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16 September 2024

Ms Ella Haddad
Committee Chair
House of Assembly Select Committee on Reproductive, Maternal and Paediatric Health Services in Tasmania
Parliament House, Hobart
TAS, 7008

By email: rmphs@parliament.tas.gov.au

Dear Ms Haddad,

Thank you for the opportunity to provide a submission to the Tasmanian Parliament Select Committee Enquiry on Reproductive, Maternal and Paediatric Health Services in Tasmania.

The Royal Australian College of General Practitioners (RACGP) is the voice of general practitioners (GPs) in Tasmania. As a national peak body representing over 47,000 members working in or towards a career in general practice, our core commitment is to support GPs address the primary healthcare needs of the Australian population. Patient-centred care is at the heart of every Australian general practice, and at the heart of everything we do.

GPs are the first point of contact and provide care for patients of all ages, genders, and cultures across all disease categories through all stages of life. This holistic, patient-centred, and relationship-based approach places GPs in an excellent position to advise on reproductive, maternal and paediatric health services in Tasmania.

Our submission will provide comment on the relevant terms of reference that impact on the above health services in Tasmania from a general practice and primary care perspective.

RACGP would like to thank Dr Tim Jones, Dr Marita Jones, and Dr Natasha Vavrek for their significant contributions to this submission. Dr Tim Jones and Dr Marita Jones are willing to present in person to the select committee in support of this submission.

For any queries regarding this submission please contact Emma Travers, State Manager, RACGP at e[redacted].

[redacted]

Dr Toby Gardner
Chair RACGP Tasmania

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Submission to the Select Committee on Reproductive, Maternal, and Paediatric health services in Tasmania

(a) To assess the adequacy, accessibility, and safety of the following services

Reproductive health services

General practitioners (GPs) are uniquely placed to provide comprehensive, patient-centred primary care for both women and men for their reproductive health and experience of pregnancy. Pregnancy care encompasses the full spectrum of reproductive health from contraception, unplanned pregnancies, preconception, antenatal, intrapartum, postnatal care periods and termination options, with a focus on patient wellbeing, patient safety and joint decision-making.

In Tasmania reproductive health services face significant shortcomings with patients experiencing accessibility challenges which are compounded by time restraints and inadequate Medicare rebates. Expanding services in this domain requires increased funding and improved Medicare rebates for GPs.

The nature of these reproductive appointments is inherently time-consuming, yet existing rebates inadequately support extended sessions. Consequently, patients bear a higher financial burden, limiting access to these vital services, especially for more vulnerable populations impeding their timely access to reproductive care.

Termination services in Tasmania face ongoing accessibility issues. For vulnerable populations over the age of 25 the Tasmanian Women's Health Fund can be accessed at the discretion of the GP, however this is not currently possible for people under the age of 25. Instead, this demographic must personally contact "The Link Youth Health Service", undergo an assessment, and obtain approval before scheduling an appointment with their GP. This additional step becomes a significant hurdle for many young people facing an unplanned pregnancy.

Surgical terminations in hospitals are available at the Royal Hobart Hospital, Launceston General Hospital and the Mersey Community Hospital via referral from a GP. Consumer awareness of the availability of these services is limited in part due to limited advertisement, additionally coverage is limited with consumers having to travel long distances to access the nearest provider.

[redacted]available to families for the pregnancy planning phase of reproductive health, particularly in the public health system domain. Genetic screening is available, however in practice patient access to this is dependent on GP awareness and knowledge level which is currently limited and impacting coverage of this service. Patients accessing prenatal service privately have greater access to support and resource for [redacted]ng.

Patients facing decreased fertility and infertility have no publicly funded access to reproductive assistance technologies including in vitro fertilisation (IVF). Privately funding this is prohibitively expensive for patients without health insurance, and still difficult for those who do. There is limited governance over setting of fees for reproductive assistance.

Maternal health services, Perinatal mental health services and birth trauma

In Tasmania there are approximately 6000 births per year. Perinatal depression and anxiety affect at least 1 in 5 mothers and around 1 in 10 fathers with approximately 1200 Tasmanian parents' experiencing mental health challenges each year. Families particularly at risk include Aboriginal and Torres Strait Islander families, culturally and linguistically diverse families and LGBTIQ+ parented families. Based on Productivity Commission modelling it is estimated that perinatal depression and anxiety costs Tasmania around $16.7 million per annum in health, economic, and wellbeing costs.

Perinatal mental health may encompass; response to birth trauma, maternal exhaustion, sleep and settling issues, feeding & growth issues, maternal depression and anxiety. Lack of or delayed intervention has a flow on effect for mental health of the whole family, childhood behaviour, and development while intervention has shown to be extremely effective.

Communication challenges across tertiary and primary care teams are a major barrier in addressing birth trauma. Community based providers often aren't aware that there has been trauma as it reliant on patient disclosure. This lack of information, especially in the first few weeks presenting to primary care providers after birth can lead to further challenges. Currently, to seek help parents must present to the hospital, which in itself is a barrier as it is often the site where the trauma occurred. Increased patient education regarding the risks of childbirth, the early warning signs during labour and options for intervening will improve a patient's ability to advocate for themselves and what interventions they choose during the birth process. Improved communication skills training for all staff involved in high-risk births can also empower patients to be involved in the decision-making process in emergencies and speak up when they have concerns. A community-based birth trauma counselling service would be beneficial in the healing process for families, and for those preparing for future births.

There is one functioning inpatient mother and baby unit for the state of Tasmanian and no organised outpatient services. There are almost no public community services for parents experiencing poor perinatal mental health and the hospital based Perinatal and Infant Mental Health Service (PIMHS) is overwhelmed with referrals.

Private psychologists generally have large gap fees and long waits and while there are a number of free apps and websites which provide some limited support, these are only suitable for early intervention in patients without serious disorders, who have high health literacy and speak English. The new Gidget House Hobart was a most welcome addition to our perinatal mental health support services, although it has a very small capacity and there is already a minimum 8 week wait.

With the closure of St Helen's Private hospital Mother and Baby Unit in Hobart, the THS has provided an interim solution for inpatient care. This was offered as a three bed unit, to date only one to two beds have been continuously functioning and the service is severely struggling to meet demand.

The interim unit is largely a mental health focussed service, the true scope of a mother baby unit needs to encompass infant wellbeing, physical and mental, sleep and setting, as well as parental mental health. Focussing only on mental health services fails to address the variety of support new parents need in the first 1000 days of life.

The tertiary hospital setting is an inappropriate setting for early parenting intervention due to multiple concerns including;

- Hospital environment may be associated with birth trauma

- Physical setting of the hospital isn't suited to safe settling and mental wellbeing
- Susceptible to staff shortages, bed rearranging
- Hospital wide infectious disease outbreaks
- Only accepting admissions of infants up to 12 months old (some interstate residential care facilities can accept up to three years of age)

The current interim solution is inadequate to service Hobart and families living outside of greater Hobart are significantly more disadvantaged in seeking assistance, particularly when there are other children at home. Some support is provided in primary care, although GP appointments are becoming difficult for patients to access and afford. Some support is also offered by CHaPS and the Parenting Centre, but availability across the state is limited and skill rates vary significantly.

Tasmania is the only jurisdiction that does not provide public inpatient and outpatient parenting support/inpatient or residential units. Either State-run or NGO-run (notable examples are Karitane and Tresillian) inpatient/outpatient services, with mixed funding are available in all other states. ACT has a similar birth rate to TAS and current provides 26 inpatient residential beds, virtual residential beds, and a day program with a multidisciplinary team (GP, child and family nurses, psychologists and social workers).

The most essential staff for these services are child and family nurses with experience in perinatal mental health or parent craft and primary care physicians (GPs), who are essential in that they can simultaneously treat parent and baby including mental health, sleep and settling, growth issues, and medical issues. A small number of patients will need psychiatric care or paediatric input.

Proposed solution for Tasmania

The Tasmanian Government has announced a 4-bed inpatient parent hub with outpatient supportive services, provided by Tresillian for Launceston, to be opened by May 2025. Tresillian is also providing a statewide phone support services since 1 July 2024. Both of these are welcome and essential services. Tresillian will provide the wholistic infant and parental support that is essential to early parenting and is not limited to mental health support.

Currently there is an administrative/executive level steering committee at the THS. To date clinicians (nurses and GPs) who are currently working in this area or previously employed in the St Helen's mother baby unit have not been able to contribute to this committee. In 2023 CHaPS produced a commissioned report for Government regarding maternal and paediatric services for Tasmania. This report has not been released for public and professional comment and we call on this to happen.

Southern Tasmania has a large gap in early parenting services. Forty-six per cent of Tasmanian births are in the greater Hobart area and parents are in enormous need of support. With current cost-of-living and housing pressures many parents are close to crisis point. The federally funded 'For When' parenting health navigator service has seen a 60% growth in referrals in the past 7 months, and over half of those have been for parents with infants 0-3 months old. Hobart needs to have an equivalent Tresillian Parent Hub to the Launceston proposal, on the same timeline. Every month's delay represents missed opportunities for families with infants now.

We propose community Early Parenting Hubs be in addition to beds within the Royal Hobart Hospital, which represent a separate and independently important service for mothers experiencing severe psychiatric illness. It is

essential for the Perinatal and Infant Mental Health Service (PIMHS) to have access to beds, as their patients may not be suitable for community admission. In the past mothers who have required public psychiatric admission have been separated from their babies. The current interim beds at the RHH should be given permanently to PIMHS.

Early Parenting Hub costings

Tresillian proposed a model of care for Tasmania based on a birth rate of 6000/year. It included two Early Parenting Hubs (North and South based) which have four inpatient rooms, two outpatient consulting rooms and outreach and virtual nursing support at a cost of $5.2M/year. Other than a Southern based hub the Government has adopted part of this blueprint. We acknowledge that it still represents difficulty for patients from the north west of the state who require inpatient admission and this needs to be considered in the long term.

Nursing and GP primary care needs to be integrated into early parenting support. Only nurses and GPs can simultaneously treat both parent and infant (for physical and mental health), looking at the whole family as a unit.

Virtual beds are a low-cost option and allow for patients in regional and remote Tasmania to easily access 24/7 support. They also allow support for parents who may need low intervention (and prevent an admission) or who have been recently discharged and need support to transition to home. Virtual beds could be immediately rolled out as a phase two interim solution to assist with our current dire situation.

There is also a possibility that integration between local CHaPS, parenting centres and Early Childhood Intervention services could exist in appropriate locations where the day consult rooms are co-located.

It will be important to build in specific welcoming support to families at risk (Aboriginal and Torres Strait Islander, culturally and linguistically diverse and LGBTIQ+ families).

Goals of Early Parenting Hubs:

1. Ensure Tasmanian families have access to timely, equitable, up to date, and holistic support with the common challenges associated with infancy

2. Through early intervention reduce the future demand on hospital and mental health services by providing targeted support in issues that would otherwise lead to significant burdens on families and a high likelihood of progression towards more severe consequences for families

3. Support existing community services such as CHaPS, Parenting Centres, and GPs in caring for families with marked difficulties.

(iv) Workforce shortages

The GP workforce shortage in Tasmania is evidently impacting the ability of primary care teams to sufficiently deliver reproductive, maternal, and paediatric health services. These health service areas are the domain of generalists and the current shortage of GPs in Tasmania and the forecast increasing shortage will negatively impact the ability of these areas to be cared for appropriately.

(vii) Paediatric services for children aged 0-5 years

For the purpose of this submission we have separated key points that relate to paediatric medical services, developmental services (including early intervention supports), behavioural services and parenting supports.

1. *Paediatric medical services*

   - The majority of urgent medical referrals to tertiary paediatric services are seen within a timely manner

   - There is currently inadequate vision, dental and hearing screening for children aged 4 years old due to gaps in services and poor health promotion

   - Vaccination services through primary care and school-based vaccination programs are adequate, although targeting at risk groups including Aboriginal and Torres Strait Islander patients through increased education is required. Funded meningococcal B vaccines for children and RSV vaccinations for infants less than 1 and pregnant women are a cost saving intervention that needs to be considered by the Tasmanian Government.

2. *Developmental conditions*

   - There is an immense, early intervention service gap for kids 0-5 in Tasmania, disproportionate even when compared to the challenges in other states. The majority of early childhood concerns currently seen in the community (via child health nurses and/or GPs) are relatively common and normal (sleep, meltdowns, communication between parent and child, speech delay, continence issues) but awareness of evidence-based strategies and supports amongst GPs is generally low.

   - This results in a large number of referrals to tertiary paediatric services, who do not have the resources to provide the required level of care to such a high percentage of the paediatric population. The shortage is compounded by no private paediatric access across the state (generally) for developmental or behavioural concerns.

   - For children noted to have developmental concerns (e.g. motor skills, speech delay), the Early Childhood Intervention Service (ECIS) was an ideal for a single point GP referral. Children could receive timely allied health assessment and treatment without paediatrician input, if further concerns (e.g. autism spectrum disorder) were identified then things could be escalated for diagnosis and supports through paediatrics and NDIS. This service is largely unavailable now. When a child presents in general practice with a concern regarding specific developmental delays or an autism diagnosis there is nowhere for the GP to refer them except a multi-year wait through tertiary paediatrics.

   - In particular, there is a special service gap in children with autism traits. Our statewide assessment service (TADS) has 12-18 month wait times and there is limited professional/public education and guidance as to supports available for children with these concerns. Prior to being referred to TADS a family must first wait for a paediatric appointment (years through the Royal Hobart Hospital).

   - Most school supports are tied to diagnoses (eg ADHD and autism) when we know that early labelling of developmental concerns is frequently inaccurate and doesn't necessarily lead to better outcomes (see https://www1.racgp.org.au/newsgp/clinical/early-asd-diagnosis-may-fade-by-school-age-study). Due to the significant delay in diagnosis through paediatric services families and schools are left languishing without help for months and years, while the challenges for the individual child grow.

   - Providing increased school supports to children who required classroom assistance, that is used at the discretion of the school and is not tied to diagnoses, will improve the function of the school, the family and most importantly the experience of the child who needs help.

3. Behavioural problems

- Behavioural disorders are of growing concern to the community. Tasmania does not provide commensurate early intervention supports compared to other states. See https://karitane/com.au/toddler-clinic and https://karitane/com.au/internet-parent-child-interaction-therapy for an example of the level of supports provided freely and without barriers to families in rural NSW. In Tasmania our Child and Adolescent Mental Health Service does say they provide single session family therapy as a limited resource, but in practice referrals for this are not accepted.

- This means extremely long wait times for assessments for behavioural or developmental concerns before much family support/intervention has taken place. It's also exacerbated by limited liaison points between primary care, paediatrics and educational services.

- Access to child psychologists is extremely limited and current private services can support diagnosis (at extreme costs, e.g. a private autism assessment is over $3000 per child) but capacity for ongoing treatment/therapy remains critically low.

- Children are being refused access to schooling until 'medicated', prior to a holistic developmental assessment and medical assessment being made. Families and schools are left without support and over time are labelling children with a spectrum of disorders well before they have any paediatric assessments, compounding a perception that diagnoses and specific medications are required, rather than providing comprehensive supports. Early parenting and teacher interventions are more effective than medications for the majority of behavioural problems[1].

- QLD provides a dedicated public multidisciplinary assessment of significant developmental concerns incorporating GPs with specific interests (GPSIs) and links to education and family support (see https://www.goldcoast.health.qld.gov.au/our-services/childrens-services/child-development-service/about-service/about-our-clinics). This model appears to be delivering more timely assessments and better utilising links back to the regular GP/community supports to deliver equitable care.

- Tasmania should establish a dedicated secondary care community service for early childhood support and concerns including family support. This would incorporate a subset of extended training child health nursing, GPs, liaisons with paediatrics and education but most importantly family support workers, social work and some allied health assessment (dietetics, occupational therapy, speech therapy). It would sit as a step-up early assessment service from primary care and then liaise with that family's primary care providers to deliver collaborative care. It is anticipated based on GPSI work completed in the RHH paediatric clinic for the past 12 months, that this would reduce the referrals to paediatric services for kids 0-5 by more than 95%.

4. Parenting Supports

A significant shortfall in parent supports, combined with a changing structure of society that leaves many parents isolated and without extended family and community supports, has left our children vulnerable to a range of preventable problems. This includes behavioural and developmental disorders, as well as risk of trauma and family violence, neglect, malnourishment and poor physical and mental health.

Fragments of these services exist, but increased access across the board and with increased focus in areas of need particularly lower socio-economic areas and Aboriginal and Torres Strait Islander families is required.

- Increased home visits by child health nurses and midwives in the first year of life (currently a single home visit in first week of life)

- Evidenced based parenting course such as Tuning in to Kids, Circle of Security. Anglicare provides excellent but small capacity group parenting coaching

- Funded GP health checks for early screening and education on child development, nutrition, mental and physical health

- The Parenting Centre - an ideal services for providing early parenting support that needs increased capacity and outreach to regions outside of the regional capitals.

For families with significant parenting concerns the following is required and available in other states:

- Access to free Parent-Child Interaction Therapy including home visits

- Parent coaching

- Increased capacity for case management through Strong Families Safe Kids or directly through CHaPS

The Child and Family Learning Services would be an ideal central point for these services to be based of in each community, as fragmentation of care and individual services is a significant barrier to access. Having a central referral point or health navigation service would streamline this, improve primary care uptake and ensure equity in the community.

(viii) The Child Health and Parenting Service (CHaPS)

Two-way communication between CHaPS and GPs is an ongoing issue and more formal relationships need to be established. Electronic communication/access to CHAPS software for GPs is needed to ensure that information to best support family health is shared effectively, currently the 'little blue book' is the only form of communication.

A primary care liaison could be integrated as part of the CHAPS team in each area as an interim service to allow for better and more appropriate access to allied health. GP involvement in CHaPS referral process could significantly improve outcomes for families through a triaging of referrals. Often allied health support can provide appropriate interventions, GPs are well placed to identify where this may be appropriate and circumvent the waiting list for paediatric specialists.

A GP with special interest in paediatrics, working within the CHaPS team, could assist in assessing infants that would otherwise be referred to tertiary paediatric services by community GPs or CHaPS nurses for a variety of simple problems of infancy - including growth problems, allergies, developmental screening, dermatological concerns, musculoskeletal problems and sleep and settling. CHaPS nurses provide an excellent screening service for infants through baby checks, but when a problem is identified, e.g. jaundice or hip problems, the next steps aren't clear. Families are usually referred to a GP for further assessment but access and affordability is an increasing concern. Without any correspondence from CHaPS it is hard for clinics to triage these concerns. There is also no formal communication from GPs back to the CHaPS nurses which compounds the problem.

CHaPS services appear to be struggling with community demand as we often see patients in general practice with concerns that would previously have been managed in CHaPS but patents can't get appointments. Four year-old health checks used to be performed by both GPs and CHaPS, but the Medicare rebate for this in general practice was removed and CHaPS is no longer able to offer these appointments due to demand (worsened by

COVID19). Importantly, hearing and vision were checked at these assessments to assess readiness for school. Four-year-olds are now missing this important screening. Children attending public school kindergarten can access a health check and hearing screening with the school nurse but children in private and Catholic schools do not receive this. Private hearing screening is $190 for a child through Hearing Australia. This lack of basic childhood assessment and screening compounds the concerns with development and behaviour seen later in the classroom.

(b) To examine disparities in the availability of services, staffing and outcomes between

(i) Tasmania and other Australian States and Territories

As listed above, Tasmania does not supply the level of early parenting supports that are supplied free of charge via state programs in NSW, Victoria and ACT.

(ii) Tasmanians living in rural, regional and metropolitan areas;

The disparity in services for regional and rural populations in Tasmania can be mitigated through offering more virtual services to people living in more geographically dispersed areas such as the north and northwest regions of Tasmania.

(iii) Tasmanians experiencing socio-economic disadvantage.

There is a gap for non-Tasmanian Aboriginal and Torres Strait Islanders families who do not have access to Aboriginal Health Services and the comprehensive increased support and services available here. Increased support for Aboriginal and Torres Strait Islanders is required to Close The Gap. An example of this from recent general practice is an Aboriginal child seen with significant traits of autism and behavioural concerns from parents and school, struggling to meet all milestones at age seven, who was lost to all early intervention opportunities, has been waiting over 18 months to be seen at the public paediatric clinic without any supports in place.

Paediatric referrals are displaying socioeconomic disparity with wealthier families having earlier and better interventions, even accessing interstate paediatric assessments at huge cost. Lower socioeconomic demographics have less awareness of services and early intervention is missed.

Paediatric health service access is an area where disparity within schools is apparent. There are more paediatric concerns from teachers within schools that have less support (lower socioeconomic areas) and they have more behavioural concerns than better resourced schools. The level of support available within schools should be determined by the needs of the population attending the school on a need basis rather than a blanket approach.

(c) To make recommendations on actions that can be taken by the State Government to ensure reproductive, maternal and paediatric health and perinatal mental health services meet the needs of Tasmanian parents, families, and children.

National NDIS review to address the linkage of treatment and funding to diagnosis in the context of paediatric health. The delay in treatment and resource for families who are pursuing a diagnosis in a process that does not have the necessary staffing to meet demand is having detrimental impacts on the wellbeing of children and family units. Additionally, the diagnosis does not necessarily determine the level of support required by the family and

this would be better determined by the family's primary care provider. For example, in a situation where a child with autism is well-loved, the level of support may be less than what is required for a different diagnosis that has fewer resources attached to it under the NDIS. Diagnosis and service gatekeeping/access need to be decoupled, objective assessments of level of support are needed to best support the child and their family.

[1] Lieneman CC, Quetsch LB, Theodorou LL, Newton KA, McNeil CB. Reconceptualizing attrition in Parent-Child Interaction Therapy: "dropouts" demonstrate impressive improvements. Psychol Res Behav Manag. 2019 Jul 22;12:543-555. doi: 10.2147/PRBM.S207370. PMID: 31413647; PMCID: PMC6660625

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