



2021-22 Pre-Budget Submission

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About Vision 2020 Australia

Vision 2020 Australia is the national peak body for the eye health and vision care sector.

It 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.

A range of Vision 2020 Australia members are making submissions to the annual budget process. Vision 2020 Australia supports these and the efforts of all members to reduce preventable blindness and improve opportunities for participation of people who are blind or vision impaired.

The proposals in this Vision 2020 Australia submission have been developed to complement those being proposed by individual members.

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Executive Summary

Recent modelling by Vision 2020 Australia suggests that around 840,000 Australians are currently living with vision loss,¹ and that by 2030 this could exceed 1.04 million.

Some of the key challenges we face as a nation are:

- Aboriginal and Torres Strait Islander Peoples experience vision loss at three times the rate of non-Indigenous Australians.
- Many Australians continue to experience avoidable vision loss due to conditions such as cataract, that can be effectively treated by surgery.
- Australians who are blind or have low vision experience barriers when accessing the services and supports they need, including timely access to appropriate assistive technology.

High rates of vision loss also continue to be reported across parts of the broader Indo-Pacific,² with one of Australia's closest neighbours, Papua New Guinea, experiencing some of the highest rates of blindness in the world.

There are significant social and economic costs associated with vision loss. For example, the total annual economic cost of vision loss in Australia is estimated to be \$16.6 billion or \$28,905 per person with vision loss aged over 40.³ The good news is that:

- some 90 per cent of vision loss can be prevented through early identification and treatment, and
- for people who have permanent vision loss, there is a range of equipment, training and advice which can support them to remain independent and involved in the workforce and the community.

The COVID-19 pandemic has had substantial impacts for Australia's health system and economy that will likely be experienced for many years to come. This submission proposes investment in a small number of high priority, high impact initiatives that will help address some of those challenges. These are targeted to areas where expanded capacity is needed to both address short term COVID-19 impacts and achieve a more sustainable longer-term health system, by:

- Enhancing local eye care for Aboriginal and Torres Strait Islander people.
- Tackling blindness in Papua New Guinea.
- Strengthening aged care responses for people who are blind or have low vision.
- Supporting innovation and improving access to sight-saving cataract surgery.

A number of Vision 2020 Australia members have also made separate submissions requesting support in other areas such as an increase in the Department of Foreign Affairs and Trade's central disability allocation to \$14m in 2021-2022 and 2022-2023 and addressing barriers to

¹ This estimate is based on the prevalence of the 5 most common causes of vision loss (cataract, uncorrected refractive error, diabetic retinopathy, aged related macular disease and glaucoma).

² Bourne, R, Flaxman, S, Braithwaite, T et al. Magnitude, "Temporal Trends, and Projections of the Global Prevalence of Blindness and Distance and Near Vision Impairment: A Systematic Review and Meta-Analysis", *The Lancet Global Health* 2017, 5(9): 888-897.

³ Access Economics, 2010, *Clear Focus: The Economic Impact of Vision Loss in Australia in 2009: A Report prepared for Vision 2020 Australia*, Melbourne

accessing intravitreal injections, an important sight saving treatment. Vision 2020 Australia supports further investment in these areas, which have been identified as priorities by the broader Vision 2020 Australia membership.

Summary of 2021-22 budget proposals

Priority area	Alignment to government commitments & priorities	
Enhancing local eye care for Aboriginal and Torres Strait Islander communities		
<p>Fund national roll out of local support roles to build eye health and vision capacity and expertise at a local level, building off the ACCHO platform.</p> <p>Develop and implement community led models of eye care, alongside eye health education and training ACCHO staff.</p>	<p>\$27.81 million over 4 years</p>	<p><i>National Agreement on Closing the Gap</i> <i>Long Term National Health Plan – end avoidable blindness in Aboriginal and Torres Strait Islander Communities</i> <i>Strong Eyes, Strong Communities.</i></p>
Gaining Sight – tackling blindness in Papua New Guinea		
<p>Fund targeted program of workforce, infrastructure and outreach services to reduce high levels of blindness in Papua New Guinea.</p>	<p>\$26.19 million over 4 years</p>	<p>Pacific Step-up PNG-Australia Comprehensive Strategic & Economic Partnership Partnership for Recovery PNG COVID-19 Development Response Plan.</p>
More aids and equipment to manage the impacts of vision loss in older Australians		
<p>Expanding the list of aids and equipment that older Australians who are blind or have low vision can access through the aged care system.</p>	<p>\$31.98 million over 4 years</p>	<p>Legislated Aged Care Review 2017, Recommendation 29 Counsel Assisting Royal Commission into Aged Care Quality and Safety, Recommendation 60.</p>
Eyes on Call – an innovative model to build aged care workforce knowledge of eye health and vision		
<p>Establish expert online/phone-based coaching and support for aged care assessors and staff to enhance their capacity to identify and respond to eye health and vision issues.</p>	<p>\$5.39 million over 4 years</p>	<p><i>Aged Care Workforce Strategy Report (2018) – Strategic Actions 3, 10.</i></p>
Innovative and sustainable public access to sight saving treatments		
<p>Expand delivery of public cataract surgery, support the development and roll out of innovative and sustainable service models, build national protocols to support enhanced access to surgery for Aboriginal and Torres Strait Islander Peoples.</p>	<p>\$320.18 million over 4 years</p>	<p><i>Long Term National Health Plan</i> <i>Strong Eyes, Strong Communities – the Five-Year Plan for Aboriginal and Torres Strait Islander eye health and vision.</i></p>

Budget priorities for 2021-22

Enhancing local eye care for Aboriginal and Torres Strait Islander communities

Aboriginal and Torres Strait Islander people still experience blindness and vision loss at three times the rate of other Australians and wait significantly longer for common sight saving treatments. A coordinated range of actions is required to fix this, and give all Aboriginal and Torres Strait Islander Peoples the sight they deserve.

Strong Eyes, Strong Communities – a five-year plan for Aboriginal and Torres Strait Islander Eye Health and Vision 2019-2024 describes how this can be achieved.

It is a plan that will help achieve the Morrison Government's commitment to end avoidable blindness in Aboriginal and Torres Strait Islander communities by 2025.⁴ Critically, the plan's actions and approach also align strongly to the principles and directions set out in the *National Partnership Agreement on Closing the Gap 2020*.

Overall, *Strong Eyes, Strong Communities* calls for investment of \$85.5 million over 5 years to achieve this critical goal.⁵ Of this, funding of \$3.92 million in 2021-22 (\$27.81 million over 4 years) is being sought in the 2021-22 Federal Budget to enhance local eye care delivery and support in Aboriginal Community-Controlled Health Organisations (ACCHOs).

This investment will not only enhance local health capacity and outcomes, but will also provide local employment opportunities in community-controlled health organisations.

Priorities for 2021-22 budget investment

Local case management and support

Many organisations and individual health workers consulted during development of *Strong Eyes, Strong Communities* identified the absence of local support workers as a barrier to maximising system efficiency and keeping Aboriginal and Torres Strait Islander people engaged in eye care from diagnosis through to treatment.

Establishing local case management and support roles in ACCHOs will build local knowledge of eye health and vision and help integrate this into broader health care, helping ensure that at risk community members are identified. These important roles will also facilitate access to services where local eye care provision is not available, including supporting the uptake of service innovations such as telehealth over the longer term.

Current modelling suggests that up to 68 full time equivalent staff (FTE) are required to meet the population need, with these rolled out across Australia in a phased process. Based in community-controlled health organisations, these roles will both drive stronger connections to local services and increase the overall effectiveness of outreach and other visiting eye care services.

Funding of \$20.12 million over 4 years (\$5.93M recurrently) is required to roll these out.

⁴ Department of Health (2019) Australia's *National Long Term National Health Plan* p7

⁵ To date, funding for the Second National Eye Health Survey (budgeted at approx. \$4m) and one off funds of \$1.5M to extend the NSSS project and \$1.6M for equipment (slit lamps and retinal cameras) have been allocated

More ACCHO led eye care models and staff training

The National Agreement on Closing the Gap 2020 recognises that “when Aboriginal and Torres Strait Islander people have a genuine say in the design and delivery of services that affect them, better life outcomes are achieved” and commits to shared decision making.

This commitment to increased community leadership and ownership is reflected in *Strong Eyes, Strong Communities*, which emphasises that community led models of eye care, and building the eye health knowledge of ACCHO workforces, are essential to achieving effective and sustainable improvements in the eye health and vision of communities across the nation.

To address this, funding is sought in 2021-22 to:

- Fund eye health training for staff in each ACCHO across Australia, to enhance their knowledge of common conditions and both the risk factors and treatment pathways for these.
- Develop and implement three locally designed and ACCHO led models of eye health care to continue to improve practice and provide an evidence base for what works.

This will support earlier identification of people at risk of vision loss and provide more local, ongoing support for people who are being monitored or treated for those conditions. Importantly, it will also support the embedding of eye health into broader models of primary care, supporting integration at a local level.

Funding of \$27.81 million over 4 years is required to roll these out, with \$5.93 million recurrently required to sustain the local coordination and case management function.

Budget

	2021-22 (\$, m)	2022-23 (\$, m)	2023-24 (\$, m)	2024-25 (\$, m)	Total over 4yrs (\$, m)
Local coordination & case mx	2.755	5.647	5.788	5.933	20.123
Enhanced local ACCHO eye care models & staff training	1.168	2.106	2.228	2.181	7.683
Totals	3.922	7.753	8.016	8.114	27.806

Gaining sight: a three-point plan to tackle blindness in Papua New Guinea

Papua New Guinea (PNG) has an eye care crisis. The prevalence of blindness in PNG is one of the highest in the world. Over 5.6% of the population over the age of 50 are blind, compared to 0.12% of non-Indigenous and 0.36% of Indigenous Australians.

Over 90% of blindness in PNG is avoidable. The main cause is untreated cataract and uncorrected refractive error. Around the world, many people with cataracts receive low cost, sight saving surgery, but to date, there has been little access to this surgery in PNG and surgical quality of those performed has varied.

Both the PNG Government and the World Health Organisation have identified the high levels of cataract related blindness as a priority for action within our region.

Refractive error can be corrected with a simple pair of glasses, but two out of every three people with refractive error in PNG do not have access to the correct glasses.

Of all those in PNG who are blind or have low vision, 61% are women. Although they experience higher rates of cataract blindness than men, less than half as many women receive surgery.

Cataract surgery is a cost-effective intervention, with a direct and immediate impact on disability. However, human resources for eye care in PNG are limited. Currently there are few eye care professionals and only seven ophthalmologists performing surgery for a population of 8.5 million, with variable access to the necessary equipment and consumables. The impacts of the COVID-19 pandemic have the potential to exacerbate the situation as resources are diverted to other priorities.

This proposal provides the Australian Government with a strategic opportunity to help the PNG Government reduce blindness by expanding local infrastructure and expertise and funding outreach surgeries.

It will also directly contribute to Australian Government priorities in PNG, as it closely aligns to the PNG COVID-19 Development Response Plan, the Partnerships for Recovery strategy and pillars 1, 3 and 5 of the PNG-Australia Comprehensive Strategic & Economic Partnership.

The solution

There are three key areas recognised by PNG's National Department of Health where investment is needed to tackle the immediate crisis, strengthen the health system and build more accessible, sustainable, local eye care. Total funding of \$26.19 million over 4 years is needed to:

1. **Expand and upskill the local Ophthalmology workforce and deliver high quality eye care**, through the establishment of a National Department of Health endorsed, purpose-built Centre of Excellence in Ophthalmology and associated comprehensive training program, in partnership with the New Zealand Government (\$15.75 million).
2. Build and **upskill the local Optometry workforce** to expand access to high quality day to day eye care (\$3.15 million).
3. **Increase cataract surgery**, deliver up to 24 outreach workshops per year in 6 locations across PNG, restoring sight to thousands of people living with cataract blindness (\$7.29 million).

With Australian Government funding, this three-point plan can change the future of PNG, delivering social and economic benefits to Australia's closest strategic neighbour.

A strong, cross sector partnership for delivery

Working with PNG to help restore sight is a powerful demonstration of Australian leadership and will strengthen the possibility of Australia becoming an Indo-Pacific 'partner of choice'.

Through Vision 2020 Australia, the Australian eye sector stands united and willing to assist the Australian Government to promote national interests in PNG by addressing avoidable blindness and uncorrected vision impairment.

The sector can deliver the initiatives through a collaborative cross-sectorial partnership that brings together a breadth of experience and expertise. Organisations such as The Fred Hollows Foundation, the Brien Holden Foundation, The International Agency for the Prevention of Blindness and the Royal Australasian College of Surgeons have developed this proposal, drawing on their local knowledge and connections.

A range of other Vision 2020 Australia member organisations including CBM Australia, Orthoptics Australia, the Lions Eye Institute and others involved in training and international programs have also signalled interest in participation.

Through their past and current involvement, the collective efforts of many Vision 2020 Australia members have laid the foundations for progressing the priorities identified in this proposal. Strong bilateral relations with PNG, extensive sector knowledge and experience, coupled with reliable data about the current challenges, sets the eye sector apart from a range of other areas, as we know where the gaps are and have some of the key underpinnings for success ready to take the next steps.

Priorities for 2021-22 budget investment

1. Centre of Excellence - Invest in a purpose-built hub for training, service delivery and workforce development (\$15.75 million over 4 years)

To develop long-term solutions to the shortage of eye health workforce, there needs to be investment in a facility that provides a fit for purpose training infrastructure and program.

A Centre of Excellence for Ophthalmology in PNG will increase capacity to train new ophthalmologists and ophthalmic clinicians, and upskill existing local ophthalmologists, addressing the fundamental local undersupply of qualified and skilled medical specialists. This will include support for advanced training in sub-specialities; skills enhancement to support and develop local trainers for supervision of future trainees; alongside other strategies to both expand the workforce and enhance surgical and other skills.

The Centre of Excellence will increase clinical service provision in PNG both in the short term, with the provision of infrastructure and equipment, and the long-term with comprehensive training programs provided in partnership with the National Department of Health, University of Papua New Guinea (UPNG), Port Moresby General Hospital and other local stakeholders. The Centre will be located on the shared site of the UPNG's Medical School and Port Moresby General Hospital and will operate in partnership with regional centres nationwide.

The New Zealand Government has already committed substantial funding to support the delivery of the Centre of Excellence. This proposal provides a strategic opportunity for the Australian Government to partner with the New Zealand Government to strengthen health systems and health

security in support of our nearest neighbour, strategic partner and a key member of our Pacific family.

2. Build the optometry workforce (\$3.15 million over 4 years)

Establish a new optometry workforce in PNG to expand access to high quality day to day eye care as part of a stronger, sustainable future eye care system. This funding will develop local faculty and a new course in partnership with local stakeholders, as well as developing local optometry services through existing vision centres.

3. Expand service delivery (\$7.29 million over 4 years)

The cataract surgery backlog in PNG is substantial. Scaling up service delivery will address the current estimated bilaterally blind cataract prevalence and provide sight-saving treatment in rural and remote communities throughout the country. Services will focus on addressing current disparities in accessing treatment, and ensuring stronger connections to support those identified as having permanent vision loss, in line with the broader focus on disability, gender equity and ensuring no-one is left behind.

While the primary focus will be on cataract surgeries, this work will also provide an opportunity to build workforce skills and test models for future provision of eye care services and supporting systems.

Budget

	2021-22 (\$, m)	2022-23 (\$, m)	2023-24 (\$, m)	2024-25 (\$, m)	Total over 4yrs (\$, m)
Centre of Excellence to build local infrastructure and capability	1.650	8.900	3.400	1.800	15.750
Build the optometry workforce	0.460	0.500	1.190	1.000	3.150
Expand service delivery through outreach	1.530	1.780	1.990	1.990	7.290
Totals	3.640	11.180	6.580	4.790	26.190

Connected and independent – enhancing support for older Australians with vision loss

The problem

The majority of vision loss occurs in later life, with conditions such as age-related macular degeneration, diabetic retinopathy and glaucoma often causing progressive and irreversible vision loss. Modelling done by Vision 2020 Australia suggests that there are currently some 588,000 older Australians living with vision loss or blindness, approximately 347,000 of whom are aged care clients.

Continuing improvements in both the reach and availability of technology, as well as client proficiency and confidence in usage, means that solutions are available that can minimise the impact of vision loss and keep older Australians connected to their families and communities.

Ready access to appropriate aids and equipment and the associated assessments and training can help older Australians who develop vision loss to live independently in their own homes with minimal need for government funded support. Given that many more Australians are working beyond 65 and/or volunteering, there is also a broader economic argument for supporting improved access to these low vision services.

The large majority of older Australians who receive aged care services participate in the Commonwealth Home Support Program (CHSP). Unfortunately, current funding caps on aids and equipment within that program prevent some older Australians from being able to access the equipment they need, while inequitable distribution of this funding means many people cannot access any equipment at all. There are also significant challenges reported in residential aged care.

Delaying or preventing affordable access to these kinds of supports often results in higher costs to both individuals and government, by leaving older Australians with vision loss at greater risk of falls, poor mental health, early entry to residential care, and other adverse and costly outcomes.⁶

The solution

Amend current funding arrangements for commonly needed low vision aids and equipment

Changes to current arrangements to aged care funding that expand the range of aids and equipment that people with vision loss can access and increasing funding for these will result in significant benefits to individuals, their communities, and governments.⁷

⁶ Access Economics (2010) *“Clear Focus: The Economic Impact of Vision Loss in Australia in 2009”*

⁷ The National Aged Care Alliance published analysis in 2018 noting that while investing in an assistive technology bundle for moderate functional impairment, vision loss and joint conditions involved a higher initial outlay, after one year the federal government would save \$2.93 for every dollar spent with this increasing to \$11.44 after five years, due to avoidance of GP visits and admissions.

Vision 2020 Australia member organisations with expertise in blindness and low vision services have worked together to identify some of the priority equipment which needs to be funded through the aged care system, summarised at [Attachment A](#).⁸

While a range of these products are significantly below the current \$500 cap, the majority of people, even with minimal loss of vision, will require a combination of products to meet their needs, the cost of which will cumulatively exceed the CHSP cap. Others may require one or more products whose cost exceeds the cap.

The nature of what is required will vary depending on an individual's visual status, functional needs and environment, although sometimes the cost of providing the appropriate services and supports can be inversely related to their level of vision as people with newly developed conditions often need more support and equipment to set them up effectively.

For mild vision loss, relatively low-cost optical magnifiers can allow people to, for example, read medication labels, food expiry dates, and essential correspondence independently.

For more significant vision loss, use of specialised software to read screens, portable equipment that speaks printed materials, and mobility aids can enable people who are blind or have low vision to safely leave their homes.

Rather than an exhaustive list of products used by this cohort, the items identified indicate the kinds of products which would be provided more quickly and reliably through this scheme, and the impacts they will have on a person's independence. Alongside these, some older Australians may require other products or supports such as guide dogs, which are less commonly provided, but entirely critical for some clients.

Research project – exploring potential models for aids and equipment libraries

There has been increasing policy interest in whether lending library arrangements for visual aids and equipment could provide improved access to a wider range of devices, particularly for those people living with progressive visual conditions into the future.

Vision 2020 Australia members have experience in the establishment and operation of such services, and the sector overall would be able to provide a wealth of practical advice and guidance regarding how such a model could be established, operated and maintained, from a range of perspectives including those of consumer, service provider, and health professionals who work with people with vision loss.

It is proposed that the Department of Health fund an 18-month research project to draw together this expertise and develop advice and options regarding potential library models, with a view towards implementing this model from 2023-24.

Vision 2020 Australia provides a strong, established platform for this diverse, cross-sector and professional collaboration, enabling high quality, strategic advice to be developed in a timely manner. This established collaboration means that the blindness and low vision sector provides an appropriate site for exploring the practicalities of the proposed approach and developing a model that would have much wider applicability in the future.

⁸ This represents a combination of products which members have identified as being the most critical, and the most frequently used, by people who are blind or have low vision over the age of 65. Prices, wherever possible, have been drawn from catalogues from existing providers delivering these services under the DVA scheme.

Budget

The costs of expanding access to blindness and low vision aids and equipment will vary according to the nature of vision loss across the older population.

Some initial models developed by Vision 2020 Australia suggest that for those older Australians with mild to moderate vision loss, average expenditure of around \$1700 per person would better meet their needs. For those with more marked vision loss, more costly equipment that provides electronic magnification and other support may be required, equating to average expenditure of approximately \$4900 per person.

Improving access to this equipment is a highly cost-effective up-front investment that delivers benefits for both the affected individuals and funders and is likely to reduce the need for more intensive and/or ongoing services.

Considering the overall number of older Australians estimated to be living with moderate to severe vision loss, and utilising the above per capita estimates, initial modelling suggests that approximately \$7.6 million per annum is required to meet the needs of older Australians living with moderate vision loss, assuming that between 10-25% of this group require aids or equipment each year.⁹

This investment is sought from 2021-22 to supply a wider range of low vision aids to some 4,190 older Australians with moderate vision loss each year, providing those who develop significant and permanent vision loss with access to the equipment they need to remain independent as well as supplementing equipment for existing CHSP clients whose current funded aids and equipment is insufficient.

It is important to note that sufficient provision for assessment, home modifications and training by an appropriate qualified specialist would be required to support the effective use of this equipment. Estimates of these are not included in the budget below.

Alongside this, funding is sought for an 18 month research project to develop a lending library concept.

	2021-22 (\$, m)	2022-23 (\$, m)	2023-24 (\$, m)	2024-25 (\$, m)	Total over 4 yrs (\$, m)
Aids and equipment for older Australians with low vision	7.642	7.833	8.028	8.229	31.732
Research project - establishing A&E library for older Australians with vision loss	0.156	0.090	-	-	0.247
Totals	7.798	7.923	8.028	8.229	31.978

⁹ These percentages have been struck to accommodate new clients, those whose vision has changed, and those who need to replace equipment.

Eyes on Call – an innovative approach to enhancing aged care workforce capability in eye health and vision

The challenge

The prevalence of vision loss doubles in each decade over the age of 40 years, with many older Australians developing age related vision loss.

Fortunately, a significant proportion of this can be prevented if risk factors are identified and treated. For those who experience irreversible vision loss, practical strategies, services and supports can help maximise their independence and quality of life.

But maximising available vision, and preventing further vision loss where possible, relies on older Australians and the people who care for them identifying potential risks and/or responding appropriately.

Aged care workers in both residential and community settings are uniquely positioned to do this. They see older people regularly, and can thus observe changes in behaviour. They are involved in supporting activities of daily living, and with the right skills and expertise, can help ensure that any emerging visual issues are identified, or that those older Australians living with vision loss have the support they need to remain safe and independent.

The full extent of vision loss amongst current aged care clients is not well understood. Recent analysis by Vision 2020 Australia, drawing on 2018-19 aged care data and prevalence data for the most common eye conditions suggests that over 347,000 existing aged care clients will have vision loss or be blind (Table One).

Table One: Estimated number of current aged care clients living with vision loss or blindness

	estimated number with vision loss	estimated number with blindness	total number with significant vision conditions
Residential aged care	73,171	19,582	92,753
Home care (levels 1-4)	34,309	7,529	41,839
CHSP	179,286	33,411	212,697
Totals	286,767	60,523	347,289

Unfortunately, much of the aged care workforce has little knowledge or understanding of common eye conditions, their management and/or their impact. The Royal Commission into Aged Care Quality and Safety has highlighted limitations to current workforce knowledge across many domains, and the eye sector reports that vision and eye health is another of these.

The solution

Training aged care workers to respond to the full range of conditions that may present in older age, and keeping that knowledge current over time across a rapidly growing workforce is challenging.

This is particularly so given the breadth of the knowledge the aged care workforce needs to draw upon to meet the varied needs of aged care clients and the constant developments in technology, knowledge and treatment in areas such as eye care.

Alongside existing resources and workforce training strategies, Vision 2020 Australia proposes a complementary, 'just-in-time' response: Eyes on Call, an innovative, on-call eye health and vision coaching and support service for aged care workers.

This will be a free service for aged care staff, designed to enhance their care of patients, who may be at risk of losing their vision or living with vision loss.

This service will provide phone and/or video call-based information and connect them to existing resources and training available across the Vision 2020 Australia membership, with this information and advice tailored to the specifics of the worker's query or patient.

It would span areas such as common eye conditions, their signs and symptoms, and how to minimise their impact; referral and management options; available online and other training and development or information resources that may help them enhance their patient care; and consumer and/or carer supports available for various conditions.

Under this proposal, Vision 2020 Australia will facilitate establishment of:

1. Eyes on Call, a phone-based hotline that any aged care worker could contact during standard business hours across Australia
2. Referral of queries to eye sector organisations with specific expertise relevant to the worker's queries and/or location
3. A follow up service for each call, to provide additional assistance and/or guidance and encourage skills enhancement in this important area
4. Provision of information and other resources as relevant to the worker (and if provided, their employer) regarding common eye conditions, key information relevant to the aged care context and contacts for sourcing local eye care services
5. An evaluation project, to quantify reach and impacts of the service.

Vision 2020 Australia members have deep expertise in the provision of such advice, and a consortium approach whereby all interested and qualified members participated in the delivery of the service would be pursued, allowing the service to complement the existing system and leverage/build upon available resources and training.

Budget

Given the estimated need for this service and the need to operate in multiple time zones across Australia, it is estimated that funding of \$5.4 million over 4 years (\$1.2 million annually, post establishment) would be required to establish, operate and evaluate this innovative model.

	2021-22	2022-23	2023-24	2024-25	Total over 4 years
Staffing costs	1.30	1.30	1.09	1.09	4.77
Infrastructure and operating	0.15	0.12	0.12	0.12	0.51
Evaluation	0.04	0.02	0.05	0.01	0.11
Totals	1.49	1.44	1.25	1.22	5.40

Innovative and sustainable access to sight-saving cataract surgery

The social, economic and health system costs of vision loss are significant, but approximately 90% of vision loss can be prevented through early identification and treatment.

Cataract is one of the leading causes of avoidable vision loss in Australia¹⁰ but fortunately, surgical treatment for cataract is highly cost effective.

The public hospital system provides an important role in this area, delivering around 30% of all cataract surgeries in Australia. This includes some 80% of cataract surgeries performed on Aboriginal and Torres Strait Islander Peoples, as well as surgeries for population groups unable to access this essential care.

Despite these factors, in 2019-20, an estimated 74,150 additional public cataract surgeries were required to clear backlogs for public cataract surgery, including some 8,500 surgeries for Aboriginal and Torres Strait Islander people.¹¹ With the Australian population ageing, the prevalence of cataracts will grow significantly unless action is taken now to clear public backlogs and support more sustainable models of public delivery into the future.

There are also significant inequities in access to public cataract surgery that need to be addressed. For example:

- Aboriginal and Torres Strait Islander communities wait some 57% longer for cataract surgery than other Australians¹² and in some jurisdictions, there are reports of people waiting years for their surgery.¹³
- The rates of cataract are between 3 and 15 times higher in nursing homes than in the general population, despite evidence showing that performing cataract surgery on nursing home residents leads to significant improvements in their mental health, social interaction and reading, alongside their general vision.

Developing tailored models of care with pathways that meet the needs of groups such as these is essential to ensure that all Australians can benefit from this sight saving surgery. For Aboriginal and Torres Strait Islander Peoples, those models need to be shaped by and where possible led by community itself.

Acting now to clear cataract waiting lists also delivers economic benefits. Cataract surgery has been identified as one of the most cost-effective surgical procedures, while delaying surgery results in additional costs due to higher rates of falls, motor vehicle accidents and other injuries among those waiting for surgery.

¹⁰ Cataract causes bilateral vision impairment in 20% of Aboriginal and Torres Strait Islander people aged 40 years and over and 14% of other Australians aged 50 years and older.

¹¹ UNSW (2020) "Access to Public Cataract Services in Australia" report, p20

¹² Australian Institute of Health and Welfare (2020) *Indigenous eye health measures 2020*, p33

¹³ The National Eye Health Survey (2016) found that almost 40% of Indigenous Australians and 13% of non-Indigenous Australians who need cataract surgery have not accessed specialist treatment services.

Priorities for 2021-22 budget investment

The eye sector stands ready to provide its system-wide expertise to help the health system access and implement models of best practice through changes to local and jurisdictional protocols, practises and pathways to care.

A partnership between the eye sector, Aboriginal Community Controlled Health Organisations, government and other relevant partners is proposed to achieve a sustainable public system that reduces the prevalence and costs of avoidable vision loss caused by cataract into the future - in ways that are culturally safe and address current inequities in access.

Funding for the following three-point plan is sought to end cataract related vision loss in Australia:

1. Support sustainable innovation in mainstream delivery (\$1.2 million in 2021-22)

This investment will support the design and implementation of new models for delivery of cataract care which:

- Optimises use of all available workforces, drawing on local models and pathways that have enhanced access while maintaining quality
- Accommodates the specific needs of groups such as older people living in residential aged care, so that they can enjoy the improvements to quality of life that cataract surgery delivers
- Explores opportunities for use of telehealth and/or other innovative strategies to support high quality, timely cataract care.

2. Deliver over 66,000 additional cataract surgeries to help clear the backlog (\$67.5 million in 2021-22)

Additional cataract surgeries will help end significant waiting times, providing an opportunity to implement innovative models and embed the cataract standard developed by the Australian Commission for Quality and Safety in Health Care.

3. Develop tailored, community led cataract models for Aboriginal and Torres Strait People (\$9.6 million in 2021-22)

This investment will:

- Support the development and broader implementation of community designed and led models of cataract care, drawing upon successful examples of collaboration between the eye care and community led sectors
- Deliver the 8,500+ additional cataract surgeries required to clear existing backlogs
- Roll out strategies to support surgical prioritisation of Aboriginal and Torres Strait Islander Peoples in mainstream services and culturally safe delivery models.

Along with delivering significant social and economic benefits to individuals, the economy and government, this proposal will help:

- embed the national cataract standard developed by the Australian Commission for Quality and Safety in Health Care
- support proposed growth in ophthalmology training numbers by providing additional opportunities to gain surgical experience, and
- deliver on priorities identified in both *Australia's Long-Term National Health Plan* and *Strong Eyes, Strong Communities – the Five-Year Plan for Aboriginal and Torres Strait Islander eye health and vision*.

Indicative budget

	2021- 22 (\$,m)	2022- 23 (\$,m)	2023-24 (\$,m)	2024- 25 (\$,m)	Total over 4 yrs (\$,m)
Innovative and sustainable mainstream service delivery	1.200	1.200	0.000	0.000	2.400
More surgeries and innovation in service models for Aboriginal and Torres Strait Islander communities	9.591	9.779	9.323	9.392	38.084
More public cataract surgeries for older Australians	67.357	69.041	70.767	72.536	279.701
Totals	78.148	80.020	80.089	81.928	320.185

Summary budget

	2021-22 (\$,m)	2022-23 (\$,m)	2023-24 (\$,m)	2024-25 (\$,m)	Total over 4yrs (\$,m)
Enhancing local eye care in Aboriginal and Torres Strait Islander communities	3.922	7.753	8.016	8.114	27.806
Gaining Sight – tackling blindness in Papua New Guinea	3.640	11.180	6.580	4.790	26.190
More aids and equipment to manage the impacts of vision loss in older Australians	7.798	7.923	8.028	8.229	31.978
Eyes on Call – an innovative model to build aged care workforce knowledge of eye health and vision	1.493	1.436	1.252	1.216	5.397
Innovative and sustainable access to sight-saving treatments	78.148	80.020	80.089	81.928	320.185

Attachment A: Priority equipment for inclusion in aged care aids and equipment listing

Purpose/Description	Example product	Indicative price
Handheld LED Magnifier	Eschenbach Mobilux 3.5X	\$172.00
Table lamp (variable lighting levels)	Dimmable LED desk lamp	\$145.00
Magnifying Lamp ≤2x	LED Floor Stand Mag 2X	\$62.00
Portable Handheld Magnifier ≤3.5-6x	Schweizer Okolux Mobile Plus	\$57.00
Assistance Safely Pouring Liquid	Liquid Level Finder - Dual	\$35.00
Fluorescent desk lamp with clamp	Daylight PL	\$105.00
Stand for handheld magnifiers	Eschenbach Mobase	\$31.00
75 CM Floor Stand (converts table lamps to floor lamps)	LS 9	\$132.00
Talking Clock	Clock - Cube Talking	\$93.00
Portable Magnification Lamp ≤2x	Portable Desk-Top 2X Mag Lamp	\$42.00
Illuminated Stand Magnifiers	Eschenbach Makrolux Brightfield 2	\$200.000
Portable Personal Alarm for Falls/Emergencies	Live Life 4GX Mobile Medical Alert	\$527.00
Handheld Video Magnifier ≤30x	Explore 8, Electronic Handheld Mag	\$1,467.00
Accessible Landline Telephone	Telephone Oricom Amplified Combo with Answer Machine	\$229.00
Magnification Glasses for TV Use ≤2.1x	Eschenbach - Max TV	\$141.00
Talking Clock and Calendar	Clock - Red Calendar Alarm	\$124.00
Handheld Video Magnifier ≤22x	Explore 5. Electronic Handheld Mag	\$1,015.00
Internet enabled voice command assistant	Google Nest Mini	\$79.00
10 inch Video Magnifier ≤24x	Clover 10 HD Magnifier	\$2,100.00
Desktop Talking Book Player with Speech	Victor Reader Stratus	\$603.00
Speaks Printed Materials Instantly	Optelec Clear Reader	\$4,010.00
Reduces exposure to ultraviolet light	Clear UV Shield Fit Over (standard)	\$55.00
Indicates Low Vision to Public	ID Symbol Cane or Support Cane	\$32.00
Enable independent travel in the community	Long cane white cane	\$65.00
Monocular telescope	Close Focus Monocular	\$68.00
24 inch Desktop video magnifier (AKA CCTV)	ClearView C24 Wide View	\$5,600.00
12 inch portable magnifier with speech	Zoomax Snow 12	\$2,499.00
PC Magnification Software with Speech	ZoomText Magnifier/Screen Reader	\$1,165.00