Palliative care decision making groups

Palliative care consortium

Definition of Consortium: a group of organisations formed to undertake an enterprise beyond the resources of any one member (*Merriam-Webster's Dictionary of Law*)

Underlying assumptions

- Palliative care consortia are cooperative groups that work in a client-centred way to identify and address issues of common concern for the population of the region they represent.
- Palliative care consortia structures and relationships:
  - ensure good communication flow and linkages
  - are not to be any more complicated or time consuming than necessary
  - support consortium managers to undertake their role
  - facilitate succession planning for the consortium

Function in implementing *Strengthening palliative care: Policy and strategic directions 2011–2015 (policy)*

- Lead the implementation of relevant aspects of the policy in the region
- Monitor and review the implementation of the policy in the region
- Facilitate the integration of care for people with a life-threatening illness and their carers and families across the service system
- Work to optimise the community’s access to quality palliative services
- Enable more efficient and cooperative use of resources that supports an integrated approach to care for the patient

Role

- Undertake regional planning in line with departmental directions
- Coordinate palliative care service provision in each region
- Advise the department about regional priorities for future service development and funding
- In conjunction with the Palliative Care Clinical Network (PCCN), implement the service delivery framework, and undertake communication, capacity building and clinical service improvement initiatives

Responsibilities

- Develop and review a memorandum of understanding (MOU) between member agencies
- Develop and review terms of reference
- Nominate an organisation as the fundholder and monitor financial performance
- Nominate an organisation as the employing organisation
- Elect a consortium chair
- Appoint a consortium manager
- Develop, implement and monitor the direction and effectiveness of the regional plan, including how the regional plan is to be evaluated

Department of Health
• Monitor the work plan and key performance indicators agreed by the consortium
• Direct the tasks of any working group or subcommittees established and receive reports and recommendations from these groups
• Develop and implement consortium policies and procedures as required
• Facilitate effective communication processes between key stakeholders
• Consult with people with life-threatening illnesses, their families and carers, the community and staff about implementing the policy in the region as required
• Nominate a representative for the PCCN and agree methods of communication flow between the consortium and PCCN and vice versa
• Provide the department with an annual report that includes reporting against key performance measures, activity against the initiatives identified in the Policy implementation strategy, budget acquittal, and regional priorities for the upcoming financial year; the report will be submitted to the department in September each year
• Link with statewide services and academic centres on relevant issues

Structure

• Membership to comprise:
  o one representative from each of the department-funded palliative care services in the region (it is recommended that there is one vote per organisation)
  o a representative of any public hospital who has a regional role but does not receive palliative care funding from the department
  o a representative from the departmental regional office (ex officio)
  o consortium manager (ex officio)

• Membership could also be given to:
  o other services that have a significant palliative care involvement in the region (for example, Medicare Locals, Integrated Cancer Services, Primary Care Partnerships)
  o additional clinical representatives who attend consortium meetings but do not have voting rights
  o other government stakeholders (non-voting)

• The representative is the agency CEO or has written delegated authority granted by the CEO (representatives should hold a management or senior clinical role in their agency)
• Signatories of the consortium MOU do not necessarily have voting rights
• Meet a minimum of five times per annum

Communication / relationship with other groups

• Receive and circulate the departmental update and statewide meeting updates to member agencies via the chair/consortium manager
• Consult and/or link with academic centres, statewide services and palliative care services as required
• Consult with other relevant services in the region as appropriate