

Forming an ACP Advisory Group

What: How to form an ACP Advisory Group

Why/rationale: An ACP Advisory Group ensures DHB leadership commitment and helps set the strategic plan for ACP implementation across a DHB and surrounding communities. The ACP Advisory Group needs to include senior leadership, clinicians, consumers and DHB planning and funding representatives.

Who: Bay of Plenty District Health Board

Benefits/value added:

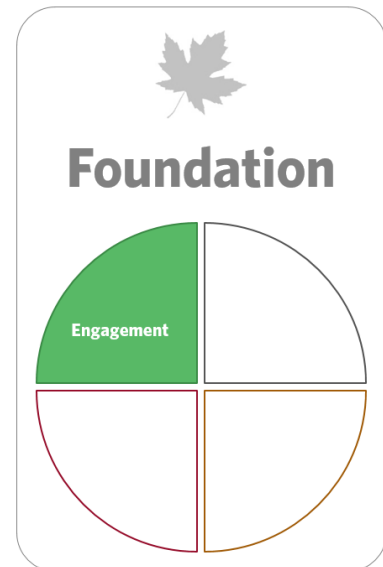
- ACP facilitator receives support and guidance from the group to develop the strategic ACP implementation plan.
- Having clinicians from many disciplines allows for a robust view of ACP implementation.
- Consumer representation provides the 'patient's voice' to ensure what matters to people is central to the work.

Risks/challenges:

- Clinicians/members are time-poor and unable to commit to membership responsibility.
- Ensuring the clinical membership of the group is representative of different disciplines and clinical areas without making the group size unruly.
- Ensuring members are strategic in their thinking.

Steps: How this looked on the ground

1. Wrote a proposal to DHB executive/Clinical Governance outlining the importance of ACP across the DHB primary and secondary care environment seeking approval to form a dedicated ACP Advisory Group.
 - Linked proposal to relevant Ministry of Health and sector strategies (you could consider *The New Zealand Health Strategy: Future Direction* (MoH, 2016), *The New Zealand Healthy Ageing Strategy 2017* and the *Review of Adult Palliative Care services 2017*).
 - Aligned proposal with DHB strategy as well as Annual and Regional Services Plans.
2. Considered influential representation from:
 - DHB portfolio manager with responsibility for ACP (eg, Health of Older People, Palliative Care)
 - DHB Palliative Care
 - DHB Allied Health
 - General practitioners
 - Primary care practice nurses



- DHB social workers
 - Māori Health representation
 - NGOs
 - Palliative care nurse practitioners
 - DHB public health representative.
3. Developed a [Terms of Reference](#) with the newly formed Advisory Group.

Outcomes to date:

- ACP strategic work plans have been developed aligned to the ACP Deployment model.
- Dedicated ACP facilitator has been appointed as the strategic work plan identified that resource was required to effectively deploy ACP.
- ACP has visibility in the Bay of Plenty DHB Annual Plan.

Future opportunities:

- Succession planning to ensure institutional knowledge about ACP development and deployment is retained.
- Consider membership changes as ACP deployment focus moves through the various clinical areas in the DHB.
- Consider using the [5-year Strategy and road map of actions for ACP and clinical communication training 2018–22](#), and the New Zealand [ACP deployment model](#) to develop a local DHB strategic work plan.

Other DHB examples:

ADHB, Canterbury, Central DHB.

Things to consider:

Once ACP starts to take hold in the DHB be aware of risk of the leadership and steering group ticking the 'done' box and moving on. ACP requires an ongoing commitment to changing the underlying culture of the organisation, shifting the focus to what matters to consumers and shared decision-making.

Local and international experience is that once the foot is taken off the accelerator, the car slows and eventually stalls. This is a little like hand washing; people need to be continuously reminded about the benefits of ACP and how important this is to the people we serve.