Needs Assessment and Insights-led Commissioning

Session Summary
August 2025

This Service Provider Panel was presented by Brooke Williams, WA Primary Health Alliance (WAPHA) Team Leader – Health Analytics and Business Intelligence.

Brooke's team focuses on population health analytics and data-driven health planning for WAPHA funded services across Western Australia (WA).

This overview of WAPHA's Needs Assessment process provides a deeper understanding of the methodologies and data sources, highlighting the importance of integrating both quantitative and qualitative insights to inform evidence-based health service commissioning across WA.

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Background

As stipulated by the Australian Government Department of Health, Disability and Ageing (DHDA), Primary Health Networks (PHNs) are established to strengthen the primary health care system by supporting providers, commissioning health services and ensuring people receive the right care, in the right place, at the right time - particularly for those at risk of poor health outcomes.

Some people and communities do not have the same access to quality health care and can experience avoidable health inequities. As the operator of WA's three PHNs, WAPHA is responsible for strategically allocating resources to meet the needs of those with an increased susceptibility to adverse health outcomes, excluded groups, and those experiencing the greatest barriers to care.

To fulfill this mandate, WAPHA employs robust evidence-based methodologies to ensure commissioning decisions are insights-led and targeted towards people from under-served communities.

How is this done?

WAPHA rigorously assesses community need using multiple approaches, from broad population-level analyses to bespoke, targeted analyses that directly inform specific commissioning decisions. Our approaches aim to ensure health planning and service commissioning decisions are insights-led, objective and evidence based.

The session provided an overview of three key mechanisms WAPHA uses to identify community needs, leveraging health needs assessment, stakeholder and community engagement, data driven analysis, priority-setting, and commissioning processes.

PHN Program Triennial Needs Assessment

Every three years, all PHNs across Australia are required to undertake and deliver a comprehensive Health Needs Assessment (HNA). This process evaluates the health status of local populations, maps existing health services, identifies service gaps and systemic challenges, and informs the prioritisation of local health initiatives. The purpose of the HNA is to:

- Describe the health of the local community.
- Identify geographic areas and population groups experiencing poor health outcomes.
- Inform the design and commissioning of targeted health programs and services.

- Identify evidence-based priorities and recommended actions to address identified needs.
- Provide a baseline to monitor changes, evaluate interventions, and guide strategies for better health outcomes.

As there are various factors that quantitative data cannot capture, community engagement plays an important role in conducting HNAs by ensuring that local needs and priorities are accurately represented. This approach enhances the relevance and effectiveness of commissioning decisions by aligning them with the diverse conditions across regions.

To support equitable service planning, WAPHA developed a process and methodology for identifying priority locations for people experiencing socioeconomic disadvantage.

WAPHA undertook a large scale literature search to understand how to quantify and geographically pinpoint socioeconomic disadvantage at a granular level. The final methodology involved triangulating socioeconomic disadvantage using the ABS index of relative socioeconomic disadvantage at the SA1 level. The analysis looked at estimated counts within each docile to ensure that there were viable numbers of people in those areas. This information is used to uniform where services should be placed to effectively reach the target population.

Sociotechnical Allocation of Resources (STAR)

This model conceptualises healthcare as a sociotechnical system – integrating the technical dimensions of organisational processes with the social dynamics of people and communities. The model enables WAPHA to make objective decisions regarding where to invest, which services to commission, and whether to modify or decommission existing services. The model is made up of three key components:

- Technical assessment: specifies how multi-criteria decision analysis should be applied and provides the initial shortlist of options from the range of possibilities.
- Decision conference: refines the technical estimates and formulates the allocation of recommendations, based on locally relevant data from key stakeholders.
- Allocation decision: Details the satisfactory and sufficient allocation recommendations.

The STAR model enables service provision to be objectively reviewed and reported against using a common set of standards that answer Leginski's fundamental questions of healthcare provision: *Who receives, what care, from whom, at what cost, with what effect?*

The model also frames organisational performance against a set of stipulations that can be applied across all contracts.

Access to Relative Need Index

WAPHA has adapted the Access Relative to Need Index, a data-driven model that triangulates population health needs, service availability and mobility patterns to provide a measure of accessibility to primary health care services against the predicted health needs of the local population and identify areas of shortfall.

General Practitioner Training National Assessment Tool

This tool guides the placement of general practitioner specialist colleges in placing Australian General Practice Training (AGPT) Registrars in the areas of highest need. It balances two critical factors:

- Community need – based on health outcomes and service gaps
- Training capacity – which requires a presence of accredited practices and available supervisors to support registrar development.

By combining these two factors, WAPHA can identify priority locations for GP registrar placement, ensuring that training investments align with both workforce development and community health priorities. This tool was developed in conjunction with PHNs across Australia, DHDA, RACGP, and the Australian College of Rural and Remote Medicine.

Practice Selection Tool

This is a recently developed tool designed to help WAPHA practice support teams and operational teams prioritise different practices for various activities. This tool is used internally to determine which practices are most suitable for specific services or programs.

The WAPHA operational teams often need to provide support, disseminate information, or gauge interest in new programs. This tool helps identify the most suitable practices for these activities. It is important to note that the tool is restricted to a select group of users who have undergone extensive training on its appropriate uses.

The tool is not designed to understand priority locations for different services. Instead, it is used to identify suitable practices after a bespoke analysis has been conducted to determine priority locations for different services.

How does WAPHA use data to understand priority locations and populations?

Understanding under-served populations within the community is central to WAPHA fulfilling its purpose of:

- Improve the efficiency and effectiveness of primary health care services for patients, particularly those at risk of poor health outcomes; and
- Enhanced care coordination to ensure people receive the right care in the right place at the right time.

Under-served population groups at risk of poor health outcomes include people experiencing socioeconomic disadvantage, older Australians, people from multicultural backgrounds, Aboriginal people, people living with disability, LGBTIQA+ people, veterans and people living remotely.

Evidence through captured data reveals that these populations tend to:

- seek treatment later in the course of an illness
- present to hospital emergency departments more frequently
- face challenges in accessing preventative health care
- have poor health literacy.

WAPHA is acutely aware of the importance of listening to communities and providers to understand needs, preference and what will make a difference at a local level. This is crucial as it provides local nuance that is not always captured through data.