



Queensland 2024 State Election Platform

Optometry Queensland/NT

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About Optometry Queensland/NT

Optometry Queensland Northern Territory (OQNT) represents and advocates on behalf of optometrists who practise in Queensland and the Northern Territory. OQNT works with government, health providers, optometrists, and other health professionals to actively encourage, initiate, and support policies and programs that deliver better eye health outcomes for the residents of Queensland and the Northern Territory.

State of eye care in Queensland

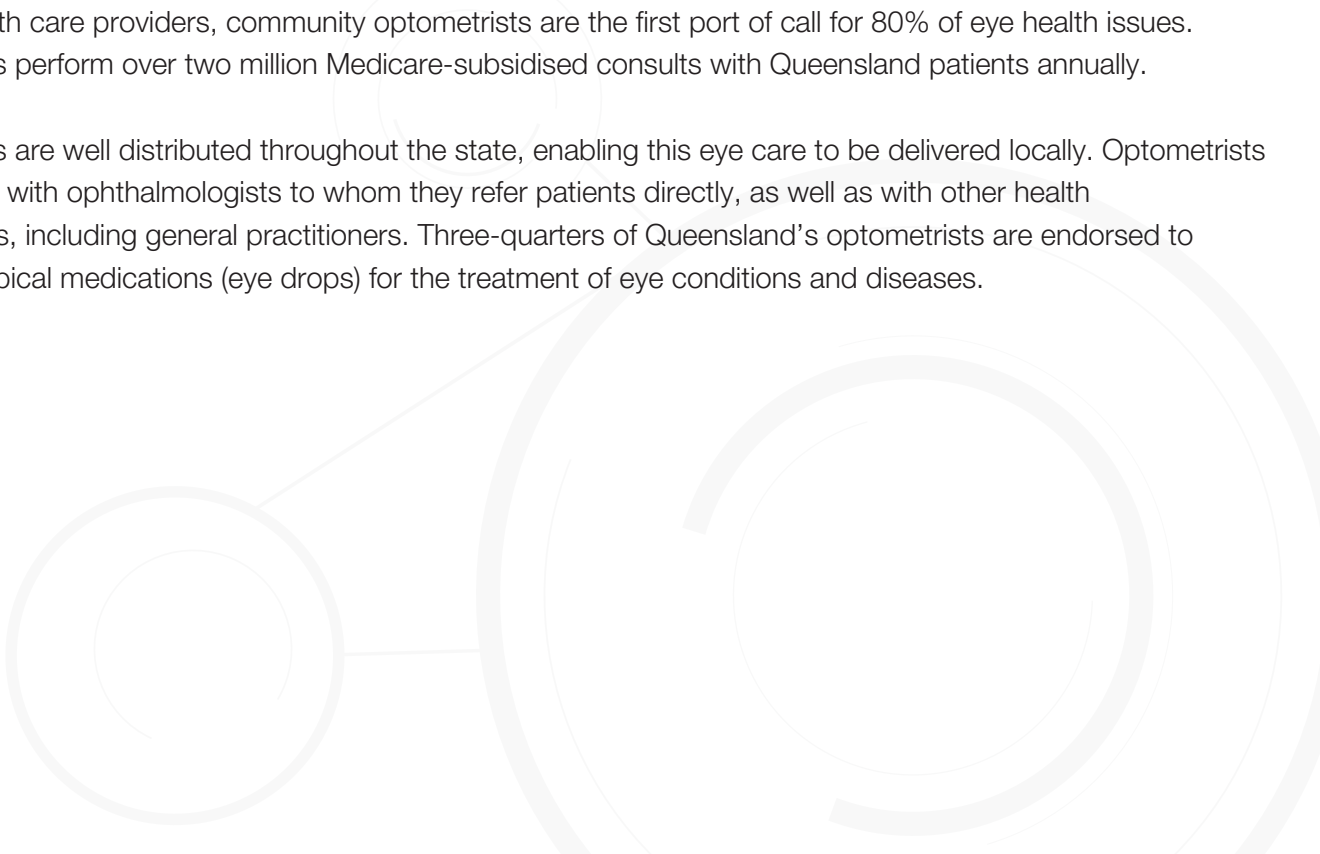
Queenslanders currently experience significant challenges in accessing timely, high quality eye care. An ageing population and the high prevalence of a range of chronic health conditions mean there is an ongoing increasing demand for specialist treatment of conditions such as aged related macular degeneration, diabetic retinopathy, glaucoma, and cataracts. At the other end of the population age range, the incidence of myopia (short-sightedness) is rising, including in school age children.

Further, these challenges are exacerbated by the high proportion of Queenslanders who live outside South-East Queensland, and are more pronounced in disadvantaged communities, including remote Indigenous communities.

Role of optometrists

There are 1,365 registered optometrists in Queensland. They play a key role in Queensland's health system. As primary health care providers, community optometrists are the first port of call for 80% of eye health issues. Optometrists perform over two million Medicare-subsidised consults with Queensland patients annually.

Optometrists are well distributed throughout the state, enabling this eye care to be delivered locally. Optometrists work closely with ophthalmologists to whom they refer patients directly, as well as with other health professionals, including general practitioners. Three-quarters of Queensland's optometrists are endorsed to prescribe topical medications (eye drops) for the treatment of eye conditions and diseases.



Summary of proposed initiatives

Optometry Queensland Northern Territory requests that:	Estimated cost
<p>Funding be provided to support innovative models of collaborative eye care that enhance timely access for patients with chronic eye health conditions, building on successful collaborative care projects such as the Paediatric Optometry Alignment Program and the RBWH GCCC program.</p>	<p>\$4.5 million over 3 years.</p>
<p>Where public hospitals have large ophthalmology outpatient numbers, funding be provided to employ or contract optometrists whose roles would include the triaging of referred patients, supporting ophthalmologists in the preparation, co-management and discharging of patients, and liaising with optometry practices when patients are referred back to community optometry.</p>	<p>\$1.36 million per annum, to place an additional 8 FTE optometrists at HP5 level across 11 locations.</p>
<p>A review of the MASS Spectacle Supply Scheme be undertaken. The purpose of the review would be to ensure that the Scheme is delivering its intended benefits to eligible low-income Queenslanders across the State as efficiently as possible and sufficiently covering provider costs. The review would be informed by input from key stakeholders on any barriers to or issues with the scheme as well proposed solutions.</p>	
<p>A comprehensive, whole-of-life approach to eye screening and eye examinations be developed and implemented, focussed on children, people with diabetes and other chronic health conditions, and disadvantaged groups and communities.</p>	<p>\$3 million over 3 years.</p>
<p>The incoming Queensland Government invests in telehealth infrastructure that enables rural and remote residents to have more equitable access to high-quality eye care and considers the establishment of a government-funded tele-ophthalmology advisory service for optometrists in underserved regions.</p>	<p>\$365k in the first year, then \$300k per annum.</p>
<p>Early, in-principle, support be provided for allowing endorsed optometrists to prescribe scheduled medications for the purpose of practising optometry.</p>	<p>Nil.</p>

What Optometry Queensland/NT is doing

OQNT is advocating on behalf of optometrists and their patients on a range of issues.

Improved collaborative care:

We strongly support a more collaborative approach to eye health where optometrists work with ophthalmologists and other health professionals to reduce burgeoning outpatient wait times and improve patient access in rural and remote communities. The Paediatric Optometry Alignment Program run by Children's Health Queensland is a groundbreaking example of utilising community-based optometrists to enhance patient access, which is now being replicated in other jurisdictions. Further, the Royal Brisbane and Women's Hospital (RBWH) Glaucoma Collaborative Care Clinic (GCCC) guides collaborative care for patients by enlisting the participation of their community optometrist and GP to monitor their condition on a regular basis, resulting in less frequent reviews at the hospital ophthalmology department

Children's eye health:

OQNT is passionate about early identification of vision issues in children. We support the Queensland Government's Primary School Health Nurse Readiness Program – Vision Screening, which has screened over 300,000 children in their first year of primary school. More broadly, Optometry Australia's long-running Good Vision for Life initiative has encouraged millions of Australians to have their eyes examined by an optometrist. Since the inception of Good Vision for Life in 2016, there has been an 8.5% increase in consumers who now consider it important to see an optometrist annually. However, it is concerning that despite 90% of vision loss being able to be prevented or treated with early detection, there are still 13% of Australians who have never had their eyes tested.

Making maximal use of optometrists:

OQNT strongly believes that optometrists should practise at full scope. This should include being able to prescribe both oral and topical medicines for the purpose of practising optometry as well as triaging and co-managing patients who have chronic eye health conditions.

Making maximal use of optometrists:

OQNT strongly believes that optometrists should practise at full scope. This should include being able to prescribe both oral and topical medicines for the purpose of practising optometry as well as triaging and co-managing patients who have chronic eye health conditions.

Improving access to affordable spectacles and visual aids:

The Spectacle Supply Scheme (SSS) is part of the Queensland Government's Medical Aids Subsidy Scheme (MASS). Since 2008, the SSS has played an important role in ensuring that eligible low-income Queenslanders and their dependants have access to a comprehensive range of basic spectacles.

OQNT is pleased that the Queensland Government participated in the National Subsidised Spectacle Schemes project via Vision 2020 Australia in 2020-21 and 2021-22, through the temporary establishment of the Indigenous Spectacle Supply Scheme (ISSS) which delivered nearly 3,000 additional pairs of spectacles to First Nations peoples across Queensland.

However, the ISSS has since ceased and OQNT continues to receive concerning feedback from optometrists that the SSS is overly complex, underfunded, and that optometrists are re-considering their ongoing participation in the scheme. In response, OQNT is calling for a comprehensive, independent review of the Spectacle Supply Scheme. Such a review would consider eligibility for the SSS, the scheme guidelines, the costs incurred by scheme participants, the learnings from the temporary establishment of the ISSS, and ways to streamline and reduce the scheme's complexity.

Ensuring sustainable outreach eye care services for underserved populations:

Optometrists have a vital role in rural and remote parts of Queensland. OQNT works with Check Up encouraging optometrists to participate in the federally funded Visiting Optometrists Scheme (VOS). OQNT supports additional VOS funding to support the delivery of additional eye examinations annually to First Nations people across Queensland, to provide population parity with non-Indigenous Australians.

We support the rollout of innovative models of collaborative eye care in rural and remote communities that utilise telehealth and advanced imaging technologies to enable the early identification and treatment of eye health conditions such as cataract, glaucoma, and diabetic retinopathy.

Why eye health should be a State Election priority

Loss of vision has a devastating impact on the health, quality of life, independence and overall wellbeing of affected individuals and their families, as well as a major economic and social impact on the broader community. Extrapolating research by Access Economics, the economic cost of vision loss in Queensland is over \$4 billion a year.

Queenslanders are frustrated about exceedingly long ophthalmology public outpatient wait times which, across the state, are amongst the worst of any medical speciality. This disproportionately impacts people on lower incomes who cannot afford private care and those living in regional and remote areas who must travel vast distances to see an ophthalmologist. Optometrists are already involved in innovative models of collaborative eye care and are making a marked difference in enhancing access to specialist eye care in a timely manner and closer to home and they need to be built upon.

Since 2008, the Queensland Government's Medical Aids Subsidy Scheme (MASS) Spectacle Supply Scheme (SSS) has played an important role in ensuring that eligible low-income Queenslanders and their dependants have access to a comprehensive range of basic spectacles. However, the SSS has not been reviewed or updated since it was introduced and requires contemporising to ensure it continues to meet community need.

Early intervention is critical in eye care, with 90% of eye health conditions being treatable if they are diagnosed early enough. At the same time, the prevalence of conditions like myopia is increasing rapidly. Up to one-in-four Queensland school-age children who see an optometrist are diagnosed with myopia, which is easily remedied but can have a profoundly negative impact if it remains unidentified.

Queensland can build upon its leadership in children's eye screening and the provision of subsidised spectacles to low-income families through the SSS. It can also make a significant difference by encouraging Queenslanders with diabetes to have their eye examined by an optometrist in accordance with accepted clinical timeframes.



Proposed election initiatives

1. Collaborative Care

Queensland optometrists are at the forefront of a growing number of successful collaborative eye care projects that are delivering better eye health outcomes for patients. These collaborations between optometry and ophthalmology enhance access and reduce wait times by using optometrists to assess and co-manage patients who would otherwise be seen by ophthalmologists.

These projects have been made possible largely through the ingenuity of individual eye health professionals, often aided by one-off funding, effective referral and triaging processes, and digital technologies like telehealth and the digital transmission of optical scans. The collaborative care projects that have been evaluated have been found to deliver enhanced patient outcomes and large system efficiencies.

The crucial next step is to resource the next phase of collaborative eye care in a way that builds on these successful projects. A stand-out example is Children's Health Queensland's Paediatric Optometry Alignment Program whereby community optometrists from around the State receive training to enable them to treat and care for children after they leave hospital.

This model of care is being reviewed by the PA Hospital with a view to replicating it in other areas of eye health, including post-cataract surgery and the management of stable glaucoma patients. The PA Hospital has seen a reduction in its waiting list by 500 patients per annum since the employment of one optometrist.

Another example of a Queensland collaborative eye care program is the Glaucoma Community Collaborative Care (GCCC) program initiated by the RBWH for the management of stable glaucoma patients locally by community optometrists, enabling patients to avoid frequent visits to the hospital ophthalmology team by staying closer to home until further review is required.

Proposed initiative: OQNT requests that funding be provided to support innovative models of collaborative eye care that enhance timely access for patients with chronic eye health conditions, building on successful collaborative care projects such as the Paediatric Optometry Alignment Program and the RBWH GCCC program.

Estimated Cost = \$4.5 million over 3 years

2. Optometrist Triage in Public Hospitals

In the Townsville, Princess Alexandra, Queensland Children's, and Gold Coast University Hospitals, optometrists are increasingly involved in the triaging of patients who have been referred to public ophthalmology outpatient departments. This is resulting in those patients who need specialist eye care receiving it sooner while patients who do not are returned to their community optometrist for monitoring, without losing their place on the wait list. These models of care have drastically reduced wait lists and wait times while enabling ophthalmologists to focus on patients who need their specialist skills.

In some of these triage models, the optometrist is employed directly by the hospital. In others, private community optometry clinics support the hospital emergency departments in assessment and treatment of presenting eye complaints. In Central Queensland, collaborative care is enabled by a senior optometrist from an established optometry practice who works with Rockhampton Base Hospital and other hospitals, including the Royal Brisbane and Women's Hospital, organising referrals, undertaking triage, and supporting patients following discharge.

OQNT believe that community optometrists can expedite care and relieve unnecessary presentations to hospital emergency departments. Where there are long waitlists, an upfront audit of existing referrals is imperative. Patients need to be assured they will not lose their place on the wait list if they are referred back to a community optometrist. There needs to be funding to remunerate the triaging optometrists and set up the relevant systems and processes.

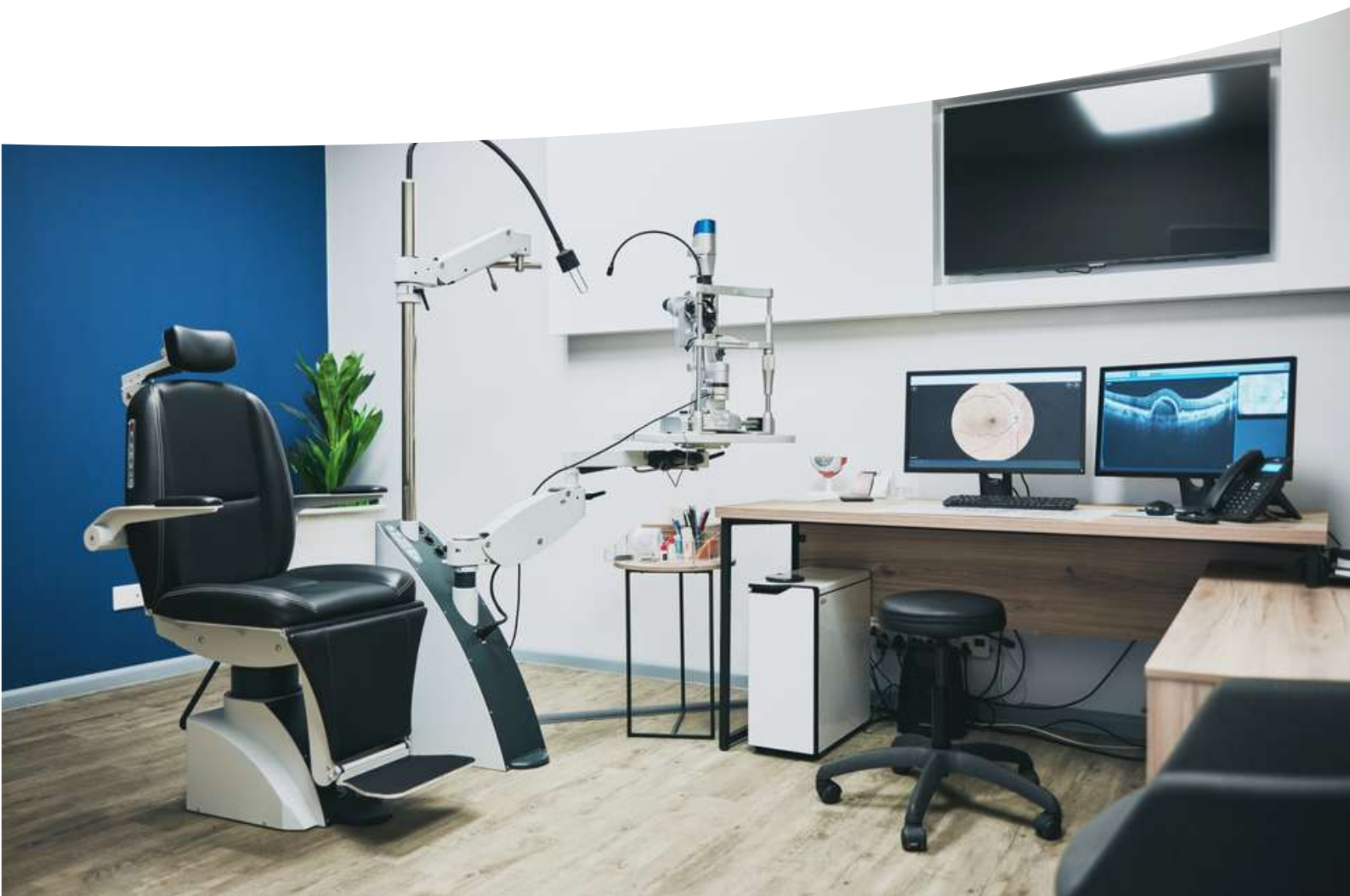


Further, OQNT mapping has identified 11 Hospital and Health Services (HHS) that would benefit from the implementation of employed or contracted optometrist positions, including Cairns and Hinterland; Central Queensland; Central West; Darling Downs; Mackay; North West; South West; Sunshine Coast; Torres and Cape; West Moreton and Wide Bay HHS. Filling these gaps would require the employment of the equivalent of 8 full time optometrists, at a cost of \$170k per annum per FTE including on-costs.

Whether based in the community or employed within the HHS, these models of collaborative care are enhanced by ensuring that ophthalmology clinical prioritisation criteria and referral guidelines are consistently applied, and that referrals include the necessary patient and clinical information, preferably in digital form. Inherent shortfalls in interoperability between optometry software systems, e-referral platforms, and hospital software systems make digital referrals inaccessible to practitioners or administratively burdensome. Queensland government support and funding of e-referral systems that enhance pathways of care between optometry and ophthalmology, and appropriately consider the cost in time of practitioners to complete these processes, is imperative.

Proposed initiative: OQNT requests that, where public hospitals have large ophthalmology outpatient numbers, funding be provided to employ or contract optometrists whose roles would include the triaging of referred patients, supporting ophthalmologists in the preparation, co-management and discharging of patients, and liaising with optometry practices when patients are referred back to community optometry.

Estimated cost: \$1.36 million per annum, to place an additional 8 FTE optometrists at HP5 level across 11 locations.



3. Review of MASS Spectacle Supply Scheme

The Spectacle Supply Scheme (SSS) is part of the Queensland Government's Medical Aids Subsidy Scheme (MASS). Since 2008, the SSS has played an important role in ensuring that eligible low-income Queenslanders and their dependants have access to a comprehensive range of basic spectacles. Optometrists play a central role in the delivery of the SSS, as prescribers and dispensers. It is important that eligible Queenslanders can access the SSS regardless of where they live, so there is a need to ensure that participating SSS prescribers and dispensers are geographically spread across the State, including a strong presence in Aboriginal and Torres Strait Islander community-controlled health settings.

Further, OQNT recognises that the temporary expansion of the SSS to establish the Indigenous Spectacle Supply Scheme (ISSS), supported by Federal Government funding via Vision 2020 Australia showed promising signs, delivering nearly 3,000 additional pairs of spectacles to First Nations peoples across Queensland.

OQNT strongly supports the SSS and encourages optometrists to participate in the scheme. However, we have received feedback from optometrists that the SSS is overly complex, underfunded, and that some optometrists are re-considering their ongoing participation in the scheme. The small margins on SSS spectacles do not compensate optometry practices for the time and opportunity costs entailed in assisting SSS patients and completing the associated administrative requirements.

It would make sense to conduct a comprehensive, independent review of the Spectacle Supply Scheme. Such a review would consider eligibility for the SSS, the scheme guidelines, the costs incurred by scheme participants, the learnings from the temporary establishment of the ISSS, and ways to streamline and reduce the scheme's complexity.

Proposed initiative: OQNT requests that a review of the Spectacle Supply Scheme be undertaken. The purpose of the review would be to ensure that the Scheme is delivering its intended benefits to eligible low-income Queenslanders across the State as efficiently as possible and sufficiently covering provider costs. The review would be informed by input from key stakeholders on any barriers to or issues with the scheme as well proposed solutions.



4. A Whole-of-Life Approach to Eye Screening and Eye Examinations

Queensland is a leader in many aspects of eye screening, particularly its strong focus on the screening of children before they start school via the Queensland Health Primary School Health Nurse Readiness Program (PSHNRP) – Vision Screening. However, several trends in eye health mean there is a need for a comprehensive, whole-of-life approach to eye examinations.

- The incidence of myopia at a young age is increasing, necessitating a greater focus on screening children before they start high school.
- It needs to be ensured that children with at-risk Prep screening results receive a comprehensive eye examination from an optometrist.
- Queenslanders who have diabetes are at risk of loss of sight if their eyes are not examined regularly for the onset of diabetic retinopathy.
- Multiple studies show disadvantaged groups, including those from Indigenous and culturally and linguistically diverse backgrounds, and residents from lower socio-economic and rural and remote communities are less likely to have their eyes examined on a sufficiently regular basis.

Eye examinations by optometrists are subsidised by Medicare. In most cases, community optometrists undertake eye examinations with no out-of-pocket costs incurred by the patient. The Queensland Government can play an important complementary role in encouraging a whole-of-life approach to eye examinations by focussing in areas that are the responsibility of State and Territory Governments.

Elements of a comprehensive, whole-of-life approach to eye screening and eye examinations could include:

- Working with key stakeholders, including PSHNRP and OQNT to communicate with the parents of public-school children who are identified as at-risk from the Prep vision screening program about the importance of following up with an eye examination from their local optometrist.
- Introducing a second phase of the vision screening program for public school children before they commence high school to identify children who are at-risk of myopia, with follow-up communications with their parents.
- Partnering with Optometry Australia and OQNT in a public advocacy campaign about the importance of regular eye examinations, with a strong focus on myopia and at-risk and disadvantaged groups, including people with diabetes, First Nations peoples, Queenslanders from culturally and linguistically diverse backgrounds, and residents of lower socio-economic and rural and remote communities.

The comprehensive approach would have the goal of raising Queensland's eye screening and examination levels to global best practice with key performance measures for each element.

Proposed initiative: OQNT and Optometry Australia request that a comprehensive, whole-of-life approach to eye screening and eye examinations be developed and implemented, focussed on children, people with diabetes and other chronic health conditions, and disadvantaged groups and communities.

Estimated Cost \$3 million over 3 years.

5. Remote tele-ophthalmology

Telehealth-enabled remote consultations provide an avenue for optometrists in underserved regions to collaborate seamlessly with ophthalmologists located in urban centres. This not only improves access to specialised eye care services for patients but also allows for timely intervention, preventing the progression of eye conditions and reducing the need for patients to travel long distances for in-person appointments.

Telehealth consultations between ophthalmologists and optometrists are not subsidised by Medicare. However, they are a vital part of ensuring that patients in rural and remote locations, including in Indigenous communities, can be assessed, and prioritised for treatment on a timely basis. These remote interprofessional consultations are enabled by telehealth infrastructure that allows high-resolution images to be shared, and the provision of funding for the participating health professionals.

OQNT encourages the Queensland Government to invest in telehealth infrastructure to ensure that Queensland residents in rural and remote locations have equitable access to high-quality eye care. We also encourage the establishment of a government funded tele-ophthalmology advisory service for optometrists. Under such a service, optometrists practising in underserved regions would be able to communicate free-of-charge with an on-call ophthalmologist to get advice on referrals and treatment options for patients. Ideally this service would be facilitated by telehealth infrastructure that enables the electronic sharing of ocular images and results.

Proposed initiative: OQNT requests that the incoming Queensland Government invests in telehealth infrastructure that enables rural and remote residents to have more equitable access to high-quality eye care and considers the establishment of a government-funded tele-ophthalmology advisory service for optometrists in underserved regions.

Estimated Cost: \$365k in the first year, then \$300k per annum.



6. Oral prescribing

Three-quarters of Queensland's registered optometrists are endorsed to prescribe certain topical medications. However, as is the case with endorsed optometrists in other states and territories, they cannot prescribe oral medications for the treatment of ocular conditions, and the topical medications that they can prescribe are confined to a list.

Because of these restrictions, patients of optometrists must obtain a prescription from a medical practitioner (usually their GP) for a range of oral medications that are commonly used for the treatment of ocular conditions. This increases the likelihood that patients will not get the prescription, and unnecessarily adds to the growing pressure upon GP clinics. It disadvantages people living in communities where it is more difficult to access a GP and, in many cases, patients may incur an additional cost.

In similar health systems around the world, like New Zealand and the United Kingdom, optometrists can prescribe medications for the purpose of practising optometry. This includes oral medications. This increases access for patients and improves clinical management, with evidence clearly demonstrating no misuse of oral prescribing and no detriment to patients.

Optometry Australia and OQNT believe optometrists should be able to practise to their full scope and this anomaly should be addressed so that the profession can ensure that patients have timely access to the medications they require to treat their ocular conditions.

The Optometry Board of Australia (OBA) is being encouraged to consider whether endorsed optometrists should be authorised to prescribe scheduled oral (and topical) medications for the purpose of practising optometry. The authorisation process involves consideration by the OBA and advice from AHPRA to Health CEOs who then make a recommendation to Federal and State and Territory Health Ministers.

As a jurisdiction that has been at the forefront of enabling health professionals to practise to full scope, Queensland's early, in-principle support of a recommendation to allow endorsed optometrists to prescribe scheduled medications for the purpose of practising optometry would help advance the authorisation process.

Proposed initiative: OQNT requests that early, in-principle, support be provided for allowing endorsed optometrists to prescribe scheduled medications for the purpose of practising optometry.