**Clear Vision for Eye Health: Right care, right place, right time**

**The Problem**Nearly 1 in 2 Australians live with at least one long-term eye condition, costing the economy $27 billion annually. Public hospitals face long waitlists, with some patients waiting up to five years for treatment, exacerbating healthcare inequities.

**The Solution**A successful and scalable pilot in Victoria demonstrated the potential in strengthening primary and community-based eye care and improving early detection of eye conditions. Expanding this model nationally could reduce costs, improve access and address growing eye health needs and affordability.

**The Ask**Vision 2020 Australia is calling on the Australian Government to fund a national initiative through the Primary Health Networks (PHNs) to improve the delivery of eye care at the community and primary care level.

Option 1

* **Cost:** $37.1 million
* **Duration:** Four years ($9.3 million per year)
* **Delivery and Coordination:** Primary Health Networks (PHNs)
* **Target/Restrictions:** **(1)** 2586 GP practices in regional and rural areas   
  **(2)** 3117 Optometry practices within the same PHN as full scope public ophthalmology services
* **Scheme:** GP practices can apply via their PHN for a Primary Care Incentive Payment of $10,000 total, which is paid across quarterly instalments

Option 2

* **Cost:** $17.1 million
* **Duration:** 4 years ($4.3 million per year)
* **Delivery and Coordination:** Primary Health Networks (PHNs)
* **Target/Restrictions:** **(1)** 1000 GP practices (with priority going to regional and rural areas and areas in the lowest two SEIFA quintiles) **(2)** 3117 Optometry practices within the same PHN as full scope public ophthalmology services
* **Scheme:** Priority will be given to GP practices in regional and rural areas and areas in the lowest two Socio-Economic Indexes for Areas (SEIFA) quintiles

Option 3

* **Cost:** $9.6 million
* **Duration:** 4 years ($2.4 million per year)
* **Delivery and Coordination:** Primary Health Networks (PHNs)
* **Target/Restrictions:** **(1)** 260 GP practices (10 per PHN with priority going to regional and rural areas and the lowest two SEIFA quintiles). **(2)** 3117 Optometry practices within the same PHN as full scope public ophthalmology services.
* **Scheme:** A maximum of 260 GP practices across Australia will be eligible to participate. This amounts to 10 GP practices for each of the 26 PHNs. Most Victorian PHNs already participated in the Pilot and so have been excluded from the national scheme.

**Clear Vision for Older Australians: Streamlining eye health support   
for better outcomes in the Support at Home Program**

**The Problem**   
Vision impairment costs the economy $27 billion annually, a figure set to rise in the decades ahead as Australia’s population continues to rapidly age. Many people who live in residential aged care facilities have eye conditions.

The assistive technology and specialised training that helps older people with eye conditions continue to live safely at home isn’t widely understood in the mainstream community, or even within the aged care sector.

**The Solution**  
To address this growing

problem, it is necessary to improve aged care assessors’ training and awareness of vision impairment. All participants in the new Home Support Program and residential care settings who have vision impairment flagged at the assessment stage should be automatically referred to accredited blindness and low vision service providers.

**The Ask**  
Vision 2020 Australia is calling on the Australian Government to prioritise vision rehabilitation in the aged care reform agenda by improving the assessment and referral process and providing dedicated funding to specialist providers to deliver adequate and cost-effective care.

The Australian Government can achieve this through the following actions:

Improving Awareness and Training for Assessors  
Develop guidelines and training programs for aged care assessors that clearly outline when to refer clients to vision service providers, based on specific triggers identified in the assessment. This will ensure that vision impairment is not overlooked, and that older Australians receive the support they need promptly.

Streamlining Referral Pathway  
Introduce a new requirement that all participants in the new Home Support Program and residential care settings who have vision impairment flagged at the assessment stage be automatically referred to accredited blindness and low vision service providers. These specialist providers would be funded through a block grant and empowered to determine the necessary interventions and allocate resources effectively.

This approach would remove the burden on generalist assessors to identify specific services, ensuring quicker access to tailored care for those with vision loss.

Dedicating Block Funding for Vision Services   
Allocate specific funding for vision support services to address unmet needs in aged care. This funding should cover both episodic and ongoing care, reflecting the varying nature of vision impairment management. By funding specialist providers directly, the government can incentivize outcome-focused care, optimize resource use, and enhance the quality of life for older Australians.

Additionally, service providers would be equipped to deliver timely interventions that prevent further deterioration of vision and reduce the overall cost to the healthcare system.