**AUSTRALIAN PRIMARY HEALTH CARE
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MANAGEMENT OF SERVICE NETWORKS IN PRIMARY HEALTH CARE

APHCRI 2010 TRAVELLING FELLOWSHIP

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POLICY CONTEXT

Contemporary health care problems associated with ageing related chronic conditions tend to be complex, ongoing and are usually multi-factoral. Such conditions often require input from a range of health and social care providers and so service networks as a form of health care delivery has emerged in recent years. Understanding service networks, however, is something of a "wicked management problem" given the range of terms that are used, the difficulty in clearly describing what a particular network is composed of (e.g., who is included and who is not) and in attributing cause and effect impact to network activities. Hence, theoretical and methodological work is required to assist managers in the development of quality and performance in service networks.

KEY FINDINGS

Definition: Service networks are multi-organisation arrangements that are generally purposively created and goal directed to achieve coordinated activity.

Origins, trust and reciprocity: While the origins of a service networks can naturally emerge from amongst members, or be mandated from above, all networks require trust and reciprocity to be succesful and sustained. This makes network management different to single organisations, where there are clearly designated lines of authority and chains of command.

Paradox of stability and change: While network stability is desired for the trust and reciprocity required for network formation, networks are inherently unstable because members can only ever anticipate (never know for sure) other members' intentions.

Pay off function: Managers need to regularly assist members to assess the pay off function (costs and benefits of network participation) by developing stagies to build legitimacy of the network, resolve conflict, reaffirm commitment and articulate accountability.

Models: Management models vary in the brokerage of management functions and participation of network members.
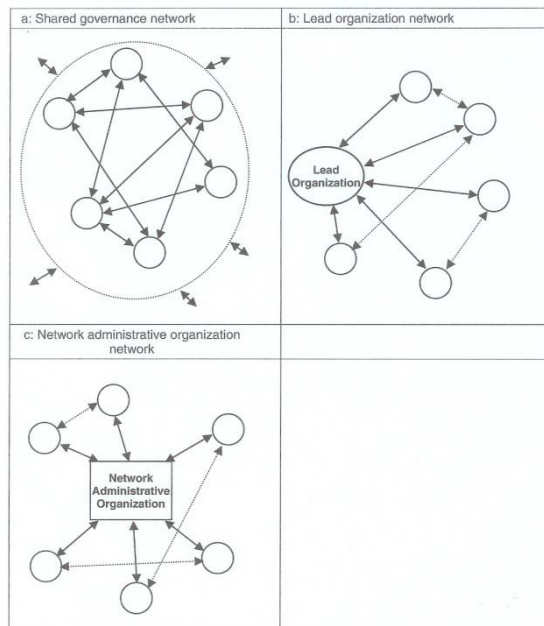
Three models have been described; (a) self managed (low brokerage-high participation), (b) one or more lead organisations (medium to high brokerage-low to medium participation), and (c) seperate network administrative organisation (high brokerage-low particiption).

With increasing service complexity and acountability, models b & c are more efficient and sustainable, if adequately resourced.

Source: Kenis P, Provan K. Towards an exogenous theory of public network performance. Public Administration 2009; 87(2): 440-56.

Boundary spanners and network hinterland: Core network members act as boundary spanners (conduits) for the flow of resources between the network and the broader resources of the member's home organisation (network hinterland). Effective boundary spanners enable two-way benefits to be achieved.

Participatory evaluation: Network data that is fed back to members in a participatory evaluation approach has revelatory power. This enables members to assess costs and benefits of network participation and identify actionable points for change.

Facilitating risk: Managers need to carefully facilitate participatory network evaluation because of the sensitivities and risks in revealing a member's network position and linkages.

Facilitating change: Some evidence suggests that network change is achieved by first changing the practical outputs (what the network does), which may then lead to change (or even no change) in the values and assumptions held in the network.

POLICY OPTIONS

The following policy options are written with the context of an increasing focus in Australian primary health care on networks; in Hospital and Health Service Networks, Regional Primary Health Care Organisations, and renewed Comprehensive Community Health Centres.

1. **Boundary spanners**: When organisations choose representatives to service networks, then these should be individuls with appropriate status, power and authority to champion the network within their home organisation.

2. **Recurrent management resourcing**: Agencies that fund networks should allocate sufficient recurrent resources for managers to engage in the regular renegotition of member commitment. While resource requirements will change with network evolution, resources will still be required for both new and established networks in order that they may respond to changes in the environment.

3. **Network monitoring and feedback**: Network managers need to be skilled in and resourced for network monitoring and feedback. This includes understanding of various

evaluation methods, such as social network analysis, so that the inevitable differences between individual member goals and network goals can be problem-solved.

4. **Network change**: Agencies that seek to commission or change networked service arrangements should focus on the intended products of the network. There is some evidence that such a focus is the basis for network development, rather than attempting to first establish common underlying assumptions, beliefs and values amongst members, which have been found to be less responsive to change. This will be relevant in networks that bring General Practitioners together with state funded community health services, that have historically operated with different assumptions about health care and different team values.

METHODS

Two methods were used to conduct the study.

1. A review of the literature on the use of network analysis in health management quality processes.

2. Discussion with international experts on service networks in health and human services.

- *Professor Keith Provan, Eller College of Management, and Professor Brint Milward, School of Government & Public Policy, University of Arizona, Tucson, USA.*

Professors Provan and Milward are amongst the most prolific international authors on service networks in public health care organizations. Professor Provan's 2005 award winning paper formed the basis of my work on the use of SNA.

- *Professor Rod Sheaff, Professor of Health & Social Services Research, University of Plymouth, UK.*

Professor Sheaff has an association with the UK National Primary Care Research & Development Centre, where he recently led a team funded by the National Institute for Health Research on *The Management and Effectiveness of Professional and Clinical Networks*.

- *Professor Bonnie Sibbald, Dr David Reeves, Professor Anne Rogers & Dr Peter Bower, National Primary Care Research & Development Centre, University of Manchester.*

Discussions related to service linkages in primary mental health care and a new project examining the networks of support used by people with long term conditions.

For more details, please go to the full report