

**Stakeholder engagement – deadline for comments** 5pm on 03/07/17

**email:** [QStopicengagement@nice.org.uk](mailto:QStopicengagement@nice.org.uk)

		<p>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.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"> <li>1. What are the <b>key areas for quality improvement</b> that you would want to see covered by this quality standard? Please <b>prioritise up to 5 areas</b> 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.</li> <li>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</li> </ol>	
<p><b>Organisation name – Stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>		<p><b>The College of Optometrists</b></p>	
<p><b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.</p>		<p>n/a</p>	
<p><b>Name of person completing form:</b></p>		<p><b>Jo Mullin</b></p>	
<p><b>Supporting the quality standard</b> - Would your organisation like to express an interest in formally supporting this quality standard? <a href="#">More information.</a></p>			
<p><b>Type</b></p>		<p>[for office use only]</p>	
<p><b>Key area for quality</b></p>	<p><b>Why is this important?</b></p>	<p><b>Why is this a key area for</b></p>	<p><b>Supporting information</b></p>

improvement		<b>quality improvement?</b> Evidence or information that care in the suggested key areas for quality improvement is poor or variable and requires improvement?	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.
<b>Increasing awareness of eye health and encouraging uptake in Black, Asian and other minority ethnic groups.</b>	<p>There is good evidence of the higher prevalence of eye disease in the non-white population of the UK.</p> <p>A lack of awareness of increased risk and reduced uptake of eye care services means sight loss is more prevalent.</p> <p>Optometrists have an important role to play in raising awareness of eye health and encouraging uptake in minority populations.</p>	<p>There is a higher prevalence of cataract<sup>1</sup> in people of South Asian ethnicity compared to white populations.</p> <p>The prevalence of primary open-angle glaucoma is higher in people of African/Caribbean/Black British ethnicity<sup>2</sup>, who are also more likely to present with more advanced field loss<sup>3</sup> and to be sight-impaired as a result<sup>4</sup>.</p> <p>Both African/Caribbean/Black British<sup>5</sup> and South Asian<sup>6</sup> populations have a higher</p>	<p>Please see:</p> <ol style="list-style-type: none"> <li>1. Das BN, Thompson JR, Patel R et al. (1994) The prevalence of eye disease in Leicester: a comparison of adults of Asian and European descent. <i>J R Soc Med</i> <b>87</b>, 219–22</li> <li>Rauf A, Malik R, Bunce C et al. (2013) The British Asian community eye study: outline of results on the prevalence of eye disease in British Asians with origins from the Indian subcontinent. <i>Ind J Ophthalmol</i> <b>61</b>, 53–8.</li> <li>2. Cedrone C, Mancino R, Cerulli A et al. (2008) Epidemiology of primary glaucoma: prevalence, incidence, and blinding effects. <i>Prog Brain Res</i> <b>173</b>, 3–14</li> </ol>

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	<p>Community optometrists can help deliver educational messages about eye health to their local community and can help patients understand and access eye care services.</p>	<p>prevalence of diabetic eye disease and are more at risk of being sight-impaired as a result<sup>7</sup>.</p> <p>People of Chinese heritage have a higher prevalence of lens opacities and cataracts<sup>8</sup>.</p> <p>Although at higher risk of eye disease, minority ethnic communities are less aware of eye disease in general and are unaware of the increased risks due to their ethnicity<sup>9</sup>.</p> <p>Ethnic minority communities might benefit most from health education about the increased risk of eye conditions.</p>	<p>Klein R, Klein BE (2013) The prevalence of age-related eye diseases and visual impairment in aging: current estimates. <i>Invest Ophthalmol Vis Sci</i> <b>54</b>, ORSF5–13</p> <p>Kapetanakis VV, Chan MPY, Foster PJ, et al Global variations and time trends in the prevalence of primary open angle glaucoma (POAG): a systematic review and meta-analysis <i>British Journal of Ophthalmology</i> Published Online First: 18 August 2015. doi: 10.1136/bjophthalmol-2015-307223</p> <p>Kosoko-Lasaki O, Gong G, Haynatzki G, Wilson MR. Race, ethnicity and prevalence of primary open-angle glaucoma. <i>Journal of the National Medical Association</i>. 2006;98(10):1626-1629</p> <p>Zhang X, Cotch MF, Ryskulova A et al. (2012) Vision health disparities in the United States by race/ethnicity, education, and economic status: findings from two nationally representative surveys. <i>Am J Ophthalmol</i> <b>154</b> (suppl.), S53–62</p> <p>Wormald RP, Basauri E, Wright LA, Evans JR. The African Caribbean eye survey: risk factors for glaucoma in a sample of African Caribbean people living in London. <i>Eye (Lond)</i> 1994;8(Pt 3):315–320. doi: 10.1038/eye.1994.64</p> <p>3. Fraser S, Bunce C, Wormald R (1999)</p>
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			<p>Retrospective analysis of risk factors for late presentation of chronic glaucoma. <i>Br J Ophthalmol</i> <b>83</b>, 24–8</p> <p>4. Chen PP (2003) Blindness in patients with treated open-angle glaucoma. <i>Ophthalmology</i> <b>110</b>, 726–33</p> <p>Klein R, Klein BE (2013) The prevalence of age-related eye diseases and visual impairment in aging: current estimates. <i>Invest Ophthalmol Vis Sci</i> <b>54</b>, ORSF5–13</p> <p>5. Brown K, Avis M, Hubbard M. Health beliefs of African–Caribbean people with type 2 diabetes: a qualitative study. <i>The British Journal of General Practice</i>. 2007;57(539):461-469.</p> <p>Klein R, Klein BE (2013) The prevalence of age-related eye diseases and visual impairment in aging: current estimates. <i>Invest Ophthalmol Vis Sci</i> <b>54</b>, ORSF5–13</p> <p>Sivaprasad S, Gupta B, Gulliford MC et al. (2012a) Ethnic variations in the prevalence of diabetic retinopathy in people with diabetes attending screening in the United Kingdom (DRIVE UK). <i>PLoS One</i> <b>7</b>, e32182</p> <p>Yau, J et al. 2012. Global Prevalence and Major</p>
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			<p>Risk Factors of Diabetic Retinopathy. <i>Diabetes Care</i> 35:556–564, 2012</p> <p>Zhang X, Cotch MF, Ryskulova A et al. (2012) Vision health disparities in the United States by race/ethnicity, education, and economic status: findings from two nationally representative surveys. <i>Am J Ophthalmol</i> <b>154</b> (suppl.), S53–62</p> <p>6. Rauf A, Malik R, Bunce C et al. (2013) The British Asian community eye study: outline of results on the prevalence of eye disease in British Asians with origins from the Indian subcontinent. <i>Ind J Ophthalmol</i> <b>61</b>, 53–8.</p> <p>Sivaprasad S, Gupta B, Gulliford MC et al. (2012a) Ethnic variations in the prevalence of diabetic retinopathy in people with diabetes attending screening in the United Kingdom (DRIVE UK). <i>PLoS One</i> <b>7</b>, e32182</p> <p>7. Pardhan S, Gilchrist J, Mahomed I (2004) Impact of age and duration on sight-threatening retinopathy in South Asians and Caucasians attending a diabetic clinic. <i>Eye (Lond)</i> <b>18</b>, 233–40</p> <p>Sivaprasad S, Gupta B, Gulliford MC et al. (2012b) Ethnic variation in the prevalence of visual impairment in people attending diabetic retinopathy screening in the United Kingdom</p>
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			<p>(DRIVE UK). <i>PLoS One</i> 7, e39608</p> <p>Spanakis EK, Golden SH. Race/Ethnic Difference in Diabetes and Diabetic Complications. <i>Current diabetes reports</i>. 2013;13(6):10.1007/s11892-013-0421-9. doi:10.1007/s11892-013-0421-9</p> <p>8. Varma R, Sun J, Torres M, Wu S, Hsu C, Azen SP, McKean-Cowdin R, for the Chinese American Eye Study Group. <i>Investigative Ophthalmology &amp; Visual Science</i>. 2016 Dec; 57(15): 6692-6699</p> <p>9. College of Optometrists (2011) <i>Britain's Eye Health in Focus: A Study of Consumer Attitudes and Behaviour Towards Eye Health</i>.</p>
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### 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.
- 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

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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
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