

Refugee Health Partnerships Advisory Group Qld – Summary of Minutes

Wednesday 22nd May, 2019



Representatives from: RHNQ, Mater, Mater Refugee Health, DoH Strategic Policy, MAQ, MDA, Mater/UQ Refugee Health Fellow, Romero Centre, Brisbane South PHN, Brisbane North PHN, Mater CICI, DSS, Cairns HHS, Ipswich West Moreton HHS, TMSG, Townsville HHS, Kobi House, ACCESS, Oral Health, Metro South HHS, QPASTT.

Settlement Data:	
State-wide Data Report	www.refugeehealthnetworkqld.org.au/wp-content/uploads/2019/06/HSP-Data-01Feb19to30April19new.pdf
Region and state-wide Issues and Actions for discussion:	
Logan/Gold Coast/ Ipswich	<ul style="list-style-type: none"> • Increase in new arrivals over last few months.
Brisbane	<ul style="list-style-type: none"> • Changes to the referral of new HSP arrivals by MDA for a Health Assessment will impact on current model of care delivered through Refugee Health Connect (RHC) and Mater.
Townsville	<ul style="list-style-type: none"> • New refugee health nursing staff and inaugural meeting with PHN. • Challenges in the area: lack of GPs willing to see refugee patients, transport to refugee friendly GP clinics, only one Sango interpreter available for arrivals from CAR. • Intellectual impairment – long wait for assessments at disability clinic and difficulty with interpreting for this, problems with accessing correct Centrelink payments.
Cairns	<ul style="list-style-type: none"> • Two new GPs available to see patients from a refugee background.
Toowoomba	<ul style="list-style-type: none"> • Challenges in the area: Multiple ED presentations after discharge; request for health literacy/education for patients: when to go to ED, GP, use of medications; increasing number of arrivals with limited resources and smaller capacity. • Refugee health nurse is offering training for ED staff (incl. nurse and admin) re: engaging interpreters.
Asylum seeker update	<ul style="list-style-type: none"> • Manager of Romero Centre representing Asylum Response Group (ARG). ARG holds monthly meetings with a number of key stakeholders in the asylum sector, specific focus on coordination of support and advocacy for all asylum seekers and especially finally determined or those cut from SRSS. Romero has 1000 clients approx. (600 individuals accessing Romero with no income). • Funding from MAQ to Communitify led consortium – Asylum Circle for practical/material response for asylum seekers. • Beata requesting a central point of capturing asylum seeker data so that they know who is finally determined etc. Suggestion that new WWG health advocacy position funded through Asylum Circle consortium with MAQ funding could potentially do this in collaboration with material support data base implemented by Asylum Circle – still in negotiating re roles and responsibilities. • Joint letter (Mater, WWG and Communitify) has gone to Qld Health about funding for medications for asylum seekers so that those costs don't deplete ER (Emergency Relief) funding. • 3 hubs available for asylum seeker - Legacy caseload to access support (material support, legal and mental health): Indooroopilly Uniting Church, Gateway Logan, Romero Centre.

Working Group Issues and Actions for discussion:	
Clinical Advisory Group	<ul style="list-style-type: none"> Concern noted from clinicians there is not enough support for people to attend appointments (Nationally as well as throughout the state). Discussed greater role of CMs in supporting clients to appointments, potentially through CSW support. HIV Clinical training scheduled for July 2019
Oral Health Working Group	<ul style="list-style-type: none"> PAGQ presented to QLD Oral Health Directors; positive feedback regarding future access for oral health services for Asylum Seekers.
Interpreter Working Group	<ul style="list-style-type: none"> New working group has been created at the request of the Health Minister and chaired by CEO of HSQ (Health Support Qld).
Evaluation and Research Update	<ul style="list-style-type: none"> Baseline evaluation completed Full evaluation report available online www.refugeehealthnetworkqld.org.au/wp-content/uploads/2016/11/Evaluation-QLD-Refugee-Health-Policy-and-Action-Plan-Report-BASELINE-FINAL-MAY-2019.pdf Second round data to be collected Dec/Jan
Refugee Health Network Qld Team Updates:	
Progress against plan E-newsletter, subscriptions Submission to MBS re: IGRA	<ul style="list-style-type: none"> DS and VJ had a productive meeting with Kathleen Forrester (DDG of Strategic Policy and Planning Division, who reports to Michael Walsh DG QH) as the new Executive Sponsor of PAGQ. She will receive PAGQ minutes and contribute to PAGQ. Network wanted to extend a formal thank you to Kathleen for her time and commitment to refugee health. Network put in a submission, along with Communicable Diseases and CAG to the MBS Review to advocate for IGRA testing to be included for people from refugee background to enable GPs to do the TB test bulk billed under Medicare.
RHeaNA Update	<ul style="list-style-type: none"> RHeaNA have identified a need for a National Plan for refugee health and will be working towards this in collaboration with Dept. of Health (Federal).
Other business	
Evaluation Findings and Action Plan progress; Where to from here	<ul style="list-style-type: none"> Flagged Policy/Evaluation working group to be formed in Jan 2020 Qhealth will also be holding 3 roundtables to discuss data collection and use in Queensland Health settings the first before end of financial year.
Election results – update on impact on Refugee Health	<ul style="list-style-type: none"> Unsure about impact, total number expected to stay the same (18750 nationally) Government has indicated increase of Visas for Women at Risk (60%) Impact will be on asylum seekers (especially those offshore) but still waiting on details
State-wide agreement between Queensland Government and Department of Social Services on the delivery of refugee health services in Queensland	<ul style="list-style-type: none"> Challenges noted where state and national programs intersect. Need to be clear who has responsibility of the delivery of health care for newly arrived humanitarian entrants. Need to have health representation with DSS when planning at the state level (DSS and Qld Health) to inform a communication and planning strategy. Both Commonwealth Health and State Health have a role and funding commitment to supporting CHAs. Need to consider an integrated health approach that meets the needs of new arrivals. Consideration to be given if a formalised process is needed between State, Federal health and DSS to ensure all funded services are working to maximise resources and health outcomes.
Showcase Planning	Nurse face to face – 20 June, Refugee Health Showcase – 21 June, 2019. Focus on strengthening workplace diversity and evaluation and data. www.refugeehealthnetworkqld.org.au/wp-content/uploads/2016/11/Final-program-Showcase-2019.pdf

