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Vision Now magazine is published by Peekay Publishing Ltd for The PK National Eyecare Group Ltd, the UK's largest purchasing group for independent opticians.



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Editor's comment



Whilst there are both positive and negative findings from the General Optical Council's latest public perceptions research (*page 7*) I can't help but wonder if the GOC's persistent use of the generic term 'optician' in its surveys does little to improve the public's knowledge of the wide-ranging roles that eyecare practitioners play in caring for their eye (and general) health.

We all know the varied roles that OOs, IPs, DOs, MECS CLOs and so on undertake in practice. However, I'm pretty sure that if you stopped someone in the street and asked them the difference between an OO and DO, or a CLO and an OA, they would draw a complete blank.

The Association of British Dispensing Opticians (ABDO) highlighted another persistent knowledge gap recently - this time amongst parents with regards to their own children's eyecare (*page 4*). ABDO found (again) that most parents surveyed believed that if their children weren't able to read then they weren't able to have an eye exam - and that they didn't need one anyway until they started school.

There is obviously still plenty of work to be done when it comes to educating the public on all things eyes and eye health - so why not get involved in National Eye Health Week this month (*page 13*). There are lots of resources available to get your message out in the local community. Or take advantage of Specs Network's latest initiative to promote the value of independent practices to consumers (*page 4*). And please do send us your stories, news and pics - we'd love to hear what you are up to in practice.

Nicky Collinson
Editor

The Editor welcomes letters, articles and other contributions for publication in the magazine and reserves the right to amend them. Any such contribution, whether it bears the author's name, initials or pseudonym, is accepted on the understanding that its author is responsible for the opinions expressed in it and that its publication does not imply that such opinions are those of The PK National Eyecare Group Ltd. Articles submitted for publication should be original, unpublished work and are accepted on the basis that they will not be published in any other journal. Acceptance of material for publication is not a guarantee that it will be included in any particular issue. Copyright © 2019 for Peekay Publishing Ltd. All rights reserved. No part of this publication may be reproduced or transmitted in any form or by any means, including photocopying and recording, without the written permission of the publishers. Such written permission should also be obtained before any part of this publication is stored in a retrieval system of any nature.



1 Specs Network



Promoting the best of independence

The Specs Network has produced a short film promoting the strengths of independent opticians to consumers. The film is presented by Kate Hardcastle MBE, aka 'the Customer Whisperer'. Kate said: "Supporting independent retail is not just something I do in my professional life, but as a customer too; I often find I get a more personalised shopping experience and better service. Exploring the benefits of using an independent optician has really opened my eyes – excuse the pun. I understand far more now about my eyesight and eyewear choices than I did after 20 years of mainstream optician appointments."

Richard Hollings, general manager of Seiko Optical UK, which runs Specs network, commissioned the film. He said: "After receiving Kate's ringing endorsement of independent opticians, it was decided that a short film was the ideal way to spread the word." By completing a request form, the marketing tool can be licensed at no cost by independent opticians for use on their practice website and social media channels. Shorter teaser versions of the film, ideal for Instagram, are also available by request. To complete the request form, visit www.specsnetwork.co.uk/your-independent-optician. Our photograph shows Kate and Richard with Matt Rose, owner of Brittain Opticians, where Kate had an eye examination.

2 Association of British Dispensing Opticians

During its annual Radio Day campaign last month, the Association of British Dispensing Opticians (ABDO) revealed the results of its latest consumer survey amongst parents, which highlighted a lack of knowledge about their children's eye health. Reaching an audience of around the 30 million, ABDO board member Daryl Newsome told listeners that 33 per cent of parents believed their children should have their eyes examined for the first time when they started school. One in seven of the 2,000 parents surveyed, with children aged up to 11 years, believed that children needed to be at least five years old before they could have their eyes examined.

More findings from the survey showed that 20 per cent of parents believed children needed to be able to read in order to have an eye exam. The Association noted that



Back-to-school advice for parents

the last time it asked parents this question, the figure was 15 per cent. Daryl said: "ABDO uses radio as a way to reach out to consumers every year. It is five years since we last focused on children's eyecare, and it is disappointing to see that parents are still lacking knowledge about how best to look after their children's eyes."

3 Eyespace



Rock Star model, Gabriella

New Rock Star frame release Gabriella from Eyespace is described by the company as being ideal for young patients with an eye for style. Gabriella comes in a 43-16-120 size and is offered in two stylish translucent colourways of Bubblegum Pink and trending tone Teal. The retro-inspired front is complemented by dual pin detailing, while the see-through acetate showcases the core wire, completing the 'mini-me' look.

4 General Optical Council

Following a series of workshops with stakeholders to discuss the feedback and issues raised during its Education Strategic Review (ESR) consultation process, the General Optical Council (GOC) is setting up two expert advisory groups – one for optometrists and one for dispensing opticians – to shape future learning outcomes.

Speaking after the workshops, GOC director of education, Dr Subo Shanmuganathan, said: "We have undertaken wide ranging stakeholder engagement throughout this review, and will continue to do so as we develop the final standards and outcomes and the timeframes for implementation." The GOC will publish the final ESR Education Standards and Learning Outcomes consultation response report shortly, and will set out a short, medium and long-term implementation plan for each recommendation at its November council meeting.



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5 General Optical Council

Thirty-two per cent of respondents to a recent General Optical Council (GOC) public perceptions survey said they would see a GP first if they woke up with an acute eye health problem – compared to 25 per cent who said they would see an ‘optician’. Respondents from Scotland (34 per cent), Wales (33 per cent) and Northern Ireland (28 per cent) were all more likely to say that they would visit an ‘optician’ first when compared to respondents from England.

The survey further revealed that, of respondents: 46 per cent viewed opticians as providing both a healthcare and retail experience; 69 per cent had visited an optician in the last two years; 13 per cent had experienced ‘anything going wrong’ with the care they received from an optician, with 58 per cent of those having received an apology; 90 per cent were confident that they would receive a high standard of care from an optician.

Alistair Bridge, GOC director of strategy, said: “We are pleased to see that public confidence and satisfaction with opticians remains high; 96 per cent of patients reported they were satisfied with the optician who had carried out their eye test, and 94 per cent were satisfied with the overall experience of opticians. It was also positive to see that of those patients that did experience something going wrong, three-fifths had received an apology.”

A total of 2,000 members of the public were surveyed. An infographic and the full research report can be found on the GOC website.

8 British Contact Lens Association

The president of the British Contact Lens Association (BCLA) will call on eyecare professionals to ‘inspire generations of patients’ as part of his annual address to members.

Jonathon Bench will use his Presidential Address at the Royal College of Nursing in London on 25 September to look back at the 42 years of BCLA, to better understand the differences between the generations and to

6 Association of Optometrists

The Association of Optometrists (AOP) has welcomed the government’s commitment to consider mandatory sight tests for older drivers, set out in The Road Safety Statement 2019 released last month. The report and action plan, released by the Department for Transport, addresses a host of road safety issues including medical fitness to drive. It highlights the importance of good eyesight for road safety, and pledges a research programme and literature review, in partnership with the DVLA, to assess poor vision as a UK safety problem. It also says the government will consider the case for a new vision test for drivers over the age of 70, and then at three-year intervals when they renew their licence.

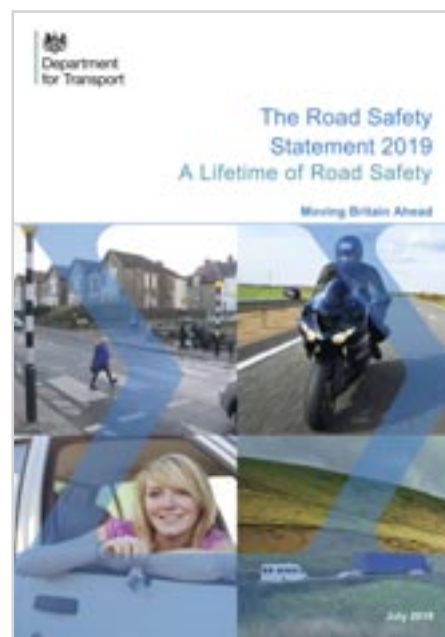
AOP deputy chair of the AOP, Dr Julie-Anne Little, said: “It’s reassuring to see the government taking practical steps through a committed road safety action plan. We’re pleased it takes a full view – looking at all the key issues that can impact road safety, including the importance of good vision for driving. It’s particularly welcome that the

7 Go Eyewear



appreciate the advances provided through technology and research.

Jonathon said: “As Einstein stated, ‘The measure of intelligence is the ability to change’. Never has this been more true than now with the world around us and the expectations of people changing more rapidly than ever before...Join me to understand how generations of BCLA members have been inspired and how we have, and can continue, to inspire generations of patients.” For more details, visit www.bcla.org.uk



Road safety statement welcomed

government is now committed to consider making sight testing part of the licence renewal process. That is a significant shift, and one that we have long called for. Changing the rules so that drivers have to get their vision checked regularly will save lives on the road.”

‘A woman’s charm’ is the theme of the latest Ana Hickmann Eyewear collection, offering a selection of reinvented classic shapes. The key design reference is the revival of the popular and classic cat-eye, from the 1930s to the modern day. The collection’s ‘DNA’, the Duo Fashion temples, present the latest innovation with a hexagonal shaped side. The Duo-Fashion system enables the sides to be rotated to reveal different colour and material combinations, providing two looks in one single frame.



Jonathon Bench

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1. Akerman et al., Patient and Eye Care Professional satisfaction with a novel Water Gradient daily disposable multifocal contact lens, 2nd World Congress of Optometry, Hyderabad, India; 11-13 September, 2017. 2. Maissa C, et al. Evaluation of the Lubricity of DAILIES TOTAL1 contact lenses after wear. Opt Vis Sci Annual meeting 2014. 3. Ham BM, Cole RB, Jacob JT. Identification and comparison of the polar phospholipids in normal and dry eye rabbit tears by MALDI-TOF mass spectrometry. Invest Ophthalmol Vis Sci. 2006;47(8):3330-3338. 4. Belda-Salmerón L, Ferrer-Blasco T, Albarrán-Diego C, Madrid-Costa D, Montés-Micó R. Diurnal variations in visual performance for disposable contact lenses. Optom Vis Sci. 2013;90(7):682-690. 13309 © 2019 Alcon. GB/NC/DAI/03/19/0035

9 CooperVision



Latest study data published

Five-year data from the world's longest-running clinical trial of paediatric contact lens wear is offering new myopia management insights. Part one of CooperVision's study quantified three-year effectiveness of the MiSight 1 day lens versus an equivalent single vision one-day lens in slowing the rate of progression of juvenile-onset myopia. The peer-reviewed, 'A 3-year randomized clinical trial of MiSight lenses for myopia control', is now available from *Optometry and Vision Science*. Part two was initiated at the 36-month mark,

when children in the original control group were refitted with MiSight 1 day. They continued to be tracked separately to compare the rate of myopia progression between the two matched populations with different treatment history.

The latest data reveals that: progression rates among the original control group – after showing a reduction in year four following refitting – matched the children who had been wearing MiSight 1 day for the duration of the study in spherical

equivalent refractive error (0.17D) and axial length (0.07mm) during year five; and vision performance remained "excellent" among both groups, with VA of better than 20/20 (6/6) at every scheduled appointment, with no significant differences across groups or visits. Furthermore, there were minimal adverse events, and none of the children wearing the daily disposable contact lenses in both groups presented at greater than grade 2 for all typical anterior eye clinical observations, CooperVision reported.

"The mirrored slowed progression across both groups suggests that myopia progression with MiSight 1 day lenses is more dependent on age of the patient than their baseline myopia or length of time under treatment," said Paul Chamberlain, director of research programs for CooperVision. "The children more recently entering treatment are progressing at the same rate as those completing their fifth year of MiSight wear. This information can help practitioners as they consider treating slightly older kids than studied in part one of the trial."

10 Dunelm Optical



Back to the future

New arrival Retro 393 from Dunelm Optical heralds a return to cooler, crisper hues with its futuristic, fashion-forward edge. Made from quality acetate, Retro MOD 393 is available in translucent Burnished Brown (C1), Space Blue (C2) and Charcoal (C3). The metal sides wrap around the front and over the brow line as a complementing solid colour to its translucent counterpart. Available with free glazing and stock single vision prescription when ordered all-in glazed, every frame in the Retro collection comes with a free black leatherette case. Free display material is available on request.

11 Louis Stone (Optical)

Louis Stone (Optical)'s latest frames catalogue is available to view at www.louisstone.co.uk/frames and includes 15 new vibrant Hi models. "With many TR90 models and three new models with flexi-templates and exciting colours, take your pick from flowery or alphabet patterned temples – perfect for kids – or more mature and practical contrasting colours that are ideal for teenagers," said Clare Gaba, head of marketing and communications.



Hi model 22 C1 Party Time




The company, which recently won an award for Best Optical Products and Services in the eyewear category of the LUXLife Magazine

Fashion & Lifestyle Awards 2019, has also launched its new 2019/2020 student and pre-reg catalogue online.



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12 Continental Eyewear



Lazer Junior 2196 in Blue

Just in time for the new school year run, Continental Eyewear has launched a new selection of Lazer Junior styles. Described by the company as “one of the most comprehensive, value-for-money children’s eyewear collections available in today’s market”, Lazer Junior offers an extensive range of the latest metal and plastic designs, in an array of eye-catching colours, to suit all requirements. Model 2196 (pictured) is a size 43-18-120 and comes in Blue, Lavender and Rose, with coordinating patterned sides.

13 Essilor

As it celebrates 60 years of Varilux, Essilor has committed further to its long-standing history of environmental action with a recent £2.5m investment in an eco-friendly ARTline production process at its Thornbury Lab. The new process cuts out the use of alloy, making it more environmentally sustainable.

The company’s head of manufacturing and logistics, Andy Duddridge, explained: “The new ARTline process with Alloy Replacement Technology uses a universal, re-usable acrylic block-piece and an organic UV-curable adhesive, rather than alloy and tape – which has been fully removed from the process – to fix and protect ophthalmic lenses for generating and polishing.

15 Lenstec Optical Group

The Lenstec Optical Group and Pennine Optical can now offer Invu Easyfit sunglasses in the UK. “Easyfit do not replace prescription sunglasses but they do offer an additional opportunity for practitioners to meet their patients’ needs,” said Nigel Castle, managing director of Lenstec.

“For many situations, such as driving into tunnels or for days when the light is quickly changing, it is much easier and safer for



Celebrating 60 years of Varilux

“The use of organic glue eliminates heavy metals making it safer for staff to handle and better for the environment. It also eliminates the pollution of drain water by this hazardous substance. As part of the investment, a new lab layout has been designed to optimise and reduce conveyor systems handling times,” Andy added. Further investment is planned in the company’s coatings department.

wearers to ‘slip-over’ an Easyfit rather than try to switch to their prescription glasses. Such specialised solutions are key to building long-term relationships with patients and creating a loyal base.”

Invu Easyfit sunglasses are designed and engineered in Switzerland and equipped with Swiss Eyewear Group’s proprietary ultra-polarised lens. They come in a range of shapes to fit different frames. Lenstec and Pennine Optical also offer an exclusive range of Invu sunglasses that can be glazed with a prescription polarised lens.

14 Essilor Instruments



The new Vision R-800

Essilor Instruments’ new digital phoropter, the Vision-R 800, is promising “a new era of refraction” by offering continuous power changes to ensure more accurate, reliable prescriptions. Continuous power variations mean sphere and cylinder values can vary continuously by 0.01D increments. Back cameras measure vertex distance accurately to control the exact refraction value. It is designed to simplify the procedure for practitioners, with a series of user-friendly ‘smart tests’, cameras to check the patient’s position and electronic measurement of the near vision chart location.

Head of instruments, Paul Cumber, said: “We are reinventing refraction. The old era, where subjective refraction techniques led to an estimate of the prescription, with inaccuracies accumulating, will give way to the new era of digital infinite refraction. In the future it will be possible to leverage the full potential of the digital surfacing technology used for lens manufacturing. 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.”



Invu Easyfit sunglasses

adlib



16 National Eye Health Week

This year's National Eye Health Week (NEHW) campaign, which takes place between 23 and 29 September, will again focus on a different theme each day. These include: nutrition and the eye, sight after 60, screen fatigue and children's eyecare with a particular focus on myopia control. A key part of the campaign will be to highlight why regular eye examinations are vital for all, the extended range of services now available at many High Street practices, and how lifestyle choices can affect eye health.



One of last year's leaflet covers

David Cartwright, chair of Eye Health UK, the charity responsible for organising NEHW, said: "NEHW provides a unique opportunity for everyone involved in optics to join forces and inspire people to take positive steps to keep their eyes and vision healthy as well as preventing avoidable sight loss. Focusing on a different daily theme gives us a chance to keep refreshing our communications and reach out to some of those groups most at risk of avoidable sight loss."

Activity to support the Week will include a national poster as well as resource packs containing everything you need to promote the benefits of good eyecare to your local community and raise the profile of the optical profession. Resources can be downloaded from the Vision Matters website at www.visionmatters.org.uk/electronic-resource-centre. There will also be a high-profile media campaign incorporating eye health supplements in leading national newspapers and the publication of *Vista*, the Week's official magazine.

17 100% Optical



Focus on the future

Registration has now opened for 100% Optical 2020, taking place at London ExCeL from 25-27 January. With the strapline, 'Vision for the future', the show has launched a new visual designed to signify the landmark year ahead in optics – and the new technologies that will

impact on the future of eye health diagnosis and treatment. The 2020 show will offer an insight into the practices of the future with an enhanced Future Practice Hub hosting CET sessions, new product launches and business advice. Register at www.100percentoptical.com

AN INDEPENDENT VIEW

Why can't we work together?

The world of optics is unusual for the number of representative and other bodies that exist. Leaving aside the regulator (the General Optical Council), there is the College of Optometrists, the Association of Optometrists, the Association of British Dispensing Opticians, the Federation of Ophthalmic and Dispensing Opticians, the Local Optical Committee Support Unit, the British Contact Lens Association, the Federation of Manufacturing Opticians, the AIO, the British Association of Behavioural Optometrists...the list goes on.

Whilst all these organisations are (or perhaps were) founded on a need to serve the professions and industry, which come together under the collective term of 'opticians', they are not famous for working together for the long-term benefit of the world of optics. The Optical Confederation was founded with the best of intentions, but seems to be remarkably muted when it comes to beating the drum for optometrists and dispensing opticians. There is only one press release on the website for calendar 2019 in respect of the government freezing GOS fees again.

Perhaps trying to build a co-operative effort from the top down is not the most productive way forward. There is an argument for trying to build co-operative effort from the ground up, and this is the approach that the AIO is now taking. Finding common cause with other bodies, and then working together to deliver effective solutions on individual opportunities, can lead to broader and more productive conversations on wider issues.

In the coming weeks, the AIO will be publicising just such initiatives alongside other optical bodies for the benefit of professionals and the industry that extends much wider than the membership base of the organisations involved. It is about subsuming the narrower interests of individual organisations to the common good.

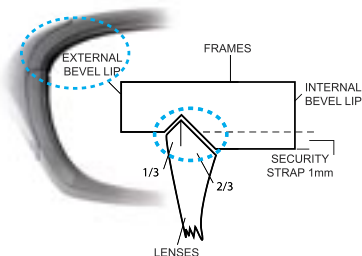
How about we all start to build a future based on working together across organisations on matters of common interest? Perhaps over time we can then build an effective lobby on the really important issues, such as embedding primary eye health care into community optometry and addressing the flawed GOS fee mechanism.

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Michael Daunt and Mike Wheeler cut the cake

Phil Mullins reports on this year's Building for Success conference, which marked NEG's 40th anniversary

Celebrating 40 years of success



On 30 June, members from across the UK made their way to Nottingham for this year's Building for Success members' conference. This year had something a little extra special, not because it saw a return of our members-only conference, but because we were celebrating the 40th anniversary of NEG – or Percy Kirk as the group was originally called.

The two-day event attracted around 100 delegates for a mixture of CET lectures, exhibition, networking and of course our celebration dinner. For the first time, we handed over the Sunday afternoon session to one of our headline sponsors, the Heidelberg Academy. With the use of optical coherence tomography (OCT) becoming ever-more important, the Heidelberg team covered a wide range of areas in which an OCT can become an important tool in growing a business.

Delegates heard from members, Mark Holloway and Paul Adler, who have already made a success of OCT, offering practical



Members help NEG to celebrate its milestone



Delegates relax before dinner

tips including charging and how to communicate with their patients, all supported with case studies. The following session, led by Heidelberg Engineering's Christopher Mody, broke the record for the largest image at an OCT Live event. The image from the Spectralis was displayed in HD on the massive venue screen, showing the image detail in full, as delegates were taken through the patient journey from scanning to image interpretation.

The final session of the afternoon was taken by Tim Cole, who narrowed the subject to how using an OCT can help in the monitoring and assessment of a patient's risk for developing glaucoma. Tim worked through several case studies and offered real practical advice, that members could take back to their daily practice.

Following an afternoon of deep clinical learning, the evening was a chance for everyone to let their hair down, relax and celebrate 40 years of NEG. It was fantastic that so many friends could join us for the evening, many of whom have been with us from the early days. We were also delighted

to be joined by Michael Daunt and Mike Wheeler, the owners of NEG and the two people who launched the company, as Percy Kirk back in 1979. We managed to persuade them to say a few words and to cut the massive birthday cake, as the confetti guns went off to a round of applause.



A toast to four decades of supporting independents

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BCLA 

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1. Chamberlain P, Back A, Lazon P, et al. 3 year effectiveness of a dual-focus 1 day contact lens for myopia control. Presented at the 40th British Contact Lens Association Clinical Conference and Exhibition; 10 June 2017; Liverpool, United Kingdom.

* Compared with a standard single-vision, one-day lens over a three-year period.





Finding out about EKM in the exhibition

The highlight of the evening was a performance from the the Lite Acrobats, who jumped and twisted their way through an electrifying show with music and lights, culminating in the NEG logo spinning in lights. The evening was capped off with Piano Pete, playing the night away, as friends stayed to chat, catch up and celebrate our 40 years.

PEARLS, BUSINESS AND BUZZ

The Monday morning kicked off early, with the exhibition opening at 8am, offering a chance for delegates to meet with some of the group's preferred suppliers including new suppliers Doc Mail, Atlantic Optical, the Michael Pachleitner Group and EKM web shop providers. Exhibitors reported great engagement from delegates, who were very positive about future business and looking to work closely with suppliers to further enhance their business.

Alongside the exhibition, the day offered a series of lectures covering a wide range of topics with clinical pearls, beginning with a peer discussion on the DEWSII report and the process of identifying and managing dry eye disease. The session used several exercises to draw the points together, including 'Review the definition of dry eye', 'Diagnostic tests: screening questionnaires' and 'Diagnostic tests: homeostasis markers'.

The second session of the day was led by Andy Saunders from Hoya, who is always well received by delegates. His session, titled 'Love at first sight or lights out all out', examined the effects of light, both from the visible spectrum and the extremities of the light spectrum. He took delegates through the effects on ocular health and the many options available to control light to enhance visual comfort and performance.

After a break for coffee, we turned our attention to contact lenses, with a peer discussion sponsored by our title sponsor, CooperVision. By using a number of video case studies, the session explored the various aspects of contact lens patient aftercare, with particular attention to communication with patients and how this can have a real effect on patient outcome. There was a focus on best practice around record keeping and using the latest evidence-based research to enhance outcomes.

Then it was time for lunch, which went down very well with both delegates and exhibitors saying how good the food was. It was also a chance for delegates to catch up with each other and the exhibitors. This meant there was a really positive buzz in the room, which is great to see, particularly when there is so much negativity about independent optics.

PRACTICAL TIPS OF THE TRADE

Once everyone had been fed and watered, the afternoon session began with a workshop led by Peter Reeve from Stepper. Although fighting a technical issue with the slides in the presentation, Peter led the group through best practice for frame selections, considering the different types available. He looked at all aspects covering material, design and benefits and how to buy frames to meet patients' needs and not prejudice patients or 'force' sell.

The next session before the coffee break looked at what's next for NEG – in particular in relation to two new projects. The first of these projects is a new online shop option with EKM, which will enable members to offer an online shop to sell items such as contact lenses to both existing patients and potential ones.

Secondly, Andy Clark presented the exciting new support programme for NEG members – the NEG Business Club. The club offers two options: a free one which is available to all NEG members and an expanded option, which offers fully a comprehensive support programme in return for a monthly fee. This is something that we will be working closely with Andy and his team on as it grows and helps members succeed. For more information on the NEG Business Club visit www.practicebuilding.co.uk/neg – and read Andy's article in this issue on pages 19-20.

Following a quick pit stop coffee, delegates headed for the final session of the day, which was taken by dispensing optician Jayshree Vasani. Jayshree has spent much

of the last year traveling the country with the 'Seeing beyond the eyes' roadshow team, educating practitioners about the challenges faced by visually impaired people every day. Her session aimed to empower delegates, giving them the information to help shape their practice to engage with such patients and to help make their practice more accessible to anyone with a disability.



Optinet catches up with members

Finally, it was time for everyone to make their way home and hopefully to start implementing the lessons learnt at the conference. The feedback we have received this year has been excellent, not only about the venue, the food and the hotel, but also the exhibition and the programme, with delegates saying they would like to hear more about a number of the topics, and looking forward to our 2020 event.

So, we would like to extend a massive thank you to our title sponsors, CooperVision and Heidelberg Engineering, our headline sponsors, Alcon, Hoya and Stepper, and all our 2019 exhibitors. Without their continued support, we wouldn't be able to offer the event. Thank you also to all the delegates who made it a great couple of days. We hope that even more members will join us next year and we would like to hear from anyone with suggestions for content ahead of us starting to plan for NEG Building for Success 2020.

Contact Phil by emailing p.mullins@nationaleyecare.co.uk

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Optometry as a profit centre*



What if profitable optometry wasn't an oxymoron? asks Andy Clark

This is a story of two independent practices: we'll call them Practice A and Practice B to save the owners' blushes. In some ways, Practice A and Practice B are very similar. They are both in mid-market suburban locations with very similar demographics; they both see about 60 patients a week, and of those patients about 80 per cent of them are eligible for an NHS eye examination because they are over 60 years old. They both have a single optometrist owner who is justifiably proud of the standards of clinical care that they offer. They both have an optical coherence tomographer (OCT).

However, in one respect they are vastly different. Upon calculating the cost of delivering an eye examination and comparing it to the fees received, we discovered that: in an average week in Practice A, the cost of delivering eye examinations is £300 greater than the fees received. This represents a loss of 26 per cent; or to put it another way, a loss of £10.20 for every hour worked. Whereas, in an average week in Practice B, the cost of delivering eye examinations is £400 less than the fees received. This represents a profit of 13 per cent; or to put it another way, a profit of £20 for every hour worked.

WHY THE DISPARITY?

The optometrist in Practice A has had an OCT for four years; he promotes it with a generic leaflet with a picture that nobody understands, and prices the service at an extra £35 over either the NHS eye exam or the £30 private eye exam. While at first, he started off super-keen and carried out lots of scans, now fewer patients are agreeing to pay the extra fee and he's getting tired of trying to upgrade people part of the way through the eye exam. His staff are supposed to do this for him before the eye exam, but most of the time they 'forget'. Practice A has two different 30-minute eye exams, NHS and private. Eighty per cent of his patients are NHS appointments and each one costs him £3.45 more than he receives to do them.



Join the NEG Business Club to make your practice more profitable

In Practice B, the story is very different. The optometrist here knows that instead of trying to sell the use of a tool, he should promote the benefit that comes from using the tool. He knows he's not selling OCT scans, he's selling the peace of mind that his patients receive because he is taking better care of their eyes. Practice B has three different 30-minute eye exams: NHS, private (which costs £45 and includes an OCT scan performed as part of a pre-exam) and the NHS upgrade, which is the same as the private exam and costs the NHS patient an additional £22.

The Practice B team have been trained to encourage people to look after their eyes and they have created attractive point-of-sale material that motivates patients to give their eyes a little TLC. As a result, 40 per cent of Practice B's patients still have an NHS eye exam, 20 per cent have a private eye exam and 40 per cent have an NHS upgrade.

That's it. No direct debits, no contracts, no long-term commitments, no cajoling patients to have a better eye examination by bribing them with a discount off spectacles. Just a

simple choice: would you like to take the best care of your eyes or not? Of course, this model may not be the best model for you. It may not even be the best model for Practice B, but it's surely better than the situation in Practice A.

MAKING OPTOMETRY PROFITABLE

All of the data in this next section is based upon a single example practice and is for illustration purposes only. To work with your own data, you can download a free spreadsheet by joining the NEG Business Club and taking part in the Profitable Optometry Project (*see later*).

To start, you need to know what your clinic costs are. First, calculate the overheads that are directly attributable to the consulting rooms/s. This should include at least the following: optometrist/s' salary, National Insurance, pension, fees, other insurance, etc; support staff salaries (just the team members needed to run the clinic); and equipment costs. How much you spend on recall? What proportion of your total property cost is on the clinic? How much do you spend marketing consulting room services?

NEG BUSINESS CLUB

We have found that for a single optometrist, the annual cost is usually between £85,000 and £95,000 per annum. If that optometrist is available in the consulting room for 35 hours a week, the cost per minute is going to be around £0.85 to £0.95. Now consider the duration of each of your different appointments and calculate what they cost to deliver: 30mins x £0.85 = £25.50; 45 mins x £0.85 = £38.25 and so on. Remember: these numbers are for illustration only – you can work out your own with the spreadsheet.

Now, for each type of appointment that you offer, decide which type of transaction it represents out of these three categories: profitable; loss leader; and pastime.

Profitable: this is when you charge people more than it costs you to deliver a service. For example, charging £40 for a private appointment when it costs £25.50 to deliver it, or for providing an upgraded NHS eye exam that generates an additional fee for services that the NHS exam doesn't pay for.

Loss leader: this is when you charge less than it costs you to deliver a service, but said service leads to a profitable sale of a different product or service, and the total of the two transactions results in a profit. For example, providing an NHS test which creates a loss of £3 but which then generates a purchase of a new pair of spectacles for £150.

Pastime: this is when you charge less than it costs you to deliver a service, which doesn't then lead to a profitable sale of a different product or service. For example, you provide a free contact lens trial and the patient then goes and purchases some lenses online.

PRICING YOUR APPOINTMENTS

First, decide to reprice private appointments that are pastimes or simply stop offering them altogether. Next set a rate for your appointments that is: a) greater than the cost of provision; and b) reflects the value/peace of mind/comfort/unique result that the patient receives. Most importantly, decide that it is OK to charge this new higher fee. If you are doubting yourself, remember that for about £22, your patients are currently getting eyelash extensions on one and a half eyelids, acrylic nails on seven fingers, half of their teeth checked or a sloppy Giuseppe and a Vegan Margherita at Pizza Express.

Some appointments keep on giving by generating a reasonable profit on the day, which then multiplies massively when the patient continues to buy the products the optometrist recommended. A dry eye assessment and a management plan can

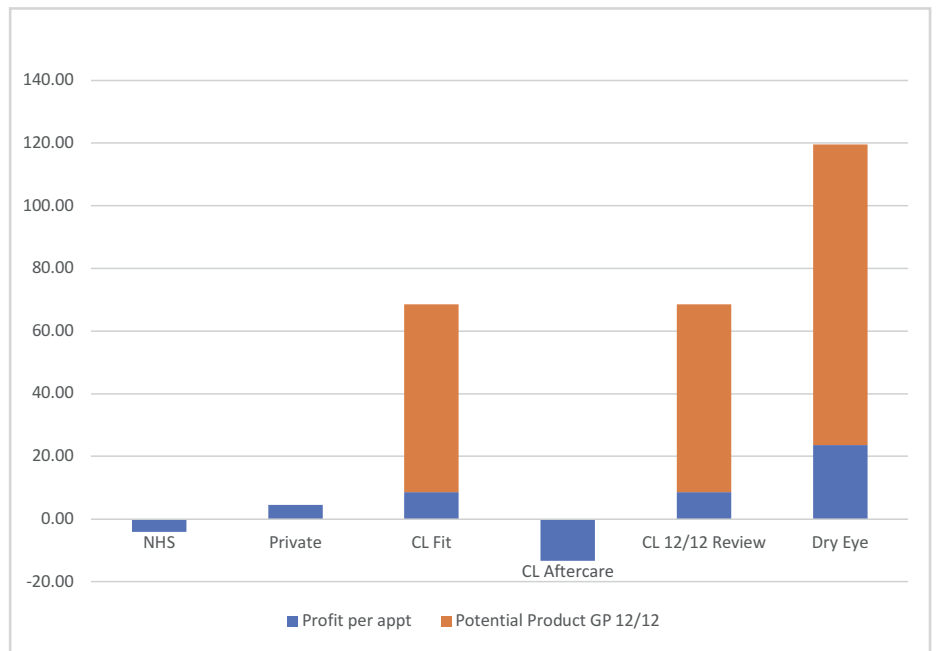


Figure 1: Profit from appointments + 12/12 product purchases

produce a reasonable profit per appointment, which could double or treble when you add 12 months of product purchases (**Figure 1**). Do make sure they buy from you with a loyalty card scheme or even a home delivery subscription service.

And don't forget about specs. You can calculate the dispensing potential value (DPV) by appointment type by recording what percentage of your patients also purchase spectacles as a result of the visit and multiplying that by the average transaction value (**Figure 2**) – where DPV = conversion rate x average transaction value.

MAKE OPTOMETRY PAY ITS WAY

If you would like to know more about how

to get your patients to pay you a rate that actually reflects your skill and experience, activate your free membership of the NEG Business Club and join the Profitable Optometry Project this month. You will be able to download a detailed review and planning spreadsheet with video instructions on how to use it, and our guide to marketing advanced optometry. We will also invite you take part in a benchmarking best practice exercise later in the year so you can learn from the others in the study. Go to www.practicebuilding.co.uk/neg to join.

* Profit centre: a part of an organisation with assignable revenues and costs and hence ascertainable profitability.

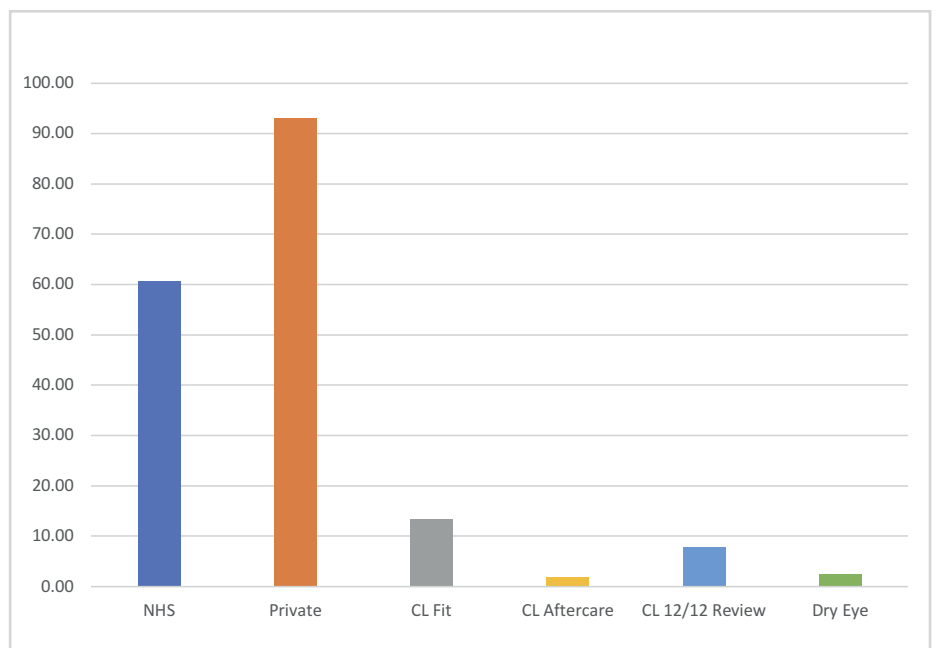


Figure 2: Dispensing potential value

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NEW

SCREEN AND MONITOR DRY EYE SYNDROME (DES)

“Dry Eye disease (DED) affects hundreds of millions of people throughout the world and is one of the most frequent causes of patient visits to Eye care practitioners. It is a symptomatic disease, characterise by a vicious cycle of tear film instability and hyperosmolarity, which leads to increased ocular surface inflammation, damage and neurosensory abnormalities. Moderate to severe DED is associated with significant pain, limitations in performing daily activities, reduced vitality, poor general health and often depression.”

To increase our understanding of DED, the [Tear Film & Ocular Surface Society \(TFOS\)](https://www.tearfilm.org/), a non-profit organisation, launched the TFOS Dry Eye Workshop II (TFOS DEWS II) in March 2015
<https://www.tearfilm.org/>

Dry eye causes a scratchy sensation or the feeling that something is in the eye. Other symptoms include stinging or burning, episodes of excess tearing that follow periods of dryness, discharge, pain, and redness in the eye.

People with dry eye may also feel as if their eyelids are heavy and may experience blurred vision. Dry eye occurs when the quantity and/or quality of tears fails to keep the surface of the eye adequately lubricated.

- Experts estimate that dry eye affects millions of adults worldwide.
- Prevalence:
 - 75% among adults over age 40, with women most often affected (Stapleton et al., 2017)
 - Younger adults ages 18 to 45 years, only 2.7% experience DED (Farrand et al., 2017)
 - 25 % of patients who visit ophthalmic clinics report symptoms of dry eye (Clin Ophthalmol. 2009; 3: 405–412.)
- The risk of developing dry eye increases with advancing age.
- **Smartphone Use Linked To Dry Eye In Schoolchildren** (9.7 percent were diagnosed with dry eyes April 2014 issue of Journal of Pediatric Ophthalmology and Strabismus. — G.H.)

Dry eye can occur when basal tear production decreases, tear evaporation increases, or tear composition is imbalanced.

Factors that can contribute to dry eye include the following:

- Windy, smoky, or dry environments increase tear evaporation.
- Seasonal allergies can contribute to dry eye.
- Prolonged periods of screen time encourage insufficient blinking.
- Laser eye surgery may cause temporary dry eye symptoms.
- Medications including antihistamines, decongestants, antidepressants, birth control pills, hormone replacement therapy to relieve symptoms of menopause, and medications for anxiety, Parkinson’s disease, and high blood pressure have been associated with dry eye.

People experiencing dry eye symptoms should consult an eye care professional to determine the cause, which guides treatment strategy.

- **Change medications.** Consult a physician about switching medications to alternative ones that are not associated with dry eye. This may alleviate dry eye symptoms.
- **Over-the-counter (OTC) topical medications.** Mild dry eye symptoms may be treated with over-the-counter medications such as artificial tears, gels, and ointments.

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3 elements to help diagnosis Dry Eye Disease:

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- Tear meniscus evaluation
- Eye colour image (Colour camera- gallery of images to observe the status of the eye lids and cornea)

ABOUT LUNEAU TECHNOLOGY

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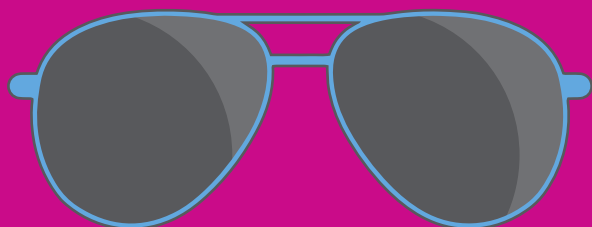
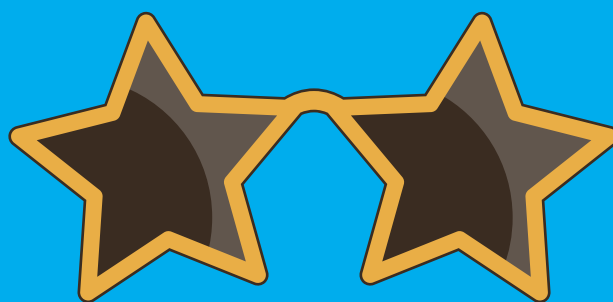
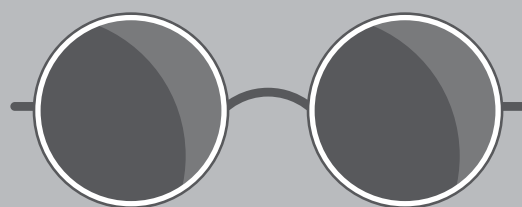
Luneau Technology is a multinational company with 12 subsidiaries in Asia, America and Europe, more than 162 distributors and 2 production sites installed in France and in Israel.

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Assessing your H&S risks



NEG partner Xact has designed a new risk assessment tool to ensure members' practices are fully compliant with health and safety regulations. Read on to find out more...

After completing the assessment, detailed feedback is provided

NEG's partner Xact has been delivering a range of health and safety (H&S), human resources (HR) and employment law services to independent optical practices since 2002. Now, the company has designed a new H&S Assessment Tool allowing NEG members to quickly and easily assess their level of compliance with current H&S best practice and law.

A link on Xact's member website provides access to the assessment tool, which only takes around five minutes to complete. It comprises five short modules, featuring a series of yes/no Q&As in the following sections:

- Health & Safety Responsibilities
- Health & Safety Competence
- Health & Safety Risk Assessments
- Accident Procedures
- Establishing a Health & Safety Management System

MODULE ONE

The first module relates to key H&S documents which need to be in place. The three key questions are:

1. Does the practice have a current H&S policy? This is the foundation document of any H&S system.
2. Have all of the risk assessments been completed? Risk assessments are the cornerstone of an H&S system and you should have at least 10 key risk assessments, e.g. fire, facility, First Aid, etc.
3. Have all of the control measures been actioned? Any risk assessment completed will identify the hazards and people exposed to the hazards. If there is a risk identified, then the risk needs to be eliminated or controlled.

MODULE TWO

The second module relates to training for employees and the responsibility on employers to provide adequate H&S training. There are two key questions:

1. Do all employees receive H&S training and information at their induction? Clearly this is an absolute requirement.
2. Do all employees receive continuous training on key aspects of H&S, e.g. fire training, drills, etc?

MODULE THREE

The third module relates to the H&S competence within the business. Two key questions are:

1. Do you have the internal H&S competence to cope with the responsibilities for H&S assumed by the practice and its activity? The competent person must have the experience and knowledge appropriate to the business and sector.
2. Supplementary to having internal competence to carry out the duties and responsibilities, which come from ensuring a safe working environment, does the practice have access to external advice and support for this key task? Contingencies should be in place for the business to have external support, particularly when the competent person is not available.

MODULE FOUR

The fourth module relates to how a business needs to deal with accidents and emergencies, which could occur in the workplace. Two key questions are:

1. Do you have an accident and near miss reporting procedure in place? This is key to not just recording accidents but it is all about preventing recurrences.

2. Are any serious accidents properly recorded and highlighted to the H&S Executive? With strengthening of the H&S inspection and prosecution regime, this is essential for senior management.

MODULE FIVE

The fifth module relates to the establishment of an H&S Management System by the business covering all of the aspects of H&S and the fact that employees need to have access to the system established by the practice. Two key questions are:

1. Does the business have an H&S Management system in place which has been adopted by the management of the practice? The system should not just be pieces of paper but a real live system which is capable of being expanded and adapted as circumstances dictate.
2. Do employees have access to the parts of the system which are relevant to their job within the practice? This gets to the heart of the issue that employees need to be adequately trained to deal with H&S issues and have access to the key documents, such as risk assessments, etc.

On completion of the assessment, your responses are reconfirmed and detailed feedback is supplied. This includes all of the helpful links with information to help members identify areas for improvement. Xact will then send a detailed report outlining all of the above.

*To complete the assessment, visit <https://xactmicro.co.uk/neg> or contact **Iain McGleish** on 01698 574655. Email imcgleish@xactgroup.co.uk*

Profiting from the purple pound

Daniel Williams discusses how practices can profit from the 'purple pound'

There are more than 12 million people with disabilities in the UK, seven million of whom are of working age. Double that figure to include their associates and you have a stampede of pounds ready to be spent. Described as 'purple pounds', smart businesses are embracing this cashflow. Are you missing a business opportunity?

The value of the purple pound is not to be ignored by even the smallest business or service provider, as it's estimated the sector is worth a staggering £249bn to the economy. This is one heck of a lot of disposable income and spending power that no business can afford to ignore; disabled people are a significant economic force and should not be brushed aside. However, the hidden 'barriers' that may make a trip even to the optometrist seem like an obstacle course, can be enough to make disabled people see red.

Whilst having lots of different tests and lights shined into your eyes is maybe not the most exciting thing, this is not the problem. Nor is having to navigate buses, trains, tubes, streets, possibly a taxi and the odd green man at the traffic lights in order to get there on time. The problem which may await disabled people is access, whether at the entrance or once inside the practice.

BRING DOWN THE BARRIERS

The purple pound has nothing to do with going purple with rage. This can happen, of course, when you have a visual impairment and you can't see the optometrist. Or because your eyesight is so appalling that you need to flap your arms and do a little jig on the spot, hoping to attract his or her attention.

The term refers to the potential spending power of disabled people, which also means their friends and families, who may be out and about shopping or visiting



Business premises access can be a massive barrier

places, including optometrists. Access facilities for people with a disability can be impossible and not just in the smaller shops. At a time when the High Street is struggling, competing with online retailers and large out-of-town stores, every pound spent counts.

Disabled people are out there in their millions; they need, and want, to spend their pounds. Independent practices should be jumping into this highly lucrative market and snapping up the opportunity before someone else does. For what will probably be an inexpensive outlay, the benefits are huge: healthier profits mean bills get paid and you stay afloat.

With a service such as eyecare, you can't exactly sit at home and go online and get your eyes looked at. No technology in the world is going to substitute an optometrist physically examining your eyes, and the local High Street may be the only place disabled people can travel to without a bundle of stress. So, if, like me, you have

low vision – and mine is terrible – you don't have any option but to hope for the best. Where is the benefit in an independent practice putting up barriers to access their goods and services?

OPEN THE DOOR

If you are using a wheelchair and you have a sight impairment, and access into a practice is not good, staff will usually go out of their way to offer help. However, this does not provide a solution. It isn't a very pleasant experience being pushed, pulled and tilted backwards feeling like you're a parcel being delivered. Can you imagine someone grabbing your shoulders from behind and suddenly tilting you backwards?

It is also quite tiring when you feel on show and are constantly having to express gratitude for help offered, which can be demeaning to someone who values their independence and just wishes to remain as quiet and unobtrusive as everyone else. The experience doesn't make you want to return. There is no benefit to you in this.

And wheelchairs, especially motorised ones, are not cheap; they cost thousands of pounds. Contrary to popular belief, they are not supplied by the NHS; they are purchased with hard-earned purple pounds and this also means paying for damage. If a disabled person's chair gets damaged after it has been pulled or lifted through your doorway, it can be a battering experience in more ways than one. They are unlikely to return. What business owner can afford to turn customers away like this?

There is a simple, inexpensive solution. A practice does not have to tear down their front entrance at great cost to make it ramped or flat; a portable ramp can easily be purchased for a minimal spend and fixed in place in seconds. For a heavy glass door on an existing flat entrance, a push button automatic opening to create independent access would make a huge difference and could yield a significant return on investment.

KEEP THINGS SIMPLE

Disability is not just about wheelchairs; for those with low vision, reading instructions in small print is like asking a toddler to read Shakespeare. If you are visiting an optometrist, having to strain to read anything means that, at the point of entry, you're going to feel uncomfortable and worried you might have missed something. This isn't going to help the disabled patient or make them feel relaxed. If practices have the right facilities, the benefits are significant. It signals a welcoming environment, embracing diversity, and a rise in profit.

The solution, as always, is simple. Letters, instructions and appointment cards can easily be printed in large font; or perhaps an audio description of important information can be given? The magnificence of being offered a magnifier is a must-have. Carefully considered lighting, the use of tints, tilted lamps and avoiding glare are other good, cost-effective ideas. As a business owner, you are not only increasing your reputation for being inclusive and welcoming to all patients – on an equal footing – you will also increase your cashflow.

Even if your disabled patient has managed to make it through the door without too many bumps and scrapes, there is often the problem of the location of the reception desk – and its skyscraper height. Far too many reception desks are impossible for anyone in a wheelchair to see across or are



Make your reception area welcoming and inclusive

in an obscure place; for someone with low vision, they may find themselves having to wander all over the place trying to find it.

The solution does not usually require a massive outlay; simply reposition the reception area closer to the entrance and with good signage. By attracting a wider cohort of patients, your turnover increases and word spreads in the wider community, enhancing your image.

HAVING A SMASHING TIME

Then there are glass doors. For anyone with vision like mine, meeting with a glass door can be a bruising experience – crash, bang, wallop. Glass doors may look attractive but marking them would make them more so. Business owners should look carefully at outgoings and repairing damage that could have been avoided with an inexpensive sign. Don't waste profits on such avoidable repairs.

Business premises access is often a problem for people with low vision and for elderly people who may struggle with balance, even if ramps for wheelchairs are provided. Whether you are quite agile on your feet or a bit dodderly, a handrail makes a big difference to your safety. Steps are another issue because if you can't see too well, you could find yourself going in leaps and bounds in ways you didn't really want. A simple, very low-cost remedy is to have clear signs in place. Use contrasting colours with tactile markings to highlight steps, edges and obstacles.

If you are deaf and you are visiting somewhere like the optometrist, then lighting, signs, ramps, handrails and a coloured sticker on a glass door are not going to help you to hear what time your next appointment is. The optometrist may as well be explaining your diagnosis in a foreign language. There are simple solutions. Appointments could easily be

made by text. A loop system in the practice and subtitles on TV screens would be welcomed, and perhaps someone in your practice can communicate in BSL and if so, could you promote this? By making these low-cost adjustments, you radiate welcome, warmth and an all-inclusive approach to the spending public. Staff also benefit from a more enlightened working atmosphere.

There are many less obvious, inexpensive options which practices can offer. Many patients attending appointments may be nervous or suffering anxiety and as noise seems to be everywhere today, a quieter area where people can feel more relaxed would be beneficial – with extra time given to patients who need it. Another great incentive is to offer a home visit or, at the very least, an appointment on the ground floor to avoid stair climbing.

One of the most common reasons a business will frequently state when asked why they haven't given more thought to access for disabled customers is, "We don't get many disabled customers in here." Once they improve their access, they are likely to find more disabled customers appearing through their doorway, increasing their revenue.

PURPLE POUND IN PRACTICE

If disabled people have already struggled with the website before arriving at a shop or other business premises, only to find they can't get in to the premises, find the reception desk, book an appointment with ease, hear what's being said to them or find a department easily, it's not going to entice them back in or get them to tell their friends and families. Instead of benefitting, the business loses – and to a competitor.

As an independent practice, you have the ability to attract this cohort of purple pounds making you stand out from the multiples. By making your service accessible and user-friendly to everyone, more people will benefit, refer you on to others and become loyal patients. For more information on CET visual impairment and disability awareness training for your business, email info@visualisetrainingandconsultancy.co.uk

Daniel Williams was diagnosed with retinitis pigmentosa at the age of eight and now improves the lives of others living with sight loss through his business, Visualise Training and Consultancy, www.visualisetrainingandconsultancy.com

Opticians abroad: Boutiques with *elegance and style*

By Joan Grady

Eyewear boutiques in a variety of European cities are thriving, and bring an exciting flourish to optical retailing. Interiors with panache, innovative styling, a refined atmosphere, and blissful harmony illustrate and command the powerful new direction for a successful business. The boutiques profiled here – in Rouen, Dublin and Rome – embrace and embody state-of-the-art concepts that draw appreciative clients.

LAFONT ROUEN, FRANCE

What do Joan of Arc, Claude Monet and François Hollande have in common with Rouen? They all have a connection to the French port city on the River Seine. Joan of Arc was burned at the stake in Rouen in 1431; Monet painted the Rouen Cathedral Series there in the 1890s; and François Hollande, former president of France (2012-2017), was born in Rouen. Lafont is generating a new and exciting history of its own with a charming boutique in the city's historical Old Town.

The Rouen boutique is the first shop outside Paris for the Lafont family-owned business. Optician Fatima Deflinne explained: "There



Lafont window display highlighting the Rouen Armada



Fun and frames – the children's corner at Lafont Rouen

is a family history of friendship between the Lafont family and the previous owner of this shop, and when he was ready to sell, he approached Philippe Lafont. The shop is over 100 years old, and has always been an optical boutique."

Ultra chic colourations of aubergine and olive green harmonise elegantly in the shop, located within a three-minute walk of the acclaimed Cathedral Notre-Dame de Rouen, plus shops and cafés. "Rouen is really a community and everybody knows everybody – plus Lafont is actively involved in city events," noted Fatima.

The most prominent activity in which Lafont participates is the international Rouen Armada that takes place in June every year, and is a major event and celebration on the River Seine. The finest sailing ships arrive from all over the world to glide along La Seine from Rouen to Le Havre.

This year, as a tribute to the genuine love story between the city, the world of sailing and Maison Lafont, the Lafont Parisian workshop created a striking design to be sold exclusively in the boutique. The graceful



Armada frame created by Lafont

navy blue Armada frame is accented with a carved sailboat above the contemporary frame top.

Everything in the Lafont Boutique is personalised, and that includes personalised, handwritten invitations that are sent to customers to view new collections. "We only use real invitations that are sent in the post," explained Fatima, "and visitors are welcomed with a glass of champagne." For Lafont, authenticity is linked to the credibility of the designs handmade in France, which have been awarded the distinguished certification Origine France Garantie.

OPTICA DUBLIN

Dublin has scores of historic buildings to see, explore and appreciate: St Patrick's Cathedral founded in 1191; Dublin Castle that dates to the 13th century; the charming St Stephen's Green; and Trinity College where Ireland's greatest cultural treasure, the Book of Kells, is on display. For eyewear enthusiasts, the destination is Optica Dublin, the chic boutique



Frames are displayed on Irish Tweed fabrics at Optica Dublin



Irish artisans created the furniture for the Optica Dublin interior

on Dawson Street, the heart of Georgian Ireland, where visitors enter an oasis of calm, Irish crafts and luxurious eyewear.

Owners and opticians, Deirdre and Donal MacNally, wholeheartedly support independent eyewear creators, and the originality of Irish artisans. The shop was formerly a hair salon, and Deirdre and Donal were flabbergasted to discover a hidden Georgian ceiling and a door dated 1810.

“The shop is a true Georgian house with our own little signature detailing,” said Deirdre. All the furniture, the chandelier, even the carpet, is the energy and imagination of Irish craftspeople, and Deirdre’s keen eye for the finest – and smallest – details. Drawers that display frames are lined in beautiful Irish Tweeds.

“We are doing more business with fewer brands,” explained Deirdre, “with Theo from Belgium a part of our DNA, and with Gai Gheradi at I.a.eyeworks who we truly admire. We have fallen in love all over again with her designs; she has a magic to understand eyewear. Dita, Thom Brown, Kuboraum Eyewear Bevel and Lindberg are in the



Original ceiling that was hidden in the Georgian House, now Optica Dublin



Interior of the LGR Rome boutique

shop. We also love Blake Kuwahara designs. Plus, we have our own label – Wolfhound – that is designed in Ireland, and crafted in Italy. We are a mecca for independent brands and customers visit from the length and breadth of Ireland, and all over the world.”

LGR ROME

Luca Ghnecci Ruscone’s hopes and dreams are flourishing with the opening of his second luxurious optical boutique. His first retail venture includes a sleek shop in Milan; now he has opened a beautiful flagship store in Rome in the heart of the city, in Via della Fontanella de Borghese, lined with elegant, prestigious boutiques.

Founder and CEO of the brand, Luca stated: “After Milan, opening a store in Rome was my priority, not only for commercial purposes, but for personal reasons. I grew up in Rome, it is my home and this is where our company has its headquarters. We are determined to grow and in the future, we plan to open other monobrand stores in Italy – Florence may be the next one – and abroad.”

The entire LGR collection for men and women is displayed in the shop, and includes optical

and sunglass designs. Every frame is entirely handmade in Italy in bespoke ateliers, using traditional, authentic skills that result in products that are timelessly stylish in materials and colourations.

Luca’s grandfather and his shop in Eritrea, Africa, is the inspiration for the LGR brand and the boutiques. Both Africa and Italy represent the brand’s foundation, and the boutique reflects Luca’s memories of beautiful African colours and locations. Italian craftsman created the distinguished wooden furniture with its elegant, graceful lines.

On the walls, evocative illustrations by Giampiero Celani Piendlbach embellish the boutique environment. Fresh flowers and plants add to the sophisticated ambience. The result is a contemporary, harmonious, and welcoming atmosphere that is a tribute to the continent that defines the LGR heritage, and Luca’s dedication to his passion for eyewear and distinct craftsmanship.

For independent opticians, boutiques that radiate flair, sophistication, originality and innovative concepts are the key to developing – and retaining – customer confidence and loyalty.



LGR storefront in the heart of Rome



Frames are displayed in the LGR boutique on shelves crafted by Italian artisans



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