

FODDO

ANNUAL
REVIEW

2017/18

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About FODO



FODO is the trade and professional body for optical businesses and practitioners in the UK. For us, maintaining and building

successful practices and businesses is key to delivering high-quality care, customer service and improved eye health across the four UK nations.

Our national experts support the sector and our members with advice and guidance in all areas of optical business and professional practice. We also provide the best professional indemnity, legal defence and business insurance packages in the market.

As the representative voice of the majority of the optical market and NHS provision in the UK, we are a leading influence with government, regulators, the NHS and the voluntary sector.



FODO Ireland

FODO Ireland represents eye care providers and registered optometrists and dispensing opticians in the Republic of Ireland. As in the UK, our aim

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

About the NCHA



The National Community Hearing Association (NCHA) is an inclusive, not-for-profit membership organisation committed to achieving

better hearing for all. We believe that the vast majority of people with hearing needs (such as hearing loss, tinnitus and other ear conditions), as well as the NHS and society as a whole, benefit from care closer to home.

As the voice of community hearing care, we work with the wider hearing sector, governments and decision makers to lead and influence change. We provide excellent value for money for members through influencing the sector, our development work, tailored support and the dedicated insurance packages we offer.

Chair's report – Looking ahead



Lynda Oliver

“ *We are always stronger as a sector when we stand together and speak with a united voice.*

”

2017-18 has been a tough but successful year for FODO and our members.

We have continued to provide a strong voice on issues that matter – helping to address the problems arising from the Primary Care Services England/Capita fiasco, working with the Professional Standards Authority (PSA) and General Optical Council (GOC) on the future of health regulation in the UK and providing advice to optical practices. Our strength is that we continuously build on the successes of the past to prepare for the challenges of the future and we have seen our membership continue to grow as a result.

This year we have also been working hard to tackle optical workforce issues. Not only has this included taking an active role in the GOC's Education Strategic Review but also in the creation of new schools of optometry, set to open later this year and in 2019.

It is in this spirit that FODO members voted at our AGM in May 2017 to open our membership to ophthalmology providers and ophthalmologists. You may have already noticed our taking a higher public profile on ophthalmology issues, such as NICE guidance on glaucoma, cataracts and macular degeneration and in the Eye Health and Visual Impairment All-Party Parliamentary Group's (APPG) inquiry into ophthalmology capacity in England, NHS England's Elective Care Transformation Programme in Ophthalmology and the Clinical Council's System and Assurance Framework for Eye Health (Safe). All of these, from one perspective or another, are seeking to close the capacity gap in NHS hospitals which, under any scenario, has to include wider roles for community eye care and the independent sector.

On a more personal note, I have always found board work at FODO fascinating and so I was delighted to be invited last year to become the first Chair of the Optical Confederation (OC) under our new rotational arrangements. Having reviewed the OC to date, the five member bodies renewed their commitment to the brand value the OC has built up – particularly within Parliament and through our wider public affairs work – and the benefits of joint working on key issues. The OC continues its vital role in presenting a united voice for the sector and I know it is in good hands with Fiona Anderson of ABDO, who took over as Chair at the end of 2017. Even when the sector differs on minor questions of policy, we are always stronger as a sector when we stand together and speak with a united voice.

That is precisely what we at FODO do as well. My fellow directors, officers and myself, plus the exceptional FODO staff team, are delighted to be here for you and the wider sector. I thank you all wholeheartedly for your continuing support.



The FODO Board gathering for a meeting

Chief Executive's report – Preparing for the new world



David Hewlett

As we continue to reform primary eye care and enable community optical practices and community ophthalmologists to deliver care in new, more modern ways, we are ever faced with new challenges.

Not least of these are the moves by NHS England to end commissioning, to disband traditional NHS quality metrics and to merge CCGs, CSUs and NHS Trusts into new so-called 'accountable care organisations' (legal title) – recently re-badged as 'integrated care systems' (cuddly name for public consumption).

By integrating CCGs, CSOs and acute providers – these look very much like the old district health authorities and directly managed hospitals (1974-96) – with GP services thrown in as under their successor health authorities (1996-2002) – and so the wheel turns... It is to be hoped, however, that the £millions spent on various NHS reforms in England since 1990 are not to be entirely wasted.

Commissioning may not have been a major success – the best management talent then, as now, is attracted to major hospitals – but from the point of view of optics, ophthalmology and hearing, there is a major risk that these changes will destroy any remaining vestiges of transparency – and hence legitimate challenge – to outmoded and inefficient service models within the traditional NHS system. Block contracts and funding systems hide a multitude of sins. A major irony is that no-one has yet been able to explain how, or to whom, these merged organisations will actually be accountable, which, together with the High Court challenge to their legal basis, may explain the recent change in terminology.

More worryingly, despite the rhetoric about local decision-making, this massive about-turn in NHS policy has all but choked-off current local commissioning activity. This can only further harm patients by enabling entrenched providers and power players to avoid scrutiny and duck challenge.

The only lights on the horizon for us are rising need, the squeeze on acute sector resources and the facts that primary and community eye care and the hearing sector remain able to take on more work in high-quality, cost-efficient ways – if anyone at NHS England could get around to providing leadership. In its absence, FODO will continue to step in and do so, while also challenging vested interests, poor quality services and market-rigging. Whilst FODO and NCHA members continue to be at the forefront of expanding primary care services in community settings (MECs as standard, for example), we have now to raise our sights even higher to meet public need.

The future of health services, including eye and hearing care, will be through multi-disciplinary teams and clinical networks, operating in new ways, away from conventional hospital settings. Community ophthalmology and eye care services may of course be delivered in GP practices or community clinics, but the better and more cost-efficient models for both NHS and private services are through ophthalmologists, optometrists, dispensing opticians and allied professionals working together in community optical locations, or mobile services linked to GP networks, such as PEC models.

Some parts of the necessary infrastructure are already in place and LOCSU's work on PECs, together with our opening FODO membership to ophthalmology, means that we can now support all eye care providers as part of integrated eye care systems, working in more efficient ways in the community. We can also increasingly ensure that education, regulatory systems and NICE clinical guidelines develop in ways that support, not hinder, these critical public health changes.

Opening FODO membership to ophthalmology means that we can now support all eye care providers as part of integrated eye care systems.

Safeguarding the operating environment

Getting regulation right

FODO has participated actively in strategic discussions on the future of healthcare regulation – making clear that any change must be in the interests of patients, proportionate to the risks of our sector and must not add to costs or regulatory burdens to practitioners or optical businesses. We will continue to provide input to the Education Strategic Review, the GOC's review of fitness to practise, and particularly the new GOC standards for business registrants, which we hope will apply to all optical businesses in due course to create a more even playing field.

Data protection

FODO continues to provide sector leadership on the General Data Protection Regulation (GDPR), seeking to ensure that new regulatory requirements are proportionate and that both providers and practitioners understand what is required of them. In the latter case, FODO, through the OC, published *Preparing for Changes to Data Protection Law – Initial Guidance* in December 2017.

The workforce of the future

The FODO Educational Trust has actively supported innovation in education for more than two decades. We know from the 2016 Optical Workforce Survey that an increasing trend to flexible working, changes to service delivery structures and key demographic shifts means that there is already an under-supply of the optometric workforce, with acute shortages in some areas. The similar shortage of ophthalmologists and expansion of alternative models for meeting eye health needs in the community further compound the need for an expanded optometric workforce.

Several universities have approached FODO for guidance and investment on potential new programmes to fill this gap. Against the backdrop of GOC's Education Strategic Review, this offers an opportunity to take a fresh approach to learning models and content to adapt to the future demands on optometry and optics. This work is being led for the FODO Educational Trust by our New Courses Oversight Group.

Another issue raised with us by universities is the difficulty recruiting lecturers. We believe there is a need for creating a new band of accredited optometrist/optician educators/lecturers, trained to teach or supervise equally well in practice, clinic or academic settings. Using the Irvine Aitchison Memorial Fund legacy, we are funding a number of places on an Essential Skills in Medical Education (ESME) course for optometrist and dispensing opticians to test proof of concept with the College of Optometrists and the ABDO. Applications for places opened earlier this year and will go live in April 2018. If successful, we will look to establish these roles with specific training, qualification status and a recognised professional affix.

GOS

The Primary Care Services England/Capita fiasco continued to cause significant problems in 2017, and is now spilling over into 2018. Many practices are still owed considerable sums, unacceptable delays are still occurring for new registrants wishing to join the performers' list and CET payments are still being made late. FODO has taken a leading role in challenging NHS England on this, raising the issue with Ministers, working with sector colleagues to find solutions, and providing support to individual members.

Fees

Through the Optical Fees Negotiating Committee (OFNC) we continue to make the case for sensible GOS fee increases to enable our members to continue to provide a high quality service and choice to NHS patients. This year's additional fees freeze is particularly disappointing, even though we have managed to preserve a demand service and national terms and conditions.

As the NHS goes paper-free from 2018, including referrals, the next phase of work for the OC Information and IT Committee and OFNC is to find and implement a solution for IT connectivity between optical practices and the rest of the NHS in England, as elsewhere in the UK. We will continue to bid for a grant per practice in 2018.

Promoting eye health

World Sight Day 2017

As well as actively supporting National Eye Health Week in the UK, FODO joined hundreds of organisations across the globe on World Sight Day on 12 October 2017 in calling for cuts to avoidable blindness. The 2017 'Make Vision Count' campaign drew attention to findings that increases in myopia and diabetic retinopathy, combined with a growing and ageing global population, could potentially lead to a tripling of blindness worldwide by 2050.



FODO Board marking World Sight Day 2017

FODO-sponsored bursary winner undertakes project work in Africa for Vision Aid

The Irvine Aitchison Memorial Fund (IAMF), which FODO manages, offers opportunities for students of optometry and dispensing optics to broaden their horizons and gain new insights through projects with Vision Aid Overseas. In September 2017, Bradford University student Rejoana Ali spent time in Kafue, Zambia, working in a clinic she helped set up and performing outreach work.

“Volunteering gave me the chance to reflect on my role as an optometrist and motivated me to continue making a difference” – Rejoana Ali



(Rejoana, fourth from left, back row)

FODO supports updated NICE guidance on glaucoma, cataracts and AMD

FODO welcomed three pieces of guidance from the National Institute for Health and Care Excellence (NICE):

- *Glaucoma: diagnosis and management* clarifies the role optometrists should play in the diagnosis and management of glaucoma patients to make better use of all available capacity. The updated Intraocular Pressure (IOP) recommendation also brings England and Wales into line with the standards in Scotland.
- *Cataracts in adults: management* is an important step forward in clarifying what the NHS will and will not provide in tackling non evidence-based rationing for NHS patients.
- *Age-related macular degeneration (AMD)* gives definitions, referral criteria and management advice, which are extremely helpful. The guideline is a welcome step in making sure that high-quality macular care is provided in a more integrated way across primary, community and secondary care.

Europe



David delivering a speech on 'Eye Care Futures' at Sweden's Optometridagarna conference in Gothenburg, February 2018

FODO plays an active role in Europe and in wider British Standards work. FODO Chief Executive, David Hewlett, currently chairs the European Coalition for Vision (ECV), the broad-based coalition on eye health across the European sub-continent (not the EU). As the only European body to include primary care practitioners, ophthalmologists, manufacturers, academics and charities, the ECV is currently focussing on eye health data on need, the role of eye care in healthy and active ageing, and moving eye health matters up the health agenda in European countries.

FODO across the UK



Hal Rollason,
Chair, FODO
Scotland

Scotland

In 2017, we welcomed the interim increase in the supplementary eye care fee and are now working hard to ensure a more meaningful increase for both primary and supplementary exams in 2018. Negotiations with

the Scottish Government on the development of a new GOS are progressing well, although implementing many recommendations of the Review of Eyecare Services is not happening as quickly as we would have liked. We expect a new GOS to be delivered in the middle of 2018, benefiting patients, providers and practitioners. There are also encouraging signs of ophthalmology and optometry working more closely together.

Good progress is also being made to develop our new optometry course at the University of the Highlands and Islands, which will help meet workforce needs in the north-west. We will also need to work with Glasgow Caledonian University to find a solution to the under-supply of dispensing opticians in Scotland.

The outlook for the Eyecare Integration project continues to improve with some Health Boards achieving 90% eReferrals. We also welcomed the £300 grant per practice from the Scottish Government to help move towards ePayment submission.



Andy Britton,
FODO Lead,
Optometry Wales

Wales

FODO continues to be an active and supportive member of Optometry Wales – the forum through which we directly influence policy within Wales. We are committed to driving the delivery of primary care services and ensuring

our members understand the importance of embracing enhanced services.

We have provided input to the GOC Education Strategic Review, pushing with Optometry

Wales for a common-sense approach to higher qualifications. This, we hope, will allow for continuing roles in refraction and dispensing, as well as for the more clinical role that is increasingly required in many areas for both optometrists and dispensing opticians.

We have also worked to deliver valuable information on the real costs of running a variety of practices, which will help when negotiating fees to support enhanced services, alongside retail.

Furthermore, we are working to address concerns about the supply of optometrists, to remove recruitment and retention barriers and to make Wales a more desirable location to practise.

Northern Ireland

Alongside the backbone of core GOS we have successfully concluded 'Developing Eyecare Partnerships' – an extensive five-year project aimed at improving the commissioning and provision of eye care

services in Northern Ireland. We hope its work will continue with the formation of an NI Eyecare Network, which brings together stakeholders from across all aspects of eye care delivery, including primary and secondary care, educationalists, charities and commissioners.

The roll-out of Northern Ireland Primary Eyecare Acute Referral Scheme (NI PEARS) has continued, providing safe, effective and accessible care for patients, whilst easing pressure on secondary care. We also hope to establish a post-cataract assessment scheme.

The majority of practices are now connected to the NI Clinical Communication Gateway, facilitating secure communication and direct eReferral. Additionally, over 90% of GOS payments are now processed and paid via our e-Ophthalmic Claims system, with a trial for optometric access to Northern Ireland Electronic Care Records planned later in 2018.



William Stockdale,
Chair, FODO
Northern Ireland

FODO Ireland



Garvan Mulligan,
Chair, FODO
Ireland

FODO Ireland has continued to advocate at the highest levels on our members' behalf, meeting with government ministers and departmental officials – in particular the Minister of State for Higher Education, Mary Mitchell O'Connor TD, to discuss optometry graduate supply and with

Mr John Connaghan, Deputy Director-General of the Health Service Executive (HSE), to discuss the *Primary Care Eye Service Review Group Report*.

We welcomed many elements of the *Primary Care Eye Services Review Group Report*, including the recognition that greater use should be made of the professional and clinical skills of optometrists. However, we continue to argue that the report is too ophthalmology-focussed and does not properly consider the significant improvements that could be made to primary eye care if more services were contracted to the existing network of optical practices.

The supply of optometry graduates remains of particular concern, and is likely to be exacerbated by HSE proposals to hire 63 optometrists as part of its proposed network of Primary Eye Care Team centres. Added to which, traditionally, many Irish optometrists have obtained their qualifications in the UK, but with the uncertainty created by Brexit, the extent to which this can be relied upon in the future is questionable.

Dublin Institute of Technology (DIT) is the only tertiary education institution in the Republic of Ireland that runs an optometry degree. The current intake is only 25 students per year, and far fewer go on to graduate and obtain registration. To begin to close the workforce gap, we set up the first Irish dispensing course at DIT in 2014 and FODO Ireland will continue to review with educational institutions and politicians how we can ensure sufficient numbers enter the profession with the right skills.

As part of our constructive relationship with DIT, I was delighted to give the annual FODO Ireland lecture to the dispensing optics and optometry students about the realities of working in a

“ The next 12 months will bring no shortage of activity and challenges for the optical sector in Ireland and FODO Ireland will be there fighting on your behalf. ”

practice, the current and future challenges facing the sector and the role of FODO Ireland.

We have also developed a good working relationship with the Department of Employment Affairs and Social Protection, whom we met with to provide an industry perspective ahead of the launch of their new online eligibility verification and payment system, Welfare Partners, last October. Although it has experienced some technical issues, we believe this to be a positive development and the website should bring improved access for patients, much greater ease of use and quicker reimbursement for providers.



FODO Ireland ran its annual Healthy Eyes Awareness Week in January, in partnership with the Association of

Optometrists of Ireland. 'Healthy Eyes' encouraged everyone in Ireland who had not had an eye test in the last two years to sign the #EyePledge to book an examination and to look after their eye health in 2018. The campaign featured on prime-time and regional radio in Ireland and in the sector press.

What to expect for 2018/19

The next 12 months will bring no shortage of activity and challenges for the optical sector in Ireland and FODO Ireland will be there fighting on your behalf.

We will be conducting a survey of the optical workforce and will also continue to advocate on your behalf on key issues, including the Health Minister's consultation on fees and to make sure the *Primary Care Eye Services Review Group Report's* recommendations are implemented in the best possible way. If the HSE works with our members in community optical practices, significant improvements can be made towards the reduction of waiting lists and the incidence of avoidable visual impairment.

National Community Hearing Association (NCHA)



Mark Georgevic,
Chair, NCHA

This was another busy and successful year for the small but dedicated NCHA team operating within the FODO Group. Community hearing care continued to expand and evolve across the UK. Change led by the NCHA and its membership.

Once again, the NCHA successfully challenged attempts, explicitly or covertly, to ration hearing services in England – leading on sector analysis to show how the NHS could make greater savings by effective procurement and contract management. We also continued to play an active leadership role across the sector, through the Hearing Loss and Deafness Alliance and our work on various NHS England Action Plan on Hearing Loss groups.

“The NCHA successfully challenged attempts, explicitly or covertly, to ration hearing services in England.”

Without good data and information it is difficult to drive change, so in 2017 we collaborated with experts on the World Health Organization (WHO) ear and hearing survey handbook – which will help improve global data on hearing loss and raise the profile of hearing loss as a major public health issue. We are also part of a new NHS England Action Plan ‘Data, Quality and Audit’ task-and-finish group, where we are seeking to tackle unwarranted service variation across England.

Another key NCHA goal is to ensure that Joint Strategic Needs Assessments (JSNAs) throughout England include local hearing needs data and information. As a member of the NHS England Action Plan ‘Early Diagnosis’ task-and-finish group, we initiated and co-developed a JSNA toolkit for England which will be published in 2018. The programme brought together the expertise of Action on Hearing Loss, the Local Government Association (LGA), the Association of Directors of

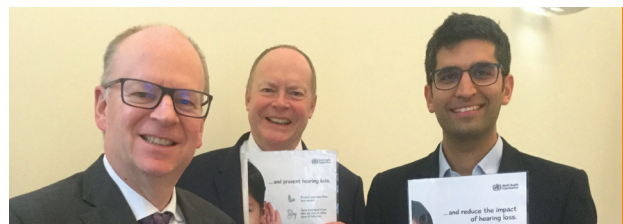
Public Health (ADPH) and NHS England to deliver a strategically important piece of work which will shape the sector into the future.

We also continued to tackle long-standing professional and positional biases having a negative impact on both NHS and self-funded community services. As part of this, we submitted comprehensive evidence-based responses to the National Institute for Health and Care Excellence’s (NICE) draft guideline on adult hearing loss and the UK Government’s joint consultation on the future regulation of healthcare professionals.

We have supported members and the sector on business matters, including the EU General Data Protection Regulation (GDPR) and the ever-evolving NHS Standard Contract. Our GDPR guidance is helping providers comply with the new rules in a proportionate way, whilst avoiding unnecessary costs and complexity – all part of our goal to support a growing and sustainable community hearing care service in the UK. We seek the same approach with NHS contracts.

What to expect for 2018/19

We will continue to lead the fight for the recognition of hearing loss as a major public health challenge across the UK. Alongside this we will work to address the stigmatisation of hearing loss, work for the better understanding and care for tinnitus and other hearing conditions, argue for better and earlier access for all patients, encourage greater professionalism within the sector, and lead the transformation of community and hospital hearing care to meet growing public health needs. In helping us realise this mission, we would like to thank all of our members for their ongoing support.



Mark Georgevic, David Hewlett and Harjit Sandhu supporting World Hearing Day 2018

Finance review and accounts

Treasurer's report

The result for the year ended 31 December 2017 was a surplus of £1,000 on turnover of £1.1m compared with a deficit of £27,000 on turnover of £1.2m in 2016.

It is very pleasing to have achieved a balanced budget for the year, notwithstanding the increasing need to provide advice and guidance for members, including legal advice to protect the sector and members' best interests. Elsewhere in the report, colleagues have set out the detail of what FODO has been working on for members during the year and the challenges which will be faced in the future.

Having maintained level subscriptions for 2017, it has been necessary to increase them by 3% in 2018, in order to cover the statutory increase in employer pension contributions. Whilst budgeting again for a balanced budget in 2018, we will also seek during the year to recover the 2016 deficit by continuing to reduce overheads, in particular by taking advantage of modern methods of communication.

As ever, thanks are due to all at FODO Headquarters for their hard work, to FODO Director and Consultant Alan Tinger 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 2017			
	2017		2016
	£000		£000
TURNOVER	1,139		1,183
Administrative expenses	1,138		1,210
OPERATING SURPLUS / (LOSS)	1		(27)
SURPLUS / (LOSS) ON ORDINARY ACTIVITIES BEFORE TAXATION FOR THE FINANCIAL YEAR	1		(27)

Balance Sheet 31 December 2017				
		2017		2016
	£000	£000	£000	£000
FIXED ASSETS				
Tangible assets		368		375
Investments		500		500
		868		875
CURRENT ASSETS				
Debtors	98		109	
Cash at bank and in hand	81		105	
	179		214	
CREDITORS: Amounts falling due within one year	198		241	
NET CURRENT LIABILITIES		(19)		(27)
TOTAL ASSETS LESS CURRENT LIABILITIES		849		848
RESERVES				
Income and expenditure account		849		848
MEMBERS' FUNDS		849		848

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 2017, which have been audited by Menzies Chartered Accountants and Registered Auditors, who gave an unqualified audit report on 14 March 2018. 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
(Boots Opticians,
ASDA during 2017)

Officers: Hal Rollason, Honorary Treasurer (Independent, ex-Black & Lizards, also Chair, FODO Scotland); Glenn Tomlinson, Lead Director for Individual Members (self-employed Dispensing Optician and lecturer); and Adrian Street, Lead Director for SMEs (Norville Opticians).

Directors: Paul Carroll (Specsavers Optical Group); Stephen Hannan (Optical Express); Stuart Burdett, Meena Ralhan (Vision Express); Giles Smith (Haine & Smith Opticians); William Stockdale (Optimise, also FODO Northern Ireland); Alan Tinger (Consultant, also FODO Insurance); Samantha Watson (Boots Opticians); and Zoe Smith (Specsavers).

FODO's non-executive board directors are elected from the membership.

HQ team



David Hewlett
Chief Executive



Ann Blackmore
Director of Policy
and Strategy



Harjit Sandhu
Director of Policy
and Strategy
(NCHA)



Peter Fogarty
Senior Policy
Officer (FODO
Ireland and
Domiciliary)



Annette Ashley
Senior Policy
Officer



Jonathan Carey
Executive Assistant
to David Hewlett



Rajan Verma
Insurance and
Membership Officer



James Turner
Communications
and Public Affairs
Officer



Giusy Maniscalchi
Member Services
Administrator



Jayne Harrison
Administrative
Assistant
(part-time)



Sheila Briggs
Secretary
(FODO Scotland)
(part-time)



Pavanakumar
Thurailingam
Finance Officer
(part-time)



Toni Fuorvito
Receptionist
(co-funded with
ABDO and FMO)

Advisers

Yvonne Hanley, MCIPD
Human Resources

Shaun King (Shaun King Associates)
VAT Adviser

Professor Steve Taylor
Professional and Scientific Adviser

FODO

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2017/18

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

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

Email: optics@fodo.com

Telephone: 020 7298 5151

Fax: 020 7298 5111

www.fodo.com