

Commissioning

Country SA PHN has two primary objectives...



To best achieve our objectives, we commission health services

Commissioning involves planning, procuring services (identifying need, design, selecting and contracting), monitoring and evaluating health services for communities.

Throughout this process we are committed to:

- Commissioning high quality, culturally appropriate, locally relevant, patient centred, efficient and effective health services for country South Australians; and
- Monitoring and evaluating all contracted services to ensure they are improving patient care and access for all.

As commissioners it's important that we:

- Lead
- Listen
- Collaborate with communities and health professionals
- Actively engage and partner with Aboriginal and Torres Strait Islander peoples, communities and organisations
- Integrate and co-ordinate with existing health services in regional South Australian communities

Our Commissioning Cycle



We use our commissioning cycle to help us achieve our aims in accountability, due process, probity, diligence and equity in the use of funding for primary health services.

Our commissioning cycle encompasses the development of health service delivery from the health planning stage, through procurement and contracting activities, to evaluation of programs and services.

Throughout our commissioning cycle, we recognise our priority populations that include Aboriginal and Torres Strait Islander peoples, Culturally and Linguistically Diverse communities, LGBTQI identified people, older Australians, people with mental health needs, those whose health is challenged by low socioeconomic and other disadvantage, and people living in rural and remote locations where service access is an issue in health optimisation.

Throughout our commissioning cycle we engage in:

- **Strategic Planning:** assessing the needs of the community and available health services and determining priorities based on service analysis and professional and community input;
- **Procuring Services:** purchasing health services in line with the outcome of strategic planning, our objectives and our local and national priorities; and
- **Monitoring and evaluation:** assessing the efficiency and effectiveness (including value for money) of health services and implementing strategies to address gaps and underperformance.

Our commissioning cycle explained



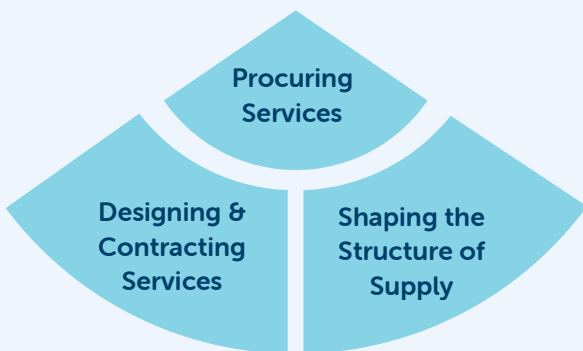


Needs Assessment:

Establishing prioritised needs and existing provision; identifying priority gaps to be addressed.

Annual Planning:

Identifying the kinds of services or interventions that might address gaps and prioritising those that deliver the greatest impact.



Designing & Contracting Services:

Further developing the prioritised actions from the previous stage through a process of co-design, procuring or commissioning.

Shaping the Structure of Supply:

Procuring services is the act of acquiring, buying or contracting services from an external source. These health services need to be appropriate, high quality, locally relevant, patient centred and cost effective.



Managing Performance:

Monitoring service delivery targets, program management, reporting against annual plan, governance criteria and finance management.

Evaluation:

Assessing the quality of delivery, outcomes and impact, the degree to which the intended goals have been achieved; the contribution the service has made to community health and well-being; costs, effectiveness and efficiency; and reporting results for making improvements.

Our Commissioning Process



At all stages of commissioning, we ensure:



Accountability



Transparency



Culturally
Appropriate



Flexibility



Innovation



Sustainability
of services

We commission high quality, locally relevant and effective health services for country South Australians and achieve expected outcomes in an efficient and cost-effective manner.

We have established an Independent Commissioning Committee (ICC) to provide independent expert advice to endorse, review and recommend procurement of service delivery activity.

The Committee's role is an integral part of our monitoring and evaluation process.

As no single tender process suits all situations, the particular nature of each procurement activity and the prevailing market conditions are considered.

We meet our key commissioning objectives by ensuring:

- Robust engagement with Aboriginal and Torres Strait Islander Elders, communities, and organisation and other culturally and linguistically diverse communities, in codesign of commissioning activities at all levels.
- Contracted services adhere to best practice;
- Services are provided to priority areas of community need;
- Service distribution is equitable and provides for optimum access for all;
- Robust processes exist for accountability of the service provider and evaluation of the activities;
- Conflict of interest matters are managed throughout the contracted activity; and
- Compliance under the PHN Performance Framework.

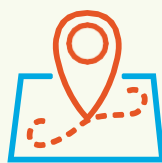
To ensure the commissioning process is patient-centred, cost-effective, locally relevant and aligned to community experiences and expectations we engage with:



Health service
providers



General Practices



Local Health
Clusters



Clinical Councils



Community Forums



State government



Aboriginal
Community
Controlled Health
Organisations



Health Specific
Community Groups