

Sensory Health: Eye Care and Hearing Statistics in Wales

28 June 2017

Background

What are these statistics?

These statistics summarise Eye Care and Hearing services provided in Wales. Before 2012-13 their scope was General Ophthalmic services provided in terms of activity statistics in terms of sight tests and vouchers provided and also workforce statistics. From 2012-13 the scope has been extended to include summary data from a variety of other eye care services in Wales. From 2016-17 the scope has been further extended to include hearing loss and audiology data. They aim to inform Welsh Government policy on eye care and audiology and the planning and delivery of local ophthalmic services.

Scope

The statistics cover the following services:

- Primary eye care services:
 - General Ophthalmic Services (GOS)
 - GPs
 - Eye Health Examination Wales (EHEW)
- Diabetic Eye Screening Wales (DESW) (previously known as Diabetic Retinopathy Screening Service Wales (DRSSW))
- Hospital Eye Service
- Low Vision Service Wales
- Certification and Registration as sight impaired, severely sight impaired and hearing impaired
- Primary and hospital workforce
- Selected statistics on the numbers of people suffering from hearing loss, using hearing aids and accessing hospital care for hearing related conditions

Throughout the release a number of eye related conditions are referred to. The background on these conditions are available from the [RNIB website](#).

Eye care services are available “on-demand”, largely in the high street from the private sector. Although such data are not centrally collected, a large number of sight tests are delivered on an entirely private basis, with no support from Government funding.

Before 2010-11 sight test and voucher statistics were published by the [NHS Digital](#) (previously known as the Health and Social Care Information Centre (HSCIC)) who still publish ophthalmic workforce statistics.

About this quality report

This quality report informs users of quality issues, including revisions, to the annual Sensory Health release.

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An introduction to Welsh eye care services

Primary eye care services - General Ophthalmic Services (GOS)

Having a sight test with an optometrist at least once every two years is recommended as part of everyone's health care routine as this may reduce preventable sight loss. A sight test can also detect other general health problems such as high blood pressure.

Annual sight tests are recommended for children up to the age of sixteen, at least every two years from the age of 16–69 years and then annually for people aged 70 years and over unless advised otherwise by their optometrist. People with diabetes or a family history of glaucoma are advised to have their eyes checked every year.

Many people qualify for a free NHS GOS sight test, including:

- people aged 60 and over
- children under 16 (or under 19 and in full-time education)
- people with diabetes
- people aged 40 and older who have an immediate family member with glaucoma
- people eligible for certain benefits

Primary eye care services - Eye health examination Wales

The Eye Health Examination Wales (EHEW) scheme offers extended free eye examinations to groups of the population that are at greater risk of certain eye diseases and to those that may find losing their sight particularly disabling, such as people who are already blind in one eye.

Optometrists who provide EHEW eye examinations for people who:

- have sight in one eye only (uniocular)
- have a hearing impairment or are profoundly deaf
- have retinitis pigmentosa
- are from an ethnic group that is Black (which includes African/Caribbean/Black British or other Black) or Asian (which includes Indian/Pakistani/Chinese/Bangladeshi/Asian British or other Asian)
- are at risk of eye disease because of a family history
- are experiencing eye problems that need urgent attention

[A list of EHEW accredited optometrists.](#)

Primary eye care services - GPs

GPs refer a small proportion of people with eye problems to the hospital eye service.

Primary eye care services - Diabetic Eye Screening Wales

This service is offered to every eligible person aged 12 and over with diabetes who is registered with a GP in Wales. The service makes use of mobile screening units, which visit the various Health Board areas.

The Hospital Eye Service

Ophthalmologists are medically trained doctors with specialist skills in the diagnosis and treatment of eye diseases. Ophthalmologists work predominantly in Ophthalmology Departments in hospitals (the Hospital Eye Service). Common conditions are cataracts, glaucoma, diabetes and Macula Degeneration (Wet and Dry). All Ophthalmology Departments include outpatient clinics and many also have eye casualty departments, operating theatres and laser eye surgery workstations.

The Low Vision Service Wales

This service aims to help people with visual impairment to remain independent by providing low vision aids such as magnifiers, and by appropriate education, referral, and rehabilitation training. Low Vision is a term used to describe a sight problem that cannot be corrected by glasses, contact lenses, or medical treatment. Over 200 practitioners are accredited and provide the service in optometry practices in Wales. Referrals are from a range of professionals and from individuals themselves.

Certification and Registration as Sight Impaired and Severely Sight Impaired

The Certificate of Vision Impairment (CVI) is used to record patients with sight impairment as severely sight impaired or sight impaired. With patient consent and when signed by a consultant ophthalmologist, the CVI is the formal notification to Local Authorities to assess the needs of the individual for services and register them as sight impaired or severely sight impaired. A copy of the CVI containing information about the eye condition causing the sight impairment is also sent to Moorfields Eye Hospital who collate and analyse the data for new registrations each year.

Registering with a local council can make it easier to get practical support from a patient's social services department. It can also be a 'passport' to getting concessions and benefits, such as travel, parking and TV license concessions. For example, as well as helping to get support with doing everyday tasks, becoming registered as severely sight impaired or sight impaired entitles a patient to travel and other concessions such as the Disabled Person's Railcard and local travel schemes. If a patient is registered as severely sight impaired, they are also entitled to a tax allowance, free NHS sight tests, parking concessions and free postage on some items. People who are certified as having a sight impairment may choose not to be registered.

Data sources, definitions and quality information

General Ophthalmic Service (GOS) - Sight tests and vouchers

Activity data on **sight tests** paid for by the NHS, optical vouchers and repairs are collected via a series of General Ophthalmic Service (GOS) forms which are used in the ophthalmic service payment process:

- GOS1 – NHS sight tests, including information on patient eligibility status.
- GOS2 – The optical prescription or statement given to the patient. This form is not used as a basis for reporting.
- GOS3 – NHS optical vouchers - including information on patient eligibility status.
- GOS4 – NHS optical repair/replacement vouchers - including information on patient eligibility status and voucher type.
- GOS5 – Private sight tests with partial help towards the full cost.
- GOS6 – Domiciliary sight tests.

The data is obtained from Primary Care Services, NHS Wales Shared Services Partnership. Ophthalmic statistics relate to services provided by ophthalmic practitioners in contract to Health Boards (HBs).

The large majority of forms are sent as paper returns to Primary Care Services who input all GOS 3, GOS 4, GOS 5, GOS 6 onto the payments system. The GOS 1 is the only form that is batch entered, however Primary Care Services are currently using an electronic link facility where practices send GOS 1 forms directly to the payments system. There are presently (2015-16) 26 stores linked in Wales and more are timetabled to be linked. Primary Care Services supply the aggregated activity (sight test and vouchers) data for each of the HBs for these statistics to the Welsh Government Knowledge and Analytical Service at the start of April after the end of the financial year.

The [Central Ophthalmic Payments System](#) records General Ophthalmic Service claims, automates the payment process, produces required statistical returns and provides fraud prevention and detection tools.

Note that although such data are not centrally collected, a large number of sight tests are delivered on an entirely private basis, with no support from Government funding.

Definitions

Sight test eligibility

Under current guidelines at the time of publishing, the following groups are eligible for an NHS sight test. Note that there have been some changes in sight test eligibility over the years, which would have an impact on total sight test time series figures:

- Patients aged 60 or over
- Children aged under 16

- Students in full time education aged 16-18
- Adults receiving Income Support and their partners
- Adults receiving income based Job Seekers Allowance (JSA)
- Adults receiving Income-related Employment and Support Allowance (ESA) *
- Adults receiving Pension Credits guarantee credit (PCGC) *
- Adults receiving Universal Credit
- Adults receiving Tax Credit
- Patients holding an HC2 certificate
- Patients registered blind or partially sighted
- Glaucoma and diabetes sufferers
- Patients who have been advised by an ophthalmologist that they are at risk of glaucoma
- Close relatives of a glaucoma sufferer over 40 years of age
- Patients requiring complex lenses

**Figures for PCGC and ESA are included within Income Support in our reports.*

It should be borne in mind that people may qualify for a sight test paid for by the NHS on more than one criterion. However, they would only be recorded against one criterion on the GOS form. Patients are more likely to be recorded according to their clinical need rather than their age. For example, a patient aged over 60, with glaucoma is likely to be recorded in the glaucoma category only. The count by eligibility is therefore approximate.

Information on sight tests paid for by the NHS by patient eligibility is based on a 2 per cent sample for HBs who input batched or aggregated data into the Payments System. For these HBs the numbers of sight tests by patient eligibility are grossed up to sum to the total known HB total.

Universal Credit

Universal Credit is a new single payment for people who are looking for work or on a low income. Roll out of Universal Credit began during 2013. Statistics on Universal Credit claimants are published by the [Department of Work and Pensions](#).

HC2 or HC3 certificate

Some people on a low income may qualify for help towards NHS charges. Entitlement to help is based on circumstances such as level of income, savings, etc. A HC1 form 'Claim for Help with Health Costs' will need to be completed giving various details of circumstances. Those qualifying for help will be sent an HC2 or HC3 Certificate. An HC2 qualifies people for full costs. An HC3 qualifies people for partial help with health costs.

Domiciliary sight tests

The majority of sight tests paid for by the NHS are conducted at practitioners' premises. A small proportion of tests are conducted away from ophthalmic premises. These include sight tests carried out at people's homes and at residential homes. This data is collected via the GOS6 form.

Domiciliary sight tests are re-imbursed at two rates:

- Higher rate - where the patient is the first or second to be seen at an address
- Lower rate - third and subsequent patients visited at the same address.

Private sight tests and those with partial help

The number of people who pay in full for private sight tests in Wales is not collected by the NHS. Patients with HC3 certificates as part of the low-income scheme are entitled to varying degrees of financial help with private sight tests. Data are collected via the GOS5 form.

NHS optical vouchers

The NHS optical voucher scheme was introduced in July 1986. Under the scheme, patients who had previously been eligible to have NHS spectacles were given NHS optical vouchers to put towards buying their own choice of spectacles, or having new lenses fitted to their existing frames. From April 1988, NHS optical vouchers could also be put towards the cost of contact lenses. Patients may receive a voucher for more than one pair of spectacles. Optical voucher data are recorded via GOS3 forms which are fully input into the Payments System.

Eligibility for NHS optical vouchers differs to that for sight tests paid for by the NHS. The following groups are eligible for NHS optical vouchers. Note that there have been some changes in voucher eligibility over the years, which would have an impact on total voucher time series figures:

- Children aged under 16
- Students in full time education aged 16-18
- Adults receiving Income Support and their partners
- Adults receiving income based Job Seekers Allowance and their partners
- Adults receiving Employment and Support Allowance (ESA) and their partners
- Adults receiving Pension Credits guarantee credit and their partners
- Adults receiving Universal Credit
- Adults receiving Tax Credit and their partners
- Patients on low income holding an HC2 or HC3 certificate
- Patients requiring complex lenses.

As GOS3 forms are fully input into the Payments System voucher eligibility statistics are more robust than the sample based sight test eligibility figures.

NHS vouchers for repair or replacement

Information on NHS vouchers for repairs or replacements are captured via GOS 4 forms which are fully input into the Payments System. Eligibility for vouchers for repair or replacements is the same as that for optical vouchers. However, patients must provide additional information on how the loss or damage happened.

Data quality

In previous editions of the release prisoners on leave was included as an eligibility category for NHS sight tests and vouchers. This was incorrect and these figures have been removed from all charts and tables where possible. However, the numbers for Wales were very small and this has had no substantive impact on totals.

Eye Health Examination Wales

This data is obtained from NHS Wales Informatics Service (NWIS) who hold and maintain a database on behalf of Primary Care Services, NHS Wales Shared Services Partnership who are responsible for administering the claims received from accredited practitioners carrying out examinations. Data is presented in terms of numbers of examinations claimed for according to the basis for entitlement, outcomes and Health Board of the optometrist delivering the service. The counts are the numbers of examinations which have been claimed for and paid in the financial year rather than the number of examinations which took place during the financial year. Claims generally relate to examinations taking place the month before the claim and payment but if a practice does not submit their claims on a regular basis the delay may be longer, up to a maximum of 6 months.

Note that the scheme and the relevant claim form were adjusted from April 2013. This has meant that:

- Data for 2013-14 cannot be compared with data previously published for 2012-13.
- The data for 2013-14 related to the 11 months May 2013 to March 2014 during which payments under the adjusted scheme were made.

From 2016-17 additional information on patient age, reasons for attendance, symptoms and actions taken has been published..

Definitions

From 2013-14 a banded fee structured has applied as follows:

Band 1: These examinations enable patients with acute eye conditions; those in at-risk categories for developing eye disease or those who would find losing their sight particularly difficult to obtain free, at the point of access, an eye examination.

Band 2: These examinations enable patients to have additional investigations so that the optometrist or OMPs can further inform their referral, investigate clinical findings or determine management after a sight test (GOS or private).

Band 3: This examination enables patients to be followed-up after they have had an initial appointment for an EHEW.

Diabetic Eye Screening Wales

Aggregated counts of patients are derived from patient records and used as information to manage the DESW and have been provided for this statistical release. No data relating to individual patients has been transferred in this process.

When a patient is diagnosed with diabetes by a GP a referral is sent to DESW and the patient is registered and invited for screening. Screening is carried out in a mobile unit or healthcare sites. Patient information, including retinal images, is stored on the DESW database.

DESW validates the database monthly against the [Welsh Demographic Service](#) to ensure that it is aligned with living Welsh residents. Total counts are also routinely validated against GP diabetes disease registers.

Under the UK National Screening Committee (NSC) standards, new patients referred to the service must be offered a screening appointment within 13 weeks. If the result of screening is normal then the patients are recalled for further screening within 12 to 15 months.

[Background information about diabetes and about associated eye problems.](#)

Definitions

Eligible active patients: These are the patients who meet the eligibility criteria for screening who can receive a Scheduled appointment. Patients who fall into the “Eligible Inactive” category meet the eligibility criteria for screening, but cannot receive a Scheduled appointment as they have either been referred to, or are currently under the care of the Hospital Eye Service.

Permanently Inactive patients are those who either have refused screening, have moved out of the area or who are no longer diabetic.

Scheduled appointments: these were previously described as “Invitations for screening”; this was a count of the number of appointment letters printed during the report period. The count of Scheduled appointments counts the number of patient appointments that were scheduled to take place during the report period. The figure allows DESW to compare against attendance and DNA figures whereas the previous figure did not.

New registrations: These are the number of new patient registrations during the report period.

Results reported: This is a count of result letters printed for the patients screened during the report period.

Types of diabetes: “MODY” is [Maturity Onset Diabetes in the Young](#). This is a different form of diabetes from Type I/II.

Screening outcomes: The following outcomes are recorded on the DESW database and are summarised in these statistics:

Note: The retinopathy and maculopathy classifications have now changed according to the Common Pathway grading protocol which came into effect on 26th November 2014 ([DESW Common Pathway grading protocol](#)).

Grading outcomes: a grading protocol is used which differentiates the presence of disease within the worst affected eye (s) in terms of retinopathy and maculopathy and their relative extent.

In these statistics the following outcomes are summarised:

No retinopathy: in grading terms this is R0M0.

Any retinopathy: in grading terms this refers to any outcome more serious than R0M0 (e.g. R1M0)

Sight threatening retinopathy / maculopathy: includes outcomes R1M1, R1M2, R2, R2M0, R2M1, R2M2, R3, R3M0, R3M1, R3M2, M2, R3AM1, R3SM1, R3AM0

Severe retinopathy / maculopathy: includes outcomes R3, R3M0, R3M1, R3M2, M2, R3AM1, R3AM0

Stable treated retinopathy: includes outcomes R3SM0 and R3SM1.

Please note that the maculopathy grade outcome of M2 was used prior the Common Pathway grading protocol change. This has now been changed to M1 (referable diabetic maculopathy). Data from DESW in the current release reflects this change. Note that not all patients with a screening outcome of sight threatening retinopathy may be included in the counts of referrals; some for example may be already under the care of the hospital eye service.

Stable treated retinopathy: In the previous grading protocol prior to the Common Pathway grading protocol, all proliferative retinopathy (R3) was considered potentially sight threatening. In the current Common Pathway grading protocol, a new outcome has been added (R3S) for cases which require no immediate treatment.

Referrals: all referrals made to the Hospital Eye Service following screening.

Urgent referrals: all referrals made to the Hospital Eye Service following screening requiring a hospital appointment, 95 per cent of which should be within 14 days of referral.

Soon referrals: From 2014-15 the Soon referral category is no longer available. This came into effect from 26th November 2014 with the move to the Common Pathway Grading Protocol. Those patients who would have been referred according to the soon category are now included in the routine or urgent categories, depending on clinical need.

Data quality

Note that there are small amounts of missing data within some fields of the DESW statistics. Percentages are calculated of records with stated values. The outcomes of a number of screenings were ungradeable in each year (usually between 2,000 and 3,000).

Hospital Eye Service

Waiting times:

The Referral to treatment time (RTT) is the period of time from referral by a GP or other medical practitioner to hospital for treatment in the NHS in Wales. A referral to treatment pathway covers the time waited from referral to hospital for treatment in the NHS in Wales and includes time spent waiting for any hospital appointments, tests, scans or other procedures that may be needed before being treated. Some of the terminology used in Referral to Treatment reporting has changed. Previously, when publishing these statistics, we used the terminology 'patients'. However, some users misinterpreted this as unique patients where it is possible that a person could be on a number of different lists waiting for different conditions – i.e. there would be one patient but more than one pathway.

For further information on Referral to treatment times see:

[Statistics and Research website: Referral to treatment times](#)

[StatsWales website: Closed patient pathways by month, local health board and weeks waiting](#)

[StatsWales website: Patient pathways waiting to start treatment by month and grouped weeks](#)

NHS Referrals:

NHS Referrals statistics are derived from the Outpatient Referrals Data Set (OPR DS) and count the number of referrals received by Welsh Local Health Boards for a first outpatient consultant appointment, regardless of the patient's area of residence. The referral date is the date which the Local Health Board receives the referral and not the date when the patient was referred. The data includes all patients, regardless of area of residence, referred to a Local Health Board in Wales. This data will not include any referrals from, for example, a GP located in Wales to a hospital outside Wales (e.g. England). It will however include referrals by a GP for an appointment in a Welsh Local Health Board for people resident outside Wales.

Following analysis presented in a [Statistical Article](#) a new statistical series, '[NHS Referrals for first outpatient appointments](#)' was established and includes data on both GP and all referrals. GP referrals, over all treatment functions (the specialty under which a patient is treated), represent at most around 70 per cent of all referrals for first outpatient appointments. There is variation in recording practice across health boards and not all sources of referral codes are captured. Since October 2014 the number of health boards who have submitted data on "other sources of referral" has increased significantly causing a rise in the number of non-GP referrals since October 2014. For ophthalmology this has become increasingly important as an increased number of referrals begins to come directly from optometrists rather than via GPs. Care must be taken therefore when analysing ophthalmology referrals over time, especially for those years immediately after this change in coding. In general caution should be exercised in the interpretation of these figures as data quality improvement work is ongoing.

[Statistics and Research website: NHS Referrals](#)

[StatsWales website: Referrals by treatment function and month](#)

Prior to October 2012, the data source for GP referrals for first outpatient appointments was an aggregate GP referrals data collection.

In-patient and day case statistics:

The source of the data is the Patient Episode Database for Wales (PEDW) which is a database of individual hospital patient records held by the NHS Wales Informatics Service (NWIS). More information on this data source can be found from the [PEDW website](#).

An admission is defined as the first period of inpatient care under one consultant within one healthcare provider. Admissions are counted against the year in which they begin. Note that admissions do not represent the number of individual patients, as a person may have more than one admission within the year.

The codes used in Tables 7 and 8 are as follows:

Diagnosis Codes for Eye related conditions

Age Related Macular Degeneration

Diagnosis_Code	Description
H353	Degeneration of macular and posterior pole

Cataract

Diagnosis_Code	Description
H25	Senile cataract
H26	Other cataract
H281	Cataract in other endocrine, nutritional and metabolic dis
H282	Cataract in other diseases classified elsewhere
Q120	Congenital cataract

Diabetic Retinopathy

Diagnosis_Code	Description
H360	Diabetic retinopathy

accompanied by one of the following codes...

Diagnosis_Code	Description
E103	Insulin-dependent diabetes mellitus with ophthalmic comps
E113	Non-insulin-dependent diabetes mellitus with ophthalmic comps
E123	Malnutrition-related diabetes mellitus with ophthalmic comps

E133	Other specified diabetes mellitus with ophthalmic comps
E143	Unspecified diabetes mellitus with ophthalmic complications

Glaucoma

Diagnosis_Code	Description
H40	Glaucoma
H42	Glaucoma in diseases classified elsewhere
Q150	Congenital glaucoma

Procedure Codes for cataract surgery

Cataract Surgery

Operation_Code	Description
C71	EXTRACAPSULAR EXTRACTION OF LENS
C72	INTRACAPSULAR EXTRACTION OF LENS
C73	INCISION OF CAPSULE OF LENS
C74	OTHER EXTRACTION OF LENS
C751	INSERTION OF PROSTHETIC REPLACEMENT FOR LENS NEC
C754	INSERTION OF PROSTHETIC REPLACEMENT FOR LENS USING SUTURE FI
C758	OTHER SPECIFIED
C759	UNSPECIFIED

Laterality of Operation

Operation_Code	Description
Z942	RIGHT SIDED OPERATION
Z943	LEFT SIDED OPERATION

Outpatient statistics:

Outpatient activity was sourced from QS1 returns up to December 2012. The decision was taken to cease the collection of outpatient activity within the QS1 returns and, where possible, derive the outpatient activity information using the Outpatient Minimum Dataset. From the 2013-14 edition of this release the Outpatient Minimum Dataset has been used as the source of this outpatient data (for all years) and consequently data in this release is not comparable with editions issued before this date.

Note that the Outpatient data does not match the [StatsWales data for Outpatient activity](#), as the data presented here is on a Welsh provider basis, which includes activity provided by Welsh organisations and data submitted by English organisations with records for patients who are registered with a Welsh GP. The StatsWales data however is presented on a Welsh activity basis (i.e. the outpatient activity carried out at hospital sites in Wales, which includes activity carried out by English organisations in Welsh hospitals and excludes activity carried out in England for Welsh residents or organisations).

For further information, see the Statistical Article [Outpatient Activity Minimum Dataset: publication of data and discussion of data quality](#).

Low Vision Service Wales

The LVSW provides for an annual assessment by accredited practitioners in Wales. Aggregated counts of assessments carried out which are derived from the LVSW' patient database are routinely used to manage the service and have been provided for the purposes of these statistics. Demographic information of patients together with self-reported conditions is recorded. Although the service provides for an annual assessment there may be a number of reasons why patients are not seen every year for example they may choose not to have a further assessment or if there are no perceived changes in their vision levels during a subsequent sight test the optometrist may not automatically recall them.

The LVSW data regarding ethnicity is gathered via trained staff members who ask the patient what ethnicity they identify with. There is specific training in force by the LVSW to make sure that this is done correctly and not assumed by the practice staff. All of the data provided by the LVSW is patient reported other than data on Visual acuities.

A number of conditions are referred to in statistics for the Low Vision Service Wales data. A background on these conditions are available from the [RNIB website](#).

New patient referrals

Counts of new referrals to the service have been provided by the LVSW from 2013-14 together with the source of the referral where it is recorded. Sources of referral which are recorded by the LVSW include referrals from optometrists, ophthalmology (hospital eye service), social services, voluntary sector, GPs, friend/relative/self, education, employment. Each year there are a small number of referrals where no source of referral is recorded.

The LVSW also refers patients on to other sources including to optometrists, social services, ophthalmology, GPs and voluntary groups. LVSW started to collect data about the ethnicity of their patients from 1 October 2014.

Visual acuity

Visual acuity is recorded as a key part of the assessment criteria but note that patients can be referred into the service for a variety of sight affecting conditions that do not always meet the

LVSW general Visual Acuity guidelines for the service. Cases not meeting the general visual acuity guidelines are accepted at the discretion of the LVSW Clinical Lead.

Visual acuity is measured according to the "Snellen fraction" by comparing the distance in meters at which a patient can correctly identify a letter compared with a "normal" sighted person; so, for example, 6/6 means that at six meters test distance the person could correctly identify a letter that a "normal" sighted person should see at 6 meters i.e. "normal" vision. 6/12 means that at 6 meters test distance the person could correctly identify a letter that a "normal" sighted person should see at 12 meters. The categories which are recorded by the LVSW and aggregated for presentation in this release are as follows:

6/6 +

6/7.5 - 6/12

6/15 – 6/48 (i.e. less than 6/12 to 6/60)

6/60 - 6/120

6/150 - 6/600

HM: the person could not see any letters on the chart but could see Hand Movements

NPL: the person could not perceive light

VA not recorded: in a small number of cases it may not have been possible to record visual acuity for example for patients who were not able to perform the tests.

These categories have been aggregated in this release are as follows:

6/12 or better

Worse than 6/12 but better than 6/60

6/60 or worse (including HM and NPL)

The small number of cases where visual acuity is not recorded are excluded from the table.

Certification and Registration as Sight Impaired and Severely Sight Impaired

People with sight impairment are registered by local authorities following certification of their sight impairment by a consultant ophthalmologist. The Certificate of Vision Impairment (Wales) formally certifies someone as 'sight impaired' or 'severely sight impaired', so that the Local Authority can register him or her.

Data on these registrations were supplied to the Data Collection team within the Welsh Government by the 22 local authorities in Wales on form SSDA900 (Register of people with physical or sensory disabilities). The data is published annually together with data on local authority registers of people with learning disabilities as "[Local Authority Registers of People with Disabilities, Wales](#)". The data relates to the total numbers of people on the registers; information on new registrations is not included.

The form applies an extensive series of validation checks to ensure that the information provided is accurate and consistent. Further information on quality and methods can be found in the relevant [Quality Report](#).

Some local authorities were unable to provide all the information requested. The registers of people with learning disabilities data may be an underestimate of the total number of people with learning disabilities as registration is voluntary. Local authorities submit numbers of all persons identified as having a learning disability currently known to the authority and included in a register of records for the purpose of planning or providing services.

The registers of people with physical or sensory disabilities include all persons registered under Section 29 of the National Assistance Act 1948. However, registration is voluntary and figures may therefore be an underestimate of the numbers of people with physical or sensory disabilities. Registration of severe sight impairment is, however, a pre-condition for the receipt of certain financial benefits and the numbers of people in this category may therefore be more reliable than those for partial sight impairment or other disabilities. These factors alongside uncertainties about the regularity with which councils review and update their records, mean that the reliability of this information is difficult to determine and so it cannot be thought of as a definitive number of people with disabilities.

Registration is voluntary and access to various, or to some, benefits and social services is not dependent on registration. If the person is not known to social services as someone with needs arising from their visual impairment, registration also acts as a referral for a social care assessment.

CVIs: new registrations

Data on new registrations has been provided by Moorfields Eye Hospital NHS Foundation Trust from the Database for Epidemiological data on Visual Impairment Certificates (DEVICE). The analysis is supported by RNIB, the NIHR Biomedical Research Centre for Ophthalmology and the Royal College of Ophthalmologists.

Counts of patients by age group, Health Board and reported cause of sight loss have been provided for these statistics. The counts relate to completions of CVI (all causes - preventable and non-preventable) by a consultant ophthalmologist.

Cause of sight loss: counts of CVIs are provided for the three main eye diseases, which can result in blindness or partial sight if not diagnosed and treated in time. These are age related macula degeneration (AMD), glaucoma and diabetic retinopathy. For each cause the counts include sight loss due to each cause as the main cause or if no main cause as a contributory cause, which could result in individuals being counted again under other conditions if more than one contributory cause. Note that for Diabetic retinopathy these are not counts of diabetics with visual impairments due to any cause.

As explained in relation to all registrations above, certification is voluntary so true rates may be higher than this analysis shows. Incidence may vary due to the risk of sight loss being influenced by health inequalities, including ethnic, deprivation and age profiles of the local population. There

are also geographic variations in data collection and data collection levels may reflect non-completion of certification rather than just low incidence.

[Further information about the CVI data](#)

Workforce

Primary Care workforce

Numbers of **practitioners** are obtained from the Performers Lists, as at 31 December each year. This data is published annually by HSCIC and re-used in Welsh Government statistics:

[General Ophthalmic Services, Workforce Statistics for England and Wales 31 December 2016.](#)

In order to carry out an NHS sight test, an ophthalmic practitioner has to be registered on a Health Board (HB) list. Under the GOS regulations 2005, there are two types of lists that have to be maintained: the Ophthalmic Lists (OL) and the Supplementary Lists (SOL).

Contractors have to be recorded on the Ophthalmic List for each HB in which they provide GOS services, and so can appear more than once on the Ophthalmic Lists, although the contractor will only be counted once in the national figures shown in this report.

Practitioners assisting in the provision of GOS are required to be recorded on the Supplementary List with a HB, and can only appear on the Supplementary List of one HB at a time. However, by being recorded on one HB Supplementary List, a practitioner can undertake sight tests paid for by the NHS anywhere in the country.

Where a HB determines in accordance with the regulations that a practitioner has not, during the preceding six month period provided General Ophthalmic Services for persons in its locality, they may remove that name from its lists. The procedure for removing inactive practitioners from both lists is through an agreement between the HB and the practitioner.

An ophthalmic practitioner may hold a contract with more than one HB, and would be required to be recorded on the OL for all HBs they hold a contract with. Practitioners holding contracts in more than one HB would only be counted once in the national figures shown in this report, but would be counted in each HB within which they held a contract for the purposes of the HB level data. A practitioner that holds a contract in both England and Wales would be counted in the national totals for each country.

Not all practitioners recorded on HB lists will have carried out sight tests paid for by the NHS. Further, data are not collected on the hours a practitioner works, nor the amount of time they devote to the NHS.

Hospital workforce

The source of these data is an annual extract relating to 30 September each year from the HR/payroll system for the NHS called the Electronic Staff Record (ESR), which covers all NHS organisations in England and Wales. For further information about NHS workforce data see:

[Statistics and Research website: Staff directly employed by the NHS](#)

Definitions:

Optometrist or Ophthalmic Optician (OO)

An Optometrist is qualified to test eyesight and to prescribe and dispense spectacles. Their training enables them to recognise abnormalities and diseases of the eye. They are registered with the General Ophthalmic Council (GOC).

Ophthalmic Medical Practitioner (OMP)

An Ophthalmic Medical Practitioner is a qualified doctor who specialises in eyes and eye care. In addition to their medical skills, they are qualified to test eyesight and prescribe spectacles. They are registered with the General Medical Council (GMC).

Survey data

The Welsh Health Survey is a source of information about the health and health-related lifestyle of people in Wales and is based on a sample of the general population living in private households in Wales.

The survey provides statistics in the following areas:

- health status, illnesses, and other conditions
- health-related lifestyle
- health service use
- health of children

Full results can be found at:

[Statistics and Research website: Welsh Health Survey](#)

Technical documentation can be found at in the [quality report](#).

Welsh Health Survey ceased in its current form at the end of 2015, the results for 2015 are therefore the final set of Welsh Health Survey results.

National Survey for Wales

The [National Survey](#) in 2014-15 asked three new questions specifically on eye care: respondents were asked how often they had their eyes tested, why they haven't had their eyes tested more frequently, and who they would contact for help in the first instance if they had pain or redness in their eye. These questions were asked again in 2016-17, together with a general question on eyesight.

More information about new content of the survey can be found on the [Statistics and Research website](#).

Hearing Loss

A brief summary of available statistics relating to hearing loss and related services has been added to this release in the context of hearing problems being a common and growing problem in Wales.

Without proper diagnosis and management, hearing loss can reduce a person's ability to communicate, stay socially active, maintain good cognitive, mental, and physical health, and get and keep a job. Being unable to communicate leaves people cut off from the world and leads to higher costs for the NHS, the government and the national economy, as people are forced to leave work early, left unable to manage other health conditions, and in greater need of more intensive support. It is thought that older people with hearing loss are more than twice as likely to develop depression as their peers without hearing loss and at least twice as likely to develop dementia.

Data sources, definitions and quality information for hearing loss

The section on hearing loss makes use of sources described above for eye care.

[Welsh Health Survey](#)

In-patient and day case statistics:

The source of the data is the Patient Episode Database for Wales (PEDW) which is a database of individual hospital patient records held by the NHS Wales Informatics Service (NWIS). More information on this data source can be found from the [PEDW website](#).

An admission is defined as the first period of inpatient care under one consultant within one healthcare provider. Admissions are counted against the year in which they begin. Note that admissions do not represent the number of individual patients, as a person may have more than one admission within the year.

Selected codes from the following lists are used in the hearing related tables:

Diagnosis Codes for Hearing related conditions

Diagnosis_Code	Description
H90	Conductive hearing loss, bilateral
H901	Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side
H902	Conductive hearing loss, unspecified
H903	Sensorineural hearing loss, bilateral
H904	Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side
H905	Sensorineural hearing loss, unspecified
H906	Mixed conductive and sensorineural hearing loss, bilateral
H907	Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side
H908	Mixed conductive and sensorineural hearing loss, unspecified
H91	Ototoxic hearing loss

H911	Presbycusis
H912	Sudden idiopathic hearing loss
H913	Deaf mutism, not elsewhere classified
H918	Other specified hearing loss
H919	Hearing loss, unspecified
Q16	Congenital absence of (ear) auricle
Q161	Congenital absence, atresia and stricture of auditory canal (external)
Q162	Absence of eustachian tube
Q163	Congenital malformation of ear ossicles
Q164	Other congenital malformations of middle ear
Q165	Congenital malformation of inner ear
Q169	Congenital malformation of ear causing impairment of hearing, unspecified
Q171	Macrotia
Q172	Microtia
Q184	Macrostomia
Q185	Microstomia
Q754	Mandibulofacial dysostosis
Q780	Osteogenesis imperfecta
S046	Injury of acoustic nerve
T700	Otitic barotrauma

Diagnosis Codes for Hearing related procedures

Diagnosis_Code	Description
A305	REPAIR OF ACOUSTIC NERVE (VIII)
A315	INTRACRANIAL STEREOTACTIC NEUROLYSIS ACOUSTIC NERVE (VIII)
A325	DECOMPRESSION OF ACOUSTIC NERVE (VIII)
A345	EXPLORATION OF ACOUSTIC NERVE (VIII)
D07	Clearance of external auditory canal
D071	IRRIGATION OF EXTERNAL AUDITORY CANAL FOR REMOVAL OF WAX
D072	REMOVAL OF WAX FROM EXTERNAL AUDITORY CANAL NEC
D073	REMOVAL OF FOREIGN BODY FROM EXTERNAL AUDITORY CANAL
D078	OTHER SPECIFIED
D079	UNSPECIFIED
D08	Other operations

D081	EXTIRPATION OF LESION OF EXTERNAL AUDITORY CANAL
D082	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL
D083	DRAINAGE OF EXTERNAL AUDITORY CANAL
D084	INCISION OF EXTERNAL AUDITORY CANAL
D085	IRRIGATION OF EXTERNAL AUDITORY CANAL NEC
D086	BLIND SAC CLOSURE OF EXTERNAL AUDITORY CANAL
D088	OTHER SPECIFIED
D089	UNSPECIFIED
D13	Attachment of bone anchored hearing prosthesis
D131	FIRST STAGE INSERTION FIXTURES BONE ANCHORED HEARING PROSTHE
D132	SECOND STAGE INSERTION FIXTURES BONE ANCHORED HEARING PROSTH
D133	REDUCTION SOFT TISSUE FOR BONE ANCHORED HEARING PROSTHESIS
D134	ATTENTION TO FIXTURES FOR BONE ANCHORED HEARING PROSTHESIS
D135	ONE STAGE INSERTION OF FIXTURES FOR BONE ANCHORED HEARING PR
D136	FITTING OF EXTERNAL HEARING PROSTHESIS TO BONE ANCHORED FIXT
D138	OTHER SPECIFIED
D139	UNSPECIFIED
D14	Repair of ear drum
D141	TYMpanoplasty USING GRAFT
D142	TYMpanoplasty NEC
D143	REVISION OF TYMpanoplasty
D144	COMBINED APPROACH TYMpanoplasty
D148	OTHER SPECIFIED
D149	UNSPECIFIED
D15	Drainage of middle ear
D151	MYRINGOTOMY WITH INSERTION OF VENTILATION TUBE THROUGH TYMP
D152	SUCTION CLEARANCE OF MIDDLE EAR
D153	INCISION OF EAR DRUM NEC
D158	OTHER SPECIFIED
D159	UNSPECIFIED
D16	Reconstruction of ossicular chain
D161	PROSTHETIC REPLACEMENT OF OSSICULAR CHAIN
D162	GRAFT REPLACEMENT OF OSSICULAR CHAIN
D168	OTHER SPECIFIED

D169	UNSPECIFIED
D17	Other operations on ossicle of ear
D171	STAPEDECTOMY
D172	REVISION OF STAPEDECTOMY
D173	DIVISION OF ADHESIONS OF OSSICLE OF EAR
D178	OTHER SPECIFIED
D179	UNSPECIFIED
D202	MAINTENANCE OF VENTILATION TUBE THROUGH TYMPANIC MEMBRANE
D203	REMOVAL OF VENTILATION TUBE FROM TYMPANIC MEMBRANE
D204	PLACEMENT OF HEARING IMPLANT IN MIDDLE EAR
D205	ATTENTION TO HEARING IMPLANT IN MIDDLE EAR
D206	REMOVAL OF HEARING IMPLANT IN MIDDLE EAR
D207	TRANSTYMPANIC INJECTION TO MIDDLE EAR
D22	Operations on Eustachian canal
D221	GRAFT TO EUSTACHIAN CANAL
D222	INTUBATION OF EUSTACHIAN CANAL
D223	INSUFFLATION OF EUSTACHIAN CANAL
D228	OTHER SPECIFIED
D229	UNSPECIFIED
D23	Operations on inner ear
D231	TRANSTYMPANIC INJECTION TO INNER EAR
D238	OTHER SPECIFIED
D239	UNSPECIFIED
D24	Operations on cochlea
D241	IMPLANTATION OF INTRACOCHELEAR PROSTHESIS
D242	IMPLANTATION OF EXTRACOCHELEAR PROSTHESIS
D243	ATTENTION TO COCHLEAR PROSTHESIS
D244	NEURECTOMY OF COCHLEA
D245	TRANSTYMPANIC ELECTROCOCHLEOGRAPHY
D246	REMOVAL OF COCHLEAR PROSTHESIS
D248	OTHER SPECIFIED
D249	UNSPECIFIED
U24	Hearing/balance assessments
U241	PURE TONE AUDIOMETRY

U242	BALANCE ASSESSMENT
U243	HEARING ASSESSMENT
U248	OTHER SPECIFIED
U249	UNSPECIFIED

Waiting times

See above section for [waiting times](#)

Registration

See above section for [registration](#)

Workforce

See above section for [workforce](#)

Population

ONS mid year estimates of population are used in this release; for 2016-17 the 2015 mid year estimates have been used as estimates for 2016 were not available at the time of publication. These estimates are published on our [StatsWales website](#).

Coverage

In general the statistics included relate to the period 1 April to 31 March, for example, the numbers of sight tests relates to the number of tests paid for during the period 1 April to 31 March or the number of patients screened for diabetic retinopathy to the number screened during the period 1 April to 31 March. Primary care workforce counts are as at 31 December and hospital workforce as at 30 September each year.

Health Boards

The data sources provide data by either Health Board of residence or treatment as follows:

General Ophthalmic Service: Health Board reimbursing the practitioner.

Eye Health examination: Health Board reimbursing the practitioner.

DESW: Health Board is based on the location of the patient's GP practice.

Low Vision Service: Practitioner Health Board.

Hospital Eye Service/Hearing loss: Welsh provider-based figures include episodes of patient treatment in NHS hospitals in Wales and will include Welsh residents and also any non-Welsh residents treated in Wales.

CVIs: Registrations by local authority have been aggregated to the geographically relevant Health Board.

Workforce: Employing Health Board.

Survey Data: Residents of Health Board.

Users and uses

These statistics aim to provide a summary of currently provided eye care services in the context of poor eye health being a common and growing problem in Wales. Their aim is to present data which is available from a routine administrative source in an accessible format providing a summary of the Welsh eye care services provided in terms of trends over time and patterns across Wales.

Some of the key potential users are:

- Ministers and the Members Research Service in the National Assembly for Wales;
- Policy makers of the Welsh Government;
- Other government departments;
- National Health Service and Public Health Wales;
- Students, academics and universities;
- Professional bodies
- Individual citizens and private companies.

The statistics are used in a variety of ways. Some examples of the uses include:

- Advice to Ministers;
- To inform debate in the National Assembly for Wales and beyond.

These statistics will be useful both within and outside the Welsh Government and will help monitor delivery of current services and shape future plans for improving services. More specifically they will provide much of the evidence from which a new Eye Health Care Plan for Wales is being developed and will be monitored and evaluated.

We publish a [User Engagement Plan for Statistics](#) which sets out our approach to user engagement.

We are very keen to gain a greater understanding of how you use the data we publish. If you are a user and do not feel the above list adequately covers you, or if you would like to be added to our circulation list, please let us know by e-mailing stats.healthinfo@gov.wales

Strengths and Limitations of the data

Welsh Government's stated priorities for eye care are:

- Preventing poor eye health and visual impairment
- Improving eye health outcomes
- Early identification and intervention
- Providing high quality, efficient services
- Ensuring integration and patient focussed delivery

Strengths

- The output provides a statistical overview of trends in eye care services in Wales. It has a clear focus on Wales and provides evidence relating to the Welsh Government's stated priorities in this area of policy. From 2014-15 key statistics relating to Eye Care Plan outcomes have been presented.
- The information is processed and published regularly and in an ordered manner to enable users to see the statistics when they are current and of greatest interest.
- Efficient use has been made of administrative data sources to produce outputs.
- Detailed statistics are provided via our StatsWales website

Limitations

- The statistics are limited in coverage to the data available from these administrative sources. However we work closely with policy colleagues within the Welsh Government and with Primary Care Services and other providers of eye care services to add as much value to the statistics as possible.
- The StatsWales information is intended for a more informed audience, with little explanation to enable other users to interpret the data appropriately.
- Because of the devolved administrations and differing policy, there is less scope for direct UK comparisons (see 'Comparability' later in the document).

Data processing cycle

Data collection:

GOS data – Knowledge and Analytical Services (KAS), Welsh Government, receives aggregated activity (sight test and vouchers) data for these statistics from Primary Care Services, NHS Shared Services Partnership for each of the LHBs. Primary Care Services supply the aggregated data to KAS at the start of April after the end of the financial year.

Eye Health Examinations Wales aggregated data is also supplied by Shared Services Wales.

KAS continues to work with providers of the various services to improve understanding of the background to the datasets and to identify robust key data for inclusion. Each of the following provide aggregated counts: Diabetic Eye Screening Wales, Low Vision Service Wales, Moorfields Hospital.

Hospital in patient, day case and outpatient data was provided by NWIS as explained above.

Data on certification and registration as sight impaired or severely sight impairment had already been published and was extracted from the relevant StatsWales table and re-aggregated according to Health Boards.

Workforce data - this is obtained from statistics published for England and Wales by the HSCIC (see above).

Validation and verification – Data from the payments system, which includes fraud detection tools, is submitted on EXCEL spreadsheets via Afon, the Welsh Government secure web data

transfer system. The various source datasets have their own quality assurance procedures and these are referred to above. During the development of the new sections of the release KAS worked with the eye care service providers to understand the data and the resulting discussions provided a further check on the data.

Publication - The statistics published by Knowledge and Analytical Services are produced from the data sources described above. The new sections were informed by working with Welsh Government policy and NHS colleagues. The information in the release is checked against the data supplied independently. Summary data associated with the Eye Care Statistics release is also updated on StatsWales, our interactive web based tool.

Disclosure and confidentiality - These data are aggregated at the level of each Local Health Board and therefore there is little risk of disclosing information about any individual. We adhere to our [statement on confidentiality and data access](#), issued in conformance with the requirements set out in Principle 5: Confidentiality of the Code of Practice for Official Statistics. Where we have used data provided by others we have followed their disclosure control requirements eg Moorfields Hospital.

Key Quality Information

National Statistics are produced to high professional standards set out in the Code of Practice for Official Statistics. They undergo regular quality assurance reviews to ensure that they meet customer needs. They are produced free from any political interference.

Quality

Health Statistics and Analysis Unit adhere to a [quality strategy](#) and this is in line with Principle 4 of the [Code of Practice for Official Statistics](#). Specifically, the list below provides information according to the European Statistical System's six dimensions of quality.

Relevance

In each of our publications we provide background to our statistics and information for users. We encourage users of the statistics to contact us to let us know how they use the data. In 2012 we held a user event with the aim of to understanding [users' requirements](#) more fully.

We consult with key users prior to making changes, and where possible publicise changes on the internet, at committees and other networks to consult with users more widely. We aim to respond quickly to policy changes to ensure our statistics remain relevant and evaluate and review outputs with this in mind.

Accuracy

Where the statistics are based on data fully entered by Primary Care Services accuracy is likely to be higher. All of the GOS 3, GOS 4, GOS 5, GOS 6 forms are input individually onto the payments system. The GOS 1 is the only form that is batch entered because of the resource implications of individual data entry. As a result the sight test eligibility data is based on a 2% (1 form in 50) sample of the paper GOS 1 forms which is then grossed up to the known total number of sight tests in each LHB.

Our aim with the new sections of this release has been to provide full coverage of the services they described. Where this is not possible or where data is missing this is referred to above or in the statistics themselves.

All our outputs include key quality information on coverage, timing and geography.

In the unlikely event of incorrect data being published, revisions would be made and users informed in conjunction with the Welsh Government's [Revisions, Errors and Postponements](#) arrangements.

Timeliness and punctuality

All outputs adhere to the Code of Practice by pre-announcing the date of publication through the [Upcoming Calendar](#) web pages. Furthermore, should the need arise to postpone an output this would follow the Welsh Government's [Revisions, Errors and Postponements](#) arrangements.

We publish releases as soon as practical after the relevant time period. The Ophthalmic Statistics release was generally published in May each year following receipt of the data from Primary Care Services after the end of the financial year. The current extended version of the release is usually published in June allowing time for the analysis of the additional datasets.

Accessibility and clarity

The statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication. An RSS feed alerts registered users to this publication. Simultaneously the releases are also published on the National Statistics Publication Hub. We also publicise our outputs on [Twitter](#). All releases are available to download for free.

More detailed data is available at the same time on the StatsWales website and this can be manipulated online or downloaded into spreadsheets for use offline.

We aim to use Plain English in our outputs and all outputs adhere to the Welsh Government's [accessibility policy](#). Furthermore, all our headlines are published in Welsh and English. Notes within the release and in this Quality Report provide further background to help users interpret the statistics.

Welsh Government websites should be accessible in order to provide equal access and equal opportunity to all users. "Alternative text" is used as an alternative to an image for people using screen readers in order to help users understand visual content by briefly describing the content of images.

Comparability

Where there are changes to the data provided, this is shown clearly in the outputs. Where advance warning is known of future changes these will be pre-announced in accordance with Welsh Government arrangements.

Similar information for the General Ophthalmic Service is available from other parts of the UK but entitlement and publication arrangements differ. Publication of statistics relating to other eye care services also varies.

Eye Care statistics for England are available from the [NHS Digital](#) and data on CVIs for England can be found at the [Public Health Outcomes Framework website](#).

Eye care data for Scotland is available from [Information Services Division Scotland](#) and for Northern Ireland data is available from the [Business Services Organisation](#).

Coherence

Every year the data are all collected from the same sources and adhere to the national standard; they will also be coherent within and across health organisations deriving as they do from administrative data relating to ophthalmic contracts. In relation to the new services described in the release the data is sourced from single organisations working to common standards.

Dissemination

All the data is of sufficient quality following the processes outlined above to justify publication. The high level messages are published on the first page of the relevant release and high level charts are included in the release. Detailed GOS data is published on our interactive website [StatsWales](#). An additional spreadsheet annex of tables is also published (from 2013-14) to allow users easier access to the data. In 2015-16 an interactive dashboard of key statistics was introduced.

Evaluation and contact details

As we have extended the scope of this statistical release we would especially welcome comments from users on content and presentation. If you have any comments or require further information, please contact: stats.healthinfo@gov.wales

Produced by the Knowledge and Analytical Services, Welsh Government

Last reviewed: June 2017

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural well-being of Wales. The Act puts in place seven well-being goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the Well-being goals, and (b) lay a copy of the national indicators before the National Assembly. The 46 national indicators were laid in March 2016.

Information on indicators and associated technical information - [How do you measure a nation's progress? - National Indicators](#)

Further information on the [Well-being of Future Generations \(Wales\) Act 2015](#).

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local well-being assessments and local well-being plans.

Further details

The statistics are available at: <http://gov.wales/statistics-and-research/eye-care>

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to stats.healthinfo@gov.wales

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