Gold Coast Primary Health Network

ANNUAL REPORT 2020-2021

Building one world class health system for the Gold Coast

phn
GOLD COAST

An Australian Government Initiative

Artwork:
Narelle Urquhart.
Wiradjuri woman.

Artwork depicts a strong community, with good support for each other, day or night. One mob.

Australian Government

phn GOLD COAST

An Australian Government Initiative

ihca CERTIFICATION

AS/NZS ISO 9001:2015 QUALITY CERTIFIED ORGANISATION

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Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and traditional practices of the families of the Yugambeh language region of south east Queensland, and their Elders, past, present and emerging.

ANNUAL REPORT JULY 2020-JUNE 2021

CONTENTS

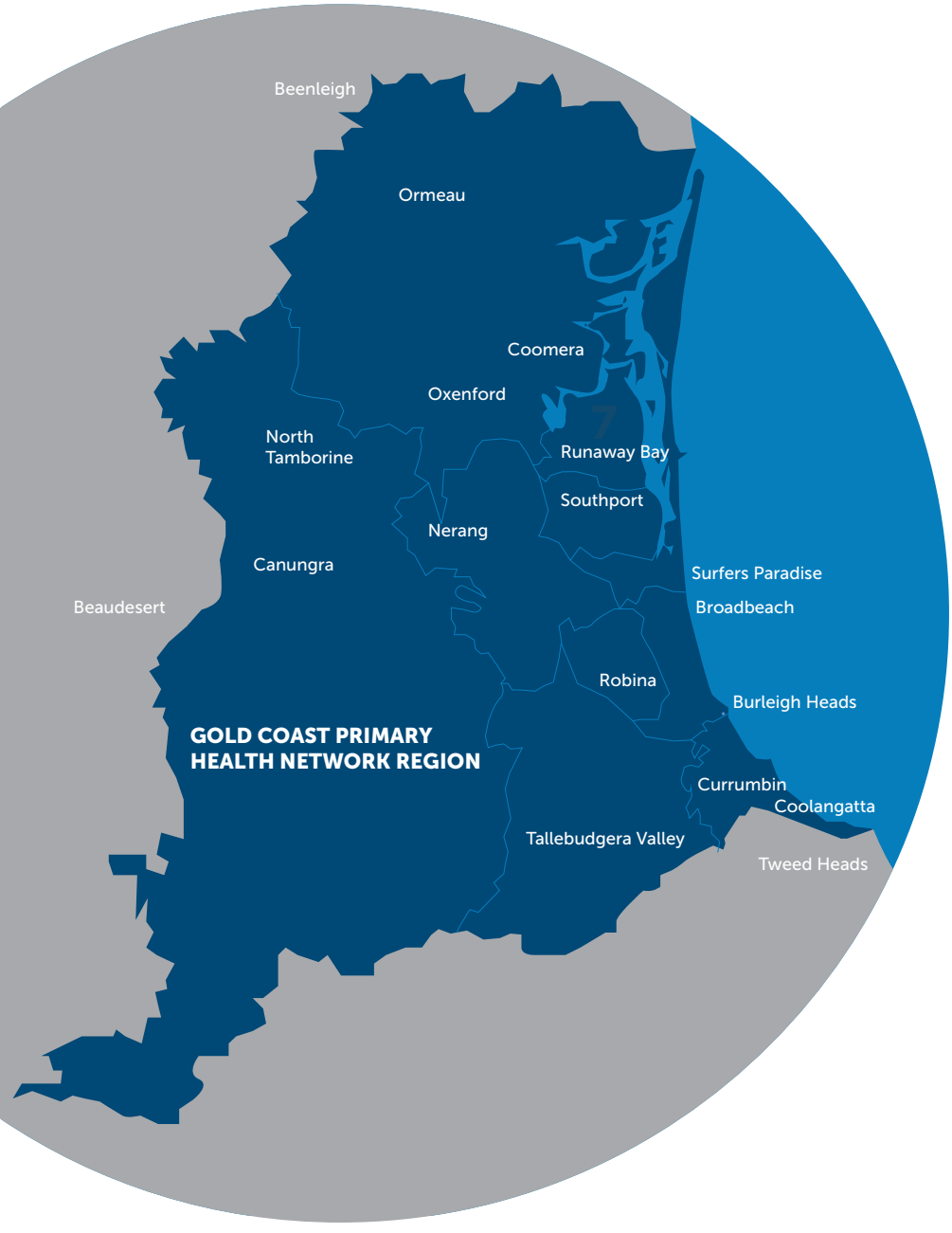
PROJECTS AND PROGRAMS

For Gold Coast Primary Health Network Financial Statements, 2020-2021 visit: www.gcphn.org.au

ABOUT GOLD COAST PRIMARY HEALTH NETWORK

Who we are

Gold Coast Primary Health Network (GCPHN) is an independent not-for-profit company and one of 31 PHNs established by the Australian Government, to identify the health needs of local communities, fund and improve primary health services and keep people well and out of hospital.



What we do

We play an instrumental role working with the local health sector and Gold Coast community to improve health services for residents by:

- Identifying the health needs of local residents and designing solutions to meet those needs. This includes identifying service gaps, assessment, planning and establishment of health services.
- Funding health organisations to provide local health services e.g. mental health/persistent pain services.
- Helping the health system work better together for patients and families. This includes establishing effective collaboration with local health services and supporting health professionals, including GPs, to improve the quality of patient care.
- Encouraging and supporting improvements in the delivery of primary healthcare services to patients including initiatives aimed at improving disease prevention and management, raising patient awareness and improving access to appropriate services.
- Promoting a culture of efficiency, accountability and continuous improvement in the delivery of primary health care services locally.

OUR VISION

'Building one world class health system for the Gold Coast'

OUR STRATEGIC GOALS

- Improve coordination of care to ensure patients receive the right care, at the right place, at the right time and by the right person.
- Increase efficiency and effectiveness of health services for patients particularly those at risk of poor outcomes.
- Engage and support general practice and other stakeholders to facilitate improvements in our local health system.
- Be a high performing, efficient and accountable organisation.

OUR VALUES

SUSTAINABLE
Efficient, Effective, Viable

INNOVATIVE
Flexible, Pioneering, Evolutionary

EVIDENCE-BASED
Research, Documenting, Transparent

COLLABORATIVE
Partnerships, Integrated, Engaged

INFLUENTIAL
Visible, Valued, Courageous

ACCOUNTABLE
Respect, Responsible, Outcomes

QUADRUPLE AIM

How we measure success

How we measure the success of our activities is underpinned by the Quadruple Aim, which allows us to measure our strategic objectives through what we aim to achieve – improved patient outcomes, improved clinical performance and high value healthcare.

OUR STRATEGIC FRAMEWORK

to ensure people receive the right care at the right place at the right time by the right person

Strategies

Collaborate with stakeholders and partners to develop innovative evidence based models of care for identified health needs.

Provide leadership and influence through partnerships and alliances to improve the coordination of care.

With partners, increase the breadth and depth of information in the Health Needs Assessment to inform joint planning and investment, to better integrate and coordinate commissioned services.

Develop and support disaster response capabilities in primary health care.

of medical services particularly for those as risk of poor health outcomes

Strategies

Develop a comprehensive, high performing primary healthcare sector that enables the person centred medical home model.

Develop a digital health strategy that drives value and quality improvement across primary and secondary care to improve health outcomes for people.

Drive better health outcomes and value in healthcare by supporting general practices to use advanced data analytics such as Primary Sense™ and Primary Health Insights.

Provide professional development and quality improvement programs to support digital transformation within general practice teams (and in time the broarder primary care sector) including improving data analytics, use of decision support tools, risk stratification, My Health Record, secure electronic messaging, health pathways and smart referrals.

Foster participatory health towards achieving outcomes that matter to our community.

Actively engage and advocate for general practice and other stakeholders to facilitate improvement in our local health systems

Strategies

Support the development of the primary care workforce and change management in the sector.

Work towards developing and incorporating consumer outcomes and Patient Reported Measures into service contracts.

Work with training providers to better deliver education opportunities including using digital formats with an emphasis on priority health needs and quality practice.

Be a trusted source of information in the sector through developing, sharing and promoting.

Accurately curate information to ensure general practice, the primary care sector and other stakeholders receive concise, practical, and timely information to inform their operations.

- advocacy for general practice and the primary care sector.

Provide strategic and policy advice to stakeholders including state and federal government, advocating for a high performing primary care sector.

Operate as a high performing, efficient and accountable organisation

Strategies

Establishing efficient, accountable and effective governance and commissioning systems.

Support and develop flexible, agile teams to align with core purpose and contemporary workplace operations and management best practice.

Monitor and measure performance against the quadruple aim of better health outcomes, improved patient experience, improved provider experience and reducing costs of services.

GCPHN HEALTH PROFILE

856
General practitioners (GPs)

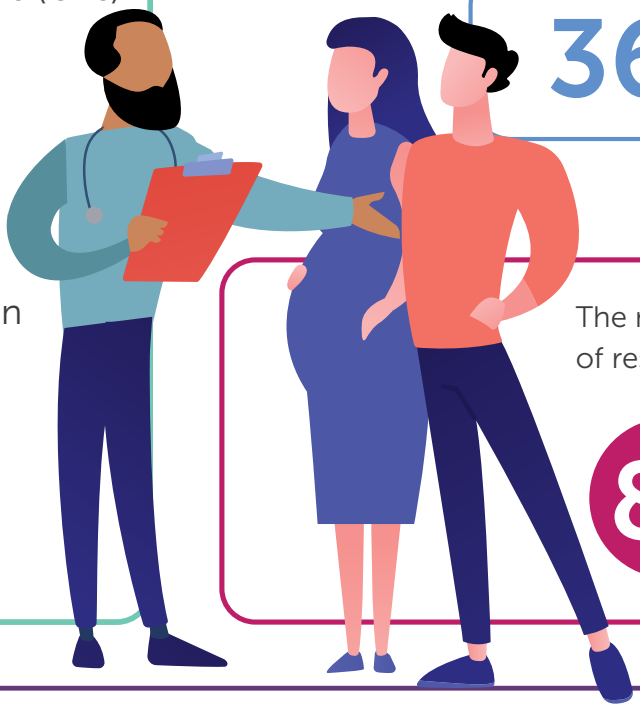
209
General practices

81%
of adults saw a GP in the last 12 months

83%
of GP visits are bulk billed

88% of people over 45 assessed their health as excellent, very good or good

36% of adults saw a specialist in the last 12 months



The median age of residents is **39**

81 is the average life expectancy

650,996
residents live in our region

Aged 0-14	117,634
Aged 15-24	82,210
Aged 25-44	178,610
Youth 45-64	162,010
Aged 65+	110,532

12,818
residents identify as Aboriginal and Torres Strait Islander people

67,858
residents were born in non-English speaking countries

AN AVERAGE DAY ON THE GOLD COAST...

9

People are born
11 people die

1,518

Visits are made to a general practitioner

19,509

Prescriptions are filled under the Pharmaceutical Benefits Scheme

474

People present to Gold Coast University and Robina Hospital Emergency Department
(excluding viral infection)

30%

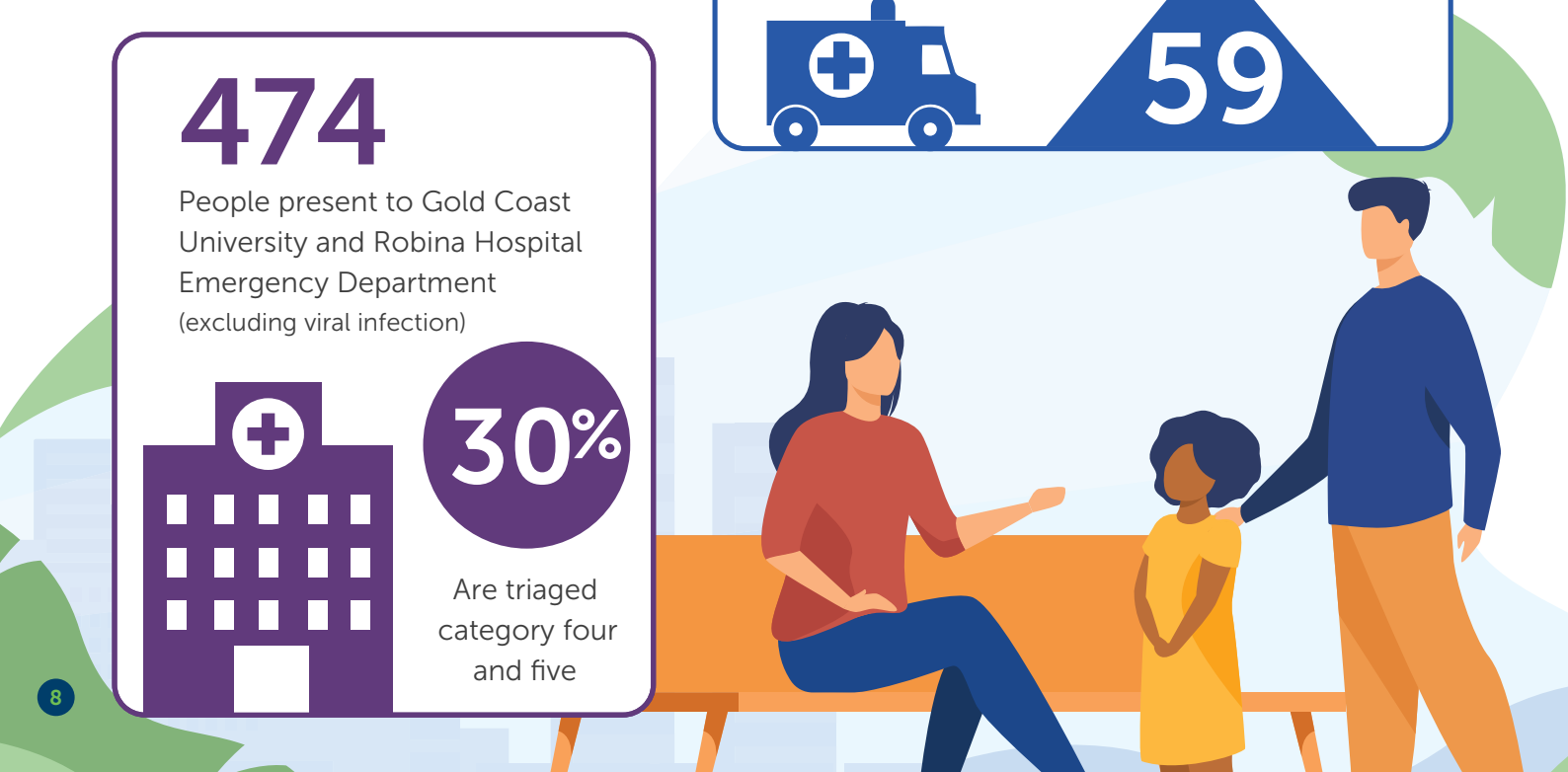
Are triaged category four and five

7 People are diagnosed with cancer

- **9** People die of cancer (lung, colorectal, prostate, pancreatic, breast or cancer of unknown or ill-defined primary site)
- **170** People participate in the National Bowel Cancer Screening Program (aged 50 - 74)
- **127** People participate in BreastScreen Australia (aged 50-74)
- **219** People participate in the National Cervical Screening Program (aged 25 -74)

People are hospitalised at Gold Coast University and Robina Hospitals which potentially could have been prevented by timely adequate health care in the community.

59



OUR BOARD

GCPHN is governed by a diverse skills-based Board, comprised of GPs and broad sector representation. The Board also takes it advice from its advisory councils.

Top row, left to right: Dr Roger Halliwell *(Board Chair),* Damian Green, Kieran Chilcott, Victoria Beedle.
Bottom row, left to right: Dr Ka-Kiu Cheung, Dr Lisa Beecham, Prof. Julie-Anne Tarr

GCPHN COMMUNITY ADVISORY COUNCIL

Pictured opposite

The GCPHN Community Advisory Council has a diverse membership of local residents who provide advice to the Board, to ensure that any services or programs consider the needs of health consumers and are locally relevant and cost-effective.

GCPHN CLINICAL COUNCIL

Pictured below

The GCPHN Clinical Council is comprised of health professionals including GPs, allied health professionals and specialists with considerable experience across the primary care sector.

The council ensures that clinical advice is provided to the Board to assist in decision making.

Picture current, May 2021.

COLLABORATION

We work with Gold Coast residents, health professionals, organisations and other stakeholders, to inform the decisions we make and services we fund. This includes Gold Coast Health, hospitals, local, state and federal agencies, general practices, universities, health consumers and the broader community.

OUR SUCCESSES
(JULY 2020 – JUNE 2021)

- We successfully supported the COVID-19 vaccine program rollout, resulting in 145 general practices participating in the COVID-19 vaccine program, administering AstraZeneca and Pfizer vaccinations to Gold Coast residents.
- We have provided a coordination and communication support role to help residential aged care facilities access COVID-19 vaccinations for their residents and staff.
- We developed an extensive media strategy to promote important COVID-19 information to the community, reaching an estimated audience of 3.6 million people through radio, television, online and print media.
- Increasing demand for services saw 8,245 unique clients access our mental health programs against an annual target of 6,600. This included care coordination services, psychological services, early psychosis services and low intensity services.
- The Suicide Prevention Community Action Plan has been launched, as an initiative of the Joint Regional Plan for Mental Health, Suicide Prevention And Alcohol and Other Drug Services, to strengthen relationships and collaboratively implement suicide prevention activities for the Gold Coast.
- In the last 12 months, the Gold Coast Referral and Triage Service operated by Primary and Community Care Services (PCCS), which is a central point for health professionals to support their patients and for individuals to access mental health services, received 1,248 enquiries and 3,331 referrals.
- As part of the project to support children and young people in care, 184 children are on the health assessment pathway, to monitor their health and wellbeing, more than double the year prior.
- In the last 12 months, the newly commissioned Way Back Service assisted 551 clients, and of a survey of 141 participants, 73 per cent reported significant improvement.
- The PCCS After-Hours Safe Space, for people experiencing mental health concerns outside of regular business hours, has had more than 3000 service contacts. Due to demand, an additional Safe Space hub is planned for opening in October 2021.
- Through the Turning Pain into Gain program, 354 clients have been helped to manage their chronic pain concerns.
- As an additional service to the Southport facility, headspace Upper Coomera was launched in July 2020, to provide additional mental health services to young people aged 12-25. In the last 12 months, a total of 3,354 young people have received support.
- 436 people accessed the NewAccess low intensity mental health coaching program, with 62 per cent of clients experiencing significant improvement.
- We have commissioned the QuIHN Community Withdrawal Program, as a pilot program, to support local residents to withdraw from alcohol and drug addiction in the comfort of their homes.
- The Psychological Services Program, for more vulnerable members of the community, has supported 1,459 people in the last 12 months.
- The Lighthouse program has supported 89 young people, aged 12-18 to better manage the impacts and symptoms of past complex trauma and work towards creating positive life changes.
- A total of 789 medical and nursing students were involved in the Clinical Placements Program in which GCPHN partnered with Griffith, Bond and Southern Cross Universities, to train the next generation of GPs and practice nurses by placing them in general practices around the Gold Coast, Northern NSW and Brisbane.
- We have launched our Reconciliation Action Plan, to embed cultural understanding into our internal and external activities, striving for equal health, social and emotional wellbeing outcomes for Aboriginal and Torres Strait Islander peoples through a culturally informed, welcoming and proud environment.
- The GCPHN developed Primary Sense™ software tool to assist practices identify patients most of risk of poor health or disease, was awarded a special commendation at the Bond University Sustainable Health Care Awards, 2021.
- There were a total of 156,820 GCPHN website users in the 2020-2021 year, an increase from 96,112 in the previous year.
- In the last 12 months, we held 57 education and training events (38 online and 19 face-to-face) attended by 1,010 people including GPs and other health professionals, service providers and stakeholders.
- 467 consumers have commenced the *My Health for Life* Program, to reduce their risk factors for developing a chronic disease, and satisfaction of this program is at 63 per cent, above the state average.
- 165 general practices in the GCPHN region are registered for and participate in the Commonwealth Practice Incentive Program Quality Improvement initiative. This initiative supports general practices to participate in data informed quality improvement activities aimed at improving patient outcomes and delivering best practice care.
- Palliative Care Health Pathways for the Gold Coast region have been developed in partnership with Gold Coast Health to improve service navigation, evidence-based care, care coordination and referral pathways.

CEO REPORT
MATT CARRODUS

The last 12 months has been dominated by the COVID-19 pandemic, as GCPHN has had to significantly reposition itself to support the primary care sector to manage the enormous challenges it has had to respond to.

GCPHN staff have shown great flexibility and commitment in addressing these challenges. This has included supporting the implementation of the vaccination programs into residential aged care services, disability residential services, general practices and vulnerable communities. A significant focus and a strong commitment has been to support general practices throughout the pandemic, and it has been satisfying to receive very positive feedback from general practice on the support provided to them, particularly in being a trusted source of information, by synthesizing and succinctly developing communications to general practices.

General Practice has been particularly impacted by the pandemic, personally, professionally and as businesses. GCPHN has been monitoring service delivery through practices, to assess the impact on usual care. Early in the pandemic there were concerns of reduced visits for ongoing chronic disease care, however during 2021 there were more visits to general practice than pre pandemic in 2019, reinforcing the high level of general practice activity during this period.

We are also very proud of our commissioned service providers who throughout the pandemic, have remained committed to providing care to vulnerable people. In many cases, these services have significantly increased engagement to respond to much higher levels of psychological distress and addiction issues.

Increasing demand for services saw 8,245 unique clients access our mental health programs against an annual target of 6,600. This included care coordination services, psychological services, early psychosis services and low intensity services. Very pleasing has been our growing integration and partnerships with Gold Coast Health Mental Health Services, culminating in the development of a Joint Regional Plan for Mental Health, Suicide Prevention and Alcohol and Other Drug services, to guide our integration of service delivery and workforce development into the future.

New services were also implemented, such as a new suicide prevention model for people in distress (risk of suicide) that can be accessed via primary care, which includes general practice as a central part of the service model. We also launched a new pilot program to help local residents struggling with alcohol and drug addiction, jointly funded through GCPHN and QuIHN, outside of business hours, either in people's homes or at the service. The establishment of a second After Hours Safe Space, jointly funded with Gold Coast Health, provides greater diversion from emergency departments to more appropriate community services for people experiencing an escalation in the metal health.

Staff across all areas of the organisation have worked incredibly hard, taking on new challenges while maintaining existing responsibilities, and have achieved great outcomes for our community.

I would like to thank all of our staff, our partners and our commissioned service providers, for their exemplary efforts during a very challenging period. I look forward to continuing our work over the next 12 months, which is shaping up to be no less challenging.

"It has been very satisfying to receive very positive feedback from general practice on the support provided to them, particularly in being a trusted source of information."

CHAIR REPORT
DR ROGER HALLIWELL

The last 12 months have been a follow-on from the early part of 2020, with COVID-19 having a significant impact on everyone. That we are in our relatively successful position in limiting the health impact on our population reflects a collaborative approach across our city, our state and our nation.

The team at GCPHN have worked with our partners to continue the work of filling gaps in patient services for our community. Mental health has always been a big part of our work, and more so than ever, this has been ramped up in the last 12 months. It is a tribute to the commitment of our service delivery partners that we have achieved more activities than ever before.

The strategic approach of leveraging digital health is continuing through Primary Sense™, a software solution that risk stratifies patients for clinical decision making as well as providing detailed population data for planning purposes. We are working with a number of other PHNs to expand the utility of this system across Australia.

We have continued our engagement at multiple levels with other organisations to be part of the primary care response in managing the COVID-19 emergency. This has included the very visible testing and vaccination programmes in the community, but also in innovating across the whole health care sector. In particular, the links between Gold Coast Health have continued to pay dividends for all.

I would like to acknowledge and thank our CEO and staff for their commitment to completing all contracted activities, but also for their 'can do' approach to the new activities required as the PHN network was tasked to deliver support to the primary care sector.

The governance of GCPHN has also been very engaged, responsive and effective. My fellow directors have all contributed to our supervision of the organisation and I thank them for their ongoing support.

"Our relatively successful position in limiting the health impact on our population reflects a collaborative approach across our city, our state and our nation."

COVID-19 RESPONSE

We have played an instrumental role during the COVID-19 pandemic, through crucial engagement and information to health professionals and the community, supporting the vaccination rollout with GPs, residential aged care facilities and vulnerable community members, supporting COVID-19 testing at GP led respiratory clinics, distribution of personal protective equipment (PPE) and promoting vaccination to improve uptake, through engagement and communication campaigns.

GENERAL PRACTICE SUPPORT

- We successfully supported the COVID-19 vaccine program expression of interest process resulting in 145 general practices participating in the AstraZeneca COVID-19 vaccine program. From March to June 2021, a total 147,300 doses were administered. We also supported the COVID-19 vaccine program expression of interest process resulting in 29 general practices participating in the Pfizer COVID-19 vaccine program, with 3,660 doses administered by 30 June 2021.
- We have provided ongoing support to general practices during the vaccination program, including assisting with inquiries relating to COVID-19 vaccine allocation, ordering, stock and cold chain management and keeping GPs informed about any updates to the ATAGI advice and information for their patients, on what to expect after their vaccinations.
- We set up a dedicated webpage for general practices participating in the COVID-19 vaccine program to access key resources and key information relating to the COVID-19 vaccine program, which had 23,267 total views to the end of June 2021.
- In the last 12 months, we have hosted seven interactive webinars with the Gold Coast Public Health Unit, Gold Coast Health, General Practice Gold Coast, Gold Coast Medical Association for GPs and the general practice audience. This provided not only locally contextualised updates but practical advice and opportunity for Gold Coast practices to raise issues and questions directly with peers involved in COVID-19 response.
- We managed and kept updated, a COVID-19 vaccine health pathway, which has now transitioned to Gold Coast Health for ongoing management. These pathways provide up to date information and clinical guidelines to general practice staff relating to the COVID-19 response and vaccination program.
- A quality improvement toolkit template was developed to assist general practices identify patients with potential poor outcomes from COVID-19.
- A training and education web page was developed to streamline and centralise access to relevant training in a response to COVID-19. GCPHN also funded a number of training opportunities to better equip general practice staff for the COVID-19 response.
- The practice support help desk continued to provide advice and information for general practices about the COVID-19 situation, through phone and email support.
- We collaborated with Gold Coast Health to assist staff in the primary care sector to receive a COVID-19 vaccine.
- We have continued to support the Commonwealth's four GP-led respiratory clinics in Nerang, Upper Coomera, Hope Island and Burleigh Waters, which offer both COVID-19 Pfizer and AstraZeneca vaccination as well as COVID-19 testing.

PPE distribution and vaccine consumables

- We have provided a key role in the distribution of Personal Protective Equipment (PPE) from the National stockpile which has been a significant logistical exercise, to ensure adequate supplies for GPs and other health professionals where commercial supplies are not available. In the last 12 months a total of 120,500 surgical masks, 3560 P2/N95 masks, 480 gowns and 730 goggles were distributed. In addition, we have provided health professionals with information on current PPE guidance and organised mask fit-test options for GPs.
- We were provided an emergency stock of vaccine related consumables for COVID-19 vaccinating practices, for when at times, there were low stock available through private medical supply companies.

Communication and Engagement

- We developed an extensive media strategy to promote important COVID-19 information to the community. In the last 12 months, the campaign reached an estimated audience of 3.6 million people through the radio, television, online and print media. Stories included restriction updates, how to stay COVID-19 safe, testing options, new pop-up clinics and the latest outbreaks and restrictions. In 2021, the focus shifted to the vaccination program, promoting GP and Gold Coast vaccination clinics, changing ATAGI advice, vaccine safety and the vaccination rollout.
- This campaign followed a targeted community campaign to promote testing options and important COVID-19 information, through advertising, pharmacies, GPs, MPs, libraries and the community.
- Additional marketing strategies have been supported by a dedicated social media strategy.
- The GCPHN website is a key communication tool, which provides important advice to GPs and local residents, with webpage hits for the last 12 months reaching a record 155,569.
- Communication with general practice and other key stakeholders to ensure timely and accurate information to assist in COVID-19 responses has continued, with 90 COVID-19 updates provided to General Practice in the 12 months from July 2020 – June 2021, achieving consistently high open rates, averaging around 40 per cent for these dedicated bulletins (up to 49 per cent in June 2021). Additional communications have also been distributed to vaccine providers, RACFs and pharmacies, specialists, and allied health.
- A new publication was introduced in March 2021, for practices participating in the vaccination program, with an average open rate of 53.9 per cent.
- We have continued to organise and chair meetings with Qld/NT PHN Communications Network, to share information and resources.

Residential Aged Care

- We are providing a coordination and communication support role as part of the COVID-19 vaccine program rollout to residential aged care facilities (RACFs) and have been supporting 58 facilities to access vaccinations for their residents and staff.
- This has included assisting with in-reach clinics, community-based-services and collaboration with Gold Coast Health, to provide additional staff vaccination options.
- We have provided targeted COVID-19 information to RACFS and the residential disability sector to support timely communication and have hosted four COVID-19 vaccine update webinars for RACF staff.
- GCPHN participates in the Queensland PHN COVID-19 vaccine leads meetings for both RACF and general practice to support a consistency in approach to communicating with and supporting the sector. Group membership includes a member of the Commonwealth Department of Health.

Disability

- We contacted organisations that provide services to the residential disability care sector to confirm the preferred COVID-19 vaccine pathway option for this sector is via a Commonwealth supported in-reach program. The Commonwealth is now coordinating directly to schedule in-reach immunisation clinics.

STAKEHOLDERS

We would like to acknowledge the significant collaboration with our partners and stakeholders in the continued COVID-19 response.

- Gold Coast Public Health Unit
- Gold Coast Health
- Queensland Health
- Australian Government Department of Health
- State Health Emergency Coordination Centre
- Australian Government Department of Health
- Health professionals (GPs, allied health, pharmacies, RACFs)
- GCPHN commissioned services
- Disability providers
- Local health and community services
- Local, state and federally elected officials
- Gold Coast community
- Kalwun Development Corporation
- Primary Health Networks

SYSTEM ENHANCEMENTS

ACROSS MENTAL HEALTH SUICIDE PREVENTION AND ALCOHOL AND OTHER DRUGS

Detailed planning, development and engagement underpins our work, to improve the way the healthcare system operates, performs and works together. Enhancing the system leads to efficient and effective services and ultimately improved health outcomes for Gold Coast residents.

JOINT REGIONAL PLAN

In July 2020, GCPHN and Gold Coast Health (GCH) launched the Joint Regional Plan for Mental Health, Suicide Prevention and Alcohol and Other Drugs. The plan was developed in collaboration with people with lived experience, clinicians, service providers and the broader community with an agreed shared vision that the people of the Gold Coast can live life with meaning and purpose within a compassionate, connected and diverse community. The Joint Regional Plan is a roadmap to guide and influence our work to deliver that shared vision.

Amidst a challenging year, including the impacts of COVID-19 across our work and community, GCPHN and GCH have continued to engage with stakeholders and have progressed a range of activities against the strategic roadmaps outlined in the Joint Regional Plan. Being a foundational plan, the initial focus has been on building the necessary foundations and strengthening partnerships through:

- establishment of governance arrangements
- a focus on better communication between services and across the system
- putting in place local arrangements for support and networking; and
- collecting the necessary data to demonstrate progress against the plan.

SUICIDE PREVENTION COMMUNITY ACTION PLAN

The Suicide Prevention Community Action Plan (CAP) has been developed by GCPHN, Gold Coast Health and Wesley Mission Queensland with support from the Care for Life Suicide Prevention Network, community groups and individuals with a lived experience. The plan strengthens relationships and collaboration for the planning, coordination, and implementation of suicide prevention activities for the Gold Coast. It is intended to foster supportive social relationships, encourage effective help-seeking and positive connections to health services, and support family harmony as well as a sense of purpose and control.

"Wesley Mission Queensland is the leading suicide prevention services provider on the Gold Coast and works first-hand with people who are having difficulties with their mental health or suicidal thoughts, and we know support needs to be holistic and recognise the importance of family, friends and community in helping people live rich and meaningful lives. We must work together to offer a cohesive plan of how to tackle this issue head on."

Wesley Mission Queensland CEO, Jude Emmer

"We have a strong foundation of collaboration and leadership in suicide prevention here on the Gold Coast and there is every reason for hope and optimism for the future."

Executive Director, Gold Coast Mental Health and Specialist Services, Mr Malcolm McCann

GOLD COAST PSYCHOSOCIAL ALLIANCE

GCPHN and Queensland Health have worked in partnership to develop the Gold Coast Psychosocial Alliance (GCPA). The GCPA meets regularly with providers of psychosocial support services and considers the needs within the Joint Regional Plan which aims to ensure people living with severe and complex mental health concerns have appropriate and adequate access to quality services that support them in the journey towards greater wellbeing.

AOD STRATEGIC PARTNERSHIP GROUP

The Gold Coast Alcohol and Other Drugs Strategic Partnership Group was established in November 2020. At one of the first meetings, the group endorsed the implementation of the Alcohol and Drug Information Service (ADIS) direct referral service in the Gold Coast region. Key providers including Gold Coast Health, QuIHN, Lives Lived Well, Drug Arm, Fairhaven and Anglicare are progressing formal agreements with ADIS to enable people to seamlessly connect with the most appropriate AOD treatment service.

HEALTH PATHWAYS

An exciting outcome of this past year is the implementation of HealthPathways in the region. With Gold Coast Health, we are collaborating to establish localised health pathways as a central point of reference for mental health, AOD and suicide prevention services. HealthPathways will provide increased support for primary care providers to respond to people presenting with mental health, alcohol and other drugs concerns and for people at risk of suicide.

IMPROVING SYSTEM NAVIGATION

The Joint Regional Plan consultation process highlighted the challenges community members and service providers face when trying to access mental health, suicide prevention, alcohol and other drugs support. Individuals and referrers are often unclear about available services and how to access them.

When people are not matched to the right service initially, they may become disengaged and opportunities for early intervention may be lost with people presenting to the system later in crisis.

We are working to improve system navigation in the region through the Gold Coast Referral and Triage Service operated by Primary and Community Care Services (PCCS). This service aims to match consumers to the right level of care at the right time.

The service provides a central point for receiving and assessing referrals for people requiring mental health and suicide prevention services, that are not in crisis.

This included:

- Developing a shared vision for triage and referral for mental health services in the Gold Coast region.
- Implementing the National Initial Assessment and Referral Guidelines into the intake process.
- Advocated for additional resources in response to a given predicted increase in people seeking support due to impacts of COVID-19.
- Aligned communications across our communique updates, website and direct contact points.
- In the last 12 months, 1,248 enquiries and 3,331 referrals were received, well exceeding the annual target with 100 per cent of referrals responded to within specified timeframe.

LIVED EXPERIENCE ENGAGEMENT

We proactively engage lived experience advisors in Mental Health Alcohol and Other Drugs, Suicide Prevention (MHAOD+SP) activities, which includes the selection processes for procurement of new commissioned services, as representatives on GCPHN executive committee groups, and as guest speakers to GCPHN events.

The MHAOD+SP commissioned providers are encouraged to include lived experience workers within their programs, such as the PCCS After Hours Safe Space co-design with Gold Coast Health and includes lived experience workers as predominant staff working alongside a clinician in more severe circumstances.

"I was in a relapse of my psychosis and got a referral from the GP and two days later I was parked on the side of the road and lost when one of the people from triage called and gave me hope. They were professional but warm, it was like an angel and it saved my life. I was linked in with my case manager the next day."

Information about triage provided during the satisfaction of service survey.

AFTER HOURS SAFE SPACE

With Gold Coast Health, people with lived experience, Queensland Health and a range of local providers, a joint co-design process has built on the existing after hours safe space service model in the region to support the needs of the community and be an alternative to the Emergency Department. The service is available for people experiencing low level distress and needing access to mental health supports outside of regular business hours. No referral is required.

See full report page 21.

YOUTH MENTAL HEALTH COLLABORATION

A coordinated and integrated approach between our funded services Early Psychosis, Lighthouse and Gold Coast Health is improving referral pathways for young people accessing these services.

This initiative has seen the development of interagency protocols for the referral and clinical care of young people between our funded services and Gold Coast Health Mental Health Services and has included the addition of a Project Officer – Case Detection position to our funded Early Psychosis service to assist in progressing this work.

This agreement to work together through shared outcomes with established joint working arrangements and protocols will now lead to a more consistent approach to intake, assessment and referrals while fostering collaborative relationships to enhance client care.

RESPONSIVE AND CONNECTED WORKFORCE

We are committed to identifying and facilitating access to shared development and networking opportunities to develop more standardised skills across the sector and in the last 12 months have supported:

- Sixteen education and training sessions attended by Gold Coast Health staff and/or the broader sector in 2020-2021.
- In consultation with Gold Coast Health, we piloted the Queensland Centre for Mental Health Learning courses to provide suicide prevention risk assessment and response training. Six training sessions were held, targeting clinical staff working with adults as well as clinical and non-clinical staff working with youth.
- Question Persuade Refer training for the community with promotion and media opportunities maximised through GCPHN communication channels. There has been strong uptake from a diverse range of stakeholders, with 405 participants as of 30 June 2021.

"I guess for me, it was to do that little bit of training, to make sure I was giving the right advice."

Ben, who completed QPR training

SUPPORTING CHILDREN AND YOUNG PEOPLE IN CARE

'Strengthening the health assessment response for children and young people in care' is a Queensland-wide project aimed at improving both the child safety and health sector response to the health needs of young people in care.

Funded by the Department of Children, Youth Justice and Multicultural Affairs until 2023, Primary Health Networks across the state, and child safety service centres, are leading this key system reform at a local level. This includes ensuring that general practitioners are applying the National Clinical Assessment Framework for Out of Home Care, improving access and timeliness of health assessments and improving integration and information sharing between health practitioners, the Department of Child Safety, families and carers.

In the last 12 months, there have been a number of system improvements on the Gold Coast particularly with Gold Coast Health, GPs and the Kalwun Development Corporation leading to improved health outcomes for vulnerable children.

ACHIEVEMENTS

- In the GCPHN region, there are 184 children on the health assessment pathway, more than double the number the year prior.
- 166 children received a comprehensive health assessment and 20 per cent received a dental assessment.
- 76 per cent of stakeholders surveyed, agree there is an increase in access and improved coordination of care for children as a result of the program.
- To improve pathways and streamline care, strategies, processes and partnerships have been developed between the Department of Child Safety including school-based youth health nurses, vaccination programs, NDIS Early Childhood Early Intervention, NSW Health for NSW placed children, Community Child Health and the oral health service.
- GPs in the GCPHN region now have access to comprehensive medical history for children in care prior to their health assessment. Engagement with GPs has continued with 70 practices and additional resources, including a quality improvement toolkit, has been developed and published.

STAKEHOLDERS

- Department of Children, Youth Justice and Multicultural Affairs
- Gold Coast Health
- Department of Child Services
- General Practice
- Kalwun Development Corporation
- Foster and kinship agencies
- Griffith University
- Allied health
- Department of Education
- National Disability Insurance Scheme
- NDIS – ECEI provider
- Non-government organisations
- Give a Smile

"Significantly reduced wait times with the public system for an individual child with dental issues due to PHN advocacy and relationships."

Department of Child Safety

CASE STUDY

This child was transferred to Gold Coast Child Safety from another region and was two-years-old when the Gold Coast Primary Health Network (GCPHN) health assessment pathway commenced. Firstly, the child safety Health Liaison Officer (HLO) - a role GCPHN developed into care coordination - arranged a child health development check with the community child health nurses. Up until this point, this key age milestone check had not been conducted. Ten days after this appointment, allowing time for information to be shared, a GP long appointment was booked with the child's existing family GP.

Upon speaking initially with the carer, the HLO was alerted to a number of health issues for this child. The carer was concerned that the child was "barely crying when the child hurt himself, not indicating full when eating, glazing over when in trouble". This and subsequent information obtained from the parent was provided to the GP in preparation for the appointment- a new process supported by the GCPHN.

After GCPHN upskilled the GP over the phone on the process, the child presented for a comprehensive out of home care health assessment using standard high-quality templates GCPHN provided. The health assessment noted that the child is anxious after seeing relatives and has poor sleep. Toilet training, sleep hygiene and oral hygiene were discussed. Checks covering milestones, hearing, speech, vision, systems and examination were all performed. Referrals to dietician, paediatrician and psychologist were issued for eating and pain sensation.

Shortly after the foster care placement changed. The new carer continued to take the child to the same GP for the six-monthly review as per the National Clinical Assessment Framework recommended timeframe. The child was now toilet trained and had no issues with sleep, meeting all milestones – "a happy child". Child Safety received all documentation about each health assessment and the management plan for their records and the GP remains in communication with the HLO.

JOINT COMMISSIONING

SUICIDE PREVENTION

In partnership with Queensland Health, we fund the Way Back Support Service, which was launched in July 2020, providing three months of tailored non clinical psycho-social support to people who have recently attempted suicide or at risk of suicide who have being admitted to Gold Coast Health hospitals. The support facilitator guides participants through their recovery, including helping build a personalised safety plan and linking them to health and community services and clinical care if needed.

In March 2021, the Northern Gold Coast Community Suicide Service was launched. This non-clinical service provides emotional, practical, and coaching support to people experiencing situational distress without the need to be referred to the emergency department or have a mental health care plan.

ACHIEVEMENTS

- In the 12-month period from June 2020 to June 2021, 551 clients accessed the Way Back Service and the Northern Gold Coast Community Suicide Prevention Service saw its first clients.
- From 141 people who completed an exit survey, 73 per cent reported a significant improvement.
- Initial satisfaction surveys have agreed or strongly agreed that participants are satisfied with the service, would recommend the service, and felt it supported and connected them during a time of need.
- A dedicated role for the Way Back Support Service was embedded at Gold Coast Health and has strengthened service and referral pathways through training, collaboration and data monitoring.
- A collaborative relationship between us, Queensland Health, Gold Coast Health, Beyond Blue and Wesley Mission ensures an integrated pathway of care between community and hospital services. As part of the national roll out of the Beyond Blue model, the Way Back Support Service is being evaluated across Australia to understand how the model works in a local context. As the Gold Coast is one of the busiest sites, it has been chosen to provide additional input and data to the evaluation.
- The Northern Gold Coast Community Suicide Prevention Service has built relationships with six community organisations who can refer into the new service.

SERVICE PROVIDER

- Wesley Mission Queensland

"Client supported by engaging in services and other professional support. Felt he could discuss things that he found difficult to discuss previously with professionals. Client is showing willingness and hope in his recovery."

Wesley Mission Queensland,
Quarterly reports

AFTER HOURS SAFE SPACE AND CO-LOCATION HUB

The Primary and Community Care (PCCS) After-Hours Safe Space situated within the Mermaid Beach site (Hub 1), was originally launched in 2018 as a service to support those within our community who experience mental health concerns, as an alternative to emergency department presentations during times of distress and needing access to mental health supports outside of regular business hours.

Support provided is in a non-clinical welcoming environment while having clinical expertise available. This includes mental health assessment, brief intervention, safety planning and emotional regulation support. Other activities in the After Hours Safe Space include games, art, movies, and well together group activities.

Due to the success of this program and increase in local demand, GCPHN and Gold Coast Health embarked on a joint commissioning process in early 2021 to co-design a regional model and determine the most appropriate location for a second site. The new service also run by PCCS opened in October 2021 and is situated in Southport.

In response to the high demand of psychosocial supports, Hub 2 was launched in June 2019 where a range of support services co-locate, providing clients with access to other mental health services, often for the first time. Co-locating services can include Centrelink, housing, employment, local area coordinators, GPs, registered nurses, social workers and more. In the last 12 months, there has been a significant increase in demand for these services, particularly among the homeless.

During the pandemic, the After Hours Safe Space remained open in line with COVID safe guidelines, with additional support was provided over the phone.

ACHIEVEMENTS

- 3,068 service contacts including: 137 service contacts for the first time
  - 117 identified as Aboriginal and Torres Strait Islander
  - 187 identified as culturally and linguistically diverse
  - 29 identified as LGBTIQAP+
  - 2,107 identified as being homeless or at risk of homelessness.

SERVICE PROVIDER

- Primary and Community Care Services (PCCS)

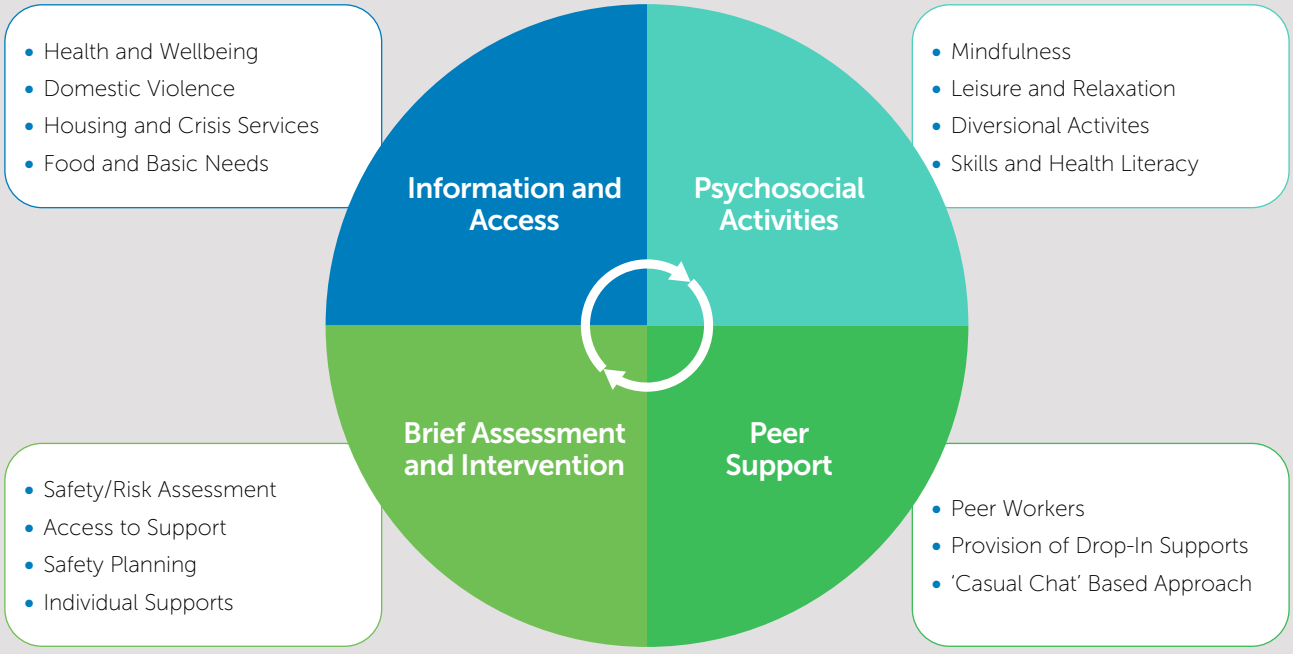
"Client – long-time homeless and isolated by choice – has been coming into the After Hours Safe Space regularly for a number of months. Over time, he opened up more to the staff and accepted help and guidance that he previously would have turned down. He has now bought a car, found permanent housing, is enjoying cooking himself meals, smiles more and is generally happier and healthier than he's been since we first met him."

PCCS Quarterly Report

"The client's mental health challenges are exacerbated by alcohol abuse, resulting in homelessness and disconnection from family. Through these visits, the client has been referred to our Plus Social program."

PCCS Quarterly Report

AFTER HOURS SUPPORTS



COMMISSIONED SERVICES

TURNING PAIN INTO GAIN

For the last seven years we have commissioned Painwise to run the Turning Pain Into Gain program which has been heralded as life-changing by participants.

This program provides management strategies to help pain sufferers live with pain, access appropriate services, reduce their reliance on prescription medication, reduce requirements of emergency care and avoidable hospitalisations.

Participants are supported by a multi-disciplinary team including a GP, pharmacist, dietitian, pain educator, counsellor and psychologist.

ACHIEVEMENTS

- 354 clients referred, enrolled, and received the service.
- Actual client numbers have exceeded annual target by 41 per cent.
- 100 per cent of clients completing a satisfaction survey on exit, reported a high level of satisfaction.
- The Turning Pain into Gain program experienced a significant increase in referrals during the year. A service model consisting of groups and individual support has assisted in balancing client volume over the last six months in this program.
- Painwise commenced a pilot sub-acute pain program with 39 participants completing the pilot. Clients within this program tended to participate more in virtual support due to clients still participating in work. This pilot ceased on 30 June 2021 with its results currently evaluated in collaboration with Bond University.

STAKEHOLDERS

- Painwise
- Participants
- General practices
- Allied health professionals

"I am extremely grateful that your generosity has enabled Joyce McSwan and her amazing team to run the 'Turning Pain into Gain Program' on the Gold Coast.

I feel very fortunate to receive their invaluable assistance in managing my chronic pain and health issues. They have educated and supported me in a multitude of ways. As with many people experiencing mysterious, or incurable chronic pain, understand the nature of pain and where to turn when things get a little rocky are critical. I feel I am ready, both mentally and physically to cope with any off trickery my body chooses to throw at me, thanks to the program. I know who to turn to for help, and I understand the nature of pain. I appreciate that while my condition may not be cured, I can strengthen my mental resilience and adapt to my circumstances. Before I joined the clinic, pain controlled and defined me, whereas now, the roles have reversed, and I feel I am able to move forward."

Ilia, program participant

MILD TO MODERATE INTENSITY MENTAL HEALTH PROGRAMS

HEADSPACE (PRIMARY)

headspace provides a range of services to improve the health and wellbeing of young people aged 12-25. This includes mental health and wellbeing, physical and sexual health, work and study support and alcohol and other drug services.

We commission Lives Lived Well to run headspace Southport and a new headspace service at Upper Coomera, which opened in July 2020. During the 12-month period, 3,354 young people accessed headspace primary services across the Gold Coast region.

ACHIEVEMENTS

- headspace Upper Coomera was launched in July 2020 to provide a much-needed service in the growing northern corridor of the Gold Coast and up to the end of June 2021, had provided services to 898 young people (well above the national average).
- headspace Southport continues to be one of the busiest in Australia and provided services to 2,456 people.
- In July 2021, we welcomed the new Aboriginal and Torres Strait Islander Liaison Worker, a new position based, at headspace Southport, to facilitate the development of headspace as a culturally safe environment and to improve access for Aboriginal and Torres Strait Islander young people.
- Also in July 2021, we welcomed two salaried positions for youth peer support workers to headspace Upper Coomera and Southport Primary. The two successful candidates had been previously at headspace as volunteer peer workers over the past few years. These passionate individuals have a lived experience of mental health challenges, treatment and recovery, to work alongside and support other young people aged 12 to 25 who are receiving support in our youth mental health services. This move is one of the first for the headspace network, and these roles will develop over time.
- The popular LGBTIQAP+ group at Southport continues to grow. This group has also resumed face-to-face after being online during the COVID-19 pandemic, and young people are commenting positively on the return to in-person groups.
- headspace primary is trialling ways better triage clients and is working with key stakeholders to explore options to better manage the demand on all youth services in the region.

SERVICE PROVIDER

- Lives Lived Well

NEWACCESS

NewAccess is a low intensity mental health coaching program, designed to provide accessible, quality services for anyone finding it hard to manage life stress. People can access six coaching sessions delivered over the phone, via Skype or in person by trained mental health coaches. The coaches assess the person's needs, then work with them in setting practical, effective strategies to help them get back on track.

Developed by Beyond Blue, for the last 12 months, Gold Coast services for the 12-24 year age group were delivered by Lives Lived Well, and for anyone 25 and above, the service was provided by Primary and Community Care Services (PCCS).

ACHIEVEMENTS

- 436 people accessed the service in the 2020-2021 financial year, almost 25 per cent higher than the year before. This included 444 episodes of care and 2,826 service contacts.
- In total, for the service 64.2 per cent of clients experienced significant improvement.

SERVICE PROVIDERS

- Lives Lived Well
- Primary and Community Care Services (PCCS)

"My coach was a wonderful person, helping me to realise what's truly important, giving me the tools that I needed to improve my mental wellbeing."

Participant

"The NewAccess program came at such a good time for me, I felt I was deteriorating, but since completing the NewAccess program I have gained insight into what was happening for me and have some new skills to help manage my anxiety."

Participant

PSYCHOLOGICAL SERVICES IN RESIDENTIAL AGED CARE FACILITIES

With approximately 39 per cent of all permanent aged care residents living with mild to moderate depression, and as a national priority, we commission Change Futures to develop a program to provide psychological support for residents in residential aged care facilities (RACFs).

The service supports residents experiencing mild depression or anxiety and those having trouble adjusting to changes or coping with loss. The service can also support people experiencing dual diagnosis of mental health and dementia or neuro-cognitive disorder (including brain injury/developmental disability) where behaviours are identified as mental health related.

Sessions can be focused on transitions into aged care, engagement and well-being and managing identified mental health conditions.

While COVID-19 has presented considerable challenges for residents and lockdown measures have increased feelings of isolation and anxiety, the program has still operated using telehealth options, becoming even more important, to support residents.

ACHIEVEMENTS

- By the end of June 2021, services to RACFs had increased to 52 facilities across the Gold Coast
- In the last 12 months, 802 people had accessed the service, with many residents noticing a significant improvement.
- 5,848 service contacts were delivered to RACF residents.
- In an average week, 13 practitioners conducted 120 psychological sessions for residents.
- Group sessions have also assisted 50 residents requiring support, but who may no longer need individual sessions.
- To assist residents who struggle with loneliness and have no family in the area, Change Futures has worked with RACFs to assist in the facilitation and coordination of community visitors.
- Additional training sessions have been organised for RACF staff on topics such as chronic pain, anxiety in aged care and self-care.

SERVICE PROVIDERS

- Change Futures

"Has facilitated staff to develop intervention strategies to better support the residents to live their best life and ensure their safety. One immense value they bring is one of active listening and authentically engaging, something staff often struggle with as they manage time spent moving between affording all residents support with activities of daily living."

McKenzie Aged Care Home

"My sessions (with a 78-year-old) have focused on supporting her own adjustment to the facility, experiences with low mood, and her concerns for her husband who lives independently. She has always been open and engaged in our sessions. She has shared her experiences with personal and physical stressors within the facility including decreased mobility and interpersonal issues with staff."

Service provider

MODERATE INTENSITY MENTAL HEALTH PROGRAMS

PSYCHOLOGICAL SERVICES PROGRAM

We commission the Psychological Services Program to provide short-term structured psychological therapies for people with moderate mental health needs. This includes individual sessions with a psychologist. The program is available for people who identify with the following groups:

- Aboriginal and Torres Strait Islanders
- Culturally and Linguistically Diverse
- LGBTIQAP+
- Perinatal – have had a baby in the last 12 months
- Children up to 12 years old
- Children in out of home care (up to 12 years old)
- Experiencing or at risk of homelessness
- For people who have attempted, or are at risk of suicide or self-harm

ACHIEVEMENTS

- In the last 12 months, 1,459 people accessed the service.
- 88.3 per cent of completed episodes of care have valid outcome measures at episode start and end above the target of 70 per cent.
- 78.6 per cent of clients are followed up within seven days of referral.

SERVICE PROVIDERS

- Twenty organisations are commissioned to provide this service across the Gold Coast region.

HIGH INTENSITY MENTAL HEALTH PROGRAMS

CLINICAL CARE COORDINATION - PLUS SOCIAL PROGRAM

The Plus Social Clinical Care Coordination program provides holistic, high-intensity support services for those living with the impacts of severe and complex mental illness.

Through comprehensive care co-coordination, clients are supported towards recovery and the achievement of identified goals, the stabilisation of mental health, and creating significant improvements in their quality of life, health and wellbeing, and social isolation.

Clients are offered brief to moderate length intervention, where they can seek assistance to apply for NDIS supports, and then on-referred to longer term moderate or low intensity supports through the NDIS or community psychosocial programs.

This program is accessible through a GP or psychiatrist referral.

ACHIEVEMENTS

- 411 people accessed the service in the last 12 months, with 11,480 occasions of service provided.
- 117 clients completed satisfaction surveys, with a 94.9 per cent satisfaction rate
- The Plus Social programs have been recognised as a Good Design Award winner for 2020 in the Social Impact category.

SERVICE PROVIDER

- Primary and Community Care Services

"I have grown a lot throughout the program; I am now more confident and able to achieve things I couldn't have done before. I recommend the Plus Social program to anyone needing some support, it's by far the best service I have used."

Program participant

"The most significant change is that I now have funding from the DSP and NDIS that has alleviated my financial stress and given me access to supports that are helping me heal. This has been very significant because instead of being so stressed and not wanting to be here anymore, I now have hope. It has given me the opportunity to engage with support providers who are helping me immensely."

Program participant

CHILD AND YOUTH SERVICES

LIGHTHOUSE AND EARLY PSYCHOSIS PROGRAM

headspace Early Psychosis supports young people aged 12-25 at risk of, or experiencing, their first episode of psychosis. In addition, the multi-disciplinary Lighthouse team works with young people, aged 12 to 18, providing longer term support to help them better manage the impacts and symptoms of past complex trauma and to work towards creating positive life changes.

Both services report excellent clinical outcomes with many young people expressing improved feelings of safety and stabilisation, increased engagement with education and better relationships through family involvement.

"18-year-old year old whose trauma has been exacerbated by social isolation has been supported to get a full-time job."

Service provider feedback

"I don't feel as vulnerable as I used to feel, I feel much safer, I now talk about my feelings. I have changed since coming here, not a bad change a very good change."

Participant

ACHIEVEMENTS

- In the last 12 months, 89 young people have accessed the Lighthouse program.
- The service has facilitated sensory 'pop up' workshops for those awaiting allocation for one-on-one treatment and has been able to offer animal assisted therapy through a therapy dog in individual work and through a 'meet and greet' group.
- An art group pilot has been so successful in helping connect isolated young people, it is now a permanent fortnightly group.
- Clinicians have been able to support requests from education facilities to assist young people to access the service and improve school engagement.
- Lighthouse has been successful in a recent application to engage with Orygen Youth Enhanced Services (YES) lab. The service will now receive 12 months of on-site and remote support tailored to their workforce and organisational development needs.
- A recent redesign to the Lighthouse service model has assisted in managing demand management issues, additional staff have been appointed including a peer support worker, and there is now a greater focus on increased clinical care coordination.
- For Early Psychosis the recent appointment of a Project Officer-Case Detection will enhance opportunities to further increase referrals and enhance referral pathways from Gold Coast Health to the headspace Early Psychosis service.
- A report compiled by Orygen indicated that young people accessing the Early Psychosis service have improved outcomes both in terms of symptoms and functioning in both the first episode psychosis and ultra-high-risk groups.

SERVICE PROVIDER

- Lives Lived Well

"My name is Honey and my role at Lighthouse is to help relieve the anxiety of young people as well as assist in co-regulation for the young people I've been working with for a few months."

"17-year-old with complex mental health needs requiring inpatient admission – clinician coordinated extensive liaison, advocacy and collaboration between self, school, family and child and youth and mental health services to streamline care to manage safety and risk."

Service provider feedback

PSYCHOSOCIAL SUPPORT

NATIONAL PSYCHOSOCIAL SUPPORT TRANSITION AND CONTINUITY OF SUPPORT PROGRAMS

The National Psychosocial Support transition (NPSt) Program commenced July 2019, as a closed program available to the Gold Coast community mental health consumers remaining in Commonwealth funded programs (Partners in Recovery (PIR), Personal Helpers and Mentors (PHaMs) and Day to Day Living (D2DL) programs) at the time of their cessation, 30 June 2019. The program was established to support the remaining 172 clients of these programs from within a consortia of four local providers of psychosocial supports, to test eligibility for support through the National Disability Support Scheme (NDIS).

Those who were successful moved out of the program and into NDIS supports. Those who did not meet eligibility transitioned into the Continuity of Support (CoS) program, established to provide supports (group and individual) from within two local providers of psychosocial supports, to those whose mental health concerns are of a more episodic nature. This enabled wellbeing self-management and awareness of community services for times when support was needed, and the opportunity to receive support to re-test eligibility for NDIS supports if required.

The NPSt program ceased 30 June 2021, with all clients having successfully moved into appropriate supports. The CoS program continues to support 40 remaining clients who are yet to transfer into NDIS supports or are developing a wellbeing plan for self-management of their mental health. This program will cease 30 June 2022.

SERVICE PROVIDER

- Stride

PLUS SOCIAL – PSYCHOSOCIAL SUPPORT PROGRAM

The psychosocial support program run by Primary and Community Care Services (PCCS) is a non-clinical service that provides low to moderate intensity individual and group supports and care coordination, including goal setting, care planning, and support and monitoring to achieve goals, as well as a linkage service to group activities.

Referral is by GP or private psychiatrist as well internally by referral from the PCCS Plus Social Clinical program clinicians to allow seamless flow between stepped levels of care, depending on the intensity of service required by the client.

PCCS Referral and Triage program team will refer people waiting to access clinical care coordination into the psychosocial services while they wait for access to Plus Social - Clinical Care Coordination, or other services such as psychology.

ACHIEVEMENTS

- The service achieved almost 200 per cent of the annual target of people accessing the service.

SERVICE PROVIDER

- Primary and Community Care Services (PCCS)

SOCIAL AND EMOTIONAL WELLBEING

INTEGRATED TEAM CARE

The Integrated Team Care program (ITC) has been improving healthcare coordination for Aboriginal and Torres Strait Islander community members in the Gold Coast region for many years. We are fortunate to have two service areas, one which provides support and service for people with long-term chronic health conditions (complex care pathways), and the second program focussing on support directly with primary care.

Commissioned through Kalwun Development Corporation, ITC is provided by two teams. This includes an Indigenous project officer, Aboriginal and Torres Strait outreach workers and within care coordinators who aim to close the gap in life expectancy by improved access to culturally safe mainstream primary, community and tertiary healthcare services for Aboriginal and Torres Strait Islander people.

"A new client that came to us this quarter - when first referred to ITC he was not attending any of his health appointments, in and out of hospital regularly and his health was on a decline. He was referred through connect IUIH, since his referral he is now attending every appointment including diabetes education sessions, GP, and dietitian. His hospital admissions have decreased significantly. We have been told that he is so happy to have found us to support him with his appointments because he is no longer able to drive."

ACHIEVEMENTS

Healthcare support

16,659 services delivered to 639 patients including:

- 3,366 care coordination services
- 7,837 supplementary services
- 5,456 clinical services accessed

Transport services

- 564 patients were assisted with support and transport
- 6,776 allied health including exercise physiology, podiatry and occupational therapy
- 723 specialists including renal, respiratory and ophthalmology

Cultural awareness training

- Five cultural competency sessions attended by 44 staff including practices nurses, GPs, psychologists and administration staff.
- An average satisfaction rate of 89.5 per cent (447.5 per cent /five sessions).
- Feedback included responses such as: 'The presenter was really great very well informed, and information delivered in a great manner.'

SERVICE PROVIDERS

- Kalwun Development Corporation
- Institute for Urban Indigenous Health

STAKEHOLDERS

- GPs
- Gold Coast Health
- Brisbane North, Brisbane South and Darling Downs and West Moreton Primary Health Networks

ALCOHOL AND OTHER DRUGS

QUIHN COMMUNITY WITHDRAWAL PROGRAM

We have commissioned a new pilot program to help local residents struggling with alcohol and drug (AOD) addiction. With a number of alcohol and other drug services on the Gold Coast at capacity, and the difficulty for many people to access residential services due to family or work commitments, this program provides more accessible options for people with symptoms of AOD withdrawal.

The QuIHN Community Withdrawal (Detox at Home) Program, is jointly funded through GCPHN and QuIHN, and provides a comprehensive treatment and support service for people with an AOD addiction.

Individuals are supported to withdraw from a range of substances in their own homes, with the support of specialist AOD clinical staff, family and support person, or at the service.

ACHIEVEMENTS

- This program commenced service in April 2021.

SERVICE PROVIDER

- QuIHN

"While remaining in their own home and by utilising a nurse practitioner-led model of care, it will ensure that the person receives holistic care throughout their journey.''

QuIHN CEO Geoff Davey

"I trusted the team fully and just handed my life over to this, it was a relief to just have someone helping me through all of this and say what I needed and when I needed it. I have continued not to drink, my anxiety has dropped, clearer mind, I can now make decisions, so much more motivated, I can now show up with a clear mindset and able to enjoy my time with my kids now, with lowered stress."

Program participant

ABORIGINAL AND TORRES STRAIT ISLANDER: SOCIAL HEALTH TEAM COMMISSIONED BY KALWUN DEVELOPMENT CORPORATION

This low to high intensity service offers comprehensive support for Aboriginal and Torres Strait Islander people who are experiencing mental health challenges and/or for those with alcohol and other drug needs.

DESCRIPTION

The Social Health Team offers comprehensive support for Aboriginal and Torres Strait Islander people who may be experiencing some mental health challenges and/or for those with alcohol and other drug needs. The program works within a social and emotional wellbeing framework and provides clinical and non-clinical treatment. The service helps to empower people to self-manage and make decisions about their own health at their own pace. The Social Health Team offers a person and family approach to providing care and are able to link to a range of internal and external additional services.

SERVICES

- Clinical care coordination
- Assessment
- Brief mental health assessment
- Structured psychological therapy
- Counselling
- Outreach in the community
- Information and education

SERVICE PROVIDER

- Kalwun Development Corporation

"Kalwun presented at the Care for Life Suicide Awareness Day via livestream and this is now made available online for community to access. One client had called into the service and was highly suicidal, was able to talk to a staff member. Staff were able to de-escalate and offer further support to the client, who was able to make an appointment to see GP on the following day with support from staff members. The client is now having regular check-ins fortnightly which originally commenced as weekly. Client was able to address alcohol use and is now controlling alcohol intake and maintaining relationships with carer, maintaining housing and continues engagement with the service."

ALCOHOL AND OTHER DRUGS GP SUPPORT

The GP support project was implemented with the primary objective of strengthening the capacity of GPs and the health workforce to deliver high quality care for clients with concerns about their drug or alcohol usage.

Four local GPs were engaged to become Alcohol and Other Drugs (AOD) champions for the Gold Coast. These champions can support practices and health care professionals with Continuous Quality Improvement (CQI) activities, referral pathways and access to evidence based resources and education.

ACHIEVEMENTS

- During the last year GPs have undertaken AOD CQI activities in their own practices, supported other practices through one on one and seminar style events. They have been central to drafting an AOD toolkit and reviewing the AOD stream of health pathways, which is a tool designed to assist health professionals to assess, manage and make referrals.
- This project also further implemented AOD training to General Practice and other relevant AOD workforce members including the roll out of AOD insight training module and establishing formal linkages with ADIS and Gold Coast based AOD services to support direct referrals.

ENGAGEMENT SUPPORT

COMMUNITY PATHWAY CONNECTOR PROGRAM

The Community Pathway Connector program simplifies and improves the process to connect services for under-serviced members of the Gold Coast community requiring mental health and well-being services. CÜRA has been providing services for people from culturally and linguistically diverse backgrounds, and Krurungal for Aboriginal and Torres Strait Islander peoples. The service connects people of any age, with mental health and well-being services, identifying and removing any barriers to ensure they receive the culturally safe access to support and services.

ACHIEVEMENTS

- There has been an increase of 133 per cent in people accessing the services for the last 12 months. In 2020-2021, 1007 people accessed the service, including 586 people (CÜRA) and 421 people (Krurungal).
- Both CÜRA and Krurungal have engaged with individuals who require support for a wide range of needs including family and domestic violence, accommodation, employment, education, mental health and alcohol and other drug misuse across a diverse age group (12-65+).
- The program is receiving referrals from a wide range of health, community, youth, legal and child services, indicating a high level of engagement and collaboration with the sector.
- The program has been highlighted as an exemplar in commissioning for Aboriginal and Torres Strait Islander peoples. The case study has been included in the Manual of Best Practice for Aboriginal and Torres Strait Islander Suicide Prevention, developed by the Centre of Best Practice, based at the University of Western Australia, led by Professor Pat Dudgeon.
- CÜRA has achieved accreditation against the National Disability Insurance Agency (NDIA).

SERVICE PROVIDER

- CÜRA
- Krurungal

"CALD woman experiencing primary homelessness, extremely stressed and having difficulties obtaining secure housing. Had left a domestic violence relationship. Through the Community Connector Program this woman was linked in with the Salvation Army and successfully accessed crisis accommodation, inclusive of engaging in case management to secure long-term housing, with hopes to have accommodation in place to have family visit."

EXPANDED HORIZONS

The Expanded Horizons Program provides individual and group support for young people 12-25 years who identify as lesbian, gay, bisexual, transgender, intersex, queer, asexual, pansexual and questioning their identity (LGBTIQAP+). The programs offer resources, guest speakers, peer support and information to build a positive sense of identity and connection with peers and supports young people to access information regarding topics of interest such as mental health, sexual health and support networks.

During COVID-19, the team has moved to a mix of models, including face-to-face where appropriate, and online. Data packs were provided to vulnerable clients to ensure they could access support.

ACHIEVEMENTS

- In the last 12 months the program has supported 97 participants.
- A poetry event was held in conjunction with the Southport library with 45 clients and the wider community. One of the program clients had published a poetry book and gifted this program one of the first copies.
- After gaining a scholarship, staff and the headspace worker were able to attend a LGBTIQAP+ autism awareness training symposium that was held online, connecting them with more resources and information on autism which may assist their clients.

SERVICE PROVIDER

- Wesley Mission Queensland

"One of the most important changes that has happened in my life as a result of this program is honestly being able to have the support to fight to stay alive and be able to get connected with more supports and people BECAUSE of this program!"

Program participant

"When I came out, my family reacted horribly, and made my life unbearably difficult. The team at YHES house were able to set me up with the ability to make my own way, as well as a community who could help me get back on my feet. Within a year, I was living in an apartment, back to studying for my degree, and in a healthy space, mentally and physically."

Program participant

PRIMARY HEALTHCARE IMPROVEMENT AND ENGAGEMENT

BUILDING THE PRIMARY CARE WORKFORCE

Since 2005, we have been instrumental in helping shape the future of the primary health workforce. We are now partnering with Griffith, Bond and Southern Cross universities, to help train the next generation of GPs and practice nurses, by placing medical and nursing students in general practices around the Gold Coast, in Northern NSW and Brisbane.

ACHIEVEMENTS

Medical Placements

- 582 students completed placement totaling 3,807 days of placement (an increase of 23 per cent) compared to the same period last year).
- 114 general practices participated in the placement program
- 216 GPs were involved in student supervision

Nurse Placements

- 207 student placements totalling 2,545 days of placement
- 43 general practices participated in the placement program
- 107 practice nurses were involved in student supervision

STAKEHOLDERS

- Griffith University
- Bond University
- Southern Cross University
- General practices
- GPs
- Registered nurses
- Practice managers
- General Practice Training Queensland

"I thoroughly enjoyed working with a range of GPs and the nurses in the clinic at the practice as it allowed me to experience a wide variety of patients and clinical opportunities. All of my GP supervisors were excellent at including me in the consultations either by letting me speak to and assess the patient first, or by allowing me to answer patient questions during the consultation. The practice manager was also wonderful at making me feel included, allocating rooms for me to see patients each day and arranging the timetable a number of times to ensure I had the most effective clinical experience."

Medical student

QUALITY IMPROVEMENT

We provide support to general practices, the cornerstone of primary care, in their provision of high-quality care for Gold Coast residents. The support provided ranges from working with general practice teams implementing data informed quality improvement activities and providing access to information and resources through regular newsletters or via the GCPHN website.

ACHIEVEMENTS

- 165 Gold Coast general practices are registered for and participate in the Commonwealth Practice Incentive Program Quality Improvement initiative. This initiative supports general practices to participate in data informed quality improvement activities aimed at improving patients outcomes and deliver best practice care.
- We procured the services of AGPAL to develop a High Performing Primary Care Training Suite aimed at supporting the GCPHN Primary Health care team, general practice teams and a targeted group of change champions in general practice.
- As the regional data custodian, GCPHN is meeting the deliverables for secure transfer of deidentified PHN PIP QI aggregated data to the National Data Custodian Australian Institute of Health and Welfare (AIHW).
- Four quality improvement toolkits were developed to support PIP QI requirements, providing a model for general practices to work independently on continuous quality improvement (CQI).

- Five CQI/data training events and two general practice collaborative meetings held between 1 July 2020 and 30 June 2021.
- There were 2,427 PIP QI webpage hits in the last 12 months, indicating a high level of interest in engagement from general practice.

HELPDESK

The telephone and email Helpdesk, staffed by our Primary Healthcare Engagement staff, continued to provide invaluable support to Gold Coast general practices. In 2020-2021 the Helpdesk responded 626 phone calls and 638 emails, with the main area of support relating to the COVID-19 pandemic response or vaccine program.

STAKEHOLDERS

- General Practice
- General Practice Gold Coast (GPGC)
- Gold Coast Medical Association (GCMA)
- Australian Primary Health Care Nurses Association (APNA)
- Australian General Practice Accreditation Limited (AGPAL)
- Quality Practice Accreditation (QPA)
- Bond University
- Primary Health Networks

DIGITAL HEALTH

The GCPHN Digital Health Team have expanded work priorities in the last 12 months, to support a range of different health care providers use of digital health tools. This included support for PRODA, My Health Record (MHR), Telehealth, Electronic Prescribing, Interim image-based prescribing, and secure messaging.

HIGHLIGHTS

- Supported the roll out of Electronic Transfer of Prescriptions for both prescribers and dispensers, to ensure health care providers and consumers could use token electronic prescriptions. This was important with increased demand of telehealth work functions and COVID-19 restrictions.
- GCPHN provided continuous updates to providers regarding changes to interim prescribing measures during the COVID-19 pandemic period.
- GCPHN worked closely with Healthdirect to promote the free Healthdirect telehealth platform. This ensures providers have access to a secure, private, and functional telehealth platform. This enabled patients to access healthcare throughout the COVID-19 pandemic.
- GCPHN worked with the Australian Digital Health Agency (ADHA) to promote e-requesting of pathology among General Practice and specialists. This provides the ability to increase digital health tools and workflow for telehealth, enhancing patient privacy and enables results to be uploaded to MHR.
- Between September 30, 2020, and May 31, 2021, GCPHN staff completed 15 face-to-face visits, 586 phone calls and 627 emails to support digital health uptake and use.

MY HEALTH RECORD

My Health Record (MHR) is an online summary of people's health information that could provide life-saving information to medical professionals particularly in an emergency. We have been leading the way in the engagement and uptake of MHR by healthcare providers on the Gold Coast.

ACHIEVEMENTS

- Through extensive engagement and education strategies, a significant percentage of health care providers across the Gold Coast have been informed about MHR. This includes:
  - 100 per cent of general practices (208 in total)
  - 100 per cent of specialists (240 in total)
  - 100 per cent of pharmacies (153 in total)
- By 30 June 2021, MHR registrations had increased to 191 general practices, 140 community pharmacies and 72 private specialist practices.
- GCPHN co-hosted two private specialist practice managers breakfasts. These events were co-hosted by GCPHN and the ADHA for private specialist practices. The event was facilitated by Ramsay Health at John Flynn Hospital. Outcomes from this meeting included increased MHR registration, use and awareness of both e-requesting and secure messaging.

STAKEHOLDERS

- Australian Digital Health Agency (ADHA)
- Pathology and secure messaging organisations
- Healthdirect
- Health professionals (GPs, specialists, pharmacies, allied health and RACFS)
- Private hospitals and community health services

PRIMARY SENSE™

Primary Sense™ is a real-time de-identified population health, data extraction, analysis, reporting and decision assist tool for general practice, that has been pioneered by GCPHN. It's wide-reaching success locally, has seen it being rolled out at a national level. GCPHN is supporting the WA Primary Health Alliance (WAPHA) to implement this national rollout, with 15 primary health networks providing funding to build a national scaled version of Primary Sense™ within the WAPHA operated Primary Health Insights platform.

This toolset assists general practices in the GCPHN region to identify patients most at risk of poor health or disease, to provide targeted interventions and reduce their risk of becoming unwell or experiencing a preventable hospitalisation. This includes patient-specific alerts in real-time to assist with safe medical prescribing. Examples including alerts when the patients' blood test results indicate dangerously reduced kidney function, alerts when blood test monitoring is overdue and alerts when blood test results suggest there is over-treatment.

ACHIEVEMENTS

- The Primary Sense™ tool has been installed in 82 Gold Coast general practices.
- Reports on patients generated by the toolset, now covers more than 670,000 de-identified residents – an increase of 50,000 from the year before.
- 110 GPs interact with the tool each day.
- GPs and practice nurses/managers have been using this tool, and in the last 12 months have downloaded a total of 1,854 reports.
- 2,516 of the 3,153 (80 per cent) medication safety alerts that were triggered were actioned.
- The Primary Sense™ tool was awarded a special commendation at the Bond University Sustainable Health Care Awards, 2021.
- A Primary Sense™ poster presentation featured in 2021 World Organisation of Family Doctors (WONCA) conference.
- GPs from interstate have approached GCPHN to implement Primary Sense™ in their practices.
- Johns Hopkins University has supported GCPHN's request to provide in-kind support to assist the national scale business case, offering to provide additional project support at no additional cost, to assist with expanding the ACG risk stratification tool capability including data linkage for emergency department presentation analysis.
- A highly favourable review of Primary Sense™ by Deloitte has resulted in GCPHN and WAPHA working together to implement the national rollout and GPs from interstate have approached GCPHN to implement Primary Sense™ in their practices.

"As a busy GP on the Gold Coast I appreciate the evidenced decision support I get from Primary Sense™, as unlike other alerting systems, it focuses on my most at risk patients."

Dr Lisa Beecham,
Gold Coast GP

"It's a quantum leap forward. We should be pushing proactive care not an audit and a recall list."

General Practitioner

STAKEHOLDERS

- Gold Coast general practices
- Primary Health Networks
- Best Practice Australia
- Bond University
- Griffith University
- Gold Coast Health
- WA Primary Health Alliance

WOUND MANAGEMENT

During the year, GCPHN commissioned three wound management activities.

CHRONIC AND COMPLEX WOUND CLINIC

We fund a dedicated wound clinic led by a wound specialist GP and his team of highly trained nurses. The Chronic and Complex Wound Clinic supports local GPs and their patients to improve health outcomes with people that have chronic, complex, recurrent, and debilitating wounds that seriously impact on their quality of life.

ACHIEVEMENTS

- Exceeded target of wait time less than seven days (2.5 days on average)
- Strong collaboration with the Gold Coast Health Vascular Unit enabling referrals from the Wound Clinic to be seen quickly, with provision of wound products to enable ongoing management in primary care, rather than in outpatient services.
- Referral templates were developed and promoted to support improved quality of referrals that support triage and timely access to the wound clinic.

STAKEHOLDERS

- Consumers with chronic and/or complex wound
- GPs and general practice nurses
- Gold Coast Health

SERVICE PROVIDER

- Dr Stephen Yelland (sole provider)

"A very complex, long term wound healed using intensive cleaning and debriding of the wound using Ultra Sonic Wound Debridement at the clinic."

Provider

WOUND EDUCATION AND TRAINING PROGRAM FOR GPS AND PRIMARY CARE NURSES

The wound education and training program offers training and education that will increase confidence, knowledge and skills of general practitioners and nurses responsible for the care and management of patients living with chronic and/or complex wounds in the general practice or residential aged care settings.

ACHIEVEMENTS

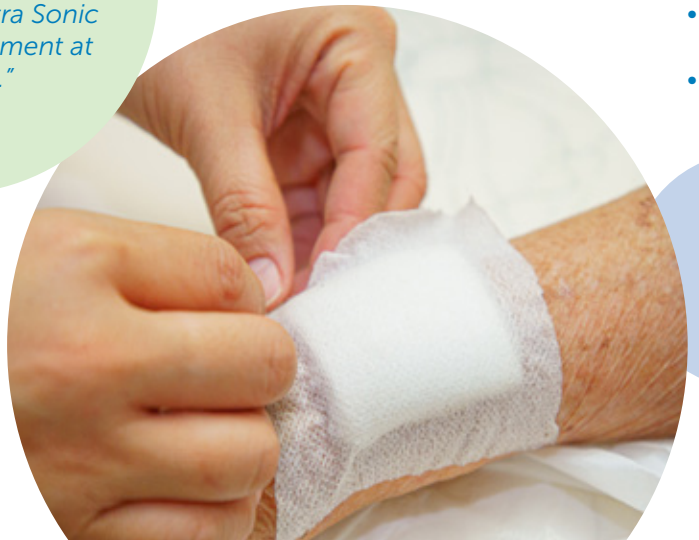
- Two workshops for wound training (two half day sessions for each) for nurses held with 24 primary healthcare (general practice and aged care) nurses attending in total which met capacity for both training events.
- Responses from post-training evaluation surveys from the first of the two-day nurse workshops held across February and March reported 87 per cent of participants increased knowledge in the assessment and management of wounds, 86 per cent of participants reported an increased degree of confidence in utilising evidence-based practice, and 87 per cent of participants reported an increase in confidence in wound management following participation in training.

STAKEHOLDERS

- GPs and general practice nurses
- Nurses working in residential aged care facilities (RACFs)

SERVICE PROVIDER

- Wound Busters Pty Ltd



WOUND MANAGEMENT PILOT IN RACFS

Following a tender process, GCPHN was one of three PHNs nationally who were successful to receive funding for a wound management pilot. The wound management pilot project will support people living in RACFs with chronic wounds, and to build the capacity of RACF staff to deliver evidence-based care. The pilot provides the opportunity to assess the benefits of evidence-based training, on-site mentoring, and timely access to specialist advice on both health outcomes and the capability and capacity of RACF staff to provide optimal care to residents living with a chronic or complex wound.

Extensive co-design has been undertaken with a range of stakeholders through the year to review the model of care, inform project objectives and priorities and determine the most suitable approach for procurement of services. The co-design activities have positively informed the planning stage of the project and will ensure the desired project outcomes are met in 2021-2022.

ACHIEVEMENTS

- Extensive co-design activities undertaken, and a close partnership developed with key stakeholders including GP wound care specialist and Gold Coast Health to ensure the pilot will best meet the needs of the Gold Coast region.
- Successful procurement activity undertaken with a highly experienced service provider awarded the service contract.

STAKEHOLDERS

- Consumers living in RACFs with chronic and/or complex wound
- General practitioners who provide care to residents in RACFs
- RACF nurses

PALLIATIVE CARE

During 2020-2021, GCPHN supported two activities for palliative care patients at home or living in residential aged care facilities (RACFs) and their staff, to improve the quality of care and their end-of-life experience.

STAKEHOLDERS

- General practices
- Gold Coast Health
- Gold Coast Health Specialist Palliative Care Services
- GPs
- PalliPHARM
- Residential aged care facilities (RACFs)

SPECIALIST PALLIATIVE CARE IN AGED CARE (SPACE)

Funded by Commonwealth and state, under the Comprehensive Palliative Care in Aged Care Measure with additional funding from GCPHN, the Gold Coast SPACE project provides RACFs with education, training, and capacity building through the innovative use of "Palliative Care Needs Rounds", triage meetings with RACF staff and SPC clinicians, focusing on residents at risk of dying without a plan in place. This project is funded until 2024.

ACHIEVEMENTS

- 36 of 58 RACFs in the GCPHN region are participating in the program, exceeding the target of 30. This is in addition to the COVID-19 vaccination program occurring at the same time.
- 161 residents were supported by this program. Of these:
  - 161 advance care plans were reviewed
  - 125 recommended family case conferences
  - 3 referred to specialists
  - 161 discussions with GPs
  - SPACE team attended nine family case conferences
  - 51 GPs engaged
  - 122 education sessions completed covering identified highest needs (pain management, recognising deterioration, bereavement, use of syringe drivers, end of life medications)
  - 40 Needs Rounds completed (27 facilities)
  - 161 residents discussed at Needs Rounds
  - 84 per cent of residents died in place of choice
  - Multiple resources have been developed to streamline Needs Rounds and support evidence-based practice
- RACF resident was able to have their pain symptoms better controlled as a result of the program.
- GCPHN invited to provide representation on state evaluation committee that successfully influenced the development of Program Logic and meaningful KPIs.

"An RACF resident was able to have their pain symptoms better controlled as a result of the program."

Program feedback

GREATER CHOICES FOR AT HOME PALLIATIVE CARE

We received pilot funding through the Greater Choice for At Home Palliative Care (GCfAHPC) to improve the coordination and integration of end-of-life care across primary, secondary, tertiary and community health services to support patients who wish to receive palliative care in their home environment.

The pilot program supported us to:

- Improve access to safe, quality palliative care at home and support end-of-life care systems and services in primary health care and community care.
- Enable the right care, at the right time and in the right place to reduce unnecessary hospitalisations.
- Generate and use data to ensure continuous improvement of services across sectors.
- Utilise available technologies to provide flexible and responsive care, including care after usual business hours.

In the last 12 months we undertook the following activities:

- GCPHN Palliative/Aged Care Leadership Group meetings continued virtually, providing direct access to a range of service provider and community members to assist with planning and service development
- Development of a framework for Palliative Care Shared Care
- Development, publishing and promotion of Palliative Care Health Pathways on GCPHN webpage

PALLIATIVE CARE HEALTH PATHWAYS

One of the main Greater Choices project outcomes, was the development of 22 Palliative Care Health Pathways localised for the Gold Coast region, developed in partnership with Gold Coast Health Specialist Palliative Care Team to improve service navigation, evidence-based care, care coordination and referral pathways.

Beneficial to both patients and primary care providers, pathways improve the outcomes and experience of patients by ensuring they receive the right treatment with shorter wait times while an efficient and simple tool for GPs to identify the most effective treatment and management options using locally developed clinical guidelines.

Once Gold Health launched the Streamliners HealthPathways platform, GCPHN supported the transition of these pathways to the new platform. The palliative care pathways include a broad range of topics covering symptom management, conditions and stages and settings unique to palliative care.

The development of these pathways has provided GPs with increased awareness of the eligibility criteria for accessing Gold Coast Health Specialist Palliative Care, improved access and understanding of the Gold Coast Health Specialist Palliative Care referrals which will support consumers requiring palliative care to access the most appropriate services.

IMPROVING ACCESS TO INFORMATION AND RESOURCES

The GCPHN website (www.gcphn.org.au) is our main access point for health professionals and the Gold Coast community to stay up-to-date with localised health information, resources, training/events and news. During the pandemic we have continued to focus on delivering accurate and up to date content in an easily accessible online.

As a result, the website continues to receive positive feedback from our stakeholders and GCPHN has maintained its reputation as a trusted source of information. During the past year, the website page views and users have increased substantially compared to previous years, due largely to GCPHN role in:

- facilitating and coordinating information between government and general practice regarding COVID-19 including GCPHN's role in the vaccination program.
- promoting consumer health literacy in key areas such as COVID-19, mental health and other identified priority issues.
- education and training opportunities for the local primary care sector.
- providing access to information and referral pathways to all commissioned services.

ACHIEVEMENTS

- There were a total of 156,820 website users in the 2020-2021 year, an increase from 96,112 in the previous year.
- There have been on average, 31,331 views per month, and in the last 12 months, a total of 375,978 page views.
- Our website maintains a high standard of usability and we have introduced new accessibility tools, to assist people with visual impairments.
- Our site provides a single access point for other important resources for clinicians such as HealthPathways, and information from Queensland Health and Gold Coast Health.

STAKEHOLDERS

- Health professionals including general practice
- Gold Coast Health
- Local health and community services

TRAINING AND EDUCATION

We play an integral role in the development of the primary healthcare workforce with training, education and communication to ensure health professionals have access to the latest information to provide the highest level of patient care.

Often partnering with industry leaders, we have supported delivery of education and training events, both online and in person across a diverse range of priority topic areas.

Topics covered during the year have included: wound management, cultural safety, immunisation, problem gambling, GP trainer, nurse preceptor, digital health for specialists, infection prevention and control, mental health support for general practice, suicide prevention training, practice support continuous quality improvement (accreditation AGPAL + cervical screening), health professional support, support during COVID-19 for GPs, aged care, allied health, mental health), asthma and smoking cessation.

"The content covered was easy to understand and helpful for directly applying it to the work of engaging, assessing, responding to, and supporting suicidal young people. It was great that the online classroom was so engaging with breakout rooms and group discussions. The group facilitators were understanding, supportive and friendly which helped reduce the anxiety around attending an online classroom on such a dense topic."

Program participant

"To be honest, I wasn't expecting much from this webinar, but actually finished it feeling inspired. I came in the office the next day with enthusiasm to implement my new skills."

Participant feedback.

ACHIEVEMENTS

- In the last 12 months, we held 57 education and training events (38 online and 19 face-to-face) attended by 1,010 people.
- These events were attended by, in total, 358 practice nurses, 212 general practitioners, 136 practice managers, 98 allied health professionals and 74 people in administration.
- Feedback from internal and external event facilitators/conveners consistently indicates levels of high satisfaction with events and communications support.

STAKEHOLDERS

- Gold Coast Health
- Bond, Griffith and Southern Cross Universities
- General Practice Training Queensland (GPTQ)
- Benchmarque Group
- Kalwun Development Corporation
- National Asthma Council
- Lives Lived Well
- Queensland Centre for Mental Health Learning
- Australian Digital Health Agency
- Primary and Community Care Services
- Pharmacy Guild Australia
- Gold Coast Public Health Unit

HEALTH PROMOTION

STAKEHOLDERS

- Queensland Health
- Gold Coast Health
- Gold Coast Public Health Unit
- Gold Coast Health Bowel Cancer Screening Program
- National Cervical Screening Program
- Gold Coast Health (BreastScreen Queensland)
- General practices
- Diabetes Queensland
- Queensland Primary Health Networks
- The Heart Foundation
- Stroke Foundation
- Ethnic Communities Council of Queensland
- Queensland Aboriginal and Islander Health Council
- Gold Coast general practices
- Benchmarque Group

CANCER SCREENING

We play a key role in raising awareness in the Gold Coast community about the importance of participation in the national bowel, breast and cervical cancer screening programs, and supporting GPs in this area.

ACHIEVEMENTS

- An additional 642 cervical screenings were recorded between July 2020 and June 2021, with a total of 57 per cent of the eligible population screened for practices participating in the GCPHN Queensland Health Cancer Screening project.
- To raise awareness about the importance of cancer screening to residents, and provide information, advice, and training opportunities to health professionals, we have published 52 cancer screening articles in our publications and on social media.
- Cervical screening rates recorded in the Gold Coast increased as a result of the GCPHN Queensland Health Cancer Screening project. The project has informed a wider cervical screening quality improvement project which commenced in September 2021 that is available to 30 practices on the Gold Coast.

Results for participation rate for the eligible population in the national cancer screening programs for the region and nationally:

Gold Coast:

- 46.2 per cent cervical cancer (eligible population 20-69 years)
- 40.0 per cent bowel cancer (eligible population 50-74 years)
- 51.9 per cent breast cancer (eligible population 50 to 74 years)

- National
- 46.3 per cent cervical cancer
- 43.5 per cent bowel cancer
- 54.3 per cent breast cancer

Source: Australian Institute of Health and Welfare, National cancer screening programs participation data 2018-19

MY HEALTH FOR LIFE

We have been part of the Queensland Government funded *My health for life* program since 2017. This program helps Queenslanders at risk of developing chronic conditions, including type 2 diabetes, heart disease and stroke, to live well and reduce their risk factors by making lifestyle changes such as healthy eating and increased physical activity. Since July 2020 – June 2021:

ACHIEVEMENTS

- 467 consumers have commenced the program and 2,596 risk assessments have been completed.
- Satisfaction of this program on the Gold Coast is above the state average, with 63 per cent of consumers strongly agreeing they are satisfied with the program.
- Ongoing promotion through newsletters to health professionals and community, social media and a dedicated webpage, has helped to increase awareness and increase referrals to the program
- The Primary Healthcare Improvement Team has raised awareness of the program among GPs and practice nurses, embedded the program into relevant continuous quality improvement activities and through PIP QI activities.

"The My health for life *program has been a great support for my patients enabling them to access a great program for free which provides scientifically proven methods for prevention of chronic disease."*

Katie Harris, Accredited Practicing Dietitian and Nutritionist

IMMUNISATION

We have continued to support general practices to keep immunisation levels high, to better protect local residents against disease, and have played a key role in the COVID-19 vaccination program.

ACHIEVEMENTS

- Immunisation support has focused on the COVID-19 vaccine program with development and communication of resources, quality improvement toolkits and webinars.
- More than 85 articles and social media posts were published to local residents and health professionals to promote immunisation and to provide information and advice.
- GCPHN once again partnered with the Benchmarque Group to host an immunisation workshop to assist nurses studying the Endorsed Immuniser Course. Nine general practice nurses completed the course, to increase primary care capacity to support the COVID-19 vaccination program and other general practice based national immunisation programs.

93.1 PER CENT (7,109 OF 7,636 CHILDREN WHO TURNED 5 YEARS OF AGE) WERE FULLY VACCINATED, A 0.3 PER CENT INCREASE FROM 2019/20 RESULT AND 0.2 PER CENT INCREASE FROM 2018/19.

Source: Gold Coast Health via AIR
July 2020 / March 2021

phn
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An Australian Government Initiative

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