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Dear Dr Develin

Medicare Urgent Care Clinics Implementation Review Report

Please find enclosed the ACT Government's Medicare Urgent Care Clinics Implementation Review Report.

This implementation review report is the next deliverable under the ACT Government's Medicare Urgent Care Clinics Federation Funding Agreement. The report details progress towards agreed implementation activities, including confirmation of imaging access and workforce composition.

You had provided us with an extension until 16 December 2024 which we greatly appreciated. Unfortunately, it has taken us slightly longer to complete the report than expected, I apologise for this delay.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Robyn Hudson', written over a faint circular stamp.

Robyn Hudson
Deputy Director-General, Policy and Transformation
ACT Health Directorate

20 December 2024

Medicare Urgent Care Clinics Program

Implementation Review Report for ACT

December 2024

Released under the Freedom of Information Act 1982 by the Department of Health, Disability and Ageing

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Introduction

On 16 September 2024, the Australian Government and the Australian Capital Territory (ACT) Government executed the varied Medicare Urgent Care Clinic (Medicare UCC) Schedule to the Federation Funding Agreement (the FFA Schedule). Under the FFA Schedule, the ACT Government is required to deliver a report on 1 December 2024¹ regarding progress towards agreed implementation activities, including confirmation of imaging access and workforce composition at each clinic.

The Australian Government Department of Health and Aged Care (DHAC) provided this guidance to support completion of this deliverable by ACT and reporting considerations on several components of the model which are yet to be achieved, including access to imaging, additional workforce and equipment, data and reporting, branding, treatment of children under one year of age, triage and referral, and evaluation and improvement. These activities are key enablers to the increase in service provision.

In addition, the Australian Government are seeking a financial acquittal from ACT to improve transparency of Commonwealth funding under the Schedule and what outcomes are being achieved as a result. The agreed parameters of ACT's implementation model were identified through the proposal submitted by ACT in June 2023 and acknowledged by a letter from the ACT Minister for Health of 28 August 2023. The Prime Minister agreed to the implementation approach in the ACT in a letter dated 4 September 2023 noting that clinics will need to work towards provision of care to children under one year of age and ensured access to imaging across all locations.

ACT Medicare UCCs are also expected to meet the requirements of the Operational Guidance for Medicare UCCs except where exemptions have been agreed in writing.

¹ On 8 November 2024 an extension to 16 December 2024 was granted.
Medicare Urgent Care Clinics – Implementation Review Report for ACT

Access to Imaging

A letter from the ACT Minister for Health dated 28 August 2023 agreed for imaging to be undertaken at the Weston Creek location initially, with ACT to work towards provision of imaging access proximal to all other locations by the end of 2023.

Reporting considerations	Response
How many Medicare UCC patients are referred for imaging services (radiology, CT and ultrasound) per week on average?	173
Of these, how many are referred to the Weston Creek Medical Imaging Service per week on average?	94
What are the current operating hours of the Weston Creek Medical Imaging Service?	Monday to Friday, 8am-6pm (excluding public holidays) – CT, X-ray and Ultrasound* and Saturday to Sunday, 8am-6pm – X-ray only *Ultrasound hours are dependent on the availability of Sonographer
Of these, how many are referred to the Canberra or North Canberra Hospital medical imaging departments per week on average?	North Canberra Hospital – 68 Canberra Hospital – 11
Are the Canberra or North Canberra Hospital medical imaging departments available to Medicare UCC patients across the full hours of operation (7:30am-10pm)?	Yes
How many taxi vouchers are being provided to facilitate transport to medical imaging services for patients with no other means of transport per week on average?	The WiC/Medicare UCCs have not been required to provide any taxi vouchers for the purpose of access to medical imaging.
What work is underway to increase access to imaging proximal to other Medicare UCCs?	A tender process will commence in 2025 to provide access to private imaging proximal to all WiC/Medicare UCCs in Canberra, with the exception of the Weston Creek location (which already includes imaging). Private providers now exist within range of all WiC/Medicare UCCs. Previous market testing had identified interest in service provision during business hours with limited interest in after-hours operations due to the small volume of patients.
What is the timeframe for imaging proximal to other Medicare UCCs to be achieved?	Medical Imaging is working towards having the tender process finalised by Quarter 1 of 2025.
What is the anticipated operating hours of proximal medical imaging services?	Business hours, Monday – Friday.
What barriers have been faced in increasing access to medical imaging services across all Medicare UCCs, including in the after hours period?	Barriers to accessing medical imaging were in particular related to access to ultrasound services. This has been due to challenges with recruitment to sonographer roles.

Reporting considerations	Response
	With recent successful recruitment rounds, this has now been resolved. There are no current barriers for access to medical imaging for patients attending WiCs/Medicare UCCs. WiCs/Medicare UCCs at other locations can refer patients through established pathways including to, Weston WiC/Medicare UCC (within hours) or to Canberra Hospital or Northside Hospital. A taxi voucher scheme is available to patients (if required) to access imaging services at the Weston Creek location.
What plans are in place to overcome these barriers and what is the expected timeframe for this to be resolved?	N/A

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Additional Workforce

As part of ACT's Medicare UCC implementation model, Governments agreed to an expansion of workforce at ACT Walk-in Centres to enable treatment of a wider range of conditions.

Reporting considerations	Response
What is the current workforce structure at each Medicare UCC? Please specify all roles including administrative staff.	In September 2024, CHS provided DHAC with a comprehensive breakdown of workforce structure at each of the WiC/Medicare UCCs. This included a breakdown of volume of all staff at each centre, their professional skill mix and roster coverage (a copy is at Attachment A).
Additional 3.5 FTE Registered Nurse 4.2 to enable Nurse Practitioner (NP) coverage across all clinics across all hours of operation. Additional 2.9 FTE Registered Nurse 3.1 to enhance Advanced Practice Nurse (APN) coverage across all clinics and enhance training pathways.	
Which positions have been successfully filled? Which positions have not?	Since October 2023 there have been three APN (RN 3.1) recruitment rounds. 14 staff have onboarded which has resulted in an additional 9.63 FTE. These positions are a combination of temporary and permanent positions to backfill leave and funded from a combination UCC & ACT Government funding. Since October 2023 there have been three NP (RN4.2) recruitment rounds. We have onboarded 4.42 NP FTE.
Where positions have been filled, what impact are you seeing as a result of an expanded workforce?	Increased NP coverage allows for the treatment of conditions which require this higher level of scope. When the stipulated training is complete in Feb/March 2025, the removal of foreign bodies from eyes will be possible. In general, the increase in nursing staff has assisted with timely care for increasing presentations.
Where positions have not been filled, what is the timeframe for achievement? Is active recruitment underway to fill these positions?	An additional recruitment round for NPs commenced in late November 2024.
What have been the barriers to securing the agreed positions? What plans are in place to overcome these barriers and what is the expected timeframe for this to be resolved?	National workforce shortages have been the main barrier to securing the NP positions at the FTE level nominated. Targeted recruitment is planned to secure positions at additional FTE required in timeframe noted above.
Are there any mitigations in place to temporarily fill roles where longer term recruitment is underway?	Additional APNs were recruited to ensure workforce coverage across centres where NP FTE has not been reached. NP Staff are rostered to prioritise after hours and weekend NP coverage. There is at least one NP on shift, spanning all opening hours across the whole service in at least one WiC. Staff from other centres have the capacity to consult with an NP colleague by phone (at another centre) or redirect the patient to where the NP is located. A taxi voucher can be provided to facilitate patient transport to the location of NP if required. Additionally, there is capacity for the APN to make a booking on behalf of a patient to see a NP as needed.

Reporting considerations	Response
	CHS is also supporting several NPs in their studies of Masters of Nurse Practitioner as part of workforce education and retention strategies.
Additional 0.8 FTE Radiographer and 0.8 FTE Sonographer services to enable after hours imaging at the Weston Creek location	
Which positions have been successfully filled? Which positions have not?	0.8 FTE Radiographer and 0.8 FTE Sonographer have been filled.
Where positions have been filled, what impact are you seeing as a result of an expanded workforce?	Ability to operate the Weston Creek Imaging Service with extended hours, seven days per week for x-ray and weekdays for ultrasound.
Where positions have not been filled, what is the timeframe for achievement? Is active recruitment underway to fill these positions?	No active recruitment. All vacant positions have been filled through recent recruitment rounds. Ultrasound will be fully staffed from January 2025. Locum coverage is being utilised to address any gaps until this time.
What have been the barriers to securing the agreed positions? What plans are in place to overcome these barriers and what is the expected timeframe for this to be resolved?	Barriers stem from difficulties in securing a qualified sonographer workforce, which is affected by a national shortage of healthcare professionals.
Are there any mitigations in place to temporarily fill roles where longer term recruitment is underway?	Ultrasound will be fully staff from January 2025. Locum coverage is being utilised to address any gaps until this time.
Additional 1.8 FTE advanced scope physiotherapist for onsite specialist musculoskeletal assessment, diagnosis, management and consultative one-stop services at Weston Creek.	
Which positions have been successfully filled? Which positions have not?	1.0 FTE HP4 Advanced Musculoskeletal Physiotherapist (APM) trainee has been successfully filled, with 0.8 FTE remaining vacant.
Where positions have been filled, what impact are you seeing as a result of an expanded workforce?	Physiotherapists are able to work to independently assessment, diagnosis and management of clients with musculoskeletal presentations within their individual scope of practice, similarly to their practice in the Emergency Department.
Where positions have not been filled, what is the timeframe for achievement? Is active recruitment underway to fill these positions?	To date, three recruitment rounds have been completed - 1.0FTE HP4 filled, 0.8 FTE remains vacant. The next recruitment round is in progress prior to end of 2024.
What have been the barriers to securing the agreed positions? What plans are in place to overcome these barriers and what is the expected timeframe for this to be resolved?	Despite an Australian wide and New Zealand approach to advertising, CHS has been unable to attract new staff to fill all FTE including the WiC/Medicare UCC. A mixed staffing model has been implemented to staff the Urgent Care Clinic weekdays Monday-Friday. This involves HP5 Extended Scope Physiotherapist, 1 HP4 Advanced Musculoskeletal Physiotherapist trainee and two HP3 In-scope Primary Contact Physiotherapists working on a 4-week rotating weekly roster cycle. The mixed roster arrangement commenced on 24 October 2024 following an 8-week part time pilot to establish the physiotherapy service in the UCC (3 Sept – 23 October)

Reporting considerations	Response
Are there any mitigations in place to temporarily fill roles where longer term recruitment is underway?	A mixed roster model (as outlined above) and interim model of care has been implemented with offsite supervision provided to HP3/4 staff as required. Expansion of service provision across 7 days / extended hours is dependent on successful recruitment to vacant FTE.
Additional SOG C 0.7 FTE to support new data reporting to the Commonwealth for Medicare UCCs.	
Additional SOG C 0.7 FTE	The additional SOG C 0.7 FTE has been used by the ACTHD Data Analytics Branch to support the development and provision of data required for the Medicare UCC reporting and the development of the Data Sharing Agreement between the Commonwealth and the ACT. The funding has been used across the branch to support these activities including but not limited to, data governance, analysis, and reporting.
Additional 6 FTE Advanced Practice Nurses to increase nursing capacity (2024-25 Budget). Additional 0.4 FTE General Practitioner (GP) to increase the GP advisor role at ACT clinics (2024-25 Budget).	
Which positions have been successfully filled? Which positions have not?	GP Advisor recruited at (0.3FTE) to provide mentoring, clinical support and education to nursing staff across the WiC/Medicare UCC network. 6 FTE APN positions are now fully recruited.
Where positions have been filled, what impact are you seeing as a result of an expanded workforce?	The GP advisor role has had a positive impact on nursing staff including, enhancing clinical skills, and improving nursing practice through direct mentorship and guidance. The role has also increased opportunities for skill development in diagnosing and managing patient care, and facilitation of ongoing learning through workshops and training sessions led by the GP advisor and clinical nurse educators. The increase in nursing staff positions has assisted with timely care of increasing presentations.
Where positions have not been filled, what is the timeframe for achievement? Is active recruitment underway to fill these positions?	An additional 0.1 FTE GP Advisor remains unfilled. The current GP Advisor is unable to increase hours. CHS is exploring options to engage another GP at 0.1FTE from a separate recruitment process or suitable alternative. This has been raised with DHAC at a recent bilateral meeting.
Are there additional roles you would like to incorporate in the workforce model in the future? What benefit would these additional roles provide in addition to the existing service offering?	There are no additional roles being considered at this stage.

Additional Equipment

The Medicare UCC Operational Guidance includes requirements for core equipment and drugs to be available at Medicare UCCs. As part of ACT's proposed Medicare UCC implementation model, Governments also agreed additional equipment would be introduced to ACT Medicare UCCs to support point of care testing, diagnosis and treatment interventions.

This included

- two slit lamps to facilitate better eye examinations and removal of foreign bodies in eyes
- two tonometers for eye examination
- one handheld vascular doppler for investigating blood flow and thrombosis
- five handheld ultrasounds to assist in examination of deep lacerations, abscesses and foreign bodies

The following table summarises equipment that has been purchased to support point of care testing, diagnosis and treatment interventions:

Equipment	Quantity	WiC	Purchased/ installed	Equipment in Use
Slit lamps	5	All Centres	Yes	No
Tonometers	5	All Centres	Yes	No
Vascular Doppler	2 (3 rd one purchased waiting for delivery)	All Centres	Yes (3 new devices-2 pre-existing)	No
Handheld ultrasounds	0	-	-	No
Smiley Scopes	5	All Centres	Yes	Yes

Equipment	Training	Timeframe for achievement – introduction of equipment
Slit lamps	• Training package <u>complete</u> • CHS has provided vendor specific training, including personalised instruction of the specific slit lamp models. • Simulation and workshop training sessions are being organised through CHS Eye Clinic with support from Staff Specialists. Dates planned 28 October (postponed due to sickness) & 25 November 2024. • Sydney Eye Clinic has a course specifically targeted to nursing staff (available March/April 2025. This will be offered to staff to support their ongoing educational opportunities.	Slit lamps are specialised equipment. It has been challenging to source appropriate training opportunities for nursing staff. CHS is working towards achievement of training by Feb/March 2025. This is being managed by the Clinical Nurse Manager team/ Assistant Director of Nursing and GP Advisor. Training session for ophthalmologist/eye clinic held on 25 November 2024.
Tonometers	• Training package is complete. • NP Clinical training sessions delivered on 28 October	Tonometer self-directed learning package and HRIMS program complete and with HRIMs (online learning platform) for uploading. Roll out can start as soon as uploaded.

Equipment	Training	Timeframe for achievement – introduction of equipment
	(postponed due to sickness) & 25 November 2024. Training rollout for all other staff planned for November/December 2024.	
Vascular Doppler	- Training package complete - Education sessions planned for December 2024.	Doppler CAT completed, awaiting 5 th doppler and rollout once it has arrived.
Handheld Ultrasounds	N/A	As advised to DHAC on 15 October, CHS is not proceeding with the purchase of handheld ultrasounds for WiCs/Medicare UCCs. A procurement initiation process was undertaken which identified several unanticipated complexities, for example sterilisation requirements and infrastructure to support this, which did not support the use of these devices in the WiCs/Medicare UCCs. Funding budgeted for this equipment was repurposed for smiley scopes.
Smiley Scopes	- Education session conducted with staff at each centre to introduce smiley scope. - Additional education support tools such as instructional videos also provided. - Face to face education session planned as follow up in Dec.	Training complete – Smiley scopes in use. Smileyscopes have been well received at WiC/Medicare UCC. Smileyscope VR Headset provides an interactive platform primarily for children aged 4 years and older to use while undergoing procedures and other stressful medical procedures. The devices can also be used by adults. The headsets have been shown to reduce pain, anxiety and stress among children and increase clinical efficiency. CHS has commenced a Quality Improvement Project to gather patient experience feedback.

Reporting considerations	Response
Are all equipment and drugs available at all Medicare UCCs (in line with Appendix A in the Operational Guidance requirements)? If not, what items are not available and what are the plans to ensure they are stocked? What are the interim backup arrangements in place?	Equipment and drugs available in the WiCs/Medicare UCCs have been reviewed against the UCC Operational Guidance. All is available with the following exceptions: - Equipment for the collection of venous blood specimens - Laryngoscope – BLS not ALS provided. - ECG machine - IV infusions sets and fluids - Amiodarone, GTN, Insulin, IV cortico steroids, benzotropine, narcotics, vitamin K and methoxyflurane inhale These items are not available as they are outside the scope of practice for use in the WICs/Medicare UCCs.

Data and Reporting

Responsibilities under the Medicare UCC Schedule to the Federation Funding Agreement include reporting relevant data to the Department of Health and Aged Care in accordance with data reporting requirements and supporting clinic adherence to data collection processes.

Reporting considerations	Response
What data is currently being provided and how is that being collected? What systems are being used?	Epic Solutions is the basis of the ACT Digital Health Record (DHR). The ACTHD currently provides weekly activity numbers by day and location to DHAC. At present, these data are being provided using SQL code written against the DHR source data but will (in time) be available for formal external reporting from the Enterprise Data Platform. The current approach is a best endeavours data set.
What is the plan and timeframes to provide more granular data (i.e. where would a patient have gone otherwise, episode end status, condition type, clinical handover)?	An iterative approach is planned to provide more granular data to DHAC. In addition to the data already supplied, the ACT will provide Clinic Location, Date of presentation, Age at presentation, Sex, Postcode, Indigenous status, Ethnicity (depending on data quality) by the end of 2024. The ACTHD will continue to investigate and streamline processes to provide further information as the program evolves.
When will the Data Sharing Agreement to share Emergency Department data for partner hospitals, be signed as committed under the Federation Funding Agreement?	December 2024
What barriers have been experienced to the provision of data?	Given UCCs are integrated a part of ACT's long-standing walk-in clinic facilities, it is difficult to differentiate between patients of the UCC and patients of the WiC within the same setting. ACT have concerns around how the evaluation commissioned by DHAC will measure the impact of the UCC program in the ACT given this unique arrangement. Secondly, the current process to report on requested data requires a lot of manual effort. Work is ongoing to improve processes from end to end, however it may take six or more months to streamline data collection and reporting for UCC purposes.
What information and data is available on the benefits of the transition to the Medicare UCC program?	The ACT UCC network is still in the transition phase; the benefits cannot be determined at this stage. However the ability to employ additional staff is expected to result in a higher patient throughput and reduced waiting times.
What data and information will be provided to support the evaluation against each Measure of Success? When will this information and data be provided?	Considering the unique arrangement in the ACT (as described above), it is difficult to report against the current 'Measures of Success' of UCCs within the ACT. DHAC and ACT may seek to revise the template/measures of success to make them more relevant to the ACT so that the impact of UCCs can be accurately measured.

Branding

Responsibilities under the Medicare UCC Schedule to the Federation Funding Agreement include acknowledging the Medicare UCC program as part of branding, participating in national communications activities, and maintaining an accurate online presence (including a website) which adequately incorporates Commonwealth Medicare UCC naming conventions and branding.

Reporting considerations	Response
What activities have been undertaken to ensure that ACT clinics are appropriately recognised as being part of the Medicare UCC program?	Walk-in Centres are routinely promoted through a number of ACT Government channels, including social media, newsletters and other promotional material. The WiCs/Medicare UCCs are acknowledged as part of the national network of Medicare UCCs through use of words and logo.
What activities have been undertaken to incorporate Commonwealth branding online including the ACT Walk-in Centre website?	CHS is working to increase size of the UCC logo on the WiCs/Medicare UCCs website in response to a request by DHAC.
Are there plans to further strengthen current physical signage (internal and external) and branding on ACT Medicare UCCs?	Each WiC has signage acknowledging it is part of the Medicare UCC network. Delineation between GP side and UCC side is not applicable to the ACT context. The current signage is fit for purpose to support navigation of patients. The ACT is actively working with the DHAC and other stakeholders on future signage options.
What activities have been undertaken to ensure that ACT clinics are included in the national Medicare UCC communications campaign?	The ACT has provided feedback to DHAC in relation to developing promotional materials for the Medicare UCCs which will be geotargeted to a radius around the WiCs/Medicare UCCs. The campaign will be launched in the November/ December 2024 period and will be in market for 8 weeks, including over the Christmas/New Year period. ACTHD and CHS are meeting regularly with the local Primary Health Network, Capital Health Network (CHN) about promoting the WiC/Medicare UCC network on the CHN website, in its regular newsletter and through other CHN communications.

Treatment of Infants

As part of ACT's Medicare UCC implementation model, Governments agreed to an extension of Nurse Practitioner staff enabling assessment, triage and appropriate treatment of children under one year of age at specific centres over time under the Medicare UCC initiative.

Reporting considerations	Response
What are the triage processes in place for this patient cohort? What activities have been undertaken to increase capability of staff enabling assessment and treatment of this patient cohort? What is the expected timeframe for achievement?	WiCs/Medicare UCCs provide free health care for non-life-threatening injuries and illnesses to anyone who is over one year of age. Across the five WiCs, the process for children under 12 months is the same and is as follows: • Admin flag with the go-to nurse that there is a child under 12 months in the WiC; • In the event that this does not occur, the nurses check the board regularly so will identify this patient within a few minutes. Patients under 12 months of age are highlighted in the 'waiting room' on DHR to make it obvious for staff; • A nurse will rapidly assess the child and redirect them to their GP or the Emergency Department (ED); • If the child needs to present to ED, the nurse will determine whether the patient is safe to be transported by private car or need an ambulance transfer; • The information regarding the rapid assessment is documented in the DHR. In line with the previous agreement with the DHAC, there are no immediate plans to further expand the scope to include children under 12 months of age as substantial work will be required to ensure the appropriate systems, processes and personnel are in place. Ensuring the delivery of safe, high-quality care remains a key priority for the ACT.

Triage and Referrals

The Medicare UCC Operational Guidance states that Medicare UCCs will conduct initial assessment and triage patients according to the severity of their condition to determine priority of treatment. The Guidance also states that Medicare UCCs should be part of a referral network aimed to ensure patients are directed to the most accessible and efficient service for their need with referral pathways into and out of the Medicare UCC driven by local need and co-designed with relevant stakeholders.

Reporting considerations	Response
How are patients currently being triaged upon arrival at the Medicare UCC?	Trained admin staff who work in the WiC /UCCs are given a list of presenting issues that should be directed to the go to nurse for assessment +/- redirection to ED/GP/Dentist/other. These are considered "Red Flag" presentations. Red flag presentations are escalated immediately to nursing staff for review and assessment on arrival to the WiC/Medicare UCC.
What processes are in place to monitor the deterioration of a patient's condition while waiting?	Patients are rapidly assessed if they present with "red flag" conditions. Red flags are identified by trained administrative on arrival and brought to the attention of the "go to nurse". If a patient is identified as requiring transport to ED, they are brought into a consult room and monitored by nurse until ambulance arrives. Administrative staff visually monitor patients in the waiting room and seek assistance from nursing staff as needed. If they have immediate concerns, administrative staff are advised not to leave a patient unattended. They are to follow the Basic Life Support algorithm (DRSABCD) and call for help. All nursing staff scan the waiting room each time they go to the waiting room and collect a patient. This assists in identifying patients that are deteriorating or require more urgent assessment in a timely manner. Additionally, the go-to nurse is expected to look at the DHR waiting room board in between patients and identify any red flag presentations for rapid assessment +/- redirection.
Is there a plan to further formalise triaging arrangements?	There are no plans to formalise triaging arrangements at this stage.
Are there protocols in place to support decision on whether a presenting patient's condition is appropriately managed within the Medicare UCC or should be referred elsewhere?	WiCs/Medicare UCCs are staffed with APNs working under CHS approved Clinical Treatment Protocols (CTPs) plus Medication Standing Orders (MSO's) NPs working the in Walk-in Centre practice within the national standards and frameworks set by the Nursing and Midwifery Board of Australia (NMBA) NMBA Nurse Practitioner standards for practice (March 2021)

Reporting considerations	Response
	NMBA Safety and Quality Guidelines for Nurse Practitioners (March 2021) Additionally, NPs practice within CHS Credentialing and Defining the Scope of Clinical Practice for Nurse Practitioners (NP and Endorsed Midwives (EMs) policy, CHS policy, procedures and relevant practice guidelines.
What data is being captured in relation to patient pathways, such as where a patient is not admitted for care and is instead referred to the Emergency Department or to their regular GP?	DHR captures the following data in relation to patient pathway also known as patient disposition: - Treated at WiC - Treated and referred to GP - Treated and referred to other service e.g. dentist, optometrist, outpatient clinic, pharmacist - Did not wait (care not commenced) - Rapidly assessed and referred to ED - referred to ED via ACT Ambulance Service - Treated and referred to medical imaging - Left at Own Risk
What percentage of patients per week on average are advised that their condition would be more appropriately managed by the Emergency Department and subsequently referred?	This data is not currently available. ACTHD is working on surfacing the data.
What percentage of patients per week on average are advised that their condition would be more appropriately managed by their regular primary care provider and subsequently referred?	This data is not currently available.
How is patient information communicated to other care providers when the patient is discharged, for example, are discharge summaries provided to a patient's regular GP for ongoing care?	Patient information is communicated to other care providers if the patient consents to the information being shared. Where the patient has consented, GPs will automatically be cc'd in on any diagnostic results and provided with a summary of care.

Evaluation and Improvement

The Medicare UCC Schedule to the Federation Funding Agreement included participation in the Commonwealth-led evaluation of Medicare UCCs, including through the provision of relevant information to guide the evaluation.

Reporting considerations	Response
Have you engaged with the Medicare UCC program evaluator? What information has been provided to support the evaluation against the Measures of Success?	The Nous Evaluation team had a preliminary meeting with ACTHD on 15 October, then attended the ACT for a site visit on 7 November 2024 at the Weston and Belconnen WiCs/Medicare UCCs. CHS clinical and management staff hosted the visited at the centres and provided a walk-through of the clinical space and participated in interviews with the evaluation team and provided follow up information where requested.
Have you notified the Department of Health and Aged Care of any compliance, management or safety concerns as required under the Summary of Commissioning Reporting and Notifications Document?	DHAC has been advised that the treatment of children under one year of age has not been met. There have been no instances of compliance, management or safety concerns that have required notification.
What additional services are being provided and/or conditions being treated that were not in scope prior to commencing as part of the Medicare UCC program?	The establishment of the AMP service and increased in access to imaging through Weston Imaging Service, particularly weekend x-ray service.
Have you received any feedback from consumers and health professionals regarding the services being delivered?	CHS has a <u>well-established mechanism</u> for consumer feedback. This is promoted widely in centres and offers a variety of formats to provide feedback. Information is collated and reported monthly to CHS Executive and WIC Clinical Advisory Group to improve services and create a better patient experience.
Have you collaborated with the ACT Primary Health Network (PHN) in the delivery of this initiative, and if so, what activities has the PHN supported?	CHS and ACTHD has an established partnership with CHN and have been meeting 6-weekly to support localised promotion to the general practice community. Media content for newsletters, webinars, CHN website, social media is provided regularly. Additionally, CHS has revised WIC eligibility criteria and referral pathway information is available on the ACT and Southern NSW Health Pathways Platform (for primary health care professionals and provides condition-based assessment, management and referral information).
Are there any early indicators for how successfully the Medicare UCC program has been integrated into ACT Walk-in Centres and the local health system?	The success of the Medicare UCC Program integration into the ACT WiCs/Medicare UCCs is operationally successful, however there is currently limited data to demonstrate if the high number of WiC/Medicare UCC presentations that would otherwise be treated in EDs.

Financial Acquittal

Please complete the below table to demonstrate where total Commonwealth investment of \$10.2 million over three years (2023-24 to 2025-26) has been or is being allocated against agreed activities.

Budget	2023-24 (actual)	2024-25 (planned)	2025-26 (planned)
Funding allocation	\$2.567m	\$3.748m	\$3.877m
Rolled over from previous FY	-	\$1.448m	\$1.919
Total FY funding	\$2.567m	\$5.196m	\$5.796
Expenditure:	Actual	Budget	Budget
Purchase of additional equipment	\$0.135m	\$0.069m	\$0.031m
Additional Nurse Practitioners	\$0.169m	\$0.541m	\$1.760m
Additional Advanced Practice Nurses	\$0.641m	\$1.650m	\$2.255m
Recruitment of Advanced Scope Physiotherapist	-	\$0.148m	\$0.358m
Expansion of GP advisor role	\$0.011m	\$0.087m	\$0.206m
Expansion of Weston Creek Imaging Service	\$0.054m	\$0.334m	\$0.597m
Access to imaging at other locations*	-	-	-
Training to increase staff capability including use of equipment	-	\$0.046m	\$0.015m
Other	\$0.109m	\$0.401m	\$0.573m
Total	\$1.119m	\$3.277m	\$5.796m
Balance	\$0.448m	\$1.919m	-

*Budget will be adjusted as required to account for outcomes from procurement.