

NATIONAL FRAMEWORK FOR ACTION TO PROMOTE EYE HEALTH AND PREVENT AVOIDABLE BLINDNESS AND VISION LOSS

**PROGRESS REPORT TO AUSTRALIAN HEALTH MINISTERS'
CONFERENCE**

AUGUST 2008

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INTRODUCTION

This report is the first report by jurisdictions to the Australian Health Ministers' Conference on progress to date in implementing the *National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness* (the Framework). It covers the period from the release of the Framework by Health Ministers in November 2005 to July 2008.

Jurisdictions were asked to report against eye health and vision care activities undertaken during the specified time period. It should be noted that many areas of activity contribute to the furtherance of the objectives of the Framework, such as general health workforce initiatives, quality and safety of health care initiatives and health promotion activities. In addition, since the leading causes of blindness and vision loss are the degenerative eye diseases (cataract, macular degeneration, glaucoma and diabetic retinopathy) programs aimed at reducing the impact of chronic disease are particularly likely to have an impact on furthering the objectives of the Framework. Whilst acknowledging the important contribution of such initiatives, this report focuses on specific eye health and vision care initiatives.

It should also be acknowledged that non-government organisations, health professional associations, private industry, communities, families and individuals all have a role to play in achieving the Framework's objectives. The roles and responsibilities of these groups are outlined in the Framework document. During the three year period 2005-2008 significant work has been done by the non-government sector towards the objectives of the Framework. This report focuses on the contribution of governments.

Consistent with the Framework, the report is structured according to the five key action areas in the Framework:

Key Action Area One: Reducing the risk

Key Action Area Two: Increasing early detection

Key Action Area Three: Improving access to eye care

Key Action Area Four: Improving the systems and quality of care

Key Action Area Five: Improving the evidence base.

The report has been compiled by the Eye Health Working Group of the Australian Population Health Development Principal Committee (APHDPC) of the Australian Health Ministers Advisory Council (AHMAC).

BACKGROUND

In May 2003 the 56th World Health Assembly passed resolution WHA56.26 on the elimination of avoidable blindness in recognition of the fact that 45 million people in the world are blind and that a further 135 million people are visually impaired.

The resolution urged all member states to develop a national Vision 2020 plan in collaboration with non-government organisations and the private sector to prevent avoidable blindness.

In response to World Health Assembly resolution WHA56.26, in July 2004 the Australian Health Ministers' Conference agreed that a National Eye Health Plan should be developed for Australia to promote eye health and reduce the incidence of avoidable blindness.

The resulting *National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss* (the Framework) was developed by the Australian Government Department of Health and Ageing and the Victorian Department of Human Services in conjunction with all states and territories and in consultation with the non-government sector.

The Framework was endorsed by the Australian Health Ministers' Conference in November 2005. It provides a blueprint for nationally coordinated action by governments, health professionals, non-government organisations, industry and individuals to work in partnership.

In accordance with the World Health Assembly resolution, the focus of the National Eye Health Framework is on the elimination of avoidable blindness and vision loss in Australia, rather than on the provision of low vision and rehabilitation services.

Avoidable blindness and vision loss refer to visual impairment due to conditions that are potentially preventable through the modification of known risk factors, or for which effective treatments exist to restore sight or prevent further vision loss.

The Framework does not focus on any one specific eye condition, but rather seeks to cover the underlying issues that are common to the prevention and treatment of eye disease and vision loss in general. It outlines five key action areas that have the potential to lead to the prevention of avoidable blindness and low vision.

The Framework requires that all jurisdictions report three yearly to Health Ministers on progress against these key action areas. This report is the first progress report.

KEY ACTION AREA ONE: REDUCING THE RISK

Objective: Eye disease and vision loss are prevented, where possible, through addressing known modifiable risk factors

Australian Government

National Eye Health Initiative (NEHI)

In response to the release of the Framework by Health Ministers, funding of \$13.8 million over 4 years was allocated in the 2006 Federal Budget for a range of initiatives to promote eye health and strengthen eye health service delivery. These initiatives are included under the relevant key action areas below.

As stated in the Framework, raising general public awareness about eye health is the first line of defence in reducing the risk of avoidable blindness. A number of formative research projects have been undertaken to inform eye health promotion activities.

Review of the evidence base for risk factors for eye disease and injury

The National Health and Medical Research Council (NHMRC) undertook a systematic review of the scientific literature to identify modifiable risk factors for eye disease and injury (2007-2008). It is expected that this will inform the development of communication activities aimed at promoting eye health and preventing avoidable blindness, within the NEHI.

Formative social marketing research

The Department undertook qualitative research in December 2006 and quantitative research in May 2007 to guide the development of eye health communication activities.

The research explored the perceptions, knowledge, opinions, attitudes and current practices regarding eye health with the primary target groups and the general public. It also investigated preferred communication channels, including preferred information formats with the target audience.

The research indicated that eye health is a latent issue among Australians and that there is a role for communications to raise awareness of, and educate people about, eye health. Options are being developed for the rollout of communication activities.

Eye Health Promotion Demonstration Project

Funding of \$197,500 has been provided under the National Eye Health Demonstration Grants Program to the Association for the Blind of Western Australia for a demonstration project to develop and evaluate innovative ways to educate and inform the general public about the workings of the eye; the factors that lead to vision loss; and strategies to reduce the risk of eye disease and injury.

Aboriginal and Torres Strait Islander eye health education

Funding of \$150,000 has been provided under the National Eye Health Demonstration Grants Program to the International Centre for Eyecare Education to improve awareness and accessibility to quality eye health and vision care education resources for Indigenous communities in remote areas of Australia. The project will undertake a review of existing Aboriginal and Torres Strait Islander resources across the range of eye health and vision care issues, identify needs and gaps and develop new resources where required.

Raising public awareness of Macular Degeneration

Age-related macular degeneration is the leading cause of blindness in Australia, affecting over 600,000 Australians over the age of 55 years. In the May 2005 Federal Budget funding of \$0.5 million over 4 years was allocated to the Macular Degeneration Foundation. This funding is a general contribution to the work of the Foundation in raising public awareness about macular degeneration and the steps people can take to prevent or slow down the progress of the disease.

During the first two years of the grant the funding was principally used to support an education officer to hold approximately 60 information sessions across Australia each year, targeted at the general population. In 2007-08 the reach of the education sessions was extended to several culturally and linguistically diverse groups.

Tobacco health warnings

Smoking is a confirmed risk factor for macular degeneration. A new graphic health warning 'Smoking causes blindness' was required to be printed on tobacco product packaging from 1 March 2007. As part of the second set of seven health warnings it will rotate annually with the first set. A targeted mail-out to eye health organisations and specialists was undertaken in mid 2007 advising of the new health warning, supporting fact sheet and poster.

Trachoma initiatives

Trachoma remains an issue in some remote regions of Australia. In December 2005, the Office for Aboriginal and Torres Strait Islander Health (OATSIH) allocated \$920,000 over three years for the implementation of a systematic approach to target, treat and control trachoma in Aboriginal and Torres Strait Islander communities.

These funds have been directed towards a number of initiatives to develop a sustained approach to trachoma control in Australia through:

- the production and distribution of the national Communicable Diseases Network Australia *Guidelines for the Public Health Management of Trachoma in Australia* to health professionals and key interest groups;
- the support of the relevant States (Western Australia and South Australia) and the Northern Territory to train health care workers in the use of the guidelines and the expansion of current trachoma control programs into areas where screening and treatment may not have previously occurred; and
- the establishment of a National Trachoma Surveillance and Reporting Unit (the Surveillance Unit) to improve the overall quality and consistency of data collection and reporting on trachoma in Australia.

Australian Capital Territory

In 2008 ACT Health has made a major commitment to greatly expanding public Ophthalmology for the 500,000 people of Canberra and surrounding South East NSW. In the first instance this expansion is focused on Hospital-based services at Canberra and Calvary Hospitals. Risk reduction strategies will be developed as resources become available, modelled on the Western Australian Eye Health Plan.

New South Wales

Vision and Falls in the Elderly:

The Statewide **Ophthalmology Service** Working Groups meet as required and the Cataract and Falls project funding proposal is being developed to replace the ‘Cataract Surgery Outcomes’.

Area Health Services’ Initiatives

Additional activities and initiatives carried out throughout NSW by Area Health Services also aim to reduce the risk of eye disease and injury in the community. This includes undertaking a range of activities to reduce the risk of eye disease and injury, such as communication

initiatives promoting eye health in relation to sun protection and eye safety through health development programs across all settings and age groups risk factors. Also operating is a rigorous immunisation program for childbearing women and offers a referral/appointment fast track service with local ophthalmologists for Aboriginal clients using diabetes clinics.

Eye awareness outreach programs are run in local communities and in rural communities, in particular targeting the Greater Western Area Health Service. Regular community education sessions also promote eye health and safety. Ophthalmology short courses are available to healthcare workers and education and discharge information on eye conditions is widely distributed and available in various languages.

The Sydney Eye Hospital collaborates with the Greater Metropolitan Clinical Taskforce Ophthalmology Service in the initiation of eye workshops for Emergency Clinicians and development of the Eye Emergency Manual. All general Emergency Departments in all Area Health Services refer to the Eye Emergency Manual.

The Eye Clinic at the Children's Hospital, Westmead is conducting a comprehensive retrospective study to review the prevalence and cause of eye injury in children. This will be used to advise the Department of Health and Department of Education and Training as to the development and implementation of prevention programs.

Additionally, an educational program, "NORMALEYES", has been piloted. This program targets primary school aged children, to educate them as regards maintaining healthy eyes and vision through lifestyle and risk minimization behaviours. It is anticipated that this program will be made available to school and groups such as Life Education and Kidsafe.

The Broken Hill Health Service provides two clinic days per week staffed by an Ophthalmologist and Ophthalmic Registrar carrying out screening and treatment of eye disease and/or injury; nurses assist by performing preliminary tasks such as Dilatation, Field Testing and Acuity Testing. One half day per week is provided by the Ophthalmic Registrar and an assisting nurse for pre-operative assessment of patients and for procedures. An Orthoptist visits regularly, assisting the medical staff with procedures and attending to children with eye problems. A registrar is permanently located in Broken Hill on 3-month rotations from the Prince of Wales Hospital Sydney also providing an outreach service to Menindee, Wilcannia and Maari Ma.

Retinal photography is conducted by Diabetes Educators for diabetic clients during complication screenings of clients in the Dareton Primary Health Care Service and is also provided as part of the Chronic Disease program in the Ivanhoe, Menindee and Tibooburra Health Services where Ophthalmological and Optometric clinics were conducted in

December 2007. In the Wentworth Health Service, accident and emergency and transfer facilities are provided at Wentworth District Hospital pursuant to the NSW Health "Eye Emergency Manual" developed by the Statewide Ophthalmology Service.

Chronic Disease Prevention

The Framework outlines the links between lifestyle risk factors, chronic disease and eye health. The strategic priorities for Chronic Disease Prevention in NSW are defined in the NSW State Plan and NSW State Health Plan, with key activities focussing on tobacco control and prevention of overweight and obesity.

NSW Health's specific strategies in regard to tobacco control include:

- implementation of the Public Health Act 1991 and the Public Health (Tobacco) Regulation 1999 to prohibit sales of tobacco and non-tobacco products to minors and limit the display of tobacco products at point of sale;
- implementation of the Smoke-free Environment Act 2000 and Smoke-free Environment Regulation 2007 which ban smoking in all enclosed public places, including licensed venues;
- investing in mass media campaigns that raise community awareness of the health risks of smoking;
- continued funding for the NSW Quitline to support those in the community seeking assistance to quit smoking; and
- smoking cessation interventions including providing training for health professionals to provide evidence based cessation advice.

In regards to overweight and obesity prevention, NSW Health has numerous programs in schools, such as Fresh Tastes @ School (healthy canteens), and Live Life Well @ School. A recent program introduced in preschools is Munch & Move, which focuses on upskilling pre school teachers on nutrition and physical activity. NSW Health is also supporting the national social marketing campaign which will target adults in relation to nutrition, physical activity and healthy weight, and is currently planning the establishment of a telephone based coaching service for adults around these risk factors.

In addition, NSW Health is funding a large diabetes prevention trial in Sydney South West Area Health Service. The purpose of this program is to develop, implement and evaluate community based intensive lifestyle interventions (in relation to diet and exercise) for those at high risk.

Northern Territory

With the assistance of Commonwealth funding for the ‘Trachoma Training and Implementation Program’ over 06/07 and 07/08, the NT has employed a Trachoma Program Coordinator for the NT.

The Safety & Injury Prevention Coordinator with the NT Department of Health and Families coordinated the promotion of messages around eye safety around Territory Day (when fireworks can be legally purchased and discharged in the NT). Eye injuries arising from fireworks were markedly reduced from previous years.

Prevention through improved management of diabetes:

- The NT’s Preventable Chronic Disease Strategy guides activity in this area. The strategy has recently been evaluated and undergoing refreshing.
- Northern Territory practitioners in health services with a predominantly Indigenous clientele provide protocol-driven care. Eye health checks and follow-up are built into the locally developed, regularly evaluated and updated guidelines (Central Austral Rural Practitioners Association or CARPA Guidelines), which are supported financially and with significant Department of Health and Families’ clinician leadership and input.
- The Department of Health and Families partners the Menzies School of Health Research in the health service based quality improvement program ABCD which has facilitated significant gains in diabetes management, including eye health checks.

Queensland

Lions Eye Health Program

The Lions Eye Health Program has commenced in Queensland, with Lions Clubs becoming involved in education of their communities about the need for eye health checks. There is an emphasis on screening for diabetic retinopathy and glaucoma. Lions clubs and its members assist their communities by screening programs in conjunction with their local eye care professionals. The emphasis is on the need for an eye health check every 5 years and more frequently in those in the high-risk groups for diabetic retinopathy and glaucoma.

Chronic Disease Prevention and Management

To address the morbidity associated with chronic disease and the growing demand for health services, the Queensland Government, through the *Smart State: Health 2020 Directions Statement*, has identified the prevention and management of chronic diseases as one of its major strategic priorities. The subsequent *Queensland Strategy for Chronic Disease*

2005-2015 identifies the need for:

- improved primary prevention of risk factors;
- better integrated early detection and management of risk factors and disease markers; and
- effective management of existing disease and prevention of complications.

Some examples of this in relation to eye health include:

- The Queensland Health/Mater Children's Transition Project disseminates guidelines for health professionals and General Practitioners caring for children and adolescents with diabetes types 1 and 2 to screen and monitor for complications and associated medical conditions including eye complications.
- The Inala Chronic Disease Management Project's goal is to improve the quality of life for people with Type II diabetes, living in the Inala catchment area, by building the capacity of the primary care sector and providing accessible, evidence-based care in the community through multidisciplinary integration across the primary, secondary & tertiary interface. Part of this project includes a comprehensive training and education program provided to Clinical Fellows (advanced trained GPs), GPs and other Health Professionals in relation to retinal disease.
- The Royal Children's Hospital in collaboration with the University of Queensland provides a paediatric retinal screening program for children and adolescents with diabetes throughout Queensland through the Centre for On-Line Health.

South Australia

Cosmetic contact lenses

Cosmetic (or plano) contact lenses have proven to present the same eye health risks as prescription contact lenses. Until recently, their sale was unregulated, with teenagers buying them from market stalls and fashion outlets. Surveys indicated that they were sharing them like clothes and jewellery, resulting in serious eye infections and potential blindness.

In October 2007 the sale of cosmetic contact lenses was regulated in SA. They can now only be purchased on the production of a valid prescription from an optometrists or medical practitioner.

In October to December 2007, a successful PR and education campaign was implemented in SA with a target group of 12 – 25 year olds to warn about the health risks associated with unsupervised use of cosmetic contact lenses. A web site was established, funded by Department of Health, OAA (SA) and Contact Lens Manufacturers Association.

Falls Prevention

Poor vision is proven to be a major contributor to the incidence of falls in older Australians.

In 2005 / 06 a falls prevention program was piloted in the western suburbs. It encompassed a training program for carers in aged care facilities in addition to the production and distribution of awareness posters in a variety of languages in community centres, libraries, medical centres and optometrists in the area. Subsequently falls prevention resources continue to promote the importance of ensuring good vision to prevent falls.

South Australian Spectacle Scheme

South Australian Spectacle Scheme (SASS) is an initiative that provides subsidised spectacles for concession card holders in SA. It is funded jointly by the SA government and participating optometrists. After approximately 20 years, the program has been reviewed and an improved model that brings it up-to-date with contemporary eye care practices has been proposed to government. The new model will allow SASS participants to access a wider range of spectacle frames, lens coatings and tints in addition to contact lenses.

Central Northern Adelaide Health Service

Central Northern Adelaide Health Service includes basic information about eye care and eye health in all health promotion activities. Eye health is part of the Aboriginal adult health check, all screenings, diabetes education sessions and as part of the referral pathways. In addition, all prisoners receive eye testing whilst incarcerated if required.

Children Youth and Women's Health Service

Parent information as anticipatory guidance is provided to parents of all those new births registered by Children, Youth and Women's Health Service in the form of a free production called the "Welcome to Your Baby" magazine and the website www.cyh.com

Eye Safety in Small Business Project

Southern Adelaide Health Service conducts the Eye Safety in Small Business Project which was funded through SafeWork SA using funds designated for projects aimed at improving health and safety in South Australian workplaces.

The aim of the Eye Safety in Small Business Project was for Southern Primary Health - Noarlunga (SPH-N) and the Lonsdale and Hackham Small Business Associations to work collaboratively in reducing the incidence and severity of eye injuries in industrial workplaces in the Southern area.

The objectives of the project were to:

- improve eye safety awareness among employers and employees in the Southern area;
- ensure that improvements to workplace eye safety extend to those sections of high risk industries; and
- work towards reducing presentation rates for eye injury at Noarlunga Community Hospital's Emergency Department.

The implementation of the Eye Safety in Small Business Project resulted in the development of an Eye Safety Training Kit, piloted within the metal industry in the Southern Industrial area and available to SPH-N, SafeWork SA and all Industry groups for adaptation.

The project also led to the development of Eye Safety Information Guides for employers and employees. These have been distributed to 326 targeted local small businesses.

In addition to continuing with the strategies implemented during the project, such as offering on-site Eye Safety training workshops and distributing the Employer and Employee Eye Safety Information Guides, other initiatives were also implemented. These were namely the Emergency Department Approach to Eye Injuries in Small Business and Eye Safety training programs for Year 11 and 12 students undertaking metalwork studies.

Tasmania

Tasmania has undertaken and has continued a number of programs either aimed specifically at reducing the risk of eye disease and injury, or these factors are part of a larger program, such as chronic disease management.

Visual Impairment Prevention Program

The health service relationship between General Practitioners, Optometrists and Ophthalmologists, fostered by the Tasmanian section of the Visual Impairment Prevention Program, is continuing.

The Visual Impairment Prevention Program increased the awareness of Low Vision Clinics (LVC) of which there are four in Tasmania – three are under the auspices of the Guide Dog Association of Tasmania in Hobart, Launceston and Ulverstone and the fourth LVC is conducted by Optometrists at the Royal Hobart Hospital.

Type 2 Diabetes Referral Guide and Personal Diabetes Record

These services were introduced prior to the reporting period, but have continued during the reporting period.

The *Referral Pathways Guide* is currently being reviewed by the Tasmanian Divisions of General Practice network in consultation with the Tasmanian Department of Health and Human Services (DHHS). The Guide has facilitated improvement in appropriate utilisation and coordination of services across the multidisciplinary health team for people with Type 2 diabetes and includes recommendations on timely referral to eye health practitioners for the prevention and management of eye diseases associated with diabetes.

The *Patient Diabetes Record* is used by General Practitioners and Diabetes Educators in general practices and Diabetes Educators in DHHS. This record assists patients in communicating with the professionals involved in their care and is also used as a reminder for regular and screening appointments in addition to providing information. The Record facilitates collaborative and effective diabetes self management, including that for eye health care.

Chronic Disease Management

In Tasmania, prevention activities have been geared towards chronic diseases prevention using the SNAPPs framework (Smoking, Nutrition, Alcohol, Physical Activity, Psychosocial conditions), as follows:

- implementation of the Tasmanian Tobacco Action Plan;
- implementation of a broad range of strategies under the Tasmanian Food and Nutrition Policy;
- development of a population-level/primary prevention action plan to reduce harm from alcohol; and
- development and implementation of a range of initiatives under the Tasmanian Physical Activity Plan, auspiced by the Premier's Physical Activity Council.

In addition, under the Australian Better Health Initiative, Tasmania is:

- establishing a framework and regional structure to support chronic disease self-management; and
- providing new resources to Diabetes Tasmania to work with persons identified as being at risk of diabetes.

Cosmetic Contact Lens

The DHHS has, in cooperation with the Optometrists Association Australia, undertaken two media "events" to highlight the risks of inappropriate use of cosmetic contact lenses.

Tasmanian Eye Health and Care Initiative

In March 2007, the Royal Guide Dogs of Tasmania successfully sought funding from the Eye Health Demonstration Grants Program to pilot a collaborative eye health and vision care program across Tasmania focussing on a coordinated systems approach to implementing the key areas for actions as identified in the National Framework.

The objectives include to:

- improve the quality and safety of eye health care by educating professionals in health and related sectors to promote best practice;
- ensure efficient and effective coordination of services and appropriate referral protocols between eye health and vision care service providers and other service providers;
- reduce the risk factor for eye disease and vision loss and increase early detection by raising awareness among the Tasmania general public; and
- support the National Eye Health Initiative by demonstrating the program's impact through research, monitoring and evaluation.

The pilot is implemented by a project officer and a steering committee of which DHHS is a member. DHHS will have a significant role in the raising awareness program, to be based on the successful Vision 2020 program in Victoria. The project commenced in October 2007.

Victoria

In April 2008, the Department of Human Services (the Department) contributed to national policy by providing comments out-of-session, prior to the meeting of the AHMRC, on the draft of the revised *The Diabetes Type 2 Guidelines on Diabetic Retinopathy*.

Life! - Taking Action on Diabetes Program

The Victorian government has funded Diabetes Australia - Victoria to implement the *Life! - Taking Action on Diabetes* program. *Life!* has two goals:

- To arrest the growth in type 2 diabetes; and
- To contribute to the earlier diagnosis of type 2 diabetes in those who have undiagnosed type 2 diabetes.

Through systematic risk assessment, Victorians at high risk of developing type 2 diabetes will be identified and community-based lifestyle behaviour change programs will be provided for 25,000 eligible people. The six-session lifestyle behaviour change program is delivered by accredited facilitators and supports participants to develop healthy eating behaviours and increase rates of physical activity. Participants are supported to work towards a weight loss of at least 5% of their body weight and 30 minutes of moderate physical activity per day.

Life! focuses on Victorians aged over 50 years and Aboriginal and Torres Strait Islander people of all ages. The implementation of this program is phased, targeting areas of high need as a priority, with state wide coverage by 2011.

The Vision Initiative (TVI)

The TVI is the Victorian Public Health response to the National Framework. The aim of the TVI is to raise awareness of the importance of eye health among the general public and the health and related sectors. In 2005-06, the Department provided \$600,000 to further develop and implement the TVI conducted as a pilot from 2003. From 2006-2010, \$618,000 has been allocated for TVI activities. The program includes both primary prevention activities (Public Health) and disease management activities (Primary Health).

The key objectives include to:

- increase the awareness and knowledge of the priority population groups about the importance of prevention activity and regular eye examinations;
- improve the understanding and awareness of health and community professionals of eye health and vision issues and referral pathways; and
- ensure a platform for collaboration and sustainable partnerships between Victorian eye health and vision care providers, government and other organisations.

Western Australia

Development of WA State Eye Health Plan

In 2006 under the leadership of Professor Ian Constable a Draft WA State Eye Health Plan was reviewed by a meeting of stakeholders providing eye health services in Western Australia. The draft plan underwent a preliminary review and was subsequently adopted by the Neurosciences and the Senses Health Network as its key policy platform on eye health. This paper has become a key resource for all aspects of WA Health planning for ophthalmology services. It provides key recommendations in relation to preventable eye disease and has been used in developing Area Health Service clinical service plans.

In the first instance, under the guidance of the Clinical Lead of the Neuroscience and the Senses Health Network three initial priorities were identified - one of these was to ensure that eye health formed part of the new health promotion planning for WA. The Neurosciences and the Senses Health Network is now seeking to develop key models of care to underpin a more extensive implementation of the recommendations from the Draft Plan.

Western Australian Health Promotion Strategic Framework

In keeping with the emphasis of the Draft WA Eye Health Plan a focus on eye disease was included as a priority area in the development of the WA Health Promotion Strategic Plan.

This plan was developed as a framework for procurement of Health Promotion programs from the NGO sector in Western Australia.

Recognition that the risk behaviours relating to high burden of disease conditions including diabetes, heart disease and cardiovascular disease are the same as the key modifiable risk factors for eye disease underpinned the inclusion of eye health as an element of the program. Lessons from the Vision 2020 program in Victoria were noted and this information considered in developing the Strategic Framework in WA.

Future health promotion programs will continue to include eye health as an element of the program especially as it has become evident that focussing on preventable blindness seems to be an effective message in influencing lifetime risk behaviour in younger people.

KEY ACTION AREA TWO: INCREASING EARLY DETECTION

Objective: Treatable eye conditions are detected early, so that interventions can be applied to preserve vision and prevent any further vision loss.

As the Framework states, since there are cost-effective treatments for many eye conditions that prevent further vision loss and blindness, early detection of eye disease is imperative. Early diagnosis is also important for those people with sight-threatening eye conditions for which no treatments currently exist, to enable important career, financial and lifestyle decisions to be made.

Australian Government

As outlined under Key Action Area One, the Department of Health and Ageing has funded a range of activities to raise public awareness of the importance of regular eye checks. Other initiatives to improve early detection of eye disease include measures to increase the capacity of the primary care workforce to detect eye disease and make appropriate referrals, particularly in regard to groups at particular risk of eye.

Development of telemedicine technology

The University of Western Australia has been allocated funding of \$197,800 to develop affordable and intelligent telemedicine technology to increase the early detection of eye disease. The pilot project aims to build capacity amongst primary providers to identify vision loss, detect eye disease and refer appropriately

Increasing early detection of glaucoma

Funding of \$130,128 is being provided to the Royal Hobart Hospital under the Eye Health Demonstration Grants Program for the “Telemedicine Model to Prevent Blindness from Familial Glaucoma” project. The project aims to reduce glaucoma blindness by the early detection of undiagnosed glaucoma cases in high risk individuals. The project will identify all known people with glaucoma in Southern Tasmania and conduct clinical examinations of all first degree relatives who agree to participate in the study.

Glaucoma awareness

Funding of \$75,300 is being provided to Glaucoma Australia under the Eye Health Demonstration Program for a Glaucoma Outreach Program in Northern Queensland and

Northern Territory. The Program seeks to reduce the incidence of avoidable blindness and vision loss through early detection and improved management of glaucoma.

Information sessions for the public promoting the importance of early detection in the management of glaucoma will be held in fourteen locations across rural and remote Northern Queensland and Northern Territory.

Increasing early detection of cataracts and diabetic retinopathy

Funding of \$95,982 is being provided to the Western Australian Country Health Services Goldfields under the Eye Health Demonstration Program to pilot and evaluate a project aimed at increasing early detection of cataracts and retinopathy amongst people in rural and remote areas of the Goldfields, Western Australia.

The review and update of the Clinical Evidence Based Guidelines for the Management of Diabetic Retinopathy will assist practitioners in making decisions about the appropriate health care of patients with diabetes. Detecting diabetic eye disease is critically important, since there are well-developed and proven strategies to prevent visual loss. The review of the guidelines is expected to be finalised in June 2008.

Increasing early detection of eye disease amongst Aboriginal and Torres Strait Islander people

As mentioned in Key Action Area 1, increased screening is one component of the services that the states deliver through the trachoma control programs. Under Key Action Area 3, eye health screening is delivered through Aboriginal Community Controlled Health Services as part of comprehensive primary health care. Service Activity Reporting data shows 64 per cent of services provided eye disease screening in 2005-06 (latest available data).

Childhood Vision Screening

On 1 November 2005 a new optometry item was introduced onto the Medicare Benefits Schedule providing Medicare rebates for children's vision assessments providing for additional detailed assessment and testing of children aged three to fourteen years inclusive, with one or more of the following conditions: amblyopia (lazy eye), strabismus (crossed eyes), and dysfunctions relating to vergences (the inward or outward turning of one or both eyes when focusing on an object).

Prior to this, optometrists were performing detailed tests on children with specific conditions as part of a normal comprehensive consultation. These conditions, if not properly addressed, can lead to poor vision and associated learning difficulties.

The new item was introduced to cover the additional expertise and clinical work involved in testing and will aid in the early detection of a number of eye conditions.

Healthy Kids Check

As part of its early childhood agenda, the Australian Government is introducing an MBS health assessment item for four year old children. The objective of the Healthy Kids Check, which will be introduced on 1 July 2008, will be to ensure that every four year old child in Australia has a basic health check to see if they are healthy, fit and ready to learn when they start school.

The Government will also provide funding to enable the Healthy Kids Check to be delivered through State/Territory government service provision arrangements. Negotiations are underway with all jurisdictions and implementation is anticipated early in 2008-09.

The Healthy Kids Check will include a basic physical assessment of the patient's eyes and a discussion with the child's parents or carer of any concerns they may have regarding their child's eyesight. The tests that are offered will be of the kind that can be provided in a general practice setting by suitably qualified medical and health professionals (general practitioners and practice nurses).

Should any medical issues or conditions affecting the child's vision be identified, the medical practitioners will make a referral to an optometrist or ophthalmologist, as appropriate.

Northern Territory Emergency Response Child Health Checks (2007-08)

The Northern Territory Emergency Response Child Health Checks (2007-08) included a vision test, and children identified with a vision abnormality were referred to an optometrist/ophthalmologist for follow-up care.

Children's Vision Demonstration Grant

Funding of \$150,000 is being provided to the Riverina Division of General Practice under the Eye Health Demonstration Grants to pilot, implement and evaluate a practice-led children's vision screening program across the Division through professional development training and embedding screening into practice culture. General practitioners, practice nurses and community nurses will be trained in visual acuity screening. Screening will be implemented opportunistically within the practice setting. A practice change management framework will be implemented to engage and support visual screening opportunities in general practice and new referral processes will be trialled and evaluated.

Vision Screening

A weekly clinic for the Diabetic screening program is conducted for Outpatients at the Canberra Hospital.

In the childhood screening area, ACT Health Orthoptists provide a vision screening service for children from birth to six years if issues are raised following an initial Maternal and Child Health vision screen. Children to six years of age who have been referred by a Maternal and Child Health Nurse, school screening or a Child Health Medical Officer can attend the two clinics held each month. All Kindergarten students are offered School screening, with around 80% uptake and some 3,000 children screened annually.

Screening for people from an Aboriginal and Torres Strait Islander background is offered by the Winnunga Nimmityjah Aboriginal Health Services.

The Private group practice provides a well attended occasional series of lectures to optometrists on relevant topics such as early signs of glaucoma at the Canberra Eye Hospital.

New South Wales

Personal Health Record

The emphasis placed on eye health as part of the Personal Health Record (PHR) is one of the activities undertaken in NSW to increase early detection of eye disease.

The NSW child PHR is distributed to all families who give birth in NSW. Vision surveillance and vision screening is an important component of the PHR and will increase the early detection of childhood vision problems. Vision surveillance commences with the newborn health check and is recommended at health checks taking place at 1-4 weeks, 6-8 weeks, 6-8 months, 12 months, 18 months, 2 years and 3 years. Vision screening is recommended at the four year health check and will increase the detection of childhood vision problems not identified through vision surveillance.

Statewide Eyesight Preschooler Screening (StEPS) Program

The StEPS program is a new initiative by NSW Department of Health and will be implemented in the second half of 2008. The StEPS program is a population-based vision screening program for four-year-old children. By identifying and targeting all four-year-old children in NSW, the StEPS program will increase the detection of eye disease and vision problems. Detection and treatment of childhood vision problems in the preschool years significantly improves visual prognosis and children will have a much greater chance of normal vision being restored.

An outreach vision screening program has been introduced, in some local and rural areas addressing the non-English speaking members of the community.

Activities to increase early detection of eye disease include the collaboration of the Broken Hill Health Service with a local optician to perform field tests. The optician has a field test machine that is currently on trial. The Health Service and the optician are working together with a view to reducing the demand on the Health Service as well as reducing the waiting time for patients to have this procedure performed, which will promote early detection of eye disease.

In line with StEPS, the Dareton Primary Health Care Service carries out annual screenings of all four-year-old children, and school age (year 5/6) when requested by the school with parental permission, making referrals as required. In this Area Health Service, the Dubbo Community Health Centre conducts child health checks encompassing vision checks by child and family health nurses in line with the NSW Health Child Personal Health Record on infants and children at ages 1,2,3 and 4 years, including Aboriginal children.

Northern Territory

NT Trachoma Program Coordinator

With the assistance of Commonwealth funding for the ‘Trachoma Training and Implementation Program’ over 2006/ 2007 and 2007/2008, the NT has employed a Trachoma Program Coordinator for the NT, one of the aims of which is to improve trachoma detection throughout the NT.

Trachoma training sessions have been conducted in both the Top End and Central Australian over the last year, increasing the number of staff proficient at diagnosing and managing trachoma.

Co-ordination of trachoma screening throughout the NT is working to increase the number of communities (and children) identified with trachoma, allowing appropriate and early treatment, reducing the risk of progression of the disease in these individuals, and reducing the risk of transmission of trachoma to others in the communities.

Queensland

School based vision screening

School Health Programs and introduction of School Health Nurses have coordinated detection programs in Primary and Secondary schools. In Year One, all primary school students are screened for sight and hearing with any finding outside the “normal” range referred to the child’s GP for further investigation. This program is also extended on an ad

hoc basis to any teacher / parent or child that has concerns with the sight of a child from Prep to Year 12.

South Australia

A pilot in the southern suburbs brought together a group of inter-related health disciplines in an attempt to find an effective collaborative model of care for known or at-risk diabetes sufferers. The aim was to provide more effective screening and ongoing monitoring in the community and in so doing, detect diabetes in the early stages. The model included GPs, optometrists, nurses and podiatrists.

Central Northern Adelaide Health Service increased their systematic multi-disciplinary assessment and treatment of Aboriginal clients with diabetes including referrals to eye specialists. Packages of care provided for Aboriginal clients with diabetes has included funding for vision / eye assessment as well as pathways created for culturally appropriate referral.

Children's Vision Project

CanDo4Kids and associated stakeholders (including OAA SA) have secured a National Eye Health Demonstration Grant to pilot a vision issue detection and treatment model in a new Children's Centre. Much work has been done before on when children should be screened and what the screening should include. What this pilot aims to do is to take it one step further and identify what is preventing parents of children from seeking the necessary screening and following up after a screen identifies an issue.

Optometrists Association Children's Vision Campaign

The Optometrists Association implemented its Children's Vision Campaign across all schools in SA. For several years, this has included all primary schools, but in 2007 it was extended to include secondary schools. Each school is sent a pack of educational information for teachers and parents on the impact of poor vision on learning, the likelihood of poor vision and what are tell tale signs of poor vision. Editorial is also provided for school newsletters and an offer is made for an optometrist to visit the school and present a talk to parents and teachers.

Orthoptic Awareness Week

Orthoptic Awareness Week is held yearly in March. Campaigns aim to raise awareness of the profession and eye conditions. The theme for 2008 was Children's Eye Health and posters were displayed in hospital eye clinic waiting areas

Orthoptic Outreach Clinics

There is involvement by the Women's and Child Health orthoptists in Orthoptic Outreach Clinics. During these clinics, the Orthoptists screen children with suspected visual problems. Referral is by Child and Youth Health nurses, Medical Officers, Child Development Unit, school teachers and self referrals from parents.

Referral pathways

In 2006-2007 state-wide discussions were held between Children, Youth and Women's Health Service Ophthalmology and Orthoptic services, the Optometrist Association and the Royal Australian College of General Practitioners to review vision assessment, screening and referral pathways. This provided collaboration between eye health services. As a result of improved triage processes optometrists, orthoptists and ophthalmologists receive appropriate and timely referrals.

The outcomes from these state-wide discussions recommended improvement of vision screening by the introduction of the corneal light reflex and cover test to the existing 4 – 5 year health check (which currently consists of distance vision acuity only). Training has been conducted and a pilot is planned for 2008.

In addition, the 'Blue Book' issued to new mothers now includes up-to-date advice and information on their baby's eyes and children's vision

A variety of eye health issues in the older generation can be managed effectively if detected early enough e.g. glaucoma, resulting in better vision for longer. In SA, Guide Dogs SA / NT and other partners secured a national Eye Health Demonstration Grant to pilot a model for effectively getting the target group to an optometrist regularly.

'Peelies Bus'

The Riverland Regional Health Service operate the Peelies bus (Peelies is the Ngurrindjerri word for eyes). The program provides health checks in the region originally centred around eye health.

Tasmania

As mentioned under the Australian Government Initiatives the Royal Hobart Hospital is housing the Eye Health Demonstration Grants Program for the "Telemedicine Model to Prevent Blindness from Familial Glaucoma" project.

This project builds on 15 years of work with the Glaucoma Inheritance Study in Tasmania, where families have been alerted to the heritable nature of glaucoma and DNA testing for myocilin mutations has been conducted on 1500 glaucoma cases and several thousand family members examined for glaucoma. This is helping to increasing early detection of glaucoma.

Victoria

The Vision Initiative

One of the objectives of the Vision Initiative (TVI) is to “*Communicate the importance of regular eye tests to prevent and treat eye disease and vision loss, particularly to those over 40 and in other at-risk groups*”. ‘Save Your Sight’ is the key communication campaign of TVI, promoting the importance of regular eye health checks to prevent vision loss.

World Sight Day 2007, held on 11 October 2007 was an initiative of TVI. The theme *What’s your vision for children?* focussed on the importance of parental action and early vision screening for children. Nine of Vision 2020 Australia’s members participated in Victoria, generating 44 media mentions. Activities included conducting a general eye health clinic, book launch and the launch of site-specific changes designed to make the hospital experience less daunting for children.

Diabetes Self-Management Program

The Diabetes Self-Management Program is funded by Primary Health. This initiative supports the role of the General Practitioner in encouraging their clients with type 2 diabetes to have regular comprehensive eye health examinations and an eye examination for retinopathy by an eye specialist/ ophthalmologist or experienced optometrist, as part of the ongoing client monitoring in an integrated approach to client management.

Western Australia

WA Draft Eye Health Services Development Plan

The Draft WA Eye Health Services Development Plan includes a range of recommendations to enhance coordination of services. Key priorities are to engage general practitioners and to seek to include assessments by optometrists in detecting emergent eye conditions have been outlined. These priorities are being included in the development of the WA Primary Care Strategy and are included in the current e-Health implementation framework.

Model of Care for Diabetes

Developed by the Endocrine Health Network the model of care emphasises early and regular assessment of complications of diabetes in the community based model. Care pathways are being developed as part of the implementation of models of care starting currently.

Remotely acquired retinal imaging for early detection.

A research project funded in 2007 sought to provide clear evidence base for outreach of retinal image detection and review by other health providers. A report is expected shortly on the clinical and health economic evaluation of this important tool identified as a priority in the WA Eye Health Services Development Plan. If effective this approach to assessment of retinal disease will help in the early identification and intervention in emerging eye health problems in rural and remote communities and will underpin extension of remote and telehealth assessment of eye conditions.

Kalgoorlie Broadband project

WA Health is supporting the ongoing development of the integrated broadband linked network in Kalgoorlie. Management of retinal images and accelerated sharing of reviews and assessment of eye health in patients with chronic diseases has been included in the project.

Rural health initiatives sustained

Management of Trachoma Control programs is being passed to the State from the Commonwealth. Full implementation plan has been developed and addresses early assessment, workforce training and development and enhanced data management. Work is progressing well. Partnerships with Aboriginal Controlled Community Health providers have been targeted key health promotion campaigns directed and improved personal hygiene. Associated planning with the Department of Housing and Works and WA Country Health Services to improve the provision of appropriate housing and hygiene education are also being progressed. These initiatives are both about early detection and improving key health promotion against this eminently treatable cause of blindness.

KEY ACTION AREA THREE: IMPROVING ACCESS TO EYE HEALTH CARE SERVICES

Objective: All Australians have equitable access to appropriate eye health care when required.

Since effective sight preserving interventions exist for many eye conditions, it is essential that Australians can access eye health care services when the need arises. Where eye disease cannot be prevented or treated, the quality of life for people with low vision can be greatly improved through access to appropriate rehabilitation and support.

Australian Government

The Australian Government funds a range of programs aimed at increasing access to eye health and vision care, including through subsidising the cost of medicines and specialist services and improving the cultural accessibility of services.

New Medicare Item Numbers for Ophthalmology

Between November 2005 and May 2008 the Department, in consultation with the Royal Australian and New Zealand College of Ophthalmologists (RANZCO), introduced a number of ophthalmology items to increase the number of ophthalmology services with Medicare funding and to improve the quality of care for all Australians.

In the 2006/2007 financial year, Medicare expenditure was over \$239 million for optometry services and over \$255 million for ophthalmology services.

Extension of prescribing rights under the Pharmaceutical Benefits Scheme (PBS) to include optometrists as PBS prescribers

Since 1 January 2008, optometrists authorised to prescribe under State or Territory law have been able to apply for approval to prescribe from a limited list of eye medicines on the PBS under the *National Health Act 1953*. The arrangements for prescribing by optometrists under the PBS also apply for the Repatriation Pharmaceutical Benefits Scheme (RPBS). The estimated cost of this initiative is \$11 million over four years.

As PBS prescribers, authorised optometrists are also bound by all relevant State or Territory requirements and regulations. Around 300 optometrists have been approved as PBS prescribers at this stage and this number is expected to grow as the number of optometrists eligible to prescribe under State or Territory law increases.

This initiative will make a positive contribution to eye care for the community, particularly for older people, lower income groups and people in rural areas. It will help to make better use of optometrist services, reduce delays in access to eye treatments, reduce costs to consumers and support continuity of therapy. The changes are consistent with a multidisciplinary approach to health care.

As at May 2008, the current PBS optometrist list includes topical eye drops and ointments which are antibiotics, anti-inflammatory agents, anti-allergy products, and ocular lubricants. There are 17 different drugs, 31 formulations, and 46 products (brands).

The medicines for optometrist PBS prescribing as listed on the Schedule of Pharmaceutical Benefits can be found at <http://www.pbs.gov.au>

Visiting Optometrists Scheme

The Visiting Optometrists Scheme (VOS) aims to improve the access of people living and working in rural and remote communities to optometric services. Funding of \$11.9 million over four years (2007-08 to 2010-11) has been allocated to the scheme.

New arrangements for the VOS commenced on 1 October 2007, in response to the recommendations of a review conducted by the Department. The new arrangements for the VOS will ensure services are better directed towards areas of greater need, particularly remote and very remote communities, and will increase financial incentives for optometrists to participate in the scheme.

Under the VOS, financial assistance is provided for the costs of travel, accommodation, meals and incidentals, lease of equipment, facility fees, administrative support at the outreach location, and external locum support at the optometrist's principal practice. In addition, optometrists may also be eligible to receive an Absence from Practice Allowance to compensate for 'loss of business opportunity' due to the time spent travelling to and from an approved outreach location to deliver optometric services.

VOS Implementation

The first phase was to invite existing participating optometrists to be 'grandfathered' into the new arrangements. In this way, existing services will continue to be provided until 30 June 2010.

Of the 99 eligible optometrists, 67 submitted applications to be grandfathered into the new arrangements. These applications have been assessed and funding agreements for the provision of services from January 2008 to June 2010 have been finalised.

The second phase commenced on 12 April 2008, when the Department advertised a national call for expressions of interest from optometrists willing to provide outreach optometric

services under the VOS to identified national priority locations. The Expression of Interest process closed on 23 May 2008.

The list of national priority locations has been determined by the Department of Health and Ageing in consultation with key stakeholders, including the Optometrists Association Australia and Vision 2020 Australia, and targets remote and very remote communities, particularly Indigenous communities, and rural communities with an identified need for optometric services.

It is anticipated that a national call for expressions of interest process will be conducted annually as a means of encouraging optometrists to provide outreach optometric services under the VOS to identified national priority locations.

Review of the VOS

The VOS was comprehensively reviewed in 2005-06. The review was undertaken in response to stakeholder concerns that the VOS was outdated, under-utilised and administratively complex, resulting in a relatively low level of participation by optometrists.

The review found that the VOS was a vital and integral component of optometric services provided to Australians living and working in rural and remote locations, however, the scheme did not provide sufficient services to remote and very remote locations, and did not adequately support optometrists.

South Australian optometry outreach services

Funding of 15,000 (GST exclusive) was provided in 2006-07 for the eye health specialist project in South Australia to support access to outreach optometry services for Nganampa Health Council Clinics as an interim measure while the Visiting Optometry Scheme review was underway.

OATSIH provided one-off funding of \$10,000 in 2005-06 to support the provision of optometric and ophthalmology services to remote areas of South Australia, pending the results of the VOS review.

Medical Specialist Outreach Assistance Program

The Medical Specialist Outreach Assistance Program (MSOAP) aims to improve rural and remote community access to a range of medical specialist services by complementing outreach specialist services provided by State and Northern Territory governments. This is achieved by addressing some of the financial disincentives to specialists providing outreach services.

Under the MSOAP, funds are available to reimburse specialists for the costs of travel and accommodation, venue hire and administration, as well as providing compensation for loss of business while travelling

In the period 1 July 2005 to 31 December 2007 nationally, more than \$2.19 million was allocated to support 246 ophthalmology services, resulting in over 38,000 people being consulted and treated by an ophthalmologist.

Access to medicines for treatment of age-related macular degeneration

Three new medicines for the treatment of certain patients with age-related macular degeneration (AMD) were included on the Pharmaceutical Benefits Scheme (PBS) in 2007 at an estimated cost of \$630 million over 4 years. These are:

- Retaane[®] (anecortave), listed 1 April 2007 for wet AMD with predominantly classic lesions;
- Lucentis[®] (ranibizumab), listed 1 August 2007 for wet AMD; and
- Visudyne[®] (verteporfin), listed 1 August 2007 for wet AMD with predominantly classic lesions, following a transfer from the Medicare Benefits Scheme.

As at 31 March 2008, 8,300 patients had accessed one of these medicines through the PBS. Although these medicines are not a cure for AMD, they can slow down or reverse its progression, depending on the stage and type of the disease.

On 1 November 2005 new optometry items were introduced into the MBS for domiciliary visits in recognition of the additional costs associated with delivering an optometric service at a patient's home.

The domiciliary visit item creates a Medicare benefit greater than that provided for a standard consultation item. This is of particular assistance to patients who are disadvantaged or isolated.

Funding for Aboriginal Community Controlled Health Services

Aboriginal Community Controlled Health Services funded by OATSIH deliver comprehensive primary health care, inclusive of a focus on eye health.

In addition to funding primary health care, Aboriginal Community Controlled Health Services are able to access Expansion and Enhancement funding to augment their eye health service delivery.

Central Australian Initiatives

OATSIH funded the Fred Hollows Foundation to coordinate a program of concentrated eye surgery sessions ('eye surgery blitzes') at the Alice Springs Hospital, running over three weeks in May, September and November 2007 to reduce waiting lists for eye surgery in Central Australia. The three surgical sessions conducted a total of 145 additional surgeries, primarily cataract, in 2007. Another eye surgery blitz was conducted in April 2008, achieving 57 procedures over five days. A further two eye surgery blitzes are planned for August and October 2008.

OATSIH is funding Central Australian Aboriginal Congress to pilot a two year project for the employment of a full time optometrist to deliver optometry services and training in Central Australia. The optometrist will focus on the detection and treatment of diabetic retinopathy. Recruitment for the position is underway, with an optometrist expected to commence in July 2008.

Funding of \$198,896 has been provided under the Eye Health Demonstration Program to the International Centre for Eyecare Education, University of New South Wales to raise awareness of the importance of eye care and to increase access to eye care services by Aboriginal and Torres Strait Islander people in the Northern Territory. This will be achieved through the development and implementation of a training program aimed at further developing the skills and knowledge of Regional Aboriginal Eye Health Co-ordinators from the Northern Territory and selected Aboriginal Health Workers from the Darwin Region.

Australian Capital Territory

A major initiative to create a fully fledged Department of Ophthalmology at Canberra Hospital commenced operation in January 2008. The \$2 million investment in equipment and staffing will provide a comprehensive vitreo-retinal service not previously available in the ACT. Further appointments in other sub-specialty areas are being sought, in Paediatrics, Cornea and Glaucoma. The Department now has 2 registrars, and college accreditation of their positions will commence in 2009. A third registrar will also commence in 2009. At present the Department has 2 staff specialists and 5 visiting medical officers.

There has been a thorough assessment of projected requirements to 2020 to assist ACT Health in developing its \$300 million Capital Asset Development Plan. This complete overhaul of the Canberra Hospital site will see 300 beds and 10 theatres added to the existing 500 beds and 10 theatres, as well as new Ambulatory Care facilities. Detailed specifications have been provided as to the Department of Ophthalmology's requirements.

Initiatives to recruit and assist new ophthalmologists to commence private practice in the ACT, aiming to address the workforce shortage created by recent and projected retirements, include advertising through the College and word of mouth enquiry at conferences. An Oculopastics sub-specialist commenced in April 2008. It is envisaged that the training of Registrars within the Department of Ophthalmology will also assist this process in the long term.

Ophthalmologists from Canberra Eye Hospital (Private group practice) provide monthly Clinics at Goulburn, Cooma and Young, as well as a monthly Theatre list at Goulburn.

New South Wales

Outback Eye Service

The Outback Eye Service provides ophthalmic outpatient services to rural and remote NSW and undertakes ophthalmic surgery at Bourke District Hospital on a regular basis. Cataract removal is the most common surgery performed.

Outreach Services

The Eye Clinic at the Children's Hospital at Westmead reports that outreach ophthalmic services are offered at Mt Druitt and Campbelltown hospitals, staffed by a paediatric ophthalmologist, orthoptist and ophthalmic nurse. This provides quality paediatric eye services in areas where there very few or no such services available publicly or privately. Outreach orthoptic services are also offered for early childhood secondary screening services to four local community health services. This secondary screening ensures that babies and infants with eye and vision problems are identified early and referred for follow up. It also assists in identifying babies and children without eye and vision problems, thus reducing over referral rates.

The NSW Medical Services Outreach Assistance Program funds two specialists providing a monthly ophthalmology outreach service to Griffith. In 2007, the service undertook over 600 consultations.

The links are forstered with Vision Australia, Glaucoma Australia, Retina Australia and Guide Dogs to ensure that consumers have ready and easy access to acute services. For instance, Low Vision Clinics are provided at Sydney Eye Hospital in cooperation with Vision Australia. Additionally, the Hospital is working on non-operative management of macular disease in collaboration with the University of Sydney. The Hospital offers phone counselling as part of the pre and post admission services and for the wider community. Medical eye services are provided by the Hospital to Redfern Aboriginal Medical Services, Justice Health and Greater Western Area Health Service. Outreach nurse rural clinics are provided in Wollongong, Toucal, Mudgee, Orange and Greater Western Area Health Service.

The Broken Hill Health Service a new position has been created for an 'Eye Nurse Co-coordinator'. The objective of this position is to provide a nurse to take the lead role in the coordination and management of all ophthalmology services. The Tibooburra Health Service promotes its Ophthalmologic and Optometric clinics through out the district by mail box drops to all households.

Rural Area Health Services are working to increase access to eye health and/or vision care by investigating appropriate service delivery models such as telemedicine and providing outreach services in some isolated areas including Aboriginal and Torres Strait islander communities. A referral/appointment fast track service is in place with local ophthalmologists for Aboriginal clients using diabetes clinics.

Shared Care Model for Management of Glaucoma

NSW Health Optometrists Drug Authority Committee in collaboration with the Royal Australian and New Zealand College of Ophthalmologists, the School of Vision Science at UNSW and the NSW Optometrists Registration Board endorsed a shared care model improving access to eye services for glaucoma patients.

Northern Territory

Trachoma Initiatives

Training was provided for trachoma screening and management programs to health workers in urban and rural/remote areas, improving the access for NT residents to trachoma screening and programs, in particular in Aboriginal communities.

A central trachoma resource was provided for liaison with organisations throughout the NT to improve their capacity to manage trachoma. This includes Government managed health centres, Community Controlled health centres and Aboriginal Medical Services and as part of Healthy School Aged Kids screening.

Outreach services

In Central Australia weekly visits to remote communities are organised between Alice Springs Hospital and the Aboriginal Medical Services Alliance NT to assess eye health and refer patients for follow up treatment/procedure as required. Around 500 patients were seen through these visits.

With a funding contribution from the Medical Specialist Outreach Assistance Program, 51 Ophthalmology services (91 sessions) were provided over the period July 2007 - April 2008 in the Top End (Darwin, East Arnhem and Katherine). Ophthalmology services are linked with OATSIH Eye Coordinators in remote NT regions.

In collaboration with the Fred Hollows Foundation, additional surgical access has been provided to patients in Central Australia. In 2007, 395 procedures were undertaken in Central Australia, an almost 100% increase from 2006 (214).

Optometry services

Amendments to the NT Poisons and Dangerous Drugs Act have been introduced to allow Optometrists to prescribe a limited range of therapeutics. Optometrists now provide a visiting service, part-funded by Medicare. Wherever possible, Optometrists provide visiting services in conjunction with Ophthalmologists.

Queensland

Rural and remote nurses in Queensland's South West (Charleville) have been trained to perform perimetry and take retinal photographs which are forwarded to an Ophthalmologist for interpretation. This is part of the "B-well" community strategy, which has significantly reduced the need for patients to travel to receive care. Nurses in major metropolitan hospitals are performing A scans and taking fundal photographs for diabetic patients to assist with improving access to services.

The Visiting Optometrists Scheme has provided resources for specialist outreach outpatient clinics and surgery to be performed in rural and remote districts in Queensland including, Cape York, Charleville, Mackay, Mt Isa, Roma, Torres Strait Islands.

Cape York Regional Eye Health Program

Cape York Regional Eye Health Program is a federal/state co-operative run by the Wuchopperen Health Service. The program visits 29 remote communities (Birdsville to Lockhart River) through the services of 4 Optometrists and 6 Ophthalmologists. The Optometrists take a leading role in the provision of primary eye care. Optometrists and health care workers visit remote communities every year to examine patients, prescribe glasses, fit them up for surgery and look after basic eye care. During one week in September, patients needing surgery are transported to Weipa for their operations (mainly cataracts and laser treatment for diabetic retinopathy).

South Australia

In relation to children in South Australia a referral pathway has been agreed to increase the access for parents to eye health care professionals by including a direct referral to an Optometrist. This referral option is available from 18 months of age onwards. The Optometrists Association developed a list of Optometrists in the state with an interest in assessing children which has been provided to Children, Youth and Women's Health Service nurses.

Ophthalmologists in country areas network regarding children's eye care. Paediatric Ophthalmologists visit Broken Hill, Alice Springs and Port Augusta to provide outreach

services and teaching in these locations. The four Paediatric Ophthalmologists who work in public and private sector hub from the Women's and Children's Hospital to four geographical zones in the metropolitan area thereby providing convenient metropolitan services also.

Optometry Practice Act 2007 gave SA optometrists prescribing rights for the first time. Appropriately qualified and endorsed optometrists will now be able to treat a range of eye diseases and prescribe relevant therapeutic drugs. The result is that the community will be able to access timely treatment with one primary health professional equipped to correct diagnose and treat the condition in the one visit. It has particular relevance in country regions and remote communities.

Changes to the Optometry Act also gave orthoptists rights to prescribe glasses. These changes were effective as at 22/10/07.

For aged care, the project aims to identify a workable and sustainable model that will get patients to an optometrist when they need it.

SA has implemented the revised federal model of the Visiting Optometrists Scheme. To date applicants wishing to receive funding to deliver eye care to regional towns and aboriginal communities have lodged their request and these are currently being assessed.

The SA government funded a pilot project by Anglicare in 2006 to deliver eye health care to people with intellectual disabilities in sheltered accommodation and the homeless.

Tasmania

Ongoing Programs with Annual Funding

DHHS funds the following activities:

- Royal Guide Dogs Association of Tasmania to:
 - provide information and referrals for services and equipment for people and develop community awareness and education on the special needs of those with vision impairment and the most appropriate ways of meeting those needs; and
 - contribute to national and international research, development and training in the fields of mobility, sight enhancement and technology that leads to the availability of optimum resources for people who have vision impairment.

- RPH Print Radio to:
 - through radio broadcasting, provide information to people with significant visual impairment, including readings from local newspapers, current magazines, government information and special areas of interest.

Tasmanian Eye Health and Care Initiative

This project will also provide the opportunity to identify gaps in services, ways to facilitate access and the removal of barriers that create duplication and inefficient use of resources.

Victoria

Victorian Eyecare Service (VES)

Aged Care has a recurrent budget for \$5.1 million to manage the VES. This service provides low cost eye care services including spectacles at nominal cost for persons with a health care card or pension concession card. It also includes specialist diagnostic and treatment services, including low vision services. Approximately 70% of clients are 65 years and over.

The Victorian College of Optometry administers the VES. It provides services at Melbourne Optometric Clinic in the metropolitan area (main site in Carlton and several sites in Community Health facilities), and outreach services (for people living in residential aged care facilities and Supported Residential Services). Rural services are provided by private optometrists, who are subsidized. Other specialist services are provided through the Aboriginal Health Service, a disability service and a service for homeless people.

The Vision Initiative

As part of TVI, Vision 2020 is working in collaboration with the Neighbourhood Renewal Program to facilitate appropriate referrals to low vision services.

Elective Surgery Access Policy

In June 2005, the Department released the Elective Surgery Access Policy. The policy provides advice to health services on best practice waiting list management and promotes consistent and equitable access to services regardless of the hospital or the procedure for which the patient is waiting. The policy emphasises the active management of patients waiting for elective surgery and treatment within clinically desirable time frames.

Elective Surgery Access Service program

The Elective Surgery Access Service (ESAS) program provides options to have treatment transferred to designated centres where patients have not been able to receive timely treatment (Defined as within 30 days for urgent patients, 90 days for semi-urgent patients and 365 days for non-urgent patients). The ESAS also provides a mechanism and policy framework for the transfer of long waiting elective surgery patients between health services, expanding the choice of options for patients. Eligible long waiting patients who agree to participate in ESAS are transferred to ESAS designated centres that have identified and

funded additional capacity. To facilitate the transfer of patients, and support waiting list management, the department also funds ESAS Coordinators at 18 health services.

Funded services include:

- The Alfred Centre, which in 2007-08 was funded to treat more than 600 state wide Ophthalmology referrals, making up more than 30% of the state wide work funded at the centre.
- The Cranbourne Integrated Care Centre (CICC) which has made significant gains in reducing waiting times for patients requiring cataract surgery. This centre was one of the first centres to introduce a new model of care for cataract surgery that adopted the concept of a one-stop shop approach. This meant that patients could have their eyes tested, get their diagnosis, run through surgery options and book a time for their surgery in the one day. The CICC also takes referrals directly from optometrists in some cases.

Prior to the establishment of the Eye Unit at the CICC, the service provided 550 cataract operations per year. In 2006-07, the CICC performed more than 1,800 such procedures.

The median time to treat semi-urgent Ophthalmology patients admitted in Victorian public hospitals in 2006-07 was 11 days. The median time to treat non-urgent Ophthalmology patients admitted in Victorian public hospitals in 2006-07 was 84 days.

Western Australia

Reform of outpatient services

In WA there has been a focus on reducing the number of unnecessary repeat visits and increasing to at least 30% new patient assessments through outpatients. This work is progressing rapidly and now being linked to 'Clinical Prioritisation'. Access to ophthalmology services is included in these reforms and waiting times are reducing. The full implementation of the WA Primary Care Strategy and the e-Health reforms will facilitate referral by general practitioners to services provided by WA Health and handling of electronic referrals and potentially retinal images.

Waiting list strategies

WA has embarked on major initiative to reduce waiting times for all surgery. Enhanced provision of cataract surgery was identified as a priority from the Draft WA Health Eye Services Development Plan. Over-boundary cases for cataract surgery have fallen consistently over the last 2 years. Current initiatives partnered to the Commonwealth Government Waiting list reduction program include provision of additional microscopes and lists at the two elective surgery sites at Osborne Park and Kaleeya Hospitals.

Rural Service Enhancements

Regional services planning and the increased use of telehealth are being combined to improve services provided to the rural sector in Western Australia. Service planning by region is being undertaken by country health services. Provision of ophthalmology services and linkages to the early assessment programs outlined above are being developed. Planning for additional surgical services in the regional resource centres is being considered as part of the workforce planning for regional services and includes the provision of specialist ophthalmology services in line with the recommendations developed in the WA Eye Health Services Development Plan.

KEY ACTION AREA FOUR: IMPROVING THE SYSTEMS AND QUALITY OF CARE

Objective: Eye health care is safe, affordable, well-coordinated, consumer – focussed and consistent with internationally recognised good practice.

Australian Government

The Australian Government Department of Health and Ageing funds a range of initiatives aimed at improving the coordination, integration and quality of existing services, including the Eye Health Demonstration Grants Program.

The Eye Health Demonstration Grants Program

Funding of \$3.5 million has been made available for demonstration projects that identify, trial and evaluate strategies to:

- overcome inefficiencies in the delivery of eye health care;
- improve access to eye health care, particularly for marginalised and disadvantaged groups, including people in rural and remote communities and Aboriginal and Torres Strait Islanders; and
- improve the quality and safety of eye health care.

Under this program initiatives are being funded in each state and territory aimed at improving the coordination of services through the development of referral pathways and protocols. The demonstration projects cover a range of geographical locations and also include projects that target groups at particular risk of eye disease injury. Several of the demonstration projects are listed here. Other demonstration projects are included under Key Action Areas 1,2,4 and 5.

- CanDo4Kids has received a grant of \$191,800 to trial and evaluate strategies aimed at the most effective coordination of children’s eye health and vision care services and referral protocols across South Australia.
- Funding of \$200,000 has been provided to the Guide Dogs Association of South Australia and the Northern Territory to develop and evaluate a cost effective and sustainable model of eye health and vision care for older people in South Australia. The project seeks to address current inefficiencies and inconsistencies in the identification, diagnosis, treatment and ongoing support for eye health and vision care amongst older people in South Australia, particularly for culturally and linguistically diverse groups and Aboriginal and Torres Strait Islander people.

- Funding of \$146,382 has been allocated to the Royal Society for the Blind of South Australia to pilot a coordinated system of eye care and low vision services for people in South Australia experiencing vision loss as a result of an acquired brain injury.
- The Royal Victorian Eye and Ear Hospital has been awarded a grant of \$200,000 for the “Continuum of Care for the Management of Chronic Eye Diseases Project”. This project aims to improve the management of glaucoma, age-related macular degeneration and diabetes related eye diseases through the development of a shared care model, supported by a management tool. Referral criteria, e-learning modules, databases and care pathways will be trialed and evaluated for each of the three disease streams. The project includes the trialing and evaluation of expanded roles for eye care practitioners in the management of these diseases. In addition, general practitioners will be up-skilled in the pilot sites to undertake basic ophthalmic examinations.
- Funding of \$199,656 has been provided to the National Ageing Research Institute, Melbourne, to evaluate the effectiveness of interventions targeting intrinsic and extrinsic factors to improve vision, independence, safety and quality of life in the residential care setting.
- The Queensland Vision Initiative has received funding of \$29,925 for a referral pathways pilot project to improve the co-ordination, quality and delivery of eye health care services for people with low vision and blindness in metropolitan Brisbane. A further grant of \$71,150 extends the referral pathways project to regional, rural and remote Queensland.
- The Royal Guide Dogs Association of Tasmania has received funding to pilot a collaborative eye health and vision care program across Tasmania. The key objective of the project is to ensure the efficient and effective coordination of services and appropriate referral protocols across Tasmania.
- The Optometrists Association of Australia (NSW Division) has received funding of \$94,200 to pilot a collaborative eye health and vision care initiative for the Australian Capital Territory.
- The Limestone Division of General Practice has been allocated \$53,950 to undertake a series of workshops for general practitioners, Aboriginal Health Workers and practice nurses across the Division to update their eye care skills, enhance referral processes and improve communication between the professional groups.
- The Macular Degeneration Foundation has been allocated \$69,990 to undertake a range of activities in conjunction with five pilot Divisions of General Practice to improve knowledge and skills of general practitioners in the prevention, early detection and management of macular degeneration. The project will also strengthen referral pathways

between general practitioners, optometrists and ophthalmologists for better outcomes in the early diagnosis and treatment of macular degeneration.

Indigenous Initiatives

- The Office of Aboriginal and Torres Strait Islander Health is funding the Fred Hollows Foundation from November 2006 until January 2009 to employ an Eye Health Program Manager to develop a new model to improve the integration of eye health services in Central Australia and to reduce eye surgery waiting lists. This project has involved funding of \$462,519 allocated over three years.
- The Fred Hollows Foundation has been awarded a grant of \$150,000 under the Eye Health Demonstration Grants Program to improve the coordination of eye health and vision care services for the Top End of the Northern Territory. The key objectives of this project are to establish a clear picture of existing services and identify gaps across the eye health and vision continuum and to trial and evaluate a co-ordinated and integrated service delivery model for eye health and vision care.
- Funding of \$50,000 was provided in 2006-07 for two Aboriginal and Torres Strait Islander eye health workshops in May and June 2007. The workshops aimed to promote effective models of eye health service delivery and inform the sector of recent developments in OATSIH eye health policy. All OATSIH funded Aboriginal and Torres Strait Islander primary health care services were invited to the events. In total, 86 eye health workers representing 54 services attended. Representatives from OATSIH and the Office for an Ageing Australia also attended. Workshop attendance provided coverage and representation from each Australian state and territory. A final workshop evaluation report was prepared by Evolution research and sent to all workshop participants in December 2007.
- Funding of \$100,000 was provided by OATSIH in 2005-06 for a national stock-take of the eye health equipment funded by the OATSIH. The stocktake report was finalised in February 2006, and used to develop a depreciation and maintenance schedule for eye health equipment and to inform the development of any future equipment policies for the OATSIH. The report was not published as it contains detailed service level information.
- Funding of \$159,970 has been provided under the Eye Health Demonstration Grants Program to the Canning Division of General Practice in Western Australia to trial and evaluate strategies to integrate eye health care for indigenous adults and children into mainstream general practice and develop appropriate referral protocols.
- The Queensland Aboriginal and Islander Health Council has received funding of \$150,000 under the Eye Health Demonstration Grants program for a range of activities to strengthen integration of eye care within primary health care and improve eye care

knowledge amongst health care providers within Queensland Aboriginal and Islander Community Controlled Health Services.

Clinical practice guidelines

The development and implementation of national evidence based clinical practice guidelines can help ensure that clinical practice is up-to-date and consistent with internationally recognised good practice. The Australian Government has initiated the development of guidelines for several eye diseases.

- The NHMRC is in the process of developing Clinical Practice Guidelines for the Management of Glaucoma. The guidelines are expected to be completed by June 2009.
- The NHMRC has supported the development of a Clinical Practice Guideline for the diagnosis, management and prevention of diabetic retinopathy (2008). The NHMRC provided methodological support to the guideline development team and recently gave formal approval of the guideline under section 14A of the *National Health and Medical Research Council Act 1992*.
- The Department has contracted the Royal Australian College of General Practitioners to carry out international literature reviews and develop national evidence-based primary care guidelines for rheumatoid arthritis and juvenile idiopathic arthritis which will be NHMRC endorsed and available to medical practitioners and the public early in 2009. These guidelines will cover recommendations on early detection and treatment of uveitis, which can be associated with rheumatoid arthritis and juvenile idiopathic arthritis, and which involves inflammation of the inner eye and may cause permanent eye damage if not treated.

Self Management of eye disease

Self management programs have been shown to increase the quality of life and self-efficacy for people with chronic disease. Funding of \$199,810 is being provided to the University of Western Australia under the Eye Health Demonstration Program to develop, test and implement self-management strategies for people with eye disease.

Stakeholder input into government programs

The Community Sector Support Scheme (CSSS) supports the national secretariat activities of a range of peak community-based organisations that have a focus on meeting the health and ageing needs of the Australian community. The objective of CSSS is to facilitate participation in the policy development processes of government by peak organisations which represent consumers and carers.

Annual funding of approximately \$380,000 is provided for Vision 2020 Australia through the CSSS to strengthen the role of Vision 2020 Australia as the peak body for the eye health and vision care sector.

Australian Capital Territory

Since 2007, a comprehensive Ophthalmology program has been provided to final year medical students at the ANU Clinical School of Medicine.

As of 2008, quarterly in-house training on red eyes is being provided to the Emergency Department medical staff at Canberra Hospital. A similar program will be provided at Calvary Hospital soon.

Canberra and Calvary Hospitals adhere to the Rehabilitation and Aged Care Service policy on 'Correct patient, correct procedure, correct site'. Policy is in place regarding the prevention of transmission of Creutz-Jacob disease, for which retinal patients are at risk.

Continuing medical education for Ophthalmologists is key, and sources include the weekly clinical meeting for Department of Ophthalmology staff, monthly clinical meeting for ACT Ophthalmologists and RANZCO annual state and federal conferences.

Registered nurses in the Department of Ophthalmology attend day seminars at Sydney Eye Hospital, and there is a second-monthly in-service for ward registered nurses at the Canberra Hospital.

New South Wales

Personal Health Record

As outlined above at Key Action Area 2, the NSW child PHR was reviewed in 2006 to improve all childhood surveillance and screening systems. Vision surveillance and vision screening for childhood vision problems during the formative years were included in this review.

Centre of Excellence for Corneal Transplantation

Feasibility study is being undertaken. Data is being collected to define the preferred model of care.

StEPS program

Also described above, the StEPS program will improve the systems and quality of paediatric eye health in NSW as Area Health Services will actively identify and target all four-year-old children in NSW to offer a free monocular visual acuity screening assessment. Guidelines,

protocols, referral criteria and referral pathways for the StEPS program were developed in partnership with key clinical professionals working in paediatric eye health, to ensure childhood vision problems are detected and treated prior to school entry to maximise treatment outcomes.

Patient Identification, Correct Patient, Correct Procedure and Correct Site Model Policy

In 2004, the NSW Department of Health introduced the Patient Identification, Correct Patient, Correct Procedure and Correct Site Model Policy (PD2005_380). The purpose of this policy is to describe the steps that must be taken to ensure that an intended invasive or diagnostic procedure is performed on the correct patient, at the correct site and, if applicable, with the correct implants/prostheses and equipment. Performing a procedure on the incorrect patient, performing the incorrect procedure on a patient, performing a procedure on the incorrect site (e.g. right eye instead of left eye) and the use of incorrect implants/prostheses and equipment are relatively rare serious incidents in healthcare, and may be devastating when they occur, not only for the patient and their families or carers, but also for the staff involved.

This policy was based on best practice principles identified by the Royal Australasian College of Surgeons (RACS) and the Veterans' Administration (VA) and Joint Commission on Accreditation of Healthcare Organisations (JCAHO) in the United States. In 2007, the policy was reviewed and amended to address an increasing number of incidents notified in non-surgical areas. The review also addressed a number of shortcomings identified in the original policy, including a change to site marking procedures for ocular surgery. The revised Correct Patient, Correct Procedure and Correct Site policy directive (PD2007_079) was released in October 2007. An ongoing audit process was established in early 2008 to monitor compliance with the policy in operating theatres across NSW.

Quality Improvement

The Eye Clinic at the Children's Hospital at Westmead is currently running a project to investigate a possible triage system to allow for more timely appointments so more urgent cases are seen within an acceptable timeframe. An internal review has recently been conducted into the current electrophysiology service offered. Electrophysiology represents an essential early diagnostic tool for vision impairment and related eye disease. More advanced equipment has been purchased with staff training to offer a higher quality of service in this area. An internal review has been conducted regarding amblyopic management which has engaged parents, families and clinicians to improve compliance and satisfaction with treatment strategies. Quality improvement projects are being conducted in these areas. Relationships with low vision agencies such as North Rocks Deaf and Blind Institute have been strengthened through clinical meetings. This is planned for other low vision agencies such as Vision Australia.

The Sydney Eye Hospital provides complex eye services and is a major statewide referral and research centre. The system and quality of care is being improved by the implementation of NHMRC National glaucoma guidelines and collaboration with the Royal Victorian Eye and Ear Hospital on bench marking. Clinical pathways are being introduced for retinal, cataract and glaucoma surgery such as a cataract teleform streamlined admission process. The Hospital also provides registrar secondment networks to public hospitals in metropolitan Sydney and rural NSW, including Wagga Wagga, Bourke and Newcastle.

Eye Emergency Project

Eye Emergency Manual Project includes 24 sites continuing to review processes for management of eye emergencies. Eye Emergency Manual Education is offered: six 30 minute education modules have been developed and used in Emergency Departments for emergency clinician education. Two more modules are in the process of development and are due for completion in December 2008. Six one day education workshops have occurred providing eye emergency education for 125 emergency clinicians, in rural and metropolitan areas. An additional six more education workshops are planned for outback and remote sites between September and November 2008.

The Statewide Ophthalmology Service is working with the Surgical Services Taskforce to provide ophthalmic dashboard data, and with the correct lens insertion working party.

Northern Territory

Central Australia Eye Care Model

The Department of Health and Families is working with the Department of Health and Ageing and has funded the Fred Hollows Foundation (FHF) in Central Australia to develop an integrated and sustainable eye care model for the region. FHF has announced \$3 million for capital towards additional facilities.

Integrated Top End eye health and vision care service

In partnership with Vision 2020 and the Fred Hollows Foundation, the NT developed a successful submission for project funding through the Commonwealth Department of Health and Ageing, Eye Health Demonstration Grants Program. The aim of the project is the development of an integrated eye health and vision care service for the Top End, which will link to the existing Central Australian Eye Health model to form an NT Eye Health Framework. This project will contribute to the NT implementation of the National Framework for Action to promote Eye Health and Prevent Avoidable Blindness and Vision Loss.

CARPA guidelines for diabetes and eye health care

As described under previous section, a systematic approach to eye health is enhanced by the widespread use of CARPA guidelines for diabetes and eye health care.

Queensland

Queensland Vision Initiative Inc (QVI Inc)

The QVI Inc is an alliance of health care professionals who have been working together since 2003 with the aim of developing a comprehensive eye health program for the Queensland population. Today, QVI Inc comprises representatives from over twenty key medical, rehabilitation and service provision agencies within the health sector in Queensland. In November 2007, Queensland Health provided funding to QVI Inc to formulate a strategy and implementation plan for the prevention and provision of treatment in eye care of Indigenous Queenslanders in line with the National Framework. The inaugural Indigenous Queensland Eye Health project working group meeting was held on 27 November 2007, with representatives from some ten organisations in attendance. Although still in its early stages, the project has identified areas of concern regarding access to eye health services for Indigenous Queenslanders.

Spectacle Supply Scheme

The Spectacle Supply Scheme provides eligible people with basic spectacles (from a contracted supplier), and is managed through the Medical Aids Subsidy Scheme in Queensland. The benefit for optometrists is a dispensing fee of \$30 per prescription. In 2006/07 Queensland Health spent approximately \$6 million on this scheme.

South Australia

Children's Vision

For children the focus has been on building collaborative relationships between Ophthalmologists, Optometrists, Orthoptists and General Practitioners and child and family health nurses. An education session coordinated by the Royal College of General Practitioners was held September 2007, to promote the role of the Optometrist, Orthoptist and Child and Family Health Nurse in the eye health referral pathway. This was well attended. The vision referral pathways developed have assisted the Cando4Kids project for a vision referral pathway and brochure to promote eye health.

Systems changes directed towards child health have included:

- An audit of premature baby screening;
- Ophthalmology Department meetings within Women's and Children's Hospital to up-skill nurses, orthoptists, optometrists and ophthalmologists as well as junior trainees in paediatric ophthalmology;

- Provision of a library;
- Encouragement by team leaders to think systematically rather than only case by case;
- Purchasing of a new departmental computer for auditing purposes; and
- Purchasing of Retcam to enable photos to be sent digitally for ease of collaboration with care.

A referral pathway to support child development as a whole is in current progress in SA related to the proposed roll out of a developmental assessment tool, the Ages and Stages Questionnaire (a parent led monitoring system). Vision questions are included in this questionnaire.

Culturally appropriate care

The increased focus on culturally appropriate systems of care within Aboriginal Health Services in the CNAHS region included diabetes pathways and improved clinical standards by qualified and trained Aboriginal health workers.

Eye Health Workforce

The Ophthalmologist work force is a problem area in SA. The ratio for SA is approximately 1:37000 compared with 1:28000 nationally. Only two of the last FRACOs over the last 4 years have stayed in SA. Ten years ago there were 65 practicing ophthalmologists and now there are 54 with planned retirements taking this into the 40s without renewal. Those remaining in the public sector are becoming busier which may exacerbate the problem of supply and impacts on teaching and training.

Optometry studies/qualification is not available at any SA university but there appears to no indication that this causes us problems in supply; students are mostly trained in Melbourne.

Tasmania

Tasmanian Eye Health and Care Initiative

This project will also provide the opportunity to identify gaps in services, ways to facilitate access and the removal of barriers that create duplication and inefficient use of resources.

Victoria

Eye health training for Aboriginal Health Workers

For 2007-2008, Public Health funded Vision 2020 a total of \$55,000 to work in partnership with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) for a one-off project to provide eye health training for Aboriginal Health Workers. This acknowledges that Aboriginal and Torres Strait Islander people are potentially at increased risk of developing avoidable blindness and vision loss and are less likely to access eye health care practitioners than other Australians. Vision 2020 will provide the content and resource development. This important piece of work extends the capacity of Aboriginal Health Workers to cover eye health and it links the specific eye health expertise of Vision 2020 with VACCHO with the necessary expertise and cultural position to provide the training.

Outpatient Improvement and Innovation Strategy

As part of implementation of the Outpatient Improvement and Innovation Strategy, a range of improvement projects have been funded in 2007-08 including development of a continuum of care model at the Royal Victorian Eye and Ear Hospital (RVEEH). Funding of \$100,000 has been provided to RVEEH to support the National Eye Health Demonstration project and develop a continuum of care model for the management of patients with glaucoma, age related macular degeneration and diabetic retinopathy. The project aims also include establishment of referral criteria and e-learning modules in the 3 specialist care pathways.

The project is addressing key priorities for the Outpatient Improvement and Innovation including:

- developing specialist care pathways;
- improving the interface between primary and acute care; and
- trialling workforce redesign roles in a primary care/community setting.

The Hospital Admission Risk Program - Chronic Disease Management service (HARP CDM)

HARP CDM targets people with chronic and complex care needs who frequently use hospitals or who are at risk of hospitalisation. This program provides services for people with diabetes who are at high risk of hospitalisation or have frequently attended hospital. The type of service includes client assessment, review, education, care planning and interventions. In the HARP-CDM model of care, the HARP worker will undertake assessment for diabetes risk factors, including eye checks. The HARP worker will, if appropriate, refer the client to an optometrist and develop a diabetes action plan or care plan with identified client's needs.

Western Australia

WA Draft Eye Health Services Development Plan

The Draft WA Eye Health Services Development Plan includes a range of recommendations to enhance coordination of services. Key priorities are to engage general practitioners and to

seek to include assessments by optometrists in detecting emergent eye conditions have been outlined. These priorities are being included in the development of the WA Primary Care Strategy and are included in the current e-Health implementation framework.

Comprehensive WA Health Service Planning

WA is completing comprehensive statewide service planning as part of a \$5 billion capital redevelopment program. This has resulted in significant modelling and planning for all services across the State. Ophthalmology services are included in the planning framework that is seeking to deliver appropriate services closer to peoples' homes in newly developed general hospitals and regional resource centres. This planning is now being integrated across the State through "Models of Care" and will be part of a comprehensive State workforce plan now beginning to look in detail at discipline specific priorities.

Through the Neurosciences and the Senses Network this planning will be linked to sector-wide development and seek to develop key partnerships with private providers and the NGO sector including the Royal Blind Association, Diabetes WA and key health professional associations.

Central coordination of waitlist and outpatient access

Under the current elective surgery wait list program enhanced management of waiting lists is seeing patients being offered earlier surgery if there are differences emerging between the waiting times across WA Health. Improved data access is providing managers and clinicians alike with better information to manage waiting times.

E-Health Reforms

Clinicians are being invited to inform the next stage of redevelopment of information and communication technology (ICT) across Western Australia. Key enhancements are planned around interoperability between systems and web-based access that will dramatically enhance capabilities to communicate across the state and between public and private sector providers.

These reforms directly support key recommendations in the Draft WA Health Eye Services Development Plan. Specific capabilities required to support ophthalmology services will be addressed in partnership with Area Health Service ophthalmology providers and the Neurosciences and the Senses Network. Specific options for the handling, access and assessment of retinal images will be considered in the planning. This should facilitate the development of recall systems for follow-up of patients with long term care needs.

KEY ACTION AREA FIVE: IMPROVING THE EVIDENCE BASE

Objective: Eye health care policy, planning and programs are supported by high quality research and data collection systems.

Australian Government

The Department of Health and Ageing has funded a range of research and data projects to improve the underlying evidence base and to maximise the utility of existing health data collections in regard to eye health and vision care data.

- “*A guide to Australian eye health data*” was released by the Australian Institute of Health and Welfare in May 2007. This project identified, described and reviewed the key Australian data collections which are relevant to assessing the prevalence and outcomes of eye diseases and injuries and eye health care utilisation. It also provided an opportunity to identify key gaps and priorities in eye health data collections and potential opportunities for further analysis of general health and human services data sources in relation to eye disease and injury.
- Following on from the review of eye health data collections, the Australian Institute of Health and Welfare is currently working on four additional reports, each providing a statistical snapshot of certain elements of eye health in Australia. Each of these reports draws on multiple data sources, consolidating the eye health items, analysing and presenting them for the first time. The first report is expected to be released in July 2008.

Indigenous Eye Health Survey

The Department of Health and Ageing has contributed funding of \$199,990 to the Royal Australian and New Zealand College of Ophthalmology Eye Foundation, to help fund the National Indigenous Eye Health Survey. The project aims to obtain definitive and quantitative information regarding the current extent and type of eye disease prevalent in the Indigenous population throughout Australia. The survey includes 30 sites across all states and territories, providing a representative sample of Aboriginal and Torres Strait Islander people.

The prevalence of the main eye conditions causing vision loss including cataract, diabetic retinopathy, refractive error and trachoma/ trichiasis will be determined, as will the prevalence of glaucoma and age-related macular degeneration. An additional component of the survey includes a questionnaire that is designed to assess the availability and utilisation of

eye health services and another questionnaire that is designed to assess the quality of life for those with impaired vision. Data collection is expected to be completed by the end of 2008.

Trachoma Surveillance and Reporting Unit

As mentioned in Key Action Area 1, OATSIH has provided funding for the establishment of a National Trachoma Surveillance and Reporting Unit to improve overall quality of data collection and reporting of trachoma in Australia.

Developing an evidence base for children's vision screening

The Murdoch Children's Research Institute has received funding under the Eye Health Demonstration Grants Program to determine the effectiveness of vision screening for children aged birth to 16 years, and if supported by evidence, to provide recommendations on the key components of a national vision screening program for children in Australia.

Assessment of new medical technologies for eye health

The Medical Services Advisory Committee (MSAC) is a body that contributes to the underlying evidence base for items related to eye health. Before new medical technologies or procedures can be publicly funded, they are assessed by the MSAC. The MSAC is an independent scientific committee comprising individuals with expertise in clinical medicine, economics and consumer matters. It advises the Minister for Health and Ageing on whether new medical services should be publicly funded based on an assessment of their safety, effectiveness and cost effectiveness, using the best available evidence.

Cataract surgery registry pilot project

In Australia cataract surgery is one of the most common surgical procedures. The University of Western Australia has received funding of \$148,984 under the Eye Health Demonstration Grants Program to pilot the establishment of a cataract surgery registry in a cross section of hospitals in Western Australia to monitor outcomes and adverse events.

The Australian Corneal Graft Registry

The Australian Corneal Graft Registry (ACGR) is an Australia-wide register of human corneal transplants that was established in May 1985 and is based at Flinders Medical Centre in South Australia. Data are voluntarily contributed by 580 ophthalmologists in public and private practices.

The goals of the ACGR are:

- to measure graft survival and visual outcomes after corneal transplantation;
- to investigate risk factors for transplant failure;

- to examine changing patterns of practice; and
- to return amalgamated, de-identified results to all contributing surgeons, eye banks and
- other interested parties.

A report is published every two years and is available at: <http://hdl.handle.net/2328/1002>
 The purpose of the ACGR is to collect information that will inform clinical practice and to identify risk factors for poor patient outcomes. The ACGR currently contains records of over 14,000 transplants, some of which have been followed for over 15 years. All information is de-identified, to maintain confidentiality of the database.

The ACGR is funded by the Australian Government Department of Health and Ageing.
 Available at: http://som.flinders.edu.au/FUSA/ophthalmology/Aust_registry.htm

Vision related research

The NHMRC has provided vision-related research funding of over \$23 million in the following areas over the past 3 years:

Blindness	\$1,622,625
Cataracts	\$742,700
Colour Blindness	\$887,525
Cornea Issues	\$815,791
Diabetic Retinopathy	\$4,073,088
Glaucoma	\$1,697,612
Macular Degeneration	\$2,706,027
Lens Development	\$1,017,200
Myopia	\$481,000
Retinal Disorders	\$3,914,273
Other	\$5,265,403
TOTAL	\$23,423,241

Australian Capital Territory

In 2008 ACT Health has made a major commitment to greatly expanding public Ophthalmology for the 500,000 people of Canberra and surrounding South Eastern NSW. In the first instance this expansion is focused on Hospital-based services at Canberra and Calvary Hospitals. Clinical research projects will be developed as resources become available.

A clinical research project in early glaucoma detection is proceeding via collaboration between the ANU Centre for Visual Sciences and Canberra Eye Hospital (Private group practice).

Extensive, world class, basic visual sciences research is conducted at the ANU Centre for Visual Sciences and ARC Centre of Excellence in Vision Science.

New South Wales

The NSW Department of Health (DOH) supported a research proposal by the Centre for Vision Research, University of Sydney, to evaluate the impact of changes to the PHR relating to paediatric eye health, vision surveillance and vision screening. The University was to undertake two international literature reviews regarding preschool vision screening mid 2007. These literature reviews assisted the DOH to develop evidence based protocols for the implementation of the Statewide Eyesight Preschooler Screening (StEPS) program:

- a. 'Literature Review of Models of Service for Preschool Vision Screening for four-year-old Children'
- b. 'Literature Review of Vision Screening Tools for four-year-old Children'

In 2008 the Eye Clinic at the Children's Hospital at Westmead has increased focus on conducting research projects within the eye clinic. This includes prevention of paediatric eye injury, post operative management of congenital cataract, investigation into optic atrophy and ensuring appropriate waiting periods for urgent paediatric eye referrals.

The Save Sight Institute at Sydney Eye Hospital conducts wide-ranging clinical and lab research of international significance in the fields of glaucoma, eye genetics, ageing, lens biology, retinal development, ageing and eye cancer, retinal therapeutics and electrophysiology. Some of the groundbreaking initiatives of the Institute relate to objective perimetry, cataract prevention and corneal transplantation.

The Sydney Eye Hospital also runs post graduate ophthalmology courses for the nursing staff locally, statewide and internationally. The Hospital collaborates with the universities of Sydney and New South Wales to work on eye research projects, including treatment for macular degenerative diseases, diabetic macular oedema and the detection of optic neuropathology in multiple sclerosis.

Northern Territory

Establishment of the NT trachoma surveillance system has been described above.

Queensland

Diabetic Retinopathy Screening Pilot Project

This is a diabetic retinopathy screening pilot project to test the feasibility and effectiveness of accrediting GPs to interpret retinal photographs and institute appropriate management/referrals plans, with the support and supervision of a partnering ophthalmologist.

South Australia

In relation to children, work is being undertaken to update the Nursing and Midwifery Health Surveillance Standards relating to vision assessment and screening, involving a multi-disciplinary approach based on current evidence. These standards are currently in the consultation phase.

In the Southern Adelaide Health Service clinical trials have been conducted, rare diseases and sever glaucoma registers established and evidence-based ophthalmology workshops conducted

Health Demonstration Grant Projects projects contribute to evidence base.

Tasmania

Tasmanian Eye Health and Care Initiative

To date services and referral processes have been mapped information has been gathered on services and we already have information on the mapping of services and referral processes.

As mentioned under Key Action Area 2, the project ‘Telemedicine Model to Prevent Blindness from Familial Glaucoma’ is investigating the screening of first-degree relatives of patients with glaucoma.

Current national guidelines for glaucoma management, including screening are being developed by the World Glaucoma Association and the NHMRC. It is likely that they will not be able to recommend population screening for glaucoma except in high risk categories.

The most important high risk category is where there is no routine eye examination in the first-degree relatives of glaucoma patients. Thus an evidence base is required to support the effectiveness and cost of family screening. The data from this current project along with other data from the Glaucoma Inheritance Study in Tasmania will help address this area.

Victoria

Vision Cooperative Research Centre (CRC)

Victoria is a key partner with the federal government in the Vision Cooperative Research Centre (CRC). In order to build Victoria’s capacity for a coordinated approach to eye health and vision loss, Public Health agreed to provide funding of \$350,000 over the 7 years (\$50,000 per annum) from 2003/04 until 2009/10. This is subject to satisfactory performance

of the CRC and continued Commonwealth support. The learnings from a number of projects have contributed to Victoria advancing activity in eye health and vision care. These include:

- the evaluation and monitoring of the Vision Initiative;
- delivery of eye care to Aboriginal and Torres Strait Islander communities; and
- the development of appropriate technology including digital retinal cameras for screening of diabetic retinopathy.

Victorian Population Health Survey (VPHS)

The Victorian Population Health Survey (VPHS) is an ongoing source of high quality data collection information on the health of Victorians. Information in the report is presented on health and lifestyle, including physical activity, smoking, alcohol consumption, intake of fruit and vegetables, selected health screening, adult obesity, asthma and diabetes prevalence, psychological distress and social networks. Issues addressed in the survey were related to changes in vision, frequency of visits to eye health professionals, known eye health issues, and the wearing of hats and sunglasses in the sun.

Specific eye health questions that were asked in the VPHS in 2005-2007:

- Have you yourself noticed a change in your vision in the last 12 months?
- Have you ever seen someone who specializes in eyes, for example, an optician, optometrist, ophthalmologist (specialist eye doctor) or eye clinic?
- When was your last visit?
- Have you ever had any of the following eye problems?
 - A Cataract?
 - Glaucoma?
 - Diabetic eye disease or diabetic retinopathy?
 - Macular degeneration?

Western Australia

State Health Research Advisory Committee

WA Health has committed to enhancing the research related to translation of current evidence into practice through a program called the State Health Research Advisory Committee Research Translation Projects. The first round in 2007 resulted in funding for a key project to validate a cost effective telemedicine system comprising of a low-cost easy-to-operate multipurpose imaging device, web-based telemedicine and electronic referral system and computer-aided vision testing.

This system could empower nurses and allied health care professionals (e.g. Aboriginal Health care professionals) to perform screenings. If successfully implemented in WA, the proposed system could help reduce the ophthalmology waitlist by way of closer to home

examination by primary care providers and nurses – an outpatient reform initiative. The full report with health economic evaluation of this project is due shortly.

A further related project has been approved in 2008 specifically addressing early assessment and intervention for indigenous patients with eye disease. This is a priority area for WA and identified in the WA Health Eye Services Development Plan.

Support for development of research institutes in Western Australia

WA State Government has invested in enhancing the emergence of research institutes in Western Australia with a range of initiatives. \$50 million has been provided to develop research precincts at the two tertiary hospitals. This has been more than matched by funding from the Commonwealth Government, Universities and philanthropists. Lions Eye Institute is a leading research institute in Western Australia (LEI) and LEI is within the new research precinct at the QE II Medical Centre.

Supportive infrastructure funding is provided to researchers who are successful in winning peer-reviewed grants. Called the Medical and Health Research Infrastructure Fund, this funding provides additional support to researchers and institutes to complete key basic research and health services research projects. LEI is a significant beneficiary of MHRIF funding. As an international leader in basic science and health service research into eye health a key partnership for Western Australia has developed with LEI providing leadership into the development and confirmation of the science behind current policy in eye health. Professor Ian Constable has been instrumental in linking the policy, planning and service delivery to the background science and future development opportunities to improve the provision of eye health services not only in Western Australia but across the world. It is an outstanding model of the benefits of cooperation between clinical and research disciplines in health care.

CONCLUSION

This report has concentrated on eye health and vision care activities undertaken by governments during 2005-2008 in support of the implementation of the *National Framework for Action to Promote Eye Health and Prevent Avoidable Blindness and Vision Loss*.

It should not be forgotten that many other agencies, including non-government organisations, professional associations and philanthropic bodies, have made a substantial contribution towards meeting the objectives outlined in the Framework.

During the next reporting period, 2008-2011, an evaluation strategy will be instigated to measure national performance against the Framework objectives.

