

General Optical Council

Commercial practices and patient safety

A thematic review

Executive summary

October 2026



Why we carried out this review

- 1.** This thematic review considers the impact of commercial practices on the public's experience of, and registrants' ability to deliver, safe and effective eye care for all. Commercial practices are ways in which a business is run to remain profitable. They are an integral part of how eye health is delivered on the high street and include decisions on how products are sold, appointments are managed and care is delivered.
- 2.** NHS and privately funded primary eye care in the UK is largely delivered by privately owned optical businesses. The combination of private contractor delivery of clinical eye care services and commercial retail sales is an inherent feature of the sector.
- 3.** This can bring benefits to patients, registrants, commissioners and taxpayers. For example, it can spur innovation, which in turn can widen access and improve the quality of care, as well as offer new career opportunities to registrants. However, we know from our own research and evidence, as well as stakeholder conversations, that there are concerns about the extent to which these practices may be detrimental to the public's access to eye care, the delivery of safe and effective eye care for patients and on registrant wellbeing.
- 4.** This review takes place against a backdrop of increased interest in professional services markets and healthcare. The Professional Standards Authority for Health and Social Care (PSA) report '[Safer care for all](#)' made clear that regulators should intervene when profits are put ahead of the patient's best interests and consider taking a more interventionist role. Strengthening consumer rights has been a key government priority in recent years, including through legislative changes. The Competition and Markets Authority (CMA) has had a strong focus on healthcare services. As well as a landmark [review](#) of private healthcare in 2014, it has recently concluded a [market investigation into veterinary services](#) and begun a [market study into private dental services](#).

What we did

5. The review is framed around the following five topics:

- sales targets and incentives;
- booking practices;
- sight test times;
- transparency on pricing and eligibility for NHS financial support; and
- sight testing for young children.

6. We considered impacts on delivering safe and effective patient care and barriers to accessing care, especially among people in vulnerable circumstances.

7. Reflecting our statutory objectives, the focus of this review is on public protection. Patient safety is core to public protection, but we have considered a range of harms in line with the [PSA guidance](#) on right touch regulation and our public sector equality duty.

8. We gathered evidence from a range of sources including new primary research comprising fresh waves of our annual public perceptions and registrant surveys, [commissioned qualitative research](#), analysis of Trustpilot customer reviews, a review of information on sight test prices and eligibility for NHS financial support on optical business websites, and analysis of sight test claims data for children aged 0-5 years.



What we have found

9. This review found no direct evidence of harm to patients caused by commercial practices. However, it does identify potential long-term impacts on patients that are less visible, as well as impacts on registrants.

10. We revealed a paradox of satisfied patients but a profession under strain. Surveys show levels of public confidence and patient satisfaction with eye care services are high, but job dissatisfaction within the professions we regulate and experience of negative working conditions in optical businesses are both high.

11. For patients, selling products and services they may not need, or that may not be in their best interests, rushed appointments and pressure selling, could all act as deterrents from accessing eye care services, with possible consequences for longer-term eye health outcomes.

12. Registrants are concerned about the impacts of commercial practices on their ability to provide safe care as well as pressures which impact on wellbeing, such as an expectation to see high volumes of patients, and/or meeting employer-driven targets. Students and early career professionals appear particularly exposed to the negative impact of some commercial practices in optical businesses.

13. There are conflicting views expressed by individual registrants, employers and business registrants on operational matters such as booking practices, use of sales targets and incentives, and sight test times. While employers generally do not consider there is a systemic problem, concerns among registrants are widely felt. At the least, this disconnect suggests a relationship between registrants, employers and optical businesses that is not working as well as it should.

14. The review highlights the importance of fostering the right culture and creating an environment that supports autonomous clinical decision-making and management of risk, aligns achievement of targets and payment of incentives with quality and customer service, and ensures the best interests of patients. Strengthening registrants' clinical autonomy and enhancing a more

collaborative culture within optical practice which gives them greater voice in the design of business operations such as booking practices, the use of sales targets and incentives will be important to address the issues identified.

15. We want all businesses delivering restricted activities to be regulated by us and are working to strengthen oversight of businesses through the Department of Health and Social Care's legislative reform programme. This would close a gap in regulatory protection and create a level playing field for businesses.

16. Broad-scale economic conditions are challenging right across the UK and this is reflected in relation to consumer confidence, as well as pressure on health service budgets. The insufficiency of General Ophthalmic Services (GOS) fees was raised time and again across many of the issues we considered, and they appear to influence how eye care is being delivered. However, while GOS fees are a contributory factor, they do not explain all the negative impacts of commercial pressures highlighted in this report.

17. The review points to the need for a regulatory and professional environment in which commercial success, patient safety and workforce wellbeing are mutually reinforcing rather than competing priorities. Consistent themes across the five areas in focus highlight the need to strengthen standards and guidance, better prepare students for the commercial realities of the sector, support professional autonomy, foster the right cultures, improve transparency, and create more collaborative workplace environments where concerns can be raised and addressed effectively.

18. Collaboration with sector partners in preventing harm is a key theme of our [2025-30 corporate strategy](#). As well as setting out a programme of activity for the General Optical Council (GOC), the recommendations section of this review identifies where stakeholders including professional bodies, employers and others, could help.



Sales targets and incentives

Sales targets and incentives are a legitimate business tool but should be designed to drive a culture which is aligned to the best interests of patients.

Pressure to meet sales targets and incentives can be more pronounced for those working in multiples and registrants with less career experience.

Pressure to meet sales targets and incentives can impact on the health and wellbeing of registrants and create risks for workforce capacity.

There are conflicting views about incentives for referrals for cataract and refractive surgery and their impacts on patient choice, the quality of care and public trust.

19. Sales targets and incentives are commonly used across retail environments as a legitimate business tool to drive performance and motivate staff. However, issues arise when there is an overemphasis on commercial metrics or if these are not aligned to patients' best interests.

20. Sales targets and incentives can manifest to patients as pressure selling or negatively shape patient interactions in more subtle ways that undermine the trusted clinician-patient relationship and risk damaging the image of the sector. Our survey data indicates this dynamic appears to affect some patient groups more than others including those with vulnerabilities.

21. Pressure to purchase can deter people from using eye care, with consequential longer-term impacts on eye health and the prevention of sight loss. While these concerns may not pose immediate safety risks, they can contribute to poorer long-term eye health outcomes. [Healthwatch found](#) that people who reported being encouraged to purchase additional paid-for products or services were twice as likely to have avoided seeking eye care.

22. Some registrants report feeling under pressure to sell certain types of glasses or contact lenses that will earn more money for the business, as well as pressure to sell a product or service which they considered was not needed by the patient. Those feeling these pressures also feel unable to provide safe patient care.

23. Pressure to meet sales targets and incentives can impact on the health and wellbeing of registrants and create workforce capacity risks. Our survey data shows correlations with higher reported workload strain, long hours, stress-related absence, lower job satisfaction and intentions to leave the profession.



24. There are longstanding concerns in healthcare, reflected in work by the CMA and independent reviews, about situations where the commercial interests of businesses may lead clinicians to make recommendations or referrals that are not aligned to the best interests of patients or which limit patient choice. In this review, we received conflicting evidence about the nature, extent and impact of inappropriate incentive-based referrals for cataract and refractive surgery.

Key statistics

20% of survey respondents who purchased eyewear said that they felt pressure to purchase specific brands or types of glasses or contact lenses.

14% of those who said they felt uncomfortable visiting an opticians mentioned pressure to buy glasses or contact lenses.

17% of people who said that staff had encouraged them to take up additional paid-for services said that they had avoided getting eye care in the last two years, compared to 8% for those who had not experienced this.

Over 30% of registrants felt under pressure to sell certain types of glasses or contact lenses that will earn more money for the business or to meet commercial targets at the expense of patient care.

24% felt under pressure to sell a product or provide a service which they considered was not needed by the patient.

Booking practices

Overbooking can support access to eye care for patients but needs to be managed well to ensure sustainable workloads and adequate testing times.

Some booking practices appear to be reducing registrants' wellbeing.

Greater support is needed for students and early career professionals.

25. Effective appointment scheduling can support access to care and safe and effective delivery of treatment. However, there is a balance to be struck between using clinical capacity to its best effect and creating a situation in which some patients and registrants feel rushed or under pressure.

26. A strength of the sector is that it is generally easy for patients to book sight tests in advance without long wait times. However, where patients have bad experiences, this may have wider consequences for ongoing engagement with eye care. Feeling rushed or dissatisfied with the level of communication or time within appointments may lead to patients not accessing routine eye care in the future, with the potential consequences on long term eye health.

27. Long waits and crowded waiting areas may disproportionately disadvantage people with additional needs. Our [lived experience research](#) with patients in vulnerable circumstances highlighted psychological barriers to visiting opticians including the 'open' nature of the physical environment, having to sit next to strangers in waiting rooms, and concerns over the length of the wait. Adults with a learning disability [are ten times more likely to have an eye problem](#) than the general population and for children with a learning disability [this rises to 28 times more likely](#) when compared with the general population. This environment could therefore have a disproportionate negative impact on such patients.

28. Some booking practices appear to affect delivery of care and registrant wellbeing. A significant minority of registrants report that they had sometimes or frequently felt pressure to see high numbers of patients which had negatively affected their ability to deliver safe care. Reports of rushed appointments where things can be missed and reduced communication with patients are a source of anxiety. Evidence of shortened or missed breaks, inability to complete administrative tasks during working hours and difficulty in raising concerns, suggests that these pressures can also adversely affect wellbeing, including contributing to burnout and registrants wanting to leave the profession. Our survey evidence shows that students and early career professionals struggle most with pressures related to booking practices.

29. Business representatives do not consider staff are overworked, highlighting a lack of consensus which may come from a breakdown in communication between employers and registrants delivering care to

patients. Businesses must make sure that booking practices and appointment scheduling support safe care, with appropriate contingency planning where demand exceeds capacity, and effective mechanisms for staff to raise concerns.

Key statistics

89% of patients were satisfied with how long they had to wait for their appointment, with only 3% saying they were dissatisfied.

38% of registrants said they had 'sometimes' (21%) or 'frequently' (17%) felt under pressure to see a high number of patients every day which had impacted on their ability to provide safe patient care.

23% of registrants said that they have 'sometimes' (14%) or 'frequently' (10%) been asked to overbook clinics (25% in 2025).



Sight testing times

Patients are content with the time taken in their sight tests, but registrants widely report that sight test times can be insufficient.

Short sight testing times can reduce registrant wellbeing.

The GOC setting minimum sight testing times would not be appropriate.

30. All sight tests must contain minimum features, but duration of sight tests can vary significantly depending on factors including NHS commissioning, extent of delegation, the technology used and each patient's individual needs. Sufficient time enables optometrists to undertake appropriate clinical assessments, discuss treatment options and risks, answer questions, and support informed decision-making. It helps patients to feel listened to, contributing to a positive care experience and supporting trust and confidence in the professions.

31. Our [public perceptions research](#) indicates consistently high levels of patient satisfaction with the time provided during sight tests to deal with their needs properly, although this is lower among some groups. However, approximately half of registrants report that the standard time allocated for sight tests has been insufficient to deliver safe patient care. This varies by practice setting, with those working in multiples and locum roles more likely to report insufficient time. Patient representative organisations were particularly concerned that appointments may be too short for some patients, especially those with learning disabilities or dementia, children, or those requiring additional explanation or support. The available evidence points less to clear, immediate patient safety incidents and more to issues with quality of patient communication and disproportionate effects on patients who need more time.

32. Across survey findings, qualitative research and fitness to practise evidence, registrants describe short appointment times, high clinic volumes and limited control over diaries as contributing to stress, reduced job satisfaction, missed breaks and burnout. These wellbeing concerns are closely linked to patient safety. Where registrants feel unable to spend sufficient time with patients, take appropriate breaks or exercise professional judgement about clinic capacity, there is a greater risk that care may be rushed, records may be incomplete, and clinical concerns may be missed. Sustained pressure on registrants may increase the likelihood of mistakes,



weaken professional confidence and reduce willingness to raise concerns.

33. Perspectives from business registrants suggest a different picture. Some report that longer appointment times are available where needed and that testing times have increased in recent years, indicating that experiences are not consistent across the sector and may vary by business model and setting.

34. Clinical autonomy is a key principle of our standards but some registrants feel this is difficult to maintain given the realities of their busy workplace environment. This issue is closely linked to booking practices, particularly where registrants do not feel they are in control of the diary. Responsibility for managing these risks cannot rest with individual registrants alone. While registrants remain accountable for their own professional decisions, employers and business owners have an important role in creating working conditions that enable safe practice, including realistic appointment times, giving staff autonomy to extend appointment times with individual patients where required, and clear routes for staff to raise concerns without fear of negative consequences.

35. We acknowledge calls from some stakeholders for the GOC to set minimum sight testing times (or to see a maximum number of patients per day). We have considered this but concluded hard rules would not be appropriate given the variability in formats of sight testing, the range of technologies and tests used and variety of patient needs.

Key statistics

89% of participants in our public perceptions survey were satisfied that their optometrist allowed sufficient time to deal with their needs properly, which has increased slightly since the previous wave (87% in 2025).

47% of optometrists said that the time allocated to them to carry out a sight test was insufficient to provide safe patient care (48% in 2025).

In our 2024 registrant survey, time pressures and short sight testing times were identified as the most common barrier to delivering safe care.

Transparency on pricing and eligibility for NHS financial support

Unclear pricing and a lack of transparency can limit access to eye care with a disproportionate impact on those in vulnerable circumstances.

Price transparency is inconsistent across the sector.

Eligibility for NHS financial support should be communicated more clearly.

Most patients find the pricing of glasses and contact lenses clear, but pricing practices are a growing source of consumer complaints.

36. Clear and transparent pricing is important to maintain public confidence and reduce barriers to access to eye care, especially for people in vulnerable circumstances. People need to know the price of a sight test and if they are eligible for NHS financial support before deciding to make an appointment. Otherwise, this risks deterring or delaying access to eye care, raising potential wider implications for timely treatment and prevention of eye conditions.

37. Most respondents in our [public perceptions research](#) said they found sourcing the price of their sight test easy and people considered the pricing was clear when they last bought glasses or contact lenses. However, some can find the pricing of glasses and contact lenses confusing, unclear or misleading. There are recurring issues in complaints around unexpected charges, unclear pricing structures and optional extras being poorly explained. This led to some patients experiencing eye care as a high-pressure retail transaction.

38. Our review of 255 optical business websites found online transparency on both the price of sight tests and eligibility for NHS financial support is patchy. It was often unclear whether optical coherence tomography (OCT) scans were included in the standard sight test fee or charged separately. Even when information was provided on NHS financial support it was limited in detail or difficult to access. People are often unaware of, or uncertain about, their eligibility for financial support, pointing to the [need to raise public awareness](#).

39. Businesses and individual registrants thought that NHS eligibility was explained clearly to patients at different points in the journey, for example, from booking, arrival at reception, pre-screening, during the sight test and at the point of any dispensing.

40. Strengthened consumer legislation and interventions by the CMA are reshaping public expectations around price transparency. Increasingly, patients will expect price transparency in eye care just as they see it in other professional services.

Key statistics

74% of respondents in our public perceptions research said they found sourcing the price of their sight test easy and only 3% found it difficult.

38% of business websites in our sample displayed their sight test price(s).¹

Prices for a sight test ranged from a minimum of £25 to a maximum of £125 and the median price of a sight test was £50 across England, Wales and Northern Ireland.²

1 & 2: We reviewed 255 optical business websites across England, Wales, Scotland and Northern Ireland from a sample of 324 GOC-registered business entities. This in-house study reviewed the online visibility of sight test prices and related information.



Sight tests for young children

Early sight testing is important, but sight testing is unevenly provided across premises/contractors.

Some optometrists may test children under five infrequently or not at all, leading to risks of deskilling.

There are varying levels of awareness of optometrists' ability to test children under five, or to address eye care conditions, which may create barriers to accessing eye care.

The barriers to access are multi-faceted, complex and extend beyond regulatory factors so stakeholders should convene to discuss solutions.

41. Access to sight tests and eye care for children under five is vital to ensure early diagnosis of eye conditions or reduced vision, which could negatively impact a child's educational performance or development. Although GOS sight tests are free for children and professional guidance is clear that children should not be refused care because of their age, our analysis of GOS data suggests that there are gaps in the provision of sight tests for children under five, and that testing activity is concentrated among a relatively small number of businesses/contractors.

42. Some optometrists may test children under five infrequently or not at all, creating deskilling risks. Given treating children is a core competency to enter the register, optometrists should maintain this competency to stay on the register, and paediatric care should not be viewed as an optional specialism.

43. Barriers to access may include commercial pressures, limited appointment time, lack of age-appropriate equipment, variations in practitioner confidence and experience, location, and instances where lack of oversight or training means parents are turned away by front of house staff.

44. Awareness of children's eye care services among parents and carers appears variable. Many may be uncertain about when and where to seek help for children's eye health concerns (including whether it is possible to test a child who cannot read), and sight testing among young children appears to be driven more by identified concerns than routine attendance. Improving public awareness of free sight tests and the role of optometrists could help support earlier access to care and treatment.

45. This is a multi-faceted and complex set of issues, only some of which have regulatory implications. There would be benefit in bringing together the wide range of stakeholders with an interest in these issues to identify the best ways to reduce barriers to parents and carers accessing sight tests for children.



Key statistics

3.2% of providers in England, 4.6% in Northern Ireland and 4.0% in Scotland do not carry out sight tests on children under five.

Across England, Northern Ireland and Scotland, the top 10% of providers undertake around 40% to 55% of all sight tests for children under five, while many providers carry out only small numbers of tests each year.

The average practitioner in Northern Ireland undertook approximately 22 child sight tests per year (approximately one sight test every two to three weeks), while the typical (median) practitioner undertook 17 child sight tests per year (equivalent to around one sight test every three weeks).

In England the average contractor undertakes 105 sight tests a year (approximately two a week), while the typical (median) contractor carries out 43 sight tests (fewer than one a week).

In Scotland the average practice undertook approximately 72 child sight tests per year (just over one a week), while the typical (median) practice undertook approximately 39 child sight tests per year (approximately three sight tests per month).

In England there were between 1,048 and 1,665 sight tests per 10,000 children aged 0-5, while in Northern Ireland, there were about 900 sight tests per 10,000 children aged 0-5 and in Scotland 1,427 sight tests per 10,000 children aged 0-5.

This data is from our in-house analysis of GOS claims data obtained from England, Northern Ireland and Scotland. Data from Wales was not available due to the absence of an electronic claims system.

Recommendations

46. Collaboration with sector partners in preventing harm is a key theme of our 2025-30 corporate strategy. The recommendations set out below identify where stakeholders including professional bodies, employers and others, could help to address the issues identified in this review and we are committed to continuing to work closely with the sector, and in particular to use our convening role to help others to work together effectively to progress relevant recommendations.

Work we will take forward

Review of the Standards for Optical Businesses

47. We will review our Standards for Optical Businesses to ensure that they support the achievement of the following outcomes:

- registrants always act in each patient's best interests with clinical care taking precedence over commercial considerations;
- registrants have autonomy to exercise professional judgement free from undue commercial influence and appropriately manage conflicts of interest;
- booking practices and appointment systems consistently support safe patient care and registrant wellbeing, whilst being sufficiently flexible to manage urgent/emergency eye care appointments or situations where a higher number of patients attend than expected;
- employers and business owners create and maintain an environment that supports employees' health and wellbeing, including managing workplace stress and encourages staff to raise concerns through effective internal complaints procedures and speaking up processes;
- patients can easily access clear information on costs and eligibility for free sight tests and vouchers in advance of booking sight tests and related services;
- patients are supported to make informed decisions about their treatment options and purchase decisions; and
- patients in vulnerable circumstances get the additional support they need, for example, more time or tailored communications.

Consideration of supplementary guidance

48. We will consider producing supplementary guidance if needed in future, including to support any new or strengthened standards.

49. We will review best practice by other regulators within and outside of healthcare to identify ways to strengthen support for registrants to speak up.

Raising awareness of existing standards and guidance

50. Our Standards of Practice for Optometrists and Dispensing Opticians and guidance on [speaking up](#) and [care of patients in vulnerable circumstances](#) already outline our expectations in relation to managing conflicts of interest, ensuring patient safety is not compromised by meeting targets and incentives, and support for more vulnerable groups of patients. We will work collaboratively with the professional/representative bodies to raise awareness of these.

Review of education and training requirements

51. We will review how the education and training system can best ensure that newly qualified registrants are equipped to manage commercial pressures while maintaining safe patient care.

52. We will also work with education sector partners to consider how students can best be supported while on placement during their qualification.

Sight tests for young children

53. Working in partnership with Teesside University and Aston University, we will convene a stakeholder roundtable to discuss the issues in this review.

Improve evidence, monitoring and assurance

54. We will use the independent review of fitness to practise decisions we already commission to provide assurance about the quality of decision-making in cases about business registrants and commercial practices. We will also strengthen our data collection in this area to support monitoring and identify trends.

55. We will monitor and keep under review concerns relating to inappropriate referrals to services such as cataract surgery and refractive surgery. We will consider further activity if there is growing evidence of risk in this area.

56. As part of our research activities, we will continue to capture and monitor trends through our registrant survey and other data sources. We will focus on groups such as newly qualified registrants, who may be more likely to experience difficulties in prioritising patient care over commercial pressures and more broadly face challenges transitioning into full-time clinical practice.

Recommendations for the wider sector

Recommendations for the professional/representative bodies

Support individual registrants and business registrants to manage commercial pressures and raise concerns

57. The professional/representative bodies should consider reviewing and updating the guidance, advice and support they provide relating to the issues identified in this review. We note that The College of Optometrists has recently consulted on its Guidance for Professional Practice and await the outcome of that consultation.

58. In their role as CPD providers, the professional/representative bodies should use the professional development they provide to support registrants to manage the issues identified in this review.

Recommendations for optical businesses

Ensure commercial practices support safe and ethical patient care

59. Optical businesses should review their employee targets and incentives structures, booking practices and sight testing arrangements to ensure they foster the right culture, comply with our standards and create a clear focus on patient safety, patient experience and registrant wellbeing.

Strengthen oversight and assurance mechanisms

60. Optical businesses should collect and monitor internal data to identify potential risks, outliers and emerging concerns, and exercise appropriate oversight and auditing of areas such as sight testing times, target and incentive structures, and referral practices. Any concerns should be investigated promptly and appropriately, including referrals to the GOC as necessary.

Create a culture where staff can raise concerns and access support

61. Optical businesses should review their speaking up arrangements against the GOC's guidance and ensure these cover concerns about commercial practices.

62. Optical businesses should ensure that appropriate support is available for employees experiencing difficulties associated with the commercial environment in which the business operates.

Consider the needs of patients requiring additional support

63. Optical businesses should consider whether additional measures, such as enhanced triaging or pre-screening processes, are required to identify patients who may need longer appointments or additional support, including patients in vulnerable circumstances.

Recommendations for commissioners and NHS bodies

64. Commissioners should consider the impact that current GOS contracts may be having on the delivery of eye care and workforce wellbeing.

65. Commissioners should maintain and analyse data on numbers of sight tests for children under five and follow up concerns with contractors as appropriate.

66. Commissioners and NHS bodies should seek to raise public awareness about eligibility for free sight tests and other financial support towards eye care costs.

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