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An Australian Government Initiative

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# Collaborative shared care for children with ADHD

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Attention Deficit Hyperactivity Disorder (ADHD) is the most common neurodevelopmental diagnosis affecting children in Western Australia. Australian data shows seven per cent of children aged four to 17 years of age are affected by ADHD[1,2] with a range of long-term outcomes, including mental health conditions that persist into adulthood[3,4]

Using current service data, children and adolescents with attention issues represent up to 60 per cent of all clients currently receiving services from paediatricians at the Child Development Service (CDS), a multi-site, community-based, multidisciplinary service for the paediatric population of the Perth metropolitan area.

Following assessment and diagnosis by a specialist paediatrician or psychiatrist, children and adolescents who are prescribed medication treatment for ADHD symptoms require regular follow up. This is to ensure adequate effectiveness of their treatment and monitoring for adverse effects on their health and wellbeing.

Many GPs will be aware of the recent election commitment by the Western Australian (WA) Government regarding ADHD diagnosis and treatment pathways; however, further details are yet to be announced. This article instead aims to inform GPs on current shared-care practices in WA and the key aspects of clinical review.

The Royal Australian College of General Practitioners (RACGP) defines shared care as a model of "joint responsibility for planned care that is agreed between healthcare providers, the patient and any carers they would like to engage".

A model of shared care involving GP and non-GP specialists aims to provide the following benefits for families of children with ADHD:

- **Families:** Improved access to responsive and co-ordinated care in their local area, often with a GP who knows the family well.
- **Specialists:** Increased availability of time for specialist paediatricians and psychiatrists to undertake assessments for new clients and continue to review complex clients who may not be eligible for GP shared care.
- **GPs:** Increased access to support and appropriate resources to be able to provide effective, efficient, and optimal shared care for families.

Schedule 8 stimulant medicines are the most commonly prescribed medications for the treatment of ADHD symptoms. The Monitored Medicines Prescribing Code, approved in December 2024, outlines the requirements for prescribing of monitored medicines in WA.

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# Collaborative shared care for children with ADHD (cont)

A medical practitioner or nurse practitioner may prescribe continuing S8 stimulant medication for a patient under a Shared Care Model provided:

- the S8 stimulant medication was initiated by an Approved Specialist for the purpose of treating ADHD
- the patient is under ongoing treatment with the S8 stimulant
- the prescribing (including medication name, formulation and dose) is consistent with the Approved Specialist's written instructions or the latest prescription on ScriptCheckWA
- the practitioner has reviewed the patient and is satisfied it is safe to prescribe stimulants.

Under this model, children and adolescents require a review with their Approved Specialist every 12 months.

**A step-wise approach to shared care for ADHD for GPs:**

1. **Encourage family to book a long appointment**. This enables appropriate time to undertake a clinical review of progress and medication effectiveness (including any new issues arising) and enable access to community supports.

2. **Review current management of ADHD.** This includes medication and non-medication management strategies using parent and child report, review of symptoms using a standardised scale (e.g., SNAP-IV) and review of any adverse effects arising from medication use, including:
   - decreased appetite
   - sleep disturbance
   - headache.

3. **Undertake clinical review of patient.** An essential part of a clinical review is the assessment for any adverse effects on health and wellbeing from the treatment of ADHD with S8 stimulant medicines. This includes:
   - height and weight, including plotting on a growth chart and review of growth velocity
   - blood pressure and heart rate.

4. **Review ScriptCheckWA and request authority.** It is recommended that GPs check the latest prescription on ScriptCheckWA for the S8 stimulant medicine to ensure that the prescription being requested is:
   - current treatment
   - consistent with the Approved Specialist's written instructions
   - due for renewal.

   If appropriate, PBS authority approval can then be requested.

5. **Provide information from review to specialist.** This is vital to ensure patient safety. Provision of growth parameters and blood pressure measurements is particularly important. This information can be provided using standardised proformas, email to the child's specialist or clinical letter.

**What are common issues that arise from S8 stimulant medicines?**

- **Poor growth:** A common adverse effect of S8 stimulant medicines is the suppression of appetite and the resulting decrease in overall intake of food. Monitoring of weight and height gain velocity is an important part of clinical review. If a child's weight gain has slowed, consider recommending medication days off at weekends/holidays to promote eating and providing advice about a high energy, high protein diet. If weight has been lost and growth measurements have crossed a percentile line on standard growth charts, recommend prompt specialist review of medication and provide measurements from your review appointment.
- **Raised blood pressure:** If a child's blood pressure is measured above 90th percentile for age and height, consider requesting a repeat measurement in another setting / at another time. If the repeat measurement remains raised, recommend prompt specialist review of medication, and provide measurements from your review appointment.
- **Reduced medication effectiveness or adverse effects:** Adverse effects from medication are common. If these are having a significant effect on child or family function, recommend prompt specialist review of medication, and provide measurements and information from your review appointment.

Children and adolescents with ADHD require regular follow up to ensure adequate effectiveness of their medication and non-medication treatment, and monitoring for adverse effects on their health and wellbeing. By improving care-coordination, documentation and education through the provision of resources and support, shared care has the potential to provide significant benefits for families, non-GP specialists and GPs.

**Resources:**

- WA Department of Health – Monitored Medicines.
- Clinician Assist WA – ADHD in Children and Youth (recently reviewed).
- RACGP gplearning – Identification and management of attention deficit hyperactivity disorder (ADHD).
- Australian Evidence-Based Clinical Practice Guideline for Attention Deficit Hyperactivity Disorder – Factsheets.
- Child Development Services:
  - Child and Adolescent Health Service website and centre locations
  - WA Country Health Service website and centre locations.

**References:**


1. Lawrence D, Johnson S, Hafekost J, Boterhoven De Haan K, Sawyer M, Ainley J, Zubrick SR. The Mental Health of Children and Adolescents. Report on the second Australian Child and Adolescent Survey of Mental Health and Wellbeing. In: Health Do, editor. Canberra: Commonwealth of Australia; 2015
2. Australian Government. The National Children's Mental Health and Wellbeing Strategy (2021). Accessed January 13, 2022. Available from: https://www.mentalhealthcommission.gov.au/getmedia/e369a330-f8c3-4b9e-ab76-7a428f9ff0e3/national-childrens-mental-health-and-wellbeing-strategy-report-25oct2021
3. .Biederman J, Monuteaux MC, Mick E, Spencer T, Wilens TE, Silva JM, et al. Young adult outcome of attention deficit hyperactivity disorder: a controlled 10-year follow-up study. Psychological Medicine. 36(2):167-79
4. Hamed AM, Kauer AJ, Stevens HE. Why the Diagnosis of Attention Deficit Hyperactivity Disorder Matters. Frontiers in Psychiatry. 2015;6(168):1-10


# Hospital Liaison GP updates

## Changes to screening for diabetes in pregnancy guidelines

On Thursday 14 August, the Women and Newborn Health Service (WNHS) will transition to the new Australian Diabetes in Pregnancy Society (ADIPS) recommendations that were published in the Medical Journal of Australia in June 2025. This date aligns with the transition of Pathwest services statewide. Private laboratory services such as Clinipath, Clinical Labs and Western Diagnostics have also aligned their gestational diabetes mellitus (GDM) criteria with these ADIPS recommendations.

Important changes for GPs to note:

1. **Those with risk factors for hyperglycaemia in pregnancy should be advised to have an HbA1C measured early in the first trimester.**

   This HbA1C result will then guide further investigation and management, such as a possible 75g, 2-hour pregnancy oral glucose tolerance test (POGTT) at 10 to 14 weeks (see guideline and flowcharts).

   Diagnosis of GDM can be made irrespective of gestation if any one of the following criteria are identified during a 75g 2-hour POGTT:

   - Fasting plasma glucose ≥ 5.3-6.9mmol/L
   - 1-hour plasma glucose (FPG) ≥ 10.6mmol/L
   - 2-hour plasma glucose (2hPG) ≥ 9.0 to 11.0 mmol/L

2. **Type 2 diabetes is unable to be diagnosed during pregnancy and requires confirmation post-partum. Instead, the term "overt diabetes in pregnancy" (overt DIP) is used.**

   The criteria for overt DIP are:
   1. HbA1c ≥ 6.5%
   2. FPG ≥ 7.0 mmol/L
   3. 2hPG ≥ 11.1 mmol/L

Please see the ADIPS summary, which includes the updated diagnostic criteria as well as a flowchart of the summary of ADIPS recommendations.

GPs should refer those diagnosed with gestational diabetes to the local maternity service highlighting the diagnosis.

A reminder that patients who already have a diagnosis of type 1 or type 2 diabetes prior to pregnancy are not required to undergo screening for gestational diabetes and should be referred to the KEMH Diabetes Service for pre-pregnancy care and early pregnancy management.

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## Referrals to Koorliny Moort paediatric outpatient services

Koorliny Moort Walking with Families is a statewide tertiary paediatric service for Aboriginal children and adolescents who are at risk and unable to access mainstream paediatric services in the Perth metropolitan region for paediatrician assessment of medical or neurodevelopmental concern. The service operates two streams of care:

1. Paediatric outpatient services (including outreach).
2. Ambulatory care coordination.

**Eligibility**
All children must identify as Aboriginal and be aged 16 years or younger and:

- live in Western Australia
- have planned hospital appointments at PCH with two or more specialties
- have complex health care needs
- have family/carer consent to engage.

All referrals require a completed Koorliny Moort Referral Form.

For urgent referrals (less than seven days), GPs can contact Perth Children's Hospital switchboard on 6456 2222 to discuss with a Koorliny Moort clinician.

More information including priority eligibility criteria is available on the PCH website.

Dr Claire Bowden
Hospital Liaison GP, Perth Children's Hospital
PCH.HospitalLiaisonGP@health.wa.gov.au
(08) 6456 3317
Available: Monday

## Sir Charles Gairdner Hospital outpatient clinic for vestibular disorders

Patients with vestibular disorders such as Meniere's disease or labyrinthitis often experience lengthy delays in obtaining an accurate diagnosis and treatment.

A collaboration between the Sir Charles Gairdner Hospital (SCGH) ear nose and throat (ENT) and physiotherapy departments is looking into how establishing a vestibular diagnosis can be streamlined. This is done by having an advanced scope vestibular physiotherapist complete the initial assessment and arrange further investigations for the patient.

The vestibular physiotherapist works in conjunction with an otologist in the outpatient clinic (who provides medical oversight). Patients with vertigo, dizziness and balance disturbances are appropriate for this clinic and may include (but are not limited to) people with Meniere's disease, benign paroxysmal positional vertigo, other positional vertigo conditions, possible superior semi-circular canal dehiscence and undifferentiated vestibular disorders.

Patients can be seen in this clinic by referral to SCGH ENT via the Central Referral Service, indicating they may be suitable for vestibular advanced scope physiotherapist in the 'reason for referral'.

Referrals will need to meet current Dizziness/vertigo Referral Access Criteria

Patients with other symptoms such as otalgia and otorrhea may not be appropriate for this clinic and will be placed on the appropriate ENT clinic waitlist.

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# Clinical updates

## New chronic condition management resources to support general practices

MBS Online has recently published the Upcoming Changes to Chronic Disease Management Framework confirming the new framework for chronic condition management from 1 July 2025.

New resources have been released to support general practices with making small but manageable changes and to adapt to the new GP Chronic Conditions Management MBS Items:

- Chronic Conditions Management MBS User Guide
- Chronic Condition Management QI Workbook.

More information on the changes is available in this Practice Assist Factsheet and on the Australian Government Department of Health, Disability & Ageing website.

## Perth and Pilbara measles update from WA Health

WA Department of Health is encouraging overseas travellers and fly-in fly-out workers to get vaccinated against measles, following two new recent measles cases.

A measles alert was issued by WA Department of Health in July for three cases of measles detected in the Perth and Pilbara regions. Two additional cases linked to this cluster have recently been identified.

The alert has been updated to include the latest exposure sites, including affected flights between Perth and Bali, Indonesia.

A new Measles quick guide for primary healthcare workers is also available.

## Update from WA Health on hepatitis screening and treatment

GPs are crucial to achieving the national goal of eliminating hepatitis C as a public health threat and increasing the treatment rate of people living with chronic hepatitis B to 20 per cent by 2030.

A recent update from WA Department of Health highlights key points and practice tips for GPs screening for and treating hepatitis B and C. Support is also available to help GPs manage people living with chronic hepatitis B without the need for routine onward referral to tertiary hospitals. The Hep B Hub WA is a state-wide clinical advice service delivered by Royal Perth Hospital, that provides GPs and nurse practitioners with online or in-person support, education and clinical advice about managing chronic hepatitis B. GPs and nurse practitioners can email HepBHubWA@health.wa.gov.au with any questions and receive a response within two business days – no formal referral is necessary.

Links to the further information, training and resources:

- Refer to the WA Health Silver book for hepatitis C and hepatitis B clinical guidelines.
- Visit The Stigma-Free Standard for inclusive and stigma-free service delivery.
- Online training for GPs and nurse practitioners can be found at Training Courses in HIV, Hepatitis & Sexual Health.

## Adult case of meningococcal disease reported in WA

WA Department of Health reported an adult has been recently diagnosed with meningococcal serogroup B disease and is recovering in hospital. Nine cases of invasive meningococcal disease have been reported in 2025, and there was one death in July. In 2024, a total of 13 meningococcal cases were reported.

## ATAGI statement on RSV administration errors

Recent reports to the Therapeutic Goods Administration (TGA) and state and territory safety surveillance systems, along with data from the Australian Immunisation Register (AIR), indicate that some respiratory syncytial virus (RSV) immunisation products have been used incorrectly.

The updated statement from the Australian Technical Advisory Group on Immunisation offers guidance on the use of RSV vaccines, how to avoid errors, and steps to take in the event of incorrect use.

It should be read in conjunction with the RSV chapter of the Australian Immunisation Handbook and information on correct administration published by the TGA.

Read the Statement on Respiratory Syncytial Virus immunisation products and prevention of administration errors.

## Australian report on chronic conditions

The Australian Commission on Safety and Quality in Health Care (ACSQHC) has released the Patient-Reported Indicator Surveys (PaRIS) Australian National Report 2025.

Collecting information from patients living with chronic conditions across 19 countries, the aim of the research was to understand patient experiences and outcomes in primary health care.
Australia performed well across all 10 health measures and was in the top five countries in quality of care, coordination of care, person-centred care and physical health.

The findings also suggested there is room for improvement in the areas of mental health, wellbeing and social functioning.

Access the PaRIS Survey: Australian National Report 2025 and summary resources on the ACSQHC website

## New campaign to increase return rates of free bowel screening tests

Only 40 per cent of Australians return their free bowel cancer testing kit. To try and increase the return rate of this life saving test, the Australian Government Department of Health, Disability and Ageing, has partnered with various organisations to promote the National Bowel Cancer Screening Program to Australia's most under screened audiences.

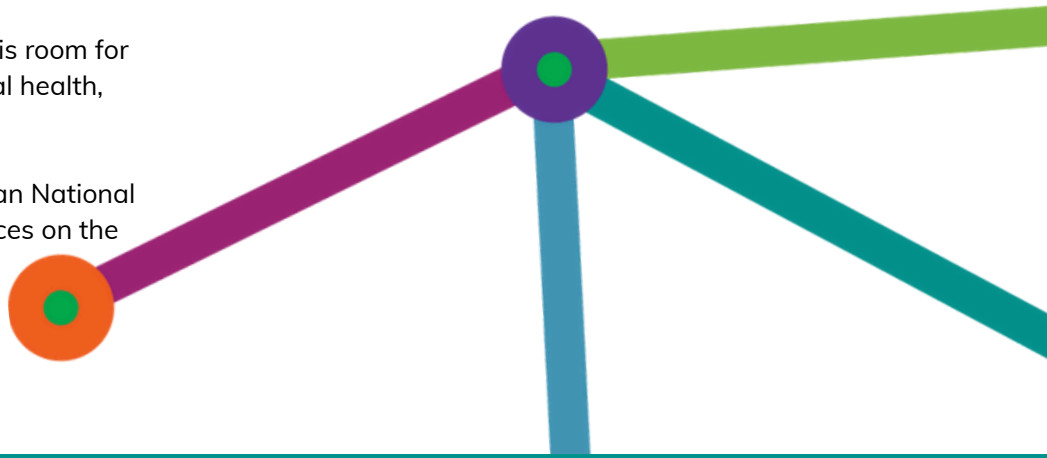
The Get behind it! team have engaged with some of Australia's best known sporting legends and TV personalities to help tell their personal stories, raise awareness and encourage 45-74 year old Australians to do the simple test every two years.

Your practice can register as a campaign partner to receive free resources and help spread awareness about the importance of completing the free National Bowel Cancer Screening Program kit.

## Australian-first clinical guidance for prescribing HIV PEP

This two-page resource from ASHM provides clinicians with considerations around and guidance on prescribing HIV post-exposure prophylaxis (PEP) in Australia.

Decision Making in HIV PEP includes updated advice from national guidelines, with the latest evidence-based recommendations on prescribing HIV PEP to encourage full adherence and provide person-centred care.



## 2024 Rural GP workforce report

Rural Health West's Rural General Practice in Western Australia – Annual Workforce Update 2024 is now available.

The report presents findings from the 2024 Annual GP Survey, including data on general practitioner numbers and locations, as well as observed changes and trends in Western Australia's rural GP workforce including:

- GPs practising in rural, remote and very remote areas increased by 5.8 percent, surpassing 1000 GPs for the first time (1009).
- The South West region has the highest number of rural GPs, with 348 practitioners making up 34.5 per cent of the rural GP workforce.
- The number of female rural GPs rose to 485, making up 48.1 per cent of the workforce - a growth of 36 GPs from the previous year and part of a consistent upward trend since 2001.

## New Australian data reveals 1 in 3 women live with migraine

The 2025 National Women's Health Survey, conducted by Jean Hailes for Women's Health, found that 30 per cent of women in Australia are living with migraine. A further 13 percent are likely to have recently experienced undiagnosed migraine.

The accompanying report combines findings from the 2025 National Women's Health Survey and Migraine in Australian Women project to provide up-to-date national estimates of migraine prevalence, as well as insight into how the condition affects women in Australia.

Download Migraine in Australian women at the Jean Hailes for Women's Health website

# GP education and training

## New guidelines and cold chain education for GPs and all staff working at immunisation services in WA

To support general practice and other immunisation providers to reduce vaccine wastage, cold chain breaches and potential revaccinations, WA Department of Health has developed an online education module and accompanying cold chain guidelines.

This stand-alone module aims to assist all immunisation providers (clinicians and administration staff) to increase confidence in the safe storage and management of vaccines and reporting potential breaches that may occur. Registration instructions for accessing the eLearning platform are available on the WA Department of Health Immunisation Education webpage.

Should you encounter any issues with the eLearning Module, please contact immunisation.education@health.wa.gov.au. For vaccine ordering queries, please continue to contact vaccineorders@health.wa.gov.au.

## Support to build capability and improve the quality of dementia respite care

The University of Tasmania's (UTAS) Dementia Respite Education and Mentoring (DREAM) program offers free, expert-led training and coaching. It helps health and aged care workers deliver more confident, compassionate and evidence-based respite care.

Funded by the Australian Government, DREAM is designed to uplift dementia respite care across all health and community settings through:

- free online training
- CPD points for professional development
- expert coaching
- peer support to connect with others in the sector.

Find out more at UTAS website.

Should you encounter any issues with the eLearning Module, please contact immunisation.education@health.wa.gov.au. For vaccine ordering queries, please continue to contact vaccineorders@health.wa.gov.au.

## General practice de-escalation workshops

August to September | Online | WA Primary Health Alliance and Benchmarque Group

Aggression in health care is a growing concern, but with effective de-escalation techniques, general practice teams can better manage challenging situations and prevent escalation.

Originally developed for WA Medicare Urgent Care clinics, registrations have now been extended to all general practices. Access more information and register via the links below:

- Tuesday 19 August
- Wednesday 20 August
- Thursday 21 August
- Monday 1 September
- Tuesday 2 September
- Thursday 4 September

## WA Department of Health Voluntary Assisted Dying training workshop

Friday 22 August | 8.30am to 4.30pm | Sir Charles Gairdner Hospital

Medical and nurse practitioners interested in undertaking voluntary assisted dying (VAD) approved training are invited to participate in these thoughtfully designed workshops from WA Department of Health providing an introduction to VAD in Western Australia.

Participants will gain valuable insights from key stakeholders, including the Statewide Pharmacy Service, Statewide Care Navigator Service, the VAD Board and experienced VAD practitioners. With a focus on real-world care practices, the workshops offer practical relevance, equipping attendees with the knowledge and confidence to better support patients considering or accessing VAD services

Email nmhs.vad@health.wa.gov.au for more information and to register.

Practitioners based in regional areas may be eligible for funding through the Regional Access Support Scheme to complete aspects of the training.

## Cervical screening update for the Pilbara region

August to September | Online | Rural Health West and Pilbara Health Professionals Network

Join Noni Osland, Health Professional Education Officer at the WA Cervical Cancer Prevention Program to discuss the 2025 updates to the National Cervical Screening Guidelines. Sessions will equip all health professionals with the knowledge to discuss and implement these guidelines effectively, ensuring improved patient care and outcomes in the Pilbara region.

- Paraburdoo | Monday 18 August 2025 | 5.30pm–7.00pm
- Tom Price | Tuesday 19 August 2025 | 5.30pm–7.00pm
- Newman | Wednesday 20 August 2025 | 1.00pm–2.00pm

Find out more and register


## Introduction to the Doctors Access List

21 August | 7pm -8pm | Online | Doctors Health Advisory Service WA

Join the Doctors Health Advisory Service WA for an interactive online session on the recent update of the "Drs for Drs" service to the Doctors Access List. including:

- a practical overview of the Doctors Access Project (DAP)
- the role of Doctors Access List practitioners
- the evolving supports available through DHASWA.
- practical tips and wisdom for treating doctors
- our pilot doctor friendly practice program

Register

## Understanding bulk billing changes for GPs and practice managers

On-demand* | Australian Government Department of Health, Disability and Ageing

This webinar held on 4 August 2025, explained how the upcoming changes to bulk billing incentives in general practice are intended to provide additional funding to GPs and practices that bulk bill patients and facilitate patient access to primary care services.

Learn what to expect when these changes come into effect 1 November 2025.

*Watch the recording

## GP engage: Palliative care services across Fiona Stanley Fremantle Hospitals Group

21 August | 3.30pm-8pm | South Metro Health Service | Fiona Stanley Hospital

Join Fiona Stanley Fremantle Hospitals Group (FSFHG) Head of Palliative Care, Dr Michael Thompson and colleagues as they discuss working together to support patients in their final journey. Through thoughtful presentations and collaborative discussion, attendees will gain valuable insights and skills to improve patient care and support.

WA Primary Health Alliance Activity Lead, Tish Morrison will also present on the Greater Choice for At Home Palliative Care program.

Register

Contact smhshealthpathways@health.wa.gov.au for more information.