

PUBLIC CONSULTATION ON PATIENT SAFETY AND QUALITY OF CARE

Fields marked with * are mandatory.

The specific objective of this consultation is to seek opinion of civil society on:

- Whether patient safety measures included in the Recommendation 2009 are implemented and contribute to improving patient safety in the EU;
- Which areas of patient safety are not covered by the Recommendation and should be;
- What should be done at EU level on patient safety beyond the Recommendation;
- Whether quality of healthcare should be given more importance in the future EU activities.

For background information please consult the below document

[background.doc](#)

Please consult the privacy statement on this consultation

[privacy-statement-consultation.doc](#)

Practicalities

The consultation is open until 28 February 2014.

In case of any questions please contact SANCO-CONSULTATION-SAFETY-QUALITY@ec.europa.eu

1. Respondent information

1.1. Name of represented organisation*

European Council of Optometry and Optics (ECOO)

1.2. Stakeholder group*

- Health authority
- Patient or consumer organisation
- Health professional organisation
- Other NGO
- Hospital
- Industry
- Academia
- Individual citizen
- Other

1.3. Country*

- Austria
- Belgium
- Bulgaria
- Croatia
- Cyprus
- Czech Republic
- Denmark
- Estonia
- Finland
- France
- Germany
- Greece
- Hungary
- Ireland
- Italy
- Latvia
- Lithuania
- Luxembourg
- Malta
- Netherlands
- Poland
- Portugal
- Romania
- Slovakia
- Slovenia
- Spain
- Sweden
- United Kingdom
- Other

1.3.1. If other, please specify.

1.4. Address

1.5. Telephone

+32 (0)2 739 16 15

1.6. Contact Person (name)

Ms Fabienne Eckert

1.7. Your organisation's geographical area of activities*

- International
- National
- Regional
- Local

1.8. How many citizens does your organisation represent?*

75,000

2. Implementation of the Council Recommendation 2009/C 151/01

The Council Recommendation on patient safety, including the prevention and control of healthcare associated infections (2009/C 151/01) envisaged a number of measures to be implemented by EU Member States to increase patient safety in all types of healthcare settings.

2.1. Is patient safety an issue in your country?

- Yes
- No
- I don't know

2.2. To your knowledge, was the Recommendation implemented in your country?

- Yes, fully
- Yes, partially implemented
- No, it has not been implemented
- I don't know

2.3. What are the barriers to implementation of patient safety recommendation?

We do not believe that patient safety is a major issue for the eye health services we provide in the community. These are low risk services and are provided by trained and experienced healthcare professionals. We see far greater risks in citizens not attending healthcare professionals for regular eye examinations (or attending after a significant delay), and we would like to see patients encouraged to attend for regular eye examinations as part of their overall healthcare routine. Some potential barriers to this are levels of awareness amongst patients (i.e. the general public) and a lack of support from governments to assist individuals with low incomes with the cost of healthcare and any appliances they might need, for example spectacles or contact lenses.

2.4. Which provisions of the Recommendation are of particular relevance in your country?

Please refer to the recommendation on patient safety http://ec.europa.eu/health/patient_safety/docs/council_2009_en.pdf

	Very relevant	Relevant	Not particularly relevant	Not relevant at all
Placing patient safety high at public health agenda	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empowering patients	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating patient safety culture among health professionals (education and training, blame-free reporting systems, learning from errors)	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning from experience of other countries	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing research on patient safety	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

2.5. Which areas of patient safety, not covered by the Recommendation, are important for increasing safety of patients in the EU?

Eye care patients are well served by high quality community based practitioners (usually optometrists and opticians). These services need to be readily accessible to patients in particular for those at risk of eye conditions, vision impairment or those on low incomes. The general public should be regularly informed and reminded of the benefits of regular eye examination with primary eye care practitioners. In order to ensure that eye health issues are picked up at an early stage, the interval between the tests should not exceed more than two years (or less if the individual is in specific at risk groups on the advice of their primary eye care practitioner).

3. Future EU action on patient safety and quality of healthcare

The European Commission has supported since 2005 co-operation of EU Member States and stakeholders on patient safety and quality of care, by organising and co-funding different fora of information exchange and practical mutual learning (ex. Working Group of Patient Safety and Quality of Care, EU Network on Patient Safety and Quality of Care, research projects). Some of these activities are time-limited and will end in the next months.

3.1. What next should EU do on patient safety and in which specific patient safety areas beyond the existing Recommendation?

Eye care professionals should be involved in the sale/distribution/supply of optical appliances either by training or supervising the individuals who supply the appliances, in particular in the case of children or people with visual impairment. Spectacles or contact lenses should only be supplied to an 'in date' prescription/specification. The specification for optical appliances should be set by the clinician based on the patient's needs and should be within date (not older than 2 years), and the individual should be free to purchase their appliance from wherever they wish, provided the seller/distributor meets minimum safety requirements, maintains appropriate records, and provides follow up care as required by the patient.

3.2. Do you think there is an added value in enlarging EU work from patient safety only to wider quality of care?

- Yes
- No
- No opinion

3.2.1. If yes, please specify.

Yes, but only where this adds value and complements rather than duplicates or replaces Member States' own systems. Regular eye examination contributes to better eye health, improving road safety, creates a better visual awareness and better work performance. The use of a valid specification from a qualified Eye Care Professional of any background will help with the safe supply of an optical appliance and so the consumer will be better protected. The fact that spectacles, contact lenses and Low Vision appliances are medical devices means that even the purchase of these devices needs to be under the responsibility of a professional person for the safety of the wearer.

3.3. In the box below you can provide additional contribution related to EU action on patient safety and quality of care

400 character(s) maximum

We believe that patient safety and access to care could be improved if optometrists and opticians were permitted to operate as regulated healthcare professionals within the full scope of their training and competences in every country in Europe.

THANK YOU FOR YOUR CONTRIBUTION!