Gold Coast Primary Health Network
Needs Assessment 2022

Older people

phn GOLD COAST

An Australian Government Initiative

Older people

Please note this topic area incorporates information and findings from the Care Finders Needs Assessment undertaken in 2022.

Older Adults: local health needs and service issues

- Rate of potentially preventable hospitalisations in the Gold Coast Primary Health Network (GCPHN) region is above the national rate for people aged 65 and over.
- Top conditions of potentially preventable hospitalisations include urinary tract infections, iron deficiency anaemia, dental conditions, cellulitis, ear, nose and throat infections.
- For some providers there is limited capacity, and at times confidence and skills, to provide for palliative care needs at resident's place of choice as per Advance Care Plan.
- Referral pathways, including available capacity (to prevent navigation to nowhere).
- High prevalence of older people with frailty leads to many complex medical problems and is associated with an increased rate of future falls.
- Falls and wounds lead to increased Emergency Department (ED) presentations and hospitalisations.
- High estimated number of older people in GCPHN region are socially isolated.
- There are limited culturally appropriate services available for culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander older people.
- Transient workforce in the older people's sector and workforce shortages means some services do not have capacity and / or capability to manage the high complexity and care needs of older adults.
- The rate of people aged 65 and over is projected to grow steadily over the coming decades with limited capacity to meet demand.
- Some acute but low urgency needs such as minor infections are reportedly being admitted to hospital via ambulance as RACFs and home-based carers who are not aware of pathways to treat within the community.

Aged Care Services: local health needs and service issues (incorporating those from Care Finders Needs Assessment)

- There are many older people with one or more reasons they require intensive support without friends or family willing or able to help them to navigate the aged care system. This includes people who are socially isolated, have low literacy levels and those with cognitive impairment. Geographic areas identified where this is more of an issue include Gold Coast North, Oxenford-Ormeau and Southport SA3s.
- To support people needing intensive support to navigate the aged care system workforce considerations include:
    - Training of workforce to include aged-care or community service qualifications (e.g., Certificate IV), social work, trauma-informed care, MH First Aid.
    - Development of services and staff that are culturally appropriate for culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander people.

    - Professional development of staff to know the language of the system and to best navigate it (e.g. Centrelink, aged-care).
    - Professional development of workforce, and recruitment of workforce to ensure caring, empathetic, and key communication skills.
- Opportunities for integration in sector supporting people requiring intensive support to navigate the services system include:
    - interagency/consortia operation functions and coordinate meetings to enhance service and referral pathway knowledge.
    - Development of referral pathways, including available capacity (to prevent navigation to nowhere).
    - support the person to navigate the system via attending appointments and (physically) guiding them through the system.
    - a 'link' between service providers, and act as a central point.
    - Flexibility to facilitate integration and support a person-centred approach.
- There are significant workforce issues and a limited number of registered nurses working in aged care.
- Long wait times for appropriate support and/or aged care services at home lead to a higher level of care provided by a RACF service providers.
- Community services to support longer stays in community are not felt to be adequate and resulting in presentations to EDs as no other options exist or are known.
- At times RACFs on the Gold Coast do not have sufficient beds to meet permanent or respite care demands, which is resulting in unnecessary and lengthy hospital admissions when care needs cannot be met.
- Residents in RACFs are presenting to health services with increasing complexity of care including dementia.
- Some aged care staff lack understating of the language of the aged care system (e.g., Centrelink, My Aged Care).
- Transient workforce in the older people's sector and workforce shortages means some services do not have capacity and / or capability to manage the high complexity and care needs of older adults.
- Lack of role clarity and access to the relevant information to support early identification and management of palliative and end of life care in RACF.
- There is limited capacity to provide a coordinated and sustained coverage for palliative and end of life care within RACF without additional support.
- There is lack of a physical support to guide a person through the complex aged care system, and high dependency on a congested My Aged Care phone line.
- Challenges facing RACF's adoption of digital health include:
    - workforce shortages
    - clinical software is outdated in many RACFs
    - 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

Dementia: local health needs and service issues

- Care needs for older persons are getting more complex, and rates of dementia are on the rise.
- Dementia care extends across a continuum from diagnosis through to palliative care, and includes prevention, primary care and hospital care. Inexpert dementia care can cause unnecessary distress.
- Support for families and carers for people with dementia is needed.
- Clinical coordination tools and processes that result in fragmentation of the local health system in patient centered care particularly for patients with dementia are needed.
- There is currently limited understanding of the referral pathways, including available capacity (to prevent navigation to nowhere).

Older adults: key findings

- In 2021, over 114,000 residents of the Gold Coast were aged 65 or more, accounting for 17.8% of the total population.
- The distribution of the older adult population varies across GCPHN, with Gold Coast North, Ormeau – Oxenford and Southport being SA3 regions with highest number of residents aged 65 or more (together accounting for 43% of total the Gold Coast population of older people).
- Rates of utilising primary healthcare, particularly GP attendances (standard and after-hours) were higher for older adults on the Gold Coast, compared to the national rate.
- Most older adults present to the Emergency Departments via Ambulance. Once discharged from ED, they are more likely to be admitted to hospital or attend the short stay unit than be discharged home.
- GCPHN region's older residents report higher levels of health and wellbeing and lower levels of disability than other regions of Australia. Fewer older adults in the Gold Coast receive an age pension than the national average, which could indicate a smaller degree of socio-economic disadvantage.
- More older adults in the GCPHN region live alone than in other Southeast Queensland regions. This, combined with high levels of older adults moving to the Gold Coast who may lack informal care and support networks, raises concerns of social isolation and limited ability to access services without support.
- Multicultural communities, particularly Pasifika communities have a strong preference for keeping older people at home, however, may not be able to access care packages and supports to enable this.
- Increasing financial stress and housing affordability are expected to place increasing pressure on older persons including mental stress and increased rates of elder abuse.
- Dedicated projects within the GCPHN region appear to have had a significant increase in the completion of advance care planning

Aged Care Services: key findings

- The Royal Commission found that the workforce is understaffed, undertrained, and underpaid, particularly for in home and residential care. The number of staff employed and providing direct care are not sufficient to provide quality and safe care, and that the skills mix are not suited to the diversity of people needing care. It highlights the need for increased efforts in workforce planning and development, in addition to improving the working conditions in the sector and attracting more employees into roles
- Older adults are staying at home for much longer due to a desire to remain independent. However, there is a level of forced independence as waitlist times for aged care packages, particularly levels 2

to 4, are often longer than six months. This can result in older adults reaching a crisis point and being forced into care following a medical incident.

- 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.
- There is higher utilisation of Level 3and 4 home care services by people from non-English speaking countries compared to total GCPHN population.
- Aboriginal and Torres Strait Islander older people more frequently use home care services than residential and transition care, when compared to the total GCPHN population using aged care services.
- There is a 50:50 split of admissions to Gold Coast RACF for respite and permanent services.
- Occupancy rate for residential care in South Coast Aged Care Planning region is 88.3%.
- Majority of people leave home care services for RACF.
- The primary reason for leaving a RACF for permanent residents is death.

Dementia: key findings

- In 2020, 9,044 people residing in the Gold Coast area reported having dementia, with 60% of those being women. It is estimated in 2050, 30,633 people will be living with dementia on the Gold Coast.
- Surfers Paradise and Robina SA2s have the highest prevalence of people living with dementia.
- Dementia related hospitalisations in the region have increased by over 24% between 2013 and 2016.
- 80% of dementia emergency department presentations were of higher urgency care.
- Queensland Police Service reports increased resourcing demands managing older persons with dementia in the community.

Older Adults

Demographics

According to the 2021 Census, the resident population of the Gold Coast aged 65 years and over (referred hereafter as 'older adults') was 114,349 people.

Table 1 provides a breakdown of the older adult population in the GCPHN region by age group based on 2021 Census data.

Table 1. Number and proportion of population of older adults by age group, Gold Coast SA3 regions

	65-74		75-84		85 or more		65 or more	
	Number	%	Number	%	Number	%	Number	%
Queensland	503,466	20.5%	274,997	20.0%	97,140	17.9%	875,603	20.0%
Gold Coast	64,273	12.8%	37,005	13.5%	13,071	13.5%	114,349	13.1%
Broadbeach - Burleigh	7,194	11.2%	4,215	11.4%	1,638	12.5%	13,047	11.4%
Coolangatta	6,506	10.1%	3,548	9.6%	1,599	12.2%	11,653	10.2%
Gold Coast - North	9,735	15.1%	6,398	17.3%	2,187	16.7%	18,320	16.0%
Gold Coast Hinterland	2,587	4.0%	1,273	3.4%	299	2.3%	4,159	3.6%
Mudgeeraba- Tallebudgera	3,182	5.0%	1,564	4.2%	494	3.8%	5,240	4.6%
Nerang	6,493	10.1%	3,737	10.1%	1,209	9.2%	11,439	10.0%
Ormeau - Oxenford	11,571	18.0%	5,603	15.1%	1,519	11.6%	18,693	16.3%
Robina	5,166	8.0%	3,287	8.9%	1,434	11.0%	9,887	8.6%
Southport	6,036	9.4%	4,042	10.9%	1,834	14.0%	11,912	10.4%
Surfers Paradise	5,804	9.0%	3,335	9.0%	849	6.5%	9,988	8.7%

Source: Australian Bureau of Statistics (ABS) community profiles G01

On the Gold Coast, 53.4% of the older adult population are female, compared to 46.6% of the all-age population, which is likely due to a higher life expectancy for females.

While the Gold Coast local government area (LGA) has slightly different geographical boundaries than the GCPHN region, data from the Gold Coast City Council forecasts the number of older adults aged 65 years and over residing in the Gold Coast LGA to double by 2030 which will account for over 20.2% of the total Gold Coast LGA population[1] .

Aboriginal and Torres Strait Islander population

There are 2,431 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 in GCPHN region. This accounts for 0.8% of all people aged 50 years, compared to a national rate of 1.4%.

One fifth (20.9%) of the Aboriginal and Torres Strait Islander population aged 50 years and over resides in Ormeau – Oxenford SA3 (Table 2).

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

Table 2. Number and proportion of Aboriginal and Torres Strait Islander people aged 50 years+, Gold Coast SA3 regions 2021

	Aboriginal and Torres Strait Islander population aged 50 years and over	
	Number	%
Queensland	41,925	28.0%
Gold Coast SA4	2,431	5.8%
Broadbeach - Burleigh	204	8.4%
Coolangatta	323	13.3%
Gold Coast North	296	12.2%
Gold Coast Hinterland	79	3.2%
Mudgeeraba - Tallebudgera	118	4.9%
Nerang	321	13.2%
Ormeau - Oxenford	507	20.9%
Robina	157	6.5%
Southport	277	11.4%
Surfers Paradise	149	6.1%

Source: Australian Bureau of Statistics 2021 Census of Population and Housing (G07)

Culturally and linguistically diverse population

Culturally and linguistically diverse (CALD) is a term often used to describe people living in Australia who were born overseas, or people living in Australia who have parent(s) or grandparent(s) born overseas and are predominately from non-English speaking or non-Western countries.

CALD communities may experience disadvantages on several social and cultural determinants of health and mental health, such as language barriers, lower socio-economic status, lower education, and lower levels of mental health literacy, which are factors that relate to an increased risk of mental illness.

Table 3. People aged 65 years+ who were born overseas that do not speak English well or not at all, Gold Coast SA3 regions, 2021

Region	People aged 65+ born overseas that do not speak English well or not at all	
	Number	%
Queensland	19,036	2.1%
Gold Coast SA4	2,656	2.3%
Broadbeach - Burleigh	278	2.1%
Coolangatta	58	0.5%
Gold Coast North	440	2.4%
Gold Coast Hinterland	17	0.4%
Mudgeeraba - Tallebudgera	66	1.2%
Nerang	268	2.3%
Ormeau - Oxenford	417	2.2%
Robina	380	3.8%
Southport	477	4.0%
Surfers Paradise	257	2.5%

Source: Australian Bureau of Statistics 2021 Census of Population and Housing

When these results are further broken down to SA2 level, several geographical clusters of people aged 65 years and over from CALD communities who speak English not well or at all can be identified:

- Robina SA3: Varsity Lakes (3.8%) and Clear Island Waters / Merrimac (3.1%)
- Surfers Paradise SA3: Benowa / Bundall (3.7%)
- Nerang SA3: Pacific Pines – Gaven (3.6%)
- Southport SA3: Southport (3.4%)
- Gold Coast North SA3: Labrador (3.3%)
- Broadbeach/Burleigh SA3: Mermaid Waters / Miami (3.3%)

A total of 6,572 older adults aged 65 years and over who reside on the GCPHN region migrated from interstate or overseas within the last 5 years, which represents 7% of the older adult population. Over 30% of these people migrated within the last 12 months[2]. This may provide an indirect indication of the extent of older adults who may not have strong informal caring and support networks such as family and friends.

Age pension

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 adults. As of June 2021, there were 66,893 Gold Coast residents receiving an age pension, which represents 60.5% of people aged 65 years and over, which is slightly lower than the national level of 61.8%. This finding aligns with the lower levels of

[2] Gold Coast City Council Community Profile, Gold Coast City migration by age (2016), https://profile.id.com.au/gold-coast/migration-by-age

socio-economic disadvantage observed within the wider Gold Coast population relative to other regions. Table 4 outlines the absolute number and relative proportion of age pensioners within the GCPHN region.

Table 4. Number and proportion of age pensioners, Gold Coast SA3 regions, 2021

Region	Number of age pensioners	Percentage of persons aged 65+ who are age pensioners
Australia	2,556,017	61.8%
Gold Coast SA4	66,893	60.5%
Broadbeach - Burleigh	7,171	53.1%
Coolangatta	6,840	58.1%
Gold Coast - North	11,452	65.4%
Gold Coast Hinterland	2,351	58.1%
Mudgeeraba - Tallebudgera	3,175	60.5%
Nerang	7,359	63.4%
Ormeau - Oxenford	10,757	63.1%
Robina	5,849	63.5%
Southport	7,398	66.6%
Surfers Paradise	4,541	48.0%

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

Life expectancy and main causes of death

Between 2015 and 2019, the median age at death for Gold Coast residents was 81 years (78 years for males and 84 years for females)[3]. These figures are comparable to the total Australian population. The top five leading causes of mortality for Gold Coast residents are:

1. coronary heart disease (n=2,203 or 11.8%of all deaths)
2. dementia and Alzheimer disease (n=1,697 or 9.1%of all deaths)
3. cerebrovascular disease (n=1,208 or 6.5%of all deaths)
4. lung cancer (n=1,088 or 5.8%of all deaths)
5. chronic obstructive pulmonary disease (n=788 or 4.2% of all deaths)

Disease prevalence

Data on disease prevalence were sourced from Gold Coast PHN's Primary Sense tool which captures de-identified patient data submitted by registered general practices throughout the GCPHN region. As of August 2022, the most prevalent diseases among patients aged 65 and over was hypertension (n=58,086), osteoarthritis (n=39,194) and hyperlipidaemia (n=37,867). A total of 19,950 GP presentations was due to diabetes. Anxiety and/or depression accounted for 35,137 presentations. Prevalence of other diseases among GP-presenting older adults can be seen in Table 5.

[3] AIHW, Mortality Over Regions and Time (MORT) books 2015-2019

Table 5. Disease prevalence among GP presentations by patients aged 65 years+ Gold Coast, August 2022

Measure	Number
Total Population	141,537
Hypertension	58,086
Osteoarthritis	39,194
Hyperlipidaemia	37,867
Osteoporosis	28,000
Depression	20,521
CHD	16,021
Asthma	15,542
Anxiety	14,616
Diabetes Type II	13,920
Atrial Fibrillation	12,362
COPD	10,966
Chronic Kidney Disease (CKD)	5430
Undefined Diabetes	5,135
Heart Failure	4394
Stroke	3,956
Dementia	3,891
Bipolar	772
Schizophrenia	559
Diabetes Type I	535
ADHD	185
Postnatal Depression	18
Autism	9

Source: Primary Sense, n=159 Gold Coast general practices

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% 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 6 outlines the number and rate of hospitalisations for heart failure in the GCPHN region in 2017-18.

Table 6. Hospitalisations for heart failure, Gold Coast SA3 regions, 2017-2018

Region	Hospitalisations (number)	Age-sex standardised rate per 100,000
Broadbeach - Burleigh	181	172
Coolangatta	174	187
Gold Coast - North	219	173
Gold Coast Hinterland	35	123
Mudgeeraba - Tallebudgera	49	162
Nerang	147	178
Ormeau - Oxenford	174	183
Robina	190	252
Southport	168	191
Surfers Paradise	66	100

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

Falls

Another significant cause of morbidity and impaired quality of life among older adults is falls, which are often related to impaired balance, immobility, and frailty, as well as feeling dizzy and having poor vision. The report "Trends in hospitalised injury due to falls in older adults 2007-08 to 2016-17" identified that about 125,000 people aged 65 and over were seriously injured due to a fall. Injuries to the head (26.2%), hip and thigh (22.4%) 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 adults 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 rates for Queensland (628 per 100,000) and Australia (610 per 100,000). Between July 2019 and June 2020, 15% of all ED presentations to Gold Coast Public Hospitals Emergency Department (ED) from RACFs were for falls, making it the leading reason for presentations.

Disability

The care needs of older adults are generally higher than for 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 7 outlines the absolute number and proportion of older adults aged 65 years and over within the GCPHN region with a profound or severe disability. The data includes figures for all older adults, and older adults living in the community (excluding those in Residential Aged Care Facilities (RACF), non-self-contained residences, and psychiatric hospitals). The figures indicate that there are higher proportions of older adults 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 adults living with high care needs in Gold Coast-North (both in the community and not).

Table 7. People with a profound or severe disability aged 65 years and over, Gold Coast SA3 regions, 2016

SA3 Region	All persons aged 65+ with a disability		Living in the community (i.e., self-contained accommodation)	
	Number	% of all persons aged 65+	Number	% of all persons aged 65+
Gold Coast SA4	15,753	16.6%	12,282	13.0%
Broadbeach - Burleigh	1,815	13.8%	1,552	11.8%
Coolangatta	1,833	16.1%	1,467	12.9%
Gold Coast - North	2,519	17.3%	1,930	13.3%
Gold Coast Hinterland	393	11.8%	363	10.9%
Mudgeeraba - Tallebudgera	647	15.8%	550	13.4%
Nerang	1,570	17.0%	1,384	15.0%
Ormeau - Oxenford	2,123	17.5%	1,625	13.4%
Robina	1,670	20.7%	1,001	12.4%
Southport	2,191	22.6%	1,516	15.6%
Surfers Paradise	992	10.9%	894	9.9%

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

The greatest proportion of GCPHN residents aged 65 years and over that need assistance with core activities live in Southport, Robina and Gold Coast North (combined, accounting for 57.6% of total Gold Coast population aged 65 and more needing assistance). As a population size, Ormeau – Oxenford and Gold Coast North have the largest number of people aged 65 years and over need assistance with core activities.

Table 8. People aged 65 years and over needing assistance for core activities, Gold Coast SA3 regions, 2021

Region	Number of people aged 65+ who need assistance	Proportion of population aged 65+ needing assistance
Queensland	156,209	17.8%
Gold Coast SA4	19,113	16.7%
Broadbeach to Burleigh	1,917	14.7%
Coolangatta	1,866	16.0%
Gold Coast North	3,294	18.0%
Gold Coast Hinterland	510	12.3%
Mudgeeraba - Tallebudgera	851	16.2%
Nerang	1,936	16.9%
Ormeau - Oxenford	3,243	17.3%
Robina	1,870	18.9%
Southport	2,467	20.7%
Surfers Paradise	1,153	11.5%

Source: Australian Bureau of Statistics 2021, Census of population and housing

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 work of the Wound Management Working Group towards improving 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 RACF consist of pressure injuries (84%), venous leg ulcers (12%), diabetic foot ulcers (3%) and arterial insufficiency ulcers (1%)[4,5].

Approximately 450,000 Australians currently live with a chronic wound, directly costing the Australian healthcare system around AU$3 billion per year[6]. In hospital and RACF 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[7].

[4] 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.
[5] 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.
[6] 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/]
[7] 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.

According to the Bettering the Evaluation and Care of Health (BEACH) program, in 2010-11, 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[8].

In 2021-22, 4,083 individuals presented to Gold Coast EDs for diseases of the skin and subcutaneous tissue. In total, 4,083 or 1.8% of all ED presentations were for diseases of the skin and subcutaneous tissue[9]. For those, the departure status was:

- emergency service episode completed and discharge: n= 2,177 (53.3%)
- admitted to short stay unit: n=929 (22.8%)
- admitted to hospital: n=919 (22.5%)
- left at own risk after treatment commenced: n=35 (0.9%)
- transferred to another hospital: n=21 (0.5%)
- admitted to hospital in the Home service: n<=10 (<0.2%)

Gold Coast Health Local area health needs assessment consultation with over 120 stakeholders in 2022 identified with community identified some acute but low urgency needs such as minor infections, which are reportedly being admitted to hospital via ambulance as RACFs and home-based carers do not know of pathways to treat within the community. QAS reports long times on stretchers to manage health needs of older adults and QPS reports increased resourcing demands managing older persons with dementia and missing persons in the community.

Frailty

Frailty is commonly associated with aging and includes characteristics such as low physical activity, muscle weakness, slowed performance, fatigue or poor endurance, and unintentional weight loss. Frail older adults often have many complex medical problems and a lower ability for independent living, may have impaired mental abilities, and often require assistance for daily activities (dressing, eating, toileting, mobility). A growing body of literature has also documented a positive association between frailty and future falls[10,11,12].

Most frail older adults are women (partly because women live longer than men), are more than 80 years old, and often receive care from an adult child[13]. Because of the rapid rate of growth in the population aged 65 years and older, the number of frail elderly persons is increasing every year.

The data presented in Table 9 has been extracted from Primary Sense for 155 (of a total of 208) general practices in the GCPHN region. The table outlines the number of active patients with a frailty flag as determined by Adjusted Clinical Groups (ACG). The ACG frailty flag for older adults is assigned based on age, sex, diagnostic codes, and pharmacy data if available. It does not, however, account for other factors such as socio-economic status.

Postcode 4215 (Gold Coast North SA3) has the highest number of active patients with a frailty flag (N=595), followed by 4212 (Ormeau – Oxenford SA3) with N = 545. When aligning each postcode with SA3s the Ormeau

[8] Britt, H, et al. General practice activity in Australia 2010-2011. General practice series no. 29. Sydney: Sydney University Press, 2011.
[9] Gold Coast Health, Emergency Department presentations, 2021-22.
[10] Kojima G. Frailty as a predictor of future falls among community-dwelling older people: a systematic review and meta-analysis. J Am Med Dir Assoc. 2015;16(12):1027–33.
[11] Tom SE, Adachi JD, Anderson FA Jr, Boonen S, Chapurlat RD, Compston JE, Cooper C, Gehlbach SH, Greenspan SL, Hooven FH, et al. Frailty and fracture, disability, and falls: a multiple country study from the global longitudinal study of osteoporosis in women. J Am Geriatr Soc. 2013;61(3):327–34.
[12] De Vries OJ, Peeters GM, Lips P, Deeg DJ. Does frailty predict increased risk of falls and fractures? A prospective population-based study. Osteoporos Int. 2013;24(9):2397–403.
[13] Torpy JM, Lynm C, Glass RM. Frailty in Older Adults. JAMA. 2006;296(18):2280. doi:10.1001/jama.296.18.2280

– Oxenford SA3 has the highest overall number of patients with a frailty flag N= 1321 (note: some postcodes extend beyond more than one SA3 and some SA3s have more than one postcode).

Please note that patients are attributed to the postcode of the general practice, not their residence, when reviewing data in Primary Sense.

Table 9. Patients aged 65 years and over with a frailty flag, Gold Coast region, July 2022

Postcode	SA3 of the post codes	Number of active patients aged 65+	Number of patients aged 65+ with a frailty flag	Proportion of patients aged 65+ with frailty flag
4215	Gold Coast North	14,972	595	3.9%
4212	Ormeau - Oxenford	11,120	545	4.9%
4220	Broadbeach - Burleigh	13,867	474	3.4%
4216	Ormeau - Oxenford/Gold Coast North	9,903	472	4.8%
4211	Gold Coast Hinterland	10,842	420	3.9%
4221	Coolangatta	4,862	412	8.5%
4217	Surfers Paradise	9,288	365	3.9%
4218	Broadbeach - Burleigh	8,975	266	3.0%
4214	Southport	6,095	245	4.0%
4209	Ormeau - Oxenford	6,268	228	3.6%
4226	Robina	6,144	184	3.0%
4225	Coolangatta	4,547	178	3.9%
4227	Robina	3,684	168	4.6%
4210	Gold Coast Hinterland	4,279	140	3.3%
4272	Gold Coast Hinterland	1,862	137	7.4%
4223	Coolangatta/Mudgeeraba - Tallebudgera	2,667	128	4.8%
4224	Coolangatta	1,811	84	4.6%
4208	Ormeau - Oxenford	2,540	76	3.0%
4271	Gold Coast Hinterland	1,033	72	7.0%
4213	Gold Coast Hinterland	2,021	54	2.7%
4230	Robina	1,391	51	3.7%
4270	Gold Coast Hinterland	634	31	4.9%
4275	Gold Coast Hinterland	769	15	2.0%

*Source: Primary Sense. Note: *active patients are those that are currently in the general practices data base and have had an MBS item billed three times in the last two years. Mapping postcode to SA3 was done with the Queensland treasury and concordance file, some postcodes contain multiple SA3s the corresponding SA3 is one that forms the majority of the postcode.*

Social isolation and loneliness

Social isolation (having minimal contact with others) and loneliness (subjective state of negative feeling about having a lower level of social contact than desired[14]) can be damaging to people's mental and physical health, particularly in older persons. Loneliness and social isolation have been linked to mental illness, emotional distress, suicide, and development of dementia[15].

[14] 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.

[16] Beer A, Faulkner D, Law J, Lewin G, Tinker A, Buys L et al. 2016. Regional variation in social isolation amongst older Australians. Regional Studies, Regional Science.

It is estimated that around one in five (19%) older Australians are socially isolated, with the highest rates occurring in the largest urban regions and in sparsely populated states and territories[16]. In absence of local social isolation data, applying the national estimate to the Gold Coast region suggest that over 21,700 Gold Coast residents aged 65 years and over are socially isolated.

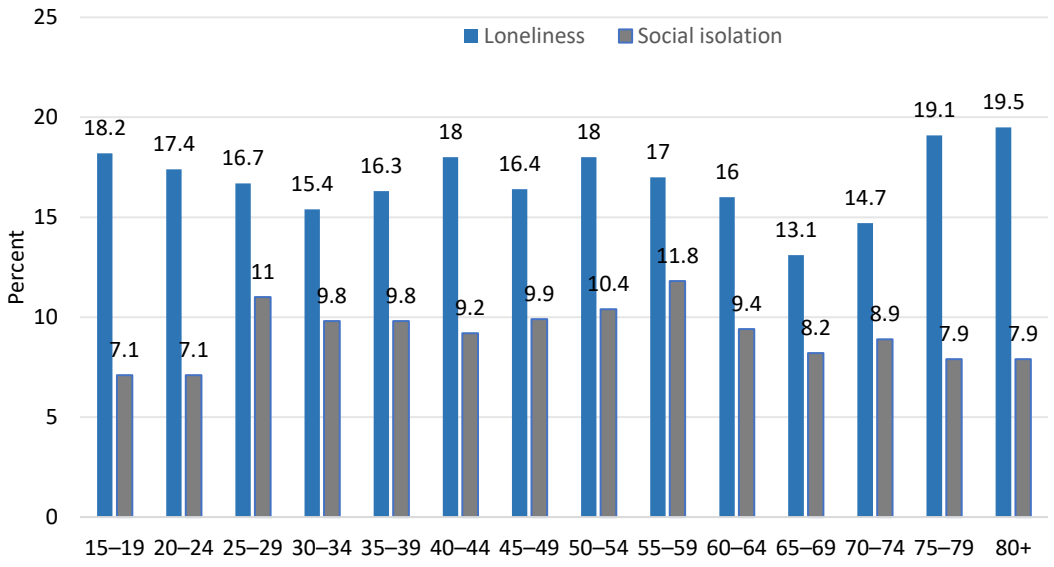
In 2016, the number of older adult lone person households in the GCPHN region was 19,519. This represents around 9.1% of all household types, which is slightly higher when compared to the rate for South-East Queensland (8.5%).

Further analysis of 2016 Census data shows there are areas in the Gold Coast with significant proportions of the population aged 65 years and over are living alone. Around one third of the persons aged 65 years and over living alone were in the following regions:

- Gold Coast North SA3: Labrador (34.9%)
- Southport SA3: Southport (32.8%)
- Gold Coast North SA3: Biggera Waters / Coombabah (32.0%)

Figure 1 shows the distribution of social isolation and loneliness across age groups. Significantly more people across all age groups reported experiencing loneliness than social isolation; the former was most prevalent in among people aged 75 and more, while highest rates of social isolations were reported among the 25-29- and 55–59-year-olds.

Figure 1. Australia 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.

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.

In Australia, the available evidence suggest that prevalence varies across abuse types, with psychological and financial abuse being the most common. The Australian Longitudinal Study of Women's Health 2014[17], a population-based study into the prevalence of elder abuse among women found that in 2011, 8% of women aged 85-90 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, and slightly lower prevalence levels were found at younger ages (70-81 years). Data showed a relatively stable prevalence rate of neglect, experienced by about 20% of women across waves, from ages 70-75 to 85-90 years.

In Queensland, calls to the Elder Abuse Prevention Unit (EAPU) have increased from just over 200 in 2000-01 to nearly 1,300 in 2014-15[18]. The calls were mostly in relation to female victims (68% female, 31% male and 1% unknown). Perpetrators were male in 50% of calls and female in 45% (unknown 5%). Children were the largest groups of perpetrators reported (31% sons, 29% daughters), and 10% were other relatives.

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

Increasing financial stress and housing affordability are expected to place increasing pressure on older persons, which may result in mental stress and increased rates of elder abuse[19].

Mental health

There is increasing recognition that good mental health is one of the key factors associated with healthy ageing[20]. 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"[21] – as well as timely access to appropriate and effective clinical and non-clinical services.

The mental health of older adults 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[22,23]. These factors may lead to social isolation and/or loneliness, loss of independence and increased psychological distress.

It is thought that between 10 to 15% of older adults experience depression and about 10% experience anxiety[24]. Rates of depression among people living in RACF are believed to be much higher, at around 35%[24]. Applying these rates to the Gold Coast population aged 65 years and over, almost 16,000 suffer from depression and over 10,000 are experiencing anxiety. With the annual growth rate on the Gold Coast being above the Queensland rate (2.4% vs 1.5%), and the proportion of Gold Coast residents aged 65 and over exceeding that of the total Queensland (16.6% vs 15.7%), it is reasonable to expect that the number of older adults on the Gold Coast experiencing mental illness will continue to increase in the future[25].

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[17] *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.*

[18] *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.

[19] Robinson, E., & Adams, R. (2008). Housing stress and the mental health and wellbeing of families.

[20] Kane RL 2005. What's so good about aging? Research in Human Development 2(3):115–32.

[21] World Health Organization. Promoting mental health: concepts, emerging evidence, practice (Summary Report) Geneva: World Health Organization; 2004

[22] Rickwood D 2005. Pathways of recovery: preventing further episodes of mental illness. Canberra:
National Mental Health Promotion and Prevention Working Party

[23] WHO (World Health Organization) 2013. Mental health and older adults. Factsheet no. 381. Geneva: WHO.

[24] National Ageing Research Institute. (2009). beyondblue depression in older age: a scoping study. Final Report. Melbourne: National Ageing Research Institute.

[25] ABS 3218.0, Regional Population Growth, Australia, various editions

Low literacy levels

Health literacy relates to how people access, understand and use health information in ways that benefit their health[26]. People with low health literacy are more likely to have worse health outcomes overall, such as:

- lower engagement with health services, including preventive services such as cancer screening[27],
- higher hospital re-admission rates[28], and
- lower ability to self-manage care[29].

Data is not regularly collected in the Gold Coast on the prevalence of people with low literacy levels, however national estimates suggest low literacy is highly prevalent among Australian communities. The Australian Bureau of Statistics found 65% of people aged 60-74 years had low literacy levels (levels 1 and 2 out of 5)[30]. Applying this prevalence to the local Gold Coast older adult population, over 74,000 people are estimated to have low literacy skills.

Cognitive impairment

Mild cognitive impairment is typically defined as significant memory loss without the loss of other cognitive impairment. There are limited data available on the prevalence of mild cognitive impairment, however the AIHW has estimated a national prevalence to be 13.7%[31] . On the Gold Coast, this translates to over 15,600 people aged 65 years and over with mild cognitive impairment. Furthermore, it is estimated that people with mild cognitive impairment are 3-5 times more likely to develop dementia, particularly Alzheimer's Disease[32].

Service Access

Hospitalisations

Reducing the number of avoidable hospital admissions is a performance priority for PHNs across the country. The analysis of potentially preventable hospitalisations (PPHs) for people aged 65 years and over shows that there were 9,278 PPHs recorded in Gold Coast public hospitals between 2019 and 2020 (Table 11).

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

1. Urinary tract infections, including kidney infections
2. Chronic obstructive pulmonary disease (COPD)
3. Congestive cardiac failure
4. Iron deficiencies
5. Cellulitis

Table 11. Potentially preventable hospitalisations (PPHs) per 100,000 people aged 65 and over, national and Gold Coast, 2019-20

	Gold Coast	National

[26] Australian Institute of Health and Welfare (AIHW) 2022, Health literacy, https://www.aihw.gov.au/reports/australias-health/health-literacy
[27] Kobayashi LC, Wardle J and von Wagner C (2014) 'Limited health literacy is a barrier to colorectal cancer screening in England: evidence from the English Longitudinal Study of Ageing', Preventive Medicine, 61:100–105.
[28] Mitchell SE, Sadikova E, Jack BW and Paasche-Orlow MK (2012) 'Health literacy and 30-day postdischarge hospital utilization', *Journal of Health Communication*, 17(Supplement 3):S325–338.
[29] Geboers B, de Winter AF, Spoorenberg SLW, Wynia K and Reijneveld SA (2016) 'The association between health literacy and self-management abilities in adults aged 75 and older, and its moderators', *Quality of Life Research*, 25(11):2869–2877.
[30]Australian Bureau of Statistics (2013), Older Australians have lower levels of literacy and numeracy media release
[31] AIHW Dementia in Australia: National data analysis and development
[32] Dementia Australia, Mild Cognitive Impairment, 2022

Total acute	3,117	2,471
Total chronic	5,522	5,014
Total vaccine preventable	721	710
Total potentially preventable	9,278	8,098

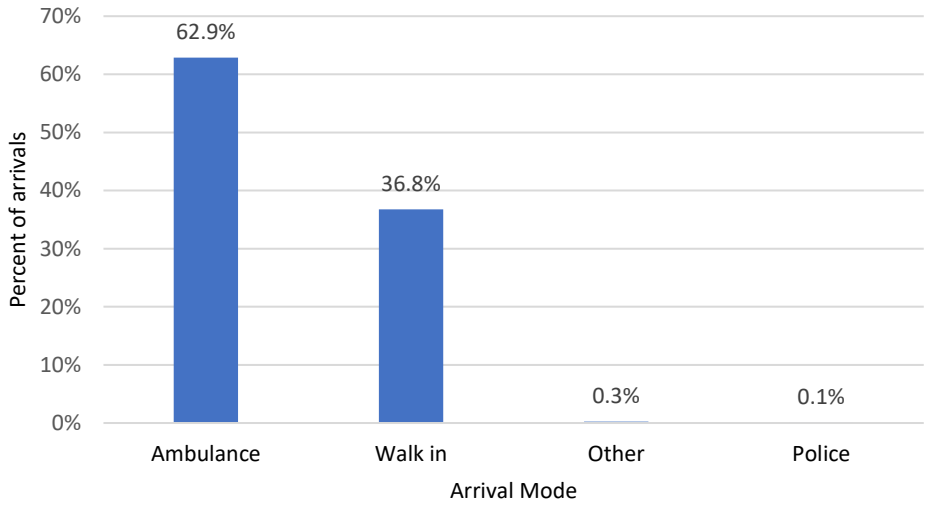
Source: AIHW 2022. Potentially preventable hospitalisations in Australia by age groups and small geographic areas, 2015–16 to 2019–20.

Consultation identified older adults are discharged from hospitals on the assumption that medication and wound management will be funded, but often the older person or their family may not have financial means for it.

Emergency Departments

People who do not have appropriate supports or aged care services in place may utilise Queensland Ambulance Service (QAS) and hospital services more frequently. While there is no direct data available for this group, general usage patterns align with this idea. Figure 2 demonstrates that the primary mode of arrival for older adults to ED is via ambulance (62.9%). The ambulance service is a valuable, yet expensive service to operate compared to other primary and community services.

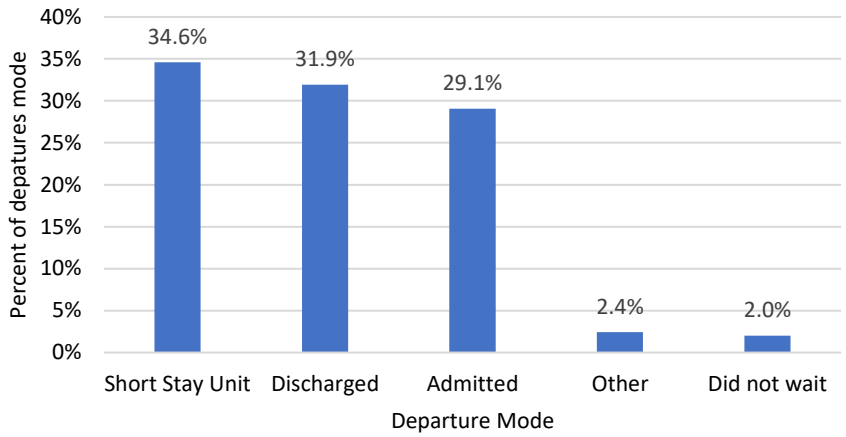
Figure 2. Proportion of ED presentations for older adults 65+ in the GCPHN region, by arrival mode, 2021-22



Source: Gold Coast Health, Emergency Department presentations

Figure 3 shows that around one third (32%) of older adults who presented to ED were discharged directly from the ED. Most older adults were transferred to a short stay unit (35%) or admitted to hospital stay (29%). This highlights the opportunities in the local health system if we are able to manage older adults' health care prior to them presenting to ED.

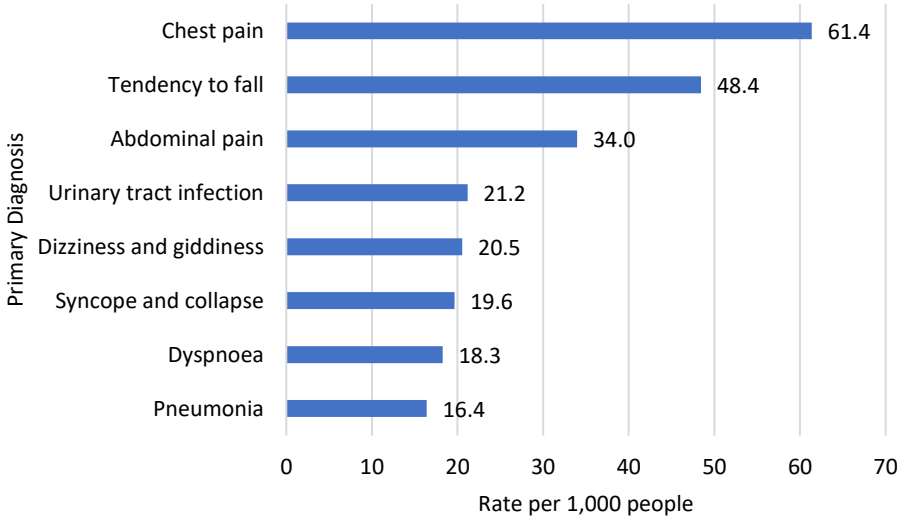
Figure 3. Proportion of ED presentations for older adults 65+ in the GCPHN region, by departure mode, 2021-22



Source: Gold Coast Health, Emergency Department presentations

The three most common reasons for people aged 65 years and over presenting to ED in GCPHN were chest pain, tendency to fall, and abdominal pain (Figure 4).

Figure 4. Top primary diagnoses of ED presentations for older adults 65+, Gold Coast, 2021-22



Source: Gold Coast Health, Emergency Department presentations

People who present to ED are triaged based on the level of urgency of the care needed. The Australian Triage Scale has five triage categories:

- Category 1: Immediately life-threatening. Patient should be seen by a treating doctor or nurse within two minutes of arriving.
- Category 2: Imminently life-threatening. Patient should be seen by a treating doctor or nurse within 10 minutes of arriving.
- Category 3: Potentially life-threatening. Patient should be seen by a treating doctor or nurse within 30 minutes of arriving.
- Category 4: Potentially serious. Patient should be seen by a treating doctor or nurse within 60 minutes of arriving.

- Category 5: Less urgent. Patient should be seen by a treating doctor or nurse within 120 minutes of arriving.

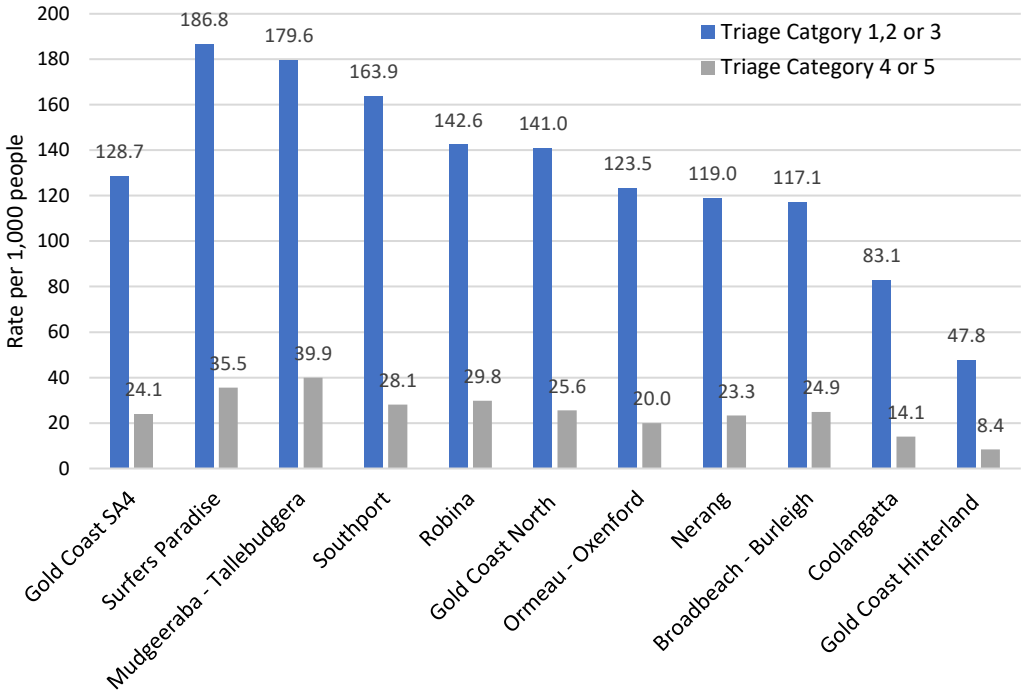
As seen in Figure 5, in 2021-22, the highest rates for more urgent presentations (category 1, 2 or 3) by older adults are in the following SA3 regions:

- Surfers Paradise: 186.8 per 1,000 people
- Mudgeeraba – Tallebudgera: 179.6 per 1,000 people
- Southport: 163.9 per 1,000 people

The highest rates of less urgent ED presentations (category 4 or 5) for older adults were in:

- Mudgeeraba – Tallebudgera: 39.9 per 1,000 people
- Surfers Paradise: 35.5 per 1,000 people
- Robina: 29.8 per 1,000 people

Figure 5. Rate of ED presentations by older persons by triage category, Gold Coast, 2021-22



Source: Gold Coast Health, Emergency Department presentations, 2021-22

Primary care providers

The capacity of the primary healthcare system to manage the ongoing health needs of older adults, particularly those living in RACFs, is critical in preventing unnecessary transfers to hospital facilities.

The Royal Commission into Aged Care Quality and Safety heard from many people that the level of service provision by GPs 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, not visiting frequently enough, or not spending enough time with them to provide the care required[33].

GPs are primarily funded via 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"[34]. 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 number of GP and specialist attendances per person for the GCPHN region based on Medical Benefits Schedule (MBS) claims data is outlined in Table 12. Unsurprisingly, older adults 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 adults on the Gold Coast when compared to the older adult population nationally, but specialist attendances were lower.

Table 12. Rate of GP and specialist services per 100 people, Gold Coast PHN region, 2020-2021

	GP attendances		After-hours GP attendances		Specialist attendances	
	65-79	All ages	65-79	All ages	65-79	All ages
Gold Coast	1321	666	49	47	218	93
Nationally	1166	762	33	34	241	102
	GP attendances		After-hours GP attendances		Specialist attendances	
	80+ years	All ages	80+ years	All ages	80+ years	All ages
Gold Coast	2009	666	137	47	267	93
Nationally	1782	762	90	34	281	102

Source Australian Institute of Health and Welfare (AIHW) analysis of Department of Health, Medicare Benefits claims data, 2020 -2021

Prescribed medications

Dispensing rates under the Pharmaceutical Benefits Scheme (PBS) provide an indication of the utilisation of medications as well as an insight into the health needs of older adults within the GCPHN region. Table 13 provides dispensing rates for medications listed on the PBS under several relevant categories for older adults including antidepressants, anxiolytics (for treating anxiety), anti-psychotic and anticholinesterase (for treating conditions such as Alzheimer's) medications. The rates of dispensing for anxiolytic and anticholinesterase medicines are higher than the state and national rates in almost all GCPHN SA3 regions. Southport has particularly high rates of dispensing across all four selected medicine types.

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

Table 13. Rate of prescriptions dispensed for selected medications for people aged 65 years and over, Gold Coast SA3 regions, 2013-14

Region	Age-standardised rate of prescriptions dispensed per 100,000 people aged 65 years and over		
	Anti-depressants	Anti-psychotics	Anxiolytics
Australia	196,574	27,043	37,695
Queensland	221,409	31,763	42,664
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

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 - this process allows the individual to choose a trusted relative or friend to manage your personal matters (including healthcare) and financial matters.
- Advance Health Directive - this 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.

[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.

- Statement of Choices - this allows the individual to record their personal values and preferences for healthcare.

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

There are no dedicated MBS item numbers for advance care planning; instead, advance care planning 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 (ACP) 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 ACPs, by February 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 March2020. 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, a "Dying to Yarn" Expo was organised that aimed to empower Aboriginal and Torres Strait Islander people about when and where they need palliative care within the community.
- Six general practices participated 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].

[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

Table 14. Number of advance care planning documents uploaded to the Queensland Health electronic hospital record, Gold Coast residents, 2017-18 to 2019-20

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

Source. Office of Advance care Planning – Queensland Health

Aged Care Services

Aged care services – Government subsidised Residential and Home Care Packages

Australia's changing demographic profile significantly influences the demand for and provision of aged care. Australians are living longer than ever before. It is projected that the number of Gold Coast residents aged 85 years and over will increase from 11,991 in 2016 (2% of the Gold Coast population) to 34,360 in 2041 (3.6% of the Gold Coast population)[39].

The Australian aged care system provides subsidised care and support to older adults. It is a large and complex system that includes a range of programs and services. The care ranges from low-level support to more intensive services, including:

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

Aged care is provided 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.

Government-funded aged care services include in-home care (care in your home), residential care in aged care homes, and short-term care such as respite care.

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

- **Care in your home**: In-home aged care provides support to help older persons stay independent for as long as possible. It can help with things like personal care, transport, food, shopping, housework, physio, social activities, and modifications to your home. The Australian Government subsidises:
    - entry-level support through the Commonwealth Home Support Program, and
    - support for more complex needs through Home Care Packages.

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

- **Short-term care**: Short-term care can help an older person to improve their wellbeing and independence or get back on their feet after a hospital stay. It can also give their carer a break. The Australian Government subsidises:
    - after-hospital or transition care – support for up to 12 weeks to help recover after a stay in hospital,
    - short-term restorative care – support for up to eight weeks to help improve your wellbeing and independence, and
    - respite care – support for a few hours, days or longer to give the older person or their carer a break.
- **Residential care in aged care homes:** Residential care in aged care homes is for older adults who can no longer live at home or need ongoing help with everyday tasks or health care. The Australian Government subsidises aged care homes to provide care that is available 24 hours a day. Residential care can be short-term (respite care) or permanent.

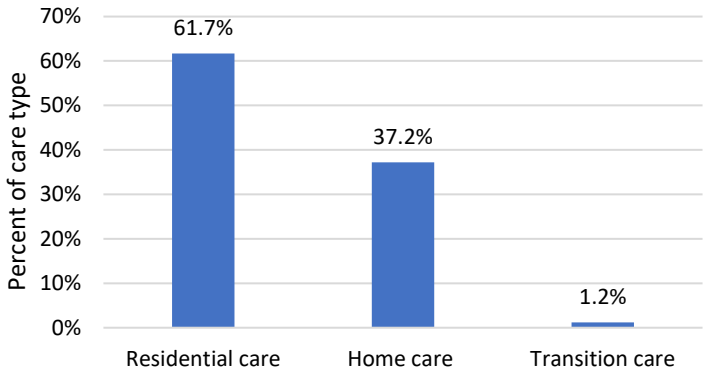
Table 15. Number of users and allocated places for South Coast region by care type and provider type, 2020

Care type	Number of allocated places
Residential	5,578
Home care	3,044
Transition care	99

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

The majority of people accessing aged care services in the South Coast Aged Care Planning Region access residential aged care rather than home care (Figure 6). This may indicate a limited ability for some older people to access the home care services they need. If people are unable to access appropriate supports and or aged care services at home, they may require the higher level of care a residential aged care service provides sooner.

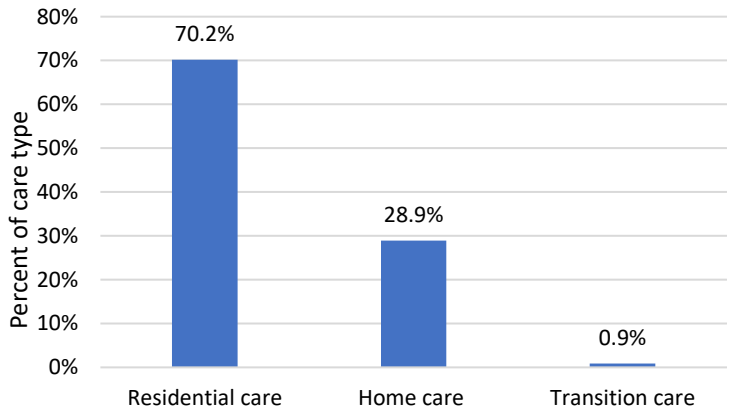
Figure 6. Proportion of people using aged care services in South Coast Aged Care Planning Region, by care type, 2020-21



Source: GEN Aged Care Data, People Using Aged Care (2020-2021)

70% of non-Indigenous people born in Australia who are engaged with aged care services use residential aged care (Figure 7). As the largest population group, this skews the overall service utilisation of the Gold Coast population.

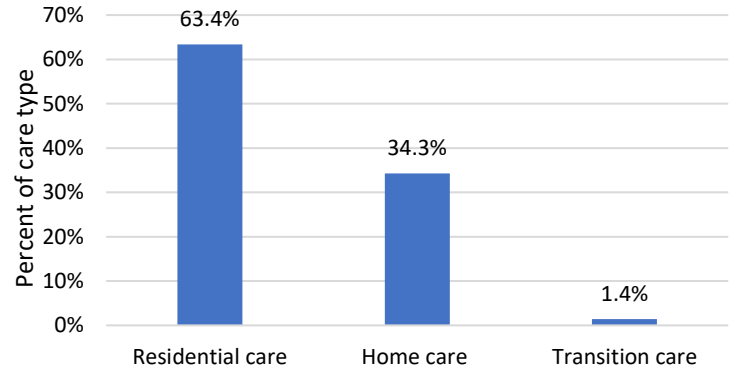
Figure 7. Proportion of non-Indigenous people born in Australia using aged care services in South Coast Aged Care Planning Region, by care type, 2020-21



Source: GEN Aged Care Data, People Using Aged Care (2020-2021)

There is a higher utilisation of home care services and a lower utilisation of residential care services by Aboriginal and Torres Strait Islander people, compared to the distribution of types of care accessed across the total Gold Coast population (Figure 8).

Figure 8. Proportion of Aboriginal and Torres Strait Islander people using aged care services in South Coast Aged Care Planning Region, by care type, 2020-21



Source: GEN Aged Care Data, People Using Aged Care (2020-2021)

Targeted Care Finder Stakeholder Survey, distributed to Gold Coast service providers and community representatives in July 2022, found the following to be the most common challenges experienced by people navigating and accessing the aged care system:

- Fear of not being able to stay in own home if engaged with aged care services,
- Lack of insight that aged care supports are required,
- Computer literacy and access to the internet,

- Lack of family support to access the aged care system, and
- Trust issues with engaging with the aged care system.

Home care

Home care packages are one of the ways older Australians with more complex care needs can access care services to get help at home. Older person can choose a service provider while the government then pays the provider a subsidy to arrange a package of care services to meet their needs.

There are four levels of Home Care packages, spanning basic support needs through to high care needs with different funding amounts:

- Level 1: Basic care needs – $9,179.75 / year
- Level 2: Low care needs – $16,147.60 / year
- Level 3: Intermediate care needs – $35,138.55 / year
- Level 4: High care needs – $53,268.10 / year

In 2020-21, 3,044 older people in the South Coast region were using home care packages. Of those:

- 13.8% had a carer
- 34.8% were born outside of Australia
- 22.0% had a disability
- 0.9% identified as Aboriginal or Torres Strait Islander
- 45.0% lived alone
- 3.9% had a preferred language other than English

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. As of 31 December 2021, there were 746 people on the National Prioritisation Queue for a home care package residing in the South Coast Aged Care Planning Region (ACPR) who were not accessing or had not been assigned a care package[40]. These people are approved for:

- Level 1: 22
- Level 2: 245
- Level 3: 341
- Level 4: 138

Estimated wait times for people entering the National Prioritisation Queue are outlined in Table 16. The first package assignment is often offered at lower level of what the applicant has applied for, as this enables the applicant to receive care and services as soon as possible whilst waiting until the requested level is made available.

[40] Department of Health, Home care packages data report, 1 October -31 December 2021, Home Care Packages Program Data Report

Table 16. Estimated waiting time for home care package on National Prioritisation Queue, December 2021

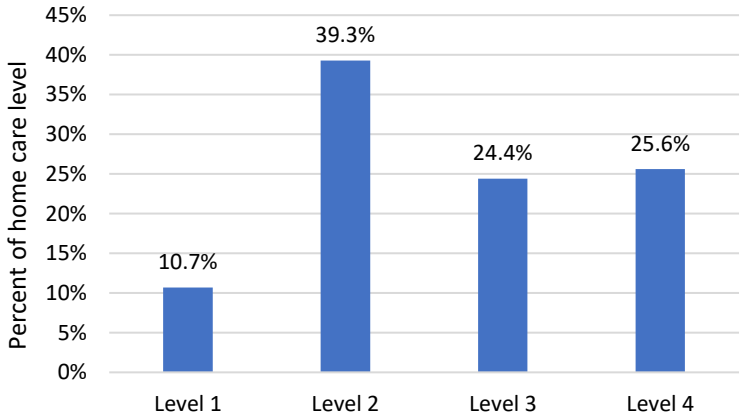
Package level	First package assignment	Time to first package	Time to approved package
Level 1	Level 1	3-6 months	3-6 months
Level 2	Level 1	3-6 months	6-9 months
Level 3	Level 1	3-6 months	6-9 months
Level 4	Level 2	6-9 months	6-9 months

Source: Department of Health, Home Care Packages Data Report 2 October to 31 December 2021.

The Australian Government has announced an additional 80,000 home care packages nationally (40,000 in 2021-22 and 40,000 in 2022-23)[41]. The time to approve packages has decreased for levels 3 and 4 from 12+ months in March 2018 to 6-9 months in December 2021. However, the first package assignment across all four package levels is being provided at a lower level of care than what is required, potentially increasing risk of hospitalisation or early admission to RACF.

Figure 9 shows there is a higher utilisation of Home Care Services for Levels 2, 3 and 4 in the South Coast aged care planning region, with the highest usage at Level 2 (39.*2%)*

Figure 9. Proportion of all people using Home Care Services in South Coast aged care planning region, by level of Care, 2020-21

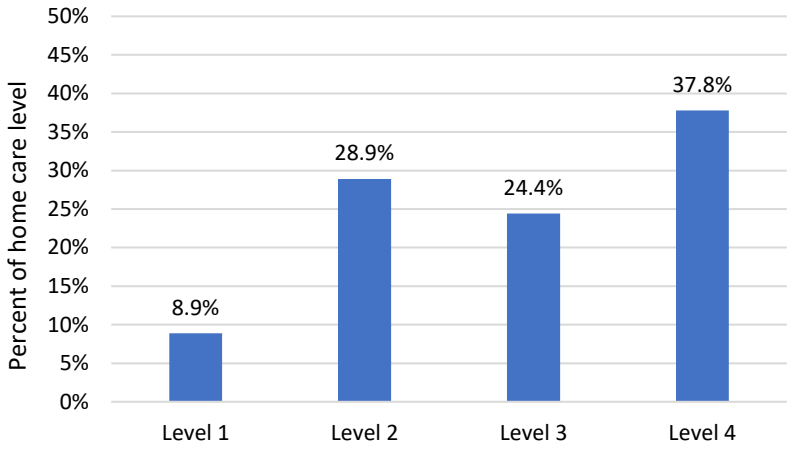


Source: GEN Aged Care Data, People Using Aged Care (2020-2021)

Of Aboriginal and Torres Strait Islander people using home care services in the South Coast aged care planning region, 37.8% use level 4 support, compared to 25.6% for the rest of the Gold Coast population. It needs to be noted that for 28.9% of home care users, Indigenous status was not stated or adequately described.

[41] Department of Health, Home care packages data report, 1 October -31 December 2021, Home Care Packages Program Data Report (gen-agedcaredata.gov.au)

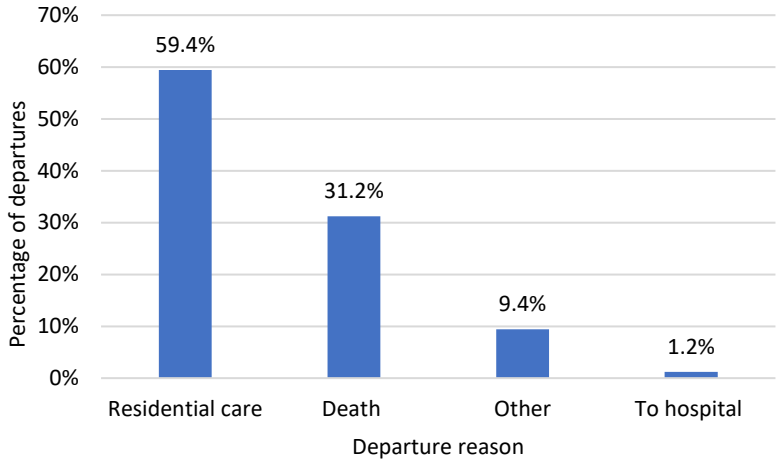
Figure 10. Proportion of Aboriginal and Torres Strait Islander People in South Coast aged care planning region using Home Care Services by Level of Care, 2020-21



Source: GEN Aged Care Data, People Using Aged Care (2020-2021)

Figure 11 shows almost 60% of people leaving home care services are moving into residential care facilities. However, it is unknown what proportion of people enter residential care from home care for respite or permanent services.

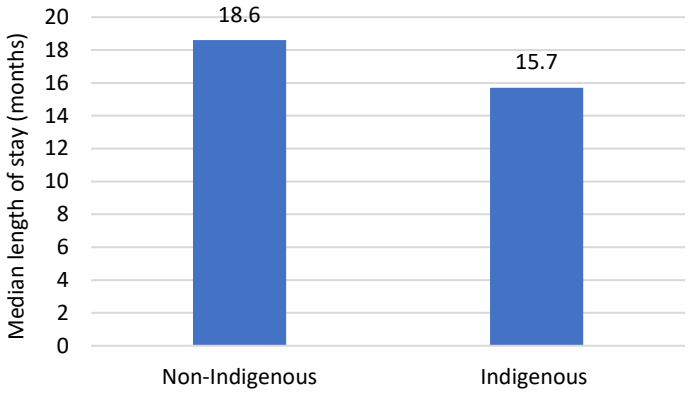
Figure 11. Proportion of exits from Home Care services in South Coast Aged Care Planning Region, by departure reason, 2020-21



Source: GEN Aged Care Data, People Using Aged Care (2020-2021)

In 2020-21, the median length of stay in home care was 18 months. As Figure 12 suggests, Aboriginal and Torres Strait Islander people stayed in home care services for less time. However, this data should be interpreted with caution due to the small number of Aboriginal and Torres Strait Islander people exiting home aged care services in the reporting period.

***Figure 12. Length of stay** for people using home care services in South Coast aged care planning region, by Indigenous status, 2020-21*



Source: GEN Aged Care Data, People Using Aged Care (2020-2021)

Residential aged care facility

A Residential Aged Care Facility (RACF) is for older adults who can no longer live at home and need ongoing help with everyday task or health care.

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 2020-21 is outlined in Table 13. It includes a breakdown for various demographic characteristics (age, sex, Indigenous status, and preferred language*).*

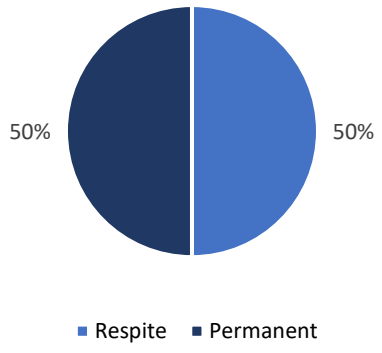
Table 17. Admissions, and number of people using aged care, GCPHN region, 2020-21

		Number of admissions	Number of people using aged care
Total		3,485	4,984
Age group	0-49	0	6
	50-54	0	13
	55-59	10	18
	60-64	20	53
	65-69	127	173
	70-74	300	376
	75-79	522	615
	80-84	677	919
	85-89	893	1152
	90-94	692	1,070
	95-99	215	506
	100+	29	83
Sex	Male	1,491	1,791
	Female	1,994	3,193
Indigenous status	Yes	15	24
	No	3,470	4,957
Preferred language	English	3,324	4,793
	Other	103	158

Source: GEN Aged Care Data, People Using Aged Care (2020-2021)

There is a 50:50 split of admissions to residential aged care for respite and permanent services. However, due to the short-term nature of respite there are more permanent residents in a facility at any given point.

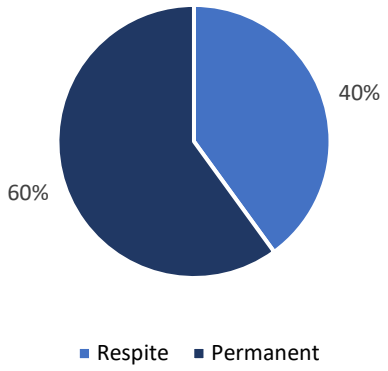
Figure 13. Proportion of residential aged care admissions in South Coast Aged Care Planning Region, by admission type, 2020-21



Source: GEN Aged Care Data, People Using Aged Care (2020-2021)

There is no significant variation of admission type between countries of birth, however there is a 60:40 split for Aboriginal and Torres Strait Islander people towards permanent residency (Figure 14).

Figure 14. Proportion of Aboriginal and Torres Strait Islander people residential aged care admissions in South Coast Aged Care Planning Region, by admission type, 2020-21



Source: GEN Aged Care Data, People Using Aged Care (2020-2021)

Table 18 shows that over 82% of people who exited permanent residential aged care in 2020-21 did so due to death.

Table 18. Length of stay and exits from permanent residential care in South Coast, by discharge reason, 2020-21

	Death	Return to community	To hospital	Other	To other residential care
Mean length of stay (months)	32.6	12.9	16.1	16.7	20
Median length of stay (months)	22.3	6.1	3.4	6.6	12.3
Range length of stay (months)	0 -281.5	0- 80.2	0 - 92.6	0 - 125.3	0.2 - 97.3
Total exits	1,349	106	28	38	107

Source: GEN Aged Care Data, People Using Aged Care (2020-2021)

Nurses in aged care

Table 19 shows the numbers and Full Time Equivalent (FTE) of nurses working in hospitals, primary and community care, and residential aged care. Hospitals employ more than five-times the number of nurses in primary and community care, and aged care.

Table 19. Number and FTE of nurses working in hospitals, primary and community care, and aged care, Gold Coast, 2021-22

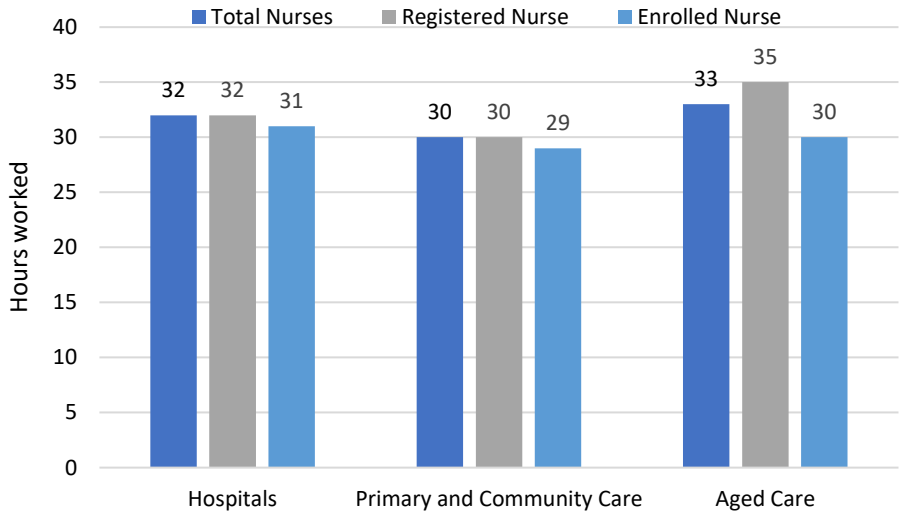
	Hospitals		Primary and Community Care		Aged Care	
	Number	FTE	Number	FTE	Number	FTE
Total	6,401	5,451.9	1,383	1,096.8	1,186	1,051.5
Registered Nurse	5,389	4,618.8	1,168	931.4	763	708.4
Enrolled Nurse	1,012	833.1	215	165.4	423	343.1

Source: HeaDS UPP, 2021-2022

Registered nurses make up 64% of the nursing workforce in aged care, whereas registered nurses account for 84% of nurses in hospitals and primary and community care.

The high demand for registered nurses working in aged care is further demonstrated in Figure 15, which shows that on average, registered nurses in aged care work five hours more each week than registered nurses in primary and community care, and 3 hours more than registered nurses in hospitals.

Figure 15. Average weekly hours worked of nurses in hospitals, primary and community care and aged care, Gold Coast, 2021-22



Source: HeaDS UPP, 2021-2022

Wound management in RACF

Chronic wounds represent a major health burden in RACFs, with residents often entering RACFs with one or more chronic conditions and complex wounds[42]. The elderly in general are at an increased risk of impaired skin integrity due to age related changes to the skin, frailty, malnutrition, incontinence, immobility, and impaired cognition[43].

[42] Jaul, E, et al. An overview of co-morbidities and the development of pressure ulcers among older adults. BMC Geriatrics. 2018. 18, 305.
[43] Pagan, M, et al. Wound programmes in residential aged care: a systematic review. Wound Practice and Research. 2015. 23, 2. 52-60.

In 2021-22, 140 Gold Coast RACF residents presented to Gold Coast public hospitals ED for diseases of the skin and subcutaneous tissue. In total, 140 of 6,243 RACF ED presentations (2.2%) of were for diseases of the skin and subcutaneous tissue[44]. Their departure status was:

- 50.0% (n=70) admitted (excluding ED bed),
- 32.8% (n=46) short stay unit,
- 17.1% (n=24) discharged ED service completed.

GCPHN piloted a wound management service in 55 RACFs during 2021-22 which saw 111 unique people accessing the service. The pilot wound management in RACF service aimed to meet the gap in service delivery for older people with chronic and complex wounds who are living in RACFs. This is achieved through a nurse led, in reach program that provides access to specialist wound advice and mentoring to support the effective assessment, care plan development and management for these patients in their usual place of residence, thus reducing the requirement to transfer resident to hospital for additional clinical interventions. Benefits of the pilot include:

- Reduce potentially preventable hospitalisations,
- Improve access to specialist wound care services,
- Build capacity of RACF staff when caring for residents with wounds,
- Improve knowledge, skills and confidence of RACF staff, and
- Enhance intersectional collaboration and coordination.

Most common wound types indicated by the provider in the 55 RACFs include pressure injuries, skin tears, lower limb ulcers, cancerous wounds. Of the 111 individuals who accessed the service, 97% were aged 70 years and their mobility status were the following:

- Non -ambulatory: 43%
- Uses mobility aid: 37%
- Unknown: 14%
- Ambulatory: 5%

GP attendances in RACF

General Practitioners (GPs) are key providers of medical care to people living in RACF, with the type of care differing significantly from that provided in the consultation room. It is well recognised that specific education and training is required to work effectively in the RACF setting, including knowledge and skill development in managing common clinical syndromes, multimorbidity and deprescribing, multidisciplinary care, palliative care and medicolegal issues.

Table 20 highlights the number of GP attendances per RACF patient on the Gold Coast and nationally. As can be seen, Gold Coast has a higher number of GP attendances per RACF patient compared to the national rate. The number of GP RACF attendances increased from 122,830 in 2016-17 to 144,574 in 2020-21 (17.7% increase).

[44] Gold Coast Health, Emergency Department presentations, 2021-22.

Table 20. GP attendances in residential aged care facilities, national AND Gold Coast, 2020–21

Region	GP attendances per residential aged care patient	Number of GP residential aged care attendances	Number of GP residential aged care patients
National	17.8	4,767,988	268,520
Gold Coast	21.6	144,574	6,698

Source: Medicare-subsidised GP, allied health, and specialist health care across local areas: 2016-17 to 2020–21, Australian Institute of Health and Welfare

Mental health services in RACF

RACF residents have very high rates of mental illness, with estimates that approximately 39% of all permanent aged care residents are living with mild to moderate depression[45].

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.

GCPHN has commissioned a service to provide the psychological services in RACFs. 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, and
- provide an environment and lifestyle options to support mental wellbeing.

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.

From July 2020 to March 2021, over 400 unique residents had been referred to or were accessing psychological services on the Gold Coast, accounting for 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, with main causes for hopelessness identified as being related to:

- enduring power of attorney issues,
- public guardians being unresponsive,
- family members misappropriating finances,
- slow response from advocacy groups,

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

Dementia

What is 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.

Dementia presents in many ways with its most common form being Alzheimer's, a degenerative brain disease, caused by nerve cell death and resulting in the shrinking of the brain. Multiple forms of dementia can also be present at once, known as 'mixed dementia'[46].

Who is impacted?

The likelihood of the onset of dementia increases with age, however it can also develop in those under the age of 65. This is known as younger or early onset dementia. Children can also develop childhood dementia. Dementia and each of its forms, although common, should not be described as a normal part of ageing. As dementia progresses, cognitive function declines and thus dependency on carers and care providers increases dramatically. Currently, there is no cure for dementia, however there are strategies in use to aid individuals and their families to improve independence and quality of life for as long as possible.

What factors increase the risk of dementia?

Many factors have been found which contribute to the development of dementia and may affect symptoms and their progression. Risk factors such as age, genetics and family history cannot be changed, however there are many modifiable lifestyle factors which can prevent or delay dementia, such as education, physical and social activity, smoking status, obesity, high blood pressure, hearing loss, depression, high blood plasma glucose, impaired kidney function and diabetes[47].

What is the impact on the Gold Coast?

Dementia has become a significant health and aged care issue in Australia, causing a multitude of burdens on the individual, their family, and support systems. It is now the second leading cause of death of Australians and the leading cause of death for Australian women[48].

The AIHW recorded that a total of 9,044 people residing in the Gold Coast area reported having dementia, with more women (60%) than men (40%). It is estimated in 2050, 30,633 people will be living with dementia on the Gold Coast[49]. This will be a 195%% increase from the number of people living with dementia in 2020.

Table 21 shows the number of people living in the GCPHN region living with dementia grouped into Statistical Area Level three regions (SA3).

[46] Australian Institute of Health and Welfare 2022. Dementia in Australia.
47 Livingston G, Sommerlad A, Orgeta V, Costafreda SG, Huntley J, Ames D et al. (2017) 'Dementia prevention, intervention, and care'. *The Lancet*, 390:2673–2734.
48 Australian Institute of Health and Welfare 2021. Dementia in Australia Cat no. DEM 2 Canberra: AIHW.
49 Projections of dementia prevalence and incidence in Queensland 2011-2050, Alzheimer's Australia Qld

Table 21. Gold Coast population living with dementia, Gold Coast SA3 regions, 2020

SA3 Region	Males	Females	Persons	Proportion
Broadbeach Burleigh	452	834	1287	13.9%
Coolangatta	420	741	1161	12.6%
Gold Coast-North	573	1008	1582	17.1%
Gold Coast Hinterland	135	175	309	3.3%
Mudgeeraba-Tallebudgera	171	236	406	4.4%
Nerang	394	650	1043	11.3%
Ormeau-Oxenford	327	459	785	8.5%
Robina	306	555	859	9.3%
Southport	360	724	1083	11.7%
Surfers Paradise	283	431	714	7.7%

Source: Australian Institute of Health and Welfare 2022. Dementia in Australia.

Hospitalisations due to dementia

In 2015-16, there were 436 overnight hospitalisations relating to dementia in the Gold Coast region, with an average length of hospital stay of 12 days. Combined, this accounted for a total of 5,232 hospital bed days. The age-standardised rate for the Gold Coast region is 6 per 10,000 people, ranking as 13th highest out of all 31 regions. The number of dementia related hospitalisations in the region has increased by over 24% in the last three available reporting years (Table 23).

Table 22. Overnight hospitalisations for dementia, Gold Coast 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		
Australia	-	-	-	6	93
Gold Coast SA4	351	373	436	6	74
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

Source: www.myhealthycommunities.gov.au (Note – NP: not publishable)

ED presentations due to dementia

Dementia is highly prevalent among older patients presenting to ED, recorded in between 26% and 40% of all ED presentations in this age group[50].

In 2019-20, there were 438 dementia presentations to Gold Coast and Robina Hospital. Of these presentations, 20%were lower urgency care (triage category 4 and 5).

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[51]. When caring for older persons in ED it is important to understand neurological presentations and to be able to differentiate between delirium and chronic cognitive impairment such as dementia. Older persons with dementia are also at high risk of undertreatment of pain, and frequently receive fewer analgesics than others of similar age and pathology[52].

Deaths due to dementia

Dementia was the second leading cause of death on the Gold Coast in 2015-19, accounting for 1,697[53] deaths. In females, dementia was leading cause of death in 2019 (1,065 deaths), and for males, it was the second leading cause (632 deaths).

Dementia in the community

Based on the AIHW estimates, in 2021, there were an estimated 246,200 people (93,000 men and 153,200 women) with dementia living in the community, rather than in a cared accommodation. This equates to 65% of all people with dementia living in the community.

Applying the above proportion to the Gold Coast population indicates that 5,878 people are living with dementia in the community.

As people with dementia age, they are more likely to move into residential aged care homes and so the proportion living in the community decreases with increasing age. Most people with younger onset dementia (aged less than 65) are living in the community (20,300 people or 91%). Among the older age groups, just under half of people with dementia live in the community (32,100 people or 48% of people with dementia aged 85–89, and 41,600 people or 46% of people aged 90 and over). This decrease is more substantial among women than men.

According to the 2018 Survey of Disability, Ageing and Carers (SDAC), of the people with dementia who lived in the community, 86% lived in private dwellings with other people, while 14% lived alone. Men were more likely to have been living with other people (91%) than women (81%).

Dementia-specific medications

Although there is no cure for dementia, there are four medicines that may alleviate symptoms: Donepezil, Galantamine and Rivastigmine are approved in Australia for the treatment of mild to moderate Alzheimer's disease, and Memantine is approved in Australia for the treatment of moderately severe to severe Alzheimer's disease. These medications are subsidised through the Pharmaceutical Benefits Scheme and Repatriation Pharmaceutical Benefits Scheme.

[50] 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.
[51] 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
[52] https://clinicalexcellence.qld.gov.au/sites/default/files/docs/priority-area/service-improvement/care-of-older-person-emergency.pdf
[53] Mortality over Regions and Time books. Statistical Area Level 4, 2014-18, Australian Institute of Health and Welfare

In 2019–20, there were over 623,000 prescriptions dispensed for dementia-specific medications to just under 64,600 Australians with dementia aged 30 and over. There was a 43% increase in scripts dispensed for dementia-specific medications between 2012–13 and 2019–20. In 2019–20, antipsychotic medications were dispensed to about one-fifth (21%) of the 64,600 people who had scripts dispensed for dementia-specific medication[54].

Of the 159 Gold Coast practices who submit data through Primary Sense, 3,965 patients aged 65 years and over were diagnosed with dementia. Of these, 1,015 (25.6%) had been prescribed dementia medication in the last 24 months[55].

Residential Aged Care Facilities (RACF)

RACF are an important resource for people with dementia and their carers. Services include those provided in the community for people living at home (home support and home care), and residential aged care services for those requiring permanent care or short-term respite stays. In the GCPHN region, 53.3% of people using permanent residential care in 2020 had a diagnosis of dementia[56].

People with dementia typically have longer median lengths of stay at RACF. In 2020–21, the median length of stay in permanent residential care was over eight months longer for people with dementia than for people without a record of dementia. The difference in length of stay between people with dementia and without dementia was 10 months for women and over 6 months for men[57].

Among people with dementia in Australia, one in three people live in cared accommodation. In 2019–20, there were over 244,000 people living in permanent residential aged care, and more than half (54% or about 132,000) of these people had dementia. In Queensland, there were 25, 377 people with dementia who were living in permanent residential aged care in 2019–20[58].

MBS services by people with dementia

GPs and other medical specialists play a crucial role in the diagnosis of dementia. It is not diagnosable by one single test, as it requires a combination of comprehensive cognitive and medical assessments. If dementia is suspected by a GP, the patient is then referred to specialist services such as geriatrics or memory clinics.

Service usage differ for those people with dementia who live in permanent residential aged care compared with those living in the community, but only at older ages. As seen in Table 24, for people with dementia aged under 80, the number of services used by people who were living in residential aged care was similar to the number of services used by people who were living in the community. From age 80 onwards, the number of services used by people with dementia living in residential aged care was greater than the number used by similarly aged people with dementia living in the community.

[54] Dementia in Australia, Prescriptions dispensed for dementia-specific medications—data tables, 2021, Australian Institute of Health and Welfare.
[55] Primary Sense is a clinical decision support, population health management and data extraction tool, developed by GCPHN.
[56] Gen Aged Care Data, 2021
[57] Australian Institute of Health and Welfare 2022. GEN fact sheet 2020–21: People leaving aged care. Canberra: AIHW
[58] Dementia in Australia – aged care services, 2021, Australian Institute of Health and Welfare

Table 23. MBS services used by people with dementia, by age and place of residence, 2016-17

Age (years)	Living in residential aged care		Living in the community	
	MBS services - number	MBS services – rate per 1,000 people	MBS services - number	MBS services – rate per 1,000 people
30–64	90,086	1	120,919	1
65–69	111,167	4	124,360	5
70–74	236,844	9	257,917	10
75–79	426,877	20	440,610	20
80–84	719,495	45	523,212	32
85–89	926,581	91	402,169	40
90–94	554,297	162	119,642	35
95+	168,288	241	17,817	26
Total	3,233,635	13	2,006,646	8

Source: AIHW analysis of National Integrated Health Services Analysis Asset version 0.5.

The rate of services used by people with dementia living in residential aged care increases with age — from 45 services per 1,000 people among those ages 80–84 to 241 services per 1,000 people among those aged 95 or over[59]. This is likely due to the increasing number of co-existing health conditions and more complex health needs as people age.

Carers

The level of care required for people with dementia depends upon individual circumstances, but likely increases as dementia progresses. Carers are often family members or friends of people with dementia who provide ongoing, informal assistance with daily activities.

The AIHW estimates that in 2021, there were between 134,900 and 337,200 informal primary carers of people with dementia. Among primary carers of people with dementia, three in four were female and one in two were caring for their partner with dementia.

Caring can be physically, mentally, emotionally, and economically demanding. Caring full-time can leave family members feeling socially isolated and having to meet hidden costs. The negative psychological and physical health consequences of looking after a loved one with dementia are well documented[60].

According to the Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers (SDAC) 2018, among carers of people with dementia:

- One in two provided an average of 60 or more hours of care per week.
- Three in four reported one or more physical or emotional impacts of the role.
- One in four reported that they needed more respite care to support them.

[59] Dementia in Australia, GP, specialist and other healthcare services—data tables, 2021, Australian Institute of Health and Welfare

[60] Sara Tookey, Caroline V. Greaves, Jonathan D. Rohrer, Roopal Desai, Joshua Stott, 2022: Exploring experiences and needs of spousal carers of people with behavioural variant frontotemporal dementia (bvFTD) including those with familial FTD (fFTD): a qualitative study, 22, 1

- One in two experienced financial impacts since taking on the role[61].

In 2017, there were an estimated 94,672 paid carers looking after people with dementia in the residential aged care setting, and 196,491 carers of people with dementia in the community, the majority of whom are informal carers.

The projections suggest that by 2036, some 362,930 carers will be needed in the community and 173,225 carers working in the paid cared accommodation sector. The need for carers for people with dementia is expected to double by 2056 to around 525,540 carers in the community and 250,420 paid carers in residential aged care if current levels of care are to be maintained[62].

[61] Dementia in Australia – Carers, 2021, Australian Institute of Health and Welfare

[62] Laurie Brown, Erick Hansnata and Hai Anh La, Economic Cost of Dementia in Australia 2016-2056, NATSEM at the Institute for Governance and Policy Analysis, University of Canberra.

Service system

Services	Number in the GCPHN region	Distribution	Capacity discussion
General practices	212	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	855 GPs supported by 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 adults 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. • GPs' 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 adults in general practices, at an individual's private residence and into RACFs.
Residential aged care facilities	56	Residential Aged Care Facilities are spread from Ormeau to Coolangatta	• The RACFs range from capacity of 36 to 167 bed facilities, providing differing levels of care and services across general aged care, palliative, respite, and dementia care.
Aged care services	Residential Care: 56 Home Care: 46 Home Support: 56		• 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, or are • 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 adults 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 adults 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 adults 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 adults 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 a 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. • They support and improve the wellbeing of older adults and people with disability. • Services are free, confidential and client focused.

Consultation

Care Finder Stakeholder Survey (August 2022)

- GCPHN formulated an online structured interview survey with questions formulated to identify potential solutions to best address local needs, priorities for care finder supports, and identifying opportunities to enhance integration between health, aged care, and other systems relevant to the care finder program.
- The care finder program aims to provide specialist and intensive assistance to help people in the care finder target population to understand and access aged care and connect with other relevant supports in the community.
- This survey was distributed to 124 stakeholders. Organisations ranged from aged care and community care providers, local and state government bodies, peak bodies and local groups and networks including, religious, crisis support, LGBTIQ+, CALD, Forgotten Australians, and Aboriginal and Torres Strait Islander groups.
- 39 stakeholders completed the survey, identifying two main priorities:
    - people who are socially isolated and people who are, or at risk of homelessness were identified as the highest priority for the 'care finder program'.
    - Gold Coast North SA3, Southport SA3 and Ormeau-Oxenford SA3 identified as region with the highest priority for the 'care finder program'.
- Main challenges people experience in accessing and navigating the aged care system included:
    - computer literacy and access to internet,
    - fear of not being able to stay in own home if engaged with aged care services,
    - trust issues with engaging with the aged care system,
    - low literacy levels, and
    - mental health issues.
- Biggest frustration with interaction with aged care system in the last 12 months included:
    - My Aged Care is not an experience that many older people enjoy,
    - lack of consistent information and knowledge,
    - lack of residential aged care places on the Gold Coast for permanent and respite care,
    - lack of timely access to funding to support elderly patients to remain at home, and
    - low aged care staffing numbers.
- Areas of the aged care service system identified to be in the greatest need for improved integration included:
    - admission to aged care,
    - older people living at home with no family or support and limited knowledge on what they are entitled to,
    - a single assessment gateway for Commonwealth Home Support Program and Home Care and Residential Care is urgently needed.

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 (e.g., 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 adults moving to the Gold Coast in their later years, who may lack informal care and support networks, raises concerns of social isolation among older adults 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 adults and their needs.

Dementia survey (September 2022)

During September 2022, GCPHN conducted a community facing survey for Gold Coast residents. Key issues and themes that were raised included:

- There is lack of confidence in general practitioners to be able to provide a dementia diagnosis.
- A need for more capability in ongoing management and follow up post dementia diagnosis.
- There needs to be better access to resources for those diagnosed with dementia and their carers would be beneficial to make the current services more visible.
- Not enough supports for dementia patients and their carers unless they have access to private healthcare funds.

Primary Care Partnership Council (July 2021)

Gold Coast PHN utilised the Primary Care Partnership Council as an engagement mechanism (face to face) to discuss emerging issues relating to unplanned hospital care in the GCPHN region. Key issues and themes raised included:

- 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 (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 adults 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.

Community Advisory Council (March 2022)

Members of GCPHN Community Advisory Council (CAC) were asked to rate the clarity of the steps to take if they observed changes in a loved one and wanted to investigate and confirm if they had dementia. The scale was from 1-5 (1 = not clear at all, 5 = very clear). The average rating of clarity by CAC members was 3.

Information and resources to support people living with dementia and their families/carers were identified including talking with a GP and receiving an ACAT assessment, Dementia Australia's online resources, joining the Alzheimer's Association or a similar group, My Aged Care, and the NDIS. Asking for help and being proactive was a recurring theme in CAC discussions.

Suggested places to look to find information related to dementia, including resources and available support were discussed. Dementia Australia, particularly The Dementia Guide was mentioned as a helpful resource. Google searching for dementia and carer support groups such as the Alzheimer's Association was a recurring theme, however issues with older persons accessing online resources was argued. In response, the Dementia Australia National Hotline, and the Dementia Australia telephone book, which includes questions, where to access physical resources and contacts was deemed a helpful resource. Consequently, the request to have more physical dementia support resources in GPs, community centres, RACFs and pharmacies was raised.

Education and information which was considered helpful included a reference section or community display of resources for older people wanting current information on planning ahead e.g., enduring Power of Attorney documents, statements of choice. ACAT assessments being used as an opportunity to provide the right education was also discussed.

Additional information

- The Australian Medical Association (AMA) Aged Care Survey Report sought feedback on members' impressions and experiences of providing medical care to older adults. The survey presented some insights which need to be taken into consideration for the future planning of primary care services for older adults, 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 five years it was due to unpaid non-contact time, while a further 40% was due to practitioners being too busy in their general practices.

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