

Victorian Refugee Health Network Primary Care Project

Engaging and Supporting General Practice

Background

General practice¹ is crucial to the provision of on arrival and ongoing care for people from refugee backgrounds, including asylum seekers. There are many general practices in Victoria that have developed significant expertise in refugee health care, including clinical skills and organisational capacity. General practices are part of a broader network of professionals and services including refugee health nurses and allied health practitioners in community health, specialist refugee health services, torture and trauma counselling services, refugee health fellows and Medicare Locals².

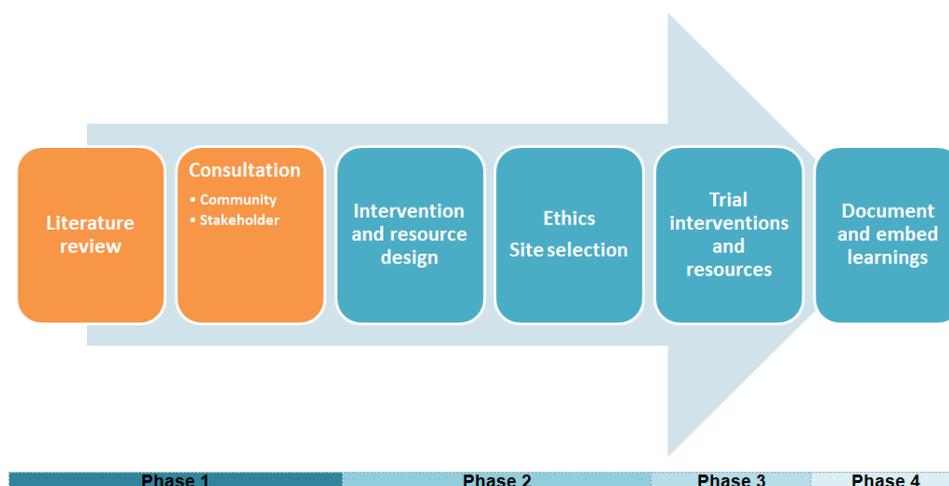
However, there are ongoing challenges in identifying sufficient general practices that are willing, able and confident to work with people from refugee backgrounds. A coordinated response is needed to build the capacity of general practice and to build a sustainable, consistent and responsive service sector.

Please see the Primary Care Project webpage and the Project Brief for a detailed project rationale.
<http://refugeehealthnetwork.org.au/engage/primary-health-care/>

The project plan

The Victorian Refugee Health Network (the Network) Primary Care Project aims to increase the number of general practices who are willing, able and confident to work with people from refugee backgrounds.

The project has four key phases:



Progress so far

Phase One: Scoping

Phase one included preliminary consultation with key stakeholders, including service provider and community perspectives; development of a background paper including mapping current and historical general practice capacity building work; and reviewing the academic literature.

Literature review

The literature review aimed to identify and review practice based interventions and strategies to engage general practice to improve health care for people from refugee backgrounds, or other vulnerable populations. Preliminary findings are below:

¹ General Practices includes general practitioners, practice nurses, practice managers, allied health professionals and administrative staff.

² Department of Health (DoH), 2014, *The Victorian refugee and asylum seeker health action plan 2014 – 2018*, State of Victoria, Department of Health

- A dearth of literature was identified related to practice based interventions in refugee health
- There were a number of transferable themes from the more widely documented practice based interventions targeting a particular health issue, and particularly chronic disease.
- Practice based interventions typically included externally facilitated skills/performance based strategies, such as training and education, academic detailing, practice visits and support, resource provision
- Internally driven interventions included enhanced team care approaches, and interventions enhancing the role of practice nurses or non-clinical staff.
- Engaging practices in practice based change requires a whole of practice approach that is practice led, evidence based and practical, and that considers the needs and strengths of the practice and the mix of practice staff and their various motivators for change.

The literature review was completed with support from the Southern Academic Primary Care Research Unit, and will be presented at the Primary Health Care Research Conference in July 2015. The literature review will be submitted to an academic journal in order to ensure that the learnings from this project are shared where possible and that the project makes a contribution to the evidence base.

Consultation

A consultation strategy was developed in the initial stages of the project, and preliminary consultation has occurred with key stakeholders. Both community perspectives and service provider perspectives were sought in order to ensure the project is informed by the needs and priorities of communities and considers the broader context within which general practice is situated. Consultation has included the AMES Settlement Community Guides, Foundation House Community Liaison Workers, Medicare Locals/Refugee GP liaison, Refugee Health Nurses and others involved in general practice capacity building.

Consultation questions focused on the challenges for service providers as well as what works well in engaging general practice in refugee health. Community stakeholders explored challenges to accessing a general practice as well as what makes for a good experience with a general practice.

An ethics application is currently being submitted in order to ensure that learnings from further consultation can be shared more widely, as the findings can be used to inform primary care service delivery beyond the life of this project. A summary of these findings will soon be added to the Network's Primary Care Project page.

Phase Two: Intervention and resource design

The Network Primary Care Project team have begun to conceptualise and develop a *General Practice Engagement Tool* (working title). The tool will provide guidance for a structured interview between practices and 'general practice facilitators' to determine their needs in refugee health and potential areas for action. Practice facilitators are identified as those with a capacity building role in refugee health, and may be Refugee Health Nurses, Refugee Health Fellows, GP liaison workers or others.

In order to ensure that good quality refugee healthcare is being delivered and to support facilitators in the use of the tool, further development will include core standards, with appropriate indicators, as well as those for 'progressive realisation' for practices to work towards. The tool will then guide the development, implementation and evaluation of an action plan for practice based changes to improve health care for people from refugee backgrounds.

Next steps

Upon approval of the Victorian Foundation for Survivors of Torture (Foundation House) Ethics Committee, a survey and further interviews will be conducted with a range of practice facilitators to identify existing tools for engaging and supporting general practice and to further develop the tool.

The Project team will also be seeking Expressions of Interest from a couple of community health services in high settlement areas, who will nominate a representative with general practice capacity building experience. These practice facilitators will work with the Project Team to co-create the *General Practice Engagement Tool*, and trial the tool with 2 or more practices in their Local Government Areas.