

The Gold Coast Primary Care Partnership Council met at the GCPHN offices.

Presenters:

Kellie Trigger, Director Health Intelligence, Planning and Engagement

Members:

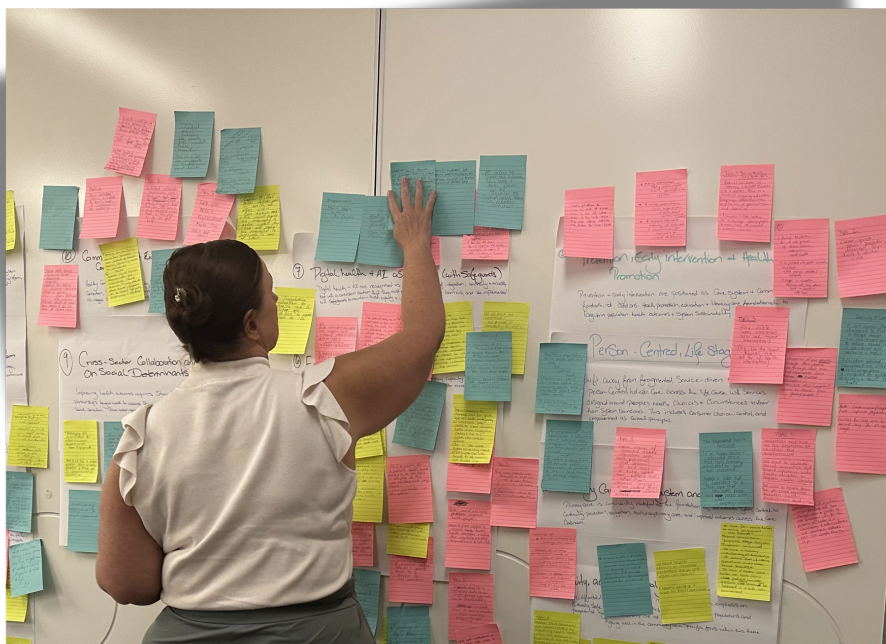
Anja Piggott, Bolton Clarke (Chair)
Leonie Clancy, Nerang Neighbourhood Centre
Nicole Ellis, Cancer Council Qld
Shane Klintworth, MCCGC
Kristy Bayliss, Chair, GPGC
Rachel Muir, Southern Cross University
Sebastian Chadwick, MFO
Andrew Hayward, Ageing Australia
Ian Poales, Ageing Australia
Tenille Griffiths, Dementia Australia
Karen Whitting, Gold Coast Health
Teresa Ward, Lives Lived Well
Toni Euchas, Goldbridge Rehabilitation
Tracey Brumby, Griffith University
Tracey Tyley, Motherhood Village
Troy Nicholls, Kalwun Development Corp.
Tracey Pavuna, Relationships Australia QLD

Apologies

Sue Gardiner, Runaway Bay Doctors Surgery
Jessica McAdam, MCCGC
Ben O'Rourke, Relationships Australia Qld
Christine Stevenson, Ozcare
Dennis Bothma, Kalwun Development Corp.
Emily Geering, Diabetes Australia
Louise van Herwerden, Bond University
Michaela Hodges, Blue Care
Renata Jones, MFO amilies Organisation

GCPHN Staff

Angi Bissell, CEO
Sarah Coleman, Communications and Engagement Manager
Kerry McCormick, Regional Partnerships and Engagement Officer



GCPHN STRATEGIC PLAN CO-DESIGN WORKSHOP



DETAILS

The Primary Care Partnership Council participated in a structured, collaborative discussion to inform development of the GCPHN Strategic Plan.

Participants explored three strategic topics:

- Thriving and healthy – Gold Coast 2050,
- Continuity of care, and
- The empowered health consumer.

Insights from these discussions were analysed to identify shared priorities, challenges and opportunities across the health system. Feedback was consolidated into four overarching focus areas:

- Consumer Focus
- Digital Health Information
- Community and Health Sector Working Together, and
- Role of GCPHN

These focus areas reflect common themes across all discussions and provide a foundation to guide strategic direction, priorities and decision-making for the Strategic Plan.

THEMES AND DISCUSSIONS



CONSUMER
FOCUS

Integrated, navigable access to care:

Make it easier for people to find, afford and reach the right services through communication, shared information systems, navigation support, affordable primary care and transport.

Person-centred, culturally safe, trauma-informed care:

Ensure care responds to individual circumstances, culture, lived experience and trauma, with proactive support at key life stages and during periods of crisis.

Health literacy and consumer empowerment:

Build people's ability to understand, assess and validate health information using evidence-based guidance and trusted sources, especially for multicultural communities and Aboriginal and Torres Strait Islander peoples.

Equity and inclusion in health information:

Provide culturally appropriate and accessible information that enables self-advocacy, improves service connection and reduces inequities for vulnerable and diverse communities.

Trust and credible information ecosystems:

Promote quality-validated, evidence-based resources and rebuild confidence in local health services/providers, including addressing misinformation.

Accessible, multi-format communication:

Use plain language and deliver information in formats suited to different ages, cultures and preferences (visual, audio, multilingual), with tailored approaches for multicultural communities.

Community-led and peer-enabled support:

Leverage lived-experience advisors/peer educators and opt-in family or condition-based communities to share practical knowledge and strengthen trusted support networks.

Navigation and advocacy pathways:

Connect people with navigators, advocates and clear escalation pathways (e.g. Ryan's Rule) so they can act when care needs change.

THEMES AND DISCUSSIONS



CONSUMER FOCUS

Continued

Coordinated health communication and education:

Deliver consistent, plain-language health messages through multiple trusted channels and settings (e.g. media, social platforms, schools/early years, community hubs and group programs) to build health literacy and encourage timely care-seeking.

Prevention and healthy lifestyle promotion:

Emphasise preventive public health and memorable campaigns, such as 'Life. Be in it.' and 'Slip Slop Slap', that support informed choices and reduce future disease burden.

Addressing affordability and capacity barriers:

Recognise cost, location and service capacity constraints, and ensure access to credible resources including non-government sources.

Confidence and critical appraisal:

Support healthy scepticism and active curiosity so people can assess information quality and make confident decisions.



DIGITAL HEALTH INFORMATION

Digital equity and access:

Improve connectivity and access to devices and internet services to support care at home and in the community, including addressing coverage "black spots".

Single, trusted information front door:

Develop a central directory that collates service pathways, available services and validated health information for consumers and stakeholders.

Interoperable systems for real-time care:

Connect public, private and aged care systems so clinicians can access the right information at the point of care in real time, reducing fragmentation and duplication while improving efficiency and continuity.

Consumer-centred design and trauma-informed data handling:

Simplify digital access through single-entry interfaces and reduce re-traumatisation by avoiding repeated retelling/re-entry of personal information.

Appropriate AI-enabled support:

Use AI to generate plain-language, condition-specific information in suitable formats and to capture/summarise patient information to support clinicians (e.g. GPs), alongside safeguards that counter misinformation with evidence-based sources.

Multi-modal, inclusive communication:

Offer information and support through digital and non-digital channels (face-to-face, community approaches such as yarning circles) to meet people where they are and rebuild trust.

Affordability enablers:

Advocate for funding settings (e.g. Medicare) that improve affordable access to primary care alongside digital reform.

THEMES AND DISCUSSIONS



COMMUNITY AND
HEALTH SECTOR
WORKING
TOGETHER

Prevention across the life course (family-centred):

Start early (first 2,000 days) and sustain supports through childhood, adulthood and ageing to strengthen physical, mental and social wellbeing.

Equity, justice and social determinants:

Address structural barriers (housing, income, education, transport, cost of living, service capacity) through culturally safe, trauma-informed and neurodiversity-aware approaches that strengthen inclusion and community connection.

Workforce, infrastructure and system capacity:

Build and sustain a valued, skilled workforce supported by strong physical, digital and social infrastructure to meet current and future demand.

Carers as essential partners:

Recognise and equip carers to support continuity of care, including respite, leave, education and health literacy to prevent disadvantage.

Trust, information-seeking and misinformation:

Respond to the shift toward online/AI health information by supporting empowerment while reducing misinformation-driven risk and anxiety.

Integrated 'one health system' with shared information:

Improve integration across general practice, hospitals, ambulance, aged care and regional/state boundaries through shared information systems to reduce fragmentation.

Navigation, advocacy and wrap-around roles (targeted):

Expand navigator/advocacy roles (including nurses, social workers, elders and community leaders) with clear eligibility to prioritise people who are vulnerable or in crisis.

Care closer to home with strong transitions:

Expand community-based and outreach models (e.g., mobile clinics) and strengthen post-discharge follow-up and cross-sector transitions to improve continuity and safety.

Mental health and AOD capacity linked to wrap-around supports:

Increase access to tailored mental health services and free-at-point-of-need detox/withdrawal services, including disability access and lived-experience workforce, connected to DV, counselling and child/family supports.

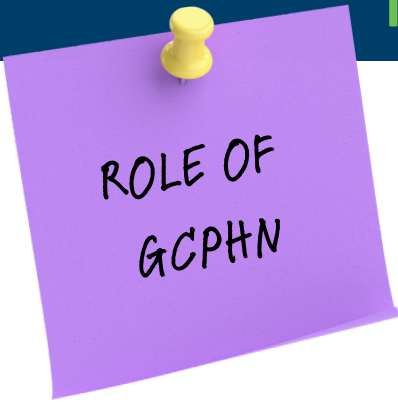
Efficient referrals and maintained service directory:

Maintain a current cross-sector services/resources database with embedded e-referrals to reduce duplication and outdated information.

Ageing, participation and purpose:

Plan for ageing by enabling ongoing connection, purpose, safety and participation in community life.

THEMES AND DISCUSSIONS



ROLE OF GCPHN

Trusted, Modern Communication and Education:

Build trust through credible messengers, lived experience and community leadership, supported by modern, multi-channel communication approaches that actively counter misinformation with evidence-based resources.

Lift digital capacity and access:

Strengthen digital capability across the Gold Coast to support access to information and services.

Drive interoperability and shared communication:

Advocate for all health programs/systems to communicate with each other, including government advocacy to reduce fragmentation.

Build AI and health-information literacy:

Equip the community to use AI safely when seeking health information, including practical guidance on how to ask effective questions (“prompting”).

Promote trusted sources and credible resources:

Curate and direct people to evidence-based resources/links and reinforce trust in credible information.

Embed cultural humility:

Support ongoing, organisation-wide cultural humility as a sustained commitment (not one-off training).

Enable access through transport innovation:

Explore or advocate for universal/low-cost transport options that reduce barriers to accessing care.


Strengthen connection and wellbeing:

Encourage connections to services, community, and nature as part of a broader wellbeing approach.

NEXT STEPS


Outcomes from the Board and Councils Dinner and PCPC meeting will be provided to the Board prior to strategic planning.

These insights will inform Board and senior leadership discussions and contribute to development of the 2026 GCPHN Strategic Plan.



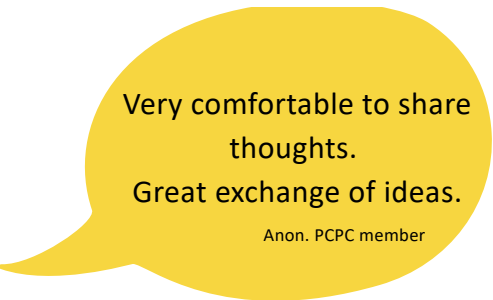
Thanks for the opportunity to connect.

Anon. PCPC member



Great meeting,
Thank you

Anon. PCPC member



Very comfortable to share thoughts.
Great exchange of ideas.

Anon. PCPC member