

# Refreshed Provider Documentation Framework

Session Summary  
March 2026

This Service Provider Panel was presented by Jack Blythe, Contracts & Procurement Transformation Lead.

Jack provides leadership and support of organisation-wide procurement and contract management transformation initiatives, with a focus on strengthening governance, standardising processes, and improving system-enabled commissioning practices. This work is closely tied into commissioning and program teams to support effective contract lifecycle management and continuous improvement across the organisation.

The first session of 2026 aimed to update service providers about WA Primary Health Alliance's (WAPHA) updated provider documentation framework, a key deliverable of the Commissioning for Better Health (CBH) program. This included information on the new three-part contract structure and other important improvements being implemented.

## Background

WAPHA is undertaking a coordinated refresh of its service provider contract and performance documentation to support its maturation as a commissioner of health services. As commissioning activity expands in scale and complexity, there is a growing need for a documentation framework that is consistent, transparent, outcomes-focused and proportionate across the full portfolio of commissioned services. The refreshed framework responds to national reform and assurance expectations for Primary Health Networks, including strengthened commissioning, monitoring and reporting of outcomes.

## How will this be achieved?

**Contract restructure into Parts A, B, C**  
WAPHA contracts will now follow a consistent three-part structure. This change is intended to reduce inconsistency between contracts, improve transparency and make contract requirements easier to access and interpret. The new three-part contract structure is highlighted further:



## Part A (Schedule and Special Conditions: Service specific details)

Part A is intended to capture the elements that are specific to an individual procurement and contract. In the session, WAPHA described Part A as the place where providers will find the contract-specific deliverables and outcomes, payment arrangements, reporting requirements, performance indicators and targets, and any agreed variations. It may also include any negotiated departures from the standard legal terms (Part C) via clearly stated special conditions, with the intent of making "what's different for this contract" easy to identify at a glance.

## Part B (Program and Activity Requirements)

Part B illustrates the program and activity requirements and is intended to apply in a consistent manner for a given program over time, with few exceptions. WAPHA explained that Part B should set out the core requirements of the service (information that is expected to be largely the same regardless of which provider holds the contract) so that the specification can be used across multiple contracts and updated strategically when program requirements change. While early versions may still include some bespoke content, the longer-term intent is a stable, standard specification (ideally over a two-to-three-year period) that improves clarity for providers and consistency in commissioning.

## Part C (General Conditions: standard legal and governance terms)

Part C contains the contract's general legal terms and conditions and is intended to change infrequently. In the session, WAPHA advised that Part C has been drafted from the ground up (rather than as incremental edits to prior templates) and would typically only be updated in response to legislative changes or new Commonwealth

requirements. WAPHA also noted that the terms have been drafted with an emphasis on fairness (including alignment with unfair contract terms principles), while still managing the obligations and risks that flow through from Commonwealth funding arrangements.

WAPHA advised that the new contract structure will be used for new procurement processes, with a phased transition for existing contracts depending on timing and the ability to work through changes with providers. The aim expressed in the session was to move all contracts onto the new framework within approximately 12 months. Participants were also advised that a set of related "framework documents" will sit alongside the contract package (including a revised Performance Management Framework, refreshed clinical governance and notifiable incidents documentation, and inclusive and culturally competent commissioning expectations), with greater clarity in Part A about which documents are incorporated.

The Q&A portion of the session highlighted several operational considerations for providers. Participants sought clarity about how any existing exemptions would be reflected, and WAPHA indicated that exemptions could be captured through special conditions in Part A where a provider has obtained the relevant Commonwealth exemption. Providers also queried termination-for-convenience provisions and raised broader workforce and redundancy cost risks arising from short contract terms and extensions; WAPHA noted existing protections for certain committed costs and described an intention to progressively evolve from strict budget/acquittal approaches toward service-based costing that better reflects the "fair cost" of delivering agreed services.

## Overall themes

Commissioning for Better Health (CBH): Strengthening WAPHA's commissioning function across the whole commissioning cycle.

A more consistent, outcomes-focused and scalable contract structure, split into three parts (A, B and C).

More accessible supporting documentation, with clearer expectations and obligations.

