PCPC MEETING
4 JUNE 2026

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

Next Meeting Thursday 3 September

Members:

Jessica Slack, Bolton Clarke
Karen Whitting, Gold Coast Health
Nicole Ellis, Cancer Council Queensland
Rana Al Mekarry, Multicultural Families Org.
Samantha Mott, Qld Ambulance Service
Thomas McKenna, Services Australia
Luke Russell, Services Australia
Tracey Brumby, Griffith University
Tracey Tyley, Motherhood Village
Troy Nicholls, Kalwun Senior Services

Apologies

Ageing Australia
Diabetes Australia
MCCGC
Nerang Neighbourhood Centre
Bond University
City of Gold Coast
Blue Care
Southern Cross University
MFO
Runaway Bay Doctors Surgery
Dementia Australia
GoldBridge Rehabilitation

GCPHN Staff

Kellie Trigger,
A/Executive Director of Digital Insights and Performance

Sarah Coleman,
Communications and Stakeholder Engagement Manager

Kerry McCormick,
Regional Partnerships and Engagement Officer

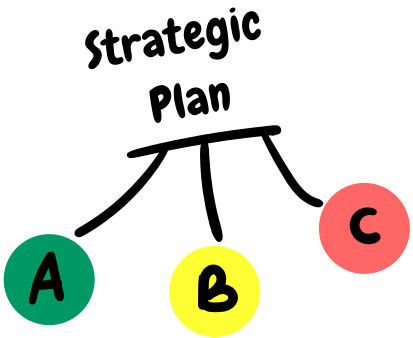
Presenters:

Krystal Lyons,
Senior Project Officer (Commissioning), GCPHN

Sally Bidewell,
Julian's Key Project Team, Gold Coast Health

INITIAL DISCUSSION

The group was asked to review the meeting outcomes from the 12 March PCPC meeting, with members advised that feedback from those discussions are informing development of GCPHN's new strategic plan, which is expected to be shared early in the financial year and will mark a significant change from the existing plan.



GCPHN provided an update on social prescribing initiatives, including referrals to the Gold Coast Active and Healthy Program, integrating physical activity into commissioned services, and programs such as Walk and Talk for Wellness and Sports on Prescription to support mental, physical and social wellbeing.

The group received a progress update on the Medicare Mental Health Centre, with the Pimpama site secured, co-design completed, partnership arrangements progressing, and workforce recruitment underway ahead of service delivery.

Topic One
Wound Management Program

Details

Chronic wound management is a growing issue across health and aged care, contributing to avoidable hospital presentations. GCPHN funds Wound Specialist Services to deliver evidence-based training for nurses in aged care and community settings, focused on improving assessment, treatment, prevention and escalation of chronic and complex wounds. Through workshops, webinars and peer support, the program builds workforce confidence and capability, with future training continuing to prioritise practical topics such as skin tears, pressure injuries, leg ulcers and cancerous wounds. The initiative aims to strengthen community-based wound care, improve patient outcomes and reduce preventable hospital presentations.

Key Insights

Priority training topics:
Participants highlighted strong interest in practical education on skin tears, arterial and venous leg ulcers, cancerous wounds, dressing selection, and wound care regimes, with an emphasis on current methods, escalation pathways, and cost-effective treatment options.

Practical, confidence-building education:
There was clear support for hands-on, case-based training that strengthens nurses' confidence to assess wounds, select or change dressings appropriately, and manage wounds in community and aged care settings.

Need for broader audience reach:
In addition to nurses in aged care and primary care, participants identified value in extending education to clinical educators, community services, non-clinical accommodation providers, disability organisations, nursing agencies, and other services supporting people with wound care needs.

Flexible delivery improves access:
Afternoon sessions were seen as more suitable for community and aged care nurses, while online access and recorded webinars were considered important for time-poor participants.

Targeted promotion is needed:
Participants suggested using targeted newsletters, sector-specific networks, direct outreach to organisations already managing wound care, and clearer communication about free access to training in order to improve awareness and attendance.

System benefit and prevention focus:
The discussion reinforced that stronger wound care capability in aged care and community settings could help reduce preventable hospital transfers and presentations, particularly for older people and those with complex needs.

Strong member interest in foundation wound training:
Members supported broader training access to help support services recognise when wound care should be escalated. A number of members in attendance expressed interest in participating in wound training.

Next Steps

Mapping of current disability organisations and nursing agencies on the GC for a targeted promotional approach of upcoming workshops starting in August.

Consideration of reaching out to other organisations to promote workshops via other newsletters beyond GCPHN newsletters

A number of attending members expressed interest in wound training

TOPIC TWO
JULIAN'S KEY HEALTH PASSPORT

Details

Julian's Key was presented as Queensland Health's health passport for people living with disability, communication difficulties and complex support needs. It helps consumers and carers share key information about communication, support and care needs so health care providers can provide safer, more person-centred care. Developed with the disability community, the tool aims to reduce barriers to equitable care and improve health outcomes. Gold Coast Health is supporting staff awareness and use of the passport, with a current focus on increasing community awareness, uptake and accessibility across care settings.

Key Insights

Implementation relies on awareness and consistent use:
Participants noted that the main barriers are making consumers aware of the tool, supporting them to complete and update it, and ensuring they remember to bring it to appointments or hospital presentations.

Frontline staff engagement is critical:
Successful use depends on staff recognising the value of the passport, taking time to read it, and using it to inform care. Ongoing change management, education and reinforcement were seen as essential to embed this in practice.

Practical workflow challenges remain:
Concerns were raised about the time required to summarise a lengthy document, return it safely to the consumer, and ensure it is not lost during care transitions. Participants also highlighted difficulties accessing digital versions when patients are unwell or unable to unlock devices.

There is strong interest in digital and system integration:
Suggestions included QR code access to a digital version, linking summaries more clearly to the viewer or discharge systems, and making information more visible to GPs and other healthcare providers who may not know where to look.

Portability and format affect usability:
The size and length of the passport were seen as barriers for some users, particularly in emergencies or for people with fewer support needs. Participants suggested shorter, simpler or more portable versions, including one-page or handbag-sized formats.

Broader promotion pathways could improve uptake:
Practical ideas included business cards with QR codes, posters in community organisations and GP clinics, inclusion in outreach and ambulance engagement activities, and sharing resources through carers, disability, aged care, child health and education networks.

The tool has broad potential beyond disability settings:
Participants noted that Julian's Key could also support older people, neurodivergent parents, people with low English literacy, and others who find it difficult to repeat information or navigate healthcare settings without additional communication support.

Next Steps

Provide consolidated feedback on design and content to the statewide project team for consideration.

Discuss recommendations to increase awareness with Queensland Health Executives, for inclusion in local plans.