Awabakal Access Model
1. Background
1.1 Awabakal Service Drivers

The Awabakal Medical Centre at Hamilton is currently at capacity, with a waiting list for acute care currently at 3 days. On the basis that an average of 84 patients are seen a day this could be up to 252 people waiting for care.

In 2017 it was identified that Awabakal was signing up on average 132 new patients per month. A lot of these patients are transported into our main medical service. Our transport service has increased from two full time equivalent drivers to four full time equivalent and four casual drivers in the last 12 months. Awabakal is delivering approximately 450 transports per month.

The geographical areas where these new patients live is divided into the local Regions Lake Macquarie 40.1%, Newcastle 32.2%, Maitland/Cessnock 18.8% and Port Stephens 8.6%. Awabakal travels significant kilometres to transport a patient into our main service and Outreach clinics & it is not sustainable for future growth.
1.2 Current Medical Services

Awabakal’s main health service is located in Hamilton, a suburb of Newcastle and conduct Outreach mobile clinics 1 day per week at Karuah in the Port Stephens area, Maitland in the Lower Hunter Valley, Windale and Toronto in the Lake Macquarie area.

Total population regularly utilising Awabakal Medical Service is 5,938 (active patients). With 13,380 GP medical consultations (excluding Allied Health) provided in the 2015/2016 year. Major health issues facing our community is Mental Health, Obesity, Asthma, Tobacco use and Diabetes.
1.3 Industry Consultation

A number of models were analysed specifically The Institute for Urban Indigenous Health and the Danila Dilba Health Service were visited.

Awabakal drew on key elements of both models to come up with the model we have now adopted for implementation for 2018 – 2020.

This model is particular to the needs of our community and respects the history and protocol of service delivery to communities in the Awabakal region.

**Key learnings taken from the Queensland and Darwin model**

<table>
<thead>
<tr>
<th>Understanding where people live</th>
<th>Understanding who the clients are</th>
<th>Clinic Sizes (i.e. Two GPs per 2000 clients)</th>
<th>Demand – better to open a new clinic than to increase staffing in the existing location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Using staff from local areas</td>
<td>Balance of opportunistic and planned Chronic Disease Management</td>
<td>Support for effective billing</td>
<td>Formation of community partnerships</td>
</tr>
</tbody>
</table>

*Danila Dilba Health Service*

*Institute for Urban Indigenous Health*
1.4 The Awabakal Access Model

Central Hub
- Hamilton remains central to the model
- Hamilton Allied Health services become visiting services to clinic
- Specialist services remain at Hamilton

Integration
- Increase outreach at the same time as clinics are established
- Aged Care integrated with Primary Care

Access
- Transport attached to clinic population boundaries
- Location determined by access not necessarily population

Strategy
- Staged implementation – clinics will “test” demand for stage 2
- Patients will have access to packaged care to promote planned care
1.5 Service Delivery

- **Raymond Terrace Community Clinic**
  - Coordinator / Admin
  - 2 X GP
  - RN
  - Transport Driver
  - Aged Care
  - NDIS
  - Family Health
  - Psychology
  - Allied Health

- **Cardiff Community Clinic**
  - Coordinator / Admin
  - 2 X GP
  - RN
  - Transport Driver
  - Aged Care
  - NDIS
  - Family Health
  - Psychology
  - Allied Health

- **Hamilton Medical Service**
  - Service Manager
  - Phone monitoring centre
  - Clinic Coordinator
  - Reception / Admin
  - GP’s
  - RN
  - Family Health
  - Psychology / Psychiatry

- **TBC Community Clinic**
  - Coordinator / Admin
  - 2 X GP
  - RN
  - Transport Driver
  - Aged Care
  - NDIS
  - Family Health
  - Psychology
  - Allied Health

- **TBC Community Clinic**
  - Coordinator / Admin
  - 2 X GP
  - RN
  - Transport Driver
  - Aged Care
  - NDIS
  - Family Health
  - Psychology
  - Allied Health

- **Outreach Karuah**
  - 1 x GP
  - EEN

- **Outreach Maitland**
  - 1 x GP
  - EEN

- **Outreach Toronto**
  - 1 x GP
  - EEN

- **Outreach Windale**
  - 1 x GP
  - EEN

- **Outreach**
  - 1 x GP
  - EEN

- **Hamilton Outreach**
  - 1 x GP
  - EEN

- **TBC Outreach**
  - 1 x GP
  - EEN

- **TBC Outreach**
  - 1 x GP
  - EEN

- **TBC Outreach**
  - 1 x GP
  - EEN

- **TBC Outreach**
  - 1 x GP
  - EEN
2. The Awabakal Access Concept
2.1 Proposed *Awabakal Access* staged expansion

**First Phase**

- *Awabakal Community Clinic* Cardiff
- *Awabakal Community Clinic* Raymond Terrace
- *Awabakal Community Clinic* Site 3
- *Awabakal Community Clinic* Site 4

**Integration with Outreach**

- Windale Outreach
- Toronto Outreach
- Maitland Outreach
- Karuah Outreach
- TBC
- TBC
- TBC
- TBC

**Future growth strategy**

- *Awabakal Medical Service* Cardiff
- *Awabakal Medical Service* Raymond Terrace
- *Awabakal Medical Service* TBC
- *Awabakal Medical Service* TBC
- *Awabakal Medical Service* TBC
- *Awabakal Medical Service* TBC
- *Awabakal Medical Service* TBC
- *Awabakal Medical Service* TBC
2.2 First phase of Awabakal Access

The first phase of expansion includes both feasibility and community consultation prior to fit out and 5 day a week operations to ensure both the viability and appropriate positioning of each Awabakal Access Clinic. The first phase has commenced with Raymond Terrace and Cardiff sites.

Site 1 - Cardiff
Cardiff (Site 1) has been selected based on the Aboriginal population in the surrounding suburbs and the accessibility of the site. For this site the fit out will be completed prior to opening and will operate with two general practitioners (two rooms), five days a week.

Site 2 - Raymond Terrace
Raymond Terrace (Site 2) has been chosen for the operation of an Awabakal Access Clinic in the Port Stephens Region. The Awabakal Access Clinic will commence prior to the fit out, in mid-march 2018 with two General Practitioners (two rooms), two days a week. Once the clinic is established the intention is to increase to operate five days a week with fit out to be completed later in the year.

Site 3 & 4
Site 3 is planned to be in the Lake Macquarie region, in a location easily accessible to the Windale and Gateshead community. Site 4 is planned to be located in the Lower Hunter region with community consultation to commence three months prior to site selection and fit out. For these two sites the intention is to operate two rooms, five days a week.
To ensure time is given for feasibility and community consultation the opening of each site has been phased across a two year period, with a new Awabakal Access clinic opening approximately every six months.
3. Growth opportunities
3.1 Demographic analysis

Understanding where Aboriginal people live to provide greater accessibility to health care is a key principle to the implementation of the strategy. In accordance with the 2016 Census the population is shown on the image to the right and summarised below.

There are 23,927 Aboriginal people in this region with 5,938 (24%) currently accessing Awabakal’s health services. With the highest Aboriginal population in Lake Macquarie there is justification for two Community Clinics. There are also over 8,000 Aboriginal people living in Cessnock and Maitland (Lower Hunter), with Cessnock especially being a very low percentage of Awabakal’s current patients (6%).

<table>
<thead>
<tr>
<th></th>
<th>Newcastle</th>
<th>Lake Macquarie</th>
<th>Maitland</th>
<th>Cessnock</th>
<th>Port Stephens</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aboriginal Population (1)</td>
<td>5,476</td>
<td>8,032</td>
<td>4,087</td>
<td>4,007</td>
<td>3,325</td>
<td>24,927</td>
</tr>
<tr>
<td>Awabakal Current patients</td>
<td>1,525</td>
<td>2,634</td>
<td>935</td>
<td>236</td>
<td>608</td>
<td>5,938</td>
</tr>
<tr>
<td>Percentage of population</td>
<td>28%</td>
<td>33%</td>
<td>23%</td>
<td>6%</td>
<td>18%</td>
<td>24%</td>
</tr>
</tbody>
</table>

(1) 2075.0 Census of Population and Housing – Counts of Aboriginal and Torres Straight Islander Australian, 2016, retrieved 13 March 2018.
3.2 Demographic analysis (con’t)

As a result of analysis over population statistics, existing patient data and feedback from the outreach program the following 4 sites have been identified as optimal for greater access to Awabakal health services:

1. Cardiff
2. Raymond Terrace
3. Lake Macquarie
4. Lower Hunter

The areas where new patients live that are signing up to our service is Lake Macquarie 40.1% Newcastle 32.2% Maitland/Cessnock 18.8% Port Stephens 8.6% Awabakal travels significant kilometres to transport a patient into our main service and it is not sustainable for future growth.

<table>
<thead>
<tr>
<th>Awabakal Medical Service (Hamilton) to...</th>
<th>Distance</th>
<th>Public Transport Travel time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiff</td>
<td>10 km</td>
<td>28 min</td>
</tr>
<tr>
<td>Raymond Terrace</td>
<td>27 km</td>
<td>1 hr 6 min</td>
</tr>
<tr>
<td>Lake Macquarie (Charlestown)</td>
<td>8 km</td>
<td>40 min</td>
</tr>
<tr>
<td>Maitland</td>
<td>36 km</td>
<td>54 min</td>
</tr>
<tr>
<td>Cessnock</td>
<td>46 km</td>
<td>1 hr 26 min</td>
</tr>
</tbody>
</table>
3.3 Acute and Chronic Care

Acute Care
The opening of the Community Clinics & connecting outreach clinics will reduce the load on the Hamilton Medical Centre for acute care. This will both lead to greater patient outcomes in acute care as well as increase the availability of doctors to address Chronic Care.

Chronic Care
The below table shows the number of Awabakal's existing patients who have chronic illness and the percentage of these over total patients. Asthma is particularly high (15%), it is hypothesised that with care plans as well as the increased accessibility of Awabakal health services there will be both an improvement in the patients health as well as reduction on demand in local emergency departments.

<table>
<thead>
<tr>
<th>Number of Awabakal patients with chronic illness</th>
<th>Newcastle</th>
<th>Lake Macquarie</th>
<th>Maitland</th>
<th>Cessnock</th>
<th>Port Stephens</th>
<th>Total</th>
<th>% of total patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>89</td>
<td>154</td>
<td>71</td>
<td>17</td>
<td>38</td>
<td>369</td>
<td>6%</td>
</tr>
<tr>
<td>Cardiac</td>
<td>42</td>
<td>84</td>
<td>32</td>
<td>7</td>
<td>18</td>
<td>183</td>
<td>3%</td>
</tr>
<tr>
<td>Renal</td>
<td>31</td>
<td>53</td>
<td>18</td>
<td>3</td>
<td>24</td>
<td>129</td>
<td>2%</td>
</tr>
<tr>
<td>HT</td>
<td>118</td>
<td>216</td>
<td>85</td>
<td>24</td>
<td>58</td>
<td>501</td>
<td>8%</td>
</tr>
<tr>
<td>Asthma</td>
<td>226</td>
<td>372</td>
<td>135</td>
<td>35</td>
<td>94</td>
<td>862</td>
<td>15%</td>
</tr>
<tr>
<td>COPD</td>
<td>47</td>
<td>49</td>
<td>15</td>
<td>3</td>
<td>14</td>
<td>128</td>
<td>2%</td>
</tr>
<tr>
<td>Lipids</td>
<td>95</td>
<td>170</td>
<td>64</td>
<td>14</td>
<td>48</td>
<td>391</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>183</td>
<td>354</td>
<td>129</td>
<td>26</td>
<td>80</td>
<td>772</td>
<td>13%</td>
</tr>
</tbody>
</table>
5. Awabakal Access Outcomes
5.1 Awabakal Access Outcomes

Based on actual Awabakal experience we estimate that there will be 780 patient consultations per Awabakal Access clinic per month. Awabakal Access projects to be providing an additional 1,092 GP consultations/month at June 2018, 2,340 GP consultations/month at June 2019 and 3,120 GP consultations/month at June 2020.

With all four Awabakal Access clinics running this equates to 37,440 visits a year, using the assumption that an average existing Awabakal patient will visit three times a year this equates to 12,480 patients. Adding these new patients to the existing number of Awabakal patients (5,938), will provide much needed access and care to a potential 18,418 patients (approximately 74% of the Aboriginal population within the Awabakal Access Region).
5.2 Summary of Awabakal Access

The Awabakal Access model has been designed through the application of proven results from the Queensland and Darwin models to the Care Levels and Access to Care required by the Awabakal people and the community that Awabakal supports.

The four pillars supporting the Awabakal Access model of the Central Hub, Integration, Access and Strategy will ensure that the investment in the Awabakal Access model will:

• Build a stronger organisation;
• Provide community leadership; and
• Plan for a sustainable future

By ensuring that the Awabakal people and the community receive access to the highest level of care.

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Access
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Strategy
- Staged implementation – clinics will “test” demand for stage 2
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Hamilton Main Clinic
Cardiff Community Clinic
Outreach Mobile Clinic