

# NQPHN Primary Care Commissioning and Panel (PCCP)

## Terms of Reference

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### 1. Definition of commissioning

As a commissioner, Northern Queensland Primary Health Network (NQPHN) has an important role to play in working closely with systems partners to drive meaningful improvements and shape a service system that is well positioned to meet the changing needs of the people and communities across our region.

Commissioning is more than the procurement of services. It is a strategic, evidence-based approach to planning and purchasing services, based on local priorities and needs. Commissioning is:

- **a method and process:** a continual and iterative cycle involving the development and implementation of services based on needs assessment, planning, co-design, procurement, monitoring and evaluation
- **a mindset:** an emphasis on outcomes, consumer centricity, relationship development, strategic investment, innovation, and a population-based approach
- **enabled by:** collaboration between networks of providers and health intelligence to guide investment and monitor effectiveness.

The role of NQPHN in commissioning involves:

- understanding the needs of the local population
- prioritising and planning services to meet those needs
- working closely with stakeholders, service providers, and communities to design, fund, and support delivery to ensure needs are met
- purchasing or procuring new services to address gaps and achieve value for money
- monitoring and evaluating the effectiveness of those services, to learn and improve, ensuring resources can be invested to maximise impact.

### 2. Aims and objectives

The Primary Care Commissioning Panel (PCCP) provides local primary care clinicians with a platform to inform NQPHN with contemporary advice and experience of local health needs and priorities. The Panel also provide primary care input into the design of services to be procured. The Panel are a primary care specialist panel that works with NQPHN to codesign solutions that are fit for purpose within the geographical context of North Queensland. NQPHN has a Commissioning Framework that sets out guiding principles for commissioning. This Panel is one mechanism NQPHN uses to ensure activity is commissioned according to these principles which are:



*NQPHN acknowledges the Aboriginal and Torres Strait Islander peoples as Australia's First Nation Peoples and the Traditional Custodians of this land. We respect their continued connection to land and sea, country, kin, and community. We also pay our respect to their Elders past, present, and emerging as the custodians of knowledge and lore.*



- encourage innovative and evidence-based approaches to deliver on the outcomes that are important to our consumers and communities
- work closely with our partners to enhance the integration of our service system, reduce duplication, and fill service gaps
- deliver high value care that uses resources efficiently while achieving optimal outcomes for each consumer
- collaborate with our communities, people with lived experience of the health system, stakeholders, partners, and providers to co-design our commissioning activities
- invest in our providers to build the capacity and capability of our market, and to support the development of the local workforce and local skills
- work closely with our providers to understand the impact our interventions are having, share successes, and learn from and continuously improve how we work together
- ensure commissioning and procurement decisions are fair, accountable, and transparent
- have a lasting impact on our region, consumers, communities, and providers by building the sustainability of the service system
- undertake respectful, meaningful, and purposeful engagement with First Nations stakeholders by striving for cultural safety and no harm, building trust, and maintaining transparency, equity, and accountability.

### 3. Roles and responsibilities of the PCCP

The PCCP acts in an advisory capacity to NQPHN. The panel will be convened for time limited periods when primary care input is required in commissioning projects. Panel members who have indicated specialist expertise or an area of interest that aligns with the commissioning and service design projects, will be asked to participate in meetings for these time limited periods. The roles and responsibilities for the panel are as follows:

- advise on improvements in the quality of care and pathways between hospital and general practice
- advise when healthcare pathways don't align with national or NQPHN specific priorities, and when vulnerable population cohorts need to be better and more efficiently managed within the primary health care system
- review and provide advice and input into local population health planning processes
- provide advice about services and codesign solutions based on evidence, to address gaps in care, taking into account the geography of North Queensland and its unique needs
- provide content expertise and input into commissioning projects focused on the primary care journey and its interface with tertiary services and social care
- network with colleagues and others to ensure a good understanding of local health care needs
- disseminate endorsed information to colleagues and community members
- act as regional champions of locally relevant clinical care pathways designed to streamline patient care

- assist NQPHN to develop strategies to reduce avoidable hospital presentations and admissions.

#### 4. Membership

##### i. Representation

- General practitioners (must be registered with AHPRA, currently in clinical practice)
- Allied health professionals (must be registered with AHPRA, currently in clinical practice within a primary care setting)
- Pharmacists (must be registered with Pharmacy Board / AHPRA, currently in clinical practice)
- Nurse practitioners
- Aboriginal and Torres Strait Island Workers in General Practice or in Aboriginal Medical Services (must be registered with AHPRA and actively practicing)
- Practice nurses (must be registered with AHPRA and actively practicing)
- Practice managers

##### ii. Area of interest and expertise:

- Chronic disease management
- Mental health and alcohol and other drugs
- Child and maternal health
- Aboriginal and/or Torres Strait Islander health
- Older persons health
- Dementia and palliative care
- After hours care
- Public health/determinants of health
- Other special interest areas (Culturally and Linguistically Diverse (CALD) communities, LGBTQI+, young people, and vulnerable peoples)

##### iii. Secretariat Representation

NQPHN representative to act as Secretariat.

##### iv. Nomination of a Chair

The Chair may change for various commissioning projects. The Chair will always be a senior leader of NQPHN.

##### v. Nomination of Members

Members are selected for their expertise regardless of any affiliation with specific stakeholder groups or services. As such, members are appointed as individuals to fulfil their role on the committee. Members will be appointed for a period of up to two years. It is not expected that all members will participate in all meetings. Meetings will be called to provide input into commissioning projects for a time limited period. Only those that have registered their interest or expertise in the topic/issue/area that aligns with the commissioning project will be invited to attend. When engaged to advise on projects, clinicians will be remunerated on an hourly rate.

## 5. Quorum

A quorum will consist of 50 per cent of those with a registered interest in the speciality area or if more than five members are present. Meetings are advisory in nature and do not involve voting.

## 6. Meetings

### vi. Frequency and length

Meetings will usually be 1- 1.5 hours in duration. Meetings will be convened to gather primary care input into commissioning projects and may be stand alone or time limited (up to three meetings), oriented around the timelines of the project and the engagement required. All meetings will occur in the evenings of a week day to facilitate maximum engagement by primary care providers.

### vii. Contribution fees

The majority of meetings will be conducted online. Members will receive a contribution fee and expenses to attend meetings in line with NQPHN's Stakeholder Reimbursement and Remuneration Policy.

## 7. Communication mechanisms

Meeting invites will be sent at least 2-3 weeks prior to meetings.

The agenda and meeting documents will be distributed seven calendar days prior to the meeting.

Minutes and follow up action should be provided to members no later than one-week post meeting.

The Chair is responsible for ensuring that the minutes of meetings accurately record key actions and discussions at each meeting.

## 8. Expected member conduct


All members of the council are required to read and execute the NQPHN Code of Conduct and these Terms of Reference, prior to attendance at their first meeting, or at the next possible opportunity.

Members of the NQPHN PCCP agree to:

- observe the highest standards of impartiality, integrity, and objectivity in relation to the advice they provide
- participate in a positive manner and provide constructive advice that does not denigrate another individual or health or community service
- be accountable for their activities and for the standard of advice they provide to NQPHN
- declare any relevant personal and non-personal conflicts of interests at the time of meeting acceptance and complete a conflict-of-interest declaration form. Members will inform the Secretary before each meeting of any change in their relevant interests. The minutes of each meeting will record declarations of interest and how that conflict was managed.

## 9. Confidentiality

From time to time, the PCCP will have access to sensitive information which might not be in the public domain or otherwise readily available. Members will protect and manage the confidential nature of



such information and will adhere to an expectation of non-disclosure and not forwarding or otherwise sharing confidential information.

In the event that a member is unsure of the nature of information shared at a meeting, it is incumbent upon the member to seek the advice of the Chair regarding the confidentiality or otherwise of the information.

#### 10. Public comment/media engagement

PCCP members (including the Chair) are not authorised to make any public comment which is, or may be perceived as, representing NQPHN. Members should avoid making public comments which may be construed as an NQPHN position or opinion.

#### 11. PCCP performance

The PCCP will undertake a self-assessment process annually which includes:

- comparing practice and operations to these Terms of Reference
- identifying improvements to PCCP practice
- making recommendations for change to the Terms of Reference.

The function and effectiveness of the PCCP may be reviewed by NQPHN at any time.