



2019 Pre-Budget Submission

July 2018

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 optical practices, 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 2019 and Primary Eye care in Ireland

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

Ireland has since returned to economic stability, with a projected growth rate of 4% and the Department of Finance predicting that there will be further fiscal space for added investment and spending in 2019. In this context, 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 under the Medical Card.

In 2017, the Health Service Executive (HSE) published the report of the Primary Care Eye Services Review Group. The report acknowledges the need to overhaul the current model of eye care, which is overly focused on the delivery of care in the hospital setting, and that more care should be provided in the community. The report also acknowledges that greater and more effective use should be made of the skills of the full range of eye care professionals, including optometrists, rather than the current focus on ophthalmologists and ophthalmic physicians. This approach would have significant advantages: it is more cost effective for optometrists to deliver services that are within their scope of practice, rather than for patients to see an ophthalmologist. Requiring Medical Card patients to see an ophthalmologist to receive general eye care services is not in the best interests of patients. This approach has created very lengthy waiting lists, which in some parts of the country are over 2 years long, and can result in unnecessary lifelong visual impairment for patients. It is also much more expensive for the State. Contracting with optometrists would free up the more expensive time of ophthalmologists so that they can focus on more complex cases.

Recommendations:

- 1. Allocate funds to allow eye testing for under 16s to be contracted to community optical practices***

FODO Ireland strongly recommends that funds be allocated so that primary eye care services for children under 16 can be contracted to existing optical practices across the country that are ready and willing to provide these services.

Sight testing and eye care for children (under 16) can be provided by high street optical practices safely, conveniently and in a timely way, with appropriate referrals to hospital eye services when needed. Adopting this system would reduce costs, lead to a significant reduction in waiting lists, and reduce much of the unacceptable and unjustifiably high levels of avoidable visual impairment amongst children.

2. *That the fees paid for services provided under the Medical Card be brought into parity with those under PRSI*

The fees paid for optical services that are provided by under the Medical Card have been frozen under the FEMPI provisions since 2009. With the State returning to a more balanced fiscal position it is time for the FEMPI measures to be removed and for the fees to paid the HSE to eye care providers to be put on par with the those paid under the PRSI scheme by the Department of Employment Affairs and Social Protection.

The ever-increasing quality of primary eye care is delivering substantial efficiency gains 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.

3. *Introduce an online payment, eligibility and authorisation system for the Medical Card.*

Greater efficiency and effectiveness could be brought to the eligibility/authorisation and payment system for medical card patients through an online system. The Department of Employment Affairs and Social Protection recently introduced an online system for their dental and optical benefit scheme called WelfarePartners. This has improved access for patients and made the system easier and quicker to use for providers. By comparison, Medical Card holders still have to apply for prior authorisation for their sight test from the HSE. Leaving aside whether this is appropriate for a primary health care service, the current paper-based system is outdated, inconvenient for patients, slow and costly to the State.

4. *Introduce an electronic referral system.*

An electronic referral system between community optometry and hospital services would improve access and continuity of care for patients. Currently all routine referrals have to be 'post-boxed' via the patient's GP, adding extra work for time poor GPs, most of whom have had very little training in eye care. This also creates unnecessary bureaucratic steps and delays for patients and adds unnecessarily to public costs.

5. *Amend funding arrangements for optical degrees so that they are classed as clinical degrees.*

6. *Allocate funding for a second Irish university to provide an optometry degree*

The Dublin Institute of Technology is the only tertiary education institution in the Republic of Ireland that provides an optometry degree. It currently has an intake of only 25 students per year and, for a variety of reasons, a significantly smaller number go on to graduate and obtain registration with CORU. This has led to significant workforce shortages at a time of high demand for eye care professionals in Ireland. Our members have reported difficulties in hiring qualified optometrists. FODO Ireland's recent Optical Sector Survey Report (see enclosed) further details the impending workforce crisis for the sector.

To date Ireland has largely relied on universities from across the UK to train Irish optics professionals. However it is not acceptable that Ireland cannot produce enough of its own professionals, and this position is unsustainable, particularly given the uncertainty that has been created by Brexit.

The optometry degree at DIT is currently funded as a science degree, rather than as a clinical degree, which would be more appropriate for the nature of the qualification and the content of the course. Clinical degrees incur higher costs and the shortfall in funding arising from classification as a science degree is a strong disincentive for DIT to take on more students. The course currently runs at a loss and increasing student numbers would actually increase costs to the university rather than increasing income. This funding dilemma is also a disincentive for other universities which might otherwise want to establish an optometry programme.

Currently in Ireland over 225,000 people have a visual impairment. With an ageing population the incidence of visual impairment and eye disease can be expected to increase – visual impairment is expected to increase by 21% by 2020 to 272,000 people. This growing demand for eye care services will put ever more pressure on workforce supply. There is a real danger that if the low optometry training numbers are not addressed now, the number of people in Ireland suffering from an avoidable visual impairment will continue to increase, which would result in an even greater financial strain on the State.

To avert a potential crisis in eye care, FODO Ireland therefore strongly recommends the State takes action to facilitate an expansion of student places in optometry. Funding should be allocated for a second university to provide an optometry degree. And the funding arrangements for optical degrees be corrected so that they are in line with other clinical degrees.