



WA Primary Health Alliance PHN Urgent Care Clinics Program Country WA 2024/25 - 2027/28 Activity Summary View

Approved by the Australian Government Department of Health, Disability and Ageing, November 2025



Contents

UCC-MUCC 1000 - Urgent Care Clinics - Greater Bunbury	3
UCC-MUCC 1010 - Medicare Urgent Care Clinics - Broome	8
UCC-MUCC -1080- Urgent Care Clinics - Geraldton	13
UCC -CSS - 1020 - Capital, signage and specialist funding	18
UCC-PSF 1000 - PHN Support Funding	19
UCC-SE 1000 - Specialist Equipment	20

UCC-MUCC 1000 - Urgent Care Clinics - Greater Bunbury



Activity Metadata

Applicable Schedule

Urgent Care Clinics Program - Country WA

Activity Prefix

UCC-MUCC

Activity Number

1000

Activity Title

UCC-MUCC 1000 - Urgent Care Clinics - Greater Bunbury

Existing, Modified or New Activity

Existing



Activity Priorities and Description

Program Key Priority Area

Population Health

Aim of Activity

Strengthening primary health care and ensuring all Australians have access to affordable primary care services is a priority for the Australian Government Department of Health, Disability and Ageing.

The Medicare UCC policy was developed by the Australian Government to ease the pressure on hospital emergency departments and give Australian families more options to see a suitably qualified and skilled healthcare professional when they have an urgent but not life-threatening need for care. All Medicare UCCs are required to provide bulk-billed services, be open during extended business hours and accept walk-in patients for specified urgent care presentations.

The Medicare UCCs will be:

- Based in existing general practitioner (GP) clinics or Aboriginal Community Controlled Health Service (ACCHS).
- Open 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.
- Treat conditions that do not require a hospital admission (i.e., broken bones, wounds, and minor burns).

Medicare UCCs will support people to connect to pathways of care with the broader health system, including ensuring 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 intended outcomes of this activity are to:

- Improve access to urgent care in a non-hospital setting, particularly for vulnerable groups.

This includes the aim of changing consumer behaviour about options for appropriate care for urgent conditions that are not immediately life-threatening.

- Reduce the pressure 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.
- Support integration with existing local health services and complement general practice.

Description of Activity

Activity 1.1 Greater Bunbury MUCC

Background

The Department of Health, Disability and Ageing and Western Australian governments have entered into a bilateral agreement, with the WA Primary Health Alliance (WAPHA) as designated commissioner, to deliver Medicare Urgent Care Clinics in eight designated WA locations focused on specified actions that are intended to reduce pressure on emergency departments (ED).

In May 2023, WAPHA undertook an Expression of Interest (EOI) process to identify eligible providers in the Greater Bunbury region including general practices and Aboriginal Community Controlled Health Services (ACCHS) that are suitable to operate a Medicare UCC.

The tender for the Greater Bunbury MUCC was awarded to The Health Hub @ Eaton Fair, Shop 82 Recreation Drive, Eaton, WA 6232. This general practice is owner operated with the practice principle leading the Urgent Care Clinic. All Medicare UCCs operate 365 days per year to provide Urgent Care services to the local community. Hours vary per location based on local need, trends in ED demand and other considerations such as workforce. WAPHA works with providers to review hours at regular intervals.

Roles and responsibilities

WA Primary Health Alliance's (WAPHA's) Primary Care Portfolio, which works across the three WA PHNs, is responsible for delivering the CWAPHN Bunbury MUCC activity. An executive sub-committee oversees all CWAPHN MUCC activities to ensure it aligns with funding requirements and guidance, and WAPHA's Strategic Plan 2023-2026.

WAPHA has an ongoing role in administering and managing the contract with the selected provider, working closely with WA Country Health Service and Bunbury Regional Hospital, and working with the Department of Health, Disability and Ageing to monitor and support Medicare UCC operations, including compliance and contractual requirements.

Key Activities

WAPHA will work with the Greater Bunbury MUCC team to understand, establish and maintain compliance with:

- Operational requirements, including the scope of urgent conditions treated, triage system and escalation pathways, accessibility including extended hours of operation and minimum physical facilities access requirements, patient follow up and communication with usual GP, follow up of diagnostic tests and referrals, referral pathways and integration with local hospital, staffing requirements, infection prevention and control as well as monitoring activity and clinical safety.
- Facilities, infrastructure and equipment, including appropriate treatment areas and equipment, medications and appropriate poisons permit to store and administer, access to pathology as well as an x-ray facility and access to other radiology services.
- MUCC design principles. Ensuring that the MUCC is patient-focused, improving access across extended hours to episodic urgent medical care without a fee, support people to connect to pathways of care through local integration with the broader health system and operate a robust governance framework.
- Data onboarding and collection. The Department of Health, Disability and Ageing has identified key measures of success to inform the evaluation of MUCC's impact on emergency department presentations, assessing patient and provider experience and how MUCC's can be better integrated into the health system.

Priorities for the year ahead

- Work with the MUCC to improve public awareness about when it is appropriate to seek medical assistance via a UCC, and when assistance should be sought from an emergency department.
- Support the MUCC to consolidate integration and referral pathways between the UCC and hospital care, including investigation of direct referral via the WA Virtual Emergency Department (WAVED), and ongoing engagement with the WA Health System Improvement Unit.
- Ongoing strengthening of the WA MUCC Collaborative group, which meets quarterly and is a forum for MUCC employees networking and discussion, troubleshooting, ongoing education and collaboration
- Implementation of new contract management processes including monthly reporting and detailed reporting templates.

- Work with MUCCs to provide a culturally safe, inclusive and welcoming environment for Aboriginal and Torres Strait Islander people.

Governance

The WA Medicare UCC Steering Committee has been established and meets regularly with representatives from the WA Department of Health and WAPHA to provide governance and monitor implementation and activity. A bimonthly bi-lateral meeting is also in place with representatives from WAPHA, WA Department of Health and Department of Health, Disability and Ageing, Urgent Care Branch to provide operational updates and escalation of any issues from the WA Medicare UCC Steering Committee.

A Memorandum of Understanding has been executed between WA Country Health Service, WA Department of Health, and WAPHA, with all parties participating in a regular local integration working group to develop streamlined pathways and communication channels to further enhance access to urgent care for the community.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (South West).	118
Enable access to coordinated culturally appropriate primary care for Aboriginal people (South West).	119



Activity Demographics

Target Population Cohort

The Greater Bunbury community, as well as visitors to the region, with urgent care needs.

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Bunbury	50102



Activity Consultation and Collaboration

Consultation

The PHN consulted with and continues to consult with a variety of stakeholders including:

- Hospital emergency department teams
- WA Health management
- WA GP Urgent Care network
- National Health Service Directory
- Health Direct
- Department of Health, Disability and Ageing
- WA Country Health Service
- Aboriginal Medical Services

Collaboration

The PHN has collaborated with the following stakeholders for the design and implementation of this activity:

- Hospital emergency department teams for the development and implementation of pathways of care
- WA Health management for strategic oversight of the UCC activity
- Department of Health, Disability and Ageing as funder and for policy and communications resource
- WA Country Health Service for development of Country WA specific UCC models in designated regions
- Department of Premier and Cabinet for strategic oversight of UCC activity
- Local health care providers including Radiology and Pathology for design of patient pathways
- General Practitioners for design, delivery, monitoring and evaluation of UCCs (includes non UCC GPs in local area)
- Practice teams (clinical and administrative) for design, delivery, monitoring and evaluation of UCC



Activity Milestone Details/Duration

Activity Start Date

31/08/2025

Activity End Date

29/06/2028

Service Delivery Start Date

30/06/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plan Due: 30/4/25, 30/4/26, 30/4/27, 30/4/28
 Annual Needs Assessment Due: 15/11/25, 15/11/26, 15/11/27
 12-month Performance Report Due: 30/9/25, 30/9/26, 30/9/27, 30/9/28
 Final Performance Report Due: 30/9/28



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): Yes

Other Approach (please provide details): No



Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Medicare Urgent Care Clinics	\$2,110,317.00	\$2,239,118.34	\$2,282,801.73	\$0.00	\$0.00	\$6,632,237.07
Total	\$2,110,317.00	\$2,239,118.34	\$2,282,801.73	\$0.00	\$0.00	\$6,632,237.07

UCC-MUCC 1010 - Medicare Urgent Care Clinics - Broome



Activity Metadata

Applicable Schedule

Urgent Care Clinics Program - Country WA

Activity Prefix

UCC-MUCC

Activity Number

1010

Activity Title

UCC-MUCC 1010 - Medicare Urgent Care Clinics - Broome

Existing, Modified or New Activity

Existing



Activity Priorities and Description

Program Key Priority Area

Population Health

Aim of Activity

Strengthening primary health care and ensuring all Australians have access to affordable primary care services is a priority for the Australian Government Department of Health, Disability and Ageing.

The Medicare UCC policy was developed by the Australian Government to ease the pressure on hospital emergency Departments and give Australian families more options to see a suitably qualified and skilled healthcare professional when they have an urgent but not life-threatening need for care. All Medicare UCCs are required to provide bulk-billed services, be open during extended business hours and accept walk-in patients for specified urgent care presentations.

The Medicare UCCs will be:

- Based in existing general practitioner (GP) clinics or Aboriginal Community Controlled Health Service (ACCHS).
- Open 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.
- Treat conditions that do not require a hospital admission (i.e., broken bones, wounds, and minor burns).

Medicare UCCs will support people to connect to pathways of care with the broader health system, including ensuring 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 intended outcomes of this activity are to:

- Improve access to urgent care in a non-hospital setting, particularly for vulnerable groups. This includes the aim of changing consumer behaviour about options for appropriate care for urgent conditions that are not immediately life-threatening.
- Reduce the pressure 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.
- Support integration with existing local health services and complement general practice.

Description of Activity

Activity 1.2 - Broome Medicare UCC

Background

The Department of Health, Disability and Ageing and Western Australian governments have entered into a bilateral agreement, with the WA Primary Health Alliance (WAPHA) as designated commissioner, to deliver Medicare Urgent Care Clinics in eight designated WA locations focused on specified actions that are intended to reduce pressure on emergency departments (ED).

After extensive community and key stakeholder consultation within the region, the Broome MUCC was commissioned in December 2023 through a sole source procurement process. The tender for Broome MUCC was awarded to the Kimberley Medical Group, 19 Hamersley St, Broome, WA 6725. The clinic is owner operated with the practice principle leading the Urgent Care Clinic. All Medicare UCCs operate 365 days per year to provide Urgent Care services to the local community. Hours vary per location based on local need, trends in ED demand and other considerations such as workforce. WAPHA works with providers to review hours at regular intervals.

Roles and Responsibilities

WA Primary Health Alliance's Primary Care Portfolio, which works across the three WA PHNs, is responsible for delivering the CWAPHN Broome MUCC activity. An executive sub-committee oversees all CWAPHN MUCC activities to ensure it aligns with funding requirements and guidance, and WAPHA's Strategic Plan 2023-2026. WAPHA has an ongoing role in administering and managing the contract with the selected provider, working closely with WA Country Health Service and Broome Regional Hospital, and working with the Department of Health, Disability and Ageing to monitor and support Medicare UCC operations, including compliance and contractual requirements.

Key Activities

WAPHA will work with the Broome MUCC team to understand, establish and maintain compliance with:

- Operational requirements, including the scope of urgent conditions treated, triage system and escalation pathways, accessibility including extended hours of operation and minimum physical facilities access requirements, patient follow up and communication with usual GP, follow up of diagnostic tests and referrals, referral pathways and integration with local hospital, staffing requirements, infection prevention and control as well as monitoring activity and clinical safety.
- Facilities, infrastructure and equipment, including appropriate treatment areas and equipment, medications and appropriate poisons permit to store and administer, access to pathology as well as an x-ray facility and other radiology services.
- MUCC design principles. Ensuring that the MUCC is patient-focused, improving access across extended hours to episodic urgent medical care without a fee, support people to connect to pathways of care through local integration with the broader health system and operate a robust governance framework.
- Data onboarding and collection. The Department of Health, Disability and Ageing has identified key measures of success to inform the evaluation of MUCC's impact on emergency department presentations, assessing patient and provider experience and how MUCC's can be better integrated into the health system.

Priorities for the year ahead

- Work with the MUCC to improve public awareness about when it is appropriate to seek medical assistance via a UCC, and when assistance should be sought from an emergency department.
- Support the MUCC to strengthen integration and referral pathways between the UCC and hospital care, including investigation of direct referral via the WA Virtual Emergency Department (WAVED), and ongoing engagement with the WA Health System Improvement Unit.
- Ongoing strengthening of the WA MUCC Collaborative group, which meets quarterly and is a forum for MUCC employees networking and discussion, troubleshooting, ongoing education and collaboration.
- Implementation of new contract management processes including monthly reporting and detailed reporting templates.

- Work with MUCCs to provide a culturally safe, inclusive and welcoming environment for Aboriginal and Torres Strait Islander people.

Governance

The WA Medicare UCC Steering Committee has been established and meets regularly with representatives from the WA Department of Health, Department of Health, Disability and Ageing and WAPHA to provide governance and monitor implementation and activity. A bimonthly bi-lateral meeting is also in place with representatives from WAPHA, WA Department of Health and Department of Health, Disability and Ageing, Urgent Care Branch to provide operational updates and escalation of any issues from the WA Medicare UCC Steering Committee. A Memorandum of Understanding has been executed between WA Country Health Service, WA Department of Health and WAPHA, with all parties participating in a regular integration working groups to develop streamlined pathways and communication channels to further enhance access to urgent care for the community.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (Kimberley).	49
Enable access to coordinated culturally appropriate primary care for Aboriginal people (Kimberley).	51



Activity Demographics

Target Population Cohort

The Broome community, as well as visitors to the region, with urgent care needs.

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Kimberley	51001



Activity Consultation and Collaboration

Consultation

The PHN consulted with and continues to consult with a variety of stakeholders including:

- Hospital emergency department teams
- WA Health management
- WA GP Urgent Care network
- National Health Service Directory
- Health Direct
- Department of Health, Disability and Ageing
- WA Country Health Service
- Aboriginal Medical Services

Collaboration

The PHN has collaborated with the following stakeholders for the design and implementation of this activity:

- Hospital emergency department teams for the development and implementation of pathways of care
- WA Health management for strategic oversight of the UCC activity
- Department of Health, Disability and Ageing as funder and for policy and communications resource
- WA Country Health Service for development of Country WA specific UCC models in designated regions
- Department of Premier and Cabinet for strategic oversight of UCC activity
- Local health care providers including Radiology and Pathology for design of patient pathways
- General Practitioners for design, delivery, monitoring and evaluation of UCCs (includes non UCC GPs in local area)
- Practice teams (clinical and administrative) for design, delivery, monitoring and evaluation of UCC



Activity Milestone Details/Duration

Activity Start Date

31/08/2025

Activity End Date

29/06/2028

Service Delivery Start Date

28/12/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Work Plan Due: 30/4/25, 30/4/26, 30/4/27, 30/4/28

Annual Needs Assessment Due: 15/11/25, 15/11/26, 15/11/27

12-month Performance Report Due: 30/9/25, 30/9/26, 30/9/27, 30/9/28

Final Performance Report Due: 30/9/28



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: Yes

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No



Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Medicare Urgent Care Clinics	\$2,523,550.67	\$5,891,778.40	\$6,001,634.17	\$0.00	\$0.00	\$14,416,963.24
Total	\$2,523,550.67	\$5,891,778.40	\$6,001,634.17	\$0.00	\$0.00	\$14,416,963.24

UCC-MUCC -1080- Urgent Care Clinics - Geraldton



Activity Metadata

Applicable Schedule

Urgent Care Clinics Program - Country WA

Activity Prefix

UCC-MUCC

Activity Number

1080

Activity Title

Urgent Care Clinics - Geraldton

Existing, Modified or New Activity

New Activity



Activity Priorities and Description

Program Key Priority Area

Population Health

Aim of Activity

Strengthening Medicare and ensuring all Australians have access to affordable, high quality primary care services, when and where they need it is a priority for the Australian Government Department of Health, Disability and Ageing. A key objective of this commitment is to expand access to bulk billing Medicare Urgent Care Clinics (MUCCs).

The Medicare UCC policy was developed by the Australian Government to ease the pressure on hospital emergency departments and give Australian families more options to see a suitably qualified and skilled healthcare professional when they have an urgent but not life-threatening need for care. All Medicare UCCs are required to provide bulk-billed services, be open during extended business hours 365 days a year and

accept walk-in patients for specified urgent care presentations.

The Medicare UCCs will be:

- Co-located/partnered with a general practice that is accredited to a recognised and relevant standard such as the Royal Australian College of General Practitioner Standards for General Practice.
- Co-located with, or partnered alongside, General Practices that offer full bulk billing, where local circumstances allow.
- Operate 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.

• Treat conditions that do not require a hospital admission (i.e., broken bones, wounds, and minor burns). Medicare UCCs will support people to connect to pathways of care with the broader health system, including ensuring 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 intended outcomes of this activity are to:

- Improve access to urgent care in a non-hospital setting particularly for vulnerable groups. This includes the aim of changing consumer behaviour about options for appropriate care for urgent conditions that are not immediately life-threatening.
- Reduce the pressure 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.
- Support integration with existing local health services and complement general practice.

Description of Activity

Geraldton Medicare Urgent Care Clinic

Background

In 2025 the Australian Government has committed \$664.3 million to establish 50 additional Medicare Urgent Care Clinics (MUCCs) across Australia, six of which will be located in Western Australia. These new clinics will be located in, or near, Bateman, Ellenbrook, Mirrabooka, Yanchep, Mundaring and Geraldton. Once established there will be a total of 14 MUCCs in WA.

The Department of Health, Disability and Ageing and Western Australian governments have entered into a bilateral agreement, with the WA Primary Health Alliance (WAPHA) to commission the six new MUCCs, focussed on specified actions that are intended to reduce pressure on emergency departments (ED) and improve access to urgent care for the local communities.

In July 2025, extensive consultation with key stakeholders in Geraldton took place to discuss challenges and opportunities of establishing an MUCC in Geraldton. In September 2025, WAPHA undertook a competitive tender process for the establishment of the Geraldton MUCC, the new clinic is expected to open before February 2026.

Roles and Responsibilities

WA Primary Health Alliance's (WAPHA's) Primary Care Portfolio, which works across the three WA PHNs, is responsible for delivering the Geraldton MUCC activity. An executive sub-committee oversees all CWAPHN MUCC activities to ensure it aligns with funding requirements and guidance, and WAPHA's Strategic Plan 2023-2026.

WAPHA has an ongoing role in administering and managing the contract with the selected provider, working closely with WA Country Health Service and Geraldton Regional Health Campus, and working with the Department of Health, Disability and Ageing to monitor and support Medicare UCC operations, including compliance and contractual requirements.

Key activities

WAPHA will undertake a rigorous tender evaluation process to select an accredited and capable general

practice or Aboriginal Community Controlled Health Service located in Geraldton. Once the successful provider is identified and commissioned, WAPHA will work with the provider to ensure understanding of, establishment of and maintain compliance with:

- Operational requirements, including the scope of urgent conditions treated, triage system and escalation pathways, accessibility including extended hours of operation and minimum physical facilities, access requirements, patient follow up and communication with usual GP, follow up of diagnostic tests and referrals, referral pathways and integration with local hospital, staffing requirements, infection prevention and control as well as monitoring activity and clinical safety.
- Facilities, infrastructure and equipment, including appropriate treatment areas and equipment, medications and appropriate poisons permit to store and administer, pathology as well as an x-ray facility and access to other radiology services.
- MUCC design principles.

Ensuring that the MUCC is patient-focused, culturally appropriate and supports people to connect to pathways of care through local integration with the broader health system and operate a robust governance framework.

- Data onboarding and collection. Ensure utilisation of the Medicare UCC Data Module/Patient Management System and provide support to complete new fields where required. to ensure collection of activity data and inform the evaluation of MUCC's impact on emergency department presentations, assessing patient and provider experience and how MUCC's can be better integrated into the health system.

Priorities for the next twelve months

Commission an appropriate and capable provider to establish the MUCC

- Support the provider to meet all compliance and regulatory requirements of the MUCC operational guidelines
- Support the provider to commence service delivery prior to end of February 2026
- Support the provider to engage with key stakeholders to establish referral pathways
- Ensure the provider implements all data collection and reporting requirements
- Utilise the existing Memorandum of Understanding between WA Country Health Service, the WA Department of Health and WAPHA, with all parties participating in a regular integration working group to develop streamlined pathways and communication channels to further enhance access to urgent care for the community

Governance

The WA Medicare UCC steering committee has been established and meets regularly with representatives from the WA Department of Health and WAPHA to provide governance and monitor implementation and activity. A bimonthly bi-lateral meeting is also in place with representatives from WAPHA, the WA Department of Health and the Department of Health, Disability and Ageing, Urgent Care Branch to provide operational updates and escalation of any issues from the WA Medicare UCC Steering Committee. Internal oversight of progress, risk management and monitoring of the MUCC commissioning activities and ongoing performance is provided by an executive sub-committee, the Population Health Strategic Alignment Group.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Support primary health care providers to manage chronic disease populations and build capacity for patient self-management (South West).	118
Enable access to coordinated culturally appropriate primary care for Aboriginal people (South West).	119



Activity Demographics

Target Population Cohort

People with urgent care needs that cannot be addressed in a timely manner by their usual GP, and who do not need emergency treatment.

Indigenous Specific

No

Coverage

Whole Region

No

SA3 Name	SA3 Code
Mid West	51104



Activity Consultation and Collaboration

Consultation

The PHN consulted with and continues to consult with a variety of stakeholders including:

- Hospital emergency department teams
- WA Health management
- National Health Service Directory
- Health Direct
- Department of Health, Disability and Ageing
- Other Australian PHNs commissioning UCCs

Collaboration

The PHN collaborated with the following stakeholders for design and implementation:

Emergency Department teams for the development and implementation of pathways of care

WA Health management for strategic oversight of the UCC activity

Department of Health, Disability and Ageing as funder and for policy and communications resource

Country WA PHN HSPs for development of specific UCC models in designated regions

Department of Premier and Cabinet for strategic oversight of UCC activity

Local health care providers including Radiology and Pathology for design of patient pathways

General Practitioners for design, delivery, monitoring and evaluation of UCCs (includes non UCC GPs in local area)

Practice teams (clinical and administrative) for design, delivery, monitoring and evaluation of UCCs



Activity Milestone Details/Duration

Activity Start Date

31/08/2025

Activity End Date

29/06/2028

Service Delivery Start Date

28/02/2026

Service Delivery End Date

30/06/2028

Other Relevant Milestones

Activity Work Plan Due: Oct 2025, 30/04/2026, 30/04/2027, 30/04/2028

Annual Needs Assessment Due: 15/11/2026, 15/11/2027, 15/11/2028

12-month Performance Report Due: 30/09/2026, 30/09/2027, 30/09/2028

Final Performance Report Due: 30/09/2028



Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: Yes

Expression Of Interest (EOI): No

Other Approach (please provide details): No



Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Medicare Urgent Care Clinics	\$0.00	\$0.00	\$2,565,380.00	\$0.00	\$0.00	\$2,565,380.00
Total	\$0.00	\$0.00	\$2,565,380.00	\$0.00	\$0.00	\$2,565,380.00

UCC -CSS - 1020 - Capital, signage and specialist funding



Activity Metadata

Applicable Schedule

Urgent Care Clinics Program - Country WA

Activity Prefix

UCC -CSS

Activity Number

1020

Activity Title

Capital, signage and specialist funding

Existing, Modified or New Activity

Existing



Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Capital, signage, and specialist funding	\$0.00	\$0.00	\$906,780.27	\$0.00	\$0.00	\$906,780.27
Total	\$0.00	\$0.00	\$906,780.27	\$0.00	\$0.00	\$906,780.27

UCC-PSF 1000 - PHN Support Funding



Activity Metadata

Applicable Schedule

Urgent Care Clinics Program - Country WA

Activity Prefix

UCC-PSF

Activity Number

1000

Activity Title

UCC-PSF 1000 - PHN Support Funding

Existing, Modified or New Activity

Existing



Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
PHN Support Funding	\$101,172.92	\$142,069.11	\$451,084.78	\$0.00	\$0.00	\$694,326.81
Total	\$101,172.92	\$142,069.11	\$451,084.78	\$0.00	\$0.00	\$694,326.81

UCC-SE 1000 - Specialist Equipment



Activity Metadata

Applicable Schedule

Urgent Care Clinics Program - Country WA

Activity Prefix

UCC-SE

Activity Number

1000

Activity Title

UCC-SE 1000 - Specialist Equipment

Existing, Modified or New Activity

Existing



Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Specialist Equipment	\$6,538.22	\$326,845.50	\$0.00	\$0.00	\$0.00	\$333,383.72
Total	\$6,538.22	\$326,845.50	\$0.00	\$0.00	\$0.00	\$333,383.72