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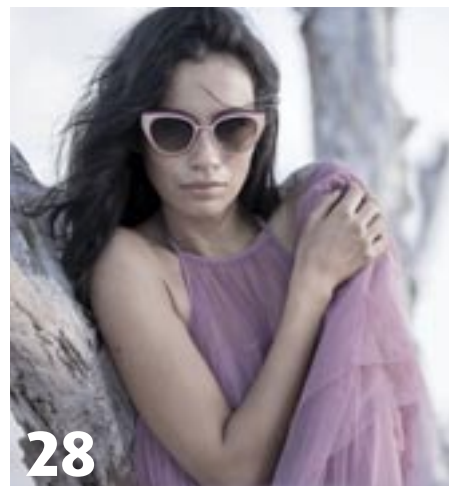


**CHARMANT**  
TITANIUM PERFECTION

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## Editor's comment



The General Optical Council (GOC) has launched another consultation – this time on new draft guidance on disclosing confidential information about patients. The guidance, says the GOC, will help registrants to decide when they might need to override patient confidentiality in the public interest, for example, by telling the DVLA (and potentially others) if a patient is not fit to drive due to inadequate eyesight.

The issues surrounding vision standards and driving can be highly emotive but with the possibility of more independents being able to offer DVLA sight testing, which the AIO is working hard to open up (*see An Independent View page 15*), the waters might become slightly less choppy to navigate. Indeed, the aim of the new guidance is to provide more clarity about the GOC's expectations when it comes to raising concerns about patients if they are judged to pose a safety risk to themselves and/or others, and how to consider this alongside the professional requirement of maintaining confidentiality.

Further considerations to patient safety and wellbeing are covered this month in a thought-provoking feature by Daniel Williams, on how to ensure your practice is properly accessible to patients with disabilities (*pages 26-27*). Elsewhere, Andy Clark takes a look at the state of the nation's High Streets and how independents can respond and adapt to the changing retail landscape (*pages 19-21*). With ample product news too, we hope there's plenty in this issue to absorb and help you set out your business and clinical strategies for the coming months.

**Nicky Collinson**  
Editor

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## 1 NEG



40th birthday bash planned

NEG will return to the East Midlands Conference Centre and De Vere Hotel in Nottingham for its 40th anniversary Building for Success Conference. Taking place on Sunday 30 June and Monday 1 July, the conference will begin with registration at 1.30pm on the Sunday, with lectures from 2-5.30pm. The evening drinks reception starts at 7pm, with a celebration dinner at 7.30pm to mark 40 years of supporting independent opticians. The programme will close at 5pm on Monday.

NEG operations director, Phil Mullins, commented: "Nottingham has been our most popular venue with members to date, and offers great facilities, lots of free parking, great food and a smart hotel. We are now working on an exciting programme, and will be keeping members updated over the coming weeks." Title sponsors this year are Heidelberg Engineering and CooperVision, with Headline Sponsors, Alcon, Hoya and Stepper. The conference is free for members to attend; dinner, bed and breakfast is at the exclusive member rate of £99+VAT. Registration will open soon.

## 4 Cycling for Sight/VAO



Calling all cyclists

## 2 Essilor

New Visioffice X from Essilor, launched at Optrafair, combines fitting, physiological and behavioural measures to build a "complete vision diagnostic for patients" whilst improving patient loyalty by "making the process more memorable, meaningful and enjoyable". Markers placed on the frame offer measurements to a 10th of a millimetre or degree, while a precise result is achieved through optimising the measurement protocol, multiple cameras working simultaneously, and the ability to take measurements through tinted lenses.

A huge amount of data is collected from the eye during the measurement process to help deliver a personalised lens through three patented breakthroughs: Eyecode technology, Near Vision Behaviour, and H3D analysis. Lyndsay Dickens, head of Essilor Bespoke, said: "Offering this new measuring solution gives opticians something that isn't otherwise available on the High Street, giving them a differentiation factor and helping them to become the go-to place for



New measuring solution

the future. Wearer studies showed a marked increase in satisfaction when patients tested new glasses after being measured in this way."

## 3 Eyespace

New styles in the 2019 Land Rover sunglass collection from Eyespace subtly reflect Land Rover's signature design aesthetic whilst elevating the latest eyewear trends, as showcased in new model Tryfan (*pictured*). Offered with a retro eye shape, Tryfan features a soft keyhole bridge for a nod to nostalgic style and a highly-polished warm tortoiseshell colourway. Land Rover branding is subtly etched onto the temple exterior while signature style cues include a bespoke, gloss finished 'British design' hinge and micro-branded tip plates. Brown solid polarised lenses offer visual precision in low light.



Retro Land Rover style

In conjunction with Vision Aid Overseas (VAO), long-standing NEG member Ivan Cammack is relaunching the annual Cycling for Sight fundraising event. With support from the team at Eyeplan, as well as Zeiss, Ivan is keen to recruit cyclists from the world of optics to join in the event, which takes place between 14 July and 4 August. The ride starts in the Chilterns with L'Étape UK, the UK's official Tour de France Sportive, and finishes with the Prudential Ride London on 4 August, which spans 100 miles

on closed roads. There are three rides available: 100, 68 or 42 miles.

"Whether you are a club cyclist who regularly enjoys a Sportive, a gym enthusiast who prefers a spin class or you just have a dusty old Raleigh in the shed, please join us on your bike - at home in your own local ride, or on one of two awesome organised rides," said Ivan. For more details of how to get involved, email [ivan@ivancammack.com](mailto:ivan@ivancammack.com), or visit the Event section of [www.visionaidoverseas.org](http://www.visionaidoverseas.org)

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## 5 Continental Eyewear



Neal at Optrafair 2016 with FMO chairman, Andy Yorke

Colleagues have paid tribute to industry stalwart, Neal Grimason, who sadly passed away on Sunday 10 March. Neal was sales and marketing director of Continental Eyewear for more than 30 years before retiring in 2016 to spend more time with his family due to health issues. A message from the company stated: "It is with great sadness we announce the passing of Neal Grimason. A director for over 30 years at Continental Eyewear, Neal was a huge presence, well known and respected by so many people in the optical world. He has left us with so many happy memories and wonderful stories. Our thoughts and best wishes go to his family."

At Neal's service in Belfast, four other stalwarts of Continental Eyewear represented the company – Derek Cox, Jeremy Cox, David Strathie and Mark Keane – along with long-standing colleagues of Neal's. Derek said: "Over 40 years ago, I interviewed Neal for a student holiday job within optics. He never left and was with me all his working life – some record journey." Phil Mullins, NEG director of operations, added: "It was always a great pleasure to do business with Neal, he was a true gentleman and someone I considered a friend rather than just a business partner. We will all miss him and send our thoughts and prayers to his family."

## 7 Heidelberg Engineering



Multimodal diagnostic device debuted

Heidelberg Engineering demonstrated its multimodal imaging platform optimised for the anterior segment – Anterior – at Optrafair for the first time. "Anterior is a comprehensive solution that brings together corneal topography and tomography, anterior segment metrics, axial length measurement, and IOL calculation – all in one single upgradeable device," explained Christopher Mody, director of clinical affairs at Heidelberg Engineering UK. "With Anterior you get exceptionally clear swept-source OCT images of the entire anterior segment – from the anterior surface of the cornea to the posterior surface of the lens – which provides visual confirmation

## 6 Stepper



Saskia models the STS-40125

"With the STS-40125, we have created an 'integral bridge' made of TX5 material, which is the frame's secret to feeling great on the face," said Saskia Stepper, the creative force behind the Steppers brand. "The integral bridge works like a comfort bridge but is far more subtle, becoming part of the frame design rather than an 'add-on'. This anatomically designed element spreads the weight of the frame across more of the nose to avoid the classic pressure points of metal frame nose pads."

The TX5 material forming the bridge is also used on the sides, ensuring there is hypoallergenic material wherever the frame touches the face. The metal frame parts are stainless steel, contributing to the 10g weight. "The frame is undeniably feminine and modern. In addition to seeking flattering eye shapes, my team and I work very hard on creating a colour palette that gives colour options that are both current and match most skin tones," Saskia added.

of all measurements for a new level of diagnostic confidence."

Anterior is said to have a number of benefits in the primary care setting including assessment of the anterior segment of the eye with extremely high resolution OCT images, chamber angle analysis, keratoconus investigation, and the ability to make more informed decisions about contact lens fitting. The four-in-one modular design is also said to make it ideal for optometrists conducting pre-operative assessment for lens replacement and refractive surgery in glaucoma and cataract patients as part of a shared care scheme with the Hospital Eye Service.



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## 8 Dunelm Optical



High-end designer brand launched

Dunelm Optical has added high-end designer brand Joseph to its eyewear portfolio. The 14 unisex, Parisian-designed styles, each offering three colours and handmade in Italy, are exclusive to the UK and only available from Dunelm. Oliver Beaumont, product development director for the company, commented: "Joseph eyewear is a highly contemporary collection with a strong core of indulgent essences. The inclusion of subtle, colour dipped tips and other design nuances lend an individuality to this spectacular range of frames."

Amongst the collection is Montaigne – available in Totally Tortoiseshell, translucent Crystal Brown and Olive Mottle (*pictured*). An exaggerated D-frame with a slight cat eye shape, Montaigne offers a gentle nod to modern Parisian style. A reference to Joseph's French heritage, the luxury Italian acetate has a two-tone marble appearance for an opulent design led touch. Stockists can take advantage of free single vision prescription lenses and free glazing when ordering all-in glazed, and every frame comes with a free 'Joseph' branded case and cloth.

## 9 Go Eyewear



T-Charge model T3090

The spring/summer eyewear campaign for T-Charge celebrates both the similarities and differences between men and women, available from Go Eyewear. A great number of retro-looking unisex styles are included in the collection, crafted from a range of materials including titanium, acetate and real wood components. Squared aviator, angular pilot and reinvented double-bridged round shapes are all to the fore. Model T3090 (*pictured*) is a new double bridged squared pilot style metal sunglass with acetate tips. It is available with five lens colour combinations, from dark gradient to mirrored.

## 10 ABDO

The AIO Practice Support Network, of which NEG is a member, is taking part in a new event being organised by the Association of British Dispensing Opticians (ABDO) aimed at practitioners looking to start up their own independent practice. Titled 'Become an independent optician', the event on 21 May will see ABDO president, Clive Marchant, sharing his experience of becoming an independent practice owner.

In addition, experts from SightCare|Storm and the AIO Practice Support Network,

made up of the Association for Independent Optometrists and Dispensing Opticians, NEG, Eyeplan, Myers La Roche and the Specs Network, will share their experiences of supporting independent practice owners. They will also help answer some of the key questions all entrepreneurial eyecare practitioners should consider. It takes place at the ABDO National Resource Centre just outside Birmingham from 3.30-6.30pm. Refreshments will be provided during the evening, and bookings can be made at <http://bit.ly/IndiOpt>

## 11 Menicon



Daily SiH with a smart touch

In what the company describes as "a global first", Menicon has designed a daily disposable silicone hydrogel lens from its innovative Menisilk Air and NanoGloss Pro technologies. Miru 1day UpSide balances material and surface properties, "delivering high oxygen for health along with the softness and comfort of an ultra-low modulus material with a low friction, highly wettable surface". It is presented in Menicon's Smart Touch packaging with the lens always facing the right way up, so the patient doesn't need to touch its inner surface.

Kevin Mitchell, managing director of Menicon UK, said: "This new generation lens is designed to deliver all the health benefits of a silicone hydrogel but with the comfort of a hydrogel lens. We listened to what's important to our contact lens wearers: healthy clean lenses and hassle free handling. UpSide ticks all those boxes – and for eyecare professionals UpSide delivers against the key priorities of eye health and hygiene."

## 12 CooperVision

A new clinical study has determined that Clariti 1 day multifocal contact lens power recommendations generated by CooperVision's OptiExpert app closely matched eyecare practitioners' recommendations following the fitting guide, both at initial fit and follow-up visit. Conducted by the independent Centre for Ocular Research & Education (CORE), the study confirmed the ability of OptiExpert to deliver fast, accurate results with presbyopic patients, ultimately reducing chair time, said the company. Results were first published at the recent American Academy of Optometry Annual Meeting and are now being shared more widely by CooperVision in conjunction with OptiExpert's expanded global availability. OptiExpert can be downloaded for free from the Apple App Store or Google Play.

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Frame style shown: **SI-50199**

13 **ABDO**

Valuable business guidance

As part of its ongoing Business Support programme, ABDO has issued a new eBook for members, the Independent Practice Guide. The eBook, developed along with the Association of Optometrists, covers key issues from business planning and finance through to staff management and marketing and can be downloaded from the ABDO Business Support Hub, under Growth.

ABDO sector skills development officer, Nick Walsh, said: "This book gives a great first insight into some really key areas for both new business owners and those considering going into ownership of an independent practice. The first steps are often the most daunting, and it's good to get some valuable pointers and to know that there is lots of support out there for you as an independent optician."

14 **Charmant**

Parisian chic from Elle

The new Elle spring/summer 2019 collection from Charmant has been designed to convey the brand's Parisian heritage whilst showcasing modern design directions. "The sensuality and movement of liquid metals and plastics are found in delightfully feminine forms that express confidence and modernism," stated the company. Model EL13470 (pictured) is made from TR90 cladding and metal and represents an edgier rectangular look. It is available in gold, grey and rose pastels and a clear translucent option.

15 **Marchon**

Attitude and elegance

16 **CooperVision**

Juan Carlos Aragón

CooperVision has voiced its strong support for the publication of eight white papers by the International Myopia Institute (IMI), covering a range of topics deemed essential to advancing clinical knowledge and practice relating to stemming the expanding impact of myopia. The IMI papers are available in a special edition of *Investigative Ophthalmology & Visual Science* and are free to download.

"The dozens of eyecare professionals, educators, and researchers who constitute the IMI represent some of the most respected minds in our field," said Juan Carlos Aragón, president of the CooperVision Specialty EyeCare Division. "Their recommendations are measured and practical, and will no doubt help advance real gains in myopia management and research. We're proud to be a platinum sponsor of the IMI and applaud its decision to make these white papers available via open access."

Salvatore Ferragamo has extended its eyewear collection with a new pair of men's sunglasses, which "expresses attitude and elegance while keeping true to the brand's tailored appeal and artisanal excellence". Crafted from acetate and metal, the style features a cut-out effect on the frame-front, where three pins brace the floating lenses to the metal profile. A single acetate bar replaces the traditional double bridge and adds a sleek contrasting touch that heightens the sharp masculine look. Available from Marchon, the sunglasses come in Black, Matte Dark Gunmetal and Dark Ruthenium and star in a global advertising campaign titled, Patchwork of Characters.

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## 17 International Eyewear



Storming styling

With a multitude of cutting-edge designs across both casual and contemporary styles, Storm continues to push boundaries through its innovative design approach, a concept that International Eyewear mirrors in its new eyewear offerings, S612 and S613. The S612 (pictured) features crystal acetate to highlight the frame construction. Visible core wires strengthen the slim acetate temples and pay homage to the inner mechanisms of watches. Abstract 3D hexagonal lug detailing adds geometric quirk. Patients can choose from two colourways of Crystal Nude or Crystal Raspberry.

## 18 Silhouette



Accent Shades model 8166

New for summer 2019 from Silhouette are two new sunglasses models in the Accent Shades range, and a refresh of the company's Infinity collection featuring vintage styling with a modern twist. Silhouette looked to the blue Morpho didius butterfly for its latest Accent Shades models, mimicking the butterfly's oversized wings. The statement design features large, expressive lens shapes that maintain a light look and feel. Taking its iconic rimless chassis, Silhouette has enhanced the shapes and translucent colours using stylish rings to enfold the lenses, reviving 70s and 80s silhouettes with contemporary charm.

## 20 ACLM

The contact lens market in the UK grew by 2.3 per cent in 2018, to £21.4m, according to the latest statistics from the Association of Contact Lens Manufacturers (ACLM). The ACLM also reported that the contact lens market in 2018 was worth £292m, representing an increase of four per cent from 2017. The UK market is reportedly the largest in Europe, accounting for around 22 per cent of wearers, and was made up of

the sale of over 789 million contact lenses. The market value of daily disposables was now 72 per cent, or 59 per cent by number of wearers. Silicone hydrogel lenses now accounted for 90 per cent by value of the weekly/bi-weekly and monthly markets. In total there are more than 3.6 million contact lens wearers in the UK, which represents at least 8.7 per cent of the adult population, the ACLM concluded.

## 19 Essilor Instruments



The Vision-R 800 digital phoropter

Essilor Instruments' newly-launched Vision-R 800 offers continuous power changes to ensure more accurate, reliable prescriptions. It enables practitioners to reach a more accurate refraction through its ability to control power in 0.01D increments, and includes 'smart programs' allowing the refraction procedure to be delegated. It is said to be much faster than traditional methods, releasing time for complex cases, binocular vision examinations and patient care. Back cameras measure vertex distance accurately to control the exact refraction value.

Essilor head of instruments, Paul Cumber, said: "Thanks to user-friendly 'smart-tests', the refraction process becomes very easy and refraction time is greatly reduced, freeing up valuable time for the optometrist. The patient has a wider field of vision when looking through the Vision R-800 thanks to its thin and compact design compared to traditional phoropters. The patient also feels less fatigued thanks to a quicker sequence of tests and a shorter examination time. The Vision R-800 makes differences easier to perceive and, as a consequence, responses are easier to give. This launch is part of our mission of improving lives by improving sight, while continuing in our role to be the best business partner for independent practices."



Contact lens market growth



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## 21 British Contact Lens Association



Professor Lyndon Jones

Delegates attending the 2019 British Contact Lens Association (BCLA) clinical conference and exhibition in Manchester (30 May to 1 June) will have the chance to show they have an 'eye for CORE knowledge' by taking part in an interactive pub quiz. Designed by the Centre for Ocular Research &

Education (CORE), University of Waterloo, Canada, the quiz will be hosted by Professor Lyndon Jones, CORE director and recipient of this year's BCLA Medal. Optometrist and Vision Sciences Fellow at the University of Manchester, Sarah Morgan, will co-host – with a firm focus on fun.

The quiz, which will take place after the networking exhibition and drinks reception on the first day of the conference, has been supported by an educational grant from CooperVision. Professor Jones said: "The CORE Knowledge Quiz brings together many aspects of what we stand for across research and education. It enables eyecare practitioners to put their knowledge to the test on all things contact lenses and anterior eye, whilst having some fun along the way." For information and to register for the conference, visit [www.bcla.org.uk](http://www.bcla.org.uk)

## 22 Louis Stone Optical

Louis Stone (Optical)'s new cases catalogue is now available to download from the company's website. Named after some of head of marketing, Clare Gabá's favourite places to visit in London, the collection includes the Arkley (pictured)



Perfect practice accessories

and the geometric Elstree. "A case is no longer just a necessity, it's a stylish fashion accessory," said Clare. "As a premium range, these cases could be given to patients making a higher end frame purchase, or on offer for customers to buy as a present for a member of the family or a friend. Many non-optical online companies are successfully selling similar premium cases, so why not add a splash of colour to your practice?"

## 23 Thea Pharmaceuticals

Instead of a one-day conference this year, Thea is running a series of monthly, one-hour webinars featuring top speakers from around the world. They will air on the last Thursday of the month from 7.30-8.30pm, "delivering bite-sized education in comfort and at a convenient time as well as focusing on subjects to support optometry," said the company. CET points will be available with the completion of MCQs at the end of each session. To register, email [education@theapharma.co.uk](mailto:education@theapharma.co.uk)

## AN INDEPENDENT VIEW

### DVLA contract bid update

One of the AIO's core objectives has been to open up the DVLA contract for all those independents that would like to offer the government paid sight test. When the contract came up for tender last year, the challenge for the AIO was how to go about it. There were some clear obstacles, not least that the AIO did not have the necessary geographic coverage through its membership to make a serious bid. Further, the services description document called for a level of technology integration with the DVLA that was beyond the capability and resources of the Association.

There were also some fundamental considerations about the shape of the contract, in particular the fee level. That the previous contract had been awarded on price and not service was clearly apparent for all to see, and therefore making a bid at a much higher fee level would be completely unproductive. It was fair to say, however, that the majority of independents that wanted to offer the test were not driven purely on price, but because they wanted to be able to provide their existing patients with the service rather than see them having to go to Specsavers.

This was important context for the AIO's bid, as was the acceptance from the AIO Council that to have a realistic chance to secure access to the contract we would need to take a wholly inclusive approach. And so it was that the bringing together of a number of parties from the world of optics took place. By working with Smart Employee Eyecare (part of Duncan and Todd in Scotland) Vision Express, the Hakim Group, Leightons, Bayfields and Galaxy (which is providing the new M&S Opticians service) we were able to demonstrate to the DVLA that we were working across the sector for the common good and the benefit of the public.

We believe that our bid, probably uniquely, ticked all the boxes laid out in the services description document, and thus we were a little surprised when the DVLA decided to reopen the tender for more information. The further detail is being drawn together and will be submitted to the DVLA by the mid-April deadline. Any independent interested in offering the DVLA test that has not already signalled this to the AIO, please email [lin@aiovision.org](mailto:lin@aiovision.org) for more information and a sign-up form.

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# Developing thoughts



If it isn't broken – why not just make it better? muses Phil Mullins

## Get your teeth into new options

We all know the saying: “If it's not broken, don't fix it”. In certain aspects of life, this mantra is certainly something to abide by: leave things as they are, don't make waves and certainly don't poke the bear. But in business, particularly in optics, is this something that rings true? Or should we be looking for an alternative course of action?

We all have a patient, for whom you know full well you should never alter anything. That engineer who has been wearing executive trifocals for 20 years, or the hard progressive lens wearer, who has been wearing the same design since the late 1970s. You know that, for this patient, change means trouble and that it isn't worth it. But in general terms, offering patients improvements is a good thing. That's not to say they will always take up the offer, but making the offer has an impact. You really don't want your patient finding out later that they weren't offered a product that might have seriously helped their vision.

I once overheard a conversation between two ladies: one was complaining that they now had to wear reading specs, when they wore contact lenses to get away from wearing specs. This was followed by the other lady saying she didn't need reading specs as she was wearing varifocal contact lenses, just like her specs. The first lady's response was twofold: first, why hadn't her optician told her about them?; and second, who was the second lady's optician?

### SPECULATE TO ACCUMULATE

Being independent offers the great advantage of having access to the widest range of products and new technologies, which means we are able to offer patients something newer and better almost every time they visit. Let's face it, patients are already used to upgrading their products regularly, such as mobile phones and computer software. You are even offered an upgrade, or a new version to try, when you



Build a strategy to provide the best products and services you can

order a coffee these days. Providing you handle it correctly, you will be tapping into an idea that your patients are already receptive to.

The main thing is to make sure you go about it in the correct way; don't make the mistake my new dentist made. I have had a gap in my teeth for years, which has never caused me an issue. At my first check-up with my new dentist, I was shocked to hear him exclaim: “We need to bridge that gap, so we will book you in for two appointments, one to take a mould and the second to fit the bridge”. There was no mention of price, benefits or alternative options. When I asked the price, he seemed disgruntled and when I asked for alternatives, he looked aghast. Safe to say, I still don't have a bridge and I'm now looking for a new dentist.

The interesting thing about this dentist is that if he had discussed the options and price implications, and what benefits they would bring, I would have probably gone for it as I regarded him as the expert. Bringing that back to optics, for example, if you wanted to move someone from a hydrogel lens to a silicone hydrogel (SiH) lens, you would probably want to explain

the fact that it's a newer material that improves the health of the cornea and has scientific evidence to back that up. You might also want to discuss the different SiHs available and the prices.

Generally in life, most people go for the middle-of-the-road, low risk option – but certainly when I was in practice, I was always surprised by the number of people who went for the very best. The main reason for this is because you, the expert, recommended it – and, secondly, because patients who visit independent practices are more inclined to be interested in doing the best for their eyes. Believe me, when I worked for a multiple, most of the patients just wanted the cheapest option – and if they could have two for one, so much the better.

So, make sure you build a strategy in your practice to ensure your patients are kept up-to-date with the very latest products and services. They won't always take them up – but by engaging them in the conversation, discussing the options, with the benefits and costs, you will build loyalty with the patient and a reputation as the expert in all things vision and eye health. This can only be a great place to exist as an independent practice.

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# Is the High Street still fit for purpose?

Opticians can still do well despite changes to the High Street, writes Andy Clark

We've all been told for decades that the three most important factors for a successful business are Location! Location! Location! Or to put it another way, if you want to see more customers you have to go where the people go. It follows then that the purpose of the High Street in this context is to enable business owners to present their offerings to as many people as possible, and some would go so far as to forgo any marketing activity, simply relying on footfall and reputation to attract new business and retain their current database.



24,205 High Street stores closed in the first half of 2018

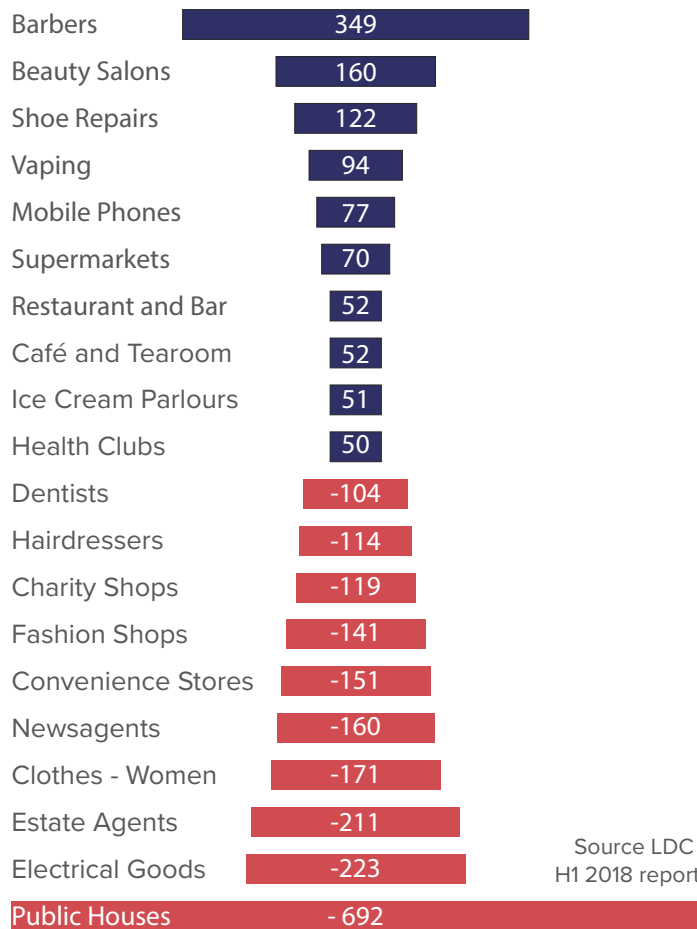
Do you remember when we used to go to the shops? When High Streets were the place to buy almost anything, from hamsters to hammers, from beef to brogues, we strolled, we socialised, we browsed and we bought. But then we changed. We replaced the old specialists – the greengrocer, the butcher and the fish shop – with the one-stop supermarket generalists, and willingly sacrificed personal service and expertise for lower prices and home delivery.

We replaced the High Street with the glitz of the shopping centres, with the food courts and acres of easy free parking. We replaced visits to the pub with supermarket wine, Pringles and boxsets. We replaced time spent browsing the shops (even the ones in the malls), with time spent browsing the internet. Let's face it, it's quicker, easier, cheaper, has more choice and we can do it on the settee in our pyjamas.

And as we changed, we made swathes of the High Street redundant. Certain stores are simply no longer relevant, and they are closing in droves: 24,205 High Street stores closed in the first half of 2018 and at the end of that period the UK had a record total of 50,000 empty High Street units. Last year, the biggest losses were in electrical goods, newsagents and fashion (more than £7bn of fashion sales has moved online in the last five years).

In some locations, this has led to rows of shuttered shops with the remaining businesses struggling simply because nobody walks by any more. There's no denying that

## Top 10 Growing Retail Categories Jan - June 2018



Source LDC  
H1 2018 report

## Top 10 Declining Retail Categories Jan - June 2018

Certain store types are simply no longer relevant

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it's deeply unfair if your business is still relevant, cannot be replaced by an iPad and a delivery service and your street has died around you, but there is hope.

So can we do well in spite of the changes to the High street? People now visit the High Street for the following reasons:

- They want something that can't be found in a supermarket
- Big chain retailers can't offer what they want
- They need specialist advice
- They are looking for personal care and grooming
- They want a 'special' experience

All of this is creating a new High Street.

### IF YOU BUILD IT...

I took a walk with a client recently; his practice is in a 'nice' area with lots of semis and detached houses and the locals are 'comfortable' to well-off. His practice is just off a High Street, which he tells me has undoubtedly changed; not that long ago there used to be a newsagent, a ladies outfitters, a gents outfitters, a shoe shop, an ironmongers, a grocer, a fish shop, two butchers, two bakeries and of course his practice.

Now, the original newsagent is still there, and there are five coffee shops, six restaurants, a vape shop, two barbers, two hair salons, a nail bar, one Gregs, and five (yes five) new opticians – three of which are independent – and the street is still busy. He observed: "People used come here almost every day to buy essentials, now they come maybe once a week and for very different reasons."

He has another practice a few miles away and he told me that: "This street is beyond recognition from five years ago". Now a third of the units are empty, and around him there is a chip shop, a Chinese takeaway, a nail bar, a barber, a Thai massager, a shabby convenience store and a vape shop. At 11am the street was quiet, "but this road has never been that busy, that's why the rent is so low," he noted, "and we had to work very hard to get this place off the ground".

So the streets have changed without a doubt, and yet both of his practices are still busy. He has never relied on footfall alone. He actively engages the people who live around the practices with leaflet drops and Facebook campaigns and his database



Google will reveal what people are actually searching for when they think 'optician'

receive regular postcards and email messages, all designed to inspire people to first visit his website, and then his practice. He observed: "The phrase, 'If you build it, they will come' is a lovely idea, but it should actually be, 'If you build it *and tell people about it* they will come.'" He continued: "Regardless of the street, there are still people living all around here and they still need me, so it's up to me to be their very best option and to make sure that they know what we do and where we are."

### GO WHERE PEOPLE GO

It still makes sense to go where the people go. You just have to go where people have gone, and they have gone to the internet. Think of it as one big digital High Street, and the significant difference from the physical version is that anyone can visit any part of it, whenever they wish. Consider your website as your digital shop front, a place where passers-by can quickly discover who you are, if you offer what they are looking for and how much it might cost them. Then, if they like what they find, they will travel to get it – wherever you are located.

This leads to the question: Is it time for a digital shopfit? The old catalogue website is fine if people are just wanting to look up your phone number and opening times, but if you want to attract new customers, your pages must change. Try this exercise: think of the websites you have recently visited and stayed on. You will almost certainly see that these sites:

- Relied more on video and images more than words to grab your attention
- Focused on customers like you happily using their products
- Offered you something that only they can deliver
- Engaged you in a process that took you further down the same page
- Called you to action in some way

A little time spent on Google will tell you what people are actually searching for when they think 'optician' and it's rarely what you would think of putting as the headline of your site. To rewrite your page, you must think like a browser not an optician; think about what people are looking for and show them exactly that and why your offering is their best choice. Make your visitor, not you, the focus of the story. To make this work properly, apply the SIDS rules to your digital customer journey.

**S – Stop.** Just as your shopfront must stop people walking past your door in favour of a competitor, your website must stop them hitting the back button and looking elsewhere and, according to Google, you have less than one second before they do just that if they don't like what they see.

**I – Invite.** An inviting practice encourages people to walk in and meet your team, browse the frames and consider their options. An inviting website encourages people to do exactly the same but with copy, pictures and video.

**D – Discover.** Your website and your practice should lead people along a trail of discovery where they can find out how well you will deliver what they are looking for, what you are like and what you stand for.

**S – Sign Up.** They move to the next step towards becoming a customer.

So is the high street fit for purpose? If you're relying solely on passing footfall to build your business, then the answer is almost certainly, 'No, it isn't'. Maybe it's time to replace Location! Location! Location! with Website! Website! Website!

*Andy Clark is an optometrist and the founder of Practice Building, a business development agency specialising in independent optics worldwide.*

# Setting up a dry eye clinic

## Now is the time

Setting up your own dry eye clinic makes both clinical and business sense, writes Andrew Price

With more and more patients experiencing dry eye symptoms, the decision to set up a dry eye clinic is not a decision you will regret. Setting up your dry eye clinic can be done without any capital expenditure, simply using the practice equipment you have already. Practices across the UK, both multiple and independent, are doing just this – helping and attracting new and existing patients.

Core competencies are intrinsic in optometrists' and contact lens opticians' (CLO) skill sets, and further education, knowledge and skills training can be readily found at conferences and local and regional optical committee meetings – or even more conveniently with companies such as Thea Pharmaceuticals, which will bring CET lectures and workshops to you.












Thea Pharmaceuticals offers practitioners a dry eye clinic set up tool kit and bespoke expert advice on its implementation. The tool kit contains numerous documents vital to the success of your clinic, such as patient leaflets, template letters to GPs, flyers, questionnaires, communication tips, and so on. More good news is that whilst a registered CLO or optometrist must see the patient, a project manager or trusted staff member can bring the service together. One important point is that although the term 'clinic' is used, most practices dovetail dry eye appointments into an existing daily template. The patient-facing term, 'dry eye clinic', conveys to the patient that your approach is focused and structured.

### BUSINESS RATIONALE

The provision of extended clinical care to patients is now vital to all practices; NHS work can no longer fund businesses in 2019 in any meaningful, relevant way. Locally or regional funded eyecare schemes are somewhat helpful but are really designed to provide acute urgent eyecare in the community; chronic ocular surface conditions where long-term management is needed cannot be funded by them.

## RECOMMENDED EYE CARE ROUTINE


PATIENT NAME  DATE

STEPS	RECOMMENDED USAGE
<b>1. Heat and massage</b> 	Use a warm compress on the eyelids for 10 minutes and gently massage the eyelids immediately. Repeat 2 or 3 times daily for 2 weeks, then as needed.
<b>2. Cleanse</b>  <b>BLEPHACLEAN®</b>   <b>BLEPHASOL®</b>   <b>BLEPHAGEL®</b> 	<b>First</b> Start your routine by cleaning your eyelids with Blephaclean twice daily for three weeks.  <b>Then</b> Continue to use Blephaclean once daily or alternatively you may use Blephasol lotion once a day to maintain your lid hygiene ongoing.  Also available as a gel format, Blephagel. Instantly cools and soothes inflamed eyelids.
<b>3. Lubricate</b>  <b>THEALOZ® DUO</b>   <b>HYABAK®</b> 	Apply one drop in each eye 4 times daily or as often as required.  Contact lens friendly; when putting on contact lenses, drop a drop of Hyabak or Thealoz Duo into the curved inner surface of the lens before inserting the lens.

**Additional recommendations**

As part of your eye health routine, it is equally important to ensure that you eat a balanced diet, including plenty of fresh fruit and vegetables. Drink plenty of water each day, and try to incorporate blinking exercises into your daily routine.

YOUR NEXT APPOINTMENT/FURTHER SUPPLIES DUE



Thea Pharmaceuticals  
Driving Innovation, Education and Professionalism

Thea Pharmaceuticals offers a dry eye clinic set up tool kit and bespoke expert advice on its implementation

With the average cost of a dry eye patient to the Hospital Eye Service being £850<sup>1</sup> per annum, optometrists and CLOs are the obvious, and best placed, clinicians to look after these patients. In private optometric practice, dry eye assessment fees range from £45 to £250; together with product

sales, this can provide a new and growing income stream, to say nothing of significantly reducing the contact lens drop-out rate and its associated practice income.

To complement your first class clinical care in the examination room, you could consider



Thea's range of dry eye products

the utilisation of one or more support staff, as perhaps you do for contact lens teaches. Again, Thea Pharmaceuticals can train your support staff in this, freeing up valuable chair time along with providing your entire practice team with vital insights into the best products for your patients and business.

**CLINICAL RATIONALE**

The aim really should be for any patients with ocular surface disease symptoms to be immediately thinking of visiting their eyecare practice, preferably yours, as opposed to their GP or pharmacist, just as the dental surgery is the first stop for dental conditions. I am very much a proponent of a structured approach to dry eye assessment and management; the care of a dry eye patient is analogous to that of a glaucoma patient with continuing evaluation and care and so an ad-hoc approach is not in the best interests of the patient or practice.

A patient information booklet can set this medical model approach in the mind of the patient, reinforced by one of the clinically validated dry eye questionnaires. From these questionnaires, patients will like to be told their 'scores' as they progress through your management plan. Combining this 'dry eye score', history and symptoms, your ocular surface exam skills (as in a contact lens exam) will help you identify the type of dry eye disease so you can arrive at a diagnosis, explain it to the patient and recommend an appropriate therapy.

**IS THERE A CLINICAL NEED?**

Just as we recognise dry eye syndrome is

multi-factorial in origin, a multi-faceted approach is often required to manage it and re-establish ocular surface homeostasis. The majority of dry eye clinic patients will probably have progressed through the steps of mild/intermittent symptoms, possibly trying to manage an ever-increasing burden with a combination of outdated, ineffective, unhygienic and counter-productive treatments such as a face-cloth (cools far too rapidly and is a great repository for micro-organisms), baby shampoo (creates adverse effects on the ocular surface, tears and is advised against this use by manufacturers) and/or basic formulation eye drops (with a very limited residence time on the ocular surface and possibly containing preservatives).

These patients would benefit from regular lid heat application, lid cleaning, ocular surface lubrication and possibly nutritional supplementation, all backed by an evidence base. To help your professional recommendations and patient compliance, Thea Pharmaceuticals can provide a printed tear-off sheet to give to patients.

**PUTTING IT INTO PRACTICE**

I recently visited two well-respected optometrists for their experiences on setting up their own Tear Clinic at Barnet Pepper Opticians in Caernarfon, North Wales. My first question for Bethan Parry and Iwan Parry was what had held them back from starting their specific tear clinic for so long? Their reply was that they had been unsure if their Welsh patients, having been used to the lack of prescription charges and the availability of the Welsh national acute/emergency eye conditions scheme without charge, would be prepared to pay a private fee for such specific clinical care and products.

Both went on to say that this perceived hurdle was far more in the minds of some of the practice staff, including themselves, than it was in the minds of the patients. In the vast majority of cases, their initial tear

clinic fee of £150 did not deter patients from attending. I then asked if, looking back nine months, the setting up of their specialist clinic had been more or less onerous than expected. The word 'easy' tripped off their tongues; the Thea complete support package for clinicians and support staff had made it quicker and far more straightforward than anticipated.

My third question explored their experiences when the clinic was up and running. Again, the realisation that most patients would pay for good clinical care came to the fore in their responses; they also added that if patients were paying for, and expecting, a level of care and empathy above their previous experiences, then this should be delivered. Reaching for a sample bottle in a draw, left by a visiting representative some months before and mumbling advice about 'face-cloths', is not acceptable in 2019 (if indeed it ever was).

My fourth question was: 'What advice would you give other practices considering setting-up a clinic?' Both Bethan and Iwan said their advice would be to 'go for it'; allocate specific times in the diary to these patients, and don't try to give an ad-hoc answer at the end of the sight test to problems that have existed for years. This was because this tended not to work clinically, and compliance to this approach was infamously low.

In a more formal, dedicated appointment format, Bethan and Iwan had been very pleased with how high compliance was. Bethan added that it would be her advice to start a dry eye clinic that brought excellent clinical care and increased practice income but didn't have to involve any capital expenditure at all. My final question was this: "Do you have any regrets or would you have done anything differently?" Again, as one, they replied: "Yes - we should have done it years earlier."

**REFERENCE**

1. McDonald M, Patel DA, Keith MS, *et al.* Economic and humanistic burden of dry eye disease in Europe, North America, and Asia: a systematic literature review. *Ocular Surface* 2016;14(2): 144-67.

*Andrew D. Price FBDO(Hons)CL is CEO of the ADP Consultancy. A clinician seeing patients in contact lens and ocular surface clinics, he conducts clinical trials, is an educator and author. He is a member of the ABDO National Clinical Committee, and a consultant to Thea Pharmaceuticals.*

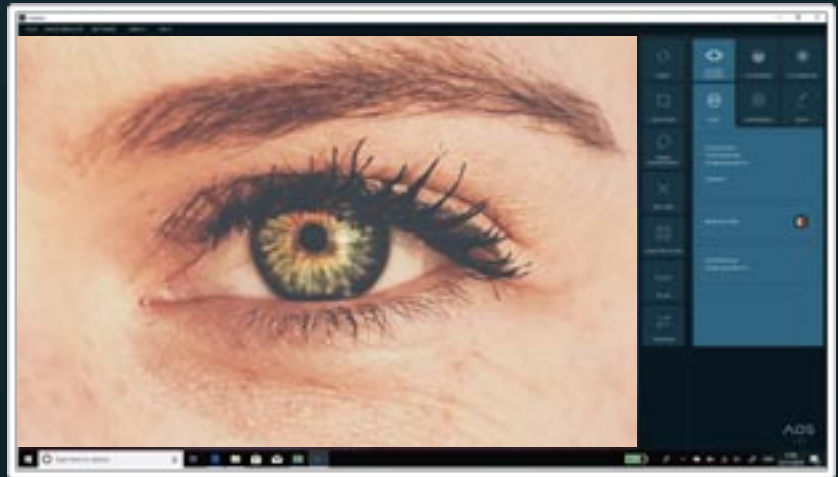
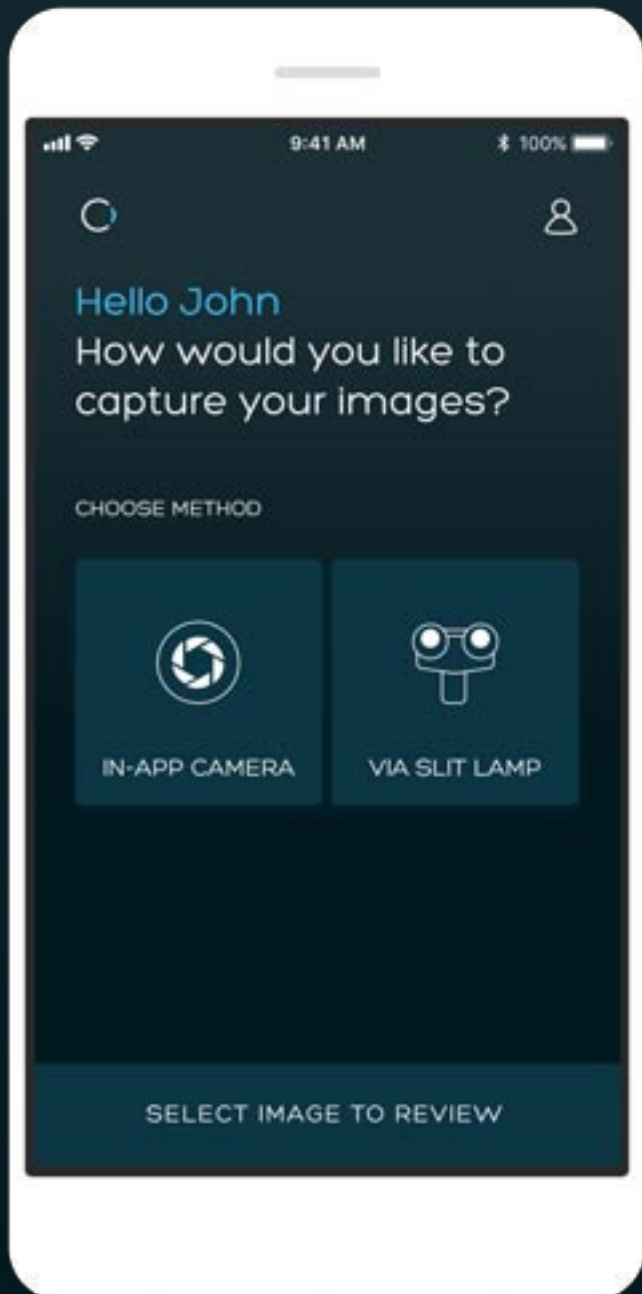


Barnet Pepper Opticians in Caernarfon runs its own Tear Clinic



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# AOS Anterior

## Scaling new heights

Dr Sandip Doshi discusses how digital grading scales can enhance ocular surface assessment in practice



Unique software for ocular surface assessment

**Patients are increasingly presenting in practice with symptoms of dry eye, due to a combination of factors including increased screen and digital device use, environmental stresses, an ageing population and use of medications. Practitioners often face challenges in managing dry eye as patients may not fully understand the causes, nor comply with suggested treatment regimens, particularly in the absence of overt clinical signs.**

Examining these patients can sometimes be cursory and, in some instances, no more than a slit lamp examination. Quite often there is no baseline measurement other than the patient's symptoms. Treatment is often based on symptoms alone and any follow-up may rely on the patient reporting any improvement of symptoms but with no objective follow-up. This is fraught with error as the patient may only report their symptoms at the time of asking, or may be inaccurate with their reply.

Currently, the two most widely used objective resources for assessing the ocular surface are the CCLRU and Efron grading scales, which grade pathology from 0-4. The former is based around photographs of six conditions, two of which are presented in multiple manifestations, while the latter consists of a series of artist illustrations of 16 different conditions.

The CCLRU scales (now the Brien Holden Vision Institute system) have been criticised for differences between images representing the same condition, either in terms of illumination or size. While Efron scales overcome these difficulties by encouraging artistic clarity and a license to emphasise and isolate the condition being evaluated, some consider this a departure from real-life situations in as much as different conditions feed and depend on each other and, therefore, occur simultaneously and should

appear as such in a single image. Recent studies have shown that reliability between clinicians can be as low as 47 per cent when using just an analogue slit lamp and grading card; this increases to <60 per cent when using a digital slit lamp and grading card. The lack of digital slit lamps in the marketplace means that reliability and variability remains low. After years of R&D, Advanced Ophthalmic Systems (AOS) has launched the first automated grading scale for the anterior segment – AOS Anterior – which removes subjectivity during diagnosis and monitoring.

### REMOVING SUBJECTIVITY

AOS Anterior automates ocular analysis of digital images and the grading scale for: 1) bulbar redness; 2) lid redness; 3) meibomian glands; and 4) fluorescein. It is also proven to be more than 99 per cent accurate and repeatable, reducing inter-user variability. AOS Anterior is a powerful diagnostic tool, designed to fit seamlessly into any busy practice, adding value and accuracy during slit lamp examinations. Each feature allows clinicians to evaluate a variety of conditions effortlessly and record the results, which can be used during follow-ups.

AOS Anterior comes with all the features needed to improve patient evaluations. The software is essential for any clinician



Enhanced image for bulbar redness

working with: contact lenses, dry eye, red eye, and blepharitis – indeed any condition or pathology affecting bulbar redness, the ocular surface, staining and lid roughness (e.g. allergy). Current grading systems are affected by the clinician's subjectivity and experience, therefore, assessments can vary between practitioners. This may result in pathology being misdiagnosed or being under or over-treated.

AOS Anterior is an objective test that shows the patient the effectivity of any treatment being applied and helps determine which patients we should observe, manage or treat. It helps with explaining recommended treatment options by giving an objective scoring system, which the patient can relate to easily (the 0-4 grading scale). I have been using the software in my practice for almost three years; it is easily integrated into daily clinical practice and presents clinical information within three clicks.

AOS Anterior has enhanced, rather than restricted, patient flow as the information is presented in an easy-to-understand and explain format. I have found it to be an essential tool in improving patient compliance with treatment regimens as patients are enthusiastic to improve their 'score'. The redness maps are an excellent visual tool for the patient to fully understand their problem. Moreover, in my practice it has allowed myself and colleagues to give consistent advice to our patients.

*Dr Sandip Doshi PhD BSc MCOptom is optometrist owner of the Eyecare Centre in Hove, West Sussex.*

**In January 2019, a new partnership was formed between Bondeye and AOS to deliver a customer retention scheme for AOS image enhancing software. For more information, call the Bondeye team on 0121 772 3888.**

# Eyecare and the Equality Act

## *Take the initiative*

Take the initiative in locating and defining needs rather than simply reacting to people with disabilities as they present at your practice, writes Daniel Williams



Daniel Williams

**Are your eyecare services embracing the Equality Act? Are you doing everything you can to ensure that people with disabilities have the same access to your eyecare services as people without disabilities? What are your legal – not to mention moral – responsibilities when it comes to ensuring equality of access?**

If you're unsure exactly what your responsibilities are in this area, then a great place to start finding out is the Equality Act 2010 guidance section of [www.gov.uk](http://www.gov.uk). This statutory legislation states that no individual should be discriminated against because they have a disability, either physical or mental, or because someone perceives them to have a disability or to be connected to someone with a disability. In short, you should not receive substantially different treatment, either in employment or in the provision of goods and services, because of a disability.

What the Equality Act boils down to in regard to disability is this: employers and providers of services have a responsibility to make 'reasonable adjustments' to their services and premises to ensure equality of access. Now, 'reasonable adjustments' may sound a bit of a vague term of reference for legal statute, but its interpretation is generally little more than the application of common sense. If we look at a few typical scenarios commonly faced by people with disabilities when trying to access optical services for example, what are and aren't 'reasonable adjustments' soon becomes fairly apparent.



Do you know your responsibilities in ensuring equality of access?

### TIME FOR CHANGE

How often have you, or someone you know with a disability, complained of being rushed by opticians or sales assistants into making choices of eyewear that you're ultimately dissatisfied with, because the clinician or assistant didn't give you the time you needed to make an appropriate choice, ask necessary questions, or didn't take the time themselves to ask you about, or fully test, your needs and requirements?

If we think about these scenarios in terms of reasonable adjustments, it is surely not too much to ask that clinicians and sales staff take their responsibilities to clients with disabilities seriously and allow that little extra time that ensures their needs

are met fully. This simple courtesy does not involve the eyecare provider in any onerous additional costs, and the word-of-mouth advertising generated by good, thoughtful service is surely reward enough for the extra time spent – even if, by law, no reward should be required for providing equal access to their service.

### SWEATING THE SMALL STUFF

It's not just about taking the time to properly assess and facilitate the eyecare needs of people with disabilities though. It's also about making sure they get through your door and are diagnosed and treated for their eye conditions in the first place. And this is an instance where reasonable adjustments may mean taking the initiative in locating



How many patients miss appointments because they simply can't read your letters?

and defining needs, rather than simply being reactive to people with disabilities as they present at your clinic or practice.

Have you ever stopped to consider, for example, how many patients miss appointments with you because they are simply unable to read the letters you send them in the first place? In instances such as these, being seen to make reasonable adjustments could well mean taking such actions as sending large print letters to patients with more serious eye conditions (something you should perhaps be doing regardless of perceived disability).

It might also mean the use of text messaging to confirm appointments, which many people with visual impairments find easier to read. Or it may mean making phone calls to book and confirm appointments with patients with very limited sight. It's certainly not about assuming they have someone with them all the time who can read for them. When your receptionist books the appointment, they could ask the patient: "Do you have access requirements we need to be aware of?" This could include large print letters, eye examinations to take place on the ground floor or extra time due to a person's needs.

### SEEING BEYOND VISION

But it is not only about considering the needs of people with visual impairments, but of all of your patients with disability issues. Have you considered, for example, what a deaf person has to go through when they want to make an appointment with

your practice or clinic? Have you made the reasonable adjustments necessary for them to be able to do so? Do you have the facilities for them to text you, or to book an appointment online? Have you made arrangements for a British Sign Language interpreter to be available, either virtually or in person, to assist them at their appointment? All these adjustments would be considered reasonable if you were ever to be forced to defend your service provision in a legal challenge.

The same, of course, applies to patients and clients with mobility-based disabilities. It is unlikely it would ever be considered reasonable, for example, to exclude a wheelchair user from accessing your ground floor premises for want of the provision of ramped access, whether permanent or portable. The cost, certainly, for a portable ramp would be minimal. It might be considered unreasonable for a wheelchair user, on the other hand, to expect the provision of a lift where none currently exists to take them to a first and second floor premises. Whether this was



Similar principles apply to patients with mobility-based disabilities



Visualise Training and Consultancy offers a range of courses on accessibility

considered reasonable or unreasonable might, ultimately, depend on the scale of the business and its available cash flow.

Finally, it is vital in terms of 'reasonable adjustments' that all clinics and opticians assess the accessibility and suitability of all of their testing equipment for clients with disabilities. Is all this equipment accessible to people with mobility issues? Are all testing instructions inclusive for people with hearing and visual impairment and, if not, have arrangements been made for equivalent tests that are suitable for these patients? For example, do you have a portable Snellen chart so you can test a low vision patient's vision at whatever distance they require? Is your equipment adaptable for wheelchair users? Do you have picture cards to test vision if letters aren't appropriate for the patient's needs?

### SUMMARY

This article represents a quick checklist of pointers to provide you with some indication of whether you, as an eye health professional, are meeting the requirements of the Equality Act 2010, when it comes to ensuring equality of access for patients with disabilities. If you are failing to do so, you are not only failing in your moral obligations to people with disabilities, but also in your legal ones, and failure to take reasonable adjustment seriously could leave you vulnerable to court proceedings that not only leave you out of pocket, but also with a seriously damaged professional reputation. When you think about it like that, 'reasonable adjustments' really are just common sense.

*Visualise Training and Consultancy offers a Reasonable Adjustments Health Check for organisations. To find out more, call Daniel Williams on 07472305268 or email [daniel@visualisetrainingandconsultancy.co.uk](mailto:daniel@visualisetrainingandconsultancy.co.uk)*

# Mido:

## Eyewear fashion, flair & fun

By Joan Grady

Milan – and Mido – always vibrate with passion and excitement. From the majestic Duomo and Leonardo da Vinci’s memorable painting, *The Last Supper*, and La Scala Opera House heritage, to the tempting, luxurious boutiques on Via della Spiga, a trip to Milan offers a wonderful opportunity to experience the warmth and congeniality of Italian culture.

The Italian city’s origins date back to the 6th century BC according to a Roman historian. Centuries later, Milan continues to captivate and enchant with chic style, cuisine, history and more. An expectant air permeates the city with an enthusiastic anticipation of a journey that is both exhilarating and adventurous.

The 2019 edition of Mido fulfilled dynamic expectations with eyewear creations that excelled in quality, beauty, vigorous colourations, prolific shapes and breakthrough technology. In eyewear, as in fashion, the latest collections are founded on evolutionary, not revolutionary strategies. For optical frames, smaller silhouettes dominate, with two-tone colourations in command. Custom colours created specifically for brands are highlighted as eyewear companies vie to give customers more individual, bespoke designs.

### SUNNY HORIZONS

Elegant shapes – mini to maxi – luxurious materials and ravishing colours underscore sunglass designs. Blackfin, the independent Italian label that specialises in titanium, has launched a beautiful campaign titled, *Natural Awareness*, characterising carefully crafted designs with technical precision – a



Beach beauty: Cape May by Blackfin



Sea and ceramics: Cambon by Jeremy Tarian

company hallmark. Pastel pink, a colour focal point this season, is stylishly presented in Cape May, a National Historic Landmark town in New Jersey, acclaimed for its grand Victorian houses.

Seaside landscapes and unique ceramics are the inspirations for Jeremy Tarian’s

stunning design, Cambon, handcrafted in the Jura region of France. The limited edition frame, in luminous acetate with stainless steel, demonstrates Tarian’s lifelong fascination for eyewear and ceramics – the latter launched at the age of 10 with a course at the Louvre in Paris.

Fleye Copenhagen introduces part two of their *Flowers of Denmark* campaign reflecting inspiration from *Flora Danica* – an iconic collection of 18th century plants found throughout the kingdom. Self-assured and feminine, Sun from the Fleye Signature Collection is crafted with a layered construction of paper thin acetate plates, then united with rose gold titanium that loops through the front, creating a unique 3D aspect.

Budapest brand Vinylize collaborates with the iconic Australian band’s *Black Ice* album for a tantalising, seductive selection of sunglasses made from old vinyl records.



Floral interpretations: Sun from the Signature Collection by Fleye Copenhagen



Music inspiration: Vinylize Budapest



Chic and secure: Sun covers by Any Di Munich

Each year, Vinylize repurposes more than three tons of vinyl and the exclusive frames are sold globally.

The chic, sophisticated way to keep your sunnies safe and secure is with Any Di's glamorous sun covers. The sleek design in quality leather, with metal parts in plated 18-carat gold, is suitable for all eyewear shapes and sizes – and with its compact design, takes up little space in a bag.

ARCHITECTURAL ASPECTS

Free, clear and streamlined components continue to influence eyewear. Modern architecture and graphic materials evolve effortlessly into frame contours that are contemporary, with smart twists of colour and accents.



Curvaceous shaping: Dinard by Lafont Paris

Curvaceous shaping by Lafont Paris and tri-colouration bring a flourish to Dinard, named after the famed Brittany seaside resort with strong British links. Paul Costelloe for Dunelm Optical draws on classical connotations – for both his fashion collection and eyewear – creating pure shapes with artistic colour details, stripes or mixed materials.



Classical connotations: Paul Costelloe for Dunelm Optical



Style sparkle: Mirai by Vera Wang

Internationally acclaimed designer, Vera Wang, loves the flow of materials and the stark beauty of strong, uncluttered lines. Voluminous shapes are interpreted with grace and fortitude, and for her latest collection, delicate, petite Swarovski crystals bring a subtle glimmer and sparkle to her signature sunglasses.

Birgitte Falvin celebrates the intrigue of Danish architecture in her collection. The Crystal in Copenhagen is a freestanding elegant structure that takes its name from the light, crystalline form. Frames are crafted in titanium, often with precious stones and leading-edge shapes, and luxurious comfort.



Elegant composition: Zodiac by Birgitte Falvin

MATERIAL EXPECTATIONS

The independent, artisan company Rolf Spectacles has garnered numerous international awards for its stunning and masterfully crafted wood and stone eyewear. Now the Austrian label has launched designs in titanium married with 3D technology. Featuring the Silmo d'Or winning Flexlock eyewear hinge, the Rolf Titanium collection has implemented complex geometries into individualistic designs with innovative detailing.



Complex geometries: titanium eyewear by Rolf

Endless possibilities spring forth with titanium, and Theo from Belgium explores with a smart range called Diamond Cuts. Diamond facets stimulated the idea for lens shapes based on the play of light on shiny and matte titanium surfaces, rendering depth to this creative concept.



Sleek and symmetrical: Obus Diamond Cuts by Theo

Charmant has an inspirational collaboration with French designer Caroline Abram and a limited edition in titanium. Caroline's frames are defined by creativity and charisma, glamorous colours and brilliant technology. The Charmant by Caroline Abram collection highlights frames that are a fashionable expression for confident, modern, accomplished women. Minimalistic shapes crafted in lightweight, yet sturdy titanium enhance sublime comfort and magical grace.

Lively, international vibes permeated Mido this year, with collections presented that cater to the needs and changes of the eyewear sector. For independent opticians, the show presents a fashion stage for eyewear where new companies debut, and where established brands can strengthen and fortify their expertise and customer base with new and exciting merchandise. This creates the perfect opportunity to enjoy eclectic, enthusiastic, sophisticated Italian ambiance, complemented and enhanced even further by beautiful eyewear.



Confident charisma: Charmant by Caroline Abram



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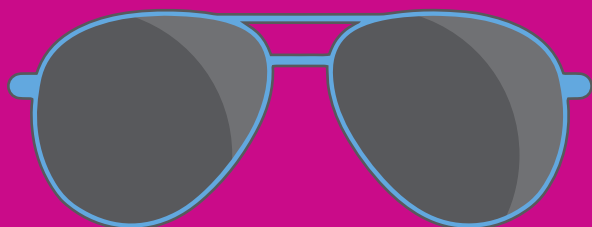
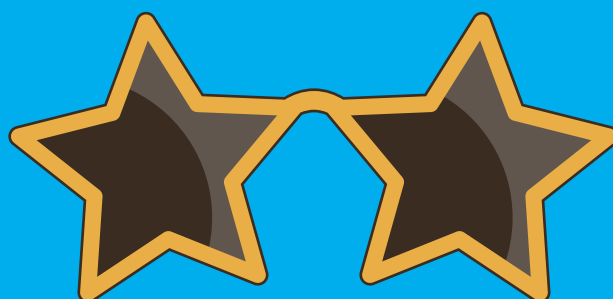
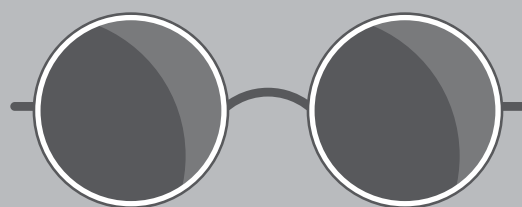
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