Access to Care 2026

The benefits of **eye and hearing care** in the community

Specsavers

Contents

Acknowledgements

Specsavers would like to thank **Paul and Tracey Blanchard** for sharing their personal story, showing that taking action to address hearing loss is vital for our quality of life. Thanks also to **Rozie Phelan-Beadle, Manolis Votskis, Emily Head and Kevin Liu** for sharing your professional development stories, showing how delivering care closer to home can improve access and reduce pressure on hospitals.

We are proud to partner with Glaucoma UK and support its ambition to engage more than 10,000 people living with glaucoma, ensuring their voices help shape how we respond to the need for earlier detection, timely treatment and better support.

We are also grateful to the many eye and hearing health professionals, charities and sector partners who have shared their expertise, advice and insights throughout the development of this report. Together, we can build a future where everyone has access to the care they need, when they need it.

Access to Care

Baroness Clare Gerada
General Practitioner and Cross Bench Member of the House of Lords

Service redesign based on greater use of community-based and primary care services could help mitigate the rising costs and social impacts of sensory loss, while reducing pressure on hospitals, improving access and reducing delays.

For decades, I have argued that the best healthcare systems are those that deliver more care closer to home. As a GP for more than 40 years, I have seen the value of neighbourhood healthcare: care that is accessible, preventative, person-centred and delivered by skilled professionals within the communities they serve. I have also seen the consequences when patients face unnecessary delays, fragmented pathways and over-reliance on hospital services. The challenge facing sight and hearing care today reflects those wider pressures throughout the NHS.

This report highlights the scale of that challenge. Sight and hearing loss already affects millions of people in the UK and, as our population ages, demand for services will continue to grow significantly in the years ahead. Yet much of the burden borne by individuals, families and the economy stems not from treatment costs alone, but from avoidable impacts on quality of life, independence, employment and wellbeing.

What is particularly encouraging is that this report does more than describe the problem; it sets out a credible solution. The Access to Care model proposes greater use of community-based eye and hearing services, enabling more people to receive timely care in familiar settings while reducing pressure on hospitals and GPs. Independent analysis suggests that this approach could improve access, reduce delays, generate substantial economic benefits and deliver around £16 billion in wider savings in the coming years.

The case for change is clinical and economic but above all it is about patients. Earlier intervention can help prevent avoidable sight loss, reduce the impact of hearing loss, support independence and improve quality of life. At a time when all UK health systems are seeking to shift care from hospitals into communities, this report offers practical evidence of how that ambition can be turned into reality.

Changing lives through better sight and hearing

Access to Care 2026 comes at a pivotal time for UK health services. Governments have renewed commitments to prevention, neighbourhood health and care closer to home. This, and a new Prime Minister and Health Secretary in Westminster, creates new opportunities to expand community-based eye and hearing care.

Giles Edmonds, Clinical Services Director (optics)

Gordon Harrison, Chief Audiologist

Giles and Gordon reflect on progress since our Access to Care 2023 report.

There have been encouraging signs of progress. Community glaucoma services continue to demonstrate strong clinical and economic value, reflected in new NHS Get It Right First Time (GIRFT) guidance [1].

Investment in community eye care in Wales and Scotland, growing support for hearing care and innovative commissioning from several Integrated Care Boards (ICBs) in England is helping make better use of community capacity to improve patient access.

During the past year, Specsavers has continued to play a leading role in improving access to neighbourhood eye and hearing care, helping more people receive timely support closer to home while reducing pressure on GPs, hospitals and A&E departments.

Our hearing health campaigns have helped challenge stigma and encouraged people to act sooner when they notice changes to their hearing, contributing to a **52% reduction** in the number of people who deny having a hearing problem [2].

In 2026, we expect to provide hearing care for **300,000 new patients** and deliver more than 1.5 million aftercare appointments, with more than **6,000 patients accessing our local audiology** services each week (self-referral for hearing care commissioned in 17 ICB areas).

Alongside providing around **12.5 million sight tests** last year, we delivered more than one million enhanced optical services appointments, caring for patients with urgent eye care needs (commissioned in 37 ICB areas) and glaucoma (commissioned in 35 ICB areas). This represents our highest ever level of NHS patient support.

Our home visits service provided sight and hearing care to people unable to leave their own home, including more than **36,000 care home residents**. We dispensed more than **250,000 glasses**, fitted almost **25,000 hearing aids** and referred more than **35,000 patients for further treatment** to safeguard their sight or hearing.

Innovation to save sight and protect hearing

Pioneering clinical trials

We provide OCT (optical coherence tomography) eye scans for trials in which cancer treatments may affect vision. We are also partnering with with the University of Birmingham to explore whether weight loss using weight-management medication can reduce optic nerve swelling in patients with Idiopathic Intracranial Hypertension (raised pressure around the brain).

'This trial is an example of the type of pioneering research that could ease pressure on the NHS through innovative community-focused collaboration with industry.'

Professor Alex Sinclair, Chief Investigator on IIH Advance Trial

UNIVERSITY OF BIRMINGHAM

Professor Sinclair sees the ambition as extending beyond the IIH Advance study, with the potential to use this as a steppingstone towards greater use of private providers to help reduce the burden on routine NHS care to monitor papilloedema.

Launch of Cascader-Specsavers partnership at 100% Optical 2025

Harnessing AI to save sight

Specsavers is working with medical AI company Cascader to explore how artificial intelligence can support earlier detection of eye disease and improve outcomes in community care. Building on research from Moorfields Eye Hospital and UCL, the collaboration aims to help clinicians identify disease earlier, enhance screening and meet growing demand for eye health services.

Encouraging earlier hearing checks through music

People wait an average of 10 years before seeking help for hearing loss. To encourage earlier action, we introduced a three-minute online hearing screener for people aged 50 and over. Called the Testlist, it gives participants the chance to join the guestlist for exclusive music events throughout the UK.

Innovation for sustainable hearing care

Preliminary findings from an ongoing Life Cycle Assessment study indicate that, for two comparable behind-the-ear hearing aid devices in the UK, a rechargeable hearing aid could deliver savings across multiple environmental impact categories*, compared to a standard battery-powered model [3].

Investing in ophthalmology

Specsavers is working with NHS commissioners and policy makers to create seamless pathways between optometry and ophthalmology to improve access and outcomes. Through Newmedica, we delivered more than 347,000 NHS and private appointments last year for glaucoma, cataract, medical retina and AMD patients.

Newmedica
Eye Health Clinics | Surgical Centres

In Ireland we began a partnership with Medical Optics, a family-run provider with more than 40 years' experience, caring for 19,000 patients annually. Together, we are strengthening referral pathways in Dublin and developing innovative integrated care models for the future.

medical optics

We are investing in solutions to improve outcomes, reduce barriers to care and help more people receive the support they need, when they need it.

Despite this progress, a significant gap remains between national commitments to shift care into the community and reality on the ground. Too many ICBs in England have yet to commission community eye and hearing services and some are decommissioning them, despite guidance from NHS England and strong evidence of their effectiveness. In Northern Ireland, Wales and Scotland, progress in community eye care has not yet been matched in hearing care, although recent political commitments offer grounds for optimism.

Nationwide community eye and hearing services would deliver faster access for patients, a more sustainable NHS and, as our new research shows, billions in economic savings. Patients cannot afford further delay. Our sector stands ready to work with national governments, health boards and ICBs to deliver the community-based reforms needed to transform access to care for all.

Giles Edmonds, Clinical Services Director
Gordon Harrison, Chief Audiologist

*As of September 2026, the preliminary findings suggest lower impacts from the rechargeable device in most of the 16 assessed impact categories, including human and freshwater toxicity; freshwater eutrophication; land use; minerals, metals, ozone and water depletion; and particulate matter.

Access to care in 2026 – where we are now

Wales

'Wales has made strong progress in community health through the Wales General Ophthalmic Services (WGOS) model, expanding optometrists' roles in urgent eye care, chronic disease management and independent prescribing to improve access. This comes from a truly collaborative approach and aligns with the Welsh Government's focus on prevention and care closer to home.'

Paul Morris, Specsavers Director of Professional Advancement

'There is growing recognition of the role community audiology could play in improving access to hearing care. However, ophthalmology waiting lists, workforce pressures and the lack of a national primary care audiology service continue to challenge NHS Wales. The new Plaid Cymru government has an opportunity to build on the success of community optometry with a sustainable national audiology model that harnesses the capacity and expertise that already exists through community providers.'

Angharad Morris, Head of Clinical Performance

Scotland

'Scotland has shown the benefits of investing in community care. Universal NHS-funded eye examinations, enhanced glaucoma services and independent prescribing and further investment in the National Eye Service Glaucoma Advanced Training (NESGAT) programme, are helping more stable glaucoma patients to be seen safely in the community by independent prescribing optometrists.

Together, these developments have created one of the UK's most advanced community eye care systems, improving access and reducing pressure on hospitals.'

Maria McAlister, lead Clinical Performance Consultant for Scotland and board member of Optometry Scotland

'However, rising demand, workforce shortages and capacity pressures continue to affect eye and hearing care. The SNP Government has committed to moving age-related hearing care into the community, creating an opportunity to introduce a nationally commissioned primary care audiology service that enables earlier intervention, improves access and reduces pressure on secondary care.'

Christine Robertson, Specsavers Audiology Chair for Scotland

Northern Ireland

'Northern Ireland has shown how community eye care can deliver faster access to treatment while easing pressure on hospitals. We were pleased to participate in the NIPEARSPLUS pilot, which has enabled independent practitioners to manage a wider range of eye conditions in the community. We look forward to the extension of this successful model throughout Northern Ireland.'

Jill Campbell, Head of Clinical Performance and Optometry Northern Ireland committee member

'However, hearing care remains largely hospital-based, with no commissioned pathway for age-related hearing loss, contributing to delays and capacity pressures. Expanding community audiology services would build on the success of eye care models, improving access, reducing waits and delivering care closer to home.'

Jeff Walbran, Clinical Performance Consultant

England

Eye and hearing care in England remain subject to a 'postcode lottery' with large differences in access to local NHS services between the most innovative ICBs and those that continue to focus their resources on hospital-based services. This year's Specsavers Access to Care Scale highlights this unjustified variation across parliamentary constituencies.

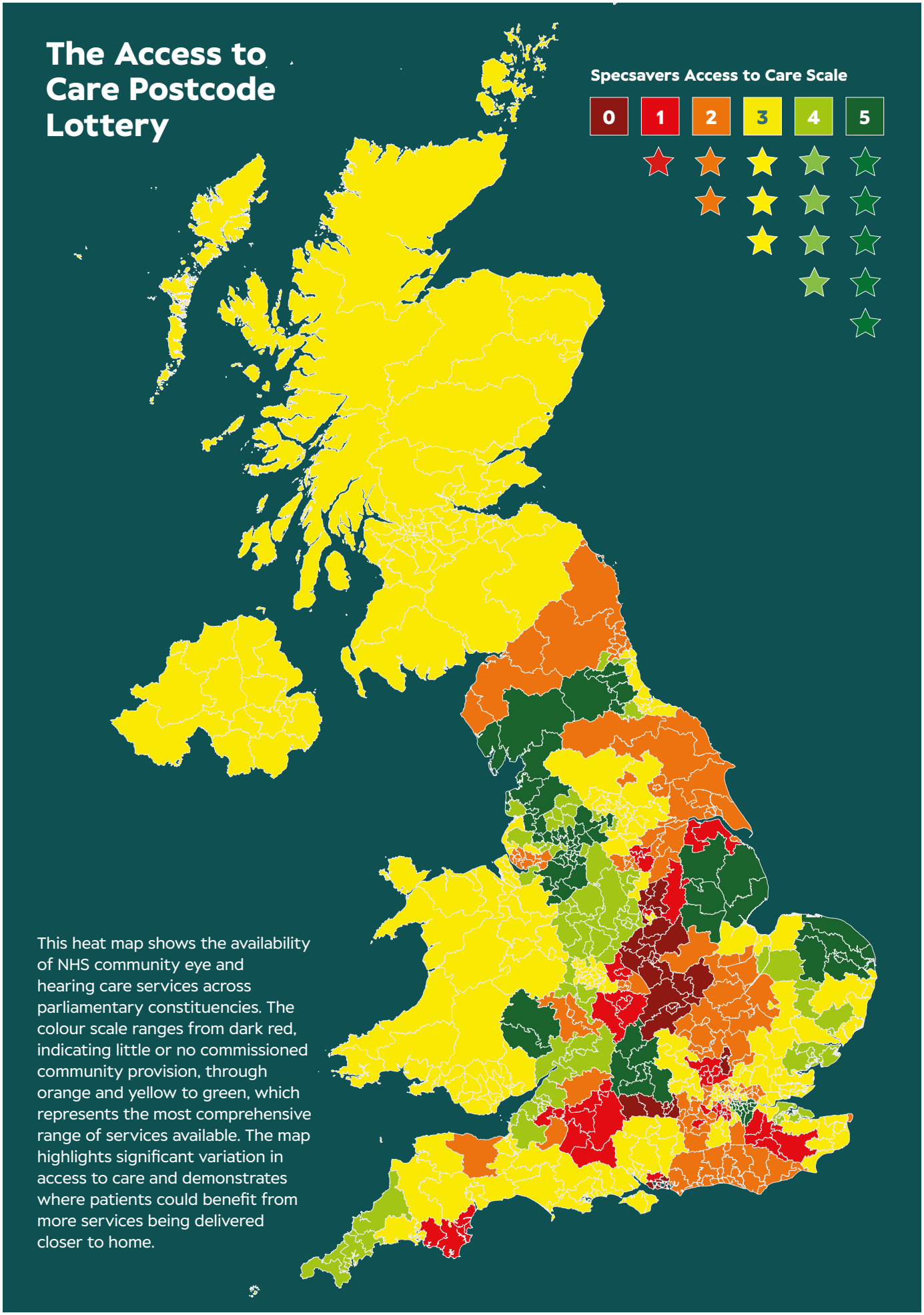
'While national policy supports shifting care from hospitals into communities, progress remains uneven. Some commissioners have not adopted proven community services, such as urgent eye care and audiology. As a result, patients continue to face unnecessary delays, while ophthalmology and ENT services remain under pressure from care that could and should be delivered closer to home, including urgent eye care, glaucoma monitoring, wax removal and hearing care for age-related hearing loss.'

Sonam Sehemby, Head of Clinical Training

'Commissioners in Greater Manchester have demonstrated what is possible when community eye care capacity is fully utilised. Spreading this best practice across all ICBs though nationally supported pathways could improve access, support earlier intervention and reduce demand on hospitals.'

Sarah Joyce, Director of Optometry

The Access to Care Postcode Lottery



This heat map shows the availability of NHS community eye and hearing care services across parliamentary constituencies. The colour scale ranges from dark red, indicating little or no commissioned community provision, through orange and yellow to green, which represents the most comprehensive range of services available. The map highlights significant variation in access to care and demonstrates where patients could benefit from more services being delivered closer to home.

Care at the heart of communities – what good looks like

Since publishing our first Access to Care report in 2003, the evidence for community eye and hearing care has become undeniable. We know what good practice looks like and commissioners should now be adopting proven models rather than delaying change.

Urgent eye care services

Community urgent eye care services enable patients with minor eye injuries and illnesses to be seen quickly by highly skilled primary care optometrists. This neighbourhood care takes pressure off overstretched GPs, pharmacies and hospital eye services.

Wales, Scotland and Northern Ireland all offer urgent eye care services nationwide. In Northern Ireland, community eye care services deliver nearly 50,000 appointments a year for patients with acute eye problems and 75% of patients using the service are managed entirely through primary care optometry [5].

While most ICBs in England now commission these services, four do not and a further nine only do so in parts of their area. Universal access through local optometrists could save

425,000 GP appointments

200,000 hospital eye service appointments and

240,000 A&E attendances each year, delivering a net NHS benefit of

£30.7 million annually [6]

'Primary Eye Care Services currently works in 800 neighbourhoods. Our services are provided via local opticians, from the smallest independent practices to the largest national chains. Last year we completed one million patient assessments. Through our work, 850,000 GP, A&E and hospital appointments were avoided. Our work with NHS Alliance [4] shows that highly skilled community optometrists, existing high street infrastructure and proven digital pathways are already helping systems manage more NHS care closer to home. The challenge now is creating the confidence, connectivity and commissioning models that allow this capacity to be used consistently at scale.'

Dharmesh Patel, CEO of Primary Eyecare Services

Community glaucoma services

Glaucoma affects more than

1 million people in the UK, with a further

600,000 expected to be affected by 2060 [7]. Although sight loss from glaucoma is irreversible, most cases can be prevented through early detection and treatment. Glaucoma already accounts for around

25% of hospital eye outpatient activity [8] while rising demand, hospital workforce shortages and follow-up backlogs continue to delay care, increasing the risk of avoidable and irreversible sight loss.

To address this, Wales, Scotland, Northern Ireland and NHS commissioners in parts of England have introduced community glaucoma pathways that make better use of primary care optometry capacity and expertise. Greater Manchester has led the way with its Glaucoma Enhanced Referral Scheme, which allows optometrists to carry out additional tests and share results electronically with hospital consultants. The scheme has reduced hospital referrals by more than 50% [9] and cut false-positive referrals to around 10%, compared with around 40% in areas without similar schemes [10].

'Optometry-led glaucoma referral filtering services and shared community-based pathways for low-risk and stable glaucoma patients, provide a proven, scalable solution that protects patients from avoidable sight loss and supports a more resilient eye care system fit for an ageing population. While Wales and Scotland are leading the way in rolling out such services, we need to ensure they are available throughout all of the UK, so that all patients can benefit, no matter where they live [11].'

Dr Paramdeep Bilkhu, Clinical Advisor at The College of Optometrists

NHS' Get It Right First Time (GIRFT) best-practice guidance [1], underpinned by robust clinical evidence, recommends a greater role for community optometrists in glaucoma care to improve access and reduce pressure on hospital eye services.

Yet too many areas of England still depend on outdated hospital-centred glaucoma pathways, to the detriment of patients. ICBs should now adopt GIRFT guidance and commission integrated glaucoma services that make full use of the expertise and capacity available in primary care optometry. Wider adoption of community-based pathways would improve access, reduce pressure on hospitals and help prevent avoidable sight loss.

Community audiology services

Hearing loss becomes more common with age, and

96% of people living with hearing loss are aged 40 or over [12]. Rising levels of age-related hearing loss are increasing pressure on ENT services. ENT UK estimates that around

half of primary care referrals to ENT could be managed in the community, including hearing tests, hearing aid fitting and ear wax removal [13]. Research for the National Community Hearing Association from the University of York found that community providers deliver NHS adult audiology pathways at

15–25% lower cost than hospital-based services [14].

While 12 Integrated Care Boards now commission community audiology services for their entire area and 14 provide partial coverage, 12 still offer no service, forcing patients to access NHS hearing care through GP referrals to hospital, often resulting in long waits.

PAUL'S STORY

'I didn't realise how much I was missing'

For many years, hearing loss gradually affected Paul Blanchard's ability to stay connected with the conversations and moments that matter most. After a career spent working in noisy factory environments, his hearing had steadily deteriorated but like many people, he adapted without fully recognising the impact it was having on his daily life.

His wife, Tracey, saw the effect clearly. Family gatherings became difficult, conversations were often missed and Paul increasingly found himself on the edge of discussions with their children and grandchildren.

Encouraged by Tracey, Paul finally booked a hearing assessment at Specsavers Hull. When he tried hearing aids for the first time, he was amazed by the sounds he had been missing, from distant conversations to the wind in the trees. 'I realised how much I'd been missing,' he said.

Today, Paul says his hearing aids have transformed his quality of life, helping him reconnect with family, participate fully in conversations and enjoy the everyday moments that hearing loss had quietly taken away. His message to others is simple: 'Don't wait. Just go and get it sorted out.'

'BSHAA is proud to represent 2,500 audiologists who provide high-quality hearing care in communities across the UK. We know that age-related hearing loss can be safely and effectively managed in community settings, yet too many patients still face long waits and unnecessary hospital referrals. Governments, Health Boards and Integrated Care Boards should make greater use of the skilled audiology workforce already serving their communities by commissioning community-based hearing care pathways that improve access, reduce pressure on hospitals and deliver better outcomes for patients. The expertise, capacity and infrastructure already exist. The challenge now is turning ambition into action.'

Michael Marchant, President of BSHAA (The British Society of Hearing Aid Audiologists)

Great care for all

New ‘Care Gaps’ research commissioned by Specsavers from Development Economics [15] shows that sight and hearing loss are already major public health, workforce and economic challenges. In 2025, an estimated:

2.38 million people have sight loss and

19.2 million adults have hearing loss in the UK

By 2040, sight loss is projected to increase by **31%**

while significant hearing loss is expected to rise by **16%**

underlining the need for faster, easier access to eye and hearing care

'At Specsavers Folkestone and Ramsgate, eye and hearing care are delivered through one integrated team. Optical and audiology colleagues understand each other's services so conversations about vision and hearing are a natural part of care. By identifying support needs earlier, the team helps people stay connected, independent and healthier for longer.'

Rozie Phelan-Beadle, Audiology Director

Specsavers' purpose is to change lives through better sight and hearing. We continue to highlight gaps in access to care because our sector has the expertise and capacity to help more people, including those in underserved groups, get the care they need.

Hearing services gap in Wales, Scotland and Northern Ireland

Wales, Scotland and Northern Ireland have led the way in developing community eye care but significant gaps in access to audiology services remain.

Wales has a national hearing care strategy and is modernising services but access to NHS hearing care is still largely reliant on hospital-based pathways, with no nationally commissioned primary care audiology service. Hidden waiting lists and variation between health boards continue to affect timely access to care.

Scotland has committed to shifting more care into communities and supports a primary care model for adult audiology, yet services are not routinely commissioned and long waits persist. The SNP's 2026 commitment to improve NHS access provides an opportunity to accelerate audiology reform and implement recommendations from the Independent Review of Audiology Services.

In Northern Ireland, adult hearing care remains almost entirely hospital-based. Rising demand and growing waiting lists highlight the need for a more sustainable model.

In all three nations, greater use of community audiology could improve access, reduce pressure on hospitals and deliver more care closer to home and at lower cost.

The need to improve access and uptake among underserved groups

Although sight loss can affect anyone at any time, several groups are at an increased risk of avoidable sight loss. South Asian communities have an increased risk of diabetes and consequently diabetic eye conditions, including diabetic retinopathy [16], and people from African and African-Caribbean groups have an increased risk of developing glaucoma [17], as do people living in areas of socio-economic deprivation [18]. Specsavers is working with Glaucoma UK to raise awareness among underserved communities and support the charity's work to give people living with glaucoma the opportunity to help shape services.

'Glaucoma UK's National Patient Voices Survey will offer a unique evidence base to help inform services, identify unmet need and ensure patient perspectives are represented in decisions about the future of glaucoma care.'

Joanne Creighton, Chief Executive of Glaucoma UK

Children

Around **one in five children under 10** experience a sight condition [19] and myopia rates continue to rise [20]. This means up to **1.6 million children** could be struggling with their learning, even though many childhood sight conditions can be successfully treated if detected before the age of **eight**, when vision is still developing [21].

'We've come together with our partners to deliver a public awareness campaign on the importance of children receiving a full sight test before they start school, around three to four years old. Children's vision plays a vital role in their learning, development and wellbeing, yet many eye conditions can develop without obvious symptoms.'

Denise Voom, Clinical Adviser at The College of Optometrists

Older people

Sight and hearing loss can have a significant impact on older people, particularly those in care homes. Up to **50% of care home residents have sight loss** [22], while **80% live with hearing loss** [23]. Poor vision and hearing are major contributors to avoidable falls; sight-related falls lead to hospital admissions that **cost the NHS £28 million annually** [24, 25]. There is also strong evidence linking hearing loss to cognitive decline and dementia. Engage and Care England say that failing to address hearing loss contributes to isolation, cognitive decline and reduced wellbeing among residents [26]. Both untreated vision and hearing loss are identified by the Lancet Commission [27] as modifiable risk factors for dementia.

'LOCSU's recent Vision, Healthy Ageing and Frailty position statement sets out why primary care optometry must be a key partner in health and social care pathway design, prevention, frailty management and neighbourhood care. Great care for all means ensuring that older people and care home residents are not left behind. LOCSU calls on commissioners and system leaders to make vision a core component of healthy ageing and frailty strategies, strengthen domiciliary and care home eye care, and engage primary care optometry as a strategic asset to improving access, outcomes and independence for some of the most vulnerable people in our communities.'

Janice Foster, CEO of LOCSU

THE COLLEGE OF OPTOMETRISTS

abdo 100 years of Dispensing Opticians
Celebrating the past. Inspiring the future
1926-2026

FODO The Association for Eye Care Providers

'Ensuring equal access for vulnerable patients'

It is deeply frustrating that access to NHS hearing care can depend on where someone lives. We provide NHS home visits to vulnerable and housebound patients in the Wirral and Liverpool, yet people in Warrington who cannot travel to a clinic or afford private care cannot access the same support. No one should be denied NHS hearing care because they are unable to leave their home or because of their postcode. A more consistent national approach to commissioning community and domiciliary hearing services is needed to ensure equitable access to NHS hearing care. **Manolis Votskis**, Specsavers Home Visits Director

Around

14%

of people experiencing homelessness have a diagnosable eye condition, roughly 10 times the rate in the general population [28]

Vendor Jack Osborne-Richardson with The Bigger Issue

Around

1 in 10

Charity VIP patients are referred to a hospital or GP

People experiencing homelessness

Ending homelessness is about more than housing. Since 2022, Specsavers has invested over **£3 million** to provide free eye and hearing care to more than **7,000 people** experiencing homelessness through pop-up clinics, out-of-hours sessions, domiciliary visits and partnerships with organisations including Crisis, Big Issue, Vision Care, Simon Community, Focus Ireland and Every Youth. Our nationwide Charity VIP scheme extends access to free care through our practice network. Combined with colleague training, these initiatives help remove barriers to healthcare and demonstrate how businesses can support efforts to tackle health inequalities.

‘They made me feel really welcome. I genuinely felt like a VIP guest.’

Jack, Bristol vendor.

‘A partnership that began with Big Issue vendors is now available to anyone experiencing homelessness. No proof, no paperwork, no cost.’
Jo Osborne, Specsavers Social Impact Lead

visioncare
for people affected by homelessness

‘The Prime Minister has made ending rough sleeping a national priority but too many people experiencing homelessness still face barriers to accessing essential eye care. We are working with Specsavers and the wider primary eye care sector to urge the Department of Health and Social Care to make a small number of practical changes that would improve access for some of the most vulnerable people in our communities:

- Remove the need for a pre-visit notification when sight testing at a day centre or residential setting
- Add homelessness to the eligibility criteria for accessing NHS eye care
- Add damage, loss or theft caused by homelessness to the eligibility criteria for NHS repairs and spectacle replacements

‘These simple reforms would help ensure that no one is left behind when it comes to accessing vital eye care.’

Hannah Telfer, Chief Executive, Vision Care

Experts who care – building the workforce we need

Workforce Supply and Capacity

Our sector is acting on the workforce pressures highlighted in our Care Gaps research, which shows that current trends suggest capacity will not keep pace with growing demand.

- The optometrist workforce continues to grow. While dispensing optician numbers peaked in 2020, rising student enrolment is encouraging and sustained focus will ensure future workforce growth.
- Audiology capacity pressures are increasing: NHS England waiting lists rose from 44,674 in April 2019 to 130,584 in April 2026, with the proportion waiting more than six weeks increasing from 1.8% to almost 42%.

'The future of eye care depends on attracting, developing and retaining skilled professionals. Dispensing opticians are regulated healthcare professionals whose expertise helps people make informed decisions about their vision and eye health. This year, we have been delighted to celebrate 100 years of the profession. Through apprenticeships, education and strong employer support, ABDO is also investing in the future workforce, widening access to the profession and strengthening the eye care services that communities rely on today.'

Alistair Bridge, Chief Executive of The Association of British Dispensing Opticians

Developing Future Talent for Sight and Hearing Care

'At Specsavers, we've seen firsthand how retail and healthcare businesses like ours can be a genuine launchpad for young people – not just a first job, but the start of a genuine career.'

Carina Hummel, Specsavers Managing Director (optics)

We welcome students from schools and universities through structured work experience, virtual learning modules and T-Level placements, helping them build the skills, confidence and experience needed for future careers at Specsavers.

'Dispensing Opticians at the Heart of Eye Care'

Emily Head began her career as an optical assistant at 16 and, by 21, had progressed through optical assistant and dispensing qualifications to become a qualified dispensing optician and practice manager. Her career has since taken her from managing two Specsavers practices in Australia to purchasing her own practice in Christchurch and serving on the UK Optics Board.

Emily describes dispensing opticians as the bridge between the eye examination and the solution a patient wears every day. She says, 'Using my clinical expertise, I ensure lenses, frames and measurements meet each patient's prescription, visual needs and lifestyle requirements. I support specialist areas, such as children's eye care and myopia management and provide clinical leadership through mentoring colleagues and helping maintain high standards of patient care.'

Emily's career demonstrates how dispensing combines clinical expertise with patient care, creating opportunities to progress into leadership, business ownership and strategic influence.

Ernestor Aguilar and The Rt Hon. Baroness Jacqui Smith of Malvern

Outstanding apprenticeships

Recognised by the Department for Education as one of the UK's top 20 large apprenticeship employers, Specsavers welcomes around 600 apprentices each year in roles including optics, audiology, manufacturing, logistics and leadership. An impressive 98% achieve distinction grades.

'Specsavers is a shining example of how employers can invest in their workforce and create real opportunities for career progression.'

Baroness Jacqui Smith, Minister for Skills

In the last 12 months Specsavers supported:

200+
undergraduate and newly qualified audiologists and hearing aid dispensers through placements

4000+
students enrolled on our accredited Cert 3 and 4 BTEC optical assistant and dispensing courses

250
trainees to qualify in Audiology Practitioner specialisms

50
optometry students through our Bright Stars Scholarship with £10,000 funding, part-time work, in-store experience and professional development opportunities.

We also offer graduate internships in diverse areas, such as frame development, HR, strategy and trading.

Specsavers has received a Princess Royal Training Award, recognising the impact our Cert 3 BTEC programme is having on developing the next generation of optical professionals.

Lifelong learning

'We support almost 1,000 pre-registration optometrists through our Pre-Reg Academy and CLiP Academy offering Clinical Learning in Practice Placements.

We invested in advanced qualifications for 345 optometrists, including Independent Prescribing and glaucoma certifications, enabling them to deliver more specialised care.

In 2025, more than 2,000 clinicians attended Professional Advancement Conference (PAC) and 1,500 attended MiniPAC events. In the latest GOC cycle we've delivered more than 150 CPD-accredited learning modules and 60,000 CPD points.'

Grant Duncan, Director of Development

Kevin Liu's career highlights how enhanced services can improve access to care and reduce pressure on hospitals

In Greater Manchester, he helped establish the Glaucoma Enhanced Referral Service, supporting patients with diagnosed or suspected glaucoma in the community.

Building on higher qualifications in independent prescribing, glaucoma, medical retina and low vision, Kevin later moved to Wales to make full use of the opportunities offered through the Welsh General Ophthalmic Services (WGOS) framework.

Today, as a practice director in Flint, he delivers advanced community eye care and helps train the next generation of independent prescribing optometrists.

The economic case for better access to care in the community

The economic impact of failing to tackle sensory loss

Our Care Gap research assessed the economic and social costs of sensory loss associated with expected growing numbers of people affected by sight and hearing loss conditions, covering direct treatment costs, other health and care costs, employment-related costs and the monetary value of reduced quality of life.

Figures updated using current population data and a 2025 price base show that **the current costs to the economy are:**

sight loss
£56.7 billion

hearing loss
£49.7 billion

By 2040, these costs are expected to rise to £70.3 billion and £56.6 billion, respectively. This increase is largely due to reduced quality of life rather than direct treatment costs, underlining the value of earlier diagnosis, treatment and support.

Revitalising the high street

By extending access to care in communities throughout the UK through a wider range of NHS and private eye and hearing health services, we are helping to improve the health of local people and playing a central role in improving the health of our high streets. By creating jobs, investing in training and supporting local economies, health providers like Specsavers are now the anchors of the modern high street.

Specsavers overall annual Gross Value Added (GVA) contribution to the UK economy in 2026

£1.767 billion

Shifting care from hospitals into the community delivers better outcomes for patients, better value for taxpayers and supports the revitalisation of high streets throughout the UK.

Future Delivery Options and Access to Care

Access to Care is Specsavers' blueprint for delivering more sight and hearing care in community settings, making greater use of primary care services to improve access, reduce waiting times and relieve pressure on hospitals and GPs. The model includes universal access to community urgent eye care, community glaucoma services, nationally commissioned primary care audiology services, and removal of prior visit notifications to improve access to care for people living in communal settings such as care homes.

Our Care Gaps analysis shows that, compared with business as usual, the **Access to Care** model could reduce overall costs by

This includes annual health and care savings of around **£102 million**, alongside wider societal savings of **£2.81 billion** through improved quality of life, increased productivity and lower social care costs.

How you can help

When Mary and I founded Specsavers more than 40 years ago, we had a clear mission: to change lives through better sight and hearing. While significant progress has been made since then, too many people still face barriers to accessing the care they need. That's why we remain committed to working alongside clinicians, commissioners, policymakers and sector partners to improve access to care and tackle health inequalities. Together, we can ensure everyone can benefit from timely, high-quality eye and hearing care.

Politicians and policy makers can help by understanding the current gaps in access to care and ensuring the necessary changes are made at a national level.

- **England** should ensure universal access to community urgent eye care, glaucoma services and self-referral community audiology.
- **Scotland** and **Wales** must maintain momentum in expanding primary care optometry while accelerating the shift of hearing care into the community.
- **Northern Ireland** should secure long-term funding for community eye care schemes and expand primary care optometry and audiology services, enabling more patients to receive care closer to home.

Local NHS commissioners and elected representatives can help by identifying gaps in locally commissioned services - the Specsavers Access to Care Scale gives a quick snapshot of the local landscape - and addressing them by adopting proven models from elsewhere in the UK.

Clinicians working in eye and hearing services can help by continuing to deliver great care, championing the role they already play in caring for the health of their local communities, and where there are gaps in access to care, helping to advocate for change.

Doug Perkins CBE, Founder and Chairman of Specsavers

References

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Patients cannot afford further delay.

At a time when health services throughout the UK face rising demand and growing waiting lists, the case for delivering more care in communities has never been stronger.

This report demonstrates how community-based eye and hearing care can improve access, support prevention, reduce pressure on hospitals and deliver significant economic benefits. Throughout the UK, neighbourhood optometrists and audiologists are already helping millions of people access timely care closer to home, yet too many patients still face a postcode lottery in access to NHS services.

The evidence is clear. Greater use of community urgent eye care, glaucoma services and audiology pathways could help health systems meet growing demand while improving outcomes for patients. **Independent analysis commissioned for this report suggests that a community-based Access to Care approach could deliver around £16 billion in cumulative savings between 2027 and 2040, alongside faster access, improved quality of life and reduced pressure on hospitals and GPs.**

Community clinicians already have the expertise, technology and capacity to do more. What is needed now is consistent commissioning, stronger integration between primary and secondary care, and the political will to make proven models available to everyone, wherever they live.

‘We’re ready to help transform access to care.’

Giles Edmonds,
Clinical Services Director (optics)

Gordon Harrison,
Chief Audiologist

This report is available to download from
www.specsavers.co.uk/reports/access-to-care-2026

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