

## **Review of the Balance of Competencies: Health Optical Confederation response**

1. Thank you for consulting the Optical Confederation on the Review of the Balance of Competencies specifically related to Health.
2. The Optical Confederation represents the 12,000 optometrists, the 6,000 dispensing opticians and 7,000 optical businesses in the UK who provide high quality and accessible eye care services to the whole population. The Confederation is a coalition of the five optical representative bodies: the Association of British Dispensing Opticians (ABDO); the Association of Contact Lens Manufacturers (ACLM); the Association of Optometrists (AOP); the Federation of Manufacturing Opticians (FMO) and the Federation of Opticians (FODO). As a Confederation, we work with others to improve eye health for the public good.
3. As a member of the European Council of Optometry and Optics (ECOO)<sup>1</sup>, the Optical Confederation is well accustomed to working with the European Union Institutions (EUIs). For example, we regularly share the views of our members through ECOO in response to consultations launched by the EUIs, thereby ensuring that the optical and optometric position of the UK is understood and taken into account.<sup>2</sup>
4. Since 2008 we have been a proactive member of Vision 2020 UK and the cross-sector UK Vision Strategy (a Vision 2020 UK initiative led by the Royal National Institute for Blind People and involving all four UK Governments).<sup>3</sup> The UK Vision Strategy was developed in response to the World Health Assembly Vision 2020 resolution to reduce avoidable blindness by the year 2020.<sup>4</sup>
5. As far as the scope of this review is concerned, we are of the firm opinion that the EU has and will continue to have an “important role” to play in issues concerning public health and healthcare” (page 4).

As outlined below, EU action in healthcare has been a catalyst to

- facilitate the growth and expansion of high-calibre optical professionals which in turn has improved access to affordable eye care across the UK and Europe

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<sup>1</sup> The European Council of Optometry and Optics (ECOO) is the European umbrella organisation which represents the interests of more than 75,000 optometrists and opticians from 27 European countries. More details are available here: <http://www.ecoo.info/>

<sup>2</sup> A list of recent consultations submitted by ECOO can be found here: <http://www.ecoo.info/projects-and-eu-affairs/consultations/> (Last accessed: February 2013)

<sup>3</sup> Members of the Optical Confederation were involved in the development of the strategy with a view improving the eye health of the nation, a key aim of the strategy.

<sup>4</sup> <http://www.who.int/blindness/partnerships/vision2020/en/index.html> (Last accessed: February 2013)

- improve our regulatory adherence with other Member States and
  - to improve safety standards for the public and patients.
6. The number of people in the UK alone with partial sight or blindness is projected to increase by 155 per cent to nearly 4 million people by 2050. Furthermore, 100 people start to lose their sight every day and at least 50 per cent of this is preventable.<sup>5</sup>

The UK Government has recently recognised eye health and the prevention of avoidable sight loss as a national public health priority in the form of a preventable sight loss indicator in England. We would like to see a similar indicator replicated at the European level, however progress is hampered by the current balance of competencies with public health and healthcare deemed a 'supporting competence'. Such an indicator would provide valuable and comparative data on the number of people across the EU with partial sight or blindness and assist Member States in assessing their progress towards tackling the currently unacceptably high levels of visual impairment across the EU.

We would therefore encourage the Department of Health to consider re-categorising public health (and healthcare) as a shared competence in accordance with Articles 3, 4 and 6 of the Treaty of the Functioning of the European Union (TFEU). This would be particularly beneficial to both patients and the public at both the UK and EU level, especially with regard to ophthalmic public health.

7. It is against this background that we provide more detailed responses below to the consultation questions which we believe are of relevance to our sector.
8. We are very happy for this response to be made publicly available.

### **Impact on the national interest**

- **How does the EU's competence in health affect you/your organisation?**

As previously mentioned, the EU's competence in health provides a platform to share best practice between Member States and drive better patient care outcomes. This cross country collaboration also provides UK optics and optometry with an opportunity to expand into new markets and for leading EU professionals to add value to UK eye care.

The EU Directive on Recognition of Professional Qualifications has, for example, provided our professions with the impetus, under the leadership of ECOO, to take a leading and proactive role in the harmonisation of a broad and varied landscape of qualifications for the benefit of EU citizens. This has resulted in the development of the European Diploma of Optometry (EDO) and the ongoing development of a European Qualification in Optics (EQO). This will clearly facilitate further the free

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<sup>5</sup> Access Economics (2009) Future sight loss UK (1): The economic impact of partial sight and blindness in the UK adult population

movement and development of high-calibre optometrists and opticians throughout Europe.<sup>6</sup>

By way of another illustration, the EU Medical Devices Directives affects our sector by covering the manufacture of a wide range of products, including ophthalmic appliances, contact lenses and solutions, instruments and equipment. We very much welcomed the Medicines and Healthcare products Regulatory Agency (MHRA) recent proposal to include non-corrective contact lenses in the definition of 'medical device' under European law. Such changes will provide improved protection for patients and the public when using these devices.<sup>7</sup>

Given the impact of EU legislation on our sector, of which we can provide further examples upon request, we foresee a natural progression to the rebalancing of competencies with a re-categorisation of public health (and healthcare) as a 'shared competence' in accordance with Articles 3, 4 and 6 of the Treaty of the Functioning of the European Union (TFEU).

- **What evidence is there that EU action in health advantages or disadvantages on the UK national interest?**

EU action in health brings economies of scale to health care and promotes competition, these factors can be used to improve access to care, quality of care and contain costs.

- **What evidence is there that EU action in health advantages or disadvantages on business and industry?**

The Single Market of the EU has brought advantages to our sector from a supply perspective with better trade and productivity.

Also, EU action in health helps our sector by

- ameliorating safety standards across Europe
- harmonising regulatory requirements and reducing inappropriate, unnecessary burdens and barriers, which can often drive up the costs of healthcare
- bringing economies of scale to our activities.

- **What evidence is there that EU action in health advantages or disadvantages on patients and citizens?**

Except for the free movement of persons and professionals, EU action is not relevant as the health of patients and citizens are regulated at a national level.

Cross border healthcare has a minor but noteworthy impact on optics and optometry.

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<sup>6</sup> ECOO response to the European Commission Public Consultation on the Professional Qualifications Directive can be read here: <http://www.ecoo.info/wp-content/uploads/2012/11/ECOO-response-to-RPQ-consultation.pdf>

<sup>7</sup> The Optical Confederation's response to the MHRA consultation on the revision of European Legislation on Medical Devices can be read here: <http://www.opticalconfederation.org.uk/downloads/consultations/FINAL-Response-to-MHRA-Consultation-on-the-Revision-of-European-Legislation-on-Medical-Devices.pdf>

As patients regularly travel increasingly around Europe, access for treatment can be time critical for certain ophthalmic needs and it is only right that patients should have unhindered access to care. We would welcome clarity from the Department of Health about patient access to NHS services and specifically in our case to General Ophthalmic Services, under the cross border healthcare arrangements (pages 22-23).

- **Please consider what evidence there is to demonstrate:**
  - **the extent to which the EU's role in public health supports member state actions affectively and efficiently?**

The EU has a clear role to play in supporting Member States to introduce written eye health warnings on tobacco products within the two year timescale, for the first time raising awareness among consumers of the risk of blindness from smoking. This eye health warning for smokers is one of 14 new health warnings adopted by the European Commission (pages 13-14).

- **the opportunities and costs for the delivery of health and social care in the UK that flow from wider EU competencies and policies such as the free movement of workers or the single market generally**

As already mentioned, the EU Directive on Recognition of Professional Qualifications has provided our professions with the impetus, under the leadership of ECOO, to take a leading and proactive role in the harmonisation of a broad and varied landscape of qualifications for the benefit of patients and EU citizens. This will further the free movement and establishment of optometrists and opticians throughout Europe and also clarify the distinction between free movement of workers and healthcare professionals.<sup>8</sup>

- **the extent to which EU competence and policies intended to allow EU citizens to access healthcare across the EU are effective and proportionate?**

Yes, we believe they are currently effective and proportionate.

We would welcome clarity from the Department of Health about patient access to NHS services under the cross border healthcare arrangements particularly in areas of ophthalmic intervention, which are time critical.

- **the extent to which health objectives are effectively and proportionately taken into account in wider EU policies**

We feel that there is a greater leadership role for the EU to play in highlighting the public health and prevention contributions to the European economy, including the harmonisation of health standards (for example, vision standards for drivers), outcomes, active ageing of the workforce and equality for visually impaired citizens.

## **Future options and challenges**

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<sup>8</sup> ECOO response to the European Commission Public Consultation on the Professional Qualifications Directive can be read here: <http://www.ecoo.info/wp-content/uploads/2012/11/ECOO-response-to-RPQ-consultation.pdf>

- **How might the UK benefit from the EU taking more action in health?**

As mentioned above, the UK could benefit from the sharing of more knowledge, best practice and statistical data through eHealth (page 23), e.g. with the introduction of an ophthalmic public health indicator at EU level to measure preventable sight loss across Member States. This would help our sector to adapt to the emerging challenges of an ageing population.

Given the impact of EU legislation already outlined above on our sector, we would recommend the Department of Health rebalance competencies in this particular area with a re-categorisation of public health (and healthcare) as a 'shared competence' in accordance with Articles 3, 4 and 6 of the Treaty of the Functioning of the European Union (TFEU).

- **How might the UK benefit from the EU taking less action in health, or from more action being taken at the national rather than EU level?**

No comment.

- **How could action in this area be undertaken differently, e.g.**

- **Are there ways of improving EU legislation in health, e.g. revision of existing legislation, better ways of developing future proposals, or greater adherence to the principle of subsidiarity and proportionality?**

We very much welcome the proposed revisions of the Medical Devices Directives, in particular the MHRA's support for the inclusion of non-corrective contact lenses in the definition of 'medical device' under European law. Such changes will provide greater protection for patients and the public and eliminate any gaps in interpretation by individual Member States.<sup>9</sup>

- **Are there ways the EU could use its existing competence in health differently which would deliver more in the national interest?**

No comment.

- **Could action be taken at any other international level, i.e. by the WHO?**

Any action taken at the international level should only complement and reinforce, rather than replace, any action at the EU and UK level.

- **What evidence is there on the relative merits of legislative and non-legislative measures in relation to health, and on how they are implemented?**

No comment.

- **How else could the UK implement its current obligations?**

Since 1993 EC legislation has placed responsibilities on employers whose employees regularly use Visual Display Units (VDUs) as part of their work. These regulations include the requirement of an employer to pay for a full eye examination. Uptake by employers in the UK is relatively poor and employees are generally unaware of this requirement. To improve UK implementation, we feel that all parties

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<sup>9</sup> The Optical Confederation's response to the MHRA consultation on the revision of European Legislation on Medical Devices can be read here: <http://www.opticalconfederation.org.uk/downloads/consultations/FINAL-Response-to-MHRA-Consultation-on-the-Revision-of-European-Legislation-on-Medical-Devices.pdf>

would benefit from clear guidance from the HSE that encourages employers to inform VDU users of their entitlement to, and the benefits from, regular eye examinations.

There is a need for more consistency on drivers' vision. In our view the UK is not implementing the EU Driving Licence Directives to best effect.<sup>10</sup> The distance number plate test is not an accurate method to assess whether drivers meet these tougher measures as it does not check a person's peripheral (side) vision. The Optical Confederation continues to call on the UK Government to introduce vision screening for all drivers to ensure they meet these requirements. This will also reassure drivers that they have safe vision to drive and that they meet the legal eyesight requirements.

- **What future challenge/opportunities might we face in EU health competence and what impact might these have on the national interest?**

As the ageing population develops, it will be important to address the issue of an ageing workforce and associated challenges, such as those on workforce productivity. From an ophthalmic perspective action should centre on ensuring that all employees have adequate vision to remain in the workforce for longer, while at the same time ensuring equality of opportunity for visually impaired citizens.

- **What impact would any future enlargement of the EU have on health competence?**

We do not foresee any significant impact of future EU enlargement on health competences.

### **General**

We have no further comments.

February 2013

Submitted by Ben Cook on behalf of the Optical Confederation

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<sup>10</sup> Directive 91/439/EEC and 2006/126/EC