WA Primary Health Alliance PHN PHN Pilots and Target Programs Perth South 2024/25 - 2027/28 Activity Summary View

Approved by the Australian Government Department of Health, Disability and Ageing, November 2025

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PP&TP-DVP 3000 - Family, Domestic and Sexual Violence Pilot (Operational)

Activity Metadata

Applicable Schedule

PHN Pilots and Targeted Programs - Perth South

Activity Prefix

PP&TP-DVP

Activity Number

3000

Activity Title

PP&TP-DVP 3000 -Family, Domestic and Sexual Violence Pilot (Operational)

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

Population Health

Aim of Activity

Establish a family, domestic and sexual violence (including child sexual abuse) pilot which integrates a model of support for victim-survivors of family, domestic and sexual violence and child sexual abuse (FDSV). In accordance with the Supporting the Primary Care sector response to Family, Domestic and Sexual Violence Grant Opportunity Guidelines GO6068, the Pilot activity will:

1. Increase the capacity and capability of the primary care workforce to better care for victim-survivors of FDSV through:
• Enhanced education and training opportunities for primary care workers.
• Improved understanding of the role of the primary care sector in addressing FDSV.
• Improved readiness of the primary care sector to address FDSV.
• Improved recognition of FDSV and its impacts by the primary care sector.
• Increased appropriate and timely referrals from primary care to FDSV support services.

2. Improve primary care integration with the broader service response to child sexual abuse. This will be achieved through collaboration and the establishment of system integrators across specialist support services and the integration of primary health care services with local health systems to ensure coordinated responses. This includes:
• Specialist support services have an improved understanding of the role of primary care in supporting victim-survivors of FDSV.
• Increased appropriate primary care referrals to specialist support services.
• Increased continued care coordination loops between primary care and specialist support services to support

the recovery of victim-survivors of FDSV.
3. Improve health outcomes for people who have experienced FDSV in the PHN Region.
4. Identify the most viable options for sustainable change to support victim-survivors of FDSV in the primary health care setting into the future.

Description of Activity

Recruitment: Employment of 1 FTE Activity Lead and 0.8 FTE Training and Education Coordinator. Both roles will work together to ensure the delivery of the workforce capacity-building initiatives, design all pilot activities with stakeholders and prototype-funded innovation strategies as identified through design workshops. The roles will also develop and promote resources to support safety and wellbeing for PHN employees and stakeholders who may be experiencing the impact of FDSV.

Workforce capacity-building: The Training and Education Coordinator is implementing a training program codesigned with the WAPHA/RACGP FDSV Special Interest Panel. Training components will be prioritised and implemented in order of priority through partnerships with existing training providers. Procurement of training providers for each component will include general practitioner input to content. Team members will work with the RACGP to ensure accreditation options and/or other incentives. Where no training exists to address an identified education priority, the Training and Education Coordinator will facilitate the development of new, localised resources to address need and oversee their implementation. The PHN employees will also contribute to the development and uptake of the nationally consistent training modules on sexual violence and child sexual abuse. WAPHA's Quality Improvement Coaches will work with practices to implement "Plan Do Study Act" activities that are developed by the project employees to improve recognition, response and referral for FDSV.

Data Analytics: New data partnerships will be established to support understanding of needs and gaps for service planning into the future. WAPHA Health Needs Assessment 2025-2027 has been updated and WAPHA will seek to contribute to the existing service demand research being led by the Centre for Women's Safety and Wellbeing. Project employees will contribute to national data projects as part of the PHN FDSV Pilot Communities of Practice Data Working Group.

System Advocacy: Under this pilot, WAPHA will define the PHN's role and priorities in advocating for system change to enable effective, sustainable and integrated responses to FDSV. WAPHA's position paper on Family and Domestic Violence and Population Health Needs Assessment will be updated to reflect this new commissioning role and incorporate sexual violence. WAPHA will advocate for recognition and representation of primary care within current and future FDSV policy/planning processes within Western Australia, such as development of WA's first Sexual Violence Prevention and Response Strategy, being led by the Office of the Commissioner for Victims of Crime and the Department of Communities. WAPHA will contribute to national advocacy and initiatives as part of the PHN FDSV Pilot communities of practice, including work regarding a potential MBS item for FDSV, and AIHW projects to improve visibility of FDSV presentations in primary care.
Clinical pathways – Review and update WA Primary Health Alliance's relevant guidance and resource materials, including Clinician Assist WA clinical and referral guidance (previously HealthPathways WA) relevant to assault or abuse, position paper on Family and Domestic Violence, and Population Health Needs Assessment.
Evaluation: Contribute to the national evaluation of the Supporting Primary Care FDSV Pilot, including required payments associated with the use of InfoXchange data collection platform for providers of the FDSV Pilot services.

Innovation grants: through innovation workshops in 2025/26, the FDSV Activity Lead and FDSV Training and Education Coordinator will support the identification of solutions to overcome barriers to seamless integrated care for victim-survivors of FDSV. Where solutions can utilise existing products or services, these will be procured and implemented in the pilot site. Where solutions need to be developed, WAPHA will support their development and implementation.
Travel – The Activity Lead and/or other appropriate WAPHA team members will travel interstate to attend annual gatherings of the national FDSV PHN Pilot site community of practices.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to alternative services, including after-hours primary health care (Metro).	10

Activity Demographics

Target Population Cohort

Victim-survivors of family violence and/or sexual violence (including child sexual abuse) in Armadale SA3 (expanding to Perth South PHN where appropriate to engage sufficient practices) with a focus on vulnerable populations – women and children who are Aboriginal, culturally and linguistically diverse, and/or LGBTIQA+.

Indigenous Specific

Yes

Indigenous Specific Comments

Aboriginal communities are a key focus for this project due to over-representation in data regarding family, domestic and sexual violence. The WA Aboriginal Family Safety Strategy and co-design report for the Armadale FDV One-Stop Hub provide initial guidance on culturally appropriate models and engagement pathways. The following key stakeholders have been identified within our highest level of engagement, and collaboration is being sought to ensure all services commissioned and materials developed will be culturally safe and appropriate for Aboriginal communities:

- Yorgum Healing Services
- Derbarl Yerrigan Health Service
- Langford Aboriginal Association
- Cultural Reference Group already established by WA Department of Communities to guide the development of the new Domestic and Family Violence One-Stop-Hub in Armadale

Coverage

Whole Region

No

SA3 Name	SA3 Code
Armadale	50601
Canning	50603
Gosnells	50604

Activity Consultation and Collaboration

Consultation

The Activity Lead and Training and Education Coordinator will ensure appropriate input and review of proposed training and education plans and materials by key stakeholders including:
• WA GP Advisory Panel
• WAPHA Multicultural Reference Group
• WAPHA LGBTIQA+ Reference Group
The Activity Lead will coordinate design workshops with stakeholders as identified in AWP activities for each component of the FDSV Pilot activity and ensure the action research learning process incorporates feedback from relevant stakeholders. This includes:
• South-east FDV Healing Service, run by Hope Community Services and Yorgum Healing Services
• Anglicare WA Child Sexual Abuse Therapy Services
• Parkerville Children and Youth Care
• Child Protection Unit at Perth Children's Hospital
• Langford Aboriginal Association
• Sexual Assault Resource Centre

WAPHA's clinician assist team will engage with appropriate clinical expertise to support the review, update, and potential development of new clinical and referral guidance according to WAPHA's well-established engagement processes.

Collaboration

WAPHA has established core advisory partnerships with the following organisations, who will review plans and priorities developed for the use of Operational Funds:
• Department of Communities
• Centre for Women's Safety and Wellbeing

Consultant - Third Story (formerly The Innovation Unit): Delivery of codesign activities, lived experience consultation and action research workshops.

Activity Milestone Details/Duration

Activity Start Date

31/05/2023

Activity End Date

29/06/2027

Service Delivery Start Date

31/01/2024

Service Delivery End Date

30/06/2027

Other Relevant Milestones

Submit reviewed Activity Work Plan
Due 30/04/25, 30/04/26, 30/04/26
Twelve Month Performance Reports
Due 30/09/25, 30/09/26, 30/09/27
Financial Acquittal statement and audited income and expenditure statements
Due 30/09/25, 30/09/26, 30/09/27

Needs Assessment
Due 15/11/25, 15/11/26

April 30, 2025	Service contract executed for FDSV “System Integrator” service
April 30, 2024	EOI process for practice partnerships (Round 1) completed
May 30, 2024	Action research workshop 1 - Action research workshop 1 for primary care providers
August 30, 2025	Accredited FDSV training for general practices (Round 1) complete
August 30, 2025	Quality Improvement PDSAs ready for implementation with practice partners
	Consultation and planning begun to support sustainability of project outcomes
November 30, 2025	Action research workshop 2 - lessons learned and activity adjustment
March 31, 2026	Action research workshop 3 with stakeholders -
April 30, 2026	EOI process for practice partnerships (Round 2) complete
June 30, 2026	Accredited FDSV training for general practices (Round 2) complete

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: Yes
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Family, Domestic and Sexual Violence (FDSV) Pilots	$504,000.00	$858,000.00	$654,000.00	$0.00	$0.00	$2,016,000.00
Total	**$504,000.00**	**$858,000.00**	**$654,000.00**	**$0.00**	**$0.00**	**$2,016,000.00**

PP&TP-DVP 3050 - Family, Domestic and Sexual Violence Pilot

Activity Metadata

Applicable Schedule

PHN Pilots and Targeted Programs - Perth South

Activity Prefix

PP&TP-DVP

Activity Number

3050

Activity Title

PP&TP-DVP 3050 - Family, Domestic and Sexual Violence Pilot

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

Population Health

Aim of Activity

Establish a family, domestic and sexual violence (including child sexual abuse) pilot which integrates a model of support for victim-survivors of family, domestic and sexual violence and child sexual abuse (FDSV). In accordance with the Supporting the Primary Care sector response to Family, Domestic and Sexual Violence Grant Opportunity Guidelines GO6068, the Pilot activity will:
1. Increase the capacity and capability of the primary care workforce to better care for victim-survivors of FDSV and people living with FDSV through:
• Enhanced education and training opportunities for primary care workers to better care for people living with FDSV.
• Improved understanding of the role of the primary care sector in addressing FDSV.
• Improved readiness of the primary care sector to address FDSV.
• Improved recognition of FDSV by the primary care sector.
• Increased appropriate and timely referrals from primary care to specialist FDSV support services.
2. Improve the primary care system integration with the broader FDSV service response system and health service navigation for victim-survivors of FDSV. This will be achieved through collaboration and the establishment of system integrators across specialist support services and the integration of primary health care services with local health systems to ensure coordinated responses. This includes:
• Specialist support services have an improved understanding of the role of primary care in supporting victim-survivors.
• Increased appropriate primary care referrals to specialist support services.
• Increased continued care coordination loops between primary care and specialist support services to support the recovery of victim-survivors of FDSV.

3. Improve health outcomes for people experiencing FDSV in the PHN region including an equity focus.
4. Identify the most viable options for sustainable change to support victim-survivors of FDSV in the primary health care setting into the future.

Description of Activity

Perth South PHN will work closely with general practices and family violence/sexual violence services in the Armadale SA3 region and surrounds on the following:
• Commissioning: Design and commission a fit-for-purpose, culturally safe 'FDSV Link' service to improve the care journey for victim-survivors of Family, Domestic and Sexual Violence (FDSV) who present to local primary care services. The FDSV Link will provide a single referral point for nominated practices, supporting integration and warm referrals to the newly established Armadale One-Stop-Hub for Family and Domestic Violence Services funded by WA Department of Communities. It will also link patients, as appropriate, between existing commissioned services including the Armadale Head to Health centre and Gosnells Head to Health satellite, Armadale/Cannington headspace centres, Integrated Team Care and Alcohol and Other Drug Services. The FDSV Link workers will provide an in-practice link to enable whole-of-practice improvement strategies provided by PHN staff and encourage participation in relevant training and consultation events.
• Place-based innovation: Define, document and address local barriers to seamless, integrated care for victim-survivors of family, domestic and sexual violence, and prototype solutions in partnership with general practices (e.g.: secure messaging, co-located services, local referral pathway development, post-discharge follow-up assistance).
• Workforce Capacity Building: Deliver priority capacity-building activities, to be defined in partnership with general practice, ACCHOs, lived experience representatives and stakeholders from the Family, Domestic and Sexual Violence sector. Employ 0.8 FTE FDSV Training Coordinator to confirm and deliver/procure priority training activities and resources. Implement local delivery of nationally consistent training modules developed by the Centre for Action on Child Sexual Abuse.
• System Advocacy: Define the PHN's role and priorities in advocating for system change to enable effective, sustainable and integrated responses. Advocate for representation by primary care within current and future FDSV policy/planning processes within Western Australia. Contribute to national advocacy and initiatives as part of the PHN FDSV Pilot. Update the PHN's position paper on Family and Domestic Violence.
• Review and update WA Primary Health Alliance's relevant guidance and resource materials, including Clinician Assist WA clinical and referral guidance (previously HealthPathways WA) relevant to assault or abuse, position paper on Family and Domestic Violence, and Population Health Needs Assessment. Source new data sets to enable a better understanding of needs and gaps in regard to primary care for victim-survivors of FDSV.
• Contribute to the national evaluation of the Supporting Primary Care FDSV Pilot and the development of nationally consistent primary care training modules to be developed by the Centre for Action on Child Sexual Abuse.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to alternative services, including after-hours primary health care (Metro).	10

Activity Demographics

Target Population Cohort

Victim-survivors of Family and Domestic Violence (including children) in Armadale SA3 (expanding to Perth South PHN where appropriate to engage sufficient practices) with a focus on vulnerable populations – women and children who are Aboriginal, culturally and linguistically diverse, and/or LGBTIQA+.

Indigenous Specific

Yes

Indigenous Specific Comments

Aboriginal communities are a key focus for this project due to over-representation in data regarding family, domestic and sexual violence. The WA Aboriginal Family Safety Strategy and co-design report for the Armadale FDV One-Stop Hub provide initial guidance on culturally appropriate models and engagement pathways. The following key stakeholders have been identified within our highest level of engagement, and collaboration is being sought to ensure all services commissioned and materials developed will be culturally safe and appropriate for Aboriginal communities:

- Yorgum Healing Services
- Derbarl Yerrigan Health Service
- Langford Aboriginal Association
- Cultural Reference Group already established by WA Department of Communities to guide the development of the new Domestic and Family Violence One-Stop-Hub in Armadale

The AMS for the pilot region – Derbarl Yerrigan – has been commissioned to undertake capacity-building work within its own organisation and to support improved cultural competency within mainstream general practices in the region.

Consultation has been undertaken, and will continue, with the WA Department of Communities and place-based ACCHOs / ACCOs regarding place-based initiatives (such as those funded under the WA Aboriginal Family Safety Strategy) to support collaboration, avoid duplication and reduce the risk of consultation fatigue.

Coverage

Whole Region

No

SA3 Name	SA3 Code
Armadale	50601

Activity Consultation and Collaboration

Consultation

To support integration, service design and referral pathways, WAPHA will collaborate with the newly established Armadale One-Stop Hub for Family and Domestic Violence that is currently being established by the WA Department of Communities. Organisations formally involved with the Hub include:

- One-Stop DFV Hub Lead Agencies - Hope Community Services and Yorgum Healing Services.
- One-Stop Hub DFV Alliance Partners: Ngala, Ishar Multicultural Women's Health Services, Marmun Mia Mia, Aboriginal Legal Service of WA, Women's Legal Service WA, Ruah Community Services, 360 Health and Community.

• One-Stop DFV Hub Cultural Reference Group.
• One-Stop DFV Hub Lived Experience Reference Group.
• One-Stop DFV Hub Community Reference Group.

Additional Aboriginal stakeholders are identified as:
Derbarl Yerrigan Health Service
• Langford Aboriginal Association
• Champion Centre
• Wungening Aboriginal Corporation

To support subject matter expertise and stakeholder engagement planning, WAPHA has established advisory relationships with the following:
• Department of Communities WA
• Centre for Women's Safety and Wellbeing WA
• Sexual Assault Resource Centre
• Sexual Health Quarters
• Stopping Family Violence
• WA Department of Health Women's' Health Policy and Programs

In addition, activity design and key planning documents will incorporate input from WAPHA's established governance groups:
• GP Advisory Panel
• Multicultural Reference Group
• LGBTIQA+ Reference Group

To support Needs Assessment and data to support ongoing identification of needs, gaps and priority locations, WAPHA will seek to establish new partnerships with relevant agencies e.g. WA Police, Department for Communities (Child Protection), Sexual Assault Resource Centre.

Collaboration

Commissioned Service Providers:
• Derbarl Yerrigan
• Anglicare WA
• Starick Services (in partnership with Anglicare WA)

Consultant:
• Third Story

Training providers
• Pandora Projects
• Sexual Health Quarters
• Dr Anna Chaney (clinician review and RACGP Accreditation support)

Activity Milestone Details/Duration

Activity Start Date

31/05/2023

Activity End Date

29/06/2027

Other Relevant Milestones

Submit reviewed Activity Work Plan
Due 30/04/2025, 30/04/2026, 30/04/2027
Twelve Month Performance Reports
Due 30/09/25, 30/09/26, 30/09/27
Financial Acquittal statement and audited income and expenditure statements
Due 30/09/25, 30/09/26, 30/09/27
Needs Assessment
Due 15/11/25, 15/11/26

April 30, 2024	Service contract executed for FDSV "System Integrator" service
April 30, 2024	EOI process for practice partnerships (Round 1) complete
May 30, 2024	Action research workshop 1 - lessons learned and activity adjustment
August 30, 2025	Accredited FDSV training for general practices (Round 1) complete
August 30, 2025	Quality Improvement PDSAs ready for implementation with practice partners
	Existing clinical and referral guidance reviewed and updated
	Consultation and planning begun to support sustainability of project outcomes
November 30, 2025	Action research workshop 2 - lessons learned and activity adjustment
March 31, 2027	Action research workshop with stakeholders -
April 30, 2026	EOI process for practice partnerships (Round 2) complete
June 30, 2026	Accredited FDSV training for general practices (Round 2) complete
	Additional/revised clinical and referral guidance identified and considered for development
	Innovation strategies identified and prototypes ready for testing in FY 25/26
June 30, 2027	Innovation strategies implemented and reviewed

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: Yes
Open Tender: Yes
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Family, Domestic and Sexual Violence (FDSV) Pilots	$320,632.26	$753,211.68	$565,303.02	$0.00	$0.00	$1,639,146.96
Total	**$320,632.26**	**$753,211.68**	**$565,303.02**	**$0.00**	**$0.00**	**$1,639,146.96**

PP&TP-DVP 3060 Sexual Violence

Activity Metadata

Applicable Schedule

PHN Pilots and Targeted Programs - Perth South

Activity Prefix

PP&TP-DVP

Activity Number

3060

Activity Title

PP&TP-DVP 3060 Sexual Violence

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

Population Health

Aim of Activity

Establish a family, domestic and sexual violence (including child sexual abuse) pilot which integrates a model of support for victim-survivors of family, domestic and sexual violence and child sexual abuse (FDSV). In accordance with the Supporting the Primary Care sector response to Family, Domestic and Sexual Violence Grant Opportunity Guidelines GO6068, this component of the Pilot activity will:

1. Increase the capacity and capability of the primary care workforce to better care for victim-survivors of sexual violence and persons living with the impact of sexual violence through:
• Enhanced education and training opportunities for primary care workers.
• Improved understanding of the role of the primary care sector in addressing sexual violence.
• Improved readiness of the primary care sector to address sexual violence.
• Improved recognition of sexual violence by the primary care sector.
• Increased appropriate and timely referrals from primary care to specialist sexual violence support services.

2. Improve the primary care system integration with the broader FDSV service response system and health service navigation for victim-survivors of FDSV. This will be achieved through collaboration and the establishment of system integrators across specialist support services and the integration of primary health care services with local health systems to ensure coordinated responses. This includes:
• Specialist support services have an improved understanding of the role of primary care in supporting victim-survivors.
• Increased appropriate primary care referrals to specialist support services .
• Increased continued care coordination loops between primary care and specialist support services to support the recovery of victim-survivors of FDSV.

3. Improve health outcomes for people experiencing the impact of sexual violence in the Armadale, Gosnells and Canning SA3s, with a focus on equity and improving access to culturally safe care.

4. Identify the most viable options for sustainable change to support victim-survivors of sexual violence in the primary health care setting into the future.

Description of Activity

Perth South PHN will work closely with general practices and specialist sexual violence services in the Armadale, Gosnells and Canning SA3s on the following:
Commissioning: Incorporate sexual violence specialist expertise into the model for the "FDSV Link" service that will provide integrated support for general practice in responding to FDSV. It is noted that the WA Government's One Stop Domestic and Family Violence Hub concurrently being established in Armadale does not explicitly address sexual violence, hence specialist stakeholder input will be incorporated to ensure the needs of patients experiencing the impact of sexual violence are effectively addressed by the service. The FDSV Link will provide a single referral point for nominated practices for all FDSV presentations, with strong referral links to specialist sexual violence services such as the Sexual Assault Resource Centre, Sexual Health Quarters, Phoenix Support and Advocacy Service, Child Protection Unit, Anglicare WA's Child Sexual Abuse Therapy Service and the newly announced forensic medical service being established by SARC. It will also link patients, as appropriate, between existing commissioned services including the Armadale Head to Health Centre and Gosnells Head to Health satellite, Armadale/Cannington headspace centres, Integrated Team Care and Alcohol and Other Drug Services. The FDSV Link workers will provide an in-practice link to enable whole-of-practice improvement strategies provided by PHN employees and encourage participation in relevant training and consultation events.
Place-based innovation: Define, document and address barriers to seamless, integrated local care for victim-survivors of sexual violence, and prototype solutions in partnership with general practices (e.g. Secure Messaging, co-located services, referral pathway development, post-discharge assistance).
Workforce Capacity Building: WAPHA will employ 0.8 FTE FDSV Training Coordinator to confirm and deliver/procure priority training activities and resources for whole-of-practice teams and will contribute to the design and delivery of nationally consistent training modules on sexual violence, to be developed by the Centre for Action on Child Sexual Abuse. Education priorities will be confirmed in partnership with general practice, ACCHOs, lived experience representatives, cultural experts and specialist sexual violence services. Training will be delivered by appropriate specialist providers (for example, Sexual Health Quarters, GP special interest facilitators, Sexual Assault Resource Centre).

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to alternative services, including after-hours primary health care (Metro).	10

Activity Demographics

Target Population Cohort

Victim-survivors of sexual violence (noting survivors of child sexual abuse are addressed in a separate activity) in Armadale, Gosnells and Canning SA3 with a focus on at risk populations – women and children who are Aboriginal, culturally and linguistically diverse, LGBTIQA+ or homeless.

Indigenous Specific

Yes

Indigenous Specific Comments

Aboriginal communities are a key focus for this project due to over-representation in data regarding family, domestic and sexual violence. The WA Aboriginal Family Safety Strategy and co-design report for the Armadale FDV One-Stop Hub provide initial guidance on culturally appropriate models and engagement pathways. The following key stakeholders have been identified within our highest level of engagement, and collaboration is being sought to ensure all services commissioned and materials developed will be culturally safe and appropriate for Aboriginal communities:

- Yorgum Healing Services
- Derbarl Yerrigan Health Service
- Langford Aboriginal Association
- Cultural Reference Group already established by WA Department of Communities to guide the development of the new Domestic and Family Violence One-Stop-Hub in Armadale

The AMS for the pilot region – Derbarl Yerrigan – has been commissioned to undertake capacity-building work within its own organisation and to support improved cultural competency within mainstream general practices in the region.

Consultation has been undertaken, and will continue, with the WA Department of Communities and place-based ACCHOs / ACCOs regarding place-based initiatives (such as those funded under the WA Aboriginal Family Safety Strategy) to support collaboration, avoid duplication and reduce the risk of consultation fatigue.

Coverage

Whole Region

No

SA3 Name	SA3 Code
Armadale	50601
Canning	50603
Gosnells	50604

Activity Consultation and Collaboration

Consultation

To support planning and delivery of this pilot, WAPHA has established core advisory partnerships with the following:

- Department of Communities WA (Office for Prevention of Family Violence)
- Centre for Women's Safety and Wellbeing WA

and is pursuing advisory relationships with:

- Stopping Family Violence
- WA Department of Health Women's Health Policy and Programs

To support integration, service design and referral pathways, WAPHA will collaborate with the newly established Armadale One-Stop Hub for Family and Domestic Violence that is currently being established by the WA Department of Communities. Organisations formally involved with the Hub include:

• One-Stop FDV Hub Lead Agencies - Hope Community Services and Yorgum Healing Services.
• One-Stop Hub FDV Alliance Partners: Ngala, Ishar Multicultural Women's Health Services, Marmun Mia Mia, Aboriginal Legal Service of WA, Women's Legal Service WA, Ruah Community Services, 360 Health and Community.
• One-Stop FDV Hub Cultural Reference Group.
• One-Stop FDV Hub Lived Experience Reference Group.
• One-Stop FDV Hub Community Reference Group.

Additional Aboriginal stakeholders are identified as:
• Derbarl Yerrigan Health Service
• Langford Aboriginal Association
• Champion Centre
• Wungening Aboriginal Corporation

In addition, activity design and key planning documents will incorporate input from WAPHA's established governance groups:
• GP Advisory Panel
• Multicultural Reference Group
• LGBTIQA+ Reference Group

To support Needs Assessment and ongoing identification of needs, gaps and priority locations, WAPHA will seek to establish new partnerships with relevant agencies e.g., WA Police, Department for Communities (Child Protection).

Collaboration

Commissioned Service Providers:
• Derbarl Yerrigan Health Service
• Anglicare WA
• Starick Services (in partnership with Anglicare WA)

Consultant:
• Third Story

Service design workshops:
• Armadale Domestic and Family Violence One-Stop Hub lead agencies, alliance partners and reference groups (see above)
• Langford Aboriginal Association
• General Practices in Armadale SA3 and surrounds, selected through EOI

Training Providers:
• Sexual Health Quarters
• Sexual Assault Resource Centre (WA Health)

Activity Milestone Details/Duration

Activity Start Date

31/05/2023

Activity End Date

29/06/2027

Other Relevant Milestones

Submit reviewed Activity Work Plan
Due 30/04/25, 30/04/26, 30/04/27
Twelve Month Performance Reports
Due 30/09/25, 30/09/26, 30/09/27
Financial Acquittal statement and audited income and expenditure statements
Due 30/09/25, 30/09/26, 30/09/27
Needs Assessment
Due 15/11/25, 15/11/26

April 30, 2025	Service contract executed for FDSV "System Integrator" service
April 30, 2024	EOI process for practice partnerships (Round 1) completed
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August 30, 2025	Accredited FDSV training for general practices (Round 1) complete
August 30, 2025	Quality Improvement PDSAs ready for implementation with practice partners
	Consultation and planning begun to support sustainability of project outcomes
November 30, 2025	Action research workshop 2 - lessons learned and activity adjustment
March 31, 2026	Action research workshop 3 with stakeholders -
April 30, 2026	EOI process for practice partnerships (Round 2) complete
June 30, 2026	Accredited FDSV training for general practices (Round 2) complete
	Innovation strategies identified and prototypes ready for testing in FY 26/276

Review and update completed - Clinician Assist WA clinical and referral guidance (previously HealthPathways WA) relevant to assault or abuse

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: Yes
Open Tender: Yes
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Family, Domestic and Sexual Violence (FDSV) Pilots	$249,735.48	$474,815.58	$603,130.54	$0.00	$0.00	$1,327,681.60
Total	**$249,735.48**	**$474,815.58**	**$603,130.54**	**$0.00**	**$0.00**	**$1,327,681.60**

PP&TP-DVP 3070 Child Sexual Abuse Response

Activity Metadata

Applicable Schedule

PHN Pilots and Targeted Programs - Perth South

Activity Prefix

PP&TP-DVP

Activity Number

3070

Activity Title

PP&TP-DVP 3070 Child Sexual Abuse Response

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

Population Health

Aim of Activity

Establish a family, domestic and sexual violence (including child sexual abuse) pilot which integrates a model of support for victim-survivors of family, domestic and sexual violence and child sexual abuse (FDSV). In accordance with the Supporting the Primary Care sector response to Family, Domestic and Sexual Violence Grant Opportunity Guidelines GO6068, this component of the Pilot activity will:

1. Increase the capacity and capability of the primary care workforce to better care for victim-survivors of sexual violence and people living with the impact of sexual violence through:
• Enhanced education and training opportunities for primary care workers.
• Improved understanding of the role of the primary care sector in addressing sexual violence.
• Improved readiness of the primary care sector to address sexual violence.
• Improved recognition of sexual violence by the primary care sector.
• Increased appropriate and timely referrals from primary care to specialist sexual violence support services.

2. Improve the primary care system integration with the broader FDSV service response system and health service navigation for victim-survivors of FDSV. This will be achieved through collaboration and the establishment of system integrators across specialist support services and the integration of primary health care services with local health systems to ensure coordinated responses. This includes:
• Specialist support services have an improved understanding of the role of primary care in supporting victim-survivors.
• Increased appropriate primary care referrals to specialist support services.
• Increased continued care coordination loops between primary care and specialist support services to support the recovery of victim-survivors of FDSV.

3. Improve health outcomes for people experiencing the impact of sexual violence in the Armadale, Gosnells and Canning SA3s, with a focus on equity and improving access to culturally safe care.

4. Identify the most viable options for sustainable change to support victim-survivors of sexual violence in the primary health care setting into the future.

Description of Activity

Perth South PHN will work closely with general practices and specialist child sexual abuse services in the Armadale region and surrounds on the following:
Commissioning: Incorporate specialist child sexual abuse components into the model for the "FDSV Link" service that will provide integrated support for general practice in responding to child sexual abuse. It is noted that the WA Government's One Stop Domestic and Family Violence Hub concurrently being established in Armadale does not explicitly address child sexual abuse, hence specialist stakeholder input will be incorporated to ensure the needs of patients experiencing the impact of child sexual abuse are effectively addressed by the service. The FDSV Link will provide a single referral point for nominated practices for all FDSV presentations, with strong referral links to specialist child sexual abuse services such as Phoenix Support and Advocacy Service, WA Department of Communities Child Protection Services, Anglicare WA's Child Sexual Abuse Therapy Service, Victims Support Service, Aboriginal Legal Service and the Perth Children's Hospital Child Protection Unit. It will also link patients, as appropriate, between existing commissioned services including the Armadale Head to Health Centre and Gosnells Head to Health satellite, Armadale/Cannington headspace centres, Integrated Team Care and Alcohol and Other Drug Services. The FDSV Link workers will provide an in-practice link to enable whole-of-practice improvement strategies provided by PHN employees and encourage participation in relevant training and consultation events.
Place-based innovation: Define, document and address local barriers to seamless, integrated care for victim-survivors of child sexual abuse, and prototype solutions in partnership with general practices (e.g., Secure Messaging, co-located services, local referral pathway development, post-discharge follow-up assistance).
Workforce Capacity Building: Deliver priority capacity-building activities, to be defined in partnership with general practice, ACCHOs, lived experience representatives and specialist child sexual abuse services. Implement local delivery of nationally consistent training modules developed by the Centre for Action on Child Sexual Abuse.
System Advocacy: Define the PHN's role and priorities in advocating for system change to enable effective, sustainable and integrated responses. Advocate for representation by primary care within current and future child sexual abuse policy/planning processes within Western Australia. Contribute to national advocacy and initiatives as part of the PHN FDSV Pilot. Update the PHN's position to incorporate child sexual abuse.
•Review and update WA Primary Health Alliance's relevant guidance and resource material, including Clinician Assist WA clinical and referral guidance (previously HealthPathways WA) relevant to assault or abuse, position papers and Population Health Needs Assessment. Identify and consider development of additional or revised clinical and referral guidance to enable an effective primary care response to victim-survivors of child sexual abuse. Source new data sets to enable a better understanding of needs and gaps in regard to primary care for victim-survivors of child sexual abuse.
• Contribute to the national evaluation of the Supporting Primary Care FDSV Pilot and the development of nationally consistent primary care training modules to be developed by the Centre for Action on Child Sexual Abuse.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to alternative services, including after-hours primary health care (Metro).	10

Activity Demographics

Target Population Cohort

Victim-survivors of child sexual abuse (adults and children) in Armadale, Gosnells and Canning SA3s with a focus on equity of access.

Indigenous Specific

Yes

Indigenous Specific Comments

Initial exploration of data does not indicate higher rates of child sexual abuse within Indigenous communities hence indigenous people and stakeholders will be consulted and addressed along with other population groups and representatives throughout the pilot.

Coverage

Whole Region

No

SA3 Name	SA3 Code
Armadale	50601
Canning	50603
Gosnells	50604

Activity Consultation and Collaboration

Consultation

To support integration, service design and referral pathways, WAPHA will collaborate with the newly established Armadale One-Stop Hub for Family and Domestic Violence that is currently being established by the WA Department of Communities. While noting that child sexual abuse is not explicitly addressed by the Hub, stakeholders indicate that there will be significant overlap in expertise and client presentations.
Organisations formally involved with the Hub include:
• One-Stop FDV Hub Lead Agencies - Hope Community Services and Yorgum Healing Services
• One-Stop Hub FDV Alliance Partners: Ngala, Ishar Multicultural Women's Health Services, Marmun Mia Mia, Aboriginal Legal Service of WA, Women's Legal Service WA, Ruah Community Services, 360 Health and Community
• One-Stop FDV Hub Cultural Reference Group
• One-Stop FDV Hub Lived Experience Reference Group
• One-Stop FDV Hub Community Reference Group

Specialised child sexual abuse organisations consulted include:
• Dr James Herbert, Department of Communities
• Phoenix Support and Advocacy Service
• Sexual Assault Resource Centre

Additional Aboriginal stakeholders are identified as:
• Derbarl Yerrigan Health Service
• Langford Aboriginal Association
• Champion Centre
• Wungening Aboriginal Corporation

To support subject matter expertise and stakeholder engagement planning, WAPHA has established advisory relationships with the following:
• Department of Communities WA
• Centre for Women's Safety and Wellbeing WA
• Sexual Assault Resource Centre
• Sexual Health Quarters
• Stopping Family Violence
• WA Department of Health Women's' Health Policy and Programs
In addition, activity design and key planning documents will incorporate input from WAPHA's established governance groups:
• GP Advisory Panel
• Multicultural Reference Group
• LGBTIQA+ Reference Group

To support Needs Assessment and data to support ongoing identification of needs, gaps and priority locations, WAPHA will seek to establish new partnerships with relevant agencies e.g., WA Police, Department for Communities (Child Protection), Sexual Assault Resource Centre.

Collaboration

Commissioned Service Providers:
• Derbarl Yerrigan
• Anglicare WA
• Starick Services (in partnership with Anglicare WA)
Consultant:
• Third Story
Training Providers:
• Phoenix Support and Advocacy Services
• Sexual Assault Resource Centre (WA Health)
• Anglicare WA Child Sexual Abuse Therapy Service
• Child Protection Unit (Perth Children's Hospital)
Service design workshops:
• Alliance Partners of Armadale Domestic and Family Violence Hub (see above)
• Child Sexual Abuse Therapy Service (Anglicare WA)
• George Jones Child Advocacy Centre (Parkerville Child and Youth Care)
• Langford Aboriginal Association (currently funded to develop innovative models of family violence intervention)
• General Practices in Armadale SA3 and surrounds, selected through EOI

Activity Milestone Details/Duration

Activity Start Date

31/05/2023

Activity End Date

29/06/2027

Other Relevant Milestones

Submit reviewed Activity Work Plan
Due 30/04/25, 30/04/26, 30/04/27
Twelve Month Performance Reports
Due 30/09/25, 30/09/26, 30/04/27
Financial Acquittal statement and audited income and expenditure statements
30/09/25, 30/09/26, 30/09/27
Needs Assessment
Due 15/11/25, 15/11/26

April 30, 2025	Service contract executed for FDSV "System Integrator" service
April 30, 2024	EOI process for practice partnerships (Round 1) completed
May 30, 2024	Action research workshop 1 - Action research workshop 1 for primary care providers
August 30, 2025	Accredited FDSV training for general practices (Round 1) complete
August 30, 2025	Quality Improvement PDSAs ready for implementation with practice partners
	Consultation and planning begun to support sustainability of project outcomes
November 30, 2025	Action research workshop 2 - lessons learned and activity adjustment
March 31, 2026	Action research workshop 3 with stakeholders -
April 30, 2026	EOI process for practice partnerships (Round 2) complete
June 30, 2026	Accredited FDSV training for general practices (Round 2) complete
	Additional/revised HealthPathways identified and considered for development
	Innovation strategies identified and prototypes ready for testing in FY 26/276

Review and update completed - Clinician Assist WA clinical and referral guidance (previously HealthPathways WA) relevant to assault or abuse

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Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: Yes
Open Tender: Yes
Expression Of Interest (EOI): No
Other Approach (please provide details): No

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Family, Domestic and Sexual Violence (FDSV) Pilots	$320,632.26	$721,293.96	$780,887.67	$0.00	$0.00	$1,822,813.89
Total	**$320,632.26**	**$721,293.96**	**$780,887.67**	**$0.00**	**$0.00**	**$1,822,813.89**

PP&TP-EPP 4000 – PHN Endometriosis and Pelvic Pain GP Clinics

Activity Metadata

Applicable Schedule

PHN Pilots and Targeted Programs - Perth South

Activity Prefix

PP&TP-EPP

Activity Number

4000

Activity Title

PP&TP-EPP 4000 - PHN Endometriosis and Pelvic Pain GP Clinics

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

Population Health

Aim of Activity

To support general practice clinics to improve access for patients' diagnostic treatment and referral services for endometriosis and pelvic pain, build the primary care workforce to manage this chronic condition and provide improved access to new information and care pathways.

The Australian Government Department of Health, Disability and Ageing 2022-23 Budget committed $16.4m over four years to support the establishment of targeted Endometriosis and Pelvic Pain GP Clinics (GP Clinics) in the primary care setting. The intention of these GP clinics is to maximise the role of the GP led multidisciplinary care team in the management of endometriosis and pelvic pain, and to embed the GP as a core part of the care pathway for this chronic condition, optimising the role of primary care.

Endometriosis can be difficult to diagnose and that delay between the onset of symptoms and diagnosis averages 7 years. These GP clinics will provide more people with access to multi-disciplinary care with a focus on reducing diagnostic delay and promoting early access to intervention, care and treatment.

Description of Activity

The Australian Government Department of Health, Disability and Ageing announced The Garden Family Medical Clinic as the Endometriosis and Pelvic Pain Clinic within the Perth South PHN.
The PHN supports The Garden Family Medical Clinic to utilise funding to provide enhanced services for the treatment and management of endometriosis and pelvic pain, based on the needs of the community, including but not limited to:
• Recruitment of specialised staff, including nurse practitioners and allied health professionals.
• Capital costs such as fit-out costs for pelvic physiotherapy areas and associated equipment.
• Resources, training and development.

GP Clinics are not intended to duplicate resources of investment already available to the community, instead they are expected to:
• Improve access for patients to diagnostic, treatment, and referral services for endometriosis and pelvic pain.
• Provide access to new information, support resources, care pathways and networks.
• Provide an appropriately trained workforce with expertise in endometriosis and pelvic pain.
• Directly benefit patients from rural and regional areas.
• Provide enhanced support to priority populations.
• Increase access to support services, either through a nurse navigator or referral pathway.

The PHN will support data collection for program monitoring and continuous evaluation. GP clinics are required to submit six monthly reports with data items proposed by the Australian Government Department of Health, Disability and Ageing.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable access to alternative services, including after-hours primary health care (Metro).	10

Activity Demographics

Target Population Cohort

Women with endometriosis and pelvic pain

Indigenous Specific

No

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

The PHN will continue to work with The Garden Family Medical Clinic to identify stakeholders.

Collaboration

The PHN will continue to collaborate with The Garden Family Medical Clinic and other stakeholders as they are identified.

Activity Milestone Details/Duration

Activity Start Date

28/02/2023

Activity End Date

29/06/2026

Service Delivery Start Date

23/03/2023

Service Delivery End Date

30/06/2026

Other Relevant Milestones

Evaluation of the GP clinics commencing in 2024-25.
Twelve Month Performance Reports
Due 30/09/25, 30/09/26
Activity Work Plan
Due 30/04/25, 30/06/26.
Financial Acquittal statement and audited income and expenditure statements Reports
Due 30/09/25 30/09/26
Needs Assessment
Due 15/11/25

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: No
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): Yes
Other Approach (please provide details): No

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Endometriosis and Pelvic Pain GP Clinics - Admin	$16,764.00	$16,764.00	$11,764.00	$0.00	$0.00	$45,292.00
Endometriosis and Pelvic Pain GP Clinics	$180,000.00	$180,000.00	$180,000.00	$0.00	$0.00	$540,000.00
Total	**$196,764.00**	**$196,764.00**	**$191,764.00**	**$0.00**	**$0.00**	**$585,292.00**

GCPC 1000 - Greater Choice for At Home Palliative Care Project

PP&TP-GCPC - 1000 - GCPC 1000 - Greater Choice for At Home Palliative Care Project

Activity Metadata

Applicable Schedule

PHN Pilots and Targeted Programs - Perth South

Activity Prefix

PP&TP-GCPC

Activity Number

1000

Activity Title

GCPC 1000 - Greater Choice for At Home Palliative Care Project

Existing, Modified or New Activity

Existing

Activity Priorities and Description

Program Key Priority Area

Aged Care

Aim of Activity

The continuation of the Greater Choices for At Home Palliative Care (GCfAHPC) will run nationally over four years from 2025-2029. The purpose of the grant is to improve and increase access to quality palliative care at home, in the community. The aim is to support people who choose to remain at home to receive palliative care and end-of-life care.

The objectives of the Program and this grant opportunity are to:
• Improve awareness (workforce and community) and access to safe, quality palliative care at home and support end-of-life care systems and services in primary health care and community care.
• Enable the right care, at the right time and in the right place, to reduce unnecessary hospitalisations.
• Generate and use data to support continuous improvement of services across sectors.
• Use available technologies to support flexible and responsive palliative care at home, including in the after-hours period.

The intended outcomes of the Program and this grant opportunity are to:
• 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.
• Improve coordination of care for patients, across health care providers and integration of palliative care services in their (PHN) region.

The GCfAHPC funding will build on work undertaken in FY 23/24 and FY 24/25 in PHN South.
WAPHA's focus for FY 25/26 will include:
• Promoting choice at end -of - life by building community awareness about Advance Care Planning (ACP) through consolidation of activities commenced in FY 24/25 which engaged two peak bodies – Palliative Care WA and LinkWest.
• Improving access to ACP as part of routine health assessments, namely the 75+ and Indigenous Health Assessments (IHA) in general practice.
• Building capacity and capability in general practice to identify patients who may be in their last 12 months of life and who have a high risk of unplanned hospitalisation (improved utilisation of Primary Sense Complexity Report (Report 5)).
• Developing screening processes for general practice to identify patients who may be in the last 12 months of life but who do not meet the criteria for referral to Specialist Palliative Care community services.
• Implementing a Supportive Care model of care in general practice to proactively manage the expected deterioration of patients with an ACG score of 5 with the intention of reducing avoidable ED presentations.

Description of Activity

Background
The Perth South Primary Health Network (PSPHN) has a population of approximately 974,000 people and spans 5,000 square kilometres. It comprises of inner suburban high density living and outer metropolitan and agricultural communities.
Health Needs identified in PSPHN that relate to the GCfAHPC:
• Cancer is a leading cause of disease burden and accounts for one third of fatal disease burden.
• Chronic diseases account for two thirds of disease burden in WA.
• Mandurah has high rates of after-hours GP-type Emergency Department presentations, suggesting unmet community need.
• The percentage of people living in PSPHN who were born in non-English speaking countries range from 21%-41% across this PHN and between 2%-5% have poor English literacy proficiency.
• There are limited home palliative care providers, with many older people dying in hospital or aged care services.
• Nearly 6 in 10 older people using permanent aged care in PSPHN have a diagnosis of dementia.
• The rate of palliative care nurses (53.6 total weekly hours per 1,000 people aged 75 and over) is below state levels (65.0)

The focus of the PSPHN GCfAHPC activities build on the work completed in the GCfAHPC which was implemented between October 2022 and May 2025. WAPHA's approach has been informed by:
• extensive consultation with key stakeholders.
• review of the PSPHN Needs Assessment.
• Monthly Community of Practice meetings with general practice employees.
• Monthly Community of Practice meetings with community employees.
• Completion of a Learning Needs Analysis Survey for GP's, Practice Nurses and Nurse Practitioners.
• Completion of the Death Literacy Index tool by community support workers.
• Focus groups.
• Completion of the After Death Audit by a small group of general practices.
• Review of the introduction of new legislation relating to enhanced financial support for people in the last three months of life and the proposed role of GPs (Support at Home).

Rationale
Within PSPHN, specialist palliative care services are provided through a range of hospitals, hospices, and community services. PSPHN has 20 Palliative Care Unit beds which are a mix of private and public. Across the Perth Metropolitan area, Silver Chain's Community Palliative Care Service supports around 3,500 people with a progressive, life-limiting illness whose needs are complex and whose life expectancy is less than 12 months.

Not all patients referred to the Silver Chain service are eligible for admission. These patients are declined and referred back to their General Practitioner (GP) for ongoing care. If the patient needs greater care than the GP and practice can support, there is a risk that the patient will present to hospital. This risk increases if the person has become housebound as GPs do not routinely provide home-visiting services.

The generalist nature of GPs and other primary care providers, competing demands and primary care sustainability issues can be a barrier to the provision of palliative care in the home. There is a need to increase awareness of advanced care planning (ACP) and the benefits of palliative care with community and primary care workforce. There is also a need to assist primary care workforce to identify palliative care needs within their patient cohort and develop a plan of care that reflects the generalist palliative care role.

Roles and responsibilities
WAPHA's Primary Care Portfolio, which works across the three WA Primary Health Networks, is responsible for the delivery of the GCfAHPC measure. An executive sub-committee oversees all PSPHN aged care activity including the GCfAHPC to ensure it aligns with funding requirements and guidance, and WAPHA's Strategic Plan 2023-2026.

A small team, consisting of an activity lead, project officer and quality improvement coach lead GCfAHPC activities across the three WA PHNs. Each WA PHN contributes to the cost of the team via the available GCfAHPC expansion funds. Activities are costed to the relevant PHN. Project management, place-based integration managers, and practice support employees assist the team. A program logic guides activities.

Key Activities
The PHNs Needs Assessment has been updated to include a section on Palliative Care. This information guides the PHNs Greater Choice activities.

Activity 1 - Improve community awareness of Advance Care Planning to promote informed choice and future (end of life) planning by consolidating activities delivered through LinkWest and PCWA to build capacity and capability in Community Resource Centres (CRC's) in PSPHN.
This will include:
• Roll-out of ACP foundation training to participating CRCs by PCWA.
• A range of community awareness events coordinated by each CRC to enhance understanding of ACP in community.
• ACP information to be promoted by LinkWest on their webpage.
• A small grant will be provided to LinkWest to coordinate this work.
• A small grant will be provided to PCWA to facilitate training associated with this activity.

Activity 2: Improving access to ACP to promote informed choice and future (end of life) planning for underserved populations. This will include:
• Exploring the ACP informational needs of a CaLD community
• Exploring the ACP informational needs of people newly diagnosed with dementia.

Activity 3 - Centres on improving access to ACP through routine health assessments including IHAs in general practice, including:
• Engaging two new general practices to participate in the Palliative Care Champions project and providing a small grant to facilitate work relating to this activity.
• Enhancing ACP capacity and capability of the Quality Improvement (QI) Coaches at WAPHA who support general practice in PSPHN to facilitate the implementation of a systematic approach to the inclusion of ACP in these assessments. This initiative encourages early end-of life planning in an at-risk cohort and will facilitate ACP for patients who are more likely to be diagnosed/have a diagnosis of dementia.
• 0.33 FTE will be funded within the QI Coach function to support this increase in scope.
• Introduction of the Australian Modified Karnofsky Performance Scale (Karnofsky Scale) in general practice to support screening for eligibility for the "End of Life Pathway" as per the Support at Home legislation.

Activity 4 - Focuses on building capacity and capability related to the generalist approach to palliative care in a small number of general practices.

This includes:
• Provision of a small grant ($20k per practice) to three general practices to consolidate the work relating to the Palliative Care Champions project completed in FY24/25. This grant will build on the introduction of ACP in routine health assessments and Chronic Disease management plans as well as progress the implementation of a new model which WAPHA has developed called “Supportive Care”.

Activity 5 - Concentrates on primary care palliative and EOL care continuous quality improvement (QI) and includes:
• The refinement of QI activities specific to ACP and the generalist approach to palliative care.
• Assisting practices with audits (After Death Audits).
• Activities to improve ACP awareness.
• Utilisation of Primary Sense data (Report 5) to identify patients at high risk of hospitalisation and potentially unmet palliative care needs.
• This work is supported by a dedicated QI Coach (0.33 FTE)

Activity 6 – Exploration of the role of community Pharmacists relating to the support of general practice in facilitating ACP and “staying in place”/supportive care. This activity will involve engagement with the peak bodies, community Pharmacists and the Lead Palliative Care Pharmacist for WA.

The GCfAHPC team participate in the national GCfAHPC evaluation and in a range of forums to promote primary care provided palliative care services in the WA palliative care and EOL system and inform service and system improvement.

Needs Assessment Priorities

Needs Assessment

WAPHA Needs Assessment 2025-2027

Priorities

Priority	Page reference
Enable early intervention and monitoring activities to reduce early entry into residential care and support older people in living independently for as long as possible (Metro).	52
Enable access to aged care services that support independent living and healthy ageing at home (Metro).	52
Enable access to care finder services for older people (Metro).	52
Support primary health care providers (incl. general practices, allied health and aged care services) to effectively manage chronic conditions for older people and promote health ageing at home(Metro)	54
Support the mental health of older people and assist primary care providers to identify older people who may need additional support or referrals to services (Metro).	28

Activity Demographics

Target Population Cohort

Primary care workforce, particularly GPs, practice staff in their role as “generalist” palliative care providers.
General practice clients living with (advanced) chronic disease whose needs may be better met by a palliative approach to care.
Community members to increase ACP awareness.

Indigenous Specific

Yes

Indigenous Specific Comments

WAPHA will continue to work with our existing partner, the Aboriginal Health Council of WA (AHCWA) to promote awareness of ACP and access to palliative care. We are also interested in developing a relationship with the newly formed National Aboriginal and Torres Strait Islander Palliative Care Association (NATSIPCA).

Coverage

Whole Region

Yes

Activity Consultation and Collaboration

Consultation

The PHN consulted with and continues to engage with a range of stakeholders in the planning and delivery of the Greater Choices for At Home palliative Care measure, including:
- WA GP Panel – Special Interest Group: Care of the older person
- General practitioners and general practice employees
- Palliative Care Australia
- Palliative Care Outcomes Collaborative
- Silver Chain – WA Metropolitan Community specialist palliative Care provider.
- WA Health End of Life and Palliative Care Advisory Committee
- WA Health ACP Team
- Advance Care planning Australia

Collaboration

Collaboration is ongoing with:
- Aboriginal Health Council of WA
- Palliative Care WA
- LinkWest
- Aged care provider representatives
- Program of Experience in the Palliative Care Approach.
- Palliative and Supportive Care Education WA
- Participating general practices

Activity Milestone Details/Duration

Activity Start Date

28/02/2018

Activity End Date

29/06/2029

Service Delivery Start Date

07/02/2022

Service Delivery End Date

31/10/2029

Other Relevant Milestones

Twelve Month Performance Reports
Due 30/09/25, 30/09/26, 30/09/27, 30/09/28, 30/09/29
Activity Work Plan
Due 30/04/25, 30/04/26, 30/04/27, 30/04/28, 30/08/29
Financial Acquittal statement and audited income and expenditure statements Reports
Due 30/09/25, 30/09/26, 30/09/27, 30/09/28, 30/09/29
Needs Assessment
Due 15/12/25, 15/11/26, 15/11/27, 15/11/28

Activity Commissioning

Please identify your intended procurement approach for commissioning services under this activity:

Not Yet Known: No
Continuing Service Provider / Contract Extension: Yes
Direct Engagement: No
Open Tender: No
Expression Of Interest (EOI): Yes
Other Approach (please provide details): No

Activity Planned Expenditure

Funding Stream	FY 23 24	FY 24 25	FY 25 26	FY 26 27	FY 27 28	Total
Greater Choice for At Home Palliative Care	$468,500.94	$856,396.17	$368,608.21	$320,967.00	$325,451.00	$2,339,923.32
Total	**$468,500.94**	**$856,396.17**	**$368,608.21**	**$320,967.00**	**$325,451.00**	**$2,339,923.32**
