

Facilitated Activity: Cervical Cancer Screening

A staff member from Gold Coast Primary Health Network (GCPHN) presented a brief overview of the National Cancer Screening Program to the Community Advisory Council (CAC). Members of the group discussed this at length and provided their input and feedback.

50% of CAC members said they knew someone who had delayed regular cancer screening.

Potential barriers to regular cancer screening

92%

Lack of knowledge or awareness regarding cancer screening prevention programs.

92%

Fears of discomfort and embarrassment regarding the screening experience.

54%

Time constraints and work commitments.



PLUS
38%

Identified difficulty accessing cancer screening services, COVID-19 restrictions and lack of transportation as potential barriers.

CAC members identified what general practices could do to encourage patients to take up cervical screening

92%

Increased use of telephone and text messages reminders to attend appointments or follow-up support.

76%

Increased promotion and awareness about cancer screening, flexibility with appointment times and options for after-hours appointments.

69%

Linking cancer screening with other appointments with medical practitioners and incentives, such as cost-free services and arranged transportation.




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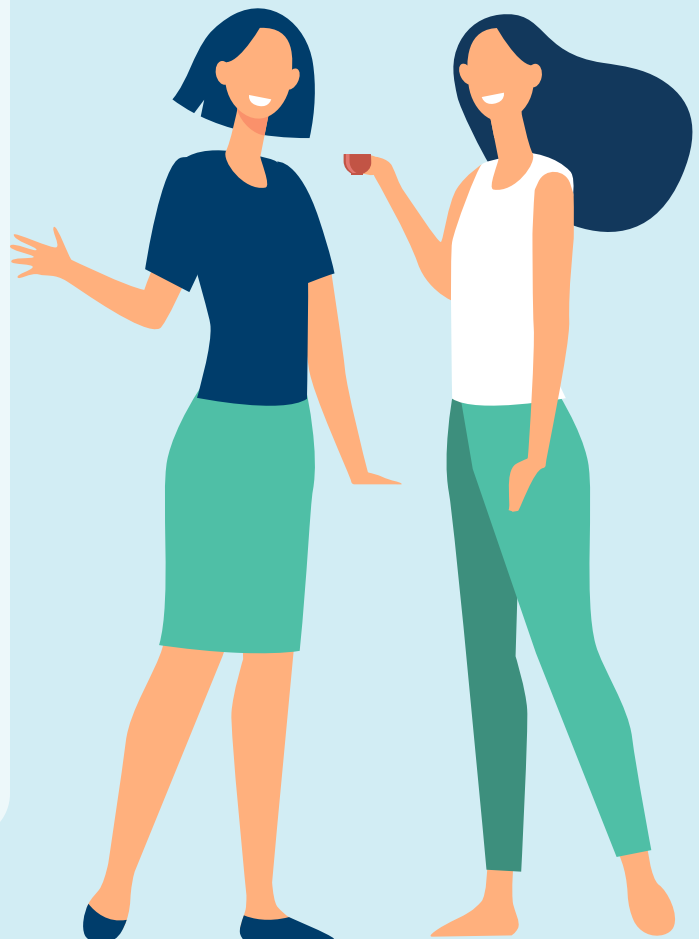
Facilitated Activity: Cervical Cancer Screening

Other ways to promote cervical cancer screening

-  Campaigns clearly stating important information such as:
 - ◆ percentages and statistics
 - ◆ the HPV vaccine
 - ◆ encouraging consumers to ask questions when they visit their health professional
-  Text messages to patients from practices when they are due for a check-up.
-  Using social media, mailouts, advertising in libraries, national letters to women with important messaging.
-  Having culturally diverse, multi-lingual collateral to ensure a broad range of consumers can get the information they need.
-  Having a mix of online and hardcopy materials to reach a broad range of consumers.
-  Look at ways to start having conversations in “non-traditional” settings e.g. aged care outings.

**regular cancer screening refers to all types of cancer screening, not just cervical cancer screening.*

“Cervical screening terminology can put people off. ‘Women’s health’ and other holistic terms should be explored, to ease some of the stigma.”



Recommendation to the GCPHN Board:

That CAC feedback on the Facilitated Activity: Cervical Cancer Screening be considered in the development and implementation stage of the project.

GCPHN Community Advisory Council (CAC)

MEETING 05.11.21

My Health Record

A staff member from Gold Coast Primary Health Network (GCPHN) presented a brief overview of current data regarding My Health Record to the Community Advisory Council (CAC). Members of the group discussed this at length and provided their input and feedback.

58% said they use their My Health Record

Successes experienced with using My Health Record

- Medical history and prescription medications are easy to find in the My Health Record.
- Regular GP is an advocate of My Health Record and uses it during each visit.
- Very transparent and informative.
- Getting to maintain your own records and history.
- Have been able to show parents how to access and use My Health Record.

Barriers experienced with using My Health Record

- Limited data appears to be recorded or made available on My Health Record, including discharge summaries.
- Specialists and pathologists don't often upload to My Health Record, which often means that those with multiple health professionals find the process too cumbersome.
- As the owner of the My Health Record, you aren't always able to add the information you'd like to have included.
- Some members reported that whilst the system is great in theory, it still struggles to work in practice due to the involvement of different computer systems involved.

Potential hurdles with the My Health Record system

- There continues to be some hesitancy amongst the CAC and wider community in using My Health Record, due to the history of e-health (data issues, judicial requirements, security).
- Software compatibilities continue to be an issue i.e. allied health and smaller organisations don't have the finances to maintain software.
- My Health Record doesn't appear to be designed for consumer benefit. E.g. Consumers can't upload spouse's complex medical history.
- Some doctors and specialists seem reluctant to upload sessional information.
- There has been limited uptake of using My Health Record in Aged Care.
- The immunisation tab which has been added into My Health Record appears to be duplication.

Suggested improvements for My Health Record system

- An audit on quality and comprehension of system is needed to ensure gaps are identified and addressed.
- Financial assistance and mandatory participation need to be put in place if uptake is to be successful.
- Australia should look at other countries where this type of roll-out has been successful and model some changes based on their successes.
- My Health Record may need to be considered for a re-brand to assist with the current feelings of doubt and mistrust in the community.

Recommendation to the Board:

That CAC feedback be collated and passed onto the Australian Digital Health Agency.



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GCPHN Community Advisory Council (CAC)

Living with COVID-19

MEETING 05.11.21

The Community Advisory Council (CAC) were asked to discuss what supports and services people on the Gold Coast might need during quarantine, after the Queensland border opens to visitors again. Members of the group discussed this at length and provided their input and feedback.



Supports and services CAC members think people will need in quarantine

- Great internet and the tools to use the internet (e.g. phone to do a video link, do they know how to use it, does computer have a camera?)
- Video games, something to keep you occupied.
- There needs to be a plan in place for households as a whole - who looks after the household if the whole household is under quarantine?
- Everyone will have different needs, so an initial phone to identify needs and then coordinate from there, would be helpful. This would include things like pharmacy delivery, telehealth appointments and healthcare, groceries and even dog-walking.
- Support person checking in daily with a phone call, especially for those who are alone or don't have internet. These people could check in on mental wellbeing and other needs that would be outlined in initial phone call (dog walking, groceries, who is in your support system etc.)
- A showbag given on the first day of quarantine, which includes a first aid kit, lollies, a roll of toilet paper and a list of ideas/checklist.
 - ♦ E.g. what medications are needed, a list of support groups and how to contact them, 'Got Your Back Gold Coast' Facebook group, community groups who will help each other, gourmet foods/frozen food deliveries, what to do if your oxygen drops.
- Showbags could be made possible by local, state, national grants. CAC members have had experience with this in the past.
- For many people, oxygen levels will need to be monitored, as well as temperature and pulse. A pulse oximeter should be given to those who need it.
- A panic alarm to alert to emergency services for those who go downhill quickly.
- Information on what to do if there is an emergency in your home and everyone has COVID/is isolating.
- Low-socioeconomic families who usually eat at soup kitchens etc. will need something available to help them.
- Delivery costs for groceries should be removed if you have COVID-19.
- At-home testing should be made available, pathologists who can come to your home and drive-thru options accessible.
- Need to ensure testing options are widely advertised.
- Many will need support from AoD services – Alcohol and drug addiction, methadone program, mental health support, linking them up to Red Cross tele-chat.
- Those in quarantine should be able to take time off to get a test.
- A hotline available to those who have reached boiling point at having to stay indoors. Hotline would have someone who'd hopefully be able to stop you from leaving your home.
- Volunteer bases collapse when there's an outbreak, but these volunteer options should be explored and built up to assist those in quarantine.
- Isolation is a huge issue and many people, including those in aged care homes and isolating, are not contacted due to fear of infection.
- CAC members discussed how it was difficult for many of them to figure out what the current policies/procedures are around the state/country because information changes so rapidly.
- CAC members addressed the need to include homeless people in quarantine planning.
- Clinical labs – home test kits, 100% bulk billing. Process has reported to be quite complex. Things need to be available in print form.
- Multi-unit living. Neighbours need to be assured, not fearful, aware, not reactive.



Recommendation to the Board:

That CAC feedback on Living with COVID-19 be considered in the development and implementation stage of the project.

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