

Research quantifies waiting list frustrations

A survey of NSW public hospital surgeons in April/May carried out on behalf of AMA (NSW) by Essential Research has found that only 20 per cent of surgeons believe that official waiting time figures accurately reflect actual waiting times. By Associate Professor Brian Owler, AMA (NSW) Councillor (Surgeon Class)

As a neurosurgeon with appointments at two major NSW public hospitals, I have become increasingly concerned how difficult it can be to get my elective patients into surgery. Knowing that these concerns are shared by many of my colleagues, I asked the AMA to survey NSW surgeons to give us some hard data on the issues that we can use to campaign to improve access for our patients.

All surgeons on the AMA (NSW) membership database with accurate email addresses (approximately 800) were given the opportunity to complete the survey and invited to forward it to their colleagues. A number of the recipients did not undertake the survey because they did not have, or had recently retired from, public hospital appointments. Overall, there was an excellent response rate of approximately 50 per cent (382) and of these 201 completed the all sections of the survey.

The survey included plenty of opportunity for open-ended comments and these opportunities were used extensively by the respondents. Some of these comments are reproduced verbatim in this report.

My thanks to all who participated, or who attempted to participate and were frustrated by the technical glitches that plagued some recipients. Your time and trouble is very much appreciated and the results will be invaluable in helping the AMA to campaign on behalf of you and your patients.

Survey results on operating sessions

Has the public hospital operating time allocated to you for elective surgery been reduced in the last 12 months?

Yes	26%
No	74%

Has there been an increase in the number of cancellations per public hospital list in the last 12 months?

Yes	38%
No	62%

If yes, what is the main reason?

A reduction in theatre time or sessions	35%
A reduction in surgical beds	33%
Other	33%

In relation to the public hospital which you consider to be your primary appointment, please estimate the number of weeks that theatres were not available for elective surgery in 2009, i.e. holiday closures, etc.

Less than 4 weeks	26%
More than 4 weeks	74%

In relation to the hospital which you consider to be your primary appointment, how long was the planned 2010 Easter holiday close-down of elective surgery?

Less than 1 week	44%
More than 1 week	33%
Don't know	23%

comments

"Access to operating theatre lists is regulated to maintain the waiting list at the maximum politically allowable."

"We have a routine 15 per cent closure. Our lists are cancelled from time to time as a result."

"Our hospital is quite accommodating, and although they have semi-shutdowns at holiday periods, one can often have an extra session at such times if needed."

"Massive attempt to reduce waiting list before 30 June."

"It is in the public hospital's interest not to do surgery in order to save money. This is of course different at election time."

Survey results on waiting lists

Have you undertaken or been offered public hospital waiting list reduction work in the last 12 months (i.e. additional lists or additional patients)?

Yes	39%
No	61%

If you were offered extra operating sessions for waiting list reduction would you participate?

Yes	46%
No	21%
Would consider	33%

On average, what is the waiting period experienced by your public hospital patients for the following patient categories?

Category One (30 days)	
Within 30 days	79%
More than 30 days	21%

Category Two (90 days)	
Within 90 days	60%
More than 90 days	40%

Category Three (365 days)	
Within 365 days	69%
More than 365 days	31%

Is there a waiting list for private patients in your clinic or rooms?

Yes	54%
No	46%

If yes, how long is it?

Less than 4 weeks	37%
4 – 12 weeks	52%
More than 12 weeks	11%

Is there a waiting list for public patients in your clinic or rooms?

Yes	67%
No	33%

If yes, how long is it?

Less than 4 weeks	22%
4 – 12 weeks	50%
More than 12 weeks	28%

In your opinion, do the official public hospital elective surgery waiting times for your sub-specialty accurately reflect waiting times for your patients?

Yes	20%
No	60%
Don't know	21%

Would you support the AMA advocating to replace the current waiting time measure with "surgical access time" which would measure the time from referral to the surgeon to the time of surgery?

Yes	70%
No	12%
Don't know	19%

Do you think that it is reasonable for a public patient to be transferred from one surgeon to another's waiting list if the list is shorter and the surgeon's agreeable?

Yes	56%
No	44%

If yes, is it acceptable for the second surgeon to operate on the patient after seeing them on the day of surgery, i.e. without any other prior assessment?

Yes	21%
No	79%

comments

"The practice of doing "long wait" patients on extra lists while higher priority patients are outside guidelines should be stopped immediately and recognized as politically motivated."

"Prognosis for illness changes due to long waiting list, e.g. meniscus tear requires knee replacement by time admitted."

"Some hospitals in our Area are using the waiting time limits as a tool to ration surgery to surgeons under the concept that 'these patients have not waited long enough'."

"Mine has blown out from three months two years ago to over a year now due to an imposed cut of one list in four and of the three remaining, one will be cancelled or shortened on the day."





Recommendations for Admission (RFAs)

Do you always submit RFAs immediately after the decision to operate?

Yes	92%
No	8%

In your experience, have there been any instances where patient RFAs have been lost or not entered onto the waiting list?

Rarely or not at all	62%
Occasionally	28%
Often	10%

In your experience, are there delays between submission of an RFA and a patient being added to the waiting list?

Rarely or not at all	68%
Occasionally	20%
Often	12%

comments

"RFAs are not the problem. Cutbacks and "reorganization" of the booking office have left no-one responsible for the booking process – only a faceless, nameless rotating person at the end of a phone line – when they answer!"

"Have seen many examples of reclassification to "not ready for care" inappropriately so as to get patients off visible lists."

"Many of my RFAs have had their priority altered by non-medical persons, e.g. changes from category 1 to category 2 have been frequent. I only find this out when I am asked to review my waiting list."

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