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List of Endometriosis and Pelvic Pain Clinics (original 22 and additional 11)

- The additional 11 clinics in the table below are blue, while the original 22 clinics have been left white.

s47G(1)(a)

State/ Territory	Clinic	PHN	s47G(1)(a)	Combined Funding Total	s47G(1)(a)	Contract execution Clinic opening date
NSW	Orange Family Medical Centre	Western NSW		**$1,336,660**		6 July 2023
	Hunters Hill Medical Practice	Northern Sydney		**$1,336,660**		1 June 2023
	Leichardt General Practice	Central and Eastern Sydney		**$1,336,660**		1 August 2023
	The Women's Health Centre Southern Highlands	South West Sydney		**$1,336,660**		1 July 2023
	Milton Medical Centre	South Eastern NSW		**$1,336,660**		15 September 2023
	Coffs Harbour Women's Health Centre	North Coast		**$1,336,660**		1 July 2023
	Rouse Hill Town Medical and Dental Centre	Western Sydney		**$1,336,660**		22 November 2023
	Winmalee Medical Centre	Nepean Blue Mountains		**$849,646**		9 February 2026
	Central Coast Community Women's Health Centre	Hunter New England and Central Coast		**$849,646**		1 April 2026

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s47G(1)(a)

State/ Territory	Clinic	PHN	Combined Funding Total	Contract execution Clinic opening date
	Nova Health Co	Murrumbidgee	**$849,646**	9 March 2026
VIC	EACH Practice	Eastern Melbourne	**$2,626,240** ** 2 EPPCs*	23 July 2023
	Epping Plaza Medical and Dental Centre			1 February 2024
	Bendigo Community Health Services	Murray	**$1,336,660**	30 October 2023
	Kardinia Health	Western Victoria	**$1,336,660**	21 April 2023
	Werribee Medical & Dental Care	North Western Melbourne	**$849,646**	14 January 2026
	Dandenong Superclinic	South Eastern Melbourne	**$849,646**	2 February 2026
	LaTrobe Community Health Service	Gippsland	**$849,646**	28 January 2026
QLD	Benowa Super Clinic	Gold Coast	**$1,336,660**	18 January 2024
	True Relationships and Reproductive Health, Cairns (Family Planning Qld)	Northern Queensland	**$1,336,660**	14 April 2023
	MATSICHS (Institute for Urban Indigenous Health)	Brisbane North	**$2,626,240** ** 2 EPPCs*	4 September 2023

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State/ Territory	Clinic	PHN	s47G(1)(a)	Combined Funding Total		Contract execution Clinic opening date
	Neighbourhood Medical					4 September 2023
	Medical and Dental Centre Blunder Road	Brisbane South		**$849,646**		27 January 2026
	True Relationships and Reproductive Health	Central Queensland, Wide Bay, Sunshine Coast		**$849,646**		27 April 2026
	27 Drayton Medical Centre	Darling Downs and West Moreton		**$849,646**		2 January 2026
	True Relationships and Reproductive Health	Western Queensland		**$849,646**		2 February 2026* **outreach clinic with multiple locations*
WA	Pioneer Health Albany	Country WA		**$1,336,660**		1 August 2023
	The Garden Family Medical Clinic	Perth South		**$1,336,660**		17 April 2023
	Luma: for her health and wellbeing	Perth North		**$849,646**		19 January 2026
SA	Kadina Medical Associates	Country SA		**$1,336,660**		1 June 2023
	Thrive Family Practice	Adelaide		**$1,336,660**		3 September 2023
TAS	Family Planning Tasmania	Tasmania		**$1,336,660**		3 October 2023

s22

State/ Territory	Clinic	PHN	s22	Combined Funding Total	s22	Contract execution Clinic opening date
ACT	Sexual Health and Family Planning ACT (SHFPACT)	ACT		$1,336,660		22 March 2023
NT	Northside Health Darwin	Northern Territory		$1,336,660		12 September 2023

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Preventive Health and Chronic Disease Support: Endometriosis and Pelvic Pain Clinic (EPPC) Expansion – New EPPCs

Application Form

GO7749

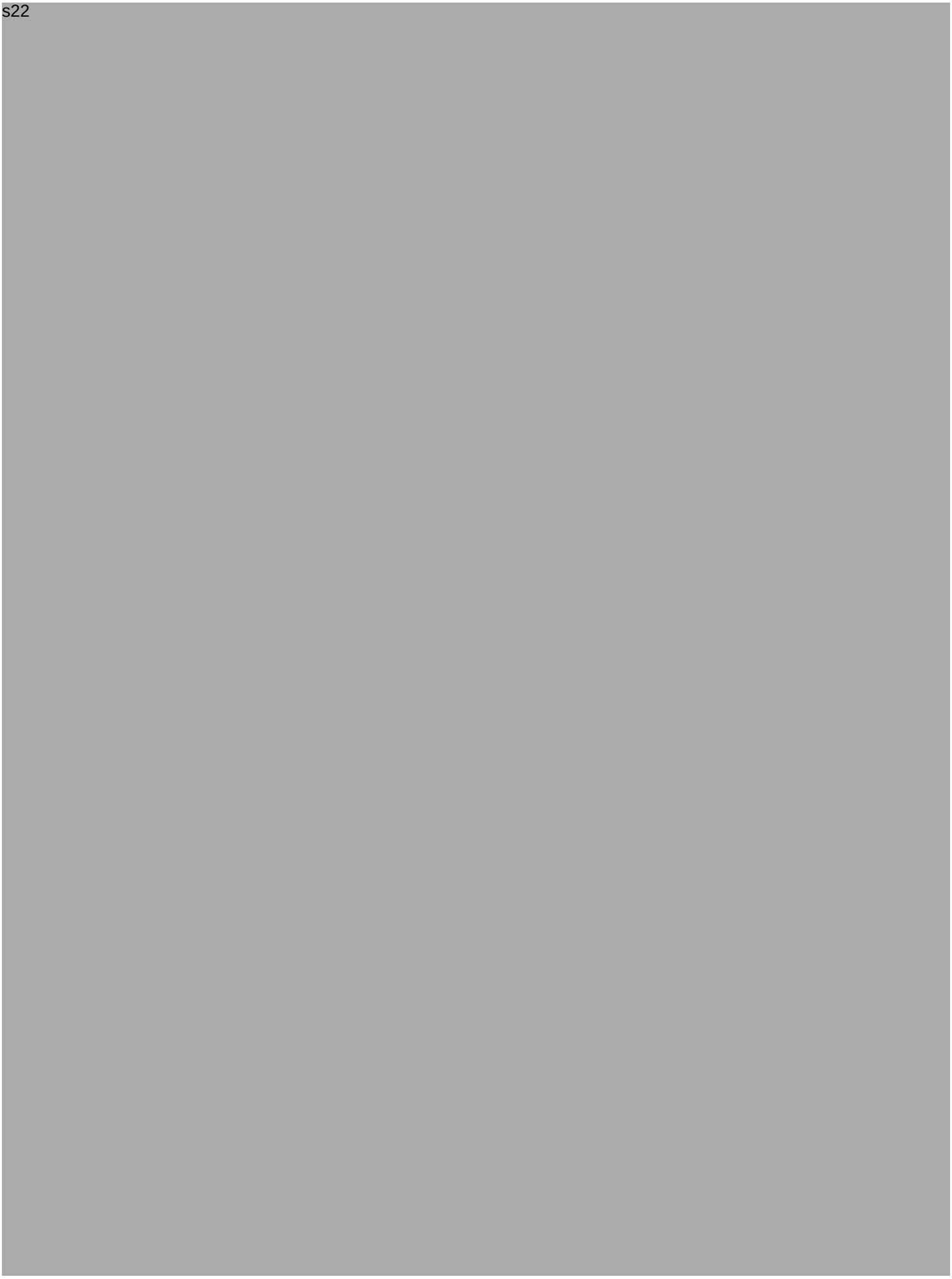
Closing date and time:	2:00pm (Canberra local time) on 11 August 2025
Commonwealth policy entity:	Department of Health, Disability and Ageing (department)
Administering entity:	Community Grants Hub
Enquiries:	If you have any questions, contact the department via email: Grant.ATM@health.gov.au
Submitting:	Submit the completed application form and all necessary attachments by the closing date and time via the red ***Submit Application*** button on the left-hand side of GrantConnect. You should keep a copy of your application and any supporting documents. Registered users will receive an automated email notification acknowledging the receipt of the submission. If you do not receive an automated email notification within 48 hours of submission, please email Grant.ATM@health.gov.au. For technical assistance when submitting your application through GrantConnect please contact the GrantConnect Helpdesk: • Phone: 1300 484 145 • Email: GrantConnect@finance.gov.au

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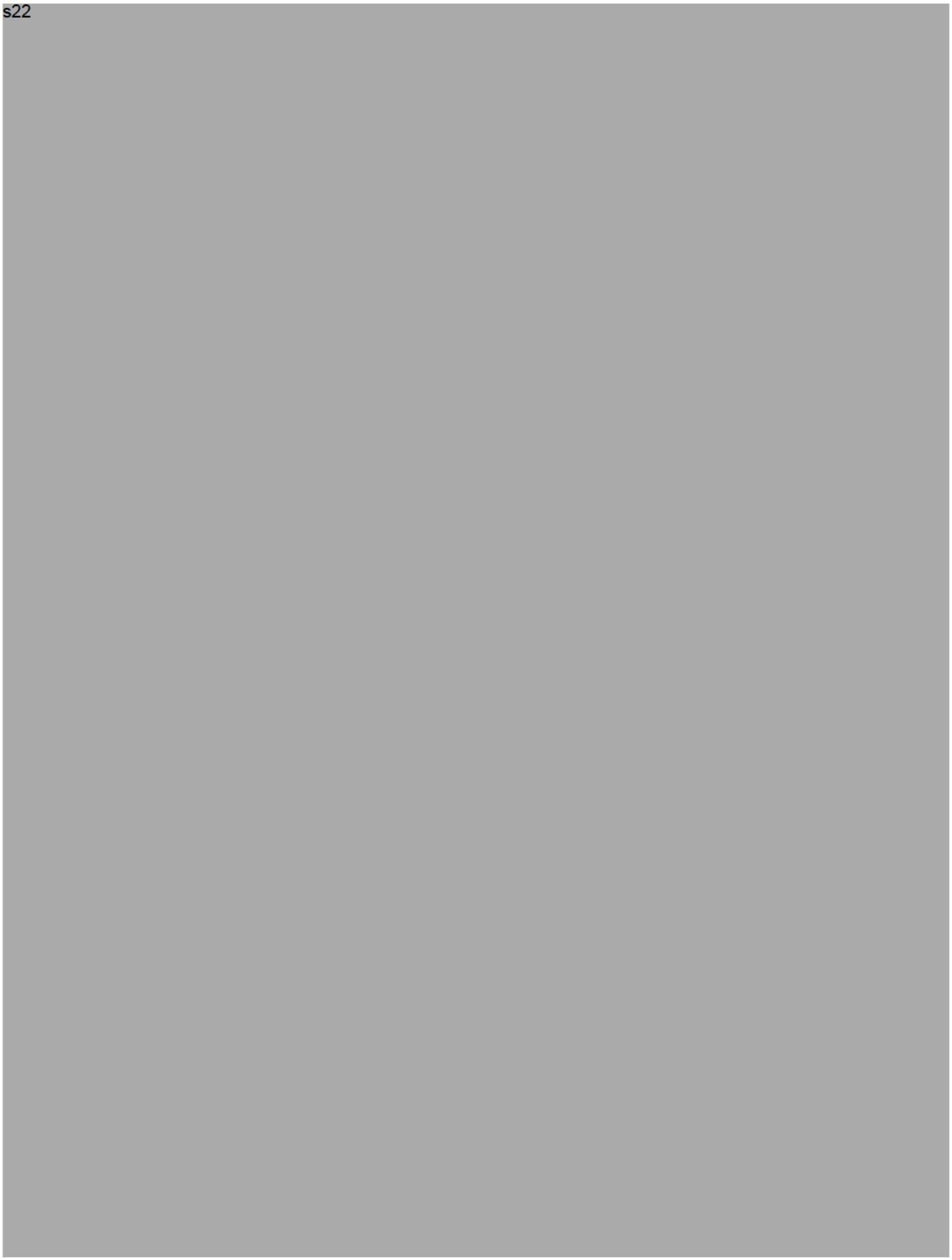
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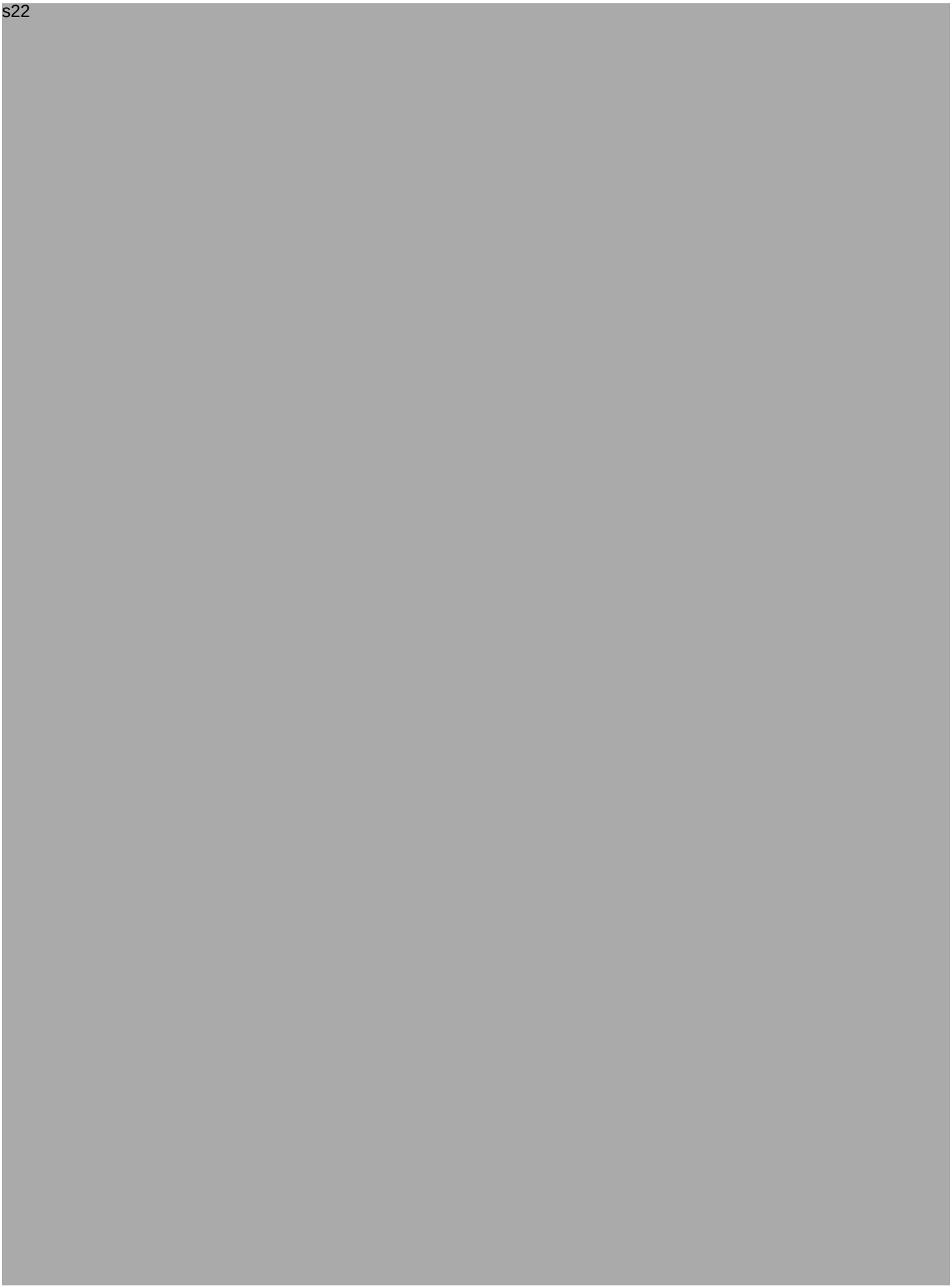
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s22 [redacted]

5. Project/Activity Details

Requested Information	Applicant Response
Provide a short title of your Application for this Project/Activity * *Maximum 50 words*	Wagga Wagga Endometriosis and Pelvic Pain Clinic (EPPC)
s22 [redacted]	s22 [redacted] s22 [redacted]

This document has been released under the Freedom of Information Act (Cth) By the Department of Health and Ageing

s22 [redacted]

6. Financial Details

6.1 Funding amount

Provide a breakdown of the proposed funding amount applied for (GST exclusive) *			
2025-26 FY $	2026-27 FY $	2027-28 FY $	**Total** **$**
$296,653.00	$276,497.00	$276,497.00	**$849,646.00**

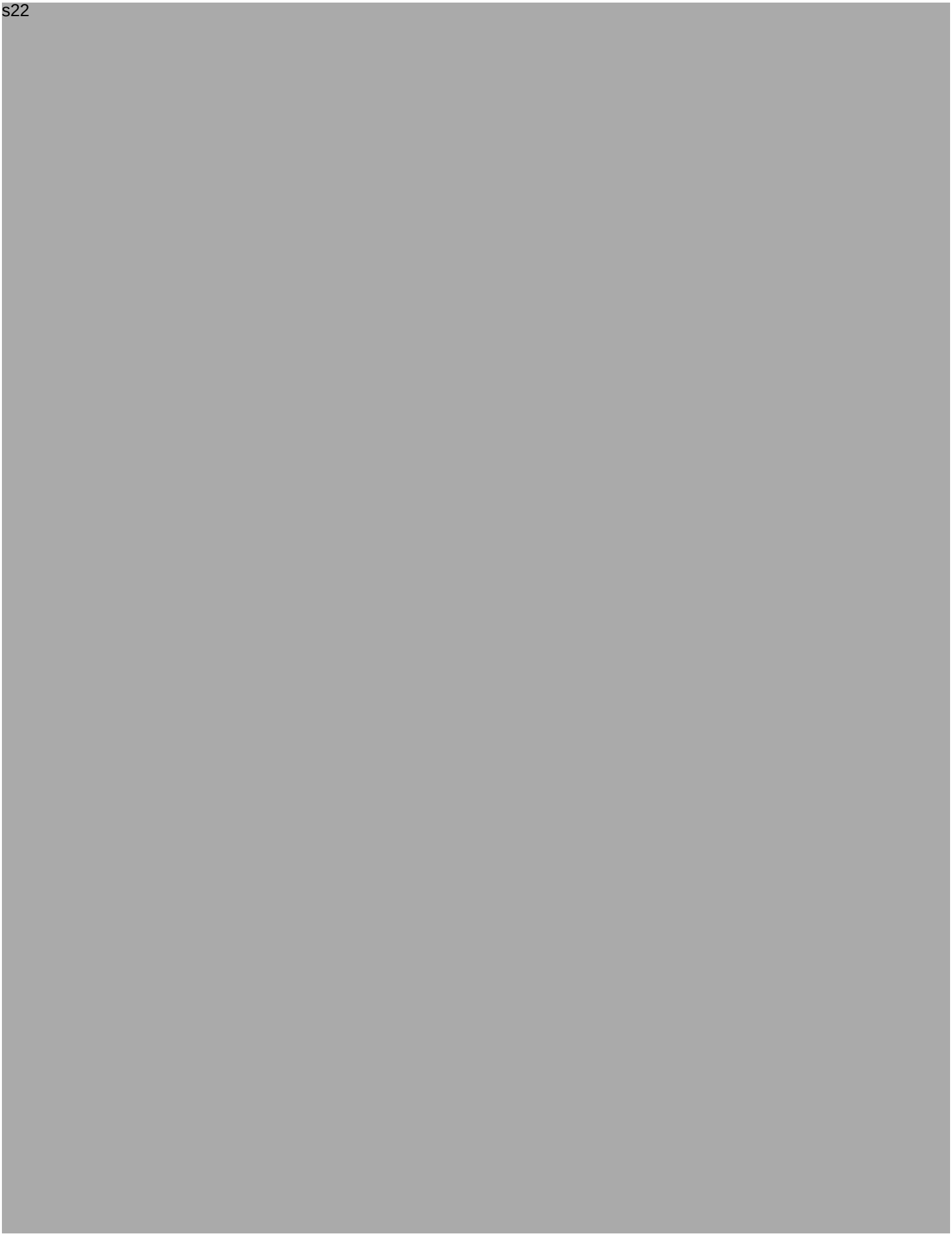
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6.2 Bank account details

s22, s47G(1)(a) [redacted]

7. Assessment Criteria

s22 [redacted]


s22

s22 [redacted]

7.2 Assessment Criterion 2

Requested Information

Alignment with Grant Opportunity Objectives and Outcomes (maximum 500 words)*

Describe how your organisations nominated GP practice will contribute to the outcomes of the grant opportunity as described in Section 2.1.

You must demonstrate this through identifying:

- how the activities proposed in your Nomination Form align with the grant opportunity's objectives and outcomes
- how the nominated GP practice will identify, engage and collaborate with relevant stakeholders to ensure the effective delivery of the grant objectives and outcomes.

Along with your response to this criterion you must complete the Nomination Form (available on GrantConnect). The Nomination Form does not count towards the word limit for this criterion.

Applicant Response – maximum 500 word limit

s22 [redacted]

Nova Health Co is well positioned to deliver the EPPC as its current business model is a dedicated women's health general practice within a multidisciplinary team (MDT) approach. s47G(1)(a) [redacted]

Program approach

Nova Health Co's range of existing in-house services will support the requirements of this grant opportunity and will involve Nova Health Co modelling services on its existing mums and bubs, and menopause programs. s47G(1)(a) [redacted]

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perimenopause and menopause. Activities such as yoga, Pilates, emotional coaching, and education sessions provide participants with opportunities to build support networks outside of their clinical team. Patients receive appropriate resources and attend one-on-one s47G(1)(a) s47G(1)(a)

s47G(1)(a) , as well as the advanced clinical credentialling of some clinicians to perform LARC insertion and removal, and medical terminations, will help provide patients with continuity of care and reduce referrals and the need to re-tell health stories before receiving care.

Services are delivered to culturally diverse and First Nations communities and systems are in place to ensure care is understood by accessing the National Interpreter Service and provided in a culturally safe manner. Phone or video telehealth is available for those patients who are more geographically isolated.

While Nova Health Co's clinicians are adequately trained to deliver 'gold-standard' patient care, grant funding will be used to provide upskilling opportunities to better diagnose, treat and manage patients with endometriosis, pelvic pain, perimenopause and menopause.

Stakeholder engagement approach

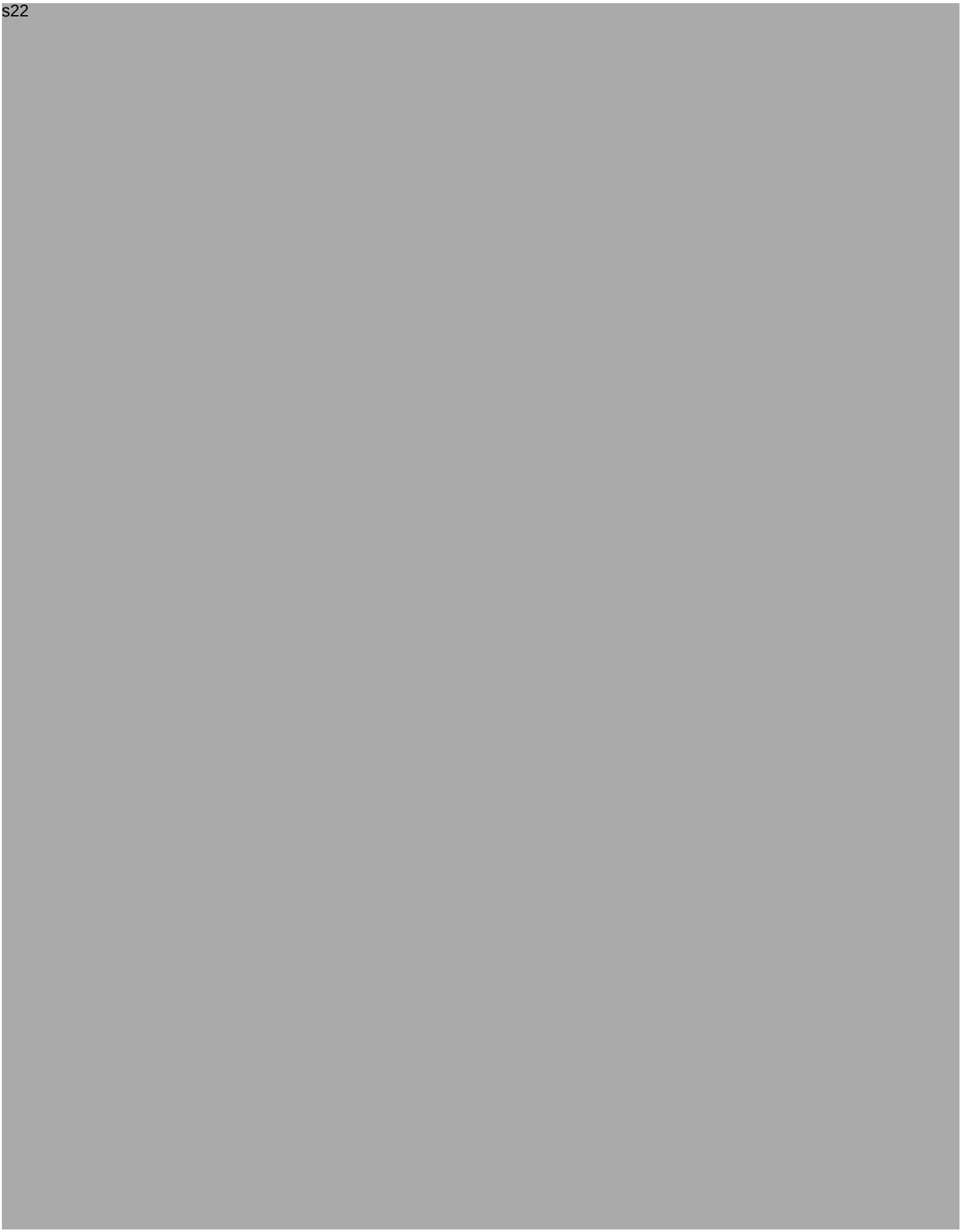
s22 Referrals are received from across the region's general practices and through self-referral. Existing triage processes, including the management of bookings and waitlists through clinical software, will support timely patient care. Once a patient's care plan is in place, these can be managed at the clinic and the patient's regular general practitioner kept informed by utilising digital technologies such as My Health Record.

Further, Nova Health Co's extensive network of referral pathways with both private and public services and its well-established relationships with other local stakeholders s22

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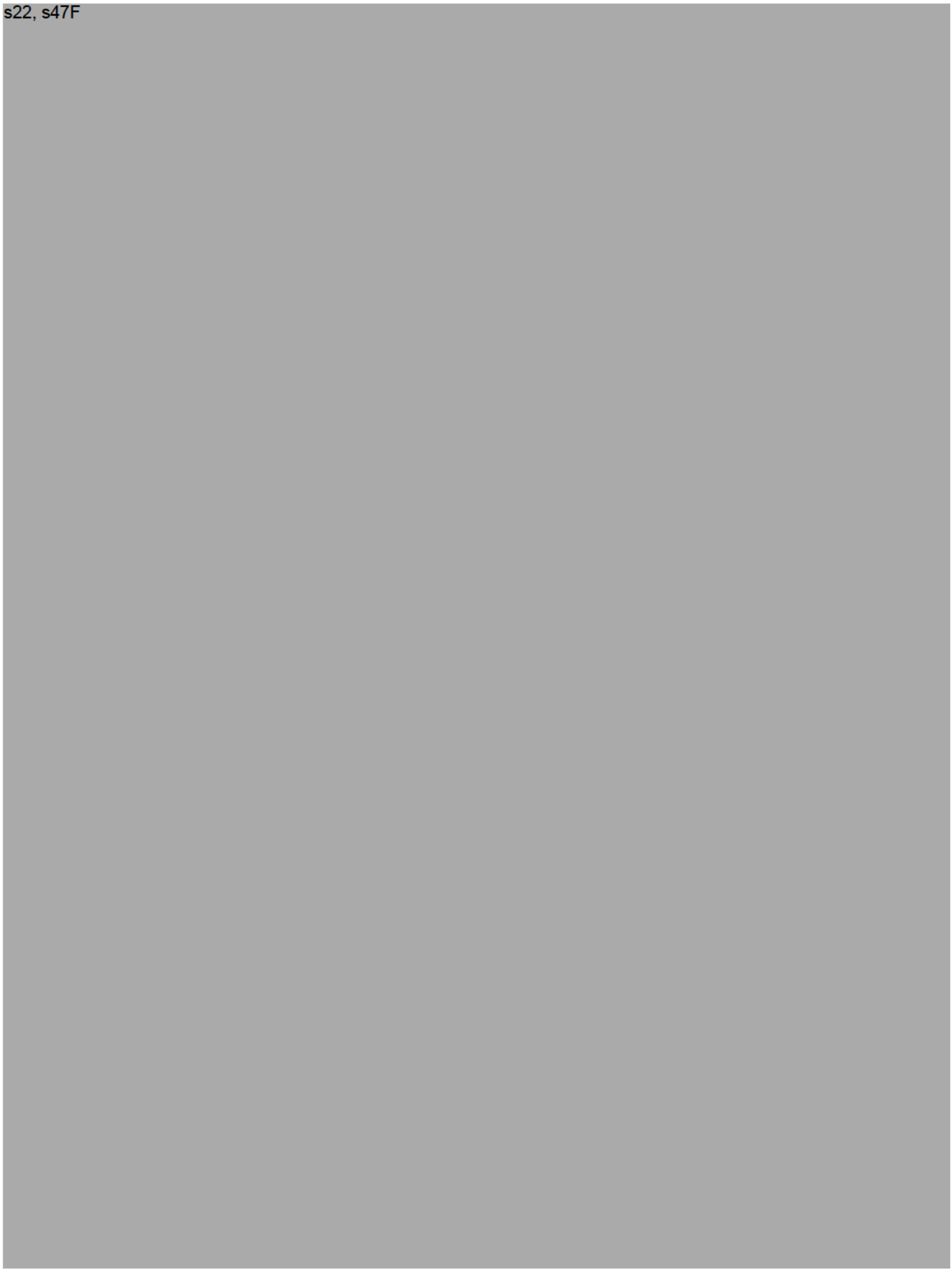
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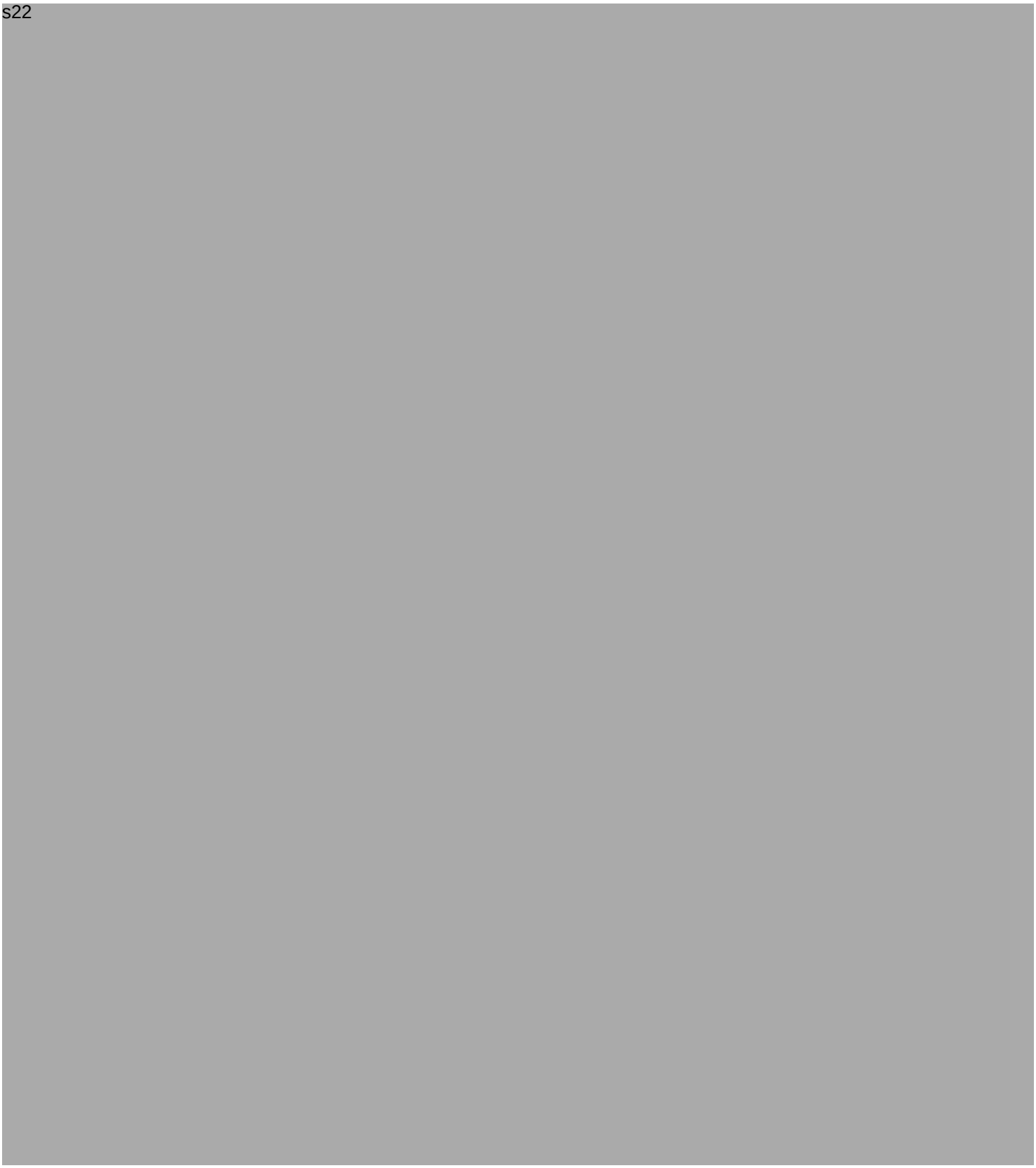
Preventive Health and Chronic Disease Support: Endometriosis and Pelvic Pain Clinic (EPPC) Expansion – New EPPCs

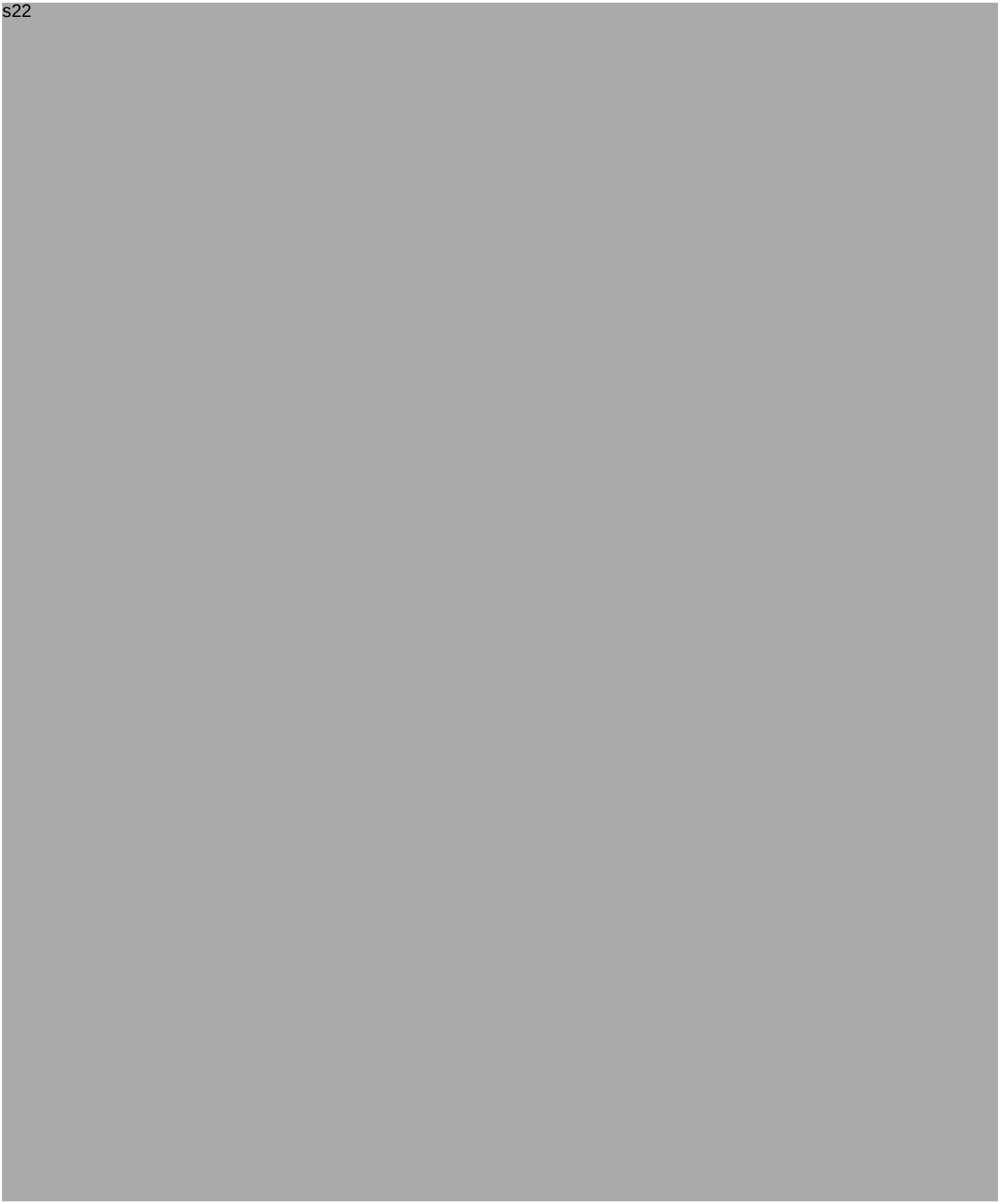
Application Form

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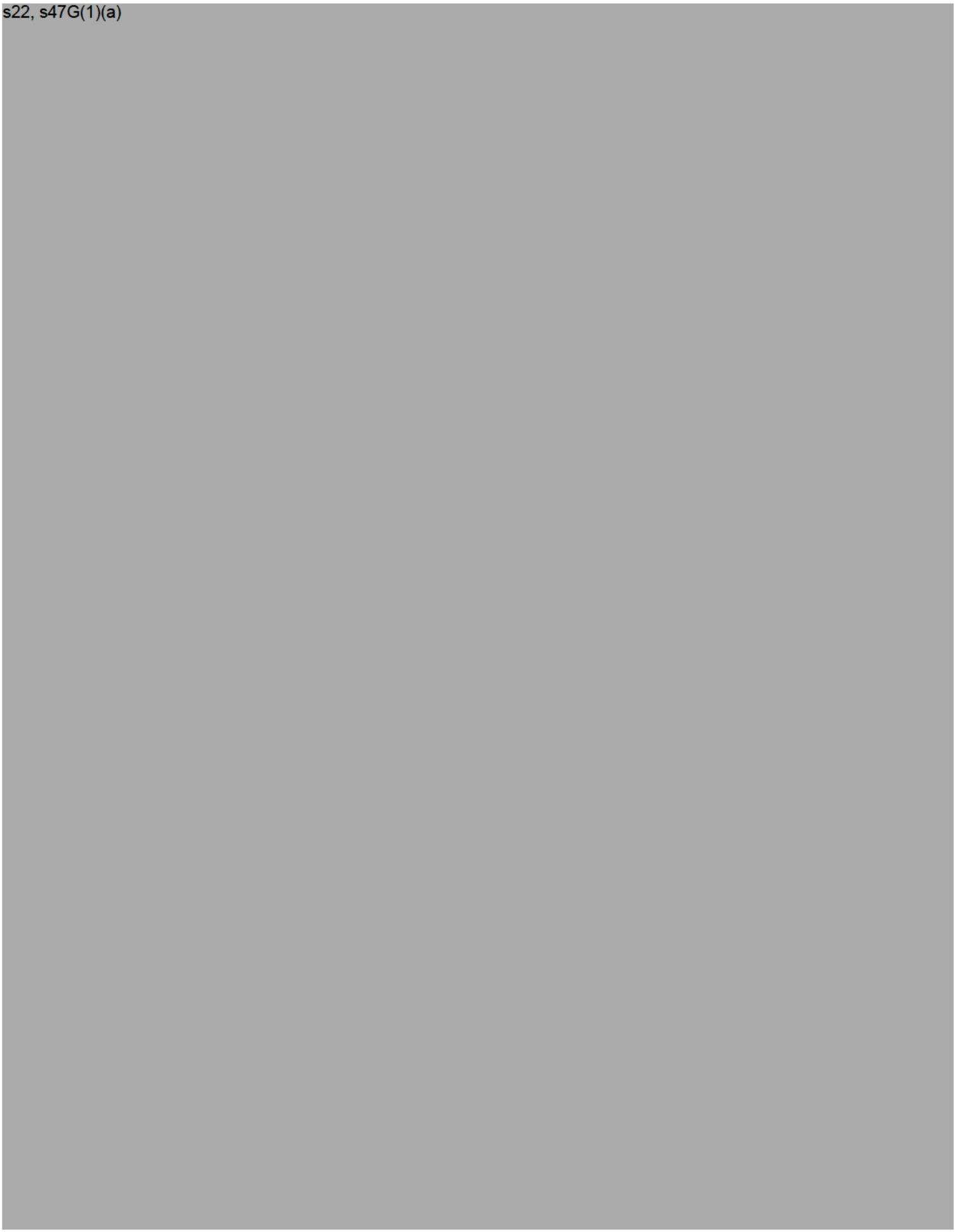
Closing date and time:	2:00pm (Canberra local time) on 11 August 2025
Commonwealth policy entity:	Department of Health, Disability and Ageing (department)
Administering entity:	Community Grants Hub
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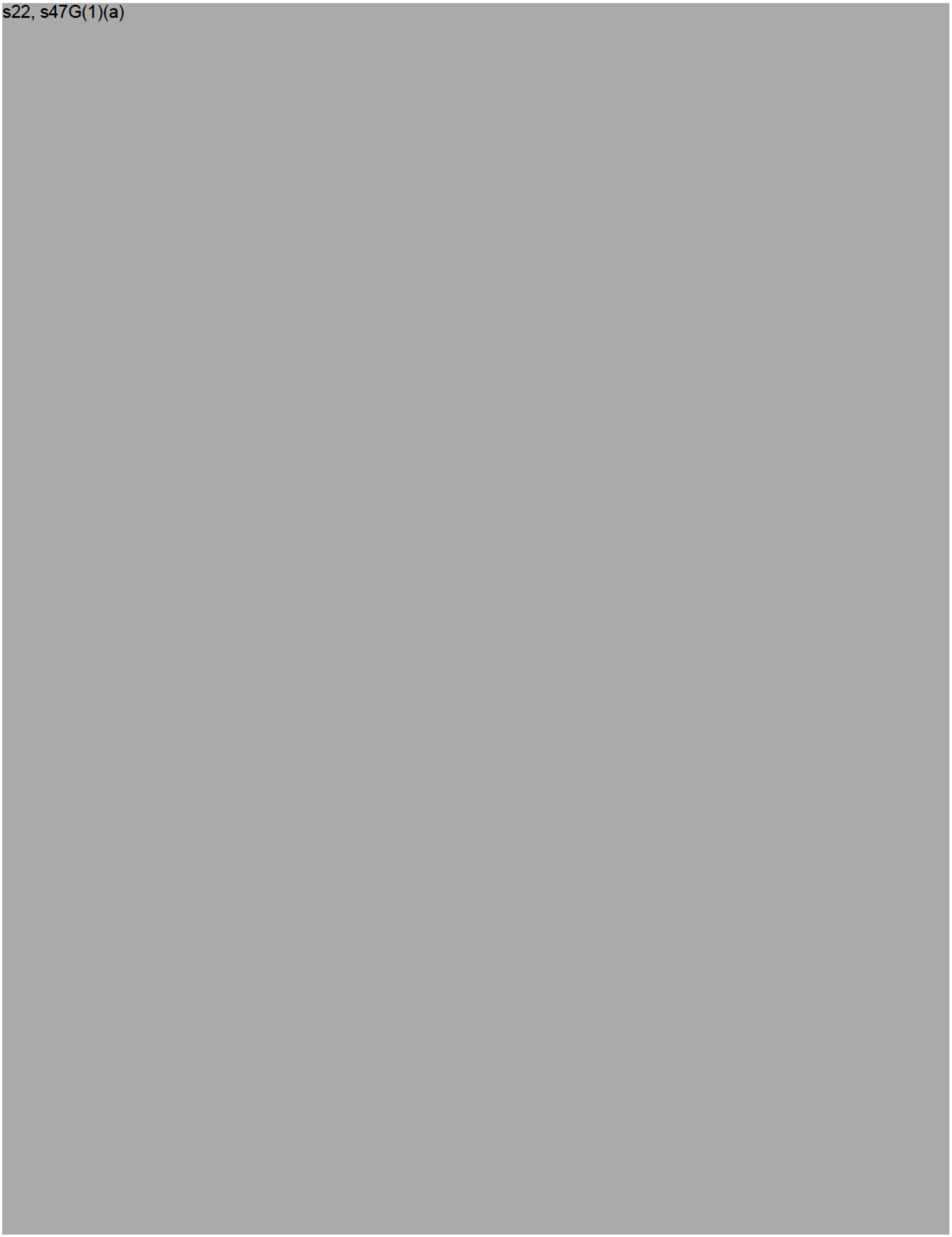
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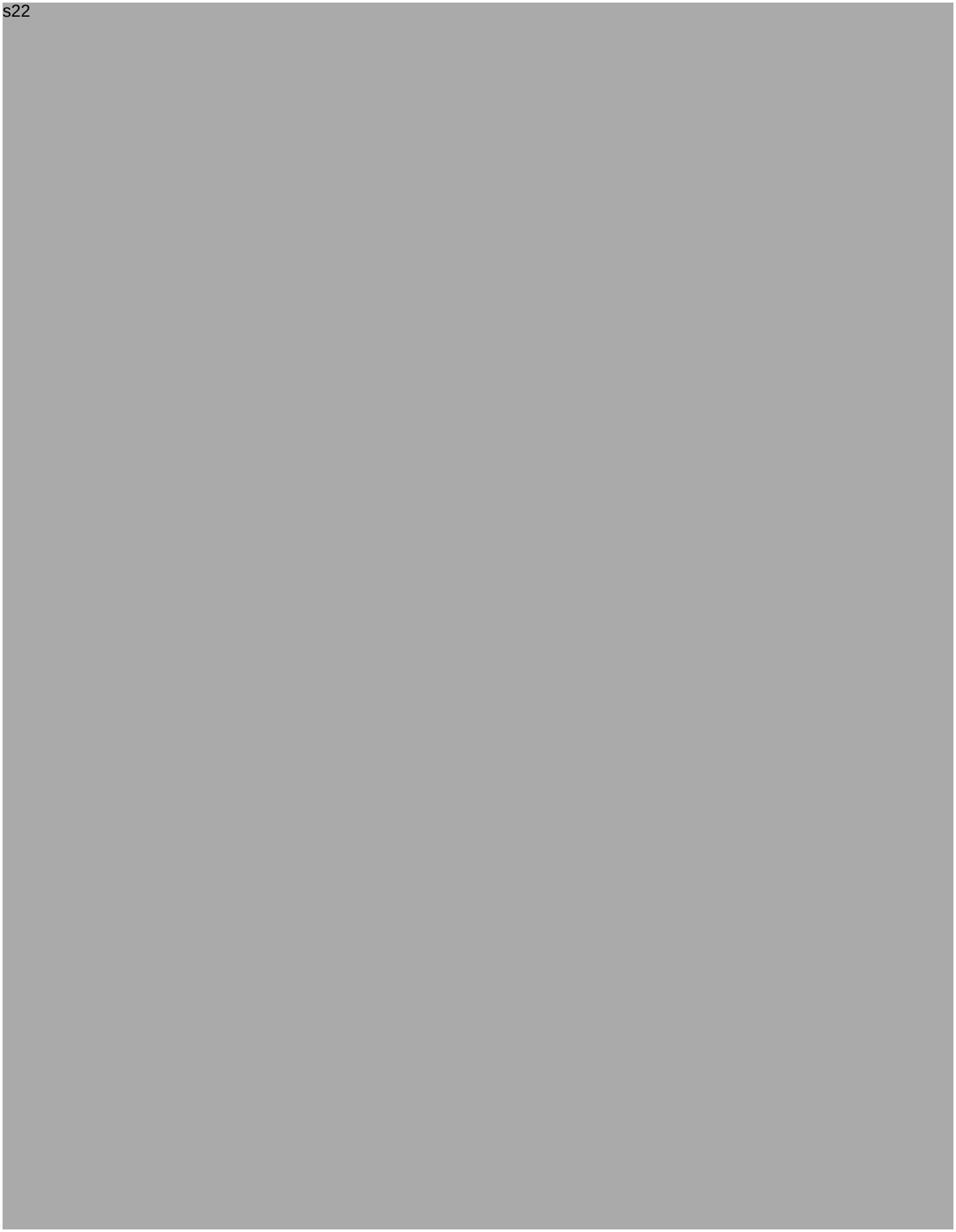

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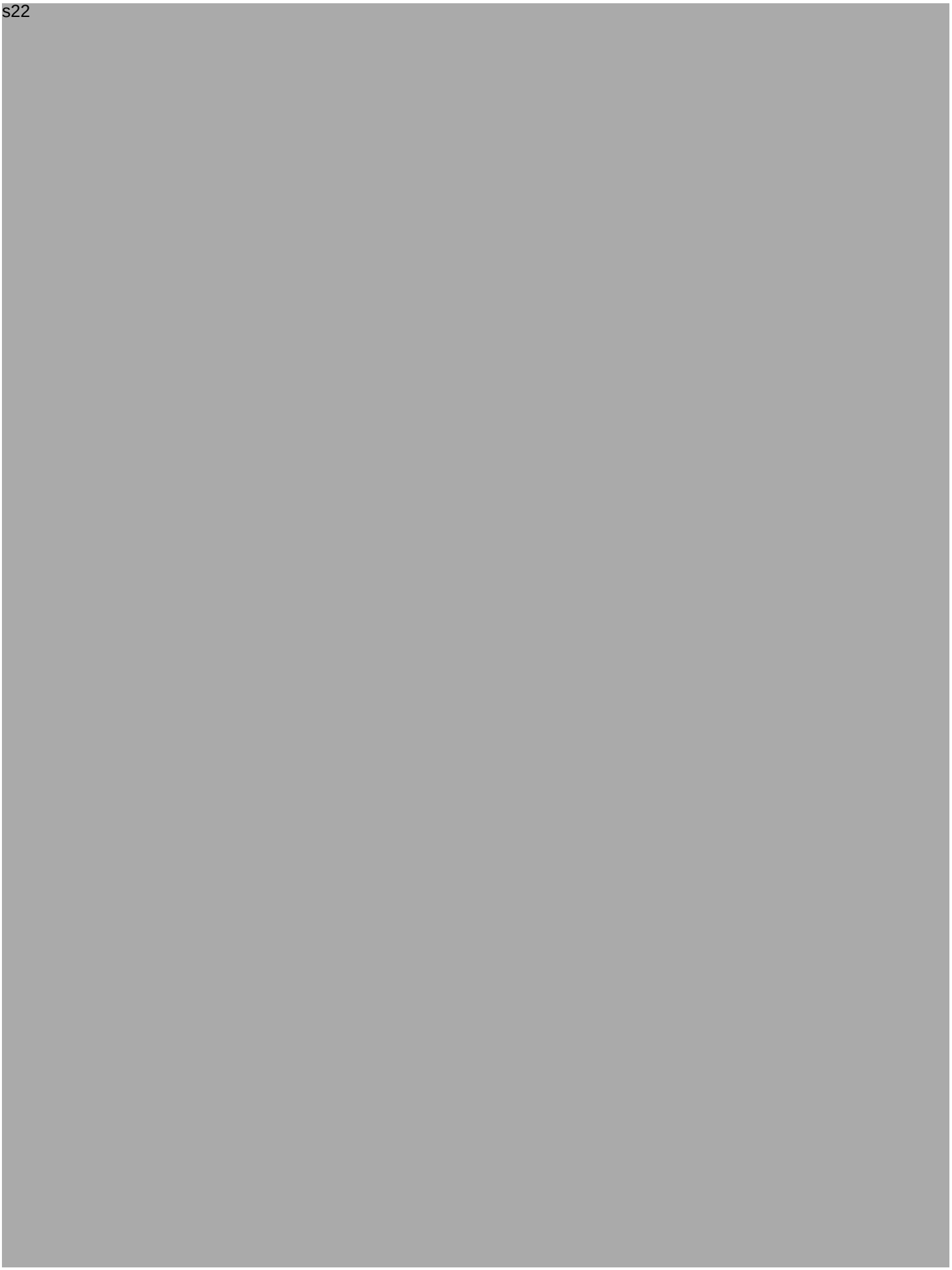



s22, s47G(1)(a)

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[redacted]

5. Project/Activity Details

Requested Information	Applicant Response
Provide a short title of your Application for this Project/Activity * *Maximum 50 words*	Endometriosis & Pelvic Pain Clinic (EPPC) – NSW Central Coast
Provide a brief Project/Activity description * *Maximum 300 words*	HNECC PHN seeks to commission an Endometriosis and Pelvic Pain Clinic (EPPC) on the NSW Central Coast, identifying the Central Coast Community Women's Health Centre (CCCWHC) as the preferred provider. CCCWHC is the region's longest-standing women's health service, operating since 1976. As a community-based, not-for-profit organisation, it delivers trauma-informed, integrated care across three locations - Wyoming, Woy Woy, and Wyong - making it well-positioned to host the EPPC. The proposed EPPC model includes: • A multi-disciplinary team (MDT) comprising an experienced women's health GP, pelvic physiotherapist, nurse, social worker, and potentially a psychologist (site feasibility dependent) • Opportunities for staff to pursue advanced training in endometriosis and pelvic pain care • Exploration of virtual care options to enhance MDT reach and accessibility • Establishment of a local support group involving community providers • Delivery of care that is holistic, inclusive, and lifespan-focused

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s22 [redacted]

6. Financial Details

6.1 Funding amount

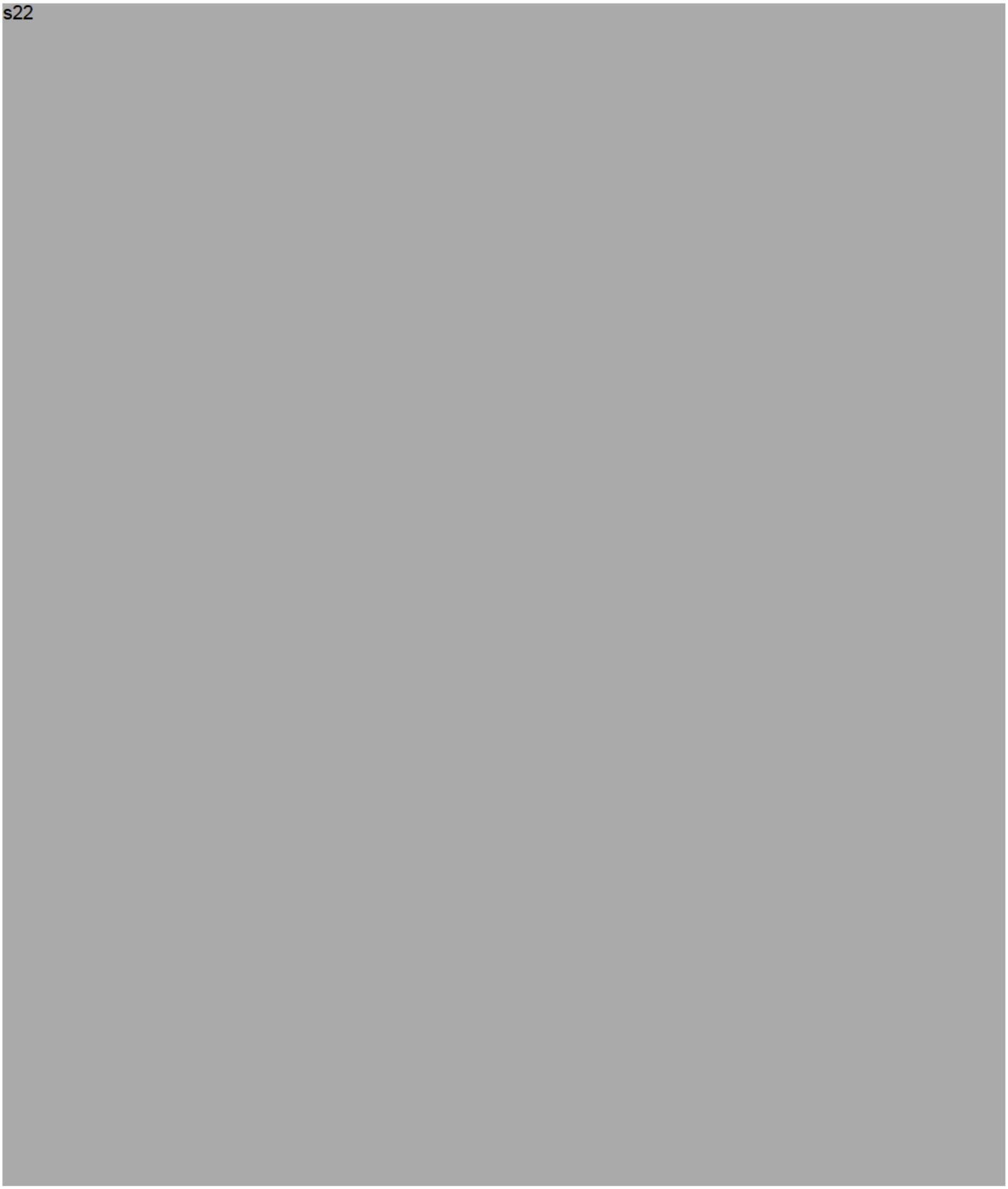
Provide a breakdown of the proposed funding amount applied for (GST exclusive) *			
2025-26 FY $ M	2026-27 FY $ M	2027-28 FY $ M	**Total** **$ M**
0.297	0.276	0.276	**0.849**

s22, s47G(1)(a) [redacted]

7. Assessment Criteria

s22 [redacted]

s22



7.2 Assessment Criterion 2

Requested Information
Alignment with Grant Opportunity Objectives and Outcomes (maximum 500 words)*

Describe how your organisations nominated GP practice will contribute to the outcomes of the grant opportunity as described in Section 2.1.

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Along with your response to this criterion you must complete the Nomination Form (available on GrantConnect). The Nomination Form does not count towards the word limit for this criterion.

Applicant Response – maximum 500 word limit

Grant Opportunity Outcome (GOO): *Increase access to an appropriately trained primary care workforce with capability and expertise in endometriosis, pelvic pain, perimenopause and menopause.*

Linked Activity: The primary care workforce that would be supported to provide specialised services to new and existing clients of Central Coast Community and Women's Health Centre (CCCWHC) under the EPPC are highly appropriate and already in place, and include female gendered GPs with advanced credentialing, a psychologist, a nurse and nurse practitioner, a social worker, and a sonographer. To support the grant objective of *"improving access to allied health and support services*", the EPPC will include a women's health physiotherapist and expanded group-based education.

GOO: *Increase capability (awareness, knowledge and skills) for primary care health professionals in the diagnosis, treatment and management of endometriosis and pelvic pain, and the support, management and relief of symptoms of perimenopause and menopause.*

Linked Activity: The EPPC activity will allow additional capability uplifts for the primary care professionals delivering care via existing partnerships and professional development relationships including Family Planning NSW, Jean Hailes and the Australasian Menopause Society. s22 [redacted]

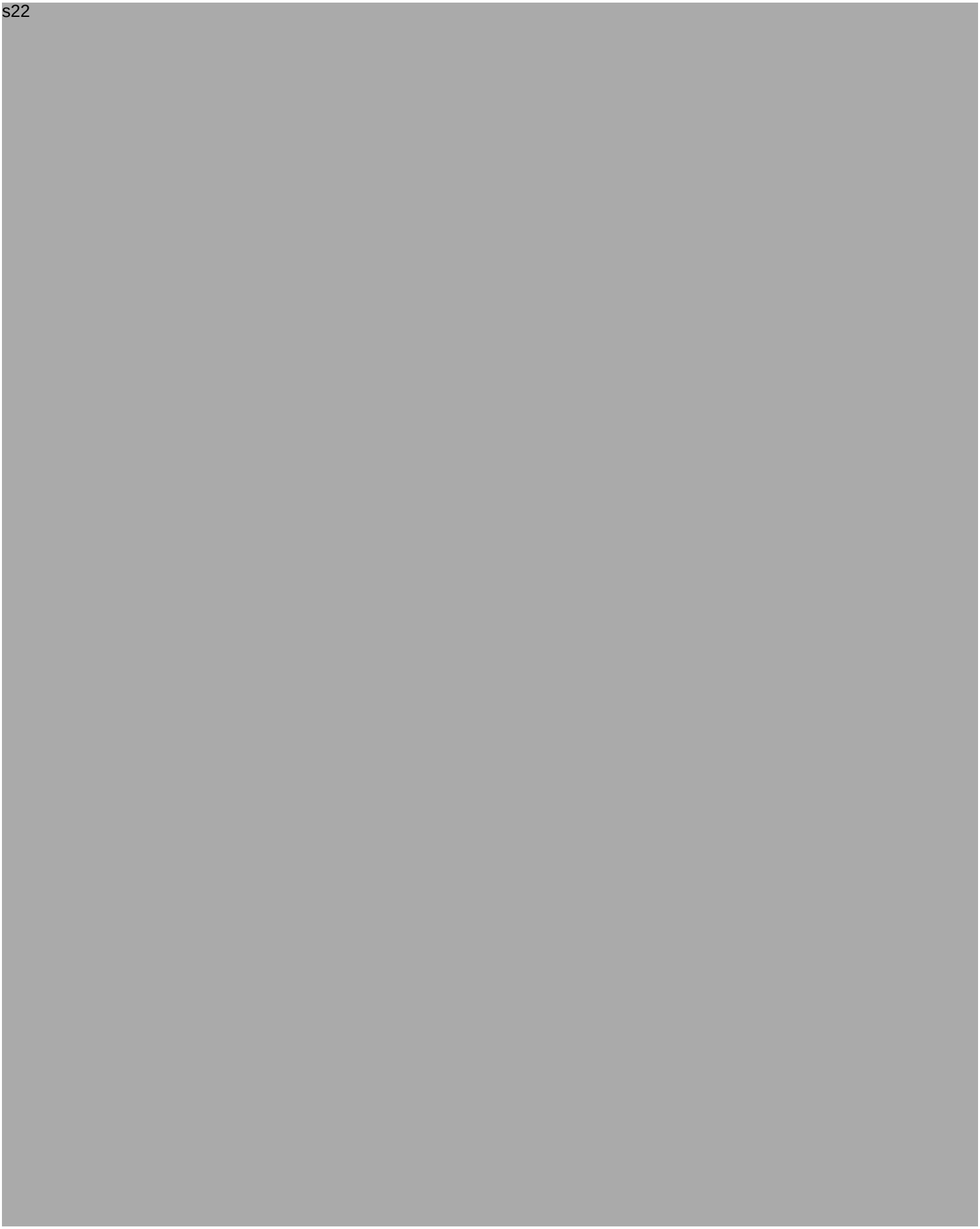
GOO: *Increase access for patients from priority populations, particularly those in underserved communities.*

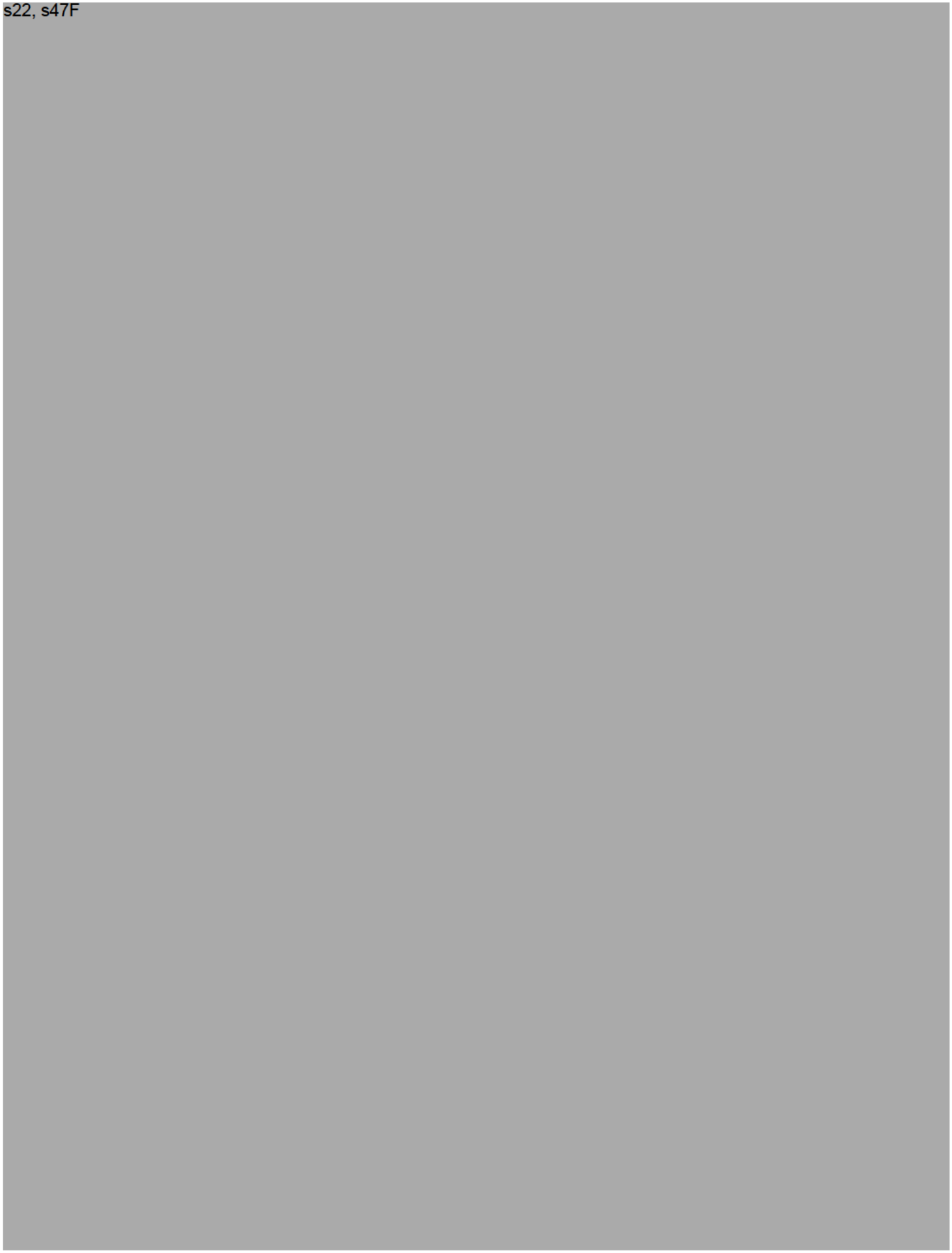
Linked Activity: CCCWHCs proposed EPPC will prioritise access for women from several priority population cohorts, including First Nations women, culturally and linguistic diverse communities, LGBTIQ+ people, and women experiencing financial hardship. The service would recognise concerns regarding affordability and would be consistent with the substantive practice model of offering bulk billed and low-cost offerings, and proactive work to remove financial barriers to care. Free on-site childcare is available at all centres, s22 [redacted]

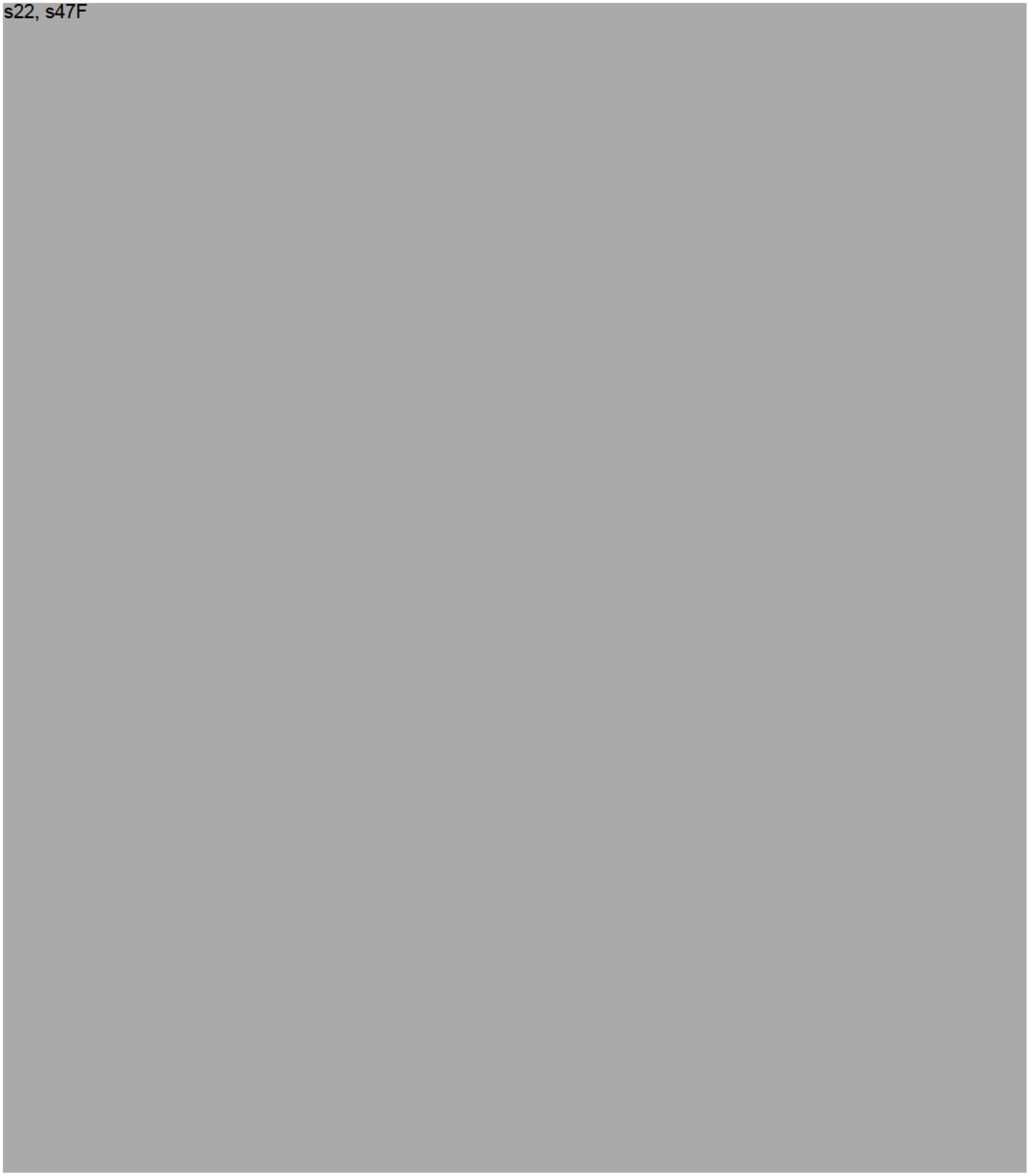
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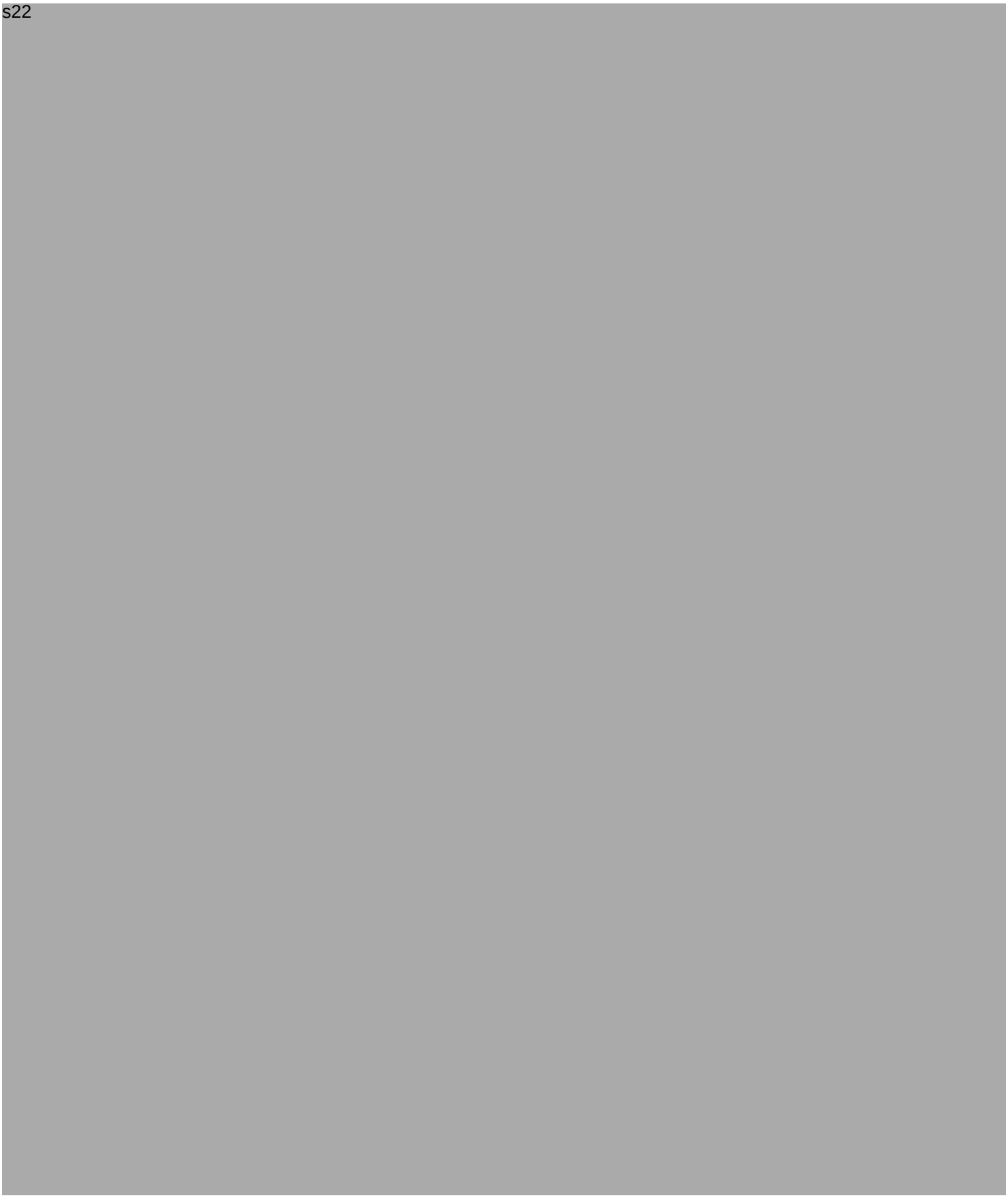
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Application Form

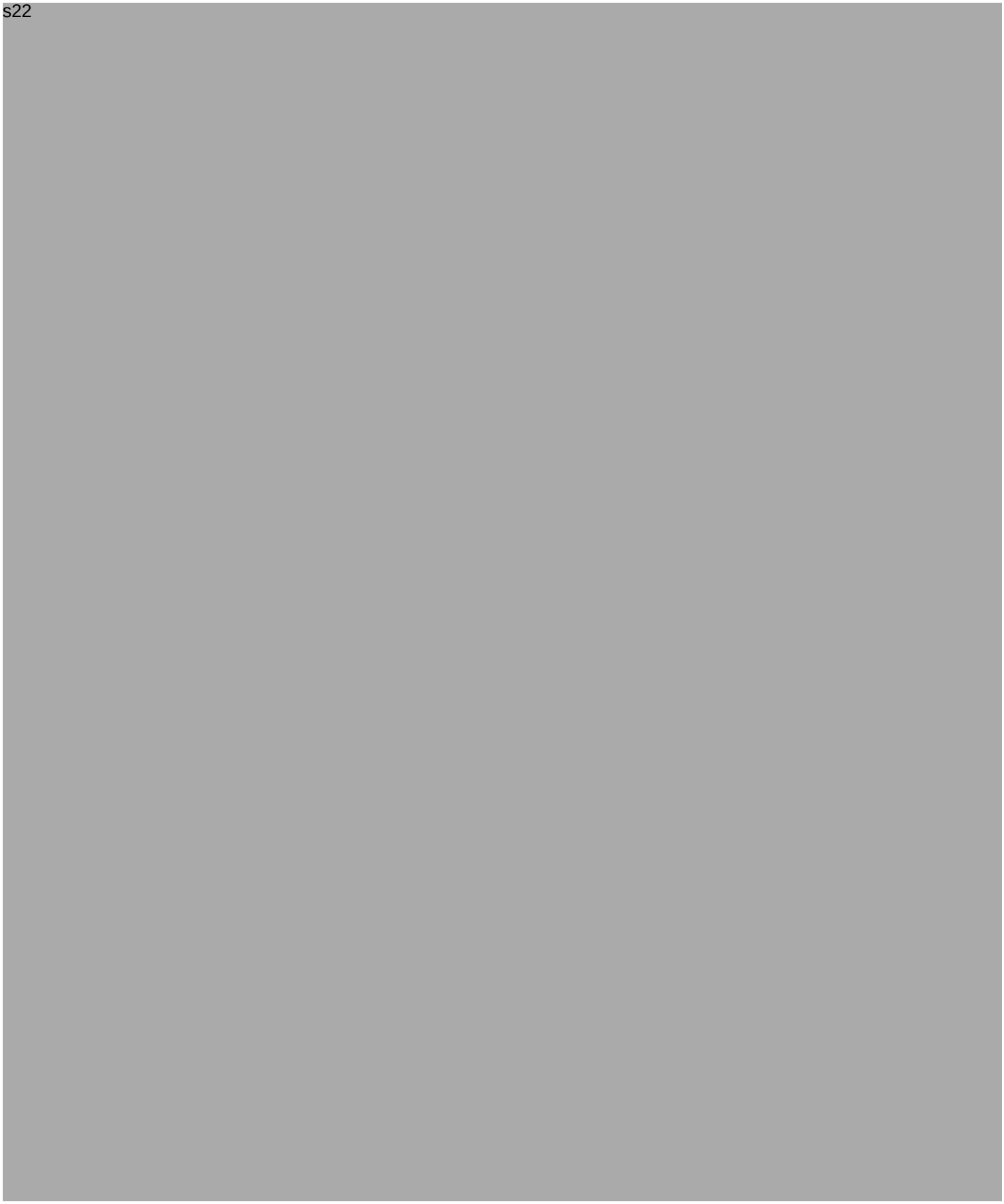
GO7749

Closing date and time:	2:00pm (Canberra local time) on 11 August 2025
Commonwealth policy entity:	Department of Health, Disability and Ageing (department)
Administering entity:	Community Grants Hub
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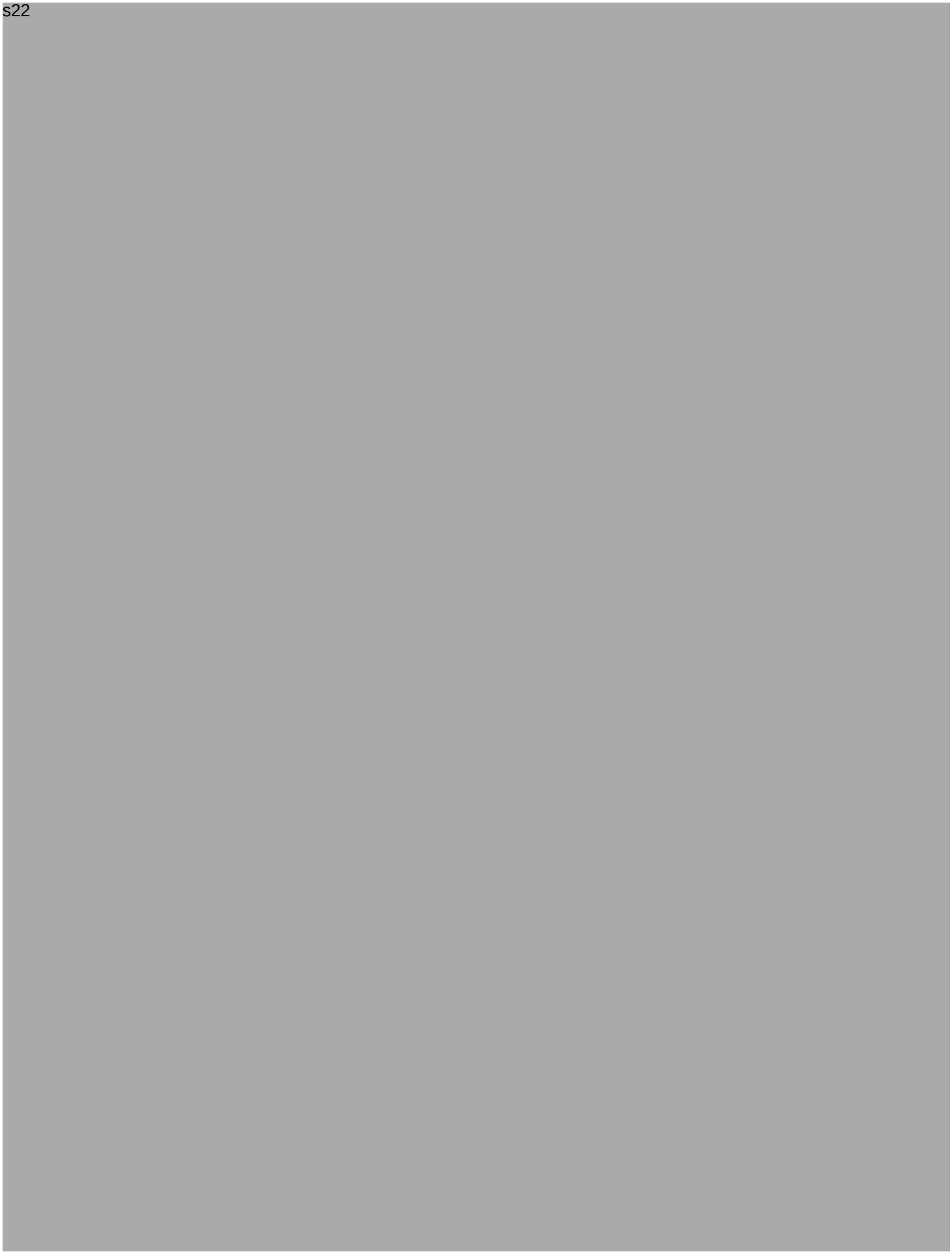

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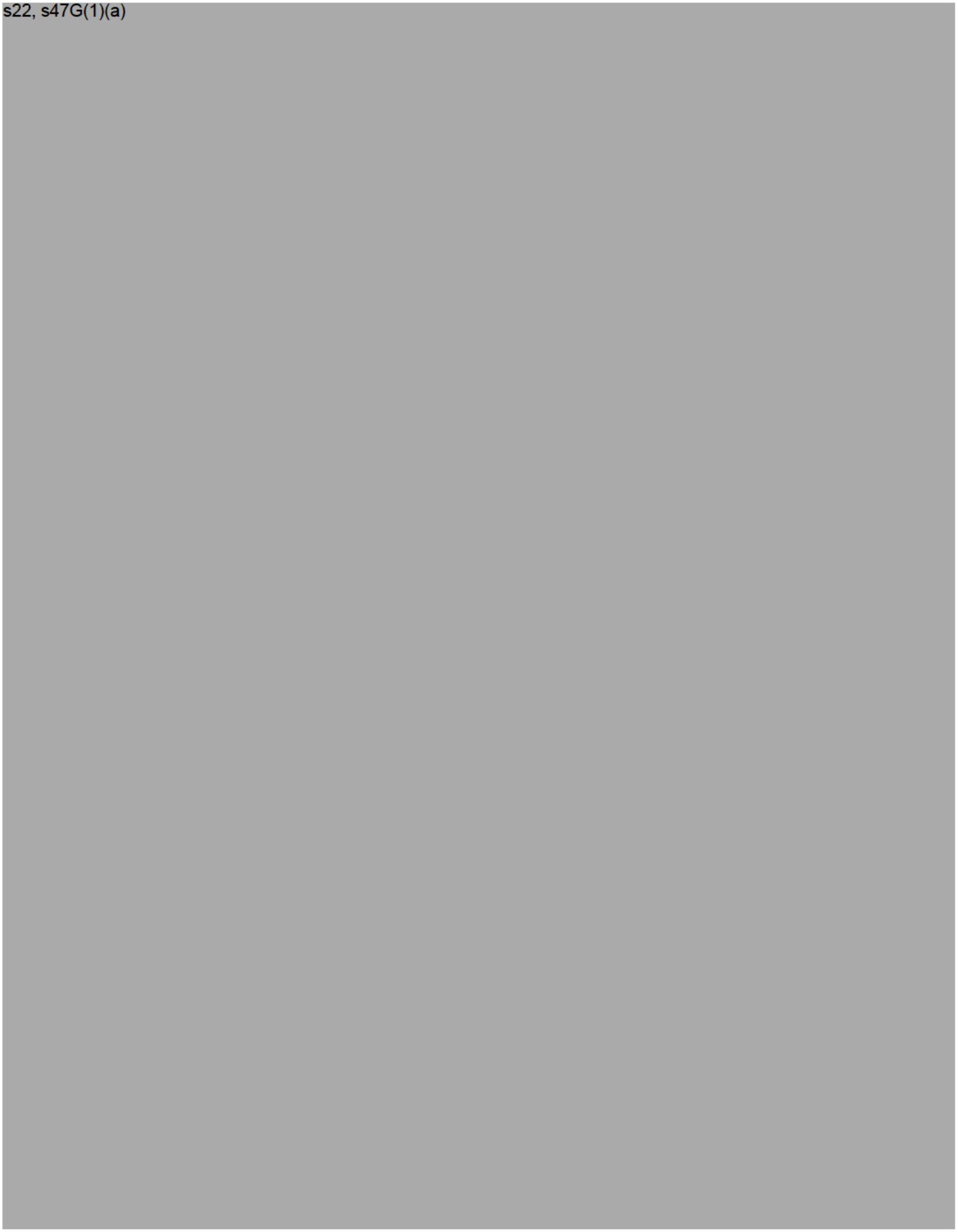
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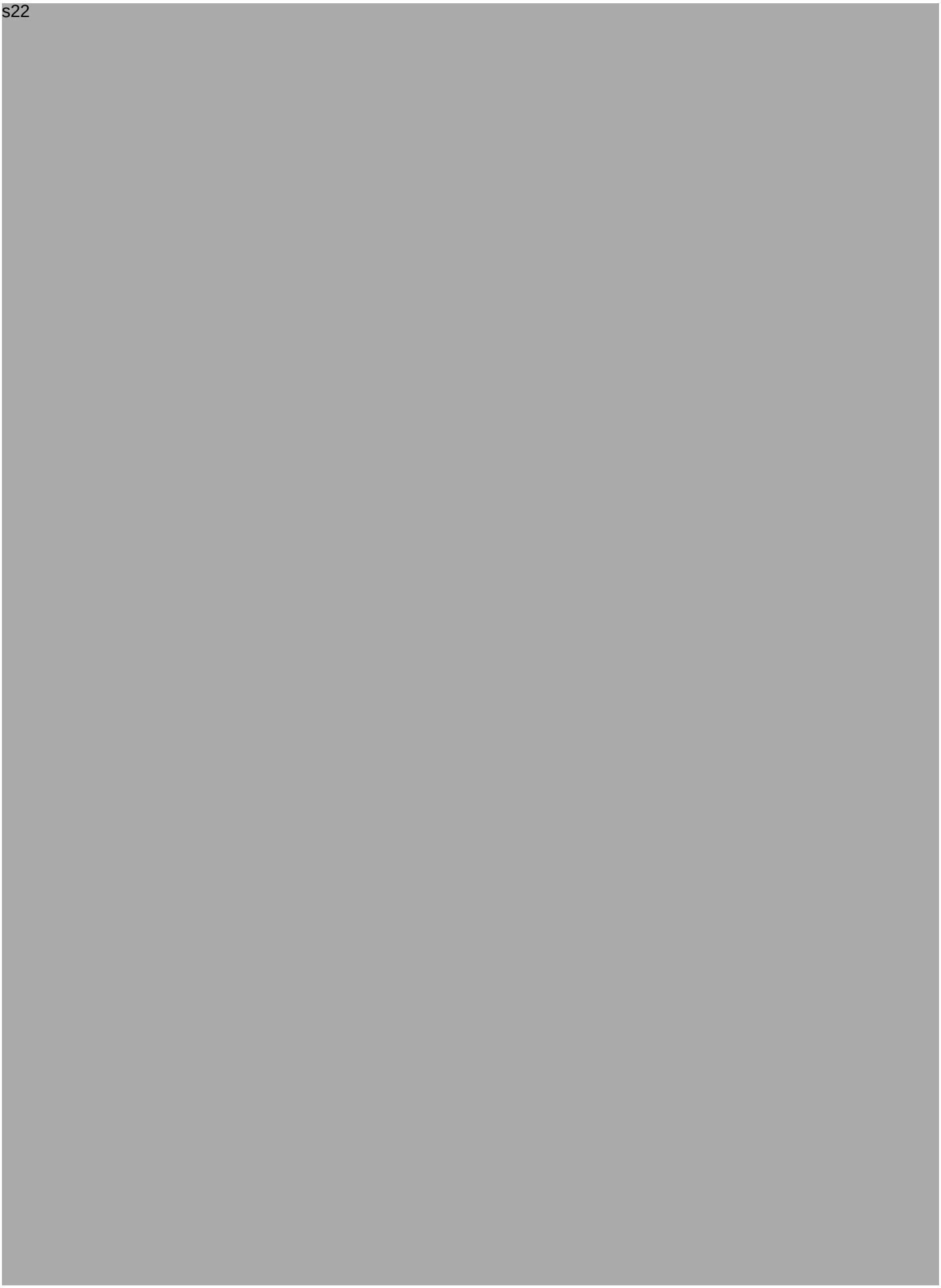


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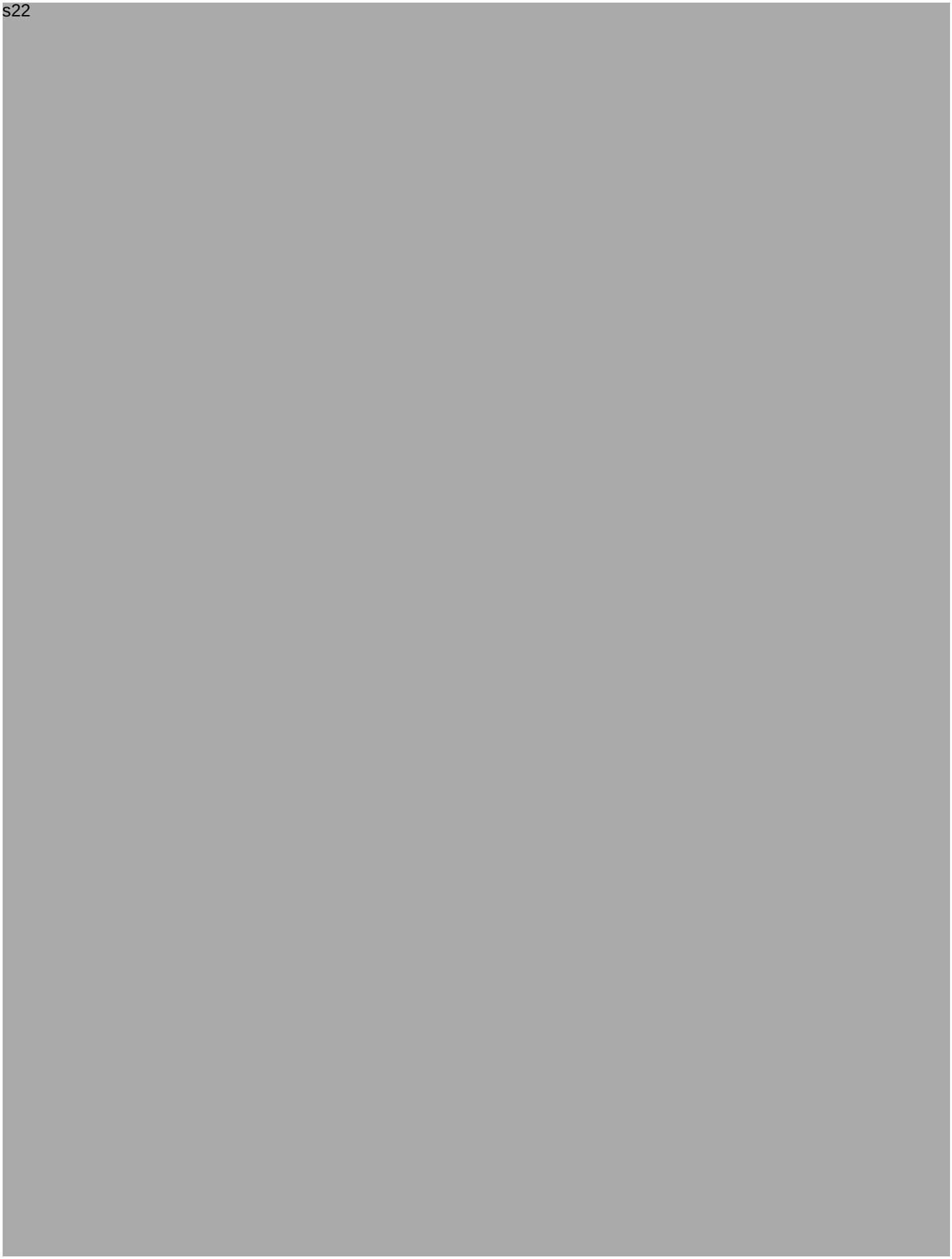
s22, s47G(1)(a)



s22



s22



s22 [redacted]

5. Project/Activity Details

Requested Information	Applicant Response
Provide a short title of your Application for this Project/Activity * *Maximum 50 words*	Endometriosis and Pelvic Pain Clinic (Gippsland) – Latrobe Community Health Service
Provide a brief Project/Activity description * *Maximum 300 words*	s22 [redacted] LCHS is a multidisciplinary, AGPAL-accredited practice with extensive experience in women's, sexual, and reproductive health, including endometriosis, pelvic pain, perimenopause, and menopause management. s22 [redacted]

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Requested Information	Applicant Response
	s22 [redacted]

This document has been released under the Freedom of Information Act by the Department of Health

6. Financial Details

6.1 Funding amount

Provide a breakdown of the proposed funding amount applied for (GST exclusive) *				
ACTIVITY	2025/26 FY $ M	2026/27 FY $ M	2027/28 FY $ M	**Total** **$ M**
New Clinic Funding per 1 PHN	256,667	256,667	256,667	770,000
PHN administration costs per 1 PHNs	39,986	19,830	19,830	79,646
Totals	**296,653**	**276,497**	**276,497**	**849,646**

s22, s47G(1)(a)

[redacted]

7. Assessment Criteria

s22

[redacted]

s22 [redacted]

7.2 Assessment Criterion 2

Requested Information
Alignment with Grant Opportunity Objectives and Outcomes (maximum 500 words)*
Describe how your organisations nominated GP practice will contribute to the outcomes of the grant opportunity as described in Section 2.1. You must demonstrate this through identifying: • how the activities proposed in your Nomination Form align with the grant opportunity's objectives and outcomes • how the nominated GP practice will identify, engage and collaborate with relevant stakeholders to ensure the effective delivery of the grant objectives and outcomes. Along with your response to this criterion you must complete the Nomination Form (available on GrantConnect). The Nomination Form does not count towards the word limit for this criterion.

Applicant Response – maximum 500 word limit

LCHS is a multidisciplinary, AGPAL-accredited practice with a proven commitment to women's, sexual and reproductive health, including the management of endometriosis, chronic pelvic pain, perimenopause, and menopause. Their nomination aligns with the Endometriosis and Pelvic Pain Clinic (EPPC) Expansion Grant, which seeks to improve access, diagnosis, treatment, and workforce capability in primary care, particularly for priority and underserved populations.

s22 [redacted]

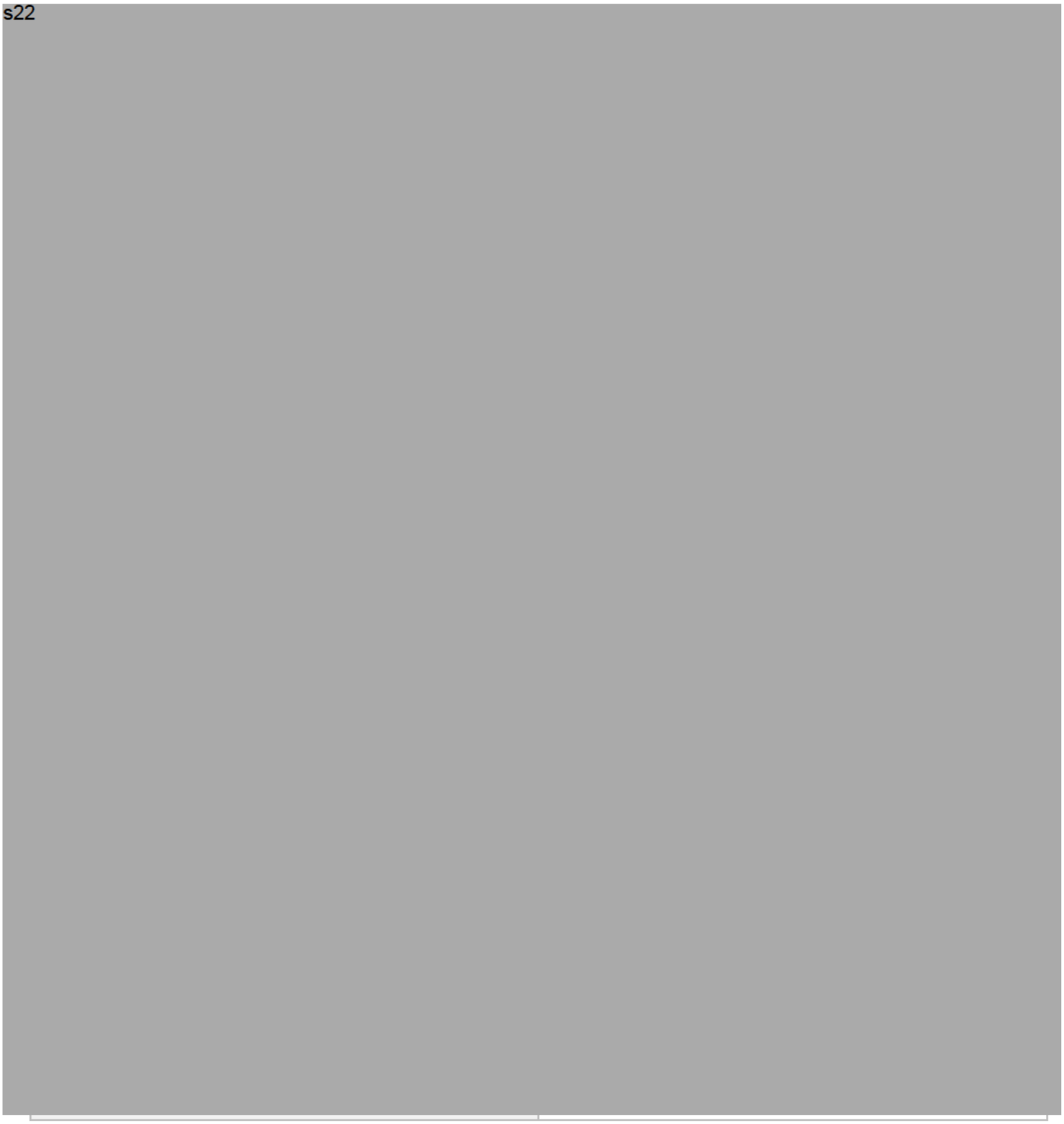
LCHS has well-established collaborative networks with local hospitals, gynaecologists, imaging providers, pelvic health physiotherapists, dietitians, psychologists, and social workers, creating a strong multidisciplinary approach for patient care. LCHS also engage with Aboriginal and multicultural health services to ensure care is culturally safe and accessible. Telehealth and outreach pathways will reduce geographic barriers and ensure that women in regional and remote Gippsland can access timely assessment, education, and follow-up.

The practice's active participation in research initiatives, including the MOCCA (chlamydia) study and Capturing Obstructive Behaviour study, demonstrates their commitment to evidence-based, innovative

care. Engagement with Gippsland PHN's governance and quality frameworks, including data-driven monitoring and quarterly reviews, will ensure continuous improvement and sustainability of the EPPC.

s22 [redacted]

s22 [redacted]


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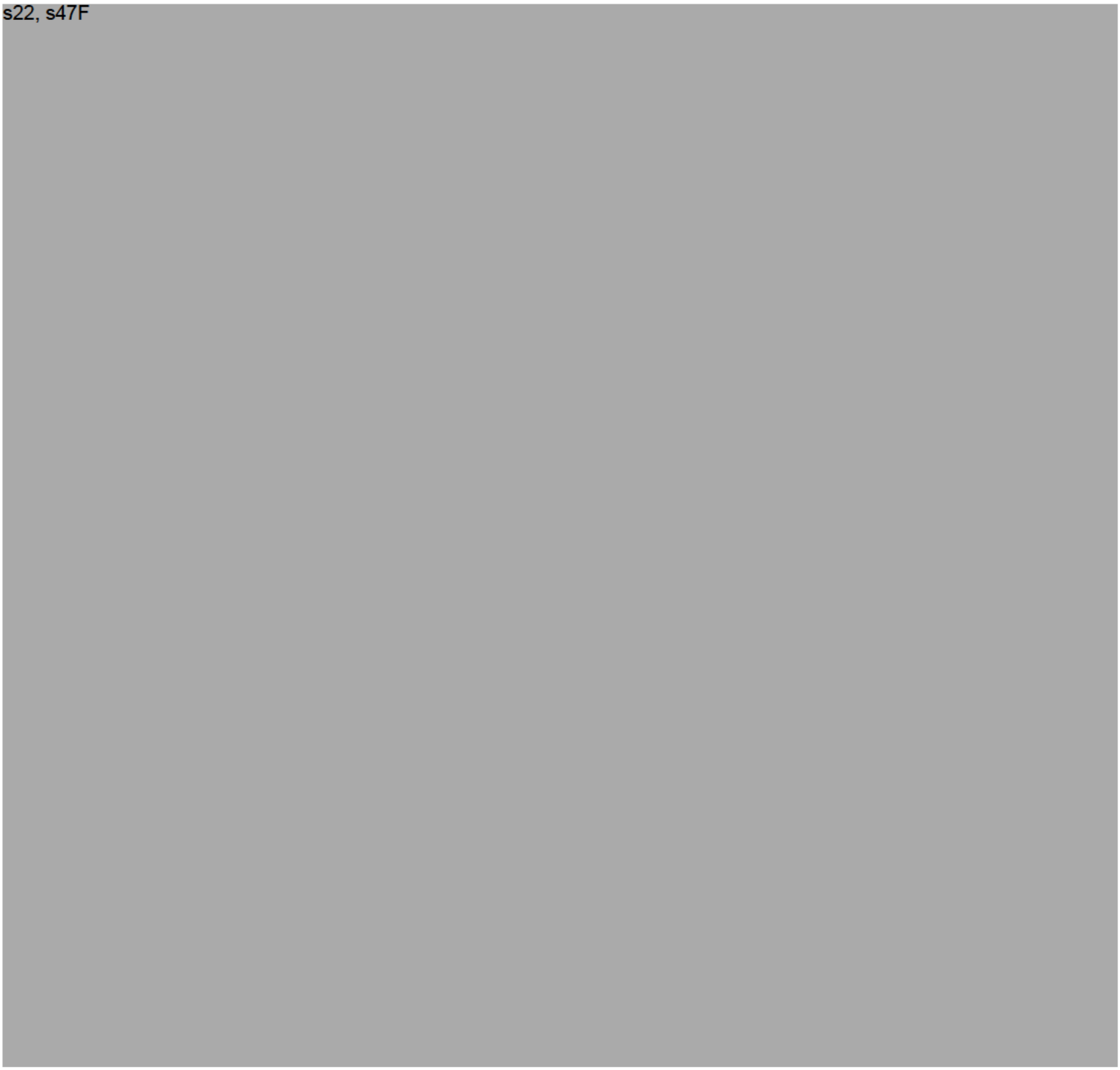
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Department of Health, Disability and Ageing

Preventive Health and Chronic Disease Support: Endometriosis and Pelvic Pain Clinic (EPPC) Expansion – New EPPCs

Application Form

GO7749

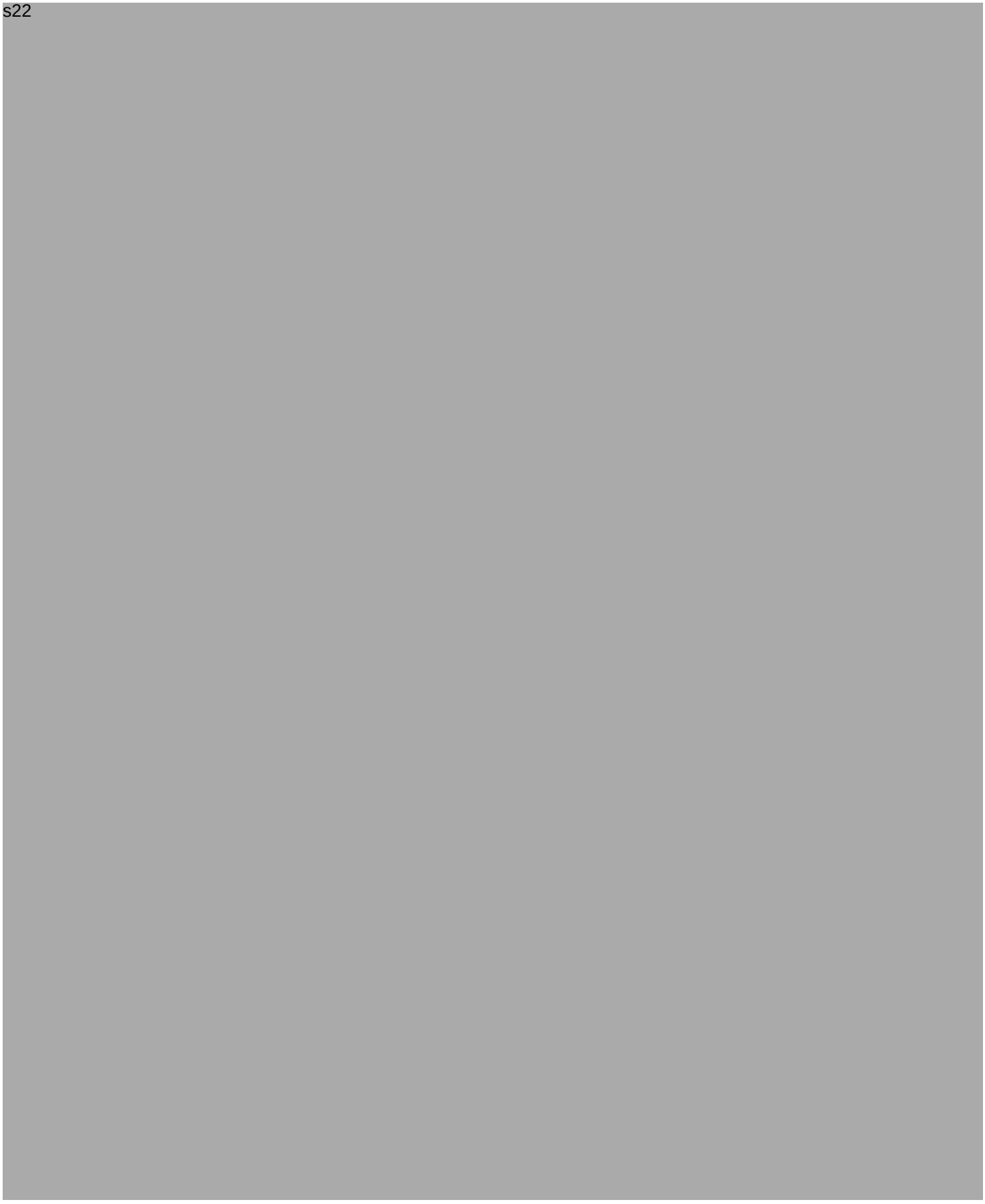
Closing date and time:	2:00pm (Canberra local time) on 11 August 2025
Commonwealth policy entity:	Department of Health, Disability and Ageing (department)
Administering entity:	Community Grants Hub
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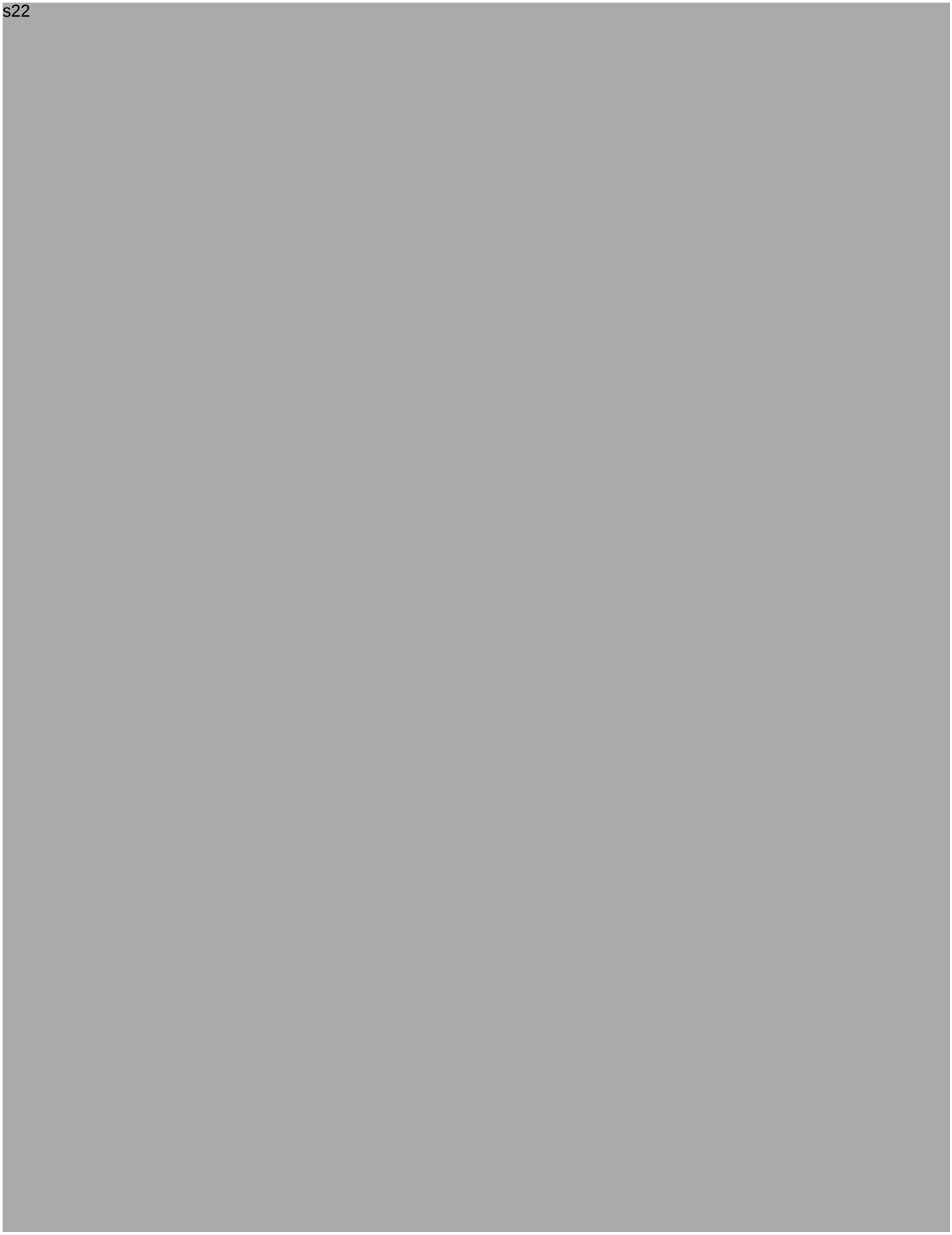
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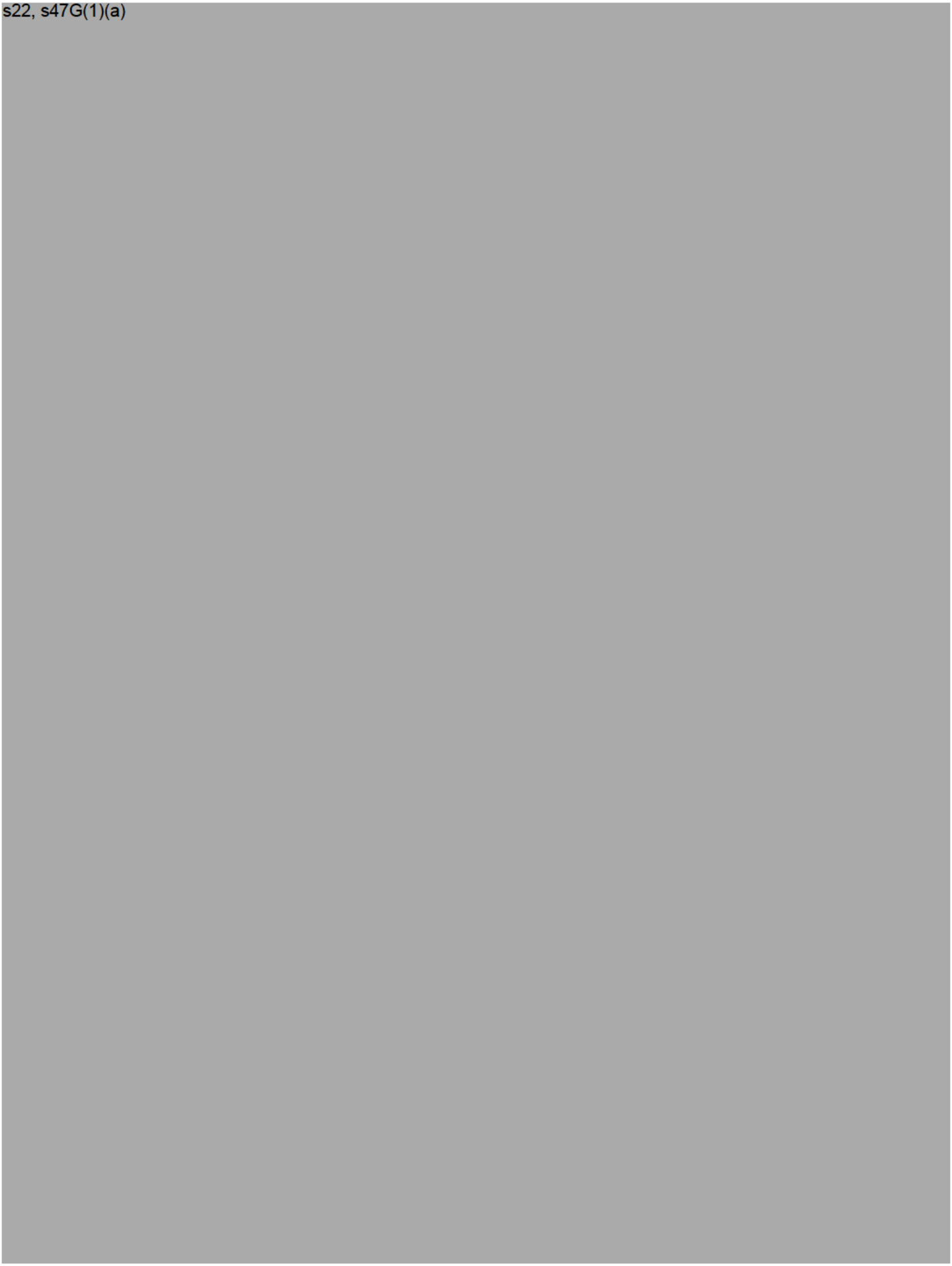
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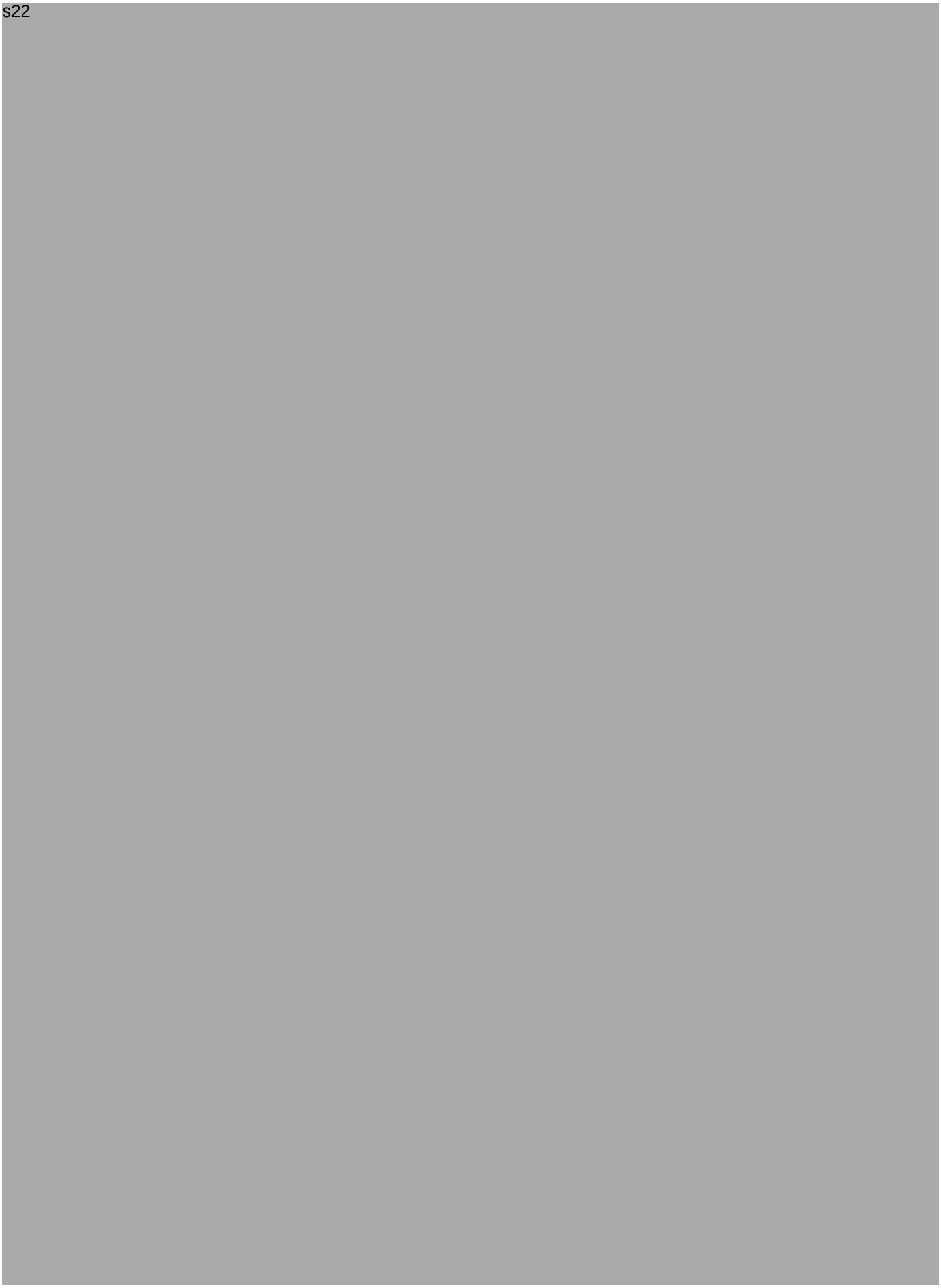
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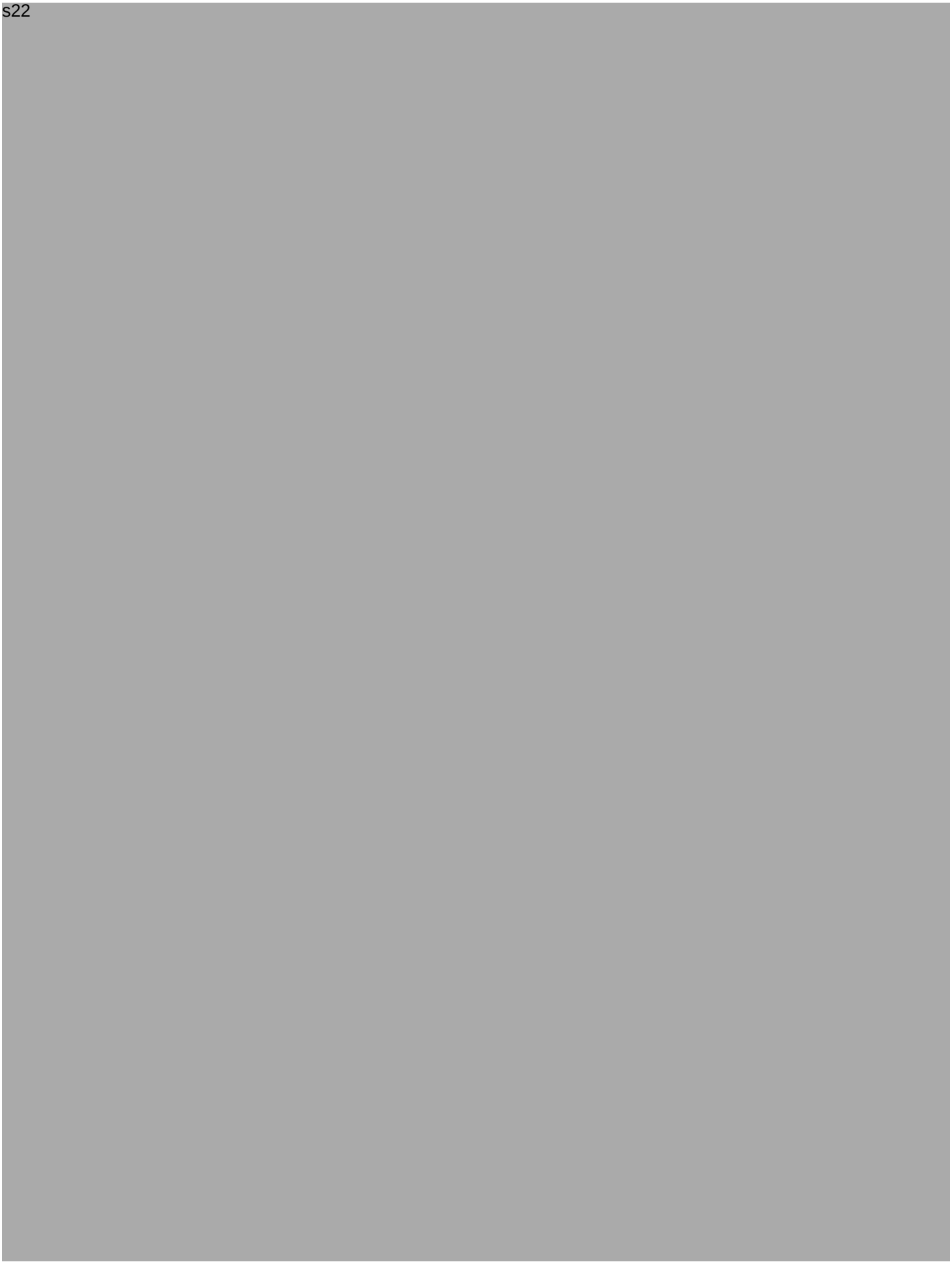


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5. Project/Activity Details

Requested Information	Applicant Response
Provide a short title of your Application for this Project/Activity * *Maximum 50 words*	s22 s22 s22
Provide a brief Project/Activity description * *Maximum 300 words*	s22

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Requested Information	Applicant Response
	s22 [redacted]

6. Financial Details

6.1 Funding amount

Provide a breakdown of the proposed funding amount applied for (GST exclusive) *			
2025-26 FY $ M	2026-27 FY $ M	2027-28 FY $ M	**Total** **$ M**
$256,666.67	$256,666.67	$256,666.66	**$770,000.00**

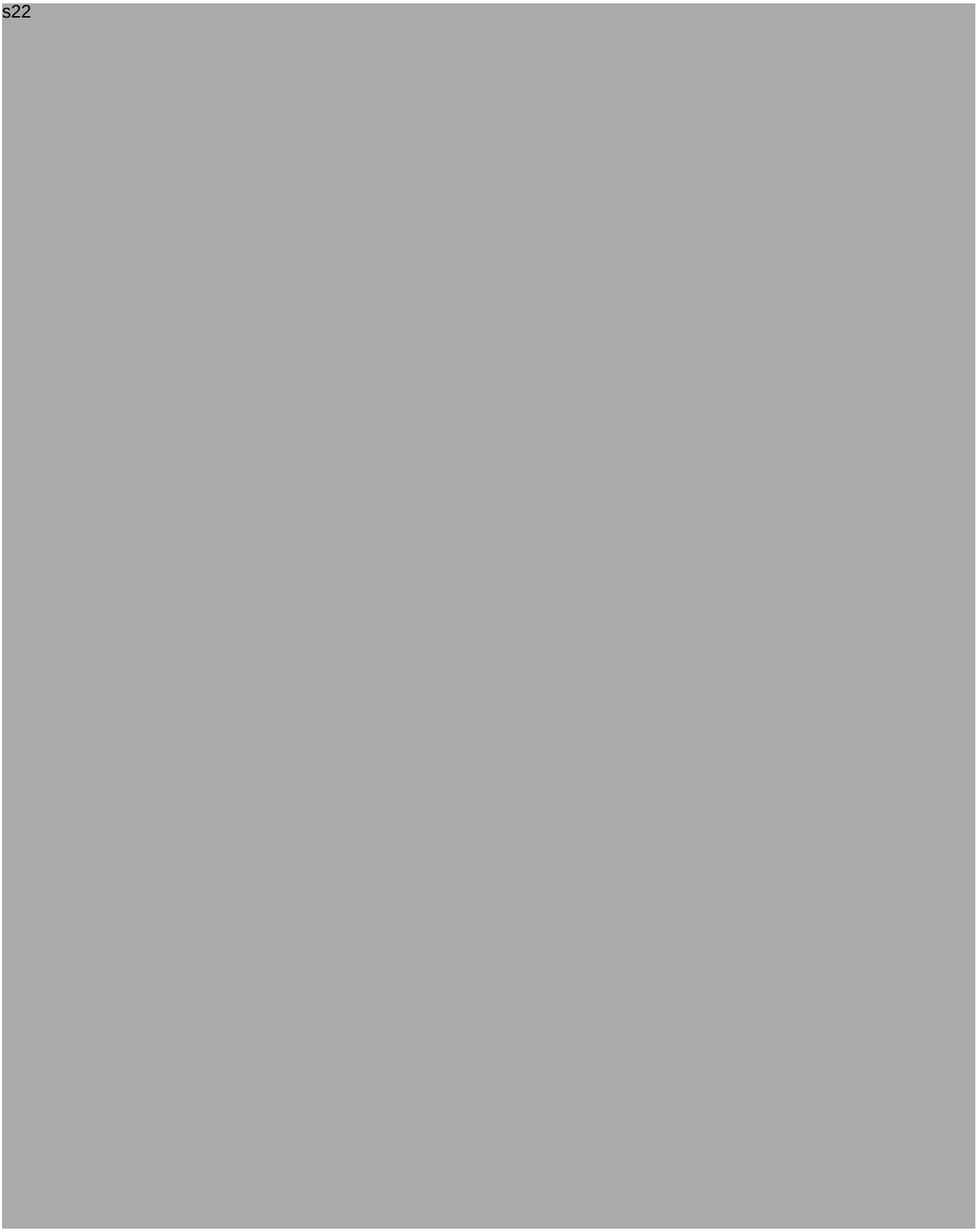
s22, s47G(1)(a) [redacted]

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7. Assessment Criteria

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s22 [redacted]

7.2 Assessment Criterion 2

Requested Information
Alignment with Grant Opportunity Objectives and Outcomes (maximum 500 words)*
Describe how your organisations nominated GP practice will contribute to the outcomes of the grant opportunity as described in Section 2.1. You must demonstrate this through identifying: • how the activities proposed in your Nomination Form align with the grant opportunity's objectives and outcomes • how the nominated GP practice will identify, engage and collaborate with relevant stakeholders to ensure the effective delivery of the grant objectives and outcomes. Along with your response to this criterion you must complete the Nomination Form (available on GrantConnect). The Nomination Form does not count towards the word limit for this criterion.

Applicant Response – maximum 500 word limit

s22 [redacted]

Regionally based, women-led, and with a multicultural focus, the practice specialises in endometriosis, pelvic pain, menopause, and broader women's health. Proposed activities align with grant objectives by:

- **Improving access** to GP-led multidisciplinary care with 13 GPs (five female GPs with women's health accreditation), allied health (two midwives, two practice nurses, dietician, pelvic physiotherapist) s22 [redacted]
- **Providing culturally safe care** through community co-design, partnerships with Indigenous communities and Aboriginal Medical Centres, programs such as chronic disease support and MBS health checks, multilingual resources, interpreter services, GPs from diverse backgrounds, and support for local refugee populations.
- **Enhancing accessibility** for underserviced communities in south-western Toowoomba's growth corridor, with easy reach to rural areas including Southern Downs, Western Downs, and Goondiwindi.

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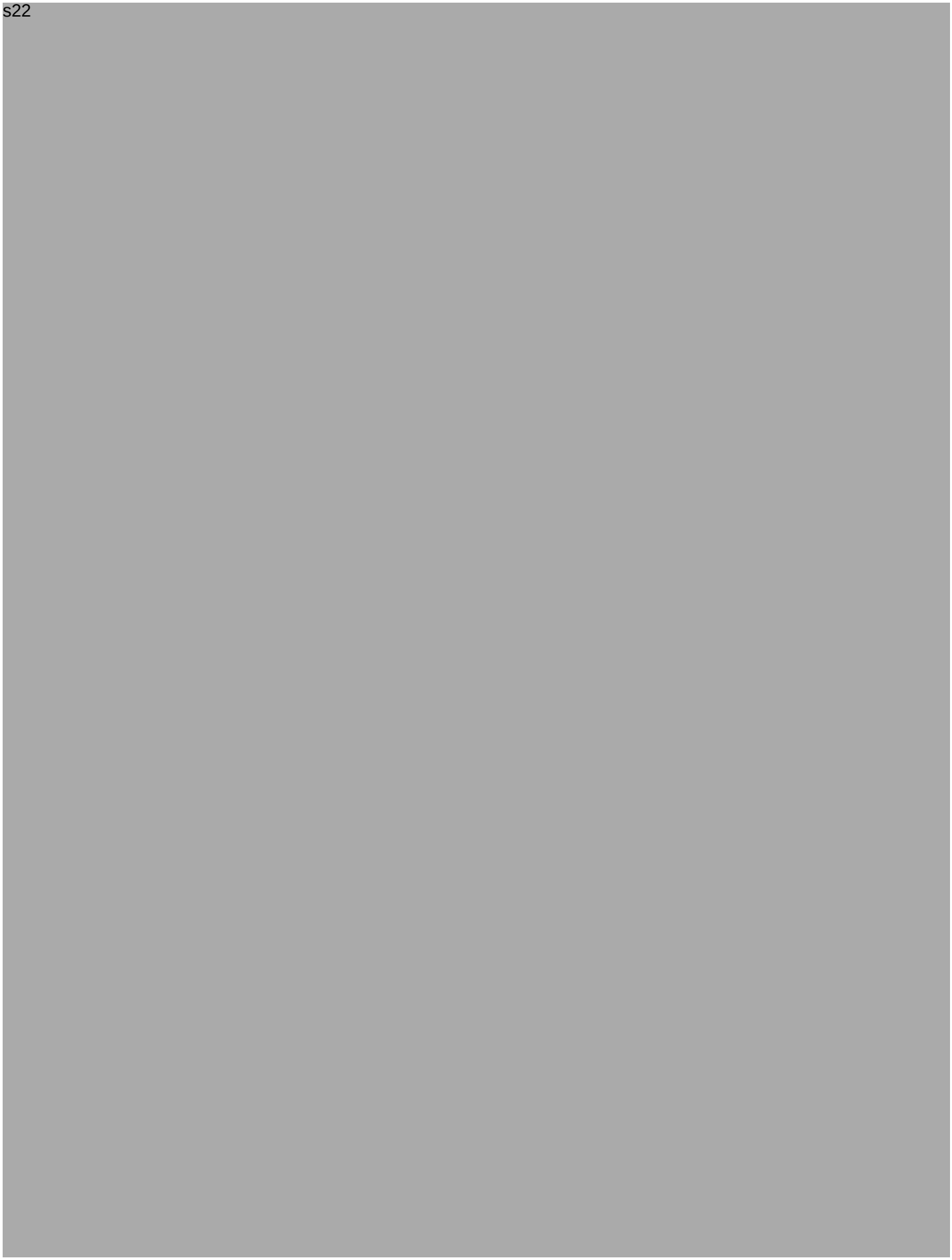


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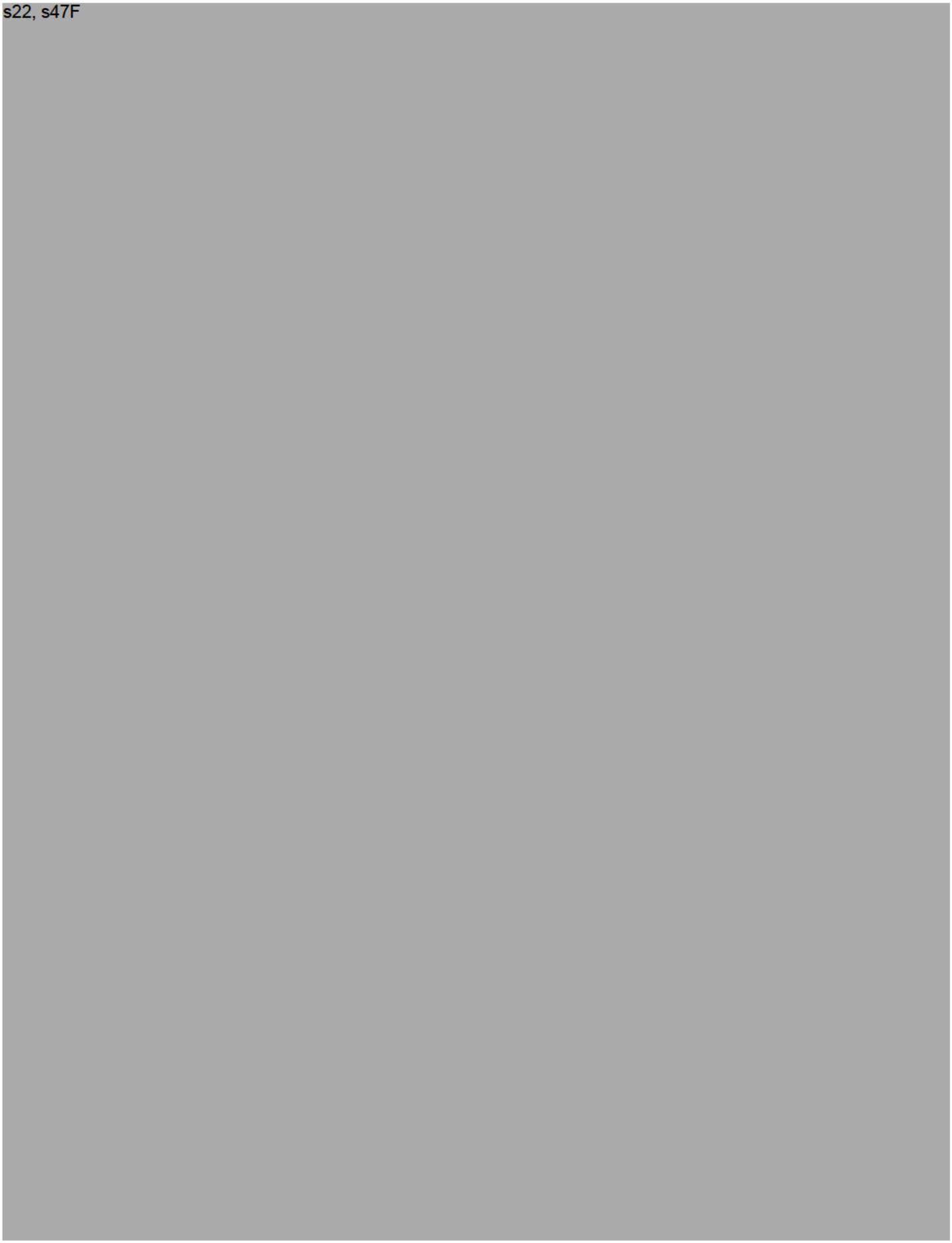


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Department of Health, Disability and Ageing

Preventive Health and Chronic Disease Support: Endometriosis and Pelvic Pain Clinic (EPPC) Expansion – New EPPCs

Application Form

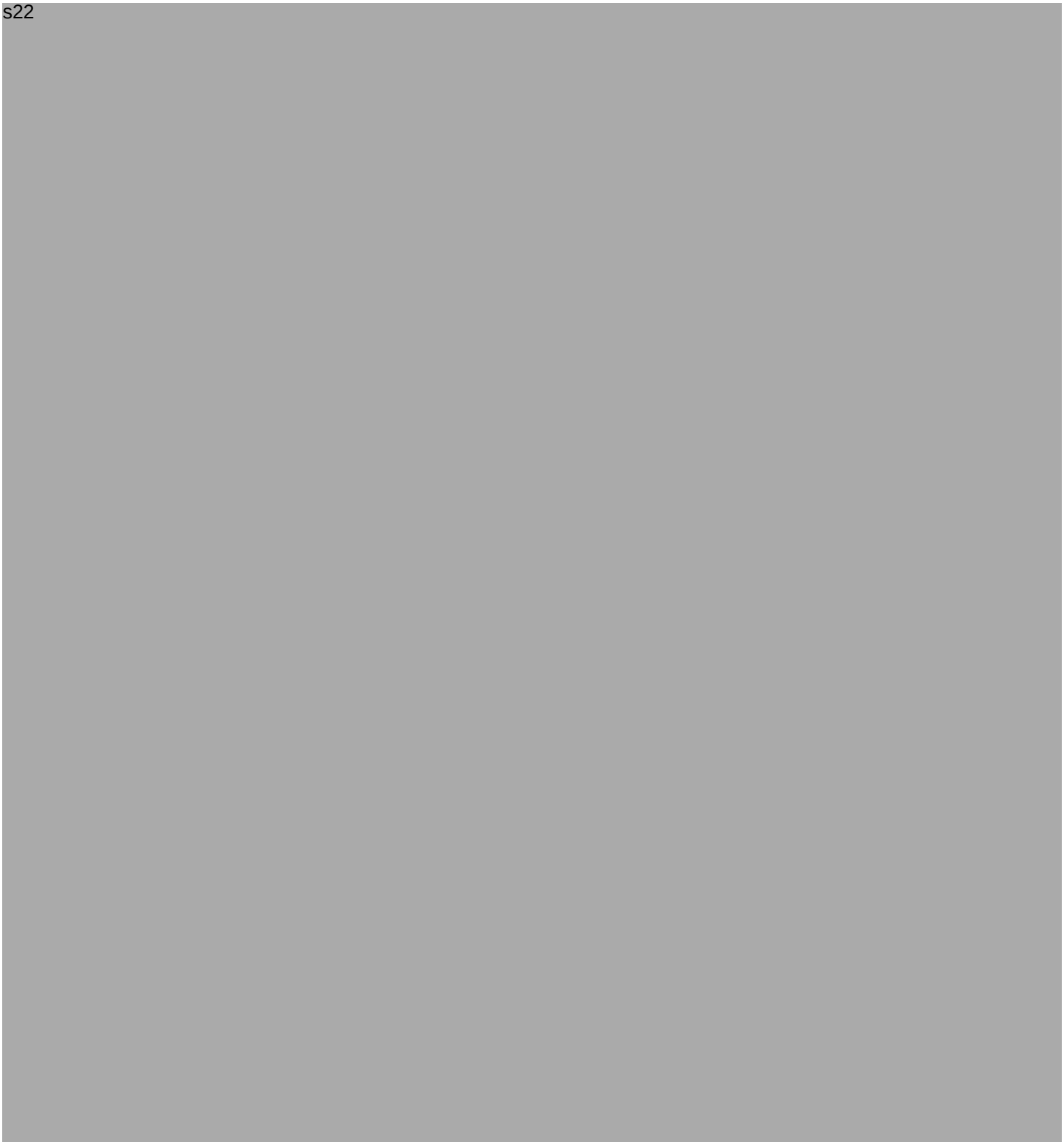
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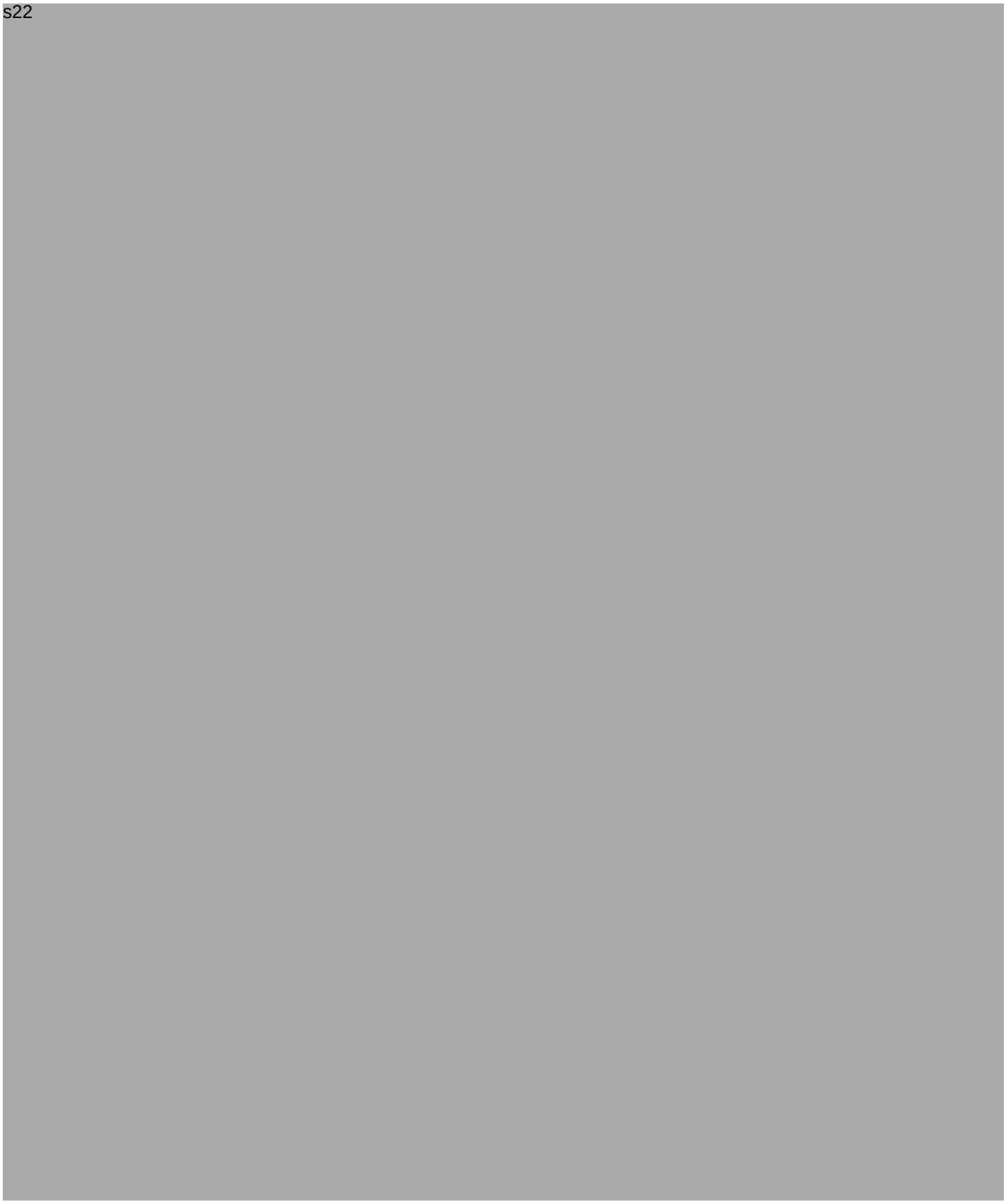
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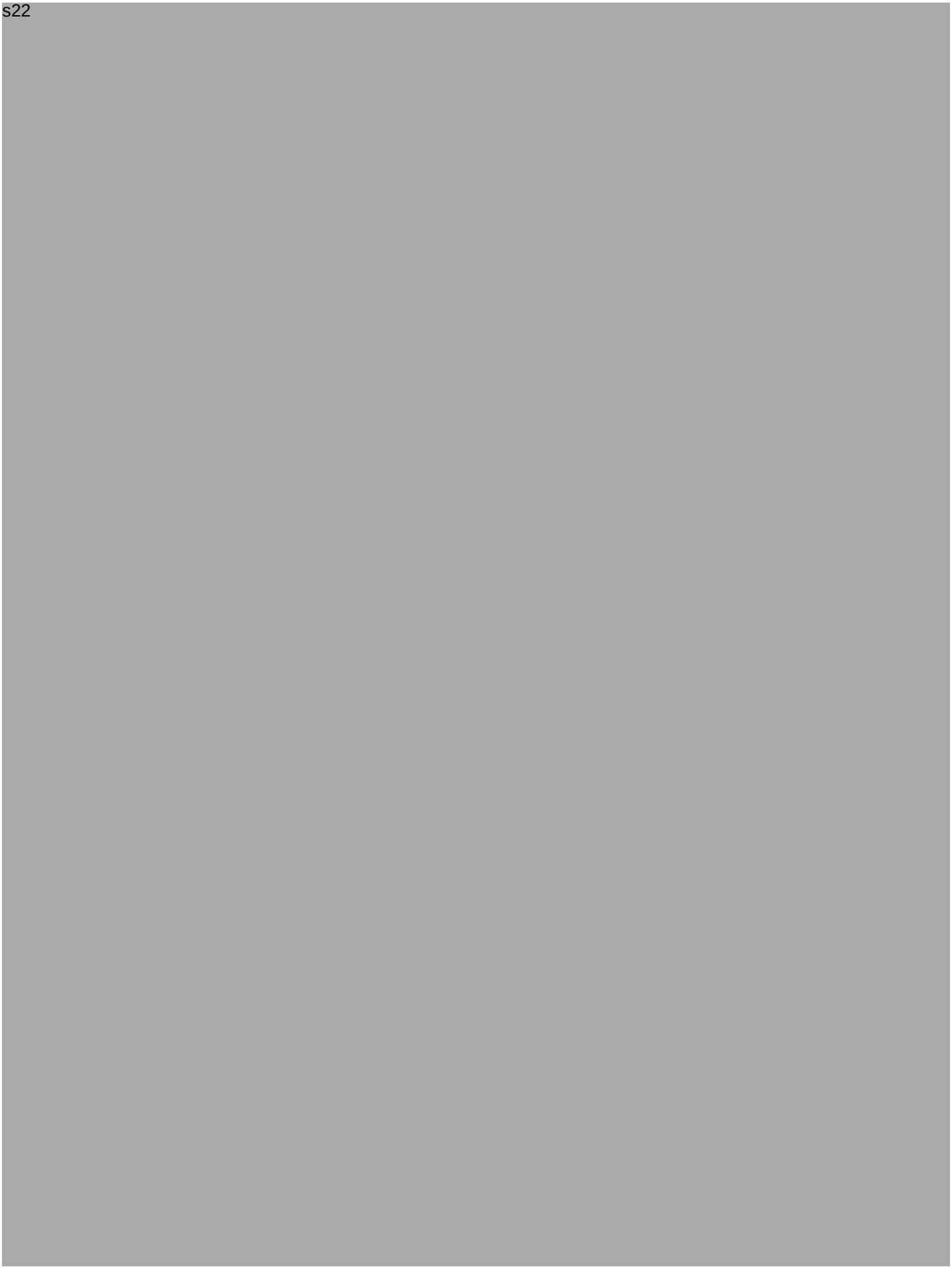
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* *Denotes mandatory fields*

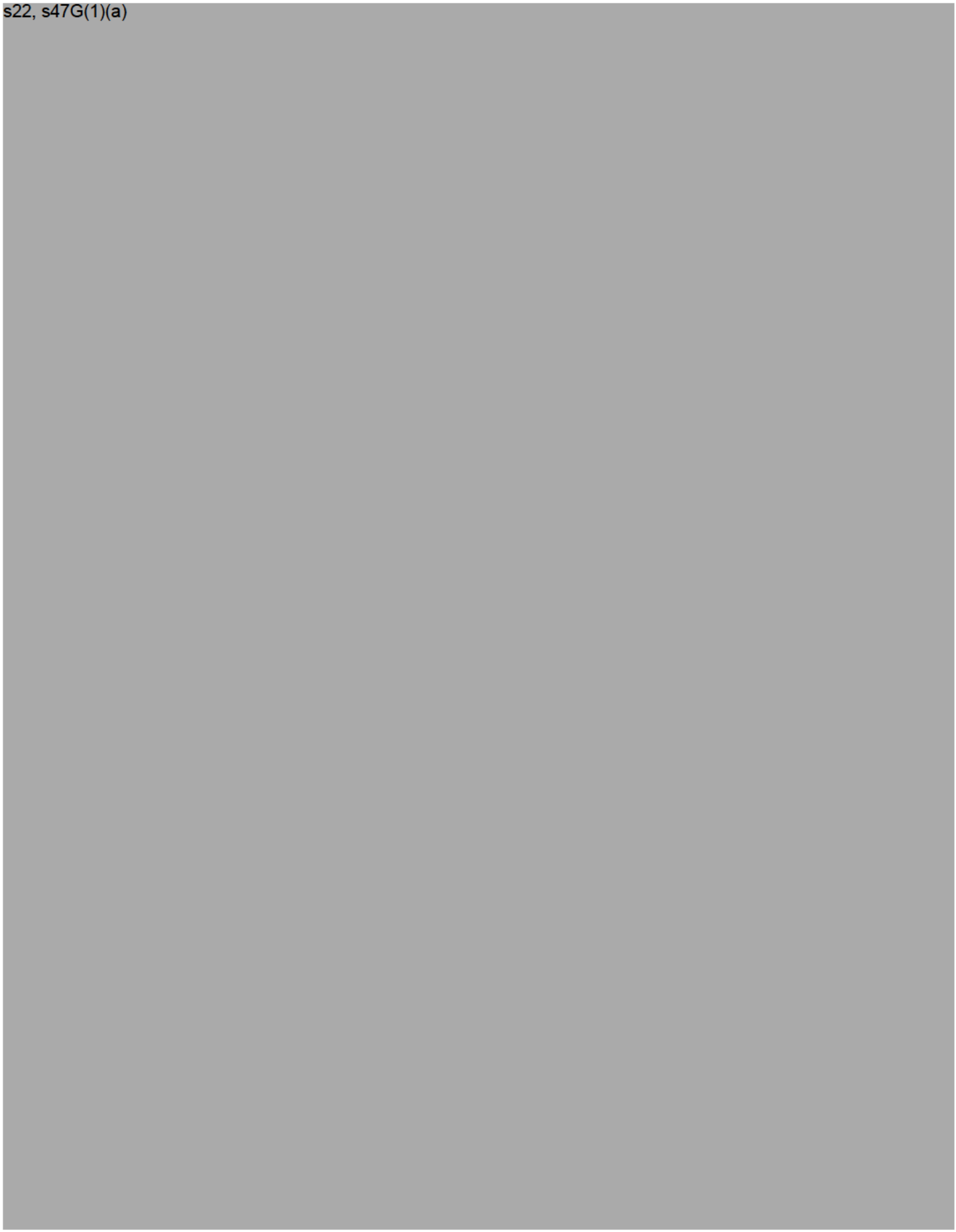
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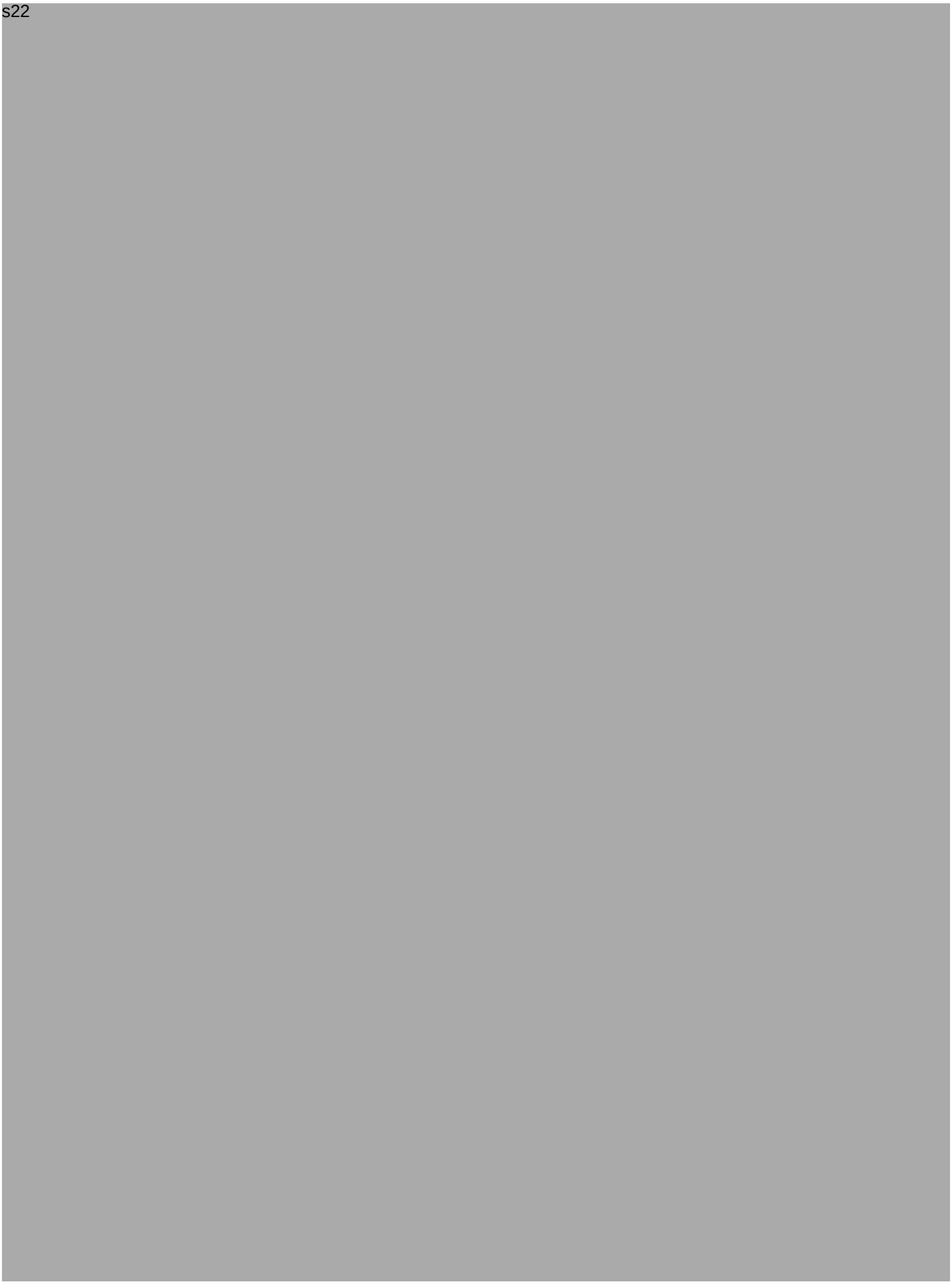

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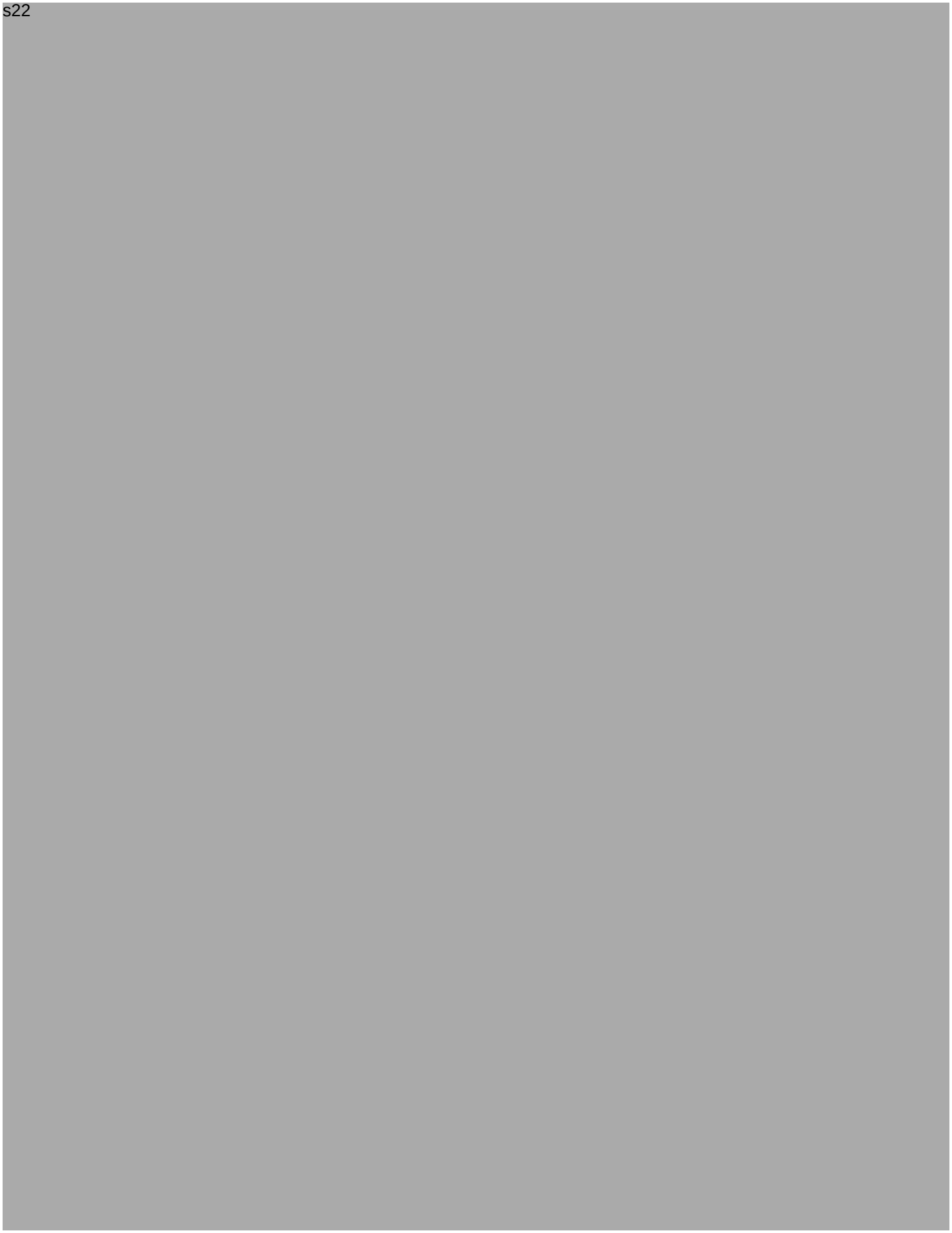
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5. Project/Activity Details

Requested Information	Applicant Response
s22	
Provide a brief Project/Activity description * *Maximum 300 words*	This funding will be utilised to commission EPPCs in Rockhampton s22 s22 s22 s22

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Requested Information	Applicant Response
	s22 [redacted]

6. Financial Details

6.1 Funding amount

s22 [redacted]

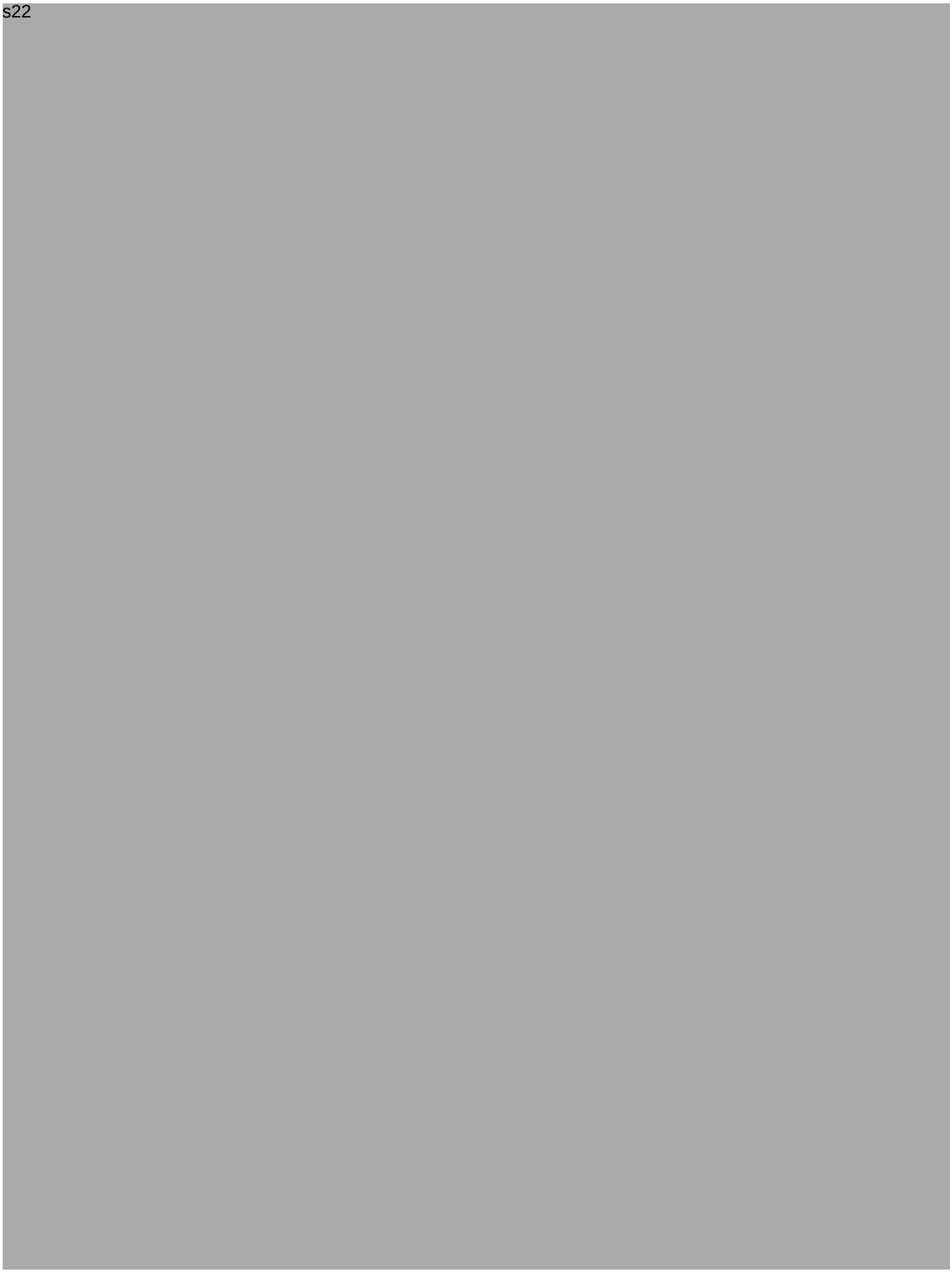
6.2 Bank account details

s22, s47G(1)(a) [redacted]

7. Assessment Criteria

s22 [redacted]

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7.2 Assessment Criterion 2

Requested Information
Alignment with Grant Opportunity Objectives and Outcomes (maximum 500 words)*
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Applicant Response – maximum 500 word limit
s22

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[1] AIHW, 2019, "First national report show 1 in 9 Australian women aged 40-44 have endometriosis', available at: Endometriosis in Australia: prevalence and hospitalisations, Summary - Australian Institute of Health and Welfare

[2] Davis, S & Magraith, K. 2023, 'Advancing menopause care in Australia: barriers and opportunities, Medical Journal of Australia, 218(11): 500-502.

s22 [redacted]

s22 [redacted] CCQ has identified existing general practice providers that currently deliver services with a focus on women's health including pelvic pain, endometriosis, perimenopause and menopause. CCQ is nominating the following providers:

- s22 [redacted]

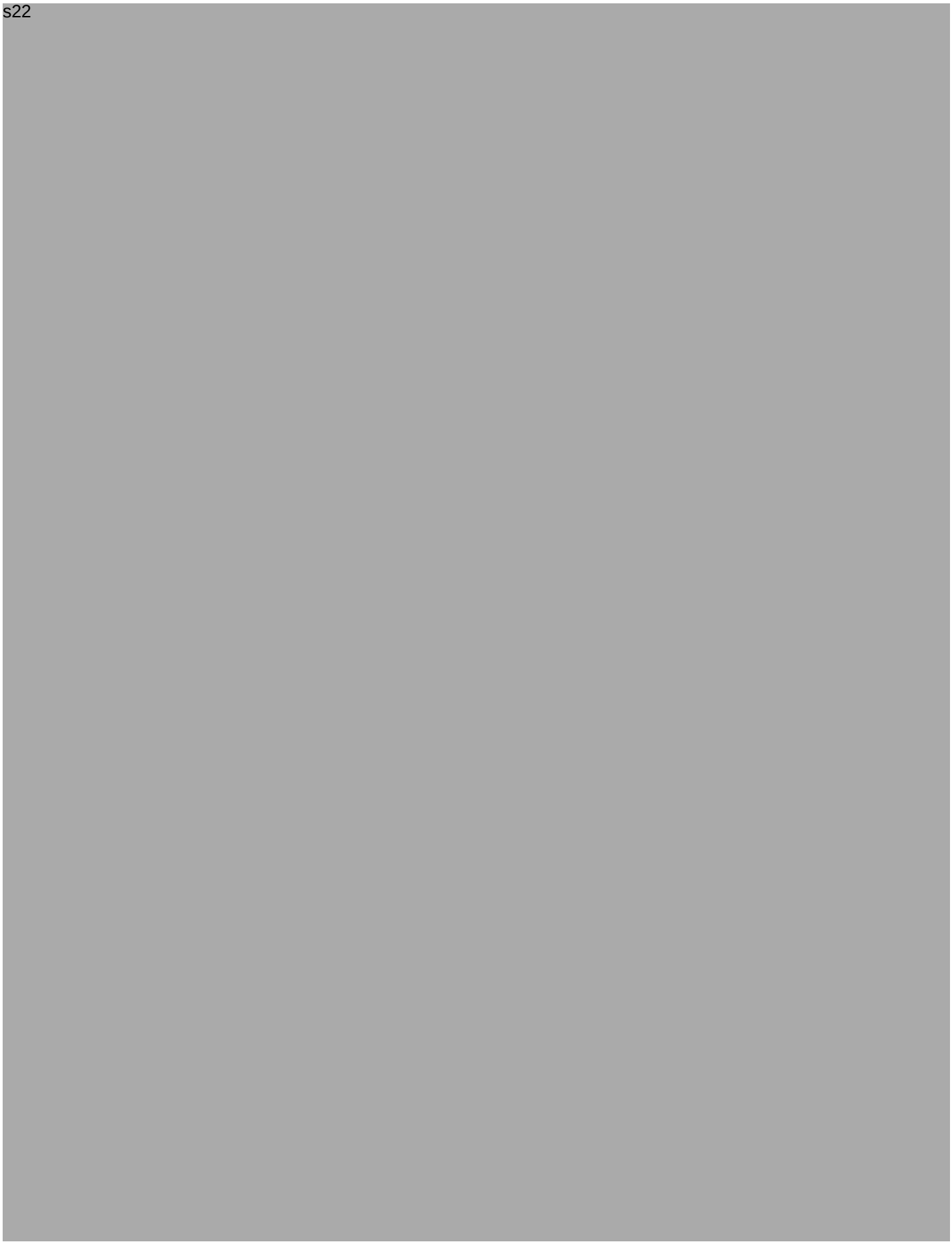
s22 [redacted]

s22 [redacted]

s22 [redacted]

[3] ABS, 2023, SEIFA Australia, available at: Socio-Economic Indexes for Areas (SEIFA), Australia, 2021 | Australian Bureau of Statistics

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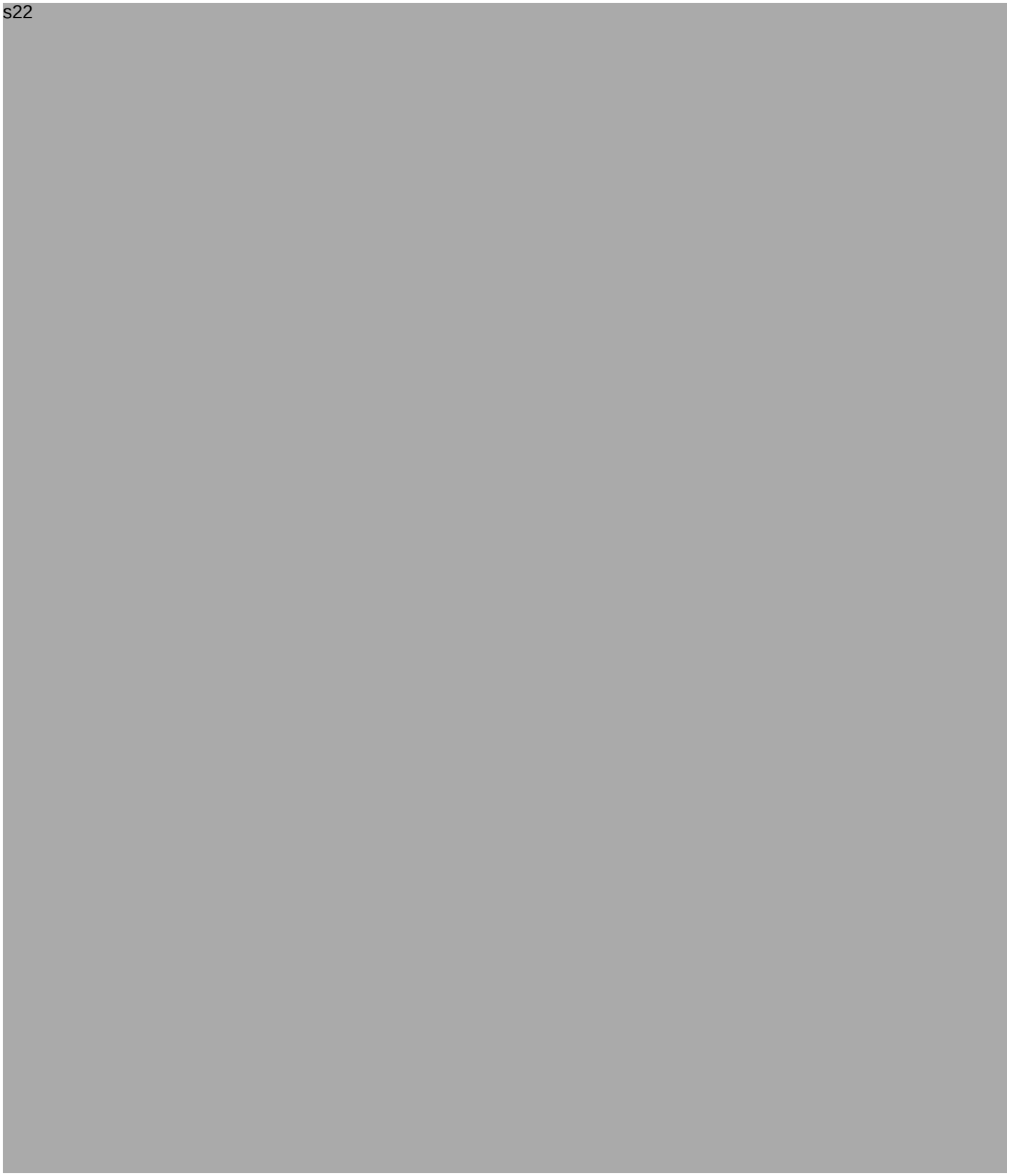
Preventive Health and Chronic Disease Support: Endometriosis and Pelvic Pain Clinic (EPPC) Expansion – New EPPCs

Application Form

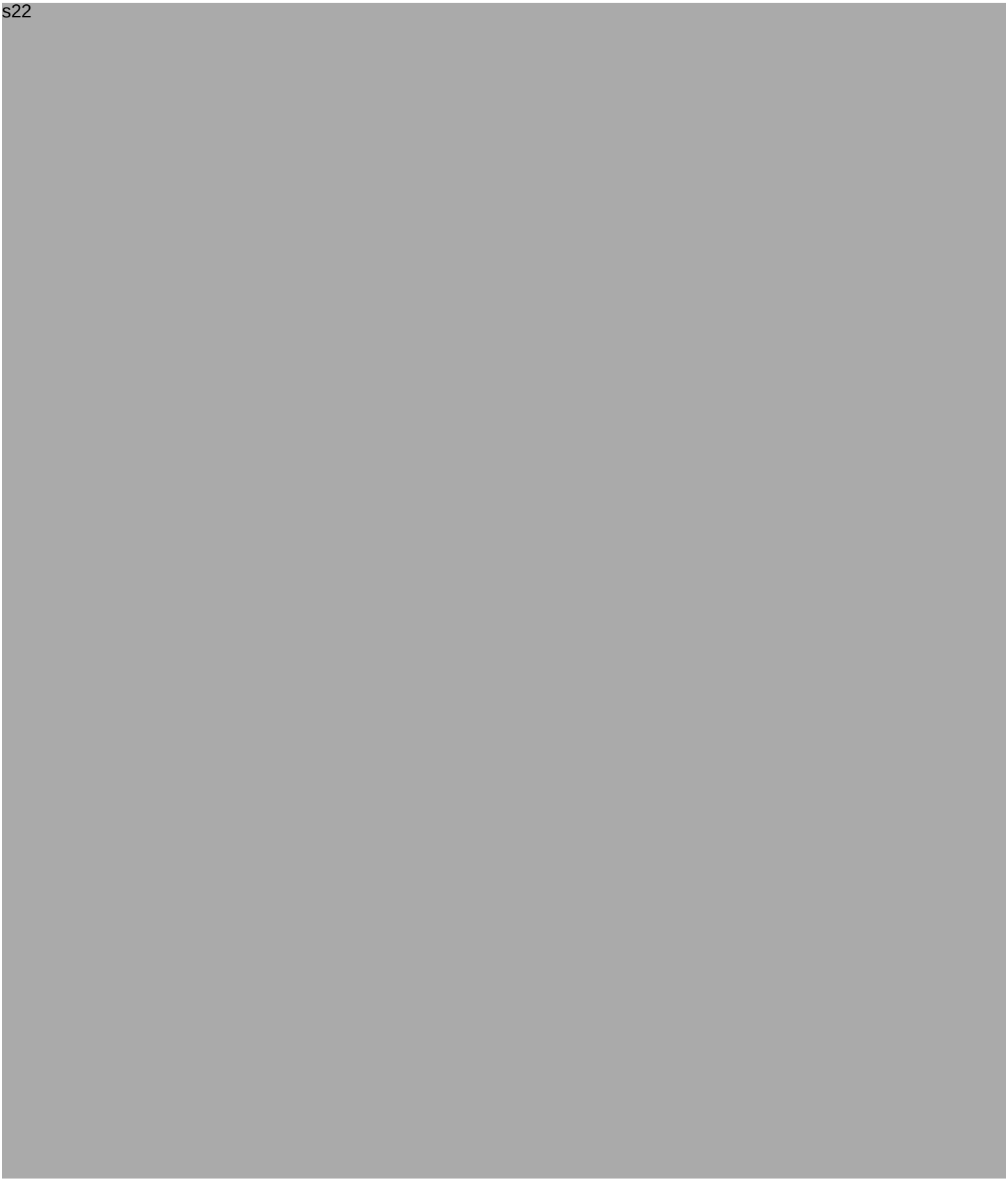
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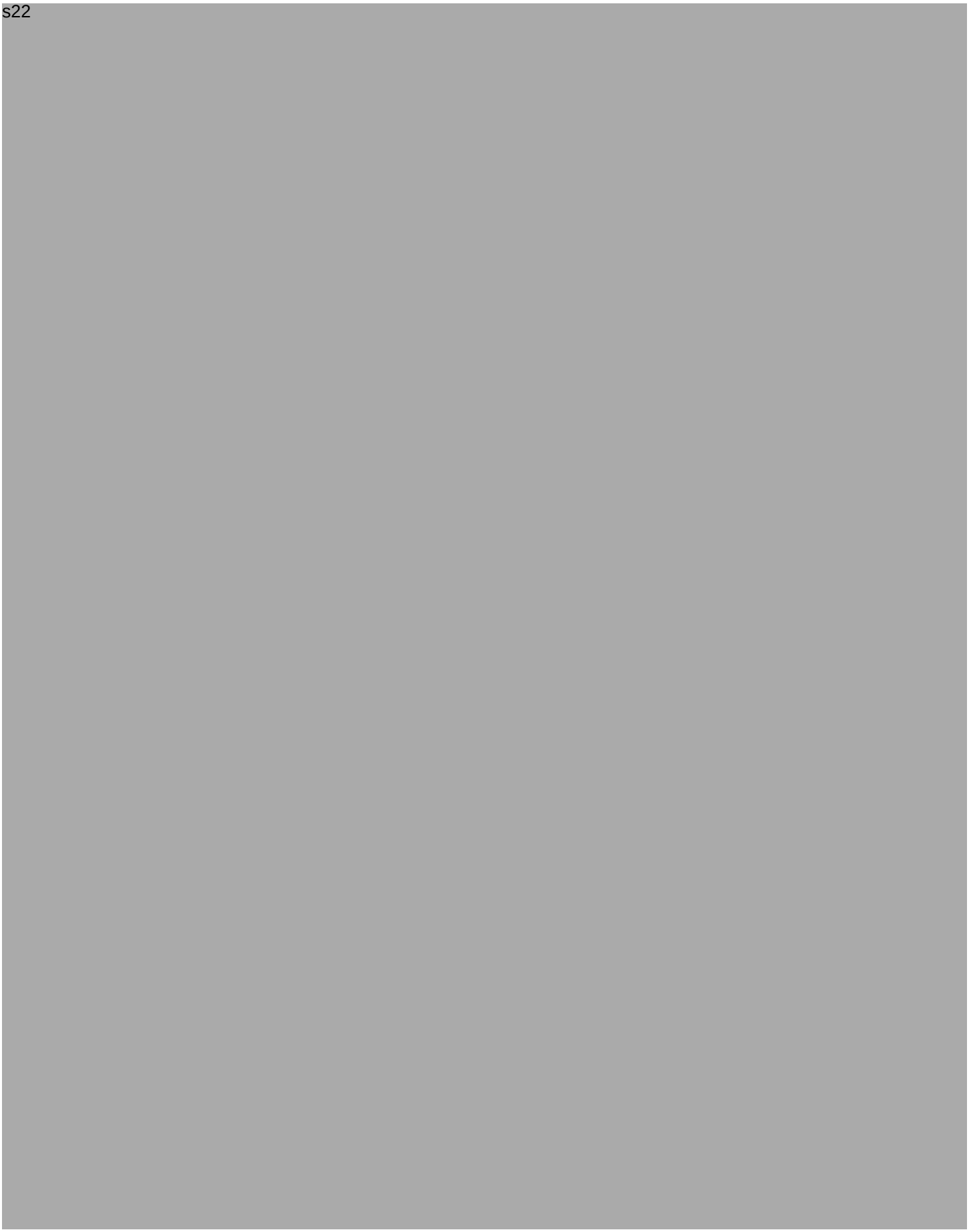
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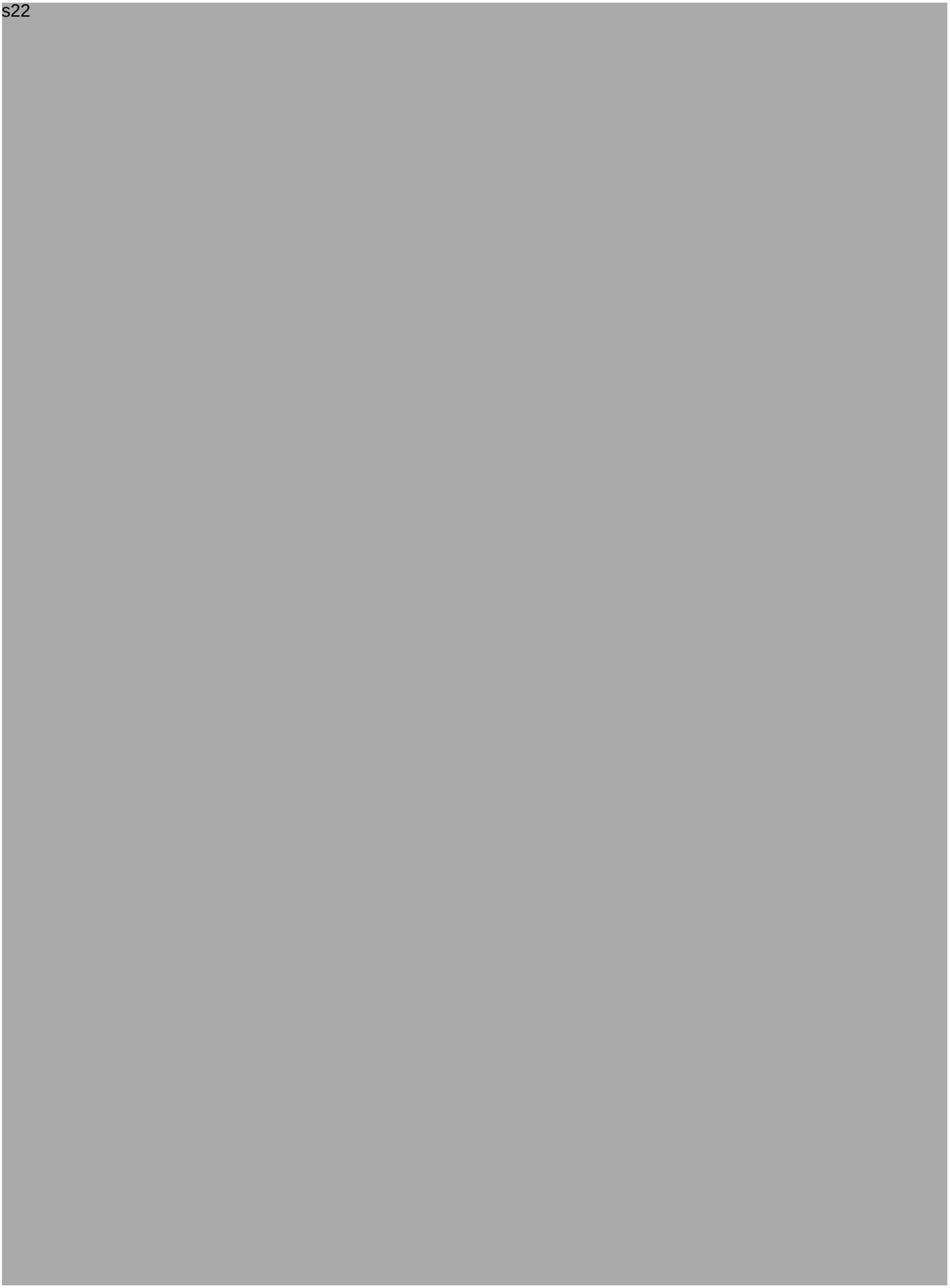
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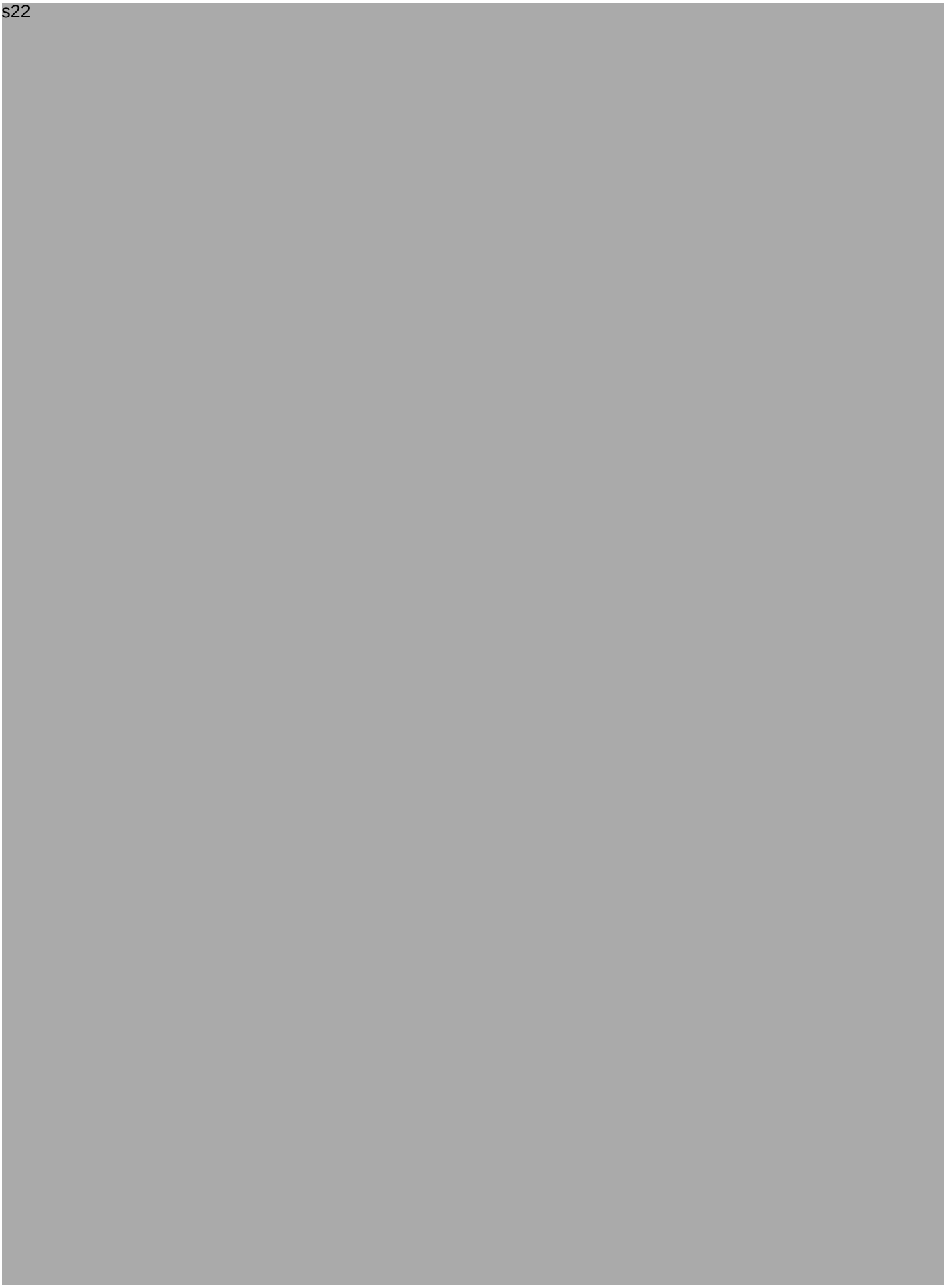
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5. Project/Activity Details

Requested Information	Applicant Response
Provide a short title of your Application for this Project/Activity * *Maximum 50 words*	New Endometriosis and Pelvic Pain Clinic – Brisbane South PHN region
Provide a brief Project/Activity description * *Maximum 300 words*	s22

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6. Financial Details

6.1 Funding amount

Provide a breakdown of the proposed funding amount applied for (GST exclusive) *			
2025-26 FY $	2026-27 FY $	2027-28 FY $	**Total** **$**
296,653	276,497	276,497	**849,646**

s22, s47G(1)(a)

[redacted]

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s22 [redacted]

7.2 Assessment Criterion 2

Requested Information
Alignment with Grant Opportunity Objectives and Outcomes (maximum 500 words)*
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Applicant Response – maximum 500 word limit

How the activities proposed in your Nomination Form align with the grant opportunity's objectives and outcomes

Part of ForHealth, Evoca Women's Health clinic at Blunder Road Medical & Dental Centre is well placed to deliver Brisbane-South's EPPC. With a mission of accessible healthcare for women, the clinic utilises a model of care developed through experience with existing Evoca EPPCs and patient feedback.

They provide a holistic multidisciplinary approach to endometriosis and pelvic pain management with four Women's health GPs and a dedicated treatment space.

Medical and Dental Centre Blunder Road is a large multidisciplinary clinic, open 7 days. It boasts 19 consulting rooms, onsite pathology, imaging, physiotherapist, dietitian, pharmacist and stenographer. It is close to public transport and offers free onsite parking. A predominantly bulkbilling practice, with 14 culturally diverse GPs, speaking 11 different languages, the centre is accessible to patients from a wide range of ethnic and socio-economic backgrounds.

s22 [redacted]

The Oxley Evoca clinic currently offers a mix of onsite and telehealth consultations, by GP or Women's health nurse, covering assessment, diagnosis, treatment and ongoing management of pelvic pain, endometriosis, menopause and perimenopause.

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- [redacted]
- [redacted]
- [redacted]

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Preventive Health and Chronic Disease Support: Endometriosis and Pelvic Pain Clinic (EPPC) Expansion – New EPPCs

Application Form

GO7749

Closing date and time:	2:00pm (Canberra local time) on 11 August 2025
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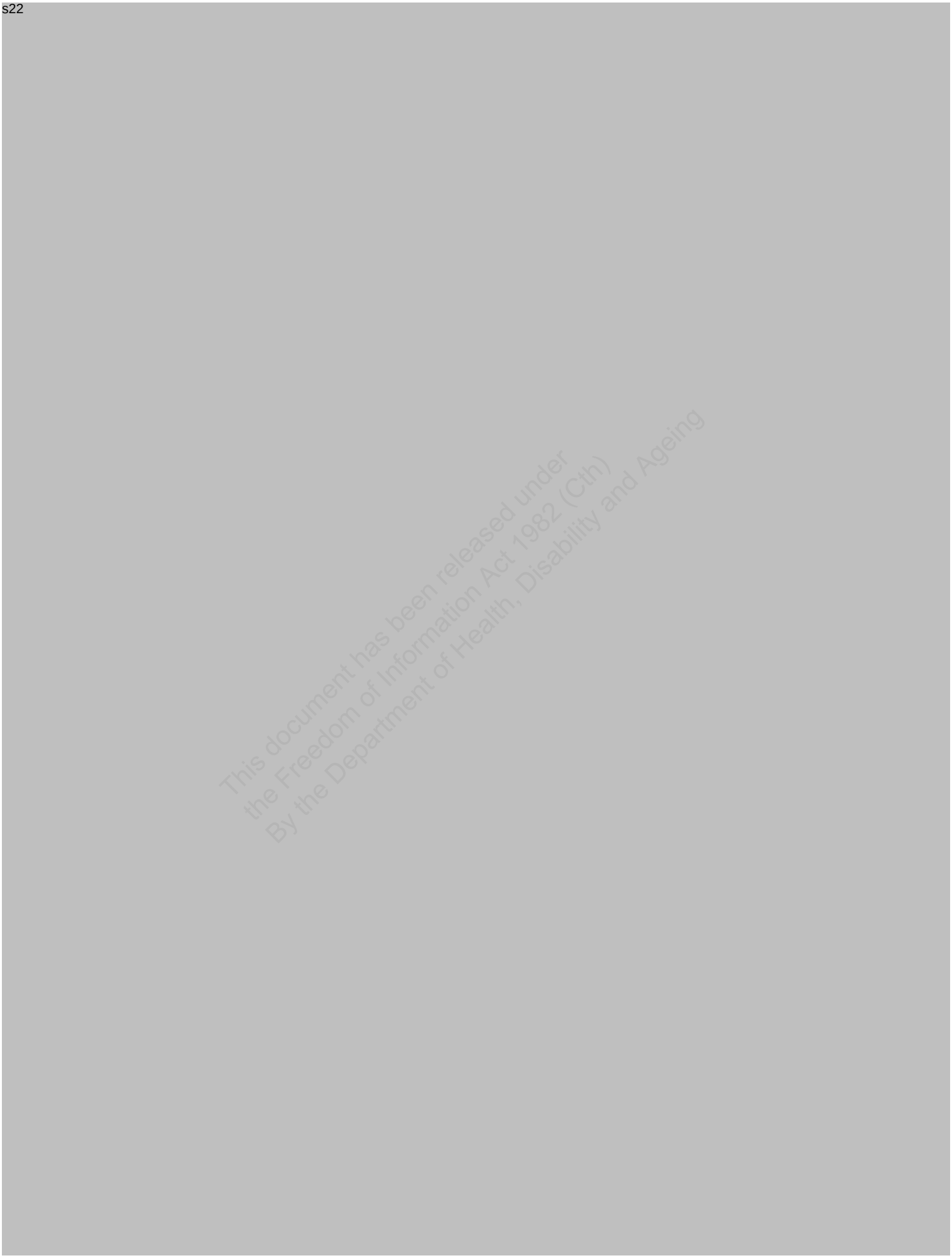
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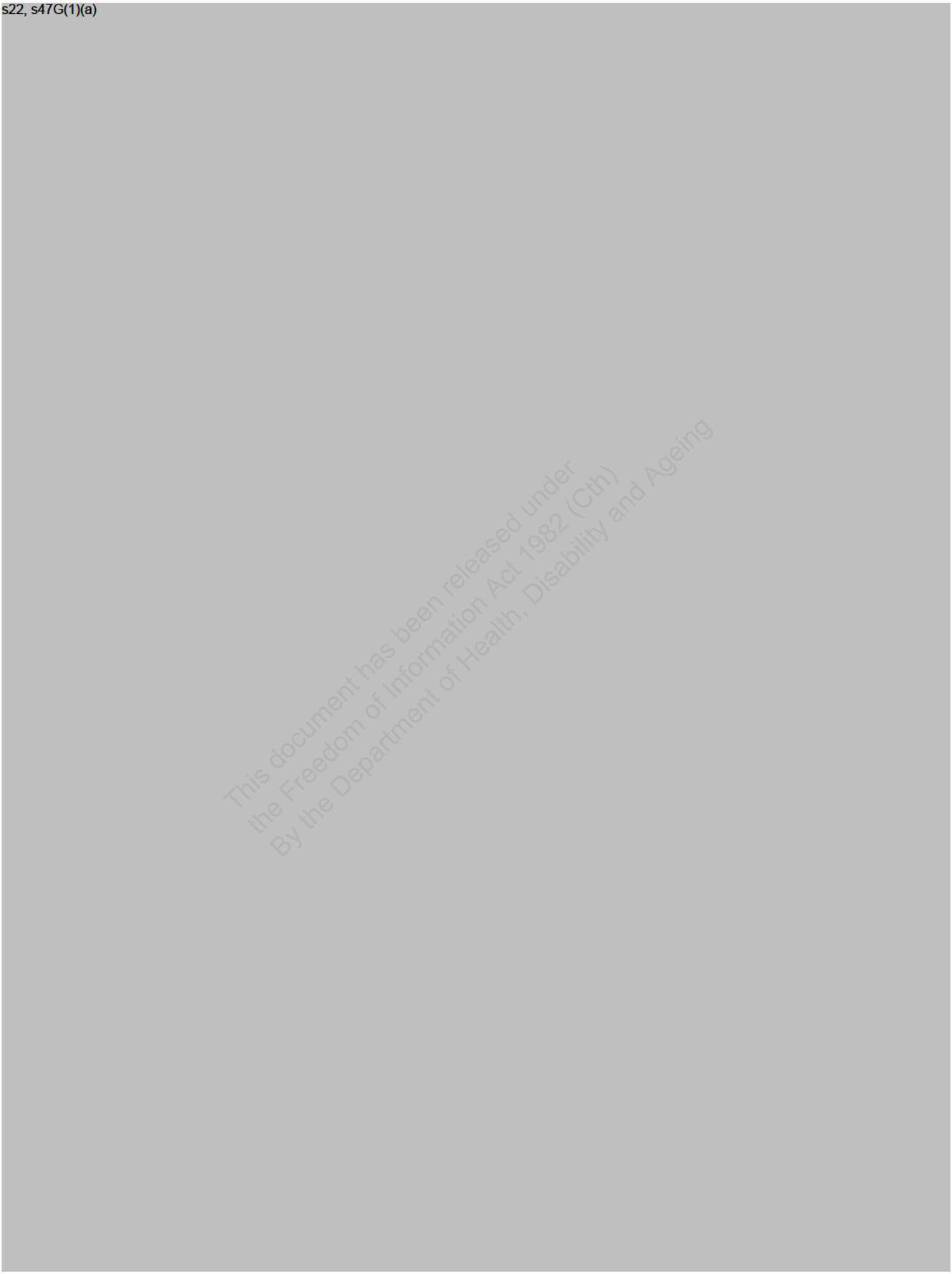
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s22, s47G(1)(a)

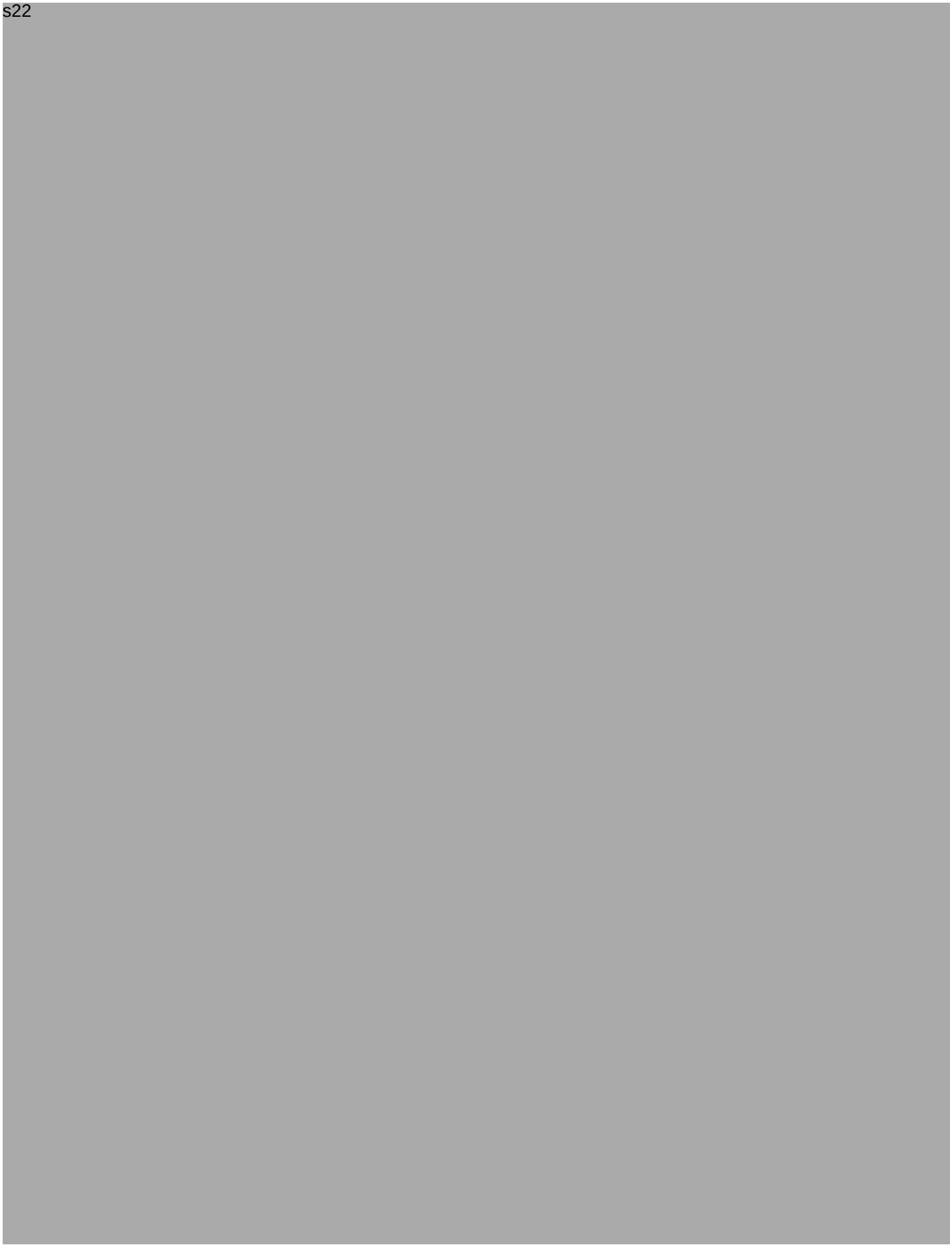


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s22 [redacted]

5. Project/Activity Details

Requested Information	Applicant Response
Provide a short title of your Application for this Project/Activity * *Maximum 50 words*	SEMPHN Preventive Health and Chronic Disease Support: Endometriosis and Pelvic Pain Clinic (EPPC) Expansion – New EPPCs – s47G(1)(a) s47G(1)(a) [redacted]
Provide a brief Project/Activity description * *Maximum 300 words*	s22 [redacted]

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6. Financial Details

6.1 Funding amount

Provide a breakdown of the proposed funding amount applied for (GST exclusive) *				
Funding type	2025-26 FY $ M	2026-27 FY $ M	2027-28 FY $ M	**Total** **$ M**
Service Activities	$0.257	$0.257	$0.257	**$0.77**
PHN operational	$0.04	$0.02	$0.02	**$0.08**
Total	**$0.297**	**$0.277**	**$0.277**	**$0.850**

s22, s47G(1)(a)

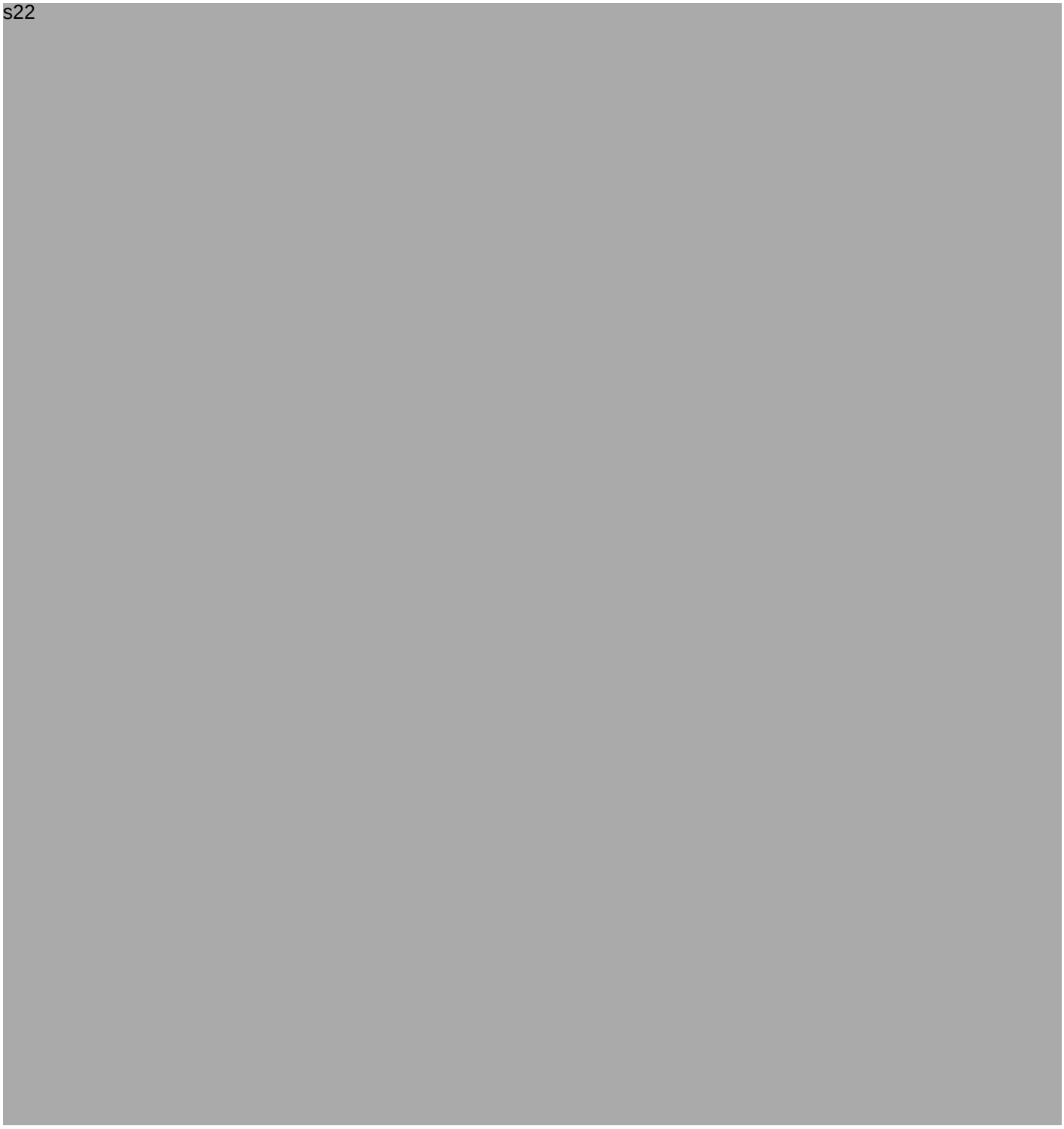
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7. Assessment Criteria

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7.2 Assessment Criterion 2

Requested Information
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Applicant Response – maximum 500 word limit
s47G(1)(a) is committed to providing supportive care for patients experiencing perimenopause and menopause symptoms. The practice understands that this is a significant life transition that can affect physical, emotional and mental wellbeing. The practice already provides specialised women's health services, including endometriosis and pelvic pain management, as well as care for perimenopause and menopause. Through targeted investment from the grant, the practice will enhance service capacity, improve stakeholder collaboration, and embed integrated care pathways to deliver on the grant's objectives. s22 [redacted]

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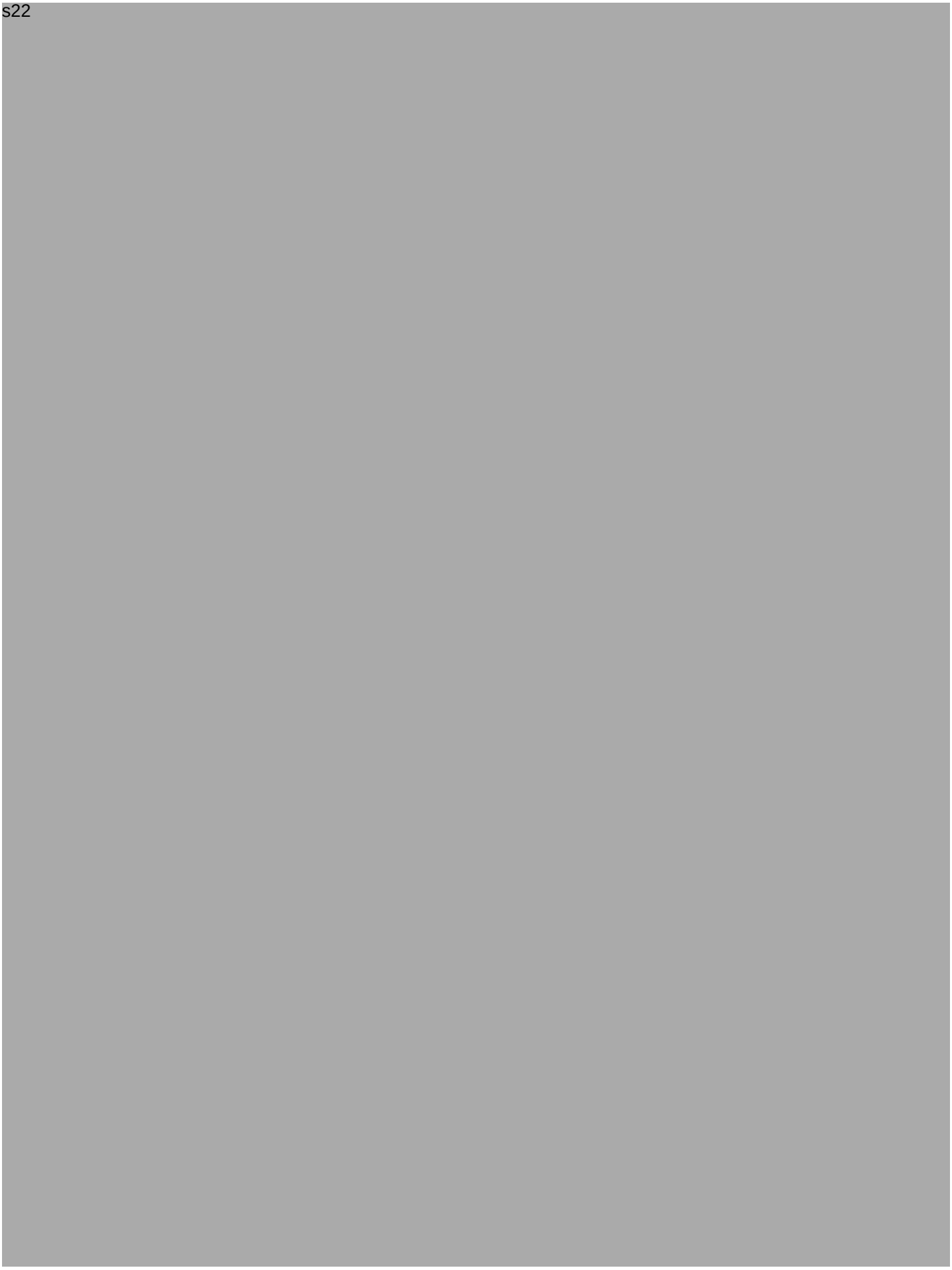
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- [redacted]
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s22 [redacted]

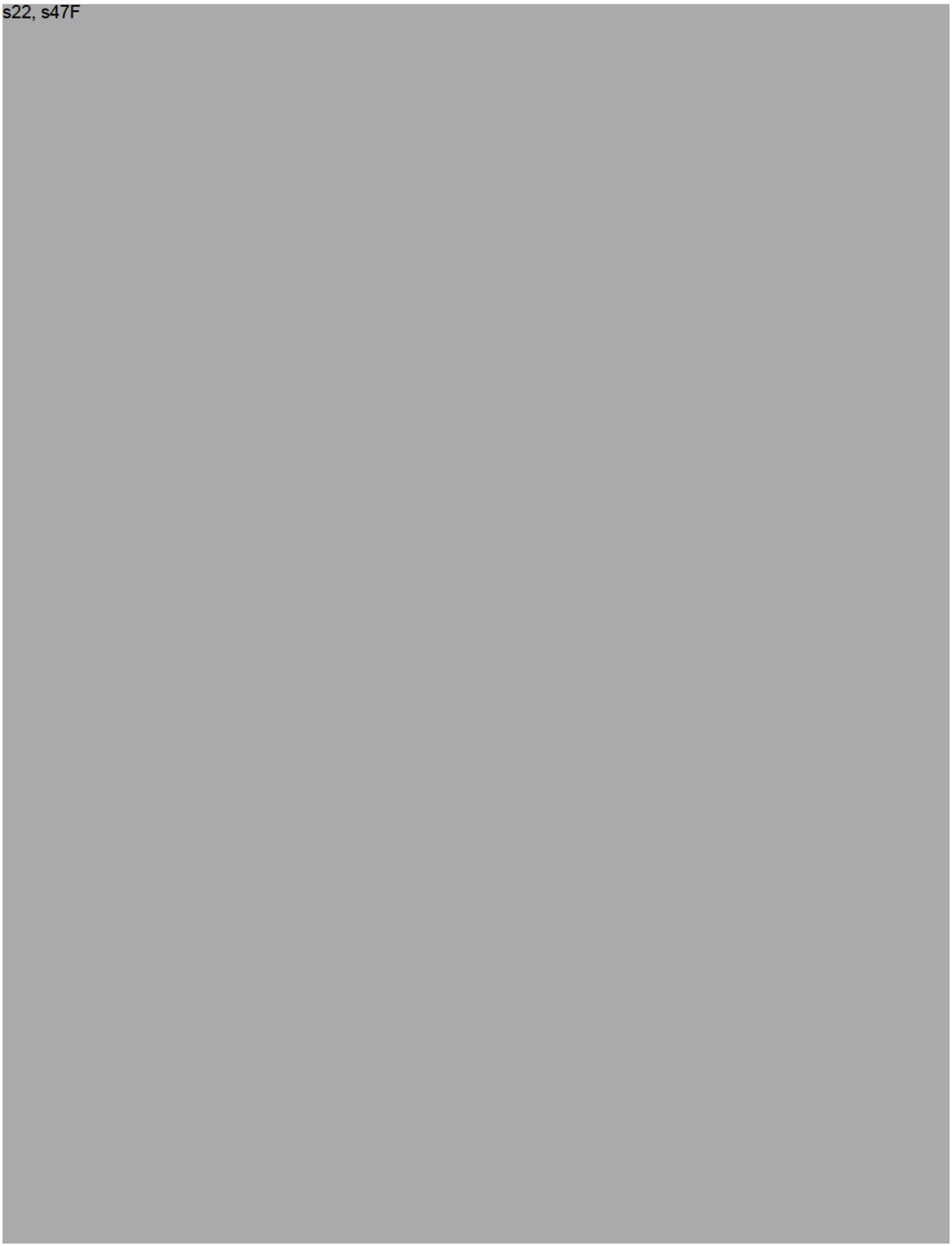
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Department of Health, Disability and Ageing

Preventive Health and Chronic Disease Support: Endometriosis and Pelvic Pain Clinic (EPPC) Expansion – New EPPCs

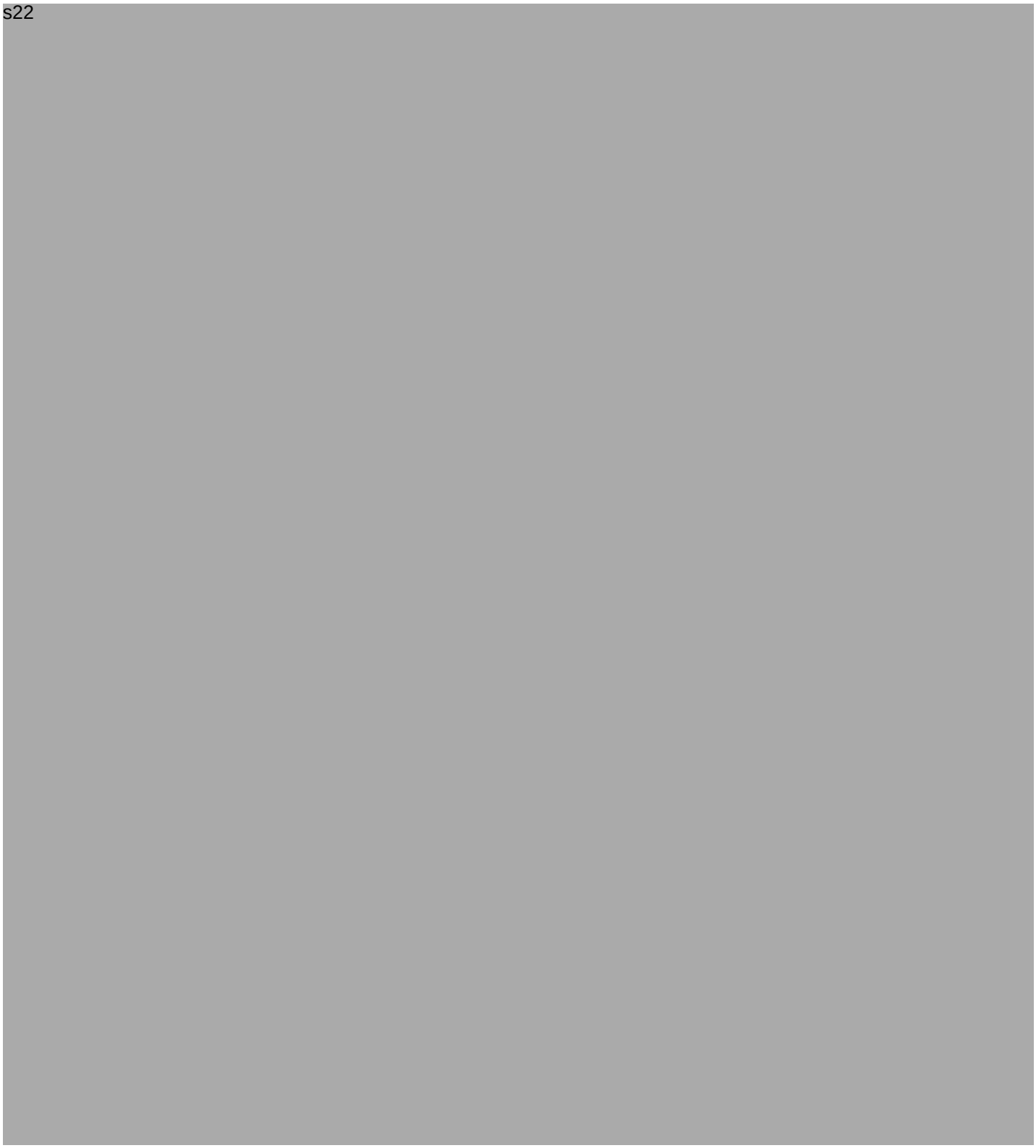
Application Form

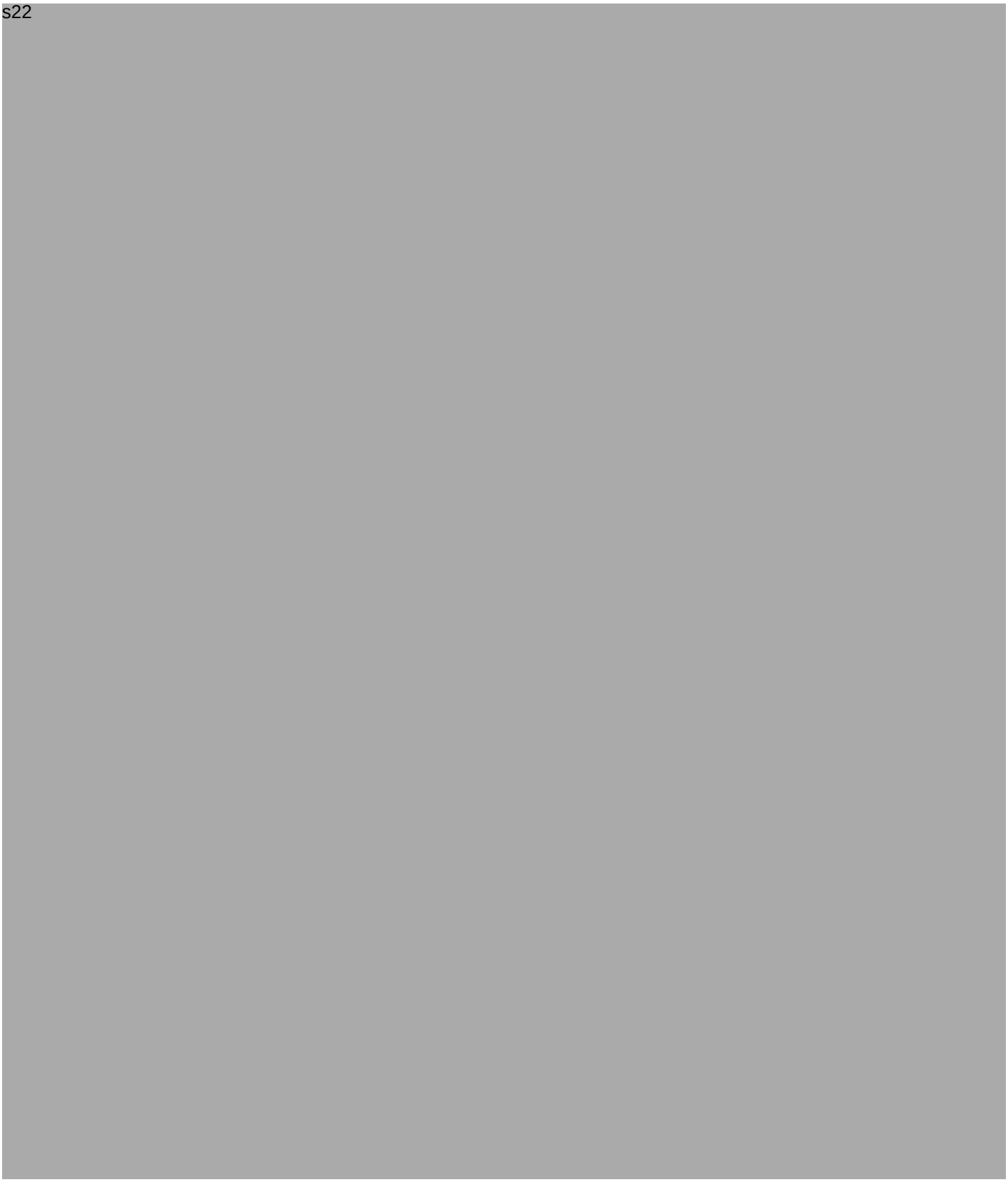
GO7749

Closing date and time:	2:00pm (Canberra local time) on 11 August 2025
Commonwealth policy entity:	Department of Health, Disability and Ageing (department)
Administering entity:	Community Grants Hub
Enquiries:	If you have any questions, contact the department via email: Grant.ATM@health.gov.au
Submitting:	Submit the completed application form and all necessary attachments by the closing date and time via the red ***Submit Application*** button on the left-hand side of GrantConnect. You should keep a copy of your application and any supporting documents. Registered users will receive an automated email notification acknowledging the receipt of the submission. If you do not receive an automated email notification within 48 hours of submission, please email Grant.ATM@health.gov.au. For technical assistance when submitting your application through GrantConnect please contact the GrantConnect Helpdesk: • Phone: 1300 484 145 • Email: GrantConnect@finance.gov.au

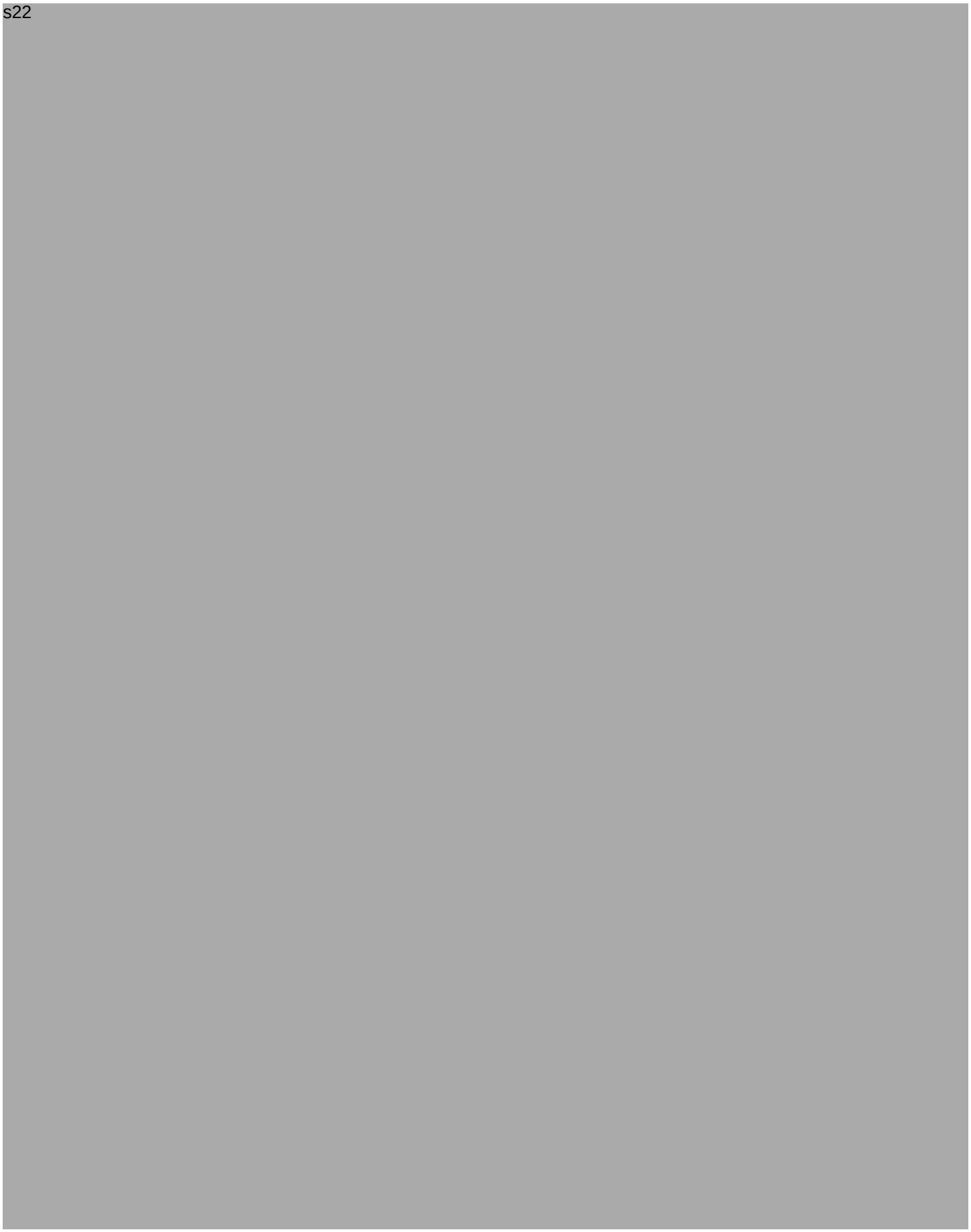
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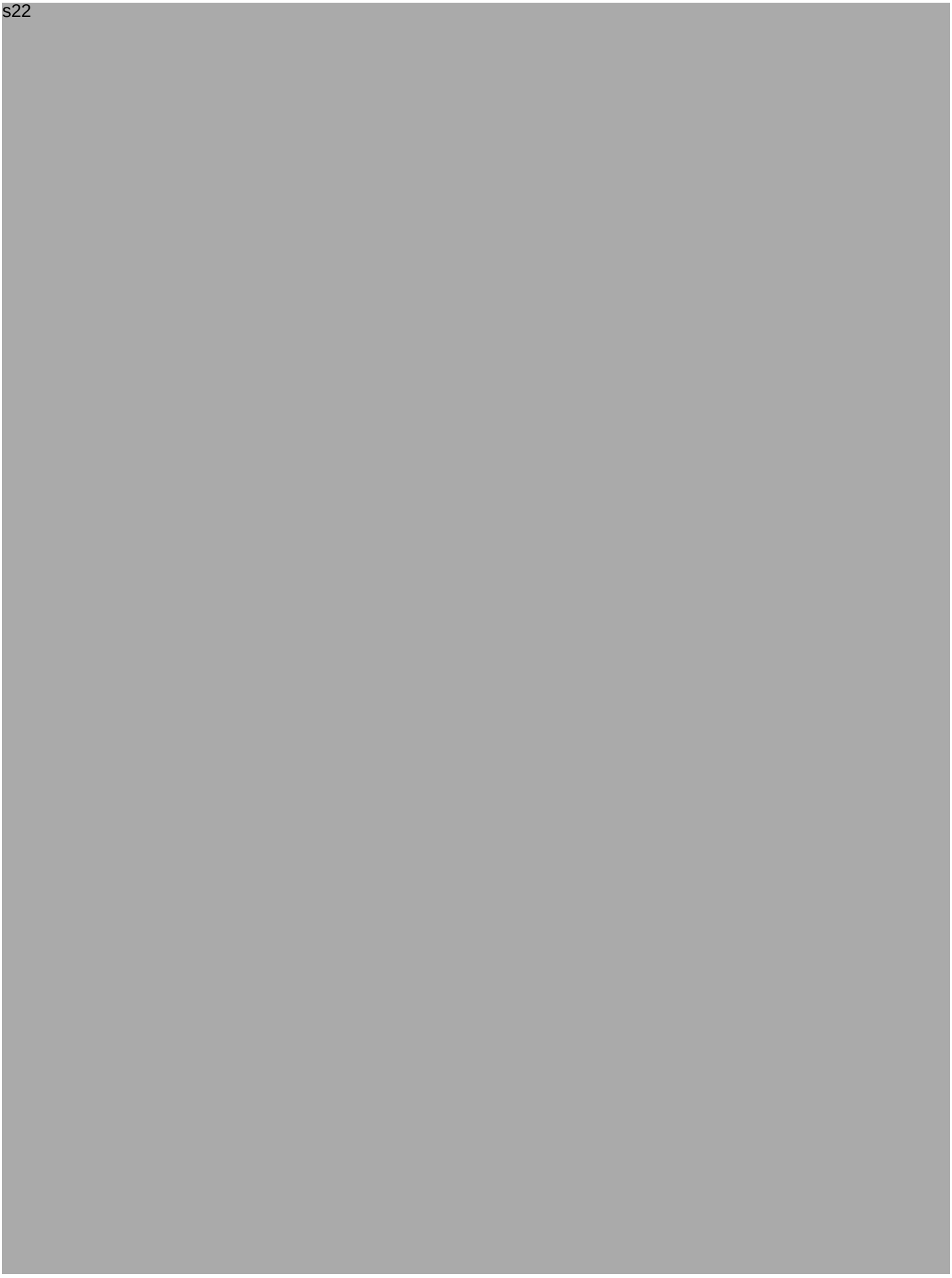
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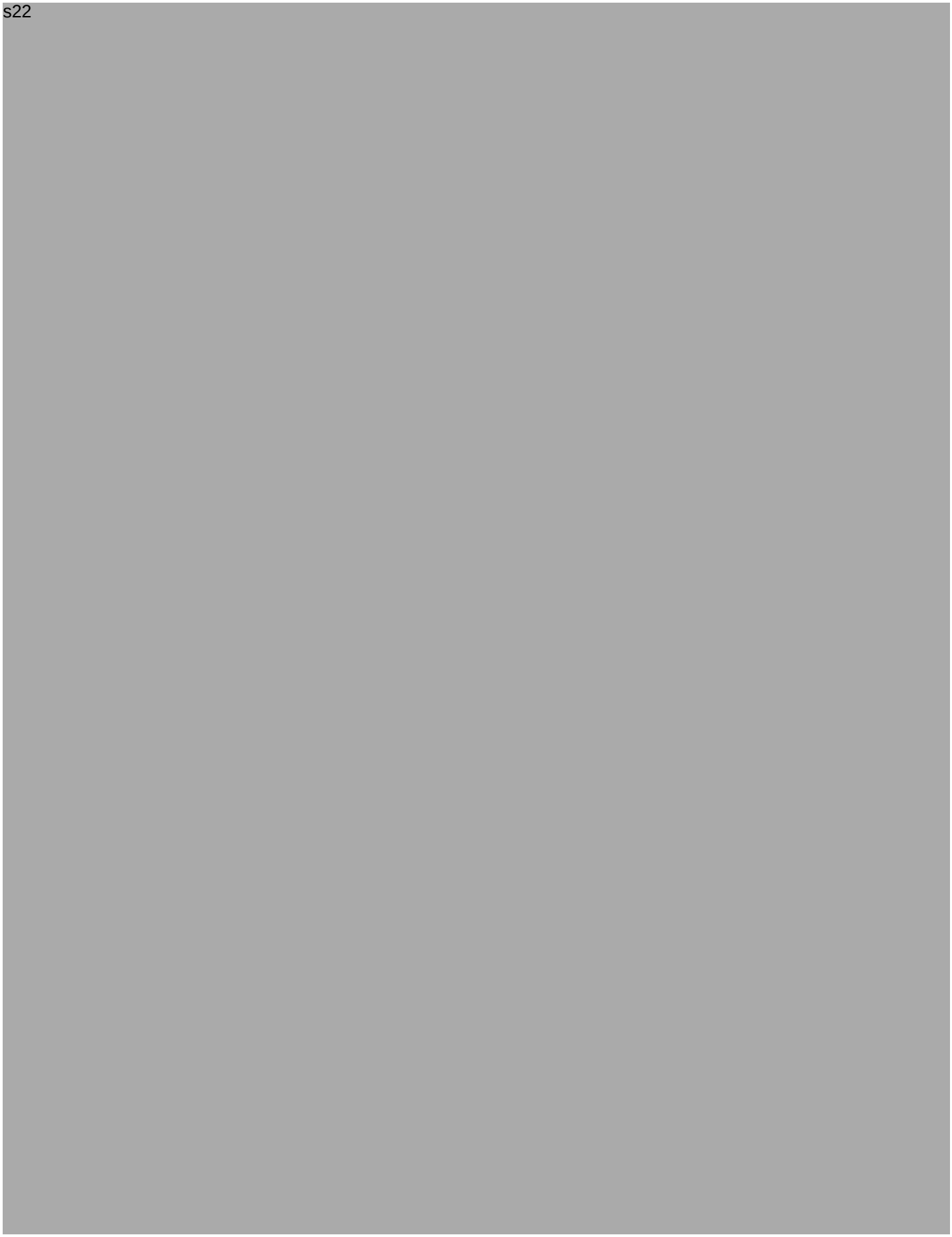


s22, s47G(1)(a)

s22

s22




s22

s22

5. Project/Activity Details

Requested Information	Applicant Response
Provide a short title of your Application for this Project/Activity * *Maximum 50 words*	Commissioning of a new Endometriosis and Pelvic Pain Clinic (EPPC) in Perth North PHN: Luma: for her health and wellbeing.
Provide a brief Project/Activity description * *Maximum 300 words*	s22

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Requested Information	Applicant Response
	s22 [redacted]

6. Financial Details

6.1 Funding amount

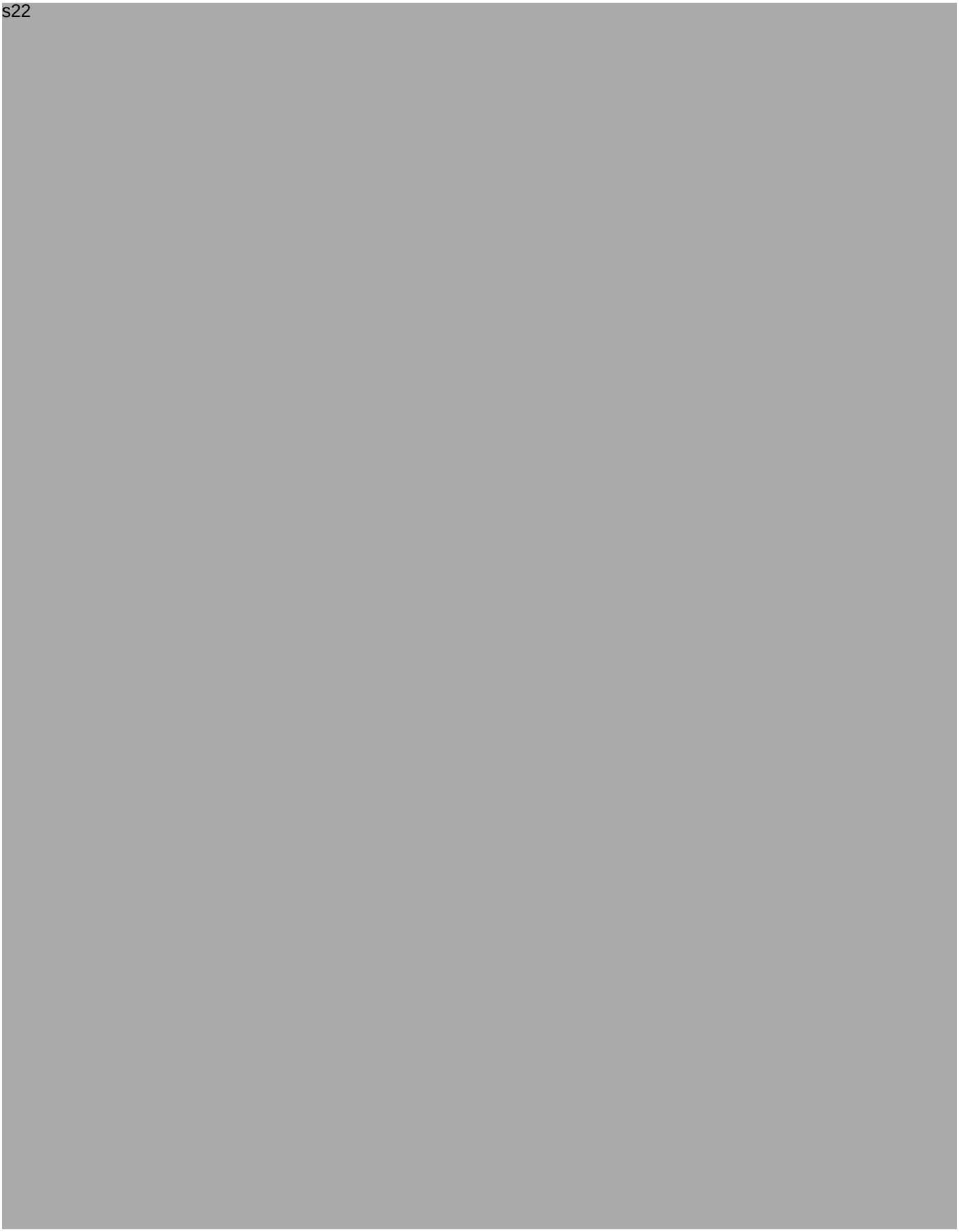
Provide a breakdown of the proposed funding amount applied for (GST exclusive) *			
2025-26 FY $ M	2026-27 FY $ M	2027-28 FY $ M	**Total** **$ M**
0.296	0.276	0.276	**0.849**

s22, s47G(1)(a) [redacted]

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7. Assessment Criteria

s22



s22 [redacted]

7.2 Assessment Criterion 2

Requested Information

Alignment with Grant Opportunity Objectives and Outcomes (maximum 500 words)*

Describe how your organisations nominated GP practice will contribute to the outcomes of the grant opportunity as described in Section 2.1.

You must demonstrate this through identifying:

- how the activities proposed in your Nomination Form align with the grant opportunity's objectives and outcomes
- how the nominated GP practice will identify, engage and collaborate with relevant stakeholders to ensure the effective delivery of the grant objectives and outcomes.

Along with your response to this criterion you must complete the Nomination Form (available on GrantConnect). The Nomination Form does not count towards the word limit for this criterion.

Applicant Response – maximum 500 word limit

The nominated general practice - Luma: for her health and wellbeing - is an established and teaching provider of women's health services, providing female-led care via two physical clinic locations, s22 [redacted]

s22 [redacted]

Luma's multidisciplinary team provide a comprehensive and proactive model of care and have demonstrated a thorough understanding of the clinical diagnosis, treatment and management of endometriosis, pelvic pain, perimenopause and menopause, offering a suite of additional women's health services and resources to support patient self-management and empowerment.

s22 [redacted]

Luma has established referral pathways for both public and private specialists and allied health follow-up, with ongoing integration and collaboration to ensure the patient is supported through their health journey.

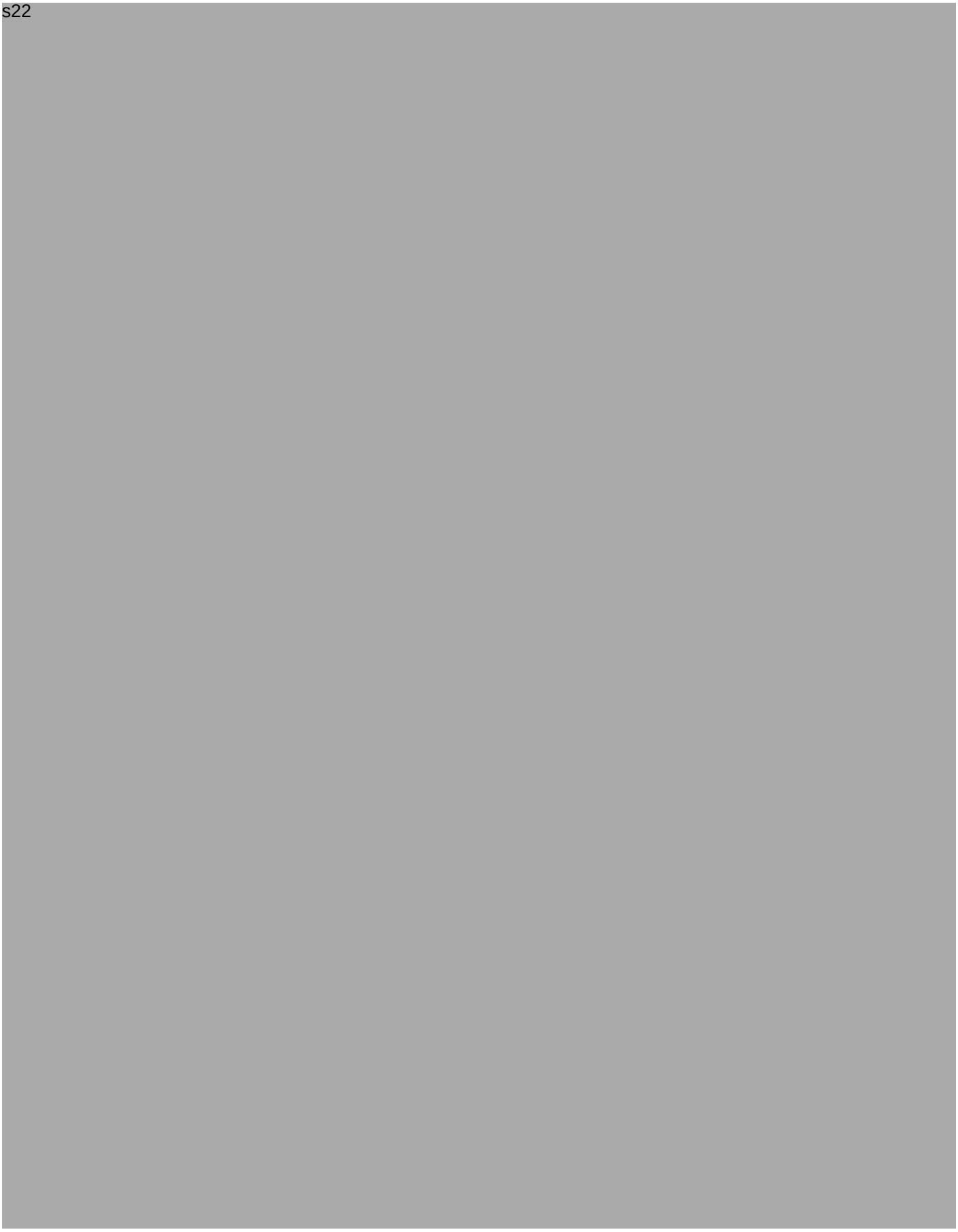
Access to services, particularly for priority populations (women from culturally and linguistically diverse backgrounds, the Aboriginal community and low socio-economic circumstances), is facilitated through a culturally safe and inclusive environment, s22 as well as removing cost barriers through bulk billing, concession card exemptions and locations that are accessible via public transport.

The Joondalup clinic is fully equipped with ultrasound, point of care diagnostics, pelvic health equipment and private, trauma-informed physical environment, with additional services including mental health and wellbeing services, dietetics, drug and alcohol, family therapy and family and domestic violence supports, to provide holistic person-centred care, reducing appointment burden and improving access to services in a single location.

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s22

s22

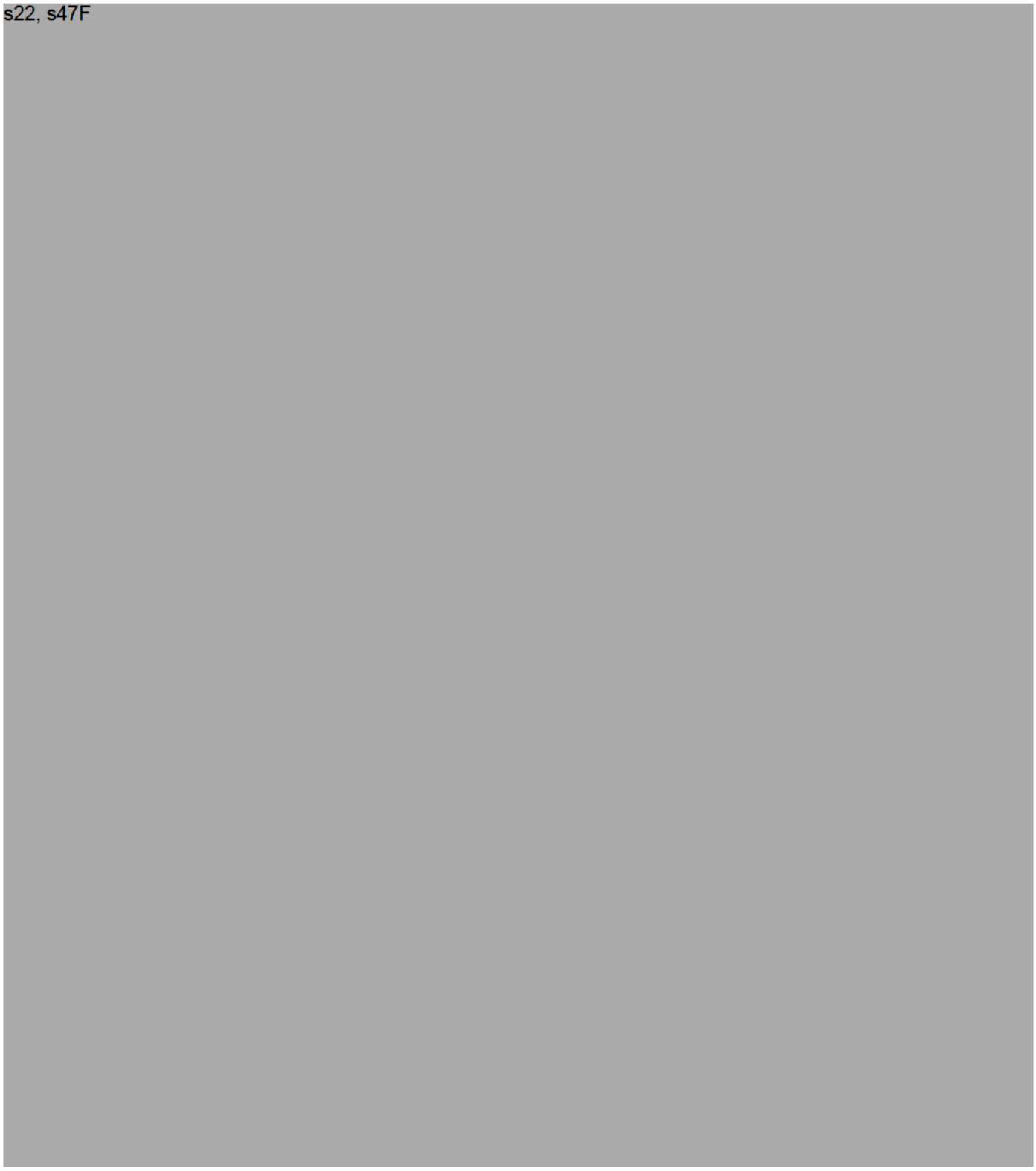


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s22




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Department of Health, Disability and Ageing

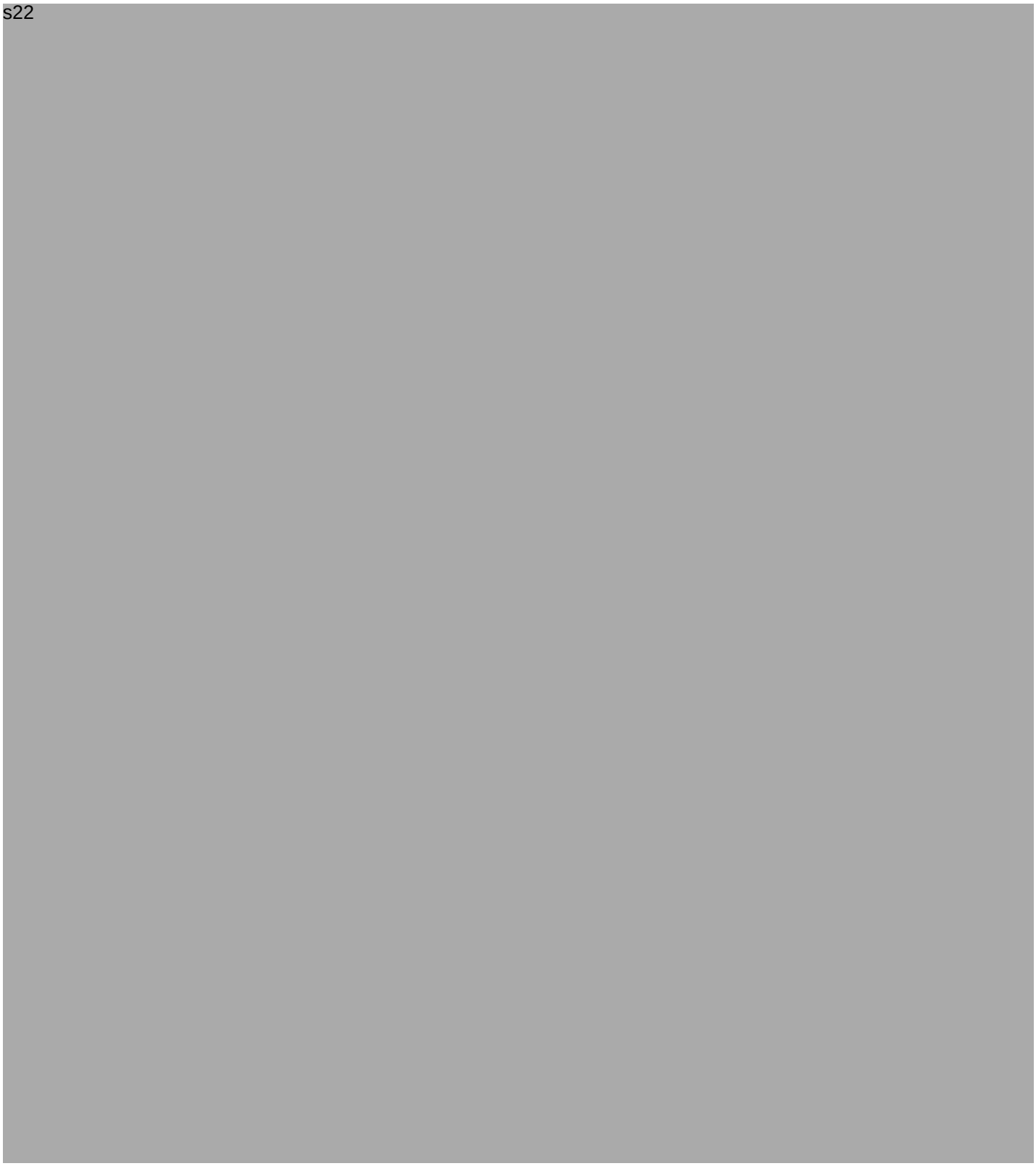
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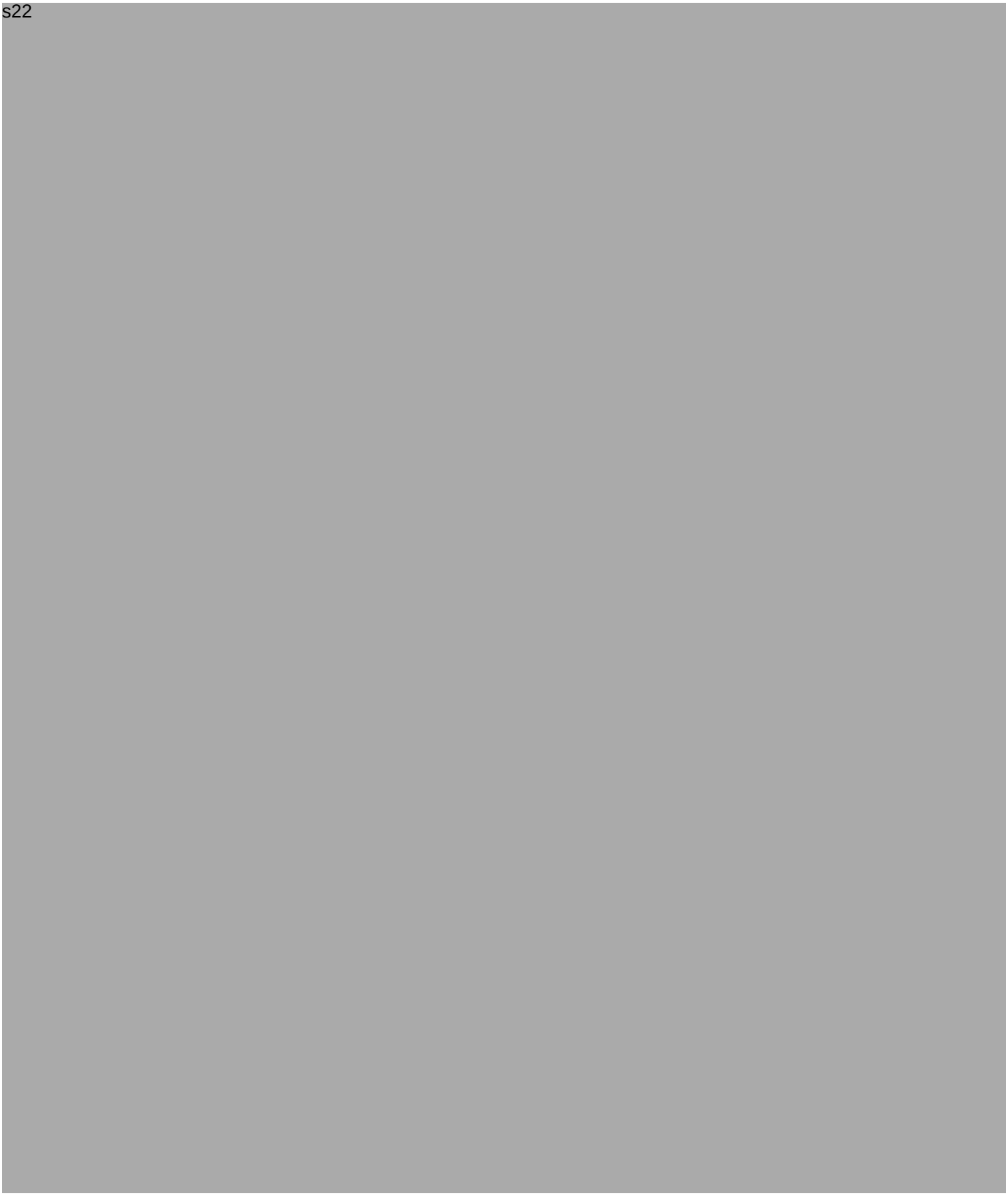
Application Form

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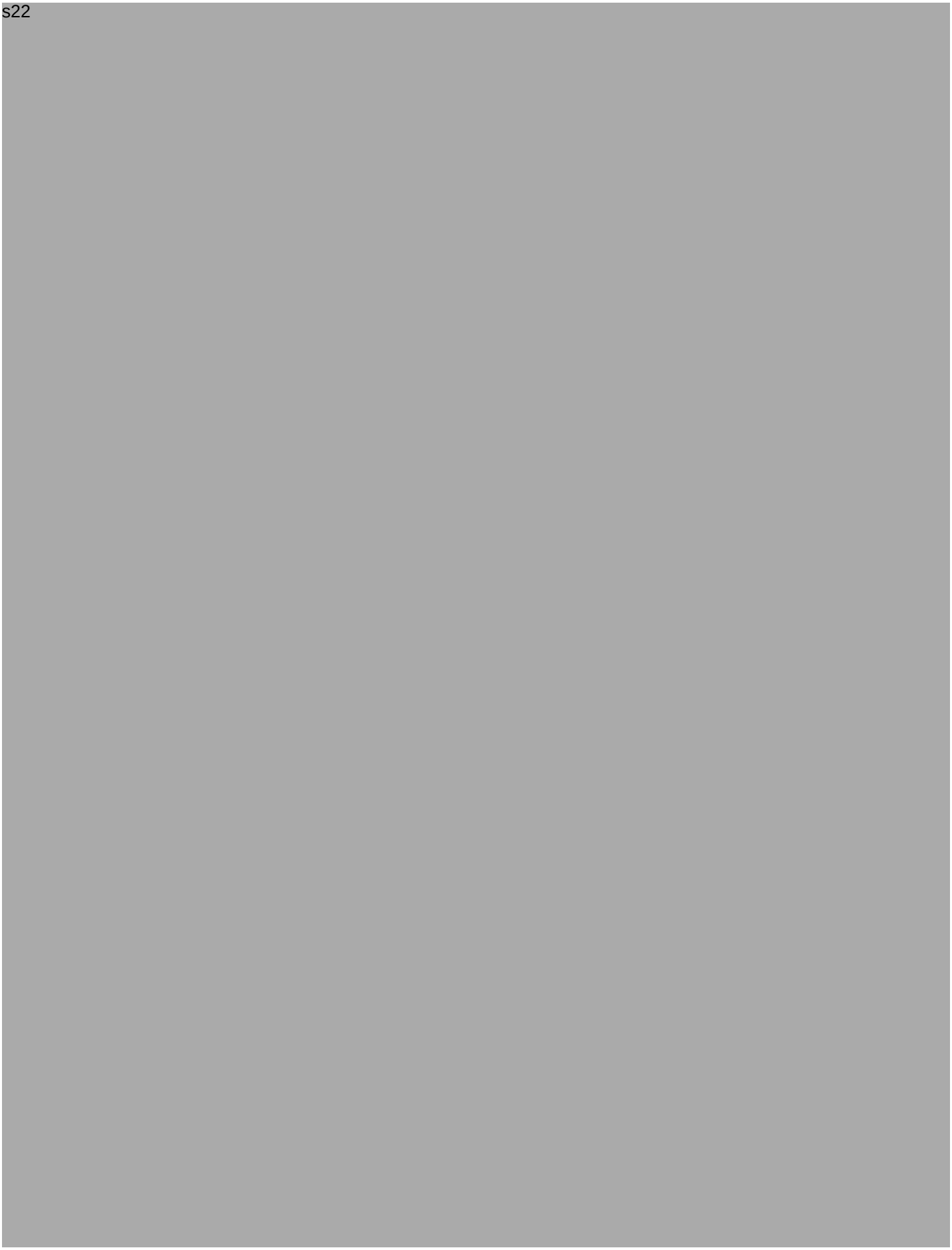
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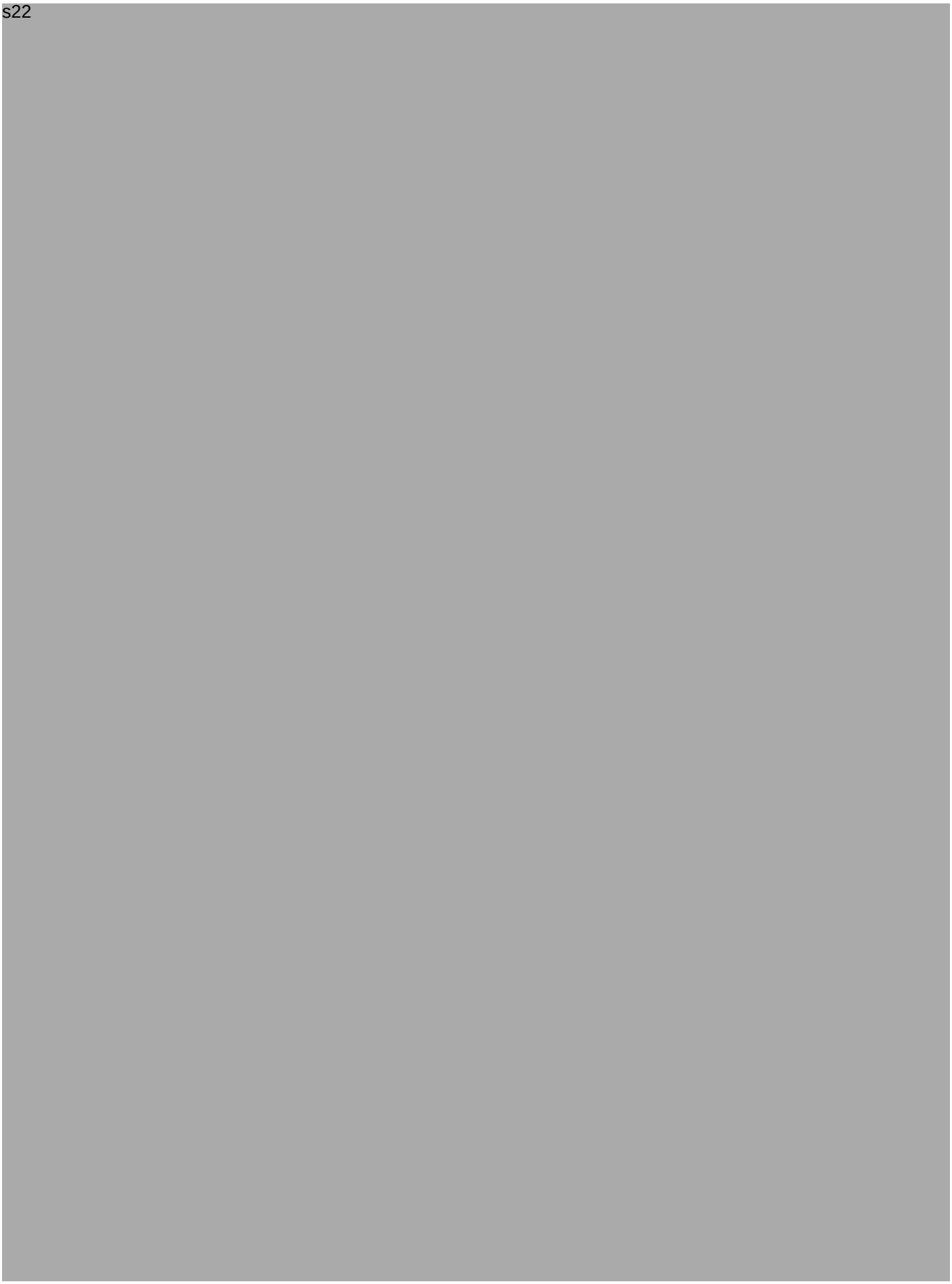
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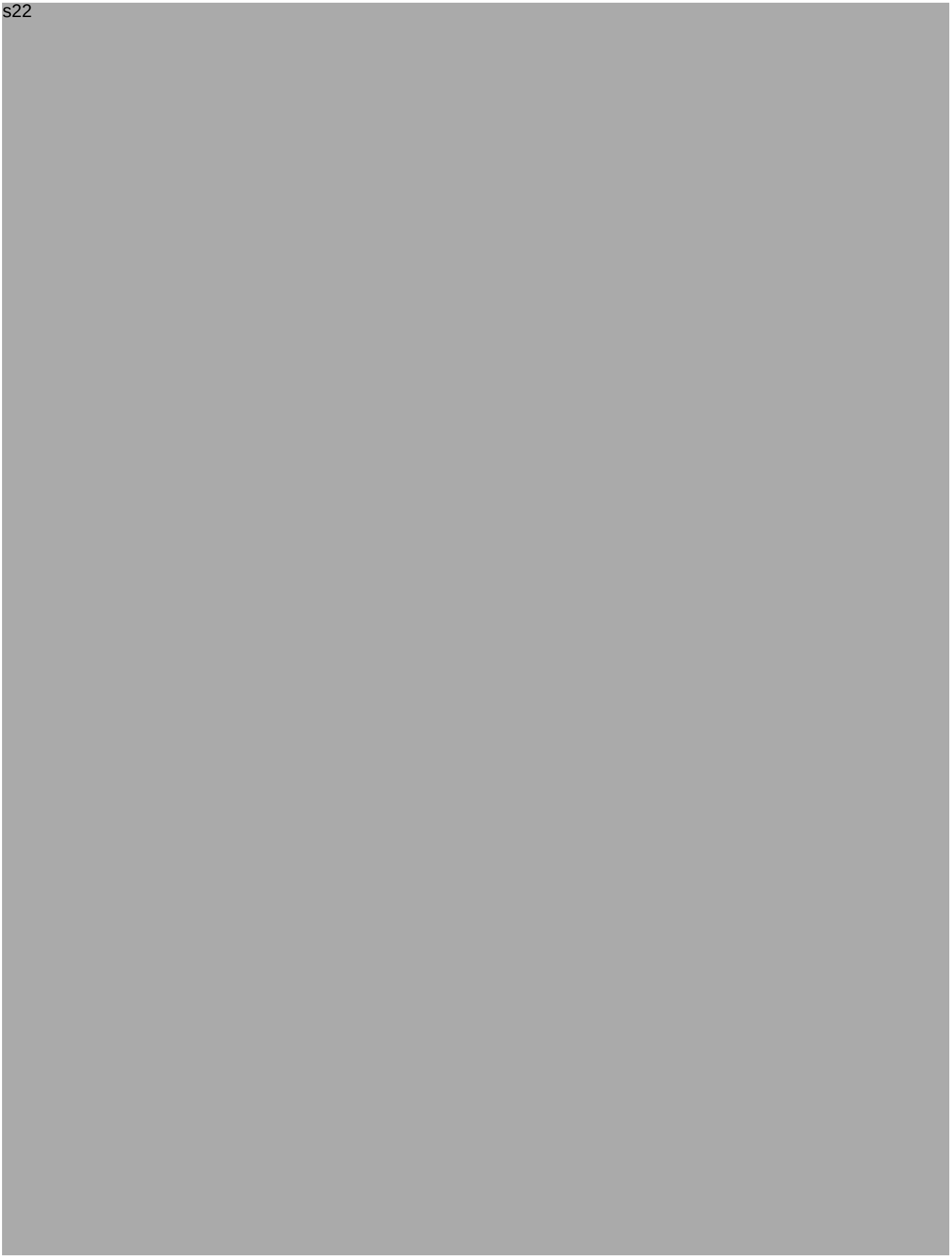


s22, s47G(1)(a)

s22

s22




s22

s22

5. Project/Activity Details

Requested Information	Applicant Response
Provide a short title of your Application for this Project/Activity * *Maximum 50 words*	NWMPHN Endometriosis and Pelvic Pain Clinic
Provide a brief Project/Activity description * *Maximum 300 words*	To support the Australian Government's objective of improving the provision of diagnosis, treatment and management of endometriosis and pelvic pain, and the treatment and management of perimenopause and menopause symptoms, NWMPHN has identified s22 exemplary clinic s22 with the capability and capacity to establish an Endometriosis and Pelvic Pain Clinic (EPPC). s22

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6. Financial Details

6.1 Funding amount

Provide a breakdown of the proposed funding amount applied for (GST exclusive) *			
2025-26 FY $ M	2026-27 FY $ M	2027-28 FY $ M	**Total** **$ M**
$0.296,653	$0.276,497	$0.276,497	**$0.849,646**

s22, s47G(1)(a)

s22, s47G(1)(a)

[redacted]

7. Assessment Criteria

s22

[redacted]

s22 [redacted]

7.2 Assessment Criterion 2

Requested Information

Alignment with Grant Opportunity Objectives and Outcomes (maximum 500 words)*

Describe how your organisations nominated GP practice will contribute to the outcomes of the grant opportunity as described in Section 2.1.

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Applicant Response – maximum 500 word limit

NWMPHN is nominating s22 [redacted]

- Werribee Medical and Dental Centre (WMDC) s22 [redacted]
- s22 [redacted]

s22 [redacted] nominated GP practices have: a number of specialist women's health GPs who are already skilled in the diagnosis, treatment, management and support of women with endometriosis and pelvic pain and the treatment and management for women with perimenopause and menopause as well as

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multidisciplinary teams within their practice including a pelvic physiotherapist and women's health nurses.

s22 [redacted]

s47G(1)(a) [redacted]

s22 [redacted]

s22 [redacted]

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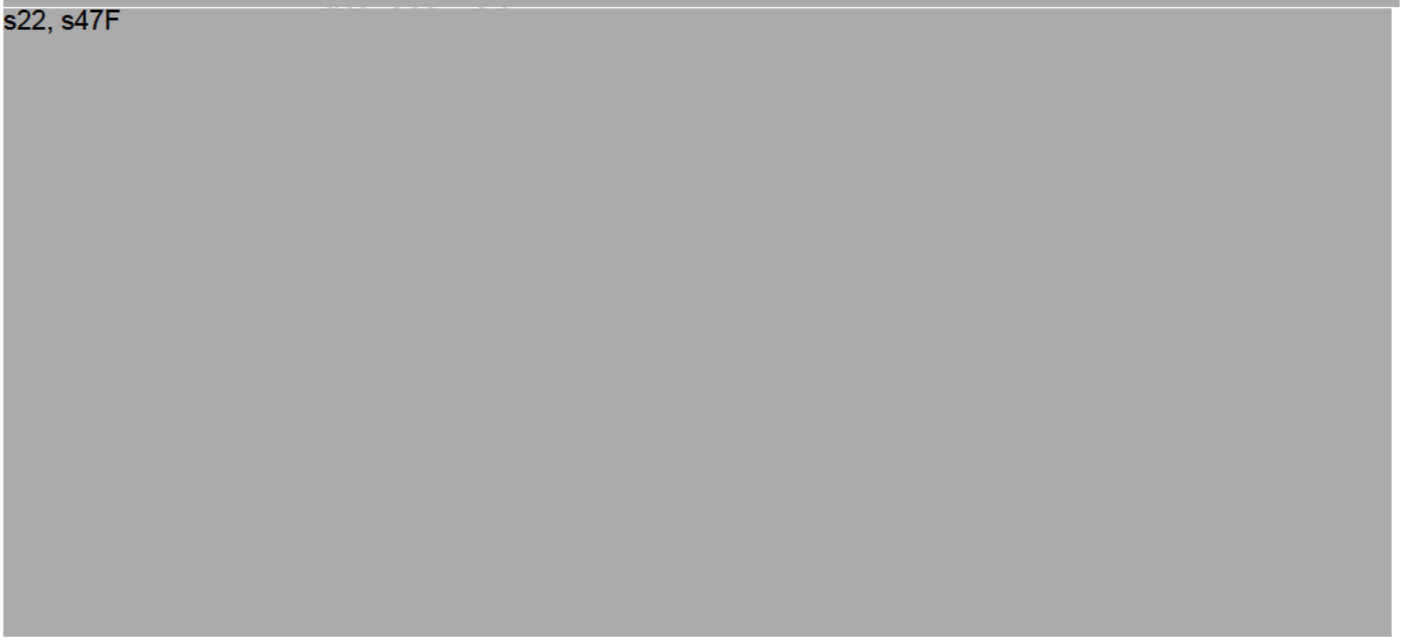
- s22

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Attachment B - GP practice nomination form

Please complete one form for each GP practice the PHN wishes to nominate (Maximum of two per PHN)

GP practice Full legal name	The Trustee for ARTLU UNIT TRUST
Trading name	Medical and Dental Centre Blunder Road
Primary Health Network	Brisbane South Primary Health Network
Australian Company Number (ACN) if applicable	
Australian Business Number (ABN)	26855078645
Registered for GST	Yes / No (please circle response)
General Practice address	Shop 19-24, 146 Blunder Road, Oxley QLD 4075
Postal address	As above
Contact person	s47F
Position / title	s47F
Telephone no.	s47F
Mobile no.	As above
E-mail address	s47F
Opening hours	Mon: 7am – 8pm Tues: 7am – 8pm Wed: 7am – 8pm Thurs: 7am – 8pm Fri: 7am – 8pm Sat: 8am – 6pm Sun: 8am – 6pm

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s22, s47F

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s22	
Telehealth capability	☐ Yes – phone and video ☒ Yes – phone ☐ No
s22	
Women's healthcare services provided at the GP practice (check all that apply)	☒ Endometriosis diagnosis and management ☒ Pelvic pain management ☒ Perimenopause and menopause management ☒ Contraceptive care and advice ☒ LARC insertion and removal ☒ Sexually transmitted infection diagnosis and management ☒ Fertility care and referral ☒ Cervical cancer screening ☒ Pre-conception care ☒ Medical termination of pregnancy ☒ Other (Provide detail: In-clinic ultrasound, gynaecological examination beds, sufficient multi-disciplinary clinic space)
s22	

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relates to endometriosis and pelvic pain and funding expenditure?	

Extended response questions

1. Provide a short overview detailing how the GP practice currently manages patients with endometriosis (suspected or diagnosed), and / or pelvic pain including referral pathways. Response may include examples of diagnostic capability, multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).	s22 Evoca has a mission of accessible healthcare for women and the clinic utilises a model of care developed through experience with existing Evoca EPPCs and significant patient feedback. We provide a holistic multidisciplinary approach to endometriosis and pelvic pain management with four Women's health GPs and a dedicated treatment space. **Diagnosis**: • Assessments including gynae, obstetric sexual, menstrual, contraceptive history, QOL PPFA/PPIQ symptoms score, and physical examination. • Referral for imaging - pelvic DIE USS for deep infiltrating endometriosis, or MRI pelvis explaining out-of-pocket costs. • • Other considerations: STI screen, GIT and GU assessment, CST, musculoskeletal assessment etc **Management**: • Trial treatments - e.g. COCP, LARC:Mirena/Implanon (Evoca GPs are certified fitters), POP: Slinda, endometriosis specific hormonal therapy visanne/relugolix, • Pelvic floor physiotherapy, dietician, psychologist for chronic pain, sexual function, fertility. • Pain management – non opiate analgesics, heat, massage and TENS devices, education. • Iron infusion (in practice) if menorrhagia and Fe deficiency. • Education and support of mental wellness through relaxation T, meditation, and self-development resources • GPMP, working with allied health partners, CDM nurses, mental health assessments where appropriate. The clinic offers a co-ordinated schedule of care over approximately 6 appointments: 1. Information and pre-appointment survey 2. Extended GP assessment and investigations 3. GP review of results and tailored treatment plan aligned to patient goals 4. Nurse check in, exercise education and engagement of allied health support 5. GP progress check 6. Nurse check in 7. Transition to ongoing support Appointments are a mix of onsite and telehealth consultations to improve accessibility and conducted by either the GP or Women's Health nurse, who coordinates the patient's journey and referrals.

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	s22 [redacted] **Ongoing care**: • Case conferencing with all clinic MDT (allied, nurse and GP) and patient action plan. • If treatment is not effective, specialist referral to discuss surgical options, including laparoscopic assessment or alternative GnRh analogues, aromatase inhibitors, androgens. • Fertility referral. • Partner/family education. • A patient's usual-care team is updated via uploads to MyHealthRecord. If the patient does not have a usual GP they receive ongoing care at the Centre. Patients with refractory or severe symptoms uncontrolled despite therapy, or where treatment contraindications apply are referred via established pathways to dedicated services at s22 [redacted] and private specialists.
2. Provide a short overview detailing how the GP practice currently manages patients with perimenopause and menopause symptoms including referral pathways. Response may include examples of diagnosis of symptoms attributable to perimenopause and menopause multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).	The clinic provides accessible care for women who are experiencing symptoms of perimenopause and menopause, or primary ovarian insufficiency and menstrual disturbance in this context. Through a holistic approach and thorough disease risk assessment (including use of the AMS menopause symptom score), our Evoca clinics offer an efficient, comprehensive symptom management and disease prevention service in this space. s22 [redacted] "Managing Menopause in General Practice" Jean Hailes and AMS online training module, as well as becoming familiar with the menopause decision making matrices available from Monash Health, and consider becoming members of the AMS, thereby ensuring that our practitioners are engaged in evidence-based menopause care and research. The clinic offers a co-ordinated schedule of care over approximately 3 appointments: 1. Multidisciplinary menopause Health assessment delivered by a GP and Nurse 2. GP review of results and tailored treatment plan 3. GP progress check 3. Transition to ongoing support Treatment options are discussed (hormonal, non-hormonal, alternative and lifestyle) in the context of evidence-based efficacy, and tailored embracing patient preferences and risk, always ensuring that risks benefits and side effect profiles are clearly explained such that the patient can make an informed choice. Treatment plans are created in collaboration with the patient ensuring tailoring toward patient focused goals in terms of symptom management

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	and quality of life, as well as disease risk management. In this, allied health partners are engaged to support any comorbid risks or diseases (e.g. dietician), as well as supporting symptom improvement (e.g. women's health physio, exercise physiologist, Dietician). s22 [redacted] **Ongoing care:** • Case conferencing with all clinic MDT (allied, nurse and GP) participants and patient action plan focused on their goals. • If treatment is not effective, specialist referral • Partner/family education. s22 [redacted] Patients with severe symptoms are referred via established pathways to dedicated services at s22 [redacted] and private specialists, this process will be assisted by the Women's Health nurse to ensure care coordination and patient support.
4. Provide a short overview of the GP practice's capability as outlined in the assessment criteria. Response may include details on practice volumes, an indication of service affordability (out of pocket costs or bulk billing) and communities served by the GP clinic e.g. Culturally and Linguistically Diverse people, First Nations, low socio-economic backgrounds (200 words max.)	Blunder Rd Medical and Dental Centre is a large multidisciplinary clinic s22 [redacted], 19 consulting rooms, dedicated women's health treatment rooms, pathology, imaging, pathology allied health-physio and dietitian, dental and pharmacy. Practitioners include 14 culturally diverse GPs (5 female) specializing in women's health, skin, veterans and men's health and speak 11 different languages. s22 [redacted] s22 s22, s47F [redacted]

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5. Provide a short overview of the GP practice's approach to continuing professional development and training. Please include details of any advanced credentialling or training in women's health, endometriosis, menopause, perimenopause or pain management (200 words max.)	s22, s47F
6. For GP practices who do not currently meet all the assessment criteria, provide information detailing how funding will be utilised to build capacity and capability of the GP practice to manage and provide primary care support for people with endometriosis and pelvic pain, and perimenopause and menopause patients (200 words max.)	s22, s47F

FOI 27-3369 - Document 13

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	s22
7. Provide any further information or GP practice details to support the application against the selection criteria (200 words max.)	

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Attachment B - GP practice nomination form

NOVA HEALTH CO

GP practice Full legal name	The Trustee for Nova Health Co Unit Trust
Trading name	Nova Health Co
Primary Health Network	Murrumbidgee
Australian Company Number (ACN) if applicable	
Australian Business Number (ABN)	23 512 340 739
Registered for GST	Yes
General Practice address	Suite 3/2-10 Docker Street, Wagga Wagga NSW 2650
Postal address	3/2-10 Docker Street, Wagga Wagga NSW 2650
Contact person	s47F, s22
Position / title	
Telephone no.	
Mobile no.	
E-mail address	
Opening hours	Mon: 8.30am-5pm Tues: 8.30am-5pm Wed: 8.30am-5pm Thurs: 8.30am-5pm Fri: 8.30am-5pm Sat: Closed. Workshops & Education scheduled monthly Sun: Closed

s22, s47F

s22

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s22 [redacted]

Telehealth capability	☒ Yes – phone and video ☐ Yes – phone ☐ No

s22 [redacted]

Women's healthcare services provided at the GP practice (check all that apply)	☒ Endometriosis diagnosis and management ☒ Pelvic pain management ☒ Perimenopause and menopause management ☒ Contraceptive care and advice ☒ LARC insertion and removal ☒ Sexually transmitted infection diagnosis and management ☒ Fertility care and referral ☒ Cervical cancer screening ☒ Pre-conception care ☒ Medical termination of pregnancy ☐ Other (Provide detail_____ ** Diagnostic ultrasound by an O&G Sonologist

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s22 [redacted]

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Extended response questions

1. Provide a short overview detailing how the GP practice currently manages patients with endometriosis (suspected or diagnosed), and / or pelvic pain including referral pathways. Response may include examples of diagnostic capability, multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).	Nova Health Co has been providing integrated women's health services in the Riverina since October 2021, s22 [redacted] Our model of care is grounded in evidence-based, patient-centred practice, aiming to provide a gold-standard clinical service that is both accessible and collaborative. We manage patients with suspected or diagnosed endometriosis and pelvic pain through a streamlined, multidisciplinary pathway. Patients can access care via referral from other healthcare providers or self-referral, with services offered under GP Management Plans (TCAs/EPCs) and private health rebates where applicable. Our team includes five GPs with a special interest in women's health, all of whom offer extended consultations for detailed assessment and care planning. These clinicians have strong working relationships with public hospital systems in Wagga Wagga and Albury, with several also providing inpatient care, strengthening continuity across settings. Diagnostic services include in-house pelvic and transvaginal ultrasound to support early identification of endometriosis. Patients have direct access to HyCoSy / Saline infusion sonographic technique for the evaluation of sub fertility associated with endometriosis, pelvic health physiotherapy, psychology (including pain and trauma-informed care), dietetics, and tailored exercise programs such as clinical Pilates, yoga, and strength-based classes—available as individual or group sessions. Nova also provides the full range of reversible contraceptive options, including IUD and Implanon insertion/removal, which supports both symptom management and reproductive planning for patients with endometriosis or chronic pelvic pain. For cases requiring specialist care, we have well-established referral pathways with local gynaecologists, public hospital outpatient services, IVF providers, pain specialists, urogynaecologists, sexologists, and general pain physiotherapists. Our clinicians frequently liaise with these services to ensure collaborative care and reduce care fragmentation. We utilize HealthPathways, national guidelines, and the Australian Coalition for Endometriosis tools to guide best practice, and our care model prioritises timely access, patient validation, and a multidisciplinary response that empowers self-management. s22 [redacted]

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	s22 [redacted]
2. Provide a short overview detailing how the GP practice currently manages patients with perimenopause and menopause symptoms including referral pathways. Response may include examples of diagnosis of symptoms attributable to perimenopause and menopause multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).	At Nova Health Co, women can access perimenopause and menopause care via self-referral or referral from other providers. s22 [redacted] Internal handovers between GPs and in-house allied health are supported by warm referrals and direct introductions, promoting patient comfort and trust in the treating team. Our model of care is multidisciplinary, evidence-based, and patient-centred. Women are encouraged to begin their care journey by attending a structured group education session delivered by a GP, dietitian, pelvic health physiotherapist, and psychologist. These sessions run fortnightly and provide a strong foundation in the physical, emotional, and lifestyle aspects of midlife health. Participants are also provided with a comprehensive resource booklet to support self-management. Following this, patients are invited to attend individualised consultations. Our clinicians use validated tools, including the Green Climacteric Scale, alongside detailed history-taking and physical examination, to inform a tailored management plan. We offer in-house IUD placement for contraception or symptom management, as well as prescribing of MHT or non-hormonal therapies as appropriate. Our approach includes both pharmacological and non-pharmacological strategies, aligning with national guidelines and patient preference. Care plans can either remain with Nova for ongoing management or be transitioned back to the patient's usual GP with a clear handover. Telehealth is available for rural and remote patients, supporting access across the broader Riverina region. When specialist input is required, we have strong referral pathways to local and regional O&G, endocrinology, urology, pain specialists, and physiotherapy services. We maintain a close connection with the s22 [redacted] s22 [redacted] and also access a trusted catalogue of subspecialist clinicians outside the immediate region. Our integrated model ensures women receive timely, holistic, and expert care during the perimenopausal and menopausal transition. s22 [redacted]

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3. Provide a short overview of the GP practice's capability as outlined in the assessment criteria. Response may include details on practice volumes, an indication of service affordability (out of pocket costs or bulk billing) and communities served by the GP clinic e.g. Culturally and Linguistically Diverse people, First Nations, low socio-economic backgrounds (200 words max.)	Nova Health Co is a purpose-built multidisciplinary women's health clinic located on Wiradjuri land in Wagga Wagga, operating five days per week. s22, s47G(1)(a) [redacted] s47G(1)(a) [redacted] We serve a diverse regional population, including women from culturally and linguistically diverse (CALD) communities, low socio-economic backgrounds, and First Nations families. Nova is registered with the National Interpreter Service and delivers culturally safe care through ongoing clinician and administrative training. s22 [redacted]
4. Provide a short overview of the GP practice's approach to continuing professional development and training. Please include details of any advanced credentialling or training in women's health, endometriosis, menopause, perimenopause or pain management (200 words max.)	s22, s47G(1)(a) [redacted] s22, s47F [redacted] Regular case reviews and multidisciplinary team meetings ensure coordinated, patient-centred care. Clinical education is strongly focused on all aspects of women's health, including preconception,

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Department of Health, Disability and Ageing

	pregnancy, contraception, sexual health, endometriosis, pelvic pain, and menopause.
5. For GP practices who do not currently meet all the assessment criteria, provide information detailing how funding will be utilised to build capacity and capability of the GP practice to manage and provide primary care support for people with endometriosis and pelvic pain, and perimenopause and menopause patients (200 words max.)	s22, s47G(1)(a) [redacted] s22, s47G(1)(a) [redacted] We have recruited a s22 skilled group of clinicians s22 [redacted] many with additional specialised training in women's health and complex pain management. All team members joined with the expectation of ongoing support and development to meet the evolving needs of our patients. s22 [redacted] s22 [redacted]
6. Provide any further information or GP practice details to support the application against the selection criteria (200 words max.)	Nova is a clinician-led women's health clinic based in the Riverina, dedicated to providing holistic, evidence-based care tailored to the unique needs of regional women. Our model integrates clinical excellence with community connection, supporting women from birth to menopause and beyond. s22 [redacted]

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Department of Health, Disability and Ageing

s22 [redacted]

s22 [redacted]

- [redacted]
- [redacted]
- [redacted]

s22 [redacted]

s22 [redacted]

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Attachment B - GP practice nomination form

Please complete one form for each GP practice the PHN wishes to nominate (Maximum of two per PHN)

GP practice Full legal name	Central Coast Community Women's Health Centre LTD
Trading name	Central Coast Community Women's Health Centre
Primary Health Network	Hunter New England and Central Coast
Australian Company Number (ACN) if applicable	001 330 472
Australian Business Number (ABN)	82 001 330 472
Registered for GST	**Yes**
General Practice address	37 Maidens Brush Road, Wyoming NSW 2250
Postal address	PO BOX 2010, Gosford NSW 2250
Contact person	s47F
Position / title	Chief Executive Officer
Telephone no.	s47F
Mobile no.	s47F
E-mail address	s47F
Opening hours	Mon: 9 am to 4 pm Tues: 8:30 am to 4:30 pm Wed: 9 am to 4 pm Thurs: 9 am to 4:30 pm Fri: 8:30 am to 4:30 pm Sat: Closed Sun: Closed
GP practice healthcare team (check all that apply)	☒ General Practitioner ☒ Female Gender General Practitioner ☒ General Practitioner with advanced credentialling (provide details: s47F Diploma in Family Planning and Reproductive Health Care; MS2Step prescriber; and Royal College of Obstetricians and Gynaecologists Diploma; Implanon and Mirena accreditation ☒ Psychologist Onsite counselling team ☐ Pelvic physiotherapist ☐ Physiotherapist ☒ Dietician Two GPs with specialty training in nutrition ☒ Nurse ☒ Nurse practitioner ☐ Pharmacist ☒ Social worker ☐ Aboriginal health worker ☐ Bi-cultural health worker ☒ Sonographer Ultrasound equipment onsite. Early investigation only

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	s22
Accredited for RACGP Standards (this is a requirement for nomination)	☒ Yes ☐ No
s22	
Telehealth capability	☐ Yes – phone and video ☒ Yes – phone ☐ No
s22	
Women's healthcare services provided at the GP practice (check all that apply)	☒ Endometriosis diagnosis and management ☒ Pelvic pain management ☒ Perimenopause and menopause management ☒ Contraceptive care and advice ☒ LARC insertion and removal ☒ Sexually transmitted infection diagnosis and management ☒ Fertility care and referral ☒ Cervical cancer screening ☒ Pre-conception care ☒ Medical termination of pregnancy ☒ Other - Pessary ring fittings, pelvic floor education and management, pregnancy choices consultations, breast checks, nutrition and women's mental health. They have a team that supports women who have experienced trauma, including domestic, family or sexual violence.

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s22 [redacted]

Extended response questions

1. Provide a short overview detailing how the GP practice currently manages women with endometriosis (suspected or diagnosed), and / or pelvic pain including referral pathways. Response may include examples of diagnostic capability, multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).	s22 [redacted] Their experienced women's health general practitioners provide initial assessment and symptom management. This includes comprehensive medical history-taking, pain mapping, and use of validated symptom screening tools to inform clinical decision-making. CCCWHC have limited in-house ultrasound capacity, which can assist with initial investigation; however, in most cases, definitive diagnostic imaging is accessed through external providers. They maintain referral pathways to both public and private gynaecologists for surgical diagnosis and treatment. Management is women-centred and collaborative. CCCWHC utilise a multidisciplinary care team model that includes on-site counsellors, social workers and women's health nurses, many of whom have experience supporting women with chronic pain, fertility concerns, and associated mental health impacts. Women also access health and wellbeing programs, which include pain management, nutrition, mindfulness, and body awareness groups. Where needed, they facilitate access to external allied health professionals such as physiotherapists with a special interest in pelvic health. Referral pathways are in place with Central Coast Local Health District gynaecology services. CCCWHC also regularly refer to private gynaecologists, particularly when timely access through the public system is limited. They have partnerships with local pharmacists and community health services further support medication management, hormonal therapies, and contraceptive options as part of care.
2. Provide a short overview detailing how the GP practice currently manages women with perimenopause and menopause symptoms including referral pathways. Response may include	s22 [redacted]

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examples of diagnosis of symptoms attributable to perimenopause and menopause multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).	Women commonly present with a wide range of symptoms attributable to perimenopause or menopause. CCCWHC's women's health GPs provide thorough assessments, taking time to explore the physical, emotional, and social impacts of symptoms. Diagnosis is based on symptom history, menstrual changes, and, when necessary, blood tests to exclude other conditions or confirm hormonal transition. Management is highly individualised and may include hormonal therapies, non-hormonal medications, and lifestyle interventions to support mental health, cardiovascular well-being, sleep, and nutrition. Two of the GPs have specialised training in diet and nutrition, allowing them to offer tailored nutritional guidance as part of a comprehensive care plan. This is particularly beneficial for women experiencing metabolic changes or gastrointestinal symptoms during the menopause transition. The practices GPs work in close collaboration with the in-house trauma-informed counsellors, social workers, and nurse practitioner, ensuring a holistic response to each woman's physical and emotional needs. CCCWHC maintain a referral pathway with the Central Coast Local Health District Menopause Clinic, which prioritises women with complex or acute health needs. While capacity is limited, they are able to refer clients to access specific allied health professionals from the service, including a women's physiotherapist with expertise in pelvic health. To enhance early intervention and community support, CCCWHC are co-developing a group-based support program for women experiencing perimenopause and menopause. This initiative is being created in partnership with the Iris Foundation, the Debbie Gaunt Foundation, and the Read Clinic. It will offer psychoeducation, peer connection, and practical strategies for well-being through a holistic health lens.
3. Provide a short overview of the GP practice's capability as outlined in the assessment criteria. Response may include details on practice volumes, an indication of service affordability (out of pocket costs or bulk billing) and communities served by the GP clinic e.g. Culturally and Linguistically Diverse people, First Nations, low socio-economic backgrounds (200 words max.)	CCCWHC is the largest women- focused not-for-profit health organisation on the Central Coast, operating from three locations: Wyoming, Wyong and Woy Woy, ensuring strong geographical reach and access to care across the region. Their model supports high patient volumes, with consistently full GP clinics and waitlists reflecting unmet demand for women-led, trauma-informed healthcare. s22

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	Affordability is core to CCCWHCs approach. They offer bulk-billed and low-cost GP services, and work proactively with partners to remove financial barriers to care. s22 [redacted] s22 [redacted]
4. Provide a short overview of the GP practice's approach to continuing professional development and training. Please include details of any advanced credentialling or training in women's health, endometriosis, menopause, perimenopause or pain management (200 words max.)	s22 [redacted] Two of CCCWHCs GPs hold advanced qualifications in reproductive and sexual health, including the Diploma in Family Planning and Reproductive Health Care, the Royal College of Obstetricians and Gynaecologists Diploma, and are certified MS-2 Step prescribers. They are trained in Implanon and Mirena insertion, and have undertaken ultrasound training for reproductive health, which supports early in-house assessment, though imaging capacity remains limited. Both have also completed further training in diet and nutrition, enabling a holistic approach to menopause and pelvic pain management. s22 [redacted]
5. For GP practices who do not currently meet all the assessment criteria, provide information detailing how funding will be utilised to build capacity and capability of the GP practice to manage and provide primary care support for people with endometriosis and pelvic pain, and perimenopause and menopause women (200 words max.)	CCCWHC meet all assessment criteria. s22 [redacted] Their multidisciplinary team includes female GPs with advanced training in women's health, including reproductive and hormonal health, LARC (Implanon and Mirena insertion), and nutrition. The Women's Health Nurse is trained in cervical screening and forensic care for women impacted by

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	sexual violence. They also have an on-site counselling team and social workers, ensuring wraparound, trauma-informed support. s22 [redacted] The three clinic locations, Wyoming, Wyong and Woy Woy, allow them to serve a broad geographic area.
6. Provide any further information or GP practice details to support the application against the selection criteria (200 words max.)	s22 [redacted] The three established clinics located in Wyoming, Wyong and Woy Woy s22 [redacted]. CCCWHC have a multidisciplinary team led by experienced women's health GPs with advanced training in reproductive and hormonal health, LARC, and nutrition, supported by on-site counsellors and social workers. Their model is built around wraparound, low- to no-cost care, with free on-site childcare, well-established referral pathways, and a strong focus on priority communities, including First Nations and CALD women. s22 [redacted] It would enable them to reach more women, reduce wait times, and expand in-house allied health support, such as physiotherapy and group-based education. s22 [redacted]

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Attachment B - GP practice nomination form

Please complete one form for each GP practice the PHN wishes to nominate (Maximum of two per PHN)

GP practice Full legal name	Latrobe Community Health Service Limited
Trading name	Latrobe Community Health Service
Primary Health Network	Gippsland
Australian Company Number (ACN) if applicable	136502022
Australian Business Number (ABN)	74136502022
Registered for GST	Yes
General Practice address	LCHS Morwell - 81-87 Buckley Street Morwell VIC 3840
Postal address	PO Box 960, Morwell VIC 3840, Australia
Contact person	s47F
Position / title	Manager GP Clinics
Telephone no.	s47F
Mobile no.	
E-mail address	
Opening hours	Mon: 8:30am – 5:00pm Tues: 8:30am – 5:00pm Wed: 8:30am – 5:00pm Thurs: 8:30am – 5:00pm Fri: 8:30am – 5:00pm Sat: closed Sun: closed

s22 [redacted]

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s22

Telehealth capability	☒ Yes – phone and video ☐ Yes – phone ☐ No

s22

Women's healthcare services provided at the GP practice (check all that apply)	☒ Endometriosis diagnosis and management ☒ Pelvic pain management ☒ Perimenopause and menopause management ☒ Contraceptive care and advice ☒ LARC insertion and removal ☒ Sexually transmitted infection diagnosis and management ☒ Fertility care and referral ☒ Cervical cancer screening ☒ Pre-conception care ☒ Medical termination of pregnancy ☒ Other (Provide detail) - Gender affirming care Urology/Continence

s22

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relates to endometriosis and pelvic pain and funding expenditure?	

Extended response questions

1. Provide a short overview detailing how the GP practice currently manages patients with endometriosis (suspected or diagnosed), and / or pelvic pain including referral pathways. Response may include examples of diagnostic capability, multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).	Latrobe Community Health Service (LCHS) GP clinic manages patients with suspected or diagnosed endometriosis and pelvic pain through a multidisciplinary, patient centred approach, guided by the RANZCOG Australian Living Evidence Guideline: Endometriosis. The clinic has a team of experienced GPs, including two with postgraduate qualifications in obstetrics and gynaecology, and one with postgraduate qualifications in forensic sexual assault medicine. Supporting the GPs are a nurse practitioner candidate in sexual and reproductive health, a nurse practitioner candidate in continence and urology, and a physiotherapist specialising in women's pelvic health. Patients may enter the service through any of these clinicians. They follow a "no wrong door" approach, meaning patients are assessed regardless of their entry point and directed to the most appropriate ongoing care. Initial assessment involves a focused history and examination. Where patients have previously sought support without success, they review and consolidate existing records and investigations to avoid delays and unnecessary duplication. Mental health support is considered a key component of care throughout the patient journey, recognising the psychological impact of chronic pelvic pain. Where required, referrals are made to specialist or advanced care services for treatment. These referrals are prepared thoroughly, often by their practice and specialist nurses, to ensure they are comprehensive and appropriate with an aim to reduce rejected referrals by gathering all relevant information before submission. LCHS maintains strong working relationships with local hospitals and clinicians. This enables targeted referrals to specific specialists based on individual patient needs, ensuring timely and coordinated care. s22
2. Provide a short overview detailing how the GP practice currently manages patients with perimenopause and menopause symptoms including referral pathways. Response may include examples of diagnosis of symptoms attributable to	At LCHS, patients presenting with symptoms of perimenopause or menopause are managed using a general practice-led model, with assessment and care typically beginning at the point of first contact - whether with a GP, nurse, or allied health clinician. They have a GP with a special interest in menopause s22 s22

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perimenopause and menopause multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).	s22	
	LCHS's broader GP team and nurses are confident in managing most perimenopause and menopause presentations inhouse. Where required, less experienced clinicians seek informal secondary consultation and support from senior colleagues with expertise in women's health. This internal collaboration helps build workforce capability and ensures timely patient care without unnecessary referral delays. Whilst maintaining strong and established referral pathways to local specialists, the majority of menopause care remains within the general practice setting. LCHS recognise this as a core area of general practice and have prioritised internal professional development to support our clinicians in managing these patients effectively. s22, s47F LCHS's approach is patient-centred, accessible, and multidisciplinary where required, ensuring consistent, evidence-based care for women at all stages of menopause. LCHS offers a variety of clinical services support people with a variety of sexual health matters including people from transgender communities .	s22
3. Provide a short overview of the GP practice's capability as outlined in the assessment criteria. Response may include details on practice volumes, an indication of service affordability (out of pocket costs or bulk billing) and communities served by the GP clinic e.g. Culturally and Linguistically Diverse people, First Nations, low socio-economic backgrounds (200 words max.)	LCHS provides care to a large regional population with significant socio-economic and health disadvantage. They support a high volume of patients, including a large immigrant population, and regularly use interpreter services to ensure accessible care. They offer women-led care with several female GPs available, recognising many women prefer to see a female practitioner for reproductive and sexual health concerns. Patients with a healthcare or pension card are bulk billed. In response to government priorities and community need, they are actively considering universal bulk billing	
4. Provide a short overview of the GP practice's approach to	s22	

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continuing professional development and training. Please include details of any advanced credentialling or training in women's health, endometriosis, menopause, perimenopause or pain management (200 words max.)	s22 s22, s47F s22
5. For GP practices who do not currently meet all the assessment criteria, provide information detailing how funding will be utilised to build capacity and capability of the GP practice to manage and provide primary care support for people with endometriosis and pelvic pain, and perimenopause and menopause patients (200 words max.)	N/A
6. Provide any further information or GP practice details to support the application against the selection criteria (200 words max.)	s22 s22 s22 s22 s22

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	s22 [redacted] Three sites are fitted with pelvic tilt examination couches to support safe and comfortable genital examinations. Three GPs and one nurse are trained in early pregnancy ultrasonography, and two sites have bedside ultrasound. Their women's pelvic health physiotherapist also uses ultrasound in her practice, maintaining strong partnerships with local imaging providers for timely diagnostic support. LCHS also provide gender affirming care, including hormone therapy, which is relevant for pelvic pain management in trans men. s22 [redacted]

s22 [redacted]

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Attachment B - GP practice nomination form

Please complete one form for each GP practice the PHN wishes to nominate (Maximum of two per PHN)

GP practice Full legal name	Drayton Medical Centre
Trading name	Drayton Medical Pty Ltd
Primary Health Network	Darling Downs and West Moreton PHN
Australian Company Number (ACN) if applicable	600353660
Australian Business Number (ABN)	35600353660
Registered for GST	(Yes) / No (please circle response)
General Practice address	56-58 Brisbane Street, Drayton, QLD, 4350
Postal address	56-58 Brisbane Street, Drayton, QLD, 4350
Contact person	s47F
Position / title	s47F
Telephone no.	s47F
Mobile no.	s47F
E-mail address	s47F
Opening hours	Mon: 7:00am – 7:00pm Tues: 7:00am – 7:00pm Wed: 7:00am – 7:00pm Thurs: 7:00am – 7:00pm Fri: 7:00am – 5:00pm Sat: 7:00am – 1:00pm Sun: 8:00am – 12:00pm
s22	
s22	

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s22

Telehealth capability	☒ Yes – phone and video ☐ Yes – phone ☐ No

s22

Women's healthcare services provided at the GP practice (check all that apply)	☒ Endometriosis diagnosis and management ☒ Pelvic pain management ☒ Perimenopause and menopause management ☒ Contraceptive care and advice ☒ LARC insertion and removal ☒ Sexually transmitted infection diagnosis and management ☒ Fertility care and referral ☒ Cervical cancer screening ☒ Pre-conception care ☒ Medical termination of pregnancy ☐ Other (Provide detail_____ _____)

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Extended response questions

Provide a short overview detailing how the GP practice currently manages patients with endometriosis (suspected or diagnosed), and / or pelvic pain including referral pathways. Response may include examples of diagnostic capability, multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).	s22 [redacted] s22 [redacted] The practice currently delivers a patient-centred approach to managing endometriosis and pelvic pain, in line with RACGP standards and Queensland Health guidelines. s22 [redacted] This practice manages this patient cohort as follows: ***1. Initial Assessment and Diagnosis*** Primary Care Evaluation: Thorough history-taking, including pain characteristics, menstrual history, and quality of life impacts. Physical examinations (e.g. abdominal/pelvic) and first-line investigations (ultrasound, basic blood tests) are performed. Diagnostic Limitations: While transvaginal ultrasound may detect advanced endometriosis, negative results do not exclude the condition. GPs maintain a low threshold for referral if symptoms persist. ***1. Medical Management*** First-Line Therapies: Hormonal treatments (COCP, progestins) and NSAIDs are initiated where appropriate. Ongoing Monitoring: Regular follow-ups assess treatment efficacy, side effects, and need for escalation. ***2. Referral Pathways*** Gynaecology Referrals: Suspected or complex cases are referred to local gynaecologists (e.g. s22 [redacted] or private specialists) for further assessment, MRI or laparoscopy. Multidisciplinary Care: For refractory pain or confirmed endometriosis, referrals to:

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	• Pain Specialists: nerve blocks/pharmacotherapy. • Physiotherapy/Pelvic floor for musculoskeletal contributors **located onsite**. • Psychology: Via GP Mental Health Care Plans or referral to psychologist for coping strategies. • Dietitian/Nutritionist: Comorbid IBS-like symptoms (via CDM referrals) **located onsite**. • Tertiary Services: Severe/complex cases may be referred to Brisbane-based endometriosis clinics s22 ***3. Chronic Disease Management*** GP Management Plans and Team Care Arrangements coordinated for patients requiring long-term support. ***4. Patient Resources*** Educational material and support group information from Endometriosis Australia. Triaging of patients referred from other GP practices to the EPPC will be managed via a designated Triage Lead and assessed according to urgency and clinical need/risk. The patient's primary GP will be notified of triage outcomes and treatment plan via Medical Objects, to ensure continuity of care.
Provide a short overview detailing how the GP practice currently manages patients with perimenopause and menopause symptoms including referral pathways. Response may include examples of diagnosis of symptoms attributable to perimenopause and menopause multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).	Drayton Medical Centre currently provides female-led, comprehensive, evidence-based care for patients experiencing perimenopause and menopause, in line with RACGP and Queensland Health guidelines. The medical centre team adopts a patient-centred approach, combining lifestyle, medical, and psychological support to optimise menopause transition and long-term health ensuring access and affordability**.** ***1. Diagnosis & Symptom Assessment*** Clinical Evaluation: GPs diagnose perimenopause/menopause based on symptoms for women aged 45–55. Hormonal testing (FSH, Estradiol) is rarely required but may be used in uncertain cases (e.g. premature menopause). Differential Diagnosis: Conditions like thyroid dysfunction, depression, or cardiovascular disease are excluded via targeted investigations (TSH, lipids, glucose).

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2. Management Strategies

Lifestyle and Non-Hormonal Therapies: First-line advice includes weight management, exercise, stress reduction, and dietary modifications (e.g. calcium/Vitamin D for bone health). Non-hormonal options (e.g. SSRIs, gabapentin) are offered for vasomotor symptoms if contraindications to HRT exist.

Hormone Replacement Therapy (HRT): Individualised HRT (oral, transdermal, vaginal) is prescribed based on patient risk factors (VTE, breast cancer) and symptom severity. Local compounding pharmacies assist with tailored preparations if needed.

Bone Health: DEXA scans (via referral) assess osteoporosis risk, with calcium/Vitamin D or bisphosphonates initiated as needed.

3. Referral Pathways

Gynaecology/Endocrinology: Referrals to Toowoomba-based specialists (public/private) are made for complex cases (e.g. premature menopause, contraindications to HRT, unresolved symptoms).

Cardiology/Menopause Clinic: Patients with high cardiovascular risk or complex needs may be referred to s22 or tertiary menopause clinics s22

Mental Health Support: GP Mental Health Care Plans facilitate access to psychologists for mood disorders, anxiety, or sleep disturbances.

4***. Allied Health Multidisciplinary Care***

Dietitian/Nutritionist: For weight management, metabolic syndrome, or bone health (via CDM referrals) ***available onsite***.

Physiotherapy: Pelvic floor therapy for urogenital symptoms (e.g., urinary incontinence, vaginal atrophy) ***available onsite***.

Menopause Australia Resources: Patients receive evidence-based education on symptom management and long-term health.

5. Chronic Disease & Preventive Health

Regular cardiovascular, bone density, and breast cancer screening is incorporated into care plans.

GP Management Plans (GPMPs) support long-term monitoring for high-risk patients.

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	6. Education and Training Ongoing GP education on latest menopause guidelines (e.g. Australasian Menopause Society) ensures best practice.
Provide a short overview of the GP practice's capability as outlined in the assessment criteria. Response may include details on practice volumes, an indication of service affordability (out of pocket costs or bulk billing) and communities served by the GP clinic e.g. Culturally and Linguistically Diverse people, First Nations, low socio-economic backgrounds (200 words max.)	Drayton Medical Centre is a well-established regional practice serving a diverse patient population, including a significant proportion of First Nations patients, CALD communities, and individuals from low socio-economic backgrounds. ***1.*** s22 ***Accessibility*** s22 Bulk billing is available for all age groups, ensuring affordable care for vulnerable populations. ***2. Culturally Safe and Inclusive Care*** The practice has notable preferred and established partnerships with local Indigenous communities and Aboriginal Medical Centres, and deliver culturally appropriate care including chronic disease support and health assessments. Multilingual resources and interpreter services support CALD patients, including refugees and migrants. Cultural support for priority populations is a focus of this practice, with GPs from multicultural backgrounds and speaking multiple languages.
Provide a short overview of the GP practice's approach to continuing professional development and training. Please include details of any advanced credentialling or training in women's health, endometriosis, menopause,	s22

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perimenopause or pain management (200 words max.)	s22
For GP practices who do not currently meet all the assessment criteria, provide information detailing how funding will be utilised to build capacity and capability of the GP practice to manage and provide primary care support for people with endometriosis and pelvic pain, and perimenopause and menopause patients (200 words max.)	s22

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	s22 [redacted]
Provide any further information or GP practice details to support the application against the selection criteria (200 words max.)	s22 [redacted] ***1. Expert Female GP Team*** s22, s47F [redacted] Total of 5 Female GPs, FRACGP-accredited practitioners, with special interests in: • Endometriosis & Pelvic Pain (diagnosis, hormonal/non-hormonal management, multidisciplinary referrals). • Menopause & Perimenopause (HRT prescribing, bone/cardiovascular risk assessment). • Sexual & Reproductive Health (contraception, STI screening, preconception counselling). • contraception including IUD INSERTION • Multicultural & Trauma-Informed Care: Our GPs speak multiple languages and provide culturally sensitive consultations, including for First Nations, CALD, and LGBTQ+ patients.

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	2. ***Comprehensive MDT Women's Health Services*** In-house pelvic exams, physiotherapy, dietetics, STI testing. s22 [redacted] Bulk-Billing. s22 [redacted]

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Endometriosis and Pelvic Pain Clinics

Attachment B - GP clinic application form

GP practice Full legal name	Family Planning Qld (Rockhampton EPPC Consortia Partner)
Trading name	True Relationships and Reproductive Health
Primary Health Network	Central Queensland, Wide Bay & Sunshine Coast
Australian Company Number (ACN) if applicable	N/A
Australian Business Number (ABN)	61009860164
Registered for GST	☒ Yes ☐ No (please tick response)
General Practice address	Shop 4B, Glenmore Shopping Village 301 Farm Street Norman Gardens QLD 4701
Postal address	Shop 4B, Glenmore Shopping Village 301 Farm Street Norman Gardens QLD 4701
Contact person	s47F
Position / title	Nurse Practitioner/Director of Nursing and Health Services
Telephone no.	s47F
Mobile no.	
E-mail address	s47F
Opening hours	Mon: 9:00am – 5:00pm Tues: 9:00am – 5:00pm Wed: 9:00am – 5:00pm Thurs: 9:00am – 5:00pm Fri: 9:00am – 5:00pm Sat: Closed Sun: Closed
s22	
	Specialised in sexual and reproductive healthcare: FPAA certificate and procedural contraception training Specialised Obstetrics training
	s22

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	s22
s22	
Telehealth capability	☒ Yes – phone and video ☒ Yes – phone ☐
	s22
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s22	
Women's healthcare services provided at the GP practice (tick all that apply)	☒ Endometriosis diagnosis and management ☒ Pelvic pain management ☒ Perimenopause and menopause management ☒ Contraceptive care and advice ☒ LARC insertion and removal ☒ Sexually transmitted infection diagnosis and management ☒ Fertility care and referral ☒ Cervical cancer screening ☒ Pre-conception care ☒ Medical termination of pregnancy ☒ Availability of an in-clinic ultrasound ☒ Availability of a gynaecological examination bed ☒ Availability of sufficient multi-disciplinary clinic space ☐ Other (Provide details below)
s22	

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Extended response questions

1. Provide a short overview detailing how the GP	True Relationships and Reproductive Health delivers specialised endometriosis and pelvic pain services across Queensland through our multidisciplinary sexual

practice currently manages patients with endometriosis (suspected or diagnosed), and / or pelvic pain including referral pathways. Response may include examples of diagnostic capability, multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).	and reproductive health clinics. Our comprehensive, trauma-informed model of care is designed to be accessible without requiring referrals, enabling timely support for women experiencing suspected or diagnosed endometriosis and chronic pelvic pain. s22 [redacted] Management approaches include medical therapies, pain management, lifestyle support, and mental health care, with documented referral pathways to gynaecologists, pelvic physiotherapists, imaging services, and mental health specialists to ensure comprehensive care. Continuity is maintained through structured follow-up and communication with clients. s22 [redacted]
2. Provide a short overview detailing how the GP practice currently manages patients with perimenopause and menopause symptoms including referral pathways. Response may include examples of diagnosis of symptoms attributable to perimenopause and menopause multidisciplinary care	True Relationships and Reproductive Health provides comprehensive, accessible care for women experiencing perimenopause and menopause symptoms across Queensland through our multidisciplinary sexual and reproductive health clinics. Our model of care is designed to be client-centred and trauma-informed, aiming to reduce barriers for vulnerable populations by offering services without requiring GP referrals. Patients presenting with symptoms potentially attributable to perimenopause or menopause undergo a thorough clinical assessment by GPs with specialised training, nurse practitioners, and allied health professionals. This includes detailed history-taking to identify symptom patterns such as vasomotor symptoms, mood changes, sleep disturbances, and urogenital complaints. Where indicated, diagnostic tests—such as hormone panels or bone density scans—are coordinated to support diagnosis and management.

team management, and use of local specialists, allied health or tertiary supports (400 words max).	Our multidisciplinary team collaborates to provide holistic management encompassing hormonal and non-hormonal therapies, lifestyle modification advice, mental health support, and symptom-specific interventions. The team includes nurse practitioners and allied health providers, such as dietitians and psychologists, who contribute to personalised care plans tailored to individual needs. We maintain established referral pathways to local specialists including endocrinologists, gynaecologists, mental health professionals, pelvic floor physiotherapists, and tertiary services where advanced care is required. Continuity of care is ensured through structured triaging of external referrals and timely communication with patients' primary GPs to support integrated, ongoing management. Additionally, our Menopause Hub initiative enhances patient support by providing evidence-based resources, peer networking, and wellbeing-focused events both online and in-person, increasing accessibility and health literacy for women throughout their menopausal journey. Menopause care is available at our Rockhampton -based services. s22 [redacted] s22 [redacted] Our approach aligns with best-practice guidelines and reflects our commitment to addressing the complex health needs of women during midlife transitions.
3. Provide a short overview of the GP practice's capability as outlined in the assessment criteria. Response may include details on practice volumes, an indication of service affordability (out of pocket costs or bulk billing) and communities served by the GP clinic e.g. Culturally and Linguistically Diverse	We can provide affordable patient support services via bulk billing clients, and further supporting vulnerable clients with necessary care through discretionary grant funds. True Relationships and Reproductive Health is committed to providing inclusive, culturally safe, and accessible care to diverse communities across Queensland. We actively serve culturally and linguistically diverse (CALD) individuals s22 [redacted] by offering tailored support and culturally appropriate health education to ensure equitable access and understanding. We prioritise respectful, partnership-based care for Aboriginal and Torres Strait Islander peoples s22 [redacted]

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people, First Nations, low socio-economic backgrounds (200 words max.)	incorporating cultural competence training for our staff and collaborating with local Indigenous health organisations to support holistic wellbeing. s22 Our clinics are equipped and staffed to accommodate people with disabilities, ensuring physical accessibility, flexible appointment options, and multidisciplinary support to address complex health needs. s22 Recognising the barriers faced by rural and remote populations, we deliver outreach programs, telehealth consultations, and partner with regional health services to improve access to specialised sexual and reproductive healthcare.
4. Provide a short overview of the GP practice's approach to continuing professional development and training. Please include details of any advanced credentialling or training in women's health, endometriosis, menopause, perimenopause or pain management (200 words max.)	s22
5. For GP practices who do not currently meet all the assessment criteria, provide information detailing how funding will be utilised to build capacity and capability of the GP practice to manage and provide primary care support for people with endometriosis and pelvic pain, and perimenopause and menopause patients	s22

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(200 words max.)	s22 [redacted]
6. Provide a short overview outlining how the GP practice will identify, engage and collaborate with stakeholders to ensure the effective delivery of the grant objectives. (200 words max.)	s22 [redacted] We already have strong connections with local communities through our established outreach education programs in schools, TAFE, and community organisations. These sessions promote awareness and understanding of sexual and reproductive health, including endometriosis, pelvic pain, perimenopause, and menopause. s22 [redacted] s22 [redacted]
7. Provide any further information or GP practice details to support the application against the selection criteria (200 words max.)	True leads the *Menopause Hub* —an accessible platform designed to support women through perimenopause and menopause with evidence-based information, expert resources, and peer connection. Through the Hub, we deliver a range of in-person and online events that prioritise wellbeing, health literacy, and accessibility of care, including for women in regional and remote areas. s22 [redacted] s22 [redacted]

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Preventive Health and Chronic Disease Support: Endometriosis and Pelvic Pain Clinic (EPPC) Expansion – New EPPCs

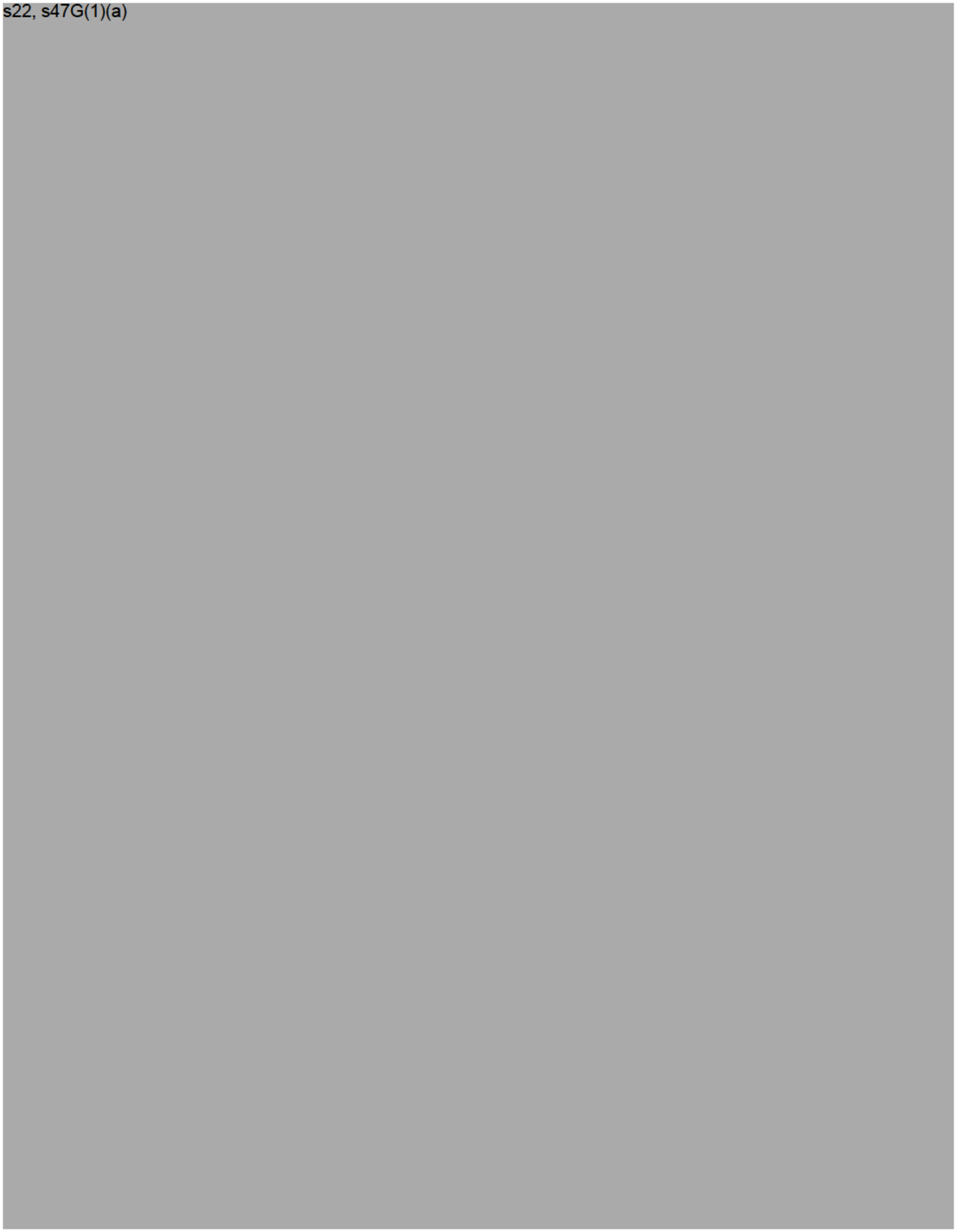
Application Form

GO7749

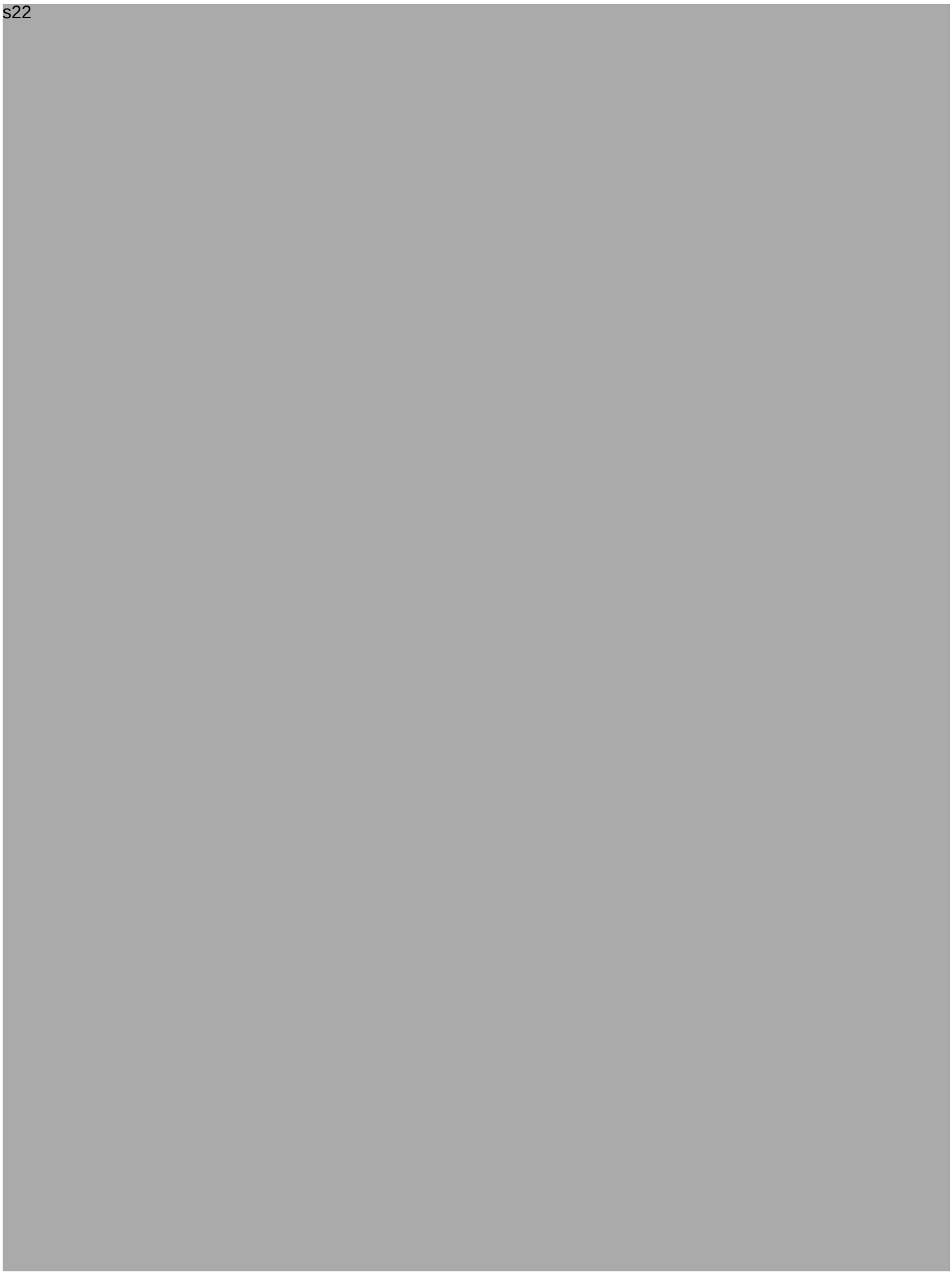
Closing date and time:	2:00pm (Canberra local time) on 11 August 2025
Commonwealth policy entity:	Department of Health, Disability and Ageing (department)
Administering entity:	Community Grants Hub
Enquiries:	If you have any questions, contact the department via email: Grant.ATM@health.gov.au
Submitting:	Submit the completed application form and all necessary attachments by the closing date and time via the red ***Submit Application*** button on the left-hand side of GrantConnect. You should keep a copy of your application and any supporting documents. Registered users will receive an automated email notification acknowledging the receipt of the submission. If you do not receive an automated email notification within 48 hours of submission, please email Grant.ATM@health.gov.au. For technical assistance when submitting your application through GrantConnect please contact the GrantConnect Helpdesk: • Phone: 1300 484 145 • Email: GrantConnect@finance.gov.au

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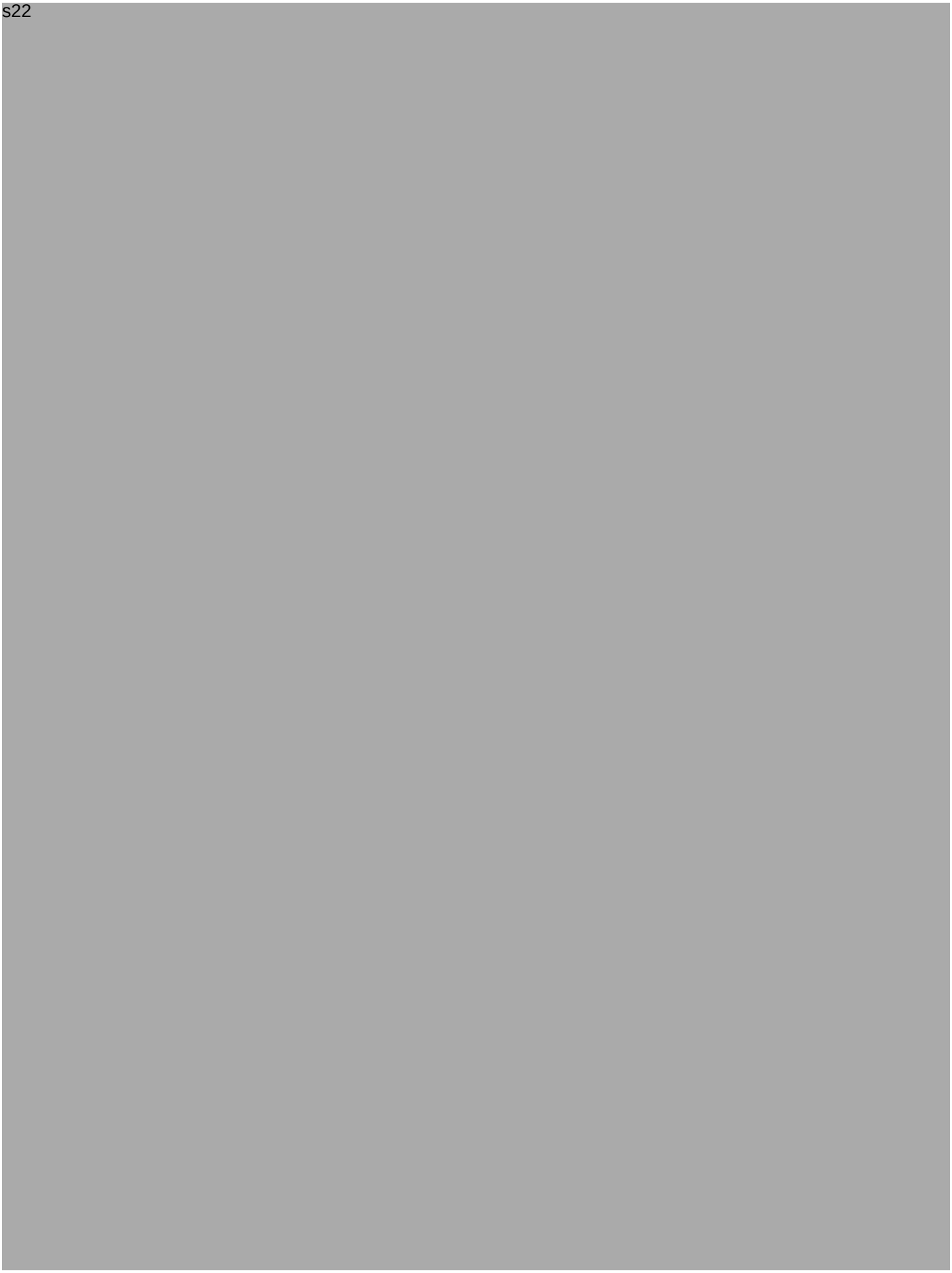
s22, s47G(1)(a)



s22



s22



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5. Project/Activity Details

Requested Information	Applicant Response
Provide a short title of your Application for this Project/Activity * *Maximum 50 words*	**TRUE: Expanding Access to Endometriosis and Pelvic Pain Care in the Outback: A Mobile Outreach and Specialist Clinic Model for Remote Women's Health**
Provide a brief Project/Activity description * *Maximum 300 words*	True Relationships and Reproductive Health will expand its specialist Endometriosis and Pelvic Pain Clinic (EPPC) model, currently operating in Cairns, to five rural and remote outreach locations in Western Queensland — Blackall, Tambo, Julia Creek, Thargomindah, and Quilpie. These clinics provide GP- and nurse-led multidisciplinary care for women experiencing endometriosis, chronic pelvic pain, and perimenopause/menopause symptoms, underpinned by a trauma-informed, culturally safe approach. s22

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Requested Information	Applicant Response
	s22

6. Financial Details

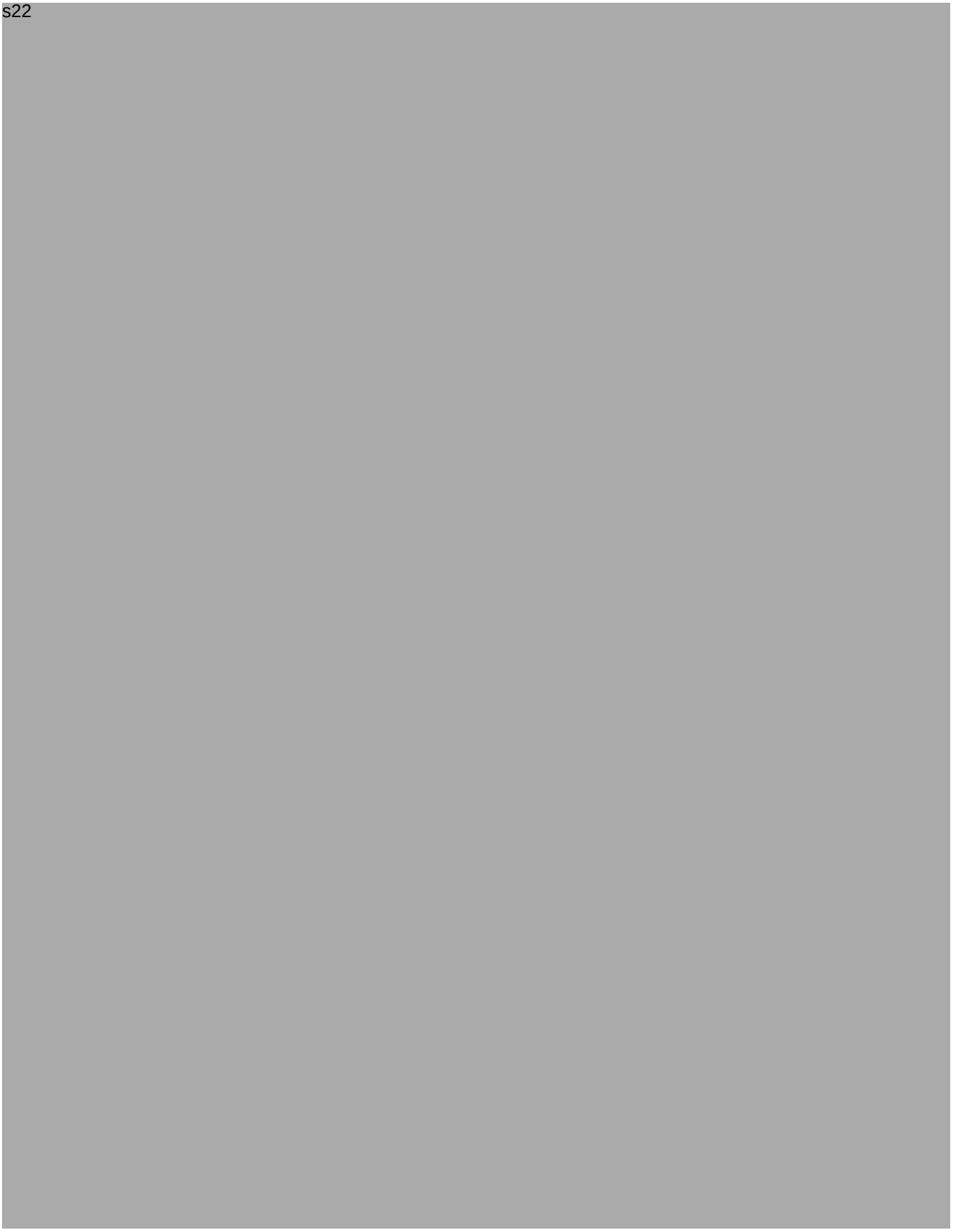
6.1 Funding amount

Provide a breakdown of the proposed funding amount applied for (GST exclusive) *			
2025-26 FY $ M	2026-27 FY $ M	2027-28 FY $ M	**Total** **$ M**
0.297	0.276	0.276	**0.85**

s22, s47G(1)(a)

7. Assessment Criteria

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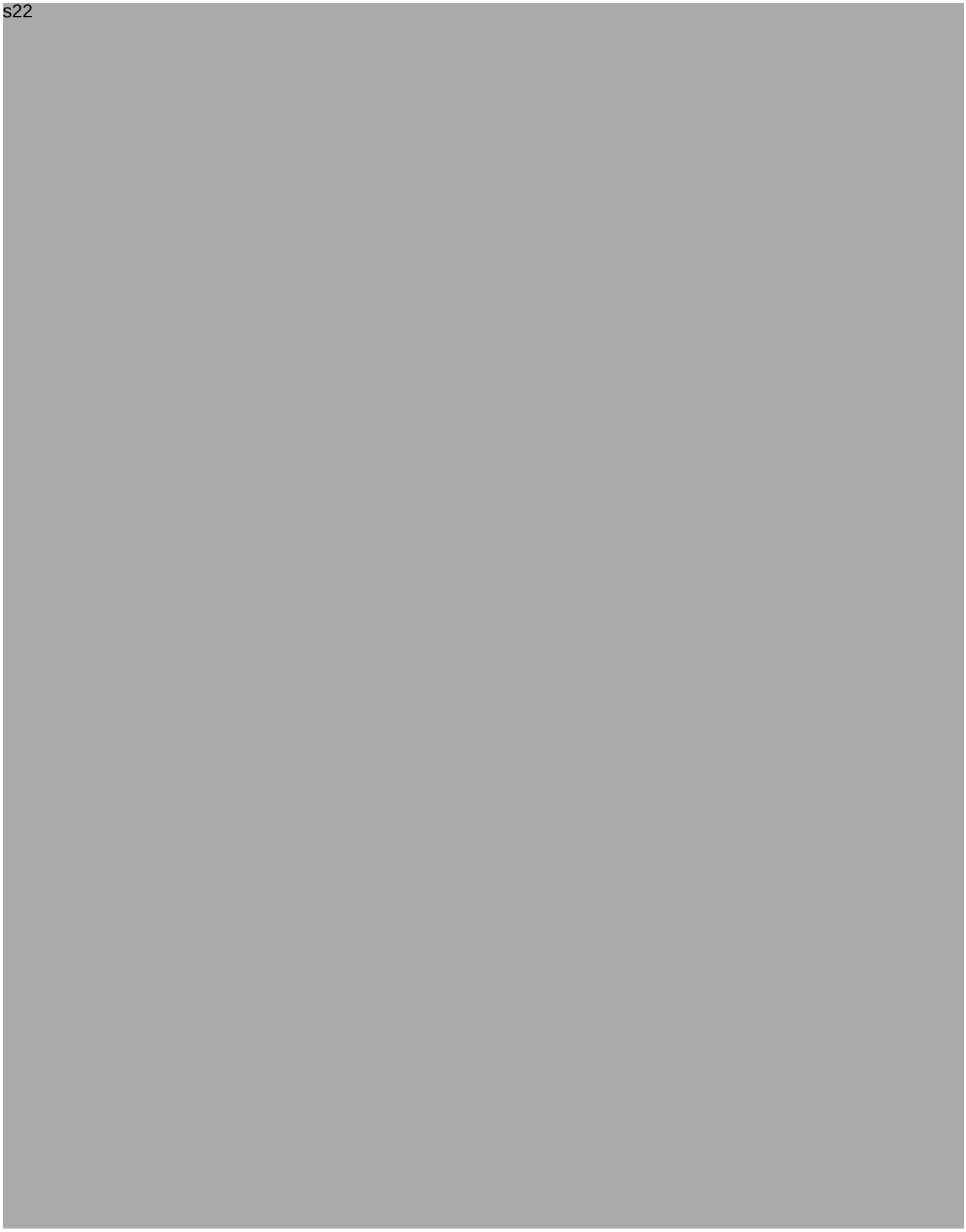
7.2 Assessment Criterion 2

Requested Information
Alignment with Grant Opportunity Objectives and Outcomes (maximum 500 words)*
Describe how your organisations nominated GP practice will contribute to the outcomes of the grant opportunity as described in Section 2.1. You must demonstrate this through identifying: • how the activities proposed in your Nomination Form align with the grant opportunity's objectives and outcomes • how the nominated GP practice will identify, engage and collaborate with relevant stakeholders to ensure the effective delivery of the grant objectives and outcomes. Along with your response to this criterion you must complete the Nomination Form (available on GrantConnect). The Nomination Form does not count towards the word limit for this criterion.
Applicant Response – maximum 500 word limit
s22 True's outreach model provides GP- and nurse-led multidisciplinary care for women with endometriosis, chronic pelvic pain, and perimenopause/menopause symptoms. Clinics are delivered by clinicians with advanced sexual and reproductive health training, supported by allied health and strong referral links to gynaecologists, pelvic physiotherapists, imaging providers, and mental health practitioners. All consultations are bulk-billed to remove cost barriers.
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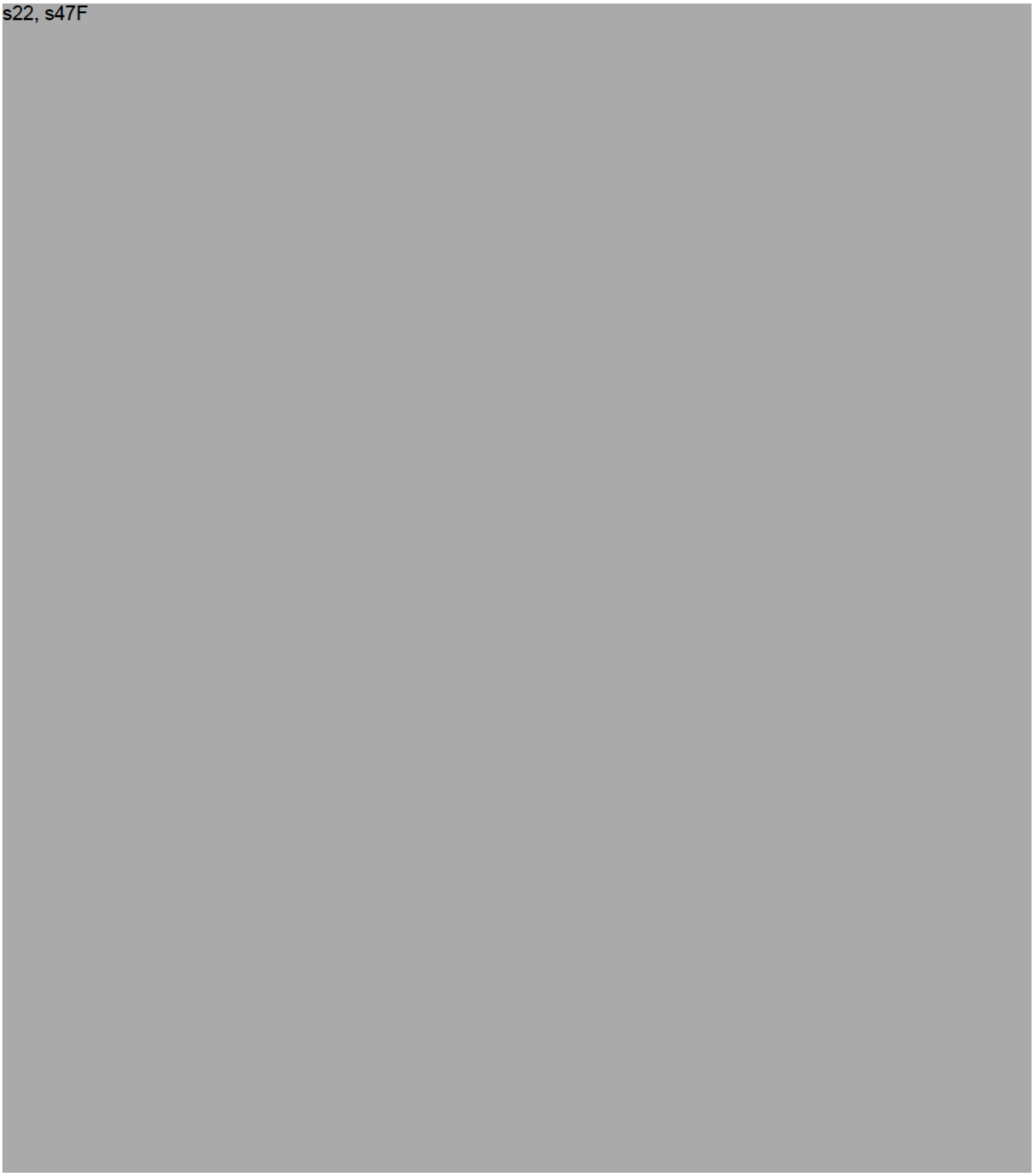


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Attachment B - GP practice nomination form

Please complete one form for each GP practice the PHN wishes to nominate (Maximum of two per PHN)

GP practice Full legal name	Family Planning Qld
Trading name	True Relationships and Reproductive Health
Primary Health Network	WQPHN
Australian Company Number (ACN) if applicable	
Australian Business Number (ABN)	61009860164
Registered for GST	Yes / No (please circle response)
General Practice address	189 Landsborough Highway City: Blackall State: QLD Postcode: 4472
Postal address	A/A
Contact person	s47F
Position / title	s47F
Telephone no.	s47F
Mobile no.	
E-mail address	s47F
Opening hTrues	These are outreach clinics which occur 4 times annually per location. True capture 6 locations: Blackall Hospital 189 Landsborough Highway, Blackall Qld 4472 Tambo Primary Health Centre (PHC) Garden Street, Tambo Qld 4478 Quilpie Medical Practice 30 Gyrica Street, Quilpie QLD 4480 Richmond Multipurpose Health Service Gallagher Drive, Richmond QLD 4822 Thargomindah Hospital 79 Dowling Street, Thargomindah QLD 4492 Julia Creek Multipurpose Health Service 1 Burke St, Julia Creek QLD 4823 Days open: Monday , Tuesday, Truednesday, Thursday, Friday, Saturday , Sunday
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Telehealth capability	☒ Yes – phone and video ☐ Yes – phone ☐ No

s22

Women's healthcare services provided at the GP practice (check all that apply)	☒ Endometriosis diagnosis and management ☒ Pelvic pain management ☒ Perimenopause and menopause management ☒ Contraceptive care and advice ☒ LARC insertion and removal ☒ Sexually transmitted infection diagnosis and management ☒ Fertility care and referral ☒ Cervical cancer screening ☒ Pre-conception care ☒ Medical termination of pregnancy ☐ Other (Provide detail_____ _____)

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Extended response questions

1. Provide a short overview detailing how the GP practice currently manages patients with endometriosis (suspected or diagnosed), and / or pelvic pain including referral pathways. Response may include examples of diagnostic capability, multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).	True Relationships and Reproductive Health delivers specialised endometriosis and pelvic pain services across Queensland through True multidisciplinary sexual and reproductive health clinics. True comprehensive, trauma informed model of care is designed to be accessible without requiring referrals, enabling timely support for women experiencing suspected or diagnosed endometriosis and chronic pelvic pain. s22 True GPs with specialised training, nurse practitioners, registered nurses, and allied health professionals collaboratively manage patients through detailed clinical assessment, including symptom history and physical examination, supported by diagnostic investigations such as pelvic ultrasound and pathology when indicated. Management approaches include medical therapies, pain management, lifestyle support, and mental health care, with clear referral pathways to gynaecologists, pelvic physiotherapists, imaging services, and mental health specialists to ensure comprehensive care. Continuity is maintained through structured follow-up and communication with clients. s22
2. Provide a short overview detailing how the GP practice currently manages patients with perimenopause and menopause symptoms including referral pathways. Response may include examples of diagnosis of symptoms attributable to	True Relationships and Reproductive Health provides comprehensive, accessible care for women experiencing perimenopause and menopause symptoms across Queensland through True multidisciplinary sexual and reproductive health clinics. True model of care is designed to be client-centred and trauma-informed, aiming to reduce barriers for vulnerable populations by offering services without requiring GP referrals. Patients presenting with symptoms potentially attributable to perimenopause or menopause undergo a thorough clinical assessment by GPs with specialised training, nurse practitioners, and allied health professionals. This includes

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perimenopause and menopause multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).	detailed history-taking to identify symptom patterns such as vasomotor symptoms, mood changes, sleep disturbances, and urogenital complaints. Where indicated, diagnostic tests—such as hormone panels or bone density scans—are coordinated to support diagnosis and management. True multidisciplinary team collaborates to provide holistic management encompassing hormonal and non-hormonal therapies, lifestyle modification advice, mental health support, and symptom-specific interventions. The team includes nurse practitioners and allied health providers, such as dietitians and psychologists, who contribute to personalised care plans tailored to individual needs. True maintain established referral pathways to local specialists including endocrinologists, gynaecologists, mental health professionals, pelvic floor physiotherapists, and tertiary services where advanced care is required. Continuity of care is ensured through structured triaging of external referrals and timely communication with patients' primary GPs to support integrated, ongoing management. Additionally, True Menopause Hub initiative enhances patient support by providing evidence-based resources, peer networking, and wellbeing-focused events both online and in-person, increasing accessibility and health literacy for women throughout their menopausal journey. Menopause care is available at True outreach Blackall and Tambo services. s22 [redacted] True approach aligns with best-practice guidelines and reflects True commitment to addressing the complex health needs of women during midlife transitions.
3. Provide a short overview of the GP practice's capability as outlined in the assessment criteria. Response may include details on practice volumes, an indication of service affordability (out of pocket costs or bulk billing) and communities served by the GP clinic e.g. Culturally and Linguistically Diverse people, First Nations, low socio-economic backgrounds (200 words max.)	True provide affordable patient support services via bulk billing clients and further supporting vulnerable clients with necessary care through discretionary grant funds. True Relationships and Reproductive Health is committed to providing inclusive, culturally safe, and accessible care to diverse communities across Queensland. True actively serve culturally and linguistically diverse (CALD) individuals s22 [redacted]) by offering tailored support and culturally appropriate health education to ensure equitable access and understanding. True prioritise respectful, partnership-based care for Aboriginal and Torres Strait Islander peoples s22 [redacted] incorporating cultural competence training for True staff and collaborating with local Indigenous health organisations to support holistic wellbeing. s22 [redacted] True clinics are equipped and staffed to accommodate people with disabilities, ensuring physical accessibility, flexible appointment options, and multidisciplinary

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	support to address complex health needs. s22 [redacted] Recognising the barriers faced by rural and remote populations, True deliver outreach programs, telehealth consultations, and partner with regional health services to improve access to specialised sexual and reproductive healthcare.
4. Provide a short overview of the GP practice's approach to continuing professional development and training. Please include details of any advanced credentialling or training in women's health, endometriosis, menopause, perimenopause or pain management (200 words max.)	s22 [redacted]
5. For GP practices who do not currently meet all the assessment criteria, provide information detailing how funding will be utilised to build capacity and capability of the GP practice to manage and provide primary care support for people with endometriosis and pelvic pain, and perimenopause and menopause patients (200 words max.)	s22 [redacted]
6. Provide any further information or GP practice details to support the application against the selection criteria (200 words max.)	True leads the Menopause Hub —an accessible platform designed to support women through perimenopause and menopause with evidence-based information, expert resources, and peer connection. Through the Hub, True deliver a range of in-person and online events that prioritise wellbeing, health literacy, and accessibility of care, including for women in regional and remote areas.s22 [redacted]

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Attachment B - GP practice nomination form

Please complete one form for each GP practice the PHN wishes to nominate (Maximum of two per PHN)

GP practice Full legal name	WOMENS HEALTHCARE ASSOCIATION INC
Trading name	Luma: for her health and wellbeing
Primary Health Network	Perth North
Australian Company Number (ACN) if applicable	N/A
Australian Business Number (ABN)	81 007 269 571
Registered for GST	Yes
General Practice address	• s22 • 8/189 Lakeside Drive Joondalup WA s22
Postal address	As above
Contact person	s47F
Position / title	s47F
Telephone no.	s47F
Mobile no.	s47F
E-mail address	s47F
Opening hours	Mon: 9:00am – 4:00pm Tues: 9:00am – 4:00pm Wed: 9:00am – 4:00pm Thurs: 9:00am – 4:00pm Fri: 9:00am – 4:00pm Sat: closed Sun: closed

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s22	
Telehealth capability	☒ Yes – phone and video ☐ Yes – phone ☐ No
s22	
Women's healthcare services provided at the GP practice (check all that apply)	☒ Endometriosis diagnosis and management ☒ Pelvic pain management ☒ Perimenopause and menopause management ☒ Contraceptive care and advice ☒ LARC insertion and removal ☒ Sexually transmitted infection diagnosis and management ☒ Fertility care and referral ☒ Cervical cancer screening ☒ Pre-conception care ☒ Medical termination of pregnancy ☒ Other (Provide detail) mental health, counselling, _____

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	_____)

s22 [redacted]

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Extended response questions

1. Provide a short overview detailing how the GP practice currently manages patients with endometriosis (suspected or diagnosed), and / or pelvic pain including referral pathways. Response may include examples of diagnostic capability, multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).	At Luma, we proudly provide women-led care, offering our patients the choice of female practitioners and a team that reflects diversity at every level.s22 [redacted] Our multidisciplinary team approach ensures representation and inclusivity, allowing us to offer equitable, affordable healthcare for all women in our community. Removing barriers to access is a central priority at Luma. We provide bulk billing, exemptions for healthcare card holders, and operate from locations with easy public transport access to make our services as accessible as possible. Deeply committed to cultural competency, our staff receive specialized training in cultural safety and trauma-informed care. We offer targeted services to First Nations people, culturally and linguistically diverse communities, those from low socioeconomic backgrounds, and individuals of diverse sexual orientation and gender identity. Luma is recognised for its leading, evidence-based, patient-centred management of endometriosis—both suspected and diagnosed—as well as pelvic pain. Our model is grounded in multidisciplinary collaboration and established referral pathways, supporting timely diagnosis, coordinated care, and comprehensive patient support at every stage. Accredited by the RACGP, we adhere strictly to nationally recognised standards of governance and quality. During the initial assessment, every patient receives a comprehensive review of their biological, psychological, and social factors, as well as a sensitive, trauma-informed examination, and when appropriate, a pelvic floor assessment. We prioritise clear, compassionate communication and shared decision-making, empowering patients in their care. Investigations include urinalysis, infection screening, pregnancy testing, and targeted blood work. If diagnosis remains uncertain, or endometriosis is highly suspected, rapid referral for gynaecological review and potential laparoscopy is arranged. Management at Luma is always personalised. We offer first-line hormonal treatments such as the combined oral contraceptive pill or Mirena IUD, guided by national best practices. Education around lifestyle factors—like relaxation, exercise, and diet—is routine, alongside recommendations for self-management resources and support groups. Our model involves close collaboration with local gynaecologists, pain specialists, physiotherapists, dietitians, and mental health professionals. For complex cases, we ensure streamlined referral to tertiary and pain centres. We continually adopt innovative care models, participate in professional development, and engage with consumer feedback to drive ongoing improvement. Through our holistic and coordinated approach, Luma is dedicated to delivering excellence in care for women with endometriosis and pelvic pain, supporting better outcomes and an improved quality of life.

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2. Provide a short overview detailing how the GP practice currently manages patients with perimenopause and menopause symptoms including referral pathways. Response may include examples of diagnosis of symptoms attributable to perimenopause and menopause multidisciplinary care team management, and use of local specialists, allied health or tertiary supports (400 words max).	Comprehensive Assessment and Diagnosis: Each woman presenting with symptoms such as menstrual changes, hot flushes, sleep disturbances, mood swings, or urogenital concerns undergoes a thorough assessment. We document a detailed history, review general health, record patterns of menstrual bleeding, and consider health risks like osteoporosis or cardiovascular disease. Blood tests are reserved for women under 45 or when premature menopause or alternative causes of amenorrhoea are suspected. We prioritise patient education, ensuring every woman is fully informed about perimenopause and menopause, the variety of potential symptoms, and their implications. Personalised Treatment Approaches: Our skilled clinicians provide tailored advice on lifestyle factors, non-pharmacological interventions, and medical treatments. We address both common and complex women's health concerns, encompassing reproductive and sexual health needs. Our GPs and nurses are experienced in offering comprehensive contraceptive counselling, including the full spectrum of modern options, and are adept at inserting and managing long-acting reversible contraceptives (LARC) directly within our clinic, increasing access and convenience for patients. Multidisciplinary collaboration is central, especially for those experiencing pelvic pain or chronic conditions that require ongoing care. Patients receive lifestyle guidance—such as dietary adjustments, increased physical activity, limiting alcohol intake, and improving sleep hygiene—to help manage symptoms and maximise overall wellbeing. For women affected by mood or sleep problems, we offer cognitive behavioural therapy and psychological support through our integrated mental health services. For moderate to severe symptoms, hormone therapy (MHT) is considered after careful evaluation of individual risk factors and contraindications. Treatment is individualised: women with a uterus are prescribed combined estrogen and progestogen, while those post-hysterectomy may use estrogen alone. For those unable or unwilling to take hormones, effective non-hormonal alternatives, including specific antidepressants and gabapentin, are available. Local treatments address urogenital symptoms as required. Integrated, Accessible, and Empowering Care: We ensure seamless coordination with local gynaecologists, dietitians, physiotherapists, and mental health professionals, supported by well-established referral pathways for complex or specialist care. Our practice actively manages bone and cardiovascular health using appropriate screening and interventions, always aligned with recognised guidelines. Throughout, care plans are co-created with each patient, empowering women to make informed decisions. Our affordable, inclusive service model and strong community partnerships guarantee that all women in our care receive respectful, accessible, and evidence-based support through every stage of perimenopause and menopause.
3. Provide a short overview of the GP practice's capability as outlined in the assessment criteria. Response may	At Luma, we are dedicated to providing high-quality, accessible women's health services for a diverse and expanding community.s22 [redacted] We prioritise

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include details on practice volumes, an indication of service affordability (out of pocket costs or bulk billing) and communities served by the GP clinic e.g. Culturally and Linguistically Diverse people, First Nations, low socio-economic backgrounds (200 words max.)	equitable access by offering bulk billing for eligible patients and keeping out-of-pocket costs low, ensuring financial barriers do not limit care. s22 [redacted] Luma's multidisciplinary team—comprising GPs, advanced practice nurses, allied health professionals, and an Aboriginal Health Practitioner—works collaboratively to deliver integrated, patient-centred care. This team approach supports holistic management, especially for complex conditions such as endometriosis and pelvic pain. s22 [redacted]
4. Provide a short overview of the GP practice's approach to continuing professional development and training. Please include details of any advanced credentialling or training in women's health, endometriosis, menopause, perimenopause or pain management (200 words max.)	s22 [redacted]
5. For GP practices who do not currently meet all the assessment criteria, provide information detailing how funding will be utilised to build capacity and capability	s22 [redacted]

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of the GP practice to manage and provide primary care support for people with endometriosis and pelvic pain, and perimenopause and menopause patients (200 words max.)	s22 [redacted]
6. Provide any further information or GP practice details to support the application against the selection criteria (200 words max.)	Luma delivers leading, integrated women's health services, underpinned by a robust multidisciplinary care model. We provide seamless access not only to medical and allied health—including mental health, well-being and dietetics, but also to dedicated supports in drug and alcohol, family therapy, and family and domestic violence (FDV). Our wraparound approach "surrounds" each woman with the comprehensive care she needs, ensuring holistic assessment, safety, and ongoing support in every aspect of her life. s22 [redacted] Our practice is fully equipped for best-practice women's health care in line with RACGP standards, including ultrasound, point-of-care diagnostics, pelvic health equipment, and a private, trauma-informed clinic environment. On-site, all GPs and nurses have immediate access to essential medical equipment and well-maintained consultation and procedure rooms. s22 [redacted]

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MEDICAL SUPER CLINIC BENOWA

GP clinic nomination form

1. GP practice full legal name *

Medusa Health Care Pty Ltd

2. Trading name *

Medical Super Clinic Benowa

3. Primary Health Network *

Gold Coast Primary Health Network

4 Australian Company Number (ACN) if applicable *

621813018

5. Australian Business Number (ABN) *

40621813018

6. Registered for GST *

- (•) Yes
- ( ) No

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.

7. General practice address *

192 Ashmore Road Benowa QLD 4217

8. Postal address *

192 Ashmore Road Benowa QLD 4217

9. Contact person *

s47F

10. Position / title *

s47F

11. Telephone no. *

s47F

12. Mobile no. *

s47F

13. E-mail address *

s47F

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14. Opening hours: *

Include hours for:
Monday:
Tuesday:
Wednesday:
Thursday:
Friday:
Saturday:
Sunday:

Monday to Friday: 7am to 5pm; Closed on Weekends

15 Opening hours: *

Include hours for:
Monday:
Tuesday:
Wednesday:
Thursday:
Friday:
Saturday:
Sunday:

Monday to Friday: 7am to 5pm; Closed on Weekends

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s22 [redacted]

Other

17. If selected, General Practitioner with advanced credentialling (provide details) above

s22, s47F [redacted]

s22 [redacted]

s22 [redacted]

20. Telehealth capability *

- (●) Yes – phone and video
- ( ) Yes – phone
- ( ) No

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2 . t e t

3 Women's heal hcare s rvices provided a the GP practice (tick all that apply) *

- [x] Endometriosis diagnosis and management
- [x] Pelvic pain management
- [x] Contraceptive care and advice
- [x] LARC insertion and removal
- [x] Sexually transmitted infection diagnosis and management
- [x] Menopause management
- [x] Fertility care and referral
- [x] Cervical cancer screening
- [x] Pre-conception care
- [ ] Medical termination of pregnancy
- [ ] Other

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s22 [redacted]

Extended Response Questions

2 . t e t a

5 Provide a shor overvi w detailing how he GP pr ctice currently manages patients with endometriosis (suspected or diagnosed) and / or pelvic pain. Response may include examples of diagnostic capability, multidisciplinary care team management (200 words max.) *

Patients of the Medical Super Clinic are managed in a multidisciplinary team setting consisting of GPs with special interest (3x female GPs and 1x male GP with additional obstetrics & gynaecology qualification), allied health professionals including pelvic floor physiotherapists, clinical nurses, nurse practitioners and specialists (including sub-specialty surgeons). The GPs also provide comprehensive women's health services including contraceptive advice and onsite insertion. There are 4x clinical nurses and a nurse practitioner providing additional support, with 2 of these clinical nurses and the nurse practitioner specialising in women's and pelvic health. Clinical nurses also provide nurse educator functions and provide patients with self-management resources. Allied health professionals include a specialist pelvic floor physiotherapist and dietitian. The clinic also has established referral pathways to s22 s22 The clinic and its clinical staff have access to local health networks and have access to CALD interpreters and aboriginal health workers. There is on-site ultrasound which is operated by trained GPs further enhancing diagnostic capability. Specialists at the Medical Super Clinic are also accredited at the local s22 enabling streamlined and ready access to laparoscopic surgical interventions for complex cases.

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26. Provide a short overview of current referral pathways the GP practice utilises for managing patients with endometriosis and / or pelvic pain. Response may include details of local specialists, allied health or tertiary supports (200 words max.) *

The Medical Super Clinic utilises established internal and external referral pathways. There is a multi-disciplinary team that works at the Medical Super Clinic including GPs, nurse practitioners, clinical nurses, allied health and specialists. Patients with endometriosis and/or pelvic pain are managed by this team through seamless internal referral pathways that focus on a team-based approach to health care. Case conferencing with multiple health professionals occur for complex patients. Patients are also referred externally to specialists including gynaecological, radiological, surgical, endocrinological, fertility and pain specialists using secured communications systems (Medical Objects). Patients are also referred to Aboriginal Torres Strait Islander Community Health Services as required.

2 . t e t a

7 Provide a shor overvi w of the GP prac ice's cap bility as outlined in the assessment criteria. Response may include details on practice volumes, an indication of service affordability (out of pocket costs or bulk billing) and communities served by the GP clinic e.g. CALD, First Nations, low socio-economic backgrounds (200 words max.) *

The Medical Super Clinic provides a team-based approach to health care that allows patients with chronic or complex health conditions access to timely, on-site multi-disciplinary health care. By providing a higher level of integrated care compared to traditional general practice, the Medical Super Clinic currently serves a patient population from a far wider geography including patients from the Sunshine Coast through to Northern NSW. Further investment through Commonwealth Funding will allow the Medical Super Clinic to augment its services and increase the scale and scope of its services for women with endometriosis and pelvic pain. The current women's health services are led by female GPs with a special interest in this area. Their care is augmented by the previously described on-site multidisciplinary team including allied health, nursing and specialist support. The clinic provides support for priority populations including enrolment of Aboriginal and Torres Strait Islander people into the Closing the Gap initiative. The Medical Super Clinic is a mixed billing practice, providing bulk billed services to children under 16, and to patients with an eligible Commonwealth concession card.

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30. Provide any further information or GP practice details to support the application against the selection criteria (200 words max.) *

The Medical Super Clinic has the capacity and willingness to accept new patients for a GP-led multidisciplinary team based approach to the management of endometriosis and pelvic pain. It has the administration capacity to triage patient referrals and to ensure return correspondence with the referring practitioner to ensure continuity of care. There are facilities available to enable services to be scaled upon a successful grant application.

The facilities of the Medical Super Clinic support the establishment of the proposed Endometriosis and Pelvic Pain Clinic including multiple consulting and treatment rooms as well as dedicated training facilities to support a 'train the trainer' model. The Medical Super Clinic also has sufficient ICT infrastructure including Best Practice medical software and the ability to support ongoing MyHealth record uploads.

There is also in-clinic ultrasound that is utilised by our GPs to support diagnostic and management capabilities.

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Attachment B - GP clinic nomination form

Please complete one form for each GP clinic the PHN wishes to nominate (up to three per PHN)

GP practice Full legal name	GenHealth Inc
Trading name	Coffs Harbour Women's Health Centre
Primary Health Network	Healthy North Coast
Australian Company Number (ACN) if applicable	
Australian Business Number (ABN)	73738289843
Registered for GST	Yes
General Practice address	53 Little Street (Gumbaynggirr Country) Coffs Harbour NSW 2450
Postal address	PO Box 46 Gumbaynggirr Country Coffs Harbour NSW 2450
Contact person	s47F
Position / title	Clinic Coordinator Business Services
Telephone no.	s47F
Mobile no.	s47F
E-mail address	s47F
Opening hours	Mon: 9.00am-5pm Tues: 9.00am-5pm Wed: 9.00am-5pm Thurs: 9.00am-5pm Fri: Sat: Sun:
GP practice healthcare team (tick all that apply)	s22
Accredited for RACGP Standards (this is a requirement for nomination)	s22
Does the GP practice comply with the following minimum insurance requirements (tick all that apply)	s22
Telehealth capability	☐ Yes – phone and video ☐ Yes – phone

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Patient gender composition (tick box)	s22
Patient age demographic	
Women's healthcare services provided at the GP practice (tick all that apply)	◎ Endometriosis diagnosis and management ◎ Pelvic pain management ◎ Contraceptive care and advice ◎ LARC insertion and removal (mirena/iud & Implanon) ◎ Sexually transmitted infection diagnosis and management ◎ Menopause management ◎ Fertility care and referral ◎ Cervical cancer screening ◎ Pre-conception care ◎ Other (Provide details : Osteoporosis, Pre & Post Natal care, Patient Education & Workshops, Domestic Violence, Women's Mental Health Issues.
Does the GP practice agree to provide reporting to the PHN at a regular interval that provides insight on GP clinic operations as it relates to endometriosis and pelvic pain and funding expenditure?	s22

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Extended response questions

1. Provide a short overview detailing how the GP practice currently manages patients with endometriosis (suspected or diagnosed) and / or pelvic pain. Response may include examples of diagnostic capability, multidisciplinary care team management (200 words max.)	Women attending the Coffs Harbour Women's Health Centre (CHWHC) are initially seen by a GP clinician. Where language/engagement barriers exist, a pre-initial appointment with a Women's Health Nurse is arranged. The GP appointment incorporates a full assessment, including (where relevant) referral for ultrasound and pathology, provision of medical treatment (prescribing pain relief, NSAIDS/Prostaglandin inhibitors, and oral contraceptive), and discussion regarding insertion (and removal) of long-acting reversible contraceptives. While CHWHC is without onsite ultrasound services, strong service-level arrangements with two local radiology practices exist; one practice is 200m fully accessible (door-to-door) from CHWHC. Both radiology practices triage patients and offer urgent appointments on request. Women seen through CHWHC are monitored for response to treatment plan and referral outcomes. We provide referrals and support collaborative care arrangements for allied health professionals including pelvic floor physiotherapist, dietitian, psychologist and mental health nurse. These services are available onsite with a common electronic medical record (EMR) and case conferencing capabilities. s22 Where a woman is not responding to first line therapy, or there are other concerns or complications, they will be referred to a local gynaecologist. Through GenHealth, CHWHC has a robust clinical governance framework to ensure accessibility, safety and quality of service.
2. Provide a short overview of current referral pathways the GP practice utilises for managing patients with endometriosis and / or pelvic pain. Response may include details of local specialists, allied health or tertiary supports (200 words max.)	CHWHC GP's utilise referral pathway tools including Health Pathways and the Jean Hailes endometriosis tool. We refer women with endometriosis and pelvic pain to: - Radiology services: for ultrasound assessment of pelvic pain - Physiotherapist: specialising in Pelvic floor assessment and treatment of pelvic pain. - Psychologist: for associated mood disorder and pain management. - Youth Mental Health and Wellbeing: headspace Coffs Harbour and Grafton (run by GenHealth) for women 12-25 years. - Dietitian: for advice regarding anti-inflammatory diet for endometriosis and associated irritable bowel syndrome. - Gynaecologist: local referral for diagnosis, further assessment and complex management. (See below). - Fertility / IVF services: if required, although travel is necessary CHWHC is a multidisciplinary service with the capacity for internal referrals to allied health professionals. This provides women with comprehensive wrap-around care and enables greater collaboration between the woman,

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	and clinicians through common EMR, one (safe) location for service provision and case conferencing. CHWHC GPs and Allied Health Professionals have trusted and well-established working relationships with local specialists, including s47F (Gynaecologist & Obstetrician) who specialises in endometriosis and pelvic pain. s47F has a fellowship in laparascopic surgery.
3. Provide a short overview of the GP practice's capability as outlined in the assessment criteria. Response may include details on practice volumes, an indication of service affordability (out of pocket costs or bulk billing) and communities served by the GP clinic e.g. CALD, First Nations, low socio-economic backgrounds (200 words max.)	s22
4. Provide a short overview of the GP practice's approach to continuing professional development and training. Please include details of any advanced credentialling or training in women's health, endometriosis or pain management (200 words max.)	s22

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	s22
	s22
5. For GP practices who don't currently meet all the assessment criteria, provide information detailing how funding will be utilised to build capacity and capability of the GP practice to manage and provide primary care support for people with endometriosis and pelvic pain (200 words max.)	s22
6. Provide any further information or GP practice details to support the application against the selection criteria (200 words max.)	s22

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	To address barriers to accessing and receiving care, CHWHC provides: • Nurse outreach clinics in surrounding LGAs; • Nurse care within a local homelessness service; • Low or no-cost care; • Extended appointment times and interpreter services for migrant and refugee women; • Subsidised education and group classes. We have a strong working relationship with (hospital-based) Maternity Care and receive referrals from GP's, Sexual Assault Service, Refugee Clinic and various other health service providers. CHWHC operates good clinical governance with all referrals triaged by our Clinical Lead and test results and relative correspondence copied to referring practitioners.

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Expression of Interest

WA Primary Health Alliance
Better health, together

phn PERTH NORTH, PERTH SOUTH, COUNTRY WA
An Australian Government Initiative

ENDOMETRIOSIS AND PELVIC PAIN CLINICS

Please complete with your practice details

General practice Full legal name	Prima Stella Pty Ltd
Trading name	Pioneer Health Albany
Primary Health Network	WAPHA
Australian Company Number (ACN) if applicable	
Australian Business Number (ABN)	99031240646
Registered for GST	Yes
General Practice address	2 Pioneer Road, Centennial Park WA 6330
Postal address	As Above
Contact person	s47F
Position / title	
Telephone no.	
Mobile no.	
E-mail address	
Opening hours	Mon: 8am – 8pm Tues: 8am – 8pm Wed: 8am – 8pm Thurs: 8am – 8pm Fri: 8am – 6pm Sat: Closed Sun: Closed
General practice healthcare team (tick all that apply)	s22
Accredited for RACGP Standards (this is a requirement for nomination)	s22

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Does the general practice comply with the following minimum insurance requirements (tick all that apply)	s22
Telehealth capability	✓ Yes – phone and video ☐ Yes – phone ☐ No
Patient gender composition (tick box)	s22
Patient age demographic	
Women's healthcare services provided at the general practice (tick all that apply)	✓ Endometriosis diagnosis and management ✓ Pelvic pain management ✓ Contraceptive care and advice ✓ LARC insertion and removal ✓ Sexually transmitted infection diagnosis and management ✓ Menopause management ✓ Fertility care and referral ✓ Cervical cancer screening ✓ Pre-conception care ✓ Medical termination of pregnancy ✓ Other (Lactation consultant & 4th trimester programs) _____)
Does the general practice agree to provide reporting to the PHN at a regular interval that provides insight on general practice clinic operations as it relates to endometriosis and pelvic pain and funding expenditure?	s22

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Extended response questions

1. Provide a short overview detailing how the general practice currently manages patients with endometriosis (suspected or diagnosed) and / or pelvic pain. Response may include examples of diagnostic capability, multidisciplinary care team management (200 words max.)	Patients with endometriosis are routinely assessed and treated at Pioneer Health Albany. We have a team of 25 GPs including 6 GP obstetricians. Our GP obstetricians who have a special interest in Women's Health, all have Women's Health (DRANZCOG) qualifications. The Pioneer Health obstetric team is supported by a WACHS Women's Health resident medical officer. We have several ultrasound machines used for assessment of patients. An experienced titled pelvic health physiotherapist, along with a midwife and lactation consultant are also part of our practice's multi-disciplinary team. Our titled pelvic health physiotherapist is an important regional resource for patients with pelvic pain who receives referral from within and outside the practice. We have recently added a second pelvic health physiotherapist to our team – providing telehealth services and onsite visits. We work closely with the consultant gynaecologists at s47G(1)(a) as well as the tertiary referral centre in s47G(1)(a), to manage our endometriosis patients. Patients with suspected endometriosis are generally referred to the gynaecology department at s47 G(1) for further assessment and laparoscopy to confirm the diagnosis of endometriosis. Complicated cases of endometriosis may be referred to s47G(1 for more specialised treatment.
2. Provide a short overview of current referral pathways the general practice utilises for managing patients with endometriosis and / or pelvic pain. Response may include details of local specialists, allied health or tertiary supports (200 words max.)	Pioneer Health has established referral pathways for endometriosis and pelvic pain patients. Patients with suspected endometriosis and pelvic pain can book to see a GP at Pioneer Health without referral. Once assessed by the Pioneer Health GP, patients with suspected endometriosis or pelvic pain, are usually referred to the public gynaecology unit of the local hospital, s47G(1)(a) s47G(1)(a) The local gynaecologists then confirm the diagnosis of endometriosis, usually by laparoscopy, advise on endometriosis treatment and refer the patient back to the Pioneer Health general practitioner for ongoing management. Patients with more complicated or severe endometriosis may be referred to the sub-specialists at s47G(1)(a). Patients with private health cover may elect to be referred to private Perth based gynaecologists. Patients with established endometriosis or pelvic pain diagnosis may be referred to our pelvic health physiotherapists working at Pioneer Health Albany. At the time of writing, Pioneer Health has the only qualified pelvic health physiotherapist in the region. Patients with treatment resistant chronic pelvic pain may be referred to the Pelvic Pain Clinic at s47G(1)(a) s47G(1)(a) private Perth based gynaecologists or pain specialists.
3. Provide a short overview of the general practice's capability as outlined in the assessment criteria. Response may include details on practice volumes,	s22

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The multidisciplinary opportunities enable patients in the region to access and be supported through a wide variety of women's health issues. Our physiotherapists, midwife/lactation consultant, GP obstetricians, Women's Health RMO, nurse practitioner and clinical team ensure optimisation of care for patients in the region.

The practice facilitates Aboriginal and Torres Strait Islander bulk-billed, walk-in clinics five times per week, s22

s22

Our team is culturally diverse, speaking many languages (Mandarin, Dutch, Cantonese, Malay, Afrikaans, Italian, German, French, Hindi, Portuguese) to support CALD patients.

Consideration is always given to a patient's ability to afford the care needed with alterative payment options available (concession rates, payment arrangements, bulk-billing agreements).

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an indication of service affordability (out of pocket costs or bulk billing) and communities served by the general practice e.g. CALD, First Nations, low socio-economic backgrounds (200 words max.)	
4. Provide a short overview of the general practice's approach to continuing professional development and training. Please include details of any advanced credentialling or training in women's health, endometriosis or pain management (200 words max.)	s22
5. For practices which don't currently meet all the assessment criteria, provide information detailing how funding will be utilised to build capacity and capability of the general practice to manage and provide primary care support for people with endometriosis and pelvic pain (200 words max.)	s22

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	s22 [redacted]
6. Provide any further information or general practice details to support the application against the selection criteria (200 words max.)	s22 [redacted] Our practice has a demonstrated capability to provide endometriosis and pelvic pain services as well as broader reproductive health services as demonstrated by our multidisciplinary practice team consisting of GPs who specialise in Women's Health, pelvic health physiotherapists, midwife, nurse practitioner, nurses and community pharmacist. The practice has established referral pathways to specialist women's health and other specialised services in Albany and Perth. s22 [redacted]

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Attachment B - GP clinic nomination form

Please complete one form for each GP clinic the PHN wishes to nominate (up to three per PHN)

GP practice Full legal name	KADINA MEDICAL ASSOCIATES
Trading name	Kadmed Nominee pty ltd
Primary Health Network	
Australian Company Number (ACN) if applicable	
Australian Business Number (ABN)	84970227307
Registered for GST	Yes
General Practice address	77-79 Port Road KADINA SA 5554
Postal address	PO Box 371 KADINA SA 5554
Contact person	s47F
Position / title	Practice Manager
Telephone no.	s47F
Mobile no.	s47F
E-mail address	s47F
Opening hours	Mon: 8.30-5.30 Tues: 8.30-5.30 Wed: 8.30-5.30 Thurs: 8.30-5.30 Fri: 8.30-5.30 Sat: Sun:
GP practice healthcare team (tick all that apply)	s22
Accredited for RACGP Standards (this is a requirement for nomination)	s22
Does the GP practice comply with the following minimum insurance requirements (tick all that apply)	

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	s22
Telehealth capability	✓ **Yes – phone and video** ✓ Yes – phone ✓ No
Patient gender composition (tick box)	s22
Patient age demographic	
Women's healthcare services provided at the GP practice (tick all that apply)	✓ **Endometriosis diagnosis and management** ✓ **Pelvic pain management** ✓ **Contraceptive care and advice** ✓ **LARC insertion and removal** ✓ **Sexually transmitted infection diagnosis and management** ✓ **Menopause management** ✓ **Fertility care and referral** ✓ **Cervical cancer screening** ✓ **Pre-conception care** ✓ **Medical termination** of pregnancy ✓ Other (Provide detail – **pre-antenatal care and obstetrics** _____)
Does the GP practice agree to provide reporting to the PHN at a regular interval that provides insight on GP clinic operations as it relates to endometriosis and pelvic pain and funding expenditure?	s22

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Extended response questions

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1. Provide a short overview detailing how the GP practice currently manages patients with endometriosis (suspected or diagnosed) and / or pelvic pain. Response may include examples of diagnostic capability, multidisciplinary care team management (200 words max.)	Kadina Medical Associates currently have a multifaceted team approach prior to diagnosis as per the RANZCOG 'endometriosis clinical practice guidelines' Management may consist of: • Hormonal/cyclical regulation • Analgesia • Anti-neuropathic agents if evidence chronic pelvic pain syndromes • Referral to pelvic floor physio therapist if the patient requires trigger point therapy • Referral to dietician to help find food triggers • Referral to psychologist to discuss effects on work, life, interpersonal and intimate relationships
2. Provide a short overview of current referral pathways the GP practice utilises for managing patients with endometriosis and / or pelvic pain. Response may include details of local specialists, allied health or tertiary supports (200 words max.)	Kadina Medical Associates is fortunate to have access to very experienced sonographers and gynaecologists locally if referrals are required. We have a visiting gynaecologist once a month however they do have a very long wait list of 6-12 months. Our principal current pathways involve referrals to our local hospital service in Yorke & North Region consisting of gynaecological, dietician and physiotherapy. Our 3 obstetricians provide through our primary practice and 100% to the s47G(1)(a) . It is to be noted that Kadina Medical Associates already accepts referrals by other general practice clinics within the region for diagnosis, treatment and referral pathways for women. We are currently also managing all obstetrics and gynaecology presentations at the local s47G(1)(a) for residing patients and visiting patients.
3. Provide a short overview of the GP practice's capability as outlined in the assessment criteria. Response may include details on practice volumes, an indication of service affordability (out of pocket costs or bulk billing) and communities served by the GP clinic e.g. CALD, First Nations, low socio-economic backgrounds (200 words max.)	Our practice is a mixed billing practice. We have a midwifery team care program to assist women delivering locally to be supported by a multi-disciplinary team of doctor's nurses and allied health professionals – this service is bulk billed. Our current cohort of doctors includes 3 GP/obstetricians with advanced obstetrics and 2 other GPs with their basic obstetrics. We have a strong presence with nurse led chronic disease management and care plans for our patients. Our doctors encourage patients to utilise these services to assist in managing their care, treatment and ongoing symptoms. This service is integrated with local allied health services at subsidised fees to encourage patient to take care of their health. We are also part of a rural initiative with Sonder which allows eligible patients to be subsidised for their costs and seek additional funded services above Medicare maximum.

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	s22
4. Provide a short overview of the GP practice's approach to continuing professional development and training. Please include details of any advanced credentialling or training in women's health, endometriosis or pain management (200 words max.)	s22
5. For GP practices who don't currently meet all the assessment criteria, provide information detailing how funding will be utilised to build capacity and capability of the GP practice to manage and provide primary care support for people with	s22

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endometriosis and pelvic pain (200 words max.)	s22 s22
6. Provide any further information or GP practice details to support the application against the selection criteria (200 words max.)	

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Attachment B:

GP clinic nomination form

Please complete one form for each GP clinic the PHN wishes to nominate (up to three per PHN)

GP practice Full legal name	Leichhardt GP Pty Ltd ATF the LGP Unit Trust
Trading name	The Trustee for LGP Unit Trust
Primary Health Network	CESPHN
Australian Company Number (ACN) if applicable	s47G(1)(a)
Australian Business Number (ABN)	s47G(1)(a)
Registered for GST	Yes
General Practice address	210 Norton Street Leichhardt NSW 2040
Postal address	A/A
Contact person	s47F
Position / title	
Telephone no.	
Mobile no.	
E-mail address	
Opening hours	Mon: 0800-1700 Tues: 0800-1700 Wed: 0800-1700 Thurs: 0800-1700 Fri: 0800-1700 Sat: 0800-1200 Sun: -
GP practice healthcare team (tick all that apply)	s22
Accredited for RACGP Standards (this is a requirement for nomination)	s22

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Does the GP practice comply with the following minimum insurance requirements (tick all that apply)	s22 [redacted]
Telehealth capability	✓ Yes – phone and video ☐ Yes – phone ☐ No
Patient gender composition (tick box)	s22 [redacted]
Patient age demographic	
Women's healthcare services provided at the GP practice (tick all that apply)	✓ Endometriosis diagnosis and management ✓ Pelvic pain management ✓ Contraceptive care and advice ✓ LARC insertion and removal ✓ Sexually transmitted infection diagnosis and management ✓ Menopause management ✓ Fertility care and referral ✓ Cervical cancer screening ✓ Pre-conception care ✓ Medical termination of pregnancy ✓ Other Provide detail: *sexual counselling, antenatal and postnatal care, mental health care*__
Does the GP practice agree to provide reporting to the PHN at a regular interval that provides insight on GP clinic operations as it relates to endometriosis and pelvic pain and funding expenditure?	s22 [redacted]

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Extended response questions

1. Provide a short overview detailing how the GP practice currently manages patients with endometriosis (suspected or diagnosed) and / or pelvic pain. Response may include examples of diagnostic capability, multidisciplinary care team management (200 words max.)	- In recognising the need for more access to primary care services for women with sexual and/or reproductive health issues, including endometriosis, we created The Inner West Women's Health (IWWH) service within Leichhardt General Practice (LGP) in 2020. This enables wider reach for the assessment and management of endometriosis/pelvic pain patients outside the Leichhardt GP patient base. Please see our website www.innerwestwomenshealth - Women/patients complete an online questionnaire regarding their basic sexual, reproductive and general health status and are encouraged to bring previous investigations/letters to their appointment. - Diagnosis of endometriosis is based on clinical history with supportive findings on examination +/- ultrasound. Management is tailored to the specific concerns of the affected individual so establishing a clear patient-centred prioritisation of issues for management is fundamental to our care. - Our GPs are highly skilled in the medical management of endometriosis symptoms, using evidence-based practice guidelines and including hormonal and non-hormonal medications, hormonal IUD insertion, plus targeted pain management. - We refer to our network of sub-specialising Gynaecologists, Allied Health practitioners, Psychologists and Pain Specialists. (See details in question 2.) - LGP is registered for Safescript NSW for real-time monitoring of high-risk pain medications - Details of consultations and investigations are uploaded to the patients eHR with patient consent.
2. Provide a short overview of current referral pathways the GP practice utilises for managing patients with endometriosis and / or pelvic pain. Response may include details of local specialists, allied health or tertiary supports (200 words max.)	We have an extensive referral network including; 1. Specialists - s22 is the main tertiary referral hospital locally. There is a specialist endometriosis outpatient clinic which can be referred to via Healthlink after appropriate work-up. General gynaecology and fertility clinics area also available. - private Gynaecologists with a specialist interest in laparoscopic surgery/endometriosis e.g s47F - s22 s47F s22 2. Radiology services - Specialised women's ultrasound services for DIE scans- including SUFW, Ultrasound Care, Omni - Local radiology providers who Bulk Bill and provide good quality basic pelvic US, including iMED, Quantum.

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	3. Allied Health services We refer extensively to local allied health providers with appropriate interest and expertise in endometriosis, pelvic pain, sexual function and fertility issues - Women's health Physiotherapists (s47F s22) - Psychologists - Dieticians – IBS commonly co-exists with endometriosis. - Bowel care nurses s22 - Exercise physiologists 4. Pain specialists - Multi-disciplinary pain clinics incl s22 s22
3. Provide a short overview of the GP practice's capability as outlined in the assessment criteria. Response may include details on practice volumes, an indication of service affordability (out of pocket costs or bulk billing) and communities served by the GP clinic e.g. CALD, First Nations, low socio-economic backgrounds (200 words max.)	LGP is predominantly a private billing practice but we offer reduced fees dependant on patient means. Bulk-billing is routinely offered for those on a disability pension or aged pension care. We are registered for "close the gap." The community we serve is diverse.s22 The continuation of telephone and telehealth item numbers helps us facilitate follow-up for these women. s22
4. Provide a short overview of the GP practice's approach to continuing professional development and training. Please include details of any advanced credentialling or training in women's health, endometriosis or pain management (200 words max.)	s22 - s22 , s47F s22 s22 s47F - s47F s47F

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	- s47F - s47F - s22 s47F , s22 s47F s22
5. For GP practices who don't currently meet all the assessment criteria, provide information detailing how funding will be utilised to build capacity and capability of the GP practice to manage and provide primary care support for people with endometriosis and pelvic pain (200 words max.)	s22
6. Provide any further information or GP practice details to support the application against the selection criteria (200 words max.)	s22

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Attachment B - GP clinic nomination form

GP practice Full legal name	Slainte Medical Pty Ltd
Trading name	Neighbourhood Medical
Primary Health Network	Brisbane North PHN
Australian Company Number (ACN) if applicable	s47G(1)(a)
Australian Business Number (ABN)	
Registered for GST	Yes
General Practice address	Neighbourhood Medical 1A Stuartholme Road Bardon QLD 4065
Postal address	Neighbourhood Medical 1A Stuartholme Road Bardon QLD 4065
Contact person	s47F
Position / title	Owner/ Director
Telephone no.	s47F
Mobile no.	
E-mail address	
Opening hours	Monday 8am-6pm Tuesday 8am -5.30pm Wednesday 7.30am - 7.30pm Thursday 8am -5.30pm Friday 8am- 5pm Saturday 8.30am -11.30 am We have scope to increase these hours
GP practice healthcare team (tick all that apply)	s22 s47F s22

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	☐ s22 ☐ s47C(1)(a)
Accredited for RACGP Standards (this is a requirement for nomination)	s22
Does the GP practice comply with the following minimum insurance requirements (tick all that apply)	
Telehealth capability	☐ X Yes – phone and video ☐ Yes – phone ☐ No
Patient gender composition (tick box)	s22
Female Patient age demographic	

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Women's healthcare services provided at the GP practice (tick all that apply)	☐ X Endometriosis diagnosis and management ☐ X Pelvic pain management ☐ X Contraceptive care and advice ☐ X LARC insertion and removal ☐ X Sexually transmitted infection diagnosis and management ☐ X Menopause management ☐ X Fertility care and referral ☐ X Cervical cancer screening ☐ X Pre-conception care ☐ X Medical termination of pregnancy ☐ Other (Provide detail) Possums breastfeeding consults s22 [redacted]
Does the GP practice agree to provide reporting to the PHN at a regular interval that provides insight on GP clinic operations as it relates to endometriosis and pelvic pain and funding expenditure?	s22 [redacted]

Extended response questions

Provide a short overview detailing how the GP practice currently manages patients with endometriosis (suspected or diagnosed) and / or pelvic pain. Response may include examples of diagnostic capability, multidisciplinary care team management (200 words max.)	30-45 minute face to face OR telehealth consults for sexual and reproductive health issues including suspected endometriosis and/or pelvic pain as follows: 1. Trauma informed care approach and LQBTQIA+ friendly ,including asking re preferred pronouns and identity on our intake form 2. Detailed history and appropriate physical exam only- (in house education of all GPs recently provided to all GPs with regard to how to examine patients with pelvic pain s47F [redacted] 3. Use of specialised radiology providers trained in detection of endometriosis on USS whenever possible 4. Initial treatment of suspected endometriosis with patients preferred suppressive method eg COCP, IUD, Implanon 5. Referral of complex cases/ those requiring laparoscopic diagnosis to public/ private gynacologist 6. Pelvic pain assessment and management: clarification of symptom complex/ like/y cause/ comorbidities with prescription where appropriate of topical therapies, neuromodulators, 7. Use of team care arrangements to refer patientis with complex pain needs to physio/ gynae/ psychologist with a special interest in pain/ gynaecologist/ gastro and dietician with interest in pelvic pain/ pain specialist as appropriate - many are managed by our GPs but we have an extensive referral network.
Provide a short overview of current referral pathways the GP practice utilises for managing patients with endometriosis and / or pelvic pain. Response may include	s22 [redacted] We often see more geographically distant patients and seek out their local relevant servicess as needed

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details of local specialists, allied health or tertiary supports (200 words max.)	Private specialists most commonly referred to by our clinic, and who are mututally aware of our work include (chosen for interest in pelvic pain and s22 [redacted]
	s22 [redacted]
Provide a short overview of the GP practice's capability as outlined in the assessment criteria. Response may include details on practice volumes, an indication of service affordability (out of pocket costs or bulk billing) and communities served by the GP clinic e.g. CALD, First Nations, low socio-economic backgrounds (200 words max.)	s22 [redacted] s47F [redacted] and s47F [redacted] in 2020 to provide specialised women and children's health services, with significant capacity to absorb new patients. Patients from across north Brisbane and regional Queensland already access our specialised women's health services thanks to our telehealth capabilities and IT infrastructure. s47G(1)(a) [redacted] are listed on the local GP to GP referrals pathway as our GPs are highly experienced across the breadth of women's health and sexual health services, including LARCs, MTOPs and menopause medicine. We have inclusive LGBTQIA+ policies. s22 [redacted] . We have published online material to raise awareness and educate patients. s22 [redacted] s22 [redacted] Private billing is our current funding model, but welcome the chance to remove cost barriers for disadvantaged groups by utilising additional funding.
1. Provide a short overview of the GP practice's approach to continuing professional development and training. Please include details of any advanced credentialling or training in women's health, endometriosis or pain	s22 [redacted]

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management (200 words max.)	s22 [redacted]
For GP practices who don't currently meet all the assessment criteria, provide information detailing how funding will be utilised to build capacity and capability of the GP practice to manage and provide primary care support for people with endometriosis and pelvic pain (200 words max.)	s22 [redacted]
Provide any further information or GP practice details to support the application against the selection criteria (200 words max.)	s22 [redacted] s22 [redacted]

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Attachment B – June 2023 ADELAIDE PHN targeted GP clinic nomination form

Please complete the form for the one GP clinic the PHN wishes to nominate

GP practice Full legal name	THRIVE FAMILY PRACTICE PTY LTD
Trading name	Thrive Family Practice
Primary Health Network	Adelaide
Australian Company Number (ACN) if applicable	
Australian Business Number (ABN)	63639086463
Registered for GST	Yes / No (please circle response)
General Practice address	88-90 Partridge Street, Glenelg South, SA 5045
Postal address	88-90 Partridge Street, Glenelg South, SA 5045
Contact person	s47F
Position / title	
Telephone no.	
Mobile no.	
E-mail address	
Opening hours	Mon: 0900-1700 Tues: 0900-1700 Wed: 0900-1700 Thurs: 0900-1700 Fri: 0900-1700 Sat: Closed Sun: Closed
GP practice healthcare team (tick all that apply)	s22

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	s22
Accredited for RACGP Standards (this is a requirement for nomination)	s22
Does the GP practice comply with the following minimum insurance requirements (tick all that apply)	s22
Telehealth capability	X Yes – phone and video ☐ Yes – phone ☐ No
Patient gender composition (tick box)	s22
Patient age demographic	
Women's healthcare services provided at the GP practice (tick all that apply)	X Endometriosis diagnosis and management X Pelvic pain management X Contraceptive care and advice X LARC insertion and removal X Sexually transmitted infection diagnosis and management

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	X Menopause management X Fertility care and referral X Cervical cancer screening X Pre-conception care ☐ Medical termination of pregnancy ☐ Other (Provide detail_____ _____)
Does the GP practice agree to provide reporting to the PHN at a regular interval that provides insight on GP clinic operations as it relates to endometriosis and pelvic pain and funding expenditure?	s22

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Extended response questions

1. Provide a short overview detailing how the GP practice currently manages patients with endometriosis (suspected or diagnosed) and / or pelvic pain. Response may include examples of diagnostic capability, multidisciplinary care team management (200 words max.)	Patients are supported by Thrive Family Practice (TFP) by: - 4 female GPs (owned and led) - gastroenterologist with an interest in pelvic pain - two female psychologists, - female OT - female trauma informed EP - female dietitian - RN, who coordinates patient care, Patients with endometriosis or pelvic pain (or suspected) are supported to attend regular appointments through our recall and reminder system. TFP GPs and nurse, then coordinate the development of a personalised care plan for each patient, involving other team members and specialists as required. This may include the management of symptoms or pain, medication, coordination of care across in house services or external specialist care; and identification of markers such blood bio markers, pain scores, well-being scores or EHP-5 scale. Employing a patient centered approach, goals are also developed with each patient and their care team, and are reviewed regularly to measure progress. TFP may also offer group programs, allied health rooms and services to maximise patient comfort and outcomes. The patient's primary GP also coordinates and holds regular fortnightly interdisciplinary case conferences as required to discuss individual care. For endometriosis patients from other practices, TFP review and triage referrals to the appropriate doctor. Once triaged, our reception staff contact patients to arrange appointments. This arrangement is already in place for our existing work with other GPs and specialists. Our practitioners use HealthLink and other channels to enhance communication. TFP have on site pathology collection with Australian Clinical Labs and good relationships with local imaging providers and radiology services, including bulk billing available at Australian Radiology nearby. TFP also have capability for LARC insertion and iron infusions on site.
2. Provide a short overview of current referral pathways the GP practice utilises for managing patients with endometriosis and / or pelvic pain. Response may include details of local specialists, allied health or tertiary supports (200 words max.)	TFP has close local networks of specialists to support patients with endometriosis and pelvic pain, including gynaecologists and fertility specialists such as s47F . TFP access physiotherapists including s47F TFP also work on site with trauma informed Exercise Physiologist s47F Dietitian s47F and Psychologists Dr s47F and s47F , Nature Occupational Therapist

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	s47F and Gastroenterologist s47F (also part of the pelvic pain network). TFP have a good relationship with Women's Health s47F and s47F who assist with mirena insertion when required. TFP also seek culturally safe support through Aboriginal Family Clinic or Nunkuwarrin Yunti. TFP refer to the local hospital which is Flinders Medical Centre who have a dedicated endometriosis clinic as well as broader gynae clinics. Our doctors have worked well with these clinics including with consultants s47F s47F. For adolescents, and those living in the north, we refer to Women's and Children's gynae clinics. Clinical pharmacist s47F is part of the TFP Team and is happy to provide Home Medicine Reviews for patients on complex medication regimes. TFP conducts regular multidisciplinary case conferences involving relevant team members to ensure best quality coordinated patient centre care.
3. Provide a short overview of the GP practice's capability as outlined in the assessment criteria. Response may include details on practice volumes, an indication of service affordability (out of pocket costs or bulk billing) and communities served by the GP clinic e.g. CALD, First Nations, low socio-economic backgrounds (200 words max.)	s22 - TFP continue to welcome new patients of all genders, backgrounds, and ethnicities, with capacity to increase patients for total care or as required for endometriosis care s22 - Offers women's-health centred care with skills, expertise and experience in management of endometriosis and pelvic pain, and to allow for the timely diagnosis and effective management of these conditions. - Capacity for groups and webinars to support flexibility, closed captions for deaf patients, accessibility for rural and remote patients - Bulk bills on a case-by-case basis, offers small gap fee payment ($20) for pensioners and vulnerable patients with instant Medicare rebate

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4. Provide a short overview of the GP practice's approach to continuing professional development and training. Please include details of any advanced credentialling or training in women's health, endometriosis or pain management (200 words max.)	s22
5. For GP practices who don't currently meet all the assessment criteria, provide information detailing how funding will be utilised to build capacity and capability of the GP practice to manage and provide primary care support for people with endometriosis and pelvic pain (200 words max.)	s22

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	s22 [redacted]
6. Provide any further information or GP practice details to support the application against the selection criteria (200 words max.)	TFP operates a female GP led interdisciplinary practice with a focus on the excellent management of chronic disease including endometriosis, pelvic pain, and IBS. Our skilled team and networks allow for timely diagnosis and recognition of conditions such as endometriosis and chronic pelvic pain and allows for the high-quality management of pain and symptoms for affected patients. TFP provides wrap-around care for women and their families and help to empower them with knowledge and skills to be able to take back their power in managing their health. TFP provides a safe, relaxed, non-clinical, architecturally designed space for our patients. s22 [redacted]

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Attachment B - GP clinic nomination form

Please complete one form for each GP clinic the PHN wishes to nominate (up to three per PHN)

GP practice Full legal name	Sexual Health and Family Planning ACT Inc (SHFPACT)
Other Trading names/brands	SHFPACT, Menopause Centre Canberra,
Primary Health Network	Capital Health Network
Australian Company Number (ACN) if applicable	
Australian Business Number (ABN)	89 389 381 869
Registered for GST	**Yes** / No (please circle response)
General Practice address	Level 1, 28 University Ave CANBERRA ACT 2601
Postal address	GPO Box 1317 CANBERRA ACT 2601
Contact person	s47F [redacted]
Position / title	
Telephone no.	
Mobile no.	
E-mail address	
Opening hours	Mon: CLINIC CLOSED, other services operating Tues: 8.30am - 5.00pm Wed: 8.30am - 5.00pm Thurs: 8.30am - 5.00pm Fri: 8.30am - 1.30pm Sat: CLOSED Sun: CLOSED
GP practice healthcare team (tick all that apply)	s22 [redacted]
Accredited for RACGP Standards (this is a requirement for nomination)	s22 [redacted]
Does the GP practice comply with the following minimum insurance requirements (tick all that apply)	s22 [redacted]

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	s22
Telehealth capability	✓ Yes – phone and video ✓ Yes – phone ☐ No
Patient gender composition (tick box)	s22
Patient age demographic	
Women's healthcare services provided at the GP practice (tick all that apply)	✓ Endometriosis s22 management ✓ Pelvic pain management ✓ Contraceptive care and advice ✓ LARC insertion and removal ✓ Sexually transmitted infection diagnosis and management ✓ Menopause management ✓ Fertility care and referral ✓ Cervical cancer screening ✓ Pre-conception care ☐ Medical termination of pregnancy ✓ Other (Provide detail) Unplanned Pregnancy Counselling
Does the GP practice agree to provide reporting to the PHN at a regular interval that provides insight on GP clinic operations as it relates to endometriosis and pelvic pain and funding expenditure?	s22

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Extended response questions

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1. Provide a short overview detailing how the GP practice currently manages patients with endometriosis (suspected or diagnosed) and / or pelvic pain. Response may include examples of diagnostic capability, multidisciplinary care team management (200 words max.)	SHFPACT's current clinical approach to the management of patients with pelvic pain presentation, including suspected and/or diagnosed endometriosis is primarily provided by medical officers, and occasionally by registered nurses who refer internally for medical assessment when patients presenting for unrelated sexual and reproductive health needs disclose relevant symptoms. Currently these interventions and responses include: • Assess presenting symptoms and discuss possible causes and provisional diagnoses • Provide education and information regarding origins and management of endometriosis and pelvic pain • Refer to resources for further information and support – e.g s22 s22 • Discuss and initiate/prescribe, if appropriate, therapies for managing symptoms. These may include hormonal therapy, use of hormonal long-acting reversible contraception (LARC) • Refer to gynaecologist if specialised ultrasound or laparoscopic diagnosis are appropriate • Refer to allied health – pelvic physiotherapist, pain psychologist, nutritionist, exercise physiologist, sex therapist, fertility specialist, as needed. • Review on a regular basis or as needed to support ongoing care and related health issues, e.g. contraception, other hormonal or non hormonal medications. • With patient consent, communicate with patient's regular GP concerning the care received at our clinic
2. Provide a short overview of current referral pathways the GP practice utilises for managing patients with endometriosis and / or pelvic pain. Response may include details of local specialists, allied health or tertiary supports (200 words max.)	Current ACT referral pathways for pelvic pain and endometriosis from SHFPACT clinic are different for patients who are able to afford and access private care, which may include: • Referral to gynaecologists who have a known interest in endometriosis and pelvic pain • referral, when appropriate, to specialised gynaecological ultrasound for endometriosis s22 s22 • referral to pelvic physio therapists, pain psychologist, and sex therapists if needed. Some of these providers can access a Medicare rebate if the patient's GP provides a care plan, hence the importance of our clinic's communication with the GP. Patients who are unable to afford private care are referred to the Canberra Hospital Endometriosis Clinic, which can provide nurse support and gynaecological assessment of the patient. However, publicly provided health services (Canberra Health Services) have extremely high demand and very long waitlists in these and related areas of health need. Other relevant clinical and referral pathways information for ACT/Capital region: • A PHN Healthcare Pathway exists for endometriosis

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	• Only a very small number of General Practices have any allied health staff working sessionally within the practice with a pelvic/gynaecology or pain management focus. • Current workforce availability is estimated to be extremely low across the spectrum of multidisciplinary care required for effective responses to demand for pelvic pain and endometriosis need in the community. • The proportion of patients who have financial means to access private care is diminishing as cost of living pressures mount.
3. Provide a short overview of the GP practice's capability as outlined in the assessment criteria. Response may include details on practice volumes, an indication of service affordability (out of pocket costs or bulk billing) and communities served by the GP clinic e.g. CALD, First Nations, low socio-economic backgrounds (200 words max.)	s22 [redacted] patients attend most frequently for gynaecological issues such as contraception, management of menstrual disorders and pain, sexual pain, pre pregnancy and fertility advice, IUD and implant procedures, cervical screening. To facilitate affordable care for the community, we have a mixed billing system that includes funded care (under service funding agreement with ACT Health), and a combination of bulk-billing, concession fees, and full fees that are MBS-rebateable for other clinical services to patients not funded by ACT Health. s22 [redacted]
4. Provide a short overview of the GP practice's approach to continuing professional development and training. Please include details of any advanced credentialling or training in women's health, endometriosis or pain management (200 words max.)	s22 [redacted]

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	s22 [redacted]
5. For GP practices who don't currently meet all the assessment criteria, provide information detailing how funding will be utilised to build capacity and capability of the GP practice to manage and provide primary care support for people with endometriosis and pelvic pain (200 words max.)	s22 [redacted]
6. Provide any further information or GP practice details to support the application against the selection criteria (200 words max.)	s22 [redacted] Sexual Health and Family Planning ACT is positioned well as a specialised services provider with strong and trusted networks and relationships with general practice/primary care and allied health providers in the ACT.

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	s22 [redacted] Sexual health services for STI/BBV prevention, testing and treatment are the significant second category of clinical care provision, especially in outreach service provision. s22 [redacted] SHFPACT currently provides a model through its Menopause Centre Canberra service, with both patient-initiated and GP-referred pathways, strong GP liaison and communication. This model allows specialised medical management of menopause and perimenopause by a trusted provider without fear of losing overall patient care from the primary referring general practice. s22 [redacted]

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Attachment B - GP clinic expression of interest form - South Western Sydney PHN

GP practice full legal name	The Women's Health Centre Southern Highlands
Trading name	The Women's Health Centre Southern Highlands
Australian Company Number (ACN) if applicable	650 247 699
Australian Business Number (ABN)	23 650 247 699
Registered for GST	☑ Yes ☐ No
Street address	2/118 Main Street Mittagong
Postal address	2/118 Main Street Mittagong
Contact person	s47F
Position / title	
Telephone no.	
Mobile no.	
Email address	
Opening hours	Mon: 8.30am - 5.30pm Tues: 8.30am - 5.30pm Wed: 8.30am - 5.30pm Thurs: 8.30am - 5.30pm Fri: 8.30am - 5.30pm Sat: Closed Sun: Closed
s22	

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s22

Telehealth capability	☑ Yes – phone and video ☐ Yes – phone ☐ No

s22

Women's healthcare services provided at the GP practice (tick all that apply)	☑ Endometriosis diagnosis and management ☑ Pelvic pain management ☑ Contraceptive care and advice ☑ LARC insertion and removal ☑ Sexually transmitted infection diagnosis and management ☑ Menopause management ☑ Fertility care and referral ☑ Cervical cancer screening ☑ Pre-conception care ☑ Medical termination of pregnancy ☑ Other (Provide detail_____

s22

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