



FACT SHEET: HILLIS REVIEW

Towards a sustainable medical healthcare workforce in Portland report

Towards a sustainable medical healthcare workforce in Portland was commissioned by the Department of Health and Human Services in 2019 to review the healthcare workforce model at Portland District Health (PDH).

It consulted widely, seeking the views and experiences from clinicians, senior hospital staff, board members, emergency service personnel as well as representatives from other Victorian and interstate regional and rural health services, universities and member organisations.

It complements previous reviews and highlights that the PDH workforce is under significant pressure to deliver quality healthcare for the community.

The report found that:

- The sustainability of the health service is impacted by issues of staff shortages, culture, insufficient training and education opportunities, and ineffective integration with regional services
- The current standalone specialist hospital model is flawed and does not achieve the level of healthcare required for the community
- Despite substantial medical staff expenditure, healthcare service provision and continuity of care are fragile, as demonstrated by substantial locum and short-term staffing appointments
- The current ad hoc collaboration by PDH with other neighbouring Victorian health services needs urgent refinement

Towards a sustainable medical healthcare workforce in Portland includes the following recommendations to improve the quality, accessibility and sustainability of the health service for Portland residents and the surrounding community:

- Effective regionalisation through establishing federated partnerships across the region is critical to improving health service delivery and supporting the medical workforce
- Alternative health workforces need to be seriously considered, including working with medical clinical services or re-designing the workforce model to see medical staff at PDH becoming rural generalists, recruited to provide a range of clinical services both in the hospital as well as in general practice
- The enhanced role of Nurse Practitioners with the experience and authority to diagnose and treat people with a broad range of acute or chronic health conditions could be enhanced at Portland, particularly involving the Urgent Care Centre

PDH accepted all the recommendations of the review, with work already underway to implement them.

1. How will you implement the recommendations?

The Hillis report provides a pathway for action. The Sustainable Medical Services at Portland District Health Steering Committee, chaired by Hon Rob Knowles AO, continue their work at a meeting on Wednesday 23

March 2022 to discuss how effective partnerships can support safer, more effective services in Portland and across the region.

This will mean changing our model of care to ensure we can maintain and invest in services that can be delivered in partnership – and financially sustainably – for the long term.

The Board and Executive of Portland District Health supported by the Department of Health and other key stakeholders are all working together to implement Associate Professor Hillis' recommendations – along with other reviews commissioned by the current board on culture, clinical governance and finance – and together we can get on with the long process of addressing the sustainability of the medical workforce in South West Victoria.

We know we have more work to do. The Board and Executive are committed to working alongside you all in the weeks, months and years ahead. The ultimate aim is better health outcomes for the Portland and district community.

2. What does regionalisation mean?

Partnership with other health services is already essential to healthcare – particularly in regional communities where workforce challenges are more acute. But there is much more we can do.

The Victorian public hospital system has a devolved governance model which means that each individual health service is legally responsible for its own services, performance, staff and communities. Regionalisation – means sharing skills and capabilities with neighbouring services, to deliver effective services together.

This regional cooperation is already occurring for payroll, information technology, stores and linen services, and we're sharing clinicians and expertise across urgent care, chemotherapy, midwifery, allied health, specialist nursing, and in COVID pathways (vaccination, screening/testing, covid positive pathways). That's what the Sustainable Medical Services at Portland District Health Steering Committee is going to do more of.

We're meeting on Wednesday 23 March 2022 to discuss how effective partnerships can support safer, more effective services in Portland and across the region. This will mean changing our model of care to ensure we can maintain and invest in services that can be delivered in partnership, and financially sustainably, for the long term.

3. What is a Federated model as described in the Hillis Report?

It means putting in place a more structured model of specialist medical services, changing from the current ad-hoc model at PDH. This will involve partnering with neighbouring health services to expand core clinical services, improve on-call availability and best use PDH infrastructure.

We're exploring that now through the Sustainable Medical Services at Portland District Health Steering Committee, chaired by Hon Rob Knowles.

4. What is a rural generalist?

A rural generalist is a rural General Practitioner (GP) working to their full scope of practice with additional skill sets informed by the community's needs. These may place an emphasis on emergency medicine and could include capabilities such as obstetrics, anaesthetics, mental health, surgery, and paediatrics.

They are specialists on their own accord and are an extension of GP practice, with distinct speciality to meet rural and remote community needs. They work in close conjunction with other specialists (such as an obstetrician) and provide care closer to home, within the community.

There are 20 trainee rural generalists in the South-West Victoria, and while this program will some take years to flow through, PDH is working with the Department of Health and other neighbouring services to support their development.

We are also exploring other models to support the workforce, including:

1. The nurse practitioner model, with highly-trained nurses treating a broad range of acute chronic health conditions
2. Increasing use of Telehealth, where specialised advice is available in real time from tertiary health facilities. We have embedded telehealth in urgent care, and in outpatient and community-based services including alcohol and other drugs, physiotherapy, dietetics, diabetes, HARP, exercise physiology.

We will explore more of these options in the months and years ahead.

5. Will PDH be amalgamating with other regional hospitals in the area? Why/why not?

We've repeatedly stated amalgamation is not on the table. Associate Professor Hillis has outlined numerous ways PDH can work more closely with nearby health services to combine expertise and make the best use of resources.

6. Will our hospital close?

No. There is no substance to claims made by various parties that PDH will be closed, downgraded or amalgamated. However, we do need to act now on these recommendations to ensure PDH can be safe and sustainable into the future.

7. Why are staff leaving PDH?

PDH is not alone in facing workforce challenges. All health services are facing shortages – we need to be flexible and united in how we address these workforce challenges.

We openly acknowledge that these shortages are impacting the way we deliver care, as outlined by our maternity service diversion. This is not where we want to be.

We're recruiting new practitioners and looking to support current staff right now. We'll keep everyone informed. We need to come together to make PDH the best place to work. It's up to us all to make this happen.

Over the longer term, the Hillis Review makes clear recommendations about the structural and system challenges we face. These will need to be addressed over time.

8. How are you going to keep the community informed?

We welcome the passion from the community and the PDH board is committed to being open and transparent. This includes being clear about issues and changes we have to make to fix them.

We will also commence consultation with the community in the development of our Strategic Plan, launching a monthly newsletter and working constructively with the community in the weeks and months ahead.