

# Seeing clearly? Attending sight tests and accessing opticians

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# Key findings

In our self-selecting survey we found that:

- Over two thirds (69%) of our respondents had attended an eye test in the last two years. We heard about good quality care, clear communication from optician staff and the importance of continuity of care for some people.
- However, we found that the perceived cost of visiting optician services can deter some people from getting eye tests, particularly for those on low incomes. One in seven (14%) had avoided eye care due to cost, an issue which is likely exacerbated by lack of awareness of the financial support available to people.
- As private businesses, opticians rely on the income from offering additional services to both NHS and private eye care to customers. Our survey found that of those who had attended an eye test in the last two years, 72% experienced staff offering additional services at a cost.
- Those who told us that opticians had encouraged them to take up additional paid-for services were twice as likely to say they had avoided getting eye care in the last two years, compared to those who had not experienced this (17% vs 8%).
- Nearly two in five (39%) of those who said they were 'not at all comfortable financially' were likely to say they had avoided getting eye care in the last two years due to cost compared to just 3% of those who were financially very comfortable.

## Summary of recommendations:

- The Department of Health and Social Care should review support for the costs of NHS eye care for those on the lowest incomes, to ensure that cost concerns do not deter those who are least financially comfortable from accessing eye care.
- The Government and the NHS should consider a targeted communications campaign through direct channels including the NHS App to low-income eye care patients. This should explain what help is available to help people meet the costs involved.
- The primary eye care sector should have clear guidelines for how staff should assist low-income patients without affecting their confidence in seeking care.
- Our specialist eye care [report](#) found support for the role of optometrists who work in opticians and a desire for them to do more. This report further evidences the value of high street opticians to the public. The NHS should

bring forward plans to increase the role of optometrists in care and treatment.

# Introduction

Healthy vision is something many of us take for granted – until there's a problem. Our eye care survey explored the potential barriers to care facing people who use opticians and other specialist eye care services. In this report, we use the term 'opticians' to mean optician practices rather than dispensing opticians.

An estimated 50% of sight loss is avoidable. That's why it's vital that people are able to have their eyesight tested regularly and, if there is a problem, get the help they need.

The NHS recommends eye testing every [two years](#), unless told otherwise by a medical professional. [Yet recent polling suggests](#) that millions of people are not regularly getting eye tests, with 36% of the UK population not having a test in the last two years. People on lower incomes are even less likely to have their eyes checked.

From the positive comments we gathered it was clear that opticians were supporting many people well, not just with regular sight tests, but ongoing conditions as well.

However, we also found that cost can make getting the right care difficult when people visit opticians. For example, people may decide to skip regular sight tests due to perceived costs such as additional tests, the cost of lenses, and cost of frames.

This report is focused on the strong evidence in our survey about cost barriers in eye care. We know from external evidence that there are many other barriers to improving eye care services, from [support for disabled people](#) to [knowledge of the services](#) provided by high street opticians.

Our survey also asked about people's experiences of waiting for secondary eyecare, which we covered in our report '[A strain on sight](#)'.

# What we did

We ran an online survey from July to September 2024. We shared the survey on social media, as did supportive partners. These included eye care charities, members of parliament and professional organisations, and the Healthwatch network in their local communities.

The survey was self-selecting, meaning that we relied on those people who were willing to complete the questions and had the ability to complete an online survey. It is not, therefore, nationally representative.

In addition, we commissioned ten Healthwatch to gather responses in their communities, focusing on the experiences of people from ethnic minority groups. These were:

- Healthwatch Bury
- Healthwatch Cambridgeshire and Healthwatch Peterborough
- Healthwatch Croydon
- Healthwatch Doncaster
- Healthwatch Ealing and Healthwatch Hammersmith and Fulham
- Healthwatch Lambeth
- Healthwatch Leicester and Healthwatch Leicestershire
- Healthwatch Sandwell
- Healthwatch Walsall
- Healthwatch Westminster

The survey covered:

- People's recent experience of regular eye tests.
- People's reasons for not having regular eye tests.
- People's experience of currently or recently waiting for secondary eye care.

People could respond to multiple parts of the survey.

## Who we spoke to

In total, we heard from 2,568 people about their eye care experiences.

- 1,766 people responded to the questions about having eye tests in the last two years.
- 471 people responded to the questions about currently waiting for secondary eye care.

- 580 people answered the questions about secondary eye care in the last two years.

This report looks at the survey findings about access to opticians and optician services.

Separately, we published the [findings about waiting for secondary eye care](#) in March 2025.

# Importance of eye checks

Over two thirds (69%) of our respondents had attended an eye test in the last two years. This is within the recommended time for regular checks to take place, and the proportion is broadly consistent with research published by [Vision Matters](#).

In our survey, we heard about the importance of opticians as health providers. People told us they valued condition management support, such as checking the effect of diabetes on the eyes.

**“[High-street optician] have been great. I am a type 2 diabetic and the care I have received has been great. They recommended [cataract] surgery and I have had the left eye done, and awaiting the right eye surgery. Always good value on the glasses as well.”**

People also valued clear communication from their opticians.

**“I was told what each test was for and shown on the screen the eye and told whether it was in good condition or not. I left the consulting room better informed than before.”**

Continuity of care could also be a significant reason people remained loyal to an optician.

**“The most amazing optician who is so thorough and nothing is too much trouble. He has dealt with my complex eye problems over many years and been excellent.”**

We also heard that because people have a greater choice of which opticians to visit, they were willing to move when things were not right for them.

We also asked people who didn't attend eye tests in the last two years why they hadn't done so. The main reasons for not attending were not feeling they needed to attend (25%) and not being able to afford to go (23%). In the following sections, we explore further why people might not attend eye tests due to cost.

# Eligibility for free eye care

A large proportion of the English population are entitled to [free eye tests](#). A smaller, but still large group, are also entitled to optical vouchers to [help with the cost of glasses or contact lenses](#), a scheme that has different values based on clinical need.

Groups entitled to both free tests and optical vouchers include young people and those with low incomes or in receipt of certain benefits. Free tests are also available to all over-60s and those with certain conditions such as diabetes or glaucoma.

A total of 84% of respondents to our self-selecting survey were eligible for free eye tests. 72% of people who answered our survey were aged 60 and over, and therefore entitled to free NHS eye tests based on their age.

However, many people eligible for eye care financial support are likely to find it difficult to afford extra costs. Over three in five (63%) of this group had been offered additional services at an extra cost.

**“I have an HC2 for free eye tests but the voucher doesn't cover the whole cost of contact lenses or glasses so it's an expense I ration to when I can save up for it.”**

**“NHS vouchers do not cover [two] pairs of glasses for those who need everyday glasses and reading glasses. Bi focal etc are too expensive for people like me on benefits due to disabilities.”**

# Additional services: do extra costs affect attendance?

In this section, we look at concerns about those on the lowest incomes being able to afford elements of their care. Because regular eye testing and condition monitoring is so important, a key concern is people avoiding them because of perceived barriers around cost.

First, we explore whether people were offered additional services when visiting an optician.

High street opticians, who are normally independent businesses, derive their funding in two main ways. The first is from the NHS, primarily through the General Ophthalmic Services (GOS) contract, which entitles some people to free tests and help with the cost of glasses or contact lenses.

The second is through the sale of eye tests to those not eligible for NHS-funded tests and the sale of additional services. We defined these additional services as products that went beyond a typical eye test or providing simple glasses. People may face the highest costs in this part of their visit to an optician.

The sale of eye wear and additional services, many of which are additional health services, are a core part of the income of primary eye care and [subsidise](#) eye tests.

Nearly three quarters (72%) of our self-selecting survey respondents who had visited the opticians in the last two years said a staff member had suggested an additional product or service to them.

Among those who had been offered additional services, the most frequently reported service was being offered additional tests (64%), followed by non-reflective coating on glasses (38%), and being offered an additional pair of glasses at reduced cost (37%). The table below shows the full results.



Service offered	Number	Percentage
Additional tests (such as disease scan, for example)	812	64%
Non-reflective coating on lenses	488	38%
Additional pair of glasses at a reduced cost	474	37%
Varifocal lenses	444	35%
Thin lightweight lenses	330	26%
Frames that were more expensive than I wanted to pay (i.e. metal frames or designer for example)	246	19%
Tinted lenses that were not medically required	157	12%
Other product or service	93	7%
Contact lenses	89	7%
Treatments (such as laser eye surgery from a private provider, for example)	44	3%
Private care plans	39	3%

We also asked people if they avoided eye care due to the perceived cost.

Over one in ten of our survey respondents (14%) had avoided eye care due to cost in the last two years. The groups most likely to be affected were those who had been offered additional services and those who said they 'not at all financially comfortable'.

Nearly two in five of people (39%) who said they were 'not at all comfortable financially' said they had avoided getting eye care in the last two years due to cost, compared to just 3% of those who were 'very financially comfortable'.

**“I think the cost of eye tests is shocking, and for anything more than basic frames and low prescription lenses it is highly expensive. I have four children, three of whom now need glasses. When their prescriptions were low it was great to get free tests and glasses for free on the NHS. Now two of them are really short sighted so we have to pay for thinning of lenses, and one has special lenses to slow myopia which are extraordinarily high in price. It hardly seems fair that a health service should cost this much, particularly for something that is genetic and not caused by our own fault.”**

“...Glasses are a huge expense and now I have to go every year. I have been complaining about my left eye for years now also. It is always dry and there is a cataract forming I thought it rude to pressure me to buy an expensive light after paying a fortune for new glasses. I think the person was on commission: he gave me a leaflet and was very persistent. I didn't buy one though.”

# Conclusions

Over two-thirds of respondents to our survey regularly attended sight tests within the recommended two years. We have heard that part of what makes people continue to attend is the good care and longstanding relationships at opticians. Our [companion report](#) on specialist eye care also showed support for opticians as healthcare sites. A high percentage of respondents are in favour of expansion of the healthcare services opticians deliver, such as referral and condition maintenance.

In terms of why people might not regularly attend sight tests, we found that those on lower incomes were more sensitive to the effects of being offered additional services, making this a key barrier to continuing to receive eye care.

Additional services were offered to almost three-quarters of people in this research. This is a common practice at opticians and a key source of income for them. The report has detailed how additional costs might include scans, different kinds of lenses, and frames alongside other services.

Because the NHS Low Income Scheme helps many people with the cost of eye tests, our survey focused on potential additional costs beyond this element. Our exploration of the support available for those on low incomes suggests that this support needs to be reviewed to ensure everyone can confidently access healthcare regardless of cost.

Alongside the need to review the support available, one issue may be that people are simply not aware of existing support, and this is a challenge for both the NHS and the primary eye care sector.

# Recommendations

## Review support available for NHS eye care costs

- As part of a wider review of the NHS Low Income Scheme, NHS and DHSC should review the optical voucher scheme to ensure that patients can be

confident that they can afford the eye care and other support they need. This should include establishing that both the eligibility and the voucher values are at the correct levels. Consideration should be given also to whether any additional services beyond eye wear could be included in the voucher scheme, where they are considered clinically necessary.

- Many of our survey respondents, particularly those who had been offered additional services, were avoiding further eye care due to cost. The real-terms value of NHS optical vouchers has dropped severely in recent years, by over 30% on average<sup>1</sup> and the NHS sight test fee by even more. This, alongside significant changes to eligibility for some qualifying benefits since the scheme was introduced, further raises pressure on both patients and opticians.

## Improve public confidence in seeking eye care

- The primary eye care sector must be mindful of their patients' potential financial sensitivities and should have clear internal guidelines for how staff should assist low-income patients without affecting their confidence in seeking care. This should include how to make patients aware of financial support available to them, and how to sensitively discuss additional services not covered by the NHS voucher scheme.
- The Government and the NHS should undertake a targeted communications campaign to raise awareness of the financial support available. This could be done at low or no cost by better utilising the NHS App and signposting to support through written patient communications.

## Increase the role of optometrists in diagnosing and treating eye conditions.

- [Our previous eye care report](#) called for greater use of optometrists and primary eyecare teams in diagnosing and managing eye care conditions. We believe that increasing the responsibilities and resourcing of these teams can also improve the quality of primary eyecare and lessen the reliance on additional services to deliver care. The [Optometry First](#) model offers precedent for this.

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<sup>1</sup> Healthwatch England adjusted the [April 2005 optical voucher values](#) for CPI inflation up to 2025 and compared this to the [April 2025 voucher values](#). Taking an average across each of 10 voucher categories, a 32.3% rise would be required to bring the 2025 values to real terms value of 2005 voucher values.



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