



Pre-Budget 2024 submission to Government

Protecting Ireland's eye health and preventing avoidable sight loss

About us

[FODO Ireland](#) is the representative professional body for optical practices in Ireland. The Association exists to ensure members can deliver accessible, high-quality, patient-focused eye care to people of all ages and means in their local communities. Our members provide more than half of all local eye care in the country.

About our submission

Optometric fees under both the COSS and PRSI treatment benefit schemes are long overdue for uplift and have not been restored since FEMPI. Primary eye care is the key foundation not only for vision correction but for early identification and intervention for eye disease. Waiting long periods for eye care and late intervention significantly increase the risk of sight loss.

As public health evidence shows, too many Irish citizens are losing their sight or suffering from other eye conditions which could be prevented. Failing eyesight in older age also impacts negatively on cognitive decline and disabling falls and impacts the State by increasing cost. The estimated annual cost of sight loss and blindness is €2.67 billion.

The chronic problem of excessive hospital waiting lists, hospital capacity issues and access to eye care (and the associated risks) have all been discussed in the Dáil, in the media and are well known to the public.

FODO Ireland members and the Government, are committed to improving eye health and preventing avoidable blindness. To do this, we must ensure that Irish citizens can access the eye care they need when they need it.

To make sure this happens, local optical practices need fair funding for the State services they deliver, supported by non-bureaucratic administration so that patients can get the care they need when they need it and we all minimise waste as a result of outdated bureaucratic systems. We are looking to government for a fair settlement which restores fees to reasonable levels whilst being sustainable for the State so our members can continue providing high-quality, high-tech, cost-effective services to patients.

Local optical practices can also provide more services to more patients, especially for children (aged 8 and over) in support of local eye.

This will support hospital eye services by reducing hospital waiting lists and improving outcomes, reducing the costs associated with sight loss and blindness. We have the capabilities and capacity to deliver this, but much needed change is not being progressed

fast enough and now needs national leadership to maximise efficiency at all stages of the eye care pathway.

Our submission focuses on where budgetary support is needed to protect eye health and improve patient outcomes through:

- increasing the optical benefit fees under the PRSI's treatment benefit scheme, restoring COSS fees, aligned to the PRSI's treatment benefit scheme fees
- using budgetary levers to ensure the HSE arranges appropriate eye care services for children aged eight and over on a national basis and utilises cost-effective local optometry to support the new HSE community eye care teams.

Below is a summary of our proposals.

We request that Department of Social Protection and the Department of Health are given budgetary support to meet these modest proposals.

Increasing the optical benefit fees under the PRSI's treatment benefit scheme, in line with inflation

Practices receive a fee for each optical benefit they deliver under the PRSI's treatment benefit scheme. These fees have remained stagnant since 2017 when they were last adjusted. Since 2017, the cost of providing these services to eligible patients has increased, leading to cost pressures on practices and threatening the viability of the service.

We plan to commission detailed analysis of the actual costs of service provision but estimate the cost of providing an eye examination is now more than €55 per episode. However, the impact of rising costs on local optical practices over the last six years (since fees were last reviewed) means we need action now. We have therefore undertaken analysis based on the changing rate of inflation (CPI) as an interim measure.

Had fees uplifted in line with inflation, the eye examination fee would now be €35.76. As noted above, this is still well below the estimated cost of providing an eye examination in Ireland.

We believe it would be reasonable and affordable for the Government to uplift the PRSI eye examination fee to €38 this year and uplift all other fees and benefits in line with inflation change since October 2017.

We are also calling for an expansion in the scope of PRSI treatment benefits to include children of qualified persons, who are not under hospital or HSE clinic care as well as those aged eight and over who have been discharged from hospital/HSE care (in addition to spouses who are already covered). This would, along with other proposed support suggested below, help ensure children's sight is checked and corrected, and that eye diseases are detected and treated early. It will also support the government's key aim to address child poverty.

Please see Appendix 1 for further detail and evidence on the PRSI's treatment benefit scheme fees.

Restoring COSS fees, aligned to the PRSI's treatment benefit scheme fees, in line with inflation

Earlier this year FODO Ireland was invited to make a submission to the Department of Health as part of its review of COSS fees and COSS contract. This is attached as part of this broader budget submission.

To produce this, we commissioned independent economic analysis to inform our submission – which is also appended to this pre-budget submission for consideration.

Our submission seeks to address FEMPI fee cuts and ongoing underfunding of COSS services – especially since October 2017 given the unjustified divergence between COSS and PRSI payments for an eye examination.

It calls for the eye examination fee to be funded at €38 this year.

In addition to restoring eye examination fees, we are calling for a restoration of all other fees and patient benefits under COSS. As practice costs have increased, patient benefits for help towards essential vision correction, which is required to keep people independent and in work, have been cut in real terms. We are now calling for patient support towards vision correction to be uplifted in line with inflation since 2017 (19.2%).

Our submission also highlights other opportunities to build on partnership working for the benefit of patients under the COSS scheme and through nationally funded and contracted enhanced eye care services.

Please see Appendix 2 and 3 for our full COSS submission to the Department of Health.

Developing appropriate eye care services for children aged eight and over

Services for children aged eight and over are a priority to improve the vision and eye health of the nation in the immediate and longer term. Ensuring children's sight is checked and corrected, and that eye diseases are detected and treated early, means they can live a healthy life and receive an education. In time this will lead to them joining to the workforce and contributing to the economy.

The Minister for Health has committed to prioritise 'transferring the care of children aged 8+ years to the care of local private optometrists', and the HSE has committed to ensuring this is a national programme to minimise unwarranted variation. We fully support this and have done so for many years. It is now vital that this long overdue change is delivered. It is also vital that these reforms are implemented well, in the best interests of patients and do not create health inequalities. Therefore, we are seeking to ensure all children aged eight and over can access these services, not just those who are discharged following treatment.

Given the importance of this service and the benefits it will provide to individuals and the State both now and in the future, we believe the fee should be set at least at the same rate as the standard eye examination.

Using the 2016 census age profile, and costing the eye examination for children at €38, we estimate €9.9 million of annual recurrent funding will be required to ensure the HSE arranges appropriate eye care services for children aged 8 and over on a national basis.

Please see Appendix 4 for further detail on eye care services for children aged eight and over

Other quick wins - opportunities for patients, HSE and the economy

As mentioned above, there are also other opportunities (outside of the COSS contract) to build on partnership working for the benefit of patients and wider economy. Local optical practices have the knowledge and skills required to deliver more eye care services in the community, supporting HSE community eye care teams – particularly in regard to testing and follow-up care – to help people see well and prevent the costs and impacts of sight loss.

Local optical practices are committed to delivering a wider range of care outside hospital so that patients can access services, sooner and closer to home. This, in turn, will also reduce pressure on hospitals and HSE community eye care teams.

Manpower shortages in HSE community eye care teams have already been reported, with various vacancies across most CHOs that have established such teams. Local optical practices can be utilised and an interim service augmentation measure.

The national clinical programme for ophthalmology states that community eye care teams will facilitate the assessment, prioritisation, diagnoses, pre-op/post-op care, and where required, onward referral of patients to acute ophthalmology services. All of these services can be delivered in local optical practices – closer to patients' homes – and with the existing workforce.

Greater utilisation of local optical practices will mean more patients can access the services they need, from trained, regulated and available eye care professionals. All that is needed is the political will and support to make this happen. As an interim service augmentation measure while the HSE rolls out national integrated eye care teams, this should have little impact on public finances and will yet deliver major benefits at all levels.