

Cardiff and Vale Stakeholder Reference Group

Tue 28 November 2023, 09:30 - 12:00

Agenda

09:30 - 09:30 1. Welcome and Introductions

0 min

Siva Sivapalan

09:30 - 09:30 2. Apologies for Absence

0 min

Siva Sivapalan

09:30 - 09:35 3. Declarations of Interest

5 min

Siva Sivapalan

09:35 - 09:45 4. Nomination of Stakeholder Reference Group Chair

10 min

Matt Phillips

09:45 - 10:15 5. Reflections of the Chief Executive


30 min

Suzanne Rankin

10:15 - 10:20 6. Minutes and Matters Arising from the SRG Meeting on 26 September 2023

5 min

Siva Sivapalan

 Item 6 Unconfirmed Minutes of SRG Meeting 26 September 2023.pdf (8 pages)

10:20 - 10:25 7. Feedback from Board

5 min

Matt Phillips

10:25 - 11:10 8. Co-production, Engagement and Consultation Framework and Toolkit


45 min

Sarah Tipping

11:10 - 11:25 9. Regional Cataract Services

15 min

Chris Dawson-Morris

 Item 9 Cataracts Engagement Briefing Paper (3).pdf (6 pages)

Lloyd George
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11:25 - 11:25 **10. Genomics**

0 min

Clive Morgan/Michaela John

11:25 - 11:25 **11. Next Meeting of SRG**

0 min

Siva Sivapalan

1.30pm-4pm Monday 29 January 2024

11:25 - 11:25 **12.**

0 min

Lloyd Gareth
14/11/2023 14:28:59

**UNCONFIRMED MINUTES OF CARDIFF AND VALE STAKEHOLDER REFERENCE
GROUP MEETING HELD ON TUESDAY 26 SEPTEMBER 2023
HELD IN NANT FAWR 1, WOODLAND HOUSE, MAES Y COED ROAD, LLANISHEN,
CARDIFF**

Present:

Sam Austin	Llamau (Chair)
Frank Beamish	NHS Volunteer
Rhys Burton	South Wales Police
Richard Cox	One Voice Wales
Duncan Innes	Cardiff Third Sector Council
Paula Martyn	Independent Care Sector
Siva Sivapalan	Third Sector, Older Persons
Lani Tucker	Glamorgan Voluntary Services

In Attendance:

Marie Davies	Deputy Director of Strategy Planning, UHB
Abigail Harris	Director of Strategy & Planning, UHB
Angela Hughes	Assistant Director of Patient Experience, UHB
Colin McMillan	Head of Transport and Sustainable Travel, UHB
Tom Porter	Consultant in Public Health Medicine, UHB
Sarah Tipping	Head of Strategic Partnerships and Engagement, UHB
Mel Wilkey	Deputy Director of Commissioning, UHB
Benji Williams	Regional Stroke Programme Manager, UHB

Apologies:

Dic Jones	South Wales Fire and Rescue
Zoe King	Diverse Cymru
Christopher Willis	WAST

SRG 23/29 WELCOME AND INTRODUCTIONS

The Chair welcomed everyone to the meeting.

SRG 23/30 APOLOGIES FOR ABSENCE

Although not members of the SRG apologies had been received from Llais.

SRG 23/31 DECLARATIONS OF INTEREST

There were no declarations of interest.

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**SRG 23/32 MINUTES AND MATTERS ARISING FROM
STAKEHOLDER REFERENCE GROUP MEETING
HELD ON 23 MAY 2023**

The SRG **RECEIVED** and **APPROVED** the minutes of the SRG meeting held on 23 May 2023.

Llais

Angela Hughes confirmed that the Patient Experience Team had monthly meetings with Llais.

Marie Davies confirmed that Stephen Allen had been invited to attend a meeting of the All Wales Engagement Leads.

SRG 23/33 FEEDBACK FROM BOARD

Abigail Harris drew the SRG's attention to some specific items discussed at the UHB Board meeting held on July 2023.

- There had been a big focus on the Integrated Performance Report which remains a work in progress. The general picture was that Cardiff and Vale UHB was performing relatively well compared to other Welsh Health Boards. The Chief Operating Officer was leading on a major piece of work looking at how services are delivered and the UHB was gearing up for the winter vaccination programme.
- Finance – The UHB continues to operate in an extremely challenging environment. At the start of the year there had been an underlying deficit and even with a cost improvement plan of £32m worth of savings the planned deficit at the end of 2023/24 is £88.4m. Welsh Government (WG) expected the Health Board to better its £32m savings plan but at the end of quarter 1, the UHB along with most Health Boards was adrift of its planned end of year deficit. This was due in part to there not being the usual easing of demand on services that is usually experienced during the summer.
- Haematology/Blood and Marrow Transplantation, Cancer Research and Complex Specialist Oncology Strategic Outline Case. The business case is for investment to future proof and co-locate essential specialist cancer services on the UHW site in a modular building. It will enable the UHB to meet accreditation requirements and fulfil its research commitments.
- South Wales Thrombectomy Full Business Case - The business case presents the required investment to implement, in a phased approach, the Mechanical Thrombectomy (MT) service for South Wales.

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- The Board had approved the refreshed Shaping Our Future Wellbeing Strategy.

The SRG enquired how WG's budget deficit was likely impact on the provision of health services. Abigail Harris informed the SRG that the UHB would do everything it could to ensure that there was no diminution of the quality of its services. The UHB would seek to improve efficiency. The UHB was currently very reliant on bank and agency staffing and was developing a workforce plan to make it less reliant on these staff. The UHB was also seeking to agree standardised overtime rates across Wales. Abigail Harris acknowledged that some unpalatable decisions might have to be taken. For example, consideration could be given to the re-introduction of car parking charges. At present there had been no decision on stopping any specific services.

Mat Phillips reported that the previous day the Executives had agreed a Quality Impact Assessment for all service changes.

There was a suggestion from one member of the SRG that politicians should accept that demand for health services and therefore running costs would continue to increase. The re-introduction of car parking charges would penalise patients unnecessarily.

Abigail Harris explained that Social Services were also under a tremendous amount of pressure. Too many people were being admitted to hospital who would could remain in their communities if appropriate social care was available to them.

SRG members were invited to join the live stream of the UHB Board meeting on 28 September.

SRG 23/34 TRANSPORT AND SUSTAINABLE TRAVEL INITIATIVES

Marie Davies explained that the purpose of the item was to discuss the link between sustainable travel and health and how to ensure that consideration of this is built into the planning processes for designing and planning new health care services and facilities.

The SRG **RECEIVED** a presentation from Tom Porter on sustainable travel and health. The SRG was informed that car usage had increased by 700% over the past 50 years and most housing and commercial developments during that time had been designed around car use. The impact of this on health and the environment and ways of supporting active travel and public transport were then described.

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The SRG then **RECEIVED** a presentation from Colin McMillan on the Non-Emergency Patient Transport Service (NEPTS) and the Healthcare Travel Costs Scheme (HTCS).

SRG then discussed the presentations and raised a number of questions and made several observations

- Angela Hughes explained that there were other options for those ineligible for NEPTS and HTCS for example third sector transport provision. If we are asking people to use cars less there must be alternatives to which they can be signposted.
- How are patient made aware of the NEPTS and HTCS schemes? Abigail Harris indicated that appointment letters direct people to the UHB website where the details can be found but noted that not everyone had access to the internet.
- Does the NEPTS needs assessment take account of whether the patient or their carer has access to a car? Colin McMillan explained that the needs assessment is used to determine whether there is a medical need for transport. When patients book NEPTS they are talked through the needs assessment. This includes determining whether the patient has a 'mobility car'. Patients who automatically qualify for NEPTS (cancer/renal) can also use their own transport and claim back.
- The problem is that people have to pay for their transport before they are able to seek re-imburement through HTCS which many are unable to afford.
- Is the UHL park and ride still operational? Colin McMillan explained that the service had been suspended earlier that month due to poor usage.
- Changing the locations of park and rides doesn't help with encouraging usage.
- Patients are frequently extremely distressed as a result of missing or being late for their appointments due to difficulties in parking. Those who are able should be encouraged to use the park and ride service and additional disabled spaces should be provided for those who cannot.
- The UHW park and ride is quick and reliable and should be better promoted.
- Planning regulations mean it will not be possible to provide sufficient parking spaces to meet current demand therefore people should be educated and encouraged to use alternatives to their cars when travelling to health care premises.
- Cardiff Council has a plan to provide a park and ride off Junction 33 of the M4.
- Outpatient appointment letters are not consistent across the Health Board and contain different information. Angela Hughes explained that

about 80% of appointment letters are generated by the Patient Management System but acknowledged that some departments issued their own letters. The UHB is looking to introduce a standard appointment letter across the organisation.

- The economic crisis means that the proportion of people with access to a car is likely to decrease. Public transport services to health care premises is patchy and recent service cuts have increased the difficulties.
- A co-ordinated comprehensive multi-agency transport strategy is required. Tom Porter explained that Cardiff Council have produced a detailed transport strategy: Cardiff's Transport White Paper: Transport Vision to 2030. The strategy includes the Metro and additional bus services. Consideration will also be given to some form of road user charge which would generate income to contribute towards funding the other proposals. Any such charges would have to be fair and equitable. There are also new regional corporate joint committees (CJCs) across Wales, including both Cardiff and the Vale of Glamorgan local authorities that must produce a regional transport plan for each area.
- To increase the societal appetite for public transport, consideration should be given to introducing free or minimal charge public transport.
- Third sector providers must be part of a co-ordinated approach to transport. Cardiff Third Sector Council and Glamorgan Voluntary Services had jointly produced a briefing paper on transport in Cardiff and the Vale.
- Future models of care should be designed to reduce the need for patients to attend healthcare premises where appropriate.
- The UHB should provide leadership and encourage staff to use sustainable travel options and discourage them from driving to sites where it is appropriate and alternatives are available. Consideration could be given to using 'sticks' as well as 'carrots' whilst recognising the potential impact of such measures on staff moral and recruitment/retention etc.
- The UHB has signed the Health Travel Charter.

It was agreed that the following would be issued to SRG for information:

- the presentations;
- the Welsh Government Circular establishing the HTCS
- a link to Cardiff Council's White Paper,
- the Voluntary Sector Briefing on Transport in Cardiff and the Vale; and
- South Glamorgan Community Health Council's Transport to Health Services report produced in September 2022.

Action: Gareth Lloyd

It was agreed that transport and sustainable travel would be an annual item on SRG agendas.

Action: Gareth Lloyd

SRG 23/35 UHB STRATEGY REFRESH

The SRG was informed that the Strategy had been launched at the Health Board's Annual General Meeting on 21 September.

The SRG **RECEIVED** a presentation from Marie Davies highlighting the changes that had been made since the last iteration that had been shared with them.

Marie Davies explained that the SRG would be asked to help develop the framework to deliver the Strategy. Marie Davies would provide an update on the framework at the next meeting.

It was agreed that a copy of the Strategy be issued with the minutes from the meeting and that SRG members send any questions to Gareth Lloyd.

Action: Gareth Lloyd/All

It was agreed progress with delivery of the Strategy would be an annual item on SRG agendas.

Action: Gareth Lloyd

SRG 23/36 SOUTH CENTRAL WALES STROKE DELIVERY NETWORK

The SRG **RECEIVED** a presentation from Benji Williams on the development of the South Central Wales Stroke Delivery Network (SCWSDN).

The SRG was informed that Cardiff and Vale and Cwm Taf Morgannwg Health Boards together with other key stakeholders, had agreed to work collaboratively to deliver the SCWSDN in order to address key challenges across current services. There is evidence that comprehensive regional Stroke centres improve clinical outcomes. The aim of the Network is to transform stroke outcomes for our population by working in partnership to deliver evidence based, innovative and sustainable care that is 'best in class' at every stage of the pathway.

The first phase of public engagement commenced in August and would end on 29 September. This will be followed by a gap analysis and options appraisal before a second phase of public engagement and a stakeholder co-design workshop. Formal public consultation is scheduled to commence in December 2023 and the aim is to produce a Full Business case by March 2024.

The SRG was asked to consider some specific issues:

- How do we address the challenges of access to care, distance and travel times whilst recognising the benefits of specialist care?
- The potential impact on at risk groups identified through the Equality Health Impact Assessment
- Given that 90% of strokes are preventable, how do we amplify primary and secondary care?

The SRG discussed the presentation and raised a number of questions and made several observations

- The establishment of the SCWSDN is a potentially big service change which will improve access to specialist services and clinical outcomes however there will be access issues. It will be important therefore to get the message out that it will prolong and improve quality of life.
- Most people with the possible exception of the older elderly have begun to accept travelling further to access specialist care.
- The message that 90% of strokes are preventable needs to be better publicised.
- 'Good news' stories of people who have benefitted from treatment in regional specialist would help to promote the proposals.
- Are the number of people admitted with strokes per year increasing? Benji Williams confirmed that this was the case across all the sites in the Network and the expectation is that this trend would continue.
- There is a need to engage with seldom heard groups and to get the message out by using advocates in their communities and families.
- There is a need to be mindful of mixed messaging as television advertising emphasises the importance of accessing help in a timely manner. Benji Williams explained that new clinical guidance had extended the timescale within which patients can receive effective thrombolysis to sixty minutes. WAST will be a key partner and the number of patients who can get to hospital within this timescale must be maximised.
- Are individual genetically disposed to suffering a stroke and if so should there be a screening programme? Angela Hughes explained that familial hypertension increased an individual's risk. Community pharmacies had a role in advertising risk factors and providing advice.

SRG 23/37 STAKEHOLDER REFERENCE GROUP CHAIR

The Chair informed the SRG that it would be her last meeting in the role as her term of office as Chair would come to end on 31 October. There had been two expressions of interest in sharing the role. The UHB would therefore be checking if this would comply with Standing Orders.

The Chair requested that if anyone else was interested in assuming the role, they should inform Gareth Lloyd no later than Tuesday 3 October. Gareth Lloyd would write to SRG members informing them of this deadline.

Action: Gareth Lloyd/All

On behalf of the SRG Abigail Harris thanked the Chair for her commitment to the role over the past three years and for fulfilling her responsibilities in such an organised and constructive way.

The Chair then thanked colleagues for their input and support during her tenure.

It was agreed that Vice Chair Siva Sivapalan would chair the SRG's next meeting and that the nomination of a Chair would be the first substantive item on the agenda.

SRG 23/38 NEXT MEETING OF SRG

9.30am - 12pm, Tuesday 28 November 2023, Nant Fawr 1, Woodland House.



Offthalmoleg Ardal
De-ddwyrain Cymru
South East Wales
Regional Ophthalmology

Planning Future Cataracts Services in South East Wales Briefing Document

Introduction

This document has been produced to provide information about cataracts services across Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Boards. The document advises of issues experienced by cataracts services across the three health boards and how services could be delivered in the future. It is important that everyone who has an interest in eye care has an opportunity to understand the future options and to let us know their views.

Background

Health boards have a responsibility to deliver all health services to their population including sight restoring cataract services. Whilst health boards must provide these services, they don't necessarily need to be delivered within the health board boundary area, and many services are now delivered on a regional basis e.g. some specialist care or where there are significant benefits to combining services, enabling more patients to be treated than would otherwise be the case.

Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Boards have therefore agreed to work together to review options about the possible benefits to patients and staff by combining our resources to increase the amount of cataract surgery undertaken and to reduce patient waiting times.

Temporary arrangements have been in place since January 2023 for some patients from Aneurin Bevan and Cwm Taf Morgannwg University Health Boards, enabling them to have their cataracts surgery using additional capacity at the University of Wales Hospital in Cardiff. In early 2024 there will also be some additional capacity in Nevill Hall Hospital in Abergavenny, enabling earlier cataract surgery for patients from Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Boards.

What are Cataracts Services?

Cataract Services are provided by health boards to treat patients with cataracts, which is when the lens in the eye gets cloudy and vision is affected. The service involves an assessment to check the eye and see if the patient is suitable for surgery, and the eye surgery itself.

Why are we talking about Cataracts Services?

We are talking about cataract services because there are now large numbers of patients waiting for cataract surgery. The numbers of patients needing the service are greater than the number of

patients that the service can treat, and the waiting lists have been getting longer. As patients wait longer their vision deteriorates and they are more likely to come to harm as they wait.

Who is involved in this programme?

Aneurin Bevan, Cardiff and Vale and Cwm Taf Morgannwg University Health Boards are involved in this programme. The three health boards have agreed to work together to increase cataracts services and hence reduce waiting times for their patients.

Who needs Cataracts Services?

All patients experiencing cataracts can benefit from the service. Most (but not all) patients tend to be over 60 years old, and men and women are equally affected.

How are services provided now?

Services are generally provided by each health board for their own patients. In Aneurin Bevan University Health Board, cataract assessments and surgery are delivered at the Royal Gwent Hospital in Newport and at Nevill Hall Hospital in Abergavenny. In Cardiff and Vale University Health Board, these are delivered at the University Hospital of Wales Hospital in Cardiff, and in Cwm Taf Morgannwg University Health Board, these are delivered at the Princess of Wales Hospital in Bridgend and the Royal Glamorgan Hospital in Llantrisant.

How do services perform?

Cataract services across the three health boards can treat around 8,500 patients per year. There is a backlog of approximately 18,000 patients waiting for cataracts services and every year 10,500 patients are added to the waiting list. Many patients wait over a year for cataracts services, and some are currently waiting up to two years. All the health boards agree that this is too long and needs to be addressed.

Recent Issues affecting the service

Patient waiting times and harm

Patients are waiting over a year for cataracts services following referral from their optician. During this time, a patients' sight is deteriorating, and this may lead to an increased risk of falls or other accidents and increase social isolation as leaving home may be more difficult. Patients have difficulty reading books, watching television, using a mobile phone, accessing the internet or doing detailed hobbies like crafts. As vision gets worse, quality of life is further affected, and independence is lost as many patients rely more on family and friends for self-care tasks like cooking, cleaning and shopping.

Demand

Each year across the three health boards approximately 10,500 people will be referred to an eye specialist (ophthalmologist) for cataract surgery and this number has been increasing since the Covid19 pandemic in 2020.

Due to the backlogs created by the pandemic there are currently approximately 18,000 people across the three health boards on waiting lists for assessment or surgery.

The numbers of patients receiving assessment and surgery for cataracts is now back to pre-pandemic levels and about 8,500 patients per year can be treated. The backlog and the increasing demand for the service has led the three health boards to look at different approaches and options for cataracts surgery.

Workforce

Across the three health boards and the wider UK there are vacancies for all levels of Medical, Nursing and Allied Health Professional staff. The average age of the current workforce is growing, and many experienced staff are approaching retirement age. There is a very limited pool of trained staff, and it is becoming challenging to recruit and retain sufficient staff of the required experience and expertise to support traditional workforce models

Accommodation and physical space

Across the three health boards, accommodation to undertake cataract assessments and surgery is limited. Ophthalmology assessment clinics and theatres need to provide space for all types of eye care services including emergency cases and those treating irreversible blindness. The amount of suitable clinical accommodation and facilities that currently exists in the three health boards is insufficient to cope with the demand. There is also some 'mis-match' across the three health boards between the available workforce and the available space (for example, one health board has sufficient staff but insufficient space, whilst another has the reverse situation).

Capacity and efficiency

Cataract surgery is a generalist surgical skill that all ophthalmology surgeons perform along with their specialist surgery. Some specialists have a morning or afternoon list of surgery where they just do cataracts, whereas others add them to a more general theatre list where they are undertaking other procedures (as there is insufficient capacity for dedicated cataracts lists). Best practice indicates that the service can be made more efficient through doing more frequent **cataract only lists** and by streamlining the processes through assessment and surgery. There is a desire to follow this best practice, but this would require more space and staff.

Sustainability and equal access

As a result of the issues outlined above, some services across the three health boards are not considered to be sustainable in the long term. Demand outstrips capacity at different rates across the three health boards and waiting lists in some areas are longer than others. Patients in some areas are waiting longer than others for cataracts assessment and surgery. The three health boards believe that patients across south east Wales should receive the same levels of care and that waiting times should be broadly the same, regardless of where someone lives.

Planning the Future Service

The three health boards have agreed to work together to achieve the following aims:

- to provide additional joint capacity for cataract services
- to use our assets and resources in the most effective and efficient way
- to work together to address current long waiting times and make these equitable across south east Wales
- to reduce clinical risk for all patients

A number of possible options have been put forward in respect of how future cataract services could be increased to best achieve these aims. These options are in addition to the current capacity at Royal Gwent Hospital, University Hospital of Wales, Royal Glamorgan Hospital and Princes of Wales Hospital.

1. **One South East Wales Centre:** To have one larger centre in south east Wales that will specialise in cataracts within an existing hospital setting. This would be a robust and sustainable option and would be likely to result in the greatest number of patients being treated (and therefore the largest reduction in waiting times) but would mean more patients traveling to one location for a dedicated service.
2. **Two Joint Units:** To extend the current temporary arrangements and have two cataract Units, one along the M4 corridor and one closer to the heads of the valleys. This would also make the service more sustainable and result in significant reductions in waiting times and would generally require less travelling for patients than option 1.
3. **Increasing capacity on three sites:** Each health board to increase the capacity at one site within each health board boundary. Some sites will be more able to increase capacity than others. This would reduce waiting times but at a much slower pace and would vary across each health board.
4. **Outsourcing:** to arrange for cataracts patients to be treated by private providers. This could be anywhere within South Wales or at a nearby site in England. This would also reduce waiting times (at a slower pace) but would be more expensive and would increase travelling for patients.
5. **Do Nothing:** maintain current services and worsening waiting times

Seeking the Views of the Public

We are seeking your views regarding the above options and what you consider to be the most important issues and priorities for the future cataract service. We will then use your views and feedback to inform our future conclusions and decision making about the best way to provide safe and sustainable services in the future.

It is important to us that all those with an interest in the cataract service understand the options and have an opportunity to provide full feedback. This will provide valuable information that will influence final decisions and the details of the service. We will also use the information received to update our Equalities Impact Assessment.

How will the three health boards do this?

To ensure that everyone is able to make their views known, the three health boards are undertaking a joint 12-week period of engagement involving the following:

- Prominent display of information in service areas, to include posters and displays
- Information / survey forms provided for patients attending appointments

- Dedicated information page on each Health Board website, to include FAQs, access to patient survey (with option of paper version), contact points / numbers and updated as plans progress
- Face to face and online public information sessions / engagement events
- Social media messaging
- Presentations to stakeholders
- Management meetings for internal NHS stakeholders

It is planned that a 12-week engagement period will run from **9.00am on Monday 13th November 2023 until 5.00pm on Friday 2nd February 2024**

Survey

Please provide us with feedback by completing the online survey via the web pages below:

<https://abuhb.nhs.wales/about-us/engagement/public-engagement-consultation/current-opportunities/cataracts-engagement/>

<https://bipab.gig.cymru/amdanom-ni/ymgysylltu/ymgysylltu-ymgyngori-cyhoeddus/cyfloedd-presennol/cyfluniad-cataractau/>

www.cavuhb.nhs.wales/cataractsservices

Cwmtafmorgannwg.wales/cataractsservices

Alternatively you can fill out the form in the Planning Future cataract Services in South East Wales document and send it to us in two ways:

By scanning it, or taking a good quality photo and emailing it to us at: sewales.cataracts@wales.nhs.uk

Posting it to the address below:

ENGAGE WITH US
Corporate headquarters
St Cadocs
Lodge Road
Caerleon
NP18 3XQ

Commented [HB1]: @Sarah Tipping (Cardiff and Vale UHB - Strategic Service Planning) can you confirm this web address is correct?

Commented [HB2]: @Natasha Weeks (CTM UHB - Corporate Governance) can you confirm the web address for CTM please?

A series of engagement events will be hosted by each of the provider Health Boards on the following dates:

DATES	Aneurin Bevan University Health Board	Cardiff and Vale University Health Board	Cwm Taf Morgannwg University Health Board	Online

Contact us

By e-mail with any comments or if you would like to join one of the on-line sessions above at **sewales.cataracts@wales.nhs.uk** and we will arrange to send you a link for the session.

Contribute to any conversations via the Health Board’s social media channels

What will happen after the engagement period?

Once the engagement period is complete, all responses and views will be collated and conclusions reached regarding the most appropriate arrangement option for future cataract services. A final report and conclusions will be prepared and shared with Llais (the new health watchdog body that has replaced Community Health Councils in Wales). The response from Llais will enable us to conclude whether a final decision can be made on future service provision, or whether further actions are required.

Subject to further discussions with Llais, we may wish to enter a period of formal consultation and should we do that we will once again invite your views.

References

[Age-related cataracts - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Cataracts: Causes, Symptoms, and Treatment | Patient](#)

[Population estimates by local health boards and age \(gov.wales\)](http://gov.wales)

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