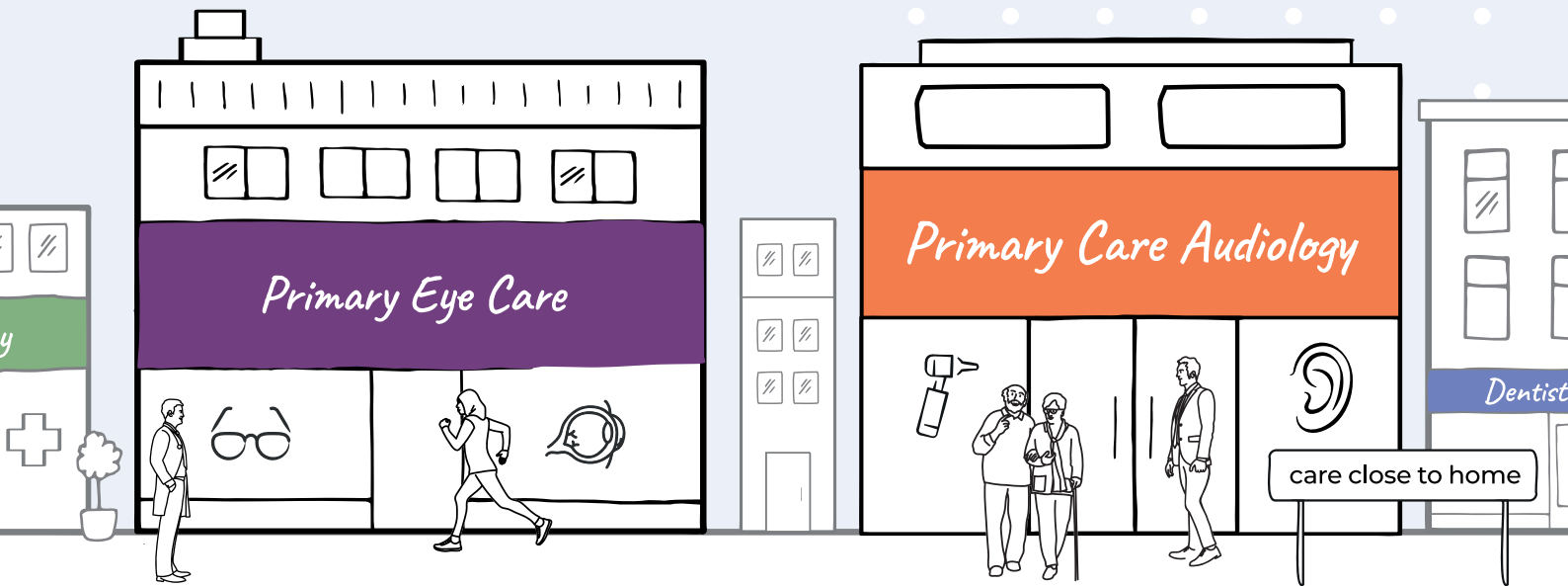


# Annual report

## 2023

FODO GROUP: 1 January to 31 December 2023



# About us

The FODO Group comprises FODO, FODO Ireland and the NCHA.

FODO and FODO Ireland are the representative professional bodies for primary eye care providers across the UK and the Republic of Ireland. We lead change by influencing government, legislators, policymakers and opinion formers. In addition, we assist and work with our members, and in partnership with patient groups, regulators and other professional associations, to improve access to high-quality eye care for everyone in the UK and the Republic of Ireland.

The NCHA is the association for primary care audiology providers in the UK. We are the voice of primary care audiology and work with our members, governments, legislators, policymakers and opinion formers to improve access to high-quality ear and hearing care for all.



# Contents

FODO Group chair statement	4
FODO Group managing director statement	6
Policy and influence	8
FODO	8
FODO Ireland	11
NCHA	12
Finances	14
Our team	16

# FODO Group chair statement

I am pleased to report another successful year for the Group in 2023. As the representative body for eye care and audiology providers, we continued to stand up for patients and protect and advance sector-wide interests across the UK and Ireland.

Our reputation for delivery and cost-effectiveness saw our membership grow without advertising. We ended the year in a solid financial position by meticulously managing costs and value during a period of high inflation.

Anybody who has worked closely with us knows how much our organisation does for members and the wider sector. Whether supporting members or other sector bodies, we always focus on making sure you can continue delivering world-class primary eye care and audiology services.

FODO, FODO Ireland and the NCHA successfully manage a vast work portfolio each year, which cannot be underestimated. We are fortunate to have a team of subject matter experts with an unrivalled passion for our sectors and a genuine sense of service, making this possible. This culture is at the heart of our success.

As Group chair, I also see firsthand our team's tireless work behind the scenes to manage risk and maximise opportunities on your behalf.

The only concern members ever raise with me is how we continue to attract and retain talent and preserve this culture in the future. I am therefore pleased to report that the Board, supported by the Executive Team, continues to invest in talent development, systems modernisation and digital solutions to strengthen the FODO Group further and ensure members continue to benefit from our unrivalled support, guidance and policy expertise.

As a result of the work we have already undertaken, we are in a powerful position to support members through the political, economic and policy uncertainties that the next five years will inevitably bring as major macroeconomic and demographic pressures hit home on health systems which are still too hospital focused and resistant to beneficial change.

However, we know that patients want care closer to home and out of hospital, and health policy experts and health economists agree there needs to be greater investment in primary care. That is why we will continue to work with our primary care partners to achieve a fairer share of public investment in prevention and primary care for all patients.

Change will not be easy, especially as political and economic headwinds become more turbulent, but we will succeed as the clinical and economic evidence is on our side. The key to our success will be speaking with a united voice to power, calling out muddled policy thinking and tackling non-evidenced-based barriers to progress.

This year's annual report presents a small sample of the work we have done in 2023 and plan to do in 2024 with you and on your behalf. One of our major strengths is our members' breadth, experience and professional leadership skills, as well as our ability to call on and capitalise on that rich resource. Our door is always open, and I call on all members to get as involved as you can with all we do.

I would also like to thank FODO, FODO Ireland, and NCHA members and directors for their support and hard work. Without you, we would not be where we are, and patients would not be enjoying the world-class primary care services they do.



*Sarah Joyce*

**Sarah Joyce BEM**  
Chair

# Group managing director statement

The FODO Group continues to perform well, with a record number of members, a lean and cost-efficient operating model, robust financial performance and high levels of customer satisfaction. This performance allows us to focus on supporting members with bespoke advice and guidance and to lead on health policy and sector strategy.

Economic uncertainty and hospital services breaking at the seams became acute problems in 2023. Too many patients continue to experience avoidable sight loss due to delays in hospital care. Many more continue to suffer in silence with unsupported hearing loss due to bottlenecks in hospital ENT and audiology services. All this risk and suffering is unnecessary as much of this need can be met out of hospital and closer to home in primary care.

Working with members to transform services for the benefit of patients drives our policy work. We are committed to making change happen. We have published [The future of primary care – principles and priorities](#), which sets out how we will achieve this for eye care in the coming years. We also researched the clinical and economic benefits of an NHS-funded primary care audiology service, which senior government and NHS policymakers have warmly welcomed.

As this year's annual report sets out, we have responded to complex consultations on behalf of FODO, FODO Ireland and NCHA members.

We have also continued to horizon scan, tackle risks, and maximise opportunities on your behalf.

In 2024, we will continue to lead on policy and strategy but less behind the scenes as we shift to doing more in the public domain. This will include increasing our public affairs and communications work in direct response to members asking us to ensure that the FODO Group receives credit for all it does for patients and the eye care and audiology sectors.

We will also prioritise managing the risks associated with an increasingly fragmented health and care systems with competing priorities. This will, of course, not be easy. After a period of high inflation and NHS fees that have been cut too deep in real terms, we must find a new way forward. That is why we commit to challenging barriers that get in the way of much-needed change while reducing sector overheads on your behalf. We will do this in collaboration with all our members who deliver more than 80% of primary eye care and 70% of primary care audiology.

At the same time, we will continue to invest in Group infrastructure and new ways of working to ensure we minimise our costs and remain one of the most efficient and effective membership bodies.

As part of our new way of working to serve the sector while managing costs, we have already established new clinical committees for primary eye care and primary care audiology so that members can better coordinate and collaborate for patients' benefit. We have also trialled a new system of project-based funding, which we will look to develop further in 2024 as part of new agile and cost-efficient ways of delivering on specific goals without locking in costs in perpetuity.

Many members also join us to benefit from insurance. In 2023, the FCA Consumer Duty (CD) came into force, setting higher standards for firms involved in the provision of regulated products like insurance. We welcomed this tightening by the FCA, as if implemented by all it should result in a win for consumers, especially with medical malpractice insurance which is a product that many still do not understand and might pay towards but not benefit from. We also met with everyone in the regulated supply chain to ensure ongoing compliance.

As insurance market conditions now show signs of being more favourable for the first time in many years, we have commissioned an actuarial and market analysis to help us plan for the best possible 2025 renewal. As a member-owned association, we remain committed to offering insurance at cost to all eligible members so that you have the protection you need for your businesses, staff, and patients at a fair premium.

In all that we do, we will continue to focus on and shape the future on your behalf. We know the next five years will be challenging, as the economy is not forecast to grow sufficiently to allow the type of investment the health and care system needs to respond to demographic change. That is why we will work together to deliver viable solutions to governments and health systems across the UK and the Republic of Ireland without sacrificing the many benefits our members have brought patients, not least access and choice.

We will always put your and the sector's interests first in everything we do. Please get in touch to get more involved in our work, not only for obvious business and personal development reasons but also to help us develop the sector leaders of the future.



A stylized black ink signature of Harjit Sandhu.

**Harjit Sandhu**  
FODO Group  
Managing Director

# Policy and influence

Across the Group, we responded to 34 separate consultations during 2023. We led a broad programme of research and policy analysis to advance eye care and audiology, and we mitigated risks and maximised opportunities for members and the wider sector. Here are some highlights of the work we do on your behalf so you can focus on running your practices and meeting patient and population needs.

## FODO

### THE ASSOCIATION FOR EYE CARE PROVIDERS

In [The future of primary care – principles and priorities](#), we set out our strategic priorities, including protecting and advancing primary eye care services, protecting patient choice, optimising the workforce and maximising the use of technology and innovation to meet needs. We have made progress on all our goals in 2023.

### Protecting and advancing primary eye care services

We committed significant resources to supporting Optometry Wales through WGOS reforms, including achieving a fairer settlement for domiciliary providers. Members in Wales can now deliver a broader range of NHS-funded eye care closer to home and be paid more sustainable fees. In doing so, Wales joined Scotland in improving funding for NHS primary eye care services.

While congratulating Optometry Wales and the Welsh Government on WGOS reforms, we joined other sector bodies

in objecting to the Welsh Government's policy of cutting patient benefits for optical correction as this unfairly impacts the poorest and most vulnerable in society. We will continue to monitor the effects of this policy with Optometry Wales and sector partners.

As always, we were also on hand to support Optometry Northern Ireland and Optometry Scotland in delivering shared goals of better access to eye care for all, and collaborating to protect and advance primary eye care services.

FODO also spearheaded work to protect the Primary Ophthalmic Services (POS) framework as we transitioned to a new NHS procurement regime in England. This work included successfully ensuring that new statutory guidance on the Provider Selection Regime (PSR) had robust guidance on POS when published in October 2023. This guidance will protect services for patients and minimise the risk of new and costly bureaucracy.



As a key member of the OFNC, we helped secure a 4.5% increase in GOS fees in England, adding more than £13m per year to the NHS sight testing service. Although a step in the right direction, this increase was still far below inflation, so England continues to fall further behind Scotland and Wales in funding.

We also continued to advocate for a broader range of primary care services to be commissioned in England to help close this gap. While primary eye care now delivers more enhanced pathways than ever before, it is also true that progress in England has been painfully slow. Meanwhile, patients continue to go blind due to delays in accessing the hospital eye care service.

That is why, in 2024, we must come together and strengthen our case for change, speaking with one voice to power. We will work with all primary care partners to call on government and NHS leadership to reprioritise spending from an unsustainable acute model of care to a preventive primary care model.

## Protecting patient choice and access

The GOC published its response to its consultation on the Opticians Act 1989 (as amended), taking account of all the evidence we submitted on the importance of protecting the sight test and core primary eye care services for patients. We continued throughout 2023 to respond to subsequent GOC consultations on reviews of the Opticians Act and associated policies, always focusing on championing evidence-based care and patients' rights to choose as a critical driver of quality and service improvements.

As NHS England finally pushed through direct referral from primary eye care to ophthalmology, we developed the sector's first patient choice guidance. We will consult further on this during 2024 and create supporting materials for practices and frontline clinicians. We remain firmly committed to protecting choice and access for all.

## Optimising the workforce

To succeed as a sector, we must continue to have the necessary eye care workforce to meet needs. To support this, we have continued to lead the sector in workforce development and training and to play a key role in the implementation of the GOC's new education and training requirements (ETR).

We have also continued to engage with higher education institutions (HEIs) to support implementation, ensure sufficient practice-based training places, and expand opportunities for the next generation of eye health professionals.

We started building our workforce data dashboard to track workforce trends and better target policy interventions. We are also researching the potential use of cross-over roles, such as ophthalmic technicians, to help optometrists expand their clinical roles and meet growing needs closer to home.

In addition, we supported a sector-wide workforce project coordinated by the College of Optometrists during 2023, bringing our subject matter expertise in model building.

## Maximising technology and innovation

We continued to support members and the wider sector in calling for and implementing IT connectivity between primary and secondary care. We also continued to make clear to policymakers and commissioners that primary eye care has advanced diagnostic capabilities, which can be procured in a cost-effective way to streamline NHS pathways and better manage referrals.

At the same time, we continued to horizon scan, track and manage potential risks, including intervening in NHS workarounds that would force unfunded work onto contractors and destabilise services.

## Plans for 2024

With growing economic uncertainty and secondary eye care services failing to meet needs, we must work together to move care out of hospitals. We will continue to build the clinical and economic case for change and expand our communications and political and sector engagement to drive this forward.

We will also continue to lead on ensuring the sector has the skilled workforce to meet needs and deliver more care outside hospital settings. Combined with workforce analysis and planning, we will continue actively to support the GOC, HEIs, the College of Optometrists, NES and employers in the UK to teach out the Scheme for Registration for BSc optometry as the sector transitions to the new MOptom qualification over

the next five years. We will also work closely with members who provide most practice-based learning to guarantee high-quality training and employment opportunities for all graduates at both levels.

As technology, demographics and working patterns change, we will seek innovative scope of practice, skill mix and technological solutions to meet needs and expand services through primary eye care. This will involve continuing to work with the College of Optometrists and ABDO on enhancing teaching skills at the practice level and working with employers, the GOC, HEIs, the Optometric Schools Council and sector partners to promote careers in eye care, including part-time and full-time academic roles in teaching future generations of clinicians.

Building on our support for ABDO's Social, Ethical and Environmental campaign, and the Optical Suppliers Association and ACLM work on reducing the carbon footprint of eye care, we will continue to be active participants in NHS and government plans for achieving Net Zero, including by greater use of IT and moving care closer to home.



**David Hewlett**  
Director

# FODO Ireland

## THE ASSOCIATION OF EYE CARE PROVIDERS OF IRELAND

FODO Ireland continued to build on solid foundations in 2023, strengthening our voice, reach and influence. This included appearing regularly on radio and in the national press, ensuring that a larger audience heard our calls to action.

While we accelerated our public messaging, we maintained and built on relationships with government departments and officials for more technical and sensitive discussions.

The Department of Health invited us to submit a fee proposal for COSS in early 2023. We worked closely with an independent economist to build the case for an initial but significant fee uplift. The government heard this message, and the minister committed publicly to an increase. Once the government finalises this uplift, we will commission more detailed research into the cost of providing primary eye care services in Ireland, as we have committed to ministers to do.

In 2023, we have finally achieved a breakthrough in our long-term goal of allowing children aged eight and older to access HSE-funded eye care in primary care settings rather than suffer excessive waits for hospital-based services. We have already seen children start to benefit in some locations, and the Department of Health has committed to a national scheme to make this change happen and end unjustifiable variations.

In last year's annual report, I prioritised addressing workforce issues in Ireland. In response, we have continued to support TU Dublin in maximising university places to allow more students to study optometry in Ireland. We have also had positive discussions with South East Technological University (SETU) about setting up a new School of Optometry with sector support. At the time of writing, SETU is advertising for a programme lead with plans to launch the new course in 2025.

I am incredibly proud of our achievements this year and look forward to driving forward our hard-won gains in 2024. We must now ensure the government delivers on its promises to increase fees, get contracts signed and delivered for children's sight testing, and do all we can to expand the optometry workforce to meet public health needs. We welcome all eye healthcare professionals in Ireland who wish to become more actively involved in shaping the future to join us.



**Garvan Mulligan**  
FODO Ireland Chair

In 2023, we announced we would accelerate the work we do on your and patients' behalf, and that is just what we have done.

The year began with the NHS in England heeding our long-standing call and instructing all Integrated Care Boards (ICBs) to implement self-referral to audiology services throughout England, a significant step towards achieving an NHS-funded primary care audiology service.

To build the evidence base to support further change, we collected our first-ever primary care audiology dataset, researched the clinical and financial benefits of primary care audiology, and finalised a model demonstrating the economic benefits of an NHS-funded primary care hearing service.

In 2023, we formally established a new Clinical Advice and Guidance Committee (CAGC), which has already started work. The CAGC will play a leading role in primary care audiology by helping the sector meet growing ear and hearing care needs safely. CAGC will also work with the NCHA policy team to ensure we have the workforce we need to meet the nation's ear and hearing needs.

As we have fully recovered from the impacts of the pandemic, we have had the opportunity to rebuild the team and re-engage with the HCPC and other sector bodies. We now meet the HCPC regularly and will continue to invest in its professional forum to ensure members are represented at all levels.

In 2023, as part of our commitment to joined-up working, we continued to support pan-sector collaboration through the [Hearing Loss and Deafness Alliance](#). Our input included funding of a new website to enable the sector to speak more effectively with a single voice and working with all to develop key position statements, including [Time to stop taxing hearing aids](#). It calls on the UK government to zero-rate hearing aids for VAT in line with most other disability aids. We built on this call to action with an evidence-based submission to the Treasury to end this unfair tax on hearing aids.

This work has brought positive engagement from parliamentarians and other stakeholders. We will continue to push for this change through the 2024 general election and beyond.

As we look to 2024, we will bring all our work and evidence together for members, the sector, opinion formers and NHS planners by publishing our strategy, Primary care audiology – accessible ear and hearing care for all, on World Hearing Day.

Our work will include calling for more people to be able to access primary care audiology services closer to home, including NHS-funded earwax services. We will continue to research and raise awareness about hidden NHS waiting lists and challenge workarounds such as PIFU for adult hearing services.



With robust evidence to support more significant investment in primary care audiology, we will continue to raise awareness about the nation's ear and hearing health needs and the impact and costs of failing to address unmet needs. As ever, we will work with sector partners to achieve this.

Most importantly, we have every reason to be optimistic that we can make change happen. Although the economic outlook is uncertain, ear and hearing needs are growing significantly, and existing hospital-based models of care cannot meet this need alone.

Our members are and will remain at the heart of unlocking capacity and investment to meet these growing needs in a sustainable way. We must now work together to make that change happen and address the pressing public and population health challenge that ear and hearing care has become.



**Peter Ormerod**  
NCHA Chair



# Finances

In 2023, FODO, like all its members, experienced significant cost pressures due to high inflation. Fortunately, because of our investment in improving our systems and controls in prior years, we could continue growing our membership and controlling costs. This resulted in a surplus of £81,000 on turnover of £1,383,000.

At 31 December 2023, we had reserves of £1,690,000. They consisted of £692,000 six-month running costs reserve, £62,000 for agreed projects, and £936,000 additional reserves. The Group Board continues to review how to best utilise additional reserves in the best interests of all members.

Given financial pressures impacting all members, we also decided to freeze the membership fee per FTE for 2024, accepting that we would aim for a balanced budget or a potentially small deficit in 2024. We will continue to deliver all that members need to succeed during this period and expect ongoing growth in membership across both eye care and audiology driven by member recommendations and minimal spending on advertising.



**Alan Tinger**  
Director

## Financial report

<b>Income and expenditure account</b>		<b>2023</b> £000		<b>2022</b> £000
Turnover		1,383		1,270
Administrative expenses		(1,302)		(1,110)
Operating surplus		81		160

<b>Balance sheet – 31 December 2023</b>		<b>2023</b> £000		<b>2022</b> £000
<b>Fixed assets</b>				
Tangible assets		8		8
<b>Current assets</b>				
Debtors	484		505	
Cash at bank and in hand	1,865		1,731	
	2,349		2,236	
Creditors: amounts falling due within one year	(667)		(635)	
<b>Net current assets</b>		1,682		1,601
<b>Total net current assets less current liabilities</b>		1,690		1,609
<b>Members' funds</b>		1,690		1,609

**S Joyce**  
Group Chair

**H Sandhu**  
Group Managing Director

These summarised accounts are an extract from the statutory financial statements for the year ended 31 December 2023. Burgess Hodgson Chartered Accountants and Registered Auditors gave an unqualified audit report of the accounts they audited on 14 May 2024.

# Our team

**AS OF 31 DECEMBER 2023:**

## **FODO UK Board non-executive directors**

- Sarah Joyce BEM, Chair
- Bryony Allen
- Paul Carroll
- Stephen Clark
- Peena Govind
- Stephen Hannan
- Hayley Holford
- John Hopcroft
- Dan McGhee
- Claire Slade
- Glenn Tomison

## **FODO Ireland Board non-executive members**

- Garvan Mulligan, Chair
- Owen Blee
- Clodagh McGovern
- Peter McGrath

## **NCHA Board non-executive members**

- Peter Ormerod, Chair
- Richard Boyd
- Paula Cave
- Mark Georgevic
- Echo Lu
- Stephen McAndrew
- Francesco Turriziani

## **Head office team**

- Harjit Sandhu,  
Group Managing Director
- David Hewlett, Group Director
- Alan Tinger, Group Director
- Sarina Bassi, Public Affairs Officer
- Daniel Hodgson,  
Head of Policy and Public Affairs
- Giusy Maniscalchi,  
EA to Managing Director
- Emily McCabe,  
Hearing Health Policy Officer
- Kirsten Ross, Clinical  
Optometry Officer
- Sue Silvester, PA to Group Director
- Rajan Verma, Membership Officer
- Hannah Williams,  
Hearing Health Policy Officer



# Annual report

[www.fodo.com](http://www.fodo.com)

[fodoireland.ie](http://fodoireland.ie)

[www.the-ncha.com](http://www.the-ncha.com)

