Mobile GPs

Freo Street Doctor GPs aim to provide the best health service to those experiencing homelessness in the Fremantle community.

Most Freo Street Doctor GPs work at the clinic for two or three sessions per week.
Homelessness affects thousands of Australians every day and providing services to this vulnerable population continues to be a challenge for communities like Fremantle in Western Australia.

The Freo Street Doctor is an RACGP Standards-accredited mobile clinic that provides healthcare services to homeless, disadvantaged and marginalised people in the Fremantle community.

‘It was started in collaboration with the Perth–Hills Division [of General Practice]. They realised there were populations in the area that weren’t accessing medical care,’ Christa Riegler, CEO of the Fremantle Medicare Local, told Good Practice. ‘It was really about saying that there is a group of people who need access to healthcare, especially to GPs, and something needed to be done.’

The Freo Street Doctor sees more than 2500 patients every year, holding three-hour sessions at nine weekly clinics around Fremantle. More than 900 of these consultations are with Aboriginal and Torres Strait Islander patients.

Dr Cathy Brooker has been with the Freo Street Doctor for eight years and continues to be passionate about her role in providing much needed healthcare to some of the city’s most vulnerable patients.

‘We are there to provide general practice care to people who, for whatever reason, aren’t managing to get to the local general practice,’ she told Good Practice.

‘We try to cater to the most marginalised people and, essentially, what we are trying to do is get to people’s health issues before they become a problem that presents at the emergency department.’

Community engagement

The 2012 census found there are more than 105,000 Australians who are homeless, up 17% from 2006.1 Many in Australia’s homeless community do not have access to the most basic health services.

‘What the homeless community look for and appreciate is that the doctors would take the time to really understand their needs,’ Riegler said. ‘That is what the patients are giving us in terms of feedback, that the doctors listen, and that is why they keep coming back.’

According to Mission Australia, one of Australia’s leading organisations in helping the homeless, providing basic support like healthcare to those experiencing homelessness can save the economy $3600 per person as a result of reduced hospital costs.2

‘If you can get people early, when their illness is mild, we can treat it before we wait and have them need to go to the hospital,’ Brooker said. ‘They no longer need to go straight to the emergency room because we can intervene at a much earlier stage. We want to keep them away from the emergency department.’

The mobile clinic has been integral to the Fremantle population since it started more than a decade ago.

‘[The Freo Street Doctor] has a very good relationship with the community and there are a lot of organisations that donate money to us because of the work we do,’ Brooker said. ‘Even those at the local swimming pool raised some money that went to buying swags so we can give them to people who are sleeping rough.

‘We really look beyond the medical or healthcare aspect of it. We know we have to look at other solutions to help our patients.’

The mobile clinic has become so popular that organisations in Fremantle have started to request its presence in various parts of the city.

‘We have quite a prominence in the community,’ Brooker said. ‘A community centre at one of the outer suburbs contacted us and wanted us to go out for a session, so we go out there and give those homeless people an opportunity to see a doctor.’

Street team

The clinic is staffed with GPs and registered nurses, as well as outreach, social and Aboriginal and Torres Strait Islander health workers. All of the staff members offer services that reach past the realms of healthcare.

‘The services Freo Street Doctor provides go beyond health because Fremantle is the kind of community where lots of people care about the homeless and want to do something to help them,’ Brooker said. ‘In a lot of cases, we really need our outreach workers because they provide excellent care when we need to find housing or food or employment.’

For Brooker, establishing a relationship with her homeless patients ensures she is able to provide the best holistic medicine.

‘Once you build a relationship with these people and have contact with them you are able to provide a one-stop-shop for their health,’ she explained. ‘This is not just for the homeless, but for everyone. But it particularly strikes you with this marginalised group because they have more complicated problems.

‘You really do realise that you have to earn their trust and work for their trust before they open up about their problems and issues. That allows you to be able to help them.’

Reprinted from Good Practice Issue 3 March 2015 21
The Freo Street Doctor works closely with community support services, medical specialists and allied health professionals to ensure the highest possible level of care.

‘From the patients’ point of view, the most important thing is the non-judgmental aspect of it,’ Brooker said. ‘Patients need to know that they can tell us anything, what drugs they have taken, [whether] their child is in jail and all sorts of things.

‘They need to be able to talk freely to their GP without their relationship ever changing so that we can get them the appropriate care they need.’

Riegler believes the GPs who work at the Freo Street Doctor are committed and passionate about making a difference.

‘The Freo Street Doctor was brought about, and continues to be run, by some very dedicated doctors that wanted to work with this [patient] group, and who saw a need to have this service,’ she said.

‘They often have to work in a small space inside a van, often in environments that feel close to remote or even third-world medicine. ‘You really need a special person who is willing to do this.’

Each consultation at the mobile clinic is longer than a standard consultation in mainstream general practice because patients often present with multiple health concerns.

‘Our consultations are generally about 30 minutes because we use it very much as opportunistic medicine,’ Riegler said. ‘People may come to us and present for X, Y and Z, but we then also look at what else they are lacking and what we can do.

‘We try to help the patients with everything they need, health-wise, because we don’t want to lose that precious opportunity as we just don’t know when they are going to come back.

Brooker believes working with those who are experiencing homelessness functions best in an environment like the mobile clinic because of the nature of the longer consultations.

‘For a private GP to do this kind of work for the homeless on Medicare billing, you can’t survive because you need to spend much longer with them, partly because people come infrequently or when the health needs are greater,’ she said. ‘There is never one problem, it is always multimorbidity and you are always trying to provide a bit extra.’

Continuity of care

For many of the most marginalised people in Fremantle, the mobile clinic is the only place available for them to receive quality healthcare.

‘The service is important because, of the clients that we see, 90% see us as their regular GP,’ Riegler said. ‘The Freo Street Doctor is in locations the patients can easily access, especially in some places where it co-locates with community services.

‘The clinic goes to where the clients are, to hostels and places like that, so the client feels comfortable and it’s not getting in their way.’

Many Freo Street Doctor GPs have continued their long-term tenure with the service, most notching up more than eight years of service. However, longer-term care continues to be a concern for Brooker due to a combination of doctors’ availability and patients’ willingness to return.

‘There are times when we cannot do the follow-up as we should,’ Brooker said. ‘Most of the GPs are at the clinic for two or three sessions per week and, sometimes, that is just not enough to provide [continuity of care].

‘We also try to anticipate that the patient might not come back. When we see that person we need to be able to let them know that we care for them and want the best for them.’

While the mobile clinic is available to anyone who requires medical attention in the general practice setting, it is often recommended that patients see local GPs if they have greater health needs.

‘We encourage people to go to mainstream general practice by giving them that option if they need to see someone more regularly,’ Riegler said. ‘We only go to each place once a week for three hours, and that does have its limitations. Our patients and doctors understand that.

‘If someone has a range of chronic conditions it does get quite complex and we try to link back to mainstream general practice if possible.’

GPs who decide to take on patients experiencing homelessness also need to be aware of the financial impact and potential challenges with funding.

‘Medicare does have provision to allow for some extra funding to this sort of thing, but it is complicated,’ Brooker said. ‘There are thousands of people who are doing everything that Medicare requires to get some extra funding, but just can’t jump through the hoops and tick all the boxes.’

Riegler said GPs who are considering taking on patients experiencing homelessness also need to be aware of the associated clinical challenges.

‘It really does take a different GP to be able to do this kind of job,’ Riegler said. ‘Not only do [the GPs] have to deal with the very difficult situations that their patients are in, patients also present with very traumatic issues.

‘The GP needs to know empathy, passion and have a real understanding of what they are going to see in order to work with these patients.’

References
