



Health and Social Care Committee's request for evidence

Ophthalmology Services in Wales

May 2025

This paper contains the Welsh Government's evidence to inform the Health and Social Care Committee's inquiry into Ophthalmology Services in Wales.

Contents

1. Introduction.....	3
2. Organisational reform and service efficiency	5
3. Workforce expansion and training	7
Strategic Programme for Primary Care	8
4. Hospital and infrastructure improvements	9
Hospital and clinical infrastructure.....	9
Digital infrastructure.....	9
Use of Artificial Intelligence (AI).....	10
5. Clinical networks and equal access to care.....	11
National Clinical Strategy for Ophthalmology	11
Regional approaches to ophthalmology delivery and reducing long waiting lists	12
Optometry contract reform.....	13
6. Oversight and implementation.....	15
7. Performance and accountability	16
Performance overview.....	16
Hywel Dda University Health Board	19
Cwm Taf Morgannwg University Health Board.....	20
Aneurin Bevan University Health Board	20
Betsi Cadwaladr University Health Board.....	21
Cardiff and Vale University Health Board	21
Swansea Bay University Health Board.....	22

1. Introduction

The Welsh Government recognises sight loss can – and is – having a profound effect on the wellbeing of people in Wales. **The Time to Focus** report published in 2020 by Fight for Sight, the UK research charity, illustrates the personal impact and wider costs of sight loss. The Royal National Institute for the Blind (RNIB) estimates nearly one in five people will experience permanent sight loss in their lifetime – in Wales, this means an estimated 3.5% of the population could be living with sight loss.

Demand for eye care services is set to increase significantly over the next 10 years as the population continues to age. This will continue to challenge timely access to specialist eye care services if NHS services do not respond and evolve.

The Welsh Government and the NHS Executive are working closely with health boards to help support them to make the necessary transformation in the way services are delivered to improve both waiting times and outcomes for patients.

The Welsh Government commissioned an External Review of Eye Care Services in Wales that was undertaken by Andy Pyott, a consultant ophthalmologist from NHS Highlands in Scotland on behalf of the Royal College of Ophthalmologists during 2020 and into 2021. The report was published in late 2021, with a number of recommendations particularly centred around making the most effective use of the workforce.

Following this external report, the first ministerial summit for ophthalmology took place in November 2022, where NHS Wales, the NHS Executive and clinicians were challenged to drive efficiencies within the current system to improve performance in and to formulate a strategy that turned the recommendations of the external report into practical solutions.

On 14 October 2024, the Welsh Government held a further ophthalmology ministerial summit aimed at improving access to eye care services, preventing sight loss and irreversible harm and set out performance expectations for health boards. It focused on:

- addressing the barriers to service improvements
- the integration of primary care optometry services to reduce waiting lists

- regional working across major sub-specialties, including glaucoma, cataracts and medical retina
- pathway development and improvement
- digital transformation.

Health boards need to implement local and regional plans to meet the demand for eye care services, addressing those with high clinical risk as a priority with effective integration and use of primary and community care optometrists. The need for improved and consistent health board performance to ensure equal levels of care for people across Wales is essential. Health boards must address inefficiencies within the system, working collaboratively and regionally across high volume areas of the service to achieve this.

2. Organisational reform and service efficiency

The Welsh Government introduced new optometry legislation which came into force between October 2023 and April 2024, imposing new requirements on health boards and on their behalf, primary care optometrists, to deliver additional NHS Wales General Ophthalmic Services (WGOS).

The new legislation expanded the scope of services provided by primary care optometry, enabling more patients to be managed in the community, deliberately increasing capacity for hospital eye services. Under the new WGOS regulations, it is now mandatory for all optometric practices providing NHS eye care services to:

- incorporate prevention and well-being advice as well as an individual patient management plan and patient self-care advice
- offer an eye health examination to patients needing urgent attention or those at higher risk of eye disease
- ensure the availability of core clinical hours throughout the day for patients requiring access to the core services
- expand the provision of mobile support for eligible patients
- provide free optical appliances for eligible patients.

Mandating these regulatory provisions will enable more eye health conditions to be detected earlier and clinical support to be provided equitably across Wales.

Optometry pathways

The new optometry pathways decrease the demand on ophthalmology services (and GPs) by reducing the number of referrals into secondary care. In addition, the pathways improve ophthalmology capacity by shifting services and monitoring low risk patients in primary care optometry.

WGOS 3 supports provision of low vision aids, signposting to other services and offering information regarding daily living and eye conditions.

WGOS 4 enables patients who would previously have been referred to hospital eye services for medical retina and glaucoma assessments, to be referred to an optometrist with higher qualifications for further assessment, within the primary care cluster area.

WGOS 5 provides an “eye casualty” in primary care optometry to detect, manage and prescribe for patients.

It is not mandatory for all ophthalmic practices to provide enhanced clinical WGOS 3-5; however, it is compulsory for health boards to provide these services for patients in their health board area.

Implementation of the advanced clinical services pathways is overseen by the Eye Care Wales Committee, established in legislation, and currently driving forward the delivery of advanced services in primary care optometry. The Committee is supported by NHS Wales National Clinical Lead and local health board Optometric Advisers, ensuring a once for Wales approach.

Additional administrative support is also provided through the appointment of new health board optometry Contract Managers to accelerate delivery and roll out and ongoing monitoring.

3. Workforce expansion and training

As part of the Education and Training Commissioning Plan for 2025-26, £0.658m was allocated for optometry to increase opportunities for optometrists to deliver enhanced services aligned to the Welsh Government's *Future Approach for Optometry Services* (2022) and underpinned by optometry contract reforms (2023-24).

Changes to regulation (Education, Training Review GOC 2021) and changes to education and training both at undergraduate and post graduate levels have been implemented to facilitate new ways of working clinically and support newly qualified optometrists to have additional skills and qualifications.

Health Education and Improvement Wales (HEIW) have commissioned over 450 places for higher qualifications for optometrists and dispensing opticians in Wales - an increase of 20% in 2023-24. This supports and facilitates the shift of services from hospital eye services into primary care optometry.

Further optometry recommendations agreed as part of the Training and Education Commissioning Plan 2025-26 are seen in the table below:

Optometry	2025-2026 training places	Context
Independent Prescribing (Optometrists)	22	<ul style="list-style-type: none"> The Independent Prescribing pathway is now Wales wide, which enables patients to be moved from secondary to primary care. The aim is to recruit from all Health Boards in equal numbers for equity of patient services.
Higher Certificate in Medical Retina (level 7)	7	<ul style="list-style-type: none"> There is a stable number of specialised qualifications to ensure expertise across Wales. Due to population demographics, BCUHB, HDUHB and ABUHB take preference for places.
Professional Certificate Medical Retina (level 7)	14	<ul style="list-style-type: none"> The new Wales General Ophthalmic Service (WGOS) Medical retina pathway enables patients to be moved from secondary to primary care. Qualifications are commissioned across all Health Boards and assigned to clusters with small numbers of optometrists with the qualification. Due to population demographics, BCUHB, HDUHB and ABUHB take preference for places.

Higher Certificate in Glaucoma (level 7)	7	<ul style="list-style-type: none"> • There are a stable number of specialised qualifications to ensure expertise across Wales. • Due to population demographics, BCUHB, HDUHB and ABUHB take preference for places.
Professional Certificate in Glaucoma (level 7)	14	
Diploma in Glaucoma	7	
Low Vision Certificate	20	<ul style="list-style-type: none"> • This service has been expanded to allow for an increase in numbers of practices that can offer Low Vision services.

Strategic Programme for Primary Care

As part of the annual contractual tripartite negotiations, heads of terms commitments are agreed for areas requiring further work outside of the formal tripartite negotiations. This has proved beneficial in terms of ensuring an evidence-based approach and well-structured recommendations for further consideration.

The tripartite optometry negotiation teams agreed, during formal 2024 negotiations, for a Heads of Terms Agreement (HTA) to be produced for areas of work to be progressed including workforce.

The Strategic Programme for Primary Care will co-ordinate the development of an eye care workforce strategy and options appraisal. The programme will lead a group whose remit is to ensure that a sufficiently robust, sustainable, skilled and mobile workforce is available to provide eye care services.

4. Hospital and infrastructure improvements

Capital investments in hospital infrastructure (including digital) to support services are part of our investment. Since 2017-18, just under £12m was provided to health boards, NHS trusts and training providers.

Hospital and clinical infrastructure

The investment was used for replacement microscopes (£0.128m), simulators (£0.478m), digital eyecare sustainability and equipment (£9.8m), diabetic retinopathy cameras (£0.740m) and a training facility in Cardiff University (£0.758m).

Clinical infrastructure challenges for the delivery of effective and efficient ophthalmology services have been identified as part of the national ophthalmology strategy. The ophthalmology clinical implementation network will be describing “what a good clinical space/model” should look like. The optimal infrastructure model will then be used by each health board to assess and identify their redesign needs, to support the development of their optimised ophthalmology pathway.

Digital infrastructure

A digital platform is required to support the pace of change to share and transfer care between primary and secondary care. The Digital Eyecare Programme (DECP) commenced in 2020 hosted by Cardiff and Vale University Health Board as a national programme. The scope of the programme was to digitise the referral process from primary care to secondary care ophthalmology settings, as well as introduce an Electronic Patient Record (EPR) across primary and secondary care settings. To date, Cardiff and Vale University Health Board have deployed the EPR across their health board area, with partial use at Cwm Taf Morgannwg University Health Board.

The DECP formally transitioned from Cardiff and Vale University Health Board to Digital Health and Care Wales (DHCW) in June 2023 as part of the rationalisation of the hosting of national digital programme. There has been a period of pause and reflect and evaluation of the Cardiff and Vale University Health Board pilot programme. This involved the transition back to Cardiff and Vale University

Health Board in 2024. A new programme board has been established and, with the support of DHCW and Cardiff and Vale University Health Board, the roll out of the digital platform is underway for completion by March 2026. This will support sharing of digital imaging and clinical shared care between primary and secondary care.

Funding to support health boards to roll out the open eye platform and prepare for electronic referral has been identified as part of the Digital Programme Investment Fund (DPIF) for 2025-26.

Use of Artificial Intelligence (AI)

An approach for the use of AI in the care of diabetic retinopathy has recently been developed, taking onboard the lessons from Scotland to look at the feasibility of rolling out across England and Wales. The clinical guidance provided by the ophthalmology Clinical Implementation Network (CIN) will be instrumental in developing the standing operational procedure for Wales for consideration of adoption going forward.

5. Clinical networks and equal access to care

National Clinical Strategy for Ophthalmology

The [National Clinical Strategy for Ophthalmology](#) was published in October 2024. In order to ensure that progress is made against the strategy, a number of ministerial summits have been held, the most recent in October 2024.

The National Clinical Strategy for Ophthalmology sets out four strategic themes:

- **Organisational reform** – maximise the workforce
- **Clinical networks** – to provide equality of care
- **Pathway transformation** – improve end-to-end pathways and patient experience
- **Sustainable delivery model** – work across health board boundaries both organisationally and physically.

In a [written statement](#) on 20 December 2024, the Welsh Government published the report following the last ministerial summit, which included the following commitments and actions:

- Health boards to implement and monitor the impact of the use of optometry Wales General Ophthalmic Services (WGOS) pathways to reduce secondary care demand and increase capacity.
- Health boards, with the support of the Clinical Implementation Network (CIN), to adopt integrated pathway models for glaucoma, medical retina optometry/ophthalmology pathway and one stop cataract pathway.
- Health boards, in their IMTPs, to increase cataract capacity in line with their demand and capacity analysis and plan how bilateral surgery can be implemented.
- Health boards to respond to recommendations in the national and local Getting it Right First Time (GiRFT) reports.
- Health boards to move towards the implementation of high-volume mixed complexity lists.
- The CIN to develop and implement a standardised harm reporting protocol based on the Royal College of Ophthalmologists' guidelines across all health boards.

- The Welsh Government to expedite the implementation of the electronic patient record (EPR) system to improve communication and efficiency between primary and secondary care and improve patient safety.
- Health Education and Improvement Wales (HEIW) to conduct a workforce review to identify gaps and needs across all levels of ophthalmology staff, including non-clinical roles.
- Health boards to ensure that patient communications are accessible and that appointment letters are sent in formats that patients can read independently.
- Health boards to develop business cases outlining the investment needed to achieve sustainable ophthalmology services, including workforce and estates improvements.

Regional approaches to ophthalmology delivery and reducing long waiting lists

Additional funding to reduce long waiting times in planned care was issued to health boards in October 2024. This has been used to reduce the number of patients waiting over 104 weeks for treatment. Many of these were for cataracts.

It is expected that this additional investment will have eliminated all 104 week waits in south Wales and that there will have been a significant reduction in north Wales. To continue this improvement, further investment has been provided to health boards to deliver additional cataract capacity in Quarter one 2025-26, as part of the planned care plan for 2025-26.

It is clear that for many services, a regional solution can be an effective approach that consolidates workforce, technology and estates more effectively to respond to demand and the national ophthalmology strategy supports regional working for many of its clinical conditions. This approach has been adopted in both south-east and west Wales. This will not replace NHS provided services but will act as an enabler to the transformation of ophthalmology services across Wales.

Regional governance arrangements supported by regional reporting will be used to manage regional delivery in addition to individual health board accountability.

The planned care plan for 2025-26 will support regional contract arrangements to deliver 20,000 full cataract pathways (outpatients, diagnostics and treatments) split by demand, with additional investment in the south-west region for a treatment-only pathway. This plan, combined with the delivery of core activity, will substantially reduce cataract waiting times below 104 weeks.

There has been some concern in the clinical community that prioritising and focussing on an independent sector model for cataract delivery could put local

services at risk. This is not the case, as local services remain an essential delivery mechanism.

During 2024-25, the CIN has developed a set of guidelines to promote equal care across Wales including the development of the all-Wales discharge protocols, self-management pathways for agreed conditions, procedures including follow-up management within primary/community, agreed standardised patient appointment letter templates and a list of key reporting metrics.

Optometry contract reform

The impact of optometry contract reform is being felt across all services, with all practices able to deliver core clinical services and an increasing number of practices providing advanced clinical services in the community

Reform of primary care optometry in Wales is considered the most progressive in the UK. It is the key lever to fully utilise the whole workforce across the entire eye care pathway, through phased implementation of the pathways, underpinned by local health board transition plans.

Optometrists with additional post graduate qualifications manage, monitor and treat more patients in primary and community care, reducing the burden on GPs and increasing the capacity for specialist hospital eye care services. An additional contract envelope uplift of £3.9m for 2024-25 was agreed to support the upskilling of the optometry profession to deliver the shift in services into the community. This is supplementary to the annual £30m commitment to move more eye care out of hospitals into primary care optometry services in the community.

Optometrists with higher qualifications in glaucoma, medical retina and acute eye care enable Independent Prescribers to support these three high volume areas and reduce the burden on GPs.

New eye care pathways aim to reduce the number of referrals into secondary care eye services by 30,000 and free up an additional 30,000 ophthalmology appointments by shifting services and monitoring low risk patients in optometry primary and community care services.

The implementation of WGOS 5 (Independent Prescribing) pathway since December 2023 has resulted in over 2,000 episodes per month now being seen by independent prescribing optometrists in the community. These patients would previously have been seen either by their GP, or more likely within eye casualty departments within the hospital eye service.

An analysis of the early results demonstrates that, over the first quarter of this calendar year, over 500 glaucoma appointments and over 700 medical retina appointments have been undertaken in primary care optometry practices. As health boards continue to roll out this pathway, these numbers will continue to increase.

An integral part of the development of the new optometry pathways and implementation was how the Welsh Government and NHS Wales worked collaboratively with the Wales Vision Forum (WVF). WVF members contributed to the contract reform implementation groups, acting as patient voice and advocating for non-clinical patient support (Eye Care Support Pathway).

As a result of this collaboration, the WVF have ensured that as part of the optometry pathways, optometrist will actively seek to support patients through the provision, signposting and/or referral to sources of trusted information and support as part of their eye care, and local guidelines will be published by Wales Council of the Blind.

6. Oversight and implementation

The Welsh Government maintains oversight over ophthalmology strategy implementation, service transformation and performance through specialised eye care monitoring meetings with health boards, and through scheduled deep dives at the health board Integrated Quality Delivery and Performance meetings. The deep dives and touchpoints are used to measure health board progress against GiRFT and WGOS actions, actions outlined in the ministerial summit report and the national strategy recommendations.

Ophthalmology is one of the seven clinical areas of the national planned care programme and is clinically led through a clinical implementation network (CIN) with representation from all health boards. The CIN has developed an annual work plan to transform delivery in line with evidence-based efficiency and productivity measures.

Progress against the transformation plans are presented at the National Planned Care Board, chaired by the Deputy Chief Executive of NHS Wales and attended by NHS Chief Executives. It is through this forum that the health boards are collectively held to account for the delivery of the national strategy.

The 2025-26 national planning guidance sets out a number of expectations for each health board to deliver – those that relate to ophthalmology include:

- **Improved treat in turn rates** – around booking appointments and treatment
- **Theatre/procedure efficiency** – increased numbers on treatment lists
- **Redesign of the cataract pathway** – referrals should go direct to listing and all post procedure care should be undertaken in community unless there is a clinical reason
- **Referral guidance and follow-up guidance** – use of the extended WGOS 4 model.

Progress against these is being tracked through the Planned Care Programme.

The role of Digital Health and Care Wales (DHCW) in IT systems roll out is covered in the hospital and infrastructure improvements section. In March 2025, DHCW were placed in level 3 escalation for performance and outcomes related to the delivery of major programmes.

7. Performance and accountability

Performance management, escalation and accountability remains the remit of the Welsh Government. Health boards are held to account by the Welsh Government through regular performance meetings. As part of regular reporting, health boards submit collected performance data and a monthly activity report to the Welsh Government. This data is published online monthly and includes [patients waiting for an ophthalmology outpatient appointment](#) and [total outpatient appointments attended](#).

To improve performance and reduce waiting lists and prioritise those at high risk, health boards have implemented various activities including waiting list initiatives (WLIs), outsourcing patients to third sector or regional providers, obtaining temporary/short-term additional theatre space/capacity, hosting weekend clinics and moving medially fit patients to WGOS optometry pathways.

In response to the challenges health boards are facing with long waiting times for planned care, the following health boards are in an escalated status for poor performance: Betsi Cadwaladr University Health Board, Cwm Taf Morgannwg University Health Board, Hywel Dda University Health Board and Swansea Bay University Health Board. Cwm Taf Morgannwg, Hywel Dda and Swansea Bay University Health Boards have all recently been de-escalated to level 3 for planned care waiting times and both Hywel Dda and Swansea Bay University Health Boards are on target to deliver zero open pathways waiting over 104 weeks and zero over 52-week pathways waiting for a first outpatient appointment by the end of March.

As part of their individual escalation frameworks ophthalmology has been highlighted as an area of concern needing improvement.

Performance overview

In 2019, Wales became the first nation to introduce new ophthalmology hospital eye care targets linked to clinical risk to prioritise treatment for those at greatest risk of sight loss. Eye care measures for NHS outpatients have been designed to provide a framework for new and follow-up patients, based on the priority and urgency of care required by each patient and are being reported in addition to the current Referral to Treatment (RTT) waiting times. The national statistical RTT waiting list data published each month is for new patient pathway waits only. Concern was raised by all stakeholders about the risk of harm from delayed

waiting for ongoing treatment being missed by only measuring access times for new pathways. This resulted in the national eye care measures being introduced. The primary intention of the measures is to ensure that:

- All patients referred to hospital for ophthalmology will have a maximum waiting time which is based on a clinical assessment of their condition and well-being; and
- All ophthalmology patients who require regular ongoing review or treatment will be seen within clinically indicated intervals, which are also based on their condition and well-being, and should be reviewed at each appointment.

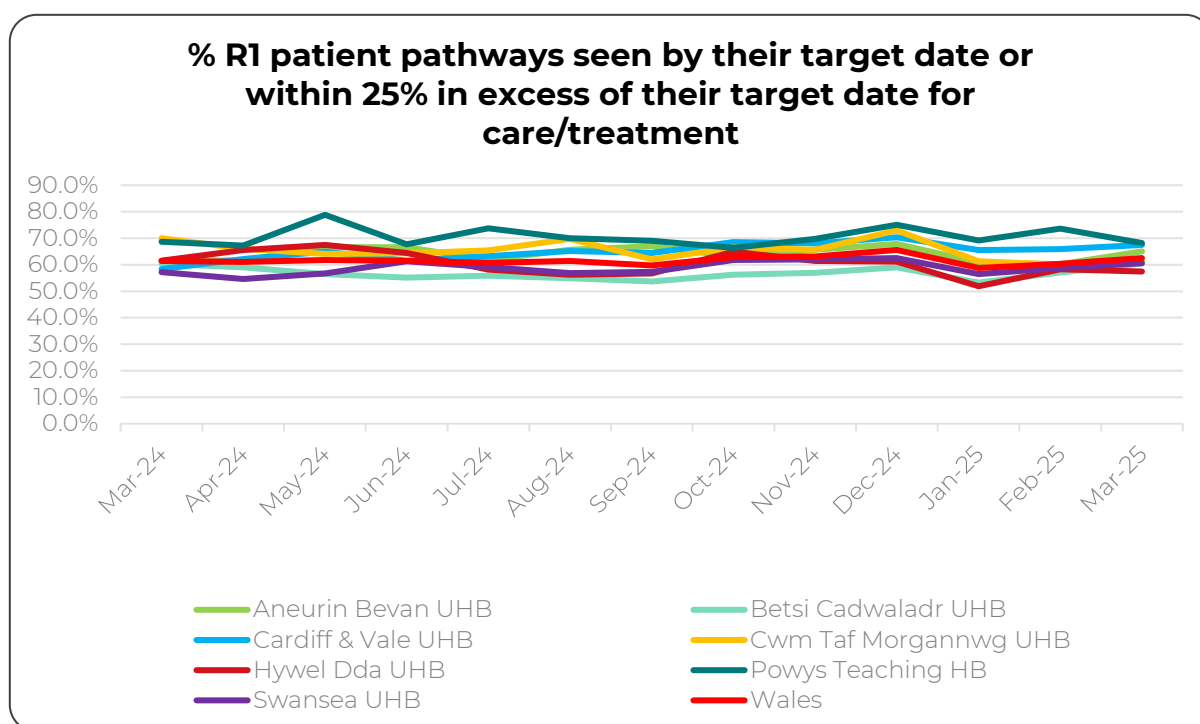
Upon referral each patient is allocated a health risk factor, which assesses the risk of harm associated with the patient's eye condition if the target review date is missed. A patient's health risk factor can be amended at various points during their eye-care pathway. Categorisations are as follows:

- R1 – risk of irreversible harm or significant patient adverse outcome if target date is missed.
- R2 – risk of reversible harm or adverse outcome if target date is missed.
- R3 – no risk of significant harm or adverse outcome.

The target is that 95% of patients categorised as R1 (risk of irreversible harm) should be seen no later than 25% beyond their target wait. The percentage of patients classed as R1 waiting within their target review date for an outpatient appointment over the last 3 months is as follows:

Month	% of patients	Change to previous month
January 2025	50.1%	+0.3%
February 2025	50.7%	+0.6%
March 2025	49.9%	-0.8%

Performance remains below the required levels and, as can be seen in the following chart, no health board is achieving the national standard:



Eye care performance is also subject to RTT targets and as highlighted in section 5, additional funding to reduce long waiting times in planned care has been used to reduce the number of patients waiting over 104 weeks for treatment. Organisations in south-east Wales received an additional £7.4m in 2024-25 for regional ophthalmology service. Over the last six months, the number of open pathways waiting over 104 weeks has seen a 79% reduction, with those waiting over 104 weeks for a first outpatient appointment reducing by 80%.

It is expected that this additional investment will have eliminated all 104 week ophthalmology waits in south Wales and that there will have been a significant reduction in north Wales. The table below shows the position at the end of March 2025, with no 104-week pathways in Cwm Taf Morgannwg, Hywel Dda, Powys and Swansea Bay.

To continue this improvement, further investment has been provided to health boards to deliver additional cataract capacity in Quarter one 2025-26, as part of the planned care plan for 2025-26. In south-east Wales, a further £3m has been made available for 2025-26 and the expectation is that further improvements are made to the ophthalmology waiting times across south-east Wales.

104-wk total waits	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25
Aneurin Bevan UHB	1,460	1,664	1,772	1,948	1,581	864	68
Betsi Cadwaladr UHB	1,046	1,008	1,061	1,075	1,005	934	675
Cardiff and Vale UHB	1,662	1,623	1,636	1,751	1,708	784	477
Cwm Taf Morgannwg UHB	1,276	1,307	1,321	1,330	996	387	0
Hywel Dda UHB	388	438	376	397	364	222	0
Powys THB	0	0	0	0	0	0	0
Swansea Bay UHB	0	0	0	0	0	0	0
Total	5,832	6,040	6,166	6,501	5,654	3,191	1,220

The Welsh Government remains concerned about the impact of extended waiting times on a patient's clinical condition and has instructed the Clinical Implementation Network for ophthalmology to develop and implement a standardised harm reporting protocol across all health boards based on guidelines set by the Royal College of Ophthalmologists.

Hywel Dda University Health Board

The health board has struggled to achieve the R1 target since its inception and has set out in its annual plan the approach it will implement to improve. This includes expanding intravitreal therapy (IVT) capacity to reduce the breach position, through increasing clinics and specialist staff to deliver this additional capacity and recruiting specialist staff to increase glaucoma delivery. The health board aims to achieve 65% R1 compliance by March 2026.

This work is starting to have an impact, with the health board reporting significant outcomes relating to its Independent Prescribing service with less than 5% of the patients seen through the WGOS 5 pathway being referred on to ophthalmology and almost 93% of all patients being managed independently by optometrists in the community.

As part of ongoing work to reduce 104-week waits, the health board undertook a detailed demand and capacity review at the beginning of 2025 with the aim of reducing the 104-week position to zero by the end of Quarter one 2025-26.

In 2024-25, the health board received an additional £420,000 to support the reduction of ophthalmology waits and achieved the target of zero open pathways by the end of March. The health board will continue other various workstreams to support this position including outsourcing, reviewing theatre efficiencies and utilising and implementing GiRFT recommendations.

The health board has plans in place to maintain this position moving forward into 2025-26, working both locally and regionally with Swansea Bay University Health Board to address ophthalmology waiting times. The health board has received £800,000 in Quarter one for the treatment of 600 cataract patients.

Cwm Taf Morgannwg University Health Board

R1 performance at the health board has not achieved 50% over the last 12 months. In order to make the required improvements, the health board will continue to outsource long waiting patients where possible, run weekend clinics to accommodate patients not suitable for outsourcing and will utilise theatre availability by backfilling session vacancies.

In February 2025, the health board opened a Surgi-Cube theatre at the Princess of Wales hospital to increase capacity for cataract surgery. Activity began in March 2025.

As part of the Welsh Government's ring-fenced funding awarded in October 2024, the health board received £4.6m and has committed to achieving a target of zero patients waiting over 104 weeks by the end of March 2025. The health board achieved this for ophthalmology.

In 2024, the health board established an ophthalmology harm review panel to oversee and review all ophthalmology incidents reported in the health board. As part of this work, the health board has addressed the review of overdue ophthalmology patient safety incidents (PSIs) and investigations.

Aneurin Bevan University Health Board

R1 performance at the health board has not achieved 50% over the last 12 months. To reduce waiting times and see patients more quickly, the health board schedules clinically validated glaucoma and medical retina patients to be seen in virtual clinics as opposed to hospital sites. In January 2025, 493 glaucoma and 206 medical retina patients were seen this way.

As of the end of 2024, the health board have implemented WGOS 4 and 5 optometry and the independent prescriber (IP) pathway. The health board WGOS 5 service is currently running with 23 IP practices and is working to increase this.

The WGOS 4 pathway has prevented 278 referrals from reaching hospital eye services since November 2024 and is currently managing them within primary care optometry.

The health board has a high proportion of optometrists with additional qualifications and has been proactive in offering support and clinical placements to enable optometrists to complete training and gain additional qualifications.

As part of the £7.4m of funding the south-east region received to reduce waiting times, the health board was allocated £836,000 to support local reductions in ophthalmology waiting times and to achieve a zero position at the end of March. At the end of March 2025, there were 68 open pathways waiting over 104 weeks on a RTT pathway, 95% lower than the September 2024 position.

Betsi Cadwaladr University Health Board

The health board is prioritising the development of effective services for people with eye care needs with this service areas highlighted as a core delivery area within the Board-approved Integrated Medium-Term Plan.

To improve R1 performance, the health board offers suitable high risk patient appointments in primary care ophthalmic diagnostic and treatment centres outside of the patient's local health cluster. All optometry practices in the health board are required to provide a minimum level of service of WGOS 1 and WGOS 2.

As part of the additional funding allocated in 2024-25, the health board received £769,000 to support improvements in ophthalmology waiting times. At the end of March 2025, there were 675 open pathways waiting over 104 weeks on a RTT pathway. This is a reduction of 35% compared to the end of September 2024.

For 2025-26, the health board has received an additional £5m to support continued improvements in waiting times. As part of the allocation, the health board is required to deliver the national eye care strategy and specifically the opportunities of Wales General Ophthalmic Service (WGOS) 4 during April.

Cardiff and Vale University Health Board

Whilst the health board has maintained performance above 60%, it recognises that considerable improvement is required and has set out the following actions as part of its improvement plan over the next 12 months:

- The transfer of local anaesthetic, adult cataract operating to an improved environment with more reliable infrastructure and the development of GiRFT standardised pathways
- To develop a capital business case to increase capacity for cataract treatments, working further towards GiRFT standards
- Working with colleagues at Cardiff University to explore the potential of utilising resources and clinical capacity for the diagnostic care of Diabetic Retinopathy patients

- Increasing capacity for diagnostics and standardising on-going care pathways for glaucoma patients.

Due to identified safety concerns within ophthalmology services, Cardiff and Vale University Health Board has requested an independent review into their Acute Macular Degeneration Service from the Royal College of Ophthalmology in October 2024. The Report has yet to be received but is expected imminently, and the recommendations from which will be embedded into a Clinical Strategy for Ophthalmology, to provide the vision and structure for the Service Delivery Plan

In 2024-25, the health board received an additional £474,459 to support reductions in ophthalmology waits, as well as receiving funding as part of the regional plans. At the end of March 2025, there were 477 open pathways over 104 weeks on a RTT pathway, a reduction of 71% when compared to the end of September 2024.

For 2025-26, the health board has received an additional £2.783m in Quarter one to support local reductions in waiting times with the expectation of delivery of the medical retina opportunities of WGOS 4 during April, as well as being part of the regional solution, for which the south-east region received £3m.

Swansea Bay University Health Board

Swansea Bay University Health Board has been effective in improving R1 performance to over 70% through the improvement to pathways and implementation of the community pathways. Their medical retina service has demonstrated integration with the use of optometry teams in the community through WGOS 4 pathways, and there has been improvements noted in utilising the multidisciplinary team providing IVT clinics and working to the top of their licence.

The health board have maintained zero patients waiting over 52 weeks for a first outpatient appointment since June 2023. The health board has begun piloting a pre-assessment clinic model in cataract services with new clinical processes which aims to increase patient capacity by 50%.

At the end of March, there were zero open pathways over 104 weeks on a RTT pathway. The health board has held this position since August 2024.

As part of ongoing work to reduce waiting lists, the health board are implementing changes to the management of cataract surgery by removing late starts and early finishes for consultants and surgeons to increase the number of cataracts on a list and by implementing eight high-volume-any-complexity (HVAC) training sessions.