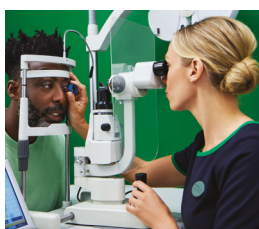
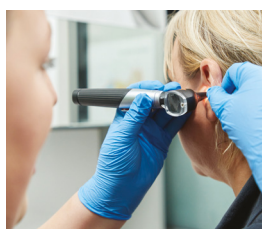


Access to care 2025

The benefits of eye and hearing care in the community



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Specsavers would like to thank **Derek and Margaret, Esther, Lena and John** for sharing their stories, helping us raise public awareness that eye and hearing care health have implications for physical, cognitive and mental wellbeing. You motivate us to improve access to care for everyone. We are grateful to all at **Glaucoma UK** for sharing your experience of supporting people with glaucoma and the opportunity to raise awareness of the need for early detection among underserved communities. We appreciate the support, advice and comment from **eye and hearing health colleagues from public, independent and academic sectors** who have contributed their expertise to this report. Together we can do so much more.

Access to Care



Matthew Taylor,
Chief Executive of the NHS
Confederation

Shifting more care closer to home – whether in our high streets, in our local community centres or through expansion of existing NHS services out of hospital – was the headline pledge of the government’s 10 Year Health Plan announced in July.

With demand on the NHS continuing to rise and an ageing population living longer with increasing complex needs (25 per cent of people now live with more than one long-term condition), changing the model of care is no longer optional. It is the only way to ensure that the NHS can recover performance and be sustainable over the long term.

This report highlights examples of innovative partnerships that are already changing the model of care in local communities. Many providers are breaking down their traditional silos to offer patients truly personalised and integrated care. I have seen first-hand the potential to do things differently. Some relatively simple changes could have a radical impact on system demand and patient experience.

For example, in June on the eve of NHS Confed Expo – our annual conference held with NHS England – I was fascinated by a visit to a local Specsavers branch in Sale, Manchester. This enabled me to understand more about their work through Primary Eyecare Services to improve access and prevent complex eye conditions. It felt like a glimpse into a future – a more sustainable, more effective NHS that not only makes a huge difference to people’s quality of life, but that also drives local economies. This in turn, can further improve health outcomes and strengthen our social fabric. However, there were opportunities to do more to maximise the skills and capabilities of staff, for example around treatment of glaucoma, and we must capitalise on these if we are to make longer-term gains.

As part of my role as chief executive of the NHS Confederation, I visit our members – health leaders throughout England, Wales and Northern Ireland – in their services every week. There is a huge appetite, locally, to do things differently just like they are in Greater Manchester. Nowhere is this more true than in primary care, where our members are working at scale to improve efficiency, quality and population health.

But the reality is that health leaders are driving this change against the tide, in a system that still focuses on individual organisational performance and too often promotes short-term thinking along with a tendency to view health only through the lens of acute services. It’s why we at the NHS Confederation, along with members like Specsavers, are building the case for a new model of care that focuses on prevention, early intervention and approaching patients as whole people not just a collection of health issues.

The 10 Year Health Plan provides the opportunity to drive this fundamental change and make the examples covered in this report - for now the gold standard - the norm. We must seize it.



Changing lives through better sight and hearing

Specsavers is the largest NHS and HSE primary care contractor in the UK and Ireland, and the leading provider of eye and hearing care for self-funded patients. As a family-owned business, its partnership model means each local practice and home visits service is owned and run by expert opticians and audiologists serving their communities. With more than 1,300 optical, audiology and home visits businesses, Specsavers supports local economies through jobs, professional development and increased high street footfall. For those unable to visit a practice unaided, services are delivered to patients at home.

Clinical leads work with local teams to ensure safe, effective care. Patients benefit from advanced technology, such as OCT eye scanners (Optical Coherence Tomography) for early detection of glaucoma and diabetic retinopathy, and AI-assisted hearing aids that enhance speech clarity in noisy environments.

Operating as a network of empowered local practices backed by global resources, Specsavers uses data and patient feedback to develop services and support pioneering

research, delivering life-changing outcomes for individuals and communities.

Neighbourhood health



Giles Edmonds, Clinical Services Director (optics)



Gordon Harrison, Chief Audiologist

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

In Scotland and Wales, optometrists can diagnose and treat eye conditions without GP referral, while in Northern Ireland, those with ocular hypertension are monitored by local optometrists. In England, access to urgent community eye care is improving and one-third of the country allows patient self-referral to NHS hearing services via high street providers.

Parliamentarians and policy makers acknowledge the role of community optometry and audiology in neighbourhood health but access remains inconsistent. Some Integrated Care Boards (ICBs) in England are withdrawing these

services, increasing hospital waiting lists and pressure on GPs, as well as diverting more patients to A&E.


We are calling for consistent community glaucoma services, universal access to urgent eye care via high-street optometrists and a nationally commissioned NHS primary care audiology service, to ensure timely care for people with age-related hearing loss.

This report highlights proven community models that improve efficiency, ensuring more patients get the care they need, as soon as they need it. Neighbourhood optical teams and audiologists already deliver vital NHS services. With 96% of the population living within ten minutes of a Specsavers practice — open seven days a week — and home visit services available throughout the UK, more care can be delivered closer to home.

Our sector has the capacity, technology and skills to do more. National governments, health boards and ICBs must make the right policy decisions to transform access, offering patients greater convenience, choice and control.

‘People are stuck on waiting lists for years on end.’

The Rt Hon Sir Keir Starmer KCB KC MP Prime Minister introducing the 10 Year Health Plan

 In England around **one in 12 patients awaiting specialist treatment** are in ophthalmology [1].

Senedd research highlights ‘**eye watering ophthalmology waiting lists**’ in Wales [2].



3.5 YEARS In Scotland some people have **waited up to three-and-a-half years** to access hospital-based hearing care [3].

In Northern Ireland the **waiting list for NHS hearing care has tripled** since 2018 [4].



‘Surely we can fix outpatients to help bring down the waiting lists’

Dr Penny Dash,
NHS Chair at NHS Confederation



JOHN’S STORY

‘Any service that understands and helps people in situations like mine is fantastic.’

John Harrison, 89, cares full-time for his wife Margaret, who has dementia. Living with pulmonary fibrosis, John struggles with mobility and recently gave up driving. When he received a Specsavers reminder for an overdue sight test, he was unsure how to attend — until he noticed the option for a home visit. He called and the Derby home visits team arranged everything. Noor and Annie visited John, conducting an eye test and health check in his living room. They updated his reading glasses



and recommended a second pair for watching golf tournaments on TV. John, an avid reader, had stopped enjoying books due to poor vision and limited access to the library. Now, with improved glasses, he plans to join the mobile library service. ‘I’ll choose history, travel and fiction — what better way to try out my new reading glasses?’ he said.

The 10 Year Health Plan for England



‘The choice for the NHS is stark: reform or die. We can continue down our current path, making tweaks to an increasingly unsustainable model, or we can take a new course and reimagine the NHS through transformational change...

‘We will reinvent the NHS through three radical shifts - hospital to community, analogue to digital and sickness to prevention.’

**Fit for the Future:
10 Year Health Plan for England.**



1. Hospital to community

There are three big opportunities to deliver the shift from hospital to community in England through more consistent commissioning of community-based eye and hearing care services and in the process eliminating the current ‘postcode lottery’ in access to care.

(All ICB commissioning data in this section are correct as of 31 May 2025).

Moving to a ‘community-first’ model of glaucoma care

Community glaucoma services allow primary care optometrists to reduce unnecessary referrals to hospital eye services and monitor at-risk patients in the community.

Around **50%**
When commissioned, community glaucoma services reduce hospital eye visits by around 50% [5].

300,000
If available across England, these services could free up 300,000 hospital eye appointments for patients who need them most.

- Five ICBs currently commission no glaucoma referral and refinement service.
- 13 ICBs currently commission no community-based glaucoma monitoring service.

‘If we are serious about building a sustainable, equitable NHS, the full power of primary care must not only be recognised but unleashed. We know where it’s working well around the country, there are massive opportunities for community optometry services to reduce demand on the rest of the NHS and deliver care closer to home for patients and the public.’



Ruth Rankine, Director of Primary Care at the NHS Confederation

Delivering urgent eye care in the community

Community Minor Urgent Eye Care Services (referred to as CUES or MECS) offer diagnosis and treatment for eye problems at local opticians.

70%
Up to 70% of eye-related A&E cases (which account for up to **6%** of all A&E attendances) could be managed through these enhanced eye care services [6].

Where the service is commissioned, 75% to 97% of urgent eye cases are fully treated by high street opticians, with no need to refer patients to hospital [6].

- Five ICBs do not commission the service at all.
- Ten ICBs commission a service for just some localities within their geography.

‘NHS Community Minor Urgent Eye Care Services provided by optometrists outside routine sight tests, offers fast treatment for sudden eye problems, like vision loss or minor injuries. Despite the proven benefits the service is not yet uniformly commissioned. Policy action is needed now to expand and fully integrated optometry-led urgent eye care services across England.’



Daniel Hardiman-McCartney MBE, Clinical Adviser at The College of Optometrists

Transforming access to NHS hearing care in the community

Many areas in England still have no primary care community hearing service commissioned.

14 Currently only 14 ICBs have an ICB-wide adult community audiology service.

NHS England says age-related hearing loss is the single biggest cause of hearing loss [7]. This can be treated safely in the community yet patients are referred to busy hospital audiology services instead.

According to ENT UK [8], the biggest challenge driving long and growing ENT waiting lists is unnecessary referrals; 50% of referrals into ENT should not be in hospital (hearing tests, wax removal, ear infections).

‘Moving NHS care for age-related hearing loss into the community is a proven model, with a third of ICBs already commissioning successful community audiology services. It’s better for patients, frees up hospital audiology services to focus on those who need more specialist care, and reduces cost per patient to the NHS.’



Danny Beales, MP, Member of the Health and Social Care Select Committee

2. Sickness to prevention

Access to eye health and hearing services quickly and close to home can play a transformative role in early detection to preserve our sight, prevent more serious conditions developing and minimising risk of further hearing loss.

Preventing avoidable sight loss

1/2

Half of all sight loss is avoidable with early detection and timely treatment, yet one in four people do not get regular eye tests [9].

700,000

Glaucoma, which affects more than 700,000 people in the UK, is a leading cause of irreversible sight loss — often without symptoms. Early diagnosis and ongoing care can help most people retain useful vision for life [10].

Community optometrists can spot glaucoma during routine eye tests and help patients manage it. Better, more consistent commissioning of community glaucoma services would help unlock the full potential of optometrists to prevent sight loss.

‘Prevalence of major eye conditions is expected to grow by 25% by 2032, seven times faster than overall population growth [11]. When it comes to glaucoma, the optometrist is our gatekeeper because 50% of glaucoma is undiagnosed. It must be detected and treated early to prevent sight loss.’



Nishani Amerasinghe,
Consultant Ophthalmologist

‘I lead an integrated service across primary and secondary care. Community optometrists now independently see low risk glaucoma patients and those who have completed treatment. They have virtual support for unstable cases. This has created significant capacity for timely care of high risk patients within the NHS.’



Professor Roshini Sanders, Consultant
Ophthalmologist

Addressing hearing health earlier to live healthier for longer

18 million

adults in the UK have hearing loss in at least one ear [12].

Hearing loss makes communication harder and can lead to loneliness, social isolation and depression [13], which can affect overall health. Untreated hearing loss has also been linked to cognitive decline and dementia.

After ageing, noise is the leading risk for hearing loss. Although more people are using hearing protection eg 20% at work (up five points in two years) and 23% at music events (up nine points since 2023), the need to raise awareness of safe listening practices remains.

Easy access to NHS hearing care should be a key part of prevention. Better and more consistent commissioning of community audiology — or ideally, a primary care service — could help tackle the wider health impacts of untreated hearing loss.

‘Hearing loss is associated with a wide range of health conditions but looking after our hearing brings immediate benefits, helping us stay connected, reducing tensions and improving our wellbeing.’



Kevin Munro,
Ewing Professor of Audiology

‘As part of our Listen For Life project, supported by the World Hearing Forum, we are campaigning for the use of hearing health testing using cutting-edge preventative health surveillance. With HELA (Healthy Ears, Limited Annoyance), we’ve launched the industry first colleague training portal. All of this supports the Night Time Industries Associations (NTIA) charter to raise awareness of hearing health and help everyone to enjoy culture for years to come.’



Rob Sheppard, Clinical Audiologist, Chair of the Listen for Life Project, member of the World Health Organization’s ‘Make Listening Safe’ Working Group, NTIA’s audiologist

3. Analogue to digital

Technology advances in primary care optometry and audiology are already highly developed.

Telehealth is already helping some patients get remote advice and consultations. In some areas, digital platforms let local clinicians securely share patient information and images with ophthalmologists or ENT doctors to agree on treatment plans.

Teleoptometry — remote sight testing — is also growing, helping patients in hard-to-reach areas access eye care.

RNIB (the Royal National Institute of Blind People) [14] estimates that, if email referrals could reduce duplication of advanced OCT retinal image scanning and visual field testing by 50%, the NHS could save £19.2m.

RNID (the Royal National Institute of Deaf People) envisages the expanded use of the NHS App will include remote follow-up and support for hearing aid adjustments [15].



The biggest barrier to fully harnessing the digital potential of primary care optometry and community audiology is poor connectivity between primary and secondary care, which limits data sharing.

‘Improving connectivity could help reduce the outpatient backlog, make care more efficient and frees up hospital space for those who really need it.’



Dr. Peter Hampson, Clinical and Policy Director at the Association of Optometrists

‘Our research with YouGov [16] shows that the majority of UK adults are interested in using digital technology for remote/self-monitoring.’



Kevin Munro, Ewing Professor of Audiology

Innovations in advanced eye scanners are constantly transforming the range of diagnostic and monitoring activities that can be carried out in high street practices.

‘OCT is a game-changer. By embedding it into NHS care, we can ease hospital pressure and catch eye conditions earlier. Specsavers has invested £45m in more than 1,000 OCT scanners and is working with Moorfields Eye Hospital and Google DeepMind at the forefront of digital transformation to achieve reliable AI diagnostic ability from OCT images.’



Paul Morris, Specsavers Director of Professional Advancement

The latest hearing devices use AI and connect to smartphones, allowing audiologists to send remote adjustments that users can upload and give feedback on directly.

‘AI is transforming audiology — helping prevent, diagnose and treat hearing issues. It speeds up testing, predicts risks like falls, and personalises care through smart hearing devices which enhance sound quality, reduce noise and connect via Bluetooth to phones and TVs. The real prize is better patient outcomes. We must lead this change responsibly, use data ethically and break down siloed care. AI gives us the chance to do better — and we must seize it.’

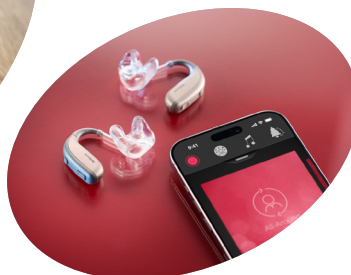


Gordon Harrison, Specsavers Chief Audiologist

Right: Line up of all ReSound accessories



Left: ReSound Vivia

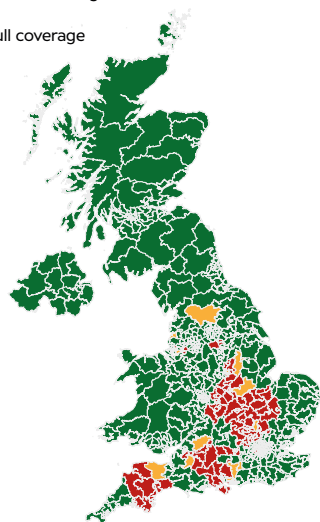


What's working well

Community Urgent Eyecare Services (CUES)

Maps key

- No coverage
- Partial coverage
- Full coverage



Above: This map shows which areas commission NHS MECS/CUES

'CUES has emerged as a flagship model ensuring timely care for patients with acute eye conditions. 80% of patients are successfully managed in the community. In areas without CUES or similar services, eye problems make up almost 10% of A&E demand but typically 1-2% in areas with these services in place.'



Dharmesh Patel, CEO,
Primary Eyecare Services

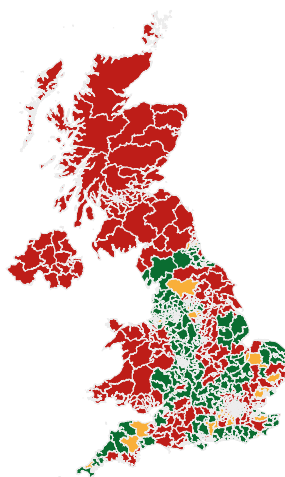
Last year Specsavers provided enhanced eye care services to more than 1.4 million people, helping to reduce pressure on GPs and secondary care.



Community audiology in Lincolnshire - better hearing health closer to home

Lincolnshire Integrated Care Board (ICB) has improved hearing care by introducing a community audiology service that's easier to access and provides continuity of care. Patients can now self-refer to any approved provider, avoiding the need for GP referral and getting faster support. The service includes a three-year care plan, tailored to each patient, and can

include re-fitting with new hearing devices if needs change, aftercare, including battery replacement and repairs, wax removal when needed to avoid delays and automatic review recalls at the end of three years. There's also a separate pathway for wax-only issues, direct referral from audiology to ENT via a triage hub, when necessary, and home visits for housebound patients. The result is a care pathway that frees up GP time to see other patients, avoids patients having to attend hospital unnecessarily, unlocking hospital capacity for those who have more complex needs.



Above: This map shows Community audiology services

'To meet the 18-week target, ENT delays must be tackled. It's time to make sure patients in all parts of England receive the care they need close to home, quickly and without unnecessary trips to the GP or to hospital.'



Danny Beales, MP, Member
of the Health and Social
Care Select Committee

Glaucoma care in the community

'Glaucoma is a leading cause of irreversible blindness, with demand for care expected to rise 16% during the next decade. It can severely impact quality of life — limiting mobility and independence. Peripheral vision loss also increases the risk of falls and hip fractures. Regular eye exams and timely access to specialist care are essential to prevent avoidable harm and preserve vision.

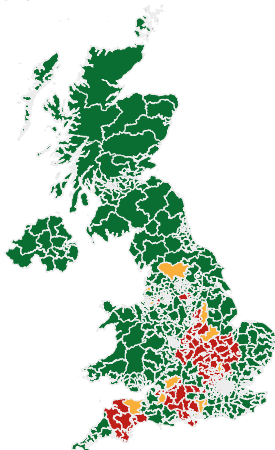
Early detection is crucial because vision lost to glaucoma is irreversible. Glaucoma is a condition that often requires lifelong monitoring and management - patients must receive repeated follow-up on time, every time. Optometrists, ophthalmologists and the NHS must work together locally to achieve this. Scotland and Wales have demonstrated that a consistent glaucoma pathway is achievable, and England should strive to implement a similar model to ensure equitable access for care for all patients.



Richard Stead, Consultant Ophthalmologist and Glaucoma Lead for Newmedica



Left: This map shows GERS (Glaucoma Enhanced Refinement Service)



Right: This map shows GRRS (Glaucoma Repeat Refinement Service)



Transforming neighbourhood eye health in Greater Manchester

Greater Manchester has a strong community-based glaucoma service, with patients only referred to hospital when needed. Referrals go through a Single Point of Access run by Primary Eyecare Services, helping to prioritise care effectively.

If a routine eye test shows high eye pressure, patients may be referred to a **Glaucoma Repeat Readings Service (GRRS)**, which funds optometrists to do extra tests. If glaucoma signs are confirmed, patients are referred for further investigation.

A Glaucoma Enhanced Referral Service (GERS) enables optometrists with additional glaucoma accreditation to review suspected glaucoma cases from other optometrists. This early triage is vital, as glaucoma causes permanent vision loss and early treatment can slow or stop its progression.

'Patients waited up to 72 weeks to be seen by hospital services. Now, it's under 18 weeks. GERS has contributed to this improvement. This shows the impact of timely detection and treatment in preventing sight loss.'

Matthew Thornton, whose Specsavers practices are part of GERS

'Enhanced glaucoma services delivered by primary care optometrists in Greater Manchester enhance the quality of referrals and the patient experience. By repeating measurements, optometrists significantly reduce false positive referrals to the hospital eye service, creating more capacity for patients with glaucoma. By providing accurate referral information, our team can triage referrals appropriately to ensure patients most at risk are prioritised. Patients benefit by only being referred if they really need to be.'



Dr Patrick Gunn, Consultant Optometrist and Head of Optometry, Manchester Royal Eye Hospital, Honorary Lecturer in Optometry, University of Manchester

'In the past four years, Primary Eyecare Services (PES) have seen more than 14,000 patients through GERS in local opticians. Half were safely discharged into the community, saving 7,000 hospital appointments. Currently active in 13 of 42 ICBs, there's a clear opportunity to expand GERS with effectively commissioned services throughout all areas of England.'



Tom Mackley, Glaucoma Clinical Lead, Primary Eyecare Services

Welsh Government innovation reducing irreversible sight loss

'Making the most effective use of skills and resources in primary care optometry and secondary care ophthalmology is the cornerstone of the eye care changes in Wales, with the sole intention of improving access and, importantly, outcomes for patients. Community optometrists are now embedded within the system of healthcare providers to 'make every contact count' to promote prevention and wellbeing advice to patients. By teasing out risks, such as smoking, diabetes and other health factors linked to ocular health, during testing optometrists can advise on healthy lifestyles, build this into patient management and link with public health programmes – all contributing to reducing the risk of chronic disease.'



David O'Sullivan, Chief Optometric Adviser for the Welsh Government

'With new treatment pathways and Independent Prescribing, patients see highly qualified community optometrists instead of going straight to hospital. Thanks to collaborative working with Welsh Government the new contract reflects this shift in skills, giving optometrists confidence that their enhanced clinical services will be properly funded.'



Judy Misra, CEO of Optometry Wales

'I went to my local optometrist with a 'floater' in my eye. She spotted a tear in my retina and I was referred straight to hospital where I had surgery.'

Ian Beatty
from Penarth

Uncovering 'hidden' waiting lists

More people are waiting for ophthalmology follow-up appointments than any other speciality [17]. The Royal College of Ophthalmologists warns that patients on hidden waiting lists face a ninefold risk of avoidable sight loss compared to new patients [18].

Unlike other UK nations, where waiting time data is based on referral to first appointment, NHS Wales records and manages follow-up hospital eye appointments within existing hospital systems. Data will be made available to patients.

'Understanding waiting times for follow-up appointments helps people make decisions about their long-term treatment. Newmedica is calling for greater transparency by all providers about glaucoma waiting lists, both new and follow-up, to give patients informed choice.'



Nigel Kirkpatrick, Consultant Ophthalmologist and Newmedica Medical Director

Clinical leadership and innovation in the community

Our expert team delivers the full range of Welsh General Ophthalmic Services, including Independent Prescribing, glaucoma care, medical retina and urgent eye care – relieving pressure on hospitals. We see more than 500 patients weekly, with 25% of activity in enhanced eye care services. Partnering with Cwm Taf Morgannwg Health Board, we piloted community glaucoma monitoring, helping shape future care. Using hospital-grade technology, we perform OCT scans, visual field tests and IOP checks, sharing results in real time with consultants. This ensures patients are either referred or safely monitored locally. Supported by the Welsh Government, this model ensures lower-risk patients are safely managed in the community with consultant oversight.'

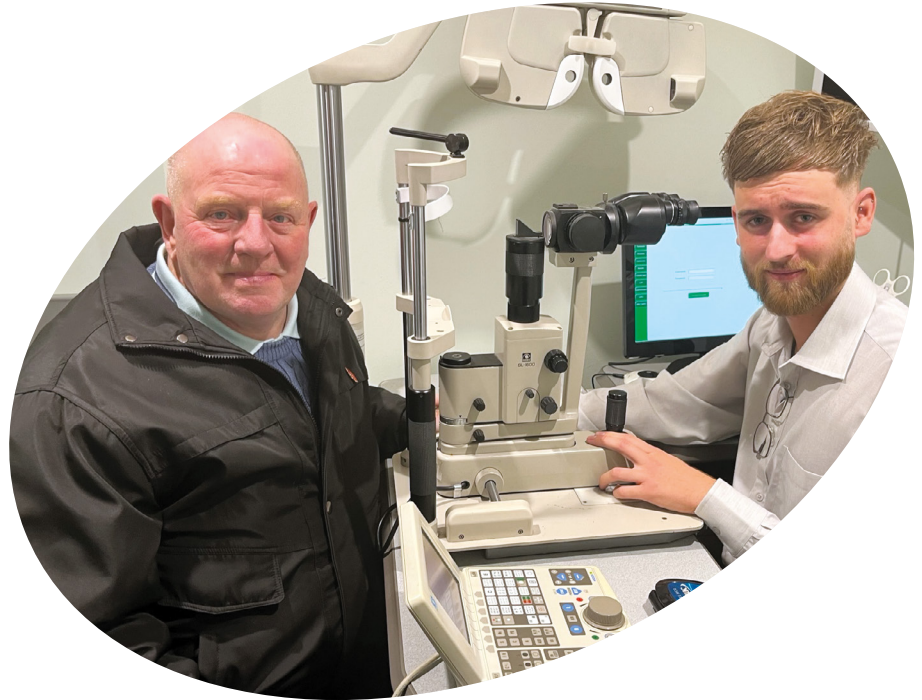


Brian Borland, Optometry Director, Specsavers Merthyr Tydfil



Community Eye Care in Scotland

Around 450,000 people use Scotland's hospital eye services annually [19], with glaucoma patients making up 25%. To ease pressure on hospitals, the Scottish Government has invested in training and infrastructure so optometrists can manage complex cases locally. Through NESGAT training, IP-qualified optometrists can prescribe medication and treat glaucoma patients discharged from hospitals. Optometry Scotland estimates this avoids 350,000 hospital visits yearly. This model is especially valuable in rural areas with limited access to hospital-based services.



'After a routine eye test I was given an urgent referral to my local A&E department. I'm now on stronger medication to keep my blood pressure under control.'

William (Billy) Rolls from North Lanarkshire



Michael O'Kane with patient Jeff Banks

'As a NESGAT-accredited optometrist, my role is to independently manage stable glaucoma patients, easing the pressure on hospital services. My clinics also serve as IP referral centres under the new GOS system, managing specific eye diseases and offering trusted onward referrals to secondary care when necessary. I maintain strong partnerships with NHS Lothian, ophthalmologists, GPs and pharmacists, ensuring well-established pathways and integrated care across the region.'

Michael O'Kane, Clinical Director at Specsavers Morningside and Cameron Toll

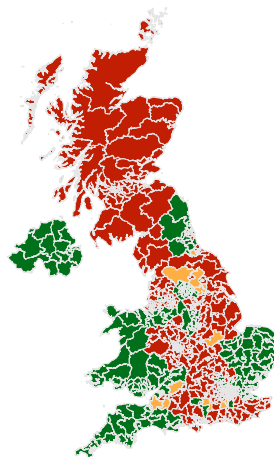
'Collaborative working between the hospital eye services and community-based optometrists such as Michael O'Kane, who have advanced clinical training, helps avoid unnecessary referrals.'



Andrew Tatham, Consultant Ophthalmologist with NHS Lothian and NHS Scotland, President of the UK and Eire Glaucoma Society

Glaucoma shared care in Northern Ireland

Northern Ireland has integrated provision for the diagnosis, treatment and monitoring of glaucoma patients and those with ocular hypertension (OHT), underpinned by effective collaboration between optometrists and ophthalmologists.



Above: This map shows glaucoma and OHT monitoring services

'As accredited primary care optometrists with additional glaucoma qualifications, we triage referrals and monitor patients with ocular hypertension discharged from hospital care. This reduces false positives and ensures timely access to consultant-led services. Through local glaucoma schemes, we perform defined clinical tests to enhance case finding. Our close collaboration with the Eye Casualty department supports a seamless, community-based approach to managing glaucoma and improving patient outcomes.'



Paula Cunningham, Optometry Director, Specsavers Connswater

The need to improve UK hearing services

Despite rising demand and stretched hospital services, there is no NHS primary care audiology in communities in Wales, Scotland and Northern Ireland. In some parts of Wales, secondary care delivers audiology in the community. While this improves access, it does not increase capacity or reduce waiting times, as it relies on the same pool of audiologists. Adult audiology services delivered by hospital-based providers cost 15-25% more than the same care provided by community based services.

Scotland



Patients in Scotland can wait up to **90 weeks** for an initial hearing loss assessment and more than **200 weeks** for follow-up appointments post-hearing aid fitting

Hearing loss is estimated to cost the Scottish economy upwards of **£2 billion** annually

Specsavers is calling for a transformation in access to hearing care services in Scotland by asking the next Scottish Government to:

1. Deliver a nationally commissioned primary care audiology service which fully utilises existing community-based providers and frees up hospital resources and staff to concentrate on complex cases.
2. Ensure that NHS wax removal services are available in the community so the ability to pay is not a barrier to people getting the ear care they need quickly and conveniently and at a low cost to the NHS.

'Without a community audiology service, patients face long waits and must travel to hospitals, which is especially hard for rural communities. Other parts of the UK offer community audiology services that are quicker, more accessible and up to 25% cheaper than hospital-based care.'



Jackie Baillie,
MSP for Dumbarton

Wales



Waiting times for NHS audiology services in Wales have **doubled** since January 2020

To tackle high waiting lists - and ensure patients get timely, quality care - Specsavers is calling on the Welsh Government to make use of the capacity and expertise that community-based providers can provide and to:

1. Develop a nationally commissioned primary care audiology service which fully utilises existing community-based providers and frees up hospital resources and staff to concentrate on complex cases.
2. Involve the primary care audiologists in the implementation and delivery of the new Future Approach to Audiology framework.

'Hospital audiology waiting lists have continued to grow. A third of the Welsh population who live in rural areas face particular difficulties accessing hospital-based audiology services. We could and should be making much better use of high street audiologists working in the community who are already delivering vital health care.'



Joel James,
MS for South Wales Central

Northern Ireland



The local economy loses around **£650 million** a year in lost productivity due to hearing loss

All HSC hearing care in Northern Ireland is delivered by the local Trusts. The latest full waiting time data from the Department (September 2023) shows that 12,266 patients are waiting for an audiology appointment, a figure which has been steadily increasing since 2015.

Specsavers is calling on HSC Northern Ireland to commission primary care audiology in neighbourhood communities.

By working together, we can improve access to hearing assessment, wax removal, hearing device fitting and, importantly, rehabilitation and ongoing aftercare. Delivering more care, closer to home, would release capacity in hospitals for patients who need the specialist services that are only available in hospital.

'Untreated hearing loss impacts every aspect of life and demand for hearing care is increasing in Northern Ireland. We need a whole system solution based on integrated working between primary and secondary care to treat more people in a cost-effective way.'



Kellie Armstrong,
Alliance MLA for Strangford



The 'Big Bang' discovery event 2025

Growing the economy

Through our work to extend access to care, Specsavers is embedded in local communities and neighbourhoods throughout the UK, supporting local economies, creating jobs and revitalising high streets.

The annual Gross Value Added (GVA) generated directly by Specsavers to the UK economy in 2023:

£1.097 billion



In 2024, we were named the eighth Best Workplace in Europe and 16th best in the world.

Nurturing the next generation

- Working with schools and universities to encourage young people into STEM (Science, Technology, Engineering, Mathematics) careers.
- Hosting in-person and virtual work experience placements for more than 3,000 students in the last year.
- Each year, we support 100 optometry students with Bright Futures Bursaries and award 40 Bright Stars Scholarships, offering £10,000 in resources to aspiring optometrists in underserved areas.

'My part-time job at Specsavers gave me valuable insight into the day-to-day life of an optometrist; the bursary makes entering the profession more accessible to me.'

Jacob Allan, Bright Futures star, Specsavers Glenrothes



World-class clinical development

'To deliver high-quality care, we're constantly developing our workforce and investing in advanced training — equipping teams across practices, home visits, support offices and supply chain sites with future-ready skills.'



Grant Duncan, Director of Professional Development

+100,000 CPD POINTS

More than 100,000 Continuing Professional Development (CPD) points awarded in the 2022–2024 development cycle

+2,000 CLINICIANS TRAINED

More than 2,000 optics and audiology clinicians attended our annual development conference, open to all

+1,000 OPTOMETRY GRADUATES

More than 1,000 optometry graduates attend our weekly Pre-Reg Academy courses as they progress through the Scheme for Registration

380 PROF CERTS AND INDEPENDENT PRESCRIBERS

Almost 380 optometrists enrolled onto Professional Certificates and Independent Prescriber courses

180 NEW HADS

newly qualified Hearing Aid Dispensers (HADs) supported

300 AUDIOLOGY CLINICIANS TRAINED

Almost 300 audiologists completed clinical training qualifications

Outstanding apprenticeships

'Apprentices bring enthusiasm, curiosity and a fresh perspective. Many go on to mentor others, open stores and inspire the next generation.'



Dena Wyatt, Head of Apprenticeships

More than

+700

apprentices each year

98%

distinction rate

'An audiology apprenticeship is the best way for the student to get support and earn while they learn — in clinic from day one! We also pay 50 university students annually as they undertake clinical



placements with us.'
Laura Monaghan, Head of Audiology Early Careers



'I've just qualified in wax removal after community-based training. I'm excited to get started.'

Cian Burton, apprentice, age 21



A delegate at Specsavers Professional Advancement Conference

'Dispensing opticians are a vital part of the optical workforce. We're providing funding to make it easier to access the dispensing optician apprenticeship programme. So far this has helped 180 colleagues to progress their career.'



Kirsteen Newman, Head of Dispensing Development

'We're innovating to help practitioners thrive in modern healthcare. The modular approach of our Audiology Practitioner programme enables patient care once competency is met. Our audiology graduates training includes time with Crisis, supporting our homelessness initiative — gaining clinical experience while making a meaningful social impact.'

To stay relevant in our fast-evolving field, clinicians need structured CPD, product education, employer support, feedback and opportunities for progression. Audiologists must lead change — not wait for it — especially with AI reshaping the field.'



Sonam Sehmby, Head of Audiology Clinical Training



Delegates at Specsavers Professional Advancement Conference



PRINCESS ROYAL TRAINING AWARD 2024



Michael and Hillary Whitehall



Tackling stigma and denial about age-related hearing loss

Tackling stigma about age-related hearing loss

Stigma and denial about age-related hearing loss continues to result in people delaying seeking access to the care they need or even going without care at all [20]. In line with BIHIMA's 2024/2025 audiologist survey [21], the EuroTrak 2025 [22] data suggests that stigma around hearing instruments is improving: 70% of users say they never feel mocked or rejected because of their devices, up from 64% in 2022. However, barriers like denial of hearing loss persist and remain a reason for non-adoption.

Eurotrak data also shows that while hearing aid users report better quality of life and satisfaction in most listening situations — including challenging ones like noisy rooms and group conversations — hearing aid adoption in the UK is declining. The adoption rate among people with self-declared hearing loss has dipped slightly to 50.5%, down from 52.8% in 2022.

Clearly more needs to be done to raise awareness among people with hearing loss and encourage them to seek help earlier.

From bickering to better hearing

Michael and Hilary Whitehall lifting the lid on how hearing loss has affected their relationship and the importance of taking action.

'I'd always blamed our usual bickers on Hilary's mumbling. It turns out I have a little bit of hearing loss. Now I've been fitted with a hearing device I've realised how much I was missing.'

'That's why Specsavers plays a leading role in sector initiatives to get the nation talking and thinking about hearing and to help people embrace hearing differently as part of daily life. We are making progress. Independent research showed that our recent work with the Whitehall's reduced public stigma by 13%, as more people (74% compared to 61%) see hearing loss as part of normal life.'



Charlotte Hall, Specsavers
Audiology Managing Director

Improving access to care to tackle health inequalities

Tackling glaucoma among higher risk groups

We are working with Glaucoma UK to raise awareness of the condition, especially among African Caribbean communities, who are four times more likely to develop glaucoma. By engaging in familiar settings and partnering with community leaders, we're encouraging people to take control of their eye health and seek early diagnosis and treatment.

ESTHER'S STORY

'Regular eye tests are essential'

At a local community event, Esther met Kasiam, Optometry Director and Sana, a Pre-Registration Optometrist from Specsavers Manchester Fort and Glaucoma UK. Before this, Esther knew nothing about glaucoma and had been hesitant to book an eye test due to uncertainty about the process. Speaking with Sana in a relaxed, familiar setting helped ease her

concerns. She learned that people of African Caribbean heritage are at higher risk of glaucoma, which motivated her to book an appointment.

Esther felt reassured by the thorough eye test. She was prescribed glasses and eye drops for dry eye. She left feeling confident and informed.

Esther has advice for others: 'There's nothing to worry about,' she says. 'Glaucoma can be treated if caught early. You might not notice changes in your vision, so regular eye tests are essential.'



'Glaucoma UK is the UK's only charity dedicated to glaucoma, offering support, information and a helpline for people living with the disease and their loved ones. We raise awareness among professionals and patients, promote early diagnosis and provide ongoing care resources to help people manage their condition confidently and independently.'

 **Joanne Creighton,**
CEO Glaucoma UK
www.glaucoma.uk



Esther (centre) with Sana and Kasiam from Specsavers Manchester Fort

Karen Wright Photography Ltd

Providing care to people unable to leave their home

£28 million

falls attributable to poor vision alone cost the NHS £28m per year [23].

People with hearing loss can be **three times** more likely to have a fall [24].

80% of residents in care homes in England are living with hearing loss [25].

‘More care will be available on your doorstep and from the comfort of your own home’

**The Rt Hon Sir Kier Starmer
KCB KC MP Prime Minister
10 Year Health Plan**

Timely access to eye care and audiology services are essential in enabling people to live healthier for longer. In the last 12 months Specsavers home visits service has

- Visited 245,265 people to provide sight and hearing tests (NHS and private, including a 30-minute hearing screener) in their own home, including 28,000 people living in care homes.
- Dispensed 281,132 glasses and fitted 15,000 hearing aids so people can keep doing the things they love.
- Referred 38,379 people for treatment to safeguard their sight or hearing.

DEREK'S STORY



Supporting Derek to care for Margaret

Derek Brown has been the primary carer for his wife, Margaret, since her diagnosis with Alzheimer's disease in early 2018. Margaret now requires a wheelchair for mobility and has a hospital bed in their lounge. Derek is devoted to providing around-the-clock care. He arranged a home appointment through the local Specsavers home visits service for her routine eye

test. An optician and optical assistant visited them at home and adapted the testing process to meet Margaret's specific needs.

‘With a calm and gentle approach, the team were able to determine Margaret's prescription and suggested trying reading glasses. I was unsure at first and wondered how she would adapt to wearing glasses, but she managed well – I love watching her smile as she sees our old family photos more clearly now,’ said Derek.

Prior approval requirement is an unnecessary barrier to care

‘Providing vital NHS eye health services to those unable to get to their local high street optometrist is more difficult than it needs to be. General Optical Services (GOS) regulations require optometrists to notify the NHS at least 48 hours before visiting one or two patients

and three weeks before seeing more patients at the same address. This pre-visit notification (PVN) requirement is a barrier to care and discriminates against those who need it most, such as those living in care homes. The PVN requirement for domiciliary care has already been removed in Scotland and Wales. NHS England must do the same.’



Dawn Roberts,
Specsavers Clinical Director
of Home Visits



Specsavers colleagues volunteering at a Crisis clinic in Oxford



Jack Osborne-Richardson, a Big Issue vendor in Bristol



Jack Osborne-Richardson, choosing his frames

Providing care to people experiencing homelessness

‘Our ambition is for anyone experiencing homelessness to access free, appropriate eye and hearing care. We are working with five national homelessness organisations and people with lived experience to find ways to address health issues more creatively and less medically. Last year more than 1,000 people accessed free eye and hearing care through our homelessness programme and we are supporting some to find employment through our partnership with EveryYouth’

Carina Hummel, Specsavers Optics Managing Director

Big Issue and Specsavers are offering free eye and ear health checks to make sure Big Issue vendors get the support they need.

Jack Osborne-Richardson, a Big Issue vendor in Bristol, finds comfort in Berkeley Square, reading and feeding crows. Poor eyesight once made life terrifying but free eye tests and glasses changed everything. Now he reads, stays safe and reconnects with the world. ‘Being able to see clearly,’ Jack says, ‘has literally saved my life.’

Big Issue vendor **Gheorghe Ardeleanu** struggled with hearing loss for six years after a swimming accident. Hearing issues made chatting with customers difficult and accessing care felt overwhelming. With support, Gheorghe finally received treatment. ‘Now I can hear my customers properly,’ he says. ‘That makes a big difference.’



Ear health checks at Crisis clinic



Gheorghe Ardeleanu, Big Issue Vendor



Gheorghe Ardeleanu having a hearing health check

‘To help cut red tape and improve access to care, we are working with Specsavers and the entire primary eye care sector, urging the Minister for Health and Social Care to ask DHSC to collaborate with industry bodies on minor contract and regulatory changes to:

- 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.’



Hanna Telfer, CEO Vision Care





Healthy habits for children

Up to one in five UK schoolchildren [26] may have an undiagnosed vision problem that could affect their learning and development.

The NHS Sight Test includes provision for children but it's not widely used — only around 28% of children access it [27]. Child Vision Screening Programmes are valuable and available throughout Scotland, Wales and Northern Ireland but not in all parts of England. In many areas, children who fail a vision screening are referred to hospital eye departments. However, NHS-funded sight tests and locally commissioned services could better support these children and their families in the community. This approach is already working well in some regions and is standard in Scotland and Wales, where children can get follow-up eye care locally, reducing unnecessary hospital visits.

Myopia (nearsightedness) is becoming increasingly common, with one in three children globally now affected — a significant rise compared to 50 years ago [28]. This trend is strongly linked to lifestyle changes. Studies show that higher screen exposure correlates with faster myopia progression, while time spent outdoors can help delay its onset [29]. Myopia can affect a child's development, educational access and overall quality of life. Community optometrists can prescribe myopia management solutions such as peripheral-plus glasses, dual-focus contact lenses and other solutions, which have been shown to slow progression. Experts recommend early intervention — ideally before age 13 — and a personalised approach that considers each child's lifestyle and preferences [30].

'Our research [31] found that parents are confused about children's eye care. An eye test is crucial part of a child's development check. While

school vision screenings are offered in Scotland, Wales and Northern Ireland, the screening is not the same as an eye test at a local optician and school screening is not available in all of England. We have thousands of 'hubs' across the UK — they are the high street practices our patients attend everyday — with highly trained staff ready to offer more care to patients.'



Max Halford, Clinical and Policy Director, ABDO

'We support ABDO and the College of Optometrists in calling for the 'red book' (personal child health record) to include advice about how and why parents and carers should take their child for eye tests every one to two years from the age of three to four. Cementing healthy habits from birth aligns with the prevention agenda and gives parents and children control over their health.'



Sarah Joyce, Specsavers Director of Optometry

Sustainably making a difference

'Sustainability means ensuring long-term growth while supporting people, reducing environmental impact and contributing to our communities. We're committed to accessible eye care and hearing care for all and an inclusive workplace. Through technology and design, we're cutting waste and emissions. By 2026, our ambition is that 44% of our frames will use recycled or bio-based materials (renewable biological resources like plants), aiming for 100% by 2030 and we offer rechargeable hearing aids as a more sustainable and easier alternative to single-use batteries. We're making great progress but we know there's more to do – our goal is to reach net zero carbon emissions by 2050,

aligned with science-based targets.'



Tracy Pellett, Global Sustainability and Business Transformation Director



Wayne Jones (right) with Andy Britton, Director at Specsavers Haverford West.



Marianne Bowen and Amanda Straw, Specsavers Monmouth

Greener Primary Care Wales



'Climate change poses the greatest threat to human health in the medium and long-term, with likely adverse impacts across a range of determinants of health. The Greener Primary Care Wales Framework and Award Scheme supports primary care providers to become more environmentally sustainable, encouraging teams to adopt climate-friendly actions that benefit the environment, staff wellbeing and patient care.'



Angharad Woodridge, Senior Public Health Practitioner at Public Health Wales.

'During a store relocation, we embraced the Greener Primary Care Wales Scheme, completing 43 sustainability actions in 2024. These included energy-efficient lighting, paperless systems and ergonomic consulting rooms. We prioritised staff wellbeing, designated a sustainability lead and saw reduced waste, improved staff health, a calming environment for patients and a modest cost reduction due to lower energy use. We were thrilled to achieve a Gold Award and now plan to create a community wellbeing garden to extend our impact.'

Wayne Jones,
Specsavers Haverfordwest

'We joined the scheme quickly, completing actions like recycling, reglazing lenses and car-sharing. Our Uniform Swap Shop reduced waste and saved more than £200 per team member. We trialed smart meters, embraced sustainability and saw improved morale, patient engagement and clinical changes like switching to monthly lenses. We also recycled old glasses into furniture. Next up: our Wise Watts energy-saving project.'

Emily-Anne Frost, Specsavers Monmouth

We can do so much more for the nation's health



World Health Organization

'The World Health Organization (WHO) calls for stronger public health action to prevent hearing and vision loss. We advocate for integrating hearing and vision care into national health plans and promotion of safe listening standards.'

Dr Shelly Chadha, Technical Lead for Ear and Hearing Care at the World Health Organization

The future of hearing care – direct access, more convenience

Over the Counter Technology (OTC)

New Government guidance highlights how OTC hearing aids and Apple's Hearing Aid feature can help adults with mild hearing loss. Early US data shows OTC users are younger than UK device users, suggesting earlier intervention and better long-term hearing outcomes.

'With around 20 million people in the UK and Ireland experiencing hearing loss – and many delaying seeking help for years – OTC devices could encourage earlier action and reduce stigma. While OTC options offer convenience, they are self-fitted using apps and don't check ear health or rule out underlying issues. That's why it's important to see an audiologist first if you notice changes with your hearing.'



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



'I'm a GP and for non-emergency hearing or vision issues I want you to know that you can go directly to your high street optician or audiologist. These professionals are highly trained and can offer you NHS appointments, expert advice and care – often without needing a referral. You will get quicker access to treatment for eye conditions and early support to make it easier to adapt to hearing aids.'

High street providers play a vital role in community healthcare, helping reduce pressure on GPs and hospitals. They are ready to help you take the next step in your health journey.

If you do suddenly lose hearing in one or both of your ears it could be a medical emergency and you should contact NHS (or HSE) 111 or your GP urgently or go direct to A&E.'

Dr Zoe Williams,
GP and TV doctor

LENA'S STORY

'Hearing care has the power to go beyond speech'

After experiencing the loss of music — a profound personal change — Lena Batra drew on years of research and hands-on delivery of music rehabilitation, to develop a pioneering care framework delivered through the accredited PROM-T⁵® Foundation Course. Bringing her unique blend of personal insight and professional expertise, Lena trains hearing care professionals



to adopt new pathways for music engagement, alongside speech and communication.

'People with lived experience bring essential insight to hearing care services, helping professionals deepen their understanding of the

emotional and social impact of hearing loss. Embracing music as a vital part of well-being and social connection, and for some, livelihood, enables professionals to tailor support that reflects the full spectrum of individual needs. This is the very essence of person-centred care,' Lena explains.

Lena Batra, state-registered hearing therapist, consultant and trainer and lifelong hearing aid user



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Earwax removal – a vital service that needs regulation

Wax build-up can affect the results of hearing tests and delay device fittings. NHS access is limited as many GPs and other providers have withdrawn services. This unregulated area risks poor care from unqualified providers, especially affecting those with limited dexterity unable to self-treat.

RNID reports 2.3 million need earwax removal yearly [32], yet more than eight million lack NHS access due to service gaps across many ICB areas.

'Wax removal is intrusive yet unregulated. NICE recommends wax removal in primary or community care to reduce hospital use and unsafe services. Patients must be protected – guidance is not enough. Commissioning it as an AQP (Any

Qualified Provider) service from primary care audiologists, would enable commissioners to set standards.'



Gordon Harrison, Specsavers Chief Audiologist

'Remote tests and OTC hearing aids risk missing occluding ear wax, which affects a significant proportion of users. We need to



address this concern.'
Kevin Munro, Ewing Professor of Audiology

Screening and awareness

Mass hearing screenings could raise awareness, enable early detection and improve access to care — especially for underserved groups. Early intervention supports communication, emotional well-being and social inclusion, while normalising hearing checks and promoting health equity.

For every £1 invested in hearing screening at age 65, £8 worth of benefit would be generated [33].



The future of eye care – first point of contact

GP for eyes

The annual GOC survey shows optometry has the highest public confidence (93%) compared to pharmacy (86%), dental (80%) and GP practices (78%). In Scotland and Wales, national commissioning ensures consistent access and recognition of optometrists' clinical role. As a result, more than half the population sees optometrists as the first contact for eye issues, compared to just 36% in England.

If England could achieve this change in 'first point of contact' consideration as Scotland and Wales have done, it could divert more than 600,000 appointments from GP and A&E to neighbourhood opticians.

A rise in Independent Prescribers

'Independent prescribing is essential for Community Eye Care. Optometrists with independent prescribing (IP) qualifications can diagnose, manage and prescribe



medication for various eye conditions without the need for a GP or hospital referral. The profession is driving forward with clinical confidence and already embracing the autonomy of managing more complex eye conditions. Variations in access to prescription forms (FP10s) and challenges in access to hospital placements for training must be overcome because IP improves patient care by reducing the need for referrals to other specialists.'



Dr Byki Huntjens, President of the British Contact Lens Association

Oculomics – eye care in preventative medicine

As our eyes can give early indication of problems with our general health, like diabetes, high blood pressure, high cholesterol, rheumatoid arthritis, some kinds of cancer and dementia [34,35,36], an eye test can be the first step to early diagnosis. AI and predictive analytics will revolutionise health screening and eye scans will increasingly be used to support prevention.

'We're ready to help patients get faster, more effective care'



'We're backing frontline innovation, supporting the development of the entire registered eye and hearing care workforce, working with hospitals and making access simpler — so people get the right care, in the right place, at the right time.

Outpatient care could shift to local or remote settings but that needs the right national framework. Scaling up primary care is vital.

Leadership is the most crucial factor that will determine our success: DHSC should be ready to challenge ICBs where they are failing to make NHS care more easily accessible for all by moving services out of hospitals and into the community.'

Giles Edmonds, Clinical Director and **Gordon Harrison**, Chief Audiologist

Now is the time for action



Our NHS must consistently include primary care optometry and audiology as essential partners in delivering accessible, high-quality neighbourhood care. We are ready and the need is urgent.

Every day, our clinicians provide expert care that transforms lives through better sight and hearing. We are embedded in communities, helping people live healthier lives and reducing pressure on hospitals by delivering care closer to home. From managing eye disease to fitting hearing aids, we offer services that are accessible, affordable and clinically robust.

We are proud to support the NHS in tackling long waiting lists and improving outcomes. Our practices are locally owned and led by clinical partners who understand their communities and innovate to meet local needs. This model of empowered, community-based leadership is already delivering results — and it's just the beginning.

Specsavers is committed to raising the bar in primary care. We invest hugely in the development of our clinicians who are upskilling through advanced training and independent prescribing. We're investing in hospital-grade technology, such as OCT with AI, to detect conditions including glaucoma earlier and we're expanding our audiology services with the same ambition.

Along with our ophthalmology business Newmedica, we are delivering joined-up care that spans audiology and optical care in the community and at home, alongside specialist ophthalmology. As part of Total Care, Newmedica helps ensure patients receive timely treatment for more complex eye conditions and supports the NHS by cutting waiting lists. This wide range of patient interactions means we can support people, not just with sight and hearing, but with broader health advice, from smoking cessation to healthy living. We are also tackling health inequalities by improving access for disadvantaged groups, including people experiencing homelessness.

The 10 Year Health Plan gives local leaders the power to innovate. We embrace this shift and call on policymakers to act now to tackle the 'postcode lottery' in access to eye and hearing health services through national commissioning and shift funding from hospitals to communities and help the public understand that the high street — not A&E — is the right place for eye and hearing care.

Specsavers is an engine of change in the sector. We are a trusted healthcare provider, the largest provider of NHS primary care services and a driver of innovation, building the expertise of future clinicians. Our people are our strength — dedicated, skilled, and passionate about making a difference.

Let's build a healthcare system that works for everyone.

Doug Perkins CBE, Chairman and Founder of Specsavers

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Specsavers access to care report

'With demand on the NHS continuing to rise and an ageing population living longer with increasing complex needs (25 per cent of people now live with more than one long-term condition), changing the model of care is no longer optional. It is the only way to ensure that the NHS can recover performance and be sustainable over the long term. The 10 Year Health Plan provides the opportunity to drive this fundamental change and make the examples covered in this report - for now the gold standard - the norm. We must seize it.'



Matthew Taylor, Chief Executive of the NHS Confederation

This report showcases proven community models that deliver efficiencies, ensuring more patients get the care they need as soon as they need it. Primary care optometrists and audiologists on the high street and in our communities are already delivering vital NHS services but they could be doing so much more. Our sector has the capacity, the technology and the skills to provide these services at scale and closer to home.

National governments, health boards and ICBs must implement the right policy decisions to enable us to transform access to care, offering patients greater convenience, choice and control, wherever they live.



'We're ready to help patients get faster, more effective care'



Giles Edmonds,
Clinical Services Director (optics)



Gordon Harrison,
Chief Audiologist

This report is available to download from [Specsavers.co.uk/reports/access-to-care-2025](https://www.specsavers.co.uk/reports/access-to-care-2025)

Specsavers