing harmful alcohol use in the community	To be developed	To be determined.
Smoking cessation: supporting people to stop smoking	Published (QS 43)	Identification, referral, pharmacotherapy and outcome measurement
Smoking: reducing tobacco use in the community	To be developed	To be determined.
Obesity: prevention and management in adults	To be developed	To be determined.
Obesity: prevention and management in children	To be developed	To be determined.
Physical activity: encouraging activity in all people in contact with the NHS	To be developed	To be determined.
Drug use disorders	Published (QS 23)	Needle and syringe programmes, assessment, psychosocial interventions and rehabilitation.
Contraceptive services (including emergency contraception)	To be developed	To be determined.
Provision of termination of pregnancy services	To be developed	To be determined.
Mental well-being: older people in care homes	To be developed	To be determined.
Dementia	Published (QS 1 and QS 30)	Assessment and personalised care planning, liaison services, respite services, choice and control in decisions, relationships and needs and preferences
Health and well-being of looked after children and young people	Published (QS 31)	Collaborative working between services, stability and quality of placements, support from specialist services and continuity of

Previously referred topics	Quality standard status	Areas covered
		services.
Hepatitis B	To be developed	To be determined.
Infection control	To be developed	To be determined.
Sepsis	To be developed	To be determined.
Tuberculosis	To be developed	To be determined.
Bacterial meningitis and meningococcal septicaemia in children and young people	Published (QS 19)	Monitoring, initiation of antibiotics, lumbar puncture, access to specialists, transfers and follow up.

Proposed topics for the public health quality standards library

The table below lists the proposed topics for the public health quality standards library. It should be noted that the proposed list does contain topic areas which have previously been referred to NICE or that have been consulted upon as part of the potential Social Care library. In these instances the proposed coverage of the topic and the interfaces with health and social care will be taken into account when considering stakeholder feedback. Stakeholders are asked to consider the list below and provide the following feedback:

- Should the topic be included (Yes/No)?
- Why should the topic be included/excluded?
- If it is to be included what key areas should be covered?

In order to analyse the responses we would appreciate it if stakeholders could answer either yes or no to the first question and provide a more detailed rationale in the subsequent columns.

Proposed Topic	Should this be included within the quality standards library? (Yes/No)	Why should this be included/excluded?	If included what are the key areas to cover?
Tobacco			
Smoking: harm reduction	Yes	Widely acknowledged as the major public health concern with an obvious message to push.	The effect of smoking on Age-related Macular Degeneration.
Accident and injury prevention			
Falls: prevention	Yes	Falls are the most common cause of hospitalisation for people aged over 65 and the leading cause of death	The rate of falls in older with visual impairment is 1.7 times higher than other people of the same age, so peer reviewed methods of vision testing within Falls Assessments should be an essential area to cover.

Proposed Topic	Should this be included within the quality standards library? (Yes/No)	Why should this be included/excluded?	If included what are the key areas to cover?
		<p>from injury among people aged over 75 (NICE 2004).</p> <p>Visual impairment is a significant factor in many falls episodes. In addition, RNIB (Boyce 2011) estimated that the cost to the NHS of falls associated with sight loss is at least £25.1 million per annum.</p>	
Preventing unintentional injury			
Road safety	Yes	Poor vision is known to be a factor in many crashes. Improving compliance with vision standard requirements would result in improved road safety for all users	Initial vision assessment and, if necessary correction, to meet the required standard together with appropriate and regular re-assessment of vision particularly in older drivers.
Homes: preventing accidents and injury		Please see comments in relation to falls above...	The rate of falls in older with visual impairment is 1.7 times higher than other people of the same age, so should be an essential area to cover.
Violence			
Domestic violence			
Physical environment			

Proposed Topic	Should this be included within the quality standards library? (Yes/No)	Why should this be included/excluded?	If included what are the key areas to cover?
Spatial planning			
Housing: planning to improve health and well-being			
Transport and Health	Yes	Speaking buses and trains (journey information) can have a hugely positive effect on the mobility of the visually impaired population.	Transport aids for visually impaired
Oral Health			
Oral health promotion in the community			
Oral health promotion in care homes and hospitals			
Drugs			
Drug use prevention			
Sexual health			
Sexual health across the life course			
Mental health and well-being			

Proposed Topic	Should this be included within the quality standards library? (Yes/No)	Why should this be included/excluded?	If included what are the key areas to cover?
Mental well-being: life course, settings and subgroups	Yes	Social and community inclusion can be a key factor in improving mental well-being. (Social exclusion and mental health: Conceptual and methodological review: The British Journal of Psychiatry (2007) 191: 477-483)	The effects that visual impairment can have on mental well-being and feelings of social isolation should be included.
Suicide prevention	Yes	The suicide rate for males in the UK is at its highest since 2002. The female rate has also significantly increased since 2007. Overall, between 2010 and 2011 there was a significant increase in the UK suicide rate. (Samaritans, 2013)	Over one-third of older people with sight loss are also living with depression.
Cross cutting interventions			
Primary prevention: population and community based primary prevention strategies, including the role of A&E, at different stages	Yes	Eye disease is a significant morbidity burden in the UK (expected to grow as society ages) but which could be mitigated with better prevention, early intervention and effective treatment. Support for and development of community optometry is key to delivering the Governments agenda, providing appropriate care close to where	Optometry as primary prevention.

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of the life course.		people live and relieving the burden on secondary care including A&E departments.	
Secondary prevention: population and community based secondary prevention strategies at different stages of the life course		As for primary prevention, community optometrists are well placed to provide a range of services, including secondary prevention strategies, to all patient at times and locations convenient to them	
Community engagement: effective strategies for behaviour change			
Programme management: effective ways to run public health programmes to generate a change in behaviour			

Proposed Topic	Should this be included within the quality standards library? (Yes/No)	Why should this be included/excluded?	If included what are the key areas to cover?
Setting based approaches			
Workplace: long-term sickness absence management			
Workplace: health promotion and mental well-being	Yes	Many occupational tasks rely on good vision and the efficient functioning of the visual system in workers. Eye health at work can depend on a number of variables both within the workplace, good lighting, appropriate ventilation etc., and ensuring that the eyes and visual system function well by recognising and managing correctable problems and symptoms.	Eye health.
School-based interventions: health promotion and mental well-being	Yes	The National Screening committee recommends that all children between 4 and 5 (in their first school year) have their sight tested for defects, in England this will be delivered under the Health Child programme. However, there is indicative evidence that provision across the country varies and in some areas is very poor or non-existent.	Child Screening, vision testing, consistency of both.

Proposed Topic	Should this be included within the quality standards library? (Yes/No)	Why should this be included/excluded?	If included what are the key areas to cover?
Community pharmacy: promoting health and well-being			
Specific population groups			
Maternal health: promoting maternal health through community based strategies			
Older people: promoting mental wellbeing and independence through primary, secondary and tertiary prevention.	Yes	For all the reasons mentioned in the general comments section, promotion of maintaining good eye health can be a key factor in overall physical and mental well-being.	Regular vision testing, Optometrists as a crucial primary care provider.
Maternal and child nutrition: improving nutritional status			

Proposed Topic	Should this be included within the quality standards library? (Yes/No)	Why should this be included/excluded?	If included what are the key areas to cover?
Black and minority ethnic groups: strategies for promoting health and preventing premature mortality	Yes	Certain eye diseases are more prevalent in some ethnic minority groups who may have difficulty or encounter barriers to accessing mainstream services.	Education and awareness raising among specific groups of the increased risk of certain eye diseases.
Vulnerable populations: strategies for tackling inequalities, including people with severe mental ill-health, the homeless and learning disabilities	Yes	Inequalities and the effects of the inverse care law continue to grow (http://data.gov.uk/data-requests/overall-index-of-multiple-deprivation-imd-from-the-earliest-year-available-to-date)	Should include the visually impaired population the added burden of visual impairment to overall wellbeing.
Prison population and offenders: health promotion and mental well-being.			
Early years: promoting health	Yes	The National Screening committee recommends that all children between	Child Screening, vision testing, consistency of both.

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and well-being in the early years, including those in complex families.		4 and 5 (in their first school year) have their sight tested for defects, in England this will be delivered under the Health Child programme. However, there is indicative evidence that provision across the country varies and in some areas is very poor or non-existent.	
Topic focussed			
Skin cancer: prevention			
Preventing sight loss	Yes	The PH Framework indicators on eye health will enable measurement of the rate of preventable sight loss through the numbers of all people who are certified sight impaired (partially sighted) or severely sight impaired (blind) and the numbers of these who have lost their sight from one of the three major causes of preventable sight loss: glaucoma, wet age-related macular degeneration and diabetic retinopathy.	Key areas should be glaucoma, wet age-related macular degeneration, diabetic retinopathy and uncorrected refractive error and improvement to the system for registering the sight impaired and severely sight impaired.
Sexually transmitted infections			

Proposed Topic	Should this be included within the quality standards library? (Yes/No)	Why should this be included/excluded?	If included what are the key areas to cover?
Reducing sexually transmitted infections			
HIV testing: encouraging uptake			
Immunisation			
Immunisation: promoting uptake in children and vulnerable groups			
Infectious diseases			
Hepatitis C			
Meningitis in adults			
Healthcare associated infections: prevention and management			
Water borne infections			
Influenza			

Proposed Topic	Should this be included within the quality standards library? (Yes/No)	Why should this be included/excluded?	If included what are the key areas to cover?
Legionella			
Norovirus			
Disease control programmes: approaches to effective management			
Lyme disease			
Antibiotic management			
Effective antimicrobial stewardship			
Non-antibiotic clinical management of infectious diseases			
Emergency planning and resilience			
Winter deaths: preventing excess winter deaths			
Outbreak planning and control			

Proposed Topic	Should this be included within the quality standards library? (Yes/No)	Why should this be included/excluded?	If included what are the key areas to cover?
Emergency planning and disaster response			Using community optometrists and practices to assist in the emergency distribution of medicines, medical devices and information.
Heatwave planning			
Environmental health			
Healthy commercial premises: improving catering provision and implementing effective smoking and alcohol policies			
Radon exposure: protection from radon exposure			
Outdoor air: maintaining good quality air			
Internal air: maintaining good quality air in different setting		Poor ventilation and low humidity in workplaces significantly increase the incidence of dry eye symptoms. This can lead to increased risk and/or	Managing dry eye symptoms in the workplace.

Proposed Topic	Should this be included within the quality standards library? (Yes/No)	Why should this be included/excluded?	If included what are the key areas to cover?
		inefficiencies due to lack of concentration, fatigue and ocular irritation.	
Natural environments			
Environmental noise			

Topics not currently referred to NICE and not within the proposed library

This table is provided for stakeholders to suggest additional topics that are not contained elsewhere within the document. In order for the topics to be considered we would appreciate if stakeholders could provide a rationale and proposed remit for any additional topics.

Are there any other topics that should be included?	Why should this be included?	If included what are the key areas to cover?
Improving and encouraging access to Primary Care Services	An underlying cause of Health Inequalities is deprived populations not accessing available services. An example of a barrier to accessing services in community optometry, is an erroneous perception that patients will have to purchase expensive spectacles. This is not the case and a programme of educating patients not to risk more permanent sight loss by not having regular sight tests would be beneficial.	Public health messages that promote spectacles as an effective health intervention rather than a retail transaction.
Interventions for the visually impaired population (under the Specific Population Groups)	For all the reasons mentioned in the context section of this response.	Mental well-being, those at increased risk of glaucoma, refractive error in the over 65s, access for deprived populations .

heading)		

Closing date: Please forward this electronically by **5pm on the 20th December 2013** at the very latest to QSconsultations@nice.org.uk

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