

Eastern Melbourne - PHN Pilots and Targeted Programs 2023/24 - 2027/28 Activity Summary View



PP&TP-EPP - 1 - Endometriosis and Pelvic Pain Clinics - Nov 2025



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-EPP

Activity Number *

1

Activity Title *

Endometriosis and Pelvic Pain Clinics - Nov 2025

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Primary Health Care

Aim of Activity *

To provide multi-disciplinary care, focusing on improving the timeliness of diagnosis and promoting early access to intervention, care, treatment options, and referral services for endometriosis and pelvic pain.

Description of Activity *

The Endometriosis and Pelvic Pain Clinics aim to:

- Improve access for patients to diagnostic, treatment, and referral services for endometriosis and pelvic pain; including:
 - a) Directly benefiting patients from rural and regional areas;
 - b) Providing enhanced support to priority populations;
- Increase access to support services, either through a nurse navigator or referral pathway;

- Provision of access to new information, support resources, care pathways and networks; and
- Provision of an appropriately trained workforce with expertise in endometriosis and pelvic pain.

To achieve these objectives, the Endometriosis and Pelvic Pain Clinics are utilising funding for a range of capacity- and capability-building activities, including but not limited to recruiting additional staff (i.e., allied health), undertaking minor capital works or purchasing equipment (i.e., ultrasound machine), pursuing advanced training and further studies, and strengthening referral pathways with local providers.

EMPHN has established two GP led E&PP clinics in Ringwood East (July 2023) and Epping (October 2023) serving a range of women both diagnosed and undiagnosed endometriosis or chronic pelvic pain. Services have a focus on inclusivity and accessibility; offering self-referral options and while most services are face to face, telehealth services are available.

Capability building of local GPs and primary care providers will become a greater focus for the program in FY26, leveraging established Clinical Referral Pathways (HealthPathways Melbourne) and key stakeholder relationships to deliver education, resources and information. This additional capability and capacity activity will also support demand management for the clinics who are seeing increasing numbers of women as awareness of the E&PP clinics rises.

On 9 February 2025, the Government announced an expansion of the Endometriosis and Pelvic Pain Clinics over three years (2025-26 to 2027-28). The expansion will include funding for 11 new Endometriosis and Pelvic Pain Clinics. The existing 22 Endometriosis and Pelvic Pain Clinics will receive extension funding to continue providing specialist care and support. In addition, the remit of all Endometriosis and Pelvic Pain Clinics will be expanded to provide information and support services for women seeking specialist care to manage menopause and perimenopause symptoms. EMPHN is awaiting further detail regarding this announcement.

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 Endometriosis and Pelvic Pain Clinics target all women or those assigned female at birth (AFAB) with a diagnosis of endometriosis or seeking a diagnosis for persistent pelvic pain.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

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 will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Between January to July 2025, the Department has engaged Nous Pty Ltd to evaluate the implementation and effectiveness of the Endometriosis and Pelvic Pain Clinics. As part of this process, Nous will consult with key stakeholders, including PHNs, Endometriosis and Pelvic Pain Clinics, patients, and patient advocacy groups. The findings will help inform future program improvements.

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 consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

EMPHN collaborates with other PHNs nationwide that have an Endometriosis and Pelvic Pain Clinic in their catchment. A bi-monthly working group provides a platform to discuss progress, share knowledge and resources, and address challenges. Additionally, the Endometriosis and Pelvic Pain Clinic providers have access to a monthly Community of Practice, led by a provider in NT, which EMPHN strongly encourages both providers to attend.



Activity Milestone Details/Duration

Activity Start Date

31/03/2023

Activity End Date

29/06/2026

Service Delivery Start Date

01/04/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Contractual milestones:

1 January 2025 to 31 July 2025 – Independent Evaluation (Nous)

Department milestones:

28.05.2025 Activity Work Plan

15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current

30.04.2026 Activity Work Plan

30.09.2026 12 Month Performance Report

30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

15.11.2026 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: Yes

Open Tender: No

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



PP&TP-EPP-Ad - 1 - Endometriosis and Pelvic Pain Clinics (ADMIN) - Nov 2025



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-EPP-Ad

Activity Number *

1

Activity Title *

Endometriosis and Pelvic Pain Clinics (ADMIN) - Nov 2025

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Primary Health Care

Aim of Activity *

To support the Endometriosis and Pelvic Pain Clinics in providing multi-disciplinary care, focusing on reducing diagnostic delay and promoting early access to intervention, care, and treatment options for endometriosis and pelvic pain.

Description of Activity *

This activity includes:

- Supporting the GP clinics in utilising funding to enhance services for the treatment and management of endometriosis and pelvic pain.
- Providing data to support program monitoring and continuous evaluation.
- Supporting the GP clinics in the collection of quantitative and qualitative data, including outcome measures.
- Engaging with the GP clinics to support a Department-led evaluation beginning in January 2025, which will assess implementation, impact, and potential opportunities for clinic scalability.

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 Endometriosis and Pelvic Pain Clinics target all women or those assigned female at birth (AFAB) with a diagnosis of endometriosis or seeking a diagnosis for persistent pelvic pain.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

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 will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

Between January to July 2025, the Department has engaged Nous Pty Ltd to evaluate the implementation and effectiveness of the Endometriosis and Pelvic Pain Clinics. As part of this process, Nous will consult with key stakeholders, including PHNs, Endometriosis and Pelvic Pain Clinics, patients, and patient advocacy groups. The findings will help inform future program improvements.

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 consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

EMPHN collaborates with other PHNs nationwide that have an Endometriosis and Pelvic Pain Clinic in their catchment. A bi-monthly working group provides a platform to discuss progress, share knowledge and resources, and address challenges. Additionally, the Endometriosis and Pelvic Pain Clinic providers have access to a monthly Community of Practice, led by a provider in NT, which EMPHN strongly encourages both providers to attend.



Activity Milestone Details/Duration

Activity Start Date

31/03/2023

Activity End Date

29/06/2026

Service Delivery Start Date

01/04/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Contractual milestones:

1 January 2025 to 31 July 2025 – Independent Evaluation (Nous)

Department milestones:

28.05.2025 Activity Work Plan

15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current

30.04.2026 Activity Work Plan

30.09.2026 12 Month Performance Report

30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration

15.11.2025 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: Yes

Open Tender: No

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



PP&TP-GCPC - 1 - PHN Pilots and Targeted Programs - Greater Choice for at Home Palliative Care - Nov 2025



Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GCPC

Activity Number *

1

Activity Title *

PHN Pilots and Targeted Programs - Greater Choice for at Home Palliative Care - Nov 2025

Existing, Modified or New Activity *

Modified



Activity Priorities and Description

Program Key Priority Area *

Aged Care

Other Program Key Priority Area Description**Aim of Activity ***

The aim of this program is to design activities that increase awareness, facilitate and coordinate access to safe, quality palliative and end of life care at home, including people who reside in residential aged care.

Description of Activity *

This includes activities such as:

- Mapping and assessment of current palliative care needs by gathering data on palliative care needs, care options, and education platforms, EMPHN identifies service delivery gaps and areas for improvement.
- Development of Palliative Care Education and Training Plan. Collaborating with Eastern Metropolitan Region Palliative Care Consortia (EMRPCC) and Eastern Palliative Care (EPC), specialist palliative care physicians design content to meet GPs needs. Education sessions cover essential areas including symptom management, advance care planning, and communication skills with RACGP accreditation.
- Integration of Palliative Care into General Practice settings by embedding palliative care pathways and improving processes and resources in general practice for coordinated care. This includes sharing resources such as checklists and toolkits, promoting HealthPathways palliative care pages, and conducting regular education sessions to integrate palliative care.
- Collecting quantitative and qualitative data. EMPHN continues to gather and report on outcome measurements, including baseline data, and contributes to the national evaluation of the Greater Choices for At Home Palliative Care Program delivered by Scvne Advisory.

- Exploring the use of general practice data linked with tertiary sector and death data to develop strong data insights to understand the consumer journey at the end of their life. This may be used to understand key contributing factors or even develop a predictive algorithm (drawn from a similar tool created by NSW Health).

- As per the recent deed of variation EMPHN has employed up two Full Time Equivalent (FTE) staff members to update the needs assessment (relating to palliative care) to inform the planning and development of activities to facilitate and coordinate improved access to palliative care services at home.

Palliative Care Program Facilitator: One full-time equivalent (FTE) facilitator has been appointed to operationalise the GCfAHPC initiative within the EMPHN region.

Data Analyst: One FTE data analyst has been engaged to support the GCfAHPC program by delivering insights into palliative care needs and enabling more targeted interventions across the region.

Health Needs Assessment: EMPHN is undertaking the HNA with in partnership with external consultancy support. The work for this is underway and on track for completion by mid-December. The FTE from the GCfAHPC is supporting this activity.

Needs Assessment Priorities *

Needs Assessment

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

Priorities

Priority	Page reference
Health Conditions (HC)	138
Aged Care (AC)	136



Activity Demographics

Target Population Cohort

Residents in residential aged care facilities, patients of General Practice, clients of community health organisations, people with lower referral rates to specialist palliative care services (e.g., people with dementia or chronic disease, people with disability). While this program is not Indigenous specific, we will collaborate with Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Aboriginal Liaison workers with the local Integrated Team Care program, to establish how we may support and/or promote their initiatives and services with primary care, aged care and other health professionals.

Indigenous Specific Comments:

While this program is not Indigenous specific, we will collaborate with Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and Aboriginal Liaison workers with the local Integrated Team Care program, to establish how we may support and/or promote their initiatives and services with primary care, aged care and other health professionals.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

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 will occur via relevant committees, such as the Clinical Council and Consumer Advisory Committee, and through other groups and mechanisms as appropriate.

EMPHN continue to consult with the Scyne Advisory Group as part of the Department of Health and Aged Care (DoHAC) outcomes-focused formative and summative evaluation of the GCfAHPC program with the expected end report due to be shared with PHNs from June 2025.

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 consider that the shared construction and interpretation of complex health problems with stakeholders creates stronger and more effective interventions. Culturally informed consultation will be engaged to ensure that collaboration is culturally safe and trauma informed.

EMPHN collaborates with other PHNs nationwide through monthly VIC/TAS and GCfAHPC Community of Practice meetings to discuss programs and share resources. Additionally, EMPHN regularly meets with key stakeholders; EMRPCC, EPC, and Banksia Palliative Care to discuss progress and address issues faced by health professionals.

EMPHN is in planning phase with Palliative Care Outcomes Collaboration (PCOC) to be an implementation site for the National Palliative Care Coordination Project, involving two General Practices in quality improvement activities starting mid-2025.

EMPHN is working with the Victorian Centre for Data Linkage in relation to developing a linked data set that will enable greater data insights.



Activity Milestone Details/Duration

Activity Start Date

02/02/2022

Activity End Date

29/06/2029

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Contractual milestones:

- Scyne Evaluation Report for the Department of Health and Aged Care, with PHN review expected by June 2025.
- EMPHN to provide an updated palliative care needs assessment for the 2025-2026 reporting period.
- Collaboration with Eastern Palliative Care Aged Care Team via workshop/Expos to promote palliative care education service providers to support residential aged care staff.
- Establishment of community of practice for palliative care in general practice for GPs with special interest in palliative care. In partnership with EMRPCC and Eastern Palliative Care.
- Continual collaboration of Metro Melbourne PHNs (EMPHN, NWMPHN, SEMPHN) with the creation of a metropolitan-wide interactive map of community pharmacies that stock palliative care medicines

Department milestones:

- 28.05.2025 Activity Work Plan
- 30.09.2025 12 Month Performance Report
- 30.09.2025 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 15.11.2025 Other Report – Confirm with DOHAC Needs Assessment is current
- 30.04.2026 Activity Work Plan
- 30.09.2026 12 Month Performance Report
- 30.09.2026 Financial Acquittal Report - Audited Income and Expenditure Statement and Declaration
- 30.09.2027 - Performance Report
- 30.09.2027 - Financial Acquittal Report
- 15.11.2027 - Needs Assessment
- 30.04.2028 - Activity Work Plan and Budget
- 30.09.2028 - Performance Report
- 30.09.2028 - Financial Acquittal Report
- 15.11.2028 - Needs Assessment
- 30.04.2029 - Activity Work Plan and Budget
- 30.09.2029 - Final Performance Report
- 30.09.2029 - Final Financial Acquittal Report



Activity Commissioning

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

Not Yet Known: Yes

Continuing Service Provider / Contract Extension: No

Direct Engagement: No

Open Tender: No

Expression Of Interest (EOI): No

Other Approach (please provide details): No

Is this activity being co-designed?

Yes

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

Clinicians from the Clinical Practice Council and consumers from the Consumer and Community Council will be active inputs into this work, along with practicing clinicians as part of the EMRPCC and EPC.