



Llywodraeth Cymru  
Welsh Government

## Welsh Government Equality Impact Assessment Summary

**Title of proposal: Reform of primary care ophthalmic services: Equality Impact Assessment**

**Department: Health and Social Services**

**Minister responsible: Minister for Health and Social Services**

**Start Date: 24 April 2023**

**For further information:**

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**This document is also available in Welsh: [hyperlink](#)**

## 1. Describe and explain the impact of the proposal on people with protected characteristics as described in the Equality Act 2010.

The Welsh Government is committed to reforming the provision of ophthalmic services in Wales and is consulting on proposals to update the current regulations to improve access to eye health services in primary, community, and hospital eye services (HES). 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 for the next four years, together with the main actions to achieve those objectives.

Aligned to Long-term Aim 1: Elimination of inequality caused by poverty is the objective that:

*We will take action to mitigate the risk of people falling into poverty, improving outcomes for those most at risk and who live in low income households.*

The Welsh Ministers have a power under the NHS (Wales) Act 2006 to provide for payments to be made to help with the cost of sight tests and optical appliances for certain categories of eligible person. Support is made available to eligible patients including children, and people on income-related benefits via the provision of an optical voucher which they can take to any supplier of their choice as a contribution towards the cost of their spectacles/contact lenses. In return, ophthalmic practitioners / suppliers of optical appliances are able to redeem the optical voucher value from NHS Wales.

However, assessment of the current optical voucher system highlighted inequity for patients with higher prescription needs, as the current voucher provided to patients at the higher prescription ranges does not, in all instances, cover the cost of the optical appliance. This results in patients at greatest need, both financially and clinically, often being asked to make significant financial contributions to the cost of their spectacles, despite being eligible for financial support.

We therefore intend to make amendments to current voucher values so that they more accurately represent the standard cost of the optical appliance across all prescription ranges.

To support this change, the inclusion of a duty is proposed within the draft National Health Service (Ophthalmic Services) (Wales) Regulations 2023, which will legally oblige practitioners who provide NHS sight tests and sell spectacles, to make available a basic pair of spectacles for those people who are eligible for an optical voucher. The basic pair of spectacles must meet the specification of the individual's prescription and be within the value of the relevant voucher to which the individual is entitled. This will ensure that an eligible person will be entitled to a basic appliance without further cost, thereby ensuring equity of access across all prescription ranges, ensuring they remain accessible for those most vulnerable.

The proposed changes to the regulatory framework also extends equality further to people with protected characteristics by correcting a disparity within the current regulations, the resolution of which will enable under 18-year-olds 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 the current legislation and arrangements), as is highlighted in greater detail within the *Children's Rights Impact Assessment (CRIA)*.

As part of the new proposals, we also intend to make amendments to the eligibility criteria to include prisoners on leave as eligible for vouchers in certain circumstances.

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

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

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

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

Long-term Aim 3 of the Welsh Government's *Strategic Equality Plan 2020-2024* highlights the importance of ensuring that:

*The needs and rights of people who share protected characteristics are at the forefront of the design and delivery of all devolved public services in Wales.*

Aligned to this aim is Equality Objective 3 which states:

*We will adopt an approach based on improving outcomes and removing barriers which prevent people fulfilling their potential. We will embed the Social Model of Disability to create better policy and services.*

The Welsh Government has adopted the Social Model of Disability. This Model makes an important distinction between 'impairment' and 'disability'. It recognises that people with impairments are disabled by barriers that commonly exist in society. These barriers include negative attitudes, and physical and organisational barriers, which can prevent disabled people's inclusion and participation in all walks of life. This Social Model approach is reflected in the reform of primary ophthalmic services which strongly reinforces that disabled people have an equal right to the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. Local health boards and NHS trusts are responsible for ensuring that no individual is deprived of their right of access to health care services and central to the reform is improving access to eye care health professionals combined with raising awareness of the services that local authorities, local health boards and NHS trusts have a duty to provide.

In alignment with the above priority and to ensure equitable access for the public and in particular people with protected characteristics, including disabled people, NHS contractors, under the terms of service brought about by the reform to primary ophthalmic services, will be required to agree core hours for clinical services. These are the hours during which the full range of service levels 1 and 2 will be available and will be agreed between the LHB and the contractor, and this will be advertised to the public to raise awareness. This differs to the current arrangement in which practices are able to decide on the level of core clinical support offered during their opening hours. As a result, patients who currently present with an acute eye problem can be turned down if the practice is not able to offer clinical support during their stipulated opening hours. This development aligns with the Welsh Government's [Programme for Government](#) commitment to deliver better access to health professionals as patients will know where and when they can access appropriate core clinical services in their localities which includes acute presentation.

The Equality Act 2010 provides safeguards, meaning that discrimination or unfair treatment on the basis of age, disability, race and other protected characteristics as detailed below (table 1), is against the law in almost all cases. Specifically, it is proposed that a Contractor can only refuse to provide services under the Contract to an eligible person if it has reasonable grounds for doing so, and those grounds cannot relate to a person's age or ophthalmic or related medical condition.

As a result, patients will be entitled to the following core services during agreed core hours:

- **Holistic eye health care**

- Service Level 1 – optometry contractors currently deliver sight tests to those who are eligible. The new proposed arrangement add vital elements over and above the current sight test as it expands to become holistic eye health care, which will include prevention and health and well-being advice, patient self-care, and the development of an individual patient management plan. This aligns Optometry with NHS Wales General Medical Services, Dentistry and Pharmacy in terms of the wider prevention, health and well-being advice provided at primary care.

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

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

Long-term Aim 2 of the Welsh Government's *Strategic Equality Plan 2020-2024* is committed to ensuring:

*Strong and progressive equality and human rights protections for everyone in Wales.*

Aligned to this aim is Equality Objective 2 stating:

*We will take action to identify and utilise all levers possible to protect, strengthen and advance equality and human rights in Wales.*

To support the above priorities, we propose to make provisions in the regulations to extend further mobile domiciliary access for NHS sight tests qualifying patients whose circumstances make it impossible, unreasonable, or otherwise impractical for them to receive care in an optometry practice.

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

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

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

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

The proposed reform also promotes equality further through extending eye care provision within the community, closer to people's homes in cohesion with Long-term Aim 6 of the Welsh Government's *Strategic Equality Plan 2020-2024* which advocates in favour of:

*A Wales of cohesive communities that are resilient, fair and equal.*

Aligned to this aim is Equality Objective 6 affirming our commitment to:

*build on our existing policies and interventions and develop a monitoring framework to measure progress towards community cohesion and the fostering of good relations.*

Under the new arrangements LHBs will be required to ensure that they provide higher levels of clinical services within their boundaries at primary care level to ensure local communities have equal access to enhanced clinical services. This also supports Long-term Aim 7 in which *Everyone in Wales is able to participate in political, public and everyday life.*

It will not be mandatory for all ophthalmic practices to provide these enhanced clinical services, nonetheless, it will be compulsory for all LHBs to provide the following services at a cluster/locality level within their respective LHB areas.

- Service Level 3 - The service offers support via the provision of low vision aids, signposting to other services and offering information regarding daily living and eye conditions. The introduction of Primary Care Optometrists, holding dual Eye Health Examinations Wales and Low Vision Service Wales accreditation, in the process of Certification of Vision Impairment for patients who are resident in Wales, in addition to the process currently provided in secondary care HES, is another additional element to this level of primary care service.

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

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

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

**Table 1 - Record of Impacts by protected characteristic:**

**Please complete the next section to show how this policy / decision / practice could have an impact (positive or negative) on the protected groups under the Equality Act 2010.**

Protected characteristic or group	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate impacts?
Age	<p>Positive - accelerates access to clinical care within a primary care setting – saving pressure on secondary care.</p> <p>Increased access to optometrist services will benefit people of all ages.</p>	<p>Analysis within:</p> <p>NHS Wales Eye Healthcare: Future Approach for Optometry Services and Health Impact assessment.</p> <p>A Healthier Wales: our Plan for Health and Social Care.</p> <p>Programme for government 2021 to 2026.</p>	<p>No need for mitigation. However, we will monitor the implementation of the new service and financial model for 12 months following the date of the regulations coming into force. This new model will be monitored against the targets that have been set within the Future Approach for Optometry Services.</p>
Disability	<p>Positive - Promoting and embedding the Social Model of Disability, in both Welsh Government and public bodies across Wales, is a firm priority of the Welsh Government.</p> <p>The overarching reform recognises the importance of access to eye care services in the community and close to home and all NHS contracted services have an obligation to deliver services in facilities which do not cause access difficulties for people who are impaired.</p> <p>Furthermore, the reform strongly reinforces that disabled people have an equal right to the highest attainable</p>	<p>Analysis within:</p> <p>NHS Wales Eye Healthcare: Future Approach for Optometry Services and Health Impact assessment.</p> <p>A Healthier Wales: our Plan for Health and Social Care.</p> <p>Programme for government 2021 to 2026.</p> <p>Social Model of Disability.</p>	<p>No need for mitigation. However, we will monitor the implementation of the new service and financial model for 12 months following the date of the regulations coming into force. This new model will be monitored against the targets that have been set within the Future Approach for Optometry Services.</p>

	<p>standard of health and to facilities for the treatment of illness and rehabilitation of health.</p> <p>Local health boards and NHS are responsible for ensuring that no individual is deprived of their right of access to such health care services.</p> <p>Additionally, provision has been included to ensuring mobile domiciliary access for NHS General Ophthalmic Services (GOS) qualifying patients whose circumstances make it impossible, unreasonable, or otherwise impractical for them to receive care in an optometry practice.</p>		
Gender Reassignment (the act of transitioning and Transgender people)	The intention of this strategy is that it applies equally to all and therefore it is not anticipated at this point that it would have any specific impact on transgender people.	<p>Analysis within:</p> <p>NHS Wales Eye Healthcare: Future Approach for Optometry Services and Health Impact assessment.</p> <p>A Healthier Wales: our Plan for Health and Social Care.</p> <p>Programme for government 2021 to 2026.</p>	No need for mitigation. However, we will monitor the implementation of the new service and financial model for 12 months following the date of the regulations coming into force. This new model will be monitored against the targets that have been set within the Future Approach for Optometry Services.
Pregnancy and maternity	<p>Positive - accelerates access to clinical care within a primary care setting.</p> <p>The reform will ensure that practices are able to respond promptly to all patients, including children.</p>	<p>Analysis within:</p> <p>NHS Wales Eye Healthcare: Future Approach for Optometry Services and Health Impact assessment.</p> <p>A Healthier Wales: our Plan for Health and</p>	No need for mitigation. However, we will monitor the implementation of the new service and financial model for 12 months following the date of the regulations coming into force. This new

	<p>An 'equitable system which achieves equal health outcomes for all' is part of the vision of A Healthier Wales.</p> <p>Eye health for early years is covered by:</p> <ul style="list-style-type: none"> <li>• Health visitors &amp; GP Programme: 0-18 months.</li> <li>• National Child Screening Programme: 4-5 years.</li> </ul>	<p>Social Care.</p> <p>Programme for government 2021 to 2026.</p>	<p>model will be monitored against the targets that have been set within the Future Approach for Optometry Services.</p>
<p>Race (include different ethnic minorities, Gypsies and Travellers and Migrants, Asylum seekers and Refugees)</p>	<p>Positive – accelerates access to clinical care within a primary care setting – addressing the evident health inequalities experienced by some Black, Asian and Minority Ethnic people.</p>	<p>Analysis within:</p> <p>NHS Wales Eye Healthcare: Future Approach for Optometry Services and Health Impact assessment.</p> <p>A Healthier Wales: our Plan for Health and Social Care.</p> <p>Programme for government 2021 to 2026.</p> <p>An Anti-Racist Wales - The Race Equality Action Plan for Wales.</p>	<p>No need for mitigation. However, we will monitor the implementation of the new service and financial model for 12 months following the date of the regulations coming into force. This new model will be monitored against the targets that have been set within the Future Approach for Optometry Services.</p>
<p>Religion, belief and non-belief</p>	<p>The intention of this strategy is that it applies equally to all and therefore it is not anticipated at this point that it would have any specific impact on a person's religion or belief or non belief.</p>	<p>Analysis within:</p> <p>NHS Wales Eye Healthcare: Future Approach for Optometry Services and Health Impact assessment.</p> <p>A Healthier Wales: our Plan for Health and Social Care.</p> <p>Programme for government 2021 to 2026.</p>	<p>No need for mitigation. However, we will monitor the implementation of the new service and financial model for 12 months following the date of the regulations coming into force. This new model will be monitored against the targets that have been set within the Future Approach for Optometry Services.</p>



Sex / Gender	The intention of this strategy is that it would apply equally to all and therefore it is not anticipated at this point that it would have any specific impact on a person's gender.	<p>Analysis within:</p> <p>NHS Wales Eye Healthcare: Future Approach for Optometry Services and Health Impact assessment.</p> <p>A Healthier Wales: our Plan for Health and Social Care.</p> <p>Programme for government 2021 to 2026.</p>	No need for mitigation. However, we will monitor the implementation of the new service and financial model for 12 months following the date of the regulations coming into force. This new model will be monitored against the targets that have been set within the Future Approach for Optometry Services.
Sexual orientation (Lesbian, Gay and Bisexual)	The intention of this strategy is that it would apply equally to all and therefore it is not anticipated at this point that it would have any specific impact on a person's sexual orientation.	<p>Analysis within:</p> <p>NHS Wales Eye Healthcare: Future Approach for Optometry Services and Health Impact assessment.</p> <p>A Healthier Wales: our Plan for Health and Social Care.</p> <p>Programme for government 2021 to 2026.</p>	No need for mitigation. However, we will monitor the implementation of the new service and financial model for 12 months following the date of the regulations coming into force. This new model will be monitored against the targets that have been set within the Future Approach for Optometry Services.
Marriage and civil partnership	The intention of this strategy is that it would apply equally to all and therefore it is not anticipated at this point that it would have any specific impact on whether a person is married or in a civil partnership.	<p>Analysis within:</p> <p>NHS Wales Eye Healthcare: Future Approach for Optometry Services and Health Impact assessment.</p> <p>A Healthier Wales: our Plan for Health and Social Care.</p> <p>Programme for government 2021 to 2026.</p>	No need for mitigation. However, we will monitor the implementation of the new service and financial model for 12 months following the date of the regulations coming into force. This new model will be monitored against the targets that have been set within the Future Approach for Optometry Services.
Children and young people up to the age of 18	The reform will ensure that optometry practices are able to respond promptly to all patients, including children.	<p>Analysis within:</p> <p>NHS Wales Eye Healthcare: Future Approach for Optometry</p>	No need for mitigation. However, we will monitor the implementation of the new service and

	<p>Attendance at optometrists from a young age encourages habitual attendance and links with education and social development.</p> <p>Increased access to optometrist services will benefit children and young people.</p>	<p>Services and Health Impact assessment.</p> <p>A Healthier Wales: our Plan for Health and Social Care.</p> <p>Programme for government 2021 to 2026.</p>	<p>financial model for 12 months following the date of the regulations coming into force. This new model will be monitored against the targets that have been set within the Future Approach for Optometry Services.</p>
Low-income households	<p>This will be a direct positive effect due to improved access to wider eye health care services and updating of optical voucher values, ensuring a basic appliance without further cost, across all prescription ranges, to eligible patients.</p>	<p>Analysis within:</p> <p>NHS Wales Eye Healthcare: Future Approach for Optometry Services and Health Impact assessment.</p> <p>A Healthier Wales: our Plan for Health and Social Care.</p> <p>Programme for government 2021 to 2026.</p>	<p>No need for mitigation. However, we will monitor the implementation of the new service and financial model for 12 months following the date of the regulations coming into force. This new model will be monitored against the targets that have been set within the Future Approach for Optometry Services.</p>

## Human Rights and UN Conventions

Do you think that this policy will have a positive or negative impact on people's human rights?

Human Rights	What are the positive or negative impacts of the proposal?	Reasons for your decision (including evidence)	How will you mitigate negative impacts?
	<p>The intention of this strategy is that it applies equally to all and central to the policy is increasing access to services and in particular for vulnerable people and people with protected characteristics, thereby generating a positive impact on people's human rights in both a direct and rounded manner.</p>	<p>Analysis within:</p> <p>NHS Wales Eye Healthcare: Future Approach for Optometry Services and Health Impact assessment.</p> <p>A Healthier Wales: our Plan for Health and Social Care.</p> <p>Programme for government 2021 to 2026.</p>	<p>No need for mitigation. However, we will monitor the implementation of the new service and financial model for 12 months following the date of the regulations coming into force. This new model will be monitored against the targets that have been set within the Future Approach for Optometry Services.</p>

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Gymraeg. This document is also available  
in Welsh.

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