



Peter Fox MS
Chair
Health and Social Care Committee

seneddhealth@senedd.wales

24 February 2025

Dear Peter,

Thank you for your letter of 9 February about the Welsh Government's written response to the committee's report into ophthalmology services in Wales.

As outlined in our response, significant progress has been made through strengthened clinical pathways, closer integration between primary and secondary care and reforms to optometry services designed to move more care into the community.

These actions are central to our approach to reduce pressure on hospital services and to improve people's outcomes.

I welcome the committee's recognition of the work underway and the progress being made, while recognising there is still more work to do. In that context – and reflecting the ongoing programme of delivery set out in our response – please see the following answers to the committee's follow-up questions.

1. Given the committee's warning that urgent action is needed to prevent avoidable sight loss, why does your response not include any immediate or interim measures to be taken before the new governance arrangements are in place?

The National Clinical Strategy for Ophthalmology (NCSOphth) is the long-term, detailed blueprint providing strategic direction for reforming ophthalmology services. There is an urgent need to ensure preventable sight loss is tackled, however, it is recognised the implementation of the long-term detailed blueprint is essential to the success of sustainable delivery in Wales.

The Welsh Government response to the committee focused on establishing the governance required to deliver the national clinical strategy because this is essential for a sustainable, whole-system approach. However, immediate actions have not been paused.

Significant operational improvements are being delivered across Wales:

- Long waits of more than 104-weeks have fallen by 97% since 2023, supported by targeted national interventions.
- Additional cataract capacity is being commissioned, and several health boards have established high-volume cataract hubs through pathway redesign supported by the Ophthalmology Clinical Implementation Network (CIN). As a result of this expansion, Wales is on track to deliver approximately 37,000 cataract procedures this year - an increase of 20,000 compared with the 2023/24 baseline of around 17,000 procedures undertaken during that financial year.
- The implementation of WGOS 4 and 5 continues across Wales, releasing secondary-care capacity for the highest-risk patients.
- The CIN is delivering elements of the national clinical strategy, including all-Wales clinical pathways, standardised job descriptions for key eye-care roles, and collaborative work to optimise surgical capacity.

Improvements are continuing at pace while the new governance structure is finalised.

2. With governance reforms not expected to conclude until April 2026, what arrangements will operate in the meantime to ensure accountability and progress in areas such as estate condition and equipment replacement, to prevent further deterioration?

Although the revised governance arrangements conclude in April, interim accountability is already in place.

- The Welsh Government continues to scrutinise estates and equipment through established performance and capital-assurance processes.
- NHS Performance and Improvement is strengthening operational oversight through the CIN and the emerging regional boards.
- Health boards are responsible for maintaining rolling equipment-replacement schedules and must prioritise ophthalmology in their annual plans.

These arrangements ensure risks do not deteriorate while the new structures are being completed.

3. Your response notes the “ambitious timeline and scale of the change required” in delivering the Digital Eyecare Programme. What is the current likelihood of meeting the March 2026 implementation deadline?

All health boards have been instructed that eye care digital transformation is a national priority, and implementation activity has accelerated substantially since the reset of the Digital Eyecare programme.

Cardiff and Vale University Health Board has completed deployment across all sub-specialties, and neighbouring health boards are progressing tactical deployment pathways.

Further formal assurance will be available at the end of February. Based on current progress, the Welsh Government considers the March 2026 timeline deliverable with continued focus and co-operation across NHS Wales.

4. In light of the importance of digital programmes, and the delays and cost pressures affecting OpenEyes, will you reconsider providing an oral statement to ensure full public scrutiny of delivery risks?

At present, progress reporting is taking place through the established Digital and Data Leadership Board, NHS Performance and Improvement, and via direct ministerial oversight.

I will provide a written update if significant risks or delays emerge.

5. Your response states that a standardised harm-reporting protocol is already in place, and that training is being developed by NHS Performance and Improvement. Can you set out when you expect the development of that training to be completed, and the timeline for its delivery? Can you also set out your compliance expectations?

A national harm-review approach for ophthalmology is in place and has been strengthened through work led by the ophthalmology CIN. During 2025-26, Cwm Taf Morgannwg University Health Board developed and implemented a structured harm-review model for long-waiting ophthalmology patients. Following engagement with the health board, the CIN recognised this as best practice and has shared the model across NHS Wales.

The CIN has incorporated explicit harm-review expectations into the Optimisation Framework, which require health boards to undertake a harm review for any sub-specialty or pathway where waits are unduly long and spot-check harm audits to be completed at least every six months, with increased frequency where specific or known risks indicate a need for enhanced oversight.

The updated Optimisation Framework will be issued by the end of March 2026, with compliance monitored through the six-monthly self-assessment cycle. Health boards will be required to present learning from their local harm reviews to the CIN following each self-assessment return. The first will take place in May.

NHS Performance and Improvement continues to develop training to support consistent application of the harm-review methodology and to align, in due course, with the broader *Listening to People* reforms. Once timelines are finalised, these will be communicated to health boards with clear expectations for adoption.

Compliance with the strengthened harm-review approach will be supported through:

- Incorporation of harm-review indicators into routine IQPD monitoring;
- Continued NHS Performance and Improvement oversight to ensure consistent application of agreed definitions and methodology.

Harm caused by delay is captured and escalated through the established *Putting Things Right* framework and Datix, with serious incidents reported to the Welsh Government in line with current policy.

6. Your response does not address recommendations 13, 14, 16 and 17, stating that HEIW is best placed to provide updates and responses on matters relating to training, workforce planning and cross-professional workforce strategies. We have written to HEIW for their response, but ask what steps the Welsh Government will take to ensure funding for additional training places is secured?

HEIW's forthcoming recommendations about ophthalmology training expansion will be considered through the Welsh Government's established workforce and financial-planning processes.

NHS Performance and Improvement provides a strengthened mechanism for aligning:

- HEIW's workforce modelling,
- CIN intelligence on service need
- Health board capacity and supervisory requirements.

A short workforce analysis undertaken by the CIN has already informed health boards of national pressures, and this will be supplemented by HEIW's strategic workforce review. Funding decisions will be taken once the full picture of requirements is confirmed.

7. Given the strategic importance of the issues raised, and that Welsh Government has highlighted workforce pressures as a key challenge in the delivery of ophthalmology services, why did you not respond directly to these recommendations? I look forward to hearing from you on this very important matter.

The recommendations you refer sit formally within HEIW's statutory remit for workforce planning, training, and professional development. For that reason, it is appropriate for HEIW to provide the detailed operational response.

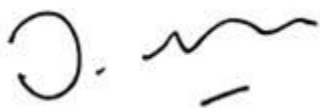
Workforce capacity is a central pillar of the National Clinical Strategy for Ophthalmology, and Welsh Government oversight is exercised through multiple routes, including the remit letter to HEIW, NHS Performance and Improvement governance arrangements, the Ophthalmology Clinical Implementation Network, and the annual Education and Training Plan process.

Through these mechanisms, HEIW's workforce modelling, recommendations for training expansion, and cross-professional workforce planning outputs, directly inform Welsh Government's financial decisions and national prioritisation. These structures ensure alignment between HEIW's proposals and government decision-making, including future funding for additional training places.

While HEIW is best placed to answer the specific operational detail requested by the committee, the Welsh Government maintains strategic oversight and responsibility for ensuring the workforce required to deliver the National Clinical Strategy can be developed and sustained.

We continue to work closely with NHS organisations, professional bodies, and other partners to progress this work.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'J. Miles', with a stylized flourish.

Jeremy Miles AS/MS

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care