

## 1 SUPPLEMENTARY MATERIAL

2 *Supplementary material A: The pre-specified, semi-structured topic guide for facilitators to aid focus group*  
3 *discussions*

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## Myopia

- Is myopia a problem in the UK? If so, why, or why not?
- Has the number of myopic patients you are seeing changed?
- Do parents ask you about myopia?
- Do you have discussions with parents about myopia? If so, what do you discuss?
- Are there any barriers in being able to discuss causes and consequences of myopia with the parents?
- How comfortable do you feel discussing myopia with parents?
- Are you aware of the term pre-myopia?
  - If so, do you discuss this with parents?

## Myopia management

- Are you aware of myopia management?
  - If so, what different myopia management options are you aware of, or have experience of?
- Do you think enough is being done to educate practitioners about myopia management?
- Thoughts on:
  - Specialised spectacle lenses
  - Soft contact lenses
  - Orthokeratology
  - Atropine
- How do you/would you decide which children should be offered myopia management?
- What do you think about lifestyle advice for myopia?
- Do you perceive any barriers in communicating with parents about myopia management options?
- Are there any barriers to you offering myopia management in the UK?
- Are there any barriers to patient's uptake of myopia management?
- Are you aware of any guidelines to help in the use of myopia management?
  - If you are, what are your thoughts on these?
- Do you think we should be offering myopia management to pre-myopic children?

## Research

- Can you think of any research questions you might like answered to do with myopia or myopia management?

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8 *Supplementary material B: example of coding from the initial transcribed data and the further organisation of codes into themes*  
 9 *and subthemes*

## DATA

Facilitator: Just on this point [Speaker 4], can I ask for or the people that that, that are in practices that currently don't supply? Is that... what barriers do you reckon... what are the reasons why you're not, doing them in those practice, is there a reason why that's not come about?

Speaker 1: Chair time.

Facilitator: (Pause). Chair time, just simple chair time. Okay, anything else? Any other reasons?

Speaker 4: I think the practice that I work in, the socio-economic group that the community that the practice serves, there isn't enough demand for the product, for it to be... the take up wouldn't be enough, I think is what the practice feels, therefore that's not the sort of thing that they offer.

Speaker 2: I think maybe as well like because it's not seen as much of a problem, like as I was mentioning before with like, because myopia is not seen as like a gross, huge disease or a problem or something that we have to be concerned about now is that it's a lot easier to just get someone back in six months, a minus 0.25D change and then you can send them on the way. It's not... I don't think any of our optometrists are unethical, but it's certainly a lot easier to just feel "Oh, so there's been a small change in prescription, we need to update the glasses" and I think if they were better informed about it then there would be a lot more likelihood to be able to take it up. If they said, "This is gonna progress and it's gonna lead to things later on in life and later in future, you're gonna need your lenses thinned down. You've got more chance of retinal detachment". If you give them the full information I think patients, parents of patients, would be a lot more concerned about it. At the moment it's just a small change prescription, looking at the whiteboard, that's all you need them for patients or parents are like, "Okay, that's fair enough. It's not something to worry about."

Fc1: [Speaker 5] please go ahead.

Sp5: Yeah, I think from my own experience, there's a couple of reasons. One can be demographic, so where there's almost that assumption that parents aren't gonna spend that sort of money. The other is some of the practices I work at actually don't have DOs, so you've got the optom that's got the responsibility of under 16 dispenses and so on. The OAs just know the old way, the old tried and tested way that works with the lenses, and just not had that staff training isn't there. There's only so much as an optom you can do, especially when you're locuming there once a week or whatever, to train them up and then implement something new. I think that's been the obstacle where I am is not having a DO because the DO is really aware of all the lenses, all the latest products, and they're in a position where they can train the front of house staff far better than the optoms in the room testing and just dipping in and out. Because one practice I do locum at that has a DO, they've got it up and running and it's great. It's great to just offer so much more to our patients. Yeah. So that's I think couple of reasons I've come across.

## CODES

- Lack of adequate consultation time

- Uptake dependent on local community demographic: socio-economic
- Implied: cost as a barrier for lower socio-economic classes
- Lack of financial incentive to practice: perceived low uptake

- ECPs do not view myopia as an eye disease to be concerned about, just a refractive error

- Parents not receiving full information from ECPs
- Parental receptivity would improve with communication of myopia implications by ECPs

- Uptake dependent on local community demographic: socio-economic

- Lack DOs to continue the conversation outside of consultation room

- Insufficient training of all patient-facing staff

Theme: systemic issues with eyecare delivery		
Sub-theme: Public awareness and attitudes to eyecare	Sub-theme: Incompatibility with current eyecare models	
	Incompatibility with practices being retail-dominated	Incompatibility with current GOS contract
<ul style="list-style-type: none"> <li>• Optometry as an undervalued profession compared to others, such as dentistry</li> <li>• Parental receptivity would improve with communication of myopia implications by ECPs</li> <li>• Parents more willing to spend money on gadgets for their children than on their eyecare</li> <li>• The UK public take free NHS sight-testing for granted</li> <li>• Patients are sceptical of ECPs as practices are viewed as a retail environment</li> <li>• Education of the general public about eyecare needs to come from higher up than ECPs e.g. government</li> <li>...</li> </ul>	<ul style="list-style-type: none"> <li>• Practices placing emphasis on quantity of appointments rather than quality of service provided</li> <li>• Lack of adequate consultation time</li> <li>• Concern whether ECPs will have sufficient time to provide a good quality service</li> <li>• Lack of financial incentive to practices: perceived low uptake</li> <li>• Insufficient training of all patient-facing staff, especially if it is a large team</li> <li>• Practices might adapt a 'one size fits all' approach</li> <li>...</li> </ul>	<ul style="list-style-type: none"> <li>• Unsure how to justify short myopia management recalls for GOS payment claims</li> <li>• Unsure if GOS allows more frequent monitoring for pre-myopes (i.e. 'at risk' emmetropes)</li> <li>• Myopia management would work better as a specialism</li> <li>• Insufficient remuneration for GOS tests means practices place less emphasis on low-value appointments (e.g. paediatric care)</li> <li>• The possibility of NHS funding for myopia management would involve scrutiny through NICE</li> <li>...</li> </ul>

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12 *Supplementary material C: COREQ checklist*

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14 Consolidated criteria for reporting qualitative studies (COREQ): 32-item checklist

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No. Item	Guide questions/description	Reported on Page #
Domain 1: Research team and reflexivity		
<i>Personal Characteristics</i>		
1. Interviewer/facilitator	Which author/s conducted the interview or focus group?	1/Title page
2. Credentials	What were the researcher's credentials? E.g. PhD, MD	1/Title page
3. Occupation	What was their occupation at the time of the study?	n/a
4. Gender	Was the researcher male or female?	n/a
5. Experience and training	What experience or training did the researcher have?	1/Title page
<i>Relationship with participants</i>		
6. Relationship established	Was a relationship established prior to study commencement?	5

7. Participant knowledge of the interviewer	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	5
8. Interviewer characteristics	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	1/Title page
Domain 2: study design		
<i>Theoretical framework</i>		
9. Methodological orientation and Theory	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	6
<i>Participant selection</i>		
10. Sampling	How were participants selected? e.g. purposive, convenience, consecutive, snowball	5
11. Method of approach	How were participants approached? e.g. face-to-face, telephone, mail, email	5
12. Sample size	How many participants were in the study?	6
13. Non-participation	How many people refused to participate or dropped out? Reasons?	n/a
<i>Setting</i>		
14. Setting of data collection	Where was the data collected? e.g. home, clinic, workplace	5
15. Presence of non-participants	Was anyone else present besides the participants and researchers?	5
16. Description of sample	What are the important characteristics of the sample? e.g. demographic data, date	6-7
<i>Data collection</i>		
17. Interview guide	Were questions, prompts, guides provided by the authors? Was it pilot tested?	Supp A, not pilot tested
18. Repeat interviews	Were repeat interviews carried out? If yes, how many?	n/a
19. Audio/visual recording	Did the research use audio or visual recording to collect the data?	5
20. Field notes	Were field notes made during and/or after the interview or focus group?	n/a
21. Duration	What was the duration of the interviews or focus group?	6
22. Data saturation	Was data saturation discussed?	5
23. Transcripts returned	Were transcripts returned to participants for	n/a

	comment and/or correction?	
Domain 3: analysis and findings		
<i>Data analysis</i>		
24. Number of data coders	How many data coders coded the data?	6
25. Description of the coding tree	Did authors provide a description of the coding tree?	Supp B, table not tree
26. Derivation of themes	Were themes identified in advance or derived from the data?	6
27. Software	What software, if applicable, was used to manage the data?	n/a
28. Participant checking	Did participants provide feedback on the findings?	n/a
<i>Reporting</i>		
29. Quotations presented	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	Yes, 11- 18
30. Data and findings consistent	Was there consistency between the data presented and the findings?	Yes
31. Clarity of major themes	Were major themes clearly presented in the findings?	9
32. Clarity of minor themes	Is there a description of diverse cases or discussion of minor themes?	9

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