SEMINAR R – FAIR GO OR FAIR GAME

"As long as you've got your Health…!? Programs improving access to mainstream health services for people who really need them

Key themes / issues / questions arising from discussion:

Jill Rundle- WANADA Director

What is WANADA?
RRR services
Indigenous Specific
Core funding- Drug and alcohol office.

Objectives

- Advocacy and representation
- Capacity building and workforce development
- Public profile and communications- collective approach

Duty to Care

- Report developed by UWA in 2001
- Mental illness; increased exposure to alcohol and other drugs
- Alcohol and other drugs sector; large number of clients with mental illness
- People are marginalised; often impacts on their general social and economic wellbeing
- Demonstrates less obvious impact; higher rate of preventable illness, eg- cancers, diseases, injury and poisoning.
- Improved outcomes if GP's and other services worked together

Survey of Agencies

- 76% of agencies have GP's referral to them.
- GP's involved in pre-admission intake planning
- 67% agencies reported GP's were involved during support program
- 37% reported that shared care with a GP

Improved partnership links with GP's would improve patient outcomes, satisfaction, staff satisfaction and efficiency in alcohol and other drug agencies.

Processes need to be put in place with GP's and alcohol and other drug agencies- to improve service.

- Communication
- Knowledge of services
- Development of streamline communication strategies
- Education, training and professional development

WANADA/GP Liaison working party

- Mapping exercise

- Clearing House
- Partnership agreement template

Improve communication

- Distribution of materials
- Sector updates to GP's via Divisions
- Support for GP attachments
- Sector forum

Supporting the link to develop relationships with GP's

Access to medical records?
Barriers- cost, inadequate access

Forums within the divisions?
Not gotten around to all, however some are represented on the working party

Drug friendly, youth friendly GP's?
Pass on the information from clients to the Division of GP's

In Victoria- GP looked at health needs directly- good attitude. Then people will access the service. Interface can be difficult between the GP and clients.

Ann Bates – Healthright Project

Healthright: Health's response to duty to care: Physical illness in people with mental illness- fair go or fair game.

Population based record linkage study. Analysis of major causes of death.

People with mental health issues had a higher rate of death due to illness; eg- cancer.

People with mental health issues have seen either increase/static in number of heart related deaths.
Hospitalisation rates were lower; not having physical health needs attended to.

Not at increased risk of cancer, yet more likely to die; not accessing services.

- Need for primary health care
- Shared care and partnerships

In September 2002 an advisory committee was established. Final report was submitted in 2004. 3 year funding was provided in 2005.

Project includes;

- Awareness campaign; f the findings and the importance of physical health care of mental illness.

- Resource Development; audience specific resources. Developed for all stakeholders. Work with consumer representatives to develop resources that are best targeted to consumers.
- Advocating for and assist all patients to have access to a GP; review clinical documentation- include general care.
- Ongoing monitoring
- GP Mental Health Liaison Officers; build capacity and expertise
- Who is your GP: enable access to GP's. Clear understanding of importance of physical care.
- Peer Advocacy and Support Service (PASS) practical support to consumers of mental health services in making and attending appointments.
- Consumer/Carer Health Promotion Campaign
- Tertiary education and postgraduate training.
- Targeted health promotion; develop a marketing campaign to improve the physical health of people with a mental illness
- Conduct research; in hostels, what do GP's do there?
- Communication Strategy; provide feedback on the project

Stakeholders;

- Consumers and carers
- GP Divisions/CDM Teams/Street Doctor
- NGO's
- GP Liaison staff
- Hostel representatives

Catherine McCloy – Canning Division of General Practice
General Practice Links Program – Indigenous Program

Kerry Marygold- also working on an Indigenous Program

GP Links
Collaborative service between RPH and Canning Division of GP's

Reason for developing the service;
Life expectancy of Aboriginal People; 20 years lower
3% of WA population are Aboriginal.

Admission to RPH
9% are Aboriginal
On average 3.7 times over 12 months for indigenous people compared to 1.5 times for others

Aims
Reduce re-adminssion rate
Improve continuity of care

Model of care

2 Aboriginal Community Liaison Officers.
Daily hospital visits
Obtain list of indigenous people who have been admitted – from the south east metro area.
Talk to them about the program on offer- and encourage them to sign up.

Follow up visits;
Takes them to follow up appointments
Get them in contact with local GP's
Contact at home up to 3 months after
Assist with linking to other services; housing, centrelink needs etc.

Evaluation;
Monitor both quantitative and qualitative data

Results
Between 2003 and 2006 253 clients admitted to program
561 telephone calls
79 clients have been referred to a GP
Readmission rate is decreasing

Attendance at outpatient clinics has improved
GP's are requesting assistance for other indigenous patients
Family members have requested assistance with their own health needs.

Benefits:
Program is unique
Addressing he challenges of indigenous health
Follow up post discharge
Re-admission rates are decreasing
Client in linked into GP's

Case Studies/Scenarios presented.

Fremantle are starting to develop a similar scheme.