phn
GOLD COAST

An Australian Government Initiative

Gold Coast Primary Health Network

Needs Assessment 2023

Summary

GOLD COAST PRIMARY HEALTH NETWORK
NEEDS ASSESSMENT 2023 SUMMARY

CONTENTS

1. ABOUT GOLD COAST PRIMARY HEALTH NETWORK

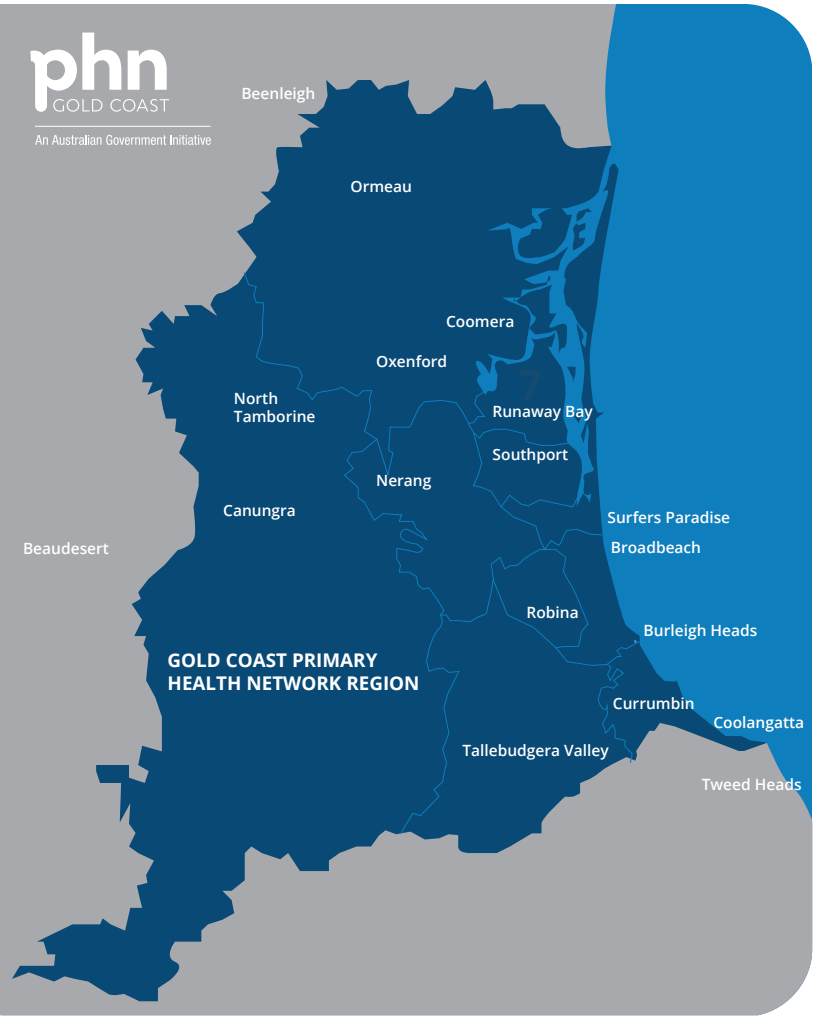
WHO WE ARE

Gold Coast Primary Health Network (GCPHN) is an independent not-for-profit company and one of 31 PHNs established by the Australian Government to identify the health needs of local communities, fund and improve primary health services, and keep people well and out of hospital.

WHAT WE DO

We play an instrumental role in working with the local health sector and Gold Coast community to improve health services for residents by:

- Identifying the health needs of residents and designing solutions to meet those needs. This includes identifying service gaps, assessment, planning, and establishing health services.
- Funding health organisations to provide local health services, e.g., mental health or persistent pain services.
- Helping the health system work better for patients and families. This includes establishing effective collaboration with local health services and supporting health professionals, including GPs, to improve the quality of patient care.
- Encouraging and supporting improvements in the delivery of primary healthcare services to patients including initiatives aimed at improving disease prevention and management, raising patient awareness, and improving access to appropriate services.
- Promoting a culture of efficiency, accountability, and continuous improvement in the delivery of local primary health care services.



OUR VALUES

SUSTAINABLE
Efficient, Effective, Viable

INNOVATIVE
Flexible, Pioneering, Evolutionary

EVIDENCE-BASED
Research, Documenting, Transparent

COLLABORATIVE
Partnerships, Integrated, Engaged

ACCOUNTABLE
Respect, Responsible, Outcomes

INFLUENTIAL
Visible, Valued, Courageous

OUR STRATEGIC GOALS

- Improve coordination of care to ensure patients receive the right care, at the right place, at the right time, and by the right person.
- Increase efficiency and effectiveness of health services for patients, particularly those at risk of poor outcomes.
- Engage and support general practice and other stakeholders to facilitate improvements in our local health system.
- Be a high-performing, efficient, and accountable organisation.

OUR VISION

2. GOLD COAST POPULATION AND HEALTH PROFILE

849	424	212	31
General Practitioners	General Practice Nurses	General Practices	Special Interest Practices

640,996
residents live in our region

Aged 0-14	112,672
Aged 15-24	77,240
Aged 25-44	174,546
Aged 45-64	161,960
Aged 65+	114,349

12,724
residents identify as Aboriginal and Torres Strait Islander people

86,196
residents use a language other than English at home

961,076
Predicted population of Gold Coast by 2041

185,278
(28.9%) of residents were born overseas

76,365
visits to GPs for mental health concerns

11,068
mental health related presentations to the emergency department

39 is the median age of residents

83 is the average life expectancy

1,554
Visits are made to a general practitioner each day

63
People are hospitalised at Gold Coast University and Robina Hospitals each day which potentially could have been prevented by timely health care in the community

508
People present to Gold Coast University and Robina Hospital Emergency Department each day (excluding viral infections)

89.3%
of people over 45 assessed their health as excellent, very good or good

39.6%
of adults who reported having at least one long-term health condition

33.1%
of adults saw a specialist in the last 12 months

13.0%
of adults admitted to hospital in the last 12 months

80%
of adults saw a GP in the last 12 months

as of 11 October 2023

3. HEALTH NEEDS ASSESSMENT

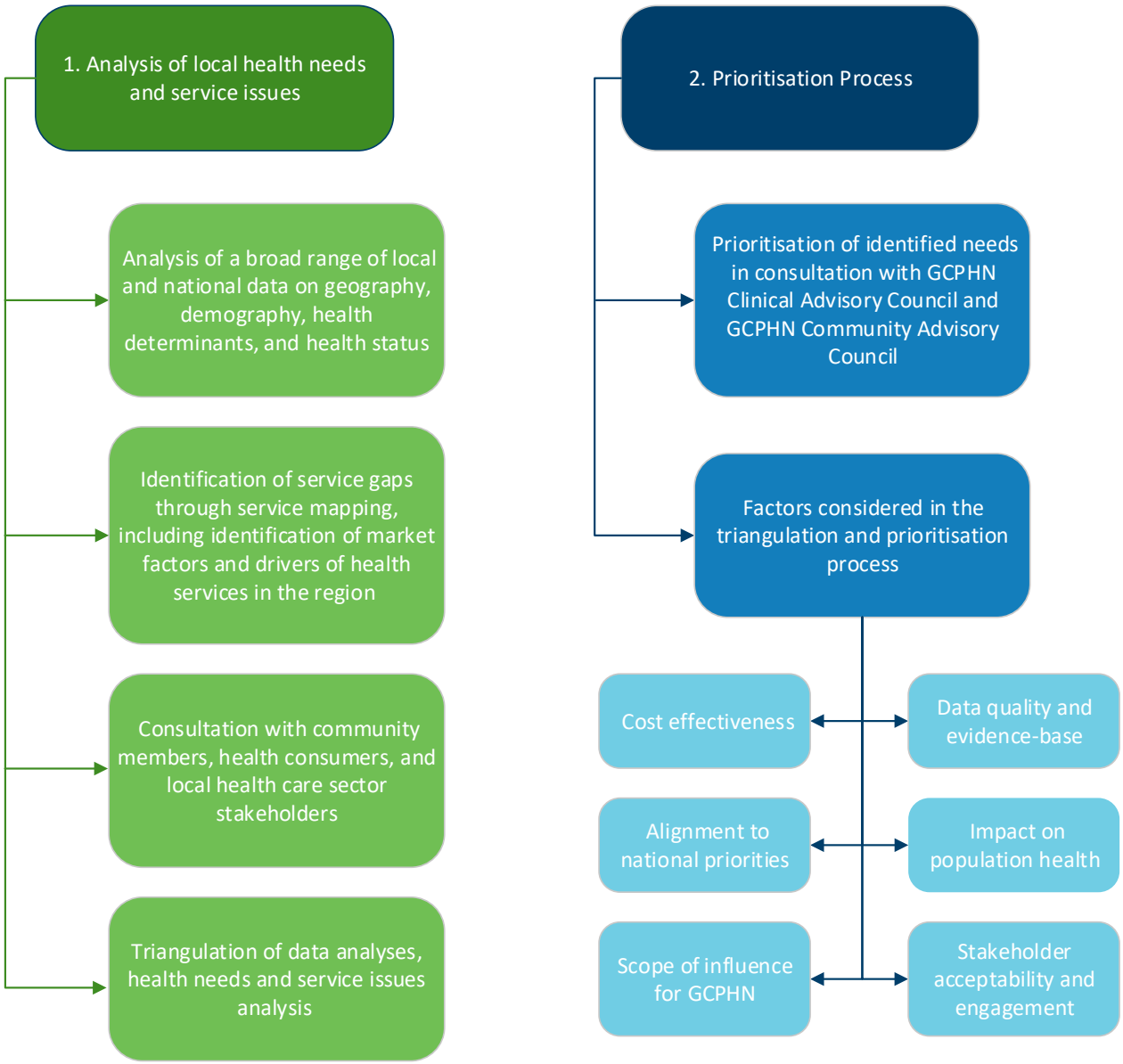
What is the health needs assessment (HNA)?

Health needs assessment (HNA) is a systematic method for reviewing the health issues facing a population, identifying unmet health and service needs, and prioritising opportunities for resource allocation and service delivery in primary healthcare.

The HNA consists of analysis and documentation of the region's health and service needs through extensive analysis of quantitative and qualitative data sources, followed by the identification of priorities for the Gold Coast region.

GCPHN undertakes the prioritisation of health needs and issues every three years and continues to update data informing our work in the region on an annual basis. The prioritisation process that informed the identification of health needs and service issues in this document was undertaken in 2021, and the next one is planned for 2024.

The HNA Process



Priority areas:

The Commonwealth Department of Health and Aged Care has identified seven key priority areas for PHNs to inform their targeted work and performance monitoring. The 2023 GCPHN Health Needs Assessment Summary report presents key facts, health needs and service issues organised in sections that follow these priority areas:

- Population Health
- Digital Health
- Health Workforce
- Aged Care
- Aboriginal and Torres Strait Islander Health
- Mental Health
- Alcohol and Other Drugs

The complete version of the 2023 Health Needs Assessment with comprehensive analysis of quantitative and qualitative data that informed the prioritisation of health needs and service issues across priority groups, along with summaries of all consultations held and regional service mapping, is available on the GCPHN website.

4. GOLD COAST HEALTH NEEDS AND SERVICE ISSUES ACROSS PRIORITY AREAS

4. 1 ABORIGINAL AND TORRES STRAIT ISLANDER HEALTH

KEY FACTS:

- 64.3% of Aboriginal and Torres Strait Islander people in Queensland have a long-term health condition.
- 5,505 hospitalisations of Aboriginal and/or Torres Strait Islander people on the Gold Coast per year.
- Suicide rate in Queensland Aboriginal and Torres Strait Islander peoples is twice that of the non-Indigenous population.
- 1.4% of GPs on the Gold Coast identify as Aboriginal and/or Torres Strait Islanders.
- 8% Indigenous adults have indicators of chronic kidney disease.
- Indigenous mothers are four times as likely as non-Indigenous mothers to smoke during pregnancy.

HEALTH NEEDS:

- Low number of completed health assessments.
- Low proportions of chronic disease early identification and self-management.
- Low rate of engagement with general practices for mental health concerns.
- Low rate of cancer screening.
- Low rate of participation in psychological support programs.
- Higher rates of mothers smoking while pregnant and low birthweight babies.

SERVICE ISSUES:

- Limited access to and awareness of appropriate health services for Aboriginal and Torres Strait Islander people.
- Cultural competency, transport and cost affect access to services.
- Limited health services for Aboriginal and Torres Strait Islander people, particularly in the northern Gold Coast.
- Cultural awareness and health equity needs to be embedded into mainstream service delivery to support access.
- Uncoordinated and inconsistent approach to assessment, referrals, and intake.
- Small number of Aboriginal and Torres Strait Islander health workers.
- Service gaps in care coordination between health services, child safety and other support services.

"Barriers to coordinated care include limited knowledge of roles and responsibilities, funding and red tape, lack of culturally specific roles in programs such as PIR, transport, limited outside of work hours service and limited access to specialists".

(Karulbo Aboriginal and Torres Strait Islander Partnership Council)

"Mainstream services lack confidence delivering culturally competent Aboriginal and Torres Strait Islander services".

(GCPHN Community Advisory Council)

4.2 ALCOHOL AND OTHER DRUGS

KEY FACTS:

- Alcohol, cannabis, and amphetamines are the most common drugs of concern.
- Lifetime risky alcohol consumption = 21.7% (national: 16.8%).
- Recent illicit drug use = 22.0% (national: 16.8%).
- 2019/20: 901 ED presentations for mental and behavioural disorders due to use of alcohol, acute intoxication.
- Coolangatta has the highest rate of drug and alcohol hospitalisations on the Gold Coast.
- Southport has the highest rate of opioid prescriptions on the Gold Coast.

HEALTH NEEDS:

- High demand and limited AOD service options, particularly in the northern Gold Coast.
- High levels of opioid dispensing across Gold Coast.

SERVICE ISSUES:

- Challenges in recruiting AOD health workers that identify as Aboriginal and Torres Strait Islander.
- Financial costs, childcare responsibilities, and housing costs present barriers to accessing residential rehabilitation.
- Limited availability of suitable service options to support older population.
- Limited availability of withdrawal management services access to residential rehabilitation.
- GPs need access to timely and accurate information about capacity to connect people to suitable AOD services.
- Limited delivery of AOD services outside of business hours.
- Inefficient transitions between services, particularly from inpatient to community-based services.
- Variability in GPs' capacity to identify and manage AOD issues.

"Stronger referral pathways are needed between mental health, housing, youth, justice, child safety, emergency relief and AOD services".

(service provider)

"Telehealth options are needed as they increase the accessibility of treatment and overcome many barriers" .

(service user)

4.3 DIGITAL HEALTH

KEY FACTS:

- 209 (99.5%) Gold Coast general practices are registered to participate in My Health Record.
- 24.8% of Gold Coast's primary healthcare providers regularly upload to My Health Record.
- 94% of Gold Coast eligible general practices are registered for the PIP QI.
- 82% of Gold Coast general practices have data extraction tools so that practice data can be effectively used support a population health approach and to optimise care to patients.
- In 2019-20, 1,007 translation services were completed by Gold Coast's primary care providers.
- In 2022-23, GPs provided 675,725 telehealth consultations.

SERVICE ISSUES:

- Limited use and accessibility of evidence-based digital mental health services.
- Current electronic systems limit communication and care coordination across the healthcare network.
- Ongoing challenges around integration of digital health solution into general practices and pharmacies.
- My Health Record is not yet fully embedded across primary healthcare.

"Further information on electronic prescriptions and support for general practices are needed".

(service provider)

"More information and clarification to healthcare providers is needed about how each digital health system interacts, such as My Health Record, secure messaging, and The Queensland Viewer".

(service provider)

4.4 AGED CARE

KEY FACTS:

- Older adults on Gold Coast visit GPs more frequently than the national average.
- Gold Coast's older adults report better health and wellbeing, and lower levels of disability than other regions.
- In 2020, 9,044 Gold Coast residents had dementia.
- 3,044 older people in Gold Coast were using home care packages.
- Most common reason for GP visit by people aged 65 is hypertension.
- Estimated 26,000 older adults on Gold Coast have depression or anxiety.
- 6,789 people aged 65+ consult a GP for mental health concerns per year.
- 16.7% of older adults on the Gold Coast need assistance with core activities.
- 9,287 potentially preventable hospitalisations for people aged 65+ per year.

HEALTH NEEDS:

- Increased ED presentations and hospitalisations due to falls and wounds in older people.
- High prevalence of older people with frailty.
- Support for families and carers for people with dementia is needed.
- High levels of isolation and loneliness among older people on the Gold Coast.

SERVICE ISSUES:

- Aged care staff lack understating of the language of the aged care system (e.g., Centrelink, My Aged Care).
- Long wait times for appropriate home-based support and/or aged care services.
- Slow adoption of digital health solutions by RACHs.
- Unnecessary and lengthy hospital admissions due to staffing issues and insufficient beds in RACHs.
- Lack of support in navigating complex aged care system.
- Limited culturally appropriate services for culturally and linguistically diverse communities and Aboriginal and Torres Strait Islander older people.
- Clinical coordination tools and processes that support patient-centred care for older adults are needed.
- High rates of hospital presentations for low urgency needs due to limited access to community-based alternatives.
- Limited capacity to provide coordinated and sustained coverage for palliative and end of life care within RACHs.

- Limited number of registered nurses working in aged care.
- High rate of transient workforce in the older people's sector.
- Lack of confidence and skills to provide palliative care at residents' place of choice as per Advance Care Plan.
- Slow uptake of COVID-19 vaccination for RACH residents and staff.
- Limited uptake of Advanced Care Plans.
- Limited access to public sector geriatricians.

"The sector seems fragmented, resulting in confusion for older people trying to access services and this leads to a decline in their overall physical and mental wellbeing".

(service provider)

"Increasing personal care responsibilities and part time nature of work in general practice makes it difficult to service in home palliative care, particularly in the afterhours".

(Clinical Council participant)

4.5 HEALTH WORKFORCE

KEY FACTS:

- Percentage of female GPs has risen from 35% in 2015 to 44% in 2022.
- As at 11th of October, 2023, there were 210 general practices on the Gold Coast and 857 GPs.
- Guanaba-Springbrook and north of Tamborine–Canungra have limited access to GPs.
- Gold Coast has 1.3 GP FTE per 1,000 residents.
- There are on average 4.1 GPs per practice.
- 54.2% of GPs are trained overseas.
- 25% of Australian GPs intend to retire in the next 5 years.
- 13.8% of Australian medical students consider general practice as a preferred career path.
- Less than half of Australian GPs report having a good work-life balance.

HEALTH NEEDS:

- High levels of burnout have a negative impact on health professionals' wellbeing.

SERVICE ISSUES:

- There is a projected shortfall in the GP workforce by 2030.
- Difficulties in recruitment and retention of doctors to deliver primary care services in the after-hours.
- Variability in GPs' formal education, practical experience, and resources in relation to AOD, mental health, palliative care, and domestic violence.
- Due to the complexity and evolving nature of the sector, it is difficult for GPs to remain up to date across a broad range of referral pathways.
- Access to accurate and timely information in relation to COVID-19 is needed for general practices.
- Limited systems to support general practices to be the centre of care where possible.
- Limited capacity to include the patient's family into model of care.

4.6 MENTAL HEALTH

KEY FACTS:

- Psychological conditions are amoung the most commonly reported reason for GP presentations.
- In 2020/21, 76,131 patients visited a GP for mental health concerns on the Gold Coast.
- 65% increase in GP-provided mental health services in the last 6 years.
- 19% of the Gold Coast population has prescribed medication for mental health.
- GPs prescribe 86% of mental-health related medications.
- 25% of patients with frequent presentations to the ED have a mental health issue.
- Around 11,000 presentations per year to Gold Coast Emergency Departments for mental and behavioural disorders.

HEALTH NEEDS:

- Increasing demand for all mental health services.
- In 2023, the following groups were prioritised as underserviced groups:
  - Indigenous children in care (0 – 19 years) with a mental illness
  - Youth (12 – 24 years) and adults within the LGBTIQAP+ community with a mental illness and who require culturally specific support
  - Adults (16+ years) with a mental illness and who present with other situational factors, such as homelessness or at risk of homelessness, domestic violence issues, current legal issues, and financial hardship
- Primary care providers often lack the confidence and skills to support people with severe mental illness or in suicidal crisis.
- Some patients may need ongoing support (for example, for living with personality disorders) but do not meet criteria for supports designed for severe and complex mental illness.
- People with severe mental illness who are not eligible for assistance through the NDIS have unmet psychosocial needs.
- Increasing rate of women being diagnosed with perinatal depression.
- People who experience domestic violence have higher rates of mental health issues.

SERVICE ISSUES:

- Mental health and aged care related issues are often treated in isolation to each other.
- Carers are at the frontline of suicide prevention but may not have received any training for it.
- Limited information sharing between providers due to confidentiality and legal concerns.
- There is a need for timely access to services for people seeking mental health support.
- GPs are unclear about available services and the pathways to access due to the evolving mental health system.
- Presentations to hospital mental health services due to gaps in community supports options.
- People with a lived experience of suicide have the potential to inform local suicide prevention solutions but may lack the confidence, skills and readiness to participate.
- Limited supports are available for people in mental health crisis who end up in ED.
- Intersections between different sectors present challenges for continuous care for mental health patients.

"Addressing the physical wellbeing of people with severe and complex mental health conditions must be prioritised, and the collaboration between mental health and primary care services should be strengthened".

(service provider)

"If all GPs screened every new client and routine screened existing clients for mental health concerns, there is simply not enough mental health workers to refer to".

(service provider)

4.7 POPULATION HEALTH

KEY FACTS:

- 7.4% of the Gold Coast population lives in SEIFA quintile 1 (most disadvantaged) areas.
- 20,359 Gold Coast residents had potentially preventable hospitalisations in 2019/20, an increase of 39% in last 7 years.
- 34,657 lower urgency presentations to Gold Coast ED in 2019/20, an increase of 46% from 2015-2016.
- 5.5% of Gold Coast residents need assistance with profound or severe disability.
- Participation in cancer screening: cervical cancer 55.9%, bowel cancer 37.6%, breast cancer 49.9%.
- In 2022, 27,285 GP patients had a cancer diagnosis and 29,166 had diabetes.
- By June 2022, 1,377,266 COVID-19 vaccines were administered on the Gold Coast.
- 3.4% of Gold Coast children are overweight or obese.
- 43.1% of Gold Coast adults have at least one chronic condition.
- Coronary heart disease is the leading cause of death (11.8% of all deaths).
- Estimated 51,000 Gold Coast residents aged 45+ live with persistent pain.
- Endometriosis affects 1 in 7 girls and women, yet it takes on average 7 years to be diagnosed.

HEALTH NEEDS:

- Northern Gold Coast has limited availability of early intervention and mental health services.
- Concerns for potentially ineffective and unnecessary treatments for persistent pain.
- Rate of children fully immunised for one, two, and five-year olds is below the national rate.
- Rate of potentially preventable hospitalisations is above the national rate.
- High estimated number of people in GCPHN region are socially isolated.
- High number of people require chronic wound management services.
- Northern Gold Coast has a high rate of people with chronic diseases and developmentally vulnerable children.
- High rates of melanoma.

SERVICE ISSUES:

- Projected growth rate of Gold Coast residents may exceed the capacity of primary healthcare to meet their needs.
- There is a decreasing availability of face-to-face primary care options in after hours.
- Access to and awareness of appropriate services is limited for underserviced groups, such as LGBTIQAP+, domestic violence victims, and people from culturally and linguistically diverse backgrounds.
- Referrals within primary care for domestic and family violence victims and perpetrators are limited.
- There are limited mental health clinicians with a high degree of understanding of domestic violence issues.
- Care coordination/clinical handover is challenging, particularly to general practice on discharge from hospitals.

- Minimal focus on prevention, early identification, and self-management.
- Participation in breast, bowel and cervical cancer screening is below the national rate.
- Low uptake of free translation services by health practitioners.
- Rates of HPV vaccination are below the national rate.
- Rates of people with chronic obstructive pulmonary disease and asthma are above the national rate.

- Low uptake of free translation services by general practitioners, specialists, pharmacy, and nurse practitioners in the GCPHN region is potentially limiting access and quality of care.
- Limited awareness and support for prevention and self-management of persistent pain.
- Limited availability of social housing on the Gold Coast.
- Limited access to public sector geriatricians.

"There are low levels of health literacy in specific pockets of the population which adversely influences cancer screening awareness and uptake".

(community member)

"Consistent and reliable supply of some vaccines to general practice remains an issue, which impacts on ability to efficiently manage use of recall and reminder systems, resulting in many immunisations being done opportunistically".

(GCPHN Primary Health Care Improvement Committee member)

5. OPPORTUNITIES

The below table outlines opportunities that GCPHN will progress to address identified health needs and service issues through a range of activities and interventions, mapped to the seven priority areas. Where possible, these interventions are evidence-based and developed in consultation with relevant stakeholders.

Where health needs and service issues cannot be addressed within GCPHN funding/resources, or sit outside of the scope of GCPHN's influence, GCPHN liaises with external stakeholders and reviews funding and prioritisation matrix to assess if currently funded activities effectively and efficiently meet population needs.

Opportunities	Population Health	Health Workforce	Aged Care	Aboriginal & Torres Strait Islander Health	Mental Health	Alcohol and Other Drugs	Digital Health
General practice is supported in the adoption of evidence based best practice methods and meaningful use of digital systems to inform quality improvement, promoting the uptake of practice accreditation and ensuring timely provision of information, resources and or education to support changes in programs and policy that impact on general practice.	√						√
Clinical and social expected outcomes of secure exchange of clinical information through secure messaging • Facilities access to clinical information to improve patient care • Reduced time managing paper-based correspondence • Improved communication between health care providers as part of an end-to-end clinical workflow • Improved privacy and security of patient information.	√						√
Increase direct links to local service provider information in health topic areas and information and resources published online to support appropriate, timely referrals and agreed service pathways.	√						√
General practice adoption of evidence based best practice methods to achieve high performing primary care in the Gold Coast. This aims to improve the quality of care through supporting continuous quality improvement methodologies and utilisation of health information management and other building blocks of high performing primary care to inform quality improvements in health care, specifically, the collection and use of clinical data.	√						√
Achieving increased access to contemporary evidence-based resources and localised service and referral information.	√						√
General Practices and Pharmacy are equipped with PPE.	√						√
Primary Sense will support general practices to make timely decisions for better health care for their respective populations by: • Integrating diagnosis, medications and pathology data from practice management system and applying evidenced based algorithms. • Identifying high risk groups for proactive care. • Relaying analysed de-identified patient information as data becomes available, enabling the practices to plan and coordinate care in an efficient way so patients get the right care at the right time by the right person. • Providing clinical audit functions e.g., pre-accreditation data checks, and a risk stratified profile of the entire practice patient population including high impact conditions, multi-morbidity and polypharmacy profiles. • Primary Sense will also enhance the level and detail of service planning that PHNs can do based on historic and current de-identified patient level, practice level, and regional level data, enabling predictive modelling and tracking outcomes over time.	√	√	√	√	√		√
Create a single integrated healthcare system for the Gold Coast by: • Improving the coordination of care to ensure consumers receive the right care at the right place at the right time by the right person. • Increasing the effectiveness and efficiency of health services for consumers. • Engaging and supporting clinicians to facilitate improvements in our health system.	√		√		√		√
Contribute to prevention of increasing numbers of Emergency Department presentations.	√		√		√		√
Reduce the burden in Emergency Departments by reducing the number of unnecessary or inappropriate presentations.	√		√		√		√
Increased uptake of Translating and Interpreting services in health settings on the Gold Coast.	√						

Opportunities	Population Health	Health Workforce	Aged Care	Aboriginal and Torres Strait Islander Health	Mental Health	Alcohol and Other Drugs	Digital Health
Development of strong partnerships with community palliative care supports and services and GPs.	√	√	√				
Implementation and adoption of clinical guidelines and protocols focused on key best practices for generalist primary palliative care within RACHs.	√	√	√				
Engagement of RACH Staff in training to increase role appropriate competence in primary palliative care skills.	√	√	√				
Enhanced clinical competency of professionals within RACH in primary palliative care management.	√	√	√				
Increased awareness of palliative care clinical management and its integration into patient centred care.	√	√	√				
Decrease in avoidable admissions to Emergency Department.	√	√	√				
Increase in number of Advance Care Plans and upload to My Health Record.	√	√	√				
Improved practical advice and support for families.	√	√	√				
Improved awareness by health, community and aged care providers regarding family access to bereavement support.	√	√	√				
Improved health, community and aged care provider understanding of end-of-life care, and appropriate referrals to specialist palliative care.	√	√	√				
The generalist healthcare workforce supported and mentored to increase capacity, knowledge and skill.	√	√	√				
Workforce better equipped to support an ageing population.	√	√	√				
Improved public understanding of end-of-life and palliative care uptake of ACP.	√	√	√				
Direct links to local service providers information in health topic areas and information and resources published online to support appropriate, timely referrals and agreed service pathway.	√	√					
Increase in awareness and uptake of screening services for breast, bowel and cervical screening.	√						
Increased skin cancer and prostate cancer checks.	√						
Increase in awareness and uptake of vaccinations.	√	√					
Younger mothers can receive the right care in the right place at the right time by the right person.	√			√	√		
Improved self-management of pain.	√	√				√	
Improvement in health outcomes in the community.	√						√
Direct links to local service providers information in health topic areas and information and resources published online to support appropriate, timely referrals and agreed service pathways.	√	√			√		
Improve targeting of evidence based psychological interventions and models of service to most appropriately support people with, or at risk of, mild mental illness.	√	√			√		√
Enhance the capacity and effectiveness of the funded organisations, General Practice, and the broader sector to meet the needs of their client group.	√	√			√		√
Increased access to care for young people (aged 12-18) who are at significant risk or have severe mental illness.	√	√			√		

Opportunities	Population Health	Health Workforce	Aged Care	Aboriginal and Torres Strait Islander Health	Mental Health	Alcohol and Other Drugs	Digital Health
Increased access to care for older people (aged 65+) who are at significant risk or have severe mental illness.	√	√	√		√		
Psychological services are provided for each target group.	√				√		
Improve targeting of evidence based psychological interventions and models of service to support people most appropriately with, or at risk of, mild and moderate mental illness.	√				√		
Increased number of Aboriginal and Torres Strait Islander health assessments by culturally competent trained workforce; improved coordination of care, supporting mainstream service providers to provide culturally appropriate services.	√			√			
Improve health equity for Aboriginal and Torres Strait Islander people through culturally appropriate mainstream primary care, provide assistance to Aboriginal and Torres Strait Islander People to obtain primary health care as required, and provide care coordination services to eligible people with chronic disease who require coordinated, multidisciplinary care. Improve service users' capacity to self-manage conditions/health.	√			√			
Facilitate local relationships and partner with mainstream and Aboriginal and Torres Strait Islander services for the delivery of primary care services.				√			
Improve health equity for Aboriginal and Torres Strait Islander people by addressing access issues.				√			
Higher rates of successful engagement with Aboriginal and Torres Strait Islander clients and more effective treatment.				√			
Increased capacity of local Aboriginal and Torres Strait Islander service providers.				√			
Improve targeting of evidence based psychological interventions and models of service to most appropriately support people at risk of suicide.					√		
Commissioned providers will improve access to high-quality aftercare to support at risk individuals to stay safe; connect individuals to community-based services; connect individuals with support networks including families, friends and careers; and reduce distress and improve wellbeing.					√		
The Joint Regional Plan has aligned future needs assessment and service planning while also identifying key pieces of work in the short term that developed new ways of working together to improve outcomes with existing resources. The Joint Regional Plan aims to lay the groundwork for collaborative action by: • Developing a better shared understanding of current service system • Identifying specific opportunities for the future service system • Establishing joint governance structures to leverage in the future.		√			√	√	
Timely access to services to capture clients wanting to address their drug use and maximize the effectiveness of the intervention.						√	
Increased access for young people to AOD services.						√	
Enhance the capacity and effectiveness of the funded organisations, General Practice and the broader alcohol and other drugs (AOD) treatment sector and their ability to meet the needs of their client group.						√	
Increased capacity of local Indigenous service providers.				√		√	

Australian Government

phn GOLD COAST

An Australian Government Initiative

"Building one world class health system for the Gold Coast."

Gold Coast Primary Health Network

Level 1, 14 Edgewater Court Robina QLD 4226
PO Box 3576, Robina Town Centre QLD 4230
P: (07) 5635 2455 | **E:** info@gcphn.com.au | **www.gcphn.org.au**

Gold Coast Primary Health Network would like to acknowledge and pay respect to the land and the traditional practices of the families of the Yugambeh Language Region of South East Queensland and their Elders past, present and emerging.

Gold Coast Primary Health Network (GCPHN) gratefully acknowledges the financial and other support from the Australian Government Department of Health.