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Transcript: AMA President, Dr Tony Bartone, ABC News Radio, *Mornings with Laura Tchilinguirian*, Tuesday, 27 August 2019

Subject: Elective surgery waiting times

LAURA TCHILINGUIRIAN: Elective surgery waiting times have been a constant issue for hospitals around the country over the years. Now, doctors at Tasmanian hospitals have been told to cut elective surgery admissions by 15 per cent. It follows warnings of \$50 million in budget cuts at the Royal Hobart Hospital. The Australian Medical Association says waiting lists will balloon as a result. While over in Canberra, increasing numbers of people are waiting longer than clinically recommended for elective surgery.

Well, for a national perspective on waiting times, I'm joined by Dr Tony Bartone, President of the Australian Medical Association. Good morning.

TONY BARTONE: Good morning.

LAURA TCHILINGUIRIAN: What is the current situation like across the country at the moment when it comes to elective surgery waiting times?

TONY BARTONE: Over the last four or five years in particular, we've been analysing data, looking at between 2013-14 levels and 2017-18 levels, which was reported in our Public Hospital Report Card, which was launched in April this year. If we look at performance over that time, no jurisdiction in Australia has improved across all measures of both elective surgery wait times in all three categories, as well as wait times in emergency departments.

When you put all of that together, we clearly see that, despite all the best intentions and all the activity and the planning that's gone into this, performance has gone backwards, patients are waiting longer.

In particular, if you look at just the one measure – a middle of the road measure, you might say - the time that it takes for 50 per cent of the patients to be admitted, that has increased from 36 days to 40 days over that four-year period. And that's according to Australian Institute Health and Welfare data over that time.

So, there's been a gradual deterioration in some parts, much more so in some States. No one State in Australia has improved over all measures. And in fact, some have gone worryingly and horrifyingly backwards.

LAURA TCHILINGUIRIAN: Is there a specific reason why people seem to be waiting more?

TONY BARTONE: What we've seen here is, I think, a failure to appreciate the drivers of why people are needing to attend and be seen in the public hospital for either an elective surgery or an episode of care in emergency department.

And the underlying reasons are that, as a society, we are getting older. As a society, our population is growing enormously, and perhaps more so than was anticipated by the planners many years ago.

But even more importantly is that, with that growing population and ageing population, there's an enormous increase also in the clinicity and the number of co-morbidities that patients are having as presenting components to their illness. That is - they're sicker, they have more complications, more issues to deal with. And, of course, that's driving increased demand just on that measure alone. Put the three of them together, and you've almost got a perfect storm.

LAURA TCHILINGUIRIAN: Dr Bartone, what are the most common types of surgeries people are waiting for?

TONY BARTONE: Depending on the jurisdiction and the area, there's all matters, all sorts now. There's all the usual orthopaedic complaints and procedures that form a big chunk of the longer waiting list procedures. Of course, there's everything else in between - much more routine are the hernias, the bowel surgeries, the gall bladders, things like this that are also part of the mix and there's everything in between. So, there's no one discipline, no one specialty has been spared. It is an issue but, as I say, driven by those three factors and driven by insufficient funding and investment, both in infrastructure but in also capacity and people to staff and provide services in those facilities, that's led to this.

LAURA TCHILINGUIRIAN: But you mentioned the good intentions are there to try to improve waiting times. So, what more needs to be done? What is the solution?

TONY BARTONE: Well, at the moment, there's clearly a significant inadequacy of funding for the demand. There were good planning initiatives that looked at four-hour rules in emergency departments and 30-minute rules if it was an urgent presentation to ED. There were categorisations in terms of category one, two, and three, in terms of elective surgery waiting lists and times that should be met by those categories. The idea was there.

But just in terms of being able to meet that demand and not foreseeing the demand, not foreseeing the increase in complex and chronic disease, not foreseeing the enormity of what that would mean in an ageing population, and in a population that was growing rapidly, that's where it's all come a cropper, you might say. And we just need to have a really robust look at what's required.

If we look at funding, the Federal Government will say that we've had record funding on public hospitals year on year on year for the last number of years. But that fails to take into account that increase in demographic of age and population. You'd expect that those numbers would have to be at record levels, given that we're at record levels of population at the moment.

So, it's just a simple fact, inadequacy of funding. But that's just the short term. In dealing with it, you need to look at a long term focus and you say: look, how are we going to reduce the demand for surgery, or how are we going to reduce the demand for hospital admissions or care.

And that is obviously by having a more preventative focus in our health planning and in our healthcare delivery. And that's where all governments in decades past have really significantly dropped the ball.

LAURA TCHILINGUIRIAN: Yeah, a lot of conversations ahead. It's something that needs to be worked out. Dr Tony Bartone, appreciate your time this morning. Thank you.

TONY BARTONE: My pleasure, thank you.

LAURA TCHILINGUIRIAN: That's the President of the Australian Medical Association.

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