ACKNOWLEDGEMENT

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NEW ABDO facilities in Birmingham

- An education events and examinations hub with 11,000 sq. ft. over two floors.
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ABDO National Resource Centre
4th Floor, Aqueous II, Aston Cross Business Village, Chester Street, Birmingham
Features

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   All good things...

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FRONT COVER
Milo & Me Model 3
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A BUSY SUMMER FOR ALL

August is a key month in the ABDO calendar. Third-year students anxiously await examination results whilst the Association prepares to welcome another cohort of successful candidates into full membership. ABDO College is preparing for the return of second and third-year students and, of course, for a large number of first-year students just starting out in their professional career.

This period of change and development takes place alongside the myriad of work being undertaken by the various departments within the organisation. The challenges they face range from the likely changes in optical education and CET, which will be decided by our regulator, to issues such as the next stage in the delivery of the MECS programme and other professional developments. Also this month, we welcome Alexandra Webster as our new head of CET. Alexandra succeeds Paula Stevens, who will still be working part-time for the department.

The last two weeks of July also saw the two-week summer school at ABDO College for students from our partner organisation, Wenzhou Medical University of China. This was the second year running we have had 16 students from the university. They were led by a consultant ophthalmologist and many of them will go on to qualify as medical doctors. This exciting and successful programme is organised by Elaine Grisdale and offers a great opportunity for both the students to learn about optics in the UK and for a range of ABDO members who are able to make presentations to a totally different audience.

Looking ahead to the autumn, the annual Consultation Day for members will take place on 24 October at our new, and truly impressive, National Resource Centre in Birmingham. I hope as many members as possible will take the opportunity to view this outstanding addition to the Association’s facilities.

Sir Anthony Garrett
ABDO general secretary
A DO and proud of it

Social media is a fantastic communications tool and I constantly read with interest members’ contributions on Facebook. There’s always plenty of lively debate, advice and problem solving. Do we refer to ABDO’s Advice & Guidelines, which are available via the ABDO website? This section is the bible of advice for DOs. If you have never accessed it, I suggest you start using it as your first point of reference when any queries arise.

An interesting discussion last month on Facebook centred on the question: what does ABDO do for me and is our membership fee good value? The answer to the latter is, of course, absolutely.

The ABDO board and team work tirelessly to enhance, support and promote dispensing opticians in the UK and overseas. ABDO is a key member of the Optical Confederation (OC) and our immediate past president, Fiona Anderson, is the OC’s current chair. We have representatives on a vast number of optical committees and regular meetings take place with all stakeholders.

The Association also responds to all General Optical Council (GOC) consultations ensuring DOs are well represented. The big topic currently at the GOC is the education review, which will shape the way the profession is trained in the future. You are being well represented and DOs are well respected by the optical fraternity. We are constantly making advancements – slowly but steadily.

There is a constant gripe on social media that we don’t receive CET grants. I know it’s unfair but, believe me, ABDO has done its utmost to obtain CET funding. Although CET grants are not available, we are now able to attend free local optical committee CET events and the Scottish government funds CET for DOs.

The ABDO board decided several years ago to provide free CET to all members – and what a fantastic job our CET Department of three people does in providing thousands of CET points at regional events, online and via Dispensing Optics. Non-members pay £100 to attend a day event, and Dispensing Optics costs non-members £150 per year. These are included in our £300 subscription – and we get a free diary.

ABDO College is an ongoing success story. It is a separate business to ABDO, being self-sufficient, and makes a profit year-on-year, enabling it to constantly improve the delivery of training. Remember: our subscriptions do not subsidise the College.

The major advancement this year for the Association is the opening of our own examinations and training centre in Birmingham. The facilities at the new National Resource Centre (NRC) are of the highest standard and will serve us well for years to come. There has been considerable investment in the centre, but this has been supported by very generous investments from our industry partners. The NRC will reduce the exorbitant cost of exam venues, CET and other training events and meeting venues. The centre will also be available to rent for the benefit of the optical profession and industry, along with external businesses. Again, this is a source of income to the Association and not a burden.

Your membership department is also on hand to help whenever help is needed and provides a vast variety of advice and support and counselling. The team have been a lifeline for many members over the years dealing with very distressing situations.

FUTURE IN YOUR HANDS

The other discussion I read constantly on Facebook is regarding salaries and the complaint that DOs are underpaid. Unfortunately, ABDO doesn’t have a magic wand to give us an overnight pay rise. While ABDO promotes the worth of employing DOs and the benefits this brings to a practice, your salary is as much in your own hands. There is no place for second best; we must perform at the highest standards possible which, in turn, will produce happy patients. Your practice will flourish and, in due course, this will be reflected in your salary.

Professional advancement is also the way forward and ABDO provides training, accreditation and support in many areas. You could move into management or training, supervising a student and, of course, obtain further qualifications such as in low vision and contact lenses, which could progress to minor eye conditions services accreditation. These and many other opportunities are what I suggest are worthy of salary increases.

Did you know there are two ABDO Facebook pages – the official and unofficial? The official one is easily recognisable by the ABDO crest on the homepage. Remember to be polite and professional when using these pages, and respect the views of others. Be careful what you post; while the groups are closed, sharing with friends makes the information visible to others, which could be one of your patients.

Finally, 10 members are standing for election for four ABDO board places. Please read their election addresses and I urge you all to vote for who you believe will help to shape the future of your organisation.
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LEADING THE NRC INTO THE FUTURE

Phil Hall has been appointed as head of ABDO’s new National Resource Centre (NRC).

In his role as exams support officer, Phil project managed the NRC from conception to launch earlier this year.

Commenting on his appointment, Tony Garrett, ABDO chief executive, said: “Phil was instrumental in getting the NRC up and running so quickly and, working alongside the examinations team, has produced an outstanding venue for the Association. I am sure everyone will welcome this appointment.”

Phil will oversee the management and staffing of the centre and will continue in his role in the delivery of ABDO’s exam programme.

He said: “I feel both privileged and delighted for my recent achievements to have been recognised in this way and to be offered this new role within ABDO. I’ve accepted in the belief that I can continue to provide an outstanding service to the Association and its members, in both the NRC and within the professional examinations team.”

Phil has been supported in the set-up of the NRC by events coordinator, Gemma Evans. An experienced events organiser, Gemma joined ABDO from the British Association of Social Workers.

She said: “It has been a great experience to see the NRC come together and to be a critical part of the set-up ready for the exams that have already taken place in dispensing and content lenses. I can’t wait to see the centre at full capacity and everyone enjoying the wonderful facilities that are on offer here.”

The NRC launched in June with the first set of examinations – and it will be officially opened in September by the Mayor of the West Midlands, Andy Street.

Turn to page 28 to hear how the NRC went from an idea to a state-of-the-art facility and resource for the optical industry.

CCEHC BACKS SIGHT LOSS REPORT


As reported in last month’s issue (page 14), the report highlights the issues arising from lack of capacity and increasing demand that patients are facing around timely access and availability of care, but also those facing clinicians, which constrain their ability to provide safe and effective care.

The CCEHC stated it had been working on two key recommendations arising from the report: the need for strategic planning, provision and commissioning of eye health and care services; and NHS England to support and build on recent initiatives from the eye health sector.

The CCEHC contends that the Systems and Assurance Framework for Eye-health (SAFE), launched in April 2018, provides a solution for the former, advocating a systems and population-based approach covering whole pathway of care across health and social care. It is supported by a suite of evidence and policy-based resources and metrics for taking this approach forward in practice.

For the latter, the CCEHC said it would continue to work with NHS England, NHS Improvement, CCGs and NHS provider organisations, to promote and implement the SAFE initiative into mainstream processes.

ANNUAL SILMO PRIZE DRAW OPENS

ABDO members are once again being offered the chance to win a trip for two to Silmo in Paris between 28 September and 1 October by entering an exclusive prize draw.

The prize includes two economy flights from a UK airport to Paris and two nights’ accommodation in a double room, including breakfast, at Pullman Paris Bercy. Prize winners will also gain special VIP access to the Silmo d’Or evening gala to be held at an exclusive location in the centre of Paris on Saturday 29 September. The evening will celebrate Silmo and reward the best products of 2018.

To enter the draw, email your name, ABDO membership number and mobile number to silmoprizedraw@abdo.org.uk by 23:59 on Friday 24 August with ‘Silmo Competition’ as the title of your email. The winner will be notified by Friday 31 August.

Competition terms and conditions can be found at www.abdo.org.uk/win-a-trip-to-silmo-paris-2018 – with show updates at www.silmo.com
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S is MORE

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HELP SHAPE FUTURE CET SYSTEM

Optical professionals and stakeholders are being offered a say on how the General Optical Council (GOC) can help them develop new skills on a continuing basis, to ensure they are ‘fit for the future’.

The regulator’s Fit for the Future consultation on CET, launched last month, comes in response to increasing demand for eye health services and advancements in technology that are changing the optical sector. Solutions to these challenges could, says the GOC, include more emphasis on self-directed learning, and/or a greater emphasis on critical thinking skills and improving future performance by analysing previous experiences.

The consultation runs until 11 September and the findings will be used to shape a new CET system expected to start in 2020. To help the sector adjust, 2019 will be a transition year between the current and future CET system. During the transition year, the GOC expects registrants to achieve 12 CET points of which six will be from interactive activities.

Alistair Bridge, GOC director of strategy, said: “The existing system of continuing education and training has up to now been effective in safeguarding the health of the public, but as the optical sector changes it needs to evolve to support practitioners in maintaining high standards of patient care. We want to use the current system as a foundation upon which to build new elements that help the sector move with the times.”

Respond to the consultation via the GOC’s new online consultation hub at https://consultation.optical.org

FTP CASE CONCLUDES

A General Optical Council (GOC) hearing involving dispensing and contact lens optician, Rupesh Patel, concluded last month with a formal declaration that the former ABDO board member’s fitness to practise (FTP) was not currently impaired.

The GOC FTP Committee did, however, find against Mr Patel on some of the allegations laid before them, which involved behaving inappropriately towards a dispensing optician colleague between June and November 2016, and subsequently behaving in a misleading and dishonest manner.

A finding of misconduct was made in respect of one of the charges, but the facts were considered “highly unusual” and insufficient to seek a finding of current impairment.

In December 2016, Mr Patel was suspended for two years as an ABDO examiner and resigned from the ABDO board and National Clinical Committee. He was temporarily suspended by his employer, Boots Opticians, in the same month – and subsequently reinstated. The complaint against Mr Patel was made by the colleague to the GOC in March 2017.

Commenting on the case, ABDO chief executive, Tony Garrett, said: “I am pleased that this unusual and unhappy case has been concluded. It has been very difficult and upsetting for all concerned. The GOC have reached their conclusion and I hope that everyone involved can now move forward in their professional careers.”

BALANCING EYEWEAR AND EYECARE

How to balance eyecare with eyewear is the theme of this year’s joint Proven Track Record (PTR) and National Eyecare Group (NEG) one-day conference, taking place at three venues in October.

Andy Clark from Practice Building will deliver the keynote address, ‘Who do you think you are?’, looking at ‘practice archetypes’ and how to understand which ones best define delegates and their practices.

PTR director, Nick Atkins, said: “High street optics has long battled with balancing the clinical versus retail elements of running a successful practice – and the current MECS vs. Specs discussions have reenergised these long-standing deliberations. As Independents Day always tries to be topical, this will be the focus of this year’s joint programme – only we prefer to call this tightrope that independents walk: eyecare versus eyewear.”

Early bird booking runs until 31 August at www.independentsday.co.uk

TV DOC BACKS UV CAMPAIGN

Dr Pixie McKenna, GP partner at the London Clinic in Harley Street and co-presenter of BAFTA-winning medical series ‘Embarrassing Bodies’, is working with Zeiss to promote better understanding of the effects of UV radiation on eye health care.

Dr McKenna will be working with Zeiss during the summer and autumn to promote Zeiss UVProtect Technology, encouraging patients to visit their local practice for an eye exam and for advice on how to protect themselves from UV rays with future lens purchases.
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**COMPLAINTS LEVEL OUT**

Having seen a doubling of enquiries between 2014/15 and 2016/17, the Optical Consumer Complaints Service (OCCS) has been proven correct in its forecast of a levelling off of this increase.

This year, the service received 1,410 enquiries, which was 226 per cent up on 2014/15 activity, but only a one per cent increase on the previous year, as reported in its annual report for 2017-18.

The report reveals that as at 31 March 2018, 95.7 per cent of complaints received had been resolved. A noteworthy increase in enquiries was from patients who had a complaint regarding an unregulated optical business – from 14 in 2016-17 to 32 in 2017-18. A reduction in complaints related to communication and customer care was reported, however.

The main concerns referred to the OCCS relating to optical care in 2017-18 were: concerns regarding prescription accuracy; outcome of refractive surgery; and dispensing accuracy. However, there had been a reduction in the percentage of enquiries and complaints concerning varifocal/multifocal dispensing.

Writing in her foreword, OCCS head, Jennie Jones, said: “Since 2015 the focus of OCCS insight sharing has been communication, customer care and conflict resolution. Seeing a reduction in complaints of this nature for the first time in the four years is really encouraging. If we can help registrants meet and exceed consumer expectations in these areas, the OCCS will be fulfilling an invaluable role in the sector.”

**FESTIVAL FEVER**

Eyespace is offering a striking new window display kit, available with orders of Basebox and Rock Star frames, to enhance vibrant festival-themed windows this summer.

With their mirrored lenses, Basebox brings fresh energy to retro style with four new clip-on sunglass frames. For children looking to style it up this summer, Rock Star takes celebrity-inspired looks and translates them into retro-inspired designs.

**BLENDED LEARNING IS WAY FORWARD**

Blended learning is the key to ensuring that all dispensing opticians (DOs) and optometrists are fully prepared for life after qualification, ABDO president, Clive Marchant, has said.

Clive’s comments come in response to a recent research finding from the General Optical Council (GOC), which showed that the majority of newly-qualified DOs (74 per cent) felt the clinical experience received during their studies was sufficient. This compared to only 40 per cent of newly qualified optometrists.

Further to this finding, the survey also uncovered that 14 per cent of optometrists felt that their time during the entire period of education and training was too short, compared to one per cent of DOs.

Clive commented: “The training pathway for DOs can be a full-time course but the majority of students undertake a three-year distance learning diploma or degree course. It is the blended learning over three years which prepares the student for life after qualification.

“All students are working in optical practices for a minimum of 30 hours per week, which enables them to gain experience and confidence in all aspect of their work,” Clive continued. “In contrast, optometrists have very little exposure to real patients and optical practice until their pre-registration year.”

Advocating a blended learning education programme for all DOs and optometrists, Clive added: “The supervising registrant must also be adequately trained in supervision and the expectations of the student and education provider. Currently, a DO or optometrist can supervise a student DO. One must question how an optometrist can supervise from the consulting room, and do they have sufficient knowledge to supervise in all aspect of dispensing?”

Clive also highlighted the fact that many student DOs were mature students who had worked in practice for many years as an optical assistant, building invaluable confidence.

The research findings were taken from the GOC’s research into the views and perceptions of newly-qualified optical practitioners and optical employers across the UK, as part of its Education Strategic Review.

Gareth Hadley, GOC chair, said: “We already know from our recent Concepts and Principles public consultation that most stakeholders want to see more enhanced clinical experience for student optometrists and dispensing opticians. We now learn that newly-qualified registrants, and particularly optometrists, recognise that they would have benefitted from more clinical experience during their education both to support patient care and their development as optical professionals.

“We cannot ignore the breadth of support for earlier clinical experience for students in order to improve patient care and safety. I echo my previous call to action urging education providers, employers and professional associations to come together to ensure this is realised,” added Gareth.”

**NEWS**

High volume of complaints resolved
SO MUCH MORE THAN JUST A FAIR

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OPTI HITS A SIX

German trade fair Opti will take place over six halls next year for the first time. Being held from 25 to 27 January 2019 at the Fairground Munich, the range of products and services will be even more extensive, covering an area of 60,000m².

More than 90 per cent of exhibitors at this year’s show have already re-booked, some with bigger stands, providing visitors with a complete industry overview.

“We are glad that the companies are taking the next big step with us and that Opti is continuously growing,” said Opti project manager, Bettina Reiter.

Frames will be located in halls C1, C2 and C3 along with licensed and manufacturer brands and independent labels. The !HOT and YES! areas will be merged into one design platform, called ‘YES independent design’, partly located in halls C1 and C2. Contact lenses and accessories, glass, diagnostics and refraction, machine manufacturers and raw material suppliers will be in halls C5 and C6, while Hall C4 will be given over to sales companies and the international pavilions.

In line with the new structure, Opti has a new brand image, which can be discovered on the microsite www.the-new-opti.com with show information available at www.opti.de.

CHANGING THINGS UP

In a change from its previous business conference held in Birmingham in March, this year’s SightCare conference will be held on 16 and 17 September at the Telford International Centre.

Themed Think Different, the conference will focus on differentiation and the customer experience with the help of 16 speakers. The programme is aimed at both independent practice owners and their staff, offering peer review and discussion CET, and there’ll be 40-plus exhibitors.

The opening keynote speaker is Kevin Byrne, chief executive and founder of Checkatrade, who will highlight the power of referral. The closing keynote speaker is Josephine Fairley, co-founder of the confectionery brand Green & Black’s, who will explore the power of ‘thinking different to build a great business.’

The inaugural SightCare Awards will be held on the Saturday and there will be an informal social networking evening with entertainment on the Sunday.

SightCare chief executive, John French, said: “I am delighted to be taking the optical sector’s longest running business conference for independent practices to a new purpose-built venue. SightCare can now grow its business-focused workshop programme to offer business owners, practitioners and practice staff a wider choice of interactive sessions, all designed to help members think differently about how they can stand out from the competition.”

Visit www.sightcare.co.uk for details.

ERASED FOR DISHONESTY

Anuradha Sharma, a student dispensing optician based London, has been erased from the General Optical Council (GOC) register and will now be unable to train as a dispensing optician in the UK.

A GOC Fitness to Practise Committee found her fitness to practise impaired by reason of misconduct, related to transferring customers’ Boots Advantage Card points to her own Advantage card account and crediting points from a single purchase to her own account multiple times.

In making the decision, the committee, chaired by Ian Crookall, said: “The committee found that there is a high risk of repetition. The dishonesty occurred repeatedly and only ceased when she was caught. The registrant has never admitted that she did behave dishonestly, nor has she apologised for her behaviour. The committee therefore found her fitness to undertake training as a dispensing optician is impaired by reason of misconduct.”
GENERATION NEXT

Silhouette has extended its Titan Next Generation collection with a range of 12 new lens shapes and colours.

Crafted from the brand’s signature high-tech titanium and SPX material, the additions continue to portray Silhouette’s passion for minimalist and lightweight eyewear design.

The women’s collection now offers both larger and smaller lenses, along with softer interpretations of cat-eye and butterfly shapes. New shades include metallic rose, ruby red, violet and forest green. The new men’s styles include a rounder aviator shape with subtly contrasting tones between the sides and end tips.

BURSARY BIDS INVITED

New students starting optical training courses in the UK this autumn are being offered the opportunity to apply for a bursary of up to £1,000 towards the costs of qualification via the Worshipful Company of Spectacle Makers (WCSM) Education Trust’s 3rd annual Bursary Award Scheme.

The bursaries are designed provide additional financial support at the start of a programme of study, with the aim of attracting and keeping talented individuals in optics. Full details of the application process are available at www.spectaclemakers.com

BRINGING IN THE HEAVIES

Essilor has launched a ‘heavyweight’ consumer advertising campaign for Varilux X, Empower Your Vision, in a bid to drive more consumers to its store locator list of Varilux lens specialists.

Essilor commercial director, Randeep Gill, said: “We are majoring on hundreds of carefully selected bus shelters and other outdoor poster sites in the heart of communities, which are highly visible, to offer subliminal messages that have a profound influence on buying decisions.”

Essilor customers will be allocated a personalised marketing consultant to help them create their own campaign.

* Mike Kirkley has retired as MD of Essilor after 35 years with the company. Regional vice president, Peter Smith, said: “Mike’s passion for supporting the independent channel was his hallmark. He ensured they were at the heart of every product, every process and every investment the business made. The legacy of supporting independents continues today and this strategy will remain into the future.”
**FUN AND FRESH – EVEN FOR THE FUSSY**
Blitz Kidz from Norville is a fun and fresh collection for children aged from 12 months to 12 years old. The range encompasses practical, smaller frames with multiple style and colours options – “perfect for today’s kids and at a fantastic price”, says the company.

Blitz Kids model BK042 (pictured in C2 Crystal/Red) is a dual coloured acetate frame with a crystal front and red colouring on the sides. The company believes this style, and many others, are “guaranteed to satisfy even the fussiest of youngsters”. This model is also available in Crystal/Blue.

**PATENTED SIDES FOR “FANTASTIC FITTING”**
The new range of Active frames for children from Centrostyle, called Active Flex, features patented sides.

“The beauty of Active Flex is that they allow the correct and consistent positioning of the frame on the child’s face with minimal movement and maximum comfort thanks to the co-injection sides with rubber inserts,” explained Kevin Gutsell of Optical Centre Supplies.

The new design complements the Active range from Centrostyle, which consists of “fantastic fitting and looking frames” for babies through to children aged 10 years of age. All Centrostyle products are available through Optical Centre Supplies and can be viewed at [www.centrostyleproducts.com](http://www.centrostyleproducts.com).

**GROWING UP WITH A FAMILIAR FRAME**
New for children in the Erin’s World range, available from Spec-Care, is model 16.

“Model 16 is an update of our most popular frame shape with a flat metal front and a larger eye size to allow children to grow up with a familiar frame,” explains Rob Barrow, Spec-Care director. “In a similar vein, we have extended the sizes available in our model 06 range. After a concerned customer asked if it was possible to bring out a larger size to help their son stick with the frames he loves, we asked the question – and model 06-43 was created.

“With a flat price across the range and fitting sets offering discounts on all future purchases, we can help your practice save money while stocking this specialist frame,” added Rob.

Visit [www.erinsworld.co.uk](http://www.erinsworld.co.uk) to learn more about this unique collection specially formatted to fit individuals with low bridges.

**MAGICAL IMAGININGS WITH RETRO FLAIR**
Featuring bold and colourful styles, the Eyestuff collection from International Eyewear offers children the chance to wear the latest trends in eyewear.

New Eyestuff Unicorn (pictured) is a girl’s mini-me acetate frame with retro flair. The model has been designed using a soft pastel translucent acetate to flatter small faces. The vintage aesthetic is extra fashionable due to its quirky keyhole bridge and pin side trims; its functional eye shape is naturally suitable for children as the dipped bridge lifts the brow shape.

The Unicorn is available in Lilac (C1) or Peach (C2), all with the iconic Eyestuff tip design of an eye symbol.
COOL STYLES FOR COOL KIDS
Milo & Me is a brand-new frame range from German supplier B&S, supplied in the UK and Eire by Dibble Optical.

“These stunning frames are aimed at active children aged six upwards who want to look cool and feel good in their eyewear,” said Barry Dibble, managing director of Dibble Optical. “Manufactured from sturdy TR90 with a lightweight plasticiser-free TPE front, these contemporary frames are available in several sizes and colour options. They are equally suited for everyday wear and for sports and leisure activities.”

All of the styles are supplied with a removable headband, non-slip ends, microfibre pouch, semi-rigid case and Milo & Me sticker.

HIGH-TECH PROTECTION FOR FUTURE CHAMPIONS
The Cébé junior collection offers fun and protection for children of all ages. With a wide and colourful range to allow young champions to enjoy their outdoor activities safely and encourage their spontaneity, some of the sunglasses feature exclusive Cébé Symbiotech technology and Cébé 1500 blue light lenses (category 3).

The S’Pies (pictured in matt mint turquoise) is one of the styles that features blue light lenses plus Symbiotech technology. Aimed at children aged three to five years, the S’Pies are ultra-flexible, bi-material coloured frames designed to provide maximum comfort. Engineered with a mechanism on the inside of each side, the spatula has V-shaped tips which give to additional contact points to help hold them in place.

SUMMER FUN AND FUNKY DESIGNS
A new addition to Dunelm Optical’s Whiz Kids collection is Maji, available in Purple and Summer Blue, Black and Watermelon, Blue and Sorbet.

The full metal front is crafted to retain stability and shape whilst the acetate sides allow for colourful and fun designs of fresh and funky sorbet delight, tropical arrays of lime and hot pink, and summer holiday fun with an essence of 70s flower power.

Commenting on the new additions, David Baker, managing director of Dunelm Optical, said: “Children’s frames start with the marrying of great designs and expert quality. Minimalist styles are livened up with colour and pattern, drawing inspiration from the latest trends. If kids love their glasses, they will wear them.”

PLAYFUL STYLES THAT MAKE AN IMPACT
The new Pepe children’s optical collection for autumn/winter 2018 features sporty styles, classic shapes and bright colours for a distinctively cool impact. The junior range complements the brand’s modern designs whilst staying true to the use of superior materials and trendy decoration.

For girls, the Gladys PJ4046 is a rectangular acetate frame that comes in fun and bright block colours. The purple version features a translucent tutti-frutti pattern on the sides; in navy, the same rule applies but a neon green and violet pattern adorns a light blue background. The bold turquoise version differs with contrasting hot pink sides adorned with a statement girly graphic.

Functional and lightweight, the collection has been designed to make a playful visual impact.

SETTING TRENDS FOR TOMORROW
Ogi Eyewear has added seven new styles to its Ogi Kids line of children’s eyewear designed for “the trendsetters of tomorrow”. Like the popular adult designs, the frames are made using the highest quality materials in a variety of colours – all with optional sun clips.

The new styles include the rectangular-shaped OK337 featuring jewel-toned acetate fronts with coordinating sides and spring hinges. The cat-eye OK338 showcases translucent marbled fronts with coordinating opaque sides for an ultra-stylish look. Meanwhile, the OK339 is a more petite frame, which comes together in a round shape with a keyhole bridge complete with spring hinges for a smart look in the classroom and a robust fit in playground.
In England there are approximately 1.1 million people living with intellectual and learning disabilities, who are going to require access to sight testing and optical appliances. This number is set to increase approximately 10 per cent over the next 20 years. In order to better understand who we are speaking about when we discuss people with disabilities, it is important to first clearly define what we mean by the term 'learning disability'.

Mencap's definition of a learning disability is: "A reduced intellectual ability and difficulty with everyday activities – for example household tasks, socialising or managing money – which affects someone for their whole life...People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complex information and interact with other people...The level of support someone needs depends on individual factors, including the severity of their learning disability." The proven increased incidence of any form of impaired vision in the learning disability population at 28 times more likely in children and 10 times more likely in adults proves the increased importance of access to this group. This prevalent frequency within society highlights that as practitioners we need to enable this cohort to access practice, and reduce barriers where at all possible.

Multiple studies from SeeAbility, Woodhouse, and Pilling have found through their work in special schools that roughly half of children attending special schools have a vision problem and between 30 and 50 per cent need spectacles to aid their vision. It is highly important as practitioners that we are aware of our responsibility in providing care to patients in vulnerable cohorts, as the disparity of care for patients with intellectual disabilities is an acknowledgeable issue.

### BARRIERS TO ACCESS

SeeAbility’s report *Children in focus: A clear call to action* details work providing eyecare to over 1,000 children in their special schools. It states that only 6.9 per cent of the children have been able to access community opticians. This and other studies have shown that certain patient groups do not routinely access vision care for the following reasons:

- Cost
- The perception that sight testing is all about spectacle purchase
- Language difficulties
- The difficulty of visiting busy practices
- The time and complexity of working with patients with intellectual or other disabilities

Anecdotally, patients find the experience of having sight tested is stressful, due to multiple factors, such as the brightness of lights, the close proximity to others, noise and the often busy practices areas. Some patients feel resigned to poor quality vision. Although many of these barriers are regards to the general population, we can apply this to the learning disability population too. Many patients with additional needs will be exposed to barriers in addition to the ones discussed above, and are more likely to suffer declining and poor health.

Changing our focuses, attitudes and approaches to these audiences is vastly important for their benefit, and the perception of practices nationwide.
MODELS OF EYECARE TO ADDRESS THESE BARRIERS
The SeeAbility framework for special schools eyecare services advocates equality in access to sight testing, and challenges school vision screening, as it has shown to be inappropriate. As the framework details school sight testing, the improved engagement with school staff and additional support staff better presses care for children in the service. The framework also calls for management of refractive error in school.

The Local Optical Committee Support Unit (LOCSU) has developed with SeeAbility and Mencap a model for a community eyecare pathway for people with learning disabilities to access equitable care through community optical practices. The Community Learning Disabilities Pathway lists these benefits:

• An enhanced sight test in a community setting – this gives optometrists more time to familiarise patients and their carer with the procedures and equipment at the time of the sight test and also gives time for repeat visits to complete procedures where needed;
• Better preparation for patients and greater information sharing with the optometrist before the sight test via SeeAbility’s ‘Telling the optometrist about me’ form, which helps make the experience a positive one:
  (https://www.seeability.org/Handlers/Download.ashx?IDMF=65677894-aa11-4855-99b8-2da31c8c7870); and
• Better feedback from optometrists to patients, regarding sight test results, using SeeAbility’s ‘Feedback from the optometrist about my eye test form’:

As practitioners, if we don’t feel confident providing appropriate support for any given cohort, we have a responsibility to refer a patient to a provider that is able to carry out an examination. In some areas of the country, this may be through the above LOCSU community learning disability eyecare pathway, where it is commissioned. SeeAbility holds a database of practices which advocate themselves more ready to support the learning disability community, and somewhere that patients can be signposted toward.

COMMUNICATION
Detailed below are some of the small alterations that we can make to our practice to ensure that we provide and offer the best possible quality of service and care to this vulnerable patient group.

We have a duty under the Accessible Information Standards to be aware of, and flag, a patient’s communication needs and meet them appropriately. Discussing and discovering if any patients have any additional communication needs makes sight testing more pleasant for all involved. At the most basic are the approaches to speaking to

Box 1: Top tips
Scott Watkins BEM has a learning disability and a visual impairment and works for SeeAbility championing good eyecare for the learning disabled community, these are his top tips:

1. Talk to the person not the carer/supporter
2. Ask how someone communicates and understands information best
3. Use simple and short sentences, don’t use long words or jargon
4. Explain and also demonstrate what is going to happen first
5. Give enough time to process questions and information
6. Use pictures, actions, signs or objects to help
7. Rephrase questions & instructions if they aren’t initially understood
8. Be patient and see the person not the disability
9. Request information in advance of the appointment (SeeAbility’s child/adult forms)
10. Give an easy read written report of your findings to take away to share with others and include in support plans (SeeAbility’s child/adult forms)
Continuing Education and Training

patients and making sure they are at the centre of any communication we are having.

Milton et al18 detail the importance of learning how patients elect to communicate. Some situations, such as patients showing elective mutism can be due to the patient’s stress19, so taking time to get to know patients in environments that feel more relaxing to them is vital. As a dispensing optician, you are likely to be the first clinician in practice to start to form a relationship with a patient or a child and their family and carers, so making sure you reduce anxiety in these situations and communicate appropriately is key.

Reducing the height difference between a child and yourself might mean you find yourself kneeling or sitting on the floor, both really great ways of giving appropriate eye contact, and reducing the anxiety of feeling towered over (Figure 1). There are many guides that detail how to improve communication such as Scott Watkin’s 10 tips (Box 1).

Additionally, there are basic strategies such as using simple language and giving time for a person to process what is being communicated. Patients with intellectual disabilities20 often have reduced cognitive articulation and processing rates, so after posing a question, pausing and waiting for 20 seconds is perfect to help support understanding.

Talking to children in a friendly and appropriately professional way is something that, anecdotally, Unsworth21 says makes a marked impact. The National Autistic Society22 website offers a bountiful selection of tips on how to improve this communication, such as giving children a meaningful reason to communicate, and finding extra ways in which to bring attention and communication back to the patient, and not their care-giver. Figure 2 shows the importance of finding out how best to communicate with patients, and learning what stimulates and interests. In this case Lana loves to hear plastic on foil.

During a frame styling, empowering questions can be asked, but keeping it simple helps: “Would you like the the pink or the blue frame?” will help to formulate those initial bonds (Figure 3).

Adjustments to verbal communication can be very simple such as using Makaton (Figure 4), a simplified form of sign language. Makaton is a language assistance tool, which means it is used to support verbal communication24. Most of the gestures are easy to understand and learn, and can go a long way in breaking down those barriers to good sight care. Makaton symbols are available for all of the Kay’s picture symbols. SeeAbility has an online Makaton resource25 for explaining what will happen in a sight test.

There are ways in which you can ready yourself and your practice space before seeing a patient with a learning disability. SeeAbility offers a wide range of free resources26 that can be used to collect patient information before they visit the practice. These can be used by reception staff in addition to offering recommendations regarding parking, access to the practice, appointment length alterations, or picking times that are going to be least challenging for a patient to visit. Identifying patients

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**Figure 2:** Engaging a patient with an enjoyable activity

**Figure 3:** Picking a frame

**Figure 4:** Makaton
who might be supporting someone, or have additional or complex needs to be determined is vital so that the accessible information standard can be met, and to empower you to meet their needs.

Conveyance of good information to patients, and to those who support them is vital, even more so when caring for someone who may have communication difficulties, so providing written simple language information such as using the SeeAbility report form27 is really key. Also key is asking for contact information and consent to share from parents and carers, so that you can provide information to supporting staff in school for example on how they can better support and position a child with a field defect, or altering print sizes to make work more accessible. For adults, encourage this information to be included in their support plan, for children, their education and health care plan.

Without feedback, many students will struggle to receive appropriate support surrounding their vision. Offering training in understanding vision reports in local schools can be a great way to strengthen community involvement in patient care. This is also valuable to care professionals/support workers in care settings for older patients28,29.

Most importantly, it is vital to listen to your patients, be candid, build trust and seek consent, particularly where distressing boundaries may be crossed; for example, when an optometrist is inserting drops.

**SIGHT TESTING**

When the patient’s sight and health is reviewed by their optometrist during the sight test, there are many simple beneficial ways to ensure that they receive appropriate care, as no patient is too disabled to have a sight test. Using retinoscopy and dynamic retinoscopy using the Ulster-Cardiff cube30 or similar, accurate prescribing of spectacles is possible. Measurement of a young patient’s accommodation is highly important, as many children with learning disabilities, such as those with Down’s syndrome, cerebral palsy and autism spectrum disorders are more likely to have accommodative deficiencies.

It is also worth noting that this cohort of patients are also likely to have lower visual acuity31,32,34. There are adaptive methods of measuring visions and visual acuities, using the preferential looking Cardiff Cards, or the Kay pictures test, which is now available on tablet devices, and the use of the Bradford visual function box35. Gross confrontational fields are a very important tool to provide additional information regarding patients’ functional vision.

Additionally, there are alternative manners in which ophthalmoscopy can be carried out. Indirect methods, which allow a practitioner the ability to work at a slightly longer distance, can reduce the feeling of stress from close personal contact. Figure 5 shows retinoscopy being performed first with someone trusted, while the patient watches.

Managing patients’ expectations will often include discussion of print sizes and other beneficial aids for them to improve their functional vision. People with learning disabilities are more likely to have cerebral visual impairment (CVI), which is a difficulty with visual information processing36. Patients with cerebral palsy are particularly at risk of CVI and visual defects such as field loss37.

**EFFECTIVE SHARING OF INFORMATION**

SeeAbility easy-read forms help optometrists to report on clinical function giving patients appropriate feedback and practical information after the test. This should be followed through with the dispense, including clear instruction on when to wear the spectacles, and information surrounding any visual conditions. Such information can really help other allied health professionals working with and supporting children and adults. For example, patients with inferior field loss might compensate by using very forward and low-tipped head positions when walking. Conveying this to physiotherapists can prevent the possible misdiagnosis of an underlying postural or muscular issue with the patient.

Providing training in vision and eye health is a very valuable tool to many professionals. It is particularly beneficial to prevent ‘diagnostic shadowing’ – signs of visual problems being wrongly attributed to a person’s learning disability. For example, poor eye contact/lack of engagement from a child with an autism diagnosis could be in fact due to poor vision.

**MEASURING, FITTING AND PROVIDING SPECTACLES**

Starting with the prescription, there is a larger prevalence of accommodative issues within the learning disability population resulting in the need for bifocal or PPL lenses at a much younger age than in the broader population. The patient’s ability to use a bifocal or PPL also needs to be considered so, for example, if someone has limited eye movement or head control or reduced mobility, the provided spectacles might cause issues which could result in trips and falls, particularly for less stable patients. In these instances, separate pairs should be considered.

When measuring patients for spectacles, there are the very obvious and straightforward measurements to provide, such as the optical centres and heights, and the vertex distance. Prescriptions over +/- 5.00D should be compensated when ordering if the frame...
will fit at a different vertex distance to that of the trial lenses.

Lens choice should be carefully considered. Where patients have high prescriptions the weight and thickness of the lenses can cause discomfort to them. Consideration of lens index and coating are very important. It is also worth considering the resistance to damage that lenses will bring. For patients more likely to fall, it is a pertinent consideration to put lenses that will withstand damage into spectacles for their safety.

When fitting a pair of spectacles, it is really important to consider the gaze and posture of the patient wearing them. Measuring and specifying vertical lens centration for children is really worthwhile, especially when current trends are considered. This helps reduce unwanted prismatic effects, even more so for anisometropic patients. It’s worth noting that any patients that will spend a large amount of time looking upward such as those patients who use wheelchairs, or whilst using any other adaptive aids, head posture gives cause to consider altered optical centres in lenses to provide the best correction, using the patients natural gaze.

Appropriate frame choice is paramount. Abundance of choice is something we like to give our patients, and is very pertinent. However, sometimes too much choice can cause issues, particularly where poorly-fitting frames are offered, or the chosen frame is unsuitable for the prescription. Therefore, management of this process is crucial. This allows us to give patients the empowerment of choice, whilst we remain in control of guiding a patient to a well-suitied optical appliance.

Discussion and communication are vital at this stage, particularly with patients who haven’t been through the process of having spectacles correctly fitted previously. Explaining every process to a patient, especially where any physical contact may take place and why it must happen, helps to relax them, as well as preventing any situations where they may have found the contact unpleasant or stressful.

Discourse before frame selection is absolutely essential; learning from a patient, their parents and carers about wearing times, and talking to patients about behaviour. This helps to make decisions about frames and materials. We, as opticians, know of the benefits of lightweight materials such as Grilamid and Optyl plastics, the hypoallergenic benefits of metals such as stainless steel and titanium, and also of the limitations of these materials. Conveying this to a patient in terms best suited to them, and best suited to their requirements, can be done for reasons of fashion and practicality.

Grilamid, both lightweight and highly flexible, can suit patients with sensory impairments, and reduces factors that might cause intolerance to new spectacles. It can also help reduce possible damage to mistreated spectacles due to its resistance to stress cracking. Some of the Tomato and Erin’s World frames will help cover a lot of the fitting requirements that traditional frames might not be able to provide. It’s also really important with patients’ mobility aids to work out if postures, head rests, seizure helmets or hearing aids might pose further issues. Often the ‘travel chairs’ that patients may attend practice in are not the only ones used, different chairs to aid comfort, development of posture and beds. Frames that fit poorly can mean the difference between being able to communicate and not.

There are also some frames that are now covered under the GOS special facial characteristics (SFC) supplement, which means appropriate spectacles for a patient, and appropriate remuneration for the provider. The SFC supplement can be claimed for specially-adapted frames, including for patients with conditions including Down’s syndrome, where facial structures will have formed differently. These children have a higher prevalence of lower crest height, lower bridge projection and flatter facial angles, meaning that many current frames won’t fit well across the bridge and eyes, or cause irritation due to touching the lashes and constant movement of the frames resulting in unstable vision. Specially-adapted sides will be necessary for children with microtia, a condition where the ears do not form fully, and anotia, where the ear pinna is absent.

Eye gaze systems, that use corneal reflection to track patients gaze direction, can suffer noise reflection caused by lens or frame reflections: a frame rim that sits to close to a patient’s pupil can cause unending issues with accurate readouts. Frames in which the eye sits more geometrically central can help to reduce this issue. This, combined with the additional complexities of patients being potentially unable to self-readjust their spectacles due to physical disabilities, means as dispensing opticians we need to make sure that the utmost care is taken to prevent any such issues that would render further disability to our patients.

CONCLUSION

The number of patients with learning and other disabilities is likely to increase in the future. Sensitivity to their needs and requirements, and a willingness to make simple changes, can make all the difference to their life experiences. Helping these patients can provide some of the biggest challenges for optical practitioners but also some of the biggest rewards.

A full set of references and further reading appear with the online version of this CET available to members via the ABDO website.

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NED SAUNDERS has worked in optics for eight years. He drives access to visual care for the vulnerable in society to provide equal rights and improve lives of those without appropriate sight care. Ned is currently lead dispensing optician at SeeAbility, co-opted committee member of Brent & Harrow Local Optical Committee and ABDO sub-regional lead. He won the Optician award for Dispensing Optician of the Year in 2017.
Complete the sentence correctly. Lag of accommodation means that the:
a. convergence/accommodation ratio is disrupted by myopia
b. accommodation exerted is less than would be expected for the object distance
c. patient cannot accommodate for near tasks when using a distance prescription
d. accommodation exerted is more than would be expected for the object distance

b is the correct answer. Some accommodative lag is normal, however, studies have shown that higher-than-normal accommodative lag may be associated with myopia progression.

Complete the sentence correctly. The NICER study on the risk factors concerning myopia concluded that the rate by which children with both parents myopic are more likely to develop myopia is:
a. 7.79 times
b. 2.91 times
c. 2.21 times
d. 4.53 times

a is the correct answer.

Which statement is true regarding the commencement of myopia control with soft contact lenses?
a. The progression of myopia is more easily controlled in males than females under the age of 10
b. Contact lenses should only be worn for two hours a day
c. Myopic astigmatism can be controlled with single vision toric hydrogel lenses
d. Parents must be informed about the possible sight-threatening risks of infection associated with contact lens wear

d is the correct answer. Just as myopic progression is not a certainty, contact lens wear is not without risks.

Which statement is false?
a. Full benefit from a multifocal soft contact lens will be obtained where the child’s pupil diameter is 4mm or less
b. An ideal time to commence myopia control is between six and 11 years
c. When a cycle of myopia control has been completed the subject should be checked within six months
d. The undercorrection of myopia enhances progression

a is the correct answer. The opposite is true due to the contact lens configuration.

Which statement regarding the CooperVision Misight lens is true, according to the information on the CooperVision website?
a. It prevents future retinal detachments
b. There is a central distance power surrounded by three concentric power rings
c. It has a low dehydration rate
d. The lens should be worn for no more than six hours a day

c is the correct answer. Maintains 96 per cent hydration – even after 12 hours of wear in tests.

The age at which the axial length of the eye becomes stable and ceases development is generally reckoned to be:
a. 14
b. Seven
c. 11
d. 16

d is the correct answer – although some studies have demonstrated that axial changes can occur into the early 20s.

It is now accepted that there are various strategies available to control the progression of myopia in children. The practitioner’s approach should be to:
a. inform parents that by using daily soft contact lenses myopia will be reduced
b. prescribe high-fitting bifocals to myopes under seven
c. provide coherent options for parents to discuss
d. combine as many strategies as possible to halt progression

c is the correct answer. Parental choice is of paramount concern, together with the child’s willingness to co-operate, so all options should be discussed, jargon-free.

Complete the sentence correctly. The age at which a child can first be fitted with contact lenses:
a. depends on the refractive error
b. is arrived at by careful consideration between the child, parents and practitioner
c. is when myopia has been shown to be progressing
d. is age seven

b is the correct answer. There is no lower age limit for fitting children with contact lenses.

Complete the sentence correctly. When using multifocal lenses for myopia control the addition should ideally be between
a. +1.00D and +1.50D
b. +2.00D and +2.50D
c. +3.00D and +3.50D
d. +4.00D and +4.50D

b is the correct answer. +2.00D or +2.50D is ideal to avoid issues with low contrast visual acuity, glare, starbursts etc.

Participants are advised that the GOC’s Enhanced CET Principles and Requirements v3.2 document states that for text article CET questions: “A proportion of the questions should require the application of existing professional knowledge to determine the answer”. This can include personal research online, or following up the references at the end of the article.
Have you had someone with a facial disfigurement visit your practice and felt under-prepared? In this feature, you can learn more about providing a great customer experience for such patients, and read about some of the specialist aspects of dispensing.

One person in 111 is affected by a significant disfigurement to their face. Henrietta Spalding is head of advocacy for Changing Faces, a charity that helps people who have a disfigurement find a way to live the life they want. She says: “People with facial disfigurements can have a whole range of conditions. Some conditions are congenital, some people might have scarring because of burns or other traumatic events, a car accident or self-harm. Other facial disfigurements may be caused by a disease, cancers, impetigo, skin conditions or birthmarks.

“If you work in a customer facing role you may not be prepared for people who look different in lots of different ways. Someone may come through the door with no notice whatsoever. The first thing that you know is that you have a potential customer in front of you who looks different, and that can be uncomfortable, difficult or surprising, depending on the nature of the condition. That can evoke a range of feelings and thoughts, which all come into play at the same time. You may feel uncomfortable, unsettled, unsure or distressed all at once.

“We all hold unwitting bias,” continues Henrietta, “and we all make judgements about people, especially when something different comes into play. Sixty-six per cent of people are less than comfortable with someone who looks different. They may not be seen as sociable, as able to reach their potential or as clever. You are experiencing a flood of emotions, and at the same time you are supposed to deliver a first-class customer experience. Sometimes it can go wrong. Your uncertainty may make you freeze or overcompensate.

“Lots of people can just get on and do what there are trained to do, but others find it difficult and this leads to a breakdown in smooth customer service, which can be perceived as awkwardness or rudeness. It can put distance between the optician and the customer. Making a comment to a colleague about the person, or addressing conversation to a companion who has come in with them, can be upsetting for the individual. The person with the disfigurement may get a poor customer service experience, and may not come back. There are over a million people with a disfigurement, half a million with a facial disfigurement, and their pounds should be as valuable as anyone else’s.”

**EDUCATION IS KEY**

If you are keen to improve your services for people with facial disfigurements, Henrietta advises: “Education is key. It is about becoming more familiar with the range of conditions and how they may affect people. Read about it, do a training course online or in practice. Discuss it with colleagues so you can prepare for it. Not everyone looks the same.”

Henrietta continues: “In practice be friendly, courteous and professional, just as you would for anyone else. Look at them, smile at them, say good morning, but don’t draw attention to the disfigurement unless it is relevant. If the person’s ears are affected so the way the frame is supported may need to be modified, you could ask, ‘Is there any help that you need?’”, which gives them a chance to introduce the topic.
Case studies

Melanie Steele is a dispensing optician and practises for Nixon and Shaw Opticians in Devizes, Melksham and Bradford on Avon in Wiltshire. She shares a couple of case studies of people with specific dispensing needs.

Sometimes, patients with complex requirements have the same problems as everyone else, as Melanie explains: “I saw a patient who had lost her eye as a young woman when a metal road repair pole went into her head, completely damaging her eye, socket and cheek. She was lucky to live. She now has a prosthetic cheek, part of her nose and eye socket.

“The issues surrounding the dispense were the patient’s cosmesis and use of a PPL. The patient had always had a Rodenstock lens and at the time I hadn’t used Rodenstock for some years. After much discussion, we chose a lens most similar to her current ones. The centration for the one eye was obviously of great importance to ensure near vision wasn’t compromised.”

After collection, the patient had some problems with her near vision. Melanie recalls: “The lens was designed differently to the previous pair and so after much discussion we managed to get a Rodenstock lens that was older in design and the patient was happy with her vision.”

Melanie remembers another case: “I had never encountered an osteo-odonto-keratoprosthesis [OOKP]. The man has Stevens-Johnson’s syndrome and a severe reaction had affected both his eyes. One eye had got to the point where the best option was OOKP surgery.”

OOKP involves the removal of a tooth. A layer of the tooth is cut out and a lens inserted inside it. This is grown in the patient’s cheek for some months then implanted into the eye. Melanie continues: “The patient was very conscious about how his eye looked. The operation leaves you with a ‘pink sclera’, which is in fact cheek tissue. The new lens is implanted with one of the patient’s teeth into their cheek to reduce the chances of rejection.

“The patient came in to see me because he wanted to be able to read. The new lens implant had helped his distance vision but he needed correction for near. I had a full conversation with his consultant’s secretary and we decided that I could assess the patient in practice and work out the best add for him. As the patient was also receiving a valid benefit, I had a long conversation with the local primary care trust at the time and they agreed to allow me to issue a GOS voucher. We made spectacles that were plano topped bifocals with a dark tint at the top that graduated into clear at the point of the bifocal seg.

“The first attempt wasn’t satisfactory as the patient could still see his ‘pink’ eye,” Melanie continues. “He didn’t feel that the lens was dark enough, considering the eye had no pupil control. Also, the lower area of the lens had to be completely clear to allow clear view of the ground when moving about. The second attempt was perfect, and with a good amount of panto tilt all was good.

“The patient was so pleased. He came back in a couple of weeks later to make a duplicate private pair. Then a few weeks later he came in to say that he had booked a holiday abroad and would be flying and navigating an airport alone. He wouldn’t have contemplated this before the operation. He came in after his trip, revitalised. It was amazing.”
70 years of the NHS:
time to change

Last month we saw a host of media coverage celebrating 70 years of the NHS, applauding the sterling work done by doctors and nurses in hospitals, and of GPs in primary care. It made a welcome change to the usual bad news that seems not to have relented since Harold Shipman was discovered murdering his patients.

In the wake of scandals in Bristol, Alder Hey, Mid Staffordshire, etc, one could be forgiven for thinking that the NHS does a bad job. From the TV and radio coverage, one could also be forgiven for thinking that the only healthcare practitioners in the UK are doctors and nurses. Certainly, opticians didn’t get a mention as far as I know. The General Optical Council (GOC) did make an effort to join in, marking 60 years of the Opticians Act, though I’m unsure quite why a profession being trapped by decades old legislation is any cause for celebration.

There was plenty of coverage to ‘balance’ the NHS celebrations with talk of privatisation and selling off the country’s ‘greatest asset’. No mention of the fact that primary care – GP practices, dentists, pharmacies and opticians – have always been run as private businesses contracting independently with commissioning bodies. No mention either that these contractors, aside from when the government of the day imposes its latest big idea, run pretty efficiently and cost-effectively compared to other NHS services in the UK, and comparable services abroad.

While the government and regulators extol the virtues of evidence-based practice to practitioners, it appears they cannot take their own advice when it comes to changing the way things work. There is little evidence that recent changes and investments have been of any benefit to healthcare consumers, healthcare workers, performers, contractors or tax payers.

This, of course, is hardly surprising: the NHS has become a victim of its own success. The introduction of free healthcare at the point service after the Second World War, accompanied by constant innovation paid for by this service, is why people are living longer, why mothers and their babies rarely die in childbirth, and almost all children reach adulthood, let alone their first birthday. It’s why men can expect to be retired for 10 or 15 times longer today as they could in the 1940s. When the state pension was introduced, the average man could expect to die one year after retirement.

Back in 1948 we had rationing, rather than obesity and diabetes. The problem was too little food, rather than eating too much. Few people lived long enough to get age-related macular degeneration, though cataract surgery was in full flow, making for interesting ophthalmic dispensing as aphakic prescriptions requiring lenticulars were seen regularly rather than a few times in a career.

Back then most people struggled to afford basic eyecare: a simple refraction and a pair of glasses so they could see to work or study. They were no doubt very grateful to receive a free sight test and, if required, a new pair of glasses. We forget that the provision of clear vision to healthy ametropes is one the greatest public health benefits that can be provided to a population to enable them to live a productive life.

WHAT SHOULD CHANGE?
The universal provision of free sight tests and NHS spectacles was halted by the Conservative government of the late 1980s, although the free sight test for over-60s was reintroduced by Labour following a manifesto pledge to the ‘grey vote’ in the late 1990s. Ever since, the service has been cut in real terms to both patients and contractors as GOS payments have not kept pace with inflation while the rest of the NHS gets billions extra each year. As I opened last month’s Dispensing Optics and
the 2018 Vouchers at a Glance fell out. I couldn’t help but notice that from a financial point of view nothing had changed for the third year running.

But what should change? If we could wave a magic wand and start again, what needs to be different to deliver better eye healthcare, conveniently for patients, viably for practices, and economically for tax payers?

From a dispensing point of view, we need to look at how things have changed over the past 29 years since the GOS voucher system was introduced. Back then a vertex distance was required on prescriptions over +/−6.00D, not +/−5.00D as it is today.

In 1989, lenses for aphakia, in the voucher C category between +10.00D and +14.00D were much more common since almost all cataract patients today have intraocular lenses and barely need any distance glasses let alone high powered ones. Today, a +10.00D costs the optician the same as a +20.00D and it is time this was reflected in the voucher values so that the few remaining patients are not disadvantaged.

Similarly, the requirement to check vertex distance, and potentially compensate the prescription, requires more skilled ophthalmic dispensing. This should also be reflected in the voucher banding being moved to keep up with this decades old change in standards. I estimate that each of those changes (cutting off the voucher spheres at +5.00D and +10.00D instead of +6.00D, +10.00D and +14.00D) would cost the GOS3 budget an extra 1.5 per cent, however, this would directly benefit patients.

We also need to look at those patients who are disadvantaged or discriminated against by the current system. Adults with learning difficulties, for example, including those who are still attending school up until their early to mid-20s, are not currently entitled to a free sight test or voucher despite being several times more likely to need spectacles.

People from some ethnic minorities, often with poor English language skills, are at up to five times more likely to develop sight-threatening eye diseases such as glaucoma, yet unless they are sure of a family history (difficult if your family was murdered when you were a child, or you were born in a place with no healthcare system) there is no entitlement to a free sight test.

Whole rafts of disabled people are no longer automatically entitled to free NHS sight tests. The few who do receive this benefit automatically are those living with sight impairment, but only if they are registered with their local authority.

LOTTERY OF PROVISION

Low vision services are a particular concern and postcode lottery. Why not update GOS3 so that a low vision voucher could be issued to cover the cost of a low vision assessment at an optical practice, hospital or sight loss charity. A separate voucher could then be issued by the low vision performer for one or more appliances on the same basis as is done for spectacles.

In cash-strapped times, one wonders why the rules that apply to vouchers, that the optician can only claim the lesser of the retail price and the voucher value, do not apply to sight tests. Sure, it is a bit more complicated, contact lens direct debit patients might get free tests for example – would we still submit a ‘claim’ for £0.00 – and if not how would we issue a GOS3 voucher? What if the practice offers early bird appointments, or half price private tests before 10am? That would be the maximum you could claim if that’s what a private patient would pay at the same time. Some argue that such a policy would just increase the price of private tests, but why should the NHS care? Why shouldn’t it save too?

What of the other inefficiencies? School vision screening is another postcode lottery. Strictly speaking, this is not NHS money, one research project assesses the cost to local authorities at over £26 per child when a GOS1 sight test is £5 cheaper and includes refraction, and eye health examination. When my daughter ‘failed’ her screening, it took almost exactly the 18-week target to get an appointment at the hospital eye department, and at that Saturday morning ‘catch-up’ clinic, I counted 120 people in the waiting area at 9am, half of whom I guess were patients.

Is it acceptable for a three-year-old to wait an hour to be seen by an orthoptist? Is it acceptable that the orthoptist takes half an hour to perform routine visual acuity and binocular vision tests? Is it acceptable to have to wait another half hour to see the nurse? Was it acceptable she wanted me to pin my daughter down to have the drops, without checking with me whether she’d had drops before for other treatments and is remarkably compliant?

We had no choice but to wait for the drops to take effect, but was it really necessary to see a consultant ophthalmologist for an objective refraction and indirect (head-mounted) ophthalmoscopy? And after all this – an 18-week wait, and three hours to see a three-year-old with only the simplest of requirements – the patient still has to visit the opticians if they need specs.

Why not cut out the screening, and allow optometrists to do GOS tests in schools in place of screening? This would save £5 per child compared to the screening, reduce referrals into the Hospital Eye Service, saving over £100 on each one and free up much needed capacity. The parent and child would get two hours of their life back. There would be no waiting list, appointments could be made at the patient’s convenience, which makes them more likely to attend, and glasses if required could be sorted out at the same time.

There is much to celebrate in the NHS but it should not receive more money unless it is prepared to embrace small scale changes that will obviously improve patient experiences as well as save money. National commissioning of enhanced optical services and every other aspect of eye health would be a good place to start.

Peter Black MBA FBDO FEAOO is senior lecturer in ophthalmic dispensing at the University of Central Lancashire, Preston, and an ABDO practical examiner and in-practice assessor and an accredited CET provider.
The idea for the ABDO NRC first came about some time ago after the board decided the Association needed its own exams venue. The Examinations Department wanted to offer resits and be more flexible in offering an extended exams calendar.

I was a member of the National Clinical Committee (NCC) in the summer of 2017 when the Aqueous II building in Birmingham was selected. I suggested it should be hired out as a training centre too, so the board agreed to take on a second floor. At the next NCC meeting, we heard that the examinations department would need to take on someone to help create the centre. The role appealed to me enormously – and I was thrilled to secure the job and begin working with Alicia Thompson, ABDO director of professional examinations, and the board to make the plans come to fruition.

Alicia had already designed much of the centre on paper so we started to discuss the refit with a number of companies to find the best people to take our ideas from paper to actual building. The building had recently been refurbished from its previous use as a police administration centre for detective work. It had been taken as far as five empty floors, carpet tiles and nothing more. The lease was signed at a board meeting in Stamford in March, and the refit team moved in three days later.

The builders had just 12 weeks to get the building ready, and the first examinations started just over a week after they left in June. It was certainly a high-pressured week; we didn’t have a thing in there apart from the new structure so the exams team were under pressure. I had spent three months gathering equipment and storing it in a garage. I hired a van and moved everything down, and set up the equipment and the kitchen. The exams equipment was brought up from Swindon, and then we had to set up the furniture for exam stations.

STATE-OF-THE-ART FACILITIES

Now, you walk in through the door to the reception area, where visitors are greeted by Gemma Evans, events coordinator. Gemma has recently joined the NRC team and has lots of events experience plus a degree in event management (see page 8).

The reception area has soft seating, a spectacle-design coffee table, spectacle-themed wallpaper, a breakout area and coffee machines. The ABDO crest is on the back wall, and to the left you can find the admin area, the kitchen and breakout rooms. To the right is a lab training area, five glazing machines with full facilities and further breakout rooms. To the front a huge room, which can seat 165 people, can be subdivided into five large rooms. There are five screens for this area, with a live link to the clinic upstairs. All the rooms have climate control, with floor-to-ceiling views across Birmingham.

Upstairs on the clinical floor, there is a smaller reception area. To the left there is a breakout room, another presenting area for up to 75 delegates, plus coffee facilities and space to relax between meetings. There is an office for up to six employees and storage. To the right there is a corridor with 10 testing bays, all kitted out with new top quality equipment supplied by sponsors. There is also a large pre-screen area with autorefractors and optical coherence tomographers.

Sixty-seven students passed through the NRC on the first day it opened. Apart from a minor blip with the coffee machines, the exams were a fantastic success, especially given the timescale and numbers going through for both dispensing and contact lenses.

We are now planning for the resits in September, and a contact lens company has booked to hold a training day there. Instrument companies, our sponsor suppliers, are booking CET events too, and we have had bookings and interest from other optical companies for training days. ABDO will be holding its annual Consultation Day at the NRC this October, and the CET team will be running events. The NRC is also available to external companies as Birmingham is a popular conference venue so the building will always be busy. But we are never too busy for a warm welcome and a spec-themed coffee.
Frequently asked questions

answered by Kim Devlin FBDO (Hons) CL

READY READER SALES

The query this month came about when I was approached at a CET event by a member with a query that had arisen at their workplace.

Their was a small independent practice in a secondary shopping area and the owner wanted to increase sales. He felt that selling the ready reader range of specs would offer their patients a cheaper option and allow the practice to compete with the larger High Street opticians. Our member had concerns that he would be asked to fit frames that were not of the best quality and he would be acting in a less than professional way.

It is a sad fact of professional life that a member of the public can reasonably expect the same care and advice when buying a £15 pair of ready readers as when they buy a £200 pair of bespoke spectacles from a registered optician. Of course, if that person went to a supermarket and bought the same £15 specs they could not expect any care or advice at all.

I’m sure you have all been asked to repair such specs on a regular basis. Would you feel you would have to replace missing screws or straighten bent frames if they had been bought in your practice?

Supplying such items may seem a good idea but if you factor in the time needed to advise patients which model and power to select, and give them the advice to have regular eye examinations to check the health of the eyes, recording all the details of the sale and advice given, it might not be such a money-spinner.

There is another consideration: when a potential purchaser asks you if they should have the +2.00D or +2.50D power, you have to be particularly careful in case you are accused of testing sight. It is never easy is it?

If you do decide to stock such items, have a discussion in the practice, with all staff, as to exactly what service you should offer. It is still a problem if an unregistered member of staff sells the ready readers if you are out at lunch; the patient can reasonably expect the correct care and advice from everyone in the practice. You can then price the item accordingly.

Past FAQs are available for reference on the ABDO website at http://www.abdo.org.uk/frequently-asked-questions

abdo | BUSINESS SUPPORT HUB

Business bites

GROWTH: REFITTING OR RENOVATING?

Refitting and renovating a practice can be a rewarding expense and good for the balance sheet too. But complex tax rules can make the investment feel more like a curse than a blessing when different parts of a refit are subject to different tax treatments according to HMRC’s rules.

KEY POINTS

• Good record-keeping, forward planning and qualified advice is essential. Separately identify each item of expenditure. The tax deductions process takes some thought but get it right and expenditure becomes much less expensive.
• The Annual Investment Allowance (AIA) allows tax deductions on the full amount of qualifying expenditure up to £200,000. This is available on both plant and machinery and integral features. Over and above the AIA limit, lower capital allowances are available annually, on a reducing balance basis. This is currently at 18 per cent* for plant and machinery and at eight per cent* for integral features.
• ‘Plant and machinery’ has to be kept ‘for permanent employment in the business’ – so this excludes stock or expendable equipment with a life of less than two years; and must function as ‘an apparatus employed in carrying out the activities of the business’ and not as part of the premises in which the business is carried on.
• Anything which can reasonably be expected to form part of your building will be ‘premises’.
• Repairs can easily become improvements if they go beyond what is necessary to fix a failure. The first thing to get straight is whether the refitting costs relate to repair or improvement.

Read more about the financial implications of a refit in the ABDO Business Support Hub at www.abdo.org.uk/business-hub/growth/refitting-neednt-be-taxing/

RESOURCES

• Government*: www.gov.uk/capital-allowances
Jobs & notices

National Consultation Day
24 October
National Resource Centre
Birmingham

The ABDO National Consultation Day will take place on Wednesday 24 October from 11am to 3.30pm, at the ABDO National Resource Centre, Birmingham.

Open to all ABDO members, the day will be a chance to meet with members of the ABDO board, as well as regional and sub-regional leads, to find out what’s happening within the Association and in the wider world of optics.

To register your attendance, please contact Jane Burnand at jburnand@abdolondon.org.uk

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To place an advert, telephone
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or email ncollinson@abdo.uk.com

Booking deadline for the September issue is Thursday 9 August

Special rate for ABDO members

Demystifying Common Questions

This month on Eyecare FAQ we will be sharing an infographic and answering topical questions about spectacle frames.

We will continue to answer some of the most commonly asked questions about eyes too. There will be a new series of images to share about amblyopia and lazy eye and a jargon buster demystifying terms used to talk about sunglasses. As usual, we will highlight some major sporting events and the role of specialist eyewear in sports from athletics to rugby.

If you missed last month’s content, check back on the EyecareFAQ page for an infographic and Q&A about driving and your eyes as well as a new series of images to share about dry eye and a jargon-buster demystifying terms used to talk about specs and lenses.

Why not use this information as the basis for a blog post, or share on your practice website and social media channels? Find Q&As on more eyecare and eyewear topics at www.abdo.org.uk/information-for-the-public/eyecarefaq

Eyecare FAQ is at:
• www.facebook.com/eyecarefaq
• www.twitter.com/eyecarefaq
• plus.google.com/+eyecarefaq
• www.pinterest.com/eyecarefaq
• instagram.com/eyecarefaq

Don’t forget: ABDO and ABDO College are on Facebook, Twitter and LinkedIn. ABDO College is now also on Instagram. Check out the social media channels for optical news and updates. Plus, every ABDO region has an account on Facebook and Twitter too for local updates and events. Please share photos from optical events with us and invite your colleagues to like the social media accounts too.
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