Eastern Melbourne - Urgent Care Clinics Program
2025/26 - 2027/28
Activity Summary View

UCC - PHNUCC - 1 - PHN Medicare Urgent Care Clinic – Diamond Creek & Surrounds – Eltham (June 2026)

Activity Metadata

Applicable Schedule *

Urgent Care Clinics Program

Activity Prefix *

UCC - PHNUCC

Activity Number *

1

Activity Title *

PHN Medicare Urgent Care Clinic – Diamond Creek & Surrounds – Eltham (June 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Aim of Activity *

The Medicare Urgent Care Clinics aim to:
- Provide accessible, no-cost urgent care for conditions requiring prompt attention but not an emergency department attendance.
- Alleviate pressure on hospital emergency departments by offering a community-based alternative for urgent care.
- Enhance continuity of care by ensuring patients are connected to their usual General Practitioner (GP) for follow-up and ongoing management.
- Support health equity by delivering culturally safe, inclusive, and accessible services for priority populations.

Description of Activity *

Medicare Urgent Care Clinics provide short-term, episodic care for urgent but non-life-threatening conditions. All services are bulk-billed and accessible to walk-in patients of all ages, including infants. Medicare Urgent Care Clinics are equipped and staffed

to manage a wide range of minor illnesses – such as respiratory infections, gastrointestinal conditions, and urinary tract infections – and minor injuries – such as closed fractures, lacerations, eye injuries, and burns. Services adhere to nationally consistent minimum standards while allowing for adaptations to meet local community needs and health system contexts.

The Diamond Creek & Surrounds catchment is serviced by the Eltham Medicare Urgent Care Clinic, located at North Eltham Medical Centre.
Eastern Melbourne Primary Health Network (EMPHN) completed a competitive Request for Tender process and commissioned North Eltham Medical Centre to establish and operate the Eltham Medicare Urgent Care Clinic. EMPHN supported all phases of commissioning, including service establishment and operational readiness, with the Eltham Medicare Urgent Care Clinic commencing operations on 15 December 2025.

EMPHN provides program governance and structured oversight of the commissioned provider through regular monthly contract management meetings, with meetings held more frequently during the establishment phase. These meetings support monitoring of operational delivery, service performance, workforce capacity, and emerging risks, and provide a formal mechanism for issue identification, escalation, and resolution. This oversight supports delivery of the service under the Australian Government Department of Health, Disability, and Ageing (DHDA) performance-based funding model and ensures Medicare Urgent Care Clinics operate in accordance with the Operational Guidance. Outside of scheduled meetings, EMPHN maintains ongoing engagement with the provider to facilitate timely communication of program-related information, requests, and emerging requirements.

EMPHN plays an active role in supporting integration of the Eltham Medicare Urgent Care Clinic within the broader local health ecosystem. This includes relationship-building and coordination with key external stakeholders, such as Ambulance Victoria (AV), Victorian Virtual Emergency Department (VVED), Nurse on Call (NoC), Maternal and Child Health Line, local Emergency Departments, and Public Health Units. EMPHN supports referral pathway development, stakeholder engagement, and system coordination to ensure the Medicare Urgent Care Clinics operate as an effective alternative to emergency department care for patients with urgent but non-life-threatening conditions.

EMPHN also works to strengthen linkages between Medicare Urgent Care Clinics and local General Practices to support continuity of care across the primary and urgent care landscape. This includes supporting the commissioned provider to establish and maintain referral pathways, information-sharing, and communication processes, including discharge summaries and MyHealth Record uploads, to ensure patients presenting to the Medicare Urgent Care Clinic are appropriately connected back to their usual GP for ongoing management and follow-up care beyond the urgent episode of care.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Health Conditions (HC)	138
Primary health care (PHC)	140

Activity Demographics

Target Population Cohort

The Medicare UCCs are welcoming, inclusive, and accessible to patients of all ages, including infants, and cater to those seeking urgent care for non-life-threatening conditions.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The Medicare UCCs provide culturally safe care that is inclusive of First Nations. Mandatory training on priority populations is provided to all staff working within the Medicare UCCs.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This occurs via relevant committees, such as the Aboriginal Consultative Council, Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate. In addition to Advisory councils and committees, EMPHN has established “WiseCrowd”, a consumer and community panel who have a personal or professional interest in improving healthcare within the catchment, to consult and co-design programs and services – they are engaged as needed.

EMPHN consults with its established governance and oversight bodies, including the Clinical and Practice Council, Strategy and Risk Committee and the EMPHN Board, to support oversight of the Medicare Urgent Care Clinics.

EMPHN also participates in bi-monthly meeting with the Australian Government DHDA to discuss program implementation, service performance, and requirements under the performance-based funding model.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Commissioned services are regularly engaged to inform any decision making.

EMPHN collaborates with the commissioned provider, North Eltham Medical Centre, through established contract management and governance arrangements to support the ongoing operation of the Eltham Medicare Urgent Care Clinic.

EMPHN also collaborates with Victorian PHNs through monthly Operational Working Group and ad-hoc meetings. These forums support shared learning and discussion of common operational issues across Medicare Urgent Care Clinics.

EMPHN and the commissioned provider collaborate with key health system partners, including AV, VVED, NoC, Maternal and Child Health Line, local Emergency Departments, Public Health Units, and local General Practices.

Activity Milestone Details/Duration

Activity Start Date

31/08/2025

Activity End Date

29/06/2028

Service Delivery Start Date

01/12/2025

Service Delivery End Date

30/06/2028

Other Relevant Milestones

07.01.2026 Activity Performance Indicator Reporting

07.03.2026 Activity Performance Indicator Reporting

30.04.2026 Activity Work Plan

07.07.2026 Activity Performance Indicator Reporting

30.09.2026 12 Month Performance Report

30.09.2026 Financial Acquittal Report

07.10.2026 Activity Performance Indicator Reporting

15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current

07.01.2027 Activity Performance Indicator Reporting

07.03.2027 Activity Performance Indicator Reporting

30.04.2027 Activity Work Plan

07.07.2027 Activity Performance Indicator Reporting

30.09.2027 12 Month Performance Report

30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

07.10.2027 Activity Performance Indicator Reporting

15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current

07.01.2028 Activity Performance Indicator Reporting

07.03.2028 Activity Performance Indicator Reporting

30.04.2028 Activity Work Plan

07.07.2028 Activity Performance Indicator Reporting

30.09.2028 12 Month Performance Report

30.09.2028 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

15.11.2028 Other Report – Confirm with DOHAC Needs Assessment is current

---

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

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a

UCC - PHNUCC - 2 - PHN Medicare Urgent Care Clinic – Lilydale (May 2026)

Activity Metadata

Applicable Schedule *

Urgent Care Clinics Program

Activity Prefix *

UCC - PHNUCC

Activity Number *

2

Activity Title *

PHN Medicare Urgent Care Clinic – Lilydale (May 2026)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Aim of Activity *

The Medicare Urgent Care Clinics aim to:
- Provide accessible, no-cost urgent care for conditions requiring prompt attention but not an emergency department attendance.
- Alleviate pressure on hospital emergency departments by offering a community-based alternative for urgent care.
- Enhance continuity of care by ensuring patients are connected to their usual General Practitioner (GP) for follow-up and ongoing management.
- Support health equity by delivering culturally safe, inclusive, and accessible services for priority populations.

Description of Activity *

Medicare Urgent Care Clinics provide short-term, episodic care for urgent but non-life-threatening conditions. All services are bulk-billed and accessible to walk-in patients of all ages, including infants. Medicare Urgent Care Clinics are equipped and staffed to manage a wide range of minor illnesses – such as respiratory infections, gastrointestinal conditions, and urinary tract infections – and minor injuries – such as closed fractures, lacerations, eye injuries, and burns. Services adhere to nationally consistent minimum standards while allowing for adaptations to meet local community needs and health system contexts.

Eastern Melbourne Primary Health Network (EMPHN) completed a competitive Request for Tender process and commissioned Access Health and Community to establish and operate the Lilydale Medicare Urgent Care Clinic. EMPHN supported all phases of commissioning, including service establishment and operational readiness, with the Lilydale Medicare Urgent Care Clinic

commencing operations on 22 December 2025.

EMPHN provides program governance and structured oversight of the commissioned provider through regular monthly contract management meetings, with meetings held more frequently during the establishment phase. These meetings support monitoring of operational delivery, service performance, workforce capacity, and emerging risks, and provide a formal mechanism for issue identification, escalation, and resolution. This oversight supports delivery of the service under the Australian Government Department of Health, Disability, and Ageing (DHDA) performance-based funding model and ensures Medicare Urgent Care Clinics operate in accordance with the Operational Guidance. Outside of scheduled meetings, EMPHN maintains ongoing engagement with the provider to facilitate timely communication of program-related information, requests, and emerging requirements.

EMPHN plays an active role in supporting integration of the Lilydale Medicare Urgent Care Clinic within the broader local health ecosystem. This includes relationship-building and coordination with key external stakeholders, such as Ambulance Victoria (AV), Victorian Virtual Emergency Department (VVED), Nurse on Call (NoC), Maternal and Child Health Line, local Emergency Departments, and Public Health Units. EMPHN supports referral pathway development, stakeholder engagement, and system coordination to ensure the Medicare Urgent Care Clinics operate as an effective alternative to emergency department care for patients with urgent but non-life-threatening conditions.

EMPHN also works to strengthen linkages between Medicare Urgent Care Clinics and local General Practices to support continuity of care across the primary and urgent care landscape. This includes supporting the commissioned provider to establish and maintain referral pathways, information-sharing, and communication processes, including discharge summaries and MyHealth Record uploads, to ensure patients presenting to the Medicare Urgent Care Clinic are appropriately connected back to their usual GP for ongoing management and follow-up care beyond the urgent episode of care.

Needs Assessment Priorities *

Needs Assessment

EMPHN's Needs Assessment 2024/25 - 2026/27

Priorities

Priority	Page reference
Health Conditions (HC)	138
Primary health care (PHC)	140

Activity Demographics

Target Population Cohort

The Medicare UCCs are welcoming, inclusive, and accessible to patients of all ages, including infants, and cater to those seeking urgent care for non-life-threatening conditions.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The Medicare UCCs provide culturally safe care that is inclusive of First Nations. Mandatory training on priority populations is provided to all staff working within the Medicare UCCs.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This occurs via relevant committees, such as the Aboriginal Consultative Council, Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate. In addition to Advisory councils and committees, EMPHN has established “WiseCrowd”, a consumer and community panel who have a personal or professional interest in improving healthcare within the catchment, to consult and co-design programs and services – they are engaged as needed.

EMPHN consults with its established governance and oversight bodies, including the Clinical and Practice Council, Strategy and Risk Committee and the EMPHN Board, to support oversight of the Medicare Urgent Care Clinics.

EMPHN also participates in bi-monthly meeting with the Australian Government DHDA to discuss program implementation, service performance, and requirements under the performance-based funding model.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Commissioned services are regularly engaged to inform any decision making.

EMPHN collaborates with the commissioned provider, Access Health and Community, through established contract management and governance arrangements to support the ongoing operation of the Lilydale Medicare Urgent Care Clinic.

EMPHN also collaborates with Victorian PHNs through monthly Operational Working Group and ad-hoc meetings. These forums support shared learning and discussion of common operational issues across Medicare Urgent Care Clinics.

EMPHN and the commissioned provider collaborate with key health system partners, including AV, VVED, NoC, Maternal and Child Health Line, local Emergency Departments, Public Health Units, and local General Practices.

Activity Milestone Details/Duration

Activity Start Date

31/08/2025

Activity End Date

29/06/2028

Service Delivery Start Date

01/12/2025

Service Delivery End Date

30/06/2028

Other Relevant Milestones

07.01.2026 Activity Performance Indicator Reporting

07.03.2026 Activity Performance Indicator Reporting

30.04.2026 Activity Work Plan

07.07.2026 Activity Performance Indicator Reporting

30.09.2026 12 Month Performance Report

30.09.2026 Financial Acquittal Report

07.10.2026 Activity Performance Indicator Reporting

15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current

07.01.2027 Activity Performance Indicator Reporting

07.03.2027 Activity Performance Indicator Reporting

30.04.2027 Activity Work Plan

07.07.2027 Activity Performance Indicator Reporting

30.09.2027 12 Month Performance Report

30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

07.10.2027 Activity Performance Indicator Reporting

15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current

07.01.2028 Activity Performance Indicator Reporting

07.03.2028 Activity Performance Indicator Reporting

30.04.2028 Activity Work Plan

07.07.2028 Activity Performance Indicator Reporting

30.09.2028 12 Month Performance Report

30.09.2028 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

15.11.2028 Other Report – Confirm with DOHAC Needs Assessment is current

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

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a

UCC - PHNUCC - 3 - PHN Medicare Urgent Care Clinic – Heidelberg (June 2026)

Activity Metadata

Applicable Schedule *

Urgent Care Clinics Program

Activity Prefix *

UCC - PHNUCC

Activity Number *

3

Activity Title *

PHN Medicare Urgent Care Clinic – Heidelberg (June 2026)

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Aim of Activity *

The Medicare Urgent Care Clinics aim to:
- Provide accessible, no-cost urgent care for conditions requiring prompt attention but not an emergency department attendance.
- Alleviate pressure on hospital emergency departments by offering a community-based alternative for urgent care.
- Enhance continuity of care by ensuring patients are connected to their usual General Practitioner (GP) for follow-up and ongoing management.
- Support health equity by delivering culturally safe, inclusive, and accessible services for priority populations.

The use of the uplift funding for Heidelberg Medicare Urgent Care Clinic will increase peak-period clinical capacity and support safe, timely, bulk-billed urgent care for urgent but non-life-threatening conditions, in accordance with Medicare Urgent Care Clinic minimum standards and local service demand.

Description of Activity *

Medicare Urgent Care Clinics provide short-term, episodic care for urgent but non-life-threatening conditions. All services are bulk-billed and accessible to walk-in patients of all ages, including infants. Medicare Urgent Care Clinics are equipped and staffed to manage a wide range of minor illnesses – such as respiratory infections, gastrointestinal conditions, and urinary tract infections – and minor injuries – such as closed fractures, lacerations, eye injuries, and burns. Services adhere to nationally consistent minimum standards while allowing for adaptations to meet local community needs and health system contexts.

EMPHN will support Heidelberg Medicare Urgent Care Clinic to transition from existing block funding (via VicDH) to the performance-based funding model from 1 July 2026, in line with the Australian Government Department of Health, Disability, and Ageing (DHDA) requirements. This will involve a review of the existing provider contract to reflect the new funding arrangements, including updated KPI's, reporting requirements and payment mechanisms.

EMPHN provides program governance and structured oversight of the commissioned provider through regular monthly contract management meetings. These meetings support monitoring of operational delivery, service performance, workforce capacity, and emerging risks, and provide a formal mechanism for issue identification, escalation, and resolution. This oversight supports delivery of the service under the DHDA performance-based funding model and ensures Medicare Urgent Care Clinics operate in accordance with the Operational Guidance. Outside of scheduled meetings, EMPHN maintains ongoing engagement with the provider to facilitate timely communication of program-related information, requests, and emerging requirements.
EMPHN plays an active role in supporting integration of the Heidelberg Medicare Urgent Care Clinic within the broader local health ecosystem. This includes relationship-building and coordination with key external stakeholders, such as Ambulance Victoria (AV), Victorian Virtual Emergency Department (VVED), Nurse on Call (NoC), Maternal and Child Health Line, local Emergency Departments, and Public Health Units. EMPHN supports referral pathway development, stakeholder engagement, and system coordination to ensure the Medicare Urgent Care Clinics operate as an effective alternative to emergency department care for patients with urgent but non-life-threatening conditions.
EMPHN also works to strengthen linkages between Medicare Urgent Care Clinics and local General Practices to support continuity of care across the primary and urgent care landscape. This includes supporting the commissioned provider to establish and maintain referral pathways, information-sharing, and communication processes, including discharge summaries and MyHealth Record uploads, to ensure patients presenting to the Medicare Urgent Care Clinic are appropriately connected back to their usual GP for ongoing management and follow-up care beyond the urgent episode of care.

Needs Assessment Priorities *

Needs Assessment

EMPHN Needs Assessment 2025/26 - 2027/28

Priorities

Priority	Page reference
Health Conditions (HC)	138
Primary health care (PHC)	140

Activity Demographics

Target Population Cohort

The Medicare Urgent Care Clinics are welcoming, inclusive, and accessible to patients of all ages, including infants, and cater to those seeking urgent care for non-life-threatening conditions.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The Medicare Urgent Care Clinics provide culturally safe care that is inclusive of First Nations. Mandatory training on priority populations is provided to all staff working within the Medicare UCCs.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This occurs via relevant committees, such as the Aboriginal Consultative Council, Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate. In addition to Advisory councils and committees, EMPHN has established “WiseCrowd”, a consumer and community panel who have a personal or professional interest in improving healthcare within the catchment, to consult and co-design programs and services – they are engaged as needed.

EMPHN consults with its established governance and oversight bodies, including the Clinical and Practice Council, Strategy and Risk Committee and the EMPHN Board, to support oversight of the Medicare Urgent Care Clinics.

EMPHN also participates in bi-monthly meeting with the Australian Government DHDA to discuss program implementation, service performance, and requirements under the performance-based funding model.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Commissioned services are regularly engaged to inform any decision making.

EMPHN collaborates with the commissioned provider, Interconnect, through established contract management and governance arrangements to support the ongoing operation of the Heidelberg Medicare Urgent Care Clinic.

EMPHN also collaborates with Victorian PHNs through monthly Operational Working Group and ad-hoc meetings. These forums support shared learning and discussion of common operational issues across Medicare Urgent Care Clinics.

EMPHN and the commissioned provider collaborate with key health system partners, including AV, VVED, NoC, Maternal and Child Health Line, local Emergency Departments, Public Health Units, and local General Practices.

Activity Milestone Details/Duration

Activity Start Date

14/10/2025

Activity End Date

29/06/2028

Service Delivery Start Date

22/12/2025

Service Delivery End Date

30/06/2028

Other Relevant Milestones

07.01.2026 Activity Performance Indicator Reporting

07.03.2026 Activity Performance Indicator Reporting

30.04.2026 Activity Work Plan

07.07.2026 Activity Performance Indicator Reporting

30.09.2026 12 Month Performance Report

30.09.2026 Financial Acquittal Report

07.10.2026 Activity Performance Indicator Reporting

15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current

07.01.2027 Activity Performance Indicator Reporting

07.03.2027 Activity Performance Indicator Reporting

30.04.2027 Activity Work Plan

07.07.2027 Activity Performance Indicator Reporting

30.09.2027 12 Month Performance Report

30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

07.10.2027 Activity Performance Indicator Reporting

15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current

07.01.2028 Activity Performance Indicator Reporting

07.03.2028 Activity Performance Indicator Reporting

30.04.2028 Activity Work Plan

07.07.2028 Activity Performance Indicator Reporting

30.09.2028 12 Month Performance Report

30.09.2028 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

15.11.2028 Other Report – Confirm with DOHAC Needs Assessment is current

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

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a

UCC - PHNUCC - 4 - PHN Medicare Urgent Care Clinic – Epping (June 2026)

Activity Metadata

Applicable Schedule *

Urgent Care Clinics Program

Activity Prefix *

UCC - PHNUCC

Activity Number *

4

Activity Title *

PHN Medicare Urgent Care Clinic – Epping (June 2026)

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Aim of Activity *

The Medicare Urgent Care Clinics aim to:
- Provide accessible, no-cost urgent care for conditions requiring prompt attention but not an emergency department attendance.
- Alleviate pressure on hospital emergency departments by offering a community-based alternative for urgent care.
- Enhance continuity of care by ensuring patients are connected to their usual General Practitioner (GP) for follow-up and ongoing management.
- Support health equity by delivering culturally safe, inclusive, and accessible services for priority populations.

Description of Activity *

Medicare Urgent Care Clinics provide short-term, episodic care for urgent but non-life-threatening conditions. All services are bulk-billed and accessible to walk-in patients of all ages, including infants. Medicare Urgent Care Clinics are equipped and staffed to manage a wide range of minor illnesses – such as respiratory infections, gastrointestinal conditions, and urinary tract infections – and minor injuries – such as closed fractures, lacerations, eye injuries, and burns. Services adhere to nationally consistent minimum

EMPHN will support Epping Medicare Urgent Care Clinic to transition from existing block funding (via VicDH) to the performance-based funding model from 1 July 2026, in line with the Australian Government Department of Health, Disability, and Ageing (DHDA) requirements. This will involve a review of the existing provider contract to reflect the new funding arrangements,

including updated KPI's, reporting requirements and payment mechanisms.

EMPHN provides program governance and structured oversight of the commissioned provider through regular monthly contract management meetings. These meetings support monitoring of operational delivery, service performance, workforce capacity, and emerging risks, and provide a formal mechanism for issue identification, escalation, and resolution. This oversight supports delivery of the service under the DHDA performance-based funding model and ensures Medicare Urgent Care Clinics operate in accordance with the Operational Guidance. Outside of scheduled meetings, EMPHN maintains ongoing engagement with the provider to facilitate timely communication of program-related information, requests, and emerging requirements.
EMPHN plays an active role in supporting integration of the Epping Medicare Urgent Care Clinic within the broader local health ecosystem. This includes relationship-building and coordination with key external stakeholders, such as Ambulance Victoria (AV), Victorian Virtual Emergency Department (VVED), Nurse on Call (NoC), Maternal and Child Health Line, local Emergency Departments, and Public Health Units. EMPHN supports referral pathway development, stakeholder engagement, and system coordination to ensure the Medicare Urgent Care Clinics operate as an effective alternative to emergency department care for patients with urgent but non-life-threatening conditions.
EMPHN also works to strengthen linkages between Medicare Urgent Care Clinics and local General Practices to support continuity of care across the primary and urgent care landscape. This includes supporting the commissioned provider to establish and maintain referral pathways, information-sharing, and communication processes, including discharge summaries and MyHealth Record uploads, to ensure patients presenting to the Medicare Urgent Care Clinic are appropriately connected back to their usual GP for ongoing management and follow-up care beyond the urgent episode of care.

Needs Assessment Priorities *

Needs Assessment

EMPHN Needs Assessment 2025/26 - 2027/28

Priorities

Priority	Page reference
Health Conditions (HC)	138
Primary health care (PHC)	140

Activity Demographics

Target Population Cohort

The Medicare Urgent Care Clinics are welcoming, inclusive, and accessible to patients of all ages, including infants, and cater to those seeking urgent care for non-life-threatening conditions.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The Medicare Urgent Care Clinics provide culturally safe care that is inclusive of First Nations. Mandatory training on priority populations is provided to all staff working within the Medicare UCCs.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This occurs via relevant committees, such as the Aboriginal Consultative Council, Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate. In addition to Advisory councils and committees, EMPHN has established "WiseCrowd", a consumer and community panel who have a personal or professional interest in improving healthcare within the catchment, to consult and co-design programs and services – they are engaged as needed.

EMPHN consults with its established governance and oversight bodies, including the Clinical and Practice Council, Strategy and Risk Committee and the EMPHN Board, to support oversight of the Medicare Urgent Care Clinics.

EMPHN also participates in bi-monthly meeting with the Australian Government DHDA to discuss program implementation, service performance, and requirements under the performance-based funding model.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Commissioned services are regularly engaged to inform any decision making.

EMPHN collaborates with the commissioned provider, ForHealth, through established contract management and governance arrangements to support the ongoing operation of the Epping Medicare Urgent Care Clinic.

EMPHN also collaborates with Victorian PHNs through monthly Operational Working Group and ad-hoc meetings. These forums support shared learning and discussion of common operational issues across Medicare Urgent Care Clinics.

EMPHN and the commissioned provider collaborate with key health system partners, including AV, VVED, NoC, Maternal and Child Health Line, local Emergency Departments, Public Health Units, and local General Practices.

Activity Milestone Details/Duration

Activity Start Date

14/10/2025

Activity End Date

29/06/2028

Service Delivery Start Date

22/12/2025

Service Delivery End Date

30/06/2028

Other Relevant Milestones

07.01.2026 Activity Performance Indicator Reporting

07.03.2026 Activity Performance Indicator Reporting

30.04.2026 Activity Work Plan

07.07.2026 Activity Performance Indicator Reporting

30.09.2026 12 Month Performance Report

30.09.2026 Financial Acquittal Report

07.10.2026 Activity Performance Indicator Reporting

15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current

07.01.2027 Activity Performance Indicator Reporting

07.03.2027 Activity Performance Indicator Reporting

30.04.2027 Activity Work Plan

07.07.2027 Activity Performance Indicator Reporting

30.09.2027 12 Month Performance Report

30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

07.10.2027 Activity Performance Indicator Reporting

15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current

07.01.2028 Activity Performance Indicator Reporting

07.03.2028 Activity Performance Indicator Reporting

30.04.2028 Activity Work Plan

07.07.2028 Activity Performance Indicator Reporting

30.09.2028 12 Month Performance Report

30.09.2028 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

15.11.2028 Other Report – Confirm with DOHAC Needs Assessment is current

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

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

UCC - PHNUCC - 5 - PHN Medicare Urgent Care Clinic – Maroondah (June 2026)

Activity Metadata

Applicable Schedule *

Urgent Care Clinics Program

Activity Prefix *

UCC - PHNUCC

Activity Number *

5

Activity Title *

PHN Medicare Urgent Care Clinic – Maroondah (June 2026)

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Aim of Activity *

The Medicare Urgent Care Clinics aim to:
- Provide accessible, no-cost urgent care for conditions requiring prompt attention but not an emergency department attendance.
- Alleviate pressure on hospital emergency departments by offering a community-based alternative for urgent care.
- Enhance continuity of care by ensuring patients are connected to their usual General Practitioner (GP) for follow-up and ongoing management.
- Support health equity by delivering culturally safe, inclusive, and accessible services for priority populations.

Description of Activity *

Medicare Urgent Care Clinics provide short-term, episodic care for urgent but non-life-threatening conditions. All services are bulk-billed and accessible to walk-in patients of all ages, including infants. Medicare Urgent Care Clinics are equipped and staffed to manage a wide range of minor illnesses – such as respiratory infections, gastrointestinal conditions, and urinary tract infections – and minor injuries – such as closed fractures, lacerations, eye injuries, and burns. Services adhere to nationally consistent minimum standards while allowing for adaptations to meet local community needs and health system contexts.

EMPHN will support Maroondah Medicare Urgent Care Clinic to transition from existing block funding (via VicDH) to the performance-based funding model from 1 July 2026, in line with the Australian Government Department of Health, Disability, and Ageing (DHDA) requirements. This will involve a review of the existing provider contract to reflect the new funding arrangements,

including updated KPI's, reporting requirements and payment mechanisms.

EMPHN provides program governance and structured oversight of the commissioned provider through regular monthly contract management meetings. These meetings support monitoring of operational delivery, service performance, workforce capacity, and emerging risks, and provide a formal mechanism for issue identification, escalation, and resolution. This oversight supports delivery of the service under the DHDA performance-based funding model and ensures Medicare Urgent Care Clinics operate in accordance with the Operational Guidance. Outside of scheduled meetings, EMPHN maintains ongoing engagement with the provider to facilitate timely communication of program-related information, requests, and emerging requirements.
EMPHN plays an active role in supporting integration of the Maroondah Medicare Urgent Care Clinic within the broader local health ecosystem. This includes relationship-building and coordination with key external stakeholders, such as Ambulance Victoria (AV), Victorian Virtual Emergency Department (VVED), Nurse on Call (NoC), Maternal and Child Health Line, local Emergency Departments, and Public Health Units. EMPHN supports referral pathway development, stakeholder engagement, and system coordination to ensure the Medicare Urgent Care Clinics operate as an effective alternative to emergency department care for patients with urgent but non-life-threatening conditions.

EMPHN also works to strengthen linkages between Medicare Urgent Care Clinics and local General Practices to support continuity of care across the primary and urgent care landscape. This includes supporting the commissioned provider to establish and maintain referral pathways, information-sharing, and communication processes, including discharge summaries and MyHealth Record uploads, to ensure patients presenting to the Medicare Urgent Care Clinic are appropriately connected back to their usual GP for ongoing management and follow-up care beyond the urgent episode of care.

Needs Assessment Priorities *

Needs Assessment

EMPHN Needs Assessment 2025/26 - 2027/28

Priorities

Priority	Page reference
Health Conditions (HC)	138
Primary health care (PHC)	140

Activity Demographics

Target Population Cohort

The Medicare Urgent Care Clinics are welcoming, inclusive, and accessible to patients of all ages, including infants, and cater to those seeking urgent care for non-life-threatening conditions.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The Medicare Urgent Care Clinics provide culturally safe care that is inclusive of First Nations. Mandatory training on priority populations is provided to all staff working within the Medicare UCCs.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This occurs via relevant committees, such as the Aboriginal Consultative Council, Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate. In addition to Advisory councils and committees, EMPHN has established "WiseCrowd", a consumer and community panel who have a personal or professional interest in improving healthcare within the catchment, to consult and co-design programs and services – they are engaged as needed.

EMPHN consults with its established governance and oversight bodies, including the Clinical and Practice Council, Strategy and Risk Committee and the EMPHN Board, to support oversight of the Medicare Urgent Care Clinics.

EMPHN also participates in bi-monthly meeting with the Australian Government DHDA to discuss program implementation, service performance, and requirements under the performance-based funding model.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Commissioned services are regularly engaged to inform any decision making.

EMPHN collaborates with the commissioned provider, ForHealth, through established contract management and governance arrangements to support the ongoing operation of the Epping Medicare Urgent Care Clinic.

EMPHN also collaborates with Victorian PHNs through monthly Operational Working Group and ad-hoc meetings. These forums support shared learning and discussion of common operational issues across Medicare Urgent Care Clinics.

EMPHN and the commissioned provider collaborate with key health system partners, including AV, VVED, NoC, Maternal and Child Health Line, local Emergency Departments, Public Health Units, and local General Practices.

Activity Milestone Details/Duration

Activity Start Date

14/10/2025

Activity End Date

29/06/2028

Service Delivery Start Date

22/12/2025

Service Delivery End Date

30/06/2028

Other Relevant Milestones

07.01.2026 Activity Performance Indicator Reporting

07.03.2026 Activity Performance Indicator Reporting

30.04.2026 Activity Work Plan

07.07.2026 Activity Performance Indicator Reporting

30.09.2026 12 Month Performance Report

30.09.2026 Financial Acquittal Report

07.10.2026 Activity Performance Indicator Reporting

15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current

07.01.2027 Activity Performance Indicator Reporting

07.03.2027 Activity Performance Indicator Reporting

30.04.2027 Activity Work Plan

07.07.2027 Activity Performance Indicator Reporting

30.09.2027 12 Month Performance Report

30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

07.10.2027 Activity Performance Indicator Reporting

15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current

07.01.2028 Activity Performance Indicator Reporting

07.03.2028 Activity Performance Indicator Reporting

30.04.2028 Activity Work Plan

07.07.2028 Activity Performance Indicator Reporting

30.09.2028 12 Month Performance Report

30.09.2028 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

15.11.2028 Other Report – Confirm with DOHAC Needs Assessment is current

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

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a

UCC - PHNUCC - 6 - PHN Medicare Urgent Care Clinic – Mount Waverley (June 2026)

Activity Metadata

Applicable Schedule *

Urgent Care Clinics Program

Activity Prefix *

UCC - PHNUCC

Activity Number *

6

Activity Title *

PHN Medicare Urgent Care Clinic – Mount Waverley (June 2026)

Existing, Modified or New Activity *

New Activity

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Aim of Activity *

The Medicare Urgent Care Clinics aim to:
- Provide accessible, no-cost urgent care for conditions requiring prompt attention but not an emergency department attendance.
- Alleviate pressure on hospital emergency departments by offering a community-based alternative for urgent care.
- Enhance continuity of care by ensuring patients are connected to their usual General Practitioner (GP) for follow-up and ongoing management.
- Support health equity by delivering culturally safe, inclusive, and accessible services for priority populations.

Description of Activity *

Medicare Urgent Care Clinics provide short-term, episodic care for urgent but non-life-threatening conditions. All services are bulk-billed and accessible to walk-in patients of all ages, including infants. Medicare Urgent Care Clinics are equipped and staffed to manage a wide range of minor illnesses – such as respiratory infections, gastrointestinal conditions, and urinary tract infections – and minor injuries – such as closed fractures, lacerations, eye injuries, and burns. Services adhere to nationally consistent minimum

EMPHN will support Mount Waverley Medicare Urgent Care Clinic to transition from existing block funding (via VicDH) to the performance-based funding model from 1 July 2026, in line with the Australian Government Department of Health, Disability, and Ageing (DHDA) requirements. This will involve a review of the existing provider contract to reflect the new funding arrangements,

including updated KPI's, reporting requirements and payment mechanisms.

EMPHN provides program governance and structured oversight of the commissioned provider through regular monthly contract management meetings. These meetings support monitoring of operational delivery, service performance, workforce capacity, and emerging risks, and provide a formal mechanism for issue identification, escalation, and resolution. This oversight supports delivery of the service under the DHDA performance-based funding model and ensures Medicare Urgent Care Clinics operate in accordance with the Operational Guidance. Outside of scheduled meetings, EMPHN maintains ongoing engagement with the provider to facilitate timely communication of program-related information, requests, and emerging requirements.
EMPHN plays an active role in supporting integration of the Mount Waverley Medicare Urgent Care Clinic within the broader local health ecosystem. This includes relationship-building and coordination with key external stakeholders, such as Ambulance Victoria (AV), Victorian Virtual Emergency Department (VVED), Nurse on Call (NoC), Maternal and Child Health Line, local Emergency Departments, and Public Health Units. EMPHN supports referral pathway development, stakeholder engagement, and system coordination to ensure the Medicare Urgent Care Clinics operate as an effective alternative to emergency department care for patients with urgent but non-life-threatening conditions.
EMPHN also works to strengthen linkages between Medicare Urgent Care Clinics and local General Practices to support continuity of care across the primary and urgent care landscape. This includes supporting the commissioned provider to establish and maintain referral pathways, information-sharing, and communication processes, including discharge summaries and MyHealth Record uploads, to ensure patients presenting to the Medicare Urgent Care Clinic are appropriately connected back to their usual GP for ongoing management and follow-up care beyond the urgent episode of care.

Needs Assessment Priorities *

Needs Assessment

EMPHN Needs Assessment 2025/26 - 2027/28

Priorities

Priority	Page reference
Health Conditions (HC)	138
Primary health care (PHC)	140

Activity Demographics

Target Population Cohort

The Medicare Urgent Care Clinics are welcoming, inclusive, and accessible to patients of all ages, including infants, and cater to those seeking urgent care for non-life-threatening conditions.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The Medicare Urgent Care Clinics provide culturally safe care that is inclusive of First Nations. Mandatory training on priority populations is provided to all staff working within the Medicare UCCs.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

EMPHN has adopted the International Association for Public Participation (IAP2) framework to inform how consumers, clinicians, service providers, peak bodies and other interested parties can work together to inform PHN activities, including (but not limited to) commissioned services and other support activities. IAP2 methods legitimise differing levels of participation dependent on the goals, timeframes, resources and levels of concern in the decision to be made. At EMPHN consultation is the minimum threshold for engagement. This occurs via relevant committees, such as the Aboriginal Consultative Council, Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate. In addition to Advisory councils and committees, EMPHN has established "WiseCrowd", a consumer and community panel who have a personal or professional interest in improving healthcare within the catchment, to consult and co-design programs and services – they are engaged as needed.

EMPHN consults with its established governance and oversight bodies, including the Clinical and Practice Council, Strategy and Risk Committee and the EMPHN Board, to support oversight of the Medicare Urgent Care Clinics.

EMPHN also participates in bi-monthly meeting with the Australian Government DHDA to discuss program implementation, service performance, and requirements under the performance-based funding model.

Collaboration

As noted, EMPHN has adopted the IAP2 framework to inform stakeholder participation. Wherever possible, EMPHN will attempt to work with consumers, clinicians and other stakeholders throughout more elaborate participation levels, such as involvement, collaboration and empowerment. EMPHN has mapped a range of workflows and processes that support bringing stakeholders into the processes of needs assessments, topic prioritisation, design, and evaluation planning. EMPHN considers that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Commissioned services are regularly engaged to inform any decision making.

EMPHN collaborates with the commissioned provider, ForHealth, through established contract management and governance arrangements to support the ongoing operation of the Epping Medicare Urgent Care Clinic.

EMPHN also collaborates with Victorian PHNs through monthly Operational Working Group and ad-hoc meetings. These forums support shared learning and discussion of common operational issues across Medicare Urgent Care Clinics.

EMPHN and the commissioned provider collaborate with key health system partners, including AV, VVED, NoC, Maternal and Child Health Line, local Emergency Departments, Public Health Units, and local General Practices.

Activity Milestone Details/Duration

Activity Start Date

14/10/2025

Activity End Date

29/06/2028

Service Delivery Start Date

22/12/2025

Service Delivery End Date

30/06/2028

Other Relevant Milestones

07.01.2026 Activity Performance Indicator Reporting

07.03.2026 Activity Performance Indicator Reporting

30.04.2026 Activity Work Plan

07.07.2026 Activity Performance Indicator Reporting

30.09.2026 12 Month Performance Report

30.09.2026 Financial Acquittal Report

07.10.2026 Activity Performance Indicator Reporting

15.11.2026 Other Report – Confirm with DOHAC Needs Assessment is current

07.01.2027 Activity Performance Indicator Reporting

07.03.2027 Activity Performance Indicator Reporting

30.04.2027 Activity Work Plan

07.07.2027 Activity Performance Indicator Reporting

30.09.2027 12 Month Performance Report

30.09.2027 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

07.10.2027 Activity Performance Indicator Reporting

15.11.2027 Other Report – Confirm with DOHAC Needs Assessment is current

07.01.2028 Activity Performance Indicator Reporting

07.03.2028 Activity Performance Indicator Reporting

30.04.2028 Activity Work Plan

07.07.2028 Activity Performance Indicator Reporting

30.09.2028 12 Month Performance Report

30.09.2028 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

15.11.2028 Other Report – Confirm with DOHAC Needs Assessment is current

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

Is this activity being co-designed?

No

Is this activity the result of a previous co-design process?

No

Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?

No

Has this activity previously been co-commissioned or joint-commissioned?

No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a