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WAITING LISTS POINT TO A POST-COVID HOSPITAL CRISIS ***AMA Public Hospital Report Card 2020***

A new AMA analysis shows that public hospital performance around the nation was deteriorating even before the COVID-19 pandemic, painting a gloomy picture for waiting lists and health outcomes once restrictions are lifted and elective surgery recommences.

The *AMA Public Hospital Report Card 2020* shows increasing numbers of patients presenting to emergency departments, longer waiting lists for treatment, and a rate of government funding growth that is too low to provide patients with timely access to treatment. This is all leading to a perfect storm when patients begin to seek treatment for non-COVID conditions.

“Australia has one of the best-performing health systems in the world, and the care provided by our public hospitals is something we can all be proud of,” AMA President, Dr Omar Khorshid, said today.

“However, our hardworking and dedicated public hospital staff are coming under increasing pressure, and funding levels are inadequate.

“This Report Card shows that access to public hospital treatment in many jurisdictions is deteriorating, and waiting times are getting worse, even though public hospital staff continue to work hard to reduce patient length of stay, so beds can be used by the next patient.

“More than 8.3 million patients presented to public hospital emergency departments around Australia in 2018-19. More than three million of them needed urgent care, but more than a third of them were not treated on time.

“More than half of all emergency patients who needed to be subsequently admitted to hospital waited longer than four hours to be transferred to an available ward bed.

“More patients were added to elective surgery waiting lists in 2018-19 than were admitted for surgery, and the national median waiting time was the worst since 2001-02.

“Elective surgery waiting list statistics are worse than the official data suggests, because they do not include the time that patients wait to see an outpatient specialist before being added to the official waiting list. If this additional waiting period were to be added, the statistics would be far more realistic, and more sobering.

“Inadequate funding and bed block on public hospital wards delays patient care and puts patients at risk of complications, poorer outcomes and higher public hospital costs.

“The COVID-19 pandemic has meant that many elective surgeries have been put on hold, people have put off regular health checks, including cancer screening and diagnostic testing.

“This is likely to increase the backlog of patients who need urgent treatment because the opportunity for early intervention has been missed.

“This Report Card shows that public hospitals do not have the idle capacity or sufficient funding growth to rapidly expand the volume of public hospital care for those who will urgently need it. This needs to change.

“At the same time, the balance between public hospitals and private hospitals, underpinned by Government-subsidised private health insurance, is becoming increasingly precarious.

“Even before COVID-19, health fund membership was declining as wages growth remained stubbornly flat and premium increases forced many young people out of the health insurance market.

“This Report Card confirms the importance of preserving the additional hospital capacity in the private hospital sector – our public hospitals are in no shape to take on even more.”

The AMA is calling on the Federal Government to act quickly to preserve and improve the quality and quantity of health care delivered in our public hospitals by:

- providing adequate funding to cover the predicted increase in demand for public hospital services,
- recognising the impact of COVID-19 on State Government budgets and the limits on their ability to fund growth in public hospital services,
- acting immediately to address the ongoing fall in private health insurance membership to preserve the capacity of the public hospital system to provide care to those who need it most,
- supporting general practice to deliver high quality primary and preventive care in order to prevent avoidable hospital admissions.

The AMA Public Hospital Report Card 2020 is available at www.ama.com.au/ama-public-hospital-report-card-2020

Background

- In 2018-19, more than 8.3 million patients presented to public hospital emergency departments – a 4.2 per cent increase on the previous year.
- More than three million emergency patients were categorised as Urgent– requiring treatment within 30 minutes – but more than one in three waited for longer than clinically recommended.
- Urgent patients were less likely to be treated within 30 minutes in 2018-19 than they were in 2013-14.
- In 2018-19, only one in two patients (53 per cent) who needed resuscitation left emergency within four hours.
- The total number of available public hospital beds in Australia in 2017-18 dropped by 122 below 2016-17 levels. Public hospital bed ratios per 1,000 population for the high utilization cohort aged over 65 years declined in 2017-18 for the 26th consecutive year to 16.0 – the lowest level since 1991-92.
- The national median wait time for all elective surgery in 2018-19 was 41 days – the worst performance since 2001-02.

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