

# Palliative care decision making groups

## Palliative Care Advisory Committee

### Function in implementing the Strengthening Palliative Care Policy (SPCP)

Provide advice to the Department of Human Services (the department) on strategic issues related to palliative care in Victoria.

### Underlying assumptions

Members of the Palliative Care Advisory Council (PCAC) have earned authority and respect as a result of their experience and knowledge of palliative care and related sectors. The Department of Human Services (the department) and the sector look to the PCAC for advice about best practice approaches to improving palliative care service delivery.

Advice given by the PCAC to the department may impact on the priorities and work of palliative care consortia and other palliative care decision making groups.

### Role

- To advise the department on the development, implementation and evaluation of palliative care policy.
- To lead service improvement initiatives in the Victorian palliative care sector.
- To identify common themes and issues in regional palliative care consortia plans in order to inform the development of statewide priorities.
- To consult with and advise the palliative care consortia about best practice palliative care.

### Responsibilities

- to represent the Victorian palliative care sector and related stakeholders in relation to:
  - implementation of the SPCP
  - evaluation of the SPCP
  - refresh of the SPCP.
- to advise the department on key statewide quality improvement initiatives:
  - development and implementation of:
    - palliative care patient pathways
    - service delivery framework
    - funding models
      - development of clinical networks and quality data initiatives.

### Structure

#### Chair of PCAC

Executive Director, Metropolitan Health and Aged Care Services Division, Department of Human Services, to chair the committee or nominate the chair.

#### Role of chair

- to facilitate the effective functioning of PCAC meetings
- to allow different views and perspectives to be presented in PCAC meetings
- to draw on their influence and positional authority to assist the work of the PCAC.

### Reporting to the department and the Minister

- The PCAC will report to the Executive Director, Metropolitan Health and Aged Care Services Division, or their nominee.
- The refresh of the SPCP will be endorsed by the Minister for Health.
- While the department will seek advice from the PCAC about the palliative care policy and service improvement initiatives, the final decision will be made by the department.
- Palliative care consortia and other decision making groups are not accountable to the PCAC. All funded services and palliative care consortia are accountable to the department.

### Membership:

- membership will be sought through an expression of interest process, with particular appointments made in the following categories:
  - consortia representatives (x 4) elected by the consortia
- the consortia representatives should also represent the four areas below:
- community
- inpatient
- metropolitan
- rural
  - statewide services
  - academic units
  - Palliative Care Victoria
  - Department of Human Services, Aged Care
  - consumers/carers
  - Department of Human Services, Advance Care Planning
  - relevant professional groups.

Applicants will be assessed on, and will need to demonstrate, key knowledge and experience in the delivery of palliative care and/or the development of policy. Members will be selected based on their skills, knowledge and experience. However, consideration will also be given to the type of service/organisation they work in order to ensure a wide range of experience and service settings are represented on the PCAC.

Members would have a two year term.

### Working groups

- time limited working groups to be established for particular projects these working groups would report to the Cancer and Palliative Care Unit
- working groups would normally be chaired by a PCAC member
- working group membership is not confined to PCAC members.

### Communication/relationship with other groups

- three half day meetings per year
- to run one horizon scanning session each year in relation to key issues that will impact on the implementation, evaluation and refresh of the SPCP
- other planning sessions as required
- attend statewide meetings.