

This strategy clarifies PHNs' purpose, objective and key functions. It outlines the crucial role PHNs play in supporting health reform by driving local innovation to meet specific local health needs and supporting consistent local delivery of national and co-commissioned programs.

Purpose and objective

In-line with the quintuple aim of successful health reform, Primary Health Networks (PHNs) deliver 3 core functions:

- Coordinate** and integrate local health care services in collaboration with Local Hospital Networks (LHN) to improve quality of care, people's experience and efficient use of resources.
- Commission** primary care and mental health services to address population health needs and gaps in service delivery and to improve access and equity.
- Capacity-build** and provide practice support to primary care and mental health providers to support quality care delivery.

PHNs' primary objectives are to keep people well, particularly people with chronic health conditions and mental illness, and reduce avoidable hospital presentations in their regions. To accomplish this, PHNs deliver national programs using a 'place-based' approach - tailoring initiatives to meet their local population's health needs.

PHNs' core functions and activities

Coordinate	Commission	Capacity-build
<ul style="list-style-type: none"> Integrate primary care and mental health services with secondary, tertiary, aged, and disability care, social services and emergency services in their region. Undertake population health needs assessments (e.g. to understand prevalence of chronic disease, access issues for at risk populations) and service mapping in collaboration with LHNs. Gather and analyse robust data on service provider activity and emerging health needs to inform planning for new services, providers and workforce requirements. Build connections across general practice, allied health, nursing and midwifery, mental health, drug and alcohol treatment, specialist, pharmacy, First Nations and other providers to facilitate multidisciplinary team (MDT) care. Build connections across public and private sectors, with State & Territory hospital, public health and community health services, national digital health and triage services (e.g. Healthdirect) to support efficient health system functioning. Strengthen care pathways (incl. referral and discharge processes) in line with local, regional, State & Territory and national needs & priorities. 	<ul style="list-style-type: none"> Conduct collaborative and ongoing population health needs assessments in partnership with LHNs to inform evidence-based activity work plans that address local, regional, State & Territory and national priorities. Commission local primary care and mental health services targeted to priority areas of need and tailored to regional context, based on holistic understanding of local service provision. Co-commission activities with LHNs and State/Territory governments to support integrated local health systems. Seed and support service providers in failed and underserved markets. Co-design commissioned services and commissioning approaches with local stakeholders wherever possible. Support innovative demonstration projects to address unmet need, improve care and/or enhance health and related care system functioning and efficiency. Monitor and evaluate commissioned services and share learnings with local/regional stakeholders, other PHNs, State & Territory and Commonwealth governments. 	<ul style="list-style-type: none"> Support primary care practices and mental health providers to adopt sustainable business practices and business models to deliver reform priorities. Support the clinical workforce (incl. new providers) to develop new models and adopt best practice approaches. Support health providers work to full scope and top of scope of practice. Support primary care practices and mental health providers to improve quality, continuity and integration of care and use of data and digital health systems. In areas of workforce shortage, engage with communities, health workforce agencies, local government and others to optimise use of existing workforce and support innovative solutions. Support innovation and monitor and evaluate demonstration projects to improve system quality and to identify scalable care models. Share best practice and lessons learned with providers to support continuous improvement.

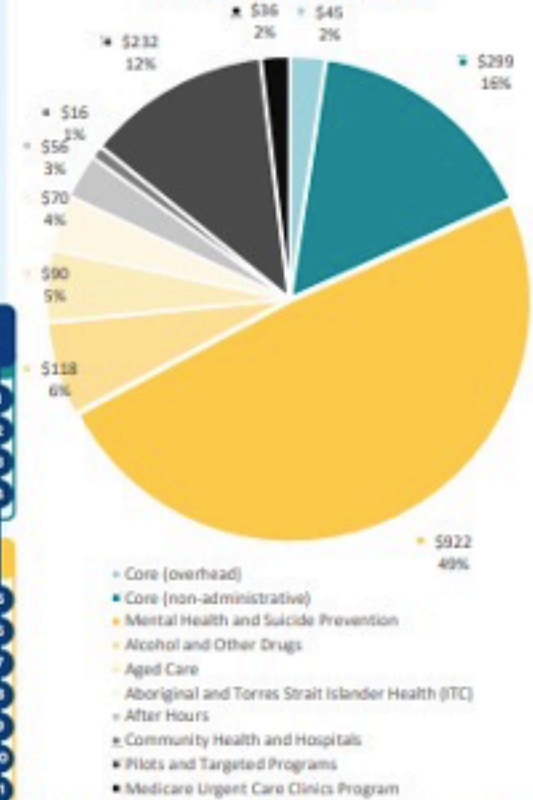
11 areas of scope

CORE FUNDING	PROGRAM FUNDING
Population health	Mental health and suicide prevention
Practice support	Alcohol and other drugs
Digital health	Health services in aged care
Emergency preparedness	Aboriginal and Torres Strait Islander health (ITC)
	Workforce
	Emergency response (e.g. COVID-19, bushfires and floods)
	Medicare Urgent Care Clinics

Quintuple aim of successful health reform



Figure 1: Commonwealth PHN program funding, 2022-23 (\$M)
Total as of 30 June 2023: \$1,884M



PHN 2023-24 priorities across areas of scope PHNs receive core funding from the Commonwealth Government to support overhead corporate governance and non-administrative health system improvement activities and program funding to deliver specific activities - across 11 areas of scope. While delivering on their ongoing role across each area of scope, PHNs will have specific priorities for focus each year. The table below captures policy priorities starting or continuing in 2023-24 for PHNs. These priorities may continue beyond 2023-24.

Scope areas	Priorities starting or continuing in 2023-24
Population health	After hours program reform: Refocus after hours commissioning on new program guidelines; commission multicultural access services for culturally and linguistically diverse (CALD) communities; commission primary care access services for homeless people. Frequent hospital users: Contribute to co-design work with Department, S&T departments, LHNs and others to finalise program design of the new MyMedicare incentive.
Practice support	MyMedicare implementation: Support general practices with MyMedicare registration; support more practices to become accredited; prioritise practices and solo providers servicing residential aged care homes. Allied health, nursing and midwifery: Extend PHN practice support functions where practicable to allied health, nurse practitioner and midwifery-led practices.
Digital health	PIP Quality Improvement Incentive: Continue to engage and support practices on data sharing and quality improvement. Data security: Renew focus on data security. Data linkage and analytics: Engage with LHNs, S&T governments, AIHW and Department on data linkage and analytics initiatives. My Health Record: Engage with allied health and ADHA on My Health Record-compliant software development.
Emergency preparedness	Primary care in emergency preparedness: Facilitate primary care and mental health integration into emergency preparedness and response efforts. Prepare for mobilisation: Maintain capacity to mobilise primary care and mental health in disaster scenarios.
Mental health and suicide prevention	Primary mental health services: Continue to coordinate and commission mental health services across the 8 mental health priority areas. Headspace centres: Continue to commission Headspace centres to improve health outcomes for young people. Bilateral schedules: Continue to participate in activities specified in the bilateral schedules such as joint regional planning and commissioning.
Alcohol & other drugs	Treatment and workforce: Continue to increase access to Alcohol and Other Drugs (AOD) treatment services and build capacity within AOD sector.
Health services in aged care	General practice in aged care incentive: Work with Residential Aged Care Homes (RACHs) to identify residents with no usual GP; match these residents with a usual practice and GP; commission GPs to provide regular services in RACHs where gaps exist; work with RACHs to make simpler arrangements for GP visits. Increased care access for aged care residents: Enhance after hours support and increase availability and use of telehealth for aged care residents. Care Finders for older Australians: Establish and maintain the Care Finders network; help people connect with relevant support.
Aboriginal and Torres Strait Islander health	Integrated team care: Improve health outcomes for Aboriginal and Torres Strait Islander people with chronic conditions through better access to care coordination and multidisciplinary care, support self-mgmt. and improve access to culturally appropriate mainstream care services; work with Department on transition to direct funding.
Workforce	Workforce Incentive Program - Practice Stream: Contribute to the development of data collection arrangements on use of nursing and allied health in general practice. Allied health commissioning: Commission allied health and nursing services targeted to areas of need with focus on supporting MDT care for small general practices. Single employer model: Engage with single employer model (SEM) trials program for GP registrars in areas of need. GP Incentive Fund: Leverage expanded PHN GP Incentive Fund to address GP workforce shortages in areas of need.
Emergency response Medicare Urgent Care Clinics (UCCs)	Primary care emergency response: In emergency settings, operationalise and implement primary care response as required in regions. Support the establishment of 58 Medicare UCCs across the country and support local integration, data collection, communications and clinic operations.

Stakeholder engagement

PHNs consistently engage and partner with stakeholders to fulfill their purpose and carry out their key functions. Stakeholders include 2 main groups:

- Local community, health and care providers:**
 - Community and Clinical Advisory Committees
 - Local primary & mental health care providers, clinicians and consumer organisations
 - Aboriginal Community Controlled Health Organisations
 - Providers of commissioned services
 - Other regional care providers (e.g. hospitals, aged care and disability care providers)
- Government and other entities:**
 - Commonwealth Department of Health and Aged Care
 - State and Territory health departments and LHNs
 - Local emergency planning and coordination structures
 - Jurisdictional peak bodies