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CABINET DECISION

Maleny, 2 October 2000

Decision No. 2106 (Submission No. 1687)

TITLE: Information Submission - Progress Report on the Waiting List Reduction Strategy, Medical Workforce Issues and Queensland Health's Budget Status.

CABINET decided:

1. That following consideration, the contents of the submission be noted.

2. That the Treasurer and the Minister for Health will confer on the possible inclusion of relevant accrual information in future quarterly reports on the Department of Health budget status report, including explanations for and planned responses to any operating deficits.

CIRCULATION: Implementation Responsibility
Nil.
Departmental Records
Department of the Premier and Cabinet.
Department of Health and copy to the Minister.
Perusal and Return
All other Ministers.

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Janet Hall
Cabinet Secretary

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CAB.0007.0001.00257

SECURITY CLASSIFICATION "A"

INFORMATION SUBMISSION

Final Submission No. 1687
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COVER SHEET

TITLE

Progress Report on the Waiting List Reduction Strategy, medical workforce issues and Queensland Health's budget status

MINISTER

Minister for Health

OBJECTIVE

To inform Cabinet of the progress of the Waiting List Reduction Strategy, medical workforce issues and Queensland Health's budget status.

SUMMARY

The Waiting List Reduction Strategy is a major commitment of the Government. Waiting list census information details data as at 1 July 2000 and which was published on 1 August 2000. Comparison of waiting list information is provided for the period 1 July 1998 to 1 July 2000.

Medical workforce issues impact on access to services in emergency departments, specialist outpatients clinics and surgical services in public hospitals. The submission updates the number of vacancies in Queensland public hospitals and highlights a range of employment incentive initiatives aimed at reducing the overall numbers of specialist vacancies and in placing specialists in rural areas where long term vacancies have occurred.

RESULTS OF CONSULTATION

- **Is there agreement? YES. See paragraph 71 of body of submission.**

RECOMMENDATION

That, following consideration, the contents of the submission be noted.

WENDY EDMOND MLA
MINISTER FOR HEALTH
21/9/2000

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BODY OF SUBMISSION

OBJECTIVE

1. To inform Cabinet of the progress of the Waiting List Reduction Strategy, medical workforce issues and Queensland Health's budget status.

BACKGROUND

- **Context**

2. In July 1998, the Government gave a commitment to significantly expand previous strategies to reduce waiting lists in public hospitals in Queensland. The Waiting List Reduction Strategy involves an eight-point plan to cut waiting lists and includes 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;
   - supply general practitioners with quarterly briefings on waiting lists to help them when referring people for surgery;
   - even out waiting lists by moving people in appropriate cases to a hospital where their procedure can be performed more speedily;
   - provide additional funding of $6.8M per year to finance extra surgery for complex procedures;
   - work with the specialist colleges to expand training places for new specialists to meet the demand of the next century;
   - use holiday times to keep operating theatres working for the benefit of those waiting for surgery;
   - benchmark waiting times for accident and emergency departments to reduce excessive waits; and
   - increase levels of day surgery across the state to reduce the length of waiting times for elective surgery.

3. A further element was added to the eight-point plan. This element is the collection of waiting times for specialist outpatient appointments to assist in clinical prioritisation for surgery and appointments.

- **Previous consideration by Cabinet**

4. Cabinet (Decision No.681) on 12 April 1999, noted that the Minister for Health would provide quarterly reports on progress of the Waiting List Reduction Strategy and Queensland Health's budget status.

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5. Cabinet (Decision No. 1152) on 20 September 1999 noted that the Minister for Health would continue to report quarterly on the Waiting List Reduction Strategy.

6. Cabinet (Decision No. 1553) on 13 March 2000 noted the progress report on the Waiting List Reduction Strategy, medical workforce issues and Queensland Health's budget status.

ISSUES

Waiting List Reduction Strategy

Project Update

Publication of the quarterly Elective Surgery Waiting List Report

7. The *Elective Surgery Waiting List Report* is published quarterly and distributed to Districts, medical specialists, general practitioners, and professional colleges and associations throughout Queensland. The report, in its entirety, is also published on the internet.

8. The open publication and distribution of the waiting list data allows referring practitioners and patients access to the true state of the elective surgery waiting lists at Queensland Hospitals. This in turn allows patients to be referred to those hospitals with shorter waiting lists.

9. Thirty-three hospitals contribute information to the *Elective Surgery Waiting List Report*. This represents approximately 95% of the elective surgery activity performed in Queensland public hospitals.

10. Nine reports have been published containing information on the waiting lists as at 1 July 1998, 1 October 1998, 1 January 1999, 1 April 1999, 1 July 1999, 1 October 1999, 1 January 2000, 1 April 2000 and 1 July 2000. The report is published on the Queensland Health intranet and Internet sites and a hard copy is produced and distributed.

11. The last report containing data as at 1 July 2000 was published on 1 August 2000.

Quarterly briefings of general practitioners

12. The aim of the briefings is to improve communication between general practitioners and their local public hospital.

13. Briefings have been provided for inclusion in the Divisions of General Practice newsletters. The briefings include elective surgery waiting list information for the hospitals relevant to each division.

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14. Meetings have been held with a number of Divisions throughout Queensland to further develop communication links between Divisions, hospitals and Surgical Access Team.

Transfer of patients to even out waiting lists

15. The aim of the initiative is to relieve pressure on hospitals with long waiting lists by transferring patients to those facilities with spare capacity in certain specialties.

16. A key role of the Surgical Access Team is to identify hospitals with underutilized capacity in elective surgery and, at the same time, to identify hospitals with 'long wait' patients in a matching specialty.

17. Information received reinforces the difficulties associated with transferring patients between hospitals. These problems include:

- the high level of complexity of Category 2 patients at some hospitals which requires significant and long-term follow-up care, not only for the surgery, but also for the condition;
- the scarcity of anaesthetic support across the State; and
- although spare surgical capacity at the specialty level has been identified in some hospitals, the needs can be in quite specific sub-specialties, for example, hand or shoulder surgery as sub-specialties of orthopaedics.

18. Currently, general surgery and gynaecology patients from Bundaberg are being seen in the outpatient clinics at Bundaberg by visiting staff from Hervey Bay Hospital. Surgery for gynaecology patients is currently ongoing while 48 general surgery procedures were carried out up until 16 August 2000.

19. Alternatives to transferring patients are being examined. If the problems are related to the absence of a surgeon, the short term filling of positions or the transfer of surgeons to perform surgery on the 'long wait' Category 2 patients are being implemented as alternatives to moving the patient.

20. A Urologist from the Mater Hospital is reviewing patients on the waiting list at Toowoomba. Patients requiring surgery will be offered the option of receiving treatment at the Mater Hospital.

21. An ENT Registrar from the Royal Brisbane Hospital is expected to conduct outpatient clinics in Cairns four times a year to assist in the management of the waiting list. A week long clinic was held in July with the next scheduled for October.

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22. In the last half of 1999, an Orthopaedic Surgeon from Maryborough Hospital reviewed new case referrals at Bundaberg Hospital to ensure patients requiring urgent surgery were seen within appropriate timeframes.

23. Elective Surgery Coordinators and Liaison Officers at reporting hospitals are also negotiating transfers of patients between hospitals on a case by case basis.

24. In addition, enhanced services have been funded at some regional hospitals to allow patients to access services closer to their homes eg General Surgery in the Bowen Health Service District. An enhanced ENT service at Mt Isa Hospital, to be provided by a surgeon from Townsville, is currently being established.

25. It is anticipated that the provision of these funds will prevent the need to transfer patients to other facilities and will ensure that patients access services near their place of residence.

Better use of operating theatres during holidays

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

27. The Surgical Access Team collect information from hospitals on an ad hoc basis regarding planned surgical activity over holiday periods.

Emergency Services Strategy

28. The aim of this strategy is to improve access to services in emergency departments and to an inpatient bed if the patient requires admission.

29. In 2000/2001, as well as providing funding for emergency medicine specialists ($2.44million) and emergency department nursing positions ($506,000) funding has been allocated for:

- reviews of the administrative and clinical processes of emergency departments to identify barriers to improved performance and appropriate remedial strategies ($70,000). This strategy builds on the successful approach undertaken at Mt Isa Hospital, which has resulted in the Emergency Department consistently meeting waiting time targets in recent months;

- targeted funding to support the professional development of emergency department nursing staff to improve knowledge and skill levels ($200,000); and

- funding has also been allocated for equipment purchases to minimise waiting time from delays in access to procedural and diagnostic equipment ($300,000).

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30. Funding of $170,00 has been reprovided in 2000/2001 for an additional two medical officers attached to the Royal Flying Doctor Service based at the Rockhampton Hospital. The appointment of these staff has significantly reduced the overtime demands on medical staff at the Rockhampton Hospital Emergency Department.

31. All 20 hospitals with an emergency department role delineation of 4 or greater are participating in the benchmarking programme and are supplying performance data on a monthly basis. Quarterly performance reports are distributed to the participating hospitals. The fifth report (June 2000 Quarter) will be distributed shortly.

32. While emergency department waiting times in some categories need to improve further, the Government's Emergency Services Strategy has resulted in significant improvements in waiting times. These improvements have resulted in a estimated 5700 additional patients being seen within the recommended times in the first half of 2000 compared to the same period in 1999.

33. Comparison with other States indicates that emergency department waiting times in Queensland during recent months are comparable to other States (Attachment 1). It should be noted that the better performance by Victoria is due in part to a different waiting time calculation methodology that measures waiting time from presentation to being seen by a doctor or a nurse. The calculation used in Queensland measures waiting time to being seen by a doctor.

34. Access block data (waiting time from presentation to admission to an inpatient bed) indicates that Queensland is performing well compared to other states (Attachment 2).

Day surgery targets

35. The day surgery target for all elective surgery in Queensland public hospitals in 1999/2000 was 55%.

36. Preliminary data indicates that the 1999/2000 target has been achieved with 56% of cases undertaken as day procedures. This is an increase from the 51.0% result achieved in 1998/99.

37. Strategies to be introduced in 2000/2001 to achieve further increases in the rate of day cases include:

- the Surgical Access Team are reviewing the data management processes currently in place to ensure the consistency of information from different hospitals. This will allow valid comparisons to be made between hospitals;

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- the content and format of a benchmarking report is being finalised. The report will include comparisons of day case rates, day of surgery admission rates and pre-operative length of stay; and

- the further development of theatre utilisation reporting within Queensland Health will provide comparative information that will lead to increased surgical throughput and improved operating room management. Improved day surgery rates is a key component of increased operating room efficiency.

Specialist outpatient services

38. The Government has indicated its commitment to review the demand for specialist outpatient services.

39. A monthly collection of specialist outpatient waiting times at the 33 reporting hospitals, including waiting time until next available appointments and the total number of patients awaiting their initial appointment, is continuing.

40. The number of patients awaiting an initial specialist outpatient appointment has increased slightly throughout 1999/2000 (Attachment 3). As at 1 July 2000, there were approximately 50,091 patients awaiting an initial specialist outpatient appointment as compared to 47,227 as at 1 July 1999.

41. The number of patients awaiting a surgical appointment at 1 July 2000 was 29,533 compared to 28,725 at 1 July 1999.

42. Waiting time until the next available appointment varies throughout the State between hospitals and specialities. The longest waits are for orthopaedic, ophthalmology and ENT appointments.

43. The implementation of the *Guidelines for the Management of Specialist Outpatient Waiting Lists* has improved the consistency of administrative practices across the state. This has enabled a more accurate assessment of the demand and waiting times for outpatient services.

44. Enhancements to the HBCIS Appointment Scheduling Module, planned for 2000/2001 will include the ability to electronically register all outpatient referrals received by the hospital. This will ensure the accurate measurement of demand and ensure that patients are not 'lost in the system' as can be the case with manual records. Additional reports will be incorporated in the enhancements and will include identification of average waiting times and failure to attend rates.

45. Patients failing to attend appointments is a source of inefficiency in outpatient clinics. This issue is being addressed through the establishment of formal policies on managing patients who do not attend and enhanced reporting of FTA rates. Clinical

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and administrative practice reviews are also being conducted at a number of hospitals to identify appropriate strategies to address the issue.

Elective Surgery Funding 2000/01

46. Total elective surgery funding provided in 1999/2000 was $79.535 million compared with $79.529 million in 2000/01. The current funding includes provisions for Emergency Services Strategy ($5.0 million), Publication of Waiting List Information ($0.2 million) and Transfer of Patients ($0.9 million).

47. Targeted funding of $20.472 million has been provided to health service districts for elective surgery services in 2000/01. Included in the total funding package are specific funds provided for complex procedures ($6.0 million) and increasing day surgery rates ($1.5 million). Activity against targets is monitored quarterly.

48. A total of $0.354 million was withheld from health service districts not achieving activity targets in 1999/2000. This amount has been reallocated for additional elective surgery activity in 2000/01.

Performance Report

Comparison of waiting list information 1 July 1999/1 April 2000/1 July 2000

49. Attachment 4 shows in percentage terms a comparison of waiting list information of the 33 reporting hospitals by category for the period 1 July 1998 to 1 July 2000.

Category 1 Patients

50. As at 1 July, 2000, 2.7% of Category 1 patients on the waiting lists of the 33 reporting hospitals had waited longer than the recommend time (30 days) for surgery. This is below the State target of 5% and compares with 2.0% as at 1 April 2000 and 1.9% as at 1 July 1999.

51. In the 33 reporting hospitals there were, on average, 2,618 Category 1 elective surgery patients treated per month for the period of 1 July 1998 to 1 July 2000. This compares with an average of 2,438 Category 1 elective surgery patients treated per month for the period of 1 July 1997 to 1 July 1998.

Category 2 Patients

52. At 1 July 2000, 8.3% of Category 2 patients on the waiting lists of the 33 reporting hospitals had waited longer than the recommend time (90 days) for surgery. This is above the State target of 5% and compares with 8.5% as at 1 June 2000 and 8.6% as at 1 July 1999.

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53. In the 33 reporting hospitals there were, on average, 4,402 Category 2 elective surgery patients treated per month for the period of 1 July 1998 to 1 July 2000. This compares with an average of 4,072 Category 2 elective surgery patients treated per month for the period 1 July 1997 to 1 July 1998.

54. In Category 2, orthopaedics is an ongoing issue. At 1 July 2000, orthopaedic patients represented approximately 26.7 per cent of all Category 2 patients and 36.4 per cent of those Category 2 patients waiting longer than 90 days for surgery. This has improved since 1 July 1999 where orthopaedic patients represented 52.9 per cent of the 'long wait' category two patients.

Category 3 Patients

55. At 1 July, 2000, 32.4% of Category 3 patients on the waiting lists of the 33 reporting hospitals had waited longer than one year for surgery. This compares with 32.0% as at 1 June 2000 and 27.5% as at 1 July 1999.

56. In the 33 reporting hospitals there were, on average, 2,690 Category 3 elective surgery patients treated per month for the period of 1 July 1998 to 1 July 2000. This compares with an average of 2,950 Category 3 elective surgery patients treated per month for the period 1 July 1997 to 1 July 1998.

A comparison of Elective Surgery Throughput 1998-99 and 1999/2000 vs 1997-98

57. A comparison of the throughput for the 33 reporting hospitals has been undertaken to provide an indication of the increase in elective surgical activity since 1997/98. The total number of elective surgery admissions in these hospitals for the financial years 1998/99 and 1999/2000 was 3,820 (3.4%) and 715 (0.6%) cases higher than that reported for 1997/98.

Specialist Shortages

58. Medical workforce issues impact on access to services in emergency departments, specialist outpatients clinics and surgical services in hospitals.

59. The following statistics provide an update of full-time specialist vacancies in Queensland public hospitals and reflect a range of employment incentive initiatives:

<u>Full-time specialist vacancies</u>

June 1995	125
November 1995	93
March 1996	82
July 1996	62
March 1997	61
March 1999	32
July 1999	45

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December 1999	30
March 2000	34

Visiting medical officer (VMO) vacancies

March 1999	6
July 1999	7
December 1999	16
March 2000	1.

60. Thirty-four new specialist positions have been created since July 1998. Eight VMO specialist positions have been created since July 1998.

61. Queensland Health continues to support the Rural Registrar Training Program in rural areas. There is evidence that many of these doctors will remain at their current locations when they have completed their training.

62. Consultation with the various specialist medical colleges to extend the number of specialist training places in accordance with Australian Medical Workforce Advisory Committee (AMWAC) reports is ongoing. Funding is being sought for four additional specialist training positions out of the budget to meet recommendations made by AMWAC. These training positions include two training positions in ENT, one in Radiation Oncology and one in Dermatology. The training position in Dermatology is currently funded under the Rural Registrar Training Program.

63. The strategies detailed below have been successful in reducing the overall numbers of vacancies and in placing specialists in rural areas where long term vacancies have occurred:

- incentives to attract full-time specialists to remote Queensland. Country specialists receive 45% of base salary compared to 35% for metropolitan specialists; free accommodation which is currently being upgraded through the capital works program and private use of vehicles;
- Queensland Health now notifies specialist colleges of vacancies for inclusion in their journals;
- changes in the way specialist positions are advertised (e.g. total remuneration packages of $200,000 per annum rather than stating basic salary);
- access to salary sacrificing and higher commencement pay rates for visiting specialists in rural areas;
- improvements to enhance the retention of doctors (e.g. provision of access to appropriate computer services, provision of increased levels of support staff such

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as secretaries, increased participation by specialist staff in resource allocation and administrative decision-making, increased professional autonomy and professional development opportunities for specialists) in rural areas are being addressed at the health service district level; and

- an increase in the Scholarship Fund to ensure longer bonded periods will result in up to 30 medical scholarship holders graduating each year. Benefits include a living allowance of $7,000 per academic year, a tertiary grant of $3,500 and an annual travel allowance of $500. Some of these doctors may enter a specialty and return to the bush.

Budget Status

64. The Department's overall unaudited operating result for the 1999/2000 financial year was a deficit of ($23.181 million).

65. The cash position of Queensland Health was $129.129 million, which reflects a net increase of $119.254 million in the cash held.

66. The unexpended funds for Commonwealth Programs from 1999/2000 were $84.528 million. The carryover will be $73.097 million (excluding HACC).

67. The final actual receipts for 1999/2000 were $447.268 million, which reflects a surplus of $15.1 million in comparison to the MPS budget of $432.168 million.

CONSULTATION

68. Formal consultation on the Waiting List Reduction Strategy has been through existing mechanisms within Queensland Health. These mechanisms include the Clinical Advisory Committee, the Medical Superintendents Advisory Committee, the Elective Surgery Coordinators, Emergency Services Specialist Advisory Panel, the Operating Room Management Information System (ORMIS) Strategic Management Group, the Nursing Workforce Committee and the Medical Workforce Committee.

69. Consultation has occurred with the Australasian College for Emergency Medicine, the Queensland Emergency Nurses Association and the Divisions of General Practice.

70. Consultation has occurred with Zonal staff, district managers and key medical and nursing personnel from the participating hospitals on the approach to enhancing emergency, outpatient and surgical services including theatre utilisation. Such consultation has included feedback in the form of a monthly report to hospitals. In addition, visits to the participating hospitals have been conducted.

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RESULTS OF CONSULTATION

71. Consultation remains a major part of the Waiting List Reduction Strategy and mechanisms as outlined above continue to provide a major support role to the project.

PUBLIC PRESENTATION

72. The *Elective Surgery Waiting List Report* is published quarterly and distributed to Districts, medical specialists, general practitioners, and professional colleges and associations throughout Queensland. The report, in its entirety, is also published on the internet.

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Attachment 1

NTS	Treatment Acuity	Target	3rd and 4th Quarter 1998/99	3rd and 4th Quarter 1999/2000	1999/2000	NSW	Vic
1: Resuscitation	Immediate	100%	93%	97%	95%	99%	100%
2: Emergency	Within 10 minutes	80%	64%	72%	69%	78%	83%
3: Urgent	Within 30 minutes	75%	60%	63%	63%	63%	74%
4: Semi-urgent	Within 60 minutes	70%	68%	68%	68%	65%	---
5: Non-urgent	Within 120 minutes	70%	88%	88%	89%	87%	---

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Attachment 2

	% Admitted/transferred within 8 hours of attendance by Doctor	% Admitted/transferred within 12 hours of presentation
Queensland	96%	98%
NSW	78%	---
Victoria	---	98%

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Attachment 3

	1 July 1999			1 July 2000		
	With Appointment	Without Appointment	Total	With Appointment	Without Appointment	Total
Surgical	21,777	6,948	28,725	20,169	9,364	29,533
Medical	7,981	1,294	9,275	8,120	1,686	9,806
Obstetrics/Gynaecology	5,504	314	5,818	6,163	654	6,817
Paediatric	2,156	1,238	3,394	2,389	1,517	3,906
Psychiatric	15	0	15	29	0	29
Total	37,433	9,794	47,227	36,870	13,221	50,091

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Attachment 4

Reporting Date	Category 1		Category 2		Category 3		Total
	Total	% 'long waits'	Total	% 'long waits'	Total	% 'long waits'	
1 Jul 1998	1,285	0.9%	9,243	10.6%	25,732	28.8%	36,260
1 Aug 1998	1,316	1.4%	9,511	11.2%	25,379	28.6%	36,206
1 Sept 1998	1,368	3.1%	9,621	14.1%	25,356	28.0%	36,345
1 Oct 1998	1,441	2.0%	9,960	14.7%	25,538	28.1%	36,939
1 Nov 1998	1,621	2.7%	10,109	15.8%	25,557	28.2%	37,287
1 Dec 1998	1,502	2.8%	10,119	16.6%	25,797	28.5%	37,418
1 Jan 1999	964	2.3%	10,244	18.4%	26,012	28.1%	37,220
1 Feb 1999	1,432	2.0%	10,462	19.4%	26,315	27.7%	38,209
1 Mar 1999	1,432	2.0%	10,337	18.4%	26,440	27.9%	38,209
1 Apr 1999	1,392	1.9%	9,953	15.9%	26,895	27.5%	38,240
1 May 1999	1,336	1.6%	10,275	14.7%	26,953	27.9%	38,564
1 Jun 1999	1,502	2.1%	9,931	12.3%	27,392	27.3%	38,830
1 Jul 1999	1,498	1.9%	9,780	8.6%	27,363	27.5%	38,641
1 Aug 1999	1,419	2.0%	9,929	10.6%	27,418	27.7%	38,766
1 Sep 1999	1,408	3.1%	9,870	11.4%	27,534	27.9%	38,812
1 Oct 1999	1,468	2.9%	9,604	9.9%	27,520	28.6%	38,592
1 Nov 1999	1,445	3.5%	9,614	8.8%	27,621	28.7%	38,680
1 Dec 1999	1,439	2.4%	9,856	8.7%	27,905	29.6%	39,200

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Reporting Date	Category 1		Category 2		Category 3		Total
	Total	% 'long waits'	Total	% 'long waits'	Total	% 'long waits'	
1 Jan 2000	1,165	4.0%	9,967	9.9%	28,591	29.6%	39,723
1 Feb 2000	1,512	3.1%	10,287	11.0%	28,768	29.9%	40,567
1 Mar 2000	1,658	1.8%	9,904	11.7%	28,939	30.2%	40,501
1 Apr 2000	1,721	2.0%	9,927	9.6%	28,719	30.7%	40,367
1 May 2000	1,680	2.9%	10,141	9.9%	28,740	31.5%	40,561
1 Jun 2000	1,857	2.4%	10,019	8.5%	28,680	32.0%	40,556
1 Jul 2000	1,838	2.7%	10,179	8.3%	28,593	32.4%	40,610

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CABINET DECISION

Brisbane, 12 June 2001

Decision No. 2555 (Submission No. 2050)

TITLE: Information Submission - Progress Report on the Waiting List Reduction Strategy; Medical Workforce Issues and Queensland Health Budget Status.

CABINET decided:

That, following consideration, the contents of the submission be noted.

CIRCULATION:

Implementation Responsibility
Department of Health and copy to the Minister.

Departmental Records
Department of the Premier and Cabinet.

Perusal and Return
All other Ministers.

Cabinet Secretary

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SECURITY CLASSIFICATION "A"

INFORMATION SUBMISSION

COVER SHEET

TITLE

Progress Report on the Waiting List Reduction Strategy; Medical Workforce Issues and Queensland Health Budget Status.

MINISTER

Minister for Health

OBJECTIVE

To inform Cabinet on the progress of the Waiting List Reduction Strategy; Medical Workforce Issues and Queensland Health Budget Status.

SUMMARY

The Waiting List Reduction Strategy is a major commitment of the Government. The Submission provides an update on each of nine separate elements of the Strategy and waiting list census information details data as at 1 April 2001 which was published on 30 April 2001. Comparison of waiting list information is provided for the period 1 July 1998 to 1 April 2001.

Performance data includes the following:

At 1 April 2001, 4.5% of Category 1 patients (urgent) on the waiting lists of the 33 reporting hospitals had waited longer than the recommend time (30 days) for surgery. This is below the State target of 5%, a target that has now been maintained for four consecutive years.

At 1 April 2001, 11.3% of Category 2 patients (semi-urgent) on the waiting lists of the 33 reporting hospitals had waited longer than the recommend time (90 days) for surgery. This is above the State target of 5% and compares with 11.9% at 1 March 2001 and 9.6% at 1 April 2000.

Elective surgery throughput, after reaching a maximum in 1998/99, has declined progressively since, in line with an increasing complexity of procedures undertaken. It should be noted that cases are funded in accordance with their complexity. Therefore, as complexity increases, the throughput decreases unless more funding is provided. Throughput for the period of July-March 1997/1998 was 84,043 admissions. This compares with 88,659 elective surgery admissions for the same period of 1998/1999, an increase of 4,616 (5.5%) and 87,388 admissions in 1999/2000 (an increase of 3,345 or 4.0%).

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Throughput for July-March 2000/2001 was some 82,700 admissions, a decrease in comparison with the same period of 1997/1998 of 1,343 admissions (-1.6%).

Pre-election commitments will provide an additional $20 million for additional elective surgery throughput over two years beginning 1 July 2001.

RESULTS OF CONSULTATION

- **Is there agreement? YES. See paragraph 70 of body of submission.**

RECOMMENDATION

That, following consideration, the contents of the submission be noted.

WENDY EDMOND MP
MINISTER FOR HEALTH
MINISTER ASSISTING THE PREMIER ON WOMEN'S POLICY
31/05/2001

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BODY OF SUBMISSION

OBJECTIVE

1. To inform Cabinet of progress with the implementation of the Waiting List Reduction Strategy.

BACKGROUND

- ***Context***

2. In July 1998, the Government gave a commitment to significantly expand previous strategies to reduce waiting lists in public hospitals in Queensland. The Waiting List Reduction Strategy involved an eight-point plan to cut waiting lists and includes 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;
  - supply general practitioners with quarterly briefings on waiting lists to help them when referring people for surgery;
  - even out waiting lists by moving people in appropriate cases to a hospital where their procedure can be performed more speedily;
  - provide additional funding of $6.8M per year to finance extra surgery for complex procedures;
  - work with the specialist colleges to expand training places for new specialists to meet the demand of the next century;
  - use holiday times to keep operating theatres working for the benefit of those waiting for surgery;
  - benchmark waiting times for accident and emergency departments to reduce excessive waits; and
  - increase levels of day surgery across the state to reduce the length of waiting times for elective surgery.

3. A further element was added to the eight-point plan, the collection of waiting times for specialist outpatient appointments to assist in clinical prioritisation for surgery and appointments.

4. In January 2001, the Government's election commitments provided for the enhancement of surgical services in public hospitals, including:

  - injecting an additional $20 million over two years into funding for elective surgery so that more people can have their operations faster;

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- continuing to work towards a target of 50% of elective surgery performed as day surgery and setting a target of 80% for day of surgery admissions within 2 years;
- establishing a central elective surgery booking bureau that will be more patient-focused and more responsive to providing services to people where they live; and
- strengthening clinical protocols to ensure appropriate and timely treatment of patients based on clinical need.

- **Previous consideration by Cabinet**

5. Cabinet (Decision Nos. 681, 12 April 1999; 1152, 20 September 1999; 1553, 13 March 2000; and 2106, 2 October) has periodically noted reports on progress of the Waiting List Reduction Strategy.

ISSUES

Waiting List Reduction Strategy

Project Update

Publication of the quarterly Elective Surgery Waiting List Report

6. The *Elective Surgery Waiting List Report* is published quarterly on the Queensland Health Intranet and Internet sites. The information is available for use by Districts, medical specialists, general practitioners, and professional colleges and associations throughout Queensland.

7. The open publication of the waiting list data allows referring practitioners and patients access to the elective surgery waiting lists at Queensland Hospitals. This in turn allows patients to be referred to those hospitals with shorter waiting lists in particular specialties.

8. Thirty-three public hospitals contribute information to the *Elective Surgery Waiting List Report*. This represents approximately 95% of the elective surgery activity performed in Queensland public hospitals.

9. Twelve reports have been published containing information on the waiting lists as at 1 July 1998, 1 October 1998, 1 January 1999, 1 April 1999, 1 July 1999, 1 October 1999, 1 January 2000, 1 April 2000, 1 July 2000, 1 October 2000, 1 January 2001 and 1 April 2001.

10. The last report containing data as at 1 April 2001 was published on 30 April 2001.

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Quarterly briefings of general practitioners

11. Provision of hard copy briefings to General Practitioners via inserts in the Divisions of General Practice newsletters, has occurred for a number of years. The objective of the briefings was to improve communication between general practitioners and their local public hospital.

12. Following surveys conducted by the Brisbane North Division of General Practice in February 2001 in relation to the content of the General Practitioner newsletters, the Surgical Access Team was advised that the hard copy inserts of elective surgery waiting list information would no longer be required for this Division.

13. Meetings have been held with a number of key General Practitioners as well as Divisional representatives throughout Queensland to consider alternative communication channels between Divisions, hospitals and the Surgical Access Team.

Transfer of patients to even out waiting lists

14. A key role of the Surgical Access Team is to identify hospitals with underutilized surgical capacity and at the same time, identify hospitals with a backlog in a matching specialty to allow the more timely treatment of patients.

15. In 2000/01, a number of transfers have been facilitated:

- Gold Coast Hospital has transferred 11 'long wait' Category 2 Orthopaedic patients requiring major joint surgery to the Mater Adult Hospital; and
- Bundaberg Hospital has transferred 25 'long wait' Category 2 General Surgery patients to Hervey Bay Hospital for treatment.

16. Elective Surgery Coordinators and Liaison Officers at reporting hospitals are also negotiating transfers of patients between hospitals on a case by case basis.

17. Hospitals report that significant difficulties are associated with transferring patients between hospitals. These include:
- the high level of complexity of Category 2 patients at some hospitals which requires significant and long-term follow-up care, not only for the surgery, but also for the condition;
- the scarcity of anaesthetic support across the State; and
- although spare surgical capacity at the specialty level has been identified in some hospitals, the needs can be in quite specific sub-specialties, for example, hand or shoulder surgery as sub-specialties of orthopaedics.

18. As a result of these reported difficulties, alternatives to transferring patients are being examined. If the problems are related to the absence of a surgeon, the short

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term filling of positions or the transfer of surgeons to perform surgery on the 'long wait' Category 2 patients are being implemented as alternatives to moving the patient. For example:

- a team from the Urology department from the Mater Adult Hospital has reviewed Urology patients on the waiting list at Toowoomba Hospital during March and April 2001. Patients requiring surgery have been offered the option of receiving treatment at the Mater Adult Hospital;
- approximately 60 ENT patients have been treated at Cairns Hospital by surgical staff from the Royal Brisbane Hospital;
- additional locum services have been provided to Bundaberg Hospital from Rockhampton and Nambour Hospitals; and
- enhanced services have been funded at some regional hospitals to allow patients to access services closer to their homes eg. General Surgery at Bowen Hospital.

Better use of operating theatres during holidays

19. The Surgical Access Team collects information from hospitals on a routine basis regarding planned surgical activity over holiday periods.

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

Emergency Services Strategy

21. The aim of this strategy is to improve access to emergency services and to an inpatient bed if the patient requires admission.

22. In 2000/01, recurrent funding was provided for additional staff – emergency medicine specialists ($2.58M) and emergency department nursing positions ($506,000). In addition funding has been provided for:

- reviews of the administrative and clinical processes of emergency departments to identify barriers to improved performance and appropriate remedial strategies ($70,000). This strategy builds on the successful approach undertaken at Mt Isa Hospital, which has resulted in the Emergency Department consistently meeting waiting time targets in recent months;
- support for three Principal Clinical Coordinators ($152,100 2000/01, $227,100 recurrently); and
- funding has also been allocated for special projects including patient assessment and management, clinical protocol development, trauma training courses and information system enhancements and management ($706,333).

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23. Funding of $340,00 has been allocated in 2000/01 for an additional two medical officers attached to the Royal Flying Doctor Service based at the Rockhampton Hospital. The appointment of these staff has significantly reduced the overtime demands on medical staff at the Rockhampton Hospital Emergency Department.

24. All 20 hospitals with an emergency department role delineation of 4 or greater are participating in the benchmarking program and are supplying performance data on a monthly basis. Quarterly performance reports are distributed to the participating hospitals.

25. The most recent emergency department data identifies that Queensland has been performing consistently in terms of waiting times by triage category (attached Table 1).

26. Performance comparisons with other States indicates that emergency department waiting times in Queensland during recent months are comparable to those reported by New South Wales and are worse than those reported by Victoria. (attached Table 1). However, both NSW and Victoria use a different waiting time calculation methodology that measures waiting time from presentation to being seen by a doctor or a nurse. The calculation used in Queensland measures waiting time to being seen by a doctor.)

27. Access block data (waiting time from presentation to admission to an inpatient bed) indicates that Queensland is performing marginally better when compared to other States (attached Table 2).

Day surgery targets

28. The day surgery target for all elective surgery in Queensland public hospitals in 2000/01 is 50%. In addition a day of surgery admissions target of 80% within two years has been established.

29. Information as at January 2001 indicates that the day surgery target has been achieved with 51.9% of cases being undertaken as day procedures in the first six months of 2000/01. The day of surgery admission rate for the same period is 71.4%.

30. Strategies to be introduced in 2000/01 to achieve further increases in the rate of day cases include:

- reviewing the data management processes currently in place to improve data quality and consistency between hospitals;
- the content and format of a benchmarking report has been developed. The report includes comparisons of day case rates, day of surgery admission rates and pre-operative length of stay; and

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- the further development of theatre utilisation reporting within Queensland Health will provide comparative information that will identify inefficiencies in theatre utilisation. This, in turn, should lead to greater surgical throughput and improved operating room management. Improved day surgery rates is a key component of increased operating room efficiency.

Specialist outpatient services

31. The Government has indicated its commitment to review the demand for specialist outpatient services.

32. A monthly collection of specialist outpatient waiting times at the 33 reporting hospitals, including waiting time until next available appointments and the total number of patients awaiting their initial appointment, is continuing. However, due to inconsistencies in data collection which are currently being addressed, the data is difficult to interpret.

33. Bearing in mind the limitations of the data, the number of patients awaiting an initial specialist outpatient appointment has increased slightly throughout 2000/01 (attached Table 3). As at 1 March 2001, there were approximately 52,673 patients awaiting an initial specialist outpatient appointment as compared to 50,457 as at 1 March 2000.

34. 30,890 patients were awaiting a surgical appointment at 1 March 2000, compared to 31,634 at 1 March 2001.

35. Waiting time until the next available appointment varies throughout the State between hospitals and specialities. The longest waits are for orthopaedic, ophthalmology and ENT appointments.

36. The implementation of the *Guidelines for the Management of Specialist Outpatient Waiting Lists* has improved the consistency of administrative practices across the State. This has enabled a more accurate assessment of the demand and waiting times for outpatient services.

37. Enhancements to the HBCIS Appointment Scheduling Module, commenced roll out in March 2000/01. The enhancements include the ability to electronically register all outpatient referrals received by the hospital. This will ensure the accurate measurement of demand and ensure that patients are not 'lost in the system', as can be the case with manual records. Additional reports will be incorporated in the enhancements and will include identification of average waiting times and failure to attend rates.

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38. The enhancements will also enable better communication with General Practitioners regarding the ongoing care of the patient. Queensland Health has begun discussions with representatives of General Practitioner organisations aimed at reducing the number of inappropriate referrals to public hospital outpatient departments.

39. Patients' failing to attend appointments are a source of inefficiency in outpatient clinics. This issue has been addressed through the establishment of formal policies on managing patients who do not attend and enhanced reporting of "Failure to Attend" rates. Clinical and administrative practice reviews are also being conducted at a number of hospitals to identify appropriate strategies to address the issue.

Progress of Pre-election Commitments

40. Strategies to implement the Government's election waiting list commitments outlined at Paragraph 4 are currently being developed and progress will be reported in the next Information Paper to Cabinet in August 2001.

Elective Surgery Funding 2000/01

41. Total surgery funding package provided in 1999/2000 over and above District base budgets was $79.535 million. This amount has been re-provided in 2000/01. The funding includes provisions for the Emergency Services Strategy ($5.0 million), Publication of Waiting List Information ($0.2 million) and Transfer of Patients ($0.9 million) and funding for Complex Procedures ($6 million).

42. A total of $0.354 million was withheld from health service districts which did not achieve activity targets in 1999/2000. This amount has been reallocated for additional elective surgery activity in 2000/01.

Performance Report

Comparison of waiting list information 1 April 2000/1 April 2001.

43. Table 4 (attached) shows, in percentage terms, a comparison of waiting list information of the 33 reporting hospitals by category for the period 1 July 1998 to 1 April 2001.

Category 1 Patients

44. As at 1 April 2001, 4.5% of Category 1 patients on the waiting lists of the 33 reporting hospitals had waited longer than the recommend time (30 days) for surgery. This is below the State target of 5% and compares with 3.4% at 1 March 2001 and 2.0% at 1 April 2000.

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45. In the 33 reporting hospitals there were, on average, 2,777 Category 1 elective surgery patients treated per month for the period of 1 July 2000 to 31 March 2001. This compares with an average of 2,615 Category 1 elective surgery patients treated per month for the period of 1 July 1999 to 30 March 2000.

Category 2 Patients

46. At 1 April 2001, 11.3% of Category 2 patients on the waiting lists of the 33 reporting hospitals had waited longer than the recommend time (90 days) for surgery. This is above the State target of 5% and compares with 11.9% at 1 March 2001 and 9.6% at 1 April 2000.

47. In the 33 reporting hospitals there were, on average, 4,247 Category 2 elective surgery patients treated per month for the period of 1 July 2000 to 31 March 2001. This compares with an average of 4,511 Category 2 elective surgery patients treated per month for the period 1 July 1999 to 31 March 2000.

48. In Category 2, Orthopaedics remains the specialty with the largest number of 'long waits', contributing 34.5% of patients waiting longer than 90 days. At 1 April 2001, Orthopaedic patients represented approximately 26.8% of all Category 2 patients and 34.5% of those Category 2 patients waiting longer than 90 days for surgery.

Category 3 Patients

49. At 1 April 2001, 36.9% of Category 3 patients on the waiting lists of the 33 reporting hospitals had waited longer than one year for surgery. This compares with 36.3% as at 1 March 2001 and 30.7% as at 1 April 2000.

50. In the 33 reporting hospitals there were, on average, 2,164 Category 3 elective surgery patients treated per month for the period of 1 July 2000 to 31 March 2001. This compares with an average of 2,584 Category 3 elective surgery patients treated per month for the period 1 July 1999 to 31 March 2000.

A comparison of Elective Surgery Throughput 1998-99, 1999/2000 and 2000/2001 vs 1997-98

51. A comparison of the throughput for the 33 reporting hospitals has been undertaken to provide an indication of the change in elective surgical activity since 1997/98. Throughput for the period of July-March 1997/1998 was 84,043 admissions. This compares with 88,659 elective surgery admissions for the same period of 1998/1999, an increase of 4,616 (5.5%) and 87,388 admissions in 1999/2000 (an increase of 3,345 or 4.0%). Throughput for July-March 2000/2001 was some 82,700 admissions, a decrease in comparison with the same period of 1997/1998 of 1,343 admissions (-1.6%).

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Medical Workforce Issues

The Specialist Medical Workforce

52. Medical workforce problems are currently being experienced nationwide. These problems include but are not limited to specialty training, and regional and rural issues such as the maldistribution of the specialist workforce. In 1995, the Australian Health Ministers' Advisory Council (AHMAC) identified a critical need for the provision of services in a range of specialties. AHMAC established the Australian Medical Workforce Advisory Committee (AMWAC) to advise on medical workforce issues, including workforce supply, distribution and future requirements. The status of training positions and current vacancies in the various medical specialist disciplines are discussed below.

Supply of Medical Specialists in Queensland

53. With the introduction of Queensland Health incentives in June 1995, there has been a steady decline in full-time specialist vacancies in Queensland public hospitals. This decline has been as follows:

Full-time specialists

June 1995	125
November 1995	93
March 1996	82
July 1996	62
March 1997	61
March 1999	32
July 1999	45
December 1999	30
January 2001	48
April 2001	39

VMO vacancies

March 1999	6
July 1999	7
December 1999	16
January 2001	15
April 2001	35.

54. Thirty-four new specialist positions (Full-time and Visiting Medical Officers), have been created since July 1998.

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Queensland Health Recruitment Initiatives

55. The strategies detailed below have been successful in reducing the overall numbers of vacancies and in placing specialists in rural areas where long term vacancies have occurred:

- incentives to attract full-time specialists to remote Queensland. Country specialists receive 45% of base salary compared to 35% for metropolitan specialists as Option A under the limited right of private practice arrangements; free accommodation which is currently being upgraded through the capital works program and private use of vehicles;

- changes in the way specialist positions are advertised (eg. total remuneration packages of $200,000 per annum rather than stating basic salary);

- access to salary sacrificing and higher commencement pay rates for visiting specialists in rural areas;

- consultation with the various Colleges and the Commonwealth to extend the number of specialist training places in line with the Australian Medical Workforce Advisory Committee (AMWAC) reports; and

- improvements to enhance the retention of doctors (eg. provision of access to appropriate computer services, provision of increased levels of support staff such as secretaries, increased participation by specialist staff in resource allocation and administrative decision-making, increased professional development opportunities for specialists) in rural areas are being addressed at the District Health Service level.

Training Posts

56. According to the Australian Medical Workforce Advisory Committee (AMWAC) Annual Report for 1999 - 2000 there are 43 accredited training posts in general surgery in Queensland, which is in line with AMWAC's recommendation that there be 43 accredited training posts by the year 2000. Accredited training positions in the surgical specialties of urology, ophthalmology and orthopaedics are also in line with AMWAC recommendations. However, training numbers are down in the area of Ear, Nose and Throat (ENT) surgery. There are currently seven accredited training positions in ENT. AMWAC indicates that there should be eleven trainees in the year 2001. The College agreed that for the year 2001 a Principal House Officer (PHO) position be upgraded to a registrar position at Toowoomba Hospital and that a PHO be appointed in ENT at Townsville Hospital in 2000 with the view to upgrading the position to a Registrar position after inspection by the College. The College has also agreed to accredit a Registrar position based at the Princess

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Alexandra Hospital to provide a visiting service to the QEII and Logan Hospitals with a view to establishing a formal Department within a year or two. With the addition of these positions there are nine training positions in Queensland in 2001. Growth funding was provided in 2000 for training positions in Townsville and Princess Alexandra Hospitals.

Consultation with Specialist Colleges

57. The Medical Workforce Advisory Committee – Queensland (MWAC-Q) was recently set up to progress training and other workforce issues relating to the various specialties. The inaugural meeting was held on 22 March 2001. The MWAC-Q is currently reviewing the various specialists training rotation schemes to provincial and rural Queensland.

Surgeon Availability

58. The college has expressed concern that surgeons are willing to provide public services but have been unable to do so because positions have not been available. Queensland Health has a responsibility to ensure its resources are targeted toward the needs of the community in a planned way and that resources are not diverted to particular services just because a medical practitioner becomes available to provide that service. Queensland Health is not aware of any locally trained unemployed surgeons. While there is a preference to employ local fellows of the College, under the Area of Need Policy, overseas trained specialists and general practitioners have been recruited to Australia as Temporary Resident Doctors to work in areas of need. There are currently approximately 72 overseas trained specialists working as specialists throughout Queensland under this policy. Major specialty areas are anaesthetics, psychiatry, obstetrics and gynaecology, medical imaging and orthopaedics. Specialist colleges have input into the decision to register these specialists. Queensland Health's capacity to provide specialist services in provincial Queensland would be severely diminished without these doctors. The current legislation is being amended to facilitate this process.

College help with identifying surgeons for positions and for outreach services

59. Recent increases in visiting specialist surgical services has included ENT services to Mt Isa and northern Qucensland. Additional specialist surgical services are provided from Townsville to Mt Isa. Outreach ophthalmology services are provided to Mt Isa and there are flying specialists (Surgical and O&G) which operate out of Roma and Longreach. These specialists service all areas except those above Mt Isa. In addition to the above, there are numerous other local outreach arrangements. Queensland Health is exploring further visiting specialist services through consultation with representatives of the Colleges using the MWAC-Q as the preferred approach.

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Assessment of Overseas Trained Doctors

60. The Australian Medical Council and the Specialist Colleges have produced a process for "Assessment of Overseas Trained Doctors". This process is titled the "Proposed Assessment Process for Area of Need Practitioners" endorsed by a forum in December 2000 involving the medical colleges, State Medical Boards, the Australian Medical Council, State Health Departments, the Commonwealth Department of Health and Aged Care and health consumers. This assessment process, which requires minor amendments to the *Medical Act*, will benefit Queensland Health hospitals by facilitating medical registration of the overseas trained doctor (OTD) as a specialist, specific to the particular requirements of the position in the area of need, prior to the practitioner taking up duties. It will also facilitate the Commonwealth's issuing of a provider number to permit access to private practice. These provider numbers are limited to the geographical area covered by medical registration.

Training in the Private Sector

61. Some specialities such as ENT and dermatology need further examination and discussion with the respective Colleges to facilitate training in the private sector. Discussions with the Royal Australian College of Dermatologists have lead to the placement of a further Registrar position within the private system. This is a departure from the training of Registrars only in the public hospital system and has funding implications for the Commonwealth. Discussions are ongoing with the Commonwealth on this and future initiatives.

Budget Status as at 30 April 2001

62. The overall Department's unaudited forecasted operating result for 30 June 2001 is a $5 million deficit.

63. The forecasted revenue position at 30 June 2001 of $3,919 million is an increase compared to the $3,815 million revenue reported in the Ministerial Portfolio Statements.

64. The current operating result for Commonwealth Programs is a $51.14 million surplus although it is fully committed. It is expected that this surplus will not reduce significantly by 30 June 2001.

65. The District State funded operating result forecast for 30 June 2001 is a deficit position. However this is off set by those Districts in a surplus position, underspends in Commonwealth programs together with some underspends in other areas of the Department.

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66. Whilst there is a projected underspend in capital work's projects of approximately $35 million, this underspend is primarily due to delays with the Mental Health projects occasioned by ensuring budget integrity for specific projects and the impact of inclement weather on some specific projects. It is expected that this underspend will be balanced by increased capital acquisitions/construction in the 2001/2002 financial year. It is also anticipated that all project completion dates will still be achieved as they extend beyond the 2000/2001 financial year.

CONSULTATION

- **Community**

67. Formal consultation on the Waiting List Reduction Strategy has been through existing mechanisms within Queensland Health. These mechanisms include the Clinical Advisory Committee, the Medical Superintendents Advisory Committee, the Elective Surgery Coordinators Group, the Emergency Services Specialist Advisory Panel, the Operating Room Management Information System (ORMIS) Strategic Management Group.

68. Consultation has also occurred with the Australasian College for Emergency Medicine, the Queensland Emergency Nurses Association and the Divisions of General Practice.

69. Consultation has occurred with Zonal staff, district managers and key medical and nursing personnel from the participating hospitals on the approach to enhancing emergency, outpatient and surgical services including theatre utilisation. Such consultation has included feedback in the form of a monthly report to hospitals. In addition, visits to the participating hospitals have been conducted.

70. An Operating Theatre Review Group has been established to identify impediments to surgical throughput and to implement strategies to improve throughput.

71. Issues related to the increased number of outpatient referrals (up7% in 3 years) are being discussed with representatives of General Practitioners.

RESULTS OF CONSULTATION

72. Consultation remains a major part of the Waiting List Reduction Strategy and mechanisms as outlined above continue to provide a major support role to the project.

PUBLIC PRESENTATION

73. Not proposed.

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Table 1 – Emergency Department Waiting Times by Triage Category

NTS	Treatment Acuity	Target	3rd Quarter 1998-1999	3rd Quarter 1999-2000	3rd Quarter 2000-2001	2000-2001 Year to Date	NSW	VIC
1: Resuscitation	Immediate	100%	95%	97%	98%	98%	99%	100 %
2: Emergency	Within 10 Minutes	80%	64%	70%	70%	70%	76%	82%
3: Urgent	Within 30 Minutes	75%	59%	63%	58%	59%	63%	73%
4: Semi-urgent	Within 60 Minutes	70%	68%	69%	64%	65%	67%	-
5: Non-urgent	Within 120 Minutes	70%	87%	89%	85%	86%	89%	-

Table 2 – Emergency Department Access Block Comparative Data

	% admitted/transferred within 8 hours of attendance by doctor	% admitted/transferred within 12 hours of presentation
Queensland	95%	97%
NSW		-
Victoria	-	96%

Table 3 – Outpatients Departments Numbers Waiting

	1 March 2000			1 March 2001		
	With Appointment	Without Appointment	Total	With Appointment	Without Appointment	Total
Surgical	20,319	10,571	30,890	18,942	12,692	31,634
Medical	7,632	1,761	9,393	8,417	1,700	10,117
Obstetrics/Gynae	6,188	458	6,646	5,535	1,154	6,689
Paediatric	2,385	1,137	3,522	2,800	1,397	4,197
Psychiatric	6	0	6	36	0	36
Total	**36,530**	**13,927**	**50,457**	**35,730**	**16,943**	**52,673**

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Table 4 – Elective Surgery Patients Waiting by Urgency Category

Reporting Date	Category 1		Category 2		Category 3		Total
	Total	% 'long waits'	Total	% 'long waits'	Total	% 'long waits'	
1 Jul 1998	1,285	0.9%	9,243	10.6%	25,732	28.8%	36,260
1 Aug 1998	1,316	1.4%	9,511	11.2%	25,379	28.6%	36,206
1 Sept 1998	1,368	3.1%	9,621	14.1%	25,356	28.0%	36,345
1 Oct 1998	1,441	2.0%	9,960	14.7%	25,538	28.1%	36,939
1 Nov 1998	1,621	2.7%	10,109	15.8%	25,557	28.2%	37,287
1 Dec 1998	1,502	2.8%	10,119	16.6%	25,797	28.5%	37,418
1 Jan 1999	964	2.3%	10,244	18.4%	26,012	28.1%	37,220
1 Feb 1999	1,432	2.0%	10,462	19.4%	26,315	27.7%	38,209
1 Mar 1999	1,432	2.0%	10,337	18.4%	26,440	27.9%	38,209
1 Apr 1999	1,392	1.9%	9,953	15.9%	26,895	27.5%	38,240
1 May 1999	1,336	1.6%	10,275	14.7%	26,953	27.9%	38,564
1 Jun 1999	1,502	2.1%	9,931	12.3%	27,392	27.3%	38,830
1 Jul 1999	1,498	1.9%	9,780	8.6%	27,363	27.5%	38,641
1 Aug 1999	1,419	2.0%	9,929	10.6%	27,418	27.7%	38,766
1 Sep 1999	1,408	3.1%	9,870	11.4%	27,534	27.9%	38,812
1 Oct 1999	1,468	2.9%	9,604	9.9%	27,520	28.6%	38,592
1 Nov 1999	1,445	3.5%	9,614	8.8%	27,621	28.7%	38,680
1 Dec 1999	1,439	2.4%	9,856	8.7%	27,905	29.6%	39,200
1 Jan 2000	1,165	4.0%	9,967	9.9%	28,591	29.6%	39,723
1 Feb 2000	1,496	3.0%	10,141	11.1%	28,667	30.0%	40,304
1 Mar 2000	1,658	1.8%	9,904	11.7%	28,939	30.2%	40,501
1 Apr 2000	1,721	2.0%	9,927	9.6%	28,719	30.7%	40,367
1 May 2000	1,680	2.4%	10,141	9.9%	28,740	31.5%	40,561
1 Jun 2000	1,857	2.4%	10,019	8.4%	28,680	32.0%	40,556
1 Jul 2000	1,838	2.7%	10,179	8.3%	28,593	32.4%	40,610
1 Aug 2000	1,971	4.6%	10,313	10.9%	28,479	32.7%	40,763
1 Sep 2000	1,838	4.5%	10,458	10.7%	27,822	33.0%	40,118
1 Oct 2000	1,749	4.7%	10,615	11.8%	27,650	33.7%	40,014
1 Nov 2000	2,037	3.4%	10,706	12.8%	27,296	34.5%	40,039
1 Dec 2000	1,858	3.9%	10,310	11.1%	27,206	34.7%	39,374
1 Jan 2001	1,522	4.6%	10,675	11.9%	27,291	35.4%	39,488
1 Feb 2001	1,803	3.9%	10,669	12.7%	27,289	35.7%	39,761
1 Mar 2001	1,810	3.4%	10,804	11.9%	26,914	36.3%	39,528
1 April 2001	1,833	4.5%	11,003	11.3%	26,847	36.9%	39,683

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SECRET

CABINET DECISION

15 October 2001 – Clayfield, Brisbane

Decision No. 2856 (Submission No. 2290)

TITLE: Information Submission - Progress Report on the Waiting List Reduction Strategy; Medical Workforce Issues and Queensland Health Budget Status.

CABINET decided:

That, following consideration, the contents of the submission be noted.

CIRCULATION:
Implementation Responsibility
Department of Health and copy to the Minister.
Departmental Records
Department of the Premier and Cabinet.
Perusal and Return
All other Ministers.

Cabinet Secretary

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SECURITY CLASSIFICATION "A"

INFORMATION SUBMISSION

COVER SHEET

TITLE

Progress Report on the Waiting List Reduction Strategy; Medical Workforce Issues and Queensland Health Budget Status.

MINISTER

Minister for Health

OBJECTIVE

To inform Cabinet on the progress of the Waiting List Reduction Strategy; Medical Workforce Issues and Queensland Health Budget Status.

SUMMARY

The Waiting List Reduction Strategy is a major commitment of the Government. The Submission provides an update on each of nine separate elements of the Strategy and waiting list census information as at 1 July 2001, which was published on 31 July 2001. Comparison of waiting list information is provided for the period 1 July 1998 to 1 July 2001.

Performance data includes the following:

At 1 July 2001, 4.5% of Category 1 patients (urgent) on the waiting lists of the 32 reporting hospitals had waited longer than the recommend time (30 days) for surgery. This is below the State target of 5%.

At 1 July 2001, 14.1% of Category 2 patients (semi-urgent) on the waiting lists of the 32 reporting hospitals had waited longer than the recommend time (90 days) for surgery. This is above the State target of 5% and compares with 11.3% at 1 April 2001 and 8.4% at 1 July 2000.

Elective surgery throughput, after reaching a maximum for 1998/99, has declined progressively since. Throughput for the 1997/98 financial year was 113,518 admissions. This compares with 117,338 elective surgery admissions for 1998/99, an increase of 3,820 (3.4%) and 115,595 admissions in 1999/2000 (an increase of 2,077 or 1.8% over that recorded in 1997/98). Throughput for 2000/01 was 109,787 admissions, a decrease in comparison with 1997/1998 of 3,731 admissions (-3.3%).

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Pre-election commitments have provided an additional $20 million for extra elective surgery throughput over two years beginning 1 July 2001.
The steady decline in full-time specialist vacancies continued in the June 2001 quarter with 37 vacancies, down from 125 as at 30 June 1995. Visiting Medical Officer vacancies are higher than in the past (48 as at 30 June 2001), but it is not possible to determine whether this is a trend.

The overall Department's unaudited operating result as reported for 30 June 2001 is a $5.38 million surplus.

RESULTS OF CONSULTATION

- **Is there agreement? YES. See paragraph 74 of body of submission.**

RECOMMENDATION

That, following consideration, the contents of the submission be noted.

WENDY EDMOND MP
MINISTER FOR HEALTH
8 / 10 /2001

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BODY OF SUBMISSION

OBJECTIVE

1. To inform Cabinet of progress with the implementation of the Waiting List Reduction Strategy.

BACKGROUND

- ***Context***

2. In July 1998, the Government gave a commitment to significantly expand previous strategies to reduce waiting lists in public hospitals in Queensland. The Waiting List Reduction Strategy involves an eight-point plan to cut waiting lists and includes 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;
   - supply general practitioners with quarterly briefings on waiting lists to help them when referring people for surgery;
   - even out waiting lists by moving people in appropriate cases to a hospital where their procedure can be performed more speedily;
   - provide additional funding of $6.8M per year to finance extra surgery for complex procedures;
   - work with the specialist colleges to expand training places for new specialists to meet the demand of the next century;
   - use holiday times to keep operating theatres working for the benefit of those waiting for surgery;
   - benchmark waiting times for accident and emergency departments to reduce excessive waits; and
   - increase levels of day surgery across the state to reduce the length of waiting times for elective surgery.

3. A further element was added to the eight-point plan, the collection of waiting times for specialist outpatient appointments to assist in clinical prioritisation for surgery and appointments.

4. In January 2001, the Government's election commitments provided for the enhancement of surgical services in public hospitals, including:

   - injecting an additional $20 million over two years into funding for elective surgery so that more people can have their operations faster;

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- continuing to work towards a target of 50% of elective surgery performed as day surgery and setting a target of 80% for day of surgery admissions within 2 years;
- establishing a central elective surgery booking bureau that will be more patient-focused and more responsive to providing services to people where they live; and
- strengthening clinical protocols to ensure appropriate and timely treatment of patients based on clinical need.

- **Previous consideration by Cabinet**

5. Cabinet (Decision Nos. 681, 12 April 1999; 1152, 20 September 1999; 1553, 13 March 2000; 2106, 2 October 2000; and 2555, 12 June 2001) has periodically noted reports on progress of the Waiting List Reduction Strategy.

ISSUES

Waiting List Reduction Strategy

Project Update

Publication of the quarterly Elective Surgery Waiting List Report

6. The *Elective Surgery Waiting List Report* is published quarterly on the Queensland Health Intranet and Internet sites. The information is available for use by Districts, medical specialists, General Practitioners, and professional colleges and associations throughout Queensland.

7. The open publication of the waiting list data allows referring practitioners and patients access to the elective surgery waiting lists at Queensland Hospitals. This in turn allows patients to be referred to those hospitals with shorter waiting lists in particular specialties.

8. Thirty-two public hospitals contribute information to the *Elective Surgery Waiting List Report*. This represents approximately 95% of the elective surgery activity performed in Queensland public hospitals.

9. Thirteen reports have been published containing information on the waiting lists as at 1 July 1998, 1 October 1998, 1 January 1999, 1 April 1999, 1 July 1999, 1 October 1999, 1 January 2000, 1 April 2000, 1 July 2000, 1 October 2000, 1 January 2001, 1 April 2001 and 1 July 2001.

10. The last report containing data as at 1 July 2001 was published on 31 July 2001.

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Quarterly briefings of general practitioners

11. Provision of hard copy briefings to General Practitioners via inserts in the Divisions of General Practice newsletters, has occurred for a number of years. The objective of the provision of briefings was to improve communication between General Practitioners and their local public hospital.

12. Following surveys conducted by the Brisbane North Division of General Practice in February 2001 in relation to the content of the General Practitioner newsletters, the Surgical Access Team was advised that the hard copy inserts of elective surgery waiting list information would no longer be required for this Division.

13. Meetings have been held with a number of key General Practitioners as well as Divisional representatives throughout Queensland to consider enhanced communication channels between Divisions, hospitals and the Surgical Access Team.

Transfer of patients to even out waiting lists

14. An important role of the Surgical Access Team is to identify hospitals with underutilized surgical capacity and to arrange the transfer of patients in appropriate cases to be treated at these facilities. This is particularly relevant where patients have waited longer than clinically desirable.

15. As a result of reported difficulties with some patient transfers, eg. the scarcity of anaesthetists, alternatives to transferring patients are being examined. If the problems are related to the absence of a surgeon, the short term filling of positions or the transfer of surgeons to perform surgery on the 'long wait' Category 2 patients are being implemented.

16. Elective Surgery Coordinators and Liaison Officers at reporting hospitals are also negotiating transfers of patients between hospitals on a case by case basis.

17. In the June 2001 quarter,

- Urology patients at Toowoomba who have waited longer than clinically desirable have continued to be treated at the Mater Adults Hospital; and
- arrangements have been finalised for Vascular patients at the Gold Coast who have waited longer than clinically desirable to be treated at Princess Alexandra Hospital.

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Better use of operating theatres during holidays

18. The Surgical Access Team collects information from hospitals on a routine basis regarding planned surgical activity over holiday periods. All reporting hospitals have provided information on planned reductions in elective surgery for 2001/02.

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

Emergency Services Strategy

20. The aim of the strategy is to improve access to emergency services and to an inpatient bed if the patient requires admission.

21. In 2000/01, recurrent funding was provided for additional staff – emergency medicine specialists ($2.58M) and emergency department nursing positions ($506,000). In addition funding was provided for:

- reviews of the administrative and clinical processes of emergency departments to identify barriers to improved performance and appropriate remedial strategies ($70,000). This strategy builds on the successful approach undertaken at Mt Isa Hospital, which has resulted in the Emergency Department consistently meeting waiting time targets in recent months;
- support for three Principal Clinical Coordinators ($152,100 in 2000/01, $227,100 recurrently); and
- funding has also been allocated for special projects including patient assessment and management, clinical protocol development, trauma training courses and information system enhancements and management ($706,333).

22. Funding of $340,00 was allocated in 2000/01 for an additional two medical officers attached to the Royal Flying Doctor Service based at the Rockhampton Hospital. The appointment of these staff has significantly reduced the overtime demands on medical staff at the Rockhampton Hospital Emergency Department.

23. All 20 hospitals with an emergency department role delineation of 4 or greater are participating in the benchmarking program and are supplying performance data on a monthly basis. Quarterly performance reports are distributed to the participating hospitals.

24. The most recent emergency department data identifies that Queensland has been performing consistently in terms of waiting times by triage category (attached Table 1).

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25. Performance comparisons with other States indicates that emergency department waiting times in Queensland during recent months are comparable to those reported by New South Wales and are worse than those reported by Victoria. (attached Table 1). However, both NSW and Victoria use a different waiting time calculation methodology that measures waiting time from presentation to being seen by a doctor or a nurse. The calculation used in Queensland measures waiting time to being seen by a doctor.

26. Access block data (waiting time from presentation to admission to an inpatient bed) indicates that Queensland is performing marginally better when compared to other States (attached Table 2).

Day surgery targets

27. The day surgery target for all elective surgery in Queensland public hospitals in 2000/01 was 50%. In addition a day of surgery admissions target of 80% within two years has been established.

28. Information as at May 2001 indicates that the day surgery target has been achieved with 51.8% of cases being undertaken as day procedures in the first six months of 2000/01. The day of surgery admission rate for the same period is 73.5%.

29. Strategies introduced in 2000/01 to achieve further increases in the rate of day cases included:

- reviewing the data management processes currently in place to improve data quality and consistency between hospitals;
- implementing a benchmarking process that compares day case rates, day of surgery admission rates and pre-operative length of stay; and
- further development of theatre utilisation reporting within Queensland Health to provide comparative information that will identify inefficiencies in utilising operating theatres.

Specialist outpatient services

30. The Government has indicated its commitment to review the demand for specialist outpatient services.

31. A monthly collection of specialist outpatient waiting times at the 32 reporting hospitals, including waiting time until next available appointments and the total number of patients awaiting their initial appointment, is continuing. However, due to inconsistencies in data collection, which are currently being addressed, interpretation is difficult.

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32. Bearing in mind the limitations of the available data, the number of patients awaiting an initial specialist outpatient appointment increased very slightly throughout 2000/01 (attached Table 3). As at 1 July 2001, there were approximately 49,399 patients awaiting an initial specialist outpatient appointment as compared to 49,342 as at 1 July 2000.

33. 29,825 patients were awaiting a surgical appointment at 1 July 2001, compared to 29,695 at 1 July 2000.

34. Waiting time until the next available appointment varies throughout the State between hospitals and specialities. The longest waits are for orthopaedic, ophthalmology and ENT appointments.

35. The progressive implementation of the *Guidelines for the Management of Specialist Outpatient Waiting Lists* has improved the consistency of administrative practices across the State. This has enabled a more accurate assessment of the demand and waiting times for outpatient services.

36. Enhancements to the HBCIS Appointment Scheduling Module have been completed. The enhancements include the ability to electronically register all outpatient referrals received by the hospital. This will ensure the accurate measurement of demand and ensure that patients are not 'lost in the system', as can be the case with manual records. Additional reports have been incorporated in the enhancements and will include identification of average waiting times and 'failure to attend' rates.

37. The enhancements will also enable better communication with General Practitioners regarding the ongoing care of the patient. Queensland Health has begun discussions with representatives of General Practitioner organisations aimed at reducing the number of inappropriate referrals to public hospital outpatient departments.

38. Patients failing to attend appointments are a source of inefficiency in outpatient clinics. This issue has been addressed through the establishment of formal policies on managing patients who do not attend and enhancing reporting of "Failure to Attend" rates. Clinical and administrative practice reviews are also being conducted at a number of hospitals to identify appropriate strategies to address the issue.

Progress of Pre-election Commitments

Additional $10 million in 2000/2001

39. The $10 million will be directed at addressing unmet demand at particular hospitals and in the following surgical specialties: General Surgery, Ophthalmology, Orthopaedics, Urology, Vascular, Ear Nose and Throat, Neurosurgery, Gynaecology and Plastic and Reconstructive Surgery.

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40. It is anticipated that the additional funds will treat an extra 3,500 patients each year for the next two years and impact significantly on the time Queenslanders wait for surgery.

Day surgery and Day of Surgery admission

41. Refer to paragraphs 28-30.

Centralised elective surgery waiting list management

42. The Government's election waiting list commitments are being progressed through:
- development of a centralised elective surgery waiting list system;
- development of audit criteria and audit processes for key indicators of elective surgery waiting list management;
- strengthening the coordination role of the Elective Surgery Coordinators and Elective Surgery Liaison Officers; and
- enhanced communication and consultation.

43. The centralised waiting list will contain details of all patients on elective surgery waiting lists in the 32 reporting hospitals in Queensland. Details will be updated automatically on a daily basis to provide accurate assessment of waiting times. The central waiting list will allow identification of waiting times for individual patients by surgical specialty and by surgeon. This will facilitate the direction of patients to facilities with spare capacity, or where waiting times are shortest.

Strengthened clinical protocols

44. The Government's commitment to strengthen clinical protocols is being progressed through the development of Policy and Procedure Guidelines for Elective Surgery Services, Outpatients Services and Emergency Department Services. These policies will build on existing Queensland Health guidelines and will draw on interstate and international resources. Consultation with clinical groups and representatives will be undertaken as policy development progresses.

<u>Elective Surgery Funding 2000/01</u>

45. Total surgery funding package provided in 2000/01 over and above District base budgets was $79.53 million. This amount has been re-provided in 2001/02. The bulk of the funding is for elective surgery activity, however, the funding package includes provisions for the Emergency Services Strategy ($5.0 million), Publication of Waiting List Information ($0.2 million) and Transfer of Patients ($0.9 million) and funding for Complex Procedures ($6 million).

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46. As previously indicated, an additional $10 million has been made available in 2001/02 to address unmet demand in particular specialities.

Performance Report

Comparison of waiting list information 1 July 2000 / 1 July 2001

47. Table 4 (attached) shows, in percentage terms, a comparison of waiting list information of the 33 reporting hospitals by category for the period 1 July 1998 to 1 July 2001.

Category 1 Patients

48. As at 1 July 2001, 4.5% of Category 1 patients on the waiting lists of the 32 reporting hospitals had waited longer than the recommend time (30 days) for surgery. This is below the State target of 5% and compares with 4.5% at 1 April 2001 and 2.7% at 1 July 2000.

49. In the 32 reporting hospitals there were, on average, 2,761 Category 1 elective surgery patients treated per month for 2000/2001. This compares with an average of 2,646 Category 1 elective surgery patients treated per month for 1999/2000.

Category 2 Patients

50. At 1 July 2001, 14.1% of Category 2 patients on the waiting lists of the 32 reporting hospitals had waited longer than the recommend time (90 days) for surgery. This is above the State target of 5% and compares with 11.3% at 1 April 2001 and 8.3% at 1 July 2000.

51. In the 32 reporting hospitals there were, on average, 4,284 Category 2 elective surgery patients treated per month for 2000/2001. This compares with an average of 4,469 Category 2 elective surgery patients treated per month for 1999/2000.

52. In Category 2, Orthopaedics remains the specialty with the largest number of 'long waits'. At 1 July 2001, Orthopaedic patients represented approximately 27.4% of all Category 2 patients and 38.9% of those Category 2 patients waiting longer than 90 days for surgery.

Category 3 Patients

53. At 1 July 2001, 38.3% of Category 3 patients on the waiting lists of the 32 reporting hospitals had waited longer than one year for surgery. This compares with 36.9% as at 1 April 2001 and 32.4% as at 1 July 2000.

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54. In the 32 reporting hospitals there were, on average, 2,104 Category 3 elective surgery patients treated per month for 2000/2001. This compares with an average of 2,517 Category 3 elective surgery patients treated per month for 1999/2000.

A comparison of Elective Surgery Throughput 1998/99, 1999/2000 and 2000/01 vs 1997/98

55. A comparison of the throughput for the 32 reporting hospitals has been undertaken to provide an indication of the change in elective surgical activity since 1997/98. Throughput for the period of 1997/1998 was 113,518 admissions. This compares with 117,338 elective surgery admissions for 1998/1999, an increase of 3820 (3.4%) and 115,595 admissions in 1999/2000 (an increase of 2,077 or 1.8%). Throughput for 2000/2001 was some 109,787 admissions, a decrease in comparison with 1997/1998 of 3,731 admissions (-3.3%).

Medical Workforce Issues

The Specialist Medical Workforce

56. Medical workforce problems are currently being experienced nationwide. These problems include but are not limited to specialty training, and regional and rural issues such as the maldistribution of the specialist workforce. In 1995, the Australian Health Ministers' Advisory Council (AHMAC) identified a critical need for the provision of services in a range of specialties. AHMAC established the Australian Medical Workforce Advisory Committee (AMWAC) to advise on medical workforce issues, including workforce supply, distribution and future requirements. The status of training positions and current vacancies in the various medical specialist disciplines are discussed below.

Supply of Medical Specialists in Queensland

57. With the introduction of Queensland Health incentives in June 1995, there has been a steady decline over time in full-time specialist vacancies in Queensland public hospitals. This decline has been as follows:

Full-time specialists

June 1995	125
November 1995	93
March 1996	82
July 1996	62
March 1997	61
March 1999	32
July 1999	45
December 1999	30

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January 2001	48
April 2001	39
June 2001	37

VMO vacancies

March 1999	6
July 1999	7
December 1999	16
January 2001	15
April 2001	35
June 2001	48

58. VMO vacancies are higher than in the past but it is not possible to determine whether this is a trend. Specialties with more than 1 vacancy include Urology, vascular surgery, orthopaedics, ophthalmology, general surgery, cardiothoracic surgery, psychiatry, anaesthetics, general medicine and O&G.

Queensland Health Recruitment Initiatives

59. The strategies detailed below have been successful in reducing the overall numbers of vacancies and in placing specialists in rural areas where long term vacancies have occurred:

- incentives to attract full-time specialists to remote Queensland. Country specialists receive 45% of base salary compared to 35% for metropolitan specialists as Option A under the limited right of private practice arrangements; free accommodation which is currently being upgraded through the capital works program and private use of vehicles;
- changes in the way specialist positions are advertised (eg. total remuneration packages of $200,000 per annum rather than stating basic salary);
- higher commencement pay rates for visiting specialists in rural areas;
- consultation with the various Colleges and the Commonwealth to extend the number of specialist training places in line with the Australian Medical Workforce Advisory Committee (AMWAC) reports; and
- improvements to enhance the retention of doctors (eg. provision of access to appropriate computer services, provision of increased levels of support staff such as secretaries, increased participation by specialist staff in resource allocation and administrative decision-making, increased professional development

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opportunities for specialists) in rural areas are being addressed at the District Health Service level.

Training Posts

60. According to the Australian Medical Workforce Advisory Committee (AMWAC) Annual Report for 1999 - 2000 there are 43 accredited training posts in general surgery in Queensland, which is in line with AMWAC's recommendation that there be 43 accredited training posts by the year 2000. Accredited training positions in the surgical specialties of urology, ophthalmology and orthopaedics are also in line with AMWAC recommendations. However, training numbers are down in the area of Ear, Nose and Throat (ENT) surgery. There are currently seven accredited training positions in ENT. AMWAC indicates that there should be eleven trainees in the year 2001. The College agreed that for the year 2001 a Principal House Officer (PHO) position be upgraded to a registrar position at Toowoomba Hospital and that a PHO be appointed in ENT at Townsville Hospital in 2000 with the view to upgrading the position to a Registrar position after inspection by the College. The College has also agreed to accredit a Registrar position based at the Princess Alexandra Hospital to provide a visiting service to the QEII and Logan Hospitals with a view to establishing a formal Department within a year or two. With the addition of these positions there are nine training positions in Queensland in 2001. Growth funding was provided in 2000 for training positions in Townsville and Princess Alexandra Hospitals.

Consultation with Specialist Colleges

61. The Medical Workforce Advisory Committee – Queensland (MWAC-Q) was recently established to progress training and other workforce issues relating to the various specialties. Two meetings have been held since March 2001. The MWAC-Q is currently identifying workforce related issues, information is being shared, and an executive group has been set up to progress matters between full meetings.

Surgeon Availability

62. The Royal Australasian College of Surgeons has expressed concern that surgeons are willing to provide public services but have been unable to do so because positions have not been available. Queensland Health has a responsibility to ensure its resources are targeted toward the needs of the community in a planned way and that resources are not diverted to particular services just because a medical practitioner becomes available to provide that service. Queensland Health is not aware of any locally trained unemployed surgeons. While there is a preference to employ local fellows of the College, under the Area of Need Policy, overseas trained specialists and general practitioners have been recruited to Australia as Temporary Resident Doctors to work in areas of need. There are currently approximately 72

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full time and 25 VMO overseas trained specialists working throughout Queensland under this policy. Major specialty areas are anaesthetics, psychiatry, obstetrics and gynaecology, medical imaging and orthopaedics. Specialist colleges have input into the decision to register these specialists. Queensland Health's capacity to provide specialist services in provincial Queensland would be severely diminished without these doctors. A nationally agreed process to facilitate the assessment of area of need practitioners has been established. Legislative amendments have been introduced to support this process in Queensland.

Training in the Private Sector

63. It is recognised that training limited to public hospitals is no longer adequate in a number of specialties such as dermatology, psychiatry, and some community based medical sub-specialties such as endocrinology and rheumatology. The Commonwealth is funding a position in private dermatology in Queensland and the initial feedback on this pilot has been very positive. An AHMAC working party has been established to progress this issue and a consultant has been appointed to describe existing arrangements (models, funding and need for community training) and identify potential models and associated issues such as funding and infrastructure, quality of training and community acceptance.

Budget Status as at 30 June 2001

64. The overall Department's unaudited operating result as reported for 30 June 2001 is a $5.38 million surplus.

65. The unaudited revenue position at 30 June 2001 of $3,983 million is an increase compared to the $3,815 million revenue reported in the Ministerial Portfolio Statements.

66. The consolidated District and Statewide Services budget position as at 30 June 2001 resulted in a deficit. However this is off set by those Districts in a surplus position, underspends in Commonwealth Programs and underspends in other areas of the Department.

67. The consolidated Commonwealth Program budget position as at 30 June 2001 resulted in some programs being under expended, however these funds are fully committed and will be fully expended in future years as these programs are fully put into operation.

68. Underspends in the Capital Works Program is primarily due to delays with some projects, to ensure budget integrity for specific projects and the impact of inclement weather on other projects. It is anticipated that all project completion dates will still be achieved as they extend beyond the 2000/2001 financial year.

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CONSULTATION

Community

69. Formal consultation on the Waiting List Reduction Strategy has been through existing mechanisms within Queensland Health. These mechanisms include the Clinical Advisory Committee, the Medical Superintendents Advisory Committee, the Elective Surgery Coordinators Group, the Emergency Services Specialist Advisory Panel, the Operating Room Management Information System (ORMIS) Strategic Management Group.

70. Consultation has also occurred with the Australasian College for Emergency Medicine, the Queensland Emergency Nurses Association and the Divisions of General Practice.

71. Internally, consultation has occurred with Zonal staff, district managers and key medical and nursing personnel from the participating hospitals on the approach to enhancing emergency, outpatient and surgical services including theatre utilisation. Such consultation has included feedback in the form of a monthly report to hospitals. In addition, visits to the participating hospitals have been conducted.

72. An Operating Theatre Review Group has been established to identify impediments to surgical throughput and to implement strategies to improve throughput.

73. Issues related to the increased number of outpatient referrals (up7% in 3 years) are being discussed with representatives of General Practitioners.

RESULTS OF CONSULTATION

74. Consultation remains a major part of the Waiting List Reduction Strategy and mechanisms as outlined above continue to provide a major support role to the project.

PUBLIC PRESENTATION

75. Not proposed.

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Table 1 – Emergency Department Waiting Times by Triage Category

NTS	Treatment Acuity	Target	1999-2000	2000-2001	NSW 1999-2000	VIC 1999-2000
1: Resuscitation	Immediate	100%	95%	98%	99%	100%
2: Emergency	Within 10 Minutes	80%	66%	70%	76%	82%
3: Urgent	Within 30 Minutes	75%	61%	59%	63%	73%
4: Semi-urgent	Within 60 Minutes	70%	68%	65%	67%	-
5: Non-urgent	Within 120 Minutes	70%	89%	86%	89%	-

Table 2 – Emergency Department Access Block Comparative Data

	% admitted/transferred within 8 hours of attendance by doctor	% admitted/transferred within 12 hours of presentation
Queensland 2000-2001	94%	97%
NSW 1999-2000	79%	-
Victoria 1999-2000	-	97%

Table 3 – Outpatients Departments Numbers Waiting

	1 July 2000			1 July 2001		
	With Appointment	Without Appointment	Total	With Appointment	Without Appointment	Total
Surgical	19,818	9,877	29,695	16,857	12,968	29,825
Medical	7,778	1,696	9,474	7,924	1,877	9,801
Obstetrics/Gynae	5,988	682	6,670	4,417	1,180	5,597
Paediatric	2,342	1,132	3,474	2,753	1,394	4,147
Psychiatric	29	0	29	29	0	29
Total	**35,955**	**13,387**	**49,342**	**31,980**	**17,419**	**49,399**

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Table 4 – Elective Surgery Patients Waiting by Urgency Category

Reporting Date	Category 1		Category 2		Category 3		Total
	Total	% 'long waits'	Total	% 'long waits'	Total	% 'long waits'	
1 Jul 1998	1,285	0.9%	9,243	10.6%	25,732	28.8%	36,260
1 Aug 1998	1,316	1.4%	9,511	11.2%	25,379	28.6%	36,206
1 Sept 1998	1,368	3.1%	9,621	14.1%	25,356	28.0%	36,345
1 Oct 1998	1,441	2.0%	9,960	14.7%	25,538	28.1%	36,939
1 Nov 1998	1,621	2.7%	10,109	15.8%	25,557	28.2%	37,287
1 Dec 1998	1,502	2.8%	10,119	16.6%	25,797	28.5%	37,418
1 Jan 1999	964	2.3%	10,244	18.4%	26,012	28.1%	37,220
1 Feb 1999	1,432	2.0%	10,462	19.4%	26,315	27.7%	38,209
1 Mar 1999	1,432	2.0%	10,337	18.4%	26,440	27.9%	38,209
1 Apr 1999	1,392	1.9%	9,953	15.9%	26,895	27.5%	38,240
1 May 1999	1,336	1.6%	10,275	14.7%	26,953	27.9%	38,564
1 Jun 1999	1,504	2.1%	9,922	12.3%	27,342	27.3%	38,768
1 Jul 1999	1,498	1.9%	9,780	8.6%	27,363	27.5%	38,641
1 Aug 1999	1,419	2.0%	9,929	10.6%	27,418	27.7%	38,766
1 Sep 1999	1,408	3.1%	9,870	11.4%	27,534	27.9%	38,812
1 Oct 1999	1,468	2.9%	9,604	9.9%	27,520	28.6%	38,592
1 Nov 1999	1,445	3.5%	9,614	8.8%	27,621	28.7%	38,680
1 Dec 1999	1,439	2.4%	9,856	8.7%	27,905	29.6%	39,200
1 Jan 2000	1,165	4.0%	9,967	9.9%	28,591	29.6%	39,723
1 Feb 2000	1,497	3.0%	10,140	11.0%	28,667	30.0%	40,304
1 Mar 2000	1,658	1.8%	9,904	11.7%	28,939	30.2%	40,501
1 Apr 2000	1,721	2.0%	9,927	9.6%	28,719	30.7%	40,367
1 May 2000	1,680	2.9%	10,141	9.9%	28,740	31.5%	40,561
1 Jun 2000	1,857	2.4%	10,019	8.4%	28,680	32.0%	40,556
1 Jul 2000	1,838	2.7%	10,179	8.3%	28,593	32.4%	40,610
1 Aug 2000	1,971	4.6%	10,313	10.9%	28,479	32.7%	40,763
1 Sep 2000	1,838	4.5%	10,458	10.7%	27,822	33.0%	40,118
1 Oct 2000	1,749	4.7%	10,615	11.8%	27,650	33.7%	40,014
1 Nov 2000	2,037	3.4%	10,706	12.8%	27,296	34.5%	40,039
1 Dec 2000	1,858	3.9%	10,310	11.1%	27,206	34.7%	39,374
1 Jan 2001	1,522	4.6%	10,675	11.9%	27,291	35.4%	39,488
1 Feb 2001	1,803	3.9%	10,669	12.7%	27,289	35.7%	39,761
1 Mar 2001	1,810	3.4%	10,804	11.9%	26,914	36.3%	39,528
1 Apr 2001	1,833	4.5%	11,003	11.5%	26,847	36.9%	39,683
1 May 2001	1,928	6.2%	11,355	12.7%	26,716	37.5%	39,999
1 Jun 2001	1,907	5.1%	11,129	13.7%	26,611	37.7%	39,647
1 Jul 2001	2,023	4.5%	11,022	14.1%	26,258	38.3%	39,303

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