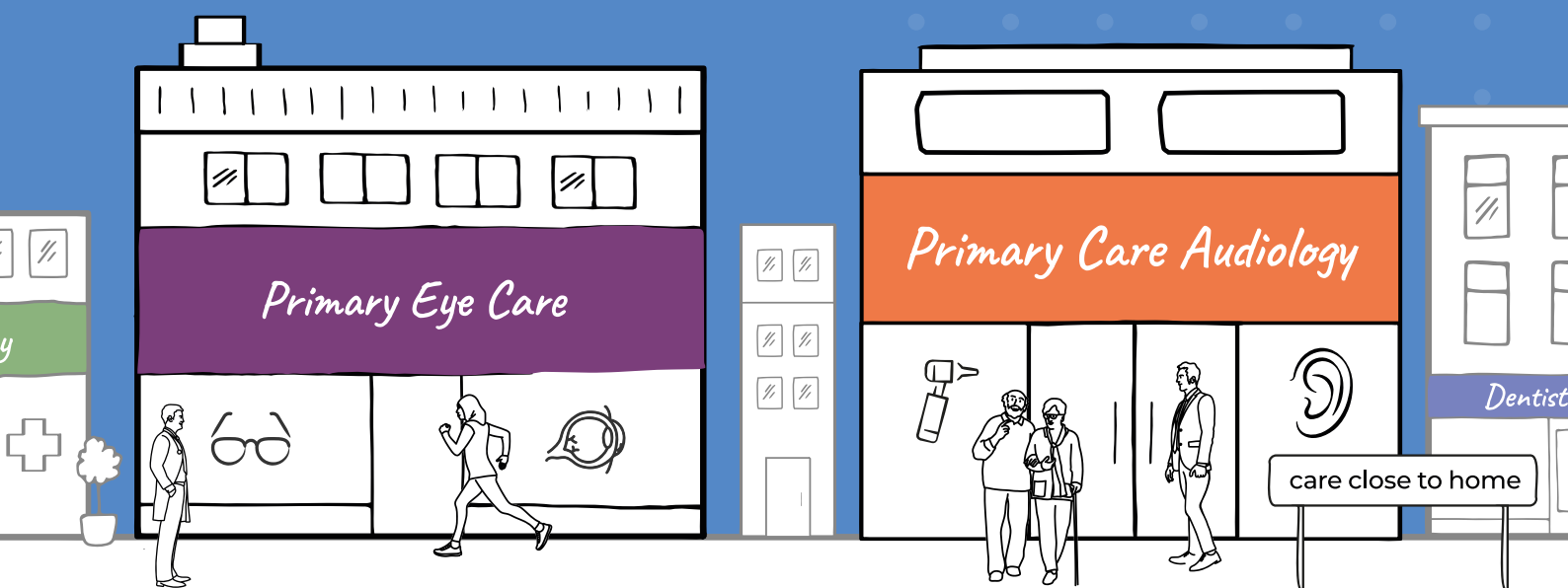


Annual report 2024

FODO GROUP: 1 January to 31 December 2024



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

FODO Group chair's statement	4
FODO Group CEO's statement	5
Policy and influence	6
FODO	7
FODO Ireland	9
NCHA	10
Finances	12
Our team	14

Group chair's statement

"Amid ongoing economic pressures, shifting government priorities and a healthcare system under visible strain, we have continued to lead with clarity and purpose on behalf of our members, guided by our vision to provide accessible, high-quality eye care and audiology services. We remain committed to supporting members and our sectors through challenging times."

Our members are the leading providers of primary eye care and audiology services, delivering care closer to home with consistently high patient satisfaction. As a community of providers, they continue to provide this despite ever more challenging and complex operating environments caused by macroeconomic and political headwinds.

A relentless focus on high-quality clinical care and customer service lies at the core of their success. This spirit is also embedded across the FODO Group – we do what it takes to serve members and the sectors we represent. That is why, as a community, we will continue to succeed by working together.

This year's annual report shares a sample of our work on our sectors' behalf in 2024 and what we plan to do in 2025, with significant levels of influencing effort behind the scenes to bank opportunities and mitigate risks.

We celebrate all we have done while planning for a different future. As a community of eye care and audiology providers, we depend on a small head office team to do complex work for our sectors. In 2024, the Group Board prioritised succession planning so the future FODO Group depends less on fewer people. The outcome is a refreshed operating model and team structure, with increased investment to help the organisation evolve. It will take

time for the new structure to embed, but I am confident that the Board, working with the dedicated head office team, will deliver.

As we move through 2025, as anticipated, it is turning out to be another challenging year due to economic and political uncertainty. However, our sectors have successfully weathered the 2008 financial crisis, Covid and other challenges, and the lesson has been simple: we maximise our chances of collective success by working together to advocate what will improve patient care. So, despite all the challenges, we will invest more in advocating for change as patient expectations, demographics, and the unsustainable 1990s hospital model of care demand the delivery of more care closer to home.

I thank all our members, the head office team and partners for their tireless work in an increasingly complex landscape. We look ahead with cautious optimism, continued resolve, and a steadfast commitment to arguing the case for high-quality primary eye care and audiology for all. Together, we can achieve even greater success.



Peter Ormerod
Group chair

Group CEO's statement

"This year, we continued to see our membership grow, driven by word-of-mouth and personal recommendations as more provider organisations learn how we shape health policy and strategy. As ever, we have continued to drive value for members, commissioning a detailed analysis of the medical malpractice insurance market and negotiating reduced premiums. In 2025, we will add more member benefits without losing focus on our leading role in protecting and advancing patients' and sector interests."

Despite growing economic and political challenges, FODO, FODO Ireland and NCHA remained a trusted voice and partner throughout 2024, advocating for real and lasting improvements in access, funding, and quality of eye care and audiology. As the chair's report highlights, we can all be proud of our community, especially during these challenging times.

As planned, the policy team has continued to shift some of our work behind the scenes to the public domain, including releasing animations to [communicate the benefits of primary eye care](#) and publishing and promoting our landmark report – [Primary care audiology – accessible ear and hearing care for all](#). Our policy research has resonated with officials who increasingly recognise the role primary eye care and audiology must play in meeting growing needs. In 2025, we are building on our success by launching a new sector online news channel and investing more in public affairs activity on our membership's behalf.

As the policy and influencing update in this year's annual report shows, we have made solid progress on agreed goals, horizon scanned for live opportunities and threats, and acted swiftly on your behalf. We also experienced some setbacks this

year, especially in Ireland. We had made real progress and received assurances from the government that members would benefit from a fee uplift and other long-overdue reforms. However, the government called a general election before delivering on its promises. In 2025, we are engaging with new ministers and pushing for much-needed change.

The membership and insurance team has also continued to go above and beyond for members, starting a targeted CPD programme, negotiating preferential rates for third-party services and reducing medical malpractice insurance costs for 2025. The team will build on these successes during 2025, ensuring members continue to benefit from the best value membership in primary eye care and audiology.

In all that we do, our focus remains on serving members, the patients they care for and the sectors we represent while managing costs.



Harjit Sandhu
Group CEO

Policy and influence

The policy team has worked hard influencing on behalf of our members and the sectors we represent through general elections and reshuffles in the UK and the Republic of Ireland to ensure patients have access to the primary eye care and audiology services they need.

Our work has spanned NHS procurement, contracts, service transformation, regulation and patient safety concerns. Specific examples include highlighting the plight of patients suffering sight-threatening delays in accessing the hospital eye service and people with ear and hearing problems facing some of the longest waits in the NHS. We have strived to make policymakers recognise how unacceptable this is and our members' vital role in solving these harmful challenges through prevention, early intervention, and relieving secondary care burdens.

As part of this work, we responded to 22 formal consultations and advised on many more informal consultations spanning eye care and audiology. We also published key position statements and reports to amplify our messages.

Below, we set out some of our extensive policy and influencing work.

Although we celebrate our successes, we know change can be painfully slow in the public sector, especially in worsening economic conditions and in the turmoil of structural reorganisations. Therefore, we will seek more direct involvement from members across the UK and Ireland in 2025-26 to drive much-needed change while protecting our core services on patients' behalf.



David Hewlett

Group director of
policy and strategy

THE ASSOCIATION FOR EYE CARE PROVIDERS

This year's work has focused on delivering our goals in [The future of primary eye care – principles and priorities](#). This has included:

- Supporting reforms to tackle sight loss owing to delays in hospital care throughout the year. Examples were strengthening our public affairs work with Labour while in opposition to work together to transform eye care, should they be elected, and submitting evidence to the Darzi review, spending review and NHS 10 Year Health Plan.
- Protecting patient access to a national demand-led NHS sight-testing service, including tackling misunderstandings about GOS as local ICBs took over some functions from NHS England and advocating for fair remuneration pan-UK.
- Helping members deliver more services across the UK by establishing a new Primary Ophthalmic Service (POS) committee to shape the future of eye care by strengthening our in-house research capacity and playing a crucial role in the national CUES model specification.
- Championing patient empowerment throughout the NHS. Examples include patients' right to choose a care provider, such as through guidance on patient choice, arguing successfully for protecting patients' rights in responses to official consultations, and working with NHS commissioners to implement patient choices while respecting optometrists' roles in the process.
- Working with sector partners to improve access to eye care for all, including through new partnerships with ABDO and the College of Optometrists, and playing a leading role on the Clinical Council for Eye Health Commissioning and backing the RNIB eye care support pathway.
- Investing in the future workforce by working with members and higher education institutions to ensure effective delivery of GOC's new education and training requirements and working with the FODO Educational Charity to explore new optometry courses to help train the next generation of primary eye care professionals in the UK. We also played an essential role in helping develop the College of Optometrists-led UK data hub with sector partners.
- Advocating for technology and innovation and better IT connectivity between primary and secondary care while supporting pan-sector work on AI.
- Collaborating with members and sector partners via the OFNC, LOCSU, Optometry Northern Ireland (ONI), Optometry Scotland and Optometry Wales on the main objectives above.

We have much to reflect on positively, including the Scottish and Welsh governments continuing to invest in primary eye care services. However, members in England and Northern Ireland continued to suffer real terms cuts to NHS fees. We will continue to work closely with ONI and through the OFNC to challenge this situation. Our approach will include working with other professions across primary care who have also suffered sustained cuts in funding over many years.

People continue to suffer avoidable sight loss due to delays in hospital eye care services. Further system reforms are necessary, especially in England, which is far behind the rest of the UK in offering access to sustainable, enhanced eye care services. We will continue advocating for much-needed reform while developing the evidence base further in collaboration with sector partners and members.



Sarah Joyce BEM
FODO chair

We published animations to help celebrate the benefits of primary eye care across the UK, demonstrating that the future is already with us in some locations and highlighting our members' abilities to save sight and help the NHS meet people's needs in a sustainable way.



FODO Ireland

THE ASSOCIATION OF EYE CARE PROVIDERS OF IRELAND

In 2024, we made considerable progress on our workforce strategy, including the following:

- Continued support for TU Dublin to maximise optometry education places.
- Partnering with South East Technological University (SETU) to progress in establishing a new, second route to qualification as an optometrist in Ireland.
- Submitting evidence to the Department of Enterprise Trade and Employment (DETE) on the importance of adding optometrists to the critical skills list, with DETE finally recognising optometrists' significance to growing Ireland's economy and that they are in short supply.
- Establishing a new charity in Ireland to help educate and train the next generation of eye care professionals to meet the growing population's vision and wider eye health needs.

This work means we will train more CORU registrants in the years to come in Ireland and ease the route to CORU registration for international optometrists qualified to work here.

Last year, I also explained how our strategy had started to deliver results, with health minister Donnelly committing to increasing COSS fees and the Department agreeing that children aged 8-16 should also be entitled to an HSE-funded eye exam in primary care. We persevered in pushing

for confirmation throughout 2024, including intense public affairs activity before the budget and general election. Unfortunately, despite the minister reiterating his commitment to uplift fees, the government did not deliver this before the election, understandably frustrating members struggling to meet growing costs.

In 2025, we will continue to push all government departments to deliver on contractual fee reviews and previous commitments to uplift COSS and TBS fees and improve access to state-funded care for children. We will clarify that delays are causing profound public harm and disruption in the sector, and organisations are putting investments on hold because of uncertainty. We will also push for the rollout of the electronic medical card approval claim process to help tackle barriers people face when trying to get their vital sight test approved.

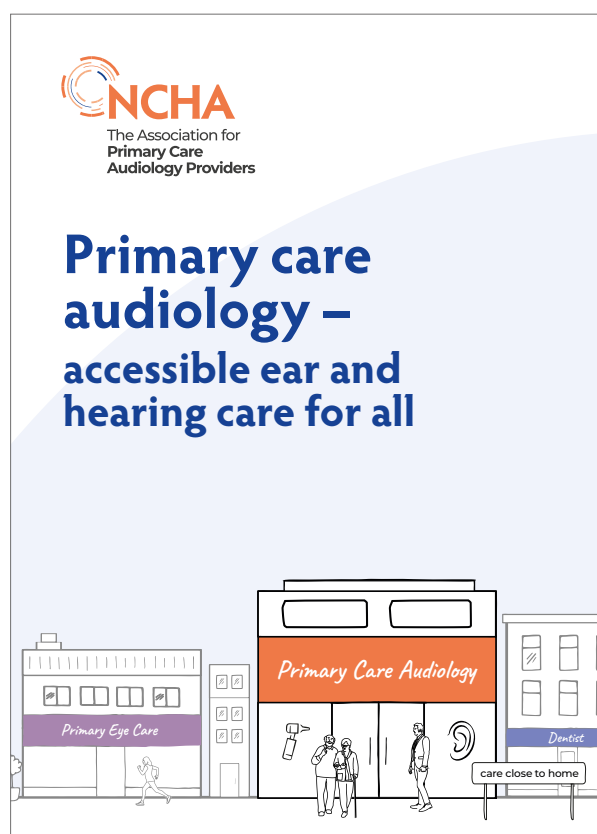
There is no escaping how frustrating this experience has been, with assurances from the highest level yet to be delivered. The only way forward is for FODO Ireland and its members to speak and press on with a united voice, including with TDs at the local level. We will work with you throughout 2025 to deliver on our shared goals.



Garvan Mulligan
FODO Ireland chair

THE ASSOCIATION FOR PRIMARY CARE AUDIOLOGY PROVIDERS

As planned, in 2024, we refreshed our brand to better reflect our role in representing primary care audiology providers. Then, on World Hearing Day in March, we launched our ambitious strategy – [Primary care audiology – accessible ear and hearing care for all](#). Our plan for change sets out the clinical need and epidemiological, economic and public health evidence to support the case for NHS-funded primary care audiology to be made accessible to all adults.



Since the strategy's launch, we have advocated for the NHS to take an evidence-based approach, finally fix structural issues in NHS ear and hearing care and meet the population's

audiological needs in a sustainable way. An example is the breakthrough with the previous government reconfirming its commitment to expand self-referral to NHS audiology in England. Moreover, although the general election led to governmental change, we have continued to present a robust evidence-based case for change, including through submissions to Darzi, the spending review and the NHS 10 Year Health Plan consultation.

We have also advocated for all patients to have access to NHS-funded wax management outside hospital and to make the case for this service's proportionate and risk-based regulation.

As part of our strategy, the Clinical Advice and Guidance Committee has led the analysis of key clinical consultations and started to develop guidance to support primary care audiology in meeting more needs in a sustainable, safe and effective way.

In addition, we continued investing in collaborative working, supporting the Hearing Loss and Deafness Alliance, working with wider primary care on joint initiatives and building new links with senior officials and ENT leadership.

Alongside this work, we continued pressing the government to end the unjust 20% VAT rate on hearing aids.

We always horizon-scan and prepare for future opportunities and risks, so when changes happen, we are ready to advance and protect the sector for the benefit of patients and members.

A good example of this is bringing over-the-counter hearing aids to the UK. The NCHA did extensive research several years ago on the risks and benefits of this as part of our work on emerging technologies. So, when the issue arose in 2024, we were available to help the sector navigate this change. We talked directly with Apple and worked with other sector bodies and stakeholders to ensure patient access to safe and effective care is the yardstick used when considering new service options. We will keep working on this and other rapidly developing policy areas. As an NCHA member, you always know we are tackling the important issues in advance, allowing you to focus on taking care of your patients in communities across the UK.

As we look ahead, we acknowledge that change takes time. In the NHS, change is ever more complex, especially given system inertia, blurred areas of responsibility, broader economic uncertainty and the strained state of public finances in all four UK nations.

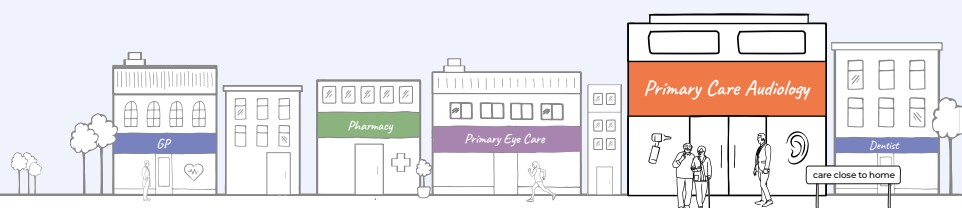
However, the reality is that we must meet population needs, and primary care audiology remains the only solution. So, in 2025, we continue to fight and work on new methods to get our message heard by opinion formers, politicians and decision-makers at every level. Together, we will keep driving change for as long as it takes. As a result, millions more patients will benefit from equitable access to primary care audiology across the UK.

Therefore, our Board, Clinical Committee, the NCHA NHS working group, NCHA Scotland, and our members are all fully committed to helping deliver our plan for change. We will be focused on this resolutely throughout 2025 and beyond.



Peter Ormerod
Group chair

Policymakers must strengthen primary care audiology as the first-line service from which all other ear and hearing care services flow – moving to a service that will allow people to access essential NHS-funded ear and hearing care close to home, without the need for a GP referral, in the same way as their NHS optometrists, pharmacist, dentist and GP.



Finances

In 2024, like many members, we continued to operate in an environment of high economic volatility and sustained financial pressure. However, by maintaining our disciplined approach to cost management and investment in critical areas, we delivered a modest surplus of £24,000 on turnover of £1,365,000.

As of 31 December 2024, our reserves stood at £1,714,000, including £746,000 held as a six-month running costs reserve. The Group Board has earmarked the remaining reserve to invest in succession planning, upgrading systems and R&D, and making provisions to manage insurance-related risk.

We remain committed to providing outstanding value for money, sustaining all core services and benefits while continuing to grow membership through word-of-mouth recommendations rather than advertising.

Looking ahead, we will continue to manage risks carefully, invest in critical capabilities, and remain financially resilient to ensure we can serve members effectively through uncertain times.



Alan Tinger
Director

Financial report

Income and expenditure account		2024 £000		2023 £000
Turnover		1,365		1,383
Administrative expenses		1,341		1,302
Operating surplus		24		81

Balance sheet – 31 December 2024		2024 £000		2023 £000
Fixed assets				
Tangible assets		16		8
Current assets				
Debtors		352		484
Cash at bank and in hand		2,104		1,865
		2,456		2,349
Creditors: amounts falling due within one year		758		667
Net current assets		1,698		1,682
Total net current assets less current liabilities		1,714		1,690
Members' funds		1,714		1,690

P Ormerod
Chair

H Sandhu
CEO

These summarised accounts are extracted from the statutory financial statements for the year ended 31 December 2024. They were audited by Burgess Hodgson Chartered Accountants and Registered Auditors, who gave an unqualified audit report on 2 May 2025. The auditors have confirmed to the directors that these summarised accounts are consistent with the statutory financial statements.

Our team

AS OF 31 DECEMBER 2024:

Non-executive directors	Group	FODO	FODO Ireland	NCHA
Peter Ormerod, Group and NCHA chair	●			●
Sarah Joyce BEM, FODO chair	●	●		
Garvan Mulligan, FODO Ireland chair	●		●	
Owen Blee			●	
Richard Boyd				●
Faye Breckons [joined July 2024]	●			
Colin Campbell [joined March 2024]				●
Paul Carroll	●	●		
Paula Cave				●
Stephen Clark [resigned December 2024]	●	●		
Mark Georgevic				●
Peena Govind [resigned September 2024]	●	●		
Stephen Hannan	●	●		
Hayley Holford	●	●		
John Hopcroft	●	●		
Stuart Laird [joined June 2024]		●		
Echo Lu				●
Stephen McAndrew				●
Dan McGhee	●	●	●	
Clodagh McGovern			●	
Peter McGrath			●	
Claire Slade	●	●		
Glenn Tomison	●	●		
Francesco Turriziani				●

Head office team

AS OF 31 DECEMBER 2024:

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
- Jenny Lincoln, Group head of policy
- Emily McCabe, hearing health policy officer
- Jamie Roa, ETR and clinical committee support officer
- Kirsten Ross, clinical optometry officer
- Rajan Verma, membership officer
- Hannah Williams, communications manager

Annual report

www.fodo.com

fodoireland.ie

www.the-ncha.com

