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

PP&TP-GCPC - 1000 - 1.0 - PHN Palliative Care – Greater Choice for At Home Palliative Care (GCfAHPC)

Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GCPC

Activity Number *

1000

Activity Title *

1.0 - PHN Palliative Care – Greater Choice for At Home Palliative Care (GCfAHPC)

Existing, Modified or New Activity *

Modified

Activity Priorities and Description

Program Key Priority Area *

Other (please provide details)

Other Program Key Priority Area Description

Palliative care

Aim of Activity *

The World Health Organisation explicitly recognises palliative care under the human right to health. Access to person-centred palliative care reduces unnecessary suffering for the person with a life-limiting condition, trauma for their loved ones, and inappropriate use of health resources.

Access to quality palliative care continues to be identified as an important need for the Brisbane North PHN region.

In line with the Greater Choice for At Home Palliative Care overarching outcomes, this activity aims to:
• Continue to strengthen the Brisbane North Palliative Care Collaborative with the aim of improving connection between providers

to enhance service responsiveness, integration, quality and coordination of care.
• Continue workforce support and engagement activities to improve the skills, knowledge, and confidence of workers in supporting quality at-home palliative care in the region.
• And engage in community development activities to form compassionate communities that enable agency and choice for people with life limiting illness and their loved ones, supported by their community.

Description of Activity *

Guided by the Palliative Care Needs Assessment and building on previous work, Brisbane North PHN will engage in three streams of activity:

The Brisbane North Palliative Care Collaborative

As shown in the Palliative Care Needs Assessment, a common barrier to quality palliative care is service siloing due to lack of provider awareness and communication, resulting in duplicated efforts, poor continuity, and a negative care experience.

The Brisbane North Palliative Care Collaborative (BNPCC) is a cross-sector stakeholder group committed to improving community based palliative care. Its potential to reduce regional siloing is recognized by its membership.

Efforts have been made over the last four years to strengthen relationships between members through regular meetings, increased diversity of membership, and undertaking shared projects. Annual evaluation since 2021 has shown that the group has matured, shifting from 'inform' on the IAP2 Public Participation Spectrum to early indications of 'collaborate' level.

The Brisbane North Palliative Care Collaborative needs additional facilitation to harness their collective power and become a respected entity capable of effecting meaningful change beyond funding.

In this stream, the PHN will continue to strengthen the Brisbane North Palliative Care Collaborative with the aim of improving connection between providers to enhance service responsiveness, integration, quality and coordination of care. This will be achieved through activities that include but are not limited to:

Facilitating at least seven regular meetings for members,

Hosting an online site to facilitate information sharing, and

Hosting at least two education and networking sessions to non-members in the region on topics identified in the Palliative Care Needs Assessment.

Impact of these activities on the group maturity will continue to be measured through annual evaluation, aiming for at least 65% of members participating in the evaluation and showing at least 70% report appreciation other member's roles in the palliative care system.

Workforce Support and Engagement

All health, aged care, disability, and death care workers would benefit from improved palliative care knowledge, skills, and confidence. Currently, 39 projects serve the North Brisbane and Moreton Bay region. The PHN will focus on key workforce areas from the needs assessment and build on and complement existing initiatives.

Building on previous work and emphasises in the needs assessment, workforce areas of particular focus will be:

Prescribers and pharmacist education

Health and disability workforces supporting people with disability

Health and death care workforces during transition of care.

As part of this stream, the PHN will continue workforce support and engagement activities to improve the skills, knowledge, and confidence of workers in supporting quality at-home palliative care in the region. This will be achieved through activities that include but are not limited to:

Hosting at least six education sessions to upskill health, aged care, disability support, and deathcare workforces in supporting at-home palliative care, demonstrating quality through 80% of participants who provide feedback recommending the activity to their colleague; and

Creating and maintaining workforce resources to support navigation and sector knowledge about palliative care in the North Brisbane and Moreton Bay region as demonstrated through an asset register.

Compassionate Communities

Death literacy is the ability to gain and use end of life information to navigate the deathcare system. Death literacy enables better end-of-life planning and care. Improved death literacy was identified as key need for the North Brisbane and Moreton Bay region in the palliative care needs assessment.

Over the past five years, interest in improving death literacy through compassionate communities has grown nationally and globally.

Compassionate communities are networks of people willing and able to support fellow community members through palliative care, end of life, and bereavement. Built on a foundation of community development and public health palliative care, compassionate communities have demonstrated benefit the people with life limiting conditions and their loved ones through improved care and support. Health system benefits have also been shown through reduce service burden including emergency department presentations.

It is intended that the PHN commence community development activities to grow compassionate communities that enable agency and choice for people with life limiting illness and their loved ones, supported by their community. This will be achieved through activities that include but are not limited to:

Active engagement with the target community group (yet to be determined but identified in the palliative care needs assessment) as demonstrated with at least ten community members participating in consultation and co-design, and at least 30 community members participating the baseline measurement of death literacy.

Facilitating asset-based community development approach in partnership with the community as demonstrated through creation and endorsement of a co-designed plan, and active participation of at least 50 community members.

In line with the Greater Choice for At Home Palliative Care overarching outcomes, this activity will contribute to:
• improved capacity and responsiveness of services to meet local needs and priorities
• improved access to quality palliative care services available in the home and improved capacity of carers to support people at home, and
• improved coordination of care, across health care providers and integration of palliative care services in the PHN region.

This will be achieved through measurable outputs:
• Palliative Care in the Brisbane North PHN Region Current State Summary Report- (Maintained from 2022)
• Increased maturity of the Brisbane North Palliative Care Collaborative.
• Increased awareness of palliative care services and supports available within the North Brisbane and Moreton Bay region among health professionals, community, aged care, disability support, and deathcare service providers.
• Increased death literacy in the population engaged with the compassionate communities' project.

In 2026/27, Brisbane North PHN will:
• Continue to strengthen the Brisbane North Palliative Care Collaborative with the aim of improving connection between providers to enhance service responsiveness, integration, quality and coordination of care.
This will be achieved through activities that include but are not limited to:

o Facilitating regular meetings
o Hosting an online site to facilitate information sharing o Hosting education and networking sessions to non-members in the region.

• Continue workforce support and engagement activities to improve the skills, knowledge, and confidence of workers in supporting quality at-home palliative care in the region.
This will be achieved through activities that include but are not limited to:
o Hosting education sessions to upskill health, aged care, disability support, and deathcare workforces in supporting at-home palliative care
o Creating and maintaining workforce resources to support navigation and sector knowledge about palliative care in the North Brisbane and Moreton Bay region.

• Commence community development activities to grow compassionate communities that enable agency and choice for people with life limiting illness and their loved ones, supported by their community.
This will be achieved through activities that include but are not limited to:
o Active engagement with the target community group (yet to be determined but identified in the palliative care needs assessment).
o Facilitating asset-based community development approach in partnership with the community.

The PHN will establish and maintain mechanisms for quantitative and qualitative data collection and outcome measurements and contribute and provide ongoing data and information to support the national evaluation of the program.

Brisbane North PHN will also work with The Brisbane North Palliative Care Collaborative (BNPCC) is a group with representatives from local public, private and non-government specialist palliative care services, primary care and community health, aged, and disability support providers, residential aged care facilities, government-funded palliative projects, deathcare providers, and other interested parties. This group will continue to be a primary advisory body for all activities under the Greater Choice for At Home Palliative Care program .

The PHN engages 1 FTE Project Lead to design and lead the implementation and evaluation of projects under Greater Choice for At Home Palliative Care (GCfAHPC). And 0.5 FTE Project Officer to support the implementation and evaluation of projects under GCfAHPC.

Target Population:
People within the Brisbane North PHN region with life-limiting conditions, their loved ones, and the people who care (formally and informally) for them, and the communities in which they live.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Service System - Service Needs Level 2	8
Population Health - Service Needs Level 1	5
Service System - Service Needs Level 1	5

Activity Demographics

Target Population Cohort

People within the Brisbane North PHN region with life-limiting conditions, their loved ones, and the people who care (formally and informally) for them, and the communities in which they live.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The Brisbane North Palliative Care Collaborative currently has First Nations representatives (local and state palliative care project representatives).

Additional consultation, collaboration and partnership with identified Aboriginal and Torres Strait Islander consumers and service providers will be undertaken as required with each activity to ensure cultural safety and appropriateness.

Brisbane North PHN will continue to support other organisation such as Palliative Care Queensland, the First Nations Health Office, and PallConsult in their holding their Yarning Circles and support other project initiatives.
The PHN will also continue to support activities which promote appropriate palliative care to First Nations communities, such as events from IPEPA and Gwandalan project.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

The Brisbane North Palliative Care Collaborative (BNPCC) is a group with representatives from local public, private and non-government specialist palliative care services, primary care and community health, aged, and disability support providers, residential aged care facilities, government-funded palliative projects, deathcare providers, and other interested parties.

This group will continue to be a primary advisory body for all activities under the Greater Choice for At Home Palliative Care program. It is intended all activities under the compassionate communities' stream will be co-designed with members of the target community.

A working group under the BNPCC, including representatives from community and other interest stakeholders, will facilitate the implementation of the plan in partnership with the local community. Local specialist palliative care services (Metro North Specialist Palliative Care Service, Karuna Hospice Service, St Vincent's Palliative Care Service) will continue to be engaged to ensure communication and strategy congruence.

Both the Disability and Pharmacy Action Plans being implemented have been created through a co-design process in the 24/25 financial year. All activities under the plans have significant consultation and working group opportunities to work collaboratively with stakeholders.

State and National palliative projects and schemes have and will continue to be consulted to strategically align to maximise impact

and avoid duplication.
Initiatives to consult include, but are not limited to, PEPA, IPEPA, ELDAC, Specialist Palliative Care in Aged Care (SPACE), PalAssist, PallConsult, Medical Aid Subsidy Scheme Palliative Equipment Program (MASS PCEP), PCOC and PACOP, Gwandalan, Caring@home, PalliPHARM, Care at the End of Life, End of Life Essentials, CareSearch, CarerHelp, other PHN projects funded by Greater Choice for At Home Palliative Care program, and other related internal PHN projects.

Organisations engaged and will continue to be engaged include but are not limited to the Statewide Office of Advance Care Planning, Advance Care Planning Australia, Palliative Care Queensland, Palliative Care Australia, Cancer Council Queensland, Centre for Palliative Care Research and Education (CPCRE), National Disability Services (NDS), Queenslanders with Disability Network (QDN), Carers Queensland, Queensland and Metro North Voluntary Assisted Dying (VAD) support teams, and other PHNs.

Public and private residential aged care facilities, public and private hospitals, general practices, pharmacies, community aged care, disability support, other health, and deathcare providers within the region will also be consulted and engaged on specific aspects throughout the project.

Collaboration

The PHN will work as part of the Brisbane North Palliative Care Collaborative to shape activities which respond to the prioritised needs of the region. The Brisbane North Palliative Care Collaborative will act as an advisory body for all activities, providing collective subject matter expertise.

The PHN will also collaborate with The Metro North Palliative Care Service, private and non-government specialist palliative care services and government funded palliative care projects where appropriate to maximise resource investment, reach and outcomes for the region. Activities may have steering or working groups, as appropriate.

These will sit under the Brisbane North Community Palliative Care Collaborative, unless otherwise specified.

Activity Milestone Details/Duration

Activity Start Date

28/11/2021

Activity End Date

29/06/2029

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: Yes
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?

Co-design or co-commissioning comments

The Brisbane North Palliative Care Collaborative (BNPCC) is a group with representatives from local public, private and non-government specialist palliative care services, primary care and community health, aged, and disability support providers, residential aged care facilities, government-funded palliative projects, deathcare providers, and other interested parties.

This group will continue to be a primary advisory body for all activities under the Greater Choice for At Home Palliative Care program. It is intended all activities under the compassionate communities' stream will be co-designed with members of the target community.

A working group under the BNPCC, including representatives from community and other interest stakeholders, will facilitate the implementation of the plan in partnership with the local community. Local specialist palliative care services (Metro North Specialist Palliative Care Service, Karuna Hospice Service, St Vincents Palliative Care Service) will continue to be engaged to ensure communication and strategy congruence.

State and National palliative projects and schemes have and will continue to be consulted to strategically align to maximise impact and avoid duplication. Initiatives to consult include, but are not limited to, PEPA, IPEPA, ELDAC, Specialist Palliative Care in Aged Care (SPACE), PalAssist, PallConsult, Medical Aid Subsidy Scheme Palliative Equipment Program (MASS PCEP), PCOC and PACOP, Gwandalan, Caring@home, PalliPHARM, Care at the End of Life, End of Life Essentials, CareSearch, CarerHelp, other PHN projects funded by Greater Choice for At Home Palliative Care program, and other related internal PHN projects.

Organisations engaged and will continue to be engaged include but are not limited to the Statewide Office of Advance Care Planning, Advance Care Planning Australia, Palliative Care Queensland, Palliative Care Australia, Cancer Council Queensland, Centre for Palliative Care Research and Education (CPCRE), National Disability Services (NDS), Queenslanders with Disability Network (QDN), Carers Queensland, Queensland and Metro North Voluntary Assisted Dying (VAD) support teams, and other PHNs.

Public and private residential aged care facilities, public and private hospitals, general practices, pharmacies, community aged care, disability support, other health, and deathcare providers within the region will also be consulted and engaged on specific aspects throughout the project.

Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Greater Choice for At Home Palliative Care - Interest	$0.00	$0.00	$0.00	$0.00	$0.00
Greater Choice for At Home Palliative Care	$462,752.89	$482,541.32	$320,967.00	$325,451.00	$330,000.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Greater Choice for At Home Palliative Care - Interest	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Greater Choice for At Home Palliative Care	$462,752.89	$482,541.32	$320,967.00	$325,451.00	$330,000.00	$1,921,712.21
Total	$462,752.89	$482,541.32	$320,967.00	$325,451.00	$330,000.00	$1,921,712.21

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created

PP&TP-EPP - 1000 - Endometriosis & Pelvic Pain Clinics

Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-EPP

Activity Number *

1000

Activity Title *

Endometriosis & Pelvic Pain Clinics

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 *

Endometriosis affects at least 1 in 9 Australian women and can have an extensive, devastating impact on the daily lives of sufferers, with those suffering waiting an average of seven years before diagnosis. Pelvic pain can be similarly complex and debilitating, with the impact being felt beyond individuals, as it is estimated to cost the Australian economy $6 billion a year (AIHW). Perimenopause and menopause impact all women at some stage in their lifetime and can lead to long term health risks including serious ongoing chronic conditions.

The 2022-23 Federal Budget committed $16.4m over four years to support the establishment of targeted Endometriosis and Pelvic Pain GP Clinics (EPPCs) in primary care settings.

The intention of these EPPCs is to maximise the role of the GP-led multidisciplinary care team in the management of endometriosis and pelvic pain, and to embed the GP as a core part of the care pathway for this chronic condition, optimising the role of primary care. In February 2025, the Department announced the extension of the EEPCs nationally for a further two years up to 2028. The service scope was also broadened
to cover peri- menopause and menopause and from 1 July 2026 existing EPPCs will continue the existing endometriosis services and include care and support for people experiencing perimenopause and menopause symptoms.

PHNs and EPPCs have been encouraged to make decisions about what kind of menopause supports would be useful to the clinic's local area, considering factors such as current patient demand and administrative capacity.

Aims of the Activity
- Enhance access to a skilled primary care workforce equipped to address endometriosis, pelvic pain, perimenopause, and menopause.
- Build capability among primary care professionals by improving awareness, knowledge, and skills in diagnosing, treating, and managing endometriosis and pelvic pain and supporting symptoms of perimenopause and menopause.
- Expand access to evidence-based care and support services, such as nurse navigator programs and referral pathways.
- Increase community awareness of available care and support options, including diagnostic, treatment, and referral services.

EPPCs objectives
- Improve access for patients to diagnostic, treatment and referral services for endometriosis and pelvic pain
- Improve access for patients to care, treatment and management for perimenopause and menopause
- Increase access to allied health and support services, as they relate to endometriosis, pelvic pain, perimenopause and menopause
- Increase access to health care for endometriosis, pelvic pain, perimenopause and menopause patients from priority populations, particularly those in underserved communities
- Provide access to new information, care pathways and networks for women with endometriosis, pelvic pain, perimenopause or menopause symptoms.
- Provide an appropriately trained workforce with expertise in endometriosis, pelvic pain, perimenopause and menopause.

Description of Activity *

Two general practices in the North Brisbane and Moreton Bay region will be supported by Brisbane North PHN to deliver the endometriosis and pelvic pain, menopause and perimenopause GP grant program - Moreton Aboriginal and Torres Strait Islander Community Health Service (MATSICHS) under the Institute for Urban Indigenous Health (IUIH) and Neighbourhood Medical.

PHN activities include:
- creation of a contract based on the PHN's Deed of Variation
- development of qualitative and quantitative indicators and support from the PHN for data collection, outcome measures
- monitor and report on provider performance against agreed indicators
- participate in national evaluation and reporting activities as requested by Department of Health, disability and Ageing (DHDA).
- escalate feedback from EPPCs regarding data collection or monitoring and evaluation issues

General practice activities may include, but are not limited to:
- delivery of services to endometriosis and pelvic pain patients and support for peri-menopause and menopause patients.
- collect data and information in line with the Minimum Dataset and provide this data and information to PHNs.
- advanced training qualifications (incl. further study)
- recruitment of additional practice staff (e.g. allied health, nurse navigators)
- enhanced referral pathways with local providers
- equipment purchase

Evaluation will be undertaken to determine the effectiveness of the implemented models of care.
The PHN supports GP clinics with quantitative and qualitative data collection and outcome measurements, including baseline data, and contribute and provide data and information for the national evaluation which commenced in 2024-25.
Quarterly Performance indicators measured with targets include:
- Number of unique patients who received care at the clinic through the EPPC program* within the quarter: 160
Number of people who received a specific service type; Group pain education sessions: 244
- Number of people who received a specific service type; Group psychology sessions: Target TBA
- Number of patients receiving specific service type, Exercise physiology: 60
- Number of patients receiving specific service type: Pelvic floor, physio: 80
- Number of face-to-face appointments: Target TBA
- Number of telephone/video appointments: 60
- Number of unique patient presentations at the EPP Clinic service: 220
- Number of new patient presentations at the EPP clinic: 150
- Number of referrals received from GPs: IUIH – 36, NMC - 6

- Number of self-referrals received for the service: IUIH - 32, NMC - 190
- Number of other referrals received for the service: IUIH - 3, NMC - 20
- Number of service contacts: IUIH – 200, NMC - 480
- Number of people and First Nations people who received the service (Target 380 unique patients per annum across 2 practices)
- Number of service contacts (Target 680 per annum across 2 practices)

The target population that will be supported under this DoHDA initiative include:
- individuals of all ages assigned female at birth whom are experiencing endometriosis and pelvic pain; this includes patients without a formal diagnosis.
- women of all ages whom are experiencing endometriosis and pelvic pain; this includes patients without a formal diagnosis.
- girls of all ages whom are experiencing endometriosis and pelvic pain; this includes patients without a formal diagnosis. - First Nations populations whom are experiencing endometriosis and pelvic pain; this includes patients without a formal diagnosis.
-since DoHDA February 2025 announcement, patients experiencing peri-menopause and menopause issues.

The PHN will support two GP clinics with quantitative and qualitative data collection and outcome measurements, including baseline data, and contribute and provide data and information for the national evaluation commencing in 2024-25.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Population Health - Health Needs Level 1	2-3
Women's Health - Service Needs Level 1	4
Women's Health - Health Needs Level 1	3
Population Health - Service Needs Level 1	5

Activity Demographics

Target Population Cohort

The target population that will be supported under this DHDA initiative include:
- individuals of all ages assigned female at birth whom are experiencing endometriosis and pelvic pain; this includes patients without a formal diagnosis.
- women of all ages whom are experiencing endometriosis and pelvic pain; this includes patients without a formal diagnosis.
- girls of all ages whom are experiencing endometriosis and pelvic pain; this includes patients without a formal diagnosis.
- First Nations populations whom are experiencing endometriosis and pelvic pain; this includes patients without a formal diagnosis.
- since DHDA's February 2025 announcement, patients experiencing peri-menopause and menopause issues.

In Scope AOD Treatment Type *

Indigenous Specific *

Yes

Indigenous Specific Comments

The Institute for Urban Indigenous Health (IUIH) (MATSICHS) is one of the two service providers in the Brisbane North PHN led

program. This provider's prime focus is providing culturally safe care for Aboriginal and Torres Strait Islander patients and their families.

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

DHDA led program. General practices were invited to express an interest in participating and were nominated to the DoHDA to determine suitability.

Collaboration

Funding was awarded with consideration of GP clinics being able to demonstrate existing expertise in women's health, improving provision of diagnosis, treatment and management of endometriosis and pelvic pain including capability of the healthcare team, a strong understanding of and networks within their local community, and the ability to link to relevant primary and tertiary care services.
The DHDA's Assessment Committee completed the assessment of applications and determined the clinics for each PHN region.

Activity Milestone Details/Duration

Activity Start Date

28/02/2023

Activity End Date

29/06/2026

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): Yes
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?

Co-design or co-commissioning comments

Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - PHN Pilots and Targeted Programs	$0.00	$0.00	$0.00	$0.00	$0.00
Endometriosis and Pelvic Pain GP Clinics	$360,000.00	$360,000.00	$0.00	$0.00	$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - PHN Pilots and Targeted Programs	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Endometriosis and Pelvic Pain GP Clinics	$360,000.00	$360,000.00	$0.00	$0.00	$0.00	$720,000.00
Total	$360,000.00	$360,000.00	$0.00	$0.00	$0.00	$720,000.00

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created

PP&TP-EPP-Ad - 2000 - 2.0 - Endometriosis & Pelvic Pain Clinics - Admin

Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-EPP-Ad

Activity Number *

2000

Activity Title *

2.0 - Endometriosis & Pelvic Pain Clinics - Admin

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 *

This represents the admin/operational component for this activity. All content specific information is in the associated activity.

Description of Activity *

This represents the admin/operational component for this activity. All content specific information is in the associated activity.

Needs Assessment Priorities *

Needs Assessment

North Brisbane and Moreton Bay Joint Regional Needs Assessment 2025-27

Priorities

Priority	Page reference
Population Health - Health Needs Level 1	2-3
Women's Health - Health Needs Level 1	3
Population Health - Service Needs Level 1	5
Service System - Service Needs Level 1	5

Activity Demographics

Target Population Cohort

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Collaboration

Activity Milestone Details/Duration

Activity Start Date

28/02/2023

Activity End Date

29/06/2026

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: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): Yes
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?

Co-design or co-commissioning comments

Activity Planned Expenditure

Planned Expenditure

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29
Interest - PHN Pilots and Targeted Programs	$0.00	$0.00	$0.00	$0.00	$0.00
Endometriosis and Pelvic Pain GP Clinics - Admin	$57,306.40	$21,028.00	$0.00	$0.00	$0.00

Totals

Funding Stream	FY 24 25	FY 25 26	FY 26 27	FY 27 28	FY 28 29	Total
Interest - PHN Pilots and Targeted Programs	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
Endometriosis and Pelvic Pain GP Clinics - Admin	$57,306.40	$21,028.00	$0.00	$0.00	$0.00	$78,334.40
Total	$57,306.40	$21,028.00	$0.00	$0.00	$0.00	$78,334.40

Funding From Other Sources - Financial Details

Funding From Other Sources - Organisational Details

Summary of activity changes for Department

Activity Status

Submitted

Subject	Description	Commented By	Date Created