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Llywodraeth Cymru
Welsh Government

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Peter Fox MS
Chair
Health and Social Care Committee

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15 January 2026

Dear Peter,

Thank you for sharing the committee's report following its inquiry into ophthalmology services in Wales.

I thank the committee for its work. I have carefully considered the recommendations and enclose a written response.

Yours sincerely,

A handwritten signature in black ink, appearing to be 'J. Miles', with a wavy line above the name and a short horizontal line below it.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.



Inquiry into Ophthalmology Services in Wales.

Response to the Health and Social Care Committee report (November 2025)

15/01/2026

In November 2025, the Senedd's Health and Social Care Committee submitted its report on ophthalmology services in Wales, setting out a series of recommendations to support the ongoing improvement of eye care provision. This document presents the Welsh Government's response to those recommendations, reflecting our commitment to collaborative working with NHS Performance and Improvement, Health Education and Improvement Wales (HEIW), and partners to deliver high-quality, sustainable eye care services.

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Introduction

The Welsh Government welcomes the committee's report on ophthalmology services in Wales. We recognise the challenges across the eye care pathway, including rising demand, workforce pressures, digital and estates constraints, and the imperative to develop integrated service models.

During 2025-26, significant progress has been made to improve eye care delivery, including investment of more than £29m to support an additional 20,000 cataract procedures. This ensures at least 37,000 procedures will be delivered by March 2026, with more than 22,000 already completed by the end of November 2025.

Alongside surgical expansion, the Welsh Government has strengthened community-based care through the Welsh General Ophthalmic Services (WGOS) programmes, resulting in more than 90,000 additional optometry appointments in 2024-25 compared with the previous year. Current management information indicates further expansion of community-based appointments in 2025-26.

The committee report reflects the ongoing challenges faced across eye care pathways, including increasing patient demand, workforce pressures, and the need for modernisation and integrated service models. While these pressures and challenges are recognised, they are not unique to Wales – all UK nations are experiencing similar challenges.

An integrated, system-wide approach, which Wales is set up to deliver, is recognised as essential to meeting these challenges and achieving improved outcomes for people throughout Wales.

In addressing and responding to the recommendations in the committee's report, it is necessary to clarify the distinct but complementary roles of the Welsh Government and NHS Performance and Improvement in delivering these expectations:

- The Welsh Government sets national health policy and priorities, endorses national clinical strategies, and ensures oversight and assurance on NHS Wales delivery against Welsh Government policy to Welsh Ministers.
- NHS Performance and Improvement is the national support function which translates policy into delivery, leads performance and improvement, and implements national clinical strategies through programme structures, such as the Ophthalmology Clinical Implementation Network (CIN).

The Welsh Government works closely with NHS Performance and Improvement to redefine governance, accountability and oversight across the health system. This work, expected to complete by April 2026, will ensure structures and relationships are robust, with delivery of eye care services a fundamental part of the design. Establishing the correct governance arrangements through NHS Performance and Improvement will ensure all national plans have appropriate oversight and accountability, including the National Clinical Strategy for Ophthalmology. For eye care, this will include both the Ophthalmology CIN and the Eye Care Wales Committee (ECWC), ensuring an integrated, whole-system approach to delivery.

Response to the 17 recommendations

Recommendation 1 & 12

Recommendation 1

The committee recommends that

The Cabinet Secretary should, as a matter of urgency, establish a dedicated, cross-sector oversight board for ophthalmology to monitor the implementation of the National Clinical Strategy. The board should:

- include representatives from the Royal College of Ophthalmologists, health boards, HEIW, DHCW, optometry leaders and patient groups;
- be responsible for tracking progress with implementation against clearly defined milestones; escalating risks with delivery; and reporting publicly on outcomes;
- be established prior to the Welsh general election in 2026.

Recommendation 12

The committee recommends that

Welsh Government and NHS Performance and Improvement should require health boards to demonstrate that they are:

- maximising the current ophthalmology estate, including implementing improvements that have been proven to work elsewhere and submitting business cases for capital investment where appropriate,
- developing and maintaining a rolling equipment replacement schedule, informed by clinical need and service demand, to ensure timely upgrades and avoid service disruption;
- working with NHS Wales Shared Services Partnership (NWSSP) to explore opportunities for centralised procurement, shared asset tracking, and coordinated capital planning.

Health boards should be required to write to our successor committee in twelve months' time to report on progress in these areas, including:

- the condition and suitability of their ophthalmology estate;
- planned and completed equipment upgrades;
- any outstanding risk to service delivery due to estate or equipment limitations.

Response: Accept in part

The Welsh Government accepts the need for robust, cross-sector governance and effective management to deliver the National Clinical Strategy for Ophthalmology. We also accept

this work will include management of estates and equipment. But establishing a new, separate oversight group at this stage is not the best option while governance structures between the Welsh Government and NHS Performance and Improvement are being reviewed. We have committed to working with NHS Performance and Improvement to redefine governance, accountability, and oversight arrangements with the appointment of a new programme director.

The outcome of this work will determine the appropriate structures to ensure successful implementation of all national policy and strategy which will, include the eye care strategy and will provide oversight for accountability and escalation as required.

Welsh Government policy and scrutiny of capital bids expects health boards to maximise the use of existing estate, implement proven improvements, and develop rolling equipment replacement schedules.

The Welsh Government will work with NHS Performance and Improvement to strengthen local and regional planning resources and potential capital bids to ensure national oversight and alignment with national strategy priorities. Annual reporting requirements against this requirement will be set out in the new arrangements.

The Welsh Government will update the committee when the new governance and oversight arrangements have been embedded and are operating effectively. This approach ensures future updates are meaningful and reflect the new, robust structures for accountability and delivery.

Recommendation 2

The Committee recommends that

The Cabinet Secretary should, in February 2026, update the committee on progress with implementation of the National Clinical Strategy, including:

- details of any agreed key milestones, and progress with their implementation (including who has responsibility for their delivery);
- any risks identified with delivery of those key milestones.

Response: Accept in part

Implementation of the National Clinical Strategy for Ophthalmology is being delivered through the CIN, supported by a range of sub-groups, including clinical reference groups for sub-specialty focus, patient communication and experience, and multi-disciplinary working.

Progress to date includes:

- Several sub-groups established under the CIN, including clinical reference groups for sub-specialty focus, patient communication and experience, and non-medical/multi-disciplinary working.
- Consultant-only dedicated meeting established.
- Subspecialty packs developed or nearing finalisation:

- **Cataract:** Immediately Sequential Bilateral Cataract Surgery Standard Operating Procedure published; referral guidelines ready to be published; current focus on coding and pre-operative assessment.
- **Medical Retina:** in development.
- **Glaucoma:** in development.
- Standardising Ophthalmology Nurse Training (registered nurses): development of an All Wales training framework and core competencies in partnership with Health Education and Improvement Wales (HEIW); business case for funding in development.
- Review of Ophthalmology Optimisation Framework for version 2 underway, focusing on a small number of key areas/drivers and support for health boards.
- National Workforce Review: complete, with report highlighting key findings and several recommendations for health boards at local and regional level; discussed at Planned Care Strategic and Operational Group (PCSOG) in December and Planned Care Board in January 2026.
- Diagnostic Clinic Service Specification: service specification complete with costings, staffing requirements and supporting key documentation; reviewed by Welsh Government, discussed and shared at CIN, due for discussion at PCSOG in December and Planned Care Board in January 2026.
- Developed standardised All-Wales Band 3 Ophthalmic Technician job description to improve standardisation and role clarity.
- Developed standardised All Wales patient appointment letter that meets RNIB best practice for patient-facing information.
- Developed a number of standardised All Wales non-medical standard operating procedures.
- Encouraging health boards in implementing direct listing.
- Supporting health boards in listing seven cataracts per list for most lists.
- Supported Cwm Taf Morgannwg University Health Board centralising their cataract service to Princess of Wales hospital, Bridgend.

The Welsh Government retains oversight and assurance responsibilities.

Mechanisms for reporting progress, risks, and milestones to Welsh Government and the committee will be agreed through the new governance structures. Updates will be provided once the new arrangements are embedded.

Recommendation 3

The committee recommends that

The Welsh Government must commit to a programme of investment specifically for secondary ophthalmology services which mirrors the scale and sustainability of the investment made in primary care optometry. This programme should cover estate and accessibility improvements, equipment replacement cycles and workforce expansion and retention initiatives.

Response: Accept in part

The 2026-27 budget (including secondary care ophthalmology and primary care optometry allocations) has been agreed through established scrutiny. Future budget arrangements will be a matter for the next government from May 2026 onwards.

Financial scrutiny is, and will remain, part of NHS Performance and Improvement's role and functions, with oversight through the Welsh Government's accountability structures.

Before committing to any new investment, it will be prudent to undertake a baseline assessment of current investment. NHS Performance and Improvement will be asked to undertake a baseline assessment by health board and region, of current eye care spend and resources (community and hospital services) through its finance and commissioning function, to identify any gaps and variation. This will be used to inform and support future planning and investment opportunities within the new arrangements.

Any new investment commitments will need to be considered through the agreed structures and align with population needs and service priorities.

Recommendation 4

The committee recommends that

The Cabinet Secretary should, in February 2026, update the Committee on progress against the Welsh Government's target of creating 30,000 primary eye care appointments per full-year cycle and demonstrate how secondary care reforms are being aligned with WGOS success.

Response: Accept

The introduction of the new optometry contract in October 2023 marked a significant milestone in the transformation of eye care services in Wales. The contract's primary aim is to reduce the burden on over-stretched hospital eye care services by enabling more people to be managed safely and effectively in primary care optometry settings. This aligns with our overarching strategy to move more care into the community, closer to people's homes.

This is being achieved through the upskilling of the primary care workforce, particularly in high-volume areas such as medical retina, glaucoma, and acute urgent eye care.

The phased implementation of WGOS 1-5 pathways has enabled a progressive shift of care into the community. WGOS 4 and 5, in particular empower optometrists with additional qualifications to manage and treat people who would previously have required referral to secondary care. This approach supports the Welsh Government's ambition to

provide care closer to home, improve access, and make best use of the available workforce.

The impact of these reforms is evident in the official statistical data for 2023-24 and 2024-25, which show record levels of primary eye care activity and a substantial increase in additional appointments created.

The table below summarises the activity by WGOS pathway:

WGOS pathway	2023-24 activity	2024-25 activity	Additional appointments created in 2024-25
WGOS 1	841,446	865,704	24,258
WGOS 2	243,445	280,256	36,811
WGOS 3	8,393	8,795	402
WGOS 4	0	2,520	2,520
WGOS 5	0	26,304	26,304
Total			90,295

The provision of WGOS 4 and 5 is dependent on two key factors:

- Ensuring a sufficient number of community optometrists have completed the required additional training and qualifications.
- Identifying and transitioning appropriate patients from hospital follow-up pathways to community-based care, in line with agreed clinical criteria and safety standards.

It is important to note that the 2024-25 data reflects the early stages of this transformation programme, with further integration and expansion of pathways ongoing across all health boards.

Not all health boards reported a full year of WGOS 4 and 5 activity in 2024-25 due to the phased rollout and workforce development requirements.

Secondary care ophthalmology reforms are closely aligned with the success of WGOS, with health boards developing and implementing transition plans to identify patients suitable for safe transfer to community monitoring and treatment. These plans are monitored through ECWC and will be reviewed as part of the NHS Performance and Improvement functions to ensure continued alignment and progress.

Official statistics are reported annually, and data for 2025-26 are expected to be published in summer 2026.

The Welsh Government remains committed to transparent reporting and continuous improvement, ensuring that the benefits of these reforms are realised for patients across Wales.

Recommendation 5

The committee recommends that

The Cabinet Secretary should commit to ensuring that waiting list data for ophthalmology is captured at a sub-specialty level to inform effective service planning, support smarter resource allocation and help to reduce patient harm.

Response: Accept

The Welsh Government agrees about the need for granular, sub-specialty data to inform planning, reduce harm, and target capacity. National work (via NHS Performance and Improvement and Digital Health Care Wales (DHCW)) should standardise sub-specialty sub-codes and ensure consistent collection and reporting across health boards, with implementation monitored through NHS Performance and Improvement.

Regional cataract reporting for the South East Region started in September 2025, with waiting list data for the regional contract service separated out from the respective three health board waiting lists. This allows regional working to be assessed separately from individual health board accountability arrangements.

Recommendation 6

The committee recommends that

The Welsh Government and NHS Wales should ensure that patient experience and support are embedded throughout the ophthalmology care pathway. This should include:

- full implementation of the eye care support pathway, ensuring patients receive timely information and emotional support at every stage of their care journey;
- a review of the likely benefits of including eye care liaison officers in workforce planning in order to ensure sustainable funding and consistent provision across all health boards;
- strengthening the role of the patient voice in service design, monitoring and evaluation, including representation on regional eye care boards and clinical networks;
- ensuring equitable access to services, particularly for patients in rural and underserved areas.

Response: Accept

The Welsh Government is committed to ensuring patient experience and support are central to the design and delivery of eye care services. The full implementation of the eye

care support pathway will ensure people receive timely information, emotional support, and practical assistance at every stage of their care journey.

The Welsh Government's patient experience policy expects individuals and carers should play an active role in implementing any national clinical plan, ensuring the patient voice is embedded in service design, monitoring, and evaluation.

We will ensure the patient/carer voice plays an active part of the new implementation process.

A baseline assessment of current patient services and information will be undertaken to identify good practice and address gaps, with a particular focus on equitable access for patients in rural and underserved areas. The role of eye care liaison officers should also be reviewed as part of workforce planning to ensure sustainable funding and consistent provision across all health boards.

Through the work currently being undertaken with NHS Performance and Improvement, the Welsh Government will ensure appropriate oversight and accountability are in place and will monitor the implementation of patient experience and support across the eye care pathway as one of the main delivery Key Performance Indicators we will agree as part of the new accountability structure.

Recommendation 7

The committee recommends that

The Cabinet Secretary should, by the end of February 2026, update us on progress with the development and implementation of a standardised harm reporting protocol across all health boards, including details of any targets and milestones. As part of this, he should:

- confirm that appropriate training will be provided for health board staff to ensure the accurate capture of harm incidents, and
- provide details of the monitoring arrangements he intends to put in place to ensure that, once implemented, the protocol, is being followed by all health boards.

Response: Accept in part

A standardised harm reporting protocol is in place, aligned with NHS requirements and the Royal College of Ophthalmologists' definitions of harm in ophthalmology.

Harm due to delay is clearly defined, and reporting is managed through the *Putting Things Right* process using the Datix system, with serious incidents reported to the Welsh Government.

From April 2026, the reformed NHS redress and complaints process will be known as *Listening to People*, with the Wales Risk Management system as the primary reporting and recording tool.

Training for the new process is being developed by NHS Performance and Improvement and compliance will be monitored through annual reports and Integrated Quality, Planning and Delivery (IQPD) meetings. The Ophthalmology CIN continues to encourage robust harm reporting and learning across the sector.

Recommendation 8 & 9

The committee recommends that

In his response to this report, the Cabinet Secretary should provide an update on progress with the implementation of the OpenEyes digital system against the March 2026 target. Specifically, this update should include details of:

- the health boards where the system has been fully implemented across all subspecialties.
- the health boards where implementation is in progress but not completed (and details of the completed and outstanding subspecialties), and
- the health boards where implementation has yet to begin.

And

The Cabinet Secretary should make an oral statement in March 2026 about implementation of the OpenEyes digital system. This statement should:

- confirm clearly whether the March 2026 deadline has been met and the OpenEyes digital electronic patient record has been fully implemented across all health boards and subspecialties, in line with the Welsh Government's target;
- provide a full explanation for any delay in meeting this target, including revised timelines and actions being taken to address outstanding implementation, and include a breakdown of implementation by health board and subspecialty.
- provide an update on progress with the implementation of the electronic patient referral system in all health boards.

Response: Accept in Part

The Welsh Government recognises the critical importance of digital transformation in supporting integrated, efficient, and safe eye care.

The Digital Eyecare Programme (DECP), now managed by DHCW and Cardiff and Vale University Health Board, is progressing towards full rollout of the OpenEyes electronic patient record (EPR) system and the Opera electronic referral system by March 2026. This will improve patient safety and enable seamless sharing of clinical information and digital imaging between primary and secondary care.

Given the ambitious timeline and the scale of change required, progress will be reported in writing to the committee in March 2026, detailing the status of implementation by health board and sub-specialty. A written statement will also be published.

Recommendation 10

The Committee recommends that

The Welsh Government must be stronger in directing the regional delivery of ophthalmology services in Wales, as set out in the National Clinical Strategy. It must:

- develop and publish a set of expectations for implementation of the regional model provided for in the national strategy, with defined milestones and targets to track progress against delivery;
- require ophthalmology-related targets and plans to be delivered on a regional basis;
- ensure the necessary governance and infrastructure arrangements are put in place to underpin a sustainable regional delivery model of secondary eye care in Wales;
- commit to a multi-year, ring-fenced investment programme for secondary care that matches the scale and ambition of the recurrent funding already provided to reform primary care optometry. This investment should support the development of a sustainable regional eye care model, including estate upgrades, equipment replacement, and workforce expansion and retention, as set out in the National Clinical Strategy for Ophthalmology.

Response: Accept in part

Regional working is a priority as set out in [Our programme for transforming and modernising planned care in Wales and reducing the waiting lists](#) (Planned care recovery plan April 2022) and re-enforced in national planning guidance. It is a key element in the National Clinical Strategy and is endorsed by the national programmes and national clinical networks.

Regional governance arrangements are in place for the South West and South East regions, with joint committees established to oversee service integration and improvement. Eye care is one of the early areas of clinical focus for these regional committees.

Regional workstreams are gathering baseline data on finance, workforce, demand, and infrastructure to inform the development of integrated regional eye care services. This approach will support the delivery of sustainable, high-quality care and enable more effective use of resources across health board boundaries.

In response to annual planning, regional eye care service models are expected to be developed and signed off by the regional boards going forward.

Recommendation 11

The committee recommends that

In response to this report, the Cabinet Secretary should set out the arrangements that are in place for the Welsh Government to have oversight of the progress of the regional eye care boards in implementing the National Clinical Strategy, including details of any

regular reporting requirements. He should also commit to publishing details of the progress of these regional boards.

Response: Accept in part

Reporting arrangements for regional eye care delivery will be specified through the new governance structures with NHS Performance and Improvement. The Welsh Government commits to transparent publication of regional progress (including items such as separate regional cataract waiting list monitoring where adopted).

Recommendations 13, 14, 16 & 17

Note:

Recommendations 13, 14, 16, and 17 are directed specifically to HEIW. As such, these recommendations fall outside the direct remit of the Welsh Government. HEIW is best placed to provide updates and responses on matters relating to ophthalmology training, workforce planning, and cross-professional workforce strategies.

Recommendation 15

The committee recommends that

The Cabinet Secretary should commit to providing funding for additional ophthalmology specialty training places identified by HEIW in its annual education and training plan, ensuring sustainability and alignment with the scale of investment already made in primary care optometry.

Response: Accept in part

The Welsh Government recognises the importance of sustainable workforce development in ophthalmology and the need for ongoing investment in specialty training. The strategic direction for workforce development is set through the National Clinical Strategy for Ophthalmology. NHS Performance and Improvement is responsible for overseeing and supporting implementation in partnership with HEIW.

The collaborative relationship between NHS Performance and Improvement and HEIW is central to delivering continuous improvement and ensuring workforce planning aligns with national priorities and service needs. HEIW's recommendations for expanding ophthalmology training places, as outlined in the annual Education and Training Plan, are considered within the broader implementation framework led by NHS Performance and Improvement and the Ophthalmology CIN.

In line with the outcomes of the Ministerial summit for ophthalmology (held in October 2024) and the published Ministerial summit report, the Welsh Government expects the NHS, through NHS Performance and Improvement, to take forward the recommendations for workforce development in close collaboration with HEIW. This approach ensures that the expansion of training places is evidence-based, sustainable, and aligned with the ambitions set out in the National Clinical Strategy and the Ministerial summit's emphasis on partnership working.

Closing Statement

The Welsh Government is committed to working with NHS Performance and Improvement, HEIW, health boards, Digital Health and Care Wales, professional bodies, and patient groups to deliver safe, effective, and patient-centred eye care. We will provide the committee with an update once the new governance and oversight arrangements are established and embed ongoing reporting as part of NHS Performance and Improvement's accountability and functions.