# GCPHN Community Advisory Council (CAC)

Identifying older patients in general practice that would benefit from early intervention into Aged Care initiatives

The Royal Commission found that a portion of older Australians are entering aged care facilities earlier than what they may otherwise, due to a lack of support for healthy ageing or inability to manage chronic conditions in the community.

The 'Identifying older patients in general practice that would benefit from early intervention initiatives' project focuses on senior Australians with a chronic condition that need to undertake certain activities, behaviour changes, health steps that will contribute/support healthy ageing, the ongoing management of their chronic conditions and ultimately prevent early entry into aged care. CAC members were presented with details of and asked for their feedback.

10/13 CAC members said they, or a loved one, had worked with a GP or health professional to improve health outcomes for older patients.
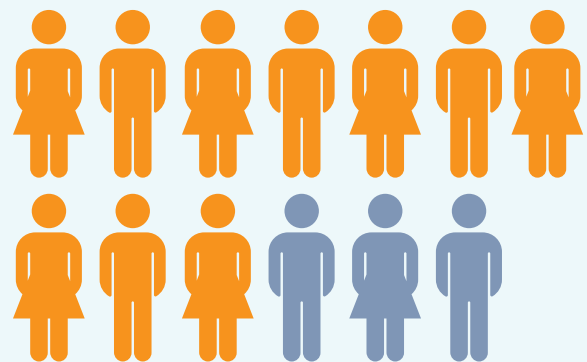
> "We need to build mutual respect and trust over time to deal honestly with issues of ageing in a realistic way."
> – CAC member

What did that support look like?

- Working with multiple healthcare providers, such as physiotherapists and exercise physiologists, was helpful. However, some CAC members noticed limited or insufficient communication between the different health professionals involved.

- Some CAC members felt their healthcare professionals were unaware of existing resources in the community.

- CAC members had positive experiences with aged care support workers, however aged care health packages can be limited and therefore, so is the care for the patient.

- Advice, encouragement, and feedback on progress by healthcare professionals was helpful.

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What are the key issues this target group face?	How can the target group get the help they need?
Isolation and loneliness is recognised as the number one health issue for people who are ageing.	• More social support is needed. • Consider implementing a mail service or a phone number for those who are isolated. Important information about taxi subsidies, companion cards etc. should be shared to assist people in getting out of home.
There is a big falls risk with older people.	• Predeterminations around falls need to be discussed, and ageing people need to be given some realistic expectations of what mobility looks like, before they get to the falls risk stage.
Primary healthcare providers and consumers are unaware of what programs exist.	• Primary healthcare providers need to know information about these programs to pass onto consumers. • Programs such as Active @ Home have outcomes proven to be effective. Wider promotion is needed, including sharing online, via hardcopies and in libraries and community centres. • Make consumer networks more aware of what's available to share amongst their own community groups.
Patients need help navigating the system once discharged from hospital	• Discharge information for patients should include information on how to look after yourself once you leave hospital/care. • Vulnerable patients should have an advocate brought in or appointed to them, to ensure they understand how to proceed with the next steps.
There is too much information and difficulty navigating the system.	• Setting up individualised online searches via "scraping", would display particularly information relevant to them e.g., the Justice Department website does this well.
There is a growing population who don't speak English and have differing cultural dietary requirements, which can lead to isolation.	Look at ways of implementing initiatives that can cater to the multiculturism on the Gold Coast e.g., serving different cuisines in community settings
Individualised approach	• A "case worker" model could be effective in streamlining communication. E.g., Targeted funding for each person via a case manager or advocate, to help patients make informed choices. • Individualised budget, but not administered by the individual (to minimise the risk of financial abuse)

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Existing services and resources that might help the target group of this project:

- Free/cheap community transport options.
- *My health for life* program is effective, but retention is low.
- Seniors Magazine
- Day respite organisations for people with dementia
- Cancer Wellness Exercise Program – more locations are needed to meet the needs of all Gold Coast regions.
- GEMITH (Geriatric Evaluation and Management in The Home) – some CAC members discussed the great impact this program had on families and carers.
- Transitions Care Program – noted as a highly effective program by some CAC members.
- Carer's Gateway Program provides much-needed support for carers.

New ideas to consider

- connecting youth (including disadvantaged ones) with older people for mutual benefit

Part of the process for this new project will be to focus on a chronic condition. What things should be considered when deciding which chronic condition to focus on?

- Refer to existing data and focus on prevention and provide education on outcomes.
- Sustainability of care, support, and accessibility for the individual.
- Look at which chronic conditions can be impacted quickly and effectively.
- Consider a chronic condition that affects all age groups, not just seniors or those of poor socio-economic standing.
- Consider the dominant areas of chronic ill health and consult through targeted forums to find out what is working, and what could be improved. Those who are vulnerable and isolated must be included in this process.
- Access hospital data to get an overall picture of what is needed.
- Consider if the selected chronic condition will, if addressed enhance the consumers life.
- A chronic care model for the aged would have at its core, four principles: Longitudinal care that is patient-centered, relationship-centered, integrated and community-oriented.

Being old is seven days a week.

Recommendation to GCPHN Board

Consider CAC's feedback when scoping for the 'identifying older patients in general practice' that would benefit from early intervention initiatives project, including the importance of having printed materials, and exploring the case worker model of care.

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Local Area Needs Assessment and GCPHN Needs Assessment

A representative from Gold Coast Health presented to the Community Advisory Council (CAC) about the Local Area Needs Assessment (LANA). Like the Gold Coast Primary Health Network (GCPHN) Needs Assessment, the Gold Coast LANA seeks to assess the health needs and priorities of the Gold Coast and the service needs and priorities of Gold Coast Health services. CAC members discussed the parameters around visiting GPs, after hours services and emergency departments.

What factors do CAC members and people in the community consider when determining to visit an emergency department or a GP?

- Convenience, including:
  - Transport options
  - Location of patient and services
  - Timings
  - Costs
  - Mobility issues
- The persistent cycle of risk of infection when sitting in waiting rooms, including getting sick and making other people sick.
- Gatekeeping at medical centres forces people to find simpler routes.
- Some people don't want to clog up the emergency services and consider the hospital a place for "life-threatening illness or injuries".
- Previous experiences with the health care system guides decision-making.
- GPs are transient, which means people must change their GP regularly.
- When there are falls in aged care, patients are often sent to hospital due to fear of internal injuries, even when there is no obvious indicator.

- Costs, including bulkbilling, gap fees and walk-fees influence people's decisions on where to go for help.
- Many people view hospitals as a "one-stop shop".
- Hospitals tend to have better resources to assist with certain conditions e.g., breathing difficulties, asthma
- Paramedics have different levels of experience, with higher levels of skills allowing assessment of a patient to occur at home or in an ambulance (rather than being taken to emergency). CAC members discussed boosting the level of service for all paramedics, so the option to avoid the emergency department is available if suitable.
- CAC members discussed some people would be comfortable being assessed by a paramedic, whereas others would want to see a doctor.
- Waiting in the hospital emergency department can be trauma itself.
- There are perceptions that you will be treated quicker at the hospital than at a GP.
- "Just in-case appointments" could be a reason it is difficult to get into GPs and is therefore forcing people to visit emergency departments.

> The emergency department is always a last resort.

> Many people view hospitals as a "one-stop shop."

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Telehealth

- Telehealth is being used more frequently, reduces the risk of being exposed to infection and referrals can be emailed. This was seen as positive.

- People are unable to use telehealth if they have not been to the practice in-person in the past 12 months. Sometimes there is no other option than to go to hospital.

After hours

- CAC members reported that after hours visiting GPs took a long time to arrive, leading some opting to drive to hospital.

- CAC members felt support phone numbers such as 13 Health, often advise patients over the phone to visit the emergency department, regardless of what the medical complaint is.

- Home Doctor services often have long waits or will not drive to certain areas e.g., Mount Tamborine, so people must drive to hospital.

Recommendations to GCPHN Board

- Consider CAC's feedback as part of the review of the After Hours Needs Assessment
- Note CAC feedback will be considered by GCH when developing the next stages of the Local Area Needs Assessment

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