

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gwasanaethau offthalmoleg yng Nghymru](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Ophthalmology Services in Wales](#)

OP03: Ymateb gan: | Response from: Optometreg Cymru/ Optometry Wales





Optometry Wales Written Response to the Health & Social Care Committee's short inquiry into Ophthalmology Services in Wales.

Optometry Wales is the umbrella professional body for all community optometrists, dispensing opticians and optometric practices in Wales with our main function to represent the profession at all levels in Wales. Optometry Wales negotiates on behalf of the statutory bodies (the Regional Optical Committees) with Welsh Government and NHS Wales in respect of national NHS services provided by optometry in primary care.

Optometry Wales is pleased to be invited to both attend to provide oral representation and a written response to the Health and Social Care Committee inquiry into Ophthalmology.

1. Organisational reform and service efficiency

In October 2023, Welsh Government advanced the integration of primary and community care optometrists through Optometry Contract Reform under Wales General Ophthalmic Services (WGOS) consisting of five levels of service. Initial integration of services which led to the shift of services from secondary care to optometry commenced in 2003 with PEARS (Primary Eyecare Assessment and Referral service), 2004 with Low Vision Service Wales and in 2013 with the Eye Health Examination Wales Service. Welsh Government (WG) policy documents^{1,2,3,4} have supported this shift of services from secondary care to primary care optometry. The policy direction of WG to support health board optometric advisers and health board hosted Eye Care Collaborative Groups has ensured that the shift of services can be supported via a shared collaboration between optometry and ophthalmology. The aim of the integrated eye care pathways is to reduce the number of referrals into hospital eye departments by 1/3 (referral filtering), and to increase capacity in hospital departments by freeing up 35,000 follow up appointments through monitoring, management and treatment in primary care. Optometry practices across Wales have fully embraced the change and the move to a more clinical focus with many clinicians undertaking additional training to upskill in the required qualifications.

The new Independent Prescribing Service (WGOS5) has had time to embed across Wales with significant patient numbers (over 2000/ month across 90+ practices, with the highest number of service delivery being seen in February claim data of nearly 3000 patients supported) being seen in primary care that would traditionally have been seen in Eye Casualty hospital clinics and with more optometrists qualifying as independent prescribers in Wales on a monthly basis this is expected to continue.

WGOS4 (Glaucoma, Medical Retina and Hydroxychloroquine) services are in the process of being rolled out across Wales and are not yet fully embedded. The Health Boards that previously had local services prior to contract reform which have transitioned to the new

services have been faster to implement the new services, but all 7 Health Boards have now commenced at least one of the patient pathways. However, patient numbers are starting to increase with a doubling of service delivery seen in the February 2025 claim data in comparison to January 2025 (800 WGOS4 services provided in comparison to 419). 73 practices across Wales are now listed to deliver these services with more practices due to join WGOS4 once all health boards have established all elements of the service and further optometrists are undergoing training across Wales to also undertake the services.

2. Workforce expansion and training:

As part of 2023 Optometry Contract Reform, WG has introduced a Quality For Optometry mandatory contract requirement for all optometry practices. From January 2025, this requires all optometry practices to submit monthly workforce data which includes their skillset and higher qualifications. This data will be crucial to identify any workforce shortages to then support targeted interventions whether for increasing in a particular qualification or in a specific geographic area.

During the recent contract negotiations Optometry Wales proposed the establishment of an optometry workforce group which was agreed to be taken forward although has not yet commenced. Optometry Wales would like to see that workforce group taking a holistic approach to the review of workforce for both optometrists and dispensing opticians from the point of entry to training (and recruitment) including at undergraduate level through to higher qualifications in Independent Prescribing, Glaucoma, Medical Retina and Low Vision, with a need to map the (current and future) demand for primary care optometry services against current workforce and against all areas of Wales.

Welsh Government have supported the upskilling of optometrists and dispensing opticians via funding provided to Health Education and Improvement Wales to obtain higher qualifications in Independent Prescribing, Glaucoma, Medical Retina and Low Vision. Optometry practices, clusters and health boards have also provided funding for these higher qualifications.

Welsh Government have supported the establishment of three teach and Treat Centres in North, West and South Wales. This ensures that clinical placements required for many of the higher qualifications can be accessed by all practitioners in a timely manner, delays have however meant that North Wales Teach and Treat clinic only came on line in the latter part of 2024. In addition, WG have supported HEIW to establish Advanced Training Practices which fund appropriately skilled optometrists to host a clinical placement within their own practice to further enhance placement capacity. WG are funding practices who release practitioners to complete glaucoma clinical placements for time taken out of practice. WG is the only UK government to support optometrists and dispensing opticians with a tiered level of remuneration for continuing professional development grants based on their use of higher qualifications within WGOS.

3. Hospital and infrastructure improvements:

Optometry Wales Board is frustrated with the delays of implementation of the ophthalmic electronic patient record (EPR) and eye care referral system (ERS). The lack of a shared care ophthalmic EPR and digital eye care referral solution is adding an administrative burden to both optometry and ophthalmology as onerous administration is required to accommodate referrals from optometry to ophthalmology and to discharge secondary care patients from ophthalmology to optometry. This administrative burden means that there is double keying of data for optometry practitioners which reduces clinical capacity to see more patients and support with the reduction of ophthalmology waiting lists. Optometry Wales has been working with WG, DHCW and NHS Wales to support in whatever means possible to overcome the challenges involved with delivery of an ophthalmic EPR and electronic referral solution.

4. Clinical Networks and equal access to care:

Optometry Wales is a member of the Ophthalmology Clinical Implementation Network (CIN) which brings together all stakeholders including third-sector organisations to discuss and agree ways to ensure equal care across regions, addressing disparities in care delivery and waiting time performance. In each of the Health Boards Eye Care Collaborative Groups (ECCGs) have been established with both primary and secondary care inclusion to ensure sharing of information, frequency of ECCG meeting is variable across the Health Boards.

Health Boards also report progress of Optometry contract reform implementation via a national reporting template and share best practice with all groups. This common sharing of WGOS data alongside ophthalmology waiting time data supports the assessment of new optometry care pathways alongside the data that is collated from the payment/audit WGOS claim forms. Data relating to the number of patients seen under WGOS alongside the number of patients discharged from ophthalmology to WGOS supports the assessment of the effectiveness of new care pathways. NHS Wales Shared Services Partnership has committed to the introduction of a national dashboard to share this data with key stakeholders.

5. Oversight and implementation:

Optometry Wales Board is frustrated with the delays of implementation of digital strategies within eyecare with a significant amount of clinician time being taken up by administrative workload. Lack of digital solutions is hindering health boards in discharging patients to optometry as a paper exercise is required rather than optometry being able to access a patient digital record. Optometry Wales awaits a further update from DHCW on next steps to progress the digital solutions that are essential to support the transformation in eye care, reduce ophthalmology waiting lists and thus reduce the risk of irreversible sight loss.

References

1. [Together for Health:Eye health care delivery plan\(2013-2018\) Annual report 2014 english](#)
2. [Well-being of Future Generations \(Wales\) Act 2015: the essentials \[HTML\] | GOV.WALES](#)
3. [A healthier Wales: long term plan for health and social care | GOV.WALES](#)
4. [NHS Wales eye health care: future approach for optometry services | GOV.WALES](#)