Gold Coast - PHN Pilots and Targeted Programs
2025/26 - 2028/29
Activity Summary View

PP&TP-EPP-Ad - 1 - Operational - Endometriosis and Pelvic Pain GP Clinics

Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-EPP-Ad

Activity Number *

1

Activity Title *

Operational - Endometriosis and Pelvic Pain GP 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 *

To support GCPHN's operational costs associated with the Endometriosis and Pelvic Pain GP Clinics (PP&TP-EPP).

Description of Activity *

GCPHN to:
• Provide contract and performance management
• Support the promotion of the clinic, monitor contract deliverables and reporting requirements with the provider.
• Support collaboration with relevant GCH departments, specialist, and primary care providers to ensure appropriate access and referrals are received.

• Provide relevant updates and good news stories to the department as requested.
• Attend National PHN and local working groups to support integration of the service into existing primary and secondary care services.
• Support and contribute to the DHDA's National Evaluation of the program
• Host events for GPs in the local region as require and as funding permits

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
Equitable access for integrated holistic multidisciplinary persistent pain management especially lower socio-economic groups.	194
Delayed diagnosis and limited dedicated primary care services for endometriosis and pelvic pain.	194
Ongoing improvements are required in culturally safe service provision across the system to ensure equitable, effective access for First Nations people.	86

Activity Demographics

Target Population Cohort

People in the Gold Coast PHN region with symptoms of endometriosis and chronic pelvic pain.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Broader Gold Coast general practice sector
Public

Collaboration

Benowa Super Clinic (service provider)
Gold Coast Health (pathways development and specialist clinics)
Gold Coast general practices (referral pathways and increased awareness)
Private allied health (referral pathways and increased awareness)
Private specialists (specialist clinics)

Activity Milestone Details/Duration

Activity Start Date

30/10/2022

Activity End Date

29/12/2026

Service Delivery Start Date

01/07/2023

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: 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?

Co-design or co-commissioning comments

PP&TP-EPP - 1 - Endometriosis and Pelvic Pain GP Clinics

Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-EPP

Activity Number *

1

Activity Title *

Endometriosis and Pelvic Pain GP 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 *

To provide timely access to specialised multidisciplinary primary care services for endometriosis and pelvic pain for people in the Gold Coast PHN region .

Description of Activity *

• GCPHN will continue to support the implementation and management of the contract with the provider.
• The clinic provides a multi-disciplinary, team-based approach to the care of people with endometriosis and pelvic pain, which is a chronic condition that can be complex. The clinic will collaborate with local health services including the broader general practice community, the Gold Coast Hospital (GCH) public health services and private allied health. Multidisciplinary team (MDT) meetings are arranged with private specialists for patients with complex conditions. The clinic engages with the Gold Coast Hospital (GCH) and Health service to actively support the development and promotion of referral pathways to support service access.
• The clinic operates out of a general practice site, with new and returning patients booked with a General Practitioner with Special Interest (GPwSI), Clinical Nurse and/or appropriate specialty (physiotherapy, dietetics, psychology) as per their tailored treatment plan.
•The clinic is committed to supporting access for vulnerable people and will deliver services with no out of pocket costs for children and pension card holders for diagnostics clinics.
•The clinic will provide the following services:

- Pelvic Pain Diagnostics Clinic – the Pelvic Pain Diagnostics Clinic is the Initial Assessment Clinic which is conducted by a GPwSI and a Clinical Nurse. A full assessment will be conducted including clinical history, physical examination and specialised diagnostics investigations where clinically indicated. The specialised diagnostic testing will include pelvic floor assessment, manometry assessment and pelvic floor physiology testing for the presence of pelvic floor dyssynergia and dysfunction. Additional investigations (such as pathology and radiology) may be requested where indicated by the diagnostic team. These investigations will inform further management of the person's care. It is intended this component will be provided to all people with no out-of-pocket expenses.

- Pelvic Floor Physiotherapy Clinic (private billing or care plan renumeration for eligible patients) – People will receive pelvic floor physiotherapy as indicated upon referral from the Pelvic Pain Diagnostics Clinic. For people with existing private allied health providers, the diagnostic clinic will provide information to existing providers to support ongoing service delivery.

- Pelvic Pain Therapy Clinic (mixed billing) – All people will receive ongoing treatment and follow-up by the multi-disciplinary team including by the GPwSI and Clinical Nurse in the Pelvic Pain Therapy Clinic as indicated by the patient's condition.

- Specialist Clinic (patients referred to private billing clinic or public hospital services as necessary) – develop referral protocols and health pathways to support effective MDT care for people with complex conditions with the GCH and, for those with private health insurance, private specialists to support effective integrated care, facilitating specialist treatment for those people that require it as indicated by the Pelvic Pain Diagnostics Clinic, including surgical management.

• Education and training for the broader Gold Coast general practice sector regarding endometriosis symptoms diagnosis and treatment and the clinic's service offerings and referral pathways, delivered at least once annually.
• Ongoing promotion of referral pathways including:
- Information for the broader local general practice sector regarding endometriosis symptoms diagnosis and treatment and the clinic's service offerings;
- Ongoing promotion of referral templates for secure electronic messaging from the broader local general practice sector (with support from GCPHN), with feedback to be provided to the referring clinician in due course; and
- Communications activities to promote service to the local target population.
• Funding will be specifically applied to support the operations of the Clinics including:
- Payment of nurse salaries for direct involvement in clinics;
- Payment of general practitioner salaries for activities where there is no MBS item number (e.g. webinars, developing pathways and protocols, participation in Community of Practice meetings and National Evaluation activities etc);
- Payment of administration salaries for direct involvement in clinics;
- Purchase of specialised diagnostic consumables for patient investigations;
- Marketing and communications activities to promote this service to the target population;
- Collaboration with local services including the GCH and the Endometriosis MDT Meeting for the management of patients with complex disease, and;
- Administration including measurement and reporting of outcomes to contribute to the National Evaluation.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
Equitable access for integrated holistic multidisciplinary persistent pain management especially lower socio-economic groups.	194
Delayed diagnosis and limited dedicated primary care services for endometriosis and pelvic pain.	194

Ongoing improvements are required in culturally safe service provision across the system to ensure equitable, effective access for First Nations people.	86

Activity Demographics

Target Population Cohort

People in the Gold Coast PHN region with symptoms of endometriosis and chronic pelvic pain.

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

Broader Gold Coast general practice sector
Consumers
Gold Coast Health

Collaboration

Benowa Super Clinic (service provider)
Gold Coast Health (pathways development and specialist clinics)
Gold Coast general practices (referral pathways and increased awareness)
Private allied health (referral pathways and increased awareness)
Private specialists (specialist clinics)
Endometriosis and Pelvic Pain Community of Practice

Private specialists (specialist clinics)

Activity Milestone Details/Duration

Activity Start Date

30/10/2022

Activity End Date

29/06/2026

Service Delivery Start Date

01/07/2023

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: No
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?

Co-design or co-commissioning comments

PP&TP-GCPC - 1 - Greater Choice for At Home Palliative Care

Activity Metadata

Applicable Schedule *

PHN Pilots and Targeted Programs

Activity Prefix *

PP&TP-GCPC

Activity Number *

1

Activity Title *

Greater Choice for At Home Palliative Care

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 Greater Choice for at Home Palliative Care activity seeks to achieve the following objectives:
• improved access to palliative care at home and support end-of-life care systems and services in primary health care and community care
• enable the right care at the right time and in the right place to reduce unnecessary hospitalisation
• generate and use data to support continuous improvement of services across sectors
• use available technologies to support flexible and responsive palliative care at home, including in the after-hours

The activities implemented for the Gold Coast region during 2021-2025 focused on building foundational capability across the primary and community care workforce. This included increasing the number of healthcare providers trained in, and applying, the Palliative Care approach through funded education opportunities, and promoting Advance Care Planning (ACP) to health care providers* and consumers using the ACP health literacy resource and ACP Quality Improvement Toolkit, developed during the pilot phase of Greater Choices for At Home Palliative Care program.. From 2026 and into the forward years, activity will shift from primarily workforce training toward embedding, scaling, and sustaining practice change and system integration. The focus will increasingly lean into implementation of a Compassionate Communities approach, supporting place-based partnerships and shared responsibility for end-of-life care; strengthening the routine uptake and quality of ACP in clinical and community settings; and supporting healthcare providers to apply the palliative care approach in everyday practice, including in after-hours and

community-based care. This next phase emphasises consolidation of earlier investments, practical application, and system-level integration to support more coordinated, person-centred palliative care at home.

*Health care providers includes general practitioners, allied health, nursing professionals (general practice, community, and Residential Aged Care Homes [RACHs], personal care workers and Aboriginal and Torres Strait Islanders health care workers).

The Palliative and Aged Care Committee, as key stakeholders in palliative care on the Gold Coast, continued to be supported to provide a local perspective of emerging needs to inform activities moving forward and support the development of an integrated approach to service delivery.

Description of Need.
There is a rising demand for palliative care due to ageing population and chronic illness. There is a preference for home-based end-of-life care, but due to the limited support available, has resulted in 50% of deaths occurring in hospitals. Contributing factors to hospital deaths are a shortage of palliative care physicians and insufficient funding for community-based care.
General practitioners also face barriers in providing in-home care, particularly in the after-hours period, due to funding gaps.
There is insufficient integration, funding mechanisms,capacity and capability for the provision of community based palliative care.
Uptake and implementation of Advance Care Planning remains low, including end of life care provision in the community
Access to bereavement services has also been identified as a gap in the Gold Coast region, especially in the RACH workforce.

Description of Activity *

• Palliative care training funded for health care providers including general practitioners, and nurses by completing scholarships to complete a Graduate Certificate in Palliative Care.
• Palliative care clinical placements training for Aboriginal and Torres Strait Islander Health Care Workers by the Indigenous Program of Experience in the Palliative Approach.
• Bereavement psychoeducation modules provided to RACH nurses.
• Ongoing promotion of ACP to health care providers, community groups and consumers to support increased uptake and implementation.
• Development of a Joint Regional Older Persons Strategy, including palliative care to support integration and efficiencies in service delivery.
• Engagement of a consultant to support the design of a Compassionate Communities model of care and ongoing support for implementation.
• Ongoing contribution to the National evaluation of the program.

Needs Assessment Priorities *

Needs Assessment

Gold Coast PHN_HNA 2024

Priorities

Priority	Page reference
Delayed access to home care, social support and residential and community aged care services, leading to high rates of hospitalisation.	166
Limited, effective systems and models of care and support for increasing number of patients with dementia and their carers.	166
Effective integrated care of complex chronic disease to optimise quality of life and avoid preventable hospitalisations	194
Limited uptake and implementation of Advanced Care Plans, including end of life care provision in community.	265
Insufficient integration, funding mechanisms and capacity for the provision of community based	265

palliative care.	
Some health practitioners have insufficient capability to support patients with complex needs, including mental ill health and social needs.	41

Activity Demographics

Target Population Cohort

Individuals with a known life-limiting condition
Health care providers delivering palliative care to people in the Gold Coast region (community and RACH settings)

In Scope AOD Treatment Type *

Indigenous Specific *

No

Indigenous Specific Comments

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

• GCPHN Community Advisory Council (consumers)
• GCPHN Primary Health Care Improvement Committee (general practitioners, practice managers, practice nurses, allied health provider)
• GCPHN Palliative and Aged Care Committee (consumers (including CALD community, general practitioners, QLD Health Specialist Palliative Care team, QLD Health ACP Clinical Nurse Consultant, NGO and RACH representatives)
• PHNs involved in delivering Greater Choice for at Home Palliative Care
• Palliative Care Training providers
• Department of Health and Aged Care (Greater Choice for at Home Palliative Care branch)
• Bereavement Training provider
• Compassionate Communities consultant
• Community providers of Palliative Care
• Kalwun

Collaboration

All of the above

Activity Milestone Details/Duration

Activity Start Date

30/10/2021

Activity End Date

29/06/2029

Service Delivery Start Date

January 2022

Service Delivery End Date

30 June 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: Yes
Direct Engagement: No
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?

Yes

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