



Victorian Refugee Health Network Primary Care Project

Engaging and Supporting General Practice

Why this project? Why now?

People from refugee backgrounds (including those seeking asylum) have specific and often complex health, welfare and language service needs¹. General practice² is crucial to the provision of on arrival health assessment and ongoing care and 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 team or network of services including refugee health nurses and other practitioners in community health, specialist refugee health services, torture and trauma counselling services and refugee health fellows³.

However, there are not enough general practices that work effectively with people from refugee backgrounds in Victoria.

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 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 being overlooked; and the potential for provision of health information for new arrivals is missed.

How do we know?

The Victorian Refugee Health Network (the Network) has many anecdotal examples suggesting that access to appropriate care within general practice is often difficult for people from refugee backgrounds. Previous work by the Network identified that within general practice there are a number of barriers to working in refugee health, and that the level of 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. Evidence suggests that a number of new arrivals that have accessed a general practice, often do not receive comprehensive health assessments: significant preventative health care such as tuberculosis (TB) screening and catch up immunisations often being overlooked.

What do we want to do?

As humanitarian settlement in Victoria both grows and shifts into new areas, the Network has identified the need for dedicated work to build the capacity of general practice to support general practitioners to be able to work effectively with people from refugee backgrounds. At present there are a number of supports for general practice, including free access to interpreters for Medicare funded services, professional development for doctors and nurses,

¹ Victorian Auditor-General's Report, 2014, *Access to services for migrants, refugees and asylum seekers*

² General Practices includes general practitioners, practice nurses, practice managers, allied health professionals and administrative staff.

³ Department of Health (DoH), 2014, *The Victorian refugee and asylum seeker health action plan 2014 – 2018*, State of Victoria, Department of Health

special interest groups, referral and sometimes strong collaborative relationships with community health services, availability of secondary consults by the Refugee Health Fellows and Refugee Health Nurses, and clinical support tools available from Medicare Locals (MLs), the Victorian Refugee Health Network (the Network) and Royal Children's Hospital. Medicare Locals play a crucial role in population health planning and a number of initiatives have been developed by MLs in high settlement locations to support the work of general practice.

In order to build on these existing strengths and tackle some of the ongoing challenges within general practice, the Network is currently in the initial stages of a project that aims to increase the number of general practices in Victoria working with people from refugee backgrounds: improving access to and coordination of services; quality of clinical care; and overall health outcomes.

The project will have 4 phases:

Phase 1, Scoping: This will involve consulting with key stakeholders, including service users, mapping current and historical work and reviewing the literature to:

- scope quality frameworks/indicators to measure effectiveness in primary health care delivery for people from refugee backgrounds and people seeking asylum in general practice and/or other vulnerable groups
- identify and review programs or projects to increase general practice engagement and improve effectiveness of primary healthcare delivery with refugee and/or other vulnerable groups; and strategies to engage GPs in uptake of innovative/effective practice

Phase 2, Development of a model of care for general practice: this may be a shared care/GP Liaison model, however details will be determined during Phase 1.

Phase 3, Piloting the model: The model will be piloted in 2-3 sites that are currently developing practice around work with people from refugee backgrounds and asylum seekers, including a rural area.

Phase 4, Final report: Ongoing evaluation and strategies for sustainability will be built into the model and a final report will be disseminated, including an implementation guide to support its use within the sector.

Project advisory group (PAG)

The Network would like to form a Project Advisory Group (PAG) to provide both expert strategic and content advice to ensure the project is informed and supported by the sector. The Network will seek representation from the Refugee Health Nurse Program, Royal Australian College of General Practitioners (RACGP) and the RACGP Special Interest Group in Refugee Health, Australian Primary Health Care Nurses Association (APNA), Australian Association of Practice Managers (AAPM), Medicare Locals, the Refugee Health Fellow Program and Foundation House. It is anticipated that the PAG will meet 3-4 times per year for the duration of the project (ending June 2016).

Those invited to the PAG will have a statewide or broad role in primary care. Depending on project design, local working groups may also be established or the work informed by existing working groups. Terms of Reference will be developed by the Network and confirmed with the PAG, outlining roles and responsibilities of those involved in the project across its lifespan.