



Topic #1 - Joint Regional Health Needs Assessment

DETAILS	Clinical Council members participated in a health prioritisation exercise to provide professional preferences to form a data-defined list of regional health needs. The prioritisation exercise was undertaken with the GCPHN Community Advisory Council and other advisory councils.
CLINICAL COUNCIL FEEDBACK	Feed back about the Regional Health Needs Assessment prioritisation process was positive with CC members finding the process easy. “The process of spending bucks was thought provoking and stimulating. The methodology to define the areas of need was well explained. Looking forward to receiving feedback on the development of policy next year”.
NEXT STEPS	CC feedback will be collated with the feedback from CAC and other advisory councils and integrated into a matrix of evidence-based data to generate the final prioritisation of needs. Two reports will be produced, including a summary report and a detailed assessment report. The final outcomes will be delivered to the Commonwealth and Queensland Governments in late 2024

100% of CC members told us that the Health Needs Prioritisation process was effective and engaging

TOPIC #2 - Medicare Mental Health Centre

DETAILS	The Clinical Council discussed the upcoming Medicare Mental Health Centre, set to open on the Gold Coast in late 2025. The Medicare Mental Health Centre is slated for the northern corridor to provide free mental health support without an appointment. The group agreed that while the service is much needed, there’s a risk it could be overwhelmed with consumers right from the start. The CC emphasised the importance of clear communication leading up to the opening and beyond, noting that without a strong workforce and robust systems in place from the beginning, demand could quickly outpace supply.
CONSIDERATIONS	<ul style="list-style-type: none"> • When a patient presents and nominates a GP, an email needs to be sent immediately to that GP. A summary of undertakings and commitments for follow up that is provided to the patient on discharge should also be promptly sent to the GP. • The centre needs to be a safe space, and it needs to be explained to consumers how it will be safe. • Accurate navigation is crucial. We need to avoid sending people to the wrong places or to unnecessarily sit on wait lists.

TOPIC #2 - Medicare Mental Health Centre

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CONSIDERATIONS

- Doors open to families and carers, and it needs to be made clear what services are appropriate for them.
- Waiting times to be seen could become an issue.
- It needs to be made clear to consumers that they cannot receive overnight care here and that they might only receive interim care to remain safe until a relevant service is available for them. In some cases, this might be a long time given the length of waitlists and possible workforce issues.
- It would be great if there was an opportunity to connect to group education, to catch people before it escalates to crisis - e.g. depression, grief, resilience training
- Concerns were raised about over-use – need to keep flow through so people don't get stuck in an already overwhelmed system.

NEXT STEPS

The valuable insights gained in the Clinical Council meeting on the Medicare Mental Health Centre have been captured and will be used during the co-design phase.

This will help design a centre that meets the specific needs of people living in the northern Gold Coast and support the workforce in Primary and Tertiary Care to provide co-ordinated support.

75%

of CC members told us of the importance of communications between the Medicare Mental Health Centre and treating general practitioners for continuity of patient care.

General Discussion

CARE PLANS

The Chair of the Consumer Advisory Council (CAC) highlighted concerns regarding Care Plans, based on feedback from the CAC. It was noted that five allied health visits a year are insufficient for chronic conditions, patients often need to request care plans from their GPs, and the cost of GP visits poses a significant barrier for consumers.

Clinical Council discussed these concerns. GP members noted that care plan consultations are generally bulk billed and that patients could benefit from the Medicare Safety Net, which reduces out-of-pocket expenses once a threshold is reached.

The meeting noted there was an opportunity to promote the Medicare Safety Net locally.

TRANSFER OF CARE SUMMARIES

Following the previous meeting's discussion on Transfer of Patient Care, the Clinical Council was informed that efforts are underway to grant Allied Health Professionals access to The Viewer.

Although no specific timeframe has been provided, it is understood that AHPRA-registered practitioners will be the first to gain access.

Clinicians with a Health Provider Identifier can apply for access to the National Provider Portal, which enables them to view and download information from a patient's My Health Record. However, they are not able to upload any clinical information.