Sensory Health: Eye Care and Hearing Statistics, 2016-17

28 June 2017
SFR 70/2017

Eye care services are available 'on-demand', largely in the community from the private sector. In Wales however a number of specialist services are also provided. This release summarises statistics in relation to primary care eye services (including the General Ophthalmic Service (GOS) data and targeted Welsh eye care services such as the Eye Health Examination Wales (EHEW) and the Diabetic Eye Screening Wales), the Hospital Eye Service, sight impairment registration, certification and the Low Vision Service Wales and workforce.

The release has been expanded to include additional EHEW analyses as well as selected statistics on the numbers of people suffering from hearing loss, using hearing aids and accessing hospital care for hearing related conditions.

It is intended this release will be updated every two years in future.

For further background see the Key Quality Information and Notes pages and in an associated Quality Report. All release tables and further data are available in a spreadsheet Annex. A summary of statistics associated with key outcomes in the plan is included as an online dashboard.

3%
of adults
aged 16 or over reported not being able to or able to with difficulty see the face of someone across a room* in 2016-17

16 per cent of adults aged 16 or over reported having difficulty with their hearing in 2015

*with glasses or contact lenses if they usually wear them.

- 776,827 General Ophthalmic Service sight tests were paid for by the NHS, during 2016-17
- There were 819 practitioners carrying out sight tests paid for by the NHS at 31 December 2016

About this release

This Statistical First Release aims to provide a summary of currently provided sensory care services in the context of poor eye health and hearing loss being common and growing problems in Wales and to present data which is available from routine administrative sources. These statistics help to monitor delivery of current services and provide evidence from which current eye health and audiology policies can be evaluated.

In this release

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Key facts

Sight loss

- The National Survey for Wales for 2016-17 asked if respondents' eyesight was good enough to see the face of someone across a room, with glasses or contact lenses if they usually wear them. 3 per cent of adults aged 16 or over responded that either they could not or with difficulty.

Primary eye care services, 2016-17

- During the year, 776,827 General Ophthalmic Service sight tests were paid for by the NHS, a 1.0 per cent increase on the previous year.
- 150,324 examinations were carried out under Eye Health Examinations Wales (EHEW) scheme.
- Of the 139,264 patients screened (with results reported) by the Diabetic Eye Screening Wales Service in 2016-17, 28.2 per cent were found to have some degree of diabetic retinopathy (a small number were ungradeable).

Hospital Eye services

- There were 322,139 attendances at ophthalmology outpatient appointments in Welsh hospitals in 2015-16.
- Health Boards received 91,846 referrals for ophthalmology in 2016-17, of which 31,824 were from GPs.

Rehabilitation

Low Vision Service Wales:

- 8,792 assessments were carried out by the Low Vision Service Wales in 2016-17, 743 more assessments than in 2015-16.

People newly certified and/or registered as severely sight impaired and sight impaired

- At 31 March 2016, over 16,000 people were registered with a visual impairment, of whom around half were registered as severely sight impaired and half as sight impaired.
- 1,388 people were newly certified as sight impaired in 2015-16; over 55 per cent of these were aged 80 years or over.

Workforce

- There were 819 practitioners carrying out sight tests paid for by the NHS at 31 December 2016, 1 more than in the previous year, and a 21.7 per cent increase since December 2006.
- At 30 September 2016 there were 137.7 whole time equivalent ophthalmology doctors directly employed by the NHS in Wales.

Hearing

- Welsh Health Survey recorded that 16 per cent of adults reported having difficulty with their hearing in 2015.
- At 31 March 2017, 390 patients had been waiting for a hearing aid for more than the target 14 weeks.
- At 30 September 2016 there were 133.6 whole time equivalent otolaryngology doctors directly employed by the NHS in Wales.

Table of contents

Tables and charts

Additional details including analysis by Health Board can be found on the StatsWales service.

Primary eye care services

General ophthalmic service: Sight tests and optical vouchers

Having a sight test with an optometrist at least once every two years is recommended as part of everyone's health care routine as this may reduce preventable sight loss. A sight test can also detect other general health problems such as high blood pressure. Annual sight tests are recommended for children up to the age of sixteen, at least every two years from the age of 16–69 years and then annually for people aged 70 years and over unless advised otherwise by their optometrist. People with diabetes or a family history of glaucoma are advised to have their eyes checked every year.

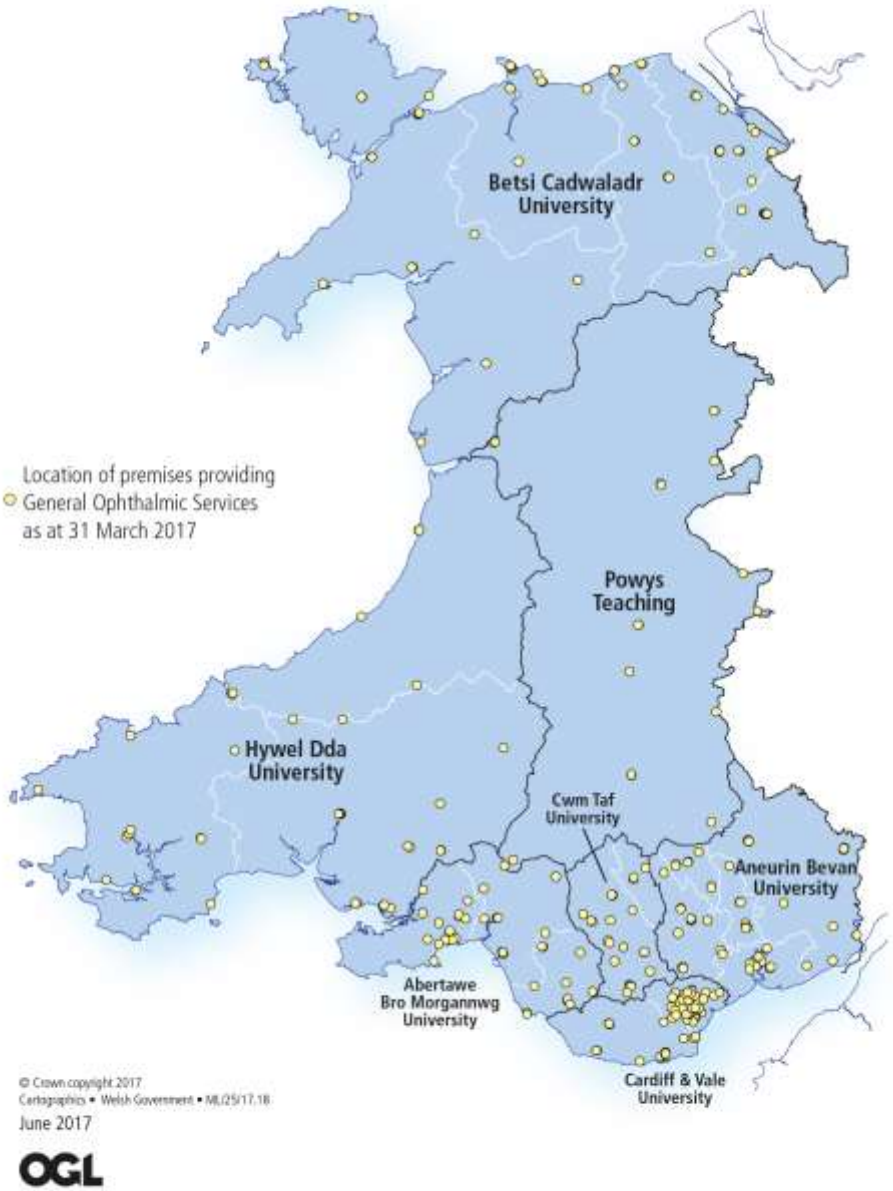
Many people qualify for a free NHS General Ophthalmic Service (GOS) sight test, including:

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

For more detail about the General Ophthalmic Service and the scope of the data presented here see the Key Quality Information.

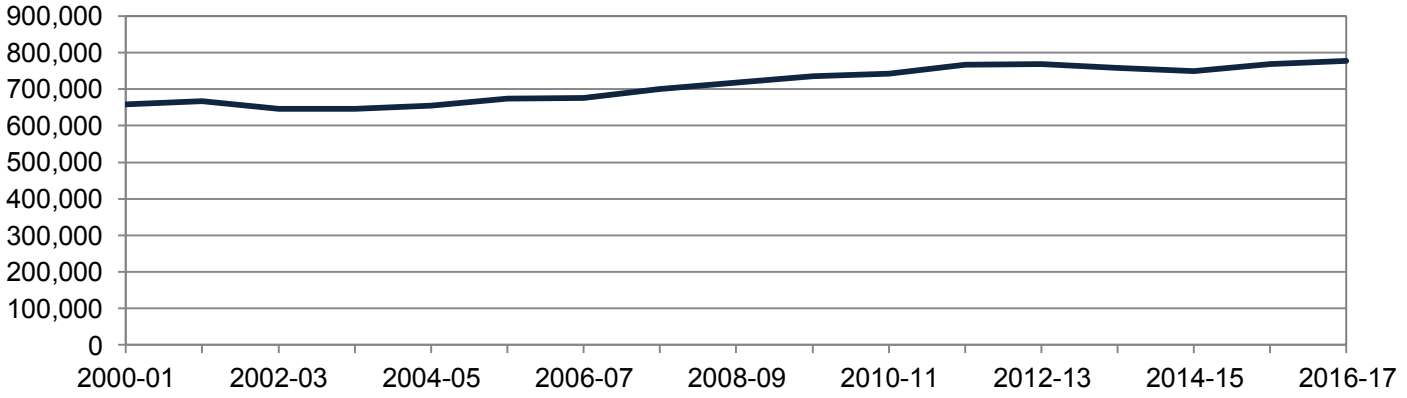
For tables relating to the GOS see the spreadsheet Annex and StatsWales.

Map 1: Location of premises providing General Ophthalmic Services, Wales, 31 March 2017



Charts 1 to 6 show trends in the main statistics for GOS sight tests and vouchers (see **note** at end of section).

Chart 1: Number of sight tests paid for by the NHS, by year

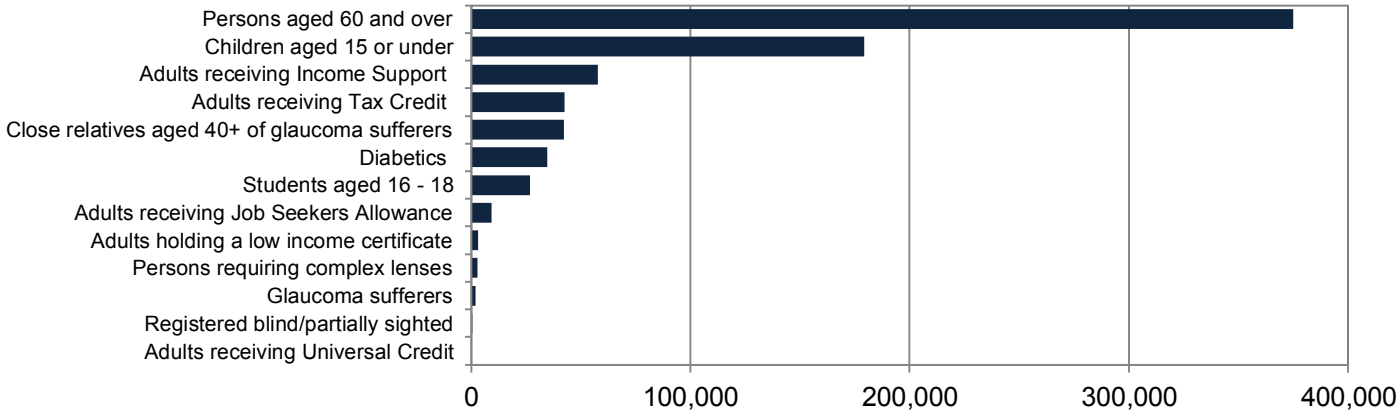


Source: NHS Wales Shared Services Partnership

- 776,827 sight tests were paid for by the NHS in 2016-17. This was an increase of 1.0 per cent between 2015-16 and 2016-17, and an increase of 15.0 per cent since 2006-07.

Note: for clinical reasons, people may have more than one sight test a year

Chart 2: Number of sight tests paid for by the NHS, by eligibility [(a)]



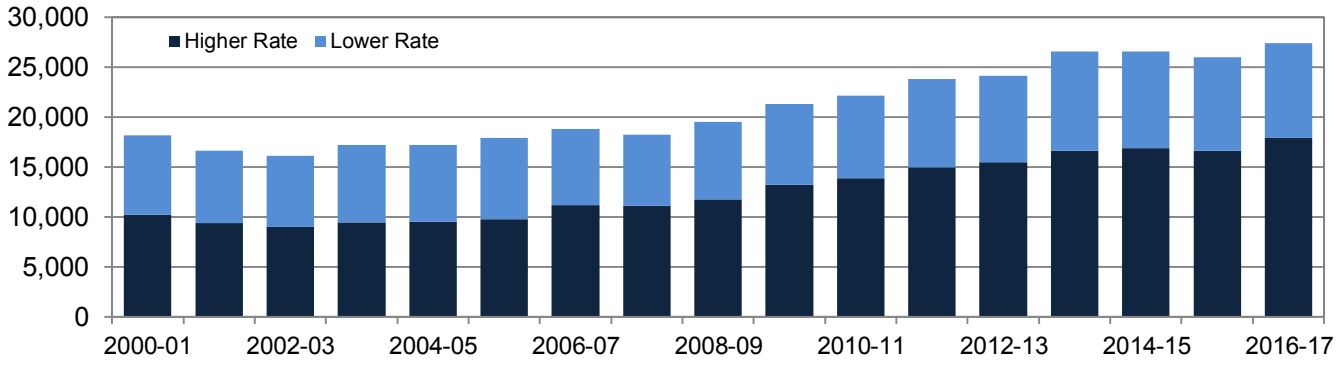
Source: NHS Wales Shared Services Partnership

(a) See notes at the end of the section for inclusions in each category.

- Sight tests for people aged 60 or over accounted for nearly half (48.3 per cent) of sight tests paid for by the NHS in 2016-17.

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

Chart 3: Number of domiciliary sight tests, by rate and year [(a)]

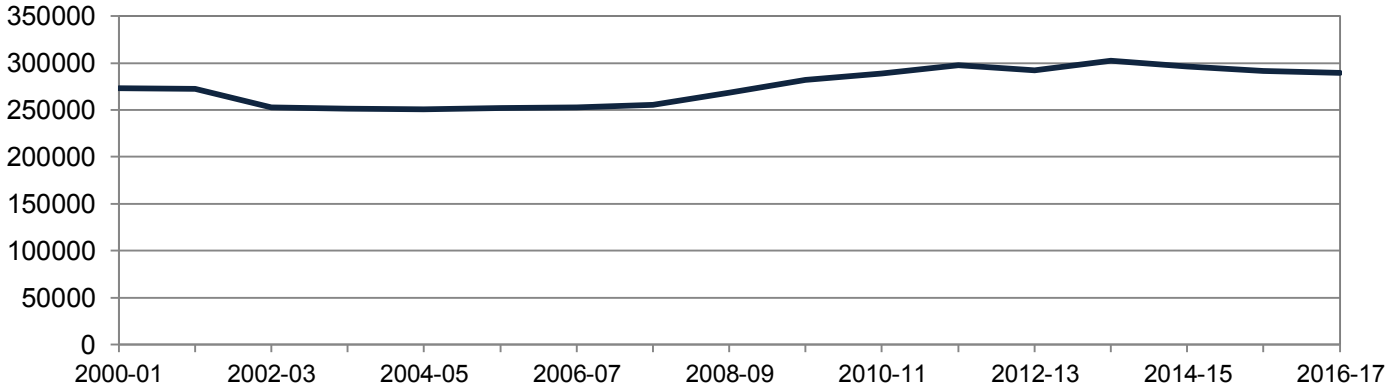


Source: NHS Wales Shared Services Partnership

(a) The higher rate is paid where the patient is the first or second to be seen at an address and the lower rate is paid where they are the third and subsequent patients visited at the same address.

- The majority of sight tests paid for by the NHS are conducted at practitioners' premises however a small proportion are conducted away from ophthalmic premises (including people's homes and residential homes). In 2016-17, 27,411 domiciliary sight tests were paid for by the NHS, an increase of 5.3 per cent over the previous year. Of these 65.5 per cent were paid at the higher rate (where the patient is the first or second to be seen at an address) and 34.5 per cent at the lower rate (third and subsequent patients visited at the same address).

Chart 4: Number of NHS optical vouchers processed, by year

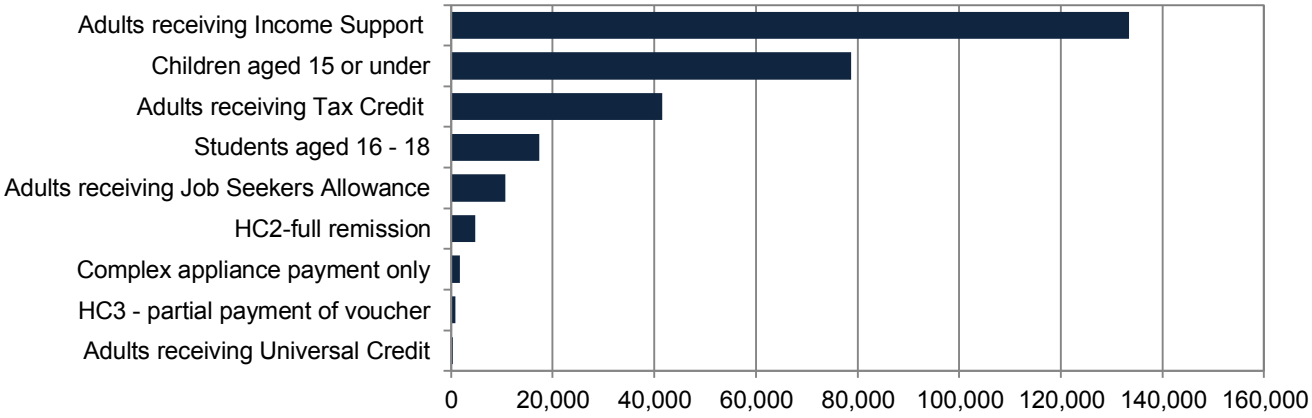


Source: NHS Wales Shared Services Partnership

- 289,515 optical vouchers were processed in 2016-17. This was a decrease of 0.8 per cent between 2015-16 and 2016-17 but a 14.5 per cent increase in the decade since 2006-07.

Note: The NHS optical voucher scheme was introduced in July 1986. Under the scheme, people who had previously been eligible to have NHS spectacles were given NHS optical vouchers to put towards buying their own choice of spectacles, or having new lenses fitted to their existing frames. From April 1988, the vouchers could also be put towards the cost of contact lenses. Patients may receive a voucher for more than one pair of spectacles.

Chart 5: Number of NHS optical vouchers processed, by eligibility [(a)]

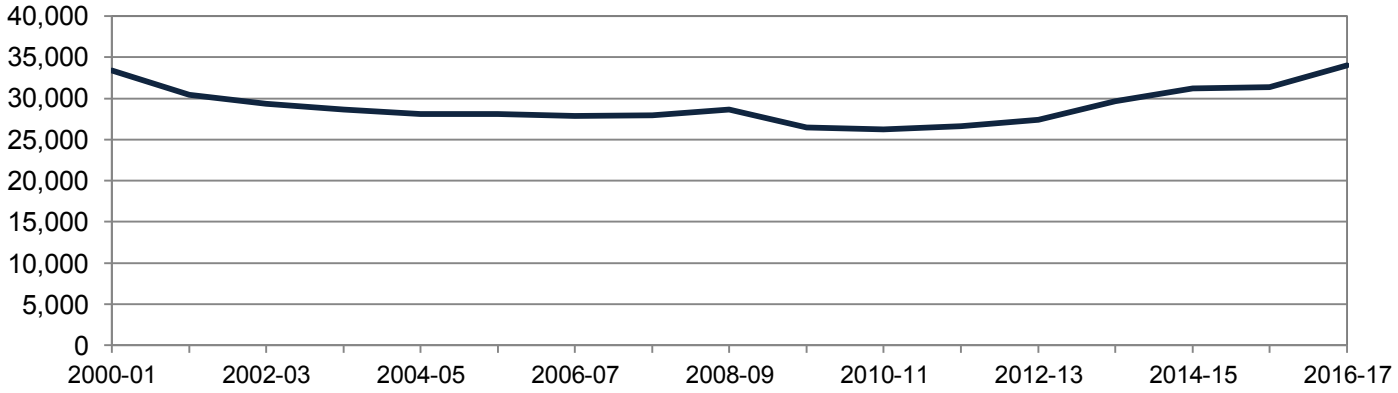


Source: NHS Wales Shared Services Partnership

(a) See notes at the end of the section for inclusions in each category.

- Adults receiving Income Support accounted for nearly half (46.1 per cent) of NHS optical vouchers processed in 2016-17.

Chart 6: Number of claims for repair or replacement to spectacles



Source: NHS Wales Shared Services Partnership

- The number of claims for repair or replacement was 34,038 in 2016-17. This was an increase of 8.4 per cent between 2015-16 and 2016-17 and of 22.3 per cent in the decade since 2006-07.

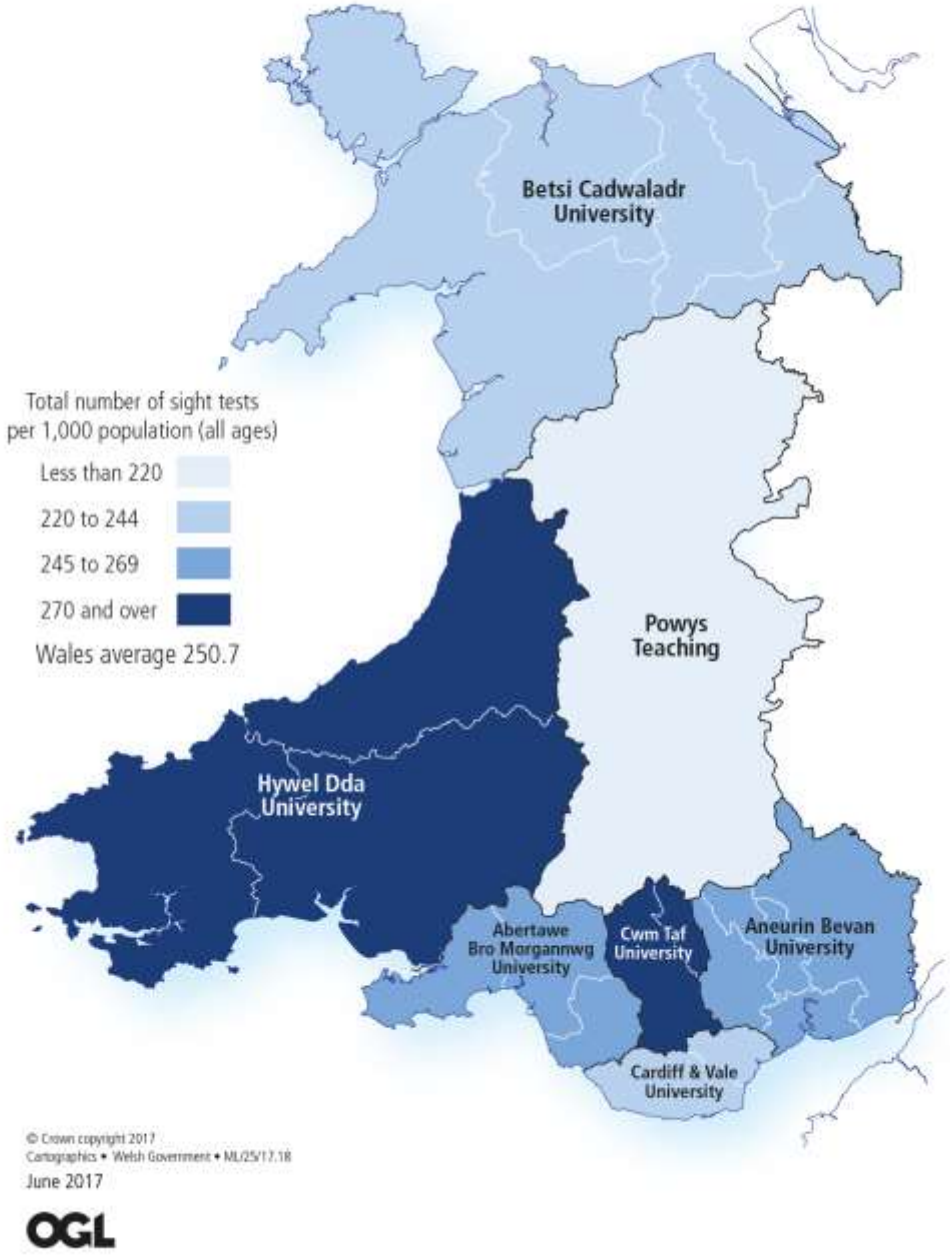
Notes to Charts 2 and 5:
People may qualify for a sight test paid for by the NHS on more than one criterion. However, they would only be recorded against one criterion on the form. Patients are more likely to be recorded according to their clinical need rather than their age.

Income Support includes people receiving Pension Credit Guarantee Credit (PCGC), Income-related Employment and Support allowance (ESA) and Universal Credit.

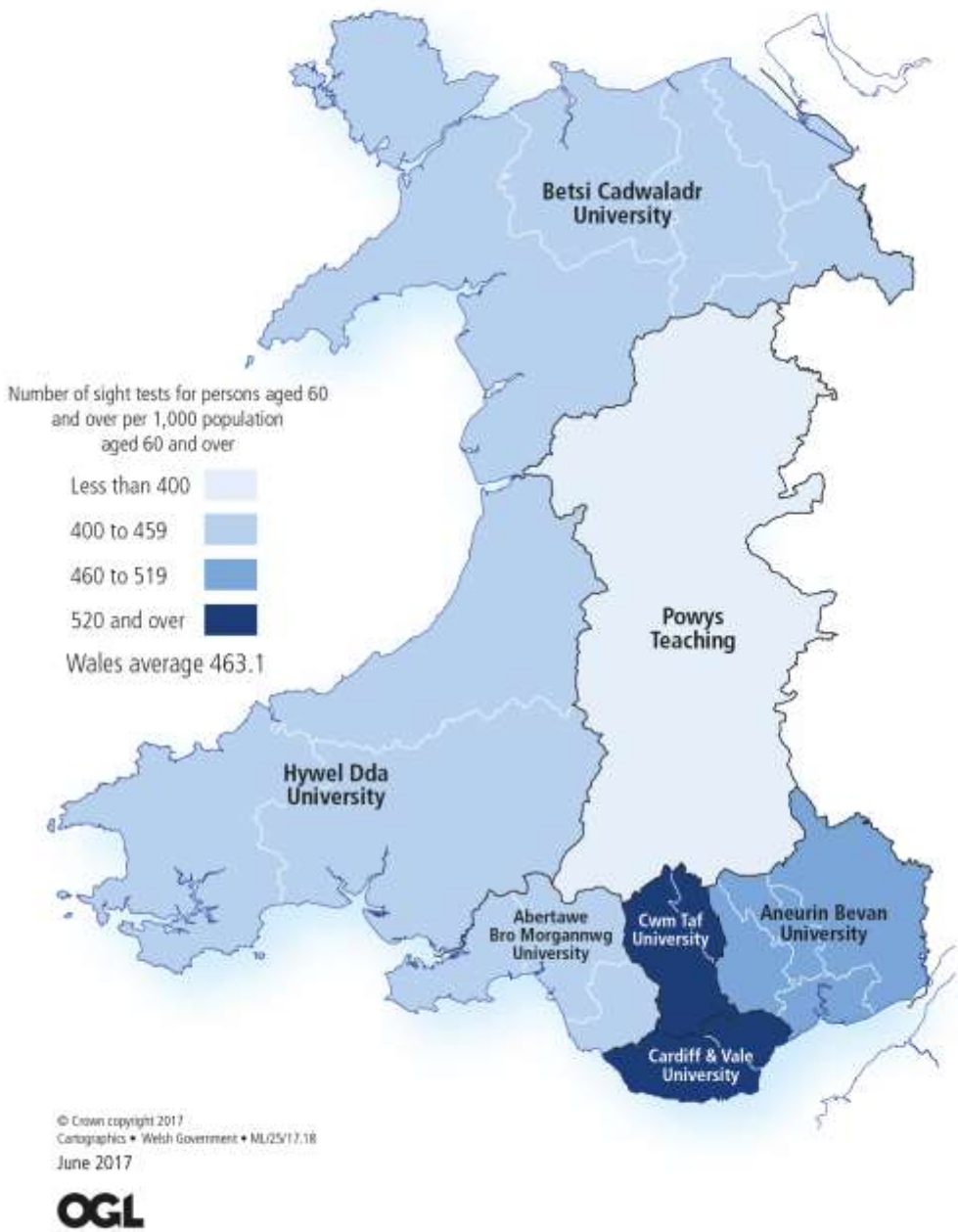
Separation of figures for diabetics and glaucoma sufferers was introduced in 2013.

Maps 2 to 5 show the numbers of sight tests paid for by the NHS for selected groups as a rate of the relevant resident Health Board population. Note that the rates are based on resident populations and in many cases, especially near Health Board and national borders, patients may be treated outside their home area. The maps are intended to provide an indication only of geographical patterns. See Annex Tables for the numbers and rates.

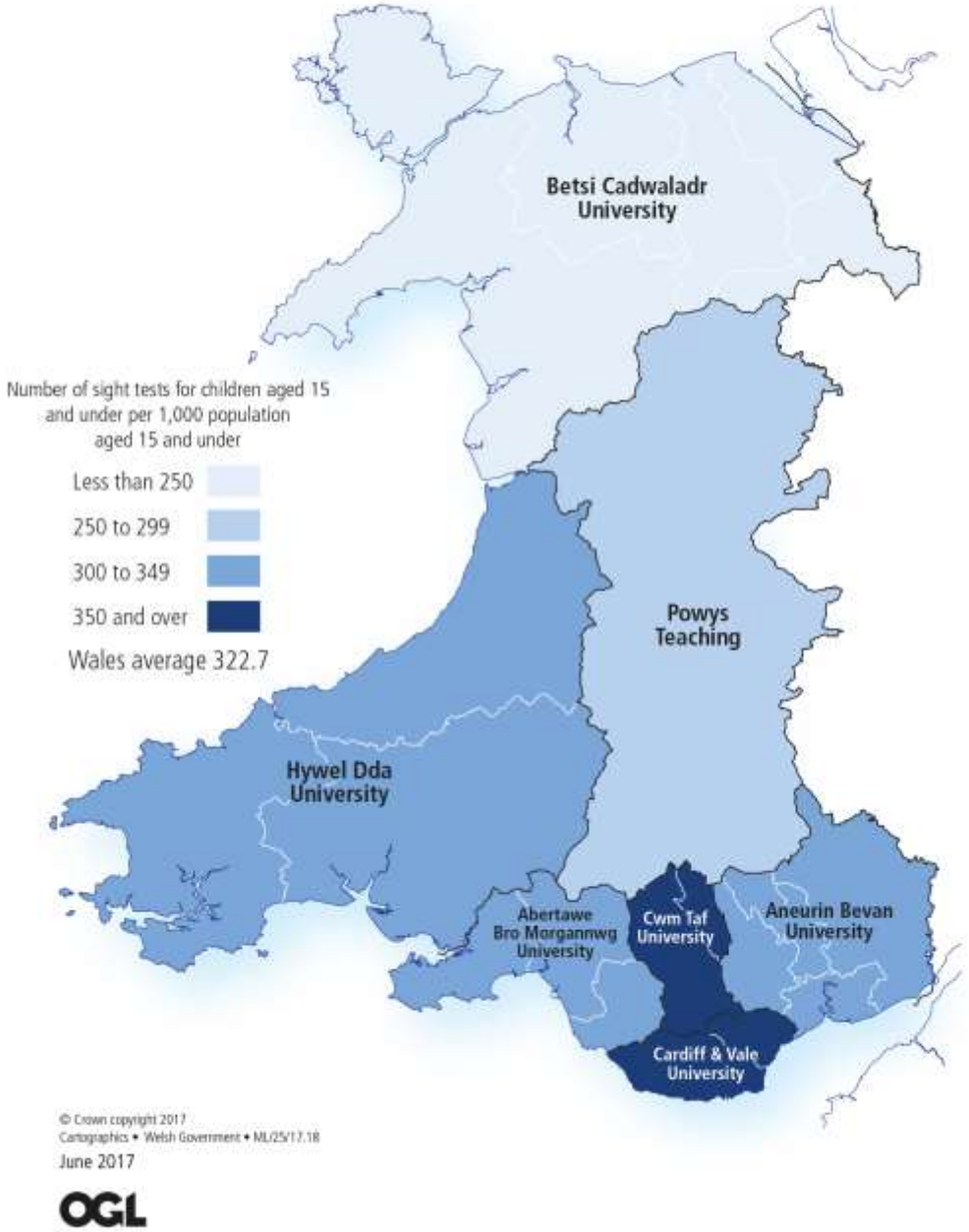
Map 2: Total number of NHS sight tests per 1,000 population (all ages) by Health Board, 2016-17



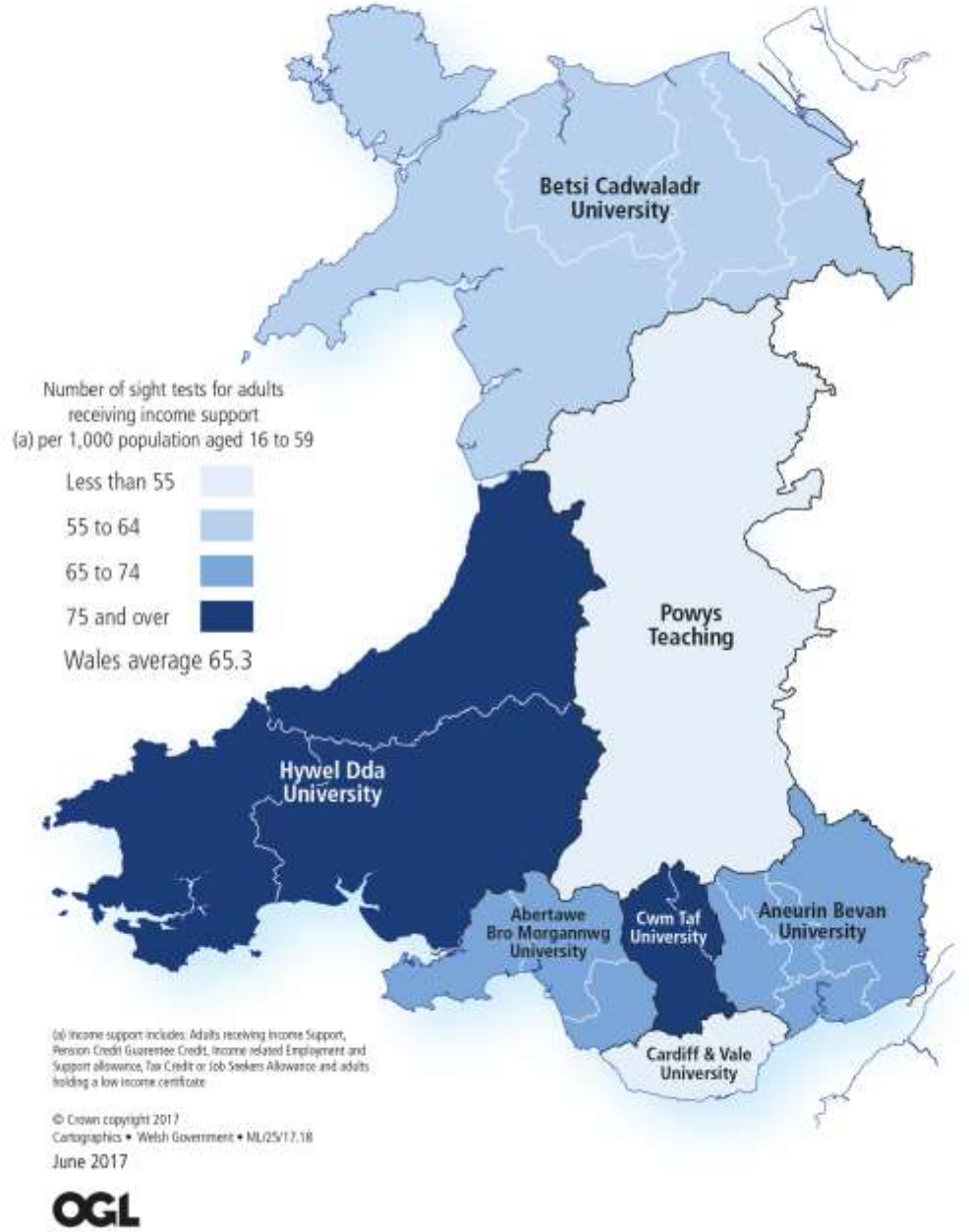
Map 3: Number of NHS sight tests for persons aged 60 and over per 1,000 relevant population by Health Board, 2016-17



Map 4: Number of NHS sight tests for children aged 15 and under per 1,000 relevant population by Health Board by Health Board, 2016-17



Map 5: Number of NHS sight tests for adults receiving income support[(a)] per 1,000 population aged 16 to 59 by Health Board, 2016-17



Eye health examination Wales

The Eye Health Examination Wales (EHEW) scheme offers extended free eye examinations to groups of the population that are at greater risk of certain eye diseases and to those that may find losing their sight particularly disabling, such as people who are already blind in one eye. There are 338 optometry practices in Wales where practitioners are accredited to provide the service (31 March 2017).

Optometrists provide EHEW eye examinations for people who:

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

In April 2013 the EHEW service was launched. The service applies a banded payment structure as follows:

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

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

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

For more detail about the EHEW see the Key Quality Information.

A list of EHEW accredited optometrists can be found on the Eye Care Wales website.

Tables 1 and 2 and **Charts 7 and 8** show the number and percentage of examinations carried out under the EHEW scheme and paid for during 2016-17, by band, as described above, by Health Board and by age of patient.

Tables 3 to 5 show the number and percentage of Band 1 examinations claimed for under the EHEW scheme by selected reasons for attendance, selected symptoms, selected actions taken and age of patient.

- During 2016-17, 150,324 examinations were carried out under the EHEW, amounting to 485.1 examinations per 10,000 resident population.
- Just over 62 per cent of these were band 1 claims.
- More than half of examinations were for patients aged 60 or over (55 per cent).
- 72 per cent of band 1 examinations had acute eye problem recorded as a reason for attendance.

- Acute vision problem as a symptom increased with age; 12 per cent of band 1 examinations of patients 19 or under had acute vision problem recorded as a symptom, whereas 21 per cent of band 1 examinations of patients aged 80 or over had acute vision problem recorded as a symptom.
- Patients having red eye decreased with age; 34 per cent of band 1 examinations of patients 19 or under had red eye recorded as a symptom, while 19 per cent of band 1 examinations of patients aged 80 or over had red eye recorded as a symptom.
- 13 per cent of band 1 examinations had no further action required while 7 per cent were referred to the Hospital Eye Service as an emergency.

Table 1: Number of examinations claimed for [(a)] under the Eye Health Examination Wales scheme, by band and Health Board, for 2016-17

Number

	Health Board							
	Betsi Cadwaladr University	Powys Teaching	Hywel Dda University	ABMU[(f)]	Cwm Taf University	Aneurin Bevan University	Cardiff & Vale University	Wales
Eye Care Examination								
Band 1[(b)]	15,048	4,124	10,113	14,826	11,133	19,028	19,294	93,566
Band 2[(c)]	7,509	1,026	7,088	5,127	3,756	7,021	5,921	37,448
Band 3[(d)]	2,529	661	2,166	3,038	2,914	4,547	3,455	19,310
Total	**25,086**	**5,811**	**19,367**	**22,991**	**17,803**	**30,596**	**28,670**	**150,324**
Rate [(e)]	***361.2***	***438.1***	***505.4***	***437.5***	***600.0***	***525.9***	***591.4***	***485.1***

Source: NHS Wales Shared Services Partnership & ONS

(a) Examinations which have been claimed for and for which payment has been made by NHS Wales Shared Services Partnership. Note that the examinations may have actually occurred before the payment period.

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

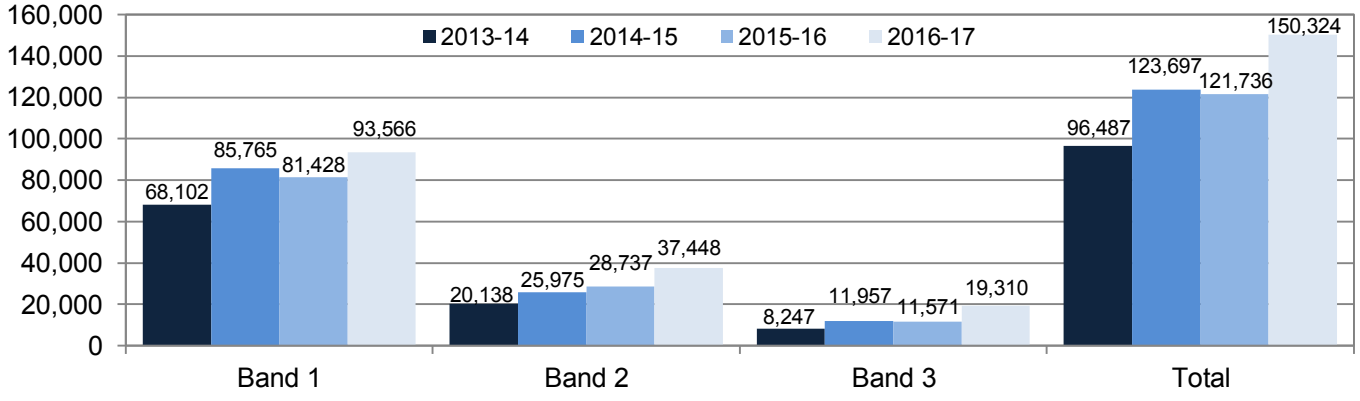
(c) Band 2: These examinations enable patients to have additional investigations so that the optometrist or OMPs can further inform their referral, investigate clinical findings or determine management after a sight test (GOS or private).

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

(e) Rate is per 10,000 population (all ages)

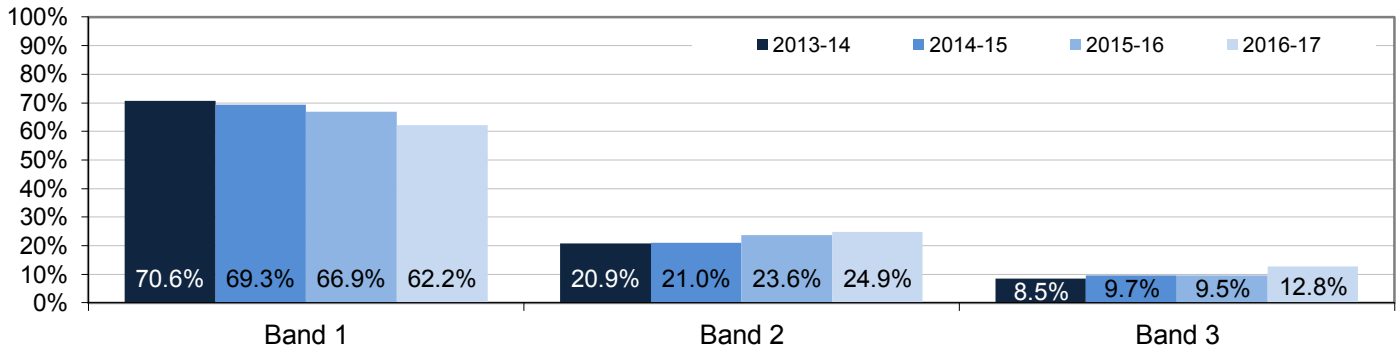
(f) Abertawe Bro Morgannwg University

Chart 7: Number of examinations claimed for under the Eye Health Examination Wales scheme, by band



Source: NHS Wales Shared Services Partnership

Chart 8: Percentage of examinations claimed for under the Eye Health Examination Wales scheme, by band



Source: NHS Wales Shared Services Partnership

Table 2: Number of examinations claimed for [(a)] under the Eye Health Examination Wales scheme by age group of patient and band, 2016-17

Number

	Age group of patient						
	19 years or under	20-59 years	60-69 years	70-79 years	80 years or over	Not stated age	Wales
Eye Care Examination							
Band 1[(b)]	7,616	40,424	19,226	16,396	9,888	16	93,566
Band 2[(c)]	5,275	7,281	7,644	10,459	6,786	3	37,448
Band 3[(d)]	1,158	6,484	4,118	4,583	2,965	2	19,310
Total	**14,049**	**54,189**	**30,988**	**31,438**	**19,639**	**21**	**150,324**

Source: NHS Wales Shared Services Partnership

(a) Examinations which have been claimed for and for which payment has been made by NHS Wales Shared Services Partnership. Note that the examinations may have actually occurred before the payment period.

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

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

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

Table 3: Number of Band 1 examinations claimed for [a] under the Eye Health Examination Wales scheme by selected reasons for attendance and age of patient, 2016-17

	Reason for eye examination [b] [c]						
	Has an acute eye problem		Referred by a GP		Is Uniocular		All examinations
	Number	*Percentage*	*Number*	*Percentage*	*Number*	*Percentage*	*Number*
Patient age							
19 years or under	5,768	76%	553	7%	23	0%	7,616
20-59 years	28,660	71%	2,864	7%	954	2%	40,424
60-69 years	14,608	76%	1,088	6%	659	3%	19,226
70-79 years	11,870	72%	904	6%	872	5%	16,396
80 years or over	6,512	66%	535	5%	874	9%	9,888
Not stated age	13	81%	1	6%	0	-	16
Band 1 examinations	**67,431**	**72%**	**5,945**	**6%**	**3,382**	**4%**	**93,566**

Source: NHS Wales Shared Services Partnership

(a) Examinations which have been claimed for and for which payment has been made by NHS Wales Shared Services Partnership. Note that the examinations may have actually occurred before the payment period.

(b) More than one reason may be recorded.

(c) Other reasons for attendance include patient has retinitis pigmentosa, is at risk of eye disease due to family history, is at risk of eye disease due to ethnic background, needs investigations to comply with WG agreed protocols/guidelines.

Table 4: Number of Band 1 examinations claimed for [a] under the Eye Health Examination Wales scheme by selected symptoms (any mention of) and age of patient, 2016-17

	Symptoms recorded [b] [c]						
	Acute vision problem		Red Eye		Eye pain / discomfort		All examinations
	Number	*Percentage*	*Number*	*Percentage*	*Number*	*Percentage*	*Number*
Patient age							
19 years or under	888	12%	2,554	34%	3,461	45%	7,616
20-59 years	6,051	15%	11,893	29%	18,071	45%	40,424
60-69 years	2,933	15%	4,241	22%	6,794	35%	19,226
70-79 years	2,850	17%	3,532	22%	6,028	37%	16,396
80 years or over	2,091	21%	1,875	19%	3,483	35%	9,888
Not stated age	4	25%	3	19%	9	56%	16
Band 1 examinations	**14,817**	**16%**	**24,098**	**26%**	**37,846**	**40%**	**93,566**

Source: NHS Wales Shared Services Partnership

(a) Examinations which have been claimed for and for which payment has been made by NHS Wales Shared Services Partnership. Note that the examinations may have actually occurred before the payment period.

(b) More than one symptom may be recorded.

(c) Other symptoms include Chronic vision problem, Flashes, Floaters and Headaches. There are also a number of examinations where no symptoms are recorded.

Table 5: Number of Band 1 examinations claimed for [a] under the Eye Health Examination Wales scheme by selected action taken (any mention of) and age of patient, 2016-17

	Action taken following examination [b] [c]						
	Referred to HES - Emergency		Follow-up monitor		No further action		All examinations
	Number	*Percentage*	*Number*	*Percentage*	*Number*	*Percentage*	*Number*
Patient age							
19 years or under	338	4%	614	8%	1,012	13%	7,616
20-59 years	3,022	7%	2,930	7%	5,238	13%	40,424
60-69 years	1,224	6%	1,444	8%	2,656	14%	19,226
70-79 years	949	6%	1,142	7%	2,141	13%	16,396
80 years or over	622	6%	630	6%	1,275	13%	9,888
Not stated age	1	6%	3	19%	1	6%	16
Band 1 examinations	**6,156**	**7%**	**6,763**	**7%**	**12,323**	**13%**	**93,566**

Source: NHS Wales Shared Services Partnership

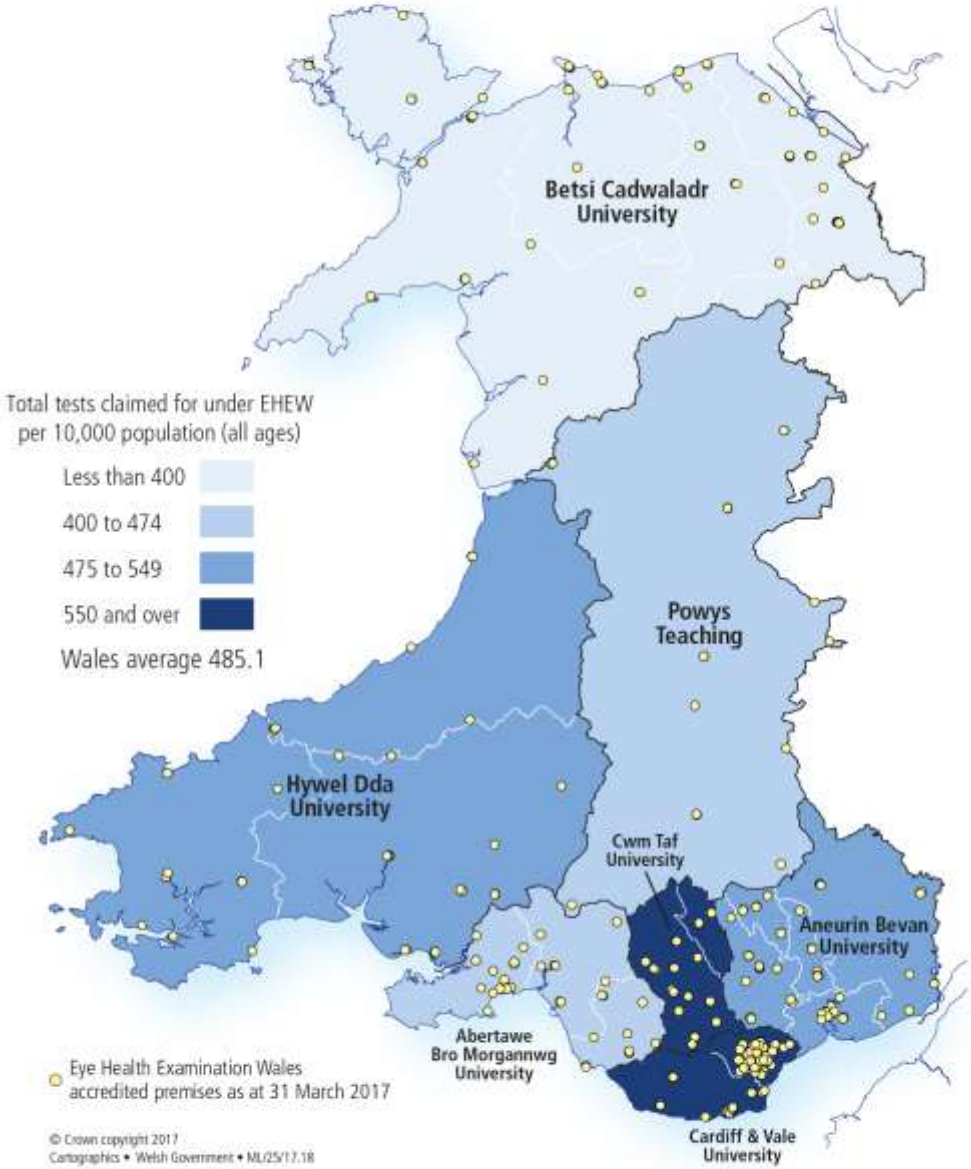
(a) Examinations which have been claimed for and for which payment has been made by NHS Wales Shared Services Partnership. Note that the examinations may have actually occurred before the payment period.

(b) More than one action may be recorded.

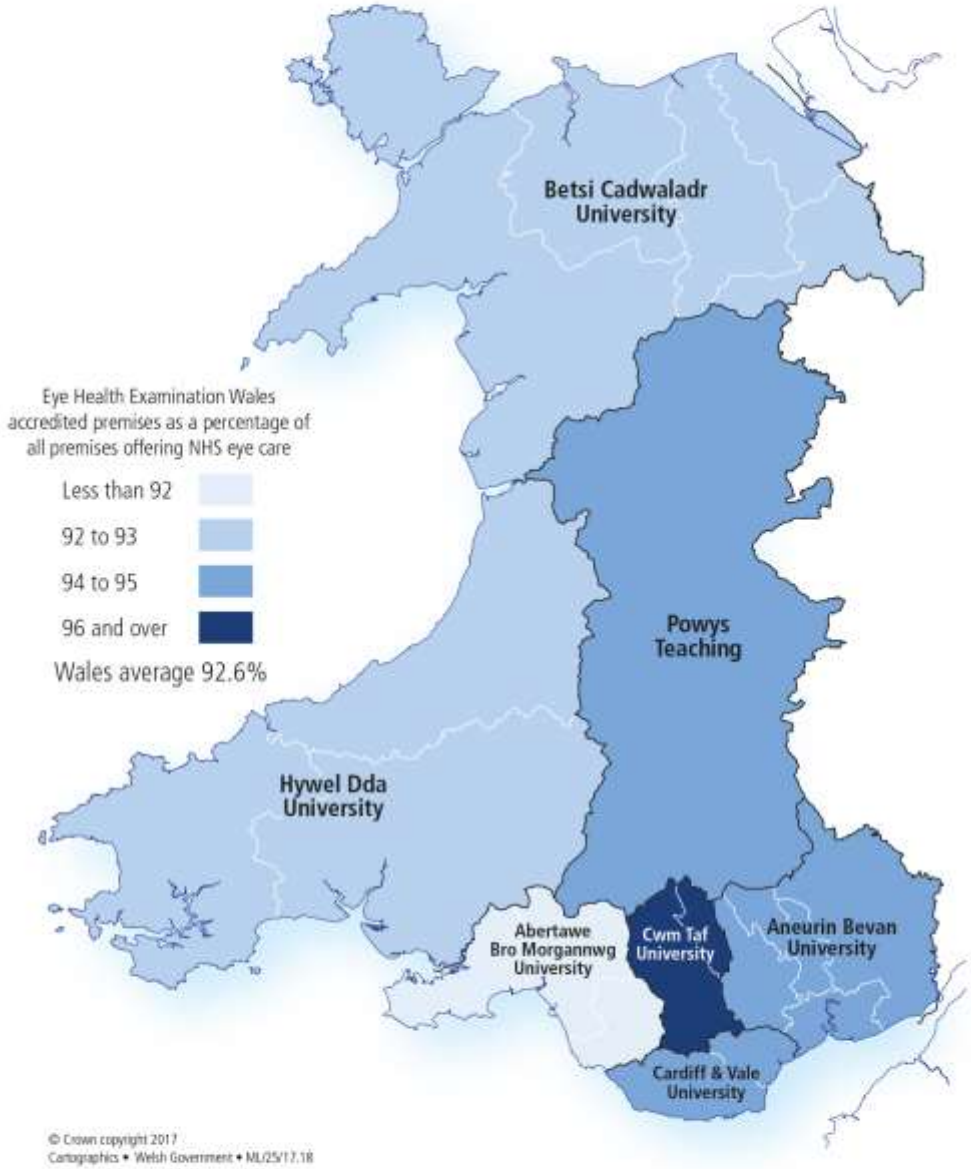
(c) Other actions taken include referred to HES - urgent, referred to HES - routine, report to HES, referred to other professional, report to DESW, foreign body or eyelash removal, referred to GP and report to GP (which is required in all cases).

Map 6 shows the location of EHEW accredited practitioners together with the numbers of EHEW examinations carried out as a rate per 10,000 resident population for each Health Board. Note that the rates are based on resident populations and in many cases, especially near Health Board and national borders, patients may be treated outside their home area. The map is intended to provide an indication only of geographical patterns.
Map 7 shows EHEW accredited premises as a percentage of all premises offering NHS eye care in each Health Board.

Map 6: Total tests claimed for Eye Health Examinations Wales per 10,000 population (all ages) by Health Board, 2016-17



Map 7: Eye Health Examination Wales accredited premises as a percentage of all premises offering NHS eye care by Health Board, 2016-17



Diabetic Eye Screening Wales (DESW)

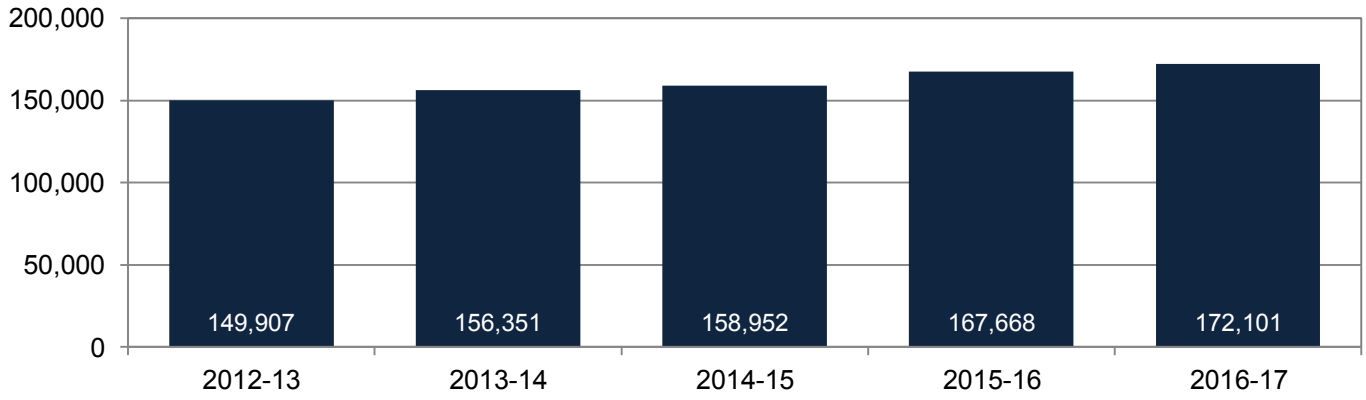
Diabetic Eye Screening Wales (DESW) is provided for every eligible person 12 years and over of age with diabetes who is registered with a GP in Wales. The service makes use of mobile screening units, which visit the various Health Board areas.

For more detail about the DESW see the Key Quality Information.

Tables 6 and 7 and **Charts 9 and 10** show key statistics for the DESW for 2016-17.

- During 2016-17, 172,101 patients were eligible for the service, a rise from the figure of 167,668 in 2015-16; of the total in 2016-17, 12,540 were new registrations;
- Of the 139,264 results reported from screenings during the year, 28.2 per cent were found to have some degree of diabetic retinopathy (a small number of the total had ungradeable outcomes);
- In 5.7 per cent of cases, potential sight threatening retinopathy was found, but did not necessarily require a referral to Hospital Eye Services;
- Around 14 per cent of those aged 19 and under that were screened were found to have diabetic retinopathy, but this was higher in older age groups;
- 59.8 per cent of patients screened with Type 1 diabetes were found to have some degree of diabetic retinopathy, compared with 26.1 per cent of patients who had Type 2 diabetes.
- Ethnicity was recorded for around 88 per cent of eligible active patients in 2016-17; of these 3 per cent were for people recording themselves in categories other than 'white'; for comparison the percentage for Welsh residents in the 2011 Census was 4 per cent (all ages).

Chart 9: Number of eligible active patients in Wales, by year



Source: Diabetic Eye Screening Wales (DESW)

Table 6: Summary of key statistics, Diabetic Eye Screening Wales by Health Board, 2016-17

Number

	Betsi Cadwaladr University	Powys Teaching	Hywel Dda University	ABMU[e]	Cwm Taf University	Aneurin Bevan University	Cardiff & Vale Univeristy	Wales [a]
Eligible Active Patients	36,329	7,736	21,717	31,302	17,119	35,647	22,249	**172,101**
of which: New registrations	3,016	756	1,799	1,839	1,205	2,273	1,651	**12,540**
Scheduled Appointments	33,706	7,229	21,960	28,517	16,882	33,965	22,045	**164,304**
Results Reported [b]	28,639	6,612	18,543	25,316	14,281	27,994	17,879	**139,264**
All referrals to Hospital Eye Service [c]	1,036	245	808	913	533	1,074	761	**5,370**
Urgent referrals to Hospital Eye Service [c]	230	43	171	176	134	213	141	**1,108**
No retinopathy	20,086	4,657	12,882	17,920	10,103	19,806	12,254	**97,708**
Any retinopathy	7,926	1,780	5,155	6,891	3,846	7,582	5,231	**38,411**
Sight threatening Retinopathy/Maculopathy [d]	1,521	373	1,077	1,391	708	1,551	1,138	**7,759**
Severe Retinopathy/Maculopathy [d]	148	26	120	118	82	153	94	**741**
Stable Treated Retinopathy [d]	139	45	141	109	76	195	94	**799**

Source: Diabetic Eye Screening Wales (DESW)

(a) Wales totals include a small number of patients where the HB is not recorded.

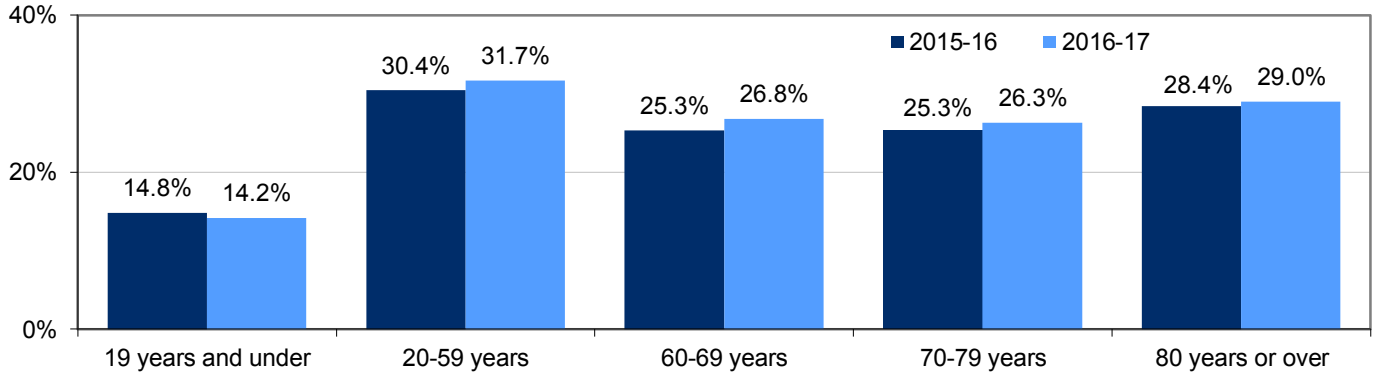
(b) Some patients may have been screened more than once in the year; note that in addition to known outcomes a number of results were ungradeable.

(c) The "Soon referral" category was not used after 26th November 2014. From then, those patients who would have been referred in the "soon" category are included in the routine or urgent categories, depending on clinical need.

(d) See notes for outcome gradings.

(e) Abertawe Bro Morgannwg University

Chart 10: Percentage of any retinopathy reported, by age of patient [a]



Source: Diabetic Eye Screening Wales (DESW)

(a) Any retinopathy reported as a percentage of all results reported in each age group with a stated result. Note that some patients may have been screened more than once in the year.

Table 7: Diabetic retinopathy screening outcomes, by patient characteristics, 2016-17

Patient characteristics	Results reported [a]	Urgent referrals [h]	No retinopathy	Any retinopathy	Sight threatening Retinopathy/ Maculopathy [b]	Severe Retinopathy/ Maculopathy [b]	Stable Treated Retinopathy [b]
Gender:							
Male	79,069	638	54,391	22,935	4,681	473	480
Female	59,201	467	42,520	15,290	3,064	265	317
Total [c]	139,264	1,108	97,708	38,411	7,759	741	799
Type of diabetes:							
Type 1	8,546	222	3,385	5,033	1,469	228	388
Type 2	130,567	882	94,249	33,322	6,266	509	406
MODY [d]	19	0	11	7	1	0	0
Total [e]	139,264	1,108	97,708	38,411	7,759	741	799
Age:							
19 years and under	969	1	829	137	5	1	0
20-59 years	36,269	337	24,560	11,397	2,764	323	292
60-69 years	36,144	225	26,105	9,541	1,919	180	168
70-79 years	41,065	246	29,535	10,522	1,735	135	225
80 years or over	24,817	299	16,679	6,814	1,336	102	114
All [f]	139,264	1,108	97,708	38,411	7,759	741	799
Percentage of results reported [g]							
Gender:							
Male		0.8	70.3	29.7	6.1	0.6	0.6
Female		0.8	73.6	26.4	5.3	0.5	0.5
Total [c]		0.8	71.8	28.2	5.7	0.5	0.6
Type of diabetes:							
Type 1		2.6	40.2	59.8	17.5	2.7	4.6
Type 2		0.7	73.9	26.1	4.9	0.4	0.3
MODY [d]		0.0	61.1	38.9	5.6	0.0	0.0
Total [e]		0.8	71.8	28.2	5.7	0.5	0.6
Age:							
19 years and under		0.1	85.8	14.2	0.5	0.1	0.0
20-59 years		0.9	68.3	31.7	7.7	0.9	0.8
60-69 years		0.6	73.2	26.8	5.4	0.5	0.5
70-79 years		0.6	73.7	26.3	4.3	0.3	0.6
80 years or over		1.3	71.0	29.0	5.7	0.4	0.5
All [f]		**0.8**	**71.8**	**28.2**	**5.7**	**0.5**	**0.6**

Source: Diabetic Eye Screening Wales (DESW)

(a) Some patients may have been screened more than once in the year.

(b) See notes for outcome gradings.

(c) Total includes unspecified gender figures - around 1000 patients screened.

(d) See notes for definition.

(e) Total includes a small number of other types of diabetes and unspecified types - around 130 patients screened.

(f) Total includes a small number of patients where the characteristic is not recorded.

(g) A small number of outcomes are ungradeable; percentages are calculated of (total-ungradeable).

(h) The “Soon referral” category was not used after 26th November 2014. From then, those patients who would have been referred in the “soon” category are included in the routine or urgent categories, depending on clinical need.

Hospital eye service

Ophthalmologists are medically trained doctors with specialist skills in the diagnosis and treatment of eye diseases. Ophthalmologists work predominantly in Ophthalmology Departments in hospitals (the Hospital Eye Service). Common conditions are cataracts, glaucoma, diabetes and macular degeneration (wet and dry). All Ophthalmology Departments include outpatient clinics and many also have eye casualty departments, operating theatres and laser eye surgery workstations. This section has been further developed in this edition to include new tables on waiting times for ophthalmology treatment.

For more detail about the Hospital Eye Service see the Key Quality Information.

Table 8 to 13 and **Charts 11 and 12** show key statistics for the Hospital Eye Service for recent years.

Referrals

Referrals statistics count the number of referrals received by Welsh Local Health Boards for a first outpatient consultant appointment, regardless of the patient's area of residence. Following analysis presented in a Statistical Article a new statistical series, 'NHS Referrals for first outpatient appointments' was established and includes data on both GP and all referrals. GP referrals, over all treatment functions (the specialty under which a patient is treated), represent at most around 70 per cent of all referrals for first outpatient appointments. Data on referrals for ophthalmology appointments is presented below for both referrals from all sources and referrals from GPs. There is variation in recording practice across health boards and not all sources of referral codes are captured. Since October 2014 local health boards have been able to submit data against a larger number of referral sources, causing a rise in the number of non-GP referrals. For ophthalmology this has become increasingly important as an increased number of referrals begin to come directly from optometrists rather than via GPs. Also, since October 2014 the number of health boards submitting data on 'other sources of referral' has increased. Care must be taken therefore when analysing ophthalmology referrals over time, especially for those years immediately after this change in coding. In general caution should be exercised in the interpretation of these figures as data quality improvement work is ongoing.

Table 8 shows the number of GP referrals for ophthalmology in Wales for each financial year from April 2013.

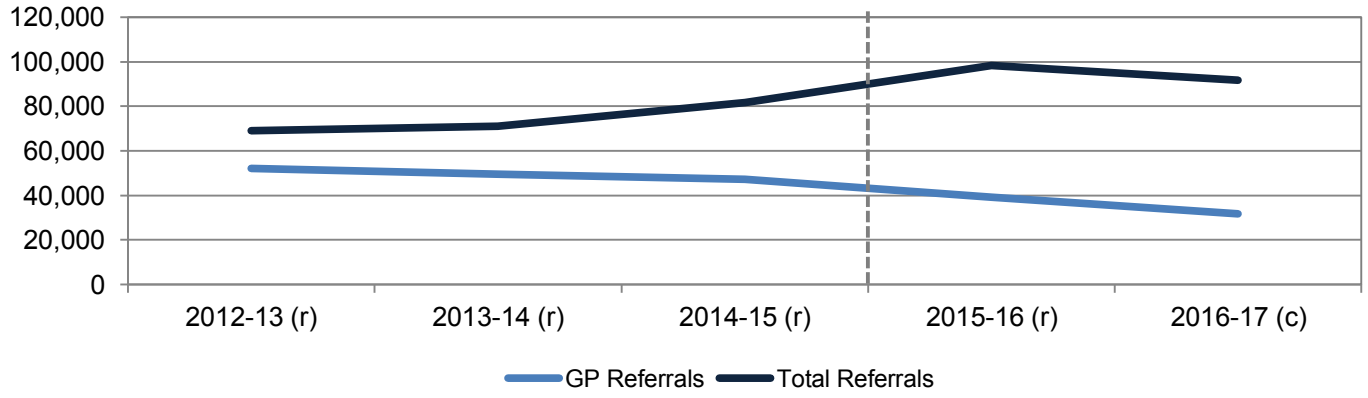
- GPs referred around 31,800 patients for ophthalmology first outpatient appointments between April 2016 and March 2017 but a total of around 91,800 referrals (from all sources) for ophthalmology were received.
- Chart 11 shows that over the previous four years the numbers of referrals from GPs has fallen but that all referrals have increased from around 70,900 in the 2013-14 financial year to around 91,800 in the 2016-17 financial year, as the number of referrals from other sources has risen (see note above).
- Betsi Cadwaladr received the largest number of referrals in total as well as GP referrals in each of the financial years shown before 2016-17 but have been unable to submit data for part of the health board for November 2016 to March 2017 - see notes. Powys received the lowest number in each year.

- The largest rate of GP referrals by 100,000 people was in Hywel Dda at 1,811, the lowest was in Cwm Taf at 652. However considering referrals from any source (excluding Betsi Cadwaladr), the highest rate was in Hywel Dda at 4,692 and the lowest in Powys at 2,436 per 100,000 of the population.

Statistics & Research website: NHS Referrals.

StatsWales website: Referrals by treatment function and month

Chart 11: Number of GP and all referrals for first outpatient appointment for ophthalmology, by year [(a) (b)]



Source: Outpatient Referrals Dataset, NHS Wales Informatics Services (NWIS)

(a) Note that since October 2014 the numbers of non-GP referrals has risen because of changes in recording – see Notes, A broken line indicates the break in the series.
(b) Downloaded from StatsWales 18/05/2017; figures may change following subsequent revisions.
(c) Betsi Cadwaladr Health Board have been unable to submit data for part of the health board for November 2016-March 2017 - see notes
(r) Revisions have been made to the previous year's data - see Notes

Table 8: Number of referrals from GPs for first outpatient appointment for ophthalmology, by Health Board of provider [(a)]

				Number		*Rate* [(b)]
Health Board	2012-13 [(r)]	2013-14 [(r)]	2014-15 [(r)]	2015-16 [(r)]	2016-17	*2016-17*
Betsi Cadwaladr University [(c)]	15,878	14,547	13,745	8,901	5,039	*726*
Powys Teaching	1,954	2,214	2,461	2,565	1,879	*1,417*
Hywel Dda University	11,059	8,017	6,792	6,070	6,940	*1,811*
ABMU[(d)]	6,588	8,904	8,751	5,987	5,841	*1,112*
Cwm Taf University	4,441	4,180	5,320	5,853	1,935	*652*
Aneurin Bevan University	7,444	7,317	6,149	6,786	6,556	*1,127*
Cardiff & Vale University	4,661	4,308	3,950	3,103	3,634	*750*
Wales	**52,025**	**49,487**	**47,168**	**39,265**	**31,824**	***1,027***

Source: Outpatient Referrals Dataset, NHS Wales Informatics Services (NWIS) & ONS

(a) Note that since October 2014 the numbers of non-GP referrals has risen because of changes in recording - see Notes. A broken line indicates the break in the series. Downloaded from StatsWales 18/05/2017; figures may change following subsequent revisions.
(b) Rate is per 100,000 of the population (all ages).
(c) Betsi Cadwaladr have been unable to submit data for part of the health board for November 2016-March 2017 - see notes
(d) Abertawe Bro Morgannwg University
(r) Revisions have been made to the previous years' data - see notes.

Table 9: Number of all referrals for first outpatient appointment for ophthalmology, by Health Board of provider [(a)]

					Number	Rate [(b)]
Health Board	2012-13 [(r)]	2013-14 [(r)]	2014-15 [(r)]	2015-16 [(r)]	2016-17	*2016-17*
Betsi Cadwaladr University [(c)]	18,874	17,525	20,025	23,112	13,733	*1,977*
Powys Teaching	2,490	2,909	3,281	3,371	3,231	*2,436*
Hywel Dda University	15,616	15,447	15,908	16,378	17,983	*4,692*
ABMU[(d)]	8,567	11,383	10,390	13,510	17,332	*3,298*
Cwm Taf University	7,421	7,532	9,411	12,307	7,366	*2,482*
Aneurin Bevan University	8,165	7,957	11,513	16,417	17,781	*3,056*
Cardiff & Vale University	7,944	8,195	11,077	13,188	14,420	*2,975*
Wales	**69,077**	**70,948**	**81,605**	**98,283**	**91,846**	***2,964***

Source: Outpatient Referrals Dataset, NHS Wales Informatics Services (NWIS) & ONS

(a) Note that since October 2014 the numbers of non-GP referrals has risen because of changes in recording - see Notes. A broken line indicates the break in the series. Downloaded from StatsWales 18/05/2017; figures may change following subsequent revisions.
(b) Rate is per 100,000 of the population (all ages).
(c) Betsi Cadwaladr have been unable to submit data for part of the health board for November 2016-March 2017 - see notes
(d) Abertawe Bro Morgannwg University
(r) Revisions have been made to the previous year's data - see notes.

Waiting times

The Referral to treatment time (RTT) is the period of time from referral by a GP or other medical practitioner to hospital for treatment in the NHS in Wales. A referral to treatment pathway covers the time waited from referral to hospital for treatment in the NHS in Wales and includes time spent waiting for any hospital appointments, tests, scans or other procedures that may be needed before being treated. Note that the terminology relating to RTT has changed and is noted below.

Table 10a shows the number of 'closed patient pathways' (that is, those relating to patients who have been treated) for ophthalmology in each financial year since April 2012 and the length of time waited from referral to treatment.

The number of closed pathways for ophthalmology varied from 101,614 in 2012-13 to 103,895 in 2016-17. 65 per cent of pathways in 2016-17 were treated in less than 26 weeks, compared to 76 per cent in 2012-13.

Table 10a: Closed patient pathways for ophthalmology, by grouped weeks wait and financial year [(a) (b)]

Of those treated within the year, those who waited:	2012-13	2013-14	2014-15	2015-16	2016-17
					Number
Less than 26 weeks	77,701	73,170	68,306	65,787	67,847
26 to 36 weeks	19,263	13,754	13,405	11,286	17,728
Over 36 weeks	4,650	10,922	14,307	20,702	18,320
					Percentage
Less than 26 weeks	*76.5*	*74.8*	*71.1*	*67.3*	*65.3*
26 to 36 weeks	*19.0*	*14.1*	*14.0*	*11.5*	*17.1*
Over 36 weeks	*4.6*	*11.2*	*14.9*	*21.2*	*17.6*
Total Treated	**101,614**	**97,846**	**96,018**	**97,775**	**103,895**

Source: Referral to treatment times (RTT), NHS Wales Informatics Services (NWIS)

(a) Some of the terminology used in Referral to Treatment reporting has changed. Previously, when publishing these statistics, we used the terminology 'patients'. However, some users misinterpreted this as unique patients where it is possible that a person could be on a number of different lists waiting for different conditions – i.e. there would be one patient but more than one pathway.
(b) Downloaded from StatsWales 18/05/2017; figures may change following subsequent revisions.

Table 10b shows the number of 'patient pathways waiting to start treatment' (that is, relating to patients waiting) for ophthalmology as at 31 March 2017 grouped by the number of weeks that they've been waiting and the stage of the pathway. The stage of pathway is used to identify the point at which a patient is currently waiting in respect of their overall diagnosis and treatment, along the entire patient pathway.

Table 10b: Patient pathways for ophthalmology waiting to start treatment, by grouped weeks wait as at 31 March 2017[(a)] [(b)]

Number

Stage of pathway[(c)]	Up to 26 weeks	26 to 36 weeks	Over 36 weeks	All
Waiting for new outpatient (OP) appointment	24,817	3,142	79	28,038
Waiting for diagnostic or AHP test, intervention or result	73	13	.	86
Waiting for follow-up OP appointment or decision (after OP appointment/diagnostic/AHP intervention result) or waiting & stage unknown	2,280	197	15	2,492
Waiting for admitted diagnostic or therapeutic intervention only	8,463	2,049	662	11,174
All Stages of Pathway	**35,633**	**5,401**	**756**	**41,790**

Percentage

Stage of pathway[(c)]	Up to 26 weeks	26 to 36 weeks	Over 36 weeks	All
Waiting for new outpatient (OP) appointment	*70*	*58*	*10*	*67*
Waiting for diagnostic or AHP test, intervention or result	*0*	*0*	*.*	*0*
Waiting for follow-up OP appointment or decision (after OP appointment/diagnostic/AHP intervention result) or waiting & stage unknown	*6*	*4*	*2*	*6*
Waiting for admitted diagnostic or therapeutic intervention only	*24*	*38*	*88*	*27*
All Stages of Pathway	***85***	***13***	***2***	***100***

Source: Referral to treatment times (RTT), NHS Wales Informatics Services (NWIS)

(a) Some of the terminology used in Referral to Treatment reporting has changed. Previously, when publishing these statistics, we used the terminology 'patients'. However, some users misinterpreted this as unique patients where it is possible that a person could be on a number of different lists waiting for different conditions – i.e. there would be one patient but more than one pathway.

(b) Downloaded from StatsWales 18/05/2017; figures may change following subsequent revisions.

(c) For further information about stages of pathway, see Notes.

. The data item is not applicable

- Almost 41,800 patient pathways were waiting for ophthalmology treatment as at March 2017.
- 67 per cent of patient pathways for ophthalmology waiting to start treatment were waiting for a new outpatient appointment.
- Overall 2 per cent of patient pathways had waited more than 36 weeks on their pathway as at 31 March 2017.

For further information on Referral to treatment times see:

Statistics & Research website: Referral to treatment times,

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

StatsWales website: Patient pathways waiting to start treatment by month and grouped weeks

Hospital admissions and outpatients

Tables 11 to 13 present data on hospital admissions and outpatient appointments for ophthalmology. Rates are shown based on each Health Board's resident population but it should be noted that people may attend a hospital outside their own area of residence.

- During 2015-16, there were 18,975 hospital admissions for cataracts. In terms of the rate for cataract procedures, there were nearly 4,000 admissions per 100,000 people aged 65 or over in Abertawe Bro Morgannwg hospitals.
- The number of cataract admissions fell between 2013-14 and 2014-15 but in 2015-16 had risen again to stand at nearly 19,000.The numbers of admissions for age related macular degeneration have fluctuated between around 5,800 and 7,300 between 2011-12 and 2015-16.
- In 2015-16, there were 322,139 attendances to ophthalmology outpatient appointments in Welsh hospitals.
- Of these, 78,656 were new appointments and 243,483 were follow-up appointments.
- Comparing rates of outpatient appointments per 100,000 people of all ages, Abertawe Bro Morgannwg had the highest rate per 100,000 population (all ages) for both first and follow-up appointments.

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

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

Table 11: Number of admissions (inpatient and day case) for hospital eye care in Wales, by principle diagnosis and year

Number

Principle Diagnosis [(a)]	2011-12	2012-13	2013-14 [(r)]	2014-15 [(r)]	2015-16
Age-related macula degeneration	7,325	6,247	6,653	6,307	5,870
Cataract	16,848	16,778	17,643	17,069	18,975
Glaucoma	761	882	983	814	856
Diabetic retinopathy	145	163	146	148	165

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

(a) See notes for details of diagnostic codes.
(r) Some small revisions have been made to previous years' data - see notes.

Table 12: Number of hospital admissions for cataract procedures (1st and 2nd eye), by year and Health Board [(a)]

					Number	*Rate [(b)]*
Health Board	2011-12	2012-13	2013-14 [(r)]	2014-15 [(r)]	2015-16	*2015-16*
Betsi Cadwaladr University	4,934	4,577	4,726	4,295	4,307	*2,789*
Powys Teaching	329	427	513	598	637	*1,865*
Hywel Dda University	1,250	1,423	1,929	1,770	2,449	*2,731*
ABMU[(c)]	3,525	3,764	3,933	3,886	3,818	*3,703*
Cwm Taf University	1,564	1,609	1,538	1,048	1,508	*2,736*
Aneurin Bevan University	2,374	2,255	2,419	2,449	2,890	*2,564*
Cardiff & Vale University	2,143	1,978	1,869	2,273	2,541	*3,363*
Wales	**16,119**	**16,033**	**16,927**	**16,319**	**18,150**	***2,905***

Source: Patient Episode Database for Wales (PEDW), NWIS & ONS

(a) Any mention of procedure. See notes for details of procedure codes.

(b) Rate per 100,000 of people aged 65 aged or over. Note that the majority of (but not all) cataract patients are aged 65 or over.

(c) Abertawe Bro Morgannwg University

(r) Some small revisions have been made to previous years' data - see notes.

Table 13: Number of outpatient attendances (new and follow up) for ophthalmology by year and Health Board [(a) (b)]

					Number	*Rate [(c)]*
Health Board	2011-12	2012-13	2013-14	2014-15	2015-16	*2015-16*
New attendances:						
Betsi Cadwaladr University	22,671	20,530	21,196	19,582	18,799	*2,707*
Powys Teaching	1,962	1,734	1,721	1,795	1,742	*1,313*
Hywel Dda University	9,955	10,411	10,864	10,988	10,942	*2,855*
ABMU[(d)]	17,494	17,664	17,785	15,440	16,408	*3,123*
Cwm Taf University	10,529	8,531	7,142	5,964	6,305	*2,125*
Aneurin Bevan University	10,536	12,475	11,140	10,613	12,249	*2,105*
Cardiff & Vale University	12,623	11,824	10,734	11,964	12,211	*2,519*
Wales	**85,770**	**83,169**	**80,582**	**76,346**	**78,656**	***2,538***
Follow up attendances:						
Betsi Cadwaladr University	61,231	60,972	62,131	63,924	64,313	*9,261*
Powys Teaching	2,421	2,575	2,668	2,780	2,923	*2,204*
Hywel Dda University	37,482	32,510	37,706	38,094	37,101	*9,681*
ABMU[(d)]	58,509	56,026	58,426	56,537	56,319	*10,718*
Cwm Taf University	36,624	37,424	27,634	23,333	21,095	*7,109*
Aneurin Bevan University	23,248	23,132	24,374	24,580	24,913	*4,282*
Cardiff & Vale University	34,919	35,058	36,171	37,018	36,819	*7,595*
Wales	**254,434**	**247,697**	**249,110**	**246,266**	**243,483**	***7,857***

Source: Outpatient Dataset & ONS, NWIS

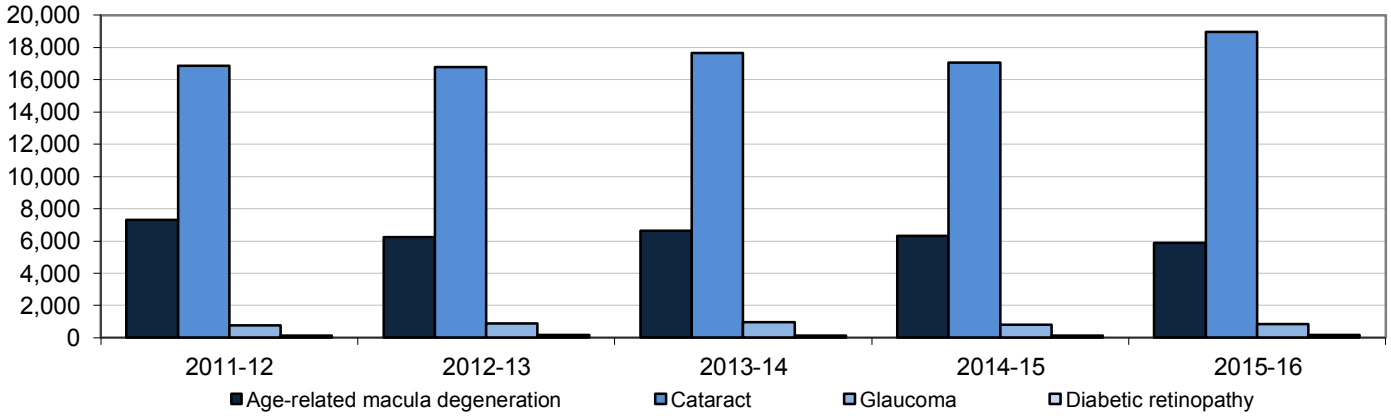
(a) From the 2013-14 edition of this release the Outpatient Dataset (OP DS) has been used as the source of this outpatient data (for all years) and consequently data in this release is not comparable with editions issued before this date. We advise against using the data to compare LHBs, as the organisations include different activity within their submissions. For further information, see the Statistical Article: 'Outpatient Activity Minimum Dataset: publication of data and discussion of data quality'.

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

(c) Rate is per 100,000 of the population (all ages).

(d) Abertawe Bro Morgannwg University

Chart 12: Number of admissions for hospital eye care in Wales, by principle diagnosis and year



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

Low vision service Wales

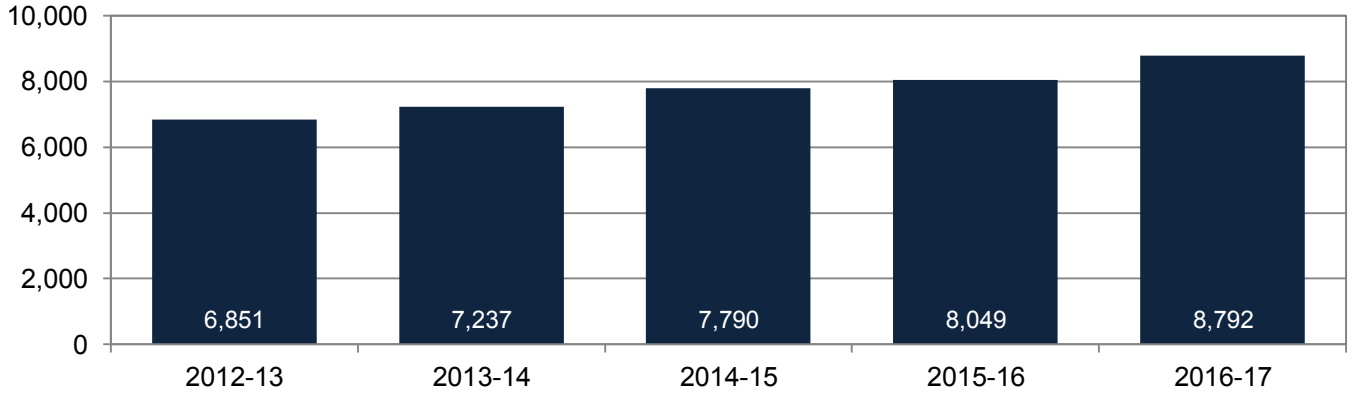
The Low Vision Service Wales (LVSW) aims to help people with visual impairment to remain independent by providing low vision aids such as magnifiers, and by appropriate education, referral, and rehabilitation training. Low Vision is a term used to describe a sight problem that cannot be corrected by glasses, contact lenses, or medical treatment. There are 210 optometry practices in Wales where practitioners are accredited to provide the service (31 March 2017). Referrals are from a range of professionals and from individuals themselves.

For more detail about the Low Vision Service Wales see the Key Quality Information.

Tables 14 and 15 and **Charts 13, 14 and 15** show assessment statistics for the Low Vision Service Wales for 2016-17.

- A total of 8,792 assessments were carried out by the service during 2016-17, a rise from 8,049 in 2015-16;
- Just less than two thirds (65.2 per cent) of these were for patients aged 80 or over.

Chart 13: Number of Low Vision Service Wales Assessments, by year



Source: Low Vision Service Wales

Table 14: Low Vision Service Wales assessments by age group of patient, 2016-17

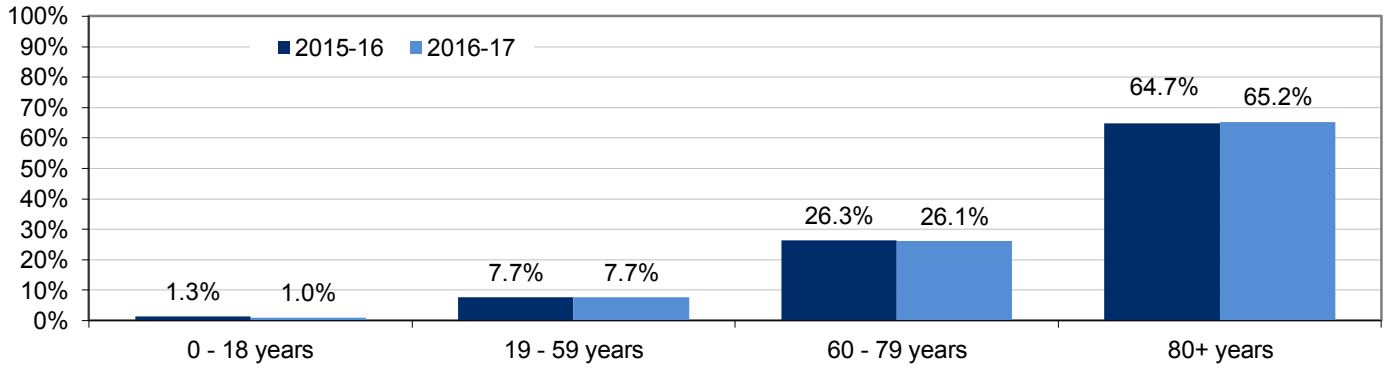
					Number	*Rate* [(a)]
Health Board	Under 19 years	19 - 59 years	60 - 79 years	80 years or over	Total Assessments	Total Assessments Aged 60 and Over
Betsi Cadwaladr University	17	121	407	1,236	1,781	*83*
Powys Teaching	1	22	73	219	315	*67*
Hywel Dda University	12	83	380	967	1,442	*117*
ABMU[(b)]	15	114	388	945	1,462	*99*
Cwm Taf University	9	52	189	381	631	*79*
Aneurin Bevan University	18	160	499	1,084	1,761	*108*
Cardiff & Vale University	16	127	357	900	1,400	*126*
Wales	**88**	**679**	**2,293**	**5,732**	**8,792**	***99***

Source: Low Vision Service Wales & ONS

(a) Rate is per 10,000 population (aged 60 and over).

(b) Abertawe Bro Morgannwg University

Chart 14: Low Vision Service Wales assessments by age group of patient (percentage), 2015-16 and 2016-17



Source: Low Vision Service Wales

- Patients reported dry age related macular degeneration (AMD) in just under half of assessments, cataracts in more than a third of assessments, wet AMD in just over a fifth and hearing problems in just under a sixth.
- Additional data from the LVSW database (and not presented in tables) shows that:
    - 44.6 per cent of assessments were for patients who lived alone;
    - 20.8 per cent of assessments were domiciliary visits;
    - 65.8 per cent of assessments were for female patients.
    - LVSW collects data about the ethnicity of their patients. 117 assessments in 2016-17 (1.3 per cent of the total) were for people recording themselves in categories other than 'white'; this is a similar percentage as for Welsh residents in the 2011 Census aged 60 or over (1.1 per cent).

Table 15: Number of patients reporting following conditions by Health Board, 2016-17 [(a)]

Number

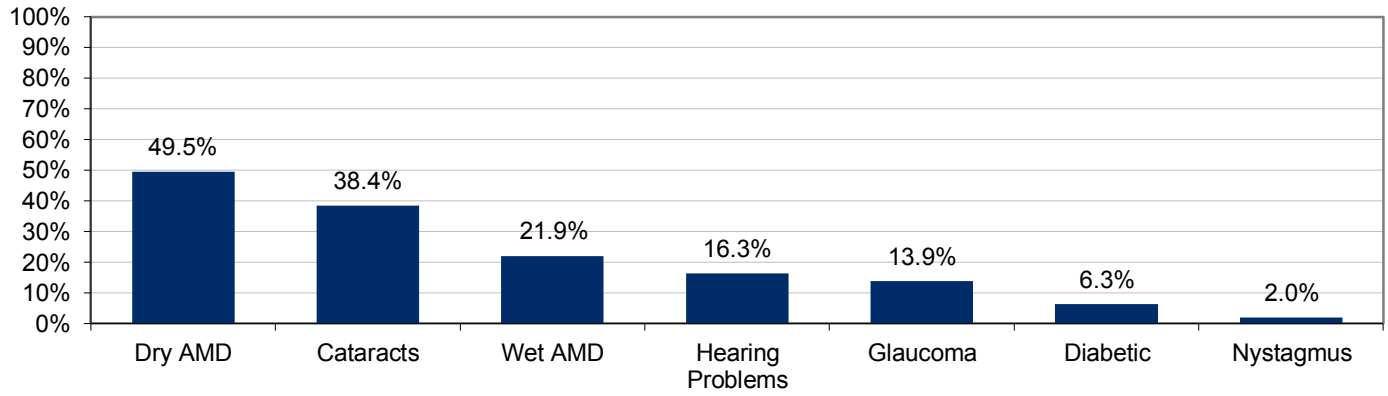
Health Board	Wet AMD	Dry AMD	Glaucoma	Diabetic	Cataracts	Nystagmus	Hearing Problems
Betsi Cadwaladr University	450	895	259	111	547	27	421
Powys Teaching	104	182	32	24	77	4	46
Hywel Dda University	269	716	202	81	679	25	181
ABMU[(b)]	253	787	252	90	541	23	271
Cwm Taf University	122	355	86	47	245	10	103
Aneurin Bevan University	366	792	216	117	847	40	197
Cardiff & Vale University	361	626	176	84	438	46	218
Wales	**1,925**	**4,353**	**1,223**	**554**	**3,374**	**175**	**1,437**

Source: Low Vision Service Wales

(a) Multiple conditions can be reported each assessment. See notes for further information on eye conditions.

(b) Abertawe Bro Morgannwg University

Chart 15: Patients reporting following conditions as a percentage of all assessments, 2016-17 (a)



Source: Low Vision Service Wales

(a) Multiple conditions can be reported each assessment – the total may be greater than 100 per cent. See notes for further information on eye conditions.

Tables 16 and 17 shows statistics for referrals of new patients to and from the Low Vision Service Wales and the visual acuity of patients for 2016-17.

- A total of 3,987 new patient referrals were made to the LVSW and a total of 1,460 new patient referrals were made from the LVSW in 2016-17;
- Just under three quarters (73 per cent) of people assessed by the LVSW had a visual acuity of worse than 6/12.

Table 16: New patient referrals to LVSW and from LVSW by referral source / destination, Wales 2016-17

	New patient referrals [(a)] to LVSW from:		New patient referrals [(a) (b)] from LVSW to:	
Referral Source/Destination	*Number*	*Percentage*	*Number*	*Percentage*
Optometrist	2,589	64.9	-	-
Ophthalmology	322	8.1	251	17.2
Social services	372	9.3	359	24.6
Voluntary sector	122	3.1	639	43.8
GPs	28	0.7	141	9.7
Friend/relative/self	297	7.4	-	-
Other sources/destinations [(c)]	194	4.9	70	4.8
Total [(d)]	**3,987**	**100.0**	**1,460**	**100.0**

Source: Low Vision Service Wales

(a) New patients only.

(b) Note that some patients are referred to more than one service.

(c) Other sources/destinations include education, employment or other.

(d) Total with a recorded referral source; in addition 63 referrals to LVSW had no recorded source.

Table 17: Low Vision Service Wales assessments by visual acuity recorded and Health Board, 2016-17

	Betsi Cadwaladr University	Powys Teaching	Hywel Dda University	ABMU[(d)]	Cwm Taf University	Aneurin Bevan University	Cardiff & Vale University	Wales
Visual acuity [(a)]								*Number*
6/12 or better	456	44	363	412	195	575	322	2,367
Worse than 6/12 but better than 6/60	925	191	712	733	302	868	683	4,414
6/60 or worse [(b)]	396	78	365	317	134	315	394	1,999
Total stated [(c)]	1,777	313	1,440	1,462	631	1,758	1,399	8,780
Visual acuity [(a)]								*Rate per 100,000*
6/12 or better	66	33	95	78	66	99	66	76
Worse than 6/12 but better than 6/60	133	144	186	139	102	149	141	142
6/60 or worse [(b)]	57	59	95	60	45	54	81	65
Total stated [(c)]	256	236	376	278	213	302	289	283

Source: Low Vision Service Wales

(a) Visual acuity is measured according to the "Snellen fraction" by comparing the distance in meters at which a patient can correctly identify a letter compared with a "normal" sighted person; so, for example, 6/6 means that at six meters test distance the person could correctly identify a letter that a "normal" sighted person should see at 6 meters i.e. "normal" vision. 6/12 means that at 6 meters test distance the person could correctly identify a letter that a "normal" sighted person should see at 12 meters.

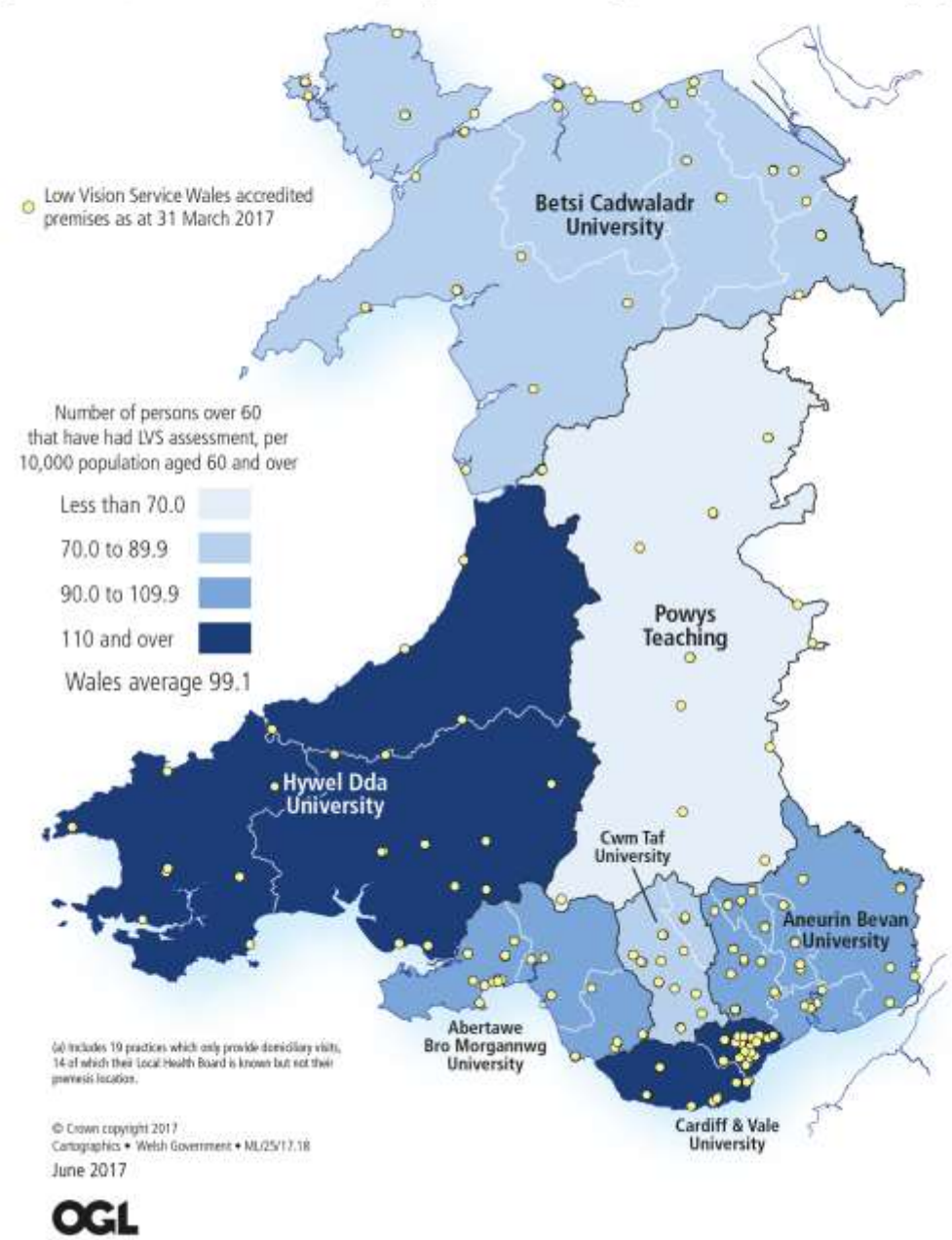
(b) Includes patients who can see hand movements only and those who could not perceive light.

(c) The table excludes 12 assessments where visual acuity was not recorded; this is likely to be related to the patients who were not able to perform the tests.

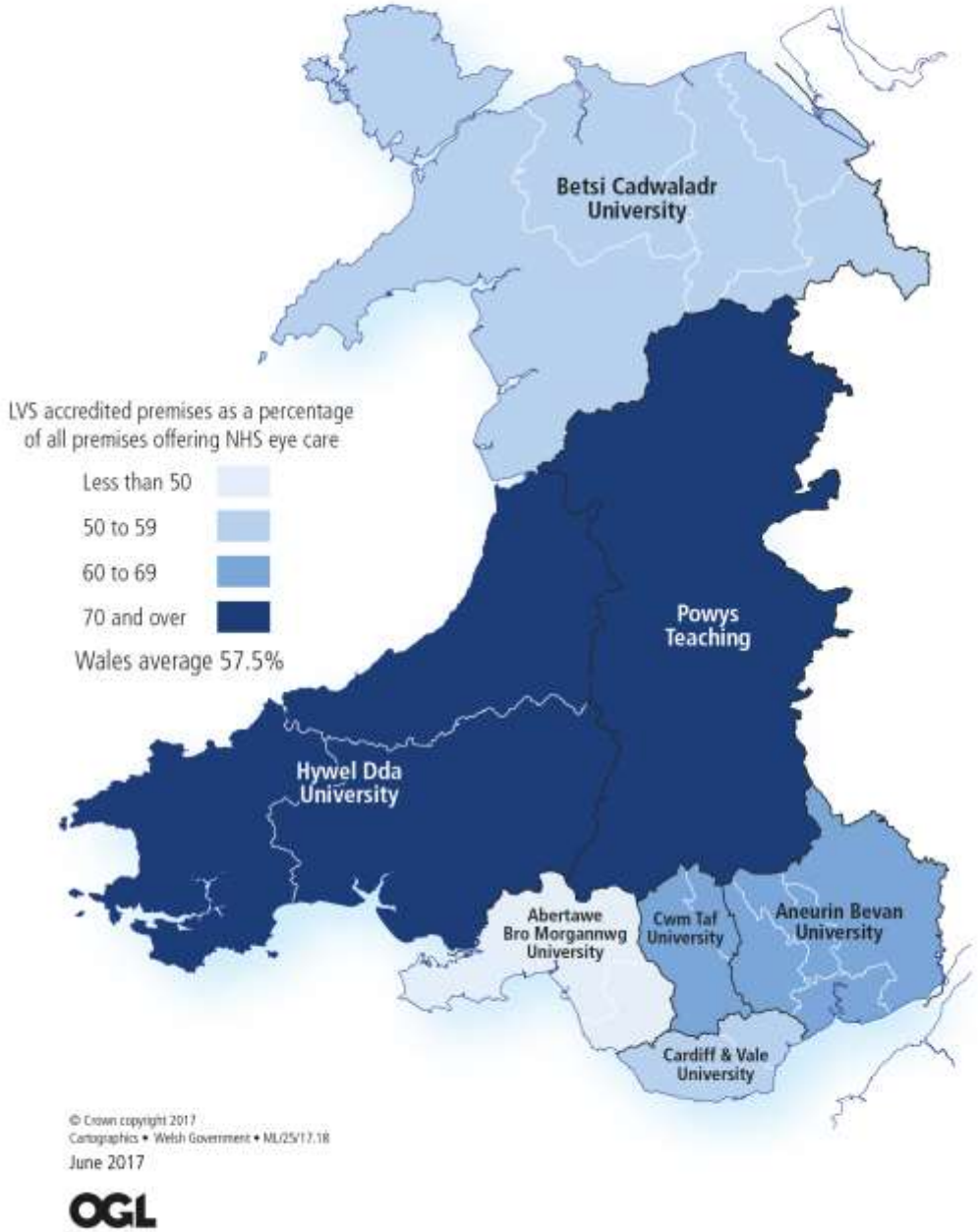
(d) Abertawe Bro Morgannwg University

Map 8 shows the numbers of LVSW assessments carried out on patients aged 60 or over as a rate of the relevant resident Health Board population and the location of LVSW accredited premises. Note that the rates are based on resident populations and in many cases, especially near Health Board and national borders, patients may be treated outside their home area. The map is intended to provide an indication only of geographical patterns. **Map 9** shows the percentage of premises which are accredited to provide LVSW assessments in each Health Board.

Map 8: Number of Low Vision Service Wales assessments of people aged 60 or over per 10,000 relevant population by Health Board, 2016-17



Map 9: Low Vision Service accredited premises as a percentage of all premises offering NHS eye care by Health Board, 2016-17



Sight impairment

The National Survey for Wales for 2016-17 asked if respondents' eyesight was good enough to see the face of someone across a room, with glasses or contact lenses if they usually wear them. 4 per cent of adults aged 16 or over responded that either they could not or with difficulty.

This section focuses on other sources of data relating to sight impairment.

Registers of severely sight impaired and sight impaired people

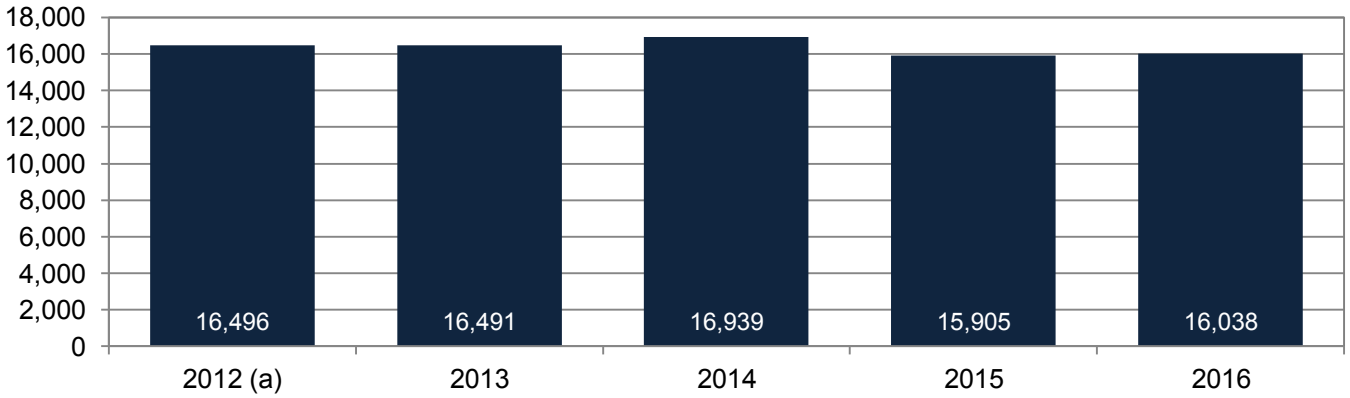
People with sight impairment are registered by local authorities following certification of their sight impairment by a consultant ophthalmologist. The Certificate of Vision Impairment (Wales) formally certifies someone as 'sight impaired' or 'severely sight impaired', so that the Local Authority can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

For more detail about the sight impairment registration see the Key Quality Information.

Table 18 and **Chart 16** show summary statistics for sight impairment registrations for 2015-16.

- At 31 March 2016, 16,038 people were registered with a visual impairment, of whom just under half (49 per cent) were registered as severely sight impaired and just over half (51 per cent) as sight impaired. This is an increase of 133 people from 31 March 2015;
- 7,790 people were registered as severely sight impaired at 31 March 2016; just under 11 per cent of these people also had a hearing impairment.

Chart 16: Total number of sight impaired people in Wales as at 31 March, by year



Source: Local Authorities (Form SSDA900)

(a) In 2012 the data was obtained from 21 Authorities, whilst in the following years the data was obtained by all 22 authorities.

Table 18: Number of people registered with a visual impairment by Health Board, at 31 March 2016 [a]

	Sight impaired			Severely sight impaired			
Health Board	Not hearing impaired	Hearing impaired [b]	Total	Not hearing impaired	Hearing impaired	Total	Total sight impaired
							Number
Betsi Cadwaladr University	1,460	94	1,554	1,385	227	1,612	3,166
Powys Teaching	265	12	277	387	68	455	732
Hywel Dda University	962	135	1,097	792	83	875	1,972
ABMU[d]	1,496	254	1,750	1,477	233	1,710	3,460
Cwm Taf University	671	34	705	729	50	779	1,484
Aneurin Bevan University	1,639	107	1,746	1,064	89	1,153	2,899
Cardiff & Vale University	1,049	70	1,119	1,117	89	1,206	2,325
Wales	**7,542**	**706**	**8,248**	**6,951**	**839**	**7,790**	**16,038**
							Rate [c]
Betsi Cadwaladr University	*210*	*14*	*224*	*199*	*33*	*232*	*456*
Powys Teaching	*200*	*9*	*209*	*292*	*51*	*343*	*552*
Hywel Dda University	*251*	*35*	*286*	*207*	*22*	*228*	*515*
ABMU[d]	*285*	*48*	*333*	*281*	*44*	*325*	*658*
Cwm Taf University	*226*	*11*	*238*	*246*	*17*	*263*	*500*
Aneurin Bevan University	*282*	*18*	*300*	*183*	*15*	*198*	*498*
Cardiff & Vale University	*216*	*14*	*231*	*230*	*18*	*249*	*480*
Wales	***243***	***23***	***266***	***224***	***27***	***251***	***518***

Source:Local Authorities (Form SSDA900) & ONS

(a) Health Boards are aggregated from Local Authority registers.

(b) Includes hard of hearing and deaf. There is evidence to suggest the deaf-blind component of these figures are underestimated.

(c) Rate per 100,000 population (all ages).

(d) Abertawe Bro Morgannwg University

Further detail of this data is published annually together with data on local authority registers of people with learning disabilities as 'Local Authority Registers of People with Disabilities, Wales'. The data relates to the total numbers of people on the registers; information on new registrations is not included.

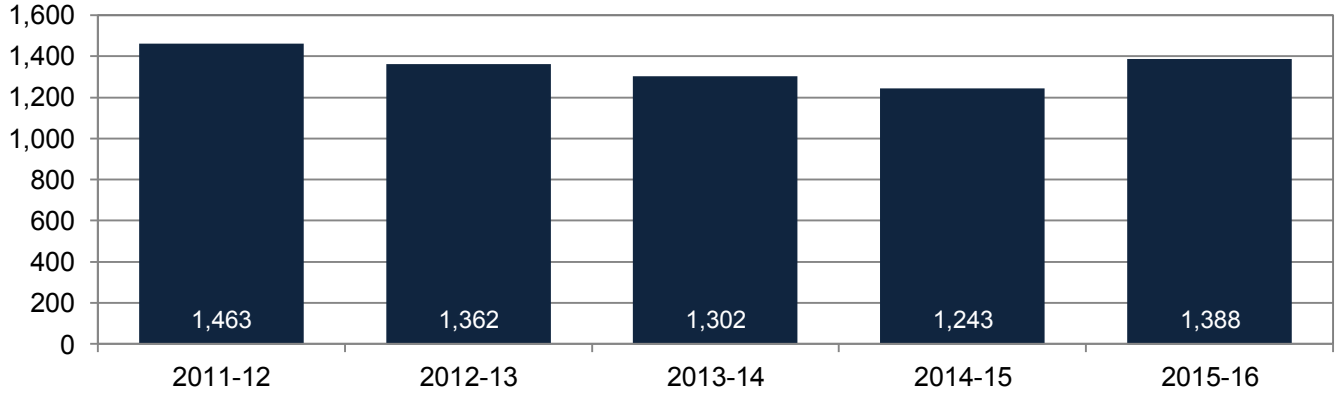
Certificates of Vision Impairment (CVI)

A copy of each CVI completed in Wales, containing information about the eye condition causing the sight impairment, is also sent to Moorfields Eye Hospital who collate and analyse the data for new registrations each year. The same data in England is being used for the construction of public health indicators.

Tables 19 and 20, and **Charts 17 and 18** shows summary statistics for new CVIs for 2015-16.

- Of 1,388 new CVIs for 2015-16 received by Moorfields hospital, 55.3 per cent were aged 80 years or over;
- 70.8 per cent of new registers aged 65 or over were diagnosed with age related macular degeneration as the cause of sight impairment, a decrease from 74.6 per cent the previous year;
- 15.1 per cent aged 40 or over were diagnosed with glaucoma as the cause, a decrease from 16.2 the previous two years;
- 7.4 per cent aged 12 or over were diagnosed with diabetic eye disease as the cause; this is an increase of 0.2 percentage points from the percentage in 2014-15.
- A rate of 121 people per 100,000 aged 65 or over were diagnosed with age related macular degeneration as the cause of sight impairment, 12 people per 100,000 aged 40 or over with glaucoma and 4 people per 100,000 aged 12 or over with diabetic eye disease.
- Around 85 per cent of new CVIs include a record of the ethnicity of the patient; of these, around 1.4 per cent were for people recording themselves in categories other than 'white'; this is this a little lower than the percentage for Welsh residents in the 2011 Census aged 40 or over (2.2 per cent).

Chart 17: Total number of CVIs given across Wales, by year



Source: Moorfields Eye Hospital

Table 19: Number of people newly certified Severely Sight Impaired and Sight Impaired by age group and Health Board, 2015-16

Number

Health Board	19 years and under	20-59 years	60-79 years	80 years or over	**Total [a]**
Betsi Cadwaladr University	19	48	82	184	**333**
Powys Teaching	*	*	12	54	**78**
Hywel Dda University	*	*	38	96	**154**
ABMU[b]	8	35	79	151	**273**
Cwm Taf University	10	25	29	60	**124**
Aneurin Bevan University	16	40	77	123	**256**
Cardiff & Vale University	13	19	37	89	**158**
Wales [c]	**73**	**192**	**356**	**767**	**1,388**

Source: Moorfields Eye Hospital

(a) Total includes age not stated and disclosive figures
(b) Abertawe Bro Morgannwg University
(c) Wales total includes area unknown and disclosive figures
* The data item is disclosive or not sufficiently robust for publication

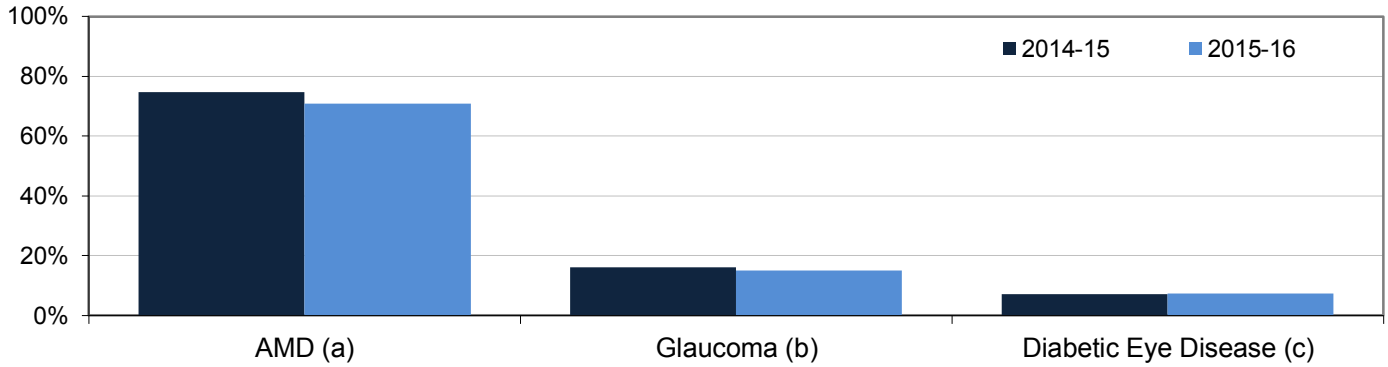
Table 20: Number of people newly certified Severely Sight Impaired and Sight Impaired by cause and Health Board, 2015-16

	Age related macula degeneration (AMD) [b]		Glaucoma [c]		Diabetic eye disease [d] [e]	
Health Board	*Number*	*Rate per 100,000 [f]*	*Number*	*Rate per 100,000 [g]*	*Number*	*Rate per 100,000 [h]*
Betsi Cadwaladr University	174	*113*	54	*14*	22	*4*
Powys Teaching	49	*143*	9	*11*	6	*5*
Hywel Dda University	92	*103*	22	*10*	9	*3*
ABMU[i]	161	*156*	31	*11*	26	*6*
Cwm Taf University	65	*118*	16	*11*	13	*5*
Aneurin Bevan University	130	*115*	33	*11*	13	*3*
Cardiff & Vale University	81	*107*	23	*11*	7	*2*
Wales [a]	**759**	***121***	**191**	***12***	**98**	***4***

Source: Moorfields Eye Hospital

(a) Wales total includes area unknown.
(b) In persons aged 65 or over.
(c) In persons aged 40 or over.
(d) In persons aged 12 or over.
(e) Total includes HB not stated and disclosive figures.
(f) Rate per 100,000 of people aged 65 or over.
(g) Rate per 100,000 of people aged 40 or over.
(h) Rate per 100,000 of people aged 12 or over.
(i) Abertawe Bro Morgannwg University
* The data item is disclosive or not sufficiently robust for publication.

Chart 18: New certifications of Severely Sight Impaired or Sight Impaired: percentage within each age group by cause and Health Board, 2014-15 and 2015-16



Source: Moorfields Eye Hospital

(a) In persons aged 65 or over.

(b) In persons aged 40 or over.

(c) In persons aged 12 or over.

Workforce

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

General Ophthalmic Services, Workforce Statistics for England and Wales 31 December 2016.

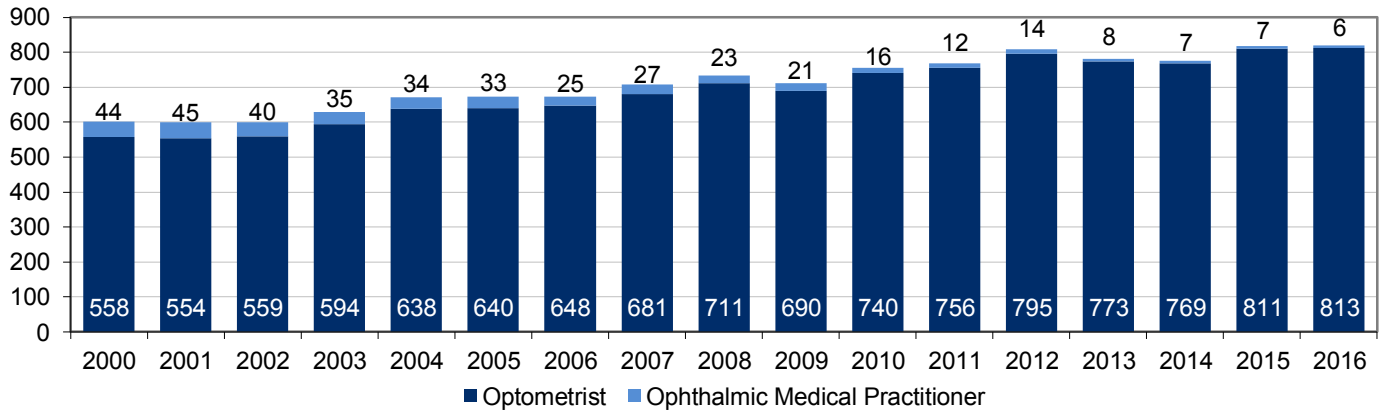
Statistics relating to the **hospital eye care workforce** are sourced from an annual extract relating to 30 September each year from the HR/payroll system for the NHS called the Electronic Staff Record (ESR), which covers all NHS organisations in England and Wales. Further information about NHS workforce data.

For additional tables relating to workforce see the spreadsheet Annex. For more detail about eye care workforce data see the Key Quality Information.

Primary care workforce

Chart 19 shows trends over the last decade in the numbers of ophthalmic practitioners. **Charts 20 and 21** show how the numbers of practitioners per population and the numbers of GOS sight tests per practitioner varied across the Health Boards in 2015-16.

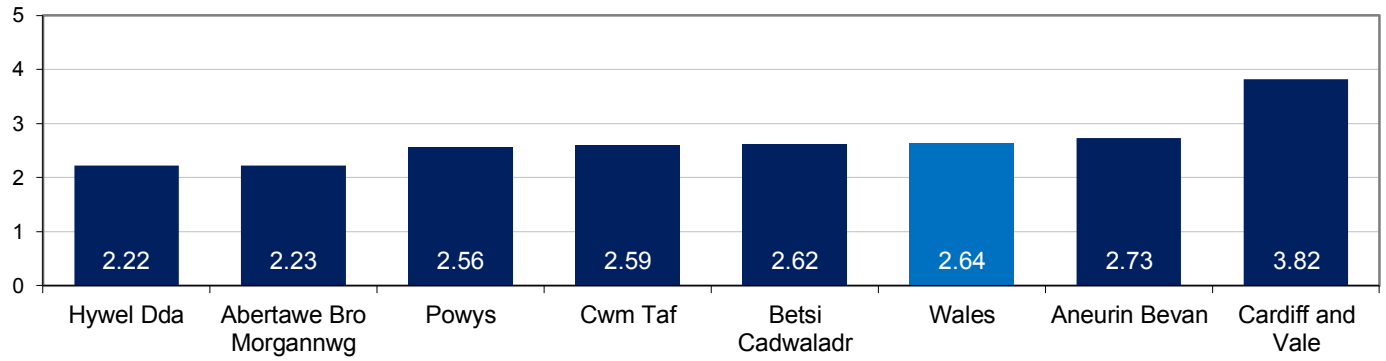
Chart 19: Number of practitioners, by year



Source: NHS Digital publication; General Ophthalmic Services: Workforce Statistics for England and Wales

- At 31 December 2016 there were 819 practitioners recorded on the Health Boards' Performers Lists, 146 (21.7 per cent) more than in 2006. Not all practitioners recorded on the List will have carried out sight tests paid for by the NHS.
- The majority of practitioners were Optometrists: 99.3 per cent in 2016.

Chart 20: Number of practitioners per 10,000 population, by Health Board, 2016

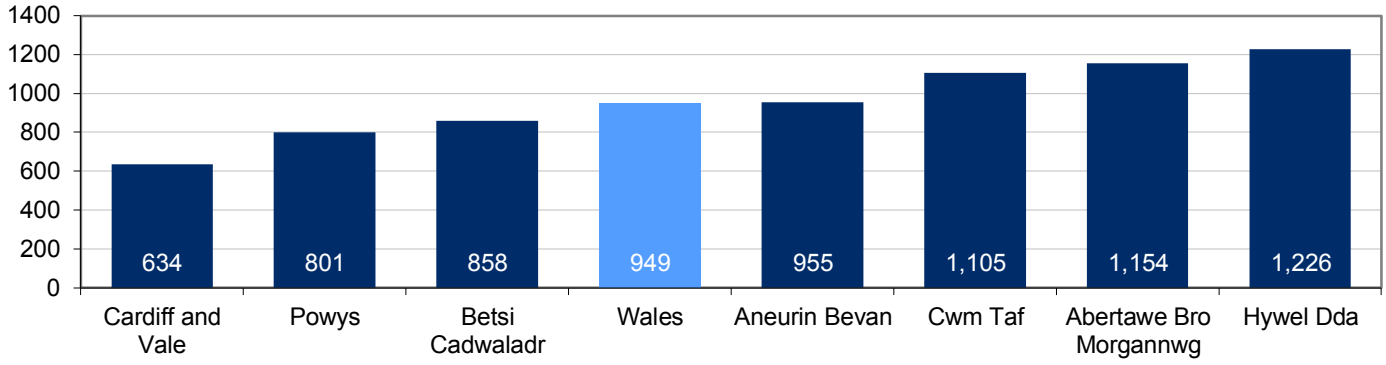


Source: NHS Digital publication; General Ophthalmic Services: Workforce Statistics for England and Wales; ONS: mid year estimates 2015

- Cardiff and Vale Health Board had the highest number of practitioners per 10,000 population (3.82) and Hywel Dda Health Board the lowest (2.22).

Note: In order to carry out an NHS sight test, an ophthalmic practitioner has to be registered on a Local Health Board list. Under the GOS regulations 2005, there are two types of lists that have to be maintained: the Ophthalmic Lists (OL) and the Supplementary Lists (SOL) (see notes for further explanation). Contractors have to be recorded on the Ophthalmic List for each HB in which they provide GOS services, and so can appear more than once on the Ophthalmic Lists, although the contractor will only be counted once in the national figures shown in this release.

Chart 21: Number of sight tests per practitioners, by Health Board, 2016



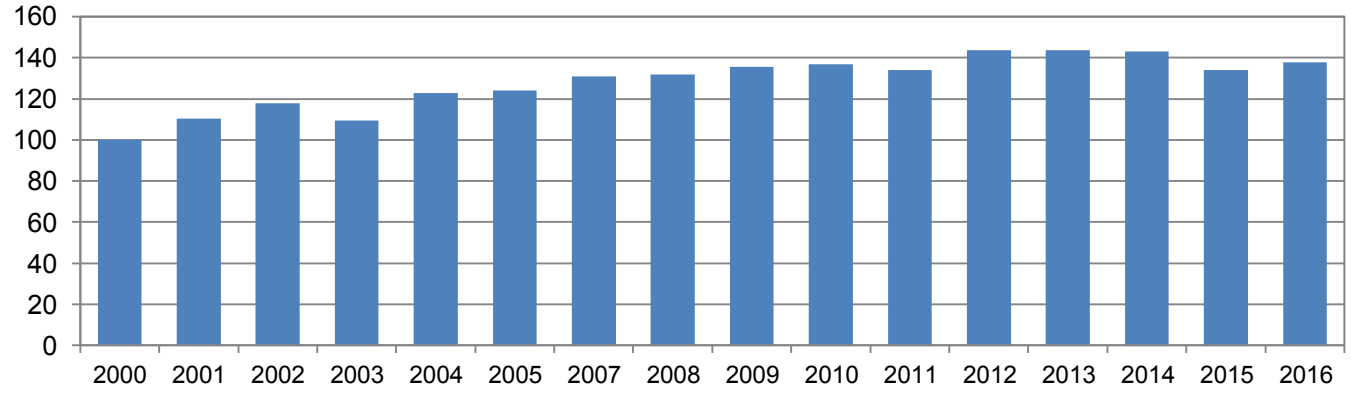
Source: NHS Wales Shared Services Partnership

- More sight tests per practitioner were carried out (paid for by the NHS) in Hywel Dda Health Board (1,226) than in any other Health Board; Cardiff and Vale Health Board had the lowest number (634).

Hospital workforce

Chart 22 shows trends from 2000 to 2016 in the numbers of ophthalmology doctors working in Welsh hospitals.

Chart 22: Ophthalmology doctors directly employed by the NHS (whole time equivalent numbers), by year [(a)]



Source: Electronic Staff Record

(a) Data as at 30 September each year.

- As at 30 September 2016 there were just under 138 whole time equivalent ophthalmology doctors directly employed by the NHS in Wales.
- The rate per 10,000 population is around 0.4 each year.

Survey data

Welsh Health Survey

The Welsh Health Survey (WHS) is a source of information about the health and health-related lifestyle of people in Wales and is based on a sample of the general population living in private households in Wales. The findings summarised in Table 22 below are based on data from the 2015 Welsh Health Survey. Welsh Health Survey ceased in its current form at the end of 2015, the results for 2015 are therefore the final set of Welsh Health Survey results.

- Around half of adults (51 per cent) aged 16 or over reported using an optician in the previous 12 months. WHS data for previous years shows that this proportion has been fairly steady since the data on optician use was first included in the survey in 2008.
- The proportion of adults visiting an optician increased with age.
- Adults in managerial and professional households were most likely to report using an optician in the past year.
- Adults in the most deprived areas were less likely than those in the least deprived areas to report using an optician. This is in contrast to the pattern of use of some other health services for example adults in the most deprived areas were more likely than those in the least deprived areas to report talking to a GP or attending the casualty department of a hospital.

Table 21: Welsh Health Survey: adults' reported use of opticians, by age, sex and selected characteristics (age standardised), 2015

Percentage

	By Sex:		By Age:			
	Men 16+	Women 16+	16-44	45-64	65+	All 16+
Service use [a]						
Optician	45	55	37	55	69	51
Unweighted base [b]	*6,323*	*7,333*	*4,850*	*4,615*	*4,191*	*13,656*

	Optician	*Unweighted base* [b]
Socio-economic classification of household reference person (NS-SEC)[c]		
Managerial and professional	55	*5,045*
Intermediate	50	*2,578*
Routine and manual	47	*5,350*
Never worked and long-term unemployed	43	*340*
2011 Welsh Index of Multiple Deprivation quintile[d]		
1 (least deprived)	56	*2,792*
2	53	*2,927*
3	49	*3,008*
4	48	*2,539*
5 (most deprived)	45	*2,390*

Source: Welsh Health Survey

(a) Service use refers to the past 12 months, except where stated otherwise.

(b) Bases vary: those shown are for the whole sample.

(c) The socio-economic classification in use in this report is the 3-class version of the National Statistics Socio-Economic Classification (NS-SEC) of the Household Reference Person (HRP).

(d) Area deprivation is based on the Welsh Index of Multiple Deprivation 2014 (WIMD). WIMD gives deprivation scores for small areas in Wales. These small areas were split into five groups ("fifths") of deprivation according to overall WIMD scores and each respondent to the Welsh Health Survey was allocated to the relevant fifth.

(e) Age standardisation has been used in this table in order to enable groups to be compared after adjusting for the effects of any differences in their age distributions. When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest. Age standardisation was carried out using the direct standardisation method. The standard population to which the age distribution of sub-groups was adapted from the 2013 European Standard Population. See WHS reports for further details.

Further Welsh Health Survey analysis of smoking and eye health and service use is also available together with more detail of reported use of a variety of health services in 2015.

National Survey for Wales

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

Table 22 below summarises the results of these questions.

- 73 per cent of respondents had their eyes tested at least once every two years.
- 61 per cent of people aged 25 to 44 had their eyes tested at least once every two years, compared with 91 per cent of people aged 75 or over.
- People who had their eyes tested less frequently than at least once every two years were asked why they hadn't had their eyes tested more frequently. 65 per cent said that this was because they hadn't experienced any eye problems, 19 per cent hadn't had a reminder, 11 per cent were too busy, and 3 per cent said eye tests were too expensive.
- All respondents were asked who they would contact in the first instance if they had any pain or redness in their eye. 52 per cent said they would contact their GP and 35 per cent their optician.
- 3 per cent of adults aged 16 or over reported not being able to or able to with difficulty see the face of someone across a room, with glasses or contact lenses if the usually wear them.

More detail and commentary is published on the Statistics & Research website.

More information about new content of the survey is available from the Questions and other materials webpage.

Table 22a: National Survey - adults' reported last sight test and reasons for not having had a test, 2014-15 and 2016-17

Eyes tested at least once every two years		*Percentage*
By Health Board, adults aged 16+:	2014-15	2016-17
Betsi Cadwaladr University Health Board	71	70
Powys Teaching Health Board	70	72
Hywel Dda University Health Board	74	75
ABMU[(c)] Health Board	68	73
Cwm Taf University Health Board	77	69
Aneurin Bevan University Health Board	74	76
Cardiff & Vale University Health Board	70	76
Wales	72	73

By age group:	2014-15	2016-17
16-24	59	56
25-44	57	61
45-64	78	78
65-74	90	88
75 and over	91	91
16+	72	73

Reason for not having eyes tested more frequently [(a) (b)]	2014-15	2016-17
Haven't had eye problems	69	65
Haven't thought about it / had a reminder	20	19
Too busy	14	11
Hard to get an appointment	-	-
Transport issues / can't get there	-	1
Too expensive	4	3
Glasses / contact lenses are too expensive	2	2
Don't want to wear glasses / contact lenses	2	1
Know sight is getting worse but too late to address	-	-
Don't like eye tests	1	1
Other	5	6

Source: National Survey for Wales 2014-15 and 2016-17

(a) Figures do not add to 100% as respondents were able to provide more than one answer.

(b) People who had their eyes tested less often than 'at least once every two years' were asked why they hadn't had their eyes tested more frequently.

(c) Abertawe Bro Morgannwg University

- Value suppressed due to small cell size.

Table 22b: National Survey - first contact if pain or redness and eyesight across a room, 2014-15 and 2016-17

If pain or redness in eye, would see in first instance: [a] *Percentage*

	2014-15		2016-17	
By age group	GP	Optometrist/ Optician	GP	Optometrist/ Optician
16-24	64	26	48	30
25-44	60	34	52	34
45-64	61	33	54	34
65-74	60	36	52	41
75 and over	55	44	48	42
16+	60	34	52	35

Eyesight is good enough to see the face of someone across a room, with glasses or contact lenses if usually wears them, 2016-17

By Health Board	Yes, easily	Yes, with difficulty	No
Betsi Cadwaladr University Health Board	96	2	1
Powys Teaching Health Board	98	2	1
Hywel Dda University Health Board	98	2	1
ABMU[b] Health Board	97	2	1
Cwm Taf University Health Board	97	2	1
Aneurin Bevan University Health Board	97	3	1
Cardiff & Vale University Health Board	97	2	1
Wales	97	2	1

Source: National Survey for Wales 2014-15 and 2016-17

(a) Figures do not add to 100% as respondents were able to provide more than one answer.

(b) Abertawe Bro Morgannwg University

Additional details including analysis by Health Board for General Ophthalmic Statistics and workforce information can be found on the StatsWales service.

Hearing loss

A brief summary of available statistics relating to hearing loss and related services has been added to this release.

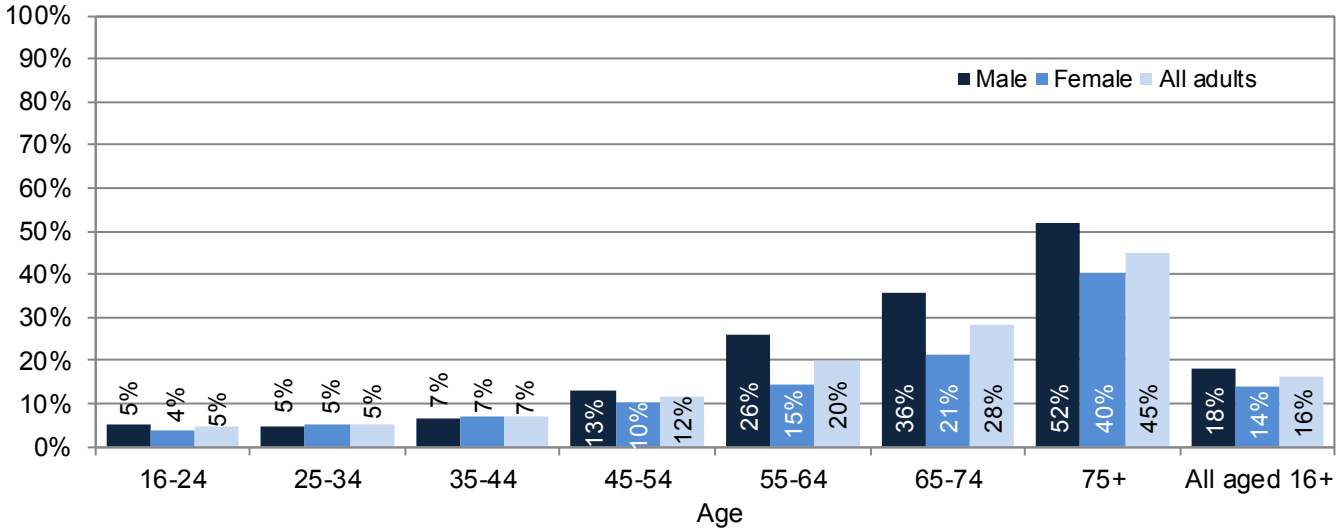
Without proper diagnosis and management, hearing loss can reduce a person's ability to communicate, stay socially active, maintain good cognitive, mental, and physical health, and get and keep a job. Being unable to communicate leaves people cut off from the world and leads to higher costs for the NHS,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

This new section includes statistics on the numbers of people suffering from hearing loss, those using hearing aids, accessing hospital care for hearing related conditions and workforce in the areas of Otolaryngology & Audiovestibular Medicine.

Welsh Health Survey

In 2015 Welsh Health Survey recorded that 16 per cent of adults reported having difficulty with their hearing.

Chart 23: Adults who reported hearing difficulties, by age and gender, 2015



Source: Welsh Health Survey

- Overall 16 per cent of adults reported having hearing difficulties. This proportion has changed only slightly since the survey first collected the information in 2003-04.
- For all age groups, except for the 25 to 34 and 35 to 44 age bands, a higher proportion of men reported they had a hearing difficulty than women, with 18 per cent of all men aged 16+ reported having a hearing problem compared to 14 per cent of women aged 16+.

- Chart 23 clearly indicates that the likelihood of hearing difficulties increases with age (known as gradual hearing loss) with only 5 per cent of 16-24 year olds having hearing difficulties compared to 45 per cent of 75+ year olds having hearing difficulties. This increase in hearing difficulty with age was slow for younger age groups but more rapid for older age groups.

Table 23: Adults who reported problems with their hearing and hearing aid use, 2010-2015

Percentage

	2010	2011	2012	2013	2014	2015
Trouble with hearing	15	15	15	16	15	16
Wear hearing aid [(a)]:						
Yes most of the time	22	24	23	24	23	23
Yes, some of the time	14	13	14	15	15	15
No but have tried one	9	10	9	9	8	8
No never	55	54	54	52	54	54
Trouble with hearing while wearing hearing aid [(b)]	44	46	44	43	45	45

Source: Welsh Health Survey

(a) of those with trouble hearing
(b) of those who wear hearing aid

- Over 50 per cent of people who had some form of hearing difficulty had never tried a hearing aid.
- 45 per cent of people who wear a hearing aid reported still having trouble with hearing while wearing a hearing aid.

Hospital admissions

Tables 24 and 25 present data on hospital admissions for diagnoses and procedures relating to hearing loss.

Table 24: Number of admissions by selected diagnoses relating to hearing loss in Wales

Number

Diagnosis	ICD10 Code	2011-12	2012-13	2013-14	2014-15	2015-16
Any mention of:						
Conductive hearing loss, bilateral	H900	666	687	722	809	820
Ototoxic hearing loss	H910	3,784	3,860	4,013	4,660	5,191
Other [(a)]		191	168	167	148	154
Total selected diagnoses		**4,641**	**4,715**	**4,902**	**5,617**	**6,165**
Primary diagnosis:						
Conductive hearing loss, bilateral	H900	142	142	154	186	159
Ototoxic hearing loss	H910	143	139	175	228	157
Other [(a)]		38	27	22	20	26
Total selected diagnoses		**323**	**308**	**351**	**434**	**342**

Source: Patient Episode Database for Wales (PEDW)

(a) Any mention / primary diagnosis of any of the following diagnoses: Conductive hearing loss, bilateral, Ototoxic hearing loss, Congenital absence of (ear) auricle, Macrotia, Microtia, Macrostomia, Microstomia, Mandibulofacial dysostosis, Osteogenesis imperfect, Injury of acoustic nerve, Otitic barotrauma.

- Table 24 shows admissions for selected diagnoses relating to hearing loss. For the vast majority of these admissions the primary diagnosis was not hearing related but the patient was additionally diagnosed with a hearing problem.
- Since 2011-12 the total number of admissions with these diagnoses relating to hearing loss has increased by 1,524 (32.8 per cent) to reach 6,165 in 2015-16.
- In 2015-16 out of the 6,165 diagnoses 5,191 were ototoxic hearing loss, 820 were conductive hearing loss, the remaining 154 were made up of various rarer diagnoses.

Table 25: Number of admissions (inpatients and day cases) by selected hearing related procedures

Number

Procedure	OPCS	2011-12	2012-13	2013-14	2014-15	2015-16
Any mention of:						
Clearance of external auditory canal	D07	330	320	347	347	386
Drainage of middle ear	D15	1,926	1,746	1,730	1,822	1,739
Repair of ear drum	D14	555	421	490	495	486
Operations on cochlea	D24	62	62	59	57	72
Other [(a)]		432	323	342	398	403
Total selected procedures		**3,305**	**2,872**	**2,968**	**3,119**	**3,086**
Primary procedure:						
Clearance of external auditory canal	D07	226	239	260	255	272
Drainage of middle ear	D15	1,598	1,464	1,419	1,459	1,431
Repair of ear drum	D14	439	357	409	402	401
Operations on cochlea	D24	61	62	58	57	71
Other [(a)]		313	237	246	288	272
Total selected procedures		**2,637**	**2,359**	**2,392**	**2,461**	**2,447**

Source: Patient Episode Database for Wales (PEDW)

(a) Other includes: Attachment of bone anchored hearing prosthesis, Reconstruction of ossicular chain, Other operations on ossicle of ear, Maintenance of ventilation tube through tympanic membrane, Removal of ventilation tube from tympanic membrane, Placement of hearing implant in middle ear, Attention to hearing in middle ear, Removal of hearing implant in middle ear, Transtympanic injection to middle ear, Operations on Eustachian canal, Operations on inner ear, Hearing/balance assessments

- Table 25 shows that the number of admissions for these procedures relating to hearing loss has decreased over the 5 year period for all procedures except clearance of external auditory canal and operations on cochlea.
- Table 25 also shows that over 56 per cent of these hearing related procedures involved drainage of the middle of the ear. The next most common procedures are repairing the ear drum followed by clearing the external auditory canal followed by the various rarer procedures that make up the ‘other’ section and operations on cochlea.
- 79 per cent of procedures completed were the primary procedure recorded.

Hearing Aid waiting times

This data is part of the diagnostic and therapy waiting times dataset which provides a snapshot of the numbers of people waiting for services at the end of each month.

Table 26: NHS waiting time for an Adult Hearing aid by grouped weeks as at 31 March [(a)]

Number

Year	≤8 weeks	>8 & ≤14 weeks	>14 & ≤24 weeks	>24 weeks	Total Waiting
2013	2,629	622	2	0	3,253
2014	2,835	771	73	5	3,684
2015	2,876	876	2	0	3,754
2016	3,159	1,139	232	127	4,657
2017	3,442	1,119	276	114	4,951

Source: Diagnostic and therapy services waiting times, NHS Wales Informatics Services (NWIS)

- Table 26 reveals that, in the last five years, the number of people waiting for hearing aids has increased.
- The target waiting time in Wales is 14 weeks and on 31 March 2010 and 31 March 2011 no patient had been waiting longer than 14 weeks.
- However on the same date in the six following years a variable number of people had been waiting for longer than 14 weeks for a hearing aid (2 in March 2015, 359 in March 2016 and 390 in March 2017).

Registers

The registers of people with physical or sensory disabilities include all persons registered under Section 29 of the National Assistance Act 1948. However, registration is voluntary and figures may therefore be an underestimate of the numbers of people with physical or sensory disabilities.

Table 27: Number of people registered with a hearing impairment by age range, at 31 March 2016 [(a)]

Number

Impairment	Under 18	18-64	65 and over	Total
Without visual impariment:				
Deaf with speech	33	762	744	1,539
Deaf without speech	43	445	237	725
Hard of hearing	108	1,831	9,277	11,216
Total with hearing impairment	**184**	**3,038**	**10,258**	**13,480**
Hearing and sight impaired	15	195	1,335	**1,545**
Total with hearing impairment	**199**	**3,233**	**11,593**	**15,025**

Source:Local Authorities (Form SSDA900)

(a) Includes hard of hearing and deaf. There is evidence to suggest the deaf-blind component of these figues are underestimated.

- At 31 March 2016, 15,025 people were registered with having a hearing impairment; 2,264 people were registered as deaf and without a visual impairment, whilst 11,216 people were registered as hard of hearing and without a visual impairment.
- 1,545 people were registered as having both hearing and sight impairments.
- 22.8 per cent of those registered were aged under 65 and 77.2 per cent aged 65 or over.

Further detail of this data is published annually together with data on local authority registers of people with learning disabilities as 'Local Authority Registers of People with Disabilities, Wales'. The data relates to the total numbers of people on the registers; information on new registrations is not included.

Workforce

Statistics relating to the hospital Otolaryngology & Audiovestibular medicine workforce are sourced from an annual extract relating to 30 September each year from the HR/payroll system for the NHS called the Electronic Staff Record (ESR), which covers all NHS organisations in England and Wales. For further information about NHS workforce data see the Statistics & Research website.

Table 28: Workforce in the areas of Otolaryngology & Audiovestibular Medicine [(a)] (whole time equivalent numbers), by year

Staff Type	2012	2013	2014	2015	2016 [(b)]
Otolaryngology Doctors					
Number	109.9	117.6	122.8	127.4	133.6
Number per 100,000 population	3.6	3.8	4.0	4.1	4.3
Audiovestibular Medicine Doctors					
Number	1.3	0.3	0.3	1.7	1.9

Source: Electronic Staff Record

(a) Directly employed by the NHS as at 30 September
(b) 2016's rate is calculated using the mid year estimates from 2015.

- As at 30 September 2016 there were 133.6 whole time equivalent otolaryngology staff directly employed by the NHS in Wales, an increase of 6.1 from 2015.
- The number of whole time equivalent audio vestibular medicine staff directly employed by the NHS in Wales increased in 2016 from 1.7 to 1.9.

Notes

Information on all our eye care related statistics.

Please also see the Eye Care Statistics Quality Report at this link which provides further background and quality information. Before 2010-11 sight test and voucher statistics were published by NHS Digital who still publish ophthalmic workforce statistics.

Throughout the release a number of eye related conditions are referred to. Background on these conditions are available from the RNIB website.

An introduction to Welsh eye care services

Eye care services are available “on-demand”, largely in the community from the private sector. In Wales however a number of specialist services are also provided:

Primary eye care services - General Ophthalmic Services (GOS)

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

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

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

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

Primary eye care services - Eye Health Examination Wales

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

Optometrists who provide EHEW eye examinations for people who:

- have sight in one eye only (uniocular)
- have a hearing impairment or are profoundly deaf

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

A list of EHEW accredited optometrists can be found on the Eye Care Wales website.

Primary eye care services - GPs

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

Primary eye care services - Diabetic eye screening Wales

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

The hospital eye service

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

The low vision service Wales

This service aims to help people with vision impairment to remain as independent as possible by providing low vision aids such as magnifiers, and appropriate education, referral, and rehabilitation training. Low Vision is a term used to describe a sight problem that cannot be corrected by glasses, contact lenses, or medical treatment. Practitioners in 210 optometry practices are accredited to provide the service in Wales. Referrals are accepted from a range of professionals and from individuals themselves.

Certification and registration as sight impaired and severely sight impaired

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

Registering with a local council can make it easier to get practical support from a patient's social services department. It can also be a 'passport' to getting concessions and benefits, such as travel, parking and TV license concessions. For example, as well as helping to get support with doing everyday tasks, becoming registered as severely sight impaired or sight impaired entitles a patient to travel and other concessions such

as the Disabled Person's Railcard and local travel schemes. If a patient is registered as severely sight impaired, they are also entitled to a tax allowance, free NHS sight tests, parking concessions and free postage on some items. People who are certified as having a sight impairment may choose not to be registered.

Data sources, definitions and quality information

General Ophthalmic Service (GOS) - Sight tests and vouchers

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

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

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

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

The **Central Ophthalmic Payments System** records General Ophthalmic Service claims, automates the payment process, produces required statistical returns and provides fraud prevention and detection tools. More detailed information on the Central Ophthalmic Payments System is available on the following link: https://digital.nhs.uk/NHAIS/ophthalmic-payment-system

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

Definitions

Sight test eligibility

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

- Patients aged 60 or over
- Children aged under 16
- Students in full time education aged 16-18
- Adults receiving Income Support and their partners
- Adults receiving income based Job Seekers Allowance (JSA)
- Adults receiving Income-related Employment and Support Allowance (ESA) *
- Adults receiving Pension Credits guarantee credit (PCGC) *
- Adults receiving Tax Credits
- Adults receiving Universal Credit
- Patients holding an HC2 certificate
- Patients registered blind or partially sighted
- Glaucoma and diabetes sufferers
- Patients who have been advised by an ophthalmologist that they are at risk of glaucoma
- Close relatives of a glaucoma sufferer over 40 years of age
- Patients requiring complex lenses

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

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

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

Universal credit

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

HC2 or HC3 certificate

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

Domiciliary sight tests

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

Domiciliary sight tests are reimbursed at two rates:

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

Private sight tests and those with partial help

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

NHS optical vouchers

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

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

- Children aged under 16
- Students in full time education aged 16-18
- Adults receiving Income Support and their partners
- Adults receiving income based Job Seekers Allowance and their partners

- Adults receiving Employment and Support Allowance (ESA) and their partners
- Adults receiving Pension Credits guarantee credit and their partners
- Adults receiving Universal Credit
- Adults receiving Tax Credit and their partners
- Patients on low income holding an HC2 or HC3 certificate
- Patients requiring complex lenses.

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

NHS vouchers for repair or replacement

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

Eye health examination Wales

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

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

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

In future editions it is hoped that it will be possible to publish additional information on entitlement, referral and condition.

Definitions

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

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

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

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

Diabetic eye screening Wales

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

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

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

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

Background information about diabetes and about associated eye problems can be found on the Diabetes UK website.

Definitions

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

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

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

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

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

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

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

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

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

In these statistics the following outcomes are summarised:

No retinopathy: in grading terms this is R0M0.

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

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

Severe retinopathy / maculopathy: includes outcomes R3, R3M0, R3M1, R3M2, M2, R3AM1, R3AM0
Stable treated retinopathy: includes outcomes R3SM0 and R3SM1.

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

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

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

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

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

Data quality

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

Hospital eye service

NHS referrals:

Referrals statistics are derived from the Outpatient Referrals Data Set (OPR DS) and count the number of referrals received by Welsh Local Health Boards for a first outpatient consultant appointment, regardless of the patient's area of residence. Following analysis presented in a Statistical Article a new statistical series, 'NHS Referrals for first outpatient appointments' was established and includes data on both GP and all referrals. GP referrals, over all treatment functions (the specialty under which a patient is treated), represent at most around 70 per cent of all referrals for first outpatient appointments. Data on referrals for ophthalmology appointments is presented below for both referrals from all sources and referrals from GPs. There is variation in recording practice across health boards and not all sources of referral codes are captured. Since October 2014 local health boards have been able to submit data against a larger number of referral sources, causing a rise in the number of non-GP referrals. For ophthalmology this has become increasingly important as an increased number of referrals begins to come directly from optometrists rather than via GPs. Also, since October 2014 the number of health boards submitting data on 'other sources of referral' has increased Care must be taken therefore when analysing ophthalmology referrals over time, especially for those years immediately after this change in coding. In general caution should be exercised in the interpretation of these figures as data quality improvement work is ongoing.

For further information on NHS Referrals see the Statistics & Research website and the StatsWales website.

Waiting times

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

For further information on Referral to treatment times see:

Statistics & Research website: Referral to treatment times,

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

and

StatsWales website: Patient pathways waiting to start treatment by month and grouped weeks

In-patient and day case statistics

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

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

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

Diagnosis codes for eye related conditions

Age Related Macular Degeneration

Diagnosis_Code	Description
H353	Degeneration of macular and posterior pole

Cataract

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

Diabetic Retinopathy

Diagnosis_Code	Description
H360	Diabetic retinopathy

accompanied by one of the following codes...

Diagnosis_Code	Description
E103	Insulin-dependent diabetes mellitus with ophthalmic comps
E113	Non-insulin-dependent diabetes mellitus with ophthalm comps
E123	Malnutrition-related diabetes mellitus with ophthalmic comps
E133	Other specified diabetes mellitus with ophthalmic comps
E143	Unspecified diabetes mellitus with ophthalmic complications

Glaucoma

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

Procedure Codes for cataract surgery

Cataract Surgery

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

Laterality of Operation

Operation_Code	Description
Z942	RIGHT SIDED OPERATION
Z943	LEFT SIDED OPERATION

Outpatient statistics

From the 2013-14 edition of this release the Outpatient Minimum Dataset has been used as the source of this outpatient data (for all years) and consequently data in this release is not comparable with editions issued before this date. Previously outpatient activity was sourced from QS1 returns. The decision was taken to cease the collection of outpatient activity within the QS1 returns and, where possible, derive the outpatient activity information using the Outpatient Minimum Dataset. We advise against using the data to compare LHBs, as the organisations include different activity within their submissions. For further information, see the Statistical Article: 'Outpatient Activity Minimum Dataset: publication of data and discussion of data quality'.

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

Low vision service Wales

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

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

A number of conditions are referred to in statistics for the Low Vision Service Wales data. A background on these conditions are available from the RNIB wesbsite.

New patient referrals

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

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

Visual acuity

Visual acuity is recorded as a key part of the assessment criteria but note that patients can be referred into the service for a variety of sight affecting conditions that do not always meet the LVSW general Visual Acuity guidelines for the service. Cases not meeting the general visual acuity guidelines are accepted at the discretion of the LVSW Clinical Lead.

Visual acuity is measured according to the "Snellen fraction" by comparing the distance in meters at which a patient can correctly identify a letter compared with a "normal" sighted person; so, for example, 6/6 means that

at six meters test distance the person could correctly identify a letter that a "normal" sighted person should see at 6 meters i.e. "normal" vision. 6/12 means that at 6 meters test distance the person could correctly identify a letter that a "normal" sighted person should see at 12 meters. The categories which are recorded by the LVSW and aggregated for presentation in this release are as follows:

6/6 +

6/7.5 - 6/12

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

6/60 - 6/120

6/150 - 6/600

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

NPL: the person could not perceive light

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

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

6/12 or better

Worse than 6/12 but better than 6/60

6/60 or worse (including HM and NPL)

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

Certification and registration as sight impaired and severely sight impaired

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

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

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

Some local authorities were unable to provide all the information requested. The registers of people with learning disabilities data may be an underestimate of the total number of people with learning disabilities as registration is voluntary. Local authorities submit numbers of all persons identified as having a learning

disability currently known to the authority and included in a register of records for the purpose of planning or providing services.

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

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

CVIs: new registrations

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

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

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

As explained in relation to all registrations above, certification is voluntary so true rates may be higher than this analysis shows. Incidence may vary due to the risk of sight loss being influenced by health inequalities, including ethnic, deprivation and age profiles of the local population. There are also geographic variations in data collection and data collection levels may reflect non-completion of certification rather than just low incidence.

For further information about the CVI data, see the Public Health Outcomes Framework webpage.

Workforce

Primary care workforce

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

General Ophthalmic Services, Workforce Statistics for England and Wales 31 December 2016.

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

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

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

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

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

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

Hospital workforce

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

Definitions

Optometrist or Ophthalmic Optician (OO)

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

Ophthalmic Medical Practitioner (OMP)

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

Survey data

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

The survey provides statistics in the following areas:

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

Full results can be found at:

Statistics & Research website: Welsh Health Survey

Technical documentation can be found in the Welsh Health Survey quality report.

Note that additional survey information is often requested and is then published as an ad-hoc request. Examples include:

Eyesight difficulty & use of optician, by age & smoking status

Adults who reported problems with their hearing and hearing aid use, 2015

National Survey for Wales

The National Survey in 2014-15 asked three new questions specifically on eye care: respondents were asked how often they had their eyes tested, why they haven't had their eyes tested more frequently, and who they would contact for help in the first instance if they had pain or redness in their eye.

More detail and commentary is published at:

Statistics & Research website: National Survey for Wales

More information about new content of the survey can be found on the National Survey for Wales Survey content, 2014-15 webpage.

Hearing loss

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

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

Data sources, definitions and quality information for hearing loss

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

Welsh Health Survey

In-patient and day case statistics:

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

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

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

Diagnosis Codes for Hearing related conditions

Diagnosis_Code	Description
H90	Conductive hearing loss, bilateral
H901	Conductive hearing loss, unilateral with unrestricted hearing on the contralateral side
H902	Conductive hearing loss, unspecified
H903	Sensorineural hearing loss, bilateral
H904	Sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side
H905	Sensorineural hearing loss, unspecified
H906	Mixed conductive and sensorineural hearing loss, bilateral
H907	Mixed conductive and sensorineural hearing loss, unilateral with unrestricted hearing on the contralateral side
H908	Mixed conductive and sensorineural hearing loss, unspecified
H91	Ototoxic hearing loss
H911	Presbycusis
H912	Sudden idiopathic hearing loss
H913	Deaf mutism, not elsewhere classified
H918	Other specified hearing loss
H919	Hearing loss, unspecified
Q16	Congenital absence of (ear) auricle
Q161	Congenital absence, atresia and stricture of auditory canal (external)

Q162	Absence of eustachian tube
Q163	Congenital malformation of ear ossicles
Q164	Other congenital malformations of middle ear
Q165	Congenital malformation of inner ear
Q169	Congenital malformation of ear causing impairment of hearing, unspecified
Q171	Macrotia
Q172	Microtia
Q184	Macrostomia
Q185	Microstomia
Q754	Mandibulofacial dysostosis
Q780	Osteogenesis imperfecta
S046	Injury of acoustic nerve
T700	Otitic barotrauma

Diagnosis Codes for Hearing related procedures

Diagnosis_Code	Description
A305	REPAIR OF ACOUSTIC NERVE (VIII)
A315	INTRACRANIAL STEREOTACTIC NEUROLYSIS ACOUSTIC NERVE (VIII)
A325	DECOMPRESSION OF ACOUSTIC NERVE (VIII)
A345	EXPLORATION OF ACOUSTIC NERVE (VIII)
D07	**Clearance of external auditory canal**
D071	IRRIGATION OF EXTERNAL AUDITORY CANAL FOR REMOVAL OF WAX
D072	REMOVAL OF WAX FROM EXTERNAL AUDITORY CANAL NEC
D073	REMOVAL OF FOREIGN BODY FROM EXTERNAL AUDITORY CANAL
D078	OTHER SPECIFIED
D079	UNSPECIFIED
D08	**Other operations**
D081	EXTIRPATION OF LESION OF EXTERNAL AUDITORY CANAL
D082	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL
D083	DRAINAGE OF EXTERNAL AUDITORY CANAL
D084	INCISION OF EXTERNAL AUDITORY CANAL
D085	IRRIGATION OF EXTERNAL AUDITORY CANAL NEC
D086	BLIND SAC CLOSURE OF EXTERNAL AUDITORY CANAL
D088	OTHER SPECIFIED
D089	UNSPECIFIED
D13	**Attachment of bone anchored hearing prosthesis**
D131	FIRST STAGE INSERTION FIXTURES BONE ANCHORED HEARING PROSTHE
D132	SECOND STAGE INSERTION FIXTURES BONE ANCHORED HEARING PROSTH
D133	REDUCTION SOFT TISSUE FOR BONE ANCHORED HEARING PROSTHESIS
D134	ATTENTION TO FIXTURES FOR BONE ANCHORED HEARING PROSTHESIS
D135	ONE STAGE INSERTION OF FIXTURES FOR BONE ANCHORED HEARING PR
D136	FITTING OF EXTERNAL HEARING PROSTHESIS TO BONE ANCHORED FIXT
D138	OTHER SPECIFIED
D139	UNSPECIFIED
D14	**Repair of ear drum**
D141	TYMPANOPLASTY USING GRAFT
D142	TYMPANOPLASTY NEC
D143	REVISION OF TYMPANOPLASTY
D144	COMBINED APPROACH TYMPANOPLASTY
D148	OTHER SPECIFIED

D149	UNSPECIFIED
D15	**Drainage of middle ear**
D151	MYRINGOTOMY WITH INSERTION OF VENTILATION TUBE THROUGH TYMP
D152	SUCTION CLEARANCE OF MIDDLE EAR
D153	INCISION OF EAR DRUM NEC
D158	OTHER SPECIFIED
D159	UNSPECIFIED
D16	**Reconstruction of ossicular chain**
D161	PROSTHETIC REPLACEMENT OF OSSICULAR CHAIN
D162	GRAFT REPLACEMENT OF OSSICULAR CHAIN
D168	OTHER SPECIFIED
D169	UNSPECIFIED
D17	**Other operations on ossicle of ear**
D171	STAPEDECTOMY
D172	REVISION OF STAPEDECTOMY
D173	DIVISION OF ADHESIONS OF OSSICLE OF EAR
D178	OTHER SPECIFIED
D179	UNSPECIFIED
D202	MAINTENANCE OF VENTILATION TUBE THROUGH TYMPANIC MEMBRANE
D203	REMOVAL OF VENTILATION TUBE FROM TYMPANIC MEMBRANE
D204	PLACEMENT OF HEARING IMPLANT IN MIDDLE EAR
D205	ATTENTION TO HEARING IMPLANT IN MIDDLE EAR
D206	REMOVAL OF HEARING IMPLANT IN MIDDLE EAR
D207	TRANSTYMPANIC INJECTION TO MIDDLE EAR
D22	**Operations on Eustachian canal**
D221	GRAFT TO EUSTACHIAN CANAL
D222	INTUBATION OF EUSTACHIAN CANAL
D223	INSUFFLATION OF EUSTACHIAN CANAL
D228	OTHER SPECIFIED
D229	UNSPECIFIED
D23	**Operations on inner ear**
D231	TRANSTYMPANIC INJECTION TO INNER EAR
D238	OTHER SPECIFIED
D239	UNSPECIFIED
D24	**Operations on cochlea**
D241	IMPLANTATION OF INTRACOCHLEAR PROSTHESIS
D242	IMPLANTATION OF EXTRACOCHLEAR PROSTHESIS
D243	ATTENTION TO COCHLEAR PROSTHESIS
D244	NEURECTOMY OF COCHLEA
D245	TRANSTYMPANIC ELECTROCOCHLEOGRAPHY
D246	REMOVAL OF COCHLEAR PROSTHESIS
D248	OTHER SPECIFIED
D249	UNSPECIFIED
U24	**Hearing/balance assessments**
U241	PURE TONE AUDIOMETRY
U242	BALANCE ASSESSMENT
U243	HEARING ASSESSMENT
U248	OTHER SPECIFIED
U249	UNSPECIFIED

Waiting times

See above section for waiting times

Registration

See above section for registration

Workforce

See above section for workforce

Health boards

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

General Ophthalmic Service: Health Board reimbursing the practitioner.

Eye Health Examination Wales: Health Board reimbursing the practitioner.

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

Low Vision Service Wales: Practitioner Health Board.

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

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

Workforce: Employing Health Board.

Survey Data: Residents of Health Board.

Coverage

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

Population

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

Key quality information

This section provides a summary of information on this output against five dimensions of quality: Relevance, Accuracy, Timeliness and Punctuality, Accessibility and Clarity, and Comparability and Coherence.

Relevance

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

Some of the key potential users are:

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

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

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

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

Accuracy

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

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

There have been some small revisions to parts of the hospital data. Referrals and waiting times figures are frequently revised causing revisions for figures in previous years' data. For other hospital data NWIS can still receive submissions after publication eg for in-patient data. Occasionally, revisions can occur due to errors in our statistical processes or when a data supplier notifies the Welsh Government that they have submitted incorrect information.

Timeliness and punctuality

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

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

Accessibility and clarity

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

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

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

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

Comparability and coherence

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

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

Eye Care statistics for England are available from NHS Digital and data on CVIs for England can be found on the Public Health Outcomes Framework webpage.

Eye care data for Scotland is available from Information Services Division Scotland and for Northern Ireland data is available from the Business Services Organisation

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

National Statistics status

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.

All official statistics should comply with all aspects of the Code of Practice for Official Statistics. They are awarded National Statistics status following an assessment by the UK Statistics Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

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

Since the National Statistics designation hearing loss statistics have been added to this release and they have not been assessed.

Well-being of Future Generations Act (WFG)

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

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

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

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

Further details

The document is available at: http://gov.wales/statistics-and-research/eye-care/?lang=en

Next update

June 2019 (provisional).

We want your feedback

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

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