



Australian Government

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WESTERN SYDNEY
An Australian Government Initiative

Western Sydney Primary Health Network Commissioning Framework

Commissioning innovative solutions and
monitoring outcomes

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Introduction

The Western Sydney Primary Health Network Commissioning Framework (WSPHNCF) is designed to enhance service delivery and patient outcomes in western Sydney. The framework guides WentWest, in its role as the Western Sydney Primary Health Network (WSPHN), to effectively and efficiently meet community health needs through commissioning, integration, partnerships and advocacy.

The objectives of this Commissioning Framework are to:

1. Provide a clear and comprehensive process for the commissioning and monitoring of health services across western Sydney;
2. Ensure all programs across WSPHN follow consistent principles and processes with regards to assessment of need, development/specification of service requirements, contracting services and the review and evaluation of service delivery;
3. Ensure procured programs show solid outcomes which address the identified needs;
4. Provide value for money services and initiatives;
5. Provide quality health services to meet the needs of western Sydney, in accordance with funding obligations;
6. Respond to best practice approaches across the Primary Health Networks in Australia.

In addition to these objectives, the other fundamental elements of the WSPHNCF are:

- Appropriate staffing and organisational structure to assist in achieving the above objectives;
- Well developed commissioning processes to ensure consistency and quality of setup and delivery of commissioned services;
- Efficient systems to support the commissioning activities;
- Appropriate payment models including payment for outcomes;
- Experienced Commissioning Advisory Groups to oversee commissioning activities and provide best practice guidance and recommendations.

WentWest Overview

Since 2002 WentWest has been part of the western Sydney community, delivering support and education to primary care and working with key partners to progress the region's health system. From 1st July 2015, WentWest incorporated the role of WSPHN, this new era will see WentWest continue to work with its partners to deliver better health outcomes for the region

VISION

Healthier communities, empowered individuals, sustainable primary health care workforce and system.

MISSION

Working in partnership to lead better system integration and coordination, strengthening equity and empowerment for western Sydney communities and the people who care for them.

WENTWEST'S OPERATING PRINCIPLES

- WentWest supports the provision of person centred, integrated and coordinated care, reflecting Medical Home Principles;
- WentWest strengthens quality, scope, connectedness and capability in general practice and primary health care;
- WentWest promotes innovation, integration and continuous improvement to increase quality, safety and equity in all health care;
- WentWest enhances health literacy and self care capabilities for individuals, families and communities;
- WentWest leads the design of locally responsive and equitable services by working with local communities to build on what already exists;
- WentWest works across sectors to influence socio-economic determination of health;
- WentWest integrates teaching and research into health service planning, delivery and evaluation.

ADDRESSING HEALTH PRIORITIES

In its role as the WSPHN, WentWest will be focused on both regional and national health challenges. Together with health professionals, partners from both the health and hospital sector, consumers and the broader community, WentWest will seek to identify gaps and commission solutions particularly, but not limited to, the priority areas of:

- Aboriginal Health
- Aged Care
- Child & Family
- Chronic Disease
- Mental Health
- Population Health

These priorities together ultimately address the national PHN priorities of:

- Reduced avoidable hospitalization
- Reduced avoidable ED presentation
- Improved health outcomes for people with complex chronic conditions

Underpinning these priorities are four health enablers:

- eHealth
- Workforce Planning & Development
- Clinical Pathways
- Principles of the Patient Centred Medical Home (PCMH)

CLINICAL COUNCIL

WSPHN has established a Clinical Council to inform the Board and Management on opportunities to improve medical and health care services in the region. The Clinical Council will champion and inform the creation of locally relevant clinical pathways that are aligned with national priorities and that improve quality, costs-effectiveness and timeliness of patient care and reduce avoidable hospitalisations. The Clinical Council is also linked to the GP and Allied Health Leaders' Networks and to the Consumer Advisory Council.

CONSUMER ADVISORY COUNCIL

WSPHN has established a Consumer Advisory Council to provide advice to the Board and Management on matters and issues affecting primary health care consumers and carers. Its purpose is to bring the consumer voice to PHN

activities, and to assist WSPHN in working towards a patient centred system of primary health care that delivers better health outcomes.

Figure 1 illustrates WSPHN Governance Structure. The Community and Consumer Advisory Council and Clinical Council play a key role in the governance of WSPHN, ensuring input is received from these two key groups. In addition to this, where there is a need, specialised advisory committees are formed. An example of this is the Mental Health Commissioning Advisory Committee which is made up of consumers and carers from the mental health industry.

WESTERN SYDNEY PRIMARY HEALTH NETWORK GOVERNANCE STRUCTURE

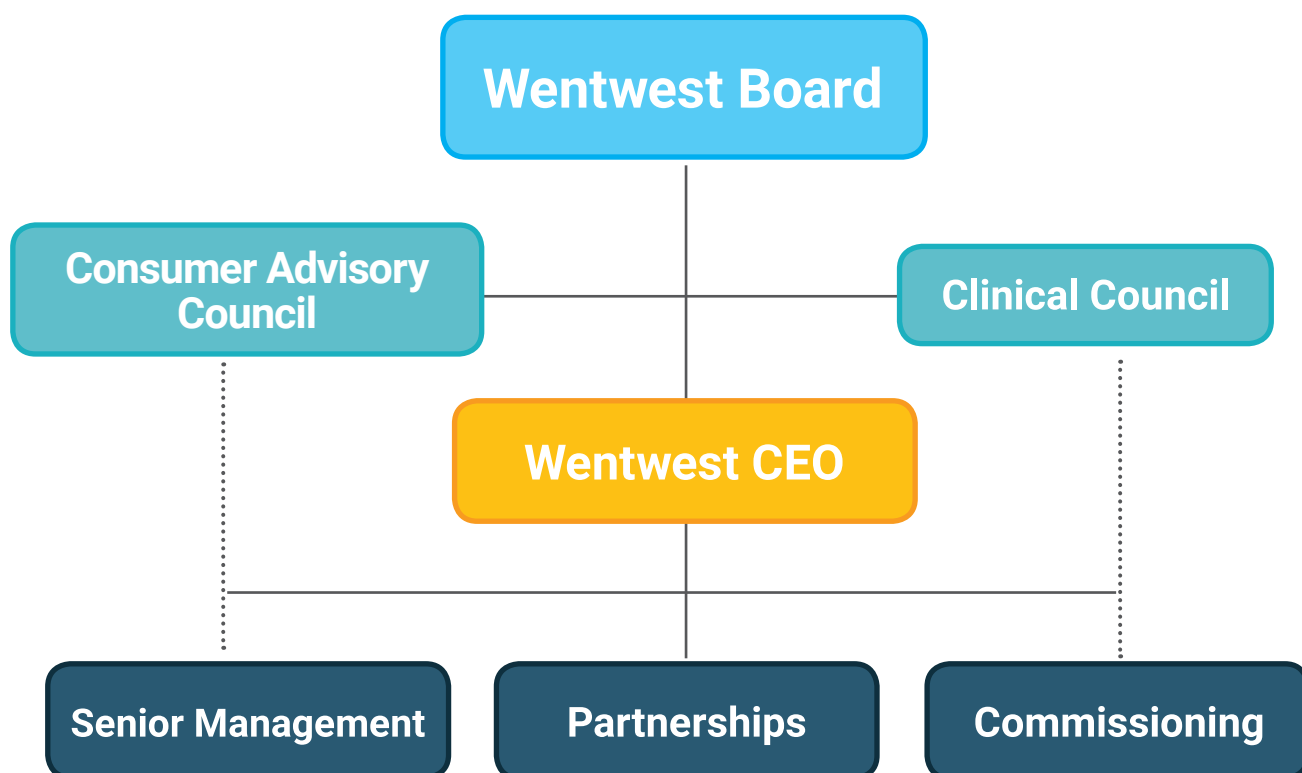


Figure 1: WSPHN Governance Structure

Commissioning Context

The case for Integrated Care is reinforced by the need to develop whole-system working to address the demands arising from an ageing population and increases in the number of people with multiple long-term conditions. The evidence of the benefits, in particular to the experience of service users and their families, seen when organisations and services work together, make a compelling case for care to be coordinated around the needs of people and populations. Developing integrated care means overcoming barriers between primary and secondary care, physical and mental health, and health and social care to provide the right care at the right time in the right place².

- The King's Fund, 2013

Commissioning is a continual and iterative cycle involving the development and implementation of services based on planning, procurement, monitoring and evaluation. Commissioning describes a broad set of linked activities, including:

- Needs assessment,
- Priority setting,
- Service design and procurement through contracts,
- Monitoring of service delivery and
- Review and evaluation¹.

As the WSPHN, WentWest's role is to enhance and support integrated primary care in the community. The WSPHNCF should enhance and inform the principles of the PCMH. These principles are evidence based and include care which is:

- Person Centred
- Coordinated
- Accessible
- Committed to quality and safety
- Comprehensive

The Integrated Care model being implemented in western Sydney was designed within the WSPHN and LHD Partnership Framework. Integrated Care has a number of enabling factors which the WSPHNCF needs to enhance.

They are:

- Patient and community engagement
- Information technology, connectivity and communications
- Governance and quality improvement
- Clinical engagement and localised redesign

The Western Sydney Integrated Care Model is illustrated in Figure 2. Underpinning this model is the need to strengthen key system enablers including governance, information, leadership, payment and support systems. Understanding and responding appropriately to patient needs requires stratification of patients according to risk factors. This will assist in developing appropriate service delivery protocols and processes.

WSPHN's high level objective within the Integrated Care and other programs is to achieve improvements in the Quadruple Aim, a concept developed in the US and widely applicable across health services³. The Quadruple Aim is illustrated in Figure 3.

¹ Australian Government Department of Health, 2016, 'Planning in a Commissioning Environment', Exposure Draft Guidance

² Ham, C, Walsh, N, 2013, 'Lessons from Experience; Making Integrated Care Happen at Scale and Pace', The King's Fund

³ Sikka, R, Morath, JM, Leape, L, 2016, 'The Quadruple Aim: Care, Health, cost and Meaning in Work', BMJ, vol. 0, pp. 1-3

THE QUADRUPLE AIM OF EFFECTIVE PRIMARY CARE

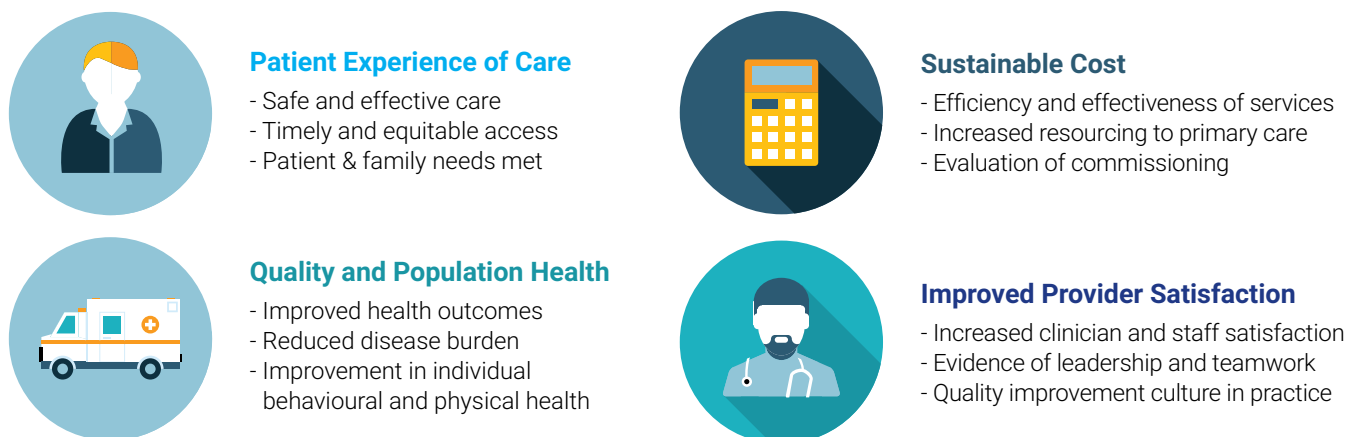


Figure 2: Quadruple Aim

All services commissioned through WSPHN will need to address these aims, in line with the identified community need, to align with WSPHN's overall strategic plan.

INTEGRATED & COORDINATED CARE

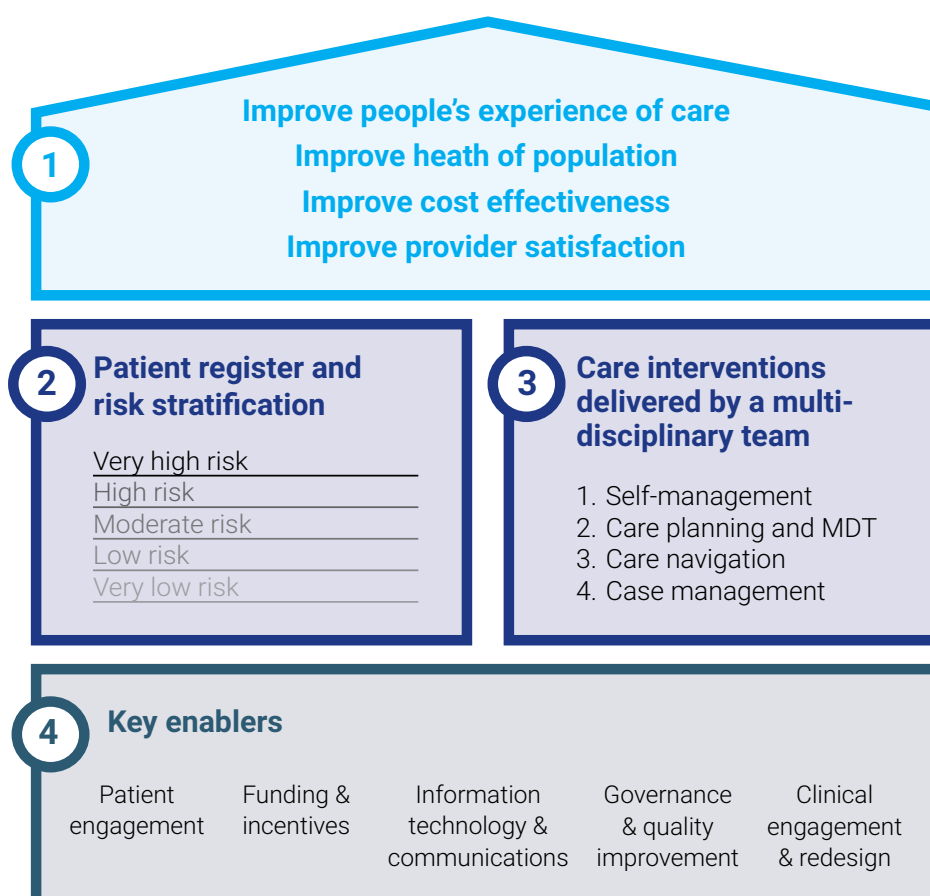


Figure 3: Holistic Integrated Care Model

WentWest has developed a structured approach to its role as a PHN. This three tiered approach incorporates Advocacy (macro), Commissioning (meso) and Integration (micro). Figure 4 illustrates this framework.

To undertake this role effectively WSPHN will look to initiate and participate in system improvement opportunities of various levels of the health and human services system, as shown in Figure 4.

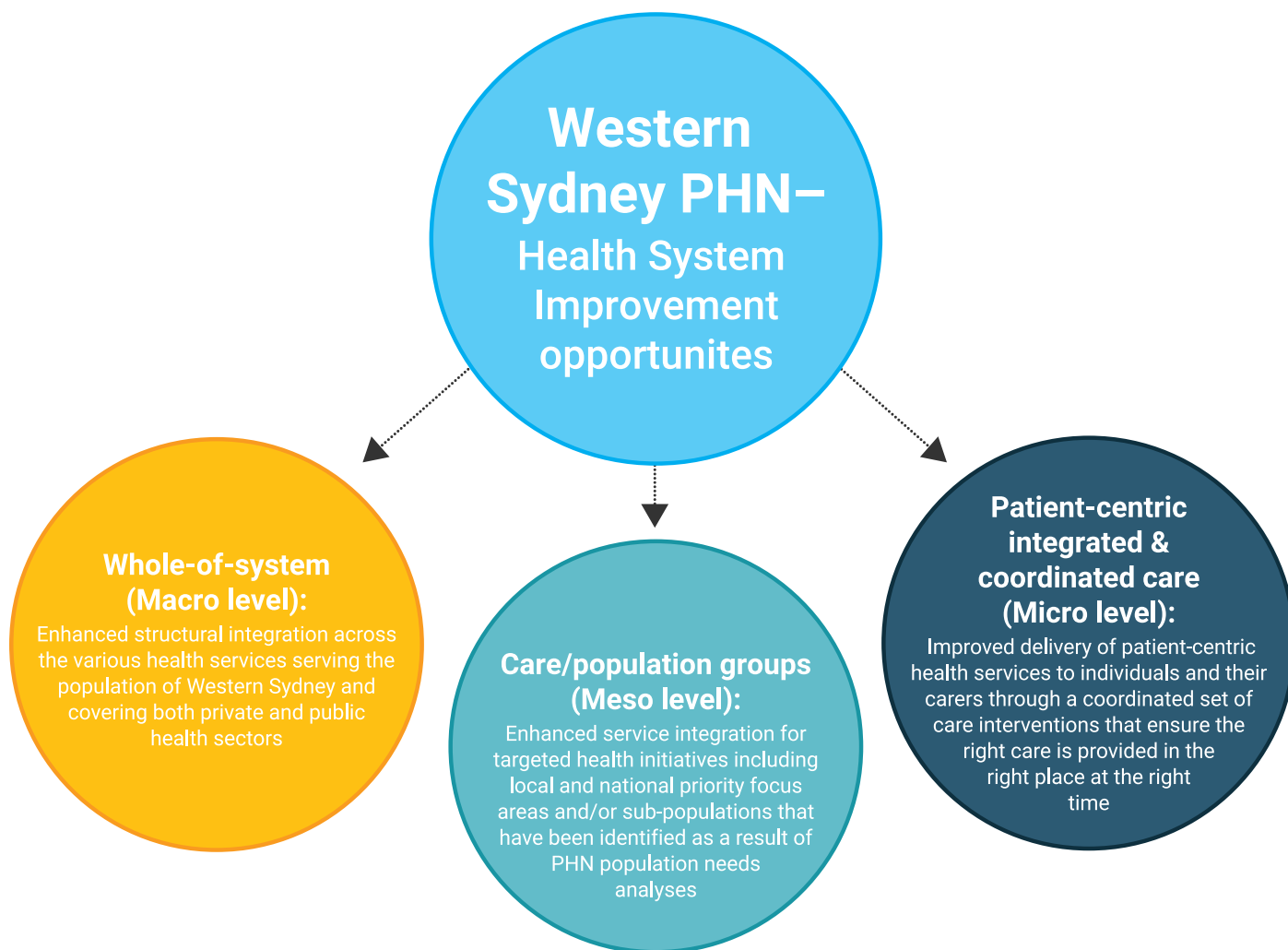


Figure 4: WentWest's structured approach to addressing its role as a PHN

WSPHN's role to support such initiatives illustrates the importance of commissioning not only services but capability and capacity across the health system. This includes, amongst others, things such as workforce capacity, needs assessment, system integration and enables. Commissioning of solely services will not address the wider health system needs which require capability and capacity gaps to be addressed.

Commissioning Evidence

The WSPHNCF has been developed based on best practice national and international commissioning evidence.

A review conducted by the University of Birmingham on healthcare commissioning in the international context found that based on the experience of Europe, New Zealand and the US commissioners required certain capabilities. These include:

- Understand the population's needs through health needs assessment and seeking the public and patients' views
- Profile the population according to risk and developing programmes of prevention and disease management in response to risk
- Work with primary care teams to assess their utilisation of resources and use of specialist services
- Develop plans setting out the aim of commissioning and how these are going to be achieved
- Develop effective relationships with providers, including negotiating, specifying and monitoring contracts to encompass quality and outcomes
- Acquire and analyse information about the performance of providers to make decisions about the use of resources
- Shape payments and incentives to reward providers for desired levels of performance, while also managing financial risk
- Facilitate clinical engagement in contract discussions, and working with clinicians to redesign care pathways including through development of multispecialty approaches

The WSPHNCF has been developed with these capabilities in mind, in consultation with a number of national and international commissioning experts who form part of the WSPHN Commissioning Advisory Group. This

advisory group was established to ensure the WSPHN commissioning practices align with the best practice national and international standards.

COMMISSIONING FOR OUTCOMES

Internationally, commissioning is gradually moving away from a focus on how the service is delivered, to what is achieved by the commissioned service. Commissioning for outcomes emphasises a focus on the results being achieved for the individual or for populations and putting in place commissioning models and or pathways of care designed to achieve these results. This means focusing less on what is done to people and more on the results of what is done. Findings from the NHS⁵ indicate that this is the most effective form of commissioning yet the most difficult to effectively implement.

Commissioning for outcomes can take different forms. It does not necessarily mean adopting a purely outcomes based contracting approach, it may simply involve incorporating more outcomes based measures into existing contracts. It requires alignment of incentives around outcomes. This is illustrated in Figure 5.

The WSPHN Commissioning Advisory Group will be instrumental in ensuring future large scale commissioning projects are commissioned in a way that ensures they meet a clearly defined need and produce measurable outcomes as described below.

⁴ Ham, C, 2008, 'Health Care Commissioning in the International Context: Lessons Learnt from Experience and Evidence, University of Birmingham Health Services Management Centre

⁵ NHS Commissioning Assembly, 2014: 'Commissioning for Outcomes' A narrative from clinical commissioners'

Commissioning for outcomes is resource intensive- it requires time and energy from teams whose resources are limited. To have the best possible chance of success in adopting new models the basics of commissioning must be in place throughout the commissioning cycle.



Figure 5: Commissioning for Outcomes

WSPHN Commissioning Model

WSPHN is utilising the national PHN Commissioning Model. Patients and consumers need to be at the centre of this model as the fundamental aim of commissioning is to ensure that services are developed and procured to meet the needs of the patients and consumers. Commissioned services need to demonstrate quality health outcomes, cost effectiveness and value for money. Figure 6 illustrates the Commissioning Model.

The WSPHN Commissioning Model comprises of six key areas:

- a. Needs Assessment
- b. Annual Planning

c. Designing and Contracting Services

d. Shaping the Structure of Supply

e. Managing Performance

f. Evaluation

These are distributed amongst three strategic phases, namely Strategic Planning, Procuring Services and Monitoring and Evaluation. Figure 7 provides an overview of the commissioning process from needs assessment to monitoring and evaluating of activities⁶.



Figure 6: WSPHN Commissioning Model

⁶ PwC Training Program for Commissioners, 2016, Prepared for the Australian Government Department of Health

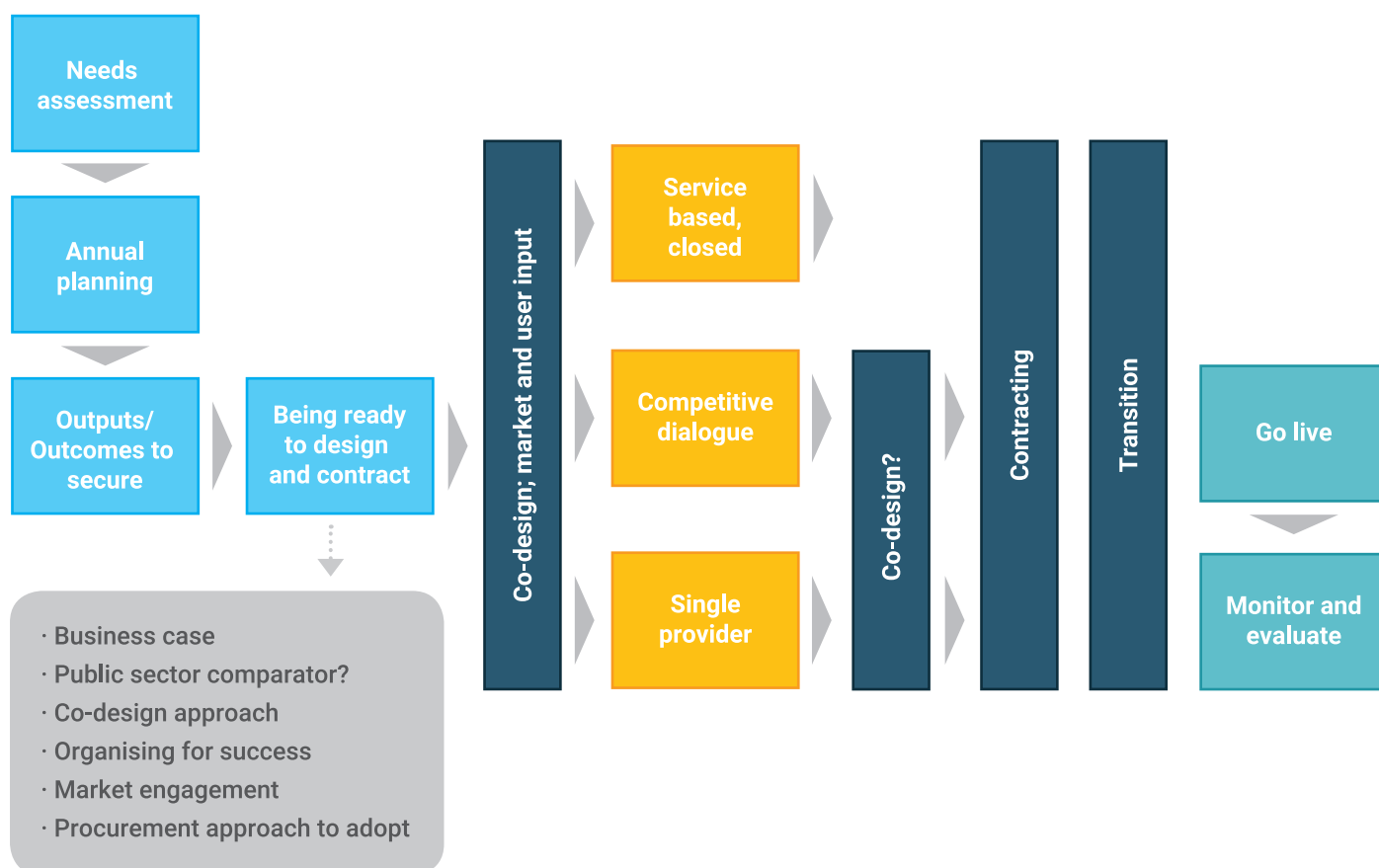


Figure 7: Commissioning process overview

STRATEGIC PLANNING

Strategic Planning involves the Needs Assessment and Annual Planning activities. This is where the vital strategic decisions are made that will ultimately determine the commissioning priorities.

a. Needs Assessment

Assessing the need is the vital first step of the WSPHNCF. The aim of all commissioning activities is to streamline service provision and improve the health status (physical and mental) of people living in western Sydney. The needs assessment is vital in identifying and establishing service priorities by evaluating community needs and service capability and capacity gaps. The commissioned services will specifically target the predetermined community needs and gaps in services.

The needs assessment involves:

- **Assessing community and consumer needs and capability and capacity gaps**

WSPHN works with various stakeholders including GPs, community groups and organisations, the Western Sydney Local Health District and NGOs as necessary to identify the needs of the target groups. This could include extensive stakeholder consultations through focus groups and face to face meetings as well as the use of questionnaires and surveys.

Each commissioning project conducts some form of needs assessment to ensure project objectives and priorities are appropriate and specific to the targeted areas of need.

- **Scoping existing services and gaps in services, capability and capacity across the system**

A key step in commissioning appropriate services is identifying what services already exist in the community and how eligible patients/ consumers can access these services. A gap analysis is conducted to identify what kinds of services currently exist and services that are needed. An area of significant importance is not only what services are available but the capability and capacity of the services available.

- **Identifying/ deciding on WSPHN priority areas**

Project or program priorities and objectives are determined based on the identified needs and service gap analysis. These priorities are strategically determined and align with overall WentWest health priorities and strategic plan. This is vital in identifying and determining overall commissioning objectives for each individual project.

Based on the nature of the project or program, the needs and project objectives may be pre determined by the Commonwealth. Under these circumstances WSPHN utilises the requirements set out by the Commonwealth as

the basis of the commissioning activity. Where appropriate WentWest aligns community and consumer as well as other stakeholder needs with the requirements set out by the Commonwealth.

WSPHN has a number of tools it can utilise to determine need. These include:

- Annual Plans and Needs Assessments
- Population Health Atlas
- Food deserts mapping
- Mental health services capacity mapping
- Diabetes heat mapping
- PenCat
- QI in general practice

In addition to the Governance Structures, WSPHN has consultation structures to understand broader community needs, these include:

- GP Leaders Group
- Allied Health Leaders Group
- Community and Consumer Engagement Structures
- System and Organisational Level Engagement Structures

Through these tools the needs assessment also identifies existing system failures. These are the system wide inefficiencies and gaps not addressed by existing services. This allows an opportunity for WSPHN to develop innovative whole of system commissioning solutions, including the potential for system redesign. The aim of these solutions is to ensure the system failures are addressed and the health system does not continue with existing inefficiencies.

b. Annual Planning

The needs assessment process will yield multiple differing needs. WSPHN's annual planning needs to consider seven key domains, these are:

1. The PHN Objectives
2. Needs Assessment Outcomes
3. The Commissioning Landscape
4. Available Funding
5. The PHN Performance Framework
6. The PHN Evaluation Framework
7. Health Sector Reform

These factors are illustrated in Figure 8 and are based on the guidelines set out by the Department⁷.

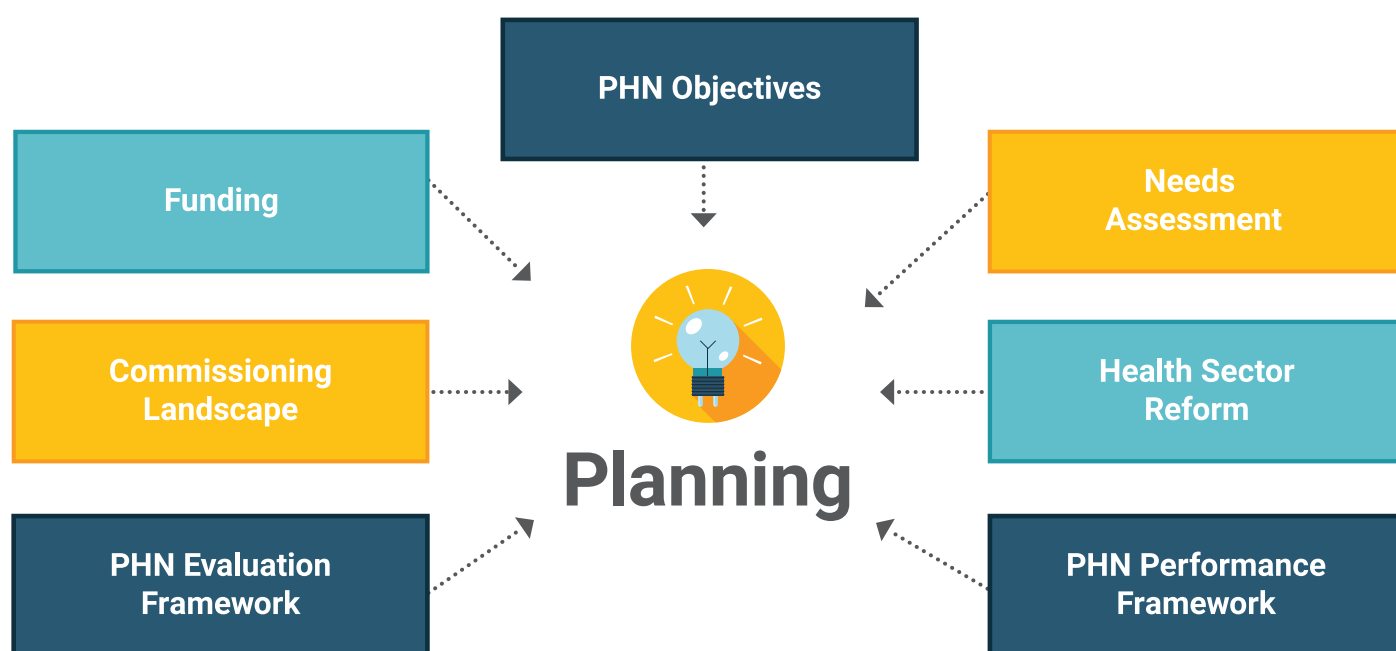


Figure 8: Annual Planning

⁷ Australian Government Department of Health, 2016, 'Planning in a Commissioning Environment', Exposure Draft Guidance

Figure 9 illustrates WSPHN's Community and Consumer Engagement Framework. This Framework makes clear exactly how engagement activities contribute to the quality improvement of health care. In particular two distinct types of engagement are described:

- **Top Down Engagement** (Partnering with Consumers) is the planned engagement with consumers that supports the design, delivery and evaluation of health services.

- **Ground Up Engagement** (Partnering with Communities) is broader engagement with communities to explore and determine how to better meet their diverse health needs.

Input received from community and consumers feed directly into the planning and engagement activities conducted. This is the overarching framework for WSPHN's community and consumer engagement practices and is underpinned by governance and guiding principles.

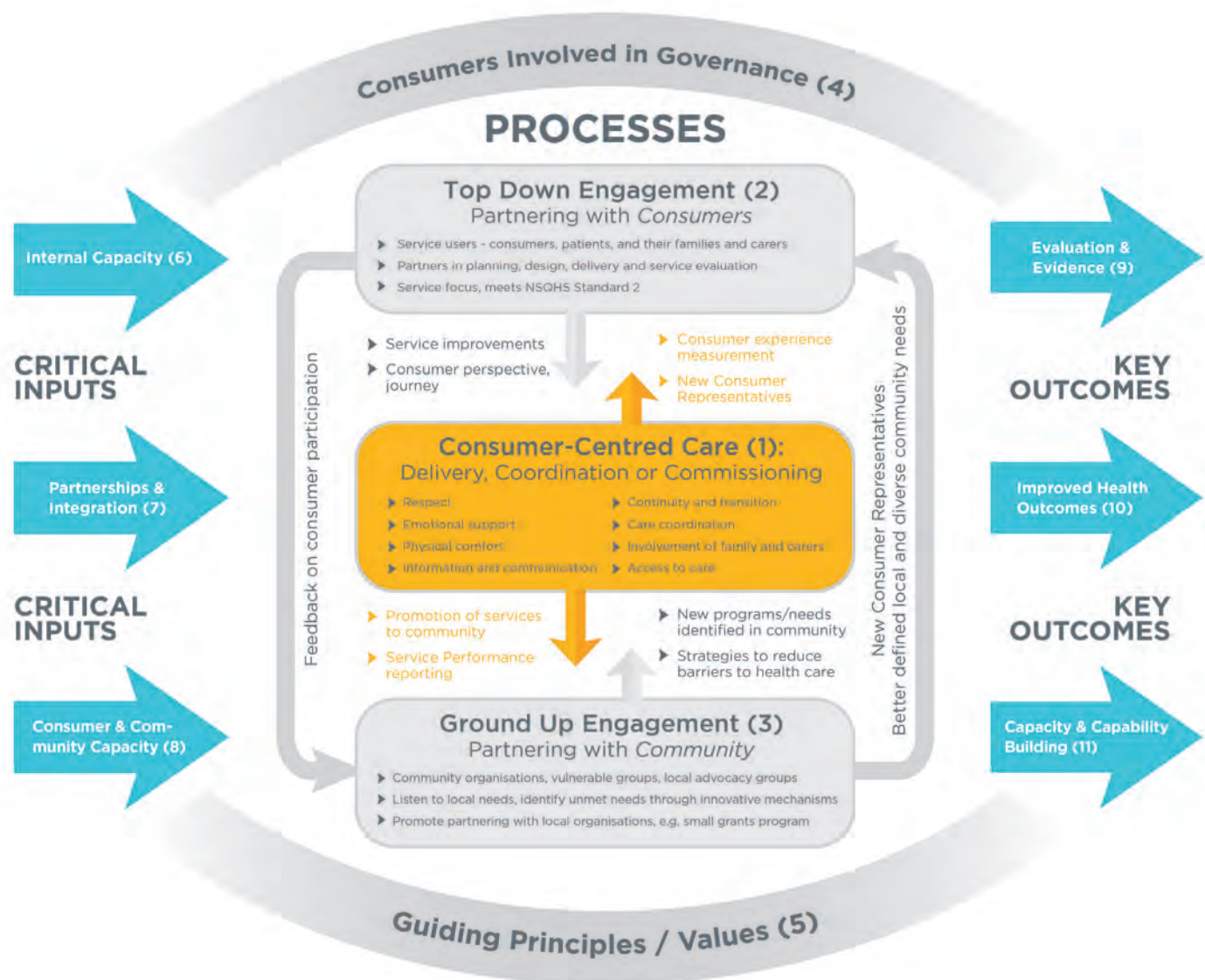


Figure 9: WSPHN Community and Consumer Engagement Framework

There are three stages of the annual planning process. These are:

1. Developing a set of potential activities
2. Priority setting and choosing activities

3. Reviewing and ratifying the whole plan

These stages are illustrated in figure 10⁸.

⁸ Australian Government Department of Health, 2016, 'Planning in a Commissioning Environment', Exposure Draft Guidance

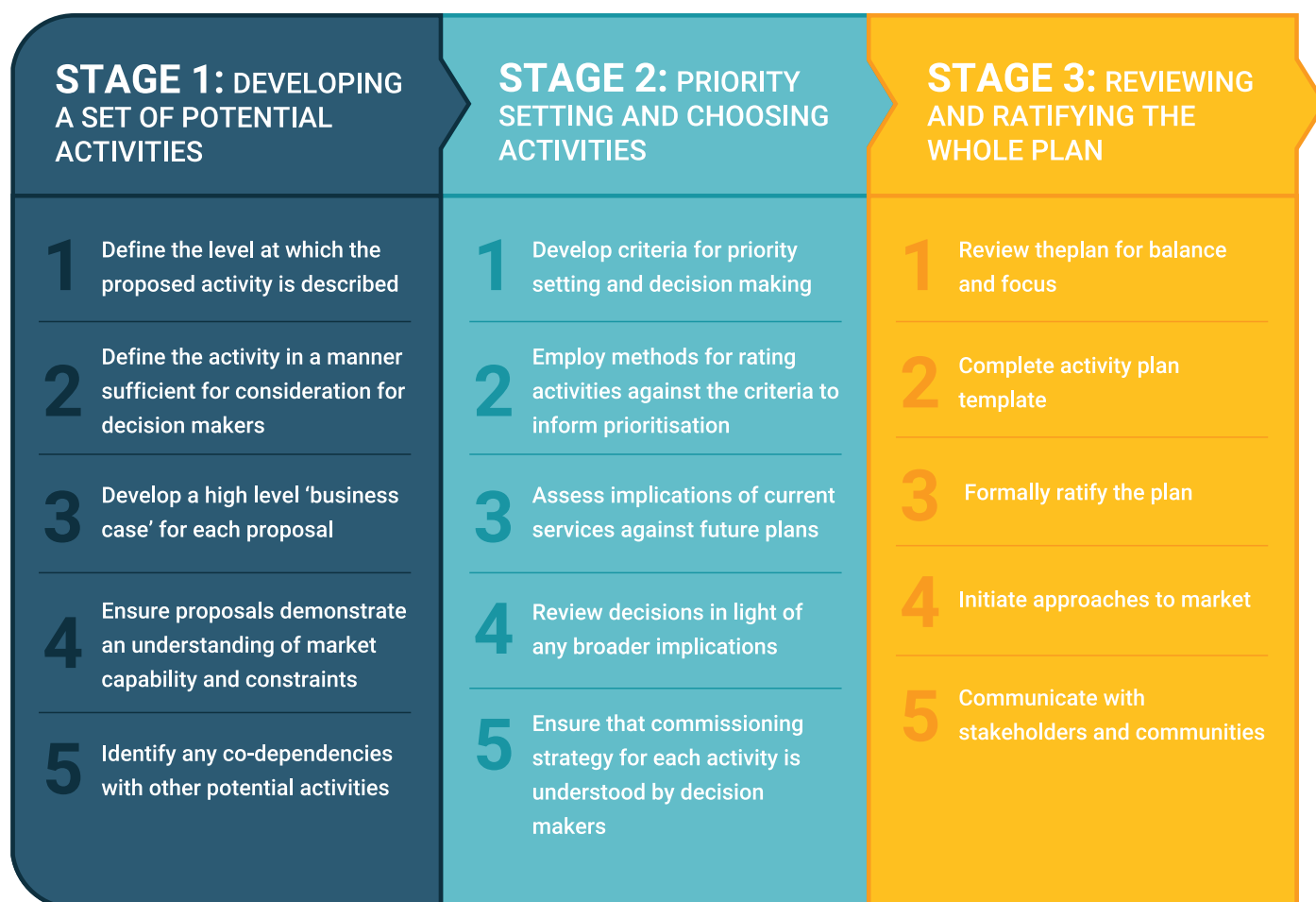


Figure 10: Stages of the annual planning process

PROCURING SERVICES

The Procuring Services phase consists of Designing and Contracting the Services and Shaping the Structure of Supply. This is the part of the commissioning process where providers are engaged to deliver services to address the needs and priorities identified in the Strategic Planning phase.

c. Designing and Contracting Services

Service requirements are developed based on the identified needs. This will include:

- Types of services that need to be provided including areas to be addressed and topics to be discussed. This is determined based on the identified need and service gaps.
- Delivery method- this is tailored for every project to ensure the best outcomes are achieved. Delivery method is determined based on target group, identified needs and overall project objectives.
- Engagement and planning strategies

Service planning includes evaluating anticipated cost effectiveness to ensure that services represent the most efficient use of funding and meet the desired outcomes.

Figure 11 illustrates the four box model developed by PwC and the department to depict the potential modes of commissioning. The 'what is being commissioned' axis shows the spectrum of potential commissioning requirements from single services (such as providing a particular allied health service in a particular region) through to securing a set of outcomes (such as increasing the number of diabetic patients with a completed cycle of care). The vertical axis 'who is commissioning' shows the spectrum from single organisations through to multiple or joint commissioning organisations.

WSPHN will determine the commissioning approach for individual projects based on the identified needs and project objectives. All four quadrants are appropriate under various circumstances, the key is to ensure the suitable approach is utilised to achieve desired project outcomes.

⁹ Australian Government Department of Health, 2016, *Designing and Contracting Service Guidance*

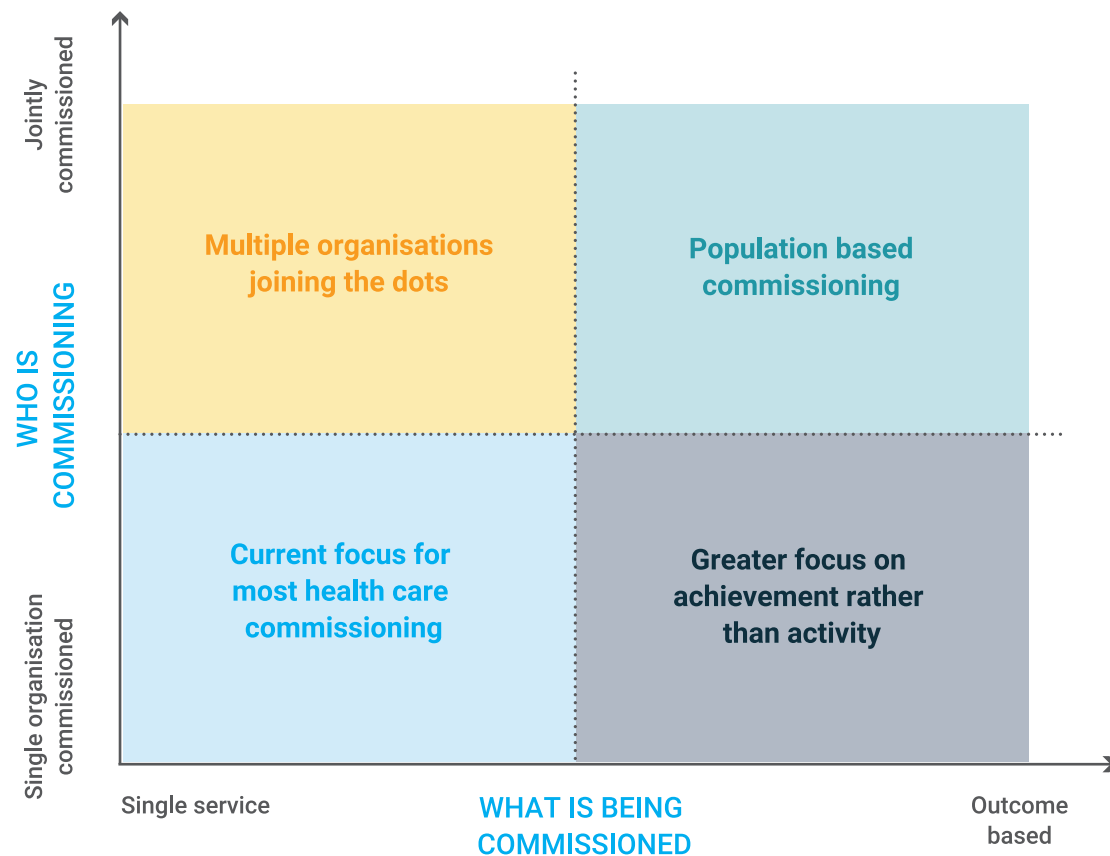


Figure 11: Commissioning Matrix

A suitable procurement process is utilised to engage service providers based on the scope and complexity of each project. Procurement strategies may include:

- **Competitive Tender**

This process requires service providers to address and satisfy standardised tender requirements as set out by WSPHN in line with identified needs and project objectives. Applicants will be assessed based on how well they meet/fulfill the tender requirements.

- **Partnerships**

Where appropriate WSPHN may decide to work in partnership with service providers and fund specific joint projects. This may be necessary where there is a mutual identified health priority or area of need. Established partnerships may lead to ongoing commissioned activities with that partnership where appropriate.

- **Competitive Dialogue**

Competitive dialogue allows WSPHN to undertake a pre-qualification process and then invite short listed candidates to participate in a dialogue process during which any aspects of the project by be discussed and solutions developed. WSPHN can continue the dialogue

until it identifies one or more solutions that are capable of satisfying its requirements. The dialogue is then closed and applicants will be required to submit a final proposal¹⁰. This allows the opportunity for co-designing of solutions.

- **Sole Provider Model**

The Sole Provider Model is used when there is a clear, demonstrable capability to meet a desired outcome. In this case WSPHN will work with the provider to co-design appropriate services.

- **Areas of immature market or market failure**

Where there is demonstrated market failure WSPHN may need to provide services directly or in partnership with other organisations to ensure western Sydney health needs are met. This role will be undertaken to ensure that gaps and in health services are addressed. Where it is identified that market failure no longer exists, WSPHN will withdraw from direct service delivery.

WSPHN has developed streamlined processes and systems to ensure that the contracting process is managed and administered effectively. WSPHN has utilised these systems across a number of programs to assess their effectiveness.

¹⁰ Office of Government Commerce & HM Treasury, 2008, 'Competitive Dialogue in 2008'

Where appropriate modifications have been made to further enhance the processes. As a result the systems WSPHN now has in place can be rolled out and utilised across programs of various scales and requirements with only minor adjustments to suit the specific program requirements. Additionally, WSPHN is utilising TenderLink as its e-procurement system. This provides a wider reach of potentially providers and enhances probity of the WSPHN processes. These processes include:

- **EOI process**

The EOI process is used to allow potential applicants to identify whether their application will fulfill the funding criteria prior to investing into the full tender process. Through this process WentWest narrows down potential applicants to only those who have a proposed project that clearly meets the predefined needs and funding criteria. Applicants are given 2-4 weeks to submit their EOI and are notified of the outcome within 2 weeks. The applications are assessed by the program manager, and key program personnel who will be involved in the project.

Based on the size and scope of the project, the EOI step may not be undertaken. In this case the tender document will be released with briefing sessions to give increased clarity to applicants.

- **Tender process**

The tender process is where applicants outline the details of their proposed project. The tender document is released outlining specific questions and criteria applicants need to fulfil. This includes how they will address the identified need, timeline of activities as well as how outcome measures will be assessed. Applicants will be given 4-6 weeks to submit their application and are notified of the outcome within 4-6 weeks.

- **Assessment process and selection of successful applicant**

WSPHN utilises a comprehensive application assessment process. This starts with strict evaluation criteria set out in the application guidelines. An independent selection panel, comprised of experts in the field of the project being commissioned and an independent chair are appointed to evaluate the applications. All applicants are assessed on how well they address and meet each of the evaluation criteria.

The selection panel decides which applications have adequately addressed the evaluation criteria and will therefore be granted the funding. If the committee identifies a project which may be successful based on certain conditions or amendments, the applicant may be

given the opportunity to address these recommendations and resubmit. In this case applicants are only successful if they adequately meet the requirement set out by the selection panel.

In addition to the evaluation criteria, an independent financial assessment is conducted on all applications to evaluate cost effectiveness. This is conducted by an independent financial organisation with the same criteria for all applicants.

The number of successful applicants is determined based on available funding and community needs for each project.

- **EOI and tender documents**

WSPHN has developed a standardised commissioning toolkit comprising of all necessary commissioning processes and documentation to ensure consistency across the organisation.

The successful applicant(s) will be contracted by WSPHN to deliver the specified services. The contracted suppliers are then responsible for mobilisation of the services and recruitment of appropriate participants. As part of the contract, WSPHN outlines clear guidelines about what will be required for service mobilisation, recruitment and reporting. WSPHN has thorough clinical governance and quality processes which must be complied with by all contractors.

d. Shaping the Structure of Supply

Shaping the structure of supply involves stimulating a thriving and sustainable market to meet the ongoing health needs of the population and respond to commissioners' requirements. This may include "pricing" certain activities and/or investing in enablers that assist providers in the market to become more capable to meet the needs over time.

MONITORING AND EVALUATION

Monitoring and Evaluation involves managing performance of the contracted suppliers and evaluating the commissioned projects. This is critical in ensuring that commissioned services achieve the objectives they were commissioned to achieve, early identification of poor performance and potential decommissioning of projects.

e. Managing Performance

WSPHN enters into a legally binding contract with all service providers. This will include clear metrics around reporting and payments requirements as well as clear, measurable project goals. Providers will need to provide WSPHN with regular reports on how they are progressing towards achieving the agreed goals. The reports will include outcome as well as output measures.

In preparation for this, WSPHN has developed an online contracts and reporting portal. This portal will allow for the electronic management of contracts and provider details. Additionally it will allow providers to submit reports electronically and analyse project outcome.

WSPHN sees this as a vital component of its commissioning role and essential for ensuring commissioned services result in better health outcomes while being cost effective and transparent.

f. Evaluation

WSPHN has developed systems for the evaluation of projects and programs. These systems will be used to evaluate program outcomes with regards to patient and consumer outcomes and cost effectiveness. Another means of program evaluation is stakeholder engagement and questionnaires. Where appropriate steering groups (which include stakeholders and consumers) are developed to help evaluate project effectiveness. These evaluations form the basis of project and program development and expansion or where necessary decommissioning.

At the evaluation stage the initial needs and project objectives are reviewed to assess how the project has performed against original expectations and requirements. The needs and objectives may need to be re-evaluated based on changes that may have occurred throughout the project term. Any changes here feed back into the commissioning cycle.

Another key evaluation method is the relationship WSPHN has with key universities and research institutes including University of Sydney, Western Sydney University and the Boden Institute.

The Partnership for Education, Evaluation and Research (PEER) program builds on the relationship between WentWest Ltd and the academic departments of general practice at the University of Sydney (Westmead) and Western Sydney University. The partnership builds on the three organisation's commitment to quality general practice and primary care across the region, and actively seeks opportunities to promote, support and coordinate innovation in primary health care delivery, teaching and research in western Sydney.

PEER focuses on 5 research collaborations which align with the WSPHN Strategic Plan:

1. Consumer Centric Shared Values
2. Strategy Development and Innovation
3. General Practice and Primary Care Development
4. Strengthening Partnerships and Developing Workforce
5. System Enablers and Scalable Infrastructure
6. Organisational Excellence Developing Work

Where appropriate WSPHN will use universities and independent contractors to conduct evaluation of commissioned services from time to time. This evaluation would assess how the commissioned projects have impacted on the Quadruple Aim outcomes.

Payments and Models

WSPHN may utilise various payments methods and incentives based on project needs and outcomes. These include, but are not limited to:

- **Block Payments:**
Block payments are fixed amounts paid to contractors based on their size and capacity to deliver services.
- **Fee for Service:**
The fee for service payment model involves making payments to contractors on each occasion where a service is provided.
- **Pathway Based:**
Pathway based commissioning involves contractor receiving payments for the full treatment of a patient's condition. For example this could be the total care of a patient requiring a hip replacement.

- **Capitated Payments:**

Capitated payments involve contractors being paid for a cohort of patients based on the value of the outcomes.

- **Capability and Capacity Payments:**

Incentives made to improve system and provider capability and capacity to deliver better health outcomes.

The payment system is an important lever, but not the only lever to achieve the goals which the WSPHNCF is trying to achieve. WSPHN will explore and utilise a variety of enabling factors including the Integrated Care enabling factors mentioned previously to maximise outcomes and control expenditure.

DOCUMENT REVIEW PROCESS

The WSPHNCF will be reviewed on a regular basis as new guidelines and recommendations are released by the Department and to ensure it aligns with best practice guidelines. At a minimum this will be done annually.



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