

Flexible Access *Strategy* Planner

A decision-making template for designing after-hours, outreach, telehealth, or flexible-format access options for refugee-background patients.

Standard appointment models often don't fit refugee-background patients well. Working hours, transport, childcare, religious observance, and unfamiliarity with the health system all shape when and how patients can engage. This planner helps practices think through flexible access options before committing to a model.

Five access dimensions to consider

Time of day <i>when can the patient come?</i>	Many refugee-background patients work shift work, multiple jobs, or hours that don't align with 9–5. Early morning, late afternoon, or evening slots can dramatically improve attendance.
Day of week <i>weekdays vs weekends</i>	Saturday clinics, where viable, often work well for working patients. Friday afternoons can be difficult during prayer hours for Muslim patients.
Location <i>in-clinic vs outreach</i>	Some patients can travel; others can't. Outreach to community centres, settlement service offices, or schools can reach patients who would not otherwise attend.
Format <i>in-person, phone, video</i>	Some consultations work via phone (results, brief check-ins, prescription reviews). Video can work if the patient has the technology and the conversation is not sensitive.
Continuity <i>same GP vs any GP</i>	Continuity often matters more for refugee-background patients than the time saved by seeing whoever is available. Book with the same GP/nurse where possible, especially for complex or sensitive care.

TIP

Start with one flexible option, not five. Trial it for 8–12 weeks. Measure uptake and patient feedback. Then expand or adjust.

Worked example

EXAMPLE — A GENERAL PRACTICE IN TOWNSVILLE

Issue: Several refugee-background patients had failed to attend three or more booked appointments. All were working full-time in evening or shift roles.

Trial: Practice trialled two Saturday morning slots per fortnight (8:30–11:30), allocated specifically to interpreter-supported refugee health appointments.

Outcome at 12 weeks: 11 of 14 booked Saturday appointments attended (79% attendance vs 52% for weekday equivalents in this group). One nurse and one GP shared the rotation, paid through normal practice billing.

Decision: Adopted. Expanded to one Saturday per week. Practice manager monitors uptake monthly.

Blank planner

FILL IN WITH YOUR TEAM

PATIENT GROUP OR FOCUS AREA

Which patients is this strategy intended to reach? Be specific.

CURRENT ACCESS BARRIERS

What is currently making it hard for these patients to attend?

OPTIONS TO CONSIDER

OPTION	DESCRIPTION	EFFORT	LIKELY IMPACT
Extended hours	Early morning or evening slots (e.g. 7:30 am, 6:00 pm)		
Saturday clinic	One or two Saturday morning slots per fortnight		
Outreach	Visit a settlement service, community centre, or school on a set schedule		
Phone consultation	For prescription reviews, results, brief follow-up		
Telehealth video	For patients with phone/data access, non-sensitive consults		
Same-GP continuity	Book all visits for this patient with the same GP		
Walk-in slots	Hold 1–2 slots open per day for urgent same-day visits		
Other:			

TRIAL PLAN

OPTION TO TRIAL

TRIAL PERIOD

WHAT WILL SUCCESS LOOK LIKE?

Define one or two measures up front. Use Appendix 09 to track.

WHO IS INVOLVED?

REVIEW DATE

A NOTE ON MBS AND BILLING

Eligible refugee patients can access the once-only refugee health assessment items (MBS 701/703/705/707) and longer GP consultation items (36 Level C, 44 Level D) where clinically appropriate. Telehealth items may be relevant for follow-up consultations. Check current MBS Online before designing flexible access models around specific items.

NEXT STEP

Once a flexible access option is trialled, document outcomes in **Appendix 09 (Monthly Snapshot Template)**. If outreach or partnership-based options are being considered, use **Appendix 15 (Partnership Planning Template)** to set up the relationship with the external service.



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