

Question on Notice
No. 708
Asked on 16 October 2013

MRS MILLER asked the Minister for Health (MR SPRINGBORG)-

QUESTION:

With reference to national elective surgery targets (NEST) -

Will the Minister (a) outline all targets that Queensland failed to meet in 2012-13, despite additional federal funding, (b) explain whether this failure to meet these targets means that Queensland will forgo reward funding under this agreement, (c) outline the level of funding provided to Queensland by the Federal Government in 2012-13 to help Queensland meet national elective surgery targets, (d) advise whether Queensland is the only State to fail to clear the longest waiting 10% of overdue surgery patients for all categories of clinical urgency and (e) clarify whether Queensland will lose a further \$42m in reward funding over the next four years if our NEST performance does not improve?

ANSWER:

I thank the Honourable Member for Bundamba for her question.

Firstly, I would like to make reference to the recent Australian Institute of Health and Welfare (AIHW) report *Australian Hospital Statistics 2012-13: Elective Surgery Waiting Times* released on 4 October 2013, which highlights the outstanding achievement of Queensland's public hospitals in terms of elective surgery.

This report continues to rank Queensland in the lead with the shortest median waiting time in Australia. Queensland's median waiting time for elective surgery is 27 days, compared with the national median waiting time of 36 days.

This has been achieved despite the former Federal Government removing \$103 million from Queensland's National Health Reform funding allocation for 2012-13, which included a retrospective \$40 million reduction to the National Healthcare Specific Purpose Payments for 2011-12.

Since 2010, Queensland has improved its performance in all three categories for the percentage of elective surgery patients treated within the clinically recommended time, the primary indicator specified in the agreement with the Australian Government, the National Partnership Agreement on Improving Public Hospital Services (NPA IPHS). In 2012, the percentage of patients seen within the clinically recommended time was category 1, 89.0%; category 2, 77.1%; and category 3, 88.7%

Funding under this agreement to support projects to achieve the NEST totals \$160.46 million, including \$90.7 million in facilitation funding, \$27.5 million in capital funding and \$42.2 million in reward funding. A significant proportion of this funding had been allocated in the forward estimates to support commitments of the Government of the day, including capital developments at Logan and QEII hospitals as well as supporting public commitments relating to the surgical outsourcing program – Surgery Connect. The previous Labor

Government did not have a detailed implementation plan of how it would deliver these outcomes at a hospital level and that it is only since the LNP Government has come into office that it has instructed the Department of Health to develop detailed local implementation plans with the Hospital and Health Boards so that the best possible outcome can be achieved for the people of Queensland.

Queensland remains eligible to receive \$42.2 million in reward funding under the NPA IPHS up to 2015-16. Although Queensland did not receive the \$10.6 million in potential reward funding for 2012, these funds have rolled over. This means should Queensland achieve the targets over the next three years, any unpaid reward funding will be added to the reward funding available to Queensland in the next period.

More broadly, in terms of health reform, Queensland is progressing key initiatives to improve access to public hospitals and patient flow through the hospital system using clinical redesign processes. These initiatives continue to improve hospital waiting times for elective surgery. Key initiatives include:

- targeting investment to optimise public hospital surgical capacity;
- Scalpel, a multi-site surgical redesign program at 9 hospitals;
- statewide rollout of ORMIS, an enterprise operating room management system;
- implementation of the National Definitions for Elective Surgery Urgency Categories;
- strengthened clinical engagement through the Surgeons Advisory Committee and the Clinical Senate;
- outsourcing the treatment of longer waiting patients through Surgery Connect; and
- strengthening accountability of Hospital and Health Services through the Performance Management Framework.