Autism Strategy 2023-2028 Consultation: Response from the Royal College of General Practitioners Northern Ireland

Background

The Royal College of General Practitioners (RCGP) is the professional membership body for GPs in the UK. Our purpose is to encourage, foster and maintain the highest possible standards in general medical practice.

We support GPs through all stages of their career, from medical students considering general practice, through training, qualified years and into retirement. In addition, we set the standards for competency through our examination process.

RCGPNI represents more than 1,400 GPs, more than 80% of GPs in Northern Ireland.

Consultation response

RCGPNI welcome the opportunity to respond to this consultation on the development of an action plan for the next Autism Strategy 2023-2028. The College also recognises that it has an important responsibility in ensuring that people with autism have equitable, timely access to high-quality, patient-centred care and in lending its support to public policy and legislation which addresses the needs of people with autism, their families, and carers.

GPs have an essential role in caring for patients with autism, their families and carers throughout their lives, and as the first point of contact and referral to diagnostic services. We note with concern that amid rising demand, waiting lists for autism assessment have reached unacceptable levels for both child and adult assessment, with patients now frequently forced to wait years, rather than the 13 weeks set out in guidance by the former Health and Social Care Board, for initial assessment. While patients wait, GPs are frequently the only source of support to help with managing often complex health needs. Respondents to RCGP’s 2022 Annual Tracking Survey reported an average of 43% of their GP workload was related to supporting patients on waiting lists. The College supports the view of respondents to the October 2021 consultation that a major priority of the next Autism Strategy should be reducing waiting lists for autism assessment and providing early intervention based upon need rather than diagnosis.

We also recognise that access to early intervention and support remains profoundly unequal across different geographical areas and would urge that the future strategy ensures access to care is equitable as well as timely. We also suggest that the Department of Health considers taking steps to deliver uniformity of referral pathways across the region as there is currently inequity across Trust areas.

The comprehensive rollout of multidisciplinary teams (MDTs) within primary care remains an important priority for the College. A strengthened health visiting team, social workers and mental health practitioners have the skills to help and support individuals and their families from the pre-diagnostic stage through to living with autism. In advocating for such practice-based MDT support, we recognise the role of the specialist multidisciplinary team and we share the view of

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1. RASDNI, Six Steps of Autism Care - for Children and Young People in Northern Ireland, 2011
the 2021 consultation respondents that the next strategy must commit to improving timely and equitable access to such support.

While recognising that some children and young people remain under regular review by specialist services, many young people and adults are discharged from autism intervention services post-diagnosis or after a defined treatment or intervention programme to be re-referred should this be necessary. Similarly to the unacceptable waiting time for initial assessment, many patients have lengthy delays when re-referred for therapeutic intervention, compounding morbidity and negatively impacting on their wellbeing and that of their families.

It is important that there is cognisance of the rising pressure on GPs and our practice teams, as current workload is unmanageable and unsustainable. Measures to tackle workload in general practice and ensure GPs have the time and space to provide relationship-based care for patients with autism must be a key part of the delivery of an Autism Strategy. These measures could include adopting the College’s call for a 15-minute appointment time as standard for all patients. We recognise that our patients with autism, and their families and carers, may need additional support from their local GP practice team and to achieve this, workload must be addressed.

The current demand capacity mismatch is negatively impacting on access to GP services and we recognise that patients with autism may have specific access and communication difficulties. Measures to address workload and capacity are vital to ensure that patients with autism, their families and caregivers have timely and appropriate access to good quality general practice care delivered in a way that meets their individual needs.

In light of rising demand and workload pressures, it is absolutely vital that GPs and our practice teams have protected learning time to ensure the whole team is adequately trained to effectively support the needs of people with autism, including best practice in this area. RCGP has also called for increasing the amount of time spent on autism in the GP training curriculum and ensuring qualified GPs have access to high quality CPD training on this issue.

To conclude, we welcome the opportunity to respond to this public consultation and would be happy to discuss further should it be helpful.