Gold Coast - Aged Care
2025/26 - 2028/29
Activity Summary View

AC-OSP - 1 - Aged Care On-site Pharmacist Measure – Residential Aged Care Home Support Grant Program

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-OSP

Activity Number *

1

Activity Title *

Aged Care On-site Pharmacist Measure – Residential Aged Care Home Support Grant Program

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to:
- increase uptake of credentialed, aged care on-site pharmacists by RACHs within the GCPHN region, and
- improve access to aged care on-site pharmacists in RACHs in the GCPHN region.

Description of Activity *

The Gold Coast Primary Health Network will undertake targeted system level engagement and facilitation activities to strengthen local implementation of the Aged Care On-site Pharmacist (ACOP) measure and improve medication safety outcomes across Residential Aged Care Homes (RACHs).

The Gold Coast PHN will:
• Engage with Gold Coast region RACHs to:
o Assess current awareness and understanding of the ACOP measure
o Identify barriers to engagement (e.g. workforce availability, credentialling, funding understanding, operational readiness)
o Identify RACHs seeking to engage an ACOP
• Engage with Gold Coast region Pharmacists and relevant pharmacy providers to:
o Identify pharmacists currently participating in ACOP, QUM or RMMR programs,
o Assess workforce capacity and eligibility of non-participating pharmacists to undertake ACOP roles
o Identify credentialling status and training pathways
o Understand barriers to participation, including financial viability and scope of practice considerations
• Engage with general practice owners and practice managers to:
o Strengthen integration between ACOP pharmacists, general practice and RACHs
o Identify communication and shared care requirements
o Support safe and coordinated medication management across care settings
• Analyse consultation findings to inform a targeted stakeholder engagement and communication strategy that:
o Clarifies the scope and benefits of the ACOP measure
o Promotes incentives and supports available to pharmacists and RACHs
o Addresses identified barriers to participation
• Identify, collate and promote existing implementation resources (including those developed by PHN CoP and National bodies) to support:
o Understanding of the ACOP measure
o Credentialling and training pathways
o Program implementation and claiming processes
• Facilitate connections between interested RACHs and eligible/credentialled pharmacists, where appropriate
• Continuously participate in the ACOP PHN Community of Practice to ensure ongoing knowledge exchange, alignment with evolving best practices, and strengthened collaboration across all PHN's.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Slow adoption of digital health solutions by RACHs and poor integration with other clinical systems limits access to clinical information between service providers, including paramedics.	166
Systems and processes do not support consistent, effective clinical handover on discharge from the acute sector to primary and community services to support ongoing care.	57
Reduced bulk billing and reducing GP per capita rates leading to poorer access for some vulnerable people.	57
Insufficient resources for some general practices and RACHs to implement frequent reform and new initiatives.	57
Challenges for general practices, primary care and RACHs in adopting digital health.	57

Activity Demographics

Target Population Cohort

Residents of aged care facilities, RACH's, Pharmacists and General Practitioners

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

1. RACHs
2. Pharmacists
3. General Practitioners
4. General Practice
5. Existing GCPHN governance groups
6. QLD State Government

Collaboration

1. RACHs – Facility managers and other client-facing RACH workforce
2. Pharmacists
3. General Practitioners
4. General Practice
5. Existing GCPHN governance groups
6. PHN ACOP Community of Practice
7. QLD State Government

Activity Milestone Details/Duration

Activity Start Date

31/12/2024

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2025

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): Yes

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

AC-EI - 1 - Commissioning early intervention initiatives to support healthy ageing

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-EI

Activity Number *

1

Activity Title *

Commissioning early intervention initiatives to support healthy ageing

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

Aims:
• Implementation of targeted interventions to prevent, identify and reduce chronic disease and health issues, avoid preventable hospital admissions, reduce premature entry into residential aged care, and improve health outcomes for older Australians.
• Supporting collaborative approaches between multidisciplinary teams and primary health care providers.
• Expanding existing healthy ageing programs where relevant.
• Educating primary health care providers on how to connect senior Australians with necessary psychosocial, health, social and welfare supports.
• Educating older people, their family members and carers on how to manage an older person's health.

Identified need:
Some older Australians are entering aged care earlier than they may otherwise need to due to a lack of support for healthy ageing, or ability to manage their chronic conditions in the community. A particular sub-group of the senior population on the Gold Coast experience a greater burden of disease and higher premature entry into residential aged care homes (RACH).

Frailty has been identified as a key group to target for healthy ageing interventions because:
• Both frailty and prefrailty are significant predictors of RACH placement among community-dwelling older adults.
• Frail older people are highly vulnerable to adverse health outcomes when exposed to an internal or external stressor.

• Many of the causes of frailty can be managed and, in some cases reversed to create better health outcomes and quality of life.

Description of Activity *

Implement Quality Improvement (QI) activities in general practice:
• Support a QI practice graduate activity focused on further frailty management to embed frailty screening as business as usual.
• Increase awareness in the local primary health care workforce of the available healthy ageing programs and initiatives in the Gold Coast community.
• Promote a collaborative approach between multidisciplinary teams and primary health care providers.

The commissioning of Healthy Ageing programs:
• Continuation of three Healthy Ageing programs, each addressing specific health needs in the community.

Health promotion and resource development:
• Development of referral pathway resources, and provision of education and promotion for primary health professionals to support navigation and easier access to services available for senior Australians.
• Provide resources and education to support older people, their family members and carers to improve management of the health of senior Australians.
• Complete consumer-facing promotional campaign targeting consumers with a frailty awareness theme of 'I am not frail'. Amplify the campaign through various channels appropriate to the level of capacity and funding available for the service providers to minimise excessive demand. This may include DL brochures, posters, and social media.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Delayed access to home care, social support and residential and community aged care services, leading to high rates of hospitalisation.	166
High levels of isolation and loneliness among older people.	166
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.	20
Ongoing improvements are required in culturally safe service provision across the system to ensure equitable, effective access for First Nations people.	86
Limited culturally informed holistic approaches to wellbeing and ill health prevention.	86
Prevalence of select chronic disease risk factors (low vegetable intake, high BMI, alcohol) is high and/or significantly increasing for adults in Gold Coast region.	71
Worsening clinical workforce shortage in the primary, secondary, community and aged care sectors.	41

Activity Demographics

Target Population Cohort

Older people, primary health care providers, community-based NGOs and healthy ageing program providers.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

One service provider delivers to Indigenous specific cohort

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

• GCPHN committees:
o Community Advisory Council (Consumers)
o Primary Health Care Improvement Committee (general practitioners, practice managers, practice nurses, allied health provider)
o Palliative and Aged Care Committee (consumers [including CALD community], general practitioners, Gold Coast Health, NGOs and RACH representatives)
• Gold Coast Health – Aged Care Services, Health Pathways development team, Chronic Disease programs, Mungulli Indigenous Health Clinic
• Healthy ageing service providers: Frailty Care in the Community, Bond University Allied Health Clinic
• QLD Clinical Excellence Network: Older Persons Health
• Other PHNs
• General practice teams
• GCPHN internal teams
• Department of Health and Aged Care
o Department of Health and Ageing Local Network (South East QLD)
• Community NGO aged care service providers
• Gold Coast City Council – Healthy ageing programs
• Consumer Peak Bodies.

Collaboration

All of the above listed in stakeholder engagement consultation.

Activity Milestone Details/Duration

Activity Start Date

30/11/2021

Activity End Date

29/06/2027

Service Delivery Start Date

July 2022

Service Delivery End Date

30 June 2027

Other Relevant Milestones

Project monitoring and control - service/s establishment and contract management, monthly/quarterly reporting, participation in evaluation activities - July 2024 to June 2025

List of key project delivery milestone/s or decision gate/s - services established, evaluation tools developed and endorsed for service provider/s, referral pathway resources developed and endorsed (consumer and health professionals), education and training activities completed, RACGP audits completed (17 general practitioners completed the clinical audit from 13 participating practices), Quality Improvement action plans completed with Bollen Health (14 participating general practices and 4 graduate practices).

Project handover to Business-as-usual teams - integrate into primary health care improvement team activities for elements within scope for GCPHN as part of AWP for 2025/26 - June 2027

Project closure - Develop and submit project closure report, service decommissioning plan including maintenance strategy to support long term sustainability of project activities - May to June 2027.

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

n/a

AC-EI - 2 - Operational - Commissioning early intervention initiatives to support healthy ageing

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-EI

Activity Number *

2

Activity Title *

Operational - Commissioning early intervention initiatives to support healthy ageing

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

To support GCPHN's operational costs associated with the Commissioning early intervention initiatives to support healthy ageing (AC-EI-1).

Description of Activity *

GCPHN to:
• Support the promotion of the commissioned service providers, monitor contract deliverables and reporting requirements with providers.
• Support collaboration with relevant GCH departments, specialist, and primary care providers to ensure appropriate access and referrals are received.
• Provide relevant updates and good news stories to the department as requested.
• Attend national PHN and local working groups to support integration of the services into existing primary and secondary care services.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Delayed access to home care, social support and residential and community aged care services, leading to high rates of hospitalisation.	166
High levels of isolation and loneliness among older people.	166
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.	20
Ongoing improvements are required in culturally safe service provision across the system to ensure equitable, effective access for First Nations people.	86
Limited culturally informed holistic approaches to wellbeing and ill health prevention.	86
Prevalence of select chronic disease risk factors (low vegetable intake, high BMI, alcohol) is high and/or significantly increasing for adults in Gold Coast region.	71
Worsening clinical workforce shortage in the primary, secondary, community and aged care sectors.	41

Activity Demographics

Target Population Cohort

Older people, primary health care providers, community-based NGOs, and healthy ageing program providers.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

One service provider delivers to Indigenous specific cohort.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

• GCPHN committees:
o Community Advisory Council (Consumers)
o Primary Health Care Improvement Committee (general practitioners, practice managers, practice nurses, allied health provider)
o Palliative and Aged Care Committee (consumers [including CALD community], general practitioners, Gold Coast Health, NGOs and RACH representatives)
• Gold Coast Health – Aged Care Services , Health Pathways development team, Chronic Disease programs, Mungulli Indigenous Health Clinic
• Healthy ageing service providers: Frailty Care in the Community, Bond University Allied Health Clinic
• QLD Clinical Excellence Network: Older Persons Health
• Other PHNs
• General practice teams
• GCPHN internal teams
• Department of Health and Aged Care
o Department of Health and Ageing Local Network (South East QLD)
• Community NGO aged care service providers
• Gold Coast City Council – Healthy ageing programs
• Consumer Peak Bodies

Collaboration

All of the above listed in stakeholder engagement consultation.

Activity Milestone Details/Duration

Activity Start Date

30/11/2021

Activity End Date

29/06/2027

Service Delivery Start Date

July 2022

Service Delivery End Date

June 2027

Other Relevant Milestones

Project monitoring and control - services continue contract management, monthly/quarterly reporting, participation in evaluation activities, continuous quality improvement - July 2024 to June 2027.

List of key project delivery milestone/s or decision gate/s - services monitored base on pre-existing evaluation tools, referral pathway resources, Quality Improvement action plans completed (for 4 graduate practices).

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

n/a

AC-VARACF - 1 - Support RACHs to increase availability and use of Telehealth care for aged care residents

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-VARACF

Activity Number *

1

Activity Title *

Support RACHs to increase availability and use of Telehealth care for aged care residents

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

This activity aims to ensure:
• Participating Residential Aged Care Home (RACH) staff are appropriately trained to build their capability to enhance access to virtual consultations for their residents.
• Primary care providers who service RACHs are provided education and training opportunities to ensure resident's usual providers have knowledge and capabilities to support quality virtual care.
• RACHs are encouraged and supported to increase their use of My Health Record, to improve the availability and secure transfer of resident's health care information between RACH, primary care, and acute care settings.
• Residents of aged care homes are offered resident-focussed virtual consultation services to support timely access to healthcare.
• Support to RACH staff in implementing effective, accessible telehealth solutions aligned with national digital health standards.

Description of Activity *

• Stakeholder engagement to:
o Assess and analyse the digital readiness assessment, technical setup, equipment usage, and staff's technical readiness to support virtual consultation services aligned to eHealth standards.
o coordinate data validation of RACH information within the current GCPHN CRM software to ensure accurate management of client data relating to availability and use of telehealth.
• Utilise the PHN commissioned National Telehealth Training program to provide training to participating RACH staff, enabling

them to assist residents in accessing virtual consultation services when needed with primary healthcare professionals, specialists, and other health providers.
• Approach GCPHN Advisory Councils and Committees for scoping and needs assessment purposes, analysing current digital health capabilities and capacities, to inform digital health solutions planning aimed at enhancing care solutions.
• Leverage findings from the completed post-grant and post-training digital readiness assessment to identify trends in equipment usage and staff capability in utilising digital health tools, including virtual technology.
• Apply insights from the digital readiness assessment to inform stakeholder engagement direction, support targeted capability-building activities, and contribute to evaluation of telehealth capability and capacity following telehealth initiatives and training.
• Incorporate assessment outcomes into reporting and future planning to strengthen digital maturity across RACHs.
• Promote digital health, prioritising telehealth, by providing targeted communications, resources, and onsite visits to improve residents' access to quality virtual care.
• Work with the sector to create a forum for telehealth updates, training, feedback collection, and assessment of future needs in aged care facilities.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Growing demand from RACHs for non-emergency situations due to issues around staffing constraints and policy requirements, even when Advance Care Plans in place.	166
Slow adoption of digital health solutions by RACHs and poor integration with other clinical systems limits access to clinical information between service providers, including paramedics.	166
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
Constrained system capacity requires investment in alternate models of care, including digital opportunities to manage and mitigate demand.	20
Insufficient resources for some general practices and RACHs to implement frequent reform and new initiatives.	57
Challenges for general practices, primary care and RACHs in adopting digital health.	57
Declining vaccination rates, including in children and in RACHs.	71
Worsening clinical workforce shortage in the primary, secondary, community and aged care sectors.	41

Activity Demographics

Target Population Cohort

Residents living in RACHs; staff working in RACHs; primary care providers who support residents in RACHs.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

• GCPHN committees:
o Community Advisory Council (Consumers)
o Primary Health Care Improvement Committee (general practitioners, practice managers, practice nurses, residential aged care representative)
o Palliative and Aged Care Committee (consumers [including CALD community], General Practitioners, Queensland Health and NGO representatives)
GCPHN Primary Care Partnership Council
• Gold Coast Health – Aged Care Service providers, Specialist Palliative Care in Aged Care (SPACE) project team and Digital Health transformation team
• Wound Management Pilot in RACHs - Service provider for project
• Australian Digital Health Agency
• Other PHNs
o QLD Aged Care Collaborative
• RACH executives and staff
• GCPHN internal teams
• Department of Health, Disability and Ageing
o Department of Health, Disability and Ageing Local Network (South East QLD)
• Consumer Peak Bodies

Collaboration

All of the above listed in stakeholder engagement consultation.

Activity Milestone Details/Duration

Activity Start Date

30/11/2021

Activity End Date

29/06/2027

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): Yes

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

GCPHN will continue to work with Tasmania and Victorian PHNs to develop and implement the national training platform for RACH staff.

AC-VARACF - 2 - Operational -Support RACHs to increase availability & use of telehealth care for aged care residents

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-VARACF

Activity Number *

2

Activity Title *

Operational -Support RACHs to increase availability & use of telehealth care for aged care residents

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

To support GCPHN's operational costs associated with the Support RACHs to increase availability and use of telehealth care for aged care residents (AC-VARACF-1).

Description of Activity *

GCPHN to:
• Support the promotion of the commissioned service providers, monitor contract deliverables and reporting requirements with providers.
• Support collaboration with relevant GCH departments, specialist, and primary care providers to ensure appropriate access and referrals are received.
• Provide relevant updates and good news stories to the department as requested.
• Attend national PHN and local working groups to support integration of the services into existing primary and secondary care services.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Growing demand from RACHs for non-emergency situations due to issues around staffing constraints and policy requirements, even when Advance Care Plans in place.	166
Slow adoption of digital health solutions by RACHs and poor integration with other clinical systems limits access to clinical information between service providers, including paramedics.	166
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
Constrained system capacity requires investment in alternate models of care, including digital opportunities to manage and mitigate demand.	20
Systems and processes do not support consistent, effective clinical handover on discharge from the acute sector to primary and community services to support ongoing care.	57
Insufficient resources for some general practices and RACHs to implement frequent reform and new initiatives.	57
Challenges for general practices, primary care and RACHs in adopting digital health.	57
Declining vaccination rates, including in children and in RACHs.	71
Worsening clinical workforce shortage in the primary, secondary, community and aged care sectors.	41

Activity Demographics

Target Population Cohort

Residents living in RACHs; staff working in RACHs; primary care providers who support residents in RACHs.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

• GCPHN committees:
o Community Advisory Council (Consumers)
o Primary Health Care Improvement Committee (general practitioners, practice managers, practice nurses, allied health provider)
o Palliative and Aged Care Committee (consumers [including CALD community], General Practitioners, Queensland Health and NGO representatives)
• Gold Coast Health – Aged Care Service providers, SPACE project team and Digital Health transformation team
• Wound Management Pilot in RACHs - Service provider for project
• Australian Digital Health Agency
• Other PHNs
o QLD Aged Care Collaborative
• RACH executives and staff
• GCPHN internal teams:
• Department of Health and Aged Care
o Department of Health and Ageing Local Network (South East QLD)
• Consumer Peak Bodies

Collaboration

All of the above listed in stakeholder engagement consultation.

Activity Milestone Details/Duration

Activity Start Date

30/11/2021

Activity End Date

29/06/2027

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: Yes
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): Yes

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

Yes

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

It is proposed that GCPHN will work collaboratively with QLD PHNs to design and commission identified requirements to support project implementation.
GCPHN will work with Tasmania and Victorian PHNs to develop and implement the National training platform for RACH staff.

AC-AHARACF - 1 - Enhanced out of hours support for residential aged care

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-AHARACF

Activity Number *

1

Activity Title *

Enhanced out of hours support for residential aged care

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

Aim:
• Participating Residential Aged Care Home (RACHs):
o will be able to develop, maintain and implement after-hours processes and management plans, in line with residents' wishes.
o will be aware of after-hours health care options and referral pathways and utilise these when appropriate.
o will develop and embed procedures to ensure residents' digital medical records are kept up to date, particularly where an after-hours episode of care occurs to support appropriate clinical handover and continuity of care.
o will work collaboratively with their resident's GPs, and other health care professionals, to develop/review and update after-hours action plans as required.

Identified need:
• RACH residents can experience deterioration in their health during the after-hours period, but immediate transfer to hospital is not always clinically necessary. Lack of awareness and utilisation of out of hours services provided by GPs and other health professionals, including Gold Coast Health services, leads residents to unnecessary hospital presentations. RACH staff confidence and experience is often lower in the after-hours period.
• Recommendations from Royal Commission into Aged Care Quality and Safety.

Description of Activity *

In partnership with Gold Coast Health (GCH) Residential Aged Care Support Service:
• Complete consultation with practicing health professionals in the residential aged care sector to understand barriers to RACH engagement with GCPHN and commissioned providers.
• Reassess RACHs in the region, identifying those that have higher rates of ED transfer in the after-hours space, and engage with these facilities to encourage participation in activity.
• Identify enablers and barriers to develop and implement after-hours management plans and consider potential solutions.
• Assess participating RACH staff baseline level of knowledge of after-hours care options and current management plan development status.
• Engagement with participating RACHs, after hours service providers, and other key stakeholders to support project activities and enhance after hours processes.
• Scope availability of appropriate after-hours management plan resources, templates and organisational procedures, to embed and sustain this process.
• Provide education and training opportunities through one-on-one mentoring and/or group workshops to increase RACH capability in navigating after-hours care options and management.
• Support the development of best practice after-hours management plan/processes template as a legacy of this project.
• Promote completion of Advance Care Plans for all residents of RACHs, and ensure they are uploaded and accessible via The Viewer and My Health Record.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Limited, effective systems and models of care and support for increasing number of patients with dementia and their carers.	166
Growing demand from RACHs for non-emergency situations due to issues around staffing constraints and policy requirements, even when Advance Care Plans in place.	166
Slow adoption of digital health solutions by RACHs and poor integration with other clinical systems limits access to clinical information between service providers, including paramedics.	166
Constrained Queensland Ambulance Services system capacity requires investment in alternate models of care, including scaling sole, co-responder and digital options.	20
Limited Queensland Ambulance Service fleet capacity to manage operations including surge periods including major events.	20
Systems and processes do not support consistent, effective clinical handover on discharge from the acute sector to primary and community services to support ongoing care.	57
Insufficient resources for some general practices and RACHs to implement frequent reform and new initiatives.	57
Challenges for general practices, primary care and RACHs in adopting digital health.	57

Worsening clinical workforce shortage in the primary, secondary, community and aged care sectors.	41

Activity Demographics

Target Population Cohort

Residents living in RACHs; staff working in RACHs, general practitioners, after hours service providers, Gold Coast Health, Queensland Ambulance Service.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

• GCPHN committees:
o Community Advisory Council (Consumers)
o Primary Health Care Improvement Committee (general practitioners, practice managers, practice nurses, allied health provider)
o Palliative and Aged Care Committee(consumers [including CALD community], General Practitioners, Gold Coast Health, NGOs and RACH representatives)
• Gold Coast Health – Aged Care Services, Specialist Palliative Care Service team and Digital Health transformation team, GCUH & Robina Emergency Department teams

• Australian Digital Health Agency
• Other PHNs
• RACH executives and staff
• GCPHN internal teams:
o Communications
o Events
o Data and reporting
o Digital Health
o Procurement
o Other project team/s interacting with RACHs
Department of Health and Aged Care
o Department of Health and Ageing Local Network (South East QLD)
• Consumers and relevant Peak Bodies
• General practices/practitioners that service RACH residents
• Queensland Ambulance
• After Hours medical service providers
• Aged Care Quality and Safety Commission - Behaviour Support and Restrictive Practices Unit
• Queensland Police Service - Domestic, Family Violence and Vulnerable Persons Unit

Collaboration

All of the above listed in stakeholder engagement consultation.

Activity Milestone Details/Duration

Activity Start Date

30/11/2021

Activity End Date

29/06/2027

Service Delivery Start Date

1/07/2023

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Monthly and quarterly reports, development of best practice after hours care plan template and resources, participation in any evaluation activities for RACH pre/post participation – July 2023 to June 2027.

Project completion report on Enhanced out of hours residential aged care - April to June 2027.

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes

Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

n/a

AC-CF - 1 - Care Finder Program

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

1

Activity Title *

Care Finder Program

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

Aims and outcomes:
• Commission care finder services that provide specialist and intensive assistance to help people in the target population to understand and access aged care services and connect with other relevant supports in the community.

• The program will improve outcomes for people in the care finder target population including:
o improved coordination of support when seeking access to aged care
o improved understanding of aged care services and how to access them
o improved openness or willingness to engage with the aged care system
o increased rates of access to aged care services and connections to other relevant services

• Increased care finder workforce capability to meet client needs.

• Improve integration between the health and aged care systems at the local level within the context of the care finder program.

This activity forms part of the Australian Government's response to recommendations made by the Royal Commission into Aged Care Quality and Safety. Accessing and navigating the My Aged Care platform is complex for senior Australians, particularly those without appropriate support, impaired cognition, language barriers or fearful of government organisations.

The Care Finder Program will provide intensive support, complementing other services being implemented in the Connecting senior Australians to aged care services measure.

Overarching aim of GCPHN activities is to:
• Support the commissioned care finder providers to provide specialist and intensive assistance in understanding and accessing aged care and other relevant supports in the community by promoting the service to local stakeholders.
• Continue to gain a better understanding of the local needs in relation to care finder support by engagement with commissioned service providers and relevant stakeholders.
• Monitor implementation of the program and identification of opportunities for quality improvement.
• Support the development, and maintenance of a community of practice with commissioned service providers to ensure local needs are met and emerging needs identified.

Description of Activity *

• Monitor, support and manage the Care Finder service providers contracted by GCPHN to ensure contractual obligations are met, including completion of required training and reporting.
• Ensure Care Finder providers service delivery is available for the whole of the Gold Coast region as indicated in contracts.
• Monitor target groups being serviced to ensure priority groups are being serviced.
• Ensure providers complete extensive outreach activities to support identification of target population groups and monitor emerging needs of the region.
• Work closely with other PHNs to identify where joint activities in the program will support efficiencies and collaboration and identification and monitoring of cross border referrals and impact on outcomes.
• Participate in and monitor data collection by commissioned service providers to support national evaluation.
• Support and promote continuous quality improvement of the Care Finder program.
• Support improved integration of the Care Finder program between health, aged care, and other systems by inclusion in locally developed Aged Care clinical referral pathways and establishment of a community of practice.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Large and growing Pasifika community with higher reported health needs and challenges accessing healthcare.	102
Gaps in cultural capability across service providers and clinicians, particularly relating to sensitive issues such as mental health, AOD and FDV.	102
Migrants are often unfamiliar with the Australian health system and have lower health literacy.	102
Delayed access to home care, social support and residential and community aged care services, leading to high rates of hospitalisation.	166
Limited, effective systems and models of care and support for increasing number of patients with dementia and their carers.	166
Limited effective support in navigating complex community, aged care system and NDIS.	166
Limited culturally appropriate services for culturally and linguistically diverse older people.	166

Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.	20
Limited availability of suitable service options to support older population.	221
Growing numbers of people with socioeconomic disadvantage and associated higher need, especially in the northern Gold Coast.	71
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

Activity Demographics

Target Population Cohort

People who are eligible for aged care services and have one or more reasons for requiring intensive support to:
• interact with My Aged Care and access aged care services; and/or
• access other relevant supports in the community.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

For the needs assessment, stakeholders were identified and stratified. Key stakeholders were directly approached through meetings, video, and telephone calls to inform target cohort, geographic areas of higher need, workforce, and integration issues as part of the development of the needs assessment.

These included:
GCPHN committees:
o Community Advisory Council (Consumers)
o Primary Health Care Improvement Committee (members consist of general practitioners, practice managers, practice nurses, allied health provider)
o Palliative and Aged Care Committee (consumers [including CALD community], General Practitioners, Queensland Health and NGO representatives, Aboriginal and Torres Strait Islander organisation)
o Clinical Council
o Primary Care Partnership Council (primary health care organisations, Gold Coast Health)

Other stakeholders:
o Assistance with Care and Housing (ACH) providers
o First Nations and CALD service providers
o Housing and homelessness services
o Gold Coast Health
o City of Gold Coast

Department of Health and Ageing Local Network (South East QLD)
In addition, a survey was distributed to stakeholders including other identified stakeholders such as:
• Community centres
• Community service providers
• Churches
• Peak bodies

Collaboration

All stakeholders in Collaboration section.

GCPHN continues to participate in a NT/QLD PHN collaborative care finder working group to support information sharing to improve efficiency of the program delivery by sharing learnings, resources, and strategies for quality improvement. These meetings also provided the opportunity for key stakeholders to engage efficiently with a group of PHNs, instead of individually.

Ongoing discussions with bordering PHNs (Brisbane South and North Coast) will be conducted to identify where cross-border referrals may occur and strategies to ensure client choice is respected irrespective of state, PHN or local government or other boundaries. These conversations will continue throughout implementation.

Ongoing collaboration with the commissioned care finder organisations for the Gold Coast to refine service model and on-referring when appropriate.

Maintain and support a collaborative community of practice and effective engagement with potential referrers under the care finder implementation.

Maintain and support a collaborative community of practice and effective engagement with potential referrers under the care finder implementation.

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2029

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2029

Other Relevant Milestones

Quarterly providers meeting October, January, April, and July each year.

Quarterly Community of practice meetings – dates to be determined.

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments

AC-AHARACF - 2 - Operational - Enhanced out of hours residential aged care

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-AHARACF

Activity Number *

2

Activity Title *

Operational - Enhanced out of hours residential aged care

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

To support GCPHN's operational costs associated with the Enhanced after-hours support for residential aged care (AC-AHARACF-1).

Description of Activity *

GCPHN to:
• Support the commissioned service providers, monitor contract deliverables and reporting requirements.
• Support collaboration with relevant GCH departments, specialists, and primary care providers.
• Provide relevant updates and good news stories to the department as requested.
• Attend National PHN and local working groups to support project evaluation and improvements.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Limited, effective systems and models of care and support for increasing number of patients with dementia and their carers.	166
Growing demand from RACHs for non-emergency situations due to issues around staffing constraints and policy requirements, even when Advance Care Plans in place.	166
Slow adoption of digital health solutions by RACHs and poor integration with other clinical systems limits access to clinical information between service providers, including paramedics.	166
Constrained Queensland Ambulance Services system capacity requires investment in alternate models of care, including scaling sole, co-responder and digital options.	20
Limited Queensland Ambulance Service fleet capacity to manage operations including surge periods including major events.	20
Systems and processes do not support consistent, effective clinical handover on discharge from the acute sector to primary and community services to support ongoing care.	57
Insufficient resources for some general practices and RACHs to implement frequent reform and new initiatives.	57
Challenges for general practices, primary care and RACHs in adopting digital health.	57
Worsening clinical workforce shortage in the primary, secondary, community and aged care sectors.	41

Activity Demographics

Target Population Cohort

Residents living in RACHs; staff working in RACHs, general practitioners, after hours service providers, Gold Coast Health, Queensland Ambulance Service.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

• GCPHN committees:
o Community Advisory Council (Consumers)
o Primary Health Care Improvement Committee (general practitioners, practice managers, practice nurses, allied health provider)
o Palliative and Aged Care Committee (consumers [including CALD community], General Practitioners, Gold Coast Health, NGO, and RACH representatives)
• Gold Coast Health – Aged Care Service providers, Specialist Palliative Care Service team and Digital Health transformation team, GCUH & Robina Emergency Department teams
• Australian Digital Health Agency
• Other PHNs
• RACH executives and staff
• GCPHN internal teams:
o Communications
o Events
o Data and reporting
o Digital Health
o Procurement
o Other project team/s interacting with RACHs
• Department of Health and Aged Care
o Department of Health and Ageing Local Network (South East QLD)team
• Consumers and relevant Peak Bodies
• General practices/practitioners that service RACH residents
• Queensland Ambulance
• After Hours medical service providers
• Aged Care Quality and Safety Commission - Behaviour Support and Restrictive Practices Unit
• Queensland Police Service - Domestic, Family Violence and Vulnerable Persons Unit.

Collaboration

All of the above listed in stakeholder engagement consultation.

Activity Milestone Details/Duration

Activity Start Date

30/11/2021

Activity End Date

29/06/2027

Service Delivery Start Date

01/07/2023

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Monthly and quarterly reports, development of best practice after hours care plan template and resources, participation in any evaluation activities for RACH pre/post participation – July 2023 to June 2025.

Project completion report on Enhanced out of hours residential aged care - April to June 2025

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Is this activity being co-designed?

Yes

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

n/a

AC-CF - 3 - Operational - Care Finder Program

Activity Metadata

Applicable Schedule *

Aged Care

Activity Prefix *

AC-CF

Activity Number *

3

Activity Title *

Operational - Care Finder Program

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description

Aim of Activity *

To support GCPHN's operational costs associated with the Care Finder Program (AC-CF-1) and Care Finder ACH Transition (AC-CF-2).

This includes supporting the commissioned care finder providers to provide specialist and intensive assistance in understanding and accessing aged care and other relevant supports in the community by promoting the service to local stakeholders.

Description of Activity *

Monitor, support, and manage the two Care Finder service providers contracted by GCPHN to ensure contractual obligations are met, including completion of required training and reporting.

Ensure Care Finder providers service delivery is available for the whole of the Gold Coast region as indicated in contracts.

Monitor target groups being serviced to ensure priority groups are being serviced.

Ensure providers complete extensive outreach activities to support identification of target population groups and monitor emerging needs of the region.

Work closely with other PHNs to identify where joint activities in the program will support efficiencies and collaboration and identification and monitoring of cross border referrals and impact on outcomes.

Participate in and monitor data collection by commissioned service providers to support national evaluation.

Support and promote continuous quality improvement of the Care Finder program.

Support improved integration of the care finder program between health, aged care, and other systems by inclusion in locally developed Aged Care clinical referral pathways and establishment of a community of practice.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Large and growing Pasifika community with higher reported health needs and challenges accessing healthcare.	102
Gaps in cultural capability across service providers and clinicians, particularly relating to sensitive issues such as mental health, AOD and FDV.	102
Migrants are often unfamiliar with the Australian health system and have lower health literacy.	102
Delayed access to home care, social support and residential and community aged care services, leading to high rates of hospitalisation.	166
Limited, effective systems and models of care and support for increasing number of patients with dementia and their carers.	166
Limited effective support in navigating complex community, aged care system and NDIS.	166
Limited culturally appropriate services for culturally and linguistically diverse older people.	166
Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.	20
Limited availability of suitable service options to support older population.	221
Growing numbers of people with socioeconomic disadvantage and associated higher need, especially in the northern Gold Coast.	71
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

Activity Demographics

Target Population Cohort

People who are eligible for aged care services and have one or more reasons for requiring intensive support to:
• interact with My Aged Care and access aged care services and/or
• access other relevant supports in the community

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

For the needs assessment stakeholders were identified and stratified. Key stakeholders were directly approached through meetings, video and telephone calls to inform target cohort, geographic areas of higher need, workforce and integration issues as part of the development of the needs assessment. These included:
• GCPHN committees:
o Community Advisory Council (Consumers)
o Primary Health Care Improvement Committee (members consist of general practitioners, practice managers, practice nurses, allied health provider)
o Palliative and Aged Care Committee (consumers [including CALD community], General Practitioners, QLD Health and NGO representatives, Aboriginal and Torres Strait Islander organisation)
o Clinical Council
o Primary Care Partnership Council (primary health care organisations, Gold Coast Health)

External stakeholders
ACH providers
o First Nations and CALD service providers
o Housing and homelessness services
o Gold Coast Health
o City of Gold Coast
o Department of Health and Ageing Local Network (South East QLD)

In addition, a survey was distributed to stakeholders including other identified stakeholders such as:
• Community centres
• Community service providers

• Churches
• Peak bodies

Collaboration

All stakeholders in Collaboration section

Participation in the NT/Qld PHN Care Finder Collaborative working group to support information sharing to improve efficiency of the program delivery by sharing learnings, resources, and strategies for quality improvement. These meetings also provided the opportunity for key stakeholders to engage efficiently with a group of PHNs, instead of individually.

Ongoing discussions with bordering PHNs (Brisbane South and North Coast) will be conducted to identify where cross-border referrals may occur and strategies to ensure client choice is respected irrespective of state, PHN or local government or other boundaries. These conversations will continue throughout implementation.

Ongoing collaboration with the two commissioned care finder organisations for the Gold Coast to refine service model and on-referring when appropriate.

Maintain and support a collaborative community of practice and effective engagement with potential referrers under the care finder implementation.

Activity Milestone Details/Duration

Activity Start Date

30/06/2022

Activity End Date

29/06/2029

Service Delivery Start Date

01/01/2023

Service Delivery End Date

30/06/2029

Other Relevant Milestones

Quarterly providers meeting October, January, April and July each year
Quarterly Community of practice meetings – dates to be determined.

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): Yes

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

Co-design or co-commissioning comments