Chapter 11 – Victoria

Overview of palliative care in Victoria

This section provides an overview of the context, structure, planning, delivery and monitoring of palliative care services in Victoria.

Recent history and context in Victoria

In 1993, a ministerial task force on palliative care was appointed to advise on the development of a comprehensive and integrated palliative care system within the general health system in Victoria. The task force reported in Palliative Care Services in Victoria: A Vision (Department of Human Services 1995).

Building on the work of the task force, the Department of Human Services (DHS) published planning and resource guidelines in *Palliative Care in Victoria: The Way Forward* (1996). These guidelines set parameters for a restructure of community-based services and an expansion of inpatient hospice services across Victoria. An implementation steering committee was established to advise on the implementation of goals and strategies contained in these recommendations. The committee's report, *Victorian Palliative Care Services: Service Integration – Directions for the Future* (Department of Human Services 1997) resulted in a tender process in 1998 for community-based palliative care services across Victoria.

Essentially, this has not changed since 1998, though initial three-year funding agreements were converted to funding and service agreements with rolling 12-month reviews. In 2003/04, these became three-year agreements.

Victoria was a party to the National Strategy, which was launched in October 2000 as a commitment of the Australian, State and Territory governments (along with other stakeholders) to the development and implementation of palliative care policies, strategies and services that are consistent across Australia, and to the delivery of quality palliative care that is accessible to all people who are dying.

More recently (April 2003) a Palliative Care Strategic Framework Working Party developed a consultation paper (May 2004) to support new directions for palliative care in Victoria. As a result of that consultation a new palliative care policy entitled *Strengthening Palliative Care: A Policy for Health and Community Care Providers 2004–09* was released in November 2004. This policy document aims to strengthen service delivery for people with a life-threatening illness and their families and carers and sets a policy framework in place for five years.

Chapter 11 – Victoria

Current arrangements in Victoria

Introduction (Objective 1.2)

The Palliative Care Program operates in Victoria within the Continuing Care Unit of the Metropolitan Health and Aged Care Services Division of DHS. It funds provision of both community palliative care and inpatient care. It also funds four Special Needs Services (Motor Neurone Disease Association, Very Special Kids, an HIV consultancy, and a paediatric palliative care program); three statewide grief and bereavement services; and the peak body, Palliative Care Victoria.

The services of the Palliative Care Program are available to people with a terminal illness whose condition has progressed beyond the stage where curative treatment is effective and cure is attainable, or people who choose not to pursue curative treatment. The person with the illness, their family, friends and caregivers are all recognised as people to whom care is provided. All services are expected to provide palliative care support to clients 24 hours a day, 7 days a week.

Funding (Objectives 2.2, 3.2)

Funding for palliative care is principally provided through the 2003–2008 Australian Health Care Agreements to the States and Territories on a proportional basis, and through additional funding from the relevant State or Territory health budgets. In the 2003/04 financial year, the budget for Victorian palliative care services was $60 million.

Note that Victoria has allocated an additional $8 million over four years to implement its planned reforms (see ‘Planned arrangements in Victoria’ opposite).

Funding is provided to health services for inpatient services and consultancy services. Community palliative care services receive an annual block grant which includes the ‘unassigned bed funds’, a flexible pool of funds available to purchase services required to prevent hospital admissions. Funding is also provided to statewide services, academic positions and training and development positions in hospitals.

Other funding for research and time-limited projects is reported in ‘Palliative care activity in Victoria’ (page 116) and ‘Commentary about Victoria’ (page 121).

Service delivery structure (Objectives 2.4, 3.2)

The Palliative Care Program funds seven metropolitan and 33 rural community palliative care providers, using a population-based funding model. Many of these services have teams located across their geographic areas.

The Palliative Care Program uses bed-day funding models to fund inpatient beds through health services and hospitals that have a dedicated palliative care ward, a separate stand-alone unit or specific palliative care beds. Such inpatient beds are available in nine locations in metropolitan areas and 21 in rural areas – access is via a GP, medical specialist or community palliative care service provider, or usual hospital admission processes.

In Victoria, volunteers provide a significant contribution with care and support to patients with life-threatening illness, their families and carers. All community palliative care providers in Victoria rely significantly on this contribution (Discussion Paper, *Volunteer Participation in Palliative Care in Victoria*, August 2004, Palliative Care Victoria). All volunteers within palliative care services are required to undergo a formal training period, receive supervision of their work by paid palliative care staff members and participate in ongoing education.

In Victoria, three statewide grief and bereavement services are funded. A review of this part of the palliative care program was undertaken during 2003/04 and a report released in September 2004.

Note that in Chapters 7–15, reference is made, where relevant, to numbered Objectives of the National Strategy. The Objectives are presented in full in Chapter 3.

Equipment (Objectives 2.2, 2.4)

In Victoria, the provision of equipment for palliative care includes any standard equipment necessary to a person's care as documented within the guidelines of Palliative Care Victoria's *Equipment Program Guidelines* (September 2004).

The contribution of the national Palliative Care Equipment Program is being co-ordinated in Victoria by Palliative Care Victoria (see further details in 'Palliative care activity in Victoria' on page 116). Additional funds were provided by the Victorian Government in 2002/03.

Planned arrangements in Victoria (Objectives 1.3, 3.1, 3.2, 3.3)

Victoria has allocated an additional $8 million over four years for palliative care.

Strengthening Palliative Care: A Policy for Health and Community Care Providers 2004–2009 is the key document which will shape future services and investment in palliative care in Victoria. The overarching aims of the Policy are:

1. All people with a life-threatening illness and their families and carers will have access to care appropriate to their needs, wherever they live in Victoria, through regional integrated care service systems
2. People with a life-threatening illness and their carers and families will be provided with seamless, quality care by care providers using common protocols, service tools and policies within each integrated palliative care service system
3. People with a life-threatening illness and complex needs will have appropriate and timely access to specialist palliative care services no matter where they live in Victoria.

The Policy contains seven principles and 21 key objectives. An integrated service system is seen as fundamental to achieving the ideal service system, with a key platform being the establishment of regional consortia of specialist palliative care providers to facilitate the integration of care for people with a life-threatening illness and their carers and families across the service system. There will be eight palliative care consortia (one in each DHS region) and they will have four major roles within their geographic area (see next page).

Each palliative care consortium will, in summary, facilitate efficient service delivery and care co-ordination across settings to ensure people with a life-threatening illness and their carers and families can access appropriate services and support across the continuum of care in a timely and co-ordinated way.

The consortia will operate as a partnership with a memorandum of understanding between members. All specialist palliative care funded under the Palliative Care Program will be required to participate. Each consortium will be informed by the work of a regional advisory group that has representation from consortia members, the Divisions of General Practice, consumers, volunteers and other relevant health and community providers, such as local government and community health services.

The consortia will have four major roles in their geographic region of responsibility:

1. **Regional planning – planning services for people with a life-threatening illness and implementing planned initiatives.** Each palliative care consortium will develop a plan for how specialist palliative care services are to be delivered across their region – a plan that is consistent with the *Strengthening Palliative Care* policy principles and covers matters like service links and arrangements; the identification of service gaps and solutions; and mechanisms to facilitate the integration and efficiency of service delivery, and to help co-ordinate patient care across care settings.
2. **Role designation – ensuring consistent access to specialist palliative care services (at three levels).** The designation process includes formal links between hospitals and services to ensure each health region has access to the full range of palliative care services. These services include pain and symptom management, complex psychosocial care, terminal care and respite. In this structure, a hospital that does not have a designated palliative care unit will be supported by a specialist palliative care team.
3. **Co-ordination of care – developing and implementing processes and systems for co-ordinated and integrated care for people with a life-threatening illness.** The palliative care consortia will foster a climate of partnership by working across administrative boundaries to achieve consistency of care and equity of access in the provision of specialist palliative care services.
4. **Determining priorities for future service development and funding in conjunction with DHS staff to support the further implementation of the regional plans.**

A number of development and research activities are occurring to support the successful implementation of the *Strengthening Palliative Care* policy and its required changes. These include working parties developing a resource allocation model for distribution of new palliative care funding.

Planning, data collection, monitoring and reporting in Victoria

Planning (Objectives 2.2, 2.4, 3.2)

The Palliative Care Program funds community palliative care using a population-based funding model (although inpatient beds are linked to a bed-day funding model).

Data collection and reporting (Objectives 2.2, 2.3)

Data about palliative care services is collected by DHS for inpatients (in terms of bed-days) using the Victorian Admitted Episode Dataset. Community palliative care services are required to complete a minimum dataset (VicPCRS).

Advisory body (Objectives 2.2, 3.2)

The Policy was overseen by a working party that provided advice to DHS. An Implementation Advisory Committee will be established to advise and support the implementation of the policy document and advise on the key priorities for implementation.

Key settings of care in Victoria (Objectives 1.3, 2.4, 3.1)

There are four settings of care identfied in the National Strategy: home, community settings, inpatient palliative care beds and units, and acute hospital care. Victoria's current approach to these settings of care clusters them in two streams – inpatient beds and community care.

Note that Victoria has undertaken a project, *Promoting Partnerships in Palliative Care in Victoria* (see 'Reform, training and research in Victoria' on page 116), which examined matters impacting on continuity of care and made recommendations about strengthening the hospital/community interface in palliative care.

Inpatient beds

Inpatient beds are available in 30 settings (metropolitan and rural). They may be provided by a health service or hospital as dedicated palliative care beds, a separate stand-alone unit or specific palliative care beds. Access is via a GP, medical specialist or community palliative care service provider or the normal hospital admission process.

Funding is also provided to four hospital-based palliative care consultancies. These consultancies are able to be accessed within the health service.

Community care

Victoria provides community palliative care through 41 community palliative care services spread throughout Victoria.

In 2001, the Palliative Care Program provided grants to promote access to community palliative care (particularly in relation to cultural diversity, rural Victoria, and the involvement of GPs).

A project to trial day hospices commenced in December 2003. There are three day hospices which are funded for 18 months. An evaluation on all three day hospices is underway. Two of the day hospices are located in metropolitan Melbourne and the third day hospice is located in a regional city in rural Victoria.

Note re respite care

In Victoria, both inpatient and day respite is provided. The Commonwealth Carer Respite Centres (CCRCs), funded across Australia through the Ageing and Aged Care Division of the Department, provide information, referral, access and co-ordination of respite services (including in relation to palliative care). In 2003, specific funding for palliative care (nationally $11 million over four years) was added to the 'brokerage component' of CCRCs, requiring that 6% of brokerage money be spent specifically on respite related to palliative care. Victorial has nine such CCRCs.

Planned approach to settings of care

Under the *Strengthening Palliative Care* policy, consortia will apply role designation to each hospital in the region. Draft designation criteria have been developed but need to be refined. Designation levels will depend on the levels of specialist palliative care skills and qualifications that exist in hospitals and availability of out-of-hours services. The aim is that every patient in a hospital will have access to specialist palliative care as required. Hospitals without specialist staff will be able to access these through inreach by community palliative care services or consultancy support from other hospitals.

Key relationships with specific population groups in Victoria (Objectives 2.4, 3.2)

A number of different population groups are identified in the National Strategy. Victoria approaches this in the following ways.

Aged care

Improving Care for Older People (Department of Human Services 2003) is a new policy paper from the Victorian Government outlining how a 'person-centred' approach to the acute and sub-acute care of older Victorians can benefit the whole community. The aim is to make sure that older people are being cared for in the appropriate setting for their individual situation, and to empower them and the people who care for them to be involved in decision-making.

Principles form the basis of practices and processes that address the fundamental issues for Victorian health services in providing care for older people. Many of these principles (and the basis of the person-centred approach) have been taken up in the *Strengthening Palliative Care* policy.

Children and young people

The Palliative Care Program funds a Victorian Paediatric Palliative Care Program under its Special Needs Services. This service is an alliance between the Royal Children's Hospital, Monash Medical Centre and Very Special Kids. It provides specialist paediatric palliative care advice to health professionals providing care to children and their families. (See also Very Special Kids under 'Carers' opposite.)

Aboriginal and Torres Strait Islander peoples

Djerriwah Health Service is funded by DHS to provide both inpatient beds and community palliative care. It also received a grant from DHS in 2001 to work with GPs to increase awareness of community-based palliative care. Another region of Victoria used grant monies in 2001 to examine Koori needs for community palliative care in the Grampians region.

Additional Australian Government funding has been utilised to subcontract to the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) to employ an Indigenous health care worker in developing a specific Indigenous palliative care plan for Indigenous Victorians.

People with specific cultural and linguistic needs

In 2001, the Palliative Care Program provided grants to promote access to community-based palliative care and five regions chose to target their funds towards cultural and linguistic diversity. One grant resulted in a video (available in ten languages) that describes the key factors and multidisciplinary services available for community-based palliative care.

Palliative Care Victoria, in co-operation with the Palliative Care Council of South Australia, has produced the leaflet *What Exactly is Palliative Care?* in 20 community languages. These two peak groups have also produced a booklet, *Multicultural Palliative Care Guidelines*.

People with HIV/AIDS

The Palliative Care Program funds an HIV consultancy under its Special Needs Services. This is designed to ensure that all people living with and affected by HIV/AIDS in Victoria have access to optimal palliative care and support.

People with cancer

A *Cancer Services Framework for Victoria* (Barton et al. 2003) advised on arrangements for providing cancer services. There are three interfacing elements to this framework:

- Specific standards of care for tumour streams; the core of the proposed framework comprises a set of evidence-based specific standards of care for the ten most frequently occurring cancers (i.e. ten 'tumour streams').

- Hospital role designation that details the type of care (including palliative care service) for each of five levels.
- A service system with the establishment of Integrated Cancer Services in metropolitan and rural/regional Victoria, comprising clusters of hospitals and associated health services that deliver services for people with all type of cancers within a geographic area. Each Integrated Cancer Service is intended to be self-sufficient in accordance with its role designation and to the extent that it can meet the requirements of the standards of care that form the core of the framework.

Many of these elements have been taken up in the *Strengthening Palliative Care* policy.

People with pre-existing disabilities

People with a disability can have special needs related to their disability. The *Strengthening Palliative Care* policy articulates the requirements of services for meeting the specific palliative care needs of people with a disability.

Activities in rural and regional Victoria

In 2001, the Palliative Care Program provided grants to promote access to community-based palliative care (particularly in relation to cultural diversity, rural Victoria, and the involvement of GPs). Three DHS regions chose to target their funds towards rural issues.

Carers

The Palliative Care Program funds both Very Special Kids and the Motor Neurone Disease Association under its Special Needs Services. Very Special Kids provides support to families who have a child with a progressive life-threatening illness or a child who has died (including providing training for volunteers in service support and supervision).

The Motor Neurone Disease Association provides family support that includes the assessment of needs and referral to generic service providers, support for generic service providers, community and professional education, and equipment.

Key links with other strategies and frameworks in Victoria (Objective 3.2)

One of the features of the *Strengthening Palliative Care* policy is the provision of palliative care services as an integral part of other health and support services. In addition to this policy there are some other key strategies and operational frameworks in Victoria which influence palliative care planning and practice. They are:

- The Primary Care Partnerships initiative (see below)
- The Cancer Services Framework
- The *Improving Care for Older People* policy.

Primary Care Partnerships

The Victorian Government initiated the Primary Care Partnerships Strategy in 2000 to improve the health and wellbeing of people using primary health care services and to reduce avoidable use of hospital, medical and residential services. After three years, the foundations of a quality primary health care system have been laid, with many demonstrable early achievements for consumers and agencies.

Palliative care activity in Victoria

This section provides additional information about projects, research, initiatives and influences in the broader palliative care sector in Victoria.

Reform, training and research in Victoria

There is a range of reform, training and research initiatives that have occurred, or are occurring, in Victoria. Some are funded through the National Palliative Care Program but are being conducted in Victoria; some are funded by DHS; others arise through various other grant and research arrangements.

Some of the more significant initiatives in Victoria are described below.

National Contribution to Victorian Reform in Palliative Care (Objective 2.4)

The Australian Government, through the National Palliative Care Program, has offered funding to assist each of the States and Territories to undertake strategic activities that would progress the reform agenda in palliative care and support the policy, Goals and Objectives of the National Strategy.

Victoria will conduct two education and training projects:

1. The development and implementation of a multidisciplinary short course training program for generalist health care professionals (such as nurses, allied health workers, pastoral care workers and medical staff).
2. The development of a training and education resource kit for Home and Community Care (HACC) workers.

These two initiatives will build community capacity in the palliative approach to care. The resources will be available to the Victorian regional integrated service systems as well as to other relevant HACC and community service providers and trainers.

Status	Planning for the multidisciplinary short course has commenced in collaboration with palliative care academics

Program of Experience in the Palliative Approach (PEPA) (Objectives 1.3, 1.4)

This program is one of a number of national initiatives designed to achieve the Goals of the National Strategy. The National Palliative Care Program has made funding available for PEPA, which provides primary health care practitioners with an opportunity to develop skills in the palliative care approach by undertaking a short and flexible program of planned work placement with a palliative care specialist service within a metropolitan or larger rural service.

The first round of PEPA placements in Victoria involved 29 participants. Supervised clinical placements are available for 100 Victorian primary care practitioners during 2004 and 2005.

Status	Ongoing
Evaluation	Nationally co-ordinated

Rural Palliative Care Program (Objectives 1.4, 2.2, 2.5, 3.1, 3.2)

The Rural Palliative Care Program is one of a number of national initiatives designed to achieve the Goals of the National Strategy. The National Palliative Care Program has made funding available over a three-year period to support eight Divisions of General Practice across Australia in the development and implementation of collaborative models, demonstrating improved access to multidisciplinary care for rural communities.

In Victoria, the West Victoria Division of General Practice has received funding and is working with established community palliative care services and hospices in the region to create new and effective relationships and a new business model with streamlined administrative paths.

Status	Ongoing
Evaluation	Yes
Reports, information, materials	Further information at www.adgp.com.au

Palliative Care Equipment Program (Objectives 2.2, 2.4)

The Palliative Care Equipment Program ($3.8 million over two years) is one of a number of national initiatives designed to achieve the Goals of the National Strategy. The initiative (being administered through Palliative Care Australia) provides grants to organisations in each State and Territory for the purchase of equipment that can be loaned to families and carers of people receiving palliative care at home, particularly organisations in rural or remote communities or those with links to residential aged care facilities. In Victoria, Palliative Care Victoria has taken on the co-ordination role with the Victorian allocation of $393,640. Additional funding for equipment was provided by the Victorian Government in 2002/03.

Status	Ongoing
Reports, information, materials	Report on Victoria available through Palliative Care Victoria Palliative Care Australia reported to National Palliative Care Program in October 2003

Specialised Education and Professional Development (Objective 1.4)

The Department of Human Services (DHS) funds three academic chairs (two medical and one nursing). In addition, funding is provided to Latrobe University. Funding is also provided for training and development positions for medical, nursing and allied health staff in inpatient palliative care services. DHS also offers postgraduate scholarships in palliative care nursing to support tertiary study by people who have demonstrated a commitment to palliative care. Consequently, Victoria has a number of professional education initiatives occurring in palliative care:

- The University of Melbourne has a centre for palliative care in the Faculty of Medicine, Dentistry and Health Sciences, offering graduate and postgraduate diploma and certificate courses
- Latrobe University has a postgraduate diploma in health promoting palliative care which is available nationally by distance education and is currently being developed as an online learning mode (course development funded by the National Palliative Care Program)

- Wodonga TAFE has developed an *Indigenous Palliative Care Resource Kit*. Funding has now been made available for each State and Territory to commence implementation of the kit, and for national co-ordination and support for implementation to occur. (Funding is through the National Palliative Care Program.)

Status	Ongoing
Reports, information, materials	*Indigenous Palliative Care Resource Kit* at www.indpac.org.au

Promoting Partnerships in Palliative Care (Objectives 2.2, 2.4)

This initiative (funded by DHS) examined matters impacting on continuity of care and made recommendations about strengthening the hospital/community interface in palliative care.

Status	Completed
Evaluation	Yes
Reports, information, materials	Both the final report and contributing literature and issues (separate document) are at www.health.vic.gov.au/palliativecare

Review of Specific Grief and Bereavement Services Funded by DHS (Objectives 2.5, 3.1)

This project reviewed the four statewide grief and bereavement services funded by DHS with a view to identifying the best way to strengthen the resilience of the community to cope with loss, grief and bereavement.

Status	Completed
Evaluation	Yes
Reports, information, materials	Report is available at www.health.vic.gov.au/palliative care

Carer Satisfaction Survey

This initiative is being undertaken by Palliative Care Victoria, funded by DHS. It is believed to be the first time that a statewide survey of carer satisfaction has been undertaken where findings are not linked to performance indicators in the context of funding and service agreements.

Status	Two surveys completed
Reports, information, materials	Reports not publicly available

Day Hospice Pilots (Objective 2.4)

This project is supporting the establishment and implementation of three day hospices for a period of 20 months.

Status	Still being piloted
Evaluation	Due April 2005
Reports, information, materials	Report to be made available June 2005

Development of a Resource Allocation Model for Palliative Care Services (Objective 2.2)

Status	This project is due to commence early in 2005

Caring Communities Program projects in Victoria (Objective 1.1)

The National Palliative Care Program has provided one-off funding through the national Caring Communities Program for individual projects to improve the capacity of communities to care for someone with a life-limiting illness – specifically to improve the proportion of time that patients are cared for in the setting of their choice and to improve their satisfaction with care.

Five projects from Victoria were successful in receiving funding.

Improving Consumer Health Professional Access to Comprehensive, Accessible User-friendly Evidence-based Online Information (Objectives 1.1, 1.2, 1.3)

This project aims to address the first goal of the National Strategy ('Improve community and professional awareness and understanding of, and professional commitment to, the role of palliative care practices in supporting the care needs of people who are dying and their families') by enhancing the existing Palliative Care Victoria website so that it provides comprehensive, accessible, user-friendly, evidence-based information for consumers and health professionals. Four expert panels are examining different aspects of access to the website and ensuring a strong evidence base for materials and links.

Status	Ongoing
Evaluation	Though the national cluster evaluation of the Caring Communities Program

Building Rural Community Capacity through Volunteering (Objectives 1.1, 1.2, 3.1)

This initiative aims to build community capacity through developing self-sustaining volunteer models and achieve best possible care for the terminally ill through:

- Strengthening supports to palliative care volunteers across the Hume region in NE Victoria
- Enhancing community awareness and capacity in regard to the palliative care philosophy and the role local communities can play as active members of the palliative care team
- Strengthening partnerships between rural palliative care volunteer services, regional palliative care services, local communities and health service providers.

Evaluation	Through the national cluster evaluation of the Caring Communities Program

Living and Dying in Style (Objectives 1.1, 1.2, 2.4, 3.1)

This initiative aims to improve end-of-life planning in palliative care and residential aged care. Participants will be encouraged to undertake a formal life review and document their choice about care they wish to receive, as well as appointing and instructing an Enduring Power of Attorney (Medical Treatment). The project is linked with the *Respecting Patient Choices* program, applying the process in residential aged care. These documents will become part of the patient/resident's medical record.

Evaluation	Though the national cluster evaluation of the Caring Communities Program

Best Practice Support Model for Terminal Illness in the Workplace (Objectives 1.1, 1.2, 1.3)

This initiative aims to assist workplaces to support employees, families, employers and work colleagues to cope with the impact of a terminal illness. It acknowledges that, for those people faced with terminal illness, the capacity to continue in the workplace may be diminished. The project is working with employers and employees to develop a best practice model and is likely to produce guidelines that will be helpful for both businesses and individuals from point of diagnosis through a 12-month bereavement period.

Evaluation	Through the national cluster evaluation of the Caring Communities Program

Experiential Palliative Care Program for General Practitioners (Objectives 1.1, 1.2, 1.3, 1.4)

This initiative has funded GPs practising in the catchment area covered by the Peninsula Hospice to work with palliative care providers in a 15-bed inpatient palliative care unit and in an acute hospital consultancy team. This aims to support:

- Relationship-building between GPs and local palliative care services
- GP knowledge of palliative care services and the importance of their role
- Patients receiving quality palliative care services in the setting of their choice
- Seamless provision of palliative care across the hospital, hospice and home environments
- Better integrated health care services for patients, carers and families.

The program is linked to Royal Australian College of General Practitioners professional development recognition.

Status	Currently operating
Evaluation	Though the national cluster evaluation of the Caring Communities Program

The peak body – Palliative Care Victoria (Objective 1.1, 1.2, 3.2)

Palliative Care Victoria Inc, established in 1981, is the peak body representing palliative care providers and those with an interest in palliative care in Victoria. It receives funding (approx 35%) from DHS and other funds (approx 65%) through the fees of individual and organisational members. It is one of the more mature of the State/Territory-based peak palliative care organisations in Australia.

In summary, it creates community awareness of palliative care by promoting commmunity education and supporting members in providing better quality services. It brings members together in a number of ways, such as member forums, rural forums and special interest groups. Special interest groups currently include groups for managers of volunteers for pastoral care and for social work.

Palliative Care Victoria presents a united voice to government on palliative care issues and works closely with government on many matters (e.g. training and VicPRS). It also initiates projects where it sees a need (e.g. carer satisfaction surveys).

Palliative Care Victoria is undertaking one of the Caring Communities Program projects in Victoria, and has produced a large number of resources, including:

- *What Exactly is Palliative Care?* (in 20 languages)
- *Multi-cultural Palliative Care Guidelines*
- *A Guide to Decision-making in Health Care*
- A large array of fact sheets
- Some information in alternative formats (e.g. braille).

Commentary about Victoria

This section provides a summary of the trends and influences emerging in palliative care in Victoria.

Victoria has had a sustained period of consultation and planning with the palliative care sector (and other related sectors). The model proposed within the *Strengthening Palliative Care* policy will be of interest to other jurisdictions, particularly its impact and outcomes as it is implemented.

Drivers of palliative care in Victoria appear to relate to:

- The *Strengthening Palliative Care* policy
- The strong presence of Palliative Care Victoria and its sustained approach to networking and resource development
- Planning within the health system and the capacity for an appropriate response to demand for palliative care, particularly as the population ages.

Further information

www.health.vic.gov.au/palliativecare

Strengthening Palliative Care: A Policy for Health and Community Care Providers 2004–09, Department of Human Services, November 2004