

TOPIC #1 - Joint Regional Health Needs Assessment

DETAILS	CAC members participated in a health prioritisation exercise to provide personal preferences from a data-defined list of regional health needs. The exercise was replicated with Gold Coast Health’s Community Advisory Group and other advisory councils.
CAC FEEDBACK	<ul style="list-style-type: none"> • 70 percent of members found the process easy and engaging. • One member said the process was flawed because the pre-reading was not adequately explained. New members advised they did not have access to the pre-reading.
NEXT STEPS	<p>CAC feedback (along with feedback from Gold Coast Health’s Community Advisory Group and other advisory councils) will be 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.</p> <p>The final outcomes will be delivered to the Commonwealth and Queensland Governments in late 2024.</p>

TOPIC #2 - Chronic Disease Management

DETAILS	Ahead of proposed changes to Chronic Disease Management under MyMedicare next year, CAC members were asked to reflect and share their current experiences with managing chronic disease or conditions to inform future activity.
<p>CHALLENGES FACED BY CAC MEMBERS</p> <div data-bbox="41 1653 399 2049" style="background-color: #004a7c; color: white; padding: 10px; border-radius: 15px; text-align: center;"> <p style="font-size: 2em; font-weight: bold; margin: 0;">50%</p> <p style="margin: 0;">of CAC members feel they have NOT been informed about the importance of regular reviews.</p> </div>	<p>“Finding the right GP, with availability and bulk-billing makes it difficult to manage my chronic condition.”</p> <p>“My GP has never encouraged me to go on a care plan.”</p> <p>“Five allied health visits on a care plan are insufficient to manage chronic disease.”</p> <p>“Some general practices don’t have enough staff to provide timely care for a management plan which is frustrating.”</p> <p>“Finding the right GP, with availability and bulk-billing makes it difficult to manage my chronic condition.”</p> <p>“My GP has never encouraged me to go on a care plan.”</p> <p>“Five allied health visits on a care plan are insufficient to manage chronic disease.”</p> <p>“Some general practices don’t have enough staff to provide timely care for a management plan which is frustrating.”</p>

TOPIC #2 - Chronic Disease Management

(cont'd)

CHALLENGES FACED BY CAC MEMBERS

50%

of CAC members manage their Chronic Condition through multiple practices.

“A lack of communication between the multiple providers in my care team – none of them talk to each other and I have to try and remember the conversations and recommendations from one provider to another.”

“When I try to access my personal records at practices, I am told that the information cannot be provided because it’s clinical that’s too complicated.”

“Accessing my long time GP is fairly easy but the wait time for specialists and multi-disciplinary team care is too long.”

“The cost of private care affects the ability to manage chronic disease with each appointment having an out-of-pocket cost.”

BARRIERS STOPPING GP CONSULTATION FOR CHRONIC DISEASE

- Availability of GP
- Cost to visit GP
- GPs are not specialists in many chronic conditions
- GPs are short on time with some leaving patients feeling rushed and unheard
- Establishing a long-term relationship with GP, they move around often

WHAT CAN BE IMPROVED TO ENCOURAGE REGULAR REVIEWS

- Bulk-billing review appointments
- Increased workforce
- Ask the patient about their experience and measure that over time
- More communication between specialists and GPs
- Let patients have their own files so they can share with other clinicians
- Destigmatise the name of ‘seniors assessment’
- Improving support to new people to the Gold Coast and the CALD community.

GENERAL DISCUSSIONS

GENERAL PRACTICE WORKFORCE

A Community Advisory Council (CAC) member queried what was happening on the Gold Coast regarding the GP workforce and suggested the funding and integration of nurse practitioners and pharmacists to fill shortage gaps.

MEDICARE URGENT CARE CLINIC

CAC members raised some consumer issues about the Medicare Urgent Care Centre including lack of signage, limited promotion and having to register using an app. They considered these things as barriers to attending.

A different member noted concern over the lack of promotion of the clinic and that people forget it is there.

CHILDREN'S GENDER CLINIC

A CAC member asked if the Gold Coast will have its own Children's Gender Clinic.

The meeting was advised by a Gold Coast Health representative that this service is currently led by Children's Hospital due to the specialist nature and low volume of patients. She also advised that the Gold Coast has the highest level of regional self-sufficiency in Queensland with 90 percent of children's services provided on the Gold Coast.