

# **The Commonwealth Urgent Care Clinics - Frequently Asked Questions**

## **What is a Medicare Urgent Care Clinic?**

The Commonwealth Medicare UCCs will ease the pressure on our hospitals and give our community more options to see a healthcare professional when they have an urgent, but not life-threatening, need for care. The clinics will:

- be based in existing GP clinics and community health centres.
- provide free services.
- be open after normal business hours and accept walk-in patients.
- provide treatments that would not require a hospital admission, such as broken bones, wounds, and minor burns.
- be diverse and respond to the needs of the local community.

The UCCs will work hand in glove with local hospitals and primary health care providers to ensure that people receive the right care and are referred to the right place for their needs.

## **What regions will the 14 NSW UCCs be in?**

- Albury
- Batemans Bay
- Blacktown
- Campbelltown
- Cessnock
- Coffs Harbour
- Gosford
- Lismore
- Penrith
- Randwick
- Tamworth
- Westmead
- Wollongong
- Wyong

## **Who can apply to the EOI and how will they apply?**

All general practices, community health centres and Aboriginal Community Controlled Health Services in the Penrith LGA are eligible to put forward a registration of interest.

## **How will the Medicare UCCs interact with New South Wales announcement for 25 Urgent Care Services?**

The Commonwealth has been working closely with the NSW Government to ensure both Urgent Care Clinics/Services are complementary and contribute to a well-integrated urgent

care ecosystem. The joint approach to UCCs at Westmead, Blacktown and Campbelltown recognises the work the Commonwealth and NSW Governments have done to ensure services complement, not duplicate, each other.

### **How much will people have to pay to attend a UCC and what is the MBS contribution to Urgent Care Clinics?**

It will be free to attend a UCC. Medicare UCCs will be able to bill certain MBS items, appropriate for the care expected to be provided. This means they have access to Medicare items which are deemed appropriate under nationally agreed operational guidance, such as acute episodic care for minor injuries and illnesses including closed fractures, simple eye injuries, minor burns, treating a UTI or ear infection.

It doesn't include things like chronic disease management plans or preventive health procedures such as cervical screening tests.

### **How much will the Medicare UCCs cost to deliver?**

The Government announced \$135 million as part of the 2023-24 Budget as an initial commitment to commence the rollout of Medicare UCCs. It is committed to resourcing Medicare UCCs properly to ensure they can provide the services needed.

### **Will the UCCs be evaluated?**

The Medicare UCC program will be evaluated to identify the impact and outcomes on the community and the health system more broadly and inform future health reform policy. The evaluation will start as the clinics open and will continue for the duration of the program.

### **Who is going to staff the UCCs given we already have significant workforce issues, particularly in regional areas?**

The Commonwealth Government recognises there are significant existing challenges in securing health workforce, particularly after-hours, and that this challenge is greatest in rural and remote communities. Medicare UCCs are intended to be GP-led, with staffing mix based on the local context. Staffing mix may also include other suitably qualified medical practitioners, nurse practitioners, extended care paramedics, allied health and Aboriginal Health Practitioners, depending on local circumstances.

It will be essential to use the existing workforce as efficiently as possible and potentially look at alternative models of care depending on local needs. The Commonwealth Government will work with the states and territories on allowing flexibility for Medicare UCCs to adapt to local conditions and needs, including where there are particular workforce shortages.

### **Will there be new infrastructure required for each UCC?**

No. Medicare UCCs will be based in existing general practices, community health centres or Aboriginal Community Controlled Health Services. A one-off, upfront payment will be available for practices to ensure they are able to make any necessary equipment upgrades.

### **Some stakeholders have raised concerns about UCCs causing market pressure on the surrounding existing GPs; how will this be managed?**

The Government is aware and acknowledges the concerns raised by stakeholders of the potential for the Medicare UCCs to have unintended impacts on surrounding primary care providers. Medicare UCCs are to provide short-term, episodic care for urgent conditions that are not life-threatening – they are not intended to replace someone's usual GP. To minimise the risk of impact, the Department of Health and Aged Care has been working with jurisdictions, PHNs and peak bodies to develop strategies that reduce potential impacts on surrounding GP practices.

### **How will UCCs reduce pressure on the hospital system?**

Medicare UCCs will be available after normal business hours and with no out-of-pocket cost to patients. It will ease the pressure on our hospitals and give Australian families more options to see a healthcare professional when they have an urgent, but not life-threatening, need for care.

- In 2020-21 there were 8.8 million presentations to ED in Australia; of these 4.1 million were non-urgent or semi-urgent – 47%.
- Clinically appropriate diversion of patients to UCCs will allow hospital resources to be focused on higher urgency, life-threatening conditions.