



Pre-Budget 2017 submission

August 2016

About FODO Ireland

The Federation of Ophthalmic and Dispensing Opticians (FODO) Ireland represents eye care providers and registered opticians in business in the Republic of Ireland. Our aim is to achieve eye health for all, delivered through world-class services, provided by regulated community-based professionals operating in a competitive environment.

Our members include both independent and corporate opticians, which operate as primary eye care contractors, and individual practitioners. Between them FODO Ireland members deliver over 55 per cent of the eye care by volume in Ireland and in excess of 425,000 eye examinations per year.

Budget 2017 and the optical sector

During the economic downturn post-2008, spending on and investment in optical services were severely curtailed. Certain benefits that were provided under the Optical Treatment Benefits Scheme for those in receipt of social welfare were removed completely and large and unacceptable gaps began to arise in the provision of optical examinations for children in communities around the country.

Since the country has returned to economic stability, with a projected growth rate of 4% and the Department of Finance outlining that there will be a fiscal space of around €1.1bn for added investment and spending in 2017, we believe that it is important that the Government re-affirms its commitment to the eye health of all its citizens by increasing funding for optical treatments and restoring those benefits previously revoked.

In 2014, the HSE set up the Primary Eyecare Review Group to examine how to re-model the provision of primary eye care in order to improve outcomes for patients and ensure Ireland provides its citizens with world-class primary eye care. The Group's report is yet to be published, but it is anticipated that they will recommend an increased use of primary eye care professionals to provide the majority of community eye care in collaboration with the HSE. This approach would work most efficiently in harnessing the necessary resources to meet patient need without compromising on quality of care. It will provide cost-savings for the HSE and ease the burden that the absence of a proper primary eye care system currently places on general medical practices and hospitals. However, implementing this successfully will require a commitment to initial funding from the Government to enable the smooth and effective transition of services.

Optical benefits

Children

Sight testing and vouchers

Under the current system, all children under 12 years of age are entitled to an HSE funded eye examination and a voucher to cover the costs of glasses if they need them. In most counties the HSE will only allow children to be tested in a local health clinic and will only issue vouchers for a hospital prescription. This model inevitably leads to long waiting lists for children to have their eyes examined. To avoid such delays, many parents feel obliged to opt for private testing, thereby paying for a service that their child is entitled to receive free of charge. However, if parents pay for their child to have a sight test in a high street community optical practice and it is found that the child needs spectacles the HSE will not, in most cases, issue a voucher for glasses based on the prescription provided by the provider as they will only permit vouchers from a hospital prescription to be used to claim spectacles.

This outmoded approach to children's eye health is inefficient, arbitrary, unfair and economically unjustifiable. The resources of the State are being used to pay specialist medical practitioners to provide standard eye examinations, which could be provided by appropriately qualified optometrists. The costs involved, including the risk to a child's visual health and the negative outcomes associated with that, are unwarranted given the solution available by transferring the testing and prescription to community optical practices.

Similar problems arise for children with a medical card between the ages of 12 and under 16. Once a child reaches 12 years of age, they are often re-listed onto a different waiting list. This separate waiting list can again involve long delays, interrupting continuity of treatment and causing poor service provision. Examination, treatment and management in a community optical practice would ensure consistency and continuity in care for these young people.

Recommendations:

All HSE local health offices should arrange for local optical practices to provide sight tests for children under 12 and children aged between 12 and 16 on medical cards.

All HSE local health offices should issue children's optical vouchers against both community optical as well as hospital prescriptions.

School screening

In March 2016, the HSE confirmed the termination of the school sight screening programme, without any replacement. It is extremely important for a child's visual health that any problems they may have are identified, diagnosed and treated as early as possible to support children's educational attainment and social inclusion their and a school-entry screening programme plays an important role in meeting this need.

Moreover, some optical conditions, such as amblyopia and strabismus, can only be corrected up to the age of 7. With long waiting lists for children's eye examinations in local health clinics, a complete removal of the school screening programme creates a very serious deficiency in provision of eye care for children who may as a result unnecessarily suffer the consequences of delayed diagnosis and treatment of any visual problems.

Recommendation:

The HSE should fund the provision of an enhanced sight screening and follow-up programme for primary school entry- aged children and make use of the knowledge, experience and tools provided by community optical professionals to ensure that no child's vision needs go unmet.

Optical treatment benefit scheme

Provision of spectacles and contact lenses

In the 2010 budget, the Government removed the provision of spectacles and contact lenses as part of the optical treatment benefits scheme. This move had a serious impact on PRSI workers and the retired, along with medical card holders who rely on the treatment benefits scheme in order to ensure that their eye health needs are met.

The removal of funding for the provision and/or repair of optical appliances means that those with a visual impairment for which they have been prescribed glasses, have to pay for them even though they are clearly identified as being in straitened economic circumstances, and when they are also facing increases in personal income tax and the imposition of the Universal Social Charge.

Furthermore, the removal of the provision disproportionately affects medical card holders, some of whom belong to the most vulnerable groups in society, as they struggle to afford to purchase glasses privately and in some cases have to make do with outdated correction or with no correction at all. Restoring the provision would have a minimal cost but would assure the majority of the public that their most basic ophthalmic care needs will be met by the State.

Recommendation:

Full restoration of the provision and/or repair of optical appliances for those eligible under the Department of Social Protection's Treatment Benefit Scheme.

Benefits for the self-employed

The Optical Treatment Benefit Scheme, in its current form, explicitly discriminates against self-employed citizens. By only affording benefits to those in the A, E, P or H classes of PRSI contributions, the Scheme is unfairly restrictive as it excludes Class S PRSI contributions paid in by the self-employed. There is no convincing rationale for excluding self-employed people from receiving the benefits of the Scheme, subject to imposing the same conditions on minimum number of contributions to qualify for the Scheme as enjoyed by ordinary PRSI workers.

Recommendation:

Class S PRSI contributions should be included in the Optical Treatment Benefit Scheme under the same conditions on number of contributions as PRSI workers in the PAYE system.

Pre-approval for Medical Card claims

Claims under the Treatment Scheme for medical card holders requires card holders to apply for prior authorisation for their sight test from the HSE. This double-handling is not only inconvenient for patients, it is outdated in a modern health care system where prior authorisation should not be required for routine healthcare. The bureaucratic nature of this system has proved to be an arbitrary way of rationing provision. Moreover, a paper-based system is outdated, inappropriate and costly.

Prior authorisation should be scrapped and replaced with a more efficient centralised database and online system, similar to the service the Primary Care Reimbursement Service provides to GPs and pharmacists. On this system, a patient's medical card details and PPS number are entered and the system will only authorise the service provider to proceed, if the patient is eligible.

This system has an “electronic key” to ensure that only registered service providers can use it and that patients' personal data are protected. Moving to this system for community eye care as well would result in a streamlined service, a reduction in costs and the provision of a better service to the end-user.

Recommendation:

The HSE should replace the requirement for pre-authorisation of sight tests for medical card holders with an online verification system based on the current system used by GPs and pharmacists.

Fee rates for sight tests by providers under the scheme

The reduction in fees for sight tests under the various pieces of FEMPI legislation provided the State with a saving of only €1.5m, less than 1% of the overall FEMPI savings across fee changes to pharmacy, dental and optical payments.

Since these cuts were introduced optical practices and practitioners have continued to make substantial private investment in human resources and equipment to keep their skills and technology up to date (e.g. investment in continuing education and training and practice equipment). Optical practitioners have applied all possible measures to cut costs in professional services and at all stages in the supply chain to the bone. In some cases this has had the effect of restricting care and patient choice when practices have been forced to close.

This ever-increasing quality of primary eye care is delivering a substantial efficiency gain year on year in return for a fee which is being continually cut in real terms. This position is not sustainable and optical practices and practitioners should be fairly reimbursed for the health services they provide.

Recommendation:

The Government should return fees to their levels pre-FEMPI with appropriate adjustments for inflation, and ensure that in future years the real increases in costs in delivering these services are reflected in the fee.

Achieving world class primary eye care

Providing high quality and innovative eye care that is accessible to all in community optical practices and delivered by highly qualified, regulated and experienced optical professionals is the key to achieving a world class primary eye care service and eye health outcomes, including prevention of sight-threatening, eye pathologies, for Ireland.

In 2014, the HSE commissioned the Primary Eyecare Review Group to review the current system of primary eye care provision and make recommendations for its improvement. As a key stakeholder, FODO Ireland actively engaged with the review group throughout their consultations.

We anticipate that the report of the Review Group, which is due to be published shortly, will recommend that the Government makes greater use of the skilled workforce of optometrists and dispensing opticians already established in their communities, to meet the optical health needs of those who require it the most. We believe that in following a policy of working with community optical providers, the HSE will improve patient outcomes, reduce waiting lists, deliver screening programmes more effectively and make the best use of limited financial resources.

FODO Ireland welcomes the commitment in the Programme for Partnership Government to update the national eye care plan. However, the successful delivery of the plan will require genuine commitment and funding from Government.

Recommendation:

The Government works with key stakeholders, including FODO, to implement the recommendations of the Primary Eyecare Review Group.

Summary of recommendations

- **All HSE local health offices should arrange for local optical practices to provide sight tests for children under 12 and children aged between 12 and 16 on medical cards.**
- **All HSE local health offices should issue children's optical vouchers against both community optical as well as hospital prescriptions.**
- **The HSE should fund the provision of an enhanced sight screening and follow-up programme for primary school entry- aged children and make use of the knowledge, experience and tools provided by community optical professionals to ensure that no child's vision needs go unmet.**
- **Full restoration of the provision and/or repair of optical appliances for those eligible under the Department of Social Protection's Treatment Benefit Scheme.**
- **Class S PRSI contributions should be included in the Optical Treatment Benefit Scheme under the same conditions on number of contributions as PRSI workers in the PAYE system.**
- **The HSE should replace the requirement for pre-authorisation of sight tests for medical card holders with an online verification system based on the current system used by GPs and pharmacists.**
- **The Government should return fees to their levels pre-FEMPI with appropriate adjustments for inflation, and ensure that in future years the real increases in costs in delivering these services are reflected in the fee**
- **The Government works with key stakeholders, including FODO, to implement the recommendations of the Primary Eyecare Review Group.**

Following up

FODO Ireland would welcome the opportunity to meet with Departmental officials or provide a presentation to the members of the Oireachtas Joint Committee on Finance, Public Expenditure and Reform about our proposals for the 2017 budget.