

EYE-TO-EYE REPORT

May 2020

What good has COVID-19 brought to UK Eyecare practice?

One of the real benefits that our company has, is its multidisciplinary membership. This includes practicing eyecare professionals of all disciplines, key opinion leaders and a wide range of members from other professions. This enables us to draw on a multitude of different experiences to discuss and debate issues and opportunities. A recent virtual discussion meeting, or “Moot”, explored if any good might come to eyecare in the UK from the current Covid-19 crisis.

This discussion was chaired by Renter Warden [Ian Davies](#) and included dispensing optician [Fiona Anderson BSc\(Hons\) FBDO R SMC \(Tech\) FEAOO](#), optometrist [Deacon Harle](#), Orthoptist [Liz Tomlin](#), ophthalmologist [Paul Ursell](#) and manufacturer [Andrew Yorke of TopCon UK](#).

As with all WCSM events, discussions were held under “Chatham House Rules” which enables a rich, honest & deep discussion taking place without individuals being conflicted by outside factors. All views are listened to and respected. Participants joined from the UK, US and Austria - practitioners, consultants, regulators & educators, representatives from



optical organisations, primary and secondary care and members with no optical qualifications alike.

It was clearly recognised upfront that COVID -19 has caused a lot of heartache, with huge impacts on personal and business life, within the industry and across the whole community. The devastating impact of the disease on those directly affected by it, the business impact of closing practices, graduations being postponed, and the clinical impact of delaying procedures and treatment were highlighted at the beginning.

In looking for what good has come out of the crisis, two key themes arose; collaboration and technology. There was no doubt that the crisis has bought about a need for multi-disciplinary eyecare management and a heightened role for the “high street” optical practice. What was also noted was the extent to which “competitive” practices were collaborating to put the patients eyecare needs first.

The speed with which technology was being adopted was also discussed. One speaker noted that at the beginning of the year a project team, tasked with the goal of having 30% of outpatient appointments conducted online thought that it was highly unlikely to be achieved. Within weeks of lockdown, the group were conducting 95% of initial consultations online!

In the discussion that followed, which included input from members outside the UK and senior academics from allied medical disciplines, the extent to which these changes would be reversed as normality returns was discussed. There was a strong consensus that many of the new working practices would remain, with the efficiencies that they create being necessary to meet the ever-increasing demand for eyecare. #

Looking to the future, the question of further technology integration was posed. Remote refraction and vision assessment are validated procedures. How might these be used in the future and what could be the consequences for the delivery of eyecare? Questions for a future session.....

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