General Optical Council

Qualitative research exploring the lived experience of patients and non-patients accessing and using eye care services

Final report

June 2025

Contents

Key findings ... 3

Introduction ... 12

Methodology and participant profile summary ... 15

Research findings ... 18

Inequalities of access: Patient barriers to accessing a sight test / eye examination ... 19

Inequalities of experience: Patient satisfaction with their experiences of sight tests / eye examinations ... 44

Implications of the research: improving the patient experience ... 61

Summary of findings and ideas for interventions ... 70

Appendix A: Research methodology ... 76

Appendix B: Discussion guide ... 83

Appendix C: Sample profile ... 93

Key findings

This research was commissioned by the General Optical Council (GOC) to:

1. Explore the lived experiences of patients/non-patients with specific ‘vulnerabilities’ and how this relates to their access to, and experience of, eye care delivered by optometrists and dispensing opticians in the UK.

2. Identify ways that the GOC can better support patients and non-patients, including effective interventions which could support them when accessing or using eye care services.

To achieve these objectives, Explain Market Research carried out 38 in-depth interviews among patients and non-patients (who had not had a sight test / eye examination in the past two years). All had a defined vulnerability marker.

The findings identified both barriers to accessing a sight test / eye examination (inequalities of access) and defined a set of patient needs within these eye care services (inequalities of experience).

Inequalities of access: barriers to accessing a sight test / eye examination

A range of barriers influencing people's decision to seek a sight test / eye examination were revealed in the research. These are listed below and then discussed in more detail within the body of the report.

Low importance of maintaining eye health

Within this research there was a general low importance placed on maintaining eye health and sometimes an assumption that deteriorating vision was just a normal part of ageing. Participants were often unaware of the recommended frequency of sight tests / eye examinations. They were equally unaware of the role of sight tests / eye examinations in maintaining good vision and eye health, often stating that they did not need one as they hadn't noticed any changes in vision. Importantly, people associated opticians / optometrist practices with testing their vision rather than diagnosing and treating eye health conditions.

High tolerance for, and self-management of, symptoms related to sight or eye health

Aligned to the low importance of maintaining eye health described above, participants also discussed a high tolerance for symptoms related to worsening vision (i.e. headaches, blurry vision and eye strain). These symptoms were often viewed as a normal part of ageing. Further, vision was often self-assessed, i.e. checking themselves to see if car number plates can still be seen, and self-managed, i.e. through purchasing off-the-shelf glasses.

Psychological barriers

Amongst participants, particularly those with mental health difficulties, the self-management techniques described above were sometimes underpinned by several psychological barriers to visiting an opticians / optometrist practice. These include the 'open' nature of the physical environment, having to sit next to strangers in

waiting rooms, concerns over the length of the wait and feeling uncomfortable trying on glasses in front of others.

Cost-related barriers

The majority of participants had an annual household income of less than £25,000. Within this context, narratives revealed perceptions that of the costs involved in a sight test / eye examination were inhibiting. Importantly, these costs were mostly associated with price of eye wear (frames, lenses and contact lenses) and not necessarily with the cost of the sight test / eye examination. The latter was often unknown for those that were required to pay or overridden by the costs of eye wear for those eligible for a free test.

Inequalities of experience: Patient satisfaction in their experiences of sight tests / eye examinations

Alongside discussions of the barriers to accessing care, participants also discussed having specific needs that influenced their sense of satisfaction with their experiences of having a sight test / eye examination.

The need to recognise and cater for hidden vulnerabilities and concerns

A key finding of this research is the differentiation of the experiences of patients with vulnerabilities more visible to others, i.e. some physical disabilities, and those with hidden vulnerabilities, i.e. some mental health problems and learning disabilities.

In general, participants with those more visible forms of physical disabilities discussed care that was more accommodating to their needs. In contrast, patients with more hidden vulnerabilities discussed more complex and problematic interactions with eye care services. Importantly, when these needs were addressed, satisfaction was greatly improved.

The need to feel a 'thorough job' has been done

For many, a sense of dissatisfaction was rooted in feeling that they had been 'rushed through' their sight test / eye examination. This led to a sense of being poorly cared for, not listened to and, in some cases, concern that their test had not been performed thoroughly.

The need for an empathetic approach

Further to the need to feel listened to, mentioned above, patients were notably appreciative when an optometrist and/or dispensing optician took their time with them, and showed they were empathetic to their needs. As part of this, the ability to support people with vulnerabilities and quickly identify their needs was viewed as an important skill amongst optometrists / dispensing opticians.

The need for continuity of care

Dissatisfaction could also be generated by a lack of continuity in care. Some wished to be able to develop a sense of connection to their optometrist. Others were concerned that there was a lack of communication between hospitals and different optometrists involved in their care. For some, there was a belief that this had led to delays in diagnosis.

The need for transparency on costs

Participants wished for more clarity and a better upfront understanding of the financial implications of the options available during a sight test / eye examination. For most, this desire for clarity related to the cost of eye wear.

Participants' suggested interventions

Within participant discussions of inequalities of access and experience, they suggested interventions for improvement. These are listed below.

Greater awareness and knowledge of eye health and the benefits of routine sight tests / eye examinations

Interventions suggested by participants were as follows:

- ➔ Education among those with vulnerability markers / their carers regarding the importance of maintaining good eye health, clarity of the role of optometrists within this and the subsequent need to get a sight test / eye examination within recommended timeframes. This should include raising awareness about the importance of getting a test even when they cannot identify 'something wrong' with their eyes and the role of optometrists beyond testing sight and eye health, such as treating emergency minor conditions.
- ➔ Establishing an understanding of the link between certain symptoms and eye health may benefit a wide range of people including those with lower health literacy and understanding.
- ➔ Accessible information should be universally available in opticians / optometrist practices, such as easy-read documentation, or written materials translated into other languages.

Greater transparency around costs

Greater transparency may play an important role in helping people become more comfortable about going to visit an opticians / optometrist practice.

- ➔ Participants wanted greater clarity on costs involved in getting a test, getting glasses or contacts (and the long-term expected costs of this), as well as clarity about the financial help people can get with their health costs, for those in a range of different circumstances. Upfront communication about this could help improve transparency.
- ➔ Opportunities to have flexible payment options for people on a low income to pay for glasses, for example in instalments, should be considered.
- ➔ All staff involved in the selection of eye wear should consider their approach to reduce any sense of feeling pressured to buy, for example in giving people space to look through options in their own time.

Opticians / optometrist practices should better cater for patients with both visible and hidden vulnerabilities

Participants felt that opticians / optometrist practices should enquire early on whether patients require reasonable adjustments.

Reasonable adjustments included:

- The opticians / optometrist practice should offer the right care in the right place for patients, i.e. offering appointments at home or any other environment that meets specific needs (for example, a known community centre). This should be provided more widely to include those that aren't / don't believe they are covered by the criteria for domiciliary care, such as those that have certain mental health conditions.
- The length of the appointment should be considered, as should reducing waiting times.
- The way tests are performed should be considered where possible, for example, using the right specialist techniques for those unable to do a traditional test (such as those with a learning disability).
- Effective follow-up should be provided to support people that have additional needs (for example, checking they are wearing glasses and/or symptoms are resolving).
- Staff training and raising awareness were viewed as important – for instance, mental health first aid and helping staff support those with a learning disability or other markers of vulnerability, such as being on a low income.

Greater continuity of care

Patients pointed out that improving care continuity would build their confidence in the care they are receiving. Suggestions put forward included:

- ➔ Several participants spoke about wishing to be able to select their optometrist, see the same person the following time, or find out information about them and their qualifications.
- ➔ Improving the communication between the hospital and the opticians / optometrist practice to avoid any duplication of appointments and improve care for those with known eye health conditions.

Introduction

Introduction

Background

The GOC regulates eye care services in the UK and protects the public by regulating optometrists, dispensing opticians, optical students and some eye care businesses.

The GOC carries out a patient survey annually, the latest published wave of which was in 2024[1]. Within this, 88 per cent of respondents reported satisfaction with accessing eye care services, with 50 per cent stating that they were very satisfied[2]. Despite this, there are some groups that are more likely to report poorer experiences. Those with certain 'vulnerability markers' reported lower satisfaction across many domains of their experience. This included: satisfaction with their overall experience; satisfaction with the optometrist who carried out the sight test / eye examination; their experience of buying contact lenses or glasses; and their satisfaction with value for money. Those with several vulnerability markers were also significantly less likely to go for a sight test / eye examination every two years.

The GOC's corporate strategy for 2025-2030[3] outlines its mission, vision and strategic objectives. One of these objectives is to create 'fairer and more inclusive eye care services', therefore addressing inequalities or barriers to access care, especially for those with vulnerabilities.

In this context, research was commissioned to provide insights to the GOC and wider sector about the patient and non-patient experience, particularly among groups that are more likely to report poorer experiences or challenges accessing care, to bring their views, experiences and needs to life. The findings could also help identify interventions that may help improve access to, and experience of, eye care services for more vulnerable patients.

[1] GOC (2024) Public perceptions reports | GeneralOpticalCouncil
[2] GOC Public Perceptions Research 2024.pdf
[3] GOC Corporate Strategy 2025-2030

Explain Research, an independent market research company, was commissioned to carry out a programme of qualitative research to investigate the lived experience of patients and non-patients accessing and using eye care services delivered by optometrists and dispensing opticians in the UK.

Research objectives

The specific research objectives for this project were as follows:

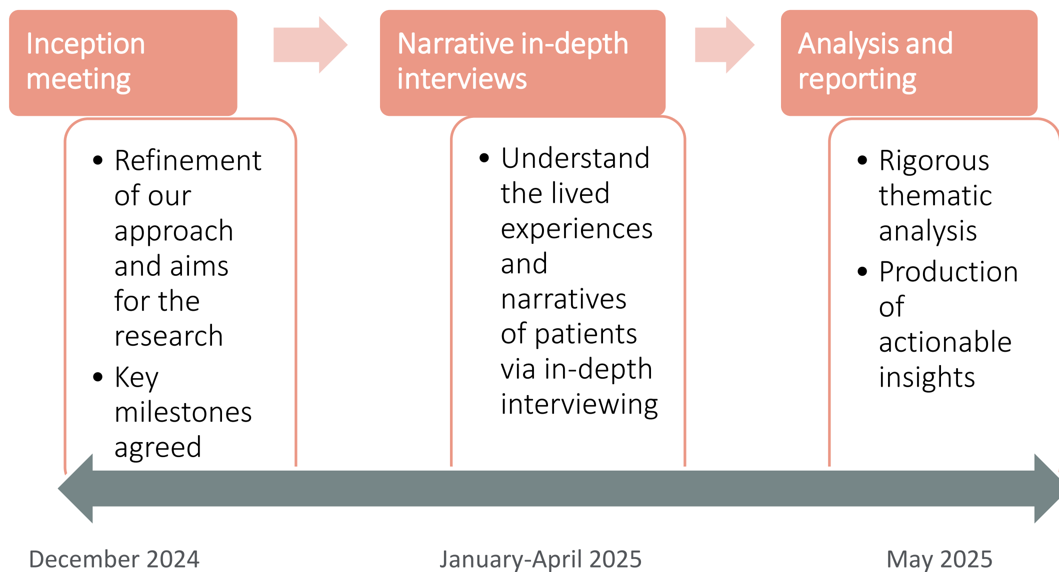
To explore the lived experiences of patients / non-patients with specific 'vulnerabilities' and how this relates to their access to, and experience of, eye care delivered by registered optometrists and dispensing opticians in the UK.

To identify ways that the GOC can better support patients and non-patients, including effective interventions which have / could have supported them when accessing or using eye care services.

Methodology and participant profile summary

Methodology and participant profile summary

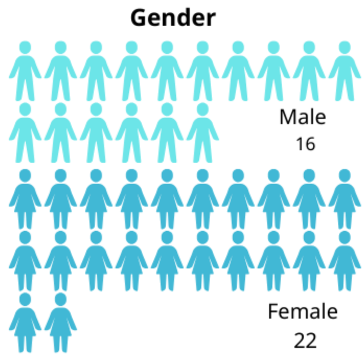
Our approach to this research comprised the following key elements:

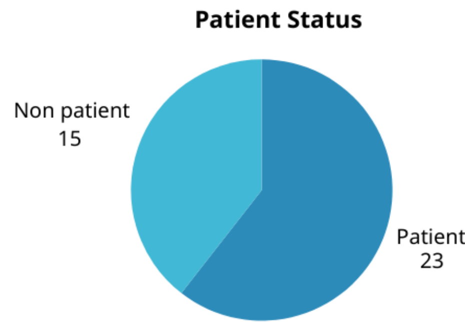


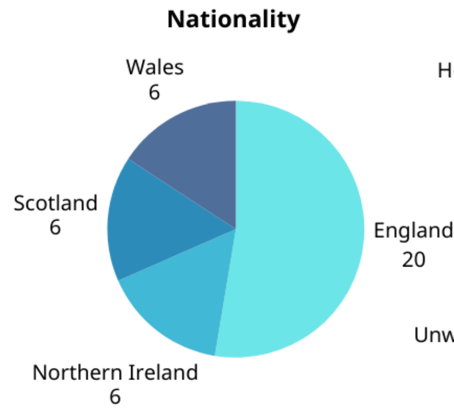
More methodological information can be found in Appendix A of this report, including the approach that was taken to participant sampling and how vulnerability markers were defined. A copy of the discussion guide is provided in Appendix B.

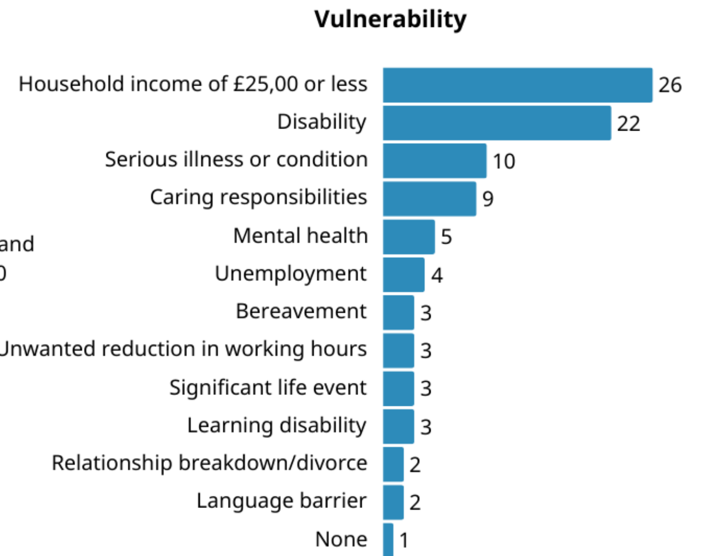
We carried out 38 in-depth interviews among patients and non-patients. Interviews were conducted both face to face (n=24) and online (n=14). Of these 38 interviews, 23 were with patients and 15 with non-patients. 37 considered themselves to have one or more of the defined vulnerabilities[4]. The key sociodemographic details of the participant sample are summarised in the infographic overleaf.

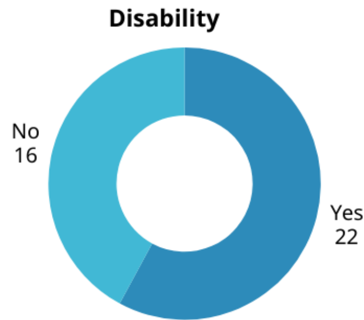
[4] Please note: one person taking part did not fall into the vulnerability criteria but was permitted into the research given they were from an ethnic minority background and had previously complained about their care, both relevant criteria for inclusion to explore in this study based on previous research.

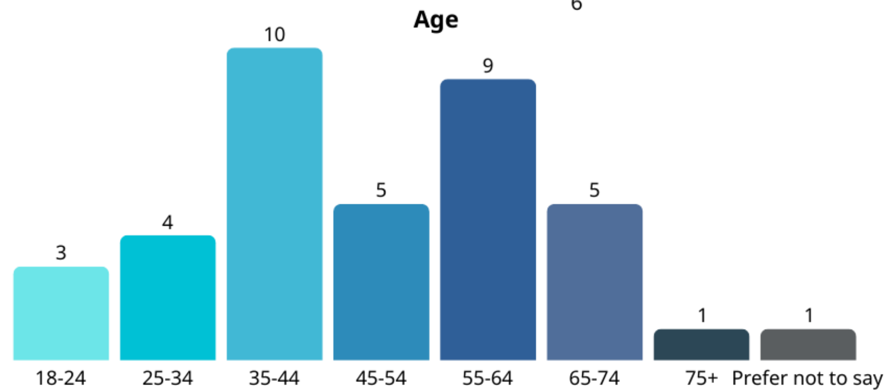

Gender
Male
16
Female
22

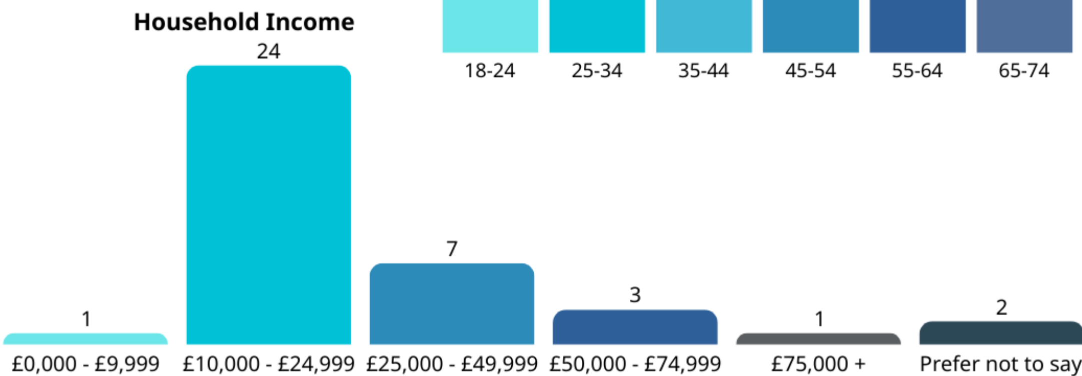

Patient Status
Non patient
15
Patient
23

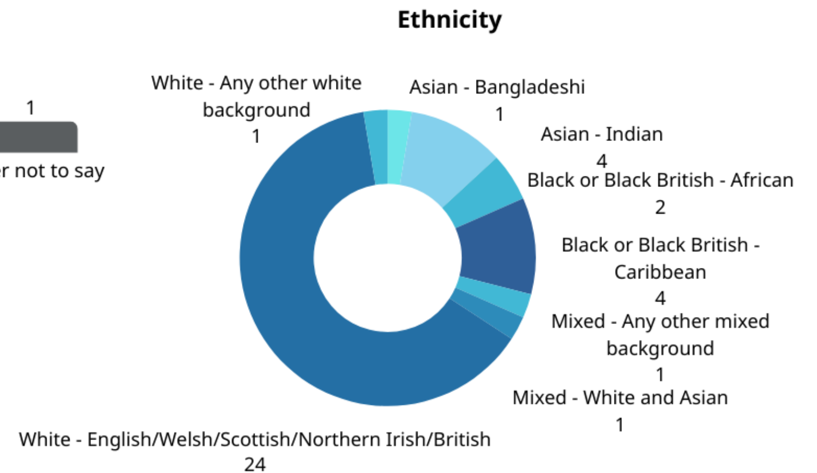

Nationality
Wales
6
Scotland
6
England
20
Northern Ireland
6


Vulnerability
Household income of £25,00 or less 26
Disability 22
Serious illness or condition 10
Caring responsibilities 9
Mental health 5
Unemployment 4
Bereavement 3
Unwanted reduction in working hours 3
Significant life event 3
Learning disability 3
Relationship breakdown/divorce 2
Language barrier 2
None 1


Disability
No
16
Yes
22


Age
3
4
10
5
9
5
1
1
18-24
25-34
35-44
45-54
55-64
65-74
75+
Prefer not to say


Household Income
1
24
7
3
1
2
£0,000 - £9,999
£10,000 - £24,999
£25,000 - £49,999
£50,000 - £74,999
£75,000 +
Prefer not to say


Ethnicity
White - Any other white background
1
Asian - Bangladeshi
1
Asian - Indian
4
Black or Black British - African
2
Black or Black British - Caribbean
4
Mixed - Any other mixed background
1
Mixed - White and Asian
1
White - English/Welsh/Scottish/Northern Irish/British
24

Research findings

Research findings

For ease, the findings of this research have been divided into two broad categories:

Inequalities of access: Patient barriers to accessing a sight test / eye examination
Inequalities of experience: Patient satisfaction with their experiences of sight tests / eye examinations

Each will now be described in turn. Findings will be interwoven with verbatim and relevant case studies to bring views and experience to life.

Inequalities of access: Patient barriers to accessing a sight test / eye examination

A key goal for this research was to identify challenges or barriers that patients and non-patients with vulnerability markers experience when accessing or having a sight test / eye examination.

A range of barriers influencing people's decision to seek a sight test / eye examination were revealed in the research. These are listed below and then discussed in more detail.

Please note, barriers are not ordered by their relative level of importance or impact. Indeed, they are often interlinked. Additionally, many of these factors were relevant for patients and non-patients alike and could often be the reason for previous patients' check-ups lapsing (i.e. going beyond the recommended two-year period between sight tests / eye examination).

Low importance of maintaining eye health

Participants were asked to discuss attitudes towards eye health in the context of their general health. This provided useful context regarding how people view their eyes in relation to other health priorities.

The level of knowledge that people had about eye health was significantly greater among those that had diagnosed issues and conditions. These had prompted them to learn more about the issues affecting their eyes, especially if serious issues such as a risk of sight loss was one of the side effects of their condition. They had learned to be their own advocate in navigating health systems, as the following quote from a patient with glaucoma illustrates:

- *“I know, sort of the annual calendar of what I need to do, or if I don't get contact to get in touch, and that's why I went into the opticians in January, just to find out why I hadn't had a glaucoma checkup. And that revealed that something had gone wrong with the recording system.”*

Conversely, this also meant that participants without a diagnosed health condition could be naïve to the need for sight tests / eye examinations every two years.

- *“I'll get new glasses only if I need to. You're not forced to do it like, if my sight, if my vision has changed, then I think they recommend that you do”* (Patient, England, Female, 25-34)

Sight tests / eye examinations were viewed as a low priority unless ‘serious’ issues with vision were perceived. This was particularly the case when there were other health concerns or personal difficulties at play. Some patients using glasses described going for a sight test / eye examination if they perceived a change in their vision and were well enough to go to a check-up, even those going through major life events, such as cancer. However, some who had not been for a sight test / eye examination

recently or ever deprioritised their eyes in light of serious life events or other pressures which took precedence. This included those who prioritised the health needs of others before their own, and so issues could be left to fester.

- *“I'm a private family carer and paid carer... [I] look after three of them…. [now I’m] also sort of roped in to look after their sister, and one of their cousins, so back and forth to them as well… running around appointments, that sort of thing. There's so much running around with three of them with medical appointments... I neglect myself and look after everybody else.” (Non-patient, Wales, Female, 55-64)*

Many non-patients said they didn’t visit because they thought ‘nothing was wrong’ with their vision. They asserted that ‘as long as they are able to see’, their ‘eyes must be fine’. This was very unlike their attitude towards, for instance, visiting the dentist, where regular check-ups to make sure things are on track with their oral health seemed much more normalised.

- *“I do, like, for example, every year, twice, like cleaning for my teeth. So because, you know, I smoke as well sometimes, so I, I want to do it, you know, for my hygiene thing.” (Non-patient, Wales, Male, 25-34)*
- *“I've never had my eyes tested in 40 years. I don't know… off the top, there's nothing preventing me going but I'd never really had a problem where I thought I can't see or I got to squint at anything” (Non-patient, Wales, Male, 35-44)*

Aligned with this, there was inconsistent knowledge of the recommended frequency for sight tests / eye examinations. Previous research[5] showed that those with vulnerability markers are more likely to say that their test was over two years ago. Consistent with this, we have found that knowledge of the recommended testing frequency seemed to be built through experience as a patient first, such as via appointment reminders when a test was due, or verbal advice given following a test. There was also greater knowledge of the recommended interval among those that

[5] GOC Public Perceptions Research 2024.pdf

had been specifically advised about increased testing frequency (such as those with diabetes or at risk of glaucoma). However, there was low awareness among non-patients that people are generally recommended to get a sight test every two years even if they considered themselves to have no sight issues. It was also not recognised that regular visits were helpful not just to address changes in vision but also to address eye health.

- *“I didn’t realise that you should go every two years. It doesn’t tell you that on any adverts, does it?” (Non-patient, Scotland, Female, 35-44)*
- *“[I’m] surprised its two-yearly checkups, I gotta be honest. But that wouldn't worry me, I mean, I don't know much about the eyes” (Non-patient, Wales, Female, 55-64)*
- *"This probably sounds ridiculous, but like...unless there's something wrong... do you like, get your eye tested?” (Non-patient, England, Female, 18-24)*
- *“Is it every four years? No, it’s not? [Interviewer – ‘two years’] Two years. Oh! I never knew that, I thought it was four because they sent the letter out [recently]… I know that you get all these adverts on the TV for the all the good ones… the glasses and stuff, but it’s not really talked about” (Non-patient, Northern Ireland, Female, 35-44)*

Even among those aware of the recommended two-year timeframe, there was evidence of scepticism of the rationale for this. One patient felt the reasoning for this was commercial, so instead they waited until they felt their eyes failing further before returning:

- *“I believe the optician says two pair and two pair every two years, but that's money making. [So] I go with failing now” (Non-patient, England, Female, 55-64)*

People associated opticians / optometrist practices with testing their vision rather than diagnosing and treating eye health conditions

Where symptomatic eye problems had been experienced, such as an eye infection or headaches, the GP was often the first port of call who sometimes signposted them on to their opticians / optometrist practice. It was not commonly known that an optometrist could treat eye health conditions such as dry eyes.

- *“Oh, yeah I've got dry eyes, yeah, but no, just buy some drops. I just buy some drops. I think everybody gets dry eyes at some point… [I’ve not had] additional tests at the opticians… any treatment, just, just, just the sight test.” (Patient, England, Female, 65-74)*
- *"They get a machine thing or whatever they look in your eye?" (Non-patient, Wales, Male, 35-44)*
- *"… I noticed when I'm looking at the numbers, I thought they're not as clear as they used to be. I still see them, but they're not as clear …. So I know I should get tested, but I don't feel I've got any problem other than general loss, because distance is fine." (Non-patient, Wales, Female, 55-64)*

Another barrier to getting a test was dismissal of symptoms they were experiencing as being caused by other known health conditions. Several participants spoke about having had headaches all their life, but associated this more with their long-term health conditions, such as epilepsy, neurological injury or bipolar disorder. A few of these non-patients had worn glasses as a child or at some point in their childhood they stopped wearing glasses as they moved into teenage years and adulthood. Some had not had an eye test for decades.

- *“…I still get them, now and again [sore heads] but I don’t think it’s to do with my eyes. I think because I never really had many problems that I thought were associated with my eyes.” (Non-patient, Scotland, Female, 35-44)*

- *"I think I went to the optician when I was younger... I can't even remember what, like, what they were for. I don't think I needed them for very long." (Non-patient, England, Female, 18-24)*

This is elaborated on further in the case study example overleaf.

Case study: A person with multiple health conditions talks about their eye strain and migraines being linked to other conditions

'Lee' is in his 40s and lives with his dog in a high rise flat in the centre of a city in South Wales. He loves fishing, being out on the water and an outdoor lifestyle. His flat is full of fishing paraphernalia. Lee used to work in kitchens but suffering with multiple health conditions has prevented him from working. He is on disability benefits and Universal Credit. Lee has dealt with a lot of stress in recent years and has some long term mental and physical health conditions. In recent times he has found himself homeless, before he was supported to find the flat he is currently living in. He experienced bereavement a few years ago when he lost his mother and thinks that played into his breakdown too. He has low trust in the NHS because he initially had trouble with getting himself classified as disabled due to the types of conditions he has. Everyone in his family wears glasses except him. He recalls his mother wearing glasses from a supermarket. She never went for a test when she was alive.

Lee talked about his lived experience of multiple long-term conditions, where the symptoms of these conditions cross over themselves. This led him to assume that his eye strain and migraines are due to his current health conditions and had not really considered the fact that he may need to have an eye test to check that the cause of these headaches isn't related to his vision. He thought about getting an eye test but as he believes he can 'still see', doesn't think this is necessary.

- *"I think there's a crossover between a lot of illnesses. So, whether you've got Fibro, you can have lupus. There are several different things that relate to the same thing. You can see with my hands, I've got arthritis as well, then something [else] is pain, my shoulders are always hurting, and, like, even in my spine here as well, yes, yeah. And like, [I have] headaches. Migraines…[but] my eyes have always been very good. I mean, I can see quite far, and I can probably see quite well?... [But] I think the thing is, now, more often than not, that when you are on your phone, on Facebook, or, oh, yeah, you know, but you can sort of feel your eye [strain] because you watch your TV or something. That's the only thing. I've thought about [getting a test] but I've never really put it into [practice]"*

Some of those taking part in the research admitted they put up with symptoms for longer than they should do – in some cases years – because they weren't necessarily sure of the link between these symptoms and their vision, as shown in the below case studies of two patients with learning disabilities. Indeed, we know that people with a learning disability have worse physical and mental health than those without a learning disability[6].

Case study: A person with a learning disability discusses not associating their symptoms with vision deficits

'Paul' has a learning disability. Now in midlife, he originally had his eyes tested when he was a boy. He had a lazy eye and had an operation for this, though never wore glasses throughout childhood. Later in life he had persistent headaches, especially when at his computer, but did not associate these with needing glasses. He had these headaches for a long time. He contacted a charity called SeeAbility that supported him to get a test where it was found he needed strong prescription glasses. He is still having headaches but has stopped wearing his glasses because he worries they are now giving him headaches. Every year Paul has his annual health check with his GP but he was only asked whether he had been to see an optician, and if he wore glasses. He was not referred to a specialist service because of his headaches, or told about services he could go to in his area to have a test. Paul wished he had a test as part of his annual check.

- *"I didn't know a lot about getting your eyes tested and why it is important for people with learning disability to have their eyes tested and stuff like that"*
- *"…every year… you have an annual health check, and you talk to the doctor, you talk to the nurse, you get your blood done, your blood pressure, talk about health. But eye care is not included"*

[6] Learning Disability - Health Inequalities Research | Mencap

Case study: An advocate of a person with a severe learning disability discusses symptoms being incorrectly attributed, which prevented access to testing

'Shane' has a severe learning disability, cerebral palsy, and visual and other sensory impairment and lives in England. His advocate spoke with us about their experiences as a family accessing an eye test. The first problem that they faced was accessing care because issues with vision were incorrectly attributed to their diagnosed learning disability. He had his first eye test in his 50s (six years ago) where he was found to have had cerebral vision impairment and needed specialist glasses and interventions.

- *"And as a family, we kind of noticed very early on, once he was started, he was late walking. But we noticed he wasn't seeing things, you know, he wouldn't see curves and, you know, wouldn't he trip over things? And we kept raising that, and we were just told, 'oh, it's just part of his very severe learning disability'. And we've had that through his life, really… Lower field vision was a problem for him, and as he was getting older, we thought things were changing… he had his first eye test in his 50s…"*

High tolerance for, and self-management of, symptoms related to sight or eye health

Some participants did recognise that symptoms they were having may be linked to worsening vision. For instance:

- headaches;
- blurry vision; and
- occasional eye strain.

Yet, they admitted a high tolerance for these symptoms. Some accepted these while also waiting for more significant things to 'go wrong' with their vision before consulting an optometrist, such as further vision loss, weeping eyes, or pain. People sometimes said they expected their eyesight to get worse as they age, and therefore such symptoms – especially 'milder' ones such as blurred or strained vision or problems reading – was something they would put up with.

- *"I just feel like I don't want to pay for glasses when I don't really need them. Well, I don't think I need them, particularly. It's blurred sometimes, but…" (Non-patient, Northern Ireland, Female, 25-34)*
- *"Aye, I just wouldn't even go because I'd think, 'oh… I can see?'… I'm not falling over things? Do you know what I mean? … I just felt it wasn't needed. I didn't know you were supposed to get your eyes tested. My eyesight's pretty good. Well …probably not quite as good as what it was when I was really young, but it's still pretty good. I can see quite a distance" (Non-patient, Scotland, Female, 35-44)*
- *"Yeah, okay, obviously, you know, in the day, sometimes my eyes feel tired because I'm all day … on the PC, you know, in work, like eight hours and a half. And, you know, sometimes you feel like tired, but yeah… I don't feel like I have any 'issues' with my eyes?" (Non-patient, Wales, Male, 25-34)*

Self-management, through ‘testing’ and ‘treating’ themselves, gave people a sense of reassurance that there is no need for professional input. Commonly, this ‘testing’ was by checking they can still read the licence plate of the car in front of them. To illustrate, one person said that they had a sight test / eye examination through work fifteen years ago and because they had received a clean bill of health at that time and could still read the licence plate of cars in front of them today, there was no need to get re-tested. People did not know that they would be unable to perceive small changes to their vision over time, or that a test would pick up additional health problems beyond those relating to vision.

- *“I mean, I use my eyesight all day, every day, I am driving trucks. So, when you drive a truck, you see… when I drive a car you just focus on what is in front, the car in front. So, when you drive a truck, believe it or not, you are miles ahead of that. It is just kind of anticipation. So, I think, my eyes are okay?” (Non-patient, Scotland, Male, 35-44)*
- *“I mean, I can see quite far, and I can probably see quite well… [you know] the thing in the police where they say, can you still read the number plate at whatever distance? And yeah, I can still see a number plate…” (Non-patient, Wales, Male, 35-44)*

Several non-patients with ‘mild’ vision problems purchased off-the-shelf reading glasses which ‘treated’ the problem instead of visiting an opticians / optometrist practice. To illustrate:

- *“So, I've never really had a pair of glasses that were actually tailormade. I just relied on Poundland … because they worked okay” (Non-patient, Northern Ireland, Male, 65-74)*

These were viewed as cheap, easily replaceable and a ‘low-risk’ purchase in comparison with prescription frames which they worried about breaking. This is illustrated in the case study overleaf.

Case study: A person self-managing their deteriorating vision without going for a test (Non-patient, Wales, Female, 55-64)

As a non-patient, 'Joanne' relies almost solely on her own judgement about her eyes. As a carer and lone parent, she has numerous priorities that come before her own well-being. This self-sacrificing approach is further exacerbated when costs are involved. With a tight monthly budget, unexpected or 'unnecessary' costs are unworkable. She doesn't know that she would be eligible for help with her health costs. Unaware that you should have an eye test every two years, eye health simply isn't on her radar. She justifies this by saying she has not noticed any 'significant' issues with her eyes such as 'pain' or 'throbbing' in her eyes. Although she admits her vision is declining, she views this as 'a normal sign of ageing' and not one she requires professional assistance with. To self-manage her deteriorating vision, she relies on a collection of unprescribed reading glasses. These provide her with a quick and inexpensive solution, that suit her needs as she doesn't worry about losing or breaking an expensive pair of glasses. She also keeps several pairs in different locations for easy access e.g. bathroom, kitchen, car.

- *"I noticed my sight, my age, and anyway, most people, their sight starts deteriorating. But I every now and then, on a rare occasion, I go to Mecca bingo…and I noticed when I'm looking at the numbers, I thought; they're not as clear as they used to [be]… I should really have one done... I know I should get tested, but I don't feel I've got any problem other than general loss, because distance is fine? I guess, or mild blurred vision, that's not something that you think 'I need to go with the opticians for'. But if you had, like a serious- if I had any pain or throbbing or sometimes your eyeball can increase in size, or any weeping, if there was something like that?"*
- *"I just bought some cheapies... these do the job for me… I'm a single mum, not really working, and lot of stuff going on. I bought these [her glasses from B&M] because they used to be a pound, two pound now, £1.99… if you go to the opticians and pay a fortune, well, then you drop them, scratch them...So I'm always looking for a last minute just pick-up pair of glasses"*

Psychological barriers

Beyond the rationale offered by participants of cost/replaceability, there was a sense that these self-management behaviours were sometimes also rooted in psychological reasons.

Some we spoke to with vulnerability markers felt intimidated by the physical environment of the opticians / optometrist practice, including:

- the 'open' aspect of the environment;
- the prospect of sitting next to strangers in a waiting area;
- how long they would have to wait to be seen; and
- feeling uncomfortable about trying glasses on in front of others.

These concerns were commonly, though not exclusively, voiced by those that had a mental health condition, or struggled with their mental health. For example, some mentioned a lack of motivation to leave the house, or that due to mood changes they were less likely to make an appointment or miss or cancel it. Some participants said that their anxiety extended to not feeling able to ring to make an appointment.

- *"…the more I think about it, the longer I put it off. The longer I put it off, the more I can't do it. Do you know what I mean?" (Non-patient, Female, Scotland, 35-44)*
- *"I leave things too late, too long, sometimes because I always say, God, it'll pass. It'll pass. You know? Yeah, I am one of those that I know I am, but with my sight, yes, my sight is starting to go downhill, but only in reading. And it's not major it's just yeah, I struggle a bit more to read" (Non-patient Female, Wales, 45-54)*
- *"…It can be scary…because obviously you don't know what to expect when you get there. Do you see the same person? This one does that test. Then there's the someone else does that. And then there's the puffing things in your eyes. Then it's just, it's horrendous, isn't it, when you're doing all these things, and then*

> *someone's having to look for glasses. I mean, you see two or three people. There's two machines, I think used to be, and then you're sent back out, and then the optician will come, and then there's the head gear. It's…it's scary. I think it can be overwhelming, really. Because sometimes you think…, I just want to get out."* (Patient, England, Female, 65-74)

Aspects of the environment within opticians / optometrist practices could also be triggering, as shown in the following case study.

Case study: Person who finds the optician environment triggering (Non-patient, Scotland, Male, 35-44)

'Rob' has been going for eye tests regularly for 17 years; he is short-sighted, has astigmatism and wears glasses. Despite being a regular patient, he has not had an eye test in over three years since developing post-traumatic stress disorder after being involved in a serious accident. Since the accident, Rob said he finds medical environments particularly stressful. Three years ago, he attended his first eye test since receiving his diagnosis. From the moment he entered the waiting room, he felt overwhelmed and anxious. During the test itself, he described feeling extremely distressed and vulnerable, particularly while positioned in the machine which flashed lights into his eyes. The experience became so intense that he suffered a panic attack, finding it nearly impossible to calm down in what he perceived as a high-pressure setting. After the test, still feeling exposed and shaken, he quickly chose the first pair of glasses he saw to avoid the discomfort of browsing in an open space. Although the staff were friendly, none of them were aware of his diagnosis. Rob later shared that he struggles to disclose his condition. These encounters were particularly difficult when interacting with male professionals, as feelings of vulnerability often prevent him from opening up, yet he felt like he couldn't ask for a female optometrist to see him.

- *"If it's a lady I'm fine. If it's a guy then I'm not keen. I don't know why. That won't open me up as much, if that makes sense? But you can't say that because you look like a… I don't know... I'd feel rude and I'd feel a bit wrong asking that and explaining why I wanted that"*

A few struggling with psychological barriers also said they were worried about coming into an opticians / optometrist practice and finding out things about their eyes (or brain) that they did not want to know. This was especially salient for those who were going through multiple health challenges in their life, where they worried about the

next thing that was 'going to go wrong'. This could feed into their avoidance behaviour and inclination to put off going for a test.

- *"... it's almost kind of just as every room looks the same nearly as next, just so you always expect last room, it's gonna be 'that type' of conversation, face to face, serious conversation" (Non patient, England, Female, 18-24)*

Cost-related barriers

The majority of those taking part in this research had a household income of less than £25,000 annually, and of those, many considered themselves to be struggling financially. Participants spoke about their circumstances and the effect this had on them in detail. These included: a sudden loss or a change in hours at work and the significant impact of this; the challenges of budgeting in the context of infrequent or casual work; unemployment; being on long-term benefits / new to benefits; not being able to work because of caring responsibilities; working longer and avoiding retirement for financial reasons; being in a single-income household; and the challenge of having no savings to manage unexpected purchases – or indeed pay for things upfront without any forward-planning or saving. Often, dependents such as children were the first recipients when it came to spending on the 'non-essentials'. However, the challenge of being in a single person household was noted too, as there are no other income streams to fall back on if finances are tight.

In this context, participants often discussed costs as a barrier to having a sight test / eye examination. These narratives focussed predominantly on the prospect of spending money on eyewear itself, i.e. the cost of frames, lenses and contact lenses. These were viewed grudgingly, because it would mean needing to go without other things they would rather – or need to – spend that money on. This could act as a barrier to accessing care because people would put off going, always finding other things that money is needed for.

- *"I just never really went because I always thought, if I had to go, I would have had to pay for glasses. It's put me off a bit." (Non-patient, Northern Ireland, Female, 25-34)*
- *"Like, rent has got up... 100 pounds so then obviously bills are going up, like heating, and the water's went up, our phone bills, trying to pay for driving lessons… [but] even though we're getting help, it doesn't, we'll still save up money to try and do things for ourselves, or try and like, get little things for*

ourselves, … and obviously for [child] yeah? Like...new shoes, clothes, or a haircut...” (Non-patient, England, Female, 25-34)

- *“Bills. The cost of things. You can’t get a packet of crisps for less than one-pound-thirty-five. My wages haven’t changed, nowhere near the way inflation has, and obviously I live alone, so you do get single person discount on the council tax, but …it is always easier when there are two people in the household” (Non-patient, Scotland, Male, 25-34)*

Importantly, within discussions of costs, most participants either did not discuss the cost of the sight test / eye examination itself or were unsure what those costs would be. It was perceptions of the costs of the eyewear itself that was the true barrier.

- *“Yeah. And, I mean, I'm a single mum, not really working … and it is the cost, because I don't actually know how much it is to have a general eye test…I would imagine about 60 pounds. Is that right?” (Non-patient, Wales, Female, 54-64)*
- *“I think it is a cost. I wouldn't know how much a sight test would cost, probably about 30 or 40, quid. I would have thought.” (Non-patient, Wales, Male, 35-44)*

This was also true of Scottish participants, who were aware that their actual sight test / eye examination was free, but still reflected negatively on the cost of glasses.

- *“But then you have to pay. You have to pay for your glasses then, but your eye test is free. It's like free prescriptions. But [the glasses] costs a fortune” (Patient, Scotland, Male, 75+)*

Perceptions of high costs amongst non-patients were frequently shaped by advertising or friends and family who told them about their latest purchases, and how much they had spent. This often related to product features such as ‘fading’ (reactor light), which they lacked understanding about, but knew cost more, and led to a perception that getting ‘specialist’ glasses through an opticians / optometrist practice would be expensive. One or two worried about becoming ‘trapped’ in a reliance on glasses, then having to get their sight re-tested and potentially replace the glasses which all has cost implications.

- *“A couple of hundred, I think, maybe. My friend, she was actually saying about that, last night. Two hundred pounds for a pair of glasses, she paid…. I think it’s extra money you didn't have to spend, that there’s no need to spend. If you know what I mean?” (Non-patient, Scotland, Male, 25-34)*
- *"…how much things cost you like to have... glasses, lenses, and, you know, the fading, or whatever you call it, whether it's reading glasses or varifocals, you know, the different places ... all I know in my head is... expensive!" (Non-patient, Northern Ireland, Female, 35-44)*
- *“Well, I know some of my friends have bought glasses, they say they’re just over a hundred pounds, for a pair of glasses!” (Non-patient, Northern Ireland, Female, 25-34)*

Cost concerns could influence the length of time in which previous patients return for a sight test / eye examination. Participants might, for example, delay having a test, or not go for another one at all, especially if they felt like they paid too much the last time. This is illustrated in the below case study examples.

Case study: Negative experiences relating to cost led to a delayed return (Non-patient, Northern Ireland, Female, 35-44)

'Layla' is recently married and lives in a house she has just moved into with her new husband and two of her three children that are still at home. She cares for her mother who lives just one street away from her on the outskirts of Belfast. She 'can't see a thing' without her glasses. She originally got tested ten years ago and got told to wear them but never did. Experiencing migraines and finding she 'couldn't see properly' she returned for an eye test and was found to require a strong prescription.

Layla said that part of the reason she didn't return was that she had never received a reminder and didn't know the recommended testing frequency was every two years. But on deeper reflection she said that the cost was a barrier to her returning too. She faced a really difficult situation when at the payment desk, learning for the first time at that stage how much this was all going to cost her. She really couldn't afford the glasses, was shocked at the actual cost of it all, but social embarrassment took over and she ended up asking her partner to put it on a credit card for her. She felt that once she was at the till and the order had been 'put through' there was no 'way back' to change her mind. She can't recall being told some of the glasses could have been free for her.

- *"…when he put the nice ones on, I really liked them and I love them, even now, but when he said one-hundred-and-eighty pounds, we were at the counter and [I] thought ****, we are going to have to go through with this now…when you take it to the till … you feel like, well I have to pay it now because I am at the till. That is what I felt like, yes… so, I guess, well I have ordered it now, so I can't go back on my word and say that I don't want them anymore…"*
- *"…. it does put you off, and going back, knowing what the cost is going to be next time… because we… we don't have that kind of money just sitting about"*

Case study: A person that avoided going for a test because of lack of affordability (Patient, Northern Ireland, Female, 35-44)

‘Stacey’ lives with her children in Northern Ireland in a house that was originally adapted for her husband’s mobility problems. He died seven years ago and she struggles greatly with depression. Some days she doesn’t want to get out of bed. Leaving the house can be hard. One of her sons has a learning disability and she cares for him. She’s worn prescription glasses for years. Her last eye test was five months ago but she dreads going and had a three-year gap between tests. One of the reasons for this was complex changes to her Universal Credit.

- *“… it takes twelve weeks to come back. So it does really take a long time for it to come back, to see if you’re approved for a pair of glasses. It's really mad… It really is and, by the time you go back, you have to wait for an appointment. It's just a long process, just to get a pair of glasses”*

As someone who is in receipt of benefits, she could get “the free glasses”, or help with more expensive ones, but hated the thought of having to downgrade her choice to the ‘free ones’. It made her feel embarrassed and ashamed. On her last visit she worried, because the time before that she felt pressure to purchase a second pair when she had struggled financially to pay for just one. Consequently, she didn’t want to know if she needed a new pair and was waiting for benefits changes to come through. In the meantime, she had broken her one pair of glasses and so was doing without any, leading to headaches.

- *“I feel as if they’re pressuring you to buy something you don’t want to buy. The last time, I just wanted the one pair and they were: ‘I know, but what if you lost these? You need the second pair’. I do get where they’re coming from because the last time I had a pair, I sellotaped them… because they fell and broke, but I was afraid to go near the opticians, for the simple fact, because I was afraid to live without glasses because I always needed the glasses [but couldn’t afford them]. Since I have stopped wearing them, because they had broke, I have been having headaches and stuff and yeah, I’m sure my vision’s worse. That was my biggest fear. It came true”*

In both above cases, participants explained they had felt a sense of shame at not being able to afford glasses, or to pay the difference to allow them to get a nicer pair of frames they would feel confident in. More broadly across the sample too, there was variable knowledge about whether people would be eligible for help with their health costs, and specifically what that would be. While some were aware that the test should be free for them, those who had never had a sight test / eye examination (or who had a significant gap in the time since their last test whereby they couldn't recall costs), were sometimes unaware if they were eligible to receive a free test or an optical voucher to reduce the cost of glasses or contact lenses.

- *"I think they told me in the eye test place years ago, when I was on a low benefit, and I was working, I was on a low income, and they told me then, so you could claim for your glasses then, and then, when I went on Universal Credit, they told me then" (Patient, Scotland, Female, 55-64)*
- *"If they are coming out and telling you to come and get your eyes tested, if you really need them, don't be worried, because we can give you a free pair or give you help with it, they don't do that" (Patient, Northern Ireland, Female, 35-44)*
- *"I think you'd get your prescription [the test] for free and … with the frames or you can get NHS maybe, but they'd just be basic?" (Patient, Scotland, Female, 35-44)*

One participant spoke about a feeling they had that even if a test is free, they would feel obligated to buy glasses:

- *"Oh, you're saying free eye test, but you have to actually pay your way, like… to get your ears pierced [you have to] buy the earrings. Yeah. So if it was actually a free eye test, and like there was no hidden terms and conditions, I probably would go, I would say, yeah, yeah. But then I would feel a bit obliged to get glasses…" (Patient, Northern Ireland, Female, 25-35)*

A further issue related to cost was paying in full upfront for glasses. For example, one patient highlighted there's no point in going to the opticians / optometrist practice unless she saves up beforehand. Another participant mentioned being able to pay in instalments previously, but recently her practice had withdrawn that option from customers.

- *"The new thing they're doing, they're looking for an upfront payment for your glasses, which, before, you could have said, right, I get paid on a certain date, I'll go in and pay for them but now, it's not like that, anymore and they can't do your new glasses, until they have your payment up front" (Non-patient, Northern Ireland, Female, 35-44)*

The following case study further illustrates this challenge.

Case study: The challenge of managing large upfront payments on a low income (Patient, Scotland, Female, 55-64)

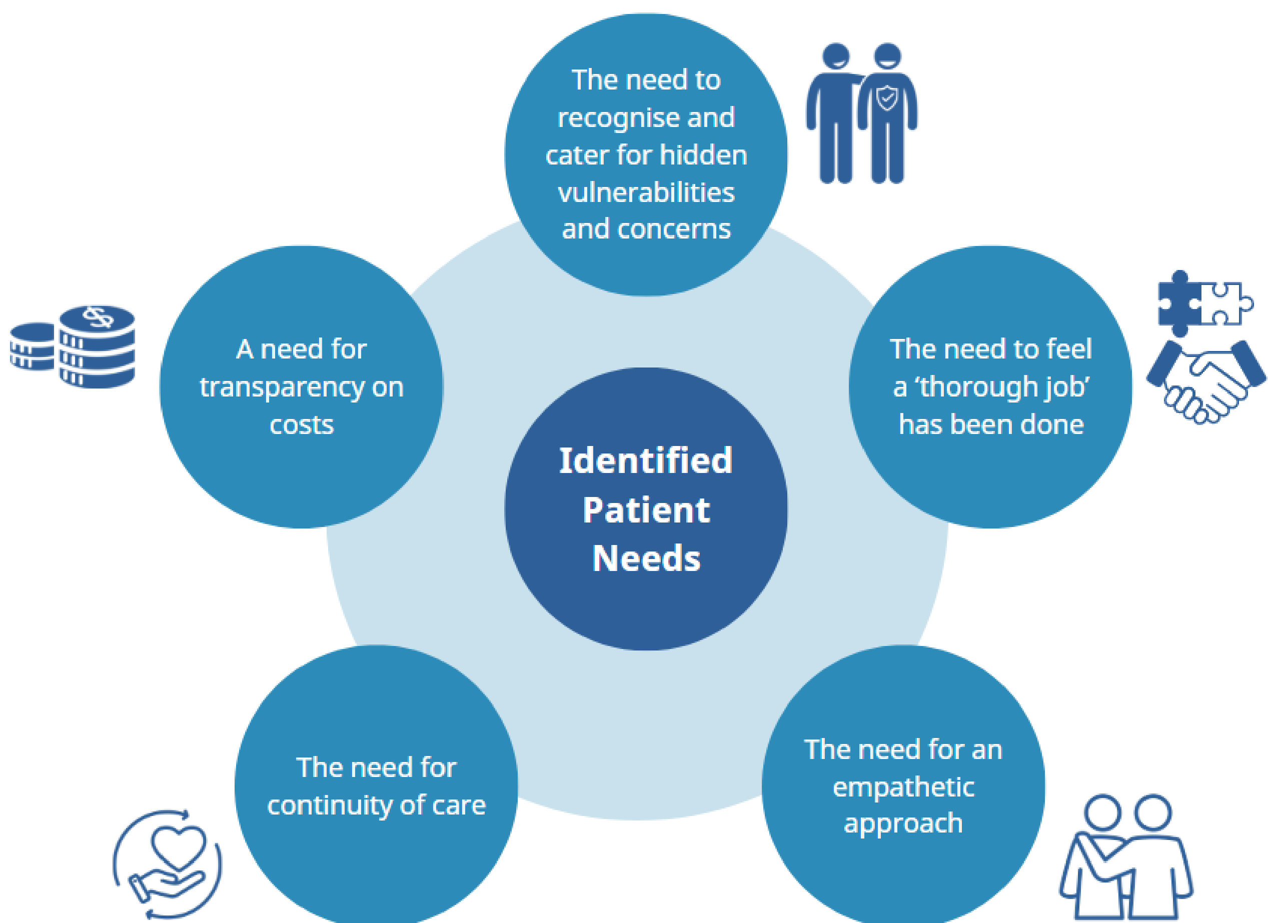
'Barbara' is in her 60s. She lives with her mum in an upper floor flat in a town in the central lowlands of Scotland. She doesn't work, being a full-time carer for her mum, and having a physical disability herself that affects mobility. Both her and her mother wear glasses, and they both have glaucoma. She keeps herself busy by volunteering at a local food bank and has a good friendship group that come to socialise at her flat for bingo nights. She doesn't drive and relies on her partner for transportation. The main reason she chose her optician / optometrist practice was the proximity from her home. Financially, she is struggling – Barbara talks about her bills being very high because she needs to keep the heating on owing to her mother's health. This was particularly difficult after the end of their Winter Fuel Payments.

Barbara is in receipt of benefit payments and doesn't pay for frames. However, her mum is required to pay. The required cost, over £200, is difficult for them to manage as they, as a collective, have no savings. She wishes that she could pay this in instalments.

- *"It's a lot to find just out of nowhere. If they offered you to pay in instalments...not just myself or my mum, but it would help a lot of people that are struggling, because in this day and age, a lot of people haven't got a lot of money. Who really has got savings? We've not got savings because who can save up nowadays?"*

Inequalities of experience: Patient satisfaction with their experiences of sight tests / eye examinations

Throughout this research, patients detailed the experiences before, during or after a sight test / eye examination. Through these narratives a series of key needs were identified, that if met, would serve to increase their overall satisfaction in, or ability to engage with, high street opticians / optometrist practices. These key needs are:



These key needs will now be explained in more detail, again using illustrative quotes and case studies.

The need to recognise and cater for hidden vulnerabilities and concerns

A key finding of this research is the differentiation of the experiences of patients with vulnerabilities more visible to others, i.e. some physical disabilities, and those with hidden vulnerabilities, i.e. some mental health problems and learning disabilities.

In general, participants with those more visible forms of physical disabilities discussed care that was more accommodating to their needs. For example, they said that they had been able to find places to have their eye care that were adapted to their mobility needs. One patient mentioned that she welcomed her opticians / optometrist practice asking at the point of booking if they had any mobility needs and if they would like to be seen downstairs in the branch.

- *"There is disabled access into the premises. The doors are quite wide, so somebody who's got a physical disability can get into the premises without any great difficulty"* (Patient, England, Male, 64-75)

This contrasts with the experiences of patients with hidden vulnerabilities. For instance, as discussed earlier in this report, people with a learning disability can experience delays to getting a test because symptoms were linked to pre-existing diagnosed health conditions, or patients themselves not linking their symptoms to their eyes. Another participant mentioned earlier, 'Rob', also spoke about his hidden vulnerability – 'holding in a panic attack' because his attendance was exceptionally triggering for his PTSD: being contained within a small room; the lights going off; and flashes in his eyes. All were distressing for him, but he did not feel this was picked up on or asked about in a way which would have really transformed his experience. He ended up rushing though the test, not returning to have another sight test / eye examination for a few years, and even today as it stands his test is overdue and he is not sure when he thinks he will be able to feel well enough to have another because he cannot face it.

- *"It was just me putting my head back and then a flash that checks the back of my eye. It was that... I was in the middle of a panic attack… [after the test]… I just grabbed the first pair I saw... I didn't care, didn't honestly care is what I did... Aye, I just wanted to get out of the door"* (Non-patient, Scotland, Male, 35-44)

Another mentioned a silent panic that they tried to mask during the test as the results would mean the difference between them being able to drive or not, so the stakes were high for them. Another talked about their deep anxiety relating to having the intraocular pressure test. The thought of having the 'puffer' go in her eye gave her serious fear and apprehension beforehand. When this was acknowledged, she felt able to go ahead with the test. Another person with a hearing impairment mentioned she finds it difficult to communicate with healthcare professionals sometimes due to her hearing issues. She doesn't like doing one-to-one appointments and worries about having someone that talks too quietly. Another pointed out that due to a family history of eye conditions, she associates sight tests / eye examinations with 'being scary', in anticipation of bad news.

- *"What line will I get down to? Will I get down sufficiently to be able to keep my driving licence or not?"* (Patient, England, Male, 64-75)
- *"You know, I can't explain it, but I do get a fear when I'm sitting there"* (Patient, Scotland Female, 64-75)
- *"I can't say… it's the machines. I just think the I don't know, I don't know, you get anxious, don't you? You don't know these people, and I don't think I've ever seen the same person twice"* (Patient, England, Female, 65-74)

Throughout discussions with inexperienced patients, it was common to hear about concerns relating to gaps in knowledge. This could be exacerbated by vulnerability markers. For instance**,** people that spoke English as a second language or had other communication needs said that they were unclear about what would happen at their test before attending, or during the appointment. To illustrate, one patient really valued when the optometrist used a translator for him to ensure he

understood what was being asked of him during the test. We spoke to two people who were originally refugees to the UK. This had led to them not knowing that you could just go to the high street for a test – they didn't realise that you did not need to be invited by letter in the way that other healthcare services they had engaged with operated. One mentioned that she wished that there had been written materials in her language to just explain how the optical part of the health system works, and what she was entitled to financially.

- *"No, usually, I think they bring translator. They bring translator. That time, because I don't speak English well. Until now, I don't speak English well"* (Patient, Northern Ireland, Male, 54-65)

The complexities which people with these more hidden vulnerabilities face when interacting with eye care services are illustrated well in the below case study.

Case study: An advocate of a person with a severe learning disability discusses the challenge of getting him seen as an adult

'Delilah' lives in the south east of England. She is a mother of four and took part in the research to tell us about her youngest son's experiences of getting a sight test / eye examination. He has global developmental delay and autism. He went to a school for special educational needs, is non-verbal and does not walk. The whole family wears glasses and when he was younger, she carried him to the opticians / optometrist practice to try to get his eyes tested. In every practice, they tried to get him familiar with the surroundings but it was too much for him and *"within five seconds he would have a meltdown"*.

They were referred to a hospital by the GP but there too the unfamiliar environment and their inability to see him at a prompt time meant that by the time his test came around he couldn't participate. A turning point came when he was able to be seen in the community at his special school in familiar surroundings. He was found to be short-sighted and prescribed the correct lenses which was *"life changing"* for him.

However, as he has now left school they find themselves in the same position they were in before – nowhere suitable to take him they are aware of locally – and so it has been six years since his last test. She thinks being seen at home would be ideal for her son but associated this service as being for elderly people. He has an annual health check, but she can't recall being contacted about his eyes.

- *"We have an annual check, annual checkup with the GP, they do his blood pressure. You know, it's called an MOT… he also has epilepsy. So obviously, he goes for his regular, you know, appointments. But no one contacted us with regards [to eyes]?... because we transition to the adult sector, we were sort of, we've been sort of like left on our own."*
- *"Most opticians didn't have a quiet room, a waiting room… when we did get him into the room the test was too much for him… The memories of the waiting room… we went into this small room with an unfamiliar… he used to end up pulling people. I was so embarrassed, I just picked him up quickly and ran out. Because by the time he got into the room… they have to come quite close to him… asking a lot of questions, and I think it's too much for him"*

Despite these issues, it is important to acknowledge that when their individual fears and concerns were addressed, the experience of patients with hidden vulnerabilities was greatly improved. For instance, one patient talked about her anxiety relating to the intraocular pressure test, and the positive impact acknowledging this had on her experience.

- *"…when it is the puffer and the camera, I just get a fear. I don't know, can't explain it, but I do get a fear when I'm sitting there and I feel like I'm so nervous and feeling sick and I'm sitting and she is going, right, just a minute. But they take that long in doing it and you're sitting with your eye like that. I sometimes, when she does it, my eyes shut and then she has got to do it again and that gets me agitated…. [Name] makes me try to feel more at ease, she says, come on, just get it done. She tells me I will be fine. She says, calm down and she talks to me when I am getting it done."* (Patient, Scotland, Female, 55-64)

The following case study describes perfectly how the care of a specialist team – the right care, in the right place – had been transformational.

Case study: Patient-centred care for a person with a learning disability

'Shane', who we met earlier in the report, had an advocate that was very knowledgeable about the sector. On thinking that he needed a sight test / eye examination, Shane's advocate contacted a learning disability nurse who had an initial check using accessible vision tests that were meaningful to the patient. Armed with this information they approached an optometrist who was able to work with a dispensing optician to find the right glasses for Shane.

- *"So for example, he doesn't understand pictures, but he likes people's faces. So there are some sort of very accessible vision tests that they use with very young children … where it's just sort of different sizes of faces. So we quickly discovered that there were clear parts of his vision, that he just saw nothing, and … once you crossed that line, suddenly he could see. …so armed with that kind of information, I then did a wider search, to find someone who did accessible eye tests, and found someone I think, I think they were about sort of 20 miles from where he lives, but who was prepared to come and do a home visit, which was a big plus, and the optometrist actually came out with the optician and did an assessment at home, and used a lot of that functional assessment to of help narrow…they were able to work out that he needed some glasses to be able to see his meals and things like that… so that helped immediately. Suddenly, he was able to see the world again"*

The need to feel a 'thorough job' has been done

Negative patient experiences often revolved around a sense of feeling rushed through a test. This led to a general sense of being poorly cared for, which could lead to distress and/or frustration and a consequent lack of satisfaction with the experience.

- *"I thought she was nice, but I thought she was...in a hurry, and I was trying to explain the situation and everything, and let's put this on, put that on in the eye chart and everything, and I felt very hurried"* (Patient, England, Female, 55-64)
- *"...It seems it's a very rushed system, especially for someone like me and what I found is they're rushing, and because I can't do it in their time scale, they're huffing, they're puffing, they get they're getting frustrated, which then makes me more frustrated. And when I'm frustrated, my vision is worse... because I'm not then concentrating properly, which then has an impact on my mental health, because I feel that I'm not able to do it properly"* (Patient, England, Female, 45-54)

The feeling of being rushed also led some participants to doubt that they were receiving genuine and adequate care in their sight test / eye examination.

- *"... how much genuine advice, or how much health advice about your eyes are they giving you, whenever they're waiting for the next person to come in? Because the more they sell, the more glasses they sell and frames they sell, then obviously, the more money [they] earns"* (Patient, Northern Ireland, Male, 65-74)
- *"It was his general demeanour, his lack of engagement with me. I think he had a sense of importance… I didn't think he measured that the actual focus of my left eye as well as he could have, so I was out of pocket by about 400 quid, because I've never worn these glasses"* (Patient, Wales, Male, 55-64)

Accordingly, people told us they were appreciative when they had a sense that the optometrist had been 'thorough' in their treatment of them. Part of this was

provided by giving the impression that they were being listened to. Where this was the case, satisfaction was positively impacted.

- *"I can't remember ever having a negative experience. They've always been very accommodating, very polite, very professional when I've been there" (Patient, Wales, Female, 35-44)*
- *"Because if [they] speak to you, talk to you when you're doing the test… sometimes it's okay, yes, so yeah, so not being really quiet and just getting on?"* (Patient, Scotland, Female, 55-64)
- *"Aye, [I felt listened to] they were interested in, especially when they asked the medication that you're on. And they're quite upfront in saying, is your tablet still the same? Has there been any changes in your mental health?... But even them asking, that's kind of an assurance"* (Patient, Scotland, Female, 35-44)

The need for an empathetic approach

Patients liked it when their optometrist / dispensing optician took their time with them, and showed they were empathetic to their needs. Being verbally reassuring and putting people at ease was really important to patients during or after their test. For instance, some worried about what sorts of 'diagnoses' they may be given, especially those that had received bad news recently about their health who worried about what else could have 'gone wrong' with their eyes. Others mentioned concern about what the results of a test might mean for them in their lives. For example, one person with suspected deteriorating vision mentioned that the outcome of a test would mean they may not be able to drive any more, and this led to a great degree of anxiety for them. Another lamented that more care should have been given to the way that bad news was communicated.

- *"Even the guy that picked up on the glaucoma, the way I was told that he thought I had glaucoma, was so brash, that I was stunned... it was very blunt delivery. There was no care behind it"* (Patient, England, Female, 45-54)

Conversely, one participant spoke about how he really valued the optometrist showing him images of his eyes and talking him through the rationale to send him on to the hospital. Here, he felt included and involved in decisions being made about his care and it made a huge difference to how he felt afterwards.

- *"He tells me about it. He shows you the pictures, and you see all the little veins are all like curled up. He says, 'The tighter the curl, the worse it's getting.' He says, 'Them little blood vessels should be more straight,' he says. He says, 'That's how I knew you had something wrong with you' … he's great – honest, fantastic!"* (Patient, Scotland, Male, 75+)

As part of this, emotional intelligence – being able to support people with vulnerabilities and being able to figure out needs quickly – was viewed as important. For example, one participant valued being shown by the dispensing optician which frames he could have aligned to the voucher value he had, and that put him at ease

because the main concern worrying him was cost. Another pointed out how they valued kindness and stopping to show they care. For instance, one patient highlighted that as soon as they walked in, they were greeted and their glasses were cleaned for them – just showing a sense of professionalism and customer care was strongly valued.

- *“I can go in, and she'll just fix them there and then. That's great. They're welcoming, and they're quite capable”* (Patient, Scotland, Female, 35-44)
- *“I usually get [person’s name], because she’s the main one. She owns the shop. She'll tell you if you put glasses on, if you suit them or not?”* (Patient, Scotland, Female, 55-64)
- *“Well, she knows, I'm petrified, and she tries to calm me down and then she says, ‘come on you will be alright, it’s me that is doing this, it will be just a second’. I say, ‘well hurry up’. She says that she is going as fast as she can. So, she does all right.”* (Patient, Scotland, Female, 55-64)
- *“He's great. I've even walked in and he's just taken off and cleaned [my glasses] for me…. The staff are everything – they tell you, 'Anytime you come… anything wrong with your glasses, just come in’”* (Patient, Scotland, Male, 75+)

The need for continuity of care

Dissatisfaction could be generated by a lack of continuity in patient care. To illustrate, some talked about their frustration at not being able to see the same optometrist twice or being unable to request a specific optometrist. This would have provided a sense of connection to their optometrist and a confidence in the continuation of their care. This theme also emerged when patients voiced concerns that the hospital and optometrist do not seem to speak to each other, leading to duplication of appointments for diabetic eye screening. One of the participants was attending both appointments without realising this wasn't required; another said that, since they see a different person every time, they weren't sure if information had been passed on.

- *"[Asking for optometrist] 'No, he's left'... 'He's gone somewhere else'. And then you know when you go back the next time you're not seeing the person that you saw before, then it's somebody else, like locums kind of thing. Okay, that's how it's been for the last I'd say, good, five, six years…I get my eyes tested every year, and I have to say, well, you know, my records do indicate I'm diabetic, right? … I just feel like I'm prompting them all the time…."* (Patient, England, Female, 55-64)
- *"If you consider if I drive my car. I would have driven my car to Scotland. Police in Scotland can tell me if I've got an MOT, yet, if I go to a hospital, the hospital in [where they live] they can't tell me whether I've been [to the opticians] or not?"* (Patient, England, Female, 45-54)

One said that they had a sense that there was a lot of temporary staff where they were seen and this gave the impression that they aren't invested in the place or their care. Someone with multiple eye conditions talked about dissatisfaction stemming from a 'siloed' approach to her eye care, with different professionals only looking at different aspects, which was frustrating.

- *"Obviously I've got multiple eye conditions. So what I found is, if I was going to [eye hospital] for my squint to have Botox, they only ever looked at the squint? Yeah, when I was going to the glaucoma clinic, they only were looking for glaucoma. When I then ended up in A and E, despite me having glaucoma, they looked beyond it and actually saw that I had inflammation. And their first question then was, have you got an autoimmune disease?"* (Patient, England, Female, 45-54)

Patients welcomed a sense of continuity in their aftercare too. They appreciated being able to return to the practice to have issues resolved.

- *"I've had instances where, like, sort of the screws come out, and I've had to go back, and they've repaired them. I've had them cleaned. I had one experience, this was for our staff, where I said, it just doesn't seem right. They don't feel like they fit properly, and they've adjusted them. I've had one where the lens came out and they've sent them away, and it's been replaced."* (Patient, England, 55-64)

Another issue identified related to a lack of continuity leading to poor care or a delayed diagnosis. For instance, some had more serious adverse experiences, including two that had a late diagnosis of glaucoma. They raised several issues that they felt led to delayed diagnosis. These included being seen by locums who did not pass on the correct information leading to deterioration being overlooked.

- *"I was maybe for two or three years, seen by the same optician, but the last two times I went, it was by locums. And the locums, they didn't pass on the information. I don't think they properly looked back over the records. You know, when they called me to come and do the visual field test again, I don't think the locum bothered to look at the retest results. I don't think all the dots were joined up"* (Patient, England, 35-44)
- *"And the previous occasion I've been to see an optician in mid-2020, right? And so basically the previous optician, he's now retired, and he'd retired when I saw*

the one in 2020, he should have been referring me on to the on ophthalmology people. I mean, he didn't, for some reason, and the optician in 2020 was astonished that I hadn't been referred earlier. So, so that was a bit of a surprise on two counts. Firstly, that hadn't been referred before, yeah. And secondly, that having been referred, I'm suddenly told that I've got glaucoma" (Patient, Male, England, Prefer not to say)

The need for transparency on costs

Related to costs as a barrier to access, participants wished for more clarity and a better upfront understanding of the financial implications of the options available during a sight test / eye examination.

- *"It's about being upfront. For glasses, for lenses, the fading, or whatever you call it. Whether it's reading glasses or bifocals, all I know is expensive" (Non-patient, Wales, Female, 55-64)*
- *"The only thing that I get miffed about is when you get the ones, yeah, they're nice. And then then they add this anti-glare, anti-scratch, anti this, anti that. Next thing you know, the glasses were £120 but are now £230. So that's a bit naughty, yeah? So, the sort of add-ons. Clearer at pricing them." (Non-patient, England, Male, 55-64)*
- *"… there are adds-ons when you are wanting to buy glasses e.g. anti-scratch, anti-glare. This is pushed on you." (Patient, England, Male, 55-64)*

When discussing the costs of eye wear, patients also discussed a sense of pressure to buy glasses after their sight test / eye examination.

- *"Once that was done, then if you go downstairs now, one of the ladies there will help me. I used to feel a bit pressured about buying glasses because, well, we'd just be thinking, are these girls on commission?"* (Patient, Wales, Male, 55-64*)*
- *"They pushed selling frames really hard, yeah, to the point where I felt I couldn't use my current frames, but it was only because I insisted, as in, I bought these frames not that long ago, and for me, they were really expensive, and what I find is, all I'm doing is choosing another very similar frame. So why are you pushing a new frame so hard?"* (Patient, England, Male, no age given)

As previously mentioned in this report, for most participants, concerns focussed on the cost of eye wear. However, costs associated with the sight test / eye

examination were also mentioned by some, particularly the extra cost required for additional options within the examination itself.

- *"And the other thing to mention was, during the eyesight test, they would keep giving me options that they were saying things like, you can have this test, but for an extra 15 pounds, you could have that. And for me, it was unsettling, because I'm in a chair, it's a dark room, and you're expecting me to make a decision immediately, and it comes across as and if I don't have this test, you weren't going to do a full test and things could be missed, so you start to panic"* (Non-patient, England, Female, no age given)
- *"I don't know actually how much it is to have a general eye test … Then if they want to improve the test, I remember someone saying you can have a glaucoma test, but that costs extra." (Non-patient, Wales, Female, 55-64)*

Implications of the research: improving the patient experience

Implications of the research: improving the patient experience

Building on the analysis presented within this research, interventions suggested by participants that have been or may be able to better support access for patients and non-patients with vulnerability markers are detailed below.

Improve awareness of eye health and the benefits of routine sight tests / eye examinations

This research has revealed an opportunity to improve awareness and knowledge of eye health and when to get a test among those who have never had a test, as well as those who have not visited in a while. This may include raising awareness that it is recommended they get a test even when they cannot identify ‘something wrong’ with their eyes at present. ‘Push’ communication was suggested by a few in the sample to encourage those who lack intrinsic motivation to get a test to come and have one. For example, an automated ‘screening’ letter was suggested when you reach a certain age to stimulate people to think about their need to attend.

- *"For me... an invite would take me over the barrier. Do you see what I mean? ... 'it’s about time', you know, ‘you're getting to this age, go and get them checked’. I think it just gives you a bit more of a push if you get a letter"* (Non-patient, Female, 54-55)

Further education may also be useful in relation to addressing the lack of detailed knowledge about the professions of optometrist and dispensing optician to support trust in them as qualified and registered professionals.

Establishing a clear link between certain symptoms and the need to get a sight test / eye examination may benefit a wide range of people consulted in this research. In addition, while doing so is a personal choice, better public health information may be needed about why it is not recommended to rely on non-prescription reading

glasses without ever having a sight test / eye examination. For example, that by doing so means they are missing out on the opportunity to pick up on issues with their eye health, or wider health, they may not be aware of currently. This is particularly the case given the high tolerance for deteriorating eye health that was evident among a proportion of those in our sample.

Better communication during consultations was also mentioned by some in order to build their own knowledge and awareness.

- *"They did a scan of the back of the eye…but I feel like they're not really informative. They don't really tell you what's going on unless you ask them. So I have to ask them, like, what's it like? What is this red part of my eye? Like? I have to ask them… they're not really informative"* (Patient, England, 18-25, Male)

Accessible information universally available in local opticians / optometrist practices, such as easy-read documentation, or written materials translated into other languages (there will be others beyond those covered in our sample) were desired by those with these communication needs.

Demystify costs and reduce pressure to buy

Without financial security, individuals can feel vulnerable before, during, or after a test as they worry about what they will have to pay as a result of findings about their eyes.

Across the research it was clear that people wanted greater clarity on the costs involved in getting glasses or contact lenses if required. When discussing the cost of the sight test / eye examination itself, patients discussed a similar desire for clarity on the costs of the additional options that could be offered.

There was also a need for clarity about the help people can get with these costs, if any. There was also a sense that repayment options that offer opportunities for people on a low income to pay for glasses in instalments would be welcomed.

- *"Prices should be outlined and made clear in advertisements"* (Non-patient, Wales, Male, 35-44)

There was also concern amongst participants regarding feeling pressured to buy. There is a clear call for all those that help patients in this specific aspect of their care to consider their approach. This could be both by overtly stating that there was no pressure to buy after a test. It could also be managed by considering the ways that the process of choosing and purchasing is managed, i.e. by allowing patients to freely browse selections on their own.

- *"…And you shouldn't be made to feel that way [when choosing glasses]. You should be able to go there and freely choose without somebody breathing down your neck, if you like"* (Patient, England, Female, 25-34)

Offer reasonable adjustments to cater for both visible and hidden vulnerabilities

A number of interventions were discussed relating to people’s visible and hidden vulnerabilities and needs. This list is not exhaustive but provides some initial starting ideas for what patients believe would be helpful.

Increase staff awareness of hidden vulnerabilities

This research revealed several psychological barriers to visiting an opticians / optometrist practice, particularly for those with a mental health condition or learning disability including: the ‘open’ aspect of the retail environment; the prospect of sitting next to strangers in a waiting area; long waiting times; not being able to start appointments promptly; and trying on glasses in front of other people (being ‘watched’).

It was desired that staff be more 'tuned into' patient anxiety and putting them at ease, looking for ‘hidden’ as well as more visible vulnerabilities, and, as mentioned throughout the report, an empathetic approach is strongly welcomed. To facilitate this, raising staff awareness and training in mental health first aid was mentioned by one of our participants. They said this might allow them to better identify and meet the needs of people struggling with anxiety during their attendance.

- *“What I'm saying is, you know, they're not, nurses, they're not meant to be social workers. But sometimes understand that people can feel very anxious about the results and put them maybe a little bit at ease would be nice”* (Patient, England, Female, 55-64)

Adjusting/tailoring appointment times

For those unable to wait due to building anxiety or for other reasons, they would benefit from being seen straight away. Other interventions such as transparency about running times would be welcomed (for example, have the time on the wall for

how late they are running like a GP practice). It may be useful if businesses allow patients the opportunity to provide a reason for cancelling an appointment, so they have the chance to explain if it is for mental health reasons (and know they won't be fined for cancelling, which was a perception/concern). Beyond this, some asked for more same-day appointments to provide better access for those who need to have appointments on mental health 'good days'.

Increase the range of appointment types available

Adjusting the types of appointments offered to maximise accessibility was suggested, such as providing longer appointments for people with specific needs, more weekend slots / late night appointments to allow greater flexibility for working people. Longer appointments were raised as an idea for those with information processing delay or other vulnerabilities, if these do not already exist. Making spaces more family friendly so that people can attend with children where they do not have informal childcare to rely on was also noted. Greater thought being put into the impact of the retail environment for more vulnerable customers was also mentioned. For instance, having an early discussion before attendance about reasonable adjustments, the need for privacy when trying on glasses if needed (a 'changing room' area), and attending during quieter times. As part of this, one person reflected that it would be useful for them to ask at a pre-appointment booking questionnaire about additional needs.

- *"Like a changing room, like a fitting room, yeah, that would be good.... that would be a brilliant idea..."* (Patient, England, Female, 45-54)
- *"I think, if they're all running behind, I think it would be nice if they said, unfortunately, staff were running half an hour late today"* (Patient, England, Female, 45-54)
- *"Longer appointments…yeah for somebody who might have information overload, it might take them half an hour to come to reframe information and it's just… speak slowly and stuff like that… somebody might have ADHD and to get*

hyper whilst doing an appointment, or somebody might we have a friend who is autistic, and he ends up running just to like, you know, and end up running like that" (Patient, England, Male, 45-54)

Greater provision was also discussed so that people who struggle to leave their house can get a test, including those that aren't / don't believe they are covered by the criteria for domiciliary care. Indeed, there was low awareness of the opportunity to be seen at home among those consulted, potentially reflecting the opportunity for creating greater awareness of these services among groups with relevant vulnerability markers. As shown in the case study examples, when an individualised approach is taken, such as a person with a learning disability that cannot complete a sight test / eye examination in the traditional way, this can end up with a life-changing diagnosis for people that historically have been unable to engage with services.

- *"If they could come to my house, it would be ideal…Because they could just come and test my eyes at my house, and then, even on my bad days, I could say, they're going to come, open the door, it will be fine. I'm in the comfort of my home. If you know what I mean?"* (Patient, Scotland, Female, 35-44)

Patient transport for those who want to attend appointments in person, but struggle with getting there because they don't have access to transport was also mentioned. Another floated the idea of a mobile screening unit in areas of higher deprivation to help people who struggle to attend appointments (for example, due to lack of access to transport). Having more accessible toilets for people who have physical disabilities, or for instance require the use of a walking aid or scooter, was also cited.

- *"Some people can't afford to get themselves a bus into town, or they're physically incapable of getting into town, because they've got other conditions like alcohol and drug abuse"* (Patient, Wales, Male, 55-64)

Ensure a personalised approach to care

Another common theme mentioned throughout this research is that people wanted a sense that their care is more individualised and personal. They don't want to feel as though they are on a 'conveyor belt' or feeling rushed during the sight test / eye examination by their optometrist.

- *"If I was tasking my staff to carry out these tests, I would say to them to be as personable as possible with the client, to not make them feel that they're part of the conveyor belt process, where the next one's in, the next one's out, next one's in, next one's out. That they're special, that they're really focused on just your eyes at that moment"* (Non-patient, Northern Ireland, Male, 65-74)

Provide continuity of care

Patients pointed out that improving care continuity would build their confidence in the care they are receiving. Several spoke about wishing to be able to select their optometrist, see the same person the next time, or find out information about them and their qualifications. Improving the communication between the opticians / optometrist practice and hospital to avoid the duplication of appointments was also mentioned as important. It was also felt that continuity of care would minimise the risk of missed diagnoses.

As raised in this research there were several missed opportunities for people with a learning disability to be signposted to accessible services that meet their needs. Assistance from the wider healthcare sector (for example, spotting this early at the GP or at other touch points they have with healthcare services) was raised as a valuable way to ensure earlier and effective intervention.

Continuity was important for follow-up care, for example knowing who to contact in the case of unresolved issues.

- *"[maybe they could say] do you mind if we contacted you by text or by email to follow up, and then you can address any concern that you have back to us directly"* (Non-patient, Northern Ireland, Male 65-74)

Summary of findings and ideas for interventions

Summary of findings and ideas for interventions

Summary of findings

The primary goal of this research was to explore the lived experiences of patients and non-patients with specific 'vulnerabilities' and how this relates to their access to, and experience of, eye care delivered by optometrists and dispensing opticians in the UK. The research also sought to identify ways that the GOC and wider sector can better support patients and non-patients, including effective interventions which could support them when accessing or experiencing care. These objectives sought to provide insight for the GOC relating to their objective for fairer and more inclusive eye care services.

This research has, first of all, validated previous research carried out by the GOC highlighting that certain vulnerability markers do have relevance for patients and non-patients in terms of accessing and experiencing eye care services. Further, within participant discussions of these inequalities of access and experience, they suggested interventions for improvement. These are listed below.

There is, however, a note of caution in the interpretation of the participants' suggested interventions. As the first piece of exploratory qualitative research carried out on this subject by the GOC, and due to the necessary diversity of the sample in order to achieve a wide variety of views, more work is likely needed with specific groups of interest to find out how some of the ideas for improved access to care can play out in practice in the wider sector. For instance, there is much more to learn in terms of the practical application of catering to the hidden vulnerabilities revealed in the research.

Inequalities of access/experience and participants' suggested interventions

Greater awareness and knowledge of eye health and the benefits of routine sight tests / eye examinations

The research revealed that eye health was a low priority amongst participants. There was also a high tolerance for, and self-management of, symptoms related to vision / eye health.

There was a poor understanding that the sight test / eye examination included a check of the health of the eye alongside the vision check. There was also a lack of awareness of the full scope of the services opticians / optometrist practices offer.

Interventions suggested by participants were as follows:

- ➔ Education among those with vulnerability markers / their carers regarding the importance of maintaining good eye health, clarity of the role of optometrists within this and the subsequent need to get a sight test / eye examination within recommended timeframes. This should include raising awareness about the importance of getting a test even when they cannot identify 'something wrong' with their eyes and the role of optometrists beyond testing sight and eye health, such as treating emergency minor conditions.
- ➔ Establishing an understanding of the link between certain symptoms and eye health may benefit a wide range of people including those with lower health literacy and understanding.
- ➔ Accessible information should be universally available in opticians / optometrist practices, such as easy-read documentation, or written materials translated into other languages.

Greater transparency around costs

The research has shown that those who struggle financially can feel vulnerable before, during, or after a sight test / eye examination as they worry about what they will have to pay for any required glasses frames, lenses or contact lenses. There was also, to a lesser extent, concern about the costs of additional options during a sight test / eye examination itself.

Greater transparency may play an important role in helping people become more comfortable about going to visit an opticians / optometrist practice.

- ➔ Participants wanted greater clarity on costs involved in getting a test, and getting glasses or contact lenses (and the long-term expected costs of this). They also desired greater clarity about the financial help available for those in a range of different circumstances. Upfront communication about this could help improve transparency.
- ➔ Opportunities to have flexible payment options for people on a low income to pay for glasses, for example in instalments, should be considered.
- ➔ All staff involved in the selection of eyewear should consider their approach to reduce any sense of feeling pressured to buy, for example in giving people space to look through options in their own time.

Opticians / optometrist practices should better cater for patients with both visible and hidden vulnerabilities

A key finding of this research is differentiation between the experiences of patients with vulnerabilities more visible to others, i.e. some physical disabilities, and those with hidden vulnerabilities, i.e. some mental health problems and learning disabilities.

Participants felt that opticians / optometrist practices should enquire early on whether patients require reasonable adjustments.

Reasonable adjustments included:

- ➔ The opticians / optometrist practice should offer the right care in the right place for patients, i.e. offering appointments at home or any other environment that meets specific needs (for example, a known community centre). This should be provided more widely to include those that aren't / don't believe they are covered by the criteria for domiciliary care, such as those that have certain mental health conditions.
- ➔ The length of the appointment should be considered, as should reducing waiting times.
- ➔ The way tests are performed should be considered where possible, for example, using the right specialist techniques for those unable to do a traditional test (such as those with a learning disability).
- ➔ Effective follow-up should be provided to support people that have additional needs (for example, checking they are wearing glasses and/or symptoms are resolving).
- ➔ Staff training and raising awareness were viewed as important – for instance, mental health first aid and helping staff support those with a learning disability or other markers of vulnerability, such as being on a low income.

Greater continuity of care

Patients pointed out that improving care continuity would build their confidence in the care they are receiving. Suggestions put forward included:

- ➔ Several participants spoke about wishing to be able to select their optometrist, see the same person next time, or find out information about them and their qualifications.
- ➔ Improving the communication between the hospital and the opticians / optometrist practice to avoid any duplication of appointments and improve the care for those with known eye health conditions.

Appendices

Appendix A: Research methodology

Each interview lasted up to 90 minutes, with some conducted in person and some online.

The online interviews allowed us to gain a geographic spread of participants, and to ensure people could take part flexibly at a time convenient to them. In-person interviews were conducted among both patients and non-patients at home to optimise patient comfort and convenience while benefitting rapport-building and the depth of interactions, particularly among those who had multiple markers of vulnerability. All fieldwork was carried out between February and April 2025. A copy of the discussion guide is provided in Appendix B.

Given the sensitive nature of discussions involving lived experiences of barriers, challenges or difficult life events or personal circumstances, interviews were carried out using a trauma-informed approach. This included ensuring that participants felt safe speaking to us and were not retraumatised by the telling or re-telling of difficult narratives. Space was given to allow interviews to be participant-led, and opportunities to pause the interview given as needed. In line with the Market Research Society Code of Conduct (2023), all participants were reminded of their right to refuse to answer any questions they felt uncomfortable with or stop the interview at any time. They were also reminded of their right to anonymity and confidentiality in taking part. All participants left interviews reassuring us of their wellbeing and we experienced no concerns about this throughout the study.

All interviews were audio/audio-visually recorded for data collection purposes and transcribed to allow us to draw from data accurately. Qualitative analysis was iterative and carried out throughout the project to allow emerging insights and themes to be fed back into discussions for the purposes of triangulation. Regular analysis/debrief sessions were also carried out among the fieldwork team to reflect

on the credibility of findings as they emerged, and to further develop insights across the fieldwork period.

Sampling criteria

Sampling was primarily undertaken to reach a maximal variation of the following criteria:

1. Defined vulnerability markers (and criteria linked to lower satisfaction)
2. Service use history (whether they were a current or non-patient)

Defined vulnerability markers

Within our recruitment, we adopted the same vulnerability markers as utilised within the GOC's Public perceptions survey[7]. These were defined via a range of profiling characteristics (shown below)[8].

- **Living on low incomes / consider themselves to be struggling financially**. 25 out of the 38 people interviewed reported household annual income of £24,999 a

[7] Public perceptions research 2024 | GeneralOpticalCouncil

[8] Please note: one person taking part did not fall into the vulnerability criteria but was permitted into the research given they were from an ethnic minority background and had previously complained about their care, both relevant criteria for inclusion based on previous research.

year or less and of those many said as part of the screening process that they considered themselves to be struggling financially[9].

- **Have a disability.** Participants were asked whether they considered themselves to have a disability[10], and 22 of the 38 participants interviewed stated that they did.
- **Experiencing significant life events.** Across the sample, we interviewed people experiencing a wide range of recent life events or personal circumstances including recent experience of job loss, bereavement, relationship breakdowns, becoming a carer, homelessness, serious health conditions, or hospitalisation. Nine had caring responsibilities, the majority of whom cared for adults[11].
- **Confidence in managing eye health.** The spread of this has fallen out naturally (not asked about directly on the screener) but discussions revealed a range of confidence levels.

Service use history

Alongside these established vulnerability markers, a range of service use histories were captured in the sample. These are listed below:

- **Patients:** defined as those that have had a sight test / eye examination within the last two years.
- **Non-patients:** comprising lapsed patients (current non-patients that have not had a sight test / eye examination in the last two years – sometimes for

[9] Q: *'What is your household income'*; follow up Q: *'Sometimes people find that their income does not quite cover their living costs, or they find it difficult to live on their total household income. In the last 12 months, has this happened to you?'*
[10] Disability was defined as*: anyone with a physical or mental impairment that has substantial adverse effects over the long term that impacts their day-to-day activities.*
[11] Q: *'In the last 12 months have you experienced any of the following life circumstances? Including serious illness or condition; disability; serious accident; severe financial hardship / being made bankrupt; serious illness or condition; bereavement of a close family member; divorce or relationship breakdown; becoming the main carer for a close family member; moved house; unemployment; unwanted reduction in working hours; mental health condition; something else which has affected your well-being'*.

many years), as well as those that have never had a sight test/eye examination.

As the research progressed it was necessary to slightly skew recruitment towards patients. This enabled us to fully explore recent eye care experiences across the broad sample variables of interest. These included ‘heavier’ service users such as those with known eye conditions, and those that had negative experiences, or felt they had cause to complain. This enabled a deeper exploration of people’s experiences with optometrists and dispensing opticians. Further, the subject of barriers and challenges to access or use care were explored fully with all participants because many issues were pertinent for patients and non-patients alike.

A significant range of additional criteria were captured across the sample, as shown below.

- A spread of sociodemographic variables (e.g. age, gender, and ethnicity).
- Representation of those living in different locations across the UK, including those living in more rural/suburban versus urban areas.
- A mix of different types of places visited to have their sight test, e.g. different retailers.
- Those with known eye conditions took part (such as astigmatism, glaucoma, dry eye, low vision, macular oedema, diabetic retinopathy, blepharospasm and blepharitis, cataracts, etc) some of whom used hospital services for their eye care as well as using high street opticians / optometrist practices.
- As noted above, there was also inclusion in the sample of a few people that had had particularly negative experiences with either cause to complain, or had complained, to explore their experiences.

Please note that where a carer or advocate has spoken on behalf of an individual with a learning disability not able to verbalise their experiences, it is the patient/non-patient’s profile that has been incorporated into our results and not the profile information of the carer. This happened on two occasions in the sample.

Recruitment

All patients and non-patients taking part opted-in voluntarily.

The face-to-face element was carried out by Explain in conjunction with our recruitment partners to facilitate on-street and snowballing[12] methods to find the participants of interest across the four nations within the timeframe.

Online recruitment was carried out via stakeholder engagement – publicising the research on our behalf among groups of interest and inviting interested people to sign-up via an online open link. Explain wishes to thank the General Optical Council and all stakeholders that helped promote this study.

Alongside this, we carried out additional recruitment utilising our recruitment partners to find people that fit more specific criteria, such as those that have previously been dissatisfied or made a complaint (as the incidence of this in the general population is low).

All participants were screened at the point of recruitment to ensure that they met the recruitment criteria. To encourage participation and to thank participants for their time, all those completing an interview with us were paid a cash incentive or vouchers to the value of £60. Carers of those with a learning disability unable to speak on behalf of themselves were paid £90 to ensure that both they and the patient they were speaking on behalf of were thanked for sharing their views and experiences.

[12] On-street recruitment involved a trained recruiter approaching people in person to determine if they were interested in taking part in the research. Snowballing refers to a technique in which research participants are asked to identify known people that may be interested in taking part in the research.

Interpreting the findings in this report

It is important to note that while insights provided here fully represent the views of those taking part, these cannot be extrapolated as representative of all in each of these groups of interest.

People that have taken part will be referred to as 'participants', 'patients', or 'non-patients'.

Appendix B: Discussion guide

Discussion guide: In-depth interviews with patients and non-patients

<table>
<tr><th>Timings</th><th>Section</th></tr>
<tr><td>3 mins</td><td>Introduction

Thank you for agreeing to take part in this discussion today. My name is X and I work for Explain Research – we're an independent research agency and have been asked to speak with a range of people that need to use eye care services in the UK to find out about their experiences – as well as those that haven't visited in a while. This will involve us talking about what happened during the last time you had an eye examination / sight test, eye care treatment, or, for instance, buying some glasses or contact lenses after your sight test or eye examination. If you haven't visited an opticians or optometrist practice in a while, we'd like to find out more about why that might be and what, if anything, could be done to make things easier for you in terms of getting the service you need, and a good experience when visiting.

There are no right or wrong answers in your response today, I'm just hoping to understand your thoughts and opinions and find out a bit more about you as well – does that sound ok? I just want to confirm that this is Market Research and that means I won't be asking you in detail about any sensitive medical or specific health information today, just your general views on using opticians and optometrist practices. If we touch on anything in discussions that are too sensitive or upsetting for you to talk about we will be guided by you and what you feel comfortable with. You have the right to refuse to answer any of the questions we ask you today.

Interviewer to state:
o Information about the research and end use.
o MRS Guidelines: Right to refuse / anonymity.
o Recording: We will be audio / audio-visually recording this discussion in line with MRS Code of Conduct. The recording will be stored on our secure servers and no one outside of the research team will have access to this. Can I confirm that you are happy for me to record this discussion?</td></tr>
</table>

	Start recording, record consent. ○ Any questions? Okay to begin?
30 minutes	My life, health and eye health **Patient narratives of lived experience of any identified 'vulnerabilities' (e.g. going through a significant life event, experiencing financial difficulties, living with a disability) – 15 mins** *This section will briefly explore the specific vulnerabilities of interest and attitudes towards their eye care in the context of their general life and health.* **NOTE: Interviewer to use / omit lines of questioning depending on participant relevance / known vulnerability markers and time permitting.** ***I thought we could start by finding out a little more about you, if that's ok?*** ○ **Can you tell me a bit about yourself? …** ○ **Environment: Where do you live (e.g. rural/urban/house/flat/rented/owner)?** How do you find this? ○ **Social support: Who do you live with?** PROBE: 'vulnerability marker' - any difficulties or recent changes relating to relationships, family or living situations and the impact on them. Quick read of living situation and social support. ○ **Take me though your daily routines: How do you spend your days / nights?** Note to interviewer – get a sense of their daily activities and sense of coping. ○ **Caring responsibilities: Do you have caring responsibilities?** PROBE: dependents / formal carer responsibilities. ○ **Check for isolation: What places do you go to often in the community – how do you get there?** PROBE: any difficulties and where relevant their solutions. ○ **Work status:** *[If in work]* **what do you do for work?** *[If not in work]* **can you tell me about your current situation if that's ok? Are you looking for work at the moment?** PROBE: 'vulnerability marker' – recent life events relating to changes in work or financial situation and the impact on them. ○ **Financial situation: If you don't mind me asking, how do you feel you're coping financially at the moment?** PROBE: 'vulnerability marker' –

	people that feel they're struggling financially – what with and the impact on them both practically and emotionally.
	
	○ **Disability: Do you identify as having a disability**? If so, could you tell me more about that? **Note I am not wanting to explore any confidential medical information with you.** PROBE: 'vulnerability marker' – living with a disability: In what ways, if at all, does your disability influence the way you live your life?
	
	Eye health in the context of general health – 15 mins
	
	○ **General health and wellbeing: How would you describe your general/physical health at the moment?** In what ways are you healthy? In what ways less so?
	  ○ **Can you tell me a little about the sorts of healthcare services you've accessed lately and the healthcare professionals you've seen?** Do you visit the doctors or dentists often, for example? PROBE: touch points with health services / interactions with other HCPs to build up a picture of support needs.
	  ○ **Is there anything in your life going on at the moment that's impacted the way you access health care services?**
	  ○ **How confident, if at all, would you say you are in managing your general health?** On a scale of 1-10. Why do you say this? What, if anything, could increase that number / make you more feel more confident?
	
	○ **Mental health and wellbeing: Do you feel healthy mentally?** Why/why not? PROBE: recent life events relating to significant changes and the impact on them. **What's important to you in your life**? Has anything changed? If so, what's becoming more important? What's becoming less important?
	
	Let's talk about your eyes and vision.
	
	CHECK FOR EYE CONDITIONS OR CONDITIONS THAT CAN IMPACT VISION:
	
	○ **Just to check, do you have any eye conditions/conditions that affect eyes?** If so, could you tell me about this / these? How long have you lived with this? Again, note we don't want details of private medical histories here, a general discussion is ok.
	
	○ **What actions, generally, do you take in your life to manage your eye health?** (e.g. getting sight tests / eye examinations / treatments)
	
	○ **How often do you think about your eye health? Why do you say this?**

	○ **Overall, how important is looking after your eye health to you?** What would you say is the impact of your eye condition/s on your everyday life? Why do you say this? **FOR THOSE THAT SAY THEY <u>DO NOT</u> HAVE A KNOWN EYE CONDITION:** ○ **How do you know you don't have an eye condition? Have you had a recent test? Why? Why not?** (NOTE: detailed probes around barriers to using services for current non-patients are below, can explore here if fits better) **FOR ALL:** ○ **How confident, if at all, would you say you are in managing your *<u>eye health</u>*?** On a scale of 1-10. Why do you say this? What, if anything, could increase that number / make you more feel more confident? ○ **If you had to compare your eye health to your general health, how would you describe the relationship?** **FOR CARERS ONLY:** ○ **Are you a carer or do you have responsibility for someone else's eye health?** Can you tell me about that and how it works for you? What has gone well / less well with this in the past in terms of using or accessing eye care services?
50 minutes	Journey-mapping patient experiences with eyecare services <u>**Exploring patient and public experiences of accessing and using high street opticians / optometrist practices / barriers to use – 35 mins**</u> *This section will explore patient experiences of using high street opticians and optometrist practices in the UK. It will also explore barriers to care and challenges to accessing or using these services.* <u>**FOR CURRENT PATIENTS - HAVE HAD AN EYE TEST WITHIN THE LAST 2 YEARS**</u> ○ **Tell me all the places you've been to over the last 2 years to have your eyes tested or treated.** INTERVIEWER TO LIST / MAKE NOTE OF ***For this research project, we want to focus the discussion on your experiences of high street / opticians and optometrist practices, rather than any experiences you have had of receiving eye care in other settings such as hospitals. Let's think about some recent experiences you have had using high street opticians or optometrist practices*** *(NOTE: experiences for carers will be skewed towards their experiences of managing someone else's eye care*

	although they can talk about themselves too especially if it helps them draw useful contrasts). - **How regularly do you get your eyes tested there?** Why is that? What prompted you into this pattern of testing? - **What words/pictures/phrases do you associate with an 'opticians/optometrist practice'?** What is your awareness of the services they provide? PROBE: healthcare service vs retail. Why do you say this? - [IF USING] **What words/pictures/phrases do you associate with an 'opticians/optometrist practice'?** What is your awareness of the services they provide? PROBE: healthcare service vs retail. Why do you say this? - **Where do you buy / are administered your prescription glasses or contact lenses – is this in the place you were tested?** Why/ why not? Check for differences in where they buy lenses/frames. ***Let's go into a bit more detail about your experience of using high street opticians and optometrist practices. I want you to cast your mind back and tell me about your experience of using this right from the start to the end. Its ok if you have to think for a little bit to help you recall the specifics – take your time.*** **BEFORE AN APPOINTMENT:** - **Take me back to before your sight test /eye examination – <u>how did you know</u> it was time to go?** PROBE: Triggers for treatment. - **<u>How do you feel</u> when you know a sight test / eye examination appointment is coming up?** Why do you say this? PROBE: Probe any positive or negative associations/barriers. - **How do you <u>select</u> the opticians / optometrist practice that you use?** What's important to you in your decision-making process? Is this somewhere you've started going recently / been going for years? If you recently changed – why was this? - **Take me though the <u>appointment booking</u> process** – what was good / bad about this aspect for you? Are there any changes or improvements that could be made to this that would make your experience better? - **What did the appointment <u>cost</u>**? Were you aware of this cost beforehand? Check – did they pay / an employer pay / NHS funded? What are your feelings towards this? Was it a barrier to going? **DURING SERVICE INTERACTIONS**

- **Thinking about your sight test / eye examination, tell me what happened in a step-by-step process**. Take me through it.
    - **Were there any strong 'pain' points for you**? Times when you felt frustrated or upset by something during your use of the service?
    - **What about any strong 'joy' points** – things that went well and you felt pleased about?
- **Who helped you during your sight test / eye examination? Thinking about them specifically**, **how helpful, if at all, did you think they were?** Why do you say this? What could have been done to improve your experience?
- **And then thinking about any help you got after your test, how helpful, if at all, did you think they were?** Why do you say this? What could have been done to improve your experience?

  (Note to interviewer: where possible tease out from what they're saying whether they're talking about optometrist or DO – e.g. can ask if it was the person that tested their eyes or helped with their glasses choice – however bear in mind in some practices this wouldn't necessarily be a dispensing optician.)
    - **What was the outcome of your appointment - what did they recommend**? Was this as you expected or were there any surprises?
    - **If your practitioner recommended a product, talk me through selecting / purchasing this**? What were the positives/negatives about this experience. Did you feel any pressure to buy?
- **How accessible, if at all, was this service in terms of meeting your needs?** Did you need any adjustments made and was this request granted?
- **Overall, how did you feel during this interaction**? Did you experience any emotions during your use of this service? If so, what and when specifically?
    - **PROBE: gently probe around anything 'unacceptable' in their narrative (e.g. being spoken to in a certain way, being singled out or 'othered' for any reason such as for their age or race or gender, etc.** If any participants said they wanted to or did make a complaint about something, explore this here.

- Overall:
  - **How satisfied were you with the eye examination or sight test that was provided? And in terms of purchasing your glasses or CLs? Can talk about either now or previously.**

TIME PERMITTING LINK TO AS MANY STANDARDS OF CARE AS POSSIBLE/AS RELEVANT:

- **Did you feel…**
  - Listened to?
  - Communicated with effectively?
  - Treated with care and compassion?
  - Involved in any decisions about your care?
  - Safeguarded / have your privacy respected?
  - Responded to in the event of a complaint?
- **Did your experience meet your expectations?** Why/why not?
- **Thinking about the different steps of your journey, what, if anything, would you do to improve the service that you received?** In which areas do you feel the service could be improved the most?

POST-SERVICE INTERACTIONS

- **After your interaction with this service, was there any follow up with you (either regarding their sight test / eye examination or for retail purposes?)** Can you tell me about what happened? Were you happy with the outcomes of this or could there be improvements made?

CURRENT NON-PATIENTS – PEOPLE THAT HAVE NOT HAD AN EYE TEST WITHIN THE LAST 2 YEARS

- **Have you had a sight test / eye examination before?** Why/Why not? If so, why the 2 year+ gap?
- **How often do you think you're supposed to go?** Did you know you are supposed to get your sight tested every two years? Is that surprising?
- **What is your understanding of what happens at an appointment?** PROBE: Do they know the sight test also includes an eye health check not just a vision check.

	○ **Do you have an eye condition, but you avoid sight tests / eye examinations for any reason, or one is overdue?** Why is this?
	
	IMPORTANT: Probe any barriers below to accessing eye care for people that have not had an eye test in the last 2 years
	
	○ **KEY QUESTION: Can I ask, what are the reasons you've not used eye care services up to now/within the last 2 years?**
	    ○ Spontaneous views [INTERVIEWER TO LIST AND PROBE IN DETAIL]
	
	THEN PROBE….
	    ○ Cost
	    ○ Pressure to buy
	    ○ Fear of being diagnosed with an eye health problem
	    ○ Feeling uncomfortable / someone too close
	    ○ Any others
	
	○ **For each, why does this prevent you from going? What could be done to tackle this issue?**
	
	○ **If you don't have sight tests / eye examinations but know you need one, what could be done to better support your access?**
	
	FOR ALL
	
	Exploring the role that 'vulnerabilities' may play in people's access to, or use of, eye care services (15 minutes – may be more for those experiencing barriers to access)
	
	At the beginning of this discussion we talked a bit about your life and some of the things that are important to you now, including things that you may be going though that might influence your health and eye health.
	
	I'd like to reflect now for the last part of our discussion today on whether some of the things you're going through impact you being able to get the eye care that you need, specifically in relation to visiting an opticians or optometrist practice, and if that's the case, what could make things easier for you in your opinion.
	
	Interviewer to adapt as relevant and focus on the most salient in discussions (if not already discussed during the above) – this is an indicative list, please be guided by individual patient stories. For each mentioned discuss the relationship

<table>
<tr><td></td><td>

between the vulnerability and access to / use of services, and what they feel could be done to improve their experience as a patient in the context of this.

- How, if at all, would you say aspects of your…[insert as appropriate] makes it difficult to access or use any of the eye care services we've talked about today? E.g.
    - …Disability
    - Low vision itself
    - Financial situation (if not mentioned already probe awareness of free sight tests / NHS low-income scheme)
    - Personal difficulties or challenges
    - Confidence relating to managing eye health
    - Current health conditions
    - Language / communication
    - The way that you've been treated … etc
- Specifically in what ways can these things impact your access or use to eye care?

PROBE:

- Spontaneous views
- Motivation to seek help
- Affording treatment
- Visiting an opticians, etc.

- **Based on your experiences, what should or could be done in order to improve your experiences thinking about the eye care services you access / increasing access to eye care services for you?**
- **If you were in charge of improving the experience for people like you when visiting or using an opticians / optometrist practice – what would you do?** Why do you say this?

</td></tr>
<tr><td>2 minutes</td><td>

Thanks and close

Thank you for all of your time today, we hope you have enjoyed this discussion and we really appreciate your time. As I said earlier Explain work to Market Research Society Codes of Practice, this means that the things you have said

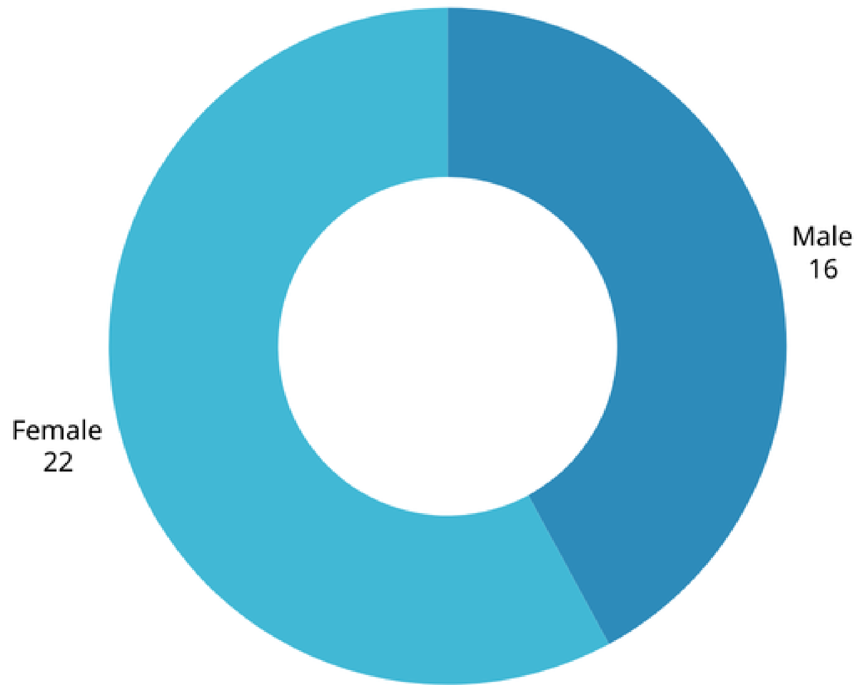
</td></tr>
</table>

	today will be anonymised within our report. That means that we will never attach your name to anything that you have said, and we will never pass your details on to any third party including the General Optical Council who have asked us to come and speak to you today on their behalf. **Parting question:** ○ **Before we go, is there anything that I've forgotten to ask you about today that you would like to say in relation to your experiences of eye care services?** ***Thank you again for your time.*** **Stop recording.** ○ Arrangements for incentive payments. **Close.**

Appendix C: Sample profile

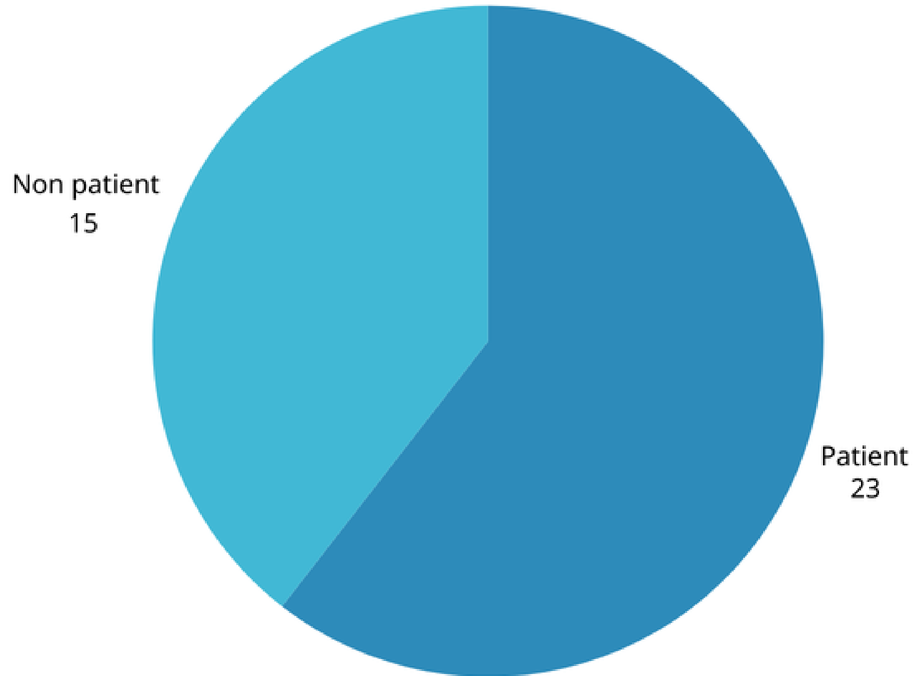
Gender

The sample split in relation to gender is as follows.



Gender	Frequency
Male	16
Female	22
Total	**38**

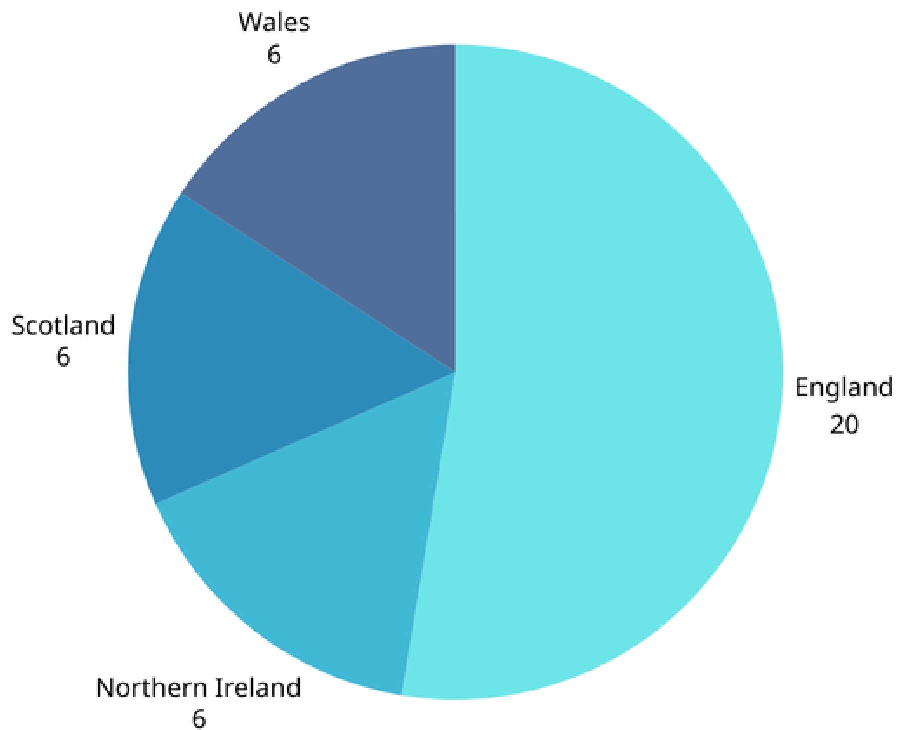
Patient Status



Patient Status	Frequency
Patient	23
Non-patient	15
Total	**38**

Nationality

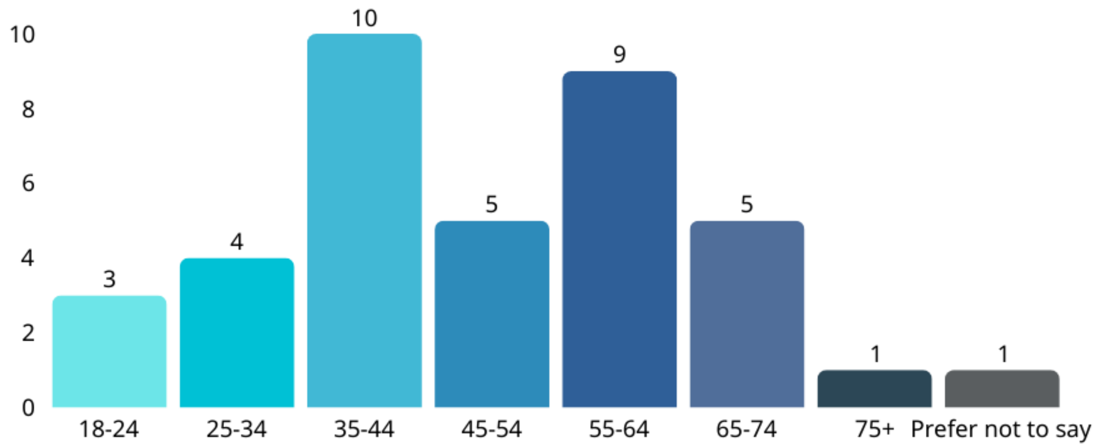
A spread across the four nations was achieved. Participants in England were spread across the country comprising the South, South East, North East, North West and the West Midlands.



Nationality	Count
England	20
Northern Ireland	6
Scotland	6
Wales	6
Total	**38**

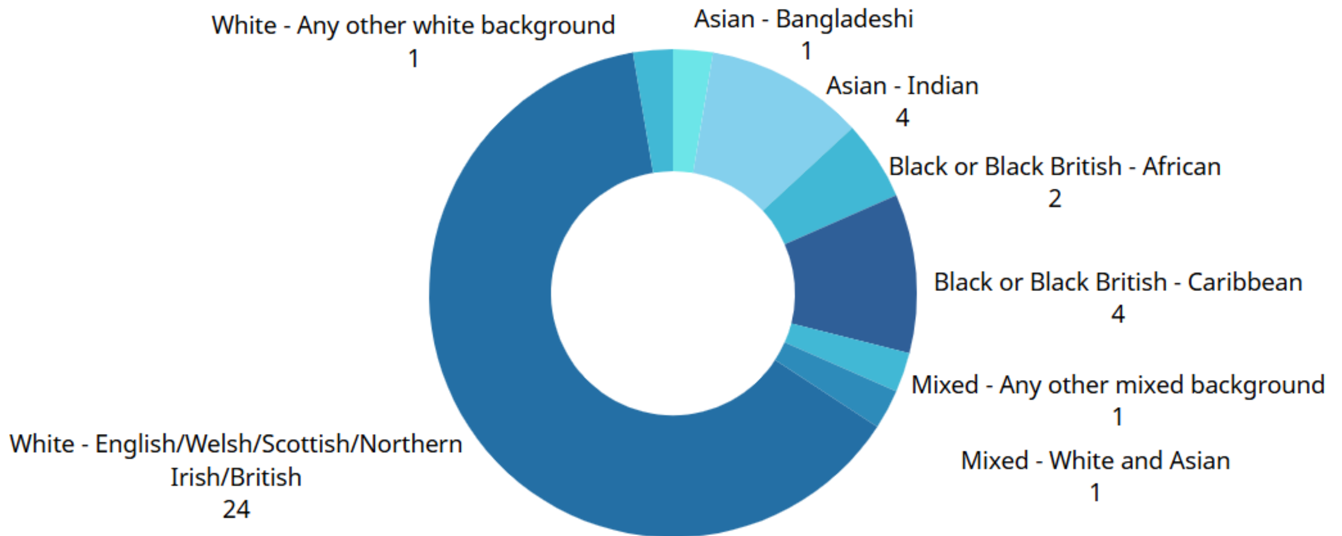
Age

A spread of ages was achieved across the sample.



Age	Frequency
18 - 25	3
25 - 34	4
35 - 44	10
45 - 54	5
55 - 64	9
65 - 74	5
75+	1
Prefer not to say	1
Total	**38**

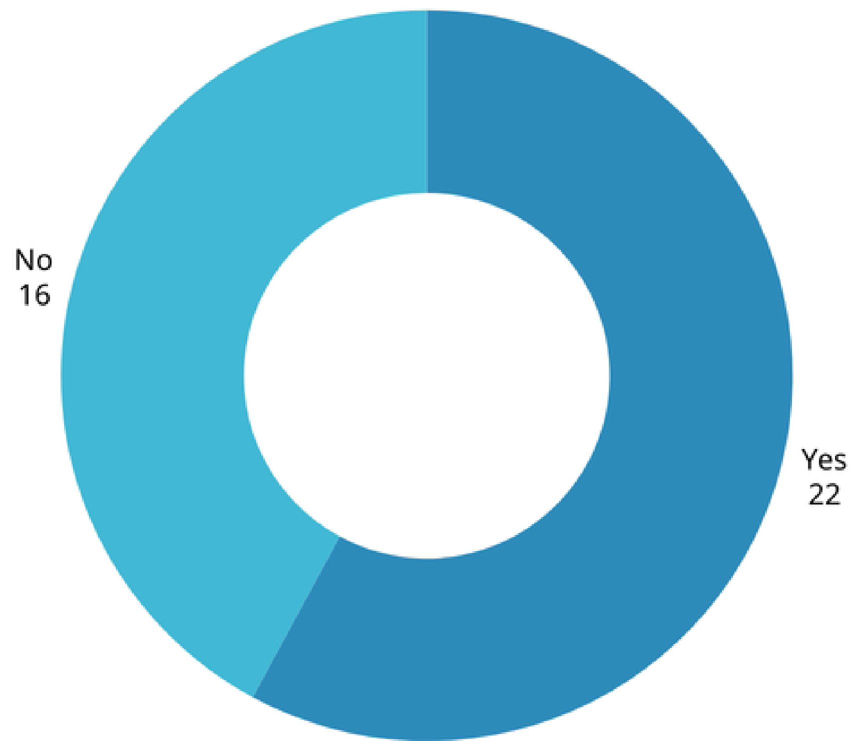
Ethnicity



Ethnicity	Count
Asian - Bangladeshi	1
Asian - Indian	4
Black or Black British - African	2
Black or Black British - Caribbean	4
Mixed – Any other mixed background	1
Mixed - White and Asian	1
White - English/Welsh/Scottish/Northern Irish/British	24
White - Any other white background	1
Total	**38**

Disability

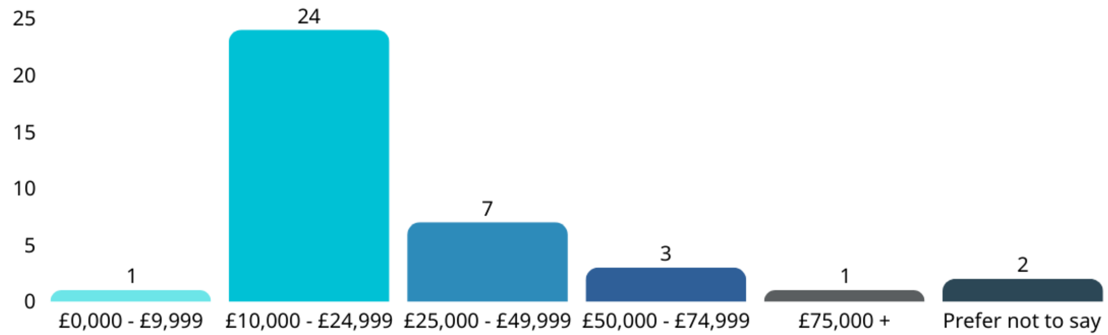
On screening those that said that they considered themselves to have a disability was as follows:



Disability	Count
Yes	22
No	16
Prefer not to say	0
Total	**38**

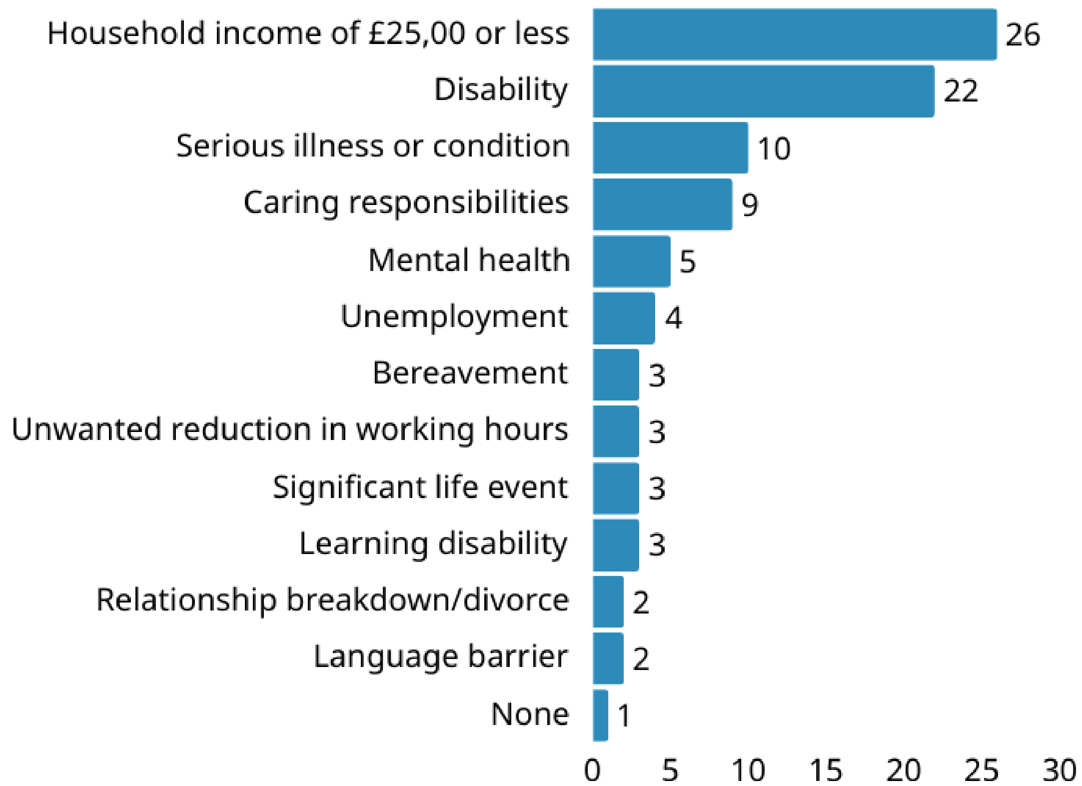
Income

25 out of the 38 interviewed said that they had a household income of £24,999 or less and many of those considered themselves to be struggling financially.



Income	Count
£0,000 - £9,999	1
£10,000 - £25,000	24
£25,000–£49,999	7
£50,000 - £74,000	3
£75,000+	1
Prefer not to say	2
Total	**38**

Vulnerabilities



Vulnerabilities	Count
Household income of £25,000 or less	26
Disability	22
Serious illness or condition	10
Caring responsibilities	9
Mental health	5
Unemployment	4
Bereavement	3
Unwanted reduction in working hours	3
Significant life event	3
Learning disability	3
Relationship breakdown/divorce	2
Language barrier	2
None	1

Authors: Claire Cook, Kirsty Laing, Scarlet Morgan

Report check: Kirsty Laing

Final sign off: Kirsty Laing