Aboriginal and Torres Strait Islander eye health funding proposal priorities

Purpose

This paper is to provide the Assistant Minister for Health, Senator the Hon Fiona Nash, with priorities and supplementary evidence on the urban, regional and remote underservice underpinning the *Close the Gap in Aboriginal and Torres Strait Islander Eye Health and Vision Care: Sector Funding Proposal* (the Proposal).

Background

On 27 April, following presentation of the Proposal to the Minister and subsequent discussion with Vision 2020 Australia and representatives from the Aboriginal and Torres Strait Islander eye health and vision care sector, the Minister requested the sector identify the immediate priorities and further evidence to demonstrate the funding gap required by the Proposal.

Given recent developments following the 2015-16 Federal budget announcements and further discussions we have revised our sector recommendations.

Priorities

The sector Proposal provides the Government with a strategic package of eight recommendations required in order to significantly progress closing the gap in Aboriginal and Torres Strait Islander eye health and vision care across Australia.

In order to achieve measurable outcomes for the eye health of Aboriginal and Torres Strait Islander people the sector notes the importance of adequate funding for visiting optometry and specialist ophthalmology service delivery. Given this, the sector considers that all recommendations will need to be addressed in order to substantially shift Australia's health system towards a proactive response to the eye health and vision care needs of Aboriginal and Torres Strait Islander people and provide long term sustainability into the future.

In considering recent developments, the sector has identified a phased approach for the implementation of the sector's recommendations. For immediate action in Phase 1, the sector considers the following recommendations to be undertaken concurrently:

1. Recommendation 6 related to a national oversight function at $600,000 annually.

2. Recommendation 3 related to high level state/territory eye care systems coordination revised to $1.6 million annually

Immediate priority given to Phase 1 will ensure that more detailed needs analysis is undertaken and an assessment of the resource and system improvements identified. This will directly inform the implementation of Phase 2 related to the other recommendations in the Proposal, in particular the nature, scope and location of additional RHOF and VOS resource requirements and service coordination.

National oversight

Oversight and accountability are identified as two key ingredients required to support sustained service delivery and health care outcomes. The absence of such governance structures has been found to be the most significant factor in the failure of previous programs over thirty years in eye health policy.

Currently there is no clear national oversight or national accountability for Aboriginal and Torres Strait Islander eye health. Although a number of groups are involved in national programs, there is:

- no government or sector agreed group with this remit or that is accountable for this function
- no group that collects and collates existing information or data that would support national oversight responsibilities
- no group with sector or government authority to endorse evidence-based guidelines and benchmarks for Aboriginal and Torres Strait Islander eye health.

The national oversight function should include monitoring and evaluation to support improvements in Aboriginal and Torres Strait Islander eye health. Looking at annual data and evaluating this and reporting back to each Health Minister will assist with identifying needs and gaps and recognising improvements. Establishing national policies, guidelines and benchmarks could be undertaken by this body or a different mechanism in collaboration with this body.

The sector suggests that the most appropriate platform to provide national oversight is within the Australian Health Ministers' Advisory Council (AHMAC). An estimate of the cost determined by the Department of Health based on improved reporting outcomes achieved through enhanced high level regional coordination outlined above is for an annual allocation of $600,000 for this function within AHMAC.

State/ territory (jurisdictional) eye care systems coordination

As outlined in the Roadmap, coordination is essential to improve access to eye care, provide better links and improve the delivery of services. Jurisdictional eye care systems coordination provides a platform in each state and territory to look at needs and gaps. From this the various arms of primary, secondary and tertiary care can be integrated, the specific regional population needs can be identified, future resources defined and systems improvements implemented. This proposal recommends that a manager in each state and territory be tasked with this high level systems coordination function.

A possible existing platform to host the high level eye care systems coordination is the state and NT fundholders that will soon administer both the Rural Health Outreach Fund and the Visiting Optometrists Scheme from 1 July 2015. Fundholders are also responsible for the Commonwealth's Aboriginal and Torres Strait Islander chronic disease funds that can further support eye care particularly around people with diabetes. In order for the jurisdictional fundholders to undertake such specific functions, the Department of Health will need to ensure the following obligations are provisioned within contracts for each fundholder:

- adequate human and operational resources are made available for high level regional coordination activities (including analysis and reporting)
- appropriate ophthalmology, optometry and eye care systems expertise is incorporated into jurisdictional advisory bodies
- optometry, ophthalmology and eye care service coordination is prioritised and resourced linking in with Aboriginal Community Controlled Organisations (ACCHOs), Aboriginal Health Services (AHSs) and other regional stakeholders
- corresponding key performance indicators, monitoring and reporting requirements are included.

A preliminary annual estimate of an indicative cost for these functions is approximately $1.6 million across the seven fundholders. Within each fundholder, this would include a resource to undertake the jurisdictional eye care systems coordination, support jurisdictional stakeholder engagement (including with ACCHOs and other service providers) and input and provide monitoring and evaluation to feed into a national oversight function.

Conclusion

Vision 2020 Australia and its members have identified two priority recommendations as the first phase to close the gap in Aboriginal and Torres Strait Islander eye health. They build on current case studies that confirm the ongoing need for additional optometry and ophthalmology services and the importance of coordination of eye care services.

This revised proposal emphasises the overriding importance of national oversight and includes an important role for jurisdictional fundholders to provide high-level service coordination at the regional and jurisdictional levels.

With the national leadership and jurisdictional coordination in place, optometry and ophthalmology services will be significantly more efficient and be better placed to meet demand. This also will lay the groundwork for the systematic assessment of additional resources for RHOF, VOS and improved service coordination required that would form the basis for a second phase of funding.

Urban Underservice Case Study

31% of Aboriginal and Torres Strait Islander people live in the major cities of Australia and the 2008 National Indigenous Eye Health Survey showed that rates of vision loss were similar across the country, including in urban areas. The need for eye care is nationwide and the gap for vision cannot be closed without attending to the needs of those living in urban areas.

Although service has improved over the last few years, the best available data still show that even in urban areas there is a large unmet need. This is demonstrated in three urban areas: the Melbourne metropolitan area, including three Victorian Department of Health regions; South East Queensland with nine Local Government Areas including Brisbane; and Western Sydney comprising one Local Health District.

The annual eye care needs of the resident Aboriginal and Torres Strait Islander populations in these regions, using the best available data from the 2013 and 2014 calendar years, shows that there still exists a very significant unmet need:

Annual Eye Care Service Gaps Estimated by The University of Melbourne 2013-14			
	Metropolitan Melbourne	South East Queensland	Western Sydney
Indigenous Population (ABS 2011)	17,582	48,671	13,148
Eye examinations provided	1,000	2,500	200
Eye examinations needed	2,989	8,274	2,235
Cataract surgery performed	49	Not available	25
Cataract surgery needed	167	462	125

Data from ABS; IEH University of Melbourne; VAED, ACO Victoria; IUIH, Queensland; AMSWS, NSW

These three urban regions are deemed to have an adequate supply and availability of private general medicine, optometry and ophthalmology, including hospitals. All regions have AHSs providing some eye care services. In addition, some Aboriginal and Torres Strait Islander people will attend private clinics and facilities for their eye care, however based on demographic assumptions this is unlikely to account for the service gaps shown above.

Better local coordination of urban eye care services will also improve patient utilisation through culturally appropriate support of the patient journey.

Public ophthalmology is poorly accessed by Aboriginal and Torres Strait Islander people in urban areas in part through lack of cultural safety, poor understanding and support for patient pathway navigation and limited patient case management.

Regional Underservice Case Study

Representing 4.1% of NSW's population, Western NSW has 307,000 residents with 9% who are Aboriginal or Torres Strait Islanders representing 17% of the overall Aboriginal and Torres Strait Islander population of NSW.

Two key issues were identified in the Western NSW eye health system in a 2012 report; lack of coordination and access equity. Despite a myriad of public and private providers and good models of public eye health services, these services worked individually without coordination resulting in continued under-servicing of Aboriginal and Torres Strait Islander populations in the region.

The Western NSW Eye Health program was funded by The Fred Hollows Foundation to provide secretariat and coordination support to the 19 partners and more recently a Project Development Officer has been appointed to drive the project at a local level.

The annual eye care needs of the resident Aboriginal and Torres Strait Islander populations in Western NSW are still unmet:

Annual Eye Care Service Gaps Estimated by The University of Melbourne 2013-14	
	Western NSW
Indigenous Population (ABS 2011)	22,670
Optometry days provided	247
Optometry days needed	482
Ophthalmology days provided	60
Ophthalmology days needed	165

Data from ABS; IEH University of Melbourne; WNSWEHP

Support for a sustainable and coordinated approach to the delivery of regional services will identify and remedy service gaps and duplications, support greater service efficiencies and focus services where they are most needed.

Remote Underservice Case Study

Katherine region of the Northern Territory covers approximately 340,000 square kilometres, with approximately 18,000 residents of whom 9,260 are Aboriginal or Torres Strait Islanders. Katherine Hospital is a 60 bed non-specialist medical facility and there are three AHS.

Significant under-servicing exists in optometry and ophthalmology, combined with gaps in coordination and facilitation of the patient journey, resulting in poor eye care outcomes for Aboriginal and Torres Strait Islander people.

Although visiting optometry services improved between 2012 to 2014, still only 74% of the population need was met. Similarly, in 2013-14 approximately 20% of Katherine Hospital elective eye surgery patients waited for more than one year. Attempts have been made to address these service gaps and strengthen the eye care system as a whole with improved collaboration of all stakeholders in primary care, the hospital and NGO. Additional funding from the Commonwealth Government has assisted to partially (and in some cases only temporarily) address service provision gaps but additional funding from the NGO sector has been needed to address significant gaps in administration, coordination and the ophthalmology workforce.

The annual eye care needs of the resident Aboriginal and Torres Strait Islander populations in the Katherine region, using the best available data from the 2013 and 2014 calendar years, shows that there still exists a large unmet need:

Annual Eye Care Service Needs 2013-14	
	Katherine region NT
Indigenous Population (ABS 2011)	12,043
Optometry days provided	130
Optometry days needed	256
Ophthalmology days provided	47*
Ophthalmology days needed	88

*includes two surgical intensives

Data from the ABS; IEH University of Melbourne; BHVI, FHF