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A joint foreword by the Minister for Health and Social Services and the Deputy Minister for Children and Social Services

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Joint Foreword

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Improving services for people with poor eye health and sight loss has been high on the agenda in Wales ever since the National Assembly came into being. As a result Wales has established a strong reputation in the development and provision of eye health care services. Yet, even today, estimates suggest that in half the cases reported complete sight loss could have been avoided.

That is why this plan is so important. It commits the Welsh Government, again, to improve eye health and ensuring there is a high quality care and support for those people with poor eye health and sight loss. We need to ensure more people have regular sight tests and that eye health problems are detected early. People need to know where they can access services, care and support in their local area and also be assured they will have rapid access to services and support when they need it.

This Eye Health Care Delivery Plan sets out a range of key actions to improve the eye health of all children and adults in Wales, with specific, targeted support for those most vulnerable to eye health issues and sight loss. The Plan focuses on opportunities for Health Boards and Local Government to work with the Third Sector and

other partners to plan, co-ordinate and deliver services for people living within their local communities.

We are confident that we have the infrastructure and a highly qualified and motivated workforce which can provide a strong foundation for the next steps forward in securing high quality eye care services, care and support for the people of Wales.

1. Overview and strategic context

Together for Health and Sustainable Social Services: A Framework for Action set-out the Welsh Government's ambition to help achieve the best in health and wellbeing for each person in Wales. The Eye Health Care Plan supports this ambition and outlines a programme of work to help improve eye health and to ensure there is high quality care and support for those people with poor eye health and sight loss.

Wales has established a strong reputation in the development and provision of eye health care services. The *UK Vision Strategy* and the development of the *Wales Vision Strategy Implementation Plan* provided a basis for discussing the development of services and support with stakeholders within Wales. This Eye Health Care Plan incorporates some of the key outcomes and priority actions from the *UK Vision Strategy 2013-2018*.

The purpose of the Eye Health Care Plan is to build on this progress, to ensure delivery of high quality, services, care and support for people across Wales. This will be achieved by developing new ways of working and greater collaboration both within the health sector, between primary and secondary care and with local government and the third sector.

Poor eye health is a common and growing issue. Currently nearly 100,000 people in Wales are living with sight loss. By 2020, this is predicted to increase by 22 per cent and double by 2050 (1). This significant

increase in people with eye health problems is related to the ageing population, as around 75 per cent of sight loss occurs in people aged 65 or over (2). As the population ages, the incidence and prevalence in key underlying causes of sight loss increases, so eye health problems and sight loss will become much more prevalent in the future.

Over 50% of sight loss can be prevented through early identification and intervention (3). Early identification is also essential because sight loss has such a dramatic impact on wellbeing. The risk of depression and falls is over 2 times greater amongst elderly people with low vision (4, 5), when compared to those with normal sight. Sight loss is also a risk factor in loneliness and isolation.

This document therefore focuses on the opportunities for Health Boards and Local Government to work with the Third Sector and other partners, to plan, co-ordinate and deliver services, care and support for people living within their local communities. It sets out a range of key actions to improve the eye health of all children and adults in Wales, with specific, targeted support for those most vulnerable to eye health issues and sight loss.

2. Vision and key priorities

Our vision is to develop high quality, patient focused, integrated services to improve the eye health of people living in Wales, so they can benefit from better sight throughout their life. For those who develop sight

impairment, we want to ensure they receive appropriate care, support and rehabilitation.

Our key priorities are:

- Preventing avoidable sight loss and improving eye health.
- Early identification of poor eye health and sight problems.
- Providing high quality, efficient, accessible services.
- Ensuring integration of services and patient focussed delivery.
- Providing care and support for people living with sight/dual sensory impairment.

3. What we have achieved so far

Although this is the first Eye Health Care Plan for Wales, Welsh Government and partners have been pro-active in the development of eye health care services and much has already been achieved. In 2002, the Welsh Eye Care Service (WECS) was launched. This aims to preserve sight through the early detection of eye disease and to provide support to those who have low vision and whose sight is unlikely to improve. As a result:

- ✓ Developments have enabled optometrists to manage two thirds of patient eye problems safely and effectively in the community, when previously they would have been required to refer them to hospital services.

- ✓ The Low Vision Service Wales (LVSU) now provides rehabilitation for people who are losing their sight. It is based in over 180 optometry practices in Wales, has waiting times of less than 2 weeks and has been shown to be as effective at reducing disability as the 19 hospital based services operating eight years ago.
- ✓ Extended eye health examinations are available in most optometry practices to those at high risk of developing eye disease such those from an ethnic minority or with a family history of glaucoma.

WECS is supported by 'Focus on Ophthalmology' (FOO) which was launched in 2009. This aims to make the patient care pathways for unscheduled care, glaucoma and macular degeneration more patient centred and efficient. It encourages better collaboration between primary and secondary care professionals to improve the diagnosis, treatment and on-going care of patients. At the centre of this initiative is the development of Ophthalmic Diagnostic and Treatment Centres (ODTCs) in every Health Board. ODTCs are facilities where selected patients may be seen and managed by non-medical staff, with oversight and quality assurance provided via an ophthalmologist, with access to the electronic patient record, in a virtual clinic environment.

4. What will eye care and support services look like in 2018?

To make real and substantial progress towards achieving our vision, we want to see the following by 2018:

OUTCOMES

- ✓ More people have regular sight tests.
- ✓ More information on reducing the risk of developing eye disease, what people can do for themselves and what services to expect to be available.
- ✓ More people aware of the importance of eye health.
- ✓ More optometry practices providing the full range of extended eye care services in the community.
- ✓ More people are aware of the most appropriate point to access eye care services if they have an eye problem that needs urgent attention.
- ✓ Reduced inequalities in access to optometry services.
- ✓ More people at high risk of eye disease accessing eye care services in the community including people with diabetes, people with a family history of glaucoma and people from ethnic minority groups.
- ✓ More people in residential care having regular sight tests.

- ✓ More children in special schools having sight tests in school.
- ✓ More children having their vision screened on school entry.
- ✓ People are seen within the primary and community setting, where it is clinically appropriate.
- ✓ People receive appropriate access to on-going care and management of their eye condition.
- ✓ Service users and carers are involved in the design of services and people's views on services are sought regularly and acted on to ensure continuous improvement.
- ✓ People are satisfied with the care they receive at their local optometry practice.
- ✓ People are satisfied with the care they receive when they visit the hospital eye service.
- ✓ People are satisfied with the care they receive when from social services.
- ✓ People with sight impairment receive care and support which addresses all their needs – both physical and emotional.
- ✓ Local eye care, Hospital eye care and support services are all joined up.
- ✓ People with sight impairment are offered specialist training that enables them to live independently and get out and about.

This will be measured by national datasets, audits, surveys and service improvements. For example, data

on sight tests paid for by the NHS, is derived from the ophthalmic service payment process administered by NHS Wales Shared Services. The Welsh Health Survey has questions about eye-sight difficulty and the public's use of optometrists.

5. Key themes

The Eye Health Care Plan is structured around 3 key themes of action, these include:

- Raising awareness of eye health and the need for regular sight tests.
- Early detection of eye health and sight problems
 - targeted for people at risk.
- Providing access to high quality, integrated services and support.
 - Primary and community services.
 - Specialist hospital services.
 - Supporting people with sight / dual sensory impairment.

Raising awareness of eye health and the need for regular sight tests.

Many people in Wales do not have regular sight tests. Sight tests are important to ensure people are able to see as clearly as possible – with the use of spectacles or contact lenses where necessary. They also provide an opportunity to test for eye disease, ensuring that poor

eye health is prevented, or identified early to minimise the impact.

Raising awareness of the importance of eye health and the need to use eye care services will be essential to preventing sight loss and improving eye health. Therefore, we will develop an eye health public awareness and education campaign, aimed at the general public, to encourage people to have regular eye sight tests.

Smoking and other health conditions are known to increase the risk of blindness, therefore, linking the good eye health goal with smoking cessation and healthy eating campaigns will also be important. Optometrists will have a role to play in this.

This will require partnership working across traditional boundaries with primary and community care professionals, teachers, school nurses, the Third Sector, Public Health Wales (PHW) and Health Boards working together.

KEY ACTIONS

Welsh Government will:

- Work with PHW and eye care professionals to develop an eye health promotion and public education strategy for the general public, at risk groups and children.

- Work with teachers, school nurses, optometrists, orthoptists and health visitors to educate children and parents about the importance of sight tests.
- Increase awareness of eye health amongst primary and community care professionals (pharmacists, practice nurses, GPs, home care workers and health visitors).
- Ensure the over 50s Health Check includes a flag for sight tests.
- Work with Care and Social Services Inspectorate Wales (CSSIW) to ensure the importance of good quality eye care is promoted in residential care.
- Work with optometrists to disseminate general health messages such as smoking cessation.

Health Boards will:

- Work with the Regional Optometric Advisors in PHW, DRSSW, Optometrists, Dispensing Opticians, Orthoptists, Pharmacists, GPs and the Third sector to promote the importance of eye health care.
- Ensure eye health statistics and demographics are routinely included in NHS Needs Assessment and reports of Directors of Public Health for each Health Board.

Public Health Wales will:

- Actively seek opportunities to link eye health issues to other health awareness campaigns such as Diabetes, smoking and falls.
- Identify specialised Public Health support to advise on Eye Care issues.

The Third Sector will:

- Work with stakeholders to raise awareness of eye health and the need for regular sight tests.

Early detection of poor eye health and sight problems – targeted for people at risk

A recent report has highlighted issues with providing young people in special schools with the eye health care they need. This is a concern because the prevalence of visual impairment for young people in special schools is much higher than the population average. Therefore, a service will be developed to enable every child in a special school in Wales to be offered an annual sight test in school. For children in mainstream we have a vision screening upon entry in all areas of Wales, which should be in line with the National Screening Committee Guidelines to ensure screening is via orthoptic led services. It will be important to ensure the screening is effective and take up is good.

People in residential care, are at high risk of developing sight problems and should have access to good quality eye care. Regular examinations should therefore be included in individual personal care plans.

Many sight threatening eye diseases, such as diabetic retinopathy and glaucoma are symptomless in the early stages. In Wales, we have the DRSSW screening programme, which aims to identify sight threatening diabetic retinopathy early. We also have the Eye Health Examination Wales (EHEW), which provides an extended eye health examination for people at high risk of having eye disease. It is essential that people at risk of these diseases are aware of the screening and examination services available and that they attend for screening and follow-up checks on a regular basis.

KEY ACTIONS

Welsh Government commits to:

- Work with Health Boards, special schools, nurses and optometrists to develop a service to ensure children in special schools are offered an annual sight test in school.
- Work with Health Boards and the profession to encourage all optometrists are accredited to provide EHEW.
- Develop national, external. quality assurance for vision screening in mainstream schools including monitoring

of uptake and outcomes and standards of training for nurses and assistants.

- Provide training to increasing awareness amongst primary and community care professionals (Pharmacists, practice nurses, GPs, home care workers and health visitors) of the eligibility and referral pathways for EHEW and DRSSW.
- Work with CSSIW and other stakeholders to investigate the provision of eye care in residential care and ensure regular sight tests are included in individual personal care plans for residents.
- Ensuring access to NHS optical vouchers for spectacles and/ or contact lenses for people on low incomes.
- Work with Shared Service Partnership and Optometric Advisors to audit uptake of EHEW by high risk groups.

Health Boards will:

- Work with the orthoptic lead for children's vision screening to improve the quality of children's screening - including reviewing training, equipment and monitoring in light of national standards.
- Work with the Regional Optometric Advisors in PHW, DRSSW, Optometrists, Pharmacists, GPs and the third sector to promote EHEW and DRSSW, especially to high risk groups.

Providing access to high quality, integrated services and support

We want to ensure eye health care services meet the needs of patients and are delivered to the highest quality standards. We need strong clinical engagement, with health care professionals taking the lead in improving the quality of services and treatment they provide. The public also has a key role to play in driving up the quality of services provided. In order to embed quality in all services, we will develop a national approach to Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs).

A vital part of the Eye Health Care Plan for Wales is the connection of all parts of the Eye Services via information and communication technology (ICT). ICT will be an essential enabler to improving integration, and accessing and sharing information.

Electronic referrals between optometrists and secondary care have been piloted. Work is also progressing on Electronic Patient Records (EPRs) which are an essential part of the development of ODTCs. The glaucoma pathway will be the first to use an EPR but the plan is to extend to all other eye care pathways over the next few years and the NHS Wales Informatics Service (NWIS) is working closely with clinicians to make this a success.

KEY ACTIONS

Welsh Government commits to:

- Work with Health Boards, clinicians and NWIS to develop electronic referrals and electronic patient records for eye care.
- Work with Health Boards and partners to ensure education and training is available to support developments in eye care.

Health Boards will:

- Work with Eye Care Liaison Groups to ensure services are planned, monitored and reviewed with clinicians from primary and secondary care.
 - Review and develop workforce plans to deliver new ways of working.
 - Develop and systematise the use of patient outcome and experience measures in primary care, secondary care and social services.
- Primary and community services

It is essential that people have timely access to the services and support they need and our aim is to provide more services and care closer to home. Primary care optometrists (opticians) have the capacity, skills and equipment to manage more patients in the local community, where it is clinically appropriate to do so.

The EHEW has enabled optometrists to do extended examinations on those people at high risk of developing eye disease and to manage minor acute cases in primary care. Further reductions in referrals from primary care to secondary care may be possible, by closer working between optometrists, pharmacists, GPs and other primary care staff, to signpost patients appropriately and manage minor ailments in primary care.

As the incidence and prevalence of eye health problems will increase dramatically in the next couple of decades, it will be important to continue to rebalance care from hospital to the primary care setting as referred to in *Together for Health* and the *Delivering Local Health Care Plan*.

KEY ACTIONS

Welsh Government commits to:

- Work with Health Boards, optometrists and ophthalmologists to increase the provision of services in the primary and community setting, where clinically appropriate.
- Encourage 100% uptake of optometrists accredited to provide EHEW.
- Review and develop EHEW annually and develop a dry eye pathway.
- Work with pharmacists and optometrists to develop the eye condition pathways in the Pharmacy Common Ailments Scheme.

- To review EHEW and primary care FOO pathways in light of referral audit findings to develop an agreed list of appropriate and inappropriate referrals.
- Consider the role of Independent Prescribing for Optometrists in EHEW.
- To work with EHEW and optometrists to develop more consistent outcomes on referral between practitioners.
- To work with Wales Optometric Postgraduate Education Centre (WOPEC) to provide training for GPs, Pharmacists and Practice Nurses on Eye Care in Wales.

Health Boards will:

- Ensure Optometrists, Dispensing Opticians, Pharmacists, Practice Nurses and GPs are aware of primary eye care referral pathways.
 - Work with optometrists, ophthalmologists, orthoptists and GPs to audit referrals from primary care to secondary care (unscheduled care and outpatients).
- Specialist hospital services

Some people will develop eye disease that may cause visual impairment or blindness. Once detected, these conditions are largely treated in the Hospital Eye Services (HES) by ophthalmologists and their teams.

Currently there are more than 300,000 out-patient attendances each year; just more than 10% of all hospital outpatient visits in Wales and treatments may involve prescription medicines, laser treatment or surgery.

Currently, there is insufficient data on capacity and demand for the HES. With growing numbers of people requiring ophthalmology services it is essential to improve routine data collection to enable evidence based planning and allocation of resources.

For some sight threatening eye conditions it is essential that treatment is initiated within a few weeks and many patients will require ongoing management and treatment. A review of targets to incorporate measures for all patients (new and follow-up), that are based on clinical need and risk of irreversible sight loss, will be important in the maintenance of high quality ophthalmology services with sufficient capacity to meet the population's needs.

Welsh Government established the FOO care pathways project in order to take stock of how care is and should be provided in the 21st century and share best practice for glaucoma, AMD and unscheduled care. The key outcomes from FOO have been an agreement between all stakeholders for the integration of services between the community and hospitals and the setting up of multidisciplinary teams to make the very best use of all the various professionals and resources available. Building on the success of the FOO project, an

integrated care pathway for patients with cataract will be considered.

In the FOO glaucoma pathway, people in whom glaucoma is suspected are assessed and managed in special ODTCs where members of the glaucoma multidisciplinary team (specialist nurses, orthoptists, technicians and optometrists) are able to provide much of the care for low risk cases with ophthalmologists to confirm the diagnosis and management via a "virtual" clinic. Welsh Government is committed to establishing ODTCs throughout Wales for clinically and cost effective care within easy reach of patients' homes.

Specialist teams in its eye units are able to deal with less common conditions, although not always in a patient's nearest hospital or in Wales. A review of this specialist provision will be important to ensure patients have access to the right services in the best place.

KEY ACTIONS

Welsh Government commits to:

- Revise targets for ophthalmology to incorporate measures for all patients (new and follow-up) that are based on clinical need and risk of irreversible sight loss.
- Working with Health Boards to develop systems to improve routine data collection for demand, capacity, activity and backlog in HES.

- Review the provision of specialist ophthalmology services in Wales for rarer yet potentially serious conditions.
- Consider a cataract FOO Pathway.

Health Boards will:

- Work with ophthalmologists to ensure that everyone entitled to certification as sight impaired is certified.
- Collect, report and monitor capacity and demand for eye care services.
- Establish ODTCs for glaucoma.
- Ensure there is a transparent process for considering and implementing National Institute for Health and Clinical Excellence (NICE) guidance that involves ophthalmologists and patients.
- Work with local stakeholder groups (including optometrists, ophthalmologists and GPs) and NHS Wales Delivery and Support Unit (DSU) to review patient pathways to ensure they remain fit for local purpose whilst delivering to national standards.
- Work with pharmacists to review adherence with glaucoma medication including in a care home setting.
- Work with ophthalmologists to ensure all referrals to secondary care receive a response.

- Ensure effective referrals to social services from the hospital eye service where the individual would benefit from an assessment by a rehabilitation officer and where appropriate a rehabilitation programme.
- **Supporting people with sight/dual sensory impairment**

Despite the best efforts of health care professionals, there will be people who develop sight impairment. Losing sight can be very traumatic and can have a significant impact on a person's quality of life, so it is essential that everyone works together to ensure people receive good quality care and support to enable people to live as actively and independently as possible.

The development of the LVSW and appointment of Eye Clinic Liaison Officers (ECLOs) have improved joint working between health, social care and the third sector. However, continued efforts are needed to ensure seamless support and rehabilitation for those people with a visual impairment. This will include both physical and emotional support.

Clinical depression is twice as prevalent in people with sight impairment, so everyone who supports individuals with sight loss will need to provide emotional support. In the absence of evidence about what interventions work best for people with sight impairment, low vision

practitioners will be trained to screen for depression and refer to GPs in line with NICE guidelines.

The Social Services and Wellbeing (Wales) Bill will seek to transform the way in which the social care needs of people in Wales, of all ages, are met. There will be a duty on local authorities, with the assistance of their local health board, to provide individuals with information and advice on the range of services provided locally from local authorities, Health boards and the third and community sectors. Eye Care Liaison Officers (ECLOs) are well positioned to support in this process. The Bill will also introduce a new assessment and eligibility framework for social care.

The aim of the assessment and eligibility framework is to reduce bureaucracy of lengthy assessments and to ensure more people have speedier access to preventative services in the community. People with a significant sight impairment, which inhibits their mobility, communication or daily living skills, will need to be assessed by a rehabilitation officer. If required, a rehabilitation programme will be developed, with the rehabilitation officer working with the individual, to establish the outcomes they wish to achieve. These may include, for example, carrying out daily living tasks or going to the shops independently.

We need to identify ways of ensuring when people are identified with potential eye health problems, they are referred to the appropriate services. To achieve this, better joint working between primary care professionals

who manage eye health problems (GPs, pharmacists and optometrists) is required. A first step will be educating GPs and pharmacists about the community based services that are available such as sight tests, the eye health examination, diabetic retinopathy screening and the low vision service.

People who are attending for eye care services may have other health problems, (e.g. those with a visual impairment may be having frequent falls) or they may benefit from non-ophthalmic services (e.g. those attending for diabetic retinal screening may benefit from other checks, such as podiatry). These wider possibilities to integrate care and improve health will be explored.

Visual impairment is a risk factor for falls and the prevalence of dual sensory loss is increasing. Therefore, developing two way referral pathways from optometry and ophthalmology to falls clinics and audiology services will also be important. Ophthalmologists and low vision practitioners will be required to have good referral pathways to social services and the third sector. ECLOs are well positioned to support ophthalmologists in this process.

Ophthalmologists can certify a person who is eligible for registration as sight impairment. This is important to monitor eye health care outcomes and act as a referral from health to social services. Local authorities register people who have been certified with sight impairment. However certification and registration are currently

variable across Wales, so work will be undertaken to minimise this variation and ensure people across Wales are receiving a consistent service. ECLOs are well positioned to support in this process.

KEY ACTIONS

Welsh Government commits to:

- Providing training on falls, dual sensory loss and depression for LVSW practitioners.
- Provide multi-disciplinary training for LVSW practitioners, rehabilitation workers, social workers and voluntary sector staff on referral pathways.
- Work with LVSW to ensure effective referrals to social services and the third sector.
- Improving referrals between the LVSW, social services and the third sector.
- Work with CSSIW to ensure those with sensory impairment living in residential care are identified and supported.
- Incorporate sensory impairment into the implementation of the Bill.

Health Boards will:

- Ensure effective referrals to social services, LVSW and third sector from the hospital eye service where the individual

would benefit from an assessment by a rehabilitation officer and where appropriate a rehabilitation programme.

- Ensure effective referrals to LVSW and third sector from the hospital eye service.
- Work with ophthalmologists to ensure that everyone that is entitled to certification as sight impaired is certified.
- Work with the Regional Optometric Advisors in PHW, Optometrists, Ophthalmologists, GPs, CSSIW and the third sector to promote LVSW and improve uptake.
- Work with LVSW and optometrists to ensure 2 way referral between falls clinics and audiology.

Local Authorities will:

- Offer a proportionate assessment, care and support that considers the needs of those with a sensory impairment.
- Provide information, advice and assistance to help people understand how the care and support system operates within their area; the types of services available, and how they can access them.
- Signpost patients to the appropriate social care support and wellbeing services and to other sector organisations including the Third Sector.
- Provide early intervention.

- Provide specialist rehabilitation with training to assist with use of low vision aids, mobility, communication and daily living skills.
- Ensure staff with the appropriate training and qualifications are in place to provide professional assessments and programmes of support to those with sensory impairment.
- Ensure that those visiting older people in their home (e.g. care workers and care and repair services) are aware of the impact of sight and support services available.

Third sector will:

- Ensure people with sight impairment are aware of the full range of third sector support available to them.
- Promote equality for people with sight impairment in all aspects of social inclusion.
- Seek the views of people with sight impairment to inform decision makers and influence delivery of services.
- Provide emotional and practical support for people diagnosed with sight loss.
- Work to enhance the understanding of public sector providers so people with sight impairment have access to the same opportunities as others.
- Help to reach hard to reach groups to improve uptake of services.

- Work to reduce loneliness and isolation by providing support groups for people with sight impairment.
- Signpost people to the appropriate health, social care and support and wellbeing services provided by other sector and third sector organisations.

6. Making it happen

A Wales Eye Health Care Steering Group (Steering Group), comprising representation from all key stakeholders has been established. This group will provide strategic leadership for eye health care in Wales and will oversee the delivery of this Plan. The Steering Group is also supported by a number of sub-groups/task & finish groups, these include:

- EHEW Advisory Group.
- Minority Ethnic Group Association for Ophthalmic Care Uptake and Service (MEGAFOCUS) Group.
- LVSW Advisory Group.
- DRSSW Advisory Group.
- Children's Vision Service Wales (CVSW) Group.
- FOO and HES Group.
- IT Group.
- Statistical Group.
- Communications Group.

The Steering Group will review progress against the actions highlighted within this Eye Health Care Plan. The sub-groups and task & finish groups will take responsibility for delivering specific actions within the Plan and will provide regular updates on progress to the Steering Group. They will also be responsible for identifying research priorities.

A Statistics Task & Finish Group (ST&FG) has been established to develop the data and information relating to eye care. The first Statistical Release on eye care services was published on 5 June 2013. This Release, formerly titled “Ophthalmic Statistics for Wales” has been expanded to include statistics for other parts of the eye care service in Wales, as well as presenting summary information on General Ophthalmic Service (GOS) and workforce data.

The ST&FG will undertake further work to develop the breadth of information contained in this Statistical Release. The Group will also develop a range of outcome measures.

7. References

- 1) Access Economics, Future Sight Loss UK 1: The economic impact of partial sight and blindness in the UK adult population (RNIB, 2009).
- 2) Eye Care Statistics for Wales, 2012-13 (Welsh Government, 2013).
- 3) Tate, R., Smeeth, L., Evans, J., Fletcher, A., (2005) The prevalence of visual impairment in the UK; A review of the literature.
- 4) Evans, JR., Fletcher, AE., Wormald, RP., (2007) Depression and anxiety in visually impaired older people, *Ophthalmology*, Feb 2007 114(2):283-288.
- 5) Legood, R., Scuffham, P., Cryer, C., (2002) Are we blind to injuries in the visually impaired? A review of the literature, *Injury Prevention* 8:155-160.