

FODOO

ANNUAL REVIEW



2016/17

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About FODO



The Federation of (Ophthalmic and Dispensing) Opticians (FODO) 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 accounts 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.

Chair's and CEO's reports



Lynda Oliver,
Chair



David Hewlett,
Chief Executive

Every year the more I learn about FODO members and what FODO does, the more impressed I am.

FODO naturally excels at sector leadership and strategic issues but we are also extremely effective at responding to immediate issues and members' needs. I am not privy to detail but I do have a general line of sight across the work our headquarters staff and insurance team constantly do to support members across an unimaginable range of professional and business issues. This is in addition to successfully defending our members and their staff on fitness to practise and other defence issues when necessary.

A large part of FODO's success depends on two factors:

- the breadth of our membership – ranging from individuals, through single-handed and independent practices, franchises and joint ventures partnerships to social enterprises, national and international optical and ophthalmology practices;
- and our evidence-based approach to working for the whole sector so that all benefit rather than only one faction or business model.

This report gives a snapshot of some of the work we have been engaged in this year. The Board, staff and I look forward to continuing to work with you, and on your behalf, in the coming year. There will plenty to do as we face up to a variety of challenges, including the Government's review of regulators, changes to business rates and the risks to General Ophthalmic Services (GOS), but also look to open up new possibilities for members by moving more work into the community and the whole of optics up the skills and value chain.

2016-17 has been was another extremely successful year for FODO and our members.

As always, we have worked hard over the past year to keep members ahead of the game and to enable highly skilled professionals, entrepreneurs and businesses to flourish in a favourable environment. We have continued to fight for level playing fields in business, fair and proportionate regulation, the advancement of clinical skills for optometrists and dispensing opticians, fair fees and patient choice, and have stepped in to provide leadership and support when the Optical Confederation (OC) – the united voice for optics – has been under threat.

We have also seen our sector expanding into new partnerships with ophthalmology, a breakthrough strategy for universal Minor Eye Conditions Service (MECS), new engagements with the voluntary sector, the expansion of primary care companies, the merger of major European suppliers and the first UK appearance of electronic eye wear. In many ways the Foresight Project Report is becoming reality before our eyes. FODO and our members are ready to seize these opportunities and it is our job to help them do so.

This year we will be further streamlining and modernising our back office processes and will also undertake more public affairs work with our OC partners to face up to the major threats now facing the sector, not least the Government's 'one-size-fits- all' approach to health regulation.

Finally, as I mentioned last year, increasing numbers of secondary-care providers and ophthalmologists are looking to FODO to speak up for their interests and innovative care models in a rapidly changing world and we warmly welcome them. We are also finding that our joint venture and franchise members are calling on our services in new ways and will be developing a new offering, especially for them, in the coming year.

Policy and support – fighting for our members



Ann Blackmore,
FODO Director
of Policy and
Strategy

The past year has been busy and challenging, and the current year is proving to be just as demanding as the last.

The General Optical Council's (GOC) review of education and training is a major priority for FODO – we have a once-in-a-lifetime opportunity to get it right. But, we need to ensure that there is a boldness of vision in taking this forward.

Community optical practice must become the first point of contact for all eye health matters, which means that we need our professions competent to act as autonomous eye health clinicians; diagnosing, managing clinical risk, treating, discharging and delegating as appropriate. While much that is required to take on these wider community roles is already within the core competences of optical professionals, some upskilling of both optometrists and dispensing opticians (DOs) will also be required. We therefore need to ensure that the education review addresses not only the current pressures and university capacity issues but will also meet the needs of a rapidly ageing population, transformational community-based care models and the expanding higher clinical roles of optometrists and DOs in the future.

The GOC is undertaking its education review against the backdrop of the threat of abolition, which is hanging over the heads of all health regulators. In summer 2016, FODO ensured that, unlike other health professions, optics was represented at all of the pre-consultation events held across the country by the Department of Health. We have sought to make sure that our views about the principles that must underpin any reformed regulator – fairness, professional involvement, proportionality and cost-effectiveness – were consistent and heard at every stage.

The low level of GOS fees remains a major problem, with a fee freeze for the second year in a row. The only glimmer of hope is that the Optometric Fees Negotiating Committee (OFNC) has so far managed to resist so-called 'efficiency cuts' which have been imposed on other primary care providers. We have also held off threats to move away from a nationally negotiated and commissioned, demand-led NHS sight testing service. Nationally is the best way of commissioning this – the most cost-effective public health service in the NHS. But we are very aware that we cannot assume that this alone is enough to ensure it is preserved. We will therefore continue to negotiate robustly in the interests of our patients and the sector.

The national eye health needs require us to expand our roles in primary and secondary care. The key to this is IT connectivity with the rest of the NHS. Unfortunately, NHS England has been clear that, although we have a good case for funding – and our warm thanks to the Central Optical Fund for helping us demonstrate this – unlike the other UK countries, they do not have any discretionary funds to allocate – the deficit in England being £20bn and growing. We are therefore going to have to look for a sector-wide cost-efficient Plan B in the coming year.

We know that for our members the biggest frustration of the past year has been the chaos caused by Primary Care Services England (PCSE) – arising from the poor management at both Capita and NHS England. Progress is finally being made so that practices are paid what they are owed and the unacceptable delays to entering registrants onto the Performers Lists are also, at last, being addressed. But this has taken far too long and was only properly addressed because we and colleagues in the Optical Confederation and LOCSU continued to push the issue and keep up the pressure. In the end we had to provide solutions including identifying optical advisers to assist and seconding Katrina Venerus to NHS England to provide hands-on management and leadership. The reality is that this will still take

“The General Optical Council’s (GOC) review of education and training is a major priority for FODO... we need to ensure that there is a boldness of vision in taking this forward.”

more time to get onto a proper footing. As FODO originally predicted, given the scale of the mess, this fiasco was always likely to take some 18 months to resolve. We will continue to work with NHS England to achieve this but we will also be pressing for fair compensation for practices and practitioners for the disruption, loss of income and extra work and for keeping a vital NHS service running throughout the crisis without service failure.

We also understand how important it is that regulatory requirements that affect your practice and your business are proportionate and appropriate. We work with government and regulators to make sure these are fit for purpose as well as providing advice and support to enable members to comply with them easily and effectively.

Following their Standards review in 2015, the GOC produced draft guidance on both the duty of candour and consent in 2016. Very helpfully, they have taken on board the majority of the comments and recommendations FODO made on both sets of guidance, which are now both much improved and will take effect in 2017. We plan to produce a CET pack on candour and consent later this year, to help registrants understand and comply easily with the guidance. This will be the second FODO CET pack, following the launch of our new CET programme at the AGM in May 2016 with the module on flashes, floaters and detached retina. We will shortly be carrying out a survey of members to find out what take-up has been and what impact it has had on missed pathologies and insurance claims.

We have also worked closely with NHS England over the past year on the implementation of the Accessible Information Standard, reaching agreements which resulted in much more proportionate guidance, and then stripping down several hundred pages of highly technical NHS guidance into concise but comprehensive sectoral guidance. We have provided active support to our members with implementation and are now

leading for the Optical Confederation on NHS England’s post-implementation review.

We also achieved some important outcomes from the NHS consultation on whistleblowing in primary care. Thanks to our efforts, the GOC is specifically listed as an ‘organisation with prescribed status’ (ie able to receive a protected disclosure in the public interest). We were also successful in getting LOCs recognised as bodies that can have a nominated ‘freedom to speak up’ guardian to support small practices. Moreover FODO, the AOP and the ABDO are the only named examples of ‘other professional bodies’ with which concerns can be raised. We will be providing guidance on this during 2017.

As community optics expands it becomes ever more important to ensure that optometrists and DOs are able to work as autonomous rather than subordinate clinicians with other clinicians in more complex teams. We were therefore very concerned that draft guidance on refractive surgery produced by the Royal College of Ophthalmologists did not follow the NICE accredited methodology or reflect modern models of eye care or indeed the College’s own subsequent more forward-looking report *The Way Forward*. To fill this gap, we developed wider multi-professional standards for refractive surgery providers which, at the time of going to print, are out for consultation.

Finally we continue to support and encourage students. In 2017, marking the 50th anniversary of the Irvine Aitchison Memorial Fund, we will be providing bursaries for two students to spend two weeks working in Africa. We also continue to recognise students who are successful in their undergraduate studies through FODO prizes at the ABDO College, Anglia Ruskin, Aston, Bradford, City and Plymouth universities and Dublin Institute of Technology. We are proud to recognise them all.



Garvan Mulligan,
Chair, FODO
Ireland Executive
Committee

Ireland

Progress continues to be made in Ireland to modernise primary eye care, building on the 2015 legislative changes, the shift to CORU and the decision to unwind Financial Emergency Measures in the Public Interest (FEMPI) legislation. Following representations from FODO Ireland and others, including

a detailed pre-budget submission, we were delighted when ministers announced expansions to the Optical Treatment Benefit Scheme.

We are still awaiting the outcome of the Primary Eye Care Services Review, however, we remain optimistic that it will enable us to take on greater roles in delivering primary eye care. FODO Ireland and the Association of Opticians Ireland (AOI) made a joint submission to the Oireachtas Committee on the future of healthcare in Ireland, setting out our shared vision for the future of primary eye care.



Hal Rollason,
Chair, FODO
Scotland

Scotland

The publication of the Community Eyecare Services Report (CESR) due this Spring should see both optometrists and dispensing opticians continuing to expand their roles. Increasing demographic pressures, new treatment modalities, and the preference for care

near home, means that we are perfectly placed to deliver more services in the community.

As in the rest of the UK and Ireland, each year brings more challenges, threats and opportunities for FODO members in Scotland. The new Integrated Boards of Health and Social Care Partnerships are now in place and should also help drive positive changes and more integrated care.

Through Optometry Scotland, we are beginning to implement the recommendations in Glaucoma SIGN Guideline 144. There has also been considerable discussion within the Eyecare Integration Implementation Board about improving

We also worked with the AOI again on the annual Healthy Eyes campaign, which continues to build momentum. FODO Ireland joined the European Council of Optometry and Optics (ECOO) in October 2016, where we will now sit alongside the AOI and most likely, later this year we will be joined by the Irish Association of Dispensing Opticians.

The year ended with our annual lecture for the students at Dublin Institute of Technology, when students from all years heard from Ann Blackmore, FODO Director of Policy and Strategy, about the future challenges and opportunities facing our sector.

What to expect in 2017

We look forward to the imminent publication of the Primary Eye Care Services Review report which will outline the future of primary eye care in Ireland. We also look forward to the extension of the optical treatment benefits to the self-employed from March 2017.

the IT links for e-referral and e-payments, and supporting optical practices.

The CESR has been a huge multi-disciplinary review of the challenges, best practice and solutions for developing a better primary and secondary care system for Scotland. FODO Scotland also fed into all the UK major consultations.

What to expect in 2017

The Scottish GOS fees review for 2017/18 is currently underway and should lead straight into fee negotiations to ensure a more sensible ongoing structure and a tertiary fee for shared/delegated and discharged care.

It is likely that new regulations will be required to implement these changes. As usual, we will be vigilant on FODO members' behalf to ensure that the legislation is fair, clear and unambiguous.

We congratulate FODO's Sam Watson on being elected Chair of Optometry Scotland for a second time.



Andy Britton,
FODO Lead,
Optometry Wales

Wales

Wales continues to deliver some of the most exciting developments in enhanced optical services with ground-breaking approaches to working.

Optometry in Wales continues to develop at a rapid pace and we have seen some truly innovative

approaches to working, such as the establishment of an NHS run clinic within a high street practice.

Eye Health Examination Wales (EHEW) is core to this approach of using optometry to reduce the burden on secondary care, so it is reassuring that the budget for EHEW is secure for the next six years. We have also seen almost £400,000 of funding allocated to enable enhanced training of optometrists in Wales, with College of Optometrists and Wales Optometry Postgraduate Education Centre (WOPEC) accredited courses.

Much of this success is down to the good relationship Optometry Wales continues to enjoy with the Welsh Government. The presence of an optometric advisor on every health board has also been invaluable.

What to expect in 2017

In 2017, we will continue to build on these achievements and to protect the gains we have made that benefit our patients. As a first step, we hope to see a new Chief Optometric Advisor appointed and we look forward to working with them.

There is also pressure within Wales to develop and deliver an Electronic Patient Record which could be a potent tool to enhance both patient safety and give us the ability to deliver co-managed care. But, we will need to make sure that this is developed and funded properly so that it is fit for a busy high street environment.



William Stockdale,
Chair, FODO
Northern Ireland

Northern Ireland

2016-17 was another positive year for optics in Northern Ireland with the continuation of the red eye scheme pilot and further influencing work to secure a greater role for community optometry in the delivery of primary eye care services.

Optometry Northern Ireland (ONI) has created various sub committees to look after targeted areas of work including finance, communications and strategy. A strategy away day was held in December and the outcomes of this, along with the input of the ONI committee, are being finalised into a strategic plan for influencing and creating change for the sector over the next three years.

In February, we ran our 'See well to look well' campaign across Northern Ireland to encourage members of the public to make eye testing an essential part of their overall health checks.

2016-17 also saw the roll out of the e-referral service across Northern Ireland which has been a huge success to date with over 114 practices currently using the e-referral software.

At present, the 2017 Northern Ireland Sight Test and Ophthalmic Health Survey is currently underway, the results of which should be known by Summer.

What to expect in 2017

We will be ramping up engagement with the members of the new Assembly regarding eye care and the role optometrists and dispensing opticians can play in delivering high quality community eye care.

We will be improving member communications for ONI to keep members regularly informed of developments within the sector.



David Hewlett,
FODO Chief
Executive

Europe

“FODO has been part of the ECOO working group that produced a report which demonstrated that there is still unjustifiable discrepancy in visual standards for driving across Europe, especially the UK. This supports our campaigning work in the UK to improve the vision testing requirements for drivers.”

It has been an eventful year in Europe politically, not even principally because of the decision of the UK in favour of BREXIT. Regardless of any individual views about the pros and cons of that decision, the UK remains a full member of the EU for the time being. Even when the terms of exit have been agreed and the process has been completed, there will be many areas where we will want to continue to work and trade with our partners in Europe, and where we will all still benefit from sharing our experiences and expertise – both with those within the EU and with the wider global family.

FODO, along with the other UK optical bodies, is a member of the European Council of Optometry and Optics (ECOO), where we play an active part in helping to take forward key parts of the policy agenda which we know matter to our members in the UK.

Ann Blackmore, FODO's Director of Policy and Strategy, has been active in developing policy arguing that fluorescein strips should be categorised as a medical device rather than a medicinal product as has been proposed. If this were to happen, many manufacturers would not be able to afford the higher costs of medicines classification and would withdraw from the market forcing practitioners to use the higher risk and much higher cost minims. This seems folly in the light of assessed clinical risk.

Ann has also been part of the ECOO working group that produced a report which demonstrated that there is still unjustifiable discrepancy in visual standards for driving across Europe, especially the UK. This supports our campaigning work in the UK to improve the vision testing requirements for drivers.

In the coming year ECOO expects to respond to EU proposals to reform VAT and we will be making sure that FODO members' views are reflected in those consultations.

Ann also provides support to the Federation of Manufacturing Opticians (FMO) in EUROM1 – the representative body for manufacturing opticians across Europe. Their 2016 Annual General Meeting was hosted in our shared offices at 199 Gloucester Terrace, providing us with an opportunity to meet some of the leading players from the biggest global and European manufacturers and discuss with them, in particular, the findings of the Foresight Project Report and where they saw the sector and the market heading.

FODO, as part of the Optical Confederation, is also a member of the European Coalition for Vision (ECV) of which FODO CEO, David Hewlett, was elected chair in May 2016. Through the ECV we have supported campaigns to raise the profile of eye health in Europe through a programme of activities to mark World Sight Day (13 October) and World Diabetes Day (14 November). As part of that work, David participated in an expert panel discussion in the European Parliament on World Diabetes Day, and contributed to the position paper on preventing sight loss in an ageing population, published following the event. We also supported a successful campaign by the International Blind Union calling for the Marrakesh Treaty to be ratified. This enables government institutions and certain non-profit organisations to produce and distribute published works in alternative formats within reasonable limits (just as libraries do) without specific authorisation. This is a huge step forward in access to print material and equality for blind and partially sighted people, who will benefit from access to the same standard and range of works in alternative formats. FODO is proud to support these collective initiatives for quality and equality.





Mark Georgevic,
Chair, NCHA

“Evidence-based policy, greater transparency and accountability are the tools we use to drive change in UK hearing care for the benefit of patients and the public.”

The NCHA sees itself very much as part of the FODO ethos and family with our goal of ensuring that hearing health is recognised and that everybody has convenient access to quality hearing care when they need it. Evidence-based policy, greater transparency and accountability are the tools we use to drive change in UK hearing care for the benefit of patients and the public.

The NCHA is fully the equal in work-rates and success of our FODO partners. In 2016, we launched our new website which includes the first ever UK hearing map to help plan services effectively and a history of hearing care to ensure the errors of the past are not repeated.

The NCHA has stood firm in our calls for greater transparency in NHS commissioning and evidence-based guidelines. The success of our commitment and hard work is evident in NHS England's first ever National Commissioning Framework (NCF) for people with hearing loss which removes arbitrary age thresholds for accessing adult hearing services and presents clear value metrics and information for the first time. NHS Improvement (formerly Monitor) has also accepted our longstanding economic arguments that the non-mandatory adult hearing tariff distorted provision and wasted NHS resources and that the NHS national pricing book should be updated to refer commissioners to the NCF.

As ever, guidance is not enough and local decision-makers need support, and to be challenged if they fail. We have therefore continued to expand the network of commissioners we support and work with. We also took the decision to intervene earlier in the commissioning cycle to ensure NHS commissioners avoided mistakes

made in other regions. This has proven to be very resource intensive but the results for our members are worth it. Today, thanks to our work, community hearing services have survived and thrived in regions where commissioners would otherwise have cut them for local people.

As well as tackling everyday challenges, we have continued to lay the foundation for future growth in private and NHS hearing services. Completing research into international models of hearing care and UK hearing services, and starting work on the UK's first private hearing dataset, will enable us to ensure the UK continues to lead the world in access to high quality hearing services with new models of care and community services expanding to meet the changing needs of the population. Our success will ultimately mean the UK no longer measures unmet hearing needs in millions of people and visiting an audiologist will be as unremarkable and routine as visiting an optician for a check-up.

What to expect in 2017

We will continue to stand up for what is right for patients, even when it makes us unpopular with vested interests. With the NCF now published, we will continue to work with NHS England, STPs, CCGs, CSUs and sector partners to ensure it is implemented and enforced. We will also continue to liaise with the governments and health services in Scotland, Wales and Northern Ireland to pursue progress and address service failures. We are starting to tackle workforce challenges and continue to build a solid foundation for the hearing sector to grow in terms of the population it reaches, its professionalism and its role in the public health of the four UK nations.

Finance review and accounts

Treasurer's report

The result for the year ended 31 December 2016 was a deficit of £27,000 on turnover of £1.2m compared with a surplus of £6,000 on turnover of £1.1m in 2015.

The budget for the year was to break even and whilst it is disappointing not to have achieved it, the deficit arose principally from increased legal advice required during the year to protect the sector and therefore members' best interests, in an ever-challenging regulatory world.

Whilst there continue to be challenges ahead, we have held fees at 2015 levels for the third year in

a row in 2017. We will also seek during 2017 to recover the 2016 deficit by reducing overheads through the increasing use of video conferencing, digital communications and continuing rigorous cost control.

As ever, thanks are due to all at FODO headquarters for their hard work, to Alan Tinger, FODO Director and Consultant, for his major contribution and to FODO Board colleagues for their unwavering support.

Hal Rollason, Honorary Treasurer

Financial report

Income and Expenditure Account Year Ended 31 December 2016			
	2016		2015
	£000		£000
TURNOVER	1,183		1,136
Administrative expenses	1,210		(1,130)
OPERATING (DEFICIT) / SURPLUS	(27)		6
(DEFICIT) / SURPLUS ON ORDINARY ACTIVITIES AFTER TAXATION FOR THE FINANCIAL YEAR	(27)		6

Balance Sheet 31 December 2016				
		2016		2015
	£000	£000	£000	£000
FIXED ASSETS				
Tangible assets		375		387
Investments		500		500
		875		887
CURRENT ASSETS				
Debtors	109		159	
Cash at bank and in hand	105		120	
	214		279	
CREDITORS: Amounts falling due within one year	241		(291)	
NET CURRENT LIABILITIES		(27)		(12)
TOTAL ASSETS LESS CURRENT LIABILITIES		848		875
RESERVES				
Income and expenditure account		848		875
MEMBERS' FUNDS		848		875
L S Oliver, Chairman H Rollason, Honorary Treasurer				

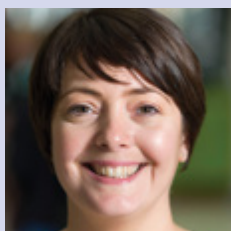
These summarised accounts are an extract from the statutory financial statements for the year ended 31 December 2016, which have been audited by Menzies Chartered Accountants and Registered Auditors, who gave an unqualified audit report on 31 March 2017. The auditors have confirmed to the directors that these summarised accounts are consistent with the statutory financial statements.

Board and staff

Board



Lynda Oliver
Chair
(The Outside Clinic)



Claire Slade
Vice Chair
(ASDA)

Other FODO Board members: Hal Rollason (Hon. Treasurer), Paul Carroll (Specsavers), Stephen Hannan (Optical Express), Omar Hassan (Vision Express), Paul Morris (Specsavers), Meena Ralhan (Tesco), Giles Smith (Haine and Smith), William Stockdale (Optomise), Adrian Street (Norville and Lead Director for SME members), Alan Tinger, Glenn Tomison (Lead Director of Individual Members), Eddie Watson (Boots), Samantha Watson (Boots)

FODO's Board Directors are elected from the membership.

Staff



David Hewlett
Chief Executive



Ann Blackmore
Director of Policy
and Strategy



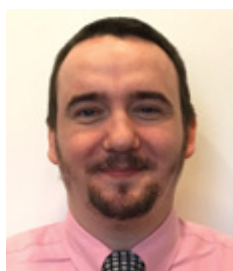
Jonathan Carey
Executive Assistant
to David Hewlett



Arielle Nylander
Policy Officer
(FODO)



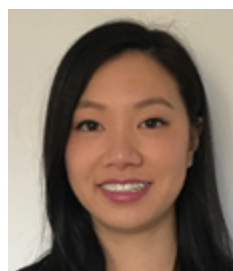
Rebecca Sinclair
Senior Member
Support and
Operations
Manager



Daniel Carry
Member Services
Manager (FODO
Ireland and
Domiciliary)



Rajan Verma
Insurance and
Membership Officer



Sharlene Ting
Communications
and Events
Manager



Giusy Maniscalchi
Member Services
Administrator



Jayne Harrison
Administrative
Assistant



Harjit Sandhu
Director of Policy
(NCHA)



Jakob Stenkvist
Policy Officer
(NCHA)



Pavanakumar
Thuraiilingam
Finance Officer



Toni Fuorvito
Receptionist



Sheila Briggs
Secretary (FODO
Scotland)

FODO

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