

CLINICAL SERVICES UPDATE

REFUGEE HEALTH PROGRAM



victorian refugee
health network

Swan Hill

- Large number of people on SHEVs and TPVs
- Also difficulties people seeking asylum who have varying access to Medicare
- Increased numbers of vulnerable people on no visa working in agricultural industry
- Lack of access to services
 - No pathology services for people with no Medicare
 - No pro-bono GP service
 - Travel to services in Bendigo or Mildura prohibitive (even on a concession)



victorian refugee
health network

Shepparton

- Challenges with catch up immunisations
 - GPs not always providing accurate and appropriate vaccinations (ex: multiple cases of kids not having whooping cough).
 - RHP working with Goulburn Valley Health nurse immuniser to improve coverage.
- Timely communication between settlement services and RHP
 - care coordination of clients challenging
- Shortage of accredited Swahili interpreters



victorian refugee
health network

Bendigo

- Mantoux testing can now be done locally at the Infectious Diseases Clinic Bendigo Health; target cohort for this service is newly arrived children under 2 who were not screened in their pre-departure health check.
- Finding services for clients with no Medicare challenging.



victorian refugee
health network

Geelong

- 2 great GP practices working with refugee population but the complexity of the assessment and catch up immunisations requires a lot support and follow up by the RHNs.
- Increasing complexity in health needs and increasing disability
 - Access to the necessary services like NDIS is time consuming and responses slow so that clients are left without essential equipment and support .
- RHP finally receiving HAPlite numbers for newly arrived clients.



victorian refugee
health network

Metro- WEST

Djerriwarrh

- GP engagement – comprehensive RHA and use of interpreters remains a challenge.

IPC

- Increased numbers of AS with no Medicare needing access to GP services

Cohealth

- Increased numbers of AS removed from SRSS sleeping rough, particularly families with children.
- Pharmaceutical waiver scheme continues for people removed from SRSS.



victorian refugee
health network

Metro- North

YOUR Community Health

- Refugee Health clinic – providing GP services and RHN service for newly arrived clients.

DPV

- High numbers of clients awaiting services. Increased number of clients with no Medicare, challenge to find GPs who will see these clients.
- Limited capacity for RHP to provide Health Promotion / Community Engagement.

Cohealth

- Increased numbers of AS removed from SRSS sleeping rough, particularly families with children.
- Pharmaceutical waiver scheme continues for people removed from SRSS.



victorian refugee
health network

Metro- East and South East

EACH

- Lack of access to psychiatrist / clinical psychologist- who bulk bill and use interpreters- and can write reports for Centrelink (e.g. for DSP)
- Specialists (still) not using interpreters

Monash

- Complex HSP intake with main presentations around disability across the life span, chronic diseases (renal issues; diabetes and heart disease)
- People seeking asylum - high pregnancy rates, renal conditions and chronic themes of hopelessness, despair and suicidality.
- Other clinical outliers common in both groups : cancer, ageing an access to clinical services, neurological disorders and STIs.



victorian refugee
health network

Settlement Health Coordinators

- GPs continuing to bill for the QuantiFERON Gold test.(Prohibitive cost for families)
- Increase in clients with chronic illnesses and disabilities.
- Access to services slow and difficult due to the process of NDIS.
- Waitlists in the North are incredibly long for almost any service.
- Continue to provide intensive support to settlement services around health needs of individuals and families.
- Continue to provide secondary consultation, support and guidance for large number of services in the sector.



victorian refugee
health network