PCPC MEETING
11 SEPTEMBER 2025

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

Guest Presenters:

Amanda Carver, Director - Strategy & Planning, Gold Coast Health

Members:

Jessica Slack, Bolton Clarke (Chair)
Leonie Clancy, Nerang Neighbourhood Centre
Anne-Marie Donovan, Cancer Council Qld
Sue Gardiner, Runaway Bay Doctors Surgery
Shane Klintworth, MCCGC
Jessica McAdam, MCCGC
Thomas McKenna, Services Australia

Members:

Tracey Brumby, Griffith University
Karen Whitting, Gold Coast Health
Toni Euchas,
GoldBridge Rehabilitation Services Inc.
Ranar Al Mekarry,
Multicultural Families Organisation
Michaela Hodges, Blue Care Gold Coast

GCPHN:

Kellie Trigger, Director,
Health Intelligence, Planning and Engagement
Sarah Coleman,
Communications and Engagement Manager
Kerry McCormick,
Regional Partnerships and Engagement Officer

Apologies:

Matthew Carrodus, CEO, GCPHN
Sian Daniel, Bond University
David Thomson, Momentum Collective
Sally Crawshaw, City of Gold Coast
Julie Jomeen, Southern Cross University
Hope Kallinicos, Diabetes Australia
Tenille Griffiths, Dementia Australia

JOINT REGIONAL OLDER PERSONS STRATEGY

DETAILS

The Joint Regional Older Persons Strategy (JROPS) framework aims to improve the health and aged care outcomes for older people in the Gold Coast. Led by Gold Coast Primary Health Network (GCPHN), Gold Coast Hospital and Health Service (GCHHS), Kalwun, and Queensland Ambulance Service the JROPS builds on the Joint Regional Needs Assessment. JROPS will provide a practical framework for coordinated, step-by-step progress across the continuum of care—from healthy ageing and home support to acute care, residential aged care, and end-of-life care—underpinned by principles such as cultural appropriateness, health literacy, and service navigation. With no immediate new funding, the intent is to align partners' efforts, identify gaps, and create an integrated approach that both addresses current needs and positions the region to secure future investment.

JOINT REGIONAL OLDER PERSONS STRATEGY

CONTINUUM OF CARE APPROACH

DISCUSSION

The group discussed financial pressures and barriers to accessing aged care services. They highlighted eligibility assessments as a major obstacle across the aged care system, alongside the high cost of care and limited funding.

Families often delay decisions because of financial responsibilities, which prolongs transitions from hospital to residential aged care which impacts hospital capacity.

Family relationships, cultural expectations, and intergenerational financial responsibilities strongly shape care decisions. Participants also raised growing concern about elder abuse—financial, physical, and emotional. Limited guardianship services and unclear processes hinder effective protection, and there is a pressing need for greater education about the legal rights of older people, obligations of families and carers and financial planning for aged care and the long-term costs involved.

Stigma around aged care continues to thrive, fuelled by community fear, mistrust, and misinformation—often influenced by negative media portrayals and individual experiences. Broad education campaigns could encourage early discussions about ageing, future wishes, and available options. These conversations could be integrated into superannuation and financial planning advice.

Carers frequently neglect their own health and wellbeing, leading to crises in which both the carer and the older person require urgent support. Providing respite, education, and targeted supports is essential to help carers sustain ageing at home for longer.

RECOMMENDATIONS

- Highlighting positive models of care to build public confidence in the aged care system.
- Education campaigns to encourage early discussions about ageing, future wishes, available options and seeking financial planning advice.
- Carers considerations include respite, education and targeted support to help carers to extend ageing at home.

"I think there needs to be more education for GPs about referring often and early to MyAgedCare."

Anon, PCPC Member

JOINT REGIONAL OLDER PERSONS STRATEGY

HEALTHY AGEING

DISCUSSION

Preventative health that builds wellness, independence, and connectedness eases pressure on the aged care system. Encouraging healthy ageing from midlife delays frailty and reduces reliance on formal aged care services.

Early implementation of screening such as bone density to align with emerging risks of osteoporosis and frailty can be identified well before the Medicare eligibility is met. Community education should also help people recognise when to seek care and how to navigate aged care pathways and options.

The Gold Coast has high rates of musculoskeletal hospital presentations, such as hip fractures. Strong evidence supports exercise, activity programs, and lifestyle interventions in reducing frailty. This underscores the urgency of early preventative measures—exercise, nutrition, and screening—backed by stronger health literacy. GP advice is influential but often acted on too late, many only following recommendations once significant issues develop. Peer influence and strong social networks can be just as powerful to motivate participation, with the best results achieved when professional endorsement combines with peer encouragement.

Employment, volunteering, leisure, and sports activities provide older people with purpose and connection, but affordability/transport often limits access.

Access to exercise activities and connectedness remains uneven across suburbs due to cost, distance, and facility availability (e.g., swimming pool closures due to events). Social isolation further compounds risks, especially in the Gold Coast's transient population with weaker family and social networks. Programs such as social prescribing, exercise physiology groups, 'over-50s' gyms, and the City of Gold Coast's Active and Healthy program offer vital opportunities for connection coupled with exercise. Assertive outreach such as transport services and group pickups prove far more effective than expecting individuals to attend alone. Peer invitations build confidence and sustain participation.

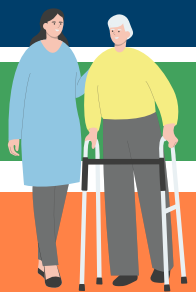
The Gold Coast has some of the lowest vaccination rates in Australia. Immunisation fatigue, misinformation, and distrust have reduced COVID booster uptake among older people. Messaging should target families and carers as well as older adults, emphasising vaccination as a whole-of-community responsibility. Personal stories and lived experience (e.g. people being "very unwell" without a vaccine) are powerful motivators.

RECOMMENDATIONS

- Advocate for appropriate Medicare eligibility for osteoporosis and frailty screening i.e. reduction of age, lifestyle factors and chronic conditions.
- A voucher scheme, modelled on Fair Play Vouchers for youth sport, could make participation more inclusive.
- Promote vaccination as a proven tool to reduce illness and hospitalisation, supported by trusted messengers, sports clubs, community groups, and family-focused education, children often influence older adults.
- Emphasise that vaccines reduce severity, complications, and hospitalisation, while positioning them alongside exercise, nutrition, and social connection as part of healthy ageing.
- Use family-centred messages that highlight vaccination as protecting both loved ones and the wider community.

JOINT REGIONAL OLDER PERSONS STRATEGY

MANAGING INCREASING NEED AT HOME



DISCUSSION

Early risk identification and multidisciplinary coordination remain priorities, yet MyAgedCare systems are slow, repetitive, and a barrier to effective response to rapid decline in clients.

Community awareness about assessment processes, timelines, and waiting periods remains low. Families often resist or delay referrals, which results in crisis-driven entry into the aged care system. Participants suggested that GPs need clearer guidance and better education to support timely referrals.

Major gaps persist in “non-clinical essentials” such as cleaning, yard work, and home safety tasks such as removal of clutter that directly affect wellbeing fall outside of funded services. Rotary and Lions Clubs, Scouts, schools and faith groups could help fill these non-clinical gaps, providing support with yard work, cleaning, and social connections. Insurance and WHS requirements limit volunteer workforces, but safe and effective models exist. To avoid volunteer fatigue, efforts must be shared broadly and linked to structured programs.

Older people often report feeling disrespected when care is inconsistent or dismissive. Older people feel safest and most confident when the same workers provide their care consistently. Aged care continues to face workforce shortages. Inconsistent quality and continuity, combined with rushed ‘swish and flick’ services, undermine trust. Pay rises have drawn in more workers, but not always those with the professionalism and respect required.

Families who advocate on behalf of older relatives to navigate MyAgedCare and secure appropriate services generally have better outcomes.

First Nations and multicultural communities face additional barriers, including assessments that lack cultural relevance, unclear service pathways, and limited culturally appropriate care. Families often fill the gap by providing food and support, but this approach is unsustainable without systemic change.

Food in aged care and community programs can be bland and unappealing, discouraging consumption. Small improvements including asking residents what they want, adding cultural variety, and using more flavour could significantly improve nutrition.

RECOMMENDATIONS

- Education and guidance for GPs to support timely referrals to aged care services.
- Consider opportunities to support those without family or community ties to access aged care support.
- Healthy Ageing promotion could include information on triggers for seeking care, appropriate pathways, and choices.
- Consider opportunities to advocate for culturally appropriate assessments, care and service pathways.

JOINT REGIONAL OLDER PERSONS STRATEGY

END OF LIFE CARE

DISCUSSION

High-quality end-of-life care respects patient wishes, minimises unnecessary hospitalisations, and prioritises comfort, dignity, and family involvement. This requires access to preferred settings and services such as publicly funded, community-based hospice and palliative care with adequate staffing. Wraparound supports in home or aged care settings can reduce reliance on hospital transfers and empower staff to provide dignified care. Early, honest, and culturally sensitive conversations about death as a normal part of life planning further support the delivery of compassionate, high-quality end-of-life care.

Most people want to die at home, but current supports make this difficult as it relies on family caregivers who are often elderly, and workforce shortages mean limited capacity for in-home palliative care.

Death remains stigmatised and often hidden in Australian culture. Emerging movements including death doulas, death cafés, and living funerals demonstrate a community interest in alternative, holistic approaches. Despite a preference for home or hospice-based care, hospice services remain limited on the Gold Coast, with most beds dependent on private funding and palliative care investment focused on hospitals. Voluntary Assisted Dying (VAD) is legally available but not always accessible or deliverable in preferred locations.

Advance Care Planning (ACP) is underutilised, often not respected or overridden by family. Staff and aged care facilities lack confidence to act on ACPs due to legal risks, family pressures and documentation burdens. This highlights the need for earlier, normalised conversations such as at age 75 health checks, during retirement/superannuation planning and accessing assistance to complete a legally acceptable ACP.

Dementia adds a unique layer of complexity requiring a dedicated strategy to end of life care.

Aged care providers often hesitate to keep residents at home because of inadequate staffing, fear of complaints, and the risk of penalties—even when their decisions are clinically appropriate. Ambulance and hospital protocols default to life-prolonging interventions, driven by obligations and risk management, even when these conflict with care wishes. Paperwork, compliance demands, and system inefficiencies further discourage flexible, person-centred end-of-life care.

RECOMMENDATIONS

- Education and guidance for both clinicians and the community on the importance of having early family discussions.
- Access to assistance to complete an effective ACP due to the specific nature of the information required for a legally accepted ACP.
- Consider opportunities to advocate for a shift from hospital-centred models to person-centred, community-based approaches that respect individual wishes, reduce avoidable hospitalisation and provide accessible dignified hospice and home supports.