



Llywodraeth Cymru
Welsh Government

STATISTICS, DOCUMENT

Eye care statistics: April 2023 to March 2024

Statistics on NHS eye care services provided in Wales for April 2023 to March 2024.

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Introduction

This annual report summarises statistics on NHS primary care eye services including the Welsh General Ophthalmic Service (WGOS) and targeted Welsh eye care services such as the Diabetic Eye Screening Wales (DESW). NHS summary statistics are also included on secondary care eye services including outpatient appointments and hospital admissions, along with statistics on both the primary and secondary eye care workforce. Statistics on any non-NHS eye care are not included in this release.

These statistics help to monitor the delivery of eye care services and provide evidence for eye care policy development and evaluation.

New statistics presented in the release are based on the latest available data, which may be April 2022 to March 2023 or April 2023 to March 2024 depending on the source.

Background information is available in the [quality report](#) and all [data are published on StatsWales](#).

Main points

- Following the introduction of the new Wales General Ophthalmic Service, record levels of certain primary eye care activities occurred in 2023-24, including record numbers of NHS funded sight tests and a record number of examinations for patients with urgent eye care problems.
- The majority of low vision assessments and new certificates of visual impairment were for patients aged over 80 years old and remained broadly stable as the previous few years.
- The number of primary care optometrists decreased, but this is likely to be

due to improved data validation than in previous years.

- In secondary care, more referrals for first outpatient appointments for ophthalmology were received than ever before.
- Long-term effects from disrupted services caused by COVID-19 remain with twice as many open patient pathways waiting for treatment than prior to the pandemic.
- The number of pathways where the patient has waited over 36 weeks has also increased from the previous year.
- However, there are more specialist eye care hospital staff than ever, with a slight increase in the number of ophthalmologists and a larger increase in orthoptist staff.

Primary eye care services: Wales General Ophthalmic Services

As a **result of legislative reforms in 2023**, primary eye care services are now delivered through the Wales General Ophthalmic Services (WGOS). The reform is intended to relieve some pressure in secondary eye care services by delivering more services in primary care, closer to patient's homes. WGOS replaces the previous primary eye care structure which contained the General Ophthalmic Services (GOS), Eye Health Examination Wales (EHEW), Low Vision Services Wales (LVSU), and other enhanced service pathways.

As some parts of WGOS are still being introduced, this report focusses on the areas that have been established, including sight tests (WGOS 1), examinations for urgent eye problems (WGOS 2) and low vision assessment and certificates of visual impairment (WGOS 3).

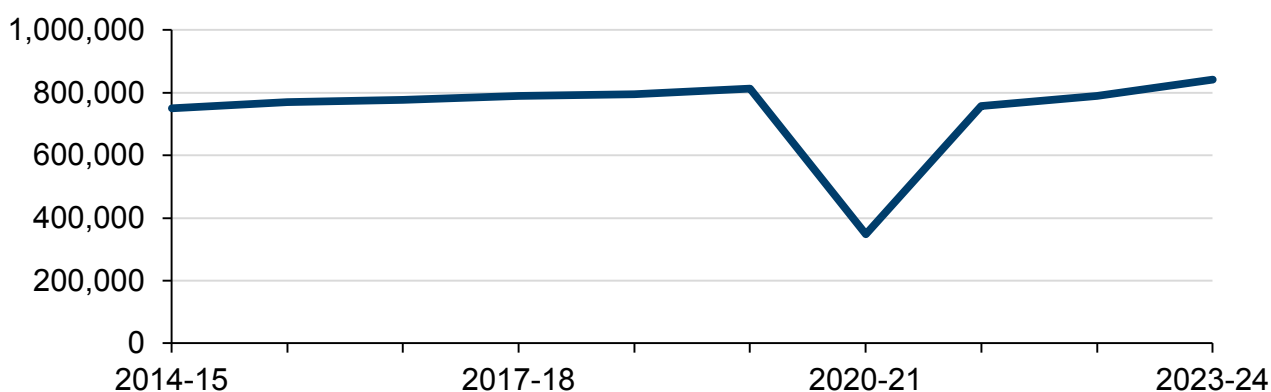
A full breakdown of WGOS services can be found on the NHS Wales website.

Sight tests (WGOS 1) and optical vouchers

The NHS recommends most people should have a sight test with an optometrist at least once every two years as this may reduce preventable sight loss. Many people qualify for free NHS WGOS sight tests paid for by the NHS and [criteria for eligibility \(NHS Wales\)](#) widened with the introduction of WGOS 1 in 2023.

As of 31 March 2024, 317 optometry practices were providing full WGOS services, with a further 42 exclusively providing WGOS mobile services.

Figure 1: Number of sight tests paid for by the NHS, 2014-15 to 2023-24



Description of Figure 1: Line chart showing the number of sight tests had been on a slight upward trend until 2019-20 where it fell due to the COVID-19 pandemic. In the two years following this, the number broadly returned to pre-pandemic levels and increased to record levels in 2023-24.

Source: NHS Wales Shared Services Partnership

[Number of sight tests paid for by the NHS \(StatsWales\)](#)

In 2023-24 the number of sight tests paid for by the NHS increased to a record high of just over 841,000; an increase of 6.6% compared to 2022-23.

Excluding the years heavily impacted by the COVID-19 pandemic, the long-term trend shows broadly steady year-on-year increases and the number of sight tests has increased by 12.2% over the last 10 years.

Note that for clinical reasons, some people may have more than one sight test a year. [Sight tests data by patient eligibility is available on StatsWales.](#)

Domiciliary sight tests

While the majority of sight tests paid for by the NHS take place at primary care optometry practices, a small proportion take place at other locations such as people's homes and residential homes.

In 2023-24, just fewer than 29,000 domiciliary sight tests were paid for by the NHS, an increase of 22.8% compared to 2022-23.

The number of domiciliary sight tests has now surpassed the pre-pandemic level. In 2023-24, the number of domiciliary site tests was 1.2% greater than in 2019-20, which was the last year largely unaffected by the pandemic and the previous record high.

[Time series data for domiciliary sight tests are available on StatsWales.](#)

NHS optical vouchers processed

In 2023-24, more than 276,000 optical vouchers were processed, 2.4% more than in 2022-23, but 3.1% lower than in the last year largely unaffected by the pandemic (2019-20).

Time series data for NHS optical vouchers are available on [StatsWales](#).

Claims for repairs or replacement spectacles

There were just over 36,000 claims for repairs or replacement spectacles in 2023-24, an increase of 2.8% from 2022-23.

The number of repairs or replacements was marginally lower (0.9% lower) than in the last year largely unaffected by the pandemic (2019-20).

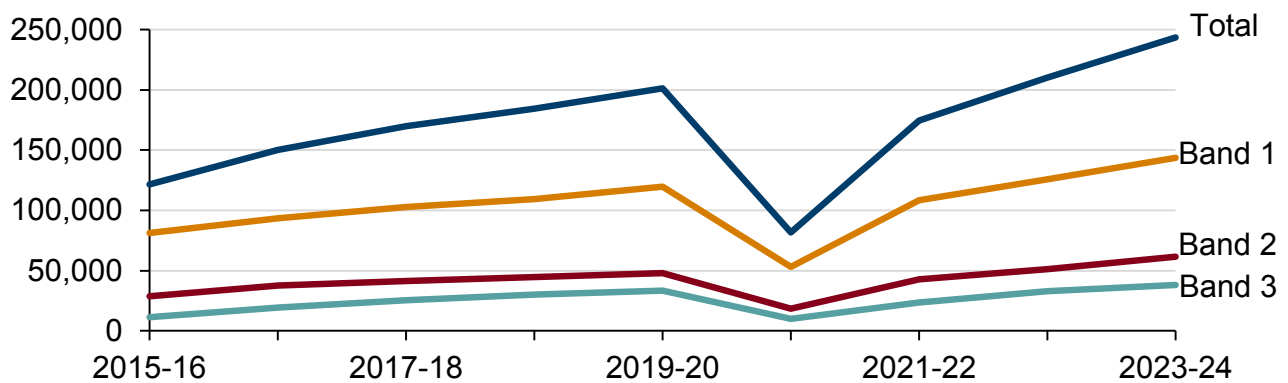
Time series data for repairs and replacements are available on [StatsWales](#).

Eye health examinations by band (WGOS 2)

The **WGOS 2 scheme** offers extended free eye examinations within primary care settings to people that suffer from urgent eye problems. Prior to 2023-24, similar services to WGOS 2 were offered through Eye Health Examination Wales (EHEW).

There are three categories within WGOS 2: Band 1 - acute eye care and referrals from another healthcare professional; Band 2 - further examination to inform or prevent a referral; and Band 3 – follow up to Band 1 and post cataract assessment.

Figure 2: Number of examinations claimed through Wales General Ophthalmic Services 2 scheme (2023-24) and previous Eye Health Examination Wales scheme (2015-16 to 2022-23), by band



Description of Figure 2: Line chart showing that since services were affected by the pandemic in 2020-21, the number of examinations for all bands under WGOS 2 and the previous EHEW scheme have increased and exceeded pre-pandemic levels in 2023-24.

Source: NHS Wales Shared Services Partnership

Number of examinations claimed through Wales General Ophthalmic Services 2 scheme (StatsWales)

There were just over 243,000 total examinations claimed for under WGOS 2 in 2023-24, an increase of 15.8% from similar services offered through EHEW in 2022-23.

Nearly six out of ten (59.1%) examinations were for Band 1 appointments (initial examinations); a quarter (25.3%) were for Band 2 appointments (further investigation/examination); and 15.6% were for Band 3 appointments (follow up appointments).

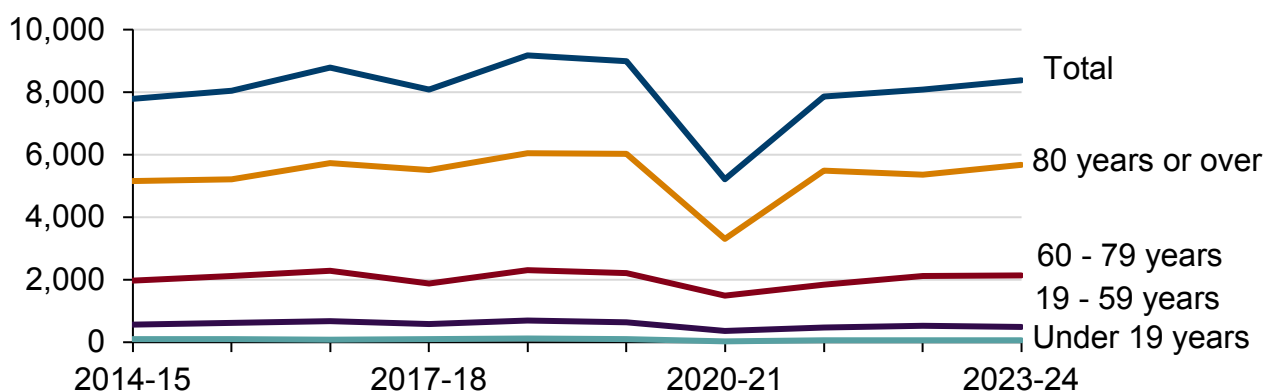
Further breakdowns including age band and selected symptom are available on StatsWales.

Low Vision services and certificates of vision impairment (CVI) (WGOS 3)

The WGOS 3 - Low Vision Service Wales aims to help people with visual impairment to remain independent by providing low vision aids such as magnifiers, as well as education, onward referrals, 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. Referrals can be made by various health practitioners as well as from individuals themselves.

Figure 3: Number of Low Vision assessments by age group of patients 2014-15 to 2023-24



Description of Figure 3: Line chart showing the number of low vision service assessments has increased since the height of the pandemic but remains slightly below the pre-pandemic level. The largest proportion assessments were for patients aged 80 or over, which was more than double the next highest age

group (60 to 79).

Source: Low Vision Service Wales & NHS Shared Services Partnership

Low Vision assessments (StatsWales)

Fewer than 8,400 low vision assessments were carried out in 2023-24, an increase of 3.7% since 2022-23. 87.2% were initial assessments, and the remaining 12.8% were follow-ups.

Statistics on assessments by selected characteristics, selected conditions, age and ethnicity of patient are available on StatsWales, in addition to statistics on visual acuity recorded at assessments and referrals.

In 2023-24, just over two thirds (67.8%) of all Low Vision Service assessments were for patients aged 80 years or older. Just over a quarter (25.6%) were for patients aged between 60 and 79, and 5.9% were for those aged between 19 and 59. Less than 1% (0.7%) of the assessments were for patients aged 18 or younger.

In 2023-24, fewer assessments were made for patients in the younger two age groups (0 to 18 and 19 to 59), but more assessments were made for patients in the older two age groups (60 to 79 and 80 and over) when compared to 2022-23.

Additional data on StatsWales shows that a little more than four out of ten (41.2%) assessments were for patients who lived alone, while just over a third (39.5%) were for patients living in domiciliary care.

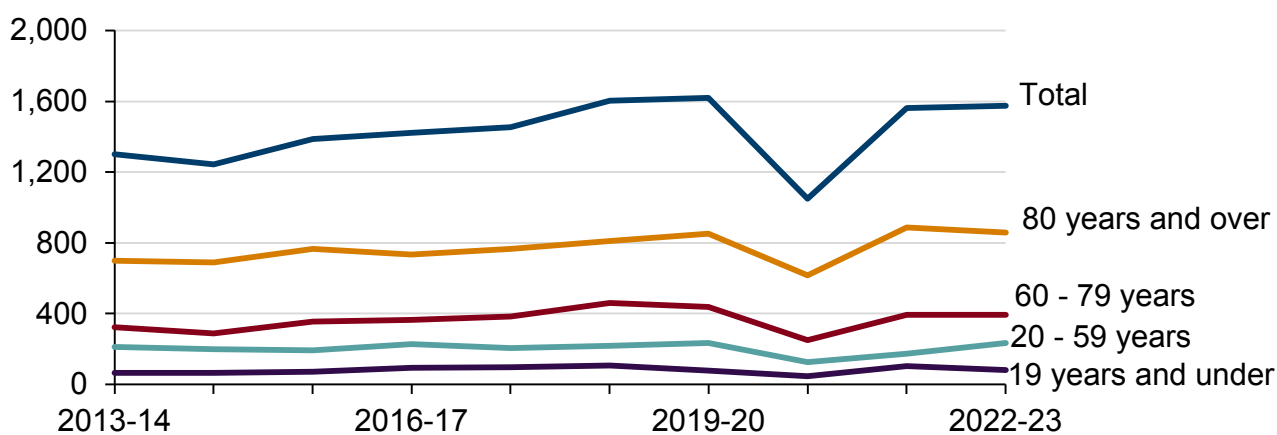
Certificates of Vision Impairment

The Certificate of Vision Impairment (CVI) is used to record patients '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.

The 2023-24 data for CVIs as per the new regulations of WGOS 3 will be published in the next annual release; this section refers to the 2022-23 CVI data, prior to the introduction of WGOS.

Figure 4: Number of Certificates of Vision Impairment (CVI) issued by age band, 2014-15 to 2022-23



Description of Figure 4: Line chart showing that the number of CVIs issued had been on an upward trend until the pandemic. Since then, the number increased and has remained broadly stable, at the pre-pandemic level in the last two years.

Source: Moorfields Eye Hospital

Number of Certificates of Vision Impairment given across Wales by age band and financial year (StatsWales)

In 2022-23, 1,574 new CVIs were issued, a marginal increase (0.7%) from the

previous year.

Of these, a little more than a half (54.5%) were for patients aged 80 years and older; a quarter (25.0%) were for patients aged between 60 and 79; one in seven (14.8%) were for patients aged between 20 and 59; and one in twenty (5.3%) were for patients aged 19 or younger.

Additional data including the cause of sight impairment and ethnic groups is published on StatsWales.

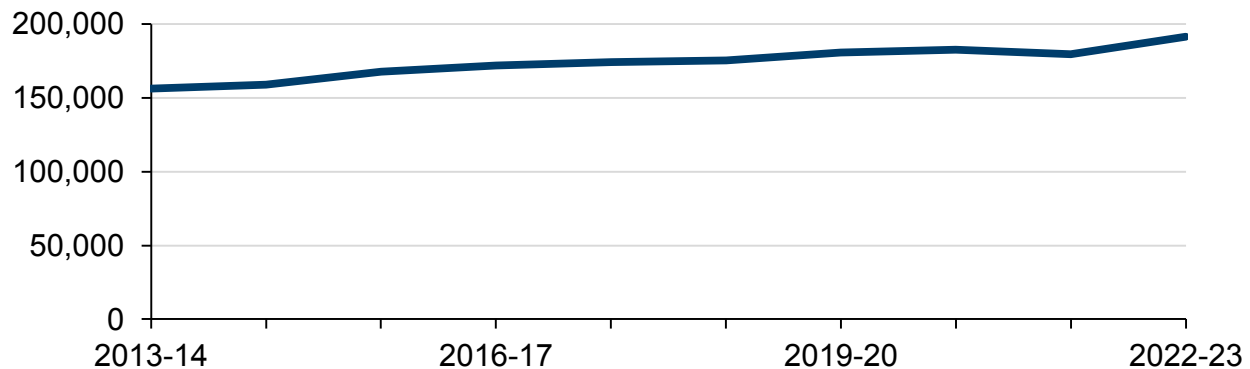
Other primary eye care services: Diabetic Eye Screening Wales

Diabetic Eye Screening Wales (DESW) is provided for every eligible person aged 12 years and over with diabetes who is registered with a GP in Wales.

Patients are screened every two years if their previous two diabetic eye screenings found no sign of diabetic eye disease. Patients are screened more often if diabetic eye disease was found.

The service makes use of mobile screening units, which visit each local health board area.

Figure 5: Number of patients eligible for diabetic eye screening in Wales, 2013-14 to 2022-23 [Note 1]



Description of Figure 5: Line chart showing the number of patients eligible for diabetic eye screening has been on a steady longer-term upward trend, with small annual increases in nine of the last ten years.

Source: Diabetic Eye Screening Wales

Summary of key statistics for Diabetic Eye Screening Wales (StatsWales)

[Note 1] As most patients are eligible to be screened every two years, not all patients are necessarily eligible for a screening in the reference year.

The latest available data is for 2022-23 and shows that just more than 191,000 patients were eligible for the service, an increase of 6.5% from 2021-22. This is higher than the average annual change since 2013-14 of an increase of 2.3%.

Just fewer than 15,500 (or 8.1%) of eligible patients were new registrations.

There were just over 84,000 scheduled appointments in 2022-23, equivalent to 44.0% of patients eligible for the service.

Fewer than 64,000 appointments had results reported from screenings during

the year. Of these, 22.7% were found to have some degree of diabetic retinopathy. This includes 4.3% of patients who had potentially sight threatening retinopathy and 0.5% of patients who had severe retinopathy.

Further breakdowns including age band and gender are available on StatsWales.

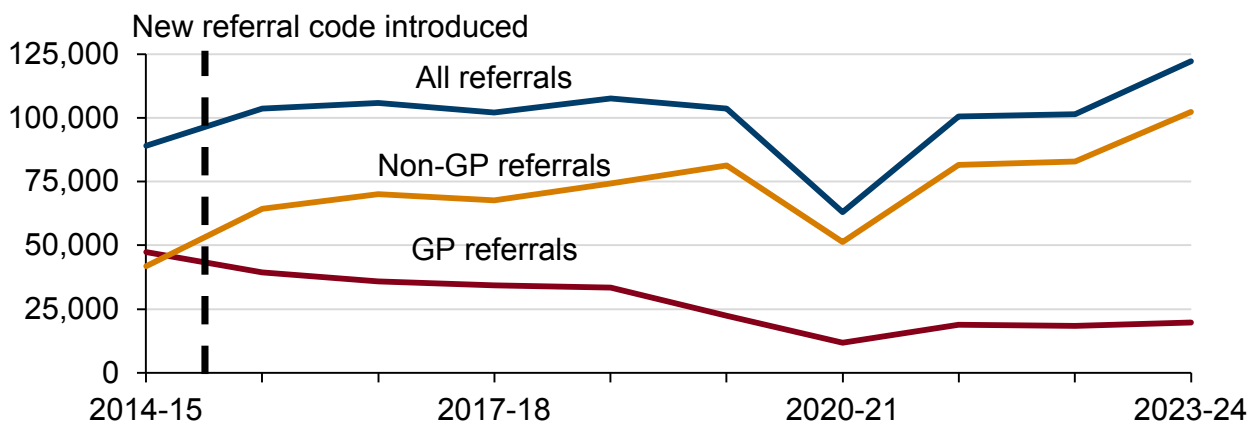
Hospital Eye Service

Figures 6 to 9 are based on **referrals data published on 18 July 2024 on StatsWales**. These datasets are subject to monthly revisions therefore the data in this stats release may not exactly match data on StatsWales in future months.

Referrals

Referrals statistics 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).

Figure 6: Number of referrals for first outpatient appointment for ophthalmology, 2014-15 to 2023-24



Description of Figure 6: Line chart showing the total number of referrals returned to their pre-pandemic level in 2021-22 and have since increased to a record high. Referrals from GPs have reduced over the long term but have remained broadly stable since the pandemic, while referrals from non-GPs have increased both over the long and short term.

Source: Outpatient Referral Dataset, Digital Health and Care Wales (DHCW)

Referrals by local health board and month (StatsWales)

In 2023-24, there were just over 122,000 referrals for first outpatient appointments for ophthalmology, a 20.5% increase from 2022-23 and a record high.

Just over four in every five (83.8%) of referrals were made by non-GPs in 2023-24. This percentage has increased every year since 2012-13, when data was first collected on this basis.

Waiting times (referral to treatment)

The referral to treatment (RTT) patient pathway is the period of time a patient waits from a referral from a GP or other medical practitioner until treatment starts.

Open pathways refer to the patient pathways where the patient has yet to start treatment and they are actively on the waiting list for treatment.

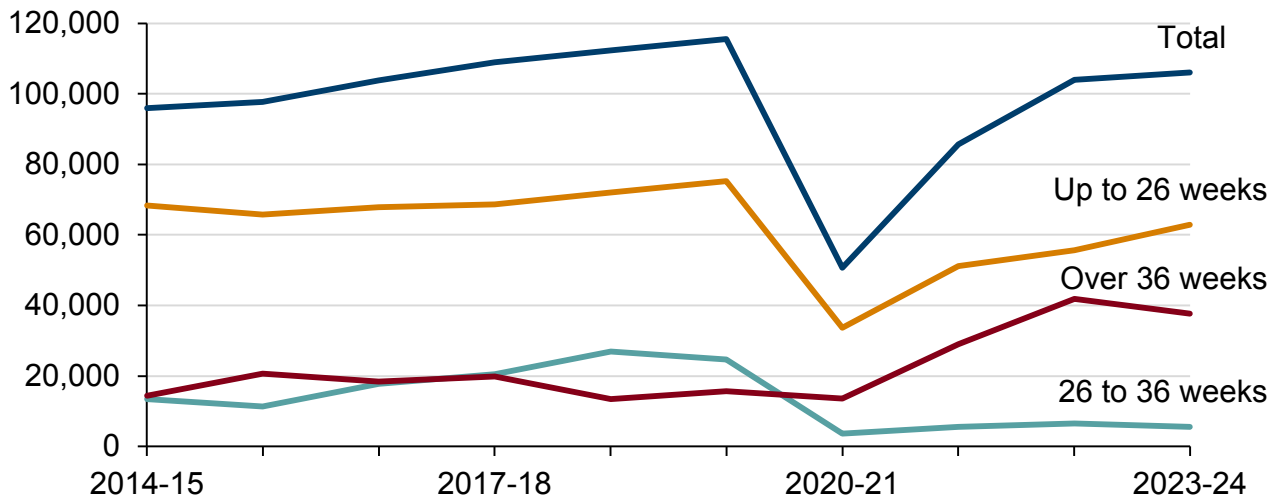
Closed pathways refer to patient pathways where the patient has received treatment or has been deemed by a healthcare professional that they no longer require treatment and are removed from the waiting list.

The statistics in this section are based on patient pathways and not patients. These numbers do not approximate to each other as the same patient could have multiple pathways for different conditions. This is particularly important to note in relation to eye care, as there will be a referral for each condition, in each eye. For example, if a single patient had two conditions affecting both eyes, four different pathways would be opened.

A full definition is available in the [quality report](#).

There are two Welsh Government targets associated with RTT, these are: 95% of patients should wait less than 26 weeks from referral; and no patients should wait more than 36 weeks for treatment from referral.

Figure 7: Closed patient pathways for ophthalmology by grouped weeks wait, 2014-15 to 2023-24 [Note 1]



Description of Figure 7: Line chart showing an upward trend in the number of closed patient pathways until 2019-20, before a large decrease in pathway closures during the pandemic. Since then, the total number of pathway closures has increased, but remains below pre-pandemic levels. Since the pandemic more patients had been waiting longer for their pathway to close, however there was a decrease in the number of pathways closed for those with the longest waits (over 36 weeks) in 2023-24.

Source: RTT, DHCW

Closed patient pathways by month, local health board and weeks waiting

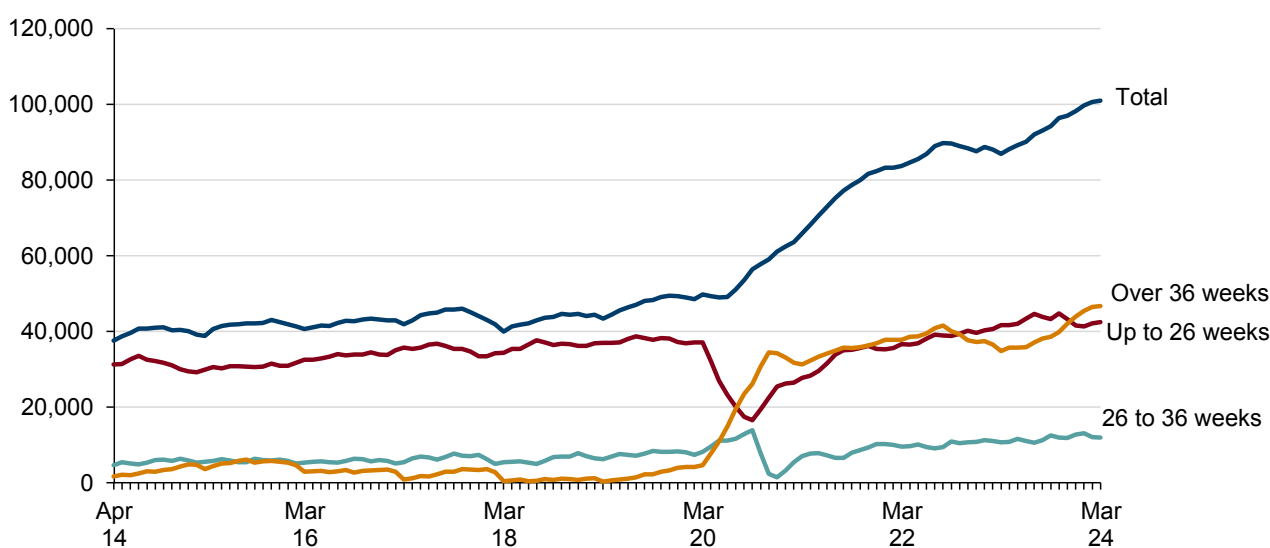
[Note 1] While closed pathway waiting times data are of sufficient quality to be published, they are not subject to the same level of validation as open pathways. As a result, closed pathway data should be used to show an indication of how long patients waited before having their pathway closed, while open pathway data provides a more definitive overview of waiting times in the reference period.

Just over 106,000 ophthalmology patient pathways closed in 2023-24. This is an increase of 2.0% from 2022-23, but 8.2% lower than in 2019-20, the last year largely unaffected by the pandemic.

The majority of patient pathways (59.2%) waited fewer than 26 weeks for their pathway to be closed in 2023-24, this is 5.7 percentage points higher than the previous year.

35.5% of patient pathways were closed after more than 36 weeks waiting, 4.7 percentage points lower than in the previous year, but 21.9 percentage points higher than in 2019-20 (the last year largely unaffected by the pandemic).

Figure 8: Number of open patient pathways for ophthalmology by grouped weeks wait, per month, April 2014 to March 2024 [Note 1]



Description of Figure 8: Line chart showing the number of open pathways for ophthalmology has increased since April 2014, with a marked increase shortly after the pandemic started which has continued to the latest month. Since the pandemic the number of patients waiting more than 36 weeks has been broadly

similar to the number of patients waiting less than 26 weeks; whereas prior to the pandemic the large majority of patients were waiting less than 26 weeks, and few were waiting longer than 36 weeks.

Source: RTT, DHCW

Patient pathways waiting to start treatment by month, grouped weeks and treatment function

[Note 1] Open pathway data is collected at a single point in time each month.

In 2023-24 the number of open ophthalmology patient pathways varied between around 88,000 and 101,000 per month.

At the end of March 2024, there were just fewer than 101,000 open ophthalmology patient pathways. This is an increase of 16.2% from the end of March 2023, and an increase of 103.1% since the last comparable month largely unaffected by the pandemic (end of March 2020).

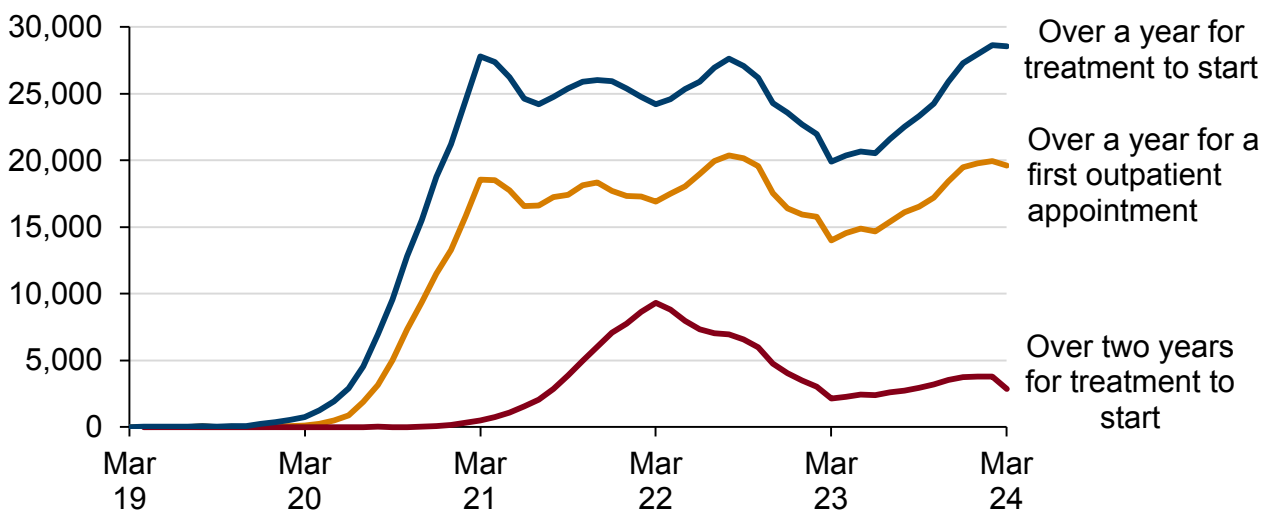
At the end of March 2024, 46.3% of pathways had patients waiting more than 36 weeks, an increase of 6.3 percentage points compared to March 2023 and 37.1 percentage points higher than in March 2020.

The number of pathways where the patient was waiting fewer than 26 weeks was higher in March 2024 compared to March 2020. However, as the overall number of pathways has increased, the percentage of pathways where the patient was waiting fewer than 26 weeks has decreased. At the end of March 2024, 42.0% of patients had waiting fewer than 26 weeks, 5.9 percentage points lower than March 2023 and 32.5 percentage points lower than March 2020.

On the 26th of April 2022 the Welsh Government published its programme for transforming and modernising planned care and reducing waiting lists in Wales. This plan sets out a number of key ambitions to reduce waiting times for people in Wales and the relevant data for referral to treatment times are published

here: [COVID-19 recovery plan, ambitions for referral to treatment waiting times \(StatsWales\)](#). Figure 9 shows the COVID-19 recovery plan targets data for Ophthalmology RTT pathways before and after the pandemic.

Figure 9: Number of ophthalmology open patient pathways by their referral to treatment waiting times, per month March 2019 to March 2024 [Note 1]



Description of Figure 9: Line chart showing that there were few patient pathways where the patient had been waiting over a year for their first outpatient appointment or for their treatment to start, prior to the pandemic. Both of these increased sharply in the year following the start of the pandemic, but the number of people waiting over a year decreased between August 2022 and March 2023. Since then, the trend increased again, reaching a record high in February 2024.

Source: RTT, DHCW

COVID-19 recovery plan, ambitions for referral to treatment waiting times.

[Note 1] A patient may receive their first outpatient appointment and subsequently wait a period of time before treatment starts. The ‘over a year’ and

'over two years' refer to the time before treatment starts or if following consultation with a hospital specialist, no hospital treatment is necessary.

Nearly 20,000 patient pathways were waiting over a year for a first outpatient appointment at the end of March 2024, an increase of 39.8% from March 2023.

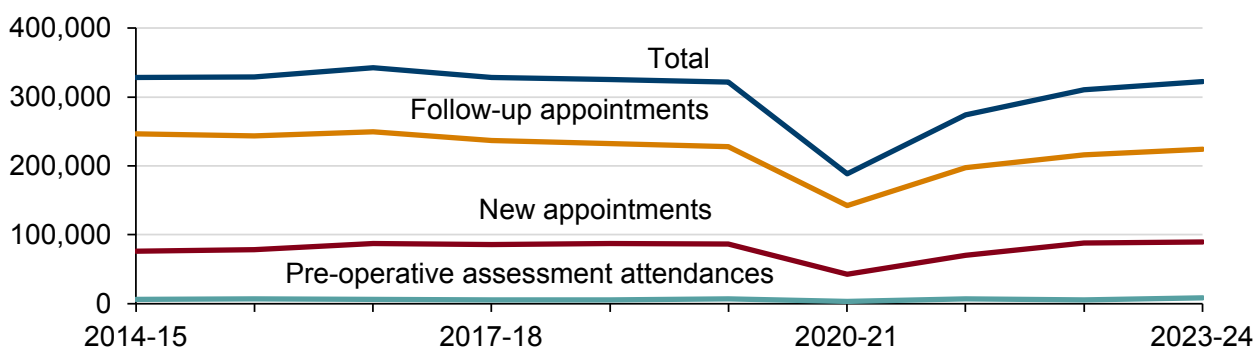
Almost 29,000 patient pathways were waiting for more than a year for treatment at the end of March 2024, an increase of 43.3% from March 2023.

Almost 3,000 patient pathways were waiting for more than two years for treatment at the end of March 2024, an increase of 33.6% from March 2023.

Outpatients

An outpatient attendance is defined as a patient who attends an ophthalmology department at an NHS hospital for treatment or a consultation with either a consultant or a specialist nurse, without staying there overnight. Appointments with other health professionals and telemedicine are not captured.

Figure 10: Number of outpatient attendances (new, follow-up, and pre-operative assessment attendance) for ophthalmology, 2013-14 to 2022-23 [Note 1]



Description of Figure 10: Line chart showing the total number of outpatient

attendances for ophthalmology departments is now broadly in-line with the number prior to the pandemic. The number of follow-up appointments has consistently been more than double the number of new appointments over time.

Source: Outpatient dataset, DHCW

Number of outpatient appointments for ophthalmology (StatsWales)

[Note 1] The time series for pre-operative assessment attendances was published for the first time in 2024, therefore the total number of appointments has been revised to include pre-operative assessments for all years.

In 2023-24, there were just more than 320,000 attendances for ophthalmology outpatient appointments in Welsh hospitals, an increase of 3.9% from the previous year. Outpatient activity has returned to its pre-pandemic level, with the number of appointments marginally higher (0.3%) than in 2019-20.

More than 220,000 attendances were follow-up appointments, while fewer than 90,000 appointments were for new appointments.

The outpatient statistics in this release do not match data published on StatsWales, as the data presented here is produced on a Welsh GP registration basis, while the StatsWales data is based on a Welsh hospital provider basis.

Hospital admissions

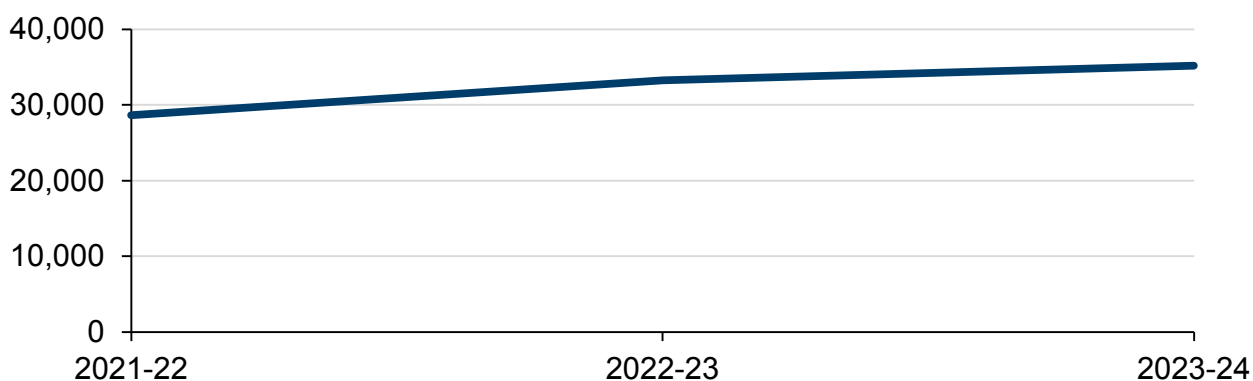
Patients are defined as being admitted to hospital if they stay at least one night (inpatients), or if they are admitted electively for treatment or care that does not require an overnight stay in hospital (day cases).

In 2023-24, there was a reduction in the coverage of clinical coding; around 15.9% of admissions to ophthalmology departments did not have their primary diagnosis recorded, therefore it is not possible to accurately compare the

number of admissions for specific reasons (such as cataracts, macular degeneration, glaucoma and diabetic retinopathy) in 2023-24 with previous years. The total number of admissions is unaffected.

More information on admissions data is available on the [Patient Episode Database for Wales \(PEDW\) website](#).

Figure 11: Total number of admissions for hospital eye care in Wales, 2021-22 to 2023-24



Description of Figure 11: Line chart showing that the total number of admissions to ophthalmology departments in Wales has increased over the last three years.

Source: Patient Episode Database for Wales (PEDW), DHCW

Number of admissions for hospital eye care in Wales (StatsWales)

In 2023-24, there were just over 35,000 admissions to ophthalmology departments in Wales, an increase of 5.8% from the previous year.

Of the admissions where a primary diagnosis was recorded, 55.8% were for cataracts, 0.2 percentage points lower than the previous year.

17.9% were for macular degeneration, 0.1 percentage points lower than the previous year.

4.1% were for diabetic retinopathy, 0.8 percentage points higher than the previous year.

2.3% were for glaucoma, unchanged from the previous year. The remaining 19.9% of admissions were for other diagnoses.

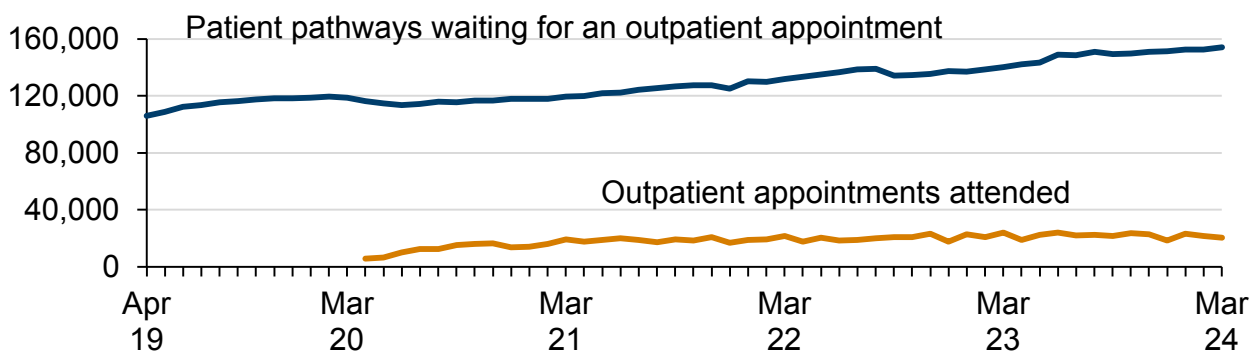
Eye care measures

Eye care measures for NHS outpatients have been designed to provide a framework for new and follow up ophthalmology patients, based on the priority and urgency of care required by each patient and are being reported in addition to the current referral to treatment waiting times.

Monthly data on eye care measures has been published on StatsWales since April 2019 and more detail on the measures are published in their **quality report**.

A patient can be categorised as Health Risk Factor R1 if they are at risk of irreversible harm or significant adverse outcome if their target date is missed.

Figure 12: Number of ophthalmology patients' pathways, assessed as Health Risk Factor R1, waiting for an outpatient appointment and appointments attended, per month, April 2019 to March 2024 [Note 1] [Note 2]



Description of Figure 12: Line chart showing there has been a steady increase in the number of patient pathways where high-risk patients are waiting for an outpatient appointment since April 2019. The number of outpatient appointments attended for high risk patients has been broadly stable over the past three years, with some month-to-month variations.

Source: Eye care Outcome Measures – Monthly Submission Proforma, Welsh Government

Patients waiting for an ophthalmology outpatient appointment (StatsWales)

[Note 1] Open pathway data is collected at consistent, single point in time each month.

[Note 2] Appointments data available from April 2020.

There were fewer than 155,000 open pathways where the patient was assessed as Health Risk Factor R1 in 2023-24, an increase of 10.0% since March 2023.

Nearly all (99.98%) of these patient pathways had a target date allocated.

Nearly half (48.6%) of patient pathways, where the patient had been assessed as Health Risk Factor R1, were waiting within their target date or within 25% beyond their target date in March 2024.

In March 2024, there were just fewer than 21,000 appointments attended where the patient had been assessed as Health Risk Factor R1, a decrease of 13.5% since March 2023. The large majority (85.3%) of these had a target date allocated.

In more than six out of ten (61.4%) appointments attended, where the patient had been assessed as R1, the patient had waited within their target date or within 25% beyond their target date.

Further information is available through the eye care measures publication.

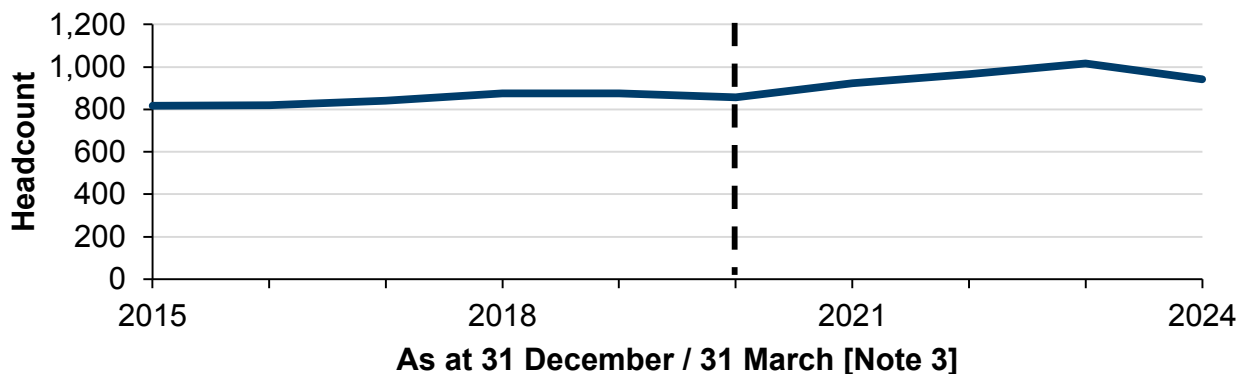
Workforce

The majority of eye care practitioners work in primary care optometry practices and are counted using the performers list. All ophthalmic practitioners need to be registered on the performers list to practice in Wales; however there may be a period of time between when a practitioner stops practicing in Wales and that practitioner being removed from the list.

Ophthalmic practitioners can also be directly employed by the NHS, typically working in hospital settings and these data are sourced from the Electronic Staff Record (ESR).

Figure 13: Number (headcount) of ophthalmic

practitioners in primary care workforce, 2015 to 2024 [Note 1] [Note 2]



Description of Figure 13: Line chart showing the number of ophthalmic practitioners increased every year between 2015 and 2019. The data collection method changed in 2020 so data after this point is not directly comparable; however, the upward trend each year continued until 2024 when the number decreases. The decrease in 2024 is likely to be explained by more robust validation of the performers list, following the introduction of WGOS.

Source: NHS England, Central Ophthalmic Payments system (2015-2019); NHS Shared Services Partnership, Ophthalmic List and Ophthalmic Supplementary List (2020-2024)

[Note 1] Full-time equivalent data not available.

[Note 2] Data for 2017 and 2020-23 have been revised following an update to the processing methodology. The scale of the revisions is small, ranging from an increase of 12 (1.4%) in 2020 to a decrease of 40 (4.0%) in 2022.

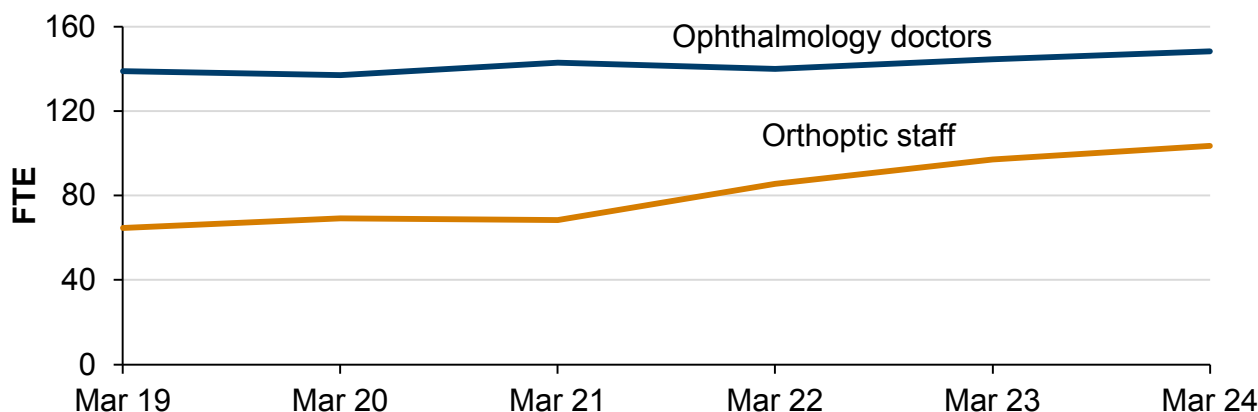
[Note 3] Data for 2014 to 2019 refers to 31 December in each year and were extracted from the contractor payment system by NHS England. Data from 2020 onwards refer to 31 March and are collected from the performers list by NHS

Wales Shared Services Partnership. Data from the two sources are collected differently and are not exactly comparable, further information is available in the [quality report](#).

Number of ophthalmic practitioners (StatsWales)

There were 941 ophthalmic practitioners on the performers list on 31 March 2024, a decrease of 7.4% since the previous year. This decrease is likely to be largely explained by more robust maintenance of the performers list following the transition to WGOS, which resulted in more timely removal of practitioners who have stopped practicing in Wales.

Figure 14: Ophthalmology doctors and Orthoptic staff directly employed by the NHS, full-time equivalent (FTE) numbers, March 2019 to March 2024



Description of Figure 14: Line chart showing the number of FTE ophthalmology doctors has increased marginally over the last five years, while the number of orthoptic staff has increased more noticeably from March 2021.

Source: NHS Electronic Staff Record

Ophthalmology staff directly employed by the NHS (full time equivalent

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numbers) (StatsWales)

On 31 March 2024, there were 148 FTE ophthalmology doctors directly employed by the NHS in Wales. This is an increase (2.6%) from the previous year.

Orthoptic staff are eye health professionals specialising in the detection, diagnosis and management of eye disorders such as misalignment and near focusing problems. On 31 March 2024, there were 104 FTE employed directly by the NHS, an increase of 6.6% from the same date in the previous year.

National Survey for Wales

Eye care questions were last included on the 2021-22 [National Survey for Wales](#) and a summary of results was published in [last year's eye care statistical release](#).

Quality and methodology information

Detailed quality information is published in the [quality report](#).

Official statistics status

All official statistics should show the standards of the [Code of Practice for Statistics \(UK Statistics Authority\)](#).

These are accredited official statistics. They were independently reviewed by the Office for Statistics Regulation (OSR) in June 2012. They comply with the standards of trustworthiness, quality, and value in the Code of Practice for

Statistics.

It is Welsh Government's responsibility to maintain compliance with the standards expected of accreditation. If we become concerned about whether these statistics are still meeting the appropriate standards, we will discuss any concerns with OSR promptly. Accreditation can be cancelled or suspended at any point when the highest standards are not maintained, and reinstated when standards are restored.

Accredited official statistics (OSR) are called National Statistics in the Statistics and Registration Service Act 2007.

Statement of compliance with the Code of Practice for Statistics

Our statistical practice is regulated by the Office for Statistics Regulation (OSR). OSR sets the standards of trustworthiness, quality and value in the Code of Practice for Statistics that all producers of official statistics should adhere to.

All of our statistics are produced and published in accordance with a number of statements and protocols to enhance trustworthiness, quality and value. These are set out in the Welsh Government's **Statement of Compliance**.

These official statistics in development demonstrate the standards expected around trustworthiness, quality and public value in the following ways.

Trustworthiness

The published figures are compiled by professional analysts using the latest available data and applying methods using their professional judgement and analytical skillset.

The statistics are based on long-established administrative sources. For example, most primary care activity data is sourced from claims submitted for payment by optometry practices; secondary care statistics are sourced from various databases which record where patients are in the health system; and workforce data is sourced from either the registrations to work or from NHS HR systems. These are the best available sources for this information and provide a high degree of confidence that the large majority of activities/patients/staff are counted at relevant stages.

These statistics are pre-announced on the Statistics and Research area of the Welsh Government website. Access to the data during processing is restricted to those involved in the production of the statistics, quality assurance and for operational purposes. Pre-release access is restricted to eligible recipients in line with the Code of Practice for Statistics.

Quality

Statistics published by Welsh Government adhere to the Statistical Quality Management Strategy which supplements the Quality pillar of the Code of Practice for Statistics and the European Statistical System principles of quality for statistical outputs.

Where there are data quality issues, they are stated in the release and on StatsWales. For example, in 2023-24, it is known that more robust validation of the performers list is likely to have led to a reduction in the overall number of primary care optometrists. Furthermore, a higher-than-usual level of incomplete coding in secondary care means that the number of admissions for specific diagnoses cannot be fairly compared with previous years.

See the [quality report](#) for further information.

Value

The purpose of this statistical release is to provide a compendium of statistical information about eye care in Wales, including both primary and secondary care activity, as well as providing workforce information in both sectors.

These statistics are published annually, primarily based on the financial year that ended four months prior to publication. An in-depth report is also published in HTML format with analysis, charts and commentary focusing on the latest financial year. These are accompanied by a range of StatsWales tables which provide a wide coverage of specific eye care data.

See the [quality report](#) for further information.

Well-being of Future Generations Act (WFG)

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural wellbeing of Wales. The Act puts in place seven wellbeing 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 wellbeing goals, and (b) lay a copy of the national indicators before Senedd Cymru. The 46 national indicators were laid in March 2016.

Information on the indicators, along with narratives for each of the well-being goals and associated technical information is available in the [Well-being of Wales report](#).

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 wellbeing assessments and local wellbeing plans.

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