



TOPIC #1 - Digital Health Advancement - Telehealth GP consults in Residential Aged Care Homes

KEY INFORMATION



38%

of CAC members have used video calls to recently talk to a doctor. None know anyone living in a RACH that uses this technology

CAC were asked for feedback on what is required to motivate engagement for a pilot digital health advancement of telehealth GP consultation in a Residential Aged Care Home (RACH) setting.

Not all RACH residents are incapacitated or have dementia. Some enjoy leaving the RACH to go on an outing which includes a doctor's appointment.

In the community, people make their own decision about seeing the doctor, whereas in a RACH setting, this is often a clinical decision.

The group discussed staffing issues in RACHs with concerns that additional resourcing would be required to implement this, to cater for technical training and clinical aspects.

CAC members saw efficiency benefits, especially for scripts and for timely follow-up appointments such as post-hospital discharges or chronic condition care.

BARRIERS

CAC members identified the most likely barriers to be surrounding workforce. Will there be staffing for technical assistance (for using the platform) as well as clinical support to supply vital-sign observations and other diagnostics as part of the consultation with the doctor.

OPPORTUNITIES AND RECOMMENDATIONS

CAC members agreed one of the potential benefits was the opportunity to involve family members, either all online in the consultation or dialling in a loved-one when the doctor is seeing them face to face. The group said this would encourage family members to support telehealth in a RACH setting.

Significant training is required for all RACH staff as well as the GP.

A process showing accountability is required so "people don't just get stuck in a corner on a computer, not knowing what to do".

Resources need to be developed for family, carers etc.

NEXT STEPS

- CAC feedback to be collated and presented to GCPHN executives, in alignment with the Department of Aged Care and Health's requirements and guidelines.
- Update on pilot implementation to be provided to CAC towards the end of 2024.

100%

positive feedback on meeting
evaluation



*Agree or
Strongly Agree

Feedback about the
UCC promotional flyers
was taken on board and
actioned, where
possible.

CAC Feedback on the
content and design of the
draft GCPHN Engagement
Strategy was
overwhelmingly positive.
All ideas implemented.

TOPIC #2 - Health Needs of Homeless and Multicultural Communities

KEY INFORMATION



100%

of CAC members endorsed the approach for the joint Gold Coast Health and GCPHN Needs Assessment.

CAC members were provided with an overview of the proposed approach to GCPHN and GCH developing one Regional Health Needs Assessment (RHNA) including elements: involvement of consumers, QAS and Kalwun; pragmatic approach leveraging work done by GCPHN and GCH recently; key focus on multicultural and homelessness.

Most CAC members indicated an interest in helping prioritise issues for the RHNA.

The members recommended the following to assist prioritisation:

- background information to help inform their choices,
- if using an electronic survey format, the ability to start and stop and review previous responses
- consider methodology to encourage differentiation in responses such as a percentage/token system so that all needs don't end up as very high priorities

Homeless People (including those at risk of homelessness)

- Access - includes ability to make an appointment, transport to get there, cost and stigma from service providers once they are there.
- Drug and alcohol rehabilitation with a focus on housing and recovery programs
- Outreach medical services should be available with organisations already providing services to homeless people
- Safe spaces to sleep in cars without getting fined for illegal parking

Multicultural Communities

- Mental Health - afraid or don't know how to get help.
- Domestic Violence
- Cancer Screening and Preventative Healthcare

MAJOR HEALTH ISSUES NOT CURRENTLY BEING ADDRESSED ON THE GOLD COAST

ACCESS TO HEALTH SERVICES ISSUES

Homeless People

- Access - would be better if medical care was available with other homeless services such as food, laundry, emergency relief etc.
- Some people too shy to ask for help or simply have not idea about what help is available.
- "No one tells you what services you need when you are homeless - you are expected to just know what's available and what you are eligible for."
- "Sometimes the people who are supposed to help don't show empathy or proactively point you in the right direction to getting help."

Multicultural Communities

- Tend to navigate to a physician who speaks their language. If this isn't in their local community, they may delay getting care.
- e-translation isn't always culturally appropriate.
- Finding a translator for a small language group is difficult and complicated as people within the community often know each other, making it difficult to seek care for sensitive issues.
- Limited digital literacy. Some cultures have a hesitation to use telehealth and prefer face-to-face interactions.
- Some groups such as students and people on bridging visas may not have Medicare eligibility.

NEXT STEPS

- RHNA working group to meet and progress work as proposed
- CAC members to be invited to assist in prioritising needs (around September)
- CAC feedback on multicultural and homeless people will be incorporated into RHNA