

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Additional Estimates 2016 - 2017, 1 March 2017

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OUTCOME: 2 - Health Access and Support Services

Topic: PHNs

Type of Question: Written Question on Notice

Senator: O'Neill, Deborah

Question:

Efficiencies

Do each of the 31 PHNs develop their own programs? For example, does each of the PHNs have to develop their own suicide prevention program? If yes, why isn't there a harmonisation of processes where one program is developed and adapted locally for each of the 31 local areas?

Answer:

The Department of Health provides guidance and advice to Primary Health Networks (PHNs) on the policy context relevant to the different components of their work and on best practice approaches to elements of the commissioning process. Examples of such guidance are published at the PHN Program website under the "Tools and Resources" and "Links" tabs at <http://www.health.gov.au/PHN>

PHNs are the Government's primary strategic mechanism for health system planning and integration at a regional level. They are a central regional point for fundholding, planning, system integration and commissioning of primary health services. They are accountable for improving patient outcomes in their region by working to ensure that services across the primary, community and secondary/tertiary sectors align and work together in the interest of patients.

PHNs are funded to commission primary health care services to meet the needs and priorities for their regions. Commissioning is a strategic approach to the procurement of health services. It is designed to ensure resources are best directed to addressing the health service needs of the communities in the region.

The unique regional priorities for commissioning and integration activities of each PHN are published on their respective websites. PHNs identified these priorities through a process of rigorous planning, stakeholder consultation and engagement, data analysis and review of existing services and the workforce market. These processes, and the results, differ for each region.

As the PHN program develops, opportunities for cooperative relationships between PHNs are also expected to develop. For instance, two neighbouring PHNs are currently working towards jointly commissioning a service provider to establish and operate a residential drug and alcohol rehabilitation program specifically for Indigenous women and their children.