



Sensory Health: Eye Care and Hearing Statistics, 2017-18 & 2018-19 - Revised

27 June 2019
SFR 50/2019(R)

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

In addition, the report includes selected statistics on the numbers of people suffering from hearing loss, using hearing aids and accessing hospital care for hearing related conditions.

These statistics help to monitor the delivery of current services and provide evidence from which current eye health and audiology policies based on and evaluated.

For further background information see the [Key Quality Information](#) and [Notes](#) sections and the associated [Quality Report](#). All published tables and further data are available in a spreadsheet [Annex](#).

About this release

This report will be updated every two years and contains the latest available data (not all data is available for both 2017-18 and 2018-19).

This Statistical First Release provides a summary of sensory care services offered to people with poor eye health and hearing loss; both of which are common and growing problems in Wales. The report also presents data which is available from routine administrative sources.

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73%
of adults
aged 16 or over
reported that they have
their eyes tested at least
once every two years

Source: National Survey

19 per cent of adults
aged 16 or over
reported having
difficulty with their
hearing in 2018-19



Source: National Survey

Key Facts:

Sight loss

- 73 per cent of adults aged 16 or over reported that they have their eyes tested at least once every two years (National Survey for Wales 2018-19).

Primary eye care services

- During the year 2018-19, 795,188(r) General Ophthalmic Service sight tests were paid for by the NHS, a 0.6(r) per cent increase on the previous year.
- 184,366 examinations were carried out under Eye Health Examinations Wales (EHEW) scheme.
- Of the 114,309 patients screened with results reported by the Diabetic Eye Screening Wales Service in 2017-18, 28.9 per cent were found to have some degree of diabetic retinopathy (a small number were ungradeable).

Hospital eye services

- There were 322,744 attendances at ophthalmology outpatient appointments in Welsh hospitals in 2017-18.
- Health boards received 107,448 referrals for ophthalmology in 2018-19, of which 33,357 were from GPs.

Rehabilitation

Low Vision Service Wales:

- 9,183 assessments were carried out by the Low Vision Service Wales in 2018-19; 1,102 more assessments than in 2017-18.

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

- At 31 March 2018, over 15,000 people were registered with a visual impairment, of whom around half were registered as severely sight impaired and half as sight impaired.
- 1,455 people were newly certified as sight impaired in 2017-18; over 52 per cent of these were aged 80 years or over.

Workforce

- There were 875 practitioners carrying out sight tests paid for by the NHS at 31 December 2018, 34 (4 per cent) more than in the previous year, and an increase of 141 (19.2 per cent) since December 2008.
- At 30 September 2018 there were 133.9 whole time equivalent ophthalmology doctors directly employed by the NHS in Wales.

Hearing

- The National Survey Wales recorded that 19 per cent of adults reported having difficulty with their hearing in 2018.
- At 31 March 2019, no patients had been waiting for a hearing aid for more than the target 14 weeks.
- At 30 September 2018 there were 117.0 whole time equivalent otolaryngology doctors directly employed by the NHS in Wales.

(r) Data item revised on 27 June 2019 due to a processing error

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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.

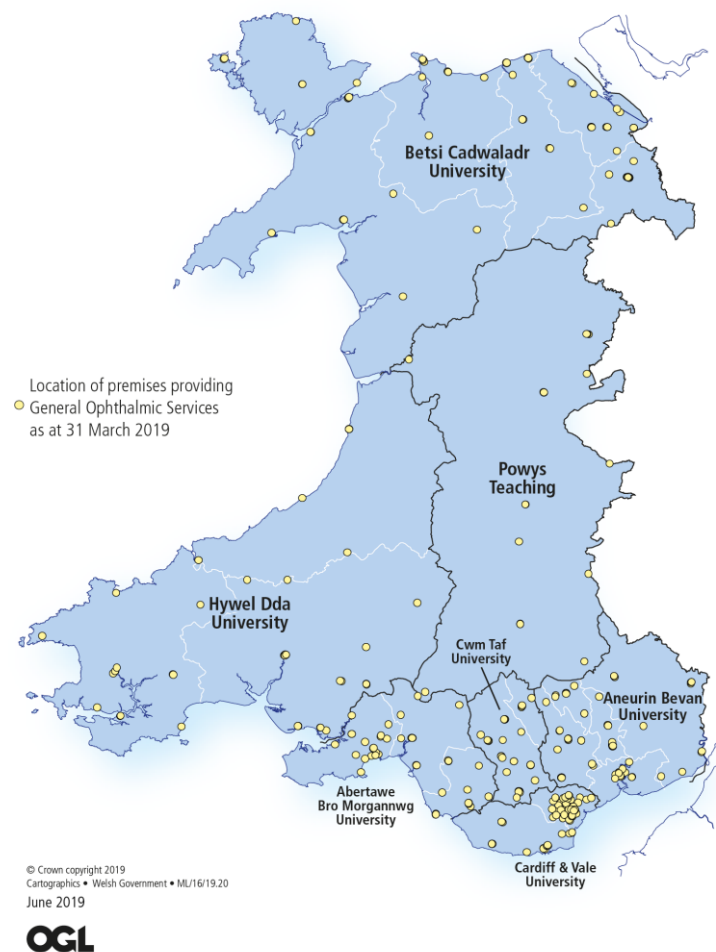
Many people qualify for a free NHS General Ophthalmic Service (GOS) sight test, including:

- 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](#).

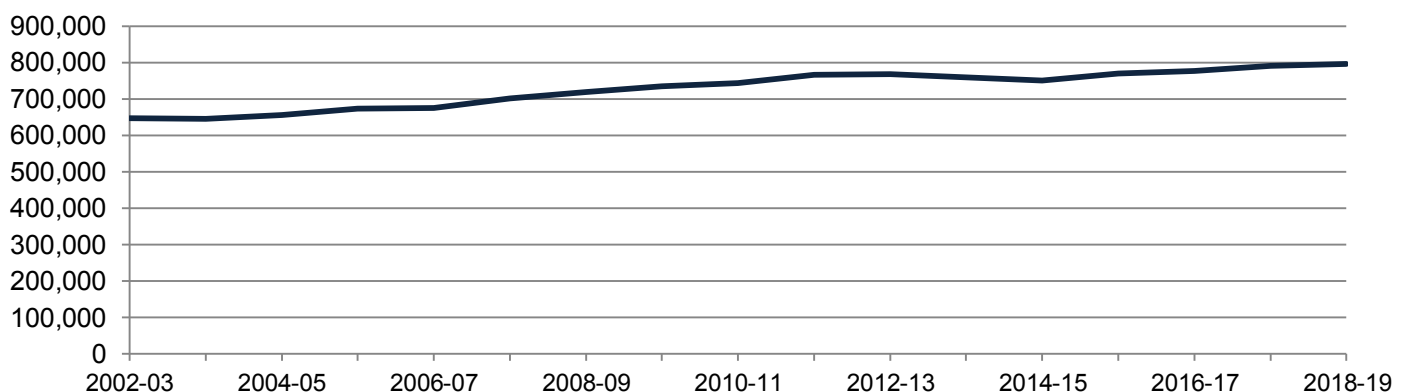
For tables relating to the GOS see the spreadsheet [Annex](#) and [StatsWales](#).

Map 1: Location of premises providing General Ophthalmic Services, Wales, 31 March 2019



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

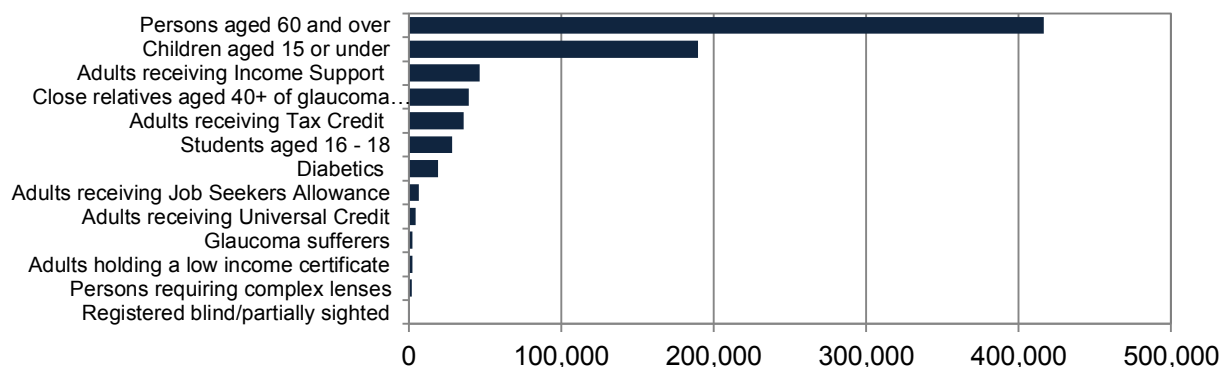
Chart 1: Number of sight tests paid for by the NHS, by year - Revised



Source: NHS Wales Shared Services Partnership

- 795,188 (r) sight tests were paid for by the NHS in 2018-19. This was an increase of 0.6 (r) per cent between 2017-18 and 2018-19, and an increase of 10.6 (r) per cent since 2008-09. Note that 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, 2018-19 ^(a) - Revised



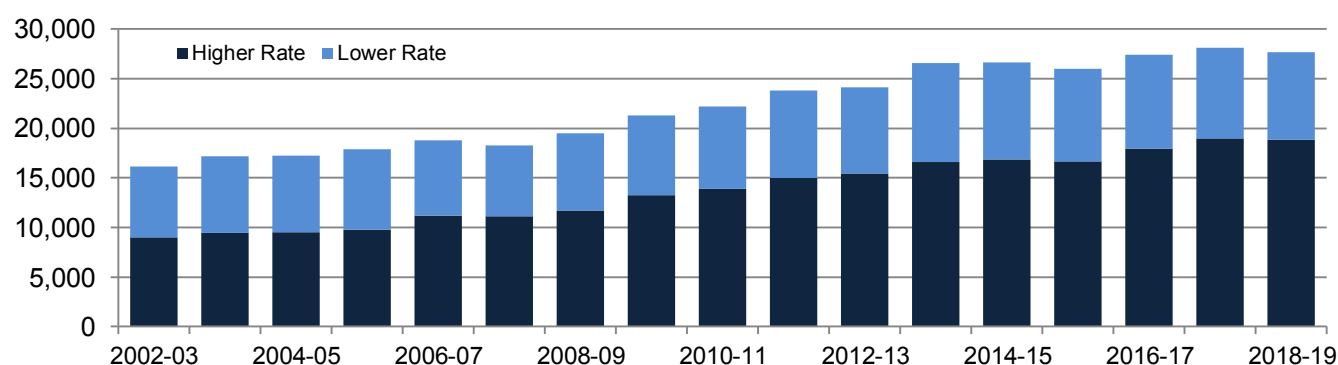
Source: NHS Wales Shared Services Partnership

(a) Data based on a 2% sample; the number of sight tests by patient eligibility are grossed up to sum to the known LHB total. 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.

See [notes](#) at the end of the section for inclusions in each category.

- Sight tests for people aged 60 or over accounted for over half (52.4 per cent) of sight tests paid for by the NHS in 2018-19.
- Note: people may qualify for a sight test paid for by the NHS on more than one criterion although they would only be recorded against one criterion on the GOS form. Patients are more likely to be recorded according to their clinical need rather than their age. For example, a patient aged over 60, with glaucoma is likely to be recorded in the glaucoma category only. The count by eligibility is therefore approximate.

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

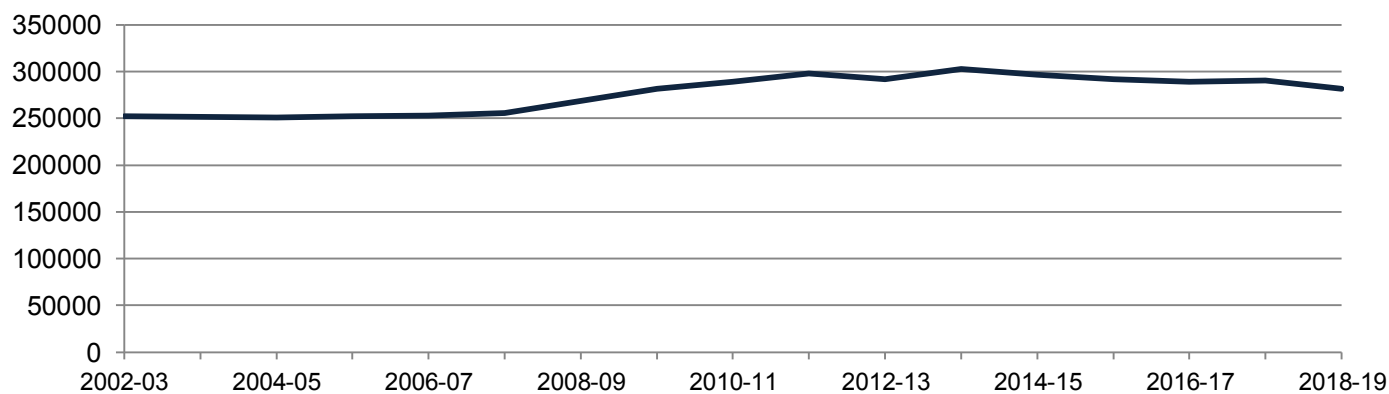


Source: NHS Wales Shared Services Partnership

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

- The majority of sight tests paid for by the NHS are conducted at practitioners' premises however a small proportion are conducted away from ophthalmic premises (including people's homes and residential homes). In 2018-19, 27,663 domiciliary sight tests were paid for by the NHS, a decrease of 1.5 per cent since the previous year. Of these 68.3 per cent were paid at the higher rate (where the patient is the first or second to be seen at an address) and 31.7 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

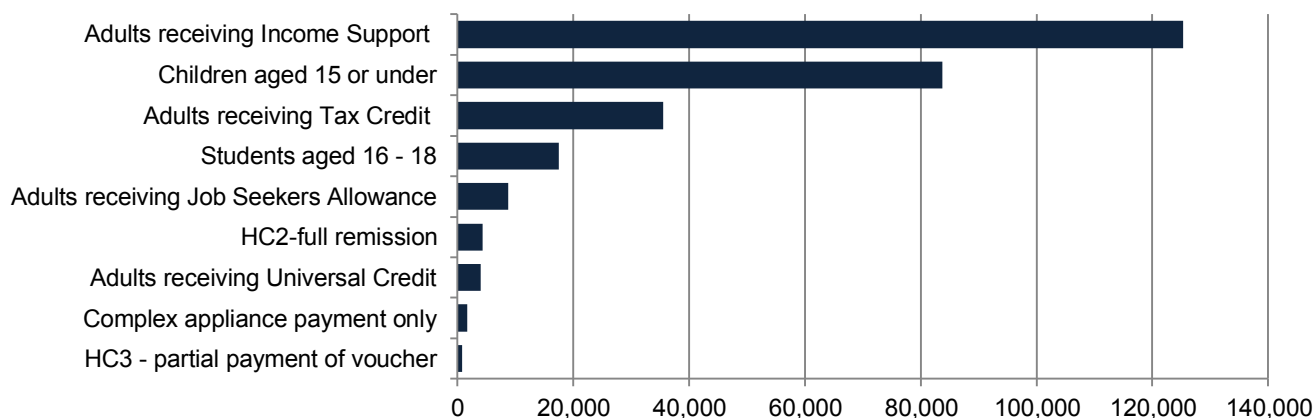


Source: NHS Wales Shared Services Partnership

Note: Patients may receive a voucher for more than one pair of spectacles.

- 281,582 optical vouchers were processed in 2018-19. This was a decrease of 3.3 per cent between 2017-18 and 2018-19, but a 4.9 per cent increase in the decade since 2008-09.

Chart 5: Number of NHS optical vouchers processed, by eligibility, 2018-19^(a)

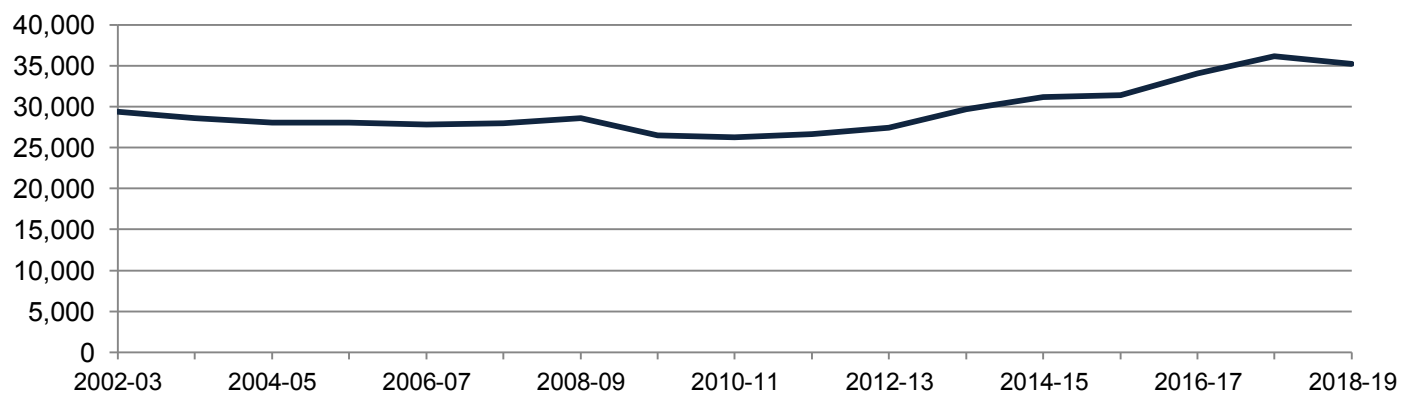


Source: NHS Wales Shared Services Partnership

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

- Adults receiving Income Support accounted for nearly half (44.5 per cent) of NHS optical vouchers processed in 2018-19.

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 35,203 in 2018-19. This was a decrease of 2.8 per cent between 2017-18 and 2018-19, but an increase of 23.0 per cent in the decade since 2008-09.

Notes to [Chart 2](#) and [Chart 5](#):

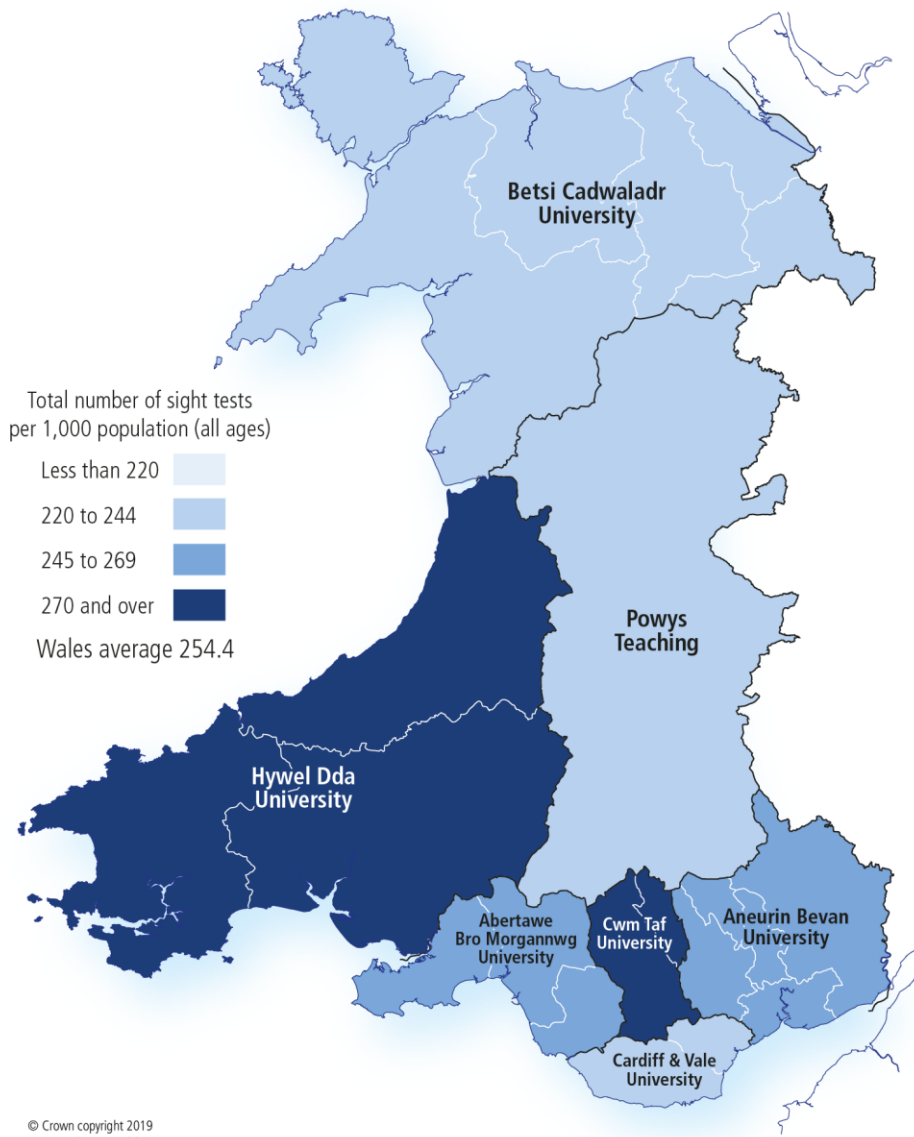
People may qualify for a sight test paid for by the NHS on more than one criterion. However, they would only be recorded against one criterion on the form. Patients are more likely to be recorded according to their clinical need rather than their age.

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

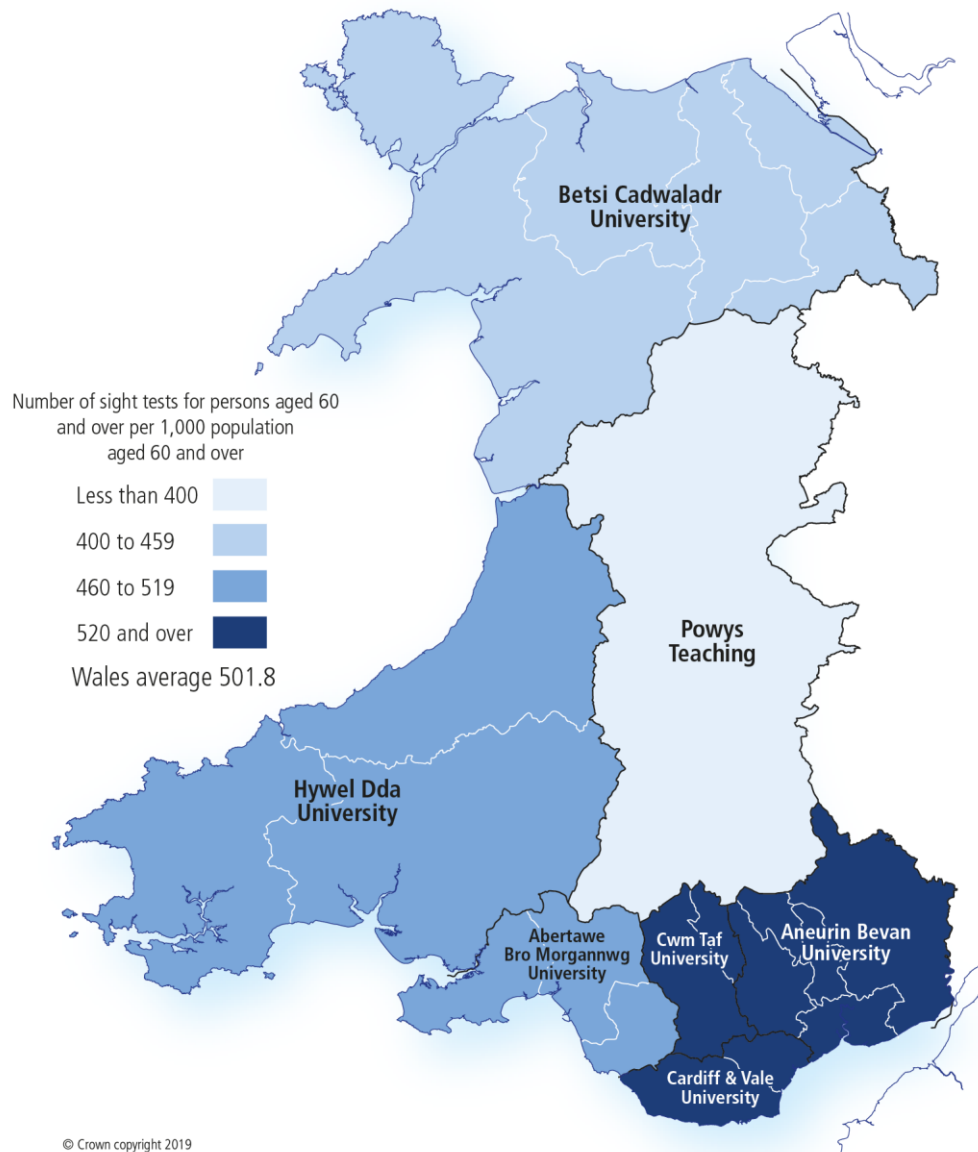
Separation of figures for diabetics and glaucoma sufferers was introduced in 2013.

[Map 2](#), [Map 3](#), [Map 4](#) and [Map 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.

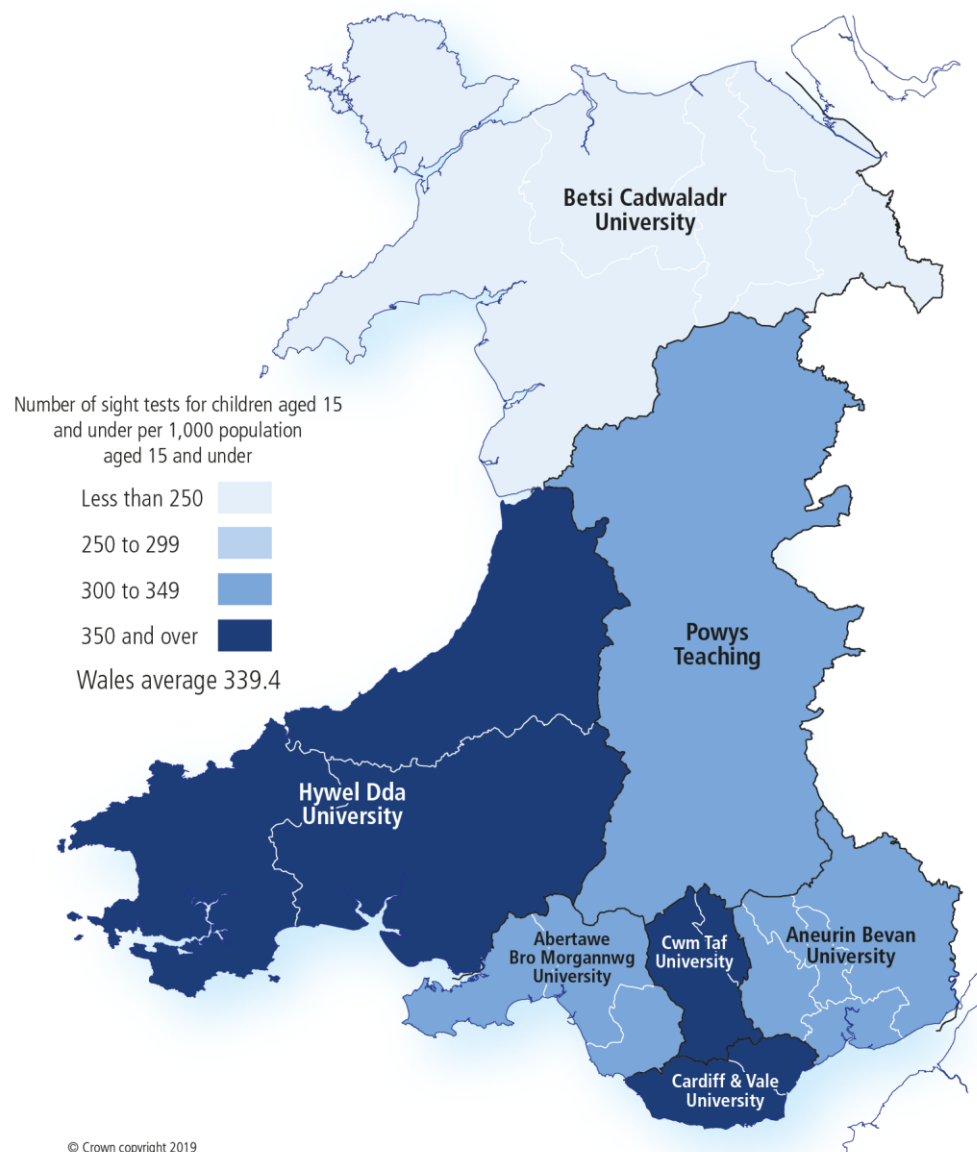
Map 2: Total number of NHS sight tests per 1,000 population (all ages) by Health Board, 2018-19



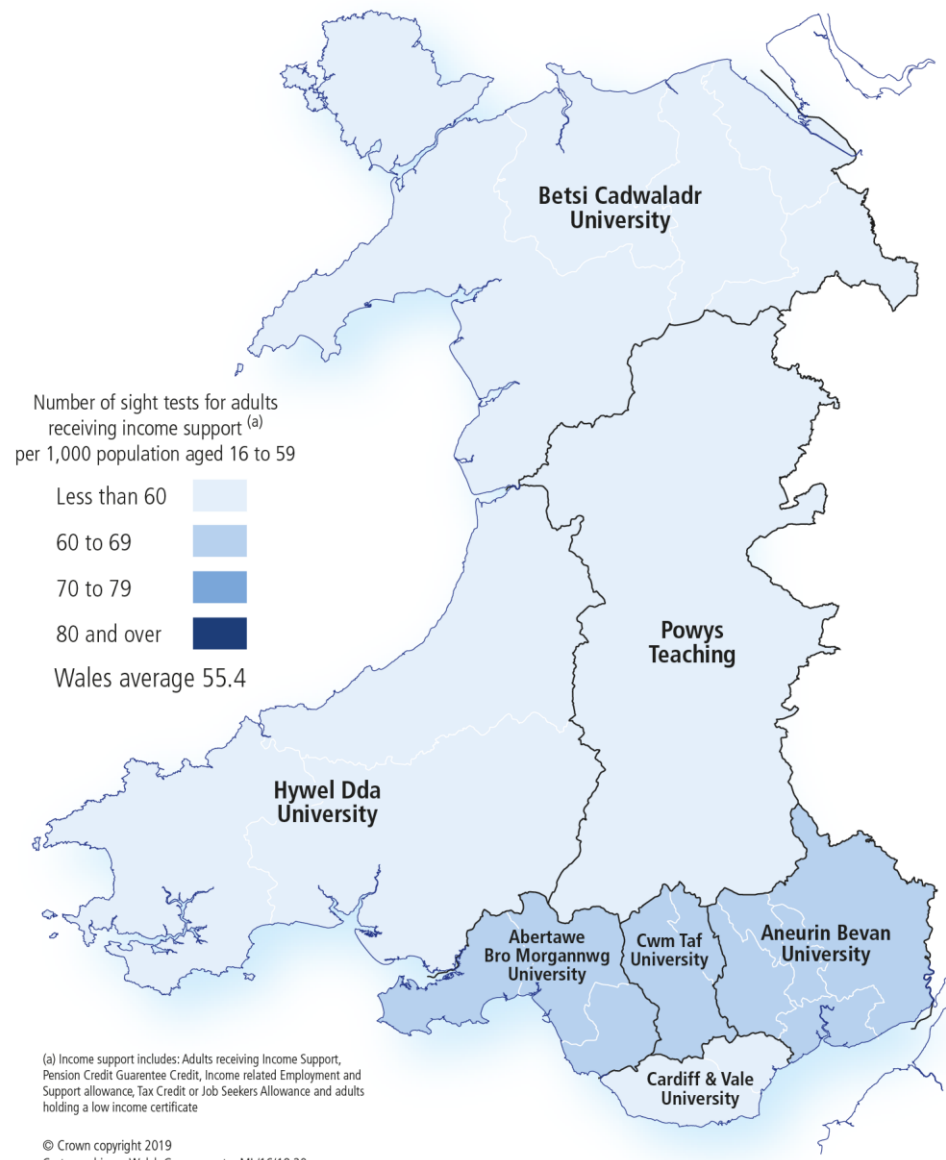
Map 3: Number of NHS sight tests for persons aged 60 and over per 1,000 relevant population by Health Board, 2018-19



Map 4: Number of NHS sight tests for children aged 15 and under per 1,000 relevant population by Health Board, 2018-19



Map 5: Number of NHS sight tests for adults receiving income support ^(a) per 1,000 population aged 16 to 59 by Health Board, 2018-19



(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

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 were 324 optometry practices in Wales where practitioners are accredited to provide the service (31 March 2019).

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: [Wales Eye Care Services](#)

[Table 1a](#) and [Table 2a](#) and [Chart 7](#) and [Chart 8](#) show the number and percentage of examinations carried out under the EHEW scheme and paid for during 2018-19, by band, as described above, by health board and by age of patient.

[Table 3](#) and [Table 4](#) show the number and percentage of Band 1 examinations claimed for under the EHEW scheme by selected reasons for attendance, selected symptoms.

- During 2018-19, 184,366 examinations were carried out under the EHEW, amounting to 589.9 examinations per 10,000 resident population.
- Just over 59 per cent of these were band 1 claims.
- More than half (56 per cent) of examinations were for patients aged 60 or over.
- 74 per cent of band 1 examinations had acute eye problem recorded as a reason for attendance.

- Acute vision problem as a symptom increased with age; 15 per cent of band 1 examinations of patients 19 or under had acute vision problem recorded as a symptom, whereas 29 per cent of band 1 examinations of patients aged 80 or over had acute vision problem recorded as a symptom.
- Patients having red eye decreased with age; 42 per cent of band 1 examinations of patients 19 or under had red eye recorded as a symptom, while 25 per cent of band 1 examinations of patients aged 80 or over had red eye recorded as a symptom.

Table 1a: Number of examinations claimed for ^(a) under the Eye Health Examination Wales scheme, by band and health board, for 2018-19

	Health Board							Number
	Betsi	Powys	Hywel Dda	ABM ^(f)	Cwm Taf	Aneurin	Cardiff &	Wales
	Cadwaladr					Bevan	Vale	
Eye Care Examination								
Band 1 ^(b)	17,365	4,017	12,566	16,136	13,918	22,497	22,776	109,275
Band 2 ^(c)	9,269	1,192	9,132	5,425	4,670	7,955	7,238	44,881
Band 3 ^(d)	4,972	1,077	4,246	4,664	4,183	6,271	4,797	30,210
Total	31,606	6,286	25,944	26,225	22,771	36,723	34,811	184,366
Rate ^(e)	453.9	474.4	675.2	493.1	761.4	624.8	705.5	589.9

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

Table 1b: Number of examinations claimed for ^(a) under the Eye Health Examination Wales scheme, by band and health board, for 2017-18

	Health Board							Number
	Betsi	Powys	Hywel Dda	ABM ^(f)	Cwm Taf	Aneurin	Cardiff &	Wales
	Cadwaladr					Bevan	Vale	
Eye Care Examination								
Band 1 ^(b)	15,441	3,814	11,708	16,184	12,825	21,604	21,387	102,963
Band 2 ^(c)	8,038	1,074	8,699	5,016	4,383	7,235	7,040	41,485
Band 3 ^(d)	3,310	956	3,603	4,104	3,478	5,772	4,242	25,465
Total	26,789	5,844	24,010	25,304	20,686	34,611	32,669	169,913
Rate ^(e)	385.7	440.6	626.5	481.6	697.1	594.9	673.9	548.3

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.

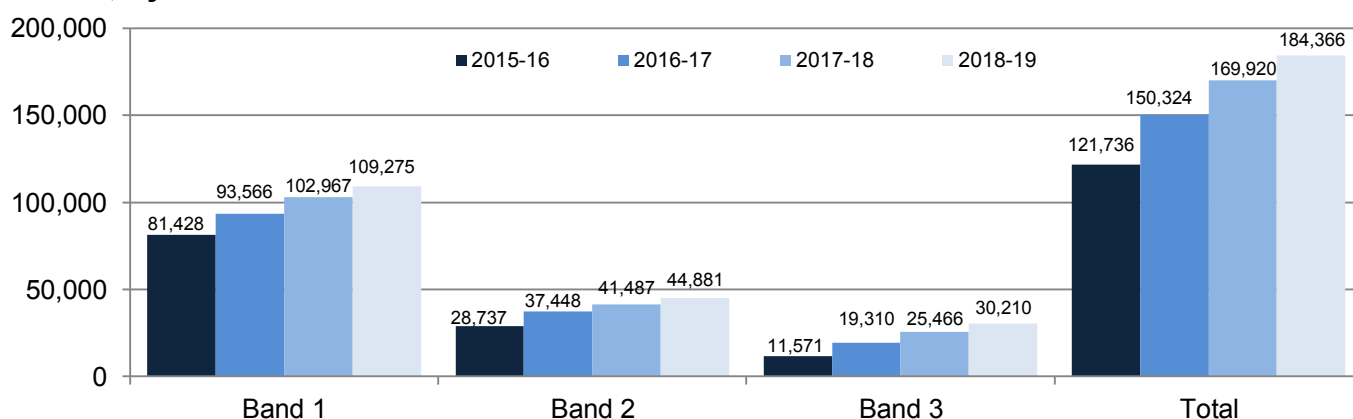
(c) Band 2: These examinations enable patients to have additional investigations so that the optometrist or OMPs can further inform their referral, investigate clinical findings or determine management after a sight test (GOS or private).

(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)

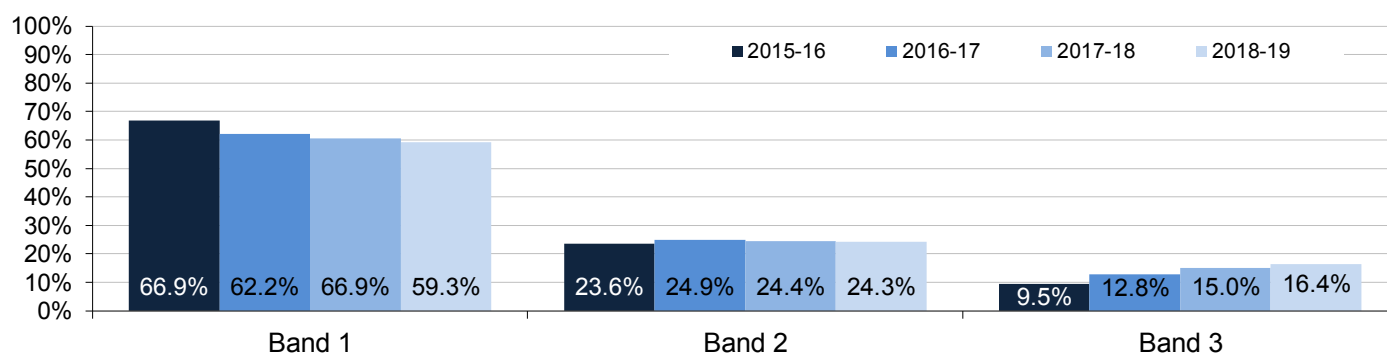
(f) Abertawe Bro Morgannwg

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



Source: NHS Wales Shared Services Partnership

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



Source: NHS Wales Shared Services Partnership

Table 2a: Number of examinations claimed for ^(a) under the Eye Health Examination Wales scheme by age group of patient and band, 2018-19

	Age group of patient						Number
	19 years or under	20-59 years	60-69 years	70-79 years	80 years or over	Not stated age	Wales
Eye Care Examination							
Band 1 ^(b)	10,126	47,138	20,710	19,924	11,368	9	109,275
Band 2 ^(c)	6,039	7,529	8,381	13,628	9,303	1	44,881
Band 3 ^(d)	1,569	8,002	5,662	8,706	6,265	6	30,210
Total	17,734	62,669	34,753	42,258	26,936	16	184,366

Source: NHS Wales Shared Services Partnership

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

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

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

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

Table 2b: Number of examinations claimed for ^(a) under the Eye Health Examination Wales scheme by age group of patient and band, 2017-18

	Age group of patient						Number
	19 years or under	20-59 years	60-69 years	70-79 years	80 years or over	Not stated age	Wales
Eye Care Examination							
Band 1 ^(b)	9,230	44,390	20,098	18,399	10,837	9	102,963
Band 2 ^(c)	5,521	7,464	8,259	12,141	8,097	3	41,485
Band 3 ^(d)	1,399	7,491	4,865	6,846	4,862	2	25,465
Total	16,150	59,345	33,222	37,386	23,796	14	169,913

Source: NHS Wales Shared Services Partnership

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

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

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

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

Table 3a: Number of Band 1 examinations claimed for ^(a) under the Eye Health Examination Wales scheme by selected reasons for attendance and age of patient, 2018-19

	Reason for eye examination ^{(b) (c)}						
	Has an acute eye problem		Referred by a GP		Is Unilateral		All examinations
	Number	Percentage	Number	Percentage	Number	Percentage	Number
Patient age							
19 years or under	7,923	78%	1,796	18%	26	0%	10,126
20-59 years	34,613	73%	11,713	25%	853	2%	47,138
60-69 years	15,913	77%	4,035	19%	620	3%	20,710
70-79 years	14,826	74%	3,841	19%	867	4%	19,924
80 years or over	7,801	69%	2,149	19%	850	7%	11,368
Not stated age	8	89%	1	11%	0	-	9
Band 1 examinations	81,084	74%	23,535	22%	3,216	3%	109,275

Source: NHS Wales Shared Services Partnership

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

(b) More than one reason may be recorded.

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

Table 3b: Number of band 1 examinations claimed for (a) under the Eye Health Examination Wales scheme by selected reasons for attendance and age of patient, 2017-18

	Reason for eye examination ^{(b) (c)}						
	Has an acute eye problem		Referred by a GP		Is Uniocular		All examinations
	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>	<i>Number</i>
Patient age							
19 years or under	6,941	75%	2,431	26%	34	0%	9,230
20-59 years	31,003	70%	12,106	27%	876	2%	44,390
60-69 years	14,823	74%	4,331	22%	652	3%	20,098
70-79 years	12,959	70%	3,871	21%	901	5%	18,399
80 years or over	6,974	64%	2,102	19%	878	8%	10,837
Not stated age	7	78%	0	0%	0	-	9
Band 1 examinations	72,707	71%	24,841	24%	3,341	3%	102,963

Source: NHS Wales Shared Services Partnership

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

(b) More than one reason may be recorded.

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

Table 4a: Number of band 1 examinations claimed for ^(a) under the Eye Health Examination Wales scheme by selected symptoms (any mention of) and age of patient, 2018-19

	Symptoms recorded ^{(b) (c)}						All examinations
	Acute vision problem		Red Eye		Eye pain / discomfort		
	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>	<i>Number</i>	<i>Percentage</i>	
Patient age							
19 years or under	1,494	15%	4,272	42%	5,490	54%	10,126
20-59 years	7,887	17%	16,024	34%	26,036	55%	47,138
60-69 years	3,835	19%	5,640	27%	9,481	46%	20,710
70-79 years	4,651	23%	5,384	27%	9,791	49%	19,924
80 years or over	3,329	29%	2,820	25%	5,408	48%	11,368
Not stated age	4	44%	5	56%	6	67%	9
Band 1 examinations	21,200	19%	34,145	31%	56,212	51%	109,275

Source: NHS Wales Shared Services Partnership

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

(b) More than one symptom may be recorded.

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

Table 4b: Number of band 1 examinations claimed for ^(a) under the Eye Health Examination Wales scheme by selected symptoms (any mention of) and age of patient, 2017-18

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

Source: NHS Wales Shared Services Partnership

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

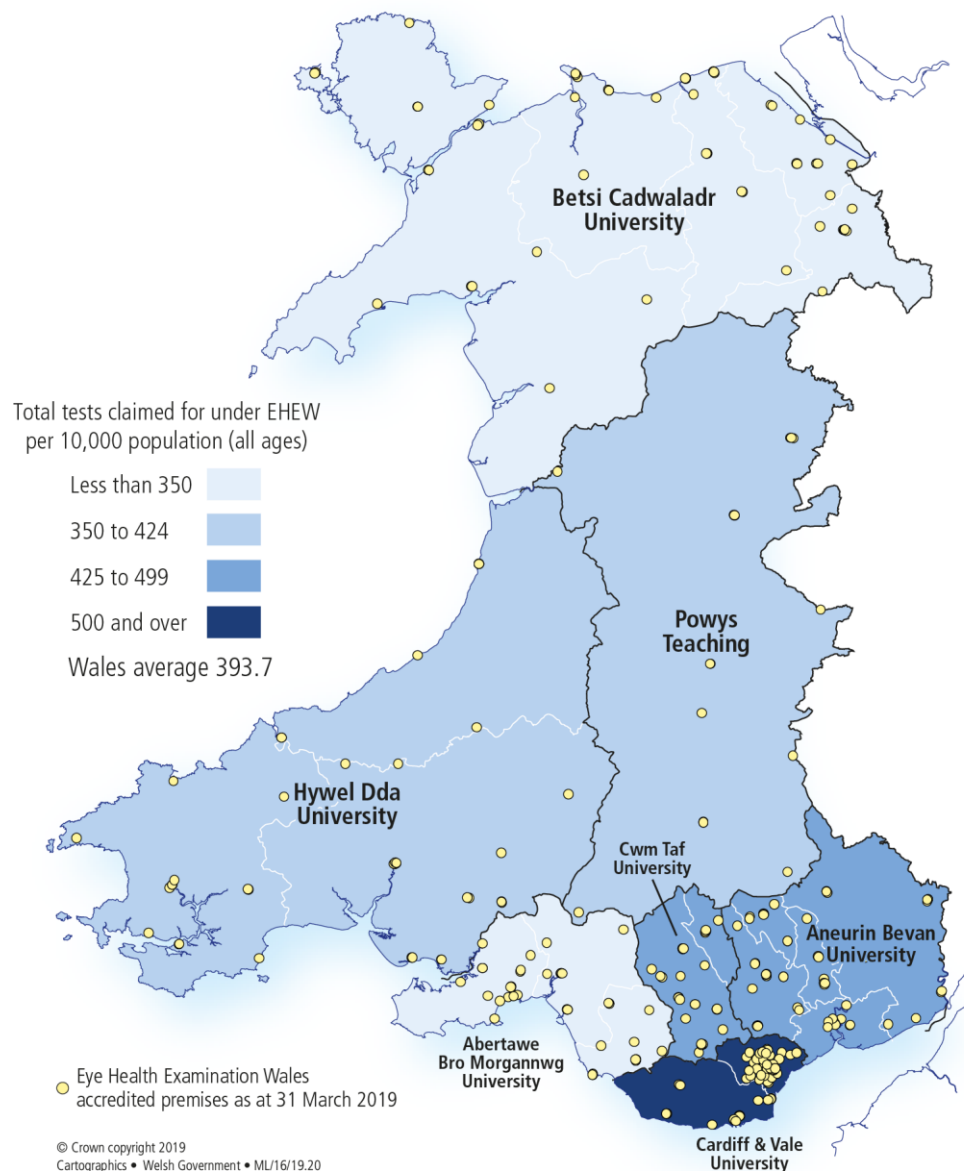
(b) More than one symptom may be recorded.

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

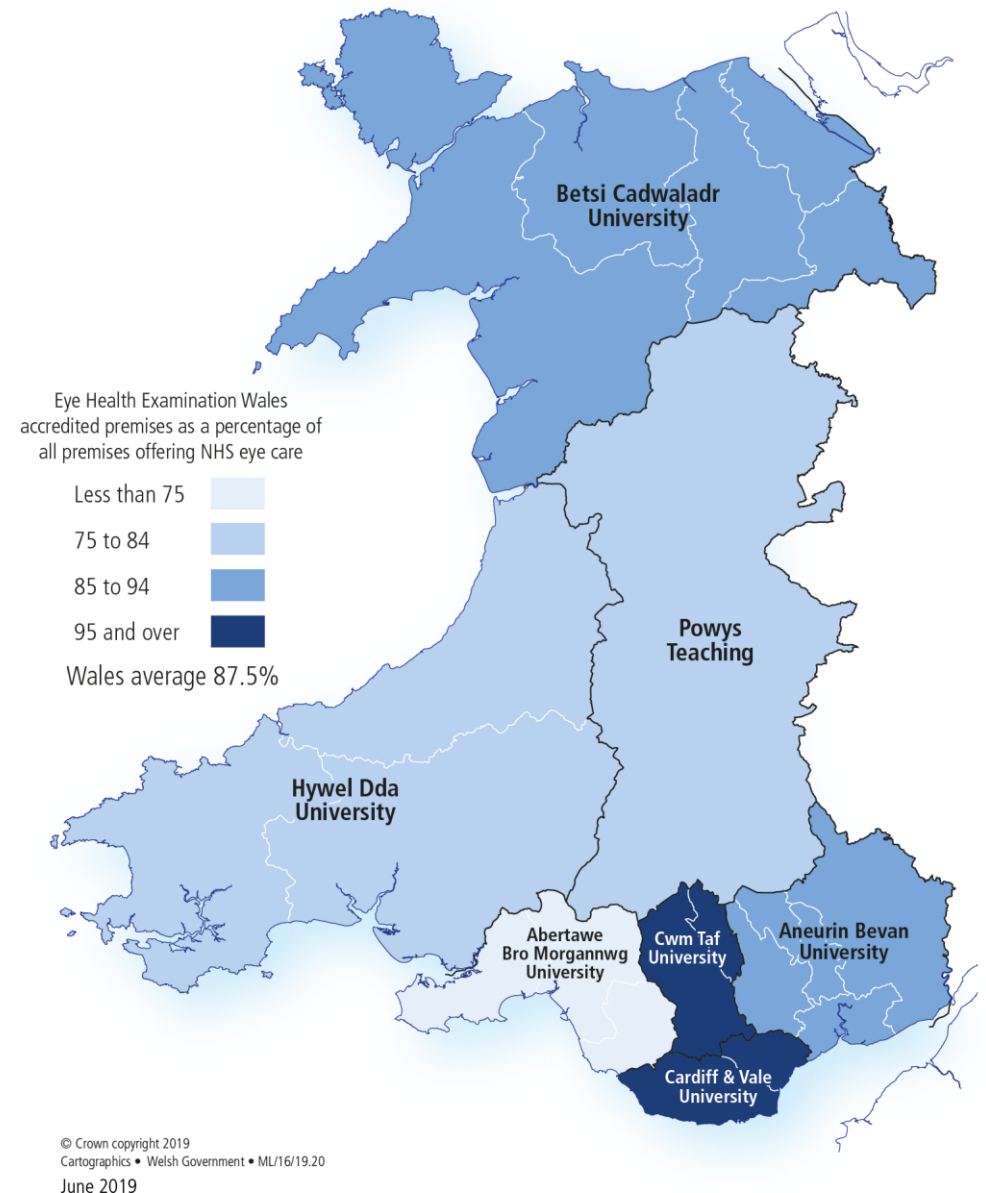
[Map 6](#) shows the location of EHEW accredited practitioners together with the numbers of EHEW examinations carried out as a rate per 10,000 resident population for each health board. Note that the rates are based on resident populations and in many cases, especially near health board and national borders, patients may be treated outside their home area. The map is intended to provide an indication only of geographical patterns.

[Map 7](#) shows EHEW accredited premises as a percentage of all premises offering NHS eye care in each health board.

Map 6: Total tests claimed for Eye Health Examinations Wales per 10,000 population (all ages) by Health Board, 2018-19



Map 7: Eye Health Examination Wales accredited premises as a percentage of all premises offering NHS eye care by Health Board, 2018-19



Diabetic Eye Screening Wales (DESW)

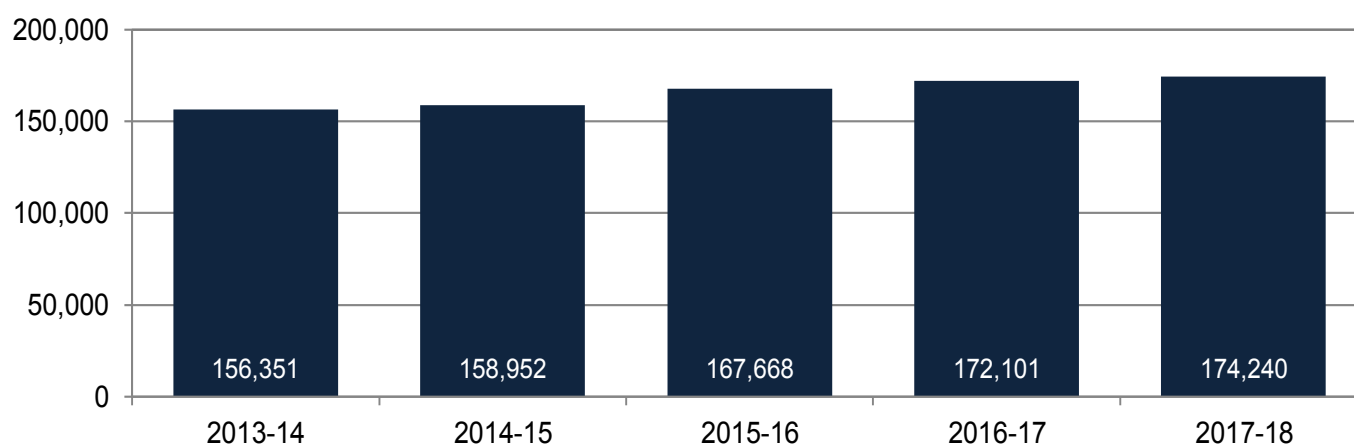
Diabetic Eye Screening Wales (DESW) is provided for every eligible person 12 years and over of age with diabetes who is registered with a GP in Wales. The service makes use of mobile screening units, which visit the various health board areas.

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

Table 5 and Table 6 and Chart 9 and Chart 10 show key statistics for the DESW for 2017-18.

- During 2017-18, 174,240 patients were eligible for the service, an increase from 172,101 in 2016-17.
- Of the 174,240 eligible patients in 2017-18, 11,835 were new registrations.
- Of the 114,309 results reported from screenings during the year, 28.9 per cent were found to have some degree of diabetic retinopathy (a small number of the total had ungradeable outcomes).
- In 6.3 per cent of cases, potential sight threatening retinopathy was found, but did not necessarily require a referral to Hospital Eye Services.
- Around 19 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.

Chart 9: Number of Eligible Active patients in Wales, by year



Source: Diabetic Eye Screening Wales (DESW)

Table 5: Summary of key statistics, Diabetic Eye Screening Wales by Health Board, 2017-18

	Betsi					Aneurin		Cardiff &	Number
	Cadwaladr	Powys	Hywel Dda	ABM ^(f)	Cwm Taf	Bevan	Vale	Wales ^(a)	
Eligible Active Patients	36,840	7,727	22,487	30,836	17,631	36,020	22,699	174,240	
of which: New registrations	2,665	510	1,494	1,850	1,175	2,434	1,707	11,835	
Results Reported ^(b)	22,897	5,203	15,899	19,884	11,330	24,164	14,932	114,309	
Urgent referrals to Hospital Eye Service ^(c)	131	22	115	116	81	137	79	681	
Urgent referrals to Ophthalmology for other lesions ^(d)	70	22	64	66	39	78	43	382	
No retinopathy	15,903	3,585	10,954	13,817	7,794	16,709	10,203	78,965	
Any retinopathy	6,536	1,504	4,597	5,675	3,293	6,976	4,450	33,031	
Sight threatening Retinopathy/Maculopathy	1,374	275	999	1,283	685	1,440	1,096	7,152	
Severe Retinopathy/Maculopathy ^(e)	261	49	222	233	157	301	174	1,397	

Source: Diabetic Eye Screening Wales (DESW)

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

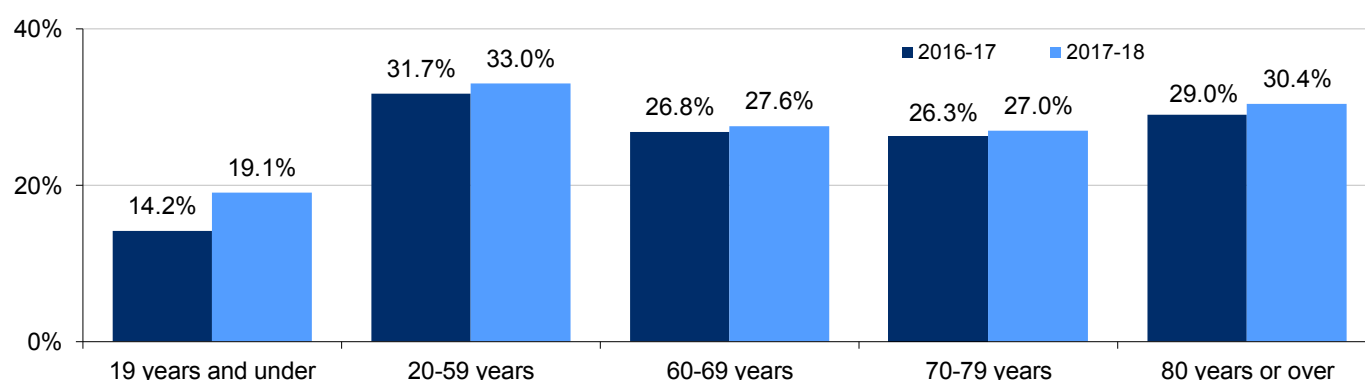
(b) Some patients may have been screened more than once in the year; note that in addition to known outcomes a number of results were ungradeable.

(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) If, whilst assessing an image for diabetic retinopathy, the grader observes a non-diabetic issue of concern, this may also prompt a routine or urgent referral.

(e) Number of people with sight threatening retinopathy/maculopathy that is severe – note, these patients appear in both the sight threatening and severe categories.

(f) Abertawe Bro Morgannwg

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 6: Diabetic retinopathy screening outcomes, by patient characteristics, 2017-18

Patient characteristics	Results reported ^(a)	Urgent referrals ^(f)	No retinopathy	Any retinopathy	Sight threatening Retinopathy/ Maculopathy ^(b)	Severe Retinopathy/ Maculopathy ^(b)
Gender:						
Male	65,084	606	44,104	19,682	4,240	881
Female	48,841	371	34,795	13,088	2,824	490
Total ^(c)	114,327	980	79,208	32,853	7,152	1,397
Age:						
19 years and under	833	0	671	158	7	0
20-59 years	32,321	374	21,456	10,587	2,794	594
60-69 years	30,637	174	21,893	8,341	1,699	305
70-79 years	33,276	210	23,748	8,770	1,557	326
80 years or over	17,260	222	11,440	4,997	1,023	152
All ^(d)	114,327	980	79,208	32,853	7,152	1,397
Percentage of results reported ^(e)						
Gender:						
Male		1.3	92.1	41.1	8.9	1.8
Female		0.6	54.5	20.5	4.4	0.8
Total ^(c)		0.9	70.7	29.3	6.4	1.2
Age:						
19 years and under		0.0	80.9	19.1	0.8	0.0
20-59 years		1.2	67.0	33.0	8.7	1.9
60-69 years		0.6	72.4	27.6	5.6	1.0
70-79 years		0.6	73.0	27.0	4.8	1.0
80 years or over		1.4	69.6	30.4	6.2	0.9
All ^(d)		0.9	70.7	29.3	6.4	1.2

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

(b) See notes for outcome gradings.

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

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

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

(f) 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 7](#), [Table 8](#), [Table 9](#), [Table 10](#), [Table 11](#) and [Table 12](#) and [Chart 11](#) and [Chart 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 an increase in the number of non-GP referrals. For ophthalmology this has become more important as an increased number of referrals begin to come directly from optometrists rather than via GPs. Also, since October 2014 the number of health boards submitting data on 'other sources of referral' has increased. Care must be taken therefore when analysing ophthalmology referrals over time, especially for those years immediately after this change in coding. In general caution should be exercised in the interpretation of these figures as data quality improvement work is ongoing.

[Table 7](#) shows the number of GP referrals for ophthalmology in Wales for each financial year from April 2014.

- Between April 2018 and March 2019:
 - 107,448 referrals for ophthalmology first outpatient appointments were received from all sources
 - Of these, 33,357 referrals were made by GPs.
- [Chart 11](#) shows that over the previous four years the numbers of referrals from GPs has fallen but that referrals from all sources have increased from around 70,900 in the 2013-14 financial year to just more than 107,400 in the 2018-19 financial year.
- Betsi Cadwaladr received the largest number of referrals in total as well as GP referrals in each of the financial years up to 2018-19 and Powys received the lowest number in each year.

- The largest rate of referrals from any source was in Hywel Dda with 4,657 and the lowest in Abertawe Bro Morgannwg at 2,357 per 100,000 of the population.
- The largest rate of GP referrals by 100,000 people was in Hywel Dda at 1,697, the lowest was in Abertawe Bro Morgannwg at 519.

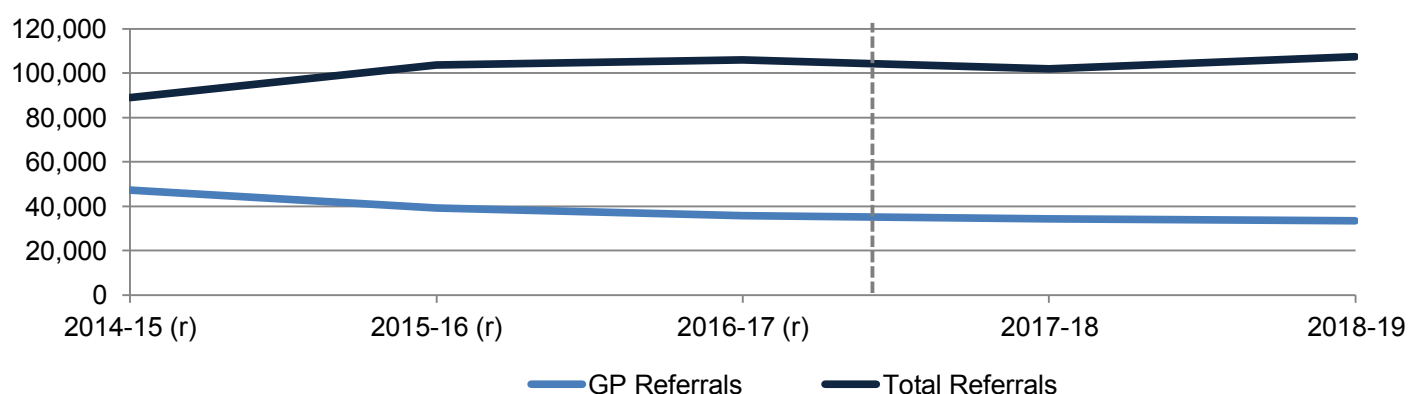
For further information on NHS Referrals see:

[NHS referrals for first outpatient appointments](#)

and

[Stats Wales - Referrals](#)

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



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

(a) Note that since October 2014 the numbers of non-GP referrals has risen because of changes in recording – see [Notes](#). A broken line indicates the break in the series.

(b) Downloaded from StatsWales 24/05/2019; figures may change following subsequent revisions.

(r) Revisions have been made to the previous year's data - see [Notes](#)

Table 7: Number of referrals from GPs for first outpatient appointment for ophthalmology, by Health Board of provider ^(a)

Health Board	Number					Rate per 100,000
	2014-15 ^(r)	2015-16 ^(r)	2016-17 ^(r)	2017-18	2018-19	2018-19
Betsi Cadwaladr	13,563	8,707	8,720	9,978	9,422	1,353
Powys	2,623	2,710	2,153	1,595	1,453	1,096
Hywel Dda	6,458	5,826	6,605	7,022	6,519	1,697
ABM ^(b)	4,828	3,632	4,382	3,777	2,762	519
Cwm Taf	8,208	7,294	3,187	2,263	2,206	738
Aneurin Bevan	6,735	7,297	6,802	5,989	7,226	1,229
Cardiff & Vale	4,243	3,237	3,520	3,315	3,300	669
Wales	47,256	39,282	35,805	34,397	33,357	1,067

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

(a) Note that since October 2014 the numbers of non-GP referrals has risen because of changes in recording - see Notes. A broken line indicates the break in the series. Downloaded from StatsWales 24/05/2019; figures may change following subsequent revisions.

(b) Abertawe Bro Morgannwg

(r) Revisions have been made to the previous years' data - see notes.

Table 8: Number of all referrals for first outpatient appointment for ophthalmology, by health board of provider ^(a)

Health Board	Number					Rate per 100,000
	2014-15 ^(r)	2015-16 ^(r)	2016-17 ^(r)	2017-18	2018-19	2018-19
Betsi Cadwaladr	19,841	22,815	24,474	24,148	26,072	3,744
Powys	3,921	4,071	4,184	3,967	4,090	3,086
Hywel Dda	15,387	15,962	17,276	18,149	17,894	4,657
ABM ^(c)	11,572	11,744	13,168	12,848	12,538	2,357
Cwm Taf	14,150	17,320	12,947	10,819	10,687	3,573
Aneurin Bevan	12,897	17,847	19,106	18,846	21,468	3,653
Cardiff & Vale	10,435	12,750	13,825	12,320	13,692	2,775
Wales	89,108	103,610	105,939	102,064	107,448	3,438

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

(a) Note that since October 2014 the numbers of non-GP referrals has risen because of changes in recording - see Notes. A broken line indicates the break in the series. Downloaded from StatsWales 24/05/2019; figures may change following subsequent revisions.

(b) Abertawe Bro Morgannwg

(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 referral to treatment time has changed and is noted below.

[Table 9a](#) 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 2014 and the length of time waited from referral to treatment.

- The number of closed pathways for ophthalmology varied from 96,018 in 2014-15 to 102,698 in 2018-19.
- 64 per cent of pathways in 2018-19 were treated in less than 26 weeks, compared to 71 per cent in 2014-15.

Table 9a: Closed patient pathways for ophthalmology, by grouped weeks wait and financial year (a) (b)

Of those treated within the year, those who waited:	2014-15	2015-16	2016-17	2017-18	2018-19
					<i>Number</i>
Less than 26 weeks	68,306	65,787	67,847	68,643	66,064
26 to 36 weeks	13,405	11,286	17,728	20,488	24,283
Over 36 weeks	14,307	20,702	18,320	19,891	12,351
					<i>Percentage</i>
Less than 26 weeks	70.7	67.3	65.3	63.0	64.3
26 to 36 weeks	18.5	11.5	17.1	18.8	23.6
Over 36 weeks	19.1	21.2	17.6	18.2	12.0
Total Treated	96,018	97,775	103,895	109,022	102,698

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

(b) Downloaded from StatsWales 24/05/2019; figures may change following subsequent revisions.

[Table 9b](#) shows the number of 'patient pathways waiting to start treatment' for ophthalmology as at 31 March 2019 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 9b: Patient pathways for ophthalmology waiting to start treatment, by grouped weeks wait as at 31 March 2019 (a)

	<i>Number</i>			
	Up to 26 weeks	26 to 36 weeks	Over 36 weeks	All
Stage of pathway^(c)				
Waiting for new outpatient (OP) appointment	24,207	2,498	51	26,756
Waiting for diagnostic or AHP test, intervention or result	85	11	1	97
Waiting for follow-up OP appointment or decision (after OP appointment/diagnostic/AHP intervention result) or waiting & stage unknown	1,839	287	5	2,131
Waiting for admitted diagnostic or therapeutic intervention only	8,108	2,556	247	10,911
All Stages of Pathway	34,239	5,352	304	39,895
	<i>Percentage</i>			
	Up to 26 weeks	26 to 36 weeks	Over 36 weeks	All
Stage of pathway^(c)				
Waiting for new outpatient (OP) appointment	71	47	17	67
Waiting for diagnostic or AHP test, intervention or result	0	0	0	0
Waiting for follow-up OP appointment or decision (after OP appointment/diagnostic/AHP intervention result) or waiting & stage unknown	5	5	2	5
Waiting for admitted diagnostic or therapeutic intervention only	24	48	81	27
All Stages of Pathway	86	13	1	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) For further information about stages of pathway, see Notes.

. The data item is not applicable

- Almost 40,000 patient pathways were waiting for ophthalmology treatment as at March 2019.
- 67 per cent of patient pathways for ophthalmology waiting to start treatment were waiting for a new outpatient appointment.
- Overall 1 per cent of patient pathways had waited more than 36 weeks on their pathway as at 31 March 2019.

For further information on Referral to treatment times see:

[Referral Treatment Times](#),

[Stats Wales - Referral treatment times](#),

and

[Stats Wales - Referral treatment times by grouped weeks](#).

Hospital admissions and outpatients:

[Table 10](#), [Table 11](#) and [Table 12](#) 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 2017-18, there were 19,770 hospital admissions for cataracts. In terms of the rate for cataract procedures, there were over 4,400 admissions per 100,000 people aged 65 or over in Abertawe Bro Morgannwg hospitals.
- The number of cataract admissions have fluctuated between around 17,000 and 21,000 between 2013-14 and 2017-18.
- The numbers of admissions for age related macular degeneration have also fluctuated between around 5,800 and 6,700 during these years.
- In 2017-18, there were 322,744 attendances to ophthalmology outpatient appointments in Welsh hospitals.
- Of these, 85,713 were new appointments and 237,031 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 10: Number of admissions (inpatient and day case) for hospital eye care in Wales, by principle diagnosis and year

Principle Diagnosis ^(a)	Number				
	2013-14	2014-15	2015-16 ^(r)	2016-17	2017-18
Age-related macula degeneration	6,653	6,307	5,870	5,841	6,610
Cataract	17,643	17,069	18,977	21,032	19,770
Glaucoma	983	814	856	878	889
Diabetic retinopathy	146	148	165	146	183

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

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

Table 11: Number of hospital admissions for cataract procedures (1st and 2nd eye), by year and health board ^(a)

Health Board	Number					Rate per 100,00
	2013-14	2014-15	2015-16 ^(r)	2016-17	2017-18	2017-18
Betsi Cadwaladr	4,726	4,295	4,307	4,708	4,965	3,215
Powys	513	598	637	606	563	1,648
Hywel Dda	1,929	1,770	2,449	2,935	2,336	2,606
ABM ^(b)	3,933	3,886	3,820	4,591	4,540	4,403
Cwm Taf	1,538	1,048	1,508	1,464	1,619	2,937
Aneurin Bevan	2,419	2,449	2,890	2,932	2,362	2,095
Cardiff & Vale	1,869	2,273	2,541	2,865	2,609	3,452
Wales	16,927	16,319	18,152	20,101	18,994	3,040

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

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

(b) Abertawe Bro Morgannwg

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

Table 12: Number of outpatient attendances (new and follow up) for ophthalmology by year and health board ^{(a) (b)}

					Number	Rate per 100,000
Health Board	2013-14	2014-15	2015-16	2016-17	2017-18	2017-18
New attendances:						
Betsi Cadwaladr	21,196	19,582	18,799	20,090	19,852	2,851
Powys	1,721	1,795	1,742	1,700	1,497	1,130
Hywel Dda	10,864	10,988	10,942	11,647	11,871	3,089
ABM ^(c)	17,785	15,440	16,408	18,462	18,253	3,432
Cwm Taf	7,142	5,964	6,305	9,017	8,319	2,782
Aneurin Bevan	11,140	10,613	12,249	13,543	12,924	2,199
Cardiff & Vale	10,734	11,964	12,211	12,819	12,997	2,634
Wales	80,582	76,346	78,656	87,278	85,713	2,743
Follow up attendances:						
Betsi Cadwaladr	62,131	63,924	64,313	61,103	58,155	8,352
Powys	2,668	2,780	2,923	3,088	2,879	2,173
Hywel Dda	37,706	38,094	37,101	36,493	33,302	8,667
ABM ^(c)	58,426	56,537	56,319	57,154	56,446	10,613
Cwm Taf	27,634	23,333	21,095	29,480	26,195	8,759
Aneurin Bevan	24,374	24,580	24,913	25,202	25,530	4,344
Cardiff & Vale	36,171	37,018	36,819	36,674	34,524	6,997
Wales	249,110	246,266	243,483	249,194	237,031	7,585

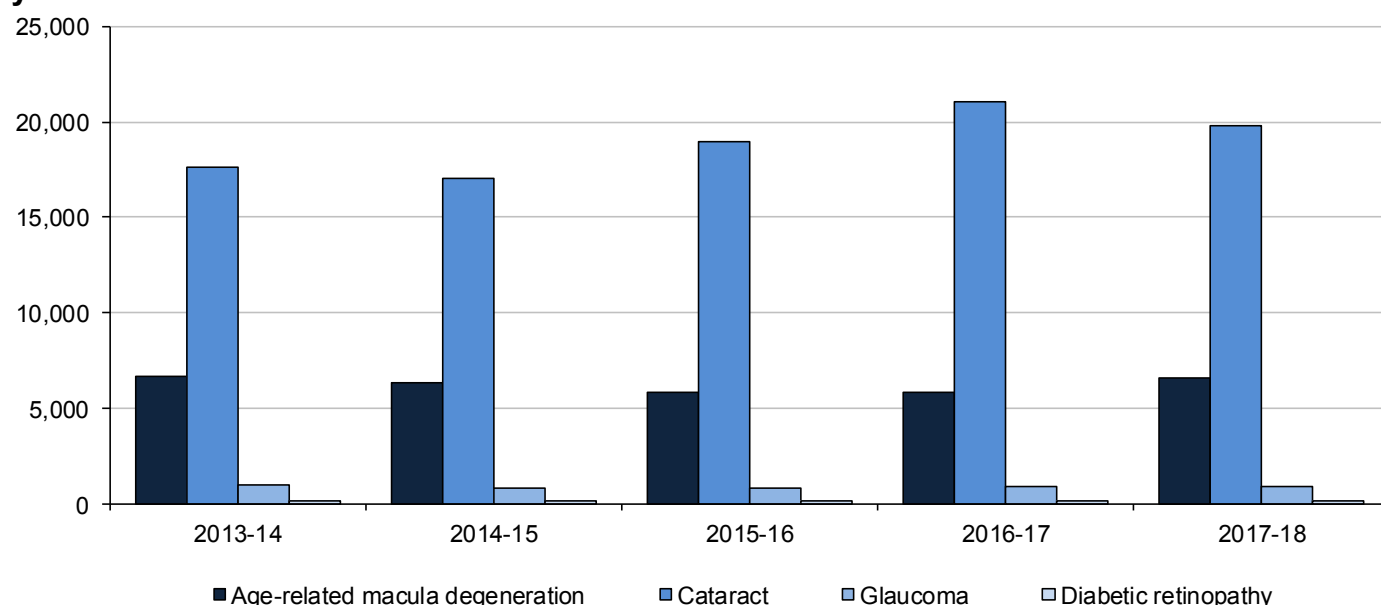
Source: Outpatient Dataset & ONS, NWIS

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

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

(c) Abertawe Bro Morgannwg

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



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

Low Vision Service Wales

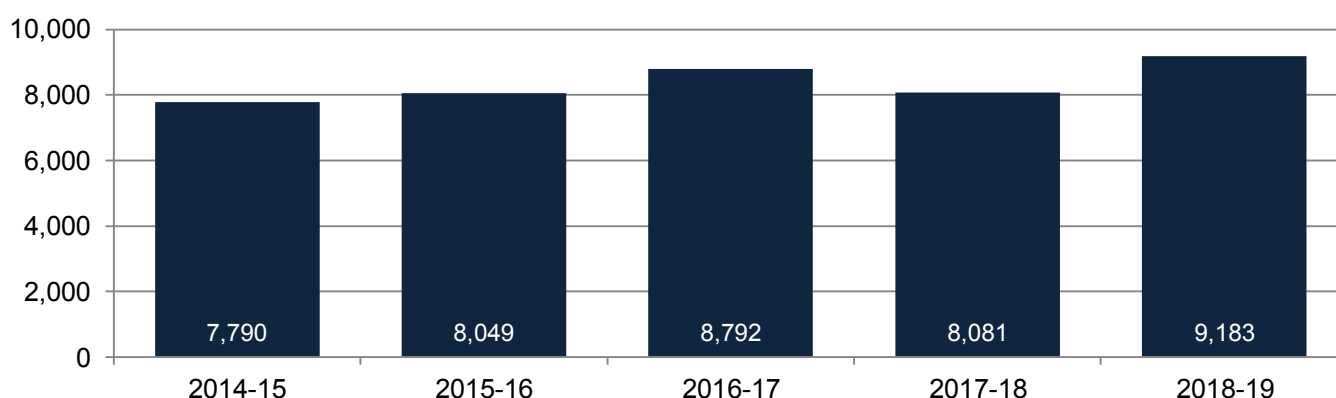
The Low Vision Service Wales (LVSW) aims to help people with visual impairment to remain independent by providing low vision aids such as magnifiers, and by appropriate education, referral, and rehabilitation training. Low Vision is a term used to describe a sight problem that cannot be corrected by glasses, contact lenses, or medical treatment. There are 210 optometry practices in Wales where practitioners are accredited to provide the service (31 March 2019). 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](#).

Table 13 and [Table 14](#) and Chart 13, [Chart 14](#) and [Chart 15](#) show assessment statistics for the Low Vision Service Wales for 2018-19.

- A total of 9,183 assessments were carried out by the service during 2018-19, an increase from 8,081 in 2017-18;
- Just less than two thirds (65.9 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

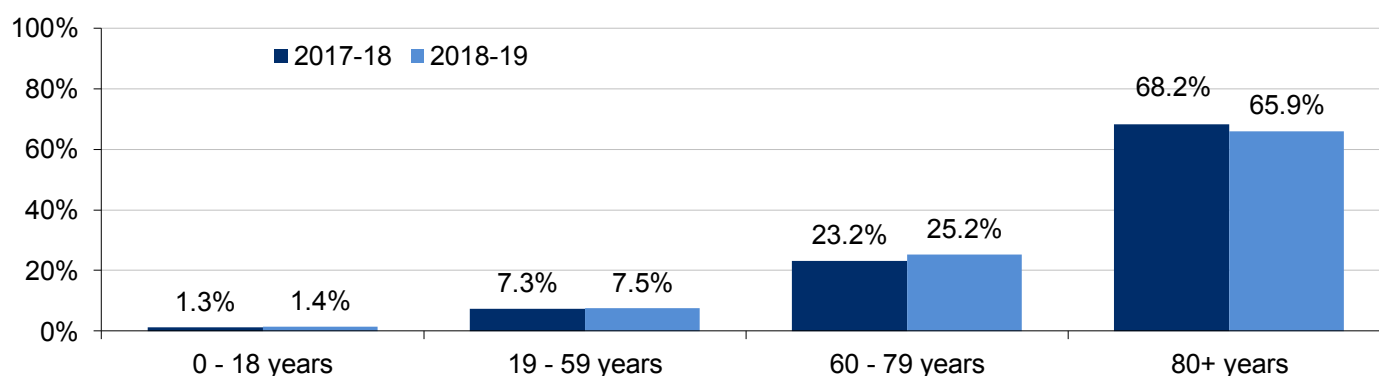
Table 13: Low Vision Service Wales assessments by age group of patient, 2018-19

Health Board					Number	Rate per 100,000
	Under 19 years	19 - 59 years	60 - 79 years	80 years or over	Total Assessments	Total Assessments Aged 60 and Over
Betsi Cadwaladr	18	109	388	1,147	1,662	76
Powys	5	25	55	188	273	54
Hywel Dda	17	94	371	1,212	1,694	133
ABM ^(a)	27	132	438	1,034	1,631	108
Cwm Taf	12	70	218	474	774	94
Aneurin Bevan	36	147	533	1,126	1,842	110
Cardiff & Vale	13	114	308	872	1,307	115
Wales	128	691	2,311	6,053	9,183	101

Source: Low Vision Service Wales & ONS

(a) Abertawe Bro Morgannwg

Chart 14: Low Vision Service Wales assessments by age group of patient (percentage), 2017-18 and 2018-19



Source: Low Vision Service Wales

- Patients reported dry age related macular degeneration (AMD) in just under half of assessments, cataracts in more than a third of assessments, wet AMD in just over a fifth and hearing problems in just under a sixth.
- Additional data from the LVSW database (and not presented in tables) shows that:
 - 41.2 per cent of assessments were for patients who lived alone
 - 29.0 per cent of assessments were domiciliary visits
 - 65.8 per cent of assessments were for female patients

LVSW also collects data about the ethnicity of their patients. 119 assessments in 2018-19 (1.3 per cent of the total) were for people recording themselves in categories other than 'white'; this is a similar percentage as for Welsh residents in the 2011 Census aged 60 or over (1.1 per cent).

Table 14: Number of patients reporting following conditions by health board, 2018-19 ^(a)

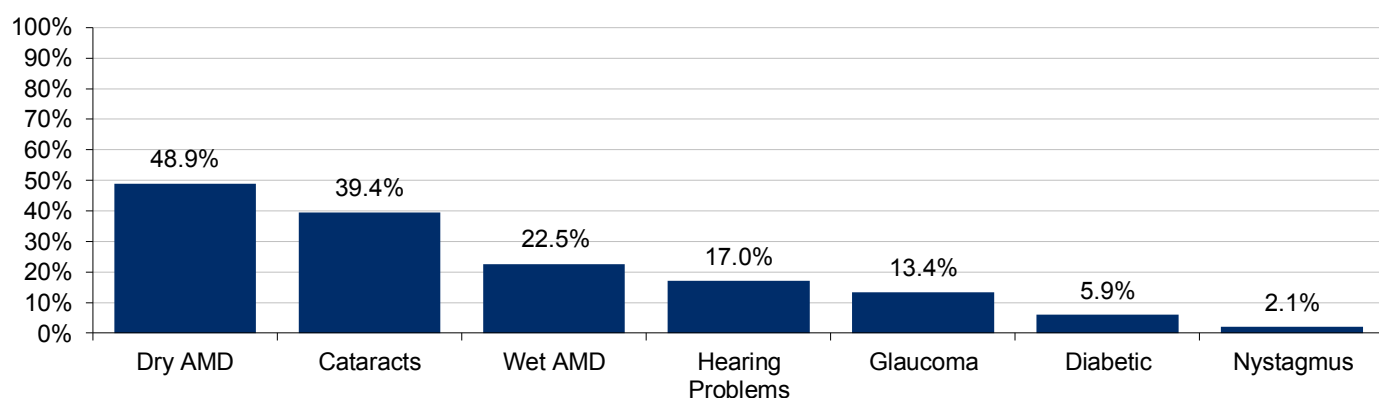
Health Board	Wet AMD	Dry AMD	Glaucoma	Diabetic	Cataracts	Nystagmus	<i>Number</i> Hearing Problems
Betsi Cadwaladr	469	848	241	82	430	24	417
Powys	83	148	44	21	44	7	24
Hywel Dda	300	836	233	113	873	23	166
ABM ^(b)	295	795	241	95	700	26	337
Cwm Taf	172	392	108	54	297	17	125
Aneurin Bevan	383	868	194	110	853	60	246
Cardiff & Vale	360	601	167	71	422	32	248
Wales	2,062	4,488	1,228	546	3,619	189	1,563

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

Chart 15: Patients reporting following conditions as a percentage of all assessments, 2018-19
(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.

[Table 15](#) and [Table 16](#) shows statistics for referrals of new patients to and from the Low Vision Service Wales (LVSW) and the visual acuity of patients for 2018-19.

- 4,127 new patient referrals were made to the LVSW and 2,508 new patient referrals were made from the LVSW in 2018-19.
- Just under three quarters (72 per cent) of people assessed by the LVSW had a visual acuity of worse than 6/12.

Table 15: New patient referrals to LVSW and from LVSW by referral source / destination, Wales 2018-19

Referral Source/Destination	New patient referrals ^(a) to LVSW from:		New patient referrals ^{(a) (b)} from LVSW to:	
	Number	Percentage	Number	Percentage
Optometrist	2,387	57.6	-	-
Ophthalmology	266	6.4	240	14.2
Social services	351	8.5	359	21.2
Voluntary sector	86	2.1	706	41.6
GPs	26	0.6	147	8.7
Friend/relative/self	368	8.9	-	-
Other sources/destinations ^(c)	595	14.4	244	14.4
Total ^(d)	4,142	100.0	1,696	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.

Table 16: Low Vision Service Wales assessments by visual acuity recorded and health board, 2018-19

	Betsi Cadwaladr	Powys	Hywel Dda	ABM ^(c)	Cwm Taf	Aneurin Bevan	Cardiff & Vale	Wales
Visual acuity ^(a)								<i>Number</i>
6/12 or better	415	63	559	442	248	613	257	2,597
Worse than 6/12 but better than 6/60	896	130	746	793	403	874	685	4,527
6/60 or worse ^(b)	350	79	388	394	121	353	363	2,048
Total stated ^(c)	1,661	272	1,693	1,629	772	1,840	1,305	9,172
Visual acuity ^(a)								<i>Rate per 100,000</i>
6/12 or better	60	48	145	83	83	104	52	83
Worse than 6/12 but better than 6/60	129	98	194	149	135	149	139	145
6/60 or worse ^(b)	50	60	101	74	40	60	74	66
Total stated ^(c)	239	205	441	306	258	313	264	293

Source: Low Vision Service Wales

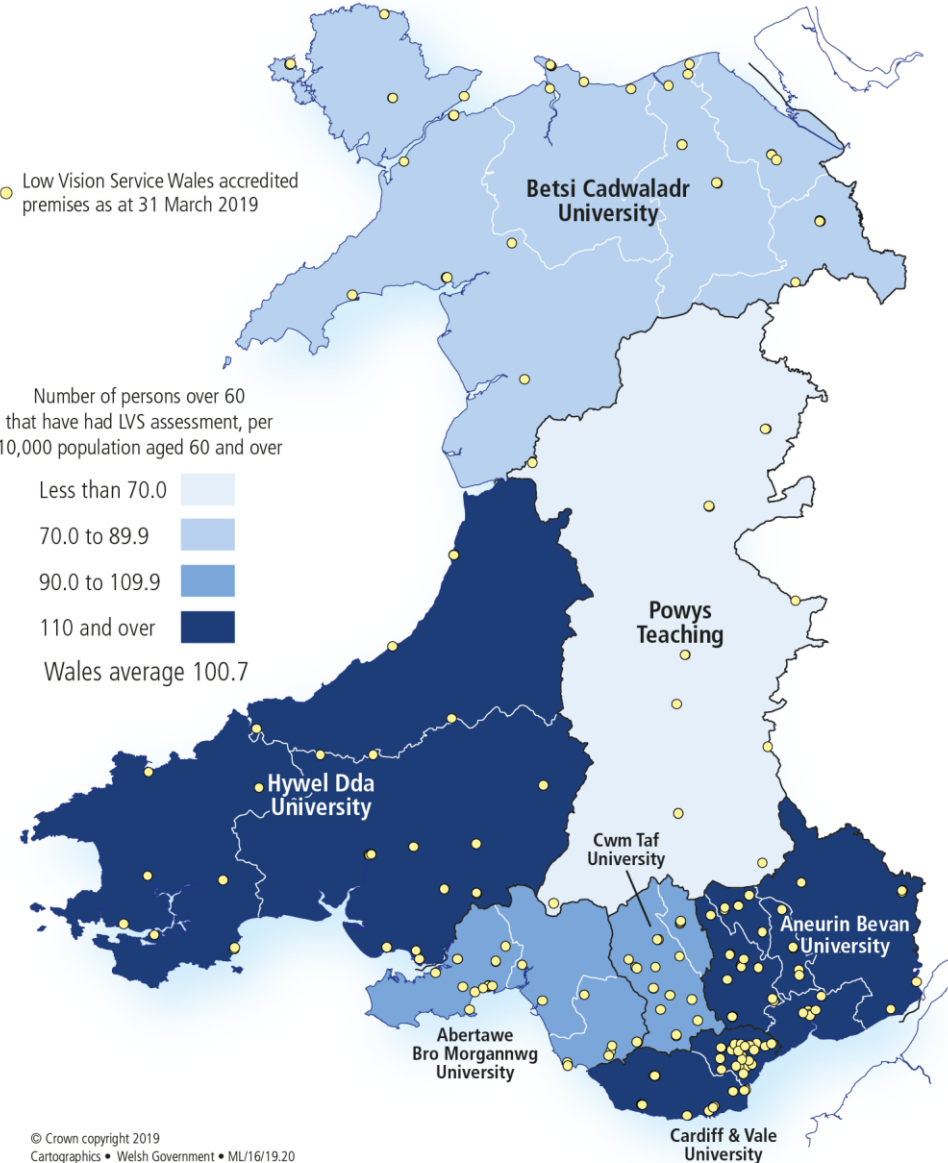
(a) Visual acuity is measured according to the "Snellen fraction" by comparing the distance in meters at which a patient can correctly identify a letter compared with a "normal" sighted person; so, for example, 6/6 means that at six meters test distance the person could correctly identify a letter that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

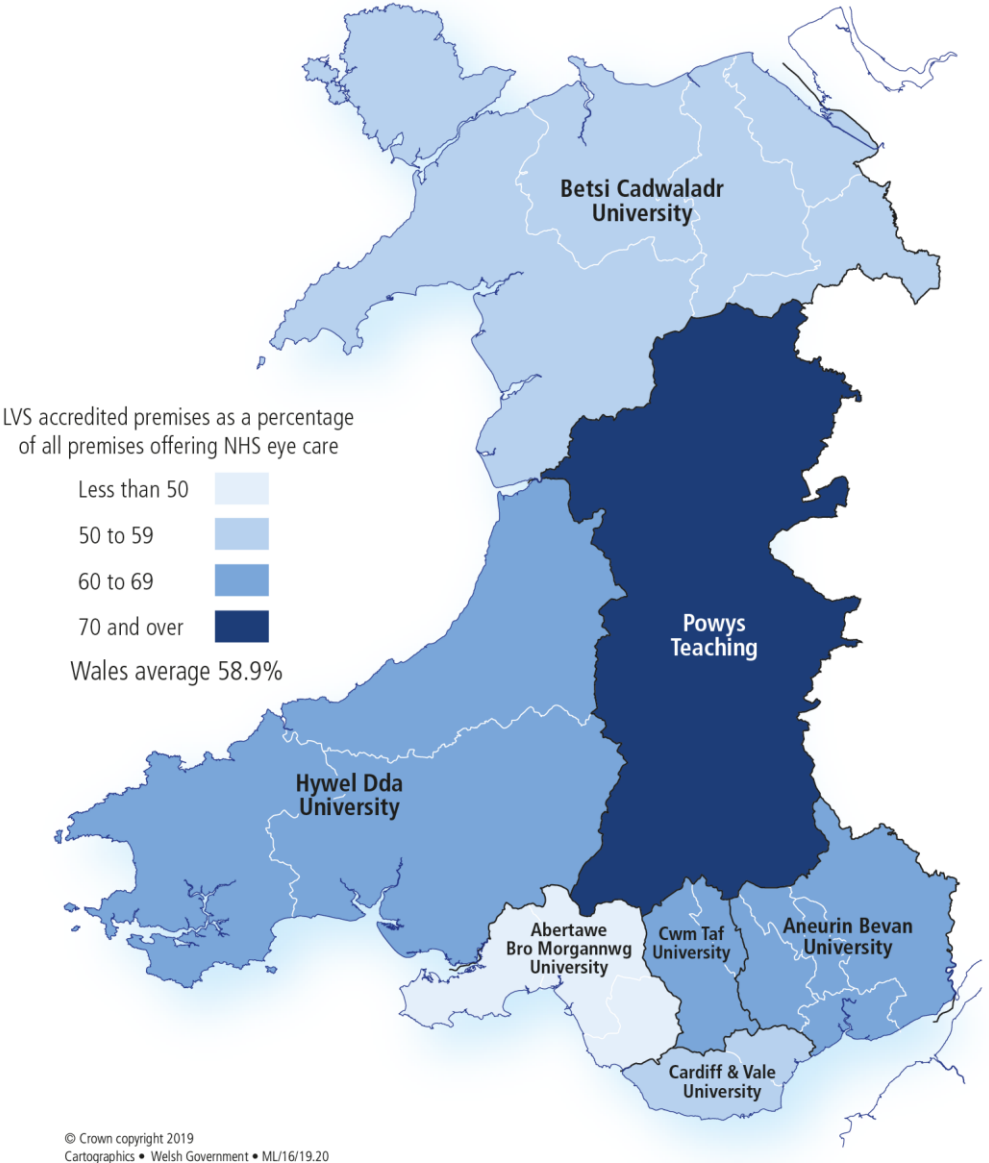
(c) Abertawe Bro Morgannwg

[Map 8](#) shows the numbers of Low Vision Service Wales (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 assessments of people aged 60 or over, per 10,000 relevant population by Health Board, 2018-19



Map 9: Low Vision Service accredited premises as a percentage of all premises offering NHS eye care by Health Board, 2018-19



Sight impairment

Registers of severely sight impaired and sight impaired people

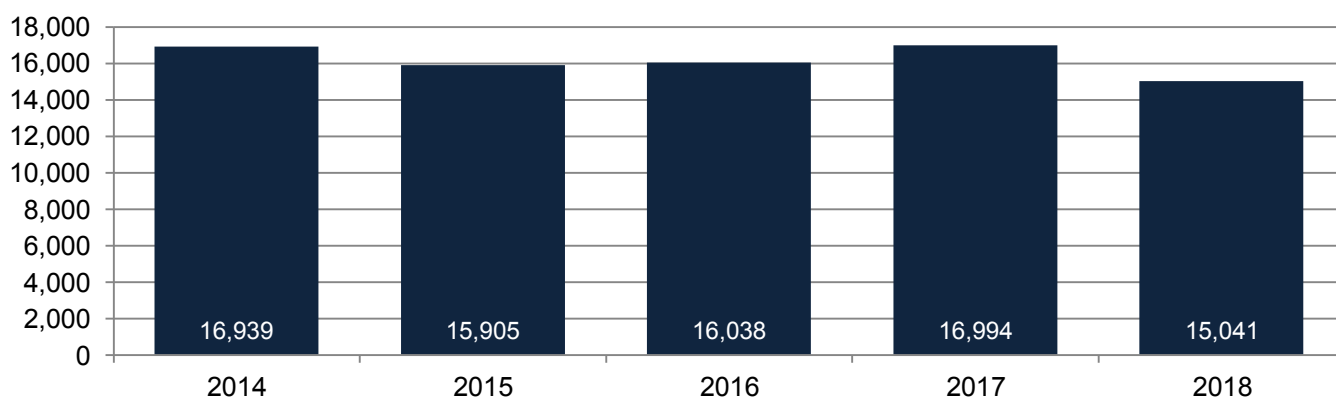
People with sight impairment are registered by local authorities following certification of their sight impairment by a consultant ophthalmologist. The Certificate of Vision Impairment (Wales) formally certifies someone as 'sight impaired' or 'severely sight impaired', so that the local authority can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

For more detail about the sight impairment registration see the [Key Quality Information](#).

[Table 17](#) and [Chart 16](#) show summary statistics for sight impairment registrations for 2017-18.

- At 31 March 2018, 15,041 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 1,953 people from 31 March 2017.
- 7,417 people were registered as severely sight impaired at 31 March 2018; just over 12 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)

Table 17: Number of people registered with a visual impairment by health board, at 31 March 2018 ^(a)

Health Board	Sight impaired			Severely sight impaired			Total sight impaired
	Not hearing impaired	Hearing impaired ^(b)	Total	Not hearing impaired	Hearing impaired	Total	
							<i>Number</i>
Betsi Cadwaladr	1,376	157	1,533	1,259	246	1,505	3,038
Powys	311	8	319	385	123	508	827
Hywel Dda	884	141	1,025	778	93	871	1,896
ABM ^(d)	1,398	191	1,589	1,383	211	1,594	3,183
Cwm Taf	610	32	642	705	51	756	1,398
Aneurin Bevan	1,466	140	1,606	1,060	103	1,163	2,769
Cardiff & Vale	872	38	910	948	72	1,020	1,930
Wales	6,917	707	7,624	6,518	899	7,417	15,041
							<i>Rate ^(c)</i>
Betsi Cadwaladr	198	23	220	181	35	216	436
Powys	235	6	241	291	93	383	624
Hywel Dda	230	37	267	202	24	227	493
ABM ^(d)	263	36	299	260	40	300	598
Cwm Taf	204	11	215	236	17	253	467
Aneurin Bevan	249	24	273	180	18	198	471
Cardiff & Vale	177	8	184	192	15	207	391
Wales	221	23	244	209	29	237	481

Source: Local Authorities (Form SSDA900) & ONS

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

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

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

(d) Abertawe Bro Morgannwg

Further detail of this data is published annually together with data on local authority registers of people with learning disabilities as '[local authority registers of people with disabilities, Wales](#)'. The data relates to the total numbers of people on the registers; information on new registrations is not included.

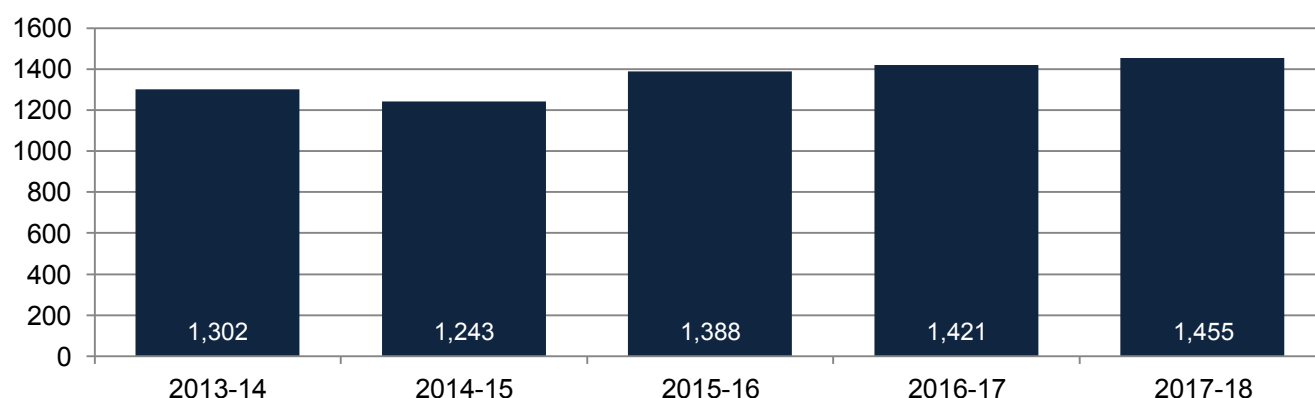
Certificates of Vision Impairment (CVI)

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

[Table 18](#) and [Table 19](#), and [Chart 17](#) and [Chart 18](#) show summary statistics for new CVIs for 2017-18.

- Of 1,455 new CVIs for 2017-18 received by Moorfields hospital, 52.6 per cent were aged 80 years or over.
- 68.7 per cent of new registrations aged 65 or over were diagnosed with age related macular degeneration as the cause of sight impairment, an increase from 66.1 per cent the previous year.
- 17.9 per cent aged 40 or over were diagnosed with glaucoma as the cause, an increase from 17.6 the previous year.
- 6.2 per cent aged 12 or over were diagnosed with diabetic eye disease as the cause; this is an increase of 0.2 percentage points from the percentage in 2015-16.
- A rate of 120 people per 100,000 aged 65 or over were diagnosed with age related macular degeneration as the cause of sight impairment.
- 14 people per 100,000 aged 40 or over with glaucoma.
- 3 people per 100,000 aged 12 or over with diabetic eye disease.
- Around 87 per cent of new CVIs include a record of the ethnicity of the patient; of these, around 2.9 per cent were for people recording themselves in categories other than 'white'; this is a little higher than the percentage for Welsh residents in the 2011 Census aged 40 or over (2.2 per cent).

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



Source: Moorfields Eye Hospital

Table 18: Number of people newly certified Severely Sight Impaired and Sight Impaired by age group and health board, 2017-18

Health Board	Number				Total ^(a)
	19 years and under	20-59 years	60-79 years	80 years or over	
Betsi Cadwaladr	9	53	80	173	315
Powys	7	10	16	34	67
Hywel Dda	7	19	40	90	156
ABM ^(b)	21	39	92	168	321
Cwm Taf	5	20	36	64	125
Aneurin Bevan	21	38	69	133	261
Cardiff & Vale	25	27	48	97	198
Wales ^(c)	96	207	385	765	1,455

Source: Moorfields Eye Hospital

(a) Total includes age not stated and disclosive figures

(b) Abertawe Bro Morgannwg

(c) Wales total includes area unknown and disclosive figures

Table 19: Number of people newly certified Severely Sight Impaired and Sight Impaired by cause and health board, 2017-18

Health Board	Age related macula degeneration (AMD) ^(b)		Glaucoma ^(c)		Diabetic eye disease ^{(d) (e)}	
	Number	Percentage	Number	Percentage	Number	Percentage
Betsi Cadwaladr	148	60.4	73	24.7	22	7.2
Powys	33	67.3	6	10.5	9	14.5
Hywel Dda	97	79.5	23	16.1	8	5.3
ABM ^(f)	179	72.8	52	18.1	17	5.6
Cwm Taf	65	69.1	20	18.2	9	7.4
Aneurin Bevan	123	65.8	35	15.6	13	5.2
Cardiff & Vale	102	73.4	16	10.0	6	3.4
Wales ^(a)	750	68.7	230	17.9	85	6.2

Source: Moorfields Eye Hospital

(a) Wales total includes area unknown.

(b) In persons aged 65 or over.

(c) In persons aged 40 or over.

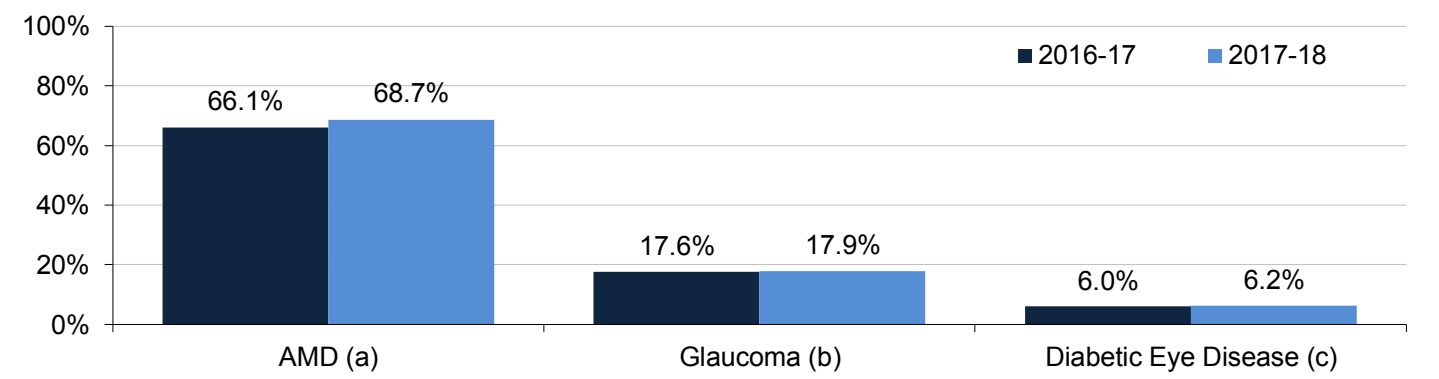
(d) In persons aged 12 or over.

(e) Total includes HB not stated and disclosive figures.

(f) Abertawe Bro Morgannwg

* 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, 2016-17 and 2017-18



Source: Moorfields Eye Hospital

- (a) In persons aged 65 or over.
- (b) In persons aged 40 or over.
- (c) In persons aged 12 or over.

Workforce

Numbers of **primary care practitioners** are obtained from the Performers Lists, as at 31 December each year. This data is published annually by NHS Digital:

[General Ophthalmic Services, Workforce Statistics for England and Wales 31 December 2018.](#)

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:

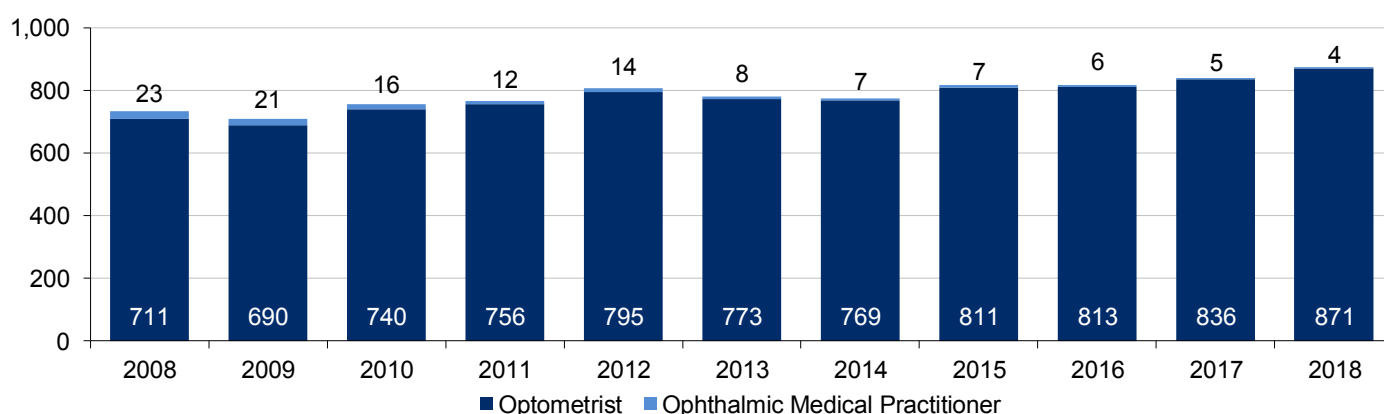
[NHS Directly Employed Staff](#)

For additional tables relating to workforce see the [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. [Chart 20](#) and [Chart 21](#) show how the numbers of practitioners per population and the numbers of General Ophthalmic Services GOS sight tests per practitioner varied across the health boards in 2017-18.

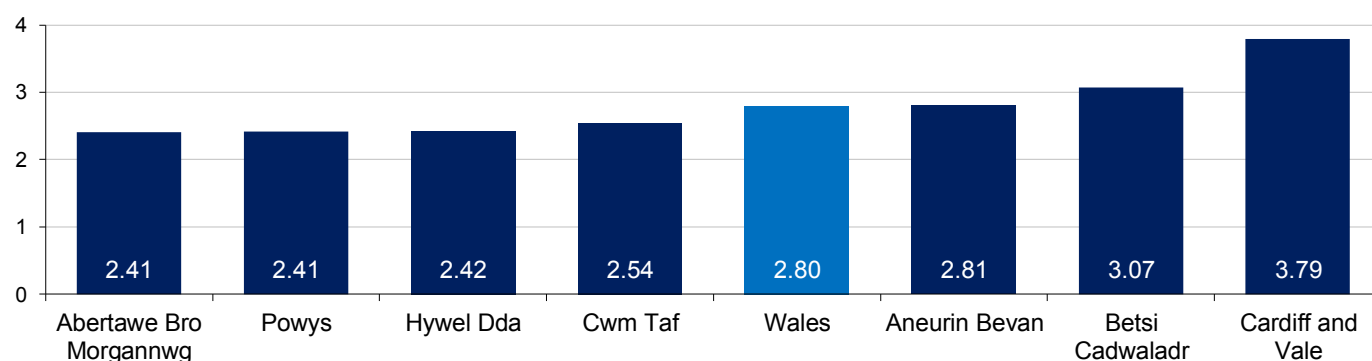
Chart 19: Number of practitioners, by year



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

- At 31 December 2018 there were 875 practitioners recorded on the health boards' Performers Lists; 141 (19.2 per cent) more than in 2008. Not all practitioners recorded on the list will have necessarily carried out sight tests paid for by the NHS.
- The majority of practitioners were optometrists (99.5 per cent in 2018).

Chart 20: Number of practitioners per 10,000 population, by health board, 2018

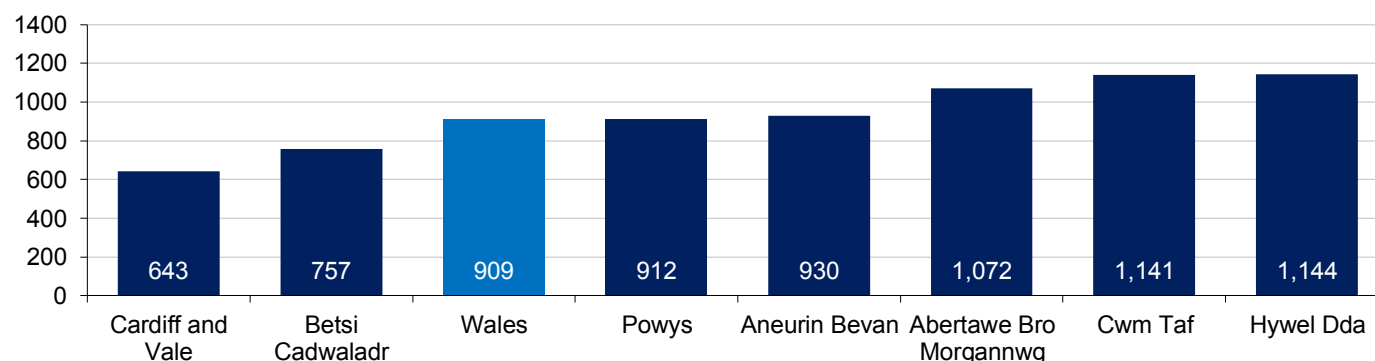


Source: NHS Digital publication; General Ophthalmic Services: Workforce Statistics for England and Wales; ONS: mid year estimates 2017

- Cardiff and Vale health board had the highest number of practitioners per 10,000 population (3.79) and Abertawe Bro Morgannwg and Powys health boards both had the lowest (2.41).

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 General Ophthalmic Services 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 health board 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, 2018



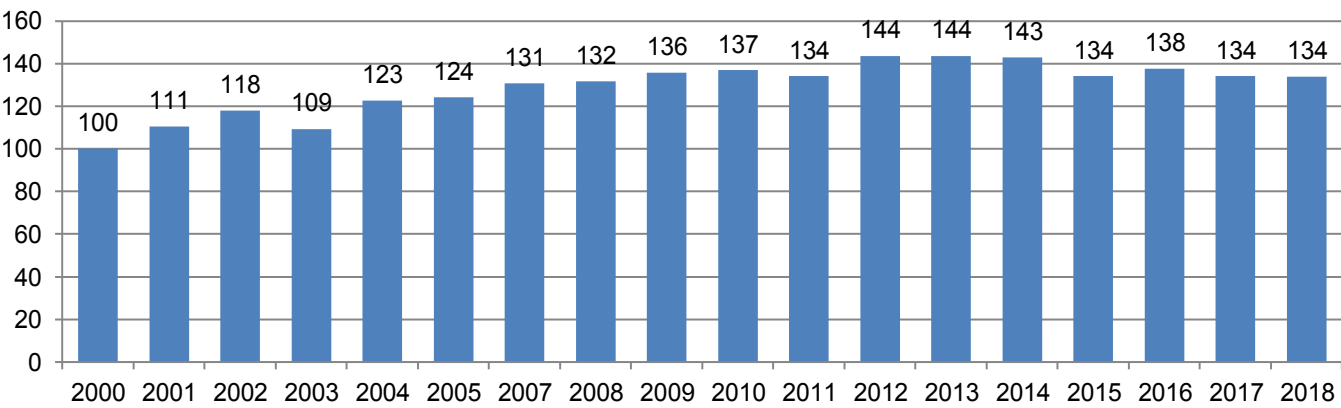
Source: NHS Wales Shared Services Partnership

- More sight tests per practitioner were carried out (paid for by the NHS) in Hywel Dda health board (1,144) than in any other health board; Cardiff and Vale health board had the lowest number (643).

Hospital workforce

[Chart 22](#) shows trends from 2000 to 2018 in the numbers of ophthalmology doctors working in Welsh hospitals.

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



Source: Electronic Staff Record

(a) Data as at 30 September each year.

- As at 30 September 2018 there were just under 134 whole time equivalent ophthalmology doctors directly employed by the NHS in Wales.
- The rate per 10,000 population is around 0.4 each year.

Survey data

National Survey for Wales

The National Survey in 2018-19 asked three questions specifically on eye care: respondents were asked how often they had their eyes tested, why they have not 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 20](#) summarises the results of these questions.

- 73 per cent of respondents had their eyes tested at least once every two years.
- 59 per cent of people aged 25 to 44 had their eyes tested at least once every two years, compared with 91 per cent of people aged 75 or over.
- Of the people who had their eyes tested less frequently than at least once every two years 70 per cent said that this was because they had not experienced any eye problems; 14 per cent had not had a reminder; 13 per cent were too busy; and 3 per cent said eye tests were too expensive.
- All respondents were asked who they would contact in the first instance if they had any pain or redness in their eye. 47 per cent said they would contact their GP and 40 per cent their optician.

More detail on this data is published at: [National Survey for Wales](#).

More information about new content of the survey can be found at: [National Survey for Wales - Advance Materials](#).

Table 20a: National Survey - adults' reported last sight test, 2016-17 and 2018-19
Eyes tested at least once every two years

	<i>Percentage</i>	
By Health Board, adults aged 16+:	2016-17	2018-19
Betsi Cadwaladr	70	71
Powys	72	77
Hywel Dda	75	77
Abertawe Bro Morgannwg	73	75
Cwm Taf	69	76
Aneurin Bevan	76	75
Cardiff & Vale	76	73
Wales	73	73

By age group:	2016-17	2018-19
16-24	56	59
25-44	61	59
45-64	78	77
65-74	88	87
75 and over	91	91
16+	73	73

Source: National Survey Wales

Table 20b: National Survey – Reasons for not having eyes tested more frequently ^{(a) (b)}, 2016-17 and 2018-19

Reason for not having eyes tested more frequently ^{(a) (b)}	2016-17	2018-19
Haven't had eye problems	65	70
Haven't thought about it / had a reminder	19	14
Too busy	11	13
Hard to get an appointment	-	-
Transport issues / can't get there	1	1
Too expensive	3	3
Glasses / contact lenses are too expensive	2	2
Don't want to wear glasses / contact lenses	1	-
Know sight is getting worse but too late to address	-	-
Don't like eye tests	1	1
Other	6	0

Source: National Survey for Wales

(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.

Table 20c: National Survey - first contact if pain or redness 2016-17 and 2018-19

If pain or redness in eye, would see in first instance: ^(a)					Percentage
By age group	2016-17		2018-19		
	GP	Optometrist/ Optician	GP	Optometrist/ Optician	
16-24	48	30	16	33	
25-44	52	34	46	39	
45-64	54	34	48	42	
65-74	52	41	47	43	
75 and over	48	42	47	42	
16+	52	35	47	40	

Source: National Survey Wales

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

Additional details including analysis by health board for General Ophthalmic Statistics and workforce information can be found on [StatsWales](https://stats.wales.gov.uk/).

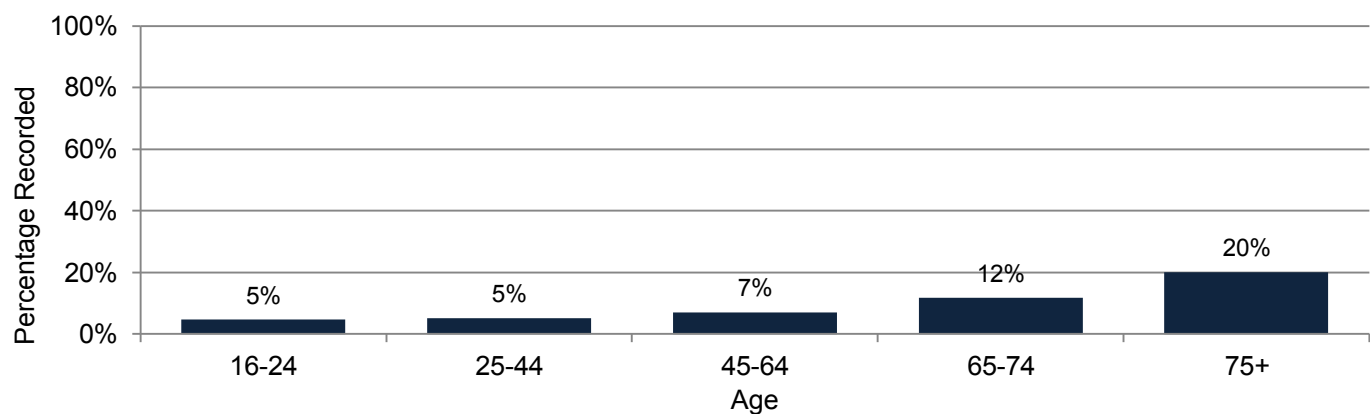
Hearing loss

A brief summary of available statistics relating to hearing loss and related services was introduced to the previous release in 2016-17.

Without proper diagnosis and management, hearing loss can reduce a person’s ability to communicate, stay socially active, maintain good cognitive, mental, and physical health, and get and keep a job. Being unable to communicate leaves people cut-off from the world and leads to higher costs for the NHS, the government and the national economy, as people are forced to leave work early, left unable to manage other health conditions, and in greater need of more intensive support.

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

Chart 23: Adults who reported hearing difficulties, by age 2018



Source: National Survey Wales

- Chart 23 clearly indicates that the likelihood of hearing difficulties increases with age (known as gradual hearing loss) with only 5 per cent of 16-24 year olds having hearing difficulties compared to 20 per cent of 75+ year olds having hearing difficulties. This increase in hearing difficulty with age was slow for younger age groups but more rapid for older age groups.

Table 21: Adults who reported problems with their hearing and hearing aid use, 2012-2019

	<i>Percentage</i>					
	2012-13	2013-14	2014-15	2015-16	2016-17 ^(c)	2018-19
Trouble with hearing	15	16	15	16	19	19
Wear hearing aid (a):						
Yes most of the time	23	24	23	23	19	20
Yes, some of the time	14	15	15	15	11	12
No but have tried one	9	9	8	8	7	6
No never	54	52	54	54	64	62

Source: National Survey Wales

(a) of those with trouble hearing

(b) of those who wear hearing aid

(c) as of 2016 these results are published bi-annually

- 19 per cent of adults aged 16 or over reported having difficulty with their hearing in 2018.
- Over 60 per cent of people who had some form of hearing difficulty had never tried a hearing aid.
- 17 per cent of adults aged 16 or over reported to have experienced symptoms of tinnitus (noises such as ringing or buzzing in head or ears that last for more than five minutes).

Hospital admissions

Table 22 and [Table 23](#) present data on hospital admissions for diagnoses and procedures relating to hearing loss.

Table 22: Number of admissions by selected diagnoses relating to hearing loss in Wales

		<i>Number</i>				
Diagnosis	ICD10 Code	2013-14	2014-15	2015-16	2016-17	2017-18
Any mention of:						
Conductive hearing loss, bilateral	H900	722	809	820	943	919
Ototoxic hearing loss	H910	4,013	4,660	5,191	5,554	5,836
Other ^(a)		167	148	154	165	171
Total selected diagnoses		4,902	5,617	6,165	6,662	6,926
Primary diagnosis:						
Conductive hearing loss, bilateral	H900	154	186	159	165	148
Ototoxic hearing loss	H910	175	228	157	147	160
Other ^(a)		22	20	26	31	36
Total selected diagnoses		351	434	342	343	344

Source: Patient Episode Database for Wales (PEDW)

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

- [Table 22](#) shows admissions for selected diagnoses relating to hearing loss. For the vast majority of these admissions the primary diagnosis was not hearing related but the patient was additionally diagnosed with a hearing problem.
- Since 2013-14 the total number of admissions with these diagnoses relating to hearing loss has increased by 2,024 (41.3 per cent) to reach 6,926 in 2017-18.
- In 2017-18 out of the 6,926 diagnoses 5,836 were ototoxic hearing loss, 919 were conductive hearing loss, the remaining 171 were made up of various rarer diagnoses.

Table 23: Number of admissions (inpatients and day cases) by selected hearing related procedures

Procedure	OPCS	2013-14	2014-15	2015-16	2016-17	<i>Number</i> 2017-18
Any mention of:						
Clearance of external auditory canal	D07	347	347	386	414	415
Drainage of middle ear	D15	1,730	1,822	1,739	1,810	1,601
Repair of ear drum	D14	490	495	486	545	512
Operations on cochlea	D24	59	57	72	70	60
Other ^(a)		342	398	403	389	353
Total selected procedures		2,968	3,119	3,086	3,228	2,941
Primary procedure:						
Clearance of external auditory canal	D07	260	255	272	319	333
Drainage of middle ear	D15	1,419	1,459	1,431	1,433	1,316
Repair of ear drum	D14	409	402	401	463	440
Operations on cochlea	D24	58	57	71	70	60
Other ^(a)		246	288	272	282	252
Total selected procedures		2,392	2,461	2,447	2,567	2,401

Source: Patient Episode Database for Wales (PEDW)

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

- Table 23 shows that the number of admissions for these procedures relating to hearing loss has increased over the 5 year period for all procedures except drainage of middle ear.
- Table 23 also shows that over 54 per cent of these hearing related procedures involved drainage of the middle of the ear. The next most common procedures are repairing the ear drum followed by clearing the external auditory canal followed by the various rarer procedures that make up the 'other' section and operations on cochlea.
- 82 per cent of procedures completed were the primary procedure recorded.

Hearing Aid waiting times

This data is part of the diagnostic and therapy waiting times dataset which provides a snapshot of the numbers of people waiting for services at the end of each month; more information can be found at:

[NHS Diagnostic and Therapy Service Waiting Times](#)

Table 24: NHS waiting time for an Adult Hearing aid by grouped weeks as at 31 March ^(a)

					<i>Number</i>
Year	≤8 weeks	>8 & ≤14 weeks	>14 & ≤24 weeks	>24 weeks	Total Waiting
2015	2,876	876	2	0	3,754
2016	3,159	1,139	232	127	4,657
2017	3,442	1,119	276	114	4,951
2018	2,928	783	110	16	3,837
2019	2,673	689	0	0	3,362

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

- Table 24 shows that from 2015 to 2017, the number of people waiting for hearing aids increased, but has decreased from 2017 onwards.
- The target waiting time in Wales is 14 weeks and on 31 March 2019 no patient had been waiting longer than 14 weeks.

Registers

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

Table 25: Number of people registered with a hearing impairment by age range, at 31 March 2018 ^(a)

Impairment	Under 18	18-64	65 and over	<i>Number</i> Total
Without visual impairment:				
Deaf with speech	32	684	650	1,366
Deaf without speech	28	412	211	651
Hard of hearing	78	2,103	8,099	10,278
Total with hearing impairment	136	3,199	8,960	12,295
Hearing and sight impaired	30	216	1,360	1,606
Total with hearing impairment	166	3,415	10,320	13,901

Source: Local Authorities (Form SSDA900)

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

- At 31 March 2018, 13,901 people were registered with having a hearing impairment; 2,085 people were registered as deaf and without a visual impairment; while 11,816 people were registered as hard of hearing and without a visual impairment.
- 1,606 people were registered as having both hearing and sight impairments.
- 25.8 per cent of those registered were aged under 65 and 74.2 per cent aged 65 or over.

Further detail of this data is published annually together with data on local authority registers of people with learning disabilities as '[local authority registers of people with disabilities, Wales](#)'. The data relates to the total numbers of people on the registers; information on new registrations is not included.

Workforce

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

[NHS Directly Employed Staff](#)

Table 26: Workforce in the areas of Otolaryngology & Audiovestibular Medicine ^(a) (whole time equivalent numbers), by year

Staff Type	2014	2015	2016	2017	2018
Otolaryngology Doctors					
Number	122.8	127.4	133.6	124.5	117.0
Number per 100,000 population	4.0	4.1	4.3	4.0	3.7
Audiovestibular Medicine Doctors					
Number	0.3	1.7	1.9	1.1	1.8

Source: Electronic Staff Record

(a) Directly employed by the NHS as at 30 September

- As at 30 September 2018 there were 117.0 whole time equivalent otolaryngology staff directly employed by the NHS in Wales, a decrease of 7.5 from 2017.
- The number of whole time equivalent audio vestibular medicine staff directly employed by the NHS in Wales increased in 2018 from 1.1 to 1.8.

Notes

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

Throughout the release a number of eye related conditions are referred to. Background on these conditions are available on the [RNIB website](#).

An introduction to Welsh Eye Care Services

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

[Primary eye care services - General Ophthalmic Services \(GOS\)](#)

[Primary eye care services - Eye Health Examination Wales](#)

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](#)

[The Hospital Eye Service](#)

[The Low Vision Service Wales](#)

[Certification and Registration as Sight Impaired and Severely Sight Impaired](#)

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. 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: [NHS Ophthalmic Payment System](#)

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

Definitions

Sight test eligibility

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

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

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

It should be 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:

[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
- 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

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:

[Guide to Diabetes](#)

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.

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.

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 [Wales Eye Care Services - 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.

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

Severe retinopathy / maculopathy: includes outcomes R3, R3M0, R3M1, R3M2, M2, R3AM1, R3AM0

Stable treated retinopathy: includes outcomes R3SM0 and R3SM1.

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

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

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

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

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

Data quality

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

Hospital Eye Service

NHS Referrals

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

Further [information](#) on NHS Referrals is available with additional data published on [StatsWales](#).

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.

[Further information on NHS Referrals](#) to treatment times is available with additional data published on [StatsWales](#).

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.

Outpatient statistics

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

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

Low Vision Service Wales

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

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

A number of conditions are referred to in statistics for the Low Vision Service Wales data. A background on these conditions are available from the [RNIB website](#).

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.

Some local authorities were unable to provide all the information requested. The registers of people with learning disabilities data may be an underestimate of the total number of people with learning disabilities as registration is voluntary. Local authorities submit numbers of all persons identified as having a learning disability currently known to the authority and included in a register of records for the purpose of planning or providing services.

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

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

CVIs: new registrations

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

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

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

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

For further information about the CVI data, see the [Public Health Outcomes Framework](#).

Workforce

Primary care workforce

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

[General Ophthalmic Services, Workforce Statistics for England and Wales](#).

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: [NHS Directly Employed Staff](#)

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

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 on the [Welsh Government website](#).

Hearing loss

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

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

Data sources, definitions and quality information for hearing loss

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

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.

Waiting times

See above section for [waiting times](#)

Registration

See above section for [registration](#)

Workforce

See above section for [workforce](#)

Health boards

The data sources provide data by either health board of residence or treatment as follows:

General Ophthalmic Service: health board reimbursing the practitioner.

Eye Health Examination Wales: health board reimbursing the practitioner.

DESW: health board is based on the location of the patient's GP practice.

Low Vision Service Wales: Practitioner health board.

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

CVIs: Registrations by local authority have been aggregated to the geographically relevant health board.

Workforce: Employing health board.

Survey Data: Residents of health board.

Coverage

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

Population

ONS mid year estimates of population are used in this release; for 2018-19 the 2017 mid year estimates have been used as estimates for 2018 were not available at the time of publication. These estimates are published on our [StatsWales website](#).

Key quality information

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

Relevance

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

Some of the key potential users are:

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

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

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

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

Accuracy

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

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

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

Timeliness and punctuality

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

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

Accessibility and clarity

The statistics are published in an accessible, orderly, pre-announced manner on the Welsh Government website at 9:30am on the day of publication.

Simultaneously the releases are also published on the National Statistics Publication Hub. We also publicise our outputs on [Twitter](#). All releases are available to download for free.

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

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

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

Comparability and coherence

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

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

Eye Care statistics for England are available from [NHS Digital](#) and data on CVIs for England can be found on the [Public Health England website](#).

Eye care data for Scotland is available from [Information Services Division Scotland](#) and for Northern Ireland data is available from the [Business Services Organisation](#)

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

National Statistics status

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

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

These statistics last underwent a full [assessment](#) against the Code of Practice in June 2012.

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

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

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

Well-being of Future Generations Act (WFG)

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

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

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

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

Further details

<https://gov.wales/sensory-health-eye-care-and-hearing-statistics>

Next update

June 2021 (provisional).

We want your feedback

We welcome any feedback on any aspect of these statistics which can be provided by email to

stats.healthinfo@gov.wales.

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