



FODO

ANNUAL REPORT



2014/15

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About FODO



The Federation of (Ophthalmic & Dispensing) Opticians is a powerful voice for eye health, eye health providers, optometrists

and opticians in the UK and Republic of Ireland. Our operating principle is 'By The Best, for The Best'. Member benefits include bespoke advice and support in all areas of business and practice and first-class professional insurance at market-beating prices.

In the UK we are proud to be founders and active members of the Optical Confederation, the LOC Support Unit, Optometry Scotland, Optometry Wales and Optometry Northern Ireland. We are committed supporters of the UK Vision Strategy, Vision 2020 UK and National Eye Health Week.

In the Republic of Ireland, we work with the Association of Optometrists of Ireland and the Irish Association of Dispensing Opticians and have co-founded the annual Healthy Eyes campaign.

Our members account for over 80% of market activity in the UK, 55% in the Republic of Ireland and deliver the majority of primary eye care in all five countries.

About the NCHA



FODO works closely with our sister organisation the National Community Hearing Association (NCHA) to

promote healthy hearing for all and the rights of all patients to access high quality hearing services in the community, closer to home. Given that people with unsupported hearing loss are at greater risks of falls, isolation, depression, cognitive decline and dementia the need to tackle sensory impairment in our ageing population is clear.

The NCHA works in close partnership with the British Society of Hearing Aid Audiologists and both are active members of the Hearing Loss and Deafness Alliance.

We work hard for a level playing field for all providers, a national commissioning framework based on outcomes and quality and greater transparency in commissioning, services and value.

Membership is open to all providers of community hearing services, including hospitals, community audiologists and hearing aid dispensers. NCHA members enjoy the same excellence in benefits and services as FODO members. If you provide hearing care and want to benefit from top level support and insurance contact us at info@the-ncha.com or call our membership team on 020 7298 5110.

“ As market leaders, FODO and NCHA members have always embraced change and new models of high quality patient care. Alongside sector-leading regulatory, business support and insurance services we represent members at the highest levels through the Optical Confederation, with local and national commissioning bodies, policy makers and governments across the UK nations, the Republic of Ireland and in the European Parliament. ”

This year sees the 30th anniversary of the FODO name – 30 years of supporting success. But our roots are much deeper. We grew out of the Guild of British Dispensing Opticians, The Society of Opticians and the Co-operative Opticians – all committed to bringing better outcomes and value to patients.

Over the years FODO members have developed, grown, changed and merged but the ethos has always remained the same – to deliver high quality

eye care and eye health services to the nation. We are proud to stand by this record.

FODO remains the membership body of choice for the ambitious, successful and aspirational. These values are reflected in our culture, our staff and shape all that we do.

We work to deliver eye health for all, through world class services, provided by regulated community-based professionals operating in a competitive environment for the public benefit.



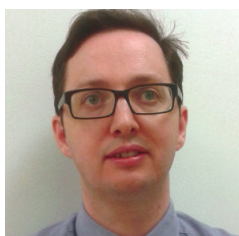
David Hewlett
CHIEF EXECUTIVE



Lynda Oliver
FODO CHAIR



Mark Georgevic
NCHA CHAIR



Julian Carey
FODO IRELAND
CHAIR



Hal Rollason
FODO SCOTLAND
CHAIR



Paul Morris
FODO in WALES



William Stockdale
FODO NORTHERN
IRELAND CHAIR

Developments in UK Optics 2014/15

NHS England's Call to Action and Five Year Forward View

The Optical Confederation (OC) submitted evidence to NHS England's *Improving eye health and reducing sight loss – A 'Call to Action'* in September 2014 calling for:

- Integration of services and IT infrastructure
- Better use of the primary care workforce's skills
- More community care through enhanced pathways
- A more preventative approach and better public education
- Increased access for 'seldom heard' groups

The OC and LOCSU had input to, and strong influence on, the Clinical Council's parallel submission which formally recognised the need to expand eye health services outside hospital.

The outcomes of the Call to Action are now being subsumed into, and in part superseded by, NHS England's Five Year Forward View and the development of vanguard sites testing new models of care. Members and LOCs are encouraged to participate in the vanguard sites, but with caution. Being based on capitation funding and integrated budgets these new models of care could mean loss of a demand-led sight-testing service, different types of local commissioning, lower fees and different types of provision. FODO is fully aware of the risks of this approach and will work with colleagues to support new models of care outside hospital while preserving the benefits of GOS for patients.

Domiciliary Eye Care

FODO continues to provide the secretariat for the Optical Confederation Domiciliary Eye Care Committee (DEC). This year the DEC has worked closely with the College of Optometrists, LOCSU and charity partners including the Thomas Pocklington Trust and Care England to develop and promote an updated Domiciliary Eye Care Code of Practice. This protects the rights of both patients and providers and reflects the recent structural changes in NHS England and the

Information and IT

FODO welcomes the steps taken towards full digital integration across primary and secondary care over the past twelve months. As a first step, NHS email addresses are now available to optical practices. In 2015 primary care support services will be contracted out and, we hope, modernised in the process. Our understanding is that the successful bidder will be required to implement electronic claims and payments – eGOS – in 2016-17 and will have our full support in doing so. The benefits will be immeasurable in terms of improving referrals and discharges, delivering more eye services in the community at scale and in providing eye health information for health planning.

We Are (also) Primary Care

In the summer of 2014 the OC, Pharmacy Voice, the British Dental Association and the NCHA came together with the NHS Alliance under the *We Are Primary Care* banner. These organisations are speaking up for patients and making the case to policy makers that they must look beyond general medical practice as the only alternative to hospital care.

Along with an expanded presence at the 2014 party conferences the We Are Primary Care Alliance has begun to partner on various public information projects, including a recent initiative in west London to look at how local services might be reshaped.

publication of NICE's Quality Standard 50 which deals with the mental wellbeing of older people in care homes including provisions relating to sensory impairment. The DEC has also produced the OC's Lone Working Guidance, with a broad remit that applies to professionals and other staff working alone in care homes, patients' own homes and in fixed premises. The DEC continues to operate an independent adjudicator system to investigate complaints and disputes between providers with the aim of protecting patients and the reputation and integrity of the profession.

Optometric Fees Negotiating Committee

FODO continues to work with the AOP, ABDO and BMA through the OFNC to seek the best deal possible on fees and grants in this time of significant financial constraint. Whilst recognising the pressures, we were nevertheless disappointed that the sector once again received a below inflation rise in the GOS fee for 2014-15. Worse still NHS England failed to recognise the long term saving to be made in the IT bid for digital connectivity between optical practices and NHS systems. We were, however, pleased to have achieved a helpful increase in training grants.

With the whirlwind of NHS organisational change going on around us we continue to argue for a national sight testing service based on national contracts and fees as the most cost-efficient way of delivering sight testing to the population. We cannot see how this could be commissioned or delivered more effectively through any other model, especially not local commissioning which would add to costs without benefits. There is, however, much to be gained by England following Wales and Scotland down the route of national pathways for community services delivered outside hospital to meet the growing needs of an ageing population.

General Optical Council Standards Review

In 2014 the GOC began to review its Codes of Conduct, Ethics and Competence following the Francis Inquiry recommendations. The outcome of the initial strategic review was published in January 2015. There is a consensus that scopes of practice will need to change to reflect changes in technology, an ageing population and funding pressures on the NHS and that in turn the GOC needs to recognise these factors in standards and CET. There will now follow three further consultations focusing on individual registrants, standards for education and training, and standards for business registrants. FODO will play a key role through the Optical Confederation in all these consultations arguing for reform and modernisation which is both proportionate and appropriate for community optical practice.

NHS Logo

After a fifteen year campaign community optical practices in England can now join other primary care colleagues in signalling our presence to patients by using the NHS logo on store fronts, letterheads, A Boards, etc. In Scotland practices can already use the logo, although this is regulated differently by different local Health Boards. The Welsh Government is still deciding whether or not to follow suit and the Health and Social Care Board in Northern Ireland require their logo to be used in place of the NHS logo.

Potential GOS Overpayment

It is inevitable that in any paper-based claims system errors and mis-claims will occur, both in the claimant's favour and to the claimant's detriment. The Optical Confederation has issued advice about this several times over recent years, including the absolute priority of ensuring good record keeping that notes why clinical decisions were made in both prescribing and dispensing. Improvements have been made over the years, supported by IT, but progress has clearly not been fast enough.

Earlier in the year an aggressive campaign by an audit agency and firm of solicitors persuaded some NHS finance directors that there might have been over-claiming in GOS fees, leading to close examination of claims outliers, in particular in small lay- and DO-owned practices. If over-claiming is occurring, for whatever reason, it needs to stop and practices educated about how to make sure this does not happen. If it is not, then practices need to be defended so that they are not bullied into bankruptcy.

Many practices have sought FODO's help and we have been more than willing – with our OC partners – to give that help whether the practices are FODO members or not. This issue is far more important than organisational affiliation (see also page 9). At the same time, we remind particularly lay-owner and dispensing optician-owner members that they have a duty under their NHS contracts in England to ensure effective record-keeping systems and – ultimately – the acts and omissions of the performers they employ or engage to deliver GOS. Members should have no qualms about discussing prescribing and dispensing patients with professionals and ensuring the reasons for clinical decisions are clearly recorded in the patient notes.



Ireland

Julian Carey, FODO Ireland Chair

The biggest issue for the Irish optical sector in 2014 was the passage of the Health (Miscellaneous Provisions) Act 2014. FODO has worked hard to ensure that the new Act meets the needs of patients and enables community eye care to deliver the best outcomes for them. In particular, despite vociferous opposition, FODO stood firm and argued successfully for an amendment to the Act to ensure that non-registered staff can continue to carry out sales. The new Act transfers the regulation of optometrists and dispensing opticians to a new Optical Registration Board within CORU, the health and social care regulator. We were delighted that FODO members were independently appointed to the interim Board, set up in spring 2014, on the basis of their skills and experience.

The Act also removes Section 48 of the 1956 Act, which means that optometrists and dispensing opticians will be able to operate within their full scope of practice. In anticipation of this change, last summer the Health Services Executive set up a Primary Eye Care Services Review, to consider how eye care could be better delivered. FODO submitted written evidence and met with the working group to propose ways in which optometrists and dispensing opticians can work with the HSE to deliver more and better eye care in the community, especially for children. We will work closely with AOI and IADO on the outcomes of the review in 2015.



Northern Ireland

William Stockdale, FODO Northern Ireland

Over the last year the main focus in Northern Ireland has been on delivering the government's *Developing Eye Care Partnerships* strategy which covers all aspects of eye care services. Community optical practices have joined with hospital colleagues to play a big role in meeting the outcomes of the strategy and optometrists have been represented on all five task groups set up under the scheme. The new enhanced glaucoma pathway has offered optometrists the chance to work as COSIs (Community Optometrists with a Special Interest) in the new glaucoma service based at the Shankill Health and Wellbeing centre. Initial figures show that the programme is successfully triaging 65% of cases that might have previously been referred to the hospital eye service. In addition, the first group of independent prescriber (IP) optometrists in Northern Ireland have qualified and started to receive their NHS prescription pads.



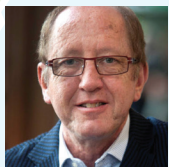
Wales

Paul Morris, FODO Wales

FODO operates with partners through Optometry Wales (OW). There have been several important structural developments over the last year, including the successful negotiation of funding across each of the seven regional health boards enabling accredited optometrists to deliver a wide range of services in local communities. It has recently been announced that these schemes will enjoy additional funding in to the next financial year. There is also now full optometric and DO representation on all seven eye care groups embedded within the health boards across Wales. It is within these groups that the innovative projects within the health boards were brought to life. Finally OW has been closely involved in the IT Technology Refresh and

it is pleasing to see that 87% of the 387 community optical practices in Wales are signed up for support to link to digital systems across primary and secondary care.

Collaboration was also the name of the game as optical practitioners joined the Public Health Wales smoking cessation service. This allows optometrists and dispensing opticians to join other primary care colleagues in advising and referring consenting patients to Smoking Cessation services. OW has increased its media presence, including four BBC Wales and ITV interviews and various radio broadcasts over the past year to keep the public up-to-date about these developments. Next year we look forward to a government backed public health campaign for eye care in Wales in which OW has been heavily involved.



Scotland

Hal Rollason, FODO Scotland

The move to greater integration of primary and secondary eye health services continues apace in Scotland, bringing care closer to people's home and increasing access, responsiveness and capacity in the local NHS. Alongside a rapidly growing number of independent prescribing (IP) optometrists, who are now able to issue NHS prescriptions, there is the development and imminent publication of the SIGN (Scottish Intercollegiate Guidance Network) guidelines relating to glaucoma referral and safe discharge. These moves drive up the quality of local services, embedding clinical best practice in regional health systems without adding to costs.

Scotland is ahead of the rest of the UK in implementing e-Referral and the availability of ePayments is also now imminent, either as a system-to-system version or a web-based interface. It's an exciting time to see the reforms bringing benefits to patients. Next year will see the integration agenda move forward once again, with work already in planning to implement the Public Bodies (Joint Working) (Scotland) Act 2014. This will put in place effective preventative and early intervention measures and optimise the potential of primary care to support the wider health and social care system. Sheila Briggs and I continue to work closely with Optometry Scotland and other partners and are always available to support FODO members in Scotland at Scotland@fodo.com.



Europe

Ann Blackmore, FODO Head of Policy and Strategy

It has been a productive year on the European policy front. UK optical bodies come together in UK membership of the European Council of Optometry and Optics (ECOO). We have worked through ECOO to make submissions on the definition of diagnosis in relation to the use of fluorescein and on an EU consultation on a proposed refund system on VAT. Further progress is expected on both these issues in 2015. The European Commission also began the next wave of consultations on mutual evaluation of professions, which included opticians. We have worked with ECOO to ensure responses and expertise were shared.

The Optical Confederation also represents the UK optical sector in Europe through the European Coalition for Vision (ECV). This coalition is campaigning for greater recognition of the importance of eye health in EU and national policy making. The ECV manifesto was launched in spring 2014, before the EU elections, and received the backing of MEPs, candidates and professionals in member states – more from the UK and Ireland than from any other member state. The issues were also discussed at a dinner in the European Parliament as part of the events to mark World Sight Day in October 2014. It is a testament to the work the UK has done in the last few years through the Optical Confederation and the UK Vision Strategy that we have been able to contribute so much to the European drive for eye health. FODO and FODO Ireland will continue to support this important work over the coming year.

FODO continues to play a key role within the Optical Confederation, representing the sector to government and campaigning for better eye health for all. Along with the organisation's usual role responding to policy consultations, building cross sector partnerships and developing professional guidance for practitioners, the public affairs team has spent the last year preparing for this May's General Election in the UK.



David Hewlett
Chief Executive,
FODO



This year marks the Optical Confederation's (OC) fifth anniversary. It is remarkable to see how far the sector has come, with the establishment of the eye health indicator, Local Eye Health Networks and the Clinical Council for Eye Health Commissioning taking optics to the heart of contemporary debates about the future of primary and hospital care, new care models, pathways and outcomes.

Closer to home it is almost embarrassing to think that just a few years ago we had no public affairs function, no dedicated NHS IT support, and the optical bodies squabbled and jockeyed for position. It was a recipe that allowed others to divide and rule us.

Within FODO we have always taken the view that what is good for patients, public health and the wider sector is good for FODO members. We are extremely proud of the part we have played in helping the OC become the recognised voice of the sector within government, parliament and across the wider NHS.

Partners

The OC continues to work closely with sector partners such as LOCSU, the College of Optometrists and GOC to create and promote appropriate legislation and guidance that supports both patients and practices. Along with this work the OC has also become a valued member of the UK Vision Strategy, the Clinical Council for Eye Health Commissioning and various national and pan-European committees and coalitions.

Nevertheless, after five years shaping change at the top table of NHS policy debate, it is time that the OC made a more public case for change. The most obvious first instance of this will be the upcoming General Election. The OC team have been working tirelessly to make the case to MPs and candidates that primary care is about more than just GPs, and that expanding primary care

OC in 2014-15

- 33** Responded to 33 Government Consultations
- 20** Arranged 20 practice visits with MPs and PPCs
- 11** Developed 11 pieces of sector guidance for optical professionals

outside hospital is the only way the NHS can meet rising demand and deliver new models of care within available resources.

Alongside the local practice visits the OC public affairs team carry out with LOCSU, which generate grass roots political support and develop lasting relationships with MPs, there is also our presence throughout the autumn party conference season. This year the OC was joined by the NCHA (see page 7) and representatives from dentistry and pharmacy to run the We Are Primary Care stand (see page 2 for more about the WAPC initiative).

FODO, at the heart of the OC, will also be backing a larger than ever National Eye Health Week in September 2015.

Embracing Change

This year the chairmanship of the OC passed seamlessly from Don Grocott, who worked so hard to make the OC a success in its first five years, to Chris Hunt, who has effortlessly picked up where Don left off and is driving even closer working. After five years, we also said goodbye to OC stalwart Ben Cook, and we wish him every success in his new role at the NHS Confederation.

Community providers play an increasingly important role in NHS hearing provision and meeting patients' needs, and the National Community Hearing Association represents these providers and the wider sector in negotiations with local and national government and healthcare organisations. Membership is open to any organisation or individual who provides, or who is intending to provide, hearing care in the community.



Harjit Sandhu
Head of Policy



The work the National Community Hearing Association (NCHA) does in the hearing sector very much complements the work FODO does through the Optical Confederation in eye health. This relationship doesn't simply reflect the obvious parallels between vision and hearing but also mirrors the FODO approach of joint working across the wider sector, consensus building and focusing on patient needs not provider models. Like FODO, the NCHA tries to align interests and create win-win situations for patients and the NHS.

The NCHA has led calls for a focus on patient outcomes and taxpayer value and to put these at the heart of local commissioning, and has developed guidance for members and local commissioners to help them develop modern and responsive hearing care services that deliver the best possible outcomes and services within available resources.

Partners

Since our launch 18 months ago we have become firmly established with sector partners and a trusted advisor to government and the NHS. We were particularly pleased to join with colleagues from the British Society of Hearing Aid Audiologists (BSHAA) and the British Academy of Audiology, the major representative organisations for community and hospital hearing care, to work together as the voice of providers to protect patients' access to high quality NHS hearing care. We were also pleased to work with BSHAA and the British Healthcare Trades Association to produce Safeguarding and Prevent guidance for the sector.

The NCHA is a proud member of the Hearing Loss and Deafness Alliance (the Alliance), an organisation not dissimilar to the UK Vision Strategy in eye health in that it represents a coalition of charities and professional representative groups working in partnership –

in this case to reduce the impact of hearing loss and tinnitus. Along with some high level cooperation across the sector this year, most notably fighting ill-conceived cost-cutting drives by some CCGs to ration hearing aids, the Alliance has made great progress getting government to publish an Action Plan on Hearing Loss and commit to a National Commissioning Framework to guide CCGs and providers in developing more effective and efficient services. We look forward to working with partners on this in the coming months.

The Data Revolution

Fundamental to delivering a world class NHS hearing service is transparent data on patient outcomes, service quality and capacity. We are therefore extremely pleased with the effort our members have made this year in submitting their results and helping us create the NCHA dataset (see www.the-ncha.com/data), the first such resource of its kind outlining the benefits of community hearing care.

A Validated Success

Last summer NHS regulator Monitor announced a review of choice reforms in NHS hearing care. After eight months of research Monitor recently released its final report, showing that community services can lead to a higher service specification at the same time as lowering costs per patient by 20-25%. This validates what the NCHA has stated since it was founded and pays testament to the excellent sector-leading work our members do for adults with hearing loss. We will continue to work closely with the Alliance, Monitor and the NHS, so that when Monitor review the service again in the next 12-18 months we can make sure the gains of community hearing and the recommendations of the report have been delivered.

Can you afford not to be a FODO member?



Hannah Girling
Head of Membership
& Claims Management

It has been another busy year for the FODO membership, insurance and member support team. The main body of our work involves responding to queries and handling insurance cases as well as supporting members, for instance when they are reviewing operating procedures or assisting businesses as they go through change.

FODO's is the only insurance which automatically covers the practice owner's business for any regulatory or medical malpractice claim against it as well as all employed staff on an unnamed basis and with direct cover rather than via vicarious liability. This is essential cover for SME optical businesses which are increasingly being pursued for any acts or omissions by staff as well as any systems failure. For instance, regulators, patients and the NHS itself now routinely pursue cases against both a practice as a legal entity and a practitioner(s). Our excellent value insurance cover is thus a unique and business-critical benefit for FODO members. FODO members who provide hearing care also qualify for sector-leading rates on audiology insurance.

This year we are pleased to be able to offer a £10 reduction in our combined membership and insurance package. We have also updated our offer to new business members, who will now have their membership fee waived for their first year

when they take out insurance with retrospective cover. FODO does not publicise its successes relying instead on word of mouth. However, we have an exemplary claims and support record. All of the cases we handled in 2014 had successful outcomes for both businesses and individuals.

The reason the FODO membership and insurance package is such good value comes down to our policy of 'By the Best, for the Best'. Our elite in-house team work with some of the top legal and defence firms in the businesses to guarantee up-to-date and sector-leading legal advice, meaning all members get the same access to the top legal talent in optics. It is great to see our legal defence partners BLM being selected as 'Legal Risk Management Law Firm of the Year in England' by Corporate INTL magazine's Legal Awards, and regulatory legal advice partners Field Fisher winning a series of top awards and being listed in top directories across Europe and in the Legal 500 UK 2014 and the Chambers UK 2015 reports.

Prices for 2015

	Current members	New business members
Membership* and Insurance package**	£413	£467***

*Membership is also available on a stand-alone basis

**Businesses charged on a full time equivalent rate plus sliding scale reductions

***Includes compulsory retrospective cover, prices drop to 'current member' prices from second year onwards

Our new services for members



Rajan Verma
Member Services Officer
(Customer Service and Insurance)



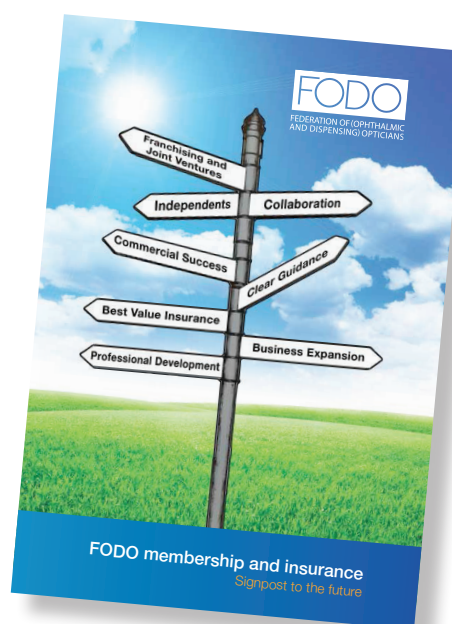
Rebecca Sinclair
Senior Member Support

FODO has always focused on delivering targeted membership benefits. We take the view that FODO exists to do the things that members cannot easily do on their own. Part of this is clearly the consultative and influencing work we do on the frontline of optical regulation and NHS policy.

This means that when members come to us with a question about a contract or quality standard we have expertise and first-hand experience on tap. In addition, we try to ensure that the additional services we offer focus directly on outputs that enable optical businesses of all sizes to excel and practitioners to deliver excellence in patient care.

Alongside our suite of member benefits (reduced rates on legal and tax services, targeted news services etc) we have added two new business-focused services to our offer. The first is free access to Abbey Legal Protection's online collection of employment, business and health and safety guidance called CybHR. This includes factsheets, editable templates and downloadable policies, record forms and checklists and is kept up-to-date by Abbey's experienced legal team. This mitigates the need to buy high cost services to ensure legal compliance and acts as a virtual HR department. The second new benefit is a PPV audit that will help those facing accusations of over-claiming of GOS.

In recent months businesses, including some FODO members, have been aggressively pursued by Local Area Teams via audit agencies and law firms. Our new audit service will assist members to understand if their standards of record keeping and knowledge of GOS regulations are in order. It is important to remember that there is not necessarily anything wrong with being an outlier in claims as long as appropriate records of clinical decisions are kept and GOS regulations are understood and followed. FODO's experience in this area and from working on cases in Merseyside where the attacks commenced, is another lifeline for SMEs and smaller members without the benefit of their own departments and for larger members who require FODO's specific expertise.



Finance Review and Accounts

Treasurer's report

The accounts for the year ended 31 December 2014 showed a surplus of £2,000 on income of £1.2m exactly in line with budget.

Given the increased activity during the year, including the UK, FODO Ireland and the NCHA, and the increasingly uncertain worlds in which we all operate, this is an excellent outcome.

It also reflects FODO's long-standing policy of not building up cash reserves and rather leaving funds in members' own bank accounts secure in the knowledge that, if a particular need arises, as

this year in the Republic of Ireland, members will provide additional funds.

Our value approach and the strength of our financial systems have also enabled us to budget with confidence for a 10% decrease in membership fees in 2015 which we know our members have welcomed in these times of tough trading.

As ever, thanks are due to all at FODO Headquarters for their hard work, to Alan Tinger, FODO consultant, for his massive contribution and to FODO Board colleagues for their unwavering support.

Hal Rollason, Honorary Treasurer

Financial report

Income and Expenditure Account Year Ended 31 December 2014

	2014	2013
	£000	£000
TURNOVER	1,192	986
Administrative expenses	1,190	975
OPERATING SURPLUS	2	11
SURPLUS ON ORDINARY ACTIVITIES AFTER TAXATION AND FOR THE FINANCIAL YEAR	2	11

Balance Sheet 31 December 2014

	2014	2013
	£000	£000
FIXED ASSETS		
Tangible assets	412	388
Investments	500	500
	912	888
CURRENT ASSETS		
Debtors	159	81
Cash at bank and in hand	104	153
	263	234
CREDITORS: Amounts falling due within one year	306	255
NET CURRENT LIABILITIES	(43)	(21)
TOTAL ASSETS LESS CURRENT LIABILITIES	869	867
RESERVES		
Income and expenditure account	869	867
MEMBERS' FUNDS	869	867

L S Oliver, Chairman H Rollason, Honorary Treasurer

These summarised accounts are an extract from the statutory financial statements for the year ended 31 December 2014, which have been audited by Menzies Chartered Accountants and Registered Auditors, who gave an unqualified audit report on 2 April 2015. The auditors have confirmed to the directors that these summarised accounts are consistent with the statutory financial statements.

Consultation Responses

Department/Agency	Title	Submitted
NICE	Draft Scope Consultation for Cataracts	23 Mar 2015
NICE	Public Health Guideline on Sunlight Exposure	16 Feb 2015
NICE	Clinical Guideline on Challenging Behaviour and Learning Disabilities	13 Feb 2015
College of Optometrists	Diploma of Low Vision	23 Jan 2015
Department of Health	Autism Draft Statutory Guidance	19 Dec 2014
NICE	Draft Quality Standard on Falls: assessment and secondary prevention in older people	3 Dec 2014
Department of Health	Professional Standards Authority Draft Fees Regulations	28 Nov 2014
NHS England	Making Health and Social Care Information Accessible	12 Nov 2014
Department for Business, Innovation and Skills	Transposition of the Professional Qualifications Directive	6 Nov 2014
NICE	Workplace Policy and Management Practices to Improve the Health of Employees	5 Nov 2014
Health Select Committee	Inquiry into Public Expenditure on Health and Social Care	27 Oct 2014
NHS England	Five Year Forward View	17 Oct 2014
NICE	Draft Quality Standard on Smoking Harm Reduction	14 Oct 2014
GOC	Standards Strategic Review	10 Oct 2014
Department of Health	NHS Performers List: Changes to suspension regulations	25 Sept 2014
NHS England	NHS Standard Contract 2015/16 – Discussion Paper	15 Sept 2014
Department of Health	NHS Outcomes Framework Review	12 Sept 2014
NHS England	Call for Action on Eye Health	12 Sept 2014
Royal College of Ophthalmologists	Cataract Commissioning Guidance	12 Aug 2014
NICE	NICE Quality Standard on Falls	22 July 2014
RCGP	Draft GP Guide on Eye Health and Sight Loss	18 July 2014
RCGP	Inquiry into Patient-Centred Care in the 21st Century	16 July 2014
College of Optometrists	Draft Guidance on Safety and Quality Domain	13 Jun 2014
College of Optometrists	Draft Guidance on Maintaining Trust Domain	13 Jun 2014
College of Optometrists	Professional Certificate in Low Vision	13 Jun 2014
GOC	Illegal Practice Strategy	6 Jun 2014
GOC	Equality, Diversity and Inclusion Scheme (EDI)	19 May 2014
NHS England	Improving Dental Care and Oral Health – A Call to Action	16 May 2014
ICO	FOI Act 2000: Publication Scheme Definition Document Consultation	16 May 2014
NICE	Workplace policies and approaches to promote and protect the health of older employees	28 Apr 2014
NICE	Older people: independence and mental wellbeing – final scope	25 Apr 2014
DVLA	Extending Validity Period of Medically Restricted Driving Licenses	3 Apr 2014

FODO Board

Board of Directors

Lynda Oliver (FODO Chairman), Claire Slade (Vice Chairman), Graham Ackers, Paul Carroll, Stephen Hannan, Omar Hassan, David Hewlett, Robert Hogan, Jocelyn Morgan, Victoria O'Connor, Jayne Rawlinson, Hal Rollason, Adrian Street, Paul Morris, Eddie Watson and Alan Tinger.



Lynda Oliver
Chair



Hal Rollason
Honorary Treasurer



Claire Slade
Vice Chair



Glenn Tomison
Lead Director for
Individuals



Adrian Street
Lead Director for
SMEs



FODO Staff

Staff



David Hewlett
Chief Executive



Ann Blackmore
Head of Policy and
Strategy



Arielle Nylander
Policy Officer
(FODO)



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



Rebecca Sinclair
Senior Member
Support and
Operations
Manager



Hannah-Marie
Girling
Head of
Membership and
Claims



Rajan Verma
Member Services
Officer (Customer
Service and
Insurance)



Giusy Maniscalchi
Member Services
Administrator



Jayne Harrison
Administrative
Assistant



Sheila Briggs
Secretary, FODO
Scotland



Harjit Sandhu
Head of Policy
(NCHA)



Jakob Stenkvist
Policy Officer
(NCHA)



Oliver Lamb
Communications
and Events
Manager



Mordechai
Chachamu
National IT Policy
Manager (Optical
Confederation)



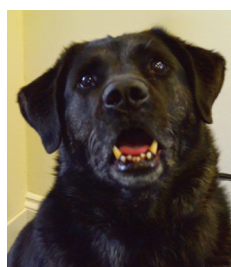
Jenny Gowen
Head of Public
Affairs (Optical
Confederation)



Catherine Campbell
Receptionist



Pavanakumar
Thuraiingam
Finance Officer



Elvis
Giles Butler's
guide dog



FODO

ANNUAL REPORT



2014/15

Further information

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