

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 September 2027.
Purpose	<p>This Schedule will support the delivery of Medicare Urgent Care Clinics (Medicare UCCs) in the ACT.</p> <p>The ACT will operate five Medicare UCCs in its jurisdiction based in the existing community-based Walk in Centres (WiCs) located in:</p> <ul style="list-style-type: none"> • Gungahlin • Belconnen • Inner North (Dickson) • Weston Creek • Tuggeranong. <p>The Medicare UCCs supported under this Schedule will be:</p> <ul style="list-style-type: none"> • Based in existing community-based WiCs • Operate under a Nurse Practitioner (NP) and Advanced Practice Nurse (APN) led model of care • 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 culturally safe, equitable and accessible care • Provide treatment for episodic conditions that do not require a hospital admission such as broken bones, wounds, and minor burns.
Estimated financial contributions	The Commonwealth will provide an estimated total financial contribution to the ACT of \$14,069,000.00 in respect of this Schedule. The profile for the total financial contribution is presented in Table 1..

Additional terms	<p>Project Output</p> <p>The output of this Schedule will be the delivery of Medicare UCCs, operational and administrative support provided to the clinics.</p> <p>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 general practitioner(GP) or care provider to ensure that the patient receives continuity of care.</p> <p>All referral pathways into and out of the Medicare UCC must 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.</p> <p>The Parties have also agreed a bespoke approach to Medicare UCC signage and branding requirements, which allows for co-branding and shared signage with Canberra Health Services branding.</p> <p>The Parties also agree that referral pathways with other health services that are GP-led, , must be in place to support redirection where a patient presents with a condition that is not within scope of the nurse-led WiCs, but can appropriately be treated by a GP in a non-hospital setting. This includes the Woden Medicare UCC, a GP-led Medicare UCC that is commissioned by Capital Health Network.</p> <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> <ul style="list-style-type: none"> • Medicare UCCs will improve access to urgent care in non-hospital settings, particularly for vulnerable groups (including people with a disability, LGBTIQ+ people, victims of family, domestic and sexual violence (FDSV), 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 jointly developed and agreed on measures of success¹, underpinned by associated data sources which ensure a shared view of what Medicare UCCs aim to achieve and guides the approach to evaluation led by the Commonwealth.

The Parties have jointly developed and agreed on Operational Guidance² for Medicare UCCs which specifies the minimum standard for activity, infrastructure and staffing of a Medicare UCC. This includes the previous agreement between the Parties for the five ACT Medicare UCCs/ WiCs outlined in this agreement to operate under a nurse led model. The Parties jointly acknowledge that the specific operating model of clinics may vary across locations and is dependent on local conditions including workforce availability. Any deviations to the Operational Guidance must be agreed in writing.

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 operation of five ACT Medicare UCCs/ WiCs (as outlined in this Schedule) in line with performance expectations.
- Preparing and supporting data collection from Medicare UCCs to the Department of Health, Disability and Ageing. Data management responsibilities will include working with the ACT and the Medicare UCC evaluator to facilitate data sharing and program evaluation activities that will 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 success³.

Role of the ACT Government

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.

¹ [About Medicare Urgent Care Clinics | Australian Government Department of Health, Disability and Ageing](#)

² [Medicare UCC Operational Guidance | Australian Government Department of Health, Disability and Ageing](#)

³ [About Medicare Urgent Care Clinics | Australian Government Department of Health, Disability and Ageing](#)

- Ensuring clinics adhere to Commonwealth guidelines and requirements including the Medicare UCC design principles, data sharing agreements, and Medicare UCC Operational Guidance⁴ with any differences to be agreed separately in writing.
- Seeking approval from the Commonwealth for any change to a provider or the agreed Medicare UCC locations (this must be agreed in writing between the Minister for Health and Ageing and the ACT Minister for Health).
- Ensuring clinics have clinical governance protocols in place and are providing care that is high quality, safe and effective.
- Adequate staffing to deliver urgent care services. This includes increasing rostering coverage of Nurse Practitioners, where appropriate, with the aim of moving towards having least one Nurse Practitioner rostered on at all hours across all locations.
- Ensuring all clinics have onsite or easily accessible access to diagnostic imaging services at all locations, for the majority of operating hours each day.
- Install and maintain a bespoke approach to Medicare UCC signage and branding requirements, which allows for co-branding and shared signage while also recognising the need for alignment with Canberra Health Services 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.
- 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 (including other Medicare UCCs in the region) 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, Disability and Ageing in accordance with data reporting requirements (as governed by the executed ACT Data Sharing Agreement), including patient episode end status data, and supporting clinic adherence to data collection processes.

⁴ [Medicare UCC Operational Guidance | Australian Government Department of Health, Disability and Ageing](#)

- Timely reporting to the Department of Health, Disability and Ageing 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 (supplied separately).
- Participating in the Commonwealth-led evaluation of Medicare UCCs or any other evaluation activities which occur in the future, including through the collection and provision of requested relevant information from Medicare UCCs to guide the evaluation (such as patient experience surveys or case studies).
- Reporting on the delivery of outputs (project milestones, reporting and payments) as set out in Table 2.

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 are 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. Both Parties also agree to review and consider any recommendations from the final evaluation of the Medicare UCC Program (once complete) and jointly determine whether

any changes can or should be made to the delivery of the initiative and/or this Schedule

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 A12 of the 2026-2031 Addendum to the NHRA⁵) and ACT will ensure appropriate records are maintained.

⁵ [Addendum to the National Health Reform Agreement 2026–2031](#)

Table 1: Financial contributions to the ACT

(\$)	2023-24	2024-25	2025-26	2026-27	Total
Estimated total budget	2,567,000.00	3,748,000.00	3,877,000.00	3,877,000.00	14,069,000.00
Less estimated National Partnership Payments	2,567,000.00	3,748,000.00	3,877,000.00	3,877,000.00	14,069,000.00
Balance of non-Commonwealth contributions	0.00	0.00	0.00	0.00	0.00

Table 2: 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	\$1,100,000.00 2022-23 (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	\$1,467,000.00 2023-24 (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	\$1,502,000.00 2024-25 (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 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	\$2,246,000.00 2024-25 (Complete)
Provision of services through	The provision of services through the Medicare UCCs for the period 1 April 2025 to	1 April 2026	\$3,877,000.00

OFFICIAL

the Medicare UCCs	31 March 2026 and in accordance with the Additional Terms.		2025-26 (Complete)
Provision of services through the Medicare UCCs	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 provision of services through the Medicare UCCs for the period 1 July 2026 to 31 October 2026 in line with the Additional Terms.	The provision of services through the Medicare UCCs for the period 1 July 2026 to 31 October 2026 in line with the Additional Terms.	1 November 2026	\$775,400.00
	Access to onsite or easily accessible diagnostic imaging services at all locations for the majority of each clinic's daily operating hours.	1 November 2026	\$387,700.00
	Continued adherence to the Data Sharing Agreement and provision of patient episode end status data to the Commonwealth for all Medicare UCC locations.	1 November 2026	\$387,700.00
	Adequate staffing to deliver urgent care services across all hours of operation, including increasing rostering coverage of Nurse Practitioners at all Medicare UCC locations.	1 November 2026	\$387,700.00
The provision of services through the Medicare UCCs for the period 1 November 2026 to 31 March 2027 in line with the Additional Terms.	The provision of services through the Medicare UCCs for the period 1 November 2026 to 31 March 2027 in line with the Additional Terms	1 April 2027	\$775,400.00
	Access to onsite or easily accessible diagnostic imaging services at all locations for the majority of each clinic's daily operating hours.	1 April 2027	\$387,700.00
	Continued adherence to the Data Sharing Agreement and provision of patient episode end status data to the Commonwealth for all five Medicare UCC locations.	1 April 2027	\$387,700.00
	Adequate staffing to deliver urgent care services across all hours of operation, including increasing rostering coverage of Nurse Practitioners at all Medicare UCC locations.	1 April 2027	\$387,700.00
The provision of services through the Medicare UCCs for the period 1 April 2027	Final report on the provision of services through the Medicare UCCs for the period 1 July 2026 to 30 June 2027 in line with the Additional Terms.	30 September 2027	N/A

OFFICIAL

to 30 June 2027 in line with the Additional Terms.			
--	--	--	--

OFFICIAL

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 Ageing

Minister for Disability and the National Disability
Insurance Scheme

16/06 2026

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

~~Ms Rachel Stephen-Smith MLA~~

~~Minister for Health~~

~~/ / 2026~~



Dr Marisa Paterson MLA

Minister for Health

Minister for Mental Health

Minister for Police, Fire and Emergency Services

Minister for Gaming Reform

26 / 10 2026