

Submission to the Australian
Commission on Safety and
Quality in Health Care on the
*Cataract Clinical Care Standard:
Consultation draft*

5 April 2019

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About Vision 2020 Australia and this submission

Vision 2020 Australia is the national peak body for the eye health and vision care sector, focused on reducing preventable blindness and improving the participation of people who are blind or vision impaired.

Vision 2020 Australia represents almost 50 member organisations involved in local and global eye health and vision care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance and community support. Closing the Gap for Vision for Aboriginal and Torres Strait Islander people is a key focus for our members.

This submission has been informed by members of Vision 2020 Australia's Aboriginal and Torres Strait Islander and Prevention and Early Intervention Committees, including clinical experts. These committees have a shared focus on equity of access to eye health and vision care.

Vision 2020 Australia and its members would welcome the opportunity to discuss this submission further. Please contact Judith Abbott, CEO Vision 2020 Australia on 03 9656 2020 or via email, ceo@vision2020australia.org.au if you would like more information.

Introduction and background

Vision 2020 Australia welcomes the opportunity to comment on the Cataract Clinical Care Standard: Consultation draft.

Cataracts are one of the three main causes of preventable blindness in Australia, and the prevalence of cataracts in Aboriginal and Torres Strait Islander people is twelve times that of non-Indigenous Australians.

Fortunately, cataract surgery offers a relatively low cost, highly effective treatment for restoring cataract-related vision loss, and with advances in treatment technology and the ageing of the Australian population, the need for cataract surgery will continue to increase. However, there are already significant waiting lists for public ophthalmology, and, if surgery is required, further waiting to receive surgery.

This situation is exacerbated for many Aboriginal and Torres Strait Islander people who on average are waiting some 63% longer for cataract surgery, and these extended waiting times are not unique to people living in remote communities. For example, in inner regional areas, where the wait time (not including any wait times for the services required before being placed onto the waiting list) is on average 224 days versus 175 days for non-Indigenous patients.¹

Improving access to publicly funded cataract surgery has been identified as a high priority by Vision 2020 Australia members. The impact of low vision and blindness caused by cataracts include decreased quality of life, increased risk of falls and loss of independence which can result in early admission to nursing homes.²

Vision 2020 Australia strongly supports the development of clinical care standard for cataract surgery as a mechanism for supporting delivery of appropriate care and improving patient engagement and decision making. It is critical however that that the draft Standard, is developed and implemented in ways that achieve the quality goal without further restricting access to a critical surgical procedure.

Vision 2020 Australia is concerned that some of the Quality Statements included in the Cataract Clinical Care Standard: Consultation draft will further limit access to cataract surgery, because of the way they have been drafted, or key information that has been omitted.

This submission summarises the key issues identified by Vision 2020 Australia members and proposes some amendments to the Quality Statements to address these, without limiting the intent of the draft Standard to support clinical quality for the public.

¹ In remote areas, Aboriginal and Torres Strait Islander people this waiting time on average is 166 days compared to 83 days for non-Indigenous Australians in those areas. AIHW 2018 Indigenous eye health measures 2017

² Centre for Eye Research Australia, 2007, Focus on Low Vision https://www.cera.org.au/wp-content/uploads/2013/12/CERA_FocusLowVision.pdf, accessed 3 April 2019

Quality Statement 1: Primary care assessment and referral

Vision 2020 Australia recommends that there continues to be scope for referrals to be made by general practitioners, to support timely access to cataract surgery.

Quality Statement 1 refers to the need for a comprehensive referral. The introduction to the draft Standard states that more comprehensive referrals will improve the appropriateness and management of referrals.

To give effect to this, Quality Statement 1 provides a list of proposed elements of this comprehensive referral in the table on page 17 of the draft document.

Vision 2020 Australia notes that some of the proposed referral requirements are much more extensive than some current practices and will likely preclude many general practitioners from being able to refer patients for cataract surgery. This is because some of the components identified require technical skills and/or more specialised equipment that most general practitioners would be unlikely to have access to.

This would likely create an additional barrier to cataract surgery for people living in locations where general practitioners may be the only available health professional all or most of the time, as they would be forced to either wait up to six months for an eye care professional to visit or incur significant additional costs in travelling to such a professional.

General practitioners have a long and established practice of referring patients for ophthalmology³ services and provide essential information through their referrals that reflects their broad knowledge of the person's medical history and circumstances.

It is important that Quality Statement 1 regarding referral is sufficiently flexible to accommodate a range of patient and workforce supply circumstances, and that general practitioners can continue to play a key role in the cataract referral pathway.

Concerns have also been expressed that by implementing these arrangements which could make it more difficult for people to enter the public system for cataract surgery, waiting lists would appear to improve - but at the cost of those people not being able to access services critical to their vision.

³ The report *General practice activity in Australia 2009-10* indicates 8.1% of general practitioner referrals are to ophthalmologists, making them the third most referred to medical specialist after surgeons (9.7%) and orthopaedic surgeons (9.2%).

Quality Statement 2: Patient information and shared decision making

Noting shared decision making is a fundamental element of quality service provision, Vision 2020 Australia recommends amendments be made to Quality Statement 2 to acknowledge:

- culturally safe environments are essential for this to be achieved, and***
- additional effort will be required for some patients if they are to receive information including large print and accessible formats.***

Vision 2020 Australia members noted some people require additional effort from health practitioners to ensure they get the information they need to participate in shared decision making.

This is particularly so for some Aboriginal and Torres Strait Islander people and some people from culturally and linguistically diverse backgrounds. Cultural safety contributes to improving Aboriginal and Torres Strait Islander health by addressing cultural power imbalance and barriers that exist in some health care settings that prevent access and/or staying engaged in health care services.⁴

It is also particularly relevant to eye care where clients who are candidates for cataract surgery may have reduced vision and thus provision of materials in alternative formats, for example large print and accessible formats, is more suited to people with lowered visual acuity and/or reduced contrast sensitivity may be essential if they are to access the information needed to participate in informed decision making.

⁴ The Australian Indigenous Doctors Association Ltd *Position Paper: Cultural Safety for Aboriginal and Torres Strait Islander Doctors, Medical Students and Patients* https://www.aida.org.au/wp-content/uploads/2017/06/Cultural_Safety.pdf accessed 2 April 2019

Quality Statement 3: Access to ophthalmology assessment

Vision 2020 Australia recommends a timeliness measure be added to Quality Statement 3 to state that the wait for ophthalmology assessment should not exceed 90 days, and then the wait for surgery, if indicated, should not exceed a further 90 days.

Time from referral to assessment should be routinely recorded and used as a benchmark to reduce waiting times.

With addition of the timeliness measure, references to prioritisation should be refined to focus on Aboriginal and Torres Strait Islander people and potentially a small number of other patients who experience substantial barriers to accessing eye care.

A critical measure of accessibility is timeliness: from a patient's perspective, this will likely be a key measure of the quality of their overall experience.⁵

The absence of elements regarding timeliness in Quality Statements 3 and 5 has been identified as a shortcoming in the draft Standard, and Vision 2020 Australia strongly recommends that, in line with recommendations it understands have been made by clinical experts, that timeliness measures be added to set a maximum acceptable wait time of:

- Ninety days for ophthalmology assessment regarding suitability for surgery, and
- A further 90 days for surgery.

By implementing these, the need for prioritisation would be limited to a small number of patients who currently experience disproportionately high waiting times and barriers to access, such as Aboriginal and Torres Strait Islander people.

Addressing these is a priority for all levels of government and experience to date has illustrated that prioritisation coupled with tailored care pathways can significantly enhance patient access to and engagement with treatment to close the current gaps in access and outcomes.

⁵ See Gilbert C, Keay L, Palagyi A, et al. "Investigation of attributes which guide choice in cataract surgery services in urban Sydney, Australia" *Clin Exp Optom*. 2018;101(3):363-371

Quality Statement 4: Indications for cataract surgery

Vision 2020 Australia recommends the ability to undertake normal activities of daily living be used as the key criterion in Quality Statement 4 for determining eligibility for cataract surgery, rather than the visual acuity based measure proposed, which does not take into account the full range of impacts of cataract upon a person's functionality.

Vision 2020 Australia members expressed concern that the suggested threshold for surgery in Quality Statement 4 of visual acuity of “6/12 or worse” was not sufficiently nuanced as it fails to sufficiently balance this measure against other impacts of cataract that adversely affect a person’s ability to undertake normal activities of daily living.⁶

The ability to undertake normal activities of daily living, which allows for a range of lifestyle factors to be taken account in addition to a measure of visual acuity, is a commonly accepted measure across health, disability and aged care. Vision 2020 Australia recommends that this be adopted as a more appropriate indicator.

This more nuanced approach to assessing the need for cataract surgery would also limit the potential for adverse flow on impacts across the broader eye care system that a solely visual-acuity based standard might generate.

⁶ Increased glare and light sensitivity, reduction in the ability to see low contrast items and other non-acuity related impacts of cataract can all significantly impact even if a person has visual acuity of 6/12.

Quality Statement 5: Prioritisation for cataract surgery

Vision 2020 Australia recommends that Quality Statement 5 be amended to note that all people assessed as having a clinical need for cataract surgery receive that treatment within 90 days, given the substantial benefits associated with this treatment.

Quality Statement 5 is based on an assumption that there will continue to be a need for significant levels of prioritisation.

This in turn assumes that the consequences of wide scale prioritisation (which currently see some people incur substantial waiting times) are unavoidable and thus must be accepted.

Current approaches to prioritisation have seen around 10% of Australians on public waiting lists for cataract surgery wait up to 334 days for treatment.⁷ This is unacceptable.

Given the substantial and immediate improvements in visual performance and hence personal functionality that cataract surgery can deliver (at relatively low cost), Vision 2020 Australia is of the view that all people who are assessed as needing cataract surgery should receive that treatment within 90 days.

Further prioritisation could disadvantage some people who are unable to provide evidence of additional needs, for example, Aboriginal and Torres Strait Islander people. Additionally, tailored pathways may be required for vulnerable groups.

⁷ AIHW 2018 *Elective Surgery Waiting Times 2017-18: Australian Hospital Statistics* page 27

Quality Statement 6: Second-eye surgery

Vision 2020 Australia supports rapid second-eye surgery where indicated, if, as the quality standard suggests, patients are appropriately counselled regarding risks associated with second eye surgery.

Rapid second eye surgery can be particularly beneficial in instances where there are barriers to access, For example, for people in rural and remote areas, having second surgery at the same time or soon after the first reduces travel time and halves the number of follow up visits to the ophthalmologist. As well as convenient for patients, evidence indicates it is cost effective.⁸

⁸ Cooper, K., et al., The cost-effectiveness of second-eye cataract surgery in the UK. *Age Ageing.*, 2015. 44(6): p. 1026-31. doi: 10.1093/ageing/afv126. Epub 2015 Sep 26

Summary of Recommendations

1. Vision 2020 Australia recommends that there continues to be scope for referrals to be made by general practitioners, to support timely access to cataract surgery.
2. Noting shared decision making is a fundamental element of quality service provision, Vision 2020 Australia recommends amendments be made to *Quality Statement 2* to acknowledge:
 - culturally safe environments are essential for this to be achieved, and
 - additional effort will be required for some patients if they are to receive information.
3. Vision 2020 Australia recommends a timeliness measure be added to *Quality Statement 3* to state that the wait for ophthalmology assessment should not exceed 90 days, and then the wait for surgery, if indicated, should not exceed a further 90 days.
4. Time from referral to assessment should be routinely recorded and used as a benchmark to reduce waiting times.
5. With addition of the timeliness measure, in *Quality Statement 3*, references to prioritisation should be refined to focus on Aboriginal and Torres Strait Islander people and potentially a small number of other patients who experience substantial barriers to accessing eye care.
6. Vision 2020 Australia recommends the ability to undertake normal activities of daily living be used as the key criterion in *Quality Statement 4* for determining eligibility for cataract surgery, rather than the visual acuity based measure proposed, which does not take into account the full range of impacts of cataract upon a person's functionality.
7. Vision 2020 Australia recommends that *Quality Statement 5* be amended to note that all people assessed as having a clinical need for cataract surgery receive that treatment within 90 days, given the substantial benefits associated with this treatment.