



# Auckland POAC Guidelines

## Note

Over the last five years, Accident and Medical Clinics (A&Ms) have been renamed Urgent Care Clinics (UCC). For the purpose of this document the clinics will be referred to as Urgent Care Clinics.

Some Urgent Care Clinics are co-located and work alongside a General Practice service, with the latter offering booked appointments.

This document is signed off by representatives of the 18 District funded Urgent Care Clinics, however, has been socialised with all Urgent Care Clinics in Auckland.

## Purpose

To ensure all staff follow the correct and safe procedure when assessing patients for acceptance, who arrive for treatment at an Urgent Care Clinic via Ambulance referral.

To support Hato Hone St John (HHStJ) personnel when transport is not indicated to advise they visit their GP in the recommended time, or if this is not possible an Urgent Care Clinic.

## Background

Many patients requiring timely medical care are suitable to be transported to an Urgent Care Clinic by ambulance personnel.

However, it is known that the number of times this occurs is very small, currently less than 1% of ambulance transports in Metro Auckland are to Urgent Care Clinics.

## Cost as a barrier

One of the reasons that transports to Urgent Care Clinics are so low is that the patient is concerned about the cost at the Urgent Care Clinic. Under the Primary Options for Acute Care (POAC) scheme within Auckland, such patients may be transported with no additional cost to the patient being incurred. This includes the consult fee, and, if required, extra consumables and time / cost of radiology and taxi home. This also includes the ACC co-payment.

This scheme enables HHStJ personnel to determine what is the most effective and efficient way to meet health care needs, without the patient incurring cost, and while keeping patients with clinically appropriate conditions out of ED.

Note that a patient must be eligible for publicly funded care in New Zealand to receive POAC funding.

## Hato Hone St John involvement

All HHStJ personnel have the ability to drop off a suitable patient at an Urgent Care Clinic and the below criteria have been agreed upon by the clinics in the appendix at the end of this document.

*(Please refer to most recent guideline around COVID-19 pandemic in the context of respiratory disease redirection.)*

## For Hato Hone St John personnel – How to refer:

### Transporting patients to their own General Practice

If a patient is unable to transport themselves, transporting the patient to their own GP (if open) should be considered in the first instance.

Personnel must phone the practice and discuss the patient with a doctor or nurse before transporting them. The GP may request that the patient is transported to an ED if they do not think it is safe or appropriate for the patient to be treated at their practice.

Complete ePRF and ACS form, document POAC referral on both.

### Transporting patients to an Urgent Care Clinic:

Patients are potentially suitable for transport to the Urgent Care Clinic, provided all the following criteria are met:

- > They require transport to a medical facility **and**
- > Their expected healthcare requirements could be safely and effectively provided by the Urgent Care Clinic at that time of day **and**
- > They are unlikely to be referred on to hospital **and**
- > The transport time to the Urgent Care Clinic is such that it is reasonable to transport the patient there **and**
- > The patient has given fully informed consent **and**
- > They are eligible for publicly funded healthcare in New Zealand

HHStJ personnel are strongly encouraged to call ahead to the clinic, as this can mean that an unanticipated situation (e.g. no radiology) results in a transport directly to hospital, instead of “double handling” due to a decline at the UCC.

Most urgent care clinics have provided direct dial numbers for ease of calling ahead, Hato Hone St John paramedics can find them on the Clinical Wiki and the Clinical Practice Guidelines (CPG) app.

## Self-transport to GP or Urgent Care Clinic

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Patients who have their own transport and can safely make their own way to their GP or a UCC within the specified timeframes may transport themselves and still be eligible for POAC funding.

Ambulance staff must:

- > Indicate on the ePRF that POAC has been initiated and
- > Document the time they leave the patient and
- > Leave the ACS form and supporting paperwork (e.g. ECG strip) with the patient and advise them that they must take it when they and
- > Advise the patient they need to be seen within:
  - 12 hours by their own GP or
  - 4 hours at an UCC during the day or
  - 4 hours at an UCC from 8am/opening of the clinic if assessed and referred during the night.

## Taxi transport

If the patient can safely make their own way to their GP/UCC however they have no transport, POAC will fund a taxi. To order a taxi:

- Phone **09 300 3000** co-op taxis
- Ask to book on account 95196 under “East Health Services Limited”
- They will ask for a purchase number - this is the patients NHI number

This is only for taxis between the patient’s home and the GP/UCC, the return journey can also be claimed.

- HHSTJ personnel can arrange the return journey on booking, this can also be arranged by the GP/UCC on discharge.

## Clinical guidelines for Urgent Care Clinics:

The clinical problem that the patient has must be able to be reasonably and safely managed at the Urgent Care Clinic. This requires clinical judgement.

The following is a list of examples of clinical conditions that would and would not be amenable to transport to an Urgent Care Clinic.

In general, the following patients are **not** amenable to transport to an Urgent Care Clinic:

- > Over 80 years old with a medical problem or those with difficult social situation.
- > Elderly patients on anticoagulation who are bleeding.
- > Patients who are likely to need treatment or monitoring more than 30 minutes past closing time.
- > Psychotic, suicidal or intoxicated patients.

*Note: Please refer to current COVID-19 protocols for patients with respiratory symptoms*

	Non amenable conditions
<b>Musculoskeletal</b>	
Isolated simple fractures not involving a long bone (e.g. hand, foot, forearm, elbow, ankle), provided the medical facility has X-ray facilities available at the time of drop-off (all UCC have X-ray facility, however hours will differ per clinic, please phone ahead)	Compound fractures or clinical deformity suggesting displaced or angulated fractures.
Simple joint dislocations that can be relocated in the community e.g. shoulder dislocations, digit dislocations <b>and where radiology is available</b>	Hip dislocations
Back pain with green or orange flags (see Appendix)	Back pain with red flags
Concussion without loss of consciousness, with a normal GCS and no seizure following the injury	Patients with a head injury and who are on anticoagulants
Most soft tissue injuries	Clinical discretion required e.g. crush injuries
Wounds requiring suturing (>5 years of age) or wound glue for any age child (straight wounds, <4cm)	Lacerations in children requiring sedation for closure. If the wound is minor and likely to be able to be closed with simple dressings then the patient may be suitable.  Lacerations over a joint
Minor injuries (e.g. abrasions, contusions) in over 80 year olds that do not have significant mechanisms of injury or head involvement	80 years old and above with medical and/or social complexity

Amenable conditions	Non amenable conditions
<b>Medical / Surgical</b>	
<i>Stable COVID patient (normal vital signs) can be transported to an Urgent Care Clinic / CBAC</i>	<i>Unstable COVID patient (Respiratory rate &gt;24, o2 &lt;95% Room air, BP &lt;90 systolic or &lt;60 diastolic) that is confused or having rigors</i>
Seizures, provided the patient has known epilepsy, has recovered to their usual post-ictal state, and no midazolam has been administered and GCS is not less than 15, unless this is normal for the patient	GCS less than 15, unless this is normal for the patient
Headache with green or orange flags (no red flags) – see Appendix	Suspected stroke, (including sudden onset of headache,) or transient ischaemic attack
Cellulitis (without exclusion criteria – see Appendix)	Complicated cellulitis (exclusion criteria in appendix) or suspected necrotizing fasciitis
UTI with mild symptoms and normal vital signs other than mild fever	Suspected infected stone, sepsis/hypotension Single kidney, stent
Abdominal pain with green or orange flags (see Appendix)	Abdominal pain with abnormal vital signs and/or severe pain. <b>Requiring opiate pain relief with an anticipated ongoing requirement for further opiate.</b>
Generally unwell requiring medical review but not confused and normal vital signs	Delirium
Diarrhoea / Vomiting and Dehydration (not hypovolaemic shock) requiring IV fluid	Melaena or significant haematemesis
Respiratory infections without severe respiratory distress <b>following relevant current protocols, especially around COVID-19</b>	Receiving oxygen (other than home oxygen) for a specific indication described within the Ambulance Clinical Procedures and Guidelines
Mild to moderate asthma or COPD	Requiring repeated nebulised bronchodilator with no improvement following initial therapy
Minor allergy without signs of systemic involvement Single self-administered Adrenaline use may be compatible with transport for observation, <b>but ambulance staff must call ahead first</b>	Poisoning. Note that children with ingestion of poisons that are known to be non-harmful (such as shampoo) may be suitable.
Atypical chest pain in a normally well young adult	Suspected myocardial ischemia or acute coronary syndrome. Tachydysrhythmia or brady-dysrhythmia
PV Spotting in pregnancy without pain	Patients in labour

## What to tell patients – Hato Hone St John personnel

The following must be explained to the patient and/or caregivers prior to transport:

- > Ambulance staff are recommending that the patient is transported or referred to their GP or a Urgent Care Clinic, rather than being transported to a hospital ED.
- > The patient is still responsible for the bill associated with this ambulance callout if it is not covered by ACC.
- > Any bill from the Urgent Care Clinic for this visit will be paid for them under a special funding arrangement (POAC).
- > The patient needs to understand that just because they came by ambulance does not mean they will see the doctor immediately. They will be triaged and seen according to score and wait time just as they would be at hospital, or if they presented themselves to Urgent Care, and this could be a number of hours. (This may require an explanation by clinic staff as well.)
- > If, during this visit, they are referred to hospital by the doctor and they require further transport by ambulance, there will be no bill for the extra ambulance transfer – it will also be paid for them by POAC.
- > Advise the patient if they are going by own transport, and want a POAC funded visit – that they must be seen within:
  - 12 hours by their own GP or
  - 4 hours at a Urgent Care Clinic during the day or
  - 4 hours at a Urgent Care Clinic from 8am/opening of the clinic if assessed and referred overnight

## What to do at handover – Paramedics and UCC clinicians

- > The on-site nurse or doctor must accept the patient, urgent care clinics will make that clinician available within 5 minutes
- > Ambulance staff must identify patient as POAC on their documentation and ideally would refer to this guideline on which criteria they come under.
- > Until inside the Urgent Care Clinic, the patient is under the care and responsibility of HHStJ.
- > Receptionists are encouraged to print off the electronic Patient Record Form (ePRF) for the clinical team to refer to.

## Declines

Urgent Care Clinic staff have the right to decline Hato Hone St John HHStJ transports to their Clinic if they feel it is unsafe, or if there is a waiting time for current patients longer than the clinic's closing time – calling ahead to the clinic is more likely to prevent this from happening.

However, they cannot use a busy waiting room or long wait as a reason to decline a non-ED transport.

If a referral is declined, the HHStJ personnel must document the reason for this:

- > Feedback using “**referral@declined**” in the disposition notes on the ePRF;

## Appendix 1

Representatives from the clinics in the table below have approved this guideline.

**Note:** Not all Urgent Care Clinics in Auckland had a representative on the guideline group.

Auckland DHB	Waitemata DHB	Counties Manukau Health
White Cross Ascot Opening times: 24 hrs, 7 days Telephone: 09 520 9555	Westcare White Cross New Lynn Opening times: 0800-2000, 7 days Telephone: 09 828 8912	ETHC Mangere Town Centre Opening times: 0800-2000, 7 days Telephone: 09 275 7954
White Cross Lunn Ave Opening times: 0800-2000, 7 days Telephone: 09 570 8899	White Cross Henderson Opening times: 24 hrs, 7 days Telephone: 09 836 3336	Local Doctors Dawson Road Opening times: 0800-2000, 7 days Telephone: 09 274 3468
White Cross Otahuhu Opening times: 0800-2000, 7 days Telephone: 09 276 3000	Shorecare Greville Road Opening times: 0800-2000, 7 days Telephone: <a href="tel:094867777">09 486 7777</a>	Local Doctors Browns Road Opening times: 0800-2000, 7 days Telephone: 09 264 1640
White Cross St Lukes Opening times: 0800-2000, 7 days Telephone: 09 815 3111	Shorecare Smales Farm Opening times: 24 hrs, 7 days Telephone: <a href="tel:094867777">09 486 7777</a>	Local Doctors Otara Opening times: 0800-2300, 7 days Telephone: 09 274 3414
Local Doctors Glen Innes Opening times: 0800-2000, 7 days Telephone: 09 528 9054	Westgate (non-District funded) Opening times: 0800-2000, 7 days Telephone: 09 833 3134	Counties Medical Takanini Opening times: 0800-2000, 7 days Telephone: <a href="tel:092997670">09 299 7670</a>
Three Kings Accident and Medical (non-District funded) Opening times: 0800-2000, 7 days Telephone: 09 6252 999	Silverdale Medical (non-District funded) Opening times: 0800-2000, 7 days Telephone: <a href="tel:094279997">(09) 427 9997</a>	Counties Medical Papakura Opening times: 0800-2000, 7 days Telephone: <a href="tel:092999384">09 299 9384</a>
One Health (non-District funded) Opening times: 0800-2000, 7 days Telephone: 09 222 800		East Care Botany Opening times: 0700-2300, 7 days Telephone: 09 277 1516
Mt Roskill Medical and Surgical Opening times: 0800-2000, 7 days Telephone: 09 627 8552		Urgent Care Franklin Opening times: 0800-2000, 7 days Telephone: 09 238 6610
Onehunga Accident and Medical (non-District funded) Opening times: 0800-2000, 7 days Telephone: 09 634 5184		Bakerfield Accident and Medical (non-District funded) Opening times: 0800-2000, 7 days Telephone: 09 263 7770
		The Doctors Middlemore Opening times: 0800-2000, 7 days Telephone: <a href="tel:092759977">09 275 9977</a>

## Appendix 2

### Complicated cellulitis (not comprehensive):

- > Suspicion of Necrotising fasciitis
- > Significant systemic toxicity
- > Severe comorbidities or social issues
- > Active ulceration in diabetic foot
- > Animal or human bite not responding to oral antibiotic.
- > Patient is pregnant and requires IV antibiotics.
- > Patient requires IV antibiotics but unsuitable for POAC.
- > Patient has experienced an anaphylactic reaction to penicillin.
- > Around the eye
- > Full circumferential.

## Appendix 3

	Orange Flags	Green Flags
<b>Back Pain</b>	<ul style="list-style-type: none"> <li>&gt; A history of cancer</li> <li>&gt; Immunocompromised</li> <li>&gt; Worsening pain, especially when lying</li> <li>&gt; Recent unplanned weight loss</li> <li>&gt; Pain radiating down or altered sensation / power in one leg</li> <li>&gt; Osteoporosis</li> <li>&gt; IV Drug use</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Pain and / or muscle spasm in the lumbar region</li> <li>&gt; Able to walk</li> </ul>
<b>Abdominal Pain</b>	<ul style="list-style-type: none"> <li>&gt; Dysuria</li> <li>&gt; Frequency or Urgency</li> <li>&gt; Recent unplanned weight loss</li> <li>&gt; Haematuria</li> <li>&gt; Temperature 37–38 degrees, others normal</li> <li>&gt; New onset of constipation in elderly</li> </ul>	<ul style="list-style-type: none"> <li>&gt; Diarrhoea and vomiting with normal vital signs</li> <li>&gt; Pain associated with menstruation</li> <li>&gt; Recurrent constipation</li> </ul>



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<b>Headache</b>	<ul style="list-style-type: none"><li>&gt; Symptoms associated with sinusitis</li><li>&gt; Migraine with symptoms different to normal</li></ul>	<ul style="list-style-type: none"><li>&gt; Symptoms associated with influenza</li><li>&gt; Known migraine with usual symptoms</li><li>&gt; Normal vital signs, normal assessment using FAST technique</li></ul>
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