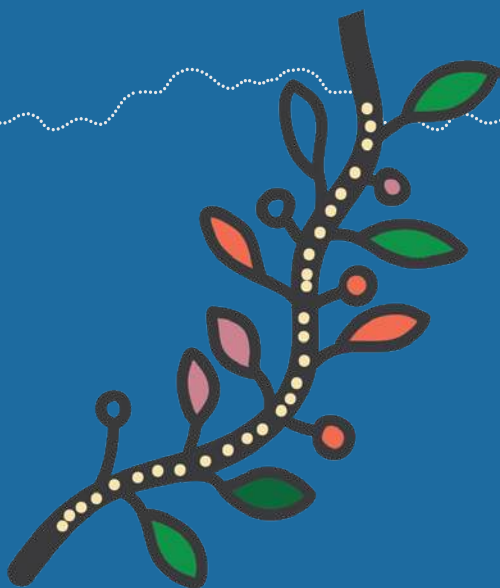


Gold Coast Joint Regional Needs Assessment 2024-2026

Summary report



Artwork Acknowledgement

We acknowledge artwork produced for Gold Coast Health by Riki Salam, We are 27 Creative, used throughout this document.

Acknowledgement of Traditional Custodians

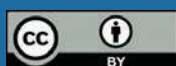
Jingeri. We acknowledge the Traditional Custodians of the land in which we work, live and grow, the Kombumerri, Wangerriburra, Bullongin, Minjungbal and Birinburra peoples, of the Yugambeh Language speaking nation. We also pay our respects to Elders past, present and emerging.

Contributions

Many partners, groups, and individuals contributed their guidance, expertise, and lived experience to the development of the Gold Coast Joint Regional Needs Assessment. The authors acknowledge and extend gratitude for the time and effort spent contributing to this project, and the commitment to ensuring a shared understanding of our community's needs.

Gold Coast Joint Regional Needs Assessment 2024-2026 Summary Report

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Foreword

The Gold Coast Joint Regional Needs Assessment (2024-2026) (JRNA) provides a comprehensive view of the evolving needs of our diverse Gold Coast community as it undergoes a period of unprecedented growth.

The JRNA builds on the previous Gold Coast Health Local Area Needs Assessment 2022-2025 and the Gold Coast Primary Health Network Health Needs Assessment 2023, by expanding the strong partnership between Gold Coast Health, Gold Coast Primary Health Network (GCPHN) and Kalwun Development Corporation (Kalwun) to include the Queensland Ambulance Service (QAS).

This expanded partnership creates an integrated system view of the health and service needs of our diverse and evolving Gold Coast community, enabling us to collectively plan for and prioritise the most pressing needs.

A commitment to collaborative, priority-driven planning has never been more important. Our health system continues to face significant pressures, including a growing and ageing population, workforce shortages, disparities in socioeconomic means and increasing complexity of health needs. By acknowledging these challenges and clearly defining the role and contributions of each partner organisation, we can provide care that is responsive, person-centred and aligned with our shared vision of achieving optimal health outcomes for the Gold Coast community.

We extend our sincere thanks to everyone, particularly our consumers and clinicians, who have been part of the development of the JRNA. Your insights and experiences have helped shape our priorities as we together support a healthy Gold Coast community.



A stylized signature in blue ink.

Ron Calvert,
Chief Executive, Gold
Coast Hospital and
Health Service



A stylized signature in blue ink.

Kieran Chilcott,
Chief Executive Officer,
Kalwun Development
Corporation



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Matt Carrodus,
Chief Executive Officer,
Gold Coast Primary
Health Network



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Andrew Hebborn,
Assistant
Commissioner,
Queensland Ambulance
Service (Gold Coast)

Introduction

About the Joint Regional Needs Assessment

The Gold Coast Joint Regional Needs Assessment (JRNA) is a comprehensive review of the most significant health and service needs impacting the Gold Coast community across primary care, community health, hospital services, ambulance services, and Aboriginal and Torres Strait Islander community-controlled health services.

A comprehensive needs assessment is crucial for understanding and addressing the growing health and service needs of the Gold Coast community across all health sectors.

The JRNA will underpin local planning in the region, as well as inform state-wide investment prioritisation.

The JRNA was developed through a partnership between four key organisations: Gold Coast Primary Health Network (GCPHN), Gold Coast Health (GCH), Kalwun Development Corporation (Kalwun), and Queensland Ambulance Service (QAS), building a shared understanding of the needs of our community.



Introduction

Context

Joint planning between the secondary and primary health care sectors has been occurring in the Gold Coast region for over a decade, including the development of the Gold Coast Local Area Needs Assessment in 2022. Building on that success, a formal partnership between the Queensland and Australian Federal Governments was established in 2024, agreeing that henceforth, joint health and service needs assessments would be required throughout Queensland. This will support ongoing transitions towards more integrated planning and commissioning processes. Gold Coast region QAS is the first ambulance service to also participate in developing a joint needs assessment.

Methodology

The methodology for the JRNA followed three key phases:

1 Data analysis

A mix of quantitative and qualitative data was gathered to develop a comprehensive understanding of the region's health and service landscape. Data sources included existing national, state and local health collections and demographic data. This was complemented by purposeful collection of service mapping, focus group and survey information.

This phase aimed to identify population health indicators, service demand and usage patterns, and existing opportunities and gaps, ensuring the analysis was robust and reflective of regional challenges.

2 Validation and triangulation

Evidence gathered during the data collection phase was synthesised to integrate insights from stakeholders, service mapping, and quantitative findings. Triangulation processes sought to identify and rectify any inconsistencies or evidence gaps, translate evidence into key needs statements, and align those identified needs against a range of stakeholder expectations and understanding, ensuring that the finalised needs were valid and relevant to the local health service context.

3 Prioritisation

Finalised need statements were ranked using a structured matrix that considered their magnitude, severity, and equity implications. Stakeholder sentiment and expert evaluations were integrated into the process to ensure priorities were both evidence-based and reflective of community values. The result was a comprehensive list of prioritised needs of the region.



Pictured: First Nations Medical interns. L-R Chloe Allen, Johanna Cole, Unngoorra Harbour, Brock Pascoe



Engagement

Stakeholders, including clinicians, service providers, consumers, carers, and advisory councils, contributed insights through targeted consultations and workshops. The JRNA development leveraged a large body of recent engagement with a diverse range of stakeholders, with additional targeted engagement with select groups who may not have been sufficiently represented in broader consultation, including members of multicultural communities and people experiencing homelessness. Feedback was integrated at each stage to ensure the JRNA accurately represented local needs and priorities.

Regional health and service needs

The JRNA identifies 71 population health and service needs across 12 themes. The final list of needs was refined from more than 200 items identified during the development of the JRNA, which were then aggregated and screened for validity and relevance. The JRNA does not seek to identify the full spectrum of need experienced by every individual and service in the Gold Coast region. Instead, it highlights the most significant areas of health or service need – the most pressing or largest challenges and the areas with greatest opportunity to improve health in our community, based on the evidence available.

The overarching themes identified in the JRNA are:

-  Demand
-  Health workforce
-  General Practice and primary care
-  Determinants, health behaviours and prevention
-  First Nations people
-  Populations experiencing inequity
-  Pregnancy and children
-  Older people
-  Cancer and chronic disease
-  Mental health, alcohol and other drugs, and suicide prevention
-  Palliative care (end of life care)
-  Oral health

Gold Coast population snapshot



1,858km² from the Logan River to the NSW border

Traditional lands of the Kombumerri, Wangerriburra, Bullongin, Minjungbal and Birinburra peoples of the Yugambeh language group

682,488
estimated population
in 2023



The Gold Coast
is one of the fastest
growing regions
in Australia:

**+ ~128,000
people**
in last 10 years

**>1 million
population**
by 2046¹

**Ormeau-
Oxenford**

Fastest growing area:
+~67,000 people
in last 10 years²

Compared to Queensland,
the Gold Coast population:

Is older
median age 39.5
vs Qld: 38.6²
Year: 2023



Lives longer
life expectancy at birth 83.7
vs Qld: 82.3
Year: 2021-2023

More culturally diverse
34.7% born overseas
vs Qld: 28.6%⁴
Year: 2021



2.2%
of people identify
as **First Nations**
Year: 2021



5.5%
residents have
a **profound or
severe disability**
Year: 2021

1 in 5 people 
born in a non-English speaking country

Year: 2021

China (excluding SAR and Taiwan), India, Philippines,
Brazil, Japan and Republic of South Korea).

Health Services snapshot

Gold Coast Health services:

Major public hospitals:

H Gold Coast University Hospital & Robina Hospital

H Coomera Hospital (under construction)

- 1 Day Hospital
- 1 Satellite Health Centre
- 2 Health Precincts
- 2 Community Health Centres
- 2 Urgent Care Centres

General practice:

- + 212 general practices

Kalwun:

- Health clinics

Queensland Ambulance Service

- + 14 Ambulance Stations
- + 68 Class 1B ambulances
- + 11 patient transport vehicles



Services delivered annually




















- 204k+ public ED presentations*
- 192k+ hospital admissions*
- 1.2m+ outpatient appointments*
- ~4.7m GP services**
- ~164k ambulance responses*

Workforce



- 880 general practitioners
- ~450 primary healthcare nurses
- ~10,200 GCH staff (FTE), incl.
- 1400 medical
- 4700+ nursing
- 1300+ allied health, professional & technical staff

Demand

Needs	Responsible Agency			
	GCH	GCPHN	Kalwun	QAS
Insufficient service capacity to meet growing demand due to population growth, particularly in northern Gold Coast.				
Inadequate capacity to provide timely access to several specialist outpatient; procedural; and elective surgery specialties, including ENT, ophthalmology, gastroenterology; endoscopy and cardiac investigation/intervention; and orthopaedics and general surgery respectively.				
Constrained system capacity requires investment in alternate models of care, including digital opportunities to manage and mitigate demand.				
QAS capacity is unable to meet demand and scheduling pressures for non-urgent patient transfer, including renal dialysis.				
Increasing rate of eating disorders, including severe cases requiring medical stabilisation and complex multi-specialty management.				
Growing demand for hospital services and inadequate transition practices between paediatric and adult services requiring specialised, cohorted inpatient capacity to support safe and effective care.				
Constrained QAS system capacity requires investment in alternate models of care, including scaling sole, co-responder and digital options.				
Growing demand for acute care, specialised rehabilitation and ongoing care for GCHHS catchment residents with spinal cord injuries unable to secure timely access to current statewide service.				
Limited QAS fleet capacity to manage surge periods including major events.				

Findings

Demand for healthcare services has increased due to high population growth as well as people accessing services more frequently than they were. At the same time, our health services have not grown at the same rate. Demographic factors, insufficient health sector infrastructure, workforce growth, and external market forces (e.g. decrease in bulk billing and aged care reform) all contribute to excess demand on health services.

Population

23.1% ↑

population growth
between 2013
and 2023⁸

17-22% ↑

projected growth
by 2033⁹



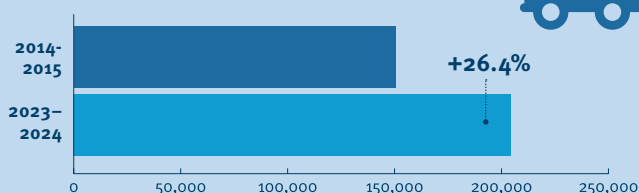
5.7% ↓
fewer GPs

per 1,000 people
in 2023 (1.32)
than 2020 (1.40)¹⁰

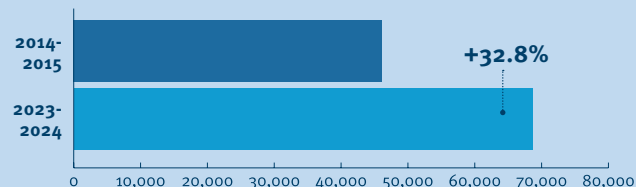
ED & paramedic demand growing³



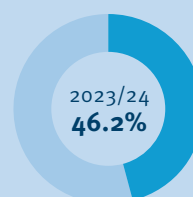
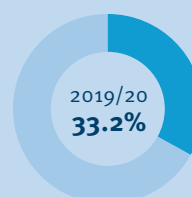
ED presentations,
GCHHS



ED arrivals
by ambulance,
GCHHS

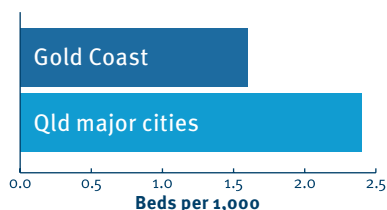


Proportion of ambulance
arrivals on stretcher
> 30 min (ramped), GCHHS

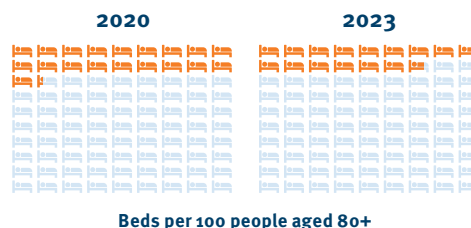


Lower service availability

Public
hospital beds
per capita
2022-23



Residential
aged care
availability



Growing waitlists for specialist services

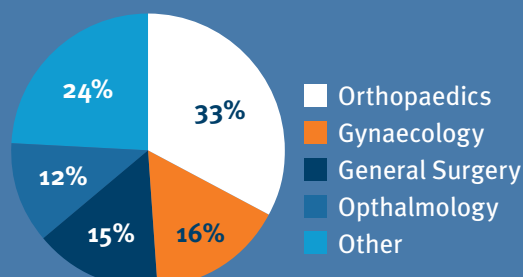
Elective surgery
waitlists grew by

16.4% ↑







from 2021-22
to 2023-24¹²



Elective surgery
patients waiting
2021-22 to 2023-24



Health workforce

Needs	Responsible Agency			
	GCH	GCPHN	Kalwun	QAS
Worsening clinical workforce shortage in the primary, secondary, community and aged care sectors.				
Increasing risks of frontline staff experiencing psychosocial/psychological hazards.				
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.				




Findings

Rising demand for healthcare is placing additional strain on the workforce already affected by burnout and recruitment challenges. High vacancy rates, early retirement and inequity in pay and conditions across the sector are exacerbating shortages, leaving the health system overall likely to face ongoing challenges in meeting growing healthcare needs. Competition for workforce across southeast Queensland in the next few years as the system grows to meet demand will be further exacerbated by constrained housing availability and relatively high costs.

Growth in workforce needed to open planned services
More than 3000 additional staff
 needed to open planned infrastructure

The clinical workforce is ageing & many planning retirement

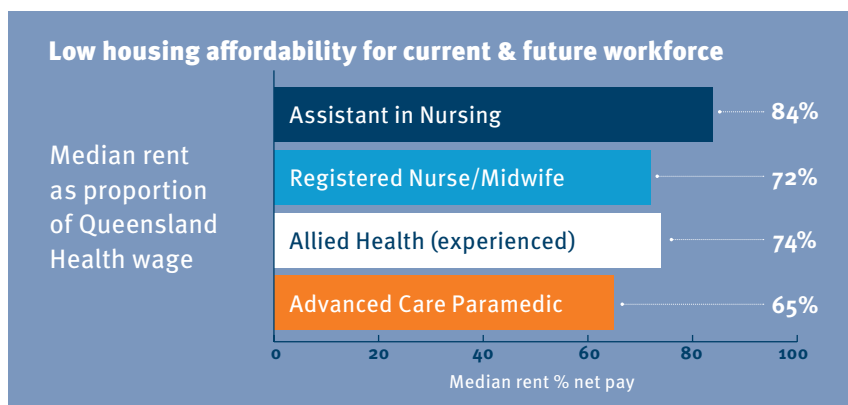
Proportion of GC clinical workforce intending to retire by 2030¹³

Medical	
Nursing	
Allied Health	

Low psychosocial wellbeing for health workforce














29% of GPs report they cannot maintain a good work-life balance¹⁴

5.9% of doctors under 30 report very high psychological distress¹⁵



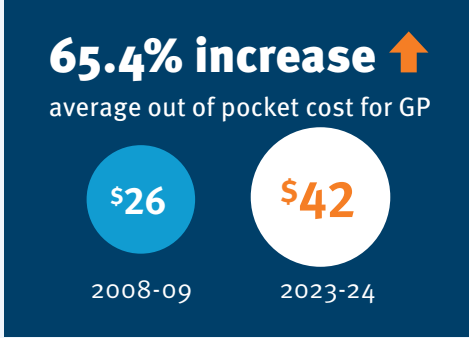
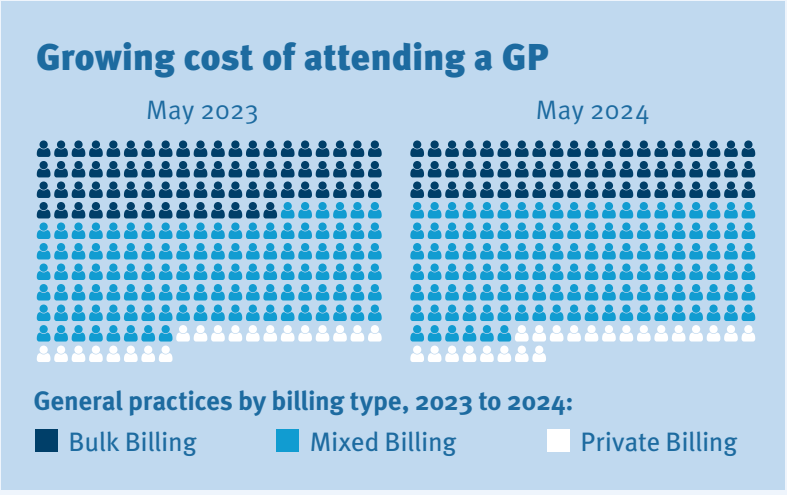
¹³Queensland Health, SPR, Workforce Strategy, Whole of Industry, Gold Coast HHS boundary. ¹⁴The Navigators, RACGP Health of the Nation survey April/May 2022. ¹⁵National Mental Health Survey of Doctors and Medical Students, Beyond Blue.

General Practice and primary care

Needs	Responsible Agency			
	GCH	GCPHN	Kalwun	QAS
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.				
Reduced bulk billing and reducing GP per capita rates leading to poorer access for some vulnerable people.				
Insufficient resources for some general practices and Residential Aged Care Homes (RACHs) to implement frequent reform and new initiatives.				
Challenges for general practices, primary care and RACHs in adopting digital health.				

Findings

General practice and primary care are under significant pressures from an increasing population, inefficient linkages with the acute sector and insufficient resources to meet policy reform changes. There has been a reduction in the number of bulk billing general practices across the Gold Coast, reducing affordable primary care options for a population under growing cost of living pressures. This change in billing practices has resulted in reduced access for vulnerable populations.




Handovers from hospital to primary care

Insufficient system to support timely discharge summaries & handover¹⁷













Lack of resources, guidance, and education for primary care

Resource constraints within the primary care & RACH make it difficult to adopt digital health or implement reform and improvement initiatives.¹⁸



¹⁶Medicare quarterly statistics – Bulk Billing by Primary Health Network (December quarter 2024-25).
¹⁷GCPHN Primary Health Care Committees, “Coordination and Integration” theme, consultation findings, 2024.
¹⁸GCPHN Primary Health Care Committees, “Coordination and Integration” theme, consultation findings, 2024.

Determinants, health behaviours and prevention

Needs	Responsible Agency			
	GCH	GCPHN	Kalwun	QAS
Growing numbers of people with socioeconomic disadvantage and associated higher need, especially in the northern Gold Coast.				
Declining vaccination rates, including in children and in RACHs.				
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.				

Findings

The Gold Coast population appears relatively socioeconomically advantaged at a regional level, with lower prevalence of many lifestyle risk factors. However, aggregated headline indicators homogenise and mask the disparities that exist between small geographical areas and population groups in the region. Low housing affordability, declining vaccination rates, and increasing prevalence of select lifestyle risk factors are evident at lower levels of data analysis and indicate growing disadvantage among the Gold Coast population. Further significant increases in housing stress widely reported since the last census are not indicated here but are assumed to be contributing to additional socioeconomic disadvantage.

Elevated lifestyle risk factors

% adults overweight or obese



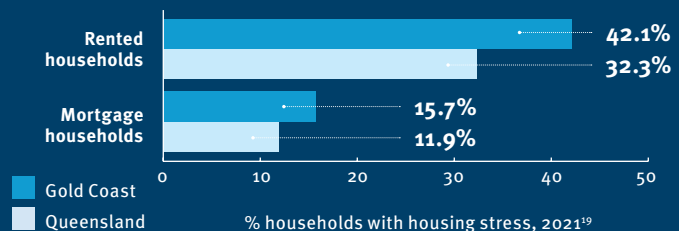
% adults risky alcohol use



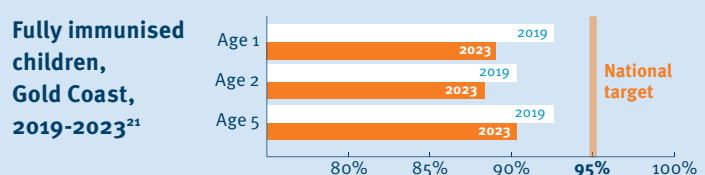
4 in 10 adults physically inactive



High housing stress



Immunisation rates below national targets (95%) & declining



¹⁹Australian Bureau of Statistics, Census of Population and Housing, 2021. ²⁰Queensland Health, The health of Queenslanders Report of the Chief Health Officer Queensland, 2023. ²¹Australian Immunisation Register, 2024



First Nations people

Needs	Responsible Agency			
	GCH	GCPHN	Kalwun	QAS
There are lower screening rates and increasing morbidity and mortality for cancers in the First Nations community.	●	●	●	
Need to actively eliminate racial discrimination, lateral violence and institutional racism.	●	●	●	●
Ongoing improvements are required in culturally safe service provision across the system to ensure equitable, effective access for First Nations people.	●	●		●
Low rates Indigenous specific health checks (MBS 715).		●	●	
Suicide prevention is a significant issue for the First Nations Community.		●	●	
Low rates of people who identify as First Nations in health workforce, particularly for clinical roles.	●	●	●	●
Limited culturally informed holistic approaches to wellbeing and ill health prevention.	●	●	●	
Limited system partnerships addressing social determinants of health.	INTERAGENCY			

Pictured: Sistas Shawl initiative.
Image credit: Remco Photography 2024

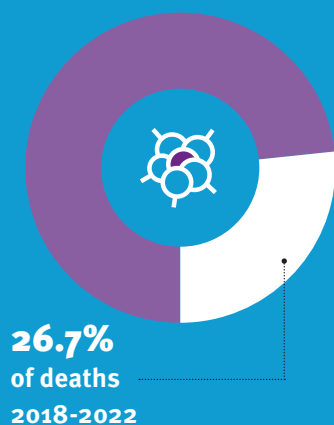


²²AIHW analysis of MBS data.
NOTE: Indigenous-specific health check has MBS item 715. ²³Queensland Perinatal Data Collection

Findings

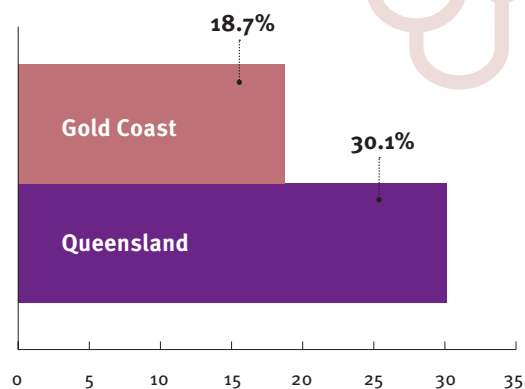
First Nations people in the Gold Coast region experience health inequities, with a significant health burden attributable to cancers, cardiovascular disease, and endocrine disorders. There has been improved access to some services, particularly antenatal care, however, there remains a need for increased cultural safety to drive more equitable health outcomes.

Cancer is the leading cause of death



Low uptake of health checks

Indigenous specific health checks, 2021-22²²



First Nations newborn and maternal health²³

9 in 10

mothers attended 5 or more antenatal care visits in 2021



1 in 5 mothers smoked during pregnancy in 2022

9 in 10

babies have healthy birth weight in 2020-2022



Limited representation in Gold Coast Health workforce





































Identified as First Nations

1.7%

2.2%

Gold Coast population

Populations experiencing inequity

Needs	Responsible Agency			
	GCH	GCPHN	Kalwun	QAS
Higher rates of mental ill health and mental health related ED presentations among people experiencing homelessness.				
Limited resources, variable capability and unclear pathways for primary healthcare practitioners and paramedics to recognise and support patients experiencing family and domestic violence.				
Cost, transport and stigma limit the ability of people experiencing homelessness to access health care, including health checks, preventative and follow up care.				
Large and growing Māori and Pasifika community with higher reported health needs and challenges accessing healthcare.				
Out-of-pocket costs and safety concerns limit access to health services for people experiencing family and domestic violence.				
Gaps in cultural capability across service providers and clinicians, particularly relating to sensitive issues such as mental health, AOD and FDV.				
People from multicultural backgrounds have higher reported prevalence of diabetes, arthritis, and heart disease.				
Limited effective use of translation services in primary care and ambulance response services.				
Migrants are often unfamiliar with the Australian health system and have lower health literacy.				

²⁴Gold Coast Homelessness Network, consultation finding, 2023. ²⁵Uniting Care & St John's Crisis Centre, consultation finding, 2024. ²⁶Queensland Health Emergency Data Collection. ²⁷Australian Bureau of Statistics, Census of Population and Housing, 2021. ²⁸Multicultural Communities Council Gold Coast, consultation findings, 2024. ²⁹Multicultural Communities Council Gold Coast, consultation findings, 2022. ³⁰Thriving Multicultural Communities, GCPHN Community Advisory Council, consultation findings, 2024. ³¹GCPHN Clinical Council, consultation findings, 2020. ³²Queensland Ambulance Service, consultation findings, 2024.

Findings

There are multiple populations who disproportionately experience socioeconomic disadvantage, or have specific physical, social, emotional or cultural needs that if unmet, act as a barrier to healthcare. Although not exhaustive, populations considered in this needs assessment include:

- Multicultural communities, particularly Māori and Pasifika people
- People living with disability
- People experiencing homelessness
- People with diverse sexualities and genders
- People experiencing family, domestic and sexual violence

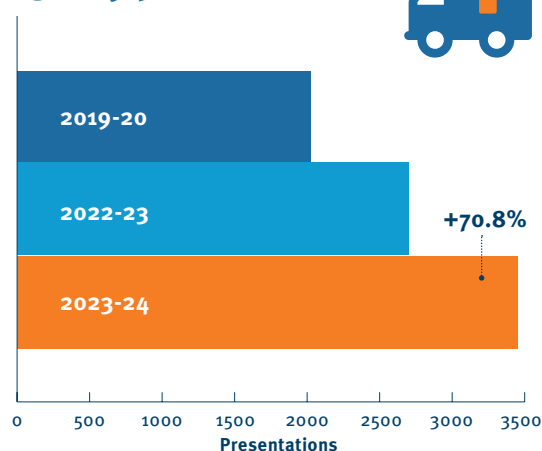
 people experiencing homelessness & overcrowded housing due to **low housing affordability**²⁴

 **single women aged 55+** experiencing homelessness²⁵

 **bulk billing GPs** leading to lower access

Increasing emergency presentations

ED presentations, people with no fixed address²⁶



Higher levels of some chronic diseases

Gold Coast residents born overseas report prevalence of some chronic diseases:

4.5% chronic heart condition vs total GC: 3.8%

4.8% diabetes vs total GC: 3.6%

9.2% arthritis vs total GC: 8.4%

Māori and Pasifika people report:




cost, residency issues and differing cultural care values are barriers to accessing services

Translation services underutilised in community

1 in 63 Gold Coast residents don't speak English well or at all²⁷ but translation services are underutilised by GPs²⁸

FDV, mental health and AOD












 Low cultural capability of services to recognise **mental health disorders, AOD and family and domestic violence**³⁰

Limited health service support available for patients experiencing **family and domestic violence**^{31 32}

Resources, capability & unclear pathways hinder FDV support in primary care and paramedicine

Cost and physical safety concerns limit access to health services

Pregnancy and children

Needs	Responsible Agency			
	GCH	GCPHN	Kalwun	QAS
Growing numbers of children in out of home care, who typically have high health needs, and relatively high proportion of First Nations children in out of home care.				
First Nations women have a high prevalence of smoking during pregnancy, including passive smoking.				
Insufficient diagnostic and management service capacity for neurodevelopment exposure disorders (neonatal) neurodivergence and developmental delay.				
Prevalence of lifestyle and demographic maternal risk factors are increasing, including maternal smoking and high maternal age.				



³³Queensland Perinatal Data Collection. Note: live births.
³⁴Queensland Perinatal Data Collection. ³⁵Women’s & Children’s Health Services, Gold Coast Health, consultation finding, 2024. ³⁶Australian Early Development Census 2021

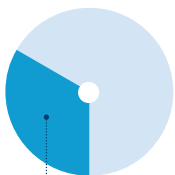
Findings

The Gold Coast region has a growing need for maternity and child health services, largely driven by population growth. Specific areas of child health have notable unmet demand due to limited service capacity, particularly the diagnosis and management of neurodevelopmental disorders. The prevalence of maternal risk factors is generally low, but increasing due to demographic trends and an observed shift in modifiable lifestyle factors.

Babies born in Gold Coast

6,900

babies born in 2022³³

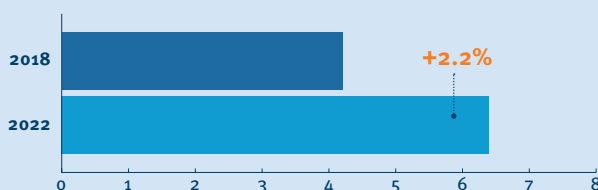


1/3 of babies born from Ormeau-Oxenford region

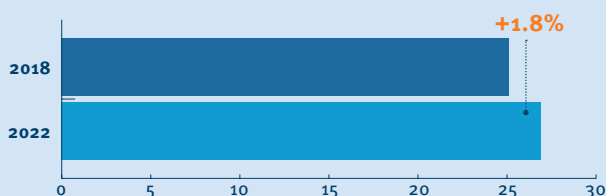
↑ 221 more babies born than 5 years earlier

Worsening maternal risk factors (% mothers)³⁴

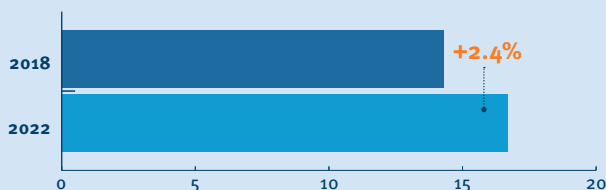
Smoking during pregnancy



Maternal age 35+



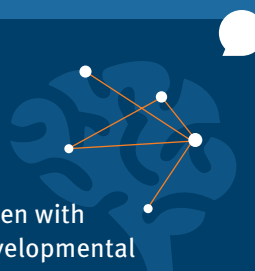
Maternal BMI 30+



Insufficient neurodevelopmental service capacity

↑ demand & service ↓

capacity for children with prenatal neurodevelopmental exposure disorders, neurodivergence & developmental delay³⁵























1 in 10 children developmentally vulnerable, 2021³⁶



1 in 5 First Nations women smoked during pregnancy



Older People

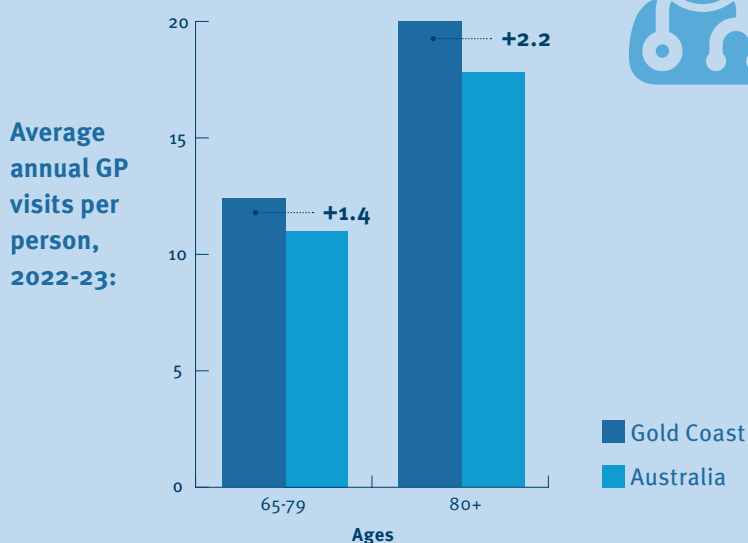
Needs	Responsible Agency			
	GCH	GCPHN	Kalwun	QAS
Absence of designated First Nations Residential Aged Care Homes.				
Limited, effective systems, models of care and support for increasing number of patients with dementia and their carers.				
Delayed access to home care, social support and residential and community aged care services, leading to high rates of hospitalisation.				
Limited effective support in navigating complex community, aged care system and National Disability Insurance Scheme (NDIS).	INTERAGENCY			
High levels of isolation and loneliness among older people.				
Growing demand from RACHs for non-emergency situations due to issues around staffing constraints and policy requirements, even when Advance Care Plans in place.				
Limited culturally appropriate services for culturally and linguistically diverse older people.				
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.				

³⁸Australian Institute of Health and Welfare, Medicare Benefits Schedule claims data, 2022-2023. ³⁹Australian Institute of Health and Welfare, 2024, Dementia in Australia. ⁴⁰GCPHN dementia survey, consultation finding, 2022. ⁴¹Australian Institute of Health and Welfare, 2022, Gen Aged Care Data. ⁴²Australian Institute of Health and Welfare - Home Care Packages Program – Data Report 1st Quarter 2023-24. ⁴³Queensland Ambulance Service, consultation finding, 2024. ⁴⁴Queensland Health Emergency Data Collection.

Findings

The Gold Coast population is ageing and living longer, leading to a greater number of years requiring support, while aged care capacity is simultaneously declining and unable to meet demand. Delayed access to the appropriate level of home care, social and residential support can lead to potentially avoidable complications and hospitalisations.

Older adults utilise GPs frequently³⁷



Growing impact of dementia

10,000+

Gold Coast residents had dementia in 2022³⁸

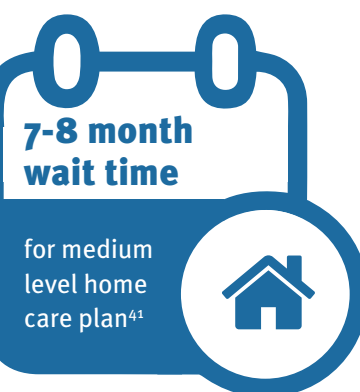
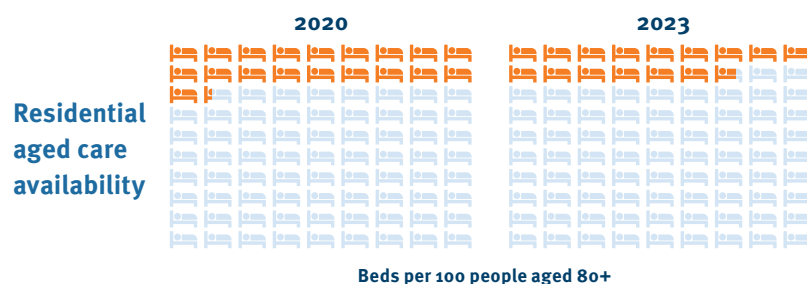
Community management challenging due to

↓ GP confidence & support³⁹

55.1%

RACH residents have dementia diagnosis⁴⁰

Aged care capacity declining



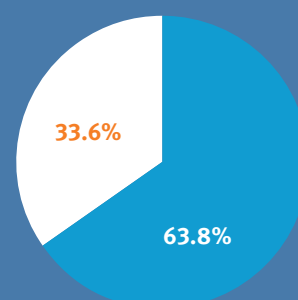
Older people are high users of ambulance services

↑ Demand from non-emergency call outs to RACHs resulting in unnecessary hospitalisation⁴²

























Proportion of ED arrivals by ambulance, 2022-23⁴³

65+ year olds
Total GC population



Cancer and chronic disease

Needs	Responsible Agency			
	GCH	GCPHN	Kalwun	QAS
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations.				
There are high rates of musculoskeletal conditions in Southport, Coolangatta, Ormeau-Oxenford, and Gold Coast-North.				
Higher rates of chronic obstructive pulmonary disease and asthma diagnoses.				
Equitable access for integrated holistic multidisciplinary persistent pain management especially lower socio-economic groups.				
Low rate of bowel cancer screening participation across Gold Coast, and across all national cancer screening programs in northern Gold Coast.				
Sufficient resources required to implement National Lung Cancer Screening Program and respond in a timely way to increased demand.				
Delayed diagnosis and limited dedicated primary care services for endometriosis and pelvic pain.				
High melanoma incidence rate.				

⁴⁴ Australian Bureau of Statistics, 2021, Census of Housing and Population, Type of Long-term Health condition.

⁴⁵Primary Sense (data from 160 general practices). ⁴⁶Primary Sense (data from 160 general practices).

⁴⁷Queensland Health, Cancer Data Explorer, Cancer Alliance Queensland, 2024. Note: 5 year prevalence.

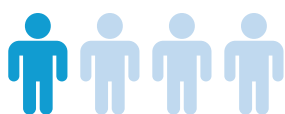
⁴⁸Australian Institute of Health and Welfare: Mortality Over Regions and Time (MORT) books, 2018-2022.

⁴⁹Note: bowel 2021-22; breast 2019-20; cervical 2018-21. ⁵⁰GCPHN, consultation finding, 2022.

Findings

The Gold Coast population is living longer, but spending more years of life with chronic disease, requiring long term management and increasing complexity of care, often across multiple providers. While the prevalence of chronic conditions is increasing, services have challenges providing integrated care, avoiding preventable hospitalisations and ensuring equitable access for vulnerable groups. Increasing participation in the existing cancer screening programs and the implementation of the National Lung Cancer Screening Program are key to reducing premature mortality from cancers.

Many Gold Coast people live with chronic disease




1 in 4 adults have a chronic condition⁴⁴

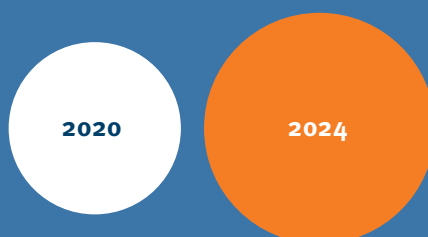
Most common:

- 1 Mental health
- 2 Arthritis
- 3 Asthma
- 4 Heart disease
- 5 Diabetes

>50,000 people live with persistent pain 



~25,000 people medium/high risk of cardiovascular disease within 5 years⁴⁶ 


COPD patients managed by GPs doubled in 5 years⁴⁵



Access challenges in community⁵⁰

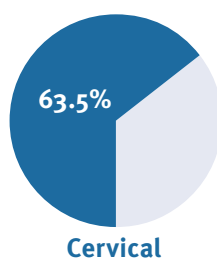
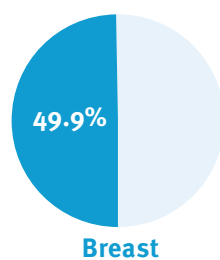
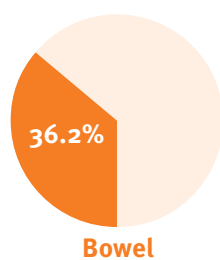
 **cost** leads to:
 **management** &  **hospital usage** 

 **holistic/ multidisciplinary services** 

 **reliance on pharmaceutical model** 

Screening and early intervention—more effective treatment, intensive hospital stays

Low participation in cancer screening⁴⁹



Lack of awareness, cultural factors and stigma are barriers to cancer screening participation.

Cancers are a leading cause of morbidity & mortality between 2018-2022:



>15,000 people diagnosed with cancer⁴⁷



~2,800 deaths from screenable and early detectable cancers⁴⁸

Mental health, alcohol and other drugs, and suicide prevention

Needs	Responsible Agency			
	GCH	GCPHN	Kalwun	QAS
High demand and limited availability of publicly funded AOD services, including after-hours options, acute detox and residential withdrawal services.	●	●	●	
Increasing acute demand requires improvement in early intervention, prevention and community support for mental health.		●	●	●
Insufficient capacity in sub-acute community based residential mental health services.	●			
Inefficient system navigation leads to delayed connection of patients with suitable mental health, AOD and suicide prevention services.	●	●	●	●
Poorer mental health outcomes and higher suicidality for LGBTIQAP+ people.	●	●	●	●
Care coordination and information sharing by mental health, AOD and suicide prevention providers and services is often inefficient, particularly for transitions between acute or inpatient care to community-based services.	●	●		
Limited availability of suitable service options to support older population.	●	●		●
Insufficient resourcing to ensure supported, psychologically safe, meaningful engagement of people with lived experience in planning and service delivery.	●	●		
Reported high prevalence of vaping, particularly among young people.	●	●	●	
Growing demand for psychological therapies.	INTERAGENCY			
Stigma and shame associated with mental health, suicidality and AOD issues.	INTERAGENCY			

⁵¹AIHW (2024), Medicare Mental Health Services 2022-23. ⁵²AIHW analysis of Department of Health, Medicare Benefits claims data. ⁵³Gold Coast Mental Health Symposium, consultation finding, 2024. ⁵⁴Gold Coast Health, Emergency Department Collection. ⁵⁵Queensland Health Admitted Patient Data Collection. ⁵⁶Cause of Death Unit Record File, Australian Coordinating Registry. ⁵⁷Gold Coast Health, Emergency Department Collection. ⁵⁸GCPHN, Joint Regional Plan for Mental Health, Suicide Prevention, Alcohol and Other Drugs Services, consultation finding, 2020. ⁵⁹Australian Institute of Health and Welfare, Alcohol and Other Drug Treatment Services National Minimum Dataset, Alcohol and other drug treatment services in Australia 2022-23.

Findings

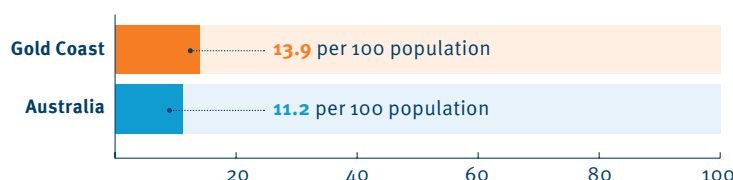
The Gold Coast region faces significant mental health challenges, with 8.4% of the population reporting having a mental health condition. In 2022-23, 83,394 residents used Medicare-subsidised mental health services, and there were 21,088 mental health-related hospitalisations. In 2023-24, Gold Coast EDs recorded 3,447 suicide-related presentations. Addressing these issues requires a multi-faceted approach, focusing on early intervention, sub-acute residential services, and better care coordination. Vulnerable groups such as First Nations people, multicultural communities, LGBTIQAP+ individuals, and those experiencing homelessness need targeted support, alongside greater access to AOD services and psychological therapies.

High demand for community mental health services

83,000+
people accessed
community mental
health services in
2022-23⁵¹

...higher than national rate

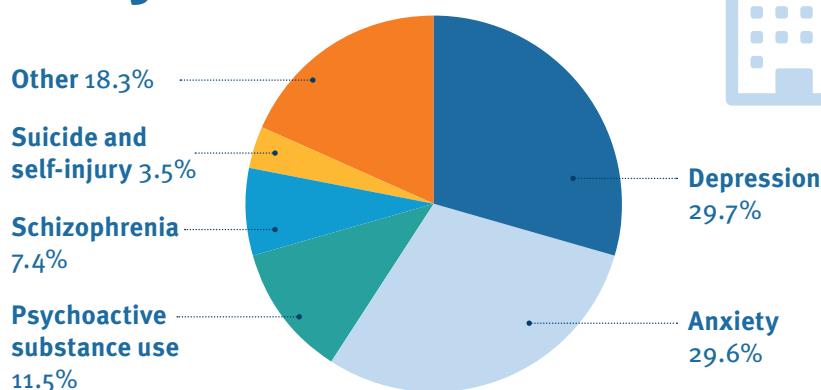
Mental health primary MBS items per 100 population, 2022-23⁵²



Cost & availability limit access

to psychology & community mental health services⁵³

Reasons for mental health hospitalisation, 2022-23⁵³



+14.4%

ED presentations
for AOD in 5 years
to 2023-24

**Suicide is a
leading cause
of death among
people aged <45⁵⁶**

448 suicide deaths
in 2018-2022

>50%
suicide deaths occurred
in people **aged under 45**
in 2020-22






Limited community AOD capacity & coordination leading to client disengagement⁵⁸

↓ withdrawal
& residential
detox capacity

↓ service coordination,
risk of disengagement ↑

~50% of
treatment seekers
aged 10-29

Palliative care (end of life care)

Needs	Responsible Agency			
	GCH	GCPHN	Kalwun	QAS
Limited uptake and implementation of Advanced Care Plans, including end of life care provision in community.				
Insufficient integration, funding mechanisms and capacity for the provision of community based palliative care.				

Findings

Demand for palliative care is driven by an ageing population and increase in prevalence of chronic illnesses. Despite a preference for home-based care, limited support results in 50% of deaths occurring in hospitals. There is a national shortage of specialised palliative care physicians and insufficient capacity in community-based care, with GPs facing barriers in providing in-home care. Additionally, low uptake of Advance Care Plans highlights opportunities for education and promotion.

Growing demand for palliative care

+ 29% ↑
hospitalisations for palliative care in 5 years (2018-19 – 2022-23)⁶⁰

Reliance on hospital for end-of-life care



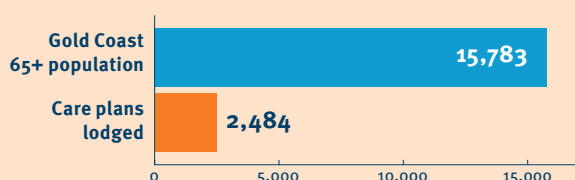
Challenges in community provision of care


Many GPs only see 10-20 palliative patients annually, with limited capacity for additional training or home visits.

Underfunding and fragmented services create barriers to continuity and access, especially in the early stages of palliative care, leading to anxiety and confusion.⁶²

Low uptake of Advance Care Plans⁶³









2,484 Advance care plans lodged each year



 Low consumer awareness of Advance Care Plans a major barrier

⁶⁰Queensland Health Admitted Patient Data Collection. ⁶¹Swerissen, H and Duckett, S., (2014). Dying Well. Grattan Institute: Melbourne. ⁶²Primary Care Partnership Council and Gold Coast Health, consultation finding, 2024. ⁶³Office of Advance Care Planning – Queensland Health. ⁶⁴Primary Care Partnership Council and Gold Coast Health, consultation finding, 2024.

Oral health

Needs	Responsible Agency			
	GCH	GCPHN	Kalwun	QAS
Access to public oral health services by eligible population is the lowest in Queensland.				
Lack of growth in public oral health workforce, including dentists, to meet the demand of growing population.				

Findings

Public oral health service utilisation on the Gold Coast is critically low, despite a significant increase in the eligible population. Limited public dental workforce growth and a lack of infrastructure, particularly in Gold Coast North, are contributing to access issues, with many residents either paying for private care or forgoing treatment. Without service expansion and workforce investment, unmet needs, especially among children, are likely to worsen as the population continues to grow.

Growing eligible population

+16.7% 
growth 2017-18
to 2020-21

Public oral health service usage low & declining⁶⁵

↓ 8.4%
Lowest utilisation
in Queensland

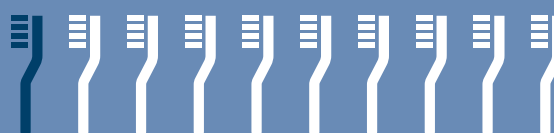
Eligible children not accessing services⁶⁶

6.5% eligible children seen in 2020-21



Smallest public dental workforce in the state⁶⁷

Only 1 in 10
dentists work
publicly



⁶⁵Queensland Health Enterprise Reporting System Oral Health Report. ⁶⁶Queensland Health Enterprise Reporting System Oral Health Report. ⁶⁷System Performance Reporting Dashboard.

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Acronyms

AOD	Alcohol and Other Drugs
ABS	Australian Bureau of Statistics
BMI	Body Mass Index
ED	Emergency Department
ENT	Ear, Nose, Throat
FDV	Family and Domestic Violence
GC	Gold Coast
GCHHS	Gold Coast Hospital and Health Service
GCPHN	Gold Coast Primary Health Network
GP	General Practitioner
JRNA	Joint Regional Needs Assessment
LGBTIQAP+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer or Questioning, Asexual or Ally, Pansexual + other identities that may not be explicitly represented
NDIS	National Disability Insurance Scheme
QAS	Queensland Ambulance Service
RACH	Regional Aged Care Home

