Unlocking Care: Improving Access to GP Services in NSW Adult Correctional Centres

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**Case for change**
The provision of services by General Practitioners (GP) is an integral component for the delivery of quality safe healthcare to Justice Health & Forensic Mental Health (JHFHMHN) patients. JHFMHN patients present unique challenges due to their complex health needs and high prevalence of risk factor for chronic disease.

- Average Days waiting is 40 days and maximum time waiting is 281 days. This results in clinical risk to patients who wait a prolonged amount of time for treatment.

"Once I see the doc its great, I just can’t believe it takes so long" Patient X

**Goal**
To improve utilisation of GPs to improve access for patients in adult correctional centres.

**Objectives**
1. To improve access to targeted and equitable GP services by decreasing average waiting time by 74% from 39 days to 10 days by December 2018.
2. To increase the average number of patients seen per GP clinic by 20% from 8 to 10 patients by December 2018.
3. Eliminate number of patients waiting >99 days without review.

**Diagnoses**
- On average GPs spend 21% of their patient across times doing non-clinical administrative work and 25% of access time waiting.
- 67% Patient stated the wait time to see a GP was too long.
- 30% of health centre staff stated there was no allocated support provided to GPs at their centre.

**Results**

**Implementation Progress to Date**
- Successful trail of Mental Health Consultation Liaison Nurse resulting in permanent recruitment
- Triage Tool Prototype developed and executive approval gained for trial and evaluation in two correctional centres
- Trail of Primary Care Assistant in Nursing demonstrating 50% increase in productivity
- Centralisation trial underway
- Health centre profile developed

**Conclusion**
The diagnostic activities and identified solutions can be transferred between specialty services within Justice Health & Forensic Mental Health Network as well as external health services. The solutions identified focus on the appropriate referral and categorisation of patients, which is applicable across disciplines, and the appropriate use of resources and models of care to improve service efficiency.

Lessons learned include early consultation with key stakeholders, awareness of the impacts of organisational changes on project delivery and the requirement of guidelines to inform continued robust data collection following project completion.

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