

Jeremy Miles MS

Cabinet Secretary for Health and Social Care

9 February 2026

Dear Jeremy

Thank you for your recent response to our report on ophthalmology services in Wales, which we considered at our meeting on 4 February.

Our report contained 17 recommendations which were intended to highlight the urgent attention required to tackle delays in ophthalmology services and prevent avoidable sight loss. Whilst your response accepts a number of our recommendations in part, many of the actions you identify are dependent on new governance arrangements which are still being developed and are not due for completion until April.

Your response highlights several workstreams already underway, and gives examples of progress, but it does not set out firm dates for many recommendations, and several commitments are deferred pending further assessment or future government decisions.

As you will be aware, we are holding a plenary debate on our report on 25th February. In advance of that, the Committee agreed that I should write to you with the following questions. I would appreciate a response from you by 23rd February, so that Members can consider it before the debate.

Urgency and interim action

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?

Accountability during the governance review

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?

Digital transformation

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?
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?

Harm reporting:

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?

Workforce and HEIW:

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?
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.

Yours sincerely



Peter Fox MS
Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.