ystadegau
ar gyfer cymru
statistics
for wales

First Release
Datganiad Cyntaf

NATIONAL STATISTICS
YSTADEGAU GWLADOL

Eye Care Statistics for Wales, 2015-16

This Statistical First Release aims 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 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 the Eye Health Care Plan for Wales is evaluated. A summary of statistics associated with key outcomes in the plan is included as an online dashboard.

The release has been arranged to describe statistics in the following order: primary care eye services (including the General Ophthalmic Service (GOS) data and targeted Welsh eye care services such as the Eye Health Examination Wales and the Diabetic Eye Screening Wales, the Hospital Eye Service, sight impairment registration, certification and the Low Vision Service Wales and workforce. The section relating to the Hospital Eye Service has been further developed in this edition. 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.

Key Facts:

Primary eye care services

- During 2015-16 769,380 General Ophthalmic Service sight tests were paid for by the NHS, a 2.6 per cent increase on the previous year.
- 121,736 examinations were carried out under Eye Health Examinations Wales (EHEW) scheme during the same year.
- Of the 126,513 patients screened (with results reported) by the Diabetic Eye Screening Wales Service in 2015-16, 27.1 per cent were found to have some degree of diabetic retinopathy (a small number were ungradeable).

Hospital Eye services

- There were 322,612 attendances at ophthalmology outpatient appointments in Welsh hospitals in 2014-15. Health Boards received 98,024 referrals for ophthalmology in 2015-16, of which 39,055 were from GPs.

Rehabilitation

Low Vision Service Wales:

- 8,049 assessments were carried out by the Low Vision Service Wales in 2015-16, 259 more assessments than in 2014-15.

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

- At 31 March 2015, over 15,900 people were registered with a visual impairment, of whom around half were registered as severely sight impaired and half as sight impaired.
- 1,243 people were newly certified as sight impaired in 2014-15; over 55 per cent of these were aged 80 years or over.

Workforce

- There were 818 practitioners carrying out sight tests paid for by the NHS at 31 December 2015, 42 more than in the previous year, and a 21.5 per cent increase since December 2005.
- At 30 September 2015 there were just over 134 whole time equivalent ophthalmology doctors directly employed by the NHS in Wales.

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Tables and Charts

Additional details including analysis by Health Board can be found on the StatsWales service (www.statswales.gov.wales).

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 2016
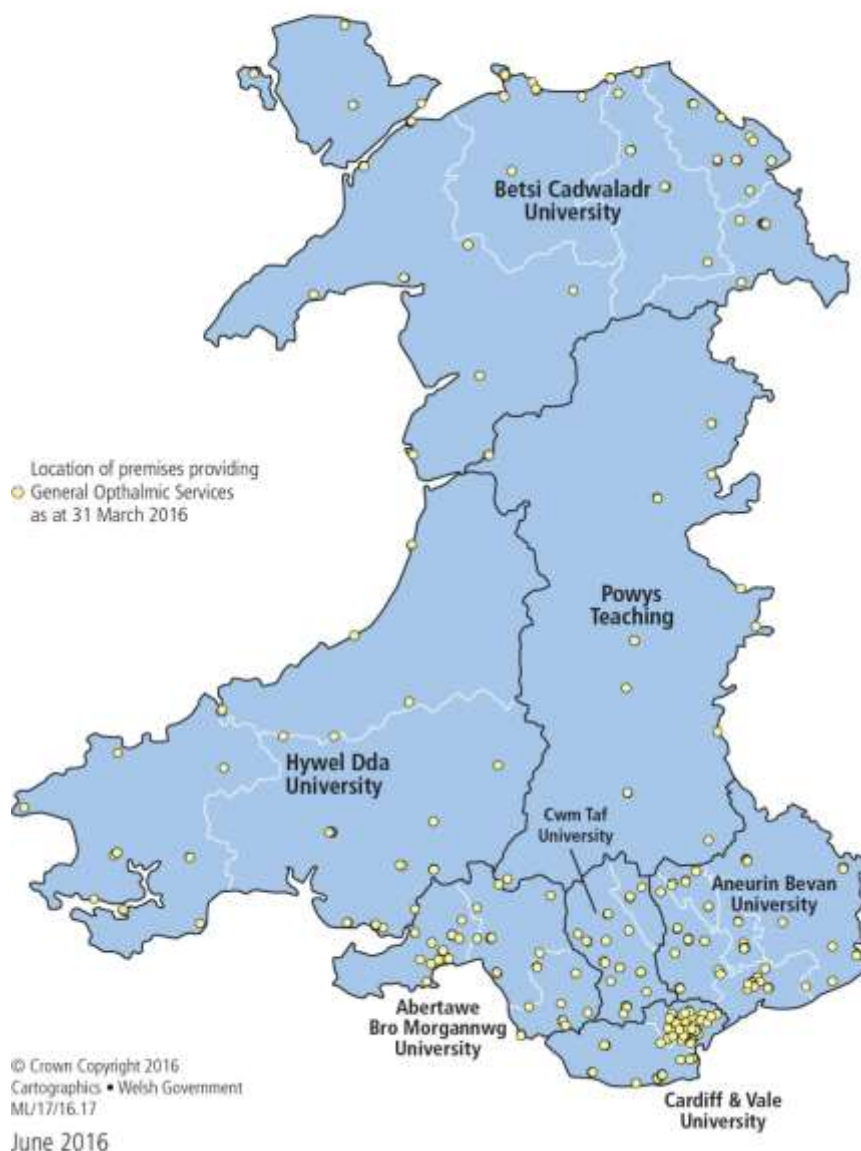
Charts 1 to 6 show trends in the main statistics for GOS sight tests and vouchers (see **note** at end of section).

Chart 1: Number of sight tests paid for by the NHS, by year
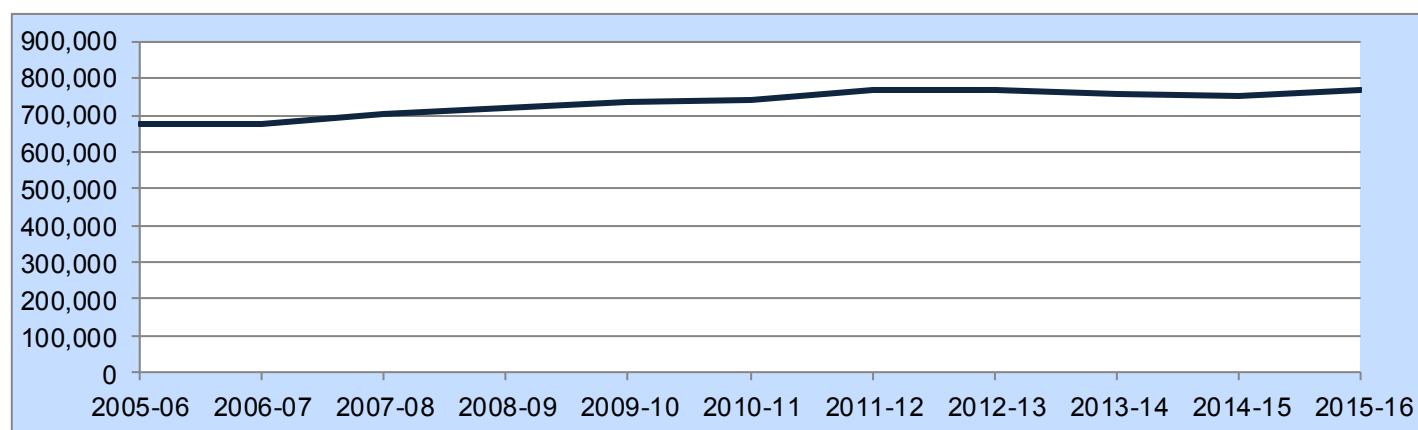
Source: NHS Wales Shared Services Partnership

♦ 769,380 sight tests were paid for by the NHS in 2015-16. This was an increase of 2.6 per cent between 2014-15 and 2015-16, and an increase of 14.2 per cent since 2005-06.

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]
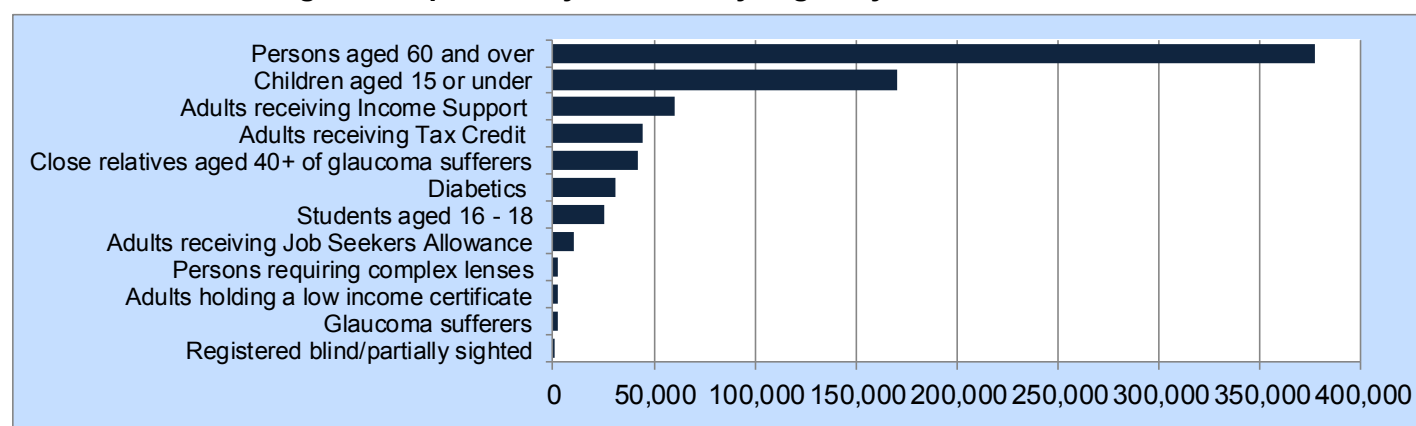
Source: NHS Wales Shared Services Partnership

(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 (49.0 per cent) of sight tests paid for by the NHS in 2015-16.

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.

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Chart 3: Number of domiciliary sight tests, by rate and year [a]
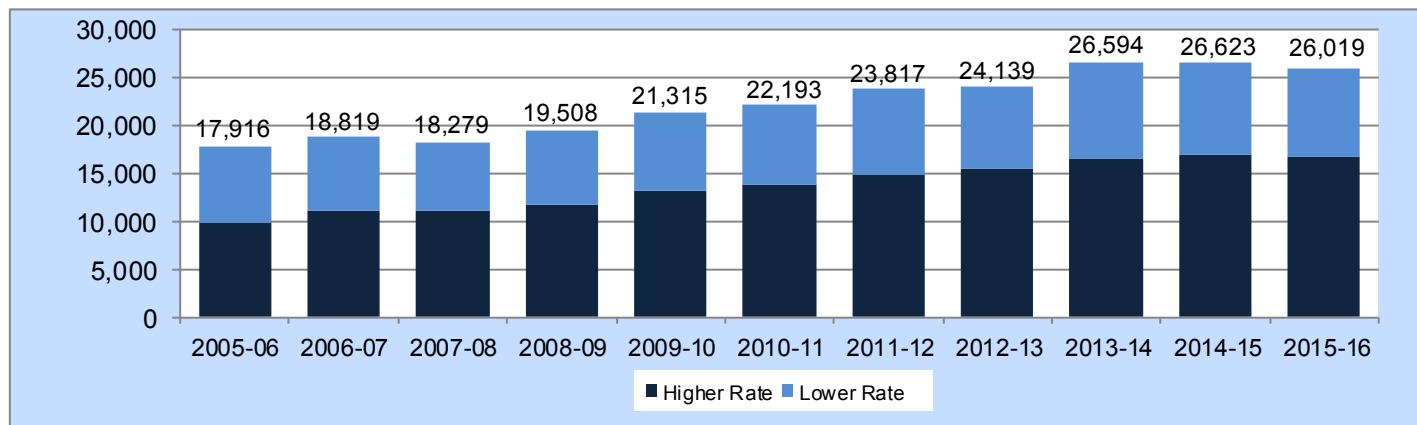
Source: NHS Wales Shared Services Partnership

(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 2015-16, 26,019 domiciliary sight tests were paid for by the NHS, a decrease of 2.3 per cent over the previous year. Of these 64.0 per cent were paid at the higher rate (where the patient is the first or second to be seen at an address) and 36.0 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
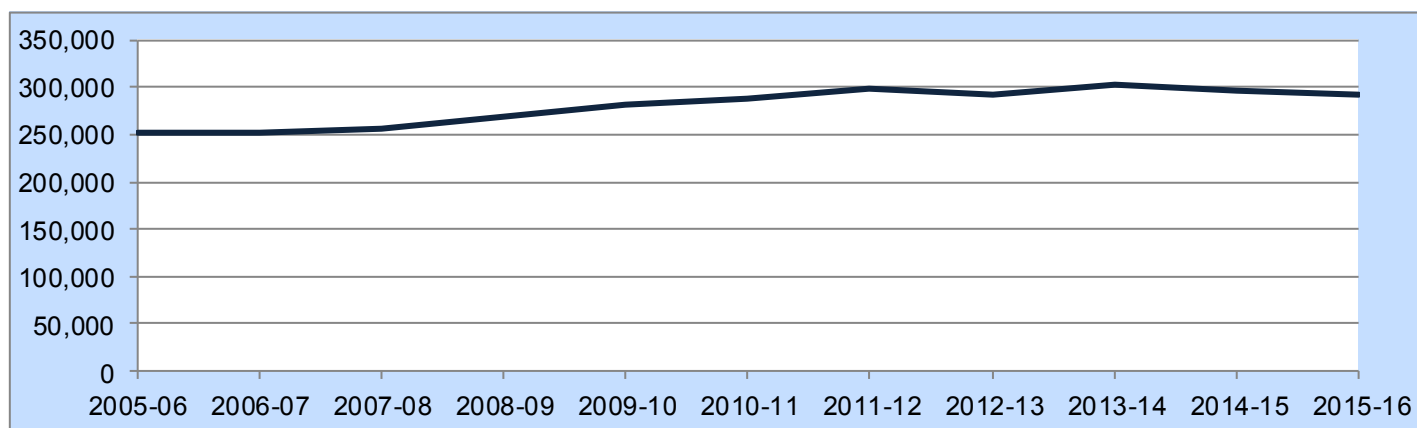
Source: NHS Wales Shared Services Partnership

- 291,776 optical vouchers were processed in 2015-16. This was a decrease of 1.6 per cent between 2014-15 and 2015-16 but a 15.7 per cent increase in the decade since 2005-06.

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]
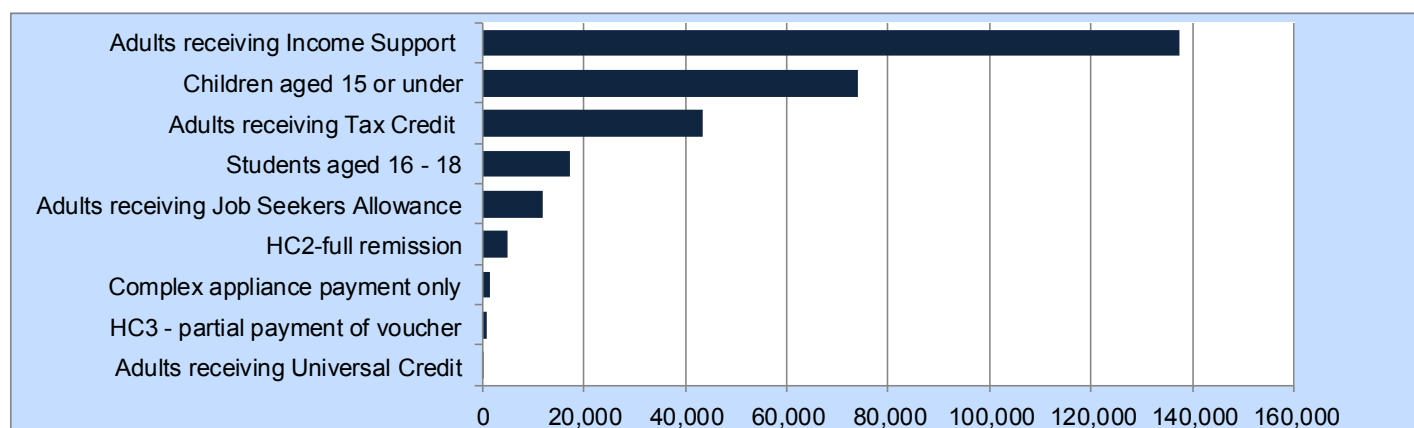
Category	Value
Adults receiving Income Support	~137,000
Children aged 15 or under	~74,000
Adults receiving Tax Credit	~43,000
Students aged 16 - 18	~17,000
Adults receiving Job Seekers Allowance	~11,000
HC2-full remission	~4,000
Complex appliance payment only	~1,500
HC3 - partial payment of voucher	~800
Adults receiving Universal Credit	~0

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 (47.1 per cent) of NHS optical vouchers processed in 2015-16.

Chart 6: Number of claims for repair or replacement to spectacles
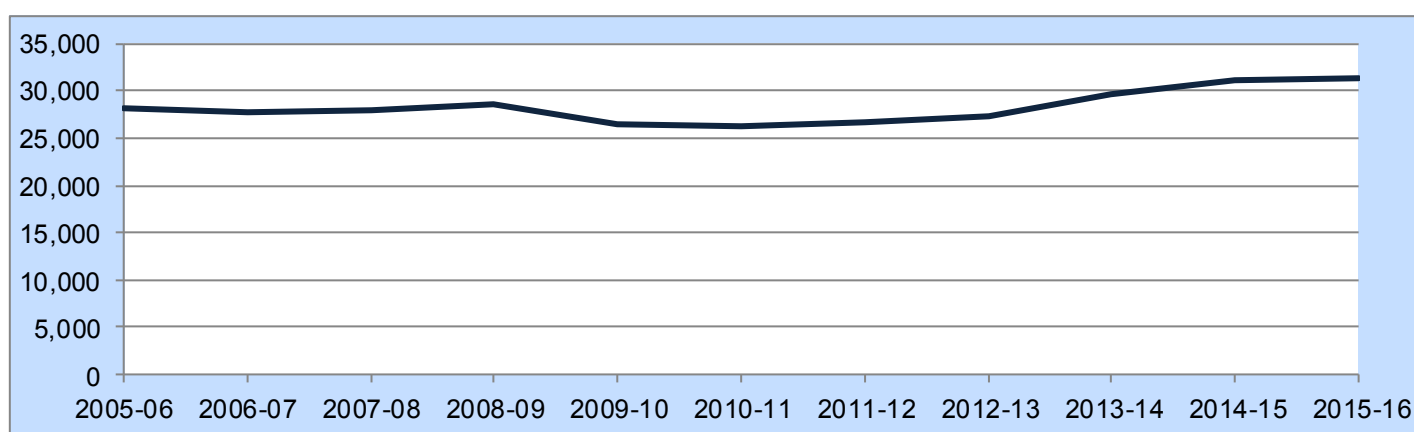
Source: NHS Wales Shared Services Partnership

- The number of claims for repair or replacement was 31,410 in 2015-16. This was an increase of 0.7 per cent between 2014-15 and 2015-16 and of 11.8 per cent in the decade since 2005-06.

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), which was introduced in October 2008.
The category "Prisoner on Leave" was applied between 2008 and 2013.
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

Total number of sight tests per 1,000 population (all ages)

Less than 220
220 to 244
245 to 269
270 and over

Wales average 248.8

Betsi Cadwaladr University

Powys Teaching

Hywel Dda University

Abertawe Bro Morgannwg University

Cwm Taf University

Aneurin Bevan University

Cardiff & Vale University
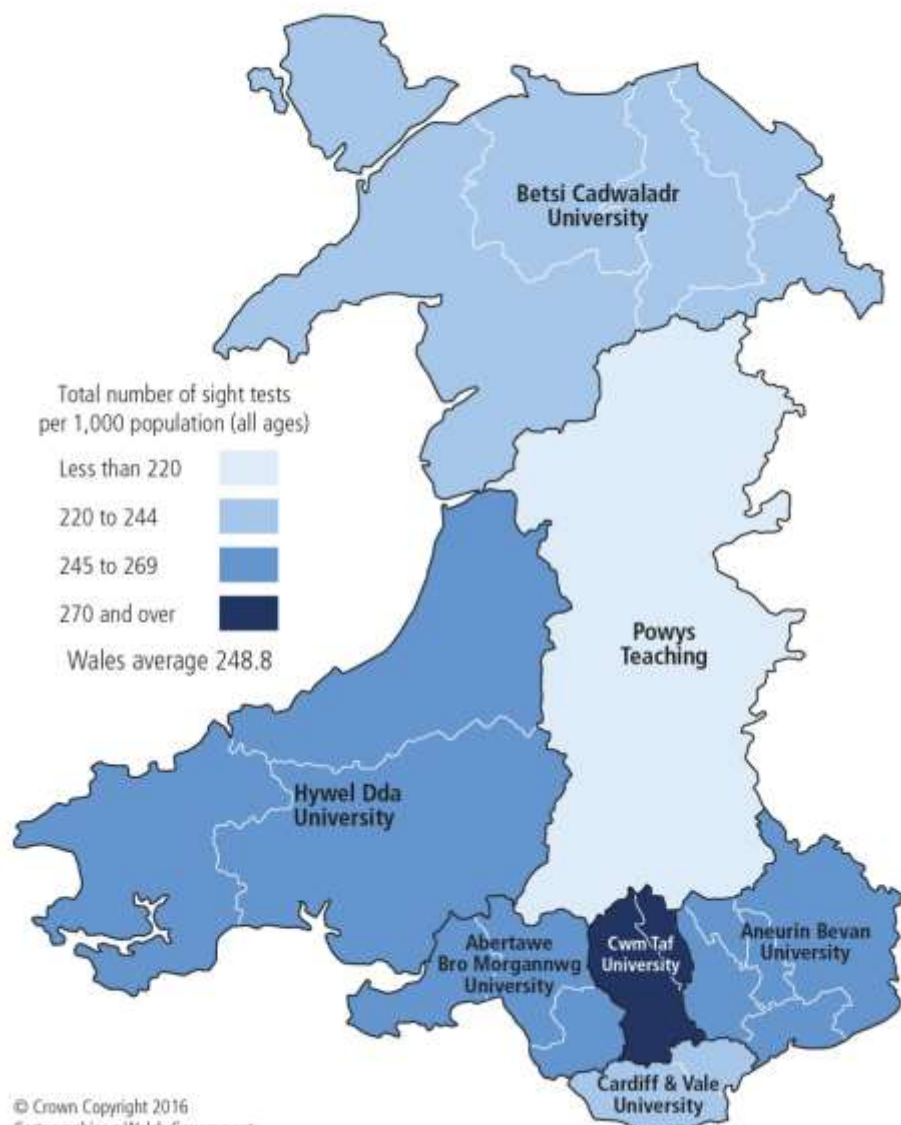
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Map 3: Number of NHS sight tests for persons aged 60 and over per 1,000 relevant population by Health Board

Number of sight tests for persons aged 60 and over per 1,000 population aged 60 and over

Less than 400
400 to 459
460 to 519
520 and over

Wales average 470.1

Betsi Cadwaladr University

Powys Teaching

Hywel Dda University

Abertawe Bro Morgannwg University

Cwm Taf University

Aneurin Bevan University

Cardiff & Vale University
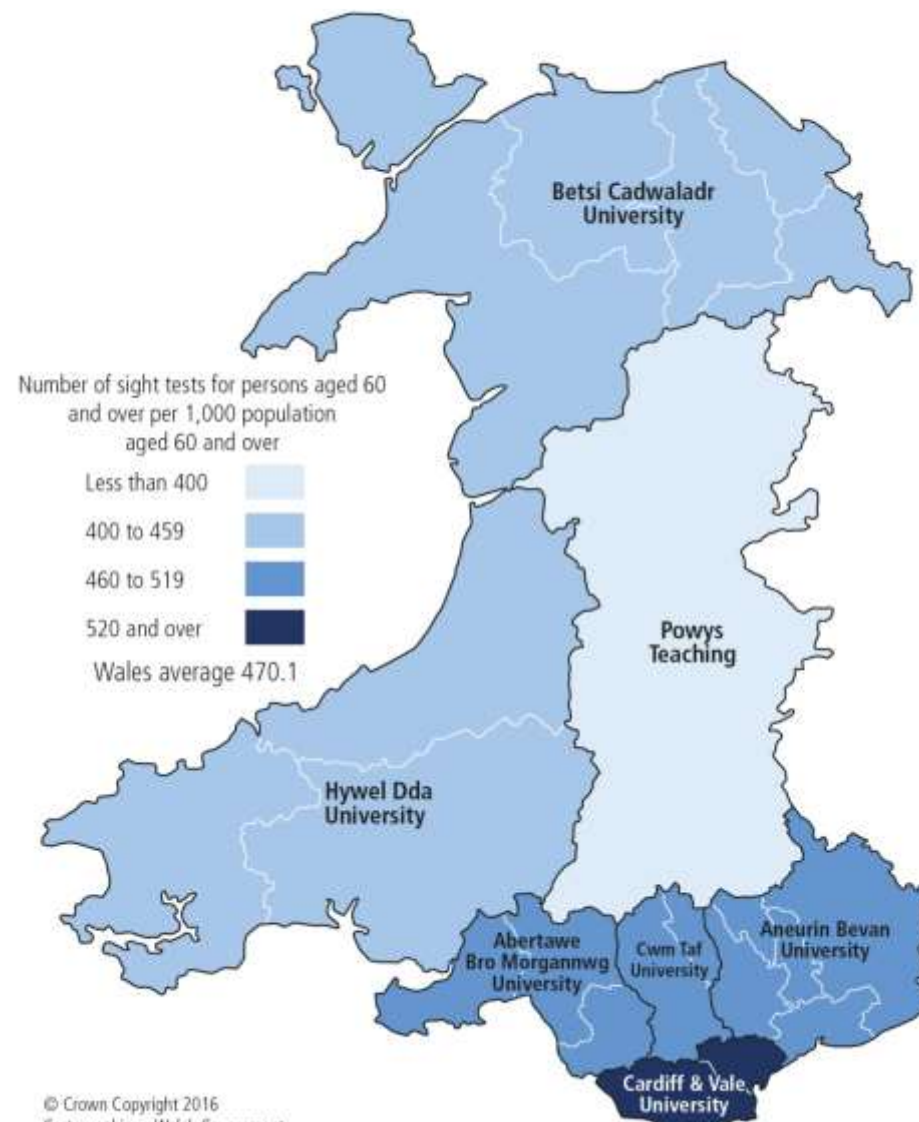
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Map 4: Number of NHS sight tests for children aged 15 and under per 1,000 relevant population by Health Board by Health Board

Number of sight tests for children aged 15 and under per 1,000 population aged 15 and under

Less than 250
250 to 299
300 to 349
350 and over

Wales average 306.6

Betsi Cadwaladr University

Powys Teaching

Hywel Dda University

Abertawe Bro Morgannwg University

Cwm Taf University

Aneurin Bevan University

Cardiff & Vale University
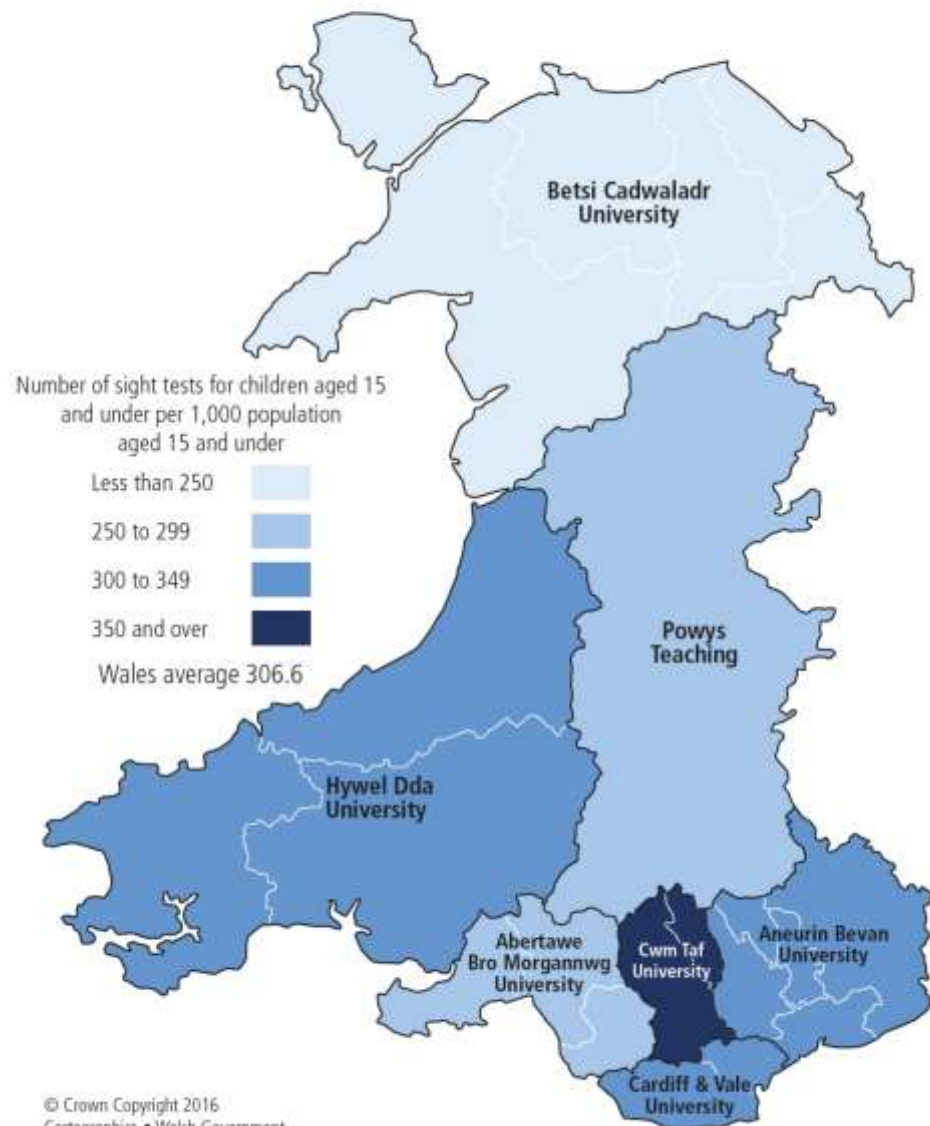
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Map 5: Number of NHS sight tests for adults receiving income support[a] per 1,000 population aged 16 to 59 by Health Board

Number of sight tests for adults receiving income support
(a) per 1,000 population aged 16 to 59

Less than 60
60 to 69
70 to 79
80 and over

Wales average 68.1

Betsi Cadwaladr University

Powys Teaching

Hywel Dda University

Abertawe Bro Morgannwg University

Cwm Taf University

Aneurin Bevan University

Cardiff & Vale University
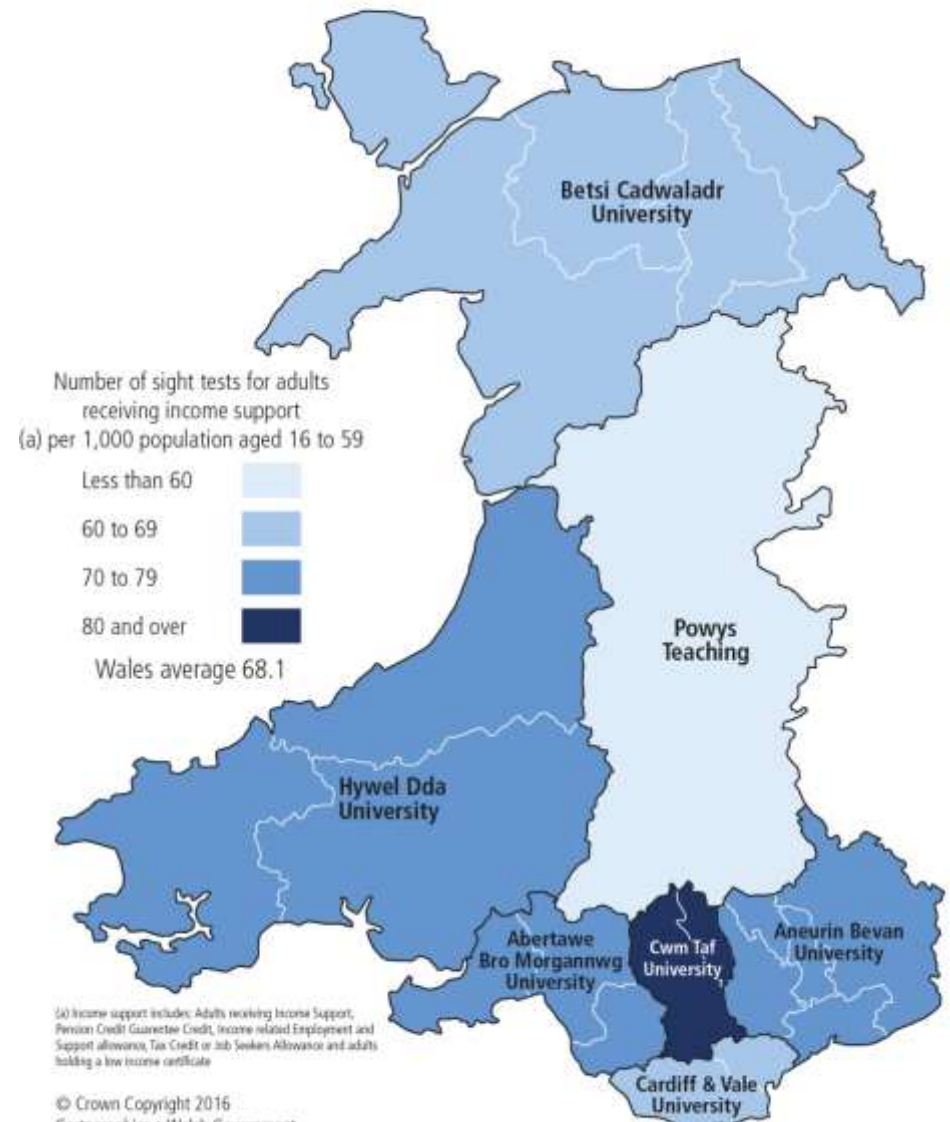
(a) Income support includes: Adults receiving Income Support, Pension Credit Guarantee Credit, Income related Employment and Support allowance, Tax Credit or Job Seekers Allowance and adults holding a low income certificate

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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 315 optometry practices in Wales where practitioners are accredited to provide the service (31 March 2016).

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: www.eyecarewales.nhs.uk

> **Table 1** and **Charts 7** and **8** show the number and percentage of examinations carried out under the EHEW scheme and paid for during 2015-16, by band, as described above, and by Health Board.

- During 2015-16, 121,736 examinations were carried out under the EHEW, amounting to 393.7 examinations per 10,000 resident population.
- Almost 67 per cent of these were band 1 claims.

Table 1: Number of examinations claimed for [a] under the Eye Health Examination Wales scheme, by band and Health Board, for 2015-16

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]	13,321	3,791	8,755	12,003	9,031	17,166	17,361	81,428
Band 2[c]	6,437	547	5,980	3,056	2,680	5,422	4,615	28,737
Band 3[d]	2,082	314	1,563	1,489	1,441	2,355	2,327	11,571
Total	**21,840**	**4,652**	**16,298**	**16,548**	**13,152**	**24,943**	**24,303**	**121,736**
Rate [e]	*314.7*	*350.6*	*424.4*	*316.4*	*444.4*	*429.8*	*504.2*	*393.7*

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

Bar chart showing number of examinations by band:

	Band 1	Band 2	Band 3	Total
2013-14	68,102	20,138	8,247	96,487
2014-15	85,765	25,975	11,957	123,697
2015-16	81,428	28,737	11,571	121,736
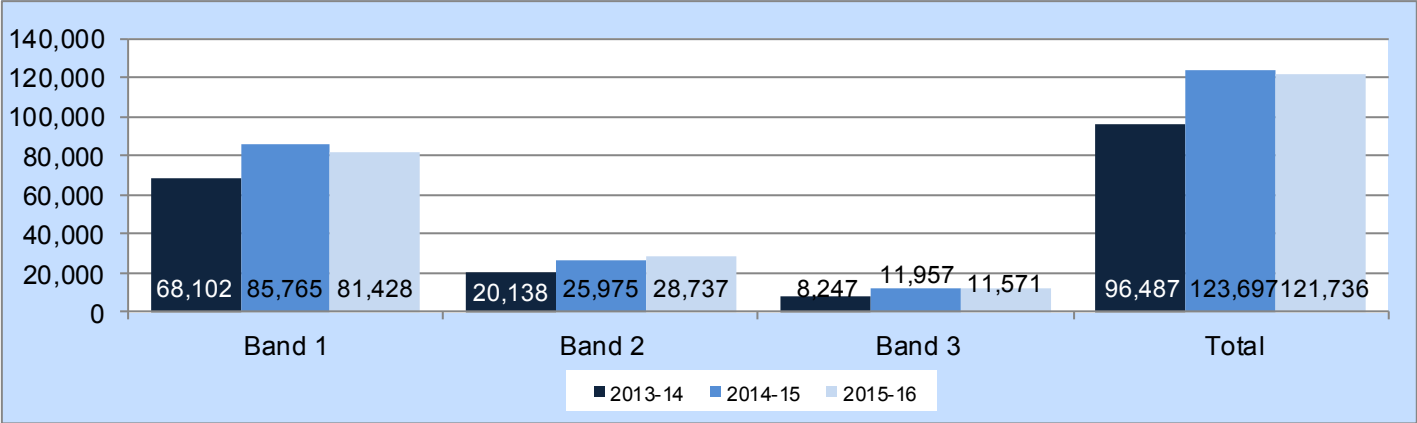
Source: NHS Wales Shared Services Partnership

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

Bar chart showing percentage of examinations by band:

	Band 1	Band 2	Band 3
2013-14	70.6%	20.9%	8.5%
2014-15	69.3%	21.0%	9.7%
2015-16	66.9%	23.6%	9.5%
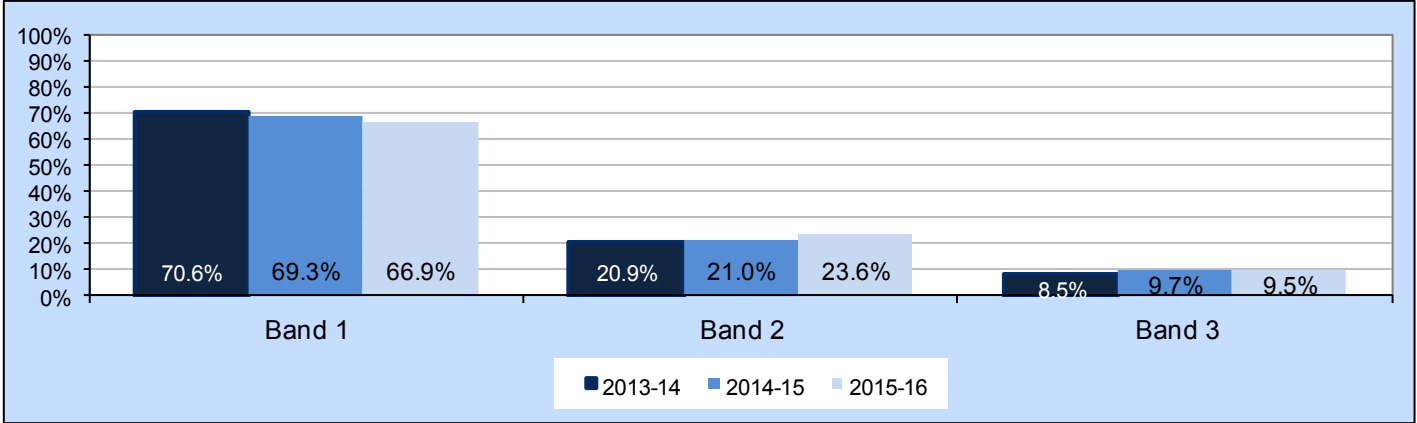
Source: NHS Wales Shared Services Partnership

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.

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

Total tests claimed for under EHEW per 10,000 population (all ages)

Less than 350
350 to 424
425 to 499
500 and over
Wales average 393.7

Betsi Cadwaladr University

Powys Teaching

Hywel Dda University

Cwm Taf University

Aneurin Bevan University

Abertawe Bro Morgannwg University

Cardiff & Vale University

○ Eye Health Examination Wales accredited premises as at 31 March 2016

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

Eye Health Examination Wales accredited premises as a percentage of all premises offering NHS eye care

Less than 75
75 to 84
85 to 94
95 and over
Wales average 87.5%

Betsi Cadwaladr University

Powys Teaching

Hywel Dda University

Abertawe Bro Morgannwg University

Cwm Taf University

Aneurin Bevan University

Cardiff & Vale University

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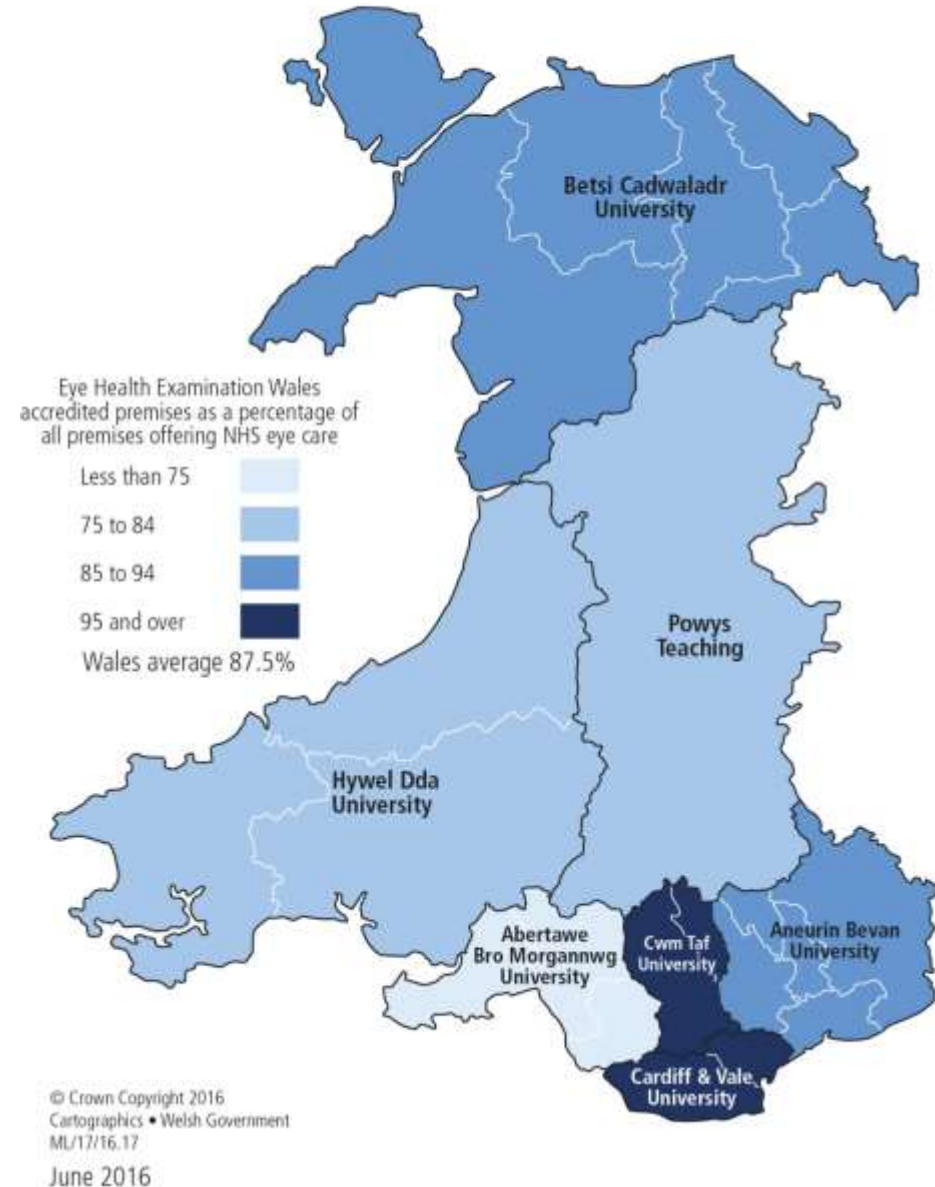
Diabetic Eye Screening Wales (DESW)

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. DESW was known as Diabetic Retinopathy Screening Service Wales (DRSSW) in previous releases.

For more detail about the DESW see the [Key Quality Information](#).

> **Tables 2 & 3** and **Charts 9 & 10** show key statistics for the DESW for 2015-16.

- During 2015-16, 167,668 patients were eligible for the service, a rise from the figure of 158,952 in 2014-15; of the total in 2015-16, 14,012 were new registrations;
- Of the 126,513 results reported from screenings during the year, 27.1 per cent were found to have some degree of diabetic retinopathy (a small number of the total had ungradeable outcomes);
- In 4.3 per cent of cases, potential sight threatening retinopathy was found, but did not necessarily require a referral to Hospital Eye Services;
- Around 15 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;
- 59.5 per cent of patients screened with Type 1 diabetes were found to have some degree of diabetic retinopathy, compared with 25.0 per cent of patients who had Type 2 diabetes.
- Ethnicity was recorded for around 83 per cent of eligible active patients in 2015-16; 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

	2012-13	2013-14	2014-15	2015-16
	149,907	156,351	158,952	167,668
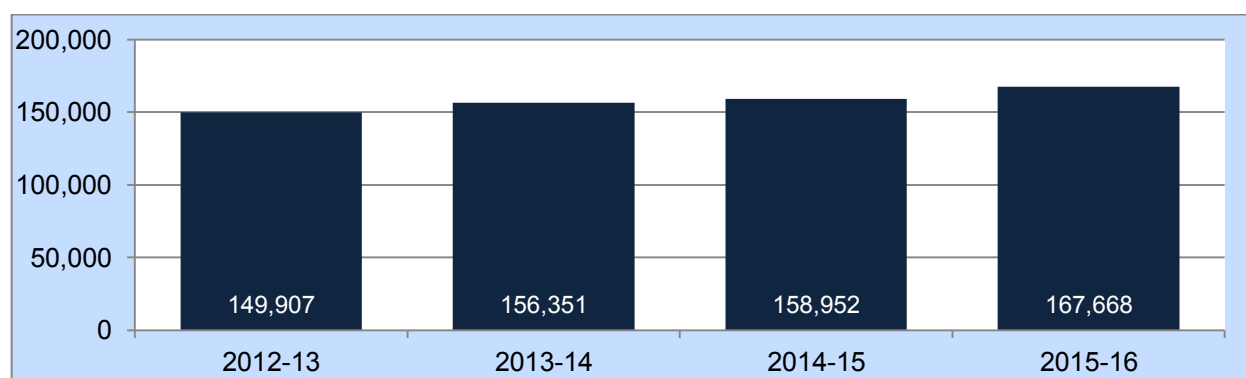
Source: Diabetic Eye Screening Wales (DESW)

Table 2: Summary of key statistics, Diabetic Eye Screening Wales by Health Board, 2015-16

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	35,119	7,494	21,153	30,724	16,658	35,003	21,517	**167,668**
of which: New registrations	3,162	726	2,129	2,310	1,475	2,389	1,821	**14,012**
Scheduled Appointments	33,812	5,593	19,248	29,193	15,806	30,866	20,470	**154,988**
Results Reported [(b)]	27,389	5,940	15,959	23,681	13,066	25,112	15,366	**126,513**
All referrals to Hospital Eye Service [(c)]	877	158	504	716	386	772	544	**3,957**
Urgent referrals to Hospital Eye Service [(c)]	170	19	112	141	78	161	77	**758**
No retinopathy	19,671	4,216	11,305	16,936	9,394	18,087	10,889	**90,498**
Any retinopathy	7,231	1,599	4,332	6,316	3,405	6,598	4,198	**33,679**
Sight threatening Retinopathy/Maculopathy [(d)]	1,084	229	630	1,024	531	1,088	721	**5,307**
Severe Retinopathy/Maculopathy [(d)]	95	8	79	88	46	121	48	**485**
Stable Treated Retinopathy [(d)]	99	30	85	75	65	121	58	**533**

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

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Chart 10: Percentage of any retinopathy reported, by age of patient [a]
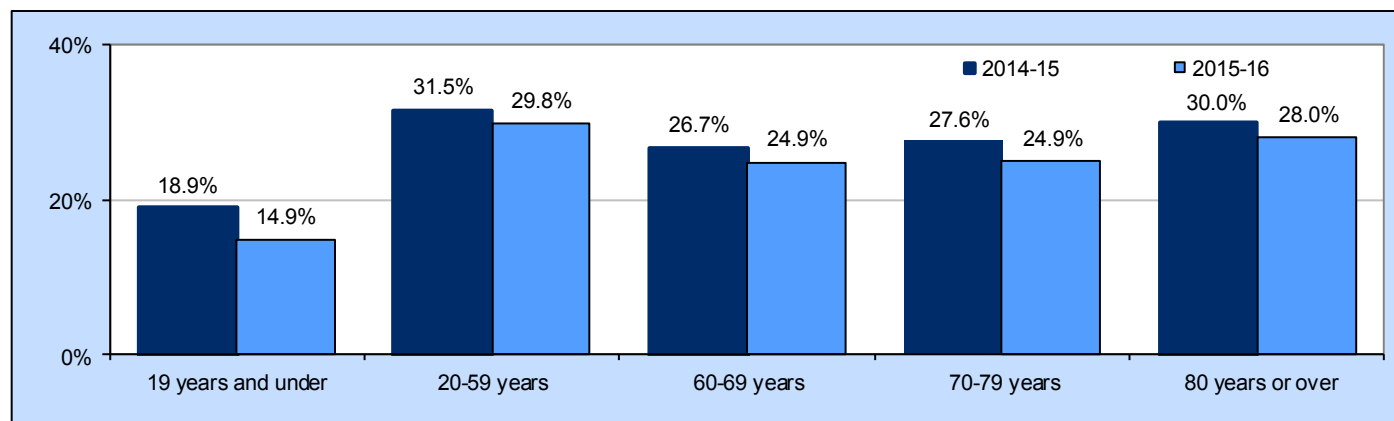
Source: Diabetic Eye Screening Wales (DESW)

(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 3: Diabetic retinopathy screening outcomes, by patient characteristics, 2015-16

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	70,739	455	49,652	19,777	3,237	314	324
Female	53,275	288	38,806	13,471	2,030	163	207
Total (c)	126,513	758	90,498	33,679	5,307	485	533
Type of diabetes:							
Type 1	7,566	156	3,024	4,439	1,131	151	250
Type 2	118,706	597	87,340	29,151	4,152	327	275
MODY (d)	15	0	10	5	1	0	0
Total (e)	126,513	758	90,498	33,679	5,307	485	533
Age:							
19 years and under	921	0	781	136	8	0	0
20-59 years	33,553	232	23,164	10,130	2,134	211	194
60-69 years	34,201	160	25,212	8,537	1,351	131	125
70-79 years	36,149	160	26,425	8,955	1,061	81	132
80 years or over	21,689	206	14,916	5,921	753	62	82
All (f)	126,513	758	90,498	33,679	5,307	485	533
Percentage of results reported (g)							
Gender:							
Male		0.7	71.5	28.5	4.7	0.5	0.5
Female		0.6	74.2	25.8	3.9	0.3	0.4
Total (c)		0.6	72.9	27.1	4.3	0.4	0.4
Type of diabetes:							
Type 1		2.1	40.5	59.5	15.2	2.0	3.3
Type 2		0.5	75.0	25.0	3.6	0.3	0.2
MODY (d)		0.0	66.7	33.3	6.7	0.0	0.0
Total (e)		0.6	72.9	27.1	4.3	0.4	0.4
Age:							
19 years and under		0.0	85.2	14.8	0.9	0.0	0.0
20-59 years		0.7	69.6	30.4	6.4	0.6	0.6
60-69 years		0.5	74.7	25.3	4.0	0.4	0.4
70-79 years		0.5	74.7	25.3	3.0	0.2	0.4
80 years or over		1.0	71.6	28.4	3.6	0.3	0.4
All (f)		**0.6**	**72.9**	**27.1**	**4.3**	**0.4**	**0.4**

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 2500 patients screened.

(d) See notes for definition.

(e) Total includes a small number of other types of diabetes and unspecified types - around 200 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 4 to 9 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 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. In general caution should be exercised in the interpretation of these figures as data quality improvement work is ongoing.

Table 4 shows the number of GP referrals for ophthalmology in Wales for each financial year from April 2012.

- GPs referred around 39,100 patients for ophthalmology first outpatient appointments between April 2015 and March 2016 but a total of around 98,000 referrals (from all sources) for ophthalmology were received.
- Chart 11 shows that over the previous five years the numbers of referrals from GPs has fallen but that all referrals have increased from around 69,100 in the 2012-13 financial year to around 98,000 in the 2015-16 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. Powys received the lowest number in each year.
- The largest rate of GP referrals by 100,000 people was in Cwm Taf at 1,978, the lowest was in Cardiff and Vale at 643. However considering referrals from any source, the highest rate was in Hywel Dda at 4,265 and the lowest in Powys at 2,492 per 100,000 of the population.

For further information on NHS Referrals see:
http://gov.wales/statistics-and-research/nhs-gp-referrals-first-outpatient-appointments/?lang=en
and
https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/Referrals/referrals-by-treatmentfunction-month

Chart 11: Number of GP and all referrals for first outpatient appointment for ophthalmology, by year [a]
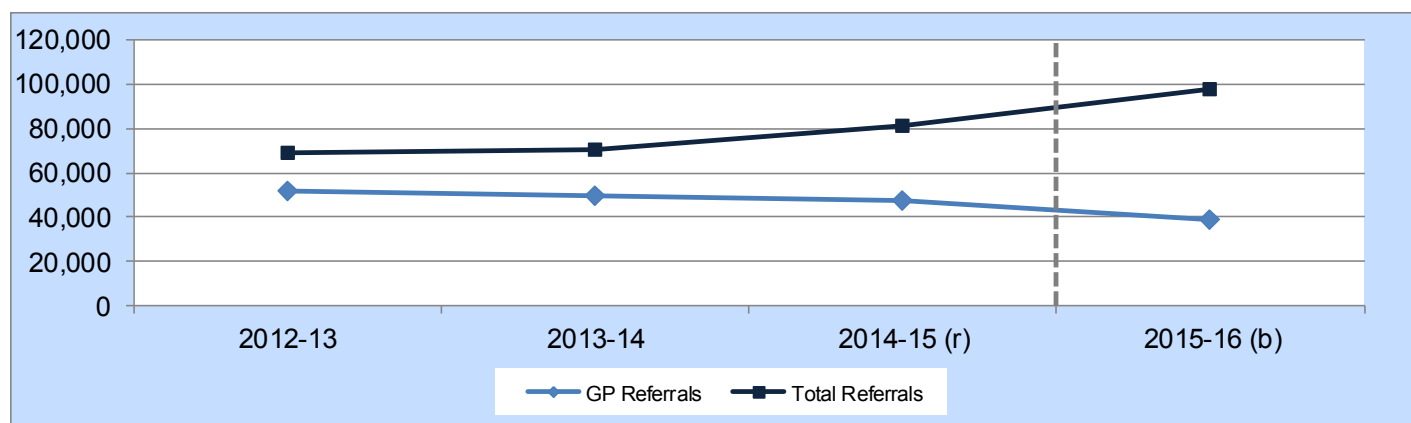
Source: Outpatient Referrals Dataset, NHS Wales Informatics Services (NWIS)

(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 09/05/2016; figures may change following subsequent revisions.
(r) Revisions have been made to the previous year's data - see Notes

Table 4: Number of referrals from GPs for first outpatient appointment for ophthalmology, by Health Board of provider [a]

Health Board	2012-13	2013-14	2014-15 (r)		Number 2015-16	Rate [b] 2015-16
Betsi Cadwaladr University	15,878	14,547	13,746		8,889	1,281
Powys Teaching	1,957	2,145	2,433		2,514	1,895
Hywel Dda University	11,059	8,017	6,792		6,070	1,581
ABMU [c]	6,588	8,904	8,751		5,870	1,122
Cwm Taf University	4,441	4,180	5,320		5,853	1,978
Aneurin Bevan University	7,444	7,317	6,149		6,762	1,165
Cardiff & Vale University	4,661	4,308	3,951		3,097	643
Wales	**52,028**	**49,418**	**47,142**		**39,055**	**1,263**

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.Dow nloaded from StatsWales 09/05/2016; figures may change follow ing subsequent revisions.
(b) Rate is per 100,000 of the population (all ages).
(c) Abertaw e Bro Morgannw g University
(r) Revisions have been made to the previous year's data - see notes.

Table 5: Number of all referrals for first outpatient appointment for ophthalmology, by Health Board of provider [a]

Health Board	2012-13	2013-14	2014-15 (r)		Number 2015-16	Rate [b] 2015-16
Betsi Cadwaladr University	18,874	17,525	20,026		23,083	3,326
Powys Teaching	2,472	2,737	3,189		3,306	2,492
Hywel Dda University	15,616	15,447	15,908		16,379	4,265
ABMU [c]	8,567	11,383	10,390		13,336	2,550
Cwm Taf University	7,421	7,532	9,411		12,307	4,158
Aneurin Bevan University	8,165	7,957	11,513		16,435	2,832
Cardiff & Vale University	7,944	8,195	11,078		13,178	2,734
Wales	**69,059**	**70,776**	**81,515**		**98,024**	**3,170**

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.Dow nloaded from StatsWales 09/05/2016; figures may change follow ing subsequent revisions.
(b) Rate is per 100,000 of the population (all ages).
(c) Abertaw e Bro Morgannw g 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 6a 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 2011 and the length of time waited from referral to treatment.

The number of closed pathways for ophthalmology varied from 92,221 in 2011-12 to 97,775 in 2015-16. 67 per cent of patients in 2015-16 were treated in less than 26 weeks, compared to 78 per cent in 2011-12.

Table 6a: Closed patient pathways for ophthalmology, by grouped weeks wait and financial year [a] [b]

Of those treated within the year, those who waited:	2011-12	2012-13	2013-14	2014-15	2015-16
					Number
Less than 26 weeks	72,370	77,701	73,170	68,306	65,787
26 to 36 weeks	16,066	19,263	13,754	13,405	11,286
Over 36 weeks	3,785	4,650	10,922	14,307	20,702
					Percentage
Less than 26 weeks	*78.5*	*76.5*	*74.8*	*71.1*	*67.3*
26 to 36 weeks	*17.4*	*19.0*	*14.1*	*14.0*	*11.5*
Over 36 weeks	*4.1*	*4.6*	*11.2*	*14.9*	*21.2*
Total Treated	**92,221**	**101,614**	**97,846**	**96,018**	**97,775**

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 09/05/2016; figures may change following subsequent revisions.

Table 6b shows the number of 'patient pathways waiting to start treatment' (that is, relating to patients waiting) for ophthalmology as at 31 March 2016 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 6b: Patient pathways for ophthalmology waiting to start treatment, by grouped weeks wait as at 31 March 2016[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	22,543	2,748	540	25,831
Waiting for diagnostic or AHP test, intervention or result	165	33	19	217
Waiting for follow-up OP appointment or decision (after OP appointment/diagnostic/AHP intervention result) or waiting & stage unknown	1,865	293	59	2,217
Waiting for admitted diagnostic or therapeutic intervention only	7,906	2,160	2,191	12,257
All Stages of Pathway	**32,479**	**5,234**	**2,809**	**40,522**

Percentage

Stage of pathway[c]	Up to 26 weeks	26 to 36 weeks	Over 36 weeks	All
Waiting for new outpatient (OP) appointment	69	53	19	64
Waiting for diagnostic or AHP test, intervention or result	1	1	1	1
Waiting for follow-up OP appointment or decision (after OP appointment/diagnostic/AHP intervention result) or waiting & stage unknown	6	6	2	5
Waiting for admitted diagnostic or therapeutic intervention only	24	41	78	30
All Stages of Pathway	**80**	**13**	**7**	**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 09/05/2016; figures may change following subsequent revisions.

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

- Just over 40,500 patients were waiting for ophthalmology treatment as at March 2016.
- 64 per cent of patient pathways for ophthalmology waiting to start treatment were waiting for a new outpatient appointment.
- Overall 7 per cent of patients had waited more than 36 weeks on their pathway as at 31 March 2016.

For further information on Referral to treatment times see:
http://gov.wales/statistics-and-research/referral-to-treatment-times/?lang=en,
https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment/treatedpatients-by-month-localhealthboard-weekswaiting,
and
https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment/patientpathwayswaitingtostarttreatment-by-month-groupedweeks

Hospital admissions and outpatients:

Tables 7 to 9 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 2014-15, there were 17,064 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 has fallen each year until 2013-14 when it increased by around 1,000; however in 2014-15 the decreasing trend continued once again .The numbers of admissions for age related macular degeneration have fluctuated between around 6,200 and 7,300 between 2010-11 and 2014-15.
- In 2014-15, there were 322,612 attendances to ophthalmology outpatient appointments in Welsh hospitals.
- Of these, 76,346 were new appointments and 246,266 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 7: Number of admissions (inpatient and day case) for hospital eye care in Wales, by principle diagnosis and year

					Number
Principle Diagnosis [a]	2010-11 [r]	2011-12 [r]	2012-13 [r]	2013-14 [r]	2014-15
Age-related macula degeneration	6,205	7,325	6,247	6,652	6,308
Cataract	17,423	16,848	16,778	17,632	17,064
Glaucoma	762	761	882	982	814
Diabetic retinopathy	152	145	163	146	148

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

					Number	Rate [b]
Health Board	2010-11	2011-12 [r]	2012-13	2013-14 [r]	2014-15	2014-15
Betsi Cadwaladr University	4,408	4,934	4,577	4,715	4,292	2,821
Powys Teaching	374	329	427	513	598	1,780
Hywel Dda University	2,030	1,250	1,423	1,929	1,770	2,008
ABMU [c]	3,723	3,525	3,764	3,933	3,885	3,818
Cwm Taf University	1,708	1,564	1,609	1,538	1,048	1,933
Aneurin Bevan University	2,274	2,374	2,255	2,419	2,449	2,215
Cardiff & Vale University	1,892	2,143	1,978	1,869	2,273	3,058
Wales	**16,409**	**16,119**	**16,033**	**16,916**	**16,315**	**2,654**

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) Abertaw e Bro Morgannw g University

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

Table 9: Number of outpatient attendances (new and follow up) for ophthalmology by year and Health Board [(a) (b)]

Health Board	2010-11	2011-12	2012-13	2013-14	Number 2014-15	Rate [(c)] 2014-15
New attendances:						
Betsi Cadwaladr University	23,351	22,671	20,530	21,196	19,582	2,821
Powys Teaching	1,990	1,962	1,734	1,721	1,795	1,353
Hywel Dda University	11,617	9,955	10,411	10,864	10,988	2,862
ABMU[(d)]	17,985	17,494	17,664	17,785	15,440	2,952
Cwm Taf University	9,539	10,529	8,531	7,142	5,964	2,015
Aneurin Bevan University	10,515	10,536	12,475	11,140	10,613	1,829
Cardiff & Vale University	10,593	12,623	11,824	10,734	11,964	2,482
Wales	**85,590**	**85,770**	**83,169**	**80,582**	**76,346**	**2,469**
Follow up attendances:						
Betsi Cadwaladr University	60,058	61,231	60,972	62,131	63,924	9,210
Powys Teaching	2,603	2,421	2,575	2,668	2,780	2,095
Hywel Dda University	34,118	37,482	32,510	37,706	38,094	9,921
ABMU[(d)]	53,507	58,509	56,026	58,426	56,537	10,810
Cwm Taf University	31,036	36,624	37,424	27,634	23,333	7,884
Aneurin Bevan University	20,187	23,248	23,132	24,374	24,580	4,235
Cardiff & Vale University	32,815	34,919	35,058	36,171	37,018	7,680
Wales	**234,324**	**254,434**	**247,697**	**249,110**	**246,266**	**7,965**

Source: Outpatient Dataset & ONS, NWIS

(a) From the 2013-14 edition of this release the Outpatient Dataset (OPDS) 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
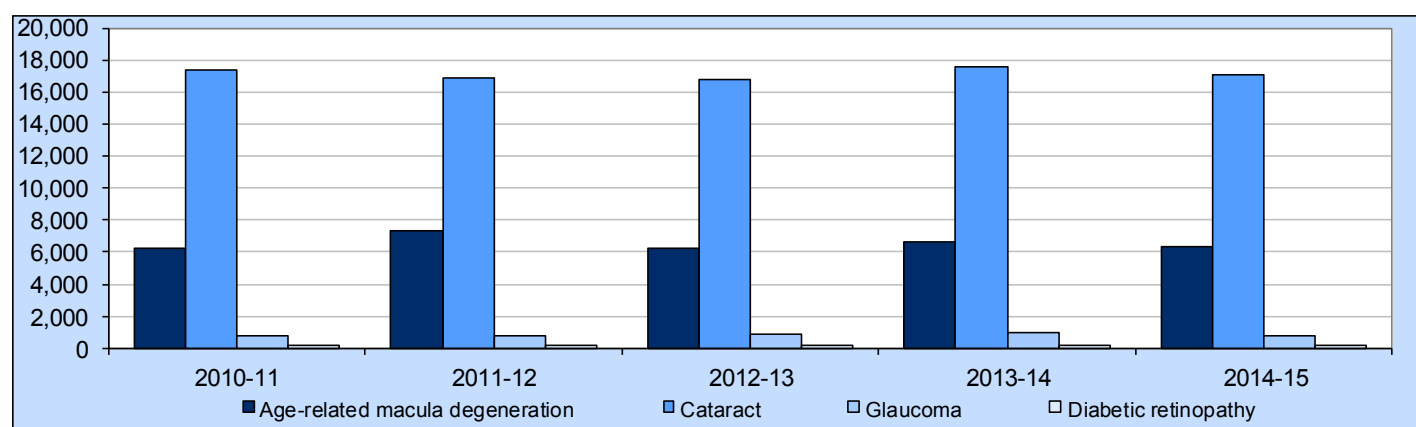
Source: Patient Episode Database for Wales (PEDW), NWIS

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 202(r) optometry practices in Wales where practitioners are accredited to provide the service (31 March 2016). 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 10 and **11** and **Charts 13, 14** and **15** show assessment statistics for the Low Vision Service Wales for 2015-16.

- A total of 8,049 assessments were carried out by the service during 2015-16, a rise from 7,790 in 2014-15;
- Just less than two thirds (64.7 per cent) of these were for patients aged 80 or over.

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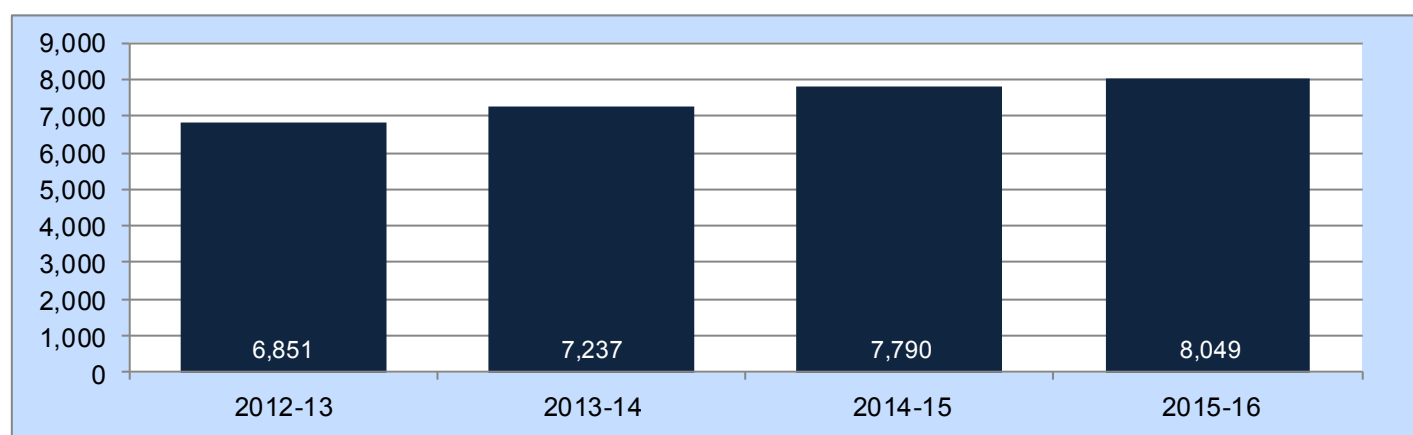
Source: Low Vision Service Wales

Table 10: Low Vision Service Wales assessments by age group of patient, 2015-16

					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	22	95	331	975	1,423	66
Powys Teaching	4	28	64	220	316	65
Hywel Dda University	10	91	345	876	1,322	107
ABMU[b]	18	98	416	908	1,440	100
Cwm Taf University	8	58	190	415	671	85
Aneurin Bevan University	21	142	438	970	1,571	97
Cardiff & Vale University	19	105	335	847	1,306	120
Wales	**102**	**617**	**2,119**	**5,211**	**8,049**	**91**

Source: Low Vision Service Wales & ONS

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

(b) Abertaw e Bro Morgannw g University

(r) Revised on 25/07/2016. Please see [Key quality](#) section for more information.

Chart 14: Low Vision Service Wales assessments by age group of patient (percentage), 2014-15 and 2015-16
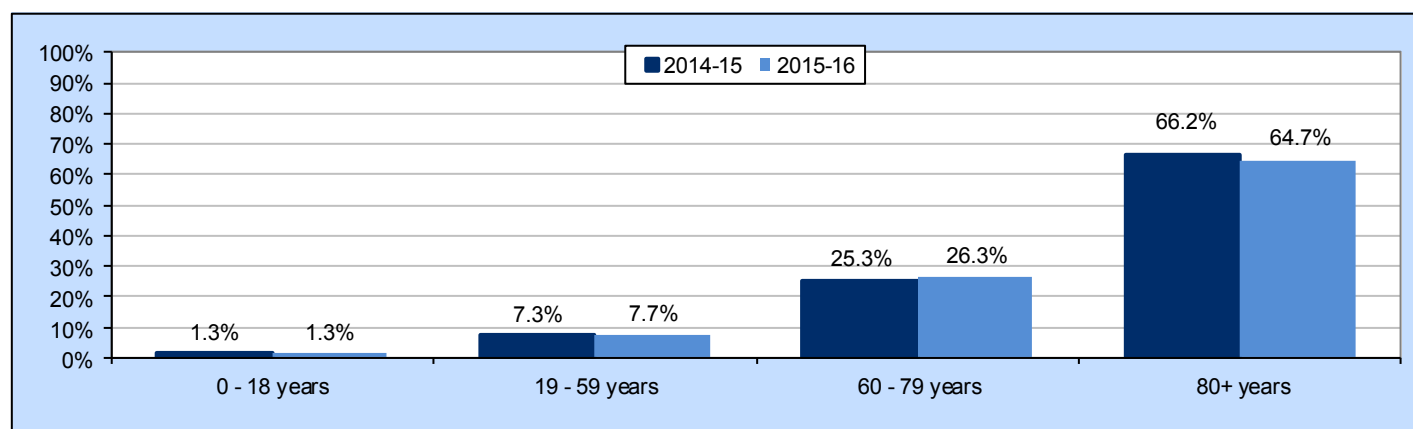
Source: Low Vision Service Wales

- Patients reported dry age related macular degeneration (AMD) in more than half of assessments, cataracts in more than a third of assessments and hearing problems and wet AMD in just over a fifth.
- Additional data from the LVSW database (and not presented in tables) shows that:
  - 43.5 per cent of assessments were for patients who lived alone;
  - 20.3 per cent of assessments were domiciliary visits;
  - 65.0 per cent of assessments were for female patients.
  - LVSW collects data about the ethnicity of their patients. 94 assessments in 2015-16 (1.2 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 11: Number of patients reporting following conditions by Health Board, 2015-16 [a]

Number

Health Board	Wet AMD	Dry AMD	Glaucoma	Diabetic	Cataracts	Nystagmus	Hearing Problems
Betsi Cadwaladr University	369	788	215	80	407	22	470
Powys Teaching	88	191	40	26	59	6	37
Hywel Dda University	214	667	200	91	623	24	201
ABMU[b]	268	769	214	107	514	21	346
Cwm Taf University	133	389	84	39	246	14	142
Aneurin Bevan University	337	797	192	110	681	37	236
Cardiff & Vale University	337	626	186	63	445	39	194
Wales	**1,746**	**4,227**	**1,131**	**516**	**2,975**	**163**	**1,626**

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, 2015-16 [a]
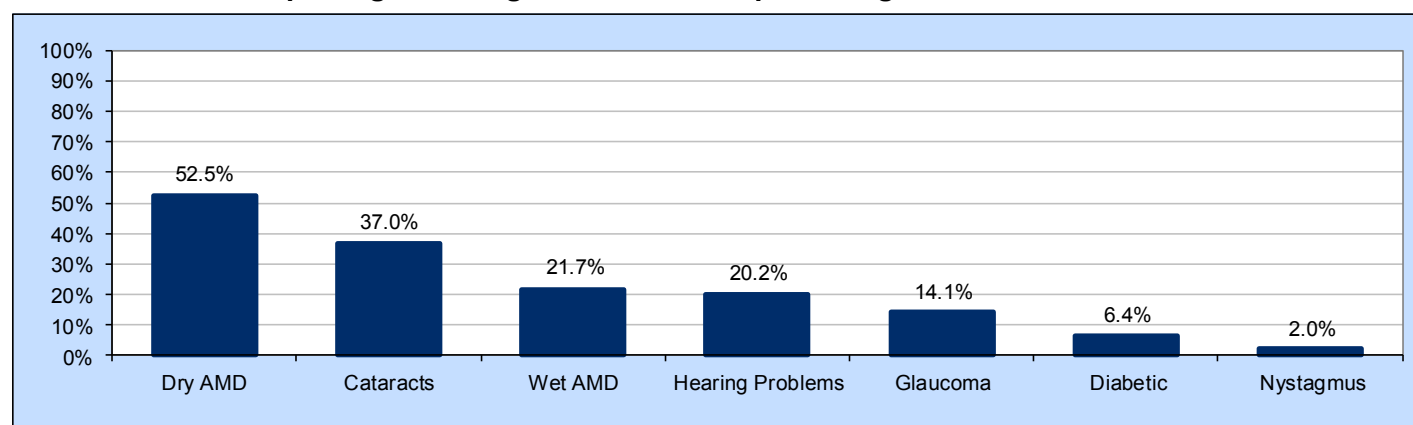
Source: Low Vision Service Wales

(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 **12** and **13** shows statistics for referrals of new patients to and from the Low Vision Service Wales and the visual acuity of patients for 2015-16.

- A total of 3,784 new patient referrals were made to the LVSW and a total of 1,434 new patient referrals were made from the LVSW in 2015-16;
- Over three quarters (76 per cent) of people assessed by the LVSW had a visual acuity of worse than 6/12.

Table 12: New patient referrals to LVSW and from LVSW by referral source / destination, Wales 2015-16

Referral Source/Destination	New patient referrals [a] to LVSW from:		New patient referrals [a] [b] from LVSW to:	
	Number	*Percentage*	*Number*	*Percentage*
Optometrist	2,432	64.3	-	-
Ophthalmology	316	8.4	272	19.0
Social services	393	10.4	358	25.0
Voluntary sector	95	2.5	552	38.5
GPs	32	0.8	151	10.5
Friend/relative/self	294	7.8	-	-
Other sources/destinations [c]	185	4.9	101	7.0
Total [d]	**3,784**	**100.0**	**1,434**	**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 37 referrals to LVSW had no recorded source.

Table 13: Low Vision Service Wales assessments by visual acuity recorded and Health Board, 2015-16

	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	261	56	327	353	227	483	263	1,970
Worse than 6/12 but better than 6/60	801	172	655	785	316	759	680	4,168
6/60 or worse [b]	361	88	339	299	128	326	362	1,903
Total stated [c]	1,423	316	1,321	1,437	671	1,568	1,305	8,041
Visual acuity [a]								*Rate per 100,000*
6/12 or better	38	42	85	67	77	83	55	64
Worse than 6/12 but better than 6/60	115	130	171	150	107	131	141	135
6/60 or worse [b]	52	66	88	57	43	56	75	62
Total stated [c]	205	238	344	275	227	270	271	260

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 8 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

Low Vision Service Wales accredited premises as at 1 April 2015

Number of persons over 60 that have had LVS assessment, per 10,000 population aged 60 and over

Less than 70.0
70.0 to 89.9
90.0 to 109.9
110 and over

Wales average 91.4

Betsi Cadwaladr University

Powys Teaching

Hywel Dda University

Cwm Taf University

Aneurin Bevan University

Abertawe Bro Morgannwg University

Cardiff & Vale University

(a) Includes 20 practices which only provide domiciliary visits, 15 of which their Local Health Board is known but not their premises location.

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

LVS accredited premises as a percentage of all premises offering NHS eye care

Less than 50
50 to 60
60 to 70
70 and over

Wales average 56.1%

Betsi Cadwaladr University

Powys Teaching

Hywel Dda University

Abertawe Bro Morgannwg University

Cwm Taf University

Aneurin Bevan University

Cardiff & Vale University

(r) Revised on 22/07/2016

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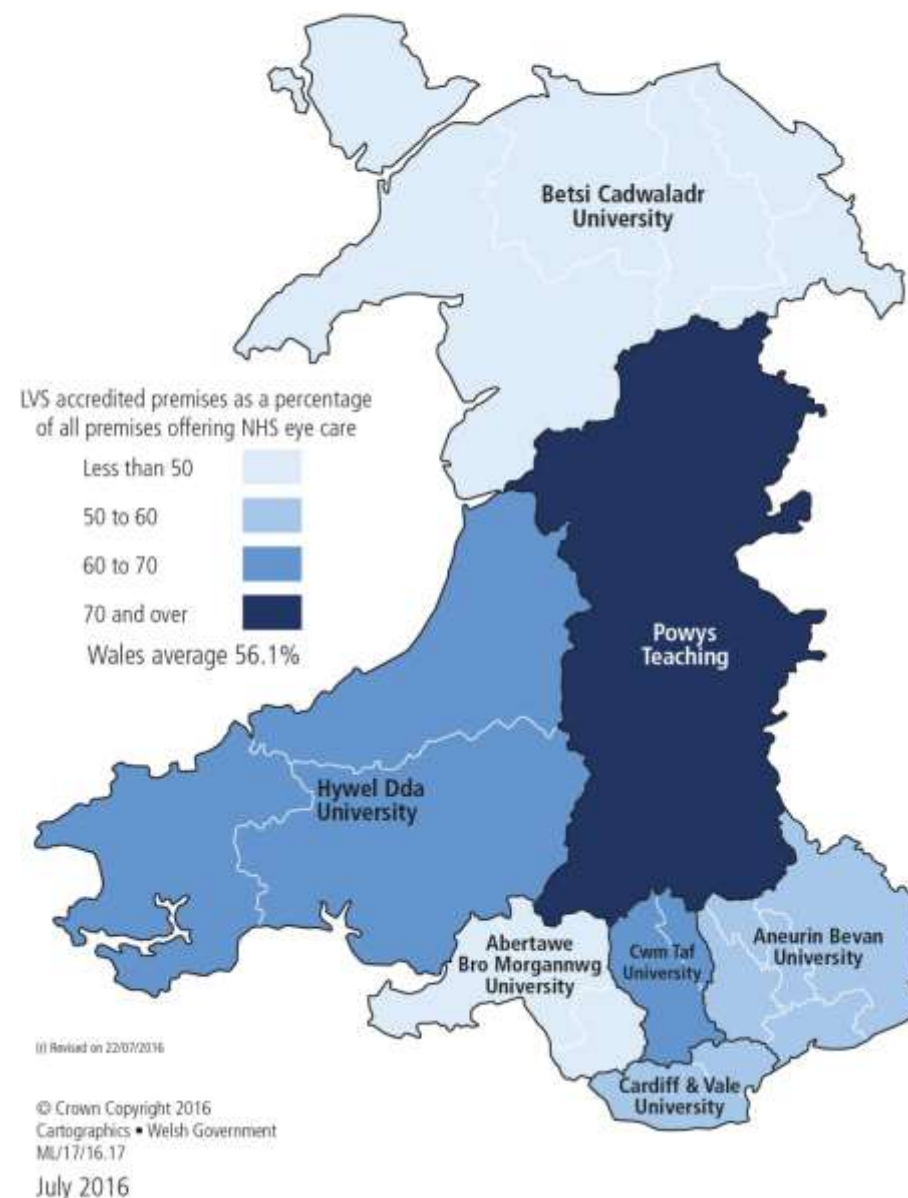
Sight impairment

The Welsh Health Survey reported that, in 2015, 6 per cent of adults were recorded as having eyesight difficulties. 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 14 and **Chart 16** show summary statistics for sight impairment registrations for 2015-16.

- ◆ At 31 March 2015, 15,905 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 a decrease of over a thousand people from 31 March 2014;
- ◆ 7,800 people were registered as severely sight impaired at 31 March 2015; 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
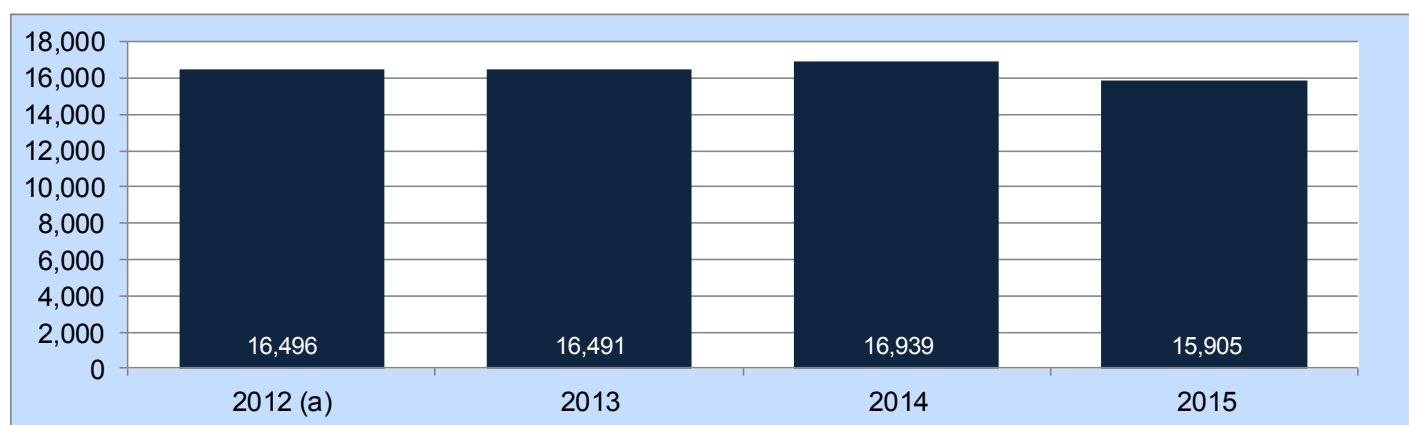
Source: Local Authorities (Form SSDA900)

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

Table 14: Number of people registered with a visual impairment by Health Board, at 31 March 2015 [a]

Health Board	Sight impaired			Severely sight impaired			
	Not hearing impaired	Hearing impaired [b]	Total	Not hearing impaired	Hearing impaired	Total	Total sight impaired
Betsi Cadwaladr University	1,295	109	1,404	1,390	228	1,618	3,022
Powys Teaching	266	0	266	330	40	370	636
Hywel Dda University	963	124	1,087	792	104	896	1,983
ABMU[d]	1,384	237	1,621	1,378	217	1,595	3,216
Cwm Taf University	666	17	683	736	43	779	1,462
Aneurin Bevan University	1,634	120	1,754	1,085	103	1,188	2,942
Cardiff & Vale University	1,228	62	1,290	1,253	101	1,354	2,644
Wales	**7,436**	**669**	**8,105**	**6,964**	**836**	**7,800**	**15,905**
							Rate [c]
Betsi Cadwaladr University	*187*	*16*	*202*	*200*	*33*	*233*	*435*
Powys Teaching	*200*	*0*	*200*	*249*	*30*	*279*	*479*
Hywel Dda University	*251*	*32*	*283*	*206*	*27*	*233*	*516*
ABMU[d]	*265*	*45*	*310*	*263*	*41*	*305*	*615*
Cwm Taf University	*225*	*6*	*231*	*249*	*15*	*263*	*494*
Aneurin Bevan University	*282*	*21*	*302*	*187*	*18*	*205*	*507*
Cardiff & Vale University	*255*	*13*	*268*	*260*	*21*	*281*	*549*
Wales	***240***	***22***	***262***	***225***	***27***	***252***	***514***

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) Abertaw e Bro Morgannw g 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 as a public health indicator.

> **Tables 15** and **16,** and **Charts 17** and **18** shows summary statistics for new CVIs for 2014-15.

- Of 1,243 new CVIs for 2014-15 received by Moorfield's hospital, 55.4 per cent were aged 80 years or over;
- 74.6 per cent of new registers aged 65 or over were diagnosed with age related macular degeneration as the cause of sight impairment, a rise from 70.3 per cent the previous year;
- 16.2 per cent aged 40 or over were diagnosed with glaucoma as the cause, this was the same percentage as last year;
- 7.2 per cent aged 12 or over were diagnosed with diabetic eye disease as the cause; this is a decrease of 0.4 percentage points from the percentage in 2013-14.
- A rate of 113 people per 100,000 aged 65 or over were diagnosed with age related macular degeneration as the cause of sight impairment, 11 people per 100,000 aged 40 or over with glaucoma and 3 people per 100,000 aged 12 or over with diabetic eye disease.
- Around 90 per cent of new CVIs include a record of the ethnicity of the patient; of these, around 2 per cent were for people recording themselves in categories other than 'white'; this is a similar percentage as 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

	2011-12	2012-13	2013-14	2014-15
	1,463	1,362	1,302	1,243
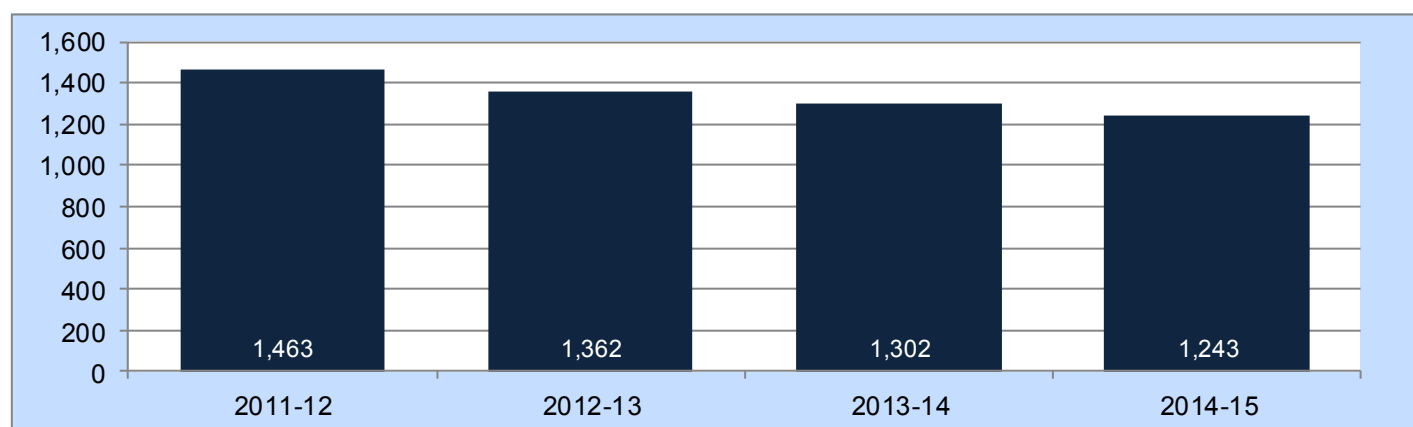
Source: Moorfields Eye Hospital

Table 15: Number of people newly certified Severely Sight Impaired and Sight Impaired by age group and Health Board, 2014-15

Number

Health Board	19 years and under	20-59 years	60-79 years	80 years or over	Total [a]
Betsi Cadwaladr University	12	36	67	152	**267**
Powys Teaching	*	*	12	41	**58**
Hywel Dda University	4	14	30	98	**146**
ABMU[b]	14	45	67	128	**254**
Cwm Taf University	*	*	24	65	**115**
Aneurin Bevan University	17	48	50	129	**244**
Cardiff & Vale University	13	28	34	70	**145**
Wales [c]	**66**	**199**	**288**	**689**	**1,243**

Source: Moorfields Eye Hospital

(a) Total includes age not stated and disclosive figures
(b) Abertaw e Bro Morgannw g University
(c) Wales total includes area unknow n and disclosive figures
* The data item is disclosive or not sufficiently robust for publication

Table 16: Number of people newly certified Severely Sight Impaired and Sight Impaired by cause and Health Board, 2014-15

Health Board	Age related macula degeneration (AMD) [b]		Glaucoma [c]		Diabetic eye disease [d] [e]	
	Number	Rate per 100,000 [f]	Number	Rate per 100,000 [g]	Number	Rate per 100,000 [h]
Betsi Cadwaladr University	149	98	45	12	15	2
Powys Teaching	35	104	10	12	*	*
Hywel Dda University	94	107	23	11	8	2
ABMU[i]	137	135	30	11	24	5
Cwm Taf University	68	125	9	6	7	3
Aneurin Bevan University	131	118	43	14	25	5
Cardiff & Vale University	74	100	19	9	*	*
Wales [a]	**697**	**113**	**179**	**11**	**86**	**3**

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, 2013-14 and 2014-15
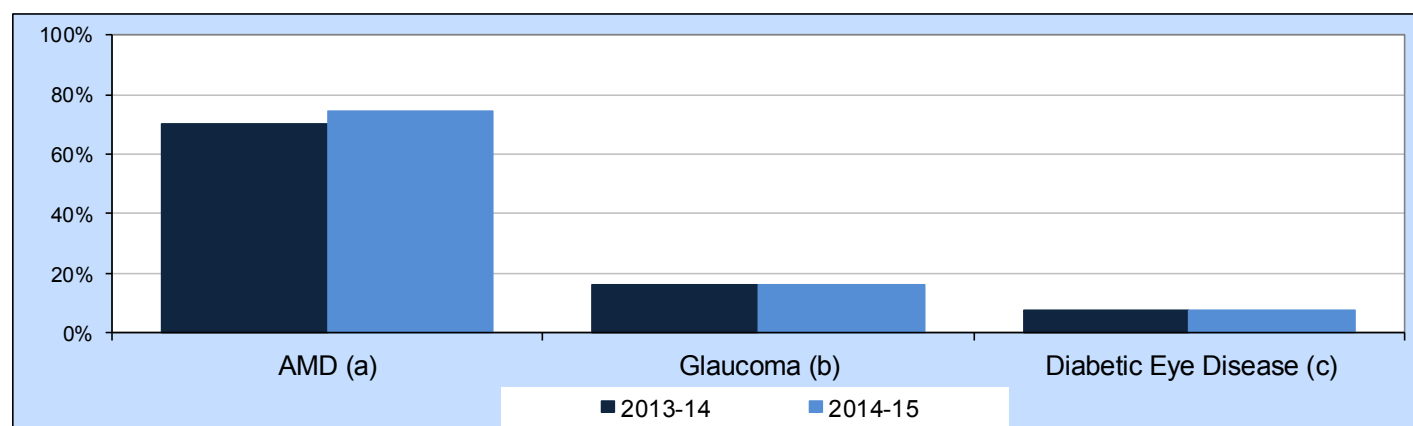
Source: Moorfields Eye Hospital

(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 the Information Centre and re-used in Welsh Government statistics: General Ophthalmic Services, Workforce Statistics for England and Wales 31 December 2015.

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. For further information about NHS workforce data see: http://gov.wales/statistics-and-research/staff-directly-employed-nhs/?lang=en

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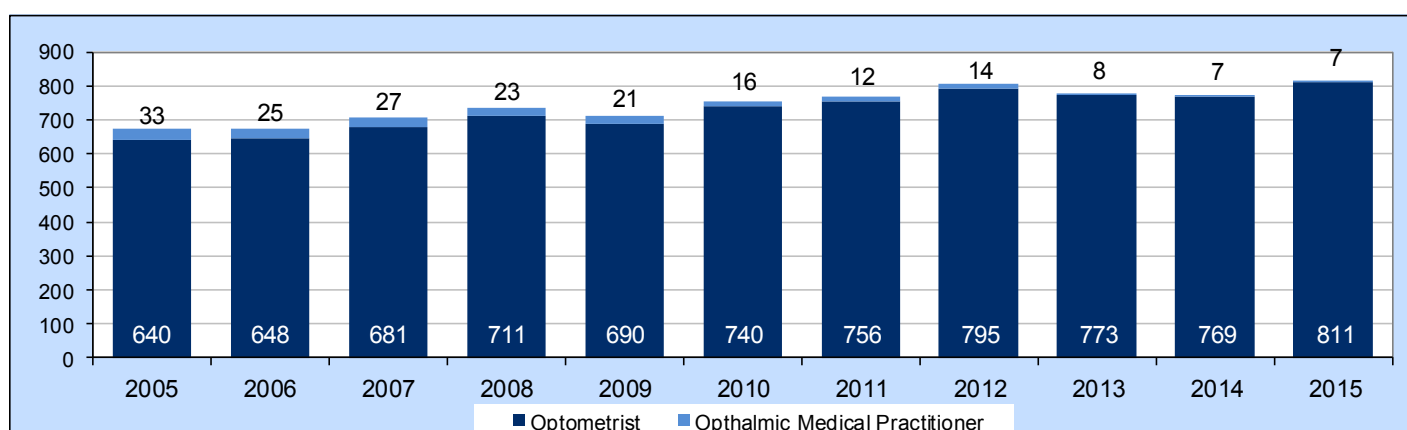
Primary care workforce

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 2014-15.

Chart 19: Number of practitioners, by year

Source: Health and Social Care Information Centre publication; General Ophthalmic Services: Workforce Statistics for England and Wales

- At 31 December 2015 there were 818 practitioners recorded on the Health Board's Performers List, 145 (21.5 per cent) more than in 2005. Not all practitioners recorded on the List will have carried out sight tests paid for by the NHS.
- The majority of practitioners were Optometrists: 99.1 per cent in 2015, the same percentage as in 2014.

Chart 20: Number of practitioners per 10,000 population, by Health Board, 2015
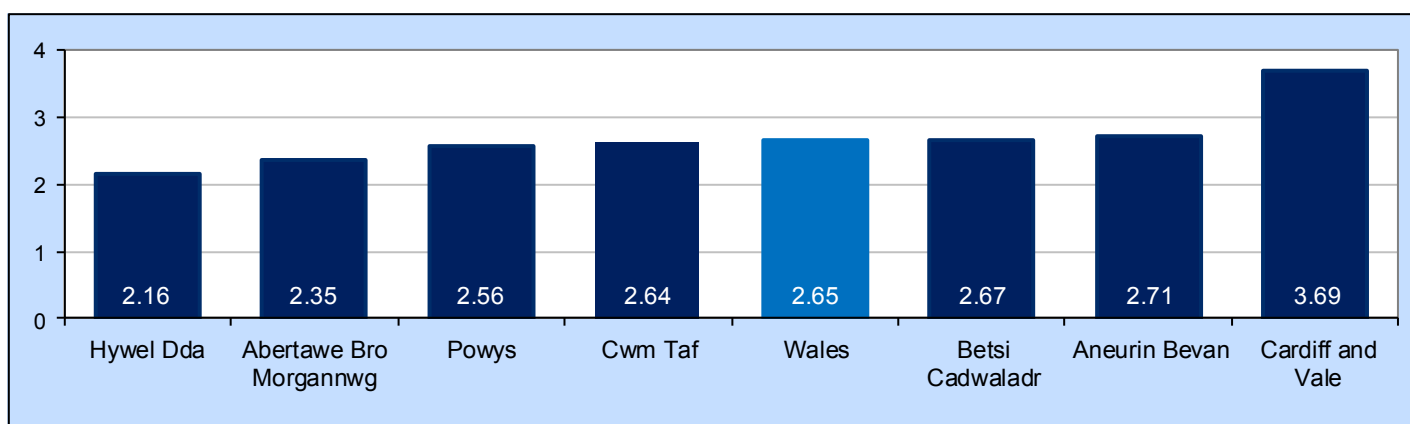

Source: Health and Social Care Information Centre publication; General Ophthalmic Services: Workforce Statistics for England and Wales; ONS: mid year estimates 2014

31

♦ Cardiff and Vale Health Board had the highest number of practitioners per 10,000 population (3.69) and Hywel Dda Health Board the lowest (2.16).

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, 2015
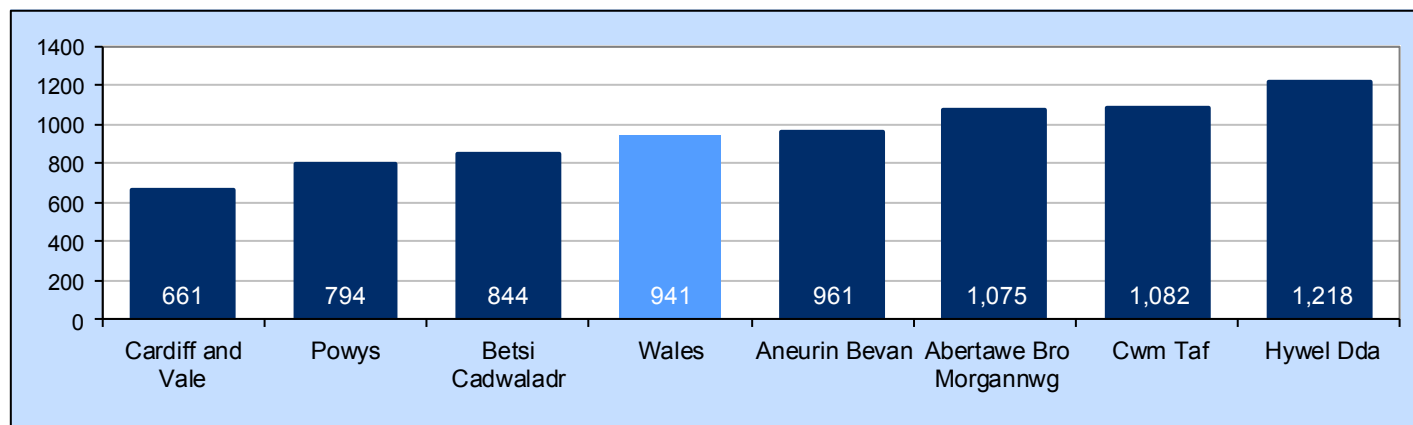
Source: NHS Wales Shared Services Partnership

♦ More sight tests per practitioner were carried out (paid for by the NHS) in Hywel Dda Health Board (1,218) than in any other Health Board, Cardiff and Vale Health Board had the lowest number (661).

Hospital workforce

Table 17 shows trends from 2007 to 2015 in the numbers of ophthalmology doctors working in Welsh hospitals.

Table 17: Ophthalmology doctors directly employed by the NHS (whole time equivalent numbers), by year [a]

	2007	2008	2009	2010	2011	2012	2013	2014	2015 [b] [c]
All Opthalmology doctors									
Number	130.9	131.8	135.7	136.9	134.2	143.6	143.6	143.0	134.1
Number per 10,000 population	0.4	0.4	0.4	0.5	0.4	0.5	0.5	0.5	0.4

Source: Electronic Staff Record

(a) Data are as at 30 September each year.

(b) 2015's rate is calculated using the mid year estimates from 2014.

(c) The assignment count for 2015 is not yet available

♦ As at 30 September 2015 there were just over 134 whole time equivalent ophthalmology doctors directly employed by the NHS in Wales.

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 18 below are based on data from the 2015 Welsh Health Survey.

- 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 18: 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.
Table 19 below summarises the results of these questions.

- 72% of respondents had their eyes tested at least once every two years.
- 57% of people aged 25 to 44 had their eyes tested at least once every two years, compared with 91% 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. 69% said that this was because they hadn't experienced any eye problems, 20% hadn't had a reminder, 14% were too busy, and 4% 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. 60% said they would contact their GP and 34% their optician.

More detail and commentary is published at:
http://gov.wales/statistics-and-research/national-survey/?lang=en
More information about new content of the survey can be found at:
http://gov.wales/statistics-and-research/nationals-survey/content-materials/materials-2014-15/?lang=en

Table 19: National Survey - adults' reported last sight test, reasons for not having had a test and first contact if pain or redness, 2014-15

Eyes tested at least once every two years   *Percentage*

By age group:	16-24	25-44	45-64	65-74	75 and over	16+
	59	57	78	90	91	72

By Health Board, adults aged 16+:		Reason for not having eyes tested more frequently [a] [b]	
Betsi Cadwaladr University Health Board	71	Haven't had eye problems	69
Powys Teaching Health Board	70	Haven't thought about it / had a reminder	20
Hywel Dda University Health Board	74	Too busy	14
Abertawe Bro Morgannwg University Health Board	68	Hard to get an appointment	-
Cwm Taf University Health Board	77	Transport issues / can't get there	-
Aneurin Bevan University Health Board	74	Too expensive	4
Cardiff & Vale University Health Board	70	Glasses / contact lenses are too expensive	2
		Don't want to wear glasses / contact lenses	2
Wales	72	Know sight is getting worse but too late to address	-
		Don't like eye tests	1
		Other	5

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

	16-24	25-44	45-64	65-74	75 and over	16+
GP	64	60	61	60	55	60
Optometrist/ Optician	26	34	33	36	44	34

Source: National Survey for Wales 2014-15

(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.

- Value suppressed due to small cell size.

Additional details including analysis by Health Board for General Ophthalmic Statistics and workforce information can be found on the StatsWales service (www.statswales.gov.wales).

Key Quality information

Information on all our eye care related statistics is available from:
http://gov.wales/statistics-and-research/eye-care/?lang=en

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 the Health and Social Care Information Centre (HSCIC) who still publish ophthalmic workforce statistics.

Throughout the release a number of eye related conditions are referred to. A background on these conditions are available from:
http://www.rnib.org.uk/eyehealth/eyeconditions/eyeconditionsdn/Pages/eye_conditions_dn.aspx

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 at: www.eyecarewales.nhs.uk

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 200 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 Moorfield's 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: http://www.connectingforhealth.nhs.uk/systemsandservices/ssd/products_and_services/vaprodopth

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
- Prisoners on leave (until 2013)
- 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 at:
https://www.gov.uk/government/collections/universal-credit-statistics

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
- Prisoners on leave (until 2013)
- 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 at:
http://www.diabetes.org.uk/Guide-to-diabetes/Complications/Retinopathy/

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: see http://www.diabetes.org.uk/Guide-to-diabetes/Introduction-to-diabetes/What_is_diabetes/mody/

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 http://www.eyecare.wales.nhs.uk/drssw).

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. 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:
http://gov.wales/statistics-and-research/nhs-gp-referrals-first-outpatient-appointments/?lang=en
and
https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Activity/Referrals/referrals-by-treatmentfunction-month

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:
http://gov.wales/statistics-and-research/referral-to-treatment-times/?lang=en,
https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment/treatedpatients-by-month-localhealthboard-weekswaiting,
and
https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Referral-to-Treatment/patientpathwayswaitingtostarttreatment-by-month-groupedweeks

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:
http://www.rnib.org.uk/eye-health/eye-conditions

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 Moorfield's 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: http://www.phoutcomes.info/

Workforce
Primary Care workforce
Numbers of **practitioners** are obtained from the Performers Lists, as at 31 December each year. This data is published annually by HSCIC and re-used in Welsh Government statistics:
General Ophthalmic Services, Workforce Statistics for England and Wales 31 December 2015.

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:
http://gov.wales/statistics-and-research/staff-directly-employed-nhs/?lang=en

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:
http://gov.wales/statistics-and-research/welsh-health-survey/?lang=en
Technical documentation can be found at:
http://gov.wales/statistics-and-research/welsh-health-survey/quality-report/?lang=en

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:
http://gov.wales/statistics-and-research/national-survey/?lang=en
More information about new content of the survey can be found at:
http://gov.wales/statistics-and-research/nationals-survey/content-materials/materials-2014-15/?lang=en

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: 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.

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.

Revisions
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.
The number of LVSW accredited practices was revised on 25/07/2016 due to a processing error being identified after publication. This changed the figure from 216 practices to 202.

Population
ONS mid year estimates of population are used in this release; for 2015-16 the 2014 mid year estimates have been used as estimates for 2015 were not available at the time of publication. There estimates are published on our StatsWales here:
https://statswales.gov.wales/Catalogue/Population-and-Migration/Population/Estimates

Users and uses of these statistics
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.

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

Eye Care statistics for England are available from the Health and Social Care Information Centre (HSCIC) and data on CVIs for England can be found at: http://www.phoutcomes.info/

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

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.

We would welcome comments from users on content and presentation. If you have any comments or require further information, please contact:
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