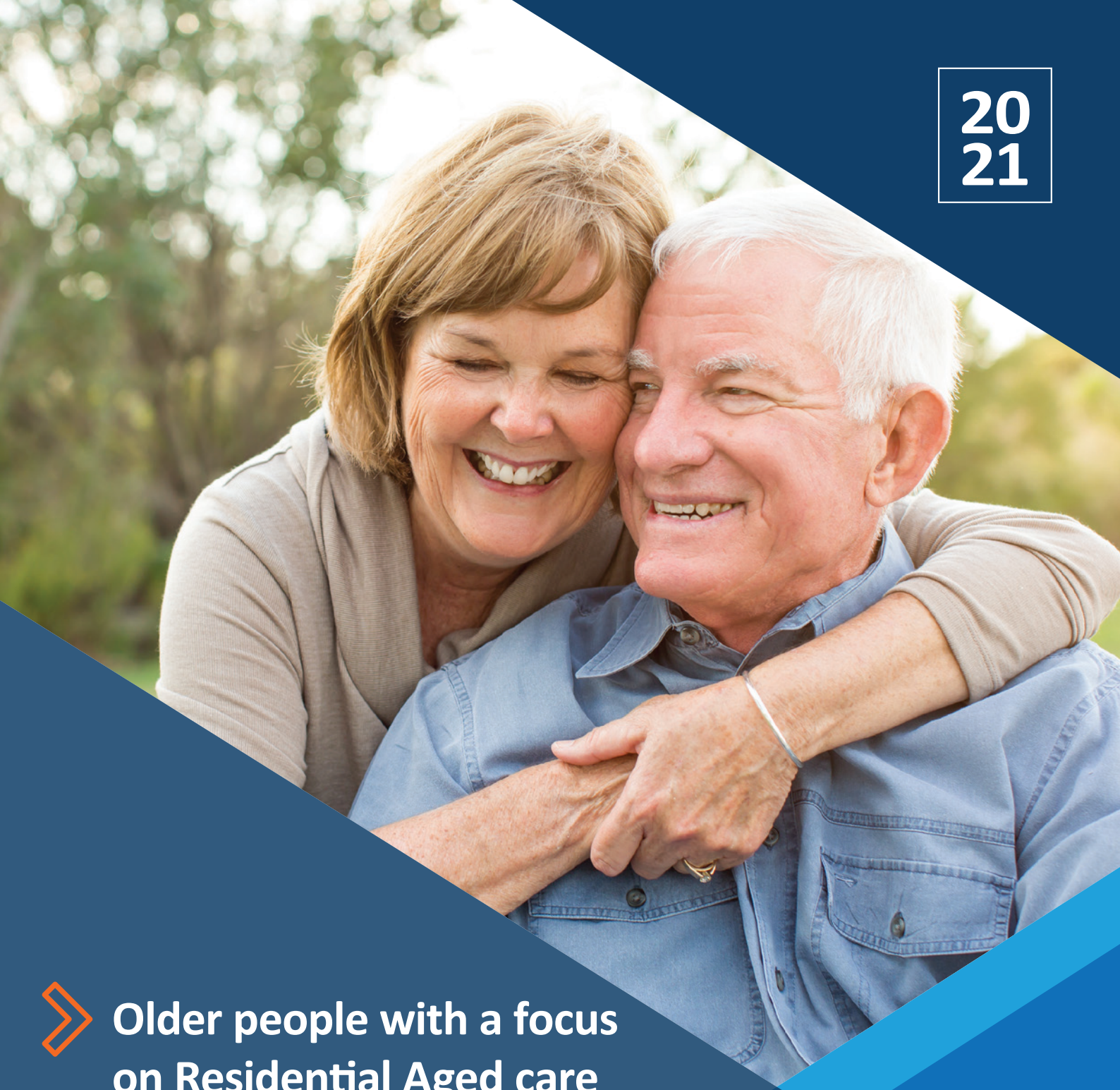


2021

Older people with a focus on Residential Aged care Facilities (RACF)

Needs Assessment

phn GOLD COAST

An Australian Government Initiative

Older people with a focus on Residential Aged care Facilities (RACF)

Local health needs and service issues:

- Rate of potentially preventable hospitalisations in the GCPHN region is above the national rate, top conditions included:
  - urinary tract infections
  - iron deficiency anaemia
  - chronic obstructive pulmonary disease
  - cellulitis
  - vaccine preventable
- Clinical coordination tools and processes that result in fragmentation of the local health system in patient centered care particularly for patients with dementia.
- Residential Aged Care Facilities adoption of digital health:
  - My Health Record use
  - clinical software is outdated.
  - lack of access to and use of secure messaging to comply with Privacy Act when communicating with other healthcare providers for their residents
  - record keeping
- Lack of confidence and skills to provide palliative care needs at resident's place of choice as per Advance Care Plan.
- Increasing number of people with dementia.
- Falls among older people leading to emergency department presentations and hospitalisations.
- Slow uptake of COVID-19 vaccination among Residentials Aged Care Facilities residents and staff.
- Residents in residential aged care presenting with increasing complexity of care including dementia.
- Transient and workforce that does not necessarily have the skills to manage the high complexity and care needs of older people in Residential Aged Care Facilities.
- Lack of role clarity and access to the relevant information to support early identification and management of palliative and end of life care in Residential Aged Care Facilities.
- Limited capacity to provide a coordinated and sustained coverage for palliative and end of life care within Residential Aged Care Facilities out of hours.
- The rate of people aged 65 and over is projected to grow steadily over the coming decades with limited capacity to meet demand.

Key findings

- The GCPHN region has a higher proportion of older adults aged 65 years and over compared to the rest of the country, with several Statistical Area Level 3 (SA3) regions with higher numbers of older people (Gold Coast North, Ormeau - Oxenford and Broadbeach-Burleigh).
- The age profile of the GCPHN region's population is increasingly becoming older, and this is projected to continue. The SA3 regions of Southport and Robina report high rates of older people with profound or severe disability.
- GCPHN region's older residents report higher levels of health and wellbeing and lower levels of disability than other regions of Australia. Fewer older people in the Gold Coast receive an age pension than the national average, which could indicate less socioeconomic disadvantage.
- Older adults in the GCPHN region live alone more than other Southeast Queensland regions. This, combined with high levels of older people moving to the Gold Coast in their later years who may lack informal care and support networks, raises concerns of social isolation and limited ability to access services without support.
- Mortality and morbidity for older people in the GCPHN region arises from cardiovascular disease and stroke, dementia, fall- related injuries, chronic obstructive pulmonary disease (COPD) and urinary tract infections (UTIs).
- There are high utilisation rates of primary healthcare, particularly GP attendances (standard and after-hours) which were higher for older people on the Gold Coast when compared to the national population.
- Utilisation rates of publicly funded aged care services, both residential and home care, is high with a significant number of providers spread across the GCPHN region. However, there appears to be relatively low access to specialist palliative care services in the GCPHN region.
- Dedicated projects within the GCPHN region appear to have had a significant increase in the completion of advance care planning.
- Consultation highlighted the impact of aged care reforms and system changes on delivering timely and appropriate care to older Australians, including NDIS reforms and challenges with home care package wait times. Significant concerns were raised around limited-service awareness and community health literacy and continued low uptake of advance care planning.
- The Royal Commission into Aged care Quality and Safety primarily looked at the quality of care provided in Residential and Home Aged Care to senior Australians, but also include Young Australians with disabilities living in Residential Aged Care settings.

Demographics

The estimated resident population of the Gold Coast aged 65 years and over, referred hereafter as 'older adults' was 105,846 people in 2019.

Table 1 provides a breakdown of the older adult population in the GCPHN region by sex and age group based on 2016 Census data.

Table 1. Number and proportion of estimated resident population by broad age group, Queensland and Gold Coast including SA3 regions

	65-74		75-84		85 years or more	
	Number	%	Number	%	Number	%
Queensland	480,147		257,468		94,266	
Gold Coast	62,596		34,775		13,161	
Broadbeach - Burleigh	7,335	11.7%	4,286	12.3%	1,895	14.4%
Coolangatta	6,442	10.3%	3,581	10.3%	1,752	13.3%
Gold Coast - North	9,452	15.1%	5,870	16.9%	2,182	16.6%
Gold Coast Hinterland	2,427	3.9%	1,318	3.8%	299	2.3%
Mudgeeraba - Tallebudgera	3,267	5.2%	1,544	4.4%	441	3.4%
Nerang	6,669	10.7%	3,545	10.2%	1,397	10.6%
Ormeau - Oxenford	10,646	17.0%	5,061	14.6%	1,346	10.2%
Robina	5,092	8.1%	2,902	8.3%	1,217	9.2%
Southport	5,925	9.5%	3,600	10.4%	1,588	12.1%
Surfers Paradise	5,341	8.5%	3,068	8.8%	1,044	7.9%

Source: Australian Bureau of Statistics (ABS), 2018 Census of Population and Housing

On the Gold Coast, 53 per cent of the older adult population are female, compared to 51.2 per cent of the all-age population, which is likely due to a higher life expectancy for females.

Overall, the age profile of the Gold Coast population is becoming relatively older. The proportion of the regional population aged 65 years and over, represented 16.6 per cent of the total population in the GCPHN region in 2019.

This is slightly higher than the proportion of people in this age group Queensland of 15.7 per cent. In 2012, the proportion of people aged 65 years and overrepresented only 14.6 per cent of the total Gold Coast population. While the Gold Coast local government area (LGA) has slightly different geographical boundaries than the GCPHN region, data from Gold Coast City Council forecasts the number of older people aged 65 years and over residing in the Gold Coast LGA to double by 2030 which will account for over 20.2 per cent of the total Gold Coast LGA population[1]

There are 1,683 people aged 50 years and over identifying as Aboriginal and Torres Strait Islander who reside on the Gold Coast, which is the age of eligibility for Aboriginal and Torres Strait Islander people to enter the public-funded aged care system. This represents a proportion of 0.8 per cent of all people aged 50 years, compared to a national rate of 1.4 per cent.

1 Gold Coast City Council, Social Planning and Research Reports, http://www.goldcoast.qld.gov.au/thegoldcoast/gold-coast-seniors-statistics-888.html

Data from the 2016 Census reports a total of 1,798 people aged over 65 years residing in the GCPHN region whose rated proficiency in speaking English is 'not well' or 'not at all'. This represents 1.9 per cent of the older adult population in the GCPHN region. The rates of older people with poor self-rated proficiency in spoken English are highest in Southport (3.1 per cent) and Robina (3.0 per cent).

The proportion of people aged 65 years and over in a region receiving a government age pension provides an indication of the socioeconomic status and financial vulnerability of older people. As of June 2017, there were 61,243 Gold Coast residents receiving an age pension, which represents 62.5 per cent of people aged 65 years and over, which is slightly lower than the national level of 63.6 per cent. This finding aligns with the lower levels of socio-economic disadvantage observed within the wider Gold Coast population relative to other regions. Table 2 outlines the absolute number and relative proportion of age pensioners within the GCPHN region.

Table 2. Number and proportion of age pensioners by SA3 region (June 2017)

Region	Number of age pensioners	% Of persons aged 65+ who are age pensioners
Broadbeach - Burleigh	7309	59.4
Coolangatta	6906	63.7
Gold Coast - North	10523	67.5
Gold Coast Hinterland	2113	54.9
Mudgeeraba - Tallebudgera	2914	63.8
Nerang	6955	69
Ormeau - Oxenford	8506	62.9
Robina	5376	64.3
Southport	6858	66.5
Surfers Paradise	3783	47.6
Gold Coast	61,243	62.5
Australia	-	63.6

Source: Social Health Atlas of Australia, compiled by Public Health Information Development Unit (PHIDU) based on data from the Department of Social Services

A total of 6,572 older people aged 65 years and over who reside on the GCPHN region migrated from interstate or overseas within the last 5 years, which represents 7 per cent of the older adult population. Over 30 per cent of these people migrated within the last 12 months. This may provide an indirect indication of the extent of older people who may not have strong informal caring and support networks such as family and friends.

The number of older adult lone person households in the GCPHN region is 19,519. This represents around 9.1 per cent of all household types in the GCPHN region, which is slightly higher when compared to the rate for South-East Queensland more broadly (8.5 per cent). Table 3 below outlines the number of older person households residing in self-contained retirement villages across the GCPHN region.

Table 3. Households residing in self-contained retirement villages across GCPHN region

Region	Lone person dwellings	Two or more person dwellings
Broadbeach - Burleigh	110	42
Coolangatta	183	54
Gold Coast - North	712	635
Gold Coast Hinterland	25	15
Mudgeeraba - Tallebudgera	17	4
Nerang	404	175
Ormeau - Oxenford	402	573
Robina	169	56
Southport	557	264
Surfers Paradise	36	6
Gold Coast	2611	1833

Source: Census of Population and Housing, 2016, Table Builder

These figures, particularly for single person dwellings, may provide an indication of the potential future demand for public-funded services. The proportion of people aged 15 years and over on the Gold Coast who identify as having informal caring responsibilities (9.9 per cent) is lower than the Australian rate (11.3 per cent). This is recorded in the 2016 Census as those reporting the provision of unpaid assistance to a person with a disability, long-term illness or problems related to old age. While only an indirect indicator of the number of carers of older people within the GCPHN region, the absence of informal carers can be a contributing factor to older people being unable to remain at home and requiring entering the residential aged care system.

Health status

Between 2014 and 2018, the median age at death for Gold Coast residents was 82 years. 79 years for males and 84 years for females[2]. These figures are comparable to the Australian population. The top five leading causes of mortality for Gold Coast residents are:

1. coronary heart disease (n=2,280 or 12.4 per cent of all deaths)
2. dementia and Alzheimer disease (n=1,551 or 8.5 per cent of all deaths)
3. cerebrovascular disease (n=1,221 or 6.6 per cent of all deaths)
4. lung cancer (n=1,062 or 5.8 per cent of all deaths)
5. chronic obstructive pulmonary disease (n=784 or 4.3 per cent of all deaths)

2 AIHW, Mortality Over Regions and Time (MORT) books 2013-2017

Disease prevalence

Different disease have different times of onset, an example of this is dementia is generally more prevalent in people aged 65 years over. Primary care plays a key in role in identifying and managing these diseases. Chronic disease represents the cause of many deaths in the GCPHN region, like the wider Australian population.

Analysing data extracted from Gold Coast PHN's PATCAT system which captures de-identified patient data submitted by registered general practices throughout the GCPHN region[3]. As of March 2021, of the 113,015 active patients (three visits in the past two years) aged 65 and over, 82 per cent (n=92,832) had at least one of the coded diseases below in table 4.

Table 4. Disease prevalence among active Gold Coast patients aged 0 to 64 and 65 years and over as of March 2021

	Aged 65+		Aged 0 to 64	
Measure	**Number**	**Rate**	**Number**	**Rate**
Total Population	113,015		453,758	
Diabetes Type II	13,183	12%	8,247	1.8%
Diabetes Type I	631	0.6%	2,097	0.5%
Undefined Diabetes	2,129	1.9%	1,682	0.4%
Asthma	10,378	9.2%	40,169	8.9%
COPD	9,291	8.2%	3,929	0.9%
CHD	14,928	13%	4,334	1.0%
Heart Failure	3,708	3.3%	706	0.2%
Hypertension	51,286	45%	32,068	7.1%
Stroke	6,868	6.1%	2,258	0.5%
Anxiety	12,276	11%	66,174	15%
Depression	13,435	12%	46,700	10%
Schizophrenia	328	0.3%	2,186	0.5%
Bipolar	587	0.5%	3,649	0.8%
ADHD	97	0.1%	8,801	1.9%
Autism	28	0.0%	3,934	0.9%
Dementia	3,493	3.1%	240	0.1%
Postnatal Depression	12	0.0%	1,988	0.4%
Osteoporosis	23,998	21%	5,285	1.2%
Osteoarthritis	33,119	29%	17,494	3.9%
Inflammatory Arthritis	6,173	5.5%	5,281	1.2%
Other Musculoskeletal	9,771	8.7%	10,444	2.3%
Hyperlipidaemia	37,863	34%	33,121	7.3%
Renal Impairment	5,802	5.1%	1,029	0.2%
Chronic Kidney Disease (CKD)	6,221	5.5%	1,111	0.2%
Atrial Fibrillation	10,251	9.1%	1,912	0.4%
Transplant	313	0.3%	436	0.1%
None of these	20,183	18%	278,224	61%

3 Disclaimer: While there are limitations to general practice data in PATCAT (PenCS – data aggregation tool), the data is still able to provide valuable insights into population cohorts that access primary care in the Gold Coast PHN region. Adjusted figures are used for total patient population to reduce the duplication of patient data as patients can visit multiple practices.

Dementia

Dementia is a term used to describe a group of conditions characterised by the gradual impairment of brain function. It is commonly associated with memory loss, but can affect speech, cognition, behavior, and mobility.

Although dementia can affect younger people, it is increasingly common with advancing age and mainly occurs among those aged 65 and over but is not a normal part of aging. Dementia is a major cause of disability and dependency among older people. It not only affects individuals with the condition, but also has a substantial impact on their families and carers, as people with dementia eventually become dependent on their care providers in most, if not all, areas of daily living.

While estimates on the prevalence of people living with dementia at a given time are difficult to obtain, modelling done by Alzheimer's Australia in 2011 projected that the number of people living with dementia in the GCPHN region in 2030 would be 16,271[4]. For older people living in permanent residential aged care in the GCPHN region, 51.9 per cent had a diagnosis of dementia[5].

It is expected that the continued growth and ageing of Australia's population will lead to an increase in the number of people with dementia over time, as the condition is increasingly common with advancing age and primarily affects older people.

Table 5. Estimated prevalence of dementia on the Gold Coast.

	Male	Female	Persons
2020	4,583	5,799	10,382
2030	7,235	9,036	16,271
2040	10,336	13,296	23,632
2050	13,417	17,216	30,633
Change from 2020 to 2050	193%	197%	195%

Source. Projections of dementia prevalence and incidence in Queensland 2011-2050, Alzheimer's Australia Qld

This modelling ranked the GCPHN region as having the third highest prevalence of dementia in Queensland consistently across the period 2011 to 2050.

Dementia hospitalisations

In 2015-16, there were a total of 436 overnight hospitalisations relating to dementia in the GCPHN region, which represented a total 5,232 hospital bed days, or an average length of hospital stay of 12 days. The age-standardised rate for the region (6 per 10,000 people) ranks 13th highest out of all 31 regions. Table 6 displays the number of dementia related hospitalisations in the region has increased by over 24 per cent in the last three available reporting years.

4 Projections of dementia prevalence and incidence in Queensland 2011-2050, Alzheimer's Australia Qld
5 Data item extracted from GEN Aged Care data portal, www.gen-agedcaredata.gov.au

Table 6. Overnight hospitalisations for dementia, by SA3 region, 2013-14 to 2015-16

Region	Number of hospitalisations			Rate of hospitalisations per 10,000 people, 2015-16	Rate of bed days per 10,000 people,2015-16
	2013-14	2014-15	2015–16		
Broadbeach - Burleigh	45	37	49	5	65
Coolangatta	24	47	51	6	64
Gold Coast - North	68	56	84	7	96
Gold Coast Hinterland	9	13	8	NP	NP
Mudgeeraba - Tallebudgera	17	19	12	NP	NP
Nerang	27	26	48	7	64
Ormeau - Oxenford	38	45	50	6	63
Robina	41	58	47	7	74
Southport	55	46	72	10	134
Surfers Paradise	27	26	15	NP	NP
Gold Coast	351	373	436	6	74
Australia	-	-	-	6	93

Source: www.myhealthycommunities.gov.au

Dementia Emergency Department (ED) Presentations

Dementia is highly prevalent in older ED patients at between 26 per cent and 40 per cent of the ED population[6]. There is evidence that older ED patients with cognitive impairment are at increased risk of negative events and health outcomes, including ED re-presentation and hospitalisation[7].

In 2019-20, there was 438 dementia presentations to Gold Coast and Robina Hospital. Of these presentations, 20 per cent were lower urgency care (triage four and five).

Dementia deaths

Dementia was the second leading cause of death on the Gold Coast in 2014-18, accounting for 1,551[8]. In females, dementia was the second leading cause of death in 2018 (957 deaths), while it was the third leading cause for males (594 deaths).

Heart failure

Heart failure is a chronic health condition associated with impaired physical functioning, poorer quality of life, increased hospitalisation and co-morbidity. While only an estimated 1-2 per cent of the Australian population lives with heart failure at a given time, the prevalence rises steeply with age. Two-thirds of people living with heart failure in Australia are aged over 65 years. This provides a forecast of the number of people with heart failure aged under 65 years who are likely to experience disability and have higher support needs in their older years. Table 7 outlines the number and rate of hospitalisations for heart failure in the GCPHN region in 2014-15.

6 Hustey, F.M. and S.W. Meldon, The prevalence and documentation of impaired mental status in elderly emergency department patients. Annals of emergency medicine, 2002. 39(3): p. 248-253.

7 Meldon, S.W., et al., A brief risk-stratification tool to predict repeat emergency department visits and hospitalizations in older patients discharged from the emergency department. Acad Emerg Med, 2003. 10(3): p. 224-32

8 Mortality over Regions and Time books. Statistical Area Level 4, 2014-18, Australian Institute of Health and Welfare

Table 7. Number and rate of hospitalisations for heart failure in Gold Coast, by SA3 region, 2014-15

Region	Number of hospitalisations	Sex and age-standardised rate per 100,000 people
Broadbeach - Burleigh	129	129
Coolangatta	148	164
Gold Coast - North	236	210
Gold Coast Hinterland	30	148
Mudgeeraba - Tallebudgera	67	252
Nerang	117	170
Ormeau - Oxenford	165	218
Robina	100	155
Southport	136	183
Surfers Paradise	58	107
Queensland	-	210
Australia	-	196

Source: Australian Commission on Safety and Quality in Healthcare (ACSQHC), the Second Australian Atlas of Healthcare Variation, 2017

Disability

The care needs of the older adult population are generally higher than the rest of the population, due to disability, illness, and injury. A person with profound or severe limitation is defined as someone that needs help or supervision always or sometimes to perform core activities of self-care, mobility and/or communication. Table 8 outlines the absolute number and relative proportion of older people aged 65 years and over within the GCPHN region with a profound or severe disability.

The data within Table 8 includes figures for all older people, and older people living in the community and excludes those in residential aged care facilities, non-self-contained residences, and psychiatric hospitals. The figures indicate that there are higher proportions of older people living with high care needs in Southport (both in the community and not) and Robina (not in the community), with high absolute numbers of older people living with high care needs in Gold Coast-North (both in the community and not).

Table 8. People with a profound or severe disability aged 65 years and over within Gold Coast PHN region, 2016

Region	Total		Living in the community (i.e., self-contained accommodation)	
	Number of persons with a disability	% Persons aged 65 years and over with a disability	Number of persons with a disability	% Persons aged 65 years and over with a disability
Broadbeach - Burleigh	1815	13.8	1552	11.8
Coolangatta	1833	16.1	1467	12.9
Gold Coast - North	2519	17.3	1930	13.3
Gold Coast Hinterland	393	11.8	363	10.9
Mudgeeraba - Tallebudgera	647	15.8	550	13.4
Nerang	1570	17	1384	15
Ormeau - Oxenford	2123	17.5	1625	13.4
Robina	1670	20.7	1001	12.4
Southport	2191	22.6	1516	15.6
Surfers Paradise	992	10.9	894	9.9
Gold Coast	15753	16.6	12282	13
Australia	-	18.4	-	14.3

Source: Public Health Information Development Unit (PHIDU) www.phidu.torrens.edu.au, based on the ABS Census of Population and Housing data, August 2016

Mental health

There is increasing recognition that good mental health is one of the key factors associated with healthy ageing[9]. According to the World Health Organization, mental health is "a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"[10] – as well as timely access to appropriate and effective clinical and non-clinical services.

The mental health of older people can also be affected by losing the ability to live independently, experiencing bereavement (particularly with death of a life partner), and a drop in income following retirement from the labor force[11],[12]. These factors may lead to social isolation and/or loneliness, loss of independence and increased psychological distress.

It is though that between 10 to 15 per cent of older people experience depression and about 10 per cent experience anxiety[13]. Rates of depression among people living in residential aged care are believed to be much higher, at around 35 per cent[14].

Applying these rates to the Gold Coast population aged 65 years and over, 15,876 have experienced depression while 10,584 have experience anxiety. The Gold Coast rate of people aged 65 and over (16.6 per cent) is above the Queensland rate (15.7 per cent). The average annual growth rate on the Gold Coast 2.4 per cent between 2014 and 2019 is also above the Queensland rate of 1.5 per cent.
The number of older people experiencing mental illness will continue to increase on the Gold Coast[15].

9 Kane RL 2005. What's so good about aging? Research in Human Development 2(3):115–32.
10 World Health Organization. Promoting mental health: concepts, emerging evidence, practice (Summary Report) Geneva: World Health Organization; 2004
11 Rickwood D 2005. Pathways of recovery: preventing further episodes of mental illness. Canberra: National Mental Health Promotion and Prevention Working Party
12 WHO (World Health Organization) 2013. Mental health and older adults. Factsheet no. 381. Geneva: WHO.
13 National Ageing Research Institute. (2009). beyondblue depression in older age: a scoping study. Final Report. Melbourne: National Ageing Research Institute.
14 National Ageing Research Institute. (2009). beyondblue depression in older age: a scoping study. Final Report. Melbourne: National Ageing Research Institute
15 ABS 3218.0, Regional Population Growth, Australia, various editions

Mental health services in Residential Aged Care Facilities

There is evidence that Residential Aged Care Facilities (RACF) residents have very high rates of mental illness. It is estimated that approximately 39 per cent of all permanent aged care residents are living with mild to moderate depression[16].

One of the biggest issues facing residents is difficulty adjusting to the changes that a move into aged care can bring. Many people experience a great sense of loss because of this. If untreated, this can lead to more serious mental health issues, so we like to connect with residents right from the beginning.

GCPHN has commissioned a service to provide the psychological services in RACFs, which is now currently available in 43 aged care facilities. The service objective is to build capacity of RACF and their staff through education, training, and liaison to enable:

- early identification, response, and referral
- support to attend therapy, undertake self-help and follow interventions
- provide an environment and lifestyle options to support mental wellbeing

From July 2020 to March 2021 there was slightly over 400 unique residents who had been referred or accessing psychological services on the Gold Coast leading to over 1,500 service contacts.

There has been an increase in referrals for social isolation and loneliness to the psychological services program in RACFs in 2020-21. There have been recent cases where residents have been referred for hopelessness and depression. Upon investigation causes for hopelessness by the psychologists they are related mainly to:

- enduring power of attorney issues
- public guardians being unresponsive
- family members misappropriating finances
- slow response from advocacy groups
    - access to social workers, ADA and other advocacy groups can take time. This places practitioners in a difficult position

For this initiative, the definition of mental illness is consistent with that applied to MBS Better Access items. This means that dementia and delirium are not regarded as mental illness. This is because these conditions require medical and/or other specialised support which is not within scope of this initiative. People with dementia are not excluded from treatment if they also have a comorbid mental illness such as anxiety or depression. Delirium may present with symptoms similar to those associated with a mental illness although it will not respond to psychological therapies and requires urgent medical assessment.

16 Australian Institute of Health and Welfare 2015. Australia's welfare 2015. Australia's welfare series no. 12. Cat. no. AUS 189. Canberra: AIHW

Social Determinants

Social isolation and loneliness

Social isolation and loneliness can be damaging to both mental and physical health. They are considered significant health and wellbeing issues in Australia because of the impact they have on people lives.

- social isolation: state of having minimal contact with others
- Loneliness: subjective state of negative feeling about having a lower level of social contact than desired[17]

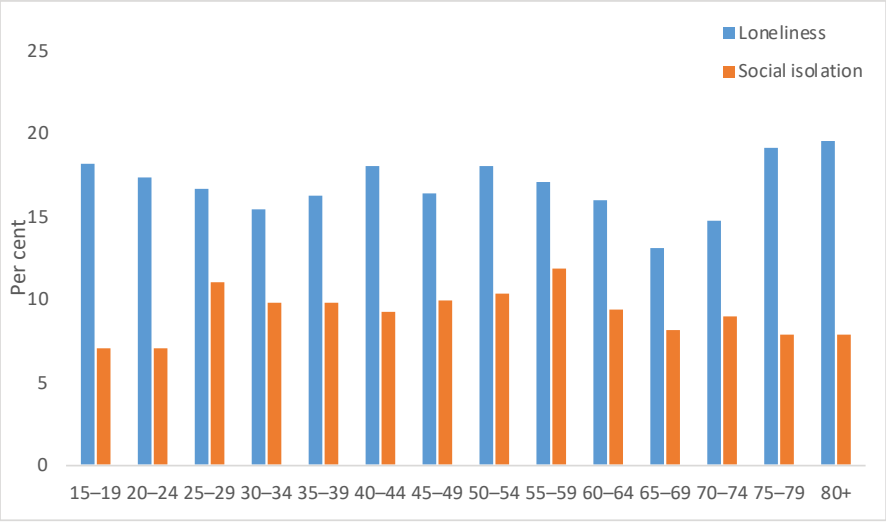
Both concepts do not necessarily co-exist—a person may be socially isolated but not lonely, or socially connected but feel[18]. One in three Australians reported an episode of loneliness between 2001 and 2009, with 40 per cent of these people experiencing more than one episode[19].

- one in ten Australians aged 15 and over report lacking social support[20]
- one in four report they are currently experiencing an episode of loneliness[21]
- one in two report they feel lonely for at least one day each week

Social distancing during the pandemic was never meant to prevent social connections, but many family members, friends and neighbours of older adults were staying away to avoid exposing their loved ones to the virus.

Loneliness and social isolation have been linked to mental illness, emotional distress, suicide, and development of dementia[22]. Part of the challenge in reporting on social isolation and loneliness comes from no universally agreed upon definitions. Figure 1 shows how social isolation and loneliness vary across age groups.

Figure 1. Proportion of people experiencing social isolation and loneliness by age, 2018.



Source: Relationships Australia 2018. Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labor Dynamics of Australia Survey. Canberra: Relationships Australia.

17 Peplau L & Perlman D 1982. Perspectives on loneliness. In: Peplau L & Perlman D (eds). Loneliness: A sourcebook of current theory, research, and therapy. New York: Wiley.
18 Australian Psychological Society 2018. Australian loneliness report: A survey exploring the loneliness levels of Australians and the impact on their health and wellbeing. Melbourne: APS.
19 Baker D 2012. All the lonely people: loneliness in Australia, 2001–2009. Canberra: The Australia Institute.
20 Relationships Australia 2018. Is Australia experiencing an epidemic of loneliness? Findings from 16 waves of the Household Income and Labour Dynamics of Australia Survey. Canberra: Relationships Australia.
21 Australian Psychological Society 2018. Australian loneliness report: A survey exploring the loneliness levels of Australians and the impact on their health and wellbeing. Melbourne: APS
22 Hawthorne G 2006. Measuring social isolation in older adults: development and initial validation of the friendship scale. Social Indicators Research 77:521–48

Elder abuse

Elder abuse takes a myriad of forms, including psychological abuse, financial abuse, physical abuse, and sexual abuse, and often a combination of these. Like family violence, elder abuse is about one person having power and control over another person.

The percentage of people aged 65 and over on the Gold Coast (16.4 per cent) or 101,783 people in 2018 was slightly above the Queensland rate (15.4 per cent). Australia has an ageing population rate of people aged 65 and over is expected to rise to 23 per cent of the population by 2055[23].

In Australia, the available evidence suggest that prevalence varies across abuse types, with psychological and financial abuse being the most common. A population-based study to identify the prevalence of elder abuse (women only) is the Australian Longitudinal Study of Women's Health 2014[24].

This study is based on a random sample of women with the oldest cohort (n = 5,561) being born between 1921 and 1926. When this cohort was surveyed in 2011 (at age 85-90), the findings suggested that 8 per cent had experienced being exposed to abuse, with name calling and put-downs being the most common forms. A similar level of prevalence was evident for this cohort in a preceding wave, conducted in 2008 (age 82-87), and slightly lower prevalence levels were found at younger ages (70-81 years). Measures the researchers used to assess neglect indicate a relatively stable prevalence rate of about 20 per cent across waves, from ages 70-75 and 85-90 years.

In Queensland, calls to the Elder Abuse Prevention Unit (EAPU) have increased over the past years that it has been operating from just over 200 in 2000-01 to nearly 1,300 in 2014-15[25]. The calls were mostly in relation to female victims (68 per cent female, 31 per cent male and 1 per cent unknown). Perpetrators were male in 50 per cent of calls and female in 45 per cent (unknown 5 per cent). Children were the largest groups of perpetrators reported (31 per cent sons, 29 per cent daughters). Otherwise, 10 per cent were "other relatives".

In 2014-15, the most reported type of abuse to the EAPU helpline was financial abuse, accounting for 40 per cent of reports, compared to 35 per cent for psychological abuse which was the most common type in 2012-13.

It has been highlighted the importance of allowing a person (the patient) privacy to talk about their safety and not always assuming that the carer is the safe person of the relationship (carer can be partner or paid carer).

23 Source: ABS 3235.0, Population by Age and Sex, Regions of Australia

24 Australian Longitudinal Study on Women's Health. (2014). 1921-26 cohort: Summary 1996-2013. Callaghan, NSW & Herston, Qld: University of Newcastle and the University of Queensland.

25 Spike, C. (2015). The EAPU helpline: Results of an investigation of five years of call data. Report for the International Association of Gerontology and Geriatrics Asia & Oceania Regional Congress 2015. Chermside Central, Qld: Elder Abuse Prevention Unit, UnitingCare Community.

Disability

The care needs of the older adult population are generally higher than the rest of the population, due to disability, illness, and injury. A person with profound or severe limitation is defined as someone that needs help or supervision always or sometimes to perform core activities of self-care, mobility and/or communication. Table eight outlines the absolute number and relative proportion of older people aged 65 years and over within the GCPHN region with a profound or severe disability.

The data within table eight includes figures for all older people, and older people living in the community and excludes those in residential aged care facilities, non-self-contained residences, and psychiatric hospitals. The figures indicate that there are higher proportions of older people living with high care needs in Southport (both in the community and not) and Robina (not in the community), with high absolute numbers of older people living with high care needs in Gold Coast-North (both in the community and not).

Wound management

Wound care is a significant issue in Australia, with chronic wounds presenting a large health and economic burden to Australians, the healthcare system, and providers of health services. The Government established the Taskforce as an advisory body to review all the 5,700 MBS items to ensure they are aligned with contemporary clinical evidence and practice and improve health outcomes for patients. In 2018, a wound management working group was established to make recommendations to the taskforce on the review of MBS items within its concern, based on rapid evidence review and clinical expertise on wound management.

The taskforce noted that stakeholders strongly supported the Wound Management Working Group work to improve the management of wounds in Australia, including the suggested chronic wound cycle of care and the development of a national wound consumables scheme.

Wounds can be broadly classified as acute or chronic based on the duration of the wound and the cause underpinning its development. Most chronic wounds in Australian hospitals and residential aged care facilities (RACF) consist of pressure injuries (84%), venous leg ulcers (12%), diabetic foot ulcers (3%) and arterial insufficiency ulcers (1%)[26][27].

Approximately 450,000 Australians currently live with a chronic wound, directly costing the Australian healthcare system around AU$3 billion per year[28]. In hospital and residential aged care settings in Australia in 2010-11, the direct healthcare costs of pressure ulcer, diabetic ulcer, venous ulcer, and artery insufficiency ulcer was found to be approximately US$2.85 billion[29].

According to the Bettering the Evaluation and Care of Health (BEACH) program, in 2010- 2011, the application of wound dressings was the second most frequently recorded procedure in general practice and the second most common procedure performed by general practice nurses[30].

26 Graves, N and Zheng, H. The prevalence and incidence of chronic wounds: a literature review. Wound practice & research: Journal of the Wound Management Association. 2014. Vol. 22, 1. 4.
27 Graves, N and Zheng, H. Modelling the direct healthcare costs of chronic wounds in Australia. Wound Practice & Research: Journal of the Australian Wound Management Association. 2014. Vol. 22, 1. 20-4, 6-33.
28 Pacella R, and the AusHSI chronic wounds team. Issues Paper: Chronic Wounds in Australia. Brisbane: Australian Centre for Health Service Innovation (Aus HSI), 2017. Available from: https://www.aushsi.org.au/news/chronic-wounds-solutions-forum/ [Accessed 30 August 2019]
29 Graves, N and Zheng, H. Modelling the direct healthcare costs of chronic wounds in Australia. Wound Practice & Research: Journal of the Australian Wound Management Association. 2014. Vol. 22, 1. 20-4, 6-33.
30 Britt, H, et al. General practice activity in Australia 2010-2011. General practice series no. 29. Sydney: Sydney University Press, 2011.

Wound management in RACF

Chronic wounds also represent a major health burden in RACFs, with residents often entering RACF's with one or more chronic conditions and complex wounds[31]. The elderly in general are at increased risk of impaired skin integrity due to age related changes to the skin, frailty, malnutrition, incontinence, immobility, and impaired cognition[32].

Falls

Another significant cause of morbidity and impaired quality of life among older people is falls, often related to impaired balance, immobility, and frailty, as well as feeling dizzy and poor vision which can be an undetected side effect of dementia. The report "*Trends in hospitalised injury due to falls in older people 2007-08 to 2016-17",* identified that about 125,000 people aged 65 and over were seriously injured due to a fall in 2016-17. Injuries to the head (26 per cent), hip and thigh (22 per cent) were the most common.

Rate of injuries to the head nearly doubled over the 10-year period to 2016-17 for both men and women. In 2016-17, the rates of head injury among men and women were 832 and 865 cases per 100,000 population, respectively, compared with 469 and 477 cases per 100,000 in 2007-08.

While the availability of data relating to falls among older people is limited, data on hospital admissions for hip fractures in people aged 65 years and over can provide an indication of incidence, as most hip fractures are associated with falls.

In the GCPHN region in 2012-13, there were a total of 530 hospitalisations for people aged 65 years and over for hip fractures at an age-standardised rate of 635 per 100,000 people. This is noticeably higher than the Queensland (628) and Australia (610) rates. Between July 2019 and June 2020, 15 per cent of all ED presentations to Gold Coast Public Hospitals Emergency Department (ED) from RACFs were for falls. Falls were the leading ED presentation among residents from RACFs to EDs in this time.

31 Jaul, E, et al. An overview of co-morbidities and the development of pressure ulcers among older adults. BMC Geriatrics. 2018. Vol. 18, 305. https://doi.org/10.1186/s12877- 018-0997-7.

32 . Pagan, M, et al. Wound programmes in residential aged care: a systematic review. Wound Practice and Research. 2015. Vol. 23, 2. pg. 52-60.

New emerging Issues - COVID 19

Accessing regular care

Throughout COVID-19 pandemic, it was critical all individuals continued to receive regular access to their normal GP for continued care through face-to-face consultations or through telehealth. Medicare Benefits Schedule Queensland data for health assessments for people aged 75 years and older (MBS item 701,703,705 and 707) during 2019 Q2 (April, May, June) saw 44,172 requested Medicare items to be processed, during the same reporting period in 2020 this figure decreased to 34,587[33]

Health assessments for older people is an in-depth assessment and provides a way of identifying health issues and conditions that are potentially preventable or amenable to interventions to improve health and/or quality of life. They encompass:

- preventative care
- prescription review
- managing conditions

As the above data indicates, patients aged over 75 were not accessing regular care during quarter two of 2020 and this may have negative impact on the older population in future years.

COVID-19 support to ensure RACF residents and staff are vaccinated

Three different cohorts in RACFs face different issues in receiving the COVID-19 vaccination:

- RACF staff
  - persons over 60 wanting to receive Pfizer COVID-19 vaccine
  - waitlist for people aged under 60 years will receive the Pfizer COVID-19 vaccine
  - if they have one vaccination dose at in-reach clinic, how and when they will receive the next COVID-19 vaccination (particularly relevant for over 60s who might not be able to access Pfizer outside of the in-reach clinic)
- RACF clients
  - If they miss one vaccination dose, how and when they will receive the next COVID-19 vaccination
- New clients entering a RACF facility
  - How and when they will receive the COVID-19 vaccination

COVID-19 vaccine and Flu vaccine

Timing with COVID-19 vaccine and flu vaccine may be an issue in future years if it's an annual booster for COVID-19 vaccine administered via an in-reach program like this initial rollout. With the flu vaccine being mandatory in RACF, there has been instances where the in-reach service provider has turned up to do a resident's COVID-19 vaccine, and the resident has seen their GP for flu vaccine recently and therefore can't have their COVID-19 vaccine on that day which causes issues with rebooking COVID-19 vaccine etc.

33 Medicare Statistics, Services Australia, Australian Government, http://medicarestatistics.humanservices.gov.au/statistics/mbs_item.jsp

Service Access

Aged Care Assessment Teams

Aged Care Assessment Teams (ACATs) conduct comprehensive assessments of the care needs of older adults when accessing services from the the government-subsidised aged care system for residential and home care packages. ACATs assess the needs of older people across three different areas of care:

- activities of daily living
- cognition and behaviour
- complex healthcare

Table 9 shows the care need ratings of people in permanent residential care in the GCPHN region compared to national levels. Across all domains, the proportion of people needing high levels of care are lower in the GCPHN region. Notable trends in this dataset indicate:

- The proportion of people requiring high levels of care increases with age for the 'activities of daily living' and 'complex healthcare' domains, whereas the rate decreases with increasing age for the 'cognition and behaviour' domain.
- Females have a higher proportion of people requiring high levels of care for 'activities of daily living' and complex healthcare' than males. However, this may be driven by the age-related trend above due to a higher life expectancy for females.
- People who have a preferred language other than English are more likely to have high care needs across all domains.

Table 9. Care need ratings of people in permanent residential aged care in GCPHN region based on Aged Care Funding Instrument assessment, at 30 June 2017

Region	Care domain	Care need rating (%)			
		Nil	Low	Medium	High
Gold Coast	Activities of daily living	1.1	16.5	30.3	51.6
	Cognition and behaviour	5.1	12.5	21.5	60.4
	Complex healthcare	3.1	16.5	30.4	49.4
National	Activities of daily living	0.6	12.8	30.1	56.6
	Cognition and behaviour	4.3	10.9	22.1	62.7
	Complex healthcare	1.9	15	28.1	55

Source: Data supplied by Australian Institute of Health and Welfare from National Aged Care Data Clearinghouse

Service Utilisation

Aged care services – Government subsidised Residential and Home Care Packages

The Australian aged care system provides subsidised care and support to older people. It is a large and complex system that includes a range of programs and policies. Australia's changing demographics significantly influence the demand for and provision of aged care. The aged care sector is facing an aging population with increasing frailty. Australians are living longer than ever before. It is projected that the number of Australians aged 85 years and over will increase from 11,991 in 2016 (2.03 per cent of the Gold Coast population) to 34,360 in 2041 (3.58 per cent of the Gold Coast population)[34]. With advanced age comes greater frailty, older people are more likely to have more than one health condition (comorbidity) as their life expectancy increases. As the population of older people increases, more people are expected to have memory and mobility disorders.

Aged care is not a single service. It is provided over a range of programs and services. The care ranges from low-level support to more intensive services. Aged care includes:

- assistance with everyday living activities
- respite
- equipment and home modifications (handrails)
- personal care, such as help getting dressed, eating, and going to the toilet
- heath care, including nursing and allied healthcare
- accommodation

Aged care is proved in people's homes, in the community and in residential aged care settings. People commonly think of nursing homes, or residential care, when they think about aged care. However, while most of the aged care budget is spent on residential aged care, more than two-thirds of people using aged care services do so from home.

The aged care system offers care under three main types of service:

- **Home Support**: Entry-level support for older people in their homes, consisting of the Commonwealth Home Support Programme (CHSP).
- **Home Care Services:** Support and care services given to older people in their own homes. Services are offered in packages of care, which can consist of personal care and domestic support, as well as clinical and allied health services. There are four levels of care to support those with basic (Level 1), low (Level 2), intermediate (Level 3), and high (Level 4) care needs. Home Care Packages were started in 2013, combining previous programs, namely: Community Aged Care Package (CACP), Extended Aged Care at Home (EACH), and Extended Aged Care at Home Dementia (EACHD).
- **Residential care services:** A facility that provides residential care. The service must meet specified standards in the quality of the built environment, care, and staffing levels in accordance with the Aged Care Act 1997. Some people refer to these services as 'nursing homes.

34 Queensland Government population projections, 2018 edition; Australian Bureau of Statistics, Population by age and sex, regions of Australia, 2016 (Cat no. 3235.0).

Table 10. Number of users and allocated places for South Coast ACPR by care type and provider type, as at 30 June 2020

Care type	Number of allocated places
Residential	5,577
Home care	3,044
Transition care	99
Short Term Restorative Care	68

Source: AIHW, GEN Aged Care data portal, extracted from www.gen-agedcaredata.gov.au and home care packages program report, Department of Health

Current waiting lists to access home care packages are extensive both within the GCPHN region and nationally, which is likely to impact the utilisation of other aged, community and health services. The number of people on the National Prioritisation Queue for a home care package residing in the South Coast Aged Care Planning Region who are not accessing or not been assigned a package was 657 people as of 31 December 2020.

These people are approved for:

- level one: 35
- level two: 279
- level three: 271
- level four: 72

Estimated wait times for people entering the National Prioritisation Queue are outlined in Table 11.

Table 11. Estimated waiting time for home care package on National Prioritisation Queue, as at March 2018

Package level	First package assignment	Time to first package	Time to approved package
Level 1	Level 1	3-6 months	3-6 months
Level 2	Level 1	3-6 months	6-9 months
Level 3	Level 1	3-6 months	12+ months
Level 4	Level 2	6-9 months	12+ months

Source: Department of Health, Home Care Packages Data Report 1 January to 31 March 2018.

The Commonwealth Government's GEN Aged Care data portal shows the GCPHN region had a higher rate of places allocated for residential aged care facilities (RACFs) for people aged over 70 years (85.4 per 1,000 people) when compared to Queensland (73.4) and Australia (76.5).

The majority (63 per cent) of residential aged care places are allocated to private providers. A sub-regional breakdown of the allocation of permanent residential aged care places across the GCPHN region is outlined in Table 12.

Table 12. Number of allocated places for permanent residential care across Gold Coast by SA3 region, as of June 2019

Region	Number of places
Broadbeach - Burleigh	363
Coolangatta	503
Gold Coast - North	1141
Gold Coast Hinterland	38
Mudgeeraba - Tallebudgera	383
Nerang	251
Ormeau - Oxenford	803
Robina	876
Southport	1046
Surfers Paradise	107
Gold Coast	5511

Source: Australian Institute of Health and Welfare, GEN Aged Care data portal, extracted from, www.gen-agedcaredata.gov.au

Table 13 shows areas within the GCPHN region with high numbers of RACF places, particularly Gold Coast North and Southport. The areas with higher rates of placements are reflective of the SA3 areas with a higher proportion of 65+ population (except for Broadbeach – Burleigh) demonstrating an adequate representation of facilities across the GCPHN. Other areas of higher density include Southport and Robina, which is unsurprising given they are clustered around the location of public hospitals.

Utilisation trends for permanent residential aged care services in the GCPHN region, including number of admissions, and people using aged care services during the year 2018 is outlined in table 13. It includes a breakdown for various demographic characteristics such as age, sex, Indigenous status, and preferred language.

Table 13. Admissions, utilisation, length of stay and exits from permanent residential aged care, Gold Coast PHN region, 2018.

Breakdown		Number of admissions	No. of people using aged care
Total		3,477	4,736
Age group	0-49	10	14
	50–54	4	15
	55–59	27	38
	60–64	51	74
	65–69	179	191
	70–74	288	351
	75–79	397	511
	80–84	675	863
	85–89	870	1,142
	90–94	702	1,021
	95–99	248	456
	100+	26	60
Sex	Male	1,488	1,627
	Female	1,989	3,109
Indigenous status	Yes	15	20
	No	3,459	4,711
Preferred language	English	3,359	4,579
	Other	109	143

Source: Australian Institute of Health and Welfare, GEN Aged Care data portal, extracted from www.gen-agedcaredata.gov.au

Hospitalisations

Reducing the number of avoidable hospital admissions is a performance priority for PHNs across the country. Potentially preventable hospitalisations (PPHs) for people aged 65 years and over shows that there were 21,695 PPHs recorded in Gold Coast public hospitals between July 2017 and June 2018 as can be seen in table 14.

The five leading causes of PPH in this age group are:

1. chronic obstructive pulmonary disease (COPD)
2. urinary tract infections, including pyelonephritis
3. congestive cardiac failure
4. cellulitis
5. diabetes complications

Table 14. Potentially preventable hospitalisations (PPHs) per 100,000 people aged 65 and over for Gold Coast public hospitals and national, Jun 2017 to Jul 2018

	Gold Coast	National
Total acute	1,555	1,286
Total chronic	1,439	1,233
Total vaccine preventable	287	313
Total potentially preventable	3,252	2,793

Source: Australian Institute of Health and Welfare 2019. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2017–18. Cat. No. HPF 36. Canberra: AIHW

Primary care providers

The capacity of the primary healthcare system to manage the ongoing health needs of older people, particularly those living in RACFs, is critical in preventing unnecessary transfers to hospital facilities. The number of GP and specialist attendances per person for the GCPHN region based on Medical Benefits Schedule (MBS) claims data is outlined in table 15. Unsurprisingly, older people on the Gold Coast had higher claim rates than the all-age population in the region. GP attendances (standard and after hours) were higher for older people on the Gold Coast when compared to the older adult population nationally, but specialist attendances were lower.

Table 15. Number of GP and specialist services per 100 people, Gold Coast PHN region, 2018-19

	GP attendances		After-hours GP attendances		Specialist attendances	
Population	65-79	All ages	65-79	All ages	65-79	All ages
Gold Coast	1214	714	59	61	200	82
Australia	1055	631	41	49	238	95
	GP attendances		**After-hours GP attendances**		**Specialist attendances**	
Population	80+ years	All ages	80+ years	All ages	80+ years	All ages
Gold Coast	1879	714	140	61	242	82
Australia	1611	631	104	49	273	95

Source Australian Institute of Health and Welfare (AIHW) analysis of Department of Health, Medicare Benefits claims data, , 2014–15, 2015–16, 2016–17, 2017-18 and 2018-19

Prescribed medications

Dispensing rates under the Pharmaceutical Benefits Scheme (PBS) provide an indication of the utilisation of medications compared to other regions as well as an insight into the health needs of older people within the GCPHN region. Table 16 provides dispensing rates for medications listed on the PBS under several relevant categories for older people including antidepressants, anxiolytics (for treating anxiety), anti-psychotic and anticholinesterase (for treating conditions including Alzheimer's) medications. The rates of dispensing for anxiolytic and anticholinesterase medicines are higher than the state and national rates in almost all GCPHN SA2 regions. Southport has particularly high rates of dispensing across all four selected medicine types.

Table 16. Rate of prescriptions dispensed for selected medications for people aged 65 years and over in Gold Coast PHN region, by SA3 region, 2013-14

	Age-standardised rate of prescriptions dispensed per 100,000 people aged 65 years and over		
Region	Anti-depressants	Anti-psychotics	Anxiolytics
Broadbeach - Burleigh	182,793	18,533	45,666
Coolangatta	196,998	19,341	54,714
Gold Coast - North	201,933	22,025	53,587
Gold Coast Hinterland	183,492	18,967	39,013
Mudgeeraba - Tallebudgera	220,915	21,381	52,490
Nerang	192,221	17,161	43,510
Ormeau - Oxenford	216,858	18,259	43,619
Robina	176,026	13,888	40,708
Southport	230,803	34,386	62,901
Surfers Paradise	176,153	17,442	49,921
Queensland	221,409	31,763	42,664
Australia	196,574	27,043	37,695

Source: Australian Commission on Safety and Quality in Healthcare (ACSQHC), the First Australian Atlas of Healthcare Variation, 2015

Advance care planning

Advance care planning is the process of planning for future health and personal care whereby a person's values, beliefs and preferences are made known so they can guide clinical decision-making at a future time when that person cannot make or communicate their decisions. Advance care planning is a priority for quality person centered or end of life care and promotes an individual's choice and control over healthcare decisions.

An advance care directive is a type of written structured advance care plan recognised by common law or specific legislation that is completed and signed by a competent adult[35]. An advance care directive will typically document the persons values, beliefs, and specific preferences for future care and/or include the appointment of a substitute decision maker. A substitute decision maker may be required to make medical treatment decisions on behalf of a persons whose decision-making capacity is impaired[36]

In Queensland, there are three ways individuals can record their choices for future healthcare:

- **Enduring Power of Attorney -** An Enduring Power of Attorney process allows the individual to choose a trusted relative or friend to manage your personal matters (including healthcare) and financial matters.
- **Advance Health Directive -** An Advance Health Directive is a formal way to give instructions about the individuals future healthcare. It is sometimes called a living will. It will only take effect if the individual does not have capacity to make decisions.
- **Statement of Choices -** A Statement of Choices allows the individual to record their personal values and preferences for healthcare.

35 Rhee JJ, Zwar NA, Kemp LA. Why are advance care planning decisions not implemented? Insights from interviews with Australian general practitioners. Journal of Palliative Medicine. 2013;16(10):1197-204.

36 Australian Health Ministers' Advisory Council. National Framework for Advance Care Directives. Canberra, Australia: Commonwealth Government of Australia; 2011.

Despite the recognised benefits of formally documenting, one's advance care planning preferences, available estimates suggest less than 30 per cent of Australians have completed an advance care directive[37].

There are no dedicated MBS item numbers for Advance Care Planning, instead it is undertaken as part of standard GP consultations, health assessments, chronic disease management plans or case conferencing items.

Gold Coast PHN is involved in several projects with RACFs, GPs, practice nurses and practice managers and the community, to increase the uptake of Advance Care Plans to enable people to make decisions about their future healthcare. In 2019-20, Gold Coast PHN secured funding to trial The Advance Project, initiating advance care planning and palliative care through training and resources for six general practices on the Gold Coast to assist local GPs in delivering palliative care for their patients.

Through the ongoing promotion of Advanced Care Plans (ACPs), by February 29, 2020, the Office of Advanced Care Planning had received 1,645 ACP documents. In addition, the five RACFs that worked with Gold Coast PHN on the Enhanced Primary Care Project, had 369 ACPs completed by March 30, 2020. Work that supported this included:

- Three Advance Care Planning introductory education workshops were delivered at the Gold Coast Justices Association's education symposium where 183 Justice of the Peace volunteers participated.
- In collaboration with Kalwun and PEPA, we organised a "Dying to Yarn" Expo that aimed to empower Aboriginal and Torres Strait Islander people about when and where they need palliative care within the community.
- Six general practices were participating in a trial to determine barriers to implementing advance care planning in RACFs, which will assist in improving mechanisms to increase uptake.
- The Palliative Care Health Literacy project team has explored options for consumer resources to increase awareness and understanding about palliative care and the options available to them including the uptake of advance care planning.

Analysing data uploaded by Gold Coast residents to Queensland Health electronic hospital record (the viewer), a large increase was seen across all document types (statement of choice, advanced health directive and enduring power of attorney) from 2017.18 to 2019-20. There was a total of 1,006 Gold Coast residents who had completed Statement of Choices in 2019-20[38].

Table 17. Advance care planning documents uploaded to the Queensland Health electronic hospital record (The Viewer), Gold Coast residents, 2017-18 to 201-/20

Document type	2017-18	2018-19	2019-20	% Annual Increase 2019-20
Statement of Choices	483	467	1,006	54%
Advance Health Directive	16	129	311	59%
Enduring Power of Attorney	23	167	810	79%

Source. Office of Advance care Planning – Queensland Health

37 Deterring KM, Buck K, Ruseckaite R, Kelly H, Sellars M, Sinclair C, et al. Prevalence and correlates of advance care directives among older Australians accessing health and residential aged care services: multicentre audit study. BMJ Open. 2019;9(1): e025255

38 Office of Advance Care Planning – Queensland Health

Aged care royal commission

The Royal Commission into Aged Care Quality and Safety's Report laid the foundation for the fundamental reform and redesign of Australia's aged care system. Below are some of the findings from the report.

Problems of access

It should be easy for older people to access the aged care they need. Having easy access means a person can get the information, support, or care they need, when they need it. It also includes getting aged care appropriate to a person's individual needs, including care that is culturally appropriate and safe.

Workforce

In 2019, there were 4.2 (working age 15-64 years) people for every Australian aged 65 years or over. By 2058, this will have decreased to 3.1[39]. This decline has implications not only for the financing of the aged care sector but also for the aged care workforce.

These changing demographics, together with changes in the patterns of disease and dependency, and in the expectations of older people and society, will impact on demand for aged care in several ways. These include the length of stay in in residential aged care, the increase in care needs, the demand for a variety of care choices, and the desire of older people to remain in their own homes for as long as possible.

Primary healthcare Services model

The aged care royal commission identified that they heard from many people that the level of service provision by general practitioners (GP) is not adequate to meet the needs of people receiving aged care. Primary healthcare practitioners are either not visiting people receiving aged care at their residences, or not visiting enough, or not spending enough time with them to provide the care required.

GPs are primary funded by fee-for-service. The royal commission heard evidence about the problems with the fee-for-service funding model, particularly that it creates an incentive for care that responds to an episode of care of ill health, rather than encouraging care that proactively attempts to reduce the risk of ill health. The fee-for-service model is considered by some to be "in conflict with the proactive, coordinated and ongoing team-based approaches that are needed to support the prevention and optimal management of chronic and complex conditions"[40] .The Royal commission into aged care identified that part of the access problem is the amount of funding available for GPs providing care to people receiving aged care.

The aged care royal commission recommend the development of a new primary care model to encourage the provision of holistic, coordinated, and proactive healthcare for the growing complexity of the needs of people receiving aged care. Such a model would have the following characteristic:

39 Royal Commission into Aged Care Quality and Framework
40 Report for the Primary Healthcare Advisory Group, Better Outcomes for People with Chronic and Complex Health Conditions, December 2015

- General practices could apply to the Australian government to become accredited aged care general practices.
- Each accredited general practice would enroll people receiving residential care or personal care at home who choose to be enrolled with that general practice.
- The accredited general practice would be required to meet the primary healthcare needs of each enrolled older person, including through cooperative arrangement with other general practices to provide after-hours care.
- Participation would be voluntary for general practices and patients.

Multidisciplinary outreach services

Throughout the aged care royal commission, it was stated that multidisciplinary care teams are fundamental in the care of people with chronic complex health conditions. Multidisciplinary outreach services typically work out of hospital to deliver specialist healthcare in the community. Queensland does have some form of hospital-based outreach services into aged care facilities and older people's homes. However, outreach programs are not available to all people receiving aged care – coverage is patchy and subject to local funding restrictions.

Older persons mental health

The Queensland government provide a mental health service specifically for older people with severe and complex mental health conditions. However, the adequacy of mental health services to people living in residential aged care services varies. There are differences in eligibility criteria, including whether services are provided to people in residential care and whether they are provided to people with severe changed behaviour associated with dementia.

Other healthcare reforms

The proposed improvements to access the primary healthcare, specialist and mental and dental healthcare will take time to develop and implement. In the short term, the royal aged care commission recommend the Australian Government should as a matter amend the Medicare Benefits Schedule to provide benefits for:

- Comprehensive health assessments when a person begins to receive residential aged care or personal care at home and at six-month intervals thereafter.
- GP mental health treatment for patients at a residential aged care facility.
- A mental health assessment and subsequent development of a treatment plan, by a GP or psychiatrist within two months of a person's entry into residential aged care and subsequent reassessments.
- Allied mental health practitioners providing services to people in residential aged care.

Service system

Services	Number in the GCPHN region	Distribution	Capacity discussion
General practices	206	Clinics are generally well spread across Gold Coast; majority in coastal and central areas	• GP services include preparation of chronic disease management plans, team care arrangements, medication prescribing and management, health checks and plan review

General practitioners	858, they are supported by a total of 619 non-GP staff working in general practice (e.g., nurses and allied health staff).	Clinics are generally well spread across Gold Coast; majority in coastal and central areas	• GPs deliver continuity of care for older people as they age and use their clinical judgements to make decisions about the most appropriate care for the individual. Roles carried out by GPs generally include:
			  • recognition and management of health conditions
			  • assessment of functional capacity of the individual
			  • recognition of their accommodation and care needs
			  • identification of the impacts on family and carers and associated needs for respite care
			• A GP's role in the requirement for and facilitation of ACP is critical due to their ongoing and trusted relationships with patients. In the GCPHN region, GPs provide services for older people in general practices, at an individual's private residence and into RACFs

Residential aged care facilities	58	Residential Aged Care Facilities are spread from Ormeau to Coolangatta	• The RACFs range from capacity of 36 beds to much larger 167 bed facilities providing differing levels of care and services across general aged care, palliative, respite, and dementia care

Aged care services	Permanent: 52
	
	Respite low care: 43
	
	Respite high care: 48
	
	Home care: 41
	
	Home support: 48
			• Eligibility is based on factors like individual's health, how they are managing at home, and any support they currently receive. Individuals may be eligible for aged care services if they have:
			  • Noticed a change in what they can do or remember
			  • Been diagnosed with a medical condition or reduced mobility
			  • Experienced a change in family care arrangements
			  • Experienced a recent fall or hospital admission
			  • 65 years or older (50 years for Aboriginal or Torres Strait Islander people)

Medical deputising services	4	Service GCPHN region	• The National Association for Medical Deputising includes several services that offer after-hours care in in the GCPHN region

Allied health services	419 services with 1,230 workers	Services are generally well spread across Gold Coast; majority in coastal and central areas	• Many different allied health groups contribute to the care of older people on the Gold Coast both individually and as part of multidisciplinary care teams. Allied health can be provided in a community or hospital setting and range from dieticians, physiotherapists, occupational therapists, pharmacists, podiatrists, psychologists, and social workers.
			• Allied health plays a key role in care for older people by providing:
			  • Interventions to promote healthy ageing and reduce the impact of chronic conditions and disabilities
			  • Rehabilitative care to support people to regain function and strength after serious injury or an illness such as a stroke
			  • Strategies to support people to live independently in their own home
			  • Care co-ordination to assist people navigate the aged care system and make choices that are best for them
			• In addition to allied health counsellors and pastoral care workers can provide a range of support to RACF residents.

Specialist practices	236 services with 664 workers	Services are generally well spread across Gold Coast; majority in coastal and central areas	• Many different specialists contribute to the care of older people on the Gold Coast. • Specialist can range from cardiology, psychiatry, and oncology etc.
Hospital and Health Service (Gold Coast Health)	2 public Hospitals at Southport and Robina and Helensvale Community Health Centre and Palm Beach Community Health Centre 3 private Hospitals at Southport, Tugun and Benowa		• Aged Care Assessment Teams at Gold Coast University Hospital (GCUH) at Southport, Robina Hospital, Helensvale Community Health Centre, and Palm Beach Community Health Centre • Specialist palliative care in an inpatient and community setting • Older Persons Mental Health Unit at Robina Hospital: 16 inpatient beds and community outreach • Complex Needs Assessment Panel (CNAP) 65+ providing coordination of care and services to support older people with complex mental health needs • Geriatric Evaluation and Management in the Home located at GCUH • Bereavement services at Robina Hospital and GCUH
Residential Aged Care Facility (RACF) Acute Support Service (RaSS)	Available seven days a week from 7.30am until 6pm to support RACF residents, staff, and GPs.		• Clinical advice is also available via phone and by virtual options including Microsoft Teams, Skype, Telehealth and FaceTime. • The RaSS team provides support for residents who present to ED or are admitted to hospital. • The RaSS team liaise with treating hospital teams, GPs, RACF staff and will support coordination around discharge with an individualised plan for continuity of care including follow up phone calls post discharge to identify and address any concerns. • This service does not aim to replace or duplicate existing GP cover, but is an additional supplementary service providing a single point of contact for RACFs and GPs, on behalf of Gold Coast Hospital and Health Service.

Non-Government organisations			• There are a range of not-for-profit providers who deliver after hours and in-home care. Services can include:
			  • Home modification and maintenance
			  • Cleaning
			  • Personal care
			  • Shopping
			  • Social outings
			  • Transportation to respite care
			  • Palliative care and dementia care.
			• The cost of the individual's community care can often be supported through Commonwealth Home Support Program (CHSP) and Home Care Package (HCP) depending on the eligibility. Co-contributions are an expectation for individuals accessing CHSP and HCP except in cases of hardship.

Queensland Advocacy Incorporated (QAI)	Office in South Brisbane, can be contacted through phone, fax, email, and post	South Brisbane	• QAI is an independent not-for-profit advocacy organisation and specialist community legal centre for people with disability. We are first and foremost a systems advocacy organisation focused on changing attitudes and policy to improve the lives of the most vulnerable people with disability. • Queensland Advocacy's mission is to promote, protect and defend, through advocacy, the fundamental needs and rights and lives of the most vulnerable people with disability in Queensland.
Aged and Disability Advocacy Australia (ADA Australia)	Office in Geebung, can be contacted through telephone, email, email, post and fax	Geebung	• Aged and Disability Advocacy Australia (ADA Australia) is a not-for-profit, independent, community-based advocacy and education service • Supporting and improving the wellbeing of older people and people with disability • Services are free, confidential and client focused

Consultation

Joint Regional Plan Mental Health, Suicide Prevention, Alcohol and Other Drug Services

- Gold Coast Primary Health Network (GCPHN) and Gold Coast Health jointly led the development of the Joint Regional Plan.
- This Joint Regional Plan is a foundational plan for the GCPHN region. As such, it aims to set out the agreed way forward for improved collaboration and integration between mental health, suicide prevention, alcohol, and other drugs services in the GCPHN region.
- The process brought together cross-sectoral and community stakeholders to develop, agree and document a shared understanding of the issues our region faces, a shared vision for the future, and a roadmap for change.
- The Joint Regional Plan took a person-centred approach to consultation because we understand that whilst there are unique elements to mental health, suicide prevention, alcohol, and other drugs, and Aboriginal and Torres Strait Islander social and emotional wellbeing, many of the issues people face are interrelated and multifactorial.
- Current state and Identified gaps:
    - Mental health and aged care related issues (eg. Dementia) are often treated in isolation of each other or as separate disciplines.
    - Limited access to assessment and treatment by public sector geriatricians to patients in the community.
    - Gaps in clinical resources, knowledge and supports in the community result in people referring to Older Person's Mental Health unit (tertiary service) as a default option or last resort.
    - Isolation and loneliness can have a significant impact on people's mental and physical health. The growing and changing population of the Gold Coast has resulted in loss of connection and sense of community that can be natural or informal support systems. The Gold Coast has more older adults living alone than in other Southeast Queensland regions. This combined with high levels of older people moving to the Gold Coast in their later years, who may lack informal care and support networks, raises concerns of social isolation among older people and potentially limited ability to access services without support. Proactive engagement can prevent further social isolation and loneliness, however activities in the community that support inclusion/connection may not be targeted or inclusive of older people and their needs.

Primary Care Partnership Council

In July 2021, Gold Coast PHN utilised the Primary Care Partnership Council as an engagement mechanism to discuss emerging issues relating to unplanned hospital care in the GCPHN region. Key issues and themes raised include:

- Can't get GPs to service RACF after hours.
- Demand increased and after-hours GP are less available, fully booked because all community are now utilising.
- RACFs need clarity around when GP will arrive because if calling at night it is urgent.
- Not having timely access to GP after hours in RACF has led to increase in hospitalisation.
- Social isolation due to covid and language issues.

GCPHN Clinical Council

In June and August 2018, GCPHN undertook engagement with their Clinical Council to explore inefficiencies and opportunities within the aged care sector. The qualitative data is summarised under two main domains:

- Medications
  - access to some medications can be problematic if stocks are low
  - medication dispensed days ahead, problematic if GP recently changed medication
  - this causes issues with wastage of medications
  - some corporate pharmacies request backdated scripts, which is illegal for a GP
  - medication can often be prescribed on admission, however reviews can be overlooked
- Staffing
  - high staff turnover and limited expertise in palliative care
  - number and experience of staff – high likelihood of transfer of resident to hospital
  - some RACFs can be 'unwelcoming' to visiting GPs
  - residents are often described in quote 'rosy terms' when in fact, their behaviour is worse
  - limited time to engage or upskill staff. Unsupported by facility when staff are required to deliver front line services

While these issues are not representative of all RACFs, this information identifies inconsistencies across the sector. The importance of understanding the size and scope of the private fee-for-service aged care environment was noted, acknowledging the challenges in sourcing data.

Anecdotally, it was reported that the Gold Coast has pockets of high socio-economic status with people willing to self-fund care to avoid wait lists and maintain choice. It was noted that the local context can change quickly, for example with financial crises leading to a greater number of older people accessing publicly funded services who may have previously been self-funded. Alongside issues presented, there was a range of opportunities identified by the Clinical Council, including:

- Case conferencing between GPs and Hospital and Health Service (HHS) staff to work together on more complex cases such as dementia to avoid unnecessary hospital transfers.
- Networking across RACFs and GPs to ensure backup outside of the individual facility.
- Trialing new models of care in which a GP services RACFs in an area.

GCPHN Community Advisory Council

Recent (June 2018) feedback obtained through the GCPHN Community Advisory Council (CAC) found 93 per cent of CAC members either agreed or strongly agreed on the needs identified in the Older Persons Needs Assessment Summary document released in December 2017.

The CAC highlighted the provision of transport assistance is a fundamental factor contributing to older people's ability to continue to stay at home. It, therefore, needs to be considered when planning future service models.

In previous consultation carried out with the CAC in 2016, Advance Care Plan (ACP) was a key topic. It was emphasised that people preferred their GP to raise ACP with them, particularly if there is diagnosis of chronic disease. At the same time, the formal ACP documentation was labelled as not consumer friendly.

Loneliness was identified is a key consideration for older people. Particularly in the GCPHN region where women often relocate after their husband passes away leaving them with limited social support or social connection. Loneliness, a predominant risk factor for prolonged grief can have catastrophic physical, mental, social, spiritual, and financial health implications for the individual.

Considerations need to be given to the opportunities NDIS funding provides for this population group, if a person under 65 is approved for a NDIS package, they will continue to receive their package as they age. It would be advantageous to promote NDIS to those individuals nearing 65 with an impairment or condition that is likely to be permanent and reduces independence. Further engagement with this group recognised the level of need for PHN Commissioned Services is higher in RACFs and After-Hours Services compared to palliative care.

The CAC reconvened in August 2018 to provide review and feedback on the aged care with a focus on RACF and After-Hours Draft Needs Assessment Summary, their feedback has been incorporated into the report. Additional key themes which emerged and need to be considered include:

- medical tourism on the Gold Coast
- COPD need to be targeted as action area
- high variability of the types and quality of services available to people within RACFs

Additional information

- The Australian Medical Association (AMA) Aged Care Survey Report sought feedback on members' impressions and experiences of providing medical care to older people. The survey presented some insights which need to be taken into consideration for the future planning of primary care services for older people, particularly in RACFs and after-hours periods including:
    - Over a third of survey respondents reported an intention to decrease or stop attending RACFs in the coming two years, attributed to the considerable amount of paperwork involved, responding to faxes and phone calls, and discussing issues with RACF staff or relatives of residents. This was despite a reported increase in demand for RACF-visiting medical practitioners.
    - Respondents reported that in almost half of instances of GPs reducing the frequency of visits to RACFs in the last 5 years it was due to unpaid non-contact time, while a further 40 per cent was due to practitioners being too busy in their general practices.

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Gold Coast Primary Health Network

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

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