The ROYAL COLLEGE of OPHTHALMOLOGISTS

Response to Senedd Health and Social Care Committee

Inquiry into ophthalmology services in Wales

February 2026

1. Urgency and Interim Action: The Welsh Government's response frequently defers decisions and ties action to future governance arrangements, without setting out immediate steps to address risks such as avoidable sight loss. Do you feel the Welsh Government's response adequately reflects the urgency of the issues identified in the Committee's report, or are there immediate actions you believe are missing?

No – the Welsh Government's response to the report displays a concerning lack of urgency to the huge challenges facing ophthalmology services. The number of highest risk patients waiting for an ophthalmology appointment has reduced by less than 2% over the last 12 months, with most missing their target appointment date and almost 160,000 still waiting for an appointment.

As the National Clinical Strategy for Ophthalmology (NCSOphth) highlighted, long waits for patients are caused primarily by three reasons - 'crumbling and ill-equipped estates', 'dire workforce shortages' and 'archaic digital infrastructure'.

We are therefore particularly disappointed that the Welsh Government has not committed to implement the committee's recommendation (3) for a programme of investment specifically for secondary ophthalmology services, instead deferring this until after the May 2026 elections. Without this investment to address these three structural problems, we will not see significant improvements in ophthalmology services or meaningful progress to prevent irreversible sight loss.

It is also worrying that the Welsh Government has indicated it will not introduce an oversight board (recommendation 1) to monitor the implementation of the NCSOphth. Instead, it delays introducing oversight arrangements and delegates responsibility to NHS Performance and Improvement. Implementing the NCSOphth in full must be a priority for the next government to ensure we deliver the comprehensive improvements that are needed to put ophthalmology services on a long-term sustainable footing.

2. Governance and Oversight: The recommendation to establish a dedicated oversight board was not accepted, with the Welsh Government deferring this until governance reforms conclude in April 2026. How concerned are you about the lack of a defined oversight structure in the period before the new governance arrangements are finalised? Do you see risks to accountability or delivery?

RCOphth is worried about the current absence of a clearly defined oversight structure ahead of new governance arrangements, and the questions this raises about accountability for delivery.

Our broader concern is that at present ophthalmology does not have a prominent role in governance arrangements, with optometry and ophthalmology unhelpfully separated. Currently, the Welsh Optometric Committee advises the Chief Optometric Advisor and Welsh Government directly, but there is no corresponding link with policymakers for ophthalmology. This split must not be replicated in the new arrangements. All parts of the eye care sector must be heard by decision-makers, with clear lines of accountability and points of contact.

RCOphth supports the creation of a National Ophthalmology and Eye Care Board for Wales. This would report directly to the Welsh Government, and include the National Clinical Lead for Ophthalmology as well as key optometry and patient representatives. It would provide government with national-level recommendations to improve the delivery of eye care across Wales and monitor the implementation of the NCSOphth.

3. Investment and Resourcing: For several recommendations – particularly on secondary care investment and workforce training – the Welsh Government either deferred decisions or pointed to other bodies such as Health Education and Improvement Wales (HEIW), without committing new resources or setting timelines. From your perspective, does the response demonstrate sufficient clarity and commitment around the investment and resourcing required for ophthalmology services?

No, the lack of commitment and clarity on investing to improve estates and workforce shortages is concerning and will not address the root causes that prevent patient need being met.

Chronic workforce shortages continue to be a major challenge to effective service delivery. Units are functioning with well below the minimum recommended number of consultants (Wales has only 1.97 full-time equivalent ophthalmology consultants per 100,000 population, where 3 per 100,000 is the minimum the College recommends).

RCOphth's 2022 workforce census indicates that nearly half (47%) of ophthalmology consultants in Wales said they intended to retire over the next five years, further contributing to these pressures.

As the NCSOphth sets out, physical and digital infrastructure is substandard, with every ophthalmology unit in Wales having outgrown its space.

We believe that the Welsh Government must commit to increasing ophthalmology training places, backed by the infrastructure to deliver training. RCOphth has recommended an additional 36 ophthalmology training places in NHS Wales by 2031 to keep pace with patient demand.

When making investment decisions, it is imperative that focus is maintained on how to help most patients avoid irreversible sight loss. In England, huge resource has been devoted to treating low-risk cataracts, primarily in independent sector providers. This has led to funding, workforce and infrastructure being diverted away from treatment for higher-risk conditions, like complex glaucoma and age-related macular degeneration (AMD). The Welsh Government must not repeat these mistakes.

The Welsh Government must also be careful not to de-prioritise ophthalmology services as part of its ongoing WGOS reforms. While optometry is well-placed to oversee early detection, monitoring and management of stable or lower-risk conditions, consultant ophthalmologist oversight is crucial for patient safety. Ophthalmology services will remain important, particularly for complex surgery, treating patients with complex needs and emergency care. Furthermore, while WGOS pathways have been identified as a success story in recommendation 4, many areas are seeing a rise in referrals to ophthalmology, increasing pressure on already stretched services.

4. OpenEyes and Digital Delivery: The Welsh Government accepted the OpenEyes recommendations but only in part. Do you have confidence in the current digital delivery plans (particularly OpenEyes), or do you feel greater transparency and scrutiny are needed at this stage?

We welcome the Welsh Government's acceptance of the importance of OpenEyes and Opera, and acknowledgement of the need to improve digital interoperability as part of service improvement. Standardised electronic health records are essential to safe and effective patient care, ensuring consistent, accurate, accessible data across healthcare settings.

Welsh Government's response commits to a written update in March 2026, but does not currently provide a clear picture of progress, subspecialty coverage, or contingency plans should the deadline not be met. Given the central role digital systems play in

patient safety, waiting list management and harm reporting, RCOphth believes greater interim scrutiny and more regular reporting would be appropriate.

This is especially important given that the responsibility for delivery of upgrades to IT infrastructure lies with individual health boards. Welsh Government must set out clear lines of accountability and provide robust monitoring to avoid significant regional variation in implementation.

5. Data, Harm Reporting, and Performance: The response supports principles such as subspecialty reporting and harm-reporting protocols but provides limited milestones, timelines, or compliance expectations. How important do you think it is for the Welsh Government to set clear milestones and expectations for data reporting and harm-reporting? Do you see gaps in what has been provided so far?

We are pleased to see the Welsh Government's recognition of the importance of subspecialty reporting and harm reporting. It aligns with NHS requirements and RCOphth's definitions of harm, including harm due to delay. In a specialty with a high volume of follow-up care for chronic conditions, further data is needed to ensure that services are commissioned based upon urgency of patient need.

It is important for clear timelines and reporting parameters to be developed to support consistent implementation and accountability.