

Briefings folder for the Incoming Minister for Health



Queensland
Government

Queensland Health

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LABOR GOVERNMENT

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- Hospitals have the ability to enhance the level of communication with General Practitioners ensuring that they remain informed of their patient's status on the waiting list and are involved in the continuous management and care of their patient during the waiting period and their hospital episode of care.

Future Considerations

Further work is required by Queensland Health to achieve statewide consistency and confidence in the management, collection, and reporting of specialist outpatient waiting times and clinic access.

More urgently, Queensland Health will be required to establish and implement a standardised collection of specialist outpatient information to comply with the Commonwealth's requirements under the proposed National Minimum Data Set (NMDS), which is due for implementation in July 2005.

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Updating of General Practitioners

The Queensland Health Internet site has been enhanced to provide information for Patients and for General Practitioners (GPs) as well as common questions that patients may ask their GP or Specialist.

Transfer of Patients to Even Out Waiting Lists

Elective Surgery Coordinators and Elective Surgery Liaison Officers at reporting hospitals negotiate transfers of patients between hospitals on a case by case basis.

Better Use of Operating Theatres During Holidays

Surgical sessions during holiday periods continue to be monitored by the General Manager (Health Services).

Emergency Services Strategy

Twenty-one hospitals with an emergency department role delineation of four or greater are participating in the benchmarking program and supply performance data on a monthly basis.

Five million dollars in recurrent funding was provided from 1999-00 to improve waiting times and access block as part of the Emergency Services Strategy. Of the \$5 million, \$3,383,100 is allocated on a recurrent basis, consisting of:

- \$3,156,000 for emergency medicine specialist and nursing staff positions;
- \$227,100 to support the Principal Zonal Clinical Coordinator positions

Waiting times performance for Queensland emergency departments has improved for most patients during 2002-03:

- For Australasian Triage Scale (ATS) Categories 1, 2, 3 and 5, Queensland waiting times performance has improved during the June Quarter 2002-03, compared to the June Quarter 2001-02.
- Waiting times performance in ATS Category 4 is steady compared to the same quarter of last year.

Evaluating emergency department waiting times performance against other States, Queensland performs comparably despite measuring performance by a more stringent method:

- For ATS Category 1 patients, Queensland matches performance reported in NSW and Victoria's most recently published data.
- For ATS Category 2 patients, Queensland's performance is comparable to NSW and Victoria's most recently published data.
- For ATS Category 3 patients, Queensland's performance is comparable to NSW, but is exceeded by Victoria's most recently published data.
- Queensland trails NSW in ATS Categories 4 and 5 (Victoria does not publish these data).

Access block data (waiting time from presentation to admission to an inpatient bed) indicates that Queensland continues to perform significantly better than other States.

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A commitment was made by this Government to further increase elective surgery funding by \$20 million over the two years 2001-02 and 2002-03 to specifically target 'long wait' patients. This commitment has been extended with a further \$10 million in 2003-04.

Accountability for the expenditure of dedicated elective surgery funds is managed through the Elective Surgery Business Rules, which detail payment methodologies and eligibility criteria. This ensures that the maximum level of activity is achieved within existing budgets.

The funding arrangements for the financial years 1999 to 2003-04 are listed in the following table.

Funding Type	1999-00 (\$M)	2000-01 (\$M)	2001-02 (\$M)	2002-03 (\$M)	2003-04 (\$M)
Recurrent	79.527	79.533	79.533	79.533	79.533
Non Recurrent	0.016	0.002	10.000	10.000	10.000
Total	79.543	79.535	89.533	89.533	89.533

Elective Surgery Performance

The continued success of the Government's *Waiting List Reduction Strategy* is evidenced by the excellent waiting list figures at 1 July 2003. Only 2.3 percent of Category 1 patients had waited longer than the recommended time (30 days) for surgery. At 1 July 2003, 5.3 percent of Category 2 patients (semi-urgent) waited longer than the recommended time (90 days) – the best Category 2 result since the collection of waiting times data began in 1996.

Pre-election commitments provided an additional \$20 million for extra elective surgery throughput over two years beginning 1 July 2001 and ending 30 June 2003. As part of the State Budget process, the CBRC approved output funding of \$10 million for the elective surgery enhancement initiative in 2003-04, with future years being funded within the new funding model.

Total elective surgery throughput for 2002-03 has increased by four percent compared with that reported in 2000-01, resulting in an additional 4,348 patients being treated with the additional \$10 million in funding.

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<p>\$47 million for public patients across the state, based on the demand for surgery</p>	<ul style="list-style-type: none"> • Will assist in addressing current waiting list backlog for surgery (33,240 patients at 1 January 2004). • Will provide up to an additional 18,800 weighted separations (this will provide treatment for between 3500 and 10,400 patients depending on the complexity of the procedure) over three years. • Funding will be targeted in specialities with long-wait Category 2 and 3 patients. • Queensland Health will allocate funds on the basis of ability to perform additional work.
<p>Joint Replacements</p> <p>\$15 million for an extra 900 joint replacement procedures across the State, including hip replacements and knee reconstructions</p>	<ul style="list-style-type: none"> • Will assist in addressing current waiting list backlog for joint replacement surgery (approx 2400 patients). • Queensland Health will allocate funds on the basis of ability to perform additional work. • Provides opportunity to reduce costs due to loss of independence in future years. • Recurrent component from 2007-2008 – insufficient funds to cover this commitment from known forward estimates of Queensland Health budget. • Recurrent component from 2007-2008 – insufficient funds to cover this commitment from known forward estimates of Queensland Health budget.
<p>Additional Surgery - Noosa</p> <p>\$3 million for additional orthopaedic surgery, especially joints, on the Sunshine Coast at Noosa Hospital</p>	<ul style="list-style-type: none"> • Will provide additional capacity to reduce long-wait Category 2 patients at Nambour Hospital. • Contracting and commencement of service delivery could be achieved within 3 months of confirmed funding. • The provision of additional surgical services at Nambour and Noosa will reduce the need for patient transfers to RBWH, freeing up beds and allowing RBWH to focus on tertiary services. • Recurrent component from 2007-2008 – insufficient funds to cover this commitment from known forward estimates of Queensland Health budget.
<p>Increasing Capacity - Caloundra</p> <p>\$6 million to commission a second operating theatre at Caloundra Hospital and 10 extra beds. This will mean greater numbers of Sunshine Coast residents getting their surgery on time</p>	<ul style="list-style-type: none"> • Will increase surgical capacity and throughput at Caloundra, providing care closer to where people live. • The provision of these services will reduce the need for patient transfers to Nambour and RBWH, allowing these hospitals to focus on more complex and tertiary services. • Commissioning additional theatre could be achieved within 6 months of confirmed funding. • Recruitment of staff to support additional services and beds will be actively addressed through Queensland Health recruitment strategies.

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<p>Critical Care bed - Cairns</p> <p>\$1.5 million to employ six new nurses and open an extra critical care bed at Cairns taking the number to 16. This will relieve pressure on the emergency department and improve waiting times for elective surgery (announced earlier)</p>	<ul style="list-style-type: none"> • Physical space exists for additional critical care bed. • Funding will provide for additional equipment required (ventilator and ancillaries), and staffing for three years. • Expected additional critical care bed could be operational within three months of confirmed funding. • Recurrent component from 2007-2008 – insufficient funds to cover this commitment from known forward estimates of Queensland Health budget.
<p>Vascular Surgery - Nambour</p> <p>\$4.5 million to establish a full specialist vascular surgery service at Nambour Hospital which will include staff specialists and visiting surgeons, and two dedicated nursing support staff. This will improve waiting times and allow major vein and artery surgery on the Sunshine Coast</p>	<ul style="list-style-type: none"> • Will provide access to services for patients from Sunshine Coast District catchment, as well as Gympie and Fraser Coast Districts, providing care closer to where people live. • These services contribute to statewide strategic plans in a specialty with significant long-wait Category 1 and 2 patients across Queensland. • Recruitment of specialist staff may be difficult due to national shortage – Queensland Health will actively work with relevant colleges and associations to achieve timely recruitment. • Recurrent component from 2007-2008 – insufficient funds to cover this commitment from known forward estimates of Queensland Health budget.

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