

**From:** s47F  
**To:** [BEDFORD, Chris](#)  
**Cc:** s47F; [COTTERELL, Simon](#); [RISHNIW, Tania](#); s22  
**Subject:** RE: Urgent Care Services at Morayfield [SEC=OFFICIAL]  
**Date:** Wednesday, 10 August 2022 2:39:00 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.jpg](#)  
[image004.jpg](#)

---

Hi Chris

I think it would be good to set up a meeting on this one, s47C

Would you be able to propose some times to catch up in the next week?

Kindly  
s47F

T: 02 6289 s22 | M: s22 | E: s47F [@health.gov.au](mailto:s47F@health.gov.au)

---

**From:** BEDFORD, Chris <Chris.Bedford@health.gov.au>  
**Sent:** Monday, 8 August 2022 5:46 PM  
**To:** s47F @health.gov.au>  
**Cc:** s47F @Health.gov.au>; COTTERELL, Simon <Simon.Cotterell@health.gov.au>; RISHNIW, Tania <Tania.Rishniw@health.gov.au>  
**Subject:** Urgent Care Services at Morayfield [SEC=OFFICIAL]

Hi s47F

I hope you had a good weekend.

Circling back to you on this election commitment to re-open the Morayfield Minor Accident and Illness Centre.

s47C



s47C

Happy to discuss

Cheers, Chris

**Chris Bedford**

---

Assistant Secretary

Primary Care Access Branch

Australian Government Department of Health and Aged Care

T: 02 6289 s22 | M: s22 | E: [chris.bedford@health.gov.au](mailto:chris.bedford@health.gov.au)

Location: Sirius Building 10.N.506

GPO Box 9848, Canberra ACT 2601, Australia

**Executive Assistant** | s22

T: 02 6289 s22 | E: s22 [@health.gov.au](mailto:s22@health.gov.au)

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---

**From:** s47F [@health.gov.au](mailto:s47F@health.gov.au)>

**Sent:** Friday, 22 July 2022 4:49 PM

**To:** BEDFORD, Chris <[Chris.Bedford@health.gov.au](mailto:Chris.Bedford@health.gov.au)>

**Cc:** COTTERELL, Simon <[Simon.Cotterell@health.gov.au](mailto:Simon.Cotterell@health.gov.au)>

**Subject:** RE: Urgent Care Services at Morayfield [SEC=OFFICIAL]

Happy with that approach, the highlighted in particular.

Kindly,  
s47F

T: 02 6289 s22 | M: s22 | E: s47F @health.gov.au

---

**From:** BEDFORD, Chris <[Chris.Bedford@health.gov.au](mailto:Chris.Bedford@health.gov.au)>

**Sent:** Friday, 22 July 2022 4:38 PM

**To:** s47F @health.gov.au

**Cc:** COTTERELL, Simon <[Simon.Cotterell@health.gov.au](mailto:Simon.Cotterell@health.gov.au)>

**Subject:** RE: Urgent Care Services at Morayfield [SEC=OFFICIAL]

Thanks s22

s47C

I will come back when we know more.

Cheers, Chris

**Chris Bedford**

---

Assistant Secretary

Primary Care Access Branch

Australian Government Department of Health and Aged Care

T: 02 6289 s22 | M: s22 | E: [chris.bedford@health.gov.au](mailto:chris.bedford@health.gov.au)

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T: 02 6289 s22 | E: s22 @health.gov.au

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---

**From:** s47F [REDACTED] <[REDACTED]@health.gov.au>  
**Sent:** Friday, 22 July 2022 1:49 PM  
**To:** BEDFORD, Chris <[Chris.Bedford@health.gov.au](mailto:Chris.Bedford@health.gov.au)>  
**Cc:** COTTERELL, Simon <[Simon.Cotterell@health.gov.au](mailto:Simon.Cotterell@health.gov.au)>  
**Subject:** RE: Urgent Care Services at Morayfield [SEC=OFFICIAL]

Hi Chris

s47C



Kindly,

s47F [REDACTED]

T: 02 6289 s22 [REDACTED] | M: s22 [REDACTED] | E: s47F [REDACTED] <[\[REDACTED\]@health.gov.au](mailto:[REDACTED]@health.gov.au)>

---

**From:** BEDFORD, Chris <[Chris.Bedford@health.gov.au](mailto:Chris.Bedford@health.gov.au)>  
**Sent:** Thursday, 21 July 2022 5:42 PM  
**To:** s47F [REDACTED] <[REDACTED]@health.gov.au>  
**Cc:** COTTERELL, Simon <[Simon.Cotterell@health.gov.au](mailto:Simon.Cotterell@health.gov.au)>  
**Subject:** RE: Urgent Care Services at Morayfield [SEC=OFFICIAL]

Hi s47F [REDACTED]

s47C



s47C

Cheers, Chris

**Chris Bedford**

---

Assistant Secretary

Primary Care Access Branch

Australian Government Department of Health and Aged Care

T: 02 6289 s22 | M: s22 | E: [chris.bedford@health.gov.au](mailto:chris.bedford@health.gov.au)

Location: Sirius Building 10.N.506

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**Executive Assistant** | s22

T: 02 6289 s22 | E: s22 [@health.gov.au](mailto:s22@health.gov.au)

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---

**From:** s47F [@health.gov.au](mailto:s47F@health.gov.au)

**Sent:** Tuesday, 5 July 2022 1:22 PM

**To:** COTTERELL, Simon <[Simon.Cotterell@health.gov.au](mailto:Simon.Cotterell@health.gov.au)>; BEDFORD, Chris <[Chris.Bedford@health.gov.au](mailto:Chris.Bedford@health.gov.au)>

**Cc:** s47F [@Health.gov.au](mailto:s47F@Health.gov.au)

**Subject:** FW: Urgent Care Services at Morayfield [SEC=OFFICIAL]

Hi Chris

I am touching base regarding the below email we received from Dr Evan Jones. We have confirmed that this is an election commitment in line with the attached media release. This election commitment is separate to the Urgent Care Clinic commitment and includes a one-off local infrastructure grant to support the ongoing functioning of the Morayfield Health Health. We would appreciate if you could reach out to Dr Evan Jones confirming that he will be receiving funding under the commitment and talking him through the implementation process.

Once you have spoken with him, it would be great if you could provide us an update or keep us in the loop for our awareness in the office.

I am more than happy to discuss.

Kindly,  
s47F

T: 02 6289 s22 | M: s22 | E: s47F @health.gov.au

**From:** Evan Jones s47F

**Sent:** Wednesday, 29 June 2022 8:03 PM

**To:** s47F @Health.gov.au>

**Cc:** COTTERELL, Simon <Simon.Cotterell@health.gov.au>; s47F @aph.gov.au

**Subject:** RE: urgent care Services at Morayfield [SEC=OFFICIAL]

**REMINDER:** Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi s47F

Thank you for your email.

Attached below are some of the public commitments made about an Albanese Labor Government during the election.

I have also attached some video taken in our clinic with the Minister and the local candidate, Rebecca Fanning.

Given the enormous pressures on the local Caboolture Hospital ED at present, patients and the community are anxious to see the Urgent care centre re-open and we are fielding questions from the press and the community daily as to when this will occur.

The earliest you can give some indication of a re-opening date would be greatly appreciated.

Regards

Evan Jones

### Re Rebecca Fanning - Labor

Labor candidate Rebecca Fanning said: "In 2021, the Urgent Care Clinic at the Morayfield Health Hub was forced to close because of a lack of funding from Scott Morrison's Government.

"This was in the middle of the pandemic.

"An Albanese Labor Government will fund the Morayfield Urgent Care Clinic because we know how important this healthcare is to reduce pressure on households and the Caboolture Hospital Emergency Department

During the election campaign, Mark Butler, the then-health spokesperson for the ALP, said a Labor government would provide \$3.75 million in funding for the clinic.

We have a GP crisis in Longman that means families are waiting weeks to see a GP. If elected, Labor will make sure we have more GPs practising in the region and reopen the Urgent Care Clinic at Morayfield Health Hub. This will cut wait times, take pressure off Caboolture Hospital, and ensure locals have access to healthcare when they need it most, not weeks later.

"My background is working in health policy so that means I really understand what a big impact it has when the federal government isn't properly investing in GPs and primary health care," Ms Fanning said.

"Right now in our region I've heard from so many locals who have to wait two or three weeks, or even longer, for a GP appointment when they get sick.

"It's because we have a critical shortage of GPs throughout our region.

"To make matters worse, in October last year the urgent care clinic at the Morayfield Health Hub had to close because it wasn't getting enough funding from the Morrison government.

"That was huge loss for our community."

Ms Fanning said the Labor Party had committed to deliver more GPs for the region and would reopen the clinic at Morayfield.

**Rebecca Fanning is a Caboolture local. As a health policy expert, Rebecca was part of the team delivering the Palaszczuk Government's strong health response to COVID-19. Rebecca is passionate about ensuring every family has access to the best possible health care. As a result, Labor has pledged to reopen the Morayfield Minor Accident and Illness Centre.**

<https://www.facebook.com/RebeccaFanning4Longman/videos/1121491205081102>

[https://m.facebook.com/story.php?story\\_fbid=540671394106062&id=100068052412306&\\_rdr](https://m.facebook.com/story.php?story_fbid=540671394106062&id=100068052412306&_rdr)

[https://m.facebook.com/watch/?v=3964624793643669&\\_rdr](https://m.facebook.com/watch/?v=3964624793643669&_rdr)

**Adjunct Associate Professor Dr Eyan Jones**

Director

Health Hub Doctors Morayfield

19-31 Dickson Road,

Morayfield

QLD 4506

Postal Address: PO Box 270,

Morayfield Qld, 4506

Email: s47F

Mobile s47F

Ph + 61 07 5322 4900 Fax s47F

<https://www.healthhubdoctorsmorayfield.com.au/>



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**From:** s47F [redacted] <[redacted]@Health.gov.au>  
**Sent:** Tuesday, 28 June 2022 12:41 PM  
**To:** Evan Jones s47F [redacted]  
**Cc:** COTTERELL, Simon <Simon.Cotterell@health.gov.au>  
**Subject:** FW: urgent care Services at Morayfield [SEC=OFFICIAL]

Hi Evan

Good to hear from you, and apologies for my delayed reply. I appreciate the information you have sent through, which I am sharing with my departmental colleagues.

As per Simon's message to you this morning, we're working through the mechanics and timing of delivering all election commitments, with a high priority on those with funding commitments commencing next financial year. We'll be in touch with concrete information after that.

Regards,  
s47F [redacted]

---

**From:** Evan Jones s47F [redacted]  
**Sent:** Wednesday, 22 June 2022 3:50 PM  
**To:** s47F [redacted] <[redacted]@Health.gov.au>  
**Subject:** urgent care Services at Morayfield

**REMINDER:** Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Dear s47F [redacted]

I have been given your email to contact regarding the urgent care program announced during the recent election.

Minister Butler was able to visit our Morayfield Urgent Care clinic a number of times this year and there was a commitment made to refund the urgent care centre with an initial grant of \$3.8 Million and then ongoing funding. This commitment was made in addition to the establishment of fifty new urgent care centres Australia wide.

By way of history, our urgent care centre was established in 2017 after I had visited a number of urgent care centres internationally.

We were particularly impressed with the New Zealand model which had a proven track record of decreasing hospital emergency presentations and hospital admissions and well established training, safety and governance protocols and governance.

As a result we became an accredited urgent care facility with the New Zealand College of Urgent Care (NZCUC) and have trained urgent care physicians (even though these are recognised in NZ there is currently no process of recognition in Australia -one of the issues that needs addressing) The clinic grew rapidly from 2017 and was seeing up to 400 urgent care patients per day operating 8am -8pm, 7days a week , 365 days per year. We have a 38 bed urgent care centre attached to a large general practice that sees about 2000 patients per day.



This provided a large help to the local hospital but because we were only funded through standard Medicare item numbers the facility was running at a loss of about \$250 000 -\$300 000 per month.

I was able to fund this through profits from my other businesses as I was keen to look at what type of funding model could be sustainable for urgent care in the longer term. We have done substantial work around sustainable funding models already based on our Australian operations.

While both state and federal government were impressed with the model we had developed neither were at that stage prepared to fund the shortfall and so we planned to close the facility in late 2019 .

The state government asked us not to close and subsequently provided funding of about \$200 000 /month until October last year. With the cessation of funding then in October 2021 we had to regretfully cease urgent care services and turn away the ambulances that we had previously accommodated.

Following the election result both the community and ourselves are keen for services to resume and would like to discuss with you how this could be achieved.

I have attached some brief notes about urgent care and accreditation and standards that may be of interest and am happy to be contacted if I can assist you or the department.

I would also like to extend an invitation to you and your team to visit our clinic .

Yours faithfully

Evan Jones

**Adjunct Associate Professor Dr Evan Jones**

Director

Health Hub Doctors Morayfield

19-31 Dickson Road,

Morayfield

QLD 4506

Postal Address: PO Box 270,

Morayfield Qld, 4506

Email: s47F

Mobile s47F

Ph + 61 07 5322 4900 Fax s47F

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BY THE DEPARTMENT OF HEALTH AND AGED CARE

s22

**From:** s22 @health.gov.au  
**Sent:** Thursday, August 11, 2022 11:42 AM  
**To:** Evan Jones s47F (M. Butler, MP)  
s47F @aph.gov.au; s47E(d) @health.gov.au; DAVIS, Carita  
<Carita.Davis@health.gov.au>; DE TOCA, Lucas <Lucas.DeToca@health.gov.au>; NOJA, Marcelle  
<Marcelle.Noja@health.gov.au>  
**Subject:** RE: Google Reviews from The Coalface Morayfield Health Hub GPRC [SEC=OFFICIAL]

Hi Evan

Thanks for sending this through, we always like to know what's happening on the ground. Also thanks for your call this morning, hopefully I'll have more news very soon.

Just to let you know, Ben Sladic is no longer working on the GPRC Program, our new Assistant Secretary is Marcelle Noja and I've cc'd Marcelle here.

Kind regards

s22

s22

**Director – GPRC & CVC Section**  
**Primary Care Implementation Branch**

Program Implementation and Primary Care Response Division | National COVID Vaccine Taskforce  
Australian Government Department of Health and Aged Care  
T: 02 6289 s22 | E: s22 @health.gov.au  
Location: Scarborough 10.111  
PO Box 9848, Canberra ACT 2601, Australia

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---

**From:** Evan Jones s47F  
**Sent:** Thursday, 11 August 2022 11:10 AM  
**To:** s22 @health.gov.au; SLADIC, Ben <Ben.Sladic@health.gov.au>;  
s47F @aph.gov.au; s47E(d) @health.gov.au; DAVIS, Carita  
<Carita.Davis@health.gov.au>; DE TOCA, Lucas <Lucas.DeToca@health.gov.au>  
**Subject:** FW: Google Reviews from The Coalface Morayfield Health Hub GPRC

**REMINDER:** Think before you click! This email originated from outside our organisation. Only click links or open attachments if you recognise the sender and know the content is safe.

Hi GPRC Team,

Another great week of reviews. Please see below the list of patient feedback!

Thank You for your support

We are now at over 163 000 covid 19 vaccinations delivered through our GPRC .

We are seeing about 350 respiratory patients per day and treating large numbers of Covid 19 patients with antivirals.

This has taken an enormous load off the local public hospital and emergency department and is greatly appreciated by the community

*Quick and very professional vaccination service.*

- **Constance**

*Wonderful experience visiting the health hub Morayfield for our 2nd covid boosters this morning.*

- **Geoffrey**

*Attended the respiratory clinic and found Dr and nurses to be very pleasant and considerate.*

- **Elyse**

*1st time patient. Very happy with the reception staff and my new Dr. Quite a large medical centre that appears to have everything one would need. Very clean & welcoming.*

- **Pat**

*Very friendly and helpful staff, got my fourth covid shot, quick and easy process, i was the only one there thanks team:)*

- **Brendon**

*Moreton bay is very lucky to have this exceptionally good team of nurses, doctors and administrators. We have gone to them for help with our little one more than three times and they are always efficient and professional. Thank you for your service.*

- **Kellie**

*Very good & efficient service. Co-vid boosters. Staff were excellent & no waiting.*

- **Margaret**

*Easy in easy out Great nurse for my 4th shot.*

- **Casper**

*Had an appointment here, got in straight away, lovely nurse, waiting room clean and tidy.*

- **Laurence**

*Great service to local community in very challenging times Great staff , good safe health advise, great QML staff Best all-round service, very helpful.*

- **Harry**

*Friendly staff, quick turn around with patients.. clean environment.. very well run.*

- **Debra**

*Rang up at 8.00am for 3 family members saw a doctor at 11.30am gone by 12.00pm top shelf service in these germ ridden times!*

- **Ian**

*Excellent friendly and timely service. I received an injection and hardly felt anything. A jab well*

done!

- **Sean**

*Visited the respiratory clinic for bubs. Easy online booking. Fast and efficient service. Everyone was friendly.*

- **Kylie**

*My covid shot was professional , fast and easy to book my 2nd shot. Would easily recommend to anyone to go here.*

- **Glynis**

Kind Regards,  
Evan

**Adjunct Associate Professor Dr Evan Jones**

Director

Health Hub Doctors Morayfield

19-31 Dickson Road,

Morayfield

QLD 4506

Postal Address: PO Box 270,

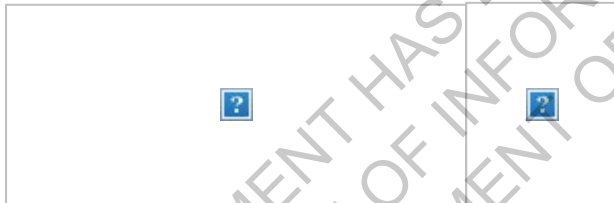
Morayfield Qld, 4506

Email: s47F

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Ph + 61 07 5322 4900 Fax s47F

<https://www.healthhubdoctorsmorayfield.com.au/>



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s22

**From:** s22 @health.gov.au>  
**Sent:** Thursday, August 18, 2022 1:48 PM  
**To:** Evan Jones s47F s47E(d) @health.gov.au>  
**Cc:** DAVIS, Carita <Carita.Davis@health.gov.au>; NOJA, Marcelle <Marcelle.Noja@health.gov.au>; s47F (M. Butler, MP) s47F @aph.gov.au>  
**Subject:** RE: Slacks Creek Incident [SEC=OFFICIAL]

Hi Evan

Thanks you for letting us know. I'm very sorry to hear this has happened at your clinic, it's obviously a very distressing incident and thank goodness no one was hurt.

All the best to you and your team as you continue to provide great services for your community.

Kind regards

s22

s22

**Director – GPRC & CVC Section**  
**Primary Care Implementation Branch**

Program Implementation and Primary Care Response Division | National COVID Vaccine Taskforce

Australian Government Department of Health and Aged Care

T: 02 6289 s22 | E: s22 @health.gov.au

Location: Scarborough 10.111

PO Box 9848, Canberra ACT 2601, Australia

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**From:** Evan Jones s47F  
**Sent:** Thursday, 18 August 2022 1:41 PM  
**To:** s47E(d) @health.gov.au>; s22 @health.gov.au>

**Cc:** DE TOCA, Lucas <[Lucas.DeToca@health.gov.au](mailto:Lucas.DeToca@health.gov.au)>; NOJA, Marcelle <[Marcelle.Noja@health.gov.au](mailto:Marcelle.Noja@health.gov.au)>; s47F [REDACTED] <[\[REDACTED\]@aph.gov.au](mailto:[REDACTED]@aph.gov.au)>  
**Subject:** FW: Slacks Creek Incident

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Hi GPRC,

Consistent with our notification obligations, I wish to advise you of the attached significant incident in which our security guard was approached by persons carrying a gun and demanding money.

Thankfully we have continued to employ a security guard at the GPRC for the protection of staff and patients.

Regards

Evan.

Adjunct Associate Professor Dr Evan Jones  
Director



**Slacks Creek Respiratory Clinic**

**22 Duke Street**

**Slacks Creek 4127**

**Phone: 07 3445 4050**

**Fax: 07 3445 4054**

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**From:** s47F <[REDACTED]@doctorlink.com.au> s47F <[REDACTED]@doctorlink.com.au>  
**Sent:** Thursday, 18 August 2022 8:55 AM  
**To:** Evan Jones s47F <[REDACTED]>  
**Subject:** FW: Slacks Creek Incident

Hi Evan,

Please see attached incident reports –

Report from security guard is very brief due to being taken from site by police officers -

Police are continuously patrolling the area.

Security has made a formal statement at the police station.

Debrief offered to all staff onsite – nil concerns

Security guard involved, no witnesses.

Kind regards,

s47F

Practice Manager



**Slacks Creek Respiratory Clinic**

**22 Duke street**

**Slacks Creek 4127**

**Phone: 07 3445 4050**

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s22

**From:** Evan Jones s47F  
**Sent:** Thursday, August 25, 2022 3:43 PM  
**To:** BEDFORD, Chris <Chris.Bedford@health.gov.au>  
**Cc:** COTTERELL, Simon <Simon.Cotterell@health.gov.au>; s22  
@health.gov.au>; s22 @health.gov.au>;  
minister.butler@health.gov.au; s47F (M. Butler, MP) s47F @aph.gov.au>; s47F  
s47F  
**Subject:** : Urgent Care Services at Morayfield -Emergency Q

Hi Chris,

Thank you for your phone call earlier today.

I have attached some brief notes and thoughts for your consideration around the issues for the establishment of urgent care services in Australia.

I also would suggest the department should be looking at <https://www.emergencyq.com/> which was developed in NZ

I am sure s47F from The RNCUC who I have copied in could give you his perspective

Blurb below

## Our System

---

Delivers measurable results from day one, reducing Hospital Emergency Department patient volumes by transferring non-emergency cases to primary care quickly and safely

---

Integrates secondary and primary care teams in real time through bespoke Emergency Department and primary care portals

---

Informs patients of the current wait times of Emergency Departments and local Urgent Care Clinics

---

Reduces ambulance drop-offs of non-emergency cases to hospitals

---

---

ISO27001 Information Security Management System accredited

---

## Results

---

100,000 less patients in EDs

---

400,000 less waiting hours in Emergency Departments

---

Powerful tool for improving access of minority populations to urgent primary care

---

Up to 15% reduction in total Emergency Department volumes per annum

---

## Benefits

---

Frees up busy Hospital Emergency Department triage teams to focus on patients with medical emergencies

---

Reduces aggression levels towards frontline nurses by offering patients a choice and reducing waiting times

---

Empowers non-emergency patients to safely start their journey in primary rather than secondary care

---

Delivers better health outcomes by reducing Emergency Department crowding and patient wait times

---

Delivers cost savings to Hospitals and Health systems

---

Reduces ambulance callouts to non- emergency cases

---

# The Change Maker leading the way with high-tech innovative healthcare software

• 29/01/2021

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No compatible source was found for this media.

Session ID: 2022-08-25:e1d74d9f83338309ef78d51a Player Element ID: player--content-newshub-en-home-lifestyle-2021-01-the-change-maker-leading-the-way-with-high-tech-innovative-healthcare-software-jcr-content-par-brightcovevideo

OK

Close Modal Dialog

[Emergency Q](#) launched in 2016, and has been making a huge difference to New Zealand's health

sector ever since.

Founder Morris Pita explains the origins of Emergency Q. "It was the result of taking one of our boys to a hospital Emergency Department one weekend. We couldn't fault the care he received. In the end it turned out he just had a virus, but the hospital Emergency Department is designed for medical emergencies. You often can't see how busy an ED is from the waiting room. In the end it took close to eight hours for him to be treated, but there were four clinics open nearby which could have treated him in a fraction of that time. If we'd known he was safe to start his journey in primary care and the comparative wait times, we'd have made a different decision that night."

Morris is this month's well deserving Dell Change Maker. Dell and The Project have been recognising New Zealanders who have made a positive social impact in the community through the Change Maker campaign.

The Emergency Q software is clever in its design with custom-built portals for patients, hospital triage teams, primary care clinics and St John ambulance.

The concept is simple - frontline nurses are provided with digital tools, including the ability to see live comparative wait times of their ED and local primary care clinics.

As Morris explains, nurses use their clinical judgement and expertise to identify cases suited to beginning their journey in primary care. "They empower patients with minor complaints such as sprains and earache, by letting them know they have a real choice about where they seek care for their medical issue."

Patients can also download the Emergency Q App from home and see live waiting times. It also explains what is and what is not a medical emergency. You can access the latest COVID-19 information too, including talking to a mental health counsellor at the touch of a button, and finding nearby Food Banks.

A triage nurse at Middlemore Hospital with Emergency Q on her desktop.

"The direct benefit is non-urgent patients can access primary care quickly, which frees up hospital doctors and nurses to care for more critical patients. We estimate the software has saved the taxpayer approximately \$15 million so far," he says.

Emergency Q is now operating in seven NZ hospitals including Middlemore and Waikato, and recent statistics show it's having a positive impact with up to 80% of patients with minor health issues being safely redirected to primary care clinics.

A major milestone was reached just before Christmas with the 50,000th patient using Emergency Q to access primary care - enough to fill Eden Park.

"Having clinicians come on board from the start was critical," Morris says. "We were fortunate early on that nurses and doctors embraced the new concept."

"Back when we started our first pilot, the hospital informed us if we could help them reduce numbers by five patients a day that would be judged a success - on our first day 13 patients used the new software and things have gone on from there."

"A key focus for our company is working with DHBs to empower Māori and Pacific communities who are disproportionately high users of EDs for primary care issues. More equitable access to primary care is better for everyone - patients save time and are treated by primary care experts,

and ED nurses and doctors are able to focus on patients with medical emergencies."

Emergency Q is also a proudly Māori owned and operated business - a large proportion of its software developers are Māori in an industry where Māori are underrepresented. "It's important for us to be able to be ourselves and operate in a completely authentic way, which also helps build trust with our key stakeholders."

"Our culture informs everything we do here. For instance, when partners or suppliers come to visit we greet them with a mihi."

It's this type of success and work ethic that has led Emergency Q to winning three NZ Hi-Tech awards since 2018 - the Kiwibank Most Innovative Hi-Tech Service Award, The VISA Most innovative Hi-Tech solution for the Public Good, and the Callaghan Innovation Māori Hi-tech Company of the Year award.

"The awards recognise our focus on helping communities get the type of care they need where and when they need it, and vindicate the professionalism, passion and hours of mahi the team puts in every day," Morris says.

The future looks bright for the Emergency Q team. They'll be offering the software to more hospitals and communities around New Zealand, and overseas as well.

"We're currently having discussions with different corners of the globe, including Australia, US (who currently have around 40 million non-urgent cases using ED's) South East Asia and Europe," Morris says.

"We have major goals and challenges ahead of us, and we're excited about sharing our Maori-tech solution with the rest of the world."

Regards

Evan

**Adjunct Associate Professor Dr Evan Jones**

Director

Health Hub Doctors Morayfield

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THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH AND AGED CARE

## Urgent Care

**Accreditation** is important as a measure to ensure quality and safety and all Urgent care service receiving Government assistance or dedicated urgent care item numbers should be accredited or undergoing an accreditation process - should be based on NZ college of urgent care standards

Plan for establishment of ANZ College of Urgent Care (combining Australia and NZ and allowing movement of workforce )

Standards may include

Facility Standards

- A service that meets relevant Health & Safety standards for patients, staff and contractors
- Service is open Standard hours 8am -8pm, 365 days per year, minimum. If demand open until 10 pm
- Has a dedicated plaster room with relevant equipment and supplies as described in the Standard
- Has a dedicated resuscitation room with relevant equipment and supplies as described in the Standard
- Has all relevant equipment (including medications, medical supplies and equipment as defined in the Standard) eg ECG, manual defibrillator.
- Needs to have plain radiology attached or within covered wheelchair access
- Diagnostic services available such as pathology optional
- and other options such as fracture clinic.
- An orthopaedic surgeon once a week and a plastic surgeon once a fortnight are useful options for clinics to provide comprehensive care and divert from Hospital.
- All patients in the Urgent Care service are seen on a walk-in, no appointment basis.
- There is a formal triage system in place for all walk-in patients
- Medical director on floor at least 20 hours/week.
- Medical director needs to have appropriate experience and qualifications
- The medical director takes overall responsibility for the consistent standard of medical and nursing care delivered by the service; this includes audit of all doctors' skills, knowledge and attitudes. Medical director also is responsible for:
  - Credentialing, oversight of training and maintenance of professional standards of all clinical staff in relation to urgent care work. This includes registered nurses, nurse practitioners,

healthcare assistants. Some of this responsibility may be delegated to the Charge Nurse (q.v.)

- Complaint management
- Quality and risk management including management of all adverse events.
- Clinical guidelines and processes within the service
- Clinical linkages with external key stakeholders such as EDs, other primary care services eg GPs, and relevant system services such as ambulance, Hospital in the Home, secondary and tertiary services (not an exhaustive list)
- Governance standards and safety National data standards
- Charge nurse on floor at least 20 hours/week.
- Charge Nurse role. The charge nurse is a clinical nurse leader who takes responsibility for:
  - consistent standard nursing care delivered by the service; this includes audit of all nurses' skills, knowledge and attitudes. Charge nurse is also responsible for:
    - credentialing, oversight of training and maintenance of professional standards of all nursing staff in relation to urgent care work. This includes registered nurses, nurse practitioners, healthcare assistants.
    - Nursing guidelines and processes within the service especially triage audit and quality assurance.
    - Infection control and cold chain quality and assurance.
    - Clinical nursing linkages with external key stakeholders such as EDs, other primary care services eg GPs, and relevant system services such as ambulance, Hospital in the Home, secondary and tertiary services (not an exhaustive list)

#### **Workforce –**

- Urgent Care Physicians FRNZCUC
- FACEM
- FACCRM
- FRACGP with urgent care skills
- ED Reg both present & past
- UK - fellowship of immediate/urgent care
- NZ Urgent care physicians
- Training program - funding - self-funding or contribution from government for a urgent care registrar training program
- As well Nurse practitioners/Nurses/therapists/indigenous health workers
- Consider Grandfathering arrangement plus a bridging training program -such as the University of Sunshine Coast course



## Funding

- Bulk billed Medicare & workcover to ensure equity of access and as few barriers to care as possible
- Federal government funding - should cover operational costs and some infrastructure /equipment grants plus the additional staffing costs ( 12-14 hours a day, 7 days a week, dr and nurse plus administration /reception staff so penalty rates will need to be paid at times outside the normal work week )
- Estimate about \$150 consult plus consumables ( this should be a Medicare item) Shorter consult \$120 and longer \$200 perhaps. Only paid if accredited by the above standards as a u/c clinic. Hospitals receive about \$454 for the same consult of which the Federal government pays 45% i.e currently about \$204.
- After hours loading; there should be Medicare items for Urgent Care consultations that reflect the higher staff costs of operating the service after-hours, weekends and on Public Holidays.
- There should be Medicare items that reflect the unique services delivered by Urgent Care clinics such as prolonged monitoring of patients, reduction of simple fractures/dislocations, prolonged examinations and assessment such as for patients with multiple (eg bicycle ) injuries.  
Consumables – look at item numbers for particular items such as I.V giving sets

## National urgent care working group

Concept group that should consist of top people in urgent care.

Including – s47F / Dr Evan Jones/ s47F

## Research program Other things to consider

- Strong emphasis on ambulance m diversion and Hospital avoidance strategies to ease pressure on the system
- Training programme for nurses and doctors is a priority.
- Urgent care is neither General practice nor Emergency departments -it sits between these and is for the treatment of non-life threatening but urgent conditions
- Consider having nurses who work both between ED and Urgent Care to have a referral base to assist in building the relationship.
- Direct Admissions into the hospital or virtual wards from urgent care doctors to stop blockage in ED. How to make this happen?
- Chair of Urgent Care
- Where do NP's and Paramedics fit into the urgent care team. They could be assisting in the home care visits as well.



**Australian Government**

**Department of Health and Aged Care**

**Ministerial Submission – Standard**

**MS22-001501**

**Version (1)**

**Date sent to MO: 16 November 2022**

**To: Minister Butler**

**cc: Assistant Minister Kearney**

**Subject: Policy Approval: Election commitment – Re-opening the Minor Accident and Illness Centre at Morayfield Health Hub**

**Critical date:** 17 November 2022 to allow the Department of Health and Aged Care to commence grant processes to enable re-opening of the Minor Accident and Illness Centre in early 2023. Approved waiver is attached to the PDR.

**Recommendation/s:**

- |  |   |
|--|---|
| 1. <b>Agree</b> to grant expenditure of up to \$4.3 million (GST Exclusive) over two financial years (2022-23 to 2023-24) to re-open the Minor Accident and Illness Centre (Centre) at Morayfield Health Hub.  | 1. <b>Agreed/Not agreed/</b><br><b>Please discuss</b> |
| 2. <b>Agree</b> to the department undertaking an ad hoc non-application based grant opportunity for Brisbane North Primary Health Network to urgently establish and administer an arrangement to re-open the Centre in early 2023.   | 2. <b>Agreed/Not agreed/</b><br><b>Please discuss</b> |
| 3. <b>Agree</b> to the relevant departmental delegate being responsible for conducting the grant opportunity (including agreeing to the grant opportunity guidelines, assessment and approval of assessment outcomes and entry into the administration of the grant agreement), as per Section 32B of the <i>Financial Framework (Supplementary Powers) Act 1997</i> . | 3. <b>Agreed/Not agreed/</b><br><b>Please discuss</b> |
| 4. <b>Note</b> that the process is in accordance with the <i>Commonwealth Grant Rules and Guidelines</i> (CGRGs) and the departmental delegate will exercise the relevant approvals under the <i>Public Governance and Performance Accountability Act 2013</i> (PGPA Act).   | 4. <b>Noted</b>                                       |
| 5. <b>Agree</b> that the Department may pursue a subsection 19(2) Direction under the <i>Health Insurance Act 1973</i> for the Centre to be able to claim MBS in addition to the Grant.  | 5. <b>Agreed/Not agreed/</b><br><b>Please discuss</b> |

**RECEIVED**

22 NOV 2022

Parliamentary Section

Signature..... Date:

17 / 11 / 22

OFFICIAL

Media Release required? NO			
Comments:			
Contact Officer:	Chris Bedford	Assistant Secretary, Primary Care Access Branch, Primary Care Division	Ph: (02) 6289 s22 Mobile: s22
Clearance Officer:	Simon Cotterell	First Assistant Secretary, Primary Care Division	Ph: (02) 6289 s22 Mobile: s22

**Issues:**

1. An ad hoc non-application based grant opportunity is required for Brisbane North Primary Health Network (PHN) to urgently establish and administer an arrangement to reopen the Centre at Morayfield Health Hub of up to \$4.3 million (GST Exclusive) over two years (2022-23 to 2023-24). This will enable access to urgent healthcare for the local community to be available in early 2023.
  - a. Of this, \$3.75 million would be provided to the Centre to support its reopening from early 2023 to mid-2024 (approx. 18 months). The Centre would also bill to Medicare, as it did when it previously operated. This delivers on the Australian Government's 2022 election commitment.
  - b. The Department may, if appropriate, pursue a subsection 19(2) Direction (i.e. exemption) administered under the *Health Insurance Act 1973* (Act) for the Centre, to enable the grant to be used towards 'professional services' for which Medicare benefit is payable. s34(3)
2. s34(2), s34(3)
3. Legislative Authority for this spending is provided by item 180 of Part 4 of Schedule 1AB to the *Financial Framework (Supplementary Powers) Regulations 1997* (FFSP Regulations). Item 180 covers measures to strengthen health care outcomes through facilitating access to, and improving the quality, efficiency and availability of health and medical services. s42
4. If you agree to the provision of funding for the Centre (via the PHN), the First Assistant Secretary will exercise the relevant approvals as Delegate to approve the commitment of relevant money under Section 23 (3) of the *Public Governance, Performance and Accountability 2013* (PGPA Act). It is also proposed that the delegate will finalise and approve the grant opportunity guidelines, conduct the grant opportunity (including the assessment and approval of the grant) and enter into ongoing administration of the grant agreement per Section 32B of the *FFSP Regulations*. Should you choose not to delegate to the Departmental Delegate please see **Attachment A** which outlines the Mandatory Grant Rules and Guidelines and Other Requirements to finalise this grant process.

5. Ad hoc grants are provided in accordance with the CGRGs, and are designed to meet a specific need, often due to urgency or other circumstances. These grants are generally provided to single applicants on a non-ongoing basis. The grant process is not subject to the usual mandatory approval requirements of the Department of Finance, including the requirement to agree a risk rating and seek agreement from the Minister for Finance to release the Grant Opportunity Guidelines.

### **Background:**

#### **Minor Accident and Illness Centre at Morayfield Health Hub**

The Centre is a large 38-bed urgent care facility at the Morayfield Health Hub<sup>1</sup>, a model of integrated primary health and community care located in the Morayfield/Caboolture area – an expanding and low socio-economic area – of the Moreton Bay-North region of Queensland. The Centre previously operated between December 2017 and October 2021. Until its closure, the Centre treated up to 250 patients per day. From late 2019, the Centre was briefly funded by Queensland Government. However, the Queensland Government did not provide continued funding, which resulted in the Centre's closure in October 2021 as it was not sustainable on Medicare billings alone.

This Centre is separate, and in addition, to the 50 Medicare UCCs election commitment. As the Centre is a large-scale, established facility that previously operated, it offers a valuable early reference and demonstration site for UCCs.

Brisbane North PHN would be engaged by the Department to administer and manage the arrangement with, including making payments to, the Centre – supporting it to operate in an integrated way with other local health services (e.g. UCCs, Caboolture public hospital and satellite hospital). Once re-opened, the Centre will be required (as a condition under the arrangement with the PHN) to provide free urgent care services and adhere to relevant requirements of Medicare UCCs. The Centre will operate seven days a week, from 8am to 8pm.

Reopening the Centre is intended to improve access to urgent healthcare for the local Morayfield/Caboolture community and relieve pressures on local public hospitals by reducing non-life threatening, urgent and acute presentations to emergency departments. An evaluation will be undertaken from the outset to assess performance and success of the Centre. Consistency of evaluation approach and outcome measures with that of UCCs will be important to ensure comparability. At the end of the grant period (30 June 2024), any continued funding for the Centre should be considered in context of the evaluation outcomes relative to the broader UCCs Program, including whether the Centre could transition to the broader UCCs Program.

#### **Subsection 19(2) of the Health Insurance Act 1973**

Subsection 19(2) of the Act states that, “unless the Minister otherwise directs, a Medicare benefit is not payable in respect of a professional service that has been rendered by, or on behalf of, or under an arrangement with, the Commonwealth, a State, a local governing body or an authority established by a law of the Commonwealth, a law of a State or a law of an internal Territory.” This is to preclude ‘double-dipping’ – as the Medicare payment would be in addition to monies already provided from another source for the professional service.

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<sup>1</sup> [www.healthhubdoctorsmorayfield.com.au/maicentre/](http://www.healthhubdoctorsmorayfield.com.au/maicentre/)



A subsection 19(2) Direction would allow the Departmental Delegate of the Minister to permit an entity to bill Medicare for certain professional services rendered when it is also receiving funding for those same services.

Regardless of whether a 19(2) Direction is provided to the Centre, it would still be eligible to bill to Medicare. If a 19(2) Direction is not pursued for the Centre, the \$3.75 million must only be used for operating costs (e.g. rent, utilities, administration, salary and labour on-costs of staff who do not bill to Medicare) and strictly not for topping up funding for any professional services for which a Medicare benefit is payable. The Centre will be required to provide comprehensive, independently audited financial reporting and acquittals at the end of each financial year.

**Attachments:**

**A:** Mandatory Grant Rules and Guidelines and Other Requirements

**Budget/Financial Implications:**

s47C

s34(3)

s47C

s47C

**Election Commitments / Budget Measures:**

The measure was announced as a 2022 election commitment under *Labor's Plan for a Better Future*, as part of Local Health Investments item. Total funding of \$4.4 million (includes departmental funds from existing resources) was announced as part of October 2022-23 Budget, as 'Re-opening the Minor Accident and Illness Centre at Morayfield Health Hub'.

**Sensitivities:**

s47C

**Consultations:**

The Department is working with the internal Design and Hub Relationships Section to develop Grant Opportunity Guidelines and will ensure all documentation is in accordance with the *Commonwealth Grant Rules and Guidelines* (CGRGs).

Primary Care Division's Finance Business Partner, PHN Branch and Budget Branch have been consulted on this Ministerial Submission.

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BY THE DEPARTMENT OF HEALTH AND AGED CARE

## Attachment A

**Mandatory Grant Rules and Guidelines and Other Requirements**

The CGRGs require Ministers to comply with relevant legislative requirements in the *Public Governance, Performance and Accountability Act 2013 (PGPA Act)* and the *Commonwealth Grants Rules and Guidelines 2017 (CGRGs)* and officials are required to advise their Ministers on these requirements. In making your decision you need to consider your mandatory obligations associated with approving grants. These include:

- a. If you approve expenditure under section 71 of the PGPA Act, in relation to a grant or group of grants, you *must* not approve the grant without first receiving written advice from Department staff on the merits of the proposed grant or group of grants before you make your decision. That advice *must* meet the requirements of paragraph 4.6 of the Commonwealth Grant Rules and Guidelines (CGRGs).
- b. If the proposed expenditure of relevant money relates to a grant, where you exercise the role of approver you *must* also record, in writing, the basis for the approval relative to the grant guidelines and key considerations of value with relevant money. The recommended basis and record for the approval, relative to the grant guidelines and the key consideration of value for money, are set out in this brief. If there is any alternative basis or considerations on which you are basing your decision you should record these in accordance with clause 4.11 of the CGRGs.
- c. If you approve a grant the Department has not recommended for funding (e.g. because it is ineligible or because it is not competitive or value for money), you must provide written advice of the basis of your approval for reporting to the Department of Finance in line with the CGRG annual reporting requirement in paragraph 4.13 of the CGRGs, i.e. by 31 March each year for grants approved in the preceding calendar year.

Consistent with section 71 of the PGPA Act you must not approve a grant unless, after reasonable enquiry, you are satisfied that these grants would be a proper use of relevant money.

If your approval is not given, or is made conditional on the applicant meeting additional obligations, please advise the reasons for your decision and any conditions placed on the approval, for follow-up by the Department.

For the majority of grants, once the grant is approved, the Secretary or their delegate, will approve the commitment of relevant money under s23(3) of the PGPA Act and enter into the arrangement pursuant to s23(1) of the PGPA Act or s32B of the *Financial Framework (Supplementary Powers) Act 1997* (and 32C if applicable) as the case requires. For grants made under specific statutory legislation the brief will contain details of the relevant statutory framework and approvals.

The Department is responsible for ensuring forward year commitments are recorded in accordance with the PGPA Act. The Department will record any applicable amounts if you approve the grant/s recommended in this brief.



**From:** [BEDFORD, Chris](#)  
**To:** s47F  
**Cc:** s22  
**Subject:** FW: FW: URGENT CRITICAL - Critical Date – Waiver Request: MS22-001501 - Policy Approval: Election commitment – Re-opening the Minor Accident and Illness Centre at Morayfield Health Hub [SEC=OFFICIAL]  
**Date:** Monday, 21 November 2022 11:44:00 AM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image001.png](#)  
[image002.png](#)  
**Importance:** High

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Hi s47F

Thank you for approving the waiver request. The Sub went up at the end of last week and I have the GOGs.

Happy to chat at our 3pm too.

Cheers, Chris

**Chris Bedford**

Assistant Secretary

Primary Care Access

Australian Government Department of Health and Aged Care

T: 02 6289 s22 | M: s22 | E: [chris.bedford@health.gov.au](mailto:chris.bedford@health.gov.au)

Location: Sirius Building 10.N.506

GPO Box 9848, Canberra ACT 2601, Australia

**Executive Assistant** | s22

T: 02 6289 s22 | E: s22 [@health.gov.au](#)

*The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.*




---

**From:** s47F [@Health.gov.au](#)>

**Sent:** Friday, 11 November 2022 10:25 AM

**To:** BEDFORD, Chris <[Chris.Bedford@health.gov.au](mailto:Chris.Bedford@health.gov.au)>

**Cc:** COTTERELL, Simon <[Simon.Cotterell@health.gov.au](mailto:Simon.Cotterell@health.gov.au)>; s47E(d) [@health.gov.au](#)>;

s22 [@health.gov.au](#)>; s22

[@health.gov.au](#)>; s47E(d) [@Health.gov.au](#)>

**Subject:** Re: FW: URGENT CRITICAL - Critical Date – Waiver Request: MS22-001501 - Policy Approval: Election commitment – Re-opening the Minor Accident and Illness Centre at Morayfield Health Hub [SEC=OFFICIAL]

Hey Chris,

That's fine

Cheers

s47F

---

Sent from [Workspace ONE Boxer](#)

On 11 November 2022 at 12:18:58 am AEDT, BEDFORD, Chris <[Chris.Bedford@health.gov.au](mailto:Chris.Bedford@health.gov.au)> wrote:

Hi s47F

A waiver request for the Morayfield policy etc sub. They are keen to get going and we are going to do our best to fast track to have an early win.

We hope to get the Sub to Simon today.

Happy to discuss. Cheers, Chris

### Critical Date – Waiver Request

<b>MS number</b>	MS22-001501
<b>Subject</b>	Policy Approval: Election commitment – Re-opening the Minor Accident and Illness Centre at Morayfield Health Hub
<b>Critical date</b>	17 November 2022
<b>Brief summary of submission</b>	<p>Seeks the Minister's policy approval of grant expenditure and associated process to facilitate the re-opening of the Minor Accident and Illness Centre (the Centre) in early 2023 – including:</p> <ul style="list-style-type: none"> <li>• for the department to undertake an ad-hoc non-application based grant opportunity for Brisbane North Primary Health Network to urgently establish and administer an arrangement to re-open the Centre</li> <li>• that the department may pursue a subsection 19(2) Direction administered under the <i>Health Insurance Act 1973</i> for the Centre, to enable dual funding (Medicare and grant) of professional services for which Medicare benefit is payable.</li> </ul>
<b>Why is a waiver to the 5 day critical date rule required?</b> Note – this must include why the critical date cannot be extended to allow the Minister's Office more than 5 days to consider the submission.	<p>There has been significant community campaigning to re-open the Centre as soon as possible, as there is an urgent necessity and demand for the provision of urgent care services to the local community, The Centre's owner, Dr Evan Jones, is also pushing for the Centre to receive its funding to re-open as soon as possible. A typical timeframe to implement grant agreements following the Budget is between 6-9 months. However, to achieve a shorter implementation timeframe, the Department is undertaking an ad-hoc grant process. On this basis, it is estimated that the earliest possible timing for re-opening the Centre is in the first quarter of 2023 (less than 4 months after Budget). A waiver will allow the Department to expedite processes, and mitigate any adverse community reactions.</p>

<b>What is the risk to the Minister/Department or Agency if the critical date is not met?</b>	Noting this is an election commitment, delays to the Centre's re-opening, will likely lead to adverse community reactions.
<b>What is preventing/has prevented the Department/Agency providing this Ministerial Submission at an earlier date?</b>	s42
<b>When will the Ministerial Submission be provided to the Minister's Office?</b> Note – if this date is not met, a new waiver must be requested	15 November 2022
<b>Waiver approved by</b>	<b>DLOs to complete</b>

**Chris Bedford**

Assistant Secretary

Primary Care Access

Australian Government Department of Health and Aged Care

T: 02 6289 s22 | M: s22 | E: [chris.bedford@health.gov.au](mailto:chris.bedford@health.gov.au)

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*The Department of Health acknowledges the Traditional Custodians of Australia and their continued connection to land, sea and community. We pay our respects to all Elders past and present.*



Kind regards,

s22

[SEC=OFFICIAL]