Optometry Wales

Gwasanaethau Offthalmig Cyffredinol Cymru
Wales General Ophthalmic Services

Service Insight 1, 2026

Re-audit guidance for practices

Practical guidance to support completion of Part B of the Prevention in WGOS audit.

Before you start

Service Insight 1 is a quality improvement audit in two parts. Part B is designed to help you review what has changed since the Part A, identify anything that still needs attention, and highlight where further support or resources may be needed.

The purpose of the re-audit is not necessarily to obtain a perfect score. Complete it honestly and use the findings to identify what has improved, what could still be improved, and anything that is outside your control.

What do I need to do?

Use the same spreadsheet that you used for Part A of Service Insight 1. The workbook contains Part A and Part B alongside each other so that you can compare the two audit cycles.

Please do not alter the questions or scoring system. Keeping the same tool allows the results from the two audit periods to be compared consistently.

Contractors must complete Part B using records from consultations undertaken between **12-18 October 2026 (inclusive)** and submit the completed spreadsheet (**consisting of Part A and Part B)** to their Health Board by **12 noon on 14 December 2026**.

On completion of Part B, please submit to
ABUHB - ABB.PrimaryCareDepartment@wales.nhs.uk
BCUHB- BCU.PCCOptometry@wales.nhs.uk
CTMUHB- CTM.primarycareoptometry@wales.nhs.uk
C&VUHB- Optom.Cav@wales.nhs.uk
HDUHB - PrimaryCareOptometry.HDD@wales.nhs.uk
PTHB - PrimaryCareGeneral.Powys@wales.nhs.uk
SBUHB - SBU.PCCOptometry@wales.nhs.uk

What happens if I fail to submit this information by the deadline of 12 noon on 14 December 2026?

Completion of all Quality for Optometry (QfO) elements is a contractual mandatory requirement.

Failure to complete and submit the required information by the deadline will result in the retrospective recovery of the Quarter 1 QfO payment (£1,300). It may also lead to the Health Board commencing action under the nationally agreed Breach Process for non-compliance with National Health Service (Ophthalmic Services) (Wales) Regulations 2023.

Understanding the RAG rating

The RAG rating is there to help you interpret and reflect on your results. It is not a colour-code for pass or fail.

A note about your RAG rating

Please do not worry if your spreadsheet shows amber or red.

Your QFO payment is linked to completing the audit process, not to achieving a particular RAG rating.

The RAG rating is a tool to support reflection and identify areas for improvement or support. It is not a pass/fail score, and practices are not necessarily expected to achieve 100% or all-green ratings.

Where you can make an improvement, record what you have done or plan to do. Where something cannot reasonably be changed, is not applicable, or depends on resources outside your control, explain this briefly in the notes.

Red does not automatically mean that the practice has done something wrong.

An item may remain red because, for example, a required resource is not currently available, there is a legitimate reason why the position has not changed, or the automated scoring does not fully reflect the circumstances of your practice.

Answer honestly and use the Notes and Action sections to explain the position where helpful.

What if something is not applicable?

The spreadsheet has been designed to cover different types of practice and service delivery, so not every element will fit every practice perfectly.

For health messaging, the original instructions specify:

- Fixed premises: sections 1A-1G.
- Mobile providers: sections 1E, 1F, 1G and 1H.
- Fixed premises also providing mobile services: sections 1A-1H.

Where something genuinely does not apply, or where the spreadsheet does not accommodate your circumstances particularly well, do not worry about the resulting RAG colour. Record the situation accurately and add a short explanatory note where appropriate.

Example notes

“Not applicable to our practice as we do not have a practice window.”

“Unable to complete this action because the relevant centrally produced patient resource is not currently available.”

What if my result hasn't improved?

The important question is what you learned from the first audit and what happened next.

Some results may improve between Part A and Part B. Others may remain unchanged for completely reasonable reasons. For example, a practice may identify a lack of suitable health-promotion materials but be unable to resolve this because centrally produced resources are unavailable. Recording this honestly is useful because it helps identify where system-level support or resources are needed.

What if my RAG score gets worse?

Again, do not panic. The re-audit is a snapshot of what was found during the specified audit period. A different patient sample or a change in circumstances may produce a different result.

Record what you actually find. Where the result has changed significantly, add a brief explanation if the reason is known.

Directed Questions

For the Directed Questions section, audit the records requested for the specified re-audit period and use N/A where the question does not apply to that patient cohort. For example, the smoking questions would be N/A for a patient aged under 16.

Spreadsheet % Compliance Thresholds

Rating	Threshold
Red	0-49%
Amber	50-99%
Green	100%

Remember that the colour is there to assist your reflection. It is not a judgement. If an area is amber or red, consider whether it identifies something that could reasonably be improved, such as more consistent recording of Directed Questions in the clinical record.

What should I submit?

Complete Part B in the existing workbook and follow the submission instructions. You may submit the relevant results summary, or the whole completed workbook if that is easier.

Before sending, check that the workbook has been saved and that your Part B entries are visible. Keep a copy for your own records and future quality-improvement discussions.

Finally, please remember

The aim is not necessarily to make everything green.

A useful re-audit provides an honest picture of your practice and answers four questions: What did we find? What did we change? What has improved? What remains outstanding, and why?

Where you can make a reasonable improvement, the audit should help you identify it. Where you cannot make the change because of practice circumstances, unavailable resources, or another factor outside your control, record that clearly and do not worry about the RAG colour.

The information is valuable because it can identify where practices need additional support, resources or wider system change.