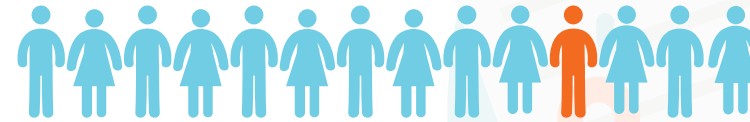


Gold Coast Primary Health Network (GCPHN) has developed a new Advance Care Planning campaign designed to reach a larger audience and create third-party endorsement towards overall acceptance that everyone should have an Advance Care Plan. This campaign was presented to the Community Advisory Council (CAC) who gave their feedback.

13 out of 14 CAC members



either **STRONGLY AGREED** or **MODERATELY AGREED** that the messages in the campaign were **EASY TO UNDERSTAND**.

13 out of 14 CAC members



either **STRONGLY AGREED** or **MODERATELY AGREED** that the campaign will **RAISE AWARENESS** of advance care planning.

11 out of 14 CAC members



either **STRONGLY AGREED** or **MODERATELY AGREED** that the campaign will **ENCOURAGE** community advocates for advance care planning.



What else did CAC members have to say about the Advance Care Planning campaign?

- » Overall the CAC members were **very supportive** of the look and feel of the campaign and felt the current messages would resonate well with audiences.
- » CAC members discussed the imagery in the campaign and suggested **more variety** should be included such as families, young people, couples, children and grandchildren, members of the culturally and linguistically diverse community and Aboriginal and Torres Strait Islander peoples.
- » Some CAC members suggested that Advance Care Plans should be **available in other languages**.



Timing

- » Some CAC members suggested that an ACAT Assessment **could tie in** with other processes, such as completing a will, applying for a Senior's Card or when linking to My Health Record.
- » However CAC members felt that an ACAT assessment could be considered a **traumatic** time for the person involved and **may not be an appropriate time** to talk about Advance Care Planning.

Community Advisory Council (CAC) members were presented with the current Older Adults Needs Assessment Summary and participated in discussion and consultation around the work Gold Coast Primary Health Network (GCPHN) does in the areas of palliative and aged care. CAC members also fed back their personal experiences, knowledge and recommendations in both areas of aged care and palliative care.

PALLIATIVE CARE

- CAC members discussed that it can be **confusing** for families to find the right people to help them support loved ones at home. There is a need for more volunteers to support families in areas such as **housework, making meals, letting carers leave the house for a walk, social support or even just someone to talk to.**
- CAC members raised concerns around the **significant costs** that fall on families such as costs of **equipment, modifying homes and custom beds.**
- Concerns were raised around **after-hours doctors** advising they will not attend a palliative patient, which then transitions to a hospital visit.
- CAC members discussed upcoming changes to aged care funding means more **consumer-directed care.** Individuals may now have to **budget** for their needs and there is less of a role for general practitioners (GPs) to advocate for them.
- CAC members provided **positive feedback** regarding palliative care nurse services.
- CAC members agreed they would **prefer** to see their own GP **actively involved** in their care, rather than only having palliative care specialists.
- CAC members agreed that there can be a **lack of connection** between general practice and the hospitals and raised concerns that GPs can become slightly excluded once specialists are involved.



13 out of 14 CAC members

AGREED with the identified needs in the **Older Adults Needs Assessment Summary.** **ONE** CAC member **STRONGLY DISAGREED** with the needs identified.

It was suggested to include:

- demographic segmentation for the population including the Culturally and Linguistically Diverse community (CALD) and Aboriginal and Torres Strait Islander peoples.
- data regarding the percentage of people who end up in residential aged care facilities



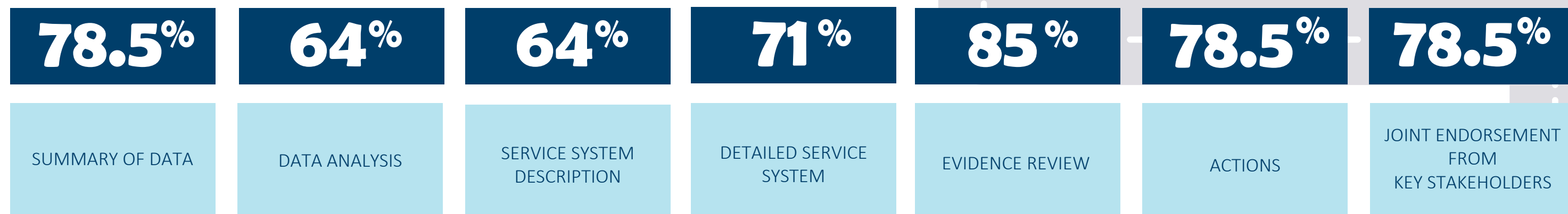
OLDER PEOPLE/AGED CARE

- CAC members agreed that **loneliness** was an issue with older people living at home and in aged care on the Gold Coast.
- CAC members agreed the **level of need is generally higher** for people living in residential aged care facilities.
- **Transport assistance** was highlighted as a **fundamental requirement** to supporting people at home.
- Some CAC members stressed the importance of people understanding where there are **bilingual doctors** and to have better use of translators.
- Consideration needs to be made around the **National Disability Insurance Scheme (NDIS)** because once NDIS Plan has been approved, entitlements continue past 65.

REGIONAL HEALTH PLANS CAC RESULTS, JUNE 2018

Community Advisory Council (CAC) members were presented with the topic of regional health plans and asked what they believed the purpose of a plan should be, what headings and content should be included and to provide any examples of what they consider a 'good' regional plan.

Percentage of members who thought the below components were **important or **very important** to include in a regional plan**



What else did CAC members have to say about regional health plans?

- Some CAC members felt the term “**regional plan**” was closely associated with town planning type issues, such as where GPs can establish services. It was noted that apart from basic town planning location of services (particularly private services such as GPs, allied health and private specialists) - it is business drivers that determines location.
- CAC members identified the **need to understand** and **incorporate** the **demographics** of the Gold Coast population into regional plan and how this influences services.
- CAC members generally agreed that the Gold Coast region should be divided into **sub-regions**, if differing regions have **different healthcare requirements**.
- CAC members discussed **future** regional plans and suggested to include **tourists** and **transient numbers** when relevant, to **encourage** the involvement with City Councils and that **strong consumer involvement** in informing the plan was important.
- CAC members suggested that regional plans should have a **long-term vision** and they should respond to **new information and community needs**. Larger regional plans should include goals, strategies and delivery monitoring.
- It was suggested that leadership of key organisations need to be **involved** and “**on the same page**”.
- Regional plans should include a timeline for agreed activities.

