



Patient views on
teleoptometry

Research report

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Report prepared by:

Matt Thurman
matt@enventure.co.uk

Kayleigh Pickles
kayleigh@enventure.co.uk

Report reviewed by:

Andrew Cameron

Thornhill Brigg Mill
Thornhill Beck Lane
Brighthouse
West Yorkshire
HD6 4AH

01484 404797

www.enventure.co.uk

info@enventure.co.uk

Reg no: 4693096
VAT no: 816927894



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Executive summary

Background and purpose

The General Optical Council (GOC) commissioned qualitative research to explore patient and public views on the use of sight testing using teleoptometry. Teleoptometry involves carrying out a sight test where the optometrist is not physically in the room with the patient, but rather on a virtual screen remote from the patient. The research aimed to:

- Explore awareness and understanding of teleoptometry
- Assess acceptability among different patient and public groups
- Identify perceived benefits, risks, and concerns
- Understand what safeguards or assurances would build confidence and mitigate perceived risks

A programme of focus groups and in-depth interviews was conducted with members of the public and patients with a range of demographics, eye care needs, and levels of confidence with technology.

The findings will inform the GOC's review of its approach to regulating sight testing and support its strategic objective of supporting responsible innovation and protecting the public.

Awareness and understanding

Understandably since it is a recent development, awareness of sight testing using teleoptometry was very low prior to taking part in the research. No participants had heard the term before and were unfamiliar with how sight tests might be delivered remotely.

Once provided with a clear explanation and visual examples, most quickly understood the concept and how teleoptometry might work in practice.

Understanding improved and participants felt reassured when it was reiterated that a technician would be present in the room and that specialist equipment would still be used.

Many reflected that the increasing use of technology across healthcare and daily life made teleoptometry feel like a logical progression.

However, teleoptometry was still viewed as unfamiliar and, for some, slightly abstract without first-hand experience.



Perceived role, benefits, and potential value

Participants identified potential benefits of teleoptometry, particularly in relation to:

- Improving access in rural or underserved areas
- Addressing workforce shortages
- Reducing waiting times in some locations
- Offering more flexible appointment times
- Supporting access to specialists if required

However, many did not perceive a strong personal need for teleoptometry. Most reported being able to access sight tests easily and were generally willing to wait for routine appointments. Teleoptometry was therefore sometimes viewed as a solution to a problem not universally visible to most patients.

Some participants felt that the benefits were not immediately clear or compelling from a patient perspective, instead perceiving that the primary benefits may be greater for optical businesses or professionals, reinforcing the importance of clearly communicating patient-focused value.

Key concerns and perceived risks

Participants highlighted a number of concerns and uncertainties, including:

- Risk of misdiagnosis or missed issues without an optometrist physically present
- Reduced personal interaction and rapport
- Technology reliability and potential disruption
- Data security and confidentiality
- Perception that teleoptometry may primarily benefit businesses rather than patients

There were also mixed views on delegation and supervision:

- Most were comfortable with a technician administering aspects of the sight test, provided they were trained and supported
- Views were divided on whether another optometrist must be physically present on site, with some seeing remote supervision as acceptable and others viewing on-site presence as an essential safeguard

Acceptability and confidence

Views on acceptability were mixed and often conditional:

- Some participants were open to teleoptometry, particularly for routine, low-risk sight tests
- Others preferred traditional face to face care and felt remote testing would not suit them



- Many said they would consider teleoptometry if necessary but would choose an in-person appointment where possible

Openness to teleoptometry was strongly influenced by context, perceived benefits, and reassurance about safety and quality. Many also recognised teleoptometry as part of a broader shift towards digital healthcare and felt its use was likely to grow over time.

Conditions required to build confidence

Confidence in teleoptometry was mostly conditional on clear safeguards and reassurance. Key requirements included:

- Clear explanation of how teleoptometry works and what patients can expect
- Confidence in regulation, professional standards, and accountability
- Assurance around staff qualifications and data protection
- Evidence that teleoptometry is safe, effective, and of equivalent quality
- Gradual introduction with opportunities to build familiarity
- Patient choice between remote and face to face appointments

Many participants felt teleoptometry would be more acceptable if positioned as an additional option rather than a replacement for in-person care.

Overall conclusions

The research indicates cautious but conditional openness to teleoptometry:

- Once explained, teleoptometry is broadly understood and seen as a logical development
- It is viewed as appropriate in specific contexts rather than universally necessary
- Acceptability is conditional based on safeguards, communication, and patient choice
- Confidence depends heavily on trust in regulation, professional standards, and clinical oversight
- There is some concern that new approaches could be introduced in ways that reduce quality of care rather than improve it

Many participants recognised the potential benefits of teleoptometry but emphasised that innovation must not come at the expense of quality and patient experience.

Overall, teleoptometry was seen as acceptable as an additional option within eye care when necessary, provided it is introduced carefully, transparently, and with strong safeguards in place.



1. The research programme

1.1. Introduction

The General Optical Council (GOC) regulates optometrists, dispensing opticians, and some optical businesses in the UK. Its mission is to protect the public by upholding high standards in eye care services.

Recent developments in technology, service delivery, and workforce models are transforming the way eye care is delivered in the UK. In particular, sight testing using teleoptometry, where an optometrist conducts a sight test remotely via video link, supported by a technician operating equipment with the patient, is emerging. It offers potential benefits in terms of accessibility, efficiency and flexibility, especially in areas where recruiting optometrists is challenging. However, it also raises important questions about patient acceptability, trust, and perceptions of safety.

The GOC wished to commission qualitative research to understand patient and public views on sight testing using teleoptometry models, using the insight generated as evidence to inform the forthcoming review of its 2013 statement on testing of sight¹, supporting its broader strategic objective of supporting responsible innovation and protecting the public.

Enventure Research, an independent research agency, was appointed to deliver this research. This report details the findings of this research.

1.2. Research objectives

The specific objectives of this research were:

- Explore views and perceptions of patients and the public on sight testing using teleoptometry models
- Assess acceptability of teleoptometry models among different groups, including those with and without experience of eye care services or pre-existing eye health conditions
- Identify concerns, perceived risks and areas of uncertainty from a patient and public perspective
- Understand what safeguards or assurances would help build confidence and mitigate any perceived risks associated with teleoptometry

¹ General Optical Council (2013). *Statement on testing of sight*. <https://optical.org/resource/statement-on-testing-of-sight.html>



1.3. Methodology

1.3.1. Research approach

This qualitative research was designed to explore in depth the views and perceptions of patients and members of the public in relation to sight testing using teleoptometry.² A programme of focus groups and in-depth interviews was undertaken to capture a broad range of perspectives, experiences of eye care services, and levels of confidence with technology.

Five online focus groups and six telephone in-depth interviews were conducted. This mixed-method approach enabled exploration of shared views through group discussion while also providing space for more detailed, individual reflections from those less comfortable participating in group settings or using video technology.

1.3.2. Participant sampling and structure

The focus groups and in-depth interviews were deliberately stratified to reflect a range of likely patient perspectives and experiences of eye care, as shown below.

Group/ Interview	Target audience	Rationale
1	Adults aged 50+ with no known eye conditions (but may wear glasses/contact lenses)	More likely to be regular users of sight tests and traditional eye care; important to understand their trust and expectations
2		
3	Adults aged under 50 with no known eye conditions/risk factors for or history of ocular disease (but may wear glasses/contact lenses)	Younger, typically more digitally confident; may be more open to innovation
4		
5	Adults with pre-existing eye conditions (e.g. glaucoma, cataracts, diabetes-related eye disease)	Explore views of those more reliant on regular clinical care
Interviews 1 – 5	Adults not confident with technology/ able to participate in an online focus group	Ensure inclusivity of those who cannot participate online; collect views of those who may be deterred by new technology
Interview 6	Adult with pre-existing eye condition and a learning disability	Ensure inclusivity of those with learning disability

This structure ensured that the research captured views across different age groups, levels of digital confidence, and degrees of reliance on eye care services. Including participants with pre-existing

² In this report, “teleoptometry” refers specifically to sight testing using teleoptometry (i.e. carrying out a sight test where the optometrist is not physically in the room with the patient, but rather on a virtual screen remote from the patient) and does not refer to other forms of remote eye care.



eye conditions allowed exploration of the perspectives of those more likely to require ongoing clinical monitoring or specialist input.

In addition to the focus groups, five in-depth telephone interviews were conducted with individuals who described themselves as not confident using technology. This ensured the research was inclusive and captured the views of those who may be most affected by the introduction of technology-enabled care models. One additional interview was conducted with a participant with learning disabilities to ensure that accessibility and inclusion considerations were reflected.

1.3.3. Recruitment

Participants were recruited through a combination of free-find recruitment via a specialist research recruitment agency and targeted recruitment through eye health charities, including Glaucoma UK, the Macular Society, and SeeAbility. This approach ensured a mix of participants with and without direct experience of eye conditions, and enabled engagement with groups less likely to participate in general market research.

All participants were screened against agreed criteria to ensure they met the requirements for their allocated group or interview, ensuring good representation of:

- Gender
- Age group
- Ethnicity
- Patients (had an eye test in the last 2 years) and public (no eye test in the last 2 years)
- UK nation
- Working status
- Income level
- Education level

1.3.4. Discussion guide and stimulus materials

A discussion guide was developed collaboratively with the GOC to ensure coverage of all key research objectives, while allowing flexibility to explore emerging themes in depth. A copy of the discussion guide is provided in Appendix A.

As awareness of teleoptometry was expected to be low, stimulus materials were developed to provide participants with a clear and consistent understanding of how teleoptometry may work in practice, including neutral explanations and images of teleoptometry appointments. This ensured that all participants were able to engage meaningfully in discussions regardless of prior awareness. A copy of the stimulus material slides is provided in Appendix B.

1.3.5. Focus group and interview delivery

All focus groups and in-depth interviews were conducted by experienced qualitative researchers from Enventure Research. Focus groups were held online and lasted up to 90 minutes. In-depth interviews were conducted via telephone to maximise accessibility for participants who were less



confident using video technology, and lasted up to 25 minutes. All sessions were audio-recorded with participants' consent to enable detailed analysis.

Participants were assured that all feedback would be treated in confidence and reported anonymously. As a thank you for their time and contribution, participants received an incentive of £50 for taking part in a focus group and £30 for taking part in an in-depth interview.

All fieldwork was carried out in January 2026.

Following fieldwork, recordings were reviewed and analysed using a thematic approach to identify key patterns, areas of consensus, and divergence across groups and interviews.

1.4. Interpretation of the findings

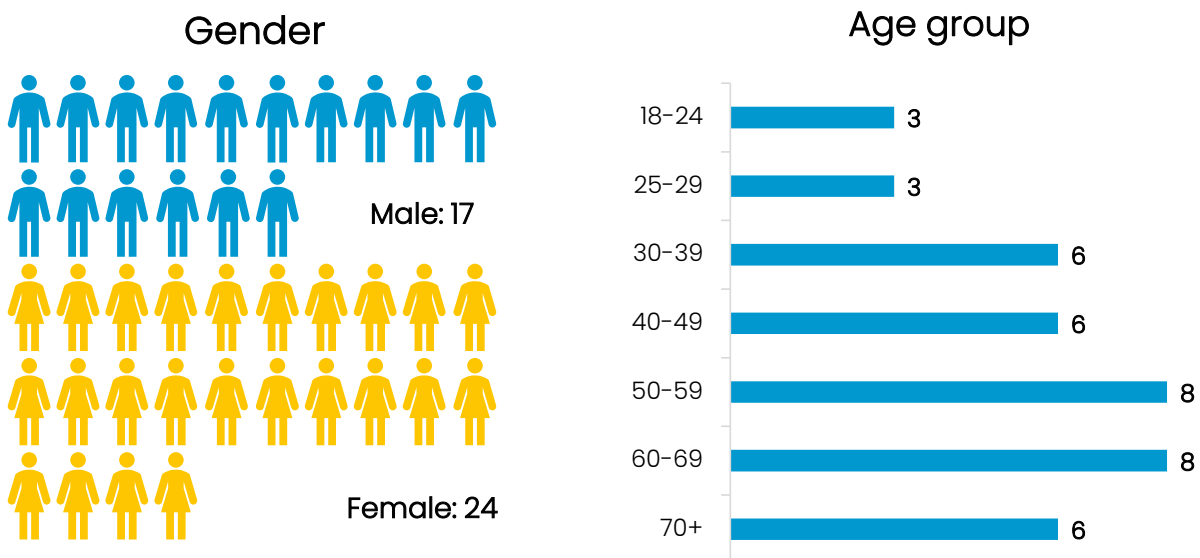
This research was qualitative in nature and designed to explore views and perceptions in depth rather than to provide statistically representative findings. A smaller number of participants were engaged to enable detailed discussion and exploration of attitudes, experiences and concerns. The insights presented reflect the views of those who took part, but cannot be extrapolated to all patients or members of the public.

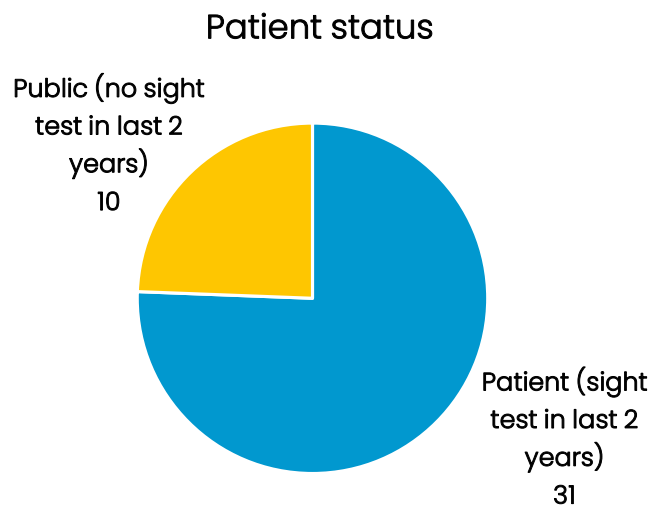
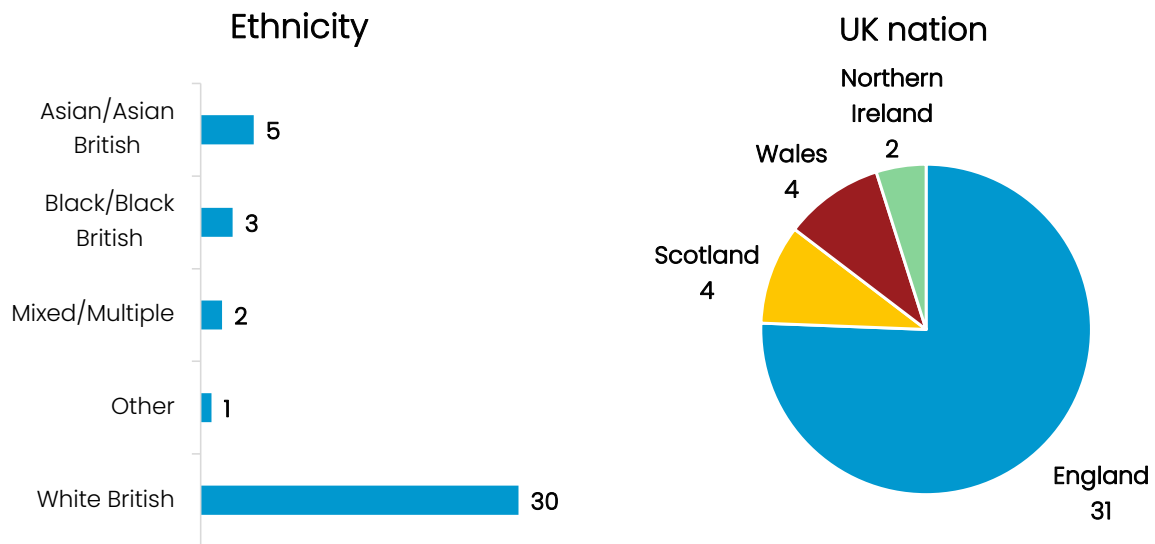
The report focuses on the most relevant and recurring themes emerging from the discussions, rather than every individual opinion expressed. Anonymous verbatim quotations are included throughout to illustrate key themes and provide context, and have been lightly edited only where necessary to remove identifying details or improve readability.

Throughout this report, those who took part in the research are referred to as 'participants'.

1.5. Participant profile

In total, 41 people took part in the research. The profile of participants is presented below and overleaf.



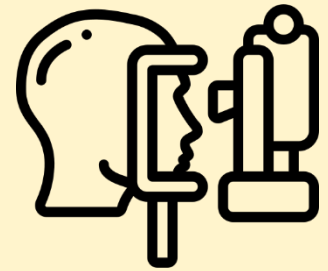


2. Research findings

2.1. Current perceptions of sight tests

Key insights

- People generally understand what happens during a sight test
- Regular sight tests are seen as important for both eye health and vision
- Most people are unclear about different staff roles in opticians
- Experiences differ between high street chains and independents
- Many feel eye tests are becoming more high-tech



Strong understanding of the sight test process

Overall, participants demonstrated a strong awareness of sight tests and how they are carried out, even where there was no recent experience of sight testing. Although a few said they were due (or over-due) a sight test, most had attended a sight test within the past two years. Participants were able to confidently describe the process of visiting an optical practice for a sight test, including pre-screening and different visual tests.

They usually do like a health check of the eye...I read them from the screen and press the button where I see the green light, and stuff like that. And then I wait outside and get called in once the optometrist is ready to view my eyes, basically, and see what's going on.

Patient, England, Female, 55-64

They take me round to the pre-screen thing...They take measurements of your eyes, and they also look at the curvature of your eyes as well. Then they do the puff of air test, which is to check to see if you have a condition called glaucoma...And then I go back out and I wait again for a few more minutes until the optician calls me in, and then we do the letters on the letter chart.

Patient, England, Female, 35-44

Clear awareness that sight tests check eye health as well as vision

There was widespread understanding that there are two parts to a sight test, an eye health check and testing vision, and that appointments go beyond just correcting vision. Participants were aware that eye conditions such as cataracts and glaucoma (as well as wider health conditions such as diabetes) can be identified via sight tests, emphasising that regular screening is particularly important for those with a family history of such conditions. For those with pre-existing eye conditions, regular testing was viewed as important to monitor changes and disease progression.



It's like the health aspect, so if your eyeball is healthy...You can see things like diabetes and stuff, can't you, in your eyes?

Public, Wales, Female, 35-44

I've got macular degeneration dry, so they're always monitoring how much drusen build up..

Patient, England, Male, 45-54, Pre-existing eye condition

Once that's [eye health] been checked and clarified that everything is okay, they will actually do a physical sight test to see how far you can see.

Patient, England, Male, 65-74

Limited awareness of different professional roles involved in the sight test

Although awareness and understanding of the purpose of the sight test was high, general awareness of optical roles involved in the test was low, with the majority of participants describing the professional undertaking their eye test as an 'optician' and very few referring to an 'optometrist'. Many were also unclear about who is responsible for pre-testing, with frequent reference to 'the receptionist' or an 'assistant' fulfilling this role.

People present would be an optician and their assistant normally...There's normally someone who's like the front of the opticians, so I'm guessing they're not quite as qualified, does some tests and measure things...and then you're called into a private one on one room – which I guess then is actually with the proper qualified optician – who does more tests.

Public, England, Male, 45-54

The receptionist...was taking pictures or something of my eyes in a different little room. And then I went in and saw the optician, and then he explained the pictures and everything.

Patient, England, Female, 65-74

Experiences vary between high street chains and independent practices

Experiences of sight tests differed based on whether participants typically visit a high street chain or an independent optical practice. Those who visit a high street chain tend to interact with more than one person throughout their visit, whereas those who visit an independent frequently see only one person who will administer all tests. Sight tests at an independent practice also tend to last longer than at a high street chain and some feel they receive a more personal service at such practices. Many independent-visiting participants described having a longstanding relationship with their optometrist, in contrast with those who attend high street chains, who may see a different optometrist each time.

It [high street chain optician] kind of reminds me of a well-oiled machine...You just kind of go from one person to another, and then suddenly it's done, and then that's all within about 20 minutes, half an hour.

Public, Scotland, Female, 45-54

It's just one optician in the room. There's nobody else usually involved...I go to an independent one, so that's probably where the difference lies...It's one person from start to finish.

Public, Scotland, Female, 45-54



Those with pre-existing eye conditions have similar experiences of routine sight tests

Although there were some different perspectives from those with pre-existing eye conditions (for example, regular visits to hospital, specialist appointments etc.), they still often have standard sight tests in optical practices and typically have similar experiences to those with no eye conditions.

I've got two eye conditions, so I'm probably at the local hospital a bit more than what I would like. I've got glaucoma and I've got macular oedema...When I go, it's usually just the quick sight test, just to see how far you can get down on the on the chart. I get scanned quite a lot, pressure check, field check...It is quite good when you get that appointment at the opticians as well, because I feel like you've got more one to one time to chat over what they can see on the screen.

Patient, Scotland, Female, 45-54, Pre-existing eye condition

Growing recognition of increased technology in sight testing

Participants recognised that sight testing has evolved over time and is becoming increasingly technology-driven, particularly amongst those who had experienced long gaps between sight tests. Older participants in particular described a move towards a greater use of technology over manual processes, more advanced testing methods, and testing for a wider range of potential eye conditions.

Previously my optician used to take out little eyeglasses and put it into the frame, and that doesn't seem to happen quite the same. Obviously, things have moved on from then.

Patient, England, Female, 64-74

I'd not had an eye test for 30 years. I went three months ago, and it was the most computerised thing that I've ever been to!...They were very, very thorough, I was very impressed with it. So obviously, things have changed a lot.

Patient, England, Female, 64-74

Regular sight tests widely seen as important

There was strong consensus that sight tests are very important, even amongst those who haven't attended for testing recently. Vision checks are particularly important for those who already wear glasses or contact lenses and for drivers, who need to meet certain legal requirements. Changes to vision, some explained, can be incremental and therefore difficult to notice on a day to day basis. Although still important to monitor, minor vision changes are perceived as less concerning than changes affecting wider eye health. However, if an eye condition were to develop, this should ideally be identified and treated as soon as possible.

I've been short sighted since I was in primary school...So for me, it's really more of a necessity than an optional extra.

Patient, Northern Ireland, Male, 35-44

That's the first thing I think of – am I able to see when I'm driving? Am I meeting that legal requirement?

Patient, England, Male, 35-44



If you cannot see very clearly, you can probably get away with it for three or six months. But if you started developing cataracts or glaucoma...you want to make sure that it's picked up fairly early.

Patient, England, Male, 65-74

Most participants held the perception that sight tests should occur every two years, or in some cases, annually (for example, for those with pre-existing eye conditions, or those at greater risk of developing such conditions). Regular sight testing was also perceived as more important for older people, when deterioration in vision may be expected.

My mother in law lost her sight through macular degeneration. And I think that's hereditary, so my wife goes every year to have hers done.

Public, England, Male, 65-74

If it's a normal adult without a learning disability, it's every two years. But if you've got a learning disability you are ten times more likely to have serious sight problems with your eyes, so you should have an eye test every year.

Patient, England, Female, 35-44

I had a feeling it was every two years. But whether or not that changes to annual when you get to a certain age, maybe? Or maybe you might have the start of something that they want to keep an eye on.

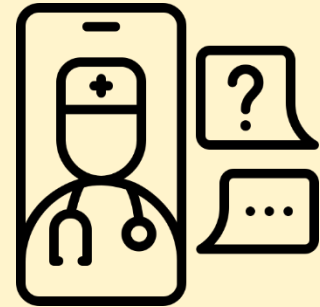
Public, England, Male, 45-54



2.2. Awareness and experience of remote healthcare

Key insights

- Remote healthcare is now widely recognised and commonly used
- Participants generally viewed remote healthcare positively
- Acceptability was strongly dependent on the type of health issue
- Lack of physical examination reduced confidence for more serious concerns
- Choice and inclusivity were seen as essential for equitable access



High awareness and widespread experience of remote healthcare

Most participants were aware of remote healthcare in some form, and many had experiences of using it. Common examples included telephone or video consultations with a GP, sending photos to a medical professional for remote assessment, and using home monitoring devices such as blood oxygen monitors.

I had a video call once for the GP...They were able to give a prescription electronically. They sent an email with a code, and you brought it to the pharmacy.

Patient, Northern Ireland, Male, 35-44

My daughter had acne recently, so was just a case of taking the picture and sending it over. The doctor looked at it and said straight away, 'That's acne, we'll give her an antibiotic'.

Public, Scotland, Female, 45-54

Three times a day...they would text me with a link, and I had to take three blood oxygen levels and input them into this online portal within five minutes.

Public, England, Male, 45-54

Participants commonly associated the expansion of remote healthcare with the Covid-19 pandemic. While some said that remote access to healthcare had continued since then, others felt that services had largely returned to more traditional face to face appointments.

We've all used it since Covid...and then they've just not reverted back. Unless you definitely have to go in, a lot of it is just over the phone...Often they just diagnose it over the phone and send your prescription straight through.

Patient, England, Female, 35-44

I've done a few Zoom calls with the doctor, and stuff like that, sending pictures...But that seems to have gone back to normal now, with appointments at the GPs. I've not really experienced it in the last year or two.

Public, England, Male, 45-54



Remote healthcare generally viewed positively for convenience and speed for straightforward issues

Most participants viewed remote healthcare positively, perceiving a number of benefits to both the patient and the medical service or professionals involved. Remote healthcare was widely described as timesaving and more convenient, reducing the need to travel or attend healthcare settings unnecessarily, particularly for straightforward issues which could be easy to diagnose remotely. Some felt it was easier to get an appointment remotely compared with face to face, meaning that they could be 'seen' more quickly and receive a quicker diagnosis.

I prefer telephone calls...if it's something that you've had before, it's a bit pointless you going into the surgery, if you can just discuss it with the doctor and the doctor can go, 'Yes, I remember that patient, I'll prescribe this'. It's just it's so much easier.

Patient, England, Female, 64-75

I like it because I'm in a job that I can't just duck out for an appointment...You just write a description by text, add a couple of photos, they might add a question to clarify, and then by lunchtime, your prescription's sorted...Often, I've woken up in the morning with something, and by lunchtime I've got the answer, or I've been seen virtually.

Patient, England, Female, 35-44

Others highlighted that monitoring long-term conditions remotely at home also saves resources for healthcare providers. If patients can be monitored at home and do not need to go into hospital, there is benefit to both the patient and the provider. Not having to visit the healthcare setting in person also means that patients can avoid potential exposure to other unwell people.

It obviously saved their resources. It saved me having to travel and go into hospital...It will also relieve pressure, both on you, of attending, and them, of having a waiting room full of people.

Public, England, Male, 45-54

In certain smaller cases, it can help. And especially around the Covid time, where you don't want to go into a doctor's surgery – where there might be more people with Covid, flus, things like that.

Patient, England, Male, 65-74

Concerns focus on lack of examination, choice, and digital exclusion

A smaller number of participants highlighted concerns with remote healthcare, most frequently related to the lack of physical examination when an appointment is conducted remotely, increasing the potential for misdiagnoses. For these participants, remote healthcare appointments would only be suitable for the most straightforward and easily diagnosable conditions, such as skin problems or repeat prescriptions, and would not be appropriate for issues which could be more serious.

I've used the private GP...and that is all through digital, through Zoom. Which works if it is something like a UTI or something. But normally I prefer to go and see them...The conversation is much better...And if necessary, they can examine you. Unless it's very simple, I prefer to have face to face.

Patient, England, Female, 55-64



I really don't see that they can gauge what's the matter with you online...If you've got something which they can look at – maybe a skin problem or something – then maybe that would work. But if it was an internal organ, I really don't see how they'd be able to tell.

Patient, England, Female, 75+

I think there's a place for it. It depends what you're getting checked with. Because I wouldn't want to go in for some sort of very quick onset, like meningitis, kind of thing, and be told, 'No, you look fine', and an hour later, I'm not. But I think it's good for some things.

Public, England, Male, 45-54

Other concerns related to a lack of choice for patients (i.e. not being given the option to have a face to face appointment if preferred), and increased difficulties for those who are less confident with using technology. One participant who had accessed private remote healthcare suggested that there should be a reduced cost for remote appointments, as the healthcare provider is also saving time and resources.

I think we should have a choice in something like that...There should be an agreement between both the parties to say, 'Yes, okay, we'll discuss it over the phone'.

Patient, England, Male, 65-74

I do worry about the more mature people who do not have access to technology, and can't use technology if they had it.

Patient, England, Female, 64-74

It wasn't any cheaper...If a practitioner is seeing lots of people on a video call or whatever, it's very, very easy and quick, and there's no sort of in and out time of patients, or sanitising anything.

Patient, England, Female, 45-54



2.3. Understanding teleoptometry

Key insights

- No participants were aware of teleoptometry prior to taking part
- The concept was generally understood once explained
- Some initial questions related to practical delivery and supervision
- Most did not perceive a clear need for teleoptometry in their area or based on their circumstances
- Access to routine sight tests was generally seen as good



Very low awareness of teleoptometry prior to participation

Despite widespread awareness and experience of remote healthcare, no participants had heard of teleoptometry prior to taking part in the research, and some were dubious about how this could work in practice, following discussions of healthcare delivered remotely.

No, what is teleoptometry?

Patient, England, Female, 35-44

It [video consultation] was okay for what I required it for...But as for eye health, and how they could check your eye health with a Zoom call?.

Patient, England, Female, 45-54

Concept generally understood once explained, but initial questions are common

After hearing an explanation of how teleoptometry would work in principle, most participants understood the concept with no queries, however a few were confused about certain aspects. Some required further clarification about whether they would still need to visit an optical practice, or whether there would be someone in the room present with them during a teleoptometry appointment. Others had more practical queries, questioning how an optometrist would be able to oversee a sight test remotely, for example, how they would be able to change lenses in the machine.

These optometrists are on the live TV, or the projector, or whatever, and then you're just on your own at the opticians in the room?

Patient, England, Female, 55-64

If I was sat at [high street optician] and my optician can see me on the screen, but he is in, let's say Scotland...How can you manually change a lens without physically being there? It doesn't make sense.

Patient, England, Female, 35-44

Limited perceived need for teleoptometry among many participants

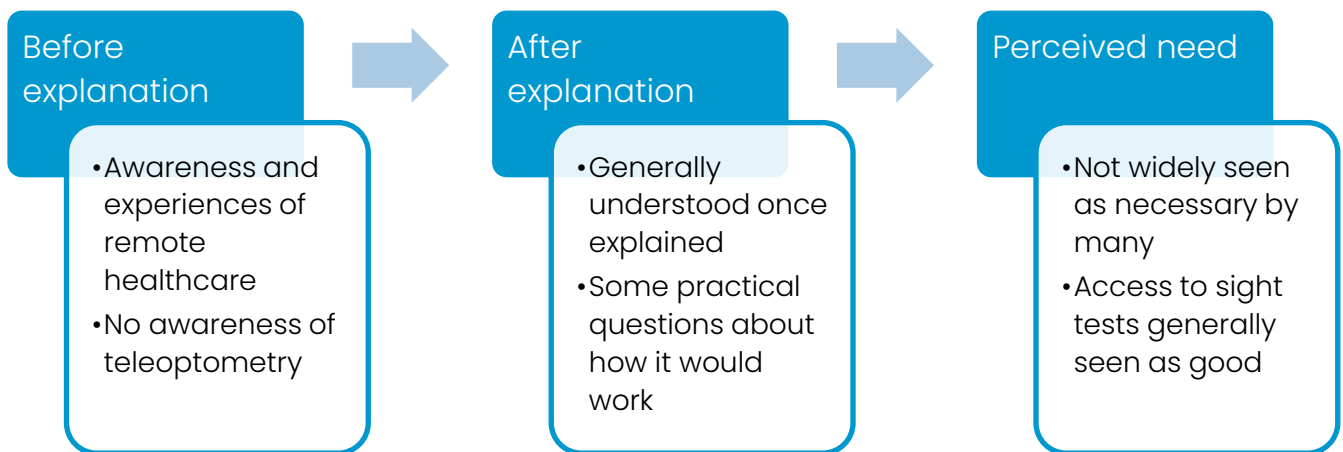
Alongside initial questions about how teleoptometry would work in practice, some participants also questioned why such a model was needed. Some participants did not perceive there to be a shortage of qualified optometrists, or were not aware of this problem in other areas of the country. Almost all, even those living more rurally, said that they had not experienced problems with getting an appointment, and were aware of many optical practices they could visit locally. This was contrasted with more highly publicised and personal experiences of shortages of GPs and dentists.

Inverness still isn't totally rural, but again, I never had to wait for an eye test. There was a shortage on GPs and dentists, but eye tests – nobody ever really complained about that.

Patient, Scotland, Female, 35-44

There's two independent opticians in the very small town that I live in...I'd like to know where in the country is there a big issue with recruitment and retention? Is it such a widespread problem? We're from all over the UK on this group now, and none of us have said, 'Oh, I'm really desperate to get an opticians appointment, I haven't been able to'.

Patient, England, Female, 45-54



2.4. Benefits and opportunities of teleoptometry

Key insights

- Benefits were typically framed as “could” or “might”, with participants emphasising that impact would depend on location and patient circumstances
- Teleoptometry was most often linked to improving capacity (waiting times, cancellations, ability to cover multiple sites) rather than transforming the patient experience
- Convenience benefits (flexible appointment times, reduced travel) were seen as relevant for some groups, particularly those who travel further, working people, and those with disabilities
- Some valued the idea of better access to specialist input and second opinions
- Counterpoints were common: many felt access to routine sight tests is already good, and that in-home services already exist for those unable to travel



Participants identified a number of potential benefits associated with teleoptometry. However, these were often discussed in conditional or hypothetical terms, and many felt the extent of the benefit would depend on individual circumstances, location, and need.

2.4.1. Efficiency and capacity benefits

Potential for faster appointments and quicker results

Some participants suggested that teleoptometry appointments could potentially be undertaken more quickly than traditional face to face appointments, as there would be fewer interruptions and less informal discussion during the sight test itself. A small number also felt that teleoptometry could speed up the process where additional or specialist tests are required, by enabling results to be reviewed more quickly or by more specialist professionals.

You do have that chit chat...Your appointment can go on and on, and then there can be a knock at the door where the other lady...[is] like, 'Have you just got a minute?', and then they have to leave you...With this [teleoptometry], when they say, 'We're going to allow 25 minutes for your appointment', you'd probably be done in 15.

Patient, England, Female, 65-74

I'm imagining perhaps it's a quicker way for people with low need or who are low risk...people who perhaps don't have any flagged, big eye issues, and it's just time for their two-year test.

Public, Wales, Female, 35-44



When I had the scan of my eyes done, I had to go back a couple of days later to get the results. So maybe that could all be done on the same appointment...Maybe it would be someone who's more qualified to look at the whole picture, there and then on the first appointment.

Patient, England, Female, 65-74

Potential to reduce waiting times and manage short-notice disruption

Many participants mentioned that teleoptometry could have a positive impact in terms of reducing waiting times. This could be of particular benefit to those living in more rural areas in which there may be fewer qualified optometrists, or in optical practices where there are few full time optometrists working, who may only be available on certain days.

I live in a rural area and it's quite a long waiting time for us...The last time I tried, it was about a month or so, maybe six weeks. And then when I was speaking to the optician when I was there, she said she had to travel, like, an hour and a half to get to us.

Patient, Wales, Female, 25-34

You can see it working if...you live somewhere that's only maybe got one optician and they're only in two days a week, and obviously they've got to see a whole village or area. I think that would give people access without having to wait as long for an appointment.

Patient, Scotland, Female, 45-54, Pre-existing eye condition

Teleoptometry was also seen as potentially useful in more urgent situations, where quicker patient assessment is needed. Some suggested that it could help patients access professional input more quickly where they are concerned about sudden changes in their vision or a rapid deterioration in eye health. This in turn could potentially benefit the wider health service by reducing pressure on A&E departments. Others suggested that teleoptometry could minimise disruption where appointments are cancelled at short notice, for example if the optometrist was unwell on the day. In such cases, the patient could have the option of keeping their appointment slot with a remote optometrist.

I suppose if you had an emergency...and you went into your opticians practice and they didn't have an optometrist in that day, or they were fully booked...I guess most of us would probably choose it over nothing, or having to go and sit for 20 hours in A&E.

Patient, Northern Ireland, Male, 35-44

On the day, the optician was poorly, so it got rearranged...So if one of them was off poorly, it wouldn't mean just shutting down that particular branch. Hopefully you could still have your appointment, because one of the other ones would be available.

Public, England, Male, 45-54

Waiting times are not a problem for everyone

However, many participants emphasised that they had never personally experienced difficulties accessing sight test appointments. In most cases, participants were able to get an appointment within a week or two, or sooner in some cases. Even where this was not the case, some said they would be happy to just wait for an available appointment if this was simply for a regular check up and there were no concerns about their eye health or vision.



We have a scheme in Northern Ireland...where if you have something wrong with your eyes, an optician has to see you. If that practice can't, they will find someone who can see you on the same day...So clearly they're not extremely busy, or they would never have agreed to that scheme.

Patient, Northern Ireland, Male, 35-44

I tend to have to wait a little longer, because I'm someone who requests a Saturday. But it's usually two to three weeks max...I'm happy to wait if it's just a standard check up.

Public, Scotland, Female, 45-54

Your eyes don't change that dramatically, so a couple of weeks doesn't make a difference.

Patient, England, Female, 64-74

Others said that they would be happy to wait to see their preferred optometrist, particularly if it was someone with whom they had a longstanding relationship. Alternatively, some participants said that sight tests are easy to pre-plan, considering that they take place regularly every two years, and therefore they would simply ensure that they booked the appointment in plenty of time.

My optician is frequently very busy and you have to wait – but that's because you want to see him, because he's very good.

Patient, England, Female, 75+

I'd just...be organised and book an appointment a couple of weeks in advance.

Public, Scotland, Female, 45-54

2.4.2. Convenience and access benefits for patients

Appointments at more convenient times

Another perceived benefit of teleoptometry was the potential for optical practices to extend their opening times or offer appointments outside of typical 9-5 hours, for example, during lunchtime or in the early evening. Participants felt this could help to increase access for those who work full time during standard office hours.

A lot of these businesses, it's very 9-5, and if you've got a job that doesn't fit that it can be really hard to get to get an appointment. So that would benefit people who work full time.

Patient, England, Female, 35-44

Perhaps you could see the scenario where opticians stay open a little bit later, even if it's only one night a week or so. That could help reduce the waiting list considerably, also helping the shift workers.

Patient, England, Male, 65-74

Reduced travel and improved access to specialist input

Participants felt that teleoptometry could increase access to sight tests for some patients in certain circumstances by reducing travel, particularly for those who would otherwise need to travel further



to see an optometrist, those who are less able to travel, or where travel is difficult. Reductions in the cost of travel could also help to increase accessibility for some people.

When they wanted me to go from Leeds to the other side of Sheffield, if I could have gone somewhere in Leeds and done the same thing...it would have been absolutely fantastic.

Public, England, Male, 65-74

People who...have to travel far, or there's not many qualified optometrists...For all of us, basically, but especially people who are struggling to get there and want to get an eye test and want to speak to a qualified optometrist. So I do think it's a good idea.

Patient, England, Female, 55-64

It could be more cost effective as well, for saving money on travelling.

Patient, Wales, Female, 25-34

Teleoptometry could further improve access for those with more complex needs requiring specialist oversight, or for those who require a second opinion. For example, teleoptometry could connect patients with specialists in other parts of the UK without the need to travel long distances, or provide the opportunity for professionals spread over a wide geographical distance to come together and discuss complex cases.

I think it'd help with getting second opinions and going to specialists as well.

Public, England, Male, 45-54

I think the idea of being able to access an optometrist who...was a specialist in glaucoma, would be useful. Because on occasion, you find yourself explaining things, where you think almost, 'I know more about these tests and the implications than you do!'

Patient, England, Female, 75+, Pre-existing eye condition

With some kinds of eye diseases there's lots of co-dependencies, and different sort of diseases that might affect eyes. With diabetes, hypertension, glaucoma...it could be a load of things. And if people have those multi complex needs...maybe those sorts of patients can have that sort of coordinated care with someone, or group of people, that can come together easily.

Patient, England, Female, 25-34, Pre-existing eye condition

2.4.3. Limits, caveats, and alternatives raised by participants

Despite these perceived positive outcomes, many participants questioned the extent to which teleoptometry would significantly improve access, given that patients would still need to attend an optical practice in person to receive a sight test. Considering that the need to travel is not completely removed (but may be reduced), there may realistically be little noticeable difference for patients. Some went as far as to question the need for this approach at all at the current time, until technology advances further to enable fully remote, in-home sight testing.

Obviously, they're going to have to go there anyway...So I don't know. What's the point?

Patient, England, Female, 55-64



You're still going to the practice. It's completely different if you're stuck at home and technology is massively advanced, where you can have this on the computer at home.

Patient, Northern Ireland, Male, 35-44

Some participants highlighted that in-home sight tests are already an option for those unable to travel to an appointment, meaning that those who struggle with access should already be catered for. Others suggested that a lack of qualified optometrists in a particular area could be more related to a lack of optical practices serving that area, or a more widespread shortage of optometrists across the UK. In such cases, participants thought that increasing use of teleoptometry would not help to improve accessibility to sight tests.

If you are infirm, or if you've got an issue, we've got these mobile opticians now that literally come to people's homes.

Patient, England, Female, 45-54

You said there's a shortage of the right people in certain areas. But if there isn't a practice there to start with...if there's a shortage of people, is that just a shortage of people in the right areas, or a shortage of people overall – in which case, how's that going to make a difference?

Patient, England, Female, 55-64, Pre-existing eye condition

Some participants suggested alternative approaches to improving access to sight tests, such as the possibility of a 'mobile clinic' to better serve rural communities and areas where there are shortages of qualified optometrists. They likened this suggestion to the existence of other mobile screening options (for example, mammograms and lung screens offered by the NHS in some areas). However, others argued that testing equipment is sensitive, bulky and not necessarily portable enough to make this a valid possibility.

Like you get the mobile clinics for other screenings – could there be some kind of mobile clinic? That would be really beneficial. Because if you're in a remote area, you're not even going to have a small clinic with a technician in it, I wouldn't have thought. Regardless of recruitment, you're not going to have that hub to go to.

Patient, England, Female, 55-64, Pre-existing eye condition

One of the issues with that is how portable the testing equipment is...I was party to a glaucoma UK webinar where somebody did ask about this idea of mobile technology, and I think the consultant was saying that at least one of the pieces of equipment is too heavy at the moment to start shifting it about, even in a van.

Patient, England, Female, 75+, Pre-existing eye condition

2.4.4. Reassurance factors and perceived choice

Support and confidence

Some participants felt reassured that teleoptometry would still take place in an optical practice, and that there would be a technician present in the testing room to assist. This was particularly relevant for those who were less confident with technology, who in some cases had initially assumed they might need to do the test at home or in the testing room on their own. They felt that,



in cases where something concerning was noted on a sight test, the technician would be available to support the remote optometrist in an onward referral.

I think they would be at ease, because they're in the surgery...I like that someone would be in the room with you...I think that would put you at ease.

Public, England, Male, 65-74

Initially, when you said about it, I just thought, 'Oh God, have I got to sit at home with my iPad and do it?' Because I'm not great at technology...But when you said there's someone on the end of a screen, that just reassured me.

Patient, England, Female, 65-74

You've got somebody else there with you. If they're [the optometrist] controlling the equipment, and they can see everything, and if they do see something that's more concerning that means they need to send you off, then I suppose you're in a room with that person.

Patient, England, Female, 55-64, Pre-existing eye condition

One participant felt further reassured that technology is improving rapidly and producing more accurate results, almost to the point where it becomes less important who is in the room operating it.

It's just improving and improving. And although you trust a person, the technology is so good, you kind of almost don't worry so much...You want the right person to operate it...but it becomes less important because of the technology.

Patient, England, Female, 55-64, Pre-existing eye condition

Choice

A small number of participants proposed that teleoptometry could increase choice for patients. They likened this to their experience of accessing remote privately provided GP consultations, where patients can view professionals' profiles and choose who they would like their appointment to be with. This could become an option for teleoptometry, allowing patients to choose an optometrist to best fit their needs.

It could be a benefit for us...that we can choose the opticians. For example, for the online GP, I can choose which GP I'm going to see, I can see their profile.

Patient, England, Female, 55-64

2.4.5. Groups that could benefit the most from teleoptometry

Rural communities and people with disabilities

When asked to consider which groups of people could benefit the most from teleoptometry, discussions revolved around the same topics as those mentioned when considering the overall benefits and opportunities associated with it. Many participants reiterated the potential benefit to those living in more rural communities, where there may be fewer local optical practices (and by extension, longer waiting lists to access those that do exist) or poor access to public transport, and those who face barriers to travel (including people with mobility issues or disability).



I've got relatives that live down just off Dartmoor in Devon, and that would be brilliant for them. Yes, they'd still have to go to somewhere...but they would have access for something that they would probably be talking weeks to get an appointment.

Public, England, Male, 65-74

If the opticians is a bus journey or a train journey away, sometimes for people with certain disabilities that may be difficult for them, because trains aren't always the best and buses aren't either, which is potentially going to put them off.

Public, England, Male, 45-54

Younger people and those who are working

Participants felt that younger people, who are typically more tech-savvy, would be most open to receiving a sight test via teleoptometry. They explained that younger people are already accustomed to remote meetings via Zoom and other platforms, and felt that they would simply accept teleoptometry as a natural extension of the increasing use of technology in all aspects of life. By extension, working people were also mentioned as potentially benefiting from teleoptometry due to the potential for more flexible appointment times.

I think for the younger and more technologically savvy people, who are used to using Zoom and working from home, it's just part and parcel. They'll probably be saying, 'I'm surprised this hasn't happened already, everyone else is using it'. For my parents, in their eighties – it takes them all their time to work out how to do the television remote control. I think they would be less keen.

Public, England, Male, 45-54

Definitely people at work because they struggle to get appointments...So they need later appointments and things.

Patient, England, Female, 55-64

Speculation that teleoptometry may be of more benefit to optical professionals and businesses than patients

Many participants found it easier to identify the benefits of teleoptometry for optical professionals and businesses rather than patients. Remote working was seen as offering flexibility for optometrists, potentially enabling home working and reduced travel time, which may improve their work-life balance and quality of life.

I wonder if optometrists would actually prefer it as well, or might appreciate the flexibility? I wonder if they could basically work from home some of the time?

Public, Scotland, Female, 45-54

They could miss all the traffic. And also, quality of life for them. I know our opticians, some of them live quite a distance away. And at end of the day, if they've got maybe an hour, an hour and a half commute, that's no fun.

Patient, England, Male, 65-74

Participants speculated that increased remote working could also reduce costs for businesses, as a small bank of centralised staff could serve a much wider geographical area. Some participants were sceptical that teleoptometry would benefit patients and felt that it would be instead viewed



by businesses as a way of reducing costs and making efficiency savings. They felt that large chain businesses would be most likely to choose to provide teleoptometry appointments as it would be less cost effective for smaller independents.

To be honest, I see it more for the organisations, as cost saving, rather than to the customers.

Patient, England, Female, 45-54

That one optician can probably be serving numerous practices at the same time and just flip between different people in different locations. So much more cost saving for an organisation.

Patient, England, Female, 64-75

It's only really going to apply to the big boys, this. The relatively small guy that I go to...it's just not cost effective for them...Really, it could only be the big hitters who could actually do it.

Patient, England, Male, 65-74



2.5. Concerns, barriers and risks

Key insights

- Many felt teleoptometry may be acceptable for routine sight tests, but less appropriate where symptoms, complex needs, or existing eye conditions are present
- Concerns about missed pathology or misdiagnosis were common
- Reliability of technology and connectivity was a key worry, with fears about disruptions, technical failures, or issues being missed due to glitches
- The perceived loss of personal interaction and rapport with an optometrist was a significant barrier for some, particularly where difficult conversations or reassurance may be needed
- Concerns were raised about the skills and qualifications of technicians assisting with tests, and whether sufficient oversight and quality assurance would be in place
- Some participants questioned whether teleoptometry could reduce quality of care, professionalism, or attention from the optometrist if delivered remotely
- Data security, privacy, and the potential outsourcing of services outside the UK were additional concerns raised by a minority
- Participants felt teleoptometry may be less suitable for some groups, including those with complex eye conditions, low confidence with technology, learning disabilities or sensory impairments, or those who value in-person interaction



2.5.1. Confidence in teleoptometry depends on circumstances

Not all participants felt concerned about teleoptometry, suggesting that the experience wouldn't be much different to a standard sight test and assuming that the GOC would ensure there are appropriate checks and measures in place to ensure safety. They noted that the process would be largely the same for patients in terms of visiting an optical practice and having tests done using similar machinery, with the results reviewed in the same way by an optometrist, albeit remotely. These participants felt they would trust the optometrist to have the appropriate qualifications, skills and experience required to accurately interpret test results, and some likened the process to that of a consultant reviewing hospital scans remotely.

They're still using the same machinery, they're getting the same readings, and it's really just that they're reading the results on their screen and analysing it that way. I'd still trust that the optometrist knows how to do their job.

Patient, Scotland, Female, 35-44



I don't think for a minute the GOC would let this go ahead without doing a lot of supervisory checks and inspections...Obviously the GOC is making these people accountable...It's not just going to be a cowboy call centre in wherever. It would be properly maintained and inspected.

Patient, England, Male, 65-74

[There are] radiologists, consultants, in hospitals who are looking at scans – you know, people with life threatening injuries – and they're doing it from their bedroom at home, in exactly a similar way to this...It should just be as accurate as the person being in the room.

Public, England, Male, 45-54

However, comfort and lack of concern with teleoptometry was often framed as conditional. Many participants described teleoptometry as more acceptable for a routine sight test where no issues are suspected, but less appropriate when an individual has concerns about their vision or eye health, or has significant family history of eye disease. This view was expressed more frequently by those with pre-existing eye conditions, who often placed greater emphasis on reassurance and clinical oversight.

I'd maybe trust it for just like a basic eye test. But if you're going in there because you've got a history of things in your family, or you've had a previous accident or whatever, maybe that would be something that you'd expect to be done in person.

Patient, England, Female, 35-44

I know I could ask the question to a screen, but from a personal point of view, if I was going because I've got a slight concern, I'd want to go and see an optician. I wouldn't want to go and go down this sort of route.

Public, England, Male, 65-74

2.5.2. Clinical safety concerns – fear of missed issues and misdiagnosis

A significant concern raised by some participants related to the accuracy and thoroughness of the sight test when carried out remotely. Participants questioned whether an optometrist working remotely would be as accurate as an optometrist physically in the room with a patient, who would likely have better sight of the individual in the chair in front of them, be able to examine in greater detail, and be able to respond more easily to subtle cues. Considering how important eyesight is, many said they would feel more reassured by having a face to face consultation to avoid the possibility of missed issues or misdiagnosis. Some drew on experiences of misdiagnosis in other healthcare settings when care had been provided remotely.

It's that whole misdiagnosis thing, isn't it? Personally, I'm much more comfortable in person....Would I trust it? I don't know. I'm dubious.

Patient, Northern Ireland, Male, 35-44

My daughter has myopia in her eyes...I'm not 100% sure that they would've picked up that on the screen, because the optician was really up close and personal. They did quite a few checks, and actually brought her back for a second appointment two weeks later to check again, to be absolutely sure. So I'm not convinced.

Patient, Northern Ireland, Male, 35-44



I had an issue with my knuckle...They basically misdiagnosed me. And then once I'd gone actually in, they said it was completely wrong. So I just feel there's...potential misdiagnosis, where it's not in person.

Public, England, Male, 18-25

However, a small number of participants pointed out that things can also be missed in face to face settings and didn't feel that teleoptometry posed any greater risk to patients, particularly if the model has been thoroughly tested and risk assessed.

To be honest, sometimes things can get missed when the guy is in the room...And the same thing could happen at your GP, at your dentist, or anything. Things don't always perhaps get picked up that should do.

Patient, England, Male, 65-74

If it's not properly been tested, then it's a good idea but it's not going to get passed, is it?...So it's got to work, for them to want to use it. So I'd have my full trust in them. I don't think they'd mess about with it.

Patient, England, Female, 65-74

2.5.3. Concerns about reliability of technology

Another significant area of concern was the reliability of testing equipment and the potential for technological failures. Participants were particularly concerned about connectivity problems interrupting or delaying appointments, whether due to poor Wi-Fi in the practice, issues at the optometrist's end, or wider system failures. Technological issues could potentially result in wasted time for patients (e.g. needing to return for another appointment), and participants questioned whether temporary loss of connection or glitches could lead to things being missed.

What are the chances of everything working that day?...The person on the other end...you've got to make sure that their laptop works, their internet's secure, X, Y and Z.

Patient, England, Female, 35-44

Technology is spotty at the best of times...The last time I went to the opticians...all the computers froze, and they couldn't get into it. They couldn't send the pictures over that they'd just taken of my eyes from one computer to another computer.

Patient, England, Female, 25-34

If you have somebody in the room, yes, technology can still break down, but at least you've got that person...going through your results with you...That's the that's the only potential risk I see with this – if the technology isn't stable at either end then you've got to go back for another appointment.

Public, England, Male, 45-54

What if they missed something in the examination? You know, it might be minute, but they've still missed it because it maybe glitches for 10 seconds.

Patient, Scotland, Female, 35-44



Some participants specifically highlighted rural and coastal locations as potentially higher risk settings for teleoptometry, as they perceived them to typically suffer from poor internet connectivity, and therefore technological challenges and failures in these areas may be more likely.

They don't even get good Wi-Fi, do they, in rural areas? So it's not really going to work that good.
Patient, England, Female, 25-34

It could be [for] coastal or remote locations, and they're often the places that have the poorest reception. So that would be a concern – that this was seen as a really good thing, and then there was completely rubbish connection in those locations.

Patient, England, Female, 55-64, Pre-existing eye condition

2.5.4. Concerns about the loss of personal interaction and reassurance

For some participants, concerns were less about the technical accuracy of test results and missed eye pathology, and more about the loss of in-person communication with an optometrist. This was particularly evident for those who visited independent optical practices and who often had longstanding relationships with their optometrist. These participants felt that teleoptometry would be too impersonal and would be detrimental to patient experience, reducing the sense of personalised care.

So many of us here are used to seeing perhaps the same familiar face...They know you, you know them, and the history and everything. And suddenly it's a total anonymous stranger who has their health in their hands.

Patient, England, Male, 65-74

I just think it's quite impersonal. It's very robotic, almost. People are not going to be treated as individuals, you're on a conveyor belt. I think some people just wouldn't like it.

Patient, England, Female, 45-54

These participants also felt the lack of in-person communication would be particularly felt if something concerning was identified during the sight test. In that scenario, many would prefer to speak face to face with an optometrist and would not want to receive worrying news via a screen. Some also explained that they might be less likely to raise questions or concerns during a teleoptometry appointment.

Sometimes you can find it quite hard to bring up something that's been bothering you until you've had a bit of a chat with your optometrist. But I think having that screen in between you, you might stay a bit quieter.

Patient, Scotland, Female, 35-44

When you've got eye conditions, it's quite emotive. And explaining that to someone on a screen can be different to them being in person...If there's deterioration, or a concern – and they're remote, and there's no real relationship build up there – then that would be difficult.

Patient, England, Male, 45-54, Pre-existing eye condition



Some people would feel a lack of reassurance if you haven't got the optometrist actually in the room. Especially older people who might be worried about their sight...If you've not actually got them there in the room, you're not getting any personal contact.

Patient, England, Female, 75+

2.5.5. Delivery model concerns – who is in the room, skills, professionalism and trust

Mixed views on whether an optometrist needs to be physically present

Views were mixed on whether the optometrist being physically present in the testing room is important during a sight test. While some were comfortable with remote oversight, others emphasised the importance of having someone physically present with them during the test, whether that be an optometrist or a technician. Some were unconcerned that the optometrist would be working remotely, describing it as similar to communicating via screen in other settings. Others pointed out that, whilst a patient is undergoing a sight test, they are focused on the testing equipment rather than the professional's physical presence, describing the optometrist as a 'voice in the room'. For these participants, therefore, it was considered that the presence of a technician would be sufficient. Some participants said they would want to have someone in the room with them to guide them, but didn't mind if they were a technician or an optometrist.

I'm used to the person being in the room, but if they were on the screen, I would just...talk to them that way. A bit like now – I can see you, you can see me, but you're somewhere else. It's the same kind of thing.

Patient, England, Female, 35-44

Doing the test, yes, you've got somebody talking to you, but your eyes are focused on all the screens...You've just got a voice in the room with you, and you'd still have that voice...As long as you've got somebody in that room with you, for that presence, that warmth, of having somebody there, whether that's the optometrist or the technician...I can see it working.

Public, England, Male, 65-74

I'd rather have somebody in there than just be in this room on my own, in terms of helping you place your chin on the thing. Or they would be there to click the buttons or reboot the system, or make sure you're looking in the right direction, in terms of procedural things, in that sense.

Patient, England, Female, 35-44

Technician competency and quality controls

A small number of participants raised concerns about the skills and qualifications of the technicians who would be present in the test room, particularly where they would be responsible for operating equipment and supporting the patient. Whilst acknowledging that the optometrist would have oversight and control over the test, some were still concerned about the potential for errors and would prefer the optometrist to be physically present.

There are more chances of them picking up the wrong lens or prescribing the wrong lens...because they're not qualified. There's always going to be that little bit of a shadow of a doubt.

Patient, England, Male, 65-74



I suppose a concern is just how well qualified the local technician would be. The optometrist at the other end of the of the screen would be controlling the equipment. So I suppose it just depends how much control they have, and how good that technician is.

Patient, England, Female, 55–64, Pre-existing eye condition

Without sounding disrespectful, I think it's like having a dental technician and not having a dentist present, in a way...I would want the optician there.

Patient, Northern Ireland, Male, 35–44

Others, however, said that such concerns would be mitigated by reassurance that technicians are suitably trained and qualified, and that appropriate quality controls were in place.

I suppose it's just making sure that there was a certain level of qualification for that person. But it's less important, I suppose, if the optometrist has got control over the equipment.

Patient, England, Female, 55–64, Pre-existing eye condition

I think the qualifications of the people doing these things is really important. And also, what sort of quality assurance or framework is there around them? Because the optometrist, obviously, is a member of a professional body. I suspect these people possibly are not.

Patient, England, Female, 75+, Pre-existing eye condition

Professionalism and quality of care when remote

Some participants questioned whether quality of care or professionalism could be reduced when an optometrist works remotely via teleoptometry. These participants felt unsure that an optometrist working remotely (potentially from home) would have their attention completely focused on the patient in the testing room, and could potentially be distracted.

Having somebody in the room...you know that they're taking the time and they're focusing on you 100%. If I couldn't see that person that's remote, I would then be questioning, are they actually looking at my results and focusing on me 100% of the time while I'm there?

Public, England, Male, 45–54

Some of us have the opportunity to work from home...You certainly don't get the same attention and focus as you would in work. You switch the TV on, or you put the washing on.

Patient, Northern Ireland, Male, 35–44

Data security and privacy

A further concern highlighted by some participants was data security. Concerns included uncertainty about who else might be present in a remote optometrist's working environment, who might have access to their personal information, where data would be stored, and how secure their information would be. However, this was not a universal concern, and one participant felt this would be comparable to existing patient data-sharing across NHS services.



It would be privacy and your personal medical information/data. The person that you're consulting with – where is their working environment?...Anyone could be in their room. Whereas if it's more of a clinical environment, you expect everything to be safe and secure.

Patient, England, Female, 45-54

Most of the NHS services share all of your data between themselves, and they're expected to adhere to data protection. So it wouldn't really bother me that much. I would expect them to keep my data safe, just like a specialist hospital would, or wherever.

Patient, England, Female, 25-34

Outsourcing and standards

A small number of participants raised concerns about teleoptometry enabling outsourcing outside the UK, or organisations in other countries (potentially with different clinical standards) entering the marketplace.

I don't want it to be outsourced, like so many other things are. I don't want my optometrist to be in Chennai or Bangkok, or somewhere.

Patient, England, Female, 64-74

You know, people go to like Turkey to get the Turkey teeth and have skin procedures – and I'm thinking, will foreign countries jump on this? You know, get your new glasses while you're on holiday with this type of technology – and maybe it would be cheaper.

Patient, England, Male, 65-74

Other operational concerns

Other questions and concerns included what would happen if a remote optometrist was called away mid-appointment, how second opinions would work remotely, potential impacts on training future optometrists, and whether teleoptometry could unintentionally increase waiting times if optometrists are serving very large geographies.

If the optician gets called away to see somebody else...You can't just do half an eye test and then break off to go and do somebody else.

Patient, England, Female, 35-44

There's a couple of appointments I've had where the clinician has had to ask colleagues...'What do you think?'...And in that scenario, when you're virtual, what does that look like?

Patient, England, Female, 25-34, Pre-existing eye condition

When it comes to then training the next generation who are going to be completing this, I think they'd learn a lot more in person than they would watching their supervisor over a Zoom call.

Patient, England, Female, 18-25

If my qualified opticians are going to start taking the rural people...I think I'm going to have to spend more time rather than less time in actually getting appointments, because they will sort of be looking after a radius of 100 miles, or 200 miles or something, rather than a five-mile radius.

Patient, England, Male, 65-74



2.5.6. Commercial and sector concerns – cost cutting and market impacts

Concerns of cost cutting by optical businesses

Several participants were concerned that teleoptometry could be widely embraced by optical businesses as a cost cutting exercise. They felt that high street chains with a large market share would benefit most from increased use of teleoptometry by employing fewer staff, increasing the number of patients through the door, and serving a wider geography from a centralised location. Some were concerned about what this might mean for the patient experience and for the wider sector.

Another thing about this, which nobody has mentioned – what about saving money?...I think it's a cost cutting idea.

Patient, England, Female, 35-44

The big chains here...could see it as a way for a massive job cut process. One optician could cover quite a large area, probably do the job from home.

Patient, Northern Ireland, Male, 35-44

They could reduce the amount of optometrist time within the process. So it could be perhaps four appointments per hour instead of two...It would benefit the larger companies.

Patient, Scotland, Female, 35-44

Potential for negative impacts on independent businesses

Some were concerned that teleoptometry could disadvantage independent practices, particularly if large chains use scale to undercut smaller providers and increase market concentration.

I'd be concerned about...whether it would help the larger or smaller companies...Would it mean that the large companies could flood the market from a central location?

Public, England, Male, 45-54

If it was a race to the bottom for the big chains using this process, I would be concerned that it would drive the small independents out of the market and just leave it in the hands of two or three multinationals, which is not ideal.

Patient, Northern Ireland, Male, 35-44

2.5.7. Groups for which teleoptometry may be less suitable or more risky

Those with pre-existing eye conditions or visiting for a non-standard appointment

Participants frequently suggested that teleoptometry might be suitable for those requiring a standard sight test but less appropriate for those who have pre-existing eye conditions, are at greater risk of developing such conditions, or have significant family history requiring close monitoring. However, some noted that, where people with eye conditions are regularly reviewed in specialist settings, concerns about suitability may be reduced.



It depends on the situation. If someone's just having their basic eye test, they go every couple of years, then what difference does it make? But...if you have some kind of an issue that could be really significant, then having somebody be there with would be better.

Patient, England, Female, 55–64, Pre-existing eye condition

Maybe for people that already have a risk of developing diabetes, glaucoma, all those sorts of things – if you already have a high risk...then that would need to be done in person.

Patient, England, Female, 25–34

My husband had glaucoma and he had regular appointments at the hospital, so it wasn't all down to just the eye test...So I don't think it's a big issue, but the optician still keeps a good eye on it, doesn't he?

Patient, England, Female, 64–74

Those less confident with technology

Many felt that teleoptometry would be less suitable for those less confident using technology, with older people often mentioned. There was the perception that older people would generally prefer to speak with an optometrist face to face rather than via a screen. However, this may be a misconception, as several older participants said they would be happy to consider a teleoptometry appointment, whereas some younger participants felt uncomfortable with the concept.

Maybe the elderly, that have not quite got a grip with the internet side of things. You know, don't have an iPad, don't have the technical phone, and all the rest of it.

Patient, England, Female, 65–74

My grandmother was recently having issues with her eyes...If she'd had to have that first appointment on Zoom, she'd have really struggled with that.

Patient, England, Female, 18–25

Whilst there are a lot of silver surfers...I do think that it can be a way to have that kind of social interaction. Like if you look at a shop – there are self-scanning tills but there also still are cashiers, and people will choose those.

Public, Wales, Female, 35–44

I wouldn't mind. I'd give it a go, definitely.

Patient, England, Female, 64–74

Confidence with using technology is not necessarily related to age, however, and many other people may be hesitant or worried about accepting a teleoptometry appointment. Participants felt it was important that those who are less confident should not be excluded from accessing eye care.

I don't have confidence on the internet. Definitely, people that lack confidence...they'd struggle.

Patient, England, Female, 55–64

Like my husband – basically, he hates these online things, because he can't do it.

Patient, England, Female, 55–64



People who maybe have a distrust of technology...Maybe they don't use a computer at home. Maybe they've only just got a mobile. You assume, when you are tech heavy in your life, that everyone else is.

Public, Wales, Female, 35-44

Those with learning difficulties or additional needs

Participants felt that teleoptometry would also be less appropriate for those who have learning difficulties or additional needs, those with neurodiversities such as autism, and those with a decline in cognitive function (such as those with dementia).

[Those] who maybe have learning disabilities or additional needs...Things need to be explained in a bit more detail, or they just need to be put at ease. It's hard to do that through a screen.

Public, Wales, Female, 35-44

Autistic people might not be able to cope with it very well.

Patient, England, Female, 75+

My mum had dementia...even in the early stages we were having difficulties getting her to concentrate. I don't think she would be able to manage teleoptometry.

Patient, England, Female, 55-64

Others suggested that teleoptometry may be less suitable for nervous people, or those with anxiety or mental health conditions, who may feel intimidated by the process of speaking with an optometrist via a screen and may benefit from their reassuring presence in the testing room and a relationship with the professional.

Thinking of my child, for example – he's quite nervous. You might want that reassuring hand, that smile, that person to have a little chit chat beforehand to sort of ease your stress levels, possibly.

Patient, England, Female, 35-44

I work with a lot of people with mental health conditions, a lot of vulnerable people...They prefer speaking to somebody face to face. They don't like using the telephone, they don't like the internet. Some of them don't have the skills or just get very, very stressed with all of that.

Public, England, Male, 45-54

Those with poor vision or hearing

Several participants felt that people with particularly poor eyesight might struggle with teleoptometry. Participants with low vision explained that they would find it more difficult to see an optometrist on a distant screen, particularly if they are not wearing glasses during the test, as opposed to when they are sitting close by in the same room. They felt that this would have a negative impact on trust and make it difficult to develop a rapport between professional and patient.

Normally, the optician is sat, literally, about a foot in front of you...If they're on a screen that's 12 feet away and I haven't got my glasses on, I'm probably going to struggle to see them.

Public, England, Male, 45-54



A lot of people are going to the optometrist because they can't see screens, or they can't see things that are far away from them. So suddenly, their optometrist, who used to sit a foot away from them, is now six feet away high up on a screen...So you could hear their voice, but you wouldn't be able to see their face or make out their features. And I think being able to read someone's facial expressions is really important when they're delivering news to you.

Patient, Scotland, Female, 35-44

Similarly, those who are deaf or hard of hearing could find communicating with an optometrist on a screen difficult. Having the optometrist appear on a distant screen, for example, would make it harder for those who rely on lip reading and non-verbal cues to support their understanding. Some pointed out that the sound coming through a microphone may be distorted and more difficult to hear. Consequently, participants felt it important that technology should be accommodating for patients with hearing loss, such as ensuring that closed captioning was available.

I might also struggle to hear what they're saying. I do lip read a little bit and pick up on facial cues and non-verbal cues as well. So I could struggle on both fronts, if the screen's 12 foot away from me.

Public, England, Male, 45-54

I'm 90% deaf, and even on this Zoom call, I've got closed captioning on...That screen – if it doesn't have subtitles on there, I'm probably going to struggle to communicate with them.

Public, England, Male, 45-54

Children and non-English speakers

A smaller number of participants suggested that teleoptometry would be less suitable for children, who may engage less well with a remote optometrist. Some also raised the potential challenge for non-English speakers who may find the language barrier too difficult, although there was the suggestion that teleoptometry could make it easier to link patients with an optometrist who speaks the same language.

Children might not concentrate properly if they're dealing with somebody online. So I think that lack of personal contact could be a problem.

Patient, England, Female, 75+

What if there were some kind of language barrier problems?

Public, England, Male, 45-54

I imagine, the same as if you need a translator at the GPs, there would be that same facility...I would hope so.

Patient, England, Female, 64-74



2.6. Acceptability and confidence

Key insights

- Openness to teleoptometry was mixed and often conditional, with willingness dependent on reassurance, context of the appointment, and confidence in safeguards
- Teleoptometry was widely seen as an inevitable direction of travel, but many felt patients would need time, clear communication and support to become comfortable with the model
- Clear information and reassurance are central to acceptability, including understanding how appointments would work, who would be involved, and what would happen if concerns were identified
- Trust in regulation, professional standards and data protection underpin confidence, with participants seeking visible assurance of qualifications, oversight, and governance
- Evidence of safety and effectiveness would increase willingness to use teleoptometry, including pilots, trials, and feedback from other patients
- Perceived benefits to patients are not yet clear to many, and participants emphasised the need to communicate tangible patient advantages rather than organisational efficiencies
- Choice between teleoptometry and face to face care was seen as essential, both to support confidence and to ensure equitable access for those less comfortable with remote models
- Technician involvement was broadly accepted if appropriately trained and supervised, though clarity on roles, responsibilities and authority is needed to maintain trust
- Views on remote supervision by an optometrist were divided, with some accepting it as equivalent to on-site oversight and others seeing physical presence as important for safety, reassurance and maintaining standards



2.6.1. Mixed but conditional openness to teleoptometry

Participants were fairly evenly divided between those who would be willing to have a sight test conducted by teleoptometry (albeit often with reservations), and those whose concerns would be too great and would prefer a face to face appointment. In many cases, openness to teleoptometry was conditional on the context of the appointment, the reassurance provided, and the safeguards in place.

I wouldn't mind it because...I'm tech savvy, I use Zoom or Teams or whatever, most days I'm staring at a screen. And because of the convenience.

Patient, England, Female, 35-44



I'd be okay with this, subject to the caveats that we've said – knowing the qualifications and having the suitable technology and the links. As a standard eye test, I would be fine with that.

Patient, England, Female, 55-64, Pre-existing eye condition

I think I would rather just go for an eye test with the optician there.

Patient, Wales, Female, 18-25

Many participants, regardless of their openness to using teleoptometry, reflected on the increasing use of technology across everyday life and healthcare, viewing teleoptometry as a likely and perhaps inevitable progression. Indeed, some suggested that teleoptometry could further progress to the point where a patient could have a sight test from their own home, or that artificial intelligence (AI) would start to play a greater role in sight testing. Considering this, some participants felt that patients would simply have to adjust and be accepting of new ways of delivering eye care, but may need some time and support to do so.

If you'd have said to me years back, you'll be paying bills on your phone...I'd have thought, 'What are you talking about?' But you get used to things.

Patient, England, Male, 65-74

I think technology is advancing rapidly, and this is where we'll end up. It would not surprise me if we get to the place...whereby you can sit at a computer in your own home and get it done.

Patient, Northern Ireland, Male, 35-44

We know that AI is taking over everything, and I imagine it will do with regards to eye tests as well.

Patient, England, Female, 64-74

I'm 56, so I'm even getting used to these technologies...Now I know how to use WhatsApp, I know how to use Zoom. You learn...But people, to adjust that kind of technology, will need time.

Patient, England, Female, 55-64

2.6.2. Conditions required for confidence and acceptability

Across all groups and interviews, participants identified a number of factors that would increase their comfort with teleoptometry, and influence their willingness to use it or encourage others to do so.

Clear explanation and reassurance

For many, clear and accessible information about how teleoptometry works would be most helpful. Participants wanted to understand what would happen during the appointment, who would be involved, and what would happen if any concerns were identified. Participants emphasised the importance of being able to communicate easily with the optometrist on screen and having sufficient time to ask questions to help reassure patients and make them feel comfortable. Clearly explaining what would happen if something concerning was identified during a remote sight test and ensuring that the optometrist has sufficient time to answer questions and provide reassurance, were also highlighted as important.



It needs to be explained about what's going to happen and why it's going to happen. And that everything's safe. They need to be reassured.

Patient, England, Female, 55-64

[If] something comes up on the scan...and then you've got lots of questions, how much time is that person on the screen able to give?...That does have to be well managed to make sure that they afford you the time needed to reassure you, or the next steps.

Patient, England, Male, 45-54, Pre-existing eye condition

Trust in governance, regulation and professional standards

Confidence in teleoptometry was linked to trust in regulation, professional oversight and quality assurance. Many would be further reassured by knowing there were strict rules and regulations governing the use of teleoptometry, and that quality and safety would be monitored and assured.

If there were some proper standards of practice and things. But I guess you only get that when something's been in there for a while, when it's bedded in. Then you can have a really strong framework around it.

Patient, England, Male, 35-44

Provided people were aware of how much control the optometrist had, their responsibilities and the controls around it, then it doesn't really make a lot of odds, from a personal point of view.

Patient, England, Female, 55-64, Pre-existing eye condition

You need to sell the benefits about how safe it is and how proven it is, and it's at no detriment to the customer...That it is 100% safe.

Public, England, Male, 45-54

Some also highlighted the importance of data protection and wanted reassurance that personal information would be stored securely and handled appropriately.

I would want to make sure that my data is protected...Maybe there'd be something that you would sign or they would give you a sort of contract that assures GDPR.

Patient, England, Female, 35-44

Additionally, participants would like to know that the professionals they are interacting with are fully qualified and competent to provide the required standard of care, which was considered important for building trust. One participant suggested that the remote optometrist's name should be clearly displayed on the screen as a confirmation of who they are and to provide the opportunity for patients to check their credentials.

I'd want to make sure that the person on the other side of the screen is definitely qualified, because they could be anybody.

Patient, England, Female, 35-44

As long as I'm dealing with somebody that's competent and can answer any queries or deal with anything...That makes me feel a bit better.

Public, England, Male, 45-54



They might make sure that when you do speak to these people, they've got them on screen so you can see...who they are and what their name is, so you know actually who you're speaking to, it's not just sort of a voice in the ether. That might give people more confidence.

Patient, England, Female, 75+

Evidence, testing, and gradual introduction

Some participants said that confidence in teleoptometry would increase if there was evidence demonstrating that it was safe and effective, and there was a track record of success. Participants said they would be reassured by hearing positive feedback from other people who have accessed sight tests via teleoptometry, by seeing the results from more formal trials or pilots, or by having a good personal experience.

I'd be very interested to see the feedback of people who'd visited and had it done this way.

Patient, England, Male, 65-74

If it was tried over a year or two-year period – not for every patient, but say, for one day a week or something – and see what the results of that are.

Patient, Northern Ireland, Male, 35-44

I'd want some sort of reassurance, or a statement, or statistics, that demonstrated that it was an equivalent not an alternative...They get exactly the same thing just in a different place, and there's no difference in quality.

Public, England, Male, 45-54

Participants felt that teleoptometry should be introduced on a gradual basis, allowing people time to become accustomed to it before it becomes more widespread. As patients become more familiar with how the process works, acceptability is likely to increase.

I think they should do it on a very gradual basis...[If] they've got five or six officials in the shop, maybe they can cut it down to three on site and three off site, and then take it on for a couple of years, see how it's going, and then gradually increase it.

Patient, England, Male, 65-74

Let's see how it works. I didn't know anything about it. I've never heard of it before. Let's actually see it in action, and then they'll have a better idea of how it works.

Patient, England, Female, 35-44

Demonstrating the benefits to patients

Although not necessarily opposed to the concept of teleoptometry, many participants did not perceive that there were any particular benefits to patients over a traditional face to face appointment with an optometrist. Instead, participants felt that the benefits would largely be felt by optical practitioners and businesses, in terms of allowing home working, reducing business costs and increasing the number of appointments they are able to provide. Participants felt that any potential benefits to patients should be more clearly communicated to encourage uptake. For example, many may be encouraged to try teleoptometry if it meant the cost of an eye examination would be reduced (although it was generally agreed that this would be unlikely).



I don't care, as someone visiting the opticians, how this benefits the guy on the screen. I care how this benefits me...There's no point you telling me how convenient it is for the optician. I want to be hearing, as the customer, the value it brings to me.

Patient, England, Female, 18-25

For example, it would be cheaper if you use the teleoptometrist...Apart from that one, I can't see any benefits for us...It's a good idea, definitely, if there's some kind of economical benefits. Otherwise I wouldn't use it, really.

Patient, England, Female, 55-64

Is this cheaper? Is that going to be the draw for people?...If they said, 'Oh, if you did it this way, it's half price', or whatever...that is definitely an incentive. But if it's the same price, then you're getting less of a service. They're saving on wages and the cost of the rooms, or whatever.

Patient, England, Female, 35-44

Choice as a key condition of acceptability

Ultimately, participants felt that, whilst teleoptometry could be an option and beneficial to certain groups, patients should retain a choice about which appointment format they would prefer, and if necessary, have the option to switch from teleoptometry to a face to face appointment. Having the choice between the two formats would help increase confidence and ensure that those who are less comfortable with teleoptometry do not become excluded from accessing eye care.

I would like to have the choice, and if the practice that I go only offered that, then I would be moving on and going somewhere else...There's an awful lot of choice out there, so I wouldn't feel like I would need to be railroaded into accepting this.

Patient, England, Female, 45-54

It's probably a good gateway to a real appointment. If you don't need it, you just say, 'Thanks', and if they say there's something to look at, maybe you go forwards [with a face to face appointment].

Public, England, Male, 45-54

As long as we don't go too far that it's only ever online...As long as there's still a balance so that every group is catered for.

Patient, England, Female, 35-44

2.6.3. Views on the role of technicians

As part of the discussions, participants were shown information about how teleoptometry models may involve delegating some elements of the sight test to a technician in the room, while a remote optometrist oversees the appointment via a live video link.

Participants were also shown the GOC's current position in its Standards of Practice for Optometrists and Dispensing Opticians that, where tasks are delegated, a qualified optometrist must remain in overall control of the sight test and use their clinical judgement when reviewing results. In addition, the GOC currently expects the optometrist to be on the premises, in a position to oversee the work undertaken and ready to intervene if necessary to protect patients. This context helped participants



consider what level of supervision felt acceptable and what safeguards would provide reassurance in a teleoptometry setting.

General acceptance of technician involvement in sight testing

Most participants were relatively unconcerned that the optometrist would be assisted with some parts of the sight test by a technician. For many, pre-testing is already undertaken by an optical assistant and the use of a technician during teleoptometry appointments would feel like a continuation of existing practice. Some suggested that sight testing was fairly low risk in comparison to other areas of healthcare as there is no physical contact with patients, and therefore severe consequences would be unlikely should anything not go to plan. Others said they assumed that the technician should be appropriately trained and qualified to undertake this role.

Parts of the eye test [are] not actually done by the optometrist at my opticians anyway...one of the receptionists will do certain tests in the beginning, then you'll actually see the optician and they'll do some more tests afterwards.

Patient, England, Female, 25-34

I don't really see that optometry is a big risk, because it's not like they're physically doing anything to you...They're doing it through machinery. It's not like they're sticking needles in your eyes or anything like that...Whereas if there was a dentist there telling somebody what to do in your mouth, you might feel totally different about it.

Patient, England, Female, 64-74

You would hope that the technician should be trained in handling any issues. They might not be as qualified as the optometrist, but for any generic issues or anything that's on there, then you would hope that they would have been trained...whether it's technology breakdown or other stuff.

Public, England, Male, 45-54

One participant suggested that having a technician present as well as the remote optometrist would in fact be beneficial, as there would essentially be 'two pairs of eyes' on the patient at all times. This would provide an added safety net for patients should they have concerns about their treatment during their sight test.

In effect, you've got two people in the room with you...You've got two pairs of eyes looking at you, looking at results, doing things, chatting to you...You've got the expert pair of eyes looking after your eyes. But then there's a bit of a safety net in case one of them is a bit off with you, or has a bad bedside manner, is rude to you, or something.

Public, England, Male, 45-54

Concerns about technician skills, authority, and responsibilities

Despite general acceptance of technician involvement, some participants questioned whether technicians would have the necessary skills, authority or confidence to undertake an expanded role in sight testing via teleoptometry. Some suggested that patients would not take advice given by a technician as seriously, which could lead to eye health issues going untreated. Others were concerned that technicians could be pressured to go beyond their remit, for example, in breaking bad news to patients or referring emergency cases to hospital.



If they are not really qualified, they're only trained to operate those machines, I am not really going to trust them.

Patient, England, Female, 55-64

They will have to break bad news to people...or maybe they really firmly need to refer somebody to the hospital...It seems very unfair to ask a technician, possibly somebody who's on not much more than minimum wage, to carry out that role.

Patient, Northern Ireland, Male, 35-44

One participant suggested that technicians could be 'upskilled' to provide higher functions, which would help increase patient confidence in their abilities.

You need to elevate the technicians, not to qualified optometrists, but...someone who can perform a higher function in a role, that goes beyond the supporting role.

Public, England, Male, 45-54

2.6.4. Views on remote supervision by an optometrist

Views were more mixed when considering whether another qualified optometrist should be physically present on site to supervise a technician in a sight testing teleoptometry model (conducted by a remote optometrist).

Accepting of remote supervision

Considering that most would be accepting of a technician assisting with aspects of the sight test, many were also accepting of the fact that the supervising optometrist would be working remotely rather than being physically present on site. Again, many felt that there would be relatively little difference in terms of patient experience, considering there would still be someone to guide them in the testing room, and reiterating that the technician should be appropriately qualified.

Because technicians will be there, will guide you, I think then it shouldn't be a problem.

Patient, England, Female, 55-64

As long as you know that they're qualified, that their skill set is what it's supposed to be, I've personally got no problem that they're not actually side by side.

Patient, England, Male, 65-74, Pre-existing eye condition

Some felt that it did not really matter whether the supervising optometrist was on site or working remotely, as they would still see the same images as if they were physically present and review these in the same way. It was suggested that, should anything concerning be seen during the test, the patient could be asked to return when an optometrist will be present, or could be electronically referred to hospital.

The opticians at the end of the corridor, or in another city, doesn't really matter, does it, if they're seeing the same images? It would only be for those rare cases where there's an anomaly or you



need in a second opinion. But then you might ask that person to come back the next day when there is somebody on site, or you'd send them to the hub, or wherever.

Patient, England, Female, 35-44

I would assume they'd go, 'Right, this is wrong, we're going to do you a referral. I'm going to email North Manchester Hospital now. Can you go straight there?' I mean, there's emails, isn't there?

Patient, England, Female, 65-74

A small number discussed that the current GOC requirement to have an optometrist present on site doesn't necessarily mean that an optometrist would always be in the room with you. They likened this to a supervising consultant in a hospital, who is available to support and advise but may not always be physically present on the ward. In this context, they felt that a remotely supervising optometrist would be of benefit (although this was based on an assumption they would be able to see and hear what is happening in the testing room at all times) and therefore remote supervision was a logical extension of existing practice.

That's kind of the hospital thing...Like the lead consultant's got to be on duty...So if they were able to supervise five people working in different rooms, would they not be able to do it just as well from remotely anyway? Because they're already remote...If the current regulations say that the optometrist should be somewhere on the premises, that doesn't necessarily mean they're in the same room with you...In this scenario, actually they are in the room, albeit electronically. You know they'll be watching and listening.

Public, England, Male, 45-54

Others reasoned that, if teleoptometry is intended to address workforce shortages and to help improve access in underserved areas, it may not always be feasible to have an optometrist present on site.

I thought the whole point is that there weren't enough optometrists, so I wouldn't expect one to be there.

Patient, England, Female, 25-34

It's going to be tricky to say there's definitely going to be an optometrist on site...Obviously it would be better if you had someone, but I think the whole point in this is that there's a shortage and it's difficult in some areas.

Patient, England, Female, 55-64, Pre-existing eye condition

Preference for a supervising optometrist on site

Some participants felt strongly that an optometrist should be physically present on site at all times. Some questioned why, if it has been a GOC requirement until this point, this should change, as the existing standards would have been established for patient safety reasons and should not be relaxed without clear justification.

We've got these standards and these regulations, so this would contravene the regulations. So are they going to rewrite the book for this, and just, be like, 'Okay, it doesn't matter anymore?'

Patient, England, Female, 45-54



I feel like that's there for a reason – like something has happened in the past, or something happens regularly enough that that's part of the optometrist's job that they have to be there...I would hate to think that they're doing away with that, because then that makes it feel a little bit less regulated and a little bit less trustworthy.

Patient, Scotland, Female, 35-44

A concern was raised that the optometrist's view would be restricted, meaning that they couldn't truly see everything that was happening in the testing room and increasing the chance of errors occurring. Furthermore, if an issue did arise it would be easier to have an optometrist present to intervene rather than relying on someone working remotely.

If you're watching from a screen, you can't see every part of the room. And I know it's the same, you can be in the room and you can't see everything, but...I just hate the idea that somebody's monitoring from a distance and they would have to intervene somehow, or get somebody else to intervene, when they could have just been there in the first place.

Patient, Scotland, Female, 35-44

Concerns about loss of local knowledge and reduced standards

Some suggested that remotely based optometrists may lack local knowledge that can be valuable when referring patients to nearby services or specialists. Participants with existing eye conditions particularly valued recommendations from optometrists familiar with local care pathways.

The person on the screen...might not have local knowledge around what services are available, help centres...And maybe an optometrist locally would have that local knowledge.

Patient, England, Female, 25-34, Pre-existing eye condition

Local knowledge is a really, really valid [point]. It was my optometrist who initially said, 'I think there might be an issue with glaucoma, you need to go and see a consultant'...And then she was able to say, '...and I suggest that if you want a consultant, you go to see Mr X or Mrs Y'.

Patient, England, Female, 75+, Pre-existing eye condition

Some felt that remote supervision would be a way for optical practices to 'cut corners' in terms of reducing the number of optometrists needed whilst offering an increased number of appointments. This raised concerns about increased pressure on professionals and possible reductions in the standard of care.

It feels very much like cutting corners...They're like, 'Oh no, it's more convenient for the company to not have to hire as many opticians'...'Oh well, I guess if we couldn't get an optician, it would be fine for them not to be overseen by somebody physically there'. And then I feel like that would open the floodgates to everyone being like, 'Well, that's just going to be standard practice'.

Patient, Scotland, Female, 35-44

I think it's creating an opportunity for the big boys like [high street opticians] to kind of cut corners, reduce the number of optometrists and people they have actually there, ploughing all the work onto all these people who work remotely. It can create a pressure situation, where one optometrist is looking after three or four shops...It kind of detracts patient care. They're not giving you that same amount of care, it just becomes a mundane kind of task for them to do.

Patient, England, Male, 35-44



3. Conclusions

3.1.1. Overall reflections on teleoptometry

This research set out to explore public and patient perceptions of sight testing using teleoptometry, including its acceptability, perceived risks and potential safeguards required to support confidence. Overall, participants expressed mixed but broadly open views towards teleoptometry. While no one had previously heard of the concept, most were able to understand it once explained and could identify potential benefits in certain circumstances.

However, acceptance was typically cautious and conditional rather than universal. Participants' willingness to consider teleoptometry depended heavily on context, including the reason for the appointment at the opticians, the safeguards in place, and the ability to retain choice over how care is delivered.

Across groups, participants recognised that technology is playing an increasingly prominent role in healthcare and daily life, and felt that remote and technology-enabled models of care are likely to continue to develop. However, it is clear that the public will feel that innovation in eye care must be implemented carefully to ensure that continued confidence, quality of care, and patient experience are not compromised.

3.1.2. Perceived role and potential value of teleoptometry

A model seen as useful in specific contexts

Participants identified several potential benefits associated with teleoptometry, particularly in terms of:

- Improving access in rural or underserved areas
- Reducing waiting times where workforce shortages exist
- Enabling more flexible appointment times
- Facilitating access to specialist input or second opinions

Teleoptometry was seen as potentially most appropriate for routine or low-risk sight tests, or in situations where access to in-person care is limited. Some participants also recognised its potential to support more coordinated or specialist care, particularly for those with complex eye health needs.

However, as most participants had not personally experienced significant difficulty or delay accessing sight tests and were not aware of areas where there are shortages of qualified optometrists, some found it difficult to fully relate to the underlying workforce and access challenges that teleoptometry is intended to help address. In this context, teleoptometry was sometimes viewed as a solution to a problem that is not universally visible to patients or the public.

Further engagement with patients and the public in locations where access to sight tests is limited, or where workforce shortages are more visible, would provide valuable additional insight.



Perspectives from those living in areas currently experiencing longer waiting times or reduced local provision may help to build a more complete understanding of the potential role and acceptability of teleoptometry where the need for an alternative model of care is more immediately apparent.

This highlights the importance of clearly communicating the rationale for teleoptometry and the circumstances in which it is intended to add value.

3.1.3. Acceptability of teleoptometry

Conditional acceptability amongst patients and the public

Acceptability of teleoptometry varied across participants and was influenced by a range of factors, including:

- Individual confidence with technology
- Personal or family eye health history
- Perceived complexity or risk associated with appointments
- Strength of existing relationships with optometrists
- Perceived benefits to patients

Many participants indicated they would be willing to consider teleoptometry as an option, particularly for routine appointments, but would prefer face to face care where concerns about eye health exist. Others were more hesitant and would be unlikely to choose teleoptometry unless it was the only option available.

A consistent theme was the importance of maintaining patient choice. Participants felt strongly that teleoptometry should complement rather than replace in-person care, ensuring that those who are less comfortable with remote healthcare are not disadvantaged or excluded.

Views on delegation and supervision

Participants were generally comfortable with technicians supporting elements of the sight test, reflecting their existing experiences of pre-testing within optical practices. However, views were more mixed regarding whether a qualified optometrist must be physically present on site.

Some accepted remote supervision as appropriate provided that:

- The optometrist retains overall clinical responsibility
- Robust safeguards and referral pathways are in place
- Technicians are suitably trained and supported

Others felt strongly that an optometrist should remain on site, noting that currently the GOC standards requiring this provide reassurance and reflect established expectations around ensuring patient safety. For these participants, any change to this requirement could risk undermining confidence unless clearly justified.



3.1.4. Key concerns and perceived risks

Participants identified a number of concerns and potential risks associated with teleoptometry. These broadly fell into five areas.

1. Clinical safety and quality of care

Some participants expressed concern about the potential for missed pathology or misdiagnosis where an optometrist is not physically present. While others noted that errors can occur in any setting, many felt that face to face interaction provides greater reassurance, particularly where symptoms or risk factors are present.

2. Technological reliability

Technological failure was frequently identified as a key risk. Participants were concerned about connectivity issues, equipment malfunction, and the possibility that technical problems could disrupt appointments or affect the quality of assessments.

3. Communication and patient experience

Many valued the reassurance, rapport, and personalised communication associated with in-person sight tests. Some were concerned that teleoptometry could feel impersonal or make it harder for patients to ask questions, raise concerns, or receive sensitive information.

4. Data security and professionalism

A minority of participants raised concerns about data protection, privacy, and the professionalism of remote working environments. Clear information about data handling and professional standards was seen as important to building trust in this area.

5. Motivations for adoption

Some participants questioned whether teleoptometry would primarily benefit businesses rather than patients through cost savings or workforce efficiencies. Demonstrating clear patient benefits was therefore seen as important to encouraging acceptance and combatting any scepticism.

3.1.5. Groups for whom teleoptometry may be more or less suitable

Participants identified several groups who may particularly benefit from teleoptometry, including:

- Those living in rural, coastal, or other underserved areas
- People with mobility issues or difficulty travelling
- Those requiring flexible appointment times
- Individuals needing specialist input or second opinions

Conversely, teleoptometry was seen as potentially less suitable for:

- People with complex or pre-existing eye conditions requiring close monitoring
- Those less confident with technology
- Individuals with certain disabilities, communication needs, or anxiety
- Those who value continuity and personal relationships with their optometrist



These findings highlight the importance of ensuring that teleoptometry is implemented in ways that support inclusivity, and do not inadvertently widen inequalities in access or experience.

3.1.6. Safeguards and assurances needed to build confidence

Across the research, participants identified a number of safeguards that would help build confidence in teleoptometry. These included:

- Clear information about how teleoptometry works and what to expect
- Visible regulatory oversight and professional accountability
- Assurances regarding the qualifications and competence of all staff involved
- Robust referral pathways based on local knowledge where concerns are identified
- Clear data protection and privacy arrangements
- Opportunities to see evidence of successful use of teleoptometry and its outcomes
- Gradual implementation and evaluation before wider rollout

Providing clear evidence that teleoptometry delivers care equivalent in quality and safety to traditional in-person sight tests was seen as particularly important.

3.1.7. In summary

This research provides valuable insight into how patients and the public perceive teleoptometry. While awareness is currently low, there is cautious openness to this innovation in sight testing, but only if it clearly benefits patients, and operates within a safe and strong regulatory framework.



Appendix A – Focus group discussion guide

This topic guide is intended as a guide to the moderator only. Sections may be subject to change during the course of the focus groups and interviews if, for example, certain questions do not illicit useful responses. Times shown are based on a 90-minute focus group.

Introduction (3 mins)

My name is.....and I work for a company called Enventure Research. We're currently working on behalf of the General Optical Council, who regulate all optometrists and dispensing opticians in the UK, who have asked us to explore views of the public on sight testing and the use of digital and remote ways of delivering an eye test/examination. The views you provide today will help inform the way eye care services are delivered and regulated in the future.

IMPORTANT: Everything you share today is completely confidential. We're interested in your views and experiences, not in identifying who said what. Your name will not be attached to anything you say, and nothing you share will be reported in a way that could identify you personally.

There are no right or wrong answers. Please be open and honest in the feedback you provide. Enventure Research is an independent research agency, meaning that we are not part of the General Optical Council. Enventure works to the Market Research Society Code of Conduct, which means that anything you say this evening will be treated in confidence.

All views and opinions of all present are valid. Please respect others' opinions, speak one at a time, and I'll be sure to let everyone have their say.

As you've already been made aware, I will be recording the session so I don't need to take notes as you are talking and can listen to what you have to say. However, the recording is only used to help me write my report and is deleted once it has been used. It is not shared with anyone.

Moderator to ensure consent form has been signed by all participants before continuing.

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

Warm up (5 mins)

Let's go around the group and introduce ourselves in a few short sentences. **SLIDE 1**

- First name
- Where you live
- What you typically do day-to-day (e.g. working, retired, caring for children etc.)
- When you last had a sight/eye test / examination

Current perceptions of sight tests and eye care (10 mins)

To capture: Baseline understanding, how people perceive traditional sight tests, expectations of care, assess awareness of risks

We'll start by discussing sight tests, also known as eye tests or eye examinations. **SLIDE 2**

- What usually happens when someone has a sight test?
 - Where does it happen?
 - What is the purpose? What is being tested?
 - Who is present and who does what?
 - How long does it last?
- How important do you think sight tests are?
- How often should most people have sight tests?
- Would anyone like to tell me about their recent experiences of having a sight test?

Awareness and understanding of teleoptometry (20 mins)

To capture: Any previous awareness, initial reaction and understanding, areas of uncertainty

I'd now like to ask you some questions about tele-healthcare, also referred to as remote or digital healthcare.

- Has anyone had any experiences of tele, digital or remote healthcare before?
 - *Prompts:*
 - *GP video appointments*
 - *Telephone consultations with GPs or nurses*
 - *Uploading photos (e.g. skin conditions, injuries)*
 - *Home diagnostics / monitoring (e.g. blood pressure, glucose, wearable devices)*
 - What worked well? What didn't?
 - What were the advantages? What were the disadvantages?
 - Has anyone heard of teleoptometry before? If so, can you describe it?

MODERATOR TO SHOW STIMULUS MATERIAL THAT EXPLAINS WHAT A TELEOPTOMETRY APPOINTMENT LOOKS LIKE / HOW IT DIFFERS FROM A STANDARD SIGHT TEST – **SLIDES 3-8**

- Are there any parts of what you've just seen that you didn't understand, weren't clear, or that you found confusing?

Perceived benefits and opportunities (15 mins)

To capture: Scenarios where teleoptometry is acceptable / beneficial, understand perceived value

MODERATOR TO SHOW SLIDE 9

- What, if anything, feels appealing or positive about the teleoptometry approach? What could the benefits be?
 - *Prompts:*

- *Convenience*
 - *Speed*
 - *Waiting times*
 - *Accessibility*
 - *Reduced travel*
 - *Using the latest technology*
- Who could benefit the most from teleoptometry and why?
 - *Prompts:*
 - ***Rural communities – make it clear that teleoptometry still takes place in an opticians practice, but that it could help improve accessibility, thereby potentially benefitting...***
 - *Those with mobility issues*
 - *Busy workers*
 - *Carers*
 - *Those with poor access to optometrists*
 - *Parents with small children*

Concerns, barriers, risks (15 mins)

To capture: Concerns, perceived risks, uncertainties, understand what undermines trust
MODERATOR TO SHOW SLIDE 10

- Is there anything about teleoptometry that worries or concerns you, big or small?
 - *Prompts:*
 - *Accuracy of results*
 - *Reliability of equipment / technology*
 - *No qualified optometrist on site/in the room*
 - *Missing eye health issues*
 - *Lack of in-person contact / familiarity with optometrist*
 - *Skills/qualifications of technician in the room*
 - *Data privacy*
 - *Oversight / accountability*
 - *Levels of trust*
 - *Quality of care*
 - *Distrust / concerns with technology*
- What risks do you think there are with teleoptometry?
- Are there any groups of people who you think teleoptometry could be more risky or not appropriate for?
 - *Prompts:*
 - *People with eye health issues/conditions*
 - *Nervous people*
 - *Older people*
 - *People who are not confident with technology*
 - *People with disabilities*
 - *People who have never had a sight test before*
 - *Children / young people*
 - *People with cognitive / communication needs*

Acceptability and conditions for confidence (15 mins)

To capture: What safeguards, controls, and professional standards / regulation would increase acceptability and confidence

MODERATOR TO SHOW SLIDE 11

- Based on everything we've discussed so far, how comfortable would you feel about having a sight test via teleoptometry? Why?
- What would you need to see, hear, or know to feel more comfortable?
 - *Prompts:*
 - *Clear explanation before about format, process, what to expect, how it works*
 - *Knowing who will be involved and their qualifications and experience*
 - *Knowing that you can communicate with the optometrist on the screen*
 - *Being explicitly asked for my consent before the test happens*
 - *Option to switch to in-person if required*
 - *Quality standards, accreditation, regulation*
 - *A big name / known chain*
 - *A track record of success / knowing that the technology works*
 - *Knowing what will happen if something concerning is found during the test*
- What information would you need to know before a teleoptometry appointment?

We've discussed how, in teleoptometry, a technician would assist the remote optometrist to perform the sight test by operating the equipment and supporting the patient to do certain things.

This is something that already happens as part of a standard sight test, where technicians carry out various checks before the patient sees the optometrist in the consulting room for the sight test. The difference for teleoptometry is that the optometrist would be present via a live video link rather than physically in the room.

The General Optical Council, the regulator of optometrists and dispensing opticians in the UK, currently requires that, where jobs are delegated to other staff, a qualified optometrist is required to... *"Be on the premises, in a position to oversee the work undertaken and ready to intervene if necessary in order to protect patients"*. **MODERATOR TO SHOW SLIDE 12**

In a teleoptometry model, there is a debate about whether another qualified optometrist should be on the premises (but not in the consulting room) so they can intervene if necessary, for example if the remote optometrist identifies a condition that requires emergency referral.

MODERATOR TO SHOW SLIDE 13

- How do you feel about some parts of the sight test being assisted by a technician?
- How important to you is it that another optometrist is physically present on the premises during a teleoptometry sight test? Why?
- How would you feel if an optometrist wasn't on site, and instead the remote optometrist on the screen was responsible for handling any issues that may arise by instructing the technician and/or calling for another colleague present in the practice?
- What feels acceptable to you, and why?

- Does “being on the premises” feel more reassuring, or would you be comfortable with a qualified optometrist managing the situation remotely?
- Are there situations where remote supervision feels sufficient?

In some areas, requiring an optometrist to always be on site could affect availability. For example, it might mean fewer appointments, longer waiting times, or having to travel further.

- How do you feel about that trade-off?
- Which matters more to you – quicker access or closer supervision?
- Would your view change depending on the type of appointment?
- Does age, symptoms, or experience make a difference?

Overall reflections (5 mins)

To capture: Acceptable scenarios, boundaries, preference for regulation

MODERATOR TO SHOW SLIDE 14

- Do you feel the potential benefits of teleoptometry outweigh any risk, or is it the other way around? Why?
- What is the right balance between innovation, convenience, safety and risk?
- What is the one thing that would make you feel confident about teleoptometry?

Close (2 mins)

Moderator to:

- Thank everyone for their time and input
- Confirm incentives
- Any other questions / points to raise?

Appendix B – Stimulus material slides

Warm up

1. First name
2. Where you live
3. What you typically do day-to-day (e.g. working, retired, caring for children etc.)
4. When you last had a sight / eye test / examination

1

Having a sight test

- What usually happens when someone has a sight test?
 - Where does it happen?
 - What is the purpose? What is being tested?
 - Who is present and who does what?
 - How long does it last?

2

A standard sight test

- Recommended every two years
- Contain two parts
 1. **Refraction** – To check how well someone can see and whether any corrective measures are needed (spectacles, contact lenses)
 2. **Eye health check** – To identify any eye health conditions such as glaucoma, cataracts, or macular degeneration

3

What is teleoptometry?

- Teleoptometry is a new way of delivering parts of a sight test using digital technology
- It is carried out using specialist equipment
- It takes place at an opticians / optometrist practice
- A qualified optical technician will be present in the testing room
- The qualified optometrist conducting the test will be elsewhere, using the technology to view the live results
- Almost all other aspects of the sight test remain the same

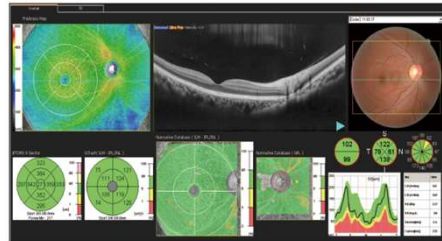
4

What the remote Optometrist sees

Remote Optometrist view of the patient in the test room on the laptop (via webcam) and the display of the relevant patient records and clinical images on the adjacent desktop.



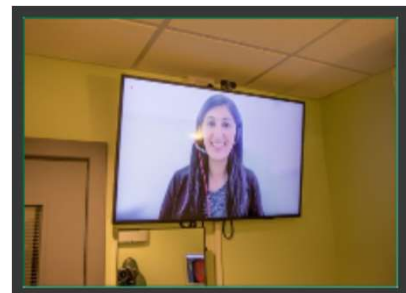
A microphone and speaker enable both audio and video connection.



5

What the patient sees

- Patient view of the remote Optometrist on a TV screen that is located on the wall directly opposite the patient
- The patient and Optometrist are connected from an audio and visual perspective
- The Optometrist has full control of the phoropter (sight test machine with different lenses) and access to the clinical images taken as part of pre-screening
- Except for the TV screen, the consulting room from the patient's perspective looks unchanged, providing a familiar environment



6

How a teleoptometry sight test is the same

- The aim is still to check your vision and eye health
- You are still having a full sight test, not a shortcut or scaled-down version
- A qualified Optometrist remains responsible for reviewing the results and making decisions
- You can still communicate with the Optometrist
- It takes place at an opticians / optometrist practice

How a teleoptometry sight test is different

- The Optometrist is not physically in the room
- Some different equipment / technology is used

7

Why is teleoptometry used?

- To explore new ways of delivering eye care as technology develops
- To improve access to sight tests in areas where there is a lack of qualified Optometrists (reported shortages in rural areas and coastal communities)
- To improve convenience for some people
- To help services manage demand and waiting times
- To offer different options, recognising that one approach may not suit everyone

8

Benefits and opportunities

- What, if anything, feels appealing or positive about the teleoptometry approach?
- What could the benefits be?
- Who could benefit the most from teleoptometry and why?

9

Concerns, barriers and risks

- Is there anything about teleoptometry that worries or concerns you, big or small?
- What risks do you think there are with teleoptometry?
- Are there any groups of people who you think teleoptometry could be more risky or not appropriate for?

10

Feeling comfortable and confident

- How comfortable would you feel about having a sight test via teleoptometry?
- What would you need to see, hear, or know to feel more comfortable?
- What information would you need to know before a teleoptometry appointment?

11

Supervision by an optometrist on site

“Adequate supervision requires you to be on the premises, in a position to oversee the work undertaken and ready to intervene if necessary in order to protect patients.”

General Optical Council Standards of Practice for optometrists and dispensing opticians

12

Supervision by an optometrist

- How important to you is it that another optometrist is physically present on the premises during a teleoptometry sight test?
- How would you feel if an optometrist wasn't on site, and instead the remote optometrist on the screen was responsible for handling any issues that may arise by instructing the technician and/or calling for another colleague present in the practice?

13

Overall reflections

- Do you feel the potential benefits of teleoptometry outweigh any risk, or is it the other way around?
- What is the one thing that would make you feel confident about teleoptometry?

14