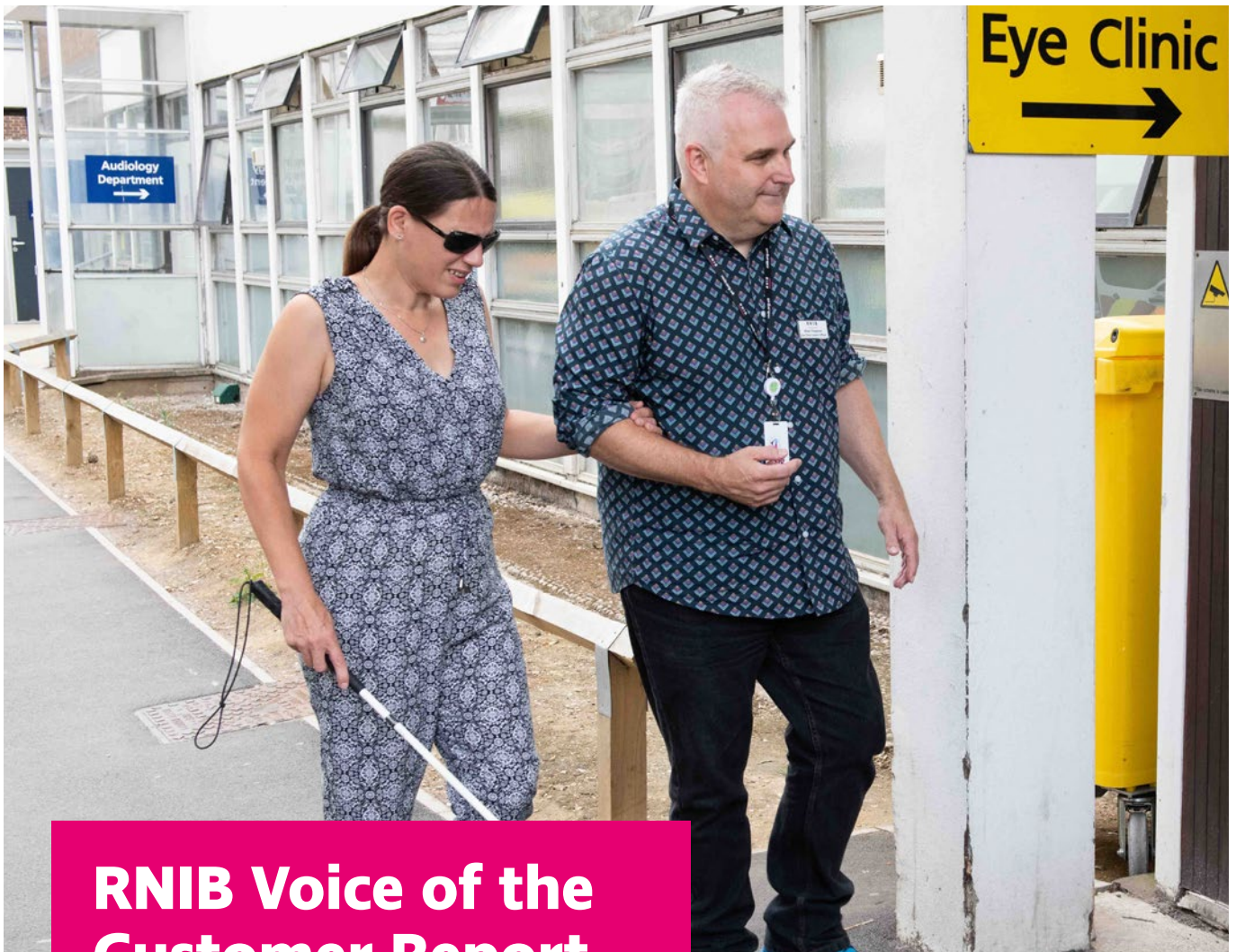


Responding to the NHS 10 year plan

Exploring public reaction towards the increased use of optometry and digital capabilities to transform eye care services



**RNIB Voice of the
Customer Report**

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Contents

- 3 Introduction
- 4 What we already know
- 5 About this research
- 7 Executive summary
- 12 Section one:** Shifting from hospital to community
- 24 Section two:** The shift from analogue to digital and the heightened role of the NHS app
- 24 Conclusion
- 24 Recommendations
- 24 References
- 24 Appendices
- 24 About RNIB's Research

Introduction

RNIB undertook this Voice of the Customer research to gain a deeper understanding of public attitudes towards the NHS England 10 year plan, with a particular focus on the future of primary eye care. The research allows us to understand the views of people with sight loss specifically.

This work was driven by the recognition that effective, accessible and local eye care is essential to maintain independence, prevent avoidable sight loss and reduce pressure on hospital services.

The NHS 10 year plan came at a critical moment for eye care services, which remain under severe pressure. Waiting lists and delays to treatment are extremely high, increasing clinical risk and the danger of people losing more of their sight unnecessarily.

Speaking in Parliament on the morning of the NHS 10 year plan's launch (4 July 2025), Health Secretary Wes Streeting responded to a question on eye care with the following statement:

RNIB's present research considered two key themes of the Plan:

- Introduction of Neighbourhood Health Centres and bringing care into the community through the increased use high street optometrists.
- Greater rollout and use of the NHS app.

This research set out to identify current gaps and pain-points in eye care services that prevent people with sight loss from fully understanding the range of primary eye care services available and accessing them as needed. We also wanted to understand how the proposed changes as part of the 10 year plan are currently perceived. Throughout the research, we embedded the lived experience of people with sight loss, as well as the general public. This experience would help us shape a set of recommendations which have the ability to aid the implementation of the plan for everyone.

“We will support more eye care services being delivered in the community, helping to create capacity within secondary eye care services too.

Patients can be assured that optometrists have the training to manage a wide range of eye conditions safely in the community.” [1]

What we already know

There are 2.2 million people with sight loss in the UK [2], of which 1 million people have correctible sight loss (e.g. refractive error) – many of which could be managed in primary eye care settings. With an additional 250 people starting to lose their sight each day, the overall number of people living with sight loss is set to double to 4 million by 2050 [2]. The need to focus on eye care is important now more than ever.

The NHS spends £4.1 billion each year on eye care, with £697 million being spent on community optometry [3]. Ophthalmology is the busiest NHS speciality [4], placing significant pressure on hospital eye care services which have long waiting lists [3]. Research has found that 75 per cent of NHS eye clinics don't have enough consultants to meet demand [4].

The NHS 10 year plan sets out a vision to ease pressure on hospital-based services, including ophthalmology departments across England. It aims to enhance patient experience and accelerate the adoption of digital technologies, while shifting more care into the community [5].

Community based optometry services already have an established role in NHS eye care [6], offering localised care services and providing a first point of contact for eye health queries [7]. In addition, many opticians practices offer appointments outside typical working hours. All of this makes them uniquely well-placed to provide these services and improve access to eye care.

While GPs and pharmacists can offer support and advice on low-risk eye concerns, community optometrists form the backbone of primary eye care as they have the skills, expertise and highly specialist equipment available to offer thorough eye examinations [8]. Additionally, reports suggest that up to 70 per cent of eye-related health concerns presented to accident and emergency departments across the UK could be treated by primary eye care professionals such as suitably qualified GPs or optometrists [9].

However, while previous research suggests the majority of optometry patients have a positive experience of accessing services and express a high level of satisfaction [10,11], Healthwatch indicate that the perceived cost of visiting an optometrist can deter people from getting an eye test [10]. Specifically, their research showed that one in seven people avoided going to the optometrist due to cost and a lack of awareness of the financial support which is potentially available to them [10]. The General Optical Council suggests that those considered vulnerable in society, such as those who are disabled, carers and those with low household incomes, are least likely to report satisfaction with their optician [11].

This research provides an updated perspective on attitudes towards optometry services within the context of the NHS 10 year plan. In particular, it draws out insights about the specific needs of people with sight loss in relation to community based optometry services.

About this research

Why primary eye care?

In 2025, UK Government launched the Fit for the Future 10 year plan introducing major changes to the way various healthcare services are delivered across England, including eye care [5]. These changes aim to cut hospital waiting lists by moving aspects of hospital care into community care hubs. This could include the monitoring and management of stable and minor eye conditions. The NHS 10 year plan has also committed to investing in improved digital services.

Therefore, it's important RNIB, the wider sight loss sector, healthcare professionals and commissioners understand the current experiences of those who use eye care services in order to shape the future of NHS eye care in England. Evaluating the current experiences of patients within primary eye care, whether positive or negative, will provide a better understanding of where change is needed and offer insight into the concerns and compliments which patients have.

Proactively gathering and analysing patient feedback enables stakeholders to pinpoint both areas of strong performance and persistent challenges. This insight is especially important as the NHS shifts towards a more community centred model of care and expands its use of digital technologies to enhance the patient experience.

Purpose of this research

The objectives of this research were to:

- evaluate public awareness of primary eye care services
- gauge perceptions of the NHS 10 year plan among both people with sight loss and the wider public, living in England, capturing their lived experiences
- identify gaps and challenges within existing eye care provisions that hinder understanding and access to primary eye care services when required
- investigate participants' views on the integration of digital technologies, such as the NHS app, within eye care delivery.

Research approach

The research followed a mixed method approach, including both an online survey and a series of online focus groups and interviews. In total, we spoke to 901 people, 886 of whom participated in the survey and 15 through our focus groups and interviews.

The survey included both individuals with sight loss and members of the general public. Of those surveyed, 58 per cent (n=513) had some degree of sight loss, while 42 per cent (n=373) were from the general public. The survey included participants from across the UK, while the NHS 10 year plan section was limited to those in England. A full breakdown of who we spoke to is available in Appendix 1.

The survey completed by people with sight loss included a mix of telephone and online interviews to encourage participation from a wide range of people – including those with limited digital access. The general public survey were conducted online.

Focus groups and interviews involved people with varying degrees of sight loss and only included people living in England.

Recruitment for both survey and focus groups occurred through various channels including advertising on social media, newsletters, use of a pre-existing participant database

and for the general public the use of targeted responses via our survey platform.

This research took place between October and December 2025.

Acknowledgments

We extend our thanks to all the participants who generously shared their lived experience. Their involvement in our focus groups, interviews and survey has been invaluable in advancing this research. Their contributions have provided us with a deeper understanding and have significantly enriched our findings.



Executive summary

Positivity toward shifting from hospital to community and optometrist led services

- **There is positivity and openness among the general public to use optometrist-led services.** The NHS 10 year plan is seen as a pivotal opportunity to enhance eye care by making services more accessible in the community and improving eye health outcomes.
- **Survey data shows high satisfaction and trust in optometrists.** This is especially notable regarding the quality of care and clarity of information, though people with sight loss are less likely to report that information is clear and understandable to them.
- **Awareness of community optometry services varies.** This highlights the need for improved promotion and public education, as many participants identified moving eye care into the community as a key priority for faster and more convenient access to eye care.

There are concerns about current optometry service models and their readiness for delivering the NHS 10 year plan

- **Cost is major barrier to accessing opticians.** Participants identified the cost of eye tests, glasses and additional services as significant barriers, with the general public more affected than people with sight loss.

- **Confidence in optometrists and sight loss awareness training needs improvement.** While most of our participants feel optometrists are well qualified, some participants with sight loss expressed doubts about the capabilities and specialist knowledge of community optometrists, highlighting the need for further sight loss training among the workforce, as well as public reassurance.
- **Lack of joined-up care impacts patient experience.** Participants stressed the importance of better digital connections and continuity between hospital and community services to prevent the need for repetitive sharing of medical histories and ensure consistent, effective care.

The shift from analogue to digital and the heightened role of the NHS app

- **NHS England's digital transformation is widely supported.** The majority of participants expressed interest in receiving digital information, though accessibility remains a significant concern for those with sight loss.
- **Uptake of the NHS app is lower among people with sight loss and older adults (65+).** Key reasons for non-use among these demographics include preference for alternative communication, lack of accessibility and limited awareness of the app's benefits.

Throughout the research, it was consistently observed that, while participants were broadly positive towards the proposed changes associated with the NHS 10 year plan, people with sight loss have concerns that community based optometry services may not meet their more complex needs. Although some people with mild sight loss or stable eye conditions may be invited to attend community based services, it's unlikely that this shift to community based care will impact those with complex eye conditions.

The experience of accessing primary eye care

We are going to introduce you to our personas before presenting the full findings of our research

We have developed personas that demonstrate the lived experience of people who use primary eye care services. They are built from multiple real experiences and verbatim quotes taken from participants in our research and aim to bring the findings to life.



Persona one: Chris

Chris is a 64-year-old male. He is registered sight impaired and has age-related macular degeneration (AMD) which was initially identified by his regular optician about five years ago. He wears prescription glasses and visits his optician annually for routine sight checks.

Chris's experience represents where primary eye care works well for people with sight loss.

"I have been with my present optician for 20 years. They've always provided very thorough and excellent care and this isn't just the optometrist – it's the whole staff.

"I have seen the modernisation of the practice and I have always had excellent, caring service. I usually spend 45 minutes to an hour with one optician that I've known for a long time. I think she feels a bit like she's sort of been part of my journey.

"She doesn't do unnecessary tests. If she knows I've been to the Eye Hospital and had a Visual Fields test recently, she wouldn't repeat that, which I quite like.

"I've stayed with them because I've always felt listened to. I just feel there is a lot of trust. I don't feel that I am having to question what they report.

"They said, 'We wouldn't normally, but I'm going to CC you in and send you the letter as well as the doctor, so you know what we've done.'

"In relation to the NHS 10 year plan, I think extending the services opticians can undertake would be of immense benefit. Currently their immense knowledge is underused and probably undervalued."

Persona two: Nadia

Nadia is a 32-year-old female. She is registered severely sight impaired due to retinitis pigmentosa (RP) which she has had since childhood and wears prescription glasses. She hasn't been with her current optician for very long and is thinking of moving to another practice because of her most recent experience.

Nadia's account shows us where primary eye care falls down for people with sight loss.

"I don't find that anybody at any point offers to make adjustments, it doesn't seem to be in their psyche to do that. They basically say just go to the back of the shop and turn left and up the stairs. So you learn to try and make your way around things as best you can.

"It was a very casual appointment in terms of a conveyor belt exercise situation. Go to this person for that and this person for that. So, I saw about three or four different people.

"When you go into the first part and they say 'what's in front of you?'. As a blind person, I can't see the board and don't know

why I'd have to do that. 'We've got something in our right hand. Can you see this?'. It's annoying sometimes when they do that.

"There was pressure certainly applied to pay the extra fee to have the photograph taken of the back of the eye. And obviously you know they were certainly kind of almost insistent that you purchased this additional service.

"Sometimes just doing the routine stuff seems a bit pointless because you know, I've got sight loss. I don't need the optician to tell me that because I know that already and the hospital is following up in terms of any decline in that.

"I think that is kind of high street opticians are not always able to deal with conditions like mine. I don't think they know what to do. I just didn't feel as heard or as understood.

"I think it would be helpful if there was a way of sharing my information with the optician so that they were more aware of what had been going on and progress of my condition."

Persona three: Alex

Alex is a 48-year-old male. He doesn't have a sight condition nor a family history of sight loss. He attends the opticians every two years for his routine sight check.

Alex offers insight into how primary eye care services operate for members of the public without sight loss.

"When I visit the optician, cost is a big factor in when and where I go.

I feel pressured to pay for scans or tests I feel I don't need. I'm not sure what is or isn't necessary. I think commercial sales should be separated from eye care.

"I don't know enough about what optometrists are qualified to do. I guess it would depend on the optometrist, and their individual expertise and resources. As long as they have the right training and equipment, I'd be happy to use them. I think an optician should be able to safely manage common issues and refer you to hospital for anything serious.

"I wasn't really aware of the 10 year plan before this. It's a good idea in principle, but only if staff are properly trained and supported, and especially if it reduces pressure on hospitals."



Section one: Shifting from hospital to community

Positivity toward shifting care from hospital to community and optometrist led services

There is a willingness to use optometrist led services

The implementation of the NHS 10 year plan will necessitate significant adaptation, particularly for those involved in the current eye care pathway. Within the research, many participants recognise the transformative potential of the plan. Echoing the sentiments expressed in participants' own words, there is a growing acknowledgement that, if approached correctly, the changes could drive substantial improvements to the system. These include offering clearer routes to care, more consistent standards and better outcomes for patients. As one survey participant remarked:

"Opticians' services are an untapped blessing. They are local, accessible and already in situ... a wasted opportunity that seems, may have been recognised at last."

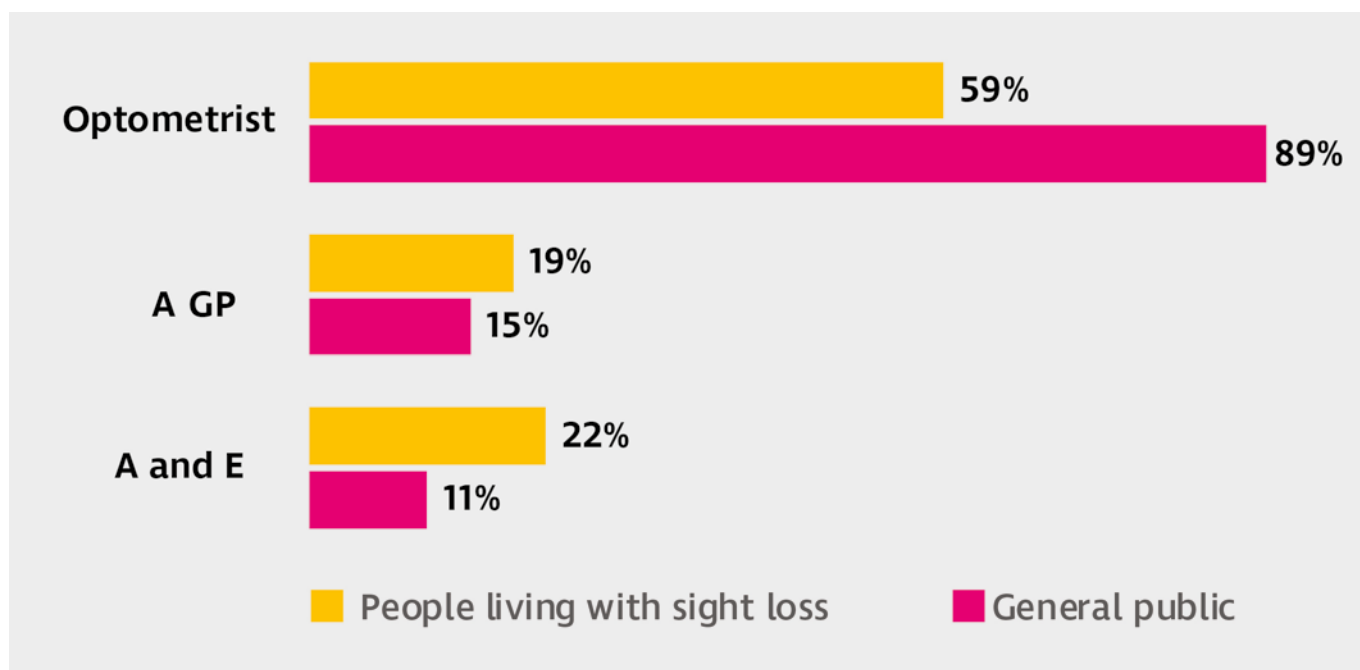
Survey participant (general public) speaking about the 10 year plan.

The plan therefore represents not just a challenge, but a pivotal opportunity to reshape and enhance eye care provision for the benefit of all.

Overall, participants showed positivity and a willingness to access optometrists as a first port of call when they need advice or support around their eyes. Within the survey, four fifths (80 per cent) of all survey participants stated that they feel supported and understood by their optometrist. Having sight loss made a difference to how supported and understood participants felt, with the general public being more likely to agree or strongly agree than people with sight loss (85 per cent compared to 77 per cent).

We also asked where participants would go for advice or support if they have a change in their vision. There was a notable difference between those with sight loss and the general public. People with sight loss were significantly less likely than the general public to report that they would visit an optometrist (59 per cent compared to 89 per cent). People with sight loss were also twice as likely to attend Accident and Emergency if they had a change in their vision (22 per cent compared to 11 per cent).

Chart 1. Bar chart showing where participants would go for support or advice if they had a change in vision by whether a person has sight loss. Data table in Appendix 2. **NB:** Participants could select more than one response. Total does not sum to 100 per cent.



It's worth noting that the higher numbers of participants with sight loss visiting hospitals is not necessarily indicative of a lack of trust in optometrists. It's likely that those with complex eye conditions have been advised to report to hospital services if their vision changes.

While some participants in the focus groups expressed concerns about accessing optometrists, they were generally open to using them if they needed advice or support for a change in their vision. Some participants even expressed being more comfortable with accessing community optometrists than hospital services. Reasons for this included fewer cancelled appointments, the locality and convenience of their local opticians practice and feeling that their optometrist was more thorough:

"I kind of feel more trust in them than I do the hospital staff and the hospital care because I feel they offer kind of a more thorough approach and they seem to show that care more. Whereas when you're in a hospital environment, they are so overloaded and eye care is... such a huge demand on the NHS."

Focus group participant with sight loss.

When considering other factors, age proved to be significant among those stating they would visit an optometrist for advice or support. Those aged 16 to 64 were significantly more likely to report that they would attend an optometrist than those aged 65 and over (79 per cent compared to 65 per cent). There are also differences

specific to the devolved nations. Primary eye care is free to those living in Scotland and chargeable in others. Similar to the research by the General Optical Council [11], people in England were least likely to report that they would attend an optometrist in the event of a change in their vision.

Table 1. The sources of support participants in the survey would use in the event of a change in their vision by UK nation*

Sources	England	Scotland	Wales
GP	19%	14%	6%
Optometrist	69%	84%	81%
Accident and Emergency	20%	6%	8%

NB: Participants could select more than one response. Total sums to more than 100 per cent. *Northern Ireland excluded from table due to small sample size.

When we asked what extent they agreed optometrists are qualified to spot the signs of an eye condition early and provide appropriate support, 7 in 10 participants from England (81 per cent) agreed or strongly agreed. However, people with sight loss were less likely to state this than the general public (77 per cent compared to 87 per cent).

As part of the NHS 10 year plan, more services for minor or stable eye conditions are likely to be brought into the community in England, with optometrists being responsible for their monitoring and management. Public trust in the qualifications and ability of optometrists is crucial to the success of the plan.

Therefore, we asked survey participants from England how likely they would be to use eye care services if they were delivered by optometrists, rather than in a hospital. There was a high level of support overall, with 78 per cent of participants saying they were quite or very likely to use these services.

While the general public were much more likely to say they would use these services than people with sight loss, there was still a high level of agreement from those with sight loss (87 per cent compared with 70 per cent).

Table 2. Likelihood of using eye care services run by optometrists by whether a person has sight loss.

Likelihood	People with sight loss	General public	Overall
Very likely	42%	51%	46%
Quite likely	28%	36%	32%
Neither likely nor unlikely	9%	8%	9%
Quite unlikely	11%	2%	3%
Very unlikely	9%	3%	6%

High level of satisfaction overall regarding opticians

The quality of care and clarity of information was an area of high satisfaction among participants. Similar to the results of research conducted by the General Optical Council which showed that overall satisfaction with opticians' services scored highly (92 per cent) [11]. Our survey showed that 9 in 10 (89 per cent) participants across the survey were satisfied or very satisfied with the care they received by the person performing their eye test, regardless of nation.

Survey participants were highly satisfied with the information provided to them, though differences in satisfaction were observed between people with sight loss and the general public, outlined in the table below:

Table 3. Satisfaction with the person performing their eye test (including care quality and understandable information) by whether a person has sight loss.

Statement	People with sight loss	General public	Overall
Satisfaction with care offered by person doing the eye test (satisfied/very satisfied)	87%	92%	89%
Satisfaction with information provided by person doing the eye test (satisfied/very satisfied)	83%	90%	86%
Was information provided was clear and understandable (yes)	81%	89%	84%

While there is a difference observed between people with sight loss and the general public surrounding whether information provided to them was clear and understandable, over four fifths (84 per cent) of all survey participants reported that the information provided to them was clear and understandable. This figure is lower than wider research by the General Optical Council which reported that 96 per cent of a general sample of people who use optometry services were satisfied or very satisfied that the information was provided to them in a way they could understand [11].

The satisfaction with the care and information provided by optometrists improves the level of trust between patient and professional. This was seen within the focus groups where consistency and communication were highly valued factors in building trust with an optometrist. Participants who saw the same optometrist each examination expressed higher satisfaction highlighting the importance of continuity of care to people with sight loss:

"I've had the same optician... she's always quite interested in what's going on... I just feel there is a lot of trust... they've always provided very thorough and excellent care... they are just extremely good."

Focus group participant with sight loss.

From sickness to prevention: Expanding the role of community optometrists in NHS Care

An aim of the NHS 10 year plan is to move from sickness to the prevention of illness [5]. Within eye care, this would include using new and existing services to provide diagnosis and early intervention, ongoing monitoring and treatment for a range of stable eye conditions.

Therefore, we questioned participants within the survey whether they knew which community services (other than hospitals) are available, should they need advice about their eyesight and eye care. Two thirds (66 per cent) of participants either agree or strongly agree that they knew what support was available to them, should they need support for an eye related condition.

We asked how well survey participants felt opticians advertised the services they provide. Both sight loss and age made a difference. People with sight loss were less likely to agree or strongly agree that opticians were advertising their services well, compared to the general public (55 per cent compared to 74 per cent). Similarly, across all survey participants, those aged 65 and over were more likely to report that they didn't know how well services were advertised (17 per cent compared to 10 per cent).

The higher the level of awareness of the services provided by optometry services, the more likely people are to use these rather than report to Accident and Emergency.

We asked participants in England what the priorities should be for the NHS as part of the 10 year plan. More than half (57 per cent) said that a priority should be moving eye care into the community, where possible, to improve convenience and allow faster access to hospital services when required. People with sight loss were more likely than the general public to report that this should be a priority (62 per cent compared to 51 per cent).

This was seen to be an advantage in the focus groups also, with participants talking about the convenience of community optometrists compared to hospital services:

"I would rather go to the optician who is local than take a bus, a train and another bus to get to my hospital for an appointment, which sometimes is cancelled by the time you get there or when you do get there you sort of like signing away four hours of life by the time they've done the drops and all the various things... whereas the optician can just sort of do it in half an hour and it's done"

Focus group participant with sight loss.

They also discussed the improvements which patients may see from more services being based in the community, especially where a person's eye condition(s) are not complex, chronic and/or degenerative:

"I've been with this condition to all four hospitals. I've waited between six and eight weeks for each appointment. If these conditions or the other conditions for people could be brought out to opticians, then yes, it's going to reduce the waiting list in hospitals... all I can hope for and keep fingers crossed is that the hospitals will become more efficient and more proactive in attending to patients that are more in need and their cases are more urgent."

Focus group participant with sight loss.

Concerns about current optometry service models and their readiness for the NHS 10 year plan

The cost of glasses and eye tests currently acts as a key barrier to accessing opticians

Cost emerged as a significant obstacle to accessing opticians. Despite many services already being free at the point of access due to NHS commission, this could negatively impact the plan and reduce engagement with community optometry services due to misconceptions primary eye services will be chargeable.

Therefore, when we asked participants from England to identify priorities for the NHS 10 year plan, reducing the cost of community eye care to the individual was deemed the biggest priority. Nearly two thirds (65 per cent) of survey participants in England indicated that lowering the cost of eye tests and glasses should be a primary objective, ensuring affordability for



everyone and supporting earlier diagnosis. This point was of equal importance to both people with sight loss and the general public.

The cost of visiting an optician was also a key concern among focus group participants, with many describing the expense of purchasing eye tests, glasses and scans as a barrier to doing so. Some felt going to the opticians was a 'money spinning operation', especially when they themselves were unsure whether they needed glasses or scans. One participant added:

**"I felt that I was viewed more as a financial opportunity than I was as a patient."
Focus group participant with sight loss.**

Financial barriers were also mentioned by survey participants across the UK. While many people stated that there were no barriers to accessing their optician (financial or otherwise), the financial barriers discussed included:

- 24 per cent said the cost of glasses or lenses.
- 13 per cent said the cost of additional services such as scans.
- 11 per cent reported the cost of the eye test.
- 8 per cent said the cost of travel to the appointment.
- 8 per cent said that they feel pressured to buy glasses or lenses they feel they do not need.

When looking at these financial barriers, people with sight loss were less likely to report the majority of these as barriers than the general public. Members of the general public were more than twice as likely than those with sight loss to cite that the cost of eye tests was their biggest barrier (17 per cent compared to 7 per cent). This is detailed in the table below:

Table 4. The top five financial barriers for participants by whether a person has sight loss.

Barrier	People with sight loss	General public	Overall
The cost of glasses or lenses	20%	29%	24%
The cost of the eye test	7%	17%	11%
The cost of additional services such as scans	12%	14%	13%
I feel pressured to buy glasses or lenses I feel I do not need	6%	10%	8%
The cost of travel to the appointment	10%	7%	8%

NB: The table is ordered by most common to least common barrier experienced by the general public and does not sum to 100 per cent.



The greater likelihood of citing the cost of eye tests as a significant barrier by the general public may reflect the fact that many blind and partially sighted people will be eligible to free sight tests as a result of their sight loss registration, age or benefit entitlement.

When discussing the NHS 10 year plan, some participants raised concerns over the potential for additional charges to access services which would previously have been free provision under hospital care:

"If community eye care services are chargeable, then this is a cynical way of making patients pay. If it is a genuine attempt to broaden community services provided, then there MUST be a communication system set up between community services and hospital specialists or people will simply lose their sight waiting to be seen. There also MUST be a broader range of services offered that benefit patients but are not necessarily profitable, as part of any NHS contract in future."

Survey participant with sight loss commenting on the 10-year plan

For the NHS 10 year plan to be successful, there needs to be reassurance that NHS eye care services formerly delivered in hospitals remain free at the point of access.

There were concerns over optometrist training and public confidence in primary eye care

A significant concern among participants was whether the level of clinical expertise would be affected by shifting services into the community, with some participants, especially those with sight loss, having significant concerns. Some comments indicated a potential lack of awareness of the training and qualifications held by optometrists. This was especially discussed within the focus groups, with one participant saying:

"I think they need a huge workforce training and upskilling and I tell you this from my own perspective. You cannot think that in the little local store, they're ready to take onboard whatever responsibility the government has given them. They need to massively invest in training"

Focus group participant with sight loss.

The survey showed more positive results. Four fifths (81 per cent) of participants said they agreed or strongly agreed that optometrists are qualified to spot the signs of an eye condition early on and provide appropriate support. However, people with sight loss were less likely than the general public to feel optometrists were qualified and were twice as likely to report that they disagreed or strongly disagreed (8 per cent compared to 4 per cent).

There were training concerns raised by focus groups participants with regards to optometrist abilities which affected the overall experience for people with sight loss.

“I think that’s an important point... increasingly relying on community opticians to follow up. They don’t always have the right [equipment] or the right skills and experience”.

Focus group participant with sight loss.

Worryingly, focus group participants also reported that some optometrists lacked awareness and understanding of specific eye conditions and sight loss. As part of delivering the NHS 10 year plan, the public need reassurance that optometrists are professionals that have the knowledge and experience needed to spot, monitor and manage eye conditions – and that they will be referred on to appropriate specialists if required.

Alongside the concerns about optometrist training, concerns around the accessibility of opticians’ practices and knowledge of how to provide reasonable adjustments were raised by focus group participants, with some detailing problems with navigating buildings once at the opticians’ practice. This included issues such as open plan layouts and the service(s) being operated across multiple floors with no lift, as well as having to navigate busy and narrow staircases with low vision. Importantly, while the majority of focus group participants didn’t request reasonable adjustments from staff members, it was noted that they were not offered any adjustments, despite it being known they had sight loss.

The lack of awareness of reasonable adjustments indicates a need for sight loss awareness training among optometry professionals. It’s important that opticians practices are empowering patients with sight loss to request reasonable adjustments with the knowledge these will be provided. Reasonable adjustments are unique to everyone but can include sighted guiding and the provision of information in alternative formats (e.g. large print, braille, etc). The Accessible Information Standard sets out guidelines within NHS services that highlight necessary adjustments to written information required for people with information access needs, such as patients with sight loss [12].

The impact of disjointed care on patient experience

A lack of joined up systems was among the top three problems which survey participants felt should be a priority for NHS England as part of its 10 year plan. Just under half (49 per cent) of all participants said that improving digital connection between hospital and community services and that services working together should be a priority for the NHS. With no difference between people with sight loss and the general public observed, this shows that a continuity of care and not having to repeat medical histories was valued by all people across primary eye care services.



A lack of continuity of care emerged as a strong theme in the focus groups. Participants described seeing a different optometrist at each visit, which meant repeatedly sharing their eye history and undergoing duplicate tests and scans. For people with sight loss, this repetition carries a significant emotional burden.

"I went to my opticians a couple of months later and said... I didn't want to do the field test. It was a bit traumatic... I really didn't want to do it... And they insisted... 'we can't do the eye test if you won't do it'. And I said, well, I'm not doing it... And I ended up walking out and going to my opticians that I'm with now."

Focus group participant with sight loss.

Although experiences like the one described above were clearly distressing for some participants, it also underscores a gap in understanding regarding the procedures that optometrists are required to follow. Optometrists must review a patient's medical history at every appointment, either by inviting the patient to recount relevant details or by consulting existing records and confirming whether all information is still accurate. This process is a standard requirement to ensure safe and appropriate care.

Alongside discussions of continuity of care, some participants highlighted the importance of having confidence in the optometrist's ability to manage their condition. Some focus group participants didn't feel confident in the ability of optometrists, with some seeming more able to deal with patients with sight loss than others:

"I think for me it's all about consistency and having the confidence that who I see can deal with what I've got because ...sometimes I feel like I've had to explain things to people like the guy I saw in September. Whereas the lady I saw in November was on it and I could have a full and frank discussion, what I call an adult discussion, no holds barred. You know where you're at."

Focus group participant with sight loss.

Participants in the focus groups also discussed the use of technology and joined up systems as a way to improve the primary care patient experience and reduce the need for repetition.

"There must be some better way of joining up so that you don't have to explain everything when you go to an optician. That they should have some basic notes of what's happened with you, what status your eyesight is at, how it's progressed, and what's been noted by a consultant last time you saw them because that will be very, very helpful."

Focus group participant with sight loss.

The use of technology is a key part of the NHS 10 year plan, with focus being placed on advancing technology and enhanced use of digital services such as the NHS app. It's therefore vital to understand the experiences of people who use NHS services to understand more about their experiences, including any challenges faced, of using the NHS app and similar digital systems.

Section two: The shift from analogue to digital and the heightened role of the NHS app

Digital solutions in eye care: Balancing accessibility and patient preferences

As part of the digital transformation proposed in the NHS 10 year plan, the NHS app and access to digital information plays a key role. Within the research, there was an appetite from both survey and focus group participants to receive some information digitally.

When it came to digital information, people with sight loss were three times more likely than the general public to report that they didn't want to receive information digitally (31 per cent compared to 10 per cent). Despite this, 7 in 10 people with sight loss wanted to receive information digitally. Table 5 below shows the main type of information that participants wanted to receive digitally.

Table 5. Table showing the top five types of information they would like to receive digitally by whether a person has sight loss.

Types of information	People with sight loss	General public	Overall
Test results	54%	71%	62%
Appointment letters	53%	67%	59%
Information about eye conditions	48%	59%	53%
Post appointment summaries	46%	53%	49%
Treatment guidance	44%	53%	48%

Participants in the focus groups were also keen to receive information digitally, from waiting lists and referral details to scans and test results:

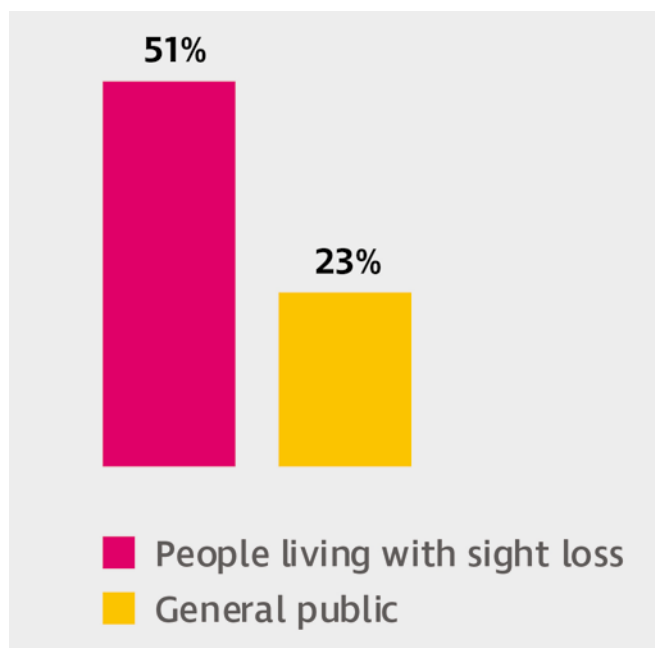
"I think on the system we want to be able to see the optician referring to the GP. We want to see all the documents. So we know where it's at... if we are waiting, we want to see where we're at instead of having to say, 'I've waited a month. I haven't heard anything. There's nothing on the system. So I'm making a phone call.'"

Focus group participant

With the NHS app proposed to play a significant role in the digital transformation for patients, understanding its usage is vital. Our research revealed that people with sight loss were more than twice as likely to report that they don't use the NHS app, compared to the general public. This is demonstrated in the chart below and data table in Appendix 3.



Chart 2. Bar chart showing the proportion of people who don't use the NHS app by whether a person has sight loss.



Despite the potential benefits of technology, when it comes to accessing info, previous research has shown that more than half of people with sight loss are late adopters of new technology [13]. Many people with sight loss also worry that as technology grows, accessibility will be left behind [13].

Alongside sight loss, age played a significant role in whether participants used the NHS app. Those aged 16 to 64 were much more likely to use the app than those aged 65 or over (72 per cent compared to 49 per cent). This correlates with RNIB research which shows that people with sight loss are much more likely than non-disabled people to be digitally excluded, especially those over the age of 65 [14].

When looking at the usage of the NHS app among older adults, we see that those aged 75 and over are much less likely to report using the app.

Table 6. NHS app usage among those aged 65 to 74 and those aged 75 and over.

Age	Do you use the NHS App? Yes
65 to 74	54%
75 and over	45%

To understand more about people's motivations for using or not using the NHS app, we asked two follow up questions. The primary reason survey participants who don't use the NHS app reported that they prefer to interact with healthcare professionals in a different way (33 per cent of participants). Other barriers included:

- Not using apps (25 per cent)
- NHS app not being accessible (20 per cent)
- Not having a smartphone or tablet (19 per cent)
- Not being aware of the benefits of the NHS app (11 per cent)
- Not knowing about the NHS app (10 per cent)
- Not thinking the NHS app will benefit them (7 per cent)

With regards to the accessibility of the NHS app, we're aware that some elements of the app are not accessible with assistive technology, making it difficult or impossible for people with sight loss to access. The requirements for steps such as taking a photo of a form of physical ID and a photo of the individual themselves for verification is a prime example. This relies on the individual having some vision, then aligning their camera with a level of precision that is difficult or impossible to do when you're blind or partially sighted.

When it came to the accessibility of the NHS app, people with sight loss highlighted some of the issues they had encountered:

"The app is a sight-dependent service, it's no use for people who are blind or partially sighted."

Survey participant with sight loss.

"It's a struggle to sign in if I'm on my mobile... I can see my digital record. It's reminding me I've got an appointment. But you've got mixed font sizes. So again, it's all about the accessibility aspect of it. And then the challenge is, what is it actually telling me?" Focus group participant with sight loss.

There are many who use the NHS app despite the challenges, with three quarters (76 per cent) of the general public and half (49 per cent) of people with sight loss using the app. The table below demonstrates reasons why people used the NHS app.



Table 7. Top five reasons for using the NHS app by whether a person has sight loss.

Reason for using NHS app	People with sight loss	General public	Overall
To view parts of your GP health record including test results, hospital appointments, and clinic letters	69%	63%	65%
To request repeat prescriptions	71%	60%	65%
To receive important messages from your GP surgery	64%	52%	57%
To book and manage GP and hospital appointments	49%	43%	45%
To find information on NHS services like pharmacies, mental health services, and vaccination bookings.	29%	14%	20%



Conclusion

In summary, this research demonstrates a generally positive outlook towards the proposed changes outlined in the NHS England 10 year plan, particularly the potential for an increased role for optometrist-led community services in eye care. Most participants, both those living with sight loss and the general public, expressed trust in their optometrists and a willingness to use their services as a first point of contact, citing convenience, thoroughness and local accessibility as key advantages. However, the findings also highlight important disparities, with people with sight loss and older adults expressing more reservations around specific barriers such as cost, lack of continuity and concerns over the qualifications and preparedness of optometrists to manage complex sight conditions.

Worries about incurring costs form a significant challenge, with the potential price of tests, glasses, and additional

services frequently cited as obstacles, particularly among the general public. Addressing these challenges and dispelling misunderstandings will be vital for a successful roll-out of the NHS 10 year plan. There is a need for greater clarity, consistency and joined-up digital solutions to ensure seamless care and improve patient experience, especially for those with complex sight conditions. While the integration of digital technologies like the NHS app is welcomed by many, accessibility issues persist, especially for those living with sight loss. There also needs to remain the option for non-digital solutions for those who don't want to be or cannot be online.

For the NHS 10 year plan to fulfil its transformative potential in eye care, it's essential to address these concerns through improved communication, investment in workforce training and a renewed focus on making community optometry services both affordable and accessible to all.



Recommendations

RNIB supports the NHS 10 year plan and its ambitions. Reflecting on this research, we present the following recommendations for the Department of Health and Social Care and the NHS to consider as part of their implementation plans:

Maintain the principle that NHS eye care services remain free at the point of access

- Reassure the public that accessing NHS eye care services in primary care settings remains free to avoid the barrier of perceived costs. Highlight the availability of concessions and financial support for glasses and eye tests.
- Ensure commissioning arrangements are structured to incentivise the delivery of primary eye care services and avoid the overselling of additional products and services (e.g. glasses and scans), so that patients feel reassured about accessing primary eye care services without financial concerns.

Raise awareness of the breadth of services which optometrists can and are providing and build trust in their ability to provide more advanced services

- Create a public education and behaviour change campaign, similar to those developed for dentistry and pharmacies, to ensure that people are aware of the services provided within primary eye care settings. Ensure specific messaging for those with eye conditions so that they know who to see for eye concerns and ongoing management post discharge from hospital.
- Highlight messaging around the benefits of using primary eye care services, such as reducing ophthalmology waiting lists and improving early diagnosis of eye conditions to reduce the risk of people losing their sight due to delays in diagnosis and treatment.
- This builds on RNIB's Value of Vision report [3] to ensure the full skillset of optometrists is effectively used in primary care.

The Single Patient Record (SPR) as set out in the NHS 10 year plan must be available to primary eye care providers to enable seamless patient care.

- The SPR will unify patient information from across the NHS and will ensure patients get seamless care no matter where they are geographically or in their clinical journey. By sharing information, patients will have a more joined up experience with fewer unnecessary tests and less need to repeat their full eye health history at every appointment. Optometrists will be better informed about their patient's eye health and communication needs.
- RNIB's Value of Vision report [3] also identified two proposals which would strengthen inter-connectivity between primary and secondary care:
- Ensure all primary eye care providers have access to advice and guidance from secondary care, helping reduce unnecessary referrals and enabling timely, informed decisions.
- Improve connectivity by ensuring all primary eye care providers have an NHS email address, supporting secure communication and more efficient information exchange.

All members of staff in primary eye care settings, from dispensing opticians to optometrists, should adopt the Eye Care Support Pathway [15] and have sight loss awareness training.

- This will build better understanding of eye conditions and the support people need throughout their eye care journey, while recognising the impact of living with sight loss. It will help ensure clinical pathways include appropriate non-clinical support (e.g. emotional support) and put reasonable adjustments in place for people with sight loss. Adjustments such as sighted guiding can make a real difference to how safely and confidently people access primary eye care services.

The NHS app must be fully accessible and usable across the entire user journey, including for individuals with sight loss who rely on assistive technologies such as screen readers.

- There should be regular accessibility and usability testing, supported by accessibility specialists and users with sight loss. In addition, comprehensive nondigital channels must be maintained to ensure equitable access to all current and future services delivered through the NHS app.
- Ensure the provision of information in alternative formats in line with accessible and care information standards, the Equality Act and Disability Discrimination Act 1995.

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Appendices

Appendix 1. Survey participants demographics

Age

51 per cent of the sample were aged 16 to 64 and 49 per cent were aged 65 or over.

The table showing the age of participants and has two columns and nine rows.

Age group	Proportion
16 to 24	2%
25 to 34	8%
35 to 44	9%
45 to 54	12%
55 to 64	21%
65 to 74	25%
75 to 84	22%
85 to 94	2%

Gender

The table below shows the gender of participants within the survey and has two columns and five rows.

Gender	Proportion
Male	35%
Female	63%
Non-binary	1%
Prefer not to say	1%

UK Nation

The table below shows the location of participants and has three columns and five rows.

UK Nation	Proportion	Number
England	81%	714
Scotland	10%	86
Wales	7%	63
Northern Ireland	3%	23

Sight status

The majority of participants were people with sight loss.

The table below shows the makeup of the groups (people with sight loss and the general public).

Sight status	Proportion	Number
Person with sight loss: Registered Severely Sight Impaired in both eyes	28%	248
Person with sight loss: Registered Sight Impaired in both eyes	21%	185
Person with sight loss: Visually impaired but do not meet the registration criteria	9%	80
General public: Has a suspected or treatable eye condition (e.g. cataract)	8%	71
General public: Has a problem with their sight correctable by glasses or lenses	26%	233
General public: Has no suspected or diagnosed eye condition	8%	69

Appendix 2. Data table for Chart 1. Table has 4 columns and 6 rows

	People with sight loss	General public	Overall
Optometrist	59%	89%	72%
GP	19%	15%	17%
Accident and Emergency	22%	11%	17%
Pharmacist	2%	5%	3%
Nurse or district nurse	3%	2%	2%

Appendix 3. Data table for Chart 2. Table has 3 columns and 2 rows

Use NHS app?	People with sight loss	General public
No	51%	23%

Appendix 4. Glossary of terms.

- **General public:** Individuals who reported either full sight, correctable vision problem, or a suspected or treatable eye condition.
- **Optician:** A business offering primary eye care services such as eye tests, contact lens fitting and dispensing spectacles, and may also provide certain hospital care services (e.g. low vision clinics).
- **Optometrist:** Qualified professionals who assess eye health, diagnose vision problems, and detect signs of injury or illness.
- **People with sight loss:** Individuals who are Severely Sight Impaired, Sight Impaired or visually impaired (not meeting registration criteria).
- **Primary or community eye care:** Care offered by optometrists at a community opticians practice. This is care outside of a hospital setting.

About RNIB's Research

RNIB is a leading source of information on sight loss and the issues affecting blind and partially sighted people. Our Research and Data Hub contains key information and statistics about blind and partially sighted people including our Sight Loss Data Tool, which provides information about sight loss at a local level throughout the UK. You'll also find research reports on a range of topics including employment, education, technology, accessibility and more.

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