

Productivity Commission

Issues Paper into Human Services

2017

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General Comments

Vision 2020 Australia welcomes the opportunity to provide comment to the Productivity Commission (the Commission) regarding its *Inquiry into introducing competition and informed user choice into human services* (the Inquiry). Vision 2020 Australia's response to the Inquiry predominantly relates to improving outcomes in relation to eye health services provided in remote Aboriginal and Torres Strait Islander communities.

According to data from the 2016 National Eye Health Survey (NEHS), Aboriginal and Torres Strait Islander adults have a greater burden of eye disease, with three times the rate of blindness and three times the rate of vision loss than the non-Indigenous population.¹ Uncorrected refractive error causes almost two thirds of vision impairment, and cataract is the leading cause of blindness among Aboriginal and Torres Strait Islander people. Additionally, almost 40 per cent of Aboriginal and Torres Strait Islander people who need cataract surgery have not accessed specialised treatment services (compared to 13 per cent of non-Indigenous Australians), and approximately half of Aboriginal and Torres Strait Islander participants with diabetes were found not to be having an eye examination at the frequency recommended by the National Health and Medical Research Council (NHMRC).

The eye health and vision care sector supports the principle put forward by the Australian Government that refers to introducing informed user choice in these communities. However, the sector has identified a number of challenges posed by the principle of introducing competition in the provision of eye health services in remote communities; due to issues such as the fragmented or duplicated delivery of these services.

In the following submission, Vision 2020 Australia outlines ten recommendations which, if implemented fully, would ensure that eye health and vision care outcomes for Aboriginal and Torres Strait Islander people are improved through better access to effective and reliable services.

Vision 2020 Australia

Vision 2020 Australia is the peak body for the eye health and vision care sector, representing around 50 member organisations involved in: local and global eye care; health promotion; low vision support; vision rehabilitation; eye research; professional assistance and community support.

This submission has been developed in collaboration with the Vision 2020 Australia Aboriginal and Torres Strait Islander Committee (the Committee). The Committee provides a platform for members to collaborate and shape the direction of Vision 2020 Australia's systemic advocacy related to Aboriginal and Torres Strait Islander eye health and vision care. The Committee supports and promotes *The Roadmap to Close the Gap for Vision* (the Roadmap), developed by Indigenous Eye Health at the University of Melbourne, and works closely with the National Aboriginal and Community Controlled Health Organisation (NACCHO) and its affiliates to ensure

¹ Foreman, J., et al, 2016, *The National Eye Health Survey Report 2016*, The Centre for Eye Research Australia and Vision 2020 Australia, Melbourne.

its strategies are consistent with priorities identified by Aboriginal Medical Services providers in States and Territories.²

Vision 2020 Australia supports the submissions put forward by our member organisations, namely Indigenous Eye Health and The Fred Hollows Foundation.

² Taylor HR, Anjou MD, Boudville AI, McNeil RJ, 2013, *The Roadmap to Close the Gap for Vision*, Indigenous Eye Health Unit, Melbourne School of Population Health, The University of Melbourne

Summary of recommendations

Vision 2020 Australia has ten recommendations which, if implemented fully, would ensure that eye health and vision care outcomes for Aboriginal and Torres Strait Islander people are improved through the provision of better access to effective and reliable services.

Recommendation 1

That the Australian Government allocates additional funding to address existing barriers to accessing specialist eye health services in rural and remote areas.

Recommendation 2

That the Australian Government undertakes capacity building for ophthalmic telehealth services.

Recommendation 3

That the Australian Government modifies existing IT infrastructure in remote facilities catering to Aboriginal and Torres Strait Islander health to facilitate efficient and effective telehealth services.

Recommendation 4

That the Australian Government facilitates the introduction of electronic patient record systems targeted for use in remote Aboriginal and Torres Strait Islander communities, with linkages to the broader health system.

Recommendation 5

That the Australian Government provides funding for additional staff trained in the provision of eye health services for remote Aboriginal and Torres Strait Islander communities.

Recommendation 6

That the Australian Government regularly reviews and provides ongoing funding to the Visiting Optometrists Scheme (VOS).

Recommendation 7

That Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal and Torres Strait Islander communities are consulted and involved in the design of policies and programs that impact them.

Recommendation 8

That ACCHOs are offered fair opportunities to compete with non-Indigenous health organisations during competitive tendering processes.

Recommendation 9

That governments ensure that the Aboriginal community controlled sector is a key player in the delivery of culturally safe health services.

Recommendation 10

That services provided to remote Aboriginal and Torres Strait Islander communities are integrated and coordinated so as to ensure an effective patient pathway where comorbidities can be effectively assessed and treated.

1 Response to discussion points

1.1 Public hospital services

1.1.1 Request for information 11

The Commission is seeking information on the effectiveness of public hospital services, including:

- The responsiveness of public hospitals to patients' needs and preferences.

The responsiveness of public hospitals to patients' needs and preferences.

Recommendation 1

That the Australian Government allocates additional funding to address existing barriers to accessing specialist eye health services in rural and remote areas.

The 2016 NEHS demonstrated that cataract is the leading cause of blindness among Aboriginal and Torres Strait Islander people and that almost 40 per cent of Aboriginal and Torres Strait Islander people who need cataract surgery have not accessed specialist treatment services (compared to 13 per cent of non-Indigenous Australians).³ The median cataract surgery waiting time is also 52 per cent longer for Aboriginal and Torres Strait Islander people than other Australians (142 days vs 83 days).⁴ Vision 2020 Australia considers that public hospitals provide the critical link between patients and cataract surgery, but notes that there are a number of barriers to accessing specialist eye health services in rural and remote areas. Vision 2020 Australia therefore suggests that additional funding is needed to address:

- the lack of hospital capacity to provide cataract surgery in a way that is both timely and truly accessible for Aboriginal and Torres Strait Islander patients.
- the need for public hospitals to liaise with outreach ophthalmology services, including those provided through the Rural Health Outreach Fund (RHOF), with a concerted effort in each region to ensure accessible cataract surgery.
- the need for regions to better utilise positions such as outreach ophthalmology coordinators and Indigenous Liaison Officers efficiently in order to ensure that the above effort is effective.
- the need for better coordination at a regional and local level.

1.2 Human services in remote Indigenous communities

1.2.1 Request for information 32

The Commission is seeking information on service delivery challenges in remote Aboriginal and Torres Strait Islander communities, including:

- How service providers could overcome the challenges associated with distance such as the high cost of service provision and difficulties accessing infrastructure.

³ Foreman, J., et al, 2016, *The National Eye Health Survey Report 2016*, The Centre for Eye Research Australia and Vision 2020 Australia, Melbourne.

⁴ Australian Institute of Health and Welfare 2015. Elective surgery waiting times 2014-15: Australian hospital statistics. Health services series no. 64. Cat. no. HSE 166. Canberra: AIHW.

- Ways service delivery could be adapted to better meet the needs and preferences of Indigenous Australians living in remote communities (for example, how service delivery could better respond to the higher mobility of Indigenous Australians).

How service providers could overcome the challenges associated with distance such as the high cost of service provision and difficulties accessing infrastructure.

Recommendation 2

That the Australian Government undertakes capacity building for ophthalmic telehealth services.

Recommendation 3

That the Australian Government modifies existing IT infrastructure in remote facilities catering to Aboriginal and Torres Strait Islander health to facilitate efficient and effective telehealth services.

Under the Visiting Optometrists Scheme (VOS), optometrists are funded to deliver outreach services in remote locations where access to primary eye care services may not be readily available. During the course of providing these services, optometrists may be required to refer their patients to an ophthalmologist for further specialist care. However, in remote locations, referral to an ophthalmologist can raise a number of challenges including issues associated with distance, as well as infrequencies of ophthalmologist outreach visits.

Telehealth is an effective tool for addressing the challenges associated with distance, the high cost of service provision or lack of infrastructure in remote areas. Vision 2020 Australia members have noted that telehealth services for eye patients specifically, encompassing real-time video consultations with ophthalmologists, are well suited to providing services to remote Indigenous communities.

Vision 2020 Australia notes that its members are currently involved in initiatives to address some of the challenges associated with the lack of infrastructure in remote areas. For example, with support from the Australian Government, The Fred Hollows Foundation is working with Primary Health Care facilities across Australia to implement the National Eye Care Equipment Inventory Project (NECEIP). The NECEIP aims to gather information on the accessibility and availability of eye care equipment across Australia used for Aboriginal and Torres Strait Islander peoples, and repair or maintain this equipment where necessary.

Vision 2020 Australia considers that such projects can contribute significantly towards capacity building in terms of ophthalmology telehealth services, and that the Australian Government should continue to be involved in these initiatives in order to overcome some of the challenges faced by remote communities due to distance. While building this capacity, Vision 2020 Australia also considers it vital that, where necessary, modifications to existing IT infrastructure are made, in order to ensure that telehealth services operate efficiently and effectively.

Ways service delivery could be adapted to better meet the needs and preferences of Indigenous Australians living in remote communities (for example, how service delivery could better respond to the higher mobility of Indigenous Australians).

Recommendation 4

That the Australian Government facilitates the introduction of electronic patient record systems targeted for use in remote Aboriginal and Torres Strait Islander communities, with linkages to the broader health system.

Similar to the existing initiatives such as the My Health Record, Vision 2020 Australia considers that patient information record systems that are linked between closely related communities

would assist in improving effectiveness in terms of meeting the needs and preferences of Aboriginal and Torres Strait Islanders living in remote communities, or with higher mobility.

For example, studies undertaken in an Aboriginal health Service (AHS) in central Australia have shown that the increased use of electronic patient records to monitor chronic disease led to a systematic format of scheduled visits and recall, as well as investigations and feedback to patients. Vision 2020 Australia therefore considers that improvements in existing electronic health systems, targeted for use in remote communities, is one of the many ways to respond to the needs and preferences of Aboriginal and Torres Strait Islander people living in remote communities or those with higher mobility.

1.2.2 Request for information 33

The Commission is seeking information on the current service delivery model for human services in remote Indigenous communities, including:

- Areas where outcomes for users are not being met (for example, particular programs, services, communities or user groups), the drivers behind this, and how they could be addressed through reforms to the way services are provided.
- Areas where arrangements are currently working well and do not require major change, the drivers behind this, and how similar arrangements could be applied in other areas.

Areas where outcomes for users are not being met (for example, particular programs, services, communities or user groups), the drivers behind this, and how they could be addressed through reforms to the way services are provided.

Recommendation 5

That the Australian Government provides funding for additional staff trained in the provision of eye health services for remote Aboriginal and Torres Strait Islander communities.

The prevalence of vision impairment is three times higher in Aboriginal and Torres Strait Islander people when compared to non-Indigenous Australians.⁵ Vision 2020 Australia considers this as a clear example that eye health outcomes for these users have not been met, and that the current level of service delivery in remote Aboriginal and Torres Strait Islander communities is inadequate.

The prevalence of vision impairment in these communities has been exacerbated by the lack of physical capacity for clinics to provide space for visiting services to undertake consultations. The lack of physical capacity also raises issues when a number of visiting services wish to use a single space, subsequently limiting the number of consultations that can be offered to the community.

Vision 2020 Australia therefore considers that through funding for additional staff in existing service locations who are trained in the provision of primary eye health services, some of the burdens on capacity could potentially be reduced. This could also be achieved through training of primary health workers in these locations in primary eye care, enhancing prevention and early detection and reducing pressure on visiting services.

⁵ Foreman, J., et al, 2016, *The National Eye Health Survey Report 2016*, The Centre for Eye Research Australia and Vision 2020 Australia, Melbourne.

Areas where arrangements are currently working well and do not require major change, the drivers behind this, and how similar arrangements could be applied in other areas.

Recommendation 6

That the Australian Government regularly reviews and provides ongoing funding to the Visiting Optometrists Scheme (VOS).

Vision 2020 Australia acknowledges that while visiting optometrists work well in partnership with Aboriginal Community Controlled Health Organisations (ACCHOs), their visits are often infrequent due to the remoteness of some Aboriginal and Torres Strait Islander communities.

Ongoing funding for the VOS would allow optometrists to undertake more frequent visits to remote communities, and therefore provide ongoing and consistent care. Vision 2020 Australia therefore considers it essential that optometrists are provided with increased and ongoing funding to continue providing consistent outreach services to remote Aboriginal and Torres Strait Islander communities.

1.3 Evaluating reforms to increase competition and user choice

1.3.1 Request for information 34

The Commission is seeking information on the experience of users, providers and governments with the implementation of reforms to introduce greater user choice and competition, such as disability support services, including:

- Whether Indigenous Australians in remote communities where these reforms have been implemented have access to a variety of service options and providers.

Whether Indigenous Australians in remote communities where these reforms have been implemented have access to a variety of service options and providers.

Recommendation 7

That Aboriginal Community Controlled Health Organisations (ACCHOs) and Aboriginal and Torres Strait Islander communities are consulted and involved in the design of policies and programs that impact them.

Recommendation 8

That ACCHOs are offered fair opportunities to compete with non-Indigenous health organisations during competitive tendering processes.

Vision 2020 Australia notes that, in the context of eye health in remote Aboriginal and Torres Strait Islander communities, reforms intended to introduce greater user choice and competition do not necessarily result in positive outcomes. For example, in remote areas, increased competition when providing outreach services can in some cases lead to fragmented service coordination. Vision 2020 Australia therefore contends that mechanisms and approaches to introduce greater competition, contestability and user choice need to be carefully considered.

In remote Aboriginal and Torres Strait Islander communities delivering services collaboratively and in partnership with ACCHOs, and ensuring that the communities are consulted and involved in the design of policies and programs that impact them, is integral.

Furthermore, Vision 2020 Australia notes that the 2015 Senate Finance and Public Administration References Committee inquiry into the impact on service quality, efficiency and sustainability of the Commonwealth Indigenous Advancement Strategy tendering found that competitive tender

processes disadvantage ACCHOs and do not fully take into account their value and expertise.⁶ It is therefore vital that Aboriginal and Torres Strait Islander organisations are offered fair opportunities to compete with non-Indigenous organisations.

1.3.2 Request for information 35

The Commission is seeking information on ways to improve the effectiveness of human services provision in remote Indigenous communities, including:

- Ways governments can improve how they engage with communities.

Ways governments can improve how they engage with communities.

Recommendation 9

That governments ensure that the Aboriginal community controlled health sector is a key player in the delivery of culturally safe health services.

Vision 2020 Australia asserts that service delivery that not only takes into account the cultural diversities of remote Aboriginal and Torres Strait Islanders, but also provides culturally safe care, should be considered paramount in driving positive and successful patient outcomes. As noted, ACCHOs are well-situated to primary eye care services in remote in Aboriginal and Torres Strait Islander communities, with a large proportion of Aboriginal and Torres Strait Islander people preferring to attend ACCHOs over non-Indigenous primary health services due to the culturally safe provision of care offered in these locations. Vision 2020 Australia therefore considers that governments should ensure that the Aboriginal community controlled health sector is a key player in the delivery of culturally safe health services.

Furthermore, Vision 2020 Australia notes that, if provided with increased support, ACCHOs would be able to have a significant impact upon the overall provision of these services, and therefore suggests that through further engagement with these organisations, greater engagement with Aboriginal and Torres Strait Islander communities could be achieved.

1.4 Increasing the benefits of contestability

1.4.1 Request for information 36

The Commission is seeking information on ways to improve commissioning arrangements for human services in remote Indigenous communities, including

- How processes for commissioning services, (including specification and measurement of outcomes and selection of providers) could be changed to improve the quality, equity, efficiency, accountability and responsiveness of services.
- The potential for more integrated services to improve service effectiveness, including particular services that would benefit from integration, and the level of integration that would be suitable (for example, information sharing or merging of service providers).

How processes for commissioning services, (including specification and measurement of outcomes and selection of providers) could be changed to improve the quality, equity, efficiency, accountability and responsiveness of services.

⁶ “Commonwealth Indigenous Advancement Strategy tendering processes,” Parliament of Australia, accessed February 14, 2017.

http://www.aph.gov.au/Parliamentary_Business/Committees/Senate/Finance_and_Public_Administration/Commonwealth_Indigenous.

Vision 2020 Australia considers that reporting, as well as processes to monitor and evaluate outcomes are essential, however support needs to be given to Aboriginal and Torres Strait Islander organisations to ensure they have the capacity to do this. Furthermore, reporting and evaluation requirements must be consistent across all programs, organisations and service providers, in recognition of the overburden of reporting placed on Aboriginal and Torres Strait Islander organisations and not extended to others.

The potential for more integrated services to improve service effectiveness, including particular services that would benefit from integration, and the level of integration that would be suitable (for example, information sharing or merging of service providers).

Recommendation 10

That services provided to remote Aboriginal and Torres Strait Islander communities are integrated and coordinated so as to ensure an effective patient pathway where comorbidities can be effectively assessed and treated.

Within the eye health and vision care sector, Vision 2020 Australia strongly considers that integration and coordination of related visits would be of significant benefit, particularly when referring to remote Aboriginal and Torres Strait Islander communities. For example, having the visits of eye specialists coincide with those of diabetic educators would provide patients not only with comprehensive examination and assessment with regard to diabetes and related diseases such as retinopathy and kidney disease, but would also be valuable in terms of time-saving and avoiding duplication.

Vision 2020 Australia notes that such practices have already been undertaken, with the launch of the South Australian Health and Medical research Institute (SAHMRI) Aboriginal Diabetes Study in 2015. As part of this study, the SAHMRI worked with over 4000 Aboriginal people in South Australia in order to understand the burden of diabetes as well as the associated complications, including those relating to eye health. Vision 2020 Australia strongly supports expanding such practices into other regions.⁷

Furthermore, Vision 2020 Australia also considers that the referral pathway from primary health care to specialist services requires a whole of system approach to be effective and ensure the patient pathway is not, as described in *The Roadmap*, a “leaky pipe”.⁸ This includes improved coordination between Aboriginal and Torres Strait Islander patients, primary health care providers, outreach optometry and ophthalmology services and hospitals. Based on collective experience delivering and coordinating eye health and vision care services, the eye health and vision care sector strongly believes that better service provision coordination such as resources for case management, patient liaison/assistance and service planning would lead to more effective service delivery along the entire patient pathway.

⁷ “Landmark Type 2 Diabetes study for the SA Aboriginal community launched,” South Australian Health and Medical Research Institute (SAHMRI), accessed February 14, 2017. <https://www.sahmri.org/aboriginal-health-theme/news-56/>

⁸ Taylor HR, Anjou MD, Boudville AI, McNeil RJ, 2013, *The Roadmap to Close the Gap for Vision*, Indigenous Eye Health Unit, Melbourne School of Population Health, The University of Melbourne

Conclusion

The eye health and vision care sector considers that the current level of service delivery in remote Aboriginal and Torres Strait Islander communities is inadequate. Further, any improvements from introducing greater competition, contestability and user choice will be limited without addressing the underlying issues regarding funding and funding certainty. Vision 2020 Australia wishes to emphasise that introducing competition will require consideration of the adverse effects that this can have among service providers, and that consultation and greater engagement with Aboriginal and Torres Strait Islander communities and organisations is essential. In addition, greater integration and coordination among service providers would work to improve service delivery in remote Aboriginal and Torres Strait Islander communities. Vision 2020 Australia appreciates the opportunity to provide comment to the Productivity Commission on this important issue, and welcomes any further participation and discussion on what is an important matter to the eye health and vision care sector.

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