He Kaupare. He Manaaki.
He Whakaora.
prevention. care. recovery.

Frequently asked questions – Proposed changes to the Urgent Care Clinic contract

February 2023

When will ACC let us know what the new prices are and when will they take effect?

We aren't able to confirm the new prices yet as the annual pricing paper is still before ACC's board for decision. We will let you know the new prices as soon as we are able to, with the intention that the new prices will be effective from July 1 2023.

Why hasn't ACC consulted with UCCs before now about the pricing changes?

Although this is the start of our formal consultation with you, we've had many informal conversations leading up to now. We've heard your concerns and wanted to make some immediate changes to help with the pressures you're facing, while we continue to work in partnership with you on what Urgent Care will look like into the future.

How will ACC know if UCCs are invoicing appropriately for the higher value out of hours consultations?

We'll introduce new service codes into the contract for the out of hours rates, and trust that UCCs will use these appropriately.

As we do now, we'll continue to monitor individual clinics' use of the service codes, and may ask outliers for evidence (e.g. clinical records and time-stamped information from the PMS) that they are invoicing appropriately.

How will these changes help when there aren't enough staff and/or staff don't want to work unsociable shifts?

The challenges faced by UCCs are complex and will require a system-wide approach to solve. We acknowledge these changes are a small step towards sustainability in the longer term, and

are committed to working with the sector and alongside health while staying within the scope of ACC's remit.

Is ACC going to allow other providers to work under the UCC contract? For example, paramedics, pharmacists, physio etc.

Although in principle ACC is supportive of exploring the idea of paramedics working in the primary care setting, our current legislation doesn't allow paramedics to work as treatment providers under our contracts or Cost of Treatment Regulations in health settings outside of Emergency Ambulance services.

There is some work currently underway exploring the options in this space as we acknowledge that allowing providers to work at the top of their scope is one potential lever we have to pull in addressing workforce pressures within acute and primary care.

In regards to other health professionals working under the UCC contract, we are interested in exploring this further as we work on the re-design.

Will there be any flexibility regarding the required hours of operation?

The expected minimum opening hours for UCCs will remain at 8am-8pm 7 days a week. However we do understand that there may be exceptional circumstances when a UCC is unable to meet the contractual opening hours, and we aim to work with our suppliers to understand any challenges and ensure continuity of services, with a focus on provision of out of hours services.

Does ACC plan to open up more UCCs in other parts of New Zealand?

It's clear that the current geographical distribution of clinics is inequitable, but we need to do more work to understand what the optimum number of clinics would be and where they would be best located.

How does ACC plan to work with Te Whatu Ora to ensure consistency with health reform changes and sustainability of funding?

The challenges faced by UCCs are complex and will require a system-wide approach to solve. We have already formed key relationships within Te Whatu Ora, and are committed to working together to ensure a consistent approach to funding and sustainability for acute and after hours care. We acknowledge that we can't do this mahi without input from Te Whatu Ora or yourselves.

What type of experience/qualifications are you looking for in members of the expert reference group? How can we get involved if we are interested? How will you select members of the expert reference group?

We want to draw on a wide range of experience and knowledge for the reference group. We'll be looking for stakeholders from within urgent care, as well as urban and rural general practice, Emergency Departments etc to ensure we have good representation from all areas of community and acute care.

There will be an invitation sent out shortly for expressions of interest to be part of the reference group. We will then go through an evaluation and selection process to ensure that there is the right mix of people on the group.

It's important to ensure that funding change needs to reflect CPI or inflation

We acknowledge the concerns about current inflation rates and other health system pressures contributing to the rising costs of healthcare and doing business.

ACC continues to monitor the impact of inflation and have made adjustments in our contracts and Cost of Treatment Regulations to reflect this.

We will look to understand the continuing impact of things such as inflation across the sector and ensure that we factor these into the future design to improve sustainability for acute and after hours care providers.

Currently a UC02 can be claimed if a patient is seen by the provider, sent for x-ray and then has a "second consult" for review of the x-ray and management. If a procedure is then performed (fracture reduction) this would also be claimed. Under the new schedule would this have to revert to UC01?

As part of these proposed interim changes, ACC will be reviewing the current Service Schedule and aiming to make things much clearer for our providers regarding how to choose the right level of consultation and corresponding procedural codes. We will clarify this particular situation in the updated service schedule.

With the proposed change where we can only bill for procedures alongside a UC01 how can you reassure us that our total time spent with the clients is renumerated appropriately?

To clarify, we are proposing that procedures may be invoiced in conjunction with a short initial consult (UC01) or the single follow-up code.

The amount of clinician time built into each procedure code varies between 10 and 40 minutes depending on the complexity of the procedure. For example, the UC30 – repair of significant

wound >7cm has 30 minutes of procedure time built into the price. This is in addition to the consultation time of up to 20 minutes, and is agnostic of which type of health professional provides the treatment.

We know that depending on individual circumstances, the consultation and procedure time will vary for each patient so some procedures will take less time while others may take more time and we take an ‘unders and overs’ approach in these instances.

How will you fairly compensate for clinician’s time for treating complex injuries e.g. concussion which require considerable time assessing and observing the patient? Or if the patient has multiple injuries e.g. a traumatic brain injury plus wounds?

This is something that we would like to review with you in the service redesign process.

Our data shows that the majority of concussion injuries seen by Urgent Care Clinics are treated under a UC01 (up to 20 minutes) consultation. However, if a patient with a suspected concussion requires prolonged assessment and/or observation and has no other injuries requiring procedures, a longer consult may be invoiced for as appropriate e.g. UC02/UC03.

Under the proposed changes, if a patient has multiple injuries requiring a procedure/s and a suspected concussion, a UC01 may only be invoiced in conjunction with the procedure code/s. This still allows for up to 20 minutes to assess the concussion, in addition to time taken to perform the procedure/s during which the patient’s neurological condition can also be observed.