Macular degeneration

Consultation on draft guideline – deadline for comments 5pm on 24th August 2017 **email: MacularDegeneration@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.) 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):	**The College of Optometrists**
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	**n/a**

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NICE National Institute for Health and Care Excellence

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Name of commentator person completing form:	Jo Mullin
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.
1	Long version	General	General	The College of Optometrists welcomes the development of a NICE guideline on age-related macular degeneration (AMD). AMD is a very common eye condition and the number of people affected is very likely to increase due to an ageing population.
2	Long version	29	42	We appreciate that the list of examples as listed in the guideline is neither exclusive nor proscriptive, but we would suggest adding Optometrists to the list of examples of suitably trained healthcare professionals able to give intraocular injections. There are examples of suitably trained optometrists providing intraocular injections across the country in hospitals. It is important to make sure that all professional groups who this recommendation applies to are included (or not excluded) for clarity.
3	Long version	79	6	We welcome this research recommendation. It would enable a useful evaluation of how well the Amsler chart performs in people with suspected AMD who would

				been excluded from case-control studies which are designed only to compare people with an existing diagnostic of AMD with healthy individuals and not to calculate the diagnostic accuracy in the population suspected of having the condition.
4	Long version	92	18	We would suggest adding the following research recommendation: - What is the diagnostic accuracy of optometrists in community practice? - Would using OCT in primary practice for diagnosing people with AMD improves that accuracy of diagnosis? Why this is important: Committee members used their clinical experience and expertise to consider the potential consequences for both patients and services associated with different diagnosis strategies. The committee agreed by consensus that clinical examination, including slit lamp biomicroscopy, should be used as the first-line diagnostic strategy when people present with any signs or symptoms of AMD. Where the committee discussed the findings of *Muen (2011) Quality of optometry referrals to neovascular age-related macular degeneration clinic: a prospective study,* a relatively small study looking at diagnostic accuracy of optometrist referral, further research would be needed to ensure the effective and efficient use of community pathways and referral from sight tests. In addition, further research would be required to investigate the impact of the use of OCT in optometric practice on the referral rate and accuracy of wet AMD diagnosis.
5	Long version	105	25	We welcome the recognition of the evidence regarding the role of optometrists. This evidence acknowledges the important role optometrists play in the referral pathway and the importance of an urgent referral once people with suspected late AMD (wet) present to optometrists.
6	Short version	3	2	We welcome this recommendation and clarity of the proposed classification for AMD using table 1. The classification is easy to understand while being clinically useful to support decision-making.
7	Short version	8	7	We welcome this recommendation. We would like to suggest that this recommended local pathway also cover feedback and replies to referrals as it will help improving the relevance and the quality of referral letters, which will support the implementation of NHS England RightCare principles ensuring people access the right care, in the right place at the right time. We suggest amending the recommendation 1.4.11 as follows: “Commissioners and providers should agree a clear local pathway for people with AMD, which should cover: • referral from primary to secondary care, with direct referral preferred • discharge from secondary to primary care, covering ongoing 10 management and re-referral when necessary

				• **feedback to the primary referring practitioner**."
8	Short version	12	1	We would suggest adding the following recommendation: - Advise people with late AMD (dry) to continue to attend their optometrist for a sight test regularly. Clinical monitoring involves the assessment of visual functional and any structural changes to the macula. An optometrist performing a sigh test could detect the onset of new symptoms or visual changes. They have the right clinical knowledge of the symptoms and progression of the disease and a sound understanding of the need to access services promptly when deterioration in vision or distortion is detected. It is important to ensure that people with AMD are monitored and managed in the right part of the care pathway.

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.

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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