

# European Council of Optometry and Optics (ECOO) response to the Public consultation on the preliminary opinion on “Definition primary care with emphasis on financing systems and referral systems”

19<sup>th</sup> May 2014

## **ECOO comment on 3.2.2. Core definition, p.19, lines 633 to 639**

The definition should be amended to include the fact that primary care is the first point of contact with a health care professional for the public. Specifically, we suggest following elements to be taken into account for the definition of primary care:

- The use of the term ‘team of professionals’ gives the impression that it includes secondary care.
- Primary care is delivered by healthcare professionals in the community not by informal care givers.

## **ECOO comment on 3.2.3. The primary care workforce is changing, pp.23-24, lines 776 to 790**

Optometrists and opticians are healthcare professionals delivering primary eye care. This includes comprehensive care of the eyes and the visual system. In many countries they are the first point of contact for people with eye and vision problems. This includes the examination of the eye which can detect pathological conditions and includes diagnosis, treatment management and referral. Optometrists and opticians also undertake refraction, fit contact lenses and dispense spectacles. They can be found in communities and are readily accessible to the public. The scope of practice of optometry and optics varies between countries and the extent of available training, the organisation of the profession and the relative size of the ophthalmology sector are determined by the national law in Member States. Although in some instances optometry is not associated with primary care, especially in countries where there is no legal recognition of optometry. However, there is a public health benefit in those countries where optometry is a recognised part of the healthcare system. The scope of practice is evolving and increasingly more countries recognise the role and importance of optometrists in the healthcare system. Factors that contribute to this change in the workforce are:

- Epidemiology and demographics demonstrate an increasing need for eye and vision care with the ageing population.
- The increasing incidence of diabetes will result in greater risk of diabetic retinopathy with the long term possibility of blindness.
- There is an increasing pressure on ophthalmologists which is combined with their declining number in some countries.
- Primary eye care is more cost-effective than secondary care.

This change in the workforce should be recognised as part of the dynamic phenomenon of the definition referred to in line 659.

**ECOO comment on section 3.3 the role of referral systems in strengthening health system performance, p. 27, line 848**

The following points should be added to the conclusions as they are important factors for a functioning and efficient referral system:

- Patients should be given copies of referral letters and of medical reports to ensure continuity of care. This will assist in direct referrals from primary care practitioners to any other healthcare professional.
- Electronic referral systems should be implemented to simplify and speed up the referral of a patient and to ensure continuity of care through feedback to the patient and referring practitioner and timely sharing of relevant information.

**ECOO comments on 3.4 financing primary care, p.37, line 1070**

ECOO believes that funding mechanisms are best left to Member States under the subsidiarity principle. However payment systems can be complex and confusing and add barriers to care. The EU can therefore have a central role in disseminating information about what works best to deliver high quality and accessible primary care to improve the population's ophthalmic public health, and to ensure there are no unreasonable barriers to patients accessing healthcare across borders under the Cross Border Healthcare Directive. The chief goal should be to encourage sharing of best practice. In some countries reimbursement for eye examinations and the provision of optical appliances is only available to and through ophthalmologists and not optometrists, this restricts the public access to affordable eye care.