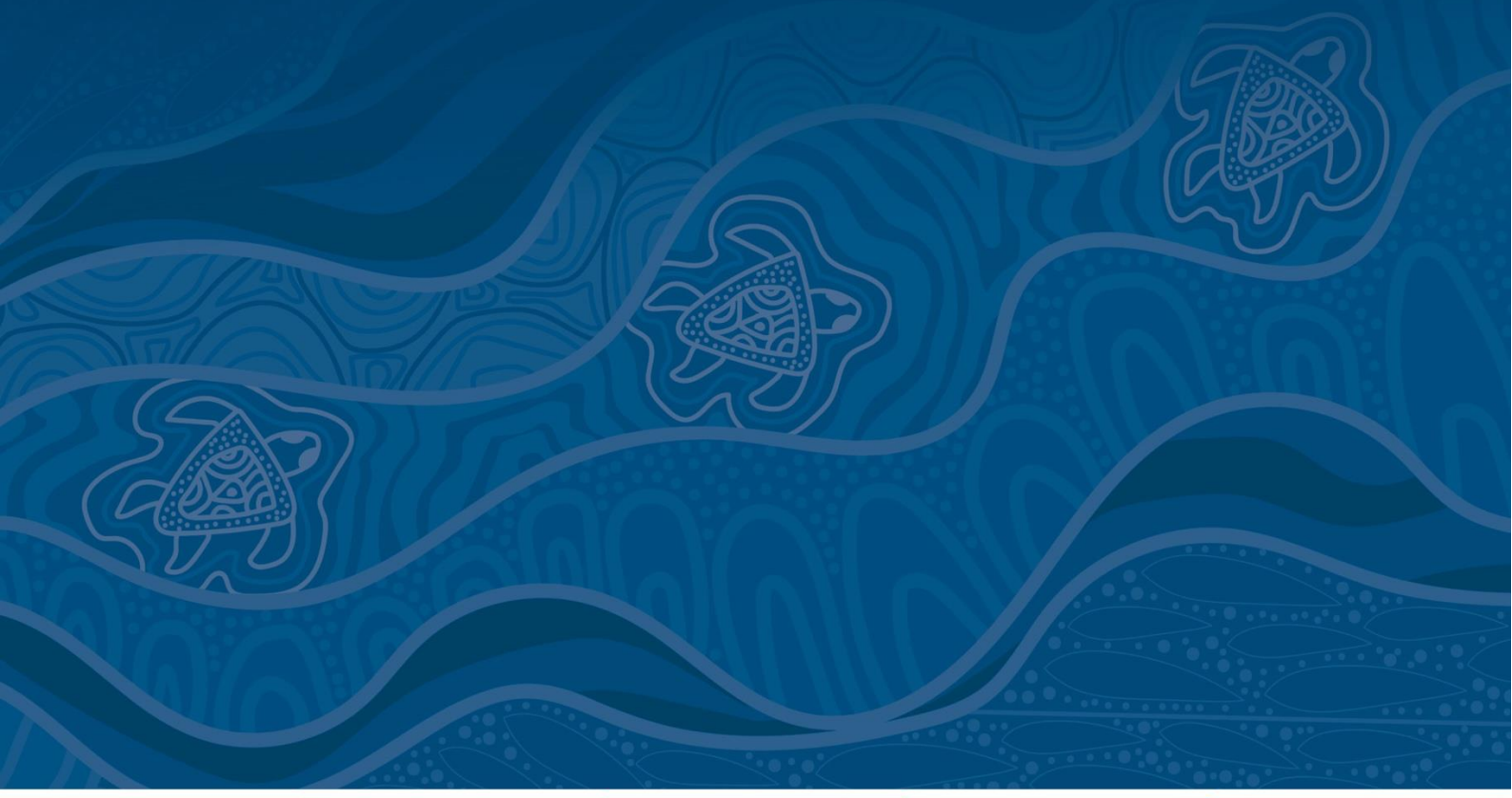
phn MURRAY

An Australian Government Initiative

RELATIONAL COMMISSIONING

A commissioning approach to improve health outcomes in regional communities



Leadership | Collaboration | Respect | Accountability | Innovation

Murray PHN acknowledges its catchment crosses over many unceded First Nations Countries following the Dhelkunya Yaluk (Healing River).

We pay our respects and give thanks to the Ancestors, Elders and Young People for their nurturing, protection and caregiving of these sacred lands and waterways, acknowledging their continuation of cultural, spiritual and educational practices.

We are grateful for the sharing of Country and the renewal that Country gives us.

We acknowledge and express our sorrow that this sharing has come at a personal, spiritual and cultural cost to the wellbeing of First Nations Peoples.

We commit to addressing the injustices of colonisation across our catchment, and to listening to the wisdom of First Nations communities who hold the knowledge to enable healing.

We extend that respect to all Aboriginal and Torres Strait Islander Peoples.

We aspire to be an anti-racist organisation, embedding cultural humility as a daily practice, to improve health outcomes and health equity in our communities. We recognise cultural humility as a life-long commitment to self-reflection, personal growth and redressing power imbalances in our society.

Introduction

Primary Health Networks (PHNs) work across Australia to improve health outcomes for the people living in their regions.

We have many responsibilities but at our core we have annual funding that supports people with chronic disease or poor mental health, programs that focus on First Nations health, and programs for those in aged care or living with disability.

In the Murray PHN region, which covers almost one third of Victoria, we recognise that our communities have poorer health outcomes than those of people living in major cities.

So we use local knowledge, health system understanding, emerging data and widespread consultation to determine the best way to deliver services that improve the health of individuals or build the effectiveness of the local primary healthcare system.

Although Murray PHN does not deliver these services, we ensure that they are appropriate, effective, equitable and sustainable, using primary healthcare commissioning.

We work to build and strengthen the primary healthcare system and its workforce in our region by combining commissioning with coordination and capacity-building.

The commissioning of health services is more than just the procurement or purchasing of services from a provider. It is a continuous cycle, with the development and implementation of services that are based on need, workforce and regional planning.

Commissioning recognises the vital importance of the primary healthcare sector and takes place in a complex environment shaped by changing policy and social landscapes. It involves a wider range of processes, skills, and capabilities than procurement and contracting alone.

While commissioning imagines a contract, a service beginning, results being measured, a service concluding, and an evaluation of the service to inform similar services in future, it is also just the start of our work with our service providers. At Murray PHN, we describe this as relational commissioning.

What is relational commissioning at Murray PHN?

Evidence and experience tell us that change will happen in healthcare when we focus simultaneously on:

- patient outcomes and experience
- service system capabilities, including workforce, and
- underserviced populations in communities of greatest need.

Since PHNs began in 2015, Murray PHN has been moving towards a relational commissioning approach, which emphasises mutual strategies and priorities, along with strong engagement, trust and communication to achieve quality outcomes from programs, projects and services.

In the Murray PHN region, which covers almost 100,000 sq km of land that lies along and below the Murray River, a significant proportion of our 650,000 population find it difficult to access the right care, in the right place, at the right time.

Workforce issues mean that there are perhaps only one or two providers of specific health services in a given area, which means a traditional tender may not provide the competition or innovation that communities need.

For this reason, trusted and meaningful local relationships are central to all of our commissioning, coordination and capacity-building work.

The relational commissioning approach aims to make the best use of existing services, while we work with our government, national and local partners to advocate for place-based and innovative, co-designed workforce solutions.

We support quality improvement initiatives and develop capability-building opportunities for our partners and stakeholders, in line with community need, service provider capacity and key government initiatives.

Relational commissioning is triggered following procurement and the establishment of contracts. It continues for the life of a contract, and also includes elements of our work in health system coordination and capacity-building.

Murray PHN has resourced many roles within our team to be involved in relational commissioning. They include subject matter experts, quality improvement consultants, contract managers, workforce development or research leads; project coordinators, medical advisors, First Nations health and healing advisors, digital health consultants, primary health services coordinators, mental health and wellbeing clinicians, and specialists in communications, ICT, procurement, finance and legal.

They provide a range of support services, tailored to a partner service provider, including first-hand knowledge of community health needs, local service system experience, a primary healthcare-focus, shared patient goals, data evaluation and analysis skills, personal community engagement, workforce insights, model of care expertise, financial guidance, relationship management, data and systems support and quality improvement capability.

Where a service provider is focused on delivering a high-quality healthcare service, our relational commission approach means that our team members can offer assistance with workforce challenges or provide service data evaluation – all from a local health system perspective, with a keen appreciation of local conditions.

We can help to encourage the best use of limited workforce resources, while working actively to build and advocate for the region’s healthcare capability.

Service performance data, subject matter expertise and local understanding provided by our teams support our partners to continue to deliver or improve the performance of a service to our communities.

Our relational commissioning role is about the impact we can have on our providers, our communities and the health system in our region – all of which fosters our strategic goal of helping people get the right health care, in the right place and at the right time.

How does relational commissioning work?

Our overarching goal in relational commission is to foster healthy partnerships, that help to expand the capability and capacity of our region's service providers at the same time as we help to provide efficient and effective services that support the improved health outcomes of our communities.

No matter whether Murray PHN is working with a large or small provider; whether the contract is short or long; and considering constraints, such as geography, workforce availability or issues with technology, our key considerations are capability and complexity.

We work in collaboration to gauge the capability of an organisation to provide services and the complexity of services that we need to be provided. We identify areas of capability and work cooperatively and supportively to address any capability gaps that may emerge in our purposeful design process.

We consider the complexity of the service to be provided, to assess whether it is a transactional service (delivery of a specific service) or whether it is better described as a leveraged service, where we are looking to make system-wide improvements.

Throughout, we look to see that the work can be both focused and strategic, and we consider where we can add value throughout the negotiation, contract and evaluation stages.

We support providers that may have experienced implementation difficulties, workforce shortages or insufficient referrals, as early identification and action to adjust a commissioned program is part of the relational commissioning process. Where there is good communication and understanding of barriers or constraints, appropriate case-by-case adjustments can turn difficulties into successes.

By working with our partners and making adjustments - perhaps to the model of care, the workforce criteria or geographical location of services – we continue to identify areas for improvement or to safeguard future funding programs.

Our ultimate goal is to bring about lasting health system improvement and keep sustainable and safer consumer care at the centre of the shared vision.

In relational commissioning, we apply the insights gleaned from an evidence-base built on data, sector consultation, market analysis and community input.

It requires us to listen and share our knowledge and thinking, to work well with our partners, to understand how to weather any setbacks, and to evaluate our work for the future.

We consider four key areas in designing our contracts and agreements:

Knowledge capture, creation and sharing 	Collaborative relationships help us create a health system environment that encourages knowledge sharing and innovative thinking for mutual and community benefit. With this in mind, we aim to share data reports, eNews, HealthPathways information, training events and community forums. We aim to build an environment of openness and trust to promote outcomes for patients and build community, competencies, strengthening interactions and advancing knowledge maturity.
Working well together 	Commissioned services agreements are designed to meet funding obligations, measure outcomes and key objectives, ensure responsible expenditure of public funds and to set boundaries for the activities to be undertaken. We aim to work with providers to create an environment where communication occurs effectively, consistently, openly, honestly and in a responsive manner. It is also helpful to understand each partner's processes to manage the flow of communication, internal drivers/constraints, potential triggers and action plans, gaps and areas for improvement.
Staying together 	We understand that despite the best intentions, things do not always go according to plan. Within the constraints in which we operate, services may need to be reconfigured, opportunities identified when short-term imperatives arise. In light of this, we aim to act in a way that supports the best interests of the joint effort, which encourages creativity and promotes a constructive and flexible attitude to change.
Evaluating our work 	Murray PHN aims to understand more about what 'value' means to our commissioned service providers and the internal/external service disruptors that influence outcomes. We also want to provide mechanisms for innovation for systemic improvement and that happens in partnership. Ultimately, our joint goals should be to learn from experience, develop a network of collaborative service leaders and develop excellence in health service delivery.

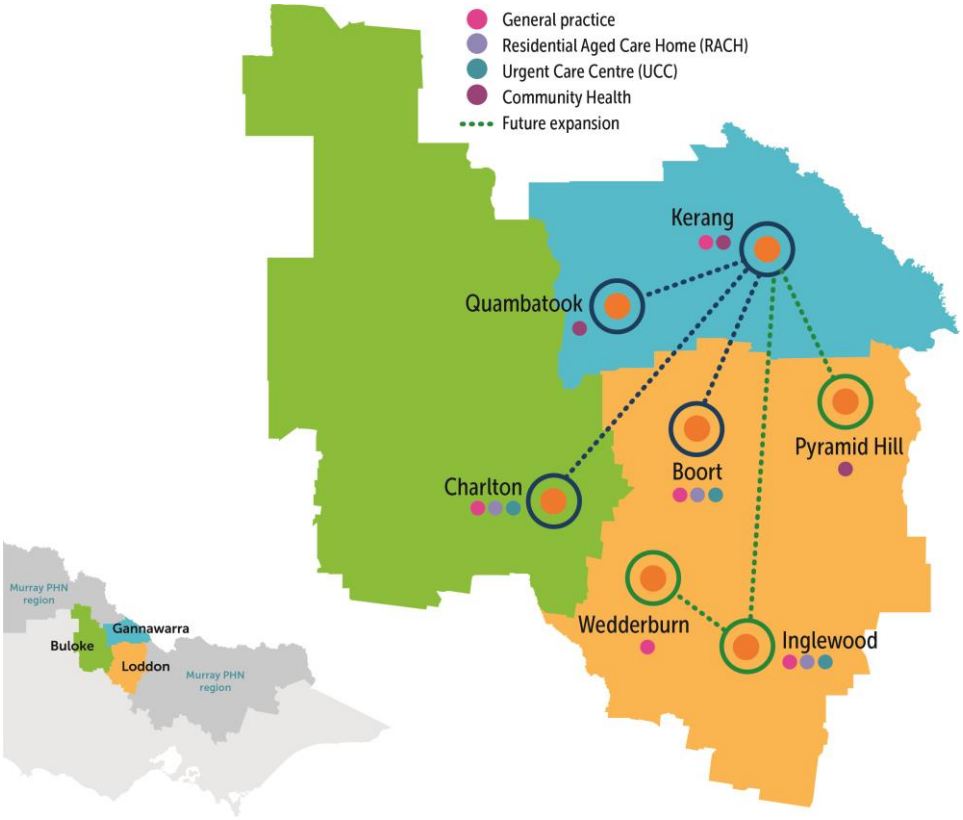
By working in partnership with service providers, health professionals and the local community, our funding can help to enhance local capacity and determine the most effective, value-for-money models of care in priority health areas.

We listen and contribute in advance of a project starting, and we review those projects with our partners throughout their lifespan, making adjustments as necessary.

In tailoring our response, we work with and within the system to increase the quality of primary healthcare while moving the health system forward, through the sharing of knowledge and the use of effective digital technology and telehealth tools.

The nurse practitioner rural outreach project is a strong example of primary healthcare tailored to a region – in this case, the Loddon, Buloke and Gannawarra local government areas, in northern Victoria.

Using a hub and spoke model, two nurse practitioners deliver primary care clinics at four sites; one day per fortnight at each site. The project is a funded pilot including privately owned general practices, an urgent care centre, residential aged care and community health. The project provides bulk-billed services and is supported by a locally employed care coordinator. The results from this project will help us design future models of primary healthcare for communities in danger of losing these vital services.



Links

- Strategic Plan
- Commissioning Framework
- Activity workplan summary
- Report to the Community
- Murray Health Report