CONSULTATION ON TOGETHER FOR HEALTH – EYE HEALTH CARE PLAN FOR WALES

Welsh Government Consultation Paper

British Medical Association Cymru/Wales

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the Welsh Government’s consultation on Together for Health – Eye Health Care Plan for Wales.

The British Medical Association represents doctors from all branches of medicine all over the UK; and has a total membership of over 150,000 including more than 3,000 members overseas and over 19,000 medical student members.

The BMA is the largest voluntary professional association of doctors in the UK, which speaks for doctors at home and abroad. It is also an independent trade union.

BMA Cymru Wales represents some 7,000 members in Wales from every branch of the medical profession.

RESPONSE

BMA Cymru Wales welcomes the publication of this document and supports the broad principles outlined within it to improve eye health in Wales. We welcome the fact that it recognises the significant predicted growth in eye health problems owing to Wales’ aging population and that there is therefore a need to plan how this can be addressed in the provision of services. We further welcome the references within the plan regarding the intended involvement of Public Health Wales in the improved promotion of eye health care.

We are however concerned that the plan omits references to a number of important areas. In particular, BMA Cymru Wales is concerned about a lack of reference to the involvement of medical ophthalmic care. In our view, the document appears to be overly focussed on optometry. At the same time, there appears to be insufficient recognition within it of the range, complexity and requirements of secondary care ophthalmic practice, other than an unspecified suggestion that much of it can be undertaken by optometrists.

An example of this is the apparent inference within the plan that improvement of secondary care should rely exclusively on Focus on Ophthalmology (FOO) care pathways and Ophthalmic Diagnostic Treatment Centres (ODTC). We believe that such an assumption would be misplaced as these approaches are not in our view able to cope with the significant lack of secondary care capacity which currently exists, let alone any increased future capacity that would be required as new treatments are developed for conditions which are not presently treatable.

BMA Cymru Wales is concerned that there is no mention within the document of ophthalmic medical training to support future requirements in secondary care. We are also concerned about the lack of reference to ophthalmic medical research. Similarly, we have concerns that there is no mention of either secondary care specialist ophthalmic nurse training/nurse practitioners, or their future role in eye health care.

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We also believe there should be a reference within the plan to the need for horizon-scanning for new treatments likely to be implemented in secondary care within the five-year life of the proposed plan.

Another significant concern we have relates to the lack of reference to the level of funding that will be required to implement any part of the plan, or indeed the plan as a whole. In particular, we would point out that it is unlikely the proposed increased level of activity in primary care that is advocated could be delivered in a manner that would be cost neutral. We therefore feel that a realistic appraisal of the cost implications of each aspect of the proposed plan should be undertaken in order to ascertain its deliverability. This is lacking at the moment, meaning that the cost implications of what is being proposed can neither be assessed nor addressed.

We note the proposal to offer quality-assured vision screening to all pre-school children in Wales. We believe it would be a sensible requirement for each child’s GP to be informed of the outcome of this test.

BMA Cymru Wales notes the proposal that General Practice medical primary care services should refer all patients presenting to them with an eye problem to an optometrist. However, many eye problems presenting to GPs are currently dealt with in a single GP consultation. We therefore believe that it may be inappropriate for all such patients to be required to be referred to an optometrist.

We also note that the document does not include any reference to the funding necessary for GP primary care services to provide the required feedback data given that this is not currently part of GMS contracts. We believe this should be addressed.

Another concern is that in various places within the draft plan, there would appear to be a lack of consistency. For example, the development of a FOO care pathway for cataract is highlighted as a key action within the main body of the document. However, Annex 5 suggests that one is already in existence.

The document is also in substantial need of proof-reading. It currently contains a number of spelling, typographical and grammatical errors to an extent that is surprising for an official Welsh Government consultation document.

In summary, BMA Cymru Wales believes that the plan as it stands only represents a partial examination of eye care in Wales. Given the lack of effective assessment within it of the resource implications of what is being proposed, we also believe that this document can only be regarded as an interesting, unfunded aspirational plan for the development of optometry services in Wales. BMA Cymru Wales certainly supports the intentions behind this plan, but, as it currently stands, cannot support it as being a comprehensive plan for eye health care in Wales.