

30 April 2018

RANZCO submission to Closing the Gap Refresh consultation

Introduction

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) thanks the Council of Australian Governments for the opportunity to input into the Closing The Gap Refresh public consultation process.

Eye health represent a unique area in health care, as relatively small investments can produce immediate positive outcomes for patients. Most vision loss remains preventable: a cataract surgery, for example, can restore vision in most cases with a simple lens replacement procedure, whereas other intervention for chronic conditions such as diabetes can prevent associated eye conditions from developing if diagnosed and treated properly. Moreover, vision is a key determinant for a person's ability to maintain functional and economical independence. A loss of vision has far-reaching impact on the individual, their family, and the community. This makes eye health an area of particular high return for public investment, when considering the wider impact of vision loss.

RANZCO's mission is to drive improvements in eye health care in Australia, New Zealand and the Asia Pacific Region through continuing exceptional training, education, research and advocacy. Underpinning all the College's work is a commitment to best patient outcomes; providing contemporary education, training and continuing professional development; evidence-based decision making; collaboration and collegiality.

As the primary ophthalmology body in Australia, RANZCO has a strong commitment to closing the gap in vision. RANZCO maintains a dedicated Aboriginal and Torres Strait Islander Eye Health Committee, which brings together ophthalmologists from across Australia who have particular experience in service provision for Aboriginal and Torres Strait Islander communities, including via innovative service delivery models. The Committee informs the RANZCO Board, Council, and Executive about emerging and ongoing Indigenous eye health matters, advises on appropriate projects, policies, and advocacy work, as well as advise on relevant educational matters.

RANZCO is also an active member of a number of Indigenous eye health committees and initiatives, including (but not limited to): Vision 2020 Australia's Aboriginal and Torres Strait Islander Committee; Members of ACCRRM's Telehealth Advisory Committee (which has a strong Indigenous focus); Member of the Rural Doctors Network's NSW Aboriginal Eye Health Advisory Group; and provide ongoing endorsement and involvement with the Roadmap for Closing the Gap in Vision by Minum Barreng – the Indigenous Eye Health Unit at Melbourne University.

Addressing the consultation question:

What does Closing the Gap mean to you?

From a health perspective, Closing The Gap means addressing gaps in the entire health journey: from closing the gap in service delivery by ensuring appropriate access to services that is tailored to people and communities' needs, to addressing gaps in the social determinants of health.

From the perspective of eye health service availability, RANZCO is currently calculating the actual number of hours available in outreach eye health service delivery dedicated to Aboriginal and Torres Strait Islander populations, compared with the population needs in the different jurisdiction. A detailed report to the Minister for Indigenous Health and Aged Care and the Minister for Health is expected in early June.

How can governments, Aboriginal and Torres Strait Islander people, and businesses work more effectively together?

RANZCO supports the prioritisation of Aboriginal and Torres Strait Islander people in discussions with government about identifying needs and appropriate methods of engagement and service delivery, which may differ from one community to another, based on local conditions and needs.

Aboriginal community-led organisations should remain at the forefront of the conversation, and their leadership and perspectives should guide governments and other organisations involved with service delivery and other health-related activities.

How could the Closing the Gap targets better measure what is working and what is not?

To answer this, we would like to address the utilisation of established services, existing funds for clinical outreach, and focusing planning on ongoing population needs analysis.

Established services: Despite proven track records in serving Indigenous communities, frontline treatment (ophthalmology) programs remain precarious. Established services with a proven, successful service delivery models need adequate investment with adequate infrastructure and support staff to be able to function most efficiently, including on-going maintenance funding based on evolving population needs.

Some of the main challenges which may threaten the long-term viability of existing services include increasing demands by local health bureaucracies and inconsistent short-term revenue streams, putting at risk the gains made in preventing Indigenous blindness. Co-ordination of services can only work if there are actually long-term service delivery funding to co-ordinate in the first place.

Existing funding for clinical outreach: RHOF and MOICDP are both crucial programs that provide patients with access to specialist services in rural and remote areas. However, funding is in high demand, and at present clinicians from a wide variety of specialist areas are competing for the same pool of funding. This impedes on these programs to meet the growth in need.

Focus planning on population needs analysis: Funding models for service delivery should ultimately reflect population needs, and the changing population trajectories should be reflected in funding arrangements (with built-in regular reviews) to ‘future-proof’ funding models and ensure ongoing appropriate coverage.

What indicators should governments focus on to best support the needs and aspirations of Aboriginal and Torres Strait Islander peoples?

RANZCO supports the ongoing work of the eye health sector in generating a strong evidence base on the eye health outcomes and needs of Aboriginal and Torres Strait Islander people. We note that the sector has been extensively researched to date and there is now a need to shift our collective focus to service delivery.

Following the Roadmap for Closing the Gap in Vision, RANZCO supports the ongoing referral to indicators as detailed in the Roadmap, noting that the roadmap is the result of ongoing collaboration between clinicians, researchers, and community-led organisations.

Should Aboriginal and Torres Strait Islander culture be incorporated in the Closing the Gap framework? How?

Ensuring that programs are suited to local needs, and follows all relevant local cultural protocols, is crucial to ensure the success of Closing The Gap, in top-line national planning as well as in local projects and service delivery.

Prioritising Aboriginal and Torres Strait Islander voices, preferably via community-based organisations where they exist, is crucial to ensuring the most appropriate incorporation of culture and cultural frameworks in Closing The Gap.

What do you think are the key targets or commitments that should be measured in a refreshed Closing the Gap agenda? What resources, including data or information, are needed to help communities and develop and drive local action?

RANZCO identifies a need to ensure that outcomes are prioritised. When considering key targets or commitment for Closing the Gap, it is crucial to ensure the most effective utilisation of outcomes to improve service delivery and practice accordingly. Closing The Gap projects should be assessed and validated to ensure the best outcome for patients. Adequate evaluation, focusing on



outcomes for patients, is essential before committing further roll-out, as there are many far more immediately useful ways to deploy the funds rather than proceeding regardless.

From an eye health perspective, RANZCO identifies the following priority areas which should be considered.

- **Urban areas:** While many of the existing programs focus on rural/ regional areas, urban areas should be considered given the high Aboriginal and Torres Strait Islander population and existing access issues. A focus on dedicated metro/ inner regional eye health networks can provide good outcomes, via coordination with Aboriginal Medical Services, public hospitals, MOICDP support, and other available programs.
- **Public hospital availability:** Given the increased reliance on public services in non-urban areas, as well as people of lower income, ensuring appropriate public hospital ophthalmology service hours is an important step towards closing the gap. The current proportion of available ophthalmology clinical hours between public and private is about 1 to 3. The limited availability of public hospital ophthalmology posts impacts Indigenous patients disproportionately. An equitable access to publicly funded specialist services, utilising a combination of public hospital availability and appropriately funded, long-term outreach programs, should therefore be considered a key target for closing the gap.

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