In September 2021, Welsh Government and Optometry Wales held a pan Wales Webinar to invite pre and post questions regarding the planned eye care reform in Wales

During the Webinar a presentation with timescales was shared and a summary appears below grouped into the main themes for ease of reference. All who submitted questions have been emailed with a response but all questions have been collated and addressed below for practitioners to browse through. Questions and feedback is always welcomed as formal negotiations have not started yet. This can be done via your Regional Optical Committee (ROC) through officemanager@optometrywales.com or via our social media platforms on Twitter/Instagram/Facebook and LinkedIn via @optometrywales

The Workforce

Q. As a practice owner in North Wales, I already struggle with Optom resource. Whilst the changes are undoubtedly extremely positive, I fear this will add increased pressure to an already stretched workforce. Are there any plans to support increased Optometrist numbers? Possibly support for a new Optometry school in North Wales?

A. We are very much aware of the need for support to workforce numbers in rural areas of Wales, and North Wales has been highlighted as one of those areas. As a result of the 12 month Health Education Improvement Wales (HEIW) Clinical Fellow project in 2020/21 the numbers and funding required for upskilling the workforce in all areas was forecasted. Consideration was also given to the support required for practices who provided pre reg places for students, as studies showed that retention was higher in these areas.

Modelling has been done on delegation of tasks to DOs for example and also mapping disease prevalence. A Health Needs Assessment will also be conducted (the first for eye care) and as per the Ministerial statement in September 2021, further funding for upskilling the workforce.   This combined with the planned increase in service fees will attract newly qualified optometrists to stay and work in Wales. DO colleagues in Wales will be encouraged to upskill and will be able to carry out such as Low Vision Service Wales (LVSW), Healthy Living Signposting and Anterior Eye Care Management.

Q. Can I ask how the requirement for Eye Health Examination Wales (EHEW)-equivalent accreditation to practise at Welsh General Ophthalmic Services (WGOS) Level 1 works in respect to the Education Strategic Review (ESR) and changing requirements for the initial undergraduate qualification? Would this EHEW training be worked into the degree to allow placement students to practise under WGOS-1?

A.This is currently what is envisaged and what we would like to achieve is being worked through - the ESR is running in parallel but adjacent to contract reform and what the curriculum redesign finally looks like, sign off will be dependent upon funding and ultimately Cardiff University and General Optical Council (GOC) sign off. We are working very closely

with all stakeholders including Cardiff University who are acutely aware that we need a workforce graduating who can deliver all aspects of Welsh GOS.

Currently, pre reg students can carry out EHEW examinations provided they are under supervision and we do not see this changing with the new qualifications.

Q. Will there be scope to fund education for ancilliary staff in providing these enhanced services?

A. The anticipation and vision for eye care reform is full use of all staff in each practice with fully supported and funded training to ensure each profession works at the top end of their license.

Funding

Q. Lots of great work has gone on already. Are we likely to see an increase in GOS1 or will the extra funding in reality go to levels 2-4?

A. Absolutely, the majority of the additional funding will be allocated to the Sight Test fee. This is intended to truly recognise the value that we deliver in terms of refractive correction. As referenced in the Future Approach document, the main cause of sight loss in the UK is refractive error, taking in a significant 39% of the total. The whole reason for the Future Approach document, A Healthier Wales vision and Prudent Healthcare is to try and make healthcare services and eyecare services seamless. In order to be able to make the eyecare pathway seamless, if the main cause of sight loss is 39% we must ensure we are able to provide this service in order to reduce this figure. Elucidating the factors placing an individual at increased risk of uncorrected refractive error (URE) is complex. Schneider and colleagues have identified social factors (including socioeconomic status, isolation, education), treatment/service factors (rural domicile, access among minority groups, access to health insurance) and individual factors (including psychological factors) to be associated with URE. Lower levels of education and lower income have been identified as being associated with a greater degree of URE (Varma et al). It is essential that there are no gaps in this service provision.

Q. In practice NHS patients are the most likely to miss appointments. Will the NHS be offering a payment for those patients we book in and who fail to attend. These Failed to Attend (FTA's) reduce the potential private patients we see. Do dentists get a reduced figure that covers these patients?

A. This will be considered as financial negotiations continue. To be clear, HES services are not remunerated for their FTAs and it is likely that the increase in sight test fee will need to cover these scenarios. It is also worth speaking to South East Wales ROC (SEWROC) as they have been delivering these kinds of services for some months now with very low reported FTAs.

Q. In regards to EHEW appointments that we are to leave free each day, will practices be remitted for those not filled. How would you check if stores leave these free slots and are claiming correctly for them.

A. We are still working out the finer details of what will likely be a contractual obligation to see a certain % of EHEW patients etc and be able to understand who is and who is not fulfilling their contractual obligations.

It will be for practices to organise their clinical appointments as it is now. Properly remunerating for clinical time eliminates the reliance of practices to sell glasses and contact lenses to be viable, as such more time can be devoted to clinical practice.

Q. Will there be funding available to gain equipment in practice eg OCT?

A. We don't know yet - we haven't fully agreed the finer detail of the support or level of contract

Q. The funding and fees need to be presented as a matter of urgency so we can prepare for the coming changes thoroughly.

A. They will be presented in time - they have not been agreed yet by the negotiating team

The Sight Test

Q. The proposed changes to recall periods, how will this align to College guidance on recall?

A. The College of Optometrists have lent their full support to the likely but not yet agreed changes. We will work to ensure that the General Optical Council, the UK Bodies including the College are supportive of these changes. The recall period work has been fully researched and Wales has the ability as a devolved Government to change healthcare legislation as they have done in dentistry.

It is important to remember that the College do not provide clinical guidance on how often patients should be recalled other than: "You should examine patients at the most appropriate intervals, depending on their clinical needs". The College describe "Recommended ***minimum*** *re-examination intervals" within their guidance documents.*

Q. Are all age groups in Wales going to qualify for NHS examinations or will we retain the over 60, under 16, family history groups etc?

A. These will be retained

Domiciliary Work

Q. Will these services be available for domiciliary patients?

A. The current domiciliary provision is currently not fit for purpose and as such has been re-modelled to expand the current offering for domiciliary patients and to widen access in the same way that Community Dentistry provide their services. A basic structure (fees to be agreed) will be available to share in the coming months.

Q. What plans are there for patients who cannot access standard services at any of the WGOS levels, because they have learning disability, autism, dementia or other challenges?

A. Many of these categories of patients will be able to access the proposed domiciliary service, subject to agreement on fees. Ministerial sign off for the Special Schools Eye Service (SPECS) has been afforded and implementation for this pathway (available on request) will fall under the new legislation surrounding the general contract

Q. I am a domi Optom so not able to qualify for EHEW yet, so can't prepare for the new contract, when do you envision domi optoms being able to prepare for this?

A. As discussions progress we will ensure this isn't a barrier i.e. looking at the EHEW manual requirements and removing the current restrictions

Training to become EHEW accredited is available to the whole profession, you do not need to wait for services to be available in the domiciliary setting before becoming EHEW accredited.

Q. Will you provide funding for mobile slit lamps/ fundus cameras. I am very concerned that you are not going to achieve enough funding for domi ehew tests to be financially viable for us given that we are often at the mercy of how co operative/ understaffed the care homes are (making it difficult to work efficiently) and I am concerned about how hard it is to recruit domi optoms as it is without asking them to have more qualifications and do more difficult work in difficult conditions

A. We are yet to discuss this in formal negotiation which will begin in January

General

Q. How are the big optometry companies going to react to this? Have you managed to engage them?

A. We have all done our due diligence here and we can confidently assert that they have been engaged from the initial workshops that were held 2 years ago to the regular weekly pre negotiation discussions

Q. Just to clarify, when is the contract expected to be fully in place?

A. Within the next 2 years

Q. What are the plans for "marketing" what primary care optometry can do, once the new contract is in place? Currently a high percentage of patients would prefer to see their GP or pharmacy even with a well established EHEW scheme and a lot do not have an idea on what we do beyond refraction. My concern is that these services will not be taken up as successfully as they might be without a reasonable change in patient attitudes.

A. A communications plan has been worked up and discussions with Health Boards, Public Health Wales and Welsh Government have now started to work up a fully funded marketing for this change in service delivery

Q. WECS is now the new standard to be able to provide NHS services which makes sense as nearly everyone is accredited anyway. What will happen with newly qualified OOs? Depending on their SOL number the next WECS accreditation available could be months away, would they not be able to see many patients?

A. This will all be dependent upon the Education Strategic review (ESR) although we are planning that those who are currently undergraduates can come out of Uni ready to deliver EHEW services - we will also look at working with Shared Services Partnership (SSP)and HEIW to ensure those who can work are ready to work - a contract will also require SSP to work more efficiently at processing SOL numbers etc

Q. It seems unfair that a private practice, which refers a patient to the same standard with a suitably qualified practitioner, as per the future protocol, will have to refer via a NHS practice, therefore delaying patient care-surely defeating the object of protecting their sight!

A. We don't believe this will delay patient care, it will ensure that the patient can access diagnosis, management and treatment at the same place. This is what happens in other contractor professions

Q. Will older practitioners, who will not have time to complete all of the relevant courses, have some sort of protected Grandfather rights, in view of their greater experience.

A. There is a planned, phased implementation for the contract work but all should note, it will not be compulsory to undertake the higher GOS Levels 3,4 etc – you are at liberty to deliver what you want and what you can manage in terms of services requirement for Medical Retina services for example

However, the baseline standard of EHEW service provision is unlikely to have protective Grandfather Rights as it has been in place for approximately 20 years. All practitioners should prepare for the minimum standards at their earliest opportunity.

Higher Qualifications

Q. You have talked to higher quals required for level 3 & 4 what equipment is required for these levels?

A. These details will emerge in the coming months. It is worth checking with your ROC and your Optometric Advisers (OAs) what extra services in your area require specific equipment such as OCTs etc

If there are multiple Independent Prescriber (IP) in a region, how will it be determined who will hold the cluster practice if determined only needs one?

A. We are planning on having 2-3 IP practice areas per cluster as a way to meet patients' needs in each area. These services could be delivered on a rota basis if for example all practices in the cluster want to deliver the service - this is why our planning is crucial so we can anticipate demand. For Medical Retina and Glaucoma it is expected that every practice with a resident and qualified optometrist will share the workload with other practices.

Q. Will there be funding available to gain extra qualifications?

A. Yes but this will take place as part of a workforce and cluster mapping exercise (to correctly allocate funds according to patient need) – practitioners may still self fund if they wish or seek funding from their cluster areas (via their cluster representative), as they do now.

If you don't know anything about your cluster contact your ROC or OW via officemanager@optometrywales.com

Q. I understand there were 50 applications for IP training but only 4 hospital placement positions. How is this disparity going to be managed going forward, and the same scenario for glaucoma and Med Ret. Will there be a backlog of appropriately qualified practitioners or time to catch up?

A. The contract implementation will be a supported, phased approach to ensure each cluster has the appropriately qualified services for the cluster needs. The GOC are also making changes to the way IP placements can be conducted to help ease this burden by ensuring

that experienced IP registered optometrists can also provide supervision, therefore easing the burden on hospital placements.

Q. Our practices have developed efficient referral processes using OCT/WECS etc to provide efficient emergency and urgent referrals, including "catching" all of the overdue Glaucoma/diabetic patients in as timely manner as possible. Will we have further input based on our knowledge to pass on forward to David to consider during this current process?

A. Absolutely – yes please, we are keen and remain keen to have all the help we can – please contact the negotiation team via officemanager@optometrywales.com

Eye Care Digitisation

Q. With regards to Open Eyes system, how do you find out information on the roll out plan by Health Board (HB)?

A. This can be done via your local Optometric Adviser (OA) and Regional Optical Committee (ROC)

Clusters

Q. The cluster groups have been slow to contact all practices and inform us about their modus oparandi. More timely communication would be welcome before.

A. Absolutely, we will be working to do this over the implementation time - built into new job roles for cluster leads will be the requirement to engage fully with the paid and nominated cluster lead

Q. Will there be more provision, through the cluster group funding, to cover the costs of training and can we use any accredited UK university to gain the relevant qualifications? Correct me, but I'm sure Alex stated that South Pembrokeshire funding has been used for the foreseeable future?

A. There will be - as we see the roles of the clusters increase there will be increased opportunity to apply for funding - your area has been particularly successful in attracting funding for higher qualifications - this can continue. The HEIW funded qualifications will normally be delivered via a Welsh provider (Cardiff University) and if they have the capacity but if not we can use other providers - but optometrists can still undertake their own training from any provider - Clusters have never stipulated a non Welsh University