

Expanding access to cervical screening services

FEDERATION FUNDING AGREEMENT - HEALTH

Table 1: Formalities and operation of schedule

Parties	Commonwealth New South Wales Victoria Queensland Western Australia South Australia Tasmania Australian Capital Territory Northern Territory
Duration	This Schedule is expected to expire on 30 June 2027.
Purpose	This Schedule supports States and Territories to expand cervical screening services, supporting the delivery of improved access. Activities under this Schedule will include: - Enabling nurses, First Nations Health Practitioners, and midwives to sign Pathology Request Forms for Cervical Screening Tests - Implementing innovative screening models to reach under screened populations including but not limited to LGBTQIA+, culturally and linguistically diverse people and people with a disability. The National Strategy for the Elimination of Cervical Cancer (Strategy) outlines Australia's commitment to achieving equitable elimination of cervical cancer as a public health problem by 2035 and outlines the objectives and actions needed to achieve this goal. Strategic priority 6 of the Strategy aims to 'Increase access to screening, colposcopy and follow-up by expanding who can offer these services, and where and how they are offered, to improve reach and uptake'. The funding aligns to priority areas 6.1 and 6.4 of the Strategy. 6.1: Provide a clear pathway to enable appropriately trained registered nurses, Aboriginal Health Workers, Aboriginal Health Practitioners, and midwives to be able to independently request and sign the pathology form for a Cervical Screening Test (and be eligible for Medicare reimbursement). 6.4: Resource pilots and, where successful, resource scale-up and routine provision of innovative screening models such as peer- led and community-developed services and telehealth approaches. Work with community-controlled organisations to develop models, scale up successful models, and share best practice approaches. This Schedule includes an assessment of activities undertaken and the outcomes achieved under this agreement.

Estimated financial contributions	The Commonwealth will provide an estimated total financial contribution to the States and Territories of \$21.8 million in respect of this Schedule.				
	Table 1				
	(\$)	2024-25	2025-26	2026-27	Total
	Estimated total budget	5,524,000	7,232,000	8,996,000	21,752,000
	New South Wales	1,275,564.00	1,808,938.00	2,359,800.00	5,444,302.00
	Victoria	1,104,482.00	1,544,321.00	1,998,580.00	4,647,383.00
	Queensland	936,332.00	1,284,237.00	1,643,549.00	3,864,118.00
	Western Australia	632,643.00	814,509.00	1,002,340.00	2,449,492.00
	South Australia	519,103.00	638,893.00	762,611.00	1,920,607.00
	Tasmania	370,165.00	408,528.00	448,149.00	1,226,842.00
	Australian Capital Territory	355,543.00	385,911.00	417,273.00	1,158,727.00
	Northern Territory	330,168.00	346,663.00	363,698.00	1,040,529.00
	Less estimated National Partnership Payments	5,524,000	7,232,000	8,996,000	21,752,000
	Balance of non-Commonwealth contributions	0.0	0.0	0.0	0.0
Additional terms	The Commonwealth supports the provision of hospital services through the National Health Reform Agreement (NHRA). The NHRA provides that the Commonwealth will not fund a service where the same service, or any part of the same service, is otherwise funded by the Commonwealth. States and Territories will ensure that any claim for funding under the NHRA is not funding services, or any part of a service, provided for under this agreement and will maintain appropriate records.				
Definitions	Under-screened population: - women and people with a cervix eligible to participate in the National Cervical Screening Program who have either never had a Cervical Screening Test or are two or more years overdue for their next screen test. Non-medical providers (NMPs) - includes nurses, First Nations Health Practitioners, and midwives Note: The Commonwealth is currently undertaking work to provide clear pathways for NMPs to deliver cervical screening services. National Cervical Screening Program eligible population: - women and people with a cervix aged between 25 and 74 years First Nations Health Practitioners: The terms First Nations Health Practitioners, Aboriginal Health Practitioners and Aboriginal Health Worker are all within the scope of this FFA.				

Table 2A: New South Wales – Performance requirements, reporting and payment summary

Output	Performance milestones	Report due	Payment
Initiative 1 Enable nurses, First Nations Health Practitioners, and midwives to sign Pathology Request Forms for Cervical Screening Tests (CSTs). Initiative 2 Implement innovative screening models to reach under screened populations including LGBTQIA+, culturally and linguistically diverse people and people with a disability.	Provision and acceptance of a project plan outlining planned activities and expected timeframes to: a) build capacity of non-medical providers to conduct cervical screening in New South Wales with focus on areas with low screening participation. b) reimagine and adapt knowledge and services in New South Wales to raise awareness and increase access to cervical screening for under screened populations including but not limited to Aboriginal people, CALD people, LGBTQIA+ and people with a disability in metropolitan, regional and rural NSW. Provision and acceptance of the first progress report outlining activities undertaken against the agreed project plan, including a description of any enhancements identified or being implemented and an overview of any measured or expected impacts/outcomes. If progress against the project plan is delayed, the State or Territory must advise the Commonwealth in writing prior to 15 September 2025 of the delay. The progress report must include proposed actions to deliver planned activities and against revised timeframes. Provision and acceptance of the second progress report outlining activities undertaken against the agreed project plan, including a description of any enhancements identified or being implemented and an overview of any measured or expected impacts/outcomes. If progress against the project plan is delayed, the State or Territory must advise the Commonwealth in writing prior to 14 July 2026 of the delay. The progress report must include proposed actions to deliver planned activities and against revised timeframes. Provision and acceptance of a final report including at minimum but not limited to: a) a review of progress against the agreed project plan, b) an assessment of the activities undertaken, and the outcomes achieved under this agreement (both measured and observed) c) an assessment of the impact of project activities on access to screening services and outcome reporting, and d) any lessons learned and how these learnings could support expanded access to screening services	Within 2 months of signing or by 3 June 2025, whichever is the earliest. (please send to NCSPCommittees@health.gov.au) 30 September 2025 (please send to NCSPCommittees@health.gov.au) 31 July 2026 (please send to NCSPCommittees@health.gov.au) 15 June 2027	100% of annual allocation for 2024-25. 100% of annual allocation for 2025-26. 100% of annual allocation for 2026-27. No payment

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

28/01/2025

Signed for and on behalf of the
State of New South Wales by



The Honourable Ryan Park MP
Minister for Health
Minister for Regional Health

26/1/2025