



17 April 2023

Ms Michelle Ramsay  
Executive Officer  
Office of the Chief Operating Officer  
Canberra Health Services

Dear Ms Ramsay,

Thank you for the opportunity to provide feedback on the consultation paper dealing with the proposed expansion of the Walk in Centres to include Urgent Care Clinics. Please accept this as a joint submission from the Australian Medical Association (ACT branch) and the Royal Australian College of General Practice (NSW & ACT).

We acknowledge that the current Walk in Centres (WiC) provides a valuable Canberra community service. Expansion of the range of services at WiC such as the addition of physiotherapy services and enhanced medical imaging access, will no doubt provide additional benefits.

We believe that multidisciplinary teams provide good patient outcomes, and building on an existing base and infrastructure can provide real benefits in servicing the community.

However, we have several concerns with the proposed upgrade of the Walk in Centre model to include an Urgent Care Clinic as set out in your consultation paper.

We note that the Federal Department of Health and Aged Care put out an expression of interest last year for the provision of Urgent Care Clinics. In the model proposed by the Federal Government, the Urgent Care Clinics were to be GP-led, unlike the model that has now been presented for implementation in the ACT.

We are concerned that this ACT model has been presented as a *fait accompli* rather than developed in consultation with GPs. There is no evidence available to us that alternative models were considered.

For example

- It seems feasible that the existing GP-led Canberra After Hours Locum Medical Service (CALMS) could be provided funding to augment the service and expand the operating hours, thereby functioning as an Urgent Care Clinic.
- Given that several GP clinics in the ACT operate “after hours”, another option would be to provide funding to place nurses in GP clinics and support extension to hours of operation where after-hours care is already provided.

Please note that we do not currently advocate for either of these options - we simply do not have enough data to know what options might provide a viable solution. However, it is telling that no mention has been made in any consultations about considering any option for an Urgent Care Clinic apart from the solution that is now to be implemented very shortly.

We consider that the proposed model contains several difficulties and concerns, including -

- The provision of only one GP to provide after-hours and weekend service would leave that doctor with an impracticably large workload. This limited resource would supposedly see patients, provide telephone reviews of patients seen at other WiCs, attend to workers' compensation and 3rd party cases, be responsible for Nurse Practitioner training and supervision, and also be required to revise models of care and protocols.
- There is considerable doubt about whether one GP could effectively treat sufficient cases to reduce pressure on Emergency Departments.
- We note the intention to apply for a Schedule 19(2) exemption for the Walk in Centre sites. However, this may take some time to come through, and currently the MBS allows very few nurse claims without the oversight of the GP. The GP can claim for face-to-face appointments, but the GP will have significant limits in claiming telehealth items for patients not previously seen by them in the prior 12 months.
- We are concerned about the seemingly naïve intention to keep the GP “hidden” from the public. It is highly likely that announcements of the service by the federal Health Minister will include reference to the GP service in the Urgent Care Clinic. Even if members of the public somehow miss this, inevitably, knowledge of GP services being available through the Urgent Care Clinic will spread throughout the community before very long. Moreover, we believe that multidisciplinary teams work well in the health environment but hiding a doctor in the back office and not acknowledging their presence is unlikely to assist in building an effective team.
- The intention to provide telehealth services to very young children is likely an unacceptable risk to most experienced GPs who need to conduct a physical examination to assess unwell young children.
- A further risk arises in a nurse-led service where potentially very ill patients may not be referred to a GP hidden away in the back office. Again, this triage system places the GP in a vulnerable situation where they may be held accountable for a patient not even referred to them.

- When a patient is acutely unwell, they will still be referred to the Emergency Department unless the model includes a process for direct admission to the ward.
- There is an insufficient discussion regarding the evaluation of the model.

It appears that the proposed model tacks a GP onto the existing Walk in Centre service rather than co-designing an effective service from the ground up to meet a community need. This represents a missed opportunity. We believe that alternatives should be considered that strengthen existing general practices to work more collaboratively in the Urgent Care space. The Urgent Care service should be better integrated into the whole fabric of primary care.

We propose a structured GP-led co-design process to arrive at a better-thought-out model. This process should consider data on the current rate of GP after-hours services and Emergency Department presentations. Patient Reported Outcomes (PROMS) and Patient Reported Experience Measures (PREMS) data will provide important inputs into this co-design process.

General Practitioners and supporting services such as pathology and medical imaging must be allowed to contribute throughout this co-design process.

We note that significant work has been done in this field in other jurisdictions. As an example, we bring to your attention this paper published by the Royal College of General Practitioners:

<https://www.rcgp.org.uk/getmedia/d57fe098-968f-4a4e-af6a-213952651960/Urgent-emergency-care-whole-system-approach.pdf>

Whatever model is ultimately adopted for Urgent Care Clinics in the ACT it is absolutely vital that appropriate evaluation should be carried out to confirm the effectiveness of the service. Among other things, this evaluation should consider

- Health economic data, including PROMS and PREMS.
- Does the service reduce ED presentations?
- Does it provide a good quality value-for-money service to the community?
- Does a solo GP in one WiC make a difference in patient outcomes?
- Were there unintended consequences of the model on the health workforce?

We would be very happy to discuss these issues further with you and your team.

Yours sincerely,



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President-Elect  
AMA ACT



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