



Australian Medical Association (WA)

**AMA (WA) Submission to  
Review of Corrective  
Services Health Services**

## Foreword

The Australian Medical Association (WA) is Western Australia's peak medical representative body, and the only independent organisation acting on behalf of Western Australian doctors. We represent the views of WA's medical profession to the government and community and seek the resolution of major social and community health issues from a moral, ethical and medical perspective with the interests of the patients and the people at the core of our engagement.

In the spirit of reconciliation, the AMA (WA) acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respect to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

## Principles that must underpin Review Recommendations

The AMA (WA) believes that the overarching aim of the Department of Justice Review into Corrective Services Health Services (the Review) must be to improve, maximise and protect the health outcomes of the WA's prisoner and detainee population.

The documentation provided to the AMA (WA) does not express improving, maximising or protecting the health of WA prisoners and detainees as a clear aim of the Review. It does, however, refer to alternative structure costing, alternative models of care, communication and implementation strategies.

**Alternative structure costing, alternative models of care, communication and implementation strategies must not come at the expense of compliance with WA's legal and moral obligation to improve, maximise and protect the health of WA prisoners and detainees.**

There are a number of fundamental considerations which must underpin the findings of the Review and will dictate how governance and health service delivery structures should function in WA corrective services:

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## HEALTH IN PRISONS

The AMA (WA) refers to the principles expressed in the *Australian Medical Association Position Statements on Medical Ethics in Custodial Settings (2013)*<sup>1</sup> and *Health and the Criminal Justice System (2012)*<sup>2</sup>, as being central to all decisions made in relation to the provision of health services in WA prisons.

Specifically, the AMA (WA) notes that:

- Enjoyment of the highest attainable standard of physical and mental health is a fundamental human right.
- Prisoners and detainees have a right to humane treatment and the provision of adequate and appropriate medical care regardless of the reasons for their imprisonment, and should be treated with respect for their human dignity and privacy.
- Prisoners and detainees have the same right of access, equity, and quality of health care as the general population (commonly termed 'equivalence of care'). This includes the coordinated and continuous health care from a person's first point of contact with the criminal justice system through to successful reintegration into the community. This also includes continuity of care if a prisoner or detainee is transferred from one custodial setting to another.
- The WA Government and prison authorities have a duty of care to all prisoners and detainees under their control, including those in private correctional facilities.

Equivalence of care is fundamental when providing health services to prisoners and detainees. It is expressly identified as an internationally recognised standard of health care to be provided to prisoners and detainees. Rule 24 of the UN Standard Minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules) states:

*"The provision of health care for prisoners is a State responsibility. Prisoners should enjoy the same standards of health care that are available in the community, and should have access to necessary health care services free of charge without discrimination on the grounds of their legal status."*<sup>3</sup>

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<sup>1</sup> Australian Medical Association, "Medical Ethics in Custodial Settings", (2013) (Amended 2015), Source: <<https://ama.com.au/position-statement/medical-ethics-custodial-settings-2013>>, Last Accessed: 4 December 2020

<sup>2</sup> Australian Medical Association, "Health and the Criminal Justice System", (2012), Source: <<https://ama.com.au/position-statement/health-and-criminal-justice-system-2012>>, Last Accessed: 4 December 2020

<sup>3</sup> United Nations Office on Drugs and Crime, "UN Standard minimum Rules for the Treatment of Prisoners (the Nelson Mandela Rules)" (2015), Source: <[https://www.unodc.org/documents/justice-and-prison-reform/Nelson\\_Mandela\\_Rules-E-ebook.pdf](https://www.unodc.org/documents/justice-and-prison-reform/Nelson_Mandela_Rules-E-ebook.pdf)>, Last Accessed: 4 December 2020

The World Health Organisation<sup>4</sup> states:

*“The fact that people are in prison does not mean that they have any reduced right to appropriate health care. Rather, the opposite is the case. ... Prison administrations have a responsibility not simply to provide health care but also to establish conditions that promote the well-being of both prisoners and prison staff. Prisoners should not leave prison in a worse condition than when they entered.”*

In terms of services that must be available in Western Australian correctional facilities in order to meet the minimum standards relating to equivalence of care, the AMA (WA) refers specifically to the Objects and the Medicare principles expressly detailed in sections 4 and 5 of the *Health Services Act 2016 (WA)*.

Prisoners and detainees have far greater health needs than the general population, with higher rates of chronic disease, co-morbidity, infectious diseases and mental health issues.

Evidence indicates that lifestyle factors which are significant risk factors for preventable disease and long-term chronic health conditions, including chronic disease, hospitalisation from injury, pregnancy complications and mental illness, exist at a higher rate among Australian prison entrants than in the general community.

- Smoking is the leading cause of premature death and preventable disease in Australia. While 11.5 per cent of adults in WA were daily or occasional smokers in 2018,<sup>5</sup> 75 percent of Australian prison entrants reported they currently smoke tobacco. <sup>6</sup>
- Almost 1 in 3 Australian prison entrants reported being told they had at least 1 of the following chronic diseases (cardiovascular disease, diabetes, asthma, arthritis and cancer), at some stage in their lives.<sup>7</sup>

In this regard, the Australian Medical Association notes that prison offers access to disadvantaged groups who would normally be hard to reach, and therefore provides an opportunity to address inequalities in health by means of specific health interventions. This must be supported by the WA

<sup>4</sup> World Health Organisation, “Prisons and Health”, (2014), Source: <[https://www.euro.who.int/\\_\\_data/assets/pdf\\_file/0005/249188/Prisons-and-Health.pdf](https://www.euro.who.int/__data/assets/pdf_file/0005/249188/Prisons-and-Health.pdf)>, Last Accessed: 4 December 2020

<sup>5</sup> WA Department of Health, “Health and Wellbeing Surveillance System – 2019 Questionnaire”, (2019), Source: <<https://ww2.health.wa.gov.au/Reports-and-publications/Population-surveys>>, Last Accessed: 04 December 2020

<sup>6</sup> Australian Government, Australian Institute of Health and Welfare, “Health and ageing of Australia’s prisoners 2018”, (2020), Source: <<https://www.aihw.gov.au/getmedia/1656721b-e93e-42f2-8f2c-3d6f9e647e6/aihw-phe-269.pdf.aspx?inline=true>>, Last Accessed: 04 December 2020

<sup>7</sup> *Ibid.*

Government. Health services for WA prisoners and detainees must be appropriately resourced to take advantage of this opportunity.

Health services provided in WA's corrective services should be appropriately resourced and managed to ensure access to primary and preventive health care services for prisoners and detainees, to effectively address health inequalities and social determinants of health, not just to manage or deal with immediate acute illness or injury.

General practice is the cornerstone of successful primary health care, which underpins population health outcomes and is key to ensuring a high-quality, equitable and sustainable health care for WA prisoners and detainees. (See section '[General Practitioner Led Multidisciplinary Primary Care Teams](#)')

## CLINICAL ENGAGEMENT

Clinical engagement is central to a functioning health system. Sustainability, financial efficiency, accountability and positive patient outcomes are all inherently connected to effective engagement, which sees clinicians play an important role in the planning, delivery and evaluation of a health system.

The same principles apply to health services provided in a custodial setting.

The AMA (WA) is concerned that the decision made by the Department of Justice to conduct the Review, and the formulation of the Terms of Reference for the Review, have not been adequately informed by meaningful engagement with medical practitioners employed to provide health services in Western Australian corrective services.

The AMA (WA) notes that while the Association was advised that an external review of the existing primary health branch was being conducted, the AMA (WA) was not invited to provide a submission.<sup>8</sup>

Engagement with medical practitioners is fundamental given the strong association between:

- imprisonment and poor health;
- access to adequate health care in a custodial setting and rehabilitation and positive social outcomes while in custody and once released;
- health problems and medical conditions experienced in custody and issues of public health for the community; and
- effective, accessible general practice led primary care services and addressing social determinants of health and preventing potentially preventable hospitalisations.

Given the potential impact of the Review on the delivery of health services in WA prisons, prisoner and detainee access to appropriate medical care and the consequential impact on prisoners and detainees, society and the WA health system more broadly, the AMA (WA) is making a formal submission to the Review.

Medical practitioners who provide services in WA's prisons and the Australian Medical Association (WA) are not the only organisation clinical stakeholders that should be consulted by the Department of Justice, in relation to the Review. Key clinical stakeholders include:

- The Royal Australian College of General Practitioners, who produce standards for health services in Australian prisons.
- The Royal Australian and New Zealand College of Psychiatrists.

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<sup>8</sup> A/Deputy Commissioner Offender Services, Brampton, David, "Correspondence to AMA (WA) – Review of Corrective Services Health Services", 13 October 2020 – Attachment 1

- The Royal Australasian College of Physicians - Public Health Faculty.
- WA Primary Health Alliance.

**The AMA (WA) recommends that the report of the Review expressly identify and detail the method, level and outcome of clinical engagement conducted with key clinical stakeholders and medical practitioners employed by WA Department of Justice, if any, and how this engagement affected the decision to conduct the Review, the Review Terms of Reference and the Review outcomes.**

**The AMA (WA) seeks to confirm the health qualifications and experience, and the understanding and experience of primary care governance and system delivery, of those conducting the Review of Corrective Services Health Services.**

**GENERAL PRACTITIONER LED MULTIDISCIPLINARY PRIMARY CARE TEAMS**

The AMA (WA) refers to the *Australian Medical Association Position Statement on General Practice in Primary Health Care (2016)*.<sup>9</sup>

Primary health care has four main purposes:

- To provide the right care at the right time, at the right place, ensuring a healthier population;
- To provide cost-effective, community-based care, and in doing so appropriately minimise hospital-based care;
- To act as both an enabler and gateway to other services to ensure they are provided in a timely way but only when needed; and
- To coordinate care between different health providers and different parts of the health care system, ensuring a seamless, integrated, effective experience for the patient and minimising costly fragmentation, duplication or gaps in care.

The AMA (WA) notes that general practitioner led multidisciplinary primary care teams are a fundamental component to ensuring the WA Government meets its legal and social obligations to prisoners and detainees in WA.

Multidisciplinary primary care teams operating in WA's prison must have an appropriate level of medical, nursing and allied health expertise in order to maximise health outcomes of patients in WA prisons.

RACGP notes that general practice is at the centre of primary health care in Australia and is the most common point of entry to the health system, with nine in 10 Australians seeing a GP each year.<sup>10</sup>

The AMA (WA) strongly supports WA prisoners and detainees having access to primary care facilities and services that are equivalent in quality to that provided in the community, and commensurate with their heightened health needs, in accordance with WA's legal obligations and international best practice.

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<sup>9</sup> Australian Medical Association, "General Practice in Primary Health Care", (2016), Source: <<https://ama.com.au/position-statement/general-practice-primary-health-care-2016>>, Last Accessed: 4 December 2020

<sup>10</sup> Royal Australian College of General Practitioners, "RACGP Position Statement: Independent nurse-led clinics in primary care", Source: <<https://www.racgp.org.au/advocacy/position-statements/view-all-position-statements/health-systems-and-environmental/independent-nurse-led-clinics-in-primary-care>>, Last Accessed: 04 December 2020



The RACGP position on Independent Nurse-Led Clinics in Primary Care<sup>11</sup> highlights a number of significant concerns related to using nurse-led practice model of care, compared to a GP clinic-based model.

- Evidence to support the long-term benefits of independent nurse-led clinics<sup>12</sup> is unclear.
- Health systems underpinned by strong primary health care with general practice at the centre lead to better outcomes, lower costs and improved population health.
- Nurse-led care may result in unusual (and sometimes serious) conditions not being recognised and managed because they are beyond the level of training and expertise of the nurse.
- Nurses are not trained to independently manage patients with multiple co-morbidities and complex care priorities, particularly where the patient has been prescribed multiple medications.
- Although intended to improve access to health care, independent nurse-led clinics are likely to accentuate health inequalities by creating a two-tiered health system.
- Patients in all locations around Australia should have access to the same standard of medical care.

The risks of adopting a nurse-led practice model of care, which is not clearly defined in the Review documentation provided to the AMA (WA), include poorer health outcomes for prisoners and detainees in WA, more expensive primary, secondary and tertiary health interventions, an increased incidence of potentially preventable hospitalisations and the WA Government failing to adhere to international best practice. Fundamentally, it will restrict access of prisoners and detainees to medical primary and preventative care interventions they have a legal right to access.

**The AMA (WA) recommends that, to ensure equivalence of care, financial efficiency and to meet legal obligations and societal expectations of care, WA health services in corrective services must adopt general practitioner led multidisciplinary primary care teams. Failing to do so, is denying prisoners and detainees the highest attainable standard of physical and mental health, and one that is available to every other Western Australian.**

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<sup>11</sup> *Ibid.*

<sup>12</sup> Defined for the purposes of the RACGP Position as “a facility that is led by nurses and operates in the community external to a general practice setting. Nurses in these clinics have their own patient caseload and deliver treatment (within their scope of practice) for illnesses and injuries. Sometimes, these clinics have extended operating hours and do not require an appointment or referral.”

## GOVERNANCE AND LEADERSHIP OF WA'S CORRECTIVE HEALTH SERVICES

The separation of the operational functions of prisons and health services minimises the potential for conflicts of interest that may arise between health delivery and security and protects clinical autonomy and independence.

The *Australian Medical Association Position Statement on Health and the Criminal Justice System*<sup>13</sup> recommends that responsibility for the provision and management of health care in state-run prisons should be allocated to state health authorities rather than corrective services or their equivalent.

Professional autonomy and clinical independence are critical elements in providing quality health care to all patients and populations, including prisoners and detainees. The Australian Medical Association notes that in order to serve the health needs of prisoners and detainees, doctors require reasonable professional autonomy and clinical independence without undue influence from correctional facility management.

The 2019 *Final Report of the WA Sustainable Health Review*<sup>14</sup> supported the transfer of custodial health services from the Department of Justice to the WA health system. The eight enduring strategies and 30 recommendations for change in the WA health system were endorsed by the McGowan Government.

Currently, in Western Australia, the WA Department of Justice has responsibility for the delivery of health services in WA prisons. The suggestion to move to a “centre-led model”, rather than a model using head office administration and support, is a clear move towards a model where conflicts will arise between the operational functions of prisons and prison health services. The resourcing available to prison health services and quality of health services provided to prisoners and detainees will suffer as a result. Patient care will be compromised and there will be a consequential human, financial and societal cost.

The AMA (WA) is very concerned by the risks presented by devolving the governance and leadership of health services in WA's corrective services to prison sites. This will place prisoner health services under direct control of prison superintendents or bureaucratic governance structures as opposed to health governance structures. This will this jeopardise the professional autonomy and clinical independence of doctors and health care workers working in custodial settings and increase the

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<sup>13</sup> *Op. Cit.*

<sup>14</sup> Government of Western Australia, “Sustainable Health Review”, (2019), Source: <<https://ww2.health.wa.gov.au/-/media/Files/Corporate/general-documents/Sustainable-Health-Review/Final-report/sustainable-health-review-final-report.pdf>>, Last Accessed: 04 December 2020

unacceptable risk of custodial interference in the decision-making of health staff and delivery of health services to people in a custodial setting.

Fracturing custodial health services throughout Western Australia would also threaten the delivery of coordinated and continuous health care services in WA's prisons. It will create silos of care and service delivery which will have a detrimental effect on the advancement of health care provision in a custodial context. Quality improvement, supporting the delivery of evidence-based care, learnings from clinical incident reviews, process streamlining and collegiate learning amongst a small group doctors with a unique, niche skill set will become harder and may be lost altogether. Patient care will be compromised and there will be a consequential human, financial and societal cost.

**The AMA (WA) strongly recommends that, in accordance with internationally recognised best practice and rights-based models:**

- **health services in WA corrective services are not devolved to a prison or facility-led model of operation and governance.**
- **the professional autonomy and clinical independence of medical practitioners and other health care workers working in corrective services, are protected and safeguarded against undue influence from correctional facility management.**
- **prisoner health services should maintain a centralised governance and leadership structure that sits underneath WA Health, either as a health service provider established subject to s.32 of the *Health Service Act 2016 (WA)*, or alternatively as a state-wide service whose Director has direct governance links with each Health Service Provider and the Mental Health Commission to ensure access to required hospital-based services, development and collegiate learning and connection.**



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Dear Dr Ng

### REVIEW OF CORRECTIVE SERVICES HEALTH SERVICES

I write to inform you that the Department of Justice, Corrective Services (the Department) is currently undertaking a review of its Health Services.

A recent internal review was undertaken of the Mental Health and Alcohol and Other Drug (MHAOD) service delivery and capacity. This is a key priority area for Corrective Services given the expansion of MHAOD prison based interventions and the election commitments to addressing MHAOD in the community. The review led to the separation of mental health services from the primary health umbrella.

As part of further improvement processes the Department has engaged Shelby Consulting to undertake an external review of the existing primary health branch to identify how best to deliver health services within corrective facilities. This is to include advice in regards to:

- Governance and Leadership of the model of care, inclusive of appropriate model of management structure to deliver a health service within a correctional setting.
- Process improvement in regards to centre led vs head office administration and support.
- A nurse led practice model of care vs a GP clinic based model and the resultant staffing needs associated with this, including a review of the composition of staffing required.

I have attached a copy of the Health Services Review scope document for further information.

Yours sincerely

David Brampton  
**A/DEPUTY COMMISSIONER  
OFFENDER SERVICE**

13 October 2020

Attachment: Health Services Review – Scope Document

## **Review of the Health Services**

The Department has engaged Shelby Consulting to undertake an external review of the existing primary health branch to identify how best to deliver health services within corrective facilities. This is to include advice in regards to:

- Governance and Leadership of the model of care, inclusive of appropriate model of management structure to deliver a health service within a correctional setting.
- Process improvement in regards to centre led vs head office administration and support.
- A nurse led practice model of care vs a GP clinic based model and the resultant staffing needs associated with this, including a review of the composition of staffing required, e.g. Registered Nurses, Enrolled Nurses, Aboriginal Health Care Workers and allied health supports such as Occupational Therapists.

Shelby's scope of requirements encompasses:

- Review of structures and functions;
- Research, review and analysis of alternative structures and operational models based on industry practice and experience – internal and external to the Department of Justice;
- Identification of required positions and classifications including Job design and Job Descriptions;
- Alternative structure costings; and
- Development of a communication and implementation strategy

The deliverables are to include:

- An analytical report detailing options, advice and strategy for future changes and impact;
- Contemporary organisational structure with positions appropriately described and classified;
- Discussion of alternative structures, position displacements and creations clearly identified and costed;
- An indicative cost of restructuring for each functional area;
- Provide input and advice on communication strategy and implementation plan, ensuring alignment with the WA Government Public Sector Standards and change management principles; and
- Project flexibility and adaptability to allow each function area to be actioned in stages as a required, and a roadmap to implementation.