

# Wales General Ophthalmic Service

## Optometry Practice Development Plan

XYZ Health Board

Time Period: 2026/2027

<b>Practice Name &amp; Address:</b>	ABC Opticians 1 High Street Cwm Vale OP1 0TM
<b>Cluster:</b>	Cwm Vale
<b>Practice Lead completing the Plan:</b>	Tom Bloggs
<b>Date submitted:</b>	3 May 2026

This template is provided as an example to aid Optometry Practices in fulfilling the contractual obligation of completing a Practice Development Plan on an annual basis. This template needs to be completed and shared with the Health Board by 30 June 2026.

**All WGOS practices are required to complete a Practice Development Plan, irrespective of the level of WGOS currently being delivered.**

The Practice Development Plan should cover a three period.

The plan is to have a focus on improvements aligned to patient care detailing future vision, service developments and planned changes that are important to introduce and note over the next one to two years.

The practice retains ownership of the document.

*All sections should be completed, please use "not applicable" where appropriate*

***Blue text is provided for information purposes only and to inform thinking around areas to be considered within each section.***

## Section 1: Reflection

### 1.1 Current access provision:

#### *Areas for consideration:*

*Core hours; Contact methods e.g. walk-ins, telephone, email; Access model; Process for patient urgent/same day requests; Levels of WGOS currently provided; Waiting times for all levels of WGOS provision; Mobile provision and areas offered.*

Core hours: 9am-5.30pm Mon-Fri, Sat 9am-1pm

Phone lines open during core hours with answerphone message out of hours

Patient contact methods – text or email for appointment reminders, letters where no email or mobile phone numbers. Texts or phone calls for ‘specs ready’ messages

Triage forms for all urgent appointment requests, signed off by Optometrist

Current service provision: WECS 1,2,3 and 5

Waiting times: Routine WGOS 1&3 – 1-2 weeks, WGOS 2 same day

where appropriate (2 appt slots per optometrist reserved where possible), WGOS 5 same day (reserved appointment slots with IP optometrist)

No mobile provision for any WGOS services

### 1.2 Patient needs and local demographics:

#### *Area of consideration to include:*

*Reflect on your population groups where particular service needs may apply such as high numbers of students, asylum seekers' rural isolation, language barriers etc; Consider any particular social factors that are relevant to your patients, such as deprivation, unemployment, housing issues etc; Public outreach and education, for example engagement with the local patient groups, Schools etc; How do you advertise your service e.g. social media, rely on location, word of mouth, mail shots; Partnership working and engagement.*

Vast majority NHS eligible patients

Large population area with 1 other optometry practice nearby (multiple)

Areas of deprivation nearby

Good public transport links, patient parking bays to rear of building and limited street parking

Both Welsh medium and English medium schools in the area

Very few ethnic groups

Engaged with local macular society and sight loss charities

Engaged with local GP surgeries for training

No school engagement

No marketing strategy – relying on word of mouth

Website for information but not actively promoted, good search engine strategy

Regular cluster engagement and good working relationship with cluster practices

Good building access, all on ground floor, no steps and wheelchair access to all rooms

## Section 2: Service Delivery and Access

### 2.1 Future service provision and planning:

#### *Areas for consideration:*

*Any changes to current provision, for example maintaining or reducing core hours; Sustainability for growth; Future termination of services i.e. practice closure; Reduced WGOS service provision offer; Expansion of services.*

Consider increasing core hours and/or shift working to have a later closing time and earlier opening on weekdays - scope patient survey

Consider the Greener Primary Care Framework initiatives

Consider WGOS 4 service provision

Would need an extra optometrist if we increase WGOS services

May need to increase practice space – add an additional consulting room and purchase an additional Humphrey VF analyser and an additional OCT for WGOS4 provision  
No key staff members have expressed plans to retire within the next 3 years  
Consider extension to WGOS5 service provision as relying on one IP optometrist only  
Consider whether to join Advanced Teaching Practice service for IP clinical placement training if additional consulting room progressed

## 2.2 WGOS 3 - 5 future intentions:

### *Areas for consideration:*

*Reflect on your current WGOS service provision; Consider enhancing the range of clinical services you offer; The time period you may want to implement a new service; Equipment implications; Staff training and development needs – if applicable see 3.1; Any plans for reducing your service offer.*

Extension to WGOS provision:

WGOS4 provision: currently 2 optometrists qualified as prof cert med ret and limited provision in cluster area

WGOS4 provision may require additional OCT and Humphrey VF

May require additional practice space and therefore additional consulting room fitting including high grade slit lamp

WGOS4 extension – potential to sign-up immediately but diary capacity an issue

WGOS5 extension – consider staff training to increase provision and provision of ATP services

## 2.3 Mobile aspirations:

### *Areas for consideration:*

*Providing mobile services to patients living within close proximity of your practice; Current mobile providers – extending or reducing your footprint; Aspirations for WGOS 3 & 5 mobile delivery.*

No intention of offering mobile services – equipment purchase and lack of clinic time a barrier.

Lone worker policy requires 2 members of staff to attend all mobile visits

## 2.4 Patient Access enhancements:

### *Areas for consideration:*

*Optimising appointment offers; Service offer i.e. increasing core hour provision; Methods of access/booking system; Digital aspirations; Patient surveys for continuous improvement; Exploring other opportunities to gather feedback.*

Increasing core hours – will require 2 additional reception/support staff and 1 additional part-time optometrist for full clinic coverage every day

Any additional clinic time will need building development or practice relocation

Patient surveys a potential option for scoping increased core hours – later evenings or earlier opening hours on weekdays

## Section 3: Quality & Efficiency

**3.1 Workforce Capacity:** *Practices should consider short, medium and long term recruitment and retentions plans for their workforce.*

### *Areas for consideration:*

*Existing Workforce resilience and sustainability – clinical and non clinical workforce; Expected workforce changes within the next 12 months and up to three years, i.e. impending retirements that need to be factored in; Expanding/decreasing workforce to meet future business aspirations; Student placements opportunities – new/existent; Other work force concerns e.g. recruitment difficulties, retention challenges; Advanced training practice opportunities; Local collaborative links and opportunities.*

Traditionally good staff retention – professional and non-professional

Optometrists currently upskilling and looking to work on additional WGOS services in the future – will need to ensure staff remain with business so offering additional services likely to encourage staff retention  
No staff members have expressed plan to retire within the next 3 years  
Recruitment of optometrists has previously been successful due to work-life balance and staff bonuses so need to maintain but salaries need review  
Lack of interest from optometrists in hosting CLiP students at present – need to monitor as may be useful for recruitment in the longer-term

### **3.2 Workforce development:**

#### **Areas for consideration:**

*Include DO's, CLO's and non-professional staff; Identify staff learning and training needs; Team Building and staff wellbeing, for example improve teamwork through away days and staff surveys, undertaking appraisals; Upskilling and professional development of team members; National training certificate opportunities to enable delegation of tasks within WGOS where appropriate; Progression pathways to professional qualifications e.g. Dispensing Optician / CLO; Leadership opportunities; HEIW opportunities.*

No Dispensing Optician within the team– consider employing a full-time or part-time DO/CLO  
Staff training days have been successful but inconsistent – consider training sessions every quarter  
Reception staff have requested additional training in first aid

## **Section 4: Infrastructure**

### **4.1 Premises/mobile**

#### **Areas for consideration:**

*Are your current premises/mobile provision adequate? Space; Disability Access; State of Repair; Suitable consulting spaces/ clinic room; Facilities; Waiting Room; Office Space; consider and highlight the longer term needs of the premises/mobile facilities with potential timescales; Consider environmental stability [Greener Primary Care Wales - Primary Care One](#) ; Any relocation plans in the next one to three years.*

Building access good  
New boiler needed  
Considering Greener primary care framework – consider scoping within the next 1-2 years  
Increasing clinical time may require premises development – for monitoring over the next 2-3 years

## **Section 5: Partnership working**

#### **Areas for consideration:**

*Consider key contacts and the potential for provision of services within the practice or through local cluster arrangements, such as GP practices/ Voluntary Sector/ ECLO/ Local Authority; Consider partners who might provide advice and support for particular needs of your patients and how you can sign post patients to support services; Practice opportunities, for example collaborative and cluster support available i.e. for rural, single handed practices; Employment, pre reg support, annual leave support; Consider expanding WGOS 3,4,5 service offer within your cluster area, if there is a shortage of higher qualifications locally; Opportunities for collaboration with other practices, community teams or voluntary sector organisations to support your population needs.*

May need to increase practice space – consider addition of consulting room  
Local voluntary group already meeting regularly within the practice – successful so aim to continue for good relationship and ease of access  
WGOS5 provision reliant on one optometrist and numbers in cluster low – continue monthly audits to monitor patient flow and consider another IP optometrist in practice  
Collaborative cluster meetings held in practice – maintain for good relationship  
Good training collaborations GP surgeries – consider connecting with local pharmacy

***Suggestions for improvement of the document and this process must be shared with the Health Board to ensure that this process drives the improvement of optometry contractor services, ensures sustainability, informs the development of appropriate service development to address local patient needs.***

DUMMY VERSION

**Practice Name: ABC Opticians**  
**Practice Development Plan: YEAR 2026**  
**Three Year Practice Development Plan: 2026-2029**

<b>Priority</b>	<b>The issues</b>	<b>Aims and objectives</b>	<b>How will this be done?</b>	<b>Named Lead</b>	<b>Time Scale</b>
Access	Core Hours	Scope for increase or change	Patient survey on opening hours	TB	Dec 2026
Practice Developments	WGOS4 provision	Scope to provide WGOS4 service	Discuss with clinical team Assess application process Cost additional equipment (VF and OCT)	TB/AB	Dec 2026
	WGOS5 provision	Additional IP optometrist	Support optometrist to train and complete clinical placement within practice	TB	2027/28
	Premises development	Scope additional clinic space	Structural work on existing premises or practice relocation	TB/AB	End 2029
Collaborative arrangements					
Workforce Plan	Staff recruitment	Practice lacks DO	Employ DO/CLO	AB	Dec 2026
Premises Plan	Sustainability	New boiler required	Scope building improvement grant options Consider Greener Primary Care initiative	TB	2027/28

