PHAA submission on RACGP Standards for health services in Australian prisons (2nd edition)

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Dear RACGP Standards reviewers,

The Public Health Association of Australia (PHAA) is recognised as the principal non-government organisation for public health in Australia working to promote the health and well-being of all Australians. It is the pre-eminent voice for the public’s health in Australia, and seeks to drive better health outcomes through increased knowledge, better access and equity, evidence informed policy and effective population-based practice in public health.

PHAA welcomes the opportunity to provide input to the revision of the RACGP Standards for health services in Australian prisons. The draft Standards are welcomed as improving upon the first edition. We have some general comments, and specific comments on some of the Standards, below.

Throughout the document, there is reference to ‘our practice’, implying a GP practice being accredited against the Standards. In more recent years, other organisations are being accredited against RACGP prison Standards. For example, the NSW Justice Health and Forensic Mental Health Network have had their correctional centre health services accredited against these Standards. In recognition of this, it may be more inclusive to refer to ‘organisation’ rather than ‘practice’, or ‘practice or other organisation’.

It would be helpful to include reference to the Australian Commission for Safety and Quality in Health Care National Health Service Standards.

Core Standard 1: Communication and patient participation
We are pleased to note the increasing reference to involving patients in the decision-making process, implying a partnership with the clinicians.

Clinical Handover is referenced under Criterion C5.3, however, it may be helpful to include it within Core Standard 1, Criterion C1.2 – Communications, and Criterion C1.3 – Informed patient decisions.

Core Standard 2: Rights and needs of patients
Issues of health inequity and the impact of social determinants on the health of people who come into contact with the criminal justice system are significant. It would be helpful for reference to them to be strengthened in this Standard, as considerations for planning and delivering health care in the correctional environment.

Core Standard 3: Health service governance and management
It is pleasing to note the strengthening of clinical governance matters in this draft 2nd edition of the Standards. Under the incident management section, it should be clarified that all incident and near miss data should be monitored, not just serious or critical incidents.
Core Standard 5: Clinical management of health issues
As mentioned above, reference to clinical handover may be more appropriately placed under Standard 1.

Discharge/release planning is an important aspect of health service delivery within a correctional environment. Continuity of care is important to assist patients to maintain their care when they are released, are provided with ongoing health services, and to ensure they receive prescribed medication. Good discharge planning improves patient outcomes upon release and decreases post-release mortality rates. Core Standard 5 should include a section on discharge planning.

Core Standard 8: Education and training of non-clinical staff
It may be helpful for this Standard to be inclusive of training of education and training of all staff.

The PHAA appreciates the opportunity to make this submission and the opportunity to contribute to improved Standards for health services in Australian prisons.

Please do not hesitate to contact us should you require additional information or have any queries in relation to this submission.

Yours Sincerely,

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