



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

MEDIA RELEASE

Surgeons review health positions of Victorian parties

Wednesday 24 November, 2010

Having considered and compared the responses of the two major political parties to correspondence outlining surgeons' concerns, the Victorian region of the Royal Australasian College of Surgeons has welcomed both parties' commitment to increased funding for healthcare and to several key initiatives.

"Both responses amounted to a shopping list of individual initiatives, many of them laudable and some of them long overdue," the College's Victorian chair, Mr Ian Faragher said.

"It must be said, however, that what is most needed at the moment is a change of culture in our public health sector, and in this regard the Coalition response is more compelling.

"For too long the Victorian public has been denied reliable data on the state of our hospitals, with outpatient waiting times undisclosed and the cynical use of 'not ready for care' lists. As the Coalition response accurately puts it, these are 'the waiting list before the waiting list,'" he said.

"If elected, the Coalition will be held to the spirit of its commitment to greater transparency, and to the letter of its promise to release data pertaining to outpatient waiting times, and waiting times from doctor referral to definitive health care. The College would also expect a Coalition government to honour its promises to publish quarterly outpatient care reports, and outpatient data by network, health service and hospital.

"Only then will we be in a position to know exactly where we are and how, as a public health system, we are proceeding."

Mr Faragher noted that both the Labor and Coalition responses ignored the key initiative recommended for exploration by the College – splitting elective and emergency surgery.

"The evidence is compelling that the separation of emergency from elective surgery, be it the simple streaming of patients and the allocation of dedicated resources and theatre time to each, is a very effective means of both improving emergency department efficiency and cutting elective waiting lists," he said.

“At the moment, in too many facilities, surgical teams move between emergency and elective cases as circumstances dictate. It’s inefficient and entirely unnecessary – surgical loads are entirely predictable and should be planned for and managed accordingly. The College supports the separation of surgical streams, because it’s an administrative reform that costs virtually nothing and leads to more efficient hospitals and better patient outcomes – governments do citizens a disservice by not implementing this reform immediately.”

On the pressing issue facing the Victorian public health system, the shortage of beds, Mr Faragher noted that Labor has committed to building or opening 941 additional beds over the next four years.

The Coalition has committed to 800 new beds in its first term if elected, and to a further 800 beds in a second term of government. Both initiatives are in addition to the more than 400 beds announced as part of the Commonwealth/State health agreement.

“Bed shortages are a significant blockage in our public health system. Lack of sufficient beds affects both elective surgery throughput and the timely admission of patients from the emergency department. The commitment to new beds by both parties is welcome,” Mr Faragher said.

“In relation to the TAC, Labor’s response refers to a ‘possible redesign of pricing and billing arrangements’ – this evades an issue which if not properly addressed will see an increasing number of surgeons opting out of TAC work because of the unreasonable bureaucratic demands placed upon them,” Mr Faragher said.

Mr Faragher welcomed the Coalition’s commitment to consult medical practitioners in the course of reforming arrangements by which healthcare is provided to WorkCover and TAC clients.

Neither party seriously addressed the vexed issue of the introduction of the “four hour rule” in Victoria’s emergency departments.

“The experience in Western Australia and in the United Kingdom shows that there are a number of issues which must be addressed if the implementation of the four hour rule is to be successful. The College remains in the dark about the views of both parties on this important reform,” Mr Faragher said.

While both parties have committed to increase access to bowel cancer screening, Mr Faragher said Labor’s commitment to ensure bowel cancer screening for an additional 19,000 people over 50, each year for the next three years was the more compelling policy.

Mr Faragher said that irrespective of who wins Saturday’s poll, the victorious party will be held to these commitments by all of those health professionals who currently struggle to cope with the inadequacies of Victoria’s health system.

“Those who are responsible for the running of our health system, the politicians, must see beyond the next electoral cycle. What Victorians are crying out for is some vision in terms of how our health system will operate, and who will be working in it, ten or twenty years from now.”

Mr Faragher thanked both parties for responding to the College’s questions, which are publicly available on the College website: www.surgeons.org

**Media inquiries: Michael Barrett, Manager Media & Public Relations –
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Attached – Labor and Liberal positions.

Response to Royal College of Surgeons Letter

| | Policy issue | Comment |
|---|---|---|
| 1 | <i>Will a re-elected Labor government commit to measuring the emergency workload in Victorian hospitals and then to providing the necessary resources to introduce the effective separation of emergency and elective surgery services within these hospitals?</i> | <p>In government Labor established more dedicated elective surgery spaces to allow separation of elective and emergency surgeries.</p> <p>http://www.alpvictoria.com.au/policies/putting-patients-first/</p> |
| 2 | <i>Will a re-elected Labor government commit to measuring the emergency workload in Victorian hospitals and then to providing the necessary resources to introduce the dedicated theatre time to allow in hours treatment of emergency surgery cases within these hospitals?</i> | <p>A Brumby Labor Government secured over \$900 million in the recent COAG agreement which will assist in meeting these targets.</p> <p>Also, in our recently released 'Let's keep putting patients first' policy we have also announced that we will continue to reduce waiting times in emergency departments by investing \$618.7 million over four years to ease the pressure in our emergency departments.</p> <p>This will boost the capacity of our emergency departments to treat 315,000 additional patients over the next four years.</p> |
| 3 | <p><i>What steps will a re-elected Labor government take to improve outpatient services? Please advise as to your response to issues including:</i></p> <ul style="list-style-type: none"> • <i>adequate outpatient clinic resourcing;</i> • <i>commitment to teaching at all levels, from medical students to post graduate trainees in outpatient clinics;</i> • <i>commitment to outpatient clinics in all specialties;</i> • <i>privatised clinics in public facilities; and</i> • <i>establishment of clinically relevant performance measures?</i> | <p><u>Outpatients</u></p> <p>An ageing population and the increasing prevalence of chronic diseases, such as arthritis, have increased the demand for specialist assessment and treatment for osteoarthritis patients in our public hospitals.</p> <p>To meet this demand, Labor has established rapid physiotherapist assessment clinics for patients with hip and knee conditions in 14 major public hospitals.</p> <p>These rapid assessment clinics allow for patients suffering from painful knee or hip injuries to be quickly assessed and referred to a treatment that meets their needs.</p> <p>A future Brumby Labor Government will invest \$80.1 million over four years to:</p> <ul style="list-style-type: none"> • Deliver an extra 300,000 outpatient appointments with public hospital specialists; and • Expand pilot programs to ensure all osteoarthritis hip and knee patients receive their initial outpatient appointment within 8 weeks of referral from their GP, with performance against this measure to be publicly reported. |
| 4 | <i>What commitment will a re-elected Labor government give to increasing the number of public hospital beds in its next term?</i> | A future Brumby Government has committed to build or open 941 additional beds over the next four years. |
| 5 | <p>TAC and Worksafe Patients</p> <p><i>What will your government do to ensure improved practices by these</i></p> | Labor in government has encouraged the Department of Health to work constructively with TAC on strengthening billing acquittal and possible redesign of pricing & billing arrangements. |

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| | <p><i>organisations, thereby encouraging the re-engagement of the surgical workforce?</i></p> | |
| <p>6</p> | <p><i>Will a re-elected Labor Government commit to lobbying the federal government for an extension to the National Bowel Cancer Screening Program, including a commitment to two-yearly follow up screening?</i></p> | <p>A future Brumby Labor Government will invest in building on the Federal Government's bowel screening program.</p> <p>Under the Commonwealth government program, people turning 50, 55 or 65 by the end of 2010 have been invited to participate in screening.</p> <p>We know that once you have turned 50, your chance of bowel cancer increases dramatically.</p> <p>That is why Labor will fund the screening of an additional 19,000 people over 50, each year for the next three years, who might otherwise miss out on the current programs</p> <p>A future Brumby Government will continue to advocate for the continuation of the National Bowel Cancer Screening program.</p> <p>http://www.alpvictoria.com.au/policies/standing-strong-against-cancer/</p> |

The Liberal Nationals Coalition Response to the Victorian Regional Committee of the Royal Australasian College of Surgeons Election 2010 Document.

Emergency and Elective Surgery Initiatives

The Liberal Nationals Coalition has committed 800 new hospital beds and 85 new mental health beds with the necessary clinical staff to operate them in first term of a Baillieu Government in addition to the more than 400 announced as part of the recent commonwealth state health agreement. The Coalition will also add a further 800 beds in its second term. A total of 2000 extra beds in the next eight years.

The Coalition has also committed to a number of transparency measures to and improvements in both Emergency Departments and for elective surgery including a real time ED performance website, invest \$8.4 million to employ Patient treatment coordinators to improve patient flow through hospitals and create a Health Innovation and Reform Council within a new Hospital Improvement Commission to improve hospital procedures and identify innovative ways to patient flow through the system.

The Coalition will also increase clinical involvement in hospital and health service governance.

Four Hour Rule

The Liberal Nationals Coalition has committed 800 new hospital beds and staff in first term of a Baillieu Government in addition to the more than 400 announced as part of the recent commonwealth state health agreement.

Additionally, the Coalition believes there needs to be full transparency on secret waiting lists such as outpatients and “not ready for care” lists to better identify what resources are needed in which locations to make a real difference to patient care.

That is why we will be conducting a full audit of all waiting lists to make them publicly available and undertaking an audit of current hospital bed capacity to make sure that the Coalitions additional beds are allocated to the areas of greatest clinical need.

The full recurrent and capital of these beds has been costed unlike Labor’s announcement the Coalition’s funding is new money and is not recycled or rebadged internal departmental growth funding.

Labor has a shocking and appalling record on both Four hour and Eight hour waits.

Number of non admitted patients whose stay is less than 4 hours

*Yearly data as at June 2010
(Target 80%)*

| Health Service | # Waiting longer than 4 hours | Percentage with stay < 4 hrs | Target Achieved? |
|-----------------------|--------------------------------------|--|-------------------------|
| Austin | 10172 | 72% | No |

| | | | |
|-----------------|-------|-----|----|
| Box Hill | 8256 | 58% | No |
| Frankston | 7945 | 66% | No |
| Maroondah | 9602 | 70% | No |
| Monash | 8081 | 75% | No |
| Royal Melbourne | 12233 | 60% | No |
| St Vincents's | 7442 | 64% | No |
| Sunshine | 16208 | 62% | No |
| Alfred | 5666 | 67% | No |
| Northern | 11285 | 69% | No |
| Western | 6120 | 59% | No |
| Sandringham | 4769 | 79% | No |
| Barwon | 7652 | 69% | No |
| Bendigo | 8064 | 75% | No |
| La Trobe | 4575 | 78% | No |
| Casey | 7481 | 79% | No |
| Angliss | 1643 | 79% | No |
| Total | | | |

Number of patients transferred from ED to bed within 8 hours

Yearly data as at June 2010
(Target 80%)

| Health Service | # Waiting longer than 8 hours | Percentage transferred with 8 hours | Target Achieved? |
|-----------------|-------------------------------|-------------------------------------|------------------|
| Austin | 9108 | 69% | No |
| Box Hill | 7197 | 70% | No |
| Dandenong | 7098 | 77% | No |
| Frankston | 13147 | 55% | No |
| Maroondah | 5586 | 72% | No |
| Monash | 9711 | 70% | No |
| Royal Melbourne | 9175 | 62% | No |
| St Vincents's | 5729 | 70% | No |
| Sunshine | 8616 | 55% | No |
| Alfred | 7483 | 69% | No |
| Northern | 10056 | 63% | No |
| Western | 9245 | 51% | No |
| Mercy Werribee | 2265 | 75% | No |
| Barwon | 8229 | 71% | No |
| Bendigo | 3292 | 69% | No |
| La Trobe | 2538 | 70% | No |
| West Gippsland | 879 | 73% | No |
| Wangaratta | 1294 | 79% | No |

Outpatients

The Coalition's plan to increase transparency and choice for patients waiting for outpatient appointments, the "waiting list before the waiting list," in Victorian public hospitals includes:

- establishing a \$20 million Outpatient Improvement Fund to assist hospital outpatient clinics to treat more patients in a more timely manner;
- providing \$7 million to improve outpatient data transparency to allow for better health planning, supported by 10 outpatient nurse co-ordinators;
- Undertaking a full audit of outpatient waiting list and times to tell the truth to Victorian Outpatients;
- releasing data disclosing the number of outpatients waiting for appointments in Victorian public hospitals;
- releasing data disclosing the waiting time from doctor referral to definitive hospital care;
- publishing a quarterly outpatient care report with data on hospital and health service performance;
- disclosing data on the timeliness of outpatient care in hospital annual reports and in the State Budget;
- disclosing outpatient data by network, health service and hospital, including data by specialty outpatient appointment type that shows how many patients are waiting and their likely waiting times;
- restoring confidence in the accuracy of data by undertaking a full and open audit of hospital outpatient data; and
- stopping the practice of hiding waiting times to see outpatient specialists by measuring and publicly reporting aggregate figures tracking patient progress to surgery or other procedure from the time of doctor referral to definitive care.

The Coalition will also reform the state budget reporting measures to ensure they accurately report on key health performance data. Labor has manipulated and turned a blind eye to hidden waiting lists such as outpatients and “not ready for care”.

Infrastructure

The Coalition has made a clear commitment to 1600 additional beds over two terms of government, including 800 in the first term, in addition to the more than 400 beds announced as part of the Commonwealth State health agreement. These beds will be allocated on a clinical needs basis following an audit of hospital bed capacity.

Labor has only offered slightly less than 500 additional beds.

The Coalition is also building for the future with its \$1 billion Health Infrastructure Fund funded through the proceeds of the poker machine auction.

The new \$630 million Bendigo Hospital is major Coalition commitment which will be constructed on a single site and include 355 hospital beds, an integrated cancer centre, headspace and a mother and baby unit.

The Coalition has also committed \$447 million to the redevelopment of Box Hill Hospital including 200 additional beds from current capacity.

As part of this we have announced a country hospitals capital works fund which will support hospitals such Echuca, Mildura, Castlemaine, Kilmore and Seymour.

TAC and Worksafe Patients

The Coalition recognises that one of the fundamental requirements of a successful WorkCover or TAC rehabilitation scheme is the willingness of senior medical practitioners to treat WorkCover or TAC clients. An increasing number of medical practitioners have expressed frustration at the difficulty in dealing with WorkCover and the TAC, and in many cases have ceased treating scheme clients.

Equally, the Coalition is conscious of the need to ensure that the two schemes operate efficiently and provide value for money to their respective clients. The investigations into the Bayside Health matters raised a number of concerns about billing practices. The Coalition has been advised that a subsequent audit in 2008 of invoices submitted to the TAC by medical practitioners resulted in around ten percent of those invoices being revised or rejected.

The Coalition has committed to undertake a complete consolidated rewrite of the WorkCover legislation in a simplified, plain language format. This will ensure that the rights and obligations of employers, employees, service providers and the Victorian WorkCover Authority are clear. As part of this process the Coalition would welcome the opportunity to engage with medical practitioners to ensure that efficient and cost-effective engagement arrangements can be put in place to benefit both parties. Where appropriate these would also be adopted by the TAC..

Bowel Screening

The National Bowel cancer currently only provides one off screening for 15 per cent of Victorian at risk of bowel cancer, despite National Health and Medical Research Council recommending two-yearly screening for all people older than 50.

We will work with the Commonwealth to fast-track the roll out of the program and if necessary will introduce a Victorian plan to increase access to screening in Victoria with or without Commonwealth assistance.

A Liberal Nationals Coalition Government will:

- Advocate that the Commonwealth renew its funding in full for the National Bowel Cancer Screening Program beyond 2011.
- Provide funding and support for screening for 60-year olds.