National Patient Organisation Network (NPON)

Draft work plan
Central patient organisation fund
& sector efficiencies

Phase 1 – Define & Frame (Months 1–3)

Objectives: Establish the case and a common, agreed direction

- Define core services the fund would centralise (finance, IT, HR, CRM, comms, legal, contact centres)
- Define eligibility: ACNC registered, turnover e.g. less than $2m
- Define what happens if patient organisations cease to exist

Phase 2 – Map Current Inefficiencies (Months 3–5)

Objectives: Evidence of duplication and inefficiency.

- Conduct efficiency audits with 10–12 small orgs:
  - Identify current back-office costs (finance, IT, HR, etc.).
  - Measure volunteer/staff time lost to admin tasks.
  - Capture patient impact of admin inefficiencies (e.g. fewer support hours).
- Develop baseline cost map: percent spent on overhead compared with organisational outcomes.
- Benchmark international/local models where shared services reduced duplication.

Phase 3 – Build the Evidence Base (Months 5–6)

Objectives: Translate inefficiency mapping into an economic argument.

- Economic modelling
- Build efficiency case studies
- Map policy alignment
- Identify indicators

Phase 4 – Stakeholder Engagement & Co-Design (Months 6–9)

Objectives: Build support and refine scope.

- Working group (NPON reps, org leaders, finance/IT/legal experts).
- Patient/family consultations to ensure equity framing.
- Roundtables with peak bodies & allied NGOs to test approach
- Approach pro bono partners (law firms, IT companies, accountants) to shape pilot.

Phase 5 – Pilot Model Design (Months 9–11)

Objectives: Create a practical, fundable model.

- Co-design pilot
- Decide which services are “core” vs. “optional plug-ins.”
- Model budget scenarios: lean, moderate, optimal.
- Build efficiency evaluation plan: before/after comparisons of admin spend, staff time saved, and patient outcomes.
- Secure letters of support from pilot orgs and peak bodies.

Phase 6 – Draft Proposal (Months 11–12)

Objectives: Package into a polished government submission.

- Structure proposal around:
    1. Problem & inefficiencies.
    2. Amplify Impact Fund solution.
    3. Evidence (audit data, cost modelling, case studies).
    4. Pilot design + evaluation framework.
    5. Policy alignment.
    6. Funding ask

- Circulate draft internally for review with ability to refine with feedback.
- Secure peak body endorsements to strengthen proposal.

Phase 7 – Advocacy & Pre-Submission Engagement (Months 12–13)

Objectives: Create demand and political buy-in.

- Advocacy toolkit: infographic on efficiency gains, FAQs, patient stories.
- Brief MPs, Ministers, departmental advisors.

Phase 8 – Submission & Follow-Up (Month 14)

Objectives: **Deliver, sustain momentum, prepare for response.**

- Submit final proposal with member signatures.
- Publicise with press release & patient experience data related to access to patient organisations (highlight efficiency and equity)
- Monitor progress ("X days since submission") for accountability.
- Plan follow-up with government to shape implementation.

Efficiency Identification – Built-In Process

1. **Audit**: Map baseline admin costs/time across orgs.
2. **Analysis**: Quantify inefficiencies and lost patient capacity.
3. **Benchmark**: Compare with models that share back-office functions.
4. **Pilot Measurement**: Pre/post evaluation of admin costs, service reach, patient impact.
5. **Reporting**: Efficiency results used as the centrepiece of case for funding.