



COMPETENCIES COVERED

DISPENSING OPTICIANS

Communication,
Standards of Practice

OPTOMETRISTS

Communication,
Standards of Practice



This CET has been approved for one point by the GOC. It is open to all FBDO members, and associate member optometrists. The multiple-choice questions (MCQs) for this month's CET are available **online only**, to comply with the GOC's Good Practice Guidance for this type of CET. Insert your answers to the six MCQs online at www.abdo.org.uk. After member login, go into the secure membership portal and CET Online will be found on the L menu.

Questions will be presented in random order. Please ensure that your email address and GOC number are up-to-date. The pass mark is 60 per cent. The answers will appear in the April 2021 issue of *Dispensing Optics*. The closing date is 12 March 2021.



Customer service: not just for shops

By Pamela Robertson MSc BSc (Hons) DipTp IP MCOptom

In a world where the customer is deemed to always be right (most of the time), customer service has never featured so highly in the staff training manuals of practices up and down the land – large or small, independent or multiples. But what exactly is customer service, and how does it apply to an eyecare practitioner?

Wikipedia defines customer service as the provision of service to customers before, during and after a purchase. This being the case, customer service plays a vital role to any organisation – good or bad – it will impact directly on the practice reputation to either protect it or go some way to destroy it.

In the current Covid world, it is more important than ever to create a professional yet friendly experience for patients who may otherwise be a little wary venturing out into the wider world. Consumers need to feel safe and protected from the ongoing threat of infection whilst receiving high quality eyecare. Ocular disease and broken spectacles don't cease to exist simply because we've all been furloughed at home for the best part of five months.

Many clinicians have adapted alternative ways of working – never before has remote consultations with the use of telemedicine been used so much in optometric practice. Clever use of modern technology to perform remote visual acuity measurement and video

consultations have been used by practices across the country¹. Practices face restrictions on the number of appointments they are able to offer within a working day, and challenges with continued decontamination of clinical and dispensing areas, with personal protective equipment (PPE) and social distancing added into the mix². All these aspects have a direct impact on how a practice operates day-to-day.

Managing patient expectation is a central crux to delivering excellent customer service. There seems to be a general acceptance that eyecare will be delivered differently from now on, but does this make it easier or more difficult to exceed expectations? When we consider a patient journey during a visit to a practice, what impact has this had on the delivery of customer service? These same questions were posed to member practices of Sight Care and the remainder of this article is based around their responses. We will take key areas in turn and discuss each.

COMMUNICATION IS KEY

In the current, plastic wrapped, hand sanitised world, patients may not be walking into practices to make appointments. The public are contacting practices by almost any means – telephone, email, SMS, WhatsApp, social media to name just a few. No longer is it enough to have someone on the front desk wearing a smart suit and a smile.

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C-76574 Approved for one CET Point



Figure 1. Hand sanitising station
(courtesy of Michael Offord Optometrists)

As we emerge into our new post Covid world, communication is key on so many different channels. Many practices have had to diversify and adapt, often performing remote or telephone consultations in the first instance to ascertain patient queries and triage clinical concerns³. For some, this might be from an offsite location – meaning that practice infrastructures have needed to expand to permit home working and social distancing of teams.

One comment made by many of the Sight Care practitioners, was the months of backlog of recall letters. The harsh reality is that we will not be able to catch up with this by the end of the year, and many patients may be feeling frustrated that they have not been contacted to make their (bi) annual appointment. Add to this mix the patients who might normally attend hospital eye services who have now had their appointments postponed or cancelled⁴.

Now is the time to be honest about this; practitioners felt it was imperative to contact those on database to let them know they were still there, still caring and still ready to see them when they felt comfortable venturing out of their homes. This demonstrates not only that we care, but also that we haven't forgotten about those who have shown loyalty to our practices previously. Practice management systems can make keeping in touch with everyone a much easier task; a robust recall system means we can easily identify those with greater clinical need, and at the click of a button send hundreds, if not thousands, of emails and SMS quickly and efficiently.

For those who don't have access to technology, a phone call helps alleviate worries and fears of missing out and being forgotten about. Sometimes having that little bit of human contact can help alleviate fears, and if during the discussion an issue is highlighted that needs to be dealt with more immediately, you will have the opportunity to book the patient into the clinic.

Something that may be more concerning – and only time will tell what the long-term impact of this will be – relates to the delays experienced by those who have sight-threatening eye disease. In all four nations, the public health message has consistently been that those who have concerns about their vision should contact their optometrist in the first instance. This message must continue with practices supporting secondary care services where at all possible to deliver patient-centred care.

One Sight Care member reported using video slit lamp technology and telemedicine to prevent a seven-year-old shielding child having to attend an ophthalmology out-patient department. The parents of the child were relieved that they could receive care from their local optometrist on a one-to-one basis rather than making the 50-mile round trip to their nearest (busy) ophthalmology department.

In some ways, it is sad that it takes an event such as a pandemic for eyecare practitioners in primary and secondary care to use technology currently available to deliver more patient-centric care – and so it is essential that these links are used as the foundation for future service delivery planning.

We must never forget that technology can be both our friend and foe, and so whatever the means we choose to communicate by must be appropriate to the audience. Patient personal preferences for communication are important and they should dictate how they interact with your practice (General Data Protection Regulations compliance notwithstanding). This in itself will help to build brand loyalty and establish rapport (even if it is digitally.)

FIRST IMPRESSIONS COUNT

Many practices are adopting an appointment only policy where needs are triaged remotely prior to a visit to the practice⁵. This has many advantages: it

allows support staff to carry out lifestyle questionnaires, which will help shape recommendations for extended examinations such as dry eye or dispensing needs (for example, occupational lenses in their spectacles for using at the computer whilst they work in their new office environment at the kitchen table).

Many optometry colleagues feel more comfortable performing their history and symptoms remotely pre-appointment as this allows them to concentrate on the time spent in the consulting room investigating presenting issues. An optometrist in Scotland described how they were able to access an Emergency Care Summary with patient consent; this NHS document lists all the current medications and any long-term health concerns.

This goes some way to gaining better understanding to patient overall wellbeing, and in turn can help highlight areas where the eye examination may need to concentrate on when the face-to-face visit is being undertaken. This information is also essential to ensure safer prescribing for independent prescriber optometrists to prevent interactions between any ocular medications prescribed.

A strategy adopted by many practitioners was to call the patient list the day before to confirm appointments. With appointment diaries often booked weeks ahead, this allows support staff to ask a Covid questionnaire in a timely manner to reinforce the need for awareness of Covid symptoms and the procedures that may have changed since the patient last attended for an eye examination.

The net effect of this provides reassurance to patients that we value their safety. It allows the picture to be set for their visit to the practice, and what to expect when they arrive. It avoids any confrontations regarding policies of wearing face coverings and sanitisation procedures, and reinforces our appointments-only approach.

Whenever someone enters your practice, they should feel safe. There are many ways that this can be achieved. On arrival to the practice, everyone may be requested to sanitise their hands – either by washing their hands or using alcohol gel (Figure 1). Waiting room chairs should be spaced out (ideally at 2m intervals), and many have installed a screen at reception to give additional protections (Figure 2).



Figure 2. Reception screen (courtesy of Angus Optix)

From that first physical point of contact, it is essential to ensure the patient feels listened to, and to demonstrate empathy. With everyone wearing masks, eye contact is a key component to facial expression and body language, and although the smiles are hidden there is need to convey that willingness to serve (**Figures 3 and 4**).

There has been a great deal of discussion on the optical forums about what is suitable work attire; many practices have moved away from corporate clothing, and changed over to clinical scrubs (**Figure 5**) or easily laundered fabrics for uniforms. The use of scrubs may make the clinicians feel more comfortable with layers of PPE, and in the words of one Sight Care member: "It gives me an excuse to wear my comfortable trainers into work".



Figure 3. Maintaining eye contact behind the visors is key (courtesy of TK&S Optometrists)

On questioning patients, many find the use of scrubs more clinical than a business suit and it may go some way to reinforcing the concept of health rather than retail if optometrists are dressed in this way. Other practitioners felt it was more important to have a more corporate approach with business attire. In our current Covid world, there is no right or wrong answer on this one, with Sight Care member practices being split in opinion of what is most suitable.

PRACTICE 'WOWS'

Pre-Covid, little 'wow' moments might have included offering a cup of tea or coffee on entry to the practice, or a chocolate mint tucked down the side of the boutique bag containing the latest spectacle purchase. Other examples include:

- Late night opening to suit patient needs
- A free MOT to existing frames six months after collection
- A complimentary refillable bottle of spectacle cleaner and microfibre cloth to help look after those high-end MAR coated transition varifocals
- Home delivery of spectacles and contact lenses
- A free taxi home after having dilating drops
- Post collection follow-up visits to allow for adjustments to frames – even just a phone call to check on progress
- A no quibble 'like it or leave it' guarantee for 90 days post dispense: if you don't like your frame or lenses for any reason, then return them for exchange

In basic terms, 'wows' can be any moment that makes the patient feel cared for. Create little 'wows' along the way for your patient's journey whatever way you choose to deliver eyecare and dispensing. Whilst it might not be as easy in our current work environment to offer a tea or coffee, there are many other touch points in the patient journey where we can exceed expectation. Those visiting the practice may take more gravitas from witnessing the cleaning of chairs and reception areas than ever before, as it contributes to the feeling of being 'safe'.

Long before lockdown started, one Sight Care member practice instigated appointments only for dispensing and 'frame styling'. This meant that, regardless of budget or aspirations, everyone receives one-to-one attention when choosing their new spectacles whilst sat down in a quiet area of the practice away from the hustle and bustle of the front retail area.

A curated selection of frames is offered based on preferences for shape, style, colour and budget – with final selection whittled down from there. This same practice reports a 17 per cent increase in their average order value with nearly two-thirds of their patients returning for a second or third dispense before the next eye examination date.

In light of our Covid world, this policy makes it much easier to keep track of the frames tried on during the frames selection process, which in turn allows for quicker and slicker decontamination of dispensing areas in preparation for the next patient. Many practitioners feel it is important to explain the processes used to disinfect frames and other equipment used during



Figure 4. Mask modelled by Suki Woodhouse of Woodhouse Opticians



Figure 5. Scrubs modelled by Faye Boyling of Campbell & McDermid Optometrists

their sight test and dispensing to reinforce that safety is at the heart of how we operate in line with public health advice.

Covid withstanding, one of the single biggest 'little wows' is addressing someone by their name. Remembering details about them and their life from one visit to the next with continuity of care seems to matter more than any amount of chocolate.

TECHNOLOGY

We've already mentioned the use of technology to keep in contact with our patients; this is not the only area of the practice where technology is becoming more essential day-to-day. The use of retinal photos, optical coherence tomography and wide field imaging has been well documented in professional journals during lockdown as making ocular examinations quicker and easier, minimising contact time whilst maintaining social distancing. Many suppliers of optometric equipment report higher than expected sales of phoropters and imaging modalities.

Technology is not, however, limited to the consulting room and it is commonplace for many High Street optometry practices to utilise digital measuring and dispensing tools. This might start with virtual reality technology to choose frames prior to visiting the practice, and extend to full measurement services for bespoke lenses. Whether we like it or not, these technologies are here to stay.

LISTEN TO FEEDBACK

Make recommendations based on patient needs and wants – offer solutions rather than just the latest in lens technologies. This ties right back around to lifestyle

questionnaires used when making appointments, whilst being knowledgeable about the products you are recommending.

Many large non-optical retailers now use customer satisfaction surveys as a means of driving their business forwards. Optometry is no different. Consumer feedback is essential when designing staff training and developing new opportunities. Online reviews can make or break a practice reputation – but don't be afraid to ask for feedback. When looking at holiday accommodation, many of us use Tripadvisor or other comparison websites for the opinion of others. Whether good or bad, feedback provides an additional opportunity to communicate with your patients directly and weed out any potential issues before it becomes a problem, or worse still, a complaint.

If you do receive a complaint, try not to take it personally. Complaint procedures are a requirement for all practices, with details made readily available about who handles complaints and how long this should take⁶. Frequently, complaints arise from a breakdown in communication and a mismatch of expectations. Getting to know your patients better and making that connection will build on the trust they place in your practice – and the loyalty. Use these scenarios to make your patients your 'raving fans' and let them shout out loud about how good your team are. In my experience, it can take a gentle nudge to get the good reviews – just don't be afraid to ask. The continuous cycle of feedback, staff training, development and improvement is a key part to maintaining teamwork in any practice.

Whatever your practice policy, consistency is key. This means that every member of staff should follow the same guidelines – with staff training central to this. One great experience can be easily wiped out of the mind of a patient by a lukewarm one elsewhere in the practice. Some of the skills required to create these 'wows' will be natural, some not so much so.

Humour and a smile can go a very long way to creating trust; this is human nature. It is a firmly held belief that regardless of what you say or do, you will never forget how someone makes you feel. Therefore, if a visit to a practice creates the feeling of being welcomed and being in safe hands, with honesty and integrity, you are onto a winner.

To sum up, customer service is not just for shops.

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