

## Strategy 2.5: Foster participatory health towards achieving outcomes that matter to our community

The GCPHN Board is particularly interested in the Community Advisory Council (CAC)'s feedback on strategies from the GCPHN Strategic Plan 2021-2023. CAC members provided feedback and discussed how GCPHN could effectively progress Strategy 2.5 Foster participatory health towards achieving outcomes that matter to our community. Key themes included:

### Patient participation and empowerment

- There is a need for time and space to have conversations about healthcare options.
- Too often, assumptions are made about what the patient expects and wants for their care.
- Regular consumer and patient participation is needed when new consumer resources are being developed. Existing resources such as Ask Me 3 and Choosing Wisely Five Questions would be a good start.

### Advocacy

- The role of a social worker or advocate is greatly undersold for patients who don't have family, friends, or someone to represent them.
- An important part of health literacy seems to be learning how to advocate for oneself. But being able to do that is a privilege, and especially in the instance of the elderly there are a lot of barriers for self-advocacy.
- Questions raised included: How do we educate people who can't read, hear, who aren't educated? How do they advocate for themselves?
- Positive experiences that should be considered for health literacy and participatory strategies:
  - ◆ written permissions for carers and advocates to be involved in care
  - ◆ giving patients basic information in writing
  - ◆ weekly emails/check-ins from health professionals with patients' or their carers/advocates to get regular updates and clarification of treatment
  - ◆ community care nursing as a support



### Initiatives GCPHN could partner with to support Health Literacy

- National Disability Insurance Scheme
- Aged Care Assessment Teams
- Local libraries and community centres
- Choosing Wisely (Federal initiative)
- Gold Coast Health and the Gold Coast Health Community Advisory Group
- Unions
- Chamber of Commerce
- Probus

### Recommendation to the GCPHN Board:

- In addition to considering participatory health from consumer and health professional perspective, consider the important role of carers in fostering participatory health especially for the vulnerable.
- GCPHN should explore partnering with existing health literacy initiatives.

### Care Finder Program

GCPHN will commission the Care Finder Program which aims to provide vulnerable Senior Australians with support to navigate and access aged care and other support services. To inform the commissioning of this program, CAC members were asked to share their insights to better understand the program's target population in the region.



**12 out of 13 CAC members knew people within the Care Finder Program target population group**

### What do people in the Care Finder Program target population group do now to access aged care support?

- Sometimes people must travel to a far location for care because it is the only place that speaks their native language/understands their culture.
- Many people within this target population group are in high-density living situations and do not consider themselves isolated due to their own community of neighbours.
- Some CAC members discussed personal experiences and how the Gold Coast University Hospital and GMTH program were incredibly supportive.
- Groups such as Meals on Wheels and church groups interact with the target population group and tend to notice changes to the people they interact with.

### What are some of the challenges the Care Finder Program target population group experience navigating the aged care system?

- Fear is dramatically underestimated as a reason why people don't engage with the aged care system. The Royal Commission has affected people's trust and makes the task of engaging people in aged care difficult.
- Health professionals don't always know what's available to offer patients and patients don't know what to ask for.
- CAC members emphasised the challenges in reaching people who are socially isolated.
- Larger organisations may not have the values or ethos to run the Care Finder Program as well as it could be run.
- Accessing online resources and information can be difficult.

Many people have made a promise to never send a loved one to a nursing home earlier in life and this can often compromise on accessing care options, even care at home.



# GCPHN Community Advisory Council (CAC)

MEETING 13.05.22

## Which supports are needed for people in the Care Finder target population group?

- More advocacy is needed for people in this target population group. Something as simple as having support to make a phone call. Sometimes they don't know what to ask for and information can be overwhelming.
- Support needs to be accessible and placed in areas that are already visited by the target population group.

## Commissioning considerations for the Care Finder Program

- GPs and practice nurses need to be proactively involved when GCPHN is developing the Care Finder Program, because they can identify people within the target group and identify early requirements.
- Organisations such as cultural groups (e.g., Italian club), sports clubs and Aboriginal and Torres Strait Islander organisations should also be invited into the planning.
- Ensuring carers know about the program is crucial to its success.
- GCPHN needs to be assertive in the selection process for the Care Finder Program, to ensure the most appropriate candidates are selected.
- The differences between the Care Finder Program and My Aged Care need to be made clear to avoid confusion and panic. E.g., engaging with either does not mean you will be moved into a residential aged care facility.

## Ways to share information about the Care Finder Program

- It's important to be proactive, rather than expecting people to come and find the program themselves.
- Regular community hubs to share information could be very helpful e.g., booths at major shopping centres, bowls clubs, RSL clubs and caravan parks.
- Organisations such as Meals on Wheels and church groups will interact with the target group regularly and be able to share information.
- Consider engaging with Queensland Community Housing to add questions about aged care eligibility, as a way to refer people to the Care Finder Program.
- Contacting the local Aged Care Decisions mob.
- Over 60s retirement villages
- Media, such as radio and newsletters
- Information available in emergency departments and after hours doctors.

## Recommendation to the GCPHN Board:

Consider CAC's feedback when commissioning the Care Finder Program, including the importance of an outreach model and appropriate providers who can engage with the target population.



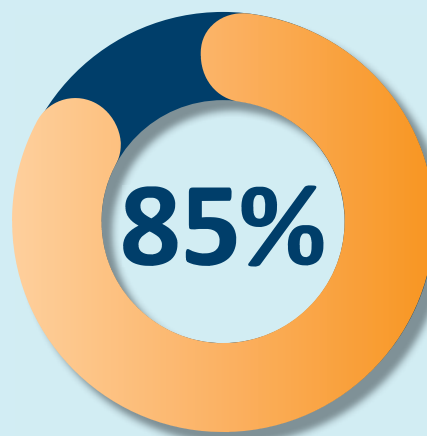
### After Hours Needs Assessment

To inform commissioning of after hours services, GCPHN is reviewing and updating the After Hours Needs Assessment and will be developing a regional plan. CAC members were asked for feedback on the approach to the needs assessment and regional plan.

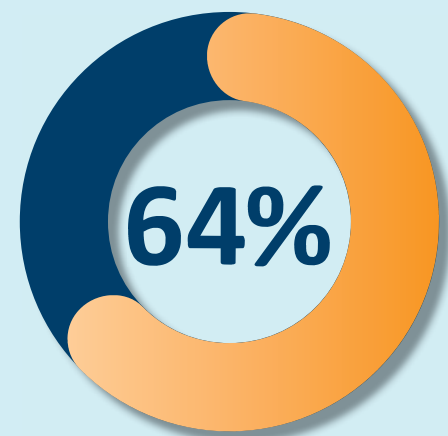
#### Who should GCPHN engage with to further understand after hours needs in region?

- Emergency departments
- General practices
- Time-specific data from Medicare could help with understanding the type of care people are seeking.
- Medical clinics near the hospital, including the new private emergency clinic opening in Southport.
- After hours GPs, pharmacies and mental health phone lines, including 13 Health
- Queensland Police and Ambulance services
- Domestic violence services
- Suicide prevention services
- Alcohol and Other Drug services
- Youth services
- Services working with vulnerable groups such as Rosie's and Have a Feed.
- Ask people via community centres and community meetings. GCPHN could also advertise public meetings to ask the community what they want.

#### GCPHN After Hours Needs Assessment



**CAC members that agreed with the current needs identified in the GCPHN After Hours Needs Assessment.**



**CAC members that agreed that the service mapping reflects the current situation.**

- There was some concern that the Needs Assessment doesn't identify peak demand e.g., type of services used during time of day, correlation with events happening locally i.e. music festival, football game. It would be advantageous to narrow down the types of calls during peak time.
- As the Gold Coast population increases significantly during holiday season, CAC members noted that the Needs Assessment and Regional Plan should consider people visiting on holiday and how they can be connected to an after hours doctor.
- Signs should be placed at the airport, in taxis, on trams and buses regarding emergency departments and after hours.
- GCPHN could work with organisers of events to have GP clinics open, similar to what is done with Schoolies.
- Minor first aid training should be given to event organisers to reduce emergency department presentations.

### What are the challenges for people needing care after hours in the Gold Coast?

- There is a need for more telehealth after hours help, however it's not always possible due to regulations about having to physically see a GP within the last 12 months. CAC members discussed how telehealth is appealing as a delivery mechanism in the after hours space.
- Telehealth does not necessarily take patient history into account.
- Some experiences from CAC members with health helplines included long waits and that they weren't very helpful.
- Access to home-visiting GPs is difficult due to workload and funding.
- Transport to get healthcare after hours is an issue for lots of people. Some people might panic and can't drive and end up calling ambulances.



### Recommendation to GCPHN Board

Consider CAC's feedback on approach to the after hours needs assessment and regional plan, with identified stakeholders and topics to further explore.