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Monitoring and evaluation in the PHN commissioning context

What is monitoring and evaluation in the PHN commissioning context?

Primary Health Networks (PHNs) use monitoring and evaluation to help ensure that what they commission delivers the required services and outcomes for their community, and provides value for money. Monitoring and evaluation also allows PHNs and their stakeholders to learn lessons from the programs and services commissioned, and to use this knowledge to improve those services and programs.

The review and assessment of the performance of services, and the achievement of outcomes, is a key part in understanding what works, identifying where approaches need to change, and capturing valuable feedback to support future commissioning decisions. There are two ways in which PHNs review and assess the outcomes and performance of services and service providers:

- **Monitoring:** is the process by which PHNs track provider progress in the delivery of services and progress towards the achievement of outcomes. Monitoring can track a range of factors that are relevant to service delivery and operation, including: what is being delivered; how services and/or activities and outcomes are being delivered; compliance with contractual obligations; and the nature and health of the relationship between the PHN and service provider from both their perspectives. Monitoring provides a valuable stream of information.
- **Evaluation:** is how PHNs systematically assess the impact of an activity and/or group of activities that they have commissioned. Doing this helps inform PHNs, providers and wider stakeholders of the impact of the activity and its outcomes, while stimulating continuous improvement. Accordingly, evaluations assess the inputs being made, the processes or activity being delivered, and the outputs and outcomes. Results of evaluations are used to support future commissioning decision making.

Why is monitoring and evaluation important?

In supporting primary health care outcomes, PHNs commission providers to deliver services. Monitoring and evaluation will capture a range of indicators and measures that are important in understanding continual and overall performance. These indicators and measures may include:

- overall performance against a range of agreed outcome measures;
- performance against wider key delivery metrics that relate to activity, outputs or inputs;
- provider performance against key areas of clinical governance including quality, risks and safety; and
- performance against administrative factors including contract management.

Monitoring and evaluation also provides a mechanism to allow PHNs and stakeholders to learn from previous initiatives, and use this knowledge to improve future approaches to the delivery of primary health care.

Monitoring and evaluation therefore supports the PHN in:

- understanding how effective provider solutions are in securing the services and outcomes agreed in the contract;
- understanding the nature and health of the working relationship between PHNs and providers;

- understanding the overall impact of the services and solutions being delivered in achieving health outcomes;
- creating timely awareness of performance or contract issues and supporting appropriate responses;
- informing appropriate review processes and changes that may be required; and
- planning contingency arrangements for instances where significant issues arise and the PHN may need to intervene, and to inform actions by the PHN in such situations.

What is different about monitoring and evaluation in the PHN commissioning context?

Some of the key differences in monitoring and evaluation approaches in the PHN commissioning context are:

- a shift from just monitoring the activity that has taken place, to also focus on whether outcomes and positive impacts have been achieved;
- monitoring and evaluation increasingly being seen as a joint responsibility that is delivered in partnership by PHNs and providers;
- PHNs working more frequently with providers and stakeholders to co-design monitoring and evaluation arrangements;
- increased use of a diverse range of measures such as inputs, delivery volumes, health outcomes secured, patient and provider experience, and financial measures underpinning value for money and cost effectiveness analysis;
- providers being required to collect broader data to support monitoring and evaluation activities - including patient and provider experience measures;
- clear processes for recording, raising and managing issues; and
- a culture of continuous improvement, where changes to services and future commissioning processes are informed by collected data, and the evidence from monitoring and evaluation.

What does monitoring and evaluation in the PHN commissioning context mean for providers?

Adapting to these new ways of working and considering how to work more collaboratively with PHNs are key to providers being able to share more insightful information on their performance and progress. Specific implications for providers include:

- increasing expectations that providers are able to articulate their initial views and ideas around the approaches and metrics that should be used to review performance;
- a more collaborative relationship between PHNs, providers and wider stakeholders to co-design or develop monitoring and evaluation arrangements. Providers will be expected to contribute views and ideas based on their experiences;
- working to develop and agree key metrics that go beyond traditional areas of reporting, and reflect the desire of PHNs to more holistically understand performance; and
- playing more active roles in monitoring and evaluation processes by capturing (and potentially helping to analyse) key data.

PHN approaches to monitoring and evaluation

As PHNs seek to incorporate a greater focus on the outcomes that matter to patients, communities and providers, they may:

- invite providers to take a more active role in monitoring and evaluation (for example, through having input into the development of monitoring and evaluation plans, and through the collection of data). This shift will potentially be seen prior to and during formal procurement processes as well as throughout the duration of contracts;
- seek more real time data to enable more effective monitoring, and enhanced measurement of the impact of services on the expected health outcomes from the commissioned activities;
- seek to ensure that contracts encourage the achievement and measurement of outcomes, as well as outputs and activities;
- seek input from providers when evaluating interventions, or in some circumstances, arrange independent evaluation of interventions; and
- focus more on their relationship with providers, patients and communities during contract delivery to ensure all stakeholders are working effectively together.

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