

# **RNIB Cymru briefing for Senedd Cymru Health and Social Care Committee Ophthalmology Inquiry**

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## **Eye Watering: ophthalmology waiting lists in Wales**

More than **80,000 patients** at the **greatest risk of permanent sight loss** are waiting too long for sight saving treatments – more than enough to fill the Principality Stadium to capacity.

The number of ophthalmology patients waiting beyond their target date has **more than doubled** in the past five years. The [former President of the Royal College of Ophthalmologists in Wales](#) has warned of a “tidal wave of blindness across the whole country”, the consequences of which would be “catastrophic” if services are not reformed.

Sadly, for many who do lose some or all their sight, this could have been avoided if they were seen on time. We hear from grandparents who’ve lost so much sight while on a waiting list that they never saw the faces of their newborn grandchildren. People waiting for treatment have lost their jobs, which depended on them being able to drive, which they could no longer safely do. What makes this truly heartbreaking is the knowledge that things could have been so different if only they had received the right care and treatment at the right time.

## **Rising demand for eye care services**

Half of all sight loss is avoidable with early detection and treatment. But the prevalence of eye diseases like glaucoma and age-related macular degeneration increases as our population grows older. [One in five people](#) will live with permanent sight loss in their lifetime and demand for eye care services is expected to [rise by as much as 40 per cent](#) over the next 20 years.

Ophthalmology services in Wales are already under immense pressure. Ophthalmology is the busiest outpatient specialism in the Welsh NHS, accounting for [one in every seven](#) patients on the waiting list.

The number of patients waiting for an ophthalmology appointment increased by [169 percent in the past decade](#). Wales has the lowest numbers of Consultant Ophthalmologists per capita of any of the UK nations and in Europe [only North Macedonia has fewer](#).

## **The National Clinical Strategy for Ophthalmology**

In September 2024, the NHS Wales Executive published its clinically-led blueprint for reforming ophthalmology services across Wales, the [National Clinical Strategy for Ophthalmology](#).

Among the strategy's key recommendations is a fundamental redesign of the delivery model of eye care centered around three purpose-built regional centres of excellence which would enable services to attract and retain qualified staff, and allow for ophthalmic capacity, expertise, and technologies to be pooled to ensure an efficient and sustainable service. The Royal College of Ophthalmologists in Wales [described the move to a regional model](#) as 'vital for survival of ophthalmic care in Wales'. In the short term, the strategy calls on health boards to align governance finance and priorities to a regional delivery model agree a regional ophthalmology budget which is ringfenced and pooled with a central finance governance not dependent on individual Health Board constraints.

The Cabinet Secretary published a [written statement](#) in December outlining his support for the strategy and his expectations for progress to be made towards its implementation. Whilst this is a positive step, there have been no deadlines put in place and no additional funding allocation to deliver the reforms. It remains unclear who is responsible for coordinating and monitoring the shift to a regional delivery model and whether health boards have dedicated resources responsible for taking this forward.

## **Delays to digitisation**

An electronic patient record and referral system (EPR) which intended to give hospital ophthalmologists and community optometrists access to shared clinical information to monitor eye health and provide shared care was [launched in 2021](#). Four years later, the system is still not operational in any health boards in Wales and does not fulfill most of the core functions it was intended to.

The National Clinical Strategy for Ophthalmology notes the “considerable frustration around the lack of EPR and referral systems” and urges Welsh Government to prioritise and fast track the implementation of an EPR via Digital Health and Care Wales with the sufficient resources, clinical leadership, functionality and data interconnectivity across Wales to support the ambitions of this strategy and to ensure seamless movement of patients and clinical information between community and hospital services. In addition, a complete digital strategy for eye care needs to be developed to ensure services are optimised.

To date, there has been no public ministerial commitment to commission the digital strategy and there is no roadmap in place for the implementation of EPR.

## **Key points for the inquiry to consider**

It has been four years since [an External Review of Eye Care Services in Wales](#) described the staffing situation facing Wales' eye care services as “extremely serious” and “very fragile”.

The National Clinical Strategy provides the blueprint for a modern eye care system that is capable of meeting rising demand and able to deliver care to patients at the right place and at the right time. The [ophthalmology clinical sector has warned](#) that “inaction risks the collapse of eyecare services in Wales” and described the National Clinical Strategy as “the last chance we have to plan a viable future for eyecare in Wales.”

To date, there has been no commitment from the Welsh Government to make significant investments needed to implement the recommendations of the National Clinical Strategy. Without this, Wales' eye care waiting lists will continue to rise as will the number of patients who are needlessly losing their sight while waiting for NHS treatment.

The Welsh Government must commit the necessary resources to facilitate the shift to a sustainable regional delivery model. Health boards will not be likely to commit to a fundamental reorganisation of services without appropriate incentives, resources and ministerial direction. Currently, there is no incentive for a well performing health board to pool resources with an under-resourced or poorly performing health boards nearby. This hinders the shift to a regional model of delivery which the entire eye care sector in Wales agrees is the only viable future for the service. The Welsh Government must set clear expectations, including milestones and targets for implementation of the National Clinical Strategy. It must also equip the NHS Executive with the resources and powers it needs to drive operational change before we will begin to see progress towards a regional delivery model.

In addition, there is a considerable disparity between the number of people waiting beyond their target date and the number that are reported as

having suffered harm as a result. In the absence of Standard Operating Procedures that would apply in the event of an unexpected death in other clinical specialties as a result of a treatment delay, ophthalmology relies on the reporting of patient safety incidents through the DATIX system.

RNIB Cymru's 2023 Freedom of Information Request to Public Health Wales (FOI 2023 147) revealed that between June 2021, when 64,790 patient pathways were beyond their target date, and September 2023, when the figure was 77,230 patient pathways, only 45 patient safety incidents were reported across Wales relating to ophthalmic services.

This is almost certainly a significant underreporting of the scale of harm befalling patients and clearly shows that the system is not working. It is critically important that services accurately quantify the numbers of patients who have lost sight as a consequence of delayed treatment.

If incidents of harm are not reported then they are not investigated, remedial action is not taken, improvements are not identified, and learning is not embedded to prevent similar incidents occurring in the future. Equally, decision makers, including Health Board leaders, the NHS Executive, the Cabinet Secretary for Health and Social Services and the Senedd Health and Social Care Committee have no insight into the scale of real harm that is being experienced by eye care patients and are therefore unable to make fully informed decisions about where to focus resource and attention to improve patient safety.

The Welsh Government must improve the accurate reporting of the harm caused by delays to diagnosis and treatment so that eye care is afforded appropriate priority alongside other long-term chronic conditions.

While we wait and hope for a commitment and investment from the Welsh Government to support these plans to improve our eye care services, more than 80,000 people are sitting at home, anxiously awaiting their fate, hoping for an eye clinic appointment that could save their sight.

## Background

In 2019 the Welsh Government introduced the [Eye Care Measures for NHS Outpatients](#) (Eye Care Measures) after concerns were raised by RNIB Cymru in its report “Real Patients Coming to Real Harm” that ophthalmology services across Wales were struggling to manage key issues around capacity and demand. Patients were waiting far too long for both first ophthalmology appointments and for follow-up appointments but, because referral to treatment time targets focuses attention exclusively on new patients, those already in the system and in need of ongoing monitoring and treatment were deprioritized, regardless of clinical risk. This caused significant numbers of patients with treatable conditions to permanently lose their sight.

Wales was the first country in the UK to introduce these dedicated clinical prioritisation targets for ophthalmology. Introduction of the Eye Care Measures aimed to shift the focus away from traditional referral to treatment targets in favour of a more prudent approach to waiting list management and clinical prioritisation. Unlike referral to treatment time targets, the Eye Care Measures allow for clinical capacity to be directed to the most urgent cases to ensure that patients with the highest levels of risk associated with their condition are treated in a safe and clinically appropriate timeframe.

This is critical for ophthalmology because a significant number of patients need to be seen much sooner than the 26-week referral to treatment target to mitigate the risk of irreversible harm or blindness. Many also require follow up outpatient treatments at regular intervals.

Under the Eye Care Measures, all new and follow-up patients are categorised based on their clinical need and given an individualised target date for when they should be seen.

Due to the significance of the consequences of delayed treatment health board targets are for 95 percent of highest risk patients to be seen within their clinical waiting time. Each of these patients is real risk of suffering permanent and irreversible sight loss if their treatment is delayed.

### Eye care measure data by health board – January 2025

Health Board	Total number of patient pathways assessed as being at highest risk of irreversible harm <b>waiting for an appointment</b>	Number of patient pathways assessed as being at highest risk of irreversible harm <b>waiting beyond target date</b>	Percentage of patient pathways assessed as being at highest risk of irreversible harm <b>waiting beyond target date</b>
Wales	161,902	80,826	49.9%
Betsi Cadwaladr	43,258	23,255	53.8%
Powys	2,047	611	29.8%
Hywel Dda	18,113	11,922	65.8%
Swansea Bay	21,121	5,143	24.4%
Cwm Taf Morgannwg	29,809	17,378	58.3%
Aneurin Bevan	29,463	16,094	54.6%
Cardiff and Vale	18,091	6,423	35.5%

### Additional information

- RNIB Cymru (2024), [Vision for a Fairer Future: Priorities for the new Cabinet Secretary for Health and Social Care](#)
- Senedd Research Service (2024), [“Eye Watering” – Ophthalmology Waiting Lists in Wales](#)
- Institute of Welsh Affairs (2024), [It’s time to end avoidable sight loss in Wales](#)
- National Assembly for Wales, (2019) Public Accounts Committee [Management of follow up outpatients across Wales](#)

- Wales Audit Office (2018), [Management of Follow Up Outpatients Across Wales](#)
- RNIB Cymru (2014), Real Patients Coming to Real Harm

Document ends.