

Senedd Hearing 20th March 2025
Briefing Notes

In September 2021 a document entitled "[External Review of Eye Care Services in Wales](#)" was published and this would be a useful starting point for any discussion. In particular, the ten recommendations made then, would merit investigation as to what extent they have been fulfilled.

Scotland is a country of similar size and faces some of the geographical and other challenges experienced in Wales.

It may be useful to discuss areas where another devolved Health Department (with similar funding arrangements) have been able to make changes.

There are some aspects which might merit comparisons between the two nations.

1/ OpenEyes

There is now a planned roll out of this electronic system throughout the country. Greater Glasgow and Clyde have been the first Health Board to fully adopt this EPR (electronic patient record), and they now have no paper notes.

2/ NESGAT (NHS Education for Scotland Glaucoma Award Training)

As mentioned in the report, Scotland has a higher number of Independent Prescribing Optometrists than other parts of the UK. Those with specific training in the management of Glaucoma can now manage patients whom the Hospital Eye Service (HES) deem stable. These patients are discharged from HES until such time as a re-referral is deemed necessary. This scheme is being rolled under around the country.

3/ Cataract services.

It was previously reported the average number of cataract surgeries performed in a 3.5 hour session in Scotland was 5.6. There is impetus for each unit in the country to

regard that one cataract operation every 30 mins (cataract only lists) is the absolute minimum. This should be irrespective of training or "service only". More units are now using Immediate Sequential Bilateral Cataract Surgery (ISBCS) as a means of encouraging theatre efficiency, with residents being exposed to the technique.

There is also the development of High-volume cataract surgery training being proposed for residents. Currently, the only venue is the Golden Jubilee National Hospital, Clydebank. In a six-month period, a senior resident might expect to perform 300 to 400 surgeries and a junior 100-150. It is proposed to make this experience available to more surgeons in training at other sites around the country.

The harsh fiscal environment has led to the cancellation of several of the planned Elective Care Centres, but the National Treatment Centre Highland (NTCH) was opened in March 2023 and now accepts patients from other parts of the country. This is proving an effective way of tackling very long waits for treatment. The NTCH has met the minimum requirement of 7 on a (cataract only) list for all surgeons, and several surgeons regularly achieve more than this.

Throughout the country there is patchy engagement with improving theatre efficiency. It is not always straight-forward to identify the impediments, but frequently there can be perverse disincentives for the nursing staff, especially when they do not work in dedicated ophthalmic teams.

Scotland does not yet have the serious competition brought about by using the Independent Sector to bring down waiting times that has been experienced in England. (Over 50% NHS Cataract surgery in England performed by Independent Providers). However, quite a number of Health Boards have been inviting the independent sector to use theatres at weekends, often with contracts that insist on higher numbers than are the norm for standard NHS lists during the week.

Like some units in Wales, there are some departments where theatre efficiency is compromised by Intra-vitreous injections (IVT) being performed in theatre rather than a clean room in the Out-patient department (OPD).

4/ Other long-term conditions

It is always dangerous to equate Ophthalmology with "Cataract surgery". There are justifiable concerns about the long waits for what should be a quick and reliable procedure to reverse sight loss. However, even more urgent are those return patients with long term conditions for whom treatment is more time limited. If a Macula service is not able to treat patients in a timely manner, then not only might the individual be exposed to the risk of irreversible sight loss, but the Health Board may have been wasting expensive treatments for poor gain. Some treatments require to be given at the correct dosing interval or not at all.

The Economics of the use of biosimilars or novel treatments with extended dosing intervals may need to be discussed.

5/ Estate

At the time of the 2021 Report significant concerns were raised regarding the Estate across many of the Welsh Health Boards.

6/ Vitreo-retinal (VR) services.

The 2021 Report also raised concerns regarding cross-border patient flows and a lack of long-term resilience in the Welsh VR provision.

Andrew Pyott

12/03/2025