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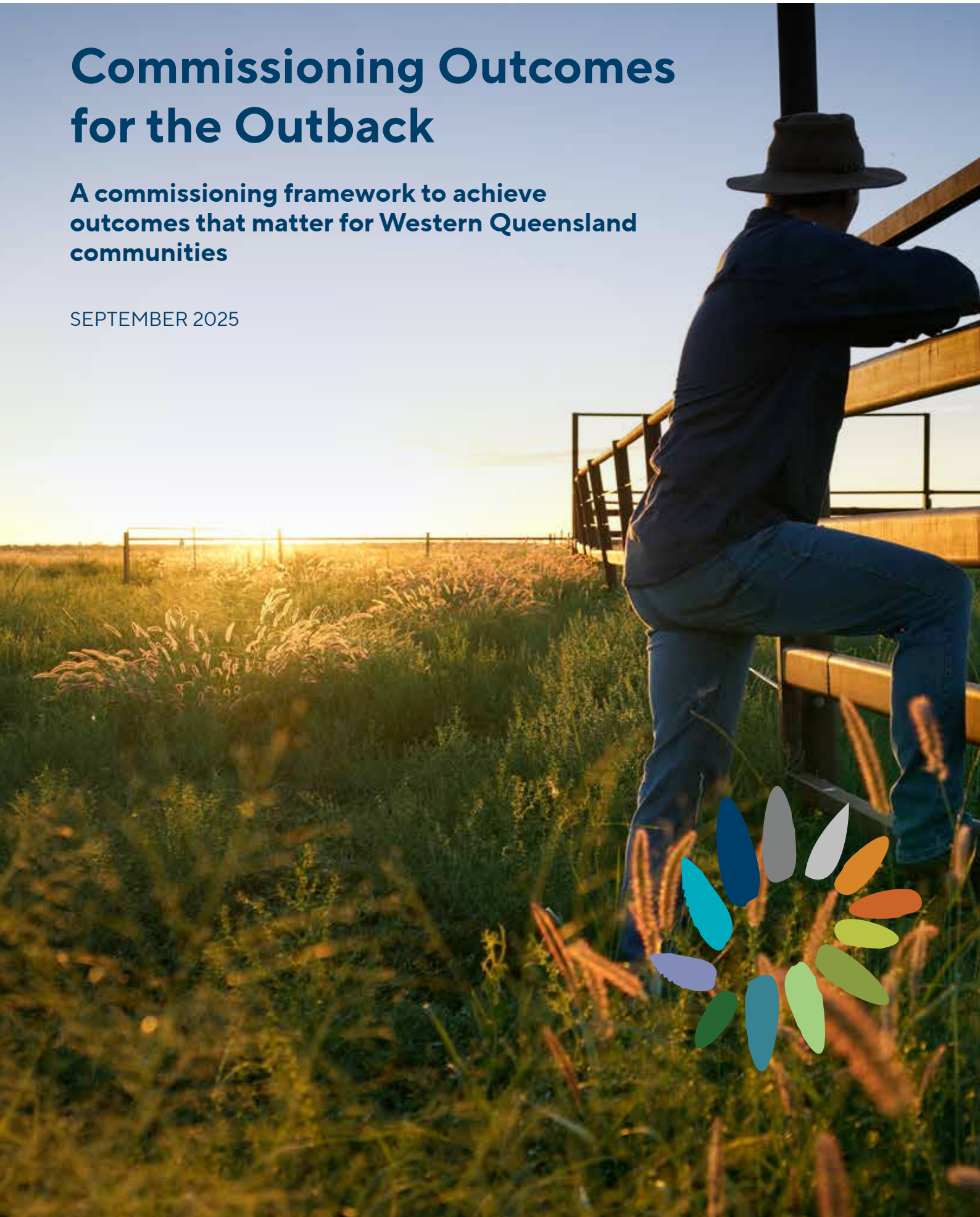
WESTERN QUEENSLAND
An Australian Government Initiative

Commissioning Outcomes for the Outback

A commissioning framework to achieve outcomes that matter for Western Queensland communities

SEPTEMBER 2025

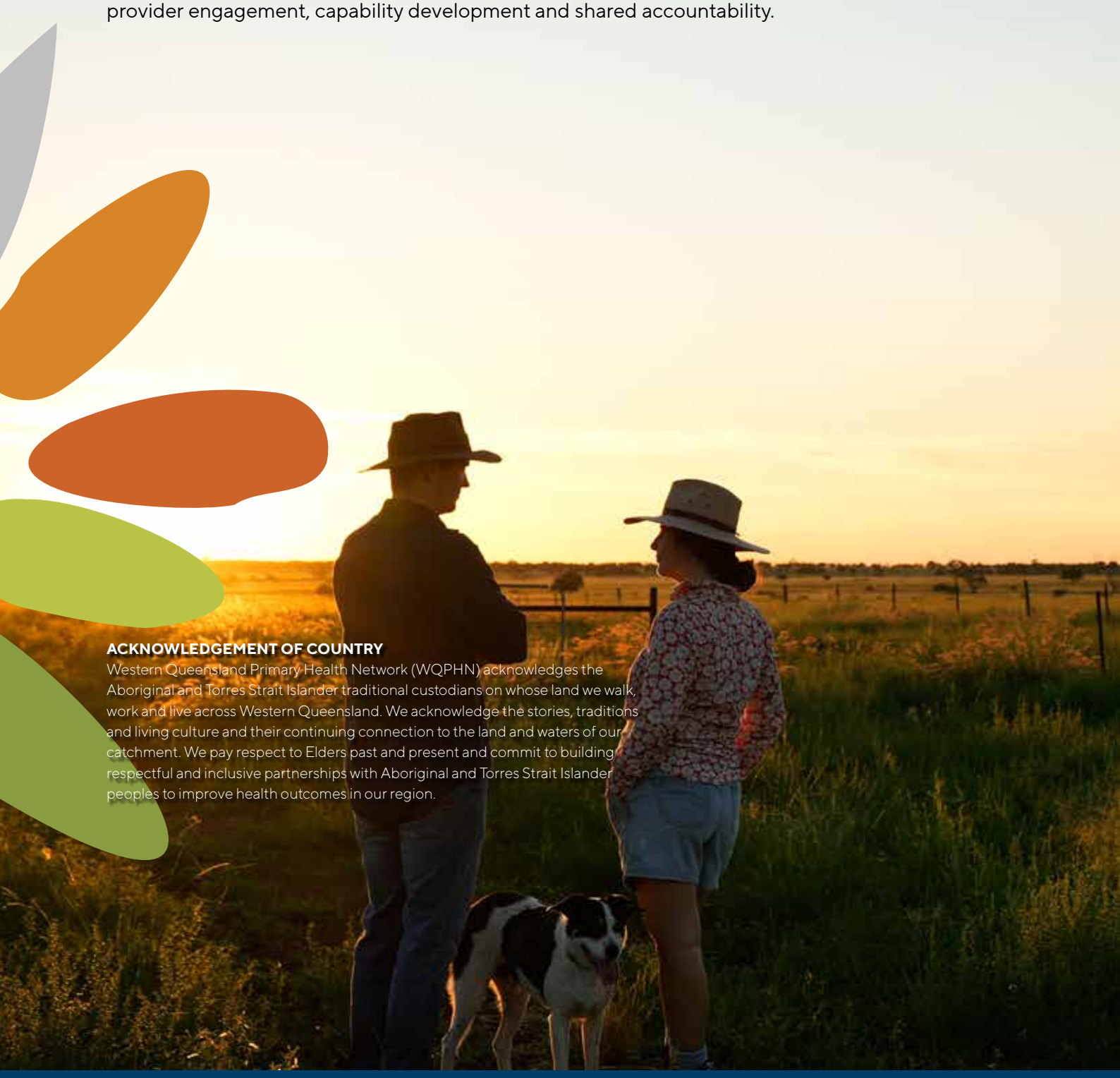


Outcomes for the Outback is our commissioning framework, created to improve health and wellbeing across Western Queensland by setting a high standard for effective, locally-responsive commissioning.

This framework outlines how Western Queensland Primary Health Network (WQPHN) will continue to strengthen its commissioning capability and deliver on its Strategic Plan vision for healthier Western Queensland communities.

Grounded in the principles of Value-Based Health Care (VBHC), Outcomes for the Outback champions a relational approach to commissioning services. Our approach prioritises strategic, fit-for-purpose investment and the thoughtful design of care.

It defines WQPHN's evidence-informed commissioning model, calls for a measured yet sustained reshaping of the primary health care landscape and reinforces the importance of partnerships, provider engagement, capability development and shared accountability.



ACKNOWLEDGEMENT OF COUNTRY

Western Queensland Primary Health Network (WQPHN) acknowledges the Aboriginal and Torres Strait Islander traditional custodians on whose land we walk, work and live across Western Queensland. We acknowledge the stories, traditions and living culture and their continuing connection to the land and waters of our catchment. We pay respect to Elders past and present and commit to building respectful and inclusive partnerships with Aboriginal and Torres Strait Islander peoples to improve health outcomes in our region.

FOREWORD

I am extremely proud to share Commissioning Outcomes for the Outback (Outcomes for the Outback), a commissioning framework that reimagines commissioning as a transformative force in rural and remote health.

Across Western Queensland, we know that geography should never define the quality or consistency of care. This framework is our commitment to health systems that put people and communities first, shaped by local insight, strong partnerships and innovation.

Outcomes for the Outback sets a new standard for commissioning that's responsive to context and place. It reflects our region's resilience and diversity, and marks a shift from transactional procurement to trust-based partnerships that create enduring change.

I'm grateful to the service providers, Aboriginal and Torres Strait Islander leaders, consumers and partners who continue to shape this journey with us. Together, we're building a system of care that's grounded in local wisdom and driven by outcomes.

I would also like to thank the Australian Healthcare and Hospitals Association (AHHA) for their ongoing partnership in shaping this framework, alongside WQPHN staff, stakeholders and our community. Your collaboration and insights have helped ensure this document reflects both evidence-informed practice and the lived experiences of rural and remote Western Queenslanders.

Sandy Gillies

Sandy Gillies | Chief Executive Officer | Western Queensland Primary Health Network

"When communities lead, outcomes follow. This framework is our commitment to listening, partnering and delivering better care."

CONTENTS

ACKNOWLEDGEMENT

WQPHN gratefully acknowledges the leadership, expertise and substantial contribution provided by the Australian Healthcare and Hospitals Association (AHHA) in jointly shaping the commissioning framework in partnership with WQPHN. It has been collaboratively refined to support external engagement and practical implementation across the sector. This framework should be read alongside the Implementation Guide available on the WQPHN website.

INTRODUCTION

Outcomes for the Outback sets out WQPHN's strategic intent and commissioning principles. It answers the 'why' and 'what' of commissioning in Western Queensland.

To support implementation, WQPHN has developed the Implementation Guide to Commissioning Outcomes for the Outback. The Guide provides detailed methods, tools and processes for each stage of the commissioning cycle.

Together, these documents provide a complete roadmap for outcome-focused, place-based commissioning.

Each step of the commissioning cycle described in this framework is directly supported by practical case examples and guidance in the Implementation Guide.

The Framework
Defines strategic direction, priorities and principles.

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The Implementation Guide
Enables practical execution and consistency in operational delivery.

THINKING DIFFERENTLY. WHY A NEW APPROACH IS NEEDED

Persistent health inequities in rural and remote Australia demand a commissioning model that is both locally responsive and system-aware. A systematic review of primary health care delivery models (see Appendix) highlights decades of policy intent, yet limited progress, towards improving access, coordination and outcomes outside metropolitan areas.

The evidence reinforces the need for commissioning that empowers communities, aligns multi-level policies and enables integrated, place-based solutions tailored to Western Queensland's context.

STRATEGIC ALIGNMENT

The Outcomes for the Outback Framework plays an important part of WQPHN's strategic ecosystem. Grounded in VBHC principles, it aligns with the Quintuple Aim, national PHN strategy and government priorities and reform agendas.

This framework should be read alongside:

- **WQPHN Strategic Plan** – our long-term vision and priorities. The framework operationalises WQPHN's vision and strategy by embedding outcomes-focused commissioning across the full cycle.
- **Performance and Outcomes Management Framework (POMF)** – our unified lens for planning, commissioning, monitoring and evaluation. The POMF ensures that performance, accountability and impact remain central throughout.
- **Measuring What Matters (2023)** – the Australian Government Treasury's national wellbeing framework.
- **Joint Regional Health Needs Assessment (JRHNA)** – our shared evidence base developed with HHS partners to identify priorities, gaps and opportunities for integrated, person-centred care.
- **WQPHN Stakeholder Engagement Framework** – our commitment to meaningful engagement with communities, providers and partners, reflected in our relational commissioning approach.

Together, these functions, and the frameworks that support them, reflect a paradigm shift in WQPHN's role: from funding activities to commissioning for outcomes. This framework guides how the stages of the commissioning cycle will enable this shift.

Figure 1. Strategic alignment: Embedding outcomes-focused commissioning in WQPHN's strategic ecosystem

SHAPING THE PROVIDER LANDSCAPE FOR OUTCOMES

WQPHN is one of 31 Primary Health Networks (PHN) established and funded by the Federal Government to improve the efficiency and effectiveness of primary health care (PHC) services for consumers, particularly those at risk of poor health outcomes.

To improve health outcomes across Western Queensland, WQPHN delivers on the three strategic functions outlined in the national PHN strategy:

Figure 2. PHN Three strategic functions - PHN National Strategy

"Western Queensland is one of the most remote regions in Australia."

Health priorities in Western Queensland

WQPHN serves one of the most geographically vast and sparsely populated regions in Australia, encompassing communities with high levels of socioeconomic disadvantage and significant health inequities.

Over a third of the population lives in areas classified within the two most disadvantaged quintiles of the SEIFA Index, and many reside in remote or very remote locations where access to health care is limited.

These areas experience disproportionately high rates of chronic disease, mental illness and preventable hospitalisations. Aboriginal and Torres Strait Islander peoples make up 20 per cent of the population (compared to a national average of 3.2%) and continue to face poorer health outcomes, reinforcing the need for culturally safe, co-designed models of care (WQPHN 2024).

Access challenges persist, with many communities lacking permanent health professionals such as general practitioners, allied health workers and pharmacists. While services are often delivered via fly-in fly-out or outreach arrangements, through the Royal Flying Doctor Service, public health services, or providers commissioned by WQPHN, this model does not always ensure continuity or coordination of care.

Joint Regional Health Needs Assessment

The 2024–2027 Joint Regional Health Needs Assessment (JRHNA), developed in partnership with the region's three Hospital and Health Services, underscores the need for integrated, place-based and culturally responsive service planning.

The following figure summarises five shared top tier health priorities identified across all three HHS regions through the JRHNA (2024–2027).

Table 1. Western Queensland's shared tier 1 health priorities (JRHNA 2024-2027)

PRIORITY AREA	DESCRIPTION
Chronic disease management	Diabetes, cardiovascular, respiratory, kidney disease, ARF/RHD
Mental health	Community-based support, early intervention, suicide prevention, inpatient gaps and support for substance use
Child development and maternal health	Access to culturally appropriate services, screening, early intervention
Aboriginal and Torres Strait Islander health	Co-designed care, health checks, culturally safe services, workforce representation
Preventative health	Education and programs targeting modifiable risk factors (diet, smoking, alcohol)

In addition to these clinical and population health priorities, the JRHNA identifies three system-level enablers essential to delivering equitable care across Western Queensland.

Table 2. Western Queensland's top system delivery priorities (JRHNA 2024-2027)

PRIORITY AREA	DESCRIPTION
Improving access	Enhancing availability, continuity and coordination of care in remote communities and for priority populations. Includes outreach, after-hours and culturally safe models tailored to different life stages.
Workforce stability	Addressing recruitment and retention challenges across medical, nursing, allied health and Aboriginal and Torres Strait Islander health workforce. Includes growing local capacity and reducing reliance on locums.
Coordination and integration	Strengthening continuity of care across service levels: community, primary, secondary, tertiary and allied health. Includes system navigation support and seamless transitions between providers.

The top priorities for Western Queensland can be summarised as: improving access to integrated and culturally responsive care across the life course, with a strong focus on chronic disease management, mental health, child development, preventive health and workforce stability. These priorities are especially critical for Aboriginal and Torres Strait Islander communities and in areas of greatest health inequity (WQPHN 2024).

Sub regional context

While the above priorities are shared across the region, the JRHNA highlights some differences in emphasis and context across the three HHS areas. These variations reflect localised needs and service contexts, and should be considered when tailoring commissioning responses at sub-regional levels.

Table 3. Sub-regional context (JRHNA 2024-2027)

HHS REGION	LOCALISED PRIORITY FOCUS
North West HHS	• Strong emphasis on Acute Rheumatic Fever (ARF)/Rheumatic Heart Disease (RHD), oral health and homelessness as Tier 1 needs • Higher rates of mental health ED presentations and substance use • Significant First Nations population with prioritised culturally safe care
Central West HHS	• Prioritises disability support and domestic violence services alongside core health needs • Infrastructure gaps (e.g. imaging) noted but not uniformly Tier 1 • Mental health and chronic disease remain central, with emphasis on system navigation
South West HHS	• Elevated focus on cancer treatment access, palliative care and stroke services • Strong emphasis on coordination and continuity of care, especially post-retrieval • Workforce challenges and transport access are more prominent in service delivery needs

Child development (as a life stage) and diabetes (as a clinical condition) have been identified as priority areas for initial implementation through the Outcomes for the Outback commissioning cycle.

» **Access the JRHNA for further information about regional priorities.**

COMMISSIONING FOR NEEDS AND CONTEXT

With an understanding of the region's health needs and service contexts, Outcomes for the Outback provides the commissioning framework to take action, aligning investment with need and enabling innovation that reflects the realities of life in Western Queensland.

Outcomes for the Outback is based on the principle of aligning funding and services with the health needs of Western Queenslanders, while allowing innovation to deliver measurable, safe, sustainable impacts across the communities in the outback.

Rather than applying a uniform approach, the framework supports commissioning for need and context, allowing WQPHN, together with community, sector and government partners to:

- map current service provision
- identify service gaps and unmet health needs
- co-design solutions that are feasible, effective and culturally responsive
- support innovation and integrated models of care suited to local conditions.

It provides a framework to enable innovation, improve integration and sustainable delivery, and target integration of services that improve how Western Queensland communities receive health care.

While WQPHN has a role in community capacity building and service coordination, as a PHN, WQPHN primarily does not directly deliver services; it commissions them. WQPHN's approach is via a commissioning cycle inclusive of understanding health needs, collaborative planning and priority setting, designing solutions, procuring services, monitoring and evaluation.

WQPHN also applies a flexible range of procurement approaches, with decisions informed by the cycle itself, the nature of the service, and the realities of our predominantly rural and remote environment where markets are often thin or non-existent.

Commissioning Framework elements

The Commissioning Framework has three core elements:

- commissioning principles
- commissioning cycle
- outcomes

Together, these elements operationalise the Outcomes for the Outback Framework – placing outcomes at the centre and applying a principles-based approach across all stages of the commissioning cycle.

This model reflects WQPHN's commitment to consistent, intentional and place-based commissioning. It guides how services are designed, procured, monitored and improved to deliver better health and wellbeing outcomes for communities across Western Queensland.

COMMISSIONING PRINCIPLES

- How WQPHN approaches commissioning
- Twelve principles underpin every stage of the Commissioning cycle

COMMISSIONING CYCLE

- Six-steps translate principles into action
- Guides the design, delivery and evaluation of programs and services

OUTCOMES

- The central focus of all commissioning activity
- Positive health and wellbeing for people, families and communities.

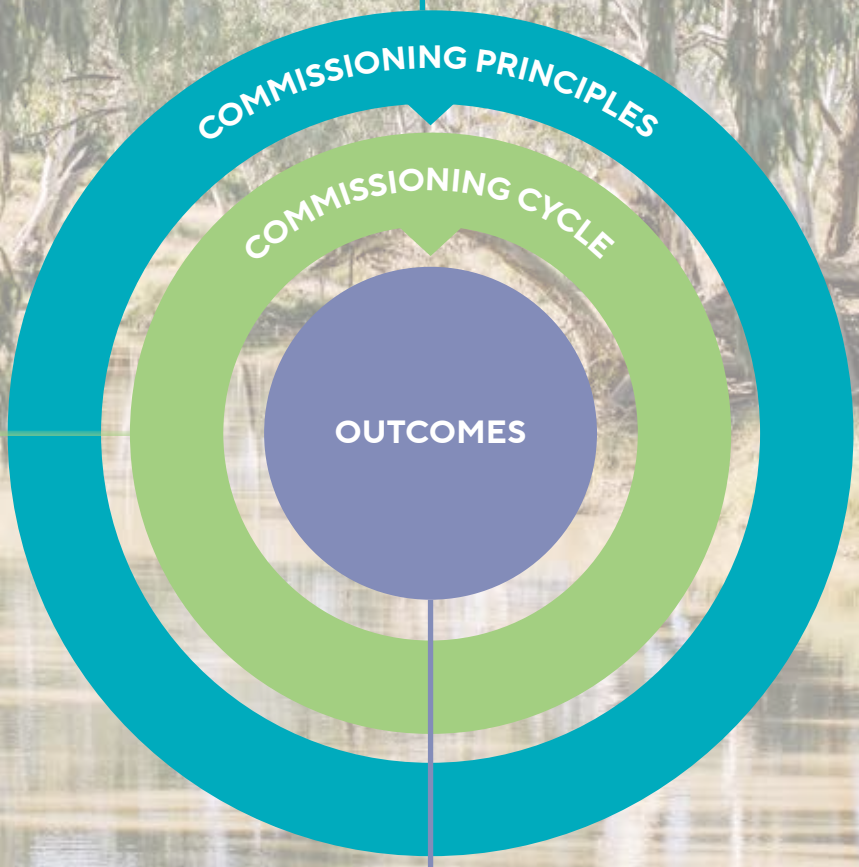


Figure 2. Commissioning Framework elements. Adapted from Government of South Australia, Department of Human Services (n.d.)

GROUNDED IN VALUE-BASED HEALTH CARE (VBHC)

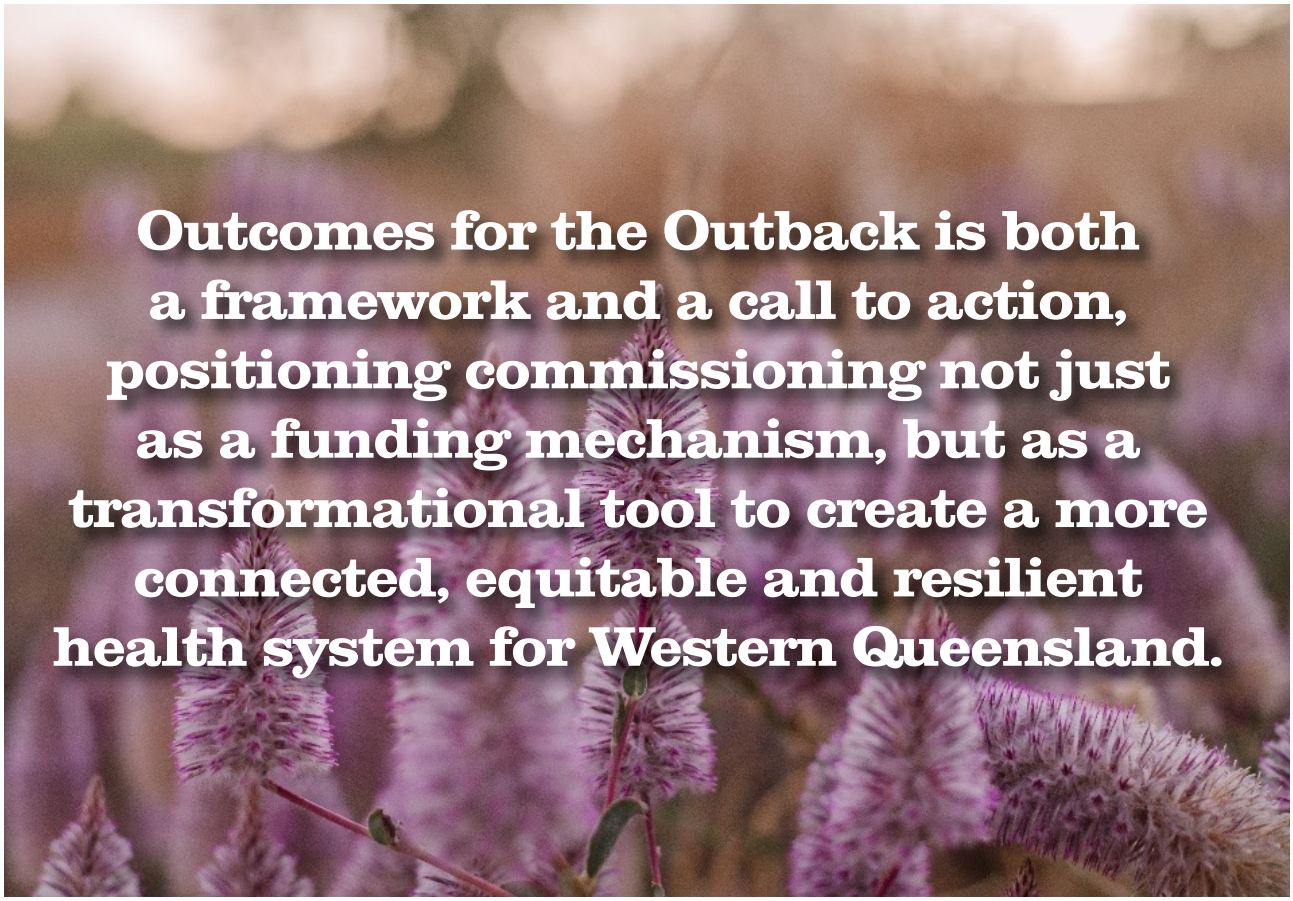
Outcomes for the Outback is grounded in VBHC, where commissioning decisions are focused on achieving outcomes that matter to individuals and communities, in the most cost-effective and context-sensitive way.

Our approach to commissioning has shifted from transactional service delivery to relational, outcome-based partnerships that reward improvements in health equity, access, coordination and patient experience.

The WQPHN approach to commissioning takes a longer-term focus on health and wellbeing through designing for outcomes that matter to our community, enabled through collaboration across provider networks, placing consumers and communities at the centre of a connected, integrated system of care.

Commissioning seeks to introduce innovation, with adoption of critical enablers to strengthen the quality and integration of services, and the application of health intelligence to guide priority setting and investment.

Outcomes for the Outback goes beyond minimum compliance; it repositions commissioning as a transformative, relational, learning-driven function, rather than just a mechanism to distribute funding, or commission (procure) services.



COMMISSIONING LOCALITIES: A PLACE-BASED APPROACH

'Where you live' can impact on your health. Understanding the factors that contribute to poor health in a Commissioning Locality can lead to finding solutions that improve health standards and help to overcome often entrenched disadvantage and health inequity.

WQPHN has established seven place-based Commissioning Localities (CL) in consideration of primary care flows, funding, demographic and cultural considerations. Creating CLs within the Western Queensland catchment provides a practical regional framework to plan and develop services, and mobilise key relationships across HHS, PHN and Aboriginal and Torres Strait Islander Health Services (AICCHS) around health service gaps and opportunities for innovation.

In the short term, the localities provide a way for WQPHN and its partners to work together to tackle the immediate financial, system and service pressures that are universally faced in the Western Queensland catchment. In the longer term, this place-based approach will provide a platform for implementing new models of care that span organisational and service boundaries (Figure 3).

Commissioning Localities

The seven CLs provide a geographically informed context within which a deeper analysis of the unique characteristics of the vast Western Queensland landscape can be examined and services commissioned.

Many localities experience elevated hospitalisation rates and lower life expectancy, particularly among Aboriginal and Torres Strait Islander peoples, for whom connection to Country must be recognised in culturally safe service design.

Our region is serviced by three local Hospital and Health Service (HHS) regions:

- North Western HHS – covering the Lower Gulf and Mount Isa and Surrounds areas
- Central Western HHS – covering the Western Corridor and Central West areas
- South Western HHS – covering the Far South West, Maranoa and Balonne areas.

Figure three shows twenty Local Government Areas (LGAs) within the network. These important organisational contexts inform strengths, service configuration, referral and support networks for people of Western Queensland and their access to health and wellbeing.

WQPHN's place-based approach recognises that improving health outcomes in rural and remote areas requires more than individual interventions. It demands cross-sector, collaborative and community-informed solutions. This includes shared leadership, joint planning, and system-wide accountability to improve both individual and population-level wellbeing.

The Commissioning Localities model brings place-based VBHC into practice by identifying priority populations, unmet needs and service opportunities with the greatest potential for outcome improvement. By enabling commissioning tailored to local conditions, WQPHN ensures that investment decisions are guided by what delivers the most value to each community, rather than applying a uniform model across the region.

COMMISSIONING LOCALITIES: MAP

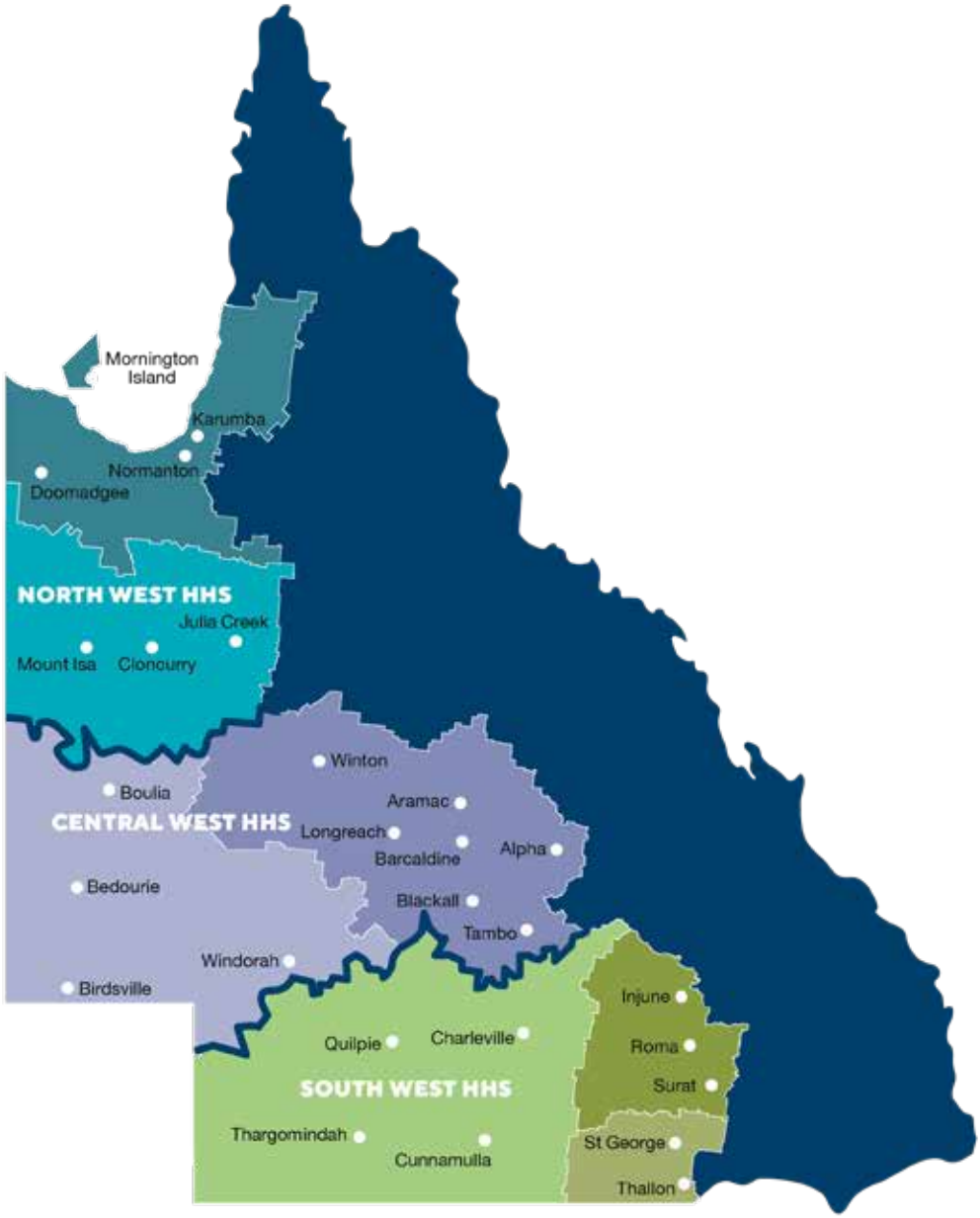


Figure 3. Western Queensland PHN Regional Overview

- **Lower Gulf**
  - Home to 5,233 people
  - Aboriginal and Torres Strait Islander people (58.6%)
  - 4 LGAs
  - Land mass 106,878 km^2
- **Mount Isa and Surrounds**
  - Home to 24,239 people
  - Aboriginal and Torres Strait Islander people (20.34%)
  - 3 LGAs
  - Land mass 132,423 km^2
- **Western Corridor**
  - Home to 1,067 people
  - Aboriginal and Torres Strait Islander people (20.8%)
  - 3 LGAs
  - Land mass 217,459 km^2
- **Central West**
  - Home to 9,785 people
  - 635 Aboriginal and Torres Strait Islander people (6.4%)
  - 4 LGAs
  - Land mass 178,306 km^2
- **Far South West**
  - Home to 6,777 people
  - Aboriginal and Torres Strait Islander people (17.5%)
  - 4 LGAs
  - Land mass 229,451 km^2
- **Maranoa**
  - Home to 13,371 people
  - Aboriginal and Torres Strait Islander people (9.3%)
  - 1 LGA
  - Land mass 58,719 km^2
- **Balonne**
  - Home to 4,356 people
  - Aboriginal and Torres Strait Islander people (20.29%)
  - 1 LGA
  - Balonne
  - Land mass 31,104 km^2

Source: Queensland Government Statistician's Office, 2024; Australian Bureau of Statistics, 2021, 2025a, 2025b

EMBEDDING RELATIONAL COMMISSIONING

Place-based approaches involve stakeholders engaging in a collaborative process to address issues within a geographic space, be it a neighbourhood or a regional locality. They have been used effectively in protecting against risk factors and in responding to complex 'wicked' issues.

WQPHN is committed to maturing its commissioning model, moving from transactional, single-provider funding arrangements toward a more relational, place-based and outcomes-focused approach.

When considering commissioning approaches, WQPHN will balance the WQPHN Strategic Plan deliverables against the capacity and innovation within the provider market whilst also ensuring there is direct alignment with the JRHNA.

This transformation is consistent with VBHC principles, shifting investment decisions toward those that demonstrate measurable improvements in health and wellbeing relative to resource use. This shift enables a greater return on investment in the form of improved patient outcomes, equity and system sustainability. These are core goals of VBHC. This shift also reflects the principles of relational commissioning, where trust, collaboration and shared accountability are prioritised across the commissioning cycle.

WQPHN recognises the importance and value in securing primary care partnerships that enable greater co-design, co-investment, and ultimately co-commissioning, where funding is linked to outcomes.

By embedding VBHC within relational commissioning, value is understood not just as clinical results but as the health and wellbeing outcomes achieved per dollar invested in a given community context.

The paradigm shift away from traditional procurement to more collaborative, system-focused approaches is supported by the King's Fund's Thinking Differently About Commissioning paper. This relational commissioning approach ensures consumer engagement, collaboration and partnership are not just central to service design but are integral throughout the entire commissioning cycle, as summarised in the table below (Robertson & Ewbank 2020).

Table 4. Relational Commissioning

CURRENT STATE	FUTURE STATE
Health care focus	Population health focus
Organisational focus	System focus
Contract enforcer	System enabler
Transactions	Relationships and behaviours
Decision-maker	Convenor for collective decisions
High bureaucracy, low trust	Low bureaucracy, high trust
Monitoring organisational performance	Monitoring system-wide performance and providing improvement support
Following national guidance	Developing local solutions

Adapted from Alderwick et al. 2015 (King's Fund)

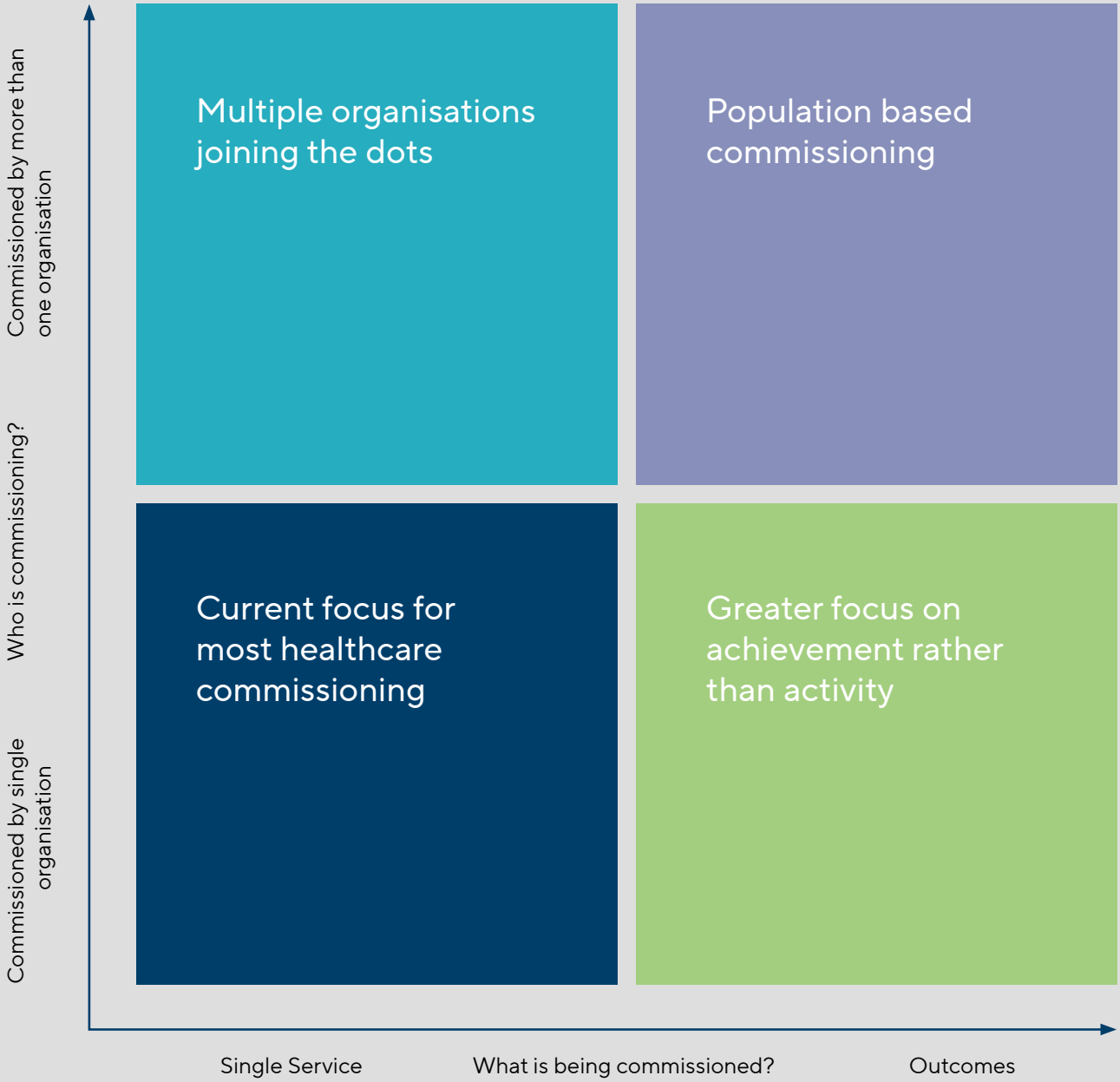
GROUNDED IN VALUE-BASED HEALTH CARE (VBHC)

The four-box model below (Figure 4) illustrates some of these considerations.

The horizontal axis shows '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 older people with diabetes are better supported with self-management, are having their risk factors actively managed, are being followed up to minimise the risk of complications and have fewer incidents requiring attendance to ED).

The vertical axis displays the spectrum from single organisations through to multiple or joint commissioning organisations.

Figure 4. Considerations for commissioners



OUR CHANGING ROLE

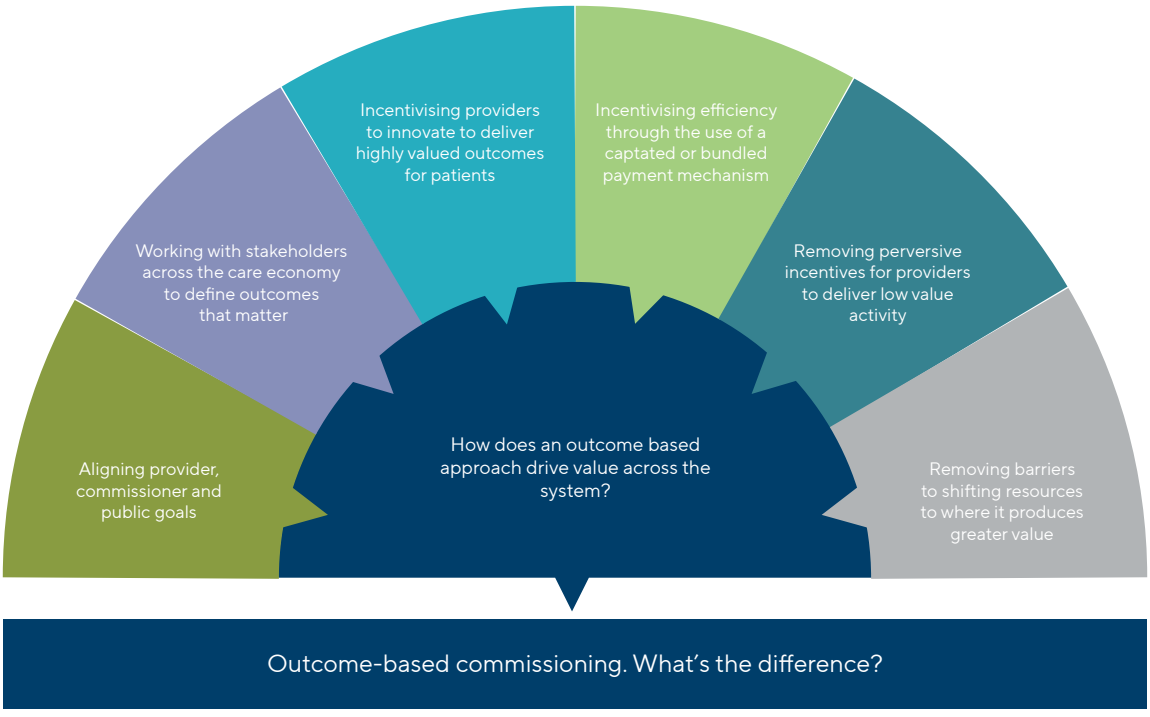
WQPHN's role as commissioner is evolving. This framework strives for a gradual and flexible transition toward commissioning that is based on outcomes, where the focus of the funder–provider relationship is shifted from activity or outputs a service offers to the outcomes it achieves.

WQPHN seeks to foster new and innovative service delivery solutions that respond directly to regional needs, enable greater collaboration, stimulate team-based approaches, unlock interoperability and create connectedness across provider networks and for individual patients.

This is consistent with reforms highlighted in Schedule C of the National Health Reform Agreement (NHRA) 2020 to 2025, which enable flexible health service funding models focusing on value and outcomes, in response to joint planning and integrated data analysis (Department of Health 2020).

These national reforms further reinforce WQPHN's commitment to outcome-based commissioning and VBHC principles, particularly in settings where patient activation, self-management and local system stewardship are crucial for improving long-term outcomes.

Figure 5. Outcome based commissioning



Outcome-based commissioning is a contemporary, evidence-informed approach that aims to improve health and keep people well in their own homes and communities, supporting patient activation and enabling self-management.

Traditional notions of procurement and commissioning are not suitable to deliver the outcomes needed in the WQPHN footprint. Outcomes for the Outback articulates how WQPHN's role as commissioners can add value to local systems by:

- bringing stakeholders together to make decisions
- fostering close operational partnership between commissioners and providers
- simplifying financial arrangements
- offering improvement support to providers.

Ultimately, this approach enables a shift in focus from funding activity to delivering value, measured through improved health outcomes, consumer experience and equity within the unique context of Western Queensland.

THE COMMISSIONING CYCLE

Informed by our strategic partners and the Australian Government Commissioning Framework, the WQPHN Outcomes for the Outback Commissioning Cycle is contextualised to suit the unique rural and remote needs of WQPHN.

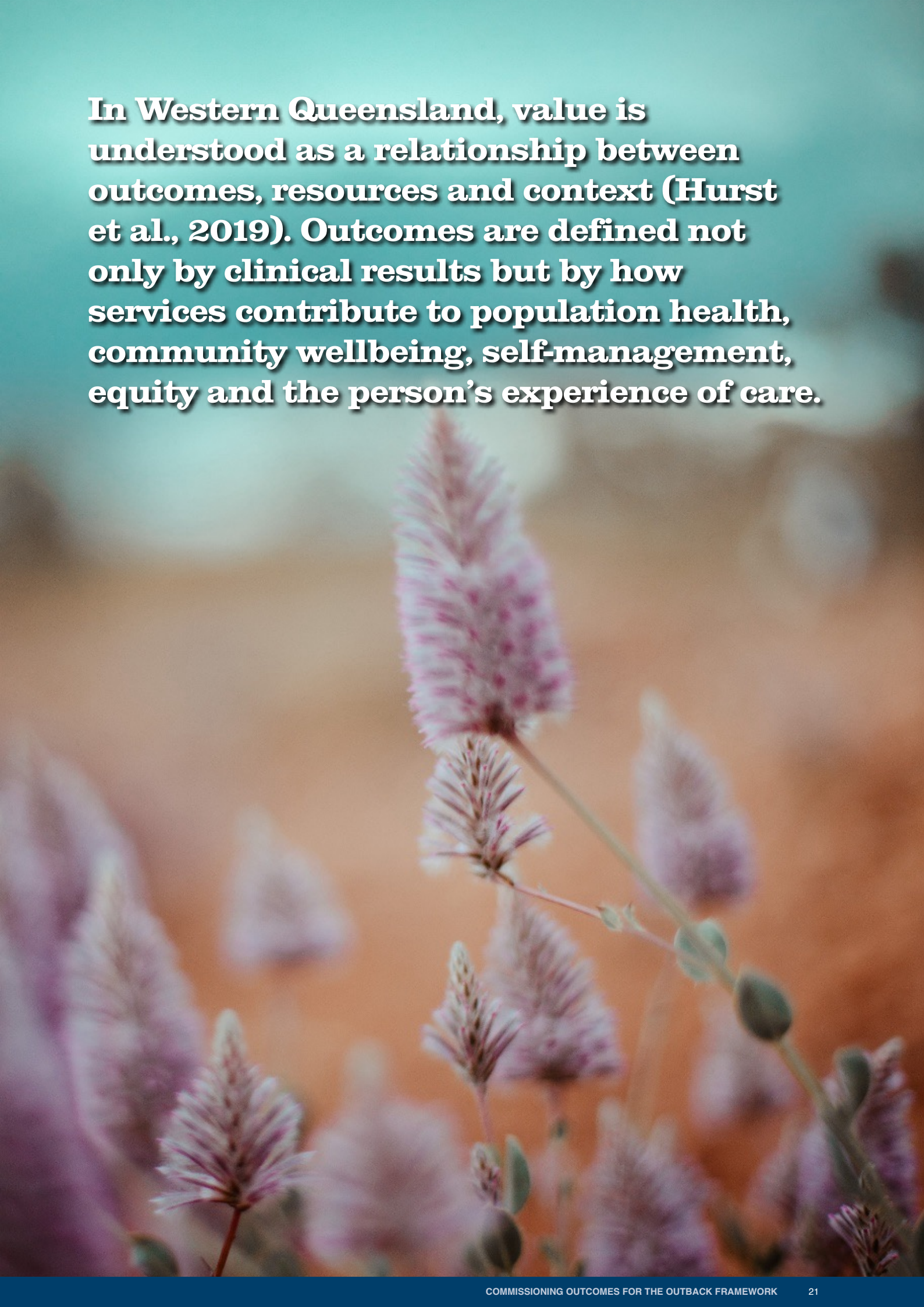
Rather than a linear sequence of discrete steps, the cycle is a dynamic and integrated process, where each phase continuously informs and reinforces the next.

The six-step cycle is focused on delivering effective, efficient and quality care for consumers, in an environment of continuous improvement, innovation and transformation of the primary health care system.

Figure 6. WQPHN Outcomes for the Outback Commissioning Cycle

Shifting the focus, from funding activity to delivering value.

In Western Queensland, value is understood as a relationship between outcomes, resources and context (Hurst et al., 2019). Outcomes are defined not only by clinical results but by how services contribute to population health, community wellbeing, self-management, equity and the person's experience of care.



COMMISSIONING PRINCIPLES

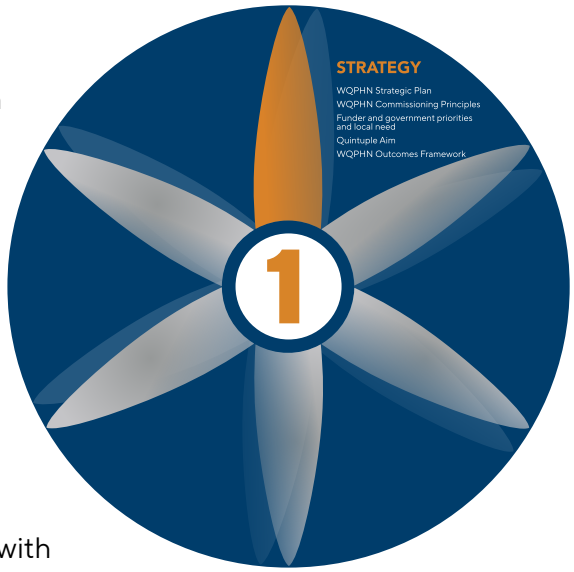
Twelve principles guide the Outcomes for the Outback Commissioning Cycle. They define our values and shape how we deliver impact through relationships, evidence, outcomes and place-based insight.

Figure 7. Commissioning principles

SIX STEPS TO COMMISSIONING IN WESTERN QUEENSLAND

The Commissioning Cycle turns principles into action. Informed by strategic partners, national commissioning frameworks and the unique rural and remote context of Western Queensland, it's a dynamic, integrated process—each phase informing and reinforcing the next. This cycle enables continuous improvement across primary health care, with a consistent focus on community health and wellbeing outcomes.

STEP 1. STRATEGY



Strategy sets the direction for commissioning in Western Queensland. It's grounded in the national PHN strategy and guided by our WQPHN Strategic Plan, which outlines our vision, partnership model and commitment to the Quintuple Aim.

The Outcomes for the Outback Commissioning Framework turns this vision into action. It's a practical, adaptive roadmap that helps us respond to changing needs while staying aligned with national and state priorities.

At this stage, we focus on building trusted relationships, with communities, service providers and stakeholders. This relational approach ensures our commissioning decisions are collaborative, integrated and outcome-focused.

We use strategy to drive:

- Innovative service design
- Meaningful collaboration
- Performance measurement
- Long-term improvements in population health

We do this through:

- WQPHN Strategic Plan
- WQPHN Commissioning Principles
- Funder and government priorities and local need
- The Quintuple Aim
- WQPHN Outcomes Framework

STEP 2. UNDERSTAND NEEDS

To commission effectively, we must understand the health and wellbeing needs of our communities, across diverse geographies, cultures and service contexts.

We do this through a JRHNA, developed in partnership with the three HHSs. This annual analysis combines data, local insights and community engagement to identify health priorities, service gaps and opportunities for integrated, person-centred care.

This step helps us target investment where it matters most, improving outcomes, promoting equity and ensuring value for money.

The JRHNA draws on health intelligence to assess:

- Population health and disease burden
- Risk factors and vulnerable groups
- Social determinants of health
- System failures and service gaps unique to Western Queensland

We do this through:

- Data collection and analysis
- Consultation and engagement
- Population health profiling
- Service mapping
- Interrogation of data

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STEP 3. PLAN

Planning helps us prioritise services and make the most of available resources. It's where we turn insights from the JRHNA and other data sources into clear strategies for improving access, coordination and efficiency across the region.

We focus on aligning investment with the greatest potential for impact, guided by VBHC principles and grounded in local capability, workforce capacity and practical delivery considerations.

Planning also identifies quick wins and long-term opportunities, ensuring our commissioning decisions reflect both evidence and community context.

We do this through:

- Validating data and insights
- Identifying health inequities and service gaps
- Setting regional priorities
- Assessing market capacity and readiness
- Partnering with stakeholders for joint planning

STEP 4. DESIGN

Design is where we shape solutions with stakeholders that are integrated, sustainable, outcomes-focused and locally relevant.

At WQPHN, design is guided by co-design as a mindset. We work alongside consumers, clinicians, community leaders and service providers to ensure care reflects what matters most to people and communities.

Design is not a one-off activity. It's an ongoing process where community insight, system intelligence and commissioning intent come together to create models of care that are adaptive and scalable.

We do this through:

- Co-design as a mindset
- Designing for outcomes
- Designing for a system of care
- Enabling innovative and adaptive solutions
- Using evidence-informed design tools

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5

STEP 5. PROCURE

Procurement at WQPHN goes beyond traditional contracting. We use collaborative, outcomes-focused approaches that reflect our commitment to relational commissioning. This stage extends beyond service procurement. It involves engaging the provider market to improve health outcomes, strengthen system integration and optimise value for investment.

Our procurement strategies align with VBHC by using flexible models such as bundled payments, alliance contracting, blended funding and outcomes-linked incentives. These methods support locally responsive service delivery while maintaining accountability for results.

We do this through:

- Alliance contracts
- Value for money
- Outcomes-based procurement and partnering
- Co-commissioning opportunities
- System-aware and needs-led procurement

STEP 6. MONITOR, EVALUATE

Monitoring and evaluation help us ensure that commissioned services deliver outcomes, value for money and continuous improvement. We embed performance monitoring into contracts using both quantitative and qualitative indicators. This allows us to track progress, identify early opportunities for adaptation and ensure services stay relevant and effective.

Evaluation is integrated across the commissioning cycle. It provides the feedback loop that informs future decisions and supports a system-wide shift toward outcome and wellbeing-oriented investment.

We increasingly use value measures such as patient-reported outcomes and experiences, equity impact, cost per outcome achieved and system integration gains. These insights help us learn, adapt and invest in what matters most.

We do this through:

- Monitoring, learning, adapting and improving
- Measuring progress and evaluating value
- Measuring what matters
- Creating continual feedback loops
- Assessing outcomes to inform future investment

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APPENDIX: SYSTEMATIC REVIEW OF PRIMARY HEALTH CARE DELIVERY MODELS IN RURAL AND REMOTE AUSTRALIA

Access to consistent and quality primary and preventive care is associated with improved health outcomes and lowers both the burden and cost of disease on individuals and the health system. Yet communities in rural and remote Australia continue to lack this access and have poorer health outcomes than people living in metropolitan areas.

This was recognised in 2006, almost 20 years ago, when Wakerman, in a systemic review of primary health care delivery models in rural and remote Australia, identified that rural health policies over the previous decade had been driven by the need to reduce health inequalities between metropolitan and rural Australia (Wakerman, et al. 2008). In attempts to address long standing issues of geographical disparity, policies had concentrated on workforce issues, specifically targeting the medical workforce.

Since then, there has been continued recognition of the systemic issues that require attention to improve health outcomes for rural and remote Australians. Yet these communities continue to suffer without effective coordination across federal, state and service-level policies to drive improved health outcomes.

Recognising that rural and remote health care required attention to a much broader range of issues, a National Strategic Framework for Rural and Remote Health was developed in 2011 (Australian Health Ministers' Advisory Council 2011). The Framework identified the same broad enablers and requirements for primary health care services in rural and remote Australia as the Wakerman review, five years earlier (Box 1).

Australia's complex and multi-dimensional health service system provides many challenges in delivering integrated person-centred care, which is a major aspiration of emerging evidence-based service delivery. These system design challenges are further exacerbated in regional, rural and remote settings.

Governments have recognised that addressing these challenges can be achieved more effectively and efficiently through mechanisms developed around local circumstances, capacity and opportunities. Enabling place-based solutions requires both local action and empowerment within communities, and alignment in policies and programs to effectively and efficiently commission and deliver those community-led, place-based solutions.

Box 1.

Systematic review of primary health care delivery models in rural and remote Australia *(Wakerman et al. 2008)*

Development of primary health care services should be guided by addressing three key environmental enablers:

- Supportive policy
- Commonwealth/State relations
- Community readiness

and five essential service requirements:

1. Workforce organisation and supply
2. Funding
3. Governance, management and leadership
4. Linkages
5. Infrastructure

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Western Queensland PHN acknowledges the traditional owners of the country on which we work and live and recognises their continuing connection to land, waters and community. We pay our respect to them and their cultures and to elders past and present.