

Cataracts in adults: management

Consultation on draft guideline – deadline for comments 5.00pm on 23 June 2017

email: Cataracts@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.</p> <p>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.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"> 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.) <p>See section 3.9 of Developing NICE guidance: how to get involved for suggestions of general points to think about when commenting.</p>
<p>Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):</p>	<p>The College of Optometrists</p>
<p>Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.</p>	<p>n/a</p>
<p>Name of commentator person completing form:</p>	<p>Jo Mullin</p>
<p>Type</p>	<p>[office use only]</p>

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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	<p style="text-align: center;">Comments</p> <p style="text-align: center;">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.</p>
1	Full version	General	General	<p>The College of Optometrist would like to thank NICE for this clinical guideline on cataract. The guidance is all very sensible and sets out what should be done clinically.</p> <p>We would like to make some comments about:</p> <ol style="list-style-type: none"> 1. the decision to refer a person with a cataract for surgery 2. the postoperative assessment 3. the lack of visual and refractive outcomes after a cataract surgery 4. the need to identify who is accountable for patients if they have been discharged for follow-up cataract surgery in the community
2	Full version	30-54	768-1403	<p>The initial assessment before referring a person with a cataract for surgery is an essential part of cataract care.</p> <p>As mentioned in the Royal College of Ophthalmologists' Commissioning Guide: Cataract Surgery (https://www.rcophth.ac.uk/wp-content/uploads/2015/03/Commissioning-Guide-Cataract-Surgery-Final-February-2015.pdf), most referrals for consideration for cataract surgery are made following assessment by a community optometrist.</p> <p>We believe that the recommendations about the decision to refer a person with a cataract for surgery can only be implemented by commissioning the service separately from General Ophthalmic Services (GOS), as the GOS contract relates only to the sight test.</p> <p>The pre-referral should, therefore, be commissioned as an extended community service.</p>
3	Full version	211	4670-4692	<p>Optometrists can deliver postoperative assessment in the community for low risk patients – again this would have to be commissioned as an extended community service. See The Clinical Council for Eye health Commissioning frameworks (https://www.college-optometrists.org/the-college/ccehc/delivery-models.html).</p> <p>There is also scope for optometrists to take some of the burden from ophthalmologists within the hospital for patients with more complex needs – see the Royal College of Ophthalmologists' Cataract Common Clinical Competency Framework (https://www.rcophth.ac.uk/wp-content/uploads/2017/01/CCCF-Cataract.pdf) which sets out the competencies needed for various levels of care.</p>

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				The postoperative assessment – which is outside the GOS contract – should be commissioned as an extended community service.
4	Full version	35-36	912-959	<p>The Royal College of Ophthalmologists' Commissioning Guide: Cataract Surgery sets out visual and refractive outcomes that should be made available to commissioners (See section 13 page 10).</p> <p>These outcomes would allow commissioners and trusts to demonstrate the benefits of cataract surgery. Focusing on quality outcomes / benefits would also help to prioritise access to surgery according to the patients' clinical needs.</p> <p>These positive visual and refractive outcomes should also be specified for the discussion with patients, and in the information materials; along with the complications, given that the effectiveness of surgery is implied.</p> <p>We suggest including the Royal College of Ophthalmologists' Commissioning Guide: Cataract Surgery recommended outcome measures into the guideline so the two documents are aligned.</p>
5	Short version	12	8-17	<p>We believe the guideline should include recommendations on clinical governance and accountability.</p> <p>Who would be accountable for patients if they have been discharged for follow-up cataract surgery in the community?</p>

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](#).

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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.