



FEDERATION OF (OPHTHALMIC
AND DISPENSING) OPTICIANS

ANNUAL REPORT 2014



About FODO

The Federation of (Ophthalmic and Dispensing) Opticians is an influential national association both in the UK and Republic of Ireland for community eye health providers, optometrists and opticians. Member benefits include bespoke advice and support in all areas of practice and business, and best value first-class professional liability and legal defence insurance.

Our aims are to achieve eye health for all, delivered through world-class services, provided by regulated community-based professionals operating in a competitive environment.

In the UK we are proud to be founder members and active participants of the Optical Confederation and the LOC Support Unit. We are also committed supporters of the UK Vision Strategy, VISION2020 UK, National Eye Health Week and the Healthy Eyes initiative in the Republic of Ireland.

Our members account for 80 per cent of market activity in the UK, 55 per cent in the Republic of Ireland and deliver the majority of eye care in both countries.

FODO works closely with our sister company the National Community Hearing Association, particularly in the areas of tackling sensory impairment, falls, depression and dementia. If you provide eye health services and hearing care and want to benefit from top level support and insurance check out www.the-ncha.com or call our membership team on 020 7298 5110.



Contents

Foreword	2
The Chairman reports	3
The Chief Executive reports	5

Strategic leadership and excellence 7

Fluorescein Strips	8
The National Clinical Council for Eye Health Commissioning	9
The National Clinical Council and Local Eye Health Networks	10
Ophthalmic Public Health	11
Information and IT	12
Europe	13
European Coalition for Vision (ECV)	14
Calls to Action	15
Safer Driving Campaign	16
Healthy Eyes Campaign	17
National Eye Health Week	18

Better regulation 19

NHS England – Single Operating Model	20
Post Payment Verification	20
Monitor	21
GOC Regulation	22
Business Registration	22
Student Registration	23
Safeguarding	24
Domiciliary Eye Care	25
Consultations	26

Working in partnership 28

GOS Fees and Vouchers	28
Wales	29
Northern Ireland	30
FODO Ireland	31
Scotland	32
National Community Hearing Association (NCHA)	34

Supporting members 35

Website	35
Franchises and Joint Ventures	36
Employment Issues	36
Optics at a Glance	37
Vouchers at a Glance	37
Claims and Payments	38
FODO Autumn Dinner	39
Awards and Prizes	40
Optrafair	41
Treasurer's report	42
Financial report	43
Board	44
Staff	45

Foreword



“The Optical Confederation brings the leading representative and business organisations in optics together to speak with a united and coherent voice.”

FODO’s strong support for the Optical Confederation is reflected in its invitation to me to introduce its Annual Report.

This report is read much more widely than simply by FODO members and so it is worth describing the Optical Confederation. It brings together the leading representative and business organisations in optics, working closely with LOCSU, to speak with a united voice on behalf of the sector at local and national level. Reading through the achievements recorded in this report it is clear that this voice is being heard where it matters, critically in primary care, local and national NHS and in all relevant government departments.

Much has been done in the four years since the official birthday of the Confederation. It is well established in matters to do with public affairs where it has a dedicated team working to coordinate responses to consultations and, of special interest as the 2015 election campaigns start, in representing the sector to elected representatives. Effective policy development, including a remarkable initiative to gain realistic engagement with the NHS in IT with very welcome

support from the Central (LOC) Fund, reflect a coming of age for the Confederation. Through cooperation we are able to take a strong cross-sector role on what matters to optics and to the business of optics. Perhaps the best example was the Confederation’s pivotal role in developing the response to the fluorescein strip crisis in Spring 2013. Generally, the best results come from ‘confederative thinking’ as can be seen almost everywhere in FODO’s excellent Annual Report. The Confederation is grateful for the very significant contribution that FODO makes at board level, at operating level and very widely in its membership.

This Annual Report is a unique insight into FODO’s take on sector-wide developments on which it has worked throughout the year. The FODO perspective is worth listening to and I am pleased to recommend this Annual Report as essential reading both for those interested in eye care and eye health in 2014-2015 and for those who wish to know about and influence where the sector is going.

Don Grocott
Chair, Optical Confederation

The Chairman reports



“We have shown through the Clinical Consensus Panel on fluorescein strips that the Optical Confederation is the equal of any other body in health care when it comes to clinical leadership, standards, safety and managing risk.”

2013-14 has been another challenging year for the sector. Trading conditions have ranged from variable to tough and the sector has seen further consolidation amongst major players. Low fee and voucher value increases have heaped further pressure on the cross-subsidies to NHS patients that practices have traditionally provided and narrowed the range of adult spectacles within voucher values.

Against those hard front-line positions FODO, in an equally tough financial environment, has continued to fight to achieve the best operating environment for practices, practitioners, patients and the public and to preserve jobs and employment.

As usual we have done this through:

- strategic leadership within the Optical Confederation and across the sector, for example on the issue of legislative change and CE-marked fluorescein strips
- working in partnership to achieve the best possible outcomes:
 - through the Optometric Fees Negotiating Committee, Optometry Scotland, Wales and Northern Ireland
 - with the General Optical Council on the regulation of optical businesses and students; with IADO and the AOI in the Republic of Ireland
 - and influencing strategic policy makers, opinion formers and influencers at European, national and international level
- supporting members, both generally through guidance, and individually with bespoke hands-on advice and support across the range of their functions and interests – not least in providing the best value insurance for companies, practices and individuals.

As ever, there have been disappointments – not least on fees and voucher values constraining what we can do for patients – but also the government’s decision not to legislate for radical change in response to the Law Commissions’ Review, the Francis and Berwick Reports where opportunities have been missed. It is of course

The Chairman reports

vital that important public protections are retained in primary legislation however in our view this should be accompanied by far greater flexibility for the General Optical Council to make better rules that can respond to a rapidly evolving world most notably around contact lens safety and supply.

The good news is that all these opportunities, threats, trials and tribulations the Optical Confederation has once again stood as one and provided a coherent, strategic and forceful voice for the services we offer and the patients we serve. In many areas this has led to improvements such as:

- a more consistent operating framework for General Ophthalmic Services contracts
- confirmation that primary care will not be regulated by Monitor
- new community eye care services being commissioned and across a wider range of practice models
- progress towards IT connectivity between optical practices and the rest of the NHS.

The Confederation is one of the major successes for the sector and this is now shaping great things, such as local eye health networks across England (page 10) and the National Clinical Council for Eye Health Commissioning in England (page 9). We have also shown through the Clinical Consensus Panel on fluorescein strips (page 8) that the Optical Confederation is the equal of any other body in health care when it comes to clinical leadership, standards, safety and managing risk.

This will be my final report as FODO Chair as I stand down after five years in the post, every minute of which I have thoroughly enjoyed, to take on the challenge of developing and expanding high-quality domiciliary services from within an established high street brand. I know, however, that I leave FODO in the very capable hands of Glenn Tomison and would like to thank Glenn, my fellow directors, the Chief Executive and all the staff at head office for making FODO the success it is and a joy and privilege to be part of. I know that they will all continue with the excellent work they do on behalf of every business, practitioner and patient in the sector and wish them and all FODO members every success for the future.

Jayne Rawlinson
Chairman



Jayne speaking at the Optical Confederation Chairmans' round-table event at the Optical Confederation AGMs event (2013)

The Chief Executive reports



“It is the strength of the FODO system that we make our high-level expertise available to all members – large companies, SMEs, independents and individuals on an equal basis without fear or favour.”

As the Chairman has reported, 2013-14 has been another exceptionally busy year for FODO, FODO Ireland and our new sister company the National Community Hearing Association, about which more on page 34 of this report.

Throughout the year we have worked hard to support our growing numbers of members in both sectors to be the best they can be for patients, as professionals and as successful businesses. This has required the recruitment of three additional members of staff (in policy, membership and communications) in order to enable us to maintain our reputations for excellence and hands-on support across a wider canvas. Despite this our central team remains small, high-quality and highly-focussed but backed up by the massive ‘turbines’ of our best-in-class City law firms, tax and clinical advisors.

It is the strength of the FODO system that we make this high-level expertise available to all members – large companies, SMEs, independents and individuals on an equal basis without fear or favour – all made possible by our unique structure. This system is reinforced by rigorous

market testing and sharing costs between the two sectors. Our guiding principles are excellence and value for all.

At the same time we have continued our enthusiastic work as a founder member of the Optical Confederation to create the best possible operating conditions that enable eye health practices and practitioners to deliver high-quality care to patients and the public. This has involved standing firm against the unrelenting tides of bureaucracy and over-regulation and providing strategic leadership across the professions.

As the Chairman has mentioned, the benefits that the Optical Confederation has brought to every part of the sector, including non-members, have been major. This year was no exception. However, some independent practices have signalled that they do not yet feel as at home within the Optical Confederation as they should do. This is a collective failing that we will work hard to get right in the coming year. What is clear is that old dividing lines and tribal boundaries will no longer work if the sector is to succeed.

Once again I know that FODO members will recognise that the successes in this report have all been achieved whilst keeping a very tight grip on resources and with an unremitting management

The Chief Executive reports

focus on efficiency and eliminating waste. As a result, FODO:

- remains the leanest and most efficient of the optical bodies in the UK and Ireland
- has ended the year within budget as planned
- has managed to avoid any fee increases in 2014 in order to play our part in supporting the optical front-line through difficult times.

Our successes in member defence, supporting members through complaints and investigations, and the commitments of our members to systematic quality improvement, safety and risk reduction mean that, despite rising numbers of claims as our membership grows and society becomes increasingly more litigiousness, we have been able hold our insurance premiums at level terms ie, no increase for 2014.

As members will know, the FODO commitment to quality and value means getting the best people we can to work for us, supporting our members and the sector, at all times. The downside of this is that good people move on and this year we have seen the departure of two mainstays of FODO and optics. Helen Bowman, who has managed the FODO office for 25 years, retired on 31 December 2013 and Mark Nevin, who has contributed so much, not only to FODO, the FMO, and the ACLM (with whom he was jointly employed), but the entire sector in the UK, Republic of Ireland and Europe, also moved on in Spring 2014 to develop his career in the warmer climes of Melbourne, Australia. Needless to say, on behalf of the Board, members and colleagues, I wish Helen a long and happy retirement and Mark every success in his new life down under.

Mark Nevin will be succeeded by our new Head of Policy, Ann Blackmore. Ann comes to us with a wealth of policy experience from across the public, private and third sector including having held senior policy roles in the civil service, the National Council for Voluntary Organisations and, most recently, as the Head of Media and Public Affairs at the Electoral Commission.

In the meantime, the FODO team and I remain available to support each and every member in any way we can. Your success is our success and we look forward to working closely with you in the coming year.

David Hewlett
Chief Executive

David Hewlett committing the UK to the European Coalition for Vision's call to action for the 2014 European elections



Strategic leadership and excellence

The Optical Confederation has been a crucial step forward for the sector and both professions. The evidence is plain to see. Now in England, just as previously in Scotland, Wales and Northern Ireland, eye health is:

- a recognised national priority
- an important part of the commissioning process at national and local level (through LOCSU, local eye health networks and LOCs)

- at the heart of the Government's plans to reshape primary care with more services being provided in the community.

FODO is proud to have been at the heart of, and in many cases the driver, for these developments.

The following section shows just how far the sector has come in maturity and grown-up working in the past ten years.



Strategic leadership and excellence

Fluorescein Strips

Concerns over the continued availability of fluorescein strips, and continuity of care for many of our patients, marked one of the major challenges we faced this year.

Following the cessation of global production of Fluorets, no other medicine grade strip has been available to UK optometrists and contact lens opticians. The simple remedy of importing strips from elsewhere in Europe was anything but straight-forward – an area on which UK law was silent and European law unclear. This was coupled with confusion over the classification of fluorescein strips, long considered a borderline product and regulated as a medicine in some European countries and as a medical device in others.

In order to determine the best way forward and to ensure patient care was not affected, the Optical Confederation brought together a Clinical Consensus Panel (CCP) composed of experienced clinicians and academics to review the evidence base, clinical performance of strips versus unit

dose liquid fluorescein and their respective risks with a view to establishing what UK clinicians should do in the circumstances. The CCP, which was chaired by FODO's Mark Nevin with significant input from FODO Clinical Advisor Professor Steve Taylor and policy consultant Harjit Sandhu, produced a detailed report which determined that CE marked fluorescein strips produced superior results for a range of primary care investigations and could be used by UK practitioners. FODO, on behalf of the Optical Confederation, would also like to express its gratitude to the academics and clinicians who took time out of their busy schedules to participate in the CCP.

While we have made major progress, the matter is not yet closed with further discussions taking place at EU level which aim to agree a consistent regulatory framework across Europe. The Optical Confederation had continued to engage throughout with UK regulators, European officials and decision makers in order to secure continued availability of fluorescein strips for use in the community. In February we called on the CCP to provide further information about the precise use of fluorescein strips in clinical investigations in order to inform the European debate. The Optical Confederation and partners remain committed to securing ongoing supply of fluorescein strips for practitioners across Europe.



Mark Nevin and Steve Taylor joined with the DOCET team in early 2014 to produce an audio podcast updating the sector on the ongoing fluorescein situation. You can listen to the podcast at www.fodo.com/Fluorescein

Strategic leadership and excellence

The National Clinical Council for Eye Health Commissioning

Having been proposed by the Optical Confederation in July 2012, the Clinical Council for Eye Health Commissioning was launched just a year later in August 2013, with the secretariat being provided jointly by our two colleges – the Royal College of Ophthalmologists and the College of Optometrists.

The Council builds on the sector's successes in working together to develop the UK Vision Strategy, the national Eye Health Indicator and joint positions, for example, on clinically unsafe cataract rationing by the NHS. Although the gestation was tough – with all parties rightly seeking reassurances that any conflicts of interest would be properly handled – the establishment of the Council is a major achievement for cross-sector working.

The Council includes all the national ophthalmic and optical bodies and patient representation

groups. It includes the College of Optometrists, the ABDO, the Royal Colleges of Ophthalmologists, Nursing and GPs, the College of Optometrists, the British and Irish Orthoptic Society, the Faculty of Public Health, the Associations of Directors of Children's and Adult Social Services, VISION 2020 UK, representing the third sector, the RNIB and, of course, the Optical Confederation.

The Council is the sector's response to the new commissioning and clinical advice architecture in England and is established to provide unified, evidence-based advice on eye health issues to NHS England, clinical senates and strategic clinical networks, other stakeholders and the public. Its aim is to replicate at national level the same clinically-led, patient-focussed partnership working that local eye health networks (LEHNs) are espousing at local level, with a clear links between the Council and LEHNs.

Thanks to the Royal College of Ophthalmologists, the Council is already working on revised guidelines on cataract surgery and glaucoma. After that the plan is to move on to diabetic retinopathy and AMD.

CLINICAL COUNCIL

FOR EYE HEALTH COMMISSIONING

Strategic leadership and excellence

The National Clinical Council and Local Eye Health Networks

The Council has already published a 'Getting Started' guide for local eye health networks jointly with NHS England.

Unfortunately, narrowness of vision still occasionally occurs in our sector and there have been rumours of some local eye health networks, supported by well-intentioned but blinkered local area teams, seeking to focus only on optometric services. This needs to be challenged at every level.

In the community eye health sector we are only too aware of the damage that has been done over the years by 'clique-ism' and, for example, by the exclusion of dispensing opticians from LOCs. We owe it to the public, our patients and ourselves to challenge such limited views wherever they occur. Optics is grown-up now and no longer needs or welcomes the immaturity of tribalism or the suffocating narrowness of professional ghettos.

Once again, the Royal College of Ophthalmologists has shown the way with President Harminder Dua addressing the National Optical Conference in October 2013 and emphasising the need for joined-up working to deliver better, more integrated services and better outcomes for patients. All the various elements of the eye health sector need one another to deliver what needs to be done, including the public health Indicator, and to justify public and private investment in our services. We cannot stand alone.



Harminder Dua, President of the Royal College of Ophthalmologists, noted that "optics has learnt to work together" at this year's National Optical Conference (NOC)

David Hewlett makes it on to the 'big screen' at last! Speaking about ophthalmic public health at the NOC



Strategic leadership and excellence

Ophthalmic Public Health

Thanks to our efforts combined with those of ophthalmology, orthoptics and the visual impairment sector, the UK Government is now recognised and held up for praise by the World Health Organisation as being the “first government in the world to make eye health a national public health priority.”¹

Not only is this an achievement in itself but it has put ophthalmic public health and eye care at the heart of local public health plans, service planning and commissioning.

To support this work, the Royal College of Ophthalmologists generously opened up its Ophthalmic Public Health Committee to representatives from the wider sector two years ago. The Committee has now become incorporated into VISION 2020 UK with Dr Parul Desai being elected as its first chair and the Royal College of Ophthalmologists continuing to provide

the secretariat and meeting rooms for the Committee.

FODO's David Hewlett represents the Optical Confederation on this crucial committee (alternate Peter Black of ABDO) together with Katrina Venerus (alternate Richard Knight) of LOCSU.

Having pioneered support for the Leeds Public Health Training course with the College of Optometrists, FODO continues to fund three places a year on the course. The ABDO has also produced a bespoke version of the course at the ABDO College in Kent and webinars on public health. This is enabling us to catch up with other primary care professions which have been investing heavily in public health for their sectors since the 1970s.



*WHO Eye Health expert
Dr Ivo Kocur at the launch
of the refreshed UK Vision
Strategy*

Parul Desai Chair of the Ophthalmic Public Health Committee

“The VISION 2020 UK Public Health Committee will provide strategic direction on the public health issues and priorities for eye health for the UK Vision Strategy, the Clinical Council for Eye Health Commissioning, Local Eye Health Networks, CCGs and (in partnership with Public Health England) NHS England, LOCSU, LOCs and the Department of Health. This should serve to inform Health and Wellbeing Boards in England and planners in the other parts of the UK and support the inclusion of eye health improvement and prevention of sight loss within their programme of activities.”

¹ Dr Ivo Kocur, WHO Expert On Public Eye Health, speaking at the relaunch of the UK Vision Strategy (11 June 2013)

Strategic leadership and excellence

Information and IT

The past year saw significant progress on IT, most notably the submission of the first ever bid for NHS capital funding by OFNC in December to support the development of IT links between optical practices, GPs and hospitals.

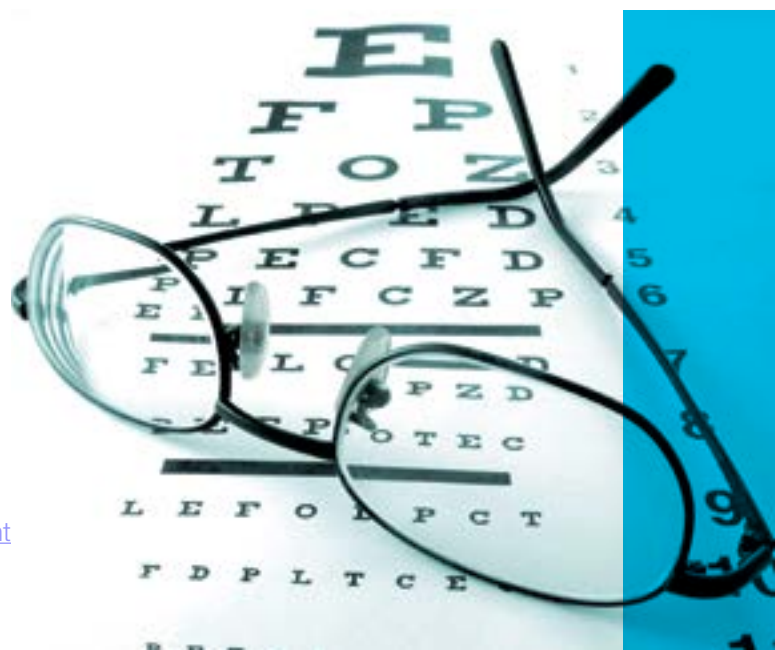
In order to step up our IT agenda, the Optical Confederation recruited Mordechai Chachamu as National IT Policy Manager to prepare the capital bid and lead on a range of ambitious projects to connect optical practices with the rest of the NHS. Our thanks go to the LOC Central Fund which has generously funded 50% of his role, with the remainder covered by the OC.

The capital bid is intended to move optical practices into the core of the NHS by:

- facilitating electronic claims and payments to replace paper GOS forms
- allowing practices to become compliant with NHS Information Governance requirements
- delivering a dataset or common language to share eye health information for referral
- providing for IT infrastructure (broadband connectivity) to carry referrals and eye health information
- facilitating the allocation of NHSMail accounts to every optical practice that needs a secure communication channel to the NHS
- capturing data on ophthalmic public health outcomes.

The first of these to have an impact on optical practices and practitioners will be NHS England's project to deliver paperless GOS claims and payments, which the Optical Confederation supports and is co-producing with NHS England. Through that process we are requesting that NHS England build on the solid system already in place to share GOS data. SMEs and practice groups of all sizes have struggled with delayed payments, returned forms, missing practitioner and patient signatures, and difficulties reconciling payments over many years. Whereas electronic processes should resolve most of these in time, we are conscious that optical practices will need to upgrade IT hardware and processes and retrain staff to use these new systems. We have, therefore, requested funding for electronic signature pads and practice management software via the capital bid.

Alongside this, we now have consistent engagement on IT with primary care colleagues, the Royal College and NHS officials who are keen on showcasing optics as an exemplar service, for example on electronic referral. Taken together, we hope these initiatives will provide the framework for more and better eye care for patients in the community.



Strategic leadership and excellence

Europe

Europe continues to be a high priority for the Optical Confederation and FODO. Over half of UK legislation – some 3,000 sets of regulations a year – comes from Europe and contains a range of risks and opportunities for UK optics. By the time regulations and directives are enforced and are being transposed into UK law, it is often too late to influence policy or outcomes.

This year's programme has included, not only work on CE-marked fluorescein strips (see page 8), but also work on:

- securing a range of new partnerships (building on relationships at UK level) to lobby for better assessment of drivers' vision
- helping deliver a sensible approach to data protection and preventing the imposition of unworkable cooling off requirements for domiciliary providers
- providing an EU monitoring service to JOCEU, shared with ECOO, which is essential to scan the European horizon for threats and opportunities.



Irish MEP Mariam Harkin joins ECOO's Dr Julie-Anne Little to sign the ECV pledge at their launch



The FODO team helped support the ECV secretariat with their launch, including work done to develop their logo and manifesto design

Strategic leadership and excellence

European Coalition for Vision (ECV)

Through Herculean efforts it has at last been possible to establish a European Coalition for Vision – the ECV – building on the success of the UK Vision Strategy in the UK.

The ECV, includes all those interested in improving eye health at the European level: professional groups, health technology associations (but not individual companies), non government organisations and third sector bodies. The aim is to speak with one united voice and to influence European institutions – the Parliament, the Council of Europe and the European Commission – on eye health, vision and visual impairment issues. FODO's David Hewlett represents the Optical Confederation on the Coalition, with Mark Nevin representing ECOO.

The Coalition will keep up pressure on member states to prioritise eye health (including the UK) and acted fast in late 2013 to issue a statement calling for sensible regulation of electronic

cigarettes, which some studies have shown can affect eye health.

In less than a year of existence, the ECV has recruited an active group of supporters amongst MEPs of all political persuasions, actively lobbied MEPs, the Commission, Parliament and the European Court of Justice on eye health matters and launched a 'vision' manifesto for the European Parliament elections in May 2014, which calls on MEPs to commit to supporting vision, eye health and rights for visually impaired citizens for the duration of the next European Parliament.

Launching the manifesto MEP Elizabetta Gardini pledged that the next EU Parliament “would not ignore eye health” – as a sector we must hold her to that.

The ECV has also gained recognition through its partnership with the European Public Health Association (EPHA) giving eye health its due priority alongside other public health goals.

David Hewlett with Bertrand de Limé, Secretary General of EUROM1 (left) and Vittorio Tabacchi, President Of Safilo



Strategic leadership and excellence

Calls to Action

One of the few upsides of austerity is that it can often drive innovation, efficiency and improvement of resource utilisation.

Realising in mid 2013 that, notwithstanding the Government's reforms, the NHS in England was not going to get anywhere near closing the NHS funding gap without further radical re-thinking of care pathways and the elimination of duplication. The Government and NHS England launched the first Call to Action about how to do things better, work smarter and do more (and achieve better outcomes) for a real-terms shrinking level of resource, in July 2013.

As anyone who has been around the NHS for any time could have told them, the outcome of the first Call to Action pointed the finger very sharply at the need to – as Chairman, Jayne Rawlinson said last year – “re-vitalise, re-invigorate and re-invent” primary care.

“Re-vitalise, re-invigorate and re-invent” primary care.

NHS England proceeded to do so by launching further Calls to Action, based with unerring predictability on the traditional contractor professions, starting with General Medical Practice in September 2013. The Optical Confederation responded vigorously to this call emphasising the need to modernise the whole of primary care and the role that community optical practices could play within that and the wider modernisation of the NHS not least in expanding capacity to meet growing needs and reducing pressures on GPs, A&E and hospital eye departments.



Since then further calls to action have been launched for Community Pharmacy (December 2013)² and Dental and Oral Health (February 2014) and both the Optical Confederation and the NCHA are responding to those in similarly robust terms. At the time of going to print, a Call to Action on eye health is expected imminently. This is welcome but ironic in that the sector has been calling for action on eye health for years, however, it is good to know that the NHS eventually catches up.

Once again, we will make sure the voice for eye health and modernisation is strongly heard, including the need for IT connectivity between all parts of primary care (including optical practices) and hospitals, social services and the voluntary sector to provide holistic whole person care and to keep people out of hospitals where this is not clinically necessary.

Later in 2014 we understand that there is also to be further work on cross-cutting themes about how to bring all of the outcomes of all of the Calls to Action to bear in “re-inventing, re-invigorating and re-vitalising” primary care. Hallelujah, at last!

The Optical Confederation, together with the UK Vision Strategy, VISION 2020 UK, the Clinical Council and the Ophthalmic Public Health Working Group will seek vigorously to ensure that eye health is not, as so often in the past, overlooked and that the views of optical practices and practitioners are clearly heard.

² For more information see www.npa.co.uk/Knowledge-Centre/Resources/Consultation-Responses/Regulation/Consultation-Response-NHS-Englands-Call-to-Action/

Strategic leadership and excellence

Safer Driving Campaign

Despite the Government refusal to abolish the number plate test last year, the Optical Confederation's vision and driving campaign has continued by re-focusing on raising public awareness about driving and eye health. We have achieved this in partnership with a series of partners not least road safety charity Brake and the DVLA, both of whom launched high profile initiatives in August to inform drivers about their responsibilities to attend for regular eye tests and maintain good vision.

In the Autumn, the Optical Confederation supported RSA's Fit to Drive campaign in Parliament which secured the support of 38 MPs, who committed to always driving with good vision and to promoting regular eye checks for drivers.



Mark Nevin at the RSA parliamentary event with (l-r) Laura McAlpine (RSA), Matthew Maxwell Scott (RSA) and Ellen Booth (Brake)

The Optical Confederation also developed new guidance for practitioners about assessing all categories of drivers' vision. In order to fulfil our role as guardians of the nation's eyes and to improve road safety, members are specifically advised about circumstances in which a patient should inform the DVLA about an eyesight condition which impacts on their ability to drive. Template letters are also available from FODO to advise practitioners on how they might follow up with these patients if they continue to drive against medical advice.

In an encouraging sign for the future, a range of stakeholders continue to echo our concerns and lobby Government to do more. For instance, the Road Safety Observatory has recently conducted a review of vision and driving, aimed at raising awareness among road safety professionals and drivers, which republished several of the Optical Confederation's recommendations.

FODO and the Optical Confederation, together with Optometry Scotland and Optometry Wales fully supported LOCSU's bid for the provision of vision testing services for the DVLA. In the end, the DVLA chose to go for a sole provider rather than the managed and open network of optical practices and practitioners which LOCSU had proposed. We are most grateful to the LOCSU team for their valiant effort, and the FODO members who participated.

We also continue to engage with European officials through ECOO to call for a review of the underlying legislation and provide information about national implementation of the visual requirements and the assessments carried out in each member state. The Optical Confederation continues to be concerned that the number plate test is not an adequate assessment of visual acuity and we will continue to press Europe on enforcement and safety.

Strategic leadership and excellence



Healthy Eyes Campaign

A joint eye health awareness campaign in Ireland.

The Irish Healthy Eyes campaign was launched in October 2013, alongside World Sight Day on 10 October. For the first time, FODO Ireland and the Association of Optometrists Ireland (AOI) joined together to promote the importance of eye health.

Working together, FODO and AOI aimed to deliver a single, joint message – that everyone needs a regular sight test. This message would come from eye health professionals (both in the corporate and independent sector) from every practice in Ireland.

Key to the success of the campaign was the enthusiastic participation of all members of both organisations. Members displayed posters and information leaflets, not only in their practices, but also in local cafés, community centres, church halls and libraries throughout Ireland.

To ensure maximum reach of the campaign, the full range of media was used.

- National and regional press releases
- Radio interviews broadcast on national and regional stations
- Website links, social media, blogs and twitter
- Practice visits for MEPs and TDs

The Healthy Eyes campaign 2013 is seen as a building block for future campaigns and this year FODO and the AOI will be joined by the Irish Association of Dispensing Opticians (IADO) as we seek to establish a truly cross-sector campaign.

The Healthy Eyes 2013 campaign has been shortlisted for the Optician Magazine's Campaign of the Year Award.



Strategic leadership and excellence

National Eye Health Week

Almost a quarter of the UK population (23%) were aware of National Eye Health Week 2013.



Pictured left to right at the NEHW MPs event – Sir Anthony Garrett (Optical Confederation), Sir Tony Cunningham MP, Julian Jackson (Fight for Sight), Rosie Gavzey (Eyecare Trust), Francesca Marchetti (Chair, National Eye Health Week), Mark Duncan MP, Martin Vickers MP, David Hewlett (Optical Confederation) Heather Wheeler MP, Julian Huppert MP and Mike Weir MSP



The percentage of the UK population who understood they should have a sight test every two years (unless advised otherwise by their optometrist) rose 5% during the week to 53%. The biggest rise came in the core target group of 45-54 year olds which rose ten percentage points to 62%.

There were also some significant increases in public understanding of the factors that can affect eye health.

- Diet up 25% from 40% to 65%
- Smoking up 6% from 54% to 60%
- UV exposure up 4% from 72% to 76%

The NEHW media activity generated more than 135 million opportunities for people to see and hear important eye health advice, and the publicity value of the 2013 campaign was estimated to be worth over £3 million.

Traffic to the NEHW website www.visionmatters.org.uk was up over 60% year-on-year and activity on the Week's social media platforms included a LIVE cataract operation on Twitter.

As a founding stakeholder of the NEHW initiative we are proud to see the chairmanship pass to FODO member David Cartwright for 2014, and are sure members will once again support NEHW for the good of the sector.

FODO member David Cartwright was officially welcomed as Chair of National Eye Health Week 2014 when his predecessor Francesca Marchetti handed over office at a NEHW Steering Group meeting in Central London



Better regulation

FODO and our members are fully signed up to the five principles of better regulation:

- **Proportionality**

Regulators should intervene only when necessary. Remedies should be appropriate to the risk posed, and costs identified and minimised.

- **Accountability**

Regulators should be able to justify decisions and be subject to public scrutiny.

- **Consistency**

Government rules and standards must be joined up and implemented fairly.

- **Transparency**

Regulators should be open and keep regulations simple and user-friendly.

- **Targeting**

Regulation should be focused on the problem and minimise side effects.

We support an NHS that is clinician-led and patient-focussed and, as part of that programme of change, rules and regulations which are 'co-produced' by those who have to implement and pay for them.

In the past these principles have often been paid lip-service to rather than observed by the NHS. The need for consistency, both to preserve safety and minimise costs, is well understood and the Government and NHS England are seeking to address this at more senior levels..

Unfortunately some unreconstructed folk have managed to survive or have moved into roles in the new structures and there can still be a tendency at lower levels to over-regulate and complicate systems which would be safer and more efficient operating on a standardised basis.

To counter this, the Optical Confederation, LOCSU and FODO (when directly supporting members) have worked hard to challenge disproportionate regulation and arbitrary, unilateral and egregious decision-making wherever we have found it throughout the past year. This has included the attempted imposition of bizarre, unilateral approaches to occupational health, post payment verification (PPV), and contract applications to name but three.

Better regulation

NHS England – Single Operating Model

Key to tackling the delivery of greater consistency across the NHS in England has been the co-production and development of the planned single-operating model for GOS in England which will apply across all local area teams.

LOCSU has been leading this work on behalf of the Optical Confederation and we now have established frameworks for:

- completion of QiO toolkits for contract assurance and subsequent audit
- monitoring compliance with Mandatory and Additional Services GOS contracts
- GOS contract applications
- resolving matters such as contract breaches, sanctions, appeals and disputes.

All of which are available on the FODO website in our resource section via www.fodo.com/resources/browse-resources

Other areas still under review include the provisions for Performers List applications. We are optimistic that NHS England will adopt a proportionate and risk based approach to this as they have done for the frameworks above.

Post Payment Verification

Despite this progress, given the volume of work NHS England is trying to process, there is still no new standard operating procedure for Post Payment Verification – despite the Optical Confederation calling for this for the past two years and an excellent draft having been submitted in late 2013.

This has meant that various local area teams and sub-sets within local area teams have been attempting to 'do their own thing' rather than

following an agreed national model, leading to a variety of unfortunate outcomes including inappropriate seizing of patient records, bullyboy tactics used against small practices and individuals, dumping of NHS compliance work on practices and disproportionate extrapolations of overpayments.

Until a new PPV model is 'co-produced', the Optical Confederation's view is that the existing 2009 guidance produced by NHS PCC is what the NHS and contractors should be following³. Local optical committees and contractors should stand firm on this and not agree any variations without first discussing the matter with LOCSU (LOCs) or their OC representative body (contractors and individuals).

³ See www.fodo.com/downloads/Ophthalmic_post-payment_verification_guidance.pdf

Better regulation

Monitor

FODO members will recall only too well the long battle FODO fought on behalf of the Optical Confederation – and as part of the wider primary care contractor professions alliance – to ensure that community eye health services were not subjected to the duplicatory regulatory regime established by Monitor. This involved responding to sixteen consultations and actively engaging with officials and partner bodies over two long years of sustained debate and effort.

It was welcome, therefore, when the Department of Health confirmed in January 2014 that, as they had indicated, community eye care providers are exempt from Monitor's licensing regime, and therefore all of the requirements and conditionality that comes with it. This was a victory for common sense and hard work by the sector.

FODO, on behalf of the Optical Confederation, continues to track and participate in all consultations by Monitor to ensure this sensible outcome is preserved for optical practices.



Better regulation

GOC Regulation

In July 2013 the GOC decided to consult on two issues:

- business registration
- student registration.

Business Registration

Although the current system has several anomalies, the GOC did not produce much by way of evidence to say that business registration was essential to protect the public or of the need for change. Currently, some companies opt for registration with the GOC whilst others do not. However, what is clear is that the method of protecting business titles is anachronistic and that, in the eyes of the public, 'Eyes R Us' appears to be just as much of a community optical practice as 'Bloggs Opticians'.

The Optical Confederation favours a level playing field for all and felt that either all businesses should be registered or none. Recognising that there is a theoretical risk to mitigate, we agreed with the GOC that:

- the current situation where some businesses are registered and others not is hard to explain to the public who might expect all businesses to be registered
- this could also lead to a perception of unfairness in that not all businesses have to register and comply with the GOC rules and codes of conduct.

It was on these grounds that the Optical Confederation supported the GOC's proposal that all businesses providing restricted eye health services in the community or online should be registered with the GOC and thus brought within their jurisdiction, Codes of Conduct and powers of enforcement – whether or not they call themselves by a protected title such as registered optometrist or optician. This support, however, was given in the context of the GOC's clear commitment to deliver "effective, proportionate and fair public protection" and to abide by the principles of better regulation set out on page 19.

We were also able to congratulate the GOC on its commitment to openness and transparency in consulting widely and fairly and were pleased to have participated in the GOC's two open-house workshops on the consultations in September 2013.

Better regulation

Student Registration

All parts of the optical sector are clear that students at undergraduate level should not be registered with the General Optical Council. Instead, given that they only interact with patients in controlled circumstances and under educational supervision, their professional conduct should be regulated by their university in the same way as for other undergraduates in all professions.

The trickier issue, however, is whether or not pre-registration optometrists should continue to be registered with the GOC.

It is clearly the intention of the pre-registration year of practice-based vocational training that, by the end of that period, the trainee optometrist will be seeing patients alone in a consulting room albeit with their supervisor on the premises and

able to support or intervene if necessary. Patients in that position would normally expect that they were being cared for by a registered practitioner (albeit one that had not yet fully completed their vocational training). The GOC's proposal was to remove any requirement for student registration at both undergraduate and pre-registration levels. The latter was not supported by the Optical Confederation and others for the reasons above. The conundrum has still to be resolved. The GOC is doing further work on the issue of pre-registration and will consult again in due course.



Better regulation

Safeguarding

Safeguarding children and vulnerable adults is a duty which all healthcare providers rightly need to comply with. Optical practices and practitioners will already be familiar with the OC's Safeguarding Guidance, issued in 2012.

Through the last year, the Optical Confederation and College of Optometrists have engaged with the Intercollegiate Group (lead by the Royal College of Nursing and Royal College of Paediatrics and Child Health) as they updated their guidance on safeguarding children, which makes recommendations for all healthcare practitioners.

Whilst we recognise our specific safeguarding responsibilities, we have clarified that owing to the nature of our role, there are boundaries to what it is safe for optical practitioners and practice staff to do. Nevertheless, we feel we are well ahead of most other professions on safeguarding thanks to the clear protocols in the Optical Confederation guidance and all optometrists already having

access to training materials through DOCET. This was helpfully taken on board by the Intercollegiate team which has cross referenced the Optical Confederation guidance for optical practitioners.

As the Annual Report goes to publication, the Optical Confederation's Safeguarding Guidance and DOCET training are being reworked to align with Level 2 from the Intercollegiate Guidance, with elements tailored to make them relevant to optical practice and including a simple procedure that all members of staff can follow if they suspect abuse. One key change will be that optometrists and opticians will need to be trained to Level 2, and we are working with colleagues across the optical sector to update our guidance and DOCET training to this proposal and provide universal access to suitable materials.



Better regulation

Domiciliary Eye Care

Dawn Roberts, Domiciliary Eye Care Committee Chair reports.

Ensuring that vulnerable people who cannot leave home unaided on account of a physical or mental disability have access to high-quality eye care remains a high priority for FODO, the Optical Confederation and the wider sector.

Made up of members of the optical bodies, with the College of Optometrists and the National Optometric Advisors Association attending as observers, the Optical Confederation's Domiciliary Eye Care Committee (DEC) is a forum where provision of eye care services for this important group of patients can be discussed, debated and improved.

With the introduction of open meetings, the Committee now offers a platform for everyone involved in the provision of domiciliary eye care to raise any issues about the service.

The DEC Code of Practice continues to provide key standards for optical providers and a fundamental guide for NHS staff and care home managers. This year the DEC has decided to review the Code, not only to reflect the changes in the NHS but also to give providers clearer guidelines on best practice.

The DEC has also welcomed the opportunity to provide input to the College of Optometrists consultation on its Code of Ethics and Guidelines. It has been important to recognise that for some people the residential setting is the most suitable environment for a sight test.

The Department of Health has asked the Optical Confederation for its views on the current notification system for domiciliary eye care. The DEC is keen to ensure that any regulation is both

practical and does not present a barrier to health care access. We look forward to working with the Department to ensure that the most efficient system is put in place.

In addition to assisting providers, patients and their relatives, the past year's work programme has focussed on the role that other health and social care professionals and relatives can play in the eye health of this patient group. It was with this in mind that the DEC published the domiciliary information leaflet 'Sight Tests at Home' in April 2013. This provides information for the patient, relative or carer on all aspects of domiciliary eye care.

In 2014-15 we look forward to continuing to strive for fair access and high standards for people whose sight problems can often go uncorrected adding further complications (including isolation) to frailty and long-term conditions. We are committed to eye health for all – as a right – and will continue to do our best to deliver that with colleagues across the whole sector.



Dawn (centre) and some of the Optical Confederation Domiciliary Eyecare Committee at work

Better regulation

During the period April 2013 to March 2014, FODO, either separately or jointly with the optical bodies, has responded to the following consultations on members' behalf.

2014		
Organisation	Consultation	Response
NHS England	Draft Framework for Managing Performer Concerns	March
	Improving Health and Patient Care Through Community Pharmacy – A Call to Action	
	Framework for Managing Performer Concerns	
DVLA	Extending Validity Period of Medically Restricted Driving Licences	
Department for Business, Innovation & Skills	Zero Hours Employment Contracts	
The College of Optometrists	Draft Guidance on Knowledge, Skills and Performance Domain	February
Health & Social Care Information Centre	NHS Choices, the Online Channel	January
ECOO	Qualification in Optics	
General Optical Council	Guidance for the Investigation Committee, Case Examiners and the Fitness to Practise Committee	
	Strategic Plan 2014-17	
2013		
Organisation	Consultation	Response
NICE	Public Health Quality Standards	December
NHS England	Improved E-Referral Service Vision	November
CORU and FODO Ireland	Bye Law Governing Election	
NHS England	Improving General Practice: A Call to Action	October
General Optical Council	Review of Business Regulation	
	Review of Student Regulation	
NICE	Sunlight Exposure: Benefits and Risks (Draft Scope)	September
	Draft Quality Standard on Autism for Children, Young People and Adults	
Department of Health	Refreshing the Mandate to NHS England: 2014-15	
UK National Screening Committee	Screening in Children aged 4-5 years: An Evidence Review	

Working in partnership

2013 continued...		
Organisation	Consultation	Response
ECOO	Business Plan 2013-2015	August
Department of Health	Sustaining services, ensuring fairness: A consultation on migrant access and their financial contribution to NHS provision in England	
General Optical Council	Guidance on Fitness to Practise Rule 16	
NHS England	Review of urgent and emergency services in England	
	Review of NHS Standard Contract 2014/15	
	Review of Incentives, Rewards and Sanctions	
Professional Standards Authority	How can professional regulation encourage healthcare professionals and social workers to be more candid when care goes wrong? – A Call for Evidence	
Department for Transport	Review of the Balance of Competences: Transport	July
NICE	Draft Quality Standard for Mental Wellbeing of Older People in Care Homes	
	Behaviour Change Public Health Guidance	
	Workplace policy and management practices to improve the health of employees	
Royal College of Nursing and Royal College of Paediatrics and Child Health	Challenging Behaviour in Learning Disability (Draft Scope)	May
	Intercollegiate Safeguarding Guidance	
Department of Health	Indemnity Insurance	
	Cross-Border Healthcare and Patient Mobility	
	Indemnity Insurance	
Department for Business, Innovation & Skills	Non-Economic Regulators: Duty to have regard to growth	April
NICE	Draft Quality Standard for Smoking Cessation	

Select Committees		
Organisation	Inquiry	Response
Health Select Committee	Public Expenditure on Health and Social Care	November
Joint Select Committee	Draft De-Regulation Bill	September
Business, Innovation & Skills Select Committee	Pre-legislative scrutiny of the Draft Consumer Rights Bill	August
Health Select Committee	Long Term Conditions	May

Working in partnership

GOS Fees and Vouchers

Claire Slade, Chair of the Optometric Fees Negotiating Committee, reports.

Regrettably in 2013-14 – and for the second year running – the profession's negotiators were simply unable to accept the low levels of fees on offer from government. Consequently a (below inflation) increase of 1% – all that had been on offer – was imposed upon us by the Department of Health. As I said at the time: "The only way the government's aim of supporting patients in the community and reducing pressures on GPs, A&E and hospitals can be realised is by investing in primary care. Our capital bid is a modest one in the context of NHS finance; and the NHS return on investment, if agreed, would be spread over several years."

At least, however, we managed to achieve this without the further imposition of a 4% efficiency saving which had been imposed on other contractor professions. This is because we successfully demonstrated that there was no more efficiency to be squeezed out of the sight test fee which was already at rock bottom prices and driving practices out of business.

It was also disappointing that the Department of Health chose to ignore our representations on increasing voucher values, which might have helped small optical businesses. Unfortunately, the inevitable has happened and, apart from children's spectacles which practices prioritise, the range of choice of spectacles available to NHS patients through the NHS voucher system is reducing year on year. In the current year, we have submitted specific evidence to the Department on this issue, based on the survey we carried out over the year.

The outlook still looks bleak. The background

to this year's fees negotiations for 2014-15 was the Chancellor's announcement in his autumn statement of – again – a maximum 1% increase in pay (GOS fees count for pay for these purposes) plus 4% efficiency reduction. This is quite unacceptable in GOS terms and we have, once again, submitted a reasonable bid for fees, grants and voucher values – setting out our case in more detail than is normal as this is the first year that we are negotiating with NHS England rather than the Department of Health⁴.

As we made clear in our bid, costs continue to increase significantly. Fee income does not cover the full cost of sight tests, the cross subsidy from product sales has been squeezed by the recession and the real-terms fall in spectacle prices has led to a narrowing of choice for patients. Practices are being forced out of business and there is a smaller range of NHS voucher value spectacles for adults.

This year we have submitted a bid for IT connectivity (based on the pioneering work done by Optometry Scotland) between optical practices, GP practices and HES supported by the entire eye health sector. This lack of connectivity is a major barrier to community optical practices playing their full role in the re-building of primary care, the reduction of pressure on GPs, A&E and HES and the maintenance of vulnerable people in the community.

Despite these arguments, at the time of going to print, the auguries for satisfactory outcomes are not good. However, FODO members and the sector can rest assured that we will not simply roll over and accept real-terms fee cuts without protest and that we will continue to fight for fair remuneration for the clinical services we provide at incredible value for the NHS and to play our full role in delivering better services and eye health outcomes through more integrated clinical working.

⁴ Details of the bid were published on the Optical Confederation website at www.opticalconfederation.org.uk/news/latest-news/post/87-gos-fees-and-optical-vouchers-2014-15

Working in partnership

Wales

FODO continues to play an important role within Optometry Wales as well as within the wider Optical Confederation.

The past year has seen continued evolution of the Wales Eye Care Service (WECS) which continues to offer, nationally, a broader range of primary care services in the community. Optometry Wales is at the forefront, as always, of the continued progression of the scheme.

Optometry Wales enjoys a productive working relationship with the Welsh Government and Welsh Assembly Members with many practice visits timetabled to raise awareness of the positive role that both optometrists and dispensing opticians play in the community as well as the challenges faced within the profession.

The launch of the Eye Care Plan for Wales in September 2013, thought to be a world first, provides many exciting possibilities for the sector. Optometry Wales is one of the few stakeholders who send representation to the Steering Group for this plan as well as the eight sub groups that sit beneath the overarching executive.

The plan is centered on raising awareness of eye health and the need for regular sight tests, the early detection of eye health and sight problems, providing access to high quality services and support in primary care and hospitals, and supporting people with visual impairment.

The plan will introduce measures including quality assurance for vision screening for schoolchildren,

annual sight tests for children in special schools, a public health education strategy for eye health and better links between health and social services.

One key strand of this is the development of e-GOS submissions and IT integration between secondary and primary care. Optometry Wales will continue, with the support of FODO and other stakeholders, to work toward the best result for the sector with many opportunities for joint learning and working as similar integration projects progress throughout the UK.

Optometry Wales has worked closely with FODO and the Optical Confederation to ensure the interests of all stakeholders have been represented in all our work. The recent move by the Welsh Government to a choice-based employee VDU examination, from the previous single provider model, underlines this. Paul Morris speaks for FODO on the Optometry Wales Council and also sits on the Executive Council.

Continued collaborative working across Wales and the UK with our stakeholders with ongoing engagement with the Welsh Government and NHS Wales, will bring further opportunities for optometrists and dispensing opticians alike, along with better services and improved health outcomes for the public.

This year Optometry Wales will launch its first ever strategy, underpinned by an internal business plan that sets out our forward work plan for 2014-17. The plan aims to build on progress and to implement a stronger support mechanism for the three regional optical committees in Wales.

Norma Davies

Chairman, Optometry Wales

Working in partnership

Northern Ireland

2013 has been an eventful year for optics in Northern Ireland with FODO playing a significant role.

The AGM of Optometry NI in May 2013 saw the Chairmanship pass from Helen Knox to David Barnes of RNIB. Helen had made great progress over her three year term as Chairman and laid the path for a number of initiatives which are starting to come to fruition. FODO would like to thank Helen for all her work. David brings a wealth of knowledge to his new role along with a great ability to listen and consider. FODO representation also changed at the AGM from Jill Campbell to William Stockdale and again thanks are due to Jill for her work on the Committee.

In October 2013 the first of ten pilot electronic payment systems was installed. Despite teething problems this pilot is progressing well and roll out is envisaged across Northern Ireland in 2014. While FODO had reservations about the newly introduced requirement in Northern Ireland for a

Health and Care Number to validate a claim and the additional work this presented at practice level the system has been accepted. In addition to electronic submission and payment the benefits are data protection compliance with the encrypted transfer of information and the potential to link to shared care schemes in the future requiring electronic transfer of patient sensitive information.

Glaucoma referral refinement is now underway in Northern Ireland. Practitioners have had their skills re-validated by the University of Ulster and are now participating in a scheme of repeating pressure measurements by Goldman or Perkins before referral. Since its launch at the end of 2013 the initial two months statistics have seen an overall reduction in false positive referrals in excess of 60%.

More shared care schemes are planned for trial in 2014 and there is a sense of momentum in that Northern Ireland is really beginning to address eye health issues, value community optometry and optics and put programmes in place.

William Stockdale

Optometry Northern Ireland FODO Representative



Working in partnership

FODO Ireland

FODO Ireland continues to build its service offering and influence in the Republic and is engaging with Government departments, the Health Service Executive, regulators and other stakeholder organisations. As we do in the UK and Europe, FODO Ireland aims to work with optical partners the Association of Optometrists Ireland and Irish Association of Dispensing Opticians as well as friends of the sector in eye health and primary care to present a united voice in these negotiations.

This is an extremely important time for eye care in Ireland with the imminent introduction of the new Health and Social Care Professionals Bill which will transfer our register from the Opticians Board to CORU, a multi-professional regulator. We have worked with the Department of Health and Children and the Opticians Board throughout to ensure that the new frameworks work for both practitioners and optical practices, and it is proportionate to our low risk sector. We are already submitting views to CORU on Continuous Professional Development (CPD) and their corporate strategy for the next three years. We look forward to working with them and optical partners over the coming year on maintaining the register and CPD, through to fitness to practise and regulating dispensing in the optical market.

Whilst helping our members through this transition, we will also continue to press for new



Irish MEP Gay Mitchell visiting a practice as part of the Healthy Eyes campaign

efficiencies in the administration of state funded eye examinations and seek to develop electronic referrals for eye care patients.

Together with our partner organisations, FODO Ireland has fought to protect the fee structure for primary eye care while suggesting improvements to the system that would improve access to care for patients on low incomes. Our FEMPI⁵ consultation response and subsequent discussions with the DoHC have ensured that optical fees remain unchanged in a very difficult economic climate.

In October 2013, we launched the first joint eye health awareness campaign, Healthy Eyes, in collaboration with the Association of Optometrists Ireland which provided all optical practices an opportunity to participate. This served not only to promote eye health locally and nationally, but also to deliver a political message about the important role that eye health professionals play in the community to the MEPs and TDs who visited their local opticians during the campaign. We were pleased to see that Healthy Eyes has been shortlisted for the Optician's Campaign of the Year award.

5 Financial Emergency Measures in Public Interest

Working in partnership

In 2014, we will look to build on the 2013 Healthy Eyes campaign aiming to get wider sector engagement and develop relationships with fellow stakeholders.

The FODO Ireland Executive is responsible for shaping policy and strategy in Ireland in partnership with the FODO Board. As in the UK, we always aim to ensure that its composition is a true reflection of our membership and we were pleased to welcome a new member, Eillis Dolan, who was elected to the Executive in December to represent the growing number of SME and individual members.

In 2014, our influencing work will be even more important with the transition to CORU, which provides both risks and opportunities for the sector. We are also planning ahead to advise members on the key changes that this will bring, such as compulsory CPD, Garda vetting and FTP. We look forward to working with the Executive to support our members through these changes.

Peter McGrath
Chairman, FODO Ireland



Irish MEP Mariam Harkin having her eyes tested for the Healthy Eyes Campaign

Scotland

FODO Scotland continues to play a key role in Optometry Scotland and FODO Scotland members are involved at every level of local, Scottish and UK forums representing the optical sector. We hammer home the importance of professional standards, appropriate services in the most appropriate location, and value for money.



The revised GOS legislation that we have been working on for almost two years was laid before the Scottish Parliament in December 2013 and came into force in February 2014. This is primarily to do with changes to the provision of Domiciliary Services, resulting in a more pragmatic approach to tests and equipment that are appropriate in a domiciliary/day centre setting.

The whole guidance section in the previous regulations has also been moved out into the Statement to provide more flexibility as originally envisaged in 2006. This will enable us to adapt to changes in working practice and equipment in the future without new guidance needing to be laid before Parliament.

The highlight of the year was the debate in the Scottish Parliament in January 2014 on GOS in Scotland led by Fiona McLeod MSP who complimented Optometry Scotland (OS) on all that has been achieved. Michael Matheson MSP, the Minister for Public Health, stated that we need to build on these achievements and further develop the current service.

Working in partnership

Optometry Scotland held a further Parliamentary dinner in March 2014 to do just that and I was proud to represent all FODO members there.

Protection of Vulnerable Groups

Scottish members should be expected to be contacted by the Protecting Vulnerable Groups body within 2014-15 when everyone currently registered through the Disclosure system will be moved to their list. Guidance issued by Optometry Scotland is available at www.optometriscotland.org.uk/optometrists-dispensing-opticians/guidance.html

Sensory Impairment

The Sensory Impairment Strategy Group, where OS and FODO Scotland have been involved has now published their guidance. The progress and joined-up thinking around visual services to maximise access, reduce avoidable blindness and deal with people with visual disability is impressive. However it is disappointing that there has not been a similar pro-active approach to community hearing despite an excellent case being put forward by the NCHA and hearing sector.

Electronic Links

The electronic referral project is moving ahead and being trialled in practices across Scotland. We are nearing the end of the testing stage to determine differences between Hospital Eye Services in each Health Board area to improve and standardise the referral and feedback process.

Glaucoma

The SIGN glaucoma guidelines group, part of Health Improvement Scotland, has worked this year to formulate a Glaucoma Referral and Safe Discharge guideline for Scotland available at www.sign.ac.uk/pdf/Glaucoma_National_Meeting_Draft.pdf.

The excellent Sam Watson continues as Chair of Optometry Scotland whilst Peter Carson and I represent FODO in various IT and GOS negotiations.

Sheila Briggs continues her excellent work as FODO Scotland Secretary. We are always keen to hear from FODO Scotland members and to assist with any queries on Scottish matters.

Hal Rollason

FODO Scotland

Left to Right – Frank Munro (Executive Member of OS), Fiona McLeod MSP, David Bonellie (Vice Chair OS) and Debbie McGill (Operations Manager OS)



Working in partnership

National Community Hearing Association (NCHA)

In 2012, as part of the commissioning reforms in England, the Government and NHS England, decided to expand hearing care capacity in the community through the Any Qualified Provider (AQP) mechanism.

This significantly changed the dynamic of the provision of hearing care, opening up to NHS patients the service, access and quality in the community which had previously only been available to paying patients – a major step forward in tackling health inequalities.

This was an important step in putting hearing and hearing loss on a par with eye health and visual impairment. This can be seen in strategies in many parts of the UK that focus increasingly on sensory impairment rather than eye health and hearing in isolation. Provided both areas of public health are given their full weight, this can only be for the benefit of patients, the public and the NHS.

To help the community hearing sector take this agenda forward in partnership with the hospital audiology sector, members of the Association of National Hearing Aid Dispensing Companies (ANHADCo) approached FODO in 2013 with a view to forming a new community based hearing association – the NCHA. The benefits being:

- for the hearing sector to draw upon FODO's considerable expertise in public health, influencing and joined-up working
- to bring much needed policy resource and strategic support into the community hearing sector
- in both sectors to exploit the very close synergies between eye health and hearing.

The NCHA was officially launched as part of the FODO Group in October 2013. The NCHA has its own board and elected Chair, Mark Georgevic, and operates autonomously within the FODO fold under the leadership of Chief Executive, David Hewlett and Head of Policy, Harjit Sandhu.

Jayne Rawlinson, FODO Chair, said:

“Many FODO members already provide hearing as well as eye health services and FODO has always provided insurance for our hearing care members. There are also many natural synergies between eye health and hearing as major public health issues, especially with an ageing population, the need to develop new pathways and new models of care between hospital and the community and delivery models.

This is a natural fit for us but does not of course in any way weaken our commitment to the Optical Confederation. This partnership also strengthens and widens the support we can give to the Optical Confederation where we plan to continue to play a leading role with our eye health partners.”

Like FODO, NCHA membership is open to all, including corporates, SMEs and individuals. In its first six months it has attracted support from leading providers of community hearing services and will continue to welcome new members that share its goals.

Given NCHA members now operate in a mixed market model, FODO members will immediately recognise the common interests in use of the NHS standard contract (as for community eye health services), VAT, local commissioning and other issues.

With primary care growing in strength we know FODO and NCHA members will continue to deliver services that keep people healthy and out of hospital.

We know that FODO members will welcome our new hearing cousins into the FODO family.

Supporting members

Website

In 2009 FODO went through a website redesign to make our site simpler to use and a more effective tool for members and the wider sector. The developments

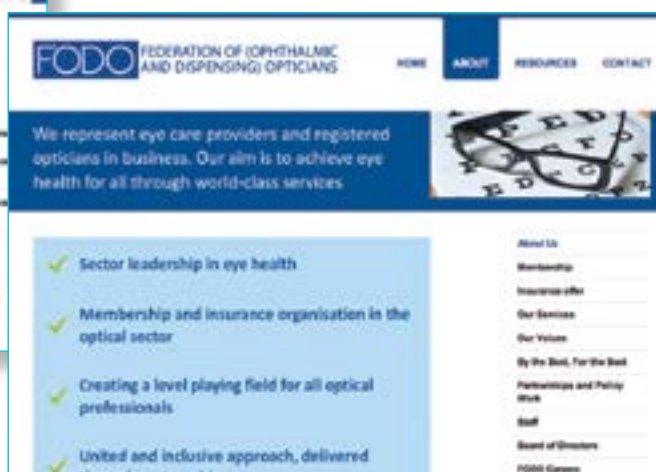
and changes in optical regulation and governance since then, however, seem to more than match the breakneck speed of technological innovation and we will renovate and update the site in 2014.

Members can expect to see a series of changes to the website in 2014, aimed at making the information you need easier to find. The material already available on our site is a treasure trove of optical know-how that covers all the work we do in the sector, and we continually strive to develop this valuable resource.

“The material already available on our site is a treasure trove of optical know-how.”

If you would like to get involved with a focus group to talk about how our website changes might look, or you have any suggestions about information you would like to see – or like to see done better – then please get in touch with Communications and Events Manager Oliver Lamb at oliver@fodo.com.

We also encourage all members who are active online to follow us on Twitter (@FODO1) for membership updates, public health information, policy alerts and strange but true stories from the world of optics. If you use LinkedIn for work then you might think about joining the ‘FODO Membership’ group. It is open to anyone who has ever been a member or worked for one of our member companies – a potentially huge group of professionals to connect with online. More information is available at www.fodo.com/social-media.



Supporting members

Franchises and Joint Ventures

Over the past ten years franchise and joint venture options have become ever more popular models for running optical practices in the community. This is because they combine the ability for clinicians to focus on eye health, clinical care, vision correction and outcomes whilst benefiting from infrastructure support on the administrative side of their business and help to flourish in meeting local needs.

Through our work supporting companies, franchisees, ex-franchisees and individuals with personalised support, FODO has inevitably built up expertise in these areas. This is a growing area of the sector where we are keen to support members including through our excellent professional indemnity, legal defence and advice offerings backed by our professional, independent legal teams.

For FODO members who prefer to seek their own external advice on these matters, FODO has negotiated a preferential 'members only' tariff with world experts Field Fisher Waterhouse.

For further information please contact our lead Director for SME members, Adrian Street on adrian@fodo.com or our Membership and Defence team on membership@fodo.com.

Employment Issues

The same applies to employment where the optical sector should be an exemplar of best practice. One of the better kept secrets amongst the 'FODO family' is our Chief Executive David Hewlett's considerable experience in HR and trade union matters. He has been an active trade unionist all his life and is, to our knowledge, the only optical sector chief executive to have led successful industrial action. He has served on the National Executive of the premier public sector trade union – the First Division Association – as well as being the convenor (shop steward) for all the senior civil servants within the Department of Health. He has also acted as a trouble-shooter and mediator for senior NHS managers.

This, combined with David's wide expertise as a senior manager within government, has given him unique insights into both the staff and management side and he has successfully supported and defended many staff in disciplinary matters. Within FODO, David leads the employment brief supported by our expert employment lawyers.

For further information members can contact our lead Director for Individual, Employed and Locum Members, Glenn Tomison, in confidence, on glenn@fodo.com. David can be contacted on david@fodo.com or you can contact our Membership and Defence Team on membership@fodo.com.

Supporting members

Information at a Glance

Optics at a Glance

FODO continues to produce the Optics at a Glance publication on behalf of the Optical Confederation.

Optics at a Glance is a key source of information about optometry, opticians and the UK optical market. It includes information from the Health Care Information Centre, the devolved governments, the GOC, ACLM and information gathered from an optical confederation member survey. 2013 saw the 32nd edition of this most accessible of publications.

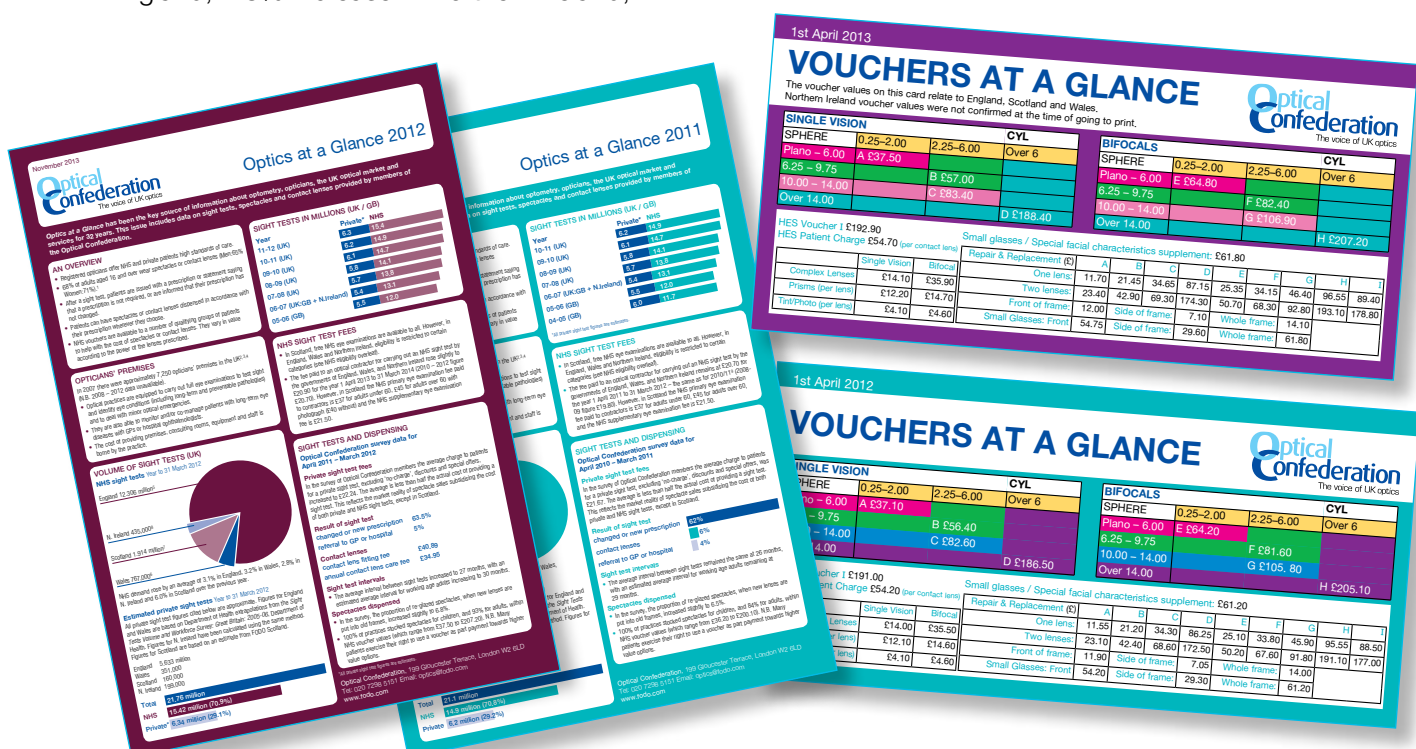
The most recent edition reported that, in the year ending 31 March 2012, NHS sight tests had increased in every country in the UK by 3.1% in England, 2.8% increase in Northern Ireland,

3.2% in Wales and a 6% increase in Scotland. Additionally, NHS eligibility in England showed an increased percentage of sight tests were for patients aged 60 and over, reflecting the aging population.

Vouchers at a Glance

FODO also produces the Vouchers at a Glance card on behalf of the Optical Confederation. This card is an extremely popular resource providing optical practices with up to date information regarding voucher values in a concise and easy to read format.

Voucher values increased by a mere 1% from 1 April 2013. This was the second year of lower than inflation voucher value increases following three years of frozen voucher values. However they are set to increase by 2% from April 2014 following successful negotiations by the ONFC.



Supporting members

Claims and Payments

The establishment of NHS England in April 2013 ushered in a new era for electronic claims and payments.

A restructured NHS and the abolition of primary care trusts in England meant many primary care contracts were transferred, including GOS to contracts to NHS England and GOS claims and payments services were contracted out to new processing agencies. They had to operate through a new Integrated Single Finance Environment (ISFE) that NHS England subcontracted to NHS Shared Business Services, the new contract owners. The implementation of the ISFE, in April 2013, meant the cumbersome task of all contractors resubmitting bank account details in

order to ensure a smooth transition process with regards to GOS payments. Once complete the contractors would then receive payment for GOS services via the ISFE payment system.

As with any new system there were teething problems, with some practices unable to reconcile specific payments to claims made, others not receiving payments or the payments ending up in incorrect accounts, which caused a great deal of frustration and lost time for contractors. In October the Optical Confederation met with contractors and discussed the issues they had been facing with Shared Business Services. We are pleased to announce that since this discussion took place all the issues that were faced by the contractors involved have been rectified.



Supporting members

FODO Autumn Dinner

The FODO Autumn Dinner is known as the 'FODO family do' because of its relaxed and intimate nature – a far cry from the formality and stuffiness often associated with dining in the healthcare sector. The only difference, of course, is that the FODO family of close-knit friends and partners is in fact a group containing most of the leading thinkers and professionals in optics and top representatives from the worlds of law, business and healthcare policy.

We were pleased to welcome Ben Fletcher, the new managing director of Boots Opticians, to his first dinner and were especially pleased to see Mark Georgevic attend in his role as Chair of FODO's newly formed sister company the National Community Hearing Association (see page 34).

Professor Brian Edwards, one of the most experienced NHS managers and David Nicholson's predecessor at the West Midlands Regional Health Authority, explained the intricacies of the Francis Report, and insights from his book 'A Collapse in the Culture of Care: The Stafford Hospital Inquiries', to a rapt FODO audience at the Autumn Dinner



Supporting members

Awards and Prizes

Institution	Award	Winner/s
Association of British Dispensing Opticians College	FODO Prize for Best Day Release Course Student	Claire Annison
City University	FODO Prize for Improvement on First Year Work	Sadia Rashid
University of Bradford	FODO Career Progression Prize	Richard Hooton
University of Bradford	FODO Clinical Prize	Nathalie Van Niekerk



Claire Annison collecting her award, the FODO Prize for Best Day Release Course Student



Dr M Cufflin presenting Nathalie Van Niekerk with the FODO Clinical Prize



Dr Annette Parkinson presenting Richard Hooton with the FODO Career Progression Prize

Supporting members

Optrafair

FODO is proud to support Optrafair, the official trade show of the Optical Confederation.

FODO, as ever, was there meeting members and it is always great to match faces to the names of people we speak to on the phone when we are handling their queries – in fact this is the best part of the whole event. We use Optrafair each year to launch our annual report, so by the time you read this, Optrafair London will have already taken place at Kensington Olympia. We have a packed programme in 2014, including a special CET event by FODO clinical advisor Steve Taylor who will give a presentation on ‘Red Flag Markers for Optical Pathologies: Reducing your exposure’ on the first day.

2014 saw the establishment of a new trade fair 100% Optical in the optical calendar. It seems we wait for years for a London trade show and then two come along together (or four if you include the ABDO conference and the College Optometry Tomorrow event this Spring). Whilst competition is always good, so many trade fairs (in addition to SILMO and MIDO only a short flight away) cannot be good for the sector as there is only a limited amount of sponsorship to go around and it is better if this is reinvested in UK optics. It will take some years to resolve but it is a consummation to be wished for.

If you missed us at Optrafair 2014 but still want a hard copy of our annual report, information leaflets, special guidance and reports then please get in touch with our membership department at membership@fodo.com.



Mark and David preparing for Optrafair London



Frank Norville (left) with Jayne Rawlinson modelling some sunglasses. Norville Company Secretary, Ian Mitchell (left-centre) also joined David Hewlett and FODO clinical advisor, Steve Taylor

Supporting members



Treasurer's report

I am pleased to report on the accounts for the year ended 31 December 2013. The result for the year was a surplus of £11,000 (2012 a deficit of £3,000) in line with the break even budget for the year.

As the year-end demonstrates, FODO runs an incredibly tight ship and operates on a budget far below other major bodies in the sector. Each and every function is scrutinised for value and no funding is ever taken for granted. Nevertheless, the ever extending range of work that FODO is asked to take on by members, and which benefits the whole sector, is clearly shown throughout this Annual Report. This has resulted in our recruiting three additional members of staff during the year in policy, membership and communications.

The positive effects of an increasing membership, a widening sphere of influence and the newly formed National Community Hearing Association have necessitated these increases but they are for the right reasons, a growing membership (now in two closely related health sectors) and increasing influence and benefits for all FODO members.

It has always been FODO's policy not to build up cash reserves. This is on the basis that funds are far better retained by members to develop their careers, practices and business rather than building up FODO reserves in the knowledge that if a particular need arises, members will provide additional funds by way of a levy. Through careful planning and cash management, it has now been nearly a decade since such a levy was required.

It is therefore particularly pleasing to note that we have continued to work within budget in a year of transition on several fronts. With confidence therefore, subscriptions for the current year and insurance premiums have been maintained at the low 2013 levels with a further break even budget which we know all members – large, small and individuals – will appreciate in these tough times.

Thanks are due to all at the FODO headquarters at 199 Gloucester Terrace for their help and support, to Alan Tinger, FODO's Consultant for all his input, and to my FODO Board colleagues for their support.

Hal Rollason
Honorary Treasurer

Supporting members

Financial report

Income and Expenditure Account Year Ended 31 December 2013				
		2013		2012
		£		£
TURNOVER		985,759		921,797
Administrative expenses		974,702		925,232
OPERATING SURPLUS/(DEFICIT)		11,057		(3,435)
Interest receivable		122		124
SURPLUS/(DEFICIT) ON ORDINARY ACTIVITIES BEFORE TAXATION		11,179		(3,311)
Tax on surplus/(Deficit) on ordinary activities		25		–
SURPLUS/(DEFICIT) FOR THE FINANCIAL YEAR		11,154		(3,311)
Balance Sheet 31 December 2013				
		2013		2012
	£	£	£	£
FIXED ASSETS				
Tangible assets		387,924		382,725
Investments		500,000		500,000
		887,924		882,725
CURRENT ASSETS				
Debtors	81,400		57,850	
Cash at bank and in hand	152,737		57,071	
	234,137		114,921	
CREDITORS: Amounts falling due within one year	254,907		141,646	
NET CURRENT LIABILITIES		(20,770)		(26,725)
TOTAL ASSETS LESS CURRENT LIABILITIES		867,154		856,000
RESERVES				
Income and expenditure account		867,154		856,000
MEMBERS' FUNDS		867,154		856,000
J B Rawlinson	H Rollason			
Chairman	Honorary Treasurer			
These summarised accounts are an extract from the statutory financial statements for the year ended 31 December 2013, which have been audited by Menzies LLP Chartered Accountants and Registered Auditors, who gave an unqualified audit report on 17th April 2014. The auditors have confirmed to the directors that these summarised accounts are consistent with the statutory financial statements.				

Supporting members



*Jayne Rawlinson
Chair*



*Glenn Tomison
Vice Chair and
Lead Director for
Individual Members*



*Adrian Street
Lead Director
for SME and
Independent
Businesses*

Board

Jayne Rawlinson, Chair

Glenn Tomison, Vice Chair

Adrian Street

Graham Ackers

Brian Carroll

Paul Carroll

Stephen Hannan

Omar Hassan

Dr Rob Hogan

Jocelyn Morgan

Paul Morris

Lynda Oliver

Hal Rollason

Claire Slade

Alan Tinger

Eddie Watson



*A selection of FODO Board members taken at the
annual Optical Confederation AGMs event in London*

Supporting members

Staff



*David Hewlett
Chief Executive*



*Katie Morriss
Personal Assistant
to Chief Executive*



*Ann Blackmore
Head of Policy and
Strategy (FODO,
FMO, ACLM)*



*Harjit Sandhu
Health Economist/
Optometrist
(FODO) Head of
Policy (NCHA)*



*Jakob Stenkvis
Policy Officer
(FODO and NCHA)*



*Jenny Gowen
Head of Public
Affairs (FODO,
ABDO, AOP)*



*Ben Cook
Deputy Head
of Public Affairs
(FODO, ABDO,
AOP)*



*Hannah-Marie
Girling
Head of
Membership and
Claims*



*Giles Butler
Members
Services Manager
(Domiciliary, SME,
Ireland)*



*Oliver Lamb
Communications
and Events
Manager (FODO
and NCHA)*



*Rebecca Sinclair
Senior Member
Support and
Operations
Manager*



*Rajan Verma
Member Services
Officer (Customer
Service and
Insurance)*



*Giusy Maniscalchi
Member Services
Administrator*



*Thurailingam
Pavanakumar
Finance Officer*



*Jayne Harrison
Administrative
Assistant*



*Sheila Briggs
Secretary, FODO
Scotland*



*Catherine Campbell
Receptionist*



*Elvis
Giles Butler's guide
dog*



Further information

For further information or copies of this report,
please contact:

The Federation of (Ophthalmic and Dispensing) Opticians
199 Gloucester Terrace
LONDON W2 6LD

email: optics@fodo.com

telephone: 020 7298 5151

fax: 020 7298 5111

www.fodo.com