



National Spectacles Subsidy Scheme (NSSS)

Innovation Report

April 2023

Acknowledgement of Country

We respect and honour Aboriginal and Torres Strait Islander Elders past, present and future.

We acknowledge the stories, traditions and cultures of Aboriginal and Torres Strait Islander peoples and recognise their continuing connection to land, waters and community.



About Vision 2020 Australia

Vision 2020 Australia is the peak body for eye health and vision in Australia.

Our mission is to prevent avoidable vision loss and improve opportunities and outcomes for people living with blindness or low vision. We do this by working to ensure that eye health and vision care remains high on the health, disability and international development agendas of Australian governments.

Vision 2020 Australia works with member organisations, governments, and other relevant stakeholders to develop effective policy solutions focussed on improving eye health and vision. Our member organisations have the knowledge and expertise to identify the crucial issues that need to be addressed for improved eye health outcomes and come together through Vision 2020 Australia to speak with a united voice.

Vision 2020 Australia has a national focus, engaging with members to exchange views, share information, collaborate and develop policy positions, strategies and submissions to improve eye health and vision care for all Australians.

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Executive Summary

Background

The National Subsidised Spectacles Scheme (NSSS) Project was delivered by Vision 2020 Australia, in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO) and funded by the Australian Government Department of Health and Aged Care. The primary aim of the project was to improve access to affordable prescription spectacles for Aboriginal and Torres Strait Islander people across Australia.

The Innovation Report

The NSSS Innovation Report is designed to collate learnings from all aspects of the NSSS Project, with the aim of exploring models of Aboriginal and Torres Strait Islander led spectacles supply, while identifying and advocating for system and practice changes that would support this transition.

Data regarding the NSSS has been collated from the following key sources to inform the development of the NSSS Innovation Report:

- ACCHO-led spectacles supply pilots and delivery of Stage 1 of the NSSS project
- The NSSS Evaluation
- The PrioritEYES Survey

Key findings

Data collected throughout the NSSS project emphasises the following key findings:

- Opportunities for Aboriginal and Torres Strait Islander ownership, leadership and a greater role in subsidised spectacles schemes into the future.
- The importance of continuing to strengthen primary eye care services available within Aboriginal Community Controlled Health Organisations (ACCHOs)
- The benefits of continuing to work towards a nationally consistent approach to Aboriginal and Torres Strait Islander Spectacles Subsidy Schemes.

Key Recommendations

The NSSS Project has provided the opportunity to further understand key elements of strong primary eye care service delivery models for Aboriginal and Torres Strait Islander people. These elements include:

- Aboriginal and Torres Strait Islander ownership and leadership
- Culturally safe service delivery
- Flexible models of service delivery to meet individual community needs
- Standardised jurisdictional spectacles subsidy schemes.

These elements have been utilised to inform recommendations that can enhance Aboriginal and Torres Strait Islander leadership and ownership of eye care including the Visiting Optometrists Scheme (VOS) and jurisdictional spectacles subsidy schemes.

1. Background and Purpose

1.1. Background

Uncorrected refractive error is the leading cause of vision loss in Aboriginal and Torres Strait Islander people.¹

Aboriginal and Torres Strait Islander people commonly face barriers to accessing eye care. These barriers can be numerous and varied, commonly including cultural, financial and/or geographical factors.²

Subsidised spectacles schemes, in different forms, operate in all jurisdictions across Australia. These subsidised spectacles schemes offer differing approaches to eligibility, entitlement, product range, cost and payment systems.³ These inconsistencies between jurisdictional schemes inherently lead to inequities in access to spectacles for Aboriginal and Torres Strait Islander people in different regions of Australia.

Vision 2020 Australia received one-off funding from the Australian Government to deliver the National Subsidised Spectacles Scheme (NSSS) Project, with the aim of providing Aboriginal and Torres Strait Islander people with improved access to affordable prescription spectacles.

This funding was in response to joint advocacy by the eye health and Aboriginal health sectors for nationally consistent subsidised spectacles schemes, with a focus on Aboriginal and Torres Strait Islander people. Following engagement, analysis and discussions with a range of subsidised spectacles stakeholders across all states and territories, a number of allocation models were developed for the dissemination of project funds.

This work has been led by Vision 2020 Australia in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO) and a Project Steering Group comprising key eye care stakeholders.

1.2. Purpose

The NSSS Innovation Report forms an element of the NSSS Project. This element is designed to collate learnings from all aspects of the NSSS Project, with the aim of exploring models for Aboriginal and Torres Strait Islander led spectacles supply, while identifying and advocating for system and practice changes that would support this transition.

The report will identify:

- Elements of successful models of Aboriginal and Torres Strait Islander led eye care.
- Potential innovative models for increased Aboriginal and Torres Strait Islander community leadership in the provision of eye care services.
- Potential innovative models for increased Aboriginal and Torres Strait Islander community leadership in the supply of spectacles and other vision aids

¹ Foreman J, Xie J, Keel S, van Wijngaarden P, Sandhu SS, Ang GS, Fan Gaskin J, Crowston J, Bourne R, Taylor HR, Dirani M. The Prevalence and Causes of Vision Loss in Indigenous and Non-Indigenous Australians: The National Eye Health Survey. *Ophthalmology*. 2017 Dec;124(12):1743-1752. doi: 10.1016/j.ophtha.2017.06.001. Epub 2017 Jul 6. PMID: 28689897.

² Vision 2020 Australia - Position statement on a nationally consistent approach to subsidised spectacle schemes <https://www.vision2020australia.org.au/resources/position-statement-on-a-nationally-consistent-approach-to-subsidised-spectacle-schemes/> (accessed 12 April 2023)

³ Principles for nationally consistent subsidised spectacle schemes for Aboriginal and Torres Strait Islander people - Recommended implementation standards, Optometry Australia (endorsed by NACCHO and Vision 2020 Australia). [nationally_consistent_subsidised_spectacles_schemes_for_indigenous_people.pdf](https://www.optometry.org.au/nationally_consistent_subsidised_spectacles_schemes_for_indigenous_people.pdf) (optometry.org.au) (accessed 12 April 2023)

2. Approach

The NSSS Innovation Report collates learnings from the delivery of the NSSS Project and draws on expertise from significant stakeholders in the Aboriginal health and eye health sectors. Data sources that have informed this report include:

- *Learnings, case studies and data from NSSS ACCHO-led spectacles supply pilots.*
ACCHO-led spectacles supply pilots were led by select ACCHOs in Northern Territory and Western Australia. Piloting innovative, community led models to improve access to spectacles.
- *Learnings and data from the delivery of Stage 1 of the NSSS project*
Stage 1 of the NSSS project worked to expand availability of existing jurisdictional subsidised spectacles schemes and increase community connection to existing schemes.
- *Insights from the NSSS Evaluation*
The NSSS evaluation was designed to assess the NSSS project against its objectives and intended outcomes, while identifying opportunities for improvement.
- *Insights from the PrioritEYES Survey*
The PrioritEYES Survey was designed to gather data about what Aboriginal and Torres Strait Islander communities see as priorities for eye health and vision care.
- *Consultation and structured discussion with key stakeholders from the eye sector and the Aboriginal Community Controlled sector regarding:*
 - Elements of successful models of care
 - Potential innovative models for increased ACCHO and community leadership in supply of spectacles and other vision aids

This NSSS Innovation Report has utilised a primarily qualitative approach, with the use of some quantitative data as appropriate. Available data was analysed to identify and explore key themes that would inform recommendations for innovative models of Aboriginal and Torres Strait Islander led spectacles supply.

3. Findings

Analysis of the elements of the NSSS project has led to the identification of the following key themes:

3.1. Leadership and Ownership

The NSSS Project was implemented by Vision 2020 Australia, in partnership with the National Aboriginal Community Controlled Health Organisation (NACCHO). The NSSS Evaluation Report highlights the opportunity for Aboriginal and Torres Strait Islander ownership of future subsidised spectacles schemes. In line with this, the PrioritEYES Survey Report highlights that ACCHOs are highly interested in taking on increased ownership and leadership of eye care for their community, with the view to responding to community need more effectively. However, some barriers to greater ACCHO ownership and leadership identified include adequate space, staff with sufficient training, and financial resources.

3.2. Service Delivery

The following section explores the models of service delivery utilised during NSSS ACCHO-led pilot projects and key themes which have been identified through the analysis of these pilot projects, the outcomes of the PrioritEYES Survey and the NSSS Evaluation:

3.2.1. ACCHO Workforce

Identification of Aboriginal and Torres Strait Islander people who have a need for eye examination and/or vision correction is a key component of the pathway to eye care. During the NSSS ACCHO-led pilot projects identification of these patients often occurred during a health assessment (Medicare item 715) conducted by ACCHO staff.

Although ACCHO staff play a vital role in eye care referral pathways, the PrioritEYES Survey Report highlights that ACCHO workforce development in eye care is currently limited. The Survey report identified the development/provision of eye health workforce development for ACCHO staff as a key priority in 'capability strengthening for long term impact'.

The NSSS Evaluation Report also highlighted the need to bolster an Aboriginal and/or Torres Strait Islander workforce to support Aboriginal and Torres Strait Islander led and owned eye health service provision into the future.

3.2.2. Optometry service delivery

For an individual to obtain prescription glasses, they must first have an optometry (or ophthalmology⁴) consultation. An optometry consultation will include a comprehensive eye examination with a refractive assessment to determine the power and type of spectacle lenses that are required. As such, the supply of subsidised spectacles is largely linked to the provision of optometry services. The model of optometry service delivery can therefore strongly influence the success of any spectacles subsidy scheme. The models of optometry service delivery utilised by ACCHOs generally fall into two broad categories:

Optometry services provided within ACCHO: Aboriginal and Torres Strait Islander patients who have a need for optometry examination and/or vision correction are identified, and arrangements are made for the patient to have an eye examination with an optometrist who visits the ACCHO at

⁴ Optometrists providing primary eye care services are best placed to provide refractive assessments, however, these assessments can also be performed by ophthalmologists in secondary and tertiary care settings.

regular intervals. These patients are identified by ACCHO staff, self-referral or by recalls set by the visiting optometrist at a previous visit.

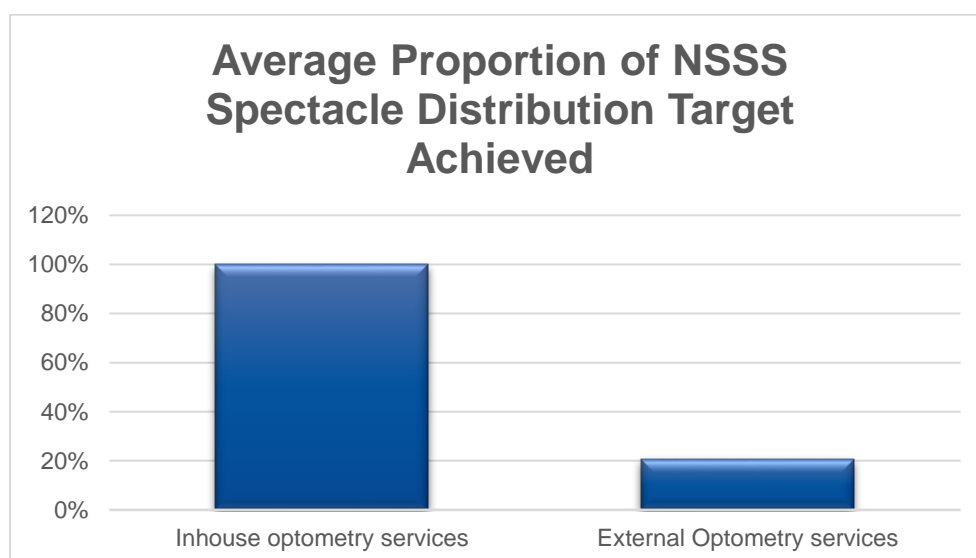
Optometry services provided at an optometry practice external to the ACCHO: Aboriginal and Torres Strait Islander patients who have a need for optometry examination and/or vision correction attend a local optometrist for eye care services. These patients are identified by ACCHO staff, self-referral or by recalls set by the optometrist at a previous consultation.

ACCHOs commonly utilise one or both models of care. The PrioritEYES Survey reveals that almost 82% of ACCHOs have optometrists delivering services on-site, while 65% of ACCHOs regularly utilise external optometry services. Of the seven ACCHO-led pilot projects conducted during the NSSS project, three utilised optometry services within the ACCHO, while four utilised external optometry services.

3.2.2.1. Quantitative findings:

A quantitative measure that can be utilised to assess these models of optometry service delivery is to evaluate the proportion of the target NSSS spectacle distribution that was achieved during the ACCHO-led pilot projects, comparing the two models of optometry service provision. The chart below compares the average proportion of target NSSS spectacle distribution achieved by ACCHO-led pilot projects with optometry services available within the ACCHO, compared to those who utilised optometry services external to the ACCHO.

Chart 1: Average proportion of NSSS spectacle target distribution achieved by ACCHOs with inhouse optometry services available, compared to ACCHOs with access to external optometry services only.



The NSSS project demonstrated that inhouse optometry services were a successful method of delivering a spectacles supply program.

3.2.2.2. Qualitative findings:

Qualitative analysis of available data from NSSS project elements including ACCHO-led pilot projects reporting, stakeholder consultations, the PrioritEYES Survey Report and the NSSS Evaluation Report reveal the following themes in relation to models of optometry service delivery:

3.2.2.2.1. Travel

Numerous elements of the NSSS project identified the need to travel to external optometry service providers as a barrier to accessing these services, particularly in regional areas. NSSS Stakeholders and ACCHOs involved in pilot projects have identified that it would be preferable to have optometrists working on-site at ACCHOs to increase access to optometry services.

3.2.2.2.2. Visiting Optometrists

The PrioritEYES Survey notes that almost 82% of ACCHOs have optometrists delivering services on site. The survey reveals that funding to support the provision of optometry services within ACCHOs often comes from multiple sources including Medicare billing, the Visiting Optometrists Scheme (VOS), grant funding, ACCHO funding and client co-contributions.

VOS is an initiative funded by the Australian Government which supports optometrists to “deliver outreach optometric services to remote and very remote locations, and other communities with an identified need for optometric services. A portion of VOS funding is earmarked specifically to provide increased optometry services to Aboriginal and Torres Strait Islander people.”⁵ The federal government funds one organisation in each state, the jurisdictional fundholder, to manage the delivery of VOS optometry services in that state. Jurisdictional management of VOS by different organisations leads to varying models of service delivery across the country.

Stakeholder consultations and outcomes of the NSSS ACCHO-led pilot projects reveal that ACCHOs can face challenges in independently identifying optometrists available to visit ACCHOs to provide consistent services. One example of this includes an ACCHO-led pilot site that intended to engage an optometrist to provide visiting services within the ACCHO, however, due to challenges in identifying an optometrist available to provide this service an external optometry service was utilised, with limited success. In some jurisdictions these challenges are overcome through partnerships and collaboration with other health organisations (e.g., Australian College of Optometry (VIC) / Brien Holden Foundation (NSW/NT)), who coordinate service delivery by visiting optometrists. These organisations work with ACCHOs to ensure reliable optometry services are available on site, while reducing the administrative burden for ACCHOs in coordinating these services.

3.2.2.2.3. Cultural safety

Both the NSSS Evaluation and PrioritEYES reports identify uncertainty regarding cultural safety or a lack of cultural safety at external eye care services as barriers to accessing these services. As highlighted in the NSSS Evaluation Report, the community-controlled health sector provides a space for culturally safe services.

The Department of Health, Outreach Programs Service Delivery Standards⁶ specify that all optometrists participating in VOS must maintain cultural awareness and safety training that is locally relevant. However, the PrioritEYES survey indicated that ACCHOs knowledge

⁵ [Visiting Optometrists Scheme - Optometry Australia](#) (accessed 13/4/23)

⁶ Outreach Programs Service Delivery Standards, Australian Government Department of Health, outreach-programs-service-delivery-standards.pdf (health.gov.au) (accessed 24 April 2023)

regarding the level of cultural training received by optometrists visiting their services is limited. The survey indicated that sixty percent of ACCHOs that access optometry services through the VOS were unsure if visiting optometrists received any cultural training.

3.3. National Spectacles Subsidy Scheme

The following section explores key themes which have been identified through the analysis of spectacles subsidy models utilised throughout various jurisdictions during the NSSS Project. This section has been informed by jurisdictional NSSS reporting, ACCHO-led pilot project reporting, the NSSS Evaluation Report and PrioritEYES Survey Report.

3.3.1. Standardisation of jurisdictional spectacles subsidy schemes

The NSSS has taken steps to bring jurisdictional spectacles subsidy schemes towards meeting the *Principles for nationally consistent subsidised spectacles schemes for Aboriginal and Torres Strait Islander people*⁷, with some successful jurisdictional changes observed. These jurisdictional changes are highlighted in Table 1 below:

Table 1: NSSS led enhancements to jurisdictional subsidised spectacles schemes

Jur-n	System changes implemented or committed to
ACT	<ul style="list-style-type: none"> Improved application form for ACT Subsidised Spectacles subsidy Scheme to capture Indigeneity data for identification and reporting of Aboriginal and Torres Strait Islander people utilising the scheme.
NSW	<ul style="list-style-type: none"> Implementation of a temporary expansion to NSW subsidised spectacle scheme eligibility to include all Aboriginal and Torres Strait Islander clients regardless of financial status. With potential for this expansion to become permanent, pending budget analysis.
	<ul style="list-style-type: none"> Systems changes in NT were not implemented during the NSSS Project. It is intended that results of the NSSS ACCHO-led pilots in NT will be utilised to bolster advocacy for system changes in NT into the future.
QLD	<ul style="list-style-type: none"> Indigenous Spectacles Supply Scheme (ISSS) established, to provide subsidised glasses to Aboriginal and Torres Strait Islander people not eligible for the QLD Scheme (MASS).
SA	<ul style="list-style-type: none"> GlassesSA program has been redesigned to include free no-gap glasses for all eligible Aboriginal and Torres Strait Islander patients in South Australia.
TAS	<ul style="list-style-type: none"> A new database for the TAS subsidised spectacles scheme was launched providing improved ability to capture Indigeneity data for clients using the scheme.
VIC	<ul style="list-style-type: none"> VACCHO implemented a pilot training program for Aboriginal and Torres Strait Islander Victorians to undertake an immersive optical dispensing experience at the Australian College of Optometry (ACO).
WA	<ul style="list-style-type: none"> WA Health submitted a budget proposal to improve the current WA Spectacles subsidy Scheme, however, that proposal was unsuccessful. There is potential to utilize NSSS ACCHO led pilot outcomes to help drive future policy change.

⁷ Principles for nationally consistent subsidised spectacle schemes for Aboriginal and Torres Strait Islander people - Recommended implementation standards, Optometry Australia (endorsed by NACCHO and Vision 2020 Australia). [nationally_consistent_subsidised_spectacles_schemes_for_indigenous_people.pdf](https://www.optometry.org.au/nationally_consistent_subsidised_spectacles_schemes_for_indigenous_people.pdf) (optometry.org.au) (accessed 12 April 2023)

Despite the demonstrated jurisdictional modifications, the NSSF Evaluation brings to light the complexities associated with bringing jurisdictional schemes into alignment with the national principles, with considerable change required in several jurisdictions into the future.

3.3.2. Eligibility

Jurisdictional subsidised spectacles schemes offer differing approaches to eligibility. Although these spectacle schemes vary widely, they can be categorised into two broad groups in relation to eligibility criteria:

- Spectacles subsidy schemes available to all individuals who identify as being of Aboriginal and Torres Strait Islander origin.
- Spectacles subsidy schemes that assess eligibility based on other factors including:
 - Health care card, pension concession card, DVA card or other concession card status
 - Means / asset test
 - Proof of identification
 - Proof of residency

In line with the *Principles for nationally consistent subsidised spectacles schemes for Aboriginal and Torres Strait Islander people*⁸, NSSF funding supported the provision of spectacles to all individuals who identify as being of Aboriginal or Torres Strait Islander origin, without the need to meet any further eligibility criteria. In jurisdictions where eligibility criteria did not align with the recommended principles, NSSF Project stakeholders identified that the broader NSSF eligibility criteria offered the following benefits during the NSSF Project:

- Broad increases in distribution of spectacles.
- Increased rate of spectacle distribution without the need for onerous approval processes.
- Increased access to spectacles for those on low-income who are ineligible for concession cards but for whom the cost of unsubsidised spectacles is prohibitive.
- Increased access to spectacles for children, particularly for those whom it was previously difficult to prove met eligibility criteria due to challenges in collating required paperwork.

⁸ Principles for nationally consistent subsidised spectacle schemes for Aboriginal and Torres Strait Islander people - Recommended implementation standards, Optometry Australia (endorsed by NACCHO and Vision 2020 Australia). [nationally_consistent_subsidised_spectacles_schemes_for_indigenous_people.pdf](#) (optometry.org.au) (accessed 12 April 2023)

ACCHO-led Pilot Project Case Study:

A school student living with his Grandmother, two siblings and two cousins was having difficulty at school. Unable to see the board at school, he was copying off his friends. His teacher advised his Grandmother to seek an eye test, however, her concern regarding the cost associated with having an eye test and buying glasses prevented her from seeking optometry services for her Grandson. During a routine health check the ACCHO General Practitioner confirmed reduced distance vision and referred the student to a local optometrist participating in the NSSF ACCHO-led pilot. The student had a bulk-billed optometry examination and received a pair of single vision distance spectacles at no cost, under the NSSF. The student is now happy and doing well at school.

3.3.3. Range

The range of frames available under the NSSF varied in each jurisdiction, varying with each NSSF spectacle provider. This inconsistency in frame range was reflected in the NSSF Evaluation Report which highlights variation in the level of satisfaction with the range of frames available through the NSSF.

One ACCHO involved in an ACCHO-led pilot suggested developing a range of 'ACCHO frames', co-designed with Aboriginal and Torres Strait Islander people. While the NSSF Evaluation Report highlights that making frames available from Aboriginal-owned optical dispensers, if available, may be preferred by clients. Stakeholder engagement indicates that increased satisfaction with frame range would be expected to have the impact of increased uptake of 'young people' accessing spectacles.

4. Recommendations

4.1 Elements of a strong eye care model for Aboriginal and Torres Strait Islander peoples

The NSSS Project has provided the opportunity to understand key elements that would strengthen eye care service delivery and spectacles subsidy for Aboriginal and Torres Strait Islander people into the future. These elements include:

- Aboriginal and Torres Strait Islander ownership and leadership
- Culturally safe service delivery
- Flexible models of service delivery to meet individual community needs
- Standardised jurisdictional spectacles subsidy schemes.

4.2 VOS: An innovative funding model to optimise Aboriginal and Torres Strait Islander ownership and leadership

The NSSS Project has highlighted that Aboriginal and Torres Strait Islander Communities across Australia each have unique needs, priorities, resources, and capabilities. As such, it is important to recognise that there is no single model of primary eye care that would meet the needs of all communities. However, the need for Aboriginal and Torres Strait Islander led and owned eye health service provision has been emphasised through many elements of the NSSS Project. A change in VOS funding distribution is recommended to enhance community ownership and leadership into the future.

4.2.1. VOS: Current funding model

The current model of VOS funding sees funding for outreach optometry services distributed from the federal government to jurisdictional fundholders to manage the delivery of VOS optometry services.

Current fund holders in all jurisdictions are non-indigenous led organisations, as such the current VOS funding model limits the level of Aboriginal and Torres Strait Islander ownership and leadership that can be achieved in primary eye care.

Current VOS funding supports optometrists to deliver outreach optometric services, with VOS funds distributed from the jurisdictional fund holder to the optometrist/organisation providing the outreach optometry services. With VOS funding being distributed directly to optometry service providers, the current model of funding distribution does not optimise opportunities for ACCHO ownership and leadership of eye care services.

4.2.2. VOS: Proposed funding model – ACCHO ownership and leadership

The NSSS Project has established that ACCHOs are highly interested in taking on increased ownership and leadership of eye care for their community. As such it is recommended that the jurisdictional fund holders be encouraged to engage with ACCHOs in their jurisdiction to determine the optimal model of VOS funding distribution for that community. Examples of models that may be utilised include:

- ACCHO has sufficient resources, and capacity to manage engagement with optometry service providers directly and receives VOS funding directly from the jurisdictional fund holder to support this model of service delivery.
- ACCHO has insufficient resources or capacity to manage engagement with optometry service providers directly, the jurisdictional fund holder manages engagement with optometry service providers, as per current VOS arrangements.

The NSSS Project has indicated that each community will have varied resources available to manage eye care services, as such a collaborative co-designed management process between the jurisdictional fund holder and the ACCHO would support a flexible model of community ownership and leadership.

4.2.3. VOS: Proposed funding model – VOS funding distribution for the non-ACCHO sector

It is understood that many VOS services provided to Aboriginal and Torres Strait Islander people occur outside of the ACCHO sector. These services are often provided at local land council's, schools and local health districts (LHDs). In a similar model to that proposed in the ACCHO sector, it is suggested that the jurisdictional fund holder engage with these non-ACCHO services to co-design optimal models of service delivery and funding distribution in the given community.

4.2.4. VOS: Proposed funding model – Jurisdictional Fund Holders

With the view to enhanced Aboriginal and Torres Strait Islander leadership in primary eye care service provision, a change to current VOS jurisdictional fund holder arrangements could be considered into the future.

It is suggested that consideration be given to allocating a portion of VOS funding for the provision of optometry services within the ACCHO sector, with this funding to be managed by an Aboriginal and Torres Strait Islander community-controlled peak organisation in each jurisdiction. This change in funding model would see enhanced ACCHO control of the operation and delivery of on-sight VOS optometry services into the future.

Aboriginal and Torres Strait Islander community-controlled peak organisations in each jurisdiction may have varying capacity and resources available to fulfill the role of VOS fund holder for the ACCHO sector in their jurisdiction. As such, consultation with the peak organisation and other key stakeholders within each jurisdiction would be necessary to determine the feasibility and appropriateness of the proposed model within that state/territory.

4.2.5. VOS: Proposed funding model – Cultural training

The PrioritEYES Survey has confirmed that there is limited certainty regarding the cultural training of visiting optometrists. It is proposed that an element of VOS funding be made available to ACCHOs and other community organisation (e.g., land councils, schools and LHDs), to support the development and provision of local cultural training for visiting optometrists.

4.2.6. VOS: Proposed funding model – Strengthening eye care models

The proposed changes to the VOS funding model would meet many of the elements identified to strengthen eye care service delivery into the future. These elements include:

- Aboriginal and Torres Strait Islander ownership and leadership: The proposed model would enhance ACCHO ownership and leadership of eye care services, where capacity and resources are available. Additionally, Aboriginal and Torres Strait Islander ownership and leadership of VOS optometry service provision would be enhanced through the engagement of Aboriginal and Torres Strait Islander community-controlled peaks as potential VOS fund holders for the ACCHO sector.
- Culturally safe service delivery: The proposed model supports optometry service provision in ACCHOs, which has been identified as being preferred from a cultural safety perspective.

Additionally, the proposed model incorporates an element of VOS funding to support local cultural training for visiting optometrists.

- Flexible models of service delivery to meet the unique needs of each community: The proposed model of VOS operations and management would allow flexibility in the distribution of VOS funding, ensuring the individual needs of each community are met.

4.3 National Spectacles subsidy Scheme: A nationally consistent Aboriginal and Torres Strait Islander led approach

The findings of the NSSS Project have helped to identify opportunities for improvement in spectacles subsidy schemes. The key opportunities that have been identified include:

- Increased Aboriginal and Torres Strait Islander ownership of spectacles subsidy schemes.
- and
- Standardisation of jurisdictional spectacles subsidy schemes.

The following sections explore these opportunities in more detail.

4.3.1. Standardisation of jurisdictional spectacles subsidy schemes

Despite jurisdictional changes implemented during the NSSS Project, there remains several jurisdictions that lack adequate Aboriginal and Torres Strait Islander specific spectacles subsidy schemes. These jurisdictions include Australian Capital Territory, Northern Territory, Tasmania and Western Australia. In these jurisdictions, advocacy efforts should be focussed on establishing Aboriginal and Torres Strait Islander specific spectacles subsidy schemes.

In jurisdictions with Aboriginal and Torres Strait Islander specific spectacles subsidy schemes, including Queensland, New South Wales and South Australia, advocacy efforts should be focussed on ensuring steps are taken to align these schemes with the *Principles for nationally consistent subsidised spectacles schemes for Aboriginal and Torres Strait Islander people*.⁹

In Victoria, where the Victorian Aboriginal Spectacles subsidy Scheme (VASSS) aligns well with the national principles, it is recommended that advocacy efforts focus on ensuring population-based needs are met and increasing Aboriginal and Torres Strait Islander representation in the spectacles supply chain.

4.3.2. A funding model for increased Aboriginal and Torres Strait Islander ownership of spectacles subsidy schemes

The NSSS Project identified a need for increased Aboriginal and Torres Strait Islander leadership and ownership of spectacles subsidy schemes. In order to meet this need it is recommended that consideration be given to transferring ownership of Aboriginal and Torres Strait Islander specific spectacles subsidy schemes to Aboriginal and Torres Strait Islander community-controlled peak organisations, such as NACCHO and NACCHO affiliates in each jurisdiction. This change in program ownership is proposed with a view to:

⁹ Principles for nationally consistent subsidised spectacle schemes for Aboriginal and Torres Strait Islander people - Recommended implementation standards, Optometry Australia (endorsed by NACCHO and Vision 2020 Australia). [nationally_consistent_subsidised_spectacles_schemes_for_indigenous_people.pdf](#) (optometry.org.au) (accessed 12 April 2023)

- Increase Aboriginal and Torres Strait Islander voice in the implementation of spectacles subsidy schemes
- Enhance input from the ACCHO sector, including a flexible approach to how spectacles schemes are implemented and integrated within ACCHO primary care services
- Increased Aboriginal and Torres Strait Islander representation in the spectacles supply chain

It is recommended that, where possible, jurisdictional management of spectacles subsidy schemes be led by Aboriginal and Torres Strait Islander community-controlled peak organisations in each jurisdiction. With any additional federally funded national spectacles subsidy components to be primarily managed by NACCHO and integrated with jurisdictional programs as required. Noting that NACCHO affiliates may have varying capacity and resources available to administer spectacles supply schemes. As such, consultation with the NACCHO affiliate and other key stakeholders within each jurisdiction would be necessary to determine feasibility of this model in each state/territory.

In jurisdictions with existing Aboriginal and Torres Strait Islander specific spectacles subsidy schemes, the funding of these schemes is often intertwined with funding for other spectacles subsidy schemes. As such, any separating of the administration and funding of Aboriginal and Torres Strait Islander specific spectacles subsidy schemes should be done with care to ensure no disruption to the provision of these schemes.

5. Acknowledgements

Vision 2020 Australia acknowledges the contributions of the following organisations, committees and individuals:

- Australian Government Department of Health and Aged Care
- National Aboriginal Community Controlled Organisation
- Aboriginal Health and Medical Research Council (AH&MRC)
- Aboriginal Health Council of South Australia (AHCSA)
- Australian Capital Territory Spectacles Subsidy Scheme
- Australian College of Optometry
- Brien Holden Foundation
- CheckUp
- Derbarl Yerrigan Health Service (DYHS)
- Glasses SA
- Geraldton Regional Aboriginal Medical Service (GRAMS)
- Katherine West Health Board
- Miwatj Health Aboriginal Corporation
- New South Wales Spectacles Program, Department of Communities and Justice
- New South Wales Spectacles Program, Vision Australia
- Northern Territory Concession Scheme / NT Seniors Recognition Scheme
- Optometry Australia
- Optometry QLD
- Queensland Aboriginal and Islander Health Council (QAIHC)
- Queensland Medical Aids Subsidy Scheme
- South West Aboriginal Medical Services (SWAMS)
- Statewide Spectacle and Intra Ocular Assistance Scheme (Tasmania)
- Tasmanian Aboriginal Centre
- The Fred Hollows Foundation
- University of Melbourne, Indigenous Eye Health Unit
- Victorian Aboriginal Community Controlled Health Organisation (VACCHO)
- WA Spectacles subsidy Scheme – WA Department of Health
- Winnunga Nimmityjah Aboriginal Health and Community Services

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- Shaun Tatipata / Jen Merryweather, The Fred Hollows Foundation
- Judith Abbott / Danielle Williams / Janine Sherrard / Roman Serebrianik, Vision 2020 Australia