

FODOO

ANNUAL REVIEW



2015/16

Contents

Introduction	3	Ireland	7
Policy development and consultations	4	Europe	8
England	4	NCHA	9
Scotland	5	FODO Board	9
Wales	6	Finance Review and Accounts	10
Northern Ireland	6	FODO Staff	11

About FODO



We are a leading professional membership and insurance organisation that represents primary care eye health providers

in the UK and Ireland and offers bespoke and targeted advice to our diverse business and individual membership. We represent the interests of opticians, optometrists and other optical professionals and businesses at the highest level of national policy debate.

Our membership account for 85% of the UK optical market by sales and 55% in Ireland. We also deliver high quality insurance and bespoke business, regulatory and policy support at an affordable price. We are proud to work in partnership with other optical associations, colleagues from across primary and secondary care, regulators, government and our partners in the business and voluntary sectors.

About the NCHA



The National Community Hearing Association (NCHA) represents community hearing providers in the

UK. The NCHA is committed to actively engaging with all stakeholders and partners – including patients, charities, all healthcare professionals and government – to promote hearing as an integral part of public health and primary healthcare. NCHA members are responsible for the majority of adult community hearing care services in the UK, and the NCHA strives for a UK-wide hearing service that delivers high quality care, for communities in communities, based on clinical need.

Introduction

Change is usually incremental, yet in the past twelve months we have seen major shifts in both the optical and hearing sectors.

FODO continues to have a significant influence in shaping these transformations. We have worked with partners and through the OC and LOCSU this year to:

- preserve the benefits of the national, demand-led GOS system
- promote the role LOCS and LEHNs play in shaping local services
- support new models of care in Northern Ireland, Scotland and Wales and
- promote national IT connectivity and the recently launched *Foresight Project Report*.

At the same time, the NCHA and FODO Ireland have been at the forefront of change in their own sectors. FODO Ireland has made major interventions to support the move to the new Optical Registration Board under multi-professional regulator CORU, while the NCHA has been a driving force in tackling NHS commissioners and developing a National Commissioning Framework for hearing care in England.

Nevertheless, there is much still to achieve. In England, the priority must be universal MECs – whether NHS-funded or not. LOCSU's new Breakthrough Strategy shows that the infrastructure and pathway models are now

in place. But achieving this will not just be the responsibility of CCGs, we need our membership to continue to drive change and extend the leading roles they play delivering clinical care and driving retail development and expansion. In short, the sector must be prepared to push for community services across the board.

As the Foresight Project clearly demonstrates, emerging technologies will be key to delivering future eye health services in primary care. Yet the lack of proper digital integration is undermining effective care, making a mockery of the Government's own goals for the mass transfer of routine care to the community and integrated services based around the needs of individuals.

FODO is also evolving and growing in order to respond to these changes. For example, this year we have seen hospital colleagues joining us – something that may accelerate as changes take hold. We do not advertise – members come to us through word of mouth, so we must thank our members for spreading the word.

FODO and the NCHA members will be central to achieving the transformations that are needed, and over the coming years we will continue to support them in every way we can.

David Hewlett
Chief Executive
FODO
FODO Ireland
NCHA



“FODO and NCHA members will be central to achieving the transformations that are needed to support the delivery of primary health care, and over the coming years we will continue to support them in every way we can”

Policy development and consultations



David Hewlett
Chief Executive

England

The year ended with the very disappointing decision by Government to freeze GOS fees

for 2016/17. The small increase in training grants and lack of efficiency demands by Government, while excellent outcomes in the context of financial pressures and cuts in other parts of the NHS, will be cold comfort to many of our independent and SMEs members who are facing real financial hardship. Freezes such as these may reduce access to primary eye care and add to systemic pressures on hospitals and GPs, particularly if we do not achieve the much needed investment in IT infrastructure that we have long argued for.

FODO has worked hard this year to support the OC IT Committee and managing the OC's IT manager. A significant area of work for the Committee has been supporting and advising the new NHS Primary Care Support (PCS) supplier, Capita, on the roll out of PCS services, including eGOS, for NHS England during the 2016/17 period.

Another major area of focus for FODO has been the GOC's new standards for individual registrants and students. We played an important role challenging duplication and preventing over-egging of standards. And we were the only optical body to back the GOC's pragmatic view that the Code of Conduct for business registrants could easily be amended to bring it in line with new standards to ensure the changes could be brought in on time. We also strongly support the aim that all businesses providing eye health services should be GOC-registered and subject to GOC regulation.

What to expect in 2016

The coming years could see more extensive changes to the way healthcare is regulated; the future is far from certain. The Government has signalled a new health regulation White Paper and proposed a Bill for next year. We know that they want to see fewer regulators – one option could be for the GOC to merge with other regulators such as the GPhC. As ever, we will continue to monitor and, where possible, lead developments.

Helpfully, the GOC has decided to bring forward its review of education to 2016. This must be right because we are no longer producing graduates with all the skills that we, and they, need. For example, they need some prescribing knowledge and to be MECs-ready or, as FODO's Alan Tinger put it at the launch of the *Foresight Project Report*, "we may be producing graduates for jobs that will no longer exist." Optometrists can do far more than refract, and DOs far more than dispense. It is time for some real leadership from the OC and the sector. FODO is happy to be at the forefront of this.

For more information and an insight into the UK-wide picture this year and in 2017 you can read the FODO Annual Review paper at www.fodo.com/Review2016.

“FODO will continue to work to ensure that community optical services stay on the agenda”



Hal Rollason
FODO Scotland

Scotland

“In all the talk about health monitoring and wearable devices, we still have spectacles as the best wearable device to help you live, learn, work and play. However, in eye care, health monitoring and chronic disease management will become an ever increasing part of our service”

The 1 April this year marks the 10th anniversary of the new GOS arrangements in Scotland. They have meant more collaborative working between primary and secondary care and have led to the redesign of eye departments in hospitals. Although the integrated services are now more effective and efficient, there is much more that can be done.

E-payments have now gone live, with 20 practices piloting the electronic submission of GOS1, 3 and 4 forms. The system is proving popular and we hope to see PMS suppliers developing integrated system-to-system solutions for practices in the near future.

The SIGN intercollegiate guidance was published last year, enabling all community optical practices to offer a better defined range of glaucoma services.

As a result of a £1.5m investment in primary care, pledged by the Scottish Government last summer, Keeler Instruments is to supply every community optometry practice in Scotland with a pachymeter.

The Public Bodies (Joint Working) Act comes into force on 1 April 2016. This will see the existing Integrated Joint Boards starting to provide health and social care as an integrated service.

FODO Scotland is in constant negotiation with the Scottish Government's Health Directorate (SGHD) regarding the future of enhanced GOS in Scotland. There is considerable dialogue about health on the

political agenda, and 'Shifting the Balance of Care' from hospitals to the community is again at the forefront of discussions.

Decision makers are looking at future investment in hospital infrastructure, the demographic change of patients and clinicians and their support staff, and how resources can be used more efficiently. Optical practices are well placed to provide solutions for many of these challenges. We have demonstrated through GOS and projects in Grampian, Ayrshire & Arran, and the Lanarkshire LENS scheme that enhanced services could be rolled out across the country to treat, manage and discharge many more patients in a primary care setting.

In Scotland, FODO Scotland operates as part of Optometry Scotland and fully supports proposals for a tertiary fee, which is specifically for shared, delegated, and discharged care appointments. Fees for such appointments are already in place in parts of England and Wales and their value reflects the professional time involved and the absence of any commercial cross subsidy. The ongoing fee negotiations must reflect this.

What to expect in 2016

There is an opportunity to make step changes in where care is delivered, utilising more of the skills and capacity present in community optical practices. However, to be effective these developments must be supported by a workable fee structure and support from the SGHD.



Paul Morris
FODO Wales

Wales

“There have been big strides in community services in Wales over the last year and now is the time to build on these successes”

In the last year in Wales, funding has been secured for the profession in medical retina services, glaucoma referral and monitoring and for Independent Prescribing optometrists. This has been made possible through the release of further funding by Health Boards.

New AMD Treatment Centres have been launched across Wales and of particular note are the establishment of new primary care-based diagnostic and treatment centres for eye problems in Aneurin Bevan University Health Board, which will mean people with glaucoma and wet

age-related macular degeneration can be assessed and treated in the community.

Optometry Wales have been successful in securing an increase in the Low Vision Service Wales (LVSW) fee by £10. There are now over 200 community practices in Wales supplying this valuable service supporting patients in more accessible locations, this uplift in fee makes this valuable service more secure.

What to expect in 2016

Much will depend on the Welsh Assembly elections in May. Whatever the result, we are looking forward to embracing the new cataract, glaucoma and OHT pathways and are in negotiations to extend the Wales Eye Care Service (WECS) to include Naevi Monitoring.



William Stockdale
FODO Northern
Ireland

Northern Ireland

“Northern Ireland is pushing ahead with more community eye health services and we are encouraging FODO members to get involved in developing these pathways and leading change”

FODO Northern Ireland continues to work through Optometry Northern Ireland (ONI) and closely with the Northern Ireland Optometric Society (NIOS) to ensure fair representation and education.

The Developing Eye Care Partnerships Strategy (DEP), a cross sector initiative between community and hospital providers, has led to more routine eye services being managed locally and in partnership with ophthalmologists. The recently

launched Community Optometrist with a Special Interest (COSI) scheme now includes glaucoma monitoring.

What to expect in 2016

The FODO HQ staff will be visiting Belfast to discuss with members ongoing policy developments in the country. The ONI Council is up for election in May and we are encouraging FODO members to get involved and help support the exciting developments in the country by putting themselves up for a seat on the Council.



Julian Carey
FODO Ireland
Chair

Ireland

“ Now that we have modernised legislation and the new regulator in place it is time for primary care eye health providers to take our rightful place at the heart of Irish optics. Our sector can help drive quality, increase access and provide much needed support for GP and hospital colleagues – the time for action is now **”**

We are at an interesting point in Ireland. Over the last year we have seen significant legislative changes to the role optometrists can play, a wholesale reform of the regulatory environment for optics and a review of primary eye care. FODO Ireland has been working closely with the new Optical Registration Board and multi-professional regulator CORU in preparation for the transition from the Opticians Board to the Optical Registration Board, which took effect on November 2015.

This has provided us with a once in a generation opportunity to ensure that the Irish regulatory system is up to date and fit for purpose – protecting patients and guaranteeing a high level of service without overburdening the sector with swathes of regulation that add to costs but not patient care.

CORU consulted on new codes of conduct and ethics and on draft education standards. We responded to all of these consultations on members' behalf and the codes are now in place. We will continue to work with CORU as other aspects of the regulatory system are reviewed.

What to expect in 2016

Three big issues can be expected to dominate the coming year. Firstly, we will continue to work with CORU to ensure effective regulation of the sector and to support members with the new approach to CPD and Fitness to Practice.

It is now also time for us to press the Government on the need to review the FEMPI provisions with regard to eye care payments.

And most importantly, we await the outcome of the Primary Eye Care Services Review. We will continue to press for greater devolution of care to high street optical practices and practitioners, working closely with the Health Service.

For more information and an insight into the Irish eye care sector this year and in 2017 you can read the FODO Annual Review paper at www.fodo.com/Review2016.

Poster campaign for Healthy Eyes Awareness Week 2016. FODO worked with other optical bodies in Ireland to promote the importance of eye health and the need for regular eye exams.





Ann Blackmore,
FODO Head
of Policy and
Strategy

Europe

“ Whatever the outcome in the referendum in June, we will need to continue to influence developments at the EU level that affect our professions ”

FODO, as part of the Optical Confederation, continues to represent UK optics at a European level through the European Council for Optometry and Optics (ECOO) and the European Coalition for Vision (ECV) – we have taken over the secretariat of the latter this year. These organisations provide an important forum to maintain partnerships with regulatory bodies and major business groups across the Euro area and influence policy at a high level.

Agreement was reached last October which brought plano contact lenses within the definition of medical devices. Meanwhile, discussions on the classification of fluorescein are still underway. Also, opticians are under consideration among the latest tranche of professions being reviewed as part of the Professional Qualifications Directive (Directive 22), which aims to facilitate the mobility of professionals by increasing mutual recognition of qualifications. ECOO supported national delegations, including the UK, in these discussions.

EU requirements around cooling off periods for distance and off-premises sales were transposed into UK and Irish law. The key outcome was that spectacles were formally excluded from these requirements because they are both medical

devices and bespoke, personalised products. FODO, on behalf of the Optical Confederation, issued guidance through the OC's Domiciliary Eyecare Committee on the implications for domiciliary providers in the UK, and separate guidance was also published by FODO Ireland.

What to expect in 2016

We will continue to work with ECOO and the ECV to raise the importance of good eye health, and to ensure effective and proportionate regulation at the EU level.

Our partners in Europe





Mark Georgevic
NCHA

“The NCHA has proven itself to be an ally, on the right side of change and for the right reasons. Evidence-based policy, transparency and determination will deliver much needed change: no more hiding, no more ducking the facts”

This was the year when hearing really started rolling. Slowly but surely ministers and opinion-formers have been waking up and realising that hearing loss is a major public health issue. The NCHA, with our sector partners, have been at pains to make sure they realise this, not only in England, but in all countries of the UK.

In 2015, Monitor published an overwhelmingly positive report on choice reforms in adult hearing services, the Department of Health and NHS England published an Action Plan on Hearing Loss, and NHS England co-produced a National Commissioning Framework; the NCHA played a key role in all of these important pieces of work.

Our focus has always been on the people we serve; people with hearing loss. We continue to

fight for their right to choose their provider and to have access to high quality and accountable care. We continue to challenge the myths around NHS and non-NHS hearing care, work to improve transparency across the sector and bring internal challenge to our partners, our members and our peers.

What to expect in 2016

Looking ahead, we are even more ambitious. NHS England's National Commissioning Framework is due to be published in May 2016 and we will be supporting CCGs tackle unwarranted variation across England. We will also be conducting new research on hearing services in Wales, Scotland and Northern Ireland. Our first outcomes dataset was a major achievement – allowing us to speak up with confidence in our convictions – and we will build on that by publishing new datasets in 2016.

For more information and an insight into the UK-wide picture this year and in 2017 you can read the FODO Annual Review paper at www.fodo.com/Review2016

FODO Board



Lynda Oliver
Chair



Hal Rollason
Honorary Treasurer



Claire Slade
Vice Chair



Glenn Tomison
Lead Director for
Individuals



Adrian Street
Lead Director for
SMEs

Other FODO Board members: Alan Tinger, David Hewlett, Eddie Watson, Giles Smith, Jayne Rawlinson, Meena Ralhan, Omar Hassan, Paul Carroll, Paul Morris, Rob Hogan, Samantha Watson, Stephen Hannan, William Stockdale.

Finance Review and Accounts

Treasurer's report

The result for the year ended 31 December 2015 was a surplus of £6,000 on turnover of £1.1m, in line with the break-even budget for the year and compared with a surplus of £2,000 on turnover of £1.2m in 2014.

It is particularly pleasing to have achieved this result in a year when the membership fee was reduced by 10% and reflects the confidence we have in our budgeting processes and financial systems.

We have again budgeted to break even in 2016, continuing our long standing policy of not building up cash reserves in the knowledge that, as in the past, members will provide additional funds if a particular need arises.

As ever, thanks are due to all at FODO headquarters for their hard work, project management and effective cost control, 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 2015			
	2015		2014
	£000		£000
TURNOVER	1,136		1,192
Administrative expenses	1,130		1,190
OPERATING SURPLUS	6		2
SURPLUS ON ORDINARY ACTIVITIES AFTER TAXATION AND FOR THE FINANCIAL YEAR	6		2

Balance Sheet 31 December 2015				
		2015		2014
	£000	£000	£000	£000
FIXED ASSETS				
Tangible assets		387		412
Investments		500		500
		887		912
CURRENT ASSETS				
Debtors	159		159	
Cash at bank and in hand	120		104	
	279		263	
CREDITORS: Amounts falling due within one year	291		306	
NET CURRENT LIABILITIES		(12)		(43)
TOTAL ASSETS LESS CURRENT LIABILITIES		875		869
RESERVES				
Income and expenditure account		875		869
MEMBERS' FUNDS		875		869

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 2015, which have been audited by Menzies Chartered Accountants and Registered Auditors, who gave an unqualified audit report on 7 April 2016. The auditors have confirmed to the directors that these summarised accounts are consistent with the statutory financial statements.

FODO Staff

Staff



David Hewlett
Chief Executive



Ann Blackmore
Head of Policy and
Strategy



Jonathan Carey,
Executive Assistant
to David Hewlett



Arielle Nylander
Policy Officer
(FODO)



Rebecca Sinclair
Senior Member
Support and
Operations
Manager



Rajan Verma
Insurance and
Membership Officer



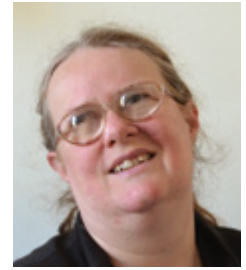
Oliver Lamb
Communications
and Events
Manager



Liz Broad
Communications
and Events Officer



Giusy Maniscalchi
Member Services
Administrator



Jayne Harrison
Administrative
Assistant



Sheila Briggs
Secretary, FODO
Scotland



Harjit Sandhu
Director of Policy
(NCHA)



Jakob Stenkvis
Policy Officer
(NCHA)



Jenny Gowen
Head of Public
Affairs (Optical
Confederation)



Sophie Pavlovic
Public Affairs
Officer (Optical
Confederation)



Dwight Mckenzie
Policy Officer
– Information
Technology (Optical
Confederation)



Pavanakumar
Thurailingam
Finance Officer



Toni Fuorvito
Receptionist



Giles Butler

It was with great sadness that we learnt of the death of FODO staff member Giles Butler in February. As many will know, Giles worked with us for seven years managing the Optical Confederation Domiciliary Eyecare Committee and FODO Ireland. He is very sadly missed by FODO members and everyone at Gloucester Terrace.

FODO

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For further information or copies of this report,
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