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

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Inquiry into Ophthalmology services in Wales

March 2025

Half of the highest risk eye patients (those at risk of irreversible harm if they miss their target date for an outpatient appointment) on ophthalmology waiting lists in Wales have already waited at least 25% beyond their target date.

This is very concerning, given for patients with conditions such as glaucoma and age-related macular degeneration these long waits are likely to lead to irreversible sight loss. Demand is set to grow further in the coming years. Our cross sector Eye Care Data Hub shows that in Wales the prevalence of primary open-angle glaucoma is projected to increase by 16% over the next decade, while there will be a 23% jump in the prevalence of neovascular age-related macular degeneration.

Clearly urgent action is needed to address this situation. The National Clinical Strategy for Ophthalmology, commissioned by the Welsh Government and NHS Wales and published in September 2024, provides a comprehensive analysis of the challenges facing ophthalmology services. Most importantly, it lays out what needs to happen next to put integrated eye care services on a sustainable footing. The Royal College of Ophthalmologists fully endorses the conclusions of the Strategy, and the need to adequately resource the Ophthalmology Clinical Implementation Network in the coming months and years to deliver it.

Our response to this inquiry highlights the three key enablers to improving eye care services in Wales – digital transformation, improving estates to facilitate regionalised care, and putting in place the workforce to meet demand.

1. Digital transformation

A 2024 Royal College of Ophthalmologists survey of clinical leads found that no ophthalmology department in Wales had a well-functioning electronic patient record (EPR) system, interoperable patient records with optometry, nor an electronic eye care referral system.

These are all serious blockers to the delivery of more efficient integrated services, and the delivery of care closer to people's homes as envisaged by WGOS reforms.

The roll out of an ophthalmology specific national EPR system, accessible in both primary eye care services and hospital eye services, is essential and long overdue. This will need investment and leadership from the Welsh Government to facilitate Digital Health and Care Wales and health boards implementing the ophthalmology EPR at pace.

Likewise, an electronic referral system between primary and secondary eye care is needed to deliver more efficient care and bring down waiting lists. Both of these solutions were identified as long ago as a 2016 review undertaken by Healthcare Inspectorate Wales, but frustratingly little progress has been made since then.

2. Improved estates to facilitate regionalised care

The capacity of ophthalmology estates to properly meet demand is a UK-wide problem. In our 2024 survey of ophthalmology clinical leads, sufficient clinic space was the joint most cited factor that would improve patient services.

We know however that Wales has particularly severe challenges with both the capacity and condition of its estates. One unit has highlighted a lack of ultrasound or pan-retinal photocoagulation laser and microscopes operating at the end of life.

The National Clinical Strategy for Ophthalmology (NCSOphth) also found that '*CAVUHB have regular problems with leaks from toilets above into clinical areas, and ABUHB had to stop all activity in 2023 when there was a roof collapse due to a faulty overflow pipe. BCUHB ophthalmology has ivy growing through walls and a roof that requires buckets when it rains. Patched floors create an unsafe environment for those with visual impairment to navigate, creating accessibility issues for the people most in need of our help'.*

The NCSOphth rightly advocates that this needs a fundamental rethink of how care is delivered in Wales, with complex care undertaken at central sites with more routine care in local hospital eye services supported by primary and community eye care services. This will require investment in all sites, with central hubs 'large enough to accommodate need, at the forefront of technology and advanced clinical care with enough space to train medical and nonmedical colleagues and to allow predicted expansion of demand'.

3. The workforce in place to meet demand

Addressing the challenges faced by NHS estates can also facilitate another key enabler for improving services – having sufficient workforce in place to meet rising demand.

In recent years enhanced optometry services have developed which mean more care can be delivered in this setting which would previously have been referred into hospital eye services. This is a positive shift, embedded in the new 2023 optometry contract. This will will mean patients at the lowest risk of vision loss, that still need ongoing care, receive care closer to home.

Unfortunately those at much higher risk of sight loss and requiring more complex care will need treatment in the hospital eye service, overseen by consultant ophthalmologists.

Wales has much lower number numbers of consultant ophthalmologists per population head than most of the rest of the UK. Wales has 1.97 ophthalmologists per 100,000 population, far below our minimum recommended ratio of 3 to 100,000 to deliver effective hospital eye services. Many sites, particularly in West Wales, face significant recruitment and retention issues. This is leading to an increasing reliance on locums to fill gaps.

As a move towards sustainably filling these shortages, we recommend a phased approach to increasing ophthalmology specialty training places – with an additional 36 places by 2031.

We also recommend that the Welsh Government adopts a granular approach to workforce planning, taking into account prevalence data for all eye conditions and the optimum workforce team needed to manage care. The Royal College of Ophthalmologists has begun to undertake this work for each sub-specialty through expert working groups, captured on an ongoing basis in this online resource. This shows, for example, that for glaucoma care we need at least 0.6 glaucoma teams (1 consultant, 2 resident doctors, 1 optometrist, 1 nurse) per 100,000 population head. This would require a minimum of 19 glaucoma teams in Wales.

The Royal College of Ophthalmologists looks forward to working with policymakers in Wales to ensure we have the right workforce in place to meet demand for eye care services, alongside tackling the other key challenges identified in this response.