



**Australian Government**

**Department of Health  
and Aged Care**

**Public Health and Chronic Disease Program  
Endometriosis and Pelvic Pain GP Clinics  
Grant Opportunity Guidelines  
GO6054**

<b>Opening date:</b>	<b>Monday 27 February 2023</b>
<b>Closing date and time:</b>	2:00pm (Canberra time) on <b>Monday 27 February 2023</b>
<b>Commonwealth policy entity:</b>	Department of Health and Aged Care (department)
<b>Administering entity:</b>	Community Grants Hub
<b>Type of grant opportunity:</b>	Closed competitive, non-application

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BY THE DEPARTMENT OF HEALTH AND AGED CARE

## 4. Eligibility criteria

To be eligible for this grant opportunity you must be one of the PHNs listed in Table 3 (below) and have received an invitation from the department.

Please note an automated notification email from GrantConnect advising you of a new Grant Opportunity is not an invitation to apply for this Grant Opportunity. The department will invite PHNs to participate in this grant opportunity via email.

### 4.1 Who is eligible for a grant?

To be eligible you must be the listed organisations:

Table 3: Eligible organisations

State	PHN	Company Trading Name	ABN
NSW	Central and Eastern Sydney	EIS Health Limited	6860 3815 818
NSW	Northern Sydney	SNPHN Ltd	3860 5353 884
NSW	Western Sydney	Wentwest Limited	8009 9255 106

NSW	Nepean Blue Mountains	Wentworth Healthcare Limited	8815 5904 975
NSW	South Eastern NSW	Coordinare Limited	2760 379088
NSW	Western NSW	Western Health Alliance Limited	5960 5922 156
NSW	Hunter New England and Central Coast	HNECC Limited	5160 4341 362
NSW	North Coast	Healthy North Coast Ltd	1815 4252 132
NSW	Murrumbidgee	Firsthealth Limited	1511 1520 168
NSW	South Western Sydney	South Western Sydney PHN Ltd	7460 5441 067
VIC	North Western Melbourne	Melbourne Primary Care Network Limited	9315 3323 436
VIC	Eastern Melbourne	Eastern Melbourne Healthcare Network Ltd	1360 3658 895
VIC	South Eastern Melbourne	South Eastern Melbourne PHN Ltd	6560 3858 751
VIC	Gippsland	Gippsland Health Network Limited	5215 5514 702
VIC	Murray	Murray PHN Limited	9215 6423 755
VIC	Western Victoria	Western Victoria PHN Limited	8706 1300 918
QLD	Brisbane North	Partners 4 Health Limited	5515 0102 257
QLD	Brisbane South	Brisbane South PHN Ltd	5315 1707 765
QLD	Central Queensland, Wide Bay, Sunshine Coast	Sunshine Coast Health Network Ltd	2115 6526 706
QLD	Darling Downs and West Moreton	Darling Downs and West Moreton PHN Ltd	5160 5975 602
QLD	Gold Coast	Primary Care Gold Coast Limited	4715 2953 092
QLD	Western Queensland	Western Queensland Primary Care Collaborative Limited	8660 4686 660
QLD	Northern Queensland	North Queensland Primary Healthcare Network Limited	3560 5757 640
SA	Adelaide	Adelaide Primary Health Network Limited	1815 5472 067
SA	Country SA	SA Rural Health Network Limited	2715 2430 914
WA	Perth North	WA Primary Health Alliance Limited	1160 2416 697
WA	Perth South	WA Primary Health Alliance Limited	1160 2416 697

WA	Country WA	WA Primary Health Alliance Limited	1160 2416 697
TAS	Tasmania	Primary Health Tasmania Limited	4708 2572 629
NT	Northern Territory	Health Network Northern Territory Ltd	1715 8970 480
ACT	Australian Capital Territory	Capital Health Network Ltd	8209 8499 471

#### Rationale for invitation:

The PHNs are invited to participate in this grant opportunity as they have been assessed to have:

- capability to deliver the project activities in the project locations;
- existing infrastructure and relationships to support the project activities; and
- knowledge of and capability to deliver to the project objectives and outcomes.

PHNs are invited to participate for this grant opportunity as they are well-positioned to deliver this Program in a timely and effective way. This is owing to their in-depth knowledge of GP clinics, including local priorities, needs and operations. PHNs have the necessary existing established networks and ongoing relationships with GP clinics, as well as administrative/infrastructure arrangements that can be leveraged to deliver the Program effectively and efficiently within the Government's required timeframe.

The department will contact PHNs seeking nominations for existing GP practices in their catchment specialising in women's health that would meet the majority of the selection criteria at Appendix A. PHNs will be provided with a nomination form to be completed for each eligible GP practice (to a maximum of 3 GP practices per PHN). This information will be used by an evaluation panel in the department to assess the clinics and consider suitability for funding as part of this initiative.

## 4.2 Who is not eligible for a grant?

You are not eligible to apply if you are:

- any organisation not included in section 4.1; and/or
- an organisation, or your project partner is an organisation, included on the [National Redress Scheme's website](#) on the list of 'Institutions that have not joined or signified their intent to join the Scheme.

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## 6. The assessment criteria

The following assessment criterion will be used to assess your suitability to receive a grant.

### **Criterion 1 - Efficient, effective, economical and ethical use of relevant money**

An assessment of the PHN's suitability to receive a grant will be made against the above assessment criterion. The department will examine existing information it holds and may seek additional information from within the Commonwealth and/or information about your organisation that is available through the normal course of business.

In addition, the department will consider the performance of eligible PHNs over previously funded years, past value for money, compliance with the grant agreement, progress towards meeting grant activity milestone, including a history of unspent funds or under delivery, complaints, quality and any performance concerns.

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Australian Government

Department of Health and Aged Care

Ministerial Submission – Standard

MS23-000012

Version (1)

Date sent to MO: 31 January 2023

RECEIVED

09 FEB 2023

Parliamentary Section

To: Minister Butler  
cc: Assistant Minister Kearney

Subject: Endometriosis and Pelvic Pain GP Clinics location recommendations and funding

Critical date: 9 February 2023 to enable GP Clinics to be commissioned by Primary Health Networks (PHNs) by late March 2023.

Recommendation/s:

1. Note you agreed to allocate up to \$16.4 million over four years to commission a minimum of 16 Endometriosis and Pelvic Pain GP Clinics through PHNs as part of the 2022-23 Endometriosis Budget Measure (MS22-000649 refers). 1. ☒ Noted / Please discuss
2. Note the assessment process, report and recommendations at Attachments A-C. 2. ☒ Noted / Please discuss
3. Agree, based on the three options outlined in Attachment C, for 20 Endometriosis and Pelvic Pain GP Clinics to be funded under this Measure, with each to receive \$175,000 funding per annum over four years for a total of \$15.85 million. 3. ☒ Agreed / Not agreed / Please discuss
4. Agree to the relevant Departmental delegate being responsible for conducting the grant opportunity (including agreeing to the grant opportunity guidelines, assessment and approval of assessment outcomes and entry into the administration of the grant agreement) or procurement processes, as per Section 32B of the *Financial Framework (Supplementary Powers) Act 1997*. 4. ☒ Agreed / Not agreed / Please discuss
5. Note that the Department of Finance and the Department of the Prime Minister and Cabinet have considered the Grant Opportunity Guidelines and risk analysis for the Endometriosis and Pelvic Pain GP Clinics. The overall risk rating for this grant opportunity is considered medium. 5. ☒ Noted

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6. Note that per Estimates Memorandum 2018/39 you are therefore required to seek agreement from the Minister for Finance prior to the release of these guidelines. 6. Noted
7. Sign the letter at Attachment F to Senator the Hon Katy Gallagher, Minister for Finance, seeking agreement to the public release of the Endometriosis and Pelvic Pain GP Clinics Grant Opportunity Guidelines. 7. Signed/Not signed/ Please discuss

Signature: 

Date: 08 / 02 / 2023

Comments:

Contact Officer:	Lisa Schofield PSM	First Assistant Secretary, Cancer, Hearing and Chronic Conditions Division	Ph: (02) 6289 7480 Mob: <sup>s22</sup>
Clearance Officer:	Tania Rishniw	Deputy Secretary, Primary and Community Care Group	Ph: (02) 6289 1235 Mob: <sup>s22</sup>

#### Issues:

1. In line with the measure announced in the October 2022 Budget, you agreed to allocate up to \$16.4 million over four years to support the establishment of at least 16 targeted Endometriosis and Pelvic Pain GP Clinics (GP Clinics) in primary care settings, with at least one GP Clinic located in each state and territory and commissioned by PHNs (MS22-000649 refers).
2. The objective of the GP Clinics is to improve access for patients to diagnostic, treatment and referral services for endometriosis and pelvic pain, enabling timelier endometriosis care and management in primary care settings.

#### *The nomination and assessment process and outcomes*

3. Assistant Minister Kearney held a meeting with the Endometriosis Expert Advisory Group (EAG) in late 2022. At this meeting the EAG provided feedback on the proposed assessment criteria and approach to commissioning the GP clinics.
4. The Department asked all 31 Primary Health Networks (PHNs) to nominate up to three existing GP clinics within their catchment that demonstrated strong experience in managing women's health, endometriosis and pelvic pain management, to be considered for funding to become specialised Endometriosis and Pelvic Pain GP clinics. The Department convened an assessment panel in December 2022 to assess the nominated GP clinics and provide recommendations. The panel included two departmental medical advisors to provide expertise.



5. A total of 76 applications were received from 29 PHNs. After review by the assessment panel, 48 clinics were found to meet selection criteria and were suitable for funding (Attachment B provides a list of suitable clinics by jurisdiction). This reflected the high calibre of nominations received from PHNs and the breadth of experience in matters relating to women's health, endometriosis and pelvic pain. The number of clinics found suitable exceeds the available funding.

*Policy parameters and opportunities*

6. The policy parameters for this Budget Measure include that at least one clinic be located in each state and territory, that the clinics will be commissioned through their local PHN, and that a minimum of 16 clinics will be commissioned and operational over four years from 2022-23.
7. There is flexibility within the policy authority regarding the funding amounts to successful clinics and the number of clinics to be funded within the available funding envelope.
8. Attachment A provides options for funding 16, 20 or 24 GP Clinics, respectively. The Department considers that the funding differential between the options does not materially impact the objectives of the Program, noting this will be closely monitored by the commissioning PHN and considered in the evaluation of the Program. Australian Bureau of Statistics population data has been used to inform recommendations for state and territory GP clinic allocations.

*Recommended GP clinics*

9. The option to fund 20 GP clinics, as listed at Attachment C, is recommended based on consideration of a range of factors, consistent with the objectives of the Budget Measure, including:
- Quantitative total score across all assessment criteria. Of note, the highest scoring clinic in each state and territory has been recommended for funding.
  - Geographic distribution within state and territory allocation.
  - Consideration of rurality and remoteness utilising Modified Monash Model classification.
  - Australian Bureau of Statistics population data informing approximate jurisdictional clinic allocations.
  - Consideration of risk or opportunity relating to proposed practice model for example, private GP practices, specialist led practices, state funded clinics.
  - Equitable access for all patient cohorts, especially vulnerable or underserved cohorts including First Nations and CALD communities.

*Grant Opportunity Guidelines for the Endometriosis and Pelvic Pain GP Clinics initiative*

10. The Department of Finance in consultation with the Department of the Prime Minister and Cabinet agreed a risk rating of medium for the Endometriosis and Pelvic Pain GP Clinics Grant Opportunity Guidelines (Attachment D refers) and Self-Assessment Risk Analysis (Attachment E refers) on 30 January 2023.
11. As the agreed risks are medium, in accordance with EM 2018/39, you are required to seek agreement from the Finance Minister to release both Grant Opportunity Guidelines at least ten (10) working days prior to their intended release.
12. The draft letter to the Finance Minister can be found at Attachment F and seeks agreement to publicly release the guidelines on GrantConnect, the Australian Government's grants information system.

*Next steps and anticipated timeframe to implementation*

**13.** Once agreement is received from the Finance Minister, a closed competitive grant opportunity will be published on GrantConnect in February 2023. As the Grant Opportunity Guidelines are a legislative requirement, they will be published and closed on the same day, as the nomination and assessment process has already been completed by the Department as noted above.

- This will be followed by schedule variation negotiation processes with the successful PHNs, to allow the grant activity to commence in late March 2023.

**Attachments:**

**A:** GP clinics - Assumptions, costs and allocations

**B:** <sup>s47C</sup>

**C:**

**D:** Endometriosis and Pelvic Pain GP Clinics Grant Opportunity Guidelines

**E:** Endometriosis and Pelvic Pain GP Clinics Self-Assessment Risk Analysis

**F:** Letter to Finance Minister

**Budget/Financial Implications:**

This proposal is to provide up to \$15.85 million over four years from 2022-23 for the Endometriosis and Pelvic Pain GP clinics measure. As per Attachment A, funding of \$500,000 has been set aside for an evaluation of the measure.

**Sensitivities:**

- To date, there has been high stakeholder expectation around the Endometriosis and Pelvic Pain GP Clinics. PHNs should be given an opportunity to notify unsuccessful nominees prior to announcement.
- In some instances, particularly for jurisdictions with a large number of suitable clinics, not all high scoring clinics have been recommended for funding. The contributing parameter for this is due to geographical proximity to other successful clinic(s) in the jurisdiction.
- <sup>s47C</sup>

**Consultations:**

- The EAG and PHNs were consulted on the criteria for GP Clinics.
- To date, there has been no consultation with jurisdictions on the locations or approach to identifying the clinics. You may want to consider sharing in advance the names of successful clinics with state and territory colleagues through established forums such as the Health Chief Executives Forum.

**Communication/Media Activities:**

The Department will work with your office and Assistant Minister Kearney's office on communication activities.

**Impact on Rural and Regional Australians:**

Recommendations for clinic locations include consideration of geographic distribution, as well as equitable access from a regional or remote perspective. The Modified Monash Model classification was utilised to help inform these considerations.



**Attachment A: Funding assumptions, commissioning costs and population-based allocations.**

- As part of the 2022-23 Budget, \$16.4 million has been allocated over four years to establish Endometriosis and Pelvic Pain Clinics.
- The Measure includes authority for an evaluation of the Clinics to be undertaken in years 3 and 4 of the Program. The funding amount was not specified for this component in the costings therefore have assumed \$500,000 over 2 years.
- To support the evaluation, approx. \$50,000 has been expended on probity and evaluation support services.
- Funding remaining for allocation to the Clinics is \$15.85 million over four years.
- The below table outlines commissioning costs and available funding based on a 16, 20 and 24 Clinic option.

16 Clinics	20 Clinics	24 Clinics
<ul style="list-style-type: none"> <li>• Commissioning Costs = \$83,666 per clinic over 4 years</li> <li>• Total PHN costs = \$1,338,656 over 4 years.</li> <li>• \$14,511,344 remaining to be allocated to 16 clinics over 4 years.</li> <li>• \$906,959 per clinic over four years</li> <li>• \$226,739.75 per clinic per annum</li> <li>• <b>Recommended funding \$225,000 p.a.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Commissioning Costs = \$83,666 per clinic over 4 years</li> <li>• Total PHN costs = \$1,673,320 over 4 years</li> <li>• \$14,176,680 remaining to be allocated to 20 clinics over 4 years.</li> <li>• \$708,834 per clinic over 4 years</li> <li>• \$177,208.50 per clinic per annum</li> <li>• <b>Recommended funding \$175,000 p.a.</b></li> </ul>	<ul style="list-style-type: none"> <li>• Commissioning Costs = \$83,666 per clinic over 4 years</li> <li>• Total PHN costs = \$2,007,984 over 4 years</li> <li>• \$13,842,016 remaining to be allocated to 24 clinics over 4 years</li> <li>• \$576,750.67 per clinic over 4 years</li> <li>• \$144,187.67 per clinic per annum.</li> <li>• <b>Recommended funding \$140,000 p.a.</b></li> </ul>

**State Population Allocation – ABS Data 30 June 2022.**

State	Population	% Total population	Allocation 16 Clinics	Allocation 20 Clinics	Allocation 24 Clinics
NSW	8,153,600	31.3%	4	6	7
VIC	6,613,700	25.5%	3	4	5
QLD	5,322,100	20.5%	3	4	5
WA	2,785,300	10.7%	2	2	3
SA	1,820,500	7.0%	1	1	1
TAS	571,500	2.2%	1	1	1
ACT	456,700	1.8%	1	1	1
NT	250,600	1%	1	1	1
Australia	25,978,935	100%	16	20	24

State / Territory	Allocation (16) (\$225,000 per clinic p.a.)	Allocation (20) (\$175,000 per clinic p.a.)	Allocation (24) (\$140,000 per clinic p.a.)
NSW	4	6	7
VIC	3	4	5
QLD	3	4	5
WA	2	2	3
SA	1	1	1
TAS	1	1	1
ACT	1	1	1
NT	1	1	1

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**Australian Government**

**Department of Health  
and Aged Care**

**Public Health and Chronic Disease Program  
Endometriosis and Pelvic Pain GP Clinics  
Grant Opportunity Guidelines**

**GOXXXX**

<b>Opening date:</b>	<b>[dd mmmm yyyy]</b>
<b>Closing date and time:</b>	2:00pm (Canberra time) on <b>[dd mmmm yyyy]</b>
<b>Commonwealth policy entity:</b>	Department of Health and Aged Care (department)
<b>Administering entity:</b>	Community Grants Hub
<b>Enquiries:</b>	If you have any questions, contact the department via email: <a href="mailto:grant.aim@health.gov.au">grant.aim@health.gov.au</a> . Questions should be sent no later than 5:00pm (Canberra time) <b>on [dd mmmm yyyy]</b> .
<b>Type of grant opportunity:</b>	Closed competitive, non-application

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ACT	Australian Capital Territory	Capital Health Network Ltd	8209 8499 471

#### Rationale for invitation:

The PHNs are invited to participate in this grant opportunity as they have been assessed to have:

- capability to deliver the project activities in the project locations;
- existing infrastructure and relationships to support the project activities; and
- knowledge of and capability to deliver to the project objectives and outcomes.

PHNs are invited to participate for this grant opportunity as they are well-positioned to deliver this Program in a timely and effective way. This is owing to their in-depth knowledge of GP clinics, including local priorities, needs and operations. PHNs have the necessary existing established networks and ongoing relationships with GP clinics, as well as administrative/infrastructure arrangements that can be leveraged to deliver the Program effectively and efficiently within the Government's required timeframe.

The department will contact PHNs seeking nominations for existing GP practices in their catchment specialising in women's health that would meet the majority of the selection criteria at Appendix A. PHNs will be provided with a nomination form to be completed for each eligible GP practice (to a maximum of 3 GP practices per PHN). This information will be used by an evaluation panel in the department to assess the clinics and consider suitability for funding as part of this initiative.

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- an organisation, or your project partner is an organisation, included on the [National Redress Scheme's website](#) on the list of 'Institutions that have not joined or signified their intent to join the Scheme.

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The following assessment criterion will be used to assess your suitability to receive a grant.

### **Criterion 1 - Efficient, effective, economical and ethical use of relevant money**

An assessment of the PHN's suitability to receive a grant will be made against the above assessment criterion. The department will examine existing information it holds and may seek additional information from within the Commonwealth and/or information about your organisation that is available through the normal course of business.

In addition, the department will consider the performance of eligible PHNs over previously funded years, past value for money, compliance with the grant agreement, progress towards meeting grant activity milestone, including a history of unspent funds or under delivery, complaints, quality and any performance concerns.



## GRANT OPPORTUNITY GUIDELINES SELF ASSESSMENT RISK ANALYSIS

Entities to complete and discuss with Finance and PM&C policy counterparts before submitting to the responsible portfolio minister for consideration.

### Grant details

Name of entity: Department of Health and Aged Care

Name of grants administration hub (*if applicable*): Community Grants Hub

Name of Grant Opportunity: Endometriosis and Pelvic Pain GP Clinics (P3305)

### Summary of grant, including program objectives and the relevant agency outcome it contributes to:

As per Section 2 of the Grant Opportunity Guidelines the Australian Government continues its commitment to ensure there is a reduction in the incidence of preventable mortality and morbidity, including through the national public health initiatives, promotion of healthy lifestyles and approaches covering disease prevention, health screening and palliative care.

The Public Health and Chronic Disease Program is under Outcome 1 – Health Policy, Access and Support, Program 1.5 Preventive Health and Chronic Disease Support.

The objectives of the program are to:

- increase the effectiveness and efficiency of the prevention, treatment, control, and management of diseases, including through screening and palliative care;
- develop and enhance effective disease prevention, treatment, control, and management measures;
- improve access to high quality palliative care, end of life and advance care planning;
- improve quality service provision, increase service capacity, and support activities that increase compliance with legislative frameworks;
- increase the community's knowledge and awareness of the key risk factors for chronic disease and Non-Communicable Diseases (NCDs) and how individuals can lead healthier lives to address these risk factors;
- improve the health of targeted populations that experience health inequalities or social disadvantage including those based on gender, culture, age, and disability;
- address population group issues such as breastfeeding, family planning and reproductive health, and men's, women's, and children's health;
- develop and implement food and nutrition policy which protects and enhances the health of Australians; and
- inform health policy and/or improve practice through the establishment and use of disease registers, monitoring and surveillance activities, research, and the development of evidence-based information.

The intended outcome of the program is:

- to ensure that there is a reduction in the incidence of preventable mortality and morbidity, including through national public health initiatives, promotion of healthy lifestyles, and approaches covering disease prevention, health screening and palliative care.

### Total cost of grant and cost over the Budget and forward estimates:

As per Section 3 of the Grant Opportunity Guidelines

2022-23 FY (GST exclusive)	2023-24 FY (GST exclusive)	2024-25 FY (GST exclusive)	2025-26 FY (GST exclusive)	Total (GST exclusive)
\$4,000,000	\$4,060,000	\$4,125,000	\$4,187,000	\$16,400,000

### Summary of activity, including operational objectives, and the relevant program objective it contributes to:

As per Section 2.2 of the Grant Opportunity Guidelines the proposal is to support the establishment of targeted Endometriosis and Pelvic Pain GP Clinics (GP clinics) in primary care settings. This funding will be targeted at GP clinics who currently deliver services focused on women's health, and aimed at improving provision of diagnosis, treatment and management of endometriosis and pelvic pain. It is expected that these clinics will enable more appropriate and timelier endometriosis care and management, leading to improved diagnosis timeframes and appropriate pain management for impacted patients.

GP clinics will be eligible for grants of up to \$200,000 p.a. for innovation, training, equipment, and minor capital works to support practices to achieve the following objectives:

- improved access for patients to diagnostic, treatment and referral services for endometriosis and pelvic pain; including:
  - directly benefiting patients from rural and regional areas;
  - providing enhanced support to priority populations; and
- increased access to support services, either through a nurse navigator or referral pathway;
- provision of access to new information, support resources, care pathways and networks; and
- provision of an appropriately trained workforce with expertise in endometriosis and pelvic pain.

The department is commissioning PHNs to administer and manage the Program on behalf of the department including entering into agreements with successful GP clinics. As part of the 2022-23 March Budget, the Australian Government will provide administrative funding to PHNs to administer this Program and make payments to eligible GP clinics under the Program.

### Policy authority for grant:

Reference: 2022-23 Budget HL004

Budget Branch advice: In the 2022-23 Budget, we considered the HL004 as a final authority.

### Legislative authority for grant:

Legislative Authority Risk: Endometriosis affects 1 in 9. **Medium**

415.001 and 415.006 in pt 4 Schedule 1AA and Item 183 in pt 4 Schedule 1AB to the FFSP Regulations (1 February 2022)

### Constitutional authority for the grant:

Constitutional Summary: **Medium**



The legislative authority risk could be reduced to low through the insertion of a new item in the Financial Framework (Supplementary Powers) Regulations 1997 (FFSP Regulations) although there would remain a medium risk that the legislation authorising the expenditure is not constitutionally valid.

### Discussion of key issues and implementation risks

- **Complexity:** The activities to be undertaken as part of the grant are of **Low** complexity as they will involve management of the grant and fund distribution to already existing General Practice clinics to enhance capability and capacity to manage endometriosis and pelvic pain. To be successful to receive funding, practices will apply for funding against assessment criteria, including demonstrating evidence of providing successful service delivery in their local communities.
- **Administration, governance and legal issues:** Administrative and governance arrangements are well-established and will be governed by an additional Schedule under an existing standard grant agreement between the PHNs responsible to manage the performance of this Grant Opportunity including the day-to-day funding agreement and financial arrangements with the grant recipient, while the Endometriosis Policy and Implementation Section, in conjunction with the PHN Operations Section within the Department, will provide policy and program management.

This grant opportunity will be managed in line with current arrangements between the Department and the PHNs. At this stage, it is not anticipated that any special legal consideration or risks will need to be addressed.

- **Reputational risks and stakeholder sensitivities:** Ineffective management of the grant opportunity and/or ineffective delivery of endometriosis and pelvic pain services could receive criticism by stakeholders/wider health sector; however, the overall impact on the Department would be **low** risk.
- **Implementation timeframe:** The funding period commences in 2022-23 and will finish on 30 June 2026. Activities will commence on execution of a variation to the grant agreement with the Commonwealth. An evaluation will occur in 2025 and provide key learnings and support for ongoing sustainability of the project.
- **Novelty of the activity and past history:** The Endometriosis and Pelvic Pain GP clinics grant opportunity will contribute to the actions under the *Preventive Health and Chronic Disease Support Program* which provides support to all Australians to live longer in full health. The model being used, commissioning the clinics through the PHNs, is not new and has been successfully implemented by the Department in the past.
- **Third party involvement:** As per the Grant Opportunity Guidelines (GOGs), funding will be provided directly to the PHNs which will administer the funds under the standard grant agreement. This arrangement has proven straightforward and successful in the past.

## Risk assessment

The Department has undertaken a risk assessment of this grant opportunity and has determined there to be a **low** risk. This rating is based on the following:

- the capacity, capability and positive reputation of the invited organisations (PHNs) to undertake the activity;
- the eligible organisation has experience in the required subject matter area; and
- the Department has existing relationships with the eligible organisation (PHNs), has funded the organisations previously, and is satisfied with their past performance in achieving milestones and managing grant funding efficiently and effectively.

Risk	Source of risk	Rating (Pre-mitigation)	Risk Management: Actions to mitigate risk	Rating (Post-mitigation)
Implementation risks	Organisations' resources or procedures are inadequate to effectively manage the size and/or complexity of the Program.	Medium	<ul style="list-style-type: none"> <li>• Grant Guidelines have been developed which include assessment criteria designed to determine applicants' capacity and ability to meet the grant opportunity objectives and outcomes to undertake nominated activities under the Program.</li> <li>• Only organisations that are experienced in the subject matter (PHN to manage health organisations to deliver endometriosis and pelvic pain services) and have knowledge and experience in implementing health initiatives will be considered for funding.</li> <li>• The Department will select organisations for funding that have the existing infrastructure, capability, knowledge and networks to support the project activities.</li> <li>• Progress against agreed milestones will be assessed by the Department according to intervals specified in the grant agreement.</li> </ul>	Low
Risk Management	Agency may not efficiently/adequately manage risk	Medium	<ul style="list-style-type: none"> <li>• The establishment of the Program will be managed in accordance with the Department's Risk Management Framework.</li> <li>• The PHN Operations Section within the Department of Health and Aged Care responsible for agreements with PHNs has significant experience with managing similar programs from both a policy and grant management perspective.</li> </ul>	Low
Fraud or misuse of funds	The successful applicant/s does not	Low	<ul style="list-style-type: none"> <li>• The successful PHNs will submit performance reports and an Activity Work Plan which will be assessed against agreed milestones as specified in the agreement. The Department will ensure that regular</li> </ul>	Low

	expend grant funds on eligible activities		correspondence to the PHNs occurs and there is the opportunity for open communication throughout the life of the agreement.	
Stakeholder Sensitivities	Closed, competitive grant opportunity	Low	<ul style="list-style-type: none"> <li>The Department will select organisations (GP clinics) for funding that have the capacity and capability to support the provision of diagnosis, treatment and management of endometriosis and pelvic pain in their local areas.</li> </ul>	Low
Damage to the reputation of the Department	Negative stakeholder feedback  Poor patient experiences	Medium	<ul style="list-style-type: none"> <li>The Department will select organisations that are experienced in the subject matter (managing of grant opportunities and delivery of endometriosis and pelvic pain services).</li> </ul>	Low

#### Risk management

The Department has policies on risk and financial management based on the *Public Governance, Performance and Accountability Act 2013* (Risk Policy and Accountable Authority Instructions) and the Commonwealth Grant Rules and Guidelines (CGRGs). These policies and procedures will help the Department identify, manage, and resolve problems in a timely manner ensuring that the program is focused and effectively managed in order to meet the program goals.

The Department will ensure that reporting and acquittal requirements are met and will mitigate risks relating to underspends and monitoring of project deliverables.

An internal Departmental risk management plan has been established and will be revised on a regular basis.





**The Hon Mark Butler MP**  
**Minister for Health and Aged Care**

Ref No: MS23-000012

Senator the Hon Katy Gallagher  
Minister for Finance  
PO Box 6100  
Senate  
Parliament House  
CANBERRA ACT 2600

Dear Minister *Katy*

**Seeking your agreement to release the Grant Opportunity Guidelines (Guidelines) for the Endometriosis and Pelvic Pain GP Clinics initiative**

I am writing to seek your agreement to release and publish the Guidelines for the Endometriosis and Pelvic Pain GP Clinics initiative. The Initiative was announced as part of the 2022–23 Budget Measure, 'Strengthening Women's Health'.

The Endometriosis and Pelvic Pain GP Clinics initiative will support the establishment of targeted Endometriosis and Pelvic Pain GP Clinics in primary care settings. The intention of these GP clinics 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. The grant opportunity provides \$16.4 million over four years from 2022–2023 to 2025–2026 and aims to deliver the following outcomes:

- improved access for patients to diagnostic, treatment and referral services for endometriosis and pelvic pain; including:
  - directly benefiting patients from rural and regional areas
  - providing enhanced support to priority populations
- increased access to support services, either through a nurse navigator or referral pathway
- provision of access to new information, support resources, care pathways and networks
- provision of an appropriately trained workforce with expertise in endometriosis and pelvic pain

Following your agreement, a closed non-competitive grant opportunity will be published on GrantConnect by the end of February 2023. This will enable the required processes to occur to allow funding to be offered to successful clinics to be established in late March 2023.

The Department of Health and Aged Care has prepared Guidelines in consultation with your department and the Department of the Prime Minister and Cabinet. This consultation has ensured the Guidelines are consistent with the requirements of the Commonwealth Grants Rules and Guidelines and Implementing Better Practice Grants Administration released by the Australian National Audit Office. The risk rating for these Guidelines is medium.

Therefore, in accordance with Estimates Memorandum 2018/39, I am seeking your agreement to release the medium risk-rated Guidelines. The department intends to publish the Guidelines as soon as possible in early February 2023 to enable the budget measure to commence in late March 2023.

Yours sincerely



Mark Butler

88 / 52 / 2023

Encl (1): Endometriosis and Pelvic Pain GP Clinics Grant Opportunity Guidelines and risk assessment

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**Australian Government**  
**Department of Health**

Ministerial Submission – Standard

MS22-000649

Version (1)

Date sent to MO: 30 June 2022



**To:** Minister Butler  
**cc:** Assistant Minister Kearney

**Subject:** Endometriosis – establishment of Endometriosis and Pelvic Pain GP Clinics

**Critical date:** 8 July 2022 to seek policy authority and commence grants processes as soon as possible.

**Recommendation/s:**

- |    |   |  |
|----|---|--|
| 1. | Note the endometriosis measures announced in the 2022-23 Budget (see <u>Attachment A</u> ).   | 1. <u>Noted</u> / Please discuss               |
| 2. | Agree to establish the GP clinics (GP clinics) for Endometriosis and pelvic pain using funding earmarked in the 2022-23 Budget.                                 | 2. <u>Agreed</u> / Not agreed / Please discuss |
| 3. |   |  |
| 4. |   |  |
| 5. | Note that the measure seeks to enhance existing GP clinics, building on expertise in women's health and targeting areas of greatest female population and need. | 5. <u>Noted</u> / Please discuss               |
| 6. | Agree to commission GP clinics through PHNs (see <u>Attachment C</u> ).   | 6. <u>Agreed</u> / Not agreed / Please discuss |
| 7. | Agree in principle to the recommended criteria for selecting GP clinic funding recipients (see <u>Attachment D</u> ).   | 7. <u>Agreed</u> / Not agreed / Please discuss |
| 8. |   |  |



9. Note the timeframes and steps to establish the GP clinics (**Attachment C**).

9. **Noted / Please discuss**

10. Note the Department will seek your approval for the next stage of PHN commissioning, if you agree to this approach.

10. **Noted / Please discuss**

Signature 

Date: 7/7/24

Media Release required? YES/ NO

Comments: I've signed the letter to the P.M. but please discuss with Alan Kearney how we describe the expanded scope publicly.

Contact Officer:	Celia Street	First Assistant Secretary, Population Health Division	Ph: (02) 6289 3694
Clearance Officer:	Brendan Murphy	Secretary, Department of Health	Ph: (02) 6289 8400

#### Issues:

1. As part of the 2022-23 Budget, \$58.3 million was proposed for a suite of initiatives (see **Attachment A**) aimed at improving endometriosis diagnosis and primary care support, helping more women to find appropriate care and better manage the impact of endometriosis. You have agreed for the majority of these measures to proceed, (MS22-000563). The Department will brief you separately on the detail of these measures.
2. This submission seeks your approval to proceed with allocating \$16.4 million over 4 years (the major initiative included in the \$58.3 million) to establish the Endometriosis and pelvic pain GP clinics (GP clinics) announced in the Budget 2022-23.
3. The GP clinics measure is to provide funding of up to \$1 million to around 16 existing GP clinics, to build their expertise and provision of services in supporting women with endometriosis and pelvic pain. Funding is intended to go to clinics with demonstrated expertise in women's health, strong understanding of and links to their local community, and the ability to link to relevant primary and tertiary care services.
4. At least one clinic is proposed for each state and territory with a combination of regional and metropolitan locations (or evidence of regional/rural reach). It is anticipated that funding will support recruitment of specialised staff, including nurse practitioner and allied health professionals, capital costs such as fit-out costs for pelvic physiotherapy areas and associated equipment, and training and development.
5. The funding for GP clinics should also be viewed in the context of the suite of other measures in place and proposed to support enhanced primary care delivery.

*Scope of GP clinics*

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7. The high level funding model for the GP clinics is to set a criteria, and ask existing clinics to outline how they will use up to \$1 million in funding to increase expertise or expand endometriosis and pelvic pain services at their clinic.
8. The expectation is that each GP clinic will have a focus that is based on the needs of the women in their community, so the focus of each GP clinic will be different, and a modest expansion of the scope will allow greater flexibility.

s47C

*Options to commission the GP clinics*

12. There are a variety of ways that funding to establish and manage GP clinics can be delivered. Grant funding is most appropriate for the type of funding being allocated to clinics, and can be awarded based on an open competitive process, or a more targeted process where bids are sought from a smaller group of clinics (e.g. those already focused on women's health with strong links to specialist/secondary care). In addition, the Department can manage the process directly, or fund the Primary Health Networks (PHNs) to select clinics and manage the funding. More details on these processes, including the advantages and disadvantages of each, are outlined in **Attachment C**.
13. The Department recommends engaging a number of PHNs to commission and manage the GP clinics. PHNs are experts in the local needs of their regions, experienced in commissioning services to meet those needs, and have strong stakeholder relationships with state and territory governments and service providers. The expertise of PHNs will therefore be a significant benefit in the commissioning of GP clinics, which will rely on existing expertise and close community and health links to maximise their success.
14. PHNs can also be asked to commission GP clinics in consultation with RACGP or an assessment panel comprised of relevant experts. If you agree to PHNs commissioning the GP clinics, the Department will brief you separately on the grant details, and will seek roundtable and Endometriosis Advisory Group (see below) advice on these arrangements.
15. The timeframes and key steps to establish the GP clinics are outlined in **Attachment C**.



#### *Features of GP clinics*

16. As noted earlier, the model for funding the GP clinics will require clinics to demonstrate their existing expertise and community engagement and primary and tertiary health system links, and how they will use the funding to build on their expertise and services.
17. As outlined in **Attachment D**, the criteria proposed is not mutually exclusive. For example, the Department has included opportunities for women-led care, and also ensuring appropriate care for gender diverse people, including trans-masculine, intersex and non-binary people. Depending on the expertise, location and focus of the clinic, one or both of these criteria may be a focus.
18. The Department is seeking your in-principle approval of the criteria at **Attachment D**, noting that it is expected that this criteria will be refined through consultation with a range of stakeholders.

#### *Endometriosis Roundtable and stakeholder engagement*

19. Engagement with relevant stakeholders working to support people impacted by endometriosis, associated conditions and pelvic pain is a recommended early step as this measure and the remaining endometriosis measures are implemented.

22. In addition to this engagement, the Department would advise early engagement with the following groups on this topic:

- a) National Aboriginal Community Controlled Health Organisation
- b) Royal Australian College of General Practitioners
- c) Royal Australian and New Zealand College of Obstetricians and Gynaecologists
- d) Australian Medical Association
- e) Primary Health Network CEOs

#### *Timeline for establishing GP clinics*

23. A high level timeline, estimating the steps and timeframes to establish the GP clinics is outlined at **Attachment C**.
24. The Department does not expect funding will be able to flow to GP clinics until the first half of 2023. This allows for appropriate consultation to finalise scope, criteria and locations, and the steps required to provide grant funding to PHNs, their assessment and selection process, and then providing funding on to the selected clinics.

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**Attachments:**

**A:** Budget 2022-23 endometriosis and pelvic pain measures

**D:** For decision – draft features of Endometriosis and pelvic pain GP clinics

**E:** Endometriosis Advisory Group membership

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These initiatives, announced in the 2022-23 Budget, established by the Department (membership at Attachment D). The Department will continue to en measures.

Measure	Purpose	Implementation arrangement
Endometriosis and Pelvic Pain GP clinics	Fund services that support build their expertise and pelvic pain.	Open-competitive grants process/Commissioning through Primary Health Networks (see detail at <b>Attachments B and C</b> )
Endometriosis Management Plan	Support the development setting to support patient Pelvic Pain GP clinics as	Open-competitive grants process
Endometriosis Living Guidelines	Formation of living clinical the Diagnosis and Management research and improve	Procurement
Promotion and dissemination of clinical guidelines	Promotion and dissemination and Management of Endometriosis	Procurement
Increasing awareness in priority populations	Improve awareness and Nation communities and in the workplace.	Closed, non-competitive grants process (Australian Coalition for Endometriosis)
EndoZone platform	Provide a gateway for to make informed and	Closed, non-competitive grants process (Robinson Institute)
Stocktake and promotion of MBS and PBS items	Fund a stocktake and endometriosis to increase	Internal Departmental
New MBS item for Pelvic MRI	Funding for a new MBS conditions that affect (MRI) scan.	Internal Departmental
National Endometriosis and Clinical and Scientific Trials Network (NECST)	Provide ongoing management building for research	Closed, non-competitive grant process (Jean Hailes for Women's Health)



# Attachment A - 2022-23 Endometriosis budget measures

These initiatives, announced in the 2022-23 Budget, were developed using the National Action Plan for Endometriosis with input from the Endometriosis Advisory Group established by the Department (membership at [Attachment D](#)). The Department will continue to engage with the Endometriosis Advisory Group and other relevant stakeholders throughout the implementation of these measures.

Measure	Purpose	Budget (\$mill)	Length of funding	Implementation arrangement
Endometriosis and Pelvic Pain GP clinics	Fund services that support GP clinics demonstrating an existing focus on women's health, to build their expertise and provision of services in supporting women with endometriosis and pelvic pain.	16.4	Four years	Open-competitive grants process/Commissioning through Primary Health Networks (see detail at <a href="#">Attachments B and C</a> )
Endometriosis Management Plan	Support the development of an Endometriosis Management Plan to be used in primary care setting to support patients, which will complement the establishment of Endometriosis and Pelvic Pain GP clinics as well as support GP and nurse education.	5.1	Three years	Open-competitive grants process
Endometriosis Living Guidelines	Formation of living clinical guidelines based on 'The Australian Clinical Practice Guideline for the Diagnosis and Management of Endometriosis'. This will incorporate new and ongoing research and improve the quality of evidence and recommendations made in the Guidelines.	2.0	Two years	Procurement
Promotion and dissemination of clinical guidelines	Promotion and dissemination of the Australian Clinical Practice Guideline for the Diagnosis and Management of Endometriosis.	0.5	Two years	Procurement
Increasing awareness in priority populations	Improve awareness and access to information on endometriosis in priority populations (First Nation communities and culturally and linguistically diverse groups), health professionals and in the workplace.	2.0	Four years	Closed, non-competitive grants process (Australian Coalition for Endometriosis)
EndoZone platform	Provide a gateway for consumers to access evidence-based information, empowering them to make informed and timely decisions about their health.	1.4	Three years	Closed, non-competitive grants process (Robinson Institute)
Stocktake and promotion of MBS and PBS items	Fund a stocktake and promotion of MBS and PBS items for the diagnosis and treatment of endometriosis to increase awareness of appropriate services and treatment.	0.3	Two years	Internal Departmental
New MBS item for Pelvic MRI	Funding for a new MBS item to support women with severe endometriosis and other conditions that affect fertility to access a new Medicare funded magnetic resonance imaging (MRI) scan.	25.5	On-going	Internal Departmental
National Endometriosis and Clinical and Scientific Trials Network (NECST)	Provide ongoing management and data support for the NECST registry and support capacity building for researchers under the NECST Network research program.	5.1	Four years	Closed, non-competitive grant process (Jean Hailes for Women's Health)



**For decision – draft features of Endometriosis and Pelvic Pain GP Clinics**

Note that the following criteria outlines the key areas of expertise required of GP clinics. Each GP clinic recipient will also need to explain how the funding will enhance their existing service offering in these areas.

Proposed assessment criteria	Type of information sought
Practice Details	General details about the practice, focus on women's health, existing infrastructure, estimated patient catchment area of the identified location (including outreach), socioeconomic (SEIFA) status of the area, the number of requesting practitioners available and other key medical services are available.
Practice capability	The capability of the clinic to accommodate and demonstrate: <ul style="list-style-type: none"> <li>• Geographical reach</li> <li>• Patient volumes to warrant specific investment in the clinic</li> <li>• Women-led care, acknowledging that some women prefer to see a female practitioner</li> <li>• Priority populations – Low SES, CALD, First Nations, LGBTIQ+ and others</li> <li>• Competency to provide appropriate care for the gender diverse community accessing a clinic, including trans-masculine, intersex and non-binary people</li> <li>• Cultural competence and awareness of unique care needs.</li> </ul>
Core Services Provided	Demonstrate capability to provide endometriosis and chronic pelvic pain diagnosis, treatment and management, and support services.  At a minimum, clinics must be able to demonstrate access or ability to gain access to some or all the following services: <ul style="list-style-type: none"> <li>• GPs specialising in women's health and pain management</li> <li>• Nurse practitioners</li> <li>• Allied Health – dietitians, pelvic physiotherapists, psychologists (either in the clinic or linked to the clinic)</li> <li>• Educators</li> </ul>
Additional services – to support local community need	Demonstrate capability to provide diagnosis, treatment and management, and support services in the following area: <ul style="list-style-type: none"> <li>• Menopause</li> <li>• Sexual Health</li> <li>• Infertility and contraceptive advice / treatment and symptom management</li> </ul>
Referral pathways	Clinics must demonstrate active referral pathways to local and other primary care and tertiary care services. This may include use of telehealth.
Education and training	Clinics must demonstrate a commitment to improved professional development in women's health and those areas of focus in the proposed GP Clinic. For example, the Endometriosis and Pelvic Pain course through the Australian College of Nursing.
Equipment Details	Clinics must demonstrate they have: <ul style="list-style-type: none"> <li>• Integrated up-to-date IT and data linkage systems</li> <li>• Ability to support MyHealth records</li> <li>• Integration of Endometriosis Management Plan (one of the measures announced in the Budget package)</li> </ul>
Other	Demonstrated ability / willingness to apply for other government schemes to support enhanced Primary Care delivery.

**Endometriosis Advisory Group**

The Endometriosis Advisory Group is appointed by the Department of Health to provide advice to the Department. Members are as outlined below, noting the Department plans to appoint a nurse practitioner representative to the Group.

Member	Organisation
--------	--------------

s47F

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**The Hon Mark Butler MP**  
**Minister for Health and Aged Care**

Ref No: MS22-000649

The Hon Anthony Albanese MP  
Prime Minister  
Parliament House  
CANBERRA ACT 2600

Dear Prime Minister

s47C

As part of the 2022–23 Budget, \$58.3 million was proposed for a suite of initiatives aimed at improving endometriosis diagnosis and primary care support, helping more women to find appropriate care and better manage the impact of endometriosis.

This investment included the establishment of GP endometriosis and pelvic pain clinics at a cost of \$16.4 million over four years. The funding would support up to 16 existing clinics to build their expertise and provide better care to women with endometriosis and pelvic pain. Funding is intended to go to clinics with demonstrated expertise in women's health, strong understanding of and links to their local community, and the ability to link to relevant primary and specialist care services.

s47C

I seek your early indication to ensure adequate time to engage relevant stakeholders and undertake the selection process. This will ensure clinics can be in place early in 2023.

Yours sincerely

Mark Butler

7/7 /2022

cc: Senator the Hon Katy Gallagher, Minister for Women



Grant Opportunity  
ASSESSMENT PLAN  
FOR THE ENDOMETRIOSIS AND PELVIC PAIN GP  
CLINICS

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### 6.3. [Assessment](#)

The Endometriosis Policy and Implementation Team will establish Assessment Support Team to assess compliant and eligible applications. The Assessment Support Team will comprise staff from the Hearing Services and Chronic Conditions Branch and a member of Sententia Consulting (separate to the Probity Adviser).

An Assessment Panel will be established to assess applications and make recommendations to the Decision Maker on the suitability of the GP clinics and the associated PHNs that should be funded under the grant opportunity. The Assessment Panel will comprise three staff (including the Chair) with two from the Cancer, Hearing and Chronic Conditions Division, and one member from Primary Care Division.

Each member of the Assessment Panel will lead deliberations on an assessment criterion, as outlined in the assessment approach below (steps 2-4), to aid in the efficiency and timeliness of the assessment process. Notwithstanding, each Assessment Panel member will be responsible for reviewing the entirety of each application and actively contributing to deliberations on all assessment criteria.

Applications are scored against the assessment criteria using the approach and scoring methodology outlined in this Plan.

In addition to assigning a score to each of the assessment criteria, the Assessment Panel will include a justification for the score, identifying any strengths and/or weaknesses of the applicant's response. The Assessment Template used to record scores and justifications is as **Attachment B**.

Any points for negotiation and/or establishment of the grant agreement will be included in the Assessment Report.

Following assessment against the criteria, applications will undergo a quality assurance review.

**Approach outlined below:**

**1. Screening of applications – Support Officers**

- Confirmation of application receipt prior to specified nomination closing time.
- Confirmation that the nominated GP practice is accredited to a recognised and relevant Standard (such as the RACGP Standards for general practice). If the GP practice is not accredited against these standards, they will need to provide a justification as to why they are unable to obtain accreditation and demonstrate that they will be seeking accreditation, for example through the new Australian Commission on Safety and Quality in Health Care Primary and Community Care Standards, in 2023.
- Confirmation that the nominated GP practice complies with the minimum insurance requirements specified in the nomination form, or that there is an indication that evidence of minimum insurance requirements will be provided by the GP clinic (if successful) to the PHN as part of the commissioning process.
- Confirmation that the application is substantially complete and provides a sufficient basis for assessment against the specified criteria.
- Confirmation that answers to extended response questions conform with the word limits specified in the nomination form; with applications that unreasonably exceed the word limit being excluded from further consideration.
- Where there is uncertainty or disagreement over an application's compliance with the above conditions, it will be referred to the Assessment Panel for decision.

**2. Assessment of improved access (unweighted) – s22 Lead**

- Assessment of the extent to which the nominated GP practice improves, or can demonstrate the potential to improve, access for patients to diagnostic, treatment and referral services for endometriosis and pelvic pain.
- Involves consideration of the 'Practice details' and 'Referral pathways' assessment criteria in the information provided to the PHNs on the nomination process:
  - *Practice details:*
    - *Demonstrated capacity and willingness to accept new patients evidenced by a GP-led multidisciplinary team with expertise in the management of endometriosis and pelvic pain.*
    - *Processes for triaging patients referred from other GP practices should be evidenced, including continuity of care records to primary GP.*
    - *Demonstration of scalability of the GP practice to meet potential increase in demand.*
  - *Referral pathways:*
    - *GP practices must demonstrate established active referral pathways to local and other primary and tertiary care services including Aboriginal Community*

*Controlled Health Services and dedicated women's health services. This may include but is not limited to specialist gynaecological, radiological, surgical, endocrinological, paediatric, multidisciplinary pain management, fertility, mentor support (e.g. 1800 Ask Endo) and psychological support<sup>s47F</sup> services. This may include use of telehealth, where appropriate.*

- Includes consideration of any indicators noted in the application regarding the GP practice's approach to, or potential for, improving patient access to diagnosis, treatment and management over the four-year period.
- Includes consideration of any arrangements or mechanisms to improve access to allied health professionals or tertiary support in the treatment of endometriosis and pelvic pain.
- Use of a 1-5 scoring methodology (below) to assess criteria.

3. *Assessment of practice capability (unweighted) - s47F (NSW, ACT, TAS, NT and SA) and (VIC, QLD and WA) Lead*

- Assessment of the capability (including multidisciplinary care team, workforce, training and equipment) of the nominated GP practice to provide diagnosis, treatment and management of endometriosis and pelvic pain.
- Involves consideration of the 'Practice capability', 'Core services provided', 'Education and training' and 'Equipment Details' assessment criteria:
  - *Practice capability - The capability of the GP practice to accommodate and demonstrate:*
    - *Patient volumes to warrant specific investment in the clinic*
    - *Women-led care, acknowledging that many women prefer to see a female practitioner*
    - *Cultural competency and support for priority populations – e.g. First Nations people, culturally and linguistically diverse (CALD) communities, people from low socioeconomic backgrounds and people with diverse sexual orientation, gender identity or sex characteristics.*
    - *The provision of affordable patient support services via varying means including via bulk billing.*
  - *Core Services Provided:*
    - *Demonstrate capability to provide endometriosis and chronic pelvic pain diagnosis, treatment, management, referral and support.*
    - *At a minimum, GP practices must be able to demonstrate access, or ability to gain access, to some or all the following services and resources, as needed for each patient:*
      - *GPs specialising in women's health and pain management, including contraceptive advice and onsite insertion if required.*
      - *Practice nurses / nurse practitioners who specialise in women's health*
      - *Allied Health – dietitians, women's health physiotherapists, social workers, psychologists (either in the clinic or linked to the clinic)*
      - *Educators and self-management resources*
      - *Community support groups or networks, including peer support or bicultural health workers where appropriate*
      - *Staff to support culturally competent practice or CALD appropriate practice including First Nations health care workers and onsite translation services if required*
      - *Capacity and capability to support training and continuing professional development for GPs, nurses and allied health practitioners.*
  - *Education and training:*
    - *GP practices must demonstrate a commitment to staff education, training and professional development in women's health, particularly endometriosis and*



pelvic pain. For example, the Endometriosis and Pelvic Pain course through the Australian College of Nursing or the Endometriosis Online Learning Resource developed by RANZCOG.

- GP practices must demonstrate a commitment to support the implementation of 'train the trainer' educational programs. This is to include training for the GP, nursing and allied health workforces who are part of the multi-disciplinary care team.
- Engagement with relevant professional and practitioner support networks will be considered favourably.

o *Equipment Details:*

- GP practices must demonstrate they have:
  - Integrated up-to-date IT and data linkage systems
  - Ability to support MyHealth record upload
  - sufficient multi-disciplinary clinic space.
- GP practices may have:
  - in-clinic ultrasound
  - gynaecological examination bed.

- Includes consideration of any innovative service delivery models or approaches proposed by the GP practice in the provision of diagnosis, treatment and management.
- Use of a 1-5 scoring methodology to assess criteria.

4. *Assessment of support to priority populations (unweighted) - s22* *Lead*

- Assessment of the extent to which the nominated GP practice provides enhanced support to priority populations and areas.
- Involves consideration of the 'Practice details (patient demographic data)' and 'Practice capability (geographical reach)' assessment criteria:
  - o *Practice details:*
    - General details about the GP practice, focus on women's health, existing infrastructure, estimated patient catchment area of the identified location (including outreach and patient demographics e.g. CALD, Indigenous, gender, age range), socioeconomic (SEIFA) status of the area, the number of requesting practitioners available and other key available medical services.
  - o *Practice capability - The capability of the GP practice to accommodate and demonstrate:*
    - Geographical reach
- Use of a 1-5 scoring methodology to assess criteria

5. *Combined assessment of criteria – All Assessment Panel Members*

- Assessment panel provides an overall assessment of the nominated GP practice with consideration to the steps above, as well as any risks or concerns identified through the evaluation process relating to the specified GP clinic objectives.
- Qualitative assessment of strengths and weaknesses of the nominated GP practice with regard to steps 2-4 above.
- Ranking (quantitative) of the nominated GP practice based on each applicable priority population/area (further categories may be identified through the assessment process):
  - i. State or Territory;
  - ii. Rural and remote; and
  - iii. Priority populations (e.g. First Nations People, CALD, etc.).
- Involves consideration of any clarification provided by PHNs.

### 6.3.1. Numerical scoring scale

The following scoring method is selected as the most appropriate scoring methodology for this assessment process. Scores using the following scale are allocated to each criterion. Totalling the

numerical scores for each criterion provides an overall rating for the application based on the numerical scoring scale used.

### Quantitative scoring scale

The following 5-Point numerical scoring methodology is proposed for the assessment of nominated GP practices against steps 2 – 4 by the Assessment Panel.

Scores using the scale will be allocated to each of steps 2 - 4. Totalling the numerical scores for each step provides an overall rating to inform the ranking of applications in step 5.

Rating (for each step 2 - 4)	Score
<b>Excellent</b> <ul style="list-style-type: none"> <li>Response to the criteria, including all sub-criteria, exceeds expectations</li> <li>Comprehensively and convincingly addresses the relevant GP clinic objectives</li> <li>If successful, will likely translate rapidly into outcomes that will improve diagnosis, treatment and management</li> </ul>	5
<b>Good</b> <ul style="list-style-type: none"> <li>Response to the criteria addresses all or most sub-criteria to a higher-than-average standard</li> <li>Strongly addresses the relevant GP clinic objectives</li> <li>Some minor shortcomings in the response</li> </ul>	4
<b>Average</b> <ul style="list-style-type: none"> <li>Response against the criteria meets most sub-criteria to an average but acceptable level</li> <li>Partially addresses the relevant GP clinic objectives</li> <li>Some aspects of the response may be questionable</li> </ul>	3
<b>Poor</b> <ul style="list-style-type: none"> <li>Poor claims against the criteria, but may meet some sub-criteria</li> <li>Does not convincingly address any of the GP clinic objectives or is unclear in its approach to doing so</li> <li>Multiple aspects of the response may be unworkable</li> </ul>	2
<b>Does not meet criteria at all</b> <ul style="list-style-type: none"> <li>Response to the criteria does not meet expectations, or insufficient or no information provided to assess the criteria</li> <li>Does not address any of the GP clinic objectives</li> <li>Response is unworkable</li> </ul>	1

The department may seek to use information about an organisation that has been collected as part of its normal business and/or from any other source, including from within the Commonwealth, whether the individuals or organisations contacted are nominated referees.

#### 6.3.2. Weightings

Weighting is not applicable to this assessment process.

#### 6.3.3. Quality assurance

All assessed applications will be quality reviewed to ensure that scores and commentaries are fair, defensible and consistent with the requirements of the grant opportunity and this Assessment Plan. Any issues arising will be discussed with the Assessment Panel, and if appropriate included in advice to the FAS, Cancer, Hearing and Chronic Conditions.

#### 6.3.4. Value with relevant money

The Assessment Panel will conduct an overall assessment of value with relevant money, which may include such considerations as:

- the overall objective/s to be achieved in providing the grant
- the proposed service area (coverage) for the activity (if applicable), and

- the extent to which evidence in the application demonstrates that it will contribute to meeting the outcomes/objectives.

It is noted that each successful PHN will receive the same amount of funding for each GP clinic selected as a targeted Endometriosis and Pelvic Pain GP Clinic. For clarity, the amount of funding available to a PHN (applicant) is calculated on the number of selected GP clinic/s in their catchment, applying a fixed amount per GP clinic as determined by the Department.

#### 6.3.5. Other considerations and referee checks

The Assessment Panel may consider information about the applicant that is available through the normal course of the department's business, including consideration of the applicant's capacity to deliver the project/activity.

In addition, the Assessment Panel may seek information about applicants from referees and any other source including from within the Commonwealth and/or the Department of Health's state and territory offices irrespective of whether the individuals or organisations are nominated as referees for the applicant. Referee responses are not applicable to this assessment process.

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THIS DOCUMENT HAS BEEN RELEASED UNDER  
THE FREEDOM OF INFORMATION ACT 1982 (CTH)  
BY THE DEPARTMENT OF HEALTH AND AGED CARE

## Roles and Responsibilities

All staff, irrespective of their role in the process will:

- sign the approved Assessment Plan as an understanding and acceptance of the process identified in this Plan (Attachment A)
- declare any conflict of interest and complete the Conflict of Interest and Deed of Confidentiality Declaration (contained in the probity plan).

## Assessment Support

The Assessment Support Team will:

- ensure all staff involved in the assessment process have declared any conflicts of interest and have signed and returned Conflict of Interest and Deed of Confidentiality Declarations before receiving access to any applications
- coordinate and manage the logistics of the assessment process, including security procedures for handling and storage of assessment information and emails (e.g. TRIM)
- provide documentation and materials including this Assessment Plan, Grant Opportunity Guidelines, probity plan, training materials, and templates to staff involved in the process
- record the submission of all applications (in a spreadsheet or similar where GPS is not used)
- perform initial screening of all applications received to identify:
  - duplicates
  - late applications
  - withdrawn applications
  - Errors of Form
  - Incomplete, non-compliant or ineligible applications
- compile a list (noting the outcome of the initial screening) and provide it to the Assessment Panel Chair as appropriate
- perform secretariat tasks related to the Assessment Panel
- send grant opportunity outcome letters, if required by the policy division
- publish results and generic feedback on the department's website and GrantConnect (as appropriate)

## Assessment Panel

All Assessment Panel members will:

- assess eligible applications in accordance with the assessment criteria and approach as described in this Assessment Plan
- ensure assessment is based on information provided in the application, and note if information is sourced from other areas within the department and/or other Commonwealth agencies
- record each assessment outcome (an example of an Assessment Template is at **Attachment C** for this purpose)
- assess allocated applications within the timeframe and to the quality expected
- discuss matters with the Probity Adviser, where appropriate
- identify if clarifying information is required from an applicant (PHN) and liaise with the Panel Chair and Probity Adviser; all contact made with an applicant must be recorded in writing
- consider value with relevant money, in accordance with the methodology as described in this Assessment Plan (Refer Section 6.3.4)
- agree rankings, distribution and allocation of funds, and record decisions on an assessment outcome report (or similar)
- participate in the preparation of the Assessment Report ensuring any risks and/or special arrangements are included for the Decision Maker



- ensure recommended applications do not exceed the amount of funding available

### *Assessment Panel Chair*

The Panel Chair will:

- confirm all staff, including technical experts, have declared any conflict of interest and, when appropriate, document the management of any conflict of interest
- ensure the assessment process is carried out in accordance with the grant opportunity, the approved Assessment Plan and probity plan, including seeking probity advice if required for any matters relating to the process
- convene and chair meetings of the Assessment Panel
- provide information on the outcome of the initial screening process to Panel Members
- invite attendance by or consult with technical experts on matters relevant to the Assessment Panel deliberations
- ensure contact with any applicant is documented in writing, and chair any face-to-face meetings with applicants and be responsible for the recording of meeting notes (probity advice may be sought)
- ensure Panel Members are given the opportunity to express any dissenting views or concerns raised throughout the process and that these are documented
- prepare an Assessment Report with the assistance of Panel Members ensuring any risks and/or special arrangements (e.g. budget, milestones) are included for the Decision Maker
- review applicant outcome letters and provide clearance, if required

### *Quality assurance*

The role of the quality assurer is to review assessed applications to ensure that scores and commentaries are fair, defensible, and consistent with the requirements of the grant opportunity and Assessment Plan. The quality assurer/s will discuss any issues with the Assessment Panel and may brief the Decision Maker, if necessary.

### *Technical Expert and/or Probity Adviser*

Where a Technical Expert and/or a Probity Adviser is used, a Conflict of Interest and Deed of Confidentiality Declaration must be completed.

A Technical Expert, if used, must familiarise themselves with the assessment process and related documentation including the *Commonwealth Grants Rules and Guidelines 2017* when providing advice within their area of expertise.

A Probity Adviser provides advice to the Assessment Panel to ensure that the process complies with the requirements of the Grant Opportunity Guidelines, Assessment Plan and probity plan, and is procedurally sound and underpinned by robust and ethical decision-making. A Probity Adviser must be familiar with the assessment process and related documentation including the *Commonwealth Grants Rules and Guidelines 2017*.

## Assessment template

**Grant opportunity:** Endometriosis and Pelvic Pain GP clinics

**Applicant:** GP Practice and PHN \_\_\_\_\_

**Project/Activity title:** Nomination – Endometriosis and Pelvic Pain GP Clinic

## ASSESSMENT AGAINST INDIVIDUAL CRITERIA

<b>Criterion 1:</b> Assessment of improved access – Panel Member 1 lead	/ 5
<b>Assessment Panel comments:</b> Document reason(s) for the rating, including any strengths and/or weaknesses in the applicant's response in line with the evaluation framework.	
<b>Criterion 2:</b> Assessment of practice capability – Panel Member 2 lead	/ 5
<b>Assessment Panel comments:</b> Document reason(s) for the rating, including any strengths and/or weaknesses in the applicant's response.	
<b>Criterion 3:</b> Assessment of support to priority populations – Panel Member 3 lead	/ 5
<b>Assessment Panel comments:</b> Document reason(s) for the rating, including any strengths and/or weakness in the applicant's response.	

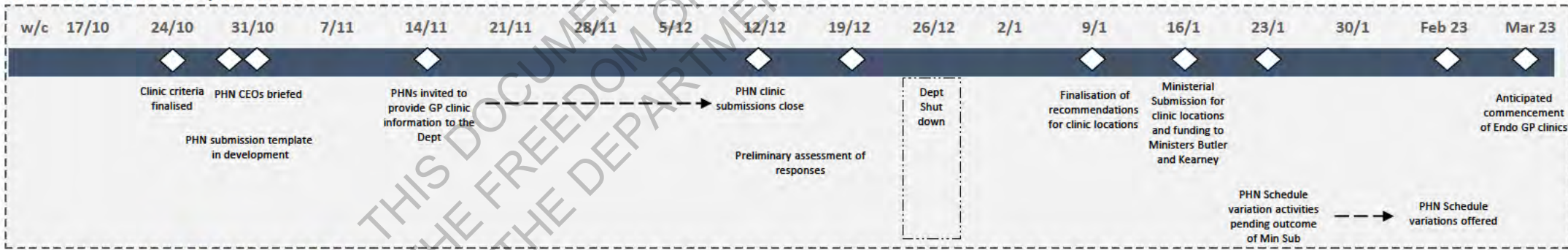
## ASSESSMENT SUMMARY

<p><b>Application rating:</b> enter overall rating (total numerical score)</p> <p><b>Overall panel comments on application:</b></p> <p>Provide a summary of the overall assessment, highlighting any strengths and/or weaknesses as appropriate</p>
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## October 2022 update: Endometriosis Measures – implementation planning

Endo Measure	Endometriosis GP clinics – \$16.4m over four years
Grant Development / Expression of Interest	<ul style="list-style-type: none"> <li>Policy authority and agreement to proceed with a PHN commissioned model was confirmed in MS22-000649</li> <li>GP Clinic assessment criteria refined following feedback from Expert Advisory Group and departmental stakeholders including Medical Adviser.</li> <li>PHN Branch is being engaged to finalise commissioning costs for PHNs and confirmed feasibility of timeline for schedule variation.</li> <li>All 31 PHNs will be invited to provide information to the Department from mid-November on GP clinics in their catchments that meet the assessment criteria and may be suitable for funding.</li> <li>A template for PHNs to complete is in development to assist with understanding clinic demographics, service offer and other requirements determined in the assessment criteria.</li> <li>Timeframe for PHNs to provide clinic information to the Department is proposed to be 4 weeks. This will enable initial departmental review of nominated clinics against selection criteria prior to the end of December 2022.</li> </ul>
Stakeholder Consultation	<ul style="list-style-type: none"> <li>Draft clinic criteria to be shared with PHN CEOs w/c 24 October for further feedback.</li> <li>PHN CEOs will be briefed on the Endometriosis GP clinics on 2 November 2022.</li> <li>Department officials met with the Australian Coalition for Endometriosis 21 October 2022 to provide an update on the package.</li> <li><u>For discussion</u>: Assistant Minister Kearney's interest in future engagement with the Endometriosis Expert Advisory Group and views on timing.</li> </ul>
Key Risks	<ul style="list-style-type: none"> <li>PHN capacity to support comprehensive GP clinic scan in required timeframes, particularly with increased activities associated with the establishment of the Urgent Care Clinics with similar timelines for implementation</li> <li>Timeframes to offer grant opportunity to vary the PHN schedule may require issuance of a letter of comfort to PHNs selected to commission Endometriosis GP Clinics.</li> <li>Number of clinics that meet the required criteria to be considered for the GP Clinics e.g. well in excess of 16, less than 16.</li> </ul>

### Endometriosis GP clinics key milestones



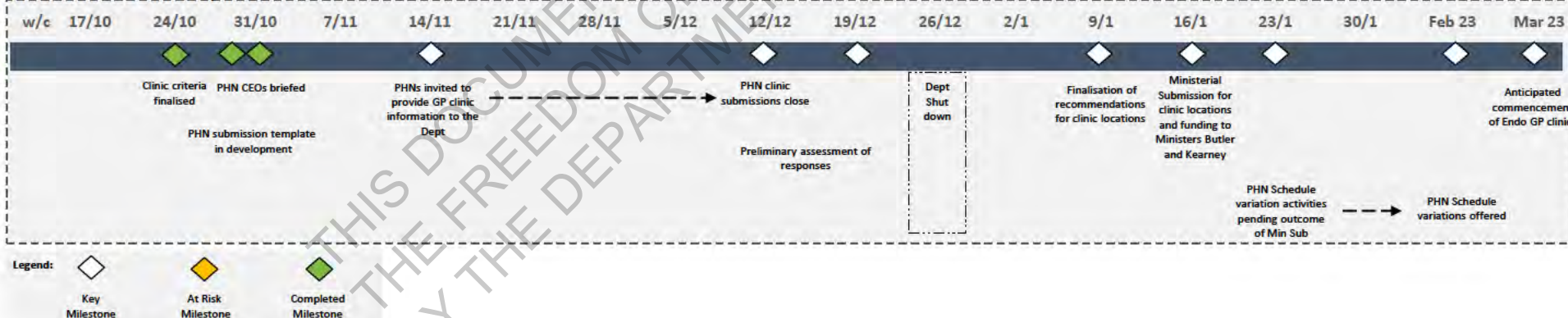
Legend:			
	Key Milestone	At Risk Milestone	Completed Milestone



## November 2022 update: Endometriosis Measures – implementation planning

Endo Measure	Endometriosis GP clinics – \$16.4m over four years
Progress Update	<ul style="list-style-type: none"> <li>GP Clinic assessment criteria <b>has been finalised</b>.</li> <li>PHN Branch <b>has finalised</b> commissioning costs for PHNs and confirmed feasibility of timeline for schedule variation.</li> <li>All 31 PHNs will be invited to provide information to the Department from mid-November on GP clinics in their catchments that meet the assessment criteria and may be suitable for funding.</li> <li>A template for PHNs to complete is <b>being finalised</b> to assist with understanding clinic demographics, service offer and other requirements determined in the assessment criteria. <b>Additional data capture fields are being included for other women's health matters e.g. terminations, LARCs</b></li> <li>Timeframe for PHNs to provide clinic information to the Department is 4 weeks, <b>this was broadly supported by PHNs many of whom had identified suitable clinics from an initial scan</b>. This will enable initial departmental review of nominated clinics against selection criteria prior to the end of December 2022.</li> <li><b>Media opportunity</b>: Video script has been drafted noting the Government is moving forward with implementation of the clinics. The video encourages General Practices to get in contact with their local PHN during November if they would like to be considered for funding as one of the endometriosis and pelvic pain GP clinics.</li> </ul>
Stakeholder Consultation	<ul style="list-style-type: none"> <li>Draft clinic criteria to be shared with PHN CEOs w/c 24 October for further feedback. <b>Feedback has been received from a limited number of PHNs largely agreeing with the proposed criteria and scope.</b></li> <li>PHN CEOs <b>were</b> briefed on the Endometriosis GP clinics on 2 November 2022. <b>Engagement with PHNs was positive and criteria, process and timelines were considered ambitious but feasible by most PHNs.</b></li> <li>Department officials met with Endometriosis Australia Board Member, Maree Davenport to discuss anticipated grant opportunities for Priority Populations work.</li> <li><b>Department officials met with Endometriosis WA and local clinicians to discuss GP liaisons and pathways for patients between primary and tertiary care settings in WA.</b></li> <li><b>For discussion</b>: Assistant Minister Kearney's interest in future engagement with the Endometriosis Expert Advisory Group and views on timing.</li> </ul>
Key Risks	<ul style="list-style-type: none"> <li>PHN capacity to support comprehensive GP clinic scan in required timeframes, particularly with increased activities associated with the establishment of the Urgent Care Clinics with similar timelines for implementation</li> <li>Timeframes to offer grant opportunity to vary the PHN schedule may require issuance of a letter of comfort to PHNs selected to commission Endometriosis GP Clinics.</li> <li>Number of clinics that meet the required criteria to be considered for the GP Clinics e.g. well in excess of 16, less than 16.</li> </ul>

### Endometriosis GP clinics key milestones

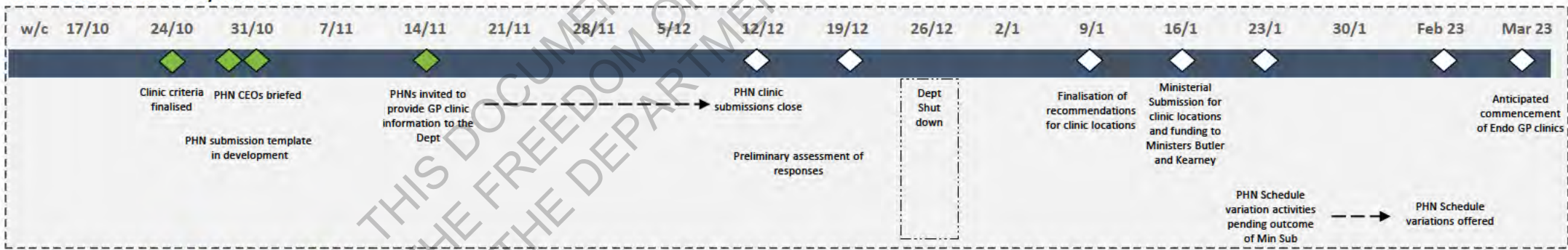




## November 2022 update: Endometriosis Measures – implementation planning

Endo Measure	Endometriosis GP clinics – \$16.4m over four years
Progress Update	<ul style="list-style-type: none"> <li>GP Clinic assessment criteria <b>has been finalised</b>.</li> <li>PHN Branch <b>has finalised</b> commissioning costs for PHNs and confirmed feasibility of timeline for schedule variation.</li> <li><b>Nomination process with all 31 PHNs has commenced, with nominations due 9 Dec 2022. PHNs have been invited to submit nominations for up to 3 GP practices in their catchment.</b></li> <li><b>Framework in development to support evaluation of nominations by the Evaluation Panel.</b></li> <li><b>Procurement documentation for independent probity and evaluation support drafted and issued to suppliers for quotation 15 Nov 22.</b></li> <li><b>Drafting of Grant Opportunity Guidelines for PHN funding in development, including engagement with PHN Branch and Grants team on expected risk and timeframes.</b></li> </ul>
Stakeholder Consultation	<ul style="list-style-type: none"> <li>Department officials met with WAPHA (Western Australian PHNs) and COORDINARE PHN (NSW) to discuss the nomination process.</li> <li>Department officials <b>to meet with Endometriosis Australia CEO, Alexis Wolfe 23 Nov 22 to discuss endometriosis priorities.</b></li> <li><b>For discussion:</b> Assistant Minister Kearney's interest in future engagement with the Endometriosis Expert Advisory Group and views on timing.</li> </ul>
Key Risks	<ul style="list-style-type: none"> <li>PHN capacity to support comprehensive GP clinic scan in required timeframes, particularly with increased activities associated with the establishment of the Urgent Care Clinics with similar timelines for implementation</li> <li>Timeframes to offer grant opportunity to vary the PHN schedule may require issuance of a letter of comfort to PHNs selected to commission Endometriosis GP Clinics.</li> <li><b>Timeframes for the Evaluation Panel to evaluate potentially &gt;90 nominations from PHNs prior to the end of year break.</b></li> </ul>

### Endometriosis GP clinics key milestones

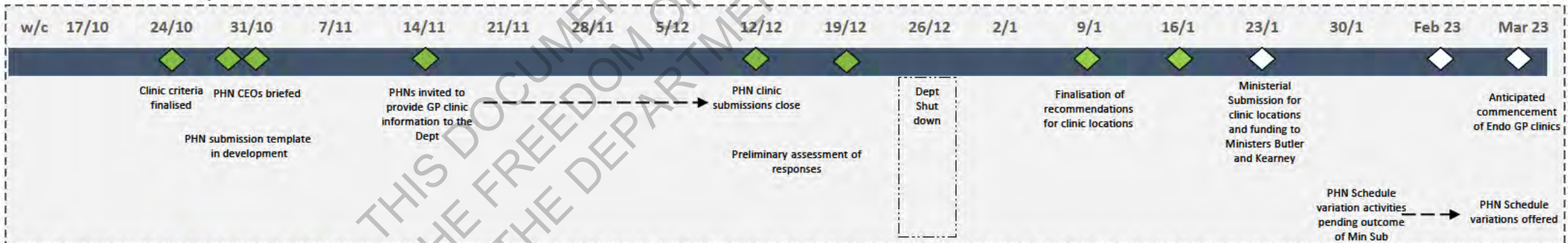


Legend:			
	Key Milestone	At Risk Milestone	Completed Milestone

## December 2022 update: Endometriosis Measures – implementation planning

Endo Measure	Endometriosis GP clinics – \$16.4m over four years
Progress Update	<ul style="list-style-type: none"> <li>Nomination process with all 31 PHNs has been finalised, with nominations closing on 9 December 2022. PHNs were invited to submit nominations for up to 3 GP practices in their catchment.</li> <li>The Northern Territory PHN was granted an extension to 11 January 23.</li> <li>In total 76 nominations were received from 29 PHNs.</li> <li>The Department evaluation panel met over the week of 12 December 2022 to evaluate nominations, re-convening on 12 January 2023 to evaluate the NT nominations.</li> <li>Recommendations on clinic locations are being finalised with a ministerial submission to be provided to Minister Butler (cc to Assistant Minister Kearney) in January.</li> <li>Grant Opportunity Guidelines are currently with Finance and will be included in the ministerial submission (pending approvals from Finance).</li> </ul>
Stakeholder Consultation	<ul style="list-style-type: none"> <li>The Endometriosis Expert Advisory Group will be meeting on 1 February 2023.</li> <li>The Australian Coalition for Endometriosis will be meeting with Assistant Minister Kearney on 1 February 2023.</li> </ul>
Key Risks	<ul style="list-style-type: none"> <li>Timeframes to offer grant opportunity to vary the PHN schedule may require issuance of a letter of comfort to PHNs selected to commission Endometriosis GP Clinics.</li> </ul>

### Endometriosis GP clinics key milestones



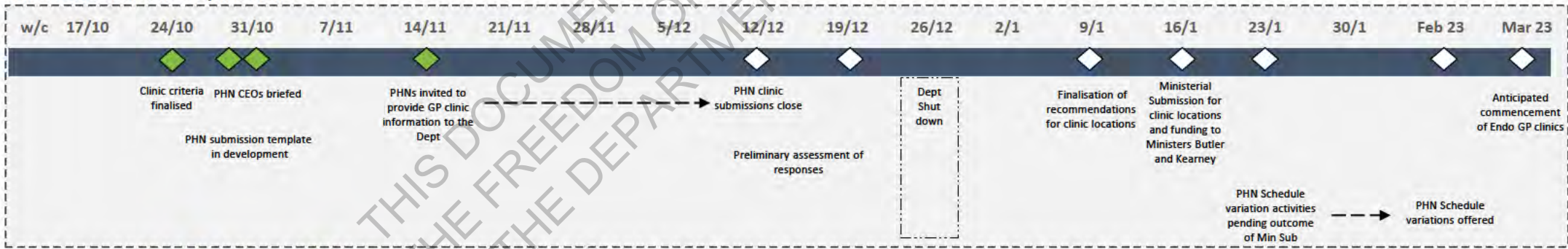
Legend:			
	Key Milestone	At Risk Milestone	Completed Milestone



## December 2022 update: Endometriosis Measures – implementation planning

Endo Measure	Endometriosis GP clinics – \$16.4m over four years
Progress Update	<ul style="list-style-type: none"> <li>Nomination process with all 31 PHNs has commenced, with nominations due 9 Dec 2022. PHNs have been invited to submit nominations for up to 3 GP practices in their catchment.</li> <li>Panel members have been finalised for the evaluation process, due to occur w/c 12 Dec 2022.</li> <li>Probity support has been engaged and have commenced, providing advice and support to the evaluation process.</li> <li>Drafting of Grant Opportunity Guidelines for PHN funding in development, including engagement with PHN Branch and Grants team on expected risk and timeframes.</li> </ul>
Stakeholder Consultation	<ul style="list-style-type: none"> <li>Department officials met with Endometriosis Australia CEO, Alexis Wolfe on 23 Nov 22 to discuss endometriosis priorities and funding arrangements for the Australian Coalition for Endometriosis.</li> <li>Department officials responding to PHN enquiries on the nomination process to clarify clinic requirements / expectations specifically accreditation, training requirements and equipment availability.</li> </ul>
Key Risks	<ul style="list-style-type: none"> <li>Timeframes to offer grant opportunity to vary the PHN schedule may require issuance of a letter of comfort to PHNs selected to commission Endometriosis GP Clinics.</li> <li>Timeframes for the Evaluation Panel to evaluate potentially &gt;90 nominations from PHNs prior to the end of year break.</li> </ul>

### Endometriosis GP clinics key milestones

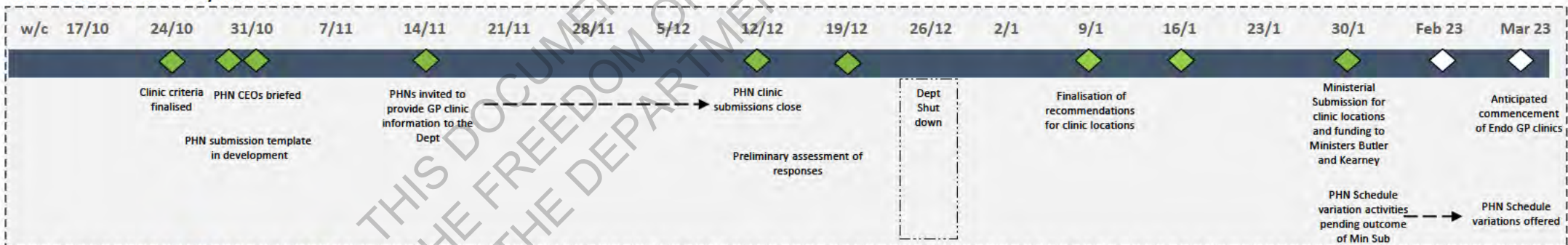


Legend:			
	Key Milestone	At Risk Milestone	Completed Milestone

## February 2023 update: Endometriosis Measures – implementation planning

Endo Measure	Endometriosis GP clinics – \$16.4m over four years
Progress Update	<ul style="list-style-type: none"> <li>Nomination process with all 31 PHNs has been finalised, with nominations closing on 9 December 2022. PHNs were invited to submit nominations for up to 3 GP practices in their catchment.</li> <li>The Northern Territory PHN was granted an extension to 11 January 23.</li> <li>In total 76 nominations were received from 29 PHNs.</li> <li>The Department evaluation panel met over the week of 12 December 2022 to evaluate nominations, re-convening on 12 January 2023 to evaluate the NT nominations.</li> <li>Ministerial Submission (MS23-000012) was approved by Minister Butler (cc Assistant Minister Kearney) on 8 February 2023 on recommendations for clinic locations and release of Grant Opportunity Guidelines.</li> </ul>
Stakeholder Consultation	<ul style="list-style-type: none"> <li>The Endometriosis Expert Advisory Group met on 1 February 2023.</li> <li>The Australian Coalition for Endometriosis met with Assistant Minister Kearney on 1 February 2023.</li> </ul>
Key Risks	<ul style="list-style-type: none"> <li>Timeframes to offer grant opportunity to vary the PHN schedule may require issuance of a letter of comfort to PHNs selected to commission Endometriosis GP Clinics.</li> </ul>

### Endometriosis GP clinics key milestones



Legend:			
	Key Milestone	At Risk Milestone	Completed Milestone

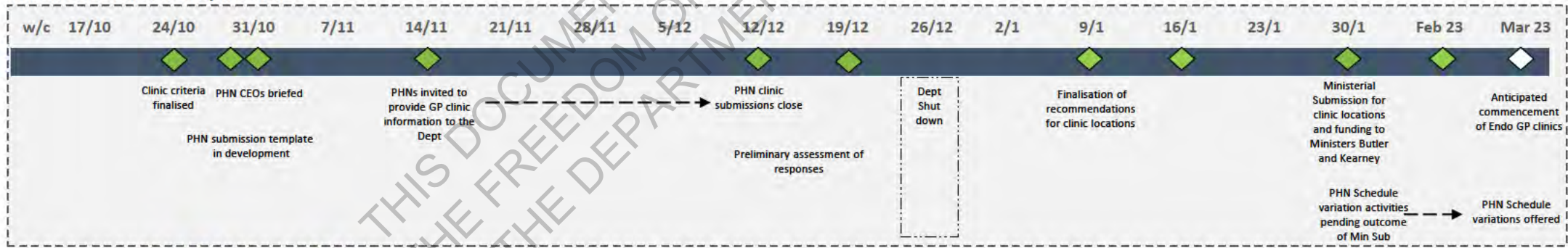


## February - March 2023 update: Endometriosis Measures - implementation planning

Endo Measure	Endometriosis GP clinics - \$16.4m over four years
Progress Update	<ul style="list-style-type: none"> <li>Nomination process with all 31 PHNs has been finalised, with nominations closing on 9 December 2022. PHNs were invited to submit nominations for up to 3 GP practices in their catchment.</li> <li>The Northern Territory PHN was granted an extension to 11 January 23.</li> <li>In total 76 nominations were received from 29 PHNs.</li> <li>The Department evaluation panel met over the week of 12 December 2022 to evaluate nominations, re-convening on 12 January 2023 to evaluate the NT nominations.</li> <li>Ministerial Submission (MS23-000012) was approved by Minister Butler (cc Assistant Minister Kearney) on 8 February 2023 on recommendations for clinic locations and release of Grant Opportunity Guidelines.</li> <li>Approval to release Grant Opportunity Guidelines from the Finance Minister received on 22 February 2023. Grant Guidelines will be published on Monday 27 February 2023.</li> <li>The Department is finalising schedule variations to offer to successful PHNs in early March.</li> </ul>
Stakeholder Consultation	<ul style="list-style-type: none"> <li>The Endometriosis Expert Advisory Group met on 1 February 2023.</li> <li>The Australian Coalition for Endometriosis met with Assistant Minister Kearney on 1 February 2023.</li> </ul>

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### Endometriosis GP clinics key milestones



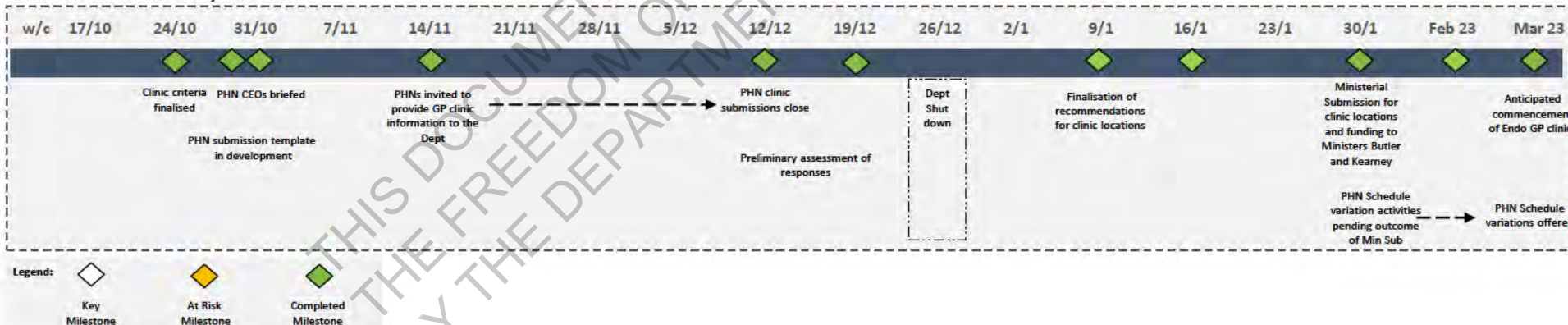
Legend:			
	Key Milestone	At Risk Milestone	Completed Milestone

## April 2023 update: Endometriosis Measures – implementation planning

Endo Measure	Endometriosis GP clinics – \$16.4m over four years
Progress Update	<ul style="list-style-type: none"> <li>The Department evaluation panel met over the week of 12 December 2022 to evaluate nominations, re-convening on 12 January 2023 to evaluate the NT nominations.</li> <li>Ministerial Submission (MS23-000012) was approved by Minister Butler (cc Assistant Minister Kearney) on 8 February 2023 on recommendations for clinic locations and release of Grant Opportunity Guidelines.</li> <li>Approval to release Grant Opportunity Guidelines from the Finance Minister received on 22 February 2023. Grant Guidelines were published on Monday 27 February 2023.</li> <li>PHNs were notified of the evaluation outcome and schedule variations were offered in March 2023. All PHNs have signed the schedule variations and the contracts with the Department are fully executed.</li> <li>The Department is finalising program monitoring data requirements to capture from the GP clinics, through the PHNs. The Endometriosis Expert Advisory Group has been giving advice on these data requirements, and feedback has also been sought from clinics themselves. Whilst this is being finalised, the Department is supporting the PHNs to continue engagement with the clinics to formalise contracts between the PHNs and the clinics to allow funding to be provided to clinics this financial year.</li> </ul>
Stakeholder Consultation	<ul style="list-style-type: none"> <li>The Australian Coalition for Endometriosis met with Assistant Minister Kearney on 14 April 2023.</li> <li>The Department has worked with PHNs and clinics to support proposed visits by Assistant Minister Kearney to a number of the WA, VIC, QLD and NT Endometriosis and Pelvic Pain Clinics over the coming weeks.</li> </ul>

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### Endometriosis GP clinics key milestones



## Endometriosis and Pelvic Pain GP Clinics Assessment Process

### Proposed assessment steps:

#### 1. Screening of applications – Support Officers

- Confirmation of application receipt prior to specified nomination closing time.
- Confirmation that the nominated GP practice is an accredited practice, or is seeking accreditation, against RACGP standards or the National General Practice Accreditation Scheme.
- Confirmation that the nominated GP practice complies with the minimum insurances requirements specified in the nomination form, or that there is an indication that evidence of minimum insurance requirements will be provided by the GP clinic (if successful) to the PHN as part of the commissioning process.
- Confirmation that the application is substantially complete and provides a sufficient basis for assessment against the specified criteria.
- Confirmation that answers to extended response questions conform with the word limits specified in the nomination form; with applications that unreasonably exceed the word limit being excluded from further consideration.
- Where there is uncertainty or disagreement over an application's compliance with the above conditions, it will be referred to the Assessment Panel for decision.

#### 2. Assessment of improved access (unweighted) – Assessment Panel Member 1 Lead

- Assessment of the extent to which the nominated GP practice improves, or can demonstrate the potential to improve, access for patients to diagnostic, treatment and referral services for endometriosis and pelvic pain.
- Involves consideration of the 'Practice details' and 'Referral pathways' assessment criteria.
- Includes consideration of any indicators noted in the application regarding the GP practice's approach to, or potential for, improving patient access to diagnosis, treatment and management over the four-year period.
- Includes consideration of any arrangements or mechanisms to improve access to allied health professionals or tertiary support in the treatment of endometriosis and pelvic pain.
- Use of a 1-5 scoring methodology (below) to assess criteria.

#### 3. Assessment of practice capability (unweighted) - Assessment Panel Member 2 Lead

- Assessment of the capability (including multidisciplinary care team, workforce, training and equipment) of the nominated GP practice to provide diagnosis, treatment and management of endometriosis and pelvic pain.
- Involves consideration of the 'Practice capability', 'Core services provided', 'Education and training' and 'Equipment Details' assessment criteria.
- Includes consideration of any innovative service delivery models or approaches proposed by the GP practice in the provision of diagnosis, treatment and management.
- Use of a 1-5 scoring methodology to assess criteria.

#### 4. Assessment of support to priority populations (unweighted) - Assessment Panel Member 3 Lead

- Assessment of the extent to which the nominated GP practice provides enhanced support to priority populations and areas.



- Involves consideration of the 'Practice details (patient demographic data)' and 'Practice capability (geographical reach)' assessment criteria.
- Use of a 1-5 scoring methodology to assess criteria

#### 5. Combined assessment of criteria – All Assessment Panel Members

- Assessment panel provides an overall assessment of the nominated GP practice with consideration to the steps above, as well as any risks or concerns identified through the evaluation process relating to the specified GP clinic objectives.
- Qualitative assessment of strengths and weaknesses of the nominated GP practice with regard to steps 2-4 above.
- Ranking (quantitative) of the nominated GP practice based on each applicable priority population/area (further categories may be identified through the assessment process):
  - i. State or Territory;
  - ii. Rural and remote; and
  - iii. Priority populations (e.g. First Nations People, CALD, etc.).
- Involves consideration of any clarification provided by PHNs.

#### Proposed quantitative scoring scale

The following 5-Point numerical scoring methodology is proposed for the assessment of nominated GP practices against steps 2 – 4 by the Assessment Panel.

Scores using the scale will be allocated to each of steps 2 - 4. Totalling the numerical scores for each step provides an overall rating to inform the ranking of applications in step 5.

Rating (for each step 2 - 4)	Score
<b>Excellent</b> <ul style="list-style-type: none"> <li>▪ Response to the criteria, including all sub-criteria, exceeds expectations</li> <li>▪ Comprehensively and convincingly addresses the relevant GP clinic objectives</li> <li>▪ If successful, will likely translate rapidly into outcomes that will improve diagnosis, treatment and management</li> </ul>	5
<b>Good</b> <ul style="list-style-type: none"> <li>▪ Response to the criteria addresses all or most sub-criteria to a higher-than-average standard</li> <li>▪ Strongly addresses the relevant GP clinic objectives</li> <li>▪ Some minor shortcomings in the response</li> </ul>	4
<b>Average</b> <ul style="list-style-type: none"> <li>▪ Response against the criteria meets most sub-criteria to an average but acceptable level</li> <li>▪ Partially addresses the relevant GP clinic objectives</li> <li>▪ Some aspects of the response may be questionable</li> </ul>	3
<b>Poor</b> <ul style="list-style-type: none"> <li>▪ Poor claims against the criteria, but may meet some sub-criteria</li> <li>▪ Does not convincingly address any of the GP clinic objectives or is unclear in its approach to doing so</li> <li>▪ Multiple aspects of the response may be unworkable</li> </ul>	2
<b>Does not meet criteria at all</b> <ul style="list-style-type: none"> <li>▪ Response to the criteria does not meet expectations, or insufficient or no information provided to assess the criteria</li> <li>▪ Does not address any of the GP clinic objectives</li> <li>▪ Response is unworkable</li> </ul>	1



PPCG briefing - Assistant Minister Kearney  
November 2022 (As at 14 November)

s22

Endometriosis and Pelvic Pain Clinics	<ul style="list-style-type: none"><li>• Media announcement that work had commenced to identify suitable General Practices with Primary Health Networks (09/10)</li><li>• The Department opened the nomination process with PHN CEOs to provide up to 3 suitable GP practices for assessment by <u>5pm Friday 9 December 2022</u>.</li></ul>
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PPCG briefing - Assistant Minister Kearney  
November 2022 (As at 21 November)

Endometriosis and Pelvic Pain Clinics	<ul style="list-style-type: none"><li>• Framework in development to support evaluation process for GP clinics following conclusion of the PHN nomination process on 9 December 2022.</li><li>• Procurement documentation for independent probity and evaluation support drafted and issued to suppliers for quotation 15 November 22.</li><li>• Department officials met with WAPHA (Western Australian PHNs) and COORDINARE PHN (NSW) to discuss the nomination process for GP clinics.</li><li>• The Department is managing expectations from the Expert Advisory Group (EAG) around involvement in assessing applications for suitable General Practices to become specialist clinics. Correspondence was circulated to EAG members on 17 November 22 outlining the process.</li><li>• Plans are underway for the next EAG meeting to occur w/c 12 December 2022.</li></ul>
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PPCG briefing - Assistant Minister Kearney  
November 2022 (As at 28 November)

s22

Endometriosis and Pelvic Pain Clinics	<ul style="list-style-type: none"><li>• Framework in development to support evaluation process for GP clinics following conclusion of the PHN nomination process on 9 December 2022.</li><li>• The next Expert Advisory Group meeting will be held in late January 2023, pending availability of members. The Agenda will include discussion on measuring impact of the clinics and evaluation over the coming years.</li><li>• Probity and evaluation support services for the clinics have been onboarded to support the evaluation process.</li></ul>
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PCCG BRIEFING – ASSISTANT MINISTER KEARNEY  
AS AT 5 DECEMBER 2022

s22

Endometriosis and Pelvic Pain Clinics	<ul style="list-style-type: none"><li>• Framework <b>being finalised</b> to support evaluation process for GP clinics following conclusion of the PHN nomination process on 9 December 2022.</li><li>• The next Expert Advisory Group meeting will now be held on <b>1 February 2023</b>. Agenda to include discussion on measuring impact of the clinics and evaluation over the coming years.</li><li>• Probity and evaluation support services for the clinics have been onboarded to support the evaluation process. <b>A probity plan has been developed to guide the process.</b></li></ul>
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PCCG BRIEFING – ASSISTANT MINISTER KEARNEY  
AS AT 12 DECEMBER 2022

s22

Endometriosis and Pelvic Pain Clinics	<ul style="list-style-type: none"><li>• Framework finalised to support evaluation process for GP clinics following conclusion of the PHN nomination process on 9 December 2022.</li><li>• The next Expert Advisory Group meeting will now be held on 1 February 2023. Agenda to include discussion on measuring impact of the clinics and evaluation over the coming years.</li><li>• Probity and evaluation support services for the clinics have been onboarded to support the evaluation process. A probity plan has been developed to guide the process.</li></ul>
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s22

Endometriosis and  
Pelvic Pain Clinics

- PHN nominations for the GP clinics closed 9 December 2022. The Department evaluation panel met over the week of 12 December 2022 to evaluate nominations. Recommendations on clinic locations will be finalised in the new year.
- The next Expert Advisory Group meeting will now be held on 1 February 2023. Agenda to include discussion on measuring impact of the clinics and evaluation over the coming years.

PCCG BRIEFING – ASSISTANT MINISTER KEARNEY  
AS AT 9 JANUARY 2023

s22

Endometriosis and  
Pelvic Pain Clinics

- PHN nominations for the GP clinics closed 9 December 2022. The Department evaluation panel met over the week of 12 December 2022 to evaluate nominations. Recommendations on clinic locations are being finalised with a ministerial submission to be provided to Minister Butler (cc to Assistant Minister Kearney) in January.
- The next Expert Advisory Group meeting will now be held on 1 February 2023. Agenda to include discussion on measuring impact of the clinics and evaluation over the coming years.

s22

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PCCG BRIEFING – ASSISTANT MINISTER KEARNEY  
AS AT 16 JANUARY 2023

Endometriosis and Pelvic Pain Clinics	<ul style="list-style-type: none"><li>PHN nominations for the GP clinics closed 9 December 2022. The Department evaluation panel met over the week of 12 December 2022 to evaluate nominations. Recommendations on clinic locations are being finalised with a ministerial submission to be provided to Minister Butler (cc to Assistant Minister Kearney) in January.</li></ul>
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s22

Endometriosis and  
Pelvic Pain Clinics

- Following discussions with your office, recommendations on clinic locations are being finalised with a ministerial submission to be provided to Minister Butler (cc to Assistant Minister Kearney) w/c 23 January.
- The next Expert Advisory Group meeting will now be held on 1 February 2023. Agenda to include discussion on measuring impact of the clinics and evaluation over the coming years.

s22

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PCCG BRIEFING – ASSISTANT MINISTER KEARNEY  
AS AT 6 FEBRUARY 2023

s22

Endometriosis and  
Pelvic Pain Clinics

- PHN nominations for the GP clinics closed 9 December 2022. The Department evaluation panel met over the week of 12 December 2022 to evaluate nominations. A Ministerial Submission (MS23-000012) was provided to Minister Butler (cc Assistant Minister Kearney) on 31 January 2023 on recommendations for clinic locations and release of Grant Opportunity Guidelines with a critical date of 9 February 2023.

s22

s22

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PCCG BRIEFING – ASSISTANT MINISTER KEARNEY  
AS AT 13 FEBRUARY 2023

s22

Endometriosis and  
Pelvic Pain Clinics

s22

- A Ministerial Submission (MS23-000012) was provided to Minister Butler (cc Assistant Minister Kearney) on 31 January 2023 on recommendations for clinic locations. The Department is undertaking the Commitment Approval and schedule variation process with the aim of having PHNs execute variations by late March 2023

s22

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PCCG BRIEFING – ASSISTANT MINISTER KEARNEY  
AS AT 20 FEBRUARY 2023

s22

Endometriosis and  
Pelvic Pain Clinics

s22

- The Department is undertaking the schedule variation process with the aim of having PHNs executing variations by late March 2023

s22

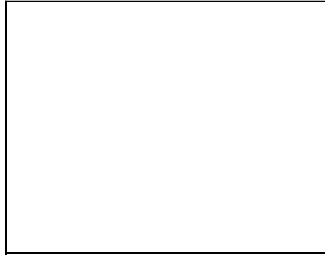
s22

Endometriosis and  
Pelvic Pain Clinics

- The Department is undertaking the schedule variation process with the aim of having PHNs executing variations by late March 2023. This includes publishing the Grant Opportunity Guidelines, once approval is received from the finance minister.
- The Department is finalising program monitoring data requirements to capture from the GP clinics, through the PHNs. The Endometriosis Expert Advisory Group has been giving advice on these data requirements.
- Communications with successful and unsuccessful PHNs will be made by the Department w/c 27 February 2023.

s22

PCCG BRIEFING – ASSISTANT MINISTER KEARNEY  
AS AT 27 FEBRUARY 2023



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Endometriosis and  
Pelvic Pain Clinics

- The Department is undertaking the schedule variation process with the aim of having PHNs executing variations by late March 2023. The Grant Opportunity Guidelines were approved on the 23 February 2023 and were published on 27 February 2023.
- The Department is finalising program monitoring data requirements to capture from the GP clinics, through the PHNs. The Endometriosis Expert Advisory Group has been giving advice on these data requirements.
- Communications with successful and unsuccessful PHNs was completed by the Department w/c 27 February 2023.

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AMK BRIEFING  
WEEK COMMENCING 14 MARCH 2023

s22

Endometriosis and  
Pelvic Pain Clinics

- The Department offered schedule variation to PHNs on Thursday 9 March.
- Communications with successful and unsuccessful PHNs was completed by the Department w/c 27 February 2023. All PHNs have confirmed that the successful clinics are accepting of the offers and acknowledged the request for confidentiality of the outcome until late March.
- The Department is finalising program monitoring data requirements to capture from the GP clinics, through the PHNs. The Endometriosis Expert Advisory Group has been giving advice on these data requirements.

s22

s22

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s22

Endometriosis and  
Pelvic Pain Clinics

- The Department offered schedule variation to PHNs on Thursday 9 March.
  - Communications with successful and unsuccessful PHNs was completed by the Department w/c 27 February 2023. All PHNs have confirmed that the successful clinics are accepting of the offers and acknowledged the request for confidentiality of the outcome until late March.
  - The Department is finalising program monitoring data requirements to capture from the GP clinics, through the PHNs. The Endometriosis Expert Advisory Group has been giving advice on these data requirements.
- s22
- An announcement on successful clinics will occur on 22 March 2023, the event brief, media release and speech (MB23-000851) will be with you shortly.

AMK BRIEFING  
WEEK COMMENCING 27 MARCH 2023

Endometriosis and Pelvic Pain Clinics	<ul style="list-style-type: none"><li>• The Department offered schedule variation to PHNs on Thursday 9 March.</li><li>• Communications with successful and unsuccessful PHNs was completed by the Department w/c 27 February 2023.</li><li>• You announced the successful clinics on 22 March 2023.</li></ul>
	<ul style="list-style-type: none"><li>• The Department is finalising program monitoring data requirements to capture from the GP clinics, through the PHNs. The Endometriosis Expert Advisory Group has been giving advice on these data requirements. Whilst this is being</li></ul>

AMK BRIEFING  
WEEK COMMENCING 3 APRIL 2023

s22

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Endometriosis and Pelvic Pain Clinics	<div>s22</div> <ul style="list-style-type: none"><li>• The Department offered schedule variation to PHNs on 9 March. You announced the successful clinics on 22 March 2023.</li></ul> <div>s22</div> <ul style="list-style-type: none"><li>• The Department is finalising program monitoring data requirements to capture from the GP clinics, through the PHNs. The Endometriosis Expert Advisory Group has been giving advice on these data requirements. s22</li></ul>
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AMK BRIEFING  
WEEK COMMENCING 3 APRIL 2023

	<ul style="list-style-type: none"><li>• A PHN in Victoria has informed us that one of their clinics is no longer able to undertake the work for this grant and will not be contracted by the PHN. Once we have written evidence from the clinic (via the PHN) on this matter we will initiate a Ministerial Submission to Minister Butler (cc Assistant Minister Kearney) on the issue and the options available.</li><li>• The Department is working with PHNs and clinics to support proposed visits by Assistant Minister Kearney to a number of the WA, VIC, QLD and NT Endometriosis and Pelvic Pain Clinics over the coming weeks.</li></ul>
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s22

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Endometriosis and  
Pelvic Pain Clinics

- The Department offered schedule variation to PHNs on 9 March. You announced the successful clinics on 22 March 2023. s47C
- The Department is finalising program monitoring data requirements to capture from the GP clinics, through the PHNs. The Endometriosis Expert Advisory Group has been giving advice on these data requirements. s47C
- A PHN in Victoria has informed us that one of their clinics is no longer able to undertake the work for this grant and will not be contracted by the PHN. Written evidence from the clinic (via the PHN) on this matter has been received, and a Ministerial Submission to Minister Butler (cc: Assistant Minister Kearney) on the issue and the options available is being prepared. s47C  
s47C . The Department has also amended the Deed of Variation that was offered to the PHN to reflect the reduced funding being offered.

AMK BRIEFING  
WEEK COMMENCING 11 APRIL 2023

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>The Department <b>has worked</b> with PHNs and clinics to support proposed visits by Assistant Minister Kearney to a number of the WA, VIC, QLD and NT Endometriosis and Pelvic Pain Clinics over the coming weeks.</li></ul> |
|--|---|

s22

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<p>Endometriosis and Pelvic Pain Clinics</p>	<ul style="list-style-type: none"><li>• The Department offered schedule variation to PHNs on 9 March. You announced the successful clinics on 22 March 2023. s47C</li><li>• The Department is finalising program monitoring data requirements to capture from the GP clinics, through the PHNs. A meeting of the successful clinics, led by the NT clinic, occurred on 11 April. s47C</li><li>• A PHN in Victoria has informed us that one of their clinics is no longer able to undertake the work for this grant and will not be contracted by the PHN. s47C</li></ul>
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AMK BRIEFING  
WEEK COMMENCING 17 APRIL 2023

	<p><b>s47C</b></p> <p>The Department has also amended the Deed of Variation offered to the PHN to reflect the reduced funding being offered.</p> <ul style="list-style-type: none"><li>• The Department has worked with PHNs and clinics to support proposed visits by Assistant Minister Kearney to a number of the WA, VIC, QLD and NT Endometriosis and Pelvic Pain Clinics over the coming weeks.</li></ul>
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s22

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