

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

- 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:
 - one representative from each of the department-funded palliative care services in the region (it is recommended that there is one vote per organisation)
 - a representative of any public hospital who has a regional role but does not receive palliative care funding from the department
 - a representative from the departmental regional office (ex officio)
 - consortium manager (ex officio)
- Membership could also be given to:
 - other services that have a significant palliative care involvement in the region (for example, Medicare Locals, Integrated Cancer Services, Primary Care Partnerships)
 - additional clinical representatives who attend consortium meetings but do not have voting rights
 - 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