

IMPACT

FROM INSIGHT TO INFLUENCE

General Optical Council

Business Registrant Survey 2024

Research report

Prepared for General Optical Council (GOC)

Prepared by Impact Health

March 2024

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All projects are carried out in compliance with GDPR and the ISO 20252 international standard for market, opinion, and social research. All Impact Health team members are also registered with the British Healthcare Business Intelligence Association (BHBIA)





Key findings

1 Key findings

Below are the key findings for research which was collected between 7th December 2023 through to 31st January 2024 for businesses registered with the GOC. The findings are based on completes from 214 registered businesses, representing 7% of the overall registered business population. Findings therefore should be considered directional and may not be applicable to the registered business population in its entirety, and may also be inapplicable to businesses unregistered with the GOC. These key findings summarise some of the information from the research, and the questions asked and data collected can be explored in more depth in *section 3*.

Services provided

- **Multiples** are more likely than **independent practices** to offer a combination of optical and non-optical services. Although some services are offered by almost all registered businesses, namely sight tests / eye examinations, the sale of prescription spectacles, the fitting and sale of contact lenses, and pre- and post-operative cataract services, the provision levels of other services vary considerably across the industry.
- The services most expected to increase in provision over the next two years are **glaucoma monitoring** and **independent prescribing**, both of which are expected to double in adoption until they are offered by at least half of registered businesses.
- However, many services are anticipated to continue to be used only by a minority of registered businesses, namely **laser eye surgery, orthoptics, domiciliary services, the sale of zero-powered contact lenses, diabetic screening, and visual stress / colorimetry tests**.
- Although almost all registered businesses have contracts with NHSE/Health Boards, there are large differences between how many of their sight tests / eye examinations over the last year were publicly funded. **Independent practices were over twice as likely** as multiples to have had over 70% of their sight tests funded by the NHS.

Innovation

- **Innovation has been common across registered businesses:** in the last three years, 3 in 4 businesses have introduced a new or significantly improved clinical service to patients, and 1 in 4 claim to have introduced a service that was **entirely new to the market**.
- **Most registered businesses who have innovated have seen increases in revenue as a result**, both from bringing in new patients and increasing revenue from existing patients. However, only a minority have seen increased market share from bringing in new services. Those businesses that

have brought in a service new to the market have been more likely to see a variety of benefits, both **financially** and in terms of **added value for patients**.

- Drivers of innovation have been primarily **patient-centric**, aiming to improve their experience and meet their demands. **National regulation** has also been a strong driver, specifically concerning changes in NHS/government commissioning and GOC regulations, showing the impact of top-down changes in driving innovation. The innovation of many registered businesses appears also to have been facilitated by the increasing availability of new technology.
- The primary barriers to innovation over the last three years have been mostly **economic and financial**. The **lack of NHS connectivity to ophthalmology** has also constrained innovation, as well as a lack of qualified personnel, and both were experienced particularly strongly by multiples. Businesses with annual turnovers under £250k were also somewhat likely to mention the rise of unregistered online sellers as a key barrier through open-end responses.

Use of technology

- Although most registered businesses currently use a website, this was significantly less common amongst franchises. Despite the prevalent usage of websites, most registered businesses **do not publish the price of sight tests or eye examinations on them**. **Independent practices** are substantially less likely to publish the price of sight tests / eye examinations on their websites than **multiples**.
- Most registered businesses are also using social media, and those who use social media are more likely to have introduced new or improved clinical services to patients as well as to use PMS/electronic patient records, which points to an association between digital engagement and innovation.
- Optical coherence tomography and PMS/electronic patient records are currently the most widely used technologies, being used by over 3 in 4 registered businesses. Over the next two years, there is expected to be **increasing uptake of online technologies**, with artificial intelligence and LiveChat / virtual assistants planning to be used by over a quarter of registered businesses. Of the diagnostic tools, OptoMap is expected to gain the most adoption, doubling its usage from today.

Placements for optical students

- Around a quarter of registered businesses currently have arrangements with universities or the College of Optometrists to offer placements to optical students, with this being **much more prevalent among multiples** than independent practices. Most have found the number of placements offered over the last 12 months to be consistent with previous years.
- The primary perceived benefits to offering placements are **future-facing**, through supporting a new generation of optical professionals and increasing the pipeline of future employees, rather than immediate benefits to the workforce at the time of placement. **All benefits were expressed much more strongly by multiples** than by independent practices.

- The most common barriers to offering placements are **time constraints** and **a lack of available consulting rooms**, but many registered businesses also report that there are regulatory, financial, and resource-based barriers.
- The reduced numbers of placements offered by independent practices appears largely to be due to **a lack of perceived benefits** in comparison to multiples, rather than due to them experiencing more barriers to offering them. Nevertheless, **independent practices** were slightly more likely to cite time constraints, lack of available consulting rooms and financial factors as reasons not to offer placements.

Newly qualified professionals

- Around a third of registered businesses have employed a newly qualified optical professional in the last two years, and as with student placements, this was **much more common amongst multiples** than **independent practices**.
- Although the majority of registered businesses feel newly qualified optometrists and dispensing opticians meet most expected outcomes and performance criteria, **dispensing opticians** were usually seen as being **more capable at the point of beginning employment**.
 - For newly qualified optometrists, most believe the areas in need of improvement are their **leadership and management**, their **confidence within their scope of practice**, and the **gaps in their knowledge, skills and behaviours**.
 - For newly qualified dispensing opticians, most suggest improvement is needed in their **leadership and management**.
- Registered businesses also reported substantial **improvements in performance** for newly qualified professionals now compared to the time they started working at the business, particularly for **newly qualified optometrists**.

Perceptions of fees and annual compliance costs, adherence to standards

- Most registered businesses **disagree that GOC registration fees are reasonable**. They are also more likely to **disagree that annual compliance costs are reasonable**, with this being expressed **more strongly amongst independent practices** than **multiples**.
 - The ongoing compliance costs most likely to be considered unreasonable are NHS commissioning requirements, data protection requirements, professional indemnity insurance, environmental and sustainability laws/regulations/standards, CPD undertaken by employees and health and safety.
- Although a majority of registered businesses agree that the GOC's standards for optical businesses are easy to comply with and help to ensure the quality of patient care, there is greater uncertainty around whether they are easy to understand. Overall, there appears to be an opportunity to improve the **comprehensibility** of the standards, as well as **engagement** with and **awareness** of them, as many registered businesses did not have an opinion towards them.
- Awareness of the Optical Consumer Complaints Service (OCCS) is currently high amongst registered businesses. 10% of registered businesses have had an OCCS complaint considered against them in the last 12 months, with the number being substantially **higher amongst multiples** than **independent practices**.

Ability to recruit new optical professionals and use of locums

- **Being able to recruit new optical professionals appears to be a key challenge** for many businesses registered with the GOC, particularly optometrists.
- **The majority of registered businesses have had to use locums** at least occasionally in the last 12 months, with their usage being **more common amongst multiples** than **independent practices**. **Multiples** are much more likely to use them due to **staffing difficulties**, whereas **independent practices** are more likely to use them as a positive choice to fit their business model. Outside of these approaches, a frequent reason given for using locums was specifically to cover holidays, sickness and maternity leave. There were also a few open-end responses which suggested that there was an emerging culture of optometrists preferring to locum, which may force businesses into using them.

Business performance and challenges faced

- Overall, **growth trends for most registered businesses are positive**, with most having seen growth in the last 12 months and in the last three years, as well as anticipating further growth in the next 12 months. **Multiples are more likely to have experienced** and to **expect to experience growth** over all timeframes compared to **independent practices**. Businesses who have introduced an innovation in the last three years that was new to the market, as opposed to only their business, were also more likely to see growth over the last 12 months.
- **The biggest challenges faced by registered businesses are financial**, encompassing the **government funding of sight tests / eye examinations**, rising costs due to economic conditions, and increasing wage pressures. Beyond that, there are also challenges from **difficulties recruiting staff**, the impact of the **cost-of-living crisis on patients**, and **competition from online businesses**, the latter of which is experienced particularly strongly by **smaller businesses** (annual turnovers of less than £250k).
- Despite these challenges, most registered businesses are optimistic for their own future. Nevertheless, there remains a level of uncertainty about the future of primary eye care, with most agreeing that they expect difficult times ahead for the industry.
- Although the [2023 Mapping of Optical Businesses](#) suggested COVID was an important factor in declining business numbers from 2019 up to 2022, this research suggests it is no longer a key challenge for registered businesses; however, there now appear to be growing financial challenges from the current economic climate and the cost of living.

2 Research introduction

The GOC (General Optical Council) is the regulator for optical professions in the UK. Its mission is to protect the public by upholding high standards in the optical professions. The GOC commissioned Impact Health to run an inaugural wave of quantitative research on its approximately 3,000 registered businesses (as of 2023), building on previous research in the [2023 Mapping of Optical Businesses](#) to help support objectives outlined in the [Fit for the Future 2020-2025 Strategic Plan](#).

The research covers a range of topics, with aims to:

- build a picture of the size and characteristics of registered businesses;
- help to understand current issues facing business registrants;
- identify levels of innovation and technology adoption across business registrants;
- explore the role of businesses in training the next generation of eye care professionals, as well as their perceptions of newly qualified professionals;
- understand perceptions of regulation; and
- inform policy development linked to regulation of optical businesses.

The information in this report was collected via an online survey which registered businesses were able to complete between 7th December 2023 through to 31st January 2024. The findings are based on completes from 214 registered businesses, representing 7% of the overall registered business population. Findings therefore should be considered directional and may not be applicable to the registered business population in its entirety. As the survey for the following research was sent only to businesses registered with the GOC, findings may also not be applicable to unregistered businesses.

For more information on how the data was collected and analysed for this report, as well as the reporting standards used within it, see the technical appendix in *section 4.1*.

3 Research findings

3.1 Business demographics

The following section presents the weighted demographic data collected for all businesses that completed the survey, outlining:

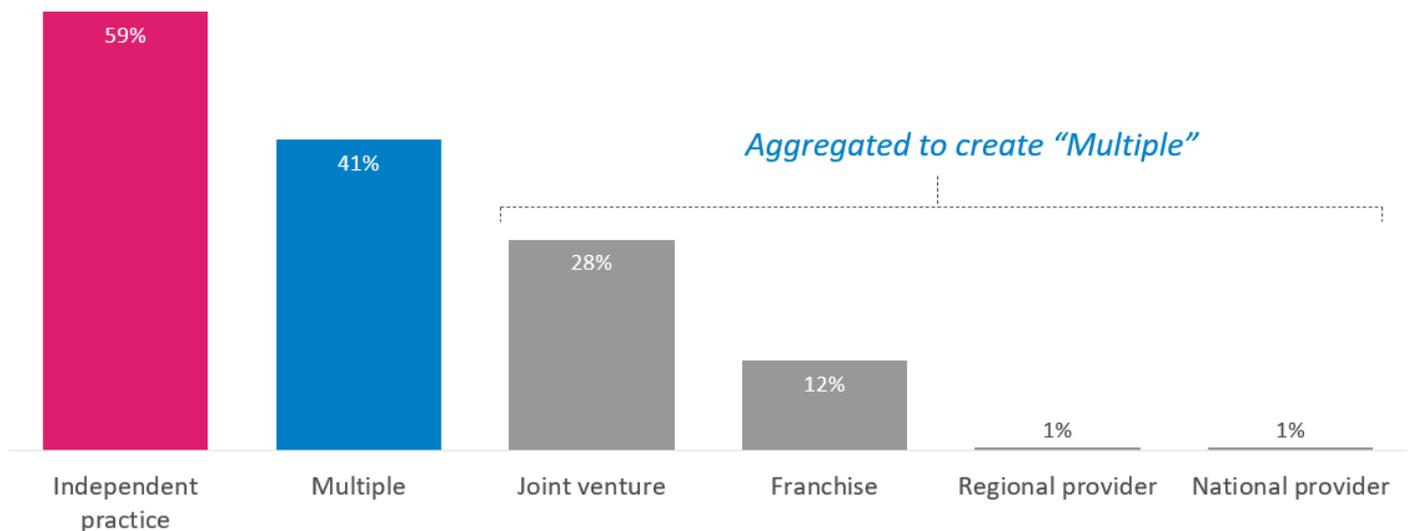
- their business structure, i.e., independent practice or multiple (with multiple comprising joint venture, franchise, regional or national provider);
- which countries within the UK they operate in;
- whether they serve patients in city, town, rural, or other (e.g. mobile) locations;
- how long ago they were established;
- how many staff they employ;
- their approximate annual turnover in the last year;
- the number of practices and sites they operate; and
- their ownership and management structure.

It will also delineate any significant associations that exist between these factors, and whether each one was used as a subgroup to investigate potential differences between business types throughout the report.

3.1.1 Business structure

Data was collected to understand how many of the surveyed businesses were independent practices, joint ventures, franchises, regional providers, and national providers, which is illustrated in *figure 1*.

Figure 1 – Business structure



Which of the following best describes your business structure? (base: all; n=214)

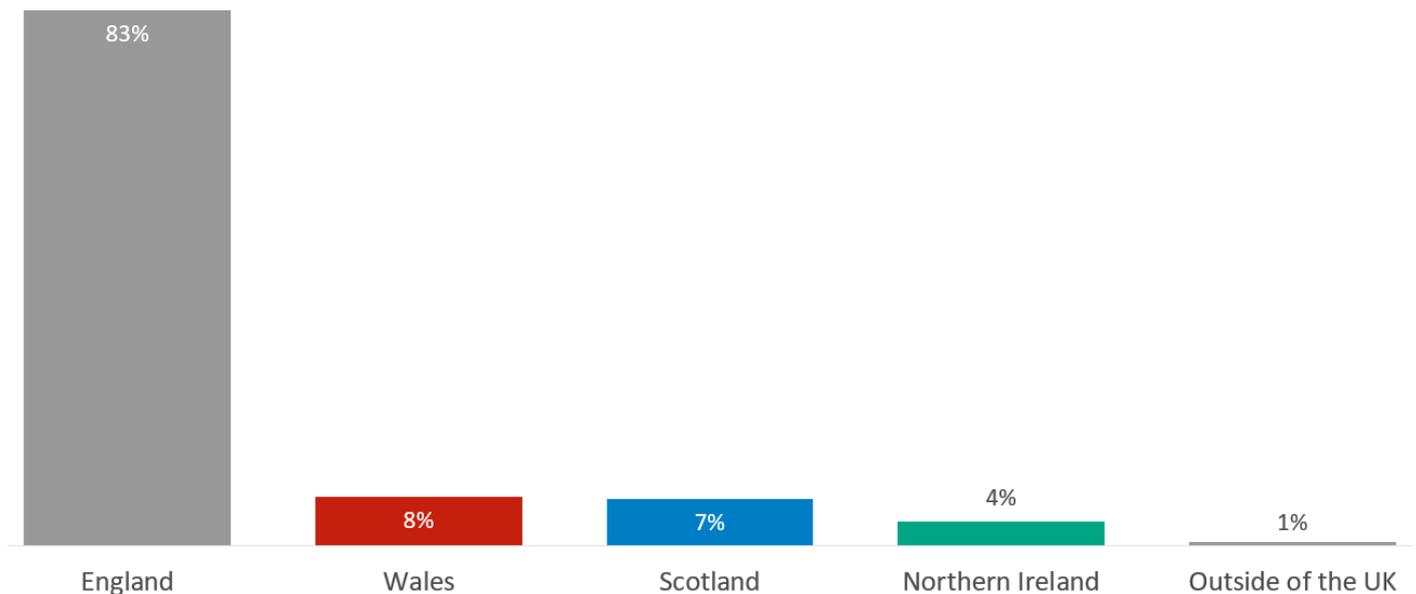
All data in the report is adjusted using weights based on the proportion of independent practices and multiples in the GOC database, as outlined in the technical appendix (*section 4.1*). Of the weighted sample, 59% were **independent practices** and 41% were **multiples**. The **multiples** group was formed through aggregating data across **joint ventures, franchises, and regional/national providers**, to provide sufficient

base size for comparisons against **independent practices**. Differences unique to **joint ventures** and **franchises** are also reported where relevant and statistically significant.

3.1.2 National breakdown

Figure 2 presents data for which parts of the UK the surveyed businesses serve, as well as which have operations outside of the UK.

Figure 2 – National breakdown



Where does your business operate? (please tick all that apply) (base: all; n=214)

Of businesses surveyed, the vast majority operated in **England** (83%), with a minority operating in **Wales** (8%), **Scotland** (7%), **Northern Ireland** (4%) and **outside of the UK** (1%). The only business operating outside of the UK was a large independent portfolio brand that served the whole of the UK as well as the Republic of Ireland. These figures are in line with those from previous research done in the [2023 Mapping of Optical Businesses](#) (England: 80%; Wales: 5%; Scotland: 11%; Northern Ireland: 4%).

Due to insufficient base sizes for regions outside of England, statistical comparisons on this basis have not been made in this report.

3.1.3 Types of location where patients served

Data was collected to understand which businesses served patients in **city**, **town**, **rural** and **other (e.g. mobile)** locations, which *figure 3* presents.

Figure 3 – Types of location where businesses serve patients



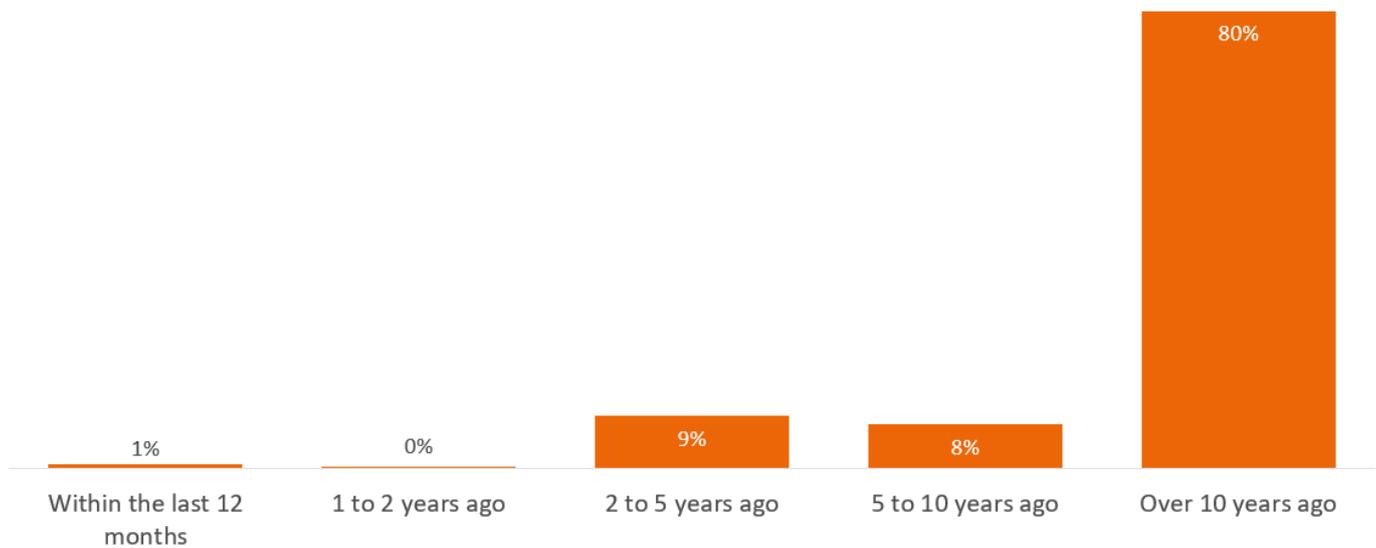
In which type of locations does your business serve patients? (please tick all that apply) (base: all; n=214)

The majority of businesses served patients in **town** locations (71%), with around a quarter serving them in **rural** (27%) and **city** (25%) locations, and each of these groups had sufficient base size to be included in statistical analysis in the report. Although very few selected **other (e.g. mobile)** (3%), this group had sufficiently differentiated responses for some questions to be considered for statistical analysis.

3.1.4 Business age

Figure 4 illustrates the age of businesses surveyed, broken out into those established within the last 12 months, one to two years ago, two to five years ago, five to ten years ago, and over ten years ago.

Figure 4 – When businesses were established



How long ago was your business established? (please tick all that apply) (base: all; n=214)

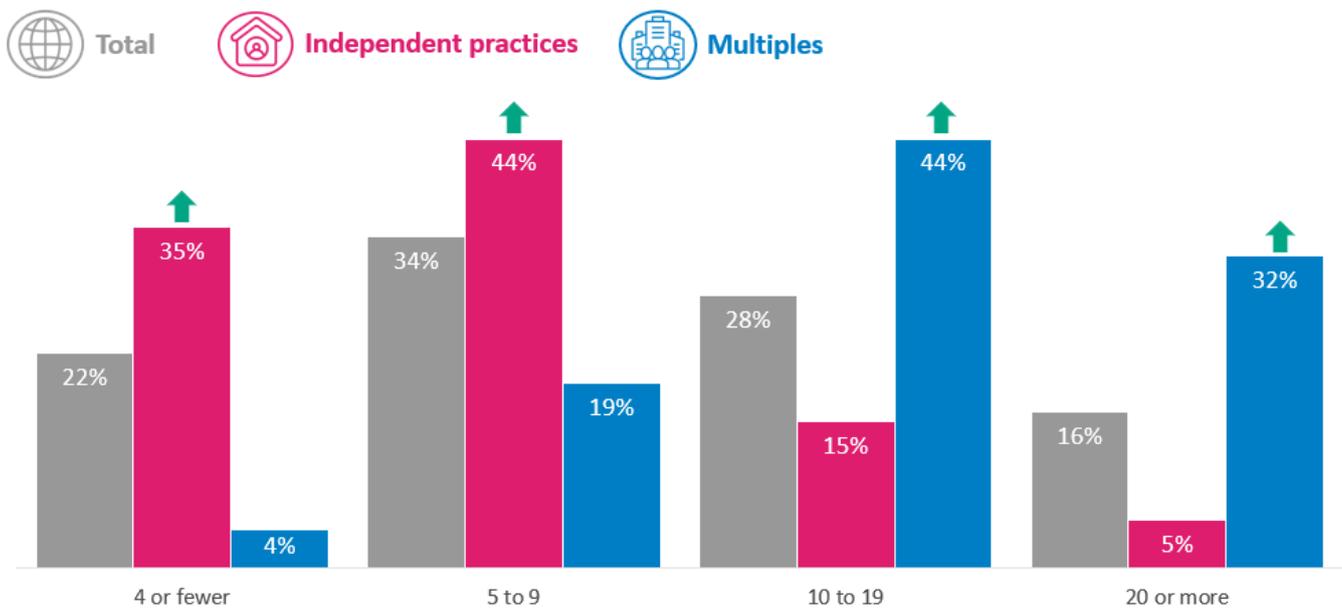
The majority of businesses were established over ten years ago (80%), with a minority being established five to ten years ago (8%), two to five years ago (9%), one to two years ago (0%; n=1), or within the last 12 months (1%). A couple of businesses also indicated that they did not know when their business was established (1%).

To provide sufficient base size for statistical analysis, all businesses established within the last 10 years were grouped into a category of those established **less than ten years ago** (19%), and significant differences between these and those established **over ten years ago** have been described in this report.

3.1.5 Size of staff and annual turnover

Businesses were also asked to report how many people they currently employ (*figure 5*) and their estimated annual turnover over the last 12 months (*figure 6*).

Figure 5 – Size of staff

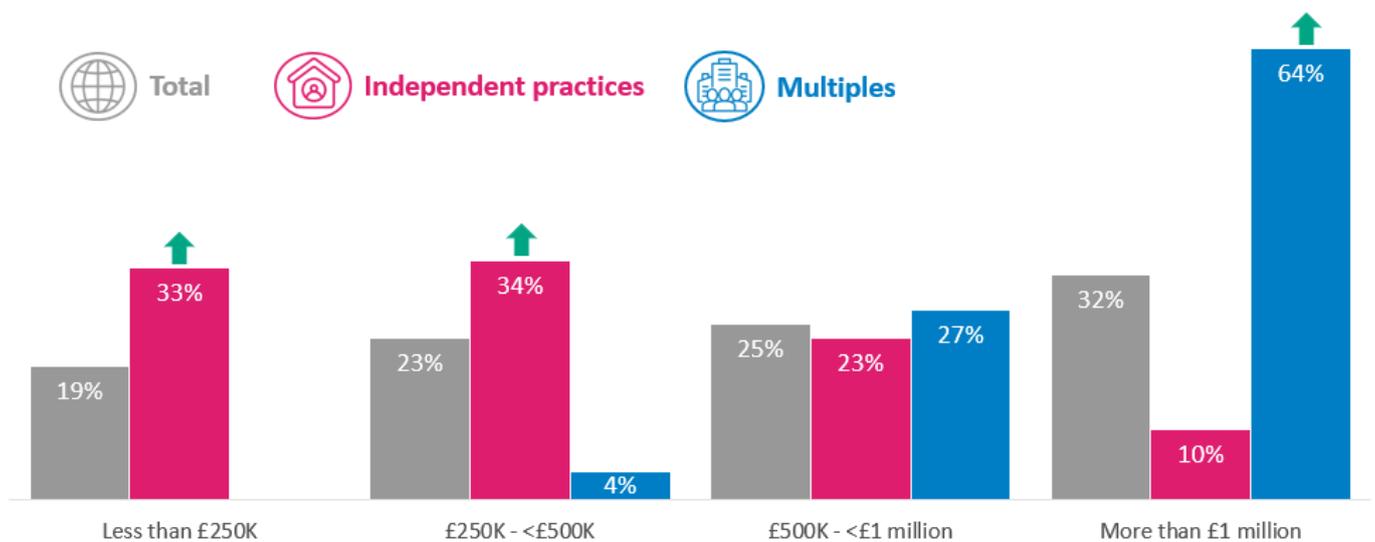


How many people in total are currently employed in your business? As a reminder, please answer the question based on the business that you own or manage (for example, if you own a franchise, answer in relation to your franchise rather than the parent company). (base: all; n=214; Independent practices base: n=134; multiples base: n=72). Green arrows represent significant increase over other business structures ($p < 0.05$)

When considering the total, there was a roughly even split between those with **4 or fewer** (22%), **5-9** (34%), **10-19** (28%) and **20 or more** (16%) staff.

Staff size was also significantly associated with business structure. **Independent practices** were significantly more likely to have 9 or fewer staff (79%), whereas **multiples** were more likely to have 10 or more (76%). To avoid redundancy, significant differences based on staff size in this report have only been described where those differences are not also explained by business structure.

Figure 6 – Annual turnover over the last 12 months



Please indicate below the approximate turnover of your business in the most recent completed financial year. All figures below indicate yearly turnover in £. Note: Turnover refers to the market sales of goods and services, including all taxes except VAT. (base: all; n=214; Independent practices base: n=134; multiples base: n=72). Green arrows represent significant increase over other business structures (p<0.05)

There was also a roughly even split between those with an annual turnover in last 12 months **less than £250k** (19%), **£250k to <£500k** (23%), **£500k to <£1m** (25%), and **over £1m** (32%). As with staff size, annual turnover was associated with business structure, with **independent practices** being significantly more likely to have an annual turnover of less than £500k (76%), and **multiples** being more likely to have a turnover of **over £500k** (92%), meaning differences in turnover have only been described in this report where they do not also exist based on business structure.

3.1.6 Number of practices and sites

Businesses were asked to indicate how many practices or sites they currently operate, which was grouped into those who operate one site (78%) and those who operate multiple sites (22%). Number of sites was not found to statistically influence any other questions asked in the survey, meaning no significant differences have been reported.

3.1.7 Ownership and management structure

Data was collected to understand the ownership and management structure of businesses surveyed, separated into those who are:

- owned and managed by GOC registered practitioner(s) (91%);
- owned by GOC registered practitioner(s) but managed by “lay” employees (7%);
- owned by lay individual(s) but managed by GOC registered practitioner(s) (2%); and
- those owned and managed by “lay” individual(s) (0%, n=1).

Due to insufficient base size in all groups except for those owned and managed by GOC registered practitioner(s), no significant differences have been explored based on this question.

3.2 Service provision, innovation and technology adoption

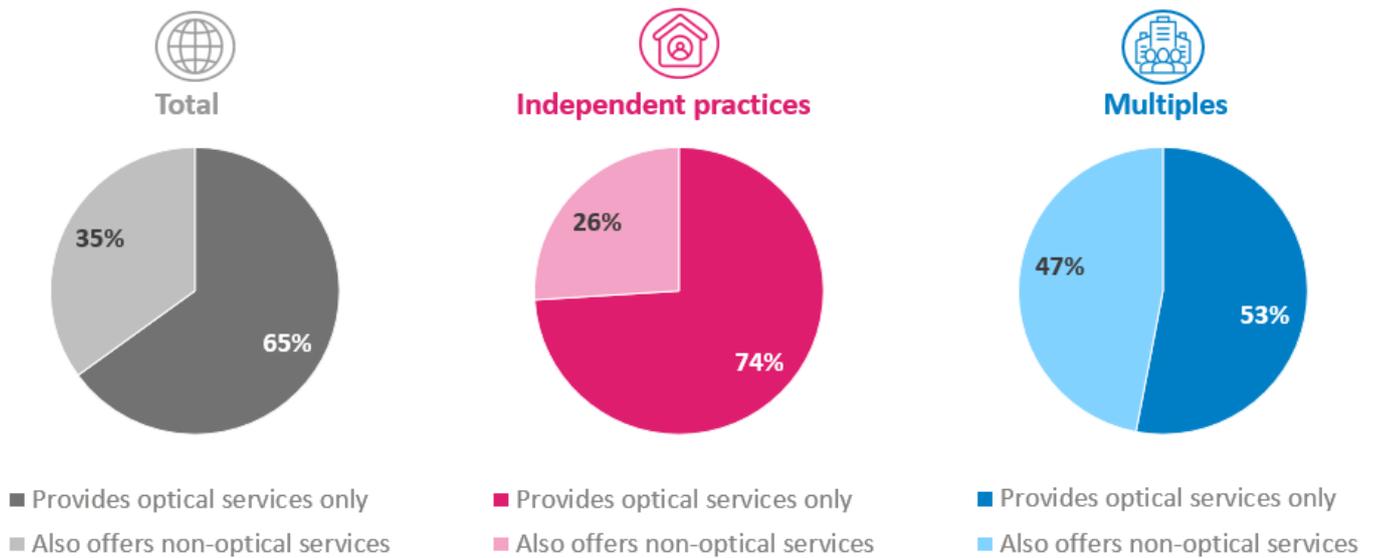
The following section covers a range of questions that were asked to registered businesses to understand which services are being provided, how they are funded, where innovation is happening, as well as what is driving innovation and what is constraining it. The section will accordingly be split into the following subsections:

- **Services provided:** what is currently offered by businesses and what they plan to offer within the next two years
- **NHS funding of services:** how many registered businesses currently either hold contracts with the NHS or are on the Health Boards Ophthalmic lists in Wales, Scotland and Northern Ireland, as well as what proportion of sight tests / eye examinations offered by businesses in the last 12 months have been funded by the NHS
- **Innovation in clinical services:** how many businesses have introduced a new or significantly improved clinical service to patients over the last three years, whether these innovations have been new to the market or just to the business, and what benefits have been seen as a result of these innovations
- **Drivers of innovation:** which factors have driven innovation for those businesses that have introduced a new or significantly improved clinical service to patients over the last three years
- **Barriers to innovation:** which factors have constrained innovation activities for all businesses over the last three years
- **Innovation in technology:** the current use of websites, including how many businesses publish the prices of sight tests / eye examinations on them, the prevalence of social media, as well as the current and predicted use for a range of digital and diagnostic technologies

3.2.1 Services provided

In order to understand the level of service provision across the industry, all registered businesses were asked to confirm which services they offer. Of those surveyed, 65% provide optical services only, whereas 35% provide both optical and non-optical services, and **multiples** were more likely to provide both optical and non-optical services (47%) vs **independent practices** (26%). These figures are outlined in *figure 7*.

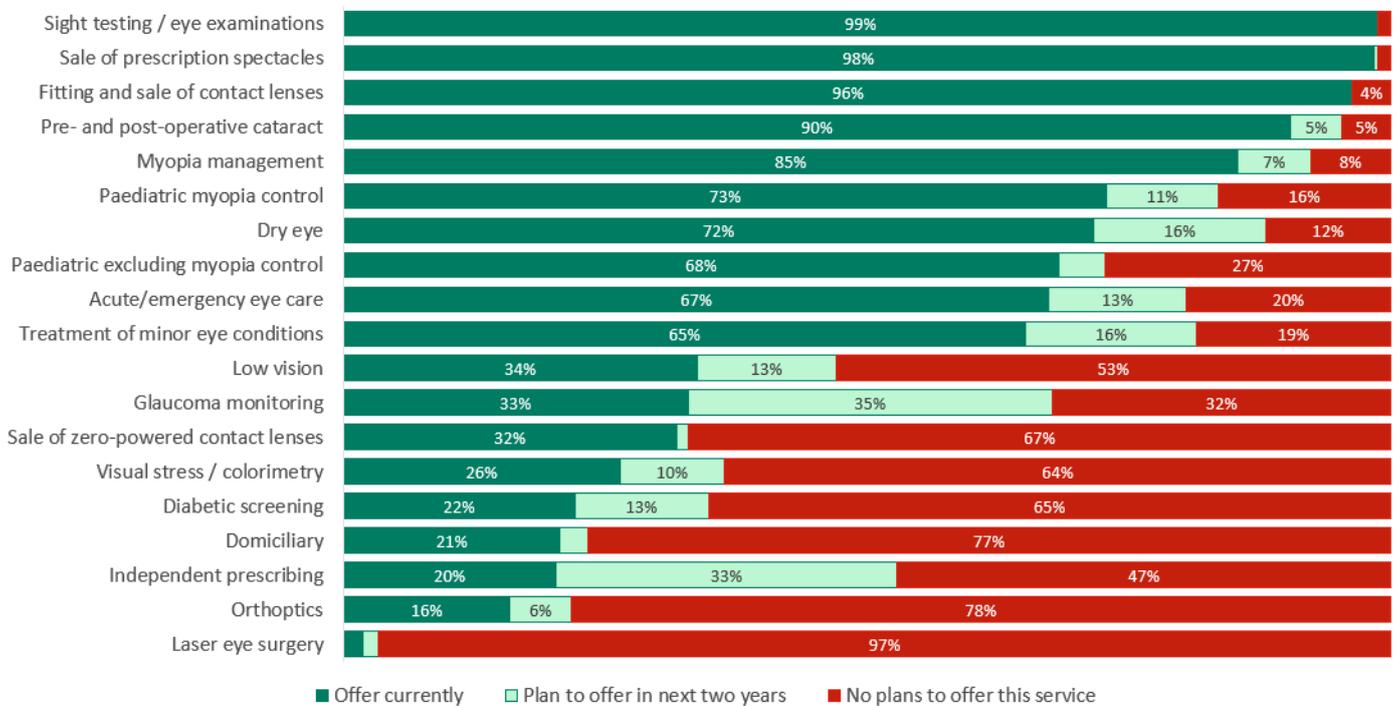
Figure 7 – Optical vs. non-optical services provided



Which of the following best describes your business? (base: all, n=214; Independent practices base: n=134; multiples base: n=72)

Figure 8 shows which services businesses currently offer, plan to offer in the next two years, or have no plans to offer.

Figure 8 – Services currently offered or planning to be offered by businesses



Which of the following services does your business currently provide, or plans to offer in the future? (base: all; n=214)

The extent to which each service is offered varies considerably. Currently, the provision of sight tests / eye examinations (99%), sale of prescription spectacles (98%), the fitting and sale of contact lenses (96%), pre- and post-operative cataract services (90%), and myopia management services (85%) is widely prevalent across registered businesses.

Glaucoma monitoring and independent prescribing – currently offered by only 33% and 20% of businesses respectively – are expected to see the largest increases in provision, with each forecast to be offered by over half of businesses within the next two years. Conversely, there are several services which over half of registered businesses have no plans to adopt. The services which most businesses are not planning to offer are laser eye surgery (97%), orthoptics (78%), domiciliary services (77%), the sale of zero-powered contact lenses (67%), diabetic screening (65%), and visual stress / colorimetry tests (64%).

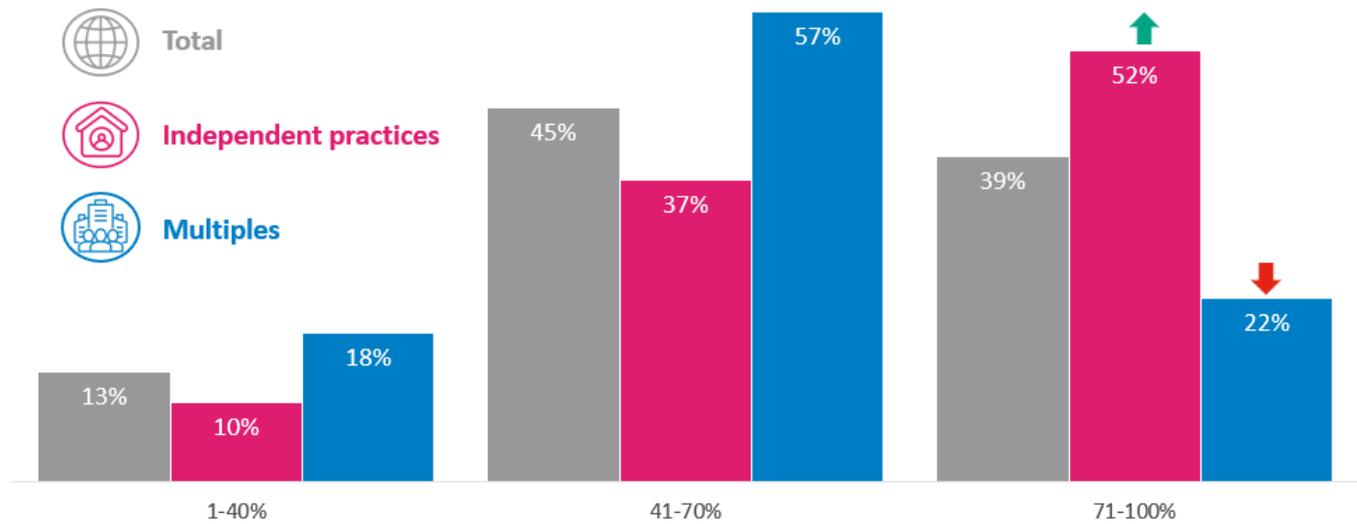
When considering which services businesses have no plans to offer in the next two years, there were several significant differences between business structures. **Multiples** were significantly more likely to have no plans to offer **visual stress / colorimetry services** (78%) compared to **independent practices** (54%). Businesses located in a **town** (99%) or **rural** (96%) environment were also significantly more likely to have no plans to offer laser eye surgery compared to those in a **city** (86%), and those with **annual turnovers under £250k** were significantly more likely to have no plans to offer myopia management (33%).

3.2.2 NHS funding of services

The vast majority of business registrants surveyed either hold contracts with NHS England or are on the Health Boards Ophthalmic lists in Wales, Scotland and Northern Ireland (97%). The only group significantly less likely to hold these contracts were those who indicated “**Other (e.g. mobile)**” (69%) for where they serve patients.

Figure 9 shows what proportion of sight tests / eye examinations carried out by businesses over the last 12 months were NHS-funded, broken out into **total sample**, **independent practices**, and **multiples**.

Figure 9 – Proportion of sight tests / eye examinations carried out by businesses over the last 12 months that were NHS-funded



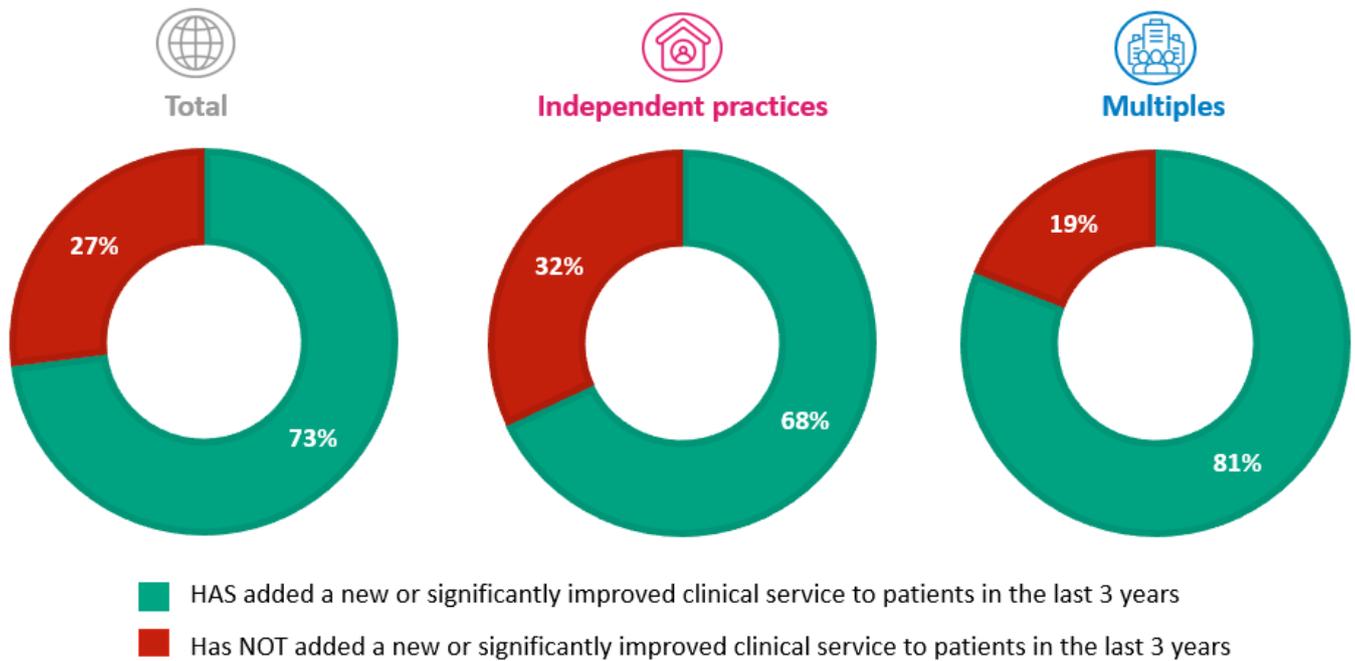
Thinking about the last 12 months, approximately what percentage of sight tests / eye examinations carried out by your business were NHS-funded? (base: all, n=214; Independent practices base: n=134; multiples base: n=72). Green arrow represents significant increase over figure with red arrow ($p < 0.05$)

Proportion of NHS fundings of sight tests / eye examinations carried out by businesses over the last 12 months was categorised into low (1-40%), medium (41-70%), and high (71-100%). When considering the total sample, there was a roughly even split between the number of businesses that had high levels of NHS-funded sight tests / eye examinations (39%) and medium levels (45%), with only a minority having low levels over the last 12 months (13%). **Independent practices** were more likely to have a greater proportion of their sight tests / eye examinations funded by the NHS over the last year, being significantly more likely to have high levels (52%) when compared to **multiples** (22%).

3.2.3 Innovation in clinical services

Over the last three years, the majority (73%) of businesses have introduced a new or significantly improved clinical service to patients, with this number being slightly higher amongst **multiples** (81%) than **independent practices** (68%), although this difference was not found to be significant. This data is presented in *figure 10*.

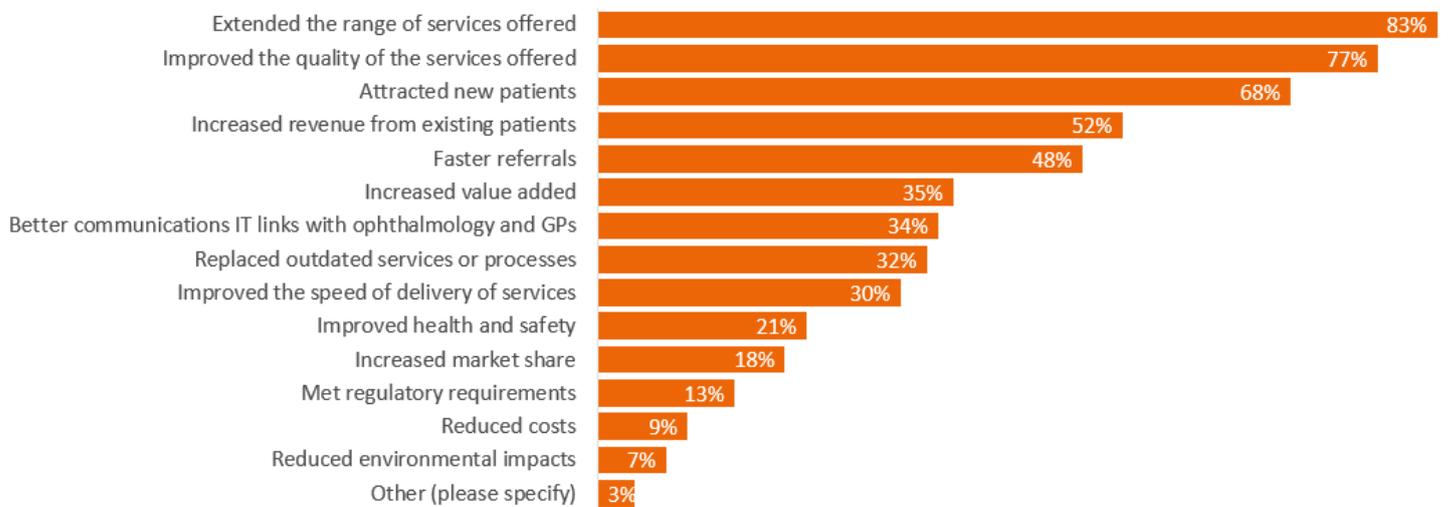
Figure 10 – Introduction of new or significantly improved clinical services



Over the last three years, have you introduced any new or significantly improved clinical services to patients? (base: all, n=214; Independent practices base: n=134; multiples base: n=72)

Of those that have introduced a new service in that period, the majority (79%) had introduced a service that was new only to their business, whereas around a quarter (28%) had introduced a service that was new to the market. *Figure 11* outlines the benefits reported by businesses as a result of their new service development activities.

Figure 11 – Benefits seen by businesses who have introduced a new or significantly improved clinical service in the last 3 years



■ % businesses who have introduced a new or improved clinical service to patients in last 3 years

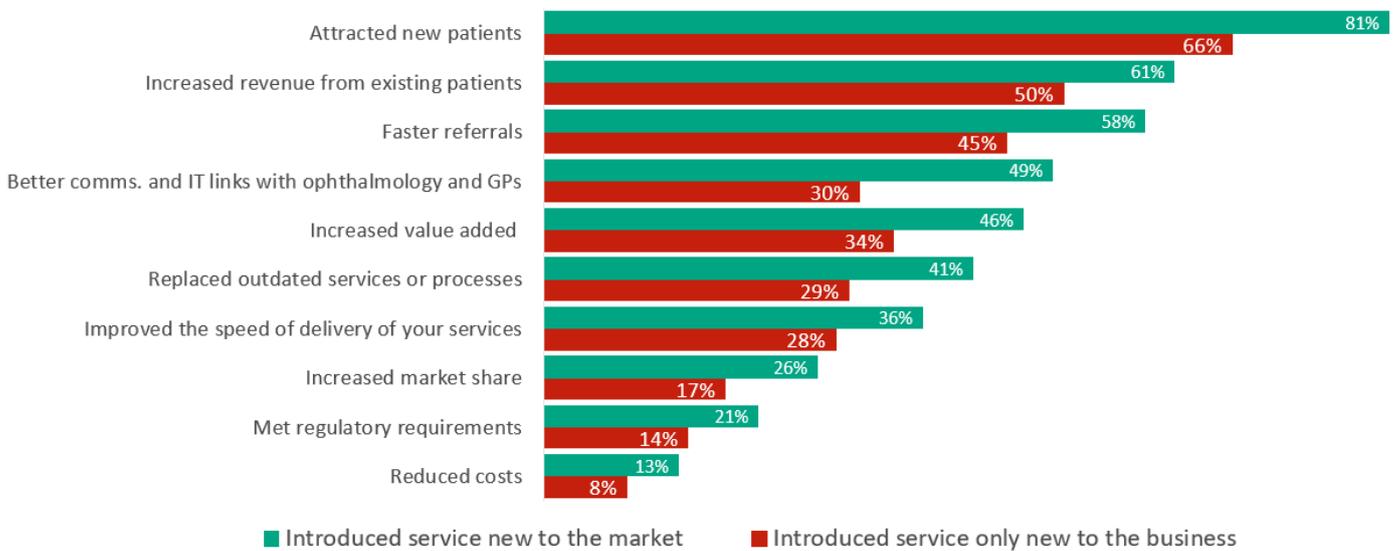
What have been the benefits of this new service development activity? (please tick as many that apply)
 (base: businesses that have introduced a new or significantly improved clinical service to patients in the last 3 years, n=154)

Beyond improving the range and quality of services offered, most businesses who have introduced new clinical services have seen increased business activity as a result, both from attracting new patients (68%) as well as from increased revenue from existing patients (52%). Several have also reported efficiency benefits, including faster referrals (48%), better communications IT links with other healthcare sectors (34%) and improved speed of delivery of services (30%).

Of the 3% that selected other, when asked to specify, the most common benefit reported was a better quality of referrals (n=2). There were also singular mentions of raising the business’ profile which subsequently brought differentiation in the market, as well as taking unnecessary services out of hospitals, which patients reportedly preferred.

To understand the impact of innovating within the market, the above benefits were also investigated to compare differences for those **who have introduced a service new to the market** against those who have **only introduced a service only new to their business**. *Figure 12* illustrates those findings, presenting only the benefits where greatest differentiation was seen.

Figure 12 – Benefits seen by businesses who have introduced a new or significantly improved clinical service in the last 3 years (new to the market vs new to the business only)



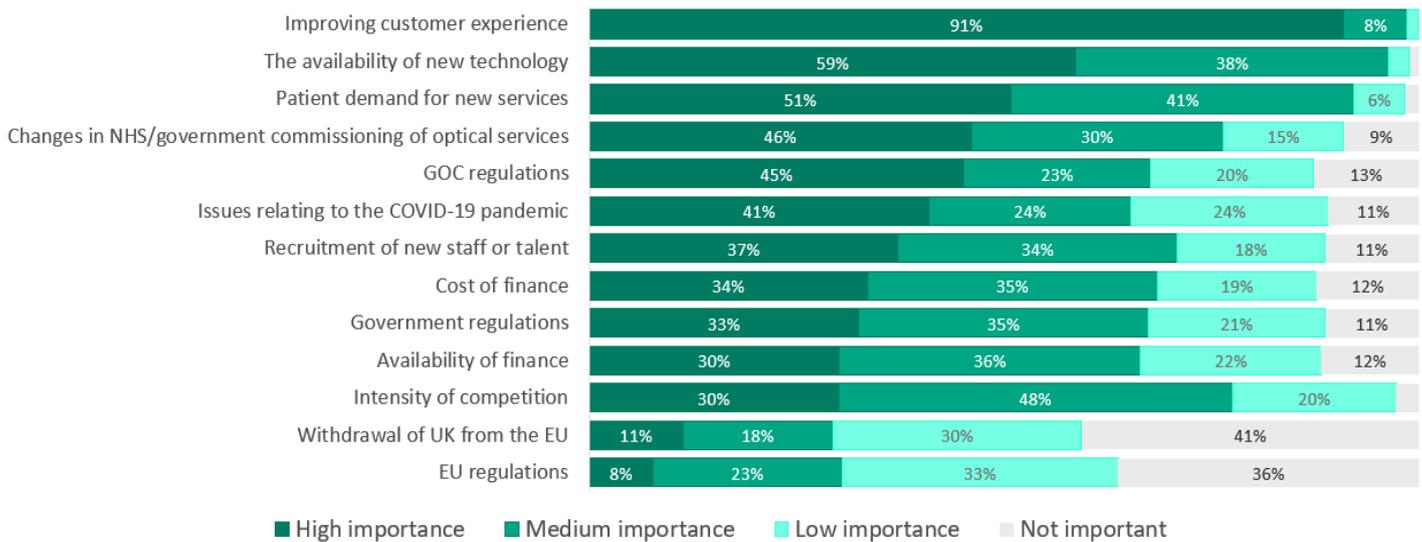
What have been the benefits of this new service development activity? (please tick as many that apply)
 (base for businesses that have introduced a new or significantly improved clinical service to patients in the last 3 years that was new to the market: n=43; base for businesses that have introduced a new or significantly improved clinical service to patients in the last 3 years that was new only to their business: n=121)

Although base sizes prohibit significance testing, there was a trend that businesses who had **introduced an innovation new to the market** were more likely to see benefits across a range of metrics compared to those who had **only introduced an innovation new to their business**. When comparing the two groups, there appears to be a financial benefit from innovating in the market, highlighted by the increases seen by this group for attracting new patients (81%), increasing revenue from existing patients (61%), and increasing market share (26%). This group was also more likely to see benefits for patients with increases to faster referrals (58%) and improved speed of delivery (36%). Finally, there was a large increase to better communications and IT links with other healthcare sectors (49%).

3.2.4 Drivers of innovation

Businesses who have introduced a new or improved clinical service in the last three years were asked to outline how important a range of factors were in their decision to innovate, which is outlined in *figure 13*.

Figure 13 – Driving factors in business’ decisions to innovate over the last three years



Again, thinking about the last three years, how important were each of the following factors in your decision to innovate? (base: those who have introduced a new or significantly improved clinical services to patients in the last 3 years, n=154)

Drivers of innovation over the last three years have been strongly customer- or patient-centric, with almost all businesses that have innovated reporting improving the customer experience as either high or medium importance (99%), and many reporting this for patient demand for new services (92%). This has been facilitated by the availability of the new technology, which almost all (97%) ranked as a factor of high or medium importance.

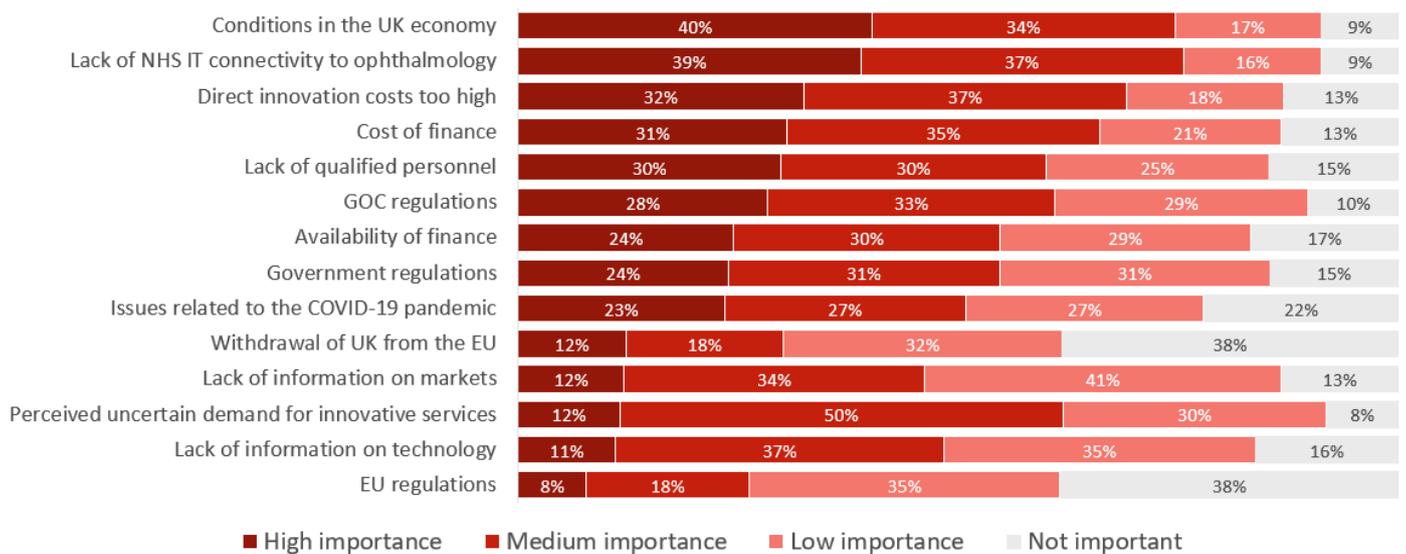
In terms of administrative factors that have driven innovation, most have been driven by regulation on the national level, with the majority ranking changes in NHS or government commissioning (76%) or GOC regulations (68%) as high or medium importance. Conversely, international factors have been comparatively less influential, with approximately a third of businesses reporting EU regulations (31%) and the UK’s withdrawal from the EU (29%) in this way.

6% of businesses that have innovated also reported other factors that have been highly important in their decisions to do so. When asked to specify, notable singular mentions included the rise of unregulated online selling and increases to the real living wage.

3.2.5 Barriers to innovation

All businesses were asked to rate potential barriers in terms of how much they have constrained new service activity over the last three years, as outlined in figure 14.

Figure 14 – Barriers constraining innovation activities over the last three years



Below is a list of possible barriers that may have constrained your new service development over the last three years. How important were the following factors in constraining innovation activities? (base: all, n=214)

As shown in figure 14, financial factors have constrained innovation for many businesses, with the majority reporting conditions in the UK economy (74%), the direct cost of innovation (69%) and the cost (66%) and availability (54%) of finance as barriers of high or medium importance.

The other key barrier to innovation has been the lack of NHS IT connectivity to ophthalmology, which was reported particularly strongly amongst multiples (85% medium/high importance) compared to independent practices (69% medium/high importance). Multiples have also found a lack of qualified personnel to be more of a barrier (68% medium/high importance) when compared to independent practices (54% medium/high importance).

Regulation has been another barrier to innovation across businesses, with the majority reporting GOC regulations (61%) and government regulations (55%) as medium or high importance barriers. Similarly to the drivers of innovation, international factors have been comparatively less influential, with a minority finding the UK’s withdrawal from the EU (31%) or existing EU regulations (26%) to be barriers of medium or high importance.

7% of businesses also suggested other barriers were highly important in constraining innovation. Of these, there were multiple mentions of online contact lens sales and sales from unregistered sellers, all from businesses with annual turnovers <£250k (n=3), as well as singular mentions for other financial barriers, namely the GOS fee, NHS fees, and the financial system of a local ICB.

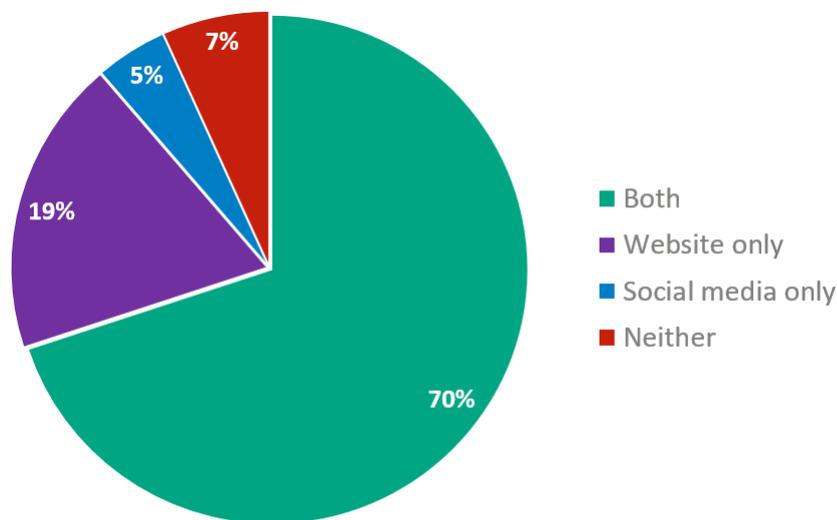
3.2.6 Innovation in technology

Businesses surveyed were asked a number of questions to understand their levels of adoption of different types of technology, including websites, social media, and optical services.

The majority of businesses reported having a website (89%), although this was significantly lower amongst **franchises** (57%) compared to other business structures, likely due to their parent company instead having a website. Of the businesses that **do have a website**, less than half (44%) reported publishing the price of a sight test / eye examination on it, with this number being significantly lower amongst **independent practices** (35%) than **multiples** (57%).

Most businesses also used social media (74%), and those who **did not use social media** were significantly more likely to not have a website (60%). Furthermore, businesses who **used social media** were significantly more likely to have introduced new or significantly improved clinical services to patients in the last 3 years (80%; 59% for who did not use social media), showing a potential correlation between adopting an online presence and innovation in clinical service provision. *Figure 15* shows the breakdown of businesses that use both a website and social media, those who use only a website, those who use only social media, and those who use neither.

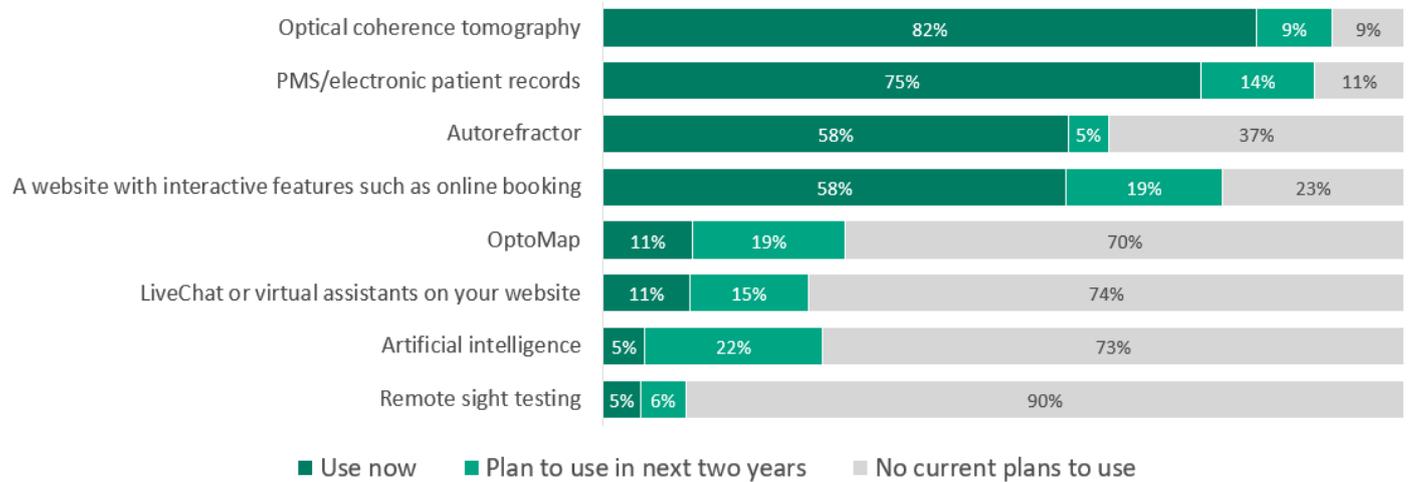
Figure 15 – Breakdown of businesses that use both a website and social media, only a website, only social media, and neither



Does your business have a website? (base: all, n=214); Does your business use social media to engage with patients and the public? (base: all, n=214)

Figure 16 below shows a breakdown of other types of technology that businesses either currently use or plan to use in the next two years.

Figure 16 – Types of technology that businesses currently use, plan to use, or have no current plans to use over the next two years



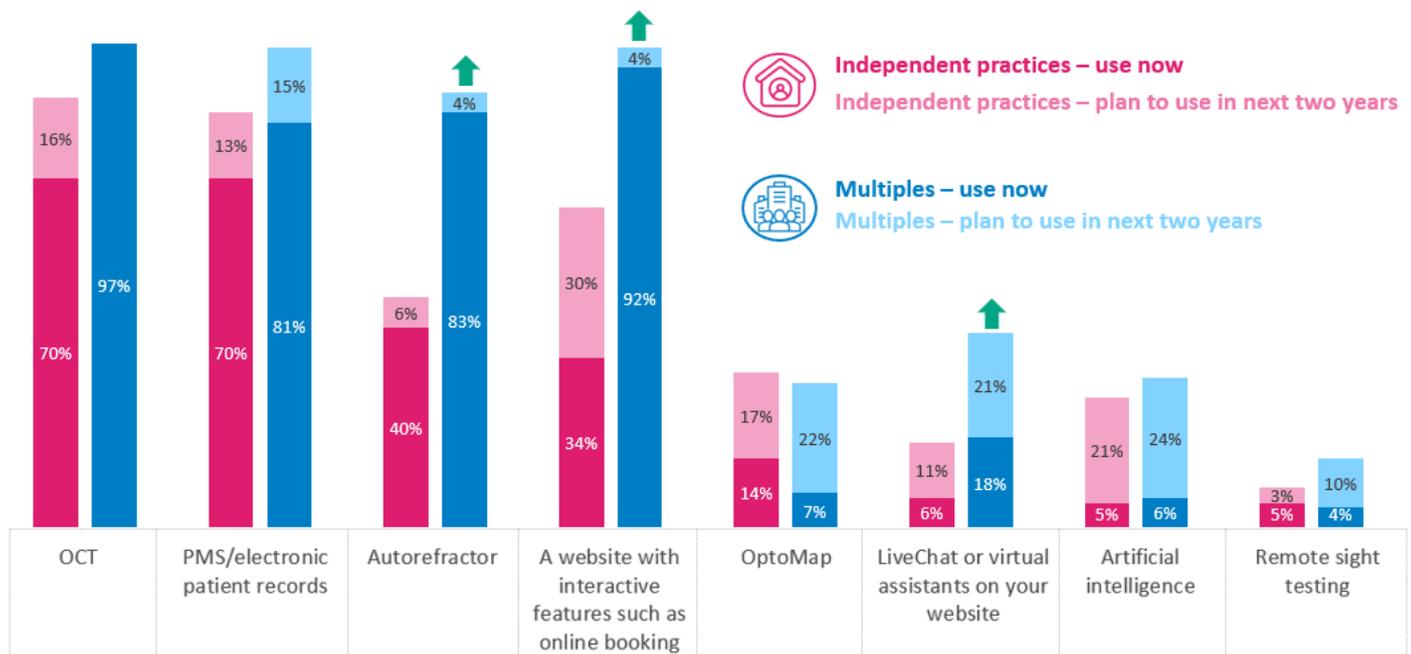
Does your business use, or plan to use in the next two years, the following types of technology? (base: all, n=214)

Optical coherence tomography (OCT) and PMS/electronic patient records have the widest levels of adoption, with most businesses using them currently (OCT: 82%; PMS/electronic patient records: 75%). Autorefractors (58%) and websites with interactive features (58%) are also presently used by the majority of businesses.

The largest increases in adoption over the next two years are mostly expected to be for online technologies, with artificial intelligence (22%), websites with interactive features (19%), LiveChat / virtual assistants (15%) and PMS/electronic records (14%) all expected to increase in uptake over that period. OptoMap is the only diagnostic tool that is expected to have similarly high levels of increased adoption (19%).

There were also several significant differences between sub-groups in terms of the adoption of these technologies. Those who currently **use social media** were significantly more likely to currently use PMS/electronic patient records (82%) in comparison to those who did not (52%), highlighting further differences between those who use and do not use online platforms. Additionally, those who serve patients in **cities** were more likely to either use or plan to use remote sight testing (23%), in comparison to those in **towns** (8%). The greatest differentiation between subgroups was between **independent practices** and **multiples**, as outlined in *figure 17*.

Figure 17 – Types of technology that businesses use, plan to use, or have no current plans to use over the next two years (independent practices vs multiples)



Does your business use, or plan to use in the next two years, the following types of technology? (Independent practices base: n=142; Multiples base: n=72). Green arrows represent significant increase over other business structures when considering current and planned usage together ($p < 0.05$)

Multiples are currently significantly more likely to use a number of technologies than **independent practices**, namely OCT, autorefractors, and websites with online booking. When considering both current and planned use over the next two years, **multiples** are still significantly more likely to have adopted websites with interactive features (96%) and autorefractors (88%), as well as LiveChat or virtual assistants (39%), when compared to **independent practices**.

As being a **multiple** is positively associated with having a larger staff and higher turnover, most significant differences in technology uptake between groups on these metrics can be explained by business structure. The only difference in technology uptake which is impacted by staff size or annual turnover which is not also explained by business structure is for uptake of PMS/electronic records, which those with **4 or fewer staff** (24%) or an **annual turnover less than £250k** (28%) were significantly more likely to have no plans to adopt in comparison to those with larger teams and higher annual turnover.

3.3 Training, regulation, and industry standards

Questions were also asked to registered businesses to explore the education and training landscape for students and newly qualified optical professionals, as well as business perceptions of costs of regulation and industry standards. The following section addresses key questions in these areas, split into:

- **Placements for optical students:** which businesses offer them or have plans to offer them, how numbers of placements are changing between years, and what the perceived benefits and barriers are to businesses offering placements
- **Newly qualified optical professionals:** how many businesses have employed optometrists and dispensing opticians over the last two years, the extent to which they have met the GOC's seven educational requirements, and their performance levels at the point of starting employment compared to now
- **Perceptions of costs of regulation:** how businesses perceive GOC registration fees and annual and ongoing compliance costs
- **Perceptions of and compliance with industry standards:** how many businesses are aware of the OCCS and how many have had an OCCS complaint considered against them over the last year, as well as perceptions of the GOC's standards for optical businesses

3.3.1 Placements for optical students

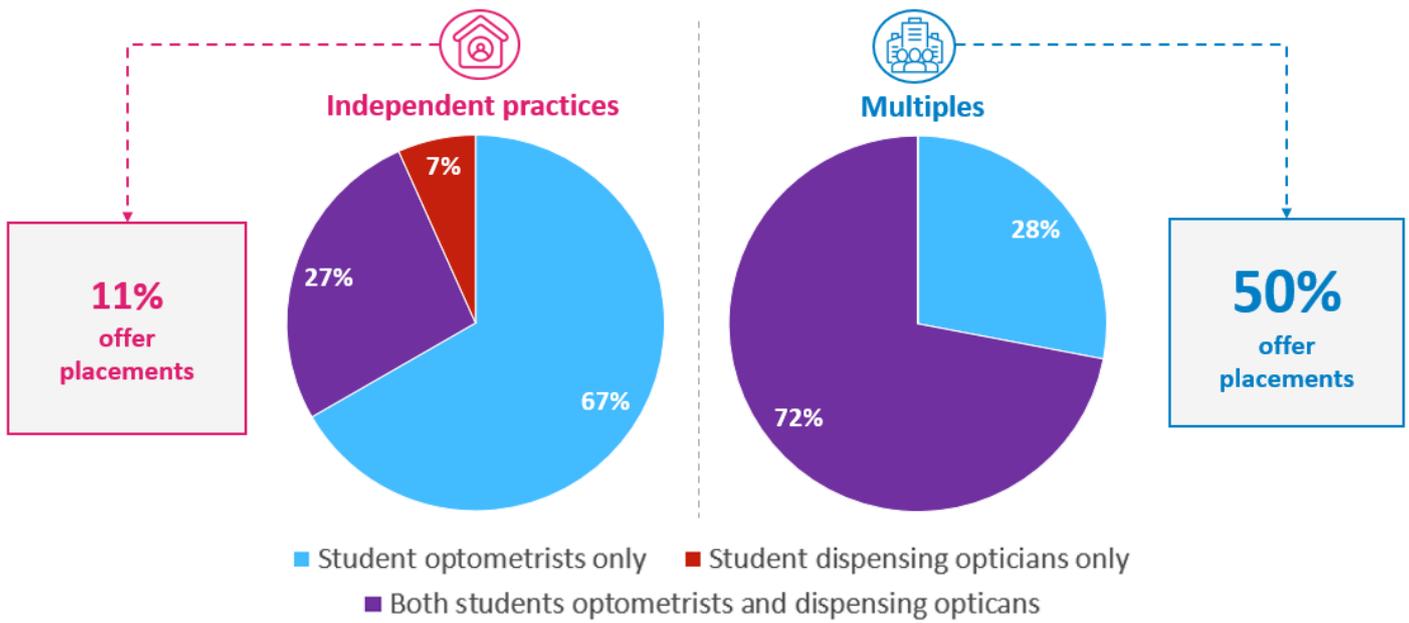
Roughly a quarter (27%) of businesses surveyed currently have arrangements with universities or the College of Optometrists to offer placements to optical students during their studies. This was significantly more common amongst **multiples** (50%) than **independent practices** (11%).

Of the businesses that do not currently offer placements to optical students, roughly a quarter (27%) plan to offer them in the next two years, with the figure again being higher amongst **multiples** (47%) than **independent practices** (19%).

Of the businesses that do offer placements, a majority have found the number of placements this year to be consistent with previous years (51%), compared to a minority believing they are increasing (20%) and another minority believing they are decreasing (18%). The remainder (11%) indicated that they did not know.

Amongst the businesses that currently offer placements, **independent practices** are more likely to offer them only to student optometrists (67%), whereas **multiples** are more likely to offer them to both student optometrists and student dispensing opticians (72%), as shown in *figure 18*.

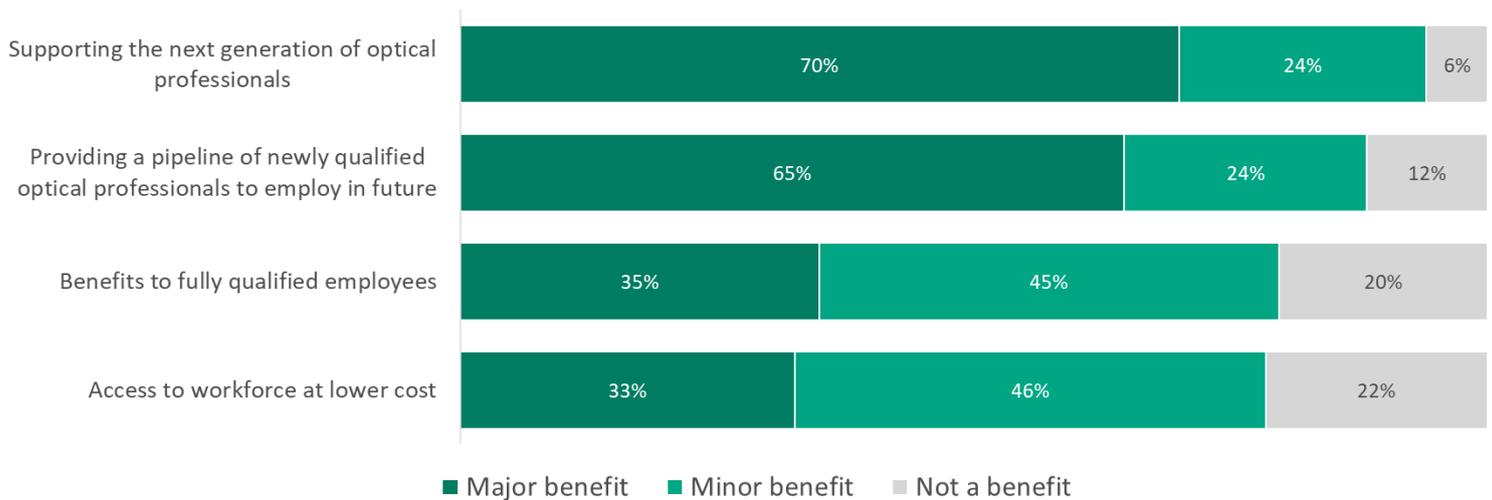
Figure 18 – Breakdown of placement roles offered by independent practices and multiples



Does your business currently have arrangements with universities or the College of Optometrists to offer placements to optical students during their studies? (base all: n=214); Are the placements for...? (those who offer placements to optical students base: n=51)

Registered businesses were also surveyed to understand the perceived benefits of offering placements to optical students, as illustrated in figure 19.

Figure 19 – Perceived benefits of offering placements to optical students



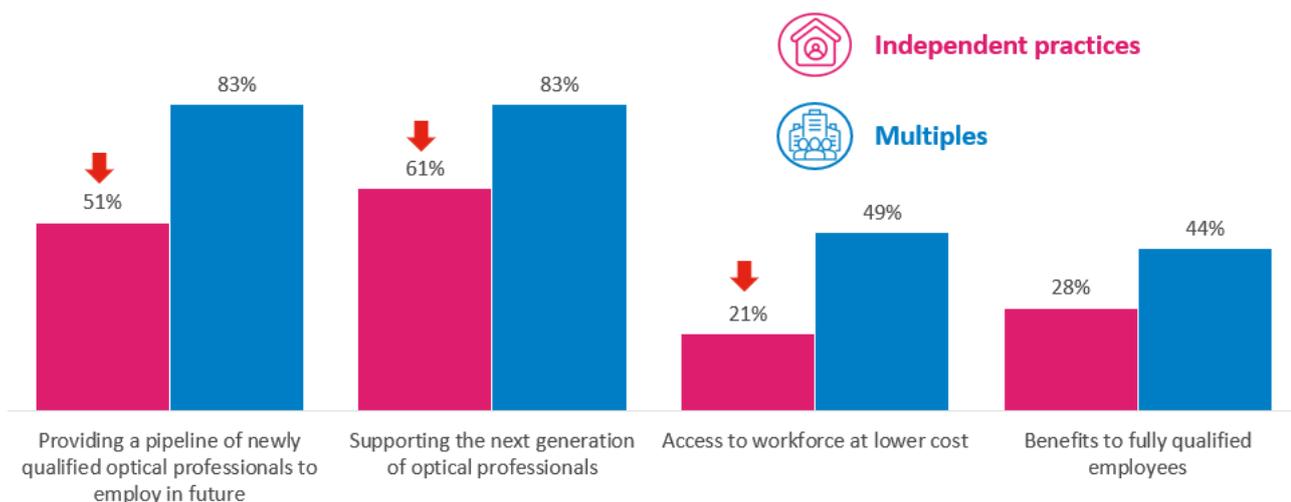
What do you see as the main benefits of offering placements to optical students? (base all: n=214)

The primary benefits to offering placements to optical students were future-facing, with the majority seeing a major benefit in supporting the next generation of optical professionals (70%) and providing a future pipeline of newly qualified optical professionals (65%). More immediate benefits were expressed to a lesser extent, with some seeing a major benefit to their fully qualified employees (35%) and accessing a workforce at a lower cost (33%).

Businesses surveyed were also given the opportunity to provide other reasons for offering placements to optical students, where a few provided other reasons that it is a major benefit (3%) and some provided reasons why it is not a benefit (10%). Notable reasons suggested as a major benefit were the rewarding and enjoyable nature of training students (n=2), as well as a professional responsibility to do so (n=1), whereas the primary reason for not seeing a benefit was due to perceived lack of funding and associated costs in time and resource (n=3).

There were also a number of differences between **independent practices** and **multiples** in terms of which benefits they perceive to offering placements, with *figure 20* below outlining the perceived major benefits of doing so between these two groups.

Figure 20 – Perceived major benefits of offering placements to optical students (independent practices vs multiples)

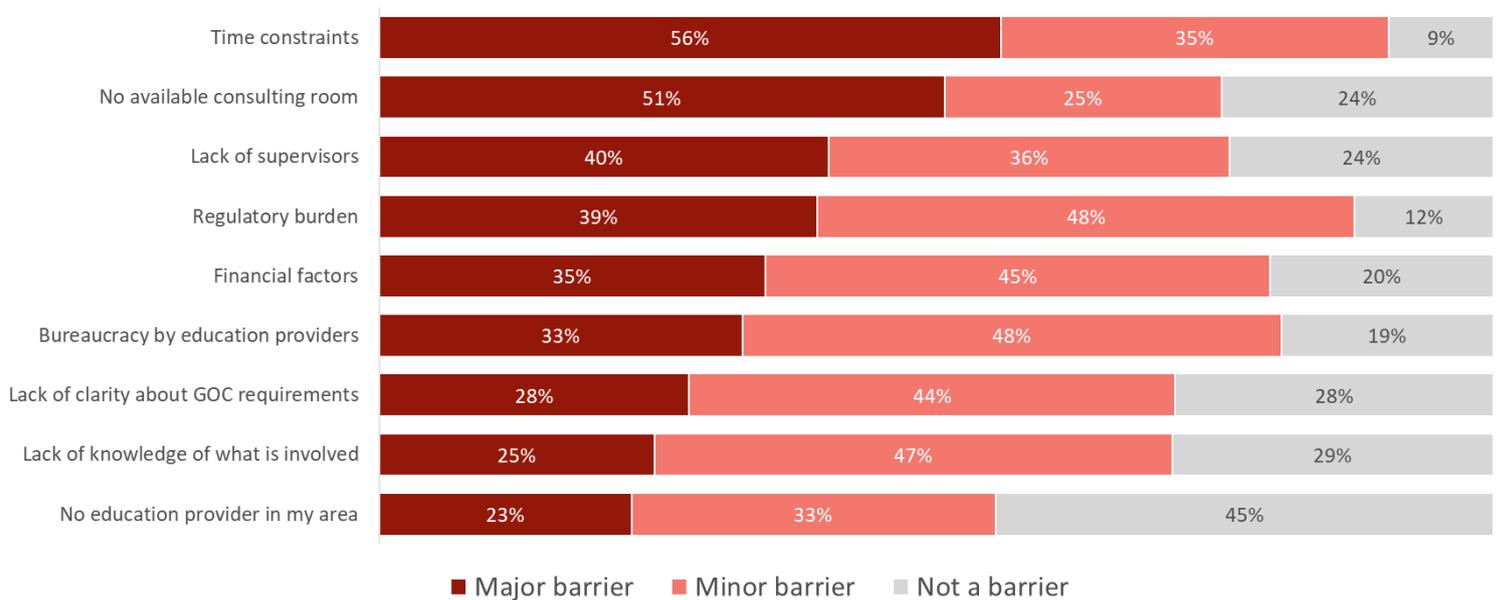


What do you see as the main benefits of offering placements to optical students? (independent practices base: n=142; multiples base: n=72). Red arrows represent significant decrease compared to other business structures (p<0.05)

Overall, **independent practices** were less likely to perceive major benefits to employing optical students than **multiples**, with **independent practices** being significantly less likely to see major benefits in providing a pipeline of newly qualified optical professionals (51%), supporting the next generation of optical professionals (61%), and the opportunity to access workforce at a lower cost (21%). **Independent practices** may be less likely to identify perceived current and long-term benefits because they both offer fewer student placements and employ fewer newly qualified professionals when compared to **multiples**.

Data was collected to understand the perceived barriers to offering optical students placements, which *figure 21* presents.

Figure 21 – Perceived barriers to offering placements to optical students



What do you see as the main barriers to offering placements to optical students? (base all: n=214)

The most prevalent major barriers to offering placements to optical students were time constraints (56%) and the lack of available consulting rooms (51%). In general, there was seen to be a wide variety of financial, resource-related and regulatory barriers to offering placements to optical students, with almost all reasons in the survey selected as a major or minor barrier by at least 60% of the sample. The only exception was a lack of education providers in the area, which was selected as a major or minor barrier by just under half of businesses (46%).

Although no differences were statistically significant, there were some indications of which barriers may be contributing to the reduced numbers of placements offered by **independent practices** when compared to **multiples**. When considering perceived major barriers, these were time constraints (**independents**: 62%; **multiples**: 47%), lack of available consulting rooms (**independents**: 59%; **multiples**: 39%), the regulatory burden (**independents**: 44%; **multiples**: 33%), and financial factors (**independents**: 42%; **multiples**: 25%). However, it appears that the lack of placements offered by **independent practices** is driven more by a lack of perceived benefits than by greater barriers encountered.

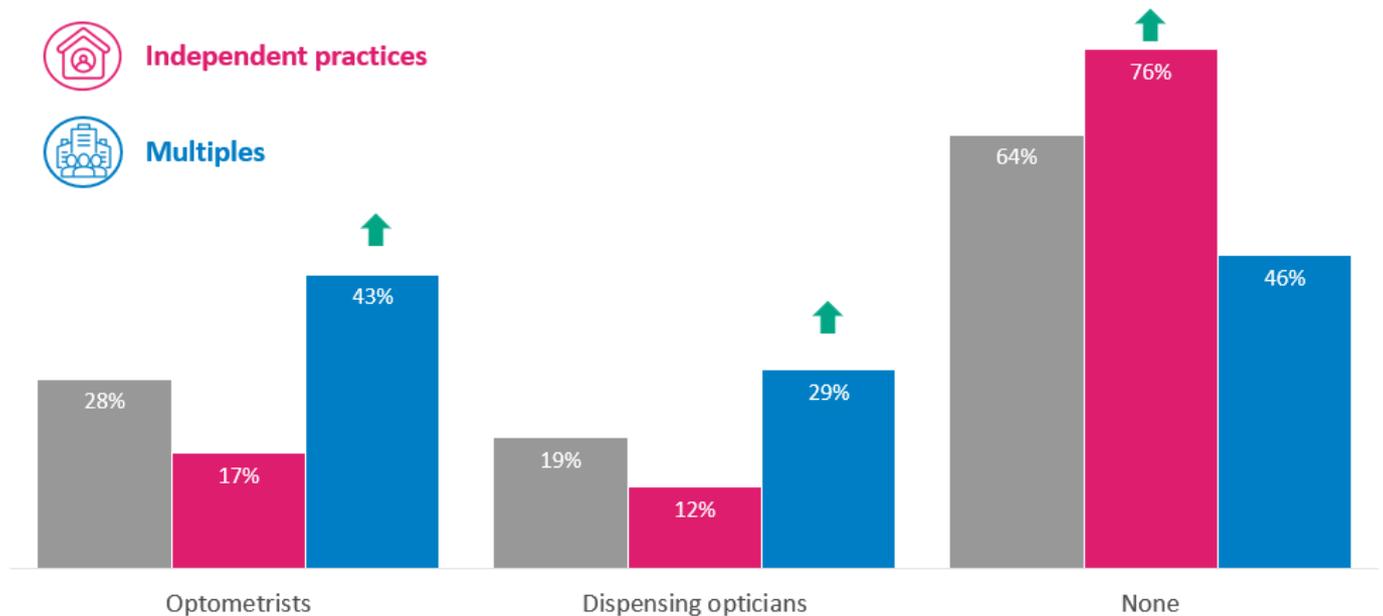
Surveyed businesses were also given the opportunity to suggest other barriers to offering optical student placements, of which a few (6%) identified further major barriers. Of these, notable barriers included students not being willing to travel to or to work in remote regions (n=2), current schemes being unsuitable or not encompassing domiciliary services (n=2), a perceived detriment to patient satisfaction (n=1), a lack of business to justify employing more staff (n=1), the perceived professional quality of students (n=1), and dissatisfaction at unspecified upcoming changes to the pre-registration training programme (n=1).

There were no significant differences reported between groups in terms of perceived barriers, suggesting barriers are experienced equally amongst business types.

3.3.2 Newly qualified optical professionals

Registered businesses were asked whether they had employed optometrists or dispensing opticians who have joined the GOC register in the last two years. *Figure 22* outlines the findings, showing the figures for the overall sample alongside those of **independent practices** and **multiples** separately.

Figure 22 – Businesses that have employed optometrists and dispensing opticians that have joined the GOC register in the last two years



Has your business employed optical professionals who have joined the GOC register (not including pre-registration students) in the last two years? (base all: n=214; independent practices base: n=142; multiples base: n=72). Green arrows represent significant increase over other business structures (p<0.05)

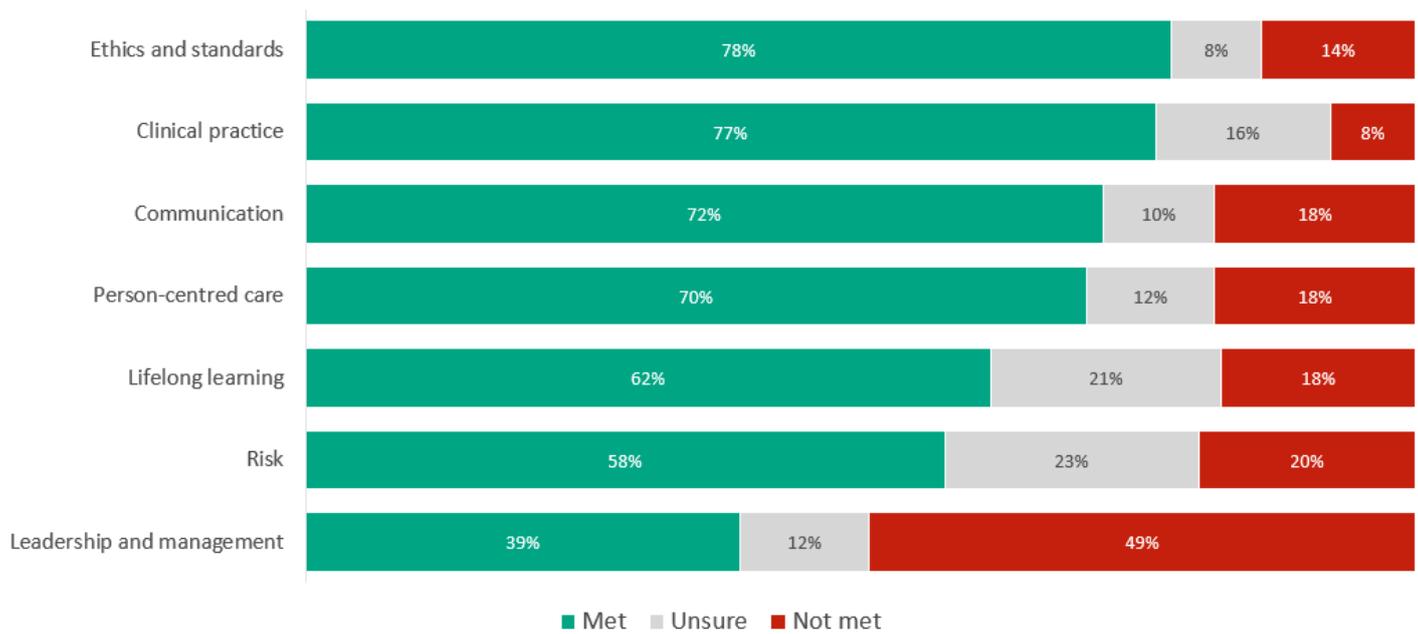
Roughly a third of all businesses have employed a newly qualified optical professional in the last two years (36%), although the figure was significantly larger for **multiples** (54%) than **independent practices** (24%), and this significant difference was maintained when considering optometrists and dispensing opticians separately. The data also indicates that more businesses have employed newly qualified optometrists than newly qualified dispensing opticians.

Registered businesses who had employed at least one of these optical professional types were then asked a series of questions to assess the collective performance of each type respectively, which are outlined in the following two subsections.

3.3.2.1 Newly qualified optometrists

Businesses who had employed a newly qualified **optometrist** were asked whether the optometrists had met each of seven categories in the GOC's new education and training requirements (ETR), the findings for which are illustrated in *figure 23*.

Figure 23 – Degree to which newly qualified optometrists met the GOC’s seven educational requirements

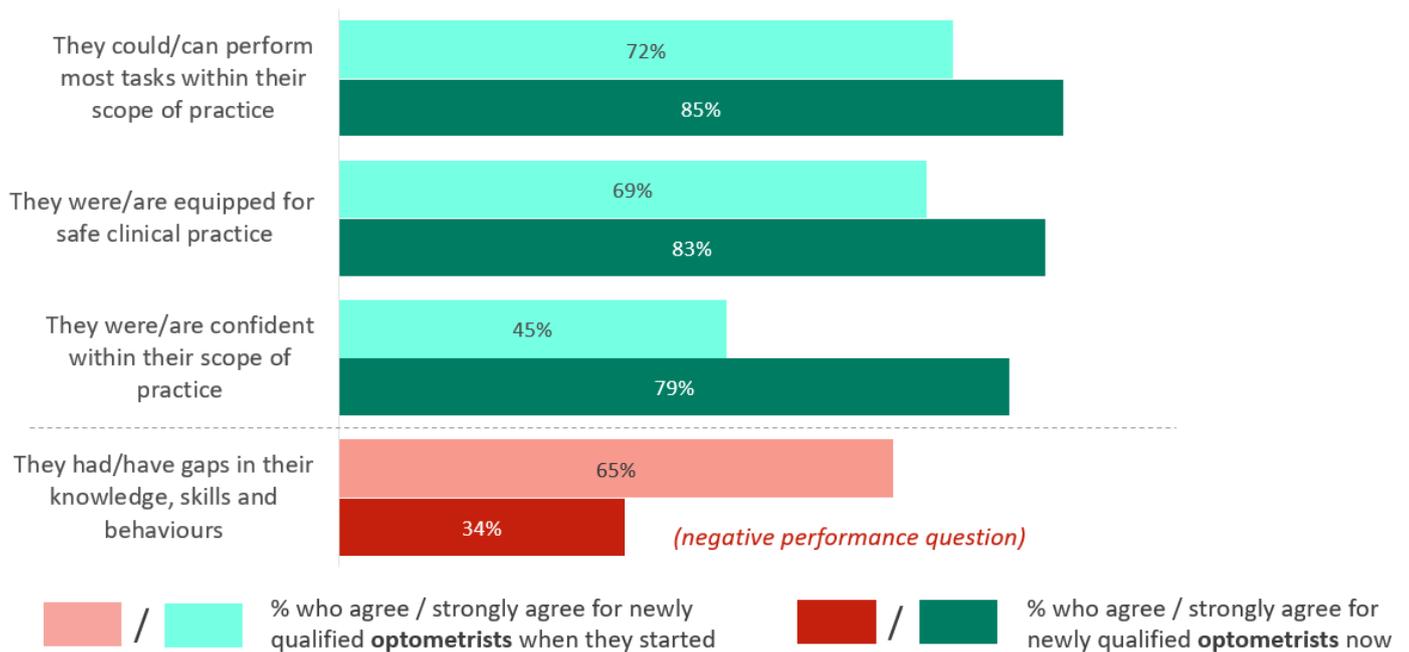


Thinking about the newly qualified optometrists you have employed collectively, to what extent do you consider they met outcomes in each of these seven areas at the point they started working for you? (those who have employed a newly qualified optometrist base: n=55)

At least two-thirds of businesses expressed that newly qualified optometrists had met the outcomes in ethics and standards (78%), clinical practice (77%), communication (72%) and person-centred care (70%), and over half felt they had met outcomes in lifelong learning (62%) and risk (58%). The outcome showing the most need for improvement was leadership and management, with more businesses believing they had not met outcomes (49%) than met them (39%).

Figure 24 outlines to what extent businesses agreed four performance questions applied to newly qualified optometrists, both at the point of their starting at the business and now.

Figure 24 – Performance of newly qualified optometrists at the point of starting at the business compared to now



Thinking about the newly qualified optometrists you have employed collectively, to what extent do you consider they met outcomes in each of these seven areas at the point they started working for you? (those who have employed a newly qualified optometrist base: n=55)

Most businesses surveyed expressed agreement (“strongly agree” or “agree”) that newly qualified optometrists could perform most tasks within their scope of practice (72%) and were equipped for safe clinical practice (69%) at the point of starting at the business, and under half agreed they were confident in the scope of practice (45%). However, the majority agreed with the negative performance statement that they started with gaps in their knowledge, skills and behaviours (65%).

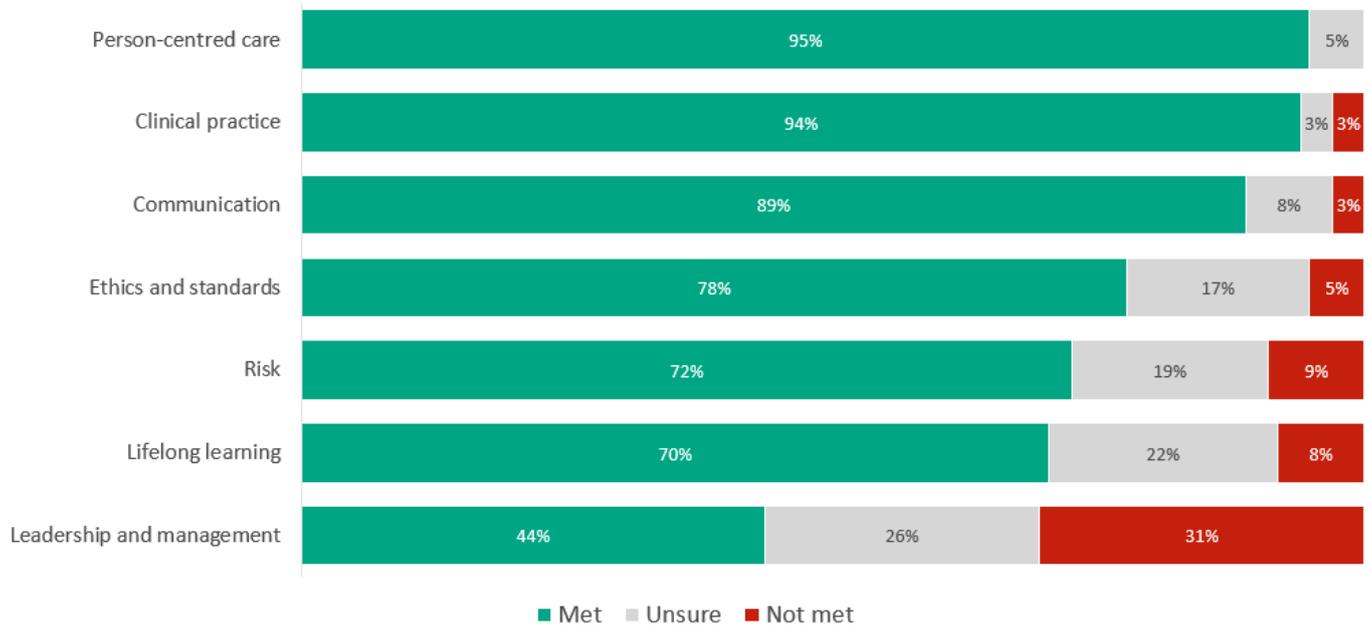
Improvements were seen across all metrics when considering their current performance, with most agreeing that they are now able to perform most tasks within their scope of practice (85%), are equipped for safe clinical practice (83%), and are confident within their scope of practice (79%), which saw the largest increase. A large improvement is also seen in the gaps they have in their knowledge, skills and behaviours, with roughly a third (34%) agreeing it applies to their performance currently.

Overall, there remains room for improvement in the performance of newly qualified optometrists, with the most notable aspects being their leadership and management, their confidence within their scope of practice, and perceived gaps in their knowledge, skills and behaviours.

3.3.2.2 Newly qualified dispensing opticians

Businesses who had employed a newly qualified **dispensing optician** were asked whether they had met each of seven of the GOC’s education requirements, the findings for which are illustrated in *figure 25*.

Figure 25 – Degree to which newly qualified dispensing opticians have met the GOC’s seven educational requirements

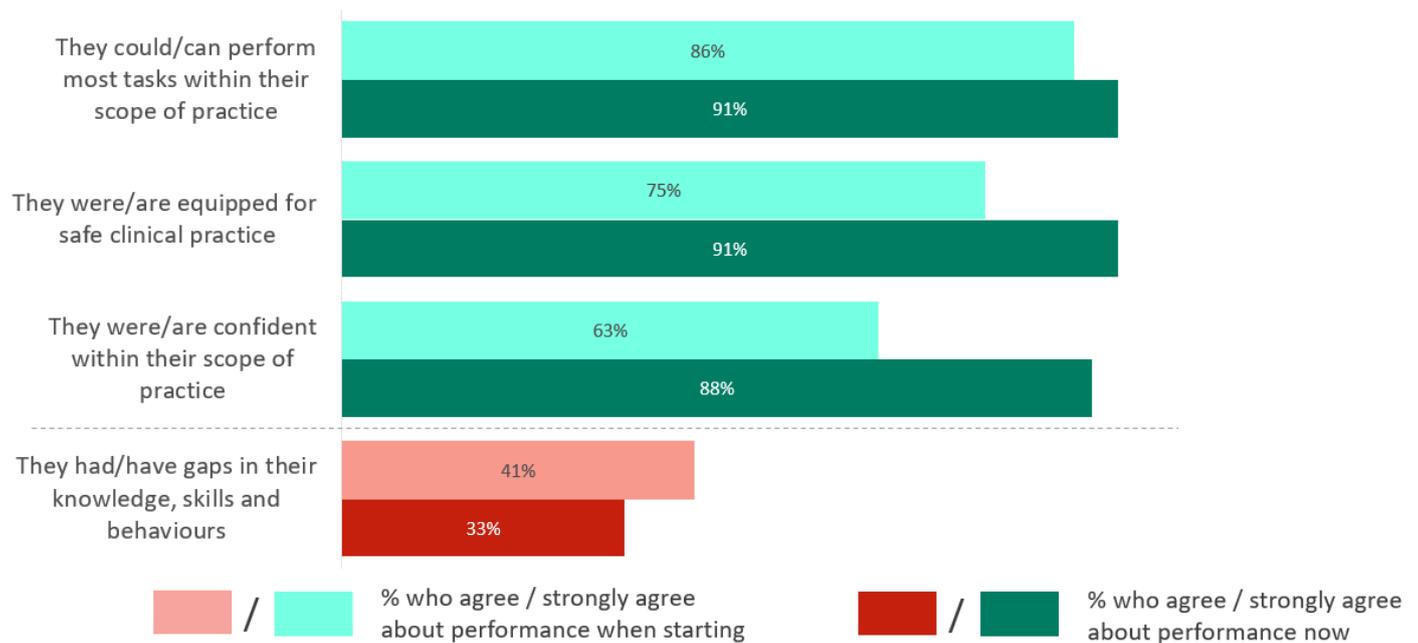


Thinking about the newly qualified dispensing opticians you have employed collectively, to what extent do you consider they met outcomes in each of these seven areas at the point they started working for you? (those who have employed a newly qualified dispensing optician base: n=38)

A large majority of businesses agreed that newly qualified dispensing opticians met outcomes for person-centred care (95%), clinical practice (94%) and communication (89%), with a smaller majority also indicating they met outcomes for ethics and standards (78%), risk (72%), and lifelong learning (70%). Similarly to newly qualified optometrists, the biggest weakness was in leadership and management, which less than half (44%) agreed they had met outcomes for.

Figure 26 outlines to what extent businesses agreed four performance questions applied to newly qualified dispensing opticians, both at the point of their starting at the business and now.

Figure 26 – Performance of newly qualified dispensing opticians at the point of starting at the business compared to now



Thinking about the newly qualified dispensing opticians you have employed collectively, to what extent do you consider they met outcomes in each of these seven areas at the point they started working for you? (those who have employed a newly qualified dispensing optician base: n=38)

Newly qualified dispensing opticians were widely agreed (“strongly agree” or “agree”) to be able to perform most tasks within their scope of practice at the point of starting at the business (86%). Most businesses surveyed also agreed that they were equipped for safe clinical practice (75%) and were confident within their scope of practice (63%). The majority also disagreed with the negative performance statement that they had gaps in their knowledge, skills and behaviours (41%).

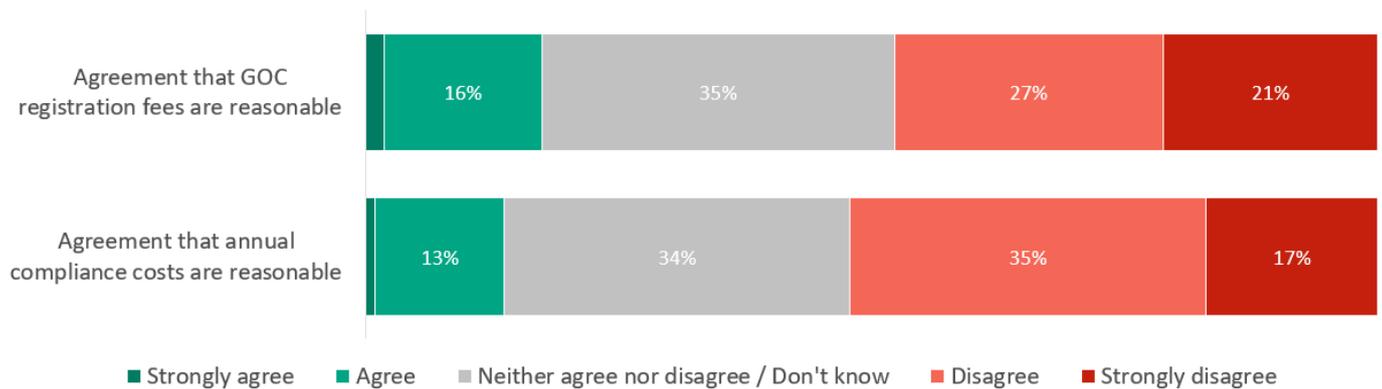
Improvements were seen across all metrics when considering their current performance, with the largest increase being in agreement that they were confident within the scope of practice (88%), followed by their being equipped for safe clinical practice (91%).

Overall, the primary area for improvement for newly qualified dispensing opticians is in their leadership and management skills. Although base sizes prohibit statistically significant differences between these groups, there is an emerging trend that dispensing opticians score more highly across outcomes than optometrists at the point of being newly qualified.

3.3.3 Perceptions of costs of regulation

Businesses were asked to what extent they agreed that GOC registration fees and annual compliance costs are reasonable, which is illustrated in figure 27.

Figure 27 – Perceptions of GOC registration fees and annual compliance costs

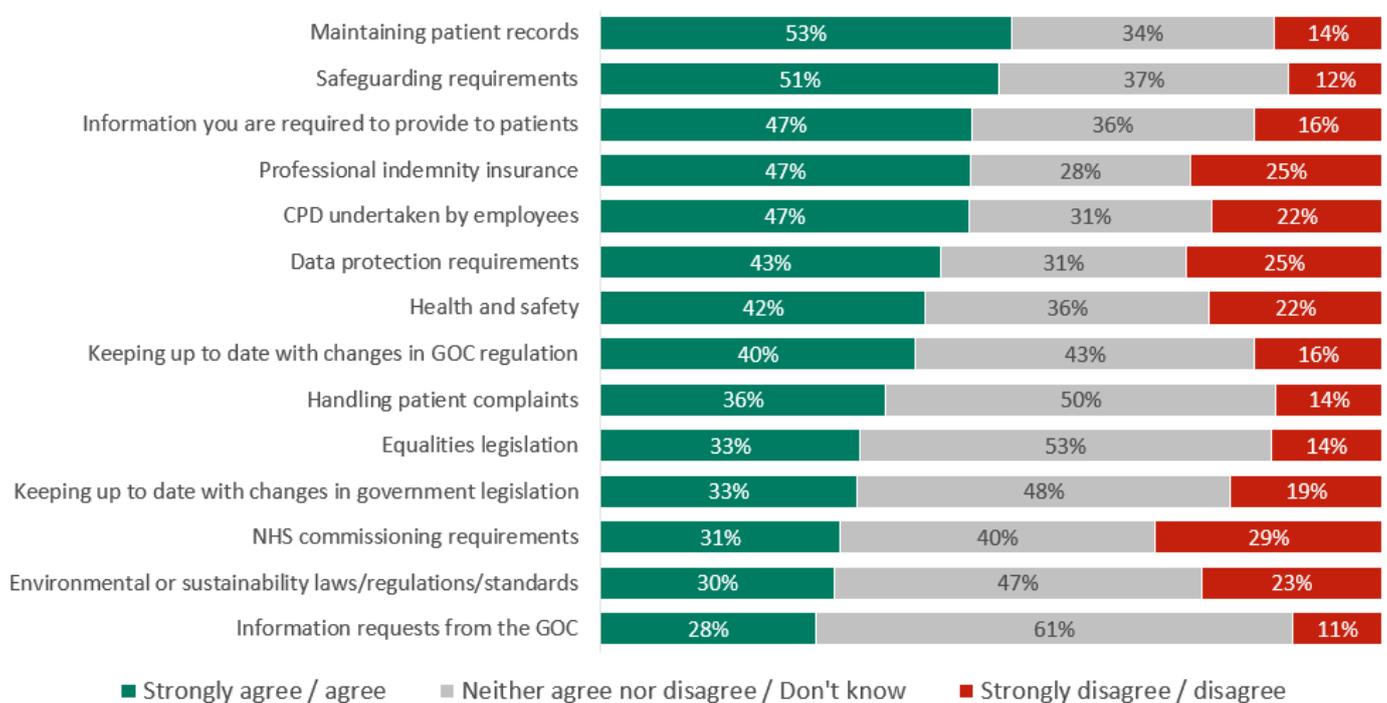


Please indicate to what extent you agree or disagree that the GOC registration fees are reasonable. (base all: n=214); Please indicate to what extent you agree or disagree that the annual compliance costs your business faces are reasonable. (base all: n=214)

More businesses expressed disagreement (“disagree” or “strongly disagree”) that GOC registration fees are reasonable (48%) and that annual compliance costs are reasonable (52%), in comparison to those that expressed agreement (“agree” or “strongly agree”). While perceptions of GOC registration fees were consistent across groups, **independent practices** had stronger negative feelings towards annual compliance costs, with the majority (61%) expressing disagreement about them being reasonable (**multiples**: 40% disagreement), and a small minority of **independent practices** (8%) expressing agreement (**multiples**: 22%).

Businesses then indicated to what extent they agreed or disagreed that the ongoing compliance costs across various types of regulation were reasonable, as illustrated in figure 28.

Figure 28 – Breakdown of perceptions of various ongoing compliance costs



Please indicate to what extent you agree or disagree that the cost of ongoing compliance for the following types of regulation is reasonable: (base all: n=214)

Surveyed businesses were most likely to express agreement (“agree” or “strongly agree”) that the compliance costs for maintaining patient records (53%), safeguarding requirements (51%), information required to be provided to patients (47%), professional indemnity insurance (47%), CPD undertaken by employees (47%), data protection requirements (43%) and health and safety (42%) are reasonable, as opposed to disagreeing.

For all other compliance costs, the most prevalent responses were “neither agree nor disagree” / “don’t know”, although around a quarter disagreed that costs for NHS commissioning requirements (29%), data protection requirements (25%), professional indemnity insurance (25%), environmental and sustainability laws/regulations/standards (23%), CPD undertaken by employees (22%) and health and safety (22%) are reasonable. In general, the compliance costs mostly likely to be considered unreasonable were those related to the NHS or wider governmental legislation.

Although no significant differences were found between groups, there is evidence that **independent practices** are more likely to express disagreement with some costs being reasonable as compared to **multiples**. These included NHS commissioning requirements (**independents**: 36%; **multiples**: 19%), data protection requirements (**independents**: 31%; **multiples**: 17%), keeping up to date with changes in government legislation (**independents**: 28%; **multiples**: 7%), and keeping up to date with changes in GOC regulation (**independents**: 24%; **multiples**: 6%).

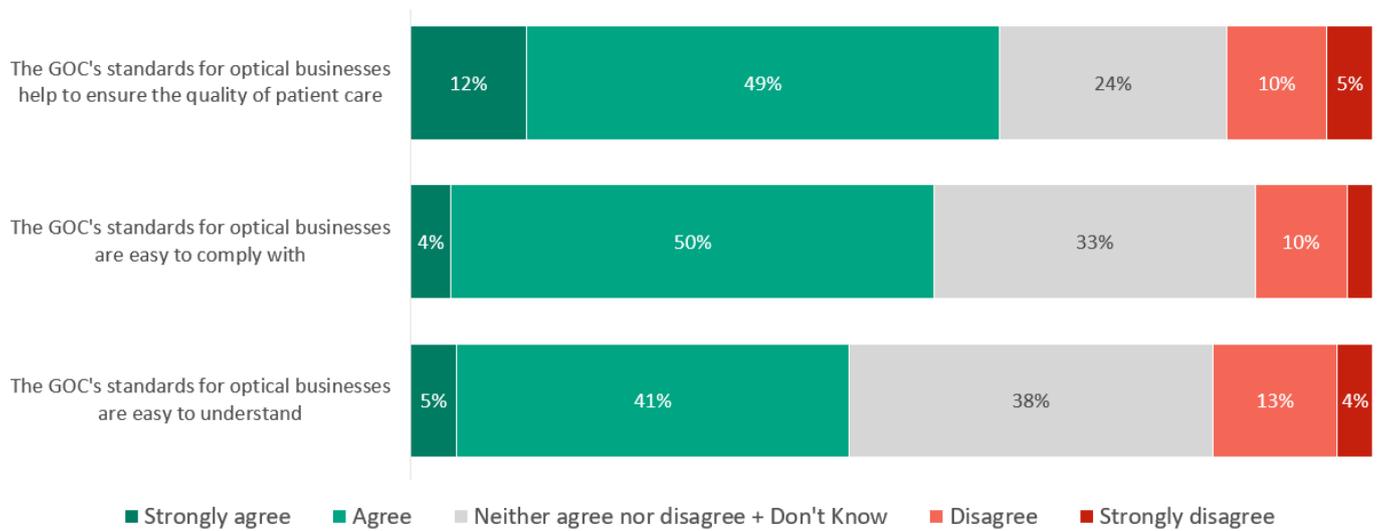
3.3.4 Perceptions of and compliance with industry standards

Awareness of the role of the Optical Consumer Complaints Service (OCCS) in providing a free mediation service to help resolve consumer complaints was high overall, with around a third (37%) of registered businesses surveyed being very aware of it and a further half (47%) being quite aware of it.

10% of surveyed businesses have had an OCCS complaint considered about their businesses in the last 12 months. This figure was significantly higher amongst **multiples** (18%) than **independent practices** (4%).

Business’ perceptions of the GOC’s standards for optical businesses were also explored, with the responses illustrated in *figure 29*.

Figure 29 – Perceptions of the GOC’s standards for optical businesses



Please indicate the extent to which you agree or disagree that...: (base all: n=214)

The majority of businesses surveyed expressed agreement (“agree” or “strongly agree”) that the GOC’s standards for optical businesses help to ensure quality of patient care (61%), and around half expressed agreement that they are easy to comply with (54%) and easy to understand (46%). There were no significant differences found between subgroups regarding perceptions of the standards.

Although perceptions of the standards are positive overall, there are many businesses who are uncertain of their perspective towards them. This may mean that more can still be done to improve perceptions, particularly in ensuring they are easy to comply with and easy to understand.

3.4 Business performance and challenges

Several questions were asked to registered businesses to understand their performance, current challenges – including their experience recruiting optical professionals – and their outlook for the future. This section explores these topics and is separated into:

- **Ability to recruit new optical professionals:** how easy businesses are finding it to recruit optometrists and dispensing opticians when needed
- **Use of locums:** how many businesses are using locums, and their reasons for doing so
- **Business performance:** the levels of growth for businesses in the last year and last three years, as well as their expected growth for the forthcoming year
- **Challenges for the business:** which challenges are most impacting businesses currently
- **Perceptions of the future:** how optimistic businesses currently feel for their own business, as well as for primary eye care and optical businesses as a whole

3.4.1 Ability to recruit new optical professionals

Businesses were asked to what extent they agreed that they can easily recruit optometrists and dispensing opticians when they need to, the data for which is presented in *figure 30*.

Figure 30 – Ability to recruit dispensing opticians and optometrists when needed



Please indicate the extent to which you agree or disagree that... (base all: n=214)

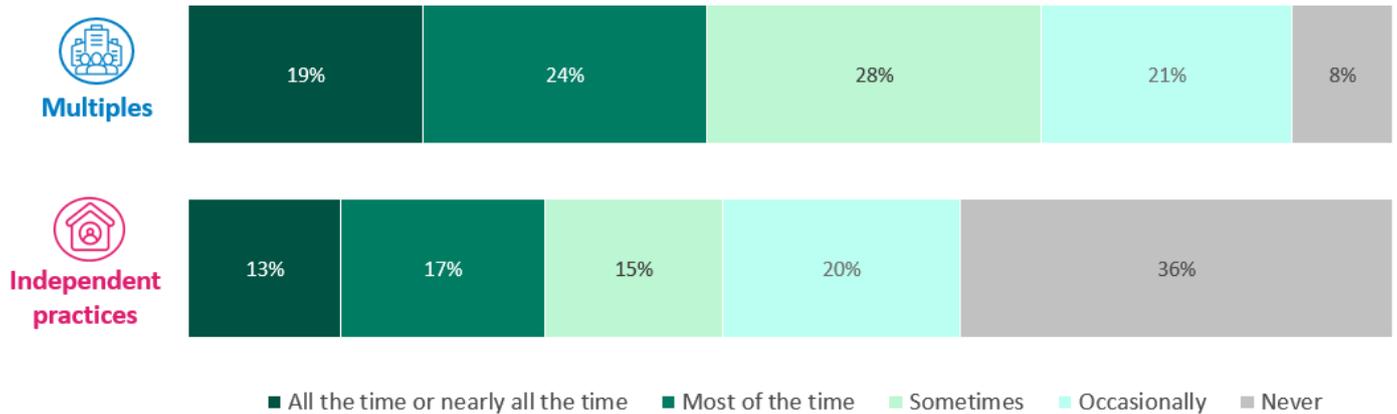
Registered businesses identified substantial difficulties in recruiting optical professionals, with the majority disagreeing or strongly disagreeing that they can easily recruit optometrists (63%) and dispensing opticians (51%) when needed.

When comparing subgroups, the only significant difference found was for businesses of **four staff members or fewer**, who found it comparatively easier to recruit optometrists when needed, being significantly less likely to disagree or strongly disagree (39%) with the associated statement.

3.4.2 Use of locums

Businesses were surveyed to understand their use of locums, with the majority (76%) of all businesses having used them at least occasionally in the last 12 months. This has been more prevalent amongst **multiples** than **independent practices**, as illustrated in *figure 31*.

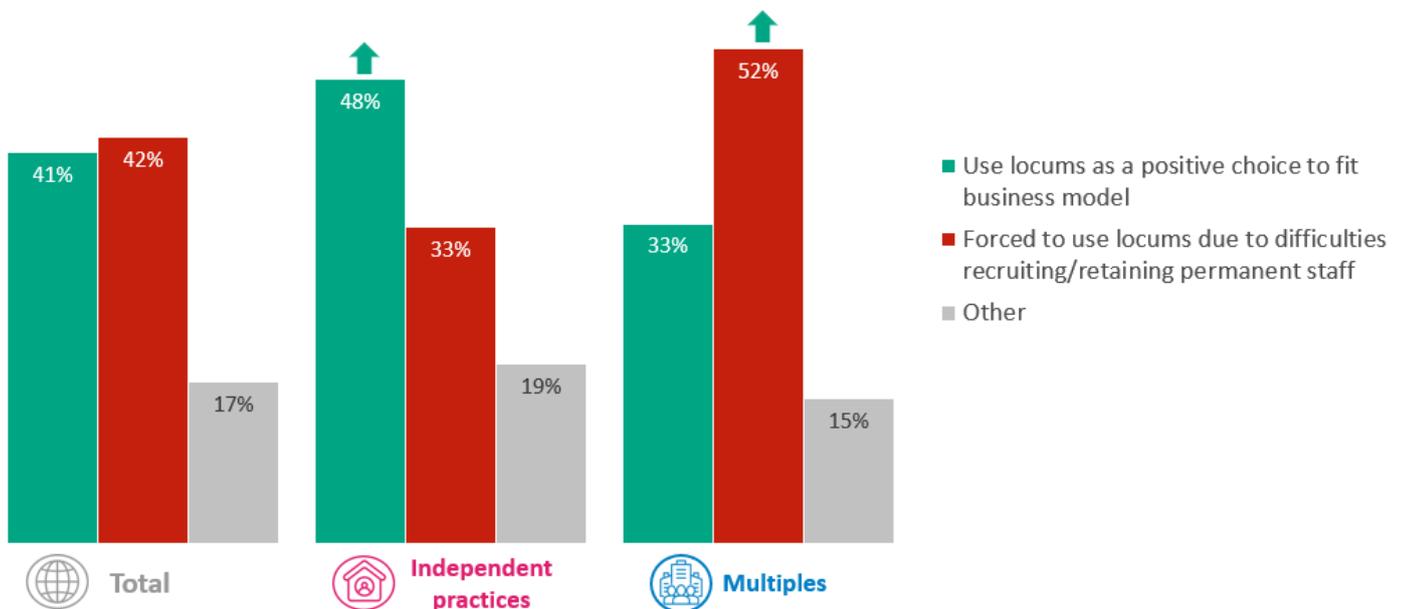
Figure 31 – Use of locums within the last 12 months



To what extent has your business used locums in the last 12 months? (base all: n=214)

Multiples reported having used locums more in the last 12 months across all frequency levels compared to **independent practices**, with a small minority of **multiples** having never used them in that period (8%), compared to around a third of **independent practices** (36%). Businesses were then asked to indicate why they use locums, which is explored in *figure 32*.

Figure 32 – Primary reasons for using locums



Which of the following best represents the reasons why you use locums? (those who have used locums in the last 12 months base: n=157; independent practices who have used locums in the last 12 months base:

n=91; multiples who have used locums in the last 12 months base: n=66), Green arrows represent significant increase over other business structures ($p<0.05$)

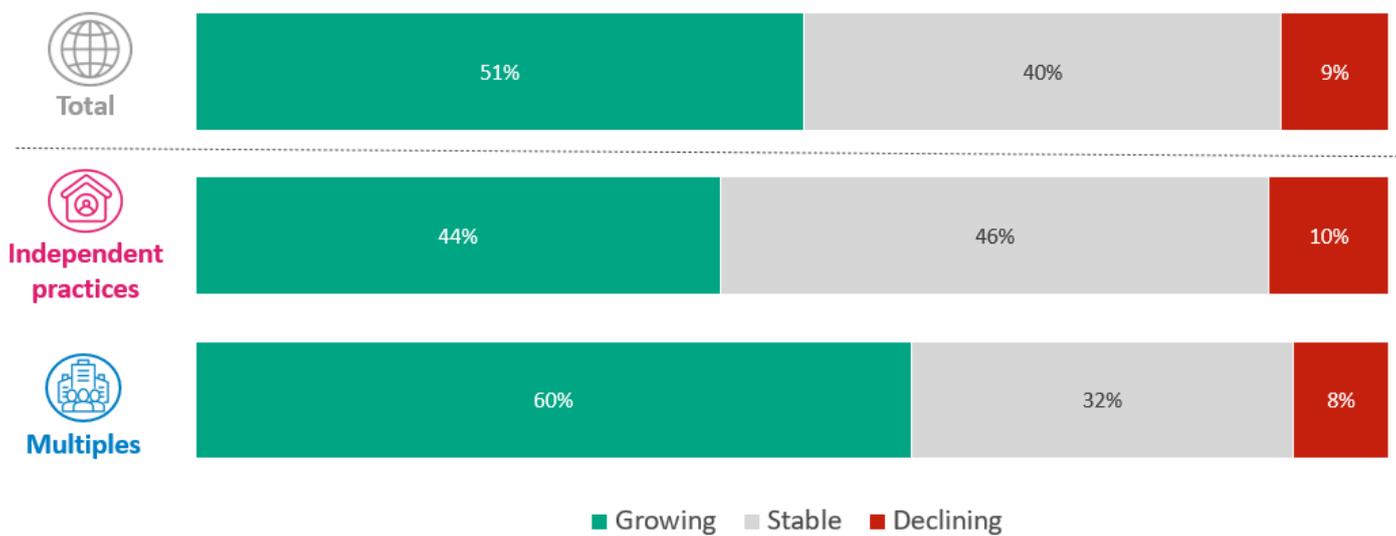
When considering surveyed businesses altogether, there is a roughly even split between those who mostly use locums as a positive choice to fit their business model (41%) and those who are forced to use locums due to difficulties recruiting or retaining permanent staff (42%). When examining the differences by business structure, however, **independent practices** are significantly more likely to use them as a positive choice to fit their business model (48%), whereas **multiples** are more likely to be forced to use them due to staffing challenges (52%).

A number of businesses surveyed (17%) opted to select “other” as opposed to either of the above reasons. Of these, the large majority indicated they use them only to cover holidays, sickness and maternity leave (n=19). Beyond this, several indicated that it was caused by an emerging culture in which optometrists prefer to locum (n=3), and a couple indicated that despite using them in the last 12 months, they had recently decided to stop using them (n=2).

3.4.3 Business performance

Businesses were asked several questions to understand perceptions of performance over the recent past and upcoming future. Data was initially collected to understand how registered businesses have performed over the last 12 months, which is illustrated in *figure 33*.

Figure 33 – Business performance over the last 12 months



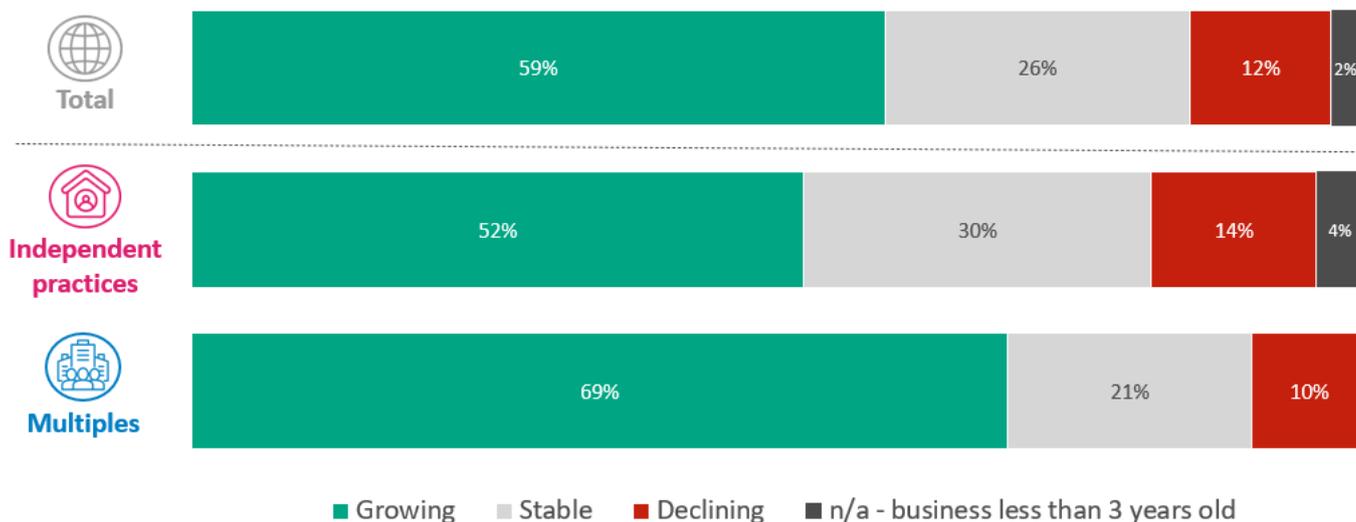
Reflecting on the last 12 months, which of the following best describes how your business has performed overall? (total base: n=214; independent practices base: n=142; multiples base: n=72)

A slim majority of businesses overall described their business as growing over the last 12 months (51%), with a small minority (9%) describing it as declining. When broken out into business type, however, it is apparent that more of the growth is found within **multiples** (60%) than **independent practices** (44%), with **independent practices** being more likely to instead describe their business as stable over the last 12 months (46%).

When exploring the impact of innovation on growth, those who had **introduced a new or clinically improved service that was new to the market over the last three years** were more likely to experience growth over the last year (64%) than those who had **introduced an innovation only new to their business** (49%) and those who had **introduced no new or clinically improved clinical services** (46%).

Businesses were also asked to compare their performance now compared to three years ago, as outlined in *figure 34*.

Figure 34 – Business performance now compared to 3 years ago

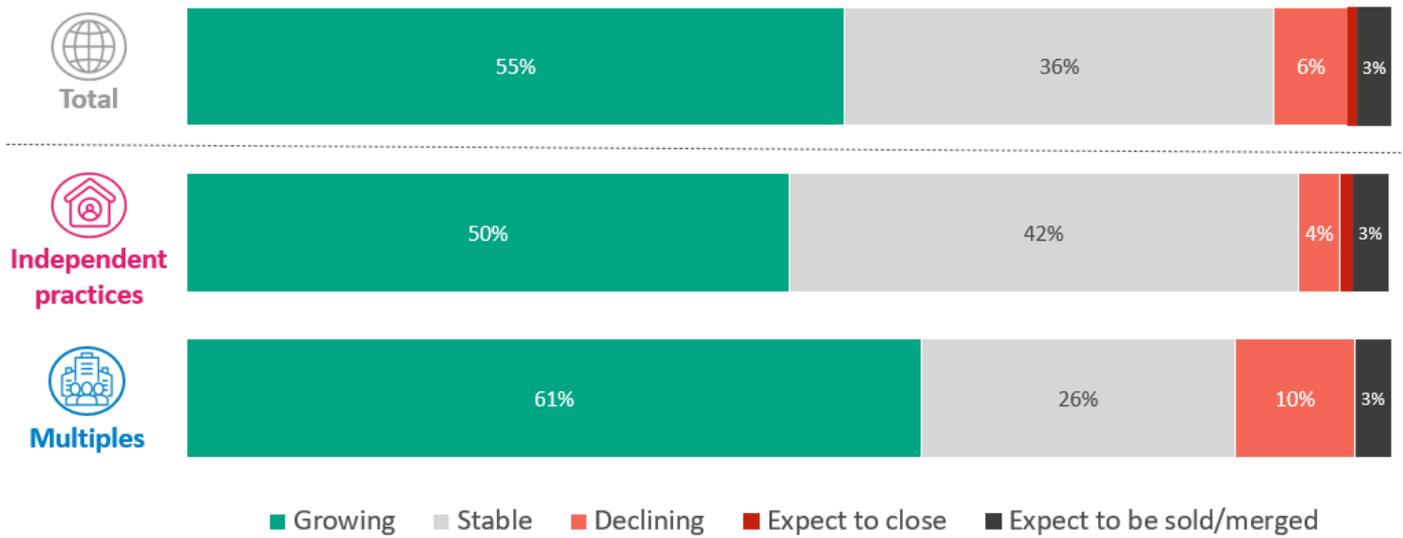


Thinking about the performance of your business now compared to 3 years ago, would you say that the business is... (total base: n=214; independent practices base: n=142; multiples base: n=72)

These three-year figures portray a similar theme to those over the last 12 months, with **multiples** being more likely to be growing (69%) than **independent practices** (52%). Both groups are also slightly more likely to see growth over the last three years than the last year, showing a general long-term trend of growth for registered businesses since 2021.

Finally, businesses were asked to describe the outlook for their business over the next 12 months, which is illustrated in *figure 35*.

Figure 35 – Business outlook over the next 12 months



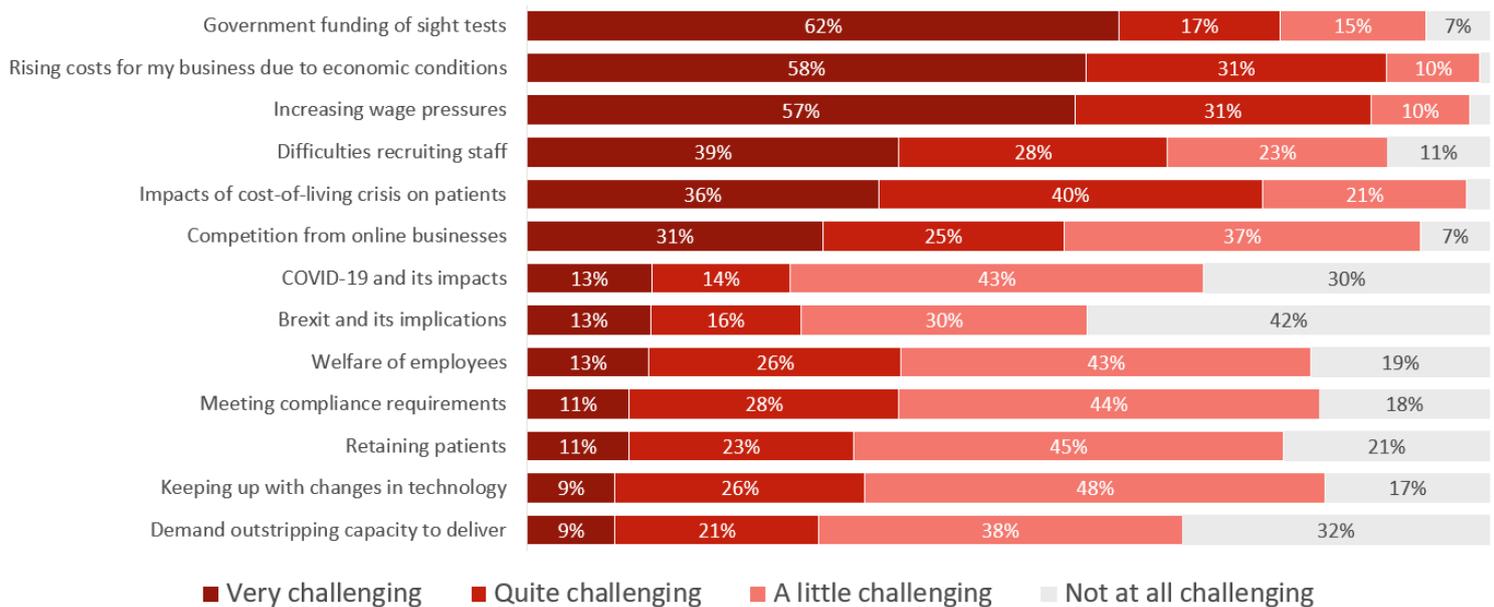
Thinking about the next 12 months, what is the outlook for your business?... (total base: n=214; independent practices base: n=142; multiples base: n=72)

Business’ outlooks for the next 12 months mirror their experience over the last 12 months, with the majority anticipating growth, and the figures being higher amongst **multiples** (61%) than **independent practices** (50%). A small number of businesses also indicated that they were expecting to close (1%) or to be sold or merged (3%) in the next 12 months.

3.4.4 Challenges for businesses

Businesses were asked to rate how challenging a variety of factors that may be facing their business were, as illustrated in *figure 36*.

Figure 36 – Perceptions of potential challenges to businesses



Please rate the following challenges that might be facing your business. (base all: n=214)

The top three challenges to businesses are financial, with the majority rating government funding of sight tests / eye examinations (62%), rising costs due to economic conditions (58%), and increasing wage pressures (57%) as very challenging. Beyond that, another key challenge was difficulties recruiting staff (39% “very challenging”). Potential loss of business was also a common concern, with the majority rating the cost-of-living crisis on patients as either quite or very challenging (76%) and over half indicating this for competition from online businesses (56%), whereas less than a third (30%) indicated this for the prospect of demand outstripping capacity to deliver. It is also noteworthy that COVID-19 and its impacts were seen as quite or very challenging by only a minority of businesses (27%).

When exploring subgroups, businesses with **annual turnovers of under £250k** were significantly more likely to find competition from online businesses (81%) as well as keeping up with changes in technology (60%) to be either quite challenging or very challenging. Businesses serving patients in **cities** were also significantly more likely to see the implications of Brexit as quite challenging or very challenging (49%), compared to those serving other locations.

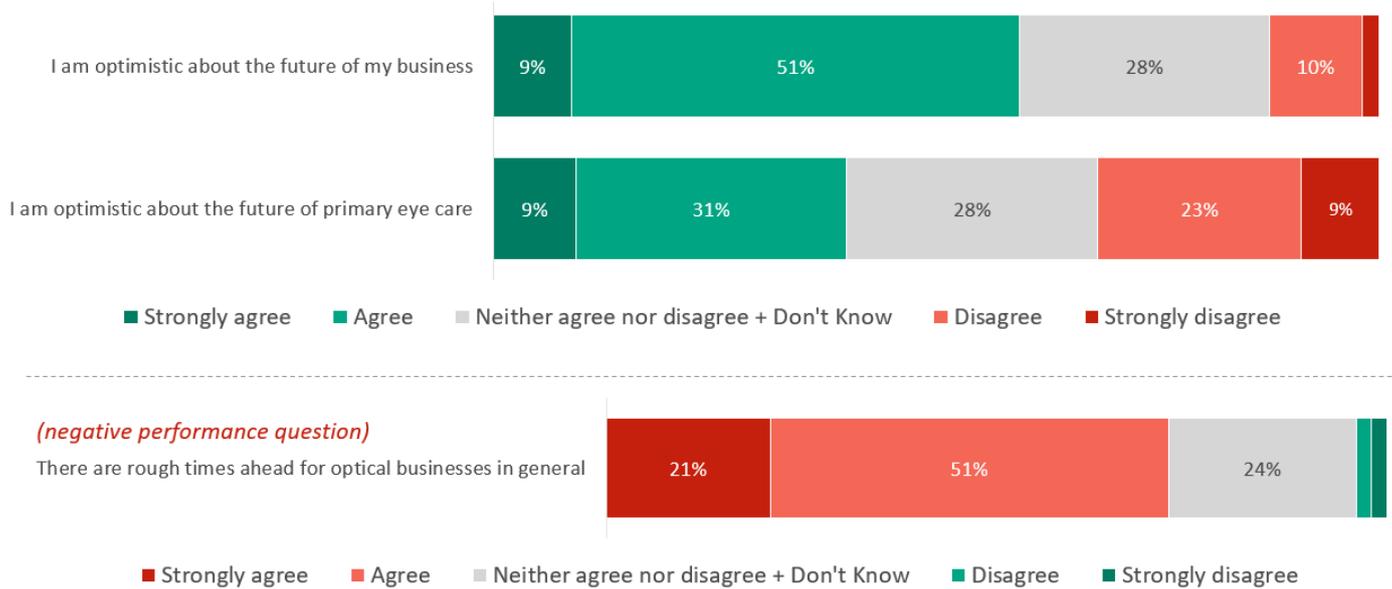
Although the differences were not significant, **multiples** seemed more likely to find the welfare of employees (50%) and demand outstripping capacity to deliver (40%) either challenging or very challenging, when compared to **independent practices** (31% and 23% respectively).

Of the surveyed businesses, a few (4%) also suggested other factors that are very challenging to their business. When prompted to specify, notable challenges mentioned included NHS sight tests necessitating paying locums to increase availability (n=1), competition from multiples offering free eye exams (n=1), illegal activity in the optical sector (n=1), and uncertainty over the plans for future pre-registration students concerning what training they will receive at universities (n=1).

3.4.5 Perceptions of the future

Businesses were asked to what extent they agreed with statements regarding their outlook for the future of their business and for primary eye care, which is illustrated in *figure 37*.

Figure 37 – Optimism for the future



Please indicate the extent to which you agree or disagree that... (base all: n=214)

Businesses overall are positive about the future of their company, with most (60%) expressing agreement (“agree” or “strongly agree”) with the associated statement.

Despite a general trend of optimism and growth reported by businesses, there was more uncertainty when the optical industry was considered as a whole. Under half (40%) expressed agreement that they are optimistic for the future of primary eye care, and around a third (32%) disagreed or strongly disagreed with the statement. Furthermore, the majority (72%) of businesses agreed or strongly agreed with the statement that “There are rough times ahead for optical businesses in general”.

There were no statistically significant differences found between subgroups for any of the statements.

4 Appendices

4.1 Technical appendix

4.1.1 Methodology

4.1.1.1 Questionnaire

A questionnaire was designed by the GOC and Impact Health, with prior input from FODO (Federation of Optometrists and Dispensing Opticians), which can be found in its entirety in *section 4.2*. The median amount of time it took businesses to complete the survey was 17 minutes.

4.1.1.2 Promotion of the survey

The survey was securely hosted online, with registered businesses invited to complete it via a link. Two types of links were used to gain responses for the survey: a personalised link for independent businesses with unique emails tied to their practice, and a generic link for businesses who did not have unique emails, such as multiples and businesses operating under the Hakim Group.

The personalised link was sent to 1,365 business registrants, who were each contacted a total of four times to maximise response rate.

The generic, open-access link was promoted by the GOC and stakeholder organisations via email newsletters and social media, including support from multiples who helped to promote the survey to joint ventures and franchises in their group. In the link, businesses were asked to provide their GOC registration number to verify their registration and to ensure no duplicate responses were collected for each business. If the GOC number was not known, businesses who were sent a generic link were instead permitted to give their business' name, which was then checked during analysis to remove any duplicate responses for individual service providers.

As an incentive, a £250 Amazon voucher was offered to one of the businesses who completed the survey, selected at random by an independent third party.

4.1.1.3 Validating responses

In the survey, businesses were asked to confirm that they were registered with the GOC and that the individual responding had sufficient responsibility to answer for their business, either by owning the business, being a practice or other senior manager of the business, or being authorised on behalf of one to complete the survey, as well as ensuring they had access to information about the business structure and operations necessary for the survey. All businesses were also asked to give responses only for the business they own and manage, as opposed to any parent company they operate under.

For the purposes of weighting and assessing response rates, independent practices who had completed via a personalised link and multiples who had completed via a generic link were handled separately. For more information on how business structure was used to inform weighting, see *section 4.1.2.1*.

4.1.1.4 Survey responses

The survey was live from 7th December 2023 through to 31st January 2024, over which period 214 unique registered businesses completed the survey, representing an overall response rate of 7% from the GOC database of 2,891 registered businesses. The response rate amongst independent practices was 8% (142

completes from 1,697 businesses), whereas the response rate for multiples was 6% (72 completes from 1194 businesses).

4.1.2 Interpreting the findings

4.1.2.1 Weighting

As the survey was completed by a sample of businesses and not the entire population of businesses registered with the GOC, weighting was applied to ensure that findings are as representative as possible of all businesses registered with the GOC. Due to unequal response rates between independent practices and multiples, as outlined in *section 4.1.1.4*, business structure was considered the most appropriate metric by which to weight on. As independent practices comprise around 59% of registered businesses in the GOC database but contributed to 66% of the sample in this research, they have been weighted down by a factor of 0.88, and the data of multiples has been weighted up by a factor of 1.23 as they comprise around 41% of the database but contributed to only 34% of the sample.

4.1.2.2 Sampling confidence interval

As the survey was completed by a sample of registered GOC businesses rather than the entire registered business population, all results are subject to sampling tolerances. The confidence interval for analysis indicates, for a given answer, what the range is that the results would be 95% likely to fall within if the result had been instead obtained from the entire population. *Table 1* below shows a range of sampling tolerances according to the sample size for the question and the answer given for that question. For example, if a mean of 50% was acquired for a sample of n=200, the data is 95% likely to fall within the range of 43.1% to 56.9% (+/- 6.9%). As shown, the confidence interval (sampling error) increases for samples that are smaller or for answers closer to 50%.

Table 1: Approximate sampling tolerances applicable to percentages at/near select levels, broken out by sample size (95% confidence interval)

Size of Sample	10% or 90%±	30% or 70%±	50%
250	3.7	5.7	6.2
200	4.2	6.4	6.9
150	4.8	7.3	8
100	5.9	9.0	9.8

Source: Impact Research Ltd.

4.1.2.3 Subgroup analysis

A combination of SPSS and Q Research software was used for data analysis. Q Research conducts several tests of statistical significance on tables, such as independent t-tests and Chi-square tests, and statistical differences between subgroups within the data have been reported where relevant. Multiple comparisons correction was applied where appropriate, and a p-value of 0.05 was used to test significance.

4.1.2.4 Presentation of the data

Many charts and data visualisations are found in this report. In some instances, responses may not total to 100%, which may be due to any of the following reasons:

- The chart may present only the most relevant data points from a question
- Surveyed businesses may have been allowed to give more than one answer for the question
- The rounding of figures.

All figures were rounded to the nearest whole number. Where figures of 0% are referenced in text and the figure has been rounded down to 0%, an n= figure has also been given to indicate the discrete number of business registrants that selected that option.

Where appropriate, significant differences between subgroups have been described in-text, supported by green or red arrows in the figures. Relevant subgroups used in analysis have also been stylised in **bold** to aid comprehensibility. As there were many differences found between independent practices and multiples, a colour scheme was implemented to help distinguish these groups. **Independent practices** have been described in **pink** and **multiples** in **blue**, both in the text and in figures relevant to the groups.

Registered businesses were also given several opportunities to provide open-ended responses at various points in the survey, which allowed them to enter text freely. For these questions, responses have been grouped in terms of common themes and described in text, alongside a description of how many businesses gave a response within that category (e.g., “singular mentions of”, or an n= figure).

4.2 Questionnaire

INTRODUCTION

Thank you for expressing interest in this survey.

This study has been commissioned by the General Optical Council (GOC) to understand more about the businesses it regulates and current issues facing optical businesses. Your opinion and perceptions are very important to us.

The survey should take approximately 15 minutes to complete, depending on your answers, and for your time, you will be entered into a **free prize draw with the chance to win a £250 Amazon e-gift card**.

By clicking the [INSERT NEXT>>], you confirm that you agree to participate in this survey. You can withdraw your consent at any time. [FOR UNIQUE LINKS: You may leave and return to the questions using the same link you used to enter this survey].

If you require any further information about how we store and use the data you provide, please see our privacy policy on our website: <https://www.impactmr.com/privacy-statement-research>

Alternatively, you can contact us or find out more about this study via the contact details below:

Impact Research Ltd, 3 The Quintet, Churchfield Road, Walton-on-Thames, Surrey, KT12 2TZ

Office: +44 (0) 1932 226 793, email: info@impacthealthmr.com

SCREENER

We want to ensure those completing the study have the necessary seniority and access to information or knowledge about their business structure and operations to answer the questions sufficiently.

The next few questions are designed to determine your eligibility for this study.

SINGLE CODE

S1. Is your business registered with the General Optical Council?

1. Yes [CONTINUE]
2. No [SHOW “Unfortunately, we are only looking for opinions of those associated with businesses registered with the General Optical Council”]

SINGLE CODE, ASK ALL

S2. What is your position in the business?

1. Owner [CONTINUE]
2. Practice Manager or other Senior Manager [CONTINUE]
3. Other [PLEASE SPECIFY] [CONTINUE]

SINGLE CODE, ASK IF ‘OTHER’ SELECTED @S2

S3. Please confirm that you are authorised by the business owners or managers to complete the survey, and that you have access to information about your business’s structure and operations.

1. Yes **[CONTINUE]**
2. No **[SHOW “Unfortunately, we are looking for individuals that have the necessary authority and knowledge of their business’s structure and operations to answer the remaining questions. You may forward this survey link <<INSERT GENERIC LINK>> to a more appropriate person in the business.” DO NOT ALLOW TO CONTINUE.**

SINGLE CODE, ASK ALL

DP1. On occasion, we may need to re-contact respondents to perform standard quality checks or ask for further information about the answers you have provided. Are you happy for us to contact the email address used for this survey to re-contact you for these purposes in the next 6 months?

1. Yes, to both verify data and recontact about information provided in this study
2. Yes, to verify data only
3. Yes, to recontact for further information about the answers provided in this study
4. No

NUMERIC CODE, FOR GENERIC LINK ONLY

G1. Please enter your unique General Optical Council (GOC) reference for your business.

C	O	-	#	#	#	#	#	#	#
----------	----------	----------	---	---	---	---	---	---	---

NUMERIC INPUT ONLY

Note this is for processing purposes only and all information will be aggregated with others, ensuring no individuals or specific businesses can be identified in the results.

[EXCLUSIVE CODE] I do not know the GOC number.

OPEN END, GENERIC LINK ONLY

G2. Please enter the name of your business.

Note this is for processing purposes only and all information will be aggregated with others, ensuring no individuals or specific businesses can be identified in the results.

SECTION A – ABOUT YOUR BUSINESS

The first section of the survey is designed to discover background information about your business. Please answer the following questions based on the business that you own or manage (for example, if you own a franchise, answer in relation to your franchise rather than the parent company).

SINGLE CODE, ASK ALL

Q1. How long ago was your business established?

1. Within the last 12 months
2. Over 1, up to 2 years ago
3. Over 2, up to 5 years ago
4. Over 5, up to 10 years ago
5. Over 10 years ago
6. Don't know **EXCLUSIVE CODE**

NUMERIC CODE PER ROW, ASK ALL

Q2. How many people in total are currently employed in your business?

As a reminder, please answer the question based on the business that you own or manage (for example, if you own a franchise, answer in relation to your franchise rather than the parent company).

Category	Number
Optometrists	<<NUMBER ONLY>>
Dispensing optician	<<NUMBER ONLY>>
Contact lens optician	<<NUMBER ONLY>>
Optical assistants	<<NUMBER ONLY>>
Other	<<NUMBER ONLY>>
Total	<<AUTOMATED CALCULATION>>

IF NO NUMBER ENTERED, AUTOPUNCH '0' IN DATA. TOTAL MUST EQUAL MORE THAN ONE TO ALLOW CONTINUE

SINGLE CODE, ASK ALL

Q3. Which of the following best describes your business structure?

1. Independent practice
2. Joint Venture
3. Franchise
4. Regional provider
5. National provider

SINGLE CODE, ASK ALL

Q4. Which of the following best describes your ownership and management structure?

1. Owned and managed by GOC registered practitioner(s)
2. Owned by GOC registered practitioner(s) but managed by "lay" employee(s)
3. Owned by lay individual(s) but managed by GOC registered practitioner(s)
4. Owned and managed by "lay" individual(s)

MULTICODE, ASK ALL

Q5. Where does your business operate? *(please tick all that apply)*

1. England
2. Scotland
3. Wales
4. Northern Ireland
5. Outside of the UK

MULTICODE, ASK ALL

Q6. In which type of locations does your business serve patients? *(please tick all that apply)*

1. City
2. Town
3. Rural
4. Other (e.g. mobile)

NUMERIC CODE, ASK ALL

Q7. How many practices/sites does your business currently operate?

RANGE FROM 1-999

SINGLE CODE, ASK ALL

Q8. Please indicate below the approximate turnover of your business in the most recent completed financial year. All figures below indicate yearly turnover in £.

Note: Turnover refers to the market sales of goods and services, including all taxes except VAT.

1. 0 - <50k
2. 50k - <100k
3. 100k - <250k
4. 250k - <500k
5. 500k - <1 million
6. 1 million - <2 million
7. 2 million - <5 million
8. 5 million - <10 million
9. 10 million - <50million
10. 50 million - <100million
11. 100 million+

SECTION B - SERVICES

SINGLE CODE, ASK ALL

Q9. Which of the following best describes your business?

1. Provides optical services only
2. Provides a combination of optical and non-optical services

SINGLE CODE PER ROW, ASK ALL

Q10. Which of the following services does your business currently provide, or plans to offer in the future? *(please answer for all services)*

Service ROTATE CODES BELOW	Offer currently	Plan to offer in next two years	No plans to offer this service
Sight testing / eye examinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sale of prescription spectacles	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fitting and sale of contact lenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sale of zero-powered contact lenses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Domiciliary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paediatric excluding myopia control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Paediatric myopia control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Orthoptics	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dry eye	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Low vision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visual stress / colorimetry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independent prescribing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Treatment of minor eye conditions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acute/emergency eye care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diabetic screening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Myopia management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Glaucoma monitoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Pre- and post-operative cataract	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Laser eye surgery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SINGLE CODE, ASK ALL

Q11. Does your business hold a contract with NHS England and/or is it on the Health Boards Ophthalmic lists (in Wales, Scotland and Northern Ireland)?

1. Yes
2. No

SINGLE CODE, ASK ONLY IF YES CODE 1 @Q11

Q12. Thinking about the last 12 months, approximately what percentage of sight tests / eye examinations carried out by your business were NHS-funded?

1. None – fully private
2. 1-10%
3. 11-20%
4. 21-30%
5. 31-40%
6. 41-50%
7. 51-60%
8. 61-70%
9. 71-80%
10. 81-90%
11. 91-100%
12. Don't know

SECTION C – INNOVATION AND TECHNOLOGY

SINGLE CODE, ASK ALL

Q13. Over the last three years, have you introduced any new or significantly improved clinical services to patients?

1. Yes
2. No

MULTICODE, ASK IF YES @ Q13

Q14. Thinking again about the new service development activity that you've undertaken, were any of these services... *(please tick all that apply)*

1. New to the market (i.e., you introduced them before other businesses)?
2. Only new to your business (i.e., new services that were essentially the same as a service already available from other businesses)?

MULTICODE, ASK IF YES @ Q13

Q15. What have been the benefits of this new service development activity? *(please tick as many that apply)*

ROTATE ATTRIBUTES WHILE KEEPING 'OTHER' ANCHORED LAST

1. Extended the range of services you offer
2. Improved the speed of delivery of your services
3. Increased value added *(this refers to increasing the difference between the price of a product or service and the cost of producing it)*
4. Reduced costs
5. Improved the quality of the services you offer
6. Attracted new patients
7. Increased revenue from existing patients
8. Increased market share
9. Reduced environmental impacts
10. Replaced outdated services or processes
11. Improved health and safety
12. Met regulatory requirements
13. Faster referrals
14. Better communications IT links with ophthalmology and GPs
15. Other (please specify) _____ **ANCHORED, IF SELECTED FORCE TEXT INPUT**

SINGLE CODE PER ROW, ASK IF YES @ Q13

Q16. Again, thinking about the last three years, how important were each of the following factors in your decision to innovate?

<<ROTATE ORDER, 'OTHER' ALWAYS LAST>>	Not important	Low importance	Medium importance	High importance
Patient demand for new services				
Improving customer experience				
Changes in NHS or government commissioning of optical services				
Intensity of competition				
Availability of finance				
Cost of finance				
Recruitment of new staff or talent				
The availability of new technology				
Government regulations				
GOC regulations				

EU regulations				
Withdrawal of UK from the EU				
Issues relating to the COVID-19 pandemic				
OTHER (PLEASE SPECIFY) _____				

SINGLE CODE PER ROW, ASK ALL

Q17. Below is a list of possible barriers that may have constrained your new service development over the last three years. How important were the following factors in constraining innovation activities?

<<ROTATE ORDER, OTHER ALWAYS LAST>>	Not important	Low importance	Medium importance	High importance
Conditions in the UK economy				
Direct innovation costs too high				
Cost of finance				
Availability of finance				
Lack of qualified personnel				
Lack of information on technology				
Lack of information on markets				
Perceived uncertain demand for innovative services				
Lack of NHS IT connectivity to ophthalmology				
GOC regulations				
Government regulations				
EU regulations				
Withdrawal of UK from the EU				
Issues related to the COVID-19 pandemic				
Other (PLEASE SPECIFY) _____				

SINGLE CODE, ASK ALL

Q18. Does your business have a website?

1. Yes
2. No

SINGLE CODE, ASK IF YES @ Q18

Q19. Does your business publish the price of a sight test/eye examination on its website?

1. Yes
2. No

SINGLE CODE, ASK ALL

Q20. Does your business use social media to engage with patients and the public?

- 1. Yes
- 2. No

SINGLE CODE PER ROW, ASK ALL

Q21. Does your business use, or plan to use in the next two years, the following types of technology?

Type of technology <<ENSURE RESPONSE FOR EACH ROW>> <<ROTATE FACTORS BELOW>>	Use now	Plan to use in next two years	No current plans to use
Autorefractor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OCT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OptoMap	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Artificial intelligence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A website with interactive features such as online booking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
LiveChat or virtual assistants on your website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remote sight testing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PMS/electronic patient records	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

SECTION D – OPTICAL STUDENTS AND NEWLY QUALIFIED PROFESSIONALS

SINGLE CODE, ASK ALL

Q22. Does your business currently have arrangements with universities or the College of Optometrists to offer placements to optical students during their studies?

- 1. Yes
- 2. No

SINGLE CODE, ASK IF YES @ Q22

Q23a. Are the placements for...?

- 1. Student optometrists only
- 2. Student dispensing opticians only
- 3. Both of the above

SINGLE CODE, ASK IF YES @ Q22

Q23b. Are the number of placements decreasing, staying the same, or increasing overall vs. previous years?

- 1. Decreasing
- 2. Staying the same
- 3. Increasing
- 4. Don't know

SINGLE CODE, ASK IF NO @ Q22

Q24. Do you plan to offer placements to optical students within the next two years?

1. Yes
2. No

SINGLE CODE PER ROW, ASK ALL

Q25. What do you see as the main benefits of offering placements to optical students?

<<ROTATE FACTORS, OTHER ALWAYS LAST >> <<ENSURE RESPONSE FOR EACH ROW >>>	Not a benefit	Minor benefit	Major benefit
Providing a pipeline of newly qualified optical professionals to employ in future			
Supporting the next generation of optical professionals			
Access to workforce at lower cost			
Benefits to fully qualified employees			
Other (PLEASE SPECIFY) _____ ANCHOR OPTION			

SINGLE CODE PER ROW, ASK ALL

Q26. What do you see as the main barriers to offering placements to optical students?

<<ROTATE FACTORS, OTHER ALWAYS LAST >> <<ENSURE RESPONSE FOR EACH ROW >>>	Not a barrier	Minor barrier	Major barrier
Financial factors			
Time constraints			
No education provider in my area			
No available consulting room			
Lack of supervisors			
Regulatory burden			
Lack of clarity about GOC requirements			
Bureaucracy by education providers			
Lack of knowledge of what is involved			
Other (PLEASE SPECIFY) _____			

MULTICODE, ASK ALL

Q27. Has your business employed optical professionals who have joined the GOC register (not including pre-registration students) in the last two years? *(please answer as many as apply)*

1. Yes – optometrists
2. Yes – dispensing opticians
3. No - **EXCLUSIVE, ROUTE TO SECTION E (Q34)**

SINGLE CODE PER ROW, ASK IF YES (CODE 1) @ Q27

Q28. The GOC’s education requirements are designed to ensure that newly qualified professionals meet outcomes in the seven areas below, at the point they qualify and enter the register.

Thinking about the newly qualified **optometrists** you have employed collectively, to what extent do you consider they met outcomes in each of these seven areas at the point they **started** working for you?:

<<ROTATE FACTORS>> <<ENSURE RESPONSE FOR EACH ROW>>	Not met	Met	Unsure
Person-centred care			
Communication			
Clinical practice			
Ethics and standards			
Risk			
Leadership and management			
Lifelong learning			

SINGLE CODE PER ROW, ASK IF YES (CODE 1) @ Q27 – KEEP DON’T KNOW AS EXCLUSIVE TICK BOX

Q29. Again, thinking collectively about the newly qualified **optometrists** at the point they **started** with your business, please indicate the extent to which you agree or disagree that...

<<ROTATE FACTORS>> <<ENSURE RESPONSE FOR EACH ROW>>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don’t Know
They were equipped for safe clinical practice						<input type="radio"/>
There were gaps in their knowledge, skills and behaviours						<input type="radio"/>
They could perform most tasks within their scope of practice						<input type="radio"/>
They were confident within their scope of practice						<input type="radio"/>

SINGLE CODE PER ROW, ASK IF YES (CODE 1) @ Q27 – KEEP DON’T KNOW AS EXCLUSIVE TICK BOX

Q30. And how would you rate their performance **now**?

<<KEEP SAME ORDER AS PREVIOUS QUESTION>> <<ENSURE RESPONSE FOR EACH ROW>>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don’t Know
They are equipped for safe clinical practice						<input type="radio"/>

There are gaps in their knowledge, skills and behaviours						<input type="radio"/>
They can perform most tasks within their scope of practice						<input type="radio"/>
They are confident within their scope of practice						<input type="radio"/>

SINGLE CODE PER ROW, ASK IF YES (CODE 2) @ Q27

Q31. The GOC’s education requirements are designed to ensure that newly qualified professionals meet outcomes in the seven areas below at the point they qualify and enter the register.

Thinking about the newly qualified **dispensing opticians** you have employed collectively, to what extent do you consider they met outcomes in each of these seven areas at the point they **started** working for you?:

<<ROTATE FACTORS>> <<ENSURE RESPONSE FOR EACH ROW>>	Not met	Met	Unsure
Person-centred care			
Communication			
Clinical practice			
Ethics and standards			
Risk			
Leadership and management			
Lifelong learning			

SINGLE CODE PER ROW, ASK IF YES (CODE 2) @ Q27 –KEEP DON’T KNOW AS EXCLUSIVE TICK BOX

Q32. Again, thinking collectively about the newly qualified **dispensing opticians** at the point they **started** with your business, please indicate the extent to which you agree or disagree that...

<<ROTATE FACTORS>> <<ENSURE RESPONSE FOR EACH ROW>>	Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don’t Know
They were equipped for safe clinical practice						<input type="radio"/>
There were gaps in their knowledge, skills and behaviours						<input type="radio"/>
They could perform most tasks within their scope of practice						<input type="radio"/>
They were confident within their scope of practice						<input type="radio"/>

SINGLE CODE PER ROW, ASK IF YES (CODE 2) @ Q27 –KEEP DON’T KNOW AS EXCLUSIVE TICK BOX

Q33. And how would you rate their performance **now**?

<<KEEP SAME ORDER AS PREVIOUS QUESTION>> <<ENSURE RESPONSE FOR EACH ROW>>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't Know
They are equipped for safe clinical practice						<input type="radio"/>
There are gaps in their knowledge, skills and behaviours						<input type="radio"/>
They can perform most tasks within their scope of practice						<input type="radio"/>
They are confident within their scope of practice						<input type="radio"/>

SECTION E – OPERATING CONDITIONS

SINGLE CODE, ASK ALL

Q34. Reflecting on the last 12 months, which of the following best describes how your business has performed overall?

1. Declining
2. Stable
3. Growing

SINGLE CODE, ASK ALL

Q35. Thinking about the performance of your business now compared to 3 years ago, would you say that the business is...

1. Declining
2. Stable
3. Growing
4. n/a - business is less than 3 years old

SINGLE CODE, ASK ALL

Q36. Thinking about the next 12 months, what is the outlook for your business?

1. Declining
2. Stable
3. Growing
4. Expect to close
5. Expect to be sold/merged with another business

SINGLE CODE PER ROW, ASK ALL

Q37. Please rate the following challenges that might be facing your business.

<<ROTATE FACTORS BELOW, OTHER ALWAYS LAST>>	Not at all challenging	A little challenging	Quite challenging	Very Challenging
Rising costs for my business due to economic conditions				
Impacts of cost-of-living crisis on patients				

Welfare of employees				
Brexit and its implications				
COVID-19 and its impacts				
Difficulties recruiting staff				
Increasing wage pressures				
Government funding of sight tests				
Retaining patients				
Keeping up with changes in technology				
Meeting compliance requirements				
Competition from online businesses				
Demand outstripping capacity to deliver				
Other (PLEASE SPECIFY) _____				

SINGLE CODE PER ROW, ASK ALL –KEEP DON'T KNOW AS EXCLUSIVE TICK BOX

Q38. Please indicate the extent to which you agree or disagree that...

<<ROTATE STATEMENTS>> <<ENSURE RESPONSE FOR EACH ROW>>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't Know
I am optimistic about the future of primary eye care						
I am optimistic about the future of my business						
There are rough times ahead for optical businesses in general						
I can easily recruit optometrists when I need to						
I can easily recruit dispensing opticians when I need to						

SINGLE CODE, ASK ALL

Q39. To what extent has your business used locums in the last 12 months?

1. Never
2. Occasionally
3. Sometimes
4. Most of the time
5. All the time or nearly all the time

SINGLE CODE, ASK IF 2-5 SELECTED @ Q39

Q40. Which of the following best represents the reasons why you use locums?

1. We use locums as a positive choice that fits our business model
2. We are forced to use locums due to difficulties recruiting/retaining permanent staff
3. Other (Please Specify) _____

SECTION F – PERCEPTIONS OF REGULATION

SINGLE CODE, ASK ALL, KEEP DON'T KNOW AS EXCLUSIVE TICK BOX

Q41. Please indicate to what extent you agree or disagree that the GOC registration fees are reasonable.

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't Know
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SINGLE CODE, ASK ALL, KEEP DON'T KNOW AS EXCLUSIVE TICK BOX

Q42. Please indicate to what extent you agree or disagree that the annual compliance costs your business faces are reasonable.

Strongly Disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't Know
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SINGLE CODE PER ROW, ASK ALL, KEEP DON'T KNOW AS EXCLUSIVE TICK BOX

Q43. Please indicate to what extent you agree or disagree that the cost of ongoing compliance for the following types of regulation is reasonable:

<<ROTATE STATEMENTS>> <<ENSURE RESPONSE FOR EACH ROW>>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't Know
Information requests from the GOC						
Keeping up to date with changes in government legislation						
Keeping up to date with changes in GOC regulation						
NHS commissioning requirements						
Safeguarding requirements						
Health and safety						
Equalities legislation						
Environmental or sustainability laws/regulations/standards						
Information you are required to provide to patients						
Maintaining patient records						
Data protection requirements						

Handling patient complaints						
Professional indemnity insurance						
CPD undertaken by employees						

SINGLE CODE, ASK ALL

Q44. How aware are you of the role of the Optical Consumer Complaints Service (OCCS) in providing a free mediation service to help resolve consumer complaints?

1. Not at all aware
2. Not very aware
3. Quite aware
4. Very aware
5. Don't know

SINGLE CODE, ASK ALL

Q45. In the last 12 months, has the OCCS considered a complaint about your business?

1. Yes
2. No
3. Don't know

SINGLE CODE PER ROW, ASK ALL, KEEP DON'T KNOW AS EXCLUSIVE TICK BOX

Q46. Please indicate the extent to which you agree or disagree that...

<<ROTATE STATEMENTS>> <<ENSURE RESPONSE FOR EACH ROW>>	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree	Don't Know
I find the GOC's standards for optical businesses easy to understand						
I find the GOC's standards for optical businesses easy to comply with						
The GOC's standards for optical businesses help to ensure the quality of patient care						

CLOSING SECTION

SINGLE CODE, ASK ALL

G1. Please indicate if you would like be entered in the price draw to win a £250 Amazon e-gift voucher.

I would like to be included in the free prize draw to win a £250 Amazon e-gift voucher	<input type="radio"/>
I DO NOT wish to be included in the free prize draw	<input type="radio"/>

IF CODE 1@G1 SELECTED:

Please indicate the best email address to contact you on to send the e-gift voucher if you win the free prize draw.

Email address	
Confirm email address	

ENSURE EMAIL ADDRESS CONFORMS TO STANDARD MAIL ADDRESS AND THAT SAME EMAIL IS IN BOTH FIELDS; OTHERWISE, SHOW ERROR

Thank you very much for your help today. We are very interested in hearing your views on our survey design.

SINGLE CODE PER ROW, ASK ALL

Z1. Using the rating below, please let us know how you would rate each of the following:

	1 Very Bad	2	3	4	5 Very Good
Length of survey					
Ease of completion					
Ability to express my true opinion					
Overall experience					

SINGLE CODE, ASK ALL

Z2. Have you experienced any *technical difficulties* while taking the survey?

- 1. No
- 2. Yes (Please specify)

OPEN END, ASK ALL

Z3. If you have any additional feedback, please enter your comments here:

DO NOT FORCE ANSWER, ALLOW TO PROCEED TO NEXT PAGE

CLOSING REMARK

Thank you, you have reached the end of this questionnaire, your feedback has been greatly appreciated! <<RETURN BROWSER TO GOC WEB HOME PAGE>>