ELECTIVE SURGERY

KEY MESSAGES:

- The Australian Government is investing up to $800 million (from 2009-10 to 2017-18) under the National Partnership Agreement on Improving Public Hospital Services (NPA IPHS) to continue to improve elective surgery performance. This investment builds on the $600 million invested under the Elective Surgery Waiting List Reduction Plan (ESWLRP).

- The Government’s increased investment, including the specific targeting of long-wait patients, means that the percentage of patients waiting longer than 365 days has fallen from 3.4% in 2009-10 to 2.7% in 2011-12 (source: AIHW Australian Hospital Statistics 2011-12, released 19 April 2013).

- The first assessment period for the elective surgery urgency categories and long wait reduction targets ended on 31 December 2012. The states and territories submitted their reports to the AIHW for validation at the end of January and this data was provided to the COAG Reform Council (CRC) at the end of February.

- Reward funding is evenly allocated over the latter period of the NPA IPHS from 2013-14 (refer 2013-14 Budget paper No. 3, p 28) based on the performance achieved against the targets, which is independently assessed by the CRC.

- The CRC submitted its 2012 performance report to COAG on 31 May 2013. Based on this report, the Commonwealth will determine reward payments through a Cabinet process in the second half of the year. Unpaid reward funds will either be forfeited or rolled over to the next period.

- The National Elective Surgery Target (NEST) Part 1 reward funding is at risk of forfeiture. Jurisdictions must maintain at least baseline performance against all urgency categories to be eligible for reward funding and to allow any unpaid reward funding to be rolled over into the next financial year. 

- A total of $200 million in reward funding is available under the NEST for performance over five years commencing from 1 January 2012.

- On 28 February 2013, the AIHW released its report, Australian hospital statistics: National emergency access and elective surgery targets 2012, providing jurisdictional performance against the NEST and the National Emergency Access Target (NEAT). The report noted mixed progress across jurisdictions against the NEST.

- There is potential for all states and territories to negotiate alternative interim targets with the Commonwealth. To date, amendments to interim NEST targets have been agreed with Victoria and the NT.
FACTS AND FIGURES:
Elective Surgery Statistics
(Source: AIHW Australian Hospital Statistics 2011-12, released 19 April 2013)

<table>
<thead>
<tr>
<th>NATIONAL</th>
<th>2007-08</th>
<th>2008-09</th>
<th>2009-10</th>
<th>2010-11</th>
<th>2011-12</th>
<th>Annual change since 2010-11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>570,907</td>
<td>601,037</td>
<td>612,439</td>
<td>627,184</td>
<td>661,271</td>
<td>+34,087 (+5.4%)</td>
</tr>
<tr>
<td>Median wait days</td>
<td>34</td>
<td>33</td>
<td>35</td>
<td>36</td>
<td>36</td>
<td>0</td>
</tr>
<tr>
<td>90% wait time days</td>
<td>234</td>
<td>219</td>
<td>245</td>
<td>250</td>
<td>251</td>
<td>+1</td>
</tr>
<tr>
<td>% &gt;365 days</td>
<td>3.0 %</td>
<td>2.9 %</td>
<td>3.4 %</td>
<td>2.8 %</td>
<td>2.7%</td>
<td>-0.1%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>STATE (2011-12)</th>
<th>NSW</th>
<th>VIC</th>
<th>QLD(^2)</th>
<th>WA(^3)</th>
<th>SA(^4)</th>
<th>TAS</th>
<th>ACT</th>
<th>NT</th>
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</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>211,452</td>
<td>154,079</td>
<td>114,328</td>
<td>81,809</td>
<td>65,186</td>
<td>15,802</td>
<td>11,362</td>
<td>7,253</td>
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<tr>
<td>Median wait (days)</td>
<td>49</td>
<td>36</td>
<td>27</td>
<td>30</td>
<td>34</td>
<td>38</td>
<td>63</td>
<td>39</td>
</tr>
<tr>
<td>90% wait (days)</td>
<td>335</td>
<td>189</td>
<td>147</td>
<td>159</td>
<td>191</td>
<td>348</td>
<td>296</td>
<td>219</td>
</tr>
<tr>
<td>% waiting &gt;365 days</td>
<td>3.4%</td>
<td>2.4%</td>
<td>2.0%</td>
<td>1.7%</td>
<td>1.5%</td>
<td>9.4%</td>
<td>6.2%</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

*Figures presented in the tables above are the latest statistics published by the AIHW (April 2013)

1. 54 additional rural hospitals submitted data for 2011-12
2. For 2011-12 Qld was not able to provide data for 3 hospitals that reported almost 10,000 admissions for elective surgery in 2010-11
3. In 2011-12 WA reported data for an additional 22 rural hospitals
4. In 2011-12 SA reported data for an additional 32 hospitals

AIHW Australian Hospital Statistics 2011-12

- Between 2007–08 and 2011–12, the number of admissions for elective surgery from waiting lists increased by an average of 3.8% each year, and 5.4% between 2010–11 and 2011–12.
- In 2011-12 there were about 701,000 additions to elective surgery waiting lists and over 721,000 removals from elective surgery waiting lists.
- Between 2007–08 and 2011–12, the proportion of patients who waited more than a year to be admitted for their surgery decreased from 3.0% to 2.7%. This is evidence that the deliberate policy of targeting people who have been waiting the longest under components of the ESWLRP and NEST is working.
BACKGROUND

NEST Part 1 and 2

- The NEST program commenced reporting on 1 January 2012 to progressively increase and measure the number of elective surgeries performed within the clinically recommended time and to reduce long waits for patients.
- The NEST is 100% of patients to be treated within clinically recommended time across all urgency categories through two complementary strategies:
  - Part 1 - stepped improvement in patients seen within the clinically recommended time; and
  - Part 2 - a stepped reduction in patients who have already waited longer than the clinically recommended time. Each year the 10% of patients who have waited the longest must have their surgery.

- Data for the first quarter of 2013 was received by the Department on 31 May 2013 and is currently being analysed.

Implementation of Expert Panel Recommendations for Elective Surgery

- In its report to COAG in 30 June 2011, the Expert Panel made 15 recommendations, of which five pertained to the NEST. Two of these recommendations involved the development of national definitions and measures.

Elective Surgery Urgency Categorisation Project

- The Elective Surgery Urgency Categorisation Project tasked the AIHW and the Royal Australian College of Surgeons (RACS) with developing national definitions for elective surgery urgency categories, including ‘not ready for care’.
- AHMAC considered the Final Draft report out of session in late 2012 and supported the recommendations made by the AIHW and the RACS. The report was submitted to the SCoH out of session in December 2012 for its consideration.
- Work on the implementation phase of the project is now being led by NSW as agreed by AHMAC. It is expected this work will be completed in early 2014.

Measurement of Access Time to Elective Surgery (MATES)

- The National Health Information and Performance Principal Committee (NHIPPC) MATES Working Group has developed an initial scoping paper regarding the development of a measure of surgical access time from general practitioner referral to surgical care to reflect the actual waiting time for patients and demand for elective surgery performance. It is proposed that the paper will be considered by SCoH in mid-2013, noting that a 2013-14 budget bid for ongoing work relating to this project is yet to be decided by AHMAC.
- Ahead of the SCoH consideration, the Commonwealth has engaged the AIHW to commence preliminary work on this important measure.