



Submission to the Royal Commission into Aged Care Quality and Safety

Aged care system governance, market
management, and roles and responsibilities

July 2020

About Vision 2020 Australia

Vision 2020 Australia is the national peak body for the eye health and vision care sector. Working with and representing almost 50 member organisations, we focus on supporting policy and funding changes to prevent avoidable blindness, enhance eye care delivery and better meet the needs of people who are blind or living with low vision.

Our members span a wide range of areas and are involved in local and global eye health and vision care, health promotion, low vision support, vision rehabilitation, eye research, professional assistance and community support. This means that the work we do in developing sector-supported policy and advice brings a diverse range of expertise and perspectives to bear, and that the perspectives and experiences of both service users and service providers are at the heart of our work.

Avoidable blindness and vision loss in Australia, and our region, can be prevented and treated by working in partnership across government, non-government, private and community sectors. People of all ages who are blind or vision impaired will benefit from these partnerships, with improved access to services that support their independence and community participation.

For further information about this submission, please contact Vision 2020 Australia on 03 9656 2020 or via email, policy@vision2020australia.org.au

Executive summary

Eye care, blindness and low vision services are essential parts of the support system for older Australians.

With over 850,000 older Australians forecast to be living with vision loss by 2027¹, the aged care system of the future needs to have the flexibility to meet the needs of older Australians who develop aged related disabilities such as vision loss to keep them independent and well for as long as possible, thereby reducing their reliance on other government services.

The current aged care system's overarching system of governance and market management does not have the necessary flexibility, sustainability or local/client responsiveness needed to meet the visual needs of older Australians.

Its system design relies heavily on centrally set frameworks and parameters, primarily designed to support the delivery of personal care to older Australians who are physically frail and/or have significant cognitive impairment.

Meeting the visual needs of older Australians is important

BY 2027, OVER 850,000 OLDER AUSTRALIANS ARE FORECAST TO BE LIVING WITH VISION LOSS

A more tailored approach is needed

THE SYSTEM IS LARGELY DESIGNED TO GOVERN AND MANAGE THE ONGOING PROVISION OF PERSONAL CARE. THIS LIMITS ITS CAPACITY TO EFFECTIVELY MANAGE AND GOVERN THE DELIVERY OF TAILORED, EPISODIC SUPPORTS BY SPECIALIST SERVICES

These arrangements do not work so well for older Australians with vision loss, particularly those in the 65-80 year old group who are in good health but may sometimes require short term 'up front' advice, training and equipment to remain independent and both socially and economically active.

The system is largely designed to govern and manage the ongoing provision of personal care. This limits its capacity to effectively manage and govern the delivery of tailored, episodic supports by specialist services.

The strongly centralised system also provides little capacity to be shaped by, or accommodate, more local variations in need, or to co-design systems and services with clients and their families.

Current planning ratios sometimes result in market distortions, and an

historic lack of flexibility has prevented providers being able to optimally allocate available services to need.

There is no active market stewardship or management, which means market vulnerabilities (particularly for more specialised services like blindness and low vision) are not addressed or managed and current and potential providers cannot readily access the data and market insights that would support active market development.

An opportunity for market stewardship

CURRENT AND POTENTIAL PROVIDERS CANNOT READILY ACCESS THE DATA AND MARKET INSIGHTS THAT WOULD SUPPORT ACTIVE MARKET DEVELOPMENT

¹ Vision 2020 Australia estimate, combining ABS population forecast data with prevalence rates for the most common cases of vision loss in that cohort

This all occurs in an environment where funding is tight, further complicating the overall system capacity by constraining the size and skill set of the workforce. This in turn limits the capacity of providers to create innovative services responses that meet quality requirements, a situation exacerbated by a process-based approach to accreditation and quality assurance (which some providers experience as fear based, or punitive) that is administratively complex but does not necessarily result in best outcomes for clients or clear accountabilities.

**Missed opportunities
for streamlining and
integration**

More broadly, the current system does not readily accommodate or recognise the important interfaces that exist between the aged care and other like sectors, or leverage these to the benefit of individual clients and the broader service system as a whole.

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While this submission focuses on a range of the challenges with existing arrangements, Vision 2020 Australia and its members also believe there are a range of opportunities to address these are achieve a simpler, more responsive system that meets the needs of older Australians, now and into the future.

We look forward to working with the government, the Commission and clients and their families to build a future system that:

- learns from the collective experiences of this diverse sector, and also draws upon relevant arrangements and learnings from related sectors (such as disability)
- delivers more responsive and flexible services, with planning and management approaches that better accommodate diversity in service offerings between clients, locations and sub-sectors. This could, for example, include more localised governance and management structures and the introduction of chronic disease management type approaches to support effective delivery of specialised services like blindness and low vision supports
- is underpinned by better data and market insights, simpler administrative and compliance arrangements, and contracting and operational models that ensure the breadth of clients needs are accommodated and key information is accessible to all (including those who require specific formats)
- recognises the commonalities between the disability, aged care and health systems, facilitates connections between them to the benefit of clients, and adopts a broader systems approach to areas such as compliance and quality assurance to make systems simpler for clients, their families and services providers to access, navigate and participate in.

The importance of eye and vision care to older Australians

Eye care, particularly the provision of blindness and low vision support and services, forms a relatively small but important part of the broader system of care provided to older Australians.

Older Australians experience significantly higher rates of vision loss, with prevalence of vision impairment increasing with age. The five main causes of vision loss and blindness in adult Australians are cataract, uncorrected refractive error, diabetic retinopathy, age related macular degeneration and glaucoma.

The National Eye Health Survey (2016) found that 4.4% of the 60-69 population had vision loss, with this figure increasing to 15.2% in the 80+ age cohort. By 2027, it is forecast that if current trends continue, nearly 850,000 older Australians will be blind or have low vision². Aboriginal and Torres Strait Islander peoples experience blindness and vision loss at three times the rates of non-Indigenous Australians.³

People living with vision loss are at higher risk of a range adverse health and social outcomes, including:

- double the rates of falls (leading cause of injury in 65+ year old age group)
- three times increased risk of depression
- four times the risk of hip fractures
- greater utilisation of health, aged care and social services
- earlier entry to residential aged care⁴

Around 90% of vision loss can be prevented through early identification and treatment.

Given the social and economic costs of vision loss to individuals, communities and governments, there is a strong case for ensuring that older Australians can access the necessary eye care so that wherever possible, we can either prevent that vision loss or intervene early with the kinds of blindness and low vision supports that can minimise the associated risks.

Accessing regular eye tests is a key aspect of prevention. Provision of glasses, other appropriate optical aids and/or timely access to treatment and/or rehabilitation services are all important to prevent avoidable vision loss and help keep older Australians as independent and well as they can, regardless of whether they live at home or in residential aged care facilities.

For older Australians living with permanent vision loss, timely access to specialist blindness and low vision support services and equipment can make a real difference to their wellbeing by maximising their ability to navigate safely around their homes and community.

Much can also be done to minimise the adverse impacts that vision loss can have on an older person's independence and function, particularly if they can access equipment and support early in the course of their condition.

² Access Economic Pty Ltd (2010), "Clear Focus: The Economic Impact of Vision Loss in Australia in 2009", Vision 2020 Australia, Melbourne and Australian Bureau of Statistics (2014), "Australian Historical Population Statistics", ABS cat. no. 3105.0.65.001. Canberra: ABS.

³ Centre for Eye Research Australia 2016, "The National Eye Health Survey 2016: A summary report of the first national survey to determine the prevalence and major causes of vision impairment and blindness in Australia"

⁴ Access Economic Pty 2010, "Clear Focus: The Economic Impact of Vision Loss in Australia in 2009", Vision 2020 Australia

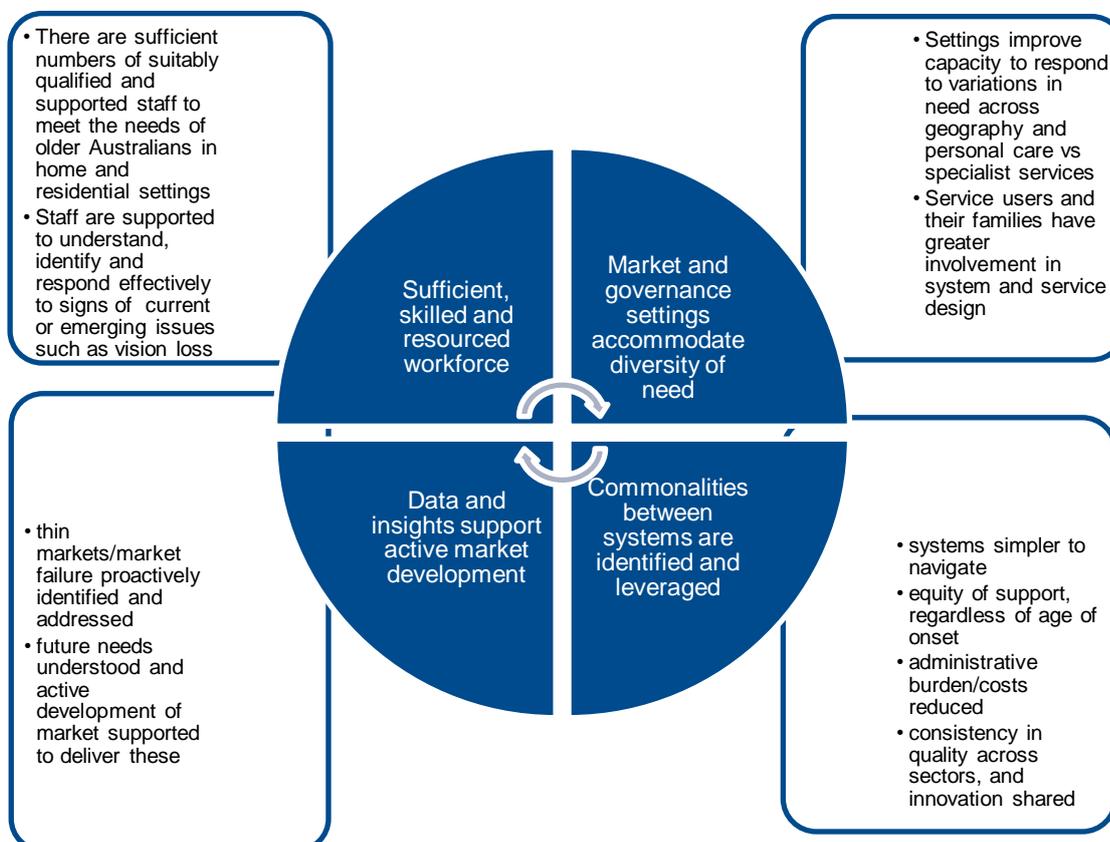
Greater access to low vision support services and equipment, coupled with increased awareness among service providers and older Australians about the potential supports and services that are available, can ensure that people who are blind or have low vision can remain independent in their own homes and maintain their functional capacity and social and workplace participation.

This does not just provide direct benefits to individuals and their families, but it also provides significant benefits to society (in terms of sustained social and economic participation) and to government (by reducing reliance on more costly health and residential services).

What would an ideal aged care system look like, and how would it be governed/managed?

To consider where there are opportunities to improve current arrangements, it is helpful to first identify the characteristics of an ideal aged care system. In an ideal system, the funding, operational, management and governance arrangements would deliver:

- A workforce with the expertise and understanding of vision changes in the older population that has the capacity and resources to identify potential issues and actively treat, refer or connection them to the care they need.
- An approach to governance that balanced the need for consistency in quality and services with capacity to accommodate tailoring of services to individuals, and provided greater capacity for more localised responses and co-design.
- Active market stewardship, so that areas of actual or potential market failure were identified and actively management, and provision of ongoing data and market insights supported active market development.
- A systems based approach that recognised and leveraged the commonalities between the aged care, disability and health systems to support a streamlined, consolidated approach to compliance and improvement activities and promote a level equity in the supports clients receive, regardless of whether their condition develops before or after they turn 65.



What are the system and market governance challenges for the eye sector?

The current, centrally administered arrangements do not provide sufficient local responsiveness

The current design of the aged care system relies heavily on centrally set frameworks and parameters, and use of market-based mechanisms to distribute available resources.

This 'one size fits all' approach which vests minimal authority to state and territory offices means that there is little, if any, capacity for local variations in current or forecast need to be accommodated.

While personal care often involves delivery of a high volume of readily defined care activities to support activities of daily living, the system also needs to have the flexibility to accommodate the more specialist supports such as those needed to meet specific areas of functional loss, such as loss of vision.

The prevalence of blindness and low vision is substantially lower than that of physical frailty or dementia in older Australians. This means that centrally designed, planned and managed approaches are not well placed to take these needs into account and in areas of lower population density, the risks of market failure are high.

In addition to the prevalence being significantly lower than conditions that commonly require personal care, blindness and low vision services also fundamentally differ in their nature and timing, with a high level of tailoring needed to address the specific characteristics of each person's vision impairment. There are several aspects of this tailoring:

- The nature of the services required: when a person first experiences vision loss, or a significant visual deterioration, they will need expert assessment and equipment to determine how their vision impairment impacts on their functioning at home and their broader orientation and mobility, and what combination of environmental adjustments, equipment and training can be used to keep them safe and independent. This requires specialist assessment by highly qualified/experienced professionals.
- Prescription of support services and equipment. Provision of appropriate assistive technology has a critical role to play in minimising the impact of vision loss on overall functioning and independence. Current arrangements limit what can be provided for this purpose, despite the substantial benefits it provides and its potential to prevent or significantly delay the need for more ongoing care type services.
- The overall timing and 'pattern' of support. When people experience vision impairment, they need ready access to the assessment, equipment and training described above to minimise the risks of larger impacts on their health and wellbeing. Once this combination of services and supports have been provided, many people are able to function well without needing personal care or other supports until such time as their visual needs change and/or co-morbidities develop.

Greater flexibility is needed in the aged care system to provide this timely, 'front loaded' support which prevents larger and/or ongoing costs of care. Providing more locally responsive

management of aged care has the potential to assist in ensuring that the more specialised needs within a community are understood and accommodated.

Current arrangements struggle to accommodate diversity of needs

The specialist nature of blindness and low vision services, as well as their focus on maintaining the independence and wellbeing of older Australians who may otherwise be healthy and well, sets them apart from the large majority of aged care funded services that provide personal care and other supports to people who are frail and/or have substantial cognitive impairment.

This poses a challenge, in that system governance and management is largely designed around managing the risks associated with providing personal care and support to physically or cognitively vulnerable people yet those arrangements applied across the blindness and low vision workforce can **create unnecessary administrative or other burdens and/or stifle positive innovation**.

Vision 2020 Australia has recently made a submission to the Department of Health's review of Aged Care Workforce Regulation, which provides further insight into some of these challenges (Attachment A).

Current arrangements can also provide a substantial barrier to older Australians who develop age-related vision loss.

As people age, they are at greater risk of vision loss, some of which is permanent and due to (largely) age related conditions. Unfortunately, under current arrangements the support available for people aged 65+ is significantly lower than that for a person who develops the same condition prior to 65.

- If age related vision loss occurs in a person's early 60s, they are likely to be eligible for a range of supports to help them minimise the impacts of that vision loss and remain independent and both socially and economically active.
- If a person develops the same condition at age 65, the likelihood of them being able to access the aged care system is significantly lower because its processes and settings are weighted towards physical frailty and functional loss, and if that person does gain access, the funding and supports they are likely to receive is significantly lower than that under the NDIS. For example, there are much lower levels of funding for low vision aids and equipment through the aged care system than the NDIS, even though the needs may be the same (and the risks higher) for the older age group.

This needs to be addressed, as **providing people who experience age related vision loss with timely access to specialist advice, equipment and training can keep them independent at home and socially and economically active**.

The current system often works against this outcome, and people with vision loss who cannot afford to privately fund the necessary vision supports then enter the health or aged care systems significantly earlier as higher cost patients suffering the consequences of vision loss that could have been managed.

One potential strategy would be to create more flexibility in the management of the system by adopting a chronic disease management type approach to the delivery of blindness and low vision services and other more specialist services that are essential to older Australians but are not well served by the current, personal care oriented market settings.

Increased risk of thin market vulnerabilities/market failure

In the aged care sector, there are significant opportunities to enhance market governance to address issues of thin markets and/or market failure.

As a specialist sector, the market for **blindness and low vision services is at greater risk of thin market vulnerabilities and/or market failures**, particularly in locations where smaller population sizes mean there may not be sufficient client numbers to provide the required support within currently funded models.

To date, there has been limited intervention or action to address the risks of thin market vulnerabilities or market failure for older Australians with vision loss and more proactive identification and management of these would benefit a range of older Australians who may experience additional barriers to access. This includes, for example, Aboriginal and Torres Strait Islander participants, those in geographically rural and remote areas, culturally and linguistically diverse (CALD) participants or those with specific needs.

Limited data and market insights are shared, and that available often does not provide sufficient detail to allow providers to plan for or meet the needs of specific cohorts and their geographic spread. This in turn limits the capacity of providers to readily expand their offerings to areas of unmet need, despite the overall system's reliance on the market to supply the necessary services.

Publishing more granular data about current service provision, along with market insights and commentary, would be a positive step forward in enhancing market governance although addressing practical barriers to provision in these areas of need (such as funding models) would also be required.

Complexity and overlap between aged care and disability

One of the broad challenges that exists in the overall approach to the governance and management of the aged care system is that **the interfaces and commonalities with health and disability systems are not considered**, despite clients often moving between, or at times utilising services from across those sectors.

For example, in the blindness and low vision sector, providers and their staff are often supporting clients both disability and aged care.

Current system settings mean that providers have to complete compliance, accreditation and other activities for two separate systems, despite the services provided (and indeed the elements of many of those activities) being common across both groups.

There have also been instances where there have been significant inconsistencies in the advice provided by the different system managers. For example, as the COVID-19 pandemic began to impact Australia, there were significant differences in the advice provided to disability and aged care providers regarding delivery of group programs, which in some instances contradicted the broader government health advice.

It is recognised that this was an extraordinary event, but it serves as an example of the disconnects that exist between the sectors in areas where there are substantial commonalities in services delivered and the providers delivering them.

There are significant opportunities to rationalise and mirror arrangements between aged care and disability which would deliver benefits to both clients and providers without compromising quality and safety.

The current focus of the Commission also provides an opportunity to explore how system settings could be used to facilitate access to services that are critical to the health and wellbeing of older Australians.

For example, preventing vision loss in older Australians and/or managing the consequence of such vision loss often relies on the older person themselves or the people around them having an understanding of the signs of such changes, and seeking (or arranging) that care.

In both home based and residential aged care it is particularly challenging to upskill the workforce to have this understanding, and facilitate access to the kinds of care and treatment required in a timely fashion, where those services may require expert examination and off-site treatment.

In other instances, it can be difficult for clients of residential aged care to access some of the eye care or blindness and low vision services they may require. This is often attributed to funding limitations ('we're not funded to meet the cost of transporting a person to treatment', etc) but also reflects current settings that not make supporting access to such services an essential/required component of their care.

Vision 2020 Australia and its members believe that there is a need to:

1. **strengthen the obligations on aged care providers to ensure that the basic visual needs of older Australians are met**, recognising the significant role that vision plays in contributing to continued independence and participation, and
2. **adjust current tender documents and contractual arrangements** to clarify and confirm that where vision loss requires specialist service provision such as orientation and mobility training to a person living within a residential care facility in relation to vision loss, the provider of that service is routinely reimbursed for providing that assessment.

Attachment A: Excerpt from the Vision 2020 Australia submission to the Department of Health's Review of Aged Care Workforce Regulation

Scope of the review

The eye sector highly values the rights of older Australians and recognises that over the years, there have been substandard and failures of care in both funded residential and home based aged care services.

Instances of abuse, exploitation and/or systemic poor care such as those profiled through the Royal Commission and more recently in the media, highlight why it is essential that there are appropriate controls in place to protect the health, wellbeing, rights and dignity of older Australians in the aged care system.

The various reviews that have been conducted in this area and indeed, the current consultation paper, have a heavy emphasis upon personal care workers and others who are involved in the ongoing care of older Australians who are physically frail or have other health conditions.

Vision 2020 and our members recognise the need for a system of safeguards to be applied to these staff, given their close and ongoing contact with older Australians who are vulnerable. We are committed to promoting good quality services, that can reduce the incidence and the impact of blindness and low vision for

There is, however, a **need for any changes to take into account the diversity of workers that may, from time to time, provide services to older Australians. These considerations must address** qualifications, skills and expertise and their relevance to the service being provided, whether these are one off, episodic or ongoing, and what other controls currently exist for those workforces). This includes consideration of how groups such as peer support workers and volunteers fit within the broader system of care and supports.

A number of sectors, including eye care and / or blindness and low vision organisations provide services to both people under 65 (through the NDIS) and to people aged 65+. Considering how schemes to safeguard service users and promote good quality services can be aligned has the potential to achieve the policy objective without increasing additional administrative costs and complexity for both providers and service users.

Our sector recognises the need for there to be safeguards, but notes the complexity and variance of current arrangements (for example in disability services where a combination of national and state specific regulatory requirements exists) and is keen to see arrangements simplified where possible for the benefit of all.

Importantly, any changes need to be proportionate to the assessed risk and avoid the potential for adverse consequences, such reductions in service due to reductions in the supply of workforce able to perform certain roles, stifling of current or emerging innovation, and/or increases in costs of services due to increased administrative compliance.

The sector is keen for any changes to current arrangements to strike the optimal balance between addressing risk and providing sufficient flexibility for older Australians to have access and choice to more specialised services where they need them.

It is understood that the government is currently considering a broad based regulatory scheme. We strongly encourage additional consideration and discussion of the scope of the scheme, to clarify whether:

- **all employees providing government aged care funded services will be in scope;**
- **volunteers and peer workers will be in scope; and**
- **external practitioners attending a residential aged care facility and/or a person's home to provide non-aged care funded services will be in scope**

Provision of eye care, blindness and low vision services to older Australians – an example of the interface between specialised care and the aged care system

A diversity of roles and qualifications

Through Vision2020, our members are keen to participate in this review, as our members have substantial experience providing a range of services, in a range of different settings.

As a highly specialist sector, services are often delivered by staff with a diverse range of qualifications who have specific expertise.

Engaged by individuals clients or generalist aged care providers and often supported through funding streams such as CHSP and home aged care packages, there are a wide mix of staff who work within consumer-centred models to promote the independence and continued wellbeing of individual clients.

These include, for example”

- Assistive technology advisors, who provide specialist assessments of technology equipment needs for people with permanent vision impairment and associated advice and instruction in their use. Staff in these roles often combine mainstream qualifications with further specialist training and/or extensive on the ground experience, given the highly technical and specific nature of the work
- Orientation and mobility specialists, who will work with vision impaired people to assess their home, community, educational and work environments and assess functional needs and equipment to facilitate independent movement within their home, travel in their community and falls prevention. This incorporates assessing which mobility equipment will best meet their needs safely and effectively. In addition to recommendation of, and training with specific mobility aids, an O&M specialist will also support individuals to develop skills and strategies to mobilise independently, including activities such as shopping, using transportation and navigating around their local communities. These kinds of supports are essential to support independent living in the community and at home.

- Occupational therapists, who will provide a range of support to clients to help them adapt to their changing vision and its impact on their day to day activities of daily living including meal preparation, clothes selection etc.
- Guide Dog Mobility Instructors, who work with both the dogs and the client to help them learn the necessary skills and strategies to safely and effectively navigate their local communities with Guide Dogs. This not only requires highly developed dog skills, but substantial knowledge of the functional and psychological impact of blindness and vision loss and the complexity of developing a trusting, safe and effective Guide Dog and Guide Dog Handler 'team'.
- Peer support workers in roles such as supporting self-directed group programs
- Braille instructors who can assist people with blindness or low vision to learn the use of braille
- Optometrists and orthoptists who assess the level and nature of vision loss and provide recommendations on maximising the use of vision to achieve personal goals (including the provision of spectacles where required) and ophthalmologists who provide treatment where needed. This may include low vision aids or improving lighting within the home.

Depending on the individual client, their circumstances and the model of care, a range of these supports may also be supplemented by volunteers in a range of capacities.

Alongside the kind of roles and services described above, there are also a range of eye health professionals and blindness and low vision services who provide in-reach services to older Australians in residential aged care services.

Some of these, such as eye examinations and treatment, will be funded through MBS and/or other sources, but may require those professionals to attend the aged care facility and/or for the patient to be supported to attend an appointment. This raises some other challenges to be considered in exploring how the quality and safety of care is managed in residential aged care, namely:

- The skills and knowledge of residential aged care staff in understanding common signs of eye and vision problems, and proactively seeking the necessary care and support for those residents so that any vision loss is appropriately managed.
- How expert, visiting staff to residential aged care facilities would be managed under any proposed regulatory arrangements. Practitioners already report a significant range of barriers to providing care to residents⁵, and given the importance of good vision to broader quality of life for older Australians, creating further disincentives to engaging with this population group would be problematic.

⁵ Vision 2020 Australia has been advised of difficulties in managing relationships with facilities, complexities in relation to consent/decision making, accessing facilities to provide care, and securing translation services where provided. It is noted that national guidelines in this area could be beneficial.

A focus on supporting independence

One of the things that sets this sector apart from much of the aged care system is that most services are focussed on both reducing vision loss and the impact of vision loss, rather than personal care to address frailty or other physical or cognitive impairments.

The priority is on retaining or regaining as much independence and confidence as possible to delay the progression to a reliance on more 'dependent' supports such as personal care workers.

It is very much a sector focussed on keeping people able, rather than supporting those who are no longer able. As a result, the nature of these services varies significantly from personal care and the day to day support that appears to be the primary focus of the proposed reforms in key ways:

1. Often the services are short term, involving a small number of relatively short, scheduled appointments
2. The nature of the services poses limited opportunities for physical contact: it may be necessary to touch/place items on a person's face or in the instance of a person with severe vision loss, provide physical guidance but unlikely personal care and therapy, there is minimal contact
3. There is little call for provision to older Australians with cognitive loss, beyond the prescription of appropriate visual aids.

The sector's concern is that including its staff in a scheme primarily designed to address the risks associated with unregulated personal care workers has a **high likelihood of imposing restrictions and costs while delivering few benefits to service users** because of the substantial differences in the services provided and the workforces themselves.

The sector is also concerned that **application of such a scheme could have unintended consequences**.

In a small specialist area like blindness and low vision, people are often recruited for their combination of qualification and technical expertise yet the way that safeguards are imposed can work against service users being able to access that expertise.

An opportunity for integration?

Vision 2020 Australia and its members are concerned that if the services it provides are captured by a separate, more onerous set of regulatory arrangements designed to address the risks associated with provision of personal care, that it may result in increased prevalence of vision loss and/or associated risks due to delays in care and/or reduced access to services.

Conversely, the sector notes that there is an opportunity to integrate any arrangements with existing schemes to provide a simpler, clear set of arrangements for both clients and providers. A number of the questions raised as part of this consultation recognise that there are already a range of other schemes in place for safety and quality assurance, and that some aged care providers will already be complying with these.

The documentation prepared for this review recognises that there are existing arrangements in place through AHPRA which apply to eye care professionals such as optometrists and

ophthalmologists. Those providers, who provide Medicare funded services, are also subject to that scheme's expectations and standards.

Across the blindness and low vision sector, services are provided to Australians both under 65 and in the 65+ age group, and the same staff are often seeing clients from both age groups, funded through different arrangements. Some members have also noted that young people with disabilities are sometimes living in residential aged care.

The blindness and low vision sector is broadly comfortable with the idea of having a common, overarching code of conduct applied across both NDIS and aged care services, as long as there is scope within such arrangements for their to be client or sector specific requirements established.

There are significant benefits for clients in having a consistent approach to the setting, and enforcing, of quality and safety requirements. It could simplify arrangements, making them easier for all involved to understand, and also reduce red tape – particularly if such arrangements could over time be extended to accreditation processes which are costly and time intensive, often have similar requirements and yet require separate submissions of data and evidence because of differences in how the schemes are administered.

In discussing this option, existing examples of how mirroring or adopting existing standards or schemes has been effective were discussed. For example, some members noted that while state and territories have established their own registration schemes for disability providers that sit alongside NDIS requirements, in jurisdictions such as Victoria the NDIS Quality and Safeguard Compliances and Standards has been accepted.

What are the risks of not including eye care providers in a proposed scheme?

The risks are low, as a number of safeguards already exist for this sector:

- Some parts of the eye sector that provide eye care services to older Australians using aged care are already captured by national registration and accreditation arrangements (occupational therapists, optometrists and registered medical practitioners).
- Those providing Medicare funded services such as eye examinations are also subject to the controls within that scheme.
- Most blindness and low vision providers deliver services under the NDIS and thus comply with the existing Code of Conduct and other safeguarding requirements for that scheme. Given that most staff work across both aged care and disability services, that Code in effect is in force for the blindness and low vision workforce.