



Public Perceptions Research 2017

Final Report

The General Optical Council

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Executive Summary

Introduction

Enventure Research, an independent research agency, was commissioned by the General Optical Council (GOC) to undertake its third year of Public Perceptions Research as part of its commitment to better understanding the views and experiences of the general public in relation to the optical professions. More specifically the GOC wanted to:

- Conduct robust research into public perceptions and experiences of the optical professions in the UK;
- Understand what the public expects from a regulatory body;
- Use the research to improve as a regulator and ensure that the GOC fulfils its statutory obligation to protect and promote the public's health and safety; and
- Benchmark public perceptions in order to track how these may change in the future.

Methodology

A mixed quantitative and qualitative approach was taken to this research in the form of a representative survey of the UK population, followed by a series of focus groups and in depth telephone interviews.

Those who took part in the survey are referred to as 'respondents' and those who took part in the focus groups and in depth interviews are referred to as 'participants'.

Key findings

Visiting opticians with an eye problem

As found in previous years, GPs continue to be the first port of call for people with eye health problems, with 37% of respondents saying that they would go to a GP first if they woke up tomorrow with an eye problem. However, this highlights a decline in this response over time and an increase in the proportion who said that they would go to an optician first, from 19% in 2015 to 24% this year.

Respondents from Scotland (33%), Wales (32%) and Northern Ireland (27%) were all more likely to suggest that they would visit an optician first when compared to respondents from England (20%).

Perceptions of opticians

Testing eyesight continues to be the service most associated with opticians, followed by getting a prescription for glasses or contact lenses and detecting any eye health problems.

Almost half of survey respondents (47%) viewed opticians as providing *both* a healthcare and retail experience. Only 34% saw opticians purely as a healthcare service and 16% as a retailer only.

In terms of how the public viewed themselves when engaging with an optician, 29% viewed themselves solely as a patient (an increase of 8% when compared to the results of 2016). The largest proportion (39%) saw themselves as a customer and a further 29% as a combination of customer and patient.

Participants from the focus groups and in depth interviews largely confirmed the findings, with the majority viewing opticians as both a healthcare provider and a retailer. However, they were more inclined to view themselves as both patients and customers, compared to the survey results where the largest proportion (39%) said the latter. The overriding reason for this view is that there is a clear distinction between the eye examination which is viewed as very clinical where they are a patient, and the process of purchasing glasses or contact lenses which is viewed as a retail experience where they are a customer.

I'm there to buy frames, so it's retail, but it definitely feels like a clinical area when you're having your eyes tested. (Participant from Kircubbin, Northern Ireland)

However, some participants, particularly those who had been diagnosed with and treated for glaucoma, were more likely to view opticians as a healthcare service and view themselves as a patient, based on their previous experiences.

My optician picked up my glaucoma and I can't express how thankful I am to him. I now see him in a totally different light, as a healthcare professional. That's changed since I was diagnosed. (Participant from London with glaucoma)

Visiting an optician and levels of satisfaction

The majority of respondents (72%) had visited an optician in the last two years, in line with previous years of the survey.

Satisfaction levels remain high. When looking at the patient experience, those who had visited an optician in the last two years reported high satisfaction levels both in relation to the optician who carried out the eye test and with the overall experience of visiting the optician (96% and 95% respectively).

Purchasing glasses and contact lenses, costs and pressure to buy

Most people do not feel uncomfortable about visiting an optician (59%). However, a significant minority indicated that they have felt uncomfortable about pressure to buy glasses or contact lenses (15%) or the cost of an eye test (9%).

It is positive to note that feedback from the focus groups suggests that glaucoma patients have not been deterred from visiting opticians for these reasons, but have highlighted that those who have glaucoma may be deterred as they may not feel comfortable about having their condition managed at an opticians and would prefer this to be done in a hospital setting.

As seen last year, most patients said that they felt that costs were clear to them at the opticians before, for example, before they purchased a pair of glasses (88%) and before they purchased a pair of contact lenses (85%).

An additional question was asked this year to find out whether anyone had ever tried to sell them something more expensive than they wanted to pay when visiting an optician (for example, a more expensive brand, lens coatings, other add-ons etc). The majority of respondents said this had not happened, but significant minorities indicated that it had when purchasing a pair of glasses (37%) or contact lenses (34%).

Most patients said that they did not feel under any pressure to buy a product or service which they did not want or need when visiting an optician. However, this year's results show a significant increase in the proportion of those who said that they felt under some or a lot of pressure to buy a product or service they did not want or need. The largest increase can be seen when visiting for a contact lens appointment and to purchase contact lenses (proportion of respondents feeling under 'a lot' of pressure from 2% in 2016 to 17% in 2017).

Another new question this year found that a total of 59% thought that opticians were under pressure by their employers to sell products or services which they know are not needed by the patient/customer.

As found in 2016, the majority of focus group and in depth interview participants indicated that they had not experienced what they would describe as pressure to buy products or services when visiting an optician. There was a general acceptance that opticians would be under pressure to sell more expensive products and services, as they worked for businesses that needed to make a profit, and therefore explained that they expected to be encouraged to spend more money. However, these participants tended to state that they were happy to say 'no' to these offers, and therefore did not necessarily view it as pressure in this way.

At the end of the day, they can put as much pressure as they like on somebody, but if you can't afford to buy then you aren't going to buy them. (Participant from Lossiemouth, Scotland)

Dissatisfaction and complaints

There continues to be low levels of dissatisfaction with and complaints about opticians. Overall, 87% of respondents said that they had not complained or considered complaining about their experience with an optician, however this represents a small decrease from 2016, where 92% had not complained or considering doing so.

Apologies when something goes wrong

The majority of respondents felt it was likely that they would receive an apology from an optician if something had gone wrong (66%). However, a significant minority said that it was not likely they would receive an apology (19%) or that they didn't know (15%), in line with last year's results.

Technological developments in the optical sector

Overall there were mixed views about how technological developments may change the delivery of the sight test in future.

- 43% said they would feel comfortable having their vision tested by a machine without an optician present, but 48% said they would feel uncomfortable.
- 49% said they would feel comfortable with a computer diagnosing an eye condition without an optician being involved, but 44% said they would feel uncomfortable.

Focus group participants had generally positive attitudes towards a sophisticated machine testing their eyesight, but were much more dubious of devices which would utilise smartphone technology to test their eyesight. Participants also questioned whether these machines or devices would also look at their eye health and related health conditions, as well as testing their eyesight.

Humans can and do make mistakes. Artificial intelligence would probably make less mistakes! (Participant from Tandragee, Northern Ireland)

Participants thought that virtually trying on glasses online was a novel idea, but most said that they would just use it to gain an idea of what styles they liked and that they would then visit an opticians to try them on to make sure they fit and were comfortable.

I would probably use it to pick two or three different styles, then nip into town to try them on before making my final decision. (Participant from Coventry)

Almost half (47%) said that they would not be happy with less human interaction during their consultation at an opticians in the future. A total of 45% said they would be happy (either definitely or to some extent), and these respondents were more likely to be younger.

Participants highlighted the benefits of expert knowledge and advice of a human optician during the eye test, and therefore suggested that less human interaction would be more appropriate when purchasing glasses or contact lenses rather than during the clinical element of the consultation.

I think I would be happy to choose frames without human interaction. But I wouldn't want to get a prescription without human interaction. I just wouldn't trust it. (Participant from Cardiff)

Glaucoma patients and enhanced services

In this year's research, one focus group was dedicated to those who had been diagnosed and treated for glaucoma, recruited by the International Glaucoma Association.

Overall, most focus group participants discovered that they might have glaucoma or an issue with their eye health from an optician, who later referred them to secondary care where they

received a formal diagnosis. Some had a history of glaucoma in their family so were aware that they were more likely to develop it.

*My optician picked up my glaucoma and I can't express how thankful I am to him.
(Participant from London with glaucoma)*

All focus group participants had their glaucoma managed within a hospital setting and were largely happy with the quality of care they received. They acknowledged that in a hospital it often took a while to get an appointment, but they were prepared to wait because of the quality of the care and expertise they received within a hospital setting. Only a few participants were unhappy with the care they received in hospital, for example, not receiving adequate information and support about glaucoma and being given confusing and sometimes conflicting advice about whether they needed treatment or surgery.

Most focus group participants had a regular optician that they saw and were generally happy with the care received, particularly the continuity of care as they often saw the same optician and had built up a good relationship with them. However, they felt that their optician was more limited in their knowledge of and ability to prescribe more complex medication for their glaucoma.

Overall, focus group participants were sceptical about having their glaucoma treated and managed by an optician within an enhanced community setting in the future. They thought that ophthalmologists had greater expertise and that hospitals had more specialist equipment to manage and treat conditions such as glaucoma. They felt that optometrists had fewer qualifications and less experience of treating glaucoma, which could pose a potential risk to their eye health. They felt opticians were more suited to providing routine care.

I think hospitals can deal with complex cases much better than the high street and that is what I would expect hospitals to be for. (Participant from London with glaucoma)

1. About This Research

1.1 Introduction

The General Optical Council (GOC) is the regulator for the optical professions in the UK. Its mission is to protect and promote the health and safety of the public. It currently registers around 29,000 optometrists, dispensing opticians, student opticians and optical businesses.

The GOC has a research programme to help understand the views and experiences of members of the public across the UK. In doing so, it carries out annual Public Perceptions Research to help the GOC better understand how it can improve as a regulator and fulfil its statutory role in protecting and promoting the public's health and safety.

Enventure Research, an independent research agency, was commissioned to deliver the 2017 Public Perceptions Research on behalf of the GOC. The key objectives were to:

- Conduct a survey with a robust and representative sample of the UK adult population
- Measure and track trends in perceptions and levels of awareness over time, comparing results to previous years
- Include a mix of both patients and non-patients within the survey
- Thoroughly analyse the survey results and highlight key findings

1.2 Methodology

A mixed research approach was taken, including both quantitative and qualitative methodologies.

Quantitative survey

A questionnaire was designed by Enventure Research and the GOC which took respondents between 10 and 15 minutes to complete. For reference, a copy of the questionnaire can be found in **Appendix A**.

Interlocking quotas were set to ensure a representative sample was achieved based on gender and age within each UK nation. Quotas were also set to achieve a minimum number of interviews for each UK nation, with Scotland, Wales and Northern Ireland over-sampled to ensure that confident statistical analysis could be undertaken at this level.

The survey was hosted online and distributed via email to a UK consumer panel, which includes members of the public who have signed up to take part in online research on a wide number of topics.

The survey was live from 26th June to 11th July 2017. During this time, 3,025 responses were received.

Qualitative research – focus groups and in depth interviews

A series of four focus groups and 16 in depth interviews was facilitated by researchers from Enventure Research, who followed specifically designed discussion guides to allow all relevant topics to be covered. The discussion guides were designed to revisit areas covered in the survey in order to stimulate discussion and explore the reasons behind the results in greater depth. Copies of the focus group and in depth interview discussion guides can be found in **Appendix B**.

Three focus groups were held with the general public and one focus group was held specifically with people who had been diagnosed with and had received treatment for glaucoma, who were recruited to attend the group via the International Glaucoma Association. This group specifically focused on the experiences and perceptions of this target audience.

The qualitative research fieldwork took place between 7th and 17th August 2017 with a broadly representative selection of the general public (42 participants in total). Two focus groups were held in England and one each in Scotland and Wales. The 16 in depth interviews were also stratified to ensure a range of people were included within the research from different countries, with a focus on Northern Ireland and more rural areas to contrast with the city-centre locations of the focus groups.

A change in methodology between the 2015 and 2016/17 surveys

The 2015 Public Perceptions Survey was delivered using the different methodology of telephone interviews to administer the survey. As the 2016 and 2017 surveys have been conducted online, this means that the results are not directly comparable to 2015. However, a number of common themes have continued to emerge, despite the different methodologies, and these have been highlighted throughout the report.

It is also important to note that, whilst still administered online, this year's survey has utilised a consumer panel, which ensures interlocking quotas are met, meaning that no additional face-to-face or telephone interviews were required. This, therefore, represents a small difference in methodology, but one which is unlikely to have had a significant impact on the results.

1.3 Interpretation of the survey findings

Weighting

In previous years, weights have been applied to the returned data to ensure that certain subgroups are not over or under represented within the data and that the data is as close to the demographic profile of the UK as possible in terms of gender and age. Weighting adjusts the proportions of certain groups within a sample to match more closely to the proportions in the target population. However, as this year's survey was administered to a UK consumer panel, it has been possible to meet interlocking quotas for gender, age and country, which has meant that weighting of the data has not been necessary.

When setting the survey quotas, it was decided that the nations of Scotland, Wales and Northern Ireland should be over-sampled to allow for confident data analysis at a nation-specific level and also confident analysis between countries. Therefore, the data has not been weighted to adjust the number of responses by UK nation to be truly representative of the UK.

Use of the term ‘optician’

The term ‘optician’ has been used rather than the two distinct optical professions regulated by the GOC – optometrists and dispensing opticians. This term was used throughout the research, including the questionnaire and discussion guide, to avoid confusion as the majority of the public do not distinguish between the two professions (as highlighted in the 2015 and 2016 research).

Interpretation of the survey data

This report contains tables and charts. In some instances, the responses may not add up to 100%. There are several reasons why this might happen:

- The question may have allowed each respondent to give more than one answer
- Only the most common responses may be shown in the table or chart
- Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
- A response of between 0% and 1% will be shown as 0%

As the online survey was undertaken with a sample of the general public, all results are subject to sampling tolerances. For example, when interpreting the results to a survey question which all respondents answered, where 50% responded with a particular answer, there is a 95% chance that this result would not vary by more than +/- 1.7 percentage points had the result been obtained from the entire UK population (16+).

Subgroup analysis has been undertaken to explore the results provided by different demographic groups, such as gender or age group. This analysis has only been carried out where the sample size is seen to be sufficient for comment. Where sample sizes were not large enough, subgroups have been combined to create a larger group.

Throughout this report, those who took part in the survey are referred to as ‘respondents’.

For the purpose of this report, those who reported visiting an optician in the last two years are referred to as ‘patients’. Those who reported visiting an optician more than two years ago or never are referred to as ‘non-patients’.

Comparisons between 2015, 2016 and 2017 survey results

Where possible, comparative analysis has been undertaken between the 2015, 2016 and 2017 Public Perceptions Survey results to allow perceptions to be tracked over time. This analysis is included where appropriate throughout the report, including details of any limitations of the comparison such as changes in methodology or wording of a question.

For reference, the 2015 and 2016 Public Perceptions Survey reports can be found online at:

https://www.optical.org/en/news_publications/Publications/policy-and-research-papers.cfm

Interpretation of the qualitative feedback

When interpreting qualitative research feedback, which for this research has been collected via focus groups and in depth interviews, it is important to remember that these findings differ to those collected via a quantitative methodology. Qualitative findings are collected by speaking in much greater depth to a select number of participants (in this case, 42 members of the public). These discussions were digitally recorded and notes made to draw out common themes and useful quotations.

Therefore, it should be remembered that qualitative findings are not meant to be statistically accurate, but instead are collected to provide additional insight and greater understanding based on in depth discussion and deliberation, something not possible to achieve via a quantitative survey. For example, if the majority of participants in a series of focus groups hold a certain opinion, this does not necessarily apply to the majority of the UK population.

Throughout this report, those who took part in qualitative research (focus groups or in depth interviews) are referred to as ‘participants’.

1.4 Acknowledgments

Enventure Research would like to thank Angharad Jones and David Rowland from the General Optical Council and Richenda Kew from the International Glaucoma Association for their help and cooperation on this project, and to express gratitude to everyone who took part in the survey, focus groups and in depth interviews.

2. Public perceptions of opticians

Key findings

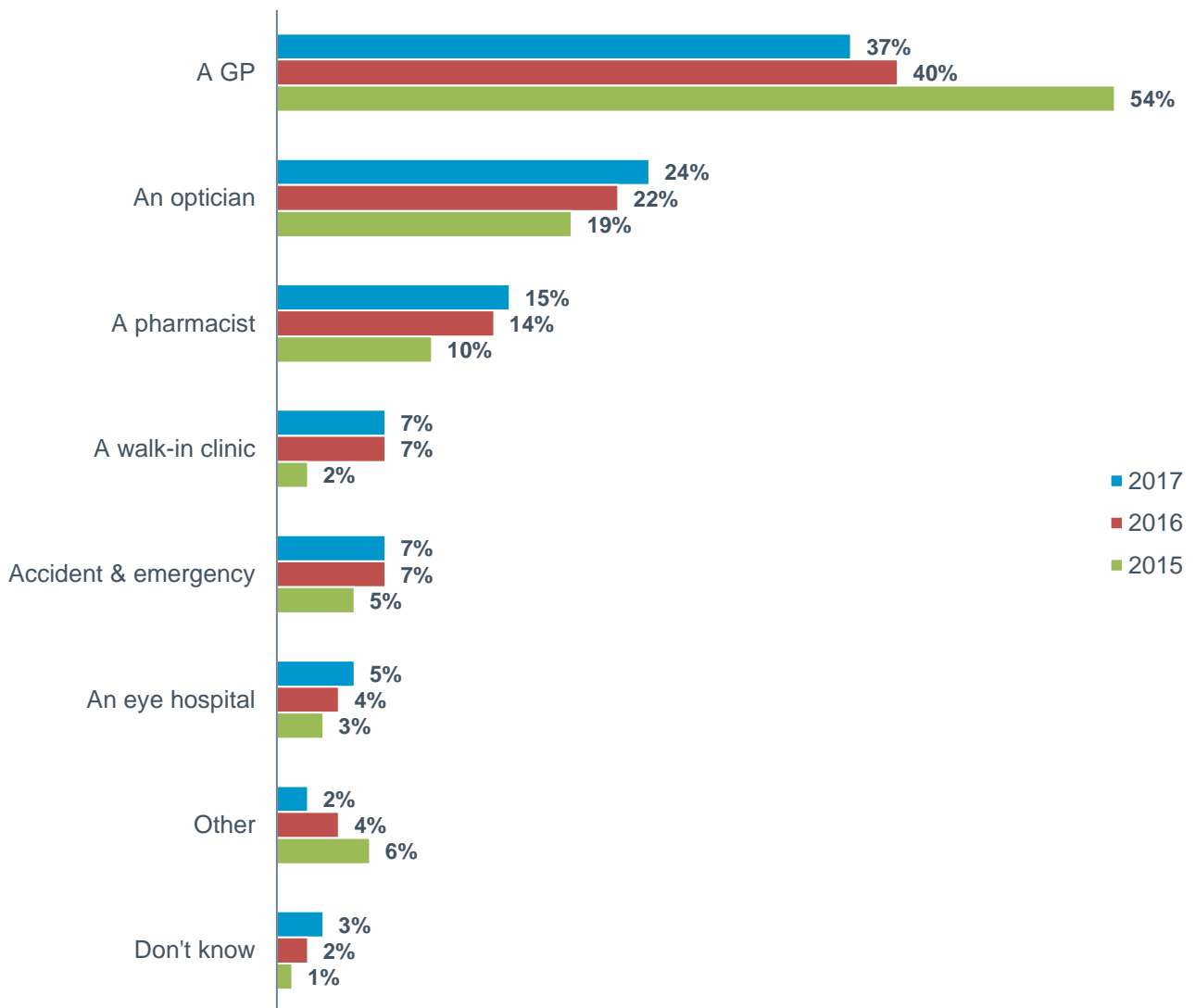
- GPs remain the first port of call for people if they woke up tomorrow with an eye problem, although suggested by smaller proportions of respondents each year
- Testing eyesight remains the service most associated with opticians
- Almost half of survey respondents (47%) saw opticians as a combination of a healthcare service and a retailer whilst 34% saw them as purely a healthcare service and 16% as a retailer only
- Two in five (39%) viewed themselves as customers when visiting an optician. The same proportion saw themselves as a patient only (29%) and combination of a customer and patient (29%)
- Focus group and interview participants were more likely to view opticians as both a healthcare service and a retailer due to the two distinct stages of visiting – the eye examination and purchasing glasses or contact lenses
- However, some participants were more likely to view opticians as purely a healthcare service and see themselves as patients when visiting due to previous experiences of diagnosis and treatment, particularly those who had been treated for glaucoma

2.1 The role of opticians in treating eye problems

Almost two in five (37%) respondents said that they would go to a GP first if they woke up tomorrow morning with an eye problem, followed by 24% who said they would go to an optician first.

As seen in 2016, this year’s results show further small increases in the proportions of respondents who said that they would first visit an optician or pharmacist, and a decrease in the proportion who said they would visit a GP first.

**Figure 1 – If you woke up tomorrow with an eye problem, such as something in your eye, a red eye or blurred vision, where would you go or who would you speak to first?
Base: All respondents 2017 (3,025) / 2016 (3,252) / 2015 (2,250)**



‘Other’ suggestions included looking for advice online, calling the NHS 111 service, and seeking advice from family and friends.

Subgroup analysis

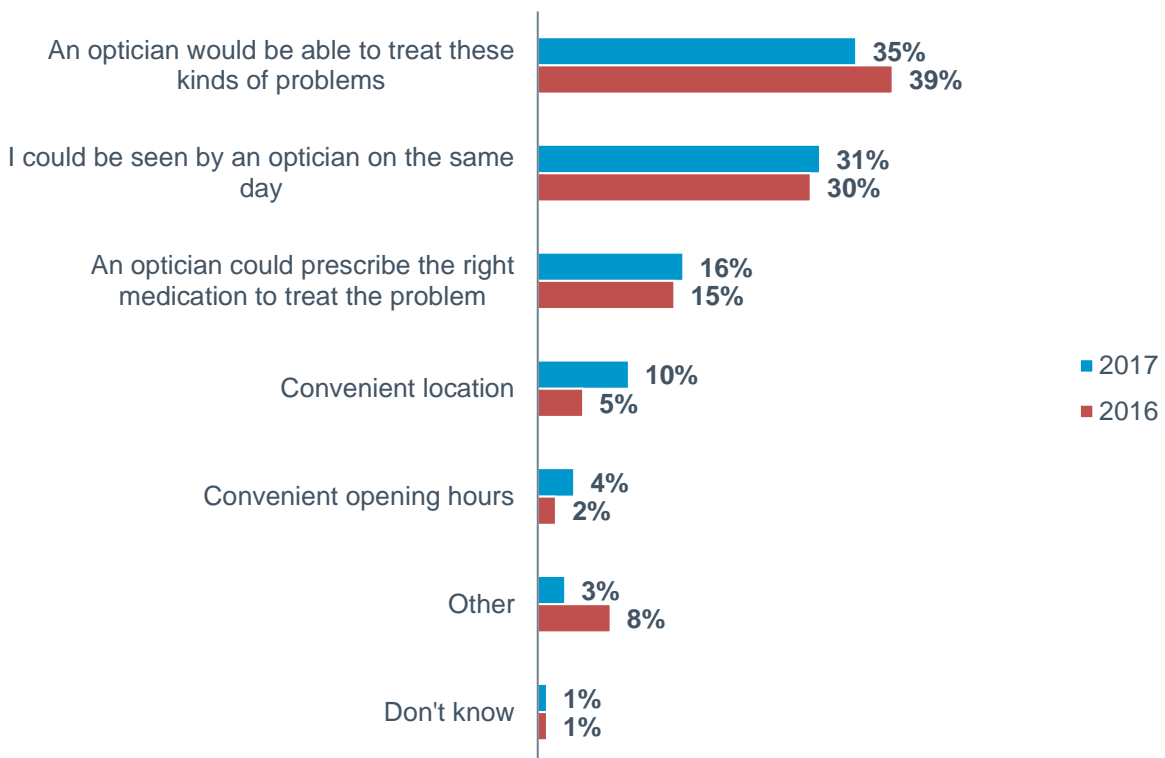
Subgroups more likely to say they would **visit an optician first** (24% overall) included those who:

- Were patients (27%) compared to non-patients (16%)
- Were from Scotland (33%), Wales (32%) and Northern Ireland (27%) compared to those from England (20%)
- Used contact lenses (34%) compared to those who did use any products (25%)
- Viewed opticians as a healthcare service (29%) compared to those who viewed opticians as a retailer (14%)

The GOC wanted to better understand the reasons why people would or would not go to an optician first if they woke up with an eye problem. Just over a third (35%) of those who said that they would go to an optician first indicated that this was because they thought an optician would be able to treat these kinds of problems. Three in ten said that they thought they could be seen by an optician on the same day (31%).

In comparison to the 2016 survey results, slightly larger proportions of respondents said that an optician would be their first choice because they could be seen on the same day (+ 2%) and because of the convenient location (+ 5%), and a slightly smaller proportion said that this was because an optician could treat these kinds of problems (- 4%).

Figure 2 – Why would an optician be your first choice in this situation?
Base: Those who would go to an optician first 2017 (734) / 2016 (714)



'Other' responses included opticians having the best equipment to identify eye health problems, regularly visiting and trusting an optician, knowing that opticians are trained eye specialists, and not wanting to unnecessarily use the NHS.

Subgroup analysis

Subgroups more likely to say that **an optician would be able to treat these kinds of problems** (35% overall) included those who:

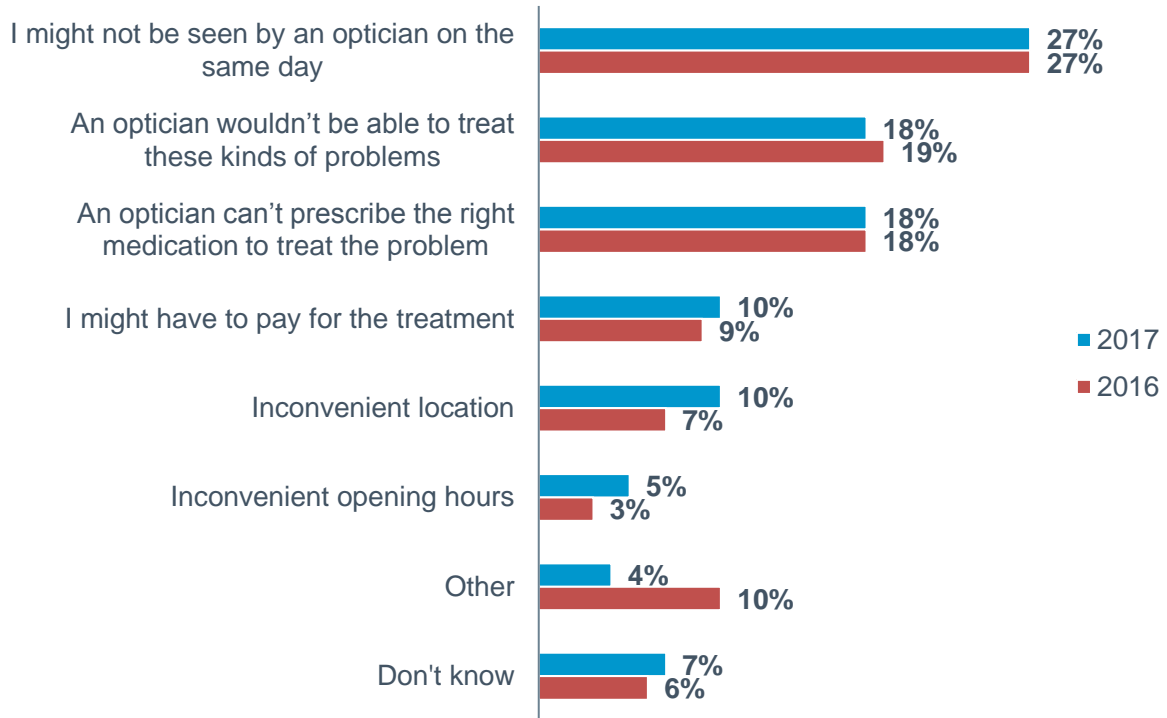
- Were from Scotland (43%), particularly when compared to those from England (32%)
- Were aged 35-54 (41%) when compared to those aged 75+ (27%)

Subgroups more likely to say that they **could be seen by an optician on the same day** (31% overall) included those who:

- Were aged 55-74 (41%) when compared to those aged 16-34 (26%) or 35-44 (27%)
- Viewed themselves as a customer (35%) compared to those who viewed themselves as a patient (28%)

Over a quarter (27%) of those who said that they would **not** go to an optician first specified that this was because they might not be seen by an optician on the same day, followed by a further 18% who felt that an optician would not be able to treat these kinds of problems or that an optician could not prescribe the right medication to treat the problem. As shown in the chart below, there has been very little change in the results to this question between 2016 and 2017.

Figure 3 – Why would you choose *not* to go to an optician first in this situation?
Base: Those who would not choose to go to an optician first 2017 (2,142) / 2016 (2,357)



'Other' responses included having an established relationship and trusting the opinion of their GP, feeling that a pharmacist could offer better advice, never having been to an optician before, the issue being too serious for an optician and not knowing that an optician could treat these kinds of problems.

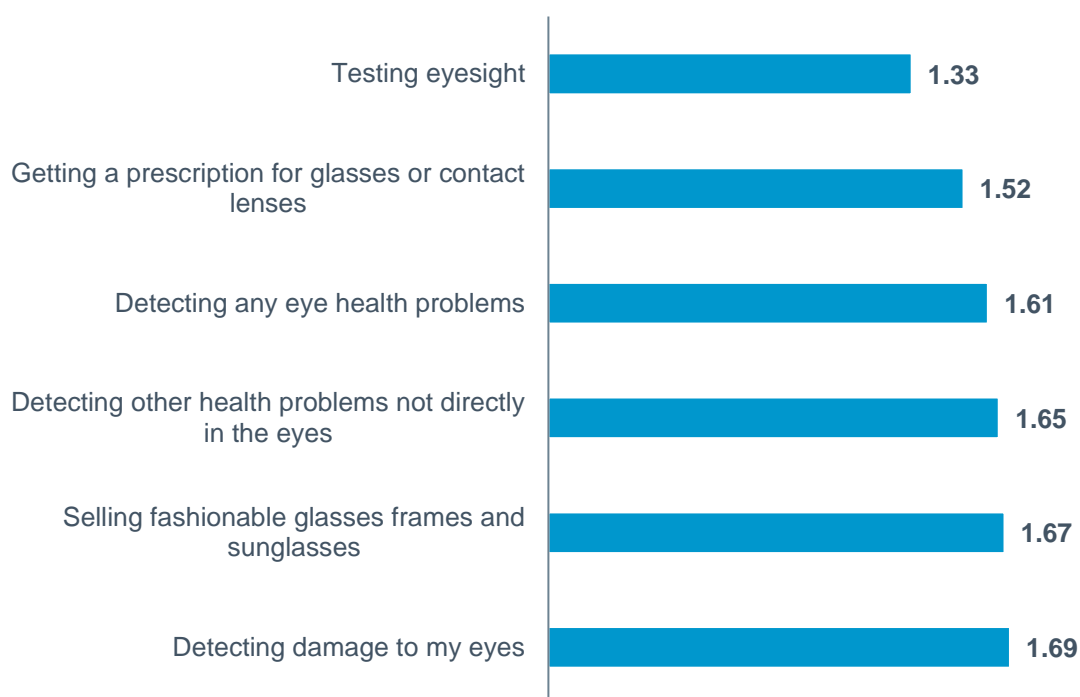
2.2 The role and remit of opticians

All respondents were asked to select which two services they most associated with opticians, ranking them as 1 or 2, where 1 was the service most associated with opticians. The calculated mean scores for each service are presented in the chart below, where a lower score represents a service more associated with opticians. Testing eyesight was by far the highest ranked service associated with opticians with all other services closely ranked.

Whilst direct comparison is not possible due to changes in the way respondents could answer this question, the same theme has emerged across the three years of this survey, with the majority of respondents saying that they most associate opticians with testing eyesight, followed by getting a prescription for glasses or contact lenses and detecting any eye health problems.

Figure 4 – Thinking about the services provided by opticians, which do you most associate with opticians?

Base: All respondents (3,025)

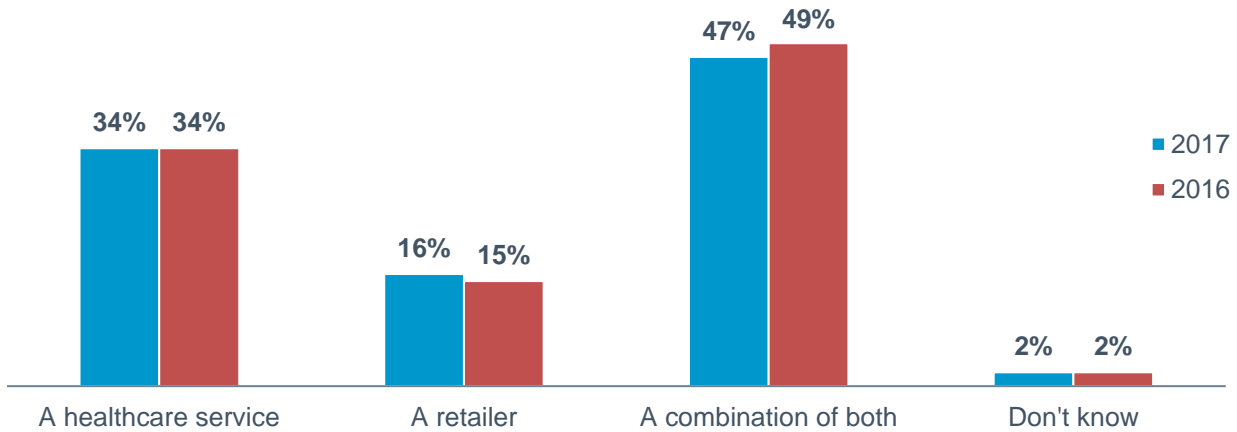


2.3 Healthcare service or retailer?

The GOC was interested in understanding whether the public saw an optician as providing a healthcare service or a retail service. All survey respondents were provided with a randomised list of healthcare services, including an optician, GP, dentist and pharmacist, and were asked whether they thought of each service as primarily a healthcare service, a retailer or a combination of both. Almost half (47%) saw opticians as a combination of both a healthcare service and a retailer, a third (34%) as a healthcare service and a further 16% as a retailer. As shown in the chart below, the results of the 2016 and 2017 survey are almost identical.

Figure 5 – When you think about an optician, do you think of it primarily as a healthcare service, a retailer or a combination of both?

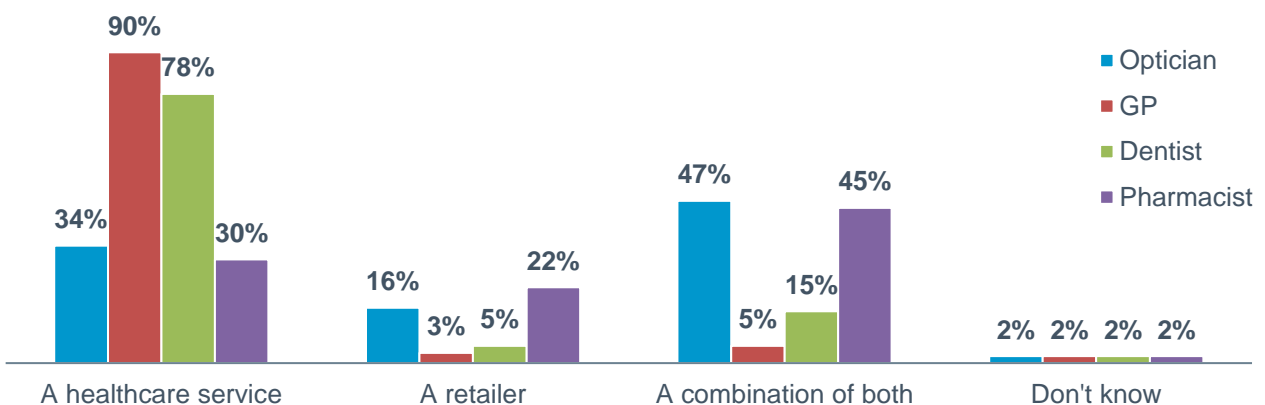
Base: All respondents 2017 (3,025) / 2016 (3,252)



When compared to other healthcare services, a much larger proportion of respondents indicated that they thought of GPs (90%) and dentists (78%) as a healthcare service, but a similar proportion of respondents saw pharmacists as a healthcare service (30%) or a combination of both (45%). This suggest that opticians and pharmacists are most closely associated in this way.

Figure 6 – When you think about the following, do you think of them primarily as a healthcare service, a retailer or a combination of both?

Base: All respondents (3,052)



Subgroup analysis

Subgroups more likely to **view opticians as a healthcare service** (34% overall) included those who:

- Were patients (38%) compared to non-patients (24%)
- Were female (37%) compared to male respondents (32%)
- Were older aged 75+ (45%) compared to younger respondents aged 16-34 (32%)
- Viewed themselves as a patient (69%) compared to those who viewed themselves as a customer (22%)
- Had last visited an independent optician (45%) compared to those who had visited a chain (35%)
- Were aware of the GOC before taking part in the survey (43%) compared to those who were not (32%)
- Were currently or had previously received treatment for eye health conditions (41%) compared to those who had not (33%)

Subgroups more likely to **view opticians as a retailer** (15% overall) included those who:

- Were non-patients (24%) compared to patients (14%)
- Were male (20%) compared to female respondents (13%)
- Were younger aged 16-34 (19%) and 35-54 (20%) compared to those aged 75+ (8%)
- Had last visited a chain optician (15%) compared to those who had visited an independent (11%)
- Viewed themselves as a customer (33%) compared to those who viewed themselves as a patient (6%)

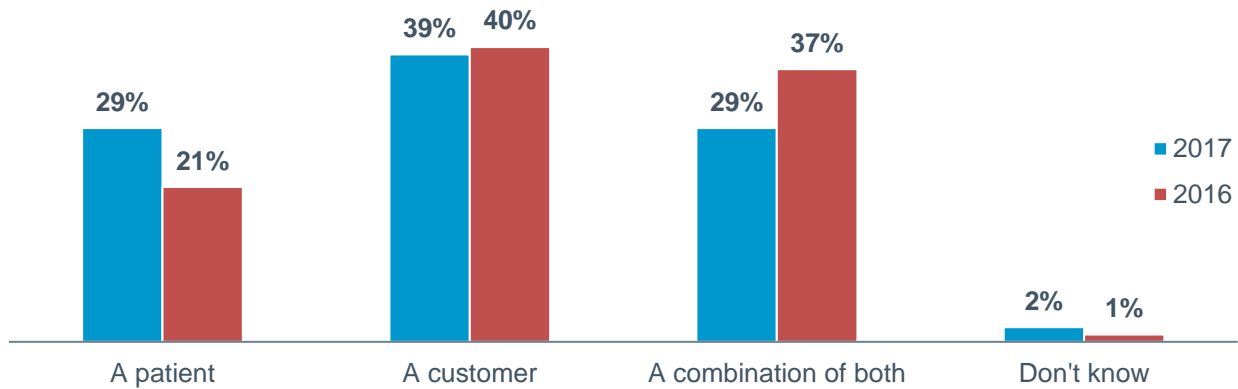
No significant differences were seen by country in response to this question.

2.4 Patient or customer?

Respondents were also asked whether they thought of themselves as patients, customers or a combination of both when they visited a range of healthcare services, including an optician. Two in five (39%) saw themselves as a customer, followed by the same proportion who saw themselves as a patient (29%) or a combination of both a customer and patient (29%). This shows an increase of those who viewed themselves as a patient between 2016 and 2017 (+8%).

Figure 7 – If you visited an opticians, would you think of yourself primarily as a patient, a customer or a combination of both?

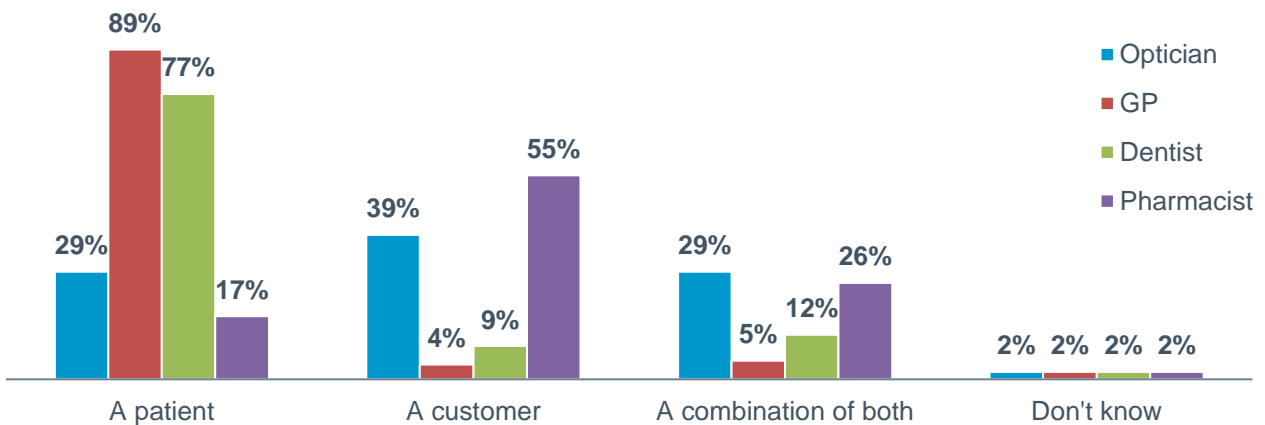
Base: All respondents 2017 (3,025) / 2016 (3,252)



When compared to other healthcare services, a much larger proportion of respondents indicated that they thought of themselves as a patient when visiting a GP (89%) and a dentist (77%). A larger proportion of respondents also indicated that they viewed themselves as a customer when visiting a pharmacist (55%) when compared to an optician (39%).

Figure 8 – When you think about the following, do you think of them primarily as a healthcare service, a retailer or a combination of both?

Base: All respondents (3,252)



Subgroup analysis

Subgroups more likely to **view themselves as a patient** (29% overall) included those who:

- Were patients (31%) compared to non-patients (23%)
- Were older aged 75+ (36%) compared to those aged 16-34 (27%) and 35-44 (27%)
- Had a longstanding disability (33%) compared to those who did not (28%)
- Were aware of the GOC before taking part in the survey (41%) compared to those who were not (27%)
- Were currently or had previously received treatment for eye health conditions (36%) compared to those who had not (28%)
- Had most recently visited an independent optician (41%) compared to those who had visited a chain (27%)
- Viewed opticians as a healthcare service (58%) compared to those who viewed opticians as a retailer (11%)

Subgroups more likely to **view themselves as a customer** (39% overall) included those who:

- Were non-patients (42%) compared to patients (38%)
- Were not currently and had not previously received treatment for eye health conditions (41%) compared to those who had (33%)
- Had last visited a chain optician (41%) compared to those who had visited an independent (30%)
- Viewed opticians as a retailer (77%) compared to those who viewed opticians as a healthcare service (25%)
- Were not aware of the GOC before taking part in the survey (42%) compared to those who were aware (31%)

No significant differences were seen by country in response to this question.

Focus group and interview feedback

Most continue to view opticians as both a healthcare service and retailer, and saw themselves as both a patient and customer

As found in last year's qualitative research, and in line with the survey results, most participants explained that they saw opticians as both a healthcare service and a retailer. This perception was held due to the two distinct stages typically experienced when visiting an optician: the eye examination, which was seen as the healthcare-related stage where they felt most like a patient, and the purchasing of glasses or contact lenses, which was seen as the retail stage and when they felt most like a customer.

Somewhere in between. It's not like going to the doctors. You know you're going for your health, for a check up, but it is more like a retail experience with trying the glasses on as well. (Participant from Pontefract)

I would say it's a bit of both really. I'd say probably a healthcare service first, and then as an afterthought, a bit of a retailer as well because they try and sell you a product. (Participant from Chatham)

I'm there to buy frames, so it's retail, but it definitely feels like a clinical area when you're having your eyes tested. (Participant from Kircubbin, Northern Ireland)

Some view opticians as a purely healthcare setting and feel like a patient, often due to their previous experiences of diagnosis and treatment

Some participants, however, explained that they viewed opticians as purely a healthcare service and that they felt like a patient when visiting. These participants tended to explain that this was because they were aware of the number of tests performed on their eyes during their examination, and that they understood that the examination was not just assessing their sight but also their overall eye health and any related issues. This was particularly the case for participants with glaucoma, who explained that their experiences of being diagnosed and treated for the condition made them view opticians differently, as they were aware that they were not simply performing a sight test, but also checking for eye health conditions such as glaucoma.

Yes, it's more healthcare because it's about maintaining your body. You go to the doctor if there's any complaints and you go to the opticians to maintain your eyesight. (Participant from Tandragee, Northern Ireland)

I almost certainly see them as healthcare because my father had glaucoma so whenever I have been going for the past few years, I've always had a pressure test and a field of vision test. For me it has been preventative. I go with my husband and we both see it as a healthcare visit rather than an opportunity to buy anything. (Participant from London with glaucoma)

My optician picked up my glaucoma and I can't express how thankful I am to him. I now see him in a totally different light, as a healthcare professional. That's changed since I was diagnosed. (Participant from London with glaucoma)

Those who view opticians as a retailer and feel more like a customer

A smaller proportion of participants saw opticians more as a retailer and felt more like a customer when visiting. Many of these participants tended to take a more sceptical view of opticians, explaining that they perceived opticians to be ready to sell you products to improve your eyesight and were very interested in making money. However, other reasons for feeling more like a customer were suggested, such as only feeling like a patient when they have something wrong with their health, which in most cases they do not when visiting an optician, being treated more like a customer, and comparing the experience of visiting an optician to other healthcare professionals such as GPs.

When you come out [of the test], they are like 'come look at these', 'these ones are this cost' and 'those ones are that cost'... 'and you can get two for £99'... it's all about the sell. (Participant from Glasgow)

A customer because I think I would feel like a patient only if something was wrong. (Participant from Swansea)

It's certainly a completely different experience to go and see a GP for instance where you know the focus is solely on your health. This is much more of a retail experience where you move fairly rapidly from eye test into choosing frames and being sold something. I don't see it the same way. (Participant from Coventry)

3. Visiting an optician

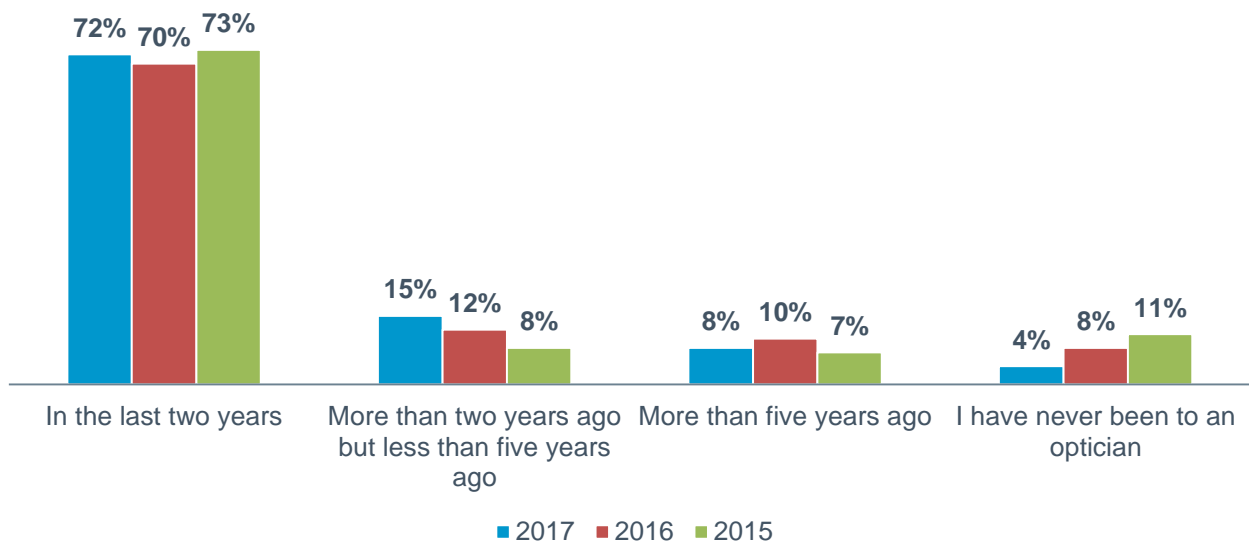
Key findings

- The majority (72%) of respondents had visited an optician in the last two years
- In line with previous years, a larger proportion of those who had visited in the last two years were female, older and were more likely to view opticians as a healthcare service
- 4% said they had never been to an optician and tended to be male and from younger age groups
- The majority (59%) said that they had never felt uncomfortable about visiting an optician
- The most common reasons for feeling uncomfortable were pressure to buy glasses or contact lenses (15%) and the cost of an eye test (13%)
- Glaucoma patient participants explained that they might feel uncomfortable about visiting an optician due to the complex nature of their condition, but not because of pressure to buy products or services, the cost of visiting or fear of diagnosis with an eye health condition

3.1 Reported last visit

This year’s results continue to show that the majority (72%) of respondents said that they last went to an optician in the last two years. The proportion of those who said that they had never been to an optician has decreased from 11% in 2015 to just 4% in 2017 (-7%) and the proportion of those who said that they had been more than two years ago but less than five years ago has increased from 8% in 2015 to 15% in 2017 (+7%). Those who said they had visited an optician in the last two years were more likely to be female and older, and those who said they had never been to an optician were more likely to be male and younger in 2015, 2016 and 2017.

Figure 9 – When was the last time you went to an optician?
Base: All respondents 2017 (3,025) / 2016 (3,252) / 2015 (2,250)



Subgroup analysis

Subgroups more likely to have visited an optician **in the last two years** (72% overall) included those who:

- Were female (75%) compared to male respondents (69%)
- Were older aged 75+ (92%) compared to younger respondents aged 16-34 (59%)
- Viewed opticians as a healthcare service (80%) compared to those who viewed opticians as retailers (60%)
- Viewed themselves as patients (78%) compared to those who viewed themselves as customers (70%)
- Were currently or had previously received treatment for eye health conditions (85%) compared to those who had not (71%)

Subgroups more likely to have **never been to an optician** (4% overall) included those who:

- Were male (6%) compared to female respondents (3%)
- Were younger aged 16-34 (7%) compared to older age groups

- Viewed opticians as retailers (5%) compared to those who viewed opticians as a healthcare service (3%)
- Viewed themselves as customers (5%) compared to those who viewed themselves as patients (3%)

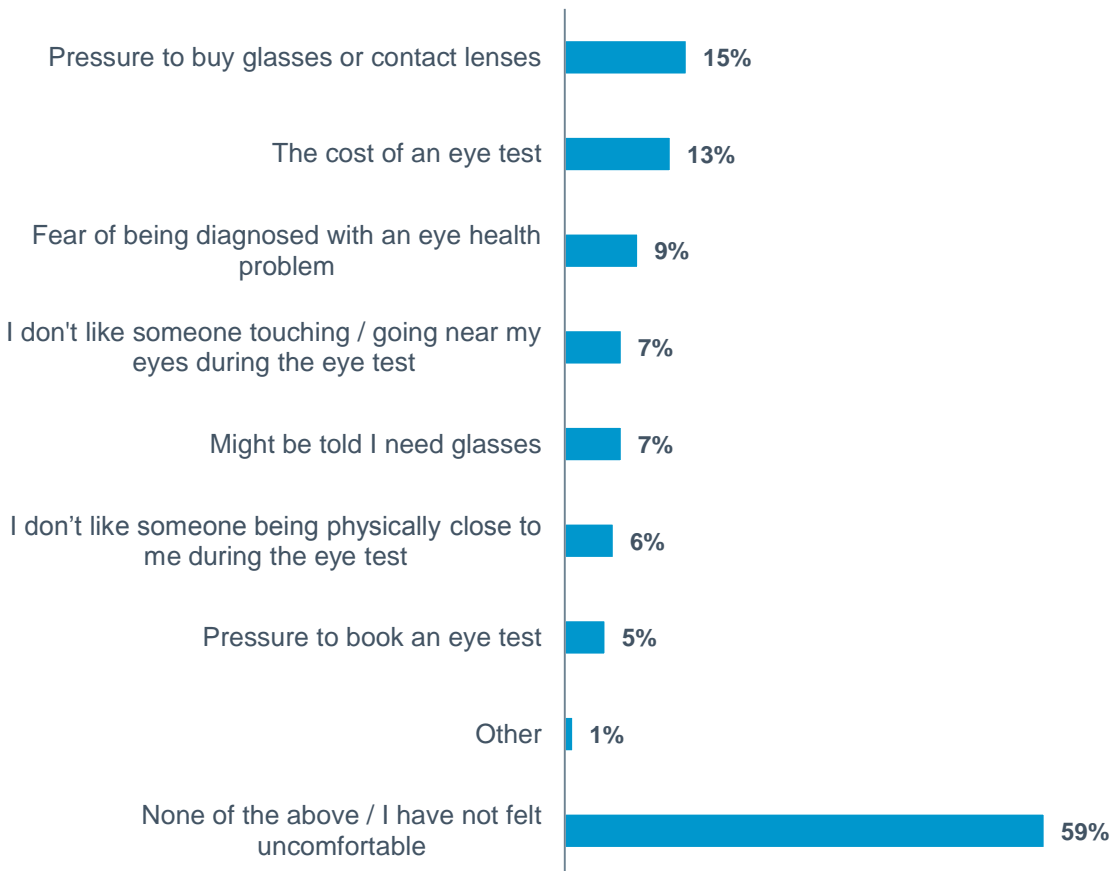
No significant differences were seen by country in response to this question.

3.2 Feeling uncomfortable about visiting

In this year’s survey, the GOC wished to understand whether there were any scenarios where people felt uncomfortable about visiting an optician. The majority of respondents (59%) indicated that they had never felt uncomfortable about visiting an optician. However, one in seven (15%) said that they had felt uncomfortable due to pressure to buy glasses or contact lenses, followed by 13% who felt uncomfortable due to the cost of an eye test and a further 9% due to fear of being diagnosed with an eye health problem.

Figure 10 – Have you ever felt uncomfortable about visiting an opticians for any of the following reasons?

Base: All respondents (3,025)



Subgroup analysis

Subgroups more likely to have felt uncomfortable about visiting an opticians due to **pressure to buy glasses or contact lenses** (15% overall) included those who:

- Were non-patients (19%) compared to patients (14%)
- Were younger aged 16-34 (17%) and 35-44 (17%) when compared to those aged 75+ (9%)
- Had a longstanding disability (18%) compared to those who did not (15%)
- Viewed opticians as a retailer (27%) compared to those who viewed opticians as a healthcare service (9%)
- Viewed themselves as customers (21%) compared to those who viewed themselves as patients (10%)

Subgroups more likely to have felt uncomfortable about visiting an opticians due to **the cost of an eye test** (13% overall) included those who:

- Were non-patients (21%) compared to patients (10%)
- Were younger aged 16-34 (21%) compared to older age groups
- Had last visited an independent optician (12%) compared to those who had last visited a chain optician (9%)
- Viewed opticians as a retailer (22%) compared to those who viewed opticians as a healthcare service (10%)
- Viewed themselves as customers (15%) compared to those who viewed themselves as patients (11%)

4. Recent visits to an optician

This set of questions was only asked to those who had visited an optician in the last two years, referred to as ‘patients’.

Key findings

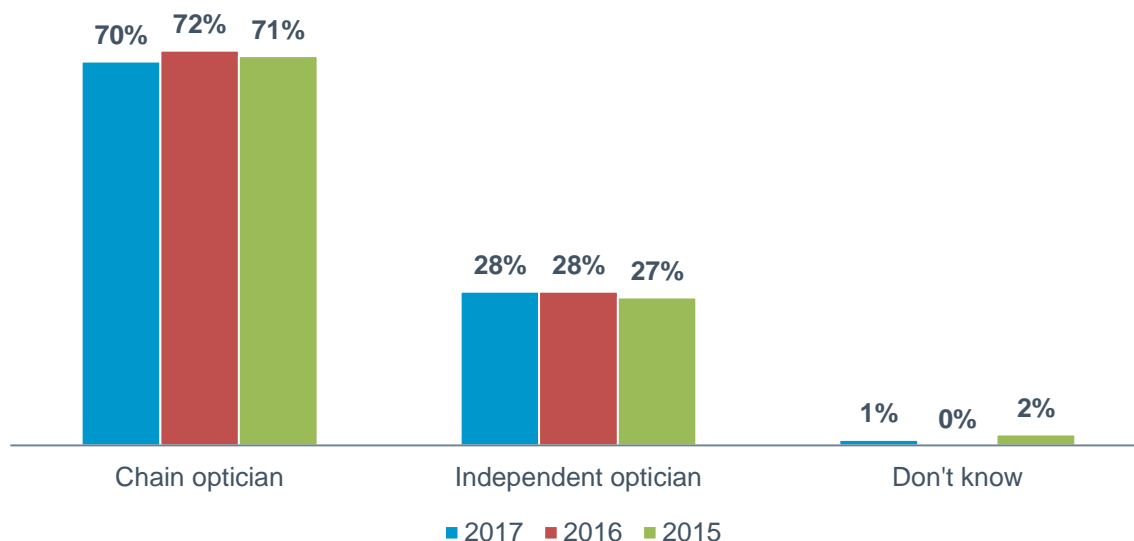
- Seven in ten (70%) patients went to a chain optician when they last visited an optician and 28% visited an independent optician
- Almost all patients were satisfied with the optician who carried out their eye test (96%) and their overall experience of the opticians (95%)
- Those who viewed opticians as a healthcare service and themselves as a patient were more likely to be satisfied

4.1 Type of optician visited

Seven in ten patients (70%) said that they had last visited a chain optician and the remaining 28% had last visited an independent optician, showing almost no change in this result since 2015.

Figure 11 – The last time you went to an opticians, did you go to an independent optician, or was it a chain of opticians?

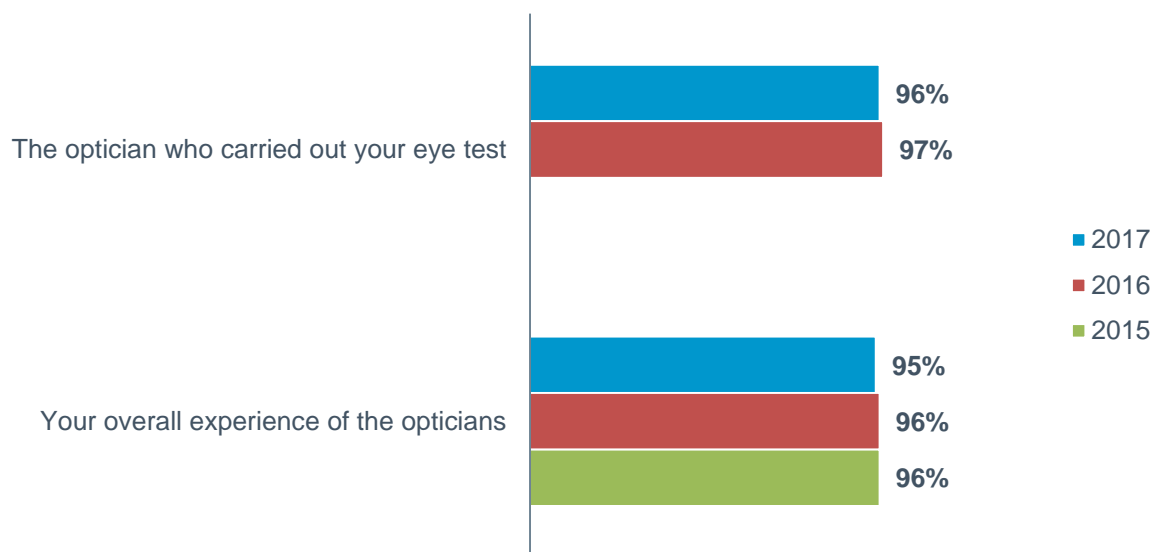
Base: Patients 2017 (2,184) / 2016 (2,274) / 2015 (1,653)



4.2 Satisfaction levels

Almost all patients indicated that they were satisfied with the optician who carried out their eye test (96%) and their overall experience of visiting the opticians (95%). The level of satisfaction with the overall experience of the opticians has remained very similar between 2015 and 2017.

Figure 12 – How satisfied were you with the optician who carried out your eye test / your overall experience of the opticians? (% satisfied)
Base: Patients 2017 (2,184) / 2016 (2,274) / 2015 (1,653)



Subgroup analysis

Satisfaction levels with **the optician who carried out the eye test** (96% overall) were slightly higher amongst those who:

- Were older aged 75+ (98%) compared to those aged 16-34 (94%)
- Were of White ethnicity (97%) compared to those from another ethnic background (93%)
- Viewed opticians as a healthcare service (98%) compared to those who viewed opticians as a retailer (94%)
- Viewed themselves as a patient (98%) when visiting an optician compared to those who viewed themselves as a customer (96%)

Satisfaction levels with **the overall experience of the opticians** (95% overall) were slightly higher amongst those who:

- Were of White ethnicity (96%) compared to those from another ethnic background (90%)
- Viewed opticians as a healthcare service (97%) compared to those who viewed opticians as a retailer (93%)
- Viewed themselves as a patient (98%) when visiting an optician compared to those who viewed themselves as a customer (93%)

5. Purchasing glasses or contact lenses

Key findings

Use of products to improve sight

- There has been an increase in the proportion of those using glasses with a prescription between 2015 and 2017 (+11%) and a decrease in the proportion of those not using any products to improve their sight (-10%)

Location of purchase

- The majority of glasses with a prescription are purchased from the same optician where the eye test was carried out (86%)
- The majority of contact lenses are purchased from the same optician where the eye test was carried out (67%), which represents a decrease in comparison to 2016 (17%)
- Smaller proportions of respondents indicated that they purchased their contact lenses from a different opticians to where they had their eye test (15%) or online (11%)

Clarity of costs

- The majority of respondents felt that the costs were clear when they visited an opticians (85% and above during different stages of their appointment)
- However, this year's results show a small decrease in the proportion who thought costs were clear, particularly when having a contact lens appointment (-8%) and purchasing contact lenses (-10%)
- Despite this, very little confusion over costs was reported during the focus groups and in depth interviews. Participants typically visited with a budget in mind and explained that their optician made costs clear to them during their visit

Pressure to spend money on products or services not wanted or needed

- The majority of respondents reported that nobody had tried to sell them something more expensive than they wanted to pay when they had last visited an optician
- However, almost two in five respondents (37%) indicated that they had experienced this when they had last purchased a pair of glasses
- The majority of respondents also said that they felt no pressure to spend money on products or services they did not want or need when visiting opticians
- Again however, this year's results represent an increase in the proportions of those who felt a bit or a lot of pressure when compared to last year's results, particularly when visiting for a contact lens appointment or purchasing contact lenses
- Three in five respondents (59%) felt that opticians were under pressure in some way by their employer to sell products or services that they know are not needed by the patient/customer
- Little pressure to buy products or services when visiting an optician was reported in the qualitative research, with participants explaining that they were aware that opticians may try to do this, but that they are prepared for it and therefore do not feel that they are under pressure

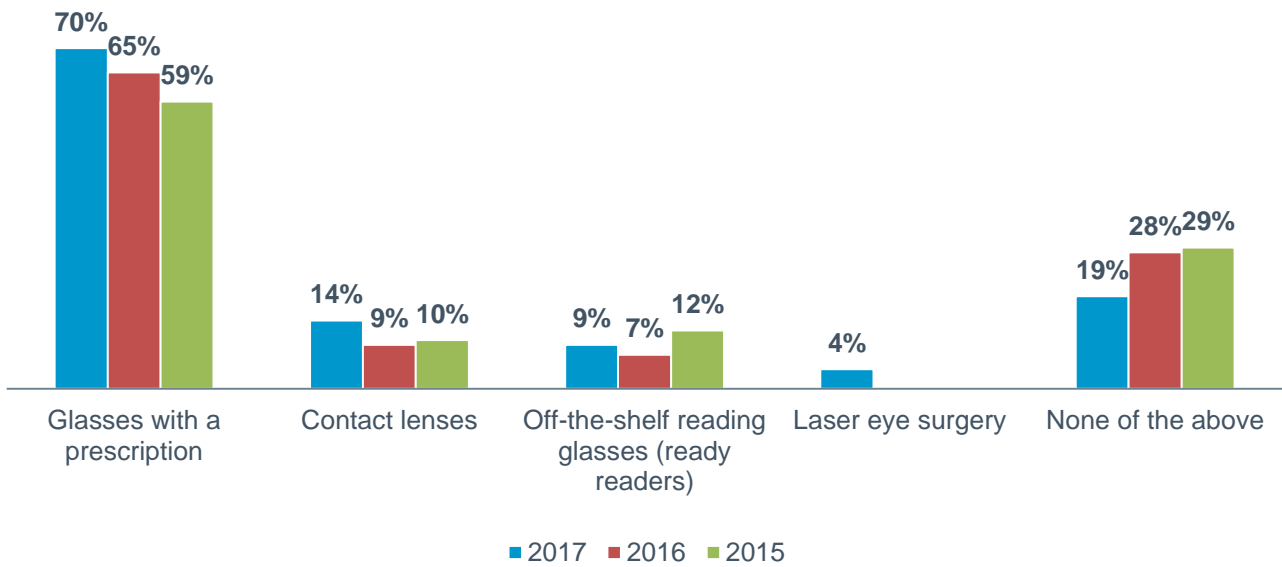
5.1 Use of products to improve sight

Seven in ten (70%) respondents said that they used glasses with a prescription to improve their sight, with a further 14% using contact lenses and 9% using off-the-shelf reading glasses without a prescription. This year, respondents could also indicate whether they had had laser eye surgery, which 4% did. One in five (19%) did not use any of these products.

Over time the results show an increase in the proportion of respondents with glasses with a prescription and a decrease in those not using any products to improve their eyesight.

Figure 13 – Do you currently use any products such as glasses or contact lenses, or have you had laser eye surgery, to improve your eyesight?

Base: All respondents 2017 (3,025) / 2016 (3,252) / 2015 (2,250)

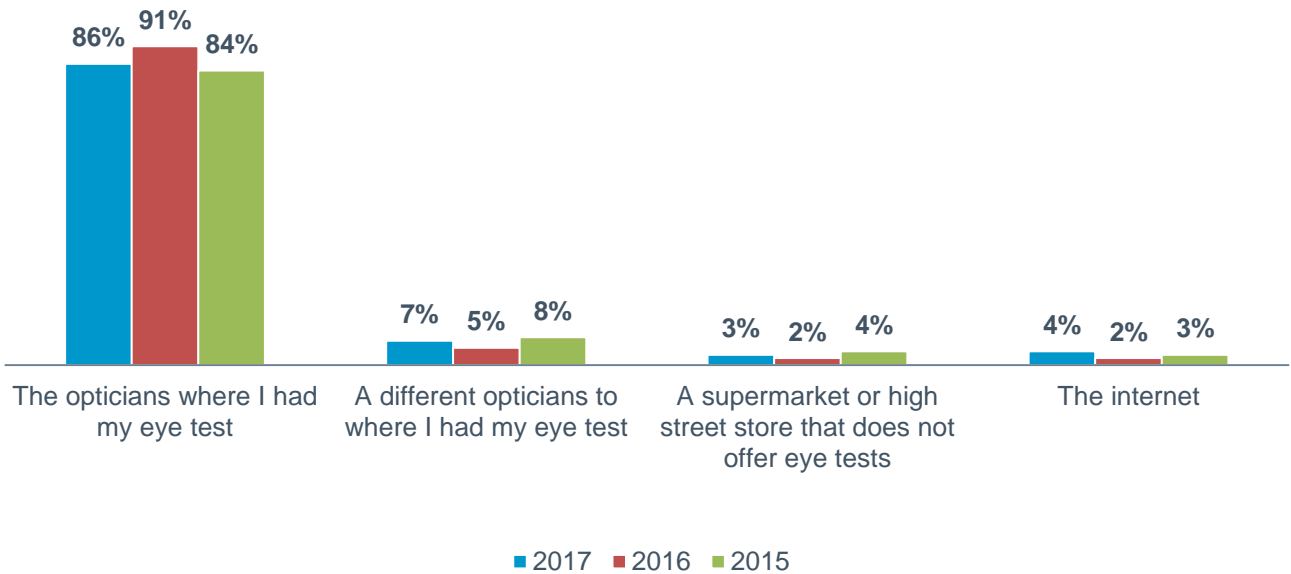


5.2 Location of purchase

The majority (86%) of respondents who used glasses with a prescription purchased their glasses from the same opticians where they had their eye test. This year’s results are broadly similar to those collected in 2015 and 2016.

Figure 14 – Where did you purchase your glasses from?

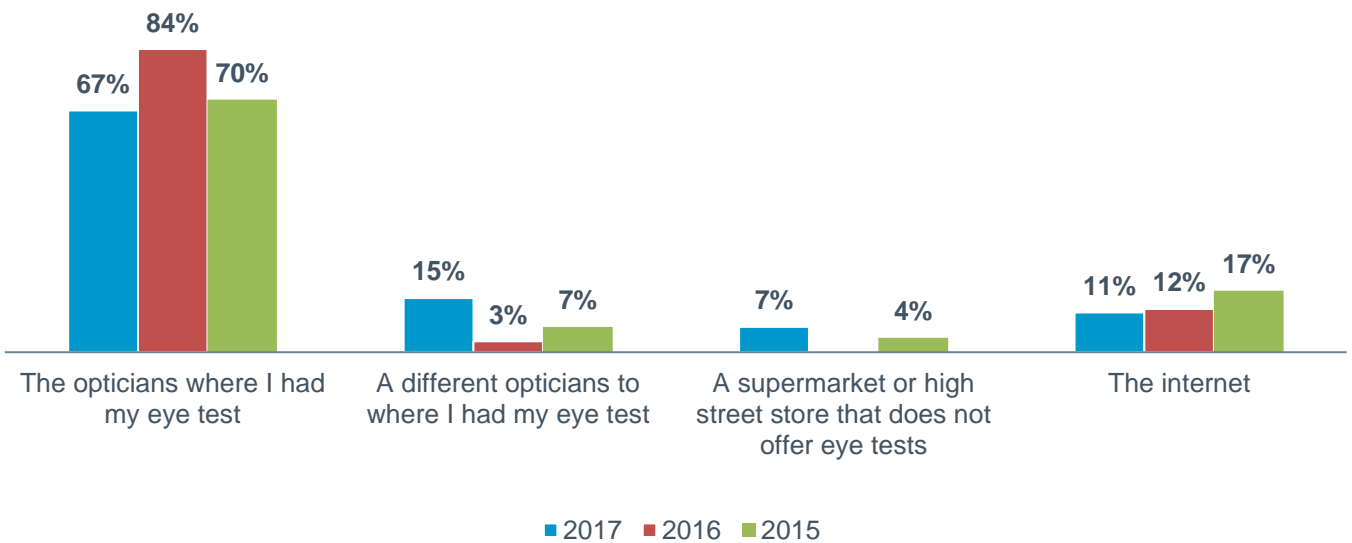
Base: Those who use glasses with a prescription 2017 (2,113) / 2016 (2,111) / 2015 (1,304)



Those who indicated that they purchased their glasses online were additionally asked to specify which website they had used. The most common websites mentioned were Glasses Direct and Glasses2You.

The majority (67%) of respondents who used contact lenses also purchased them at the optician where they had their eye test, but one in seven (15%) indicated that they purchased them from a different opticians to where they had their eye test and a further 11% had purchased them online. In comparison to the 2016 results, this represents a decrease in the proportion of respondents who purchased their contact lenses in the opticians where they had their eye test (-17%) and an increase in the proportion who purchased their contact lenses at a different opticians (+12%).

Figure 15 – Where did you purchase your contact lenses from?
Base: Those who use contact lenses 2017 (416) / 2016 (303) / 2015 (218)



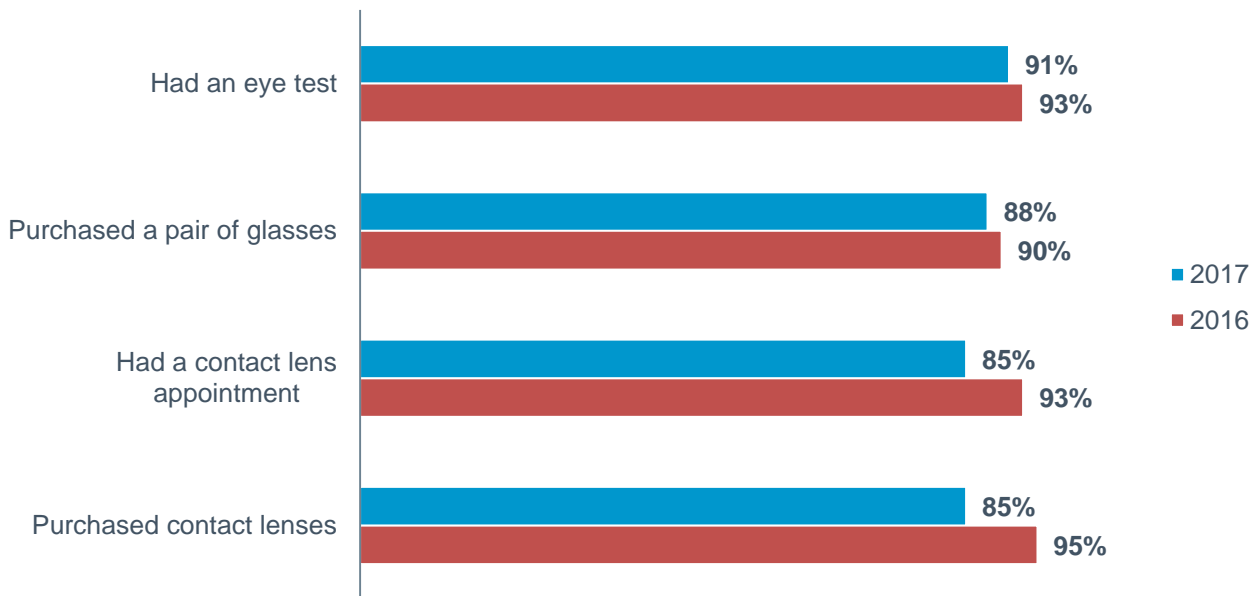
Those who indicated that they purchased their contact lenses online were additionally asked to specify which website they had used. The most common website mentioned was Vision Direct.

5.3 Clarity of costs

The GOC was interested to understand whether patients and the public were clear about the costs of optical services and products. The majority of those who used either glasses with a prescription or contact lenses felt that the costs were clear when having an eye test (91%), purchasing glasses (88%), having a contact lens appointment (85%) and purchasing contact lenses (85%). However, this year’s results do highlight small decreases in the proportion of respondents saying that they felt the costs were clear for each element of visiting an optician, most notably for purchasing contact lenses which has fallen from 95% in 2016 to 85% in 2017 (-10%).

Figure 16 – How clear or otherwise did you feel the costs were before you were asked to pay the last time you... (% clear)

Base: Those who use glasses with a prescription (2,113) / Those who use contact lenses (416)



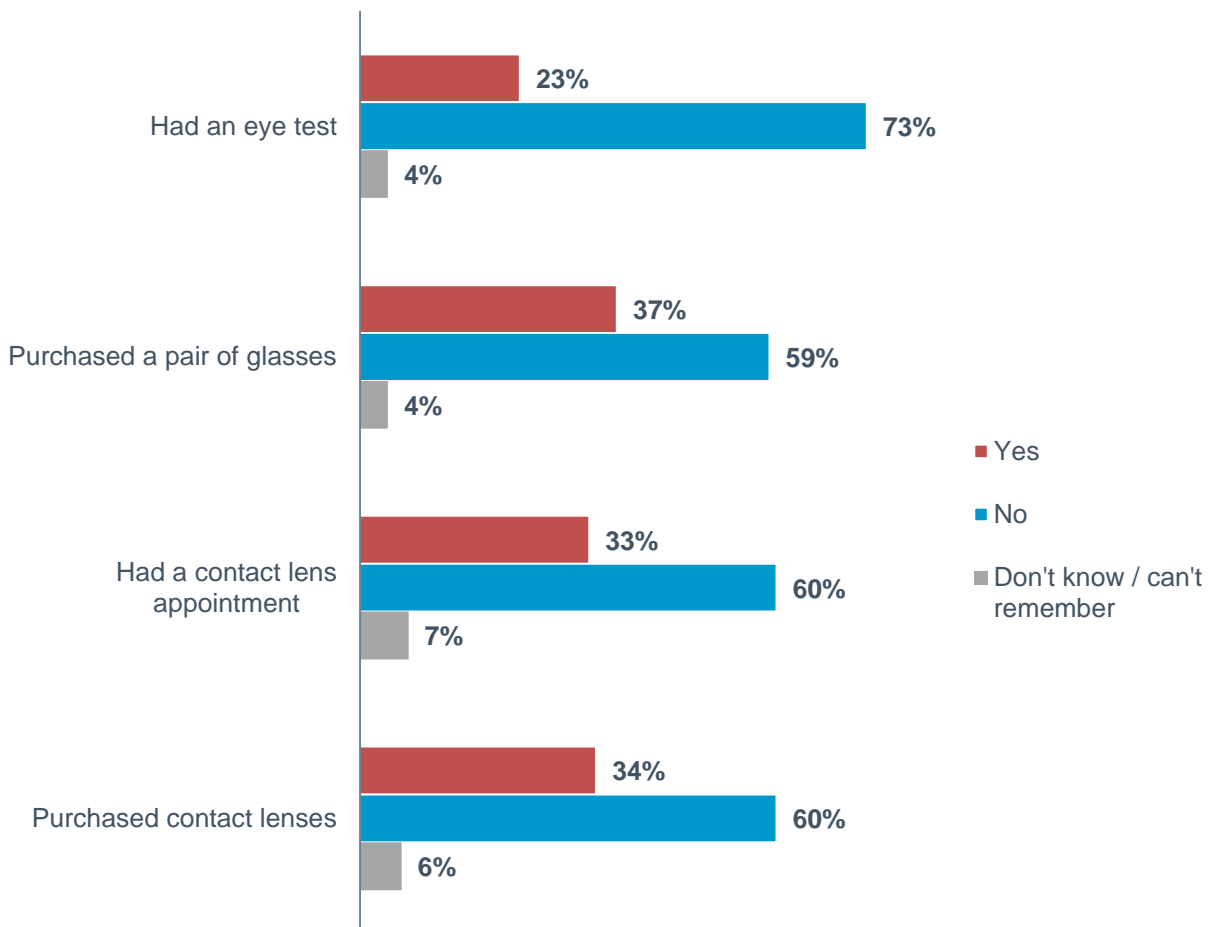
5.4 Pressure to buy an unwanted or unneeded product or service

The GOC was interested in knowing whether patients and the public had ever felt under pressure to purchase products or services which they did not consider necessary, and therefore a new question was included in last year’s questionnaire, asked to all those who used glasses with a prescription or contact lenses.

This year, to encourage respondents to think about this kind of scenario, they were additionally asked whether anyone had ever tried to sell them something more expensive than they wanted to pay (e.g. a more expensive brand, lens coatings, other add-ons etc.) when they last visited an optician. The majority of respondents indicated that they had not experienced this, with the largest proportion indicating that this had not happened when they had visited for an eye test (73%). However, almost two in five respondents (37%) indicated that they had experienced this when they had last purchased a pair of glasses, followed by a third who had experienced this when they had last had a contact lens appointment (33%) or purchased contact lenses (34%).

Figure 17 – During your appointment, did anyone try to sell you something more expensive than you wanted to pay the last time you...

Base: Those who used glasses with a prescription or contact lenses (2,219) / Those who use glasses with a prescription (2,113) / Those who use contact lenses (416) / Those who use contact lenses (416)



These respondents were then asked whether they had ever felt under pressure to buy a product or service that they did not want or need the last time they visited an optician. As shown in the charts below and overleaf, the majority of respondents said that they felt under no pressure when having an eye test (77%) or contact lens appointment (58%), or when purchasing glasses (66%) or contact lenses (56%). The largest proportion of those who said that they felt under pressure were those who purchased contact lenses, where 22% said they felt a bit of pressure and 17% a lot of pressure.

Despite low levels of pressure being recorded this year, the results do represent an increase in the proportions of respondents who indicated that they felt a bit or a lot of pressure at each stage of visiting an optician for both glasses and contact lenses. The largest increases of those who felt under ‘a lot’ of pressure were seen when visiting for a contact lens appointment and to purchase contact lenses, which both increased from 2% in 2016 to 17% in 2017 (+15%).

Figure 18 – Did you feel under any pressure to buy a product or service which you didn’t want or need the last time you had an eye test?

Base: Those who used glasses with a prescription or contact lenses (2,219)

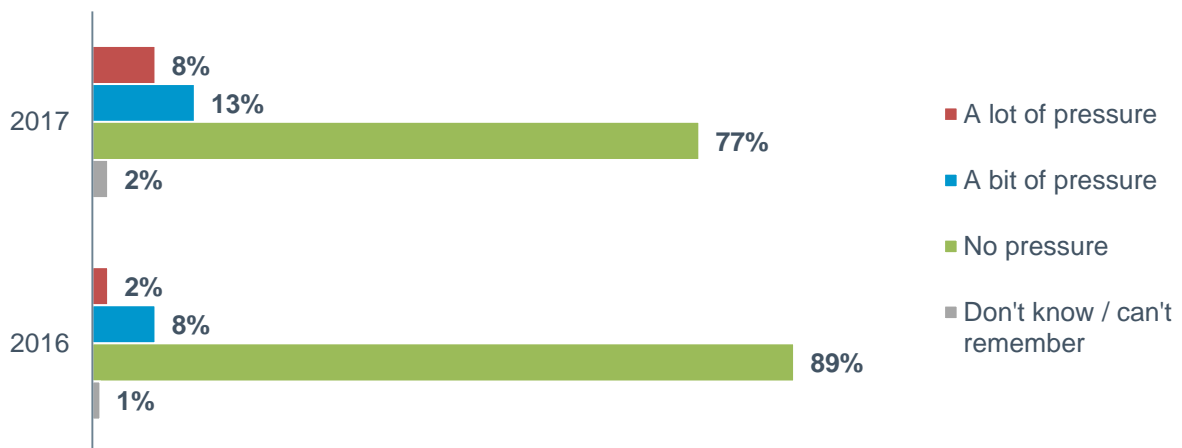


Figure 19 – Did you feel under any pressure to buy a product or service which you didn’t want or need the last time you had a contact lens appointment?

Base: Those who use contact lenses (416)

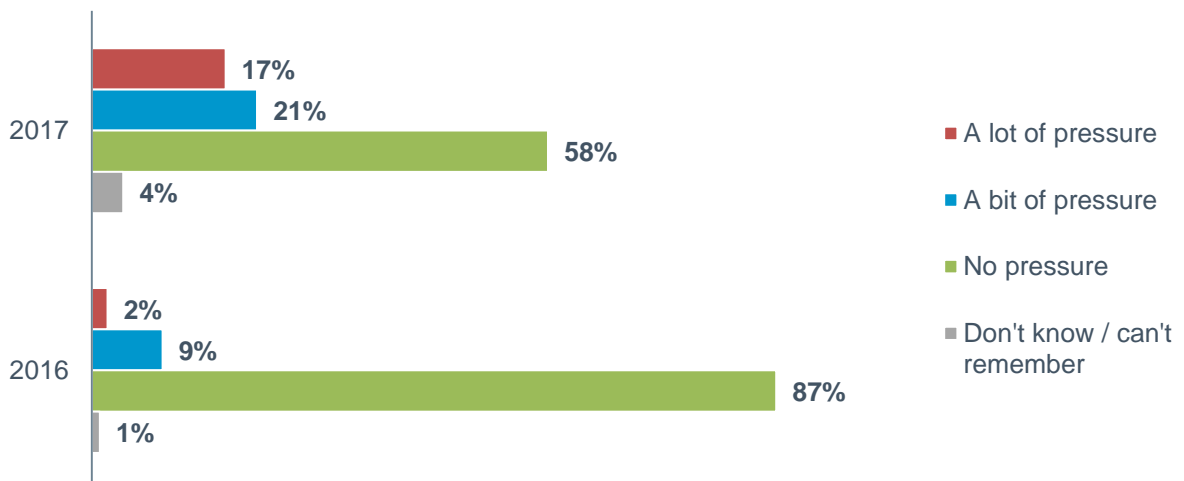


Figure 20 – Did you feel under any pressure to buy a product or service which you didn't want or need the last time you purchased a pair of glasses?

Base: Those who use glasses with a prescription (2,113)

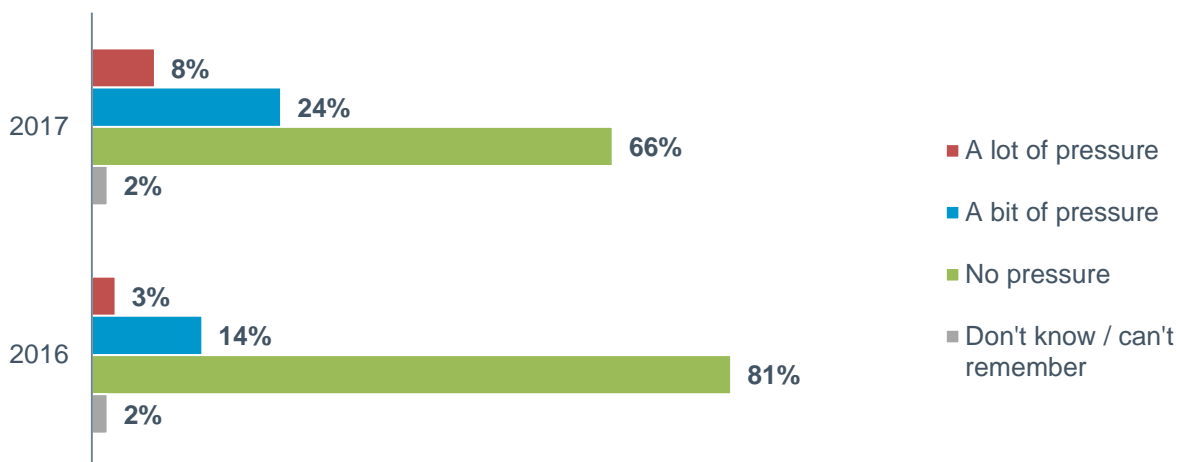
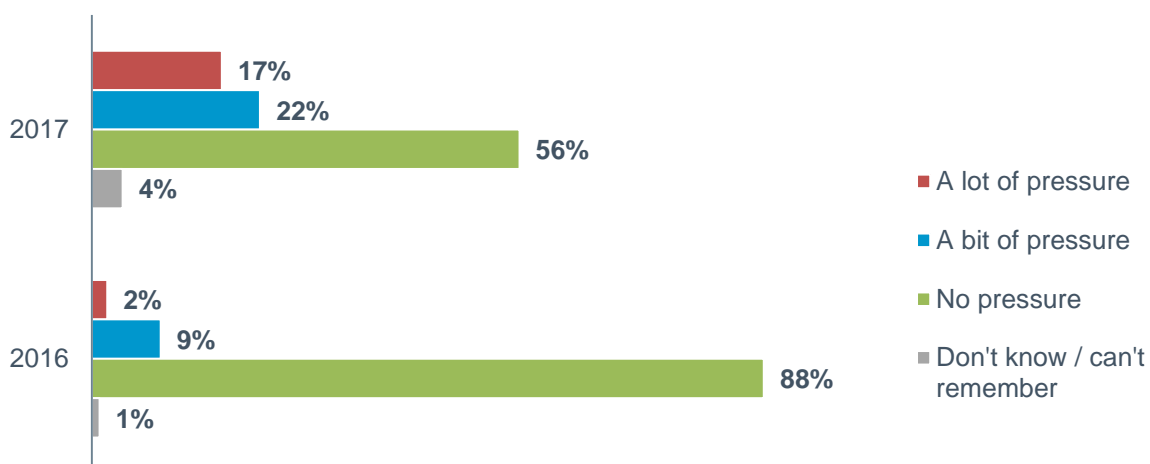


Figure 21 – Did you feel under any pressure to buy a product or service which you didn't want or need the last time you purchased contact lenses?

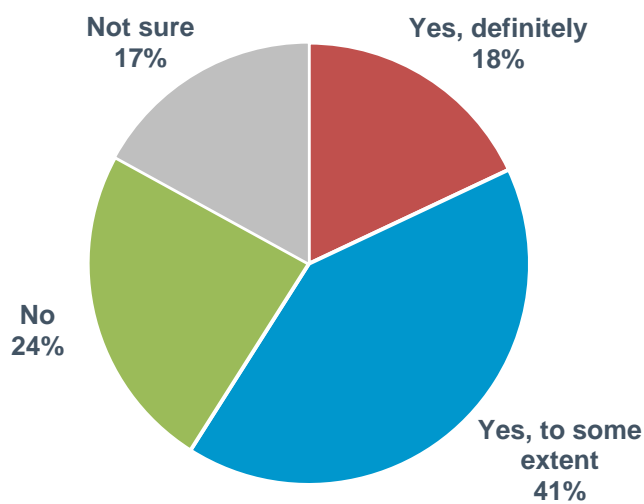
Base: Those who use contact lenses (416)



In this year’s survey, respondents were additionally asked whether they thought that opticians were under pressure by their employer to sell products or services which they know are not needed by a patient/customer. Almost one in five (18%) answered that they thought opticians were definitely under pressure in this way, followed by a further 41% who thought they were under pressure to some extent. A quarter (24%) did not think opticians were under any pressure, and one in six (17%) said that they were not sure.

Figure 22 – Do you think that opticians are under pressure by their employer to sell products or services which they know are not needed by the patient/customer?

Base: Those who used glasses with a prescription or contact lenses (2,219)



Subgroup analysis

Subgroups more likely to answer that opticians are **definitely under pressure** by their employer to sell products or services which they know are not needed by the patient/customer included those who:

- Were non-patients (25%) compared to patients (16%)
- Were male (21%) compared to female respondents (15%)
- Were from England (20%), particularly when compared to those from Wales (13%)
- Were younger aged 16-34 (29%) compared to those aged 75+ (7%)
- Viewed opticians as retailers (28%) compared to those who viewed opticians as a healthcare service (17%)
- Viewed themselves as a customer (21%) when visiting an optician compared to those who viewed themselves as a patient (16%)
- Were aware of the GOC (37%) compared to those who were not aware (15%)

Focus group and in depth interview feedback

Little confusion over costs when visiting an optician

The majority of participants said that they knew how much they expected to pay when visiting an optician. They explained that this came from either knowing how much it has cost them in the past and expecting to pay a similar amount, or going with a specific budget in mind and aiming to pay no more than this. Some participants were also aware of vouchers, offers and their ability to receive free eye tests.

I've got an idea of historically what I have paid so I tend to have that in mind as to what I am going to pay again. (Participant from Kidderminster)

I usually get the eye test included in with the price of the frames. So I'd usually go in expecting to pay say £100. (Participant from Manchester)

About ten years ago when I had an eye test and was working in London, I was quite happy to pay £400 for some posh, stylish glasses. Nowadays I'm not working in London, so I'm not happy to pay £400...I don't wait for them to tell me, I'm telling them first. (Participant from Cornwall)

In line with the survey results, most participants also felt that the costs were made clear to them when they visit an optician, explaining that they were aware how much their eye test would cost and that they were informed how much their glasses or contact lenses would cost. Many participants highlighted that the frames they looked at were clearly labelled with a price, and that their optician explained the costs of any extras or add-ons such as lens coatings.

Clearly labelled up and the costs of the lenses and special coatings etc. were outlined to me when I was making my choices. (Participant from Coventry)

Specsavers are quite clear as they have it in the brackets when you go in. (Participant from Glasgow)

Only a small number of participants highlighted experiences where the costs had not been made clear to them when they visited. These participants felt that there should be more explanation provided around offers and deals that are often promoted by opticians, such as buy one get one free deals and other discounts, as they can be misleading.

The first time I bought glasses I went for the buy one get one free and ended up with a £350 bill. When I asked them to explain that they said that you get the frames free, but you don't get the lenses free. That is misleading. I've also been caught with the 20% discounts, because it's just 20% off the frames. So I think there needs to be more clarity in terms of pricing. (Participant from Cardiff)

Little reported pressure to buy products and services when visiting an optician

Whilst this year's survey results highlight small increases in the percentage of respondents who felt some pressure to buy products or services that they did not want or need when visiting an optician, this trend was not found within the qualitative feedback from focus groups and in depth interviews. As found in the qualitative feedback from 2016, most participants said that they had never experienced a situation at an opticians where someone had tried to sell them something more expensive than they wanted to pay, or had pressured them into buying products or services that they did not want or need.

It never feels like a hard sell. They just say you could try these ones, and I just say no I'm fine. Maybe I'm not very susceptible to being sold to. I don't ever feel pressure when I'm trying glasses. I'm comfortable enough to say no. (Participant from Manchester)

Not as far as I'm concerned, I'm not aware of any pressure. They do show me glasses but I haven't had to buy them. (Participant from Draperstown, Northern Ireland)

A small number of participants could recall experiences where someone had tried to sell them additional products or services when purchasing glasses or contact lenses, such as lens coatings or different types of contact lenses, but these participants explained that they expected this from their visit to the optician and felt that, as businesses, opticians would try to sell more things in order to make more profit. However, these experiences were generally not recalled in a negative way, and participants said that they were able to say no to these offers if they were not interested, as they would in any other shop. In some cases, participants appreciated the 'sales pitch' from their optician as it made them aware of more options for their glasses or contact lenses which they could consider purchasing. As found in 2016, it therefore appears that pressure is sometimes placed upon patients when visiting an optician, but that this is something they expect and they are prepared to deal with it.

I think a lot of them I can see the benefit of. So one of the things that I added on was a tint for driving, which is actually really helpful. When I wear those compared to my normal ones I can tell the difference. I think that they're a good extra. (Participant from Pontefract)

Yes, they usually try to tell you about lens coatings like the non-glare, and stuff like that. I think it cost quite a lot more for one extra thing. I didn't think it was really worth it. I guess they did try and push it a little bit but I was happy to just say that I didn't want it. (Participant from Fochabers, Scotland)

Most participants shared the perception that opticians would be under pressure to sell more expensive products and services, as they accepted that opticians are businesses that aim to make a profit, but again felt that either their experiences did not highlight this, or that if they did, they were expecting it and were able to decide whether or not to take up any offers provided.

I imagine that they would [have targets], especially in the big chains. They probably have maybe commission-based selling. I don't know whether they do. (Participant from Pontefract)

At the end of the day, they can put as much pressure as they like on somebody, but if you can't afford to buy then you aren't going to buy them. (Participant from Lossiemouth, Scotland)

6. Complaints

Key findings

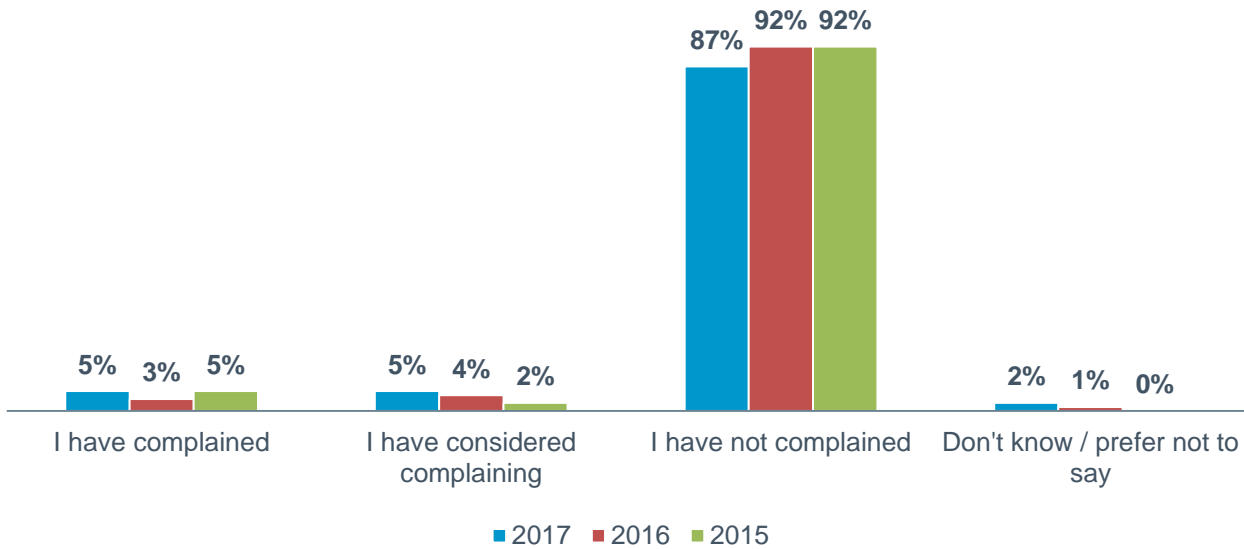
- Just 5% said that they had complained about an experience with an optician and 5% had considered complaining
- Almost two in five (38%) respondents said that they would direct their complaint to the opticians where the treatment was carried out, representing a significant decrease from previous years
- In comparison to previous years, larger proportions of respondents said that they would complain to the head office of the chain of opticians they visited (21%), the NHS (17%) or the Optical Consumer Complaints Service (15%)
- One in seven (14%) said that they would complain to the GOC, representing an increase of 11% when compared to last year's results
- The most common reasons for not complaining were the perception that complaining would not make a difference (31%) and not knowing who to complain to (28%)

6.1 Reported complaints behaviour

As seen in previous years, the majority (87%) of respondents said that they had not complained about an experience with an optician. However, 5% indicated that they had and 5% said that they had considered complaining, showing a small increase in the total proportion of those who complained or considered complaining.

Figure 23 – Have you ever complained or considered complaining about an experience with an optician?

Base: Those who had ever visited an optician 2017 (2,895) / 2016 (2,983) / 2015 (1,994)



Subgroup analysis

Subgroups more likely **to have complained** (5% in total) included those who:

- Had last visited an independent optician (11%) compared to those who had last visited a chain optician (3%)
- Were aware of the GOC (20%) compared to those who were not aware (3%)

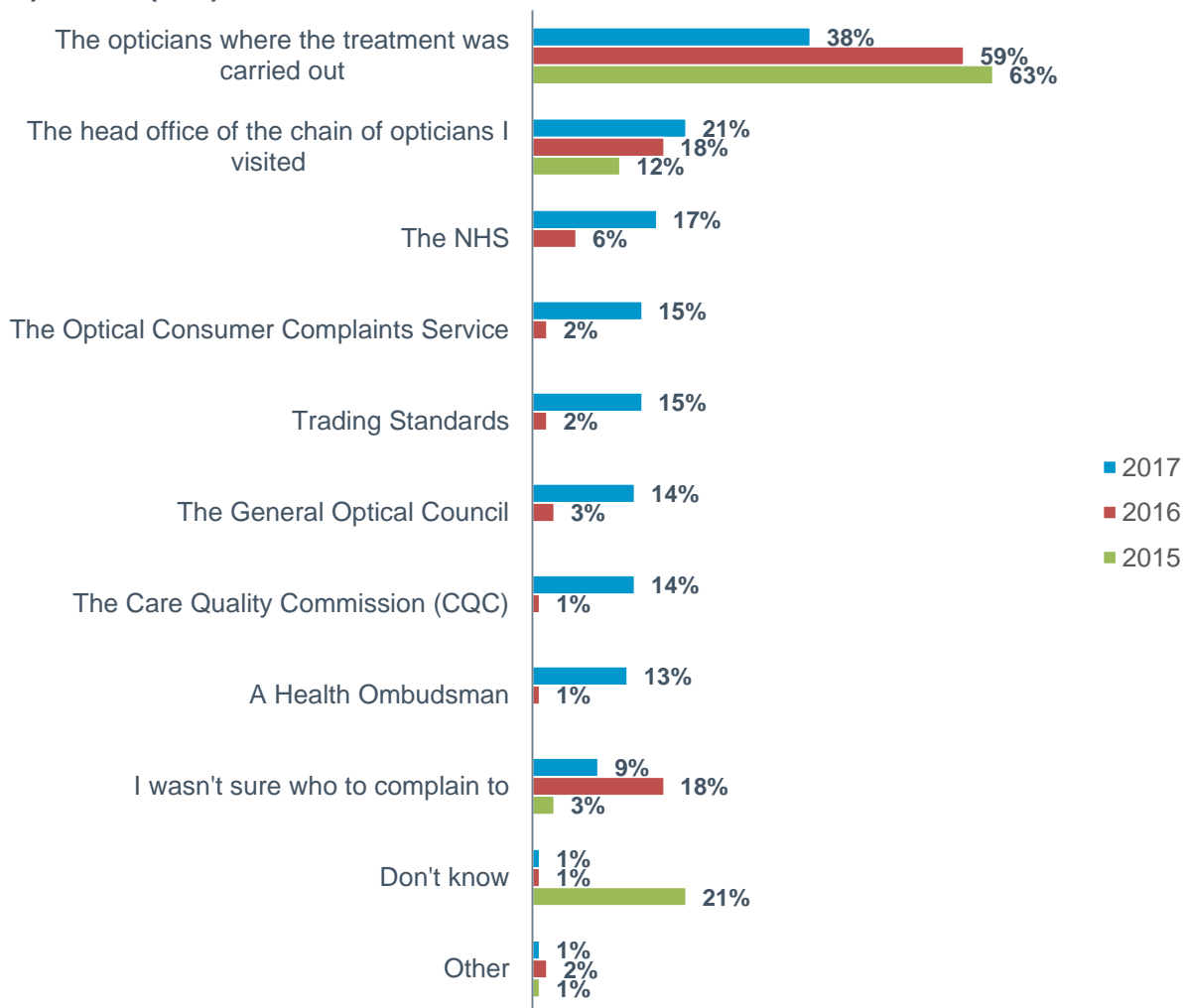
6.2 Where complaints are made

Of the small proportion of respondents who said that they had complained or had considered complaining about an experience with an optician, almost two in five (38%) stated that they would direct the complaint to the opticians where the treatment was carried out, followed by 21% who said that they would go to the head office of the chain of opticians they visited.

This year’s results are noticeably different to those collected in 2016 and 2015, with a much wider range of answers provided by larger proportions of respondents. Most notably, the proportion of those who indicated that they would complain to the optician where the treatment was carried out has fallen from 59% in 2016 to 38% in 2017 (-21%), and this year much larger proportions said that they would complain to the NHS (+11%), the Optical Consumer Complains Service (+13%), Trading Standards (+13%), the GOC (+11%), the Care Quality Commission (+13%) and a Health Ombudsman (+12%). Those who indicated that they didn’t know who to complain to has also fallen from 18% in 2016 to 9% in 2017 (-7%).

Figure 24 – Thinking about the most recent time you complained or considered complaining about an experience with an optician, who did you complain or consider complaining to?

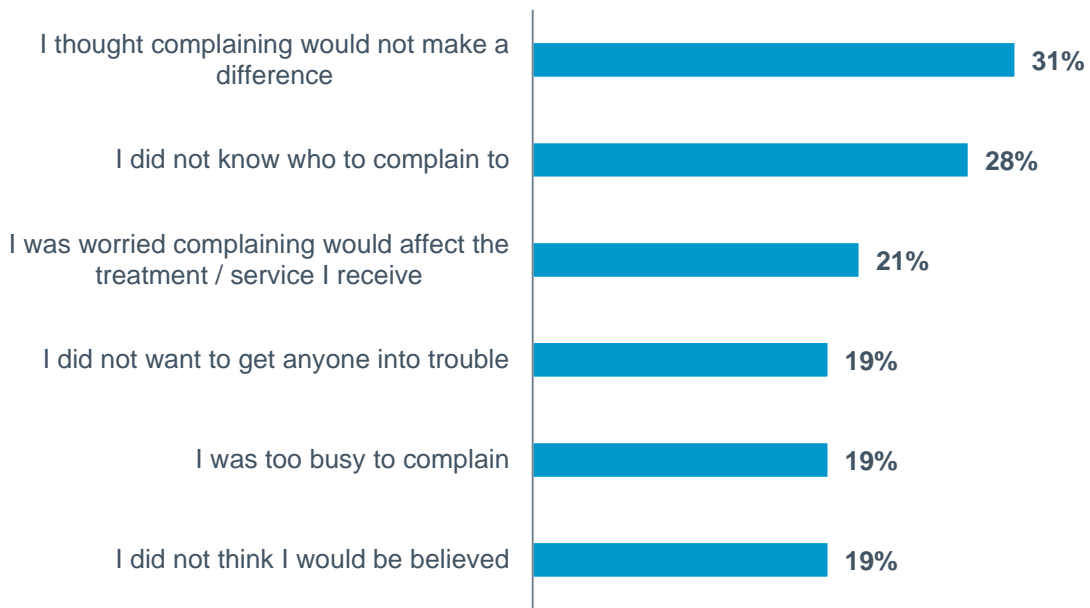
Base: Those who have ever complained or considered complaining 2017 (310) / 2016 (186) / 2015 (143)



6.3 Reasons for not complaining

An additional question was asked in this year’s survey to those who indicated that they had considered complaining to understand why they decided not to do so. Three in ten respondents (31%) answered that they thought complaining would not make a difference and 28% said that they did not know who to complain to. One in five (21%) said that they did not complain because they were worried that doing so would affect the treatment or service they received.

Figure 25 – Why did you decide not to complain?
Base: Those who had considered complaining (154)



7. When something goes wrong

Key findings

- The majority of respondents felt it was likely that they would receive an apology from an optician if something had gone wrong (66%)
- However, a significant minority said that it was not likely they would receive an apology (19%) or that they did not know (15%), in line with last year’s results
- One in eight respondents (12%) said they had experience of a situation where something had gone wrong with the care or service they received from an optician (an increase of 3% from 2016)
- Of these 356 respondents, 56% said they had received an apology as a result, which contrasts to the results in 2016 where the majority of respondents said that they had received no apology (53%)

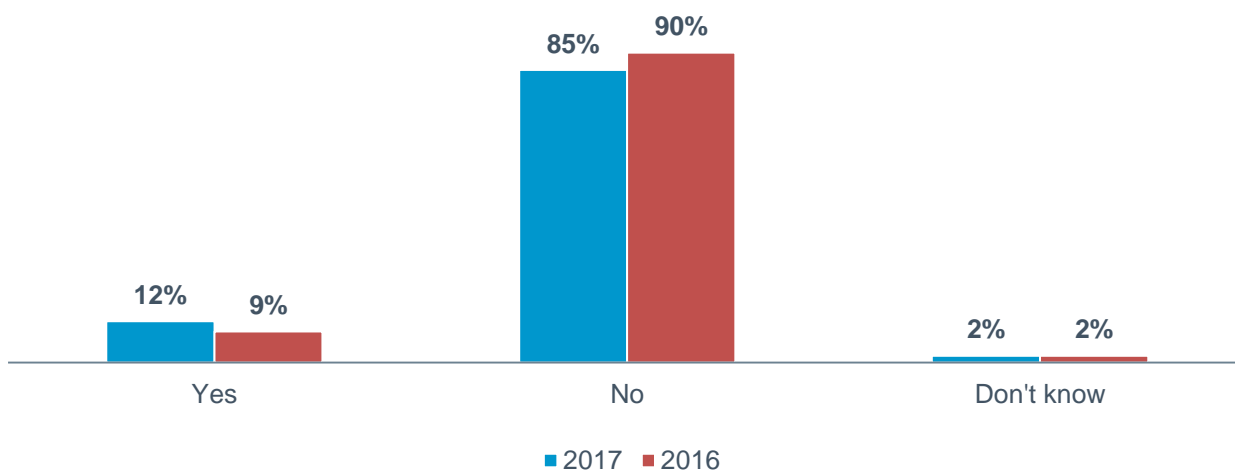
In April 2016 the GOC introduced new standards for the optical profession (Standards of Practice for Optometrists and Dispensing Opticians and Standards for Optical Students). One of these new standards requires optical professionals to be candid to patients and customers when something goes wrong and to provide an apology. The GOC is therefore interested in how frequently something goes wrong for patients and whether they receive an apology when this happens.

7.1 Experience of something going wrong and receiving an apology

This year, one in eight (12%) respondents said that they had experienced a situation where something had gone wrong with the care or service they had received from an optician. This represents an increase of 3% from 2016.

Figure 26 – Have you ever experienced a situation where something has gone wrong with the care/service you received from an optician?

Base: Those who had ever visited an optician 2017 (2,895) / 2016 (2,983)



Subgroup analysis

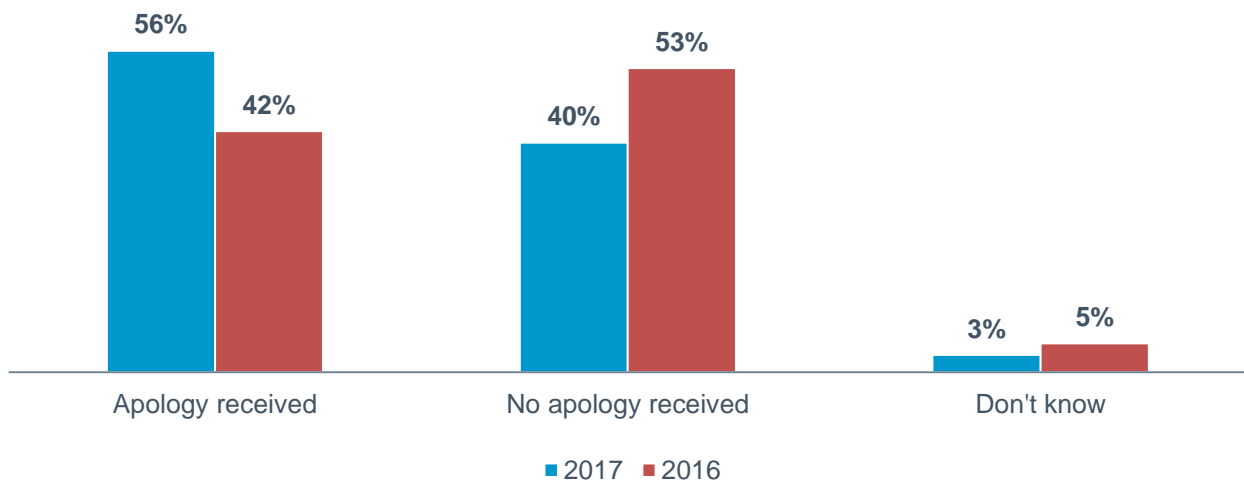
Subgroups more likely to have experienced a situation where something has gone wrong with the care/service they received from an optician (12% overall) included those who included those who:

- Had last visited an independent optician (18%) compared to those who had last visited a chain optician (11%)
- Were aware of the GOC (32%) compared to those who were not aware (9%)
- Were currently or had previously received treatment for eye health conditions (24%) compared to those who had not (10%)

Of those who had experience of when something had gone wrong, almost three in five (56%) said that they had received an apology as a result, whilst two in five said they had not (40%). This highlights a difference in results to 2016, where a larger proportion of respondents (53%) indicated that they had not received an apology.

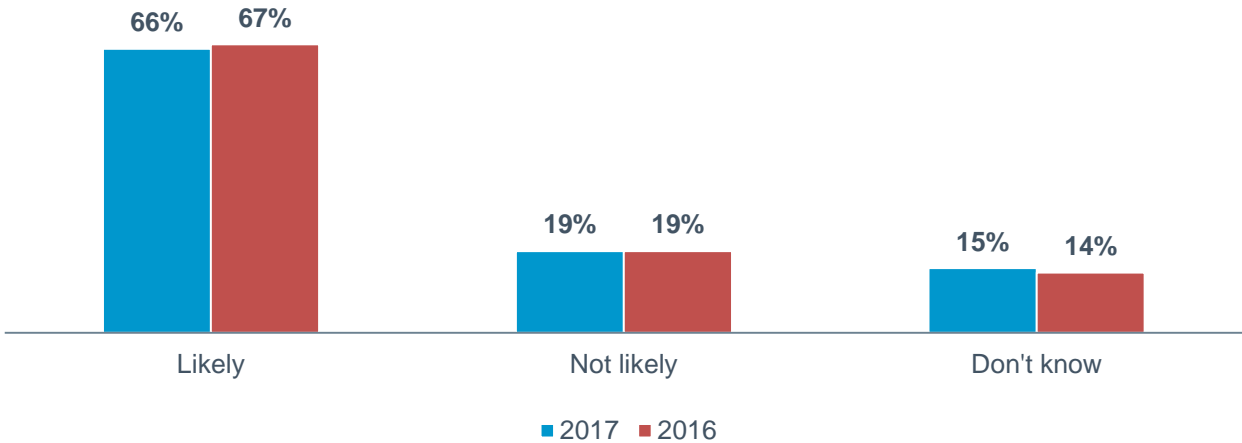
Figure 27 – Did you receive an apology as a result?

Base: Those who experience of something going wrong 2017 (356) / 2016 (254)



All respondents were asked how likely it was that an optician would provide an apology. Two thirds (66%) of all respondents thought that it was likely that an optician would provide an apology to a patient when something has gone wrong with the care or service they receive, in line with the previous year’s results.

Figure 28 – How likely do you think it is that an optician would provide an apology to a patient when something has gone wrong with the care/service they receive?
Base: All respondents 2016 (3,025) / 2017 (3,252)



Subgroup analysis

Larger proportions of the following subgroups thought it was **likely that an apology would be received** when something has gone wrong (66% overall):

- Were patients (70%) compared to those who were non-patients (56%)
- Had last visited an independent optician (75%) compared to those who had last visited a chain optician (68%)
- Were aware of the GOC (83%) compared to those who were not aware (64%)
- Viewed opticians as a healthcare service (70%) compared to those who viewed opticians as a retailer (60%)
- Viewed themselves as a patient (72%) when visiting an optician compared to those who viewed themselves as a customer (64%)

8. Awareness of the General Optical Council

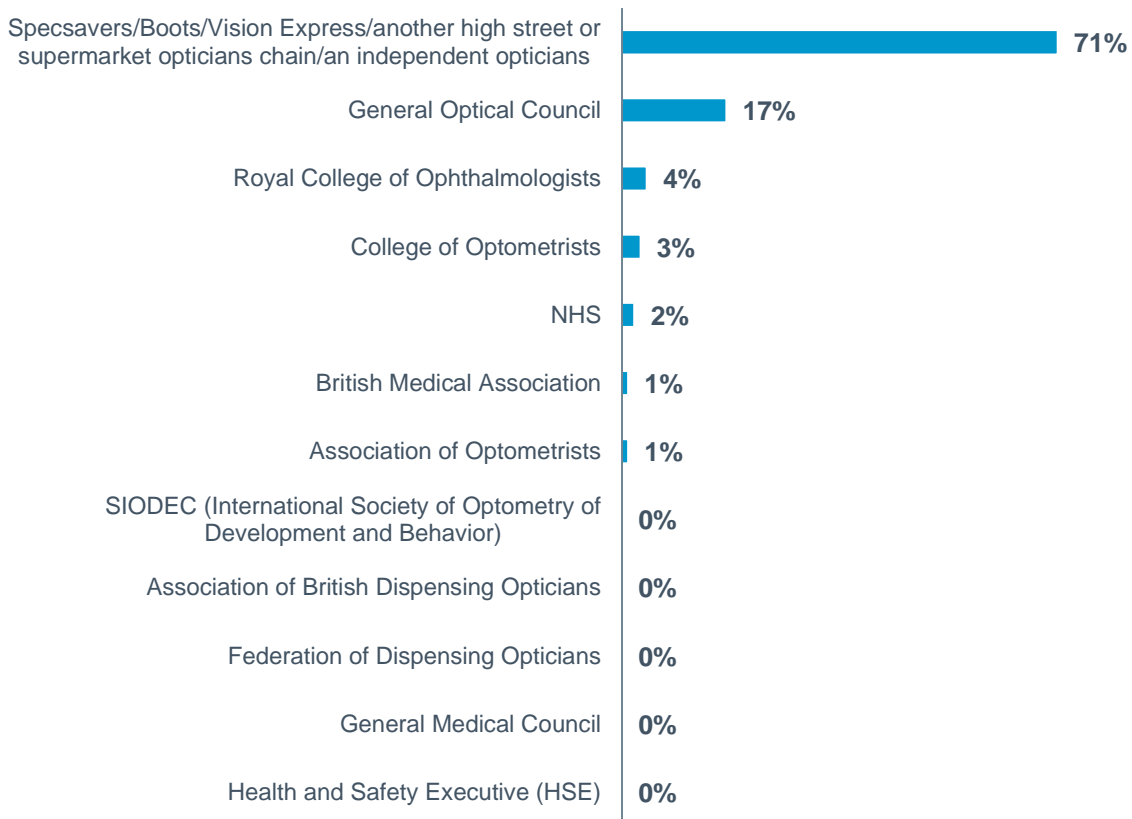
Key findings

- Just 2% of respondents could correctly name the GOC, although 14% claimed to be aware before taking part in the research
- A large proportion of respondents thought that the profession was regulated by high street opticians
- Claimed awareness of the GOC was higher amongst those from England (16%) when compared to those from Wales (8%) and Scotland (10%)
- Claimed awareness was also higher amongst those who were currently or had previously received treatment for eye health conditions (22%)

8.1 Naming the organisation which regulates the optical profession

Only 2% could correctly name the GOC when asked to name the organisation that regulates the optical profession without being prompted, a fall of 2% from the 2016 result (4%). In contrast to last year’s results, a larger proportion of respondents attempted to name the organisation (12% in 2017, 6% in 2016), and the majority of those who did suggested names of opticians, particularly Specsavers and other high street brands (71%).

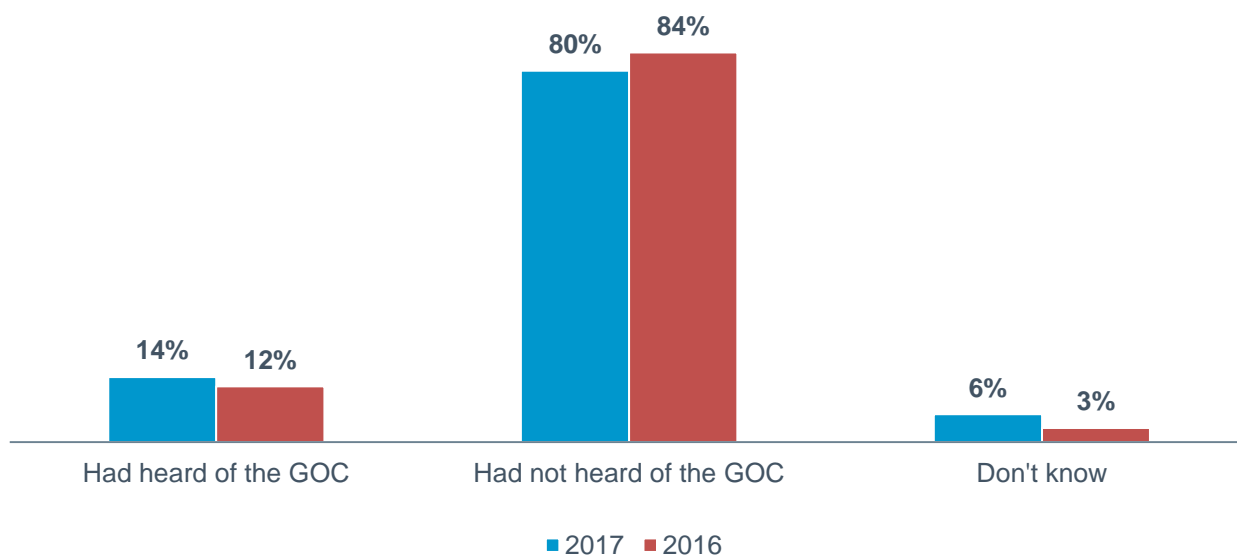
Figure 29 – Names suggested for organisation which regulates the optical profession
Base: Those who thought they could name the organisation (315)



8.2 Awareness of the General Optical Council

All respondents were informed that the GOC was responsible for regulation of the optical profession in the UK and then asked whether they were aware of the GOC before taking part in the survey. One in seven (14%) said that they had heard of the GOC before, but the majority (80%) had not. This shows a similar level of claimed awareness as in 2016 (12%).

Figure 30 – Had you heard of the GOC before taking part in this survey?
Base: All respondents 2017 (3,025) / 2016 (3,252)



Subgroup analysis

Subgroups more likely to claim to be **aware of the GOC** before taking part in the survey (14% overall) included those who:

- Were from England (16%), particularly when compared to those from Wales (8%) and Scotland (10%)
- Were currently or had previously received treatment for eye health conditions (22%) compared to those who had not (12%)
- Viewed themselves as a patient (20%) compared to those who viewed themselves as a customer (11%)
- Had last visited an independent optician (23%) compared to those who had last visited a chain optician (11%)

9. Changes in technology

Key findings

- Just over two in five respondents (43%) said they would feel comfortable having their vision tested by a machine without an optician present, but 48% said they would feel uncomfortable
- Almost half (49%) said they would feel comfortable with a computer diagnosing an eye condition without an optician being involved, and a further 44% said they would feel uncomfortable
- Younger respondents tended to be more comfortable with both these ideas
- Focus group participants had generally positive attitudes towards a sophisticated machine testing their eyesight, but were much more dubious of devices which would utilise smartphone technology to test their eyesight
- Participants questioned whether these machines or devices would also look at their eye health and related health conditions as well as testing their eyesight
- Participants thought that virtually trying on glasses online was a novel idea, but most said that they would just use it to gain an idea of what styles they liked and that they would then visit an opticians to try them on to make sure they fit and were comfortable
- 45% said they would be happy said that they would be happy with less human interaction during their consultation at an opticians in the future and 47% said they would not
- Participants suggested that less human interaction would be more appropriate when purchasing glasses or contact lenses rather than during the clinical element of the consultation

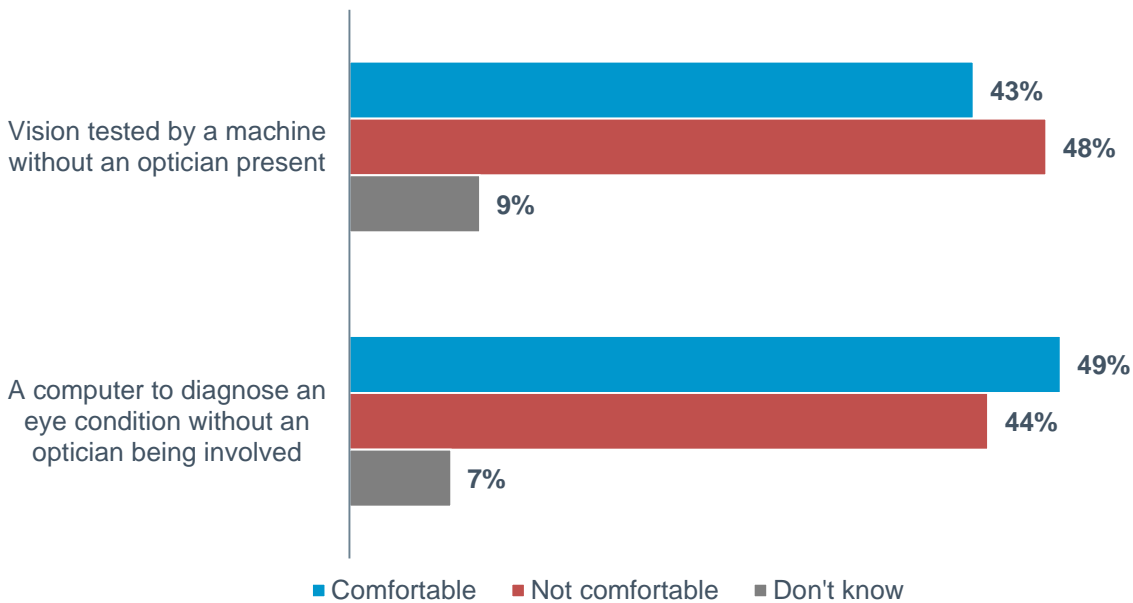
9.1 Using machines to test eyesight and diagnose eye conditions

A key topic that the GOC wished to explore in this year’s research was changes in technology and the impact that it might have on visiting opticians in the future. A series of questions on this topic were included in the survey, and the topic was also explored in greater depth in the qualitative research.

This year’s survey asked all respondents how comfortable they would feel about the increasing use of technology when visiting an optician. Almost half of respondents (48%) said that they would feel uncomfortable if, in the near future, it would be possible to have their vision tested by a machine without an optician present, with just over two in five (43%) stating that they would be comfortable with this. However, respondents were more comfortable with the idea of a computer diagnosing an eye condition such as glaucoma without an optician being involved, with half of respondents (49%) indicating they would be comfortable with this and over two in five (44%) indicating that they would be not be comfortable.

Figure 31 – In the near future, it may be possible for you to have your vision tested by a machine without an optician present and for a computer to be able to diagnose an eye condition (such as glaucoma) without an optician being involved. How comfortable would you feel about this?

Base: All respondents (3,025)



Subgroups more likely to be **comfortable about having their vision tested by a machine without an optician present** (43% overall) included those who:

- Were non-patients (51%) compared to those who were patients (41%)
- Did not use any products to improve their eyesight (56%) compared to those who used glasses with a prescription (39%)
- Were younger aged 16-34 (55%) when compared to those who were older, particularly those aged 75+ (23%)

- Were from England (46%) when compared to those from Wales (39%), Scotland (40%) and Northern Ireland (37%)
- Viewed opticians as retailers (53%) compared to those who viewed opticians as a healthcare service (42%)
- Were aware of the GOC (65%) compared to those who were not aware (40%)

Subgroups more likely to be **comfortable about a computer diagnosing an eye condition without an optician being present** (49% overall) included those who:

- Were non-patients (53%) compared to those who were patients (47%)
- Did not use any products to improve their eyesight (60%) compared to those who used glasses with a prescription (46%)
- Were younger aged 16-34 (54%) when compared to those who were older, particularly those aged 75+ (38%)
- Were from England (51%) when compared to those from Wales (46%), Scotland (43%) and Northern Ireland (44%)
- Viewed opticians as retailers (54%) compared to those who viewed opticians as a healthcare service (49%)
- Were aware of the GOC (68%) compared to those who were not aware (46%)

Focus group and in depth interview feedback

General attitudes towards technology

Two distinct attitudes towards technology were apparent amongst qualitative research participants. Some explained that they liked to keep up to date with technology and, where possible, purchased the latest gadgets and devices such as smartphones, tablets, laptops and household appliances, or did so once the prices had fallen. As could perhaps be expected, these participants were typically younger, but there were some exceptions to this.

I'm not what you'd call an early adopter, but I'm not far behind. I'm one of those ones that will let it sort of bed down and see that it actually works. Let everyone else pay full price, and then when it comes down a bit buy it then rather than wait for years. (Participant from Manchester)

Other participants, however, explained that they did not feel that they were up to date with the latest technology and were content with not having the latest devices. Again, as could be expected, these participants tended to be older.

No I wouldn't class myself as being up to date. It's something that I don't really understand. My phone is nearly as old as myself! (Participant from Draperstown, Northern Ireland)

Most referred to the internet and smartphones when thinking about changes in technology over the last 10 years. In general, when discussing these changes, participants were positive and highlighted the benefits of these advances, such as improved communication, access to information, making things quicker and making life easier and more convenient. Examples of this provided included online shopping and banking, keeping in touch with friends and relatives, including those living overseas, and having access to a wealth of information on any topic.

Certainly the internet has made life a lot simpler, a lot easier. You can do most things over the internet, like banking and shopping, all sorts of things. (Participant from Southend-on-Sea)

It's made life a lot easier and made things a lot closer, handier. You can contact somebody in another country and see them face-to-face. Nobody is ever out of contact. You can always reach somebody. Everybody has a phone somewhere near them. (Participant from Limavady, Northern Ireland)

However, a number of participants also focused on the negative aspects of changes in technology over recent years. Many highlighted the reduction in human interaction and face-to-face communication that they had noticed, with self-checkout machines and the increased use of smartphones, and some discussed concerns about privacy.

You talk to a robot on the phone when you just want to speak to a real person. I get the benefits of it...but there's still that little bit of me that likes the human interaction. (Participant from Manchester)

I think there's an issue with security, for example with technology turning the lights on and off, and the heating. If somebody hacked into that system they could tell when you're not at home, so it's great for burglars. People aren't so aware of the security issues with new systems. (Participant from Cardiff)

Advances in technology and healthcare

In relation to healthcare, participants had a general awareness of various new procedures and technologies that have advanced the way that people access and receive healthcare, from simple things such as checking in at a GP surgery via a computer tablet, to more complex things such as less invasive surgery, computers used to scan and diagnose, using robotics during surgery, and video consultations with healthcare professionals.

My own doctor's surgery introduced a thing where you can check yourself in for your appointment, which is cutting out the human interaction but it also cuts out the queue! (Participant from Manchester)

Also in surgical advances, so they are trying and testing new things, using robots instead of people to operate. (Participant from Fochabers, Scotland)

I've heard about it – video conferencing and robots, and things like that – but I've never experienced it. (Participant from Southend-on-Sea)

A number of participants also highlighted advances in technology in relation to optical care, which they had noticed during recent visits to opticians, and explained that the way that their eyesight was tested had changed significantly over time.

In terms of opticians the technology has massively changed since I first went to an opticians, which was a long time ago. From those videos it looks like it is changing even more. (Participant from Kidderminster)

I was quite impressed when I went to Specsavers with the equipment that they have. It's all very modern equipment. (Participant from Lossiemouth, Scotland)

Participants were positive in relation to advances in technology and healthcare, explaining that they have improved the way that people can access and receive healthcare, in particular speeding up diagnosis and treatment, as well as improving the reliability of diagnoses due to the support of technology and machines.

It probably makes the staffs' job easier because they don't have to determine anything, because the machines tell them. So the technology is good, once it's reliable. (Participant from Lossiemouth, Scotland)

It's made things so much easier. I went to see a specialist in a pain clinic yesterday. He was able to bring up an MRI scan of my back and I was able to have immediate access to that. The technology in the health service has been so rapid it's hard to keep up with. (Participant from Newtownards, Northern Ireland)

Advances in technology and opticians

All focus group and in depth interview participants were shown three short video clips to give an indication of how advances in technology might change the way people visit the optician, have their sight tested and get their prescription for glasses or contact lenses in the future. Each video was chosen as it provided a different potential development within optometry. Following each clip, participants were asked to provide their feedback and answer a series of questions relating to it.

Testing vision with a machine

The first video showed an eye and vision analyser – a machine which can test eyesight via the use of a 3D videogame and produce a prescription – which gave an overview of how the machine worked and what it was capable of. This video was shown to enable participants to perceive how their sight might be tested in the future by a machine rather than an optician.

Reactions to this video were somewhat mixed. Most participants were very impressed by the machine, explaining that they thought it looked like a sophisticated and futuristic piece of technology, and were impressed at the capabilities of the machine. They explained that it

looked as though the machine tested for a lot of different things during one session, which would save a lot of time, and some participants also highlighted that this machine would be beneficial for testing the eyesight of children due to the use of a videogame to track eye movement, being less scary and more fun.

I like the idea... looks good and clinical. (Participant from Glasgow)

Absolutely fascinating. I think it's a wonderful bit of technology. It just seems all-encompassing. In one session you can go in without anything and come out fully kitted with the necessary eye remedies. (Participant from Southend-on-Sea)

Fun for kids I would think. It's a good way for the kids to get the eye test done. (Participant from Manchester)

These participants generally indicated that they would trust the prescription provided to them by this machine if they used it to test their eyesight. Some explained that this was because they thought a machine could be potentially more accurate than an optician, as human error would be removed from the testing process.

I would imagine it would look at more things and be more accurate. (Participant from Swansea)

Humans can and do make mistakes. Artificial intelligence would probably make less mistakes! (Participant from Tandragee, Northern Ireland)

Some participants said that they would trust the prescription created by the machine because they assumed it would have been thoroughly tested and would meet specific standards. Other participants, however, admitted that they simply trusted machines and technology, perhaps unquestioningly, and would therefore have no concerns about trusting the prescription this machine provided for them.

I'm pretty sure I would, yes, because it must have passed all sorts of tests and had certifications before it went on the market. So in that sense I would trust the government or whoever sanctions these things to get it right. (Participant from Southend-on-Sea)

Yes definitely. I'm probably too trusting of machines. I think if it's a machine and it's automated it's going to be right. (Participant from Kircubbin, Northern Ireland)

A smaller number of participants, however, reacted quite differently, stating that they did not like the look of the machine and that the process of testing eyesight in this way made them feel uncomfortable and explaining that the headset which covered the users' eyes would make them feel claustrophobic.

It looks a bit terrifying! (Participant from Manchester)

As could be expected, these participants were more likely to indicate that they would not trust a prescription provided by this machine if it tested their eyesight. They explained that they would be concerned that the results of their test were not being interpreted by a human optician, and that they would want to have a second opinion from an optician to verify the results from the machine. These participants also highlighted that they might trust the machine in the future, but that they would not want to use the machine until it has a proven track record of reliability after a number of years.

I think for me, an eye test is more interactive. So you are shown lots of different lenses and asked what is best. With this it seems to be much more passive...There doesn't seem to be that element where I say this is what is best for me. (Participant from Cardiff)

I don't know if I would want to be the first, or one of the first few people, to try it. I would wait for it to be developed a little bit more, for it to be tested and tried, to be proven reliable. I think I would eventually trust it. (Participant from Chatham)

Whilst this video showed an optician present during the sight test performed by the machine, participants were asked how comfortable they would feel having their sight tested by the machine without an optician present. A number of participants raised concerns if an optician was not present, explaining that they would prefer to have someone there if they had any questions to ask or if there was a problem with the machine. It would be reassuring for them if an optician was present.

I'd rather have an optician as well so if I had any questions there was somebody there to answer them. If you just have a machine there's bound to be questions. (Participant from Ystradgynlais, Wales)

No I'd still want someone to be present. What if I broke the machine? What if something went wrong? (Participant from Kircubbin, Northern Ireland)

However, many participants said that they would be comfortable using the machine without the presence of an optician, as they assumed that the machine would probably only need someone to supervise the process should there be any problems, and that the machine would be capable of carrying out the eyesight test. It was, however, highlighted that having someone present to explain the results of the test would still be appreciated by some people.

I wouldn't mind it but the results would have to be explained to me. As long as the results were explained professionally and in a layman's terms, like what is wrong with you. A professional would know what they are talking about. (Participant from Limavady, Northern Ireland)

The main benefits of testing eyesight in this way were seen as removing potential human error from the process, increasing the accuracy of a sight test, speeding up the process of a

sight test and therefore allowing more patients to be tested, and making testing the vision of children easier as it would be seen as a more ‘fun’ and less frightening process.

“It would be quicker, and more accurate” (Participant from Glasgow)

It would at least mitigate human error. It would be purely done on objective results rather than human error. (Participant from Kidderminster)

I thought the five to seven minutes was quite good, just compared to how long an eye test usually takes where you have to go in all the different rooms. There’s a time-saving element. (Participant from Manchester)

However, a number of drawbacks to testing eyesight using a machine like this were suggested. These included the potential cost of the machine and the cost per use to the patient (which was unknown), the potential for the machine to malfunction, the significant loss of human interaction, the reassurance of having someone present to answer questions and provide explanations, and opticians losing their jobs to machines.

That looks expensive. It would mean that the eye tests would maybe cost ten times as much. (Participant from Manchester)

You would need human expertise. You might also get a mechanical error or a technology error. (Participant from Newtownards, Northern Ireland)

I prefer to talk to someone. They know what they’re doing, they can explain everything to you and I would be more comfortable with someone there. (Participant from Draperstown, Northern Ireland)

I’m sure the opticians who would lose their jobs would not be dead chuffed about it. (Participant from Swansea)

Testing eyesight with a smartphone auto-refractor

The second video was a demonstration of a handheld auto-refractor headset being used with a smartphone app to test eyesight, and was shown to help participants understand that testing eyesight in this way without an optician present may be possible in the future.

Reactions to this video were generally consistent, with participants indicating that the device looked like a toy or simple gadget, which made them question how sophisticated the technology would be and assume that it would provide a very basic eyesight test. A number of participants said that the headset looked like the Virtual Reality headsets that you can purchase to use with your smartphone, explaining that these were just for fun and not for serious tasks such as testing eyesight.

To me, it only looks like a very basic sort of test anyway. Sort of entry level eye testing maybe. But then, there’s a place for that. (Participant from Cardiff)

It looks like a toy. (Participant from Glasgow)

The majority of participants said that they would not trust the prescription that this device created for them. Most said that it would be interesting to use the device to see what prescription it created, and how close it would be to their current prescription, but that they would then want to seek the advice of an optician to verify the results. In this way the device was likened to other medical devices such as a blood pressure monitor, which people could buy and use at home themselves, but would then seek the advice of a GP if they were concerned about the results. The main concern of many participants was that the device was open to user error, as it relied on the user to correctly administer their own sight test without an optician. It was therefore felt that this could lead to many inaccurate prescriptions being created if the device was not used correctly, and that when it comes to eyesight, 100% accuracy is needed.

I would go to an optician to have it checked. I wouldn't want to just rely on that. I have a blood pressure monitor, but if it was high I would go to the doctor. I wouldn't start trying to self-medicate. (Participant from Manchester)

There is the potential for user error. If you don't quite understand the user instructions it felt as if the whole test would be invalid. (Participant from Coventry)

Another key concern which was raised by a number of participants was that the device looked like it would only test their eyesight and would not check the overall health of their eyes or diagnose any eye health or related conditions. Some participants were aware that this was now an important part of seeing an optician, and that this may not be possible via a device like this, and was therefore a key drawback. However, it was also suggested that, if the device could detect problems with eye health, it could be useful for those managing long term health conditions such as diabetes.

Opticians often see things that potentially affect your health. This probably wouldn't pick that up. (Participant from Kidderminster)

It looked like it was doing part of what you would get from a full opticians visit but I can't imagine it would test things like early signs of glaucoma and all the other things you would get from a proper eye test. If people relied on that instead of visiting their local optician, I can imagine it would cause a lot of problems if they thought that was a thorough eye test. (Participant from Swansea)

It would be handy for someone in my position with diabetes. I could get my eye sight done on a monthly or bi-monthly basis. (Participant from Limavady, Northern Ireland)

Despite generally negative feedback, some participants were able to highlight a number of benefits of this type of device. Firstly, the device was seen to be very convenient, potentially allowing people to test their own eyesight from the comfort of their own home, which would be of significant benefit to those who were time-poor and struggled to make appointments

with opticians, as well as those who may live in more remote areas who would find it difficult to access an opticians.

Just sort of not having to go out of your way, because working nine to five I sometimes struggle to get into town. People have busier lives these days and it's just more convenient. So you could cut that out and just do it in the comfort of your own home. (Participant from Pontefract)

I think it would be very useful in areas that do not have access [to opticians]. It could be life changing for some people. (Participant from Cardiff)

It was also suggested that this type of device would be of significant benefit in developing countries, where access to an optician may be impossible. It was felt that this type of device may be low cost and would allow large numbers of people to have their sight tested at little expense.

Probably for developing countries it's an absolutely fantastic idea. They don't need to spend an absolute fortune on the likes of the EVA machine, and it could still be held by a person or controlled in some sort of medical establishment. (Participant from Lossiemouth, Scotland)

However, the overriding opinion in favour of this device was that it would be a useful tool for checking your eyesight before going to an optician, as it could alert people to the fact that their eyesight has deteriorated, and may encourage people to see an optician to check and see whether they need to start wearing glasses or increase their prescription. In this way, the device was seen as a handy gadget, but was not taken too seriously as a replacement for visiting an optician.

If it's cheap and on the mass market then you might get early warnings from it. It may tell you that it's time to go to the optician. (Participant from Manchester)

Virtually trying on glasses online

The third video shown to participants was a demonstration of a website which allowed users to create a three-dimensional image of their face, allowing them to virtually try on different styles of glasses which they could then purchase online without having to visit an optician.

A small number of participants were aware of this technology or had encountered something similar online. Most participants who were not already aware of this type of website felt that this type of website was a clever idea and were impressed at the ability to virtually try on different styles of frames. Some thought the idea of using this type of website would be fun and saw the process as novel.

For years they've had this kind of thing for trying different hairstyles. (Participant from Londonderry, Northern Ireland)

It's a fun thing...it's quite entertaining. I could spend hours [on it]. (Participant from Glasgow)

Some participants indicated that they would trust how the glasses were represented on their face when using the website and would be confident in the way they looked. Some of these participants explained that they would trust this technology as it had been around for a number of years, and was therefore more refined. However, other participants raised concerns about whether the frames would look the same in reality as they did on the screen and questioned how accurate the technology could be.

I would trust it because it is simple technology. You're not doing anything particularly difficult. As long as the colour representation on your monitor was all right then yeah. (Participant from Coventry)

It could be a bad photo and the measurements might not be right. (Participant from Londonderry, Northern Ireland)

The most common criticism of this type of website was that, whilst it may be able to show you exactly how the glasses would look on your face from various angles, it would not be able to allow you to know exactly how they would feel when wearing them, particularly on your nose, ears and the sides of your face. Many participants therefore said that the website would be useful to give them a general idea of which frames they preferred, but that they would then need to visit an optician to try them on in person to make sure they were comfortable and they fitted properly. Alternatively, they suggested that the website could send a sample of the frames for them to try on before having their prescription inserted into the lenses to confirm that they were right for them before buying them.

The only drawback would be that you can't get the feeling of the glasses. You can't test the sturdiness of the frames or the stiffness. (Participant from Limavady, Northern Ireland)

You've got to try them on for comfort. (Participant from Cardiff)

Only a small number of participants indicated that they would still prefer to have the guidance of the optician when choosing their glasses, as they relied on their advice as to which frames best suited their face and the type of lens they required. The majority of participants explained that they much preferred to be left to their own devices when choosing frames and preferred to ask the opinion of their friends or family, who they felt would give them more honest and reliable feedback. The loss of human interaction in this case was therefore generally not seen in a negative light.

I would prefer some guidance because they will have expertise that I don't. So they will probably know what would suit my shape and size better. (Participant from Manchester)

I don't really like asking the optician what they look like on my face. They don't know me, so I'd rather ask family members anyway. (Participant from Pontefract)

As with the other videos, participants felt that a key benefit of this type of technology was the convenience that it provided, particularly for those with little spare time to visit the opticians and those who might have difficulties accessing an optician. It was highlighted that it might be more popular amongst younger people and those already in the habit of making online purchases, and that some people may feel more comfortable spending time trying on frames virtually at home, as they could take as much time as they wished.

I think it would be really good for a lot of people who can't really get out of the house. Or just to actually save people going out of the house, having to go to the shops to try on glasses. (Participant from Chatham)

You are in your home and you can spend hours and hours choosing but in a shop you feel that you can't spend hours and hours taking up someone's time. (Participant from Kidderminster)

The main drawback, as previously highlighted, was the inability to know exactly how the frames would feel in reality, and that this would deter many people from purchasing their glasses in this way, not wanting to take the risk of spending money on frames which were uncomfortable. Therefore, it was widely accepted that this type of website would be useful to give people an idea of which frames they preferred before visiting an optician in person to make the final decision.

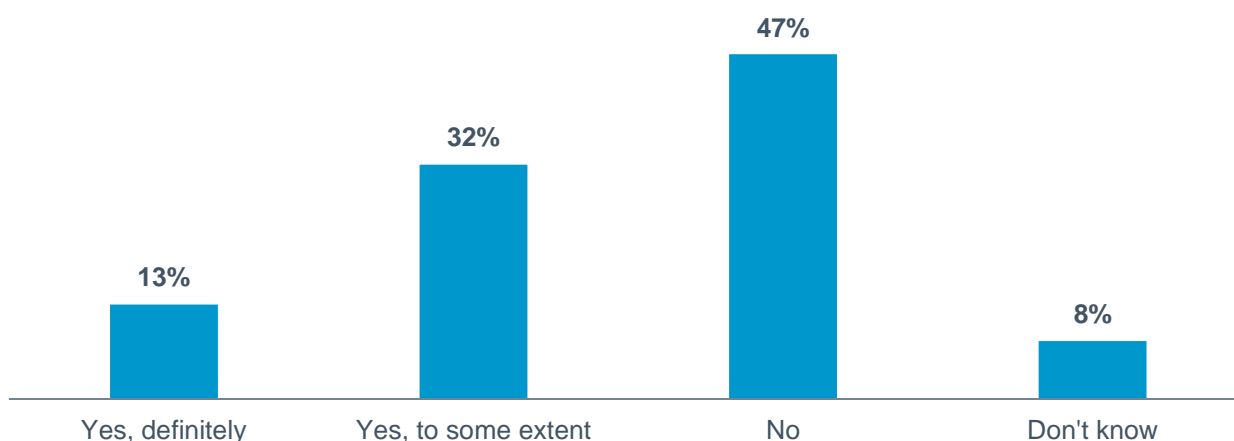
Frames are expensive, particularly designer ones. Personally I'm not sure I would feel comfortable spending £300 on a frame based solely on that technology. I would probably use it to pick two or three different styles, then nip into town to try them on before making my final decision. (Participant from Coventry)

9.2 Less human interaction when visiting an optician

All survey respondents were asked to indicate whether or not they would be happy with less human interaction during their consultation at an opticians in the future. Almost half (47%) said that they would not be happy with less human interaction. However, one in three (32%) indicated that they would be happy to some extent, and a further one in eight (13%) said that they would definitely be happy.

Figure 32 – In general, would you be happy with less human interaction during your consultation at an opticians in the future?

Base: All respondents (3,025)



Subgroups more likely to answer that they would **definitely be happy with less human interaction** (13% overall) included those who:

- Were younger aged 16-34 (20%), particularly when compared to those aged 55-74 (6%) and 75+ (4%)
- Were male (16%) compared to those who were female (9%)
- Were from England (15%) when compared to those from Wales (10%), Scotland (10%) and Northern Ireland (8%)
- Were aware of the GOC (33%) compared to those who were not aware (9%)
- Viewed opticians as retailers (20%) compared to those who viewed opticians as a healthcare service (14%)
- Used no products to improve their eyesight (27%) when compared to those who used glasses with a prescription (11%)
- Were currently or had previously received treatment for eye health conditions (18%) compared to those who had not (11%)
- Had a longstanding disability (19%) compared to those who did not (11%)

Subgroups more likely to answer that they would **not be happy with less human interaction** (47% overall) included those who:

- Were older aged 55-74 (61%) and 75+ (68%) compared to those aged 16-34 (32%) and 35-54 (46%)

- Were female (53%) compared to those who were male (41%)
- Were from Wales (52%), Scotland (52%) and Northern Ireland (54%) when compared to those from England (44%)
- Were unaware of the GOC (51%) compared to those who were aware (29%)
- Viewed opticians as a health service (49%) compared to those who viewed opticians as a retailer (39%)
- Used glasses with a prescription (53%) compared to those who did not use any products to improve their eyesight (32%)

Focus group and in depth interview feedback

The benefits of less human interaction

A number of participants explained that they viewed less human interaction during their consultation with an optician in the future as a positive thing. The overriding benefit of this approach was seen to be increased convenience, as it could allow people to access optical services at a time and place that suited them, for example, if testing their eyesight or choosing frames from the comfort of their own home.

It's more efficient. The second one would be very good because you don't have to go to the shop and you can diagnose it yourself. (Participant from Limavady, Northern Ireland)

It was also suggested that less human interaction and the increased use of technology at an opticians could speed up the process, making an appointment shorter and more time-efficient, which would not only benefit the patient but also the optician, who would be able to see more patients each day.

I'm the kind of shopper that values extreme convenience... Sometimes I want to get it there and then and leave. (Participant from Manchester)

The drawbacks of less human interaction

Despite some participants highlighting the benefits of less human interaction, or being indifferent towards it, a larger proportion of participants indicated that they would not be that comfortable with this and could see more drawbacks than benefits. Firstly, a number of participants questioned what would happen if something was to malfunction with the increasingly used technology if someone was not present. It was felt that this person would not necessarily have to be a qualified optician, but a technician who would be able to monitor the technology and deal with any issues if necessary, so that the patient was not completely on their own when using it.

What if something goes wrong? There should be somebody in attendance with it. So although there would be no interaction with an optician, there would probably still be

interaction with somebody looking after the operation of the machine. (Participant from Lossiemouth, Scotland)

Participants also highlighted the loss of jobs if there was less human interaction and increased use of technology, which would not necessarily impact patients but would have a negative impact on opticians. However, as previously highlighted, participants also discussed that this lack of human interaction and ability may lead to lower standards of quality when testing eyesight, as the technology may not be as sophisticated and may therefore not detect underlying health problems that could be diagnosed through the eyes. Furthermore, participants suggested that not having an optician present would mean any questions they had could not be answered, no professional advice or judgement could be offered, and that they might miss the simple elements of human interaction that would make them feel more comfortable and reassured.

You are putting people out of jobs. That's the only problem with technology going certain ways. (Participant from Ystradgynlais, Wales)

The bit I might miss with the technology is the diagnosis of certain eye conditions. (Participant from Coventry)

I think some people like that element of human contact. They like to speak to somebody while they're buying glasses, or whatever it is. Especially people that don't really have that family support network. If they don't have that network then they might want that chat with the optician, and might want some opinions on the glasses as well. (Participant from Pontefract)

Acceptance that less human interaction is the future

Whether participants were in favour of or opposed to less human interaction when having their eyes tested or when choosing frames, the majority accepted that it was likely that less human interaction was the future for this type of service. They based this opinion on the way that other services have developed over recent years, where the proportion of human interaction has significantly decreased, such as banking and shopping.

It's just the way society is going... when you phone up to pay your credit card you're not speaking to a soul, just inputting numbers... it's all automated there is no personal contact. (Participant from Glasgow)

I think it's the way of the future, whether we like it or not. (Participant from Manchester)

With this acceptance in mind, many participants suggested that an ideal scenario for the future of having their eyesight tested and choosing frames would be to have a mixture of technology and human interaction. The most common example provided of this would be to have an optician to conduct the more 'clinical' side of things, using new developments in technology to conduct the sight test, in order to utilise the expert knowledge and training of

the optician, and to have less human interaction during the more ‘retail’ focused aspects such as choosing frames.

I think I would be happy to choose frames without human interaction. But I wouldn't want to get a prescription without human interaction. I just wouldn't trust it. (Participant from Cardiff)

In terms of choosing the glasses, it's fine. However, in terms of eye health there should be a human being who is an expert in eye health. I am not happy with there not being much input from an expert human. I would like to retain the expert human. (Participant from Tandragee, Northern Ireland)

There's value in human expertise, whatever it might be. And I wouldn't want to rely completely on technology for things like that. I would want the human element as well. (Participant from Manchester)

Difficult to see how other methods of communicating with an optician would work

Only a small number of participants were aware of the increasing use of video calls to administer health consultations, as well as online chat and messaging systems, and none had experience of using them. Some benefits were highlighted for these alternative methods of communication when accessing health services, including increased convenience for those who may find it difficult to physically visit a healthcare professional, and a potential reduction in waiting times.

The benefit would be getting an appointment straight away. Technology would speed up getting advice. (Participant from Kircubbin, Northern Ireland)

However, participants struggled to understand how these forms of communication would be of use for opticians, as a consultation with an optician requires them to look in great detail into the eyes and pick up possible eye conditions and diseases, which they did not think would be possible via a webcam or smartphone. Participants doubted that opticians would be able to carry out eye examinations in this way, as the level of clarity and detail would not be sufficient.

You still need the face to face element so they can look into your eyes properly. (Participant from Londonderry, Northern Ireland)

I don't know if it would work for an optician. Because opticians don't just check your eyesight, they check how healthy your eyes are as well. So that's not really something you would be able to do over Skype. (Participant from Fochabers, Scotland)

Complaining if an error was made by a machine

Participants were asked to think about how they would complain if something went wrong with a machine that tested their eyesight. In the main, participants explained that this would be no different to if something went wrong when they visited a human optician, and that they

would expect to be able to complain directly to someone at the optician that they had visited, or to the manufacturer of the machine itself. These participants felt that people were still required to run and maintain the machines, and that there may also be people required to interpret the results, meaning that they would still be able to find someone to raise their complaint with. It was also assumed by many participants that there would be procedures in place should any problems arise to deal with complaints.

My expectation would be that if the machine is in a certain location, then it is managed and owned by somebody, whether it is the NHS or whoever that would be. Surely something like that wouldn't be run without some sort of policy and protocols. (Participant from Cardiff)

Ultimately, it's a human interpreting the results. So I imagine that it would be the company producing the diagnosis or the results. (Participant from Manchester)

Data protection

Participants were also asked to think about how their personal data would be stored and protected if tasks carried out by opticians were increasingly carried out by machines in the future. The majority of participants explained that they would not think any differently about this, either because they assumed that their data security would continue to be protected by laws, or that they simply were not concerned about their personal data in this way.

Your medical data is stored digitally anyway. It probably wouldn't worry me too much. However, I know it would worry my husband a lot so it depends on the individual. I'm fairly resigned to the fact that my data is stored digitally. (Participant from Kidderminster)

I'd have absolutely no problem with it. It's non-sensitive data, it's not like your bank accounts. It's not going to do you any harm if somebody knows [your prescription]. (Participant from Cardiff)

10. Glaucoma patients and enhanced services

As part of this year's research, the GOC wished to gain feedback from those who had been diagnosed with and had received treatment for glaucoma to better understand their views and experiences of this. The research also explored views on how optical care might be delivered in the future, with more care being delivered in a community setting, away from hospitals, by optometrists and dispensing opticians who receive additional training to help treat and manage conditions such as glaucoma.

This chapter of the report details the feedback from a focus group discussion held with those who had been diagnosed with and had received treatment for glaucoma. In this chapter, we refer to enhanced services to describe the additional services that may be offered by GOC registrants in the future.

Key findings

- Most participants initially had their glaucoma or an issue with their eyes identified at an opticians, but had their formal diagnosis in a hospital setting where they also received ongoing treatment and care
- Overall, positive experiences of opticians were reported, but limitations relating to their breadth of knowledge and expertise in glaucoma compared to ophthalmologists were highlighted
- Generally positive experiences of hospital care were reported, but some highlighted not receiving adequate information and support about their condition, being given conflicting messages, and long waiting times
- Participants raised concerns about enhanced services, including how the public would understand what opticians were qualified to do and whether opticians would have the same ability to carry out these services in comparison to doctors and ophthalmologists
- Participants would much prefer to have their condition managed in a hospital setting, despite enhanced services, due to the complex nature of glaucoma, the equipment and resources available at hospitals, and the qualifications and experience of those who work there
- Participants suggested that enhanced services could be appropriate for less complex conditions, and could provide the benefits of better continuity of care, shorter waiting times, and greater convenience

10.1 Diagnosis of glaucoma

The GOC wanted to explore the views and experiences of how glaucoma patients were first diagnosed. For the majority of participants, an optician first noticed that there was something wrong with their eyes and referred them to an eye hospital where their condition was then formally diagnosed. Some patients expressed their gratitude to the opticians who they felt saved their eyesight.

The optician saved my left eye. I had an eye pressure of 68. He said to me “Go straight to Moorfields right now. Here’s the letter, give it to them straight away.” I’d had very few symptoms. My eye was just a bit claggy, that’s all. (Participant from London with glaucoma)

My optician picked up my glaucoma and I can’t express how thankful I am to him. (Participant from London with glaucoma)

Some participants spoke of how they felt when they were first diagnosed with their condition, mentioning the feeling of fear that they might lose their eyesight. However, some were also thankful to their optician who they felt had provided support to them in what they described as a ‘difficult time’ in their lives.

I was pretty damn scared I can tell you at the age of 40ish being diagnosed with glaucoma and thinking am I going to be blind in a few years? (Participant from London with glaucoma)

I use a small chain not far from here. A particular person there has been my friend and guide through this journey for the past 20 years. Although I don’t work around here I still go. (Participant from London with glaucoma)

Most said they had a history of glaucoma in their family and were therefore to some degree resigned to the fact that they were going to contract it themselves. They felt prepared for the condition and knew the importance of managing the condition appropriately so it did not get worse, and were therefore more active in going to an optician for this reason rather than being deterred.

From my perspective glaucoma is fairly endemic in my family so it’s not a matter of if but when. We have a totally different view and if there is a problem we get it sorted. (Participant from London with glaucoma)

I understand those who are frightened of being diagnosed with an eye problem as we can all put our heads in the sand sometimes. (Participant from London with glaucoma)

Some glaucoma patient participants also highlight that, as glaucoma was a condition with relatively few symptoms, many people may not even be aware that there is the possibility that they have it until they are diagnosed.

Glaucoma is a curious condition in that the symptoms are not that obvious. Most often you go to the doctors because you have a symptom and you may not go if you are fearful of what that symptom may mean but for glaucoma you won't know your pressures are high until you go. It's hard to be fearful about something you don't know. (Participant from London with glaucoma)

10.2 Ongoing management and care

All participants said that their condition was managed in hospital and they needed to attend for regular check-ups. For most, the emergency department was also their first port of call if they noticed any deterioration in their condition or were worried about anything in relation to their condition. Participants acknowledged that there were often lengthy waiting times at hospital and they would often not be seen at the allocated appointment time.

The problem with A&E is that you have to wait a long time. (Participant from London with glaucoma)

I was at Moorfields yesterday, appointment was at 11 o'clock. I didn't leave until 3 o'clock. Most of the time I was just sitting there waiting to be seen. (Participant from London with glaucoma)

Most participants said they did not mind the waiting times and were often prepared to wait, as they acknowledged that more often than not it is because the specialist equipment that they need is being used with another patient or an emergency has arrived at the hospital which takes precedence. However, some participants felt as if sometimes hospitals could do more to inform them how long they would have to wait for and the reason for the delay.

My experience in the NHS, it is the field test which really delays things because they don't have enough equipment and there is a long queue for that rather than seeing the consultant. (Participant from London with glaucoma)

The wait doesn't bother me but it is about managing expectations. I know perfectly well that I am going to have to wait three hours and I go prepared. (Participant from London with glaucoma)

Whilst the majority praised the care they had received, there were a few that spoke of negative experiences with their hospital care. This included not receiving adequate information about and support with their condition and being given conflicting messages about whether they needed treatment or surgery or not.

The person I saw there I was absolutely disgusted with. All they said was "You've got glaucoma, here are the drops, now go away". I wanted literature and was worried that I would lose my sight, but they told me they didn't have any time. I complained because I was so upset. (Participant from London with glaucoma)

They keep talking to me about surgery. One person at Moorfields will say they will do it as soon as they can and the next person will tell me I'm not ready for it! It comes down to who you see. (Participant from London with glaucoma)

10.3 Views and perceptions of opticians

The GOC wanted to find out more about the views and experiences of glaucoma patients when they visited an opticians. Overall, the views were positive, but some focus group participants suggested that opticians may be less able to deal with more complex eye conditions such as glaucoma.

Many participants mentioned that they had a regular optician that they always visit and trust, with some even referring to them as 'friends'. These patients spoke of their fear of visiting an optician they were unfamiliar with as they would not know whether the optician was experienced and had access to their medical notes. This would put them off visiting an optician on the high street that they had never been to before.

I've seen the same person who owns my small independent opticians for the last 10 years. We have a relationship. I would be rather frightened if I went to any of the high street chains and saw a locum for the first time and the next time it would be someone else. (Participant from London with glaucoma)

It is one of the pitfalls of the high street. You never know who you are going to see or whether it is someone with 50 years' experience or they came out of college yesterday. (Participant from London with glaucoma)

However, some glaucoma patient participants spoke about their experience of visiting an opticians for their prescription and compared their experience to that of visiting their local eye hospital. They felt that, as their prescription was quite complex, it was perhaps beyond the experience of a high street optician, who they felt was perhaps better suited to providing routine prescriptions. Instead these participants were more likely to trust the eye hospital to provide their prescription and, in some cases, dispense their medication too.

Several years ago I had quite a complex prescription. I used to go to the high street opticians and I just knew they weren't getting it right so I asked for a referral to Moorfields. Since then I have always got my prescription from Moorfields. I don't trust the high street to dispense the prescription either. I might choose the frames from the high street with advice on what frames are suitable for my prescription and then take them back to Moorfields for them to do the dispensing. I just don't trust the high street with complex prescriptions. (Participant from London with glaucoma)

10.4 Pressure to buy

The GOC was interested in exploring whether patients had ever felt under pressure to purchase products and services when they visited an opticians. Most participants acknowledged that there was pressure to buy optical products and services within the optical industry. Some participants knew of people who had experienced this, but no one at the group had themselves felt under pressure to buy something at an opticians that they did not want or need, and therefore did not feel uncomfortable about visiting an optician for this reason.

I know people who have but I haven't. I know people who have been on benefits and can only spend a certain amount and the optician has tried to sell them something beyond their means. (Participant from London with glaucoma)

However, many thought that experiences of pressure to buy may vary from one opticians to another. Some explained that it could even depend on the individual optician that someone sees within a business, and that there are opticians who treat people like patients and others who treat people more like customers and are more focused on making sales.

It depends on who you see and whether they put you at ease or not. If they rush you, you won't feel comfortable. You need to be reassured that someone is treating you like a patient and not as something on a conveyor belt. (Participant from London with glaucoma)

Conversely, there are opticians who do exactly the opposite. It depends on the individual. (Participant from London with glaucoma)

10.5 Perceptions of enhanced community services

The GOC wanted to explore views on how the provision of optical care may be delivered in future. Over recent years, the NHS has been under increasing strain and there has been a move towards providing more care within a community setting, away from hospitals. In relation to optometrists and dispensing opticians, this would mean that they take on additional work in areas such as glaucoma management and low vision, usually with extra training and/or qualifications.

Overall, many participants expressed concerns about enhanced services and worried about how they will be rolled out in the future. They questioned how the provision of these services would be communicated to patients so that they understood what opticians would be qualified to do and which healthcare professional they should go to in the first instance. They also felt that enhanced services could put patients at potential risk, particularly if an optician did not have the same medical background or training as an ophthalmologist.

If enhanced services are brought in, how would the public know about it? Will there be a major marketing programme? The same they do if you should see a pharmacist instead of a GP? (Participant from London with glaucoma)

It could be really dangerous if it is not thought through properly and it is not introduced properly. (Participant from London with glaucoma)

Preference for having glaucoma managed in a hospital setting

Participants identified many differences between visiting an opticians and their experience of care in hospital. Participants felt that the service offered by opticians and hospitals was vastly different, with hospitals having more access to a wider range of more sophisticated equipment and the expertise of ophthalmologist consultants. This meant that being treated at a hospital was preferable, as they perceived that they would receive an inferior level of service at an opticians, who would not have the same levels of equipment or expertise.

They are two different animals. They provide two different services and aren't comparable. (Participant from London with glaucoma)

The equipment at the opticians is not of the same standard as the equipment at Moorfields. (Participant from London with glaucoma)

They are like chalk and cheese. It is like comparing apples with pears. They provide different levels of healthcare. (Participant from London with glaucoma)

Participants felt that, as their condition was complex, a hospital would be the most appropriate place for it to be managed, as they would be reassured that appropriate equipment was on hand. All participants agreed that they would prefer to have their condition managed in a hospital.

I think hospitals can deal with complex cases much better than the high street and that is what I would expect hospitals to be for. (Participant from London with glaucoma)

There is quite a lot of reassurance about going to a hospital I think. (Participant from London with glaucoma)

The equipment in opticians does not match that in the hospitals. (Participant from London with glaucoma)

Participants also held the perception that clinicians in hospital had more qualifications and had received more training when it came to treating eye conditions such as glaucoma than optometrists. They felt that they would be put at risk if their condition was managed by an optometrist who may potentially have fewer qualifications and less experience than the ophthalmologist they currently see in hospital.

I would not want to have any sort of treatment that was not hospital based. I would not trust that the person would know what they were doing elsewhere. (Participant from London with glaucoma)

There is more breadth and depth of specialist eye knowledge at hospital. (Participant from London with glaucoma)

Ophthalmology is a branch of medicine and they train for six years before choosing the path to ophthalmology. Your optician for example would never take your blood pressure or pick up any other things. I am not sure if an optician would be able to do things, apart from very basic things as far as glaucoma control goes. (Participant from London with glaucoma)

Opticians would be appropriate for less complex conditions to be managed

Although all of the participants felt that their own condition was too complex for it to be managed in an opticians, most agreed that conditions that required less specialised equipment, fewer qualifications and less experience to be managed could be treated in an opticians.

It's horses for courses and depends on what the issue is. If you think it is a simple issue then it's OK, but if you think it might not be simple then it is not OK. (Participant from London with glaucoma)

I'm sure they are fine for routine things but not complex. (Participant from London with glaucoma)

One individual pointed out that there are different phases in glaucoma. This would mean that sometimes it is appropriate that it is treated in an opticians and at other times a hospital would be more appropriate.

You have different phases in your condition. You have stability in your condition or it begins to get out of control and you need action. In the periods of greatest stability, I would be comfortable about predominantly using my optician just to keep a check on it, but whenever there was a new development then that would not be the right place. (Participant from London with glaucoma)

Most participants felt that although some conditions could be managed in an opticians, it should be the decision of the ophthalmologist in hospital as to whether a patient's condition was suitable to be managed in an opticians. If a patient's condition then worsened they should immediately be sent back to hospital to receive what they perceived to be more specialised treatment.

It depends on the individual and that assessment has to be done by the clinician to say that someone is suitable for enhanced services, they are low risk and their pressure is not likely to change. (Participant from London with glaucoma)

For me the decision has to come from the ophthalmologist. They have to say whether they want to see me in the clinic or if I am suitable for more low risk services and

monitoring in an opticians. I don't think an individual can make that decision themselves. (Participant from London with glaucoma)

Some concern that there could be communication issues between hospitals and opticians

Some participants felt that there were issues in hospitals such as out-of-date computer hardware and software still being used, and worried that there might be communication problems between hospitals and opticians, with patients' notes not always being appropriately shared. These participants felt that this could lead to issues with continuity of care and opticians not receiving accurate medical notes for patients to be able to treat them appropriately.

If NHS computer systems over the last few years are anything to go by, I would be terrified. (Participant from London with glaucoma)

Computer systems just aren't compatible. They've been using Windows XP which is now obsolete so how can they talk to your optician? (Participant from London with glaucoma)

My worry is the communication between the NHS and the opticians because that could cause a problem. (Participant from London with glaucoma)

Some perceived benefits to enhanced services

Although no participants would want to have their condition managed and treated at an opticians, some participants could see the benefits for those who had less complex conditions. In particular they felt that waiting times in an opticians would be shorter than those in hospitals.

The waiting times in hospital are horrendous really. A four hour wait is not unusual in a hospital. That would not be the case on the high street I'm sure. (Participant from London with glaucoma)

However, for many participants, waiting for their appointment at a hospital was not perceived to be a problem, with some explaining that it was worth waiting to get the specialised care they needed. Some participants even stated that they expected that they would have to wait when visiting a hospital and came prepared, and were happy to wait in order to manage their condition in this setting.

If you know you have to wait four or five hours, you just accept it. I always take books along with me. It's not a problem. (Participant from London with glaucoma)

We have to keep this in perspective. Yes, it's a nuisance to have to wait four hours or two hours or three hours, but at the end of the day we are talking about our eyesight. It is worth eight hours a year to get the right treatment. (Participant from London with glaucoma)

Opticians could provide a better continuity of care than hospitals

Some also mentioned the benefit of having a continuity of care if someone saw the same optician each time, whereas in hospital participants spoke of seeing different clinicians each time and this meant they often had to repeat information each time they were seen.

It's important for some people to have continuity of care and you can achieve that with a commercial business but you can't always achieve that in the NHS. (Participant from London with glaucoma)

With opticians you get continuity of care. You have that relationship. In some ways though there is an advantage of seeing someone different every time because one person may have particular weaknesses you don't know about but if you are seeing more people you will get more consistent and better service. (Participant from London with glaucoma)

Providing enhanced services at an opticians might be more convenient for some people

Participants acknowledged that they were fortunate enough to have easy access to specialist eye hospitals in London. However, they speculated that in other places in the country perhaps it would be easier for patients to attend an opticians on their local high street rather than have an appointment for their condition at a hospital, particularly those who are reliant on public transport and live in more rural areas. Some felt that the roll-out of enhanced services at opticians should be prioritised in those areas rather than in major towns and cities which have an easily accessible hospital.

There are people for whom a trip into a market town would lead them to an optician but not a hospital. For them it may be more useful than for us here. (Participant from London with glaucoma)

If you look at the population basis outside of the major cities in Scotland, you've got vast expanses of farmland where you haven't got a hospital within 50 miles. In that case, the optician might be your best option. (Participant from London with glaucoma)

There is more urgency to increase the quality of care that those opticians can offer than those opticians in London when patients can more easily go to a hospital. (Participant from London with glaucoma)

However, there was a general feeling amongst participants that people would want the best care available for their eyes, which would mean they would be willing to travel to get to an appointment in a hospital.

Wherever I lived I would want the best possible care for my eyes. If it means travelling, I would travel. (Participant from London with glaucoma)

11. Key findings

Public perceptions of opticians seeing small changes

Whilst the public primarily view the role of opticians as testing eyesight, it is interesting to see that over the past three years, public perceptions have changed slightly. GPs continue to be the place that the largest proportion of people would go if they woke up tomorrow with an eye problem, but since 2015 this proportion has been declining, and the proportion who would visit an optician first in this scenario has been increasing, particularly in Wales, Scotland and Northern Ireland. Many of the increasing proportion of those who would go to an optician first are aware that an optician would be able to treat these kinds of problems, suggesting that the understanding of the scope of the role of opticians is steadily increasing.

The public continue to view opticians as a combination of a healthcare provider and retailer, and many view themselves as a customer when visiting an optician. However, there is an increasingly larger proportion that view themselves as patients when visiting an optician, in particular those who have experience of being diagnosed and treated by an optician for an eye health condition such as glaucoma, further suggesting that perceptions of opticians may be beginning to change.

Most continue to visit opticians regularly

The proportion of people reporting that they visited an optician in the last two years has remained about the same when compared to the results of the 2015 survey. The majority of people said their last visit to an optician was to a chain rather than an independent optician.

Pressure to buy

Most people do not feel uncomfortable about visiting an optician. However, a significant minority indicated that they have felt uncomfortable about pressure to buy glasses or contact lenses or the cost of an eye test.

It is positive to note that feedback from the focus groups suggests that glaucoma patients have not been deterred from visiting opticians for these reasons, but have highlighted that those who have glaucoma may be deterred as they may not feel comfortable about having their condition managed at an opticians and would prefer this to be done in a hospital setting.

This year's survey results highlight that a larger proportion may feel under pressure to buy a product or service which they did not want or need the last time they visited an optician, but this finding was not borne out in the qualitative feedback from the focus groups and in depth interviews. As found in 2016, participants explained that they expected to spend money when visiting an optician, and understood that opticians were businesses who were interested in making a profit, meaning that some pressure to buy was to be expected. This is reflected in the survey result that the majority of respondents thought that opticians were under pressure from their employers to sell products or services not needed by the patient.

Continued high levels of satisfaction and low levels of complaints

This year's survey results show continued high levels of satisfaction when visiting an optician in terms of the optician who carried out the eye test and the overall experience of visiting an optician. This is reinforced by the continued low levels of reported complaints about experiences of visiting opticians.

It is interesting to note that this year's results show a decline in the proportion who would complain to the opticians where the treatment was carried out and increases in complaining in other locations such as the NHS, the Optical Consumer Complaints Service, Trading Standards, the GOC, and the Care Quality Commission, suggesting increased awareness of alternative ways to complain.

Attitudes towards changing technology

Mixed perceptions have been recorded in relation to changing technology and visiting opticians. Some feel comfortable with ideas such as machines testing eyesight without an optician being present, having a computer diagnose an eye condition, and less human interaction, whereas similar proportions feel uncomfortable. Feedback from the focus groups and in depth interviews provides further insight, indicating that people may feel generally uncomfortable about advances in technology in relation to opticians, but accept that such changes are inevitable. Generally, some element of human interaction when visiting an opticians would be preferred, particularly during the sight test element of the visit to provide answers to questions, advice and explanations where needed.

Attitudes towards enhanced services from glaucoma patients

Those who had been diagnosed and treated for glaucoma were sceptical about having their condition treated and managed by an optician within an enhanced community setting in the future. They thought that ophthalmologists had greater expertise and that hospitals had more specialist equipment to manage and treat conditions such as glaucoma. They felt that optometrists had less fewer qualifications and less experience of treating glaucoma, which could pose a potential risk to their eye health. They felt opticians were more suited to providing routine care.

12. Respondent and Participant Profile

The table below presents the survey respondent profile.

Demographic	Count	Percentage
Gender		
Male	1,509	50%
Female	1,516	50%
Age		
16 - 24	472	16%
25 - 34	473	16%
35 - 44	503	17%
45 - 54	519	17%
55 - 64	449	15%
65 - 74	329	11%
75 +	280	9%
UK Nation		
England	1,835	61%
Wales	399	13%
Scotland	398	13%
Northern Ireland	393	13%
English region		
North East	110	4%
North West	274	9%
Yorkshire and Humber	195	6%
East Midlands	161	5%
West Midlands	181	6%
East of England	162	5%
London	274	9%
South East	316	10%
South West	162	5%
Ethnicity		
White	2,797	93%
Other ethnic group	207	7%

The tables below present the stratification of focus groups and in depth interviews.

Group	Location	Stratification
1	England (Manchester)	Had visited an optician in the last five years Equal split by gender Mix of age groups and ethnicity
2	England (London) - Glaucoma	
4	Wales (Cardiff)	
5	Scotland (Glasgow)	

Interview	Location	Stratification
1	England (Cornwall)	Focus on more rural areas, avoiding cities where focus groups took place Had visited an optician in the last five years Equal split by gender Mix of age groups and ethnicity
2	England (Kidderminster)	
3	England (Pontefract)	
4	England (Southend-on-Sea)	
5	England (Chatham)	
6	England (Coventry)	
7	Northern Ireland (Tandragee)	
8	Northern Ireland (Draperstown)	
9	Northern Ireland (Limavady)	
10	Northern Ireland (Kircubbin)	
11	Northern Ireland (Londonderry)	
12	Northern Ireland (Newtownards)	
13	Wales (Ystradgynlais)	
14	Wales (Swansea)	
15	Scotland (Lossiemouth)	
16	Scotland (Fochabers)	

General Optical Council

Public Perceptions Research 2017

Appendix A – Questionnaire

Experiences and perceptions of healthcare services survey

Welcome to the survey and thank you for agreeing to take part. The survey will take around 15 minutes to complete.

You can navigate through this questionnaire using the 'Next' and 'Back' buttons below. To remove your answers to a question click on the 'Reset' button.

If you have any questions about completing the questionnaire, please call the survey helpline on 0800 0092 117 or email helpline@enventure.co.uk

Confidentiality - This survey is being carried out independently on behalf of a UK health regulator by Enventure Research, a market research agency, bound by the Market Research Society's Code of Conduct. This ensures that your personal details and other information will only be used for the purposes of the research and will not be disclosed to any third parties.

About you

Q1 **Are you...?**

- Male Female Prefer not to say

Q2 **What age range do you fall into?**

- 16 - 24
 25 - 34
 35 - 44
 45 - 54
 55 - 64
 65 - 74
 75 +
 Prefer not to say

Q3 **In which of the following regions do you live?**

- | | | |
|---|--|--|
| <input type="checkbox"/> North East | <input type="checkbox"/> East of England | <input type="checkbox"/> Scotland |
| <input type="checkbox"/> North West | <input type="checkbox"/> London | <input type="checkbox"/> Northern Ireland |
| <input type="checkbox"/> Yorkshire and Humber | <input type="checkbox"/> South East | <input type="checkbox"/> Outside the UK |
| <input type="checkbox"/> East Midlands | <input type="checkbox"/> South West | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> West Midlands | <input type="checkbox"/> Wales | |

If you had an eye problem

Q4 **If you woke up tomorrow with an eye problem, such as something in your eye, a red eye or blurred vision, where would you go or who would you speak to first? Please select one option only**

- | | |
|---|--|
| <input type="checkbox"/> A GP | <input type="checkbox"/> An eye hospital |
| <input type="checkbox"/> Accident & Emergency | <input type="checkbox"/> A pharmacist |
| <input type="checkbox"/> A walk in clinic | <input type="checkbox"/> Other |
| <input type="checkbox"/> An optician | <input type="checkbox"/> Don't know |

Other *Please specify*

Q5 **ASK IF Q4=NOT OPTICIAN**

Why would you choose not to go to an optician first in this situation? Please select one option only

- An optician wouldn't be able to treat these kinds of problems
- I might have to pay for the treatment
- Inconvenient location
- Inconvenient opening hours
- I might not be seen by an optician on the same day
- An optician can't prescribe the right medication to treat the problem
- Other
- Don't know

Other *Please specify*

Q6 **ASK IF Q4=OPTICIAN**

Why would an optician be your first choice in this situation? Please select one option only

- An optician would be able to treat these kinds of problems
- Convenient location
- Convenient opening hours
- I could be seen by an optician on the same day
- An optician could prescribe the right medication to treat the problem
- Other
- Don't know

Other *Please specify*

Services provided by opticians

Q7 **Thinking about the services provided by opticians, which do you most associate with opticians? Please select one option only**

- Testing eyesight
- Detecting any eye health problems
- Detecting other health problems not directly in the eyes
- Getting a prescription for glasses or contact lenses
- Selling fashionable frames and sunglasses
- Detecting damage to my eyes

Q8 **Which other service do you next most associate with opticians? Please select one option only**

- Testing eyesight
- Detecting any eye health problems
- Detecting other health problems not directly in the eyes
- Getting a prescription for glasses or contact lenses
- Selling fashionable frames and sunglasses
- Detecting damage to my eyes

Visiting an optician

Q9 **Have you ever felt uncomfortable about visiting an opticians for any of the following reasons? Please select all that apply**

- Pressure to buy glasses or contact lenses
- Might be told I need glasses
- Fear of being diagnosed with an eye health problem (such as glaucoma or macular degeneration)
- The cost of an eye test
- Pressure to book an eye test
- I don't like someone touching / going near my eyes during the eye test
- I don't like someone being physically close to me during the eye test
- Other
- None of the above / I have not felt uncomfortable

Other *Please specify*

Q10 **When was the last time you went to an optician?**

- In the last two years
- More than two years ago but less than five years ago
- More than five years ago
- I have never been to an optician

Your last visit to an optician

When answering the following questions, please think about your most recent visit to an optician when you visited for yourself and not for or with someone else.

Q11 **ASK IF Q10=LAST TWO YEARS**

The last time you went to an opticians, did you go to an independent optician, or was it a chain of opticians?

- Independent optician
- Chain optician
- Don't know

Q12 **ASK IF Q10=LAST TWO YEARS**

How satisfied or otherwise were you with the following?

	Very satisfied	Fairly satisfied	Not very satisfied	Not at all satisfied	Don't know / can't remember
The optician who carried out your eye test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your overall experience of the opticians	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about opticians

Q13 **When you think about the following, do you think of them primarily as a healthcare service, a retailer or a combination of both?**

	A healthcare service	A retailer	A combination of both	Don't know
An optician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q14 **If you visited the following, would you think of yourself primarily as a patient, a customer or a combination of both?**

	A patient	A customer	A combination of both	Don't know
An optician	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A GP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A pharmacist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Purchasing glasses or contact lenses

Q15 **Do you currently use any products such as glasses or contact lenses, or have you had laser eye surgery, to improve your eyesight? Please select all that apply**

- Glasses with a prescription
- Contact lenses
- Off-the-shelf reading glasses (ready readers)
- Laser eye surgery
- None of the above
- Don't know

Q16 **ASK IF Q15=GLASSES**

Where did you purchase your glasses from?

- The opticians where I had my eye test
- A different opticians to where I had my eye test
- A supermarket or high street store that does not offer eye tests
- The internet
- Other
- Don't know

Please specify which website you purchased your glasses from

Other *Please specify*

Q17 **ASK IF Q15=CONTACT LENSES**

Where did you purchase your contact lenses from?

- The opticians where I had my eye test
- A different opticians to where I had my eye test
- A supermarket or high street store that does not offer eye tests
- The internet
- Other
- Don't know

Please specify which website you purchased your contact lenses from

Other *Please specify*

Q18 ASK IF Q15=GLASSES OR CONTACT LENSES

How clear or otherwise did you feel the costs were before you were asked to pay the last time you..?

	Very clear	Fairly clear	Not very clear	Not clear at all	Don't know / can't remember
...had an eye test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...purchased a pair of glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...had a contact lens appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...purchased contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q19 ASK IF Q15=GLASSES OR CONTACT LENSES

During your appointment, did anyone try to sell you something more expensive than you wanted to pay (e.g. a more expensive brand, lens coatings, other add-ons etc.) the last time you..?

	Yes	No	Don't know / can't remember
...had an eye test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...purchased a pair of glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...had a contact lens appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...purchased contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q20 ASK IF Q15=GLASSES OR CONTACT LENSES

Did you feel under any pressure to buy a product or service which you didn't want or need the last time you..?

	Yes, a lot of pressure	Yes, a bit of pressure	No pressure at all	Don't know / can't remember
...had an eye test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...purchased a pair of glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...had a contact lens appointment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
...purchased contact lenses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q21 Do you think that opticians are under pressure by their employer to sell a products or services which they know are not needed by the patient / customer?

- Yes, definitely
- Yes, to some extent
- No
- Not sure

Laser eye surgery – ASK Q22 TO Q25 IF Q15=LASER EYE SURGERY

- Q22 **During your consultation for laser eye surgery, did you feel under any pressure to go ahead with the surgery?**
- Yes, a lot of pressure
 - Yes, a bit of pressure
 - No pressure at all
 - Don't know / can't remember
- Q23 **Before you had laser eye surgery, were the costs explained to you in a way that was clear and transparent?**
- Yes, definitely
 - Yes, to some extent
 - No
 - Don't know / can't remember
- Q24 **Before you had laser eye surgery, how clear or otherwise was the explanation of the process, the risks and the likely outcomes?**
- Very clear
 - Fairly clear
 - Not very clear
 - Not at all clear
 - Don't know / can't remember
- Q25 **Do you think that opticians are under pressure by their employer to sell laser eye surgery to patients?**
- Yes, definitely
 - Yes, to some extent
 - No
 - Not sure

Regulation of opticians

- Q26 **Can you name the organisation which regulates the optical profession?**
- Yes
 - No

Please type the name of the organisation in the box below

- Q27 **The General Optical Council, also known as the GOC, is the body which regulates the optical profession in the UK.**

Had you heard of the GOC before taking part in this survey?

- Yes, I had heard of the GOC
- No, I had not heard of the GOC
- Don't know

Making a complaint

Q28 ASK IF Q10=EVER VISITED AN OPTICIAN

Have you ever complained or considered complaining about an experience with an optician?

- Yes, I complained
- Yes, I considered complaining
- No
- Don't know
- Prefer not to say

Q29 ASK IF Q28=CONSIDERED COMPLAINING

You said that you considered complaining. Why did you decide not to complain?

Please select all that apply

- I did not know who to complain to
- I thought complaining would not make a difference
- I was too busy to complain
- I did not think I would be believed
- I was worried complaining would affect the treatment / service I receive
- I did not want to get anyone into trouble
- Other

Other *Please specify*

Q30 ASK IF Q28=COMPLAINED OR CONSIDERED COMPLAINING

Thinking about the most recent time you complained or considered complaining about an experience with an optician, who did you complain or consider complaining to? *Please select all that apply*

- The opticians where the treatment was carried out
- The head office of the chain of opticians I visited
- The General Optical Council (GOC)
- The Optical Consumer Complaints Service
- The NHS
- A Health Ombudsman
- Trading Standards
- The Care Quality Commission (CQC)
- Other
- I wasn't sure who to complain to
- Don't know

Other *Please specify*

When something goes wrong

Q31 ASK IF Q10=EVER VISITED AN OPTICIAN

Have you ever experienced a situation where something has gone wrong with the care/service you received from an optician?

- Yes
- No
- Don't know

Q32 ASK IF Q31=YES

Did you receive an apology from the optician as a result?

- Yes
- No
- Don't know

Q33 How likely do you think it is that an optician would provide an apology to a patient when something has gone wrong with the care/service they receive?

- Very likely
- Quite likely
- Not very likely
- Not at all likely
- Don't know

Sight tests and driving

Q34 If a patient visits an optician, and after getting their sight tested they fall below the standard required to drive safely, who do you think should be responsible to notify the government's Driver and Vehicle Licensing Agency (DVLA)?

- The patient
- The optician
- Both the patient and the optician
- Don't know

There has been recent media coverage about whether or not opticians and doctors should be required to notify the government's Driver and Vehicle Licensing Agency (DVLA) when they come across a patient who is not fit to drive.

It is currently the legal responsibility of the patient to refer themselves to the DVLA in this situation.

Q35 If opticians were required to automatically notify the DVLA of patients who fall below the standard required to drive safely, and you were concerned about your vision, would this put you off going for a sight test?

- Yes, definitely
- Yes, to some extent
- No
- Don't know

Changes in technology

As with other areas of life, computers and robots are being used more and more to deliver healthcare. For example, robots are now being used to carry out some routine operations on patients instead of surgeons, and robotic vending machines are being used to dispense medicine to patients.

The use of computers and robots is also starting to revolutionise the work of opticians. The following questions are about the use of computers and robots by opticians.

Q36 In the near future, it might be possible for you to have your vision tested by a machine without an optician present.

How comfortable would you feel about this?

- Very comfortable
- Quite comfortable
- Not very comfortable

- Not at all comfortable
- Don't know

Q37 **In the future, it might be possible for a computer to be able to diagnose an eye condition (such as glaucoma for example) without an optician being involved.**

How comfortable would you feel about this?

- Very comfortable
- Quite comfortable
- Not very comfortable
- Not at all comfortable
- Don't know

Q38 **In general, would you be happy with less human interaction during your consultation at an opticians in the future?**

- Yes, definitely
- Yes, to some extent
- No
- Don't know

Further research

As part of this research, we will be holding **discussion groups** and **telephone interviews** to find out more about peoples' views and experiences of visiting opticians.

- **Discussion groups** will be held in a small number of locations across the UK between 31st July and 11 August and will last for approximately 90 minutes. If you are selected to attend, you will receive a thank you payment of **£30 cash**.

- **Telephone interviews** will last for approximately 20 minutes and **£15 will be added to your Valued Opinions** account if you are selected to take part

If you indicate that you are interested in taking part in a discussion group or telephone interview, you may be contacted by Enventure Research to provide you with more details.

Q39 **Are you interested in taking part in a discussion group or telephone interview?**

Please select all that apply

By answering yes you are agreeing to be contacted by Enventure Research concerning this research.

- Yes, I would be interested in attending a discussion group
- Yes, I would be interested in a telephone interview
- No

So that we can contact you about taking part in further research, please provide your name, contact number and email address in the boxes below. *Your details will not be passed on to any third parties and will only be used for the purposes of conducting further research. Your details will also be separate from your questionnaire answers meaning that you will not be identified in any way.*

Q40 **Name**

Q41 **Contact number**

Q42 **Email address**

About you

Finally, please could you answer the following questions about yourself so that we can ensure we hear from a wide range of people.

Q43 To which of these groups do you consider you belong?

- | | |
|--|---|
| <input type="checkbox"/> White - English/Welsh/Scottish/Northern Irish/British | <input type="checkbox"/> Asian or Asian British - Bangladeshi |
| <input type="checkbox"/> White - Irish | <input type="checkbox"/> Asian or Asian British - Chinese |
| <input type="checkbox"/> White - Gypsy or Irish Traveller | <input type="checkbox"/> Asian or Asian British - Other |
| <input type="checkbox"/> White - Other | <input type="checkbox"/> Black or Black British - Caribbean |
| <input type="checkbox"/> Mixed - White and Black Caribbean | <input type="checkbox"/> Black or Black British - African |
| <input type="checkbox"/> Mixed - White and Black African | <input type="checkbox"/> Black or Black British - Other |
| <input type="checkbox"/> Mixed - White and Asian | <input type="checkbox"/> Other - Arab |
| <input type="checkbox"/> Mixed - Other | <input type="checkbox"/> Any other ethnicity |
| <input type="checkbox"/> Asian or Asian British - Indian | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Asian or Asian British - Pakistani | |

Other *Please specify*

Q44 Which of these best describes the working status of the chief income earner in your household?

- | | |
|--|--|
| <input type="checkbox"/> Full time paid job | <input type="checkbox"/> Unemployed (more than 6 months) |
| <input type="checkbox"/> Part time paid job | <input type="checkbox"/> Home maker |
| <input type="checkbox"/> Self employed | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Student | <input type="checkbox"/> Prefer not to say |
| <input type="checkbox"/> Unemployed (less than 6 months) | |

Q45 Which of the following represents the total annual income of your whole household, before deduction for Income Tax and National Insurance?

- | | |
|--|---|
| <input type="checkbox"/> Up to £10,000 | <input type="checkbox"/> £60,001 up to £70,000 |
| <input type="checkbox"/> £10,001 up to £20,000 | <input type="checkbox"/> £70,001 up to £80,000 |
| <input type="checkbox"/> £20,001 up to £30,000 | <input type="checkbox"/> £80,001 up to £90,000 |
| <input type="checkbox"/> £30,001 up to £40,000 | <input type="checkbox"/> £90,001 up to £100,000 |
| <input type="checkbox"/> £40,001 up to £50,000 | <input type="checkbox"/> £100,001 and over |
| <input type="checkbox"/> £50,001 up to £60,000 | <input type="checkbox"/> Prefer not to say |

Q46 Do you have a longstanding physical or mental condition or disability that has lasted or is likely to last 12 months, and which has a substantial adverse effect on your ability to carry out day-to-day activities?

- Yes No Prefer not to say

Q47 Are you currently receiving or have you ever received treatment for any of the following? *Please select all that apply*

- Glaucoma
 Diabetes
 Macular degeneration
 Cataracts
 None of the above
 Prefer not to say

Thank you

Thank you for taking the time to take part in this survey. Your views are greatly appreciated.

If as a result of taking part in this survey you would like to know more about the General Optical Council or the regulation of opticians, please visit www.optical.org

Please click 'Submit' below to send your response.

**General Optical Council
Public Perceptions Research 2017**

**Appendix B – Focus group and in depth
interview discussion guides**

General Optical Council – Public Perceptions Research 2017

Qualitative Discussion Guide

This guide is to be used for focus group and interview discussions. Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups if, for example, certain questions do not illicit useful responses.

Introduction (5 mins)

My name is.....and I work for a company called Enventure Research.

We are currently working with the General Optical Council (GOC), the organisation which regulates the optical professions in the UK, to find out about peoples' experiences of visiting an optician.

You may be aware of the GOC as a result of taking part in our online survey, where you provided useful information about your views and experiences of opticians. We now want to explore your experiences in a bit more detail to better understand what people expect when they visit an optician.

IMPORTANT: Please be assured that everything you say during this session is totally confidential, so please be as open and honest as possible. There is no right or wrong answer. Enventure Research is an independent research agency, meaning that we are not part of the GOC and therefore will not be offended by your views. Enventure Research works to the Market Research Society Code of Conduct, which means that anything you say this evening will be treated in the strictest confidence, and your comments will remain anonymous with nothing linked to you by name.

All views and opinions of all present are valid and your contributions will help shape future GOC policy. Please listen to other participants' views and try not to speak over each other.

I will be recording the session so I do not need to take notes as you are talking. However, the recording is only used to help me write my report and is deleted once it has been used, and is not passed on to any third parties.

The session will last for no more than 90 minutes. Do you have any questions before we begin?

Can you please introduce yourselves?

- First name
- Where you live
- When you last visited an optician
- Do you wear glasses, contact lenses or have you had laser eye surgery?

Perceptions of opticians (15 mins)

- When you think about an opticians, do you think of it as a healthcare service, a retailer or a combination of both?
 - Why do you think that?
 - Why might people see an opticians as a healthcare service?
 - Why might people see an opticians as a retailer?
 - Why might people see an opticians as both a healthcare service and retailer?
- When you visit an optician, would you think of yourself as a patient, a customer or a combination of both?
 - Why do you think that?
 - Why might people feel like a patient?
 - Why might people feel like a customer?
 - Why might people feel like both a patient and customer?
- Are there different times when someone might feel like a patient or a customer?
 - *Moderator to explore:*
 - *Different parts of an appointment process (booking an appointment, waiting to be seen, the eye examination, choosing frames/lenses, paying for your treatment/products)*
 - *Different areas of the opticians (the reception area, the displays of frames, the examination area)*
 - *Chain opticians (Specsavers, Vision Express, Tesco etc.) vs independent opticians*
 - *Different types of appointment*

Clarity of costs and pressure to spend money (15 mins)

I now want to think about the costs and spending money when you visit an optician.

- Do you know how much you expect to pay when you visit an optician?
- Are the costs made clear to you when you visit an optician?
- When visiting an optician, has anyone ever tried to sell you something more expensive than you wanted to pay? For example, a more expensive brand, lens coatings, other add-ons etc.
 - At what stage of the appointment was this?
 - What were you offered?
 - How much more was it than you wanted to pay?
 - How did you react to the offer?

In our recent survey, we found that:

- 37% of people said that someone tried to sell them something more expensive than they wanted to pay when they purchased a pair of glasses
- 34% of people said that someone tried to sell them something more expensive than they wanted to pay when they purchased a pair of contact lenses
- What do you think to these results?
- Are they higher/lower than you expected?
- Do you think opticians are under pressure to sell more expensive products/services?
 - What impact does this have on patients?

- Have you ever felt under any pressure to buy a product or service you didn't want when visiting an optician?
 - If yes, what did you feel pressure to buy?
 - Where did this pressure come from?
 - Did this pressure affect what you chose to purchase?

In our recent survey, we found that:

- 32% of people said that they felt some pressure to buy a product or service they didn't want/need when they last purchased a pair of glasses
- 39% of people said that they felt some pressure to buy a product or service they didn't want/need when they last purchased contact lenses
- What do you think to these results?
- Are they higher/lower than you expected?
- Do you think opticians are under pressure to sell products/services which they know are not needed by the patient/customer?
 - What impact does this have on patients?

Technology (50 mins)

I now want to talk about advances in technology and what this means for visiting opticians.

Thinking firstly about advances in technology in general...

- Do you consider yourself to be up to date with the latest technology?
- Do you like to have the latest gadgets and technology? Do you try and stay up to date?
 - If so, why?
 - If not, why not?
- What changes has technology made to the way you live your life over the past 10 years?
 - *Moderator to explore – use of the internet, smartphones, household appliances, video calling (Skype, Facetime), mobile apps, “smart” technology etc.*
- Do you think that advances in technology have improved the way we live our lives?
 - If so, in what way?
 - If not, why not?
- What comes to mind when you hear the terms “robotics” and “AI” or “Artificial Intelligence”?
 - *Moderator to explore ideas – driverless cars, digital assistants on smartphones*

Now I want to think about advances in technology in relation to health care...

- What advances in technology have you noticed in relation to health care?
- What differences have these made to people's lives?
- Who do they benefit? *Moderator to explore – patients, health care professionals*
- *If not already mentioned, moderator to explore:*
 - *Less human interaction*
 - *Appointments with health care professionals via video conference (e.g. Skype)*
 - *Robotic dispensing*
 - *Robotic surgery (for minor operations)*
 - *AI used to diagnose conditions/diseases (such as cancer)*

- *Remote patient monitoring (e.g. blood pressure, heart rate, blood sugar, weight etc)*
- *Robotic nursing*

I'm going to show you a few short video clips that show how advances in technology might change the way people visit the optician, have their sight tested and get their prescription for glasses or contact lenses. Don't worry if you don't fully understand what is being said – they're just to give you an idea of what technology is available and how things are changing.

Video 1 – Davalor Salud - Eye and Vision Analyzer (EVA) presentation

- What do you think about the use of a machine to test your eyesight, as shown in the first video?
 - What was your initial reaction to it?
 - How did it make you feel?
 - Would you trust the prescription it created for you?
 - If yes, why?
 - If no, why not?
 - What do you think about having your eyesight tested by a machine without an optician present?
 - Is this something you would be comfortable with?
 - What are the potential benefits of this?
 - What are the potential drawbacks?
 - Would you be willing to have your eyesight tested in this way?
 - If yes, why?
 - If no, why not?

Video 2 – EyeNetra Netra AutoRefractor Instructional Video

- What do you think about the device shown in the second video, where a smartphone app was used to test the persons eyesight and create a prescription?
 - What was your initial reaction to it?
 - How did it make you feel?
 - Would you trust the prescription it created for you?
 - If yes, why?
 - If no, why not?
 - What do you think about being able to carry out your own sight test with your smartphone without an optician present?
 - Is this something you would be comfortable with?
 - What are the potential benefits of this?
 - What are the potential drawbacks?
 - Would you be willing to have your eyesight tested in this way?
 - If yes, why?
 - If no, why not?

Video 3 – What is DITTO?

- What do you think about the use of a website like this to help you pick out your frames?
 - What was your initial reaction to it?
 - How did it make you feel?
 - Would you trust the website and the way the glasses looked on your face?
 - If yes, why?
 - If no, why not?
 - What do you think about being able to virtually try on glasses at home and pick out the ones you want without an optician present?
 - Is this something you would be comfortable with?
 - What are the potential benefits of this?

- What are the potential drawbacks?
- Would you be willing to choose your glasses in this way?
 - If yes, why? If no, why not?

All three of these videos showed less human interaction when having your eyesight tested or choosing frames.

- How do you feel about less human contact during this process?
 - What are the benefits?
 - What are the drawbacks?
- How would you feel about communicating with an optician via:
 - Video call (e.g Skype, Facetime)?
 - Online chat/messaging system?
 - How would this compare to visiting an optician face-to-face?

All three of these videos showed increased use of technology, including robotics and artificial intelligence.

- What do you think the benefits this are?
- What are the potential drawbacks? Are there any risks to patients?
- How would you complain if an error was made by one of these machines?
 - Would it be different if the error was made by an optician?
- Would this make you think any differently about how your personal data was stored and protected?

Thank and close (5 mins)

Moderator to thank participants for their contributions to the group.

- To help summarise what we have been talking about this evening, what do you think are the 3 most important things we have discussed?
- Any other questions/points to raise?
- Hand out the incentive payments
- Thank & close

General Optical Council – Public Perceptions Research 2017

Glaucoma Association – Focus Group Discussion Guide

This guide is to be used for focus group and interview discussions. Please note this discussion guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups if, for example, certain questions do not illicit useful responses.

Introduction (5 mins)

My name is.....and I work for a company called Enventure Research.

We are currently working with the General Optical Council (GOC), the organisation which regulates the optical professions in the UK, to deliver a programme of research find out about peoples' experiences and perceptions of visiting an optician. This involves a large-scale survey with the general public across the UK, followed by discussion groups like this to speak to people in more depth.

The GOC are particularly interested to hear from people who have been diagnosed with and received treatment for Glaucoma to better understand your experiences of the optical professions, in relation to your eye condition. We are also interested in how you typically view opticians and what you expect when you visit.

IMPORTANT: Please be assured that everything you say during this session is totally confidential, so please be as open and honest as possible. There is no right or wrong answer. Enventure Research is an independent research agency, meaning that we are not part of the GOC and therefore will not be offended by your views. Enventure Research works to the Market Research Society Code of Conduct, which means that anything you say this evening will be treated in the strictest confidence, and your comments will remain anonymous with nothing linked to you by name.

All views and opinions of all present are valid and your contributions will help shape future GOC policy. Please listen to other participants' views and try not to speak over each other.

I will be recording the session so I do not need to take notes as you are talking. However, the recording is only used to help me write my report and is deleted once it has been used, and is not passed on to any third parties.

The session will last for no more than 90 minutes. Do you have any questions before we begin?

Can you please introduce yourselves?

- First name
- Where you live
- When you last visited an optician

Perceptions of opticians (10 mins)

- When you think about an opticians, do you think of it as a healthcare service, a retailer or a combination of both?
 - Why do you think that?
 - Do you think the same or differently when you think about a GP, a pharmacist or a dentist?
- When you visit an optician, would you think of yourself as a patient, a customer or a combination of both?
 - Why do you think that?
 - Do you think the same or differently when you think about a GP, a pharmacist or a dentist?
- Are there different times when someone might feel like a patient or a customer when they visit an optician?
 - *Moderator to explore:*
 - *Different parts of an appointment process (booking an appointment, waiting to be seen, the eye examination, choosing frames/lenses, paying for your treatment/products)*
 - *Different areas of the opticians (the reception area, the displays of frames, the examination area)*
 - *Chain opticians (Specsavers, Vision Express, Tesco etc.) vs independent opticians*
 - *Different types of appointment*

Barriers to visiting an optician (10 mins)

- Has there ever been a time when you have felt uncomfortable about or put off going to an optician?
 - If yes, what was the reason?
 - Was this before or after you were diagnosed with Glaucoma?

In our recent survey of the general public, we asked whether people had ever felt uncomfortable about visiting an opticians. The results showed that:

- 15% of people said that they felt uncomfortable about visiting an optician due to pressure to buy glasses or contact lenses
- 13% said they felt uncomfortable due to the cost of an eye test
- 9% said they felt uncomfortable due to fear of being diagnosed with an eye health problem such as Glaucoma or macular degeneration
- What do you think to these results?
- Are you surprised or is this what you expected?
- Before your diagnosis, had you ever been put off going to an optician because of the pressure to spend money and the cost?
 - If yes, did feeling uncomfortable about going to an optician delay your diagnosis for Glaucoma in any way?
- Before your diagnosis, had you ever been put off going to an optician because of fear of diagnosis with an eye health problem?
 - If yes, did feeling uncomfortable about going to an optician delay your diagnosis for Glaucoma in any way?

Experiences of Glaucoma (20 mins)

I now want to ask you about your experiences of being diagnosed and treated for Glaucoma,

- How were you first diagnosed with Glaucoma?
 - What made you aware that something was wrong?
 - *Moderator to explore - routine sight tests, was there a family history, other existing medical condition e.g. diabetes etc*
 - Were you diagnosed at a high street opticians, a hospital/eye clinic, or somewhere else?
 - What was the process of your diagnosis? Were you referred to see someone else?
 - How quickly were you diagnosed?

- How were you initially treated for Glaucoma?
 - What treatment were you prescribed?
 - *Moderator to explore - eye drops, tablets, laser eye surgery, other surgery*
 - Who provided this treatment?
 - Where was the treatment provided?

- What treatment are you currently receiving?
 - Where do you receive your care?
 - *Moderator to establish numbers of those at secondary care and those at high street opticians*
 - Who is your main clinician?
 - How often do you have to go for appointments?

Enhanced services (40 mins)

I now want you to think about your experiences of two different places – the high street opticians and the hospital/eye clinic.

- How does your experience of visiting a high street optician compare with your experience of visiting a hospital/eye clinic?
 - What are the differences?
 - What are the similarities?
 - Which place do you prefer to visit and why?
 - What do you prefer about visiting a high street optician?
 - What do you prefer about visiting the hospital/eye clinic?
 - Do you feel that you receive different standards of care at these places?

I now want to talk about the way that the delivery of optical care is changing in the UK, in particular focusing on what is known as 'enhanced services'.

Enhanced services involve optometrists and dispensing opticians taking on additional work in areas such as glaucoma management and low vision, usually with extra training and/or qualifications. It can also include opticians being a first port of call on the high street for patients with minor eye conditions such as redness or something in their eye. Patients would therefore be encouraged to visit their optician for these kinds of problems rather than visiting their GP.

Enhanced optical services are increasingly being commissioned across the UK. Over recent years there has been a growing need for optometrists to become more involved with clinical services, with the NHS experiencing an increasing burden both from population increase and improved detection and treatment of eye disease.

Now let's think about the idea of enhanced services in relation to your experiences of being diagnosed and treated for Glaucoma.

- Where would you prefer to have your condition treated and managed?
 - *Moderator to explore*
 - *High street opticians*
 - *Hospital*
 - *Eye clinic*
 - Why do you say that?

- For those of you who are treated in secondary care (hospital or eye clinic), how would you feel about having your glaucoma managed and treated in a high street opticians?
 - *Moderator to explore*
 - *Levels of trust and confidence*
 - *Levels of knowledge and skill*
 - *Quality of care (e.g. any concerns that the level would be lower than in secondary care)*
 - Are there any barriers to you going to a high street optician?
 - *e.g. Do you think you would have to pay?*
 - How comfortable would you feel about going to a high street opticians for this?
 - What would be the potential benefits?
 - What would be the potential drawbacks?
 - Who would this benefit?
 - If you received treatment for your eye condition from a high street optician, would you trust that there would be continuity of care between the opticians and the hospital/eye clinic?
 - *Moderator to explore – sharing of patient records between the two, data protection, understanding/awareness of previous diagnosis and treatment*

- For those of you who receive treatment for your glaucoma in a high street opticians, how do you feel about this?
 - *Moderator to explore*
 - *Levels of trust and confidence*
 - *Levels of knowledge and skill*
 - *Quality of care*
 - *Advantages and disadvantages*
 - Which high street optician do you receive your treatment at? Is it an independent optician or a chain?
 - How did you know you could be treated/managed in a high street opticians?
 - What made you decide to receive your treatment there rather than at a hospital or eye clinic?

- Do you know the differences between an optometrist (optician) and an ophthalmologist?
 - What are the main differences?
 - Do they have different qualifications?
 - Would you trust the opinion of one of these roles more than the other?
 - Why do you say that?
 - Would you expect to receive a different level of care from these roles?

- How would you feel about having an optometrist (optician) treating/manage your condition rather than an ophthalmologist?
 - How comfortable would you feel about this?
 - What would be the potential benefits?
 - What would be the potential drawbacks?
 - Would you know whether the optometrist would need a specialist qualification to treat Glaucoma?
 - How would you find this out?
 - Would you expect to be told this by the optometrist?
- Do you think accessing enhanced optical services at high street opticians makes it more or less convenient for people to receive the diagnosis and treatment they need?
 - *Moderator to explore – location of opticians, the number of opticians, appointment times, waiting times*
- If you were dissatisfied with your experience of receiving enhanced services, would you know who to complain to?

Thank and close (5 mins)

Moderator to thank participants for their contributions to the group.

- To help summarise what we have been talking about this evening, what do you think are the 3 most important things we have discussed?
- Any other questions/points to raise?
- Hand out the incentive payments
- Thank & close
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