



REFERRING ON

by Dr Avril Brereton

Effective referral to General Practitioners (GPs) from Health, Education and Welfare Professionals

Early screening, discussion with concerned parents and observations of young children in a social or educational setting may all lead to the need to refer to a primary health practitioner. In the case of children already diagnosed, follow up appointments to monitor health issues and developmental concerns may be warranted. Often the medical person to refer on to first is the General Practitioner (GP).

Below are some excellent recommendations from Dr David Rodgers, a GP who is also a member of the Regional Autism Coordination Team (ReACT) in the Hume region.

Establish good rapport with your GP, and recruit him/her as a member of a treatment team.

Meet your GPs, and tell them about your service; don't assume that they will know about it. Ring and speak with the Practice Manager and arrange a time to meet with the doctors. There are usually regular practice meetings, and you can request to attend to present information. This may take a month or more to arrange and will not infrequently be out of hours. Take written material (brochures, etc) about your service, with contact details, and where your service fits in with other organizations in the region. Explain what you do, and how you need the GP to be involved. Meeting someone face to face makes it much easier to work with them and communicate in future.

Find the GPs in the area who have an interest in working with children, in primary health and in collaboration.

While GPs are generalists, most people have areas they are specifically interested in. How do you find out who is interested in this area of work? By word of mouth from clients/patients,

by contacting the GP Division and asking if they could perhaps advertise in their regular newsletter or by seeing who turns up to meetings or public fora where autism issues are discussed. Finally, a novel approach, just ask them if they are interested.

Clearly communicate in your referral to the GP what your specific concerns are, and what you feel the outcome should be.

This is particularly important if you feel the client requires a referral to a specialist such as a paediatrician. Avoid saying “*You have to do this*”. This does not work well with anyone. If you have done a formal assessment, (eg CHAT or DBC), record that in your letter (and what it means). If you are really concerned, ring the doctor as well. It is not always possible to speak with him/her at the time, but they should get back to you.

Follow up by yourselves is very important.

It is now a medicolegal and accreditation requirement for GPs to follow up significant results and referrals and ensure they are acted upon. I would suggest that you develop similar protocols for your service if they do not already exist. Contact the client/patient concerned to find out how things went. Make a routine follow up appointment with your client to observe progress. If you are sure that further follow up is required, or that your initial concerns have not been dealt with, recontact the GP outlining your concerns or consider referring the child and family to another GP.

To sum up:

- 1. Establish a relationship with the GPs in your area**
- 2. Outline specific concerns in the written referral**
- 3. State recommended outcomes**
- 4. Back up the referral with results of any formal assessments**
- 5. Follow up the results of the referral**

You may feel this is a lot of work, but it is far more efficient, not least for the long suffering client, than repeated ineffectual consultations, without any outcome. This will result in far better communication and team building in the region.