

GCPHN Strategic Plan - Strategy 3.5

CAC members were asked to unpack and consider Strategy 3.5 from the GCPHN Strategic Plan “Provide strategic and policy advice to stakeholders including state and federal government, advocating for a high performing primary care sector”. This will inform GCPHN Board and shape activities under this strategy.

GCPHN's influence on health policy

67% of CAC members thought GCPHN had significant influence on health policy.

16.5% of CAC members thought GCPHN had some influence on health policy.

16.5% of CAC members were unsure.

100%
of CAC members

agreed or strongly agreed that on occasions when GCPHN provides formal feedback or input into policy (for example submissions to the national consultation process), GCPHN should make the details of the submission public.

CAC members identified potential strategic stakeholders for GCPHN:

- Health bodies
 - RACGP - Royal Australian College of General Practitioners
 - AHPRA - Australian Health Practitioner Regulation Agency
 - APNA - Australian Practice Nurses Association
- Specific advocacy/service groups (e.g. Health Consumers Qld, mental health, perinatal, First Nations service providers, service providers for vulnerable populations)
- Government Officials (State, Federal Health Ministers, elected officials)



GCPHN Community Advisory Council (CAC)

MEETING 04.11.2022

After Hours

Following a deep dive review of the After Hours needs assessment update (including previous CAC consultation), the identified health needs and service issues were presented to CAC for validation.

When asked to select priorities, the top 3 were:

Potential areas of higher geographic need for after hours primary care services are the southern (Coolangatta SA3) and less populated western areas (Mudgeeraba-Tallebudgera SA3), as well as the northern areas due to sheer demand for services.

There are difficulties in recruitment and retention of doctors to deliver primary care services in the after hours.

There is decreasing availability of face-to-face primary care options in the after hours, which impacts older people, palliative patients and vulnerable people who find it difficult to travel.



Interventions suggested by CAC members include:

- Working with universities and other organisations to increase student placements and increase junior doctors working in general practice, particularly after hours.
- Increase awareness of services that do exist.
- Support services to operate up to 8 pm.
- Increased number or scope of practice for pharmacists, physician assistance and nurse practitioners.
- More mobile services.
- Health Hubs.



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GOLD COAST

An Australian Government Initiative

GCPHN Community Advisory Council (CAC)

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Health Needs Service Issue

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Potential areas of higher geographic need for after hours primary care services are the southern (Coolangatta SA3) and less populated western areas (Mudgeeraba-Tallebudgera SA3), as well as the northern areas due to sheer demand for services.



Highest demand for after hours services is generally 6pm to 8pm.



Among the top reasons for non-urgent presentations (category 4 and 5) to Emergency Departments (ED) in the after hours, mostly relate to injuries (ankle sprains, wounds, and injuries).



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Health Needs Service Issue

There are difficulties in the recruitment and retention of doctors to deliver primary care services in the after hours.



Access to support in the after hours for people with mental health concerns is particularly high in the northern corridor (Ormeau- Oxenford SA3).



RACFs have experienced increasing wait times for after hours doctors and operational concerns due to staffing issues.



Flexible delivery of AOD services outside of usual business hours is a factor in successful completion of treatment.

