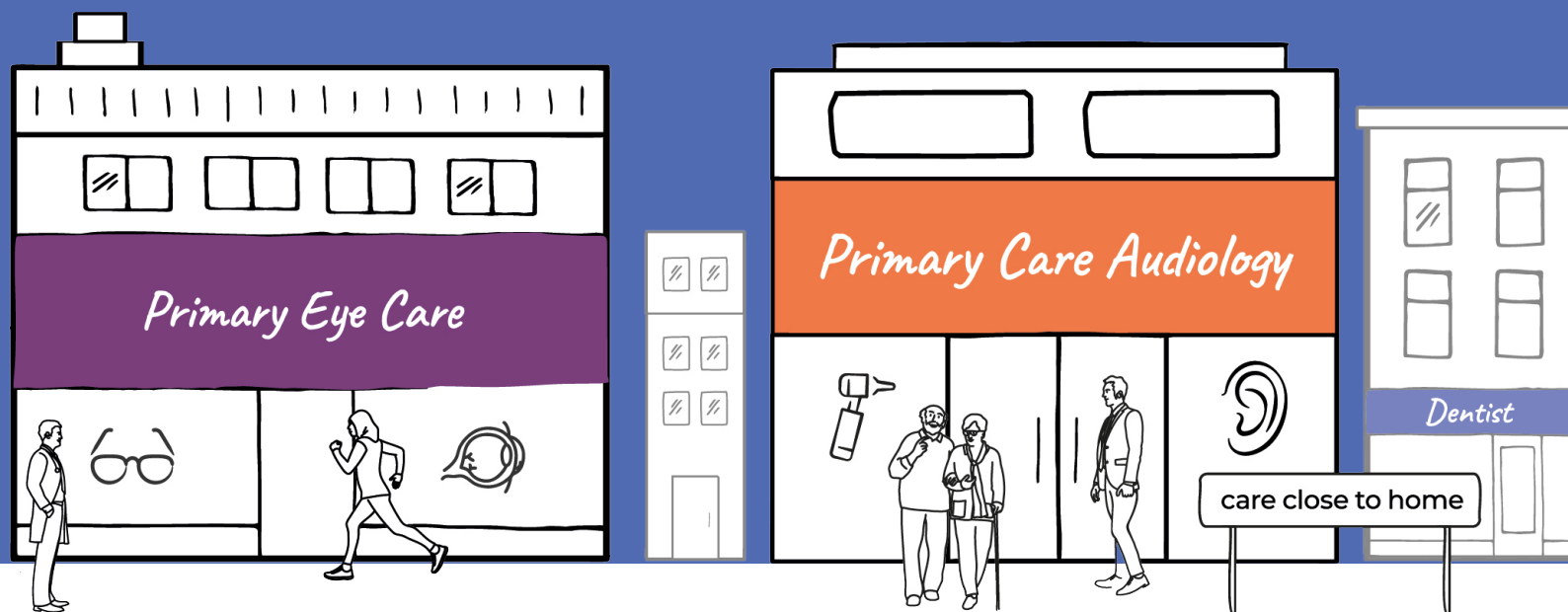


Annual report 2025

FODO Group: 1 January to 31 December 2025



About us

The FODO Group comprises FODO, FODO Ireland and the NCHA.

FODO and FODO Ireland are the representative professional bodies for primary eye care providers across the UK and the Republic of Ireland. We lead change by influencing government, legislators, policymakers and opinion formers. In addition, we support and work with our members, and in partnership with patient groups, regulators and other professional associations, to improve access to high-quality eye care for everyone in the UK and the Republic of Ireland.

The NCHA is the association for primary care audiology providers in the UK. We are the voice of primary care audiology and work with our members, governments, legislators, policymakers and opinion formers to improve access to high-quality ear and hearing care for all.



Contents page

FODO Group chair’s statement	4
FODO Group CEO’s statement	6
Policy and influence	8
FODO	9
FODO Ireland	12
NCHA	14
Membership and finance	17
Our team	19

FODO Group chair's statement

In 2025, despite strong political and policy headwinds, we managed to deliver both strategic progress for primary eye care and primary care audiology on key fronts, and support for our members in an increasingly constrained external environment for the health and care sectors.

Through our sustained engagement and collaboration across both sectors and in all UK nations and the Republic of Ireland, evidence-based work by FODO and the NCHA now informs sector voices and underpins policy programmes. In all areas, alongside our partners across primary care, we have been building and reinforcing the case for expanding community-based services as part of future models of care, aligning closely with the Group's long-term priorities on access, quality and sustainability.

However, progress has not been straightforward. In England, in particular, the momentum on out-of-hospital commissioning has slowed, with restrictive and non-evidence-based approaches to activity management and funding emerging. At the same time, members continue to operate in a challenging economic environment, facing rising employment costs, including increases in employer national insurance contributions, alongside broader inflationary

pressures on infrastructure, medical devices and fuel, all without commensurate increases in NHS funding.

In the rest of the UK, eye care news is slightly more hopeful, with governments recognising the need to invest in clinical services and the workforce. However, in at least one case, action to cap student numbers runs contrary to that goal.

Eye health and hearing care demand will, of course, continue to rise as our population ages. Our members will remain the leading providers of primary eye care and primary care audiology whatever the economic and political circumstances. Our goal remains to ensure that everyone has access to world-class eye and hearing care now and in the future. We will continue to fight for that on your behalf, including for fairer funding for key NHS services.

Internally, in 2026, the Board will continue to focus on strong

governance, tight financial controls, evidence-led advocacy and prudent policy stewardship. As ever, your directors will balance ambition with realism, pursuing what the UK government refers to as the 'left shift' of care out of hospitals to the community, while remaining hyper-alert to the immediate risks faced by members and the services they provide.

While 2026 is set to be another challenging year, the FODO Group will stand by its members, ensuring that both sectors continue to expand to meet growing needs.

I would like to thank fellow directors, committee members, staff and, above all, our members for their continued engagement and professionalism throughout a demanding year. The progress achieved reflects a shared commitment to collaboration, credible policy influence and improved care for patients in the short and long terms.



Peter Ormerod
FODO Group
Chairman



FODO Group CEO's statement

2025 was a year of strenuous strategic advocacy and influence for our sectors, in difficult circumstances, with work by FODO, FODO Ireland and the NCHA growing in volume and complexity. Throughout, the team has remained focused on protecting and advancing our sectors and serving our members.

However, both primary eye care and audiology can be fragmented and fractious sectors, so FODO Group must often go the extra mile, take on much of the sector leadership and underpin policy development to maximise our members' opportunities and sector success.

We had some big wins, including a commitment by the 10 Year Health Plan in England to roll out self-referral for audiology, an NCHA-led initiative. In eye care, we worked with sector partners to influence the Darzi review and the 10 Year Health Plan and ensured the government recognised the wider role primary eye care should play in the NHS's future.

Throughout the year, we continued to build strategic and working partnerships with the British Medical Association (BMA), British Dental Association (BDA), Community Pharmacy England (CPE), ABDO, The College of Optometrists, BSHAA and charities. Working with partners committed

to genuine strategic collaboration who put sector goals ahead of organisational interest is a key FODO Group goal for ensuring success at all levels.

Clarity, our new online magazine, has established itself as a trusted resource for delivering eye care and audiology strategic news to a wider audience.

Political plans, however, mean little if they lack policy teeth to deliver them and are ignored. Shortly after the publication of the 10 Year Health Plan, commissioners started to try to reduce capacity in the community. The Department of Health and Social Care (DHSC) also imposed yet another real-terms cut on GOS fees in England. Members rightly questioned whether the government would deliver on its promise to rebalance NHS expenditure and invest more in primary eye care. So far, the jury remains out.

In the rest of the UK, the outlook was more positive, with both

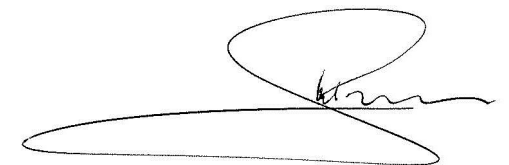
Scotland and Wales increasing investment in primary eye care and Northern Ireland showing resolute support for optometry. In hearing, we also engaged positively with officials in Northern Ireland and Scotland, making a sound case for rolling out primary care audiology to all NHS patients.

In Ireland, we continued to push the government to deliver on its commitment to increase sight test fees. While the Department of Social Protection (DSP) finally confirmed it would increase fees by 20% in January 2026, the Department of Health has refused to uplift its sight test fees to align with DSP fees. We continue to fight on behalf of understandably frustrated FODO Ireland members.

In-house, we reconfigured our IT system to safely roll out AI tools, which will help us work more efficiently and

progressively keep member costs down. We also successfully secured stable insurance premiums for members.

As we look ahead, training conditions remain challenging for members. Global economic uncertainty raises questions about what all governments across the five countries we cover can deliver. Now, more than ever, it is essential to speak with a united voice to make the case for investment in primary eye care and audiology. In 2026, that is exactly what we will do.



Harjit Sandhu
FODO Group
CEO



Policy and influence

Across the Group, policy activity this year has focused on ensuring that practical, deliverable approaches on the ground align with national ambition.



FODO

During the year, FODO played a lead role in shaping the policy environment for primary eye care, combining firm advocacy with sustained collaboration to protect core services, while making the case for long-term advancement.

We began the year by joining The College of Optometrists and other sector partners to launch the UK Eye Care Data Hub, a pan-sector project that FODO co-funded and supported with technical expertise. The hub provides national and local data on the eye care workforce and the prevalence of common eye conditions, strengthening the evidence base for policy and commissioning decisions.

Protecting GOS as a national uncapped service with a national contract and fees remained a priority throughout the year. In an increasingly constrained financial environment, FODO has continued to push back against the imposition of unfunded or disproportionate burdens on GOS contractors. This included challenging proposals that increased operational risk without clear evidence of patient benefit, and reinforcing the importance of national consistency as a safeguard for both patients and providers.

As a key OFNC member, in England we resisted a DHSC proposal to make another real-terms cut to GOS fees. Then, we responded to its imposition by issuing, for the first time, FAQs for providers who wanted to start reconsidering their GOS commitments. For too long, the NHS in England has benefited massively from unfairly low GOS fees and undervaluation of clinical services. This corrosion of good faith and goodwill must change if the 10 Year Health Plan stands any chance of coming to fruition.

This year, we worked more closely than ever with ABDO and The College of Optometrists, whose ethos aligns with ours, to publish joint position statements outlining the major benefits of investing more in primary eye care services. FODO also deepened its engagement across the wider primary care landscape, working closely with colleagues at the BMA, BDA, CPE and the NCHA. Our engagement included hosting a

parliamentary event, at which we clearly explained the benefits of investing more in out-of-hospital care. Throughout the year we also continued to strengthen our links with the All-Party Parliamentary Group (APPG) on Eye Health and Visual Impairment. This and other work we have undertaken has helped us build our network of supportive MPs. By positioning eye care within the broader primary care landscape, we continue to reinforce the importance of system-wide reform built on frontline capacity and integration.

As we have members across the UK and the Channel Islands, we also supported reform discussions in the Isle of Man and were pleased to see the roll out of a new contract. Patients on the Isle of Man now have improved access to supplementary eye examinations in the community close to home.

Partnerships with patient organisations remained an essential part of FODO's policy work. We worked with the RNIB and with Guide Dogs, endorsing and supporting vital policy initiatives for people with sight loss, including the eye care support pathway for children and young people with vision impairment. This work reflects FODO's continued commitment to public benefit and to ensuring that policy development

remains grounded in the patient experience, as well as system efficiency.

Engagement with the NHS has increasingly focused on the practical enablers of reform. FODO has continued to press for improved IT connectivity in England, recognising that safe information sharing, efficient referrals and integrated pathways are essential if care is genuinely to move out of hospital rather than simply transferring pressure elsewhere. However, we have always been clear that IT connectivity cannot mean new unfunded work for primary eye care, and we will stand by this in 2026 and beyond.

FODO maintained close strategic relationships with Optometry Northern Ireland, Optometry Wales, Optometry Scotland and LOCSU. The support we provided on strategic matters, included contractual and workforce issues. As part of this joined-up approach to the big issues, FODO also joined Optometry Wales and the AOP in giving evidence to the Health and Social Care Committee's short inquiry into Ophthalmology Services in Wales. This UK-wide partnership approach recognises that progress in one system can strengthen the whole sector, while respecting different national delivery models, funding and governance arrangements.

Education and workforce sustainability remained a core concern for FODO members, including prioritising the effective flow of high-quality graduates through the future pipeline. This has involved working closely with CLiP and NES and, through the OFNC, agreeing the principle of an NHS contribution to employers' student placement costs in England when the pre-reg Scheme for Registration ends. Through our educational charity, we also agreed to fund a new optometry programme at Leicester University. This investment will help build national capacity, reflecting our commitment to strategic long-term workforce planning.

Regulatory and contractual risks have also required sustained attention. FODO formally responded to the General Optical Council's consultation on business regulation, clearly and proportionately setting out member concerns. We challenged NHS England's proposals to introduce non-evidence-based pricing changes and the use of indicative activity plans for locally commissioned enhanced services. More positively, we welcomed the government consultation on increasing the medicines available to all

optometrists and CLOs in the UK, which OFNC had been urging for some time. Working with other sector bodies, we also submitted coordinated sector responses to give the DHSC a joined-up clinical view.

Our work in 2025 relied on evidence and was delivered through collaboration. Our goal, as ever, remained better eye care for all. 2026 is set to be another challenging year as UK finances and NHS funding remain under significant pressure, but FODO will continue to provide leadership in the fight for members and the patients we all serve.

Sarah Joyce BEM
FODO
Chair



FODO Ireland

2025 was another busy year for FODO Ireland, representing our members' interests at all levels of government and locally with CHOs. Our primary goal was to address the pressing need to increase sight-test funding for both the PRSI and medical card schemes.

This work has involved behind-the-scenes pressure on ministers and officials and keeping members up to date, without undermining Optometry Ireland's campaign of legal action against ministers.

In January 2026, the DSP announced a 20% increase in sight-test fees under the treatment benefit scheme. All members welcomed this as a vital step in addressing the funding gap. Despite previous DoH commitments to align medical card fees with the PRSI scheme, the Department has, in practice, refused to do so. The result is an even greater disparity and unfairness in clinical fees. For FODO Ireland members who deliver most of medical card care, this understandably remains a significant source of frustration.

Against this backdrop, FODO Ireland has continued to press for clarity and accountability. As the FODO Ireland chair has noted publicly, delays in concluding funding

reviews are causing real disruption for practices. Planned investments that would benefit patients and create jobs remain on hold amid ongoing uncertainty. FODO Ireland remains committed to holding the government to account, ensuring that policy commitments are more than just words and are translated into practical outcomes for patients and providers. Therefore, we will continue to push hard for fair funding.

Alongside funding reform, FODO Ireland supported meaningful service improvements. Members worked successfully with the HSE on the online COSS pilot, helping to speed up medical card applications for sight tests and reduce administrative friction for patients and practices. We also continued to engage on the need to improve access to care for all children.

Workforce sustainability and education remained a priority. Through our educational charity in Ireland, FODO Ireland members

continued to fund Technological University Dublin (TUD) to ensure full take-up of its training capacity to maximise the number of graduates and worked with South East Technological University (SETU) to establish a new optometry programme in Waterford, with the aim of launching in 2027. These initiatives will significantly increase the supply of homegrown Irish optometrists and represent a significant strategic investment in long-term sector capacity and the Irish economy. Wider developments in Waterford, including establishing an eye care centre alongside SETU's academic and innovation facilities, further illustrate the benefits of closer integration between education, research and service delivery.

FODO Ireland also actively engaged in regulatory reform, responding to the Regulated Professions Bill by supporting proportionate and efficient fitness-to-practise processes alongside clearer frameworks for post registration training and scope-of-practice development. These reforms will be an essential enabler of service modernisation, including opportunities for independent prescribing and expanded care delivery outside hospital settings.

In Europe, FODO Ireland worked through the European Council of Optometry and Optics to welcome strengthened eyesight provisions

in updated EU driving licence rules, supporting clearer, more robust approaches to vision assessment in the public interest. Work continues on national guidance to support implementation, with publication planned for 2026.

Taken together, FODO Ireland's work during the year reflects sustained leadership in a challenging environment. Despite the deeply frustrating progress on funding reform, we have kept all members informed of developments, obtained robust legal advice and guidance, and empowered each member to make the strategic decisions that are right for them.

In 2026, we will continue to push our engagement with government, CORU, educators and system partners, with the clear objectives of securing fair funding, modernising services and appropriately recognising community based eye care as a central part of Ireland's health and eye care system.

Garvan Mulligan
FODO Ireland
Chair



During the year, NCHA made solid progress in advancing primary care audiology within national and devolved health policy, while continuing to challenge structural barriers to access, equity and sustainability.

A major strategic achievement was the inclusion of self referral to NHS audiology within England's 10 Year Health Plan. The NCHA led sustained engagement with ministers, senior officials and system leaders, working closely with primary care partners, and submitted a clear, evidence-based case for change. The published plan confirms that audiology will be prioritised for self-referral, thereby recognising it as a primary care service. Correspondence from the lead minister confirms that NCHA's input directly affected this outcome. Attention now shifts from commitment to delivery, including ensuring that self referral routes, such as the My Specialist healthcare app tool, are implemented in ways that genuinely expand patient access beyond hospital settings.

In Scotland, NCHA significantly strengthened its public affairs activity. The NCHA Scotland Committee completed a national

freedom of information exercise, publishing the findings on World Hearing Day. This work highlighted persistent capacity, workforce, and waiting time challenges within hospital audiology services. NCHA Scotland engaged directly with MSPs across all major parties, pressing the Scottish Government to act on long-standing manifesto commitments to transform audiology and shift care out of hospital. NCHA Scotland also put in place a focused pre-election public affairs plan, including direct engagement at party conferences and intensified activity ahead of the May 2026 elections.

In Wales, NCHA engaged with officials and continued to horizon-scan for potential opportunities to influence reform, including the Welsh Government's review of its audiology action plan. While officials have resisted independent-sector involvement, NCHA continues to monitor the situation and assess

how future political developments may create space for change. With need growing, the government should take full advantage of lower-cost out-of-hospital capacity to help the population age well.

In Northern Ireland, NCHA engaged with senior officials to set out the case for primary care audiology and initiated discussions on the potential for a pilot model, positioning community provision as part of a longer term solution to capacity pressures.

Across the UK, the NCHA continued to work closely with the Hearing Loss and Deafness Alliance, strengthened our relationships with national policy leaders, and ensured that ear and hearing care remains visible within broader health and disability policy discussions. NCHA also expanded its engagement with other primary care partners, including joint submissions and parliamentary activity with the BMA, BDA, CPE and OFNC.

NCHA also called for improved access to appropriate hearing technologies for NHS patients, including calling for the routine provision of rechargeable hearing aids on the NHS. It also developed costing guidance to support sustainable implementation and to inform commissioning discussions.

Aural care and earwax management remained a priority area. With NCHA members leading the delivery of aural care pathways across the UK, we participated in a pan-sector working group to ensure that any changes to standards or safeguards are patient centred rather than protectionist. As part of this work, we responded to draft guidance from the British Society of Audiology on training standards for aural care, raising concerns about gaps in evidence while offering practical support to improve proposals in the interests of patient safety and access.

The NCHA Clinical Advice and Guidance Committee significantly increased its activity during the year. Its actions included refreshing existing guidance, developing new guidance on cochlear implants and tinnitus for primary care audiology, which we will consult on in 2026, and continuing work on a new Quality in Primary Care Audiology framework. This work reflects NCHA's commitment, as set out in our primary care audiology strategy, to deliver world-class ear and hearing care for all.

NCHA also responded in detail to the Kingdon review of children's hearing services. Despite NCHA members having no association with the review's identified service failures, we welcomed the review's

system-focused analysis and supported its recommendations on commissioning and accountability. NCHA restated its longstanding support for professional regulation that prioritises public protection. We also reiterated the case for an independent College of Audiology, accountable, to the Charity Commission and focused on public benefit rather than sectoral interests.

Taken together, NCHA's policy and engagement work over the year reflects our clear strategic direction: securing recognition of audiology as primary care, supporting innovation that improves access and outcomes, challenging structural failures within hospital centred models of care, and maintaining an unwavering focus on patient benefit. In a complex and often constrained policy environment, NCHA has continued to provide credible leadership on behalf of providers, patients and communities, and the entire hearing sector.

Peter Ormerod
NCHA
Chair



Membership and finance

The Group continues to perform well, controlling costs tightly while managing a growing portfolio of work across five countries and two sectors that is increasing in quantity and complexity.

The membership team also continued to respond rapidly to member questions and concerns, supporting them safely through stressful cases and claims with great success throughout the year. Our members know that when they need us, we will be there – and when they don't think they need us, we will still be there, scanning the horizon for opportunities to seize and risks to avoid on their behalf. Everything we do is dedicated to supporting members to succeed, so they can meet the nation's eye health and hearing needs.

Financial report

Income and expenditure account	2025 £'000	2024 £'000
Turnover	1,544	1,365
Administrative expenses	1,336	1,341
Operating surplus	208	24

Balance sheet – 31 December 2025	2025 £'000	2024 £'000
Fixed assets		
Tangible assets	15	16
Current assets		
Debtors	384	352
Cash at bank and in hand	2,253	2,104
	2,637	2,456
Creditors: amounts falling due within one year	(730)	(758)
Net current assets	1,907	1,698
Total net current assets less current liabilities	1,922	1,714
Members' funds	1,922	1,714

P Ormerod
Chair

H Sandhu
CEO

These summarised accounts are extracted from the statutory financial statements for the year ended 31 December 2025. They were audited by Burgess Hodgson Audit Limited, Chartered Accountants and Statutory Auditor which gave an unqualified audit report on 30 April 2026. The auditors have confirmed to the directors that these summarised accounts are consistent with the statutory financial statements.

Our team

A skilled and committed team underpins the work of FODO, NCHA and the wider Group. During the year, our focus was on maintaining capacity and expertise while operating within a lean structure.

Non-executive directors	Group	FODO	FODO Ireland	NCHA
Peter Ormerod, Group and NCHA chair	•			•
Sarah Joyce BEM, FODO chair	•	•		
Garvan Mulligan, FODO Ireland chair	•		•	
Shweta Anand [joined May 2025]	•			
Owen Blee			•	
Richard Boyd [resigned September 2025]				•
Faye Breckons	•			
Paul Carroll	•	•		
Paula Cave [resigned April 2025]				*
Dan Edwards [joined September 2025]				*
Sarah Gilbert [joined October 2025]	*	*		
Mark Georgevic				•
Stephen Hannan	•	•		
Hayley Holford	•	•		
John Hopcroft [resigned October 2025]	•	•		
Stuart Laird		•		
Echo Lu [resigned July 2025]				•
Stephen McAndrew				•
Dan McGhee	•	•	•	
Clodagh McGovern			•	
Peter McGrath			•	
Ian McKendrick [joined May 2025/resigned September 2025]				•
Claire Pearson [joined September 2025]				•
Claire Slade	•	•		
Karen Shepherd [joined July 2025]				•
Glenn Tomison	•	•		
Francesco Turriziani				•
Janine Vali [joined May 2025]	•			

Head office team

As of 31 December 2025

Executive team

- Harjit Sandhu, Group CEO
- David Hewlett, director of policy and strategy
- Alan Tinger, director of membership services
- Giusy Maniscalchi, EA to CEO
- Sue Silvester, PA to group director

Policy, membership and communications team

- Sarina Bassi, NCHA policy and public affairs officer
- Daro Bjayou, FODO policy officer
- Jennifer Rock, audiology officer
- Kirsten Ross, clinical optometry officer
- Malcolm Smith, membership and compliance officer
- Rajan Verma, insurance and membership officer
- Hannah Williams, communications manager

FODO Group

44 Southampton Buildings,
London, England, WC2A 1AP

fodo.com

fodoireland.ie

the-ncha.com

