Primary Health Networks Program Complaints Policy

September 2025

Title: Primary Health Networks Program Complaints Policy

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# Overview

## Complaints Policy objective

The Department of Health, Disability and Ageing’s (the department) Primary Health Networks (PHN) Program Complaints Policy (the Policy) provides guidance for lodging a complaint about the PHN Program. The Policy ensures complaints are managed consistently, fairly, efficiently and effectively as outlined in the guiding principles in [Appendix A](#AppendixA).

## PHNs and the PHN Program

PHNs are independent organisations funded by the department to coordinate primary health care in 31 health regions across Australia. This national network of PHNs is funded through the PHN Program to streamline health services and better coordinate care.

PHNs deliver 3 core functions:

* **coordinate** and integrate local health care services to improve quality of care, create a better experience for people, and encourage better use of health resources
* **commission** primary care and mental health services to address population health needs and gaps in service delivery, and
* **build capacity** and provide practice support to primary care and mental health providers to support quality care delivery.

PHNs do not deliver health services themselves. PHNs commission service providers to deliver national and place-based programs in the PHN’s region. When commissioning health services, PHNs commonly have autonomy and flexibility to decide which services or healthcare interventions should be prioritised within their regions and who should provide them.[[1]](#footnote-2) Achieving value for money is a core requirement of PHN commissioning processes, and decisions must be made in an accountable and transparent manner. While the department provides support and guidance to PHNs, the commissioning decisions of PHNs and the contractual arrangements they enter into are independent of government.

PHNs are required to operate in accordance with their obligations to the Commonwealth as set out in the PHN’s funding agreements and associated terms and conditions, policies and other relevant PHN Program material. This includes a requirement for PHNs to have their own robust complaints handling policies and procedures.

PHNs are incorporated entities under the Corporations Act 2001 (the Act), independent of the Commonwealth. As independent companies, PHNs are required to operate in accordance with their obligations under the Act. As not-for-profits, PHNs must also comply with obligations under the Australian Charities and Not for-Profits Commission Act 2012 (ACNC Act), in addition to their obligations to the Commonwealth.

Further resources on PHNs and the PHN Program are provided in [Section 4.3](#_Resources).

## Our commitment



## Complaint definition and scope

The Policy defines a complaint as:

An implied or express statement of dissatisfaction about any aspect of the PHN Program where a response is sought, is reasonable to expect, or is legally required.

Complaints can be made directly to the department by the complainant or by a complainant’s delegate or advocate.

The department receives and reviews all complaints and refers complaints that are within the scope of the Policy to an independent third party for action.

**Independent third-party referral**

The department has engaged McGrathNicol Advisory (McGrathNicol) as the independent third-party provider to lead the handling and investigation of complaints where required. McGrathNicol undertakes complaints activities in line with this Policy and will engage directly with the complainant as appropriate.

### In scope complaints

The following types of complaints are in scope of the Policy:

| Complaint type | Complaint referred to |
| --- | --- |
| * Concerns about the department’s management of the PHN Program
 | The department or independent third party (McGrathNicol) |
| * Concerns that a PHN is not acting in accordance with its obligations under the PHN Program funding agreement with the department, including:
	+ suspected fraud against the Commonwealth by a PHN
	+ misuse of Commonwealth funds, or assets purchased with Commonwealth funds, by a PHN
	+ concerns the PHN is not meeting the objectives of the PHN Program
	+ concerns related to PHN not meeting governance arrangements in line with its obligations
	+ inadequate or inappropriate handling of conflicts of interest and/or transactions with related parties by the PHN
	+ inadequate or inappropriate stakeholder engagement by the PHN relating to assessment of health needs, coordination of health services, commissioning processes or capacity building functions
	+ concerns the PHN has not undertaken a commissioning process in line with its obligations and/or its own commissioning framework
	+ possible breaches of privacy by the PHN
	+ concerns complaints have not been handled in accordance with the PHN’s own complaints handling policies and processes.
 | Independent third party (McGrathNicol) |
| * Dissatisfaction with the department’s or an independent third party’s assessment of a complaint and/or an outcome of the complaints handling process.
 | The departmentorindependent third party (McGrathNicol)or[Commonwealth Ombudsman](https://www.ombudsman.gov.au)Ph: 1300 362 072 |

### Out of scope complaints

The following complaints are out of scope of the Policy:

| Complaint type | Complaint referred to |
| --- | --- |
| * Complaints about the business operations and decisions of a PHN as an independent organisation are generally out of scope of the Policy and are best handled directly by the PHN. Examples include:
	+ the outcome of a PHN commissioning process
	+ PHN funding decisions (which may include commissioning or procurement activity by the PHN)
	+ operational and service delivery decisions made by PHNs
	+ contract management matters between a PHN and its service provider
	+ contract management matters between a PHN and its staff
	+ professional conduct or performance of PHN staff
	+ PHN staff grievances and/or industrial relations complaints.
* Complaints about a service provider funded by the PHN are out of scope of the Policy and are best handled directly by the PHN or the service provider. Examples include:
	+ dissatisfaction with the type or level of service provided
	+ professional conduct or performance of the service provider and its staff
	+ operational decisions made by the service provider.
 | Relevant PHN |
| * Complaints about discrimination and/or breaches of human rights.
 | [Australian Human Rights Commission](https://humanrights.gov.au/about/contact)Ph: 1300 369 711 |
| * Complaints related to contravention of workplace laws, including enterprise agreements.
 | [Fair Work Ombudsmen](https://www.fairwork.gov.au/about-us/contact-us)Ph: 13 13 94 |
| * Complaints about breaches of privacy by a PHN funded service provider.
 | [Office of the Australian Information Commissioner](https://www.oaic.gov.au/contact-us)Ph: 1300 363 992 |
| * Complaints related to public interest disclosures which fall under the Public Interest Disclosure Act 2013 (PID Act).
 | [Public interest disclosures Department of Health, Disability and Ageing](https://www.health.gov.au/about-us/corporate-reporting/report-to-us/public-interest-disclosures) |

Complaints that are assessed as out of scope of the Policy will receive an acknowledgment of receipt and may be handled in several ways, depending on the nature of the complaint.

Commonly, out of scope complaints are redirected to the relevant PHNs for response and resolution under the PHN’s complaints handling policies and procedures. In these cases:

* the complainant may choose to redirect their complaint to the relevant PHN, or
* the department may redirect the complaint to the PHN on the complainant’s behalf, with the complainant’s permission.

A complainant wishing to lodge a complaint directly with a PHN should contact the relevant PHN. A list of PHN contact details is located on the [department’s website](https://www.health.gov.au/our-work/phn/contacts) – see also links in [Section 4.3](#_Resources).

For other out of scope complaints the department can assist the complainant with finding the appropriate complaint pathway.

# Complaints process

## Who can make a complaint

Anyone can lodge a complaint about the PHN Program. The department values your insights so we can identify areas for improvement to the PHN Program.

The department encourages people raising complaints to provide their contact details as it allows us to:

• actively involve them in the process

• keep complainants updated on the status throughout the process, and

• check that complaint outcomes meet their expectations.

### Confidential and anonymous complaints

While the department encourages complainants to provide contact details, we understand that some complainants may wish to remain anonymous or keep their information confidential. We want everyone making a complaint to feel safe and able to raise their concerns without fear of negative consequences.

The department offers two ways for a complainant to make a complaint without sharing their identity:

1. **Confidential complaint** – we will not share particular detailswith the PHN, including:
* the identity of the complainant
* complaint details that may make the complainant identifiable, and/or
* any specific information the complainant requests not to be shared.
1. **Anonymous complaint** – we do not ask for identifying information.

If anyone is worried about providing information due to fear of negative consequences, it is important they raise this with the department.

Complainants who choose to make an anonymous complaint cannot be informed of progress or outcomes without contact details being provided. The department’s ability to assess and resolve anonymous complaints may also be limited.

### Representative for complainants

If a complainant prefers or needs another person or organisation to assist or represent them in the making of their complaint, complaints officers will communicate with them through their representative if they wish.

## How to lodge a complaint

Complaints about the PHN program should be lodged in writing via mail or email as below:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|

|  |  |
| --- | --- |
| Mail | Email |
| PHN Program ComplaintsMDP 810 Primary Health Networks and Partnerships BranchPrimary Care DivisionAustralian Government, Department of Health, Disability and AgeingGPO Box 9848, Canberra ACT 2601, Australia | PHN.Complaints@health.gov.au |

 |

### What information to include when making a complaint

The more information that is provided on lodgement of your complaint, the easier it is for the department to consider and respond to your complaint. We encourage complainants to provide the following information when they lodge a complaint:

* details of the complaint (including time, date and place)
* any available evidence to support the complaint
* details of any attempts the complainant has made to resolve the matter
* any urgent wellbeing, health or safety implications for those involved or the public more widely
* the complainant can also specify what resolution looks like for them (e.g. review of process, explanation, information, rectification of an error, or an apology), so the complaints officer can consider when assessing the complaint.

Also see [Section 2.1.1](#_Confidential_and_anonymous) regarding making a confidential or anonymous complaint.

### Withdrawing a complaint

A complainant can withdraw their complaint at any time during the complaint process without consequence.

### No wrong door

The department applies the Commonwealth Ombudsman’s ‘no wrong door’ principle. The department and McGrathNicol will work with complainants, relevant areas of the department and with other agencies to help people find the right complaint pathway.

### No cost

There are no fees and charges associated with lodging a complaint to the department.

## Complaints Process Flow Chart

An overview of the complaints process is below[[2]](#footnote-3). Further detail on the phases of the complaints process is provided at section 2.4.



## Phases in the complaint process

The complaints process (see flowchart) has several phases as outlined below.

1. Acknowledge receipt of a complaint

The department will acknowledge receipt of the complaint within 5 business days.

If a complaint is anonymous, no acknowledgement will be made unless contact details are provided.

Assess and triage complaint

Complaints officers will assess the information provided by the complainant to understand the nature and context of the complaint, whether it is in scope of this Policy and how best to handle the complaint.

If required, complaints officers may contact the complainant for clarification. This could include asking questions and collecting extra information to help assess the complaint.

If the complaint, or elements of a complaint, are assessed as in scope of the Policy, the department will refer the entire complaint to McGrathNicol for resolution, including handling of any out of scope elements. If the entire complaint is assessed as out of scope, the department will handle the complaint. More information on how out of scope complaints are handled can be found in [Section 1.4.2](#_In_scope_complaints).

Resolution

For in scope complaints, McGrathNicol will work with the complainant and, where appropriate, other parties (including PHNs) to resolve the complaint.

There are several resolution approaches available, including but not limited to the following:

| Early resolution | Complaints that do not require a formal investigation to reach a fair and reasonable outcome can be resolved quickly. This may include an apology or explanation. Even if the complaint does not require a full investigation, it is still important and will be taken seriously.  |
| --- | --- |
| Investigation | McGrathNicol will conduct investigations for in scope complaints that require a formal investigation to resolve the complaint. Due to the sensitive and complex nature of some complaints, extended timeframes are often needed to resolve and finalise the investigation. The complainant will be notified of:* the decision to investigate a complaint or elements of a complaint, and
* the estimated timeframe for resolution.
 |

Communicate the outcome and finalise

Once a complaint is ready to be finalised, the complaints officer will notify the complainant and PHN (where relevant), and:

* explain the final decision made in relation to the complaint
* provide an opportunity for response from the complainant (and PHN where relevant)
* provide a written copy of the decision, and
* explain the complainant’s right to review.

If a complainant is not satisfied with the review outcome, further review can be sought. See [Section 2.5](#_Right_to_review). for detail of this review process.

Quality assurance and continuous improvement

Complaints offer valuable insights into the effectiveness of the Policy and complaints handling process, and opportunities for improvement of the PHN Program.

The department has processes to review performance, identify continuous improvement opportunities, and implement changes based on the lessons learned from complaints.

## Right to review

**If you’re not happy with the outcome**

A complainant can ask for a review if they disagree with the outcome of a complaint or believe that the complaint procedure may have been unfair. A review will be conducted by a reviewing officer in the department or McGrathNicol who was not involved in the original complaint assessment. A request for review should be made in writing to the department within 3 months of the complainant being notified of the outcome.

| Mail | Email |
| --- | --- |
| PHN Program ComplaintsMDP 810 Primary Health Networks and Partnerships BranchPrimary Care DivisionAustralian Government, Department of Health, Disability and AgeingGPO Box 9848, Canberra ACT 2601, Australia | PHN.Complaints@health.gov.au |

If a complainant is still not happy with the outcome of a complaint they can contact the [Commonwealth Ombudsman](https://www.ombudsman.gov.au/) through its website.

## Unreasonable complainant conduct

Unreasonable conduct from complainants, including aggressive, threatening, or abusive behaviour towards the department or McGrathNicol, will not be tolerated and may result in ending communication with the complainant.

# Privacy and confidentiality

The department is committed to protecting the confidentiality of personal information in accordance with the Privacy Act 1988 and the department’s [Privacy Policy](https://www.health.gov.au/resources/publications/privacy-policy). This applies when the department responds to complaints or when referring complaints to an external agency, organisation or independent third party. All personal data received is required to be managed subject to the Archives Act 1983 and classified in a manner consistent with the Attorney-General’s Department’s Protective Security Policy Framework. In addition, records relating to actions taken under the Policy are subject to the Freedom of Information Act 1982.

Personal information that identifies individuals will only be disclosed or used by the department with permission or as permitted under the relevant privacy laws, secrecy provisions and any relevant confidentiality obligations.

Complaints officers will ensure that the identity of the complainant is shared as narrowly as possible. However, complainants should be aware that to effectively review a complaint, complaints officers will (in most instances) be required to seek further information/clarification from the PHN and the nature of the complaint will be discussed with the PHN.

Information received from the relevant PHN during the complaint process may be deemed as confidential or commercial-in-confidence and complaints officers may determine it inappropriate to release or disclose any or all of the information to the complainant. Complaints officers will consider the nature of the information, the circumstances surrounding the communication and receipt of the information, and relevant statutory or contractual provisions when determining whether to release or disclose any or all information received in relation to a complaint.

For more information refer to the [Privacy Notice](https://www.health.gov.au/using-our-websites/website-privacy-policy/privacy-notice-for-phn-program-complaints-policy) for the PHN Program complaints policy.

## Record keeping

Complaints officers will keep records about:

* the complaint correspondence
* how the complaint was managed
* the outcome/s of the complaint
* any recommendations made to address issues identified
* any decisions made on those recommendations and
* if applicable, feedback provided to the PHN.

Complaints officers will record complaints and outcomes in a complaint register. Throughout the complaints handling process, timely records of all actions, decisions and information collected and considered in the decision-making process will be made. The department will manage records in accordance with legal and policy requirements.

# Related policies, resources and references

## Records management

Complaints officers will record, monitor and manage complaints in accordance with the:

[Commonwealth Ombudsman’s Better Practice Complaint Handling Guide](https://www.ombudsman.gov.au/__data/assets/pdf_file/0025/290365/Better-Practice-Complaint-Handling-Guide-February-2023.pdf)

[Australian Standard AS/NZS 10002-2022 Guidelines for Complaints Handling in Organisations](https://www.standardsau.com/preview/AS%2010002-2022.pdf)

[Privacy Notice for PHN Program Complaints Policy](https://www.health.gov.au/using-our-websites/website-privacy-policy/privacy-notice-for-phn-program-complaints-policy)

## Policies

[Privacy policy | Australian Government Department of Health, Disability and Ageing](https://www.health.gov.au/resources/publications/privacy-policy)

[Public interest disclosures | Australian Government Department of Health, Disability and Ageing](https://www.health.gov.au/about-us/corporate-reporting/report-to-us/public-interest-disclosures)

## Resources

Available on the Department of Health, Disability and Ageing website:

[What Primary Health Networks are](https://www.health.gov.au/our-work/phn/what-PHNs-are)

[What Primary Health Networks do](https://www.health.gov.au/our-work/phn/what-PHNs-do)

[How we support Primary Health Networks](https://www.health.gov.au/our-work/phn/how-we-support-PHNs)

[Your local Primary Health Network](https://www.health.gov.au/our-work/phn/your-local-PHN)

[Primary Health Networks contacts](https://www.health.gov.au/our-work/phn/contacts)

## References

[Primary Health Networks (PHN) grant program guidelines | Australian Government Department of Health, Disability and Ageing](https://www.health.gov.au/resources/publications/primary-health-networks-phn-grant-program-guidelines?language=en)

[NSW Ombudsman | Managing unreasonable conduct by a complainant](https://www.ombo.nsw.gov.au/guidance-for-organisations/resources/managing-unreasonable-conduct-by-a-complainant)

Appendix A: Guiding principles in detail

Throughout the complaints process – from the time a complaint is lodged through to finalising the outcome of the complaint – the department and McGrathNicol will apply the guiding principles in their assessment and management of the complaint to ensure that complaints are handled consistently, fairly, effectively and efficiently.

|  |  |
| --- | --- |
| Principles | Meaning |
| Fairness and objectivity | All complaints will be investigated impartially, thoroughly, and transparently, with complainants kept informed of progress and results while ensuring their privacy is respected. * All complaints will be treated on their merits and investigated impartially and thoroughly.
* Complaints will be managed transparently, and complainants kept informed about the progress and result of investigations.
* Complainants will not be victimised because of making their complaint.
* Complainants’ privacy will be respected, and staff will investigate complaints discreetly in accordance with relevant legislation and the department’s Privacy Policy.
* Ensure complaints officers and staff declare any actual or perceived conflicts of interest in relation to handling/resolving a complaint.
* Complaints officers will address each complaint with integrity and in an equitable, objective and unbiased manner. Complaints officers will:
	+ act in a manner consistent with APS values and code of conduct
	+ treat a complainant, stakeholders and other individuals with courtesy and respect
	+ communicate with complainants in a clear manner
	+ direct complainants to this Policy, including where/how to locate it on the department’s website, when appropriate
	+ seek probity or other relevant advice as needed
	+ liaise with the relevant PHN to obtain information and advise of areas for improvement where necessary
	+ keep appropriate records
	+ inform complainants, as appropriate, of any outcome/action taken in response to a complaint, and
	+ give the complainant an opportunity to respond to the decision and if applicable provide further information before finalisation.
 |
| Accessibility and visibility | The department will make the complaints process accessible to all people, by providing an easy-to-use interface, trained staff, clear communication, and a publicly accessible Policy. * Lodging complaints will be accessible to all clients, including vulnerable people. Where appropriate and contact details are provided, the department and/or McGrathNicol will support the complainant to make a complaint.
* The department will ensure that this Policy is publicly accessible to complainants and published on the department’s website.
* Complaints officers will direct individuals who make a complaint to this Policy.
* The department will ensure that the complaints handling process is clearly explained and publicised for access, including how to lodge a complaint, making a complaint is free of charge and complaints can be made anonymously.
 |
| Integration and efficiency | The department will work with McGrathNicol and other relevant parties where appropriate to resolve complaints efficiently and transparently and use complaints data to drive improvements. * The department and McGrathNicol will:
	+ Use their collective skills, knowledge and experience to finalise complaints and provide complainants with an explanation of what has occurred.
	+ When required and agreed to by the complainant, collaborate with other Australian Government entities and third parties to resolve complaints without the complainant needing to contact each organisation.
	+ Use complaints data and other feedback to inform improvements in the Policy and PHN Program.
	+ Ensure its responses are proportionate and appropriate.
	+ Attempt to finalise complaints as quickly as possible. The priority and complexity of a complaint will determine how it is triaged and whether it is escalated.
* Complainants can ask for a review if they disagree with the outcome of a complaint or believe that the complaint procedure may have been unfair.
 |
| Responsiveness and accountability | The department and McGrathNicol will act ethically and professionally by addressing complaints responsibly and ensuring timely, proportionate responses to complaints.* Departmental and McGrathNicol staff will act responsibly, ethically, and professionally and be accountable for their role in the complaints management process.
* Be aware and responsive to the needs of vulnerable people and offer additional support to enable full access to the complaints process.
* Ensure the level of assessment and response is proportional to the complexity of the complaint.
* The department and McGrathNicol will ensure that the complainant is kept appropriately informed throughout the complaints process and provided with updates where appropriate.
* Apply a consistent and systematic approach to complainants who continue to behave in an unreasonable manner.
 |

Appendix B: Glossary

| Phrase | Definition |
| --- | --- |
| Complainant | The person or entity concerned about the actions or inaction of a Primary Health Network (PHN) or the management of the PHN Program who has lodged a complaint to the Department of Health, Disability and Ageing (the department).  |
| Complaint | An implied or express statement of dissatisfaction where a response is sought, is reasonable to expect, or is legally required. |
| Complaints officer | The nominated departmental staff member/s managing a complaint and/or the nominated staff member/s at McGrathNicol handling and investigating a complaint.  |
| Compliance | For PHNs, compliance means adherence to obligations and standards outlined in relevant funding agreements and with legislation that includes the Australian Charities and Not-for-profits Commission Act 2012, and the Corporations Act 2001.  |
| Conflict of interest | A conflict of interest occurs when an individual’s personal, professional, or financial interests interfere with their ability to act impartially and in the best interest of their duties or responsibilities. A conflict of interest may be actual, potential or perceived and may be financial or non-financial. |
| Department | The Department of Health, Disability and Ageing (the department) which manages the PHN Program, including producing policy, managing funding and monitoring performance. |
| Fraud | Dishonestly obtaining (including attempting to obtain) a gain or benefit, or causing a loss or risk of loss, by deception or other means. Fraud often involves misrepresentation, concealment, or manipulation of facts to achieve personal or organisational gain, typically resulting in financial gain.  |
| PHNs | PHNs are independent organisations funded by the department through the PHN Program. PHNs commission service providers to deliver health services, they do not deliver services themselves. PHNs have 3 core functions; to coordinate and integrate local health care services to improve quality of care, create a better experience for people, and encourage better use of health resources; commission primary care and mental health services to address population health needs and gaps in service delivery; and build capacity and provide practice support to primary care and mental health providers to support quality care delivery. |
| PHN commissioning | A continual and iterative cycle of developing and implementing services based on assessment of local health needs, planning, co-design with service providers, procurement, monitoring and evaluation. Commissioning for PHNs encompass these full range of activities, not simply the procurement of services. |
| PHN funded organisation OR service provider | An entity that receives funding from a PHN to deliver designated services. The organisations PHNs fund typically provide health services, programs, or initiatives aimed at improving community health outcomes. |
| Stakeholder engagement | Interacting with individuals, groups, or organisations with an interest in (or who are affected by) a PHN-related activity, project, decision, policy or program. It involves communicating, consulting, and collaborating with stakeholders to understand their needs, concerns, and perspectives. |
| Independent third party | An external entity (individual or organisation) that is hired or contracted to manage, investigate, or resolve a complaint as directed by the department. |
| Investigation  | In the context of this Policy, an investigation is an activity to collect information or evidence to a particular standard of proof related to a complaint.  |
| Triage | An activity to prioritise a complaint. The complaints officer/s will consider the risk level, urgency and complexity to decide how the complaint will be handled and by whom. |
| Value for money | Achieving the best possible outcome from spending, considering factors beyond price. In the PHN context, value for money refers to ensuring that government funding and resources are used efficiently and effectively to improve health outcomes for communities – this will include procurement and commissioning activity. PHNs are expected to achieve a balance between financial efficiency and the delivery of high-quality, impactful healthcare services that meet the needs of the population they serve.  |
| Vulnerable people or groups | Vulnerable people or groups as those that are at a disadvantage because of their characteristics and status. This can include people with a disability, the aged, ethnic and culturally and linguistically diverse groups, people from low socioeconomic circumstances, people under the age of 18, the LGBTQI+ community, first responders and First Nations Peoples. Vulnerable people can also include those who are experiencing particular life events, life stages and temporary difficulties. |

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All information in this publication is correct as at September 2025

1. Noting that this autonomy only extends to the boundaries of what is allowed under the PHN funding agreements. [↑](#footnote-ref-2)
2. Steps in the complaints handling process may change depending on the nature of the concerns raised in the complaint. Refer to section 2.4 for more detail. [↑](#footnote-ref-3)