

WG24-09

**THE NATIONAL HEALTH
SERVICE (WALES) ACT 2006**

The National Health Service (Wales
Eye Care Services) (Wales) (No. 2)
Directions 2024

Made 28 March 2024

Coming into force 1 April 2024

The Welsh Ministers give the following Directions in exercise of the powers conferred on them by sections 12(3), 13(2)(c), (3)(c) and (4)(c), 19(1), 203(9) and (10) and 204(1)(b) of the National Health Service (Wales) Act 2006(1).

PART 1

General

Title and coming into force

1.—(1) The title of these Directions is the National Health Service (Wales Eye Care Services) (Wales) (No. 2) Directions 2024.

(2) These Directions come into force on 1 April 2024.

(3) These Directions are given to Local Health Boards and Velindre University National Health Service Trust(2).

Interpretation

2. In these Directions—

(1) 2006 c. 42.

(2) Established by the Velindre National Health Service Trust (Establishment) Order 1993/2838 as amended by S.I. 1999/826, S.I. 2002/442, S.I. 2009/2059, S.I. 2012/1262, S.I. 2017/912 and S.I. 2018/887.

“the 2023 Regulations” (“*Rheoliadau 2023*”) means the National Health Service (Ophthalmic Services) (Wales) Regulations 2023⁽¹⁾;

“accredited practitioner” (“*ymarferydd achrededig*”) means a practitioner who satisfies all of the accreditation requirements;

“accreditation requirements” (“*gofynion achredu*”) means, in relation to WGOS 3, the requirements set out in direction 3(5), and in relation to WGOS 4 or WGOS 5, the requirements set out in direction 3(6);

“the Act” (“*y Deddf*”) means the National Health Service (Wales) Act 2006;

“the administrative list” (“*y rhestr weinyddol*”) means the administrative list prepared and published by a Local Health Board in accordance with the Wales Eye Care Services (Administrative List) (Wales) Directions 2024⁽²⁾;

“annual budget plan” (“*cynllun cyllideb blynyddol*”) means the annual budget plan approved by the joint committee in accordance with direction 12;

“annual report” (“*adroddiad blynyddol*”) means the annual report prepared and published by each Local Health Board in accordance with direction 8;

“annual summary report” (“*adroddiad cryno blynyddol*”) means the annual summary report prepared and published by the joint committee in accordance with direction 13;

“approved resources” (“*adnoddau a gymeradwyir*”) means such resources of the host NHS body as the joint committee may approve in writing for the purpose of exercising the joint functions;

“arranging contractor” (“*contractwr trefnu*”) means—

- (a) a corporate optician,
- (b) an optometrist,
- (c) an ophthalmic medical practitioner,
- (d) a dispensing optician,

who has entered into an arrangement with a Local Health Board for the provision of any or all of WGOS 3, WGOS 4 or WGOS 5;

“associate medical director” (“*cyfarwyddwr meddygol cyswllt*”) means a person employed by a Local Health Board as an associate medical director with responsibility for the delivery of primary care services;

(1) S.I. 2023/1053 (W. 179).
(2) WG24-01.

“associate member” (“*aelod cyswllt*”) means a member of the joint committee with no voting rights;

“call-off contract” (“*contract yn ôl y gofyn*”) means a contract between the host NHS body and a supplier of devices under which the host NHS body is able to call upon the supplier to provide the Local Health Boards, or such patients as the Local Health Boards may nominate, with devices;

“chief officer” (“*prif swyddog*”) means an officer member of a Local Health Board appointed as the chief officer in accordance with the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009(1);

“clinical manual” (“*llawlyfr clinigol*”) means the manual for WGOS 1-5 approved by the joint committee and published in accordance with these Directions, and includes any revised clinical manual;

“commencement date” (“*dyddiad cychwyn*”) means the date that these Directions come into force under direction 1(2);

“conditions of supply” (“*amodau cyflenwi*”) means the conditions set out in paragraph 5 of the Schedule;

“corporate optician” (“*optegydd corfforedig*”) has the meaning given in regulation 2 of the 2023 Regulations;

“data protection legislation” (“*deddfwriaeth diogelu data*”) has the meaning given in section 3 of the Data Protection Act 2018(2) (terms relating to the processing of personal data);

“deputy director of primary care services of the SSP” (“*dirprwy gyfarwyddwr gwasanaethau gofal sylfaenol y Bartneriaeth Gydwasanaethau*”) means a person employed by Velindre University NHS Trust as the deputy director of the SSP with responsibility for the delivery of primary care services;

“device” (“*dyfais*”) means a device provided to a person with a visual impairment to mitigate or overcome difficulties that they experience as a result of that impairment;

“device order” (“*archeb am ddyfais*”) means an order form sent by an accredited practitioner to the host NHS body requesting that a patient be supplied with one or more devices and which must

(1) S.I. 2009/779 (W. 67), amended by S.I. 2012/1641; S.I. 2013/235; S.I. 2014/1815; S.I. 2015/137; S.I. 2019/349 (W. 83); S.I. 2020/585 (W. 133); S.I. 2022/634; S.I. 2023/98; S.I. 2023/368.

(2) 2018 c. 12; the definition in section 3 was amended by S.I. 2019/419.

be in the order form (record card) set out in the clinical manual, or such other form as the joint committee may require;

“director of finance of the SSP” (“*cyfarwyddwr cyllid y Bartneriaeth Gydwasanaethau*”) means a person employed by Velindre University NHS Trust as the director of the SSP with responsibility for the finances of the SSP;

“director of primary care services of the SSP” (“*cyfarwyddwr gwasanaethau gofal sylfaenol y Bartneriaeth Gydwasanaethau*”) means a person employed by Velindre University NHS Trust as the director of the SSP with responsibility for the delivery of primary care services;

“dispensing optician” (“*optegydd cyflenwi*”) has the meaning given in regulation 2 of the 2023 Regulations;

“dispose of” (“*gwaredu*”) in relation to any thing includes transferring ownership, parting with possession, letting, hiring, or creating any security in or over the thing in question;

“equivalent body” (“*corff cyfatebol*”) has the meaning given in regulation 2 of the 2023 Regulations;

“equivalent list” (“*rhestr gyfatebol*”) means a list kept by an equivalent body which is equivalent to a primary care list;

“eye examination services” (“*gwasanaethau archwilio llygaid*”) has the meaning given in regulation 3 of the 2023 Regulations;

“eye health needs assessment” (“*asesiad o anghenion iechyd llygaid*”) means an assessment prepared and published by a Local Health Board in accordance with direction 4, and includes any revised assessment;

“finance officer” (“*swyddog cyllid*”) means an officer member of a Local Health Board appointed as the finance officer in accordance with the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009;

“financial year” (“*blwyddyn ariannol*”) means the period of 12 months beginning on 1 April in one year and ending on 31 March in the following year;

“first annual budget plan” (“*cynllun cyllideb blynyddol cyntaf*”) means the annual budget plan for the financial year beginning on 1 April 2024;

“general ophthalmic services” (“*gwasanaethau offthalmig cyffredinol*”) has the meaning given in regulation 4 of the 2023 Regulations;

“healthcare professional” (“*proffesiynolyn gofal iechyd*”) means a person who is a member of a profession regulated by a body mentioned in

section 25(3) of the National Health Service Reform and Health Care Professions Act 2002⁽¹⁾;

“HEIW” (“*AaGIC*”) means Health Education and Improvement Wales established by the Health Education and Improvement Wales (Establishment and Constitution) Order 2017⁽²⁾;

“host NHS body” (“*corff GIG cynhalio!*”) means Velindre University NHS Trust⁽³⁾;

“in-year budget plan” (“*cynllun cyllideb yn ystod y flwyddyn*”) has the meaning given in paragraph 8(9) of the Schedule;

“the joint committee” (“*y cyd-bwyllgor*”) means the joint committee established pursuant to direction 9;

“Local Health Board” (“*Bwrdd Iechyd Lleol*”) means a Local Health Board established in accordance with section 11(2) of the Act;

“Local Optometric Advisor” (“*Cynghorydd Optometrig Lleol*”) means a person who is employed by a Local Health Board with responsibility for supporting the Local Health Board in maintaining appropriate standards of patient care and in developing local optometric services;

“LVSU Accreditation” (“*Achrediad GGGC*”) means successful completion of relevant postgraduate modules in low vision and any other relevant training, practice and clinical requirements outlined in the clinical manual;

“medical officer” (“*swyddog meddygol*”) means an officer member of a Local Health Board appointed as the medical officer in accordance with the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009;

“mobile services” (“*gwasanaethau symudol*”) means WGOS 3, WGOS 4 or WGOS 5 provided at a place other than a registered premises;

“National WGOS Clinical Lead” (“*Arweinydd Clinigol Cenedlaethol ar gyfer GOCC*”) means a person who is employed by Velindre University NHS Trust with responsibility for providing clinical leadership and support in relation to optometric services in Wales;

(1) 2002 c. 17.

(2) S.I. 2017/913 (W. 224).

(3) The functions of Velindre University NHS Trust as regards the provision of administrative, professional and technical services to the health service in Wales are delegated to the SSP under S.I. 2012/1261 (W. 156), amended by S.I. 2013/235; S.I. 2015/137; S.I. 2016/481; S.I. 2020/585 (W. 133) and S.I. 2021/237 (W. 60).

“ophthalmic medical practitioner” (“*ymarferydd meddygol offthalmig*”) has the meaning given to it in regulation 2 of the 2023 Regulations;

“optometrist” (“*optometrydd*”) has the meaning given in regulation 2 of the 2023 Regulations;

“originating events” (“*digwyddiadau cychwynnol*”) means the events that gave rise to the suspension, refusal to admit, conditional inclusion, removal or contingent removal that took place;

“patient” (“*claf*”) means a person to whom WGOS 3, WGOS 4 or WGOS 5 (as appropriate) is provided in accordance with the clinical manual;

“Pre-employment Checks Standards” (“*Safonau Gwirio Cyn Cyflogaeth*”) has the meaning given in direction 3(8);

“primary care list” (“*rhestr gofal sylfaenol*”) means a list referred to in section 115(1)(a) to (d) of the Act;

“primary care services officer” (“*swyddog gwasanaethau gofal sylfaenol*”) means an officer member of a Local Health Board appointed in accordance with the Local Health Boards (Constitution, Membership and Procedures) (Wales) Regulations 2009 with responsibility for provision of primary care services;

“professional registration number” (“*rhif cofrestru proffesiynol*”) means the number against the arranging contractor’s or accredited practitioner’s name in the register;

“quarter” (“*chwarter*”) means a successive period of three months beginning on 1 April, 1 July, 1 October and 1 January;

“the register” (“*y gofrestr*”) means—

- (a) in relation to an ophthalmic medical practitioner, a register maintained by the General Medical Council under the Medical Act 1983(1), or
- (b) in relation to an arranging contractor or accredited practitioner other than an ophthalmic medical practitioner, a register maintained by the General Optical Council under the Opticians Act 1989(2);

“registered premises” (“*mangre gofrestredig*”) means an address in relation to an arranging contractor provided in accordance with paragraph 1(1)(d) of the Schedule;

“relevant accredited practitioner” (“*ymarferydd achrededig perthnasol*”) in relation to a device supplied to a patient, means the accredited

(1) 1983 c. 54.
(2) 1989 c. 44.

practitioner who supplied that device to that patient;

“relevant supplier” (“*cyflenwr perthnasol*”) in relation to a device supplied to a relevant accredited practitioner for onward supply to a patient, means the supplier procured to deliver the device to the accredited practitioner;

“registered orthoptist” (“*orthoptydd cofrestredig*”) means a person who is registered as an orthoptist in the register established and maintained by the Health and Care Professions Council under article 5 of the Health Professions Order 2001(1);

“running costs” (“*costau rhedeg*”) means such costs as the host NHS body may reasonably incur in exercising its functions in accordance with direction 15;

“the SSP” (“*y Bartmeriaeth Gydwasanaethau*”) means the Velindre National Health Service Trust Shared Services Committee established by the Velindre National Health Service Trust Shared Services Committee (Wales) Regulations 2012(2);

“standard operating procedures” (“*gweithdrefnau gweithredu safonol*”) means the standard operating procedures for the provision of WGOS 1-5 prepared and published in accordance with direction 11;

“standing orders” (“*rheolau sefydlog*”) means standing orders of the joint committee made in accordance with direction 14;

“Velindre University NHS Trust” (“*Ymddiriedolaeth GIG Prifysgol Felindre*”) means Velindre University National Health Service Trust established by article 2 of the Velindre National Health Service Trust (Establishment) Order 1993(3);

“WGOS 1” (“*GOCC 1*”) means general ophthalmic services provided in accordance with the 2023 Regulations;

“WGOS 2” (“*GOCC 2*”) means eye examination services provided in accordance with the 2023 Regulations;

“WGOS 3” (“*GOCC 3*”) has the meaning given to it in direction 3(7)(a);

“WGOS 4” (“*GOCC 4*”) has the meaning given to it in direction 3(7)(b);

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- (1) S.I. 2002/254.
(2) S.I. 2012/1261 (W. 156), amended by S.I. 2013/235; S.I. 2015/137; S.I. 2016/481; S.I. 2020/585 (W. 133) and S.I. 2021/237 (W. 60).
(3) S.I. 1993/2838, amended by S.I. 1999/826; S.I. 2002/442 (W. 57); S.I. 2002/2199 (W. 219); S.I. 2009/2059 (W. 178); S.I. 2012/1262 (W. 157); S.I. 2017/912 (W. 223); S.I. 2018/887 (W. 176); S.I. 2021/232 (W. 58) and S.I. 2022/251 (W. 77).

“WGOS 5” (“GOCC 5”) has the meaning given to it in direction 3(7)(c);

“WGOS 1-5” (“GOCC 1-5”) means, collectively, WGOS 1, WGOS 2, WGOS 3, WGOS 4 and WGOS 5;

“workforce data” (“*data’r gweithlu*”) means data relating to those employed by the arranging contractor.

PART 2

Directions to the Local Health Boards – functions to be exercised individually

Eye services to be available in primary care

3.—(1) Each Local Health Board must arrange, as respects its area, for WGOS 3, WGOS 4 and WGOS 5 to be made available in primary care as far as reasonably possible in accordance with these Directions.

(2) In arranging for the provision of WGOS 3, WGOS 4 and WGOS 5 under paragraph (1), each Local Health Board must—

- (a) ensure that those services are delivered in accordance with—
 - (i) the relevant clinical standards set out in the clinical manual,
 - (ii) the standard operating procedures, and
 - (iii) any other clinical or quality measures agreed by the joint committee,
- (b) ensure that arranging contractors are suitably qualified and competent, with appropriate safeguards in place, to provide WGOS 3, WGOS 4 or WGOS 5 (as appropriate),
- (c) have regard to its eye health needs assessment (if any), and
- (d) ensure that any concerns, incidents or complaints which occur as a result of the provision of WGOS 3, WGOS 4 or WGOS 5 in the Local Health Board’s area are investigated in accordance with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011⁽¹⁾ and any other requirements set out in the clinical manual or standard operating procedures.

(1) S.I. 2011/704 (W. 108), amended by S.I. 2013/235; S.I. 2013/898 (W. 102); S.I. 2022/634; S.I. 2023/274 (W. 41); S.I. 2023/281 (W. 42) and S.I. 2023/1053 (W. 179).

(3) When entering into an arrangement with an arranging contractor for the provision of WGOS 3, WGOS 4 or WGOS 5, the Local Health Board must ensure that the arrangement requires the arranging contractor to—

- (a) provide the Local Health Board with the information set out in paragraph 1(1) of the Schedule (unless the Local Health Board already holds the relevant information);
- (b) provide the Local Health Board with any other information that it may require, including workforce data and information about the types of eye conditions and risks to eye health or vision identified by the arranging contractor among its patients;
- (c) take the action set out in paragraph (4), where the arranging contractor regularly employs or regularly engages an accredited practitioner to provide or assist in the provision of WGOS 3, WGOS 4 or WGOS 5 (as appropriate);
- (d) notify the Local Health Board within 7 days of any material changes to the information provided to the Local Health Board in accordance with (a), (b) or (c) above;
- (e) ensure that WGOS 3, WGOS 4 or WGOS 5 (as appropriate) are delivered in accordance with—
 - (i) the relevant clinical standards set out in the clinical manual,
 - (ii) the standard operating procedures, and
 - (iii) any other clinical or quality measures agreed by the joint committee;
- (f) before employing or engaging an accredited practitioner to provide or assist in the provision of any or all of WGOS 3, WGOS 4 or WGOS 5—
 - (i) comply with the Pre-employment Checks Standards in relation to that person, and
 - (ii) take reasonable steps to satisfy itself that the person in question is suitably qualified and competent, with appropriate safeguards in place, to discharge the duties for which that person is to be employed or engaged.

(4) Where direction 3(3)(c) applies, the arranging contractor must—

- (a) request and obtain from the accredited practitioner the information set out in paragraph 1(2) of the Schedule,
- (b) notify the accredited practitioner that the information will be provided to the Local Health Board and, in the case of the information at paragraph 1(2)(a), (b) and (c)

of the Schedule, will be published by the Local Health Board for the purposes of its administrative list, and

- (c) provide the information supplied by an accredited practitioner to the Local Health Board.

(5) A person is an accredited practitioner for the purposes of providing WGOS 3 if they—

- (a) practice in Wales and are an optometrist or dispensing optician registered with the General Optical Council, or an ophthalmic medical practitioner registered with the General Medical Council;
- (b) successfully complete the LVSW Accreditation;
- (c) successfully complete any mandatory training and continuing development training required by the joint committee.

(6) A person is an accredited practitioner for the purposes of providing WGOS 4 or WGOS 5 if they—

- (a) practice in Wales and are an optometrist registered with the General Optical Council or an ophthalmic medical practitioner registered with the General Medical Council,
- (b) successfully complete the practice and clinical requirements set out in the clinical manual for WGOS 4 or WGOS 5 (as appropriate), and
- (c) successfully complete any mandatory training and continuing development training required by the joint committee.

(7) In these Directions—

- (a) “WGOS 3” means the provision of low vision assessments, support and signposting for patients who require such assessments, and securing the provision of low vision aids to patients, and certification of visual impairment in optometry in accordance with these Directions;
- (b) “WGOS 4” means advanced practitioner management of medical retina and glaucoma referral refinement or monitoring services provided in accordance with these Directions;
- (c) “WGOS 5” means advanced practitioner management of acute eye problems and glaucoma provided in accordance with these Directions.

(8) For the purposes of this direction, “Pre-Employment Checks Standards” must include, as a minimum, the following elements of the NHS Employment Checks Standards published by the NHS Confederation—

- (a) identity checks standard,

- (b) right to work checks standard,
- (c) professional registration and qualification checks standard,
- (d) references checks standard, and
- (e) criminal record checks standard.

Eye health needs assessment

4.—(1) Each Local Health Board must prepare and publish, for its area, an eye health needs assessment in accordance with these Directions.

(2) Each Local Health Board must prepare and publish its first eye health needs assessment within 12 months of the commencement date.

(3) Subject to paragraph (3), each Local Health Board must prepare and publish a revised eye health needs assessment no later than 3 years after it has published its first eye health needs assessment in accordance with paragraph (2) and every 3 years thereafter.

(4) A Local Health Board must prepare and publish a revised eye health needs assessment as soon as reasonably practicable after identifying changes, which are of a significant extent, since the previous publication of its eye health needs assessment unless it is satisfied that doing so would be a disproportionate response to those changes.

(5) A Local Health Board may publish a statement explaining changes to the provision of any or all of WGOS 1-5 since the previous publication of its eye health needs assessment where the Local Health Board—

- (a) is satisfied that making a revised eye health needs assessment would be a disproportionate response to those changes, or
- (b) is in the course of making a revised eye health needs assessment and is satisfied that immediate modification of its eye health needs assessment is essential in order to prevent detriment to the provision of ophthalmic services in its area.

(6) Where a Local Health Board publishes an eye health needs assessment for its area in accordance with paragraphs (2), (3) or (4), or a statement for its area in accordance with paragraph (5), the Local Health Board must notify the joint committee of its publication as soon as reasonably practicable.

Information to be contained in an eye health needs assessment

5.—(1) An eye health needs assessment prepared in accordance with direction 4 must relate to all of WGOS 1–5 provided under arrangements made by the

Local Health Board and include the matters set out in paragraph (2).

(2) The matters that must be contained in an eye health needs assessment are—

- (a) an assessment and summary of the provision of WGOS 1–5;
- (b) an assessment and summary of the demand for WGOS 1–5;
- (c) proposals for further ophthalmic services that may be needed to meet demand for those services;
- (d) an outline of the prevalence and impact of sight loss in the Local Health Board’s area, including the aetiology, risk factors, demographics and public health and other consequences of sight loss;
- (e) an analysis of the information provided by all data sources;
- (f) a map that identifies the premises at which any or all of WGOS 1–5 are provided in the Local Health Board’s area.

(3) Each Local Health Board must, so far as practicable, keep up to date the map which it includes in its eye health needs assessment pursuant to paragraph (2)(f) without needing to republish the whole assessment.

Matters for consideration when preparing an eye health needs assessment

6. When preparing an eye health needs assessment under direction 4, each Local Health Board—

- (a) must have regard, in so far as it is practicable to do so, to the following matters—
 - (i) the demography of its area,
 - (ii) any different needs of different localities within its area,
 - (iii) the ophthalmic services provided under arrangements with any neighbouring Local Health Board which affect the need for ophthalmic services in its area,
 - (iv) any other NHS services provided in or outside its area (which are not covered by sub-paragraph (iii)) which affect the need for ophthalmic services in its area,
 - (v) any relevant information provided to the Local Health Board either under these Directions or the 2023 Regulations, and
- (b) must take into account the likely future needs having regard to changes to the number of people in its area who will require any or all of WGOS 1–5.

Fee reimbursement

7. Each Local Health Board must, as respects its area, operate a system for reimbursing fees for the provision of WGOS 3, WGOS 4 and WGOS 5 in accordance with Part 2 of the Schedule.

Annual report

8.—(1) Each Local Health Board must prepare an annual report for the purposes of monitoring the provision of WGOS 1–5 in its area in accordance with paragraphs (2) to (4).

(2) A Local Health Board’s annual report must cover WGOS 1–5 provided in the previous financial year under arrangements made by the Local Health Board and must contain the information set out at paragraph (3) below.

(3) The information that must be contained in a Local Health Board’s annual report is—

- (a) a summary of the provision of WGOS 1–5,
- (b) a summary of the workforce providing those services,
- (c) an assessment of the effectiveness of the provision of WGOS 1–5, including any shift of patients from secondary ophthalmology services into primary care, access to optometry pathways, and access times to services,
- (d) any identified gaps in service provision and the steps taken to try to address and then close those gaps,
- (e) any identified need and, if applicable, proposals, for service improvement pathways,
- (f) financial forecasts for service delivery, and
- (g) a summary of the Local Health Board’s communications activity relating to WGOS 1–5 to raise awareness of those services among the public and healthcare professionals and its proposals for future communications activity.

(4) Within four weeks of the end of the financial year to which the annual report relates, the annual report must be—

- (a) published, and
- (b) submitted to the joint committee.

PART 3

Directions to Local Health Boards – functions to be exercised jointly

Joint exercise of functions and appointment of the joint committee

9.—(1) The Local Health Boards must jointly exercise the functions in directions 8 to 12 in accordance with these Directions.

(2) For the purpose of exercising those functions, the Local Health Boards must appoint a joint committee from the commencement date.

(3) The joint committee appointed by the Local Health Boards under paragraph (2) is to be known as the Eye Care Wales Committee.

Clinical manual

10.—(1) The Local Health Boards must arrange for the preparation and publication of a clinical manual for WGOS 1–5 in accordance with paragraphs (2) to (5).

(2) The clinical manual must—

- (a) contain service information, clinical standards and quality of care for the provision of WGOS 1-5;
- (b) set out the circumstances in which WGOS 3, WGOS 4 and WGOS 5 are to be provided;
- (c) reflect the training, qualification and accreditation requirements for practitioners providing each of WGOS 1–5;
- (d) set out process requirements for dealing with concerns or complaints about WGOS 1-5 which must accord with the National Health Service (Concerns, Complaints and Redress Arrangements) (Wales) Regulations 2011⁽¹⁾;
- (e) contain any other reasonable requirements and information relating to WGOS 1-5.

(3) The clinical manual may not be published unless it has been approved by the joint committee.

(4) Before the clinical manual can be approved, the Local Health Boards must consult with such persons as appear to them to be appropriate.

(5) The requirements of paragraphs (2) to (4) apply to any revised clinical manual.

(1) S.I. 2011/704 (W. 108).

Standard operating procedures

11.—(1) The Local Health Boards must arrange for the preparation and publication of standard operating procedures in accordance with paragraphs (2) to (4).

(2) The standard operating procedures may not be published unless they have been approved by the joint committee.

(3) Before the standard operating procedures can be approved, the Local Health Boards must consult with such persons as appear to them to be appropriate.

(4) The requirements of paragraphs (2) and (3) apply to any revised standard operating procedures.

Approval of annual budget plan

12. The Local Health Boards must consider, and if content approve, the annual budget plan prepared and submitted to the joint committee by the host NHS body in accordance with paragraph 8 of the Schedule.

Annual summary report

13.—(1) The Local Health Boards must prepare and publish an annual summary report for the purposes of monitoring the provision of WGOS 1–5 across Wales in accordance with paragraphs (2) to (5).

(2) The annual summary report must relate to the provision of WGOS 1–5 under arrangements made by the Local Health Boards and must contain the information set out at paragraph (3) below.

(3) The information that must be contained in the annual summary report is—

- (a) information relating to the provision of WGOS 1–5 across Wales during the previous financial year, taking into account the findings from the annual report submitted by each Local Health Board in accordance with direction 8(4)(b) and the information provided to the joint committee under paragraphs 2(3) and 3(4) of the Schedule;
- (b) an assessment of national key performance indicators relating to the provision of WGOS 1–5 across Wales, including the shift of patients from secondary ophthalmology services into primary care optometry;
- (c) an assessment of any identified need for and, if applicable, proposals for service improvement pathways for WGOS 1–5 across Wales;
- (d) an assessment of communications activity relating to WGOS 1–5 undertaken to raise awareness of those services among the public and healthcare professionals, and proposals for future communications activity;

- (e) any other matter which the chair of the joint committee considers appropriate.

(4) An annual summary report must be submitted to the Welsh Ministers no later than four weeks after the joint committee has received the annual report of each Local Health Board in accordance with direction 8(4).

Standing orders of the joint committee

14. The Local Health Boards must prepare and publish standing orders for the joint committee which must include, as a minimum, provisions about—

- (a) the eligibility requirements for members of the joint committee,
- (b) tenure of office of the chair and vice chair of the joint committee,
- (c) termination and suspension of members of the joint committee,
- (d) the regulation of the meetings and proceedings of the joint committee, and
- (e) how to contact the joint committee.

PART 3

Host NHS body

Directions to the host NHS body

15. The host NHS body must exercise its functions to provide such professional, administrative and technical support for the running of the joint committee as required and in accordance with these Directions.

PART 4

Membership and proceedings of the joint committee

Membership of the joint committee

16.—(1) The members of the joint committee must consist of—

- (a) a chair nominated by the chief officers of the Local Health Boards from amongst the members referred to in paragraph (1)(c);
- (b) a vice chair appointed by the joint committee from amongst the members referred to in paragraph (1)(c), (d), (e), (f), (g), (h) or (i);
- (c) the chief officer of each Local Health Board or the chief officer's nominated representative;

- (d) a finance officer nominated by the Local Health Boards' finance officers;
 - (e) the director of primary care services of the SSP or the director's nominated representative;
 - (f) the Local Optometric Advisors from each Local Health Board;
 - (g) the National WGOS Clinical Leads;
 - (h) the director of finance of the SSP or the director of finance's nominated representative;
 - (i) a medical officer or associate medical director nominated by the Local Health Boards' medical officers and associate medical directors;
 - (j) eight associate members (see paragraph (2)).
- (2) The associate members are—
- (a) the chief executive of Optometry Wales⁽¹⁾ or that person's representative who is a director of Optometry Wales;
 - (b) the chief executive of the Citizen Voice Body for Health and Social Care, Wales⁽²⁾ or that person's representative;
 - (c) a representative from Health Education and Improvement Wales⁽³⁾;
 - (d) a representative from Welsh Government;
 - (e) a representative from Wales Vision Forum⁽⁴⁾;
 - (f) a representative from the All Wales Orthoptic Advisory Committee⁽⁵⁾ who is a registered orthoptist;
 - (g) the Llywydd of the Royal College of Ophthalmologists Wales Committee⁽⁶⁾ or that person's representative who is an ophthalmic medical practitioner;
 - (h) the chair of the Welsh Optometric Committee⁽⁷⁾ or that person's representative.

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- (1) The professional umbrella organisation for the primary care eye health profession in Wales known as Optometry Wales registered in England and Wales with company number 8219539.
 - (2) Established under section 12(1) of the Health and Social Care (Quality and Engagement) (Wales) Act 2020 (asc 1).
 - (3) Established by S.I. 2017/913 (W. 224).
 - (4) The unincorporated body known as Wales Vision Forum with members comprising of local, regional and national organisations working with people with sight loss in Wales.
 - (5) The advisory group to the committee known as the Welsh Allied Health Professions Committee and recognised by the Welsh Ministers under paragraph 1 of Schedule 14 to the Act.
 - (6) The Royal College of Ophthalmologists Wales Committee which is a committee of the Royal College of Ophthalmologists.
 - (7) The Welsh Optometric Committee is the operating name of the Welsh Optical Committee, a statutory advisory

(3) Appointments to the joint committee must be in accordance with standing orders.

(4) For the purposes of these Directions, a nominated representative is—

- (a) in relation to a chief officer of a Local Health Board, the primary care services officer of the Local Health Board;
- (b) in relation to the director of primary care services of the SSP, the deputy director of primary care services of the SSP;
- (c) in relation to the director of finance of the SSP, an employee of Velindre University NHS Trust with responsibilities relating to the SSP's finances.

(5) A nomination for the purposes of paragraph (4) must be in writing addressed to the chair of the joint committee.

Meetings and proceedings

17. The meetings and proceedings of the joint committee must be conducted in accordance with standing orders.

PART 5

Data protection

Data protection

18. Nothing in these Directions requires the Local Health Boards or the host NHS body to do anything contrary to data protection legislation.

PART 6

Revocations, savings and consequential and minor amendments

Revocations

19.—(1) The Eye Health Examination Service Committee (Wales) Directions 2016(1) are revoked.

(2) The Low Vision Service Committee (Wales) Directions 2016(2) are revoked.

committee recognised by the Welsh Ministers under section 190 of the 2006 Act.

(1) S.I. 2016/10 as amended by WG20-44, WG21-11 (now expired) and WG23-47.

(2) S.I. 2016/11 as amended by WG20-44, WG21-11 (now expired) and WG23-47.

Savings

20. Any action taken by or on behalf of the LVSW Committee established under the Low Vision Service Committee (Wales) Directions 2016 or the Enhanced Optometry Services Committee established under the Eye Health Examination Service Committee (Wales) Directions 2016 before the commencement date has effect on or after the commencement date as if such action had been taken by the joint committee on the commencement date.

Amendments to the Wales Eye Care Services (Administrative List) (Wales) Directions 2024

21.—(1) The Wales Eye Care Services (Administrative List) (Wales) Directions 2024⁽¹⁾ are amended as follows.

(2) In direction 2(1) (interpretation)—

(a) for the definition of “WGOS 3” substitute—

““WGOS 3” (“GOCC 3”) has the meaning given in direction 2 of the National Health Service (Wales Eye Care Services) (Wales) (No. 2) Directions 2024;”;

(b) for the definition of “WGOS 4” substitute—

““WGOS 4” (“GOCC 4”) has the meaning given in direction 2 of the National Health Service (Wales Eye Care Services) (Wales) (No. 2) Directions 2024;”;

(c) for the definition of “WGOS 5” substitute—

““WGOS 5” (“GOCC 5”) has the meaning given in direction 2 of the National Health Service (Wales Eye Care Services) (Wales) (No. 2) Directions 2024;”.

(3) In direction 3(2) (directions to each Local Health Board), for “provide or assist in” substitute “provide, assist in or support”.



Paul Casey, Deputy Director, Primary Care Division,
under the authority of the Cabinet Secretary for Health
and Social Care, one of the Welsh Ministers

Date 28 March 2024

(1) WG24-01.

PART 1

WGOS 3, WGOS 4 and WGOS 5 – information
to be supplied to the Local Health Board

Information to be supplied to the Local Health Board

1.—(1) The information to be supplied by the arranging contractor is as follows—

- (a) the arranging contractor's full name;
- (b) the arranging contractor's professional registration number;
- (c) the date of the arranging contractor's first registration in the register;
- (d) details of the addresses of any places in the Local Health Board's area at which the arranging contractor agrees to provide any or all of WGOS 3, WGOS 4 or WGOS 5;
- (e) if the arranging contractor wishes to provide mobile services, the addresses to which correspondence in connection with such services should be sent;
- (f) particulars of the days on which and hours between which the arranging contractor agrees to provide any or all of WGOS 3, WGOS 4 or WGOS 5;
- (g) the arranging contractor's company number, if appropriate;
- (h) the arranging contractor's private address or, in the case of a corporate optician, the address of its registered office and, in either case, a telephone number;
- (i) the arranging contractor's qualifications (including the appropriate postgraduate qualifications) and where they were obtained;
- (j) chronological details of the arranging contractor's professional experience (including starting and finishing dates of each appointment together with an explanation of any gaps between appointments), with any supporting particulars, and an explanation of why the arranging contractor was dismissed from any post;
- (k) names and addresses of two referees who are willing to provide references for the arranging contractor in respect of two recent posts (which may include any current post), which lasted for at least 3 months without a

significant break, and where this is not possible, a full explanation and the names and addresses of alternative referees;

- (l) particulars of any outstanding or deferred inclusion in a primary care list, or any other list of a Local Health Board or equivalent body, with the name of the Local Health Board or equivalent body in question;
 - (m) particulars of any Local Health Board or equivalent body in whose lists the arranging contractor is included, or from which the arranging contractor has been removed or contingently removed, or is suspended, or to which they have been refused admission or in which they have been conditionally included, with an explanation as to why;
 - (n) if the arranging contractor is a director of a body corporate that is included in any list or equivalent list, or which has an outstanding application (including a deferred application) for inclusion in such a list, the name and address of the registered office of that body and details of the Local Health Board or equivalent body concerned;
 - (o) if the arranging contractor is, or was in the preceding 6 months, or was at the time of the originating events, a director of a body corporate, details of any list or equivalent list to which that body has been refused admission, in which it has been conditionally included, from which it has been removed, contingently removed or from which it is currently suspended, with an explanation as to why and details of the Local Health Board or equivalent body concerned;
 - (p) all necessary authority to enable a request to be made by the Local Health Board to any employer (or former employer), licensing, regulatory or other body in the United Kingdom or elsewhere, for information relating to a current investigation, or an investigation where the outcome was adverse, by them into the arranging contractor.
- (2) The information to be requested and obtained from an accredited practitioner who is to be employed or engaged by the arranging contractor is as follows—
- (a) the accredited practitioner's full name;
 - (b) the accredited practitioner's professional registration number;
 - (c) the date of the accredited practitioner's first registration in the register;
 - (d) the accredited practitioner's qualifications (including the appropriate postgraduate qualifications) and where they were obtained.

PART 2

Reimbursement of accredited practitioner fees

Reimbursement of accredited practitioner fees

2.—(1) Having provided any of WGOS 3, WGOS 4 or WGOS 5 to a patient, an accredited practitioner, or the arranging contractor on the accredited practitioner's behalf, must send a claim for payment for those services, and in respect of WGOS 3 the record of services, to the relevant Local Health Board.

(2) Following consideration of the claim for payment and, if relevant, the record of services, the Local Health Board must either—

- (a) accept the claim for payment and, if relevant, the record of services, and refer it for payment, or
- (b) query the claim for payment and, if relevant, the record of services.

(3) As soon as practicable after the end of each financial year, the Local Health Boards must send to the joint committee a breakdown of all expenditure that each arranging contractor has incurred during that financial year in providing any of WGOS 3, WGOS 4 or WGOS 5 in the particular Local Health Board's area together with a detailed breakdown of how that expenditure is calculated.

(4) The breakdown of expenditure must be in the form approved by the joint committee.

PART 3

Supply of devices

Call-off supplier contracts

3.—(1) The host NHS body must enter into such call-off supplier contracts as are necessary to secure, so far as is reasonably practicable, that while these Directions remain in force the host NHS body is able to obtain sufficient supplies of devices for it to be able to fulfil all device orders it receives.

(2) In awarding any call-off supplier contract, the host NHS body must comply with all applicable legal requirements including those relating to procurement of goods and services and the clinical requirements approved by the National WGOS Clinical Leads after consultation with patients and accredited practitioners.

(3) The host NHS body must not issue any invitation to tender for the award of a call-off supplier contract or award such a contract without the joint committee's prior written approval.

(4) No later than 30 days after the end of each quarter a full breakdown of expenditure, including patient demand and revenue, must be produced by the host NHS body for the joint committee including all call-off supplier contract charges paid by the host NHS body, together with a detailed breakdown of how those costs and charges are calculated.

Low Vision Aid/Device Orders

4.—(1) The host NHS body must—

- (a) operate a system for processing all device orders it receives with the aim of ensuring that devices are supplied to patients as promptly and efficiently as possible so far as that lies within the control of the host NHS body and in accordance with the provisions of this Schedule,
- (b) ensure so far as reasonably practicable that all accredited practitioners are given details of the address to which they must send device orders and/or return devices no longer required for use by patients, and
- (c) verify that any person who purports to be an accredited practitioner has satisfied the accreditation requirements as set out in the clinical manual and continues to do so at all material times.

(2) The host NHS body may instruct the relevant call-off contract supplier to send any device ordered by the Local Health Boards under a call-off contract direct to the accredited practitioner who submitted the device order for that device.

Conditions of supply

5.—(1) The conditions of supply are as follows—

- (a) ownership of each device must be transferred from the relevant supplier to the host NHS body before it is delivered to the relevant accredited practitioner for supply to a patient,
- (b) each device supplied to a patient through the host NHS body is on loan to that patient and remains the property of the host NHS body until such time as the host NHS body transfers ownership of it to a third party or it is destroyed, whichever is the sooner, and
- (c) accredited practitioners and patients must take reasonable care to avoid loss of or damage to devices supplied to them through the host NHS body. Reasonable wear and tear will not be considered damage.

(2) The host NHS body must take such steps as necessary to give effect to the conditions of supply, including making appropriate arrangements with

suppliers of devices (whether in their respective call-off supplier contracts or otherwise) and instructing accredited practitioners to ensure that every patient who receives a device is made aware of the conditions of supply, explaining the conditions of supply to the patient.

PART 4

Funding and annual budget plan

Funding arrangements for the Local Health Boards

6.—(1) Each Local Health Board will receive funding within its general allocation for arranging for the provision of WGOS 3, WGOS 4 and WGOS 5 in accordance with these Directions, except that—

- (a) the costs for the training and accreditation of accredited practitioners to undertake WGOS 3, WGOS 4 and WGOS 5 must be met by HEIW;
- (b) the host NHS body is responsible for paying all call-off supplier contracts.

(2) The Local Health Boards must not use the funding provided in accordance with paragraph (1) for any other purpose.

Funding arrangements for the host NHS body

7. The host NHS body will receive funding for its running costs and it must not use that funding for any other purpose.

Annual budget plan

8.—(1) Each financial year the host NHS body must submit an annual budget plan setting out the forecast running costs for that financial year to the joint committee for approval.

(2) The host NHS body must not incur any expenditure from the running costs until the joint committee has approved the annual budget plan.

(3) The annual budget plan must—

- (a) be delivered to the joint committee no later than 31 January immediately preceding the beginning of the financial year in question,
- (b) give full details of each item of expenditure together with an explanation of why the host NHS body considers that expenditure to be necessary, and
- (c) be monitored and reviewed to ensure reporting is delivered to the joint committee quarterly.

(4) The joint committee must decide whether to approve or reject each item shown in the annual budget plan that has been delivered to them for approval and must communicate its decision to the host NHS body as soon as reasonably practicable having regard to all of the circumstances.

(5) When considering whether to approve an annual budget plan, the joint committee may propose such modifications and conditions to the plan as it considers appropriate.

(6) If the joint committee is unable to agree and approve the budget plan, the joint committee will ask the Welsh Ministers to make the final decision of such modifications and conditions to the budget plan as they consider appropriate.

(7) The budget plan must be signed off by the joint committee no later than 31 March of the year preceding the year to which the budget plan relates.

(8) Paragraph (3)(a) does not apply to the first annual budget plan. The first annual budget plan must be delivered to the joint committee no later than 7 days prior to the joint committee's first meeting. The joint committee must approve the first annual budget plan no later than 30 September 2024.

(9) If the host NHS body is required to incur additional expenditure which has not been approved by the joint committee in the annual budget plan, the host NHS body must submit to the joint committee for approval a supplementary budget plan giving full details of each item of expenditure together with an explanation of why the host NHS body considers that expenditure to be necessary ("in-year budget plan").

(10) The joint committee must decide whether to approve or reject each item shown in any in-year budget plan that has been delivered to it for approval and must communicate its decision to the host NHS body as soon as reasonably practicable.

(11) While the joint committee continues, the host NHS body must not without the prior written approval of the joint committee dispose of any accommodation or equipment included in the approved resources (whether or not to replace any of them).