



Number: WG47819

Welsh Government
Consultation – summary of response

**Summary of responses in relation to the
consultation on proposals to reform the ophthalmic
services delivered in primary care in Wales.**

September 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

This document provides a summary of the responses received by the Welsh Government to our consultation:

WG46429: Consultation on proposals to reform the ophthalmic services delivered in primary care in Wales.

The consultation was published on 24 April 2023 and closed on 19 June 2023. This exercise received 129 responses from a range of stakeholder and interested parties.

Action Required

This document is for information only.

Further information and related documents

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

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Additional copies

This summary of response and copies of all the consultation documentation are published in electronic form only and can be accessed on the Welsh Government's website.

Link to the consultation documentation: [Proposals to reform the ophthalmic services delivered in primary care in Wales.](#)

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Introduction

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

The recently completed consultation set out in detail the Welsh Government's proposed changes in respect of ophthalmic service delivery within Wales, together with the necessary amendments to the legislative framework to bring about the intended improvements.

The key proposal is to expand the eye care services delivered on the high street by optometrists to alleviate pressure on secondary care HES, through increasing the range of services delivered closer to home in primary care by eye care practitioners.

The purpose of this document is to summarise the responses to the consultation. It does not aim to capture every point raised by respondents. It looks to present the key messages drawn out from the consultation exercise.

The context and rationale

The chapters in the [consultation document](#) set out in detail the context and rationale regarding the need to reform ophthalmic services delivered in primary care in Wales.

To briefly recap, it is apparent that demand for ophthalmic services in Wales will increase significantly over the next 20 years linked to an increasingly elderly patient cohort and increased population.

In response the Welsh Government has provided significant financial resource to support the eye care sector to evolve in Wales to meet the growing need.

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.

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.

From a workforce perspective, the impacts identified and brought about by the proposals will enable optometrists to utilise their full professional capability in the delivery of eye care in primary care, in which they 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.

The Welsh Government has worked closely with stakeholders on the proposed reform to ophthalmic services and has considered in depth all responses received during the consultation exercise. The Welsh Government has valued the active participation and positive engagement of the whole sector throughout the entire consultation process and provides its response to the feedback received from page 09 of this consultation summary onwards.

The consultation process, audience, and engagement

On 24 April 2023, the Minister for Health and Social Services issued a [Written Statement](#) to announce the consultation on the reform of primary care ophthalmic services.

The eight week consultation, which closed on 19 June, sought views on the proposals to expand the services delivered by primary care optometry providers and launch the new optometry contract terms of service, communicated via a preceding [Written Statement](#) on 20 September 2022.

Extensive engagement took place with key stakeholders prior to the formal consultation including Optometry Wales (OW)¹, the professional body representing optometrists in Wales and also Community Health Councils, which have since evolved into Llais Wales², representing the views of patients in respect of health and social care in Wales.

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 the primary and secondary eye care pathways in Wales.

Stakeholders included community health councils, local health boards (LHB), representative bodies of optometry and dispensing opticians together with representation from ophthalmology, orthoptists and ophthalmic nursing.

Thereafter, the Welsh Government continued to bring together these key stakeholders in the delivery of eye care from across Wales to work in collaboration to agree a national approach, which resulted in the publication of the [NHS Wales eye health care: future approach for optometry services](#) document. The document set out the Welsh Government's expectations for delivery of eye care services over the next decade.

To follow and as part of the continuing engagement process, the proposals were subject to a public facing online consultation, commencing on 24 April 2023 ending on 19 June 2023, setting out the detail of the Welsh Government's intention to reform the delivery of primary ophthalmic services in Wales. The details of the consultation can be found [here](#).

The consultation exercise actively sought 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

¹ OW 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 across Wales. The organisation is funded through contributions by the three regional optometric committees (ROC) in Wales and through the UK optical bodies mentioned in this summary of responses document.

² Llais Wales has been established on the footings of the former community health councils, acting as an independent statutory body, set up by the Welsh Government to give the people of Wales more say in the planning and delivery of their health and social care services – locally, regionally and nationally.

services, professional bodies with an interest in NHS ophthalmic services, as well as other stakeholders, service users and the wider public.

During the consultation period the consultation was also highlighted in various articles and newsletters including the Welsh Government consultations newsletter and was also highlighted through social media activity.

To assist participants in their consideration of the proposals, the following assessments accompanied the main consultation document on the Welsh Government's website:

- [Reform of primary care ophthalmic services: equality impact assessment](#)
- [Reform of primary care ophthalmic services: children's right impact assessment](#)
- [Reform of primary care ophthalmic services: integrated impact assessment](#)
- [Reform of primary care ophthalmic services: regulatory impact assessment \(RIA\)](#)

Respondents were invited to submit their views online or via email or in the post.

The consultation was also highlighted in a number of meetings to raise awareness and encourage responses.

Consultation response

The consultation has been widely received and the responses reflect the direct and diverse views of optometrists, professional bodies, the private and voluntary sector, the public, health and care sectors, wider medical disciplines, and academic institutions.

In total the Welsh Government received 129 written responses to the consultation and would like to thank all those who responded. 101 responses were received from individuals and organisations based inside Wales or with UK-wide activities and interests (herein referred to as 'from inside Wales'); 01 response was provided by a Government Department outside of Wales. In 27 cases it is unclear whether the respondent was based inside Wales.

79 respondents expressed a preference to keep their response anonymous, and, in such instances, we have anonymised all comments. Additionally, with the intended aim of protecting people's individual identities, we have also anonymised all comments made directly by individual respondents. Comments received by organisations or representative bodies have not been anonymised where they have provided permission for their details to be published. All observations have been produced verbatim although we have made minor corrections to spelling and/or grammatical errors where we considered that these were obvious.

In terms of sector wider responses, 39 of the respondents were based within private sector optometric practices located in highstreets across Wales; 15 were located

within public sector bodies including LHBs, NHS teams, and Local Government; 07 respondents represented wider industry interests relating to eye care provision.

Llais Wales, building on the work of its predecessor, the former community health councils, has continued to engage with the consultation process and has submitted a response. Likewise, OW and the College of Optometrists (COO)³, have both responded.

In addition, a response has been received from the three UK Optical Bodies who have a dual function as providers of indemnity insurance to the profession, namely, the Association of British Dispensing Opticians (ABDO)⁴, the Association of Optometrists (AOP)⁵ and the Federation of Dispensing Opticians (FODO)⁶. These three bodies also provide financial contributions to OW to assist the professional umbrella organisation with its activity in terms of representing and working on behalf of community optometrists, opticians and dispensing opticians within Wales.

In their submission of responses, two of the three UK Optical Bodies expressed that they had canvassed the views of their members before replying to the Welsh Government, with the AOP conducting focussed exercises to gage their members' viewpoint towards the proposals put forward in the consultation document.

Similarly, OW canvassed members in advance of responding to the consultation and like the AOP, has fed back percentile figures to the Welsh Government in an effort to demonstrate the opinion of its members towards certain aspects of the consultation. This is welcomed and has been helpful. However, in the absence of definitive and quantifiable numbers, it has not been practicable to align the percentile figures provided by both the optical body and the professional umbrella organisation, with the Welsh Government's own statistical analysis of the responses directly received by respondents. Nonetheless Welsh Government appreciate the feedback analysis provided and the efforts undertaken to provide a representative response which has received full consideration.

³ COO is the professional body for optometry. It qualifies the profession and delivers the guidance and training to ensure optometrists provide the best possible care.

⁴ ABDO is a UK Optical Body and is a Provider of Indemnity and Practice Insurance.

⁵ AOP is a UK Optical Body and is a Provider of Indemnity and Practice Insurance.

⁶ FODO is a UK Optical Body and is a Provider of Indemnity and Practice Insurance.

04 responses have also been received from voluntary sector charitable organisations including RNIB Cymru⁷; See Ability⁸; Age Cymru⁹, Diabetes UK Cymru¹⁰; and 02 responses have been returned from Cardiff University¹¹.

The remaining 56 responses did not specify an affiliation with any sector or organisation, however an assessment of the feedback strongly suggests that the respondents are actively and directly involved in the delivery of eye care provision across Wales, given the depth of knowledge imparted via the consultation exercise.

- Table 1: The number of respondents by type across all survey formats**

| Type of Respondent | Number of respondents |
|--|-----------------------|
| Individuals based within private sector optometric practices | 39 |
| Individuals based within public sector bodies | 15 |
| Parties representing wider industry interests | 07 |
| Registered professional bodies | 02 |
| Representative bodies and providers of indemnity insurance | 03 |
| Voluntary sector charitable organisations | 04 |
| Independent Statutory Bodies | 01 |
| Higher Education Institution | 02 |
| Individuals not specifying affiliation with any sector or organisation | 56 |
| Total | 129 |

A list of respondents other than those who requested anonymity is provided at Annex A on page 30.

⁷ RNIB is a Third sector organisation representing patient views, particularly those who have suffered sight loss.

⁸ SeeAbility is the operating name of The Royal School for the Blind and supports people who have learning disabilities or autism, who may also have sight loss.

⁹ Age Cymru is the national charity for older people in Wales.

¹⁰ The British Diabetic Association operates as Diabetes UK, a charity registered in England and Wales and in Scotland.

¹¹ Cardiff University hosts the School of Optometry and Vision Sciences which trains the next generation of optometrists, and conduct research to advance global understanding of vision disorders to improve quality of life.

Summary of Responses received and Welsh Government response

The consultation actively sought a response in respect of the Welsh Government's proposals to improve access to eye health services in primary, community, and HES.

The consultation document asked a series of 24 open ended consultation questions which have been analysed by Welsh Government Officials. The proposals have been developed against the key principles outlined within the Welsh Government's *Strategic Equality Plan 2020 - 2024* which sets out our equality aims and objectives, together with the main actions to achieve those objectives.

The consultation document has also been informed by the *Primary Care Model for Wales*, which is the agreed approach to achieving the vision set out in *A Healthier Wales: our plan for health and social care*. The model is about equity of access to the right care, at the right time from the right professional or service at, or close to home.

The key findings of the consultation exercise are themed below together with the Welsh Government response.

- **Holistic eye health care**

There was significant support behind the proposal for optometric practices to incorporate prevention and well-being advice as well as an individual patient management plan and patient self-care advice as part NHS eye care services. 83% of those who responded to this specific proposal were in favour, a sentiment captured by the following comments shared during the consultation process:

"Yes. Prevention and well-being messaging are a vital part of the future health of our population. Patient specific messaging will be most effective. The increasing burden on ophthalmology services, the aging population, and that most ophthalmic conditions are age related increase the importance of prevention where possible".

Powys Teaching Health Board in response to consultation question one.

"Absolutely. I completely believe that a holistic approach to modern medicine and eye care will be the most beneficial to a number of our patients from which very common systemic conditions like high blood pressure and diabetes can be managed. A high proportion of patients with these conditions go on to develop ocular conditions which I believe can be eliminated with better eye health information which can come from both general and eye health practitioners. Eye care services and funding to better support eye care practitioners like me will ensure we have quality chair time in the test room to discuss these matters, and ultimately improve general health care and well being for the greater good of the NHS".

Anonymous respondent in response to consultation question one.

"Yes. In broad terms, we are supportive given the general focus of clinical care in supporting wider health prevention and mental and physical wellbeing. Optometrists already have an important role in diagnosing conditions that are associated with lifestyle and health inequalities such as diabetes and hypertension. Being able to provide health advice and referrals such as smoking cessation and obesity is an

important part of ill-health avoidance and ‘making every contact count’ (MECC). It aligns with the ambitions set out in ‘A Healthier Wales’ published in 2018 and the ‘Future Approach for Optometry Services’ document published in 2021”.

AOP in response to consultation question one.

“Our Welsh members deliver the vast majority of GOS and this will continue to be the case for WGOS1. Based on information and reassurances provided to date (please see detailed response below), our members support proposals to evolve WGOS1”.

FODO in response to consultation question one.

“We believe that the public should be able to receive holistic support from their optometrist including prevention and well-being advice.

Patient management plans can be helpful as they provide both guidance and clarity around their care. Self care advice can be helpful although this needs to be developed carefully as some patients struggle with self care without appropriate support.

Given the pressures on ophthalmic departments in secondary care, people should be given the opportunity to reduce risks, and avoid more acute intervention allied to higher risks of sight loss.

The key to providing helpful wellbeing advice is ensuring that optometrists are able to signpost people effectively, this might involve low vision service or local third sector groups”.

Llais Wales in response to consultation question one.

Welsh Government response

The Welsh Government embraces the positive response the consultation has received in respect of holistic eye care provision. Optometrists are a core part of the primary care team and integral to Making Every Contact Count. Optometrists already discuss general health and sensitive information with patients as part of their examination as a range of health conditions can have effects on vision and eye health.

In addition to their extensive professional training, additional training will be provided specifically for the new elements being proposed to be introduced to ensure ongoing quality.

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

There was strong endorsement for Welsh Government’s proposal 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 with 95% of respondents to this proposal in agreement.

One respondent broadly captured in one sentence much of the positive feedback received as follows:

“yes. this is the basis of eye care - it is a fundamental part of looking after patients with an eye problem or have a family history of an eye condition”.

Response by an individual optometric practice to consultation question two, anonymised for the purpose of protecting people’s individual identities.

This outlook was echoed in a comment made by another respondent, also reflecting the general tone of the feedback provided:

“Yes. The Eye Health Examination Wales Service is a crucial service to ensure that patients with the most urgent need and highest risk of sight loss are assessed and managed within an appropriate timescale. This service has been hugely successful to date in managing patients away from GP, A&E and Eye Casualty. All practices should offer this examination to ensure that the service is available to all patients locally as part of prudent healthcare. Spreading the service across all practices ensures that the care burden is equally spread”.

Anonymous respondent in response to consultation question two.

The following views were also expressed in favour of this proposal.

“Extended services Contact Lens Opticians and Optometrists are ideally placed to offer acute care to patients and we would support this proposal”.

ABDO in response to consultation question two.

“Yes, in principle. The analysis in the [regulatory impact assessment](#) that the only viable solution for meeting Wales’ eye health needs is to ‘expand the provision of ophthalmic services to encompass wider eye health so that such services may be delivered in primary care’ is correct”.

It also makes a lot of sense to combine existing EHEW services into a new tier – WGOS Level 2 – as described at the Welsh Government webinar of September 2022 and through OW FAQs in October 2022 and June 2023, and also to extend that offering to home care patients”.

OW in response to consultation question two.

“Yes, all optometric practices should offer eye health assessments to patients with urgent needs and those at higher risk of sight loss. However this should be balanced with the need to provide basic sight tests and the enhanced services required in service levels 3-5”.

COO in response to consultation question two.

Welsh Government response

We welcome the positive feedback to our proposal. Delivering on this proposal will ensure this clinical support is provided equitably to all patients in Wales, and that the responsibility of providing urgent and essential eye care to patients is equal across optometry.

- **Qualifications and ongoing training**

The proposal that all 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, was met with a very positive response, with 91% of responders indicating they were in favour. A key theme drawn out from the responses was the importance of adequate training provision and continued workforce development to support practitioners, as reflected in the following contributions:

“Yes. Much can be delivered with GOC registered core competencies and Wales has led the way in ensuring these core skills are refreshed and assured with proportionate accreditation. We agree with this proposal so long as proportionality is maintained across the levels of WGOS”.

Outside Clinic in response to consultation question three.

“Yes. Wales already has a highly trained workforce and keeping higher standards is important”.

Anonymous respondent in response to consultation question three.

“Yes. Currently there is a strong provision of the optometric workforce across the country with the number of full-time equivalent optometrists being well-placed to take on additional roles”.

AOP in response to consultation question three.

“Yes. Dispensing opticians with the appropriate further qualifications and accreditations are already delivering acute eyecare services and low vision pathways in Wales and we recognize that the NHS in Wales has been forward thinking in allowing & encouraging primary care clinicians to work at ‘the top of their licence’.

ABDO in response to consultation question three.

“Yes. There is full support for this proposal”.

OW in in response to consultation question three.

Welsh Government response

As the responses to our consultation recognise, workforce development is extremely important to the Welsh Government. 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.

A significant number of additional accreditation events have been provided by Health Education Improvement Wales (HEIW) over the past 6 months in anticipation of increased demand and to ensure all practitioners have the ability to become EHEW accredited and additional training will be provided specifically for the new elements being proposed to be introduced to ensure ongoing quality.

This is underpinned by the development of optometry within HEIW, 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.

- **Nationally Directed Clinical Services**

95% of responders to this specific proposal agreed with the requirement to have nationally directed services in primary care, as set out in the consultation document, to ensure consistent access to eye care services across Wales.

A common thread running through many of the responses in respect of this proposal was the need to have consistency of eye care throughout the whole of Wales as one respondent succinctly put it:

“Yes. The ability of primary care clinicians to support patients has often been overlooked and we believe these changes would have a positive impact for patients”.

ABDO in response to consultation question four.

Another added:

“The AOP has long advocated that a large proportion of the care that is currently delivered in a secondary care setting could, and indeed should, be delivered in primary care. As such we are supportive of these changes”.

AOP in response to consultation question four.

“Yes, all communities should have equitable, consistent access to eye care at these levels. We welcome this optometry-based approach to improving patient outcomes and avoiding unnecessary sight loss through better use of primary eye care professionals and practices.

The proposed new Welsh primary eye care service will allow patients greater choice and easier access to eye care. The College view is that all optometrists should be given the opportunity to enhance their skills and all practices the opportunity to partake in all levels of care, should they wish to”.

COO in response to consultation question four.

Another respondent who wished to remain anonymous expressed concern in relation to whether the delivery of nationally directed services would be mandatorily imposed on practices. Some respondents also requested more clarity regarding the term “eye casualty”.

Independent of, and non-attributable to the comments included above, there was also a strong consensus amongst participating respondents (83%) in favour of the Welsh Government’s proposal ***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.*** However, a level of apprehension came through in some of the

responses in respect of the legal requirement with participants asking for greater clarity on what would constitute as a *nearby practice*. The following comments provide a view of the concerns expressed in relation to these two elements:

"A good example is that one of the benefits of the primary eye care system is that patients are often mobile with respect to how and where they access primary eye care. Some, for example, choose to have their sight test close to work but prefer to have any enhanced eye care services closer to home. 'Nearby' might therefore impose an unnecessary constraint on patient choice."

Instead, providers suggest that, if regulation is necessary, a better solution would be to require contractors ensure the patient is provided with impartial information and a choice of where they could access the clinical services they need, in ways that work best for them. This might indeed be a nearby practice, or a practice closer to where the patient lives or works, or perhaps where a family member lives or works who can provide transport or assistance with wider support needs".

OW in response to consultation question five.

"Clarification on the wording 'Legally compelled' and implications of this needs to be explored. Definition of a nearby practice is needed".

Swansea Bay University Health Board in response to consultation question five.

In the main however the principal objective of the proposal was mostly welcomed from the analysis undertaken of the responses received, highlighted by the following comments:

"We agree that patients need absolute clarity around where to go when they need a service that cannot be provided universally. For example, we have heard that it can be very difficult for people to find a prescribing optician and they feel left in the dark when they need to access this support".

Llais Wales in response to consultation question five.

"We agree that it is vital for each patient to be referred to the right place, at the right time and to the right person".

OW in response to consultation question five.

Welsh Government response

We are pleased that the proposal to provide an equitable and consistent approach to eye care across Wales, through nationally directed services, has been roundly supported. The provision of new eye care pathways is core to the Welsh Government's aim to reduce the number of referrals into HES for conditions that can be managed effectively in primary care optometry. Managing patients safely and effectively and referring to an appropriate practitioner in primary care with the necessary skills and training to do so is central to this principle. 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 in primary care.

In consideration of the responses provided to referral to a “nearby practice”, the Welsh Government agree that flexibility for patients to access services in ways that work best for them is important. This flexibility will be reflected within the wording of the regulatory changes to enable referrals to an optometrist with qualifications appropriate to the needs of the patient.

To allay any concerns practitioners may have regarding the mandatory provision of nationally directed services at practice level, the Welsh Government provides reassurance that the service levels described within the consultation document (pages 13 – 15), and relevant to this proposal, are entirely “opt in” for practices and practitioners. The only duty to be applied is limited to health boards to oversee and ensure an adequate level of service provision within each cluster locality area and local health board area. This will ensure that practices will retain the choice to provide the service, and health boards will ensure sufficient service provision without overburdening individual optometry practices.

In response to the comments made relating to the term “eye casualty”, the Welsh Government can clarify that the detailed information will be addressed as part of the clinical manuals and standard operating procedures that will be developed for each clinical pathway.

- **Cluster Working**

There was strong support in favour of the Welsh Government’s proposal to place a duty on optometry practices to collaborate to ensure the eye health needs of cluster populations are addressed within primary care clusters. 82% of respondents to this proposal were in favour. The importance of having a collaborative cluster-based approach to eye care provision is effectively summarised in the following comment and is reflective of the wider observations made in respect of this proposal:

“It is important that all levels of primary eye care services are available within a cluster area, and that optometrists are fully and equally involved in decisions related to eye care provision in their cluster. This should be organised in a way that provides appropriate representation, but is not an unnecessary administrative burden, particularly on smaller practices or domiciliary providers”.

COO in response to consultation question six.

Welsh Government response

We are pleased with the endorsement in respect of our proposed approach to cluster working. Currently, representation of optometry in primary care clusters across Wales is inconsistent, which leads to a lack of clarity of the involvement and engagement of the role in clusters for the attending practitioner, the Regional Optometric Committee (ROC) and the LHB. Establishing Cluster Optometry Collaboratives with a duty for each optometry practice within the cluster to engage through participation in Optometry Professional Collaborative meetings, will improve consistency of engagement across Wales and ensure that a holistic approach to patients health needs are undertaken.

- **Eye Health Needs Assessment**

The proposal for LHBs to conduct eye health needs assessments on a three yearly basis with a duty imposed on LHBs was equally met with a positive response. 90% of participating respondents agreed with the proposal, some however suggested a five yearly assessment would be more suitable.

The following comments reflect many of the observations made:

“This would be beneficial to gain a better understanding of the community and the needs required so long as a plan is put in place depending on the findings”.

Anonymous respondent in response to consultation question seven.

“We fully support the need for good data and using this to help inform planning and decision-making at all levels. We however think a five-year window is sufficient, with more targeted ongoing work to compel LHBs to bolster capacity to meet population needs”.

FODO in response to consultation question seven.

“Yes – RNIB publishes the Sight Loss Data Tool, which can aid with the provision of population level data and trends within a Health Board area. We would suggest that consultation with Wales Vision Forum forms part of the formal consultation process for drawing up sections on Sensory Impairment and that, prior to publication, a draft is shared with the WVF for comment and feedback”.

RNIB in response to consultation question seven.

Welsh Government response

An all-Wales Eye Health Needs Assessment is essential if we are to improve eye care and improve the outcomes for patients with eye conditions in Wales. By describing in detail the eye health needs of our population, 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. Changes in eye health care are developing rapidly as are changes to our population. There is a risk that five yearly cycles may entail delays in terms of ensuring the collation of up-to-date information for service planning; however, the proposed three yearly cycle will be monitored and evaluated. Eye health needs assessments would be conducted by LHBs and led by their public health teams.

- **Administrative Lists**

The Welsh Government’s proposals in respect of administrative lists concerning eye care provision were strongly endorsed with 92% of participating respondents supporting the introduction of one Ophthalmic List per LHB. In almost equal measure, 91% were in favour of 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. This intention to reduce

bureaucracy was roundly welcomed as the response from FODO succinctly captures:

“We agree that wherever possible bureaucracy in the NHS should be minimised while ensuring safeguards remain effective”.

FODO in response to consultation questions eight and nine.

82% and 94% also respectively agreed with the proposals to include student optometrists registered with the GOC, within the supplementary ophthalmic list, and for LHBs to produce an administrative list of all dispensing opticians who provide NHS services in their area. The responses provided below reflect many of the comments received in respect of both proposals:

“Llais does not take a view on the technical, clinical aspects of how this would be implemented, however the public would rightly expect a consistently high level of clinician competence in optometric practices across Wales. We welcome in principle any measure that provides greater quality and safety within Health Boards’ monitoring and overview”.

Llais Wales in response to consultation questions ten and eleven.

“Yes, this will help provide another mechanism of oversight for future students working in several different practices via CLiP”.

“Yes, as it will allow for more accurate local workforce modelling and future succession planning as the workforce evolves”.

Optometry Department, CTM UHB HES in response to consultation questions ten and eleven respectively.

Welsh Government response

We very much welcome the response received in respect of our proposals relating to administrative lists. Our intention is to reduce bureaucracy and provide greater clarity around workforce modelling, whilst ensuring appropriate oversight and governance arrangements are in place, which these lists provide.

- Public Safety and Safeguarding**

To further enhance the safeguards already in place requiring practitioners to declare criminal convictions, the Welsh Government invited opinion on its proposal requiring practitioners to complete a Disclosure and Barring Service (DBS) check to gain admission to the ophthalmic list, in which continued inclusion requires registering with, and maintaining the DBS Update Service.

88% of respondents commenting on this proposal agreed. 52% considered a new DBS certificate every three years would be sufficient and the remaining 48% are in favour of registering with and maintaining annually the DBS Update Service. It is therefore apparent from the responses received that views pertaining to the

regularity of checks are relatively balanced as is highlighted in the following comments:

"Boots takes its responsibility for safeguarding seriously and already has setup processes to ensure that all of our clinical colleagues have a DBS check. Our view is that it would be proportionate for practitioners to have new DBS certificate every 3 years to fulfil these obligations".

Boots Opticians Professional Services Limited in response to consultation question fifteen.

"OW Council discussed this and agrees with the proposal that all practitioners should have appropriate DBS certification for working with both adults and children and should also subscribe to the update service so their status can be checked at any time by an employer or the NHS with their permission".

OW in response to consultation question fifteen.

"We support a culture of good safeguarding practice and the need to continue to protect the public by the best and most effective means.

The annual DBS Update Service and the three-yearly DBS certificates are both suitable options, and we have no preference for one over the other".

COO in response to consultation question fifteen.

Welsh Government response

We welcome the feedback received in respect of our proposals relating to public safety and safeguarding. As with all professions allied to medicine, good governance and adequate safeguards for the public should be maintained, particularly when delivering services to vulnerable groups. LHBs have the powers under current regulations to request an up-to-date DBS check to be performed as part of the reasonable requests that can be made to contractors and practitioners. The Welsh Government consider that this is proportionate to ensure patient safety, particularly for vulnerable groups, and therefore, no change is required to the current regulations that are in place. The Welsh Government will continue to monitor this provision in line with the other contractor professions, particularly with respect to the annual update service available, which may reduce the administrative burden further.

- **Quality for Optometry**

To further improve governance arrangements, the Welsh Government also sought views on introducing formal Quality Improvement Standards for Optometry in Wales. This was met with a very positive response with 86% of respondents in favour of this proposal, albeit caveated with the need to minimise any bureaucratic obligations associated with introducing the proposed standards, as is concisely elaborated by ABDO in the following comment:

“Governance and quality standards are to be welcomed provided that they are proportional to the benefits they bring”.

ABDO in response to consultation question seventeen.

Welsh Government response

We appreciate the response in respect of our proposal. Robust governance or quality improvement systems are necessary to measure and ensure the highest quality outcomes for patients in Wales. Quality improvement is a behaviour that is intended to enhance clinical services. As contractors are providing services on behalf of NHS Wales, the NHS has an expectation across all primary care contractors, that quality is embedded as part of the process.

- **Core clinical hours**

To further embed the principles of equitable access for patients within ophthalmic service provision, the consultation put forward the proposal that NHS contractors, under the terms of service would be required to agree core hours for providing clinical services with their LHBs. 73% of responders to this proposal were in favour.

A common theme shared in relation to this specific proposal was the need for flexibility and to have regard to the workforce and staffing arrangements of individual practices, when determining the clinical opening hours, as reflected in the following comments, echoed in several of the consultation responses.

“Yes, so long as this is within reason. Sunday opening should not be mandatory”.

Anonymous respondent in response to consultation question twelve.

“We would support improving access to eye care by encouraging clear information for patients and local communities on what services are available, when and where”.

COO in response to consultation question twelve.

“Yes, as long as this allows for understandable limitations in a practice with a sole practitioner”.

Response by an individual optometric practice to consultation question twelve, anonymised for the purpose of protecting people’s individual identities.

“We would agree that core hours offer greater consistency for the public and this would be welcomed”.

Llais Wales in response to consultation question twelve.

“Yes provided that these hours fall within our normal practice hours”.

Response by an individual optometric practice to consultation question twelve, anonymised for the purpose of protecting people’s individual identities.

“Diabetes UK agrees with this proposal to increase access and availability of services in Wales that can ensure that patients have access to services in their area at a more convenient time and enables quicker support and referral if needed”.

Diabetes UK Cymru in response to consultation question twelve.

Welsh Government response

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, including acute presentation. The clinical opening hours are to be agreed mutually between the LHB and the contractor. There would be no imposition of hours.

- Mobile Support for Eligible Patients**

94% of respondents agreed with the Welsh Government’s proposal to expand further the provision of mobile eye care services to qualifying patients who are unable to attend an appointment in an optometry practice to receive care.

As put by one respondent:

“Yes - this seems an eminently sensible proposal”.

Anonymous respondent in response to consultation question fourteen.

An additional participant commented:

“Yes, another great idea. Accessibility to all patients is paramount and can then be used to redirect patients appropriately”.

Anonymous respondent in response to consultation question fourteen.

87% also agreed with the proposal to remove the advance notice requirements that contractors must provide to LHBs prior to undertaking mobile services, a sentiment reflect in the following comment.

“Yes, it's very difficult to manage domiciliary services and this would help a lot”.

Response by an individual optometric practice to consultation question thirteen, anonymised for the purpose of protecting people’s individual identities.

FODO and OW also had similar views on the proposal, outlined as follows:

“Yes, we strongly support this. It is positive step forward and corrects a longstanding and unjustifiable inequality in access for people who depend on care at home from regulated eye care professionals. We congratulate the Welsh Government for leading the way on this in the UK”.

FODO in response to consultation question thirteen.

“Yes. This has received the warmest of support from domiciliary providers in Wales. This was an unnecessary burden which created work for the NHS and providers

alike with no benefit for patients and, worse, did not comply with the Equality Act 2010, given the characteristics of service users of care at home.

Providers have praised Welsh Government for leading the UK on this issue and for taking this important equality enhancing step forward".

OW in response to consultation question thirteen.

Welsh Government response

Welsh Government welcomes the feedback received. The proposal for domiciliary provision has been shaped by the need to ensure an equitable level of access and treatment for citizens of Wales who are unable to access services in fixed optometric premises. This will ensure a consistent standard of practice, ensuring all practitioners delivering the service provide equitable services for patients irrespective of their location. The removal of the advance notice requirements will further accelerate access to urgent care for qualifying patients who are unable to access services in a fixed optometric practice.

- **Electronic referrals**

93% of responders to this proposal agreed with our proposition to impose a requirement on NHS contractors / opticians to use electronic referral methods where available to ensure timely access to eye care services.

The following comments broadly represent the views expressed in respect of this proposal:

"There is very strong sector wide support for IT connectivity as there has been for some years. However, it is important for the IT systems to be as frictionless as possible and particularly to link to practice management system without the need for double-keying or double entry, both of which increase risk".

OW in response to consultation question sixteen.

"Fully support this and eagerly awaiting Openeyes and Electronic referrals, which doesn't seem to be progressing at pace. NHS email addresses are a priority if e referrals are required. Funding for practices will be required, and training and development of integrated IT systems needed. Important that systems are integrated to avoid risks through e.g. double keying".

Response by an individual optometric practice to consultation question sixteen, anonymised for the purpose of protecting people's individual identities.

Welsh Government response

Electronic referrals and NHS email addresses are required to provide additional safeguards for patients in terms of timely access to eye care. This is intended to help mitigate against any risks of non-electronic referrals being lost, such as via fax machine or through the post, and aligns with the wider project to digitise primary care services to facilitate seamless pathways for all patients across health care services.

There is a national IT project to enable electronic referral from optometry to HES with the appropriate software to facilitate this. Practices will be able to utilise their current electronic devices to enable referral.

- **Proposed changes to the eligibility for and value for optical appliances**

Safeguarding continued equitable access for eligible patients across all prescription (lens strength) ranges is central to the proposed reform of ophthalmic services delivered in primary care in Wales. This is combined with a move to a model whereby optometrists are paid more appropriately for their clinical work, reducing the need for the sale of spectacles to subsidise the cost of clinical services, and increase capacity for clinical work.

When asked if 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, 69% of responders who responded to this proposal agreed. Many commented on the need to factor inflationary rises when determining voucher values, as reflected in the following comments:

“Only as long as is kept at pace with inflation and negotiated fairly – so conditional”.

Response by an individual optometric practice to consultation question eighteen, anonymised for the purpose of protecting people's individual identities.

“It is an admirable concept that all patients of limited means should be able to obtain optical appliances without necessarily having to contribute towards them. As such we are supportive of the principle”.

AOP in response to consultation question eighteen.

“ABDO totally supports the provision of high quality eyecare to patients and an expectation that where financial support is required to provide this, the NHS system should step in”.

ABDO in response to consultation question eighteen.

“Yes, but when it says that a duty is placed on contractors to support this free, this cannot be at a loss to the practice and will need to increase in the future to take account of rising business costs (i.e. clinician salaries, inflation, etc)”.

Anonymous respondent in response to consultation question eighteen.

“Yes, but Welsh Government should review this annually”.

Anonymous respondent in response to consultation question eighteen.

“We would support this development but practices must ensure that relevant patients are clear about where they can access support should they need to complete HC1W form etc”.

Llais Wales in response to consultation question eighteen.

“All citizens should be able to access optical appliances. For children and those on a low income it is vital there is adequate provision to ensure education, employment and independence are not limited by impaired vision”.

COO in response to consultation question eighteen.

“As an example, If you have a child with a +5.00 prescription who needs a 38mm eye size frame, that lens will need to be surfaced so that a minimum blank size is achieved to enable a well fitting lens in a very small frame. Without this surfacing technique, the stock lenses used to keep the cost close to the voucher value allowance would be extremely thick and heavy in such a frame. This would mean that the spectacles would be heavy on the Childs face making them uncomfortable to wear, it could also make them ill-fitting and so not providing the best vision for the patient. This would lead to the Child not wanting to wear the spectacles”.

Anonymous respondent in response to consultation question eighteen.

Welsh Government response

The Welsh Government welcomes the responses received in respect of our proposal advocating in favour of eligible patients' entitlement to have a free optical appliance across all prescription ranges with a duty placed on contractors to support this free provision. The basic pair of spectacles must be appropriate in terms of prescription and frame fit for the individual 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, ensuring they remain accessible for those most vulnerable.

We have also considered the feedback received in respect of optical voucher values, and in response, propose to make an additional supplement to the voucher values previously agreed during tripartite negotiations between Welsh Government, NHS Wales and OW. The proposed amendments will include:

- An additional supplement applicable to children eligible for optical voucher A (up to and including 18). A supplement will be paid for prescriptions within the 4-6D sphere range of voucher A to enable non stock lens solutions for an improved cosmetic appearance.
- Annual review of all optical vouchers, supplements and repair vouchers to the negotiated figures.

The whole system change has enabled negotiation of a new business model for optometry practices with the emphasis placed on clinical activity. This has resulted in a significant increase to current clinical fees and a subsequent change in the way in which optical vouchers are considered and remunerated.

Optometry practices will not therefore be negatively affected in terms of the proposed funding arrangements and will in fact experience an overall increase in remuneration for the package of services that they provide.

The NHS clinical fees and voucher values will continue to be subject to annual, tripartite discussions between Welsh Government, NHS Wales, and OW. This will enable robust discussion and analysis to ensure optometry practices are accurately and fairly remunerated for the work completed.

The Welsh Government is committed improving eye health care and continue to lead eye care reform clinically from a patient centred perspective. Wales is the first UK nation to fully embrace clinical services in optometry primary and community care, founded on the key principles of prudent healthcare.

- **Eligibility Criteria**

We also sought opinion on our proposals 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. 81% of responders who responded agreed with the first proposal with 94% in support of the second. The following comments capture many of the sentiments expressed in respect of both proposals.

“Yes. We welcome this development in Wales”.

FODO in response to consultation questions nineteen and twenty.

“We would agree with this proposal. It is difficult to achieve the wider aims of offender rehabilitation without access to appropriate health services”.

“We would welcome this development but think it is important that care leavers are made aware of their eligibility and that Local Authorities play their role in raising awareness if they are providing that care”.

Llais' respective response to consultation questions nineteen and twenty.

Welsh Government response

We welcome the responses received and the endorsement to extend equality further to people with protected characteristics by correcting a disparity within the current regulations. The resolution will enable those under the age of 18 who are care leavers or are in the care of a Local Authority, to receive a voucher for repair or replacement of an optical appliance (in addition to the provisions they are already eligible for, under current arrangements).

In addition, and to help clarify, in Wales there is currently 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. Please note, obtaining 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.

Welsh language considerations

Specific questions were included within the consultation document to assess impact on the Welsh language to further inform a Welsh Language Impact Assessment being developed in alignment with this reform.

The first question asked for 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.

The second question canvassed opinion regarding how the proposed legislation could be formulated or changed, 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. 66% and 50% of respondents respectively commented on both questions.

The responses provided below reflect many of the comments received in respect of Welsh language considerations including opinions regarding the possible impact the proposed reform of primary ophthalmic services may have on the language.

“The advantage of care closer to home is that it is provided in the heart of communities across Wales, whereas hospital services tend to be more centralised away from where many people live.

Expanding access to care close to home means people are more likely to be seen by somebody who is a part of their community, and more likely to share a common preferred language. Therefore, the overall impact should be positive with respect to increasing the probability of a match between patient, provider and language”.

FODO in response to consultation questions twenty-two and twenty-three.

“More people will be seen closer to home and within their networks, which increases the likelihood of people having their language needs met”.

OW in response to consultation questions twenty-two and twenty-three.

“We support improving access to eye care for all patients, which would include the use of the Welsh language, providing patient safety is not compromised.

Patient materials, forms and information should all be available in the Welsh language. Optometrists and colleagues who want to learn Welsh (if they do not already speak it) should also be supported to do so.

Primary eye care practices are often located in the heart of local communities, which means it is more likely that eye care will be available closer to patients’ home and in their language of choice”.

COO in response to consultation questions twenty-two and twenty-three.

“It is crucial that patients are able to use the language of their choice as far as possible”.

Llais Wales in response to consultation question twenty-two.

“I agree with the aspiration. Funding for Welsh language courses for staff would help”.

Response by an individual optometric practice to consultation question twenty-two, anonymised for the purpose of protecting people’s individual identities.

Common themes identified across the range of responses pertaining to the Welsh language are included below:

- Geographical differences in terms of Welsh language use throughout Wales.
- Disproportionate printing of Welsh language forms in response to the demand.
- Clinical skills are more important than bilingual proficiency.
- Concerns that a focus on Welsh language provision will deter many highly qualified clinical staff working within Wales.
- Increased early learning of the Welsh language within the education system.
- Welsh learners should be supported through the provision of accessible and free to use courses including online content.
- Beneficial to have the option for patients to converse in the Welsh language.
- Wider language provision should be considered to serve the diverse needs of communities, not limited to the Welsh language.
- Welsh language should be offered as per the “Active Offer”.
- Consistency across Independent Primary Care providers in respect of the Welsh Language Standards and Welsh Language Duties.
- Bilingual signage and raising patients’ awareness of Welsh speaking staff within a practice should they prefer to converse in the Welsh language.

Welsh Government response

The consultation response from stakeholders has provided a wealth of information that will help inform future policy decisions. The questions posed within the consultation relate to creating an environment where everyone will want to use the Welsh Language. There is no suggestion or expectation for the Welsh language to be mandatory for practitioners or patients.

- **Wider considerations**

The Welsh Government also invited thoughts and comments on any related issues not specifically addressed in the consultation including any other benefits or disadvantages not mentioned in the consultation.

Many respondents took the opportunity to comment on the Welsh Government's progressive and inclusive approach in respect of ophthalmic services delivered in primary care in Wales, articulated as follows:

"We recognize the work that has been undertaken in this consultation and fully understand and support the need to utilize the skills and resources that exist in primary eye care. The Welsh Government has clearly recognized primary eye care as a major part of the solution to deliver exceptional eye care in Wales and we are committed to support them, Optometry Wales and other sector partners in delivering this".

ABDO in response to consultation question twenty-one.

"We welcome the Welsh Government's ambitions for more modern, agile and patient-centred primary eye care services. This progressive approach of fully utilising the skills and experience of optometrists and their colleagues will help to improve the capacity issues currently being experienced by hospital eye services and provide care closer to patients' homes, ultimately improving patient outcomes".

COO in response to consultation question twenty-one.

"RNIB Cymru strongly welcomes this ambitious initiative and we have long campaigned for community-based optometrists to play a greater role in eye health treatment, diagnosis and aftercare in order to free up the capacity of Ophthalmologists to focus on the treatment of blinding eye disease that only they can treat".

RNIB in response to consultation question twenty-one.

"We would like to thank Welsh Government, NHS Wales, the Optometry Wales Board and sector partners for all the work done to advance what is one of the most ambitious and wide-ranging set of eye care reforms the UK has seen for generations".

FODO in response to consultation question twenty-four.

Concern however was specifically expressed under the additional comments section of the consultation document regarding the values proposed for domiciliary fees, articulated in the following comment by AOP:

"Domiciliary fees. The changes to the domiciliary fee create a significant challenge to care delivery. Domiciliary visits have historically been paid at two rates: a higher rate for the first and second patient at an address and then a lower rate for the third and subsequent patients at an address. This situation was intended to address the travel costs which are proportionally higher when travelling to an individual's home to see one or two patients in comparison to travelling to a residential or care home where

those costs are relatively lower, as multiple patients are seen without the need to set up and pack away the equipment multiple times.

By proposing a flat fee for domiciliary care, these proposals disincentivise the delivery of care within a patient's own home, while making the delivery of care within a care home relatively more attractive".

AOP in response to consultation question twenty-one.

Welsh Government response

The Welsh Government welcomes the feedback provided in respect of domiciliary services and in response propose to make some amendments to the fees previously agreed during tripartite negotiations between Welsh Government, NHS Wales and OW. The proposed amendments will include changes to the payment for 1st and 2nd and 3rd and subsequent patients.

- **Additional matters raised:**

Apprehension regarding the voucher values was again reiterated, which together with the domiciliary fees will be proactively attended to by Welsh Government, as previously highlighted within this document on pages 23 and 24, and directly above, with the reassurances provided helping to allay concerns as articulated below.

"As set out in the regulatory impact assessment, on balance, the benefits of these reforms far outweigh the costs and any disadvantages. Please however see our response to questions 18 and 24 on two specific issues, changes to vouchers and domiciliary eye care provision, which affect this otherwise positive balance for the two of the most vulnerable groups of patients in Wales and the providers who currently meet their needs. If these issues can be addressed, the balance will tip even more sharply to the positive, bringing the same vision and eye health benefits over time to all, with no-one discriminated against or left behind - a truly ground-breaking achievement for Wales".

OW in response to consultation question twenty-one.

Please also see the topics highlighted below which are additional to the areas already addressed in the series of open-ended consultation questions:

- Introduction of the colour vision test for the school entry eye test.
- Find a way to more effectively include/engage locums.
- Eye care needs of neurodivergent people.
- Concerns regarding the possibility of dispensing opticians being able to refract in the future.

- Queries whether optometry involvement in WECS has reduced the demand on secondary care.
- Demand for more Ophthalmologists to be trained in Wales.
- The importance of supporting the development of research in primary care optometry.
- The need to introduce mechanisms for practices to host placement optometry students.

Next Steps

The responses to this consultation exercise and resultant analysis will further inform the development of policy and legislation, as we take forward the commitments outlined in the nationally agreed *NHS Wales Eye Healthcare: Future Approach for Optometry Services*, which sets out the Welsh Government's expectations for delivery of eye care services over the next decade.

The Welsh Government very much value the contributions and comments shared throughout the consultation exercise and welcome the broad support our proposals have received. We will continue to engage with our delivery partners and other stakeholders as we take forward this work.

Annex A – List of respondents

Listed below are the responding individuals, organisations and businesses who declared their organisation / business and did not ask for their responses to be anonymous. This may include responses from individuals who are members of an organisation / business, but who do not necessarily reflect the view of the organisation / business. The list does not include individuals or anyone who asked for their response to be kept anonymous / confidential.

1. L Oldroyd
2. Gareth Parry
3. Lucky Aziken
4. Geraint Allport, Allport Opticians
5. Nick Maydew, The Eye Centre
6. Ian Chalmers, Chalmers & Son (Opticians) LTD
7. Rowanne Black, RN Roberts
8. Kevin Milsom
9. Paul Darlington, Darlington Opticians
10. Matthew loizos
11. Martyn Glen Hughes Jones
12. Nicola Davison, Local Government
13. Celia Vlismas, Optegydd Celia Vlismas Opticians
14. Vivienne Evans
15. Sarah Schumm
16. PCIC Cardiff and Vale University Health Board
17. Chris Ellis, RN Roberts
18. Swansea Bay University Health Board
19. Strategic Planning & Performance Group, Department of Health, Northern Ireland
20. Vikki Baker, RW Cole Opticians
21. The College of Optometrists (COO)
22. Outside Clinic
23. Industry Vision Group (“the IVG”)
24. Powys Teaching Health Board
25. David Oliver
26. Mark Owen
27. Boots Opticians Professional Services Limited
28. British and Irish Orthoptic Society (BIOS)
29. Association of British Dispensing Opticians (ABDO)
30. Association of Optometrists (AOP)
31. The Federation of Optometrists and Dispensing Opticians (FODO)
32. Optometry Wales (OW)
33. Deborah Hart, R N Roberts
34. Dr J Margaret Woodhouse, Cardiff University
35. NHS Wales Shared Services Partnership (NWSSP)
36. RNIB Cymru
37. SeeAbility
38. Betsi Cadwaladr University Health Board

- 39. Barbara Ryan
- 40. Professor John Wild, School of Optometry and Vision Sciences, Cardiff University
- 41. Age Cymru
- 42. Cwm Taf Morgannwg University Health Board
- 43. Optometry Department, CTM UHB HES
- 44. Leanne Gasdsby, Alton Murphy & Leanne Murphy Optometrists Ltd
- 45. P Alton Murphy, Alton Murphy Optometrists Ltd
- 46. Llais Wales
- 47. Annette Dobbs, Annette Dobbs Eyecare
- 48. Community Pharmacy Wales
- 49. Diabetes UK Cymru
- 50. Hywel Dda University Health Board

79 respondents requested anonymity.