

Medicare Urgent Care Clinics – Australian Capital Territory

FEDERATION FUNDING AGREEMENT - HEALTH

Table 1: Formalities and operation of schedule

| Parties | Commonwealth Australian Capital Territory (ACT) | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|----------------|----------------|---------------|--|--|---------------------|----------------|----------------|----------------|--------------|-------------------------------|--------------|--------------|--------------|---------------|---|--------------|--------------|--------------|---------------|---|-------|-------|-------|-------|
| Duration | This Schedule is expected to expire on 30 June 2026. | | | | | | | | | | | | | | | | | | | | | | | | | |
| Purpose | <p>This Schedule will support the delivery of Medicare Urgent Care Clinics (Medicare UCCs) in the ACT.</p> <p>Medicare UCCs will ease the pressure on hospitals and give Australian families more options to see a healthcare professional when they have an urgent but not life-threatening need for care. All Medicare UCCs will provide free services, be open during extended business hours and accept walk-in patients.</p> <p>The ACT will establish Medicare UCCs in its jurisdiction as part of its community-based Walk in Centres (WiCs) in Gungahlin, Belconnen, Inner North (Dickson), Weston Creek, and Tuggeranong.</p> | | | | | | | | | | | | | | | | | | | | | | | | | |
| Estimated financial contributions | <p>The Commonwealth will provide an estimated financial contribution to the ACT of \$10.2 million in respect of this Schedule. The Commonwealth's estimated financial contributions to the operational of this Schedule are shown below.</p> <table border="1"> <thead> <tr> <th colspan="5">Table 1</th> </tr> <tr> <th>(\$ million)</th> <th>2023-24</th> <th>2024-25</th> <th>2025-26</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Estimated total budget</td> <td>2.567</td> <td>3.748</td> <td>3.877</td> <td>10.192</td> </tr> <tr> <td><i>Less estimated National Partnership Payments</i></td> <td>2.567</td> <td>3.748</td> <td>3.877</td> <td>10.192</td> </tr> <tr> <td>Balance of non-Commonwealth contributions</td> <td>0.000</td> <td>0.000</td> <td>0.000</td> <td>0.000</td> </tr> </tbody> </table> | Table 1 | | | | | (\$ million) | 2023-24 | 2024-25 | 2025-26 | Total | Estimated total budget | 2.567 | 3.748 | 3.877 | 10.192 | <i>Less estimated National Partnership Payments</i> | 2.567 | 3.748 | 3.877 | 10.192 | Balance of non-Commonwealth contributions | 0.000 | 0.000 | 0.000 | 0.000 |
| Table 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (\$ million) | 2023-24 | 2024-25 | 2025-26 | Total | | | | | | | | | | | | | | | | | | | | | | |
| Estimated total budget | 2.567 | 3.748 | 3.877 | 10.192 | | | | | | | | | | | | | | | | | | | | | | |
| <i>Less estimated National Partnership Payments</i> | 2.567 | 3.748 | 3.877 | 10.192 | | | | | | | | | | | | | | | | | | | | | | |
| Balance of non-Commonwealth contributions | 0.000 | 0.000 | 0.000 | 0.000 | | | | | | | | | | | | | | | | | | | | | | |
| Additional terms | <p>Project Output</p> <p>The output of this Schedule will be the delivery of Medicare UCCs and support provided to the clinics. The Parties have agreed that Medicare UCCs will be:</p> <ul style="list-style-type: none"> • Based in existing community-based WiCs • Operating in extended business hours and accept walk-in patients • Bulk-billed resulting in no out-of-pocket costs to the patient • Flexible and diverse, responding to the needs of the local community • High quality, safe and effective • Provide treatment for conditions that do not require a hospital admission such as broken bones, wounds, and minor burns. <p>The Parties have agreed an approach to Data, Monitoring and Evaluation that has been developed by the Commonwealth and jurisdictions. The key goals of Medicare UCCs are as follows:</p> | | | | | | | | | | | | | | | | | | | | | | | | | |

- Medicare UCCs will improve access to urgent care in non-hospital settings, particularly for vulnerable groups (including people with a disability, First Nations people and people from culturally and linguistically diverse communities). This includes the aim of changing consumer behaviour when considering options for appropriate care for urgent conditions that are not immediately life-threatening.
- Medicare UCCs will reduce the demand on Emergency Department (ED) presentations in partner hospitals by providing patients with short term, episodic care for urgent conditions that are not immediately life-threatening.
- Medicare UCCs will support integration with existing local health services and complement general practice.

The Parties have agreed that Medicare UCCs will support people to connect to pathways of care with the broader health system, including providing referrals back to a patient's regular GP or care provider to ensure that the patient receives continuity of care. All referral pathways into and out of the Medicare UCC should be driven by local need and co-designed with relevant stakeholders to ensure connectivity to existing community health services, GPs, non-government sector, state and territory funded services, hospital and ambulatory services and other support services.

The Parties have jointly developed and agreed on measures of success, underpinned by associated data sources which will ensure a shared view of what Medicare UCCs will aim to achieve and guide the approach to evaluation to be led by the Commonwealth.

The Parties have jointly developed and agreed on Operational Guidance for Medicare UCCs which specifies the minimum standard for activity, infrastructure and staffing of a Medicare UCC, while acknowledging that the specific operating model of clinics will vary across locations and is dependent on local conditions including workforce availability.

Roles and Responsibilities of Each Party

Role of the Commonwealth

The Parties agree that the Commonwealth (in addition to the roles outlined in the Federation Funding Agreement – Health), will be responsible for:

- Monitoring and assessing achievement against milestones in the delivery of projects under this Schedule to ensure that outputs are delivered within the agreed timeframe;
- Providing a consequent financial contribution to the ACT as outlined in this Schedule to exclusively fund the establishment and operation for Medicare UCCs, inclusive of one-off upfront capital costs (where applicable), ongoing operational costs, and non-labour costs;
- Providing funding to Capital Health Network to support Medicare UCCs in collaboration with the ACT Government and work with primary care providers in the ACT to support system integration where required.
- Preparing and supporting data collection from Medicare UCCs to the Department of Health and Aged Care. Data management responsibilities will include working with the ACT and the Medicare UCC evaluator to facilitate data sharing to measure goals and intended outcomes for Medicare UCCs.

Leading the national evaluation of the Medicare UCC program in consultation with ACT and in line with the Senior Official Advisory Group agreed measures of success.

Role of the ACT

The Parties agree that ACT (in addition to the roles outlined in the Federation Funding Agreement – Health), will be responsible for:

- All aspects of delivering on the project outputs set out in this Schedule;
- Seeking approval from the Commonwealth for any change to a provider or the agreed Medicare UCC locations;
- Ensuring clinics have clinical governance protocols in place and are providing care that is high quality, safe and effective;
- Ensuring clinics adhere to Commonwealth guidelines and requirements including the Medicare UCC design principles, Medicare UCC Operational Guidance (with any differences to be agreed separately in writing), and data sharing agreements;
- Acknowledging the Medicare UCC program as part of its branding; and in alignment with Canberra Health Services brand guidelines;
- Participating in national communications activities and maintaining an accurate online presence (including a website) which adequately incorporates Commonwealth Medicare UCC naming conventions and branding;
- Working in collaboration with Capital Health Network to support Medicare UCCs to develop and maintain integrated patient pathways between EDs and other health care services and regularly review the pathways to ensure they remain appropriate and are working effectively;
- Ensuring Medicare UCC staff undertake any required training, as specified by the Commonwealth, or can demonstrate that training already undertaken sufficiently meets the Commonwealth's training requirements;
- Supporting accessibility of Medicare UCCs for priority populations as identified by the Commonwealth;
- Reporting relevant data to the Department of Health and Aged Care in accordance with data reporting requirements (as governed by the ACT Data Sharing Agreement) and supporting clinic adherence to data collection processes;
- Participating in the Commonwealth-led evaluation of Medicare UCCs including through the provision of requested relevant information to guide the evaluation (such as patient experience surveys or case studies) and supporting individual Medicare UCCs to provide such information;
- Timely reporting to the Department of Health and Aged Care on compliance, management or safety issues and any other notifiable changes as specified within the Medicare UCC Summary of Commissioner Reporting and Notifications to the Commonwealth;
- Reporting on the delivery of outputs (project milestones, reporting and payments) as set out in Table 2A.

Shared Roles

The Parties agree that the Commonwealth and the ACT (in addition to the roles outlined in the Federation Funding Agreement – Health), will be jointly responsible

for agreeing State-specific projects and implementation arrangements under this Schedule.

The Parties will meet the requirements of Schedule E, Clause 26 of the Intergovernmental Agreement on Federal Financial Relations by ensuring that prior agreement is reached on the nature and content of any events, announcements, promotional material or publicity relating to activities under this Schedule, and that the roles of both Parties will be acknowledged and recognised appropriately.

The Parties agree that the Commonwealth and the ACT will be jointly responsible for privacy controls and appropriate data governance in accordance with the *Privacy Act 1988* and relevant state-based privacy legislation. These responsibilities will be outlined in the Commonwealth and Medicare UCC Data Sharing Agreements.

The Parties note that the Commonwealth has undertaken a Privacy Impact Assessment (PIA) for the current terms of data collection. Recommendations identified through the PIA have been actioned and/or adhered to where appropriate and reasonable by both the Commonwealth and the ACT. The Parties agree that any significant changes made to data collection processes in the future will need to be considered again by the Commonwealth and the ACT and the PIA may need to be update.

Both Parties will support communication campaigns to inform consumer behaviour change and encourage patients to present appropriately at Medicare UCCs.

Financial Arrangements

Activities delivered by WiCs for which they are receiving funding under the National Health Reform Agreement (NHRA) will not also be eligible for funding under this schedule. Likewise, activities delivered under this schedule are not in scope for NHRA funding and will not be included in the national submission for the purpose of NHRA funding. The Commonwealth will not fund patient services under the NHRA if the same service, or any part of the service, is funded through an existing Commonwealth program including the Medicare Benefits Schedule (see clause A9 and A10 of the 2020-2025 Addendum) and ACT will ensure appropriate records are maintained.

Table 2A: Australian Capital Territory – Performance requirements, reporting and payment summary

| Output | Performance milestones | Report due | Payment |
|--|---|-------------------|---------------------------|
| Planning and establishment of Medicare UCCs in the following locations within existing WICs: Tuggeranong, Weston Creek, Inner North (Dickson), Belconnen, Gungahlin. | Participation in Medicare UCC governance arrangements, planning for Medicare UCC establishment and establishment of Medicare UCCs, establishment of data sharing agreements, and execution of this Project Agreement. | 1 September 2023 | \$1,100,000 (Complete) |
| Implementation Review Report | Provision of a report on the implementation of Medicare UCCs in the ACT, including confirmation of imaging access and workforce composition at each Medicare UCC. | 1 December 2023 | N/A |
| Provision of services through the Medicare UCCs | The provision of services through the Medicare UCCs for the period since commencement to 31 March 2024. | 1 May 2024 | \$1,467,000 (Complete) |
| Additional funding support for ACT Medicare UCCs under Strengthening Medicare package | Execution of the varied Schedule to support the delivery of Medicare UCCs in the ACT | 1 September 2024 | \$1,502,000 2024-25 |
| Implementation Review Report | Provision of a report on the implementation of Medicare UCCs in the ACT, including confirmation of imaging access and workforce composition at each Medicare UCC. | 1 December 2024 | N/A |
| Provision of services through the Medicare UCCs | The provision of services through the Medicare UCCs for the period 1 April 2024 to 31 March 2025. and in accordance with the Additional Terms | 1 April 2025 | \$2,246,000 2024-25 |
| Provision of services through the Medicare UCCs | The provision of services through the Medicare UCCs for the period 1 April 2025 to 31 March 2026. and in accordance with the Additional Terms | 1 April 2026 | \$3,877,000 2025-26 |
| | The provision of services through the Medicare UCCs for the period 1 April 2026 to 30 June 2026 with the Additional Terms. | 1 August 2026 | N/A |

The Parties have confirmed their commitment to this schedule as follows:

*Signed for and on behalf of the Commonwealth
of Australia by*



The Honourable Mark Butler MP
Minister for Health and Aged Care

16/09 / 2024

*Signed for and on behalf of the Australian
Capital Territory by*



Ms Rachel Stephen-Smith MLA
Minister for Health

12/9 / 2024