

**Submission  
No 30**

**IMPROVING ACCESS TO EARLY CHILDHOOD HEALTH AND DEVELOPMENT  
CHECKS**

**Organisation:** Central and Eastern Sydney PHN

**Date Received:** 29 February 2024

Partially  
Confidential

## Central and Eastern Sydney PHN response Improving access to early childhood health and development checks inquiry

### 1. Changes needed to address gaps in outcomes for vulnerable children, including those in rural and remote communities, Aboriginal communities, and culturally and linguistically diverse communities.

The NSW Immunisation Schedule sets out the vaccines funded under the National Immunisation Program (NIP). Childhood vaccinations (after birth) occur at 6 weeks, 4 months, 6 months, 12 months, 18 months, and 4 years, with an additional recommendation for annual influenza vaccination.

Nearly 100% of vaccinations (99.7%) given to children in the Central and Eastern Sydney PHN region are administered in a primary care setting, with vaccines delivered by a General Practitioner and/or Practice Nurse. Scheduled vaccinations are provided for free under the NIP and the cost of the vaccine itself does not attract a Medicare rebate. Practitioners can claim a Medicare rebate for the consultation that accompanies the immunisation injection. However, there is increasing use of private billing for this consultation due to general inflation and the rising costs of conducting general practice.

Immunisation coverage rates are published at ages one, two and five years old. In the Central and Eastern Sydney PHN region as of 30 September 2023:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]
- Data to demonstrate the immunisation coverage rates of children with disability, or children from multicultural communities is not currently available. However, this data could possibly be identified via mapping using the Multi-Agency Data Integration Project (MADIP) in the future.

While immunisation rates are relatively high in our region, it is known that fewer children complete their scheduled early childhood health and development checks, including vulnerable children from Aboriginal communities, multicultural communities, lower socioeconomic areas, and children with a disability.

The point in time of vaccine delivery provides an ideal opportunity to integrate early childhood health and development checks. Anecdotally, we are aware that many GPs conduct some childhood check alongside vaccines, but the quantity and quality are affected by time and funding constraints, and GP knowledge and skills.

To increase participation in early childhood health and development checks and improve outcomes for vulnerable children, we suggest the following for consideration from a primary care perspective:

- Upskilling of the primary care workforce to be confident and capable to conduct health and development checks. For example, the Sydney Local Health District Well Child Health program provides an online learning resource for primary healthcare professionals.

- Reorientation of General Practice models to provide health and development checks alongside childhood immunisations, with adequate timing and Medicare billing.
- Adequate resource availability in General Practice, e.g. free access to the ASQ tools (Ages and Stages Questionnaires screening and monitoring system).
- Enhanced understanding of current Medicare billing or advocacy for changes which enable GPs and Practice Nurses to be adequately remunerated for their time in conducting thorough health and development checks.
- Financial support, gap payment coverage, or security of bulk billed General Practice care for vulnerable families.
- Consideration of health workers who have not traditionally conducted health and development checks, for example Practice Nurses and the cross-section of Allied Health, to be upskilled to conduct these checks.
- Enhanced integration between primary care, including General Practice and Allied Health, and Local Health District services. For example, capability to share information through the NSW Digital Baby Book or regular uploads to a child's My Health Record.
- Clear referral pathways from primary care into Local Health District services through the HealthPathways platform.
- Outreach visits or strong connections between Local Health District Child and Family Health services and General Practices in areas of higher vulnerability.
- Safe communication between primary care and Local Health Districts, for example through secure messaging that is integrated within General Practice software.
- Strategies to support vaccinations to children who have an intellectual disability or have other developmental issues that impact their willingness to receive a vaccination
- Access to timely specialised Paediatrician and Allied Health support, when required.

Other potential strategies could include:

- Enhanced Child and Family Health outreach services, in consultation with families, at places that suit them e.g. playgroups, early childhood education and care services, preschools, community centres or places of worship.
- Consumer information and resources about the importance of health and development checks e.g. through a targeted social media campaign or integration with existing NSW Health online, written and app resources.
- For new and existing early intervention and screening services or resources we suggest the following:
  - o Consideration of the ethnicity of the region's population and cultural attitudes toward disability.
  - o English comprehension.
  - o Australian health system comprehension and health literacy levels.
  - o Provision for in-language resources and information sessions to increase the understanding of when and how to access the service.

## **2. Barriers that affect parents' access to routine health and development checks that track their child's progress against developmental milestones.**

Barriers include:

- Disconnect between primary care and Local Health District services. For example, most vaccines are administered in general practice settings but specialist services for early childhood health development checks are available in Local Health District settings. This can be confusing for parents and creates additional steps for them to navigate to access the right health services for their children.
- Limited preventative health messaging or well child checks from General Practice when vaccinations occur.
- Local Health District services are free but may not always be responsive to the needs of parents. For example:

- It may be difficult to obtain a booking outside traditional office hours when many families may be working or studying.
- Requirement to book over the phone instead of an easy-to-access online booking system.
- Limited availability for drop-in clinics.
- Services may not be culturally responsive or culturally safe.
- Resources may not be available in families' preferred languages or reviewed with a lens of cultural appropriateness.
- Services may not be available in the places that families are familiar with or visit frequently e.g. multicultural health or community centres, early childhood education and care centres, preschools, schools, or places of worship.
- Parents may receive conflicting information from health professionals, family and friends, social media etc.
- Families may have differing cultural perspectives and experiences of health and development that do not align with advice from health professionals.
- Children with disability from multicultural communities often face cultural and informational barriers to accessing appropriate and timely health care.
- Disconnect between paper and electronic records and needing multiple apps to track health related information.
- Accessing a GP (availability, time, and cost), a decrease in bulk billing GPs, and high costs for families without Medicare.

### **3. Recruitment and retention of health professionals to address workforce shortages.**

Central and Eastern Sydney PHN provides services and support for primary care health professionals and our responses are focused on this group. We therefore make the following suggestions:

- Recognition of the high-level skills, qualifications, and experience of Practice Nurses, who could be better utilised to provide health and development checks in General Practice settings.
- Consideration of health and development clinics in General Practice that may be linked to a Local Health District service for support e.g. a model where a practice conducts immunisations on a certain day with outreach health and development clinic conducted alongside.
- Utilisation of the Nurse Practitioner workforce to work at their full scope of practice and potentially deliver immunisations and health and development checks in new models of care.
- Expansion of place-based health and development screening that could be conducted by a cross-section of Allied Health or other workers, such as early childhood education and care staff, in places that work best for families. This would require investment in training and establishment of adequate onward referral pathways when further assessment is required.

Central and Eastern Sydney partnered with University of NSW to deliver the Strengthening Care for Children (SC4C) stepped wedge cluster randomised trial across 10 General Practices in NSW (with further sites in Victoria). The project trialed an integrated educational relationship model between GPs and paediatricians in primary care with the aim to:

- Support and strengthen GP paediatric knowledge and skills to deliver higher quality of care and manage a broad range of child health concerns.
- Reduce the need for paediatric referrals to hospital services by providing paediatric support to families in their regular general practice.
- Improve parents and/or carer confidence and trust in GP care.

Participating General Practices had 12 months of support through GP-led co-consults with a Paediatrician, in-practice case study discussions facilitated by Paediatricians, and Paediatrician support via email and phone. The results are currently being finalised but early evidence suggests many positive outcomes. This model may have applicability in upskilling other professions and enhance health and development checks e.g. Practice Nurses, Nurse Practitioners or Allied Health.

One Local Health District in the Central and Eastern Sydney PHN region has recently commenced a trial of immunisation clinics at the health centres where child and family health services already operate. This is in response to a decline in childhood immunisation rates for some priority population groups, as well as reports from parents about increasing barriers to accessing a GP (availability, time, and cost), a decrease in bulk billing GPs, and high costs for families without Medicare. This service currently operates once a month out of four locations across the region on a short-term funding basis.

#### **4. Funding for early intervention programs and screening to ensure children are given support for developmental issues, including telehealth and other models.**

The following initiatives are noted or have the potential to be up scaled with additional funding:

- The Australian Government has recently launched the Nurse Practitioner Workforce Plan, which provides an opportunity to implement new models of care to support vulnerable families and provide early intervention services.
- Enhancement of Brighter Beginnings screening program to include younger age groups and treatment services for children who are identified as requiring further support, e.g. speech pathology, occupational therapy and psychology.
- The use of non-traditional settings, such as preschools, long daycares, and schools, provides opportunities to fund and deliver services to families in the places that make sense to them.
- The use of non-traditional workers, such as early childhood education and care staff, to conduct screening after adequate training provides opportunities for families to engage with people with whom they have existing relationships and trust.
- Telehealth and virtual models of care are an important component of the current health system. However, we must recognise that some of the most vulnerable in our community may not have reliable access to devices or internet. Once again, funding to engage families in non-traditional health settings may help to overcome some of these barriers.

Early intervention and screening services should be funded and delivered in places that are familiar to families and easy for them to access. One example of a place-based service is the Early Intervention Speech Pathology program funded by Central and Eastern Sydney PHN since 2017:

- The program provides speech pathology screening, assessment and intervention to vulnerable children aged 0-5 years, with locations identified via the Australian Early Development Census and other local data.
- Services are place-based and provided largely in early childhood education centres (long day-care centres, preschools, and occasional care centres), but also at playgroups, non-government organisations, community locations, and drop-in clinics.
- This program has screened approximately 15,000 children and provided follow up assessment, interventions and connections with other services when required.
- The program has also delivered evidence-based capacity building to early childhood education sector staff, enhancing their confidence and ability to identify children who would benefit from speech and language screening and intervention.

#### **5. Any other related matters.**

Medicare data showed that the national GP bulk-billing rate for all patients fell from 82% in July to December 2022 to 76.5% in July to December 2023. This has been attributed to factors including the rising costs of business, general inflation, and sub-optimal indexing of Medicare payments. Ultimately, this leads to higher out of pocket costs, particularly for vulnerable families or those with complex health needs. In November 2023, the Australian Government tripled the bulk-billing incentive, paying GPs more money to see children and concession card holders. There is emerging evidence that this change is starting to have an impact, by slowing the decline in bulk billing. However, the cost of accessing primary care remains a high concern for many families.