RNIB Cymru response to the Welsh Government response to the HSC Committee Ophthalmology

Executive summary

While there are some positives in Welsh Government's responses to the Health and Social Care Committee's report "Inquiry into Ophthalmology Services in Wales", published in November 2025, RNIB Cymru considers that the following themes run through the response as a whole:

1. **Repeated deferral and delay:** many responses shift action into late 2026 or beyond – far too slow for a specialty where delays cause irreversible vision loss.
2. **Lack of measurable commitments:** few responses include milestones, dates, or accountability mechanisms.
3. **Insufficient focus on patient harm:** despite clear evidence of harm from delays, the responses lack urgency and fails to strengthen risk management.
4. **Under-investment in secondary care is ignored:** primary care investment is celebrated, but hospital services – which handle the most sight loss-critical conditions – remain underfunded.
5. **Patients' voices are insufficiently embedded:** there is no concrete commitment to robust patient representation in service design, delivery, or monitoring.

The lack of urgency in the response does not address the clinical risk of avoidable permanent harm being caused to patients right now.

There are 80,000 patients at the greatest risk of permanent sight loss waiting too long for sight saving treatments. RNIB Cymru finds it difficult to believe that if 80,000 cancer patents were waiting too long for treatment, where delays would also result in irreversible permanent harm, that Welsh Government's response would be to only commit to reviews, to investigate structures, and shift remedial action into late 2026 or beyond.

An anonymous patient who shared their story with the Health and Social Care Committee as part of their Ophthalmology Inquiry said:

> "The reason I shared my story with the Committee is because I feel strongly that when you value the people who use your services, it can only make them stronger. But it doesn't feel as

though the patients, like me, who took time to share their experiences, have been considered in this Welsh Government response.

"It is disappointing that the reality that thousands of eye care patients across Wales face – the anxiety that comes with the life changing possibility that we could lose our sight when it could have been saved – is barely referenced. We aren't just eyes to be treated, we are people with careers, families, friends, passions and interests. Unfortunately, the Welsh Government's response to the Inquiry report talks about lived experience in a way that feels tokenistic at best. We should really be at the centre of this debate, not a passing mention."

Introduction

RNIB Cymru welcomes some aspects of the Welsh Government's response to the Health and Social Care (HSC) Committee's Ophthalmology inquiry report. However, we are disappointed by the disconnect between the urgent need for treatment for patients who are at risk of avoidable, permanent, sight loss, and the lack of timescales and deadlines for the reform of Ophthalmology services, clearly demonstrated and outlined within the National Clinical Strategy for Ophthalmology, and provided by patients and patient voice organisations as evidence during HSC Committee's Inquiry.

RNIB Cymru acknowledges the investment to improve cataract services for patients across Wales, as outlined in the response introduction. We also acknowledge that the improvements in community optometry, as a result of Optometry Contract Reform, will free up secondary care appointments as more patients receive eye care services in primary care.

However, this makes the lack of investment or timed plans for improvement for patients categorised as HRF1 (or, more commonly R1) by the Eye Care Measures, and therefore at risk of avoidable permanent of sight loss if a target appointment date is missed, stark by comparison.

On behalf of people at risk of sight loss, RNIB Cymru would expect urgency, clear accountability, patient-centred action, and measurable commitments from Welsh Government. Across the responses, Welsh Government frequently falls short of these principles.

Recommendations 1 and 12: Cross-sector oversight board

The HSC Committee asked for the urgent establishment of an oversight board before the 2026 election. Welsh Government's refusal to act until after a wider governance review takes place pushes the solution well beyond this timeline to make it a problem for the next government. Patients are losing vision now – delaying oversight for months or even longer is unjustifiable.

The Committee explicitly called for patient groups to be included in governance and accountability arrangements. The response does not confirm that this will be the case. The Committee also wanted public progress reporting, but the response avoids confirming a transparent, regular reporting cycle.

Welsh Government repeats existing expectations instead of committing to new action, stating that health boards are already expected to manage estates, equipment and risk, but this simply restates policy rather than addressing the root causes of the 80,000 patients waiting beyond their clinically recommended appointment time every month.

Recommendation 2: Progress updates on the National Clinical Strategy

The HSC Committee asked for a clear update on the National Clinical Strategy by February 2026 – the Government's response does not confirm that it will meet this deadline, and only offers vague assurances of reporting once new structures are in place.

While there is a list of meetings, subgroups and documents provided in the response, Wales Vision Forum members are unaware of their engagement in these meetings, and is not meaningfully engaged with the detail of implementation of the National Clinical Strategy.

We can speak specifically to the accessible patient appointment letter which was agreed by the members of the Wales Vision Forum through the Ophthalmology CIN Patient Communication Sub-group, including RNIB Cymru, but has not been consistently implemented in Health Boards due to longstanding technical limitations of the WPAS IT system.

Significantly, there is little evidence of improved R1 patient outcomes or reduction in harm. Nor are there any milestones, timelines or named leads which were specifically requested by the Committee.

Recommendation 3: Investment programme for secondary care

Welsh Government's response to this recommendation completely avoids the issue of underinvestment. The HSC Committee noted the severe, long-standing underfunding of hospital eye services, while the response offers no new investment, no commitments and no timeline. By deferring, and pushing the problem onto the next Welsh Government, urgent patient needs for diagnostic equipment and treatment capacity remain unmet.

A baseline study is valuable, but it should be done alongside urgent investment, not used as a reason to defer action while R1 patients continue to experience sight-threatening treatment delays.

Recommendation 4: Aligning secondary care with WGOS expansion

RNIB Cymru welcomes the acceptance of this recommendation. We are supportive of Optometry Contract Reform, and the principle of patients having care provided within their community by appropriately qualified optometrists integrating as part of the wider eye care workforce. We consider this an essential element of expanding capacity within hospital ophthalmology to reduce the number of people waiting too long for treatment.

However, in its response, Welsh Government provides numbers for the extra appointments provided in primary optometry, but no data indicating that this has resulted in an equivalent increase in additional R1 patient treatments in hospital eye clinics to use this freed-up capacity.

Additionally, the response offers no additional capacity for the Ophthalmology CIN or Health Boards to plan and deliver the National Clinical Strategy, without which it is unlikely to be implemented at the pace or scale required.

Recommendation 5: Sub-specialty waiting list data

We welcome the acceptance of this recommendation, but without dates, mandatory standards and accountability, this remains only a statement of intent.

The most crucial missing data – that of R1 follow-ups is not explicitly addressed. Sight loss is most often caused by these follow up delays, not new referrals, which was the reason behind the introduction of the Eye Care Measures. Sub-specialty coding alone will not prevent harm unless follow-up priority codes are also standardised and monitored.

Recommendation 6: Patient experience and support

RNIB Cymru welcomes the acceptance of this recommendation, the need to embed the Eye Care Support Pathway within clinical pathways, and commitment to review consistency and sustainable funding for ECLOs as part of the core eye care workforce. However, it must be noted that since the publication of the National Clinical Strategy for Ophthalmology in September 2024 there has been very limited progress and again no plans and timelines are in place.

We would note that the response also states that the patient voice should be heard in the design, monitoring and evaluation of the National Clinical Plan. We are not aware of any Wales Vision Forum member organisation being involved in this work to date, so our experience is falling short of this expectation.

Recommendation 7: Harm reporting

Guidance from the Royal College of Ophthalmologists notes that standard NHS harm-grading systems, which rely heavily on mortality, underrate the true severity of vision-related harm, meaning ophthalmology incidents may be ranked as “lower severity” than they clinically are. Additionally, the procedures for the reporting of non-fatal harm caused by delayed appointments, rather than as a consequence of mistakes during treatment or surgery, are poorly codified.

Because the failure to treat in a timely way rarely results in an unexplained death for ophthalmology, this harm – permanent, life-changing sight loss – is significantly underreported. All of this creates epidemiological bias between and within medical specialties, skewing clinical and political priorities towards what **appears** harmful rather than what **is** harmful.

RNIB Cymru has little doubt that this has resulted in ophthalmology being historically deprioritised as a clinical specialty.

The HSC Committee requested a new, standardised approach because harm reporting is inconsistent and often under-reported. The Welsh Government asserting that “it already exists” ignores this serious issue.

Harm reporting is only reliable if all primary and secondary eye care staff are trained in understanding:

- that the duty of candour is not only confined to treatments that they themselves are responsible for, but also includes the reporting of patient harm caused by outpatient treatment delays,
- that this duty extends to optometrists who should be reporting any sight loss incurred in their patients while they are waiting for hospital treatment, and
- in the processes used for reporting and recording within the Datix system.

The response provides no date, no plan, and no scale for this. Patients need sight loss harm to be reported publicly, consistently, and independently reviewed. None of this is addressed.

Recommendations 8 and 9: OpenEyes and Opera rollout

The HSC Committee asked for an oral statement, enabling scrutiny. Welsh Government only agrees to a written statement and does not confirm whether the March 2026 deadline is achievable. A meaningful response would have listed each health board and its progress. The omission suggests Welsh Government does not have the data or is avoiding scrutiny.

Patients need confidence that the system will prevent delays in referrals and ensure timely, accurate transfers of care between primary and secondary eye health. There is no assurance.

Recommendations 10 and 11: Regional working

Regional working has been Welsh Government policy for years but remains highly variable. The response does not explain how compliance will be ensured.

The HSC Committee asked for regular publication of regional performance data, but the response gives only vague assurances. Ring fenced investment is dodged entirely, with no commitment to the funding that is essential to make regional services safe and sustainable.

Recommendations 13, 14, 15, 16,17: Workforce and training

The additional appointment capacity created by the WGOS 4 and 5 tiers will not alone result in an improvement in timely treatment for R1 patients at risk of permanent sight loss. Without sufficient staff trained to provide eye injections and other treatments, these freed-up slots offer little of therapeutic value.

The Welsh Government's position that these recommendations fall outside its remit is not credible – funding decisions, strategic direction, urgency, and ultimate responsibility do sit with Welsh Ministers, and patients are being harmed by workforce shortages now.

Ophthalmology capacity cannot expand without more consultants, ophthalmic nurses, optometrists, dispensing opticians, orthoptists and ECLOs. Welsh Government fails to commit to the training places that Wales clearly needs. The Government also fails to address recruitment, retention, and the chronic burnout and attrition in ophthalmology teams.

Closing statement

Welsh Government's response is, essentially, that future updates will follow when new governance structures are in place. There is no immediate action to protect patients at risk of avoidable permanent sight loss today – instead, the language used focuses on governance processes rather than urgent harm reduction and prevention of permanent sight loss.