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AIHW REPORTS HIGHLIGHT ONGOING AND GROWING PRESSURE ON PUBLIC HOSPITALS

Two reports released today by the Australian Institute of Health and Welfare (AIHW) – *Emergency Department Care 2017-18* and *Elective Surgery Waiting Times 2017-18* – provide further evidence that Australia’s public hospitals are under considerable funding pressure and are struggling to meet patient demand.

AMA President, Dr Tony Bartone, said the reports send a clear message to the major parties that public hospital funding will be a major issue at the next Federal election, which is expected in May 2019 or possibly earlier.

“Our world-class public hospitals – and the dedicated health professionals who work in them – are required to meet the needs of more and more Australians every year, but these reports show that the current level of public hospital capacity is falling behind patient demand,” Dr Bartone said.

“Patients are joining public hospital waiting lists for elective surgery at rates faster than public hospitals can admit them.

“And the data does not consider the hidden waiting list and the hidden waiting time – the time that it takes for a patient to be seen in the out-patient department before being placed on the list. This can be as long, or even longer, than the elective waiting list time.

“Patient presentations in emergency departments continue to increase year on year.

“The doctors, nurses, and other staff who work in our hospitals are some of the most skilled in the world, but they can only do so much with the funding and resources available.

“There are not enough additional beds, staff, or capacity within hospital wards to admit every patient who presents in emergency and needs urgent care.

“There are insufficient resources to admit elective surgery patients who wait too long in pain, at risk, or with too little mobility.”

Dr Bartone said that the AMA will increase its advocacy for public hospital funding ahead of the 2019 election.

“We need significant additional public hospital funding to lift our hospitals out of the funding crisis and allow them to meet capacity into the future,” Dr Bartone said.

“It might also be time to seriously review whether the current activity-based funding settings are adequate.

“The AMA shares the ambitions of Ministers, bureaucrats, and academics that public hospitals must lift their efficiency, improve the safety and quality of care, provide better patient discharge and care integration, embed electronic health records, and even prevent avoidable admissions, but this will take more than words to achieve – it requires funding, planning, good policy, cooperation, and commitment,” Dr Bartone said.

Key findings of the reports include:

- Over the most recent 12-month period, between 2016-17 to 2017-18, the growth in elective surgery admissions from public hospital elective surgery waiting lists is virtually stagnant – an increase of only 0.1 per cent.
- The backlog of people waiting for elective surgery is building, not reducing. Over the last four years, 2012-14 to 2017-18, the rate that patients are joining public hospital elective surgery waiting lists outstrips the rate that patients are removed from waiting lists. This reflects the tight fiscal budget under which our public hospitals are working, and the demand for elective surgery from an ageing population and a growing number of patients affected by complex and chronic disease.
- Between 2013-14 and 2017-18, the median waiting time (50 per cent of patients admitted for the awaited procedure) across all public hospitals has increased from 36 days in 2013-14 to 40 days in 2017-18.
- As usual, there is variation in time waited for elective surgery between jurisdictions.
 - NSW is treading water – elective surgery waiting times are relatively unchanged – but slightly worse over the last 12 months.
 - Victoria, Tasmania, and NT – show improvement – especially at the 90th percentile (number of days waited to admit 90 per cent of all patients waiting for elective surgery).
 - Patients in Queensland, WA, SA, and ACT are waiting longer.
- If we look at the proportion of elective surgery patients treated within clinically recommended time frames, the results vary widely between each jurisdiction.
- Some States do well treating patients who need urgent elective surgery (within 30 days): NSW (99.8 per cent), NT (95.5 per cent); QLD (97.2 per cent); and Vic (100 per cent).
- But other States are lagging. In 2017-18, WA only treated 85.8 per cent of patients who needed urgent elective surgery were seen on time; South Australia (84.9 per cent); Tasmania (75.6 per cent); ACT (91 per cent).
- But for those patients not admitted within clinically recommended timeframes, the total wait can be very long. For example, patients who are assessed to need elective surgery within 90 days (Category 2) but not treated, have **additional** waiting times of:
 - WA - 73.5 days
 - Vic - 93.4 days
 - Qld - 31.8 days
 - SA - 112.1 days
 - Tas - 100.1 days
 - Act - 55.4 days
 - NT - 231.6 days
- NSW reports elective Category 2 surgery patients only wait an additional 22.8 days (i.e. total wait 112.8 days).
- The number of patients presenting in Australian public hospital emergency departments is increasing year on year. There were more than 8 million presentations in 2017-18. This equates to 22,000 patients in ED per day.
- Nationally, the number of ED presentations in 2017-18 jumped by 3.4 per cent on the previous year. This is a definite spike compared to the 2.7 per cent per annum average growth in emergency presentations over the last four year (2013-14 – 2017-18).
- The growth in ED presentations in most jurisdictions over the last year hovers around the national average growth rate of 3.4 per cent in most jurisdictions. Tasmania has had the highest increase in ED presentations - 3.9 per cent.

- Only 72 per cent of all ED presentations in 2017-18 were completed within the recommended four hours.

“In light of these reports, the AMA repeats its call for strong public hospital funding policies for the election,” Dr Bartone said.

“We must fully fund hospitals so they can improve patient safety and build their internal capacity to deliver high value care in the medium to long term.”

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