

# Shining a light on the elective surgery 'hidden' waiting list

2022



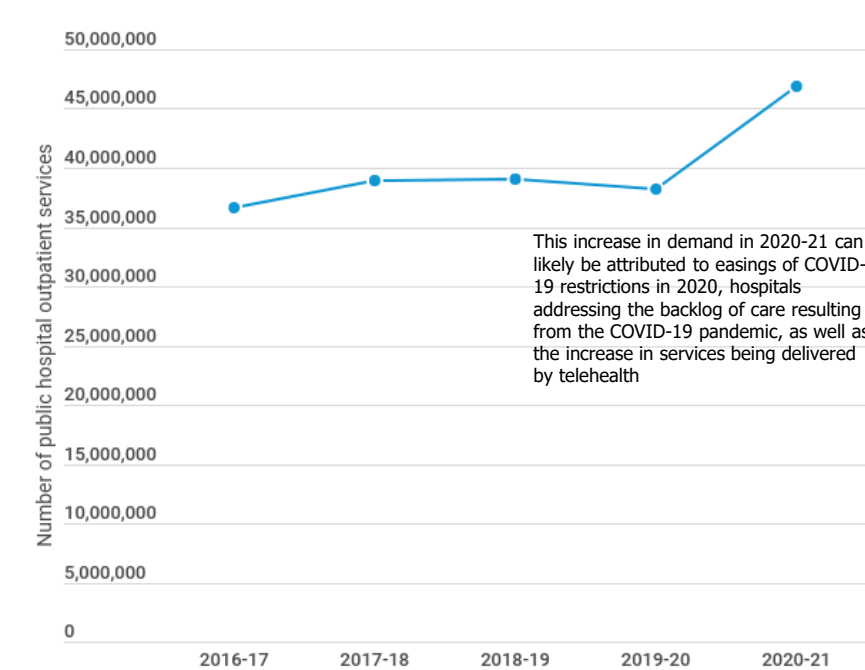
OVERVIEW

When a patient needs to see a medical specialist other than a general practitioner, they can either be referred to see a specialist in a public hospital outpatient clinic, or to a specialist at a private practice. While services provided in hospital outpatient clinics are funded by the government, patients are often required to wait several months or even years for an appointment.<sup>1,2,3,4,5</sup> The only alternative is to see a specialist in a private clinic, where a patient is usually required to pay an out-of-pocket cost.

Each year, public hospital outpatient clinics provide millions of health services for patients, such as procedures, medical consultations, diagnostic services, and allied health/nurse consultations.<sup>6</sup> Demand for outpatient services has steadily increased over the last five years, with a large increase in demand in 2020-21, which can likely be attributed to easings of COVID-19 restrictions in 2020, hospitals addressing the backlog of care resulting from the COVID-19 pandemic and the pause on elective surgery and outpatient services, as well as the increase in services being delivered by telehealth (Figure 1).



Figure 1: Number of public hospital outpatient services, 2016-17 – 2020-21<sup>7</sup>



Note: data is the total non-admitted patient service events performed in Australia’s public hospitals, including those collected under the National *Non-admitted Patient Care (aggregate) Database*. Australian Institute of Health and Welfare data quality statements can be found [here](#).

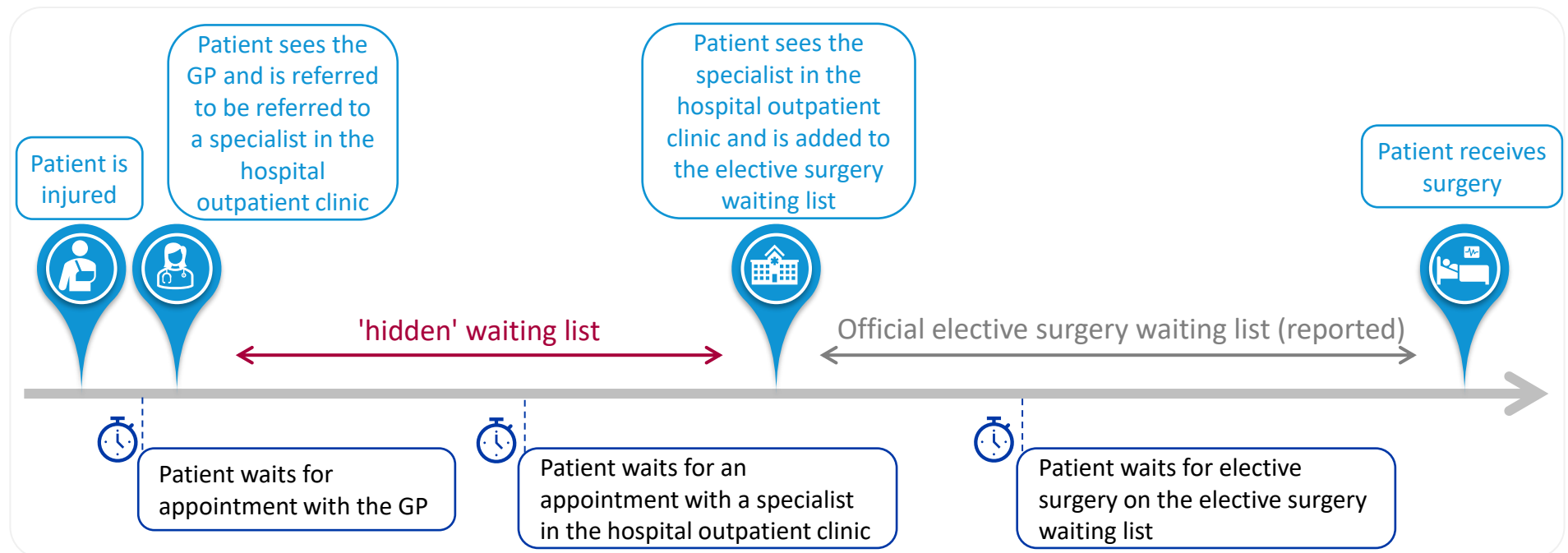
## THE 'HIDDEN' WAITING LIST

### What is the 'hidden' waiting list?

Consultations with specialists in public hospital outpatient clinics often result in patients being added to the public hospital elective surgery waiting lists. By the time a patient is added to the elective surgery waiting list, they have already waited for both an appointment with their general practitioner to get the referral, as well as an appointment with the specialist in the outpatient clinic to assess surgery urgency or need. This period between the referral by the general practitioner and the consultation with the specialist where the patient is officially added to the elective surgery waiting list is known as the 'hidden' waiting list (see Figure 2 below which depicts the patient journey to receive elective surgery). While waiting times to see the general practitioner are low, waiting times for an outpatient appointment can be significant, with three urgency categories for public hospital outpatient appointments:

- **Urgent (Category 1):** specialist consultation recommended within **30 days** of being added to the outpatient wait list
- **Semi-urgent (Category 2):** specialist consultation recommended within **90 days** of being added to the outpatient wait list
- **Non-urgent (Category 3):** specialist consultation recommended within **365 days** of being added to the outpatient wait list.<sup>8</sup>

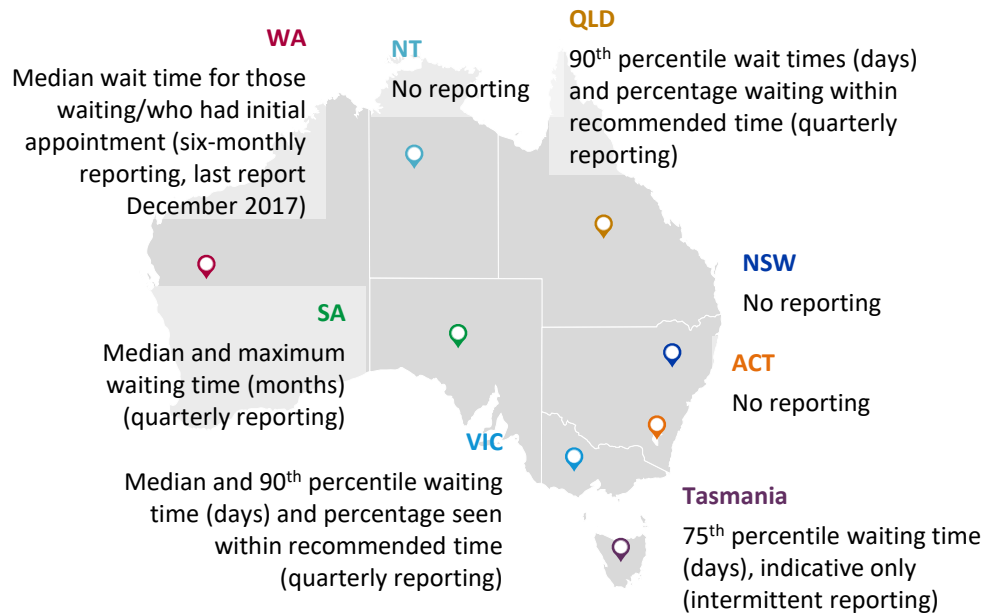
Figure 2: Overview of patient journey to receive elective surgery



## Why does the 'hidden' waiting list exist?

The quantity and quality of publicly available data on public hospital outpatient waiting times varies significantly between states and territories. Depicted in Figure 3 (further detail provided in Appendix A), not all states and territories publicly publish data on public hospital outpatient waiting times, and for those that do, the measures used for reporting are inconsistent. Specifically, each state and territory uses different metrics, categorisations of appointment urgency, and reporting frequencies, and only some states include specific reporting for each speciality and outpatient setting. Each state and territory also has different reporting capability, which means the quality, accuracy and consistency in data differs between jurisdictions.

Figure 3: State and territory reporting metrics for outpatient wait times<sup>9,10,11,12,13</sup>



Inconsistent reporting of outpatient waiting times has several implications, including:

- patients are not fully informed of the actual waiting time for essential elective surgery in the public hospital
- it is impossible to compare performance between states and territories
- the scale of the problem at a national level is unknown, which means funding to address the problem is not prioritised.



## How long is the 'hidden' waiting list?

Although there is no consistent national reporting on the number of people waiting to see a specialist in a public hospital outpatient clinic, it is evident from the publicly available data that many states are falling short of the performance targets.



### Victoria

In the latest reporting period (April-June 2022), 90 per cent of urgent patients were seen within 45 days for their first appointment (target 30 days), and non-urgent within 375 days (target 365 days). 82.2 per cent of urgent and 89.7 per cent of non-urgent of patients were seen within the recommended waiting time.<sup>14</sup>



### Queensland

In the latest reporting period (April-June 2022), 90 per cent of urgent patients were seen within 62 days (target 30 days), semi-urgent within 280 days (target 90 days), and non-urgent within 492 days (target 365 days). Only 68 per cent of urgent, 54 per cent of semi-urgent and 80 per cent of non-urgent patients are *currently waiting* within the recommended waiting time.<sup>15</sup>



### Western Australia

At the end of December 2017, the median waiting time for a first appointment (Western Australia combines reporting for urgent, semi-urgent, and non-urgent patients) was 8.78 months. The median waiting time has gradually increased from 5.92 months in December 2012.<sup>16</sup>



### South Australia

In the latest reporting period (January-March 2022), the median waiting time for an appointment (South Australia combines reporting for semi-urgent and non-urgent patients) was 7.1 months, and the maximum waiting time was 27.2 months.<sup>17</sup>



### Tasmania

In the latest reporting period (as of 31 July 2022), the average waiting time was 101.2 days for urgent patients (target 30 days), 349.2 days for semi-urgent patients (target 90 days), and 536.2 days for non-urgent patients (target 365 days).<sup>18</sup>



### New South Wales, Northern Territory, Australian Capital Territory

No publicly available data.

Analysis<sup>i</sup> of the 90<sup>th</sup> percentile wait times for urgent and non-urgent initial outpatient appointments for different specialities reveals that many specialities are not currently meeting the performance targets (see Figure 4 and Figure 5). For example, the target for urgent appointments is 30 days, however the 90<sup>th</sup> percentile wait time for an urgent gastroenterology outpatient appointment is over 150 days in both Victoria and Queensland. Those patients requiring an urgent neurosurgeon appointment can wait up to 930 days for an appointment in Victoria. For non-urgent appointments, the target is 365 days, however the 90<sup>th</sup> percentile wait time for most specialist appointments is above this. In Queensland a patient may wait almost 700 days for an ear nose and throat appointment, and over 1,400 days in Victoria. Waiting times for ophthalmology, orthopaedic, plastic/reconstructive appointments are all over 700 days in both states.



<sup>i</sup>Victoria and Queensland data was used as they were the only two comparable data sets that included breakdown by speciality. The 90<sup>th</sup> percentile wait time is the time within which 90 per cent of patients attend their initial outpatient appointment.



Figure 4: 90<sup>th</sup> percentile wait time (days) for urgent initial appointments<sup>19,20</sup>

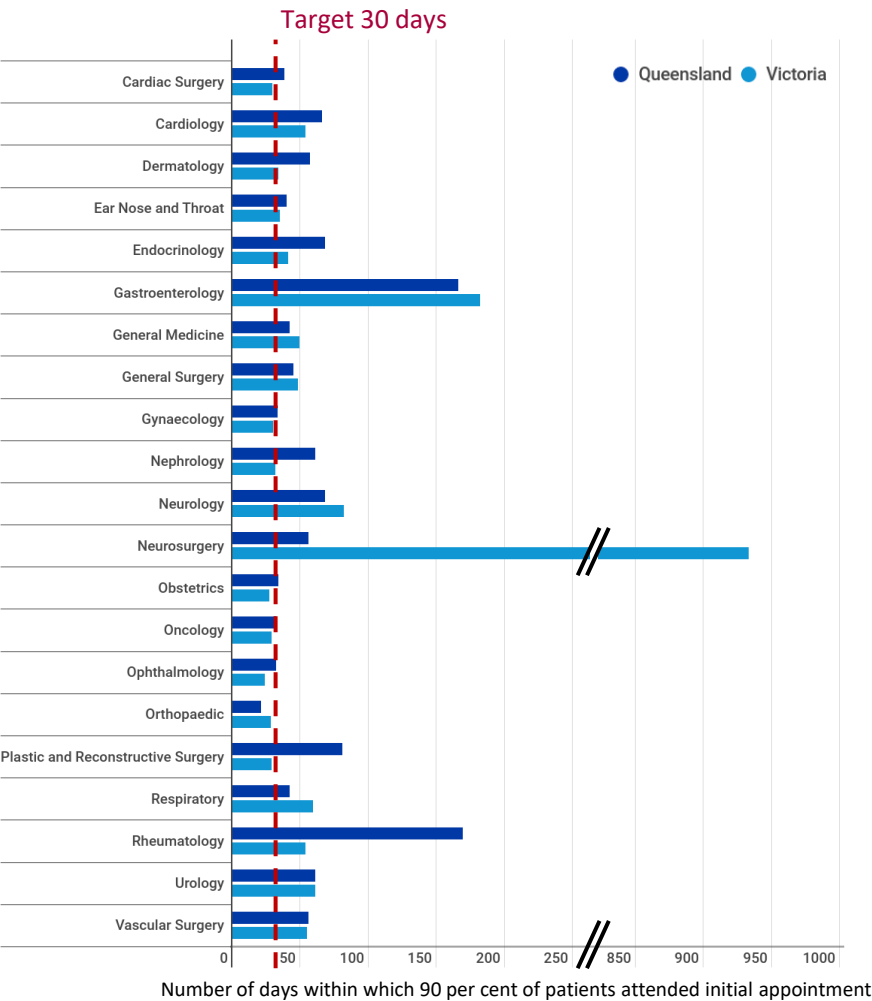
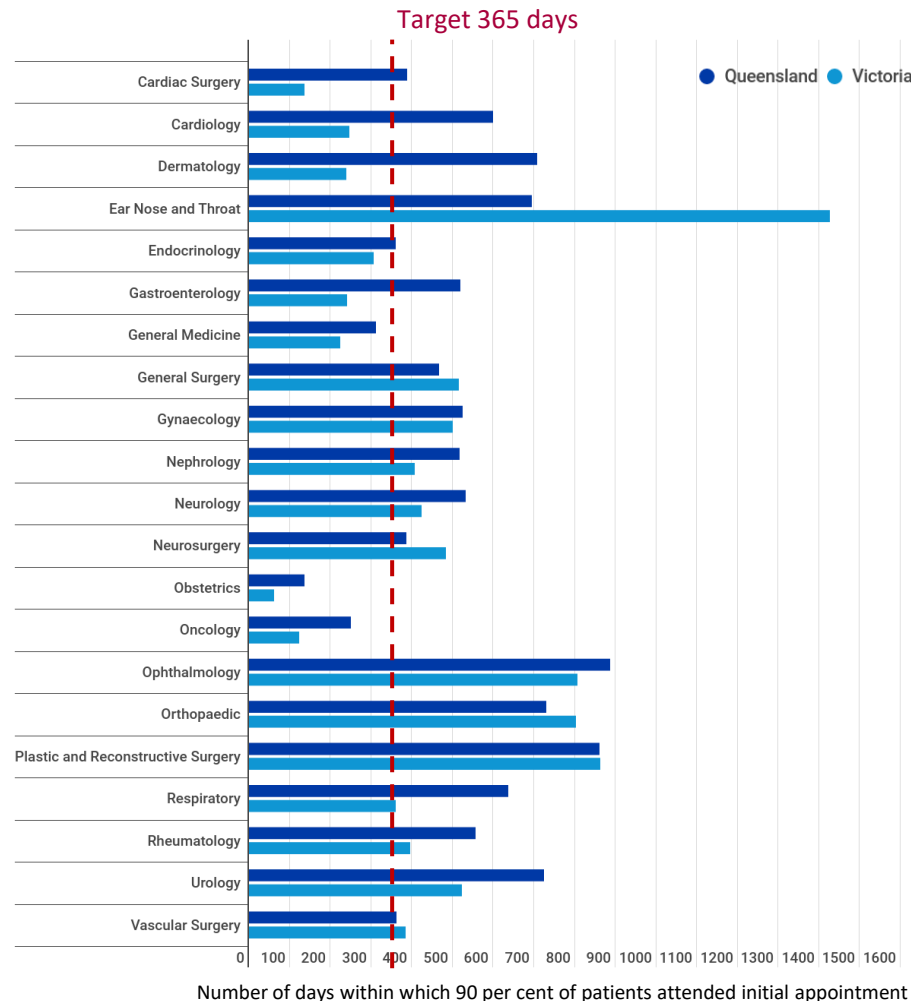


Figure 5: 90<sup>th</sup> percentile wait time (days) for non-urgent initial appointments<sup>21,22</sup>



Note: while Queensland and Victoria may be using the same metric to report on hospital outpatient waiting times, it is likely that there are differences in how this data is recorded and reported, and therefore comparisons between both states should be made with caution.

## Where to from here

AMA's [2022 Public Hospital Report Card](#) revealed that wait times for elective surgery are growing, with more patients being added to the elective surgery waiting list than are taken off through provision of surgery. The full picture on time waited for public hospital elective surgery however requires the inclusion of the time a patient waits to see a specialist in a public hospital outpatient clinic before they are assessed and added to the elective surgery waiting list.

Without this information, patients are unable to make an informed decision about whether they will wait for surgery in the public hospital or go through the private healthcare system. For example, a patient waiting for a non-urgent knee replacement would be aware that they could be waiting a year or more for this surgery on the elective surgery waiting list (as the target is 365 days), however may not be aware of the almost two year wait for the outpatient appointment.

The AMA has been calling for public hospital outpatient appointment waiting times to be published for years, as without it there is no transparency of how long public patients are waiting for treatment. The AMA is pleased to note that the Australian Institute of Health and Welfare (AIHW) is currently working with jurisdictions towards a future publication on outpatient waiting times.

Costs associated with delayed elective surgeries go beyond the health system. Every delayed surgery has an impact on the patient, as it leads to further deterioration of health and impacts quality of life. This in turn has a significant economic cost due to loss of workforce participation and productivity. For example, a patient waiting for a procedure to address chronic pain may be unable to work, and will often require prescription medication to manage their pain. This will incur costs to the health system through more consults with their general practitioner, more medicine subsidised by the Pharmaceutical Benefits Scheme (PBS), and through income support from the government due to an inability to work. This could also lead to further health issues for the patient, including mental health issues, due to limited ability to participate in work, physical exercise, and social activities.

Looking into the future, significant investment will be required to restore the capacity of public hospitals and provide access to all those who require it within the clinically recommended timeframes. To achieve this, Australia will need a national recovery plan that factors in improving wait times for outpatient appointments and elective surgeries, and establishing enough capacity to meet the population demand while factoring in repeat waves of COVID-19 infections into the future.

The [AMA's solution for public hospital reform](#) proposes a new funding agreement be established between the Commonwealth Government and state/territory government, that:

1. Improves performance by reintroducing funding for performance improvement.
2. Expands capacity for public hospitals through additional funding for extra beds and staff.
3. Addresses demand for out-of-hospital alternatives, prioritising programs that work with general practitioners to address avoidable admissions and readmissions.
4. Increases the Commonwealth Government's contribution to 50 per cent for activity, with removal of the 6.5 per cent cap on funding growth. State and territory governments would reinvest the 5 per cent of 'freed-up' funds to improve performance capacity.



## APPENDIX A

Table 1: State and territory reporting metrics for public hospital outpatient wait times (publicly available data)<sup>23,24,25,26,27</sup>

	Frequency	Metric	Appointment types	Coverage
<b>New South Wales</b>	Not reported			
<b>Victoria</b>	Quarterly	Median and 90th percentile waiting time (days) as well as percentage seen within recommended time	New and review appointments, and urgent and routine appointments	Statewide and individual health services, with a breakdown by speciality type
<b>Queensland</b>	Quarterly	90 <sup>th</sup> percentile wait times (days) as well as percentage seen within recommended time	Urgent (Category 1, Category 2 and Category 3 appointments)	Statewide and individual health services, with a breakdown by speciality type
<b>Western Australia</b>	Six-monthly, last report December 2017	Number of patients waiting for initial appointment and their median wait time (months), and number of patients who had initial appointment and their median wait time (months)	Combined reporting for urgent, semi-urgent, and non-urgent appointments	Statewide and individual health services, no breakdown by speciality type
<b>South Australia</b>	Quarterly	Median waiting time and maximum waiting time (months)	Routine (Category 2) and non-urgent (Category 3) appointments	Reported by speciality type for each health service
<b>Tasmania</b>	Intermittently, indicative times only	75 <sup>th</sup> percentile waiting time (days)	Urgent (Category 1), semi-urgent (Category 2) and non-urgent (Category 3) appointments	Reporting for three regions (i.e. no statewide aggregate or reporting for individual health services), with a breakdown by speciality type
<b>Australian Capital Territory</b>	Not reported			
<b>Northern Territory</b>	Not reported			



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- <sup>1</sup> Victorian Agency for Health Information. (2022). *Victorian Health Services Performance, specialist clinics*. Retrieved 05/09/2022 from: <https://vahi.vic.gov.au/reports/victorian-health-services-performance/specialist-clinics>
  - <sup>2</sup> Queensland Government, Queensland Health. (2022). *Queensland Reporting Hospitals, Specialist Outpatient*. Retrieved 05/09/2022 from: <http://www.performance.health.qld.gov.au/Hospital/SpecialistOutpatient/99999>
  - <sup>3</sup> Government of Western Australia, Department of Health. (2017). *Referrals to public outpatient surgical clinics, December 2017*. Retrieved 05/09/2022 from: <https://ww2.health.wa.gov.au/~media/Files/Corporate/Reports-and-publications/Referrals-to-public-outpatient/Referrals-to-Public-Outpatient-Surgical-Clinics-Dec-2017.pdf>
  - <sup>4</sup> Government of South Australia, SA Health. *SA Health specialist outpatient clinics waiting time report, census date as at 31 March 2021*. Retrieved 05/09/2022 from: <https://www.sahealth.sa.gov.au/wps/wcm/connect/96f4b9a1-22ed-413a-aad7-d6d9fd9d6d4b/A3491527+-+Attachment+1-+Specialist+Outpatient+Clinics+Waiting+Time+Report+-+census+date+20220331.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-96f4b9a1-22ed-413a-aad7-d6d9fd9d6d4b-o8l3IY8>
  - <sup>5</sup> Tasmanian Government, Tasmanian Health Service. (2022). *Estimated outpatient appointment waiting times*. Retrieved 05/09/2022 from: [https://www.outpatients.tas.gov.au/clinicians/wait\\_times](https://www.outpatients.tas.gov.au/clinicians/wait_times)
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  - <sup>9</sup> Victorian Agency for Health Information. (2022). *Victorian Health Services Performance, specialist clinics*. Retrieved 05/09/2022 from: <https://vahi.vic.gov.au/reports/victorian-health-services-performance/specialist-clinics>
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- Note: Queensland public hospital outpatient waiting data is reported individually for each speciality. An average of reporting across all specialities was therefore taken to determine an overall state figure for 90<sup>th</sup> percentile wait time and proportion of patients currently waiting within the target waiting time for each urgency category.

<sup>16</sup> Government of Western Australia, Department of Health. (2017). *Referrals to public outpatient surgical clinics, December 2017*. Retrieved 05/09/2022 from: <https://ww2.health.wa.gov.au/~media/Files/Corporate/Reports-and-publications/Referrals-to-public-outpatient/Referrals-to-Public-Outpatient-Surgical-Clinics-Dec-2017.pdf>

<sup>17</sup> Government of South Australia, SA Health. *SA Health specialist outpatient clinics waiting time report, census date as at 31 March 2021*. Retrieved 05/09/2022 from: <https://www.sahealth.sa.gov.au/wps/wcm/connect/96f4b9a1-22ed-413a-aad7-d6d9fd9d6d4b/A3491527+-+Attachment+1-+Specialist+Outpatient+Clinics+Waiting+Time+Report+-+census+date+20220331.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-96f4b9a1-22ed-413a-aad7-d6d9fd9d6d4b-o8I3IY8>

Note: South Australian public hospital outpatient waiting data is reported individually for each hospital, for each speciality. An average of reporting across all hospital was therefore taken to determine an overall state figure for median wait time and maximum wait time.

<sup>18</sup> Tasmanian Government, Tasmanian Health Service. (2022). *Estimated outpatient appointment waiting times*. Retrieved 05/09/2022 from: [https://www.outpatients.tas.gov.au/clinicians/wait\\_times](https://www.outpatients.tas.gov.au/clinicians/wait_times)

Note: Tasmanian public hospital outpatient waiting data is reported individually for each speciality, across three regions. An average of reporting across all specialities and regions was therefore taken to determine an overall state figure for 75<sup>th</sup> percentile waiting time

<sup>19</sup> Victorian Agency for Health Information. (2022). *Victorian Health Services Performance, specialist clinics*. Retrieved 05/09/2022 from: <https://vahi.vic.gov.au/reports/victorian-health-services-performance/specialist-clinics>

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<sup>26</sup> Government of South Australia, SA Health. *SA Health specialist outpatient clinics waiting time report, census date as at 31 March 2021*. Retrieved 05/09/2022 from: <https://www.sahealth.sa.gov.au/wps/wcm/connect/96f4b9a1-22ed-413a-aad7-d6d9fd9d6d4b/A3491527+-+Attachment+1-+Specialist+Outpatient+Clinics+Waiting+Time+Report+-+census+date+20220331.pdf?MOD=AJPERES&CACHEID=ROOTWORKSPACE-96f4b9a1-22ed-413a-aad7-d6d9fd9d6d4b-o8I3IY8>

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