

WGOS Digital Strategy

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Vision

“A digitally enabled eye care system in Wales that is safe, interoperable, data-driven, and efficient- supporting clinicians to deliver timely, high-quality care closer to home and improving patient outcomes and experience.”

Purpose

This strategy provides strategic direction for IT, digital and data services to support eye care in Wales. It supports Welsh Government’s wider health and social care ambitions including A Healthier Wales, the Future Approach for Optometry Services, Community Care: A design Framework and the wider NHS Wales green agenda by enabling closer to home, improving integration across primary and secondary care and making better use of digital and data to improve outcomes. It prioritises digital-first workflows to reduce environmental impact and waste across eye care pathways, aligning delivery with the NHS Wales green agenda. It aligns with the NWSSP Digital Strategy, national digital standards and relevant Health Board initiatives to ensure interoperability, data security and effective integration across primary and secondary care. It reinforces the requirement for interoperable, standards-based digital solutions to ensure consistent data flow across primary and secondary care. It also guides the work of the IT, Digital and Data Subgroup, under the Terms of Reference approved by the Eye Care Wales Committee.

This strategy has a lifespan of five years and will be reviewed annually alongside the Eye Care Wales Committee Terms of Reference to ensure continued alignment with national policy, digital standards and operational needs.

The strategy includes:

- Electronic Patient Records (EPR) and Electronic Referral Systems (ERS)
- Digital claims submission for WGOS
- Electronic prescribing and Signed Orders for WGOS practitioners
- Data collection, reporting, and analytics (including Children’s School Screening) Service activity, audit, evaluation and health promotion data.
- Digital infrastructure, platforms, and interoperability
- Governance, assurance, and compliance with national standards

It does not include:

- Clinical decision-making
- Non-digital operational processes outside eye care

Note: This strategy focuses on digital enablers and does not replace the clinical responsibilities of Health Boards or optometrists.

Strategic Objectives

Digital Systems and Infrastructure

- Deploy EPR and ERS across primary and secondary care to provide real-time access to patient information, reduce duplication and enhance patient safety. Delivery will be phased and piloted in selected Health Boards, aligned with national digital architecture and interoperability standards. This supports Welsh Government's commitment to integrated, person-centred care and the shift towards prevention and community-based services set out in A Healthier Wales and the Future for Optometry Services.
- Establish a longer-term commitment for WGOS digital services to integrate with the NHS Wales App, enabling patients to access information and services through a unified national platform.
- Support electronic claims, electronic prescribing of medicines and Signed Orders for WGOS practitioners. Develop a digital claims platform and workflows for electronic prescribing and signed orders to reduce administrative burden, improve data accuracy, and accelerate patient-facing services. NWSSP will review current applications, perform cost-benefit analysis, and propose solutions that avoid duplication.
- Where feasible, the EPR will be used as the primary source of claim data to minimise double keying, reduce administrative burden and improve data accuracy.
- Develop digital systems to support the capture, management and reporting of Service Insights and Quality for Optometry (QfO) information, ensuring these functions are integrated, efficient and aligned with national digital architecture.
- This work will ensure alignment with national digital architecture and prevent the development of duplicate or isolated systems.
- Cybersecurity and resilience. Adopt a risk-based security model, robust business continuity and disaster recovery arrangements to safeguard patient data and service availability
- Ensure all digital systems meet recognised accessibility standards (e.g., WCAG 2.2 AA) to support staff with diverse access needs, including those with sight loss. This includes compatibility with screen readers, magnification tools, keyboard navigation and high-contrast modes.
- Continue to support and provide NHS email accounts for optometry practices and WGOS practitioners, including administrative staff, to ensure secure communications and consistent access to NHS Wales digital services.
- Enable access, where appropriate, to relevant patient health records to support safe, continuous and patient-centred care across primary and secondary settings.
- Ensure that all new WGOS digital systems support offline functionality, recognising the clinical importance of enabling mobile and community-based

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practitioners to access and record patient information in areas with limited connectivity. Systems should allow secure data capture and synchronisation once connectivity is restored, supporting safe, continuous and effective patient care across all settings.

- Ensure all digital systems capture, store and surface a patient's preferred accessible information format (e.g., digital, large print, audio, braille), and that this preference is automatically applied across referrals, communications and patient facing outputs to support equitable access and compliance with the All-Wales Accessible Communication and Information Standards.
- Explore opportunities to adopt AI and emerging digital technologies, where appropriate, to enhance clinical safety, workflow efficiency and patient outcomes.
- Incorporate digital referral pathways to relevant third sector organisations – through systems agreed with the Wales Vision Forum – to support early intervention, emotional support, rehabilitation and practical advice for people newly diagnosed or experiencing sight loss.

Data Quality, Reporting and Analytics

- Improved data quality and analytics support population health management, service planning and outcomes-based decision-making, consistent with the principles set out in A Healthier Wales, using integrated analytics to enable evidence-based oversight and improvement across systems, supporting:
 - fair and equitable access
 - demand and capacity alignment
 - service quality and outcome measures
 - post payment verification
- Support discharge from Children's School Screening Service and paediatric activity data.
- Enable electronic sharing of audit, evaluation and health promotion information.
- Validated workforce reporting and data extraction via PCWIS to enable evidence-based decisions on workforce allocation, planning and service delivery.
- Expand PCWIS functionality for Optometry as part of wider national contractor-services development, enabling improved reporting, data extraction and service management.
- Quality in Optometry and Safeguarding reporting through digital capture of Safeguarding Level 2 compliance and the Quality for Optometry (QfO) Toolkit.
- Improve the Quality for Optometry (QfO) annual return process by replacing current spreadsheet-based system with a more efficient digital platform, improving usability, data validation and reporting.

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- Generate and analyse Service Insights (maximum three per financial year) to inform Health Boards, ECWC and Welsh Government of trends, improvements and strategic planning.
- Centralise CVI data collection and support Eye Health Needs Assessments to improve service planning and patient outcomes across primary and secondary care.
- Data standards and coding compliance. Mandate consistent data definitions where applicable and conformance to national data dictionaries to ensure interoperability and quality.

Operational Delivery and Service Management

- Streamline WGOS claims, activity submission and payments through a unified digital platform, removing and eliminating the use of paper and Microsoft Forms. Digitising claims, forms and workflows supports the Community Care: A Design Framework by simplifying access to services, reducing administrative barriers and enabling sustainable delivery of care in community settings.
- Where feasible, utilise data captured in EPR to pre-populate or serve as the authoritative source for WGOS claim submissions, reducing duplication of entry and improving end-to-end data quality.
- Support the digitisation of non-claim eye care workflows, including discharges from school screening to WGOS, removing the use of paper and improve consistency.
- Enable reimbursement of consumables at point of service and clinical waste management via digital capture and integrated workflows.
- Enable optometrists and secondary care clinicians to make secure, consent based digital referrals to third sector support services, ensuring timely access to emotional and practical support for patients with sight loss.
- Provide standardised WGOS forms in a central digital repository to improve access, reduce errors and ensure consistency.
- All WGOS forms, communications and digital workflows must support generation in a patient's preferred accessible format, ensuring consistent, inclusive communication across primary and secondary care.
- Enable digital claiming for attendance at cluster and collaborative meetings, ensuring consistent, streamlined and paperless reimbursement processes across practices.
- Use adoption, training and support. Deliver structured onboarding, role-based training and digital champions in practices with clear SLAs to sustain adoption.
- Provide accessible training materials and user support resources, ensuring all staff – including those using assistive technologies – can fully adopt and operate WGOS digital systems.

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- Conduct accessibility testing with end-users, including staff with lived experience of sight loss, to ensure systems are usable in real-world practice settings.

Governance, Assurance and Compliance

- Maintain alignment with national digital and clinical governance standards, NWSSP and Health Board frameworks and GDPR requirements.
- Mandate accessibility compliance for all WGOS digital platforms, with regular audits to ensure systems remain usable for staff with disabilities and meet statutory equality requirements.
- Strengthen patient safety through accurate, timely digital data flows, ensuring that referral, prescribing and reporting systems support reliable clinical decision-making.
- Ensure compliance with accessibility and communication standards by mandating the recording and use of a patient's preferred accessible formats within all digital systems, with audit mechanisms to monitor adherence.
- Ensure all digital solutions conform to national API and interoperability standards to reduce duplication, support seamless data exchange, and maintain technical alignment across primary and secondary care.
- Support the use of APIs for NHS Wales digital solutions to integrate with optometry practice management systems, reducing double keying of patient information and improving patient safety.
- Monitor risks, dependencies, and project milestones to ensure early mitigation of issues affecting patient safety, data quality, or programme delivery.
- Develop and implement a clear escalation and reporting framework to ensure consistent and timely identification, tracking and escalation of digital risks, issues and dependencies across Health Boards. This will include defined escalation routes from operational teams through Health Board leads to national oversight via the IT, Digital and Data Subgroup, supported by regular reporting, risk logs and governance updates to inform decision-making and assurance.

Engagement and Collaboration

- Collaborate with Health Boards, Optometry Wales, DHCW, HEIW, and Welsh Government to ensure alignment, adoption, and feedback from the clinical and operational stakeholders.
- Work in partnership with third sector organisations, through the Wales Vision Forum, to ensure digital developments reflect the lived experience of people with sight loss and support seamless referral into community-based support services.

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- Engage directly with the optometry profession and Regional Optical Committees (ROCs) to ensure digital developments reflect clinical practice, operational needs and feedback from practitioners.
- Integrate with national programmes and NWSSP Digital Strategy, leveraging existing infrastructure, standards, and expertise.
- Communications and engagement plan. Implement a multi-channel plan including webinars, bulletins and FAQs to build awareness, gather feedback and address concerns.

Funding and Investment Approach

Delivery of this strategy is subject to funding availability. Individual initiatives will require robust business cases aligned with NHS Wales and Welsh Government approval processes. Funding sources may include Welsh Government investment, national digital programmes, or existing organisational budgets. Investment decisions will be prioritised to support Welsh Government commitments on service transformation, sustainability and digital enablement, as set out in A Healthier Wales and the Future Approach for Optometry Services.

Commit, where procurement rules permit, to the use of longer-term contracts for national digital systems (including ERS and EPR) to ensure stability, continuity and sustainability of WGOS digital services.

This strategy provides the strategic justification for future digital investment in eye care and will be used to inform the development and prioritisation of detailed business cases.

Delivery Approach

- **Phased implementation:** Pilot initiatives where appropriate before full-scale deployment.
- **Governance and oversight:** Delivery overseen by IT, Digital and Data Subgroup under ECWC Terms of Reference.
- **Integration:** Ensure interoperability with NWSSP systems, Health Boards, and national digital frameworks. This includes adherence to national digital architecture principles, API standards and technical design guidelines to ensure long-term sustainability and interoperability.
- **Monitoring and evaluation:** Use KPIs, adoption metrics, and risk logs to assess benefits and identify improvement opportunities.

Dependencies

- National IT infrastructure and interoperability (DHCW)
- Health Board digital readiness and workforce capability
- WGOS contract reforms and service-level agreements
- Funding approvals and business case progression

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Risks and Mitigation

Key risks include delayed adoption, integration issues, funding limitations, data governance breaches, and workforce capacity constraints. Delayed adoption could reduce patient benefit and will be mitigated through targeted training, phased rollout, and engagement. Integration issues may impact patient safety and data accuracy; these will be managed through API standards, thorough testing, and pilot evaluation. Accessibility risks: Digital systems that are not accessible may prevent some staff from performing essential duties. Mitigation includes accessibility testing, compliance audits and early engagement with staff who use assistive technologies. Funding constraints will be addressed via prioritisation and staged business cases. Risks related to data governance will be mitigated through secure architecture, audits, and clear policies. Workforce capacity risks will be managed through careful planning and resource allocation.

Benefits

- Supports delivery of Welsh Government policy commitments by enabling integrated, community based and digitally enabled eye care services across Wales.
- Reduced administrative burden and duplication
- Data-driven service planning and evaluation
- Supports WGOS reform and ECWC objectives
- Greener, more sustainable primary care processes
- Reduced environmental impact through digital-first workflows, supporting the wider NHS Wales green agenda.
- Improved patient experience and reduced waiting times through faster referrals and clearer visibility of care pathways.

Key Performance Indicators (KPIs)

- **EPR/ERS adoption:** % of optometry practices and acute services live.
- **Referral turnaround:** Median ERS referral processing time (days).
- **Claims efficiency:** % reduction in paper/Microsoft Forms; average claim processing time.
- **Data quality:** % completeness/accuracy of key datasets (e.g., CVI, workforce).
- **Training and adoption:** % of users trained; support ticket volumes/time-to-resolve.
- **Accessibility compliance:** % of WGOS digital systems meeting WCAG 2.2 AA or equivalent standards.
- **Staff experience:** Feedback scores from staff using assistive technologies; number of accessibility-related support tickets and resolution times.

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- **Patient experience:** PROMs/PREMs trends; complaints related to digital processes.
- **Accessibility:** % of patients with a recorded preferred accessible format; % of communications issued in the correct format.
- **Third sector support:** Number and timeliness of digital referrals to third sector organisations; patient reported outcomes following referral.
- **Sustainability:** Paper use reduction; estimated CO₂ savings from digital workflows.

Next Steps

- Confirm subgroup governance and responsibilities. Reference ToR for remit, roles and oversight.
- Review gaps in digital infrastructure. Including the need for a separate digital claims platform.
- Assess accessibility gaps in existing digital systems and incorporate accessibility requirements into all future procurement, design and development activities.
- Develop business cases. Cost-benefit analysis of initiatives, prioritisation and submission for approval.
- Pilot and evaluate solutions. EPR, ERS, electronic claims and prescribing of medicines.
- Refine workflows and integrate systems. Incorporate lessons learned, avoid duplication and align with national programmes.
- Roll out full implementation nationally. Monitor KPI's, adoption rates and report progress to ECWC.