



Llywodraeth Cymru  
Welsh Government

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Welsh Government  
Consultation Document

# Consultation on the reform of primary care ophthalmic services

Consultation on proposals to reform the ophthalmic services delivered in primary care in Wales.

Date of issue: 24 April 2023

Action required: Responses by 19 June 2023

Mae'r ddogfen hon ar gael yn Gymraeg hefyd / This document is also available in Welsh  
Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg / We welcome correspondence and telephone calls in Welsh

## **Overview**

We want your views on proposals to make changes to how optometry services are provided in primary care in Wales. This will enable a new system-wide approach for the delivery of ophthalmic services by NHS Wales.

- **How to respond**

Please complete the questionnaire at the back of this document and email or post it to the addresses below.

- **Further information and related documents**

Large print, Braille and alternative language versions of this document are available on request.

- **Contact details**

For further information:

Email: [HSS-PrimaryCareMailbox@gov.wales](mailto:HSS-PrimaryCareMailbox@gov.wales)

Address: Primary Care Division - Audiology and Ophthalmic Policy Branch, Welsh Government, 4th Floor East Cathays Park, Cardiff, CF10 3NQ

This document is also available in Welsh.

## **UK General Data Protection Regulation (UK GDPR)**

The Welsh Government will be data controller for any personal data you provide as part of your response to the consultation. Welsh Ministers have statutory powers they will rely on to process this personal data which will enable them to make informed decisions about how they exercise their public functions. Any response you send us will be seen in full by Welsh Government staff dealing with the issues which this consultation is about or planning future consultations. Where the Welsh Government undertakes further analysis of consultation responses then this work may be commissioned to be carried out by an accredited third party (e.g. a research organisation or a consultancy company). Any such work will only be undertaken under contract. Welsh Government's standard terms and conditions for such contracts set out strict requirements for the processing and safekeeping of personal data.

In order to show that the consultation was carried out properly, the Welsh Government intends to publish a summary of the responses to this document. We may also publish responses in full. Normally, the name and address (or part of the address) of the person or organisation who sent the response are published with the response. If you do not want your name or address published, please tell us this in writing when you send your response. We will then redact them before publishing.

You should also be aware of our responsibilities under Freedom of Information legislation.

If your details are published as part of the consultation response, then these published reports will be retained indefinitely. Any of your data held otherwise by Welsh Government will be kept for no more than three years.

### **Your rights**

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- to require us to rectify inaccuracies in that data
- to (in certain circumstances) object to or restrict processing
- for (in certain circumstances) your data to be 'erased'
- to (in certain circumstances) data portability
- to lodge a complaint with the Information Commissioner's Office (ICO) who is our independent regulator for data protection.

For further details about the information the Welsh Government holds and its use, or if you want to exercise your rights under the UK GDPR, please see contact details below:

Data Protection Officer:  
Welsh Government  
Cathays Park  
CARDIFF  
CF10 3NQ  
e-mail:  
[Data.ProtectionOfficer@gov.wales](mailto:Data.ProtectionOfficer@gov.wales)

The contact details for the Information  
Commissioner's Office are:

Wycliffe House  
Water Lane  
Wilmslow  
Cheshire SK9 5AF  
Tel: 01625 545 745 or  
0303 123 1113  
Website: <https://ico.org.uk/>

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## **Foreword**

The Welsh Government began a series of meetings and workshops in Autumn 2019 with the aim of scoping what the future of eye care services should look like from a patient's perspective across primary and secondary eye care pathways in Wales. This was timely, commencing at the end of the lifespan of the *Together for Health Eye Care Delivery Plan 2013-2020*, which was the springboard for action in Wales to improve eye health care services. The work also aligned to the wider Primary Care Contract Reform Programme.

The Welsh Government brought together key stakeholders in the delivery of eye care from across Wales to work in collaboration to agree a national approach, which enabled the publication of the [NHS Wales Eye Healthcare: Future Approach for Optometry Services](#) document in March 2021. The document set out the Welsh Government's expectations for delivery of eye care services over the next decade.

The proposed changes represent the next step in the journey to address hospital waiting times and to improve eye health care in Wales, which remains a government priority. The intention is to strengthen practitioners' engagement, support, and clinical care of individuals' eye health, including shared care between primary and secondary eye care services. This will drive forward the delivery of higher quality services and, subsequently, improved outcomes for citizens. Furthermore, this will deliver positive benefits for health professionals and NHS Wales and fully realise the ambition set out in the *Future Approach for Optometry Services* document.

These proposed changes comprise just one aspect we are taking forward in our drive towards strengthened governance arrangements in NHS Wales and increased access and improved quality in eye health care aligned to [A Healthier Wales](#) and [Programme for Government](#) commitments which relate to delivering better access to health professionals.

We have the infrastructure and a highly qualified and motivated workforce across primary care, working collaboratively with secondary care to continue to ensure Wales' eye care services continue to be a triumph for devolution. I encourage all those with an interest in eye health care in Wales to consider the proposals here carefully and to respond to this consultation at the earliest opportunity.

**Eluned Morgan MS**

Minister for Health and Social Services

## **DETAILS OF THE CONSULTATION**

- **What is the subject of this consultation?**

This consultation sets out the detail of the Welsh Government's proposals to reform the delivery of primary ophthalmic services in Wales.

The key proposal is to expand the eye care services delivered on the high street by optometrists. Currently, the core service delivered by optometrists is NHS sight tests, with some optometrists delivering additional services under separate arrangements. We propose to expand primary care ophthalmic services so that all optometrists provide a wider range of services under standard arrangements. In addition to sight tests, all primary care optometrists will provide eye examinations to patients with an eye problem needing urgent attention or those at higher risk of eye disease. The NHS sight test will also include prevention and health and well-being advice, patient self-care, and the development of an individual patient management plan.

The proposals also include changes to the terms that apply to practices that enter into arrangements to provide ophthalmic services.

This consultation sets out in detail the proposed changes to how ophthalmic services will be provided in Wales. However, not all aspects of the law relating to this area need to be amended to achieve this.

This consultation document has been prepared by the Welsh Government and applies in relation to Wales only.

- **What is the purpose of this consultation?**

To seek the views of health boards, persons who provide or may apply to provide NHS ophthalmic services, persons who assist in the provision of ophthalmic services or may apply to assist in the provision of such services, professional bodies with an interest in NHS ophthalmic services, as well as other stakeholders, service users and the wider public on the proposed changes to the way ophthalmic services are delivered in Wales.

- **Who will this consultation be of most interest to?**

The proposed changes will be particularly relevant to service users, health boards, persons who provide or may wish to apply to provide NHS ophthalmic services, persons who assist in the provision of ophthalmic services or may wish to apply to assist in the provision of such services, and representative bodies. The consultation questions and response form are found at page 25.

## **Introduction**

The Welsh Government is committed to reforming the provision of ophthalmic services in Wales and this consultation sets out our intentions to improve access to eye health services in primary, community, and hospital eye services (HES).

In recent years the eye care sector in Wales, supported by the Welsh Government, has evolved significantly and the intention is for practitioners to utilise their full professional capability in the delivery of eyecare at primary care level. Necessary changes will need to be made to legislation and directions to achieve this.

A key driver for the changes is the need to alleviate pressure on secondary care HES, through increasing the range of services delivered closer to home in primary care by eye care practitioners. We intend to further embed prevention and well-being across all optometry services, facilitating improved patient outcomes and reduced demand for General Practice (GP) services in primary care as well as specialist HES.

This consultation outlines the proposed policy changes that will achieve the reforms. They will be implemented by legislation and directions, which will involve the following:

- revoking and remaking with changes the National Health Service (General Ophthalmic Services) Regulations 1986, and the National Health Service (General Ophthalmic Services Supplementary List) and (General Ophthalmic Services) (Amendment and Consequential Amendment) (Wales) Regulations 2006, and
- amending the National Health Service (Optical Charges and Payments) Regulations 1997.

It is also proposed to revoke and remake with changes the Eye Health Examination Service Committee (Wales) Directions 2016 and the Low Vision Service Committee (Wales) Directions 2016 and to update their accompanying clinical manuals as part of these reforms.

## **The current system**

Local Health Boards (LHBs) are currently required to make arrangements for sight tests to be delivered in primary care by optometry providers to people who are eligible. Defects of sight are corrected by an optical appliance (spectacles or contact lenses).

In current practice, 'sight tests' are delivered to patients in primary care through arrangements made between practitioners and LHBs under the National Health Service (General Ophthalmic Services) Regulations 1986. These Regulations require practitioners to be listed on a local list held by the LHB and regulate the terms under which practitioners provide their services.

In addition to sight test services, additional eye care services are delivered in primary care by some providers. These include eye examinations for patients with acute eye problems, those at increased risk of eye disease, and services to support those with vision loss. These arrangements are made under the Eye Health Examination

Service Committee (Wales) Directions 2016 and the Low Vision Service Committee (Wales) Directions 2016 referred to on page 11.

Any sign of disease or abnormality detected as part of the primary care eye care service is referred to an ophthalmologist within the local HES. The diagnosis, management, treatment and monitoring of eye pathology is thereafter carried out by specialist ophthalmology doctors within the HES.

Due to the slow chronic nature of many eye conditions, diagnosis can often take many repeat visits to the HES, gathering repeated diagnostic information and monitoring for small changes in clinical appearance. In addition, once diagnosed and placed on treatment, a significant proportion of patients will require regular follow up within the HES and for some this can be a lifelong situation.

Traditionally, HES have developed using a consultant led delivery model. An analysis of these traditional models has highlighted there are more efficient ways to deliver services as is highlighted in the [External Review of Eye Care Services in Wales - RCOphth](#) which demonstrates that capacity to provide hospital services is far below the demand for specialist eye care services.

### **Rationale for change**

Demand for ophthalmic services in Wales is predicted to increase significantly over the next 20 years linked to an increasingly elderly patient cohort and increased population. This data source is from the Royal College of Ophthalmologists, the College of Optometrists and Third Sector.

Moving the delivery of some eye care services from hospitals to primary care optometry, where there is a skilled workforce with the capacity to meet the predicted substantial increase in demand, represents the most viable and sustainable solution. The capacity to provide hospital services is increasingly limited due to a number of factors including availability of workforce and estates, the consequences of which are shown in the extent of current waiting lists which have been further exacerbated by the pandemic. The [RCOphth-Workforce-Census-2018.pdf](#) report demonstrates the workforce shortages in ophthalmology further emphasising the need for change.

Improving services for people with poor eye health and sight loss is high on the agenda, and estimates set out in the Welsh Government's *Future Approach for Optometry Services* suggest that in half of the cases reported, sight loss could have been avoided. It is therefore imperative to expand provision in primary care in which there already exists a skilled workforce to support HES. Optometrists are an integral part of the transformation of eye care services, with the skills to deliver 'sight testing' and 'eye health examinations' in primary care.

Reforming the current system by amending and replacing the current legislation is essential to improve patients' access to eye health services ensuring that support is delivered by the right professional, in the right place across the entire eye care pathway of primary care optometry and specialist hospital eye care services.



## **Intended effect and beneficial outcomes**

The proposed changes will make provision for the delivery of all appropriate eye health care services in primary care. Going forward it is proposed that diagnosis, treatment, ongoing management, shared care, prevention and health and well-being advice become part of service provision. This approach aligns Optometry with NHS Wales General Medical Services, Dentistry and Pharmacy in terms of the wider prevention, health and well-being advice to be provided at primary care level.

Practitioners have the capacity and skill set to diagnose, treat, and manage more patients in primary care, providing care close to home and improving patients' access to specialist eye care services in a timely manner. This approach is intended to reduce the demand for a hospital led opinion and intervention, thereby, reducing the delay and backlog in patient appointments in HES. It is also the intention that demand on GPs will also reduce. We are aware through ongoing discussions with Optometry Wales which is the professional umbrella organisation for the primary care eye health profession in Wales, representing and working on behalf of all community optometrists, opticians and dispensing opticians that the primary care optometry workforce is ready, willing, and able to support NHS Wales to improve patients' experiences and outcomes.

New eye care pathways will be made possible through this approach. The aim is to reduce the number of referrals into HES by approximately one third and enable the monitoring and management of low and medium risk patients within primary care, whilst maintaining specialist oversight in HES. This whole pathway approach lends itself particularly well to eye care where a redistribution of the demand can be achieved with an upskilled workforce in primary care.

The new legislation will expand the scope of what LHBs are required to arrange when making arrangements for NHS sight tests (referred to in the legislation as "general ophthalmic services") in their area. LHBs will also be required to arrange for the provision of eye health advice and eye examinations (as well as other relevant health advice). Collectively, these services are referred to in this document as the "core services". Practitioners who enter into arrangements with LHBs to provide NHS ophthalmic services in Wales (referred to in this document as "contractors") will be required to provide the full range of those core services.

The intention is that this will accelerate eye health care delivery for health professionals and citizens across Wales. The following gains are intended for citizens:

- Improved timely access and reduced waiting times for individuals requiring specialised services in secondary care HES.
- Improved timely access to 'sight testing', holistic eye health examinations and eye health treatment and management in primary care.
- Patients will access enhanced eye care services within primary care optometry practices close to home.
- Only patients who require specialist eye services will be seen in hospital.

- Improved timely access for patients with eye pathology that could cause irreversible permanent sight loss, due to the reduced demand on HES.

The patient must be at the forefront and centre of all services delivered, regardless of the setting. The emphasis for all eye care services, both in hospital settings and in optometry practices, must be on achieving the earlier detection of eye health conditions to help reduce sight loss.

### **Training and Qualifications**

In Wales, the continued professional development of our primary care optometry workforce, ensures an appropriately skilled workforce is available to deliver the intended benefits brought forward by the necessary reform of services including the provision of eye health examinations.

Over the past 5 years, increasing numbers of practitioners have gained additional postgraduate qualifications in medical retina, glaucoma, and independent prescribing. This is a significant move towards a new clinical model of eye health care in Wales.

Up-skilling practitioners to work at the top of their license, means optometry is in an ideal position to further transform eye care pathways and fulfil the principles of 'A Healthier Wales', meet *Programme for Government* commitments and the nationally agreed *Future Approach for Optometry Services* in Wales, which clearly establishes the importance of professional development for the sector. This is underpinned by the development of an optometry section within the [Health Education and Improvement Wales \(HEIW\)](#) plan which supports optometrists and other eye care professionals through a programme of high quality education and skills improvement aligned to continued professional development, reflective practice, and mentoring. HEIW leads the way in Quality improvement and leadership development for optometry professionals.

The minimum standards of practice in Wales under the new model will be equivalent to the current EHEW accreditation level, which around 95% of practitioners currently hold.

Specialist primary eye care services will be organized at a cluster level with a minimum of two optometrists with higher qualifications per cluster immediately. There will be a stepped-up approach to increasing services with a workforce plan to increase numbers through HEIW.

### **Policy, legislative framework and regulation**

The proposed changes to the core services that contractors (and LHBs) will be required to provide will be given effect via regulations made under the National Health Services (Wales) Act 2006 ("the 2006 Act").

The legislative framework for ophthalmic services in Wales is principally set out in Part 6 (sections 71 to 79) of the 2006 Act.

There are currently two main sets of regulations in this area. These are described below:

- The National Health Service (General Ophthalmic Services) Regulations 1986 (“the 1986 Regulations”) are the principal regulations, and they provide for arrangements for sight tests under the NHS. The 1986 Regulations cover the qualifications of ophthalmic medical practitioners, the list of those providing services and the determination of fees payable for the services, the terms on which services are provided, payments to practitioners and provision for sight testing.
- The National Health Service (Optical Charges and Payments) Regulations 1997 (“the 1997 Regulations”) provide for a scheme for payments to be made by means of a voucher system in respect of costs incurred by certain categories of persons in connection with sight tests and the supply, replacement and repair of optical appliances (glasses and contact lenses).

In addition to the two main sets of regulations, the National Health Service (General Ophthalmic Services Supplementary List) and (General Ophthalmic Services) (Amendment and Consequential Amendment) (Wales) Regulations 2006 (“the 2006 Regulations”) require each LHB to keep a supplementary list of those assisting in the provision of NHS sight tests.

Two sets of Directions known as the Wales Eye Care Service (WECS) Directions also relate to optometry. These are:

- the Eye Health Examination Service Committee (Wales) Directions 2016 (“the EHES Directions”): [the-eye-health-examination-service-committee-wales-directions-2016-2016-no-10.pdf \(gov.wales\)](#), and
- the Low Vision Service Committee (Wales) Directions 2016 (“the LVSW Directions”): [the-low-vision-service-committee-wales-directions-2016-2016-no-11.pdf \(gov.wales\)](#).

The Eye Health Examination Service Committee (Wales) Directions 2016 establish the EHEW service, which facilitates the provision of eye examinations in primary care for patients presenting with eye problems of an acute nature, those who would find losing their sight particularly difficult or those who are at increased risk of developing sight-threatening conditions.

The Low Vision Service Committee (Wales) Directions 2016 establish the LVSW, which enables optometrists, ophthalmic medical practitioners and dispensing opticians to assess patients and determine if any low vision aids are available to help with their sight impairment or sight loss, to live as independently as practicably possible and to reach their full educational, employment and social potential.

The reforms will require the revoking, remaking with changes, and consolidation of the 1986 Regulations and the 2006 Regulations into one main set of regulations provisionally titled the National Health Service (Ophthalmic Services) (Wales) Regulations 2023. These Regulations will expand the types of eye care services

provided in primary care elaborated under Service Model / Expanded Services section below and will incorporate the existing provision in place which enables Welsh Ministers to agree the fees for the testing of sight in a document known as “The Statement of General Ophthalmic Services Remuneration”.

Alongside this, the 1997 Regulations will be amended to prescribe the updated optical voucher values for eligible patients across prescription ranges through the provisionally titled National Health Service (Optical Charges and Payments) (Amendment) (Wales) Regulations 2023.

### **The Legislative Process**

The regulations will be made under the Senedd's negative procedure for making subordinate legislation (in accordance with section 203(4) of the 2006 Act).

### **Developing the detailed requirements**

As mentioned in the foreword to this consultation, the Welsh Government has worked with stakeholders on the proposed reform to ophthalmic services and in doing so has considered current service provision, access, and quality. An Optometry Implementation Board and associated subgroups has since been established to further develop proposals for the detailed requirements. The Board and its related subgroups have met regularly since being established and membership consists of NHS Wales Local Health Boards, Community Health Council, NHS Shared Services Partnership, Primary Care (Optometry) leads, and Welsh Government staff. The Board has made a significant contribution to the development of the Welsh Government's policy on ophthalmic service reform.

### **Closer inspection of the benefits brought about by the proposed changes**

This section refers to the key developments directly resulting from the proposed changes outlined in this consultation document. We welcome your thoughts and would encourage you to respond to the questions set out below through completing the consultation response form on page 25.

#### **• Service Model / Expanded Services**

The proposed new service model is aligned to the *Future Approach for Optometry Services* with prevention and well-being embedded throughout. The new eye care pathways that will be brought into being, and delivered in primary care by optometry providers as part of the proposed changes are:

#### **• Holistic eye health care**

- Service Level 1 – optometry contractors currently deliver sight tests to those who are eligible. The new proposed arrangement add vital elements over and above the current sight test as it expands to become holistic eye health care, which will include prevention and health and well-being advice, patient self-care, and the development of an individual patient management plan. This aligns Optometry with NHS Wales General Medical Services, Dentistry and Pharmacy in terms of the wider prevention, health and well-being advice provided at primary care such as smoking cessation, blood pressure, lifestyle discussions (Obesity, Alcohol), loneliness and isolation, trips and falls and ultraviolet (UV) protection.

#### **• Mandatory Eye Health Examination Wales (EHEW) Accreditation**

- Service Level 2 - The Welsh Government fund the Eye Health Examination Wales Service which provides expert eye care to those patients with an eye problem needing urgent attention or those at higher risk of eye disease. This service is currently provided by LHBs in accordance with Directions and Clinical Manuals relating to EHEW services. The majority of trained eye care practitioners (optometrists) throughout Wales can provide this free NHS service in the community. Going forward it will now be mandatory for all contractors to demonstrate an ability to provide this service across Wales, increasing the baseline standards in eye health care provision.

To provide and to ensure equitable access to eye care services, it will be mandatory, under the new terms of service, for contractors to demonstrate an ability to provide both core eye care services detailed above.

LHBs will be required to provide these services under the proposals. The proposed National Health Services (Ophthalmic Services) (Wales) Regulations 2023 will set out what services must be provided and the terms of the arrangements.

***Question 01: Do you agree that optometric practices should be required to incorporate prevention and well-being advice as well as an individual patient management plan and patient self-care advice as part of the service they provide when providing an NHS sight test?***

***Question 02: Do you agree that all optometric practices in Wales should offer an eye health examination to patients needing urgent attention or those at higher risk of eye disease?***

- **Qualifications and ongoing training**

- It is proposed the expansion of the services is supplemented by qualification requirements and further education and training standards, in which all practitioners practicing in Wales must have accreditation to current EHEW standards (approximately 95% of practitioners are currently qualified).

Practitioners will also be required to comply with ongoing training requirements. They will be required to complete a course of training annually for the purpose of maintaining and updating their professional skills and knowledge.

***Question 03: Do you agree that all practicing practitioners in Wales must have a core standard of accreditation and training to enable them to provide the full range of core services including eye examinations?***

- **Changes to Clinical Manuals Nationally Directed Clinical Services**

- Under the new arrangements LHBs will be required to ensure that they provide higher levels of clinical services within their boundaries at primary care level as is expanded upon on pages 14 and 15 relating to service levels 3 to 5. It will not be mandatory for all ophthalmic practices to provide these enhanced clinical services, nonetheless, it will be compulsory for all LHBs to provide these services at a cluster/locality level for the patients in their respective LHB areas. There is a *Programme for Government* commitment to reform primary care, bringing together GP services with pharmacy, optometry, audiology, therapy, community

nursing, housing, social care, mental health, community and third sector. Clusters are the mechanisms for achieving this. The *Future Approach for Optometry Services* (March 2021) sets out the role of the clusters which includes the expansion of eye health and wellbeing services in primary care. This supports local communities accessing services when they need to, without waiting for onward referral to secondary care.

These higher-level clinical services will not therefore be provided through the arrangements set out in the regulations. LHBs will be required to make these arrangements under additional directions with the detail set out in accompanying clinical manuals. However, to ensure seamless pathways for patients between services, we propose that the new regulations will legally oblige all NHS commissioned practices who solely deliver the core service levels 1 and 2 to provide an onward referral for patients who require a higher level of clinical intervention. Practices will therefore be legally compelled to direct patients to a suitable nearby practice offering the necessary clinical support. The aim of this provision is to ensure equitable access to all patients for their eye care needs through signposting to an appropriate practice.

The following pathways will be made available at primary care level within all LHB areas. Likewise, all practitioners and practices will be able to choose to opt in to provide these services subject to holding the necessary qualifications:

- Service Level 3 - This aligns to the current Low Vision Service Wales and will continue to be provided by trained accredited optometrists, ophthalmic medical practitioners and dispensing opticians. The service offers support via the provision of low vision aids, signposting to other services and offering information regarding daily living and eye conditions. This service will be opened up to all practitioners interested in providing low vision services. The introduction of Primary Care Optometrists, holding dual Eye Health Examinations Wales and Low Vision Service Wales accreditation, in the process of Certification of Vision Impairment for patients that are resident in Wales, in addition to the process currently provided in secondary care HES, is another additional element to this level of primary care service. Certification is the pre-requisite to registration with a vision impairment. In Wales, section 29(4)(g) of the National Assistance Act 1948, was replaced by section 18 of the Social Services and Well-being (Wales) Act 2014. The Social Services and Well-being (Wales) Act 2014 requires local authorities to establish and maintain a register of people who are ordinarily resident in the local authority's area and who are sight-impaired or severely sight-impaired, hearing-impaired or severely hearing-impaired, or who have sight and hearing impairments which, in combination, have a significant effect on their day to day lives.

Registration ensures access to services and support aimed at maintaining a person's independence, inclusive of that offered by Habilitation Officers and Rehabilitation Officers for the visually impaired.

Too many people are waiting many months to access HES for Certification of Vision Impairment, some being denied benefits and support as they wait. Additionally, these people currently utilise appointment slots that could be used for people that require specialist ophthalmologist input.

- Service Level 4 - Patients who would previously have been referred from primary care optometry to HES for medical retina and glaucoma assessment, will be referred to an optometrist with higher qualifications for further assessment, within the primary care cluster area. This will significantly speed up and improve access for patients, who will receive their diagnostic tests in primary care. This is intended to increase the capacity within HES enabling patients with the highest risk of sight loss to be seen within their clinically appointed target dates.
- Service Level 5 - This development involves the provision of an “Eye Casualty” in primary care with an expectation of increased level of management, treatment and prevention of onward referral. The ability to detect and then prescribe appropriately for patients within the community will again reduce the demand for these services to be provided within HES and GP services.

***Question 04: Do you agree with the requirement to have these proposed nationally directed services in primary care to ensure consistent access to eye care services across Wales?***

***Question 05: Do you agree that a practice who doesn't offer higher-level clinical services should be legally compelled to refer a patient to a nearby practice who does offer the necessary clinical services to meet the needs of the patient?***

### **Cluster Working**

The [Primary Care Model for Wales](#) (PCMW) which supports the vision in [A Healthier Wales](#), contains [13 key components](#) required for transforming services. These include effective collaboration at community level to assess population need to both plan and deliver seamless care and support to meet that assessed need.

The local workforce is best placed to understand the needs and experience of local communities and to inform and influence wider public service plans. Clusters were established in 2010 to gather that intelligence and encourage the testing of new models of care to more effectively meet local needs. Whilst significant progress has been made, there is variation between clusters in relation to the maturity of collaborative working and the impact for patients and communities.

For 2021-23 the Strategic Programme for Primary Care has introduced an Accelerated Cluster Development (ACD) Programme to ensure more rapid implementation of the PCMW and to address system barriers.

The Programme includes the introduction of [Professional Collaboratives](#) (PCs) and [Pan Cluster Planning Groups](#) (PCPGs) to broaden and strengthen clinical

engagement and to increase the influence from the community to Regional Partnership Board (RPB) (LHB and Local Authority) decisions. A clearer separation of planning and delivery functions will be developed.

Representation of optometry in primary care clusters across Wales is inconsistent. In some areas, LHBs fund optometrists' attendance at cluster meetings and promote integration; however, in those LHB areas not funding optometrists' attendance, Regional Optometric Committees (ROCs) attempt to field volunteers, relying upon the goodwill of committee members to attend. This inconsistency leads to a lack of clarity of the involvement and engagement of the role in clusters for the attending practitioner, the ROC and the LHB.

Moving forwards, it is our intention to formalise the way in which optometry practices engage with each other as optometry collaboratives and engage with the wider primary care clusters through the development of optometry collaborative leads.

To ensure consistency of engagement across Wales we intend to establish Cluster Optometry Collaboratives with a duty for each optometry practice within the cluster to engage through participating in the Optometry Professional Collaborative meetings with a maximum of 4 meetings per year, for which the practice will be reimbursed.

***Question 06: Do you agree that a duty should be placed on optometry practices to collaborate to ensure the eye health needs of the cluster area are addressed within primary care clusters?***

- **Eye Health Needs Assessment**

The RNIB estimates that nearly 1 in 5 people will experience permanent sight loss in their lifetime, with 1 in 3 experiencing any sight loss in their lifetime. In 2016-2017, 90% of the incidence of sight loss occurred in people aged 65 and over. However, in the same year 25 people aged between 15-64 were affected by sight loss every day. It is estimated that 2 million people in the UK are living with sight loss that impacts their lives daily. (RNIB 2016).

In Wales, an estimated 3.5% of the population are living with sight loss that impacts their daily lives. An estimated 111,000 people in Wales are identified as having sight loss and this is expected to increase 35% to 146,000 by 2030 (RNIB 2021, Pezzullo et al 2018). Sight loss has profound effects on the well-being of an individual. The relationship between sight loss and general health are closely linked and it is important to address this relationship and seek ways to improve it.

Primary care clusters will improve integrated planning between clusters, health boards and local authorities, and ensure that a wider range of services is available locally, enabling plans to be made based on the local population by health care professional in the cluster working collaboratively. Optometrists form part of cluster working, ensuring that the needs of the local population are being met and the proposals outlined above seek to further formalise that collaborative working.

Local population needs assessments are vital to delivering changes that really benefit the local community (Primary and Community Care Development and Innovation Hub. 2022) as they can inform service planning at a local cluster level.



Currently, we do not have an existing document that describes the eye health needs in Wales, addressing regional areas. An all-Wales Eye Health Needs Assessment is essential if we are to improve eye care in Wales and improve the outcomes for patients with eye conditions in Wales. By describing in detail, the regional state of eye health, we will be able to plan for capacity and services now, and project for an expected increase in the demand for these services in the future.

To support the eye care needs of communities even further it is proposed to impose a duty on LHBs to conduct an eye health needs assessment every three years to ascertain the needs of the public in terms of eye care provision in both primary and secondary care. Higher levels of clinical services identified by the local eye care needs assessments will be delivered on a cluster level as detailed above with the provision of a duty to bolster this provision. Taken together, the needs assessment combined with delivery on a cluster footprint will ensure that local population needs will be fully considered and delivered against.

***Question 07: Do you agree it would be beneficial for LHBs to conduct an eye health needs assessment every three years to ascertain the specific needs of their communities, with a duty imposed on LHBs to do so to bolster this provision?***

- **Ophthalmic List**

Under current arrangements LHBs are required to prepare and publish two lists concerning individuals and corporate entities involved in delivering NHS sight tests. Contractors (those who enter into arrangements with a LHB to provide services in the LHB's area) are registered on the ophthalmic list and those assisting contractors (i.e. individual practitioners who perform clinical services) are registered on the supplementary list. Ultimately, the aim of both lists is to enable oversight of ophthalmic provision for public protection purposes. However, there are practical administrative implications for health boards and ophthalmic practitioners that are cumbersome.

To reduce bureaucracy, it is proposed LHBs should only be required to prepare one list split into two parts detailing those who have been approved by that LHB to either provide or assist in the provision of ophthalmic services. The regulations will consolidate and replace the current legislative arrangements which require two separate lists.

To provide greater clarity and improved workforce modelling, we propose to require LHBs to also produce an administrative amalgamated list of all individual practitioners who are registered on their ophthalmic list and perform NHS ophthalmic services.

***Question 08: Do you agree with the introduction of one Ophthalmic List per LHB to reduce complexity?***

***Question 09: Do you agree with the proposal for LHBs to produce an additional administrative amalgamated list of all individual practitioners who are registered on their ophthalmic list and perform NHS ophthalmic services?***

- **Student Optometrists**

Student optometrists, for the purposes of this proposal, are those who have completed their undergraduate degree course in optometry with a recognised higher education institution as approved by the General Optical Council (GOC). On completion of the degree course, they must register with the GOC as a student optometrist and are given a student optometrist number. They must complete the College of Optometrists “Scheme for Registration” to develop skills and knowledge in the workplace.

Student optometrists, on the Scheme for Registration, are employed by a contractor on the ophthalmic list for the duration of their pre-registration year. The pre-registration year is the year during which they gain professional experience prior to being registered as a fully qualified registered optometrist. During that year, they are student optometrists acting under supervision but carrying out the duties of a registered optometrist.

Currently, whilst student optometrists are required to register with the GOC, they are not required to apply for inclusion on the supplementary ophthalmic list. As such, health boards have no oversight or appropriate governance arrangements in place for student optometrists while they undertake this work.

Moving forwards, we propose to include student optometrists registered with the GOC, within the supplementary ophthalmic list, to ensure appropriate oversight and governance arrangements are in place. The effect of this is that student optometrists will need to be included in a health board’s supplementary list in order to undertake their pre-registration year.

***Question 10: Do you agree with the proposal to include student optometrists registered with the GOC, within the supplementary ophthalmic list, to ensure appropriate oversight and governance arrangements are in place?***

- **Dispensing opticians**

To provide greater clarity and workforce modelling, it is proposed health boards should be required to establish and maintain an administrative list of the dispensing opticians employed or engaged by contractors providing NHS services in their area.

***Question 11: Do you agree with the proposal for LHBs to produce an administrative list of all dispensing opticians who provide NHS services in their area?***

- **Core clinical hours**

To ensure equitable access, it is proposed NHS contractors, under the terms of service will be required to agree core hours for clinical services. These are the hours during which the full range of service levels 1 and 2 will be available and will be agreed between the LHB and the contractor, and this will be advertised to the public to raise awareness. This differs to the current arrangement in which practices are able to decide on the level of core clinical support offered during their opening hours. As a result, patients who currently present with an acute eye problem can be turned down if the practice is not able to offer clinical support during their stipulated opening hours. This proposal aligns with the Welsh Government’s *Programme for*

*Government* Commitment to deliver better access to health professionals as patients will know where and when they can access appropriate core clinical services in their localities which includes acute presentation.

Specifically, it is proposed that a Contractor can only refuse to provide services under the Contract to an eligible person if it has reasonable grounds for doing so, and those grounds cannot relate to a person's age or ophthalmic or related medical condition.

Furthermore, if the Contractor refuses to provide services on any ground other than satisfying itself that the person does not meet the eligibility criteria for sight testing or eye examinations, it must keep a record of that refusal, specifying in that record its grounds for doing so and shall make this record available to the LHB on request.

This is additional to the safeguard provided by the Equality Act 2010 which means that discrimination or unfair treatment on the basis of certain personal characteristics, such as age, is against the law in almost all cases.

***Question 12: Do you agree that all NHS funded contractors / opticians, should offer core clinical hours as agreed between the contractor and their LHB to ensure suitable access to patients?***

- **Mobile Support for Eligible Patients**

Currently, NHS mobile services are restricted to the provision of a sight test and can only be provided in a limited number of locations such as a day centre, a residential centre or a patient's home where the patient is unable to leave it unaccompanied because of physical or mental illness or disability. In addition, contractors are required to provide notice to LHB's of their intent to provide mobile services to patients within their health board locality.

It is proposed to enable service levels 1 and 2 to be provided through mobile services. This will ensure a minimum standard of practice for patients eligible for mobile services in Wales, ensuring all practitioners delivering the service provide equitable services for patients irrespective of their location.

We propose to expand the provision of mobile services to include a wider range of patients who would have difficulty obtaining level 1 and 2 services at a "registered premises" (i.e. the location at which a practitioner ordinarily provides services, usually an opticians' practice) and by enabling mobile services to be provided at any place that is not a "registered premises". This would, for example, enable mobile services to be provided to pupils attending a Special School in Wales at that school.

To ensure patients can access all services in a timely manner, we intend to remove the advance notice requirements for mobile services for eligible patients. However, a contractor that wishes to provide mobile services will still be required to confirm to the relevant LHB that they wish to do so when applying to be included in its ophthalmic list.

***Question 13. Do you agree with our proposal to remove the advance notice requirements that contractors must provide to Local Health Boards prior to undertaking mobile services?***

***Question 14: Do you agree with our proposal to expand further the provision of mobile eye care services to qualifying patients who are unable to receive care in an optometry practice?***

- **Public Safety and Safeguarding**

To further enhance the safeguards already in place requiring practitioners to declare criminal convictions, going forward it is proposed that admission to the ophthalmic list will be conditional on a practitioner completing a Disclosure and Barring Service (DBS) check, and continued inclusion in the ophthalmic list requires registering with, and maintaining the DBS Update Service. Failure to comply may lead to dismissal from the ophthalmic list, prohibiting the practitioner from delivering NHS funded ophthalmic services, unless they subsequently agree to do so.

***Question 15: Do you agree with the additional safeguarding measures proposed? We would welcome your views as to whether practitioners should register with and maintain annually the DBS Update Service or alternatively for practitioners to have a new DBS certificate every three years?***

- ***Requirement to notify LHB of changes to information included in the ophthalmic list***

We propose to align the notification periods within which contractors and persons assisting contractors are required to notify LHBs of any changes to the information included in relation to them on the ophthalmic list. The current requirement on contractors is to notify the LHB of any changes within 28 days of the date of the change. This will be reduced to 14 days so that the requirements on contractors are consistent with those on the supplementary list.

- **Electronic referrals**

To provide additional safeguards to patients in terms of timely access to eye care services, it is proposed to impose a requirement on NHS contractors / opticians that they use electronic referral methods where available for referral purposes. This is intended to help mitigate against any risks of non-electronic referrals being lost such as a fax paper and aligns with the wider project to digitise primary care services to facilitate seamless pathways for all patients across health care services.

***Question 16: Do you agree with the proposal to impose a requirement on NHS contractors / opticians to use electronic referral methods where available to ensure timely access to eye care services?***

- **Quality for Optometry**

To further improve governance arrangements, we propose to introduce formal Quality Improvement standards for Optometry in Wales. Currently, there is no formal Quality Improvement standards or templates to adhere to for Optometry in Wales. Robust governance or quality improvement systems are needed to measure and ensure the highest quality outcomes for patients in Wales.

The General Optical Council is the statutory regulator for the optical professions in the UK with powers set out in the Opticians Act 1989.

Our intention moving forwards is that:

- a. Each contractor makes a return of the Quality for Optometry (QO) governance template at least annually.
- b. Increase the whole optometry contractor team's awareness of, and capability in, quality improvement methodology through completion of improving Quality Together bronze level e-learning. All practice managers and employees involved in the provision of NHS ophthalmic services in Wales will complete the Optometry Improving Quality Together bronze level e-learning package. This must include anyone who works at least one day per week at the practice and includes both clinical and non-clinical staff members. This need only be done once for each member of staff i.e. would not need repeating each year. Dispensing opticians and optometrists will access training in quality improvement as part of their performer CPD payment.
- c. Each contractor completes the Welsh National Workforce Reporting System tool outlining the workforce in their practice. This is proposed to include details of every optometrist, dispensing optician practice managers and professional staff working in each practice.
- d. A duty on the contractor to participate in and complete three audits (clinical and non-clinical) annually, the content to be agreed with Welsh Government and LHBs.

***Question 17: Do you agree with the above proposals to improve governance and quality standards for Optometry in Wales? Please elaborate if you think this is reasonable and proportionate. You are welcome to comment on each item in isolation (from a-d) or provide a general response across the range of proposals.***

### **PROPOSED CHANGES TO THE ELIGIBILITY FOR AND VALUE OF VOUCHERS FOR OPTICAL APPLIANCES**

The Welsh Ministers are required under section 129 of the 2006 Act to provide for payments to be made to help with the cost of sight tests and optical appliances (spectacles or contact lenses) for certain categories of eligible person. Support is available to eligible patients towards the cost of optical appliances via the provision of an optical voucher which they can take to any supplier of their choice. The voucher may be used to either meet or contribute towards the cost of the patient's spectacles or contact lenses depending on the amount charged by the supplier for the relevant optical appliance and the voucher value. In return, ophthalmic practitioners/ suppliers of optical appliances are able to redeem the optical voucher value from NHS Wales.

However, assessment of the current optical voucher system highlighted inequity for patients with higher prescription needs, as the current voucher provided to patients at the higher prescription ranges does not, in all instances, cover the cost of the

optical appliance. This results in patients at greatest need, both financially and clinically, often being asked to make significant financial contributions to the cost of their spectacles, despite being eligible for financial support.

We therefore propose to update the voucher values so that they more accurately represent the standard cost of the optical appliance across all prescription ranges.

In addition, we propose to include a new duty in the terms of service applying to contractors which would legally oblige contractors who provide NHS sight tests and sell spectacles to make available a basic pair of spectacles for those people who are eligible for a voucher towards the cost of spectacles. The basic pair of spectacles must meet the specification of the individual's prescription and be within the value of the relevant voucher to which the individual is entitled. This will ensure that an eligible person will be entitled to a basic appliance without further cost, thereby ensuring equity of access across all prescription ranges.

The Welsh Government collated and analysed all current financial arrangements, including clinical and the optical vouchers, to ensure the whole system change of optometry service delivery is fit for purpose. The values of optical vouchers have been determined by a cost-plus method involving an analysis of the trade cost of supplying the optical appliance together with an additional dispensing fee. The voucher values should, therefore, as a minimum cover the likely cost to an optometry practice of providing a basic appliance across all voucher values and prescription ranges. As such, the Welsh Government considers this to be reasonable and proportionate.

An analysis of the new voucher values and clinical reimbursement is included within the Regulatory Impact Assessment (RIA) and Integrated Impact Assessment (IIA) accompanying this consultation. The key intention is to ensure continued equitable access for eligible patients across all prescription (lens strength) ranges combined with a move to a model whereby optometrists are paid more appropriately for their clinical work, reducing the need for the sale of appliances to subsidise the cost of clinical services, and increase capacity for clinical work.

These changes have been discussed and recently agreed with the profession. The NHS clinical fees and voucher values will be subject to annual, tripartite discussions between Welsh Government, NHS Wales, and Optometry Wales in which voucher values will be kept under review. This will ensure optometry practices are accurately and fairly remunerated for the work completed.

***Question 18: Do you agree that eligible patients should be entitled to a free optical appliance across all prescription ranges with a duty placed on contractors to support this free provision?***

- **Eligibility Criteria**

As part of the new proposals, we intend to make amendments to the eligibility criteria to include prisoners on leave as eligible for vouchers in certain circumstances, and to provide that under 18-year-olds in care of a local authority are eligible for all optical vouchers.

- **Prisoners**

A “prisoner” in this context means a person who is detained in a prison, including a young offender institution, but is, at the time of receiving any primary ophthalmic service, on leave from that prison. A prisoner may be allowed to leave prison for short periods towards the end of their sentence and extending eligibility for prisoners on leave is a means to initiate integration with the rest of open society, extending and democratising provisions wider members of the public are entitled to have.

At present in Wales there is no specific eligibility criteria to cover prisoners (on leave) for a NHS sight test, a sight test voucher, a voucher for supply of an optical appliance, or a voucher for repair / replacement of an optical appliance.

It is proposed to include eligibility for certain prisoners (mentioned above and on leave) to receive these entitlements. Please note that the obtaining of a voucher for repair or replacement of an optical appliance will be conditional on the prisoner (on leave) meeting the eligibility criteria set for all individuals over the age of 16 in which the following two conditions must be met in full before a voucher is provided towards the cost of repair or replacement:

- you would be entitled to a NHS voucher for glasses or contact lenses.
- the loss or damage was due to illness or disability.

***Question 19: Do you agree with the above proposal to extend the eligibility criteria to certain prisoners on leave?***

- **Under 18-year-olds in care of a Local Authority**

Currently, there is disparity in terms of the support offered to those under 18 who are care leavers or are in the care of a Local Authority. Children under 16 (including those in care) are eligible for a NHS sight test and a voucher for the supply, repair, and replacement of an optical appliance. 16/17-year-olds who are care leavers, or to whose maintenance a Local Authority contributes, are eligible for a NHS sight test and a voucher for supply of an appliance. However, they are not eligible for a voucher for the repair of or the replacement of an optical appliance.

We intend to ensure that under 18-year-olds who are care leavers or are in care are entitled to all of the entitlements relating to eye care including a voucher for repair or replacement of an optical appliance (in addition to the provisions they are already eligible for under the current legislation and arrangements).

***Question 20: Do you agree with the above proposal to extend the eligibility criteria for under 18-year-olds who are care leavers or are in the care of a Local Authority?***

## **Regulatory Impact Assessment & Integrated Impact Assessment**

As previously referred to, we have prepared a RIA and IIA. The RIA provides an assessment on the likely costs, benefits and risks associated with the proposed policy changes. The IIA has considered the main impacts of the policy delivery.

An analysis of the benefits demonstrates that the proposed changes will pave the way for a more modern, agile and patient centred provision of Ophthalmic Services in Wales. Primary Care Optometry services in Wales are especially equipped to meet the challenges relating to eye health care as a result of the efforts undertaken to upskill the workforce in primary care settings over recent years.

This whole pathway approach lends itself particularly well to eye care in Wales where a redistribution of the demand can be achieved with an upskilled workforce. It is anticipated that the new eye care pathways that will be introduced will reduce the number of referrals into HES by 1/3 with consequent savings in terms of healthcare time and costs at secondary care. As noted previously, the financial and practical impacts of our proposals have been discussed and agreed with the profession and will be subject to annual, tripartite discussions between Welsh Government, NHS Wales, and Optometry Wales.

***Question 21: We would welcome your thoughts as to whether you think there are any other benefits or disadvantages not mentioned in the consultation? Please explain what these might be and provide evidence to support your response.***

## **Engagement and Consultation Process**

- **Consultation Process**

An eight-week consultation is being launched to provide an opportunity to comment on these proposals.

Any responses received as part of this consultation will be given careful consideration and a summary of the responses received will be published on our website.

- **Groups affected**

The proposals will be relevant to all persons who currently provide or intend to provide NHS Ophthalmic services in Wales, and to those who assist or intend to assist in the provision of such services, Local Health Boards and members of the public.



We welcome your thoughts and would encourage you to respond to the questions set out below.

## Consultation Response Form

Your name:

Organisation (if applicable):

email / telephone number:

Your address:

**Question 01:** Do you agree that optometric practices should be required to incorporate prevention and well-being advice as well as an individual patient management plan and patient self-care advice as part of the service they provide when providing an NHS sight test?

**Comment:**

**Question 02:** Do you agree that all optometric practices in Wales should offer an eye health examination to patients needing urgent attention or those at higher risk of eye disease?

**Comment:**

**Question 03:** Do you agree that all practicing practitioners in Wales must have a core standard of accreditation and training to enable them to provide the full range of core services including eye examinations?

**Comment:**

**Question 04:** Do you agree with the requirement to have these proposed nationally directed services in primary care to ensure consistent access to eye care services across Wales?

**Comment:**

**Question 05:** Do you agree that a practice who doesn't offer higher-level clinical services should be legally compelled to refer a patient to a nearby practice who does offer the necessary clinical services to meet the needs of the patient?

**Comment:**

**Question 06:** Do you agree that a duty should be placed on optometry practices to collaborate to ensure the eye health needs of the cluster area are addressed within primary care clusters?

**Comment:**

**Question 07:** Do you agree it would be beneficial for LHBs to conduct an eye health needs assessment every three years to ascertain the specific needs of their communities, with a duty imposed on LHBs to do so to bolster this provision?

**Comment:**

**Question 08:** Do you agree with the introduction of one Ophthalmic List per LHB to reduce complexity?

**Comment:**

**Question 09:** Do you agree with the proposal for LHBs to produce an additional administrative amalgamated list of all individual practitioners who are registered on their ophthalmic list and perform NHS ophthalmic services?

**Comment:**

**Question 10:** Do you agree with the proposal to include student optometrists registered with the GOC, within the supplementary ophthalmic list, to ensure appropriate oversight and governance arrangements are in place?

**Comment:**

**Question 11:** Do you agree with the proposal for LHBs to produce an administrative list of all dispensing opticians who provide NHS services in their area?

**Comment:**

**Question 12:** Do you agree that all NHS funded contractors / opticians, should offer core clinical hours as agreed between the contractor and by their LHB to ensure suitable access to patients?

**Comment:**

**Question 13:** Do you agree with our proposal to remove the advance notice requirements that contractors must provide to Local Health Boards prior to undertaking mobile services?

**Comment:**

**Question 14:** Do you agree with our proposal to expand further the provision of mobile eye care services to qualifying patients who are unable to receive care in an optometry practice?

**Comment:**

**Question 15:** Do you agree with the additional safeguarding measure proposed? We would welcome your views as to whether practitioners should register with and maintain annually the DBS Update Service or alternatively for practitioners to have a new DBS certificate every three years?

**Comment:**

**Question 16:** Do you agree with the proposal to impose a requirement on NHS contractors / opticians to use electronic referral methods where available to ensure timely access to eye care services?

**Comment:**

**Question 17:** Do you agree with the proposals to improve governance and quality standards for Optometry in Wales? Please elaborate if you think this is reasonable and proportionate. You are welcome to comment on each item in isolation (from a-d on the list on page 21) or provide a general response across the range of proposals.

**Comment:**

**Question 18:** Do you agree that eligible patients should be entitled to a free optical appliance across all prescription ranges with a duty placed on contractors to support this free provision?

**Comment:**

**Question 19:** Do you agree with the proposal to extend the eligibility criteria to certain prisoners on leave?

**Comment:**

**Question 20:** Do you agree with the proposal to extend the eligibility criteria for under 18-year-olds who are care leavers or are in the care of a Local Authority?

**Comment:**

**Question 21:** We would welcome your thoughts as to whether you think there are any other benefits or disadvantages not mentioned in the consultation? Please explain what these might be and provide evidence to support your response.

**Comment:**

**Question 22:** The Welsh Government is committed to creating an environment where everyone will want to use the Welsh language. We would like to know your views on the effect the new legislation could have on the Welsh language, specifically on opportunities for people to use Welsh and on treating the Welsh language no less favourably than English. What effects do you think there would be? How could positive effects be increased, or negative effects be mitigated?

**Comment:**

**Question 23:** Please also explain how you believe the proposed legislation could be formulated or changed so as to have positive effects or increased positive effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language, and no adverse effects on opportunities for people to use the Welsh language and on treating the Welsh language no less favourably than the English language.

**Comment:**

**Question 24:** We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please use this space:

**Comment:**

Responses to consultations may be made public – on the internet or in a report. If you would prefer your response to be kept confidential, please tick here: