2008

THE LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

GOVERNMENT RESPONSE TO THE STANDING COMMITTEE ON PUBLIC ACCOUNTS REPORT NO. 11

AUDITOR-GENERAL'S REPORT NO. 8 OF 2004: WAITING LISTS FOR ELECTIVE SURGERY AND MEDICAL TREATMENT

Presented by
Ms Katy Gallagher MLA
Minister for Health

Overview

The ACT Auditor General presented her Performance Audit Report No. 8 of 2004: *Waiting Lists for Elective Surgery and Medical Treatment* (the Audit Report), to the Legislative Assembly on 7 December 2004

The Audit Report was subsequently referred to the Standing Committee on Public Accounts.

The Audit Report contained 29 recommendations.

The Government provided its response to the Auditor General's recommendations to the Standing Committee on Public Accounts (the Committee) in March 2005.

The Committee presented its report on the Audit Report to the Legislative Assembly on 27 September 2007.

The Committee's Report contained 16 recommendations. The Government agrees with 13 of the Committee's recommendations. Many of the Committee's recommendations have already been implemented as part of the Government's commitment to improving access to, and the reporting of, elective surgery and medical treatment.

The following provides the Committee's recommendations and the Government's response to each of those recommendations.

Recommendation 1

The Committee recommends that ACT Health inform the ACT Legislative Assembly on the results of the 2005 Reporting Review

Government response

Agreed. The reporting review was undertaken and the Minister for Health briefed. This resulted in an extension of the reporting on waiting times for the public. The Quarterly ACT Public Health Services Performance Report now includes new national surgical waiting time indicators (including waiting times at the 50th and 90th percentiles) as well as maintaining previous measures which report waiting times by urgency category. In addition, the report provides endoscopy waiting times (which are part of the medical services waiting list). Further development is in progress to include reporting of other medical waiting lists. The ACT is the only jurisdiction to report Endoscopy waiting times.

Recommendation 2

The Committee recommends, to the extent that work is not already taking place, that ACT Health should use the renegotiation of the 2008-2013 Australian Health Care Agreements to negotiate a five year arrangement with NSW regarding cross border payments for hospital care.

Government response

Agreed. The NSW/ACT cross border agreement has always been for a five-year period and is negotiated for the same period as the Australian Health Care Agreement (AHCA), as provided for in the AHCA. Due to differences of opinion in relation to the reimbursement by NSW for the provision of services to NSW residents in ACT hospitals, both jurisdictions referred the matter to arbitration (which is provided for under the AHCA). The outcome of this arbitration for the

2003-08 AHCA has provided a fairer result for the ACT for the current agreement and will provide the basis for the development of a new agreement to cover the 2008-13 Agreement.

Recommendation 3

The Committee recommends that ACT Health explore the feasibility of trialling further ways of sharing responsibility with NSW in the area of an integrated health system

Government response

Agreed. The Joint Executive Management Group has met on a monthly basis in 2007 and will continue to meet bi-monthly in 2008.

This executive level meeting has provided strategic oversight on a numbers of operational issues and has facilitated the development of a number of protocols governing transport and treatment of patients. The Joint ACT GSAHS Health Services Planning Committee meets quarterly to discuss health service planning issues. The Capital Region Cancer Service provides services to the ACT and south-eastern NSW region with funding for the Director's position shared by both ACT Health and GSAHS. A Joint Clinical Council will be established in 2008. In addition to these mechanisms, there are a range of ACT Health meetings that involve representatives of GSAHS.

Recommendation 4

The Committee recommends that ACT Health explore, in conjunction with the Canberra and Calvary Hospitals, the rationalisation of operating theatre lists to a single six and a half hour list, with a single shift of staff.

Government response

Not Agreed. The Committee's proposal does not provide for flexibility in the allocation of resources to meet the needs of the community or to use current infrastructure to maximum efficiency. The Canberra Hospital has dedicated emergency theatres and is gradually extending afternoon shifts to 1700 for all elective theatres. This will provide for a total of eight hours of elective surgery activity per day per theatre. Moving to a six and half hour list would therefore reduce operating time available for elective surgery

Recommendation 5

The Committee recommends, to the extent that work is not already taking place, that the Canberra Hospital routinely produce and analyse theatre performance information falling under the following headings: capacity utilisation ratios in terms of hours and sessions; average number of cases per hour; cancelled schedule lists; cancelled operations; utilisation of scheduled theatre hours; review of list start and finish times; numbers of patients operated on compared with planned numbers; incidence of out-of-hours operating; theatre incident rates and patterns; and break up of public, private and Department of Veteran's Affairs patients.

Government response

Agreed. This work is presently under development.

Recommendation 6

The Committee recommends that ACT Health commission an independent economic evaluation of The Canberra Hospital's practice of pursuing privately insured patients from a whole system perspective

Government response

Not Agreed - The Canberra Hospital does not pursue privately insured patients. ACT Health has recently updated advice to patients who are entered onto elective surgery waiting lists of the availability of private surgery alternatives, including information on how to access private sector services if they choose.

All patients admitted to a public hospital, whether for emergency or elective care, are required under the Australian Health Care Agreements to elect to be admitted as a public or private patient. Any decision in relation to patient election is solely at the discretion of the patient.

Recommendation 7

The Committee recommends, to the extent that work is not already taking place, that ACT Health should specifically incorporate into induction programs for all new staff, training and education in relation to the management of waiting lists and compilation and reporting of waiting list data.

Government response

Agreed. All surgical booking clerks receive induction and training in the management and compilation of waiting list data. All public reporting of waiting list data is the responsibility of the Health Performance Unit in ACT Health.

Recommendation 8

The Committee recommends, to the extent that work is not already taking place, that ACT Health model elective surgery activity using a capacity planning model to plan for changes in demand and consequent changes in capacity. This should include not only matching capacity prospectively with planned workload, but also undertaking retrospective reviews of activity, and subsequent analysis of reasons for any discrepancies.

Government response

Agreed. ACT Health has developed an inpatient activity modelling tool, adapted from that used in other jurisdictions, that projects all future inpatient activity demand including elective surgery activity. The activity model links to a theatre projection model which is used to project the number of operating theatres required to support the projected activity. It is planned to review the activity model every two years, updating the historical activity base, population projections and clinical trends that underpin the model. This will enable retrospective review of projections and recalibration of the model if required.

Recommendation 9

The Committee recommends that ACT Health should state in its Elective Surgery Waiting List Management Policy that compliance with the Policy is mandatory

Government response

Agreed. The application of *The Waiting Time and Elective Patient Management Policy* is mandatory.

Recommendation 10

The Committee recommends that ACT Health should consider devising a specific disciplinary code identifying appropriate actions to be taken where it is proven that there has been a failure to comply with ACT Health's Elective Surgery Waiting List Management Policy

Government response

Not Agreed. There is no need to introduce any additional disciplinary code. Breaches of policy can be addressed through the respective provisions for managing underperformance in existing employment agreements, or via contractual arrangements in the case of visiting medical officers.

Recommendation 11

The Committee recommends that ACT Health give consideration to a public review of the Elective Surgery Waiting List Management Policy after three years of operation.

Government response

Agreed. *The Waiting Time and Elective Patient Management Policy* came into effect on 1 January 2008. The policy was developed in consultation with the Surgical Services Taskforce. The policy will be reviewed regularly.

Recommendation 12

The Committee recommends that ACT Health provide, on the relevant webpage, some user-friendly measurements of the statistical significance of waiting times differences across providers.

Government response

Agreed in-principle - A review of the Waiting Times Web page will be considered by the Surgical Services Taskforce at its first meeting in 2008. This review will examine whether there are additional measures that would provide useful information for the public.

Recommendation 13

The Committee recommends that ACT Health consider the development of a 'Not Ready for Care' policy to respond to people who delay surgery repeatedly without an adequate reason. This policy should stress to patients the consequences of failure to attend for scheduled surgery

Government response

Agreed. The management of "Not Ready for Care" patients is covered in The *Waiting Time and Elective Patient Management Policy*. The management of patients who defer surgery without an adequate reason is dealt with in Section 4.23 of the policy - 'Removing Patients from the Waiting List'.

Recommendation 14

The Committee recommends that ACT Health undertake more research to better understand variations in clinical priorities and treatment thresholds, as part of a more systematic program of demand management.

Government response

Agreed. ACT Health has been working with ACT surgeons and consultants from New Zealand to develop priority scoring systems for hip and knee replacement procedures. Implementation of this system in orthopaedics will commence in 2008. Further adoption of such systems will be determined following the evaluation of the orthopaedics pilot.

Recommendation 15

The Committee recommends that ACT Health evaluate the dynamic effects of priority scoring systems over time on case mix, distribution of waiting times, and patterns of resource use.

Government response

Agreed. Where priority scoring systems are implemented ACT Health will evaluate the effects on waiting times.

Recommendation 16

The Committee recommends that ACT Health ensure that membership of the Surgical Services Taskforce is representative of all members of the multidisciplinary care team

Government response

Agreed in-principle. The Surgical Services Taskforce already draws its membership from a range of health service professionals, including surgeons, anaesthetists and nurses. However, there is scope to further the membership of the Taskforce to provide for wider representation across all health professionals involved in the provision of surgical services. This recommendation will be referred to the first meeting of the Surgical Services Taskforce in February 2008.