

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](#)

OP06 : Ymateb gan: | Response from: Newmedica



Health and Social Care Committee – Inquiry into ophthalmology services in Wales

Newmedica is one of the leading providers of NHS-funded ophthalmology services in England.

The Pyott Report noted that elective services, such as ophthalmology, need highly skilled workers and that independent providers of healthcare can play a part in formal training and workforce development. The report, and more recently the National Clinical Strategy for Ophthalmology in Wales, acknowledged that the demand for ophthalmic services is going to increase significantly, in line with the aging population in Wales. Newmedica holds both the capacity and talent necessary to assist with this rising demand and support the development of skilled healthcare workers in Wales.

We welcome the Health and Social Care Committee's inquiry into ophthalmology services in Wales. Urgent action is required to address the growing waiting lists. Government statistics reveal that 50% of patients at the highest risk of sight loss have waited over 25% beyond their target intervention date. This situation demands immediate and effective solutions.

Organisational reform and service efficiency

Ophthalmology is currently the busiest outpatient speciality in secondary care and makes up almost 10% of the entire waiting list. Such demand means that many patients will go unseen by an NHS doctor for months, or even years, losing precious time to address preventable sight loss.

We have read the Pyott Report and National Clinical Strategy for Ophthalmology in Wales - we can see the great work Welsh Health Boards are doing when it comes to ophthalmology, but also the strain that they are under, particularly for this specialism. We want to support NHS Wales and have the capital to invest in first class healthcare facilities for the patients of Wales to deliver a high-quality local ophthalmic offer that has good outcomes and is patient centric, with no additional cost to the NHS.

We are, however, currently unable to offer this kind of care in Wales as there is no constitutional right for the patient to have a choice of provider and therefore no legislation which would support this kind of investment and innovation. The Welsh Government has stated that, “the overarching focus of optometry contract reform is centred on alleviating pressure on secondary care hospital eye services. We are increasing the range of services delivered closer to home in primary care optometric practices, where there is a skilled workforce with the capacity to meet the predicted substantial increase in demand. Moving the delivery of some eye care services from hospitals to primary care optometry, represents the most viable and sustainable solution.”

No attempt, however, has been made to involve independent providers, to use their skilled workforce and capacity, to alleviate this pressure on secondary care hospital eye services.

The challenge presented by an ageing population is significant when it comes to the NHS delivering quality ophthalmic care for chronic diseases. This includes detection of so-called ‘silent diseases’ – those with no obvious symptoms that can only be picked up by regular monitoring. A lack of specialist consultants and short-term commissioning arrangements focussed on meeting in year financial targets mean that long term value for money and slowing disease progression are inadvertently deprioritised. Newmedica plays a key role in tackling this. Our specialist eye hospitals provide training and upskilling from consultant ophthalmologists to ophthalmic technicians (OT) to enable them to see patients and gather diagnostic data for the consultant to review remotely, informing clinical diagnosis and a future treatment plan. The business has now grown and now includes over 26 elective eye centres under the Newmedica umbrella. Under our model, clinicians are part shareholders, ensuring that we are invested

in the communities in which we practice and are committed to building long term relationships and trust with local stakeholders.

We believe that by working in partnership with Welsh Health Boards would not only reduce the pressure on further secondary and tertiary care such as A&E and other specialist NHS services but would also reduce waiting times and provide the high-quality care all patients deserve.

As such, we call for the following proposals to speed up organisational reform and service efficiency:

1. **Publish chronic ophthalmology care waiting lists.** Follow-up waiting lists must no longer be hidden from scrutiny. NHS Wales should mandate all ophthalmology providers to publish the number of patients waiting for follow-up outpatient appointments.
2. **End the year-end scramble.** The Government should require Health Boards to collaborate with Independent Sector providers sustainably to ensure waiting times stay consistently within 18 weeks. This would avoid short-term contracts at the financial year end, which inconvenience patients and strain Health Board staff. A long-term, sustainable approach throughout the year benefits everyone.

Clinical Networks and equal access to care

Newmedica attended the public engagement meetings on this subject in 2024 and have written to the Chief Executives of the relevant health boards regarding the proposed regional cataract centres of excellence. Our offer to support the development of these regional centres goes beyond providing the capital expenditure to cover their creation. Newmedica want to help create a sustainable solution to reducing Welsh ophthalmology waiting times via robust recruitment of talented staff, sharing of their industry experience, training and upskilling programmes for local Welsh people working within the centres and a service that serves its local community as much as ophthalmology patients.

Our recent experience in delivering year end waiting list recovery via our clinics in England has emphasised that equal access to care can be aided is through cross-border working. More joined-up working between the UK and Welsh governments for the NHS in Wales and England would constitute a common-sense approach to using spare capacity where it is available, alleviating the pressures bearing down on the Welsh NHS.

Given the scale of the challenges facing the NHS in both England and Wales, we feel there is a clear and present need to improve cross-border health working throughout the UK's nations. We have sites along the English and Welsh border – Cheshire Oaks, Shrewsbury, Worcester, Bristol, and Gloucester – where there is capacity to take more patients. **We recommend that patients see the right clinician, in the right place at the right time.** Cross border agreements already exist which enables a very limited number of Welsh patients to access available capacity in England. Sometimes however, the difference of a street one lives on denies Welsh patients access to English capacity, and we have often faced pushback from health boards who prefer to use short lived waiting list incentives via published tenders rather than agree a long-term strategy. The cross-border arrangement should be expanded to improve access to care for patients able & willing to travel into England for elective care.