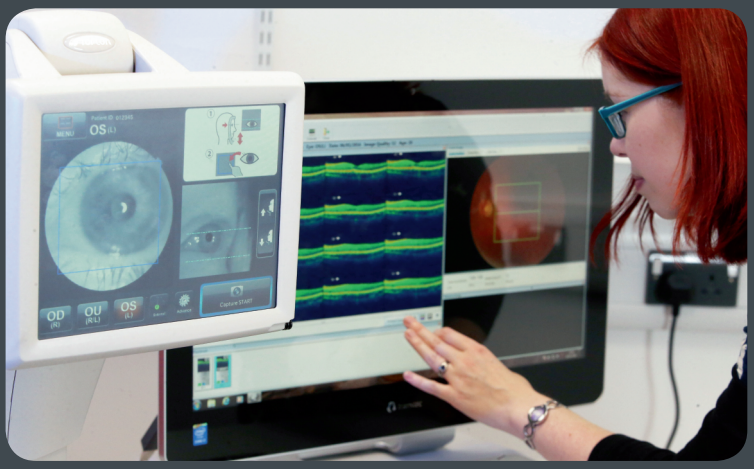
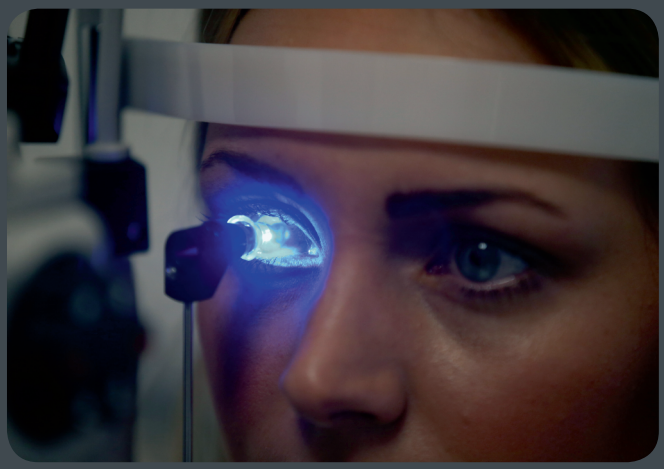
Optometry: Delivering a Healthier Wales





Welsh Optometric Committee 2021

Optometry: Delivering a Healthier Wales
Welsh Optometric Committee – March 2021

Foreword

In 2020, the Welsh Government invited the Welsh Optometric Committee to develop its vision over the next decade and to describe the future roles of optometrists and dispensing opticians in Wales. A vision outlining the next steps for all stakeholders to maximise their use in delivering "A Healthier Wales" is the final product Optometry: Delivering a Healthier Wales.

Optometry has a key role in delivering the aims of "A Healthier Wales" through the provision of eye care. The role of eye care practitioners has developed considerably since the introduction of NHS Wales Eye Care Service, and optometrists and dispensing opticians are an integral part of the transformation and the on-going development of care closer to home. Whilst there are challenges to ensure patients' timely access to all eye care services, each member of the clinical team providing services along the patient pathway is collaborating to work at the top of their respective clinical license.

The vision, Optometry: Delivering a Healthier Wales is the culmination of many months of engagement and significant discussion with the Welsh Optometric Committee and the members that they represent. The Welsh Optometric Committee unified with a consensus view of how, through the better use of the unique knowledge and skills of optometrists and dispensing opticians, the workforce can provide further support. Underpinning this is shared care and the use of the latest IT data and digital technology.

The vision makes a statement, describing optometry as the principle route in the community for colleagues in hospital eye departments, social care and the voluntary sector to collaborate with, through primary care clusters, and deliver care closer to home. This 'community-based approach' helps to reduce pressure in hospitals and reduces the time people have to wait to access specialist hospital services.

David O'Sullivan,
Chief Optometric Advisor,
Welsh Government

The innovative developments in primary care optometry over the past two decades, has shown optometrists and dispensing opticians to be agile and responsive to the needs of patients and NHS Wales. The Welsh Optometric Committee is committed to working with clinical teams providing services along the patient pathway to deliver their vision 'Optometry Delivering a Healthier Wales', which, whilst ambitious, presents a positive future for the NHS in Wales.

Optometry: Delivering a Healthier Wales
Welsh Optometric Committee – March 2021

Contents

About the Welsh Optometric Committee

The Welsh Optometric Committee (WOC) is the statutory committee that advises the Welsh Government on matters relating to optometry and to the optometric profession.

This document presents a vision for how patients will further benefit from the skills of the optometry team in Wales over the next 10 years.

Introduction

Pre- Covid, the Welsh Optometric Committee (WOC) developed a plan to outline a vision for how optometry teams would deliver the health care strategy 'A Healthier Wales' (1). For some years, ophthalmology services in hospitals had been experiencing unacceptable delays because of the increasing prevalence of sight threatening eye conditions, improved treatments and a shortage of ophthalmologists. In response, optometrists were able to safely treat and manage more patients in primary eye care in Wales since the introduction of the Wales Eye Care Services (WECS), with associated improvements in patient care. However, change has been slow and challenging. The transformational change of health and social care outlined in a 'Healthier Wales' really spoke to us as a profession as to how we would want eye care services to develop in Wales to meet the needs of the population. Hence, we planned to consult widely and describe our vision in a document.

It was not until the end of 2020 and beginning of 2021, that the Committee really started to form its ideas about the future and consult with stakeholders. By then, the Covid-19 pandemic had well and truly hit Wales. In primary care we had been able to carry on and were having to step up and operate at the top of our licence. New ways of working emerged such as remote consultations and the increased use of the independent prescribers in our ranks. Ophthalmology teams in hospitals had tried to carry on, but for long periods of time, the Covid crisis required the cancellation of non-urgent outpatient appointments and operations. Hence, the already long delays for hospital based ophthalmic care were increasing. The ophthalmic care landscape has changed radically, and it will take years to even get back to where we had been.

However, going back would not solve the problems and hence wasn't an option. When we revisited 'A Healthier Wales', the transformational change it recommended seemed even more pertinent. The need for seamless care, delivered as close to home as possible with people only going to a hospital when it is essential was now imperative. The need to use technology to support high-quality, sustainable services and a motivated workforce to achieve the aims were now essential.

Optometry: Delivering a Healthier Wales
Welsh Optometric Committee – March 2021

The objectives of the Well Being for Future Generations Act (2) encourage us to "think more about the long-term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach" and this resonates with us now more than ever. Hence, our vision, which has 11 principles, sits under four key themes that directly align to the key concepts outlined by the Future Generations Framework. To deliver our vision, we have developed specific goals to be achieved within the next 3 and 10 years.

Optometry teams across Wales commit to working in partnership with our communities, third sector organisations, colleagues in NHS Wales (in primary care and hospitals), local authorities and Welsh Government to drive the changes we describe in our vision and that we believe are needed to deliver a healthier Wales.

Optometry: Delivering a Healthier Wales
Welsh Optometric Committee – March 2021

Themes

Managing more patients in primary eye care	More eye care services will be provided outside of hospitals, closer to home, or at home, and people will only go to hospital or their GP if that cannot be provided safely in optometry practice. This will help take pressure off our hospitals and reduce the time people have to wait to be treated.
Seamless eye care, working as a single ophthalmic service	Working with GPs, pharmacists, ophthalmologists, orthoptists, rehabilitation workers and others in primary care, secondary care, social services and the third sector to deliver a patient centred integrated eye care service
Developing the optometric workforce	Encouraging a skilled profession, fit for future technological and demographic change
Harnessing technology solutions across the national integrated patient pathways	To make a real difference to help our staff to work better together and to ensure the best eye health possible

Theme 1

Managing more patients in primary eyecare

Principles

1) We will work to ensure the public better understand the role of optometry and attend optometric practice as the first NHS port of call if they have an eye problem.

2) We will work with government to change the contractual arrangements for optometry so that we are able to manage more people in primary care rather than referring to others. Through this we will ensure we are appropriately funded for our clinical practice and no longer reliant on dispensing spectacles for our practices to be economically viable in all communities.

3) We will reduce the number of referrals to GPs and hospital eye departments by managing more patients in primary eye care, including those patients currently under the specialist hospital eye service.

1 ***We will work to ensure the public better understand the role of optometry and attend optometric practice as the first NHS port of call if they have an eye problem.***

Public awareness

The dominant retail aspect of optometry has impacted public perception of optometric skills and too often optometrists are identified only as providers of spectacles and not of health care. Although we will continue to be involved in the important task of providing medical devices to correct refractive error, an increasingly older population and an increased prevalence of eye disease requires a workforce in primary care to monitor and manage more patients with eye disease, with professionals working at the top of their license.

Optometrists, dispensing opticians, and the organisations representing them, will work with patient groups and third sector organisations nationally and through local networks to engage with the public about the changing nature of eyecare services.

Patient groups and third sector organisations tell us they are keen to support this engagement which will help patients to be seen by the right person, in the right place and at the right time. We will work with these organisations to ensure the public are encouraged to "Choose Well" and that the right place for help and advice on eyecare related issues will be their local optometric practice in the first instance.

Other primary care contractors in our communities, particularly GPs and pharmacists will be important in this change, signposting and referring people with eye problems to us.

Sight tests for children

Promoting eye care at a young age will help start good habits early by giving advice to families and children and encouraging regular attendance at an optometric practice as they grow up.

We will work to encourage families to consider optometric practices the first port of call for concerns about a child's sight. This is not currently the case. For example, the Public Health Wales book 'Bump, Baby & Beyond' advises parents to 'consult your health visitor or doctor if your toddler seems to have problems with her sight'. Working with child development specialists we will seek to ensure that literature given to parents and the Children's red book

signpost optometrists as the go to professional for sight problems.

Current practice of vision screening at school entry means that 4–5-year-olds should be screened by an orthoptist led programme. Many of the children who are then identified as having a suspected eye or vision defect are automatically referred to hospital services when they do not need to be.

As optometry services are available within 20 minutes of every household in Wales and same day appointments are often available for NHS funded sight tests, we will work with orthoptists to ensure that all children identified as requiring further assessment or care are seen by an optometrist and only referred to secondary care when necessary.

2024 Goals

- All children failing school vision screening tests are seen by an optometrist and only referred to secondary care if clinically necessary.
- Literature for parents and the personal child health record (red book) promote the importance of regular attendance at optometric practice for children and signpost optometrists as the 'go to' professionals for eye health or sight concerns.

2031 Goals

- Patients choose optometry practices in the first instance for help and advice on eye related issues.

2 ***We will work with government to change the contractual arrangements for optometry so that we are able to manage more people in primary care rather than referring to others. Through this we will ensure we are appropriately funded for our clinical practice and no longer reliant on dispensing spectacles for our practices to be economically viable in all communities.***

A new contract for optometry

The current arrangements and associated payment structure mean that optometric practices do not receive enough payment to cover clinical time. To provide primary eye care services and sustain their workforce, practices have no choice but to provide NHS funded General Ophthalmic Services (GOS) sight tests at a loss. The short fall in fees for clinical time must be covered by the profits of selling spectacles.

The longstanding underfunding of clinical services and lack of funded training opportunities has prevented practices and professionals from providing a wider range of NHS eye health services in primary care. The increasing backlog and delay in access to secondary care, means it is now imperative to address these barriers.

A new contract will therefore move away from the underfunded clinical model with its reliance on the sale of optical appliances. It will bring together the current primary eye care services (GOS, Eye Health Examination Wales (EHEW), Low Vision Service Wales and the domiciliary services) into one standardised approach to realise greater benefits for all citizens.

The new service will aim to improve access to, and the scope of, domiciliary eye care services to benefit patients. There will be parallel governance requirements and urgent eye care and pre/post-operative pathways will form part of the domiciliary services, alongside sight tests and low vision care.

As a profession we have been agile and embraced change that supports improved patient care. We will work with government and NHS Wales to ensure the new contract is an enabler to the momentum of continuous change and not a barrier. The initial phase of the roll out will involve all the currently available services. However, as skills and equipment develop and enhanced optometric services are proven, we will work to bring the developments into the contract to ensure equity of access across Wales. We expect the contract for primary care

optometry to also incorporate a suite of enhanced eye care services (as outlined under 3 below) to enable more patients to be managed close to home, rather than being referred to hospital.

As optometry teams will take on greater responsibility for the monitoring and management of eye disease in primary care and the contractual arrangements will merge several services, governance arrangements will need to be revised. Development of cohesive governance systems, processes and structures will provide assurances that high quality and safe care for patients is being provided as well as evaluating and monitoring the reformed eye care service.

Research and audit are important elements of clinical governance. Currently most optometry service evaluation is conducted at a national level. With the expanding clinical role, practice-based research and audit frameworks and reportable service clinical audit will be built into eye care pathways and into contractual mechanisms.

With the new contract, it will be important to review the data collected. Currently there is very little narrative available about primary care optometry. A new set of data will be collected and reported to provide a live dashboard of primary eye care. Electronic collection from services will be the new standard and this will require a common language of reporting.

The measures of system activity, workforce and capacity will then be easier to agree upon and collect and will be embedded from the start. Although essential to measure quality and value, outcome measures that matter to patients are more difficult to develop and to embed in routine clinical care. We will work towards developing outcomes measures and tools that can be reported on an ongoing basis.

2024 Goals

- A new contract for primary care optometry with a focus on clinical care is rolled out across Wales bringing together GOS, EHEW, domiciliary and low vision services.
- The contract for primary care optometry incorporates a suite of enhanced eye care services that enables more patients to be managed close to home, rather than being referred to hospital.
- Updated governance for domiciliary services enables people to access urgent eye care and, pre/post-operative pathways at home if they cannot attend an optometry practice.
- Information will be collected electronically to enable activity, workforce, and capacity information about primary care to be reported to a live dashboard.

2031 Goals

- The new contract for primary care optometry proves flexible enough to allow existing services to be adapted and new services to be developed, keeping pace with demand and advances in technology, treatments, and training.
- Practice level clinical audits and research are routinely conducted in primary eye care.
- Outcome measures that matter to patients will be embedded in routine optometric clinical care.

3 ***We will reduce the number of referrals to GPs and hospital eye departments by managing more patients in primary care including those patients currently under the specialist hospital eye service.***

Hospital outpatient appointments for eye care are more numerous than any other specialty and cataract procedures are the most performed NHS operations. We are very aware that there is a lack of estates, equipment, and ophthalmologists to meet the increased patient need for hospital eye services and hospital-based systems can no longer continue to deliver services in the same way. GPs, too, are under increasing pressure to do more. Optometry teams are willing to extend the services they offer and have the diagnostic equipment and skills to manage a far wider range of eye care problems in primary care than has traditionally been commissioned.

Over the last 15 years optometrists in Wales have innovated and evolved to meet more patient needs closer to home, reducing pressure on GPs and hospitals. This has been achieved by making best use of expertise and core competencies in primary eyecare settings. In addition to this, optometrists have been extending their scope of practice through additional training and accreditation. In the last 5 years, many have achieved higher professional qualifications. This, coupled with the better diagnostic equipment now available in optometric practices and the capacity in their estate, means that it is possible to monitor and manage many more eye care patients in primary care and refer far fewer to hospitals and GPs.

It is our ambition that eyecare will be an exemplar of prudent healthcare – shifting care closer to home. We will develop new pathways that will aim to reduce the number of referrals into the hospital eye departments by 1/3 and free up to 35,000 follow-up appointments. This will help ensure that those patients that can only be managed by ophthalmologists can be seen in a timely manner.

As optometric practices offer more and more extended services, the scope of practice of the whole primary eye care team, including dispensing opticians and optical assistants will need to change.

A phased approach is needed over the next 10 years and we will work closely with GPs, clusters, and ophthalmologists to best meet the eye care needs of our community by extending the range of services offered in primary care optometry. Some services will need to be available in all practices but others, for conditions with lower prevalence, may best be

provided at cluster or health board level. We will respond to needs and work with ophthalmology colleagues to consider possibilities and develop new pathways.

Some services will require optometrists and hospital ophthalmologists to share responsibility for the care of individual patients using the same electronic patient record. Optometry will also be able to manage more patients autonomously with improved communication with colleagues in hospitals and improved mechanisms to refer/ re-refer should that be needed.

- **Optometry Independent Prescribers**

In March 2021, there were at least 47 optometrists in Wales qualified to prescribe and more are currently undergoing training.

During the Covid-19 first lockdown those optometrists with independent prescribing (IP) qualifications were able to manage more complex eye conditions in primary care without referral to the GP for a prescription or to hospitals, for example, acute anterior uveitis.

Since the first lock down, some health boards have contracted an Independent Optometry Prescribing Service (IPOS), but others have not. Hence, traditional inefficient pathways have returned, and many prescribers are no longer routinely utilising this skill. Patients with eye problems are once more being referred to busy GPs or eye casualty to prescribe for conditions that the IP optometrist is able to diagnose and manage.

Independent prescribing will be part of the new contract enabling the best use to be made of IP optometrists. Ensuring there is at least one primary care optometrist that is an independent prescriber in each cluster within three years of the publication of this plan will create a consistent level of leadership in medicines prescribing. These independent prescribers will unlock added capacity in primary care, delivering services for those with eye conditions in a more person-centred way that will ensure fewer people are referred into secondary care or GPs.

We will ensure that within 10 years there are at least 3 IP optometrists in each cluster so that enhanced services can be consistently delivered throughout Wales.

- **Glaucoma care**

Currently over 100,000 people have ocular hypertension (OHT) or glaucoma in Wales (3), and therefore require review appointments annually or more frequently. Over the next 20 years, glaucoma cases are predicted to rise by 44%, glaucoma suspects by 18% and OHT by 16% (4). Currently, primary care optometrists play a crucial role in case detection and referral filtering to identify patients with glaucoma and related conditions. The majority of glaucoma referrals into secondary care are initiated by primary care optometrists following routine eye examinations.

Optometrists with advanced clinical qualifications and relevant experience can diagnose and monitor patients with glaucoma and related conditions. The qualification must be matched to case complexity. In March 2021, 148 (20% optometrists in Wales) had a Professional Certificate in Glaucoma, 19 had a Professional Higher Certificate in Glaucoma and 4 had a Professional Diploma in Glaucoma.

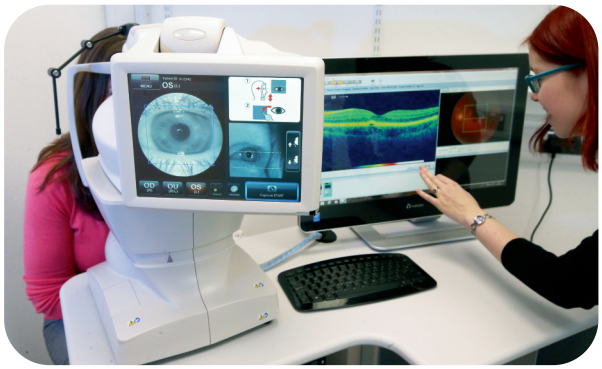
Optometrists studying for advanced clinical qualifications in glaucoma require training under the supervision of a suitably trained professional and part of this usually includes sessions with a consultant ophthalmologist who is a specialist in glaucoma. This usually takes place in a secondary care setting. As optometrists attain appropriate advanced qualifications and experience, the management of glaucoma and related conditions could be carried out by optometrists in the community without hospital referral, provided the optometrists have appropriate advanced clinical qualifications and relevant experience.

In the next 3 years at least one practitioner in every cluster will have the required advanced clinical qualifications to be able to manage autonomously the case complexity relevant to their level of qualification. This could include ocular hypertension, suspect glaucoma or chronic open angle glaucoma, with the latter requiring the highest level of qualification namely the Diploma in Glaucoma.

In the next 10 years at least three optometrists in each cluster will be able to provide these services.

Selective Laser Trabeculoplasty (SLT) is a form of laser surgery that is used to lower intraocular pressure in glaucoma. It is used when eye drop medications are not lowering the eye pressure enough or are causing significant side effects. It can also be used as initial treatment in glaucoma. As glaucoma management in primary care develops, we will determine if SLT could be delivered in primary care.

- **Neo-vascular Age-related Macular Degeneration (nAMD)**



In Wales, 25,300 people are living with late-stage nAMD (3) and nAMD case numbers are predicted to rise by nearly 59% from 2015 to 2035 (5). nAMD causes rapid and permanent sight loss. It can be treated with injections directly into the eye, however, these have to be given at regular intervals (typically every 4-12 weeks) and hospital clinics often struggle to meet the recommended treatment schedule. Working with local ophthalmology teams, optometrists in primary care can undertake these injections and reduce the burden on the hospital eye service.

Optical Coherence Tomography (OCT) is becoming increasingly common in primary care optometric practice for ocular imaging and has already been found to be effective at reducing the number of referrals into the hospital eye service.

nAMD referral refinement will be carried out in primary care practices by optometrists with a Professional Certificate in Medical Retina and access to OCT. This will prevent patients attending hospital unnecessarily. In March 2021, 71 optometrists in Wales held the Professional Certificate in Medical Retina.

The 'monitoring of stable' nAMD patients can also be delivered in local community practices closer to people's homes. Optometrists with a Higher Qualification in Medical Retina and access to OCT are able to carry out a clinical assessment and make a decision as to whether a patient's condition is stable or needs to return to, or needs to be reviewed by, an ophthalmologist. This can free up resources in the hospital.

Optometrists can be trained to administer intraocular injections and several health boards in Wales already use them in this role. Aneurin Bevan health board has also located a nAMD treatment room within an optometric practice. This means that patients can have their

intraocular injections closer to home in their local community.

In the next 3 years at least one optometrist in each cluster will be able to refine referrals and monitor stable nAMD.

In the next 10 years at least one optometric practice in each health board will be able to deliver nAMD treatments in primary care.

- **Oculoplastics**

Most eyelid lumps and bumps are non- sight threatening benign, infective, or inflammatory lesions. Although many are already managed by primary care optometrists and accredited contact lens opticians, many are still referred to the hospital eye service.
A pilot with optometrists working closely with ophthalmology colleagues in hospital has proven to be effective at reducing referrals further for this group. For lesions that an optometrist is not confident to manage, the optometrist takes an image, and the ophthalmologist is able to give an opinion through virtual review in most cases. Hence many more cases will be managed in primary care without the patient needing to go to the hospital.

Over the next 3 years we will work with ophthalmology colleagues to enable virtual review of all images of eye lid lumps and bumps before referral to the hospital eye service.

As cysts, chalazia and other eyelid lesions usually have no impact on vision, patients often wait a long time to have minor procedures. In many UK hospitals, optometrists now perform these minor procedures.

Over the next 10 years at least one optometrist in each health board will offer minor operations in primary care.

- **Hydroxychloroquine monitoring**

The Royal College of Ophthalmologists released guidelines in 2018, updated in 2020 (6), recommending the monitoring of patients taking long term hydroxychloroquine in a bid to detect retinal toxicity at an early stage and minimise permanent retinal damage. To date, there is no consistent monitoring system anywhere in Wales and patients are coming to harm because of this.

We propose to set up a system following RCOphth guidelines, making use of both community and hospital resources. An all-Wales national system will provide a safety net for all patients taking hydroxychloroquine in Wales. Optometry teams will take images and optometrists with appropriate qualifications and experience will examine the images and identify abnormalities related to hydroxychloroquine toxicity that need ophthalmology review.

In the next three years, at least one primary care practice in each health board will be involved in all-Wales Hydroxychloroquine monitoring.

- **Specialised contact lenses**

Clinicians, the voluntary sector, health board managers and patients have raised concerns that there are varying protocols, and a patchy and inequitable service in Wales to supply clinically necessary contact lenses for corneal conditions such as keratoconus.

Since 2019, patients in Betsi Cadwaladr University Health Board have been able to attend primary care optometry practices, rather than the hospital eye service for some specialised contact lens aftercare.

In the next 3 years at least one primary care optometrist or contact lens optician will provide NHS specialist contact lens fitting and aftercare appointments in each cluster. This will create a consistent level of provision across Wales.

- **Sight Test for children with Additional Learning Needs**

Children with Additional Learning needs (ALN) are more likely to have a serious sight problem and traditional eye screening in special schools is ineffective in detecting vision problems for children with learning disabilities (7). A study in Wales 7 years ago found that 4 in ten pupils in Special Schools had never had a sight test and half the children tested needed spectacles. The authors concluded that there was an urgent need for a school-based optometric service for children and young people and for young people in special schools (8).

Optometrists will examine the health of pupils' eyes, detect any sight problems and where necessary prescribe spectacles. Dispensing opticians measure for and fit any spectacles that are needed, undertake repairs and follow ups to ensure children are successfully wearing their spectacles.

Ensuring every pupil attending school in Wales, who has ALN and is unable to access to the Standard Wales Children Vision Pathway due to a physical disability, learning disability,

behavioural considerations, or wellbeing considerations, e.g., a large wheelchair that cannot access a standard family vehicle, is offered a school-based annual sight test within 3 years will ensure this vulnerable group are able to reach their full potential.

- **Diabetic Retinopathy (DR) and Diabetic Macular Oedema (DMO)**

Diabetic review services have been established in primary care for patients with stable DR and DMO. Optometrists with appropriate qualifications can assess patients referred by the Diabetic Eye Screening Wales (DESW) as well as reviewing those not sufficiently serious to be referred on to hospital eye service but not stable enough to be discharged back to DESW.

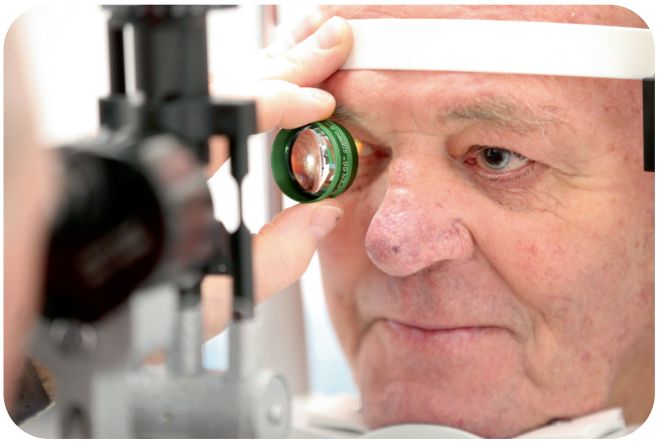
Working closely with DESW and hospital eye service, in the next 3 years, at least one practice in every cluster will be able to monitor patients with DR and DMO in primary care.

- **Cataract care**

Optometrists already provide pre-operative cataract assessment and counseling prior to referral and post-operative care after surgery for most patients in Wales under the NHS.

Assessments for routine cataract cases, traditionally carried out at a hospital appointment prior to the cataract surgery, are conducted in optometric practice. To minimize time in hospital, we will work with ophthalmology colleagues to streamline cataract pathways. This may include biometry in primary care.

During a cataract operation, the natural lens is removed, and a new plastic lens is put inside the lens capsule. In a proportion of patients, the capsule may thicken after surgery and can cause reduced vision in some cases. In these circumstances, a YAG capsulotomy may be necessary. This is a laser treatment that creates a small hole in the centre of the capsule which improves vision. In many hospitals optometrists now perform these laser capsulotomies. As clinical provision in primary care develops, we will determine whether YAG capsulotomy could be delivered in primary care.



Optometry: Delivering a Healthier Wales
Welsh Optometric Committee – March 2021

2024 Goals

- Independent prescribing will be part of the new contract and there will be at least one IP optometrist working in each cluster.
- At least one practitioner in every cluster will have the required advanced clinical qualifications to be able to diagnose and monitor autonomously the case complexity relevant to their level of qualification including ocular hypertension, suspect glaucoma or chronic open angle glaucoma.
- At least one optometrist in each cluster will be able to refine referrals and/ or monitor stable nAMD and working closely with DESW and hospital eye service, monitor some patients with DR and DMO.
- Specialist contact lens care will be part of the new contract and there will be at least one primary care optometrist or contact lens optician that provides NHS specialist contact lens fitting and aftercare appointments in each cluster.
- Every pupil attending school in Wales, who is unable to access the Standard Wales Vision Pathway due to a physical disability, learning disability, behavioral considerations or wellbeing considerations, e.g., a large wheelchair that cannot access a standard family vehicle is offered a school-based sight test on an annual basis, or sooner if determined clinically necessary.
- There will be virtual review of images of all eye lid lumps and bumps before referral to the hospital eye service.
- One primary care optometry practice in each health board will be involved in the all-Wales Hydroxychloroquine monitoring.
- There will be a streamlined cataract pathway in every health board which may include biometry in primary care.

2031 Goals

- There will be at least three IP optometrists working in each cluster.
- At least three practitioners in every cluster will have the required advanced clinical qualifications to be able to diagnose and monitor autonomously the case complexity relevant to their level of qualification including ocular hypertension, suspect glaucoma or chronic open angle glaucoma.
- As glaucoma management in primary care develops, we will determine if SLT could be delivered in primary care.
- At least one optometric practice in each health board will be able to deliver nAMD treatments in the community.
- Everyone with eye conditions that can only be managed by ophthalmologists have timely access to hospital eye services.
- One optometrist in each health board will offer minor operations for lid lumps and bumps in primary care.
- We will determine whether YAG capsulotomy could be delivered in primary care.

Theme 2

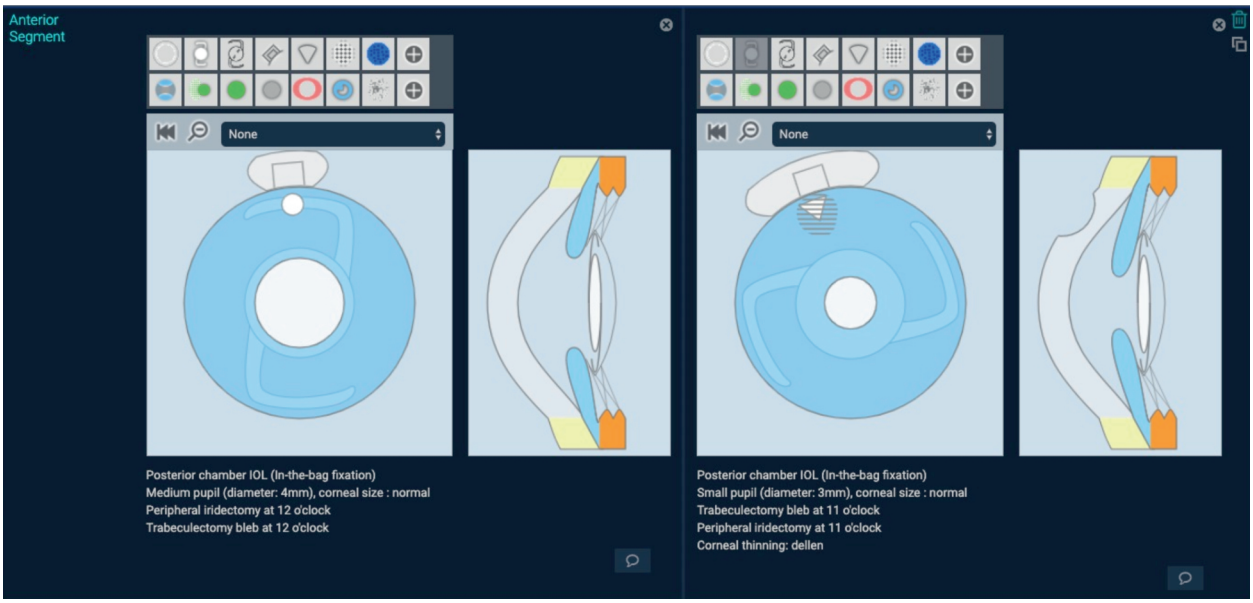
Seamless eye care, working as a single ophthalmic service

Principles

4) We will become more integrated with GPs, pharmacists and other primary care colleagues by ensuring we are integral to cluster working.

5) We will work closely with colleagues in secondary care to deliver a patient centred integrated eye care service, including sharing patient eye care records.

6) We will work with colleagues in secondary care, social services and the third sector to ensure people that experience sight loss receive timely and holistic rehabilitation services and support.



4 ***We will become more integrated with GPs, pharmacists and other primary care colleagues by ensuring we are integral to cluster working.***

A cluster brings together all local services involved in health and care across a geographical area. The cluster design aims to promote joint working across GP practices, pharmacies, dental and optometric practices and the integration of primary care services with key partners such as the Local Authority and Third Sector. There are 64 primary care clusters across Wales, each serving populations of between 25,000 and 100,000 patients (9).

Understanding the needs of our local populations

Despite the burden of eye disease in our communities which is evidenced by ophthalmology being the busiest outpatient specialty in hospitals, currently, eye health does not feature in the profiles of cluster populations that contain information on chronic disease.

The effects of deteriorating general health and sight loss are interwoven and complex, particularly in older people. For example, smoking, obesity, diabetes, hypertension, stroke, additional learning needs and multiple sclerosis can all impact on eye health and sight. People with sight impairment are more likely to fall, have reduced mobility, be isolated and develop depression compared to those of the same age without sight impairment.

We will work to ensure that clusters can access and understand the eye health needs of local populations and the rehabilitation needs of those with sight impairment. Thereby, enabling optometry practices to work with other primary care contractors and local organisations to provide and connect people with a wide range of care and support in local communities to meet their health and wellbeing needs.

Optometrists as part of the decision making of clusters

It is acknowledged that clusters are currently mainly GP led and this is a direct result of the change in contractual requirements which make it mandatory for GP practices to participate. More recently this has also been extended to pharmacies.

As clusters continue to evolve, in order to realise the aspirations of the Primary Care Model for Wales, optometry will need to be actively involved as equal partners and decision makers in respect of eye care in all 64 clusters.

It is our ambition that optometry will be included in primary care clusters and that their governance will facilitate a strong voice and a vote for primary eye care. In order to ensure

our profession steps up to this challenge, our cluster representatives will be remunerated for their time out of practice to attend meetings.

Developing optometry networks to improve cluster working

Optometry teams will look to work more closely with our healthcare colleagues in clusters across Wales to implement a post-Covid recovery plan and help to ease the transition to increased management of acute and chronic eye problems in the optometric primary care setting. In addition, we will work to make 'every contact count' and signpost patients to other local health services and build on the strong relationships we have already with social services and the voluntary sector through the low vision rehabilitation service.

To achieve this, we want optometrists in a cluster area to be able to come together in a network in the interests of collaboration, to engage with local populations and to provide a stronger mandate for primary care optometry. The networks would be a place that the commercial aspects of optometry practices would be put to one side, to see each other less as competition and more as a community of eye care professionals that work together to ensure that care is better coordinated locally to promote the wellbeing of individuals in their communities. The local networks would also provide a place for mutual support and discussion of common issues.

Covid has already sparked the beginnings of this shift in mindset and practice. Many cluster areas now have busy WhatsApp or email groups in which optometry practices in a locality have shared updates on PPE, hospital and primary care services, IP optometry services, vaccinations, domiciliary care or interpretation of guidance.

An online cloud space could facilitate sharing of information between those in the local networks, and could include patient information resources, information about local health needs and services and examples of good practice from other areas. Cluster optometry representatives will work closely together across Wales to enable best practice and innovative schemes to be shared and rolled out nationally.

Cluster representatives will work proactively and collaboratively with the cluster leads to ensure that the needs of the local populations are represented appropriately and will feed back to their Regional Optical Committees. Regional Optical Committees will have an important role to help share good practice.

Organising our eye care skills at a cluster level

We will encourage intra-professional cooperation for the most appropriate management of patients even when this requires a patient to attend a different practice for the provision of their care. In this way, we will be able to utilise our higher qualifications to better manage a larger cohort of patients in primary care without needing referral to secondary care particularly using independent prescribing and within the fields of oculoplastics, acute eye care, glaucoma, cataract care, specialised contact lenses and medical retina as described in 3).

Optometry professionals will be able to refer electronically to specialist optometrists in primary care to avoid referrals to hospital eye departments. This will enable more patients to be managed closer to home. Optometrists will be able to elicit advice and assistance from secondary care to ensure that those patients able to be managed outside of a hospital can be whilst those requiring onward referral are seen by the most appropriate professional in the most appropriate location.

2024 Goals

- It will be mandatory for optometry to be included in primary care clusters.
- The governance of clusters will enable a strong voice for optometry in clusters.
- Our cluster representatives will be paid for their time out of practice to attend meetings and to engage with all stakeholders.
- Optometry will work with secondary care colleagues to ensure that those patients able to be cared for within their cluster are not required to attend secondary care clinics where primary care skills can be used.

2031 Goals

- Local health needs assessments will report the eye health needs of local populations and the rehabilitation needs of those with sight impairment.
- An optometry network in place in every cluster area to co-ordinate eye care locally and provide a place for mutual support and discussion of common issues.

5 ***We will work closely with colleagues in secondary care to deliver a patient centred integrated eye care service, including sharing patient eye care records.***

We will work to foster closer working relationships with our secondary care colleagues to work as a single ophthalmic service, providing seamless eye care.

We will ensure strong representation in the various and relevant groups such as the ECCGs (Eye Care Collaborative Groups) and various 'Steering Groups' to help achieve this.

Optometry will work to be at the forefront of participating in new ideas and systems to ensure that all appropriate care is delivered at cluster level and any care required in the hospital environment is supported by as much diagnostic information as possible.

Electronic patient record (EPR): Improving communication and reducing duplication

We are very aware that hospital-based systems are unable to continue to deliver services in the same way. The re-modelling of eye care services to enable primary care to manage and monitor more patients safely is being supported by a digital infrastructure, using an EPR to facilitate referral and shared care.

An EPR will enable primary and secondary care professionals to share patient records in real time. Optometrists in primary care will be able to view the clinical record created in the hospital, create a referral or update records in primary care (including uploading results of diagnostic tests). The hospital ophthalmologist, nurse, optometrist or orthoptist will be able to view the primary care referral, review a clinical record created in primary care, virtually review the patient record and/ or update records in the hospital. This two-way process will reduce duplication, speed up clinical decision making and create a secure space for richer and more timely communication.

2024 Goals

- Every optometry practice and every hospital eye service in Wales will be using an EPR for referral and sharing patient records.

6 ***We will work with colleagues in secondary care, social services and the third sector to ensure people that experience sight loss receive timely and holistic rehabilitation services and support***

Stronger links with rehabilitation workers, social services and third sector organisations

We are proud of our world leading primary care rehabilitation service for people with sight loss in Wales, available in every small town and/ or high street. We are committed to strengthen the links we have developed with rehabilitation workers, social services and the third sector that enable us to offer, or sign post a wide range of solutions, care and support to people with sight impairment in their local community.

Extending the Low Vision Service Wales (LVSW)

Provision of the LVSW will be increased to ensure access to patients that require the service close to, or within their own homes. Patient groups and third sector organisations have told us that they want every optometry practice to provide the service. All practices and practitioners (optometrists and dispensing opticians) wishing to provide low vision rehabilitation services in primary care will be able to do so.

Education will be provided for eye care practitioners, allied health professionals, secondary care, social care and the third sector, to ensure they are fully informed with regards to what the service has to offer. Third sector organisations and patient groups are keen to work with us to ensure that that anyone that experiences sight loss in Wales is offered a referral to the service.

We will identify a member of staff in every practice to keep up to date information about local and national services for people with sight impairment and be a point of contact for patients.

Certifying people as sight impaired in primary care

Many people who could be registered as sight impaired are not under the care of

ophthalmologists in the hospital eye service, either because their eye condition is not treatable or because provision of care has shifted into the primary care setting. Instead, these patients are managed by primary care optometry services. Currently in Wales, when their sight reaches a level of sight loss that entitles them to registration, LVSW practitioners refer them to the hospital eye service because only consultant ophthalmologists currently certify people as being eligible to go on the register.
As people with sight loss are often older and find travelling to hospital difficult, many that could be on the register are not. In addition, those that are happy to be referred to hospital experience very long waiting times and could be missing out on benefits and support.

Research has shown that optometrists who are accredited to provide the LVSW are able to determine when someone needs to be certified as sight impaired (10).

Appropriately qualified primary care low vision practitioners certifying people as having a vision impairment will ensure timely registration, thereby negating the need for referral to the hospital eye service in many cases. This will free up appointments for people with eye conditions that need to be seen by an ophthalmologist.

2024 Goals

- We will have stronger links with rehabilitation workers, social services and the third sector to enable us to offer, or sign post a wide range of options, care and support in their local community to people with sight impairment.
- All practices and practitioners (optometrists and dispensing opticians) wishing to provide low vision rehabilitation services in primary care will be able to do so.
- We will identify a member of staff in every practice providing the low vision service to keep up to date information about services for people with sight impairment and be a point of contact for patients.
- Appropriately qualified low vision optometrists will certify people as having a vision impairment to ensure timely registration.

2031 Goals

- All professionals working with people with sight loss know about the primary care low vision rehabilitation service and offer timely referral to the service for all that need it.
- Appropriately qualified low vision practitioners will certify people as having a vision impairment to ensure timely registration.

Theme 3

Developing the optometric workforce

Principles

7) We will create high quality training across Wales pre and post-registration.

8) We will use the advanced training and qualifications we have completed and will continue to develop in independent prescribing, medical retina, glaucoma, cataract, low vision and acute eye care to manage more patients safely closer to home.

9) We will develop our teams to support improvements in wellness and wellbeing for future generations of the people of Wales.

7 *We will create high quality training across Wales pre and post- registration*

The General Optical Council (GOC) has recently completed an Education Strategic review (ESR) for optometrists and dispensing opticians and has recently made recommendations.

The main recommendations are

- Universities will need to review their curriculum to reflect changing demands of optometry practice, with more emphasis on placements, the monitoring and management of eye conditions, a more clinical model and earlier practice-based experience of patient facing care.
- There will be a single accountable provider to the point of registration.
- There is a focus on the outcomes of education programmes that deliver optometrists. Previously the focus has been on competencies.
- There will be a completely new approval process for any new education provider for dispensing and optometry courses.

Optometry undergraduate training

Universities are reviewing their undergraduate curriculum to reflect the changing demands of optometry practice, with more emphasis on the monitoring and management of eye conditions, a more clinical model and earlier practice-based experience of patient facing engagement and care.

The new pre-qualification curriculum will also reflect the new scope of practice in Wales and providers will be funded in line with other health care providers to ensure quality provision.

Changes to the undergraduate curriculum, mean that optometry will be in an ideal position to further transform eye care pathways and fulfill the principles of 'A Healthier Wales'. This timely opportunity means that we can ensure that when optometrists qualify in Wales, they will be able to deliver all the core elements of the new primary care optometry contract from day 1, with skills in advanced person-cantered consultation, domiciliary care, low vision rehabilitation, acute eye care, pre- and post-operative cataract care, glaucoma care and medical retina.

This has a long lead in, as changes planned now will not be apparent in those graduating until 2027.

Providers will facilitate students to spend more time in placements in a range of practice settings, ensuring optometry students are exposed to real life learning opportunities which complement their university-based education.

Placement providers will be appropriately prepared for, and supported in, their role. Funding will be allocated to support education in the clinical setting in line with other health care professionals to ensure quality placements and the exposure to an appropriate range of clinical cases.

Dispensing Optician training

In the next 2 years, the curriculum for dispensing opticians will also be reviewed to ensure education providers deliver the new standards for practice outlined by the GOC.

The Diploma course is the baseline qualification for dispensing opticians. Dispensing opticians then have multiple career options including dispensing, specialised dispensing, practice management, specialising in contact lens work and low vision, or choosing to qualify as an optometrist.

The revised syllabus will contain the proposal to deliver building blocks to this, which will provide dispensing opticians with the opportunity to specialise in refraction, paediatrics and digital imaging and interpretation.

Optometry and dispensing optician development pathways

Continuous professional development (CPD) will be aligned to scope of practice with peer support and mentoring, ensuring that the CPD requirements will be tailored to the services and work that an individual optometrist or dispensing optician undertakes. Contractual requirements in Wales may be more detailed than GOC requirements to reflect the enhanced scope of practice.

Supporting newly qualified optometrists and dispensing opticians

We will ensure a continuous professional development programme for our newly qualified optometrists, led by HEIW, with reflective practice, mentoring and support.

All newly qualified dispensing opticians will be encouraged to receive structured mentoring from experienced peers.

Mentorship and support for optometrists and dispensing opticians

Mentoring facilitates CPD by having a network of experienced optometrists that guide optometrists to consider their scope of practice for CPD requirements as well as providing support and guidance. Optometrists will be supported when they take on extra clinical roles and, crucially, enable them to become more adept at managing and accepting clinical risk.

This support will include an assigned designated Mentor, an online platform to create a portfolio and a peer support group.

As dispensing opticians extend their scope of practice, the scope of mentoring of dispensing opticians will be further reviewed.

Clinical Leadership and Governance

Optometry professionals must provide leadership to the people they work with and to others. There must be leadership skills and training embedded throughout every step of the optometry career pathway, starting at undergraduate level.

We will develop postgraduate opportunities to support clinical and governance leaders in optometry to promote and advance the profession in providing safe and high-quality patient care.

Optometry: Delivering a Healthier Wales
Welsh Optometric Committee – March 2021

2024 Goals

- Universities will reflect the changing demands of optometric practice in undergraduate courses, with placements, an emphasis on the monitoring and management of eye conditions, and a more clinical model.
- Placements will take place in a range of practice settings, ensuring that optometry students are exposed to real life learning opportunities that complement their university-based education.
- Placement providers for optometrists in training will be supported to develop their teaching, and be funded, in line with the medical model to ensure quality placements and the necessary exposure to a wide range of cases.
- Continuous professional development will be aligned to scope of practice for both optometrists and dispensing opticians.
- There will be a continuous professional development programme for our newly qualified optometrists, led by HEIW, with reflective practice, mentoring and support.
- All newly qualified dispensing opticians will be encouraged to take up mentoring from experienced peers.
- Leadership skills and training will be embedded in the new optometry undergraduate curriculum.
- Optometry will be integrated into leadership programmes within the NHS.

2031 Goals

- When optometrists qualify, they will be able to deliver all the core elements of the new primary care optometry contract in Wales, with skills in advanced person-centered consultation, domiciliary care, low vision rehabilitation, acute eye care, pre and post-operative cataract care, glaucoma care and medical retina.

8 ***We will use the advanced training and qualifications we have completed and will continue to develop to manage more patients safely closer to home.***

Advanced training and qualifications for optometrists

The next generation of optometrists will graduate with many of the skills needed to provide a wider scope of practice. Postgraduates may choose areas of expertise to focus on and will build upon their scope of practice, many choosing to undertake higher professional qualifications.

In the new contract advanced qualifications will form a tiered system of professional development. This will be essential to meet the goals for service re-modeling as outlined in 3) to manage and treat more patients in primary care. Therefore, funded opportunities for optometrists wishing to continue to develop their scope of practice will be available with higher qualifications commissioned by HEIW. Emphasis will be on independent prescribing, glaucoma and medical retina initially but will be reviewed every year to ensure service needs and ambitions are met.

The attainment of higher qualifications requires optometrists to undertake placements within hospital eye departments, gaining experience of managing complex cases, and building a relationship with the hospital team. This aspect of development is essential for the successful delivery of future eye care services and for breaking down barriers between optometry and ophthalmology.

In Wales, a unique approach to training placements for higher qualifications will be for optometrists to work in hospital or specialist teaching optometry practices in primary care with an NHS contract during their placement. A placement coordinator working within each hospital or specialist teaching optometry practice in primary care will facilitate the placements and ensure an appropriate clinical case mix with appropriate supervision facilities management (including consulting rooms).

Dispensing opticians

Dispensing opticians can move up the skills ladder through training, experience and additional qualifications, currently contact lens, low vision and minor eye conditions.

Dispensing opticians are trained to be expert in the selection, fitting and supply of spectacles and other optical devices. As the scope of practice of primary care optometry changes in Wales, there will be scope for roles of the rest of the team to develop as well.

Potential future training for dispensing opticians could include refraction, myopia management, imaging, triage, health and well- being, specialist contact lens fitting, paediatric and special needs dispensing.

2024 Goals

- In the new contract advanced qualifications will form a tiered system of professional development.
- Funded opportunities for optometrists wishing to continue to develop their scope of practice will be available with higher qualifications in independent prescribing, glaucoma and medical retina commissioned by HEIW.
- The range of higher qualifications available to optometrists will be reviewed to ensure it meets developing service needs and ambitions.
- Training placements for higher qualifications will be available for optometrists in hospitals or specialist teaching optometry practices with an NHS contract during their placement.
- A plan will be developed to outline the future role of dispensing opticians in primary eye care teams and the training needs to facilitate the change, which would be supported by HEIW.

2031 Goals

- Additional higher qualifications will be available to support all the building blocks dispensing opticians need to advance in primary eye care teams so they can operate at the top of their license in their specialist areas. For example, low vision, Health & Wellbeing, OCT analysis, refraction, myopia management and specialist contact lens fitting.

9 *We will develop our teams to support improvements in wellness and wellbeing for future generations of the people of Wales.*

Health and wellbeing ambassadors

Helping people to avoid preventable illness and stay well is one of the most significant challenges faced by the health system. Teams in optometric practices are community health assets, physically located in the heart of local populations. Primary care optometry has over 400 practices and many are on the high street. Hence, they are in a unique position to form part of the local community that delivers or signposts prevention and health improvement services.

Optometric teams are under utilised in terms of the signposting and delivering of health and wellbeing services. Primary care optometry teams will work with others in their cluster to deliver or signpost to other local services so that maximum support is given to individuals to make informed choices about their health. Dispensing opticians are perfectly placed to spend time with patients and engage in conversations promoting health and wellbeing services of which patients may be unaware.

All members of the optometric team in patient facing roles will become health and wellbeing ambassadors with skills in health coaching, health literacy, behaviour change such that they are able to make every contact count for patients.

2024 Goals

- Primary care optometric teams will work with others in their cluster to deliver or signpost to other local health and well-being services.

2031 Goals

- All patient facing members of the optometric team will become health and wellbeing ambassadors to make every contact count for patients.

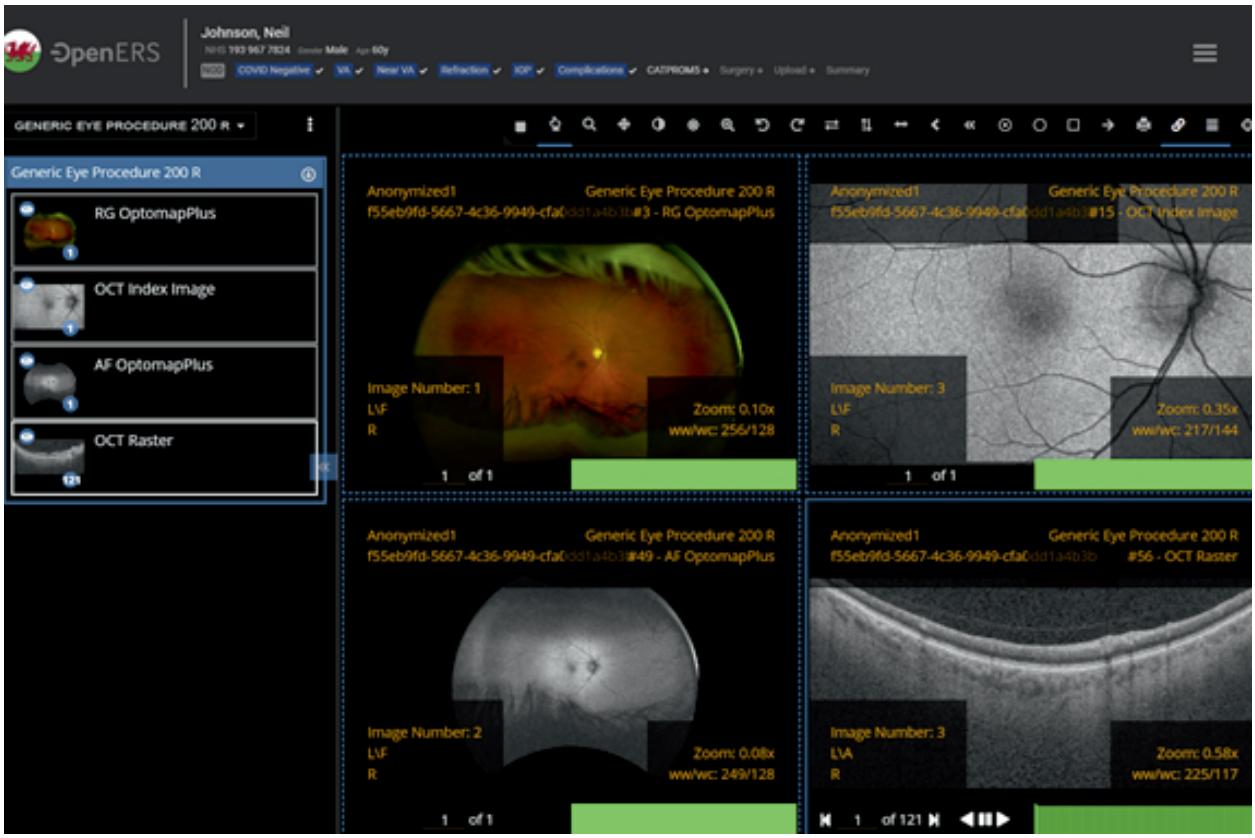
Theme 4

Harnessing technology solutions across the national integrated patient pathways

Principles

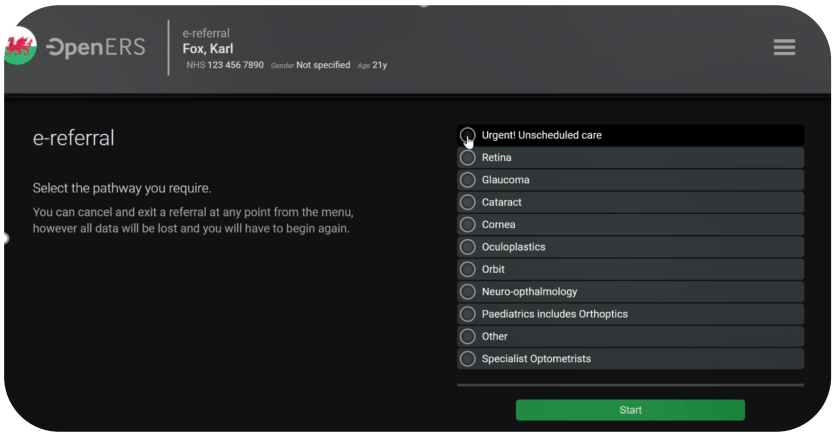
10) We will digitise referrals and share eye health records to increase efficiency, avoid duplication and improve communication and patient safety.

11) We will continue to embrace new technologies to enhance patient care or experience.



10 *We will digitise referrals and share eye health records to increase efficiency, avoid duplication and improve communication and patient safety*

Electronic patient records and referrals



Welsh Government has commissioned software to develop and implement a national Electronic Patient Record (EPR) for all hospital eye services and optometry practices in Wales.

Equipment in optometric practices will be networked with hospital eye departments. This will enable optometrists and dispensing opticians in primary care practices to assess patients in practice and, update the hospital electronic patient record to enable the hospital consultant to virtually review the patient record so that only patients with complex eye conditions are required to attend hospital eye departments. We will work with equipment manufacturers to ensure that there are no digital barriers to optometry practices that wish to provide this shared care service.

Optometry will also utilise the EPR for electronic referrals to ophthalmology, GP services, specialist optometrists or dispensing opticians now and, in time, to pharmacy, social care and the voluntary sector. This will enable two-way electronic referral to provide safe and seamless care for patients with the patients, themselves, being able to access their own record.

The ability to link with optometry practice management systems and to facilitate cross border referral to hospitals in England will be explored.

Electronic prescribing

Drug prescribing electronically will be an essential component of the EPR software and should enable optometrists with higher qualifications also to prescribe electronically for patients to improve patient safety of care. A cloud based electronic prescription system will send prescriptions electronically to the patient's nominated community pharmacy.

Improving our business intelligence to improve outcomes and safety

Although the primary use of EPRs is to directly inform an individual's patient's care, patient data could also be aggregated to provide opportunities for improvements in health care delivery, outcomes, population health and safety monitoring. For example, novel powerful analytic tools have the potential to evaluate outcomes with respect to diagnostic accuracy and referral success.

Access to the individual health record

A person's general health and medications can impact on their eye health and/ or the management an optometrist may recommend. Access to a patients Individual Health Record (IHR) would provide a summary of useful information alongside an accurate list of current medications. This information is available to other primary care contractors and would allow better conversations with our primary care colleagues and provision of information to the hospital eye service in the event of referral. It would also improve the safety of prescribing by independent prescribing optometrists.

Access to an NHS email address

To improve electronic communication between optometry eye care professionals and other health and social care professionals, optometry eye care professionals will be provided with an individual NHS email account.

2024 Goals

- All optometry practices will refer patients to ophthalmology, specialist optometrists or dispensing opticians and GP services via electronic referral with plans to extend this to more services.
- All optometry practices will access a shared electronic ophthalmology record to enable shared care of eye diseases between primary and secondary care.
- All optometry eye care professionals will receive an NHS email account.

2031 Goals

- All optometric practices will have access to relevant electronic patient medical and social care records to provide the best care.
- A suite of reports will be available in EPR to support improvements in patient outcomes and safety.
- Drug prescribing electronically will be available for Independent Prescribing Optometrists to provide seamless management of conditions.

11 *We will continue to embrace new technologies to enhance patient care or experience*

Virtual consultations

During Covid-19, optometry started to use virtual consultations. Whilst the equipment and ability to measure, magnify and/ or image is core to the management of most eye conditions, there is an ongoing benefit of using virtual consultations for some patient groups and conditions.

The use of virtual consultations when clinically appropriate will be embedded within optometry practice and will be used between patients and also between optometry and health and social care professionals for patient convenience and safety.

An App to report serious incidents

Patient safety incidents occurring in healthcare should be reported to "ensure learning can take place" (11). NHS Wales guidance on patient safety incidents is that "all NHS organisations are required to report all safety incidents" (12), meaning that all incidents that have occurred in optometric practice should be reported.

We will work with the 'Once for Wales' team to report patient safety incidents and concerns via a national Electronic Incident Reporting System to Health Boards. Evaluating the submitted reports will enable a characterisation of the incident reports that occur in primary care optometry in order to facilitate learning from the incidents that have been reported in practice.

Equipment

The optometric profession has long invested in advanced diagnostic equipment in primary care. Increased use of OCT angiography and fundus autofluorescence OCT imaging in primary care and emerging technologies will enable management of eye disease in optometry practices. In future it will feed results from such diagnostic technologies into secondary care systems where appropriate to do so.

We will continue to use such equipment in primary care practice to support the provision of a fully integrated service for eye conditions e.g., biometry as part of the pre-operataive assessment for cataract surgery.

As more services move out of secondary care, we will need more skills and equipment in primary care. Rural areas pose unique challenges. Often, they have the advanced skills because the hospitals are a long way away, but practices may only run for a few days a week, with practitioners moving between several rural settings.

With some conditions, such as Hydroxychloroquine monitoring, the equipment is very expensive and may be difficult for primary care practices to justify for such small numbers of cases. In such instances we will need to find a means to support the provision of necessary equipment in the most appropriate locations for patients, on a cluster or health board basis.

Horizon scanning and pushing the boundaries

Primary care optometric practice will use the latest technologies for all aspects of patient care such as electronic refraction and 3D printing of spectacles to provide efficiencies and thus increased capacity for assessment and management of a patient's eye and health care needs.

We will embrace Artificial Intelligence to predict the individual patient risk of eye and medical disease with early detection providing the optimal patient eye and health care management. Optometry practices are already investing in Optical Coherence Tomography (OCT) scanners that use Artificial Intelligence to assess patient risk of certain eye diseases. There will be opportunities to link patient data sets for wider research knowledge with patient consent and confidentiality safeguards. Artificial Intelligence will also be used as an aid in patient triage, diagnosis and the management of eye conditions.

We will embrace technologies that monitor and improve personal eye care such as drug releasing contact lenses and patient self-monitoring of glaucoma eye pressure so that Information Technology can be utilised wisely to provide more consistent patient care.

We will ensure that all optometry health care practitioners have access to the latest technologies whether they are practice or domiciliary based to ensure that patients have equity of access to the best eye care solutions.

2024 Goals

- Advanced diagnostic equipment in primary care will enable management of eye disease in optometry practices and it will feed results from such diagnostic technologies into secondary care systems.
- The use of virtual consultations when clinically appropriate will be embedded within optometric practice.
- Optometrists and dispensing opticians can report patient safety incidents and concerns via a national Electronic Incident Reporting System to health boards.

References

1. Welsh Government. 2018. A Healthier Wales. Available at: https://gov.wales/docs/dhss/publications/180608healthier-wales-mainen.pdf
2. Wellbeing of Future Generations (Wales) Act 2015. Available at: https://futuregenerations.wales/wp-content/uploads/2017/01/WFGActEnglish.pdf
3. NIB. 2020. Sight Loss Data Tool. Available at: https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool
4. Royal College of Ophthalmologists.2017. The Way Forward: Glaucoma, Available at: https://www.rcophth.ac.uk/wp-content/uploads/2015/10/RCOphth-The-Way-Forward-Glaucoma-300117.pdf
5. Royal College of Ophthalmologists.2017. The Way Forward: Age-related Macular Degeneration and Diabetic Retinopathy, Available at: https://www.rcophth.ac.uk/wp-content/uploads/2015/10/RCOphth-The-Way-Forward-AMD-300117.pdf
6. The Royal College of Ophthalmologists. 2020. Hydroxychloroquine and Chloroquine Retinopathy: Recommendations on Monitoring. Available at: https://www.rcophth.ac.uk/wp-content/uploads/2020/12/Hydroxychloroquine-and-Chloroquine-Retinopathy-Monitoring-Guideline.pdf
7. Donaldson LA, Karas M, O'Brien D, Woodhouse JM. 2019. Findings from an opt-in eye examination service in English special schools. Is vision screening effective for this population? PLoS ONE 14(3): e0212733.
8. Woodhouse JM, Davies N, McAvinchey A, Ryan B. 2014. Ocular and visual status among children in special schools in Wales: the burden of unrecognised visual impairment. Archives of Disease in Childhood. 2014;99(6):500-4.
9. Strategic Programme for Primary Care. 2018. Available at: http://www.primarycareone.wales.nhs.uk/sitesplus/documents/1191/Strategic%20Programme%20for%20Primary%20Care.pdf
10. Bartlett R, Jones H, Williams G, Farewell D, Acton JH. 2021. Agreement between ophthalmologists and optometrists in the certification of vision impairment. Eye. 2021 Feb;35(2):433-440.
11. NHS. Learning from patient safety incidents. Available at https://improvement.nhs.uk/resources/learning-from-patient-safety-incidents
12. NHS Wales, guidance on the reporting and handling of serious incidents and other patient related concerns / no surprises: Available at http://www.wales.nhs.uk/sitesplus/documents/1064/Handling%20Serious%20Incidents%20Guidance1.pdf

Summary of Goals

2024 Goals

- All children failing school vision screening tests are seen by an optometrist and only referred to secondary care if clinically necessary.
- Literature for parents and the personal child health record (red book) promote the importance of regular attendance at optometric practice for children and signpost optometrists as the 'go to' professionals for eye health or sight concerns.
- A new contract for primary care optometry with a focus on clinical care is rolled out across Wales bringing together GOS, EHEW, domiciliary and low vision services.
- The contract for primary care optometry incorporates a suite of enhanced eye care services that enables more patients to be managed close to home, rather than being referred to hospital.
- Updated governance for domiciliary services enables people to access urgent eye care and, pre/post-operative pathways at home if they cannot attend an optometry practice.
- Information will be collected electronically to enable activity, workforce, and capacity information about primary care to be reported to a live dashboard.
- Independent prescribing will be part of the new contract and there will be at least one IP optometrist working in each cluster.
- At least one practitioner in every cluster will have the required advanced clinical qualifications to be able to diagnose and monitor autonomously the case complexity relevant to their level of qualification including ocular hypertension, suspect glaucoma or chronic open angle glaucoma.
- At least one optometrist in each cluster will be able to refine referrals and/ or monitor stable nAMD and working closely with DESW and hospital eye service, monitor some patients with DR and DMO.
- Specialist contact lens care will be part of the new contract and there will be at least one primary care optometrist or contact lens optician that provides NHS specialist contact lens fitting and aftercare appointments in each cluster.
- Every pupil attending school in Wales, who is unable to access the Standard Wales Vision Pathway due to a physical disability, learning disability, behavioral considerations or wellbeing considerations, e.g., a large wheelchair that cannot access a standard family vehicle is offered a school-based sight test on an annual basis, or sooner if determined clinically necessary.
- There will be virtual review of images of all eye lid lumps and bumps before referral to the hospital eye service.

- One primary care optometry practice in each health board will be involved in the all-Wales Hydroxychloroquine monitoring.
- There will be a streamlined cataract pathway in every health board which may include biometry in primary care.
- It will be mandatory for optometry to be included in primary care clusters.
- The governance of clusters will enable a strong voice for optometry in clusters.
- Our cluster representatives will be paid for their time out of practice to attend meetings and to engage with all stakeholders.
- Optometry will work with secondary care colleagues to ensure that those patients able to be cared for within their cluster are not required to attend secondary care clinics where primary care skills can be used.
- Every optometry practice and every hospital eye service in Wales will be using an EPR for referral and sharing patient records.
- We will have stronger links with rehabilitation workers, social services and the third sector to enable us to offer, or sign post a wide range of options, care and support in their local community to people with sight impairment.
- All practices and practitioners (optometrists and dispensing opticians) wishing to provide low vision rehabilitation services in primary care will be able to do so.
- We will identify a member of staff in every practice providing the low vision service to keep up to date information about services for people with sight impairment and be a point of contact for patients.
- Appropriately qualified low vision optometrists will certify people as having a vision impairment to ensure timely registration.
- Universities will reflect the changing demands of optometric practice in undergraduate courses, with placements, an emphasis on the monitoring and management of eye conditions, and a more clinical model.
- Placements will take place in a range of practice settings, ensuring that optometry students are exposed to real life learning opportunities that complement their university-based education.
- Placement providers for optometrists in training will be supported to develop their teaching, and be funded, in line with the medical model to ensure quality placements and the necessary exposure to a wide range of cases.
- Continuous professional development will be aligned to scope of practice for both optometrists and dispensing opticians.
- There will be a continuous professional development programme for our newly qualified optometrists, led by HEIW, with reflective practice, mentoring and support.
- All newly qualified dispensing opticians will be encouraged to take up mentoring from experienced peers.

- Leadership skills and training will be embedded in the new optometry undergraduate curriculum.
- Optometry will be integrated into leadership programmes within the NHS.
- In the new contract advanced qualifications will form a tiered system of professional development.
- Funded opportunities for optometrists wishing to continue to develop their scope of practice will be available with higher qualifications in independent prescribing, glaucoma and medical retina commissioned by HEIW.
- The range of higher qualifications available to optometrists will be reviewed to ensure it meets developing service needs and ambitions.
- Training placements for higher qualifications will be available for optometrists in hospitals or specialist teaching optometry practices with an NHS contract during their placement.
- A plan will be developed to outline the future role of dispensing opticians in primary eye care teams and the training needs to facilitate the change, which would be supported by HEIW.
- Primary care optometric teams will work with others in their cluster to deliver or signpost to other local health and well-being services.
- All optometry practices will refer patients to ophthalmology, specialist optometrists or dispensing opticians and GP services via electronic referral with plans to extend this to more services.
- All optometry practices will access a shared electronic ophthalmology record to enable shared care of eye diseases between primary and secondary care.
- All optometry eye care professionals will receive an NHS email account.
- Advanced diagnostic equipment in primary care will enable management of eye disease in optometry practices and it will feed results from such diagnostic technologies into secondary care systems.
- The use of virtual consultations when clinically appropriate will be embedded within optometric practice.
- Optometrists and dispensing opticians can report patient safety incidents and concerns via a national Electronic Incident Reporting System to health boards.

2031 Goals

- Patients choose optometry practices in the first instance for help and advice on eye related issues.
- The new contract for primary care optometry proves flexible enough to allow existing services to be adapted and new services to be developed, keeping pace with demand and advances in technology, treatments, and training.
- Practice level clinical audits and research are routinely conducted in primary eye care.
- Outcome measures that matter to patients will be embedded in routine optometric clinical care.
- There will be at least three IP optometrists working in each cluster.
- At least three practitioners in every cluster will have the required advanced clinical qualifications to be able to diagnose and monitor autonomously the case complexity relevant to their level of qualification including ocular hypertension, suspect glaucoma or chronic open angle glaucoma.
- As glaucoma management in primary care develops, we will determine if SLT could be delivered in primary care.
- At least one optometric practice in each health board will be able to deliver nAMD treatments in the community.
- Everyone with eye conditions that can only be managed by ophthalmologists have timely access to hospital eye services.
- One optometrist in each health board will offer minor operations for lid lumps and bumps in primary care.
- We will determine whether YAG capsulotomy could be delivered in primary care.
- Local health needs assessments will report the eye health needs of local populations and the rehabilitation needs of those with sight impairment.
- An optometry network in place in every cluster area to co-ordinate eye care locally and provide a place for mutual support and discussion of common issues.
- When optometrists qualify, they will be able to deliver all the core elements of the new primary care optometry contract in Wales, with skills in advanced person-centered consultation, domiciliary care, low vision rehabilitation, acute eye care, pre and post-operative cataract care, glaucoma care and medical retina.
- Additional higher qualifications will be available to support all the building blocks dispensing opticians need to advance in primary eye care teams so they can operate at the top of their license in their specialist areas. For example, low vision, Health & Wellbeing, OCT analysis, refraction, myopia management and specialist contact lens fitting.

- All professionals working with people with sight loss know about the primary care low vision rehabilitation service and offer timely referral to the service for all that need it.
- Appropriately qualified low vision practitioners will certify people as having a vision impairment to ensure timely registration.
- All patient facing members of the optometric team will become health and wellbeing ambassadors to make every contact count for patients.
- All optometric practices will have access to relevant electronic patient medical and social care records to provide the best care.
- A suite of reports will be available in EPR to support improvements in patient outcomes and safety.
- Drug prescribing electronically will be available for Independent Prescribing Optometrists to provide seamless management of conditions.

How this document was produced

The document was developed by the Welsh Optometric Committee (WOC) in collaboration with Optometry Wales.

Key project roles

Project Leads
Barbara Ryan and Bryn Jones Co-Chairs WOC

Theme Leads and working groups
Theme 1: Managing more patients in primary eye care
Brian Borland, Sali Davis, Di Haines, Manon Haf

Theme 2: Seamless eye care, working as a single ophthalmic service
Andy Britton, Rebecca Bartlett, Kate Hooper, Heddwyn Davies, Shona Redmond

Theme 3: Developing the optometric workforce
Cath McNamara, Nik Sheen, John Wild, Abi Crutcher, Zahra Rasheed

Theme 4: Harnessing technology solutions across the national integrated patient pathways
Sharon Beatty, Paul Harries, Jennifer Park, James Morris, David Fisher

Ophthalmology members on WOC
Gwyn Williams, Chair, and Rhianon Reynolds, Deputy Chair, The Royal College of Ophthalmologists in Wales, attended meetings and discussions throughout the development of the document.

Consultation
The committee consulted with members of the profession and other stakeholders to develop this document.

Consultation with the optometrists and dispensing opticians in Wales

Three methods of consultation were used to try to give as much opportunity as possible for the profession to put forward their opinions and thoughts about how patients will further benefit from the skills of the optometry team in Wales over the next 10 years. This included an online survey, an online consultation meeting and a qualitative research project.

- ***Online Survey***

An online survey was made available to the profession for 3 weeks. It asked five questions relating to the main themes that WOC considered to be important.

Forty-five responses were received. All but a couple supported the themes and principles.

All responses were reviewed by the Committee and the Theme Leads worked to incorporate ideas and views expressed by the majority into the document.

- ***Online consultation meeting***

An online meeting was held one evening in March 2021 and optometrists and dispensing opticians were invited to attend to hear about the project and have a last opportunity to comment on it. Theme Leads presented the themes and principles. After each theme was presented, attendees were invited to ask questions or comment. These were to be typed.

In total 135 people attended including some WOC members. Overall, the comments supported the themes and principles outlined. However, some useful points were raised. All comments were downloaded and saved and the document was revised to take account of these.

- ***Qualitative Research***

The Ophthalmic Public Health group, School of Optometry and Vision Sciences, Cardiff University & Optometry Wales have been undertaking research to determine how the Welsh optometric service be improved in the future. The preliminary findings of that work have been fed into the development of this document.

The project and a summary of preliminary findings are outlined below.

What we are doing
The purpose of this research project is to obtain the views of optometrists working in Wales on patient safety, the quality of care being delivered and the restructuring of the profession, including managing more patients in primary care. In order to do this, we are conducting in-depth one-to-one semi-structured interviews with a range of optometrists working in Wales, stratified by gender, ethnicity, geographic location, experience, work setting and additional qualifications.

Preliminary findings
A preliminary sample of 20 interviews have been evaluated and it is anticipated that further interviews will be required to reach data saturation. The findings from the full sample will be further analysed using qualitative methods and submitted for publication in summer 2021.

Twenty interviews have been completed, in which:

- Nineteen of 20 interviewees were highly supportive of managing more patients in primary eye care who would have previously been seen in secondary care.
    - ✦ Fourteen expressed a need for more appointment time to consult with primary care patients to ensure patient safety.
    - ✦ Seventeen highlighted that the pressure as a result of long waiting times for hospital appointments is impacting patient care, causing delays to patient diagnosis and treatment.
- All individuals indicated that further training and upskilling of the profession will be essential to the future of optometry.
    - ✦ Ten expressed a desire for more funded training places.
- Nineteen of 20 interviewees reported that more communication with secondary care (including through the use of an EPR) would improve the quality of care being provided and prevent delays in patient referrals and loss to follow up incidents, resulting in a more reliable process.
- Eighteen of 20 interviewees were generally supportive of undertaking patient safety incident reporting to enable learning to improve the future safety of patient care.

Consultation with other stakeholders

The committee met with or received written feedback from the following stakeholders during the development of the document.

Owen Williams, Director, Wales Council of the Blind
Rebecca Phillips, Engagement Officer, Wales Council of the Blind
Adele Francis, South Wales Senior Regional Manager, Macular Society
Marian Williams, Regional Manager North Wales, Macular Society
Miriam Jones, Operations, Vision Support
Eryl Williams, Development Manager, Glaucoma UK
Andrea Gordon, Engagement Manager, Guide Dogs Cymru
Nathan Foy, Engagement Officer, Guide Dogs Cymru
Charlie Dale, Guide Dogs Cymru
Morgan Evans, Chair, Visual Impairment Merthyr Tydfil
Ansley Workman, Director, RNIB Cymru
Carole Morgan-Jones, External Affairs Manager, RNIB Cymru
Rebecca Colclough, ECLO Manager, RNIB Cymru
John Dixon, Partnership and Development Manager, RNIB Cymru
Bablin Molik, Chief Executive Officer, Sight Cymru
Alan Lawrie, Programme advisor, national strategic programme for primary care
Sue Morgan, National Director and Strategic Programme Lead for Primary and Community Care
Andrew Goodall, Chief Executive NHS Wales
Frank Atherton, Chief Medical Officer, Welsh Government
Alex Slade, Deputy Director, Primary Care, Welsh Government
Ifan Evans, Director of Technology, Digital & Transformation
Judy Thomas, Director contractor services, Community Pharmacy Wales
Olivier Deneve, Head of Policy and Public Affairs, The College of Optometrists
Sarah Cant, Director of Policy and Strategy, The College of Optometrists
Paramdeep Bilkhu, Clinical Adviser, The College of Optometrists
David Hewlett, Group Director, FODO
Harjit Sandhu, Group Managing Director, FODO
Debbie McGill, Head of Policy and Public Affairs, ABDO
Max Halford, Clinical Lead, ABDO
Chairs and Vice Chairs of the three Regional Optical Committees in Wales
Sarah Schumm, Welsh Clinical Leadership Training Fellow
Tim Morgan, Welsh Clinical Leadership Training Fellow