

# Needs Assessment Summary

## OLDER ADULTS



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health system for the Gold Coast.”*

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GOLD COAST

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# Older Adults

## Local health needs and service issues

- High numbers of older adults in Gold Coast North, Coolangatta and Broadbeach-Burleigh.
- High rates of dementia, particularly for residents of aged care facilities
- High number of hospital admissions for UTIs, COPD and cardiovascular disease
- High rates of anxiolytic (medication or other intervention that inhibits anxiety) medicine dispensing, particularly in Southport
- Low uptake and awareness of advance care planning (documents and legal requirements) and end of life care
- Capacity to deliver coordinated community palliative care services is limited
- Currently limited options to inform community of advanced care options
- Mental health needs of older people are not currently always being met, and additional support may be required for general practice and community to do this



## Key findings

The Gold Coast has a higher proportion of older adults aged 65 years and over compared to the rest of the country, with numbers highest in Gold Coast North, Coolangatta and Broadbeach-Burleigh. Older people in the Gold Coast generally experience better health and less disability than those in the same age cohort in other regions. Fewer older adults in the Gold Coast live alone. An increasing trend of incidence and prevalence of dementia across the Gold Coast region is of concern in relation to mortality and burden of disease, particularly for older adults in residential aged care facilities.

There are high rates of anxiolytics medicine dispensing for people aged 65 and older on the Gold Coast with Southport having a rate 1.7 times the national figure.

There are a range of providers of residential and home care services across the region, with the number of recipients increasing over recent years. There appears to be a range of services and support programs for older adults in relation to dementia. However, there appears to be low use of palliative care services and advance care planning, which is reportedly due to a lack of awareness of end of life care planning and palliative care services amongst consumers and in the service system.

# Evidence

## Demographics

Based on data from the 2016 Census, there are an estimated 94,208 older adults aged 65 years and over living in the Gold Coast PHN region, which is around 16.5% of the total population. This is a slightly higher proportion compared to Queensland (15.2%) and Australian (15.8%) averages. Table 1 below shows the older adult population and the relative change since the 2011 Census.

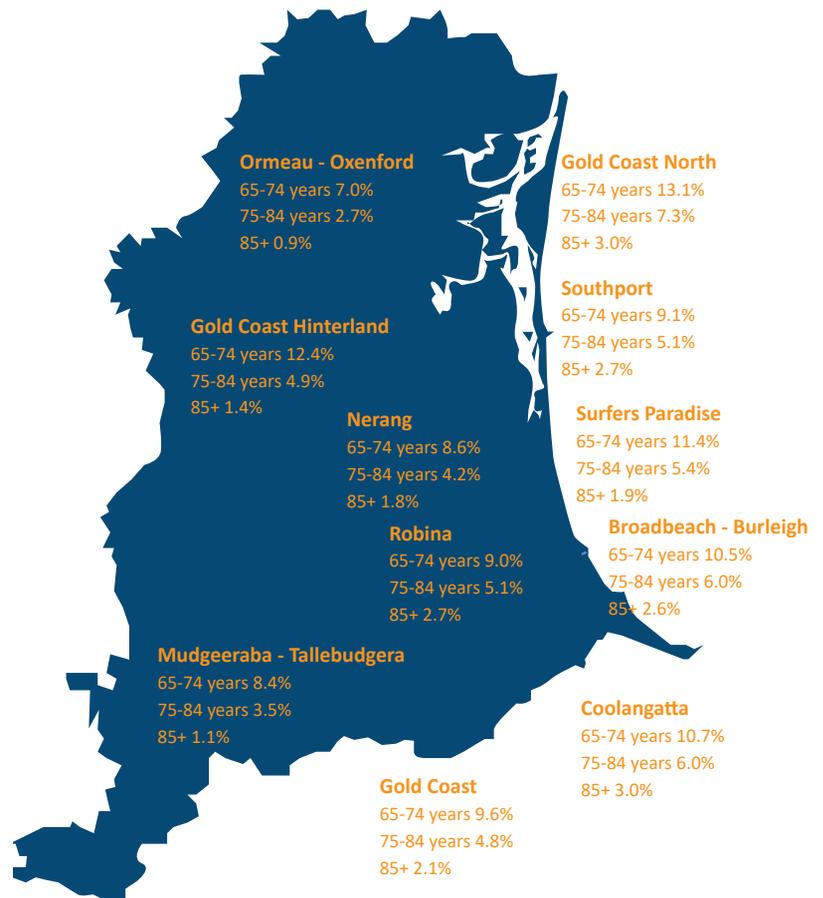
**Table 1: Gold Coast resident population aged 65 years and over**

Source: Australian Bureau of Statistics (ABS), 2016 Census of Population and Housing



Overall, the Gold Coast population has become relatively older since the 2011 Census. The proportion of Gold Coast residents aged 65 years and over is approximately 16.5% of the total resident population based on the 2016 Census data, up from 14.5% of the population in 2011. It's estimated that 23% of the older adult population on the Gold Coast live alone, lower than levels in Queensland (25%) and Australia (26%).

Breaking the Census data down to the SA3 or sub-region level shows that Gold Coast North, Coolangatta and Broadbeach-Burleigh have the three highest populations of residents aged over 65 years and demonstrates the relative importance of ensuring appropriate support and services exist in these local areas.



**Gold Coast resident population aged 65 years and over**

Source: Australian Bureau of Statistics (ABS), 2016 Census of Population and Housing

# Health status

The care needs of the older adult population are generally higher than the rest of the population. Approximately 12,381 Gold Coast residents aged 65 years and over were living with a profound or severe disability in 2011, which equates to around 15.3% of people in this age range. This proportion is lower than levels across Queensland (17.2%) and Australia (17.8%).

Based on 2016 Census data, the number of older adult residents on the Gold Coast requiring assistance in one or more of the three core activity areas of self-care mobility and communication, because of a disability, long term health condition or old age is:

- 65-74 years – 4,457 people or 8.14% of the age cohort
- 75-84 years – 5,387 or 19.51%
- 85 years and over – 5,619 or 47.38%

The National Mental Health Commission have estimated the proportion of Australians aged 16-85 who will experience mental illness at any one time<sup>1</sup>. While differing age breakdowns between data sets prevent an exact comparison, applying this to the Gold Coast population aged 65+ equates to an estimate of 25,950 people in 2017<sup>2</sup>. This can further be described as;

**5,345** people with mild mental illness

**2,637** people with moderate mental illness

**2,246** people with severe mental illness

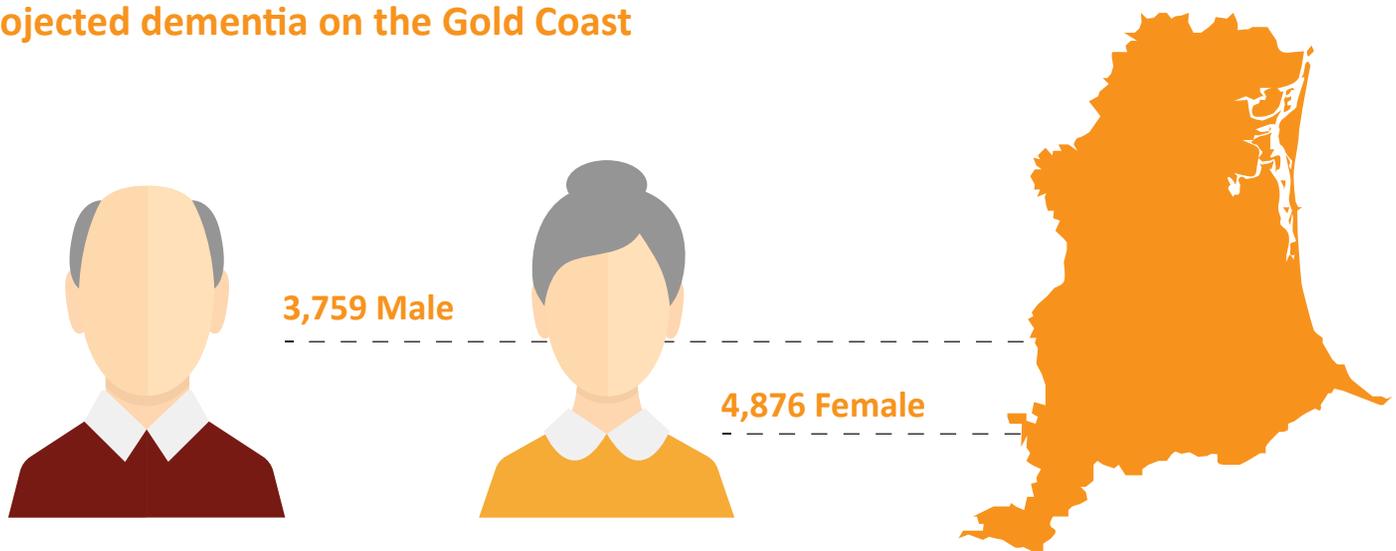
The known association between ageing, physical and mental health concerns will require close consideration of the specialised needs of Gold Coast residents aged 65 and over.

Dementia and Alzheimer's disease was the fourth highest cause of death for people living in the Gold Coast region between 2010 and 2014, only following heart disease, stroke and lung cancer in terms of mortality<sup>3</sup>. The proportion of Australians living with dementia is around 1.3%. National trend data indicates that the incidence and prevalence of dementia will continue to rise in the future. Recent modelling from the ABS indicates dementia deaths will possibly outnumber those from heart disease as soon as 2021 and become the leading cause of death in Australia.



Modelling done by Alzheimer’s Australia<sup>4</sup> ranked the Gold Coast as having the third highest projected prevalence of dementia in Queensland consistently across time from 2011 -2050. Projected prevalence of dementia on the Gold Coast in 2016 is 8,635 people (4,876 female and 3,759 male) while incidence was modelled at 3,581 people (2,110 female and 1,471 male).

## Projected dementia on the Gold Coast



Nationally, there were almost 89,000 people with dementia in permanent residential aged care at 30 June 2015, representing 52% of people with a current ACFI assessment record. By age group, dementia was most commonly recorded among people aged between 80–84 (57%) and 85–89 (56%). Women were slightly more likely to have been diagnosed with dementia (53%, compared with 51% of men). AIHW data on the results of ACFI assessments of people living in residential aged care shows that dementia is associated with increased care needs in all of the three domains of complex health care, behaviour and activities of daily living. In particular, people with dementia had higher care needs in the behavioural domain, with 78% of people with dementia assessed as requiring a high level of care to manage their behaviours, compared with 38% of people without dementia.

Awareness of advanced care planning within the community remains low. Advanced Health Directives (AHDs) and Statement of Choices (SoC) enable residents of aged care facilities to outline their medical treatment if they can no longer make decisions. AHD enables the appointment of an attorney for health and personal matters and includes information that health professionals should know, including health conditions, allergies, and religious, spiritual or cultural beliefs that could affect their care. SoC must see an Enduring Power of Attorney completed prior to undertaking the document. There is no data available to indicate how many people have developed an AHD in the Gold Coast region. Previous research has indicated that only 6% of residents in aged care facilities will have a recognised Advanced Health Directive.

<sup>1</sup> National Mental Health Commission, 2014: The National Review of Mental Health Programmes and Services. Sydney: NMHC

<sup>2</sup> Numbers are synthetic estimates based on the National Mental Health Commission 2014 Review of Mental Health Programs and Services and Census 2016 usual residence population and are intended as a guide only.

<sup>3</sup> Australian Institute of Health and Welfare (AIHW) Mortality Over Regions and Time (MORT) books, by Primary Health Network (PHN), 2010-2014

<sup>4</sup> Alzheimer’s Australia Qld (2011). Projections of dementia prevalence and incidence in Queensland 2011-2050

# Service utilisation

As at June 2016, there were 6,819 government-funded operational aged care places allocated to the aged care planning region of 'South Coast', which mostly aligns to the Gold Coast PHN boundary with the exclusion of some SA2 areas. The region had a higher rate of places per 1,000 people aged over 70 years than Queensland and Australia.

There were 6,048 recipients of government-funded age care services. The majority of these recipients are permanent residents of residential aged care facilities (RACFs). In recent years, the number of RACF recipients in the South Coast region has been steadily increasing, as can be seen by the trends between 2013-2016 shown in Table 3.

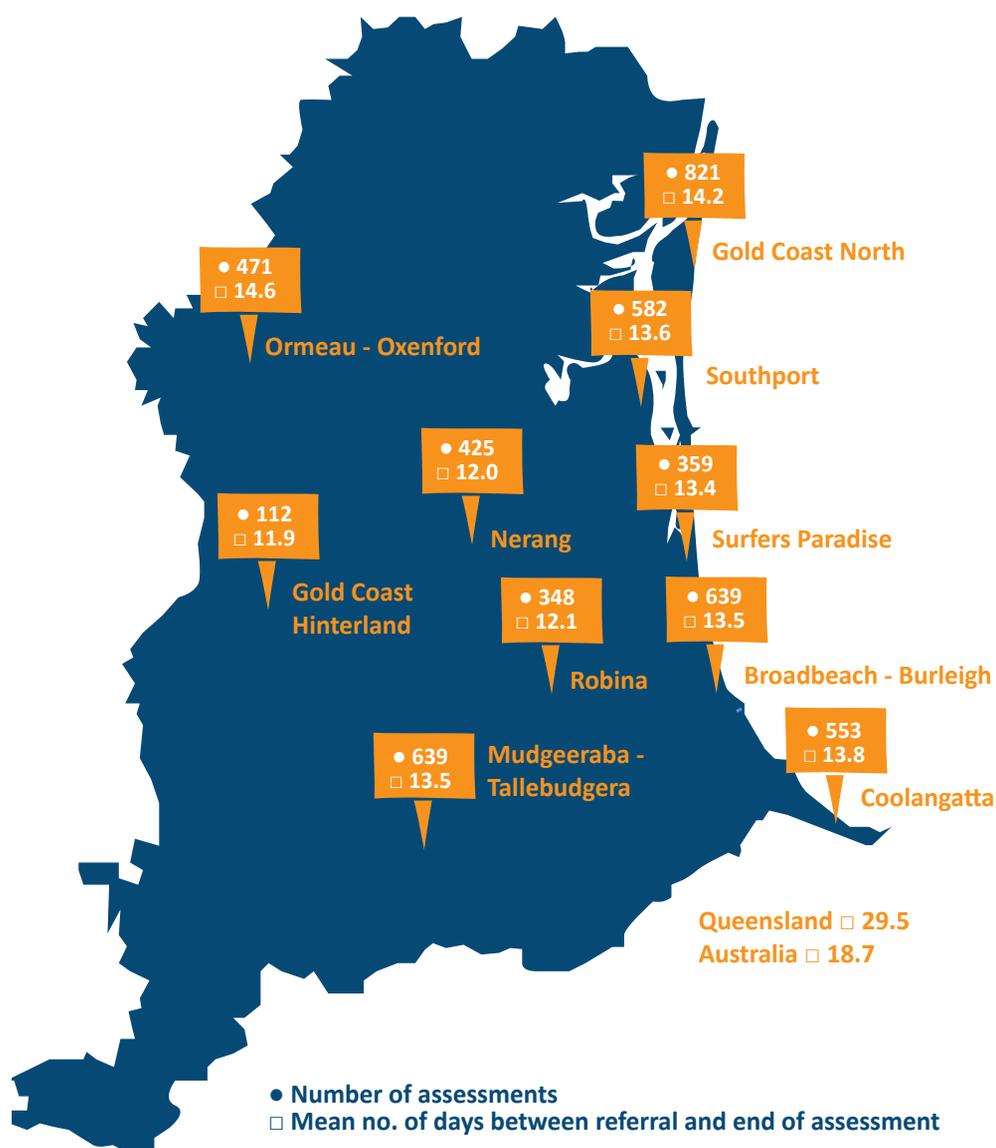
**Table 3: Trend data of residential aged care services within South Coast aged care planning region (2010-2015)**

Source: AIHW (2017). GEN: Aged Care Data. Extracted 15/08/17 [www.gen-agedcaredata.gov.au](http://www.gen-agedcaredata.gov.au)

	2016	2015	2014	2013
Number of places	4,966	4,797	4,523	4,363
Number of recipients	4,521	4,420	4,193	3,946
Annual growth in recipients	2.3%	5.4%	6.3%	-

**Table 4: ACAT assessments complete, by SA3 region, 2014-15**

Aged Care Assessment Teams (ACATs) conduct comprehensive assessments of the care needs of older adults and help them access the most suitable types of care, including approval for government-subsidised aged care. The number of ACAT assessments completed in 2014-15 across the various sub-regions of the Gold Coast region is shown in Table 4. The time for an ACAT assessment to be completed is significantly quicker than the Queensland or Australian averages.



**Table 5. Age standardised rate of Pharmaceutical Benefit Scheme (PBS) prescriptions dispensed for antidepressant, anxiolytic and antipsychotic medicines per 100,000 people aged 65+, by Gold Coast SA3, Gold Coast, state and national, 2013-14**

Source: AIHW National Aged Care Data Clearinghouse

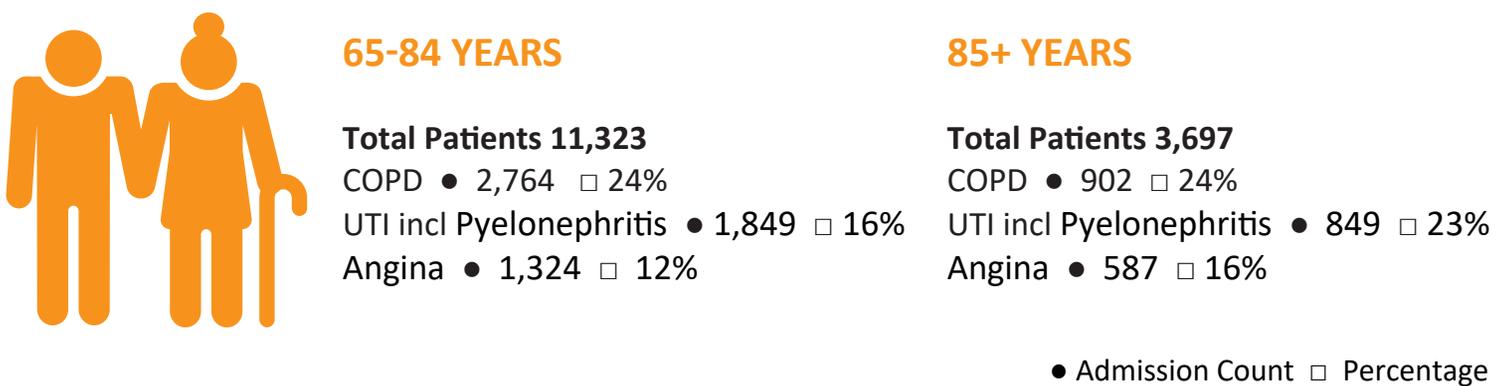
Pharmaceutical Benefits Scheme (PBS) data provides insight into medication dispensing relating to anxiety, depression and psychosis with data available by age. Compared to state and national figures, the Gold Coast had higher rates of anxiolytic dispensing among people aged 65+. Rates were lower than state and national figures for antipsychotic dispensing and similar for antidepressants.

Region	Antidepressant medicines	Antipsychotic medicines	Anxiolytic medicines
<b>National</b>	<b>196,574</b>	<b>27,043</b>	<b>37,695</b>
<b>Queensland</b>	<b>221,409</b>	<b>25,467</b>	<b>46,197</b>
<b>Gold Coast</b>	<b>197,819</b>	<b>20,138</b>	<b>48,613</b>
Broadbeach - Burleigh	182,793	18,533	45,666
Coolangatta	196,998	19,341	54,714
Gold Coast - North	201,933	22,025	53,587
Gold Coast Hinterland	183,492	18,967	39,013
Mudgeeraba - Tallebudgera	220,915	21,381	52,490
Nerang	192,221	17,161	43,510
Ormeau - Oxenford	216,858	18,259	43,619
Robina	176,026	13,888	40,708
Southport	230,803	34,386	62,901
Surfers Paradise	176,153	17,442	49,921

Further analysis of PBS data reveals significant variation of these medication dispensing rates for the 65+ cohort between areas within the greater Gold Coast region. Table 5 below identifies Gold Coast sub-regions with rates exceeding those for the greater Gold Coast, state and/or nationally. Southport has the highest rates across all three medication types with antidepressant, antipsychotic and anxiolytic rates 1.2, 1.3 and 1.7 times the national figures respectively.

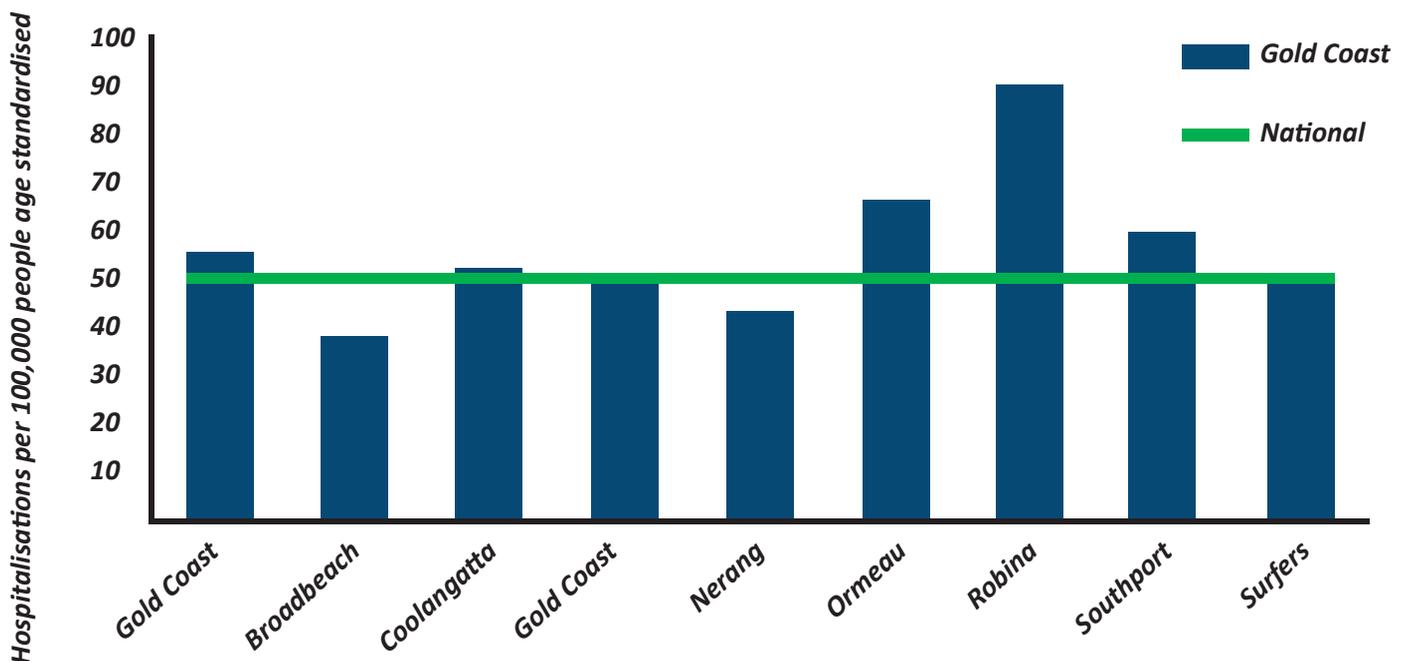
Reducing the number of avoidable hospital admissions is a performance priority for PHNs across the country. There were 15,020 avoidable hospital admissions recorded for people aged 65 years and over at Gold Coast Hospitals between May 2013 and May 2017. Table 6 below shows that the most common causes of avoidable admissions in this age group are chronic obstructive pulmonary disorder (COPD), urinary tract infections (UTI), angina and heart failure.

**Figure 6: Potentially avoidable hospital admissions for Gold Coast residents aged 65 years and over, May 2013 to May 2017**



There were 374 overnight hospitalisations for dementia across the Gold Coast region in 2014-15. By SA3 level, the three sub-regions with the highest rates of dementia hospitalisations were Robina, Ormeau-Oxenford and Southport with hospitalisation rates of 91, 66 and 60 per 100,000 people respectively (*Figure 1*).

**Figure 1. Hospitalisations for Dementia, per 100,000 people age-standardised, by Gold Coast SA3, Gold Coast and National, 2014-15**





Pharmaceutical Benefits Scheme (PBS) data provides insight into medication dispensing relating to Alzheimer’s disease. Compared to state and national figures, the Gold Coast had a higher rate of anticholinesterase dispensing among people aged 65+. Further analysis reveals significant variation of these medication dispensing rates for the 65+ cohort between areas within the greater Gold Coast region. Table 7 below identifies six Gold Coast sub-regions with rates exceeding those for the greater Gold Coast. The Gold Coast Hinterland had the highest rate, followed by Mudgeeraba-Tallebudgera at 1.4 and 1.3 times the national figure respectively.

Region	Anticholinesterase medicines
<b>National</b>	<b>12,650</b>
<b>Queensland</b>	<b>11,655</b>
<b>Gold Coast</b>	<b>14,247</b>
Broadbeach - Burleigh	14,121
Coolangatta	14,782
Gold Coast - North	14,830
Gold Coast Hinterland	17,052
Mudgeeraba - Tallebudgera	16,263
Nerang	11,993
Ormeau - Oxenford	14,672
Robina	10,202
Southport	14,126
Surfers Paradise	4,426 1

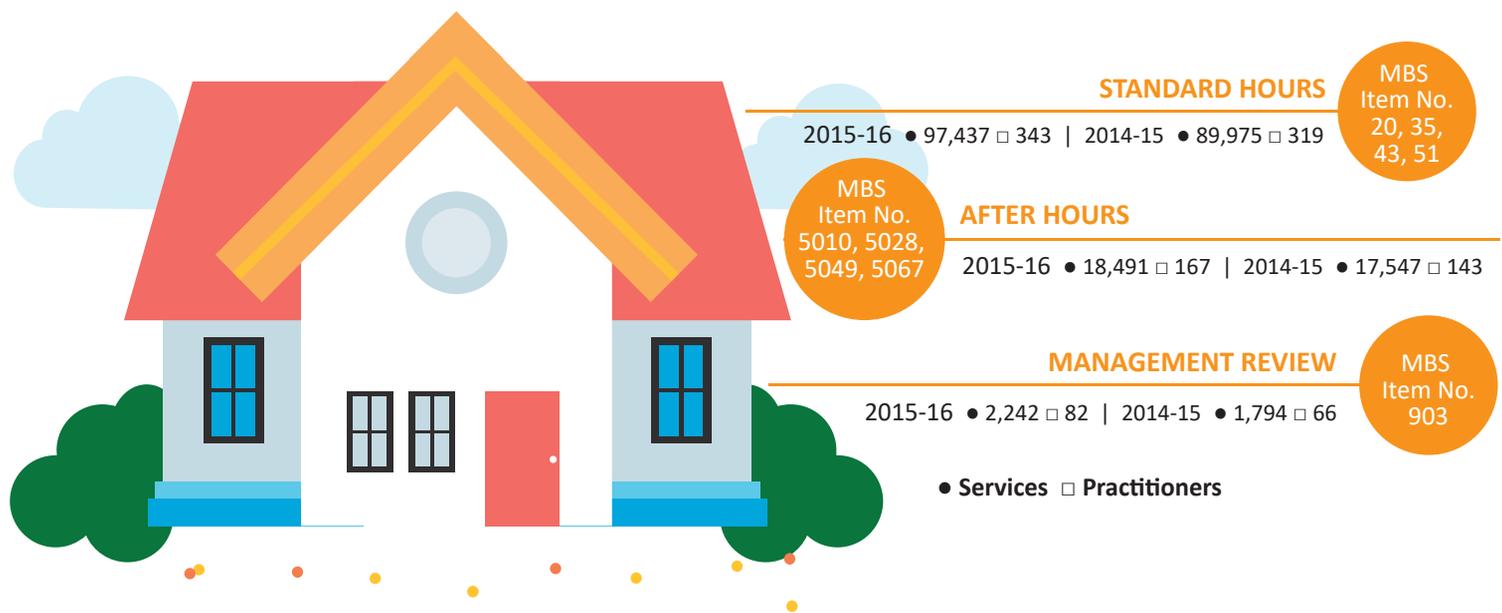
Source: ACSQHC Australian Atlas of Healthcare Variation, 2015

Another significant contributor to hospitalisations for older people is falls. Falls have a much higher likelihood and consequence for older adults. The Gold Coast region has an average of 2,894 hospitalisations per year for falls amongst people aged 65 years and over, at a rate per capita that is highest out of all seven Queensland PHNs.

There are several items on the Medicare Benefits Schedule (MBS) specifically for professional attendances at a residential aged care facility. The below diagram shows that the number of services claimed, and practitioners claiming, for these MBS items across the Gold Coast PHN region in 2015-16 increased compared to the previous year.

**MBS items claimed at residential aged care facilities (RACF) in Gold Coast PHN region, 2015-16**

Source: Department of Human Services, Medicare Australia Statistics



There are a number of items listed on the MBS for palliative care for specialist services, but not for GPs. There were only 96 services claimed by 4 providers for any palliative medicine specialist items listed on the MBS in 2015-16. This equates to a crude rate of MBS-subsidised palliative services of around 16.8 per 100,000 people for the Gold Coast region, compared to the national rate of 310.4 per 100,000 population. The AIHW report Palliative care services in Australia<sup>5</sup> provides additional at a national level, including:

- 70% of Australians say they would prefer to die at home, but only 15% do. Around half of all deaths occur in hospital and just over a third in residential aged care.
- About 46% of patients who die as an admitted patient at a hospital receive palliative care.
- There were 65,000 palliative care-related hospitalisations reported from public and private hospitals in Australia in 2014-15 (this would equate to around 1,600 admissions for the Gold Coast region). Just over half of these were for people aged 75 years and over.
- The number of palliative care-related hospitalisations between 2010-11 and 2014-15 increased by 19.2%
- About 1 in 1,000 patient encounters with GPs in 2014-15 was palliative care-related.
- The vast majority of palliative care services delivered are for patients with advanced cancer, despite patients suffering from other chronic life-limiting conditions such as heart failure, COPD or dementia have symptoms as severe and distressing as those of cancer patients<sup>6</sup>

Advance care planning involves planning for future health and personal care should a person lose their decision-making capacity. ACP can lead to completing an Advance Health Directive (AHD), a legal document intended to apply to future periods of impaired decision-making. There are no dedicated MBS item numbers for advanced care planning. Instead it is undertaken as part of standard GP consultations, health assessments, chronic disease management plans or case conferencing items. As such, no regional data to indicate the number of advance care planning services being undertaken by GPs is available. A survey to measure the prevalence of ACDs undertaken in 2014 found that around 14% of the Australian population has an ACD, with that level as high as 19% in Queensland<sup>7</sup>. Interestingly, those people who had made a will or had an enduring power of attorney were more likely to have an ACD. However, these findings are limited by the small sample size.



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5 AIHW (2017). Palliative care services in Australia, web report

6 Palliative Care Australia (2017). The Economic Value of Palliative Care and End-of-Life Care, Economic Research Note 1

7 White, B et al (2014). Prevalence and predictors of advance directives in Australia, Intern Med J, 44(10):975-80

# Service Mapping

Services	Number in GCPHN Region	Distribution	Capacity Discussion
Palliative inpatient unit, Gold Coast Health	1	Robina Hospital	<ul style="list-style-type: none"> <li>• 1 public purpose-built 16 bed palliative care unit</li> <li>• Assessment by local palliative care service required before admission</li> <li>• Patients are admitted for short periods of pain and symptom control, or care during the last days of life when care at home is not possible</li> <li>• Not a long-term facility—patients may be discharged to more appropriate care</li> <li>• Patients unable to return to community are assisted to pursue residential care options</li> <li>• Does not admit patients for respite</li> <li>• There may be additional public inpatient beds at GCUH (Southport) in the future</li> </ul>
Community Service Team, Gold Coast Health	1	Outreach	<ul style="list-style-type: none"> <li>• Provide a consultative service in patients' homes and provide support to the GP and other teams when necessary</li> <li>• Delivered through a consortia model with OzCare, Blue Care and Anglicare</li> <li>• GCH nurses in this service are case managers, other orgs deliver care</li> <li>• Does not service RACFs currently</li> </ul>
Older Persons Mental Health Unit (inpatient), Gold Coast Health	1 (16 Beds)	Robina Hospital	<ul style="list-style-type: none"> <li>• Inpatient service is for people aged 65 and over with acute mental disorders and co-existing age-related issues.</li> </ul>
Older Persons Mental Health Community Team, Gold Coast Health	1	Robina Hospital and outreach	<ul style="list-style-type: none"> <li>• Multidisciplinary mental health assessment and treatment for older people with mental illness.</li> <li>• Access to services is not exclusively on the basis of age, or diagnosis, but is based on the need for specialist older person's mental health care. Eligibility is 65+ with mental illness or complications from functional impairments or illness associated with ageing. Under 65s can access if have co-morbid chronic cognitive and physical disorders resulting in impairment of basic activities of daily living, or existing involvement with aged care services.</li> </ul>

Services	Number in GCPHN Region	Distribution	Capacity Discussion
Palliative outpatient unit, Gold Coast Health	2	Robina Hospital and GCUH (Southport)	<ul style="list-style-type: none"> <li>Outpatient Clinics are co-ordinated by the community services team</li> <li>There is no gap to pay</li> <li>GCUH also has a dedicated medical and nursing team that provides consultative care five days a week but does not admit patients under its care</li> </ul>
Complex Needs Assessment Panel (CNAP) 65+	1	Outreach	<ul style="list-style-type: none"> <li>Coordination of appropriate care and services and support older people with complex mental health needs.</li> <li>Eligibility criteria applies</li> <li>Anecdotal feedback is that the majority of referrals come from existing care coordination providers and not many come through from general practice.</li> </ul>
Bereavement services	2	Robina Hospital and GCUH (Southport)	<ul style="list-style-type: none"> <li>Family and partners receive follow up consultations by a Social Worker, Chaplain, Community Nurse or Medical Officer</li> <li>Ongoing support arranged through other community services</li> <li>Previous funding issues for this service but funding reinstated 1 July 2017</li> </ul>
Hopewell hospice	1	Located at Arundel with some outreach	<ul style="list-style-type: none"> <li>Holistic palliative and respite care, 24-hr on-site nursing, ancillary services and follow-up bereavement services</li> <li>8 beds, 1 public bed used by GCH Inpatient Unit</li> <li>Also provide short courses for family and carers of people with chronic and terminal conditions and education services for health professionals</li> <li>A private service where fees are payable by negotiation</li> </ul>
Community aged care service providers with specific, palliative services	9	Outreach- various service footprints across the Gold Coast region	<ul style="list-style-type: none"> <li>Access costs vary based on individual needs but are often subsidised under a government-funded care package, DVA or private fee for service</li> <li>Not all services provide nursing care, some focus more on social and respite</li> </ul>
Alzheimer's Australia Cedar and Rosemary House	2	Mudgeeraba and Arundel	<ul style="list-style-type: none"> <li>Specific respite services for people with Alzheimer's</li> <li>Day respite, overnight respite, community activities</li> <li>Access is either through package, commonwealth carers respite or fee for service</li> </ul>

Services	Number in GCPHN Region	Distribution	Capacity Discussion
Australian Psychological Institute	1	Bundall	<ul style="list-style-type: none"> <li>Psychology clinic specialising in head injuries and Alzheimer's</li> <li>Private service—consults with Alzheimer's specialist are not bulk billed</li> </ul>
Dementia Support Australia advisory service and response team	1	24-hour help line and mobile specialist team	<ul style="list-style-type: none"> <li>National free phone with info, assessment and short-term case management—response time as at July 2017 around 2 weeks</li> <li>Mobile response team provides assistance to RACFs with addressing the needs of people with severe behavioural symptoms of dementia</li> </ul>
Decision Assist	National	Phone service	<ul style="list-style-type: none"> <li>2 phone advisory lines to staff working in aged care and general practice</li> <li>Advance care planning, Mon-Fri 9am-5pm</li> <li>Specialist palliative care, 9am-8pm, 7 days/wk</li> </ul>
Cognitive Disorders Clinic, Gold Coast Health	1	Robina	<ul style="list-style-type: none"> <li>Geriatrician-led clinic providing multi-disciplinary diagnostic and intervention service for patients with dementia and other cognitive disorders</li> <li>Eligibility is for people 45 years and over experiencing cognitive problems</li> </ul>
Online education and training resources	Several	Outreach	<ul style="list-style-type: none"> <li>A number of e-learning resources exist to assist health professionals support patients with advance care planning and palliative care</li> <li>Care Search Online ACP modules for consumers general practitioners and other health professionals</li> <li>End-of-Life Essentials, a project through Flinders University targets staff in acute setting</li> <li>Advance is a project led by Hammond Care aimed at general practice nurses</li> </ul>
Support groups	Several	Gold Coast	<ul style="list-style-type: none"> <li>There are number of support groups for people with dementia and their carers/families on the Gold Coast, however detailed information is often difficult to find as meeting times may vary</li> </ul>
Navigators	4	Gold Coast	<ul style="list-style-type: none"> <li>To be appointed by Gold Coast Health 2018 focussed on RACFs</li> <li>To be appointed by Gold Coast Health 2018 focussed on osteoporosis</li> </ul>

# Consultation

Consultation with providers, consumers and key stakeholders indicates that there are communication and coordination issues across the multiple providers usually involved in delivery of palliative care service in the community.

Providers advised there was often confusion over the responsibility of care when a person had mental health and or cognitive issues, this often results in delays of access to services. Further comments indicated people with cognitive impairment and people with mental health concerns aged 65 or older were difficult to assist due to exclusions with many eligibility criteria.

Additionally, Gold Coast Health staff have raised challenges with hospital coding around admissions relating to dementia and mental health issues which has an adverse impact on the ability to access up-to-date data.

## **Feedback from the GCPHN Clinical Council in November 2017 relating to the health needs and service issues of older people on the Gold Coast:**

- Increasing hospitalisation presentations for behavioural issues related to dementia but this is not always coded appropriately and there are lot of co-morbidity issues.
- High rates of UTIs may not reflect the issues well as it is often behavioural issues that lead to the hospital presentation and only later that UTI and pyelonephritis are diagnosed.
- While a high rate of people may pass away in hospital outside of the palliative care program (as indicated in Table 8), Gold Coast Health report the rate of people outside of the palliative care program for whom a “care of the dying” pathway is implemented is high.
- There is limited help for family members to support palliative and older adult patients and this means it is difficult for people to maintain employment and other commitments.

## **Feedback from the GCPHN Community Advisory Council in October 2017 relating to the health needs and service issues of older people on the Gold Coast:**

- More advanced care plans would be beneficial however limited time available for clinicians or others to have detailed end of life planning discussions.
- Concerns about the nutritional content and limited resident centred food options (in terms of meal time and preferences)
- Not enough support for people to stay well at home and avoid unnecessary transfers to hospital, particularly for palliative patients
- Very difficult for older people to navigate the system for what they need, particularly if no family. Include family in stakeholder meetings when people are frail.
- Limited mental health care available particularly for RAFC residents, limited psycho social stimulation in many facilities
- Dementia is a complicating factor for many older people and their families, more inclusion of families and access to information and

**The GCPHN Community Advisory Council also confirmed issue previously raised though the 2016 needs assessment process were still valid:**

- Current advanced care planning is limiting, formal document is not consumer friendly, language is not accessible and the task of completing the long form is overwhelming.
- Consumers felt the GP was a good person to talk to about advanced care plans, however there needs to be a relationship and trust already in place, not everyone wants to discuss these things with family, especially in different cultures.
- Advanced care planning is important but also emotional, people need adequate time to read and understand, can't be done in a ten-minute consult.
- Community expectation is that GPs would be able to support individuals and family members through the process of following the wishes of their families/loved ones
- People would like their GP to raise advanced care planning with them, particularly if there is diagnosis of chronic disease.

# Gold Coast Primary Health Network

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