

Analysis of qualitative survey on booking practices

1. In October 2025 we started a conversation¹ on LinkedIn to find out more about booking practices. We asked registrants to give us their views in response to the LinkedIn post or to complete a qualitative survey². We gave the option of the survey because we wanted to give the opportunity for registrants to be able to comment anonymously, rather than solely on a public forum where they might not feel comfortable giving their views.
2. We considered that this would be a helpful way to start off the topic to gather thoughts and understand the kind of issues that registrants felt they were facing. While we recognised the limitations of this research approach (for example, being a selective sample) and therefore were careful about how much weight we placed on it, this was a helpful way to gain qualitative data and inform our thinking before commissioning further research on the topic.
3. There were nine comments on LinkedIn in response to our post. We received 1,130 responses to the qualitative survey, 26 of which were from people responding on behalf of an optical business. The survey responses included over 5,900 individual comments. Our consultation platform includes artificial intelligence (AI) analysis capabilities, which we used as a starting point to summarise the comments received.

Awareness of overbooking / ghost clinics happening in optical businesses

4. The overwhelming majority of the 1,105 respondents who responded to the question 'Are you aware of this practice happening in optical businesses?' were aware of overbooking and ghost clinics occurring in optical businesses. Themes included:

- it is prevalent in large chains and multiples;
- it is rare in independents, although a few mentioned it does also occur in some;
- respondents had personally experienced or witnessed the practice, including locums who reported seeing it across multiple stores;
- it is becoming more and more common in recent years;

¹ [\(53\) Post | LinkedIn](#)

² [Project: Your opinions on overbooking/'ghost clinics' | General Optical Council](#)

- appointments are disguised as ‘emergency’ slots and then used for routine overbooking;
 - overbooking is considered to be driven by commercial pressures to maximise profits and throughput, often at the expense of patient safety, staff wellbeing, and professional standards; and
 - concern that the GOC has been slow to respond or intervene.
5. A minority of respondents said they were not aware of the practice or that it did not happen in their workplace. One respondent commented that overbooking is standard practice in the NHS to offset patients that fail to attend, pointing out that clinician resource is scarce and that wasting appointments can be detrimental to care – it was thought to be standard practice in hospitals.
 6. Overall, the responses indicated that overbooking and ghost clinics are widely recognised and criticised practices in the optical sector, especially among large multiples, with significant concerns about the impact on patient care and professional wellbeing.
 7. A sample of comments is available in the box below.

“Yes. Overbooking or ‘ghost clinics’ are taking place in parts of the optical sector. It is a worrying trend where multiple patients are booked into the same time slots to maximise profits or reduce downtime, often at the expense of safe and thorough patient care.” Individual respondent

“Yes this practice occurs across many corporate multiple optical businesses, especially stores operated under large chains [redacted text]. In numerous locations, clinics are routinely overbooked, with appointment schedules often exceeding what can be safely managed within the allocated time. These systemic practices appear to be driven by commercial pressure to maximise throughput and profits, often at the expense of patient safety, staff wellbeing, and professional standards.” Individual respondent

“This happens in many optical businesses and in my opinion is regularly going against the GOC standard of placing the patient’s needs first at the heart of everything we as optometrists do.” Individual respondent

“It’s almost ubiquitous in multiples and commonplace even in some larger independents across the country.” Individual respondent

Frequency of overbooking / ghost clinics

8. Of the 1,083 respondents who answered the question ‘Does it happen often?’, most respondents reported that overbooking or ghost clinics happen frequently, with several stating it occurs daily or almost daily. Some mentioned that it is particularly common in certain practices or multiples, and there were references to specific scheduling practices, like 20-minute clinics. A few respondents noted that it happened more on weekends or that it used to be more common in the past.
9. A sample of comments is available in the box below.

“50-70% of the time” Individual respondent

“Yes. Where I worked previously it was a daily occurrence” Individual respondent

“All the time” Individual respondent

“All the time especially in big chain stores.” Individual respondent

“As a locum, I’ve noticed it happening in a lot of practice especially in multiples with more than 2 clinics” Individual respondent

Impact on patients

10. Of the 1,088 respondents who answered the question ‘What is the impact on patients?’, most respondents reported that overbooking and ‘ghost clinics’ had a significantly negative impact on patients. The most frequently mentioned issues were:
 - longer waiting times and financial/personal impacts: patients are often kept waiting well past their scheduled appointment times (resulting in increased parking costs / being late back for work), frequently ranging from 30 minutes to an hour or more;
 - rushed appointments, reduced quality of care and compromised patient safety: clinicians are forced to hurry through eye tests, which can result in incomplete examinations, missed pathology, inaccurate prescriptions (which result in returning for a repeated test and remake of spectacles), less time to educate patients or answer their questions/concerns, and less time for the dispensing process;
 - patient frustration and dissatisfaction: many patients feel annoyed, undervalued, or angry due to delays and rushed care, leave before being seen or complain about the service; and
 - loss of trust and confidence: patients lose trust in the profession and feel the service is more focused on sales and volume than on their care.

11. A minority of responses suggested little or no impact, or that it can be positive if it allows walk-in patients to be seen.
12. Overall, the dominant themes were excessive waiting, rushed and incomplete care, increased risk to patient safety, and widespread dissatisfaction and loss of trust in the profession.
13. A sample of comments is available in the box below.

"1) Patients can be rushed through appointments and thus poor quality eyecare is received. 2) Some patient are not seen as the clinic is over run. 3) patients lose trust in the opticians practice as they are sometimes aware that overbooking clinics is a way to increase profit margins and put this as a priority over patient eye care." Individual respondent

"1) px [patient] safety is at risk, the optom has to test quickly, this means things are likely to get missed as the optom isn't able to give enough time to the px as there is another appointment booked at the same time. 2) patients routinely get called in late for their appointment, just last Saturday I had to call in several patients nearly 40 mins late due to extra appointments booked in by the manager and this happens regularly." Individual respondent

"A longer wait time than expected to be seen, pre-testing too busy creating another long wait. Patients are at risk of not getting good care when we are all stretched too thin. The positive is that you can just walk in and the store manager will book you straight into the diary despite it being fully booked - they will likely see that as a good efficient service." Individual respondent

"Extremely negative impact on patients. Over-booking patients into the same time slot, forces rushed eye exams that can miss disease and put sight at risk just to squeeze out extra revenue. They harm patients by prioritising volume over care, leaving too little time for thorough eye examinations, missed diagnoses, rushed advice, and reduced trust in optical professionals." Individual respondent

"Ghost clinics and overbooking mean that patient care is diminished and patient safety is compromised. The result is squeezed appointment times, increased volume of eye examinations and reduced time with patients across eye examination and dispensing functions. Patients are denied the considered time they need and deserve to fully investigate ocular issues or to appreciate their visual needs. It's wholly unfair for patients to be booked in this way as they will be unaware that their level of care has been compromised before they've even entered the practice." Individual respondent

"I am forced to rush tests to somehow deal with double booked patients at the same time. It's unsafe. I have to skip tests or fail to explain things properly or the

patients will start to complain. I hear the staff outside saying I'm running late which impacts the public perception of the profession in my view when the truth is we are being run into the ground." Individual respondent

"I feel there is little to no impact on patients in our area but this may not be the same for all practices. I feel that where ghost clinics may make the practice busier in some circumstances at other times clinics can be very quiet." Optical business

"It puts patients under so much risk because the practitioner is forced to test even quicker than usual and cut corners or not give the patient to feel comfortable when going through history or symptoms because if 1 patient is expected to be seen at 25 mins - this is fine... however when ghost patients are added in and 2 people turn up at the same time ... or in a day you are expected to see them throughout then you are forced to decide who deserves more time or less time or who you can race through or not..." Individual respondent

"...Patients may be unnecessarily referred into HES [hospital eye service] as extra tests e.g. ... tonometry, dilations etc may not be carried out, or may not feel they have time to seek out second opinion from colleagues. Diminishes the public perception of optometry further as the ghost clinic / overbooking practice is purely for financial gain for the companies doing so." Individual respondent

"...One time the "emergency" clinic was booked with all routine patients and when it came to an actual urgent triage we could not see them in store. They had to be redirected" Individual respondent

Impact on individual respondent

14. Of the 1,071 respondents who answered the question 'What is the impact on you?', themes included:

- wellbeing: stress, pressure and/or burnout, with many mentioning physical symptoms and mental health deterioration;
- rushed and unsafe practice: many felt forced to cut corners, rush tests, or skip essential steps, leading to fears of missing pathology and risking patient safety, with potential legal or regulatory consequences;
- loss of breaks and work-life balance: loss or reduction of lunch breaks and working beyond contracted hours (including taking work home) to catch up on admin, referrals, or record keeping, leading to poor work-life balance and fatigue;
- reduced quality of care and professional satisfaction: unable to provide the standard of care they aspire to, leading to guilt, frustration, and a sense of

professional failure, with many saying they were considering leaving the profession altogether;

- commercial pressure and erosion of professional autonomy: a feeling that commercial interests and sales targets were prioritised over patient care, with optometrists treated as “robots” or “salespeople” rather than healthcare professionals; and
 - lack of control and support: optometrists feel powerless over diary management and unsupported by management, who prioritise commercial interests.
15. A minority of respondents reported no impact, usually because their practice did not use ghost clinics or overbooking.
 16. The overall sentiment was strongly negative, with many describing the situation as unsustainable, unethical, and damaging to both practitioners and patients.
 17. A sample of comments is available in the box below.

“It puts huge pressure on the optometrist — causing stress, fatigue, and burnout. Rushing through back-to-back patients makes it hard to maintain clinical accuracy or give proper care. Over time, it affects morale, confidence, and overall job satisfaction...” Individual respondent

“1) stressed due to running behind, worried about missing pathology and being investigated by the GOC 2) not able to get a full lunch 3) finishing late which means getting home late especially after a long commute 4) frustrated that I am not able to give the service and care that patients deserve 5) I am seriously thinking about leaving this profession, I would not recommend anyone to get into optometry” Individual respondent

“Anxiety, stress, no lunch breaks, exhaustion, scared I cannot conduct a thorough test due to time constraints” Individual respondent

“As an optometrist you are unable to give each patient 100% of your time & effort when you know there is a ghost clinic looming.... With all things considered, your judgment can be clouded in the rush of things & it is unsafe to do so.” Individual respondent

“Constant anxiety due to angry patients, running behind and worry might miss something.” Individual respondent

“Constant pressure of completing the clinic. Feels like I have to rush eye examinations as I don’t have the time to see patients safely. I don’t even have time to go to the toilet as I’m constantly working like a robot. No time to even sip water

as the clinic is running behind and always have to catchup. Shorter lunch breaks as the clinic has run into lunch, I'll be lucky if I get 10 mins. Even during the lunch break I'm constantly getting interrupted to sign off kids collections and sign rx [prescription] copies, dealing with other queries. I have to do my admin during lunch time..." Individual respondent

"...As a locum, companies blacklist you for refusing ghost clinics even though they state in writing that you have a right to decline them. So in reality, they are making you choose between seeing ghost clinics or not having work." Individual respondent

"...Stores often overlook that patient care extends beyond the sight test to include aftercare, documentation, and referrals and also speaking to the patient in a caring way. Being unfairly blamed for inevitable delays in rolling, overbooked clinics further erodes morale and workplace relationships. Ultimately, ghost clinics undermine clinical autonomy, damage wellbeing, and drive skilled optometrists away from the profession" Individual respondent

"Horrendous stress. Refusing to compromise on clinical excellence and being thorough, not rushing elderly/ complex or young patients who need more time, and ensuring I took my lunchbreak/ was able to use the toilet etc meant tension with management for not seeing as many patients, and frustration from other optometrists who did speed up. I left to move to an independent practice where this abhorrent practice and expectation wasn't there and am no longer on the verge of burn-out" Individual respondent

"I have been stopped from going to the toilet because patients are waiting. I've been told off by management for taking too long speaking to eye casualty. I've been asked by management with no optical degrees etc whether dilations are necessary. I miss my lunch breaks on a regular basis and I leave work late." Individual respondent

"It can be extremely mentally draining at times and it can also feel that there is a significant lack of support in tackling this as there is nothing from the GOC on this to help us counter these arguments" Individual respondent

"I am happy that my employer (an independent practice) does not use ghost clinics or double book. Reading about this topic has made me more appreciative of the place where I work" Individual respondent

Raising concerns

18. Of the 1,002 respondents who answered the question 'Have you ever raised any concerns around overbooking/ghost clinics with your employer? If so, what was your experience?', most respondents had raised concerns about

overbooking and ‘ghost clinics’ with their employers, but overwhelmingly reported that these concerns were ignored, dismissed, or met with negative consequences. Many respondents had not raised concerns because they were fearful to do so or felt that it would not make any difference.

19. The most common themes were:

- dismissal and lack of action: concerns were brushed off, ignored, or met with stock responses such as “that’s just how it is”, “it’s company policy”, or “business needs come first”, with many reporting that nothing changes even after repeated complaints;
- business and financial priorities: employers justify overbooking as necessary for business profitability, to compensate for no-shows, or to meet sales targets. Many felt patient care and staff wellbeing were secondary to profit;
- excuses around no-shows: the most frequent justification given by management was that ghost clinics are needed to offset high rates of patient no-shows (‘do not attend’ (DNA) or ‘failure to attend’ (FTA)). However, many respondents highlighted that when all patients do attend, the system collapses, leading to stress, missed breaks, and compromised care;
- negative consequences for speaking up: being threatened with loss of work, being blacklisted, or being labelled as “not a team player” if they refuse to comply or continue to raise concerns;
- culture of fear and resignation: there was a strong sense of fear about raising concerns, especially among locums, due to the risk of losing shifts or employment;
- management blames ‘head office’ or ‘policy’: many reported being told that overbooking is mandated by head office, regional managers, or is simply “industry standard”, leaving local managers powerless;
- leaving or avoiding practices: some said they had left jobs, refused to work in practices with ghost clinics, or only worked for independents as a result; and
- wider systemic issues: frustration at the lack of regulatory intervention from bodies like the GOC, and the normalisation of overbooking across the sector.

20. A handful of respondents reported positive change after raising concerns, but even then, improvements were often temporary before old practices returned.
21. In summary, the dominant experience was that raising concerns about overbooking/ghost clinics is futile, often risky, and met with indifference or hostility, noting that the practice is driven by business priorities and justified by no-show rates. Many felt powerless to effect change and some had left roles or avoid certain employers as a result.
22. A sample of comments is available in the box below.

"I have but have been told at times it has to be balanced with patients not showing up, but I see no provision put in place when all patients do show up. I have seen some managers brush it off as technical and/or software issues." Individual respondent

"Yes, concerns have been raised, but they are often dismissed or minimised as 'business realities.' There is a real fear among staff that speaking out will be viewed negatively or impact employment prospects. This culture of silence prevents necessary reform and accountability." Individual respondent

"As a locum when you complain they blacklist you" Individual respondent

"At those practices I've worked at where this happened, any concerns were either ignored or the member of staff who raised a concern was considered to be difficult or 'not a team player'!!" Individual respondent

"Concerns have been raised, but they're often dismissed or met with pressure to 'meet targets.' Speaking up about unsafe clinic volumes can feel risky, especially when job security or reputation is at stake..." Individual respondent

"Difficult to do otherwise you are seen as incompetent." Individual respondent

"Employers erroneously hide under the phrase 'put the patient above every other consideration' saying the patients need our help, so should not be turned away. The irony is that the patient is not getting competent care in this way, when there is no time and Optometrist is stressed out. The actual aim of the employer is to maximise profit at the expense of the patient and optometrist." Individual respondent

"I have raised concerns with management and they first justified it by saying stores have high number of DNA's so it's okay, which is untrue as some days you may get no DNA's and still have a full ghost clinic which means extra patients in the same time. They also then renamed it to a [redacted] clinic which made no difference as it is still a ghost clinic and when further pressing management they

said if the GOC has no restrictions against it all Optoms should be doing it and if we refuse to do it then they will get Optoms who will.” Individual respondent

“I have spoken to a manager who understood my concerns. However he stated he has been directed to do it by higher leadership. He is also under strain as due to no shows, he is being told targets are not being met.” Individual respondent

“In a previous role I raised concerns and even came up with solutions to help manage the clinic more efficiently. Ultimately I was ignored. I couldn’t cope with the level they were expecting of me, I gave my notice and found a new job.” Individual respondent

“I’ve raised concerns about ghost clinics, but the response from management has been disappointing. The store manager said the overbooking comes from head office and the regional manager, and that they have no control over it. This leaves me with no voice in the matter, even though it directly affects patient safety and our ability to provide proper care.” Individual respondent

“No because when other people have spoken up they no longer get booked as a locum” Individual respondent

“No, due to other optometrists saying “this is just the way it is”. And because I was raising other concerns regarding the practice.” Individual respondent

“Yes and it was really difficult as they did not care or listen and said it’s company policy and I have to just do it so I don’t work places that do that now” Individual respondent

“Yes, I was threatened with replacement. It’s either comply and be forced to take short cuts to meet demands and risk a GOC case or risk unemployment. A lose-lose situation” Individual respondent

Other comments

23. Of the 621 respondents who had other further comments, most respondents strongly opposed overbooking and ghost clinics, describing them as unsafe, unethical, and detrimental to both patient care and practitioner wellbeing, and calling for them to be banned. Themes not already raised in detail in response to previous questions included:

- appointment times are insufficient:
 - especially for complex cases and with the addition of new clinical tests (e.g. retinal imaging technology), and can lead to over-referrals to the hospital eye service;

- and do not allow time for administrative duties (such as referrals), children's spectacle collections or emergency walk-in patients;
 - the NHS funding model for sight testing is broken and potentially leading to practices such as overbooking / ghost clinics;
 - regulatory failure: many respondents criticised the GOC and other professional bodies for failing to address the issue, protect practitioners, or enforce minimum standards. There were calls for clear, enforceable minimum appointment times (often suggested as 25-30 minutes) and for businesses to be held accountable, including through fines or loss of NHS contracts;
 - impact on professional reputation: rushed appointments and poor service damage the reputation of optometry;
 - increased patient complaints; and
 - calls for practices to prioritise staff wellbeing and patient safety over commercial interests.
24. Overall, the dominant sentiment was that overbooking and ghost clinics are harmful, profit-driven practices that must be stopped through robust regulation, enforcement of minimum standards, and a renewed focus on patient care and practitioner wellbeing.
25. A sample of comments is available in the box below.

"A big part of this is how the eye examination has changed since Covid and the introduction of improved technology. A 20 minute sight test or less is simply not enough time to take a good case history, refract and check eye health along with explain OCT/fundus results without rushing...I feel there should be a minimum sight test time to ensure patients are receiving the best care possible and that the Optometrist carrying out the examination feels confident." Individual respondent

"I think we need to step back and look at what is driving the existence of ghost clinics and overbooking - and that points towards a broken model of optometric funding..." Individual respondent

"In summary, the ongoing issue of ghost and overbooked clinics reflects a serious systemic failure that undermines both patient safety and professional integrity in optometry. Without proper accountability from employers and regulatory enforcement from the GOC, optometrists are being placed in untenable positions where they must choose between meeting unrealistic commercial demands and adhering to clinical and ethical standards. Urgent action is needed to ensure that

all clinics operate safely, transparently, and with respect for both patients and the professionals entrusted with their care.” Individual respondent

“I feel this practice should be banned as it is in clear conflict with professional standards which both optometrist and practice has to abide by. It should be enforced by the GOC and a clear whistleblowing mechanism should be in place to report this without fear of retribution or repercussions by way of anonymity”

Individual respondent

“It would be helpful to have a standardised system for charging patients for missed appointments, as this would reduce the need for businesses to make up the money elsewhere, such as ghost clinic” Individual respondent