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Narrative

# Needs Assessment

**phn**  
GOLD COAST

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## Introduction

Gold Coast Primary Health Network (GCPHN) submitted the 2020 Needs Assessment to the Department of Health (DOH) in November 2020. Following the submission, the prioritised health needs and services issues directly fed into the GCPHN Activity Work Plans for 2021.

The complete 2020 Needs Assessments was approved in February 2020 and was published as a resource for the local sector on the GCPHN website. Each topic area is individually uploaded to the GCPHN website to allow stakeholders and the community ease of access in viewing the information they are interested in.

GCPHN completed a review of the 2020 Needs Assessment with feedback from internal staff, the GCPHN board and Gold Coast Health being considered. Areas of improvement that were identified from this review included incorporating additional data sets from primary care, particularly general practice (Primary Sense and PATCAT) and incorporating GCPHN funded providers' feedback into the 2021 Needs Assessment. This feedback was taken on board and has been included in the 2021 Needs Assessment submission.

Early in 2021, GCPHN commenced scoping for the 2021 Needs Assessment. This included consideration of feedback from internal and external stakeholders and policy drivers. Areas that were identified for an in-depth review were:

- Primary health care workforce
- Unplanned hospital care

In addition, the existing topic areas that were submitted to the Department of Health in 2020 were reviewed and updated where there was new data, changes to service system and/or additional consultations. Through the process of triangulating the information in the updated Needs Assessment, health needs and services issues were identified across each of the 23 topic areas that have been explored. Relevant GCPHN staff and leadership reviewed each topic area and new or substantially changed topic areas were also reviewed by Community Advisory Council, Clinical Council, and Primary Care Partnership Council (PCPC) as relevant. This model which involves both our Clinical Council and Community Advisory Council provides a sound basis for decision making and ensures the expectations of the community and local sector are considered.

GCPHN then applied a prioritisation model developed specifically for the PHN context based on a desktop review by the Queensland and Northern Territory Planning, Reporting and Evaluation group.

## Consultation

GCPHN asked the community and health professionals to provide feedback on the Needs Assessment. This feedback was through an online feedback portal and asked:

- Are there any topic areas you think are missing from the Gold Coast Needs Assessment?
- Select a needs assessment topic you would like to provide feedback on?
- Details of personal experience or knowledge of this area that highlights local health needs or service issues?
- After reading the needs assessment topic, do you agree with the identified needs?
- Is there any data you know of that should be added to the summary?
- Is the summary of the service system accurate?

The above feedback was promoted through:

- Social media
- Publications to General Practices and General Practitioners
- Direct emails to stakeholders
- Funded providers – Project Officers discussed health needs and services issues with providers
- Community newsletters

GCPHN also conducted targeted engagement with numerous groups during the development of the 2021 Needs Assessment. The following groups were consulted in relation to specific topic areas to ensure full consideration of context to assist in the of identified health needs and service issues:

- GCPHN Clinical Advisory Council
- GCPHN Community Advisory Council
- Gold Coast Primary Care Partnership Council
- Institute for Urban Indigenous Health
- Gold Coast Health Strategic and Planning Team
- GCPHN and Gold Coast Health have established a data supply contract.
- GCPHN and Gold Coast Health meet monthly, agenda items include data analysis and triangulation of health needs and service issues.

The Community Advisory Council and Clinical Council were engaged in the prioritisation process.

## Process for Primary Health Care Workforce Needs Assessment Topic Area

**Data** – A comprehensive review of relevant data has been undertaken by staff. Data considered includes:

- Health workforce data tool – Department of Health
- Health workforce locator (Distribution priority area) – Department of Health
- GCPHN CRM tool
- The Royal Australian College of General Practitioners - Health of the Nation report

**Service mapping** - Not required

**Consultation** - Internal review



## Process for Unplanned Hospital Care Needs Assessment Topic Area

**Data** – A comprehensive review of relevant data was undertaken by staff. Data considered includes:

- Australian Institute of Health and Welfare
- GCPHN CRM tool
- Australian Bureau of Statistics
- 13 HEALTH
- Primary Sense business intelligence toolset developed by GCPHN

**Service Mapping** - was undertaken in a systematic way, commencing with the existing knowledge base that GCPHN had previously compiled. This was then assessed against a deeper level analysis via desktop research, and where possible this was also reviewed by key stakeholders. Service mapping focused on a breakdown of service type, number of service providers in the GCPHN region, geographic location and capacity.

**Consultation** The Clinical Council and Gold Coast Health provided specific feedback on the health needs and services issues in the Unplanned Hospital Care topic area.



## Consultation process for remaining topic areas

Apart from the specific needs assessment topic areas noted above, the remaining 2021 topic areas were to be refreshed by:

- Identification and inclusion of updated and new emerging data.
- Review of service system by GCPHN staff and key stakeholders.
- Inclusion of a range of feedback from external stakeholders during the year through the online consultation.
- Adjusting the Mental Health, Suicide Prevention and Alcohol and other Drugs topic areas to be better aligned with the Joint Regional Plan for Mental Health, Suicide Prevention and Alcohol and Other Drug Services in the Gold Coast region.
- Conducting meetings with GCPHN relevant program managers and/or project officers responsible for the different topic areas, specifically to review and refine the identified health needs and service issues.

**Data** - GCPHN reviewed existing topics and looked at data to identify if any updates had been made. Staff also scanned to identify previously untapped new and emerging data sources at a state, national and regional level, and where available Statistical Area Level 3 (SA3). Having access to these levels of data allows for simple and powerful comparisons on key statistics affecting the Gold Coast population. This level of analysis allows GCPHN to identify not only national and state health trends, but also to view the different SA3s within the Gold Coast as distinct regions, each with their own unique issues and challenges. Scoping the revision activity took account of time frames, knowledge of new data releases and resource availability. Quantitative sources to be reviewed were determined based on the ability to add value and complement existing knowledge of health on the Gold Coast. Supplementary information included in the revision was sourced from a range of sources including:

- Gold Coast Hospital and Health Service
- Australian Childhood Immunisation Register
- National Primary Health Network Secure Data Site which included Medicare Benefits Schedule Data, Pharmaceutical Benefits Scheme Data
- Australian Institute of Health and Welfare
- Australian Bureau of Statistics
- PHIDU Social Health Atlas of Australia: Primary Health Networks
- Aggregated general practice data

In addition, as a result of collaboration process, Queensland Health identified a minimum data set for their planning. These data sets have been included across topic areas and noted accordingly.

**Service Mapping Revision** - As each existing summary already had detailed industry profiling, a lighter re-scan approach was taken to service mapping. Searches were conducted using GCPHN's CRM to determine changes in providers and number of providers. Similar activity was also used to update workforce information. In addition, information on the existing service system provided by external stakeholders through the online portal was also considered. A broad scan of the market was conducted to complement other activities and ascertain key service gaps and issues. GCPHN staff were also engaged to validate the service mapping was accurate.

## Health Needs and Service Issues

Each topic area has a list of identified health need and service issues. In 2021, these health needs and services issues were modified and updated to align with the latest data and consultation that occurred in 2021.

### Process for Prioritisation model

- The prioritisation approach that GCPHN used is an adaption of the Hanlon method and matrix prioritisation approach.
- Consultation on this prioritisation approach was completed in 2020 with Community Advisory Council, Clinical Council and GCPHN's Executive Leadership.
- Project and program staff and Senior and Executive Leadership were involved in the 2020 prioritisation process and feedback on this process informed the approach for 2021.
- The enhanced approach used for 2021 needs and activity prioritisation is comprised of the following three stages:
  - **Stage one:** Review of current activities and investments.
    - Initially completed by project and program staff and then reviewed by Executive Leadership.
  - **Stage two:** Prioritisation of need -.
    - Components of the matrix were completed by GCPHN Planning and Engagement team
    - Overall priority ratings were provided by Community Advisory Council, Clinical Council and GCPHN Senior Leadership team.
    - GCPHN Executive Leadership Group, informed by the above, completed a final assessment of priority.
  - **Stage three:** Prioritisation of activities and investment.
    - Completed initially by project and program staff in consultation with management. This stage will be fully completed prior to finalisation of activity work plans.

## Additional Data Needs and Gaps

GCPHN acknowledge the significant and welcome improvement in the release of Commonwealth data to assist PHNs. Feedback below is for consideration in relation to the PHN data portal.

Improve data structure and comprehensiveness:

- Inclusion of national and state averages for all data on the Commonwealth portal.
- Provision of information regarding funding agreements and deliverables would be beneficial to support knowledge of what type of data may be attainable through collaboration with funding receipts.
- Support to encourage key NGOs (Cancer Council, Heart Foundation) and PHNs to collaborate data collection and reporting using SA4, SA3 or SA2 to enable comparison of regions.
- Social Health Atlas to include SA3 regions with the data sets to enable comparison of regions and be in conjunction with PHN data using SA3.
- Where available on Australian Institute of Health and Welfare, to include PHN and SA3 region figures breakdowns in conjunction with state and national figures in excel format. This would enable comparison of regions.

## Additional comments or feedback

GCPHN will continue to systematically undertake deep dives in key topic areas to continue to build on the current needs assessment. As time progresses, it is intended a comprehensive knowledge bank will be created to improve the breadth and depth of knowledge available to inform planning and service development in the GCPHN region.





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## **Gold Coast Primary Health Network**

*"Building one world class health system for the Gold Coast."*

Level 1, 14 Edgewater Court, Robina 4226 | PO Box 3576 Robina Town Centre QLD 4230

P: 07 5635 2455 | F: 07 5635 2466 | E: [info@gcphn.com.au](mailto:info@gcphn.com.au) | [www.gcphn.org.au](http://www.gcphn.org.au)

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