
Guide to navigating National and State health priorities and targets

Health Policy & Clinical Reform Division and Statewide Contracting Branch

May 2008
Foreword

The health system is complex and multi-faceted and seeks to deliver best practice health services to improve the health and wellbeing of the population through a range of strategies, priorities, targets and plans.

This Framework is a joint initiative of WA Health’s Health Policy & Clinical Reform Division and Statewide Contracting, to set out the strategic purchasing intentions for WA Health.

The Framework seeks to synthesise and map the multiplicity of strategic directions at national and state level to support the collaborative processes between WA Health and Non Government Organisations (NGOs) and to inform future NGO procurement.

The Framework was informed by consultation with key internal WA Health stakeholders and Non Government Organisations. It is been designed as:

A guide to inform and enable NGOs to navigate the numerous national and state priorities and targets and to identify compatibility with current priorities and targets AND
A tool to enable WA Health staff to assess NGO funding applications against current priorities and targets.

The Framework does not override current WA Health service procurement policies with respect to grants, restricted and preferred providers, and tender processes. The Framework also recognises that much of WA Health procurement is through targeted investment such as, for example, the Mental Health Strategy and the HACC Annual Plan.

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1. Background to health reform in Western Australia

A Healthy Future for Western Australians - Final Report of the Health Reform Committee (March 2004)

The current reform program in WA Health builds on the March 2004 final report of the Health Reform Committee (HRC) - *A Healthy Future for Western Australians*. This report, commonly known as the Reid Report, established a vision for the Western Australian health system. 86 Recommendations for reform were identified, directed at every aspect of the health system.

WA Strategic Directions 2005

This paper formulated the key priority areas for implementation of the Reid Report through the Health Reform Implementation Taskforce (HRIT). It was the initial platform and first directions document after the Reid Report. Six priority areas were identified within which WA Health reform would be addressed and coordinated - Healthy Workforce; Healthy Hospitals; Healthy Partnerships; Healthy Communities and Healthy Resources.

The WA Health Clinical Services Framework 2005-2015

The Clinical Services Framework (CSF) was released in September 2005 in response to the Reid Report findings. The CSF outlined a strategic planning framework for the development and provision of health care services throughout Western Australia over the next 10 to 15 years. The CSF recognised that this new direction forward would require the development of new models of care. The Health Policy and Clinical Reform Division (HP&CR) was given the lead role in establishing and supporting statewide Health Networks to develop these models of care.

Health Networks

Health Networks have been established to work collaboratively to develop health policy and services across the State. The WA Health Operational Plan for 2007-08 mandated each network to develop a Model of Care for their area. The WA Health Operational Plan for 2008-09 identifies the development of clinical practice guidelines from the models of care as a key target within the continuing focus of “the right care, to the right people, by the right team, in the right place at the right time”.

Other integral documents underpinning reform

WA Health is committed to safety and quality in patient care and in ensuring the engagement of consumers, carers and communities in decision making, planning service delivery and evaluation. The principles and strategies are described in:

Western Australian Strategic Plan for Safety and Quality in Health Care 2003-2008
WA Health Consumer, Carer and Community Engagement Framework April 2007

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2. Role of the NGO Sector in health service provision

Vital partnership with Government

Non-Government Organisations (NGOs) are critical to the delivery of the full range of health services required to maintain and improve the health of the community, and provide invaluable support for the acute public health care sector. NGOs provide services across the spectrum of health care, from specific disease focused organisations to generic providers of services such as blood products and patient transport.

The skills and professional base of the NGO sector are a valuable part of the WA Health system, bringing their expertise in community development, social research and community consultation. The vital role of NGOs is reflected throughout WA Health’s strategic and operational planning, including:

“Healthy Partnerships” is one of the six key building blocks of the *Strategic Intent 2005-2010*. Included are commitments to increase the role of the NGO sector and to establish a framework in which all service providers understand and have a clear role in WA Health.

*The Clinical Services Framework 2005-2015* which emphasises care in the most appropriate setting to achieve improved health outcomes and to create “Healthy Communities”.

Definition of a Non Government Organisation

The following definition was endorsed by SHEF ⁴ in 2007:

“Organisation or Non Government Organisation (NGO) means an organisation, having corporate status, that provides services funded or purchased by Public Authorities, but not limited to, not for profit organisations and local Government authorities.” ⁵

Current WA Health NGO contract management processes

*Processes for Initiating, Negotiating and Managing NGO Grants, Service Agreements and Contracts - WA Health 2005*

This policy statement sets the framework for WA Health in initiating, negotiating and managing grants, service agreements and contracts with the NGO sector. It builds on the Department of Premier and Cabinet October 2002 policy statement. ⁶

This NGO service procurement policy sets out a model and process for service procurement planning as depicted through flowcharts. It is underpinned by the principles of a commitment to community engagement, effective governance of the public sector, and managing the level of regulation.

The procurement process is based upon assumption of WA Health’s “…Identification of need for a service through to development of a procurement strategy” ⁷.

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⁴ WA Health’s State Health Executive Forum
⁶ Ibid.
⁷ Ibid.
The Context of this Framework

WA Health has achieved significant reform and robust processes around the HOW - the processes - of service procurement with NGOs. Both the Department of Premier and Cabinet’s policy and WA Health NGO service procurement policy refer to procurement based on identified needs and with assessment of NGO Business Cases against strategic directions to ensure that future services purchased from and provided by NGOs are consistent with WA Health’s strategic objectives.

This Framework provides a guide to identifying the key national and state strategic directions within the context of the WA Health NGO service procurement planning cycle - as illustrated in the flowchart on the following page, which is taken from the WA Health NGO service procurement policy.

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8 *Funding and Purchasing Community Services.* Perth; Department of the Premier and Cabinet; October 2002. Page 9.
10 Ibid.
Assess Business Case against WA Health strategic directions

Develop and submit proposal in form of Business Case, or as a response to EOI

Develop and submit proposal in form of Business Case, or as a response to EOI

THIS FRAMEWORK GUIDES & INFORMS THIS STAGE OF THE PROCUREMENT PLANNING CYCLE
3. Targeted Purchasing Principles

The principles guiding this Framework reflect the principles of the WA health reform agenda. The principles are expressed here within a procurement context.

**Principle 1: Promoting and protecting health**

WA Health’s *Strategic Intent 2005-2010*, the *Clinical Services Framework 2005-2015* and the current *Operational Plan 2008-2009* all affirm the need to promote health through a greater emphasis on health promotion and early intervention.

Preventable chronic diseases and injury are major causes of mortality, morbidity and disability and their management and treatment impose a considerable burden on the Australian health system. Investment in sustained, well-targeted purchasing strategies from NGOs can reduce the prevalence of these conditions, delay their development and reduce associated complications, thereby improving health outcomes and reducing the burden on the health system.\(^1\)\(^1\)

**Principle 2: Reducing inequities**

Enhance services that address the significant and widening gaps in health status and life expectancy between different segments of the community, particularly Aboriginal people, those with mental health problems and people of lower socio-economic status.

**Principle 3: Provision of safe, high quality, evidence-based health care**

Purchase services that demonstrate health benefit to achieve better health outcomes.

**Principle 4: A patient centred continuum of care**

Target services and models of care that enhance the integration of health services to improve the patient journey. Support new services that deliver care closer to where people live. Patient-centred services will also address concepts of health promotion, prevention and self-management as much as possible to encourage patient independence in a ‘wellness’ model of health care.

**Principle 5: Optional public / private mix**

Purchasing in partnership with the Non-Government sector to ensure complementarity between the public sector and the Non-Government sector.

**Principle 6: Sustainability**

Purchasing consistent with current strategic priorities and targets to ensure ‘fit’ and sustainability with public health sector reforms.

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4. The Targeted Purchasing Framework Model

The targeted purchasing framework model maps and illustrates the connections between the three tiers of strategic planning, all of which inform purchasing strategies and the procurement of services from Non-Government Organisations.

At Tier 1 are the national priorities, followed by WA Health (state) priorities at Tier 2. At the third Tier, the development of the Health Networks models of care, the Area Clinical Services Plans, and targeted health condition plans are informed by national and state priorities.

For each tier of this hierarchical framework, the key strategic documents and directions have been identified, together with a set of key questions. These Key Questions are intended as a guide to enable funders and NGO providers to identify the current strategic priorities and targets that inform WA Health procurement.
Tier 1 - National Strategic Priorities

### Australian Health Care Agreement

The *Australian Health Care Agreement* (ACHA) is a bilateral 5-year agreement between the Australian Government and each state and territory. The AHCA has historically been the vehicle through which the Australian Government provides significant funding to assist the states and territories to provide free and equitable public hospital services to the Australian community.

The current ACHA 2003-2008 expires on 30 June 2008. In February 2008, the new Australian Government established the National Health and Hospital Reforms Commission, whose task it is to “advise the Government on the key aspects of the framework for the next health care agreements”.

The expectations for the new ACHA are a broader focus to address the burden of chronic disease, the ageing of the population and bridging the health gap for Aboriginal and Torres Strait Islander people.

### National Chronic Disease Strategy 2005

In 2005 AHMAC endorsed a national strategic policy approach to manage and improve chronic disease prevention and care of the Australian population. A framework for improving chronic disease prevention and care across Australia has been implemented and focuses on 3 complementary components:

- The *National Chronic Disease Strategy* which targets asthma, cancer, diabetes, heart, stroke and vascular disease and osteoarthritis, rheumatoid arthritis and osteoporosis - with four key action areas of prevention and promotion; early detection and intervention; integration and continuity of care; self management.
- National Service Improvement Framework
- A blueprint for nationwide surveillance of the determinants of health associated with chronic diseases.

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12 Department of Health and Ageing website. 13 April 2008.
Australian Better Health Initiative 2006

The Australian Better Health Initiative (ABHI) is a 4-year Council of Australian Government (COAG) initiative, which commenced in July 2006. Its aim is to refocus the health system to promote good health and reduce the burden of chronic disease. 5 priority areas for action are identified, which are consistent with the directions of the National Chronic Disease Strategy (2005).

1. Promoting healthy lifestyles
2. Supporting early detection of risk factors
3. Supporting lifestyle and risk modification
4. Encouraging active patient self management of chronic conditions
5. Improving the communication and coordination between health services

WA Health is currently funded for 12 projects across four of the five priority areas. These projects are listed on the Health Networks webpage. 13

National ATSI Strategic Framework 2003

The National Strategic Framework for ATSI Health (2003) commits governments to work together on joint initiatives between health departments and other portfolios on priorities that address:

Strengthening comprehensive primary care
Providing holistic care, including emotional and social wellbeing
Maternity and oral health
Improving the health of ATSI people in custodial settings
Increasing the availability and quality of ATSI data and information

The focus is on the planning of ATSI health services across Australia, followed by the implementation of services. The Australian Health Ministers Advisory Council (AHMAC), through a joint meeting of its Standing Committee of ATSI Health and the National ATSI Health Council, will monitor implementation at regular intervals.

National Mental Health Strategy

The National Mental Health Strategy guided mental health reform from 1993-98. The strategy was re-affirmed in 1998 and again in 2003 through the current National Mental Health Plan 2003-2008. The strategy set the framework for national reform, from an institutional-based mental health system to one that is consumer-focused with an emphasis on supporting the individual in their community. The current Plan identifies four priority themes:

Promotion and prevention
Increasing responsiveness to consumers and carers across all mental health related services
Strengthening quality
Fostering research and innovation

National Action Plan for Older People 2004-2008

The Care of Older Australians Working Group (COAWG), a working group of the Australian Health Ministers Advisory Council (AHMAC), has developed the National Action Plan 2004-2008: From Hospital to Home - improving care outcomes for Older People across the acute-aged care continuum.

The Plan provides national and state governments and service providers with a blueprint for reform across the health and aged care continuum. The Plan identified the following 7 principles, each linked to goals, actions and milestones:

Access to health care appropriate to their changing needs
Services are shaped around the diverse needs of older people
Prevent avoidable admissions to hospitals and premature admissions to residential care
Access to transition care services within the acute-aged care continuum
Integrated services across health and aged care sectors
A skilled and sufficient workforce
Carers and family members equipped to support and care

Key Questions at Tier 1

1. Which of the national strategic priorities does this current or new NGO service proposal fit into?
2. Identify and describe how this current service or new proposal aligns with key priorities in the identified national strategy(s)?

These Key Questions are intended as a guide to enable funders and NGO providers to identify the current national strategic priorities that will inform WA Health procurement strategies.

Funders may apply these questions to:

Determine funding priorities for new targeted investment strategies
Inform the service procurement planning cycle (see Flowchart page 4) or identify whether a NGO funding submission is consistent with strategic priorities

NGOs may be asked to formally respond to the Key Questions as part of their Business Case for ongoing and new funding.
Tier 2 - WA Health Statewide Priorities

Strategic Intent 2005 - 2010

This paper describes WA Health’s key intentions and commitments to achieve “A Healthy Future for Western Australians” and builds on WA Strategic Directions 2005. It reiterates the six priority areas within which WA Health reform will be addressed and coordinated.

Clinical Services Framework 2005-2015

The WA Health Clinical Services Framework (CSF) is the key planning framework guiding the health reform agenda in Western Australia. The CSF reframes the objectives identified in the Reid Report 14 to underpin the work agenda for change and reform, to support the vision 15 of working towards a system that:

Appears to the patient as a single unified system
Has an increased emphasis on health promotion and early intervention programs
Provides care in the most appropriate settings
Access to services closer to home
Culturally secure services

The CSF identifies three priority populations - Aged, Aboriginal and Mental Health, consistent with the Reid Report.

Foundations for Country Health 2007 - 2010

*Foundations* sets out the strategic plan for strengthening services across country WA over the next 3 years. It is guided by the overall State health reform agenda, while recognising distinct and unique needs and challenges of the country health system.

*Foundations* identifies three reform directions:

- Networking health services
- Building healthier communities
- Strengthening and modernising the country health system.

Specific objectives and actions are delineated for each reform direction.

**Western Australian Health Promotion Strategic Framework 2007-2011**

The Reid report identified the need to promote health and reduce inequities in health status through a greater emphasis on health promotion and early intervention, with a focus on Aboriginal communities.

The Framework identifies six priority areas for health promotion investment and action by the WA health system at statewide and community level:

- Healthy eating
- Healthy weight
- Physical activity
- Low risk alcohol use
- Preventing smoking
- Preventing injury.

Strategic directions, proposed actions, target populations and desired outcomes are identified for each priority area.

**Western Australian Framework Agreement on Aboriginal and Torres Strait Islander Health July 2002**

This framework agreement establishes the four-way partnership between the State of Western Australia, the Commonwealth of Australia, the Aboriginal community controlled health sector and Aboriginal communities, which underpins the way in which Aboriginal health strategies, programs and services are developed and delivered.

The key domains for action are:

- Increasing access to health services
- Reforming the health system
- Reconciling community control and empowerment
- Improving health information management
- Strengthening intersectoral collaboration on health
- Improving health financing
WA State Mental Health Plan

*Mental Health Promotion and Illness Prevention Framework 2007-09*
This framework broadly articulates the key roles and collaborative partnerships required to drive mental health promotion, illness prevention and early intervention in Western Australia. The framework provides a representative snapshot of mental health promotion and illness prevention service activity and identifies the roles and functions of the main stakeholder groups.

WA State Mental Health Strategic Plan
Future strategic directions will be set out in the WA State Mental Health Strategic Plan 2009-2014.  

WA Health Operational Plans

The annual Operational Plan identifies the key initiatives, targets and milestones to be addressed in that specific year to deliver the ongoing health reform agenda.

WA Health Operational Plan 2008-2009

The WA Health Operational Plan 2008-2009 identifies the following themes to:

- Deliver patient centric, high quality, safe and efficient care
- Focus on health prevention, early intervention and increasing supported self-care options
- Deploy integrated models of care with a strong push for community based care

Aged Care Model of Care

The Aged Care Network’s *Model of care for the older person in Western Australia* builds on the conceptual and strategic framework of State Aged Care Plan 2003-2008. The *Aged Care Model* describes the broad policy approaches across the continuum of care service delivery for older persons and identifies objectives for each phase of ageing. The key focus areas include:

- Change the model of service from dependency to capacity building and carer input
- Improvement in General Practitioner support
- Management of patients in hospital Emergency Departments
- Chronic disease self management incorporated into service models
- Clinical service delivery models that are specific to the ageing process
- Integration of assessment processes along the continuum of care
- Support for patients and carers as they move along the continuum of care

The *Model of care* clearly identifies opportunities for the community care and residential care sectors to deliver services within its overall policy approach. It also provides clear directions to promote system change across WA Health.

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16 WA Health Operational Plan 2008-2009. Key Initiative 4.2.2
Home and Community Care Triennial Plan 2008/2011

The HACC Triennial Plan 2008/2011 provides direction for the WA HACC Program within the context of national HACC Program directions and community care reform agenda\(^\text{18}\), and within state strategic priorities. The Plan identifies the following key areas:

A continuation of the primary focus on the provision of basic support, maintenance and independence-promoting support services to the HACC target group
A significant proportion of growth funding directed to people with less intense but equally important needs who can benefit from the protective effects of small amounts of service, which they are unable to access from other sources or programs.

Key Questions Tier 2

1. Which of the six key priorities identified in Strategic Directions 2005-2010 does this current service or new proposal fit into?
2. Which of the statewide strategies identified in this Framework does this current service or new proposal fit into?
3. Does this current service or new proposal fit into another strategy not included in this Framework (Identify)?
4. Does this current service or new proposal apply to one of the three priority populations identified in the Clinical Services Framework? How will this population benefit from the service?
5. Does this current service or new proposal address one or more of the key health reform priorities identified in the Clinical Services Framework?
6. Does this service support and is it linked to a specific hospital strategy to expand ambulatory care services? Identify those linkages and partnership arrangements.
7. (Country only) Which of the three key priority areas does this service/new proposal address? To which specific strategy and action(s) does it directly apply?

These Key Questions are intended as a guide to enable funders and NGO providers to identify the current statewide priorities and targets that will inform WA Health procurement strategies.

Funders may apply these questions to:

Determine funding priorities for new targeted investment strategies
Inform the service procurement planning cycle (see Flowchart page 4) and identify whether a NGO funding submission is consistent with current statewide priorities

NGOs may be asked to respond to the Key Questions as part of their Business Case for ongoing and new funding.

\[^{18}\text{Australian Government. The Way Forward - a New Strategy for Community Care}\]
Tier 3 - Models of Care and Targeted Health Plans

WA Health Networks - Models of Care

The CSF set a new direction forward for the model of care within the public health system, with the priority to “create a system that invests more in keeping people well and at home and accessing appropriate hospital services for the right reasons.”

The Health Networks have developed Models of Care for diseases, conditions and population groups with the intent to meet community need and match national and state priorities for health outcomes.

Model of Care Overview and Guidelines

This document sets out the policy framework to guide the Health Networks in the development of their individual models of care. The Guideline identifies the processes necessary to develop a model of care and the common content areas to be included in the model of care. The guiding principles identified for the development of all models of care are:

- Being patient centred
- Promoting equity of health services in Western Australia
- Communicating, consulting and collaborating with stakeholders
- Looking forward
- Responding to existing policy
- Influencing future planning

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Current status of the Health Networks planning

Health Networks have been established for the following health condition groupings and populations. Information about each Health Network and current publications can be found at www.healthnetworks.health.wa.gov.au.

<table>
<thead>
<tr>
<th>Health Network</th>
<th>Description</th>
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<tbody>
<tr>
<td>1 Aged Care</td>
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<td>2 Cancer and Palliative Care</td>
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<td>3 Cardiovascular Health</td>
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<td>4 Child and Youth Health</td>
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<td>7 Falls Prevention</td>
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<td>8 Genetics</td>
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<td>9 Infections and Immunology</td>
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<td>10 Injury and Trauma</td>
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<td>11 Mental Health</td>
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<td>12 Musculoskeletal Health</td>
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<td>13 Neurosciences and the Senses</td>
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<td>14 Renal Diseases</td>
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<td>15 Respiratory Health</td>
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<td>16 Women’s and Newborns’</td>
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Ambulatory & community-based care: A Framework for NIP care (June 2007) 20

This Framework provides the context and direction for the expansion of non-inpatient (NIP) services from which specific models of care and service delivery will be implemented as part of statewide policy and Area Health Service (AHS) clinical planning. Together with the CSF, it is identified as a critical driver of the health reform agenda.

Area Health Services Clinical Services Plans

Area Health Services (AHS) are developing Clinical Services Plans (CSP). When complete, these Plans can be found on the following webpages:

North Metropolitan Area Health Service [nmahs.health.wa.gov.au](http://nmahs.health.wa.gov.au)
South Metropolitan Area Health Service [southmetropolitan.health.wa.gov.au](http://southmetropolitan.health.wa.gov.au)

Targeted Health Plans

There is a range of targeted health plans for which NGOs are current and potential service providers. These plans can be found on WA Health websites and include, but not exhaustively:

The Western Australian Aboriginal Primary Care Action Plan July 2007
WA Plan for Renal Dialysis Services 2008-2013

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20 NB: At April 2008, this Framework is under review.
Key Questions Tier 3

1. Is the current service or new proposal identified as a priority within the current year’s WA Health Operational Plan?
2. Which Health Network does this NGO service provider link into?
3. Does this current service or new proposal address the key focus areas or priorities outlined in a specific Health Network Model of Care?
4. Does this current service or new proposal fit into another strategy or plan not included in this Framework (please identify)?
5. What evidence is there that the current service or new proposal delivers health benefit and identify the health outcomes it is intended to achieve?
6. Has this service been developed in collaboration with public health system clinicians and staff? Who have been the collaborators? Identify those linkages and partnership arrangements.

These Key Questions are intended as a guide to enable funders and NGO providers to identify the congruency of proposals with the context of a specific Model of Care, or Operational or Targeted Health Plan.

Funders may apply these questions to:

Determine funding priorities for new procurement
Inform the service procurement planning cycle (see Service Procurement Planning flowchart, page 4) by determining whether a NGO funding submission is consistent with a specific model of care, or priorities within an Operational Plan or targeted Health plans

NGOs may be asked to formally respond to each of the Key Questions as part of their Business Case for ongoing and new funding.
### 5. Glossary of Terms and Acronyms

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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABHI</td>
<td>Australian Better Health Initiative</td>
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<tr>
<td>ACHA</td>
<td>Australian Health Care Agreement</td>
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<td>AHMAC</td>
<td>Australian Health Ministers Advisory Council</td>
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<td>AHS</td>
<td>Area Health Service</td>
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<td>ATSI</td>
<td>Aboriginal and Torres Strait Islander</td>
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<td>COAG</td>
<td>Council of Australian Government</td>
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<td>COPD</td>
<td>Chronic Obstructive Pulmonary Disease</td>
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<td>CSF</td>
<td>Clinical Services Framework</td>
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<td>CSP</td>
<td>Clinical Services Plan</td>
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<td>HP&amp;CR</td>
<td>Health Policy and Clinical Reform Division</td>
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<td>HRC</td>
<td>Health Reform Committee</td>
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<td>HRIT</td>
<td>Health Reform Implementation Taskforce</td>
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<td>NFP</td>
<td>Not For Profit</td>
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<td>NGO</td>
<td>Non-Government Organisation</td>
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<tr>
<td>NIP</td>
<td>Non-inpatient services, which encompass “ambulatory” / “community-based” care.(^{21})</td>
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Reid Report | The final report of the Health Reform Committee *A Healthy Future for Western Australians* March 2004

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6. References

The development of the Framework has been influenced and informed by a range of specific initiatives, plans and other documents.


**WA Health Networks Publications**


*Model of Care for the Older Person in Western Australia*. WA Aged Care Network; 2007.


*Coeliac Disease Model of Care*. WA Digestive Network; December 2007.


This document is available in alternative formats