

GOC response to queries (October 2024)

Q. For the patient and non-patient project – Are you hoping for an equal split between these two groups?

R. We haven't yet thought about that in detail, so I think this would be an area to explore with the appointed agency.

Q. How do GOC define 'disability'? – and are you interested in any types of disabilities e.g. hidden, visible, mental health, chronic conditions etc?

R. We don't have a specific definition of disability. I think this level of detail we would like to explore with the appointed agency.

Q. You mention in point 4 the requirement for the research to run as two separate projects with separate reports, would you prefer us to quote separate costs for each project (for example, to include separate alignment and debrief meetings) or would you prefer a single cost with joint project meetings?

R. A single cost with joint project meetings would be our more likely approach.

Q. For both the patients and registrants are you looking to include those who have experience of receiving/performing NHS eye care services, private eye care services, or a mixture of experiences across participants?

R. It can be a mixture, but it's unlikely we will define the participants by receiving or delivering NHS or private testing. As the test is the same, whether NHS or private, we don't tend to look at the funding of it.

Q. Do you require proposals to be in any set template or format?

R. No, we don't have any set format.

Q. Is there a word limit or a page limit for the proposal?

R. There is no word limit or page limit.

Q. Should we just sample members of the public who fit the following groups (both users and non-users): those with a disability, ethnic minorities and those experiencing difficult life circumstances such as financial (low income) or personal difficulties (bereavement) or have low confidence in managing eye health? What are the expectations in terms of recruiting groups who report greater difficulties in accessing and using eye care services – should we recruit only those service users with experience of difficulties or also those satisfied with their experience?

R. We don't have a final answer yet about recruitment for the public / patient research and would like to finalise this with the appointed agency. We do want to focus on groups who face more challenges in accessing care and are less satisfied with the services

received. Overall, these groups were those with a disability, those from an ethnic minority background and those with the vulnerability markers outlined in our research report.

Q. In the public perceptions survey, which ethnic minority groups report greater difficulties in accessing and using eye care services?

R. In terms of the specific ethnic minority groups, it might be best to look at the data tables. [Public perceptions research 2024 | GeneralOpticalCouncil](#)

Q. For GOC registered groups, should we just sample: those with a disability, females and ethnic minorities? What are the expectations in terms of recruiting GOC registered groups who have experienced: challenging or adverse experiences at work such as bullying, harassment, abuse and discrimination – should only those registrants with such experiences be recruited? What are the expectations in terms of recruiting GOC registered groups who have experienced: challenges such as working beyond hours, workload, commercial pressures, overbooked clinics?

R. We'd like to finalise recruitment with the appointed agency, but we expect that it will be focused on those particular groups who report challenging working conditions (i.e. bullying and discrimination) such as females, those with a disability and those from an ethnic minority background. So we probably want to focus on these groups, rather than just those who've experience e.g. working beyond their hours.

Q. It would be helpful if you could clarify whether you have any preferences: In terms of method, e.g. group discussions or depths? Virtual or face to face research?

R. We don't have any preference on the methodology and would like agencies to advise on this given the budget and topics under discussion.

Q. Can we see the questionnaire for the public perceptions survey?

R. The survey is attached to this email.

Q. We note that you are seeking one response to the tender for the two separate research briefs/project focus – Patient/Public and Professional/GOC Registrant. In terms of timing – do you require the two projects to run concurrently and for the draft reports for both to be submitted by 28th February or would you be open to the projects being run one after another i.e. Patient/Public focus delivered first whilst professional audience is being recruited and then worked on post completion of patient research - with both projects being debriefed by 31 March?

R. As long as both project outputs are delivered by the deadline of 31 March 2025, then we are open to different timetables, as it may take longer to recruit for the registrant research.

Q. Will the contract for the two projects be awarded to one agency only or is there scope for the two projects to be divided between the 2 highest scoring qualitative research providers for example?

R. We are expecting to award it to one single agency.

Q. Point 28 of the brief concerning outputs – we can bring key findings to life from the qualitative research in a visually impactful way inline with the great infographics created from the quant research we have accessed on your website. However these would probably consist of a summary of key findings and pulling out key quotes etc as required rather than survey data/infographics due to the nature of the qualitative research – I hope this meets with your requirements?

R. Yes, that should be fine. We appreciate the infographics will be different for qualitative research. We are keen to ensure that the key findings are communicated in an interesting way for different audiences.

Q. In terms of the scope for the GOC registrants research – are you open to this including researching the wider work environment/pressures to provider context that may impact on satisfaction/dissatisfaction as well as focus on the brief of abuse/harassment/bullying etc or to stick to the focus within the brief only?

R. I think we would like to stick to those groups experiencing more challenging working conditions identified in our registrant survey i.e. those with a disability, those from an ethnic minority background and females, rather than broadening it out too much. However, we would like to finalise our approach with the appointed agency.

Q. Is there a preferred template for submissions e.g. Word or PowerPoint etc?

R. There is no preferred format.

Q. Is the GOC is tendering this opportunity under the RM6126 Research & Insights Framework, or if not, if you might be able to share the contract GOC is tendering under?

R. We are not tendering under this framework, and have attached the standard contract we use.

Q. Do you have an expectation of how many registrants and members of the public/patients you would like to be included in the qualitative research in total?

As always, qual isn't about the numbers like a survey, but it would be useful to know if you have any ideas on this.

R. We don't have any expectations on this and assume the budget will more or less dictate.

Q. You have highlighted which groups are of particular interest in the research – vulnerable patients/members of the public, registrants more likely to be facing challenges. Is it the case that you wish to focus exclusively on these groups, or would just like to see their feedback represented / concentrated on in the analysis?

R. Yes, we'd like to focus on these groups that have faced difficulties accessing or delivering care, rather than those groups who were satisfied.

Q. At point 28, does this mean that you want the two written reports to include visual materials that bring the findings to life, or is this separate to the written reports?

R. We would like something visual like infographics (could be something else) to bring the reports to life and summarise the key findings for both research projects.

Q. Is there definitely no option to reach out to registrants via email to conduct the recruitment, even if this was on a more limited basis not to all registrants? E.g. a random or targeted sample?

R. We are open to ideas on recruitment and would finalise this with the appointed agency, but we just need to be careful of over contact with registrants.

Q. Would you be OK with .ppt proposal or do you require word doc?

R. We don't have a preference in relation to proposals.

Q. Would you be happy with .ppt as main debrief deliverable? This would be our recommendation to ensure this output remains engaging.

R. We would need to discuss the PowerPoint as the format and finalise with the appointed agency. We have used both Word and PP in the past, and we need to ensure that the format allows us to capture all the research findings.

Q. From the budget of 70k do you have a weighting or priority on any of the particular projects? or should we assume equal weighting and allocate budget accordingly?

R. Approximately equal weighting.

Q. Can you confirm the research is only with patients and GOC registrants that have had difficulties accessing, using or delivering eye care (e.g. we would not speak to those who are satisfied with services!) or would everybody in these categories be of interest?

R. Yes, those with difficulties accessing or delivering care. Not those who are satisfied.

Q. Would we be able to get hold of the analysable data set so our team could also investigate causal relationships in the data e.g. is there less satisfaction/ barriers from certain chains which might be linked to price/ ethnicity or language?

R. We have published the data set for the public perceptions on our website, but we wouldn't want to explore whether patients were less satisfied with certain named businesses.

<https://optical.org/publicperceptions/public-perceptions-research-2024/>

Q. Is there any expectation that you would like some interviews to be conducted in non-English language?

R. We didn't have any expectation that the research would be carried out in a language other than English.

Q. In terms of recruitment do you envisage this will be on 4+ vulnerability markers? or at least one? or 2-3?

R. We would like to finalise our recruitment approach with the appointed agency, but the most vulnerable groups do have 4+ markers.

Q. Would the GOC be able to provide database for us to call (not mass email) to search for relevant participants? If so, will this have name, telephone, email etc. IF NOT, and we use free find lists/ recruitment, is the GOC able to verify they are indeed GOC registrants (rather than unregistered?) by organisation, name or GOC code?

R. We would like to finalise our approach to recruitment with the appointed agency, but we wouldn't want to call individual registrants. We would like to recruit via our ebulletin, social media and asking the professional and representative bodies to raise awareness. We are open to other recruitment methods but as the ITT says we want to avoid over contact with registrants. We would be able to verify whether a participant was registered i.e. by their registration number.

Q. I understand this sort of research has not been done by the GOC before. Aside from the new corporate strategy, are there any other reasons that encouraged the GOC to initiate this research now?

R. Previous research has highlighted certain groups of patients and registrants face difficulties in accessing and delivering eye care.

Q. I'd like to understand more details about how the GOC would be able to support the recruitment of registrants. We suggest an expression of interest form that registrants can fill out - would a link in the newsletter or social media be appropriate you'd be happy with?

R. We are open to ideas from agencies on recruitment and will finalise our approach with the appointed agency. We would be able to raise awareness via our newsletter and social media.

Q. Which professional and membership bodies could promote the research? In what way could they support - e.g. emails, newsletters, social media, reposting GOC posts etc.?

R. We will need to contact the professional and representative bodies to ask them if they are willing to promote it, so we are not able to say which ones will promote it. It would likely be via newsletters, social media etc.

Q. How do you feel your most recent data compares to other health professions?

R. We think that there are many similarities between our sector and the wider health sector in terms of issues with particular groups accessing and delivering care.

Q. How do you see the budget split between the two audiences? 50/50, or is one more important than the other?

R. Approximately equal weighting.

Q. How interested are you in talking to non-vulnerable audiences to understand what's working for them? Do you have a solid understanding of this already?

R. We would like the research to focus on more vulnerable groups identified in our public perceptions and registrant surveys 2024. This qualitative research is a new area for us, as we've only carried out mainly quantitative in the past.

Q. Are you interested in exploring young people given survey findings? Or is this a separate project?

R. We would probably focus on other vulnerability markers other than age for this project.

Q. Do you have a sense of the specific poor experiences the vulnerable audience are experiencing?

R. This is something that we would like to explore in the research to find out in more depth about poor experiences.

Q. Could you provide some further information about sample sizes you are hoping for within each sample group?

R. We don't have any further information on this and assume the budget will more or less dictate.

Q. Are you/have you conducted any qualitative work at all that could feed into this project at all? Can this be shared?

R. No, we haven't previously conducted any qualitative work in this area.

Q. For the patient/public sample – do you want this to focus on vulnerable audiences (in the broad sense you highlight in the brief), or do you also want to include more mainstream audiences without additional vulnerabilities.

R. We would like to focus on more vulnerable groups and their experiences.

Q. Should the registrant sample also focus on registrants with vulnerabilities, or include those without too, who may also have experienced negative experiences in the workplace.

R. We'd like to finalise recruitment with the appointed agency, but we expect that it will be focused on those particular groups who report challenging working conditions (i.e. bullying and discrimination) such as females, those with a disability and those from an ethnic minority background. So we probably want to focus on these groups, rather than just those who've experience e.g. working beyond their hours.

Q. Are there any word limits to the proposal?

R. There are no word limits.

Q. Your brief mentions exploring interventions (for registrants), do you already have these or would the research be used to identify appropriate interventions?

R. The research would be used to identify any interventions that might be helpful.