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Aneurin Bevan
University Health Board

WALES GENERAL OPHTHALMIC SERVICES ANNUAL REPORT 2025/26

Primary Care, Community Services and
Complex and Long-Term Care Division

Primary Care Contracting

Aneurin Bevan University Health Board Wales General Ophthalmic Services Annual Report 2025/26

Introduction

The National Health Service (Wales Eye Care Services) (Wales) (No. 2) Directions 2024 place a requirement on Health Boards to complete an annual report for the purpose of monitoring Wales General Ophthalmic Services (WGOS) 1-5.

This report provides details in respect of WGOS provision across Aneurin Bevan University Health Board during 2025/26 in respect of workforce, effectiveness, finances and communications.

The report will also highlight any gaps in service provision and plans to address and mitigate those gaps to ensure the delivery of equitable services, closer to home, for the population we serve across Aneurin Bevan University Health Board (ABUHB).

The Health Board Eye Care Collaborative Group provides strategic direction and oversight in regards to the delivery of high quality, sustainable eye care services both across the Health Board and on a regional foot print, also supporting the reporting into the national Eye Care Wales Committee to provide assurances in respect of national policy implementation and alignment across Wales.

1. Wales General Ophthalmic Services

The NHS (Ophthalmic Services) (Wales) 2023 regulations, which govern WGOS 1 and WGOS 2, came into force on 20 October 2023. These regulations and legislative directions replace all previous General Ophthalmic Service instructions for optometry services including all Wales Eye Care Service instructions for example, Eye Health Examinations Wales and Low Vision Services Wales.

Across the Health Board, as of March 2026, there were 55 Optometry practices and 6 domiciliary providers delivering WGOS 1 and 2, all of which were open for urgent and essential appointments and could also provide routine sight tests to patients. Practices continue to prioritise and schedule patient appointments based on clinical need and presenting symptoms relative to the risk of sight loss and harm. There was also one 1 domiciliary provider who provided a WGOS 3 service only.

Of the 55 practices and 7 domiciliary providers across the Health Board in 2025/26, 13 had mobile service agreements in place with the Health Board, 35 practices provided WGOS 3 and 36 practitioners across 27 practices were eligible to provide the WGOS 5.

The WGOS 4 service was launched within the Health Board on 1 November 2024. In 2025/26, 25 practices provided a Medical Retina Service, 11 practices provided a Glaucoma service, and 2 practices were commissioned to provide Hydroxychloroquine (HCQ) monitoring.

2. WGOS Service Provision

Table 1 details the number of practices, by Neighbourhood Care Network (NCN) as of March 2026 providing each WGOS service;

Table 1- WGOS Service Provision by NCN

	WGOS 1 & 2	WGOS 3	WGOS 4- Medical Retina	WGOS 4- Glaucoma	WGOS 4-HCQ	WGOS 5
Blaenau Gwent East	2	2	2	-	-	2
Blaenau Gwent West	4	3	2	1	-	3
Caerphilly East	9	7	3	2	-	6
Caerphilly North	4	3	2	1	-	1
Caerphilly South	5	4	3	2	-	3
Monmouthshire North	8	5	3	2	1	2
Monmouthshire South	3	2	1	-	1	1
Newport East	5	3	2	-	-	2
Newport West	8	4	5	2	-	5
Torfaen North	3	2	2	1	-	1
Torfaen South	4	1	-	-	-	
Domiciliary	6	2	-	-	-	1
Total	61	38	25	11	2	27

In 2025/26, a new domiciliary provider joined the ABUHB Ophthalmic list, and a contractor with an existing practice in Caerphilly South opened an additional practice in Caerphilly North. One practice in Monmouth North was required to temporarily relocate after sustaining significant damage during severe flooding in November 2025.

During 2025/26, additional WGOS 4 Medical Retina service capacity was added, with one new practice commissioned in Caerphilly North, one in Monmouth North, and one in Newport West. WGOS 4 Glaucoma provision remained unchanged. One WGOS 4 HCQ provider in Newport West ceased delivering services; however, following updates to the WGOS 4 Clinical Manual, a new provider in Monmouthshire North was commissioned to ensure continued HCQ provision.

WGOS 5 provision continued to expand, with four additional practices offering the service in Caerphilly East and one more in Caerphilly South. A contractor operating in both Blaenau Gwent West and Caerphilly North served notice and subsequently stopped delivering WGOS 4 Medical Retina services in Caerphilly North, as well as WGOS 5 services in both locations.

The table below details the workforce and number of practitioners providing WGOS 1, 2, 4 and 5 services by NCN. Data is obtained via the Primary Care Workforce Information System, NHS Wales Shared Services Partnership and Health Board systems.

Table 2 – WGOS Workforce by NCN

	WGOS 1 & 2 Optometrist Count	WGOS 1 & 2 Optometrist FTE	WGOS 3	WGOS 4- Medical Retina	WGOS 4- Glaucoma	WGOS 4- HCQ	WGOS 5
Blaenau Gwent East	10	4.4	4	6	-	-	2
Blaenau Gwent West	15	6.97	7	3	1	-	3
Caerphilly East	89	14.38	9	8	3	-	6
Caerphilly North	16	4.25	7	6	1	-	1
Caerphilly South	45	15.15	9	9	4	-	6
Monmouthshire North	35	17.46	11	6	3	2	5
Monmouthshire South	9	5.73	1	3	-	3	2
Newport East	63	16.95	5	3	-	-	4
Newport West	36	10.86	14	9	2	-	5
Torfaen North	13	4.12	1	3	1	-	1
Torfaen South	38	10.23	3	-	-	-	-
Domiciliary	30	5.3	2	-	-	-	1
Total	399	115.8	73	56	15	5	36

**It should be noted that some practitioners may have been counted more than once if working across different NCN areas*

During 2025/26, practitioner numbers across NCN areas continued to increase. The WGOS 4 Medical Retina service saw the largest increase with an additional 13 practitioners strengthening service capacity. WGOS 4 Glaucoma also expanded, increasing by 4 practitioners, while WGOS 5 recorded a further increase of 8, Together, these changes reflect a positive trend in workforce development with an overall increase of 30.2%.

Table 3 details the practices with a Mobile Service agreement in place with the Health Board during 2025/26 which provide Domiciliary services across Gwent;

Table 3 – Mobile Providers

Borough	Practice
BG West	Gwynns Optician, 90 Queen Victoria St, Tredegar, NP22 3PY
BG East	Williams & Parry, 50 Church St, Abertillery. NP13 1DB
Caerphilly North	Leighton Rowland (Gwynns Opticians) 39 Hanbury Rd, Bargoed. CF81 8QU
Monmouth South	Darlington, 2a The Cross, Church Rd, Caldicot, NP26 4HY
Newport West	RW Cole, 58/59 Commercial Rd, Newport. NP20 2PF
Torfaen South	RJD Jenkins Optician, 13 New St, Pontnewydd, Cwmbran, NP44 1EF
Dom	Optical Healthcare Ltd Temple Court Cathedral Road Cardiff CF11 9HA
Dom	Bristol 1 Domiciliary Specsavers Ltd Specsavers Healthcall Pure Offices Kestrel Court Waterwells Drive Quedgeley Gloucestershire GL2 2AT
Dom	CATVOG Domiciliary Specsavers Limited Specsavers La Villiaze St Andrews Guernsey Channel Islands GY6 8YP
Dom	Gwent Domiciliary Specsavers Limited Specsavers Home Visits Gwent Specsavers Britannia House Caerphilly Business Park Caerphilly CF83 3GG
Dom	The Outside Clinic The Outside Clinic Stirling House, 10 Viscount Way, Swindon, SN3 4TN
Dom**LVSW ONLY	South Wales Low Vision Clinic t/a Russell Ham 24 Yeo Close, Newport, NP20 7RS **LVSW ONLY
Dom	Umayr Ali Home Vision Visits

Of the 13 practices listed above, 7 are Domiciliary providers and 6 are static practices within ABUHB.

3. WGOS Assessment

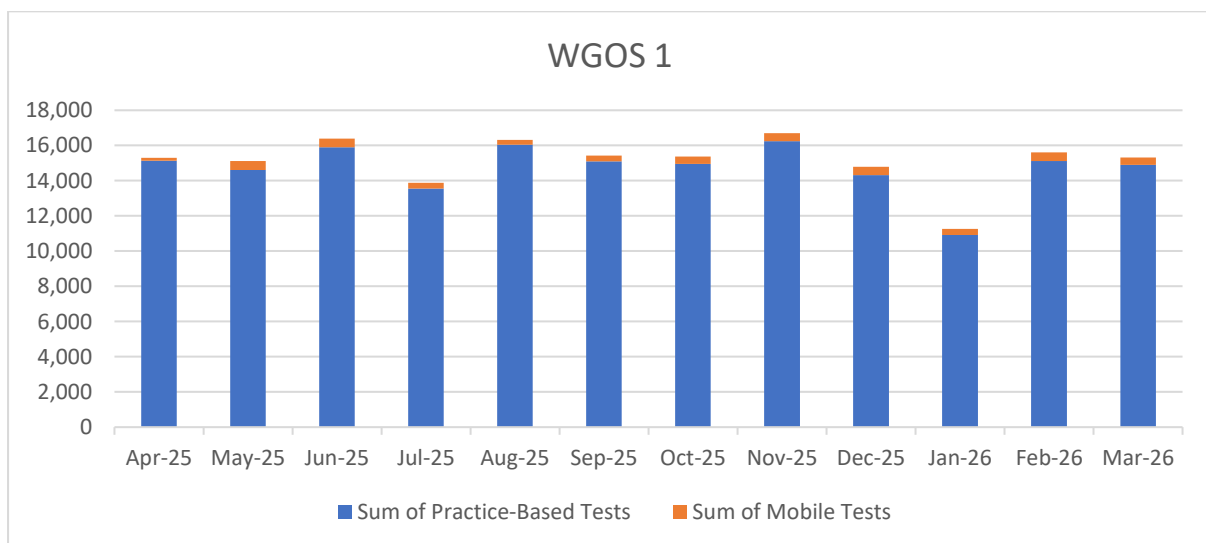
WGOS 1-3

Under the 2023 regulations, WGOS 1-3 are categorised as follows;

- WGOS 1: eye examinations and patient management plan.
- WGOS 2: made up of three bands:
 - Band 1 – Acute eye care and referrals for examination from another healthcare professional.
 - Band 2 - Further examinations following Wales General Ophthalmic Services 1 to inform or prevent a referral.
 - Band 3 - Follow up examinations to Wales General Ophthalmic Services 2 Band 1 and Cataract Post-operative Assessments.
- WGOS 3- Low Vision and Certificate of Visual Impairment
 - Assessment for those with low vision and providing low vision aids where appropriate, as well as holistically supporting the patient and providing rehabilitative support.
 - Certification of vision impairment for patients who are 16 or over, the cause of the vision impairment is permanent and are not currently undergoing treatment which may result in vision returning to non-certification levels

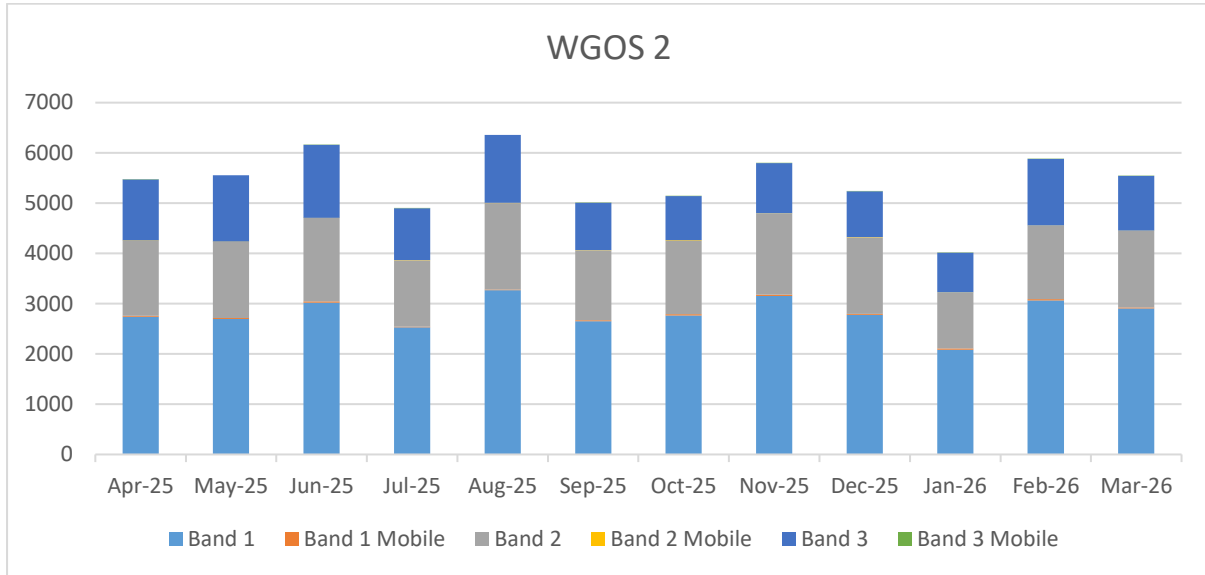
The graphs below detail the number of claims processed for WGOS Services Level 1 -3 between April 25 – March 26;

Figure 1 - WGOS 1 Claims April 25-March 26



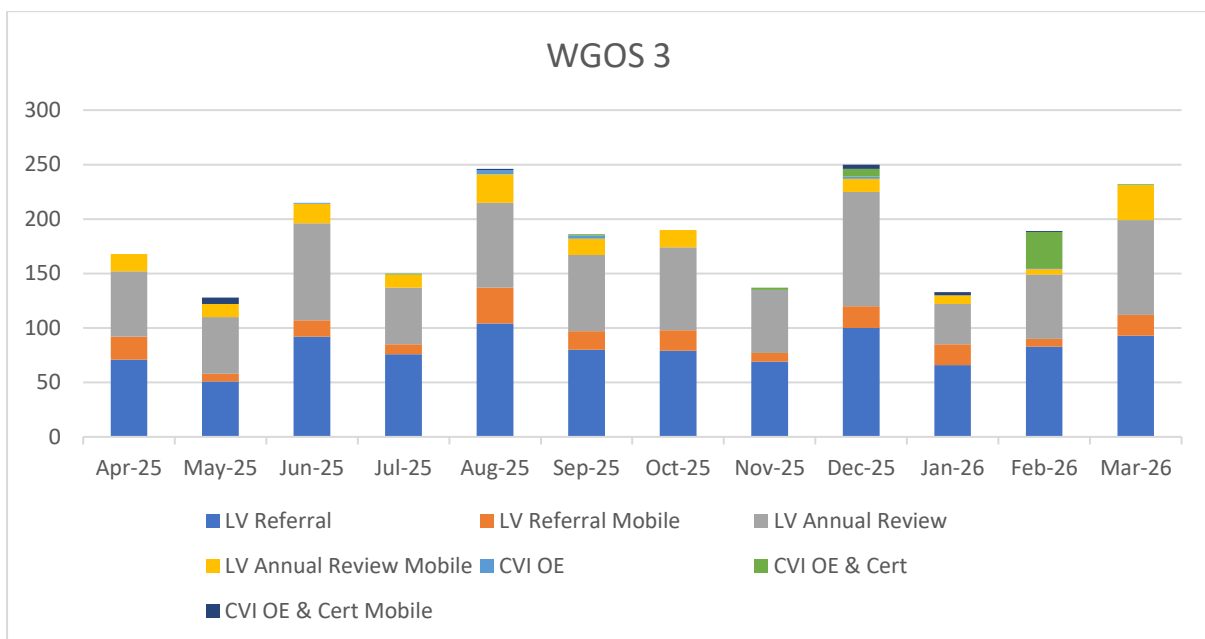
The total number of WGOS 1 claims processed in 2025/26 was 181,509, compared with 172,372 in 2024/25. This represents a 5.3% increase in claims for this service.

Figure 2 – WGOS 2 Claims April 25 - March 26



The total number of WGOS 2 claims processed in 2025/26 was 64,510, compared with 58,533 in 2024/25. This represents a 10.2% increase in claims for this service.

Figure 3 - WGOS 2 Claims April 25 - March 26



The total number of WGOS 3 claims processed in 2025/26 was 2,224, compared with 2,083 in 2024/25. This represents a 6.8% increase in claims for this service.

WGOS 4

WGOS 4 sees patients who would previously have been referred to/or managed in the Hospital Eye Service (HES) instead remain in Primary Care for further enhanced assessment as part of an agreed referral refinement or monitoring pathway for patients:

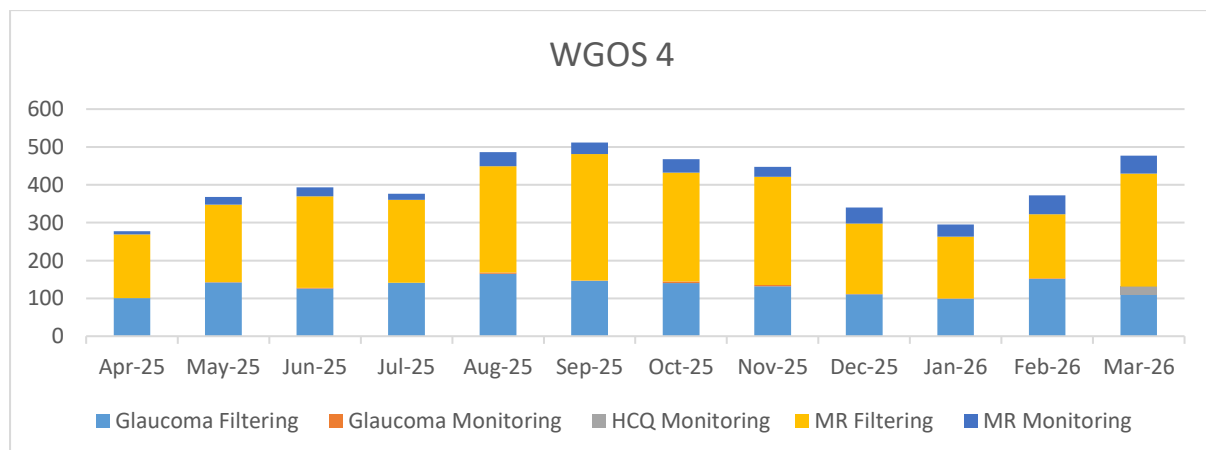
- with or with suspected medical retina conditions
- with or with suspected glaucoma or ocular hypertension; and
- who are at risk of retinopathy due to taking hydroxychloroquine or chloroquine

The WGOS 4 Referral Filtering service was launched within the Health Board on 1 November 2024. Subsequently, the WGOS 4 Medical Retina and Hydroxychloroquine Monitoring services went live on 31 August 2025.

Across the Health Board, consideration remains ongoing regarding the safe and sustainable implementation of WGOS 4 Glaucoma Monitoring. Eligible patients have been identified and the service will be fully launched once the national Electronic Patient Record (EPR) is operational across both Primary and Secondary Care. This is essential to ensure the safe and effective management of this cohort of patients. Responsibility for their care will remain with Secondary Care until the EPR is implemented

While the Secondary Care monitoring pathway continues to develop, some patients referred for a referral filtering examination are already being assessed as suitable for ongoing monitoring within Primary Care, this is evidenced in the claiming activity detailed below;

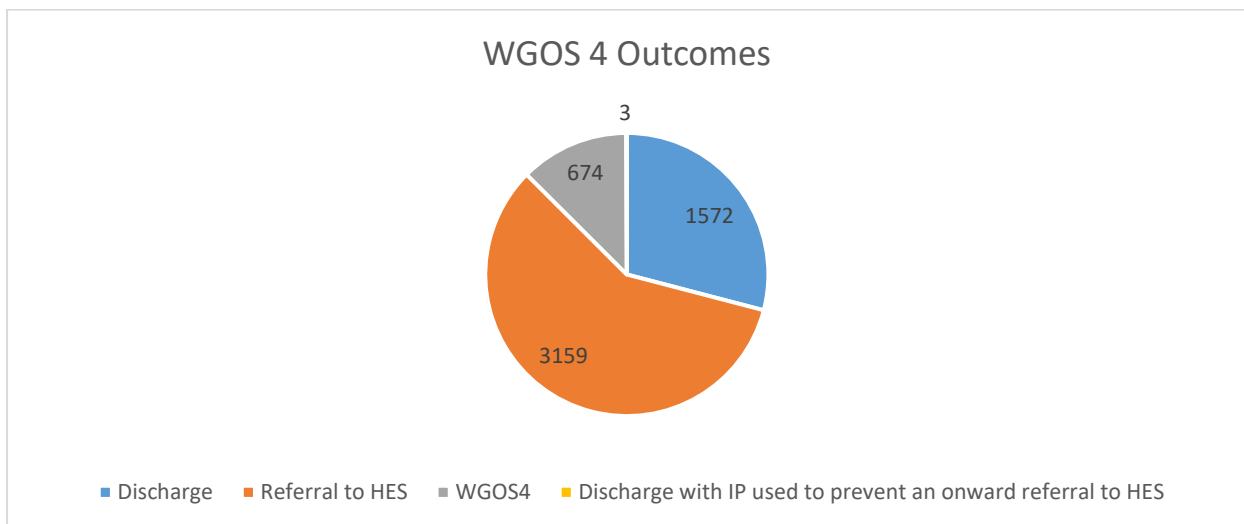
Figure 4 – WGOS 4 Claims April 25 – March 26



The total number of WGOS 4 claims processed in 2025/26 was 4,826, compared with 793 in 2024/25. This represents a 508.5% increase in activity for this service. Given the implementation timeline for WGOS 4 and the continual onboarding of practices, such a sharp rise is expected and reflects the service’s expansion rather than an underlying change in demand.

The chart below details the number of patients seen for each service under WGOS 4 and the outcome of the examination;

Figure 5 – WGOS 4 Examination Outcome



During 2025/26, WGOS 4 prevented a total 2,249 referrals being made into Secondary Care. To support the WGOS 4 pathways further, an audit of a sample of HES referrals was undertaken which demonstrated a reduction in the referrals to ophthalmology services when compared to an audit undertaken in 2024/25;

- Glaucoma - 36% reduction
- Medical Retina – 6% reduction
- Emergency Eye Care (EEC) 96% reduction

These reductions can be directly attributed to the WGOS 4 and WGOS 5 pathways, demonstrating that the services are successfully managing more patients in Primary Care and reducing unnecessary referral to Secondary Care.

Through additional Transformation funding, three Optometrists and two administrative staff members were appointed to support the implementation of WGOS 4 Monitoring. In addition, the team has contributed to WGOS 4 Deflection Service, reviewing patients who had been referred to HES prior to the implementation of the WGOS pathways and redirecting them back to Primary Care. To date, 1,110 patients have been redirected to WGOS 4 providers for an initial referral filtering examination.

The team has also supported School Screening Services, where a cohort of children who were referred to HES after being identified as needing further assessment during school vision screening were redirected to Primary Care for an initial fundus check and cycloplegic refraction. Furthermore, the team has undertaken a review of Secondary Care Services to inform future pathway development.

The introduction of this team has had a positive impact, enabling a more integrated and collaborative approach between Primary and Secondary Care. Their work has strengthened service delivery, supported operational pressures, and enhanced the alignment of pathways across the system. Considerations are ongoing regarding the future of these roles beyond March 2026, when the current Transformation funding ends.

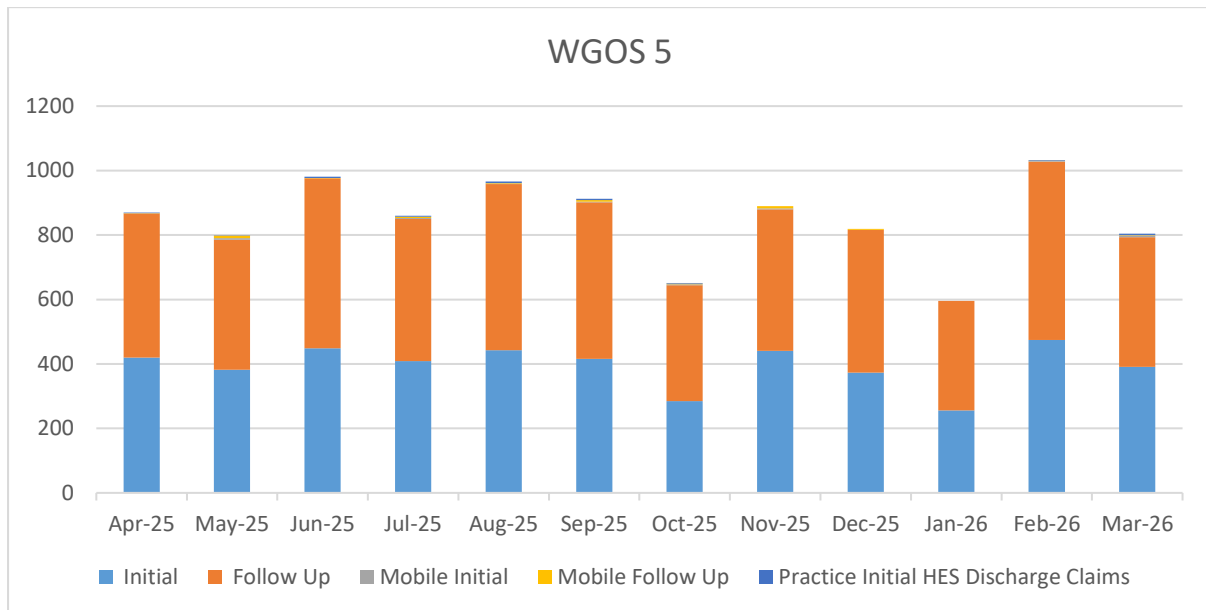
WGOS 5

WGOS 5 enables practitioners with an Independent Prescribing qualification to manage certain conditions in primary care following a referral from a WGOS practitioner or discharge from Hospital Eye Services.

WGOS 5 Urgent services were launched within the Health Board on the 27 November 2023. Following the update to the WGOS 5 clinical manual in 2024, to include the HES discharge element of the service, this part of the service was launched on the 6 February 2025.

The graph below details the number of patients seen under WGOS 5 between April 2025 – March 2026.

Figure 6 - WGOS 5 Claims April 25 – March 26



The total number of WGOS 5 claims processed in 2025/26 was 10,181, compared with 5,851 in 2024/25. This represents a 74% increase in claims for this service. The WGOS 5 service continues to expand and additional 10 providers and 4 practices were commissioned during 2025/26.

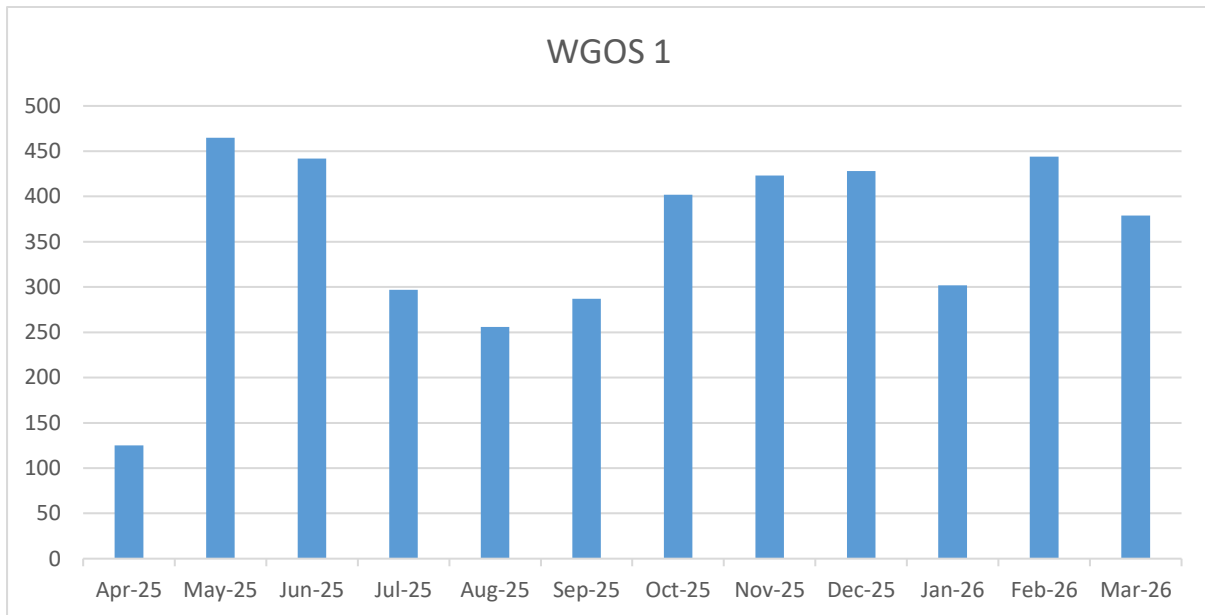
Domiciliary Provision

Following the implementation of the WGOS Regulations in October 2023, there was a requirement for Optometrists to reapply to the All-Wales Ophthalmic list and for Contractors to have a Mobile Service Agreement in place with the Health Board, aligned to the location where the service is to be delivered with a predetermined list of equipment required at every domiciliary appointment.

Of the 13 practices with a mobile service agreement in place. 6 are domiciliary providers who provide WGOS 1 and 2 services. 1 domiciliary provider on the Health Board’s list provides a WGOS 3 service only.

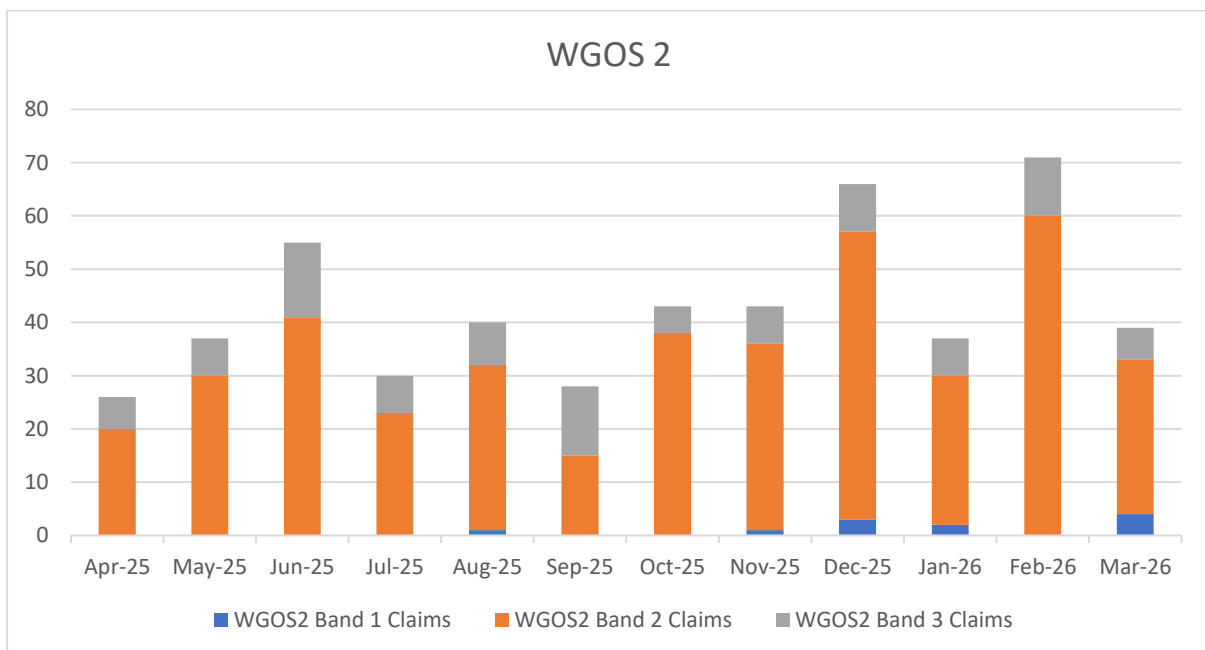
The graphs below detail the number of patients seen by domiciliary providers between April 2025 – March 2026;

Figure 7 – WGOS 1 Mobile Claims April 25 – March 26



During 2025/26 4706 mobile sight test claims were processed, compared to 5206 in 2024/25. This shows a 10.6% decrease in claims

Figure 8 – WGOS 2 Mobile Claims April 25 – March 26



In terms of WGOS 2 claims, 345 mobile claims were processed in 2025/26 compared to 240 in 2024/25. This shows a 43.7% increase in claims

4. WGOS Service Provision and Service Improvement Plans

Gwent became a Marmot Region in 2022. Maintaining Marmot status reflects a shared, ongoing commitment to improving equity across Gwent and enhancing the wellbeing of all communities in line with Marmot principles. Optometry plays a key role in this work by delivering care closer to home, ensuring timely access to eye-health services, and reducing avoidable pressure on Secondary Care. Making Every Contact Count is now a routine part of the sight test, enabling practitioners to support wider health and wellbeing at every appointment.

Local cluster collaboratives further strengthen this approach by delivering community-focused initiatives such as Help Me Quit programmes and dementia-focused Pan-Gwent sessions, addressing broader health needs and inequalities. Practices have also supported school screening pathways by assessing cohorts of children previously referred to HES. ABUHB will continue to support the roll-out of the School Screening Service once it is incorporated into the clinical manual. Alongside this, the Health Board is supporting digitalisation of optometry services and greener primary care through improved data sharing, remote technologies, and more sustainable clinical practices.

As part of this commitment, the Health Board has reviewed current services and reassessed gaps in provision for 2025/26, building on the findings of the Eye Health Needs Assessment. This assessment highlighted limited HCQ monitoring provision across Gwent, other service gaps across several clusters, low patient awareness of available Primary Care services, and persistently high demand for ophthalmology outpatient appointments.

Insights from this work, combined with updated information from the Quality for Optometry workforce toolkit, have informed a refined and targeted action plan. The plan remains focused on ensuring equitable access to services, with particular attention to areas where needs are greatest. WGOS 4 Deflection and School Screening services support this aim. To strengthen capacity and resilience, six optometrists working in areas with identified service gaps were put forward for HEIW training in February 2026, prioritising clusters with the highest need.

During 2025/26, ABUHB implemented an interim E-Referral System (ERS), which went live on 6 October 2025. The system requires practices to

complete an MS Form and upload relevant clinical information, including images. The aims of the MS Form were to:

- Create a consistent and streamlined referral process, with referrals received instantly to reduce triage times
- Reduce referral rejections
- Ensure one sub-specialism per referral
- Enable specialist triage, with each sub-speciality managing its own referrals
- Reduce risks associated with lost referrals, with referrers receiving confirmation once referrals are received and processed
- Improve pathway transparency
- Support better image quality through direct electronic upload to CWS

Following confirmation that a national ERS had been procured, a Project Board was established to support implementation of the national system and the roll-out of Open Eyes across both Secondary and Primary Care. The Primary Care Contracting Team is working closely with Digital and Data colleagues to ensure the smooth implementation of OPERAi, the agreed national ERS, within the required timescales, and will support practices to ensure they are fully prepared for the national rollout.

The Health Board continues to work collaboratively with key stakeholders to ensure WGOS services are delivered safely, effectively and consistently

5. Financial Report

The table below show the financial forecast for 2025/26 in relation to WGOS 2-5. WGOS 1 is non-cash limited and has therefore not been included.

WGOS SERVICE	25/26 FORECAST COSTS £
WGOS 2	4,020,325
WGOS 3	203,447
WGOS 4	513,779
WGOS 5	1,111,504
TOTAL	5,849,055

***At the time of publication, the figures for 2025/26 had not been finalised*

The Health Board continues to monitor claiming and prescribing patterns on a monthly and quarterly basis, liaising with the NHS Wales Shared Services Partnership colleagues and the profession as appropriate, ensuring the delivery of services within the financial allocation.

6. WGOS Communication

Over the course of 2025–26, the Health Board has continued to strengthen its engagement with the optometry profession, placing particular emphasis on collaboration, shared learning, and service development. This year has seen a renewed focus on building relationships across primary and secondary care, as well as deepening our understanding of practice-level activity through direct visits.

In addition to Welsh Government hosted events, which took place on a regional basis, a series of local engagement events have been hosted by the Health Board. The sessions were designed to support service improvement, share information and encourage open dialogue and feedback. These have included:

- One engagement event focused on the WGOS 4 Deflection Service
- One engagement event on WGOS 4 Medical Retina Monitoring
- One engagement event exploring interim e-Referral Solutions

These sessions have provided valuable opportunities for teams across the system to reflect on challenges, share learning, and identify areas for greater integration.

This year, the Primary Care Contracting Team have also developed a practice visit plan, operating on a three-year cycle so that all practices are engaged regularly and systematically. A number of practice visits have already been undertaken, offering meaningful insight into day-to-day service delivery and strengthening relationships with providers.

Meetings have also taken place with several domiciliary providers, and it is the intention to meet with all domiciliary providers during the first quarter of 2026/27 to discuss WGOS service provision and ensure consistent understanding of expectations.

The Primary Care Contracting Team continues to share key updates with the profession through a regular newsletter, ensuring that important developments are communicated clearly and consistently.

Information relevant to WGOS working—including referral pathways, templates, and availability rotas—is maintained on the OW members' page, supporting practitioners in accessing up-to-date operational guidance.

The Health Board's Communications Team has further strengthened public-facing communication this year. A comprehensive communications plan has been developed, supported by:

- Patient-facing posters to raise awareness of Primary Care Optometry services
- Social media activity, including the sharing of patient stories to highlight service impact
- Updates to the staff intranet, including new information and a set of frequently asked questions to support internal understanding

In addition to the broader communications activity, the Health Board's website continues to be updated as required to ensure patients have access to accurate and current information: [Optician - Aneurin Bevan University Health Board](#)

The Eye Care Collaborative Board have continued to meet bi-monthly, with operational support from the Eye Care Working Group, providing ongoing oversight and strategic direction. Integration continues with the implementation of the National Clinical Strategy for Ophthalmology and Task and Finish groups are being established to support the work and will replace the Eye Care Working Group going forward into 2026/27.

Regionally, ABUHB meets with South East Wales Regional Optometric Committee (SEWROC) members, along with Cardiff and Vale University Health Board and Cwm Taf Morgannwg University Health Board, on a bi-monthly basis. A local SEWROC and ABUHB liaison meeting also continues a six-weekly cycle.

The Regional SEWROC group has developed an action plan to deliver joint Continuing Professional Development (CPD) sessions across the region, with the first session planned to take place in June 2026. In light of the strong level of local engagement, it has been agreed that Regional SEWROC

meetings will move to an annual schedule in 2026/27, with the option to hold ad-hoc meetings as required.

Third Sector services are promoted via the Health Board's newsletters and will be considered as part of the wider Optometry Communication plan. The Primary Care Contracting Team continues to work closely with Sight Cymru. Various transport schemes available to patients, have been publicised should patients require additional support.

The Health Board will continue to engage with the profession through further engagement events and is developing an engagement plan for 2026/27, taking a collaborative approach with Secondary Care. Practice visits will also continue. Recognising the impact that the delivery of new Optometry services has on patients, communication with patients and ongoing engagement with the third sector will remain key priorities moving forward.

7. Conclusion

The Annual Report demonstrates the Health Board's continued commitment to implementing and expanding WGOS services across Gwent in accordance with the NHS (Ophthalmic Services) (Wales) 2023 Regulations and the supporting Wales General Ophthalmic Services clinical manuals. The Eye Health Needs Assessment published in April 2025, together with ongoing service monitoring and the introduction of a structured practice-visit programme, is helping to further embed WGOS delivery and guide future service development.

Alongside the expansion of the WGOS services, the Health Board will undertake a comprehensive review of all ophthalmic pathways, ensuring they are shaped around the Community by Design (CbD) programme. CbD prioritises care closer to home, supporting people to stay well within their communities, access care more easily, and only require hospital-based services when absolutely necessary.

By aligning WGOS developments with the principles of CbD; focusing on prevention, accessibility, and community-centred models of care, the Health Board will strengthen local provision while ensuring pathways remain safe, efficient, and sustainable. This combined emphasis on service expansion, pathway redesign, quality assurance, and collaborative working with key stakeholders ensures WGOS remains effective, responsive, and equitable for the population of Gwent.