Public Perceptions Research 2017

Glaucoma Patient Findings Report

The General Optical Council

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About This Research

Introduction

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

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

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

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

This report details the feedback from a focus group discussion held with those who had been diagnosed with and had received treatment for glaucoma, which formed part of the wider Public Perceptions Research project. The full report is available on the GOC website: http://www.optical.org

Methodology

The Public Perceptions Research was delivered via a mixed quantitative and qualitative approach in the form of a representative survey of the UK population, followed by a series of focus groups and in depth telephone interviews.

One of the four focus groups was held specifically with people who had been diagnosed with and had received treatment for glaucoma, who were recruited to attend the group via the International Glaucoma Association. This group specifically focused on the experiences and perceptions of this target audience, following a tailored discussion guide (a copy of the discussion guide can be found in Appendix A).

The focus group was held on 8th August 2017 in London with eight participants.
Interpretation of the qualitative feedback

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

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

Throughout this report, those who took part in focus group are referred to as ‘participants’.

Acknowledgments

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

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

Diagnosis

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

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

*My optician picked up my glaucoma and I can’t express how thankful I am to him. (Focus group participant)*

Some participants spoke of how they felt when they were first diagnosed with their condition, mentioning the feeling of fear that they might lose their eyesight. However, some were also thankful to their optician who they felt had provided support to them in what they described as a ‘difficult time’ in their lives.
I was pretty damn scared I can tell you at the age of 40ish being diagnosed with glaucoma and thinking am I going to be blind in a few years? (Focus group participant)

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

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

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

I understand those who are frightened of being diagnosed with an eye problem as we can all put our heads in the sand sometimes. (Focus group participant)

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

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

Ongoing management and care

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

The problem with A&E is that you have to wait a long time. (Focus group participant)

I was at Moorfields yesterday, appointment was at 11 o’clock. I didn’t leave until 3 o’clock. Most of the time I was just sitting there waiting to be seen. (Focus group participant)
Most participants said they did not mind the waiting times and were often prepared to wait, as they acknowledged that more often than not it is because the specialist equipment that they need is being used with another patient or an emergency has arrived at the hospital which takes precedence. However, some participants felt as if sometimes hospitals could do more to inform them how long they would have to wait for and the reason for the delay.

*My experience in the NHS, it is the field test which really delays things because they don’t have enough equipment and there is a long queue for that rather than seeing the consultant.* (Focus group participant)

*The wait doesn’t bother me but it is about managing expectations. I know perfectly well that I am going to have to wait three hours and I go prepared.* (Focus group participant)

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

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

*They keep talking to me about surgery. One person at Moorfields will say they will do it as soon as they can and the next person will tell me I’m not ready for it! It comes down to who you see.* (Focus group participant)

**Views and perceptions of opticians**

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

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

*I’ve seen the same person who owns my small independent opticians for the last 10 years. We have a relationship. I would be rather frightened if I went to any of the high street chains and saw a locum for the first time and the next time it would be someone else.* (Focus group participant)
It is one of the pitfalls of the high street. You never know who you are going to see or whether it is someone with 50 years’ experience or they came out of college yesterday. (Focus group participant)

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

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

Pressure to buy

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

I know people who have but I haven’t. I know people who have been on benefits and can only spend a certain amount and the optician has tried to sell them something beyond their means. (Focus group participant)

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

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

Conversely, there are opticians who do exactly the opposite. It depends on the individual. (Focus group participant)
Perceptions of enhanced community services

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

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

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

*It could be really dangerous if it is not thought through properly and it is not introduced properly. (Focus group participant)*

Preference for having glaucoma managed in a hospital setting

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

*They are two different animals. They provide two different services and aren’t comparable. (Focus group participant)*

*The equipment at the opticians is not of the same standard as the equipment at Moorfields. (Focus group participant)*

*They are like chalk and cheese. It is like comparing apples with pears. They provide different levels of healthcare. (Focus group participant)*

Participants felt that, as their condition was complex, a hospital would be the most appropriate place for it to be managed, as they would be reassured that appropriate equipment was on hand. All participants agreed that they would prefer to have their condition managed in a hospital.
I think hospitals can deal with complex cases much better than the high street and that is what I would expect hospitals to be for. (Focus group participant)

There is quite a lot of reassurance about going to a hospital I think. (Focus group participant)

The equipment in opticians does not match that in the hospitals. (Focus group participant)

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

I would not want to have any sort of treatment that was not hospital based. I would not trust that the person would know what they were doing elsewhere. (Focus group participant)

There is more breadth and depth of specialist eye knowledge at hospital. (Focus group participant)

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

Opticians would be appropriate for less complex conditions to be managed

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

It’s horses for courses and depends on what the issue is. If you think it is a simple issue then it’s OK, but if you think it might not be simple then it is not OK. (Focus group participant)

I’m sure they are fine for routine things but not complex. (Focus group participant)

One individual pointed out that there are different phases in glaucoma. This would mean that sometimes it is appropriate that it is treated in an opticians and at other times a hospital would be more appropriate.
You have different phases in your condition. You have stability in your condition or it begins to get out of control and you need action. In the periods of greatest stability, I would be comfortable about predominantly using my optician just to keep a check on it, but whenever there was a new development then that would not be the right place. (Focus group participant)

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

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

For me the decision has to come from the ophthalmologist. They have to say whether they want to see me in the clinic or if I am suitable for more low risk services and monitoring in an opticians. I don’t think an individual can make that decision themselves. (Focus group participant)

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

If NHS computer systems over the last few years are anything to go by, I would be terrified. (Focus group participant)

Computer systems just aren't compatible. They’ve been using Windows XP which is now obsolete so how can they talk to your optician? (Focus group participant)

My worry is the communication between the NHS and the opticians because that could cause a problem. (Focus group participant)

Some perceived benefits to enhanced services
Although no participants would want to have their condition managed and treated at an opticians, some participants could see the benefits for those who had less complex conditions. In particular they felt that waiting times in an opticians would be shorter than those in hospitals.
The waiting times in hospital are horrendous really. A four hour wait is not unusual in a hospital. That would not be the case on the high street I’m sure. (Focus group participant)

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

If you know you have to wait four or five hours, you just accept it. I always take books along with me. It’s not a problem. (Focus group participant)

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

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

It’s important for some people to have continuity of care and you can achieve that with a commercial business but you can’t always achieve that in the NHS. (Focus group participant)

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

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

There are people for whom a trip into a market town would lead them to an optician but not a hospital. For them it may be more useful than for us here. (Focus group participant)
If you look at the population basis outside of the major cities in Scotland, you’ve got vast expanses of farmland where you haven’t got a hospital within 50 miles. In that case, the optician might be your best option. (Focus group participant)

There is more urgency to increase the quality of care that those opticians can offer than those opticians in London when patients can more easily go to a hospital. (Focus group participant)

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

Wherever I lived I would want the best possible care for my eyes. If it means travelling, I would travel. (Focus group participant)
Summary

Overall, most focus group participants discovered that they might have glaucoma or an issue with their eye health from an optician, who later referred them to secondary care where they received a formal diagnosis. Some had a history of glaucoma in their family so were aware that they were more likely to develop it.

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

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

Overall, focus group participants were sceptical about having their glaucoma treated and managed by an optician within an enhanced community setting in the future. They thought that ophthalmologists had greater expertise and that hospitals had more specialist equipment to manage and treat conditions such as glaucoma. They felt that optometrists had fewer qualifications and less experience of treating glaucoma, which could pose a potential risk to their eye health. They felt opticians were more suited to providing routine care.
General Optical Council
Public Perceptions Research 2017

Appendix A – Focus group discussion guides
General Optical Council – Public Perceptions Research 2017
Glaucoma Association – Focus Group Discussion Guide

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

Introduction (5 mins)

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

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

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

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

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

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

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

Can you please introduce yourselves?

• First name
• Where you live
• When you last visited an optician
Perceptions of opticians (10 mins)

- When you think about an optician, do you think of it as a healthcare service, a retailer or a combination of both?
  - Why do you think that?
  - Do you think the same or differently when you think about a GP, a pharmacist or a dentist?

- When you visit an optician, would you think of yourself as a patient, a customer of a combination of both?
  - Why do you think that?
  - Do you think the same or differently when you think about a GP, a pharmacist or a dentist?

- Are there different times when someone might feel like a patient or a customer when they visit an optician?
  - Moderator to explore:
    - Different parts of an appointment process (booking an appointment, waiting to be seen, the eye examination, choosing frames/lenses, paying for your treatment/products)
    - Different areas of the optician (the reception area, the displays of frames, the examination area)
    - Chain opticians (Specsavers, Vision Express, Tesco etc.) vs independent opticians
    - Different types of appointment

Barriers to visiting an optician (10 mins)

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

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

- 15% of people said that they felt uncomfortable about visiting an optician due to pressure to buy glasses or contact lenses
- 13% said they felt uncomfortable due to the cost of an eye test
- 9% said they felt uncomfortable due to fear of being diagnosed with an eye health problem such as Glaucoma or macular degeneration

- What do you think to these results?
- Are you surprised or is this what you expected?

- Before your diagnosis, had you ever been put off going to an optician because of the pressure to spend money and the cost?
  - If yes, did feeling uncomfortable about going to an optician delay your diagnosis for Glaucoma in any way?

- Before your diagnosis, had you ever been put off going to an optician because of fear of diagnosis with an eye health problem?
  - If yes, did feeling uncomfortable about going to an optician delay your diagnosis for Glaucoma in any way?
Experiences of Glaucoma (20 mins)

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

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

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

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

Enhanced services (40 mins)

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

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

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

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

Enhanced optical services are increasingly being commissioned across the UK. Over recent years there has been a growing need for optometrists to become more involved with clinical services, with the NHS experiencing an increasing burden both from population increase and improved detection and treatment of eye disease.
Now let’s think about the idea of enhanced services in relation to your experiences of being diagnosed and treated for Glaucoma.

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

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

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

- Do you know the differences between an optometrist (optician) and an ophthalmologist?
  - What are the main differences?
  - Do they have different qualifications?
  - Would you trust the opinion of one of these roles more than the other?
    - Why do you say that?
  - Would you expect to receive a different level of care from these roles?
• How would you feel about having an optometrist (optician) treating/manage your condition rather than an ophthalmologist?
  o How comfortable would you feel about this?
  o What would be the potential benefits?
  o What would be the potential drawbacks?
  o Would you know whether the optometrist would need a specialist qualification to treat Glaucoma?
    ▪ How would you find this out?
    ▪ Would you expect to be told this by the optometrist?

• Do you think accessing enhanced optical services at high street opticians makes it more or less convenient for people to receive the diagnosis and treatment they need?
  o Moderator to explore – location of opticians, the number of opticians, appointment times, waiting times

• If you were dissatisfied with your experience of receiving enhanced services, would you know who to complain to?

Thank and close (5 mins)

*Moderator to thank participants for their contributions to the group.*

• To help summarise what we have been talking about this evening, what do you think are the 3 most important things we have discussed?

• Any other questions/points to raise?
• Hand out the incentive payments
• Thank & close