

The Roadmap to Close the Gap for Vision – the need for National Oversight

This discussion paper has been prepared by the Indigenous Eye Health Unit

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The Roadmap to Close the Gap for Vision (2012) proposes 42 recommendations to close the gap for vision and eliminate the inequities in Aboriginal and Torres Strait Islander eye health and vision in Australia. National oversight is recommended (Recommendation 7.4) to provide continuity, oversight and accountability by monitoring national progress for Indigenous eye health. It is proposed that this function needs to be established by government to develop national policy, oversee implementation of national strategies and to report to Australian government and State/Territory governments. National oversight will ensure the maintenance of national coverage, oversight and accountability and provide timely report of performance to government and all service providers and stakeholders.

Oversight and accountability are identified as two absolutely key ingredients that are required to support sustained service delivery and care outcomes. The failure to institute such governance structures is considered a significant factor for the failure of previous programs, particularly the failure of recommendations arising from reviews about Indigenous eye health. Oversight and two-way accountability is required at each administrative level in the service system – local, regional, jurisdictional and national.

Currently there is no clear national oversight or national accountability for Aboriginal and Torres Strait Islander eye health. Although a number of groups are involved in national programs, there is

- no government or sector agreed group with this remit or that is accountable for this function
- no group that collects and collates information or data that would suggest or support national oversight responsibilities
- no group with sector authority to endorse evidence-based guidelines and benchmarks for Indigenous eye health.

In establishing an effective review or governance function, it would be highly desirable to utilize an existing committee structure, experience and expertise wherever possible. There is no need nor is there desire to set up a separate, stand-alone, vertical program.

It is suggested that a governance body with accountability to COAG, AHMC or AHMAC take on this oversight function and that it would appropriately focus effort in Indigenous eye care. This is deemed essential if the goal of closing the gap for vision is to be achieved.

History informs

The past failures of policy implementation and proper funding for eye health programs have resulted from a lack of consistent focus on Indigenous eye health. A Critical History of Indigenous Eye Health Policy Making (2011) covers the period 1976 to 2010. Seven formal reviews of eye health have been conducted in that time and a number of consistent findings are identified. There is a need for close community input and involvement, national oversight and monitoring, integration of basic eye care into primary care, mechanisms to overcome jurisdictional issues and a commitment to appropriate priority and resources. The historical review demonstrates that solutions cannot be imposed, that there have been many peaks and troughs in Indigenous eye health activity, stand alone services are not appropriate and eye health must be part of the broader health care, and that implementation of recommendations has often been delayed or just not carried out. However, the overriding essential is national oversight.

Data and monitoring

The availability of data to inform policy and service planning at a national level is poor and spasmodic. There is a lack of aggregated data at jurisdictional and national levels and there is limited oversight monitoring or accountability. Even data about national schemes for visiting services and low cost spectacle support are not readily available or shared. National systems management cannot be undertaken without performance data to inform planning and this information needs to be accessible to stakeholders. National monitoring can showcase best-practice models and will provide enhanced local and regional service planning and improved accountability to Aboriginal and Torres Strait Islander communities.

National guidelines

Development of the following national guidelines will support activities to close the gap for vision and the rollout of the Roadmap:

- Definition of targets
 - Clinical pathway standards for timeliness, quality and availability of services
- Collection of data
 - Data elements for reporting at local, regional and jurisdictional levels
- Reporting performance
 - National eye health KPI and target reporting – regional, jurisdictional and national
- Strategic workforce education and training requirements
- Health promotion framework for Indigenous eye health

Stakeholder endorsement and involvement

The Roadmap to Close the Gap for Vision includes a firm recommendation on the need for national oversight of Indigenous eye health and vision care issues and has been endorsed by:

National Aboriginal Community Controlled Health Organisation (NACCHO)
Optometrists Association Australia (OAA)
Royal Australian and New Zealand College of Ophthalmologists (RANZCO) and
Vision 2020 Australia.

Representatives of these four stakeholders are well placed to provide expert, technical and policy advice and recommendations to federal and jurisdictional government departments and authorities responsible for Aboriginal and Torres Strait Islander eye health and support national oversight functions.

The Australian government has initiated and provided important support for Indigenous eye health and the recommendation for national oversight is to build and consolidate from these efforts.

The functions of national oversight

The aims and functions of national oversight would include:

1. Overseeing the national implementation of strategies that address Aboriginal and Torres Strait Islander eye health and vision care issues, consistent with the recommendations of The Roadmap to Close the Gap for Vision
2. Developing the national policy and funding initiatives identified to close the gap for vision
3. Providing expert, technical and policy advice and recommendations to federal government departments and authorities responsible for Aboriginal and Torres Strait Islander eye health
4. Providing expert, technical and policy advice and recommendations to support jurisdictional committees responsible for Aboriginal and Torres Strait Islander eye health
5. Developing guidelines and benchmarks to support nationally consistent Aboriginal and Torres Strait Islander eye health
6. Developing a reporting framework to allow national oversight for Aboriginal and Torres Strait Islander eye health
7. Reporting to federal and state/territory governments and other stakeholders, including local and regional communities, regarding monitoring data and activity tracking, progress on 'closing the gap for vision' and identifying areas of concern
8. Reporting progress made to appropriate Australian government authority (eg. AHMAC).

References

Taylor HR, Anjou MD, Boudville AI, McNeil RJ. **The Roadmap to Close the Gap for Vision: Full Report**. Melbourne: Indigenous Eye Health Unit, Melbourne School of Population Health, The University of Melbourne, ISBN 978-0-7340-4756-4; 2012. 137 p.

Jones JN, Henderson G, Poroch N, Anderson I, Taylor H. **A Critical History of Indigenous Eye Health Policy-Making. Towards Effective System Reform**. Melbourne: Indigenous Eye Health Unit, Melbourne School of Population Health, The University of Melbourne, ISBN 978-0-7340-4209-5; 2011. 180 p.