

Community Advisory Council (CAC) members were asked to review Gold Coast Primary Health Network's (GCPHN) draft submission to the Royal Commission into Aged Care and to provide feedback. In particular, CAC members were asked how general practitioners (GPs) and graduates can be encouraged to go into aged care, visit in homes and residential aged care facilities (RACFs) and remain engaged in the industry.



Overall CAC members agreed that PHNs could develop an agreement between GPs, general practices and RACFs that sets out standardised expectations.

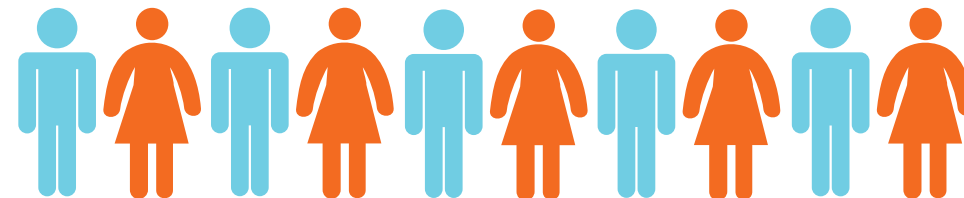
Currently there is no standardised way of expressing costs associated with Home Care Packages, making it difficult for people to clearly understand and/or compare packages.

These packages should clearly include a breakdown of fees, including the percentages of expenses that goes towards administration fees.



Consumers need to be educated and empowered to become engaged and accountable for their own care.

If the consumer/families are informed of the procedures and policies in place, and are aware of the constraints of GPs etc. they can monitor if the care is adequate and timely.



CAC members stressed the importance of addressing staffing ratios and staff training in RACFs, noting that future plans and reforms will not be successful unless this is addressed.

Suggested additions for the submission:

- Financial and legal protection information for elders
- Advocacy information



The current draft document does not promote the role for PHNs as well as it could. CAC members suggested that the summary currently on the back page be moved to the front page to help address this.

Community Advisory Council (CAC) members were asked to discuss the major issues not being addressed in the current Communicable Diseases Snapshot, identify issues with services or regions that lack services and what else should be included in the snapshot.



SEXUAL HEALTH

CAC members agreed there is not as much “fear” with the newer generations (as there was 30 years ago) when it comes to sexual health.

There appears to be a lack of understanding and education when it comes to:

- contracting diseases orally
- engaging in sexual activity with people from different age demographics
- the risks of cancer/HPV virus

CAC members felt that sexual education is important so teens are better informed.

More advertisements are needed around sexual health, with a focus on social media to target youth.



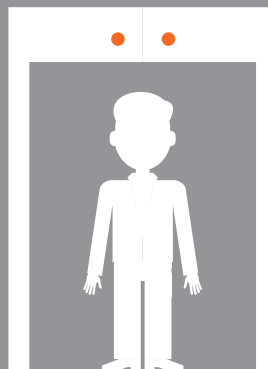
AT RISK

Homeless and other vulnerable community members lack access to services such as immunisations.

CAC members suggested a mobile immunisation clinic for those at risk, including the homeless and impoverished.



ADDITIONAL CONSIDERATIONS FOR THE SNAPSHOT



- Data comparisons in snapshot should be by year and age where possible.
- Programs need to be in place for incoming tourists e.g. thermal imaging to stop the spread of communicable diseases.



Community Advisory Council (CAC) members were asked to discuss the major issues not being addressed in the current Perinatal and Early Childhood Snapshot, identify issues with services or regions that lack services and what else should be included in the snapshot.

PERINATAL

Current process of mother and baby being followed-up by a midwife at home after birth was supported by CAC members.



CAC members noted that parenting grandparents do not receive all the same assistance and suggested that follow-up and support services need to “follow the baby”.

CAC members felt new mothers should have their mental health assessed in the pre and postnatal stages.

DISABILITY SERVICES

There was some confusion around the support available for children with a suspected disability and early childhood intervention services with the National Disability Insurance Scheme.

Long wait times, significant costs and limited number of clinicians leads to delays in assessment and also effects subsequent access to services such as speech pathology.

Consider including some disability specific data in the snapshot.

ADDITIONAL CONSIDERATIONS FOR THE SNAPSHOT

- Mount Tamborine, Ormeau, Pimpama, Southport and Labrador were flagged by CAC members as areas which struggle to use services due to accessibility issues.
- Many residents in the Northern Corridor and Mount Tamborine cannot drive or are not confident driving and the motorway is 30 minutes away. Taxis and Ubers are limited in the Mount Tamborine area as well.
- More information needs to be included around how people can support their families with health issues, including young children with disabilities and mental health.
- Child care centres and schools also have a range of supports for children.

MENTAL HEALTH, SUICIDE PREVENTION, ALCOHOL AND OTHER DRUGS JOINT REGIONAL PLAN

CAC RESULTS, SEPTEMBER 2019

Gold Coast Primary Health Network (GCPHN) and Gold Coast Health (GCH) are in the process of developing a Joint Regional Plan for mental health, suicide prevention, alcohol and other drug services. This Joint Regional Plan will establish a vision and guiding framework for what we collectively want to achieve in the Gold Coast region. After consultation with a range of people, including people with lived experience and clinicians, a draft vision has been developed. The Community Advisory Council (CAC) were invited to provide feedback about the proposed guiding framework.

Consensus from the entire group was that the look and feel of the draft vision document was *warm and engaging*.

CAC members suggested:

- Increasing the spacing between the text to make the wording clearer.
- Reversing the colours of **blue** and **orange** in the title to better grab attention.



73%

of CAC members **somewhat agreed** that the current guiding principles in the plan **are the right guiding principles** to create a better system.
*2 CAC members did not vote.

ALTERNATIVE PROPOSED WORDING CHANGES BY CAC MEMBER: The people of the Gold Coast live life with meaning and purpose with the help of a compassionate connected and diverse community.

DETAILED FEEDBACK WAS PROVIDED AROUND THE MESSAGING:

CAC members agreed that the overarching feeling and wording of “belonging” could be reinforced.

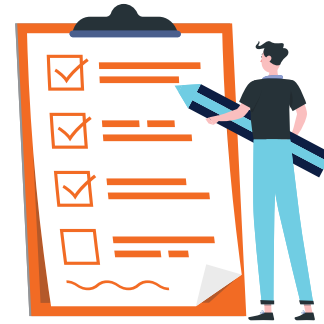
The draft vision document needs context around it to better explain what it is to anyone that reads it.

Heading with the word “diverse” could indicate that it’s “just for the diverse” and not necessarily for everybody.

69%

of CAC members **strongly agreed or somewhat agreed** that the current enablers in the plan **are the right enablers** to create a better system.





To support general practices, Gold Coast Primary Health Network have developed a Patient Health Information Consent Form. This form aims to obtain appropriate patient consent to share information, meet current privacy and security regulations and to develop ongoing systems to keep this up to date. Community Advisory Council (CAC) members provided feedback on the draft version of the form.

82% of CAC members said the form in its current version **MADE SENSE** to them. *2 CAC members did not vote



73% of CAC members said they **WOULD** sign the form.



Some members who answered 'no' said they would sign it if the 100-point check was removed or if they had the opportunity to ask additional questions.

15% of CAC members said the form was too complicated.



15% of CAC members said the form was confusing.



62% of CAC members said the form was too long.

DETAILED FEEDBACK AND RAISED ISSUES

Is it appropriate for patients who are homeless or who deal with mental health issues?

Is this form sufficient to protect general practitioners legally?

Suggestion to split the form into two sections. The first section should be about how data is used and the second section should be where the patient provides consent for the use of their data outside of normal care.

Consistent formatting, bold headings, capitalisation and clear highlighting of crucial information must be implemented in the final version.

Some CAC members suggested categorisation amongst bullet points could help display the information more clearly.