Application Form

**Medicare Urgent Care Clinic**

# Introduction

The purpose of this Application Form is to facilitate an assessment of your General Practice’s capability, capacity and readiness to operate a Medicare Urgent Care Clinic (UCC). Before submitting your EOI, you must consider your eligibility against the minimum requirements set out in the [**Operational Guidance**](https://www.health.gov.au/sites/default/files/2025-07/medicare-ucc-operational-guidance_0.pdf) and within the designated clinic location. **Practices unable to meet these standards should not proceed with a Medicare UCC submission.**

This document provides applicant/s with advice and guidance about submitting an expression of interest to become a Medicare UCC. Applicants are advised to carefully review the instructions and assessment criteria prior to completing the application form (provided with this document).

Primary Health Networks (PHNs) have been established with the key objective of increasing the efficiency and effectiveness of health services for patients, particularly those at risk of poor health outcomes, and improving coordination of care to ensure clients receive the right care in the right place at the right time.

# Background

# To reduce pressure on emergency departments (EDs) and improve access to urgent care, the Australian Government is investing in more Medicare Urgent Care Clinics (UCCs). These clinics offer community-based, patient-centred care for eligible patients with non-life-threatening conditions (ED triage categories 4 & 5) that would otherwise require ED treatment.

# Medicare UCCs provide short-term, episodic care for urgent conditions needing same-day assessment or treatment, distinguishing them from general practices. After treatment, patients are discharged and referred to their usual GP for ongoing care.

# Medicare UCCs are expected to be open fourteen hours a day (preferred 8am to 10pm), every day including public holidays, offer walk-in appointments, and meet minimum standards outlined in the Australian Government’s Operational Guidance for Urgent Care Clinics.

# Target locations

# As outlined by the Prime Minister’s [media release](https://www.pm.gov.au/media/strengthening-medicare-50-more-medicare-urgent-care-clinics) in March 2025, the following locations have been identified for the 3 new UCCs in the Brisbane South PHN region. General Practices or Aboriginal Community Controlled Health Services (ACCHS) will be eligible to submit a formal application form if their clinic site is in a priority location as determined by PHN SA3-level data analysis listed below:

**Medicare Urgent Care Clinic – Capalaba**

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| **Priority regions (SA3)** | **Postcodes** |
| 30101 Capalaba  [Queensland Statistical Areas, Level 3 (SA3), 2021 - Capalaba](https://www.qgso.qld.gov.au/issues/10701/qld-sa3-asgs-2021-capalaba.pdf) | 4161, 4153, 4159, 4155, 4158  **4157, 4154**, **4160** *(these postcodes have shared SA3 boundaries)* |

**Medicare Urgent Care Clinic – Carindale**

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| --- | --- |
| **Priority regions (SA3)** | **Postcodes** |
| 30301 Carindale  [Queensland Statistical Areas, Level 3 (SA3), 2021 - Carindale](https://www.qgso.qld.gov.au/issues/10701/qld-sa3-asgs-2021-carindale.pdf) | 4152  **4170** *(these postcodes have shared SA3 boundaries)* |

**Medicare Urgent Care Clinic – Greenslopes and surrounds**

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| --- | --- |
| **Priority regions (SA3)** | **Postcodes** |
| 30302 Holland Park-Yeronga  [Queensland Statistical Areas, Level 3 (SA3), 2021 - Holland Park - Yeronga](https://www.qgso.qld.gov.au/issues/10701/qld-sa3-asgs-2021-holland-park-yeronga.pdf) | 4103, 4151, 4102, 4120, 4104  **4121, 4105** *(these postcodes have shared SA3 boundaries)* |

***Please note:*** *Applications will be considered by practices in directly neighbouring suburbs to the priority SA3 for e.g. share the same postcode.*

# Service specifications

# Operational guidance

The Australian and state/territory governments have created Operational Guidance for Urgent Care Clinics (UCCs), applicable to all Medicare UCCs nationwide. The Guidance sets minimum standards for activity, infrastructure, and staffing, while recognising that each clinic's operating model may differ based on local conditions, including workforce availability.

Full details are provided in the [**Operational Guidance for Urgent Care Clinics**](https://www.health.gov.au/sites/default/files/2025-07/medicare-ucc-operational-guidance_0.pdf).

# Nationally consistent service specifications are found in the Operational Guidance for Urgent Care Clinics. The guidance is divided into ten parts as follows:

1. Scope of Services and Conditions
2. Triage and demand management
3. Accessibility
4. Patients follow up and communication with usual General Practitioner (GP)
5. Follow up of diagnostic tests and referrals
6. Referral pathways and integration with other health services
7. Staffing
8. Monitoring activity and clinical safety
9. Facilities, infrastructure, and equipment
10. Infection prevention and control
11. Program Operations

Appendix 1: List of core equipment and drugs required by a Medicare UCC

# Design Principles

# The Commonwealth, in collaboration with state and territory governments, has developed common design principles for Medicare UCCs across Australia. These national principles provide clear, consistent requirements while allowing flexibility for each UCC to adapt to the specific needs of its local community.

# Further information is provided in the [UCC Design Principles](https://cdn.intelligencebank.com/au/share/zBDE/7Jrzg/g648O/original/2025Medicare+UCC+Design+Principles).

# Eligibility criteria for a subsection 19(2) exemption

To meet the Commonwealth definition of a Medicare UCC for the purposes of the s19(2) Direction, the clinic must:

* adhere to the UCC Design Principles
* adhere to the UCC Operational Guidance
* adhere to data reporting requirements
* agree to provide all UCC services at no charge to patients
* have an escalation pathway agreed in writing with the nearest public emergency department.

# Service Outcomes/Objectives

Medicare UCCs intend to 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. This measure delivers on the Australian Government’s commitment to strengthen Medicare and make it easier to see a doctor as published in the Plan for a Better Future.

The Commonwealth, in consultation with PHNs and the states and territories, has 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.

The measures of success for the establishment of Medicare UCCs are as follows:

* Provide timely treatment for urgent non-life-threatening conditions.
* Provide safe and quality treatment to patients.
* Deliver coordinated care for UCC patients.
* Provide a positive experience for the patient/carer.
* Provide a positive experience for the commissioned provider of the UCC, in addition to the partner hospital EDs and local GP practices.
* Reduce pressure on hospital ED presentations at partner hospitals.
* Change consumer behaviour over time to use UCCs where available instead of EDs for urgent non-life-threatening conditions.
* Establish a partnership with PHNs, Healthdirect, jurisdictions and the health ecosystem, to become an effective coordinated care option for people with urgent non-life- threatening conditions; and
* Be cost-effective.

**Performance, reporting and evaluation**

Successful applicants will be required to regularly report their performance to Brisbane South PHN. Performance will be monitored and measured across domains such as quality, efficiency, effectiveness, ability to service priority populations and provide, client and stakeholder satisfaction. Providers will be monitored across a range of Key Performance Indicators (KPIs) and metrics in line with the agreed performance framework.

**Performance criteria and data collection**

**Performance Criteria**

Performance will be monitored and measured via relevant Minimum Data Sets and Progress Reports across domains such as:

* + - Access to services, appropriateness of services, efficiency of service delivery, effectiveness of service delivery, ability to service priority populations and stakeholder satisfaction
    - Process and Program Management Indicators (including Participant and Stakeholder Satisfaction).

**Data Collection and sharing agreements**

Data collection from Medicare UCCs is crucial for monitoring implementation, reporting impacts, and evaluating the program. Each UCC must enter a data-sharing agreement with the Australian Government Department of Health, Disability and Ageing before opening and agree to participate in program evaluation. This will not affect existing data-sharing agreements at the general practice.

De-identified data will be collected from patient management systems, including basic patient information (e.g., age, gender, ethnicity). UCCs must obtain patient consent for data collection and use during each episode of care. The insights gained from this data will be shared regularly with UCCs and contract managers to support continuous improvement and better target resources for clinics and staff.

**Governance, quality systems and risk management**

Applicants must demonstrate excellent clinical governance and consumer engagement frameworks enabling effective management of young persons and services. Applicants are required to demonstrate alignment with any relevant standards and hold the appropriate level of accreditation commensurate to their scale and business.

In addition to strong clinical governance, applicants are required to:

* have robust financial and risk management strategies in place to manage safety, reputational, demand and financial risks and mitigate them through early action and identification.
* have a demonstrated commitment to delivering services for the Aboriginal and Torres Strait Islander population.
* ensure the secure transmission/communication of health information between service providers.
* submit an annual Statement of Compliance stating implementation of the National Principles for Child Safety Organisations.

**Funding**

The Australian Government is establishing Medicare Urgent Care Clinics (UCCs) where all eligible patients will be bulk-billed under the Medicare Benefits Schedule (MBS), with no out-of-pocket expenses. For international students, UCCs can bill insurance providers at 85% of the MBS rate, as long as there are no costs for the patient, and the UCC absorbs any unaccepted claims.

There are five components to the new funding model, aligned with key aims of the Medicare UCC Program. These include:

1. **Base operating grant** - all clinics will receive a base operating grant, adjusted according to the date of opening. This base operating grant has been calculated to cover non-labour and minimum labour costs.
2. **Throughput** - clinics will receive additional funding once they reach a certain number of presentations, reflecting the additional staffing effort required to manage higher throughput / presentations.
3. **Pathology and Diagnostic Imaging** - funding will be provided to help meet costs associated with offering pathology and imaging collection services onsite.
4. **Opening hours loading** - a multiplier will be applied to the base grant funding for clinics that operate with expanded opening hours. Loading is weighted to reflect the higher cost of operating in the less sociable hours period.
5. **Regional loading** – additional loading will be based on Modified Monash Model (MM) classification to reflect the higher costs of operating a clinic in rural and regional locations.

In addition to the above funding model, UCCs will receive:

* Capital grant funding for establishment costs.
* Specialist equipment funding to support the one-off purchase of high-cost items or to support the brokering of arrangements between Medicare UCCs and private radiology or pathology service providers where required.
* Access to claim MBS revenue, including the Medicare bulk billing incentive from 1 November 2025. UCCs will not be eligible for the Medicare Practice Incentive Program.

Once contracted as a Medicare UCC, practices will be able to receive Australian Government Medicare UCC grant funding as well as bill the MBS specifically for the provision of eligible urgent care services. Stringent eligibility criteria will be applied to Medicare UCCs to allow for this through an exemption to subsection 19(2) of the Health Insurance Act 1973. Currently, general practices are (in the most part) unable to bill the MBS and receive Commonwealth grant funding for the same services.

Medicare UCC providers will be required to apply to Services Australia for a secondary provider number and use their secondary provider number when billing MBS for Medicare UCC services. This is required to ensure the exemption to subsection 19(2) of the Act is applied only to urgent care services.

The Department of Health, Disability and Ageing has provided the following indicative maximum funding amounts for the 3 new Medicare Urgent Care Clinics as outlined below. This funding investment includes upfront establishment costs (capital, signage and specialist equipment).

The base operating grant has been calculated by the Department and is based on the clinic's anticipated performance. The breakdown of the distribution is as follows:

**Medicare Urgent Care Clinic – Capalaba**

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| --- | --- | --- | --- | --- |
| **Funding Component** | **FY25/26** | **FY26/27** | **FY27/28** | **Total (GST excl)** |
| Operational Grant | $1,939,000.00 | $1,939,000.00 | $1,939,000.00 | $5,817,000.00 |
| Upfront establishment support, includes signage ($6k) | $558,872.27 | - | - | $558,872.27 |
| Specialist equipment funding | $347,908.00 | - | - | $347,908.00 |
| **Total** | **$2,845,780.27** | **$1,939,000.00** | **$1,939,000.00** | **$6,723,780.27** |

**Medicare Urgent Care Clinic – Carindale**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Component** | **FY25/26** | **FY26/27** | **FY27/28** | **Total (GST excl)** |
| Operational Grant | $2,119,000.00 | $2,119,000.00 | $2,119,000.00 | $6,357,000.00 |
| Upfront establishment support, includes signage ($6k) | $558,872.27 | - | - | $558,872.27 |
| Specialist equipment funding | $347,908.00 | - | - | $347,908.00 |
| **Total** | **$3,025,780.27** | **$2,119,000.00** | **$2,119,000.00** | **$7,263,780.27** |

**Medicare Urgent Care Clinic – Greenslopes and surrounds**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Funding Component** | **FY25/26** | **FY26/27** | **FY27/28** | **Total (GST excl)** |
| Operational Grant | $2,119,000.00 | $2,119,000.00 | $2,119,000.00 | $6,357,000.00 |
| Upfront establishment support, includes signage ($6k) | $558,872.27 | - | - | $558,872.27 |
| Specialist equipment funding | $347,908.00 | - | - | $347,908.00 |
| **Total** | **$3,025,780.27** | **$2,119,000.00** | **$2,119,000.00** | **$7,263,780.27** |

1. *All amounts are GST exclusive*
2. *Indexation will occur in 2026-27 and 2027-28 and will be applied on payment.*

**Evaluation criteria**

Supporting documentation required:

Applicants will be required to submit the following supporting documentation (as applicable):

* Audited annual financial statements for the last two financial years (profit and loss statements, balance sheets and statement of cash flows)
* Attach a copy of your insurances, business continuity plan, and Clinical Governance Policy
* Supporting documentation around proposed project plans with estimated budgets
* Supporting documentation around infrastructure, renovation plans etc. (if required or available)
* Supporting documentation around clinical governance structure, including clinical supervision, risk management, credentialing, and escalation processes (if required or available)
* Supporting documentation around cultural competency policies and training (if required or available)

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| **Criterion** | **Weighting** |
| **Organisational Capability and Capacity**  This section asks applicants to describe how they will build on existing resources or develop new resources to support their capacity to deliver the Medicare UCC service. This includes:   * Project plan * Clinical governance structure * Previous examples of successfully upscaling clinical services * Supporting staff training, patient surveys and evaluation activities * Approach to continuous quality improvement * Managing and reporting on performance and outcome data * Describing your existing networks and partnerships | 30% |
| **Proposed clinic approach**  This section outlines your project approach and how you intend to align with the operational guidelines and design principles. This includes:   * The clinic complies with all sections of the operational guidelines and design principles * The clinic agrees to commence operations by **December 2025** and agrees to operate fourteen hours a day, every day (including public holidays). * Has the ability to meet the local needs of the community and handle high volumes of patients. * The clinic is accessible to the community and is within close proximity or co-located with services such as radiology, pathology and pharmacy. | 40% |
| **Value for Money:**  This section asks the applicant to:   * Describe how your service will provide good value for money, as evidenced by completion of a proposed budget. * Outline how the service will ensure cost-effective use of resources and required inputs.   Please attach your audited annual financial statements for the last two financial years, including:   * Audited annual financial statements for the last two financial years (profit and loss statements, balance sheets and statement of cash flows). | 10% |
| **Cultural Capability**  This section outlines how your clinic can demonstrate cultural competency and staff readiness to service priority communities including Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse (CALD) communities, people with disabilities, and those who identify as LGBTQIA+. This includes:   * Community engagement and communication to engage with diverse communities. * Describe how you implement cultural competency polices and training within the clinic. * How you intend to identify and address the needs of priority populations in an urgent care setting. | 20% |

Due diligence

Brisbane South PHN may conduct due diligence on organisation/s based on supporting documentation provided.

# Selection process and closing date

Applications will be reviewed against the selection criteria. General Practices that believe they have met the minimum requirements set out in the Operational Guidance and are in the priority SA3 regions outlined in the eligibility criteria of this application, are encouraged to submit an Expression of Interest.

Brisbane South PHN will hold a market briefing session for interested applicants. If you are interested in attending this online session, please email [engagement@bsphn.org.au](mailto:engagement@bsphn.org.au) to receive the meeting link.

Applications, once submitted, will be assessed, and evaluated by a Brisbane South PHN evaluation panel.

The closing date for submissions is **Thursday 4 September at 2:00pm**

# Submitting your proposal

**Anticipated timeframe:**

Brisbane South PHN anticipates the following timeframe for the completion of the process:

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| **Stage** | **Process** | **Date** |
| Expression of Interest | Request open to market | 7 August 2025 |
| Market Briefing session | 18 August 2025 |
| Close date for submissions | 4 September 2025 |
| Evaluation and Tender process commencement | 8 September 2025 |
| Site visits determined by evaluation panel | 6 October 2025 |
| Contract stage | Contract negotiation | 13 October 2025 |
| Execution of Contract agreement | 27 October 2025 |
| Commencement of services: **December 2025.** | | |

***Please note, timeframes are indicative and subject to change*.**

Questions

Questions in relation to this EOI should be directed to [tenders@bsphn.org.au](mailto:tenders@bsphn.org.au)

A market briefing session for interested applicants will be held on **Wednesday 27 August 2025**, at **12 (midday).** If you are intending to put in an application form and interested in attending this online session, please email [engagement@bsphn.org.au](mailto:engagement@bsphn.org.au) by close of business ***Monday 25 August 2025***, to receive the meeting link.

Submitting your proposal

Please email your application to [**tenders@bsphn.org.au**](mailto:tenders@bsphn.org.au) no later than **Thursday 4 September 2025 at 2:00pm**

* Submissions need to be in a single zip folder with all relevant attachments included and not exceed 20MB.
* Please note, we require a separate application for each region if you are applying in multiple regions.

# Declaration and general conditions for applications and funded programs

The successful applicant will be offered a contract with Brisbane South PHN comprising the Brisbane South PHN’s Contract Terms and Conditions and a Program Schedule. The Contract Terms and Conditions passes on clauses to providers from our Deed of Agreement with the Australian Government Department of Health, Disability and Ageing.

The following conditions apply to the application process:

* incomplete or ineligible applications cannot be processed or considered
* this Expression of Interest does not create a legal or binding commitment, arrangement or understanding between Brisbane South PHN and the recipient of the Invitation to Tender. Any such commitment will be the subject of further negotiation and documentation
* completion and submission of the Expression of Interest Application Form will not necessarily result in funding
* this Expression of Interest may be reviewed and amended at any time
* the applicant unconditionally agrees to bear all expenses and costs associated with preparing their application.

Brisbane South PHN reserves the right to:

* seek clarification and additional information in relation to applications in writing or verbally
* vary the process or any part at any time before or after receipt of an application; and/or
* accept or reject any or all applications.
* Brisbane South PHN may share the information received through the application process with any member of the assessment panel and within Brisbane South PHN.

The following conditions apply to funded programs:

* successful applicant (lead) organisation will be asked to sign an agreement with Brisbane South PHN outlining the specific program deliverables, timeframe, agreed budget and reporting requirements
* Brisbane South PHN may attach special conditions to a service. Any special conditions applied to the service will be agreed with the applicant and outlined in the Program Schedule
* successful applicant is requested to submit tax invoices in order for payment to be processed.

Brisbane South PHN reserves the right to undertake quality assurance checks on all lead organisations to ensure funding is spent in accordance with the Contract Terms and Conditions and Program Schedule.

# Medicare Urgent Care Clinic (UCC) application form

Before completing this application form, please review the [***Operational Guidance for Urgent Care Clinics***](https://www.health.gov.au/sites/default/files/2025-07/medicare-ucc-operational-guidance_0.pdf) and [***Design Principles***](https://cdn.intelligencebank.com/au/share/zBDE/7Jrzg/g648O/original/2025Medicare+UCC+Design+Principles)attached and linked within this submission.

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| **PRACTICE CONTACT DETAILS** | |
| Practice (Trading) Name |  |
| Legal Entity Name |  |
| ABN: |  |
| Practice Address |  |
| Main contact name |  |
| Contact email |  |
| Best contact number |  |
| Are you an accredited practice? |  |
| Which clinical management information system (i.e. Best Practice, Medical Director etc.) do you use in your practice? Specify the version. |  |

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| **URGENT CARE CLINIC** | |
| Which UCC region are you applying for? |  |
| Are you applying for more than one region? If yes, please advise which region/s. |  |

***\*Note: Brisbane South PHN will need an application for each UCC region you are applying for.***

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| **1. ORGANISATIONAL CAPABILITY AND CAPACITY (30 % WEIGHTING)** |
| Describe how you will build on existing resources or develop new resources to support your capacity to deliver the Medicare Urgent Care Clinic service. Include any required supporting documentation to supplement your application:   * A project plan detailing how you will meet the project deadline, including key activities, outputs, and controls. |
|  |
| 1. Demonstrate your clinical governance structure, including clinical supervision, risk management, credentialing, and escalation processes. 2. Provide examples of successfully upscaling clinical services, including reasons for the upscaling, how it was implemented, and its outcomes. 3. Describe your ability to support staff training, including mandatory training and additional training for accurate UCC data capture and reporting. 4. Describe your practice’s approach to continuous quality improvement, and your processes for managing and reporting on performance and outcome data. 5. Describe your support for patient surveys and other evaluation activities. 6. Describe how your clinic will differentiate the UCC services from your usual practice operations. 7. Describe your existing networks and partnerships that will support and enhance your UCC services.   **Supporting documentation required to supplement your application:**   * Attach a copy of your insurances, business continuity plan, and Clinical Governance Policy.   **(1000 words maximum)** |
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| **2. PROPOSED CLINIC APPROACH (40 % WEIGHTING)** |
| The Australian Government established a set of common design principles and operational guidelines that define the minimum criteria for operating as an Urgent Care Clinic (UCC) and ensure clear, consistent requirements for UCCs across the country. |
| **If successful, our clinic agrees to the following:**  ***(tick if your practice complies with ALL of the below)***   * We agree we will be ready to commence operations by **December 2025**. * We meet all design principles * We meet all Medicare UCC operational guidelines * We agree to open fourteen hours a day (**preferably between 8am to 10pm**) every day, including public holidays * We agree to have arrangements with ancillary services to support operations during extended hours * We agree to work with the nearest Emergency Department and have a formal escalation pathway established * We agree to treat and triage all patients, including children under 12 months of age * We agree to bulk-bill all patients * We agree to triage and treat Medicare ineligible patients (i.e. non-medicare card holders) * We agree to accept walk ins and to accept referrals from all service providers (i.e. 13Health, QAS, primary health providers) * We agree the clinic will be equipped with all necessary core equipment and medications specified in the operational guidelines * We agree to enter into a data-sharing agreement with the Department of Health, Disability and Ageing for the UCC * We agree to be listed as a Medicare Urgent Care Clinic through Healthdirect and National Health Service Directory * We agree to create a TIS account and utilise UCC block funding to cover the costs of translating and interpreting services * We agree to have all workforce available to commence operations upon commencement date (i.e. VR GPs, nurses, admin staff) on each rostered shift |
| **ALIGNMENT WITH OPERATIONAL GUIDANCE** |
| **Scope of Conditions: (500 words maximum)**  Can you explain how your clinic will be equipped and prepared to provide short-term, episodic care for a variety of urgent but non-life-threatening conditions, in accordance with the scope and limitations outlined for UCCs in the operational guidelines? |
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| **Triage and Patient Direction: (500 words maximum)**  Outline your approach to implementing a triage system to quickly identify and prioritise patients, ensuring those with life-threatening or out-of-scope conditions are safely assessed and redirected to appropriate services, in line with UCC operational guidelines.  How will your practice triage patients and differentiate between a usual GP appointment and a UCC appointment? |
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| **Follow up and Communication with Usual GP: (500 words maximum)**  Explain how your clinic will manage follow up care and ensure continuity by sharing timely and accurate discharge summaries with a patient’s usual GP.  Detail the communication mechanisms you have in place (i.e. secure messaging or integrated clinical software) to support information sharing and coordinated care after a UCC visit. |
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| **Follow up of Diagnostic Tests and Referrals: (500 words maximum)**  Can you explain how your clinic will ensure timely follow up and documentation of diagnostic tests and referrals, including clinician review within 24 hours, patient notification of abnormal results, coordination with the patient’s usual GP when possible, and the use of preferred communication methods as outlined in the operational guidelines? |
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| **Referral Pathways and Integration with Health Services: (500 words maximum)**  Can you explain how your clinic will coordinate closely with local general practices, ambulances, emergency departments, after-hours services, and other healthcare providers? Emphasise how you intend to continuously develop and strengthen these partnerships to support integrated care. |
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| **Staffing and Workforce: (500 words maximum)**  Can you explain the staffing structure of your proposed team, qualifications, and experience of medical staff, other supporting roles, and clinical skills (including any additional procedural skills or expertise the proposedteam may have)?  Provide details about your recruitment plan – including your approach / strategy to attract and retain a workforce with a skillset relating to UCC clinical presentations.  Additionally, how does the staffing plan address community needs while ensuring clinical safety and meeting the functional requirements outlined in the operational guidelines? |
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| **Monitoring Activity and Clinical Safety: (500 words maximum)**  Can you explain the systems your clinic will have in place to monitor activity and ensure clinical safety (i.e. data collection, patient consent, incident management, feedback and complaints handling, clinical audits, and the safe handling of S8 medications as outlined in the operational guidelines? |
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| **Facilities Infrastructure & Equipment: (500 words maximum)**  Can you describe the clinic's facilities, infrastructure, and equipment required for UCCs, including treatment areas, resuscitation equipment, medical supplies, secure storage, ambulance gurney access and parking, clinical communication systems as outlined in the operational guidelines?  Do you have adequate free parking spaces within reasonable distances of the UCC for wheelchair access, including adequate lighting? |
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| **Radiology, Pathology and Pharmacy: (500 words maximum)**  Describe if your clinic has access to radiology, pathology and pharmacy on-site or in close proximity, including during the hours of UCC operation.  Do you intend to have an agreement in place with these services to ensure patients are able to access these services within the UCC hours of operation and are at no cost to the patient? |
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| **Infection Prevention and Control: (500 words maximum)**  Can you explain the infection prevention and control measures your clinic will implement, including protocols for assessing patients with communicable diseases, the use of personal protective equipment (PPE), physical distancing, cleaning procedures, remote triage capacity, and maintaining communication with local public health units to manage the risk of infectious diseases, as outlined in the operational guidelines? |
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| **Detail how your practice meets the needs of the local community: (1000 words maximum)**   1. Ability to meet the needs of the local community and handle high volumes of patients, including emergencies. 2. Do you have plans for a surge protocol should the demand increase during peak times? 3. Accessibility of your practice, including facilities, infrastructure, and equipment. 4. Proximity to the closest hospital/s within the Brisbane South PHN Region. 5. Proximity to the closest UCC and/or Satellite Health Centre (Minor Injury and Illness Clinic). 6. How can the local community access your practice via public transport? 7. How will your UCC model manage patients that are not eligible for Medicare that present to a UCC? |
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| **3. Value for Money (10 % WEIGHTING)** |
| Please attach:   * Audited annual financial statements for the last two financial years (profit and loss statements, balance sheets and statement of cash flows) * An estimated budget to establish and operate the UCC. |
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| **4. CULTURAL CAPACITY (20 % WEIGHTING)** |
| **Cultural Competency and Staff Readiness: (800 words maximum)**  Do you have cultural competency policies, practices, and training in place for staff? If yes, please describe how these are implemented.  Additionally, are you willing to undertake further training to ensure clinical and non-clinical staff are appropriately equipped to meet their needs? |
|  |
| **Service Delivery for Priority Populations: (1000 words)**   1. Are you able to identify and address the needs of priority communities, including Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse (CALD) communities, people with disabilities, and those who identify as LGBTQI+? Please elaborate on how you currently support these communities. 2. Can you provide an example or a case study of how a patient (from one of the priority communities listed) currently experiences end-to-end services at your practice? For example, how are their needs identified and met from booking the appointment, attending the appointment, to after the GP appointment?  How would this be the same or different for your proposed UCC services? |
|  |
| **Community Engagement and Communication (800 words maximum)**   1. Please describe how the clinic currently engages with diverse communities, including priority populations such as Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse (CALD) communities, people with disabilities, and individuals who identify as LGBTQIA+. 2. Additionally, outline how the clinic plans to communicate and promote the UCC within the region. |
|  |