



Oifig an Stiúrthóra Cúnta Náisiúnta
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Deputy David Cullinane,
Dáil Eireann
Leinster House
Dublin 2

10th June, 2025

PQ: 28715/25

To ask the Minister for Health the expenditure on private community optometry services for children; the details of existing schemes; and the cost to standardise such schemes and payments across all health areas. -David Cullinane

Dear Deputy Cullinane,

I refer to your parliamentary question, which was passed to the HSE for response.

The *Primary Care Eye Services Review Group (PCESRG)* Report was launched on 28th June 2017. The Report sets out the current service levels, service provision models and the consultation process undertaken with patients, advocates, ophthalmic staff and representative bodies. It also highlights the limitations of the current model of service delivery and sets out the way forward for a significant amount of eye services to be delivered in a Primary Care setting. The recommendations from the PCESRG Report also complement the *Model of Care* developed by the National Clinical Programme for Ophthalmology. In line with the PCESRG (2017) recommendations, it is recognised that a significant proportion of children's eye care could be appropriately delivered by other eye care professionals, such as optometrists.

Under the Health Act 1970, ophthalmic services are available to children, including free eye tests and treatment through pre-school developmental checks. In addition, school health services conduct vision screening and refer children for free treatment to local HSE services, which may be based in Primary Care or hospital settings.

Currently, the Community Ophthalmic Services Scheme (COSS) contract does not provide for optical examinations for children; such examinations must be conducted by an ophthalmologist. These services are delivered by Community Ophthalmic Physicians (COPs) /Ophthalmologists employed by the HSE and are not reimbursed through the Primary Care Reimbursement Service (PCRS). However, the COSS allows for dispensing spectacles and optical devices by optometrists and dispensing opticians, when prescribed by an ophthalmologist. Some items, such as certain types of lenses, are not currently covered under the scheme. In 2024, there were 102,424 treatments claimed for children under 12, costing €2.73 million. A further 12,902 treatments were claimed for teenagers aged 12–16, costing €0.42 million.

Given this context, there is a requirement to expand the COSS to allow optometrists to carry out eye examinations for children over the age of 8 where clinically appropriate and to include currently excluded items. While a number of ad hoc schemes are in place, there is a pressing need to standardise processes and ensure equitable access to care for all children nationally.



A commitment has been made to progress this work, and a proposal has been developed to transfer the care of children aged 8 to 12 years to local private optometrists. The estimated annual cost of including eye examinations for this age group under the COSS is between €1.2 million and €1.5 million. However, the final cost will depend on the examination rate agreed, and work is ongoing to determine the actual figure which would include currently non-reimbursable items.

I trust this is of assistance.

Yours sincerely,

**Geraldine Crowley,
Assistant National Director,
Enhanced Community Care Programme &
Primary Care Contracts**