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

PP&TP-EPP - 6 - PHN Endometriosis and Pelvic Pain Clinics_AWP 26/27

Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-EPP

Activity Number *

6

Activity Title *

PHN Endometriosis and Pelvic Pain Clinics_AWP 26/27

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

To support the establishment, integration and continuous improvement of the Endometriosis and Pelvic Pain Clinic (EPPC) program through commissioning to enhance the capability and capacity of primary care services to support patients experiencing these endometriosis, pelvic pain, as well as the treatment and management of perimenopause and menopause symptoms. The activity aims to improve the provision of diagnosis, treatment, and management of these conditions, reduce diagnostic delays, and promote early access to multidisciplinary intervention, care, and treatment options.

Description of Activity *

The activity involves the commissioning of one EPPCC within the NWMPHN region which include capacity building and coordination of the EPPC program.

Key activities include:

Commissioning
-Conduct a procurement process to evaluate, select and nominate two providers to the department for the department's selection of one provider within NWMPHN region to award an EPPC contract. Providers who demonstrate capability and capacity to deliver an EPCC will be identified through a Request For Tender (RFI) approach.

Contract Management
-Manage the provider contract through performance monitoring, contract management data collection and insights development. Support service delivery, track implementation progress against key milestones and key performance indicators (KPIs) and provide updates to the Commonwealth regarding provider performance. This includes the commissioned provider adheres to relevant guidelines and program requirements.
-Distribute Commonwealth funding to the EPPC provider to enable the effective operation of the EPCC.

Capacity and Capability Uplift:
-Support the EPPC to deliver enhanced, multidisciplinary care for individuals experiencing endometriosis, pelvic pain, perimenopause, and menopause symptoms.

Monitoring and Evaluation:
-Collect and report both quantitative and qualitative data to support program monitoring and evaluation including the EPPC Program Minimum Dataset collection and evaluation.
-Work with the provider in establishing regular outcome measurement processes and contribute to ongoing evaluation of the program.
-Provide timely data and information for departmental reporting and respond to ad-hoc requests as required.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Health conditions - Improve care coordination, symptom management of abdominal-pelvic pain in females aged 20-39 to prevent acute care (4.2.18)	186

Activity Demographics

Target Population Cohort

Patients experiencing endometriosis, pelvic pain, and menopause symptoms.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

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Stakeholder engagement occurs throughout all seven activities that comprise our commissioning approach:
- Assess and prioritise needs
- Review evidence to inform planning and design
- Design services to address need
- Prepare the system for delivery
- Support implementation
- Manage performance and drive continuous improvement
- Evaluate the impact

We use a range of mechanisms to engage with our communities. This includes working with our Community and Clinical Councils, Expert Advisory Groups (EAGs) and People Bank members.

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- General Practice
- Alcohol and Other Drugs
- Mental Health
- Aboriginal Health
- Older Adults

People Bank is a register of people who would like to participate in activities that help to improve the health of people in the region. Members participate in a range of different activities including workshops, governance groups, surveys, and tender evaluation panels.

We continue to also consult and seek specific advice from relevant strategic and local organisations and other stakeholders, such as peak and professional bodies, governments, the primary health care sector and local health services and hospital networks.

This activity will also include meaningful key stakeholder input in the procurement and program development process. Commissioned provider(s) will also be expected to consult with community members when designing and implementing their activities. North Western Melbourne Primary Health Network (NWMPHN) is committed to ensuring stakeholder engagement is embedded in our culture and core functions.

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Collaboration

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• Local health services and hospital networks
• Community health services
• General practice
• Residential aged care homes
• Pharmacy
• Allied health
• Community-based organisations
• Research institutes
• Academic and training institutions
• Peak and professional bodies
• Victorian Department of Health
• Local government
• Other PHNs

- Media
- Other identified providers

Activity Milestone Details/Duration

Activity Start Date

29/09/2025

Activity End Date

29/06/2028

Service Delivery Start Date

12/01/2026

Service Delivery End Date

30/06/2028

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): Yes

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

PP&TP-EPP-Ad - 7 - PHN Endometriosis and Pelvic Pain Clinics Operational_AWP 25/26

Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-EPP-Ad

Activity Number *

7

Activity Title *

PHN Endometriosis and Pelvic Pain Clinics Operational_AWP 25/26

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

N/A

Description of Activity *

N/A

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Health conditions - Improve care coordination, symptom management of abdominal-pelvic pain in females aged 20-39 to prevent acute care (4.2.18)	186

Activity Demographics

Target Population Cohort

N/A

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

N/A

Collaboration

N/A

Activity Milestone Details/Duration

Activity Start Date

29/09/2025

Activity End Date

28/06/2028

Service Delivery Start Date

Service Delivery End Date

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): No
Other Approach (please provide details): Yes

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No

Decommissioning

No

Decommissioning details?

N/A

Co-design or co-commissioning comments

N/a

PP&TP-GCPC - 1000 - Greater Choice for At Home Palliative Care AWP 26/27

Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GCPC

Activity Number *

1000

Activity Title *

Greater Choice for At Home Palliative Care AWP 26/27

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 *

Greater Choice for At Home Palliative Care (GCAHPC) aims to boost palliative care coordination and integration to support people who have a known life-limiting condition, by improving choice and quality of care and support in the home.

The program aims to achieve the overarching outcomes of:
- Improved capacity and responsiveness of services to meet local needs and priorities
- Improved patient access to quality palliative care services in the home
- Improved coordination of care for patients across health care providers and integration of palliative care services in their region.

Description of Activity *

NWMPHN will deliver an integrated program of activity to strengthen access to high quality palliative care at home across the region, informed by the Palliative Care Needs Assessment 2025, as well as building on the insight developed through activities delivered in previous phases of the program,, and stakeholder engagement. The program will be delivered by two full time equivalent staff members, supported by a GCAHPC Steering Committee to inform the implementation of GCAHPC initiatives. The Steering Committee is made up by local primary care practitioners, including GPs, nurses, community palliative care, pharmacists and consumers with lived experience.

The Palliative Care Needs Assessment 2025 used a mixed methods assessment to build an evidence base on local palliative care

needs, service access and equity, primary care capability, and system gaps across the NWMPHN region. The assessment identified the following key priority areas for focus:
1. Building primary care capability,
2. Enhancing cultural competency
3. Improving communication and integration to enable multidisciplinary care
4. Increase community and primary care awareness and knowledge of palliative care
5. Enhancing the use of local primary care and palliative care data to support monitoring, evaluation and continuous quality improvement in primary palliative care.

The following activities align to these key priority areas as outlined in the Needs Assessment. Futher design and implementation will be informed by the Steering Committee.

1. Building Primary Care Capability:
NWMPHN will support activities to strengthen primary care capability to deliver high-quality palliative care in the home, informed by local needs and existing initiatives. This may include:
• Supporting engagement with established national education and capability-building programs
• Supporting activities that build primary care capability to identify palliative care needs early and undertake advance care planning (ACP) discussions
• If local training gaps are identified, supporting or facilitating education opportunities for primary care providers (e.g. in-practice education, webinars or workshops, peer learning or mentoring opportunities)
• Working alongside other metropolitan PHNs and partners to explore opportunities to improve prescriber awareness of core palliative medicines, promote the use of core medicines pharmacy locator tools, and ensure the tool is up-to-date.

2. Enhancing Cultural Competency
NWMPHN will support culturally safe and inclusive approaches to palliative care to improve access and experience for priority populations. This may look like:
• Promoting access to culturally safe education, tools and resources for primary care and palliative care providers
• Supporting initiatives that improve communication with people from culturally and linguistically diverse communities
• Encouraging culturally appropriate approaches to, ACP and palliative and end of life discussions

3: Improving Communication and Integration
NWMPHN will support activities that strengthen communication and coordination between primary care and community palliative care services. This may include:
• Taking a facilitated and co-designed local approach to identify mechanises to support improvements in coordination between general practice and community palliative care services, such as improving shared understanding of roles and responsibilities and improved two way communication
• Supporting collaboration across the local palliative care system including encouraging appropriate use of palliative care initiatives such as specialist advice pathways
• Promoting and encouraging the use of digital health initiatives to support ACP, information sharing and referrals.

4: Increasing Community and Primary Care Awareness and Knowledge of Palliative Care
NWMPHN will support activities to improve awareness and understanding of palliative care and ACP. This may involve:
• Supporting targeted community and primary care awareness raising activities to increase understanding of palliative care and promote early consideration of a palliative approach
• Promoting existing campaigns and resources developed by palliative care peak bodies and initiatives
• Participating in local, regional and national networks and communities of practices

5: Enhancing the Use of Local Primary Care and Palliative Care Data to Support Monitoring, Evaluation and Continuous Quality Improvement
NWMPHN will support the use of data to inform service planning, monitoring and continuous quality improvement in primary palliative care. This may look like:
• Strengthening local data partnerships to improve understanding of, service access and patterns of care
• Exploring opportunities to enhance locally available datasets
• Contributing to national reporting or evaluation activities, where appropriate, by sharing data and implementation insights
• Supporting data informed planning to improve quality, equity and sustainability of palliative care at home.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Primary health care - Improve health and system literacy among at-risk cohorts (6.1.12)	190
Aged care - Improve integration of aged care services tailored to support physical emotional and social need (2.2.6)	184

Activity Demographics

Target Population Cohort

People with a known life-limiting condition and their families.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

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• Mental Health
• Aboriginal and Torres Strait Islander Health
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• General practice
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• Pharmacy
• Allied health
• Community-based organisations
• Research institutes
• Academic and training institutions
• Peak and professional bodies
• Victorian Department of Health
• Local government
• Other PHNs
• Media

• Other identified providers

Activity Milestone Details/Duration

Activity Start Date

25/06/2019

Activity End Date

28/06/2029

Service Delivery Start Date

29/06/2019

Service Delivery End Date

30/09/2029

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): 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

N/a

PP&TP-DVP - 1000 - Primary Health Care Pilot - Domestic Violence Pilot AWP 26/27

Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-DVP

Activity Number *

1000

Activity Title *

Primary Health Care Pilot - Domestic Violence Pilot AWP 26/27

Existing, Modified or New Activity *

Existing

Activity Priorities and Description

Program Key Priority Area *

Population Health

Other Program Key Priority Area Description

Aim of Activity *

The Primary Care Pathways to Safety program provides tailored support to primary care providers to improve confidence in responding to domestic and family violence (DFV), build greater collaboration and coordination across a range of local health, social care and family violence services.

The model aims to deliver the following outcomes:
1. Increase primary health care providers skills, confidence and knowledge in identifying, assessing and referring patients who experience DFV.
2. Use a whole of general practice approach to establish sustainable systems to embed training into practice.
3. To improve the confidence of primary health care providers to connect with the broader DFV service and support system.
4. Increase integration and collaboration of primary health care providers locally
5. Build upon NWMPHN's understanding of systemic barriers on a national, state, regional and local level, to enable advocacy to improve primary care capability to respond to DFV
6. Contribute to the national evaluation of the DFV PHN program and build evidence based DFV programs for delivery by PHNs within primary care

Description of Activity *

The model is an expansion of the Primary Care Pathways to Safety Program, building on the lessons learnt from the NWMPHN

pilot, and other pilot sites nationally. It will be based on the 6 areas of influence that were developed from the pilots.

1. Secondary Consult and Service Navigation (DFV Local Link)
undertake a review of the Secondary Consult service that was completed in June 25.

2. Workplace capability building (Workplace capacity building)
For this funding period workplace capability building will offer both an intensive and general stream

• Intensive:
Based on the successful pilot, commission the Safer Families Program at University of Melbourne to deliver the intensive Pathways to Safety training program to general practices in the NWMPHN region. The training incorporates intensive whole of practice in-service training delivered by a GP facilitator and family violence support worker that is trauma informed and culturally responsive.

• General:
Self-directed online training offered to all general practices in the NWMPHN region on a range of topics focused on identifying, responding and referring for DFV. Education sessions on specific areas within Family Violence offered with all practices in the region eligible to attend.

3. Implementation of training into practice (Organizational supports & Locality Integration)
Practices engaged in all streams of training will be invited to participate, along with those that participated in the pilot, in community of practice sessions that enable peer-to-peer learning focused on whole of practice strategies to embed the principles and techniques learnt in the training into practice. Including promotion of the quality improvement (QI) activities developed as part of the pilot. In addition, workers from DFV sector (including the workers providing the secondary consult service), and other sectors will be invited to participate in the Community of Practice to increase integration and collaboration of primary health care providers locally.

HealthPathways Melbourne will be embedded in the capability building and networking. HealthPathways will continue to be updated to reflect best practice approaches to recognising, responding and referring for DFV in primary care, and will ensure up-to-date information of local service options.

4. Build understanding of the systematic barriers to providing best practice family violence care in primary care (System Influence)
Continue to build upon the understanding gained in the pilot of the local barriers to implementation to contribute to joint PHN advocacy. Continue to work with other PHNs to implement the Trial Joint Strategic Action Plan.

5. Evaluation (Evaluation, Design and Iteration)
The capability building activities developed by University of Melbourne have been co-designed with people with lived experience. In addition, the broader education components will include lived experience perspective. Local evaluation will be undertaken to monitor the experience of participants in the education and community of practice ensure a continuous QI approach to the project.

NWMPHN will also contribute to and participate in the national evaluation and other joint evaluation initiatives.

Needs Assessment Priorities *

Needs Assessment

NWMPHN Needs Assessment 2025-2028

Priorities

Priority	Page reference
Mental health & suicide prevention-Increase access to preventive measures for drivers of psychological distress, incl financial stressors/housing instability/family/intimate partner violence(5.1.9)	188

Activity Demographics

Target Population Cohort

Whole of population, with a focus on people experiencing or at risk of family/intimate partner violence.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

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This activity will also include meaningful key stakeholder input in the procurement and program development process. Commissioned provider(s) will also be expected to consult with community members when designing and implementing their activities.

In addition, NWMPHN will utilise information from the pilot project which has been run previously in the NWMPHN region in 36 practices. Feedback and a formal evaluation paper developed by University of Melbourne of the 2020-2022 activities, has been used to develop this model. The evaluation comprised of analysis of the training and education, communication and awareness campaign, interdisciplinary education and networking sessions, development and use of referral pathways, practice-based QI activities and extensive feedback from general practices.

Collaboration

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• Research institutes
• Academic and training institutions
• Peak and professional bodies
• Victorian Department of Health
• Local government
• Other PHNs
• Media
• Other identified providers

NWMPHN has partnered with the Safer Families Centre at the University of Melbourne to trial a model for capacity and capability building to address the lack of awareness, knowledge, skill and confidence in primary care to identify, respond and refer people at risk of, or experiencing, family and domestic violence. The model was informed by evidence of best-practice, including systematic reviews of health care interventions and qualitative studies, international primary care guidelines and evaluation of primary care-based family violence studies. This partnership has enabled an understanding of the family and domestic violence industry, service providers, capacity and professional support and activities of service providers within the region to position NWMPHN to partner and commission a DFV support services using a co-design approach to collaboratively develop and offer professional support and secondary consult services for general practice.

Activity Milestone Details/Duration

Activity Start Date

25/06/2020

Activity End Date

29/06/2026

Service Delivery Start Date

27/06/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Activity Commissioning

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

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: Yes
Open Tender: No
Expression Of Interest (EOI): Yes
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

Yes

Decommissioning details?

Co-design or co-commissioning comments

This activity has been developed in collaboration with education and family violence service providers and based on the commissioned evaluation of the pilot program which conducted by University of Melbourne. Additionally, the secondary consult and service navigation activity is being co-designed in collaboration with representatives from general practice, and the family violence specialist services.