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Dear Ms Vale,

The Royal Australian College of General Practitioners (RACGP) recognises the growing prevalence of allergies is a significant issue and we commend the Australasian Society of Clinical Immunology and Allergy (ASCIA) and Allergy & Anaphylaxis Australia (A&AA) for taking the lead in this area. We provide the following comments in regards to the draft strategy.

Goal 1. Develop standards of care to improve the health and quality of life of people with allergic diseases.

The draft strategy proposes the development of national clinical standards as a mechanism for quality improvement and evaluation. It should be noted that the Australian Commission on Safety and Quality in Health Care (ACSQHC) national standards referenced on page 31 mostly relate to the hospital environment and are therefore inappropriate for general practice.

The RACGP sets the standards for general practice. The RACGP's *Standards for general practices 4th edition* include criterion on 'known allergies'. An update of our Standards is currently under way and we would welcome submissions in relation to this area. Visit our website for more information: <http://www.racgp.org.au/your-practice/standards/standardsdevelopment/> .

Goal 2. Ensure timely access to appropriate health care management for people with allergic diseases.

A shared care model is proposed to address access to care issues. General practice plays an important role in the prevention, management and appropriate referral of patients with allergic conditions and we would welcome the opportunity to network and work more closely with allied health professionals and allergy specialists to improve access to care.

Whilst shared care arrangements have been explored in many areas of health care and, as stated in the draft paper, work well for antenatal care, there are many challenges. These include resource allocation, potential conflicts, duplication and adherence to long term arrangements.¹⁻⁴ More research in this area is needed before such a model can be proposed for allergies.

The RACGP is also concerned that the proposed shared care model does not put GPs at the centre of care. As stated in the draft strategy, patients with complex and chronic cases require long term



management. GPs are the main coordinators of care and are best placed to provide person-centred and continuous care for all aspects of a patient's health.

Goal 3. Improve access to best-practice, evidence-based and consistent information, education and training on allergic diseases for health professionals, people with allergic diseases, consumers, carers and the community.

The RACGP is supportive of the development of evidence based guidelines for prevention and management of allergic conditions. To ensure guidelines are relevant to general practice, GP engagement in the guideline development process is essential. CPD accredited education and training for health professionals aligning with the development of evidence-based guidelines would also be beneficial. We also agree that targeted consumer information would improve education and awareness and could be provided in various primary and tertiary settings.

Thank you for the opportunity to provide comment on the draft National Allergy Strategy.

Yours sincerely

Dr Frank R Jones
President

References

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2. Hopwood M, Treloar C. Under the watchful eye of 'a benevolent dictator' - general practitioner and patient experiences of hepatitis C treatment initiation and shared-care in general practice. *Australian family physician*. 2013 Dec;42(12):900-3.
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4. Walter A, Chew-Graham C, Harrison S. Negotiating refusal in primary care consultations: a qualitative study. *Family practice*. 2012 Aug;29(4):488-96.