



Pre-budget Submission 2019

The Association of Optometrists Ireland is the professional representative body for the vast majority of practising Optometrists in Ireland, including 650 members in 350 locations nationwide. The Association works to ensure the highest possible standards in provision of clinical and dispensing eye-care services to the public. Subscription to the Association's Code of Ethics and Practice is mandatory for all members.

In this document AOI sets out its recommendations for budget 2019.

Context

41,600 people were on the outpatient eye-care waiting list at the end of August 2018, with the list continuing to increase, up from 40,000 at the end of 2017 and 38,100 12 months previously.

16,100 of these people were waiting more than a year and 9,600 more than 18 months. This is also up from 13,800 waiting more than a year and almost 7,600 more than 18 months at the end of 2017.

Furthermore, 10,400 people were awaiting inpatient eye procedures at the end of July – the second largest inpatient list of any medical speciality. 1,400 were waiting more than a year, including more than 600 for more than 18 months.

September 2018.

AOI's overall vision – Reorganisation of eye-care to a Community Based Model

In AOI's vision for the future development of eye-care in Ireland are set out in *Better Eye-care for All* (July 2016, see www.aoi.ie).

Optometrists vision is to move towards an 'Optometry led, community based, integrated model of eye-care'. AOI's model is in line with the principles set out in the current *Programme for Government*, of greater community-based health care with services delivered as close to the patient as possible.

Our budget submission is underpinned by these principles.

COMMUNITY BASED MODEL FOR EYE-CARE

- 1. Optometry led** – routine eye examination, diagnosis, treatment, referral and follow up are provided through a contract between approved community Optometrists and the State.
- 2. Multidisciplinary Teams** – Optometrists, Orthoptists and Ophthalmologists form regional multidisciplinary teams to work on diagnosis, treatment and pathways for more complex cases.
- 3. Specialist Care** – Complex and urgent cases referred to specialised Hospital services which are Consultant led. Once treated successfully and stable, these cases transferred back to the community.

1. Children's eye-care – allocate funding for a national programme for 0-16 year olds

AOI is calling for funding allocation in budget 2019 for the development and roll-out of an Optometrist led national eye-care programme for 0-16 year olds. Such a programme would address unacceptable waiting times, gaps and inconsistencies in children's services.

In the programme routine children's eye examinations or spectacles fitting should be managed in the community via Optometry, and complex cases and surgeries referred to HSE eye clinics, or Hospital eye departments.

AOI understands that there are already plans underway to develop such a programme at HSE level, and AOI is calling for funding to enable the plan to advance as quickly as possible.

Current shortcomings in children's eye-care

Research carried out by AOI among its members earlier this year found:

- An average wait of 15 months for children's public eye-care (under twelves), ranging from 24 months in East Cork to five months in Cavan and Monaghan.
- In 36 of 40 political constituencies, the sixth-class vision screening service had been ceased and an alternative local arrangement had only been put in place in a quarter
- Local HSE Offices will not authorise public eye-care for 12-16 year olds (who have their own medical cards) in half of constituencies, but will in the other.

Cost savings to the Exchequer

On the estimation of an HSE Community Clinic examination costing €100 per visit and an Optometrist €60 per exam (plus other additional savings), at the current level of 100,000+ children's annual examinations. AOI has estimated that savings in excess of €5m can be achieved, while improving access and maintaining high clinical standards.

2. Adult eye-care – allocate funding to roll out the *Sligo Post-Cataract Model*

A similar principle should be applied across adult eye-care, whereby community-based Optometry would provide a triage service to streamline each patient onto their optimum care pathway. This would involve: eye examinations, monitoring early stage / developing diseases, treating routine conditions, referring complex or urgent cases and, once treated and stable, providing follow up and monitoring.

This model can be applied, in a condition appropriate manner, to each of the major eye diseases including Cataract, Glaucoma, Age-related Macular Degeneration (AMD) and Diabetic Retinopathy. In *Better Eye-care for All* AOI estimated a saving in excess of €14m per annum.

The most immediate and significant problem in adult eye-care is for cataract surgery.

Current shortcomings in cataract services

Research carried out by AOI among its members earlier this year found:

- The average wait for cataract surgery across the country is 28 months
- The longest wait for public cataract surgery is in West Cork (60 months / 5 years) with the shortest delay in Sligo and Leitrim (15 months) – where the Sligo Cataract Scheme is in operation
- The average wait for private cataract surgery across the country was three months.

To address the major delays for cataract treatment AOI advocates funding in budget 2019 for the national roll out of the *Sligo Post Cataract Scheme* with Optometrists providing routine review and glasses fitting post-surgery and hospital eye departments freed up in their capacity.

3. Parity of Fees between HSE Medical Card and DEASP PRSI Schemes

Of concern to AOI and its members is that despite repeated requests no progress has been made to ensure that HSE Medical Card payments for equivalent optical services are the same / in parity with Department of Employment Affairs and Social Protection (DEASP) PRSI payments.

The amount paid by the Department, under PRSI, was restored in line with pre-austerity levels in 2017. However, the HSE Medical Card payments remain at the same austerity level and are frozen under FEMPI.

The HSE has said that it does not have the authority to return the rate to parity, but needs Ministerial direction or a Statutory Instrument for this to occur. In fact AOI understands that the HSE is in breach of contract by not paying in parity with DEASP.

Historically both payments were in parallel. AOI is calling for this discrepancy to be resolved in Budget 2019 by restoring the HSE payments to parity with PRSI.

NOTE:

There are also many other areas where Optometry can help with delivering evidenced based care pathways such as red eye management, glaucoma and AMD. Not all these patients need to be under the full-time care of Ophthalmology. Hospital waiting lists can be reduced further by directing some of these patients back into the community.

In *Better Eye-care for All* AOI has estimated that overall in excess of €30m can be saved across eye services while at the same time delivering a more accessible and clinically effective service. That is because it is 50% less expensive to provide routine examinations, monitoring and care in the community than in the hospital system.

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