

Moorfields Magazine

A magazine for patients, staff, members, carers and visitors

Excellence in all we do

Eye implant
restores sight

Inside our A&E

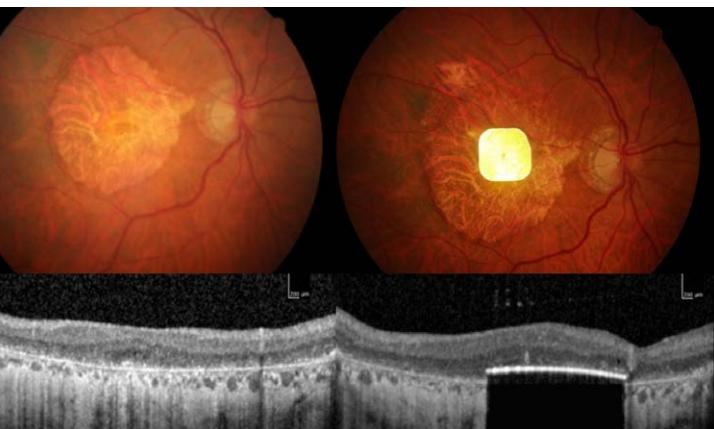
Making bespoke
contact lenses

Winter 2025/26
moorfields.nhs.uk





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**Sheila can
read again**

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Moorfields Magazine

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Welcome from Peter Ridley, chief executive



Welcome to our winter issue, my first as permanent chief executive of Moorfields. I am delighted it is focusing on one of our values, excellence, and showcases the work of staff and how we continue to innovate in ophthalmology.

It was a privilege to be at our annual Stars event, celebrating the exceptional work of colleagues and teams, and I welcome the progress being made across multiple initiatives to tangibly improve equity for all our staff.

We feature two stories on restoring sight to the blind. The electronic implant Sheila received is truly groundbreaking. She read a whole vision chart from top to bottom. Without the glasses and implant, she could barely see the chart itself.

The St George's team, with help from the host trust's maxillofacial specialists, inserted a patient's tooth in their eye as part of a complex two-stage procedure. This allowed them to see

for the first time in ten years – a first for Moorfields, as we have recently taken on this national service.

Our story about Lucy's new treatment for a rare disease that causes rapid sight loss shows how even small improvements in vision can inspire patients to make the most of their opportunities.

It's also heartening to read of NICE updating their guidance for those diagnosed with dementia. Their eye test can be pivotal in slowing its impact and progression.

And, as we enter 2026, we celebrate the progress made towards our new centre in Camden – which we will be calling our home within two years.

A handwritten signature in black ink, appearing to read 'P. Ridley'.

Peter Ridley,
chief executive

Embedding equity for our staff

Moorfields Eye Hospital has one of the most diverse workforces in the NHS. We are committed to equity, diversity and inclusion (EDI), because making sure our trust is an equitable place for everyone means that our diverse patients receive excellent care and outcomes, and our staff are happy, safe, and supported to fulfill their potential.

We understand to become a truly equitable trust is a complex, multifaceted journey, as demonstrated by our roadmap that tracks our programme. We are taking action as part of a wide set of initiatives, including:



- ▶ Not just signing the UNISON Anti-Racism Charter, but fulfilling its pledges, including running anti-racism and unconscious bias training for staff.
- ▶ Establishing a women's staff network to support women's professional growth through mentorship, advocacy, and community-building.
- ▶ Ongoing work to debias our recruitment procedures, alongside running a career sponsorship programme (see p9) and a leadership academy programme for staff with disabilities and/or long-term health conditions.
- ▶ Launching a 'Share not declare' campaign so staff feel safe to share their whole selves at work.
- ▶ Running a leadership development programme to strengthen people management capabilities for first-line and middle managers within the trust.
- ▶ Bringing our trust values of equity, excellence and kindness to life for staff by rolling out a series of activities to embed them and the behaviours that support them into everyday practice in the trust



By working together, we aim to build a culture where inclusion and equity are felt and lived, for the good of both staff and patients.

New centre update

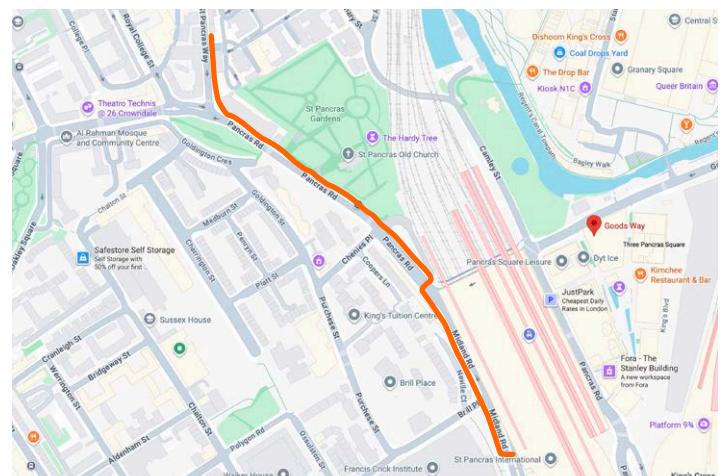
Work on our new centre for eye care, research, and education, due to open in St Pancras in 2027, is progressing well.

The external façade is complete, and work is now taking place on the internal fixtures and fittings. We've welcomed staff and students on monthly site tours and at engagement events to help orientate them to the new building.

We are working with staff, students, patients and a coalition of partners including sight loss charities, London Borough of Camden and Transport for London to ensure our new centre is accessible for everyone.

As well as developing an internal wayfinding system, we have worked with patients and sight loss organisations to test various routes from nearby stations.

King's Cross St Pancras has been identified as the most accessible station for the start of the green line that will help guide patients to the new centre.



The walking route from Midland Road outside St Pancras International Station, onto St Pancras Road and to the new centre.

We are also working with London Borough of Camden and Transport for London to make adjustments to crossings, kerb heights and the location of bus stops. Please email moorfields.oriel@nhs.net to find out more about our new centre.

Our stars

On 17 September, we held Moorfields' Stars 2025, our annual staff recognition event, in London.



Staff, volunteers and guests from across the trust, Moorfields Eye Charity, Friends of Moorfields, Moorfields Private, and the UCL Institute of Ophthalmology came together to find out this year's winners and celebrate the fantastic work going on across Moorfields.

Stars is an important opportunity to recognise the dedication and hard work of all our staff and volunteers. We received a record-breaking number of nominations this year – both from staff and our patients – each recognising those who have gone over and above to provide exceptional care and support, and who have consistently demonstrated our values of excellence, equity, and kindness.

Among the award winners featured on the page are patient award winners Leonard Karikari and the Ealing team.

Congratulations to all our winners and shortlisted finalists and a big thank you to all our teams.



National dementia guidelines updated thanks to Moorfields-led initiative

The National Institute for Health and Care Excellence (NICE) has updated its national dementia guidance to recommend that all patients newly diagnosed with dementia are offered an eye health assessment with an optometrist.

Previously, patients were not routinely referred for a test when diagnosed. As many people with dementia might not notice a decline in their eyesight, they could experience significant, avoidable and sometimes irreversible deterioration in their eye health as a result.

Worsening vision can also affect confidence; the ability to read and write; how often people leave their home (meaning less contact with others, including family and friends, and less exercise); and falls and injuries. All of these can also accelerate their dementia.

Professional advice to clinicians is now that patients with dementia should be seen by an eye care specialist soon after diagnosis.

This change has taken over a year of research and advocacy, and could have a profound impact on the safety, independence and quality of life of many thousands of patients each year.

“This is a clear example of how clinical evidence continues to help advance clinical care with national impact,” said Kamran Saha, consultant ophthalmologist. “We look forward to seeing this work make a tangible difference to the quality of life of some of the most vulnerable people in society.”

“

This is a clear example of how clinical evidence continues to help advance clinical care with national impact.

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Kamran Saha

Accolades for Pearse Keane

Pearse Keane professor of artificial medical intelligence at UCL Institute of Ophthalmology, consultant ophthalmologist at Moorfields Eye Hospital and director of the INSIGHT Health Data Research Hub at Moorfields, has been awarded the Royal Society's Gabor Medal 2025.

He has also been elected to the US National Academy of Medicine (NAM) in recognition of his work pioneering medical artificial intelligence in ophthalmology.

This is considered one of the highest honours in the fields of health and medicine, and only 10 individuals are elected from outside the US every year.



Thesis in three minutes

Moorfields pre-registration optometrist Caitlín Campbell won the Ulster University competition to present their PhD thesis in three minutes. She then went on to become a finalist in the national Vitae Three-Minute Thesis (3MT) competition.



Achievements and awards

Professor Sir Peng Tee Khaw received the Lifetime Achievement Award from European Paediatric Ophthalmological Society, their highest honour, to recognise his innovation and expertise in paediatric ophthalmology.



Career sponsorship programme

Our Career Sponsorship Programme (CSP) was first launched by our trust equity, diversity and inclusivity (EDI) team in late 2023 to develop the career progression of colleagues from ethnic minority backgrounds and support an inclusive working environment.

To mark the completion of the first programme, we held a graduation ceremony for our first cohort, including Rupa Patel (principal optometrist), George John (clinical physiologist), Grace Eni (advanced ophthalmic emergency nurse practitioner) and Derek Scott (Freedom to Speak Up guardian).



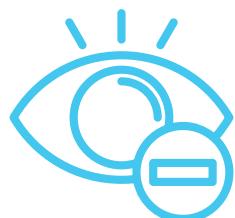
Awards for presentation and poster

The work of staff at Moorfields was recognised at this year's prestigious World Association of Eye Hospital (WAEH) meeting.

Joy Adesanya (above left), assistant divisional manager for Moorfields North, won the award for best presentation, and the medical retina team (above right) won the best poster award.

Joy's presentation was on HERCULES, the research project on diagnostic hubs conducted in Moorfields at Brent Cross. The poster, on more sustainable multi-use eye drops, was for a collaborative project between four Moorfields teams.

Treatment for cause of sudden sight loss now available through the NHS in England



The National Institute for Health and Care Excellence (NICE) has [approved](#) a treatment for Leber Hereditary Optic Neuropathy (LHON) in those aged 12 and above who are affected by the condition.

LHON is a rare mitochondrial genetic disease that leads to rapidly worsening vision in both eyes, and there is currently no cure for it. Early symptoms include blurred central vision and loss of colour vision. While typically painless, the disease progresses

to severe sight loss and then legal blindness within a few weeks. It disproportionately affects men and those between 15 and 35 years old. Idebenone, an oral medicine, reduces damage and can improve vision, giving people the

chance to regain greater independence, confidence and a better quality of life. This is the first time that NICE has approved a treatment for any mitochondrial disease, and it is available without restriction to those over 12 years old.

Patrick Yu-Wai-Man, professor of ophthalmology and honorary consultant neuro-ophthalmologist at the University of Cambridge, Addenbrooke's Hospital, Moorfields Eye Hospital and the UCL Institute of Ophthalmology, said: "LHON causes devastating visual loss and it is a life-changing diagnosis for the affected individual and

their family. England is now in line with the rest of the United Kingdom with Idebenone now available through the NHS. This will come as a great relief to the LHON community in this country, bringing hope to those who have experienced significant visual loss from this mitochondrial genetic disorder."

[Moorfields Eye Charity](#) has part-funded Patrick's

research over the past ten years to understand the genetic and molecular basis of inherited optic neuropathies, including LHON.



Patrick Yu-Wai-Man



Lily and her dad

Lily's story

Lily benefitted from Idebenone before it was approved for NHS prescription, and it has made a massive difference for her.

"I first noticed a problem with my vision during the Easter holidays in 2022. In the space of two weeks, I went from perfect vision to being unable to recognise, faces, colours, or much at all. Everything was a blur and it was horrible, I couldn't see anything; I masked it by asking my sisters to help me with things.

"I initially attributed the change in my sight to GCSE stress and fatigue. My optician and GP didn't know what to do with me, neither did my local hospital, which was stressful.

"After a few weeks, my mum realised there may be an eye issue in the family. We made contact

with Moorfields, and found a specialist who knew more and could offer help.

"Losing my sight was the most devastating thing I have experienced. I lost friends; many people didn't know how to act around me, what to say, or how to include me in activities. I spent a lot of time at home feeling isolated.

"I had to learn how to learn again and pick myself up. I can use a mobile phone, an iPad and a laptop, so I can study and communicate. I learned to touch type too.

"The school was really supportive; if they had not been, my life could be very different now. I got GCSE and A-level results I am proud of, and am now at Uni, living independently away from home. I'm able to cook and take care of myself. I'm able to get out and about with the support of

my white cane, "Harry".

"I'm grateful to have regained some sight and some peripheral vision. Sight is not solely measured by reading letters from a chart. There are stages from seeing nothing to being able to have enough sight to make a cup of tea, find my belongings in the house, see the dog and find things on my plate when I eat, though if there are foods to choose from on the table, I still may have no idea what is there.

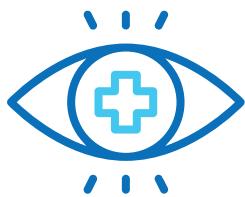
"It means I can now run guided with a group, and in October 2023, I ran the Loch Ness Marathon alongside my dad and an excellent team of friends".



[Click here](#) for more details on LHON, and a longer version of this story.

Spotlight on A&E

Accident & Emergency



In our last issue, we told you about Moorfields A&E receiving the highest rating in England in the most recent survey of patients by the CQC.

Now we introduce the team we hope you never need to meet. In their own words, they explain how they work together to provide outstanding emergency eye care.





Agnieszka Redzynia A&E coordinator

Agnieszka Redzynia has been working as an A&E coordinator at Moorfields for the last decade. Alternating between the bustling administrative office and the front desk, her role is essential in ensuring patients receive quick, compassionate care from the moment they arrive.

“

Our job is a combination of vital administrative work and direct patient interaction. I register them, give them an idea of waiting time - we're always very busy - and offer them help with the forms if they need it.

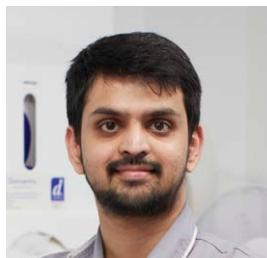
I love what I'm doing and I genuinely enjoy talking with people and looking after them.

I may need to direct them to pharmacy or help to set up a follow-up appointment with one of our other services.

When people arrive in A&E, they are generally in distress. My job to recognise that and respond with reassurance.

I love what I'm doing and I genuinely enjoy talking with people and looking after them.

”



Mihir Patel Ophthalmic technician

Mihir started over a year ago in our new diagnostic suite, which gives patients immediate access to advanced imaging and tests for different parts of the eye. This helps our team to assess and diagnose their eye condition.

“

I first got to know Moorfields as a volunteer. I met people coming into A&E and was fascinated by the work the team did. When the opportunity came up to apply for a role, I went for it — and I was so happy to be successful.

Everyone receives the right care at the right time.

Clinicians assess and prioritise each case, according to how serious their condition is. Emergency cases, children and elderly patients are seen first, while less critical cases are given appointments to be seen later, so everyone receives the right care at the right time.

I'm constantly learning about eye conditions and injuries, and the best ways to support patients. I always try to give the best service I can, and help reduce patients' pain. I enjoy meeting so many people and knowing I'm making a difference. Every day here is rewarding — I'm learning, growing, and really enjoying this Moorfields life.

”



Cris Ricamara A&E staff nurse

“

**I'm proud to work
with such a brilliant
and supportive team**

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Cris is a senior nurse in the A&E team and has been working in the department for over 20 years.

“

My main responsibility is to prioritise patients according to their clinical needs. As an ophthalmic nurse specialist, I look after patients with a wide range of eye problems. In the assessment area, I coordinate and lead my nursing team to make sure patients are seen quickly and their treatment is planned efficiently.

I always greet patients respectfully and make sure they're comfortable, asking their reason for coming in. I assess how urgent their case is, especially if they're in severe pain, have lost vision suddenly or have an eye injury that could cause permanent damage. Where appropriate, I give anaesthetic drops and oral pain killers straight away to relieve their discomfort.

I already know some patients because of their chronic eye condition, but others are new to us. I work closely with doctors to decide whether a patient should be seen in A&E, the urgent care clinic or be referred to their GP. Anyone being treated in another

hospital is referred back there, and people who might have an infection go to the red room for isolation to keep other patients safe.

I really enjoy working at Moorfields, I've learned so much about eyes over the years, and I'm proud to work with such a brilliant and supportive team. Our doctors are truly amazing.

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Su-Yin Koay
Corneal consultant

“

Very few places offer what Moorfields does, and I think patients appreciate that

”

Su-Yin trained at Moorfields as a registrar, and has been with us since 2014.

“

I have worked in A&E for the past five years, alongside my role as a corneal consultant. People with infections of the cornea often present first in A&E, and I can give advice to the whole

team, as well as upskilling them.

During the day, we can go to specialists for a second opinion on what we see. Only yesterday, I had a glaucoma patient, and I popped round the corner for their expert advice – and sometimes clinics will see someone the same day.

As a corneal specialist, I find it helpful to see patients with non-corneal eye conditions as this keeps me up to date. It is helpful that we can go to specialists for a second opinion when this is needed. Only yesterday, I had a glaucoma patient with a complex history, and I popped round the corner for their expert advice – there are very few units where you can do this.

We are now able to perform imaging and visual field testing in A&E, which has made a huge difference to how we work. I often use the slit lamp to get an immediate sense of what is happening with the eyes, but our key question is always whether the problem could cause permanent vision loss or be life-threatening.

Very few places offer what Moorfields does, and I think patients appreciate that. People travel here because of our reputation.

We all get on really well, I have a bigger team supporting me here and I wouldn't consider working in A&E anywhere else.

”



Pioneering device restores reading vision to blind eyes

A pivotal clinical trial of a new electronic eye implant has seen remarkable results.

84% of participants in the trial were able to read letters, numbers and words using prosthetic vision through an eye that had previously lost its sight due to the untreatable condition, geographic atrophy with dry age-related macular degeneration (AMD). This had caused their light-sensitive retinal cells to die off and the central macula to melt away.

All participants in this trial had lost the central sight of the eye being tested and only had limited peripheral vision - some could not even see the chart itself. They can now read, on average, five lines of a vision chart.

These landmark findings from the PRIMAvera trial, published in the New England Journal of

Medicine, pave the way for seeking approval to market this new device.

How it works

The procedure involved the surgeon inserting the microchip, just 2mm x 2mm and half the thickness of a human hair, under the centre of the participant's retina.

In order to see, they wear augmented-reality glasses containing a video camera that is connected to a pocket

computer, with a zoom feature, attached to their waistband.

Around a month or so after the operation, once the eye has settled, the new chip is activated. To do this, the video camera in the glasses projects the visual scene as an infra-red beam directly across the chip. Artificial intelligence (AI) algorithms through the computer process this information, which is then converted into an

Size of eye implant



“

It's a new way of looking through your eyes, it was dead exciting when I began seeing a letter. It's not simple, learning to read again, but the more hours I put in, the more I can pick up.

”

Sheila Irvine



electrical signal.

This signal passes through the retinal and optical nerve cells into the brain, where it is interpreted as vision.

The patient uses their glasses to focus and scan across the main object in the projected image from the video camera, using the zoom feature to enlarge the text. Each patient goes through an intensive rehabilitation programme over several months to learn to interpret these signals and start reading again.

Sheila's story

Sheila Irvine, like each Moorfields patient, went through an intensive rehabilitation programme in our CRF over several months to learn to interpret these signals and start reading again.

“I noticed I couldn't judge things when I was driving - I kept hitting the pavement - and I was told I had age-related macular degeneration. I cried all day long when I sent my driving licence back, but then I said to myself, 'Move on, get on with things.'

“I've got lots of friends, we catch up down the pub, I live by myself and want to stay independent.

“Before receiving the implant, it was like having two black discs in my eyes, with the outside distorted.

“It's a new way of looking through your eyes, it was dead exciting when I began seeing a letter. It's not simple, learning to read again, but the more hours I put in, the more I can pick up.”

“It's made a big difference. Reading takes you into another world!”



Sheila Irvine

EYE IMPLANT

Mahi Muqit, senior vitreoretinal consultant at Moorfields Eye Hospital and the UCL Institute of Ophthalmology, commented: “In the history of artificial vision, represents a new era. Blind patients are actually able to have meaningful central vision restoration, which

has never been done before. Getting back the ability to read is a major improvement in their quality of life, lifts their mood and helps to restore their confidence and independence.”

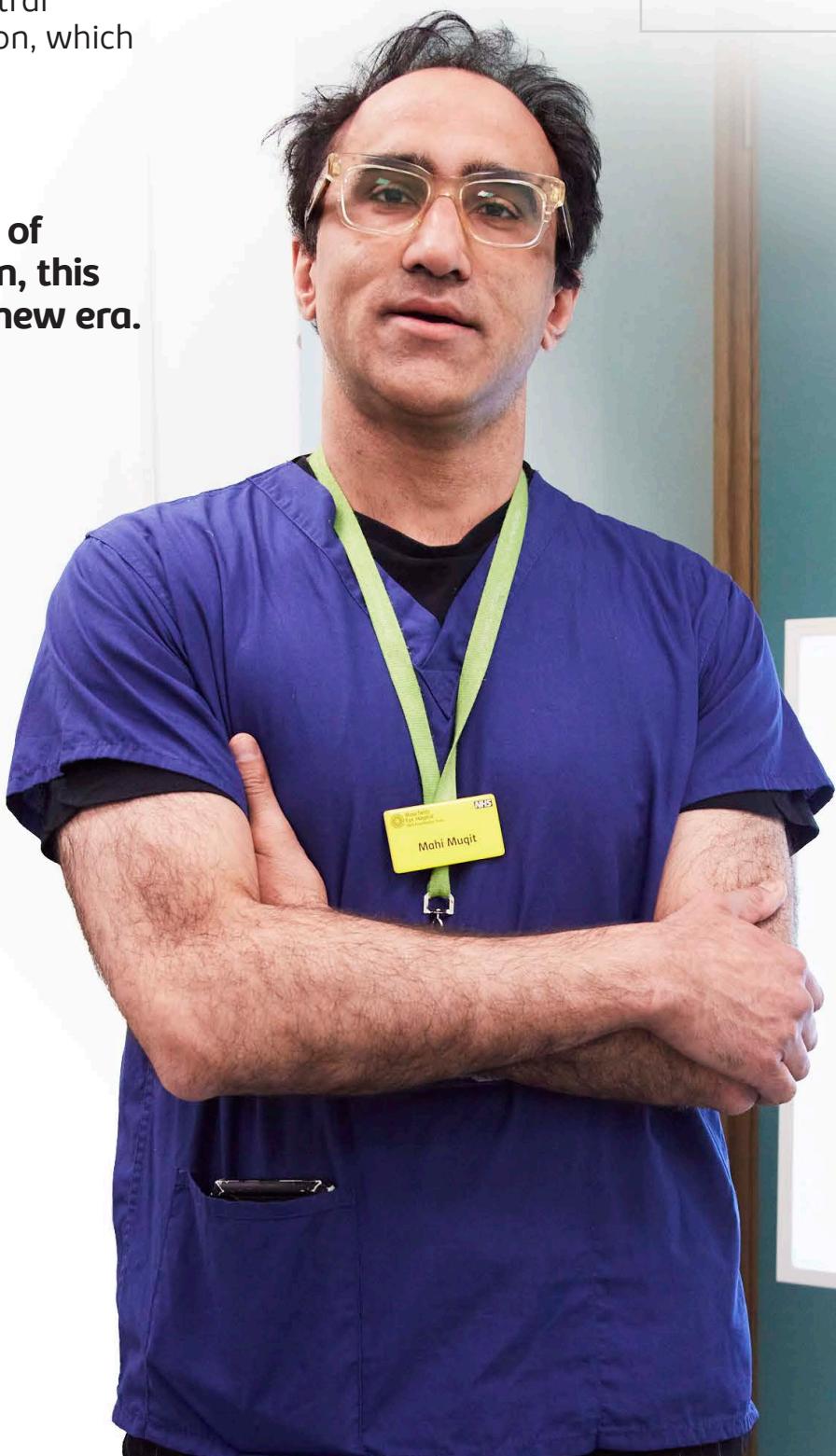
[Click here](#) to see an animation that explains the procedure and how the device works.

[Click here](#) to read more, in our web story.



“
In the history of artificial vision, this represents a new era.
”

Mahi Muqit



Day in the life Emerson Ting Co, Psychophysics Research Specialist

Emerson is from the Philippines, and is a doctor of dental medicine. He worked at Guy's for five years, and has been at Moorfields for twelve. He helps patients on clinical trials, and he and colleagues worked on the eye implant study.

“It’s never a boring day in CRF (National Institute for Health and Care Research Moorfields Clinical Research Facility), as every study brings new challenges and perspectives. We see every kind of eye condition. Our tests include angiography, colour vision testing, photography, perimetry and scans, as well as rehabilitation training for low vision. And there is also administrative work like preparing certification, resolving data queries and coordinating patients, clinicians and other colleagues.

“The workload is very demanding, as we need to work both on-site and

off-site on numerous projects. Balancing these responsibilities while maintaining accuracy, compliance and high-quality results is sometimes challenging.

“It is incredibly fulfilling to see how our work improves a patient’s quality of life and advances clinical understanding. Our team always provides a high standard of patient care, and everyone is really friendly. We try to give patients hope and improve their quality of life.”



Emerson Ting Co

“

“We try to give patients hope and improve their quality of life.”

”

Bespoke contact lenses made on site

Moorfields makes on average 3,000 specialist RGP (rigid gas permeable) contact lenses a year, the only hospital to do so in-house, as Shanil Patel, head of contact lens manufacturing, outlines:

“Producing lenses on-site means we can supply patients sooner, and it is also more cost-effective for Moorfields. Our optometrists can request a toric lens design for astigmatism or quadrant specific modifications for fit and comfort. Using a mould of the patient’s eye, 3D software and milling technology, we also create fully bespoke impression contact lenses and have recently added larger BostonSight scleral lenses to our range.”

Emma Irwin, principal optometrist, added:

“We make the most complex lenses in the country, for a range of conditions and eye shapes and sizes. We fit both adults and

children in the hospital eye service and can supply lenses up to 23mm in diameter, to bridge over corneal transplants or steep corneas. They lock in a layer of moisture, for severe dry eye or ocular surface diseases. They are better for astigmatism, especially if it is irregular, and for advanced keratoconus. These contact lenses are sometimes life-changing for our patients.

“We take tertiary adult and child referrals from other trusts, we are starting a phone clinic, to prioritise patients with the

“Contact lenses are sometimes life-changing”



greatest need, and much of our demand is internal, for existing Moorfields patients. We give people advice on how to clean and care for their lenses, and guidance on putting them in and taking them out. They typically last for two years, but this can be longer.”



Contact lens team

Sight restored... with a tooth

Moorfields consultant ophthalmologist Alfonso Vasquez-Perez has carried out our first-ever osteo-odonto-keratoprosthesis (OOKP) operation at St George's hospital, in conjunction with their maxillofacial team led by consultant Mr Rahul Jayaram.

Also known as 'tooth in eye', it is a complex medical procedure to restore sight in patients with corneal blindness (but healthy retinas) who are not suitable for corneal transplants.

Alfonso is the UK clinical lead for the OOKP service, which Moorfields has taken on from another provider. This is a highly specialised service, available in very few countries.

The initial stage involves removing a live tooth from the patient and forming it into a rectangular shaped lamina, hollowing it out

to receive an acrylic optical cylinder. It is then implanted below one eye, and left for three months for the body to develop soft tissue and blood vessels around it.

Finally, it is retrieved and implanted into the front of the other eye – the body will not reject its own tissue. Our first patient, who had been blind for ten years, can now see again through his OOKP. The treatment involves reconstruction of the ocular surface, and the eye has a pink appearance because buccal mucosa (the tissue lining the inside of the



Alfonso Vasquez-Perez

cheek) is used to cover the OOKP lamina.

Alfonso said: "This is a very exciting time for Moorfields, and we look forward to continuing to provide and improve this highly specialised treatment for severe corneal blindness.

"There are a number of key teams involved within the service as part of a multidisciplinary approach, so we not only rely on ophthalmic surgeons, but a psychologist, the max-fax service at St George's and vitreoretinal and glaucoma services at Moorfields".



OOKP team

Moorfields volunteers advance eye care in Rwanda

A team from Moorfields Eye Hospital were part of eye care charity Orbis's first ever project in Rwanda.

As well as operating on children, they educated local clinicians so they could provide the same level of care when they left.

The programme involved the 'Flying Eye', a plane equipped with an operating theatre, recovery room and training facility, and drew patients (and clinicians) from across the country.



Moon and Francoise

Moon and Francoise's story

Two-year-old Moon's strabismus began to show around the time she first walked. Her grandmother, Francoise, wanted to get help for her before she became aware of it.

Francoise had lived with strabismus for her whole life, shaping her self-image. She remembered being called "the one with the eye problem" at school.

First making sure her

granddaughter had the operation, she said to herself "let me also grab this chance to get treatment" - and Lucy, Manish and Nadine provided the surgery.

Speaking about Moon's procedure, she said: "Her left eye was going out, but now it has started to be straight. She will grow up happy, fine, confident; she won't feel isolated because of her condition. And I will go back with hope. I can do everything with happiness, I can enjoy my life."



MOORFIELDS VOLUNTEERS

Lucy Barker

Lucy, service director for paediatric ophthalmology at Moorfields, had spent four years in Rwanda early in her career.

"We started the week screening 20-30 patients each. Ten were selected for strabismus surgery, others for oculoplastic or cataract surgery, the rest receiving plans and advice. Tuesday and Wednesday was surgery, live streamed to young doctors, who asked questions during the procedures. I gave two local doctors hands-on surgical training and, by the end of the trip, they were completing cases with minimal support from me. Between operations, I gave lectures to the doctors."

Manish Raval

Manish, a consultant anaesthetist and a veteran of ten overseas trips, supported three surgeons, two anaesthetic doctors and four anaesthetic technicians, also training them in new techniques.

"Each surgeon could recall four or five people who had passed away as a result of anaesthetic complications. While we are not familiar with this in the UK, it's a reminder

that poor technique can cause death.

"Teams were more engaged than I expected, eager to try alternative techniques and keen to discuss complex situations."

Nadine Grant-McKenzie

Nadine, a lead infection control nurse, has volunteered with Orbis since 2017.

"I led the medical retina screening service and the coordination and flow of the clinic with an amazing sister, Felicity. For the remainder of week, I was a recovery nurse at the local hospital, delivering post-general anaesthesia care and teaching. It was incredibly rewarding, and their openness to learning and resourcefulness in often challenging

circumstances inspired me greatly.

"One of the most powerful parts of my trip was visiting the Genocide Memorial. Standing there, I was humbled by the stories of loss and by the spirit of reconciliation that shapes the country today".

Lucy operating on Prince



Nadine, Lucy and Manish

Prince's story

Six-year-old Prince is one of ten siblings, and she was accompanied by her older sister Fidelia for the surgery to correct her strabismus. She had struggled with her vision, her eyes drifting when reading, which made schoolwork difficult. She was also teased by her peers.

Fidelia was worried because it took her some time to wake from the surgery, but was relieved and happy when she saw the change in

Prince's eyes. Watching her sister's struggle with strabismus had been difficult for her but, full of joy, she said: "What I hope for my sister is to study, maybe become a doctor and have a good career. I am so thankful to Orbis, and to you, for volunteering your time and effort for us."



Fidelia holding Prince

[Click here](#) to read the full story, including what difference Prince's surgery will make to her, and what the volunteers thought of Rwanda itself.



Princess (Angeline) Chaipaa

Theatre co-ordinator Princess was also on her first visit.

"The healthcare system in Rwanda is very resourceful. The nurses were incredibly hands on with a strong sense of teamwork. From them, I learnt resilience and adaptability, approaching problems without leaning on technology as much as we do. It was humbling working with the nurses; they were so keen to learn and immediately applied the skills.

"A four-year-old boy woke up frightened and



Princess (right)

screaming in recovery. To overcome the language barrier, I held his hand. Lucy came in, and together we calmed him and his father, who was also very anxious. That moment reminded me

why we were there. It wasn't just about surgery but about compassion, dignity and human connection."



All images courtesy of [Orbis](#)

My life has become so much easier and enjoyable

“I’ve been short-sighted since the age of nine and have worn glasses – and, later, contact lenses – for most of my life. Now in my 50s, I needed reading glasses as well, and yet another pair of glasses for playing the piano. Life became rather complicated, so I started to explore surgical options to correct my vision.

I chose Moorfields Private as I needed to feel 100% confident in my surgeon and the entire team. My four-year-old grandson is currently being treated at Moorfields, and my son has spoken incredibly highly of their experience. That, along with the fact that a search for “best eye hospital for Refractive Lens Exchange (RLE) surgery in the world” brought up Moorfields Eye Hospital as the top result, made my decision clear.

From my initial enquiry and consultation through to the surgeries and

final check-up, I’ve been completely happy with the entire experience. Everyone was not only professional but also warm and kind. Although I was a little anxious, the nurses and my consultant put me completely at ease.

My vision has improved beyond all my expectations. I no longer need glasses or contact lenses. I can now clearly see the sheet music and keyboard when I play the piano. Shopping and dining out have become a pleasure rather than a spectacle-juggling chore.



Life has become so much easier and more enjoyable overall; I wish I’d done it sooner.

“

I chose Moorfields Private as I needed to feel 100% confident in my surgeon and the entire team.

”



Moorfields
Private
Eye Hospital

Moorfields Private’s financial surplus is invested back into Moorfields Eye Hospital NHS Trust for the benefit of all patients.





Eye to Eye

Eye to Eye is our annual family-friendly fundraising walk where our supporters come together to show their appreciation for the excellence in care and research at Moorfields.

Here's what some of our amazing walkers had to say:

“**This year’s walk was absolutely wonderful. The sights, seeing the new hospital being built, the volunteers and fundraisers were brilliant. The views and atmosphere all round were amazing. Not to mention the glorious weather!**”

“**Eye to Eye walker**

“

I’m walking Eye to Eye because I lost some sight in my left eye several years ago and Moorfields and their staff were fantastic in supporting me through it.

”

David, Moorfields patient

“

Moorfields have looked after my glaucoma condition for over 40 years. Taking part in Eye to Eye is my way of giving something back.

”

Kevin, Moorfields patient



The next Eye to Eye will take place on 28 June 2026 and you can choose from one mile, five miles or half marathon distances. All ages and abilities are welcome.

Scan the QR code or contact Holly.Hollis@nhs.net to find out more.





Investigating blood vessel regeneration in the retina

The Moorfields Eye Charity Insight Fund has funded a PhD studentship for Christina Mengmeng in Professor Christiana Ruhrberg's lab at the UCL Institute of Ophthalmology to investigate the crucial pathways of blood vessel repair and regeneration in the retina.

Retinal vascular diseases affect the blood supply to the retina. They include retinopathy of prematurity, diabetic retinopathy, diabetic macular oedema and

wet age-related macular degeneration. They can lead to sight loss and blindness due to the leakage or death of damaged blood vessels.

Currently, a group of medicines called anti-VEGFs (vascular endothelial growth factor) are the standard treatment for many retinal vascular diseases. However, whilst anti-VEGF treatment can reduce leakage from damaged blood vessels, it does not restore blood vessels in retinal areas that have lost their blood supply.

This research is needed

to uncover how the repair and regeneration of functional blood vessels can be stimulated, which could support the development of new treatments for patients with retinal vascular diseases.



Our volunteer force

With an incredible 327 active volunteers, Friends of Moorfields are fulfilling the equivalent of 40 full-time roles. And, except for Antarctica, they have volunteers from every continent in the world!

A further 242 are going through the onboarding process, and we will keep expanding our volunteer services across network sites – Moorfields at Hoxton being the latest.



Service with impact - hand-holding

A survey of over 500 patients, around half of whom were supported by a volunteer, demonstrated the massive difference this small gesture can make.

- ▶ **87%** of patients who were supported by a volunteer described the care and compassion shown to them as “Good” or “Excellent” (78%) compared with 42% for those who were not.
- ▶ **82%** of patients with hand-holding support said their level of feeling at ease was “Excellent”, against 34% without it.
- ▶ **75%** of patients who were supported were either “Extremely likely” or “Likely” to recommend the service.

We have been approached by four other NHS trusts to help them start up this successful initiative in their hospitals.



Trust's national rating reflects staff's 'consistent hard work and determination'

Moorfields was rated the best trust in England in NHS England's first ever league tables (NHS Oversight Framework for 2025/26, quarter 1). This was against a raft of measures, covering A&E, cancer and waiting times among others.

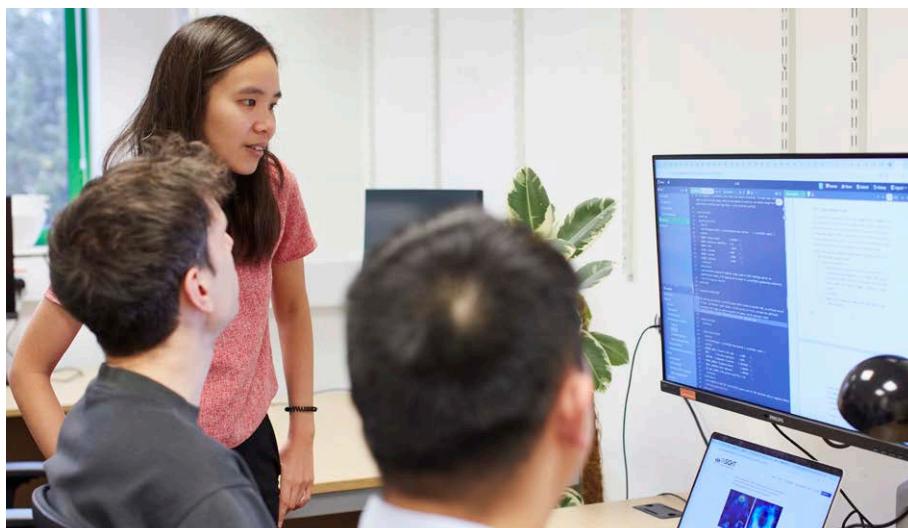
Peter Ridley, chief executive, said: "This achievement is a result

of the consistent hard work of all colleagues across the trust and our determination to live our shared values.

"While it demonstrates what we can achieve together, we won't be resting on our laurels, as I recognise we have more work to do to improve the experience of both patients and staff."



[Click here](#) for a full list of criteria used by NHS England for their league tables



New adnexal service in Stratford

Moorfields at Stratford has started a new adnexal service, offering outpatient appointments and surgery.

This specialty encompasses procedures for the eyelids, tear-ducts and other orbital structures.

This will provide extra capacity to reduce waiting times for our patients, as well as allowing us to take new referrals from across east London and Essex.

[Click here](#) for more details about this new service

New clinical trial for outbound calls addresses inequalities

Moorfields consultant ophthalmologists Alex Day and Badrul Hussain are leading the first-ever clinical trial of remarkable software, driven by artificial intelligence, that makes outbound calls to patients in six languages, including Spanish, Bengali and Polish.

800 cataract patients were contacted by

'Dora' in their preferred language ahead of their post-surgical follow-up appointment. As well as seeing whether the service improves patient experience and efficiency, the company behind it will also use the trial to improve Dora's linguistic accuracy, including cultural nuances. The calls should reduce digital exclusion for patients and save the NHS translation costs.



Alex Day and Badrul Hussain

Badrul Hussain has also worked with NHS England to produce a [video](#) helping patients to understand what to expect when facing cataract surgery. This will be used by trusts across England.

Represent Moorfields patients

Patients and carers are an integral partner in achieving our vision and ambition for excellence in everything we do. We need people to be heard and their experiences and suggestions acted upon to deliver the best eye care, and we need people to listen to, respond to and involve.

We are expanding our pool of patients who want to help us make our services more effective and responsive to patient needs.



If you'd like to get involved, or would like more information, please email us at moorfields.contactpatientexperience@nhs.net and help us put patients, carers and the public at the heart of what Moorfields does.

Free cutting edge genetic screening at Moorfields

Genetic eye diseases are the most common cause of sight loss among working age adults in the UK, affecting 1 in 1000 people.

The Moorfields Genetics Eye Disease Service offers patients and their families whole genome sequencing, the most advanced genetic test available, screening all our three billion DNA letters and 20,000 genes.

Anyone who has been

told their condition has a genetic basis by their GP, optician or ophthalmologist and has not been tested can ask them to refer you to us for a free test.

This will give you accurate information on how the condition arose and how it could be passed down to future generations. It can inform you about possible progression and whether other organs may be affected. And it helps us identify clinical

trials you may be suitable for.

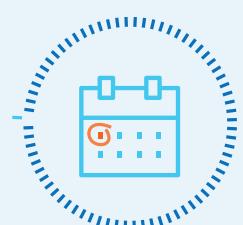
For more information, email meh-tr.Genetics@nhs.net



Dates for your diary 2025

Board of directors

4 February
26 March
4 June
30 July



Membership council

5 March
4 June

Please email moorfields.foundation@nhs.net to attend (via Microsoft Teams).

CONTACT US

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