

3 November 2023

Department of Social Services
GPO Box 9820
Canberra ACT 2601
Via email: AutismPolicy@dss.gov.au

Dear Department of Social Services

Re: National Autism Strategy

The Royal Australian College of General Practitioners (RACGP) welcomes the opportunity to provide a response to the National Autism Strategy (the Strategy) consultation.

The RACGP represents over 45,000 members working in or toward a specialty career in general practice including four out of five general practitioners (GPs) in rural Australia. Australia's GPs see more than two million patients each week with almost nine in ten people consulting a GP every year.

GPs will often be point of first contact for people of all ages seeking support and play an important role in the early diagnosis and subsequent management of people with autism.

GPs have unique knowledge of the patient family and community context as well as the patient's co-morbidities, which are very common in autism. GPs are well placed to assess the needs and goals of care of individual patients with autism, and how best to progress towards those goals – including contributing towards the assessment and participation of their patients with autism in the National Disability Insurance Scheme (NDIS).

GPs are usually the anchor within a multi-disciplinary team of health professionals delivering healthcare for patients with autism and play a key role in coordinating health care for these patients.

Our responses to the key discussion questions are below.

Q1. What does a National Autism Strategy need to achieve?

The Strategy needs to achieve improved health outcomes for people with autism. To do this it must recognise the lifelong social, psychological, educational and economic impact on people with autism. Attention needs to be paid to the whole life-course, and different requirements at different stages of life, which may include being diagnosed with autism spectrum in adulthood.

It is important it addresses how people with autism interact with the health system so there is equity of access to services for diagnosis, ongoing support and, good cooperation between different services. Improved health outcomes start before the diagnosis and so a focus on affordable assessments and access to specialist medical and allied health expertise is critical.

Q2. How can the Strategy support the rights, autonomy, and diversity of Autistic people? And Q3. What needs to improve so Autistic people are better supported for their whole life?

Health services should be accessible, inclusive, and culturally safe for everyone. The Strategy should consider ways that barriers to access can be removed, and services better support patients and their families interact with and navigate across health services.

For example, coordination of the care of people with autism is necessary and should engage primary health, specialist providers, allied health, community health and community services. GPs can play a key role in that coordination of care as an integral part of a multidisciplinary team. Effective and cohesive care by a multidisciplinary team helps improve health outcomes, particularly for those patients with complex needs. But Medicare does not well support this type of coordinated care.

Removing the financial and system barriers for people when they attempt to access care is important and the RACGP recommends:

- Improving access to comprehensive assessments and care in the community
- increasing MBS rebates to reflect the real cost of providing ongoing comprehensive, patient-centred care to people. This would support patients who need to spend longer consultation times with their GP. In general practice, evidence clearly indicates longer consultations are linked to better health outcomes. Being able to spend more time with their GP will result in better health outcomes for people with autism.
- promoting uptake of existing MBS health assessment items and their role in supporting patient with autism.
- considering how GPs can be reimbursed for time spent preparing reports and other relevant documentation to support National Disability Insurance Scheme (NDIS) applications and expanding the list of disability-related health supports funded by the NDIS to include some general practice supports not covered by Medicare.
- having clear pathways for referral and access to support is vital, particularly for those without community support available to them.
- improving information sharing. There is a lack of secure messaging systems for efficient sharing of information to support care coordination. Social services and disability services are also often not linked to other relevant health services such as general practice.

Q4. What can we do to better support Autistic people from different population groups? This includes:

- First Nations Autistic people
- Autistic people from culturally and linguistically diverse communities – including those from multicultural, immigrant, and refugee backgrounds
- Autistic women and girls
- Autistic people that identify as LGBTQIA+
- Autistic infants, children, and young adults
- Older Autistic people
- Autistic people who also have an intellectual disability.

As described in answer to the question above, reducing barriers to care is critical. Access to diagnosis and support is often limited for people in many of these population groups, which often overlap and may compound multiple disadvantages. Services should be welcoming and inclusive for all groups, including trans and gender diverse people (where autism can be used as a barrier to access medical affirming treatments). This includes from initial assessment, through to support services including NDIS, Centrelink, and in the education sector

General practice/primary care is crucial in providing these groups person-centred care, in their specific context, without stereotyping by group. Pathways to diagnosis can be facilitated through GPs where these pathways are clear and inclusive. It is especially important to support the family of the autistic child as well, especially where English is not their first language.

For Aboriginal and Torres Strait Islander people, care must be culturally safe and should include working with local Aboriginal and Torres Strait Islander perspectives on disability and on autism spectrum disorder, which may be very different to non-Indigenous perspectives. A workforce of Aboriginal and Torres Strait Islander Practitioners could provide care navigation, advocacy and cultural brokerage. Care needs to be affordable, from



assessment and diagnosis through to ongoing care, including general practice care, other medical specialists and allied health. There needs to be specific measures to achieve this where Medicare rebates are unable to do so.

Q5. What might help to improve people's understanding of Autism?

The healthcare experiences of people with autism will be greatly improved with a knowledgeable, understanding and accepting health workforce. The RACGP provides information and education to GPs on autism, for example through articles in its Australian Journal of General Practice, as part of the training curriculum, and through providing ongoing professional development opportunities. GPs will seek appropriate education opportunities from a wide variety of sources to upskill. The Strategy should consider what information and education is available for the health workforce and what gaps might need to be addressed. Efforts to increase awareness and understanding must go hand in hand with efforts to improve service provision.

Thank you again for the opportunity to provide a response to the National Autism Strategy consultation. For any enquiries regarding this letter, please contact Stephan Groombridge, National Manager, Practice management, Standards and Quality Care on 03 8699 0544 or stephan.groombridge@racgp.org.au.

Yours sincerely

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