COMMUNITY ADVISORY COUNCIL
FEEDBACK
30 May 2025

TOPIC #1 - Health Literacy

DETAILS	CAC discussed health literacy, and the challenges experienced understanding or remembering health outcomes and next steps. The group reviewed a draft document for patient use with their GP.
DISCUSSION	CAC members provided feedback on consultations with their GP, including: • Patients often struggle to understand the jargon and are uncomfortable asking questions • Some take a support person to assist with remembering the discussions in the consultation • Patients frequently have more questions after the consultation • Consultations are often perceived as rushed, limiting the opportunity for patients to ask questions or clarify information and/or instructions • Many feel they are not given enough information to fully understand their care or next steps Members suggested the following inclusions for the Health Literacy resource: • Format available in a fillable e-format and hard copy • Include spaces for carers information and patients to add their own notes • Change wording – simple language to support patient understanding • Due dates – when am I getting this done, should have it done by, and date of next appointment • Direct instructions: such as task 1, task 2, task 3 • Include purpose and expectations for next appointment The group suggested the use of AI to complete the resource in a clear and easily understood language that can be tailored to individual patients.
NEXT STEPS	Include the following amendments in the Health Literacy resource: • Provide both a fillable e-format and hard copy. • Allow space for patient, carer notes and direct instructions. • Use clear, easily understood language including specific tasks. • Design for collaborative completion by GP and patient during consultation. • Include due dates for tasks, expectations and purpose of the next appointment

100% of CAC members said that the health literacy resource would be useful

TOPIC #2 - Health Information and Data

DETAILS

Health information and data is a rapidly evolving and increasingly important area in primary care.

CAC discussed the collection and use of health data in primary care and the barriers some patients experience sharing their data. Members discussed what the data is used for, and how it can benefit primary health care, such as:

- Better coordinate care and safety across providers for a patient
- Support population health planning within a practice
- Inform planning at a regional level
- Inform research to improve outcomes
- Combine with other data to inform planning and research (data linkage)

DISCUSSION

Few people in everyday life actually looked at/read or thought about how data at general practice is collected and used.

Initially, focus was on how they access their data for their own information, highlighting that information to patient and My Health Record is not working that well.

Data use and privacy policies that seek patient consent to collect their information is often ignored/overlooked.

Most people were happy to share their health data for most purposes though some raised concerns and would expect an opportunity and require detail to determine if they are willing to share for specific purposes such as research.

There is a preference for data usage and privacy policies to be in easy language with links to more detailed information. Members suggested having someone in a trusted position, such as a practice manager, that they could seek clarification of these policies.

Information regarding data can be overwhelming and easily misunderstood. They also discussed concerns with privacy and cyber breaches.

NEXT STEPS

Consult with practice managers and collate all feedback to inform the development of information and resources for practices to inform patients regarding use of data.

83%

of members said that acceptable use of health data included:

- Individual patient care in practice
- Sharing with other health care providers for individual patient care e.g. referral to specialist
- Practice population health management (e.g. recall for a vaccination)
- Regional planning (deidentified information to indicate prevalence)
- Research (universities etc)
- Data linkage for research and planning (combine primary care data sets with others e.g. Qld Health)