From high street retailer to provider of community eyecare? The future of the optical professions

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Do we see opticians as healthcare service providers or as retailers? **Angharad Jones** draws on research to outline some of the challenges optical professionals face in the commercial environment they operate, and explains why a balance must be struck between the needs of patients and the needs of the business.

The General Optical Council – the national regulator for the optical professions – has recently published research carried out with optometrists and dispensing opticians to explore the challenges they face at work and how they see the professions developing over the next few years. The research provides some interesting insights into the future of a sector operating in a highly competitive retail market whilst contending with the need to change rapidly to meet the needs of patients and the wider health system.

An evolving sector

As is the case across the NHS, there has been increased focus on providing eyecare services within community settings to help ease the pressure on hospitals and secondary care. For example, one study estimated around four in ten acute patient episodes managed in secondary care could instead be provided in community settings.

For optical professionals, this presents an exciting opportunity to gain additional qualifications and expand their clinical skills enabling them to play a greater role in the provision of eye health care – for example, providing low vision services and glaucoma management.

And there is overwhelming support in the professions for this change of role with nearly nine in ten of those surveyed saying they were supportive of these plans, and many were enthused by the prospect of carrying out more varied and interesting work. Some 64 per cent of optometrists have considered gaining additional qualifications, which would allow them to deliver these enhanced services. Already in the last year a significant number of optometrists in England have gained additional training in treating minor eyecare conditions, whilst almost all optometrists in Scotland and Wales are trained to this level.

Barriers to development

However, there are a number of barriers which the sector needs to overcome before the high street optician is seen as the first port of call for the management of routine eyecare problems. Not least of these is the perception amongst the public that GPs – not the high street optician – remain the place people would go if they woke up with an eye problem. Furthermore, as our research also shows, only around one in three members of the public view opticians purely as a healthcare service, and only one in five viewed themselves solely as a patient when they received optical services.

Anecdotal evidence has also suggested that the tension within a high street practice between delivering a healthcare service and being a profitable retail business can impact on patient care. Our independent study of over 4,000 optometrists shows that four in ten said they had felt under pressure at some point to meet commercial targets at the expense of patient care and a further four in ten had felt under pressure at some point to sell a product or provide a service that was not needed by a patient.



The opticians who took part in focus groups on the subject explained that this pressure could include a requirement to deliver a certain amount of sight tests in one day in order to meet company targets. This in turn meant that they sometimes did not spend as much time with patients as they would have liked. Others explained the pressure they were under to achieve targets to sell glasses or contact lenses to patients who come in for a sight test.

In the focus groups and interviews which were conducted for our research, some respondents felt that this pressure often came from non-clinical managers who were primarily concerned with meeting sales targets. Others felt that targets and commercial pressures were simply part and parcel of working in a high street opticians.

There was a feeling from those who took part in the focus groups that commercial pressures have increased over the last few years and that this trend will continue. For a small number of the respondents interviewed in the research, this has led to them to leave jobs and in some cases to leave the profession. There was also concern about whether universities and training providers were preparing students for the types of pressures that occur in daily practice.

Despite the pervasiveness of pressures, many respondents were keen to stress that they did not let the need to meet targets affect the quality of care they provided. They considered their professional integrity and duty of care towards their patient more important than meeting targets. Our research also shows that public satisfaction levels with opticians remains very high – at well over 90 per cent – and that patients themselves didn't feel under pressure from opticians to purchase services or products that they didn't want or need.

Next steps

These research findings pose a challenge to the sector to adapt their ways of working so that they are in a position to take on greater healthcare responsibilities. Whilst commercial pressures are an inevitable part of working for a business which is highly dependent on the sale of glasses and contact lenses to subsidise the loss often made by providing sight tests, a balance needs to be struck between the needs of patients and the needs of the business.

If the public and the wider NHS are to see opticians first and foremost as healthcare professionals, optical businesses will need to address the impact of the commercial environment on how they are perceived, as well as to raise awareness of the broader role of opticians in treating eye health problems, prescribing medication, and making referrals.

As the regulator of the optical sector, our primary concern is the protection of the public and so these findings, which show the extent of commercial pressures on optical professionals, are naturally of interest to us. We intend to look into this issue further as part of our review of how optical businesses are regulated and the standards that we set for them.

But we also want to make sure that we enable opticians to play a greater role in providing community based eyecare services to address the burden on eye hospitals. To do this, we are working with the optical sector to ensure that optical professionals have the skills, knowledge and behaviours to deliver care safely and with the trust of the public and the wider healthcare sector.

Note: the full report on which this article draws is available here.

About the Author

Angharad Jones is Policy Manager at the General Optical Council.