victorian refugee health network

Engaging and Supporting General Practice in Refugee Health

Briefing paper - Key issues for consideration

Introduction

Purpose and audience

This document represents the first stage in a newly established project within the Victorian Refugee Health Network (the Network) that aims to engage and support general practice in Victoria to work effectively with people from refugee backgrounds, including those seeking asylum. The purpose of this briefing paper is to explore key issues for consideration to achieve these aims.

The project will build on existing initiatives and programs across the state and be informed by national and international practice. Primary health care for people from refugee backgrounds in Victoria has seen considerable progress and development in recent years, with the development of specialised refugee health services and other supports as highlighted throughout this briefing and in Appendix 1. Many services have developed significant expertise in working with people from refugee backgrounds in a range of settings including community health, hospitals and private practice.

This project seeks to engage mainstream general practice in order to ensure that people from refugee backgrounds are able to access appropriate and effective services, and to support the transition from refugee specific services to mainstream care. As such, the audience for this paper includes those experienced in refugee specific primary health care, as well as those with expertise in mainstream general practice including general practitioners, practice nurses and practice managers.

The paper aims to provide a brief background of the following:

- People from refugee backgrounds in Victoria and their health needs
- The current policy and service context relating to refugee health in Victoria
- Challenges and opportunities for general practice in refugee health
- Points for further exploration and discussion.

Methodology

This paper represents a compilation of existing knowledge and work of the Network that has developed over a number of years, and refers to key documents and activities as identified and verified by key stakeholders.

A literature review is currently being conducted to complement this briefing paper, and to further inform the project.

Terminology

The term 'people from refugee backgrounds' refers to those who have arrived on humanitarian visas, people seeking asylum and those who come from refugee backgrounds on another visa type, including family migration and skilled migration[1]. These definitions are consistent with the Victorian Government Department of Health *Refugee and asylum seeker health action plan 2014 – 2018* (p5), a key policy document that was developed in partnership with the Network in 2014.

[1] Department of Health, Victorian refugee and asylum seeker health action plan 2014-18, State Government of Victoria

Primary Care
Primary health care is the first level of contact individuals, families and communities have with the health care system and includes health promotion, illness prevention, treatment and care, advocacy, community development and rehabilitation[2]. "Primary care" is used to refer to personal delivery of care by family doctors and other primary care providers such as nurse practitioners[3]. This term is inclusive of general practice, however is seen as a broader term and is used often within the literature and as such has been used in this document for consistency with the literature.

General practice
General Practice includes general practitioners (GPs), practice nurses, practice managers, allied health professionals and administrative staff and includes those working in private practice as well as those in the community health context. As such, there is considerable diversity in size and complexity of general practice in Victoria.

Background

There has been significant and progressive work in Victoria to ensure primary care services are of a high quality, accessible and coordinated for people from refugee backgrounds. This includes the implementation and ongoing development of the Refugee Health Nurse Program and refugee health teams in community health services, specialist clinics in acute and primary health settings and the Refugee Health Fellows who provide specialist advice, secondary consults, capacity building and a range of other supports to primary care. A number of Medicare Locals have also developed strong refugee health programs or projects, providing a range of supports for primary care and more specifically for general practice in their catchments.

The Victorian Foundation for Survivors of Torture (VFST, *or Foundation House*) was established in 1987 to meet the needs of people in Victoria who had been subjected to torture or other traumatic events in their country of origin, or while fleeing those countries. Foundation House is a not-for-profit organisation funded by the Victorian and Commonwealth Governments, charitable trusts and donations[4] that provides direct torture and trauma counselling services as well as considerable work in research and policy.

The Victorian Refugee Health Network is auspiced by Foundation House and was established in June 2007 to facilitate greater coordination and collaboration amongst health and community services to provide more accessible and appropriate health services for people of refugee backgrounds. The work of the Network builds on the many activities and programs around the state to support refugee health and wellbeing and is guided by an expert Reference Group (see Appendix 2).

Both Foundation House and the Network have a respected history of building relationships within a range of sectors, and more specifically developing resources, referral guides and clinical supports for general practitioners. This project builds on existing and historical supports for general practice to provide high quality, coordinated care to people from refugee backgrounds (see Appendix 1).

People from refugee backgrounds living in Victoria

Australia currently accepts 13,750 people under the Humanitarian program each year, with approximately 30 – 40 per cent of this number settling in Victoria, and 10-15% of that number settling in rural and regional Victoria[5,6.] In the last five years in Victoria, there has been 23 077 permanent protection visas granted and there are currently approximately 9, 000 people seeking asylum (on Bridging visa E) living in the community, 1, 250 people in Community Detention and 350 people in held detention (see Appendix 3). People from refugee backgrounds come from a range of source countries, that have recently included Burma, Afghanistan, Iraq, Iran[7]. The Victorian Department of Health *Refugee and asylum seeker health action plan*

[2] Primary Health Care Research & Information Service, 2014, Introduction to Primary Health Care, http://www.phcris.org.au/guides/about_phc.php, accessed 27/11/14
[3] Russell et al 2013 'Coordinated primary health care for refugees: a best practice framework for Australia'. Report to the Australian Primary Care Institute
[4] Foundation House, 2014, *Foundation House Home*, http://www.foundationhouse.org.au/, accessed 28/11/14
[5] Department of Health, Victorian refugee and asylum seeker health action plan 2014-18, State Government of Victoria
[6] 2013-14 financial year. Extracted from Department of Immigration and Border Protection Settlement Reporting Facility (http://www.immi.gov.au/settlement/) on 26th September 2014, using "date of arrival"
[7] Department of Health, Victorian refugee and asylum seeker health action plan 2014-18, State Government of Victoria

2014-2018 provides detailed demographic information including age, gender and settlement locations on page 7 of the plan.

In addition to this intake, there a number of people from refugee backgrounds in the Victorian community as a result of:

- An increase in the Humanitarian program intake between August 2012 and September 2013 (to 20,000 people annually, however this has now been reduced back to 13, 750)
- Additional Family stream places were allocated for people on permanent Humanitarian visas to sponsor overseas family members in September 2012[8]
- Increased asylum seeker arrivals over 2012 – 2013, with significant numbers of people being released into the community on Bridging Visas – type E (BVE), with further releases expected in the coming months
- Victoria taking the majority of people in Community Detention
- Secondary migration from other jurisdictions to established refugee-background communities, such as the Afghan community in South Eastern Melbourne.

Health care needs of people from refugee backgrounds

Like all people, those from refugee backgrounds have individual healthcare needs however there are also specific health issues that may be related to the refugee experience which includes pre-migration, the migration process including detention, and resettlement. People who have survived the refugee experience are not inherently less healthy than the Australian-born population or migrants and their settlement in Australia is evidence of their resilience and survival strengths[9]. The relatively poor health status of people from refugee backgrounds is testimony to the negative health effects of the refugee experience, with many health problems being due largely to physical and psychological trauma, deprivation of basic resources required for good health, and poor access to health care prior to arrival[10]. As such, people from refugee backgrounds may experience unfamiliar or previously unmanaged health conditions that Australian health care providers require additional skills to identify and respond to.

While health issues affecting individual new arrivals, and particular refugee communities, vary depending on region of origin and the nature and duration of the refugee experience, there are common health concerns across communities. Many people of refugee background will have experienced interrupted access to health care prior to arriving in Australia. This may be due to the breakdown of health services in situations of war and conflict; constraints on their access to health services in the context of human rights abuses; or limited access to health care in countries of first asylum. Refugee-producing countries often have poorly developed healthcare infrastructure and have a limited capacity to treat those with acute health concerns, let alone offer the illness prevention and mental health support programs now well established in Australia[11].

Some examples of health concerns can include infectious diseases such as malaria, tuberculosis, syphilis, schistosomiasis, strongyloides, other intestinal parasites and fungal skin conditions. People from refugee backgrounds may also experience nutritional deficiencies relating to Vitamin A, Vitamin D or iron, dental caries, digestive complaints, respiratory problems, skin lesions, dermatophytosis, otitis externa and infections of the upper respiratory tract as well as psychological difficulties, including the impact of torture and other traumatic events[12]. Both the refugee experience and long-term detention, including in Australian immigration detention, has significant impacts on the health and mental health of people seeking asylum[13,14]. Additionally, people from refugee backgrounds are likely to have poor or disrupted immunisation history, and

[8] Refugee Council of Australia, 2014, 'Timeline of major events in the history of Australia's refugee and Humanitarian policy', http://www.refugeecouncil.org.au/f/rhp-time.php, accessed 27/11/14
[9] Foundation House, 2012. *Promoting Refugee Health: a guide for doctors, nurses and other health care providers caring for people from refugee backgrounds.* 3 ed. Melbourne: Foundation House - The Victorian Foundation for Survivors of Torture Inc.
[10] Foundation House, 2012. *Promoting Refugee Health: a guide for doctors, nurses and other health care providers caring for people from refugee backgrounds.* 3 ed. Melbourne: Foundation House - The Victorian Foundation for Survivors of Torture Inc.
[11] Foundation House, 2012. *Promoting Refugee Health: a guide for doctors, nurses and other health care providers caring for people from refugee backgrounds.* 3 ed. Melbourne: Foundation House - The Victorian Foundation for Survivors of Torture Inc.
[12] Jackson Bowers, E. & Cheng, I., 2010. Meeting the primary health care needs of refugees and asylum seekers. *Primary Health Care Research and Information Service,* Volume 16.
[13] Department of Health, Victorian refugee and asylum seeker health action plan 2014-18, State Government of Victoria
[14] Coffey GJ, Kaplan, I, et al 2010, 'The meaning and mental health consequences of long term immigration detention for people seeking asylum', *Social Science and Medicine*, vol 70, no 12, p2070-2019

generally require catch-up immunisation. They may also have specific and complex needs in relation to maternity services, details of which are outlined in the *Having a baby in a new country* report.

Many of the health needs outlined above can be addressed by sensitive, culturally-competent, intensive 'catch-up' care, early identification and prevention of disease as well as support in the early period of settlement[15]. However, on arrival in Australia, people from refugee backgrounds may experience difficulties in accessing and making the best use of health services. Negotiating a new and unfamiliar health system may be a complex undertaking, particularly for those with multiple health needs requiring numerous investigations and follow-up appointments. This can often be compounded by cultural and language differences between new arrivals and healthcare providers. Many new arrivals will be unfamiliar with illness prevention approaches and may be unaccustomed to the culture that characterises relationships between healthcare users and providers in Australian (e.g. the emphasis on choice and informed consent)[16].

Much has been written about the barriers to access to health services for people from refugee backgrounds, and the 2014 Victorian Auditor-General's Report identified barriers related to language and communication; lack of knowledge of the local health system, financial difficulties and competing settlement priorities. In addition to this, difficulties that arise from family separation, accessing education and employment, and lack of social networks to help understand their rights to services or the practicalities of arranging help further compromises the health of people from refugee backgrounds[17,18].

Similar to other marginalised or disadvantaged groups who experience barriers to health service access, the diverse and complex health and wellbeing needs of people from refugee backgrounds require specific attention to enable successful resettlement[19]. While there are some specific considerations for service providers when working with a person from a refugee background, there has been considerable work within the primary care sector many successful service models have been developed. Effective service models emphasise partnerships between specialist refugee health services and primary care providers, as well as robust and coherent referral and communication protocols[20]. General practice and primary care involvement is a key component of effective and sustainable models of care and this project aims to support the links between general practice and specialist services. This project seeks to support those working within mainstream general practice in order to ensure that people from refugee backgrounds are able to access the full range of services and that they are of a high quality and appropriate to their needs.

Existing policy and health service settings

People from refugee backgrounds use a combination of universal and specialised public and private health services that are funded through Commonwealth, state and local governments[21]. Commonwealth immigration policy and international circumstances are continually changing, and therefore the needs and demands on health services are also changing. As permanent residents humanitarian entrants (refugees) and those found in need of protection and granted temporary visas have the same entitlements to health services as other Australians. Commonwealth immigration policy changes impact on the entitlements, services and supports available to asylum seekers. Asylum seekers are eligible for both mainstream and specialised refugee and asylum seeker health services funded by the Victorian Government but may have differing access to Commonwealth services and supports[22] as outlined below. This can create challenges for primary care providers.

Commonwealth arrangements

The Commonwealth is responsible for ensuring that universal primary health services meet the needs of vulnerable populations, as well as holding specific responsibilities for the health of asylum seekers in

[15] Foundation House, 2012. *Promoting Refugee Health: a guide for doctors, nurses and other health care providers caring for people from refugee backgrounds.* 3 ed. Melbourne: Foundation House - The Victorian Foundation for Survivors of Torture Inc.
[16] Foundation House, 2012. *Promoting Refugee Health: a guide for doctors, nurses and other health care providers caring for people from refugee backgrounds.* 3 ed. Melbourne: Foundation House - The Victorian Foundation for Survivors of Torture Inc.
[17] Russell et al 2013 'Coordinated primary health care for refugees: a best practice framework for Australia. Report to the Australian Primary Care Institute
[18] Victorian Auditor-General 2014, *Access to services for migrants, refugees and asylum seekers*, Vic Auditor General's Office
[19] Victorian Auditor-General 2014, *Access to services for migrants, refugees and asylum seekers*, Vic Auditor General's Office
[20] Victorian Refugee Health Network, 2009, 'Access to specialist services: a report prepared for DHS Victoria', Foundation House
[21] Victorian Department of Health, 2014, Victorian refugee and asylum seeker health action plan 2014-18, State Government of Victoria
[22] Victorian Department of Health, 2014, Victorian refugee and asylum seeker health action plan 2014-18, State Government of Victoria

detention and living in the community[23]. People who have permanent visas under the Humanitarian Program have the same eligibility for services as other Australians. For asylum seekers, eligibility is dependent on when and how an individual arrived in Australia in relation to eligibility to work, attend English language classes, access tertiary education, casework and income support[24]. In addition, a significant number of people on BVEs have had their visa lapse in 2013-14, leading to lapsing Medicare and work rights.

Medicare Benefits Schedule

The Medicare Benefits Schedule (MBS) funds general practice, specialist medical services and some mental health and allied health services to provide services for people with permanent refugee status and those on some temporary visas, including some asylum seekers. Medicare eligibility is linked to visa status, and this can change over the course of a protection application.

A medical practitioner may select item 701 (short), 703 (standard), 705 (long) or 707 (prolonged) to undertake a Refugee Health Assessment[25] (outlined below).

Fee free interpreting

A medical practitioner providing Medicare-funded services can access fee-free interpreting services through Translating and Interpreting Services (TIS) National, provided through the Department of Social Services[26]. Fee free interpreting is not provided for allied health professionals, therefore access to Commonwealth-funded services provided via Extended Primary Care and Mental Health plans is limited for people with low English proficiency[27]. The exception being counselling services provided by the ATAPS program, which provides access to fee free interpreting.

Pharmaceutical Benefits Scheme

The Commonwealth also subsidises some medicines through the Pharmaceutical Benefits Scheme (PBS) and pharmacists dispensing PBS medications also have access to fee-free interpreting services through TIS National[28].

Practice Nurse Incentive Program (PNIP)

The PNIP provides incentive payments to practices to support an expanded and enhanced role for nurses working in general practice.

Refugee Health Assessment

The Refugee Health Assessment is a Medicare funded voluntary service and applies to refugees and other humanitarian entrants who have access to Medicare services. The assessment is conducted over a series of consultations within twelve months of arrival or granting of a permanent visa to develop a detailed history and undertake a physical examination of the patient. The assessment is conducted to identify immediate and long term health care needs, to initiate treatment and to introduce preventative health care such as immunisation, maternal and child health care and breast and cervical screening[29]. The health assessment includes the patient's physical, psychological and social functioning. Psychological history should consider

[23] Victorian Department of Health, 2014, Victorian refugee and asylum seeker health action plan 2014-18, State Government of Victoria
[24] Victorian Department of Health, 2014, Victorian refugee and asylum seeker health action plan 2014-18, State Government of Victoria
[25] Commonwealth Department of Health, 2014, 'Medicare Benefits Schedule (MBS) Health assessment for refugees and other humanitarian entrants', http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem_refugees, accessed 19/11/2014
[26] Commonwealth Department of Health, 2014, 'Medicare Benefits Schedule (MBS) Health assessment for refugees and other humanitarian entrants', http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem_refugees, accessed 19/11/2014
[27] Victorian Department of Health, 2014, Victorian refugee and asylum seeker health action plan 2014-18, State Government of Victoria
[28] Commonwealth Department of Health, 2014, 'Medicare Benefits Schedule (MBS) Health assessment for refugees and other humanitarian entrants', http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem_refugees, accessed 19/11/2014
[29] Commonwealth Department of Health, 2014, 'Medicare Benefits Schedule (MBS) Health assessment for refugees and other humanitarian entrants', http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem_refugees, accessed 19/11/2014

the possible long term effects of torture and other forms of trauma. Clinical investigations will vary with country of origin, age, gender and any previous tests[30].

Medicare Locals

Medicare Locals undertake comprehensive needs assessments and population health planning[31] and provide a range of supports for local providers, including general practice. Many Medicare Locals have developed sophisticated refugee health programs and have provided a range of initiatives to support those in general practice to work in refugee health (Appendix 1). Medicare Locals are soon to be replaced by Primary Health Networks (PHNs), which aim "to increase efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and improving coordination of care to ensure people receive the right care in the right place at the right time"[32].

Victorian arrangements

The *Victorian refugee and asylum seeker health action plan 2014–2018* articulates the Victorian Department of Health's approach to improving the physical and mental health of refugees and asylum seekers. It describes Victoria's "partnership approach to delivering responsive and appropriate healthcare in the right setting at the right time to maximise health and wellbeing outcomes"[33]. In partnership with the Victorian Refugee Health Network and based on extensive community and stakeholder consultation, the action plan outlines five priority action areas for refugee health in Victoria: accessibility; expertise in refugee health; service coordination; cultural responsiveness; health literacy and communication.

There are a number of Victorian initiatives to improve access for people of refugee backgrounds (including asylum seekers), including priority of access for dental and all other community health services (i.e. nursing, allied health, counselling, child health services and chronic disease programs); fee waivers for general and specialist dental and other services; and funded catch up immunisation for specified vaccines.

For asylum seekers who are Medicare ineligible provision has been made for free access for emergency hospital and ambulance services and special access to other Victorian government programs such as transport. The Victorian Department of Health *Refugee and asylum seeker health action plan 2014 – 2018* includes full details about Victoria's special access initiatives on page 21. However, it should be noted that the Network's 2014 Primary Care Forum identified that many service providers were not aware of the priority access initiatives and that confusion about eligibility and entitlements was impacting on access to services, particularly for asylum seekers[34]. Specialised refugee and asylum seeker health programs based in community health have been developed in areas of significant refugee settlement across Victoria. General practice services are provided in community health settings and by private practices. Specialist refugee health clinics (eg Infectious Disease, paediatrics), are located in a number of community health and hospital settings. The Refugee health fellows program provides secondary consultation and other supports to general practitioners and other healthcare providers[35]

Additionally, the Asylum Seekers Integrated Healthcare Pathway project in the southeast and the Health Orientation and Triage for Asylum Seekers project was developed in the northern and western metropolitan region to ensure that the health needs of people recently released from detention are addressed in a timely and coordinated manner, as inability to access services in a timely and effective manner can lead to increased disadvantage and disengagement for individuals who are already highly vulnerable in our community.

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[30] Commonwealth Department of Health, 2014, 'Medicare Benefits Schedule (MBS) Health assessment for refugees and other humanitarian entrants', http://www.health.gov.au/internet/main/publishing.nsf/Content/mbsprimarycare_mbsitem_refugees, accessed 19/11/2014

[31] Commonwealth Department of Health, 2014, 'Medicare Locals', http://www.health.gov.au/internet/main/publishing.nsf/Content/medicare-locals-planning, accessed 1/12/14

[32] Commonwealth Department of Health, 2014 'Primary Health Networks', http://www.health.gov.au/internet/main/publishing.nsf/Content/primary_Health_Networks, accessed 1/12/14

[33] Victorian Dept. of Health, 2014, Victorian refugee and asylum seeker health action plan 2014-18, State Govt. of Victoria

[34] Victorian Refugee Health Network, 2014, *Primary Care Forum Report*, Foundation House

Points for discussion

- What do we know about the impact of these policy measures?
- Are there other policy considerations for general practice that may influence ability to engage in refugee health?

Refugee health and general practice

General practice is crucial to the provision of on arrival health assessment and ongoing care for people from refugee backgrounds. There are many general practices in Victoria, both private and based in community health, that have developed significant expertise in refugee health care, including clinical skills and organisational capacity. General practices are part of a broader team or network of services including refugee health nurses and other practitioners in community health, specialist refugee health services, and refugee health fellows[36]. Additionally, Medicare Locals (MLs), soon to be replaced by Primary Care Networks (PHNs), play a crucial role in population health planning and the provision of a range of supports to general practice. There are many examples of well-developed health services for refugees in some parts of Victoria, particularly in high settlement areas, access to appropriate care within general practice is inconsistent. *In summary, there are not enough general practices that work effectively with people from refugee backgrounds in Victoria.*

Challenges for general practice

In some areas in Victoria, humanitarian settlement is new or emerging and thus the attitudes, skills, knowledge and confidence required to work with people from refugee backgrounds are developing, and alternately - in some high settlement areas there is an overwhelming demand for services with well-developed refugee health expertise. Both lack of appropriate services and inability of specialised services to meet demand contributes to exacerbated health inequalities for those who have had interrupted healthcare; important health concerns are being overlooked; and the potential for provision of health information for new arrivals is missed.

The Network has considerable anecdotal evidence from health providers, settlement and others demonstrating that many general practices have developed expertise in working with people from refugee backgrounds, however for others in general practice there are a number of significant challenges to working in refugee health. Reports to the Network through a range of channels over a period of time, including the Victorian Refugee Health Network Primary Care Forum 2014, provide evidence of a number of challenges:

- difficulties referring to GPs who are equipped and willing to work with people from refugee backgrounds;
- inconsistent completion of comprehensive health assessments, where preventative health care, such as tuberculosis (TB) screening and catch up immunisations, may be overlooked;
- inconsistent use of interpreting services, despite fee free access, in some areas;
- inconsistent provision of diagnostic screening;
- inappropriate referrals to high cost specialists;
- limited provision of catch up immunisations;
- challenges with continuity of care, particularly for children/families with multiple or complex health problems.

Previous work by the Network identified that within general practice there are a number of barriers to working in refugee health, and that clinical care and follow up care can be compromised as a result. This is understood to be due to a mix of concerns by general practice regarding their level of expertise and organisational capacity to respond, including[37]:

- ongoing complexity and difficulty accessing information surrounding entitlements to services and cumbersome associated administrative processes, particularly for asylum seekers
- challenges associated with health service literacy within refugee background communities and also with those who work within settlement and other support/casework roles

[36] Victorian Dept. of Health, 2014, Victorian refugee and asylum seeker health action plan 2014-18, State Govt. of Victoria

[37] Woodland, L., Burgner, D., Paxton, G. & Zwi, K., 2010. Health service delivery for newly arrived refugee children: A framework for good practice. *Journal of Paediatrics and Child Health,* 46(10), pp. 560-567.

- limited supply of interpreters in needed languages and inconsistent interpreter services provision
- reported difficulties associated with the Medicare items required for a comprehensive refugee health assessment;
- business models within general practice that privilege short consults;
- the need for greater communication, coordination and collaboration both within and between services;
- limited access to TST testing and some treatments;
- difficulties accessing public health or bulk billing specialists and availability of specialised services, particularly in some areas;
- access and cost of catch up immunisation, particularly for some age cohorts
- costs associated with appropriate medicines, pathology and testing i.e. screening for latent tuberculosis, and specialist services making access difficult for many people from refugee backgrounds[38]
- challenges associated with transfer of health information – off-shore, detention, immunisation, across primary care & specialist services.
- complex health concerns that may not be frequent in the primary care setting, sometimes requiring multiple referrals for follow up investigation and care – challenges with referral pathways and coordination across services (eg health, mental health, family services, maternity, children)
- ongoing recruitment of GPs interested and available to work with refugees;

Points for discussion

- What kind of data is accessible to support this and in order to measure change in future? i.e. Medicare data; practice level data, settlement data
- Are there other challenges within general practice that have not been considered?

Many of the challenges identified above can also be framed as opportunities, and the Network 2014 Primary Care forum encouragingly highlighted that there is considerable goodwill among GPs to understand the medical complexity of working with people from refugee backgrounds.

Opportunities for general practice

People from refugee backgrounds "need to be able to be able to access the same primary care services as the local population. Thus, all primary care services need to be prepared to deliver health care to refugees in their local area"[39],(p11). In addition to this, those accessing refugee-specific services need to be able to transition into ongoing mainstream care[40] and general practice has a crucial role to play in the provision of ongoing care.

General practice have been identified as having both strengths and weaknesses in providing comprehensive health assessments on arrival to refugee children and their families in Australia[41]. Strengths include that:

- refugees are linked with an ongoing primary health provider;
- GPs are able to offer care to the whole family;
- GPs are often located in close proximity to where people from refugee backgrounds are living;
- there are close links between primary care providers and hospital services.

With this in mind, it should be noted that there are a number of supports for general practice that present opportunities to address key barriers. The Australasian Society for Infectious Diseases Refugee Health Guidelines (2009) (currently being updated, due for release late 2014/early 2015) have developed screening and treatment guidelines for infectious diseases within the overall refugee health assessment in order to improve quality of clinical care. These recommendations highlight good practice within the screening and treatment of infectious diseases, however it is recognised that this is only one part of a broader refugee

[38] Victorian Refugee Health Network, 2014, *Primary Care Forum Report*, Foundation House
[39] Joshi, C. et al., 2013. A narrative synthesis of the impact of primary health care delivery models for refugees in resettlement countries on access, quality and coordination. *International Journal for Equity in Health,* 12(88).
[40] Joshi, C. et al., 2013. A narrative synthesis of the impact of primary health care delivery models for refugees in resettlement countries on access, quality and coordination. *International Journal for Equity in Health,* 12(88).
[41] Woodland, L., Burgner, D., Paxton, G. & Zwi, K., 2010. Health service delivery for newly arrived refugee children: A framework for good practice. *Journal of Paediatrics and Child Health,* 46(10), pp. 560-567.

health assessment that includes psychological health, nutritional status, sexual and reproductive health, chronic disease, cancer screening and childhood growth and development[42].

Promoting Refugee Health, a comprehensive resource developed by Foundation House by many experts in the field to support doctors, nurses and other health professionals working with people from refugee backgrounds with clinical care, referrals, and effective communication for cross-cultural care.

Additionally, a business model has recently been developed for general practice in refugee health that includes short and long term goals, actively managed appointments, service delivery for the whole family and enhanced health system literacy[43]. Further supports for general practice have been highlighted in Appendix 1.

A framework for analysis

There is a considerable body of literature outlining the barriers to access to services and effective models of care within the broader primary health care sector. Further service development is required with a focus on general practice in order to close the gap between identified needs and currently available services. Service models differ with jurisdictions, but the generic elements of good practice are relevant for many service models and for future service development[44].

A narrative synthesis of the impact of primary health care delivery models for refugees in resettlement countries on *access, quality and coordination*[45] has recently been published, and while this work was not specific to general practice, these following provides a useful lens from which to explore the opportunities for engaging and supporting general practice in refugee health. The three key concepts – access, quality of care and coordination - are interrelated, and factors that may address each component are summarised in the diagrams below.

Factors that improve access, quality of care and coordination of primary care for people from refugee backgrounds[46,47,48]

[42] Australasian Society for Infectious Diseases, 2009. *Diagnosis, management and prevention of infections in recently arrived refugees,* Sydney: Dreamweaver Publishing Pty Ltd.
[43] Kay, M 2014, Refugee Health in General Practice, Medicare Local Gold Coast Presentation
[44] Woodland, L., Burgner, D., Paxton, G. & Zwi, K., 2010. Health service delivery for newly arrived refugee children: A framework for good practice. *Journal of Paediatrics and Child Health,* 46(10), pp. 560-567.
[45] Joshi, C. et al., 2013. A narrative synthesis of the impact of primary health care delivery models for refugees in resettlement countries on access, quality and coordination. *International Journal for Equity in Health,* 12(88)
[46] Joshi, C. et al., 2013. A narrative synthesis of the impact of primary health care delivery models for refugees in resettlement countries on access, quality and coordination. *International Journal for Equity in Health,* 12(88)
[47] Australasian Society for Infectious Diseases, 2009. *Diagnosis, management and prevention of infections in recently arrived refugees,* Sydney: Dreamweaver Publishing Pty Ltd.
[48] Victorian Refugee Health Network, 2014, *Primary Care Forum Report*, Foundation House

Factors that improve access, quality of care and coordination of primary care for people from refugee backgrounds[49,50,51]

Access

- no cost or low cost services
- appropriateness/cultural competence
- use of interpreting services
- bilingual workers
- use of multidisciplinary staff (this could include links to community health/coordination)
- flexibility of service delivery i.e. longer clinic opening hours
- outreach workers
- patient advocacy
- gender-sensitive health care providers
- trusting relationship with service provider
- bilingual and culturally appropriate information provision in written and video form
- teaching patients how to navigate the health care system
- staff advocating on behalf of clients to increase access to services i.e. housing, social security and medical

Quality of care

-comprehensive health assessment undertaken by a GP or within a multidisciplinary refugee health clinic

- Initial health assessment takes place over at least two visits - first for initial assessment and investigation, and the second for review of results and treatment/referral

- Interpreting services provided consistently

- Psychological, dental, nutritional, reproductive and developmental health issues should be addressed at the post-arrival health assessment

- Training provided in culturally sensitive care

Coordination of care

- communication and coordination within and between services

- appropriate referrals, follow up and communication

- information provided back to GP

- continuity of care - e.g. recall system, follow up

- case management conducted by a refugee health nurse, other health professional or specialist workers as required

- team coordination, particularly across agencies;

- home or community outreach visits

Implementation of a range of the above measures resulted in many cases in improved client satisfaction; increased reporting of physical and psychological symptoms; improved referrals; some improved physical and mental health outcomes; and increased access to health services; improved coordination between services and improved access to preventative services[52]*. However, this work was not specific to general practice, so in some instances may not be appropriate.*

[49] Joshi, C. et al., 2013. A narrative synthesis of the impact of primary health care delivery models for refugees in resettlement countries on access, quality and coordination. *International Journal for Equity in Health,* 12(88)
[50] Australasian Society for Infectious Diseases, 2009. *Diagnosis, management and prevention of infections in recently arrived refugees,* Sydney: Dreamweaver Publishing Pty Ltd.
[51] Victorian Refugee Health Network, 2014, *Primary Care Forum Report*, Foundation House
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