BACKGROUND

Management of elective surgery is a key area of concern for the Royal Australasian College of Surgeons and its Fellows throughout Australia and New Zealand. The College recognises the continuing and increasing demands of the community for specialist surgical care and access to elective surgery. The capacity of health services to improve standards of living through surgery is increasing, but the allocation of resources to support this still requires improvement.¹

The College recognises that general practitioners and other non-surgical specialists require access to specialist surgical care for patients who may benefit from surgical review. To meet this requirement patients must have ready access to appropriately trained surgeons for clinical management. The College recognises that the role of the surgeon is to ascertain the benefits of surgery over other therapies and to make a recommendation to the patient and referring doctor. The urgency of need for that surgery is best assessed by the surgeon and forms part of the recommendation.

Inappropriate delays in accessing surgical assessment can be associated with increased risk of morbidity and mortality, and can prejudice the outcome of any treatment deemed necessary.² The challenges and solutions associated with providing equity of access and minimising harmful delays are multifactorial and reliant on supportive cultural change within health services. This is particularly true in relation to the increasing burden of degenerative diseases across a number of specialist surgical disciplines and the cumulative effects of an ageing population on service demand.³

WAITING LISTS & CLINICAL URGENCY CATEGORISATION

Waiting lists imply a demand for services that exceeds the capacity or ability to supply such services. The question of how to best manage waiting lists is a matter for governments, health services and surgeons to manage together. Only through a collaborative approach can efficient and transparent management of elective surgery waiting lists be achieved. In both Australia and New Zealand there are measures underway that seek to effectively and equitably manage waiting lists for elective surgery.

The College has been actively involved in working together with the Australian Institute of Health and Welfare to propose reforms that address problems within the elective surgery system.⁴ The goals of this process were to improve the consistency and comparability of elective surgery urgency categories across all Australian states. Similarly in New Zealand there are surgical reviews underway with the aim of improving categorisation of patient needs with reference to individual contexts and prognosis.⁵

The College supports the adoption of national definitions for elective surgery urgency categories that are based on the following principles⁶:

- Simplified, time based urgency categories
- Surgeon determined categorisation
- A listing of the usual urgency categories for higher volume procedures (developed by surgical specialty groups)
- Comparative information disseminated about urgency categorisation
- ‘Treat in turn’ as a principle for elective surgery management
- Clarified approaches for patients who are not ready for surgery, because of clinical or personal reasons

In New Zealand a more finite resource base has given rise to the utilisation of a detailed prioritisation system that is used to determine the clinical needs for a particular patient.⁷ The College recognises the inherent problems in managing a system where those assessed as being unlikely to receive treatment within four months are not placed on a waiting list. The College encourages the continued refinement in measuring patient needs and better reporting within the District Health Boards (DHBs)
that will further ensure that the system operates in an equitable fashion and that it meets patient need in a manner appropriate to their clinical situation.

REPORTING & REFLECTION

The College recognises that in order to realise ongoing improvement and refinement to the elective surgery urgency categorisation system, consistent reporting of outcomes is vital. The College encourages all surgeons in Australia to be using and participating in the collection and distribution of elective surgery data.

In New Zealand the College is also supportive of renewed measures for DHBs to more comprehensively record and communicate data across the elective surgery system particularly in relation to patients who are assessed as not being able to be placed on a waiting list and for those who drop off the list for a variety of reasons. The College also encourages specialty societies in New Zealand to continue to refine their capture of procedural data and information that can better inform the effectiveness of prioritisation within the system.

FUNDING, RESOURCES AND LEADERSHIP

Access to surgery is controlled by the allocation of funding made available by governments who are responsible for the provision of health care in the public sector. The College urges governments to continue to invest in elective surgery as a matter of priority in view of the increasing demands of patients who seek treatment in the public system. In order to meet the Australian National Elective Surgery Target (NEST) there will need to be consistent and focused investment in the areas of most need.

Future challenges in the area of health funding will also require careful stewardship of resources through systems reform and efficiency measures.

The College recognises that Surgeons can actively contribute to the better management of resources and funding by eliminating waste and improving data collection and analysis in their clinical practices. Through the adoption of a more structured approach to surgical urgency categorisation and by continued and sustained investment in surgeon education and development the elective surgery system can continue to achieve improvements in patient outcomes.