

**Response**  
**by**  
**EUROPEAN COUNCIL OF OPTOMETRY AND OPTICS (ECOO)**  
**to**  
**European Commission's consultation**  
**on**  
**European Community Action on Health Services**  
**January 2007**

**1. Introduction**

The European Council of Optometry and Optics (ECOO) is the confederation of national professional organisations representing optometrists and opticians in twenty five European countries.

ECOO welcomes the European Commission's consultation and congratulates the Commission on its initiative.

ECOO invites the Commission to appreciate the substantial differences between the Member States in the provision of primary optometric and optical services.

Firstly, in some Member States, a primary eye examination is available solely as a means of obtaining corrective optical appliances (spectacle and contact lenses). In others, a primary eye examination has the additional function of screening patients for ocular disease.

Secondly, the scope of the professions involved in the ocular sector varies between the Member States, as does the inter-relationship between ophthalmologists (medical doctors), on the one hand, and optometrists and opticians, on the other.

For example, optometrists, trained to perform subjective and objective refraction and to detect ocular pathology, are prohibited by law to practise optometry in some Member States, where such procedures are reserved by law or by custom and practice to ophthalmologists. In some of those Member States, the number of ophthalmologists is insufficient to meet the demand for primary eye examinations, principally for the measuring of patients' visual acuity and the prescription of corrective optical appliances. There is evidence that, particularly – but not exclusively - in the newer Member States, the needs of the population with regard to refraction and the prescription of optical appliances are not being met.

Thirdly, the financial arrangements underpinning the provision of primary optometric and optical services are different between the Member States. Not all patients are entitled to a primary eye examination free of charge. Others are so entitled, and the examination is paid by either the state or compulsory or voluntary medical insurance. In most of the Member States, some patients are obliged to meet at least part of the cost of optical appliances.

These arrangements may act as a barrier to patients seeking a more comprehensive primary eye examination in another Member State sooner than is available in their home state.

### Question 1

**What is the current impact (local, regional, national) of cross-border healthcare on accessibility, quality and financial sustainability of healthcare systems, and how might this evolve?**

ECOO believes that there is currently little patient mobility in Europe in respect of primary optometric and optical services. Consequently, the current impact of cross-border healthcare in the ocular sector is minimal.

However, given the relatively low price to patients of this type of health care and, in particular, the easy access to primary eye examinations in some Member States, such mobility could grow in future.

### Question 2

**What specific legal clarification and what practical information is required by whom (eg authorities, purchasers, providers, patients) to enable safe, high-quality and efficient cross-border care?)**

ECOO wishes to have legal clarity surrounding:

- the entitlement of a European citizen to a rapidly accessible primary eye examination in another Member State, whether paid by the home state or by insurance in the home state or by the host state
- the possible simplification of procedures to be followed by a European citizen seeking access to a primary eye examination in another Member State
- the balance required between facilitating the provision of temporary cross-border services by optometrists and opticians and the protection of public safety
- the responsibility for the provision of aftercare by an optometrist or optician to a patient in another Member State
- the liability of the optometrist or optician in respect of a complaint by a patient in another Member State.

### Question 3

**What issues (eg clinical oversight, financial responsibility) should be the responsibility of the authorities of which country? Are these different for different kinds of cross-border healthcare?**

ECOO subscribes to the views expressed by the European consortium of competent authorities (initiated by the AURE, the Alliance of UK Health Regulators on Europe) on the issues and responsibilities facing them.

ECOO welcomes the steps being taken by the European Commission on healthcare professionals crossing borders.

#### Question 4

**Who should be responsible for ensuring safety in the case of cross-border healthcare? If patients suffer harm, should redress for patients be ensured?**

ECOO believes that the commissioner of the cross-border service for the patient should be responsible for ensuring that redress is available to the patient. If the patient acts privately, the patient retains responsibility for pursuing any redress available in another Member State.

#### Question 5

**What action is needed to ensure that treating patients from other Member States is compatible with the provision of a balanced medical and hospital services accessible to all (for example, by means of financial compensation for their treatment in 'receiving' countries)?**

No comment.

#### Question 6

**Are there further issues to be addressed in the specific context of health services regarding movement of health professionals or establishment of healthcare providers not already addressed by Community legislation?**

ECOO believes that optometrists and opticians should be able to work to the same scope of practice as in their home Member State; and that patients receiving the services of optometrists and opticians from another Member State, should be able to:

- understand and communicate with the optometrist or optician offering the service
- expect a standard of service and care similar to that offered by an optometrist or optician in the patient's Member State.

ECOO also believes that the Member States should debate how they can approximate their regulatory structures in the health sector, so that they can cooperate more easily in regulating cross-border health services.

### Question 7

**Are there other issues where legal certainty should also be improved in the context of each specific health or social protection system? In particular, what improvements do stakeholders directly involved in receiving patients from other Member States – such as healthcare providers and social security institutions - suggest in order to facilitate cross-border healthcare?**

ECOO proposes that the European Commission investigate the availability of cross-border malpractice insurance from the providers of insurance. There is evidence that some insurers refuse to provide such insurance in more than one Member State.

### Question 8

**In what ways should European action help support the health systems of the Member States and the different actors within them? Are there areas not identified above?**

No comment.

### Question 9

**What tools would be appropriate to tackle the different issues related to health services at EU level? What issues should be addressed through Community legislation and what through non-legislative means?**

No comment.

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