



Business Services
Organisation

Family Practitioner Services

GENERAL OPHTHALMIC STATISTICS FOR NORTHERN IRELAND

ANNUAL STATISTICS

2024 – 2025

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NISRA

Northern Ireland
Statistics and Research Agency

Gníomhaireacht Thuaisceart Éireann
um Staitisticí agus Taighde



Purpose	The data contained in this publication are presented on a financial year basis during the year ending 31 st March 2025. They represent a range of ophthalmic services and are based on claims submitted by primary care opticians to Family Practitioner Services. They do not cover secondary or private ophthalmic services. Information is provided on workforce, health service sight tests, vouchers, repairs and replacements and additional ophthalmic services, including the Northern Ireland Primary Care Optometry Enhanced Services and the Northern Ireland Primary Eyecare Assessment and Referral Service (NI PEARS). Information on the cost of ophthalmic services across Northern Ireland and in United Kingdom context is also presented. Data detailed in this publication are also available in spreadsheet format (Microsoft Excel) to aid secondary analysis and can be found on the BSO website at the following link BSO website .
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We want your feedback	We welcome any feedback on any aspect of these statistics, which can be provided by email to: BSO_PrimaryCare.Statistics@hscni.net

Additional information about these statistics is located at the back of this publication.

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Introduction

This publication provides a statistical overview of general ophthalmic activity in Northern Ireland between April 2024 and March 2025. It is based on payment claims submitted by primary care opticians to Family Practitioner Services (FPS). These data do not cover private work, prison activity or secondary care activity.

It has been produced by independent statisticians within the FPS Information Unit. They are on secondment from the Northern Ireland Statistics and Research Agency (NISRA). This publication has been compiled in accordance with the Code of Practice for Statistics.

Further information about the work of FPS and the manner in which these statistics were produced can be found at the back of this [publication](#).

This is an Accredited Official Statistics publication

Accredited official statistics are called National Statistics in the Statistics and Registration Service Act 2007 – see [here](#) for further explanation of this terminology. These official statistics were independently reviewed by the Office for Statistics Regulation (OSR) in May 2022. They comply with the standards of trustworthiness, quality and value in the [Code of Practice for Statistics](#) and should be labelled ‘accredited official statistics’.



We have developed a series of statements to demonstrate how we meet the Code in our everyday work. These cover our independence, data quality procedures, how we make our statistics accessible whilst protecting your data, engage with you to meet your needs and, when things go wrong, how we make corrections or, should our services fall below the required standard, how you can make a complaint. All of this information is included in our [Statistics Charter](#).

Since the assessment by OSR, we have continued to comply with the Code of Practice for Statistics, and have made the following improvements this year:

- A number of sight test, vouchers and repair/replacement tables broken down by LCG/LGD in the Annual Family Practitioner Services (FPS) General Ophthalmic Statistics publication excel tables and downloadable csv files have been redeveloped into Supplementary Information excel tables with flat file data worksheets and interactive pivot tables.
- Table 1.21 in the annex tables showing number of Sight Tests, Domiciliary Sight Tests, Vouchers, Repairs & Replacements and associated cost by Payment Month now includes financial year figures.

Our statistical practice is regulated by the OSR. You are welcome to contact us directly with any comments about how we meet these standards (contact the responsible statistician listed at beginning of this publication). Alternatively, you can contact OSR by emailing regulation@statistics.gov.uk or via the OSR website [here](#).

User Engagement

Statisticians in the Information Unit are regularly in contact with key users of the statistics. While previously readership surveys alone were used to provide an overall assessment of whether user needs were being met, the current approach employed is to supplement the surveys with focused consultations with key users on a rolling basis. This approach helps to gain greater insight into how the statistics are used and to identify additional specific requirements. In addition, any ad-hoc requests for information are recorded centrally in a database and these records are used to provide intelligence from a wider set of users in relation to changing requirements. In March 2023 a pilot User Engagement showcase event was held to advise users of the current capabilities and future developments of the statistics and obtain feedback from users. An outline of future developments as a result of user engagement is provided in the [General Ophthalmic Services Statistics User Engagement Action Plan](#).

Key Figures



- **There were just under 460,000 health service sight tests in 2024/25**

For every 5 sight tests provided, 4 were for children under age 16 or patients aged 60 and over.

- **Females were more likely to receive a health service sight test than males**, with 25% of the female population attending a test during the year compared to 20% of males.

- **There were approximately 167,500 optical vouchers processed in 2024/25**

Almost half (48%) processed were for children under the age of 16.



- **There were 51,500 unique assessments at the Northern Ireland Primary Eyecare Assessment and Referral Service (NI PEARS)**

46,000, or 89%, of these were first assessments.

- **These 46,000 first NI PEARS assessments resulted in 54,800 assessment outcomes.**

Just under two-thirds (63%) were managed by the Optometrist at the NI PEARS Service.



- **The total cost of ophthalmic services was £24.6 million**

Sight tests accounted for 44% (£10.7m) of the total. The average total cost per person was £12.90.

- **The cost of ophthalmic services ranged from £6.0m in the Northern LCG to £4.1m in the Western LCG.**

- **At Northern Ireland level, 94% of the population live within five miles of an ophthalmic practice**, with at least 85% of the population living within three miles in more urban LGDs.
-

1. Workforce

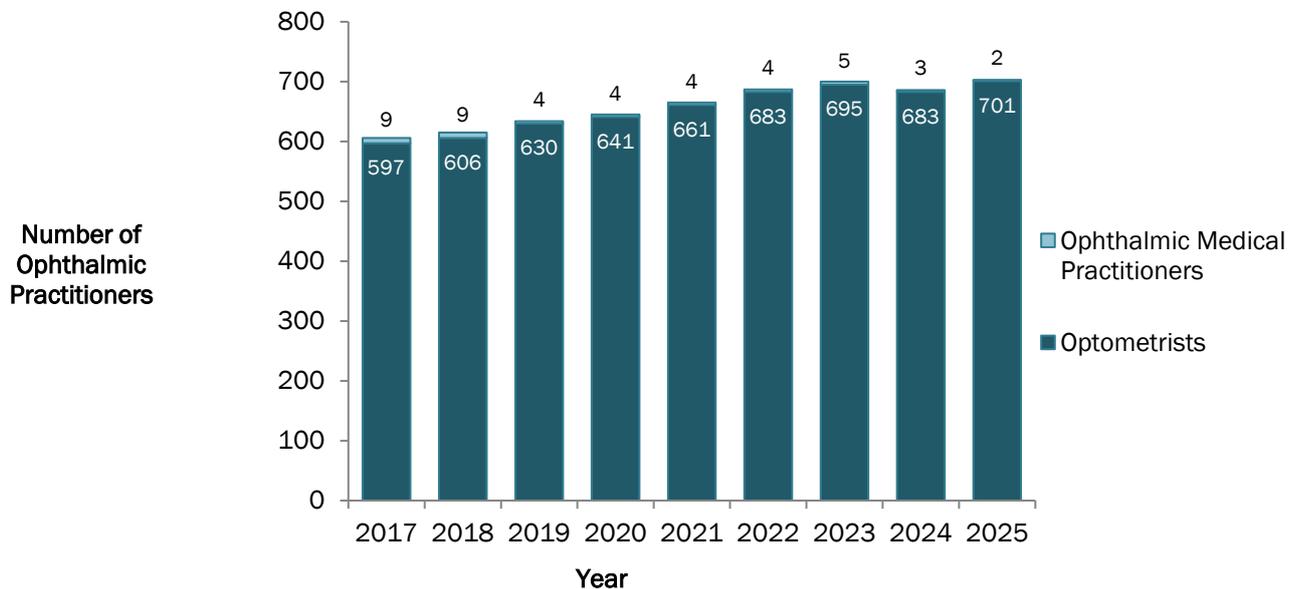
This section of the report provides details of the workforce providing General Ophthalmic Services via high-street opticians. All figures are a snapshot as at 31st March 2025 and represent a headcount so do not reflect any variations in hours worked.

1.1 Ophthalmic Practitioners

In Northern Ireland, there were 703 primary care ophthalmic practitioners registered to carry out health service eye tests in 2025; 701 were Optometrists and 2 were Ophthalmic Medical Practitioners (OMPs). The number of ophthalmic practitioners registered with BSO has increased by 16% from 606 in 2017 to 703 in 2025, 2% higher than in 2024. The OMPs have fallen from nine in 2017 to only two in 2025 (see Figure 1.1).

OMPs are medically qualified doctors specialising in eye care. Like Optometrists they examine eyes, test sight, diagnose abnormalities and prescribe suitable corrective lenses.

Figure 1.1: Number of ophthalmic practitioners as at 31st March, 2017-2025. [See Annex Table 1.03.](#)



In Northern Ireland, there were 36.8 ophthalmic practitioners per 100,000 population. Over time, this proportion has generally been increasing, from 32.5 per 100,000 population in 2017 to 36.8 in 2025. ([See Annex Table 1.03](#)).

1.2 Ophthalmic Practices

There were 266 ophthalmic practices carrying out health service eye tests across the region in 2025. This figure is up two from last year (264) however is lower than in 2023 when there were 270 practices. Since 2014, the number of ophthalmic practices has increased by 6 (2%).

Belfast Local Government District (LGD) has the highest number of high street ophthalmic practices, accounting for 18% of the Northern Ireland total. However, looking at ophthalmic practices per 100,000 population, Fermanagh & Omagh LGD comes out top with 19.7 practices per 100,000 population, followed by Antrim & Newtownabbey LGD at 16.4, while Lisburn & Castlereagh LGD has the lowest number of ophthalmic practices per 100,000 population at just 11.3 (see Table 1.1).

Local Government District	Practices per 100,000 population
Antrim and Newtownabbey	16.4
Ards and North Down	12.8
Armagh City, Banbridge and Craigavon	12.7
Belfast	13.5
Causeway Coast and Glens	14.2
Derry City and Strabane	14.6
Fermanagh and Omagh	19.7
Lisburn and Castlereagh	11.3
Mid and East Antrim	13.6
Mid Ulster	14.6
Newry, Mourne and Down	12.6
Northern Ireland	13.9

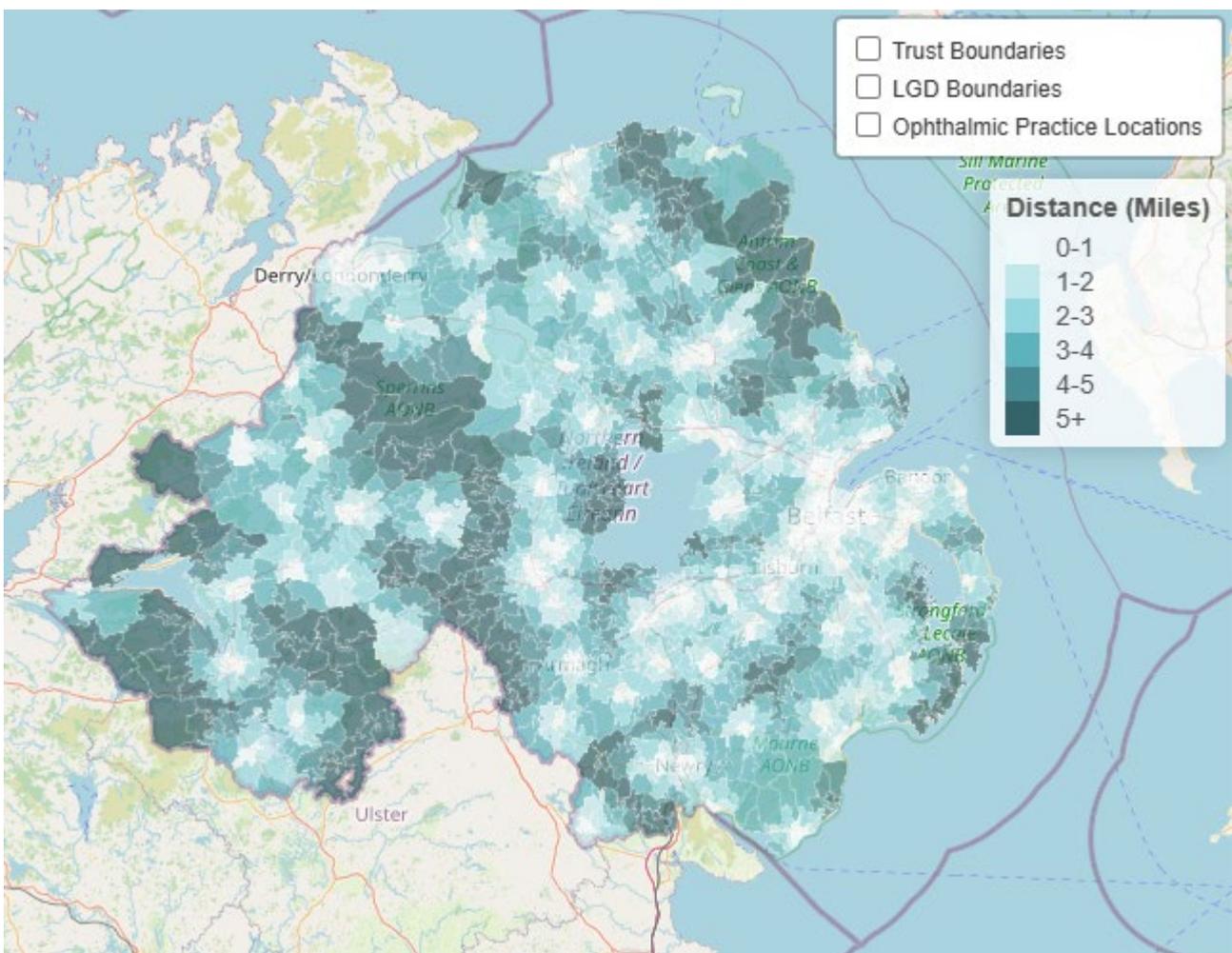
Table 1.1: Number of ophthalmic practices per 100,000 population, by Local Government District, 2025. [See Annex Table 1.02.](#)

1.3 Distance to Nearest Optician

At Northern Ireland level, 94% of the population live within five miles¹ of an ophthalmic practice.

In the more urban LGDs (Belfast, Antrim & Newtownabbey, Lisburn & Castlereagh, Derry City & Strabane and Ards & North Down) at least 85% of the population is within three miles of an ophthalmic practice. This figure drops significantly in some of the more rural areas, particularly Fermanagh & Omagh at just 57% ([See Annex Tables 1.22 & 1.23](#)).

Figure 1.2: Interactive chart² on the distance to nearest optician in miles by Small Area, 2024/25.



¹ Distances are calculated as a straight line distance between the postcode of the ophthalmic practice and the postcode of the patient.

² Click on image to open [interactive map](#) through web browser.

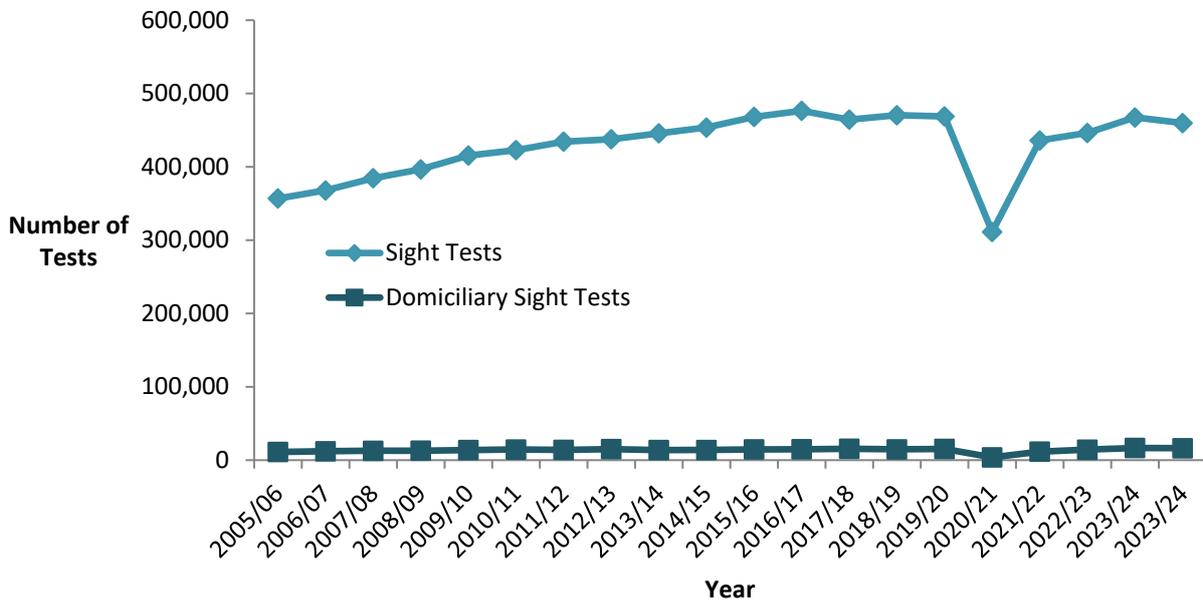
2. Sight Tests

This section of the report provides details on the number of health service sight tests based on claims submitted to the Family Practitioner Services (FPS) by primary care opticians. Many people qualify for a free HSC General Ophthalmic Service (GOS) sight test. These claims are submitted to BSO for payment and, as such, the figures will not include those persons that pay for a sight test. It is also possible to have multiple sight tests during a financial year, so data do not refer to individual people unless it clearly states this in the commentary.

2.1 Sight Tests Summary (including domiciliary tests)

The number of health service sight tests decreased in 2024/25 following three consecutive annual increases, to 459,808. This represents a 29% increase since 2005/06, but a 2% decrease on the number of sight tests in 2023/24 (467,376). (see Figure 2.1).

Figure 2.1: Number of sight test and domiciliary sight tests, 2005/06-2024/25. [See Annex Table 1.04.](#)



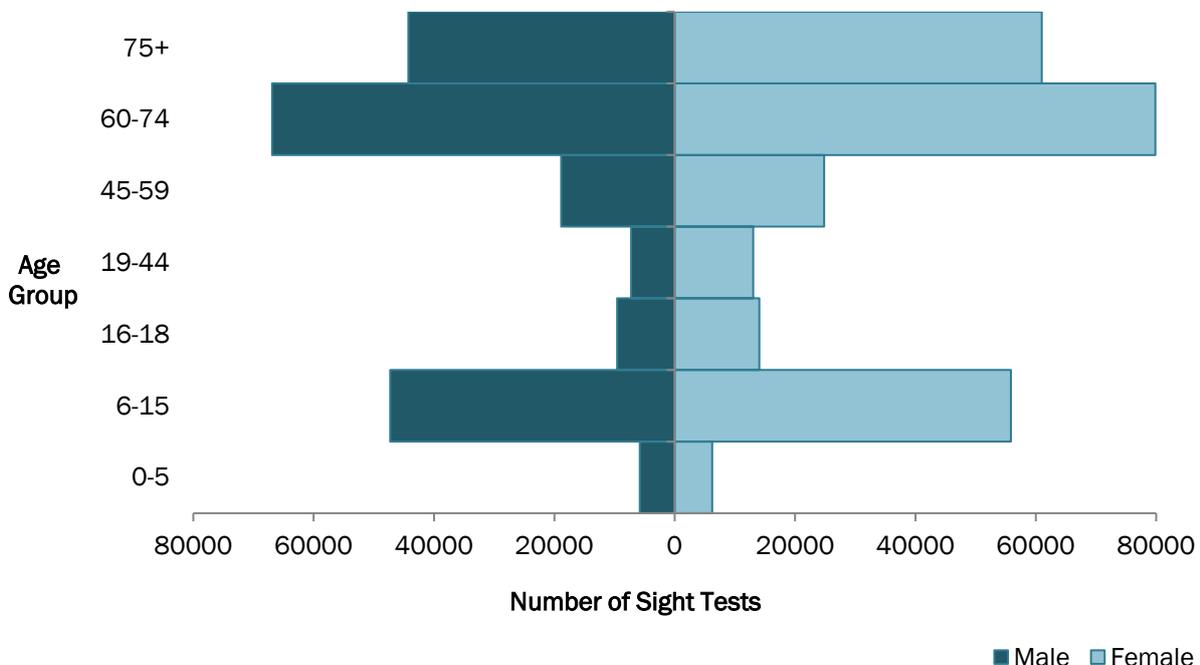
Those who qualify for a health service sight test but are unable to leave home unaccompanied, are entitled to a free sight test in their own home. This group usually includes older and/or people with disabilities. Domiciliary visits are also carried out in nursing or residential homes, day centres and hospital in-patient settings. The number of domiciliary visits fell by 2% from 16,570 in 2023/24 to 16,309 in 2024/25. This was up by almost half (46%) since the beginning of the series in 2005/06 (11,139).

Domiciliary visits accounted for 3.6% of total sight tests carried out in 2023/24 and 2024/25, compared to 3.2% in 2022/23 and 2.7% in 2021/22, and represents the highest proportion in the series going back to 2005/06.

2.2 Sight Tests by Age and Gender

Figure 2.2 presents the number of sight tests across age categories and by gender in 2024/25. Of the 459,808 sight tests carried out, 43% were on males, 55% were on females. For the remaining 1%, the gender was unknown. Those aged 60 and over, account for over half (55%) of all sight tests with those aged 0-15 representing one quarter (25%) of tests administered.

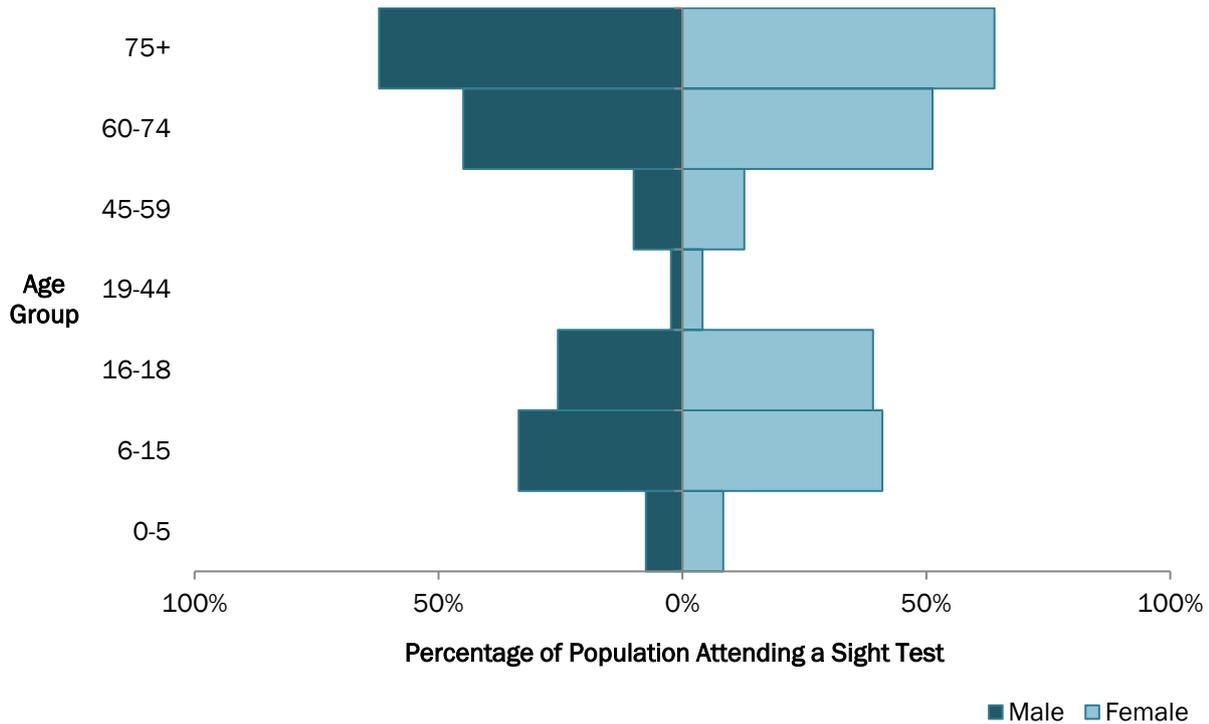
Figure 2.2: Number of sight tests by age group and gender, 2024/25. [See Annex Table 1.05.](#)



Looking specifically at those individual patients who attended a health service sight test during 2024/25, more females received at least one sight test across all age groups

compared to males, with 25% of the female population attending a sight test compared to 20% of the male population. Those aged 16-18 show the largest difference between males and females, with 39% of females and only 26% of males attending a sight test during the year (see Figure 2.3).

Figure 2.3: Percentage of population attending a sight test by age group and gender, 2024/25. [See Annex Table 1.06.](#)



2.3 Sight Tests by Exemption Category

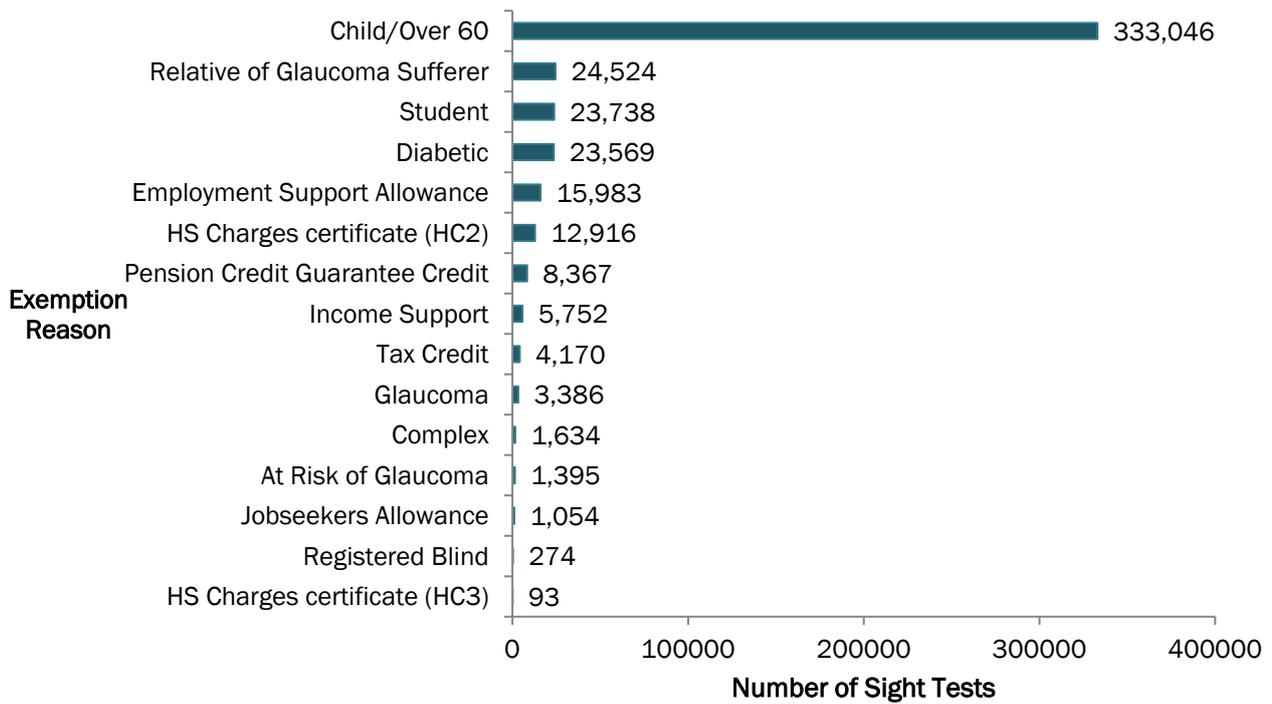
You are entitled to a free sight test or reduced cost towards a sight test if you:	
Are included in an award for Income Support	Are under 16 years of age
Are included in an award for Income-related Employment and Support allowance	Are aged 16, 17 or 18 and in full time education
Are included in an award for Income-based Jobseeker's allowance	Are aged 60 years or over
Are included in an award for Pension Credit Guarantee Credit	Are diagnosed diabetic
Are entitled to or named on a valid NHS Tax Credit Exemption Certificate	Are diagnosed as having glaucoma
Are named on a valid HC2 Certificate	Are aged 40 or over and have a parent, brother, sister, son or daughter with glaucoma or at risk of glaucoma
Are named on a valid HC3 Certificate (offering partial assistance with charges)	Are registered blind or partially sighted
	Have been prescribed complex lenses

Table 2.1: Health service sight test eligibility criteria.

Sight tests for people aged under 16 and over 60 account for the majority (72%) of exempted sight tests in 2024/25. The next largest exemption categories include relatives of glaucoma sufferers, students and people with diabetes with each of these categories accounting for 5% of all sight tests (see Figure 2.4). In 2017/18, tax credit was the second largest exemption category; however, the number in this category has fallen drastically from 27,395 in 2017/18 to 4,170 in 2024/25 and it is now the 9th largest exemption category. This change in trend will be largely attributable to Universal Credit which was rolled out in Northern Ireland on a phased basis from September 2017, reducing numbers eligible under the tax credit category. The latest downturn is likely due to the Universal Credit implementation phase which started in October 2023 and initially focused on moving claimants who had tax credit exemptions onto Universal Credit. The next phase which began in February 2025 is now focusing on those in receipt of Income Support. Those in receipt of Universal Credit are only eligible for free sight tests in conjunction with a valid HC2 certificate. This is provided through the NHS Low Income Scheme to cover the full cost of health services meaning such patients are recorded now under the HC2 exemption, explaining the large increases in this category.

Note: People may qualify for a sight test based on more than one criterion but are only recorded against one. Patients are more likely to be recorded according to their age rather than their clinical need. For example, a patient aged 60 or over, with glaucoma, is likely to be recorded in the over 60 category only. The count by eligibility is therefore approximate.

Figure 2.4: Number of sight tests by exemption category, 2024/25. [See Annex Table 1.07.](#)



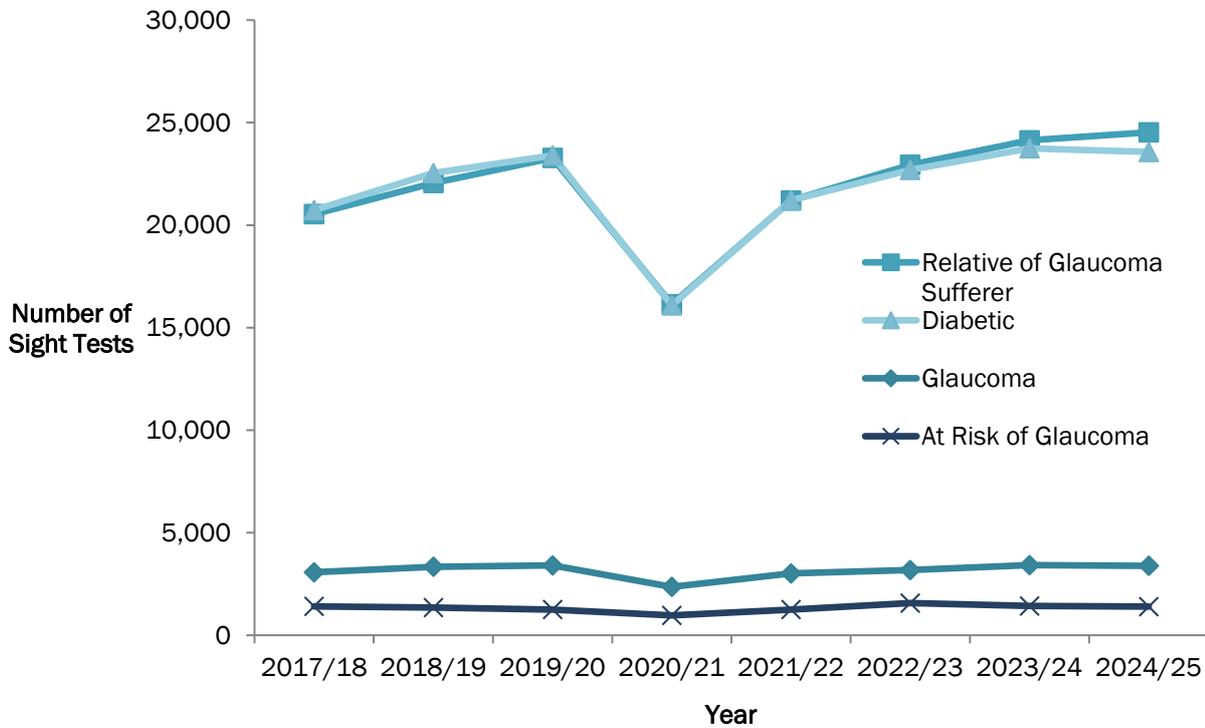
2.4 Clinical Conditions Relevant to Sight Tests

Conditions such as glaucoma or diabetes can potentially increase the risk of a patient’s eyesight deteriorating and can affect all ages. Patients who are diabetic, have glaucoma, are at risk of glaucoma or are related to someone with glaucoma are entitled to a free sight test due to their condition posing a potential risk to the patient’s sight.

Looking at the number of sight tests claimed under the four exemption categories; ‘Is Diabetic’, ‘Has Glaucoma’ and ‘At Risk of Glaucoma’, there were decreases of 1%, 1% and 2% between 2023/24 and 2024/25. For the same period an increase of 2% was observed for those ‘Is Over 40 and Relative of a Glaucoma Sufferer’ (see Figure 2.5). Looking at the longer term comparisons across the series from 2017/18 to 2024/25, ‘Is Diabetic’ has increased from 20,731 to 23,569 (14%); ‘Is Over 40 and Relative of a Glaucoma Sufferer’

has increased from 20,537 to 24,524 (19%); ‘Has Glaucoma’ has increased from 3,070 to 3,386 (10%); and, ‘At Risk of Glaucoma’ has decreased slightly from 1,409 to 1,395 (1%).

Figure 2.5: Number of sight tests for relevant clinical conditions, 2017/18-2024/25. [See Annex Table 1.07.](#)



2.5 Sight Tests per head of population³

In 2024/25, the South Eastern LCG had the largest per capita number of sight tests for persons aged 60 and over, with 505 sight tests per 1,000 relevant population. The Northern LCG had the largest number of sight tests for persons under 16 with 315 sight tests per 1,000 relevant population. Western LCG had the lowest number of sight tests for persons under 16, with 265 per 1,000 relevant population. Western LCG had the highest number of sight tests dispensed to adults receiving passport benefits with 58 per 1,000 relevant population whereas South Eastern had the lowest at only 37 per 1,000 relevant population (see Figures 2.6-2.9 & [Annex Table 1.08](#)).

³ NISRA 2022 Mid-year population estimates for 2024 were used to calculate per 1,000 relevant population. LCG is based on patient’s residence.

Figure 2.6: Number of sight tests per 1,000 population in Northern Ireland, 2024/25.

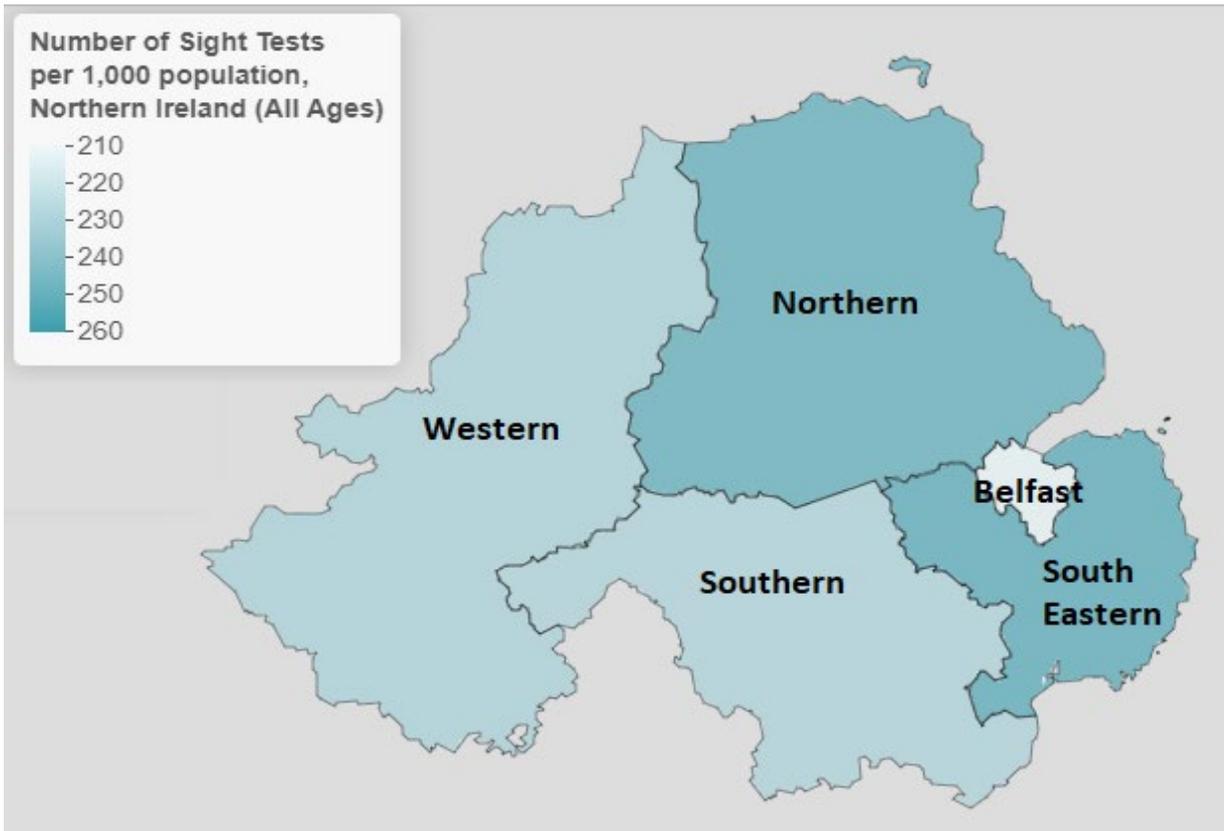


Figure 2.7: Number of sight tests per 1,000 population aged 60 and over, 2024/25.

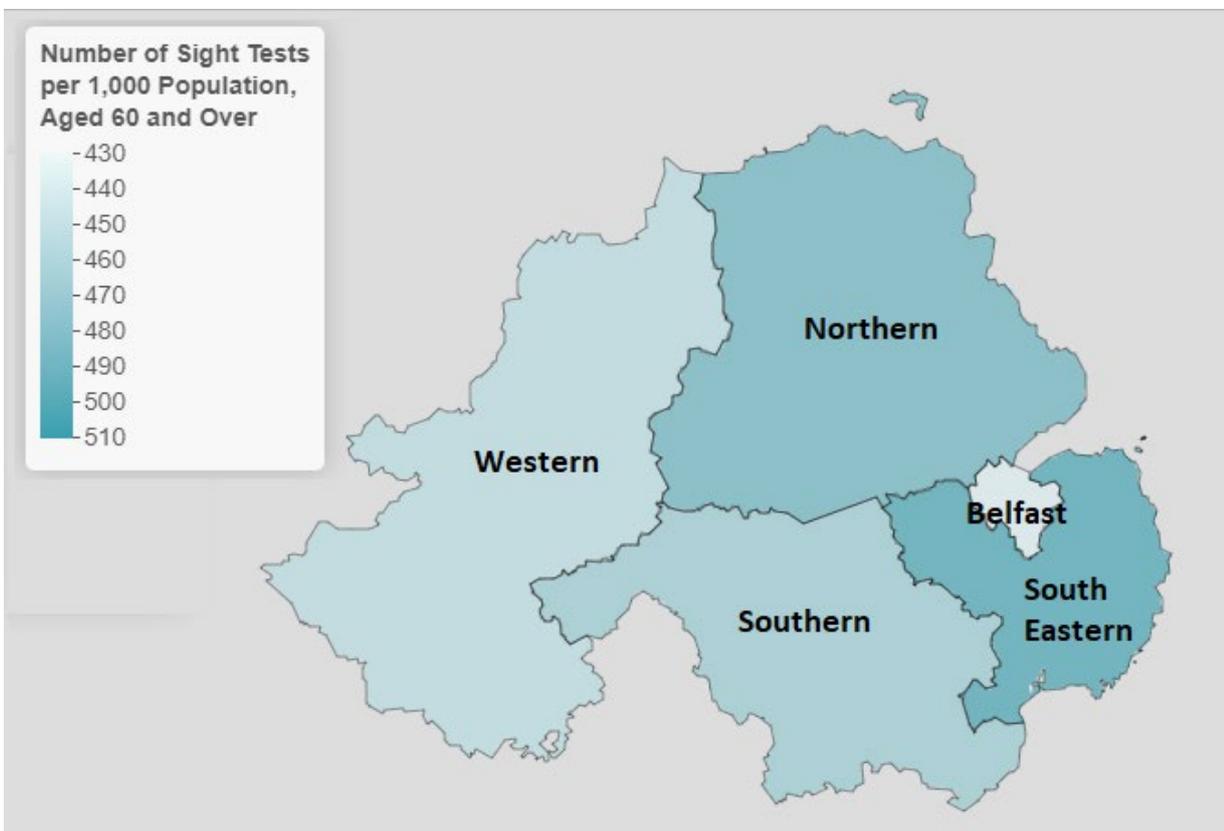


Figure 2.8: Number of sight tests per 1,000 population aged 15 and under, 2024/25.

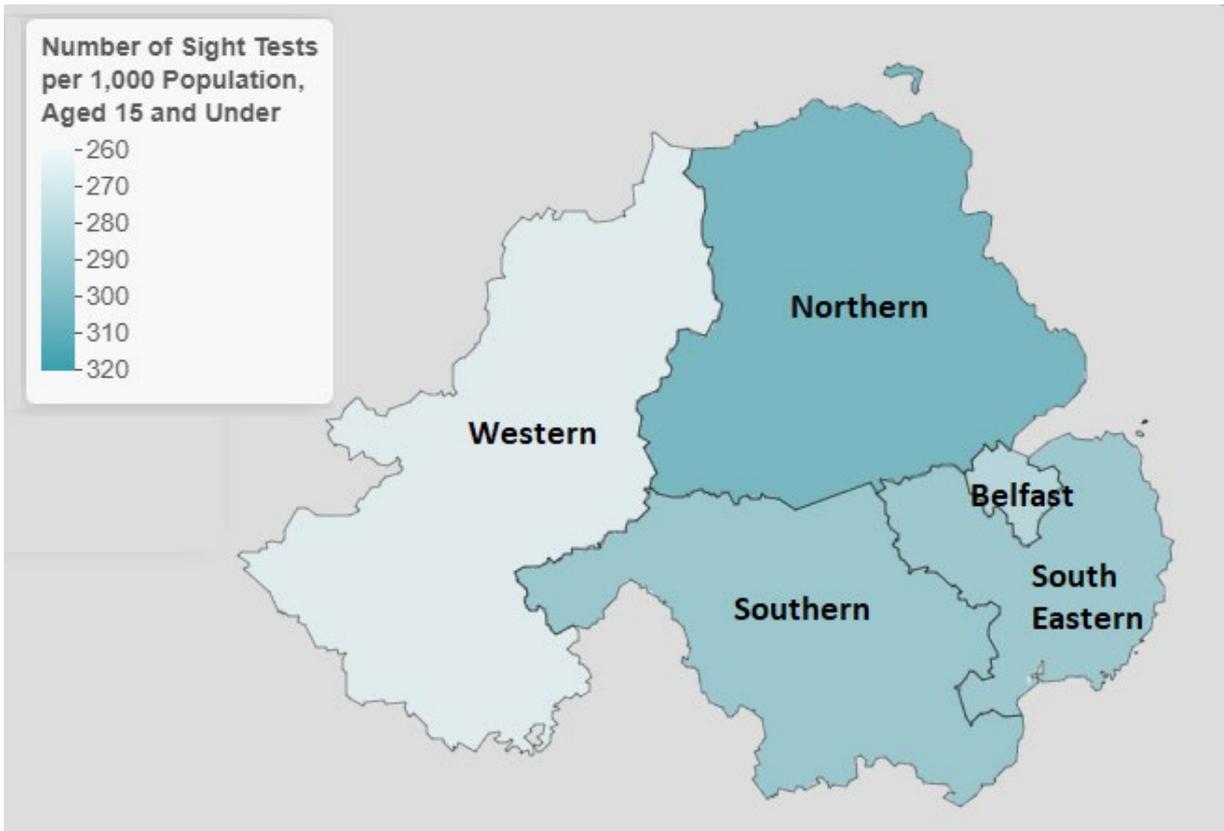
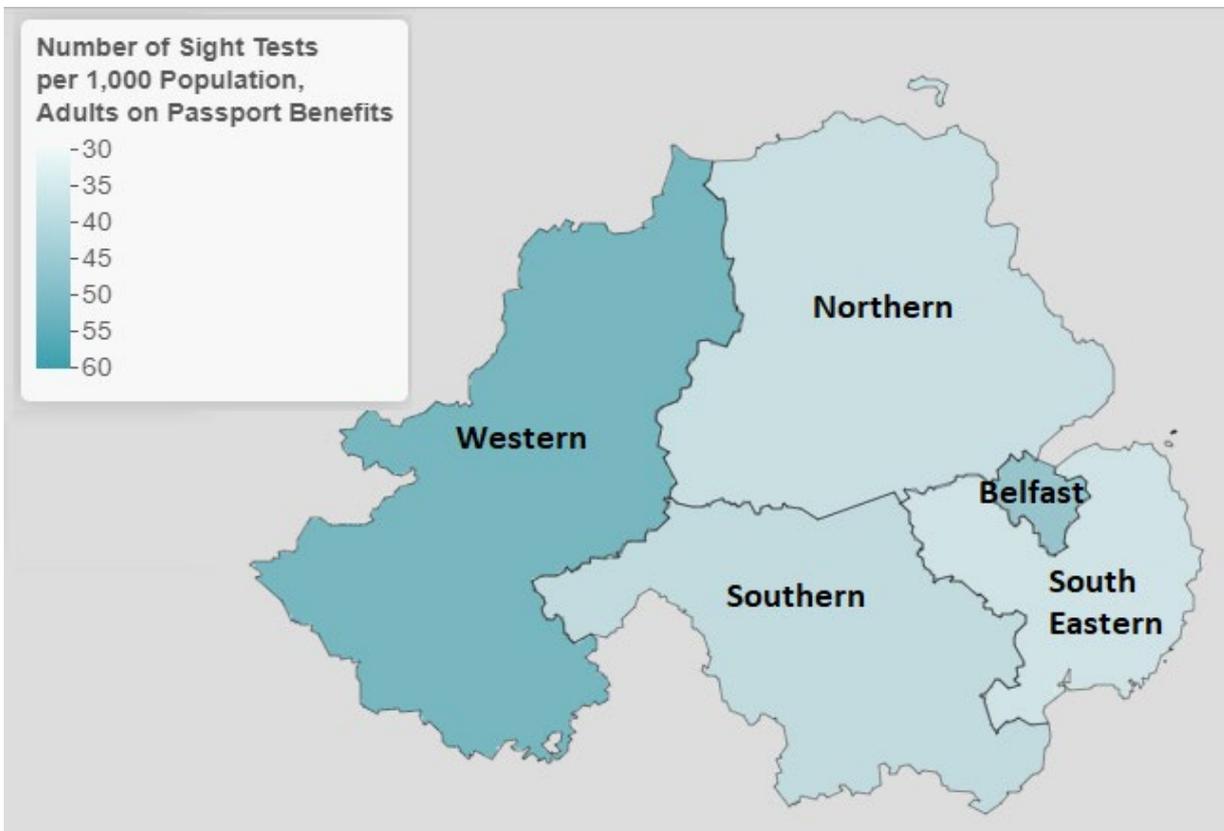


Figure 2.9: Number of sight tests per 1,000 population of adults on Passport Benefits, 2024/25.



2.6 Sight Tests by Deprivation

Data are analysed using Northern Ireland Multiple Deprivation Measure (NIMDM) population-weighted deciles, in which 1 represents the most deprived areas and 10 represents the most affluent areas.

Looking at the number of patients^{4,5} receiving a sight test in the last 3 years, there are noticeable differences across patients living in the most and least deprived areas although, as previously stated, this analysis is based only on those patients who qualify for a free HSC General Ophthalmic Service (GOS) sight test.

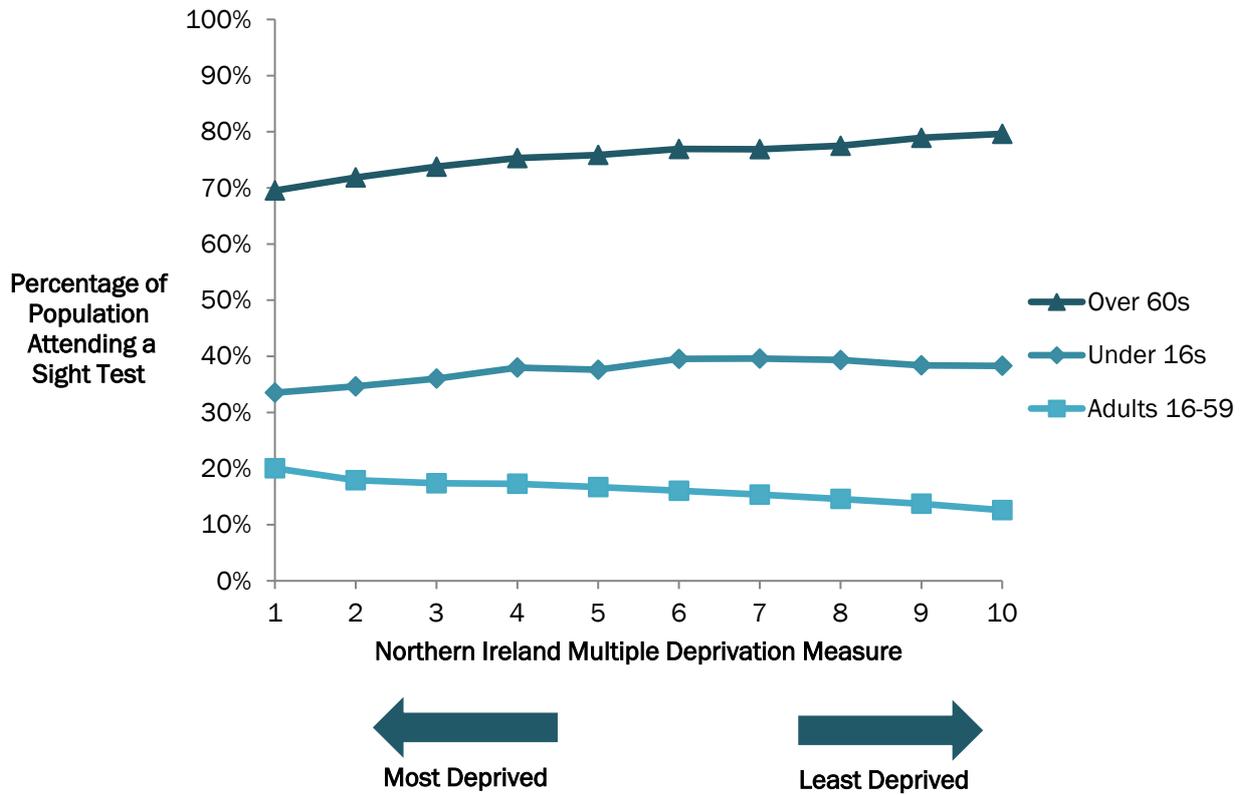
For adults between the ages 16 and 59 registered with a GP, the proportion of the population receiving a sight test in the last 3 years decreases as deprivation decreases, reducing from 20% in NIMDM decile 1 to 13% in NIMDM decile 10. As these figures are shown as a proportion of the total adult population, not the total number of adults eligible for a sight test, this large decrease will largely be reflective of the decreasing eligibility in the more affluent areas.

For children under 16 and adults over 60 registered with a GP, the proportion of the population attending a sight test in the last 3 years broadly increases as deprivation decreases. The proportion of children attending a sight test increases from 34% in NIMDM decile 1 to 38% for NIMDM decile 10, although it does reach a high of 40% in NIMDM deciles 6 & 7. The proportion of adults aged 60 and over attending a sight test increases from 70% in NIMDM decile 1 to 80% in NIMDM decile 10 (see Figure 2.10).

⁴ It is possible to have multiple sight tests during this period however patients have only been counted once during the 3 year period. This therefore refers to individual people.

⁵ Where a Health and Care number can't be obtained for the patient (see Publication Notes at end of report), these have been excluded from this analysis. Where a valid HCN was obtained, the age group and NIMDM deciles are based on the patient's date of birth and postcode stored in the General Practitioner's database at April 2025.

Figure 2.10: Percentage of patients attending a sight test in the last 3 years, by NIMDM, 2024/25. [See Annex Table 1.09.](#)



3. Vouchers

A patient may be given a health service optical voucher which they can use towards the cost of buying glasses, having lenses fitted to their current frames or getting contact lenses, normally after a sight test (health service or paid by the patient) is carried out. This section of the report provides details on the number of vouchers processed based on claims submitted to the Family Practitioner Services (FPS) by primary care opticians. Some patients are entitled to receive help with the cost of spectacles or contact lenses – note that eligibility for an optical voucher is not the same as for a free sight test. These claims are submitted to BSO for payment and, as such, figures will not include those persons who pay in full for spectacles or contact lenses. The data in this section exclude repairs and replacements claimed on GOS4(NI)R forms; however, these data are available in [Section 4](#).

3.1 Voucher Summary (including Prescribing Rate)

The number of vouchers processed in 2024/25 was 167,467. This was a 6% decrease on number in 2023/24 (177,989), and is the third consecutive year on year decrease. Longer term, this follows an upward trend in vouchers from 171,038 in 2005/06 to a peak of 211,814 in 2016/17, an increase of 24%. Since 2016/17 there has been a downward trend to 167,467 in 2024/25, a decrease of 21%.

Comparing sight tests against vouchers processed gives an indication of the prescribing rate in Northern Ireland. In 2024/25, for every three sight tests conducted, there were around one voucher towards glasses/contact lenses processed. The prescribing rate has been falling over the last number of years. Excluding an increase in 2020/21, the prescribing rate has followed a steady declining trend from 47% in 2012/13 to 36% in 2024/25 (see Table 3.1).

Year	Health Service Sight Tests	Number of Optical Vouchers Processed	Prescribing Rate
2008/09	396,633	181,424	46%
2009/10	415,491	187,700	45%
2010/11	422,830	191,688	45%
2011/12	434,399	198,285	46%
2012/13	437,701	203,618	47%
2013/14	445,757	205,901	46%
2014/15	453,714	206,983	46%
2015/16	468,117	207,457	44%
2016/17	476,423	211,814	44%
2017/18	464,466	205,864	44%
2018/19	470,429	200,703	43%
2019/20	468,813	198,134	42%
2020/21	311,344	141,074	45%
2021/22	436,084	179,407	41%
2022/23	446,304	178,052	40%
2023/24	467,376	177,989	38%
2024/25	459,808	167,467	36%

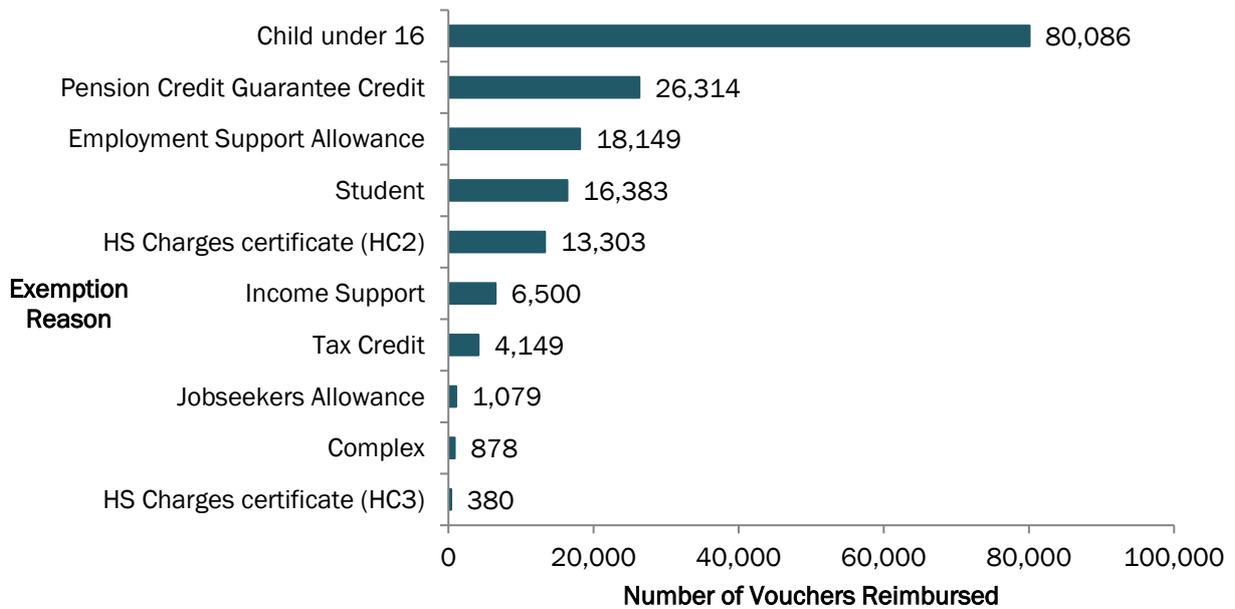
Table 3.1: Prescribing rate 2008/09 – 2024/25. [See Annex Table 1.04.](#)

3.2 Vouchers by Exemption Category

Persons aged under 16 account for the largest proportion (48%) of vouchers reimbursed in 2024/25. The next largest exemption categories included Pension Credit Guarantee Credit and Employment Support Allowance, accounting for 16% and 11% of all vouchers reimbursed respectively (see Figure 3.1). In 2017/18, tax credit was the 3rd largest exemption category, however the number of vouchers in this category has fallen from 22,849 in 2017/18 to 4,149 in 2024/25 and it is now the 7th largest exemption category. This change in ranking is driven by Universal Credit which was rolled out in Northern Ireland on a phased basis from September 2017, reducing the number eligible under the tax credit category. In addition to this, the latest downturn is likely due to the Universal Credit implementation phase which started in October 2023 and initially focused on moving claimants who had tax credit exemptions onto Universal Credit. The next phase which began in February 2025 is now focusing on those in receipt of Income Support. Those in receipt of Universal Credit are

only eligible for vouchers in conjunction with a valid HC2 certificate which is provided through the NHS Low Income Scheme to cover the full cost of health services. As such, these patients are recorded now under the HC2 exemption. The proportion of patients in this category has increased from under 1% in 2017/18 to 8% in 2024/25.

Figure 3.1: Number of vouchers reimbursed by exemption category, 2024/25. [See Annex Table 1.10.](#)



3.3 Vouchers per head of population

In 2024/25, Northern LCG reimbursed the highest number of vouchers for children under 16 with 211 per 1,000 relevant population whereas Western LCG reimbursed the lowest number at 198 per 1,000 relevant population ([See Annex Table 1.08](#)).

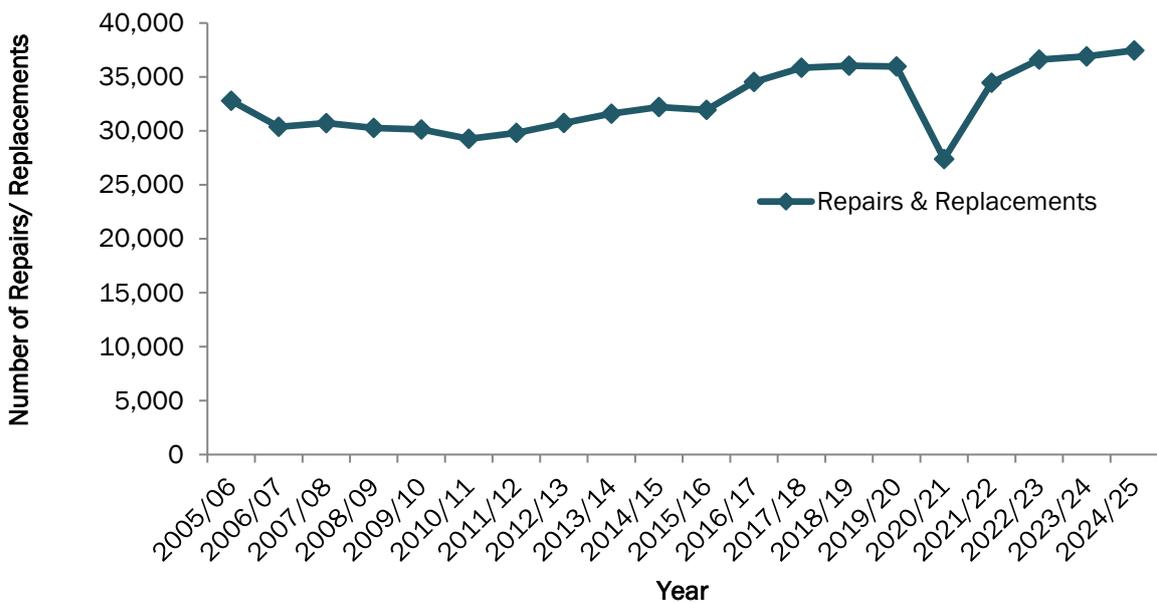
4. Repairs & Replacements

A repair or replacement voucher should only be issued when there is no reason to believe there has been a change of an eye prescription. Children under 16 are eligible for repairs or replacements in cases of loss or damage without prior approval by the Family Practitioner Services (FPS). In line with the General Ophthalmic Services discretionary payments protocol, glasses belonging to adults (including students aged 16-18 years) should only be repaired or replaced when FPS is satisfied the breakage or loss was due to illness, or in very exceptional circumstances of major hardship. This section of the report provides details on the number of repair or replacement vouchers processed based on claims provided to the Family Practitioner Services (FPS) by primary care opticians.

4.1 Repairs and Replacement Summary

The number of repairs and replacements observed in 2024/25 was a series high of 37,454. This was an increase of 1% on the previous series high of 36,912 observed in 2023/24. During the COVID-19 pandemic there was a large drop in repairs and replacements due to ophthalmic practices being closed for part of the period. However, the levels observed since then represent a continuation of an increasing trend from the number observed in 2010/11 (29,269) (see Figure 4.1).

Figure 4.1: Number of repairs / replacements, 2005/06 – 2024/25. [See Annex Table 1.04.](#)



5. Northern Ireland Primary Care Optometry

Enhanced Services

This section of the report details activity undertaken at Primary Care Optometry Enhanced Services. These services are designed to cover enhanced aspects of clinical care of the patient, all of which are beyond the scope of essential, core, General Ophthalmic Services and other Primary Care Optometry Enhanced Services.

5.1 Intra Ocular Pressure Repeat Measures (Level I ES)

The Intra Ocular Pressure Repeat Measures service (LES I) was introduced to reduce the numbers of false positive referrals for ocular hypertension (OHT).

The number of assessments at LES I declined sharply from 2,223 in 2014/15 to 1,151 in 2018/19, a drop of 48%. Aside from the 2020/21 dip, there have been annual increases in LES I assessments from 1,151 in 2018/19 to 1,435 in 2023/24, a rise of 25%. However, 2024/25 saw a decrease of 13% to 1,244 (see Table 5.1).

Prior to 2020/21, the decrease was due to new glaucoma guidance (issued November 2017) from the National Institute for Health and Care Excellence (NICE) which increased the threshold for referrals to LES I from an inner eye pressure of >21 mmHg to ≥ 24 mmHg.

Following an assessment at a LES I service, patients can either be referred to Hospital Eyecare Services (HES) (in some cases for LES I, this may be to a LES II accredited optometrist) or have no onward referral. In 2024/25, 59% of all assessments resulted in the patient having an onward referral to a Health Service Provider (see Figure 5.1). This is a marked increase on the series low of 23% in 2018/19.

5.2 Glaucoma and Ocular Hypertension Enhanced Case Finding (Level II ES)

The Glaucoma and Ocular Hypertension Enhanced Case Finding Service (Level II) funds contractors with accredited and listed optometrists/OMPs to perform a defined set of clinical tests with the intention of producing an enhanced case finding for glaucoma, suspect glaucoma or ocular hypertension. These tests are performed in primary care optical

practices and can be used for both patients who have a sight test under General Ophthalmic Services (GOS) as well as those who have a private eye examination.

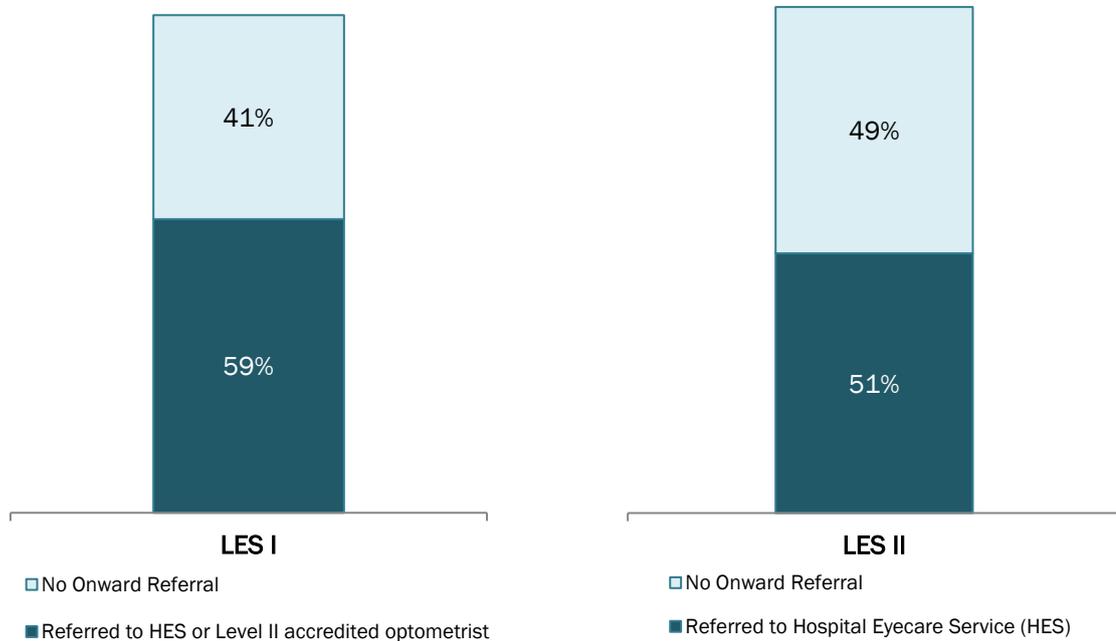
Financial Year	LES I	LES II
2014/15	2,223	n/a
2015/16	1,923	n/a
2016/17	1,907	151
2017/18	1,627	651
2018/19	1,151	341
2019/20	1,181	318
2020/21	751	248
2021/22	1,272	412
2022/23	1,345	414
2023/24	1,435	524
2024/25	1,244	532

Table 5.1: Number of assessments at LES I and LES II, 2014/15 to 2024/25. [See Annex Table 1.12.](#)

The number of assessments at LES II decreased by 62% between 2017/18 and 2020/21. The majority of this decrease is due to a change in NICE approved glaucoma guidelines in November 2017 plus the closure of services in 2020/21 as a result of the Covid-19 pandemic. From 2020/21 to 2024/25 the number of assessments more than doubled to 532 (see Table 5.1).

In 2024/25, 49% of LES II assessments resulted in the patient being discharged with no onward referral to Hospital Eyecare Service (HES) (see Figure 5.1), a decrease on the 61% with no onward referral in 2023/24.

Figure 5.1: Outcome following assessment at LES I and LES II, 2024/25. [See Annex Table 1.12.](#)



5.3 Ocular Hypertension (OHT) Review and Monitoring

Ocular Hypertension (OHT) Review and Monitoring is an enhanced optometric service that commenced in January 2019. The OHT Review and Monitoring Service funds contractors with accredited and listed optometrists/OMPs to perform a defined set of clinical tests. These tests are performed in primary care optical practices and can be used for both patients who have a sight test under General Ophthalmic Services (GOS) as well as those who have a private eye examination. The service enables patients diagnosed with ocular hypertension, and who are therefore at risk of developing glaucoma, to be reviewed on an ongoing basis in primary care optometry practice. These patients would otherwise attend for regular review in the hospital. They are identified by the hospital glaucoma service and discharged to the care of the primary care optometrist for ongoing monitoring.

The OHT service has been rolled out in a carefully monitored and controlled manner. It was initiated from the Belfast Trust Glaucoma Service and initially was only provided for patients discharged from that service hence the largest proportion of patients seen within the service in 2019/20 were from the Belfast LCG area. It has gradually been extended to the other

areas with finally Western Trust beginning to discharge patients to the service towards the end of 2020/21.

The number of OHT assessments increased over fivefold from 152 in 2019/20 to 839 in 2021/22, largely due to the service commencing in different Trusts at different time points throughout this period. Since 2022/23, when all HSC Trusts had fully established OHT services, the number of assessments has increased 35% from 1,317 to 1,777 in 2024/25.

During 2024/25, contractors were able to claim under the OHT scheme for a number of different service types; Routine OHT Review, OHT Patient Commencing Treatment, OHT Patient Changing Treatment, OHT Patient Repeat Visual Fields and OHT Patient IOP Check. The vast majority of claims (88%) were for 'Routine OHT Review'. It should be noted that these data were only available from quarter 3 of 2022/23. ([See Annex Table 1.16](#)).

6. Northern Ireland Primary Eyecare

Assessment and Referral Service (NI PEARS)

This section of the report details activity within the Northern Ireland Primary Eyecare Assessment and Referral Service. This enhanced service funds ophthalmic contractors in primary care to provide an acute eye care intervention service for patients across Northern Ireland. It facilitates accredited optometrists to investigate and manage, or triage for onward referral, patients presenting with acute, sudden onset, mainly anterior and non-sight threatening eye conditions who may otherwise visit their GP or Hospital Eye Services.

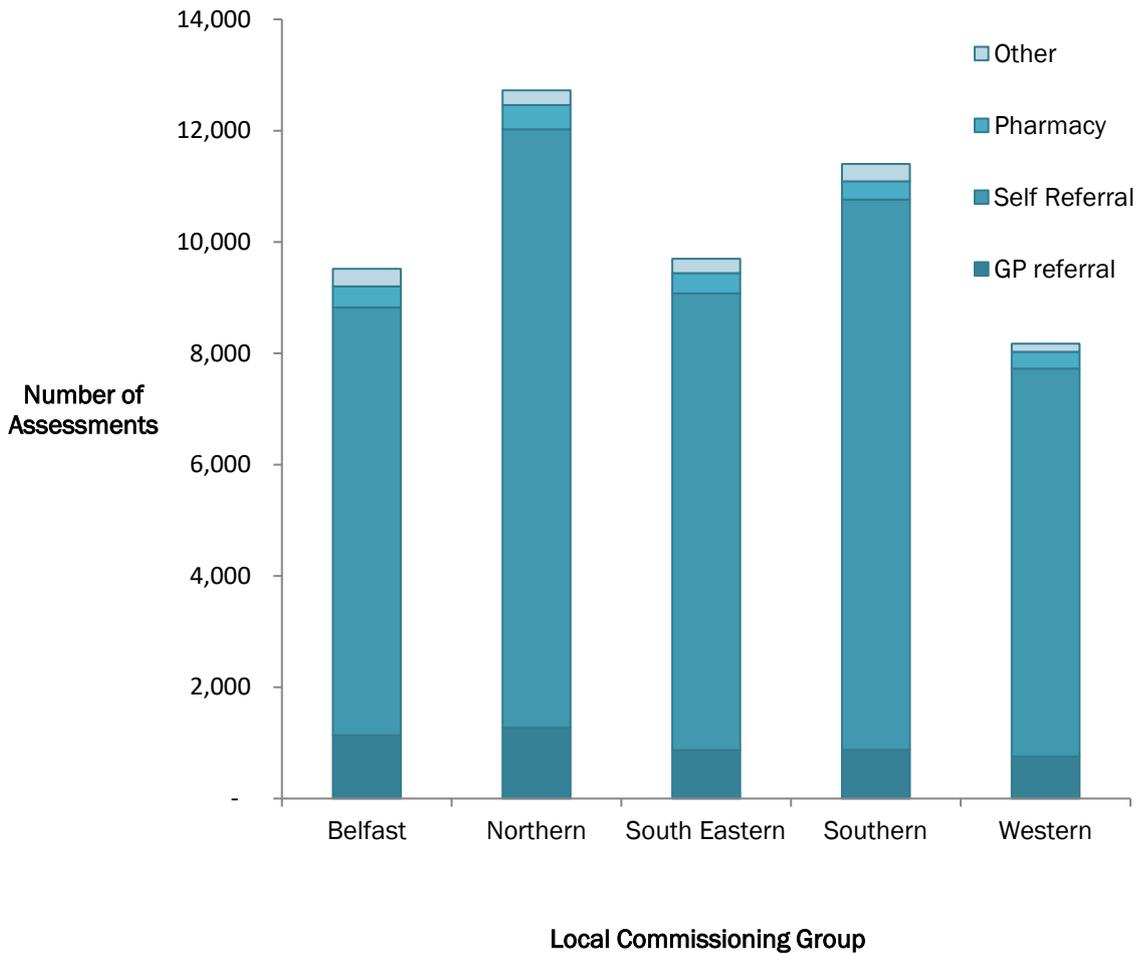
6.1 NI PEARS Assessments

Following the suspension of all routine ophthalmic services on 23rd March 2020, ophthalmic practices in Northern Ireland continued to provide urgent eye care services to patients who presented with an acute eye condition. Urgent care was provided through remote consultation with face to face consultations only where absolutely clinically necessary and where correct PPE could be worn and was funded. As such, figures for NI PEARS now include activity seen via a remote consultation.

Based on claims submitted during 2024/25, a total of 51,517 unique assessments took place at NI PEARS, a 4% increase on 2023/24. Of these, only 24 were for remote consultations. This compares with 15% being conducted remotely in 2020/21. Of the total unique assessments, 89% (46,035) were first assessments, with the remaining 11% (5,482) being follow-up assessments ([See Annex Table 1.15](#)).

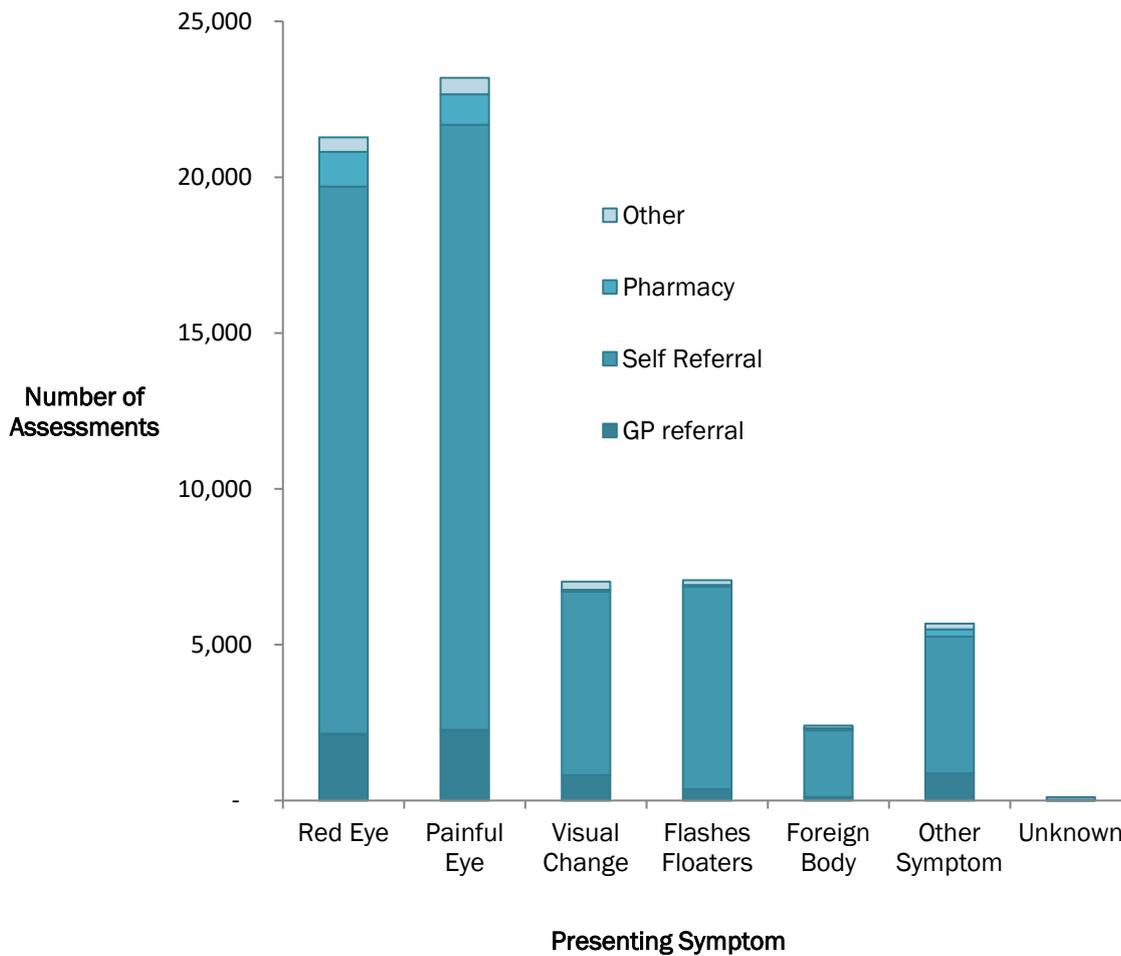
Figure 6.1 overleaf shows the NI PEARS assessments grouped by Local Commissioning Group and referral source. During 2024/25, the area with the most assessments conducted (12,725) was the Northern LCG, representing 25% of the total. The area with the fewest assessments was the Western LCG (8,174), representing 16% of the total. In terms of referral source, the vast majority of assessments were Self-Referrals (84%). This ranged from 81% of assessments in the Belfast LCG, to 87% in the Southern LCG.

Figure 6.1: NI PEARS Assessments by referral source and LCG, 2024/25. [See Annex Table 1.13.](#)



Presenting symptoms are not recorded for remote consultations. In 2024/25, the most common presenting symptom at NI PEARS face to face consultations was ‘painful eye’ with 23,190 presentations. This was closely followed by ‘red eye’ at 21,279. Red eye and painful eye together accounted for two-thirds (67%) of total known presenting symptoms. It is important to note that patients can have more than one presenting symptom. The least common symptom to present with was a foreign body in the eye at 2,403 presentations, 4% of the known total (see Figure 6.2).

Figure 6.2: Presenting symptoms at NI PEARS by referral source, 2024/25. [See Annex Table 1.14.](#)



6.2 NI PEARS Outcomes

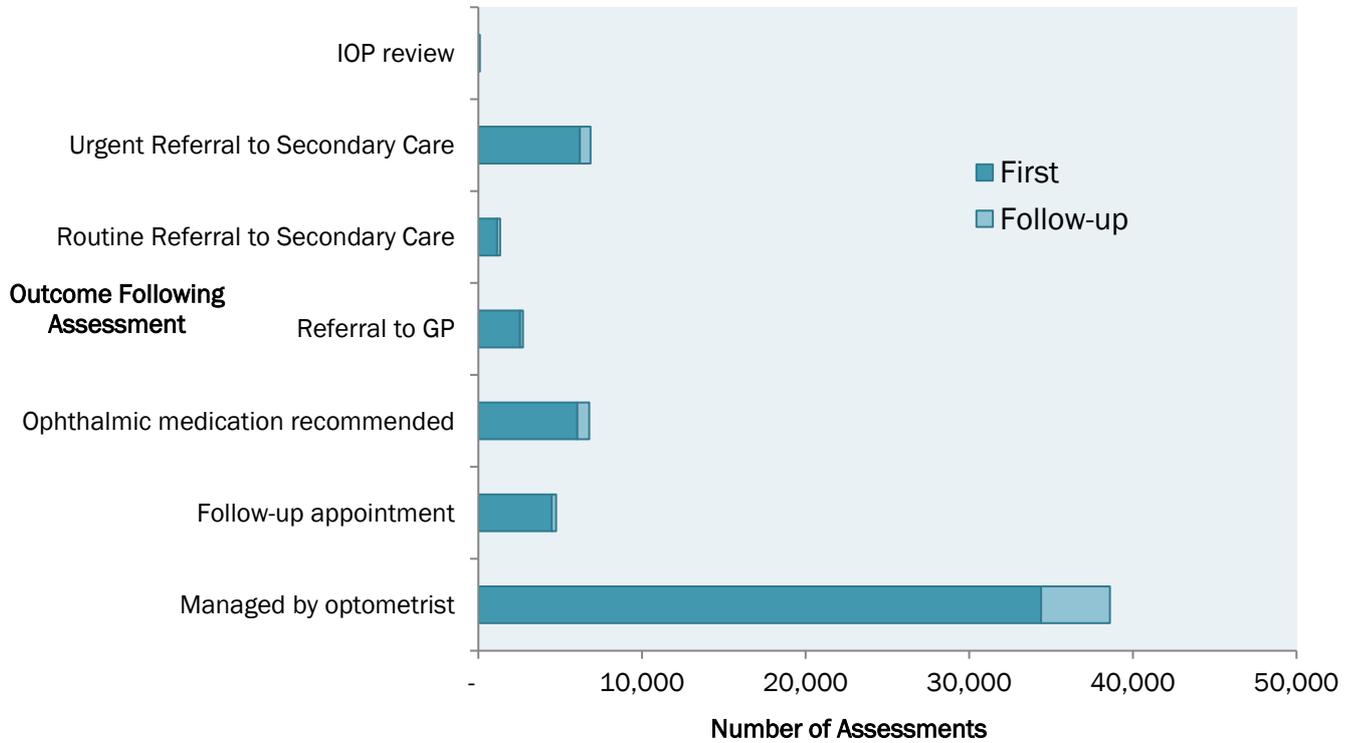
Patients that attend NI PEARS can have multiple outcomes following assessment.

Of the 46,035 first assessments at NI PEARS in 2024/25, there were 54,832 outcomes following assessment. Just under two-thirds (63%) of outcomes resulted in patients being managed by the optometrist at the NI PEARS service. Only 13% resulted in an urgent or routine referral to Hospital Eyecare Service, with 84% of these being an urgent referral.

During 2024/25, there were 6,294 outcomes for the 5,482 follow-up assessments for NI PEARS. Two thirds of the outcomes resulted in patients managed by the optometrist at the NI PEARS service. Only one in eight resulted in an urgent or routine referral to a Health Service Provider. This is the second year that IOP reviews carried out through NI PEARS at the request of secondary care, have been presented explicitly in the data. There were 91

such reviews conducted in 2024/25, which is 27% lower than in the previous year.

Figure 6.3: Outcomes of NI PEARS assessments, 2024/25. [See Annex Table 1.15.](#)



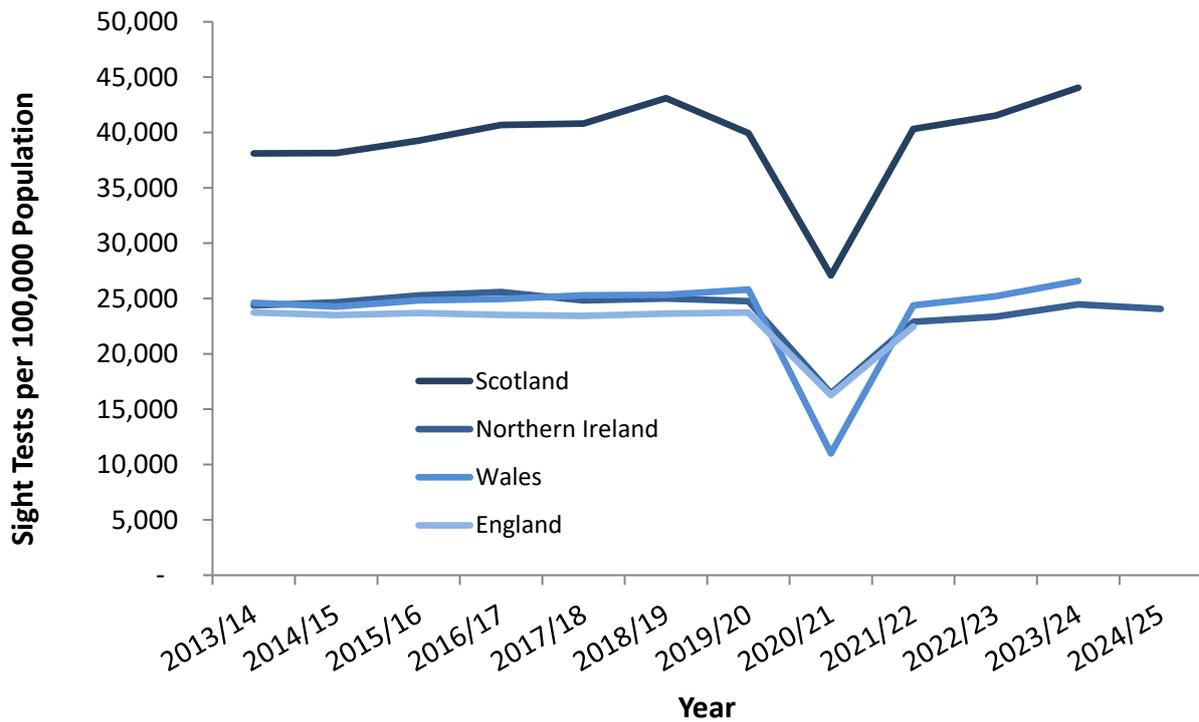
7. Ophthalmic Services UK Comparison

This section of the report details activity on the number of sight tests, vouchers and repairs or replacements per 100,000 population per UK region. At the time of this release, ophthalmic data for Scotland and Wales up to 2023/24 was published. NHS Business Services Authority (NHSBSA) has taken over release of the ophthalmic data for England and provided 2020/21 and 2021/22 activity for inclusion in this report. Data for 2022/23 had been included in a previous publication, but following advice around ongoing data quality issues from NHSBSA they have been removed until these issues are resolved. The latest available year for comparison between all 4 UK regions is 2021/22.

7.1 Sight Tests

During 2024/25, Northern Ireland carried out 24,067 health service sight tests per 100,000 population. This was a decrease of 2% on the 24,463 in 2023/24. Considering the longer term trend, between 2013/14 and 2019/20 the number of sight tests per 100,000 population across Northern Ireland, England and Wales followed a similar steady trend and volume. The average across these 3 regions during the period was around 24,500. The number of sight tests per 100,000 population in Scotland during the period was typically over 60% higher than those of the other 3 regions of the UK. However, when comparing such rates across the UK, it should be noted that Scotland offers free sight tests to its population (aged between 16 and 59 years) every 2 years with some categories of patients eligible for a sight test annually (see Figure 7.1).

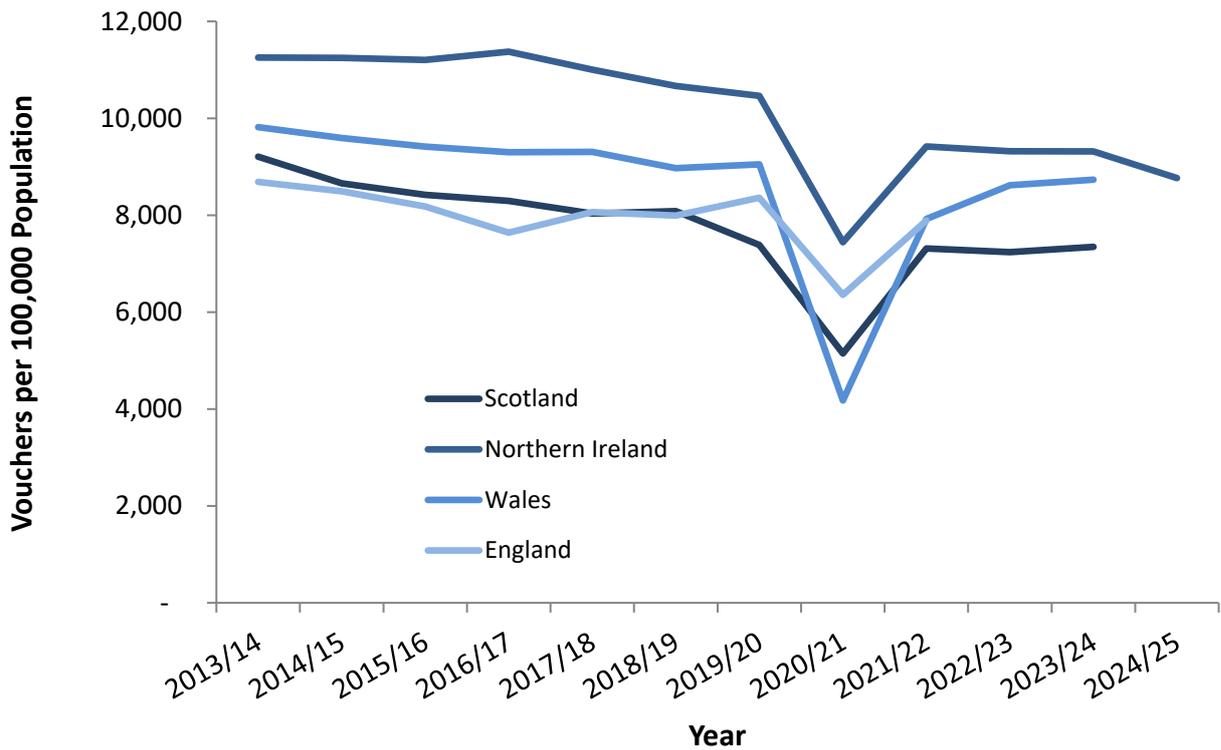
Figure 7.1: UK Comparison, Sight Tests per 100,000 population, 2013/14 and 2024/25. [See Annex Table 1.17.](#)



7.2 Vouchers

During 2024/25, Northern Ireland processed 8,765 vouchers per 100,000 population. This was 6% lower than the rate of 9,316 for 2023/24, which had remained steady for three years. Northern Ireland has had the highest number of vouchers processed per 100,000 population across the 4 UK countries, for the entire series shown in figure 7.2. Comparing across the other UK regions for the latest year available, Northern Ireland was 27% higher than Scotland and 7% higher than Wales in 2023/24, and 19% higher than England in 2021/22, for the rate of vouchers per 100,000 population.

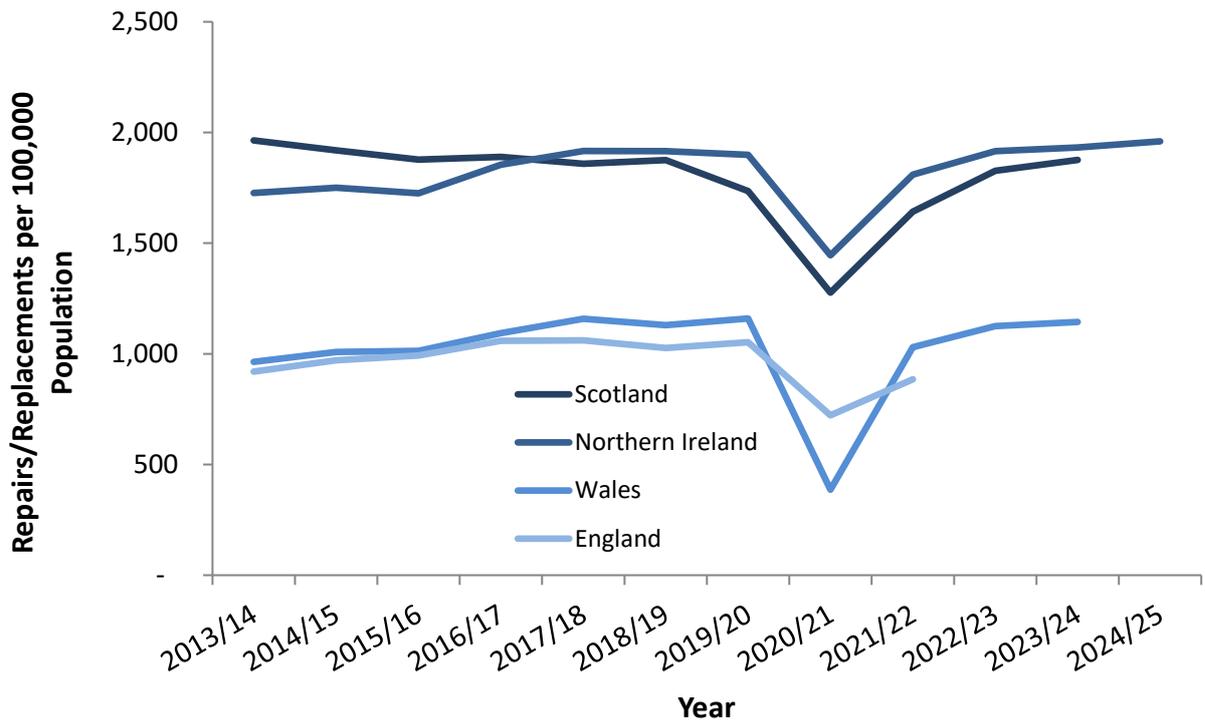
Figure 7.2: UK Comparison, Vouchers per 100,000 population, 2013/14 and 2024/25. [See Annex Table 1.17.](#)



7.3 Repairs & Replacements

During 2024/25, Northern Ireland processed 1,960 repairs and replacements per 100,000 population. This was an increase of only 1% on the 1,932 from 2023/24. Figure 7.3 shows that Northern Ireland and Scotland had broadly similar repairs and replacements rates per 100,000 population with 1,932 and 1,876, respectively, in 2023/24. When compared to Wales for the same year, the rate of repairs and replacements for Northern Ireland was 69% higher. Moreover, it was more than double that of England in 2021/22, 1,810 compared to 885.

Figure 7.3: UK Comparison, Repairs and Replacements per 100,000 population, 2013/14 and 2024/25. [See Annex Table 1.17.](#)



8. Health Service Ophthalmic Service Costs

This section of the report details the cost of primary ophthalmic services in Northern Ireland. It is based on General Ophthalmic Services payments as processed by the BSO during the period 1 April 2024 to 31 March 2025.

8.1 Ophthalmic Services Cost Summary

In 2024/25, the cost of primary care ophthalmic services in Northern Ireland was approximately £24.6 million, a 3% decrease on 2023/24 (see Table 8.1). Longer term, the total cost of ophthalmic services in Northern Ireland has been an increasing trend. Over the series presented, it has risen by £2.8m from £21.8m in 2013/14 to £24.6m in 2024/25. The cost per person has increased by 8% from £11.90 to £12.90 across the same time period. The majority of the ophthalmic spend is on sight tests (£10.7m) closely followed by vouchers (£9.4m).

Table 8.1: Payments made for ophthalmic services, 2013/14 to 2024/25. [See Annex Table 1.20.](#)

Financial Year	Total Cost of Ophthalmic Services (£ Millions)
2013/14	21.8
2014/15	22.2
2015/16	22.6
2016/17	23.5
2017/18	22.9
2018/19	23.6
2019/20	23.8
2020/21	24.4
2021/22 ⁶	24.8
2022/23 ⁶	23.6
2023/24 ⁶	25.3
2024/25 ⁶	24.6

⁶ Figures are based on the annual assurance information supplied by the Business Services Organisation (BSO) to the Strategic Planning and Performance Group of the Department of Health (formerly Health and Social Care Board (HSCB)) for each financial year. The figure for 2021/22 includes £60,689 of expenditure for prisons following a new prison contract being introduced in May 2021 with funding transferred to SPPG (formerly HSCB). In 2022/23 this included £42,519 of expenditure for prisons; 2023/24 included £55,936; and, 2024/25 included £72,008.

8.2 Local Commissioning Group Level⁷

At Local Commissioning Group level, Northern LCG accounts for the largest proportion (24%) of all primary care spend, whilst Western LCG accounts for just 17% of total spend for Northern Ireland. Western LCG had the highest spend (£13.50) per head of population with the Belfast LCG having the lowest (£12.10) (see Figure 8.1).

Figure 8.1: Cost of ophthalmic services by LCG, 2024/25. [See Annex Table 1.19.](#)



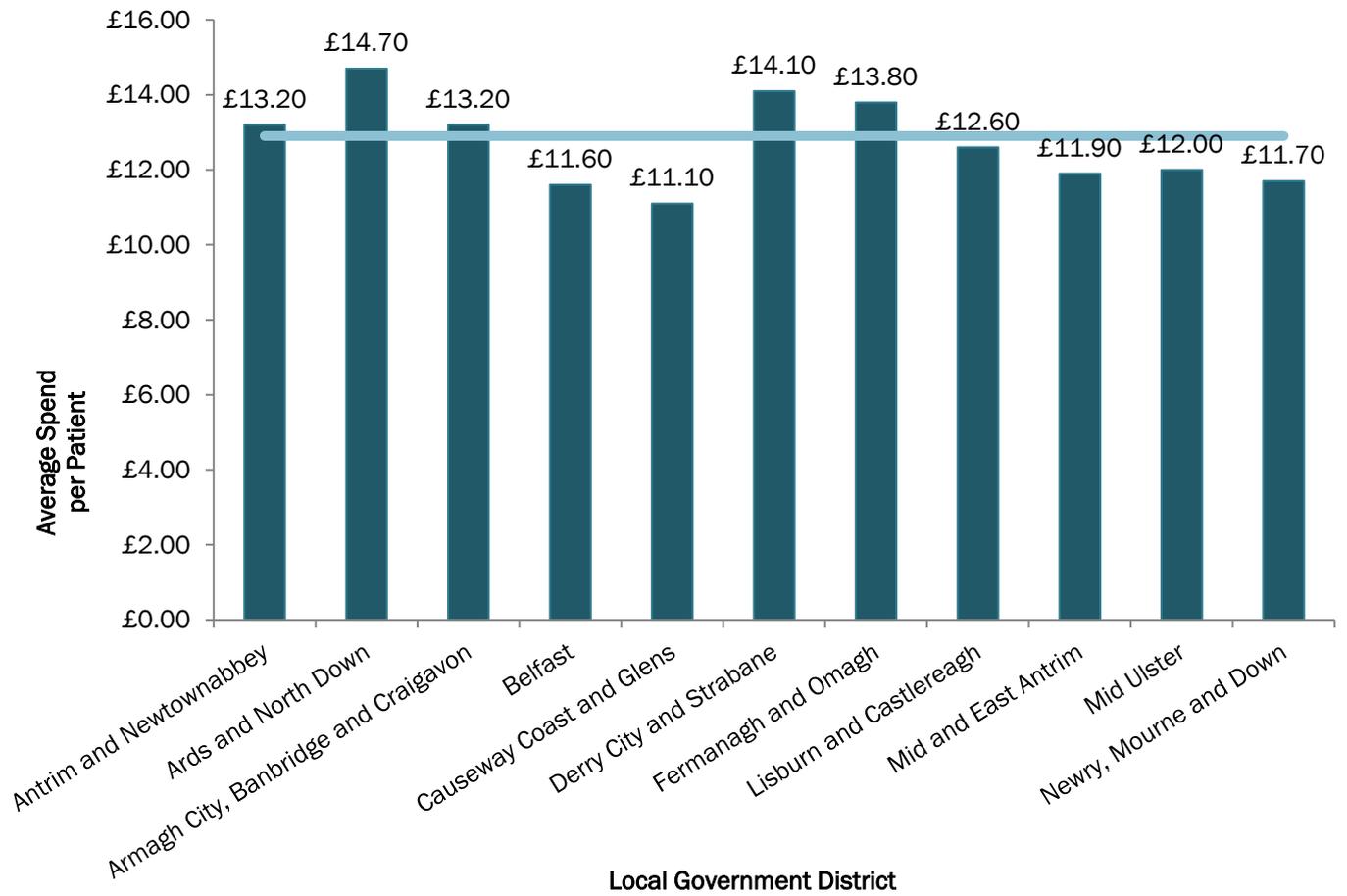
8.3 Local Government District Level⁷

At Local Government District (LGD) level, Belfast LGD accounts for 16% of all primary care ophthalmic spend, while Causeway Coast & Glens accounts for just 6% of spend for Northern Ireland. Looking at the spend per head of population, Ards & North Down, Derry City & Strabane, and Fermanagh & Omagh LGDs had the highest spend (£14.70, £14.10, £13.80 respectively) with Causeway Coast & Glens LGD (£11.10) having the lowest (see Figure 8.2).

⁷ When referring to cost, LCG and LGD are based on the location of the contractor.

Figure 8.2: Health service ophthalmic spend per head of population, by Local Government District, 2024/25.

[See Annex Table 1.20.](#)



Publication Notes

Family Practitioner Services

Family Practitioner Services (FPS) is part of the BSO's Operations Directorate. It provides a range of essential services to Health and Social Care organisations, primary care contractors and patients.

FPS calculates payments to health professionals in the dental, pharmacy, general practice and ophthalmic sectors through Northern Ireland. It also maintains the central register of patients registered with GP practices in Northern Ireland, issuing medical cards and processing changes such as name, address and doctor.

It provides professional advice, support and information to customers and members of the public and maintains the pharmaceutical, dental and the Northern Ireland Primary Medical Performers lists. FPS also provides the call and recall services for cervical and bowel cancer screening in Northern Ireland.

About this publication

This report has been produced by independent statisticians within the FPS Information Unit. They are on secondment from the Northern Ireland Statistics and Research Agency (NISRA). This publication has been compiled in accordance with the Code of Practice for Statistics. For tables relating to this report see the spreadsheet [Annual Ophthalmic Statistics Tables](#) and [Supplementary Information on Sight Test, Vouchers and Repairs](#).

Next edition

This publication is issued annually. It is expected that the next edition shall be published in June 2026. In the interim, [quarterly tables are published separately](#). The quarterly figures are provisional until the annual publication for that year issues, at which point they are finalised. The release calendar for future statistical publications is available on the [BSO website](#).

Data Sources

Activity data on sight tests paid for by the HSC, optical vouchers and repairs are collected via a series of General Ophthalmic Service (GOS) online forms which are used in the ophthalmic service payment process. Although the majority of GOS payment claims can be submitted through the Ophthalmic Claim System (OCS), there are a small number of services that cannot be submitted through OCS and are submitted either manually or via an e-form on the BSO website.

- GOS(NI)ST – Sight tests, including information on patient eligibility status and if it was a domiciliary visit.
- GOS(NI)V – Optical vouchers - including information on patient eligibility status and voucher type.
- GOS4(NI)R – Optical repair/replacement vouchers - including information on patient eligibility status and voucher type.
- STC form – Manual form for private sight tests with partial help towards the full cost. Vouchers and Repair / Replacements with HC3 forms can be submitted on OCS through the standard GOS(NI)V and GOS(NI)R forms.
- LES I & LES II – Manual form used where enhanced case finding has been carried out in accordance within the Northern Ireland Glaucoma and Ocular Hypertension (Level I Level II) Enhanced Service.
- NI PEARS – Manual and e-form for NI PEARS assessment, including outcome information.
- OHT – E-form for OHT review assessment.

All information is based on the data supplied by the opticians at the time of the claim and only claims which are paid by BSO after validation are included.

Definitions

Sight test eligibility

Under current guidelines at the time of publishing, the following groups are eligible for an HSC sight test.

- Patients aged 60 or over
- Children aged under 16
- Students in full time education aged 16-18
- Adults receiving Income Support
- Adults receiving income based Job Seekers Allowance (JSA)
- Adults receiving Income-related Employment and Support Allowance (ESA)
- Adults receiving Pension Credits guarantee credit (PCGC)
- Adults receiving Tax Credits
- Patients holding an HC2 certificate
- Patients named on a valid HC3 Certificate (offering partial assistance with charges)
- Patients registered blind or partially sighted
- Glaucoma and diabetes sufferers
- Close relatives of a glaucoma sufferer over 40 years of age, or at risk of glaucoma
- Patients requiring complex lenses

It should be borne in mind that people may qualify for a health service sight test on more than one criterion. However, they would only be recorded against one criterion on the GOS form. Patients are more likely to be recorded according to their age rather than their clinical need. For example, a patient aged 60 or over, with glaucoma, is likely to be recorded in the over 60 category only. The count by eligibility is therefore approximate.

HC2 or HC3 Certificate

Some people on a low income may qualify for help towards HSC charges. Entitlement to help is based on circumstances such as level of income, savings, etc. Those qualifying for help will be sent an HC2 or HC3 Certificate. An HC2 qualifies people for full costs. An HC3 qualifies people for partial help with health costs.

Domiciliary Sight Tests

The majority of sight tests paid for by BSO are conducted at practitioners' premises. A small proportion of tests are conducted away from ophthalmic premises. These include sight tests carried out at people's homes.

Private sight tests and those with partial help

The number of people who pay in full for private sight tests in Northern Ireland is not collected by BSO. Patients with HC3 certificates as part of the low-income scheme are entitled to varying degrees of financial help with private sight tests. Data are collected via the STC form.

Optical vouchers

The HSC optical voucher scheme covers patients who are eligible to have Health Service spectacles and were given an optical voucher to put towards buying their own choice of spectacles, or having new lenses fitted to their existing frames or be put towards the cost of contact lenses. Patients may receive a voucher for more than one pair of spectacles.

Optical Voucher eligibility

Eligibility for Health Service optical vouchers differs to that for sight tests paid for by BSO. The following groups are eligible for Health Service optical vouchers.

- Children aged under 16
- Students in full time education aged 16-18
- Adults receiving Income Support
- Adults receiving income based Job Seekers Allowance
- Adults receiving income-related Employment and Support Allowance (ESA)
- Adults receiving Pension Credits guarantee credit
- Adults receiving Tax Credit and their partners
- Patients on low income holding an HC2 or HC3 certificate
- Patients requiring complex lenses.

Repair or replacement voucher

A repair or replacement voucher should only be issued when there is no reason to believe there has been a change of an eye prescription. Children under 16 are eligible for repairs or replacements in cases of loss or damage without prior approval by the Family Practitioner Services (FPS). In line with the General Ophthalmic Services discretionary payments protocol, glasses belonging to adults (including students aged 16-18 years) should only be repaired or replaced when FPS is satisfied the breakage or loss was due to illness, or in very exceptional circumstances of major hardship.

Optometrist or Ophthalmic Optician

An Optometrist is qualified to test eyesight and to prescribe and dispense spectacles. Their training enables them to recognise abnormalities and diseases of the eye. They are registered with the General Ophthalmic Council (GOC).

Ophthalmic Medical Practitioner (OMP)

An Ophthalmic Medical Practitioner is a qualified doctor who specialises in eyes and eye care. In addition to their medical skills, they are qualified to test eyesight and prescribe spectacles. They are registered with the General Medical Council (GMC).

Intra Ocular Pressure Repeat Measures (LES I)

The Intra Ocular Pressure Repeat Measures service (LES I) was introduced to reduce the numbers of false positive referrals for ocular hypertension (OHT). Further information on the LES I service can be found [here](#).

Glaucoma and Ocular Hypertension Enhanced Case Finding (Level II ES)

The Glaucoma and Ocular Hypertension Enhanced Case Finding Service (Level II) funds contractors with accredited and listed optometrists/OMPs to perform a defined set of clinical tests with the intention of producing an enhanced case finding for glaucoma, suspect glaucoma or ocular hypertension. These tests are performed in primary care optical practices and can be used for both patients who have a sight test under General Ophthalmic Services (GOS) as well as those who have a private eye examination. Further information on the LES II service can be found [here](#).

Ocular Hypertension Review and Monitoring (OHT)

The Ocular Hypertension Monitoring service (OHT) is an enhanced service provided by accredited optometrists to enable patients diagnosed with ocular hypertension, and who are therefore at risk of developing glaucoma, to be reviewed on an ongoing basis in primary care optometry practice. These patients would otherwise attend for regular review in the hospital. They are identified by the hospital glaucoma service and discharged to the care of the primary care optometrist for ongoing monitoring. The optometrists are required to attend regular clinical mentoring sessions led by the glaucoma service clinicians, facilitated within the ECHO program.

Northern Ireland Primary Eyecare Assessment and Referral Service

This enhanced service funds ophthalmic contractors in primary care to provide an acute eye care intervention service for patients across Northern Ireland. It facilitates accredited optometrists to investigate and manage, or triage for onward referral, patients presenting with acute, sudden onset, mainly anterior and non- sight threatening, eye conditions who may otherwise visit their GP or Hospital Eye Services. Further information on the NI PEARS service can be found [here](#).

Access to Services during the Covid-19 Pandemic

On 23rd March 2020, ophthalmic practices in Northern Ireland were instructed to suspend all routine ophthalmic services, including domiciliary eye care services, with immediate effect with only urgent and essential eye care services provided. Care was provided through remote consultation where possible with face to face consultations only when absolutely necessary and with the correct use of PPE and infection control procedures in place. Individual contractors were provided finance support payments to stabilise their General Ophthalmic Service payment in 2020/21 and 2021/22. High street practices received these finance support payments up to October 2021 with domiciliary and prison practice providers receiving them up to March 2022. These support payments did not continue into 2022/23 but a number of payments were made during the year to cover the cost of PPE equipment. The impact of COVID-19 restrictions on ophthalmic practices had an impact on activity levels, particularly in the earlier months of 2020/21. Readers should therefore be mindful of this when interpreting the figures for and comparing to 2020/21. More information on the Finance Support Payments and Rebuilding of Services is available on the BSO website at the following [link](#).

Data Coverage

Coverage

Data in this report are published by the financial year (01 April – 31 March) in which the claim was paid. This is not necessarily the same year as when the activity took place. As such, it will include some activity undertaken towards the end of the previous financial year and exclude some activity carried out towards the end of this reporting year which was not submitted for payment by March 2025.

The data is based on claims provided to the Family Practitioner Services (FPS) by primary care opticians and excludes all private work, prison activity (accounting for around 3% of total domiciliary sight tests) and all secondary care activity. It is possible to have multiple sight tests, vouchers or repairs during a financial year, so data does not refer to individual people unless the analysis clearly states that it does.

Workforce counts represent a headcount as at 31st March for each financial year and hence will not take account of any variations in hours worked.

Patient Demographics

Patient Health and Care Numbers (HCNs) are not available in the ophthalmic database at present and therefore a matching exercise with the central GP register was carried out in order to produce statistics by gender and area. Poor matching rates for earlier years, however, has meant only data from 2017/18 onwards is provided in this report. Patient information presented at Local Commissioning Group (Health Trust) and Local Government District (LGD) is based on the patient's current address according to the GP register (NHAIS). In addition, any gender breakdowns are based on what is recorded on the GP register (NHAIS) and may be self-reported. There are cases where no gender is recorded and therefore were included within the Unknown category.

The ophthalmic database does record date of birth and so data is provided by age band for the last twelve financial years, 2013/14 to 2024/25.

Population

NISRA population figures are used in this release. At the time of creation, mid-year estimates were not available for 2023 (at LCG & LGD level) and 2024 for Northern Ireland. For consistency within the 2023/24 and 2024/25 Northern Ireland-level and sub-Northern Ireland level calculations, the 2022 mid-year estimates were used for these years. This is because, in the absence of more up to date population estimates, this is a more accurate reflection of the current population, than using the 2018-based population projections which were developed prior to the 2021 Census. These estimates are published on the [NISRA](#) website.

Technical Notes

Target Audience

The target audience for this publication has been defined as: the Department of Health, Chief Executives of Trusts in Northern Ireland, senior staff in Strategic Planning and Performance Group, health professionals, academics, HSC Stakeholders, the media and the general public.

Main usages

This publication contains accredited official statistics on general ophthalmic activity for the most recent financial year (and earlier years where available on a comparable basis).

It can be used to monitor trends in ophthalmic services over time and across Northern Ireland.

The information can be used to support decision making, inform policy, provide advice to ministers, answer a wide range of Assembly Questions and Freedom of Information requests, for national and local press articles and, where appropriate, for international comparison.

Data Quality Summary

The data has been primarily sourced from the Family Practitioner Payment System (FPPS) in respect of FPS activity and payment information. Resident population data has been sourced from official NISRA demographic statistics.

The FPPS is a business critical payment system which is subject to periodic audit. The data quality is assessed as very good based on the low percentage of claims which have to be adjusted following payment.

As an administrative data system, there will inevitably be some manual entry errors and, even for automated processes, there may be

errors within the claims submitted by primary care contractors.

The extensive validation that occurs prior to payments being made, coupled with the consistency and variance checks carried out during the compilation of this publication means that the data provides a good representation of FPS Ophthalmic activity for the years covered by the report.

A [background data quality report](#) for this publication is available. Additional details are in the [FPS Quality Assurance of Administrative Data report](#).

National/International comparisons

This publication contains comparisons between Northern Ireland and other regions of the United Kingdom. The comparative data is available from the following sources:

England

- [Statistics on activity](#)
- [Statistics on workforce](#)

Wales

- [Statistics on activity](#)

Scotland

- [Statistics on activity and workforce](#)

Further Information

Further information about Northern Ireland and its health services, which may assist readers in interpreting this publication, is available on the [BSO Website](#).

This statistical bulletin and others published by Information Unit within BSO are available to download from the BSO Internet site at:

<https://bso.hscni.net/directorates/operations/family-practitioner-services/information-unit/>