



Decision No. 3094
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CABINET DECISION

Brisbane, 18 February 2002

Decision No. 3094 (Submission No. 2494)

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

Nil.

Departmental Records

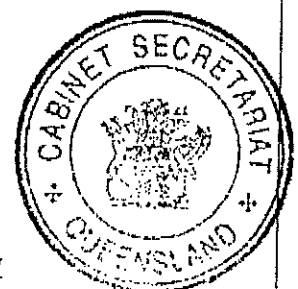
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INFORMATION SUBMISSION

Final Submission No. 2494

Copy No. 20 18/02/02

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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. This Submission provides an update on each of nine separate elements of the Strategy and waiting list census information as at 1 October 2001, which was published on 31 October 2001. Comparison of waiting list information is provided for the period 1 October 1998 to 1 October 2001.

Performance data includes the following:

At 1 October 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 October 2001, 12.6% 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 14.1% at 1 July 2001 and 11.6% at 1 October 2000.

Elective surgery throughput for the first quarter of 2001/02, was 29,366 admissions. This compares with 28,693 admissions for the first quarter in 2000/01, 30,795 admissions in 1999/2000, 31,553 admissions in 1998/99 and 28,764 admissions in 1997/98.

Pre-election commitments have provided an additional \$20 million for extra elective surgery throughput over two years beginning 1 July 2001.

There was a decline in Visiting Medical Officer vacancies from 48 to 31 in the period from June 2001 until November 2001. Full-time specialist vacancies rose in the same period from 37 to 54. Active recruitment is occurring for all specialist positions.

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The overall Department's forecast operating result as at 30 September 2001 for the year ending 30 June 2002 is a balanced budget with a \$0.13 million surplus.

RESULTS OF CONSULTATION

Is there agreement? YES. See paragraph 77 of body of submission.

RECOMMENDATION

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



WENDY EDMOND MP
MINISTER FOR HEALTH AND
MINISTER ASSISTING THE PREMIER ON WOMEN'S POLICY

7/2/2001

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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 \$6.0M 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;
 - 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;

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- 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; 2555, 12 June 2001; and 2856, 1 October 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 Queensland Health Internet site will be enhanced in the near future to provide information for Patients and for General Practitioners as well as common questions that patients may ask their General Practitioner or Specialist.
8. 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.
9. 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.
10. Fourteen 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, 1 July 2001 and 1 October 2001.
11. The last report containing data as at 1 October 2001 was published on 31 October 2001.

Quarterly briefings of general practitioners

12. 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 is to improve communication between General Practitioners and their local public hospital.
13. 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.
14. 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

15. 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.
16. 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 or surgical teams to perform surgery on the 'long wait' Category 2 patients, are being considered.
17. Elective Surgery Coordinators and Elective Surgery Liaison Officers at reporting hospitals are also negotiating transfers of patients between hospitals on a case by case basis.
18. In the September 2001 quarter,
 - vascular patients from Princess Alexandra Hospital (PAH) who have waited longer than clinically desirable have been transferred to Ipswich Hospital for treatment. A total of 9 patients were transferred for surgery in this quarter;
 - the transfer of ENT patients from Princess Alexandra Hospital to Logan Hospital has commenced. Patients are reviewed in the Outpatients Department at Logan Hospital and either return to PAH for necessary tertiary care if required or proceed to surgery at Logan Hospital. The response of patients to the provision of this service is encouraging. Twenty-six (26) patients have been removed from the PAH waiting list, ten (10) proceeding to surgery;
 - discussions have begun at the PAH in regard to the transfer of orthopaedic patients to the Queen Elizabeth II Hospital for surgery; and

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- 17 cardio-thoracic patients have been transferred from the waiting list at the PAH to The Prince Charles Hospital waiting list for surgery.

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. All reporting hospitals have provided information on planned reductions in elective surgery for 2001/02.
20. Surgical sessions during holiday periods continue to be monitored by the General Manager, Health Services.

Emergency Services Strategy

21. The aim of the strategy is to improve access to emergency services and to an inpatient bed if the patient requires admission.
22. In 2001/02, recurrent funding has been provided for additional staff – 17 emergency medicine specialists (\$2.58M) and 11 emergency department nursing positions (\$506,000). In addition, funding has been committed for:
 - information systems management, enhancement and implementation, to improve efficiency and quality of the Queensland Emergency Department Data Collection (\$1,035,000);
 - external reviews of emergency departments to identify barriers to improved performance in administrative and clinical processes and to implement appropriate remedial strategies (\$60,000). This strategy builds on the successful approach undertaken at Mt Isa Hospital, which has resulted in the Emergency Department consistently meeting waiting time targets;
 - purchase of equipment that will assist in the provision of emergency department services in a timely manner (\$466,000);
 - support for training for senior emergency department nurses and for the implementation of the Queensland Health Emergency Nursing Transition Program within 20 hospitals (\$200,000);
 - support for three Principal Clinical Coordinators (\$227,100 recurrently); and
 - enhancement projects to facilitate improvements in clinical and administrative practice, and to implement sustainable changes which will result in improved performance with respect to waiting times and access block benchmarks (\$400,000).
23. Funding of \$340,000 has been allocated in 2001/02 for two medical officers attached to the Royal Flying Doctor Service based at the Rockhampton Hospital. The continuing 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 for the September quarter 2001/2002 identifies that the performance of Queensland emergency departments, in terms of waiting times by triage category, has deteriorated compared with the same period in 2000/2001, with the exception of Category 1 (attached Table 1).
26. Performance comparisons with other States, in terms of waiting times by triage category, indicates that both New South Wales and Victoria are performing better than Queensland (attached Table 1). However, it should be noted that 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 significantly better than other States (attached Table 2).

Day surgery targets

28. 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.
29. Data for 2000/01 indicates that the day surgery target has been achieved with 51.4% of cases being undertaken as day procedures in 2000/01. The day of surgery admission rate for the same period was 73.5%.
30. Strategies introduced in 2001/02 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

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 32 reporting hospitals is continuing. This includes data on the total number of patients awaiting their initial appointment as well as waiting time until the next available appointment. However, due to inconsistencies in data collection, interpretation is difficult. These issues are currently being addressed.
33. Bearing in mind the limitations of the available data, the number of patients awaiting an initial specialist outpatient appointment increased in the last 12 months (attached Table 3). As at 1 October 2001, there were approximately 55,285 patients awaiting an initial specialist outpatient appointment as compared to 49,430 as at 1 October 2000.
34. Some 34,434 patients were awaiting a surgical appointment at 1 October 2001, compared to 29,867 at 1 October 2000.
35. Waiting time until the next available appointment varies throughout the State between hospitals and specialities. The longest waiting times are for orthopaedic, ophthalmology and ENT appointments.
36. Enhancements to the Queensland Health HBCIS Appointment Scheduling Module have been completed, to include the ability to electronically register all outpatient referrals received by the hospital. This will ensure the accurate measurement of patients waiting 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. A Specialist Outpatient Advisory Committee has been established to provide advice to the Surgical Access Team on priority issues relating to the access of public hospital patients to specialist outpatient services.
39. The Committee will provide advice on:
- current practices relating to specialist outpatient services;
 - strategies to improve equitable access to specialist outpatient services, based on clinical need;
 - strategies to improve referral processes and communication with General Practitioners;
 - strategies to improve management of specialist outpatient services at an operational level;
 - strategies to improve the quality of data collections from specialist outpatient services.

40. Key outcomes from this committee will include the development of State-wide policies in relation to the management of specialist outpatient services along with the development and implementation of a minimum data set for outpatient services in line with Commonwealth requirements.

Progress of Pre-election Commitments

Additional \$10 million in 2000/2001

41. 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.
42. 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.
43. All funding has been distributed to Hospitals.

Day surgery and Day of Surgery admission

44. Refer to paragraphs 28-30.

Centralised elective surgery waiting list management

45. 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 mechanisms.
46. 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

47. 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

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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.

Elective Surgery Funding 2001/02

48. The total surgery funding package provided in 2001/02 over and above District base budgets is \$89.53 million. 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).
49. An additional \$10.0 million has been made available in 2001/02 above the amount provided in 2000/01 to address unmet demand for Elective Surgery in particular specialities.

Performance Report

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

50. Table 4 (attached) shows, in percentage terms, a comparison of waiting list information of the 32 reporting hospitals by category for the period 1 July 1998 to 1 October 2001.

Category 1 Patients

51. At 1 October 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 July 2001 and 4.5% at 1 October 2000.
52. In the 32 reporting hospitals there were, on average, 3,167 Category 1 elective surgery patients treated per month for the September quarter 2001/2002. This compares with an average of 2,799 Category 1 elective surgery patients treated per month for the September quarter 2000/2001.

Category 2 Patients

53. At 1 October 2001, 12.6% 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 14.1% at 1 July 2001 and 11.6% at 1 October 2000.
54. In the 32 reporting hospitals there were, on average, 4,519 Category 2 elective surgery patients treated per month for the September quarter 2001/2002. This

compares with an average of 4,378 Category 2 elective surgery patients treated per month for the September quarter 2000/2001.

55. In Category 2, Orthopaedics remains the specialty with the largest number of 'long waits'. At 1 October 2001, Orthopaedic patients represented approximately 26.1% of all Category 2 patients and 33.3% of Category 2 patients who had waited longer than 90 days for surgery.

Category 3 Patients

56. At 1 October 2001, 37.2% of Category 3 patients on the waiting lists of the 32 reporting hospitals had waited longer than one year for surgery. This compares with 38.3% at 1 July 2001 and 33.0% at 1 October 2000.
57. In the 32 reporting hospitals there were, on average, 2,102 Category 3 elective surgery patients treated per month for the September quarter 2001/2002. This compares with an average of 2,387 Category 3 elective surgery patients treated per month for the September quarter 2000/2001.

A Comparison of Elective Surgery Throughput 1998/1999, 1999/2000 and 2000/2001 vs 1997/1998

58. 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 1997/1998 was 113,518 admissions. This compares with 117,338 elective surgery admissions for 1998/1999, an increase of 3,820 (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%).
59. Elective surgery throughput for the September quarter of 1997/1998 was 28,764. This compares with 31,553 admissions for the September quarter in 1998/1999 (+2,789 or +9.7%), 30,795 admissions for the September quarter in 1999/2000 (+2,031 or +7.1%), 28,693 admissions for the September quarter in 2000/2001 (-71 or -0.2%). Elective surgery throughput for the September quarter of 2001/02 was 29,366 admissions which is an increase of 602 admissions (2.1%) over that recorded for the September quarter 1997/1998.

Medical Workforce Issues

The Specialist Medical Workforce

60. Medical workforce problems are currently being experienced nationwide. A working party has been formed under the Australian Health Ministers' Advisory Council (AHMAC) to examine issues of specialist training outside of the traditional teaching hospital environment as models for delivery of services increasingly move

into the community. AHMAC established the Australian Medical Workforce Advisory Committee (AMWAC) to advise on medical workforce issues, including workforce supply, distribution and future requirements.

Supply of Medical Specialists in Queensland

61. 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, as follows:

Full-time specialist vacancies

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
June 2001	37
November 2001	54

It is not certain if the increase in November will be sustained as active recruitment is occurring for these positions. The specialties with the most vacancies at present include anaesthesia (9), emergency medicine (8), psychiatry (10), medical specialties (13), general surgery (4), orthopaedics (2), O&G (3), intensive care (2) and paediatrics, medical imaging and radiation oncology each (1).

VMO vacancies

March 1999	6
July 1999	7
December 1999	16
January 2001	15
April 2001	35
June 2001	48
November 2001	31

62. VMO vacancies are less than in June. Specialties with more than 1 vacancy include urology, vascular surgery, orthopaedics, ENT, ophthalmology, anaesthetics, medical specialties and O&G.

Queensland Health Recruitment Initiatives

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

Training Posts

64. Queensland Health continues to work with the specialist colleges to increase specialist training places in line with AMWAC report recommendations. This is being assisted by the formation of The Medical Workforce Advisory Committee - Queensland (MWAC-Q). 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.
65. Many of the additional training posts are achieved within existing resources by accreditation of previously unaccredited posts. Additional funding has been provided in 2001/2002 for registrar posts in paediatric radiology, rehabilitation, medical oncology, medical haematology, anatomical pathology and radiation oncology.

Generalist workforce

66. The Principal Medical Adviser has undertaken a study of the full time generalist workforce in Queensland rural hospitals to attempt to explore proposals to improve the training and skills, and the attraction and retention of this group, and to explore the development of an explicit career pathway within Queensland Health. The outcome of the study will be available shortly.

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Budget Status as at 30 September 2001 for the year ending 30 June 2002

67. The overall Department's forecast operating result is a balanced budget with \$0.13 a million surplus.
68. The forecast revenue position as at 30 September 2001 of \$4.106 billion is an increase of \$42.329 million as reported in the Ministerial Portfolio statements 2001-02 State Budget.
69. The consolidated District and Statewide Services state funded budget position as at 30 June 2002 is forecast to be a deficit of \$35.2 million. However, this is offset by underspends in Commonwealth Programs and underspends in other areas of the Department, resulting in an overall balanced budget for Queensland Health (ie \$0.13 million surplus).
70. The consolidated Commonwealth Program budget position as at 30 June 2002 is predicted to be under expended by \$86 million. However, these funds are fully committed and will be fully expended in future years as these programs are put into operation.
71. An overspend is possible in the Capital Works Program, primarily due to some projects being ahead of schedule. To ensure budget integrity projects will be closely managed. As well, there is potential for delays due to inclement weather and late delivery of equipment. This will see the program come close to balancing and able to be managed within existing cash balances. It is anticipated that all project completion dates will be achieved.

CONSULTATION**Community**

72. Formal consultation on the Waiting List Reduction Strategy has been through existing mechanisms within Queensland Health. These mechanisms include 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.
73. Consultation has also occurred with the Australasian College for Emergency Medicine, the Queensland Emergency Nurses Association and the Divisions of General Practice.
74. 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.

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75. An Operating Theatre Review Group has been established to identify impediments to surgical throughput and to implement strategies to improve throughput.
76. Issues related to the increased number of outpatient referrals are being discussed with representatives of General Practitioners.

RESULTS OF CONSULTATION

77. 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

78. Not proposed.

Table 1 – Emergency Department Waiting Times by Triage Category

NTS	Treatment Acuity	Target	1 st Qtr (a) 2000-2001	1 st Qtr (a) 2001-2002	NSW (b) 1999-2000*	VIC @ 2000-2001*
1: Resuscitation	Immediate	100%	96%	100%	99%	100%
2: Emergency	Within 10 Minutes	80%	70%	68%	76%	79%
3: Urgent	Within 30 Minutes	75%	57%	55%	63%	70%
4: Semi-urgent	Within 60 Minutes	70%	64%	57%	67%	-
5: Non-urgent	Within 120 Minutes	70%	86%	79%	89%	-

* Latest published data available

(a) Waiting time is measured from presentation to time seen by a doctor.

(b) Waiting time is measured from triage to time seen by a doctor.

(c) Waiting time is measured from triage to time seen by a doctor or nurse.

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 1 st Qtr 2001-2002	91%	94%
NSW 1999-2000*	79%	-
Victoria 2000-2001*	-	84%

* Latest published data available

Table 3 – Outpatients Departments – Numbers Waiting

	1 October 2000			1 October 2001		
	With Appointment	Without Appointment	Total	With Appointment	Without Appointment	Total
Surgical	20,878	8,989	29,867	21,096	13,338	34,434
Medical	7,725	1,805	9,530	8,304	1,854	10,158
Obstetrics/Gynae	5,979	595	6,574	5,407	1,246	6,653
Paediatric	2,320	1,123	3,443	2,664	1,353	4,017
Psychiatric	16	0	16	23	0	23
Total	36,918	12,512	49,430	37,494	17,791	55,285

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	11.3%	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
1 Aug 2001	2,037	5.1%	10,732	14.3%	25,728	38.0%	38,497
1 Sep 2001	2,017	6.0%	10,762	14.1%	26,028	37.5%	38,807
1 Oct 2001	1,979	4.5%	10,783	12.6%	25,593	37.2%	38,355

SECRET

CABINET DECISION

RNA Showgrounds, Brisbane - 12 August 2002

Decision No. 3518 (Submission No. 2834)

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

Nil.

Departmental Records

Department of the Premier and Cabinet

Department of Health and copy to the Minister

Perusal and Return

All other Ministers.



[Signature]
Cabinet Secretary

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INFORMATION SUBMISSION

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COVER SHEET**TITLE**

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

MINISTER

Minister for Health and Minister Assisting the Premier on Women's Policy

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 (the Strategy) is a major commitment of the Government. This submission provides an update on each of the nine separate elements of the Strategy.

The target for Category 1 long waits had been maintained as at 1 July 2002 with 3.4% of Category 1 patients waiting longer than the recommended time (30 days) for surgery. This is below the State target of 5% and compares with 3.3% at 1 April 2002 and 4.5% at 1 July 2001.

At 1 July 2002, 10.6% of Category 2 patients (semi-urgent) had waited longer than the recommended time (90 days) for surgery. This is above the State target of 5% and compares with 13.5% at 1 April 2002 and 14.1% at 1 July 2001.

Elective surgery throughput for the 2001/2002 year has increased by 4.0% compared with 2000/01 resulting in an additional 4,381 elective surgery patients being treated in Queensland public hospitals.

Pre-election commitments have provided an additional \$20 million for extra elective surgery throughput over two years beginning 1 July 2001.

There was a decline in Visiting Medical Officer vacancies from 48 to 31 in the period from November 2001 until May 2002. Full-time specialist vacancies also declined in the same period from 54 to 35.



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There was a decline in Visiting Medical Officer vacancies from 48 to 31 in the period from November 2001 until May 2002. Full-time specialist vacancies also declined in the same period from 54 to 35.

The forecast operating position for Queensland Health at 30 June 2002 is \$0.139 million surplus.

RESULTS OF CONSULTATION

Is there agreement? YES. See paragraph 56 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

4/8/2002


CAB.0007.0001.00331



BODY OF SUBMISSION

OBJECTIVE

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

BACKGROUND

• Context

2. In July 1998, the Government gave a commitment to significantly expand previous strategies to reduce waiting times in public hospitals in Queensland. The Waiting List Reduction Strategy involves an eight-point plan to cut waiting lists and includes a commitment to:

- i) publish the waiting list for each hospital every three months so that money can be channelled to where the real need is;
- ii) supply general practitioners with quarterly briefings on waiting lists to help them when referring people for surgery;
- iii) even out waiting lists by moving people in appropriate cases to a hospital where their procedure can be performed more speedily;
- iv) provide additional funding of \$6.0 million per year to finance extra surgery for complex procedures;
- v) work with the specialist colleges to expand training places for new specialists to meet the demand of the next century;
- vi) use holiday times to keep operating theatres working for the benefit of those waiting for surgery;
- vii) benchmark waiting times for accident and emergency departments to reduce excessive waits; and
- viii) 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:

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


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- iii) 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
- iv) 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; 2555, 12 June 2001; 2856, 1 October 2001 and 3094, 18 February 2002) 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. Thirty-one public hospitals contribute information to the *Elective Surgery Waiting List Report* – representing approximately 95% of the elective surgery activity performed in Queensland public hospitals. This is a reduction from the 32 reported previously, due to the co-location of the Townsville Hospital and the Kirwan Hospital for Women.
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.

Updating of General Practitioners

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

Transfer of Patients to Even Out Waiting Lists

9. Elective Surgery Coordinators and Elective Surgery Liaison Officers at reporting hospitals negotiate transfers of patients between hospitals on a case by case basis.
10. Examples of patient transfers arranged during the March and June quarters 2001/02 are included in Attachment 1.


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Better Use of Operating Theatres During Holidays

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

Emergency Services Strategy

12. Twenty hospitals with an emergency department role delineation of four or greater are participating in the benchmarking program and supply performance data on a monthly basis.
13. Funding allocations for the Emergency Services Strategy in 2001/02 are included in Attachment 2. This funding includes recurrent allocations (\$3.8 million) for medical and nursing staff and non-recurrent allocations (\$2.4 million including rollovers) for system enhancements. An additional \$2 million for extra emergency department doctors has been provided in the 2002/03 budget.
14. Waiting times performance for Queensland emergency departments has been maintained in Australasian Triage Scale (ATS) categories 1 and 2 during the period January to June 2002, compared to the same period in 2001 (see Attachment 3, Table 1). Waiting times in ATS categories 3, 4 and 5 have deteriorated compared to the same period in 2001.
15. Queensland emergency departments' performance with respect to waiting times benchmarks is comparable to the most recently published data from NSW, but not as good as that of Victoria (see Attachment 3, Table 1).
16. Access block data (waiting time from presentation to admission to an inpatient bed) indicates that Queensland continues to perform significantly better than other States (Attachment 3, Table 2).

Day Surgery and Day of Surgery Admission Performance

17. The day surgery target for elective surgery in Queensland public hospitals has been set at 50%. A day of surgery admission target of 80% within two years has also been established.
18. The day surgery target has been achieved, with 53.2% of cases being undertaken as day procedures in 2001/02 year to March (9 months). The day of surgery admission rate for the same period was 75.2%.
19. Strategies introduced in 2001/2002 to achieve further increases in the rate of day surgery and day of surgery admissions, included:
 - implementation of a benchmarking process that compares day case rates, day of surgery admission rates and pre-operative length of stay across hospitals; and

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- further development of theatre utilisation reporting within Queensland Health to provide comparative information that will identify inefficiencies in utilising operating theatres.

Specialist Outpatient Services

20. A monthly collection of specialist outpatient waiting times at the thirty-one reporting hospitals is continuing. This includes data on the total number of patients awaiting their initial appointment as well as waiting time until the next available appointment.
21. The available data indicates that the number of patients awaiting an initial specialist outpatient appointment increased in the last twelve months (Attachment 3 Table 3).

Progress of Pre-election Commitments

22. The additional \$10 in 2002/2001 million has been 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.
23. In 2001/2002, an additional 4,381 elective surgery patients had been treated in Queensland public hospitals compared with last year.

Centralised Elective Surgery Waiting List Management

24. This has been progressed through:
 - development of a centralised elective surgery waiting list database;
 - 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 mechanisms.

Strengthened Clinical Protocols

25. The Government's commitment to strengthen clinical protocols is being progressed through the development of Policy and Procedure Guidelines for Elective Surgery Services, Specialist Outpatients Services and Emergency Department Services.

Day Surgery and Day of Surgery Admission Performance

26. See paragraphs 17 to 19 above.



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Performance Report*Waiting Times*

27. Waiting times performance has improved for Category 1, 2 and 3 elective surgery patients, when compared with census data for the same time last year. This is despite the industrial action initiated in June 2002 (see Attachment 4, Figures 1 – 3). The significant impact of the industrial action in July will be reported in the next submission prepared for Cabinet for the September quarter.
28. The target for Category 1 long waits had been maintained as at 1 July 2002 with 3.4% of Category 1 patients waiting longer than the recommended time (30 days) for surgery. This is below the State target of 5% and compares with 3.3% at 1 April 2002 and 4.5% at 1 July 2001.
29. At 1 July 2002, 10.6% of Category 2 patients (semi-urgent) had waited longer than the recommended time (90 days) for surgery. This is above the State target of 5% and compares with 13.5% at 1 April 2002 and 14.1% at 1 July 2001.
30. At 1 July 2002, 37.6% of Category 3 patients on the waiting lists of the 31 reporting hospitals had waited longer than one year for surgery. This compares with 38.8% at 1 April 2002 and 38.3% at 1 July 2001.
31. The following hospitals reported greater than 5% 'long wait' Category 1 patients at 1 July 2002:
- Gold Coast Hospital – 11.5% (25 patients);
 - Logan Hospital – 15.4% (6 patients);
 - Mater Adult's Hospital – 5.4% (4 patients); and
 - Mt Isa Hospital – 6.3% (1 patient).
32. A high proportion of 'long wait' Category 2 patients on the waiting list was reported at 1 July 2002 at:
- Gold Coast Hospital – 15.1% (223 patients);
 - Hervey Bay Hospital – 14.0% (16 patients);
 - Mackay Hospital – 20.4% (40 patients);
 - Mt Isa Hospital – 15.8% (15 patients);
 - Nambour Hospital – 24.1% (256 patients); and
 - Royal Brisbane Hospital – 24.6% (374 patients).
33. Significant issues impacting on waiting times and strategies adopted by Queensland Health to address these issues are provided in Attachment 5.


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Elective Surgery Throughput

34. Elective surgery throughput for the 2001/2002 year has increased by 4.0% compared with 2000/01.
35. There were 114,168 admissions recorded in 2001/2002 financial year, an increase of 4,381 admissions on the throughput recorded for 2000/2001 (109,787 admissions).

Elective Surgery Specialties

36. The specialties with the largest number of patients waiting at 1 July 2002 demonstrated a reduction in the number of patients waiting compared with the same date last year, with the exception of Ophthalmology, which showed a 3.6% increase:
- General Surgery - 8,933 (compared with 9,116 at 1 July 2001)
 - Orthopaedic Surgery - 7,927 (compared with 8,403 at 1 July 2001)
 - ENT Surgery - 4,465 (compared with 5,425 at 1 July 2001)
 - Ophthalmology - 4,435 (compared with 4,281 at 1 July 2001).
37. Graphical representation of the number of patients waiting by surgical specialty is contained in Attachment 6 and an analysis of waiting times by specialty is contained in Attachment 7.

Medical Workforce IssuesThe Specialist Medical Workforce

38. Medical workforce problems are currently being experienced nationwide. A working party has been formed under the Australian Health Ministers' Advisory Council (AHMAC) to examine issues of specialist training outside of the traditional teaching hospital environment as models for delivery of services increasingly move into the community. AHMAC established the Australian Medical Workforce Advisory Committee (AMWAC) to advise on medical workforce issues, including workforce supply, distribution and future requirements.

Supply of Medical Specialists in Queensland

39. 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, as follows:


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Full-time Specialist Vacancies

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
June 2001	37
November 2001	54
May 2002	35

The specialties with the most vacancies at present include anaesthesia (7), cardiology (5), psychiatry (5), intensive care (4), and orthopaedics (3).

VMO Vacancies

March 1999	6
July 1999	7
December 1999	16
January 2001	15
April 2001	35
June 2001	48
November 2001	31
May 2002	10

40. VMO vacancies are less than in November 2001. Specialties with more than one vacancy include anaesthetics and obstetrics. The decrease in the number of full-time specialist and VMO vacancies has been achieved against a background of a marked increase in the number of full-time specialist and VMO positions since 1998.

Queensland Health Recruitment Initiatives

41. 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;


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

Training Posts

42. Queensland Health continues to work with the specialist colleges to increase specialist training places in line with AMWAC report recommendations. This is being assisted by the formation of The Medical Workforce Advisory Committee – Queensland (MWAC-Q). 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.

43. Many of the additional training posts are achieved within existing resources by accreditation of previously unaccredited posts. Additional funding has been provided in 2001/2002 for registrar posts in paediatric radiology, rehabilitation, medical oncology, medical haematology, anatomical pathology and radiation oncology.

Generalist workforce

44. The Principal Medical Adviser has undertaken a study of the full-time generalist workforce in Queensland rural hospitals to attempt to explore proposals to improve the training and skills, and the attraction and retention of this group, and to explore the development of an explicit career pathway within Queensland Health. The outcome of the study will be available shortly.

Budget Status as at 30 June 2002 or the Year Ending 30 June 2002

45. The operating result for Queensland Health at 30 June 2002 is \$0.139M surplus. (*This result and the results detailed in paragraphs 46-49 are preliminary and subject to final reconciliations and audit.*)

46. The revenue position for Queensland Health at 30 June 2002 is \$4,115.512 million, compared to the published budget of \$4,064.151 million.


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47. The budget position for Health Service Districts and Statewide Services State funded programs at 30 June 2002 is \$36.891 million deficit. This deficit is partially off set by those Districts in surplus, base capital funds and surpluses in Commonwealth and General Trust funding.
48. The consolidated Commonwealth Program budget position for Queensland Health as at 30 June 2002 is an under-expenditure of \$135.971 million. However, these funds are fully committed and will be expended in future years as the programs are fully implemented.
49. The Capital Works Program expended \$396.333 million compared to the published budget of \$375.546 million. This position reflects the various stages of completion/ progress of projects and additional departmental contributions.

CONSULTATION

50. Formal consultation on the Waiting List Reduction Strategy has been through existing mechanisms within Queensland Health. These mechanisms include 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.
51. Consultation has also occurred with the Australasian College for Emergency Medicine, the Queensland Emergency Nurses Association and the Divisions of General Practice.
52. 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.
53. An Operating Theatre Review Working Party was established to identify impediments to surgical throughput and to implement strategies to improve throughput. A final report has been prepared and implementation plans are being developed.
54. Issues related to the increased number of outpatient referrals have been discussed with representatives of the Queensland Divisions of General Practice.
55. The Department of the Premier and Cabinet was consulted in relation to this submission.

RESULTS OF CONSULTATION

56. 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.


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PUBLIC PRESENTATION

57. Not proposed.

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ADDENDUM

CONSULTATION DETAILSAgencyDateOfficerDepartment of the Premier
and Cabinet

10 July 2002

Ros Walker

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Examples of Patient Transfers arranged during the March and June Quarters 2001/02

- i) Mater Adult's Hospital has commenced treatment of ophthalmology patients who have waited longer than one year for surgery, from Redcliffe Hospital. Of some 200 patients contacted, 100 agreed to be transferred. 78 patients have undergone surgery.
- ii) Princess Alexandra Hospital has accepted the transfer and arranged treatment of 24 Category 1 vascular patients from the Gold Coast Hospital.
- iii) Ipswich Hospital has accepted Category 3 vascular patients for treatment from the waiting list at Princess Alexandra Hospital. These arrangements were achieved through the appointment of a VMO vascular surgeon at both hospitals, with suitable patients being transferred to Ipswich Hospital for surgery following a clinical assessment at the Princess Alexandra Hospital.
- iv) Queen Elizabeth II Jubilee Hospital has accepted the transfer of 63 orthopaedic joint replacement surgery patients from the Princess Alexandra Hospital.
- v) Logan Hospital has commenced the assessment and treatment of Ear, Nose and Throat surgical patients from the waiting list at Princess Alexandra Hospital since the establishment of an ENT service in December. Over 100 patients from the Princess Alexandra Hospital have now been treated at Logan Hospital.
- vi) Mater Adult Hospital has accepted the transfer of 12 orthopaedic patients awaiting total joint replacement surgery from the Gold Coast Hospital, and 8 urgent urology patient referrals from the Cairns Base Hospital.
- vii) Nambour Hospital, from February 2002, commenced monthly provision of general surgeon visits to Kingaroy Hospital, including outpatient clinics and one all day operating session.
- viii) The Royal Brisbane Hospital commenced the fortnightly provision of a urologist to perform one specialist outpatient clinic and one operating theatre session at Redcliffe Hospital from April 2002.
- x) Mater Adult Hospital is providing a urology service for Toowoomba patients, including a fortnightly visit from the Mater Urology team to Toowoomba Hospital. An initial clinic was held in February 2002 and a regular clinic service commenced in April. A Day Surgery urology session also commenced in June 2002.
- x) A VMO vascular surgeon was appointed at the end of February at the Princess Alexandra Hospital and following negotiations with the Mater Adult Hospital a weekly operating theatre session has been scheduled for this surgeon. Patients from the Princess Alexandra Hospital's waiting list, who have been assessed and approved to proceed to surgery, may now be treated at either Princess Alexandra Hospital or at the Mater Adult Hospital.

Funding Arrangements for Emergency Services Strategy in 2001/02

Recurrent funding has been distributed as planned, with a total of \$3.8 million allocated to medical and nursing staffing, related to emergency services:

- i) Funding allocations for staff include seventeen medical staff (\$2.58 million) and eleven nursing (\$506,000) positions within emergency departments across the State. These additional positions have allowed waiting times for higher acuity patients to be maintained, despite significant increases in emergency department workloads;
- ii) An additional \$340,000 was provided to support medical positions for the Royal Flying Doctor Service in Rockhampton; and
- iii) \$227,100 has been provided to support Zonal Principal Clinical Coordinators. These positions have been instrumental in establishing a collection of data relevant to aero-medical retrievals, which will provide a basis for future decisions in this area.

Non-recurrent allocation of funds totalling \$2.4 million (including roll-overs) has been undertaken as part of the Emergency Services Strategy, to assist districts in implementation of initiatives to provide emergency services in a timely manner:

- i) Medical Equipment – Planned allocations of \$466,000 were supplemented with roll-over funds, providing a total of \$506,000 for the purchase of medical equipment and capital works to assist with provision of services in a timely manner. These funds were distributed in 2001, with all equipment purchased by 30 June 2002;
- ii) Enhancement Projects – \$400,000 was allocated to emergency department projects to support projects to address emergency department waiting times. Funding for ten projects (\$320,000) has been distributed to districts. Seven projects have been completed, with the remainder continuing into 2002/2003. Projects have demonstrated improvements across a broad range of emergency services;
- iii) Information Systems – The \$1.035 million allocated to improvement and maintenance of emergency department information systems has been distributed and has been supplemented by the addition of \$110,000. This expenditure has delivered enhancements to existing systems and allowed development of a central web-based information system for Queensland emergency departments. The implementation of this web-based information system into four 'lead sites' has commenced and will continue into 2002/2003;
- iv) Education and Training – \$200,000 was allocated to support training of senior nurses in emergency departments across the State, and to implement the *Queensland Transition to Emergency Nursing* program. Programs have been successfully implemented in twenty emergency departments, to increase skills of nursing staff and to assist with efficient provision of services; and
- v) Departmental Reviews – external reviews of three Queensland emergency departments have been undertaken. Reviews have identified best practice initiatives suitable for broader application, and work practices that can be improved. Reports have been approved by the General Manager, Health Services and circulated to the districts, via the Zonal Manager.

Table 1 – Emergency Department Waiting Times by Triage Category

NTS	Treatment Acuity	Target	Jan to Jun (a) 2000-2001	Jan to Jun (a) 2001-2002*	NSW (b) 2000-2001**	VIC (c) 2000-2001**
1: Resuscitation	Immediate	100%	99%	99%	100%	100%
2: Emergency	Within 10 Minutes	80%	70%	72%	73%	79%
3: Urgent	Within 30 Minutes	75%	59%	57%	58%	70%
4: Semi-urgent	Within 60 Minutes	70%	64%	58%	62%	-
5: Non-urgent	Within 120 Minutes	70%	86%	80%	86%	-

* June data was not supplied by Bundaberg, Gold Coast, Hervey Bay and Rockhampton hospitals due to industrial action. May figures have been substituted for June for these facilities.

** Latest published data available

(a) Waiting time is measured from presentation to time seen by a doctor.

(b) Waiting time is measured from triage to time seen by a doctor.

(c) Waiting time is measured from triage to time seen by a doctor or nurse.

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 Jan to Jun 2001-2002	91%	95%
NSW 2000-2001*	76%	-
Victoria 2000-2001*	-	84%

* Latest published data available

Table 3 – Outpatients Departments - Numbers Waiting

	1 July 2001			1 July 2002		
	With Appointment	Without Appointment	Total	With Appointment	Without Appointment	Total
Surgical	18,646	13,469	32,115	19,050	14,082	33,132
Medical	7,844	1,898	9,742	8,143	2,157	10,300
Obstetrics/Gynae	4,625	1,262	5,887	5,800	858	6,658
Paediatric	2,791	1,318	4,109	2,917	1,683	4,600
Psychiatric	23	0	23	32	0	32
Total	33,929	17,947	51,876	35,942	18,780	54,722

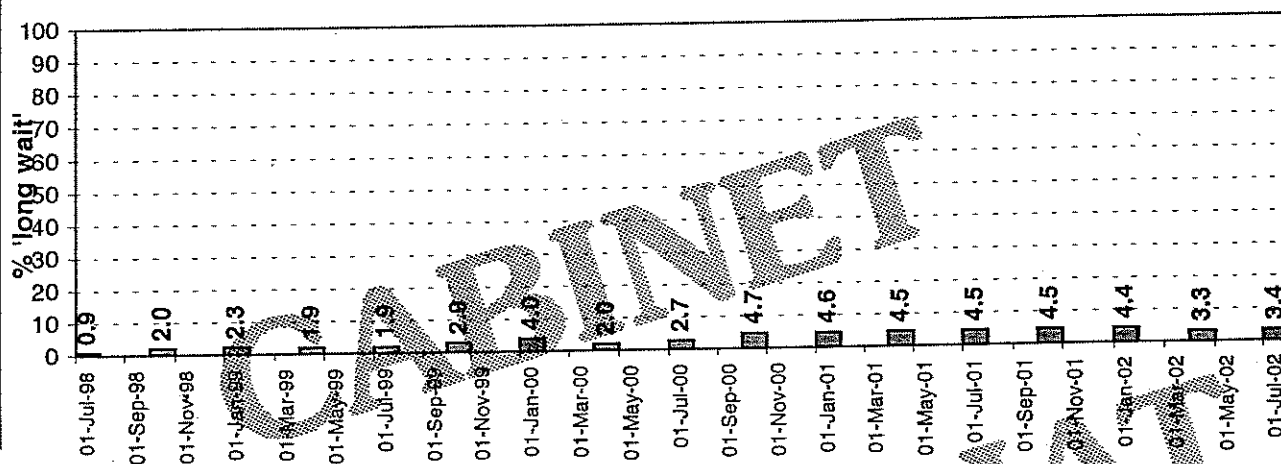
Table 4 – Elective Surgery Patients Waiting by Urgency Category

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 Sep 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	1,496	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	2.9%	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	11.3%	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
1 Aug 2001	2,037	5.1%	10,732	14.3%	25,728	38.0%	38,497
1 Sep 2001	2,017	6.0%	10,762	14.1%	26,028	37.5%	38,807
1 Oct 2001	1,979	4.5%	10,783	12.6%	25,593	37.2%	38,355
1 Nov 2001	2,136	3.8%	10,842	11.6%	25,379	37.4%	38,357
1 Dec 2001	2,080	4.0%	10,883	12.6%	25,194	37.4%	38,157
1 Jan 2002	1,557	4.4%	10,961	13.2%	25,106	37.9%	37,624
1 Feb 2002	1,785	3.7%	11,065	13.5%	24,951	38.3%	37,801
1 Mar 2002	1,938	2.6%	11,096	14.4%	24,461	38.2%	37,495
1 Apr 2002	2,151	3.3%	11,343	13.5%	24,179	38.8%	37,673
1 May 2002	2,229	2.8%	11,551	11.1%	23,718	38.3%	37,498
1 Jun 2002	2,179	2.7%	11,349	9.9%	23,276	38.0%	36,804
1 Jul 2002	2,496	3.4%	11,993	10.6%	23,494	37.6%	37,983

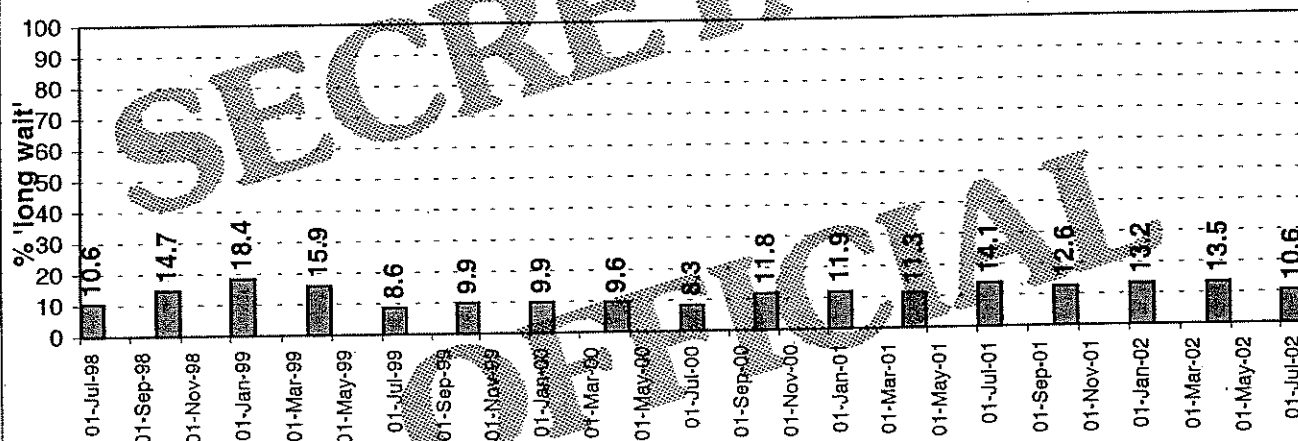
Note: Noosa Hospital reported separately from 1 March 2000 and Robina Hospital reported separately from 1 May 2000.

EFFECTIVE SURGERY REPORTING HOSPITALS: PERCENTAGE 'LONG WAITS' BY URGENCY CATEGORY

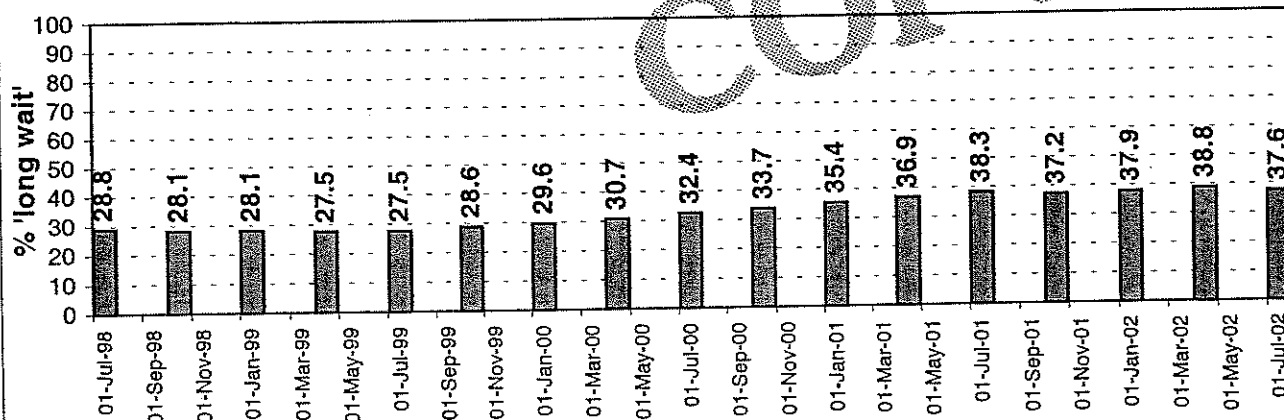
Urgency Category 1



Urgency Category 2



Urgency Category 3



Significant Issues Impacting on Waiting Times for March and June Quarters 2001/2002

Gold Coast Hospital

- High demand for emergency vascular surgery has resulted in limited elective vascular surgery being performed. Category 1 elective patients have been transferred to Princess Alexandra Hospital for treatment. Attempts to employ a full-time staff vascular surgeon at the Gold Coast Hospital have been unsuccessful to date.
- High demand for emergency neurosurgery has resulted in limited elective neurosurgery being performed.
- The VMO at St Vincents Hospital ceased the breast surgery service and all patients have been transferred to the Gold Coast Hospital waiting list.
- Resignation of a general surgeon at the Gold Coast hospital has resulted in the loss of 4 operating sessions. Recruitment processes to fill this position have commenced.
- Industrial action resulted in the cancellation of 53 theatre sessions between June 20 and June 30 – a total of 123 elective cases were cancelled during this period.

Mackay Hospital

- The sole VMO Urologist has resigned. Attempts to transfer patients to Townsville for surgery have been unsuccessful to date. A recruitment process has commenced.
- Staff vacancies have been present in orthopaedics and obstetrics & gynaecology. Recruitment to one orthopaedic position and one obstetrics & gynaecology position have been successful.

Mt. Isa Hospital

- The inability to recruit and retain clinical staff has resulted in a reduction in elective surgery capacity and the cancellation of some surgery.
- An elective surgery coordinator has been appointed to manage the elective surgery waiting list at the hospital.
- A review of operating theatre effectiveness was conducted during March 2002 and a number of changes will ensue as a result. These include changes to nurse rostering resulting in additional operating sessions being scheduled.

Nambour Hospital

- Leave taken by surgeons and anaesthetists, as a result of indemnity issues has impacted on elective surgery throughput.
- The lack of available beds continues to limit capacity for surgery.
- Industrial action during June has resulted in cancellation of elective surgery and the limitation of surgery to Category 1 patients only.
- Appropriate patients on Nambour elective surgery waiting lists are being treated at Noosa Hospital.

Princess Alexandra Hospital

- Staff vacancies in anaesthetics continue to impact on operating capacity.
- The lack of availability of intensive care beds continues to limit capacity for complex surgery.
- Industrial action has resulted in cancellation of elective surgery during the month of June – additional theatre sessions arranged to treat long-wait patients were also cancelled.
- The backlog of long-wait orthopaedic patients are being addressed by identifying those suitable for transfer to QEII for treatment (see also Attachment 1).
- Transfer of Category 3 vascular patients to Ipswich Hospital, and ENT patients to Logan Hospital has

been initiated (see also Attachment 1).

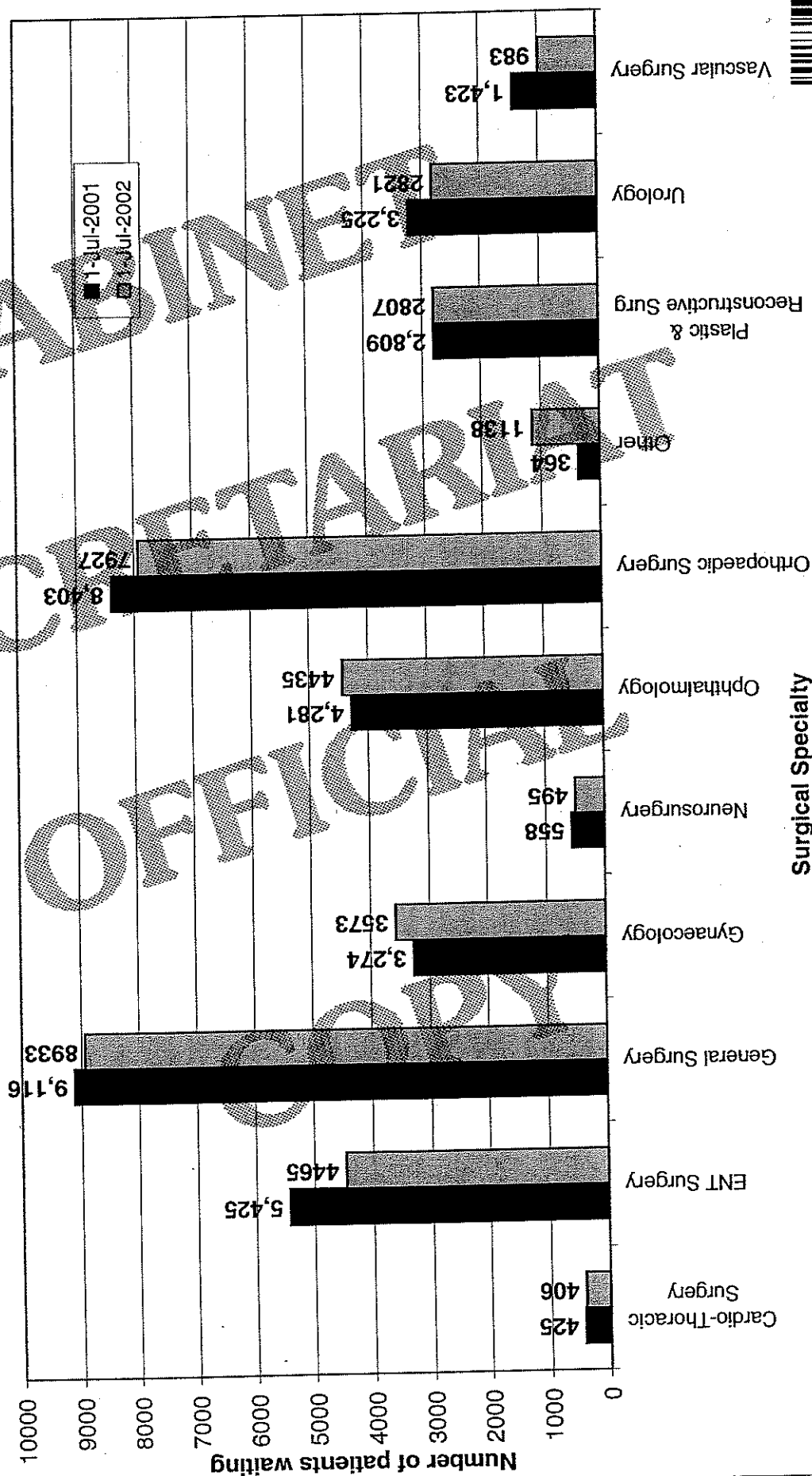
Rockhampton Hospital

- Hospital redevelopment has impacted significantly on operating theatre availability and on elective surgery throughput.

Royal Brisbane Hospital

- Emergency demand and the lack of available beds have continued to have significant impacts on elective surgery throughput at the Royal Brisbane Hospital. This is having detrimental effects in virtually all surgical specialties.
- Leave taken by surgeons and anaesthetists, as a result of indemnity issues has impacted on elective surgery throughput.
- Industrial action by nurses has resulted in cancellation of elective surgery.

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Cardio-Thoracic Surgery

- At 1 July 2002, there were 5 'long wait' Category 2 patients (2.0%) compared with 13 patients (4.6%) at 1 July 2001 (48 patients or 16.1% at 1 April 2002).
- At the Prince Charles Hospital, the number of 'long wait' Category 2 patients in Cardio-Thoracic Surgery decreased from 39 (18.9%) at 1 April 2002 to 1 patient (0.6%) at 1 July 2002. This compares with 4 patients (2.3%) at 1 July 2001.
- Elective surgery throughput in Cardio-Thoracic Surgery for January to June 2001/2002 was 1,736 admissions compared with 1,685 admissions in January to June 2000/2001 (1,776 admissions in July to December 2001/2002).

ENT Surgery

- At 1 July 2002, there were 75 'long wait' Category 2 patients (10.6%) compared with 80 patients (12.4%) at 1 July 2001 (98 patients or 14.6% at 1 April 2002).
- At the Royal Brisbane Hospital, the number of 'long wait' Category 2 patients in ENT Surgery decreased from 44 (42.3%) at 1 April 2002 to 30 patients (32.3%) at 1 July 2002. This compares with 35 patients (36.8%) at 1 July 2001.
- At the Mt Isa Hospital, the number of 'long wait' Category 2 patients in ENT Surgery decreased from 19 (90.5%) at 1 April 2002 to 3 patients (23.1%) at 1 July 2002. This compares with 0 patients (0.0%) at 1 July 2001.
- Elective surgery throughput in ENT Surgery for January to June 2001/2002 was 4,329 admissions compared with 3,964 admissions in January to June 2000/2001 (4,371 admissions in July to December 2001/2002).

General Surgery

- At 1 July 2002, there were 333 'long wait' Category 2 patients (10.3%) compared with 306 patients (10.9%) at 1 July 2001 (269 patients or 9.1% at 1 April 2002).
- Elective surgery throughput in General Surgery for January to June 2001/2002 was 14,698 admissions compared with 15,760 admissions in January to June 2000/2001 (15,977 admissions in July to December 2001/2002).

Gynaecology

- At 1 July 2002, there were 55 'long wait' Category 2 patients (3.5%) compared with 19 patients (1.5%) at 1 July 2001 (73 patients or 5.3% at 1 April 2002).
- At Mt Isa Hospital, 'long wait' Category 2 patients in Gynaecology have decreased from 34 patients (66.7%) at 1 April 2002 to 8 patients (28.6%) at 1 July 2002. This compares with 0 patients (0.0%) at 1 July 2001.
- Elective surgery throughput in Gynaecology for January to June 2001/2002 was 8,512 admissions compared with 8,631 admissions in January to June 2000/2001 (8,796 admissions in July to December 2001/2002).

Neurosurgery

- At 1 July 2002, there were 53 'long wait' Category 2 patients (25.2%) compared with 72 patients (33.8%) at 1 July 2001 (63 patients or 29.9% at 1 April 2002).
- Elective surgery throughput in Neurosurgery for January to June 2001/2002 was 795 admissions compared with 644 admissions in January to June 2000/2001 (782 admissions in July to December 2001/2002).

Ophthalmology

- At 1 July 2002, there were 22 'long wait' Category 2 patients (4.6%) compared with 32 patients (8.0%) at 1 July 2001 (31 patients or 8.7% at 1 April 2002).
- Elective surgery throughput in Ophthalmology for January to June 2001/2002 was 3,757 admissions compared with 3,271 admissions in January to June 2000/2001 (3,574 admissions in July to December 2001/2002).

Orthopaedic Surgery

- At 1 July 2002, there were 430 'long wait' Category 2 patients (15.3%) compared with 604 patients (20.0%) at 1 July 2001 (495 patients or 18.0% at 1 April 2002).
- At the Nambour Hospital, 'long wait' Category 2 patients in Orthopaedics have increased from 90 patients (24.1%) at 1 April 2002 to 147 patients (36.6%) at 1 July 2002. This compares with 209 patients (36.9%) at 1 July 2001.
- At the Princess Alexandra Hospital, 'long wait' Category 2 patients in Orthopaedics decreased from 75 patients (44.1%) at 1 April 2001 to 12 patients (7.7%) at 1 July 2002. This compares with 100 'long wait' patients (29.5%) at 1 July 2001.
- Elective surgery throughput in Orthopaedics for January to June 2001/2002 was 9,939 admissions compared with 9,611 admissions in January to June 2000/2001 (10,901 admissions in July to December 2001/2002).

Plastic & Reconstructive Surgery

- At 1 July 2002, there were 49 'long wait' Category 2 patients (5.5%) compared with 129 patients (13.7%) at 1 July 2001 (135 patients or 14.4% at 1 April 2002).
- At the Royal Brisbane Hospital 'long wait' Category 2 patients in Plastic & Reconstructive Surgery have decreased from 94 patients (32.8%) at 1 April 2002 to 22 patients (13.9%) at 1 July 2002. This compares with 65 patients (26.1%) at 1 July 2001.
- Elective surgery throughput in Plastic & Reconstructive Surgery for January to June 2001/2002 was 3,828 admissions compared with 3,652 admissions in January to June 2000/2001 (3,899 admissions in July to December 2001/2002).

Urology

- At 1 July 2002, there were 214 'long wait' Category 2 patients (19.7%) compared with 150 patients (14.1%) at 1 July 2001 (244 patients or 21.5% at 1 April 2002).

- At Mackay Hospital 'long wait' Category 2 Urology patients have increased from 33 patients (70.2%) at 1 April 2002 to 36 patients (97.3%) at 1 July 2002. This compares with 6 patients (15.4%) at 1 July 2001.
- At the Gold Coast hospital the number of 'long wait' patients in Urology remains high. At 1 July 2002 there were 35 (27.3%) 'long wait' Category 2 Urology patients, a slight decrease from the 37 (28.0%) recorded at 1 April 2002. This compares with 11 patients (10.6%) at 1 July 2001.
- Elective surgery throughput in Urology for January to June 2001/2002 was 3,901 admissions compared with 3,997 admissions in January to June 2000/2001 (4,341 admissions in July to December 2001/2002).

Vascular Surgery

- At 1 July 2002, there were 29 'long wait' Category 2 patients (15.1%) compared with 142 patients (45.5%) at 1 July 2001 (63 patients or 28.5% at 1 April 2002).
- The Gold Coast Hospital has maintained a reduction in the number of 'long wait' Category 2 patients recorded in Vascular Surgery. At 1 July 2001 there were 44 'long wait' patients (75.9%) in Vascular Surgery, compared with 9 patients (31.0%) at 1 April 2002 and 8 patients (25.8%) at 1 July 2002.
- At 1 July 2002 the Princess Alexandra Hospital recorded 3 'long wait' Category 2 Vascular Surgery patients (11.5%), a decrease compared with 64 patients (80.0%) at 1 July 2001 and 25 patients (43.1%) at 1 April 2002.
- Elective surgery throughput in Vascular Surgery for January to June 2001/2002 was 1,188 admissions compared with 1,123 admissions in January to June 2000/2001 (1,272 admissions in July to December 2001/2002).