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Health

Let's get Queensland moving again

LABOR'S WAITING LIST REDUCTION STRATEGY

Queensland Labor

Waiting List Reduction Strategy

July 1998



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Leader of the Opposition



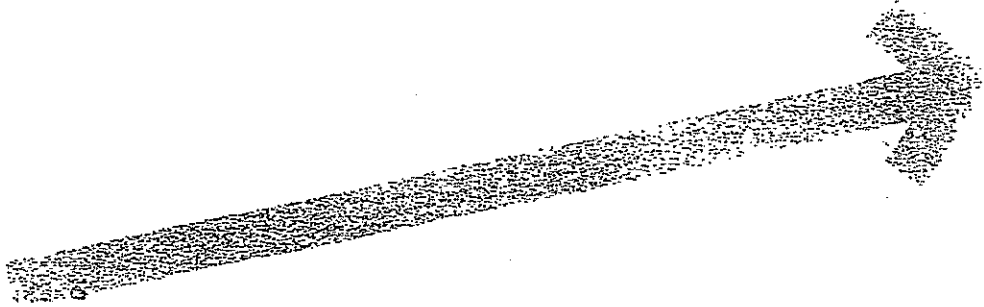
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WAITING LISTS

EXECUTIVE SUMMARY

The real state of Queensland's waiting lists has been manipulated and withheld from the general public. In Government, Labor will focus on bringing honesty back into the system and target funding to the people who are presently slipping through the system.

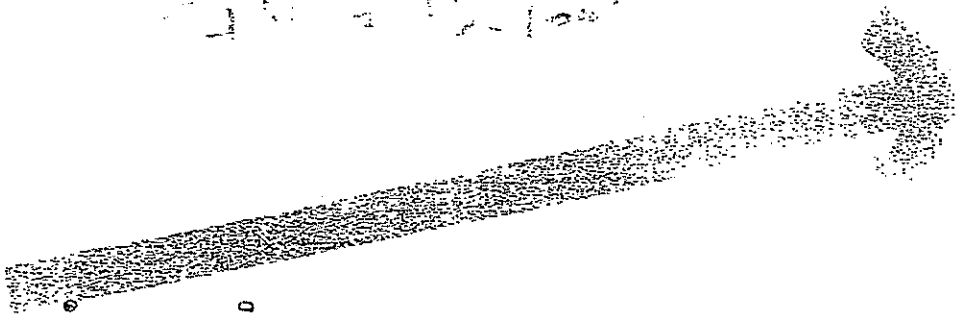
Our eight point plan to cut waiting lists will include a commitment to:

- publish the waiting list for each hospital every three months so that money can be channelled to where the real need is. *Reporty*
- supply general practitioners with quarterly briefings on waiting lists to help them when referring people for surgery. *Reporty*
- even out waiting lists by moving people in appropriate cases to a hospital where their procedure can be performed more speedily. *Development*
- provide additional funding of \$6.8 million a year to finance extra surgery for complex procedures. *Funding & incentives*
- work with the specialist colleges to expand training places for new specialists to meet the demand of the next century. *consultation: or major with some initiative*
- use holiday times to keep operating theatres working for the benefit of those waiting for surgery - *help support hours, for Development: Business*
- benchmark waiting times for Accident and Emergency Departments to reduce excessive waits. = *compensation of our patients*
- increase levels of day surgery across the State to reduce the length of waiting times for elective surgery. = *develop / reporty*

spread:
①

Data collector:

TOP 10...



WAITING LISTS

Waiting lists are a source of anxiety and concern for many people. If you, or a family member or friend, is waiting for surgery, often in pain, each extra day can seem like a lifetime.

LABOR'S RECORD

Labor took a multi-pronged approach to reducing waiting lists while in Government. When Peter Beattie was Health Minister he developed and implemented the Strategy for Managing Elective Surgery in Queensland Public Hospitals which is still being used by the Coalition Government today.

This strategy was based on the principle of equal access for equal need with the aim of treating patients with similar conditions in a similar manner across the State. Labor's initiatives included:

- > establishing an elective surgery strategy which included computerising waiting lists, developing the protocols for care, new pre-admission clinics and better discharge planning and appointing waiting list co-ordinators in hospitals.
- > spending \$64 million over three years to reduce the backlog in elective surgery
- > attracting and keeping vital medical specialists within the public system with a \$42.1 million package over three years
- > accelerating the re-building of the major metropolitan hospitals as part of Labor's ten-year, billion dollar Hospital Rebuilding Program
- > bringing Queensland's specialist medical equipment up to world standards by spending an extra \$35 million over two years
- > building dedicated day surgeries at major teaching and other hospitals funded by a \$40 million 10-year program.
- > publishing the waiting lists for Queensland's major hospitals for the first time so that people were aware of the problems. Peter Beattie promised to continue releasing waiting lists.

THE SITUATION NOW

These sensible and open policies have been replaced by subterfuge and sleight of hand.

The Borbidge Government has made much play of reducing waiting lists over the past couple of years, while only releasing limited information on the real state of the lists. Queensland Health documents show that waiting lists have blown out in the semi-urgent and non-urgent categories - the lists where the vast majority of people are waiting. Government statistics show there are now 12,000 Queenslanders waiting too long for surgery in this State.

Compare our situation with New South Wales. They have 7,440 people listed as having waited for over a year for surgery. Queensland, a State with just over half the population of New South Wales, has 8,216 people waiting this long, and people in New South Wales think they have a waiting list problem!

The facts show a cruel fraud has been played on the Queensland people. Labor's Waiting List Hotline, started earlier this year, has exposed how this fraud has been executed.

Gate-keeping

Patients are placed on waiting lists from the time they see their specialist and are booked in for surgery. The Borbidge Government has tried to keep people off these lists by increasing the time it takes to see a specialist. Many people who spoke to us said they had already waited six months to see the specialist and had been told they may have to wait another six months.

These people face having to wait up to a year before they are even placed on the official "waiting list" or categorised.

Gate-keeping hides the true number of people waiting for surgery. By not facing up to what the true situation is, the Borbidge Government will never be able to address the unmet demand of people waiting for surgery.

Re-categorising

Patients are categorised by the urgency of their operations into three categories of urgent, semi-urgent and non-urgent. The higher the category, the sooner surgery should be undertaken. Evidence has emerged of the Borbidge Government re-categorising patients. Patients have been taken off the lists on which they have been placed and re-categorised onto a less urgent list.

While this may reduce the number of patients on the relevant list it does nothing to help the patients concerned.

Easy Operations Only

The most heart-breaking stories from the Waiting List Hotline were from people waiting for more complicated surgery. This Government has concentrated on operating on the simple and straight forward cases in an effort to manipulate the waiting lists. This has left a growing and distressed group of people waiting for more complex surgery. Many of these people lead their daily lives in great pain and frustration as they see no end to their suffering.

The consignment of these patients to the end of waiting lists goes against the principles of the Medicare Agreement which states that people should be attended to on the basis of medical need. Obviously under this system, people with less need are being seen before those with greater need.

What can Labor do?

What can Labor do to bring some decency and honesty back into our waiting list system?

A lot of money has been allocated to cutting waiting lists over the past five years by the Commonwealth and State Governments. We believe the base funding is in place for the on-going assault on reducing waiting lists.

Though extra funding has been allocated for our waiting list policy, and we will bring honesty back into the system and targeting the existing money to the people with the real needs who are slipping through the system.

PUBLISHING WAITING LISTS

The last time full waiting lists were published in Queensland was in February when Peter Beattie was Health Minister. They have been hidden from the public ever since. The Borbidge Government has gone to great lengths to conceal the numbers of people waiting for surgery in Queensland. They have only released in the last couple of years selective, manipulated data.

In Government, Labor will again shine a light on the real state of waiting lists.

We will publish the waiting lists for each hospital every three months and the types of surgery people are waiting for. As well, we will publish the number of people waiting for surgery longer than the ideal time. This data will be released quarterly.

Labor will remove the tricks played by the National/Liberal Government and open the State's waiting lists to public scrutiny.

Labor's strategy will put the pressure on public hospitals to perform. It will be easy to check performances across hospitals and to see where there are deficiencies. Consumers and patients will then have information on the real state of waiting lists and it will allow a Labor Government to allocate resources to where the need really is.

BETTER INFORMATION FOR GENERAL PRACTITIONERS

It is important for general practitioners who are referring patients for surgery, to have an accurate picture of waiting lists. They often refer patients for surgery without knowing the length of wait at a particular hospital or the length of the list of the surgeon to whom they are referring.

Labor will supply quarterly briefings to Queensland's general practitioners to help them when referring people for surgery. By doing this we hope to even out the waiting lists across the State as people are referred to hospitals with shorter waiting times.

MOVING PATIENTS ONTO SHORTER LISTS

Waiting lists can change dramatically from area to area. Queensland is a growth State and sudden influxes in population can lead to increased waiting for people living in these areas. There will continue to be problems as the Government moves to get doctors and resources into these growing areas. In the meantime, Labor does not believe people should be left waiting at the end of lists because they live in an area without a high-enough level of health services.

Labor will even out waiting lists by moving people, if they are agreeable, to a hospital where their procedure can be performed more speedily. We will organize and meet the cost of the transport to make this possible.

This initiative will be limited to a certain number of procedures where people are otherwise fit but are waiting a procedure. Many eye and skin procedures are a good example.

Moving people around will overcome the anguish for people who are permanently stuck on a list because of a shortage of medical specialists in their area. We will give them the option to have the operation performed elsewhere

Funding of \$900,000 a year will be made available for this program.

ENHANCEMENT PROGRAM

As outlined earlier, many people in need of complex operations have been relegated to the bottom of waiting lists by this uncaring Government. Labor cannot let this situation continue. In Opposition, we have fought for these people to be operated on. In Government, we will make sure it happens.

One-off funding of \$5.8 million was made available in 1997/98 for the Orthopaedic Enhancement Fund. Labor will continue this as on-going recurrent funding for an Enhancement Fund to finance extra surgery for complex procedures. Priorities for funding will be identified each financial year

This will give us the extra money we need to help those people needing complicated and necessary surgery.

Additional funding of \$6 million a year will be allocated for our Enhancement Fund.

SHORTAGE OF MEDICAL SPECIALISTS

At the moment in Queensland there is a shortage of medical specialists in a number of key areas. These shortages are further exacerbated by some surgeons' reluctance to work within the public system. There is also a maldistribution of specialists, with few working outside the Southeast corner.

It is no co-incidence that the areas in which there are shortages of medical specialists - ear, nose and throat, orthopaedics, urology and ophthalmology - mirror exactly the areas where there are long waiting lists for surgery.

Labor will continue to work with the Specialist Colleges to make sure the expansion of training places for new specialists continues to meet the demand estimated for the 21st century. We will fund the extra traineeship positions required as outlined in the work undertaken by the Medical Training Review Panel.

QUIET TIMES

Patients are not consulted about when their elective surgery will be undertaken and it is assumed patients will not want to go to hospital during the traditional quiet times over the school Christmas holidays and Easter holidays. During this time the wards stay open and the hospital staff remain on duty but very few patients are booked in for operations.

We believe we can make use of these valuable resources. We will use this quiet time to catch up on elective surgery. Many people on waiting lists, particularly those without school age children, would be more than happy to have their operation in a holiday period.

Labor will investigate keeping a core medical staff on-duty over these traditional quiet periods to keep the operating theatres working for the benefit of those waiting for surgery.

ACCIDENT AND EMERGENCY WAITING TIMES

As well as timely access to surgery, speedy attention in the event of an emergency is vital for a first class health system. The latter hinges on the efficient running of hospital accident and emergency departments in managing the most critical cases that come through a hospital. The two issues people are most concerned about in accident and emergency departments are waiting times for attention and, if being admitted, quick access to a bed in a ward

Labor's strategy will address both these issues. Labor will benchmark waiting times for the different triage categories across the State. We will introduce new systems so that the waiting times of the best performing Accident and emergency departments are replicated across the State. Computer systems will be introduced to all A and E Departments to ensure the use of recognised triage and acuity systems

We will also ensure each hospital has a plan to deal with the significant increased demands of the winter season and that services in accident and emergency can meet this demand.

Labor is concerned about stories of patients having to lie on trolleys for some time in Accident and Emergency before a bed can be found in a ward. Labor will minimise this lack of bed availability, known as "access block", through better bed management strategies. We will take into account the predicability of bed utilisation to ensure the availability of general and special care beds

Additional funding of \$5 million has been allocated for this program.

DAY SURGERY

Increases in Day surgery is one of the most powerful tools we have in reducing waiting times for elective surgery. Improvements in anaesthetics and new surgical procedures such as laparoscopy and key-hole surgery has meant many operations can be performed during the day with the patient sent home without overnight admission to the hospital.

The Labor Government had a ten year plan to increase day surgeries throughout Queensland. We still have relatively low levels compared to other States and overseas. In government, Labor will aim for internationally comparable levels of 45 to 50 percent of all surgical procedures being on a day basis.

Labor in office will develop a framework for continued development of day surgery, in consultation with clinicians, other service providers and patients. The transition to increased rates of day surgery will be integrated with special efforts to reduce the length of waiting lists and waiting time for elective surgery.

We will monitor the progress of day surgery across public hospitals and ensure our targets are met.

CONCLUSION

The length of the State's waiting lists is seen by those who wait as the major indicator of the health of the State's hospital system. Labor believes nothing is to be gained from hiding the true state of waiting lists. We believe by shining a light on where the delays are we can systematically work to remove those delays.

Operating on the waiting lists rather than the patients, as undertaken by the Borbidge Government, is counter-productive

Labor cannot promise miracles - rapid increase in population in some areas of the State will continue to put pressure on services for some time. We can promise an honest assessment of the challenges facing the health system and a thorough response to overcome those challenges.

