



# **Revised Outreach Service Delivery Standards and Reporting Template**

**Vision 2020 Australia feedback**  
**August 2020**

For further information about Vision 2020 Australia and its membership, please go to [www.vision2020australia.org.au](http://www.vision2020australia.org.au)

To discuss this submission or related matters, please contact Vision 2020 Australia's Policy and Advocacy team on [policy@vision2020australia.org.au](mailto:policy@vision2020australia.org.au) or via phone, 03 9656 2020.

## Executive Summary

Vision 2020 Australia and its members recognize the important role that outreach programs play in supporting access to health services for Aboriginal and Torres Strait Islander Peoples across the nation.

A review of eye outreach program guidelines is recommended in *Strong Eyes, Strong Communities – a five year plan for Aboriginal and Torres Strait Islander eye health and vision* to increase the effectiveness and impact of those programs.

This document has been prepared in response to the Revised Outreach Service Delivery Standards and Reporting Template. It identifies both:

- Changes that should be made to the draft documents within the context of the current process review, and
- Amendments to the current programs that would require change through a broader policy review, which we understand will occur at a future date.

In total, 13 recommendations are made across those two sections of the proposal following detailed consideration by a range of organisations actively involved in the planning, delivery and promotion of eye outreach programs.

Vision 2020 Australia broadly supports the consolidation of several existing outreach program guidelines through the current process review, but is **keen to ensure that the benefits of some of the existing arrangements are not lost, and that the potential opportunities arising from that consolidation are maximised.**

A full review of eye outreach programs in coming months is essential to maximise funding flexibility, address practical barriers to local access and support innovation across these important programs.

**Vision 2020 Australia and its members will continue to actively advocate for a full review of eye outreach program guidelines to occur in the coming period.**

We look forward to working with representatives from the Aboriginal and Torres Strait Islander Community Controlled Health sector and the Department of Health on this broader review, which is **an essential component of achieving our shared goal of ending avoidable blindness in Aboriginal and Torres Strait Islander communities across Australia.**

## Background and context

Across Australia, too many Aboriginal and Torres Strait Islander people still experience avoidable vision loss and blindness, and those who have lost vision often find it difficult to access the support and services they need.

Launched in 2019, [Strong Eyes, Strong Communities: a five year plan for Aboriginal and Torres Strait Islander eye health and vision](#) (Strong Eyes, Strong Communities) charts a course to close the gap for vision and achieve a world class system of eye health and vision care for Aboriginal and Torres Strait Islander people.

In particular, Strong Eyes, Strong Communities notes that the role of outreach funding is crucial in supporting access to health services for Aboriginal and Torres Strait Islander Peoples across the nation<sup>1</sup>.

These outreach programs can make a marked difference to the lives and eye health of Aboriginal and Torres Strait Islander communities, by for example:

- Supporting access to examination and treatment for those community members who may otherwise miss out on timely care
- Providing flexibility in the funding of surgery and other eye care for different health districts.
- Supporting Aboriginal and Torres Strait Islander patients along their eye care pathway, for example those who may not be able to successfully negotiate the regular pathways to eye care and treatment available in their area and would benefit from alternative models.

During development of Strong Eyes, Strong Communities a range of contributors (including those beyond the eye health and vision sector) indicated that a review of outreach program funding was needed and recommendation 4 of that strategy is that outreach program guidelines be reviewed to maximise funding flexibility, address practical barriers to local access, minimise duplication and support innovation.

In mid-June 2020, Revised Outreach Service Delivery Standards and a draft reporting template were circulated for targeted review.

In an effort to further support the review, Vision 2020 Australia and members have taken the opportunity to undergo a high-level review of the existing guidelines against the revised version circulated, and provide the following feedback for consideration.

In total, 13 recommendations are made, to enhance the current draft documents and support increased effectiveness of eye outreach programs into the future.

---

<sup>1</sup> Vision 2020 Australia (2019) Strong Eyes, Strong Communities – a five year plan for Aboriginal and Torres Strait Islander eye health and vision, p18

## Enhancing the draft standards and template

We understand that the revised Outreach Programs Service Delivery Standards (the standards) are intended to cover a range of programs, including:

- Medical Outreach Indigenous Chronic Disease Program (MOICDP);
- Healthy Ears Program;
- Eye and Ear Surgical Support (EESS); and
- Visiting Optometrists Scheme (VOS).

Broadly, Vision 2020 Australia supports the intention behind consolidating and streamlining the service delivery standards across the various outreach funds.

Vision 2020 Australia and its member organisations are strongly committed to the principles of self-determination, community ownership and empowerment as reflected in Strong Eyes, Strong Communities.

We would encourage all future reviews to include active, early engagement community controlled organisations such as National Aboriginal and Community Controlled Health Organisation (NACCHO) and jurisdictional ACCHO peak bodies, as well as ensuring the patient perspective is well represented to help ensure that the programs deliver the best value for patients and communities.

### **Recommendation**

1. There be active, and early, engagement of community controlled organisations, eye sector representatives and individuals/organisations who bring a patient perspective to future reviews.

This, alongside the input of eye sector experts, will help ensure that the knowledge and experiences of those working in a diverse and important sector can inform future outreach program design, delivery and evaluation.

### **Retaining key elements of current requirements**

The value of consolidating guidelines to government, fundholders, service providers and service recipients is recognised.

A review of the draft standards however suggests that through this streamlining process, some critical patient and coordination centred responsibilities allocated to fundholders under the previous MOICDP guidelines haven't been captured.

These include requirements for fundholders to:

- Enhance coordination of services and where possible, continue to engage local service providers
- Foster the collaboration between health services in the local Indigenous community and visiting health professionals to target the delivery of essential treatment to Aboriginal and Torres Strait Islander patients;
- Provide cultural safety training and support health professionals<sup>2</sup> to provide culturally safe and responsive services

---

<sup>2</sup> Note that section 2.2 should be amended to include preventive health professionals, to reflect the scope of services under MOICDP

- Agree, arrange and provide appropriate up-skilling opportunities at the outreach location;
- Reduce / remove the financial disincentives that create barriers to service provision to Aboriginal and Torres Strait Islander people;
- Work with Indigenous communities to build knowledge and support informed self-care.

The consolidation of these service delivery standards provides an opportunity to embed these functions across all outreach programs, strengthening the overall service system.

The critical role of coordination – including on the ground patient coordination and coordination between services - needs to be reflected in these consolidated guidelines.

To achieve this, it is recommended that changes be made to:

- replace ‘administrative support’ with ‘local co-ordination support and case management’, with these funds to flow to ACCHO staff where possible and the remuneration levels to more accurately reflect the complexity of the work<sup>3</sup>
- expand the ‘Accompanying health professionals’ section to encourage a focus on upskilling local staff where possible.

### **Recommendations**

2. Amend the draft to include the important elements of the previous MOICDP guidelines identified in this response, given their critical role in building local capacity and supporting locally responsive, and culturally safe, outreach services.

3. Amend the draft to incorporate the concept of ‘co-ordination support and case management’ and encourage the upskilling of local staff where possible.

### **Strengthening key elements of the consolidated Standards**

Vision 2020 Australia’s members have identified some areas where simple amendments to the consolidated Standards could readily enhance their fitness for purpose and maximise the potential benefits associated with the consolidation.

- Strengthen requirements around cultural safety training and education. We encourage the addition of further detail regarding what cultural safety training would be appropriate and the extension of this concept to ongoing cultural education, rather than one-off occurrences. We suggest that at a minimum, providers should be encouraged to regularly engage with their local AMS or ACCHO to identify cultural safety training opportunities, with fundholders responsible for providing funding and ensuring ongoing cultural education has occurred. Appropriate cultural safety training should be determined in consultation with the host community/ACCHO and/or Jurisdictional ACCHO Peak Body, as Fundholders cannot determine this themselves.
- Enabling flexible use of funds: to ensure fundholders work with local communities, health services and providers to develop and support innovative approaches to eye care delivery
- Improving support for coordination: to better enable identification of patients requiring access to primary eye care services, as well as ensuring effective movement along

---

<sup>3</sup> Regarding this to be in line with Aboriginal Liaison Officer and Aboriginal Health Worker roles would be appropriate

the full pathway of care, including into tertiary care as required. 'Coordination' in this sense should include on the ground patient coordination (as covered earlier), as well coordination between visiting services and local services, and the service delivery standards should preference administrative support funding being available to cover costs incurred by the hosting ACCHO.

- Ensuring transparency: Encourage fundholders to implement transparent processes around consultation and decision making to increase confidence and collegiality. This requires ensuring appropriate representation from all key stakeholders in decision making processes, in particular in the Advisory Fora, to both ensure accountability and enable the identification of potential system improvements. Decision making, and the Advisory Fora, should include ACCHO representation<sup>4</sup>.
- Empowering consistent and full application of all eligible activities: While the identified eligible and ineligible activities are appropriate, the inconsistent allocation of funding against these areas by fundholders undermines the consistency of the overall scheme. We encourage the Commonwealth Department of Health to consider mechanisms by which fundholders are held accountable for fully and consistently funding eligible activities
- Supporting appropriate identification of providers, including local upskilling and enabling succession planning: providers participating in the programs should be able to demonstrate sufficient Aboriginal and Torres Strait Islander community engagement and active participation in eye care pathway linkage; relevant patient information should be linked with the primary point of care (e.g. GP or Aboriginal Health Practitioner), and the 'Accompanying health professionals' section should be expanded to preference a focus on upskilling local staff to support visiting providers.

#### **Recommendation**

4. Amend draft to expand requirements around cultural awareness training requirement (2.6) to make it a requirement for ongoing (rather than one off) cultural safety training. The appropriateness of the cultural safety training should be determined with input from the Jurisdictional ACCHO Peak Body.

5. Amend the draft documents to enable more flexible use of funds, improve support for co-ordination, ensure transparency, encourage consistent and full application of all activities, and support appropriate identification of providers.

A range of other changes to the draft documents should also be considered:

- Consider enhancements to **governance structures** (1.1), to embed capacity to bring all service providers, including peak bodies representing community perspectives, together with the jurisdictional fund holders for each state on a yearly or twice a yearly basis. This would enable information sharing, goal setting within the context of other priority areas, and provide a forum to discuss the application of service delivery standards.

---

<sup>4</sup> Who could, consistent with the commitment to community empowerment, determine how information arising from the meeting is shared with key staff and partners, including those in designated eye-related roles.

- Consider changes to the **membership of advisory forums** (1.2), to guide advice for eye care decisions. The should include ACCHO representatives<sup>5</sup> (and could also involve adding representatives from professions such as optometry, ophthalmology and others where expertise and input may enhance decisions, collaboration, transparency and efficacy in relation to funding allocations for eye care
- Processes for **selection of health professionals** (2.2) could be tightened to include additional criteria that require demonstration of past engagement with Aboriginal and Torres Strait Islander community engagement, and active participation in eye care pathway linkage.
- **Orientation** (2.7) should be mandatory and funded for all new visiting providers.
- **Purchase of equipment** is currently identified as an ineligible activity for all programs except VOS where it is included at the discretion of the fundholder(2.10), however consideration should be given to whether, if a justifiable need can be identified and presented for permanent equipment to be owned and housed at the hosting service, this is central to provision of local services, and there are funds available, this could be considered for all programs.
- **Upskilling** (3.1) with goals set by the ACCHO in collaboration with the practitioner is supported, could be used to build local capacity (such as increasing the skills of Aboriginal health workers in eye care matters so that telehealth care between visits may occur).
- Consideration should be given to amending the section regarding **efficient and cost-effective travel** (3.2) to reflect that this should be determined with advice from the host service(s) and/or visiting provider(s), to ensure that the mode(s) of transport and accommodation arrangement(s) are guided by practicalities which will optimise community coverage and actual in-clinic time for the visiting providers. This could be particularly important when a provider is visiting multiple remote locations on a single trip away.
- Exploring how the commitment to streamlining of guidelines could be carried through to the delivery aspects of outreach care, so that in due course, current providers of services such as outreach ophthalmology that rely on multiple funding channels for delivery of their services can have a **simpler system for receiving, and reporting** on, these important funds and services.
- Making the reporting template more **outcomes focussed**, which would support more effective monitoring of progress against program deliverables.

### Recommendations

6. Amend the draft documents to strengthen requirements regarding governance arrangements, advisory committees, selection of professionals, upskilling and travel arrangements.
7. Explore opportunities to streamline delivery and administrative requirements for those outreach services funded through multiple funding streams.
8. Make the template more outcomes focussed, to support more effective monitoring of progress and impact.

---

<sup>5</sup> Which might, for example, include state based Indigenous Eye Health Coordinators or equivalents where such positions exist.



## Monitoring and evaluation

Vision 2020 Australia notes the current work being done by the Productivity Committee to develop an Indigenous Evaluation Framework, and notes that it will be important that the approach to monitoring and evaluation reflects that framework. In its recent submission to that process<sup>6</sup>, Vision 2020 Australia noted the critical importance of Indigenous data sovereignty and an approach to monitoring and evaluation that is centred in, and gives practical effect to, the principle of self-determination. These are principles that should apply to any monitoring and evaluation obligations in the consolidated standards.

Identifying the key elements to report and monitor establishes the information exchange that is critical for ensuring appropriate and sufficient service delivery to Indigenous patients and that the outreach funding programs are achieving their stated goals.

The existing reporting mechanism from fundholders to the Commonwealth, as set up in the reporting spreadsheet attached to the draft combined outreach guidelines, includes a number of appropriate reporting elements which were not included in earlier reporting templates, which is positive.

The following are some initial proposals<sup>7</sup> that would enhance this part of the reporting and information chain:

- Collaboration indicator: we suggest considering and developing additional elements to the template that provide measure of collaboration/linkage between/across different programs. A collaboration instance would be recorded if, for example, a VOS-funded optometry visit examines a patient and refers onwards to ophthalmology consultation which is funded via RHOF, EESS or MOICDP. A count of inward and outward 'Outreach Program' funded referrals as percentage of total inward and outward referrals would speak to program collaboration/linkage. This measure would be able to point to collaborative elements in the system, as well as identifying potential deficits in collaboration
- Record the ACCHO clinic which hosts the visiting service (where relevant): this could be recorded in an additional column in the Outreach Biannual Data Reporting Template, alongside the recording of the PHN region, to enhance collaboration with community controlled health services and outreach services.
- Measure to indicate number of unique patients: at the moment the reporting asks for a number of patients in each clinic/ visit, though there is no way to know how many of these are multiple occasions of service to a single patient. Having a measure of unique patients being supported by each program and/ or combined will further help with understanding the impact of the different programs, in addition to existing measures such as occasions of service
- Use of funds to support health professional training (other accompanying and students): we suggest that the use of funds to support accompanying practitioners and student experience be recorded as these are approved activities in the standards and speak to important workforce development use of the funds.

---

<sup>6</sup> Submission can be accessed at <https://www.vision2020australia.org.au/resources/5544/>

<sup>7</sup> These are initial views from some Vision 2020 Australia members but consideration of reporting and monitoring in a wider consultation on outreach guidelines is recommended, as input from all relevant stakeholders is essential to help identify effectiveness and success measures of the outreach programs.

**Recommendations**

9. Monitoring and evaluation activities should reflect a commitment to community led approaches, self-determination and Indigenous data sovereignty, and reflect the Productivity Commission's work to develop an Indigenous Evaluation Framework.

10. Measures related to collaboration, a count of unique patients and activities related with student training/experience be considered for inclusion in the draft documents.

11. Consideration of appropriate measures be part of a broader discussion regarding outreach programs and their monitoring and evaluation.

## A broader policy review

Consistent with recommendation four of Strong Eyes, Strong Communities, we recommend that the department conduct a full review of eye outreach programs in coming months to maximise funding flexibility, address practical barriers to local access and support innovation.

We recommend this is done in partnership led by the Aboriginal Community Controlled Sector, and in consultation with service providers, Jurisdictional fundholders, Vision 2020 Australia members and other organisations able to provide expert and relevant input.

From an eye care system point of view, this review should take into account:

- the Medical Outreach Indigenous Chronic Disease Program (MOICDP)
- the Visiting Optometrists Scheme (VOS)
- Eye and Ear Surgical Support (EESS)
- the Rural Health Outreach Fund (RHOF) and
- related one-off funding allocations, including those supporting local coordination.

The involvement of a broad range of stakeholders will be essential in this process<sup>8</sup>.

In considering the combined Outreach Programs Service Delivery Standards, we have identified three key areas that should be considered further as part of a broader review:

1. Embedding national consistency: National consistency, informed by leading and best practice approaches to needs assessment for service delivery, to better enable monitoring, evaluation and identification of areas for system improvement.
2. Allocating funds based on population-need: Analysis of available data indicates that additional comprehensive eye examinations are needed and that Aboriginal and Torres Strait Islander people currently wait 63% longer for cataract surgery. The outreach services funding pool must grow to ensure all eye care needs are met in a timely manner. It is suggested that over the next 12 months, Fundholders use the Advisory Fora to inform a comprehensive review of local need, current supply and future capacity for outreach services. Such a review would also inform a broader policy review of the Standards (discussed further below).
3. Establish national performance frameworks: to monitor service delivery, funding and outcomes for outreach services, improve national consistency and enable the development of a system which delivers quality, culturally safe eye care for all patients. In particular, we encourage the Department of Health to consider enhancing the reporting template to focus on outcomes, ultimately supporting effective progress mapping over time. We also suggest consideration of the long-term merits of having Aboriginal and Torres Strait Islander service delivery targets in RHOF ophthalmology

Alongside these broad areas, we have identified a range of specific areas for improvement, and we look forward to working with the department on this broader review to progress that aspect of Strong Eyes, Strong Communities.

---

<sup>8</sup> Including the Aboriginal community controlled health sector, the health services and clinics through which services are provided, the patients, or end-users of the programs, jurisdictional fundholders in their capacity as administrators of the programs, and optometrists and ophthalmologists as the service providers.

### **Recommendation**

12. That a comprehensive review be undertaken over the coming period to consider the full spectrum of eye care for Aboriginal and Torres Strait Islander people and how the outreach funding system can best support this.

## **Rural Health Outreach Funding**

We understand that the service delivery standards which underpin the RHOF currently remain separate, and that these are now available on the Department of Health website after having been updated for currency, and to move the location eligibility to the Modified Monash Model (MMM) 2019 as at 1 July 2020.

While we understand a formal review of the RHOF service delivery standards was not undertaken, we note that there was no consultation with the Royal Australian and New Zealand College of Ophthalmologists (RANZCO) in updating the document and would strongly encourage this to occur in the future. Including the perspective and expertise of provider groups is critical to ensuring both the efficacy and sustainability of outreach program expenditure.

Given that Vision 2020 Australia and its members have considered the overall suite of eye outreach programs, we also wish to document the following issues in relation to the current arrangements for RHOF:

- The current remuneration levels regarding ophthalmology are challenging, and do not cover the costs associated with providing outreach services and being absent from their primary place/s of practice.
- Potential use of RHOF to backfill registrar positions should be considered to make it more realistic to incorporate outreach into urban training posts<sup>9</sup>.
- A stronger emphasis on cultural training for health professionals who are delivering services under RHOF is encouraged, by amending current arrangements to make it a requirement that all providers undertake cultural training and there is ongoing commitment to cultural education, rather than simply noting that cultural training may be funded.
- Enhanced reporting requirements are sought, to enhance scope for organisations across the nation to more effectively plan, deliver and monitor impacts of this funding. In particular, reporting the Aboriginal and Torres Strait Islander and mainstream service delivery numbers and costs for eye care in RHOF is encouraged, while longer term consideration to setting targets in areas such as RHOF ophthalmology might also be considered.

### **Recommendation**

13. That future review of RHOF consider enhancements to remuneration arrangements, use of funds for registrar backfill, enhanced cultural education requirements and enhanced reporting requirements.

---

<sup>9</sup> RANZCO is a Vision 2020 Australia member, and has advised that the State/STP program is already funding the registrar's salary when they are working away from home base doing outreach and having RHOF fund the backfill when a trainee is available to do it may open up new possibilities.