



PROJECT OVERVIEW

APRIL 2023

This project overview explains access to care issues for people with allergic conditions in Australia, and why the National Allergy Council is progressing a shared care for allergy project. It is suggested that you read the information in this document before participating in one of the community engagement meetings.

Contact: info@nationalallergy.org.au

ALLERGY CARE IN AUSTRALIA

Many Australians, around 1 in 5 or 4.1 million people, have an allergy, and this number is growing [1].

Allergic conditions include:

- food, insect and drug allergies (including life threatening severe reactions called anaphylaxis),
- allergic asthma,
- allergic rhinitis (hay fever), and
- atopic dermatitis (eczema).

The number of people with allergies is rising, especially new cases of childhood food allergy [2]. This means there are more people who need to see a specialist to carry out tests and make a diagnosis. Specialists, nurses and dietitians at the hospital clinics have long waiting lists and are very busy. They must see new patients, but still keep looking after the patients that they already care for.

In Australia, there aren't enough doctors who specialise in allergies [3]. Most specialists and specialist services are based in cities but one third of Australians live in rural, regional or remote areas. People with allergies often have to wait a long time, sometimes up to two years, to see a specialist. Waiting this long can cause problems such as having to avoid certain foods, feeling unwell, and ending up in hospital because they did not know what they were allergic to, or how to avoid it [3]. Sometimes people with allergies can get desperate and turn to other non-medical providers because they can't get an appointment with a specialist.

ABOUT THE NATIONAL ALLERGY COUNCIL

The National Allergy Council (NAC) is a group of people working together to make things better for Australians who have allergies. The NAC is an equal partnership of two other groups:

- The Australasian Society of Clinical Immunology and Allergy (ASCIA), and
- Allergy & Anaphylaxis Australia (A&AA).

These two groups are important partners because they are experts at providing and supporting people to get the best allergy care and support in Australia.

In 2019 the NAC worked on a plan to make things better for people with allergies. They collected information from and talked to a lot of different people over 18 months to find out what the problems were for people. They wanted to find ways to make it easier for people see the right health care professionals without having to wait too long. A group of 50 people came together to talk about and agree on the most important things to allergy care [Appendix A - Principles for shared care].

The report made 15 suggestions that would help people to get better care. Those suggestions could be grouped into four main areas:

1. More education and training available about allergies
2. Looking at who should be providing allergy care
3. Working on some national standards of care for allergic diseases so everyone agrees what the best allergy care looks like, and
4. Helping healthcare professionals work together to share a person's care.

The NAC has funding from the Australian Government Department of Health from 2023 to 2026 to work on these things. The project is called 'Shared Care for Allergy' and the main purpose of the project is to make it easier for people in Australia to access the best allergy care. The project has a special focus on making things easier for people living in rural and remote areas (outside Australia's major cities[4]). The other allergy groups (ASCIA and A&AA) are also working with the NAC on this project.

WHAT IS SHARED CARE?

Shared care is when different healthcare professionals work together to take care of a patient, usually when they have a long-term condition. To make shared care work well, health professionals need to communicate and work together, and everyone needs to know who is responsible for what. The patient also needs to be involved in their care, and taken an active role in managing their own health. The National Allergy Council describes shared care as the right care, at the right time, from the right healthcare professional(s), in the right place.



Right care

People with an allergy are offered the best care and support.



Right place

People with an allergy can get the best care no matter where they live. They might be seen in person or by telehealth.



Right time

People with an allergy are given care when they need it.



Right healthcare professional

People with an allergy can find healthcare professionals with the right training. Their healthcare professionals communicate with each other to give the best care.

Shared care involves the person with an allergy, their family and carers, healthcare professionals, patient support organisations and the community working together to give the best care.



ENGAGING THE COMMUNITY

The Shared Care for Allergy project will look into problems with access to care and try to learn more and improve care for Australians who have allergies.

A Shared Care working group led by the project Co-leads, Dr Katie Frith (ASCI representative) and Ms Maria Said (AM) (A&AA representative) gives advice and direction across all parts of the project. This working group includes people from relevant organisations such as medical colleges, health professional societies, associations and peak bodies. There will also be Shared Care subgroups which will work on parts of the Shared Care project. Subgroups have been set up to work on:

- What education and training about allergy will look like in the future.
- What the best allergy care looks like (Standards of care).

Suggesting a new approach to care or changing the way that people receive care must involve people who are affected by allergies and the health professionals who care for them. A solution or improvement might work in one place, but may not be the right solution for another place.

In May and June 2023 the NAC is holding face to face sessions in 13 different places around Australia to understand all the factors that affect access to quality allergy care, and look at long term solutions. Holding sessions in different places will help the NAC, the working group and subgroups understand the main challenges faced by each region, and whether these are the same or vary across Australia. The NAC will be able to use this information to work on national (all of Australia) solutions that will improve access to care in the long term.

For more information about the Shared care for allergy project visit:

<https://nationalallergystrategy.org.au/projects/shared-care-for-allergy>.

To receive regular updates about this project subscribe to the Shared care model bulletin:

<https://nationalallergystrategy.org.au/projects/shared-care-for-allergy/bulletin>

REFERENCES

1. Mullins, R. and e. al, *The economic impact of allergic disease in Australia: not to be sneezed at.* 2007: ASCIA/Access Economics
2. Osborne, N.J., et al., *Prevalence of challenge-proven IgE-mediated food allergy using population-based sampling and predetermined challenge criteria in infants.* J Allergy Clin Immunol, 2011. 127(3): p. 668-76.e1-2.
3. Australasian Society of Clinical Immunology and Allergy, *Immunology and Allergy Workforce Issues ASCIA Repsonse to RACP 2012.*
4. Australian Institute of Health and Welfare (AIHW). *Rural and remote Australians - Links and other information.* <https://www.aihw.gov.au/reports-data/population-groups/rural-remote-australians/links-other-information> [last accessed 21 November 2022]

APPENDIX A – PRINCIPLES OF SHARED CARE FOR ALLERGIC DISEASES

The National Allergy Strategy brought together 50 stakeholders (people with allergies, healthcare professionals, peak medical bodies and government organisations) to agree on a set of principles that would guide a shared care model for allergic diseases. These are outlined below.

Overall principle

Ensuring people with allergic disease receive the right care, at the right time by the right healthcare professional(s), in the right place.

Guiding principles

The guiding principles of the shared care model are that it:

1. The patient is at the centre of care

- Patients and their whole person care must be the focus with their healthcare professionals working together to care for their quality of life, mental health, ability to access care, making sure they get the best care, and considering parents and carers.
- Patients should be referred to credible support organisations for support.
- The care that is given should be based on evidence, take into consideration a persons culture, language and level of education, and be working to empower patients take care of themselves.

2. Provides safe quality care

- The best care possible should be provided and healthcare professionals should use clinical guidelines and protocols to support their decision making.
- Patients should be asked for feedback about their care.

3. Supports healthcare professionals and the patient to work together

- To work together health professionals need to consult with each other, communicate and work as a team
- Clearly defined referral guidelines/pathways and scope of practice are available to assist healthcare professionals to provide the best care.
- All healthcare professionals (including specialists) must be supported with evidence-based education and resources.
- Deliver sustainable healthcare through education and training, outreach support and making efficient use of resources.
- There should be incentives and payments that encourage healthcare professionals to work as team.

4. People can access care through public and private systems

- Care must be provided to the patient near to where they live if possible.
- Public hospitals have limited resources and reach.
- There should be a process for when children move into adult services so they continue their care.
- The cost of allergy appointments, tests, medications/treatments should be considered.
- Telehealth should be used where this is acceptable to the patient and is available.
- New ways of organising and proving care should be considered.

5. Connected services and information

- Care of the patient must be organised and information communicated on time.
- Everybody should understand the roles and responsibilities of different care providers.
- Health services have different resources available and will need different care pathways.

- Information sharing between healthcare professionals and the patient and/or carer must have a process, be timely and meaningful and acknowledge receipt of information/follow up.
- Patient health information should ideally be shared electronically where a My Health Record exists, in addition to ongoing two-way communication between healthcare professionals.
- Care and education should include prevention, early intervention.
- Not being diagnosed, being diagnosed incorrectly and long delays in diagnosis should be considered.