13 March 2024

Dear

ATISN 20270 – Consultation on the reform of primary care ophthalmic services

Thank you for your request to the Welsh Government for information under the Freedom of Information Act (2000) received on 26 February 2024. You requested the following:

- A copy of the responses the Welsh Government received to question 18 of the consultation on the reform of primary care ophthalmic services.

  The question reads as follows: *"Do you agree that eligible patients should be entitled to a free optical appliance across all prescription ranges with a duty placed on contractors to support this free provision?"*

Our Response

Please see Annex 1 for redacted responses received to question 18.

A summary of responses can be found using the following link:
Proposals to reform the ophthalmic services delivered in primary care in Wales | GOV.WALES

We do hold some responses not included in the summary and redacted copies of these are attached.

Next steps

If you are dissatisfied with the Welsh Government's handling of your request, you can ask for an internal review within 40 working days of the date of this response. Requests for an internal review should be addressed to the Welsh Government's Freedom of Information Officer at:

Information Rights Unit,
Welsh Government,
Cathays Park,
Cardiff,
CF10 3NQ

or Email: Freedom.ofinformation@gov.wales

Please remember to quote the ATISN reference number above.

You also have the right to complain to the Information Commissioner. The Information Commissioner can be contacted at: Information Commissioner's Office, Wycliffe House,

Water Lane,
Wilmslow,
Cheshire,
SK9 5AF.

However, please note that the Commissioner will not normally investigate a complaint until it has been through our own internal review process.

Yours sincerely,

Annex 1 - Redacted Responses

Question 18 of the consultation:

"Do you agree that eligible patients should be entitled to a free optical appliance across all prescription ranges with a duty placed on contractors to support this free provision?"

Respondent	Response Yes / No / Not Specified	Additional Comments Made
1	Yes	Yes
2	Yes	Yes
3	No	No- duty to be placed on LHB
4	Yes	Yes
5	Yes	Yes
6	No	No .... With inflation and cost of living rising dramatically who decided to cut the value of basic vouchers in half ... for example a person receiving a WECI and a BF E voucher will cost a practice about £20 more than under the old rules .... I don't think the voucher value should be cut to finance IP , which in turn removes practitioners from our day to day activities , and also places the financial and staffing burden on NHS based practices . If the legislation forces practices to provide a free appliance practices will go under or leave the NHS and we will have the same situation as in Dentistry where no one will provide NHS services at a loss.
7	Yes	Yes
8	Not Specified	Don't know.
9	Yes	Yes
10	Not specified	I do not agree with the huge reduction in voucher values. I agree that eligible patient should be able to get an optical appliance from their voucher but for this to be the case, the voucher values will need to change. The proposed voucher value does not cover the cost of supplying a set of glasses
11	Yes	Yes
12	Yes	Yes
13	No	No. Every practice has its own minimum quality business model which does not fit necessarily with reduced value vouchers. Patients can still have to choice of having better service/quality by paying a little on top of voucher. If they want it at no cost then they can choose a practice that offers such. Also would it not be effectively price fixing?
14	Yes	Yes
15	No	No. While I agree with the idea of providing free optical appliances, I am concerned with who is responsible for funding this.
16	Yes	Yes
17	Yes	Yes
18	Yes	Yes

19	Yes	ONLY AS LONG AS IS KEPT AT PACE WITH INFLATION AND NEGOTICIATED FAIRLY.-SO CONDITIONAL
20	Not Specified	The values discussed are insufficient, especially in the case of children with hyperopia e.g. +5.00 as a stock 65mm blank into a small children's spectacle frame would be too thick and heavy to be worn (a. the child may not wear then due to weight, b. they may slip down due to the weight and the child may look over them c. generally increasing the risk of amblyopia developing), therefore a smaller blank and surfaced lens would be necessary - this cost is not covered in the voucher 1 cost and as child prescription generally change 6/12ly
21	Not Specified	The value of the new 'A' voucher will not cover patients with complex optical needs eg/ facial measurements outside of average where they need a large frame and an oversized lens blank. This will result poor quality dispensing or in the opposite cross-subsidy to what occurs currently, the clinical fee will subsidise the spex. Maybe there needs to be a supplement to account for these patients like the small frame supplement? There is likely to be reduced choice for the patient.
22	Not Specified	This is a difficult one. Yes a patient should be entitled to and optical appliance if they are eligible, however the funding for this item is the problem. The current voucher values in Wales have remained unchanged since April 2016! Seven years where we have had no increase in the payments made to us. However, our costs have continued to increase year on year from our suppliers. We have been taking the hit when supplying a ""free"" pair of spectacles as this is what we have always done. The current voucher value just about covers the cost for some situations, but most times it does not. As an example, If you have a child with a +5.00 prescription who needs a 38mm eye size frame, that lens will need to be surfaced so that a minimum blank size is achieved to enable a well fitting lens in a very small frame. Without this surfacing technique, the stock lenses used to keep the cost close to the voucher value allowance would be extremely thick and heavy in such a frame. This would mean that the spectacles would be heavy on the Childs face making them uncomfortable to wear, it could also make them ill-fitting and so not providing the best vision for the patient. This would lead to the Child not wanting to wear the spectacles. It is unethical to not give the patient the best possible outcome for their spectacles and certainly not in their best interest, yet it is what will have to happen if the values are reduced instead of increasing as they should. The proposed voucher value will certainly not cover the cost required for such situations (which are more often than not the case for our practice) It is stated that the value paid to us is to cover an appliance, i.e. Frame and lenses, but this will also requires a case for these spectacles to be kept in when not in use and a cleaning cloth. (you also need to factor in glazing charges from laboratories along with delivery/postage charges for lenses, frames etc) This amount is also

		to cover a dispensing fee. I feel that the dispensing profession is being devalued greatly here. What in your opinion is the value of a dispensing fee, especially for complex prescriptions? Your new voucher 1 is valued at £22, and for this you expect a frame, lenses, case, cloth and dispensing fee to be covered. It is stated that clinical professional fees have been undervalued for far too long and this is being addressed, which is very true and definitely about time, but surely the dispensing profession and their skills are equally as important? The voucher system has also been split in to ten categories now, what are the prescription ranges for these and how do they compare to the A-H method? Would a solution for the supply of a free device be, that Welsh government supply a selection of approved frames for the patient to choose from. Then lenses could then be ordered by the practice and fitted. The Value of the voucher would then be able to be used for the lenses only which may bring it closer to covering the amount, although I still feel that some are too low.
23	Yes	Yes
24	Yes	Yes(NHS funded)
25	Not Specified	Not sure
26	Yes	YES
27	Yes	Yes
28	Yes	Yes
29	Yes	Yes
30	Yes	I do, however, the current measured for patients with extremely complex presciptions does not seem in line with the cost of their spectacles if they are not entitles to any other help. The cost of the voucher versus the total cost of the optical appliance is comparatively minimal and should be reconsidered. I think contractors do have a duty of care but is not completely sustainable from a business point of view. Some help to support the cost of this through NHS funding is required.
31	Not specified	At the voucher values you are proposing for the lower end, practices will be making a loss when you include the time spent with the patient. These values need to be reviewed taking into account the cost of materials and time, most practices use professional staff to give the best service, which this will not allow. We run businesses not charities! We would at least like to break even.
32	No	No! How would we afford this?
33	Yes	Yes
34	Yes	Yes
35	No	No. The amount that practices are compensated for optical appliances doesn't cover the dispensing fee let alone the cost of the appliance. With the increase to business cost over the last year this could cause some businesses to close. The cost of the equipment alone which we are not compensated for by the NHS but are expected to use on NHS patients sometimes free of charge is not

		paid for by our NHS services. Although I appreciate efforts are being made to make make clinical services be a more viable way to run a practice the current levels we are compensated for sight test/optical appliances does not come close to cover the running cost of a practice. Ultimately it is still going to be the sale of spectacles that funds services and equipment. These reforms may be detrimental to this if it causes practices to go out of business.
36	Yes	Yes
37	Not Specified	This is a leading question. The document does not mention that the value of a GOS voucher A is dropping to just £22. So whilst I believe (of course) that eligible patients should be able to access a free optical appliance at no additional cost, I have concerns as to the feasibility of this and the ability of practices to be able to deliver it. We are a large city centre practice and already have a culture of young patients being told by nearby independents to take their voucher to us to get the kids glasses, as they think the current value is beneath them to provide specs at that price. If we have a landslide more of these low value dispenses, without having the GOS 1 to top up the value (As all you have done here is reverse the cross-subsidy, not eradicate it) it will soon become unsustainable. Children are the most expensive category to dispense due to the fact that it needs a DO or OO to actually put the dispense through, then they have to check the spex before they leave the lab, then the collection also has to be performed by a qualified professional; this is very expensive for the £22 (especially when you factor in materials costs etc). You havent even disclosed what we will get for a GOS 4 when these patients persistently break or lose frames; at this rate you will be giving about £4 to replace a side,knowing full well that I have to break down a full frame in order to get a side! This move will mean that things go back to when practices had a 'draw of shame' for poor patients, or a box of 'odd sides' for repairs that will leave children and the vulnerable being teased or having to wear a sign of their 'poor' status. Long term it will lead to a generation of amblyopes as the children and parents will be poorly compliant with the spectacle wear as they will not be able to subsidise the voucher to get the 'nice' frames that their children want to wear
38	Yes	Yes in theory, but the proposed reduction in some voucher values may make this unviable. Despite an increase in clinical fees proposed with the new contract, there still will be an element of cross subsidisation by selling of spectacles to ensure profitability of practices.
39	Yes	yes i agree unless extras are wanted by a patient including transitions, thinner lenses etc
40	Yes	Yes, but when it says that a duty is placed on contractors to support this free, this cannot be at a loss to the practice and will need to increase in the future to take account of rising business costs (i.e. clinician salaries, inflation, etc)
41	No	No. The practice shouldn't be made to lose money

42	No	No. The cost of providing an optical appliance is determined by both the cost of the product and the operational costs of the practice. As there is a huge variation in operational costs it may be possible for some practices to provide an appliance within the new fee system where some others can not. We invest heavily in our patients through the latest equipment and by providing longer than normal appointments, we can therefore not supply free appliances under the new system.
43	Yes	I agree that eligible patients should be entitled to a free optical appliance across all prescription ranges (ins't this the case now?), but worry about how will this be funded? See the point above. If the vouchers are reduced and contractors have to supply appliances for free then will they reduce the quality in order to meet the costs within the voucher value?
44	Yes	Yes
45	Yes	Yes
46	Not specified	Not if the new voucher values are brought in ... a WECI and E. voucher Will lead to a £30 loss on income for practices . A sight test and 2 A vouchers will lead to a £17 loss per patient .. it will lead to NHS Px loosing out as no one will provide the service at a loss
47	Yes	Yes, as long as the voucher values reflect the costs involved with dispensing a patient. This is considerably more than cost price plus £5, which was proposed in the initial information we were given.
48	No	No
49	Yes	Yes
50	Yes	Yes
51	Not specified	in principle yes but the proposed voucher values were low when we were told them 18 months ago (?) and they were set using data from the previous year which would have been 2021. costs have rocketed since then so the values we were told previously would barely cover our costs if they would cover them at all. there should be incremental increase from the fees we were told due to sharp rise in fuel costs, electricity, staff wages ecosts of buying in frames and lenses and other commodaties. and we should be reassured that voucher values would increase with inflation annually.
52	Yes	Yes, contractors should provide what the NHS offer so that no one is at a disadvantage
53	Yes	Yes, but Welsh Government should review this annually.
54	Yes	Yes and those ranges should be modern and attractive.
55	Yes	Yes
56	Yes	Yes if these individuals are Welsh or have lived within Wales as a permanent citizen for at least 5 years.
57	Yes	Yes, but this subsidy is woefully underfunded. The last uplift of voucher values was 2016, which is already 7 years out of date, yet under the new reform, several of the voucher values have dropped further to 2016 values. It is unacceptable to expect Practices to supply a complete pair of spectacles, case, cleaning cloth and pay the salary of a qualified member of staff to dispense them correctly for the pitiful amount Practitioners are able to claim.

		To make this concept financially viable, a set range of 'NHS Frames' should be supplied to each Practice COST FREE, for eligible Px's to choose from. Practitioners would then only have to provide the lenses. The cohort of Px's most at risk from this reform will be small children under the age of 7yrs. For example: Due to the shortfall in funding, a child with a PD of 50mm and needing a 40x15 frame with an Rx of +5.00DS R&L will end up with overly thick & heavy 65mm blank stock lenses, which will more than likely end up pulling the frame forwards and the child looking over the top of their specs. This will undoubtedly compromise the child's visual development and create complications further down the road. Unless parents can afford to supplement he cost, a child wearing only the NHS funded 'basic optical appliance' will be at a severe disadvantage
58	Yes	Yes
59	Not Specified	Think it should be means tested as the NHS is under strain and so free for all although nice wouldn't be cost effective for business and nhs
60	Yes	To a degree. Supplying items at voucher value does not mean that the provision will be high quality.
61	Yes	Probably
62	Yes	Yes, provided the voucher values are sufficient to allow us to provide a service, taking into account the cost price, administrative needs and professional input in producing a pair of spectacles. This needs to be centrally communicated to patients that this will likely be from a very limited range of frames. Our plan would be to offer a small range of ""NHS frames"" as we would have prior to the regulatory changes in the 1980s in order to keep our costs low and allow us to provide such a service.
63	Yes	In principle yes - slight concern over children. There appears to be no reference to any uplift in the voucher supplements- could this be clarified.
64	Yes	Yes
65	Not Specified	Unsure
66	Yes	yes
67	Yes	Yes, it is important that eligible patients who are financially and clinically disadvantaged are able to receive a frame free of charge, with option to contribute to the cost if an alternative choice is preferred.
68	No	No. It is NOT feasible for domiciliary practices to provide this service. Most domiciliary practices do not have any form of in-house glazing facilities for producing spectacles. The new voucher value fees means it is impossible to provide and then deliver to the patient's home. I think it is vital to attach a domiciliary fee to the dispense. My fear is this is an impossible service for a domiciliary practice to provide. There is going to be fewer domiciliary practices and vulnerable housebound patients will suffer. Fees for domiciliary

		practices must be fair to provide equity in service for housebound patients.
69	No	No - the proposed Optical Voucher values will not cover cost of appliances and professional fees
70	No	NO. This is unworkable in light of the new proposed A voucher value. Every practice has different costs; costs of the product and fixed and variable costs. The value of the A voucher MUST be uplifted or the most socially dissadvantaged members of society, in certain areas, will not have ""free"" eyecare.
71	No	No. This is inworkable with the new proposed A voucher value. There is be a huge variation in operational costs between practices. It would also be totally unfair to discrimainate against practices who choose to invest heavily in equipment and offer longer appointment times.
72	No	NO!!! Absolutely not! Unequivocally no! The voucher values are already not sustainable for the level of service currently provided and required especially for children. Yes, you may be able to provide the raw materials at the new proposed amount but it does not account for the time and resources required when dispensing children. I accept that some of the fee element can be accounted for in the uplift to WGOS 1 amount, but, as a practice that dispenses a lot of HES children this does not work. HES dispenses require much more professional time, higher and more complex frame and lenses (is the small frame supplement and special facial characteristics changing?) and therefore the reduced voucher makes it impossible and unworkable, especially as we would not receive the GOS 1 fee. Overall this is grossly undervaluing the professional service element - dispensing is still health care not retail!
73	Not specified	I think it is a business decision as to whether to provide free spectacles or not. To make it a requirement is a change of current practice and some practices may find this difficult at the reduced amount. However practices should be encouraged to keep a suitable range
74	No	No, they should not be free.
75	Yes	This is controversial within the profession and it was not universally expected to become a mandatory duty on the contractor to provide free provision. Whilst it may be possible now for contactors to provide this free provision (I do not know if all contractors are currently able to support this free provision), I am concerned that with high inflation that providers who are currently able to support this free provision may not be able to support this in the future at the proposed voucher values. Concerns within the profession may well be eased around this if the profession are made aware now that annual negotiations will ensure that there is an annual uplift to voucher values which are linked to inflation to ensure that anxiety within the profession is addressed.
76	No	NO Minimum voucher value should be the same UK wide and not reduced . Children especially require decent frames and smaller surfaced lens.

		What about myopia control ? What if a patient takes there voucher across border to England will they get a better frame
77	Not specified	The document does not mention that the value of a GOS voucher A is dropping from £39.10 to £22. Therefore, whilst eligible patients should be able to access a free optical appliance at no additional cost, there are concerns as to the feasibility of this and the ability of practices to be able to deliver it. There are lot of possible unintended implications here for example: practices may significantly reduce the choice available to patients, meaning that compliance may be reduced (particularly in the younger cohort) and patients may end up going without, or parents may resort to purchasing an inappropriate appliance from an online retailer believing that they are helping their child, but possibly compromising their visual development. There is also concern about the ability of practices to sustain the GOS4 repairs and replacements for these patients, as the reduced costs may not cover the labour time or written off stock (for example, if a patient breaks the side of a frame, contractors can only claim for the side despite the fact that a saleable frame needs to be stripped in order to provide a new side, meaning that the repair is done at a loss to the practice. Also there is some concern that some people may have their sight test with one provider, but then take their voucher A to another practice if they dislike the choice in practice 1. This means that practice 2 is supplying the optical appliance without being able to claim the uplifted fee for the sight test which would typically buffer the reduced value of the voucher A Not all patients would be suitable for a "basic" pair of spectacles (e.g. small/abnormal/down syndrome patients) who require more tailored frames – these frames are typically more costly and unlikely to be covered by the voucher (unless the traditional ‘small frame’ supplement is increasing in value drastically to counter the drop in the voucher A value), so patients would have to contribute to their glasses. If patients cannot afford to supplement their vouchers, they are unlikely to have any other options and forced to wear glasses that may not be suitable for them.
78	Yes	Yes.
79	Yes	Yes, however this will become more difficult as the voucher Aand Bs go down in value
80	Not specified	All citizens should be able to access optical appliances. For children and those on a low income it is vital there is adequate provision to ensure education, employment and independence are not limited by impaired vision. However, we are concerned that the range of free optical appliances available for eligible patients may be limited in terms of frame and lens choice if funding is not adequate and sustainable. There may also be reduced access to additional options such as coatings or

		lens thinning. This could lead to greater inequalities where the more disadvantaged members of society would only be able to access very basic fully funded appliances. There is also a risk that it may not be sustainable for some providers to provide NHS-funded optical appliances across all prescription ranges under the proposed new optical voucher values. This could lead to practices and domiciliary providers closing or practices choosing to only provide private care. If the number of primary eye care providers reduces, this will affect access and choice for all citizens of Wales. Careful planning and economic modelling need to be in place to prevent the destabilising of optical practices and domiciliary providers, which could lead to a less sustainable eye care system with fewer and less varied optical services. We would like to see evidence that this has been taken into account and that the suggested optical voucher values effectively balance patient access to optical appliances with the sustainability of primary eye care across Wales.
81	No	If the voucher values had been maintained and uplifted for inflation, we would support this duty. OutsideClinic, like all large providers, have always provided a range of spectacles free to those entitled to an NHS voucher. However, as explained in detail in the FODO response, if 99% of voucher values are reduced patients will have less to spend on their vision correction. This will disproportionately affect families and adults on lower incomes – creating increased health inequalities as patients will suffer less choice and potentially poor products. If people entitled to vouchers under these changes wish to choose better than basic options, they will have a greater amount to pay towards good quality lenses and frames. The timing for these families could not be worse in the middle of a cost-of-living crisis. These are not practice benefits but essential support for children and adults on means tested benefits that we serve. Although possibly well intentioned in the round, this patient benefit cut seems completely counter to public health policy in Wales and we do not agree with cutting voucher values for patients.
82	Yes	Yes, however all spectacle voucher values should cover full costs and enough gross profit for a practice to remain viable.
83	Not specified	The IVG does not believe it is best placed to respond to this question.
84	Yes	In theory yes, but NOT at the level of pay suggested with the new vouchers. If we have to do this, as a small provider we will struggle to be able to do this and not make a loss (let alone break even). We will not be able to surface lenses for these vulnerable patients and will have to use cheaper frames of less quality. This means the poorest in society and the kids will be wearing less comfortable specs and also frames will break more, meaning increased costs to repair them. Practices will not be keen to dispense kids, especially those with

		walk in vouchers from the hospital where you do not gain from the increased GOS fee. Kids maybe put at risk as practices may prioritise seeing adults over kids. We will have a limited range of 'voucher specs' which will be of less quality than we use now and patients will have to pay towards specs if they want something that we currently are able to provide at no additional charge. This means the poorest and the kids will be worse off. This will really hit smaller practices who do not have the buying power of the multinational companies. These values are also already 2 years out of date and need to be relooked at.
85	Yes	Yes. Provision of spectacles without cost to those in greatest need is key to enabling equity of service for all patients. There should not be restrictions in practices allowing those patients to contribute to a higher quality of appliance should they so wish, but there should be no requirement to upgrade from the freely provided appliance in any practice.
86	No	Yes, but optical vouchers must reflect true costs, especially for independant contractors , but a duty should not be placed on contractors as patients have a right to shop arround
87	Yes	yes but vouchers have to reflect the realistic costs, particulaly for domiciliary opticians
88	Yes	Yes
89	Yes	yes
90	No	Definitely not. Focus resource of delivery not hand outs. Ending free prescriptions in Wales could provide resources to improve the health service.
91	Not specified	If voucher funding were to be maintained and increased in line with inflation, then we would have supported this statement. We however disagree fundamentally with the proposed voucher fee and how this has been developed. We note the point on patient benefit (voucher) in which the consultation refers to a cost-plus analysis and the intention to obligate provider to offer a free pair. You will be fully aware that provision of vouchers for optical appliances are a critical part of the NHS eye care offer to patients to reduce inequalities and support patients with the highest needs. Whilst we agree that the model for provision of benefit must be fit for purpose to meet the needs of patients, we do not fully understand or recognise how the cost-plus analysis referenced in the consultation documents has been performed for dispensing. It would be helpful to understand further detail regarding the decisions to inform the cost analysis and we would welcome further clarity as to how Hospital Eye Service (HES) prescriptions will be funded. We worry that the unintended consequence of these changes could be detrimental to the choice and quality for these patients.
92	Not specified	You can only force practices to support free provision if this provision is covered by the voucher values for every patient and every

		prescription. The voucher was always a help towards the cost of supply and by making this significant change to the wording compelling practices to offer a free of charge pair of spectacles it is critically important that ALL practices can have their costs covered for this provision, and not just the bigger practices or those covering more affluent areas, this contract has to be fair for all people in Wales and for all practices in Wales regardless of location or size of practice (obviously the bigger practices, which are centred around busy town centres, will have much stronger buying power than small rural practices and those in deprived areas).
93	No	No. Some 'bespoke' appliances may need specialist one-off manufacture for exceptional facial characteristics. The small frame supplement should be extended and criteria relaxed
94	Not specified	ABDO totally supports the provision of high quality eyecare to patients and an expectation that where financial support is required to provide this, the NHS system should step in. The reduction in voucher values means that contractors will be placed in the position of needing to find cheap, lower quality eyecare products (frames and lenses) whilst trying to maintain their wish to provide the best possible clinical care for their patients. We believe that the "cost plus" exercise that was undertaken to support the reduction in voucher payments was flawed and would be happy to work with Optometry Wales and the Welsh government, and other sector body colleagues to review these arrangements. ABDO feels that there is a real risk that contractors will look to more unqualified and less experienced staff to undertake dispensing to patients where it would have been more appropriate to use appropriately qualified clinicians to ensure the best possible visual outcomes. Unfortunately, the move to "improve clinical outcomes" from the sight test seems to have focused solely on the actual sight test and not considered the provision of quality spectacle dispensing where this is required to meet patient needs. The increase in the fee for the sight test should only be considered as a move to address historical underfunding. The fact that if this proposal goes through contractors will have to further cross subsidize dispensing from the sight test fee (something the Welsh government has sought to address in these reforms) is a disappointing retrograde step. An excellent sight test followed by the supply of cheap, poor quality, ill-fitting spectacles, and the impact this has on patients (and in particular children) is not an outcome ABDO would support and we urge the Welsh government to review this aspect of their proposals.
95	No	No. The majority of patients with vouchers will have lower value vouchers than before. This will mean that the only way I can provide

		this is by supplying very cheap products of a lower quality than my patients normally get. This will disadvantage the poorest patients.
96	No	No. In principle this is desirable. However, based on the figures shared at the webinar it will mean practitioners will be paid significantly less for 98% of the vouchers they dispense. This will mean practices will either need to opt out of these reforms and move to a private basis which will reduce availability of clinical care or if they can source products within the proposed price band, then eligible patients will receive products which are significantly lower quality than they have become used to. The direct result of this major overhaul by Welsh Government will be to offer patients a poorer service (as it is unlikely the cost of a qualified dispensing optician could be included with the new payments) with poorer products.
97	Not specified	Based on the reduction in the lower voucher values it may not be viable - ie: the cost of an appliance may be higher than the voucher value. We would be making a loss in some instances. Currently some practices will supply an appliance at no charge based on existing voucher values. I would have concerns about the quality of the appliance supplied at the proposed reduced voucher values and patients who have been used to a level of quality based on the current voucher values may find themselves spending more to get that same quality. I understand the principle being discussed and it feels right that we should be aiming to reduce costs for those on the lowest incomes.
98	Yes	It is an admirable concept that all patients of limited means should be obtain optical appliances without necessarily having to contribute towa them. As such we are supportive of the principle. But we have very se concerns about the implementation. The proposal to reduce voucher v cuts across the principle and undermines its effectiveness. These cuts conjunction with a level of inflation unprecedented in recent times, me many practices will struggle to meet this requirement at all. Others wil able to provide such limited choice as to be broadly meaningless. The AOP member survey, together with feedback from our member engagement events, showed that a strong majority of members predic the changes to voucher values will have negative consequences for th poorest of their patients. Approximately 64% of members stated they need to decrease the range of spectacles they offered on a voucher d the proposed changes, leading to a reduction in patient choice for the When asked which patients would be better served by these proposal which would not, the results were as follows: • From an accessibility perspective 29% of those who responded access to services would increase for patients with glaucoma, driven by the positive view of the aim to deliver more glaucoma a primary care setting.

- For patients who receive a GOS 3, over 40% of respondents thought access would decrease, and this reflects the concerns around the reduced voucher values.
- This result was broadly replicated when we asked members about choice; over 40% of members had concerns about the impact on patient choice of appliance if voucher values are reduced.
- When we asked members about how they thought the proposals would impact upon cost, around 65% of respondents thought patients who receive a GOS 3 would be worse off.

Member Opinion:
"The border funding needs to be sorted. I cannot claim a WECS because I do practice in Wales, and I cannot claim a CUES for patients with a Welsh GP. If weren't socially and
ethically responsible, the HES would be seeing a LOT more patients. I usually average 3
'emergencies' a day, personally, though not all cross-border".

"The reduction in voucher values will result in less patient choice and a reducti in quality of spectacles because the values do not cover the frame/lenses/glazing/postage & dispensing fees".

When we consider the impact on different patient groups these challenges become clear. For example, for a practice who mainly sees patients who are eligible for an NHS-funded sight test, but pay privately for their spectacles, these changes will see a significant increase in the level of remuneration the practice receives, as the sight test fee will rise from £21.71 to £43.00 or a 98% increase in the fee received. As this example patient pays privately for their spectacles there is no change in that regard.

However, for a practice that mainly sees patients who are eligible for NHS sight tests by virtue of being on means tested benefits, the situation is quite different. This is especially true for practices with an older patient base, who require both distance and near spectacles.

For example, currently a practice seeing an older patient for a sight test and providing distance and near spectacles, receives £21.71 for a sight test and £39.10 for each pair of spectacles giving a total NHS funded remuneration of £99.91. In contrast under the proposed reforms, the sight test and vouchers would provide only £87, which is a decrease of 13%. This is before any consideration is given to the additional reporting requirements, which are also part of the reforms.

This creates a risk that the most vulnerable in our society, those of limited means and in some cases the most in need of optical appliances, will be deprived of a choice of appliance, choice of practice, or provided with an appliance that is not robust enough to fulfil their needs until they are eligible

Member Opinion:
"Whilst I welcome the changes to sight test and enhanced services fees, I am disappointed in the proposals of the decrease in spectacle vouchers. The ones which will suffer the most are people on means tested benefits and families wi children. Practices will be forced to reduce their ranges of frames which can be provided free of charge with the voucher. This may lead to children not wearing their spectacles as are unhappy with choice. It could lead to patients on benefi suffering with anxiety and depression and will not give them as much option to upgrade to lenses such as high index, sunspecs etc within their budget. It may lead to patients preferring older specs and not updating their prescriptions as regular which would impact their vision and quality of life. Practices will mainta their prices and the patients will be the ones to suffer the impact of the extra co which I think is very unfair especially in the current climate with the cost of livin as high as it is".

"The reduction in voucher values will result in less patient choice and a reducti in quality of spectacles because the values do not cover the frame/lenses/glazing/postage & dispensing fees."

for a replacement.

This situation is even more concerning within the domiciliary setting. Domiciliary care obviously involves travelling to the patient's home. Given the geography of Wales, in some instances that travel may take a significant amount of time. For good quality care, optical appliances should be delivered and fitted, to ensure patients are aware of how to use and care for them. This means the significant periods of travel are not simply an issue when conducting a sight test, but also when delivering the appliance.

While there is a proposal to raise the sight test fee to address historic underfunding, there is a proposal to reduce the domiciliary fee for many. The proposed reduction to the voucher values further increases pressure. Taking our same example above of a patient eligible for an NHS sight test and NHS vouchers towards spectacles, and adding the changes to the domiciliary visiting fee, for first and second patients, those more likely to be seen within their own homes provides the following example:

- Current situation £99.91 + £38.27 = £138.18
- Proposed reforms £87 + £26 = £113

This represents a staggering 18% reduction in the total NHS remuneration for this critical patient service.

Children are another patient category that are likely to be affected by the change to vouchers. A decreased range of spectacles risks stigmatising

			spectacle wear in a way not seen since the abolition of “NHS glasses” in the 1980s. This potentially retrograde step could hinder education and risk eye problems such as amblyopia going undetected. The need to contribute to spectacles in a way that is largely unnecessary at the current voucher level, means an additional cost burden for already stretched family budgets. Closely linked to this issue is the topic of spectacle repairs. Children are recognised as being hard on their spectacles, and many break them regularly. If an additional fee is required each time the spectacles are broken the cumulative effect of this additional burden may be prohibitive even for those who on a single instance can and do choose to “top up”. In a common scenario where a child breaks their spectacles five times per year and has to “top up” each time it is feasible that this amounts to a hidden patient tax of £100 per year. Having reviewed the published documents for this consultation there does not appear to be a proposal for the new spectacle repair costs. If we presume they will reflect the apportionment seen in the existing repair provision, a replacement side will be paid at £4.14. This is likely to be less than the cost of a replacement frame. But budget frames are not normally available as parts. This means a whole frame must be ordered. Once postage is included and ignoring overheads, these costs alone will mean that the voucher does not cover costs to the practice of the repair or replacement. This is likely to add another burden to parents. A similar scenario exists for all part replacements such as a single lens. It is also likely that the need to order a whole frame rather than parts will lead to increased costs to the NHS and a larger amount of “plastic” materials heading to landfill. In summary, we have very serious concerns that the reduced voucher values in conjunction with a requirement to provide an appliance for that value, may reduce service, quality and in some areas lead to a reduction in capacity. Given the projections around an ageing population and the desire to ensure that as people age, they stay in their own home as long as is possible, we are concerned that these patients may not be able to obtain care. This could the widen health inequalities gap.

		Member Opinion: *"It is not at all clear why families with children, people on means-tested benefit and the most vulnerable are the only groups being targeted to pay for reform b reducing voucher values".* *"I am very concerned about domiciliary eye care services. Many providers [are thinking about stopping services and how the new contract is going to work mo forward. Coming after covid when things have been especially challenging, Domiciliary eyecare is now trying to survive not thriving. In an ageing populatio with more domiciliary demand, it almost seems as if domiciliary eyecare is bein sacrificed to push through the new contract. There has to be a core of domi providers to be able to offer and maintain domi appointments and services. Th contract is going to make virtually impossible."* *"I am very concerned over the future of domiciliary services in Wales and ultim concerned that some of our most vulnerable members of our society will suffer have a chance to make some positive changes to our profession but NOT at th cost of our domiciliary services and low vision services."*
99	No	**<u>In brief</u>** If voucher values had been proposed to stay at their current levels uplifted for inflation, with corrections made to underfunded prescription bands, the proposal to ensure providers 'make available a basic pair of spectacles for those people who are eligible for a voucher towards the cost of spectacles' would have been a policy our members would warmly support. Equally if the proposed new voucher values had been fairly and correctly costed, the impact assessments in this consultation would have been accurate in claiming that a requirement to offer a basic pair of spectacles would in fact improve equality. Unfortunately, the wrong vouchers have been cut and the impact assessment has confused what has and has not historically helped bridge the funding gap caused by the NHS underpaying for primary eye care services. These errors in the initial premise have led to a misleading approach which is not good public policy. To be clear, we fully support the wider reforms and the aims of improving equality in access and tackling health inequalities. It is because this element of the reform will fail to do this that we struggle to support it in its current form. Firstly, our members already offer high quality options and a wide range of choice for children and adults on means tested benefits who depend on NHS support to access essential vision correction. The proposals to cut 99% of voucher values will make this offer very difficult to maintain.

		In addition the proposal, if implemented based on a cost-plus analysis that the sector does not recognise, will result in challenges, concerns and patient complaints (as set out below in more detail). We therefore cannot agree to the current proposal as set out by Welsh Government because the costing exercise for deriving voucher values is not sufficiently robust. While the Welsh Government may choose to impose this element of planned reforms on the sector, our main concern is the impact this will have on patients. We are also concerned that providers who are close to the detail, understand costs and who have challenged working assumptions, have been told that any challenge risks the whole package all reforms being withdrawn by Welsh Government, leaving them nervous about sharing their knowledge openly and honestly in the interests of patients. We know however from Welsh Government's own goals to improve equality in access and quality outcomes, this is not the case. We are hopeful that together, through open and honest dialogue about the potential implications of the current proposals for vouchers, we can find a solution that ultimately works better for the patients we all serve. We hope Welsh Government will encourage the sector to speak up and share views honestly about what they calculate will happen. **<u>Detailed response</u>** **Challenges, concerns and complaints** It is concerning to providers that the Welsh Government has decided to cut 99% of patient vouchers claimed during a cost-of-living crisis and a period of high inflation. It is without doubt that proposals, as they stand, will see those that rely most heavily on this patient benefit to access vision correction suffer less choice and reduced access to quality vision correction. This means that families and adults on lower incomes will be most adversely affected by this proposed cut in patient benefits. We note from the impact assessments, that patient groups, consumer organisations and even the children consulted as part of these reforms, have not been fully sighted on what these proposals to reduce spending on patient benefits by £4.8mwill means at a practical level for them. We do not think it is factually accurate to frame this as an equity or equality enhancing step, nor to frame this as a progressive policy. It is in most cases likely to be regressive. Under existing voucher values, there is a wide range of choice and access to vision correction which does not require a patient to contribute unless they wish to do so. Also where a patient picks vision correction for less than the voucher value, the NHS pays the lower fee so scarce NHS funds are not wasted. However, the new proposals are likely to mean that parents will find they can no longer access the same quality of vision correction at no cost, and adults on means tested benefits will have limited choice

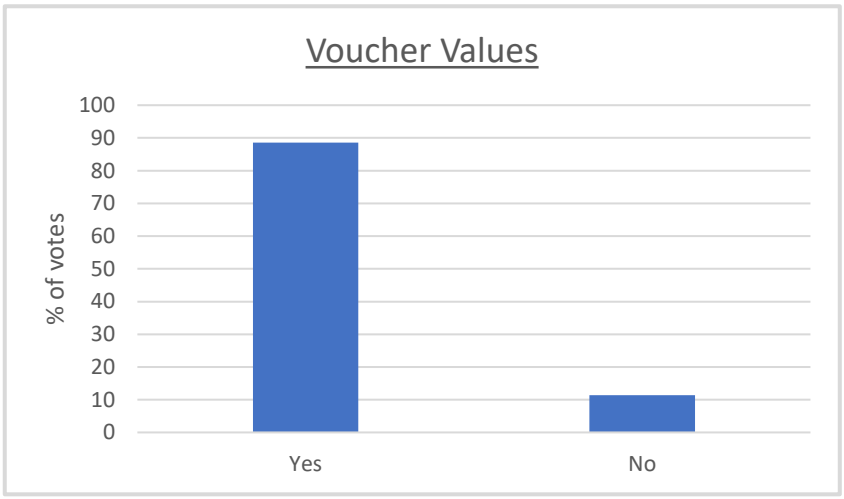
		and poorer quality or feel more compelled to pay towards essential vision correction contrary to the policy intention. We cannot believe this is what Welsh Ministers intended. This proposal risks sending Wales back to the 1980s where people's income status could be differentiated based on the spectacles they wore, which is regrettable because, as a society, we have only recently tackled the stigma of wearing spectacles especially amongst children. The feedback we have on this proposal is clear, that cutting 99% of existing vouchers claimed by children and adults on means tested benefits will reduce choice and access to quality vision correction. If Welsh Government chooses to impose this policy without any revision to voucher values, it is important to note that for the first time as a sector we are likely to receive complaints from parents and people on means tested benefits about a lack of choice and spectacles more prone to breakages within two years of use. We are also likely to see more parents and people on benefits feeling they must pay more to get access to the quality they have become used to with respect to vision correction which our members – who have always led the sector in terms of value – cannot accept is right or fair. We note the consultation states • "voucher values will be kept under review. This will ensure optometry practices are accurately and fairly remunerated for the work completed" (page 22 consultation document) We are concerned, in the context of meeting needs and voucher values, that this approach risks missing the point. It is not about being paid for the work we do – important though that is – it is about being able to meet patients' needs in a quality way within voucher values. We would ask Welsh Government work with Optometry Wales to ensure all sector feedback on this particular proposal is considered objectively and that proposals to cut this patient benefit are reviewed. Whatever the reason behind this political choice to cut patient benefits, we are not able to support the proposal because we do not think it is right for patients. **Cost-plus analysis** We have consulted members widely and they do not recognise the costing exercises that suggests the A, B, E and F vouchers be cut as proposed. This is estimated to take £4.8m out of patient benefits which currently allow children and adults on means tested benefits to access quality vision correction, and as a result make it more difficult for this population to access the same quality of vision correction they currently use. As such, we do have concerns about the inferences set out in the Regulatory Impact Assessment Document given these are based on a narrow review of dispensing essential vision correction to children (which require GOC registrant time) and adults on means tested benefits.

		If Welsh Government opt to impose these new voucher values and require practices to "make available a basic pair of spectacles for those people who are eligible for a voucher towards the cost of spectacles" (Page 22 consultation document), it is important to note basic will likely mean: • Less choice • Reduced quality relative to options accessible today • Increased probability of breakages and repair costs for all parties (including consequential increases in dependence on repair vouchers at additional cost to the Welsh Government) • Practices having to use clinical fees to fill the funding gap for spectacles - which will mean those seeing populations more likely to depend on vouchers being worse off (see affluent vs poorer areas below) • A risk that for the first time since the 1980s, people will be able to identify a child or adult who depends on State benefits, simply by the vision correction they wear. While we would support the obligation to provide basic spectacles within voucher value, which our members already do, we are not able to support the current proposal as we do not have confidence in the cost-plus analysis which underpins it. So little detail is available on how the model was constructed at national level, that, we have to assume it would benefit from further work. If timescales prevent further analysis and reassessment at this stage, we would call on Welsh Ministers to maintain the existing system (uplifted for inflation which is already biting) to continue until such time as this detailed work can be carried out – possibly on the basis of survey of all providers in Wales which we would support – between Welsh Government and OW. **Disparities – affluent vs poorer areas** There are other issues with this proposal, which highlight why it needs to be reconsidered. We set this out below • The Welsh Government is right that clinical fees have not reflected the cost of provision for a long time, and it is important this is now corrected to enable need to be met and pressure on hospitals to be reduced. Paying £43 for a WGOS1 eye examination, is aligned with other cost research and will mean that on average NHS Wales will finally be covering the actual cost of providing a sight test • It is true that patients who pay for vision correction have historically helped fill the funding gap caused by the NHS not paying the cost of a sight test and that, as more customers shop online, it is important to address the NHS dependence on this cross subsidy • It is factually inaccurate to suggest that patients who depend on A, B, E and F vouchers, and do not contribute towards the cost of an appliance, have historically been the population that has helped fill the funding gap caused by NHS sight test underfunding.

		• The cross subsidy to offset underfunding of clinical fees by the NHS has historically therefore come from patients who pay privately for vision correction where there is a very wide range frame and lens types and of course brands, not populations that depend heavily on patient benefits. The cut in voucher will only hit the latter • The proposal to fund the NHS sight test correctly is a positive and necessary step and will benefit all patients and all practices • The proposal to cut £4.8m from the vouchers bands that cover 99% of existing claims, means most new voucher claims will not cover the cost of providing vision correction (appliances, professional fees and other overheads) and will therefore disproportionately impact on practices serving more children and a higher proportion of adults on means tested benefits, • For example, a practice in a wealthy area will serve far fewer of this patient demographic and can more easily absorb the short fall from a smaller number of vouchers claimed, and in most cases parents for example will have the means and be willing to let their child choose. In contrast practices serving a higher proportion of mean-tested patients will make losses on this, struggle to offer a reasonable range within new voucher values for A, B, E and F, and even then have to fund at least part of any shortfall from clinical income • The policy proposal is therefore not only regressive at an individual patient level, it is also regressive at a health system level. We would be happy to discuss this in more detail but in case helpful, at this stage, running a scenario analysis on the data included in pages 11-14 of the Regulatory Impact Assessment Document will demonstrate that a practice on average will see an increase from WGOS1 fees but a reduction as a result of voucher cuts. As practices serving more affluent areas redeem fewer vouchers, it is clear practices serving more affluent communities will see a greater marginal increase in NHS income relative to those serving less well-off populations. To continue delivering vison correction to poorer communities, many practices will have to put a significant proportion of new WGOS1 income into funding the dispensing cost gap caused by new voucher values, further reducing their NHS position relative to practices that serve more affluent areas. In turn they will have relatively less cost covered for clinical care and have less to invest in the future to sustain practices that serve these communities. Whichever way this is looked at this will push them back into underfunded clinical services. This effect will also apply to domiciliary providers. Given that the logic driving these reforms was to no longer underfund clinical services, other things being equal, the proposals to cut vouchers, makes practices serving poorer communities less viable

		than those serving affluent communities, which demonstrates the fact that it was never the population depending on vouchers that were funding the NHS fees gap. The policy is therefore based on a flawed economic premise. This is why the unintended consequences of proposals to cut vouchers are wide reaching and pose a challenge to the sustainability of practices serving the poorest communities in Wales and domiciliary providers. It is our hope this consultation process will open a constructive and helpful dialogue so that this erroneous aspect of proposals can be revised and corrected in good time. It is also our view that, given statements made across the political, public health and NHS leadership in Wales, we are all aligned on protecting people through this cost-of-living crisis. • First Minister Mark Drakeford has made clear that at a time "when people cannot buy food and they cannot afford to pay for energy", the Welsh Government would not "take even more money out of their pockets" and doing so would never be "a choice a serious government would make here in Wales". • Finance minister Rebecca Evans said the Welsh Government would "top up NHS funding and help vulnerable people through the cost-of-living crisis" • Many across the NHS, including the Welsh NHS Confederation and Royal College of Physicians in a joint report have called on the Welsh Government and all parties to tackle widening health inequalities during the cost-of-living crisis, explaining that "Wales now has the worst child poverty rate of all the UK nations at 31%". • Public Health Wales has called the cost-of-living crisis a public health emergency. Taken together, we do sincerely believe there is a way to deliver all planned reforms while protecting this essential patient benefit. We understand the wish for Welsh Government to find some savings to help part fund the service expansion, and acknowledge the additional funding already committed, but this could be better achieved in our view by rephasing the new investment so as not to have to take from poorer patients. However, if Welsh Government proceeds to impose this cut on patient benefits, we ask it to acknowledge our objections as a leading association for eye care providers in Wales. Ultimately these are not practice benefits but essential support for the children and adults on means tested benefits we serve.
100		The negotiations with the Welsh Government and NHS Wales in the first half of 2022 were conducted in good faith under conditions of

		confidentiality with a view to facilitating a whole system change and securing the best outcomes for patients and the profession across Wales. A key aim was to provide a future of sustainable services along the whole eye care pathway. OW agreed to the new proposed voucher values in this context at the time. Following the confidential stage of negotiations, we have been able to talk to the profession across Wales and hear their thoughts on the proposed new voucher values themselves and the proposed duty to provide basic appliances within the new proposed voucher values. This period of consultation has shown that OW got its initial assumptions wrong and did not consider all applicable costs. This means that unlike the current system, it will not be possible for many practices to provide a reasonable range of quality vision correction for children and adults on means tested benefits. The proposals as they currently stand also risk requiring practices to use clinical income to fill the funding gap for patients that depend most heavily on means tested benefits. The sector has acknowledged that most practices will be better off in terms of fee income following the proposed reforms, and this is not disputed. The concerns about voucher values rest not on practice income but on the unfairness of the proposal on children and adults on means tested benefits. To be clear, the push back against this element of the reforms is because over 98% of vouchers claimed by patients will be cut and that, even with a legal obligation to provide a basic pair of spectacles, patients will be accessing lower quality and reduced choice relative to now. The sector has also said its concerns include the fact that patient benefits should not have been negotiated or agreed by OW without consultation with patients who currently depend on vouchers to access essential vision correction. The sector has also told us we have made other mistakes with respect to proposed voucher values, these include not correctly analysing the potential impact on practices serving poorer communities across Wales and not fully understanding the domiciliary cost model. The new voucher values will result in significant losses for those that provide eye care at home, potentially to the extent that service provision is no longer viable. These impacts have been compounded by the recent period of high inflation. OW is led by clinicians, and we take patient care and outcomes seriously, and have apologised to the sector, Minsters and Welsh Government for getting this wrong. We have been clear that Ministers are not at all to blame for this omission. This is something that we only came to fully understand once we were able to engage openly with the sector about the potential impacts of the reforms.

		ROCs have now also considered feedback from the optical front-line and all three have instructed NHS Wales to address the concerns raised by the providers  *ROCs voting members response requiring OW to address concerns raised about voucher values.*
101	Yes	Specsavers strongly agrees with the principle that eligible patients should be entitled to a free optical appliance across all prescription ranges, however, this would not be sustainable at the GOS voucher values proposed. The scale of the discrepancy and the inconsistency between the desired outcome and the likely consequence of the proposed changes is such that we can only suspect an error in the underlying assumptions, the calculations or both. We believe that this needs to be subject to further development and consultation to mitigate the risk of unintended consequences and avoid undermining of confidence in the overall process. The proposed voucher values will result in a very restricted range of products available to patients in many practices. We fully support the stated intention of improving equity for patients being dispensed NHS funded spectacles but in trying to address the additional cost to patients with higher prescription needs (whose voucher may not cover the full cost of their spectacles) the proposal will create new inequity for patients, particularly children, with lower prescriptions. One of the great successes of the NHS General Ophthalmic Service across the UK has been the de-stigmatisation of spectacle wearing among school age children. The ability of NHS primary care services to offer a wide range or quality spectacles to children has removed the visibility of “NHS specs” amongst children and ensures that children can confidently wear their spectacles in and out of school without teasing or bullying. The proposed changes to voucher values and requirement to provide at least one model of spectacles within the voucher value will have two effects: Many providers who continue to

		provide NHS services will have to offer a heavily restricted range of low cost products which will be readily identifiable as “NHS spectacles” Some providers who are unable secure suitable products at sufficiently low cost and / or are unwilling to dispense at break even, or loss making voucher values, will withdraw from providing NHS services. This will primarily affect small, local, independent providers which do not benefit from a competitive, corporate supply chain. The exit of such providers from the market will create local NHS “eye health deserts” in some of the least well served remote and rural communities.
102	Not specified	Will the frame be supplied by the Welsh government? With a voucher A value reducing significantly then the cost of a frame, lenses, case, cloth and dispensing time would not be covered. You are proposing to pay the optom for their skills and then penalise the dispensing. Spectacles are a very important part of what we do and the reason may people visit us. The quality of a ‘free’ pair with the minimum voucher would be terrible. If you have a child with a +5.00 prescription and a frame of eyesize 38mm then we would not be able to surface the lens for this frame with the voucher value proposed and so the child would end up with specs so thick they would not be fit for purpose- this is unethical.
103	Yes	Yes
104	Yes	Yes
105	Not specified	No comment
106	No	No
107	Yes	Yes
108	No	I disagree with this. Optometry practices would not survive if we did not sell optical appliances. A “basic appliance” is likely to be of very poor quality. Therefore very likely to break due to fair wear and tears. Who would then be responsible for covering the cost of replacing the broken appliance?
109	Yes	In principle we support ongoing discussions on how best to disincentivise over prescribing of glasses and avoid reliance on sales of glasses to effectively cross subsidise clinical care. People with learning disabilities suffer above average poverty as well as ill health and higher levels of refractive error and so anything that helps affordability of glasses will be welcome, such as the ability to access a basic pair of spectacles within the value of the relevant voucher. However it is unclear what these changes may mean for more specialist vouchers and supplements, given there will be many patients with learning disabilities who require frames that are more adaptable, adjustable and hard wearing or who have special facial characteristics. Not all people with learning disabilities are eligible for sight tests or glasses under the GOS system and this is a change we and others have campaigned for many years on. We fully address this under our response to Question 24.

110	Yes	Yes – all eligible patients should be entitled to a free pair of spectacles, however, the financial impact and value of the voucher needs to be assessed to ensure that contractors are not financially disadvantaged by this provision.
111	Yes	Yes. This would extend provision of spectacles. Until now the practice where I work has not provided free spectacles to people with vouchers.
112	Not specified	No comment
113	No	No, I disagree. The cost of an optical appliance will vary vastly between practices. Some practices will have much lower running costs. Other practices have larger costs including overheads and therefore need to put this back into optical appliance fee.
114	No	This should be on a case-by-case basis.
115	Yes	Yes, agree – this is important to offset potentially disadvantaging patients through reduction in voucher values. Will this information be collated via NWSSP? • Are these costs included within the HB funding allocation • Will practices be able to make a claim for the 'free provision' i.e. practice are remunerated for the provision of a free appliance to a patient?
116	Yes	Yes, this is vitally important to offset potentially disadvantaging patients through the proposed reduction in voucher values. Specific guidance should be provided to contractors on the minimum standard of quality of frames supplied within this provision, as there are potential ramifications for patient satisfaction and compliance (particularly for children) and more frequent need for repair/replacement vouchers. Will there continue to be additional supplements for complex fits/small features? This is especially important for HES prescriptions What consideration/modelling has been applied to border towns, where patients from Wales are likely to take their vouchers to English contractors, who are not subject to the same free provision?
117	No	We are not able to support this given the proposed voucher values. This is a patient benefit that is being taken away from patients during a cost of living crisis. Practice costs have increased significantly over the past few years. We would suggest that WG review these calculations based on today's costs and will find that practices will not be able to deliver on this. Even for practices with huge buying power, the quality of frames and lenses will be poor, breakages are

		likely and there is a massive risk of stigma towards wearing glasses especially in children and young adults. This again creates a risk that this cohort will not access eyecare.
118	No	We are not able to support this given the proposed voucher values. This is a patient benefit that is being taken away from patients during a cost of living crisis. Practice costs have increased significantly over the past few years. We would suggest that WG review these calculations based on today's costs and will find that practices will not be able to deliver on this. Even for practices with huge buying power, the quality of frames and lenses will be poor, breakages are likely and there is a massive risk of stigma towards wearing glasses especially in children and young adults. This again creates a risk that this cohort will not access eyecare.
119	Yes	We would support this development but practices must ensure that relevant patients are clear about where they can access support should they need to complete HC1W form etc.
120	No	No. Such a requirement would not be viable for practices that have a relatively high proportion of patients with challenging optical needs, therefore spending more clinical time per patient than the average practice.
121	Yes	We agree with the provisions have nothing further to add.
122	Yes	Agreed; there needs to be an assurance that the voucher value is sufficient to allow the provision of a suitable appliance for all prescriptions with no negative financial impact on the Practice.