

Activity implementation features

Organisations responsible for implementation

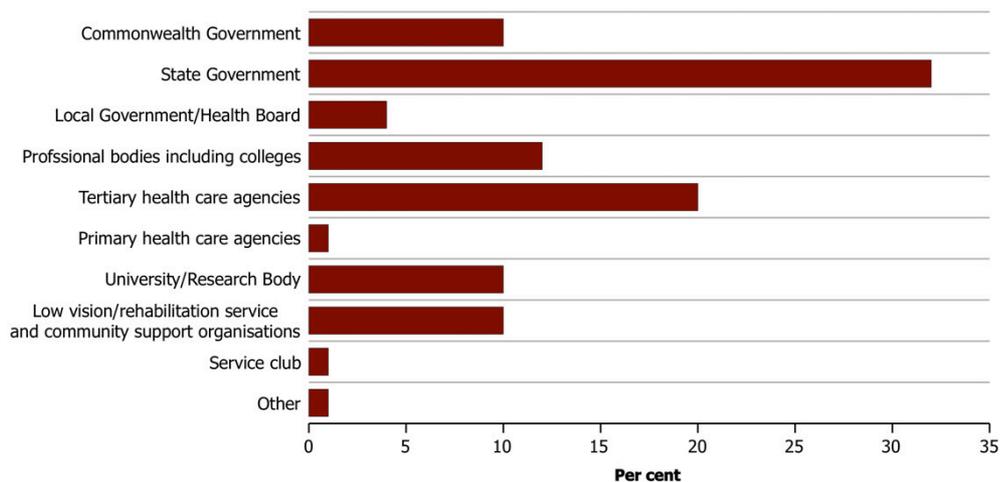
The information summarised in Figure 1.12 below was derived from jurisdictions responses regarding the organisation with primary responsibility for implementation of the activity included in the stocktake.

Of the responses received:

- on 32 per cent of occasions the activity was described as being the responsibility of state government, a further 10 per cent the responsibility of the Commonwealth Government and four per cent identified as local government or health board;
- 20 per cent of activity involved tertiary health care agencies (such as hospitals) in a primary role; and
- the activity was the responsibility of professional bodies (such as associations) including colleges, research bodies and universities, and low vision/rehabilitation services and community support organisations in around 10 per cent of occasions.

Figure 1.12

ORGANISATIONS WITH PRIMARY CARRIAGE OF EYE HEALTH CARE ACTIVITY



Source: The Allen Consulting Group 2011 based on jurisdictional stocktake responses

Activity partnering arrangements

Partnering to develop, deliver and/or review activity is encouraged under the National Framework. For each activity, respondents were asked to identify partnerships. The nature of partnerships was varied and involved a mix of funder, purchaser and provider roles. For example, partnering was achieved through the aligned agendas of the National Health and Medical Research Council supporting the Australian Institute of Health and Welfare to undertake vision specific projects, outsourcing initiatives for implementation by non government organisations, workforce development through the Vocational Education Training sector and operating a spectacle subsidy scheme through a collaboration of key stakeholder organisations. Partnerships included funding or in kind contributions.

All levels of government were actively involved in joining together to deliver activities as were professional bodies and tertiary health care agencies.

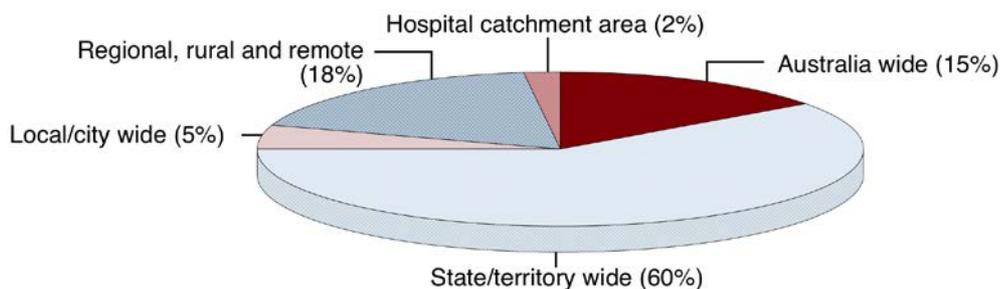
Coverage of activities

Jurisdictions were asked to indicate the geographical coverage of activities, which is summarised in Figure 1.13 below.

- More than half (60 per cent) of activities were reported as statewide with a further 15 per cent national activities.
- A substantial number of activities (18 per cent) had a regional, rural and remote focus and in some instances (five per cent) activity was specific to a community.

Figure 1.13

GEOGRAPHICAL AREAS TARGETED BY EYE HEALTH ACTIVITIES



Source: The Allen Consulting Group 2011 based on jurisdictional stocktake data

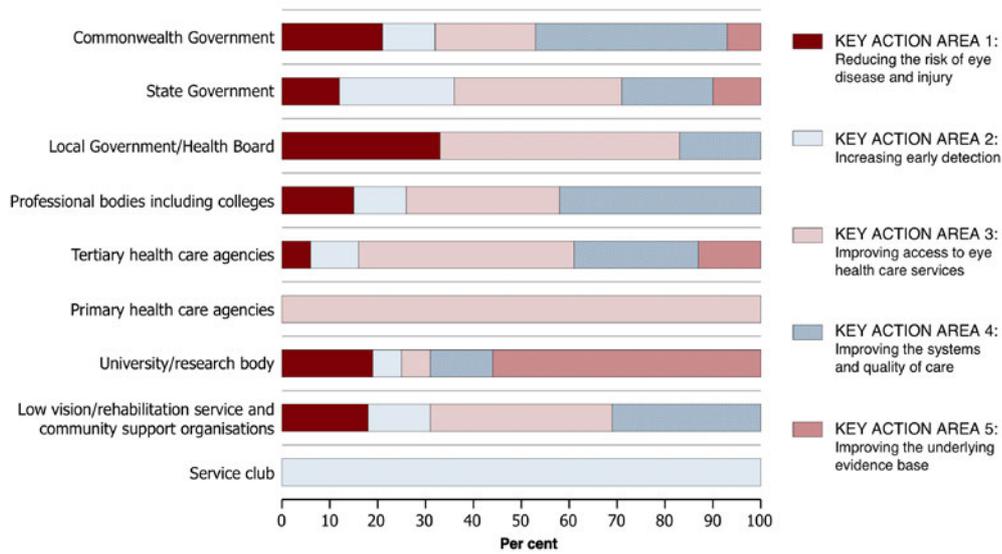
Engagement of organisations in Key Action Areas

With the exception of research activity, most organisations were involved across the breadth of the National Framework priorities. The involvement of primary health care agencies and service clubs however, is largely focused on access to eye health care services and increasing early detection respectively.

Figure 1.14 below reflects on the areas of interface with the National Framework by organisation. Many of the organisations involved were more widely associated with the eye health sector through their own areas of responsibility.

Figure 1.14

TYPES OF ORGANISATIONS BY INVOLVEMENT IN KEY ACTION AREAS OF THE NATIONAL FRAMEWORK



Source: The Allen Consulting Group 2011 based on jurisdictional stocktake data

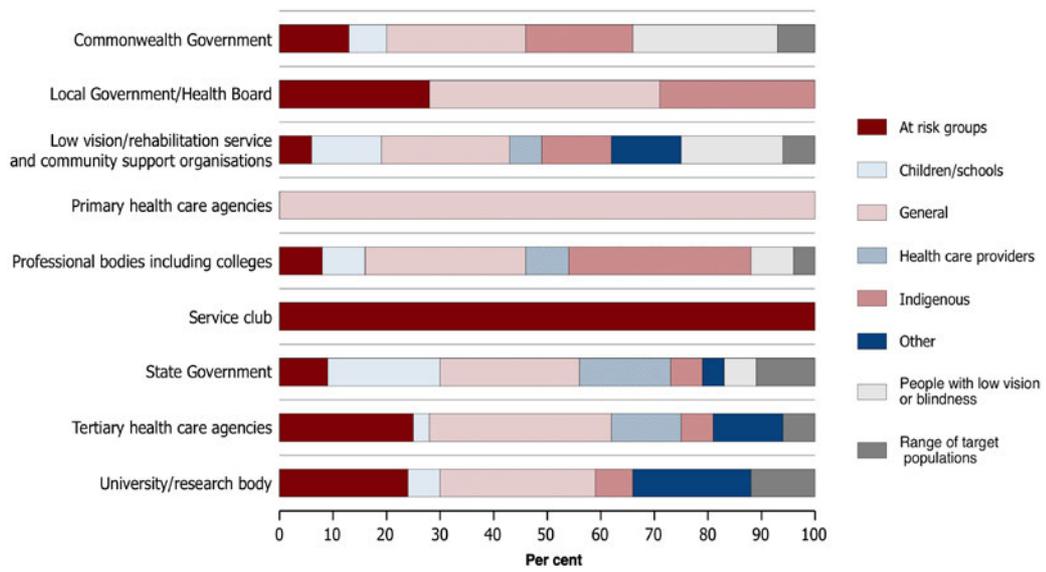
Groups targeted by organisations

The stocktake sought information about the target population for activities. Figure 1.15 below considers this information as it informs the particular interests and strengths of organisations associated with the activity.

- Most organisations had some involvement with at risk groups.
- Similarly, Aboriginal and Torres Strait Islander people were targeted by most organisations.
- People with low vision or blindness were largely the focus of community based service and support organisations as well as state government. These organisations also responded to the needs of children, including in the school settings.

Figure 1.15

ORGANISATIONS BY EYE HEALTH TARGET GROUPS



Source: The Allen Consulting Group 2011 based on jurisdictional stocktake data