



Canberra Health Services

Consultation

Expansion of the Walk in Centres to include Urgent Care Clinics

Australian Capital Territory

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1. Introduction

The Commonwealth October 2022 Budget included \$235 million over four years from 2022-23 for Urgent Care Clinics (UCCs) nationally. Of this funding, \$135 million is to commence the rollout of at least 50 UCCs across states and territories. One UCC was announced for the ACT.

The aim of the UCCs is to reduce pressure on hospital emergency departments and make it easier for Australian families to see a doctor or nurse during extended business hours, with no appointments required and will ensure that patients do not have out-of-pockets costs. The UCCs are intended to provide short term, episodic care for urgent conditions that are not immediately life-threatening.

Negotiations with the Commonwealth have supported the ACT to integrate the functions and funding for UCC into the successful nurse-led Walk in Centre (WiC) model across the five existing clinics in the ACT. The investment and support from the Commonwealth in our WiCs is welcome.

2. Purpose

The purpose of this paper is to provide information on the proposed UCC model for the ACT and to garner feedback from stakeholders. The feedback will assist in ensuring implementation and evaluation not only meets the funding requirements but ensures that the needs of stakeholder groups are met.

3. Current model

Canberra Health Services has five WiCs across the ACT, providing free health care for non-life threatening injuries and illnesses to anyone who is over the age of one. The centres are open seven days a week, including Christmas Day and New Year's Day between 7:30am and 10pm. No appointments are necessary, no Medicare Card is required and all services are provided at no cost to consumers.

WiCs provide a health assessment and treatment for a wide range of health needs including common colds and influenza; conjunctivitis; cuts, abrasions, bruises, burns; sinusitis, tonsillitis, middle and outer ear infections; ear wax removal; emergency contraception; simple gastroenteritis; skin conditions; simple lower limb fractures; and urinary tract infections (currently women only).

In 2021-22, the WiCs saw over 71,000 presentations. On average, only 6% of these presentations were required to be redirected to an emergency department. The busiest centres are now regularly seeing 80 patients a day with the network seeing over 300 a day. This volume is reaching maximum current capacity of both the physical infrastructure in the smaller centres but also the staffing models.

4. Future Urgent Care Clinic model

The Commonwealth has provided in principle agreement to fund increased capacity in the WiCs by funding:

- GPs to work after-hours and weekends providing consultations in centre and providing advice and consultation (virtually) across the WiC network;
- Additional nursing resources (proposed additional Nurse Practitioner and Clinical Development Nurse FTE);
- Additional equipment to improve in centre capacity;
- Increased capacity so that Medical Imaging services can provide some out of hours coverage when services commence at Weston Creek; and
- Addition of an extended scope physiotherapist to the Weston WiC to enhance the provision of specialist musculoskeletal services once the medical imaging service commences in that location.

The model would preserve and optimise the current nurse led WiC model. Consumers will not be able to request to see a GP, and GP availability will not be advertised. Rather GPs will work as part of the team, extending the scope of skills available on shift and treating patients accordingly. To do otherwise, would create significant additional demand to the centres and disrupt the provision of local GP services.

Assessment against the guidance material issued by the Commonwealth on UCC indicates the current WiC model meets 95% of potential scope of UCCs. What is currently not provided in the WiCs is:

- Whole of life age span – WiCs currently see over 1 year old's
- IV antibiotics and fluids
- Advanced Life Support
- Point of Care pathology testing.

In discussions with the Commonwealth, it has been agreed that these items are not required in the ACT context, given the proximity to emergency departments, and the desire to ensure WiCs do not extend their treatment times, subsequently resulting in increased waiting times.

The initial proposal will have one GP to cover after-hours and weekends physically situated in one of the WiCs and provide all centre support via telehealth.

The integration of GPs into the WiC model will allow:

- Consideration of the treatment of under 1 year old's;
- Ability to complete workers compensation and third-party paperwork;

- Support Nurse Practitioner training and supervision;
- Revision of the model of care and protocols to extend scope wherever feasible; and
- Provide additional clinician capacity to see and treat patients.

5. Medicare Schedule 19(2) Exemption

The Commonwealth is able to grant a 19(2) exemption for the five WiC sites to enable clinicians to have provider numbers for billing under the 19(2) exemption. The 19(2) exemption will be tied to meeting the requirements of UCC. Further information is being sought from the Commonwealth regarding which clinicians will be able to bill for what and the implications for this on the current block funding. Further information will be provided once known.

Any MBS billing as part of the 19(2) exemption will be paid to the facility, rather than to individuals.

6. Commencement

The new approach is expected to be operational by May 2023. Funding will be for three years.

7. Evaluation and reporting

Given the rich amount of data currently collected through the DHR, it is anticipated that no additional data capture will be required. Discussions are currently occurring regarding reporting to the Commonwealth. Measures of success (to be confirmed with the Commonwealth) are expected to be:

- Presentation trends;
- Waiting times;
- Redirection to Emergency Departments;
- Consumer and staff satisfaction; and
- Selected clinical indicators to indicate safety

7.1. Benefits of the future model

The investment in, and expansion of the WiC model is welcomed and is expected to see the following benefits:

- Reduction of redirection to EDs;
- Increased staffing capacity;
- Decreased waiting times;
- Interdisciplinary approach to care;

- Increased access to public outpatient medical imaging services; and
- National recognition of the value of the WiC model.

7.2. Implementation of the future model

Implementation of the model will require:

- Updates to the WiC Model of Care;
- Minor modifications to some protocols;
- Training and protocols to support the use of any new equipment; and
- Amendments to WIC workflow in DHR to support GPs and billing.

Communication to consumers and the broader health community will be undertaken jointly between the national campaign run by the Commonwealth and locally through CHS Communications and Marketing. The emphasis on this campaign will be on educating the community on where to access health care and promoting the specific scope of the WiCs. The campaigns will avoid promoting access to GPs so as to avoid creating demand for free walk in GP visits.

8. Consultation methodology

This paper will be distributed to a wide range of stakeholders, including:

- CHS staff in WiCs, Emergency Department, Patient Flow, Medical Imaging and all other areas;
- GPs through GPLU and CHN;
- Consumers through Healthcare Consumers Association; and
- Industrial partners including AMA, ANMF, CPSU and HSU.

There are still details that need to be determined and your feedback, suggestions and questions will assist in further refining the model.

Feedback can be provided via email to CHSCOO@act.gov.au 11 April 2023.

In particular, we are seeking responses to the following questions:

1. What do you see as the value of this proposal?
2. Do you have any concerns about the proposal so far? If so, what are they and how will they be best addressed?
3. Do you have any other feedback you would like to be considered in relation to the Urgent Care Clinics?