

**RESPONSE TO A REPORT TO PREVENT FUTURE DEATHS
REGULATION 29 OF THE CORONERS (INVESTIGATIONS) REGULATIONS
2013**

Please do not include any living persons' names in this document, in accordance with the Chief Coroner's [PFD Publication Policy \(2026\)](#).

THIS RESPONSE IS BEING SENT TO:

Area Coroner, Rose Farmer for the Coroner Area Gwent in response to a '**REPORT TO PREVENT FUTURE DEATH REGULATION 28**' following an investigation into the death of **Alexander Charles MCDONALD**.

1.	RESPONDENT In line with our duty under Regulation 29 of the Coroners (Investigations) Regulations 2013, the Cabinet Minister for Health and Care provides this response within 56 days (plus any extension granted) of the date of the Report to Prevent Future Deaths.
2.	DATE OF RESPONSE 25 September 2026
3.	CONFIRMATION OF CORONER'S MATTERS OF CONCERN The MATTERS OF CONCERN were identified in the report are as follows: There are substantial delays in ophthalmology follow-up appointments across Wales. Evidence received during the inquest indicated that there are currently approximately 140,000 ophthalmology follow-up appointments awaiting review in Wales, whilst there are approximately 65 consultant ophthalmologists providing services across Wales. Current ophthalmology capacity appears insufficient to meet the demand for follow-up surveillance. The evidence suggested that large numbers of patients requiring ongoing monitoring are not being reviewed within clinically intended timescales. There is no nationally reported or routinely monitored metric measuring the timeliness of ophthalmology follow-up appointments. Unlike first outpatient appointments, there appears to be no comprehensive national performance measure enabling identification of the extent to which follow-up patients are being seen within clinically required review periods.

	The absence of a robust national metric and oversight mechanism creates a risk that patients requiring surveillance for ophthalmic conditions may experience prolonged delays. Delay in ophthalmology follow up can result in delayed diagnosis of serious and life-threatening disease. This case demonstrates the impact of not having timely follow up appointments. Similar delays may place other patients at risk of delayed diagnosis of malignancy and death.
4.	DETAILS OF ACTION TAKEN, how has the concern been addressed. Roles and Responsibilities I would like to explain the role of Welsh Ministers and the Welsh Government in relation to NHS Wales, as this provides the context for the action described in this response. Welsh Ministers set the policy and strategic direction for health and care services in Wales and holds NHS organisations to account for the performance of their statutory duties. The Welsh Ministers do not themselves plan or commission services, nor do they provide services. The chairs of Local Health Boards and NHS Trusts are directly accountable to me in my capacity as Cabinet Minister for Health and Care for the delivery of services for their health board or Trust. I hold the chairs of NHS organisations to account through regular meetings in which risks and issues are discussed and their board plans and approaches for making improvements Welsh Government officials also maintain oversight of service delivery with NHS organisations' executive teams through the NHS Oversight and Escalation Framework and Escalation Board meetings for those organisations that have been escalated in accordance with the relevant escalation arrangements (revised arrangements have been in place since 1 April 2026). These meetings are chaired by the Director General Health, Care and Prevention/CEO NHS Wales and information regarding issues and improvement is provided by NHS Wales Performance and Improvement (NHSWPI) NHSWPI's role is supportive and facilitative to the Welsh Ministers' oversight of the NHS in Wales and responsibility for the strategic direction, oversight and accountability of the NHS in Wales ultimately remains with the Welsh Ministers. Through Plaid Cymru's 100 day plan of government, I have asked for advice on how accountability can be strengthened in NHS Wales and I will look to announce the outcome of that work in quarter 3 of this year (2026/27). We have also undertaken a review of the current NHS Wales Oversight and Escalation Framework, and I expect a new framework to be published by the end of September 2026. Having considered the concern raised in your report, I do not consider that the evidence demonstrates a failure of Welsh Government policy. Rather, the concerns identified appear to relate to whether local operational arrangements

were effective in ensuring that patients were reviewed within clinically intended timescales and in managing the risks associated with delayed follow-up appointments. I recognise that where such arrangements fail, legitimate questions arise regarding assurance, oversight and accountability within the system.

Delays in Ophthalmology Follow-Up

Your report highlights that there are substantial delays in ophthalmology follow-up appointments across Wales. I share your concerns about the impact that these delays can have on people waiting for a follow-up appointment.

It is recognised that ophthalmology is one of the highest demand specialties, with demand expected to increase year on year as the population ages and new treatments are developed. To respond to this increasing demand and to ensure delivery of responsive and sustainable eye care services, NHSWPI's Strategic Programme for Planned Care supports NHS Wales to modernise and transform services in line with Welsh Government strategy and policy. An eye care measures report is published for both statistics and a quality report – examples are available at [Eye care measures for NHS outpatients: June 2026 \[HTML\] | GOV.WALES](#) [Eye care measures for NHS outpatients: quality report | GOV.WALES](#). This includes an ongoing redesign of whole system pathways (including outpatient follow-up management), to reduce unnecessary reviews and expand patient initiated and digitally enabled models with the aim to maximise clinical capacity and improve access for those who require specialist eye services. This is part of the current eye care improvement plan in response to the previous Senedd Health and Social Care Committee's [Inquiry into ophthalmology services in Wales \(Ophthalmology Services in Wales\)](#) that reported in November 2025.

Demand and Capacity

As outlined in Welsh Government Guidelines for the Management of Referral to Treatment Waiting Times (April 2025), where clinically appropriate to do so, alternative prudent ways of delivering care should be implemented that contribute to efficiency and productivity by maximising clinical capacity within the multi-disciplinary team. As a result, health boards are required through the planning and performance framework to deliver at pace alternative pathways, such as Patient Initiated Follow Ups (PIFU), See on Symptom (SOS) and group clinics, to ensure that capacity is released to enable urgent cases to be seen sooner.

A Patient Initiated Follow Up appointment is to be used as an alternative to a routine follow-up in cases where the next appointment does not need to be immediately booked as the condition is being managed well by the patient. In this instance, the patient and clinician agree that the patient initiates the next follow-up when required, based on their condition and when support is needed to maintain their health and wellbeing. This approach is usually used for patients with long term conditions.

The See on Symptom pathway is to be used for patients who are clinically safe to be discharged from an acute treatment pathway, enabling the patient

to self-refer if there are any issues with their condition within a clinically agreed timeframe.

Over the last three years (2023-26), health boards have also been implementing the Outpatient Strategy and Plan - [The role of outpatients in transforming planned care in Wales \[HTML\] | GOV.WALES](#). This sets out how we can ensure that outpatient services continue to transform in line with priorities, addressing the backlog by transforming outpatients to deliver quality, person-centred planned care services to the people of Wales.

The National Clinical Strategy for Ophthalmology (commissioned and monitored by the NHSWPI's Strategic Programme for Planned Care and Welsh Government) sets out an ambitious blueprint for the transformation and modernisation of hospital eye care services to respond to increasing demand. Ophthalmology teams (both clinical and non-clinical staff) are supported to maximise their skills to enable them to work at the top of their license to release consultant capacity to review patients who require the most complex care (e.g. optometrist and specialist nurse-led clinics). The Strategy also supports the provision of routine care within the community, delivering prudent and local services to the population of Wales.

Many eye conditions require lifelong care that requires follow-up reviews to reduce the risk of serious harm. To support the management of the demand for Hospital Eye Services, the Wales General Ophthalmic Services (WGOS) 4 monitoring pathway for Glaucoma and Medical Retina has been introduced by Welsh Government as part of its Optometry Contract Reform Programme. WGOS 4 is a service enabling patients who would have previously been referred to or managed in Hospital Eye Services to remain in primary care for further enhanced assessment as part of an agreed referral or monitoring pathway, thereby freeing up capacity in Hospital Eye Services for more specialist need. Since April 2024, Welsh Government has provided additional funding to health boards to support the administrative and clinical identification and appropriate transfer of patients from Hospital Eye Services into WGOS 4 pathway. As part of the condition of this funding, health boards are required to provide quarterly reports to Welsh Government against key outcomes. Where delivery is not progressing as expected, Welsh Government will work with health boards and NHS Wales Performance and Improvement to understand barriers and remedial action.

Ongoing Monitoring within Clinically Intended Timescales

The target date for a patient's ophthalmology review is set by the responsible clinician. This is a clinically determined maximum waiting time following referral for a new or follow up ophthalmology outpatient appointment which is in line with national condition specific guidance. Patient target dates are sequenced in priority order and based on urgency. This was put in place to ensure those in the greatest need are seen first and health boards are accountable for reporting within ophthalmology's national risk stratification. As follow-up appointments are made based on clinically agreed intervals supported by clinical pathways, all health boards should have pathway management procedures in place to review patients within clinically intended timescales and

	to ensure that it has the capacity to meet its demand for ophthalmology follow-up surveillance. Welsh Government Reported Metrics Welsh Government publishes metrics on outpatient appointments that are delayed past their target date. This data supports health boards to stratify clinical risk ensuring that patient pathways are safely managed. For ophthalmology pathways, the metrics monitor waiting for outpatient appointments that are assessed as Health Risk Factor (HRF) R1, which is when a patient is at risk of irreversible harm or significant adverse outcome if their target date is missed. Welsh Government tracks the 'percentage of R1 patient pathways, which have a target date allocated, waiting within their clinical target date or within 25% beyond their clinical date for an outpatient appointment' via its NHS Wales Performance Framework and receives assurance from health boards via its NHS Oversight and Escalation Framework and Escalation Board meetings as outlined above. NHS Wales Reported Metrics Digital Health and Care Wales (DHCW), via its Secondary Care Activity Dashboard, publishes data on follow-up outpatient appointments that were attended and not attended by the patient. This data is collated, validated and stored by DHCW on behalf of the Welsh Government and NHS Wales. This dashboard is in the public domain and used by NHSWPI to identify and address areas for improvement. Issues are escalated to Welsh Government from NHSWPI on a risk based basis.
5.	DETAILS OF FURTHER ACTION PROPOSED Development of a New Planned Care Strategy Following a review of my first 100-Day Plan for Health and Care, a new strategy for Planned Care will be developed aligned to my key priorities. This strategy will be informed by the National Strategy for Ophthalmology (commissioned by NHSWPI's Strategic Programme for Planned Care and Welsh Government) and NHSWPI's Planned Care Programme's Clinical Optimisation Frameworks (which are developed and agreed by the Programme's Clinical Implementation Networks). The strategy will include the development of standardised clinically agreed guidance for the safe management of treatment pathways and follow-up surveillance underpinned by risk stratification approaches. This is expected to be in place by the end of 2026. Outpatient Follow-up Policy To better manage care pathways, Welsh Government is developing a new outpatient follow-up policy covering all specialities, including ophthalmology. This will include embedding Patient Initiated Follow Up pathways, enabling patients to contact services if they have a flare up of symptoms, or if they have any other concerns relating to the management of their condition. National Actions to Drive Improvement A national action plan to support delivery of the National Clinical Strategy for

	Ophthalmology is being developed. I will ask Welsh Government officials to direct NHSWPI to work closely with health boards to deliver the outcomes identified in the action plan to transform and modernise the way eye care services are delivered in Wales. This is expected in the Autumn of 2026. Follow-Up Metrics Work is ongoing with colleagues in DHCW and health boards to improve the quality of pathway management and follow-up data. This will provide health boards with more granular data to better manage individual patient pathways, manage demand and plan service delivery on a local level. It will also improve the quality of data reported to monitor and manage health board performance in delivering transformation and meeting identified national targets. Consideration will be given to publishing this data. Pathway Management Procedures - Aneurin Bevan UHB As follow-up appointments are made based on clinically agreed intervals (set by the responsible clinician and supported by clinical pathways), I expect all health boards to have standard operating procedures in place to manage patient pathways, review patients within clinically intended timescales and to ensure that it has the capacity to meet its demand for ophthalmology follow-up surveillance. In view of concerns that Aneurin Bevan University Health Board's operational management arrangements did not ensure that this patient was reviewed within the intended clinical timescales, I will ask Welsh Government officials to seek assurance from health boards that appropriate arrangements are in place for the management of ophthalmology follow-up appointments, including the monitoring of patients requiring ongoing review and the management of follow-up waiting lists. This will be undertaken via the accountability framework as part of Welsh Government's next round of meetings with health boards which are due to take place in September and October 2026. Taken together, these actions are intended to strengthen pathway management, improve oversight of follow-up activity, support service transformation and provide greater assurance that patients requiring ophthalmology surveillance are reviewed within clinically appropriate timescales.
6.	SIGNATURE  Gweinidog Cabinet dros Iechyd a Gofal Cabinet Minister for Health and Care