Financial Emergency Measures in the Public Interest (FEMPI) Act

Ophthalmic Services

The Federation of Ophthalmic and Dispensing Opticians (FODO) Ireland represents opticians in business in the Republic of Ireland. Our mission is to achieve eye health for all, delivered through world-class services, provided by regulated community-based optometrists and dispensing opticians operating in a competitive environment. Our members include the following primary eye care contractors Optical Express, Specsavers, Tesco and Vision Express. FODO Ireland members deliver 55 per cent of the eye care by volume and some 360,000 eye examinations a year in the Republic. Further information about FODO, including our beliefs and ethos is available on our website http://www.fodo.com/ireland.

Our aim is to work in partnership with the Association of Optometrists in Ireland (AOI) and the Irish Association of Dispensing Opticians (IADO) and others to ensure that a first class primary eye care service is available to all.

FODO Policy

As a Federation we support the aims of the Programme for Government to

- develop a universal, single-tier health service
- establish universal health insurance
- deliver more healthcare in primary care
- integrate primary and hospital care delivering the right care in the right place at the right time and at the right price
- more and better care for older people in the community, including in residential care ensuring that eye care services are accessible to all.

As the representative body of the providers of the majority of community eye care in Ireland, we welcome this opportunity to make representations to the review of payments to healthcare professionals.

Our comments reflect and reinforce those we made in our previous FEMPI submissions as we believe there are significant administrative savings to be made in delivering community eye care without further reducing fees to levels which would damage public health and lead to unnecessary public expenditure downstream.

Current Situation

As the Department will know, optical contractors were subject to sizable cuts in fees in 2009, and subject to a freeze since. We would caution against reducing this further as there are already optical practices closing across the country, which reduces the choice and accessibility for patients especially in poorer communities and rural areas.

We understand that there are still difficult decisions to be made but are concerned that a further reduction in fees will inexorably lead to a further reduction in the numbers of optical practices to the detriment of patient choice and ophthalmic public health in the Republic.

This would also restrict the opportunities to transfer more health care into primary care to be delivered at lower costs, a stated aim of the Programme for Government.

The Financial Emergencies Measures in the Public Interest Act 2009 rightly points out that, given the economic circumstances in Ireland, all sides need to play their part in the fiscal readjustment and this should include the administration costs of the services, principally checking each patient's eligibility in advance of providing the service.

Sight Test Fees

As a sector operating in a competitive market, due to the economic climate and falling prices (in real terms) for the HSE COS, we have already applied all possible measures to cut costs in professional services and at all stages in the supply chain to the bone, short of restricting care and patient choice except in so far as practices have been forced to close.

The historic under-investment and low level fees paid to deliver primary eye care has resulted in a cross-subsidy whereby patients who require sight correction, cross subsidise the provision of services for those who do not (require sight correction). The eye examination fees are very low when set against the substantial private investment that our members have made in human resources and equipment over many years to keep our skills and technology up to date (e.g. investment in continuing education and training and practice equipment). At the same time the time taken to perform a sight test has been increasing with the ageing population and significant technological advances meaning that tests such as visual field testing, tonometry and fundus photography are routine but in the current economic climate can no longer be funded by the cross-subsidy from spectacle sales.

We would argue that this ever-increasing quality of primary eye care is delivering a substantial efficiency gain year on year in return for a fee which has been flat in real terms. We would hope that, once the economic and fiscal situation in Ireland improves, the Government will be willing to carry out a proper fees and expenses survey as a basis for reviewing the very low levels of fees that are paid to provide eye examinations.

Appliances and Repair Fees

The fees paid for spectacles, contact lens and repairs were also subject to severe cuts in 2009, and have since been frozen, which has meant a real
terms reduction in income for our members. These fees are intended to cover both the service aspects of dispensing and the costs of the products which have been rising rapidly over the past couple of years owing to increased fuel costs and rising costs of manufacture in the Far East. Against this background of rising costs, we would argue strongly that a further cut in these fees would be wholly unjustified. As an alternative and in line with the 'Administrative Efficiencies' section below, we feel that going electronic on submissions forms (see below) could result in administrative savings and would be delighted to meet with the Department to agree how this could be rapidly implemented using existing systems for the coming financial year.

Domiciliary Service Fees

The domiciliary service ensures that the most vulnerable patient groups have access to quality eye care and we would argue that it would also be unfair to reduce the funding available to provide them. Contractors who also or only provide domiciliary services were subject to restructuring (in reality a cut) of their fees in the summer of 2012. We would argue that this important aspect of eye care should not suffer any further reductions. Whilst we can understand that it might be justifiable to pay a low fee for the second and subsequent patients at the same address, given the professional's time and travel cost to travel between domiciliary visits, the first patient fee should be paid at every new address on the same day as the same costs are incurred and there is no scope for efficiencies of scale or marginal pricing due to the necessity of the clinicians spending time travelling to clinics.

Sight is the key to independence and protection against falls in older people and with Government policy being to support increasing numbers of older people to stay in their homes, the requirement for individual home visits is likely to increase and the fee structure should be designed to reflect this and ensure optometrists will be able to afford to do the work i.e. by providing a fair remuneration for an optometrist who performs several home visits in a given day. We also feel that an across-the-board cap of seeing seventeen patients a day is arbitrary and too low. A supporting member of staff often accompanies the optometrist on these visits, which means that it could be possible to see more than seventeen patients. Furthermore some providers work alone and are prepared to work very long days to make travel to a remote location worthwhile. We do not dispute the imposition of a limit on the overall numbers that an individual can see safely, but are certain that seventeen is not the right number and would urge the Government to reconsider.

We are unsure what clinical input there was to the analysis that led to the proposal to reduce the fees for the second and subsequent dilations performed in a domiciliary setting which, unlike visits where efficiencies can be delivered by minimising travel and set-up costs by seeing several patients in one visit, the work required to dilate a patient's eye will be the same regardless of the number of times this is performed. In other words the optometrist will need to assess the patient's suitability for dilation, explain what will happen, instill the drops, carry out the tests and check for adverse reactions post-dilation. These steps will not vary however many patients need to be dilated. Given that many patients requiring a domiciliary visit will be older, more at risk of sight threatening conditions (eg diabetes) or have constricted or small pupils which makes ophthalmoscopy difficult and so will need dilation, it would seem counterproductive in public health terms to cut the fee that makes this possible.

We would be grateful if the Minister could please reconsider the decision taken (on domiciliary fees) in 2011 in the light of the points and suggestions above.

Professional Development

FODO Ireland members currently undertake a lot of supplementary and unremunerated work which benefits the development of eye care in the community and for which no funding is available. For example, our members train and support the vast majority of student optometrists from DIT through their final year training at their own cost, many of

whom in recent years have been forced to emigrate in search of work. This means that in spite of our time investment, the optical sector is losing valuable skills. This lack of funding is in contrast to the four countries in the UK where a pre-registration training supervision grant is paid by the respective Health Departments to optical practices which support these fledgling optometrists, and we feel that recognition of this contribution should at least be given by the Department for Health.

Alongside this, we also train and develop the skills of numerous ancillary staff, some of whom later qualify as dispensing and contact lens opticians in their own right, offering a skills ladder to many who left school with basic qualifications.

Proposals

Rather than focussing on fees paid to provide optical services, we would suggest that greater and more appropriate efficiencies could be generated by reducing costs and waste in the HSE fees structure, and looking at the wider eye health picture.

Administrative Inefficiencies

There are several inefficiencies in the administration of the Community Optometric Services Scheme (HBCOSS) where it would be possible to deliver savings for the Government without further cutting funding to front-line services. Interestingly many of these relate solely to the optical scheme, while our fellow primary care contractor services appear to utilise technology to a greater degree. In particular we consider the pre-authorisation process an unnecessary bureaucratic burden on Government and business, and one which can cause a delay in presentation of a sight-threatening condition. This situation is exacerbated when the sole individual responsible for local pre-authorisation of the HBCOSS scheme is out of the office on annual or sick leave. During this time the individuals who apply for a HBCOSS sight test are left to wait until the sole official returns from leave and deals with the backlog.

Learning from our European Partners

There are noteworthy differences in efficiency in the authorisation processes and State and insurance-funded eye examinations between the Republic of Ireland and European partners. For instance, when attending for an NHS sight test in the UK, the optical contractor must satisfy herself or himself that the patient is eligible, based on pre-defined and agreed eligibility criteria. The contractor captures patient identifiable information on the claims form (called GOS1), and the patient must present documentation as evidence for his or her eligibility. This system has the obvious advantage that it shifts the bureaucratic step of determining whether someone is eligible to the optical contractor but has the benefit of improving access for patients. Other countries, for example the Netherlands, operate centralised electronic verification for their social insurance system. When a patient visits a practice, the practice sends an electronic message to a central government authority to check whether they are eligible for a state-funded eye examination. A response is received within seconds, and the practice can therefore tell whether or not to permit a social insurance funded sight test. If adopted in the Republic, either of these systems would streamline the administrative step of pre-authorisation and reduce costs. Although this would in effect transfer responsibility to providers and create additional work for our members we are certain that, as businesses, we could achieve more efficiency in the process than local officials supported by central authorities and would be open to further

discussions on this issue. For instance the Government may well be able to achieve greater savings through this route than by a blunt fee cut, and this option would also improve public health since a delay in presentation in certain eye conditions can result in permanent sight loss.

Electronic Submissions

In order to deliver further efficiencies, we would also propose moving from paper-based submissions, which add significant cost (printing, postage and staffing to handle the physical forms) to an electronic submissions process. The technology is now widely available for patient data (including the patient's signature) to be captured electronically, and submitted by secure email. The practitioner's and relevant eye examination data could of course be similarly captured and included. Given that the HSE prints, distributes and processes almost 240,000 claims forms for over 550,000 treatments annually, there must be scope for further savings in this area. We do not see any sense in processing such a large volume of low value transactions through a paper system.

A changeover to electronic submissions would require some restructuring and staff training from our side, but we would be willing to bear this cost in return for a fair outcome on our service fees. There is already a very basic online verification system overseen by the HSE Primary Care Reimbursement Service (PCRS) to which about 25% of optical practices according to PCRS are connected. This is in contrast to the array of online services for GPs and pharmacists. Moving to an electronic system would also improve oversight of claims records. Although we believe deception is rare amongst optical patients (and fraud very rare amongst optical practices), an oversight mechanism would be a key advantage of an electronic system. Timely claims data would be available from across the country, allowing outliers in the claims records to be easily identified and investigated. In the UK we have found that NHS Protect (previously NHS Counterfraud) has preferred to work with some of our members' own IT and internal control systems (because they have better reconciliation mechanisms than the paper-based NHS systems) and we would be very happy to share this experience with you.

These administrative changes would allow HSE staff currently engaged in these activities to be redeployed elsewhere to facilitate and support the Government's healthcare reforms.

Children

There is an area (as reflected in the Competition Authority Report into Competition in Professional Services (Optometry) in 2006) where optometrists are prevented from providing HSE services that they are qualified to provide. The state provides free eye examinations to children, however to gain access to this service, parents must take their children to state employed ophthalmologists unless they choose to pay privately for an optometrist to conduct the eye examination. Currently, the State does not reimburse optometrists if they provide these services and we believe that providing this service in community optical practices would be a more effective and efficient way of delivering eye care services to children through reduced waiting times and reduced costs to the state. We believe that it would have the added benefit of overall use of ophthalmological resources to examine and treat patients with eye disease promptly. We would be pleased to meet with

the Department to consider this further and to discuss any concerns regarding eligibility or pathways.

Public Eye Health Awareness
Regrettably too many people still lose their sight despite 50% of sight loss being considered to be preventable through sight testing and early case finding. Ireland has no active programme to tackle avoidable visual impairment in line with the WHO Vision2020 programme and is lagging behind other European countries such as the Netherlands, Norway and UK in this regard. We are currently working with partner organisations to develop a campaign to improve public awareness of eye health issues and would greatly welcome the support of the Department with this initiative. Prevention of avoidable sight loss, improved public awareness of visual impairment and better access to eye care can only have a positive impact on the health and social care budget.

Taking these ideas forward
As we hope the Department would agree, we have made a number of suggestions here which could improve the HBCOSS system and lead to improvements in the public's eye health. As the representative body for contractors with 55% market share, we would wish to meet with you to discuss these suggestions in more detail and to work with you on their implementation.

This submission is made by Mark Nevin on behalf of FODO Ireland and we are content for this response to be made public.

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