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Dear Mr Symonds

RE: Proposed amendments to the Elective Surgery Access Policy

The Australian Medical Association (Victoria) welcomes the opportunity to provide feedback on the proposed changes to the Elective Surgery Access Policy (ESAP).

AMA Victoria supports policies that seek to improve the timeliness of care provided in Victoria's public hospitals. Accordingly, we would agree with the proposed amendments to the ESAP while noting the points below.

AMA Victoria would like to raise the issues of adequate resourcing and the scope of the waiting time data being reported.

Adequate resourcing

The most direct way to ease the current pressures on elective surgery waiting lists in Victoria is to ensure that our hospitals are provided with sufficient resources to do so. The fact that patients have to wait significantly beyond the clinically recommended times for their surgery is an indicator of insufficient resourcing to meet the demands of the local population. This funding shortfall must be addressed.

Improving data quality

Reporting systems are an important mechanism to ensure resources can be directed most effectively towards reducing waiting times. Currently however the official elective surgery waiting lists do not reveal the fact that Victorians needing surgery must wait for an outpatient clinic appointment before they are put on the elective surgery waiting list. GPs and their patients need this information so that they can consider alternative options.

The Victorian Government must act promptly on its promise to publish outpatient waiting list numbers and the time patients wait to receive an appointment for surgery in Victoria's public hospitals. Until such point, the reported figures will not accurately represent our hospitals' capacity to deliver timely patient care.

In response to the proposed amendments to the ESAP we would like to draw your attention to the following areas of concern:

Categorisation

AMA Victoria acknowledges that by treating each patient strictly in turn hospitals can help to ensure that patients wait the shortest average time for their surgery. Overly strict adherence to this rule however has the potential to compromise patient care.

The current categorisation system means that a patient within Category 2 and 3 may require surgery more urgently than another in the same category. Hospitals must prioritise such patients and the ESAP should recognise this.

Terminology

A related concern exists in regard to the terminology of the rule. The phrase 'first on first off' does not adequately reflect the fact that categorisation (or clinical priority) determines the timing of a patient's treatment.

For instance while one patient who goes on the waiting list as a Category 1 today will be treated within 30 days, a Category 2 patient who was placed on the waiting list one month ago will actually be done one month later than the Category 1 because the window for treatment is 90 days.

We suggest that the wording be amended to make this clear and minimise the potential for public confusion.

Amending the terminology in this way would also allow the ESAP to better reflect the fact that there are valid reasons for deferring surgery (as listed in the policy) which may mean that adherence to the 'first on first off' rule is not possible.

We suggest that section 9 contain an explicit statement which demonstrates that hospitals must treat patients in order of their clinical need – not only according to their place in line.

Implementation

AMA Victoria supports active monitoring of compliance with the ESAP however we would recommend the removal of 'analysing treat-in-turn rates by surgeon and unit'. It is unlikely that surgeons will influence the specific circumstances which may prevent patients being scheduled for surgery according to waiting time, and analysing treat-in-turn rates by hospital would be a more effective means of collecting this information. This would also minimise the layers of bureaucracy that surgeons have to contend with.

Extending the 'specific circumstances'

AMA Victoria recognises that specific circumstances may exist which prevent patients being scheduled for surgery according to waiting times. We recommend that the circumstances in respect of resource availability be amended to take account of training requirements of public hospital procedures.

If you would like to discuss any of the matters raised in the attached submission, please contact Elizabeth Muhlebach, Policy Officer, on (03) 9280 8754 or elizabethm@amavic.com.au .

Yours sincerely



Geoff O'Kearney
A/CHIEF EXECUTIVE OFFICER