

FROM CLINICIAN TO COMMISSIONER

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EXECUTIVE SUMMARY

The need to develop a workforce who can deliver on the purpose of enhancing equity of access to primary care has been identified by one of the 31 Primary Health Networks (PHN) established by the Australian Government in 2015.

Over almost a decade, Hunter New England and Central Coast PHN has been undertaking assessments of its organisational capability to commission primary care services for the local community. The outcome of these assessments and of a training needs analysis for team members engaged in commissioning has led to the development of a training program which is growing in sophistication.

This has led to the development of a Primary Care Commissioning Development Centre, which coordinates education and training for PHN teams, service providers and primary care clinicians in many aspects of the commissioning of primary care.

KEYWORDS

Workforce, training, commissioning.

The Australian Government instituted the Primary Health Network (PHN) program in 2015 and the development of roles critical to Commissioning has been an iterative journey. [1] The purpose of Hunter New England and Central Coast Primary Health Network (HNECC) is to increase equity of access to primary care services. [2] There are 31 PHNs across Australia who are tasked with enhanced integration between aspects of the health system to enhance patient experience, demonstrate value for money and improved population health outcomes. To date, there have been limited formal opportunities to address the learning needs related to primary care commissioning.

As stated by Briggs et al [3] PHNs are complex organisations who are tasked with identifying

local health needs and working with a range of stakeholders including General Practitioners, Local Health Districts, other primary health professionals and community stakeholders to identify innovative, cost effective and evidence-based initiatives. The PHNs then procure services on behalf of the funders, including the Federal and State Governments from service providers who deliver the care. Much of the provider facing work is delivered by Commissioning Coordinators, who are responsible for programs of work. These individuals may have clinical qualifications and experience, may have worked in health care or in business and identifying their learning needs and designing a program to ensure that they are equipped for the work has been developed over the last nine years.

While subject matter expertise is valued in the work, the other skills related to planning, design, delivery, monitoring and evaluation, and financial management are found in varying degrees amongst Commissioning Coordinators at HNECC. While some experienced clinicians bring monitoring and evaluation skills, others facilitation and design, others data analysis, and others contract management, no individuals operate at an expert level across all competencies.

In 2024, HNECC completed the third review of the Commissioning Competency of the organisation with a view to further clarifying the skills needed and the education programs required to prepare people for this work⁴. Needs identified in a recent training needs analysis included facilitation skills, codesign, managing difficult conversations and assuming leadership, often without clear authority.

As the PHN is committed to delivering value for money for the community in the services that it commissions, additional work has been undertaken to assist the commissioning team in understanding the cost of services. This has enabled us to develop contracts for programs which can be delivered sustainably but are also competitively priced with similar services. The PHN also undertakes talent identification work with all managers, to determine future leaders and to work with their teams on achieving their full potential.

While there remains a reliance on external consultants for some aspects of the work, including service design and production and formal evaluation, the PHN is committed to knowledge transfer wherever possible and provides opportunities for the team to work closely with the experts to develop their own capability. The program includes Procurement and Contract Management training, Stakeholder Engagement development, mentoring, and shadowing opportunities. Resources that support the role are included in a Commissioners Toolkit which the team continue to enhance.

Opportunities for leadership development include regular design and facilitation of seminar type events for the broader team. These events are also valuable occasions for the PHN team to connect with service partners from around the region where on occasion, the commissioners and the service partners learn together.

In 2024, HNECC has brought many of these initiatives together under the banner of the HNECC Primary Care Commissioning Development Centre. The Centre brings together both the resources and training for the HNECC team and those which are designed for service partners. These include programs that address Tender and Grant Submissions, Cyber Security risks and management, Business Coaching and Mentoring and soon to be introduced scholarships and traineeships. The Centre is in talks with a number of Tertiary Education providers to design and deliver programs which can be tailored for this growing workforce.

By taking a systematic approach to the complex issue of establishing a commissioning organisation, HNECC has been able to enhance its capability in all aspects of commissioning. The steps that are being taken currently will enable HNECC to continue to prepare its own team and those working in local services and teams from other PHNs to be able to stay abreast of the various aspects of health reform, commissioning services that meet local needs and providing purposeful career development experiences into the future.

References

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