27 October 2022

The Honourable Dr Sally Talbot MLC
Chair, Select Committee into child development services
Legislative Council
C/- sccds@parliament.wa.gov.au

Dear Dr Talbot

Re: Inquiry into child development services

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a submission to the 'Inquiry into child development services'. This is a highly-topical issue and one that our members and their patients raise daily.

We are sure that your Committee is well-versed in the issues confronting child development services, so our submission will touch on some of the issues that are particularly visible to our members and then focus on what we see as some solutions.

After canvassing our members, including rural members, the issues coalesced into three main themes: communication, timeliness and workforce. There is much room for improvement in communication between public child development services and general practitioners (GPs), and we offer some practical solutions to improve this. Our members gave moving stories of how their patients are waiting months and years for life-changing developmental assistance, losing years of quality life that these children cannot regain.

Finally, it is clear that the current workforce is inadequate for the present demand. There is a need to train more allied health and specialist paediatricians, but in the short to medium term, there is ample opportunity to upskill GPs and broaden our scope of practice.

Communication

As the Committee would aware, children are facing lengthy delays in accessing developmental services. Unfortunately, managing this frustration has become a daily task for our members and their patients. Whilst we acknowledge that there is no easy fix, there is much room for improvement in the triage and communication process.

When GPs refer children to paediatric developmental services, we often lose sight of where the referral goes and how it progresses through the system. Our patients and parents frequently ask us for updates, which we cannot give. We would ask that there be a simple, easy-to-use website that can provide us with this information.

There ought to be a central, consistent referral process across all areas of the state, with a timely acknowledgement of the referral. If assessments, tests or results are needed prior to a referral, we ask that this be made clear on the "HealthPathways" website run by WA Primary Health Alliance (WAPHA). And if such information is missing from a referral, that this be communicated back to the referring GP as soon as practicable. Beyond being a professional courtesy, it is a cause of many delays.

GPs also need an easy way to send attachments, such as PDFs, as HealthLink does not currently allow us to do this.

Queensland has adopted an innovative program called "Project ECHO" where GPs and hospital-based specialists share ideas, discuss cases and learn from each other.[1] ECHO networks are interactive conversational communities of practice, linking like-minded learners to integrate care. This program would be very well suited to WA's geography and has the benefit of upskilling GPs, shifting the knowledge to the patient's community rather than pushing the patient to a tertiary hospital.

Greater collaboration between specialist child development services would also assist children in need. The silos created between services such as CAMHS and developmental services create unnecessary barriers to accessing quality care for the most vulnerable.

Timeliness

The ability to gain timely advice from a senior paediatric clinician is highly beneficial. Country patients and GPs would greatly benefit from telehealth services. Even an initial triage appointment with the patient and their GP would assist in beginning investigations and treatments before a definitive appointment.

More broadly, a direct and dedicated phone line to consultant or senior registrar-level advice would be invaluable in helping GPs initiate early treatments and streamline the referral process.

Early detection of childhood developmental issues is vital. We would encourage the state to advocate for re-introducing the Medicare item number for a four-year-old health screen to detect problems before entering school. This valuable initiative was scrapped by the Federal Government some years ago, and we recommend its reinstatement.

Our members report referrals being rejected with the advice to do a Commonwealth-funded 'GP Management Plan' and refer to allied health services privately. This federal government program only allows for five visits per year, and most private providers will charge a significant gap on top of the Medicare rebate for the five visits. This gap is not practical for the most disadvantaged; an ability for GPs to be able to refer to the public system would be very beneficial. Additionally, the private system is struggling, and waiting times are challenging to manage.

Workforce

The current workforce is not adequate to manage the demand on the system. Training more paediatricians and allied health practitioners is necessary, but this will take many years to translate into clinicians treating patients.

Another immediate option is to upskill specialist GPs to manage a more complex cohort of paediatric patients. The RACGP and the Royal Australasian College of Physicians would have a role in ensuring such training for GPs was adequate to undertake an extended scope of practice.

One area of extreme under-supply, for example, is in the diagnosis and management of ADHD. Public services for diagnosing and managing children with ADHD are almost non-existent, and the availability of private child psychiatrists and paediatricians is also very limited.

[1] https://www.childrens.health.qld.gov.au/chq/health-professionals/integrated-care/project-echo/

Internationally many OECD countries allow primary care physicians to diagnose and treat ADHD, and we believe there is a role for general practice in this area.

A collaborative approach to managing more complex paediatric cases, such as the Project ECHO mentioned above, would help to upskill and support GPs to manage more complex patients in the community and avoid unnecessary patient travel. There is also a place for a case manager to help families navigate the referral process and to ensure communication comes back to the GP.

Another suggestion is for GPs or GP registrars to do state-funded attachments in paediatric developmental clinics and for developmental paediatricians or allied health providers to do clinics within general practice. This cross-pollination of ideas would help to upskill both parties and to understand the issues that each other is facing.

We hope this information is helpful to you and the Select Committee in your deliberations.

We have a strong interest in working with the Department of Health and other organisations to incorporate evidence-informed practices from WA and other jurisdictions.

A group of our GPs has had direct discussions with the authors of Queensland's Project ECHO and other programs to improve child and youth ADHD access. Having looked at these, we can see the real potential for a significantly increased role for GPs and primary care in innovation for improved access.

We've also had a range of formal and informal discussions with representatives of the AMA WA, ADHD WA, and AADPA, and would be more than happy to discuss any of these points in greater detail if needed.

Please contact the RACGP WA State Manager, Mr Hamish Milne for further information or to arrange a meeting: hamish.milne@racgp.org.au or 9489 9555.

Yours sincerely

Dr Ramya Raman FRACGP
RACGP WA Chair