

Indigenous Australia Program

DEVELOPMENT EFFECTIVENESS

WESTERN NSW EYE HEALTH PARTNERSHIP

The Western NSW Eye Health Partnership (Partnership) is a formal collaboration between eye health stakeholders in the western New South Wales (NSW) region that aims to improve access to eye health services with a particular focus on eye health care for Aboriginal and Torres Strait Islander Australians. The Fred Hollows Foundation's (The Foundation) Indigenous Australia Program (IAP) funds a project development officer, through the NSW Rural Doctors Network, to facilitate key initiatives and coordinate the partnership group.

The partnership includes 17 service providers and key stakeholders including nine Aboriginal Community Controlled Health Organisations (ACCHOs), Bila Muuji Aboriginal Health Service Inc., Brien Holden Vision Institute, Vision CRC, Outback Eye Service, Western NSW and Far West Medicare Locals, Marathon Health and the Western NSW Local Health District. The IAP and the NSW Rural Doctors Network are not service providers, which allows them to act as impartial facilitators within the partnership.

Key achievements

- The first retinal surgery occurred on 29th Feb 2015 in Dubbo Private Hospital following a successful joint proposal. This means patients no longer have to travel five hours by road, or an hour by plane to Sydney.
- Since the commencement of the Dubbo Public Eye Clinic in 2015, 15 patients from the Western NSW region have received surgery.
- 48 participants have been trained or upskilled through two Primary Health Care worker eye health training courses organised by the partnership, including Aboriginal and Torres Strait Islander Health Practitioners, Aboriginal Liaison Officers, Aboriginal Health Education Officers, Regional Eye Health Coordinators, managers and chronic care coordinators. There is a strong demand for further training in the region.
- Data relating to eye health services, along with a request for funding of essential ophthalmic equipment for the Dubbo Public Eye Clinic was provided to the Centre for Aboriginal Health in the NSW Health Ministry; an indication of how data will be shared between services to achieve collective goals.
- A diabetic retinopathy screening project was developed whereby two services jointly employ a nurse to work out of Bourke and work with ACCHO staff to improve the quality and number of diabetic retinal photos.
- Joint advocacy initiatives have commenced including:
 - Lobbying for low-middle income earners to get access to the Vision Australia spectacle program as they would otherwise not be eligible for spectacles.
 - Utilising results from research into eye health patient transport issues enabled the Partnership to approach Western NSW Health Primary Health Network for their support in overcoming transport issues. Further advocacy will occur in this area until a satisfactory outcome is achieved to improve patient transport.

Enablers for joint initiatives

- Comprehensive service mapping for eye health in the region including local planning, gap analysis and recommendations was undertaken. Service providers in the partnership were supported to provide service data, including primary care vision screening data, optometry and ophthalmology data, and surgery and waiting list data. This report has now been sent to the WNSW Local Health District and the WNSW Primary Health Network for consideration in their planning. Data collection will be ongoing to inform service planning into the future.
- Joint planning of service level agreements between various services and agencies in the partnership.
- Development of an equipment assets register was developed to identify ophthalmic equipment without a maintenance contract, and used in a submission to NSW Ministry of Health for funding new equipment that includes maintenance.
- The partnership also worked with ACCHOs to develop a step by step guide for extracting primary care data indicators, which will be used for service planning.

“THE CENTRAL ACHIEVEMENT OF THIS PROJECT IS THE PARTNERSHIP DEVELOPING BETWEEN STAKEHOLDERS AS THEY COMMUNICATE, PLAN AND WORK TOGETHER. THIS PARTNERSHIP HAS PRODUCED THE LOCAL FRAMEWORK REQUIRED TO BUILD IMPROVEMENTS IN PUBLIC EYE HEALTH SERVICES.”

Joanna Barton et al, 13th National Rural Health Conference abstract, 2015.

Background

- The Foundation has historical links to western NSW with Professor Fred Hollows first visiting Bourke and the surrounding area to teach hospital eye teams in the early 1970s.
- The Partnership was established in 2012 in response to a review of eye health services in western NSW, which showed the need for a comprehensive service delivery plan and for coordination between eye health service providers in the region. The Partnership brings together staff at the regional level to constructively communicate, plan, coordinate, monitor and review eye health programs and services in the region.

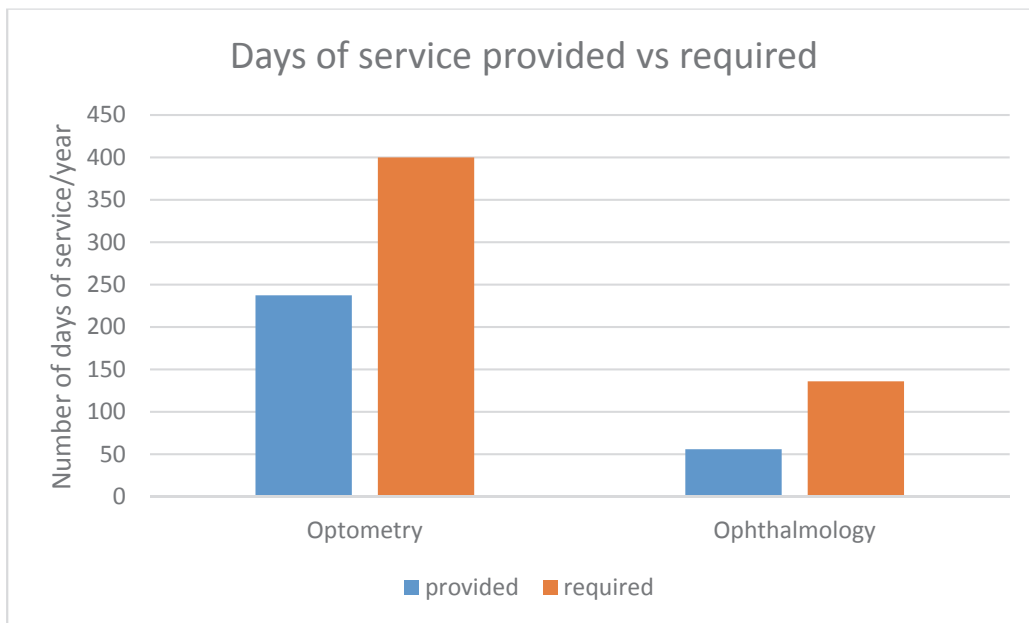
Level of service provision

- Western NSW is an area of comparative disadvantage, and residents are under-supplied with ophthalmic and optometric services. Additionally, eye health services are not equally available and accessible for Aboriginal and Torres Strait Islander people in western NSW.
- The region has a lower rate of cataract surgery than the Australian average, with the Aboriginal and Torres Strait Islander population having a much lower rate again. Cataract surgery would have to be increased by 200 operations per year for the area's Aboriginal and Torres Strait Islander residents to reach average national cataract surgery rates ¹.
- Almost two-thirds of avoidable hospitalisations in the region are attributable to chronic health conditions, primarily admissions for diabetes complications.
- Hospitalisation rates for diabetes for Aboriginal and Torres Strait Islander people in NSW are 200% higher than those for non-Aboriginal people ².
- Many stakeholders in the Western NSW region describe gaps in eye health preventative and primary care, such as in annual diabetic screening, a key concern given the growing incidence of diabetes in Aboriginal, Torres Strait Islander and other residents of the area and its impact on eye health. The effect on eye health is a key concern given the growing incidence of diabetes in Aboriginal and Torres Strait Islander and other residents in the area ³.

¹ NSW Health, Review of Eye Health Services for Aboriginal People; a review within the Greater Western Region of NSW, 2011

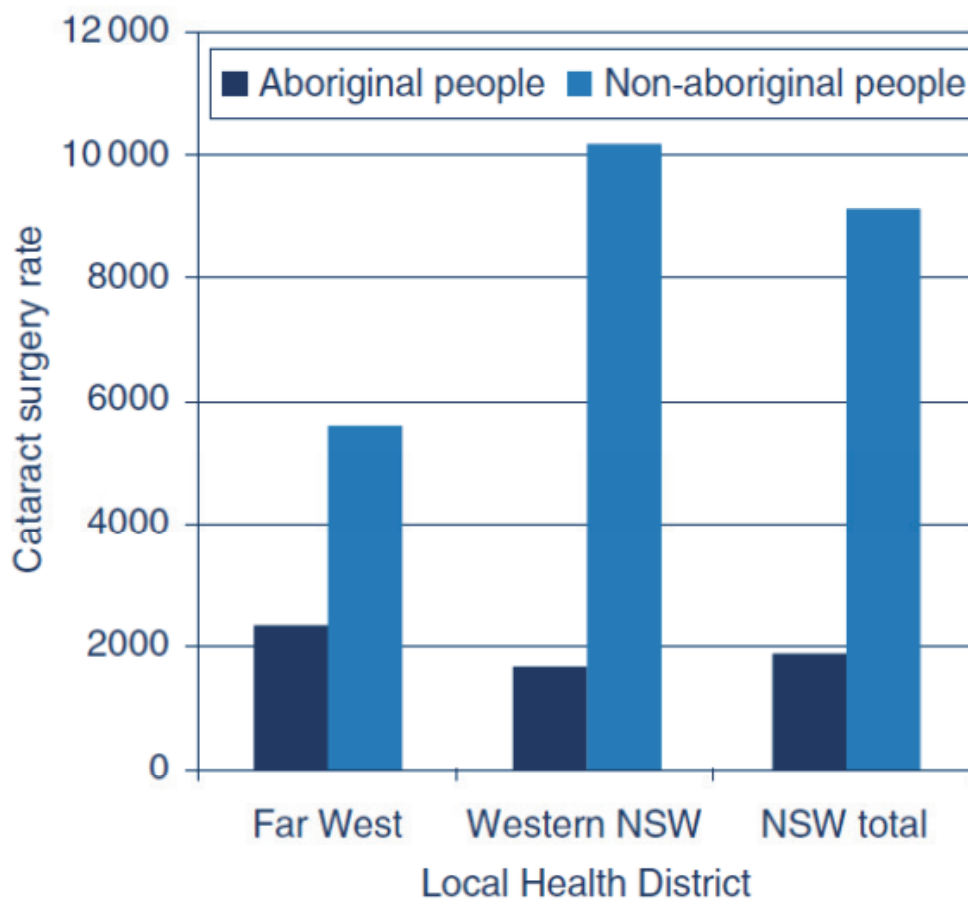
² Far West NSW Medicare Local, <http://fwml.com.au/index.php?page=our-health>, accessed 11 Sept 2014

³ Banscott Health Consulting, NSW Remote Eye Service Delivery, Options Paper for The Fred Hollows Foundation, May 2012



Comparison of the number of optometry and ophthalmology days of service provided with that required in western NSW region, 2014-15 [required numbers calculated from IEHU's eye service calculator].

Source: Western NSW Eye Health Partnership.



Comparison of average annual cataract surgery rates per million population for Aboriginal and non-Aboriginal people in the Far West and Western NSW Local Health Districts and for all NSW for the period 2007-2010.

Source: Maher et al. NSW Public Health Bulletin 23(3-4), 2012.

Reflections

- The central achievement of this project is the working relationships that continues to develop between stakeholders as they communicate, plan and work together. The Partnership has produced the local framework required to build improvements in public eye health services. To date, this collaboration has enabled strategic decisions to be made that strengthen the eye care system.
- The Partnership has brought a multi-disciplined focus to all three levels of eye care (primary, secondary and tertiary), improving information about services, referral pathways and working towards embedding eye care within all Aboriginal and Torres Strait Islander primary care services including chronic care programs.
- Having a dedicated Program Development Officer funded by the IAP to coordinate the partnership has been invaluable to the smooth running of the partnership and maintaining momentum.

Challenges

- Patient transport to appointments, surgery, post-operative and follow-up care is a major issue in the region, with the majority of eye surgery patients having no access to transport at all. The Partnership is working on a proposal to the NSW Ministry of Health for a Regional Transport Coordinator.
- Currently in the region, there is a substantial amount of in-kind support by various service providers and agencies in terms of eye health, for example bulk-billing by the anaesthetist. This level of support, whilst an indication of the commitment of partnership members, is at risk of not being sustainable. The eye care system needs to be strengthened in order to ensure sustainability.
- Ophthalmologists who are Visiting Medical Officers (VMO) credentialed to provide public surgery don't offer public clinics (bulk billing), to enable access and affordable options for the patient at all stages and continuity of care. Dubbo Public Clinic Ophthalmology providers aren't presently VMO credentialed, which could provide additional capacity for public surgery, to meet an increasing waiting list produced by the Dubbo Public Eye Clinic.
- Service planning is imperative in order to analyse gaps and advocate for changes, however it is expensive both financially and in terms of time. It will be important to ensure that the results from the service planning activity are used constructively to enable system change.

“PUBLICLY FUNDED, LOCAL RETINAL SURGERY OVERCOMES COST AND TRANSPORT BARRIERS THAT ARE INSURMOUNTABLE FOR SOME CLIENTS. THE ONLY OTHER OPTION FOR ONE CLIENT – A 43 YEAR OLD ABORIGINAL WOMAN WITH CHRONIC KIDNEY DISEASE ON 2ND DAILY RENAL DIALYSIS AND CONFINED TO A WHEELCHAIR, WOULD HAVE BEEN TO COME UP WITH THE PRIVATE COST – \$4,500 LOCALLY HERSELF OR TRAVEL TO THE NEAREST REFERRAL CENTRE FOR DUBBO – SYDNEY EYE HOSPITAL (500 KM) WITH A MINIMUM OF A WEEKLONG STAY AT SYDNEY PRINCE OF WALES HOSPITAL FOR THE DIALYSIS IN BETWEEN HER SURGERY AND FOLLOW UP. PROVISION OF SURGERY LOCALLY ENABLES THE CONSUMER TO REMAIN AT HOME WITH A DAY PROCEDURE SUPPORTED WITH TRANSPORT BY HER FAMILY”.

Barton J, Vail A, Waddell C and Hager J (2015) The Western NSW Eye Health Partnership Program, 13th National Rural Health Conference, Darwin, Australia





Gap Analysis for the region: what's required?

- Additional public ophthalmology clinic days at Dubbo
- New public ophthalmology clinic at Orange
- Outreach ophthalmology services from Dubbo and Orange to smaller regional towns
- Emergency public ophthalmology services available in Dubbo and Orange
- ACCHOs in smaller towns to have a telehealth link to large eye hospitals for ocular emergencies
- Strategies to overcome the difficulties in obtaining an additional orthoptist for the Dubbo Public clinic
- Increase the number of publically funded cataract extraction surgeries in Dubbo and Orange
- Ophthalmologists who are VMO credentialed to provide public surgery should offer public clinics
- Public retinal surgery transitions to provision at Dubbo Base Hospital.

Participants at Primary Eye Health training held at Orange Aboriginal Medical Service, 2016. *Photo source: NSW Rural Doctors Network Outreach News, <http://www.nswrdn.com.au/site/index.cfm?display=582385>*

Learnings

- Prior to the Partnership there were good models of public eye health service in the western NSW region, however service providers were frequently working as siloed individual services instead of collectively. Stakeholders did not necessarily have an appreciation of the work that others were doing, or how they could augment or support the work of others. The formation of this successful partnership has changed the landscape of how eye health service providers work in the region. Services are now working together to provide a seamless patient pathway.
- Learnings from this Partnership will be invaluable for other regions that IAP works with. For example, the role of the Project Development Officer coordinating the western NSW partnership will provide key learnings for the upcoming Regional Implementation Project Officer, co-funded by the IAP and Australian Government, employed in the Central Australia and Barkly region.
- The western NSW eye health partnership program is funded by IAP, but was established and previously funded through GPPA. The Foundation learnt through this process that any programs established should be done in consultation with the appropriate country program so that appropriate rigour, support and consultation can be applied prior to entering into any agreements.

Future development

- Complete the Western NSW Eye Health Service Plan to provide a longer term vision for eye health in the region. The service plan will be based on a comprehensive eye health service model that is integrated with chronic care.
- Workforce planning will also be linked into the service plan. The Partnership may support stakeholders in applying for funding to cover identified gaps such as an expansion of the Dubbo Public Clinic to include an ophthalmologist with a cataract focus and possible additional optometric services in ACCHOs with unmet need.
- Training for primary health care workers in eye health, due to high demand.
- Assist with the process of organising Service Level Agreements between stakeholder members who are currently working together without an agreement.
- Submit a proposal to NSW Ministry of Health for a Regional Health Transport Coordinator for the region.
- Formally document the partnership model for publication in a peer reviewed journal for other jurisdictions to emulate.
- Formally document the project results to demonstrate progress and impact over time.
- Ensure all data sharing protocols and authorship guidelines are up to date and relevant for the current needs of the partnership.
- Contribute to the development of a state-wide coordination function.
- Consider learning for application other regions within NSW and interstate.

Map of NSW showing the western NSW region

The population of western NSW region is 301,999 people, which represents 4.2% of the NSW population. This population is spread across a large geographical area of 444,586 square kilometres, an area representing 55% of the landmass of NSW⁴. Approximately 20% of the total NSW Aboriginal population live within this region. Aboriginal people represent 9.4% of the population, compared to 2.5% for the whole of NSW⁵. Transport, distance and cost are significant barriers to Aboriginal people in accessing eye health service so it is important to maintain affordable tertiary services close to where Aboriginal people live.



⁴ NSW Health, Review of Eye Health Services for Aboriginal People; a review within the Greater Western Region of NSW, 2011
⁵ Banscott Health Consulting, NSW Remote Eye Service Delivery, Options Paper for The Fred Hollows Foundation, May 2012