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New national funding approach needed as public hospitals performance plummets

The AMA's 16th Public Hospital Report Card has found public hospital performance has fallen yet again, with emergency department and essential surgery waiting times blowing out.

Australian Medical Association President Professor Steve Robson said hospital performance was at its lowest ever, and today's report card was clear evidence of the need to urgently overhaul the National Health Reform Agreement (NHRA) between states, territories and the federal government.

"The numbers paint a grim picture for the future of our public hospitals and with them our patients if no action is taken. Let me be clear – this is a problem for all health ministers. Our current way of funding our hospitals isn't lifting them out of logjam, and the current review of the NHRA is a chance to act," Professor Robson said.

"Over the last 30 years, the number of public hospital beds available for people aged over 65 has dropped by more than half — from 32.5 beds per 1,000 people to only 14.7. This is happening while our demographics are shifting, and demand is increasing dramatically.

"In just over 10 years, Australia is expected to have more than 1 million people who will be over 85 years of age and we know older patients are more likely to require an admission to a public hospital. We should be planning for this. But we will remain on the path to failure if we keep doing the same thing over, and over, and over again."

Professor Robson said public hospital emergency departments had faced one of their toughest years with only 58 per cent of patients triaged as urgent seen within the recommended 30 minutes and one in three patients staying longer than four hours in EDs, often because there were no beds available to admit them.

"We've also seen wait times for essential surgeries blow out in the last financial year. It's wrong to think of these as elective surgeries, they are essential and only 63 per cent of patients referred for semi-urgent planned surgery are being treated within the recommended days. That's more than one in three patients waiting longer than the clinically indicated time for essential surgeries, often in terrible pain and unable to work.

"Meanwhile, we also have a hidden waiting list with people sometimes waiting years to get in to see a specialist so they can get on to the official waiting list. We estimate that about 100,000 fewer people were added to the essential surgery list in 2021–22 as a result of these delays which shows the hidden waiting list is continuing to grow.

"We desperately need all health ministers to work together to address the elective surgery backlog — which will require additional funding and resources. Longer term we need a new national hospital funding agreement that has a fair 50-50 funding split at its heart, but also provides the resources our hospitals need to grow to meet community demand, improve their performance, and avoid readmissions.

"The AMA has a plan for how we urgently need the NHRA to evolve, as part of our [Clear the Hospital Logjam campaign](#), and we urge all health minister's to consider it. We need rapid action so that ramping, escalating waitlists and patients suffering without access to care don't wait any longer," Professor Robson said.

[Read the AMA's Public Hospital Report Card](#)

[Read the AMA's solution to clearing the hospital logjam](#)

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