Eastern Melbourne - PHN Pilots and Targeted Programs 2025/26 - 2028/29
Activity Summary View

PP&TP-EPP - 1 - Endometriosis and Pelvic Pain Clinics - April 2026

Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-EPP

Activity Number *

1

Activity Title *

Endometriosis and Pelvic Pain Clinics - April 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

Primary Health Care

Aim of Activity *

The Endometriosis and Pelvic Pain Clinics aim to deliver multi-disciplinary care that improves timely diagnosis, access to treatment and ongoing management for individuals with endometriosis, persistent pelvic pain, and symptoms associated with perimenopause and menopause.

Description of Activity *

The Endometriosis and Pelvic Pain Clinics at Each Ringwood and Epping Plaza Medical and Dental Centre (ForHealth / Evoca) deliver General Practitioner (GP)-led care supported by a multi-disciplinary team. Services are provided to women and individuals assigned female at birth with a diagnosis of endometriosis, those seeking a diagnosis for persistent pelvic pain, or those seeking care for symptoms associated with perimenopause and menopause.

Care is delivered through a combination of clinical services provided within the Endometriosis and Pelvic Pain Clinics, and structured referral pathways to external providers, including allied health and specialist services. Referral pathways are used where additional or complementary care is required. This service model supports timely access to diagnosis, treatment, coordinated care, and ongoing management.

Program funding supports service delivery through a range of capacity- and capability-building activities. These include workforce recruitment and retention, minor capital works and equipment purchases, professional development and training, and the establishment and maintenance of referral pathways with local service providers.

Eastern Melbourne Primary Health Network (EMPHN) enables effective service delivery by facilitating relationships between the Endometriosis and Pelvic Pain Clinics and relevant community, primary care, and health system partners. This relationship-building activity strengthens coordinated care, enhances referral pathways, supports access for priority populations, and contributes to greater integration of the Endometriosis and Pelvic Pain Clinics within the broader women's health ecosystem

EMPHN supports Endometriosis and Pelvic Pain Clinics to build workforce capability through sharing of relevant education and training opportunities aligned with endometriosis, pelvic pain, and the expanded scope of perimenopause and menopause care. This includes supporting knowledge-sharing with the broader primary care workforce to build clinical capability and confidence to assess, manage, and support these conditions within primary care.

To support awareness, EMPHN undertakes communications and engagement activities to promote the Endometriosis and Pelvic Pain Clinics across the catchment. These activities often align with established women's health awareness initiatives, including Endometriosis Awareness Month.

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 women or those assigned female at birth who have a diagnosis of endometriosis, are seeking a diagnosis for persistent pelvic pain, or are seeking care, treatment, and management for symptoms associated with perimenopause and menopause.

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.

The Endometriosis and Pelvic Pain Clinics are established services. As such, formal consultation activities are limited.

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.

The Endometriosis and Pelvic Pain Clinics collaborate with a broad network of partners to develop, maintain, and strengthen referral pathways and shared care arrangements. This includes collaboration with community partners (including Aboriginal organisations and local councils), primary care partners (including allied health providers and referring GPs), and health system partners (including private and public hospitals).

The Endometriosis and Pelvic Pain Clinics also participate in a monthly Community of Practice (Endo33), led by a provider in the Northern Territory. This Community of Practice provides a platform for shared learning, peer support, and continuous improvements across Endometriosis and Pelvic Pain Clinics nationally.

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

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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?

EMPHN is awaiting for further direction and funding based on the anticipated P&TP DOV 8 (Approval Status as of 23rd March 2026, Government Decision Pending).If approved, the variation is expected in May-June 2026. Further detail will be provided in the ADHOC AWP submission for P&TP.

Co-design or co-commissioning comments

PP&TP-EPP-Ad - 1 - Endometriosis and Pelvic Pain Clinics (ADMIN) - April 2026

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) - April 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

Primary Health Care

Aim of Activity *

To support the Endometriosis and Pelvic Pain Clinics through program governance and oversight, enabling the delivery of multi-disciplinary care that improves diagnosis, treatment, and management of endometriosis and pelvic pain, and supports care for perimenopause and menopause symptoms.

Description of Activity *

Eastern Melbourne Primary Health Network (EMPHN) is responsible for the program governance and oversight of two established General Practitioner (GP)-led Endometriosis and Pelvic Pain Clinics, ensuring service delivery is consistent with the Grant Opportunity Guidelines. Services commenced at Each Ringwood in July 2023 and at Epping Plaza Medical and Dental Centre (ForHealth / Evoca) in October 2023. Both Endometriosis and Pelvic Pain Clinics operate as established services within the EMPHN catchment, providing multi-disciplinary care to individuals within and outside the region through a combination of in-person and Telehealth modalities.

EMPHN maintains structured program governance and oversight through regular meetings with Each Ringwood and Epping Plaza Medical and Dental Centre (ForHealth / Evoca). These meetings support the monitoring of operational delivery, service performance, workforce capacity, and emerging risks, and provide a formal mechanism for issue identification, escalation, and resolution. Engagement also occurs outside of scheduled meetings where required, enabling EMPHN to respond to emerging matters and ensure the timely communication of program updates, guidance, and reporting requirements.

On 9 February 2025, the Australian Government Department of Health, Disability, and Ageing (DHDA) announced an extension of funding for existing Endometriosis and Pelvic Pain Clinics, alongside an expansion in scope to include perimenopause and menopause care. EMPHN has received the updated Grant Opportunity Guidelines for this extension and expansion and is awaiting the formal Letter of Outcome to progress re-contracting activities.

An external evaluation of the Endometriosis and Pelvic Pain program was undertaken by Nous Group in 2025, with findings yet to be released. While EMPHN has consistently supported the collection of both quantitative data (via Power BI Dashboard) and qualitative data (via Quarterly Progress Reports), variability in data collection practices across other Endometriosis and Pelvic Pain Clinics was identified as a key challenge. In response, the Australian Government DHDA has introduced a minimum dataset as part of standardised reporting requirements, to be implemented from February 2026. EMPHN will continue to support Each Ringwood and Epping Plaza Medical and Dental Centre (ForHealth / Evoca) to adopt and report against this dataset, with the aim of strengthening data quality, consistency, and overall program monitoring.

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 women or those assigned female at birth who have a diagnosis of endometriosis, are seeking a diagnosis for persistent pelvic pain, or are seeking care, treatment, and management for symptoms associated with perimenopause or menopause.

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.

The Endometriosis and Pelvic Pain Clinics are established services. As such, formal consultation activities are limited.

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 commissioned Endometriosis and Pelvic Pain Clinic providers, Each Ringwood and Epping Plaza Medical and Dental Centre (ForHealth / Evoca), through established contract management and governance arrangements.

EMPHN also collaborates with other PHNs through a bi-monthly inter-PHN working group with rotating chair responsibilities, supporting shared learning and consistency in program implementation. With Endometriosis and Pelvic Pain Clinics now operating across all PHN regions, the Australian Government DHDA has indicated its intention to establish an Endometriosis and Pelvic Pain Clinic Program Advisory Group (PAG) to support national coordination and oversight.

EMPHN also participates in the Sexual and Reproductive Health Working Group convened by Women's Health East, which brings together stakeholders – including local council representatives, organisations, and service providers – to share intelligence on current and emerging sexual and reproductive health issues and identify opportunities for a coordinated response to improve women's health outcomes across Melbourne's east.

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

Department milestones:
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

EMPHN is currently awaiting execution of the Deed, which will confirm the schedule for future milestones. However, Quarterly Data Collection is scheduled as follows: Q1 (Feb-Mar in 2026, Jan-Mar in 2027 and 2028) on 30 April, Q2 (Apr-Jun) on 30 July, Q3 (Jul-Sep) on 30 September, and Q4 (Oct-Dec) on 30 January.

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?

EMPHN is awaiting for further direction and funding based on the anticipated P&TP DOV 8 (Approval Status as of 23rd March 2026, Government Decision Pending).If approved, the variation is expected in May-June 2026. Further detail will be provided in the ADHOC AWP submission for P&TP.

Co-design or co-commissioning comments

PP&TP-GCPC - 1 - PHN Pilots and Targeted Programs - Greater Choice for at Home Palliative Care - April 2026

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 - April 2026

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 *

Through the Greater Choices for At Home Palliative Care (GCfAHPC) Program, EMPHN will lead a coordinated, system-focused approach to improve access to safe, high-quality palliative and end of life care at home, including for people living in residential aged care. Program activities will be guided by the key recommendations of the updated Palliative Care Needs Assessment, with a focus on strengthening integration and navigation across primary care, specialist palliative care, aged care and community services; supporting earlier identification and referral; building workforce capability; and implementing data capture, reporting and evaluation processes.

Key activities under the GCfAHPC program include:
- Program resourcing: Continue to employ up to 2 FTE to coordinate and implement the GCfAHPC program, including program facilitation and data/insights capability to support targeted planning and continuous improvement.
- Palliative Care Needs Assessment: EMPHN will utilise the key recommendations of the updated Palliative Care Needs Assessment to ensure activities align to identified local gaps, priorities and short term and longer-term strategic objectives.
- Improving coordination and integration: Strengthening coordination across primary care, specialist palliative care, aged care and

support at home providers will help to improve navigation, continuity of care and share care arrangements. This activity will involve regular coordination meetings with key stakeholders, for example the Eastern Metropolitan Region Palliative Care Consortium (EMRPCC), Eastern Health, Eastern Palliative Care (EPC) and Support at Home Providers across our catchment to develop shared pathway/resources and tailor education to support.
- Referral Pathways: Working with Clinical Referral Pathways to ensure consistent guidance and referral information for clinicians and services are available. This will support timely decision making and reduce fragmentation and promote consistent messaging through partner channels and education sessions.
- Early identification and referral: By supporting earlier recognition of palliative care in general practice and timely referral into specialist palliative care, this will improve patient outcomes and enable earlier planning and support at home. By participating in the National Palliative Care Coordination (NPCC) Project, EMPHN will support the implementation of two general practices to use the GenPal tool to standardise identification and prompt referral.
-Generating Palliative care data insights: EMPHN have engaged CVDL (centre for Victorian Data Linkage) to create a linked dataset that links our GP data with hospital data as well as the registry of births and deaths The insights generated from this work will include the most direct measurement of palliative care need in the EMPHN catchment. Enabling early identification of expected palliative care need in the catchment and targeted General Practice engagement in proactive palliative care management. It will also establish lead indicators for palliative care enabling the PHN to do reliable longer term predictions.
- Workforce capability and shared care. With a focus on improving quality, confidence and consistency of care in the community and residential aged care homes, EMPHN plans to deliver localised education with EMRPCC, Eastern Health and EPC to general practice, support at home providers and aged care homes. These sessions will incorporate support from other key stakeholders, for example ELDAC, PEPA, and local health network Advance Care Planning Teams.
- Data capture, reporting and evaluation: To demonstrate the impact and guide continuous improvement of key activities, EMPHN will utilise the data sharing agreement between Eastern Palliative Care and EMPHN to support service improvement and provide insights across the catchment. This continued work aligns with the findings of PHN guides for baseline data collection as per the Scyne National Evaluation.
- Palliative Care Medicines After-Hours: Improve timely community access to essential palliative care medicines, including after hours. This activity is to support urgent symptom relief at home and reduce avoidable escalation to hospital. By continuing to partner with the Palliative Care Access to Core Medicines (PCAM) project stakeholders and align to the National Core Community Palliative Care Medicines List, EMPHN will continue to recruit/onboard community pharmacies; support pharmacies to stock the four core medicines and promote the Metro Melbourne PHN interactive pharmacy map across the catchment.

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 (DHAC) outcomes-focused formative and summative evaluation of the GCfAHPC program with the expected end report due to be shared with PHNs in 2026.

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 National GCfAHPC Community of Practice meetings to discuss programs and share resources. Additionally, EMPHN regularly meets with key stakeholders; EMRPCC, EPC, Eastern Health and Banksia Palliative Care to discuss progress and address issues faced by health professionals.

EMPHN is in the implementation phase with the National Palliative Care Coordination (NPCC) Project, involving two General Practices in quality improvement activities which commenced in late 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:
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.