

# Refugee Health Partnerships Advisory Group Qld

## Summary from Meeting - Tuesday 30th October 2018

**Representatives from:** Mater, Metro South Refugee Health Service, Mater Group of 11, Dept. of Health Strategic Policy Unit, Brisbane North PHN, Multicultural Affairs Qld, Brisbane South PHN, MDA, Amparo Advocacy Inc, Children’s Health Qld, Kobi House, Cairns HHS, NAPHL, Ipswich West Moreton HHS, TMSG, Metro North HHS

<b>Settlement Data:</b>	
Queensland Settlement Data State-wide Data Report and indicative referrals: <a href="http://www.refugeehealthnetworkqld.org.au/settlement-data/">www.refugeehealthnetworkqld.org.au/settlement-data/</a>	
<b>Region and state-wide Issues and Actions for discussion:</b>	
Logan/Gold Coast/Ipswich	<ul style="list-style-type: none"> <li>MSRHS are reviewing Haplite on multiple occasions to provide the settlement service feedback on health issues which may impact housing. This is because the settlement service is not receiving the relevant information on HSP portal. Toowoomba undertaking a similar process. Important to note since HAPLITE has been implemented all refugee health services have not been provided with any additional resources to administer. Action: DSS to investigate if any changes in the provision of this information on HSP system.</li> </ul>
Brisbane	<ul style="list-style-type: none"> <li>Noted there is no current procedure/guide for supporting staff in the identification of CALD patients not only in MNHHS but also other HHS. MNHHS would like to address this but would like to work with other services to achieve consistency. Action at Strat Policy and DoH level to assist in bringing HHSs together to discuss and develop common strategies.</li> <li>Acknowledgement of the work undertaken at MNHHS in developing the Health Equity and Liaison Meeting as well as development of comprehensive needs assessment for the region.</li> <li>Brisbane Working Group met, have commenced mapping a patient journey.</li> <li>Mater noted challenges in timeliness of receiving HAPLITE IDs. If received post arrival it limits any pre-arrival health planning.</li> </ul>
Townsville	<ul style="list-style-type: none"> <li>Increased number of clients arriving to Townsville with complex health issues. Accessing services is difficult and follow up testing and treatment is complex from both a logistical and system capacity perspective.</li> <li>Increase in waiting times e.g. oral health and TB due to increase in arrivals.</li> <li>Have developed a direct pathway to ED and infectious diseases registrar to treat people arriving with Malaria.</li> <li>TMSG working on orientation to the hospital for new arrivals so they are able to get to appointments. Noted challenges in T’ville with dispersed settlement where many people are waiting long periods in the heat (with young children) for public transport to attend medical appointments (eg. TB, Oral health etc). – risk of heat stroke noted especially in hot months</li> <li>Query – is the 28 day KPI to see a refugee nurse or doctor? Also queried the rationale for 28 days, is there a clinical basis? It was noted that under Medicare humanitarian arrivals are eligible for Health Assessment once only within 12 months. TMSG, MDA and DSS talk about access/additional support for new arrivals (especially women at risk visas with children catching public transport) in regional areas</li> <li>DSS/MDA will clarify what the 28 KPI means in terms of seeing nurse or doctor with DSS HSP policy team. RHNQ to clarify with DSS the rationale for 28 days KPI.</li> </ul>
Cairns	<ul style="list-style-type: none"> <li>Currently managing but unsure how they will manage additional planned intake as resources have not increased.</li> <li>Thank you to Tracey John who supported the Cairns Refugee Health network and has now moved on from Centacare.</li> </ul>

Toowoomba	<ul style="list-style-type: none"> <li>• MDA recruiting for health worker position (funded by PHN) in place of the refugee health nurse position.</li> <li>• Increase in transfers in from Armidale</li> <li>• GP Practices are nearly at capacity – will be challenge next year with ongoing high numbers of arrivals for Practices to keep their books open</li> <li>• MDA also considering further regional settlement outside of Toowoomba eg. Dalby</li> <li>• RHS noted lack of coordination between appointments booked at Kobi house and GP</li> </ul>
Asylum seeker	<ul style="list-style-type: none"> <li>• Info and referral available online Emergency Relief Program – <a href="#">Referral form and Information sheet</a></li> </ul>
<b>Working Groups and Advisory Groups Issues and Actions for discussion:</b>	
Clinical Advisory Group	<ul style="list-style-type: none"> <li>• Ongoing challenges regarding HAPLite (offshore) medical recommendations for post arrival not always consistent with Australian standards. RHNQ to provide feedback to DSS and seek further clarification around the HSP health information provided to MDA and discrepancy with HAPLite information.</li> <li>• Developing guidelines regarding best practice to transfer clinical information between practices in Brisbane especially for humanitarian entrants in first 6 mths and post Health Assessment.</li> </ul>
Oral Health Working Group	<ul style="list-style-type: none"> <li>• When using interpreters or complex cases take longer and is not reflected in the activity based funding formula.</li> <li>• Ongoing - development of guidelines for Oral Health to include the Qld Health asylum seeker directive</li> <li>• Tzu Chi Oral Health Day in Logan postponed - Plan for early 2019 in Herston, Query if there is possibility for regional dental fair in Toowoomba? OHWG to discuss options with TzuChi</li> </ul>
Evaluation and Research Working Group - Update on research to date	<ul style="list-style-type: none"> <li>• 52 family members interviewed face to face by G11 members and Toowoomba and Cairns</li> <li>• 64 telephone surveys completed with 5 top COB in Brisbane + T'ba (Afghan) plus Cairns (Nepal)</li> <li>• Interim data available late November</li> </ul>
Interpreter Working Group	<ul style="list-style-type: none"> <li>• Letter sent to Director General of Health expressing concerns about new interpreter program. Network team have been invited to meet with CEO of Health Supports Queensland to discuss concerns and look at opportunities to support DoH to address issues.</li> <li>• Interpreter Paper in draft and will be available for PAGQ to review once finalised and will be published online</li> </ul>
<b>Network and National Updates:</b>	
RHNQ Update	<ul style="list-style-type: none"> <li>• Draft progress report shared for feedback, will publish shortly, once summary and message from Chair finalised. Thanks to everyone for contributing.</li> </ul>
RHeNA Update	<ul style="list-style-type: none"> <li>• Launch of the desktop guide 1<sup>st</sup> Nov. QPASTT and Network have limited numbers of hard copies, we will distribute to each settlement region where PHN, local refugee health service and settlement service can determine best method of sharing with primary care services. Will be broadly promoted in next e-news. Desk top guide and supporting documents available online: <a href="http://refugeehealthguide.org.au/">http://refugeehealthguide.org.au/</a></li> </ul>
<b>Other business</b>	
Communication plan for sharing indicative numbers and settlement patterns	<ul style="list-style-type: none"> <li>• Acknowledged that DSS timelines don't align well for Dept. of Health budgets but sharing indicative numbers with relevant services and departments is critical for planning health service delivery (and other services such as education)</li> <li>• Need communication plan both to government and within health services so the right people get the information ASAP.</li> <li>• Noted it would be beneficial for these services to be consulted with before immigration dept./DSS commits to settlement in a region to determine capacity and service development requirements.</li> <li>• DSS provides MAQ with Humanitarian Settlement Program (HSP) reports for distribution to key Queensland Government departments,</li> </ul>

	<p>including the Department of Health, for the primary purpose of service planning for individuals arriving under Australia’s offshore Program. The data is distributed under a Queensland Privacy Plan.</p> <ul style="list-style-type: none"> <li>• It was noted that MDA’s Local Area Coordination meetings have been convened around the state (Brisbane, Toowoomba, Logan/Gold Coast, Townsville and Cairns) in 2018, and have included sharing of HSP data. LAC membership is open to Queensland Health, local Health and Hospital Services and Primary Health Networks.</li> <li>• Network to coordinate meeting with MDA, DSS, MAQ and Strategic Policy Unit DoH to address this issue.</li> </ul>
Pre-planning for new communities	<ul style="list-style-type: none"> <li>• Query why more pre-planning for new communities wasn’t done in Townsville by DSS/Immigration to support the new community on settlement – i.e. having access to an interpreter</li> </ul>
Sharing of HAPid between HSP and RHS– process challenges	<ul style="list-style-type: none"> <li>• Current process, DSS to share HAPid with settlement and then settlement to share with RHS (for areas with subcontract arrangements in place, an additional settlement provider is also involved in sharing information). This is a slow, labour intensive process; Query - why can’t DSS provide HAPid directly to RHS (like the health reports were provided previously under the HSS program?). DSS to investigate</li> </ul>
Collaborative submission process to Qld Health for increased funding for 2019-2020 onwards	<ul style="list-style-type: none"> <li>• Refugee Health services have not had any substantial increase in funding (except for increase for Syrian/Iraqi cohort). Despite large increase in arrivals over the past 10 years.</li> <li>• Services working in partnership to put business case up to DoH, will also work with internal processes to escalate needs for additional funding locally within HHS.</li> <li>• Network team to explore options for finding an Executive sponsor from within DoH for PAG, to support strategic direction of the network and the policy and action plan.</li> </ul>
Deputy Chair	<ul style="list-style-type: none"> <li>• Metro South Refugee Health CNC will be Deputy Chair of RH-PAGQ in 2019</li> </ul>