Gippsland PHN – Pilots and Targeted Programs 2026 – 2027 Activity Work Plan Annual Update

Submitted: 30 April 2026 Approved: 4 August 2026

PP&TP- GCPC 3 – Greater Choice for at Home Palliative Care

Activity Priorities and Description	
Program Key Priority Area	Population Health
Aim of Activity	The aim of the Greater Choice for at Home Palliative Care (GCfaHPC) project is to improve awareness of palliative care options within Gippsland and to coordinate and facilitate access to community based in-home palliative care and coordinated access for those residents living in aged care homes (RACHs).
Description of Activity	In 2025, Gippsland PHN undertook an extensive Palliative Care needs assessment including a comprehensive survey, 3 focus groups and individual interviews. This community and health professional consultation feedback along with an extensive literature review supported the development of Palliative Care needs assessment. This will guide the delivery of activity over the next four years. The needs assessment has been published on Gippsland PHN's website. Gippsland PHN continues to collaborate extensively with key stakeholders and service providers to collect their feedback on activities completed and to identify further priorities, in line with the objectives of this Program and the National Palliative Care Strategy. Gippsland PHN will continue to focus on the key priority areas below with targeted activities • Service availability and accessibility • Workforce capacity and distribution • Cultural, linguistic and other diversity considerations • Community awareness and understanding of palliative care • Coordination between primary, community, and specialist services **Activity 1** **General Practice (GP) Palliative Care Champion** Gippsland PHN intends on opening an Expression of Interest campaign in April 2026 releasing 20 grants to accredited General Practice to strengthen advance care planning and palliative care capability through staff training and targeted quality improvement activities. Participating clinics will nominate a Palliative Care Champion to lead the project in their clinic. Gippsland PHN will support participating clinics to review procedures and templates for target appointments to include Advance Care Plan (ACP) conversations. Clinics will be expected to develop ACP documentation and to upload to My Health Record. The grant tenure will commence for 6 months from July to December 2026 **Activity 2** **Community grants to promote palliative care education and awareness** This grant opportunity will enable community-based organisations and health services to promote palliative care education and awareness within their communities through financial and resource support. Grants could be utilised to support costs associated with expert speakers, advertising, catering and venue hire. There are several peak bodies who can assist with community education for community-based organisations and health services such as Bush Nursing Centres.

	A minimum of 10 grants of $2,000.00 will be funded, enabling local Gippsland organisations to promote palliative care awareness in their communities. Gippsland PHN will provide a list of palliative care resources, including potential speakers for organisations who are successful in obtaining a grant. An Expression of Interest process will commence in March 2026 to ensure funds are released by May to align with national palliative care week, 13th May 2026. Grant tenure will cease 30 June 2026. Other activities: Gippsland PHN has updated the palliative care webpage on the PHN website, that simplifies and streamlines access to palliative care resources and information for both providers and community. This is a one-stop shop for evidence-based and government funded resources, information and local services. The Gippsland PHN palliative care webpage is also a relevant and useful resource for general practice. Gippsland PHN will continually keep the palliative care webpage up to date. Planning is underway to deliver future activities under the key priority areas listed above. Some initiatives will be delivered in conjunction with the Victorian, Adelaide and Tasmanian PHN Alliance (VATPHNA). These activities include: • **Compassionate communities** to support whole of community engaged in caring for older people who are palliative • **Last Aide** – this is a four-hour training program to support community members, carers and family to improve their confidence and skills in supporting people who are palliative. **The topics included are:** • Dying as a normal part of life • Planning ahead • Relieving suffering • Final goodbyes • Education and training for RACH to support the awareness raising of the deteriorating resident • Education and training to support home care staff to have confidence to work with clients living in the community who are palliative • Support and education with Aboriginal Liaison Officers based at hospitals in the community to support their knowledge of services to refer to and resources to share • Relaunch of Palliative Care referral pathways for GP, associated supporting documents and localised training Our future projects will align with the key priority areas and provide support to workforce, community, carers and health professionals. **Engagement with Local Hospital Networks and/or State government** Engagement activities are undertaken to ensure the activities and learnings are shared across the sector and mapped into palliative care service arrangements in the Gippsland region, including: • participation in the Vic/Adelaide/Tas PHN Alliance (VATPHNA) Community of Practice • participation in the Latrobe Palliative Care Advancement Group • engagement with Gippsland Regional Palliative Care Consortium (GRPCC)

	• engagement with Palliative Care Consultancy Gippsland (PCCG) • engagement with local community health services palliative care teams; and • engagement with hospitals represented on the governance committees. **Collection of data** Gippsland PHN have developed an evaluation framework to measure outcomes, meet the DHDA funding arrangements and generate a final report. Activities will be evaluated and reported individually. Some will be evaluated internally by the responsible project staff. Other activities will be assessed and reported by individuals and organisations engaged to undertake that activity. Project planning and the evaluation framework relevant to this project will also be guided and measured by local consultation and research with providers and stakeholders. Gippsland PHN will utilise baseline measures and local research to develop tailored mechanisms and deliverables to guide the activity implemented as a part of this project, these mechanisms and deliverables will also input into the evaluation framework that will measure the outcomes of the project. These will be included in both project planning and the supporting evaluation framework. **Impact** Gippsland PHN continues to make an impact on the community through education about palliative care choices; health professionals have a better understanding of the palliative care pathways; Residential Aged Care Home (RACH) Providers have referral pathways across Gippsland and most RACHs have IMPREST systems in place. Through the planned activities, the program will continue to have the following impact: • Improve the capacity and responsiveness of services to meet local needs and priorities • Improve patient access to quality palliative care services available in the home and improved capacity of carers to support people at home; and • Improve coordination of care for patients, across health care providers and integration of palliative care services in their (PHN) region.
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1

Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
Aboriginal and/or Torres Strait Islander health and wellbeing Healthy ageing (65+) Health workforce Connected care Chronic conditions Access to primary care for marginalised communities	

Activity Demographics	
Target Population Cohort	Health and care providers and individuals with a known life-limiting condition and their carers
In Scope AOD Treatment Type	No

Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	-
Coverage Whole Region?	Yes

SA3 Name	**SA3 Code**
Gippsland wide	

Activity Consultation and Collaboration	
Consultation	Engagement and consultation with key stakeholders in Gippsland has been occurring and will continue. Key stakeholders we will continue to consult as required include: • Gippsland Regional Palliative Care Consortium (GRPCC) • Palliative Care Consultancy Gippsland (PCCG) • Latrobe Palliative Care Advancement Group • Gippsland Primary Health professionals including general practitioners, practice nurses, community nursing and palliative care teams • VTPHNA Palliative Care Community of Practice • Department Health, Disability and Ageing • Gippsland Hospitals and Community Health Services • Local Health Services Network • Residential Aged Care Homes (RACHs) • Victorian Palliative Care Advice Service (PCAS) • Ambulance Victoria • Pharmacy Guild of Australia • Gippsland PHN Community Advisory Committee and Clinical Councils; and • People with a lived experience of aged care, dementia, palliative and end-life care and palliative care volunteers.
Collaboration	In addition to consultation, there has been much collaboration with stakeholders and health providers. This collaboration will continue in 2026-27. • Gippsland Regional Palliative Care Consortium (GRPCC) • Palliative Care Consultancy Gippsland (PCCG) • Gippsland Primary Health professionals including general practitioners, practice nurses, community nursing and palliative care teams • Western Victoria and Murray PHNs • Victorian Palliative Care Advice Service (PCAS) • Ambulance Victoria • Statewide Voluntary Assisted Dying (VAD) Care Navigator Service • Residential Aged Care Homes (RACHs)
Activity Milestone Details/Duration	
Activity Start Date	05/11/2021
Activity End Date	31/10/2029
Other Relevant Milestones	-
Activity Commissioning (intended procurement approach for commissioning services under this activity)	
Procurement Approach	Expression of Interest
Is this activity being co-designed?	No

Is this activity the result of a previous co-design process?	No
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No
Has this activity previously been co-commissioned or joint-commissioned?	No
Decommissioning	No
Decommissioning details?	-
Co-design or co-commissioning comments	NA

Supporting outreach healthcare for victim-survivors of family, domestic and sexual violence	
Activity Priorities and Description	
Program Key Priority Area	Population Health
Aim of Activity	The Aim of this activity is to develop and implement an outreach healthcare model of support to improve the quality of healthcare for victim-survivors of Family, Domestic, Sexual Violence (FDSV) and: • Reduce barriers to accessing support for higher risk population groups. • Reduce barriers to accessing support for victim-survivors living in rural and remote communities. • Improve the patient journey by better integrating and coordinating the health response between the FDSV sector, primary, secondary, and tertiary care services. • Improve FDSV support services' understanding of the role of primary care in supporting victim-survivors of FDSV. • Equitably support victim-survivors during their recovery and healing journey to safely integrate back into their communities and normal activities. • Improve access to early childhood services.
Description of Activity	Gippsland PHN has commissioned Gippsland Lakes Complete Health to develop and implement an integrated place-based outreach model of care in the East Gippsland LGA to support Victim-Survivors of Family Domestic and Sexual Violence (FDSV), particularly those from population groups at disproportionately higher risk of FDSV. As part of the program, services are delivered by appropriately trained and qualified mental health professionals within their scope of practice and with a trauma-informed approach. These services are delivered primarily face to face at an individual level. This multidisciplinary care team that includes: • Intake services for the consumer and their support network (family, caregivers, care recipients, etc) • Care connectors and/or care coordinators to provide care coordination services and access to primary health care, • Nurse Practitioners, Registered Nurses, Mental Health Nurses, • General Practitioners, • Mental Health Clinicians, • Allied Health, • Maternal health, and • Paediatric and associated and early childhood services. This team reflects current identified needs of FDSV victim-survivors in Gippsland. The team has understanding and experience of trauma-informed and responsive care. The service model provides equitable support by giving victim-survivors access to TraumaConnect (digital app from CairnMillar Institute) to provide victim-survivors and their carers with 24/7 digital access to information, resources, referrals, and live support, co-facilitated by clinicians and people with lived experience.

	Outreach models to Aboriginal communities in remote areas is being provided via collaboration with Aboriginal Community Controlled Organisations (ACCOs). Gippsland Lakes Complete Health is leading a Community of Practice (CoP) for clinical governance, including members from primary providers, Aboriginal Community Controlled Organisations, trauma-informed services, and family violence crisis response services to co-design and monitor services, ensuring they remain trauma-informed, culturally safe, and accessible. Brokerage funding forms a portion of the total funding available which will support victim-survivors overcome barriers to accessing services such as travel and healthcare-related expenses, and support in preparing applications for the National Disability Insurance Scheme (NDIS). **Engagement with Local Hospital Networks (LHN) and/or State government:** Gippsland PHN participates in a Community of Practice for the Pilot with the lead PHN. This consists of a CoP for PHNs and a CoP for providers. Gippsland PHN continues to closely engage with the Victorian Government's Department of Families Fairness and Housing, particularly the Family Violence division. Gippsland PHN also collaborates with the Gippsland Family Violence Alliance, a collaboration of local member agencies with a joint vision to end family violence in Gippsland. **Collection of data:** Gippsland Lakes Complete Health are providing de-identified demographic data on a template developed by Gippsland PHN that aligns with the requirements for the evaluation being undertaken by Abt Global. Gippsland Lakes Complete Health are required to collect qualitative and quantitative data from victim-survivors via a Consumer Experience Survey to measure the percentage of satisfaction rates with the service. Relevant themes identified in the survey responses will be used to drive quality improvements for the pilot. Additionally, Gippsland Lakes Complete Health are required to provide a de-identified case study and good news story that highlights sound governance process and evidence improve health outcomes. **Impact:** This program supports victim-survivors to look after their health and the health of their children in a holistic/multidisciplinary way by reducing barriers enabling them to heal and recover. The implementation of primary prevention and health promotion activities, along with building workforce capacity through trauma-informed and culturally safe professional development is assisting in improving education and workforce development.
Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1
Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
Aboriginal and/or Torres Strait Islander Health and Wellbeing Growing Up Healthy (0-25 years) Family Violence Access to Primary Healthcare for Marginalized Communities	

Activity Demographics		
Target Population Cohort	Victim survivors FDSV	
In Scope AOD Treatment Type	No	
Indigenous Specific	No	
Indigenous Specific Comments (if answered yes to above)		
Coverage Whole Region?	No	
SA3 Name		**SA3 Code**
East Gippsland		
Activity Consultation and Collaboration		
Consultation	Consultation occurred with Gippsland Women's Health, Gippsland Family Violence Alliance and other providers as part of the grant application. Gippsland PHN participate in the Community of Practice facilitated by the lead PHN. Department Health, Disability and Ageing. Gippsland Lakes Complete Health have established a Community of Practice (CoP) for clinical governance, including members from primary providers, Aboriginal Community Controlled Organisations, trauma-informed services, and family violence crisis response services to co-design and monitor services, ensuring they remain trauma-informed, culturally safe, and accessible.	
Collaboration	Gippsland Women's Health Gippsland Family Violence Alliance Victorian Government's Department of Families Fairness and Housing – Family Violence division.	
Activity Milestone Details/Duration		
Activity Start Date	21/02/2025	
Activity End Date	30/06/2027	
Other Relevant Milestones		
Activity Commissioning (intended procurement approach for commissioning services under this activity)		
Procurement Approach	Open tender	
Is this activity being co-designed?	Yes	
Is this activity the result of a previous co-design process?	No	
Do you plan to implement this Activity using co-commissioning or joint-commissioning arrangements?	No	
Has this activity previously been co-commissioned or joint-commissioned?	No	
Decommissioning	No	

Decommissioning details?	-
Co-design or co-commissioning comments	Gippsland Lakes Complete Health are co-designing the model/pathways with Lived Experience representatives and related service organisations such as Orbost Regional Health, Gippsland & East Gippsland Aboriginal Cooperative and Gippsland Centre Against Sexual Assault.

PP&TP-EPP – Endometriosis and Pelvic Pain Clinic	
Activity Priorities and Description	
Program Key Priority Area	Population Health
Aim of Activity	The aim of the activity is to commission services to support the delivery Endometriosis and Pelvic Pain clinic (EPPC) across Gippsland to promote: • Improved access for patients to diagnostic, treatment and referral services for endometriosis and pelvic pain • Improved access for patients to care, treatment, management for perimenopause and menopause • Increased access to allied health and support services • Increased access to healthcare for patients from priority populations, particularly those in underserved communities • Provide access to new information, care pathways and networks • Provide an appropriately trained workforce with expertise in endometriosis, pelvic pain, perimenopause and menopause. This funding is commissioned to support: • Advanced training qualifications and further study for staff • Additional practice staff to support the program (e.g. allied health, nurse navigators) • review of referral pathways with local providers • purchase of associated EPPC equipment • Education resources and activities for patients, their families and carers
Description of Activity	Gippsland PHN commenced an expression of interest campaign to all General Practice in Gippsland in 2025. The Department of Health, Disability and Ageing awarded the contract to Latrobe Community Health Service to deliver an endometriosis and pelvic pain clinic in Gippsland. The EPPC offers a regional specialised Endometriosis and Pelvic Pain Clinic via a GP-led multidisciplinary team who have expertise in the management of endometriosis and pelvic pain, and perimenopause and menopause symptoms. The service enables appropriate endometriosis care and management, leading to improved diagnosis timeframes and appropriate pain management for impacted patients; and for perimenopause and menopause patients provide care, support, treatment and management of symptoms. The service has the capacity and capability to support training and continuing professional development for GPs, nurses and allied health professionals including implementation of 'train the trainer' educational programs. The Endometriosis and Pelvic Pain Clinic provides, either directly or via referral, as needed for each patient: • Endometriosis and pelvic pain diagnosis, treatment, management, referral and support.

	• Care, treatment, management, referral and support for perimenopause and menopause symptoms. The clinic has: • A focus on improving diagnostic delay and promoting early access to intervention, care and treatment options for endometriosis and pelvic pain, and the treatment and management of perimenopause and menopause symptoms • GPs specialising in women's health and pain management, including contracepting advice and onsite insertion of Long-Acting Reversible Contraception (LARC) if required • Practice nurses / nurse practitioners who specialise in women's health • Allied health – dietitians, women's health psychotherapists, social workers, psychologists (either in the clinic or linked to the clinic) • Educators and self-management resources • Community support groups or networks, including peer support or bicultural health workers where appropriate • Staff to support culturally competent practice or CALD appropriate practice including First Nations health care workers and onsite translation services if required The EPPC may offer group sessions to community and health professional to support training. The EPPC clinic commenced in January 2026 in Morwell and is available across three Clinics: Warragul, Morwell and Traralgon. All EPPC operate alongside a train line, therefore regional access is available for those patients living outside of these catchment areas.

Needs Assessment Priorities	
Needs Assessment	Gippsland-NA-2025/26-2027/28-V1

Priority – *refer to **DOC/25/1618**: Health Needs Assessment 2025-28 Opportunities and Priorities for guidance when selecting the correct priority*	Page reference
Health Workforce Growing Up Healthy (0-25 years) Chronic Disease Access to Primary Care for Marginalised Communities	

Activity Demographics	
Target Population Cohort	Gippsland woman, girls and people who have a uterus. This service extends to people who identify as LGBTIQA+
In Scope AOD Treatment Type	No
Indigenous Specific	No
Indigenous Specific Comments (if answered yes to above)	No
Coverage Whole Region?	Yes

SA3 Name	**SA3 Code**
Gippsland Region wide	

Activity Consultation and Collaboration	
Consultation	Extensive consultation occurred throughout the expression of interest campaign with all General Practices within Gippsland. Consultation has occurred across Victorian and Tasmanian PHN Alliance members (VTPHNA) to share learnings and collaborate on engagement strategies. LCHS has a strong partnership with Gippsland Women's Health, local hospital networks and other health services thus supporting awareness raising of this program and referrals into the program. Department Health, Disability and Ageing
Collaboration	Extensive collaboration has taken place across Victorian and Tasmanian PHN Alliance members (VTPHNA) to share learnings and consider uniform approaches on the delivery of this program. Gippsland PHN attends the National EPPC working group meeting to share learning and contribute to streamlining the model to ensure there are consistencies across catchment areas.