CLINICAL COUNCIL MEETING

2 July 2026

INITIAL DISCUSSIONS

GCPHN STRATEGIC PLAN

The new GCPHN Strategic Plan was shared as an early preview, with a strong focus on GCPHN's role in shaping the health system. The strategy recognises current pressures across the health system, including rising demand, population growth and ageing, workforce shortages, cost-of-living pressures and fragmented care. It positions GCPHN's role as using its relationships, data, commissioning capability and partnerships to strengthen primary care, reduce fragmentation, improve navigation and support better health outcomes where community need is greatest.

The plan shifts the focus from activity to impact, with values centred on putting community first, working together, and being bold and impactful. Council members were asked to consider what outcomes, measures and updates would best demonstrate progress. Due to time constraints, members were invited to provide further feedback through a post-meeting survey, with responses to be considered by the GCPHN Board.

Medicare Mental Health Centre (MMHC)

The Medicare Mental Health Centre will begin operating from Monday (6 July) in an interim model while the physical site is finalised, with the full location expected to open in late July or early August. In the meantime, services will operate through Upper Coomera and Ormeau Community Centres, offering intake, assessment, telehealth support, brief interventions, care coordination and service navigation. The team will include mental health clinicians, intake workers, peer workers and brief intervention staff, with support ranging from around six weeks to six months. Where the centre is not the right fit, warm handovers will be made to other community organisations, and members noted it was reassuring to know services are already available while the permanent centre is being established.

TOPIC DISCUSSION
Review of the Dementia Clinical Guidelines and Principles of Care

Details

The Clinical Council were asked to provide their insights on the Draft Dementia Clinical Guidelines and Principles of Care that were open for public consultation between May and July 2026.

Discussions focused on recommendations most closely aligned with the Clinical Council's areas of expertise, enabling members to provide practical insights informed by their professional experience.

Review and Update of the Dementia Clinical Guidelines and Principles of Care cont.

KEY INSIGHTS

Document Insights

Clinical Council members recognised the guideline's useful intent and relevant content, while noting opportunities to improve clarity, navigation and practical application. Members suggested the guideline would be more accessible in clinical settings if recommendations were easier to identify, more concise and supported by clear decision points and practical implementation guidance.

Members also noted the value of clearer audience definition and stronger implementation support, including referral pathways, relevant disciplines, tools, templates and links to high-quality resources. Plain language companion materials for people living with dementia, carers and families would further support understanding.

Recommendation one — Multi-domain interventions in people with mild cognitive impairment

Council members supported the intent of the recommendation and noted an opportunity to make it more practical for clinical use. In particular, they suggested defining "multi-domain interventions" more clearly and providing examples such as physical activity, nutrition, cognitive stimulation and cardiometabolic risk management.

Members also felt the recommendation could more clearly explain how it builds on usual preventative and chronic disease care, and provide practical guidance on care pathways, referral options, relevant disciplines and available tools to support implementation.

Recommendation two — Multi-domain interventions in people who are cognitively healthy and at risk of dementia

Council members noted that recommendation two could be clearer in how it distinguishes between usual preventative care and more intensive multi-domain interventions. The current wording may benefit from refinement to ensure it continues to support appropriate, evidence-informed conversations about modifiable risk factors for cognitively healthy people, while clearly explaining the intent and scope of the recommendation.

Members also suggested defining "multi-domain interventions" more explicitly, including how these differ from routine advice on physical activity, nutrition, cognitive stimulation and cardiovascular risk management. This would help clinicians apply the recommendation confidently and avoid unintended interpretations that prevention advice should be delayed until cognitive impairment or dementia is present.

Review and Update of the Dementia Clinical Guidelines and Principles of Care

KEY INSIGHTS cont.

Recommendation nine — Referral for a practical driving assessment at the time of diagnosis of dementia

Council members supported the intent of recommendation nine and recognised driving safety as an important consideration following a dementia diagnosis. Members suggested the recommendation could be strengthened by taking a more nuanced approach, with referral for practical driving assessment guided by functional capacity, clinical indicators, carer concerns, driving incidents and changes observed over time, rather than diagnosis alone.

Members also noted the sensitivity of driving conversations and the importance of preserving trust, independence and dignity. Clearer guidance on communication, role responsibilities, referral pathways and practical tools would support clinicians to approach driving safety in a respectful, staged and consistent way.

Recommendation ten — Physical rehabilitation for people living with dementia

Council members supported the intent of recommendation ten and recognised the value of physical rehabilitation in helping people living with dementia maintain function, independence and safety. Members suggested the recommendation would be strengthened by describing physical rehabilitation as a tailored plan, informed by the person's goals, abilities, environment and supports, rather than as a single intervention or general encouragement to remain active.

Members also noted that clearer guidance on assessment, referral pathways, relevant disciplines, supervision, progression and outcome measures would support practical implementation. Decision-support tools and examples of how rehabilitation can be adapted into everyday routines would be particularly useful for general practice and community-based care.

Members acknowledged that implementation may be challenging where time, skills and team-based supports are limited. Given the low certainty of evidence, the guideline would benefit from clearly outlining what is recommended, for whom, and with what level of confidence, while keeping broader principles such as shared decision-making and carer involvement as overarching guidance.

Recommendation eleven — Cognitive rehabilitation for people living with dementia

Council members supported the intent of recommendation eleven and recognised the value of cognitive rehabilitation in helping people living with dementia maintain function, confidence, quality of life and participation in meaningful activities. Members suggested the recommendation would be strengthened by clearly defining cognitive rehabilitation in the context of progressive dementia, with emphasis on compensatory strategies, environmental adaptation, carer education and everyday supports.

Members also noted the importance of describing what cognitive rehabilitation looks like in practice, including memory aids, routine-building, environmental modifications, meaningful activities, carer coaching and strategies to support daily tasks. Clearer guidance on expected outcomes would help clinicians frame rehabilitation realistically, including sustained participation, safer routines, improved confidence or reduced carer strain.

Members suggested further clarity on delivery mode, suitable providers, referral pathways and practical tools to support implementation. While telehealth may be appropriate in some circumstances, face-to-face and context-based approaches may better support people where attention, communication or engagement are affected.

Review and Update of the Dementia Clinical Guidelines and Principles of Care

KEY INSIGHTS CONT.

Recommendation twelve — Interventions supporting interpersonal communication about end of life care

Council members supported the intent of recommendation twelve and recognised the importance of timely, sensitive end-of-life planning for people living with dementia. Members suggested the recommendation would be strengthened by more clearly defining "interventions", including whether this refers to advance care planning, advance health directives, substitute decision-making, communication tools or other structured supports.

Members also noted the value of wording that clearly centres the person's values, preferences and decision-making capacity, while recognising the role of carers and substitute decision-makers where appropriate. Timing was seen as important, with conversations ideally introduced early enough for meaningful participation and revisited in a respectful, staged way.

Members suggested clearer practical guidance on expected actions, who is best placed to initiate and revisit conversations, and which tools or referral pathways may support implementation. Advance care planning prompts, advance health directive templates, communication guides and role clarity would help clinicians introduce end-of-life planning in a person-centred and consistent way.

Recommendation thirteen — Non-pharmacological therapies for distress, changed behaviours and behavioural symtoms in people living with dementia

Council members supported the intent of recommendation thirteen and its emphasis on non-pharmacological responses to distress and changed behaviours in people living with dementia. Members suggested the recommendation would be strengthened by more clearly defining the interventions, identifying suitable providers and outlining how clinicians can select the most appropriate approach for each person.

Members noted the importance of assessment before intervention, recognising that changed behaviours may reflect unmet needs, pain, environmental triggers, communication difficulties, carer strain or other psychosocial factors. Positioning comprehensive assessment, formulation and an individualised behaviour support plan as the foundation for care would support more targeted and person-centred responses.

Members also noted that clearer guidance on referral options, relevant disciplines, available services, tools, role clarity and funding pathways would support implementation in general practice and community-based care. This would help ensure the recommendation is practical, realistic and responsive to local access and affordability considerations.

Review and Update of the Dementia Clinical Guidelines and Principles of Care

KEY INSIGHTS CONT.

DRAFT
Implementation Resources

Physical and cognitive rehabilitation

Council members supported the intent of implementation resources for physical and cognitive rehabilitation and noted an opportunity to clarify their purpose and intended audience. Members suggested the guides would be beneficial if they clearly distinguished between clinician-facing guidance and consumer-facing information, defined rehabilitation in plain language, and included practical examples of activities, supervision, expected outcomes and next steps.

Members also noted the importance of setting realistic expectations about access, recognising that funding, eligibility, service availability and wait times may affect what supports are available. Locally relevant referral pathways, service options, appropriate disciplines and practical prompts would help clinicians, consumers and carers better understand available supports and questions to consider.

Members suggested that cognitive rehabilitation would benefit from clearer definition, including suitable providers and how it differs from general cognitive activities, memory clinic assessment or broader neuro-rehabilitation. Community-based activities may support movement, social connection and cognitive engagement, while formal rehabilitation requires appropriate assessment, professional input and clear goals.

NEXT STEPS

- Submit the Clinical Council's feedback through the official consultation submission form.
- Provide a summary of key themes directly to the research team via a formal letter.

Next Meeting: 1 October