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

OP12 : Ymateb gan: Bwrdd Iechyd Prifysgol Betsi Cadwaladr | Response from: Betsi Cadwaladr University Health Board

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Inquiry into Ophthalmology Services in Wales

Health and Social Care Committee Questions – July 2025

Service Delivery

1. Changes have been made to the Welsh General Ophthalmic Services (WGOS) to enable primary care optometry to manage more patients in the community, thereby reducing demand hospital eye department demand. When do you expect to see the impact of these changes?

WGOS Independent prescribing (IP)
Pathway commenced Q4 2024-25 and is now embedded, with 20 Community Opticians enrolled and additional capacity provided by BCU Health Board and Cardiff University Teach & Treat Centre.

Hydroxychloroquine (HCQ) WGOS Screening
Pathway commenced Q4 2024-2025. Delivery remains on track. 6 practices in place, with Pan BCU coverage. Establishing wider geographic and improved workforce is a priority to ensure resilience

Glaucoma and Medical Retina WGOS
Go Live commenced Q2, 2025-2026. Initially Diabetic Eye Screening Wales (DESW) pathway, followed by Medical Retina and Glaucoma. Processes for redirect of WGOS 4-suitable referrals in development.

2. What other strategies are in place to reduce demand on hospital eye care, specifically to help balance the priorities of seeing patients waiting for new appointments and those waiting for follow-up appointments, both of which are equally important? Additionally, how is emergency ophthalmology care coping, and has demand increased due to long waits?

Strategies

- Redirect of future appropriate (new) referrals received by hospitals, to WGOS practices (Refer to section 1.)
- Teach and Treat course providing 60 additional reviews / month of longest waiting new and follow up Glaucoma patients whilst simultaneously delivering post-grad Higher Certificate workforce to refine patients in community
- Discharge of suitable new Medical Retinopathy and Glaucoma Patients from hospital to WGOS

Outsourcing & Insourcing

- Outsourcing Cataract Patients
- Insourcing Glaucoma and Medical Retina Patients
- BCUHB Partnership pathways with Opticians
- BCUHB in partnership with Cardiff University progressing additional Teach & Treat to deliver medical retina
- BCU Primary Care auditing routine referrals to support referrers directing appropriately "Right First Time" in terms of referring to hospital or WGOS 4 practices

3. Do you believe the target, set out by the Ministerial Advisory Group, of performing 8 cataract surgeries in a 4-hour training session and 10 in a consultant-only session is achievable? What challenges do you foresee in meeting these targets?

For High Volume Low Complexity (HVLC) Surgery the health board is already achieving the MAG target in some areas and moving towards the target with staged improvement in others.
Robust action is in place to deliver sustainable Cataract delivery, in line with GIRFT and National recommendations. A review of the entire Cataract Pathway has taken place with referral refinement, enabling triaging clinicians to effectively stream patients within one week of referral onto One stop clinic and latter High Volume surgery pathway for over 85% of Cataract patients.

Challenges:

- Permanent recruitment is a challenge in some areas with reliance on long-term NHS locums.
- Consistent coding to stream patients has been a historic barrier. The health board is in process of delivering data quality improvements to ensure a standard coding approach and refreshed training across the region to address root cause.
- Validation team are supporting redress of historic data learning.
- Demand & Capacity conflicting demands of Cataract reversible versus Irreversible risk patient groups are present.
- HVLC delivery capacity-allocation also requires a balance between targeting the longest waiting, often complex/Non-HVC Cataract patients. reducing risk for non-Cataract patients at risk of irreversible harm from delayed access to care.

4. How prepared are you to establish Local Theatre Optimisation Boards, and what support do you need to ensure their effectiveness?

The necessary Eyecare governance framework is established within the following structure hierarchy:

a) *BCU Cataract Network Group* established Q1 – monthly (Chair: Interim Medical Director)
b) Refreshed *BCU Eye Care Collaborative Strategic Group* commenced Q2 – bi-monthly (Chair: Chief Operating Officer)
c) *Clinical Implementation Network (CINs)* – quarterly (Chair: National Ophthalmology Lead)

Group (b) also reports progress into the:

- *Local Theatre Optimisation Group* currently being refreshed under the new Chief Operating Officer; and
- *Elective Theatre Optimisation - North Wales check point meeting* - every month (Chair: NHS Exec, Assistant Director - Planned Care)

5. What are your plans to handle the projected 6.4% increase in demand for ophthalmic services by 2030? What support to do you need from the Welsh Government to help you provide a permanent solution and ensure the long-term sustainability of eye care services?

Cataract
The Health Board's Planned Care Major Change Programme – Workstream 4: Pre-operative & Operative Effectiveness, will progress the MAG enabling actions in-line with the BCU IMTP:
(EA6) All new Cataract referrals should be direct listed to treatment stage of the pathway following an admin triage by the end of Q2

- Direct listing on track for end Q2
- One stop outpatients and pre-op on track for end Q2

(EA8b) Improvement in the implementation and delivery of High-Volume Low Complexity Theatre lists, with an initial focus on Cataract 90% of lists to have 7 Cataracts per by end of Q2

- Initial 1 HVLC 7 cataracts on track end Q2 (exceeding target in one site)
- Scale up moving into Q3 balanced with outsourcing Cataract Routine

Ophthalmology Models of Delivery

- Develop proposals to inform business cases for sustainable regional service care models
- Continue to deliver WGOS 4 Optician pathways (see also section 1 & 2 above)
- Develop implementation plan and related business case to ensure readiness for embedding national Eye Care digital solutions (e-referral and electronic patient record systems)

Workforce

- Fully mobilise financial incentives for Community Opticians to support improved uptake of professional certificate / post-grad higher cert training key enabler of WGOS delivery sustainability
- Completing strategic and operational Integrated (1◦ and 2◦) workforce planning review

WG Support needed – permanent funding to enable sustainable deliver of:

- Recruit to key clinical leadership roles (Ophthalmologists and Optometry)
- Expand the successful delivery of the 'Teach & Treat Independent Prescribing and Glaucoma' courses and further expand to 'Medical Retina Post-graduate' courses
- Training of non-medics working to top of licence.

Estates

- Collate relevant estates reviews to identify improvements to existing estates, further estate and modular opportunities.

WG Support needed – permanent funding to enable sustainable deliver of:

- modern estates to both deliver current services and future proofed delivery.

Facilities and Equipment

6. The Committee has heard about the importance of commissioning equipment and ensuring it is properly maintained. Is your health board setting aside an appropriate part of its budget to replace essential equipment in a timely fashion?

'Essential equipment' falls within the annual capital value allocation. In context of finite resources, rising equipment costs and resourcing "Care Closer to Home" community sites, funding does not meet all requirements and the health board's Capital Group reviews and approves high priority bids.

Challenges "Short notice" obsolescence notification by manufacturers. Mitigation is provided by an Emergency Fund, enabling equipment purchase of previously lesser-prioritised equipment and/or for unexpected obsolescence.

As independent practices, Opticians have their own equipment replacement processes. Partnership Integrated pathways are impacted by equipment failure/replacement timescales.

Workforce

7. Given the current challenges in ophthalmology, including shortages of ophthalmologists and optometrists, imbalances in sub-specialties, and the need for effective collaboration with

HEIW and universities, what comprehensive strategies is your health board implementing to ensure a sustainable and well-equipped workforce?

The BCUHB integrated strategic and operational workforce planning review against current and emerging pathways commenced Q1 2025-26, with a Primary Care workforce audit already completed Q4 2024-25.

Together, these pieces of work will support identification of critical gaps, development of targeted recruitment, retention and workforce development strategies to ensure appropriately resourced and sustainable secondary care and integrated services. This will also inform the development and implementation of an integrated training plan

8. Dr Pyott's report warned that ophthalmology services in North Wales were at risk of collapsing, particularly due to a shortage of specialised corneal surgeons. What is the current situation?

There is a Corneal Consultant service across North Wales, including surgical and non-acute capacity. Mitigation from St Pauls, Liverpool is utilised in instances where available MDT surgical capacity is exceeded. This service will form part of the aforementioned Eye Care workforce review.

9. Are any vitreoretinal surgeons currently being trained in Wales, or are you still dependent on tertiary centres like St. Paul's Eye Unit in Liverpool and Bristol Eye Hospital for these treatments? (i.e., are health boards collaborating to ensure treatment and care for complex eye conditions are available within Wales, or is relying on English services the best option)?

Wales-based training is available. There is consistent delivery of surgery, with two Vitreoretinal Consultants delivering care that supports Pan BCU delivery. In North Wales, our natural partners are often towards the north west of England and mitigation from St Pauls, Liverpool is utilised in instances where available MDT capacity is exceeded and/or as annual leave cover.

This service workforce will be part of the review which commenced Q1 2025-26.

10. Dr. Pyott noted in his review of Eye Care Services that there had been challenges engaging clinicians. Is this still a problem, and if so, how are you addressing these challenges through the Clinical Network?

The Strategic Eye Care Collaborative Group engages MDT Clinicians in strategic planning. Following pause due to key vacancies, the group restarted in August 2025. MDT clinical membership from both Secondary and Primary Care, and National representation, ensures clinical engagement.

Active progression of recruitment secured a Primary Care WGOS Optometry Advisor to provide clinical leadership and engagement drive for delivery of Optometry Reform within North Wales: with a key component of post achieving Primary and Secondary Care engagement.

Pan BCU sub-specialty network groups, which enable clinician-led transformation and improvement, relaunched in July 2025: with Primary and Secondary MDT Clinical membership engagement informing continuous improvement