



## **Department of Health: Consultation on the European Commission's proposal for a Directive on the application of patients' rights in cross-border healthcare**

Together ABDO, AOP, the College and FODO represent over 10,500 optometrists, over 5,300 dispensing opticians and optical businesses in the UK, who provide high quality and accessible eye care services to the whole population. We have confined our response to those questions which are appropriate to our sector.

### **2) Use of healthcare in another Member State;**

#### **5) *How can the NHS ensure that patients coming from other Member States are treated in non-discriminatory fashion that protects clinical prioritisation and does not lead to detrimental effect on UK patients?***

Currently Department of Health guidance on examining patients from other EU countries is unclear. The implementation of this Directive therefore provides an opportunity to clarify whether prospective patients from such countries should pay for the sight test or receive a free NHS sight test – subject to UK eligibility criteria.

It is currently unclear whether a patient who is resident in another EU state but who otherwise meets the eligibility criteria for a sight test in the UK, is entitled to a free NHS sight test when in the UK or has to pay on a private basis and then claim the cost back from their home country. Any system which is introduced needs to be clear, transparent and must not create any additional administrative burdens for contractors or healthcare professionals. We would be willing to work with the Department of Health to agree an appropriate system for optics.

The Directive allows for patients to be required to pay up front for the treatment and then seek reimbursement in their home country – this we would agree with and would support this but only to the extent that it did not put contractors or healthcare professionals in the invidious position of heavily-handedly policing the UK healthcare system or turning away patients who genuinely needed help.

#### **11.) *The draft Directive proposes that the EU plays a greater role in setting required standards in data collection and e-health (including health record systems and e-prescriptions). Would this add value and what impact might this have on current UK systems?***

We agree with the use of electronic systems and the use of data collection. However we are agnostic about whether additional EU standards would help. Implementation within the NHS in the UK has already been protracted, overly complicated and expensive and, despite longstanding promises, optical practices are not yet linked into the NHS IT system. We would be loath to add more complexity at EU level which could slow this process even further.

**12.) What are the implications of the draft Directive for private insurance schemes and private providers?**

None in optics.

**13.) What proportionate measures can we take so that all patients, regardless of age, race or ethnicity, disability, religion or belief, gender, sexual orientation or socio-economic status feel a) reassured they will be treated with respect and their specific needs considered b) they are fully informed to make the right choice for them?**

Optical practices in the UK are already prohibited by legislation and NHS contracts for discriminating against any patient or class of patient. Moreover there is no evidence that this has ever been a problem in UK optics largely because the system here is market driven and all patients (both private and State funded) have a positive value for practices.

**14.) To what extent do you think that these proposals will have a positive or an adverse impact on equity? What can be done to manage any adverse impact?**

None in optics.

3 December 2008

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