QMS-2: COMMISSIONING FRAMEWORK

DOCUMENT CONTROL

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REVISION RECORD

Date	Version	Revision Description
07/09/2022	2.0	Reviewed by SLT, no change. Minor formatting updates made.
8/05/2023	2.1	Reviewed by Executive Director, updated commissioning diagram
01/07/2024	2.2	Reviewed by Executive Director and SLT. Endorsed at SLT 01/07/2024 with no changes made to content. Minor formatting updates completed by EA.
19/08/2025	3.00	Reviewed by Executive Director – Commissioning. Minor updates made. Formatting to ensure alignment with corporate templates.
03/08/2026	3.1	Reviewed by A/ED Commissioning. Minor updates to reflect the development of Clinical Governance Framework and Policy.

1. BACKGROUND

Gold Coast Primary Health Network (GCPHN) is one of 31 independent organisations funded by the Australian Government to commission programs and services to address the primary health needs of their communities, particularly those at risk of poor health outcomes.

PHNs were established with specific objectives of:

- increasing the efficiency and effectiveness of medical services for patients, particularly those at risk of poor health outcomes; and
- improving coordination of care to ensure patients receive the right care in the right place at the right time.

The Australian Government has articulated seven priority areas for PHNs – mental health and suicide prevention, alcohol and other drugs, aged care, Aboriginal and Torres Strait Islander health, population health, health workforce, and digital health[1].

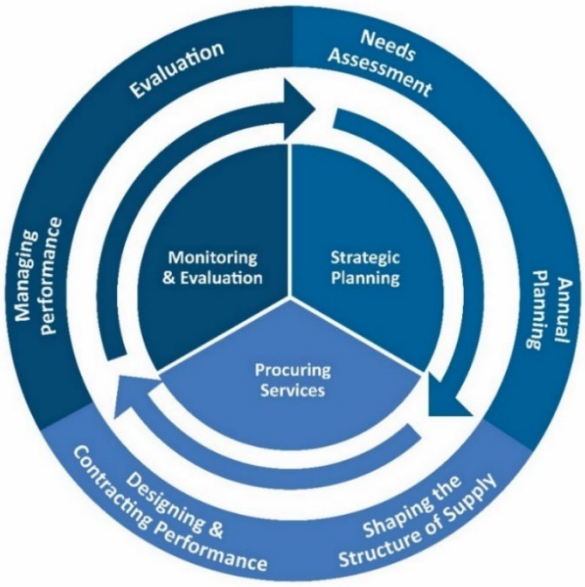
2. WHAT IS COMMISSIONING?

> *"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 evaluation."* - PHN Planning in a Commissioning Environment – A Guide[2]

Commissioning is core business for PHNs and is guided by a national PHN Commissioning Framework. The Framework describes commissioning as a cycle (see ***Figure 1***) – starting with the assessment of health needs and annual planning; the co-design of solutions to address those needs; the procurement of services and implementation of co-designed solutions; and finally, the monitoring of performance and evaluation of impact – which in turn informs subsequent assessment and planning processes.

For GCPHN, commissioning provides a strategic approach to planning and supporting the allocation of limited resources to programs and services that will best meet the needs of our local community.

Figure 1 - Commissioning Cycle



1 How we support Primary Health Networks | Australian Government Department of Health, Disability and Ageing

2 primary-health-networks-phns-planning-in-a-commissioning-environment-a-guide.docx

Commissioning decisions and activities must be undertaken in alignment with GCPHN's Clinical Governance Framework and Clinical Governance Policy, particularly where services involve clinical care, vulnerable consumers, digital tools, or material quality and safety risks.

3. COMMISSIONING PRINCIPLES

The following principles inform GCPHN's approach to commissioning:

- **Embed clinical governance throughout commissioning** by identifying, assessing, documenting and monitoring clinical governance requirements across needs assessment, service design, procurement, contract management, performance monitoring, evaluation and recommissioning activities.
- **Understand the needs of the community** by analysing data, engaging and consulting with consumers, clinicians, carers and providers, peak bodies, community organisations and funders.
- **Engage with potential service providers well in advance** of commissioning new services.
- Consider **cultural appropriateness and stakeholder engagement at all stages** of the commissioning process i.e. strategic planning, procuring services, monitoring and evaluation.
- **Safeguard children and vulnerable people** by ensuring appropriate quality, safety and safeguarding requirements are built into service design, procurement, contracting, monitoring and review processes.
- Putting outcomes for users at the heart of the strategic planning process.
- Adopt **a whole of system approach** to meeting health needs and delivering improved health outcomes.
- **Understand the fullest practical range of providers** including the contribution they could make to delivering outcomes and addressing market failure and gaps and encourage diversity in the market.
- **Co-design solutions** by engaging with stakeholders, including consumer representatives and lived experience experts, peak bodies, community organisations, potential providers and other funders, to develop evidence-based, outcome-focused and culturally appropriate solutions throughout the commissioning cycle.
- **Consider investing in the capacity of providers and consumers**, particularly in relation to hard-to-reach groups and the Aboriginal and Torres Strait Islander health and wellbeing sector.
- **Identify and assess digital, privacy**, information management and AI-related quality matters and risks where relevant to service design and delivery.
- **Ensure procurement and contracting processes are transparent and fair**, facilitating the involvement of the broadest range of suppliers, including alternative arrangements such as consortia building where appropriate.
- **Manage through relationships**; work in partnership, building connections at multiple levels of partner organisations and facilitate links between stakeholders.
- **Develop environments high in trust** through collaborative governance, shared decision-making and collective performance management.
- **Ensure efficiency, value for money, and service enhancement**.
- **Monitor and evaluate** through regular performance reports, consumer, clinician, community and provider feedback and independent evaluation.

4. STAKEHOLDER ENGAGEMENT

The extent of stakeholder involvement in the commissioning process will depend on a range of factors, including government guidelines, the amount of time and resources available.

To the extent possible, stakeholder engagement and cultural appropriateness will be considered throughout the commissioning process i.e. during the strategic planning, procuring services and monitoring and evaluation phases. Refer to ***Figure 2*** for an overview of the levels of engagement.

Figure 2 - IAP2 Principles

	INFORM	CONSULT	INVOLVE	COLLABORATE	EMPOWER
PUBLIC PARTICIPATION	To provide the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities	To obtain public feedback on analysis, alternatives and/or decisions.	To work directly with the public throughout the process to ensure that public concerns and aspirations are consistently understood and considered.	To partner with the public in each aspect of the decision including the development of alternatives and the identification of the preferred solution.	To place final decision making in the hands of the public.
PROMISE TO THE PUBLIC	We will keep you informed.	We will keep you informed, listen to and acknowledge concerns and aspirations, and provide feedback on how public input influenced the decision. We will seek your feedback on drafts and proposals.	We will work with you to ensure that your concerns and aspirations are directly reflected in the alternatives developed and provide feedback on how public input influenced the decision.	We will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to the maximum extent possible.	We will implement what you decide.

5. COMMISSIONING FOR PRIORITY POPULATIONS

Guided by these commissioning principles, GCPHN commits to working closely with priority populations in all parts of the commissioning process, to ensure that programs and services best meet the needs of particular populations. This will include but is not limited to Aboriginal and Torres Strait Islander peoples, people from Culturally and Linguistically Diverse (CALD) backgrounds, and people who identify with Lesbian, Gay, Bisexual, Transgender, Intersex and Queer (LGBTIQ) communities.

5.1 Aboriginal and Torres Strait Islander Peoples

In commissioning programs and services for Aboriginal and Torres Strait Islander people, GCPHN will be guided by two key commitments:

- The **Primary Health Networks and ACCHO – Guiding Principles** (2016) recognize the commitment by Primary Care Networks and Aboriginal Community Controlled Health Organisations to work together to improve access to health services and improve the outcomes for Aboriginal and Torres Strait Island People; and
- The **Memorandum of Understanding** between the Queensland Aboriginal and Islander Health Council (QAIHC) and Queensland PHNs (2019) which articulates how the parties will work together to improve health outcomes for Aboriginal and Torres Strait Islander peoples in Queensland.

5.2 People from CALD Backgrounds

In commissioning programs and services for people from CALD backgrounds, Gold Coast PHN will work with a range of culturally appropriate organisations that support the delivery of services to people from CALD backgrounds. This may include but is not limited to the Ethnic Communities Council of Queensland[3], Multicultural Australia[4] and Queensland Program of Assistance to Survivors of Torture and Trauma[5].

5.3 People who Identify with LGBTIQ Communities

In commissioning programs and services for people who identify with LGBTIQ communities, Gold Coast PHN will work with a range of appropriate organisations that support the delivery of services to people who identify with LGBTIQ communities. This may include but is not limited to the Queensland Council for LGBTI Health[6] and the National LGBTI Health Alliance[7].

3 http://eccq.com.au/

4 https://www.multiculturalaustralia.org.au/

5 https://qpastt.org.au/

6 https://quac.org.au/

7 https://www.lgbtihealth.org.au/

6. WHAT YOU CAN EXPECT

6.1 Providers

GCPHN will:

- Work with you openly and honestly in a spirit of partnership.
- Engage with you as early as possible about the commissioning of new services.
- Develop an understanding of providers and the contributions they can make to delivering the desired outcomes.
- Share population health and performance data with you.
- Consider investing in capacity building and sector development.
- Develop close relationships with you, to the greatest extent possible.
- Engage with you or your peak body, to design outcome-focused solutions.
- Ensure procurement and contracting processes are transparent and fair.
- Apply monitoring, assurance and commissioning oversight activities proportionate to service risk, complexity and consumer vulnerability.
- Seek your feedback and input when evaluating services.

6.2 Health Consumers

GCPHN will:

- Engage with you or your representatives, to the extent possible throughout all stages of the commissioning process, to understand your needs and the needs of your community, including the cultural appropriateness of service solutions.
- Put better health outcomes for you and your community at the centre of its planning.
- Share population health and performance data with you.
- Consider investing in capacity of consumers.
- Engage with you or your representatives, to design outcome-focused solutions.
- Seek your feedback and input when evaluating services.

6.3 Funders

GC PHN will:

- Allocate resources to areas and populations of highest need.
- Direct funds to health and community care interventions.
- Ensure value for money.
- Provide you with open and transparent reports.
- Establish and maintain productive relationships with service providers, consumers, carers, community organisations and other stakeholders.
- Implement a contestable approach to procurement of interventions.
- Ensure cultural appropriateness of services, ensuring providers work with people of different cultural backgrounds in a way that is understanding and respectful of their cultural differences and needs.
- Increase the capacity of the health and community care system, including providers and consumers.
- Adopt a whole of system approach across multiple jurisdictions and levels of government.

7. DOCUMENT CONTROL

This Framework has been classified as a Level 1 document under the Controlled Documents Procedure and should be reviewed every year or otherwise as improvements arise.

8. RELATED DOCUMENTS

- Commissioning Policy (QMS-344)
- Clinical Governance Assurance Policy (QMS-372)
- Service Provider Quality and Safety Policy (QMS-251)
- Service Provider Quality and Safety Assessment (QMS-252)