Health
Justice Health &
Forensic Mental Health Network

NSW GOVERNMENT

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

Rose Lougheed & Philippa Pires
Justice Health & Forensic Mental Health Network

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 (JH&FMHN) patients. JH&FMHN 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.

Diagnostics

Time & Motion Studies – Surveys – Process Mapping – Data
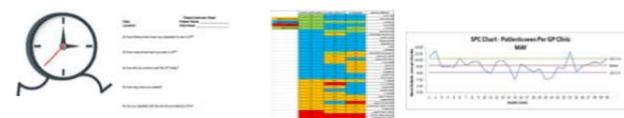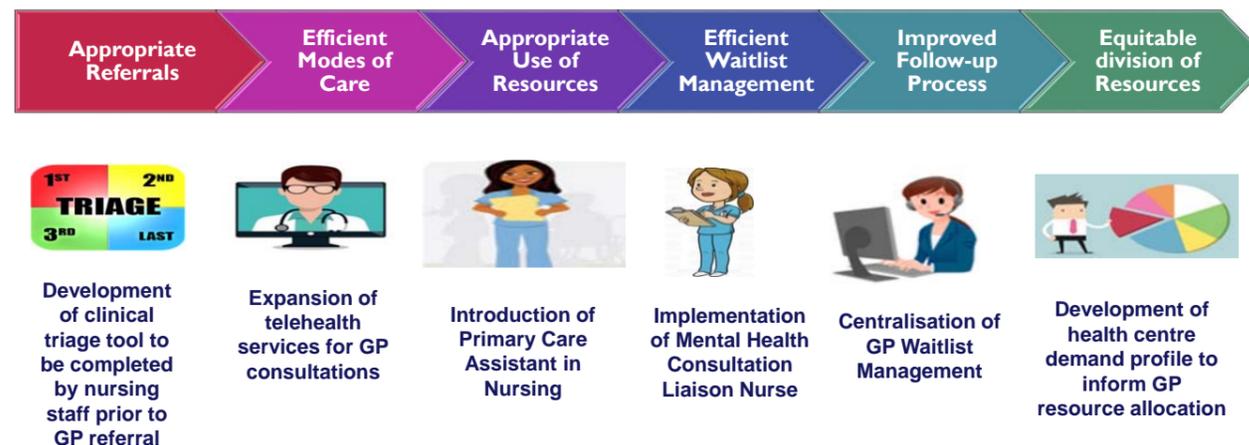
Solutions Design

Image 1 and 2: Solutions workshop with members of the multidisciplinary team

Three workshops with 25 participants

- ✓ Traditional brainstorming
- ✓ Power of Three
- ✓ What Would "X" Do?
- ✓ Dotmocracy

Solutions

Appropriate Referrals → Efficient Modes of Care → Appropriate Use of Resources → Efficient Waitlist Management → Improved Follow-up Process → Equitable division of Resources

- Development of clinical triage tool to be completed by nursing staff prior to GP referral
- Expansion of telehealth services for GP consultations
- Introduction of Primary Care Assistant in Nursing
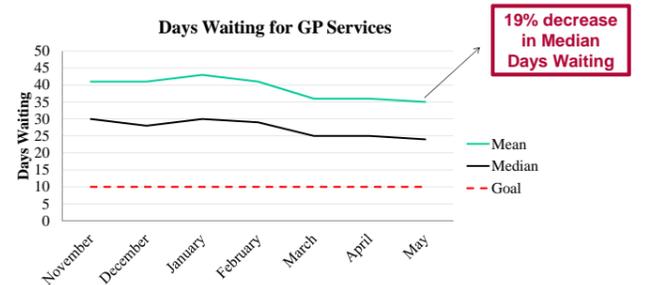- Implementation of Mental Health Consultation Liaison Nurse
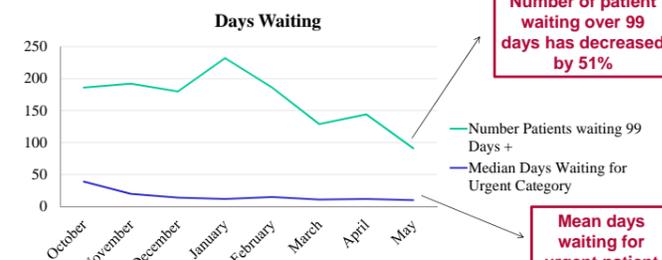- Centralisation of GP Waitlist Management
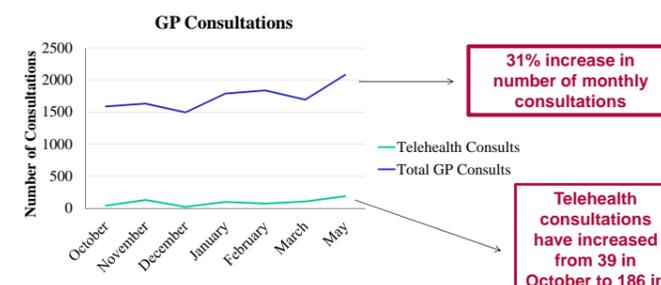- Development of health centre demand profile to inform GP resource allocation

Results

Days Waiting for GP Services

Graph 1: Mean and Median Days Waiting for GP Services

19% decrease in Median Days Waiting

— Mean
— Median
- - - Goal

Days Waiting

Graph 3: Number of patients waiting 99+ Days and Median Days waiting for urgent patients

—Number Patients waiting 99 Days +
—Median Days Waiting for Urgent Category

Number of patient waiting over 99 days has decreased by 51%

Mean days waiting for urgent patient has decreased by 74%

GP Consultations

Graph 2: Number of Total GP consults and telehealth consults

—Telehealth Consults
—Total GP Consults

31% increase in number of monthly consultations

Telehealth consultations have increased from 39 in October to 186 in May = 377% increase

Implementation Progress to Date

- Successful trial 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
- Trial of Primary Care Assistant in Nursing demonstrating 50% increase in productivity
- Centralisation trial underway
- Health centre profile developed

Diagnostics

- On average GPs spend 21% of their patient access times doing non-clinical administrative work and 22% 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
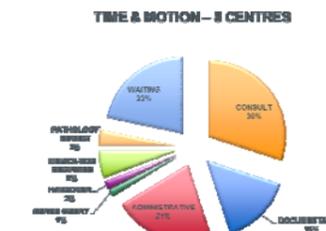
"After having to lie to see [the] doctor, [I] finally got [an] x-ray [for my wrist] but it had set badly" Patient Y

TIME & MOTION – II CENTRES

The Maths!
387 x 1.3 = 503
To account for 30% expected Walk-ins

DEMAND
55 Patients are added to the GP Waitlist Daily
387 new entries per 7 day period

CAPACITY
In the same period, 416 GP consultations were attended
30% of consultations are Walk-ins

GAP
To keep up with demand, 503 consultations will need to be attended
22% Increase in Activity OR Decrease in Demand

Walk-in patients by-pass the waitlist, they are numbers in addition to the waitlist

Sustaining change

- Standard Operating Procedures have been developed to inform regular and accurate data collection and analyses to track progress towards objectives and inform operational management decisions
- Nurse Manager Operations, Projects & Initiatives will be managing project to completion
- Following trial, the Clinical Triage Tool will be implemented on the Justice Health Electronic Health System and a comprehensive education package 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 organsational changes on project delivery and the requirement of guidelines to inform continued robust data collection following project completion.

Contact

Rose Lougheed Rose.Lougheed@justicehealth.nsw.gov.au