



**ACT**  
Government  
Health

Ref FOI18-8



Dear 

I refer to your application received by ACT Health on 6 March 2018 in which you sought access to information under the Freedom of Information Act 2016 (the Act).

You confirmed via email on 15 March 2018 that you wished to refine the scope of the request to all briefing notes prepared for the Minister and/or her office regarding waiting times and/or delays and/or queues for elective surgery in the public health system and/or individual public hospitals in the ACT from 1 January 2017 - current.

I am an Information Officer appointed by the Director-General under section 18 of the Act to deal with access applications made under Part 5 of the Act.

ACT Health was required to provide a decision on your access application by 16 April 2018.

#### Decision on access

I have decided to provide access to all identified documentation requested. I have decided to grant partial access to documents where information is included that is within the scope of your request. I have provided copies of the documents with some redacted information that is out of the scope of your request.

#### Charges

Processing charges are not applicable for this request as the Information Officer has determined the release of this information is in the public interest.

#### Online publishing – disclosure log

Under section 28 of the Act, ACT Health maintains an online record of access applications called a disclosure log. Your original access application and my decision will be published in the disclosure log not less than three days but not more than 10 days after date of decision. Your personal contact details will not be published.

You may view the ACT Health disclosure log at <http://www.health.act.gov.au/public-information/consumers/freedom-information/disclosure-log>.

Ombudsman review

My decision on your access request is a reviewable decision as identified in Schedule 3 of the Act. You have the right to seek an Ombudsman review of this outcome under section 73 of the Act within 20 working days from the day that my decision is published in ACT Health disclosure log, or a longer period allowed by the Ombudsman.

If you wish to request a review of my decision you may write to the Ombudsman at:

The ACT Ombudsman  
GPO Box 442  
CANBERRA ACT 2601

Via email: [ombudsman@ombudsman.gov.au](mailto:ombudsman@ombudsman.gov.au)

ACT Civil and Administrative Tribunal (ACAT) review

Under section 84 of the Act, if a decision is made under section 82(1) on an Ombudsman review, you may apply to the ACAT for review of the Ombudsman decision.

Further information may be obtained from the ACAT at:

ACT Civil and Administrative Tribunal  
Level 4, 1 Moore St  
GPO Box 370  
Canberra City ACT 2601  
Telephone: (02) 6207 1740  
<http://www.acat.act.gov.au/>

Should you have any queries in relation to your request, please do not hesitate to contact the FOI Coordinator on 6205 1340 or email [HealthFOI@act.gov.au](mailto:HealthFOI@act.gov.au).

Yours sincerely



Chris Bone  
Deputy Director-General  
Canberra Hospital and Health Services

13 April 2018

## FREEDOM OF INFORMATION REQUEST SCHEDULE

Please be aware that under the *Freedom of Information Act 2016*, some of the information provided to you will be released to the public through the ACT Government's Open Access Scheme. The Open Access release status column of the table below indicates what documents are intended for release online through open access.

Personal information or business affairs information will not be made available under this policy. If you think the content of your request would contain such information, please inform the contact officer immediately.

Information about what is published on open access is available online at: <http://www.health.act.gov.au/public-information/consumers/freedom-information>

NAME	WHAT ARE THE PARAMETERS OF THE REQUEST	File No
[REDACTED]	<p>All briefing notes prepared for the Minister and/or her office regarding waiting times and/or delays and/or queues for elective surgery in the public health system and/or individual public hospitals in the ACT</p> <p>1 January 2017 - current.</p>	FOI18/8

Ref No	No of Folios	Description	Date	Status	Reason for non-release or deferral	Open Access release status
1	1-4	Ministerial Brief	31/08/2017	Full Release		Yes
2	5-8	Ministerial Brief	18/12/2017	Full Release		Yes

3	9-14	Media Implications Summary	21/12/2017	Full Release		Yes
4	15-20	Ministerial Brief	18/12/2017	Full Release		Yes
5	21-22	Assembly Brief	Feb 2017 Sitting	Partial Release	Not in scope of request	Yes
6	23-24	Assembly Brief	Mar 2017 Sitting	Partial Release	Not in scope of request	Yes
7	25-26	Assembly Brief	May 2017 Sitting	Partial Release	Not in scope of request	Yes
8	27-29	Assembly Brief	June 2017 Sitting	Partial Release	Not in scope of request	Yes
9	30-31	Assembly Brief	June 2017 Sitting	Full Release		Yes
10	32-33	Assembly Brief	August 2017 Sitting	Full Release		Yes
11	34-35	Assembly Brief	August 2017 Sitting	Full Release		Yes
12	36-37	Assembly Brief	September 2017 Sitting	Full Release		Yes
13	38-39	Assembly Brief	October 2017 Sitting	Full Release		Yes
14	40-41	Assembly Brief	October 2017 Sitting	Full Release		Yes

15	42-43	Assembly Brief	November 2017 Sitting	Full Release		Yes
16	44-45	Assembly Brief	November 2017 Sitting	Full Release		Yes
17	46-47	Assembly Brief	November 2017 Sitting	Partial Release	Not in scope of request	Yes
18	48-50	Assembly Brief – DR1170	February 2018	Partial Release	Not in scope of request	Yes
19	51-52	Question Time Brief – Bariatric Surgery	18 January 2018	Full Release		Yes
20	53-54	Question Time Brief – Elective Surgery Waiting List	19 January 2018	Full Release		Yes
21	55-56	Question Time Brief – Elective Surgery Waiting List	6 March 2018	Full Release		Yes
22	57-58	Question Time Brief – Bariatric Surgery	6 March 2018	Full Release		Yes
23	59-63	Select Committee on Estimates 2017-2018 Budget	June 2017	Partial Release	Not in scope of request	Yes
24	64-67	Annual Report Hearing 2016-2017	November 2017	Full Release		Yes
25	68-69	Elective Surgery		Full Release		Yes
26	70-79	Chief Minister Talkback Brief	27 January 2017	Partial Release	Not in scope of request	Yes

27	80-88	Chief Minister Talkback Brief	10 March 2017	Partial Release	Not in scope of request	Yes
28	89-96	Chief Minister Talkback Brief	7 April 2017	Partial Release	Not in scope of request	Yes
29	97-105	Chief Minister Talkback Brief	21 April 2017	Partial Release	Not in scope of request	Yes
30	106-114	Chief Minister Talkback Brief	5 May 2017	Partial Release	Not in scope of request	Yes
31	115-124	Chief Minister Talkback Brief	19 May 2017	Partial Release	Not in scope of request	Yes
32	125-134	Chief Minister Talkback Brief	16 June 2017	Partial Release	Not in scope of request	Yes
33	135-150	Chief Minister Talkback Brief	14 July 2017	Partial Release	Not in scope of request	Yes
34	151	Chief Minister's Talkback – Hot Issues – Elective Surgery Waiting Lists	25 July 2017	Full Release		Yes
<b>Total No of Docs</b>						
34						



## MINISTERIAL BRIEF

UNCLASSIFIED

To: Minister for Health

Tracking No.: MIN17/908

From: Shaun Strachan, Acting Director-General

Subject: The status of the Elective Surgery Waiting List QONE17-529

Critical Date: 18 August 2017

Critical Reason: For your information

- DG .../.../...
- DDG .../.../...

**Purpose**

To provide an update of the current Elective Surgery Waiting List and an explanation regarding the increase in the number of patients waiting longer than clinically recommended.

**Recommendation**

That you note the information contained in this brief.

Noted / Please Discuss

Meegan Fitzharris MLA

31.8.2017

**Minister's Office Feedback**

Thanks for update - I'd like to understand these figures more, including reasons for waits, e.g. is it a workforce issue, or not, other reasons?

I note 2017-18 target for patients waiting longer than clinically recommended is 144 in Budget Statement. Please explain why brief states 300.

Could Health also please provide total number of elective & emergency

Tracking No.: MIN17/908

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surgeries per specialty for perspective on figures on wait list  
Thank you.

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**Background**

1. At the end of June 2017 there were 5201 patients waiting on the Elective Surgery Waiting List as demonstrated in Table 1.

Table 1. Number of patients on Elective Surgery Waiting List end of June 2017:

Specialty	Number of Patients
Cardio-thoracic	6
Dental	2
Ear, Nose and Throat	1038
General Surgery	586
Gynaecology	368
Gynaecology-oncology	1
Head and Neck	25
Neurosurgery	118
Obstetrics	1
Ophthalmology	726
Oral (Calvary)	95
Orthopaedic	967
Oral Surgery	143
Paediatric	228
Plastic	248
Thoracic	4
Urology	507
Vascular	138
<b>TOTAL</b>	<b>5201</b>

2. At the end of June 2017 there were 464 patients waiting longer than clinically recommended.
3. Table 2 demonstrates the trend of patients waiting longer than clinically recommended. It demonstrates the decrease from Dec 2015 – Dec 2016. It also demonstrates the increase in patients waiting longer than clinically recommended since Jan 2017.

Table 2. Patients waiting longer than Clinically Recommended Quarterly Jul 2015 – Jun 2017:

Q1 9/15	Q2 12/15	Q3 3/16	EOFY16	Q1 9/16	Q2 12/16	Q3 3/17	EOFY 17
1451	1401	1053	370	212	176	325	464



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4. Table 3, below, indicates the patients waiting longer than clinically recommended per specialty.

Table 3: Patients per specialty waiting longer than clinically recommended.

Specialty	Number Overdue
Cardio-thoracic	0
Dental	0
Ear, Nose and Throat	137
General Surgery	42
Gynaecology	14
Gynaecology-oncology	0
Head and Neck	0
Neurosurgery	3
Obstetrics	0
Ophthalmology	28
Oral (Calvary)	6
Orthopaedic	47
Oral Surgery	16
Paediatric	30
Plastic	18
Thoracic	0
Urology	119
Vascular	4
Total	464

### Issues

5. Planning for 2017 – 2018 Elective Surgery Plan is near finalisation. Activity Targets have been set so that they include the projected number of patients waiting longer than clinically recommended in this years' activity requirements.
6. Performance Indicators for 2017-2018 include;
- There are less than 300 patients waiting longer than clinically recommended.
  - Zero general surgery pediatric patients waiting longer than clinically recommended.
  - 90% of patients added to the Elective Surgery Waiting List receive their surgery on time.
  - Reinforcement and monitoring of the Waiting Time and Elective Surgery Access Policy, in particular, 'Treat in Turn' Principles.

### Financial Implications

7. Required elective surgical activity for 2017-2018 is estimated to cost \$108.6million as per the model developed through the Chief Finance Officer.

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**Consultation**Internal

8. Not applicable.

Cross Directorate

9. Not applicable.

External

10. Not applicable.

**Benefits/Sensitivities**

11. Not applicable.

**Media Implications**

12. Elective Surgery Waiting List management has the potential for media attention.

Signatory Name:	Chris Bone	Phone:	42169
Action Officer:	Kellie Lang	Phone:	76433

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MINISTERIAL BRIEF

Health Directorate

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To: Minister for Health and Wellbeing

Tracking No.: MIN17/1539

13 DEC 2017

From: Nicole Feely, Director-General ACT Health

Subject: Progress Update – Bariatric Surgery

Critical Date: Not applicable

Critical Reason: Not applicable

- DG .../.../...

Purpose

To provide you with an update on the progress of implementing publicly funded bariatric surgery in the Territory.

Recommendation

That you note the information contained in this brief.

Noted / Please Discuss

Meegan Fitzharris MLA

*Meegan Fitzharris*

18/12/17

Minister's Office Feedback

Background

1. Government provided funding via a budget commitment in 2014/15 to establish a bariatric surgery service for public patients who meet the requirements for this surgery as determined by the Obesity Management Service (OMS).
2. Financial commitments were made for the OMS in the 2013/14 financial year and bariatric surgery in 2014/15.
3. Bariatric surgery services are aimed at targeting patients who will benefit most from intervention in terms of health outcomes. Only a small percentage of patients with obesity will have significant health benefits from bariatric surgery.

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4. As such two patients with identical BMI (body mass index), potentially only one with clinically identified obesity related reversible illness would be treated in this service.
5. Older age patients are less likely to gain from surgical intervention, and in the main, services will be directed to younger patients, who have the most to benefit from surgery.
6. A planned bariatric surgery model required development which provides pre and post-operative management and a risk assessment undertaken. The surgical risk with these patients is high and may impact on the availability of Intensive Care Unit (ICU) beds for their post-operative care.
7. The screening and follow up for these patients can be managed in the tertiary service environment at Canberra Hospital by the bariatric surgeons with the support of the OMS (including dietetic; endocrine, and psychological pre and post-operative support).
8. It is anticipated that approximately 50 operations can be undertaken per annum and the first bariatric patient received their surgery on 24 October 2017.
9. The Bariatric surgery model will follow that of similar surgery funded models (e.g. cochlear implants) that is, a certain number of cases will be performed each year. The OMS and bariatric surgeons will need to determine the order and desirability of any patient receiving surgery in any year and a draft selection criteria to determine patient's suitability has been developed by the OMS and will undergo revision in consultation with the Division of Surgery and Oral Health.
10. There will be no public waitlist for this surgery; patients will be added as deemed ready for care after consultation between the OMS and the Bariatric surgeons. This is done to avoid problems seen in other jurisdictions, where publicly funded bariatric services create very large waitlists, and long waiting times.
11. In addition, a project has been identified for the OMS where the executive management team for the Division of Medicine in collaboration with the Division of Surgery and Oral Health and the Clinical Director, Territory Wide Surgical Services will undertake a routine review of the OMS to identify redesign opportunities and reengineer the service to meet the demand of primary care.
12. The goal would be to streamline the referral of patients who would benefit from evidence based interventions, including bariatric surgery through engaging the use of primary care in a pathway facilitated assessment for obesity related complications.

**Issues**

13. The first bariatric procedure was undertaken at Canberra Hospital on 24 October 2017. Three more patients had their surgeries, on 7 November 2017, 28 November 2017 and 5 December 2017. One case has been identified for scheduling in January 2018, subject to theatre sessions being confirmed.
14. Both patients have had an uncomplicated post-operative recovery to date and will attend a post-operative review appointment with the surgeon six weeks after surgery.
15. The Bariatric Surgery Advisory Committee met on 16 November 2017 and have identified eleven patients that could be progressed to the bariatric surgery pathway.

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16. The Division of Surgery and Oral Health and the OMS worked collaboratively to develop a post-operative care pathway to ensure that patients reached identified goals prior to discharge.

**Financial Implications**

17. Nil.

**Consultation**Internal

20. Nil.

Cross Directorate

18. Nil.

External

19. Nil.

**Benefits/Sensitivities**

20. Access to publicly funded Bariatric surgery will benefit a small proportion of obese patients within the OMS and it should be noted that patient expectations about the access to and suitability for surgery will be articulated by the OMS and the surgeons.

**Media Implications**

21. There is potential for media interest on this issue due to the delay in implementing the service for the community.
22. The Australian Institute of Health and Welfare has recently published data on "Weight Loss Surgery in Australian 2014-15". The ACT did not feature within this report however, media dot points were requested (Attachment A).
23. ACT Health has previously been approached by the Canberra Times to undertake a "patient journey" with one of the bariatric surgery patients. Following the patient from their initial notification of bariatric surgery to across their post-operative pathway. To date this has not occurred due to the infancy of the program and no patient has identified a willingness to participate.

Signatory Name: Daniel Wood, Executive Director Division of Surgery and Oral Health Phone:43515

Action Officer: Sue Simpson, Executive Officer Phone:47061

**Attachments**

Attachment	Title
Attachment A	Media Dot points – Bariatric Surgery

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## TALKING POINTS

### Bariatric Surgery

#### Update on delays and current progress

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- In October 2013, the ACT Government released the Towards Zero Growth Healthy Weight Action Plan (Towards Zero Growth), which set the target of 'zero growth' for obesity in the ACT by 2020.
- The action plan identified six themes where regulatory control and preventative initiatives would be implemented, and these included: food environments, schools, workplaces, urban planning, social inclusion and evaluation.
- The initiative included \$1.03 million over four years for bariatric surgery for public patients who meet the requirements for this surgery as determined by the Obesity Management Service (OMS).
- Bariatric surgery provides a surgical option for people struggling with obesity.
- The funding provides for a program of surgeries to be delivered over four years, with a review after that time to consider further expansion of this service after an evaluation of its effectiveness.
- The OMS is identified as being the pathway for patients who are assessed as being suitable to gain access to public bariatric surgery.
- A number of patients have been identified by the OMS as being suitable for bariatric surgery and have been assessed by the General Surgeon.
- Two surgeries have been conducted so far, with a further three to be conducted before mid-December 2017.
- It is acknowledged that there have been significant delays in establishing access to bariatric surgery for ACT residents.
- With an anticipated growth in this area towards 2020, it is anticipated that ACT Health will have the demand for up to 50 procedures per year.



## Australian Institute of Health and Welfare Reports

### MEDIA IMPLICATIONS SUMMARY

For: Acting Minister for Health and Wellbeing

Subject	<b>Elective surgery waiting times 2016–17: Australian hospital statistics</b>
Date for Release:	<b>21 December 2017</b>
What is the Report about?	<p>This report answers questions about the number of patients admitted from public hospital elective surgery waiting lists, the type of surgery they were waiting for, how long they waited and whether waiting times have changed over time. It is one of a series of releases by the Australian Institute of Health and Welfare (AIHW) to report performance indicators and other information on Australia's hospitals.</p> <p>For the first time, the report includes waiting time information for a much wider range of surgical procedures than previously available, including arthroscopies, removal of skin lesions, removal or biopsy of breast lumps and carpal tunnel release surgery.</p> <p>A copy of the report is provided in <a href="#">Attachment A</a></p>
Is there any ACT funding (or Programs) in this area/subject?	<p>YES: <input checked="" type="checkbox"/> NO <input type="checkbox"/></p> <p>ACT Health provides funding for hospital services.</p>
Is there any ACT specific data in the Report?	<p>YES: <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
Is Media Interest likely?	<p>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>
What are the key positive elements contained in the Report?	<ul style="list-style-type: none"> <li>• Overall, ACT Health's median wait times have trended down since 2012-13 from 51 days to 46 days in 2016-17. Wait times greater than 365 days accounted for 3.8% of surgeries across both the Canberra Hospital and Health Service (CHHS) and Calvary Public Hospital Bruce (CPHB).</li> <li>• CHHS performed well with a median wait time of 34 days, and 3.1% of surgeries on patients who waited more than 365 days.</li> <li>• 87% of patients were admitted within clinically recommended timeframes, and 91% of Category 1 patients treated on time.</li> <li>• More than 11,000 patients received treatment within the clinical recommended timeframes.</li> <li>• The median wait time for cardiothoracic surgery was 9 days with no admissions waiting more than 365 days. This was the best across Australia.</li> <li>• The median wait time for plastic surgery was 22 days, with just 1.6% of admissions waiting more than 365 days.</li> <li>• Only 0.7% of admissions waited more than 365 days for urology.</li> <li>• Only 0.5% of admissions waited more than 365 days for gynaecology.</li> <li>• Only 0.4% of admissions waited more than 365 days for general surgery.</li> <li>• Median wait times for vascular surgery were the best in country.</li> </ul>



### Australian Institute of Health and Welfare Reports

What are the negative elements contained in the Report?

- The CPHB median wait time was 67 days, and 4.9% of admissions waited more than 365 days.
- Aboriginal and Torres Strait Islander persons appeared to wait longer for surgery with 4.2% waiting longer than 365 days, compared with 3.8% for other Australians, and had a median wait time of 52 versus 46 days for other Australians.
- ENT Surgery results were very poor with a median wait time of 171 days, 21.4% more than 365 days

### MEDIA TALKING POINTS:

- CHHS performed well, with a median wait time of 34 days, and just 3.1% of admissions having a wait time of more than 365 days.
- Median wait times have trended down from 51 days in 2012–13 to 46 days in 2016–17. The national median wait time was 38 days in 2016–17.
- Across the ACT, 87% of patients were admitted within clinically recommended timeframes for all categories. This represents more than 11,000 patients who had their procedure within the clinically recommended timeframe.
- In 2016–17, the median wait time for Category 1 patients (within 30 days) was only 17 days, with 91% of patients receiving surgery within the clinically recommended timeframe. Of those patients who waited longer than average, the average extra wait was 4.6 days.
- In 2016–17, 81% of Category 2 (within 90 days) and 88% of Category 3 patients (within 365 days) received their surgery within the clinically recommended timeframe.
- There were a number of good performers within ACT Health, including cardiothoracic surgery, plastic surgery, urology, gynaecology, and general surgery.
- ACT Health was disappointed with the ENT and paediatric surgery results, and is working closely with specialist surgeons to address this. Vascular surgery results were mixed, with excellent median wait times, but ACT Health is looking at ways to reduce the number of patients waiting longer than clinically recommended.

### BACKGROUND (If required):

- Due to technical issues no AIHW data from ACT Health was available for the 2015–16 report. ACT Health has been able to upload data to the AIHW for 2016–17, overcoming issues with the 2015–16 upload.
- The AIHW has advised that jurisdictional data is not comparable at a technical level. In particular, data on clinical urgency categories cannot be compared due to different definitions and implementations of clinical urgency across jurisdictions.
- ACT Health recorded the second highest number of elective surgery cases we have ever completed during the reporting period. However, there remains a significant number of long wait patients. Elective surgery for long wait patients accounts for 3.8% of the total cases performed. This is double the national average of 1.7%.
- The results in Aboriginal and Torres Strait Islander health should be interpreted with caution due to the small caseload. ACT Health will review the data to determine whether there is any difference to access for Aboriginal and Torres Strait Islander patients, and rectify any identified areas.
- Quality data was consistent with national trends for unplanned readmission. The difference between 2016–17 and 2015–16 may relate to a change in coding definitions. ACT Health will investigate this issue further.





### Australian Institute of Health and Welfare Reports

- Admissions with an adverse event were in line with national trends for the years where data for ACT is available.
- In 2016–17, Australia’s public hospitals admitted around 748,000 patients from elective surgery waiting lists (as either elective or emergency admissions).
- The most common surgical specialties were general surgery (surgery on abdominal organs, including endocrine surgery and breast surgery) and orthopaedic surgery (surgery on bones, joints, ligaments and tendons, including knee and hip replacements), which accounted for 22% (163,000 admissions) and 15% (113,000) of admissions from waiting lists, respectively.
- The most common intended surgical procedure for admissions from public hospital elective surgery waiting lists was cataract extraction (71,000 admissions).
- Several surgical specialties are performing sub-optimally. These are principally ear, nose, throat (ENT) surgery, urology, and paediatric surgery. CHHS is working to address issues such as theatre time and bed availability in these specialties, to improve their performance.
- The funding target for 2016–17 (12,500 admissions) was unchanged from that of 2015–16. The funding envelope, and issues with theatre availability, had flow-on effects for ACT performance (such as median wait time) for 2016–17.
- Nationally, the median wait time in 2016–17 for principal referral and women’s and children’s hospitals was 32 days with 1.8% of admissions waiting more than 365 days. In comparison, CHHS had a median wait time of 34 days, but a higher long wait cohort of 3.1%.
- Nationally, the median wait time in 2016–17 for public acute group A hospitals was 42 days with 2.1% of admissions waiting more than 365 days. In comparison, CPHB had a median wait time of 67 days, and a long wait cohort of 4.9%.
- ACT Health signed new deeds with private providers in December 2017. It is expected that this panel will be actively used in the coming months to address waiting times.
- Funding has commenced for the building of a new Surgical Procedures, Interventional Radiology and Emergency (SPIRE) at the Canberra Hospital, due for completion around 2022. This will relieve some of the pressure on theatres in the longer term by adding an additional seven theatres.



**Australian Institute of Health and Welfare Reports**

**Recommendation**

That you note the information contained in this summary.

**Noted** Please Discuss

Rachel Stephen-Smith MLA ..... *RSS* 20/12/17

Signatory Name:	Lynton Norrisw	Phone:	
Title:	Deputy Director General – Performance, Reporting and Data		
Date:			
Action Officer:	Andrew Mitchell	Phone:	43125



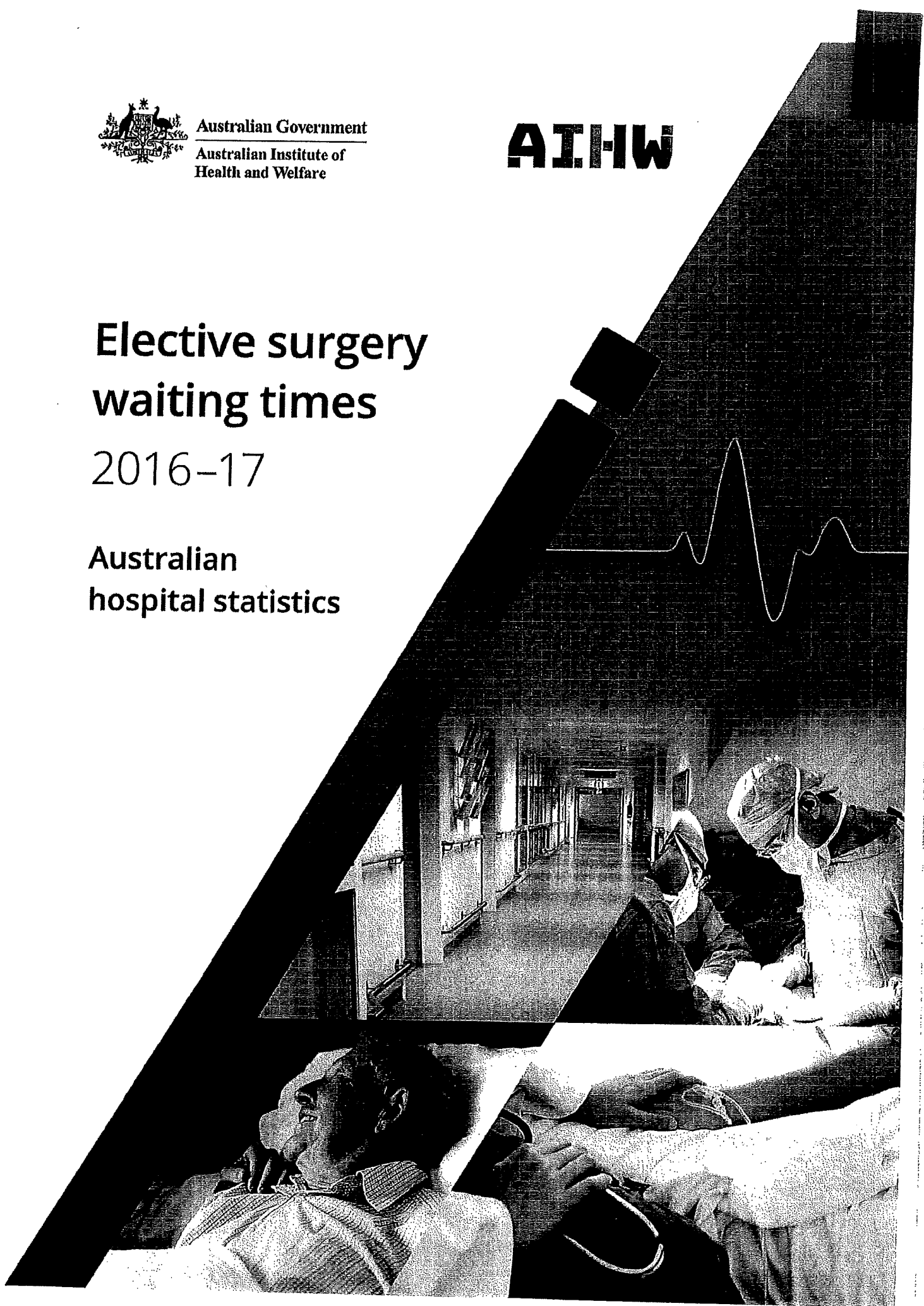
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Australian Institute of  
Health and Welfare

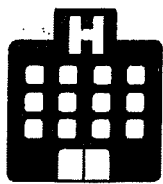
**AIHW**

# Elective surgery waiting times

2016-17

Australian  
hospital statistics





**748,000**

patients were admitted to Australian public hospitals from elective surgery waiting lists in 2016-17.



**22%**

were admitted for **General surgery** (surgery on the abdominal organs, including breast surgery).



**15%**

were admitted for **Orthopaedic surgery** (surgery on bones, joints, ligaments and tendons, including knee and hip replacements).

**2.9%**



was the average annual increase in patients being added to public hospital elective surgery waiting lists between 2012-13 and 2016-17 (after adjusting for the number of hospitals included).

**2.0%**



was the average annual increase in patients admitted from public hospital elective surgery waiting lists between 2012-13 and 2016-17 (after adjusting for the number of hospitals included).



**38  
days**

was the time within which **50% of all patients** were admitted from public hospital waiting lists in 2016-17.



**258  
days**

was the time within which **90% of all patients** were admitted from public hospital waiting lists in 2016-17.

**1.7%**

of all patients waited more than a year for their surgery in 2016-17.



**ACT**  
Government  
Health

MINISTERIAL BRIEF

UNCLASSIFIED

**To:** Minister for Health and Wellbeing Tracking No.: MIN17/1200  
2 FEB 2018

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**From:** Chris Bone, Deputy Director-General, Canberra Hospital and Health Services

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**CC:** Nicole Feely, Director General

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**Subject:** Elective surgery wait times and emergency surgery figures or 2016-2017

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**Critical Date:** Not applicable

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**Critical Reason:** Not applicable

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- DG      .../.../...
- DDG    .../.../...

**Purpose**

To provide you with elective surgery wait times, and figures for emergency surgery for Calvary and for Canberra Hospital for 2016-2017. We note that this brief was originally requested in September 2017, but unfortunately was delayed in getting to you, thus the figures provided are for the last financial year.

**Recommendation**

That you note the information contained in this brief.

*Noted* / Please Discuss

Meegan Fitzharris MLA ..... *Megay* ..... *12/2/2017*

Minister's Office Feedback

*far too long for this brief to be produced.*

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**Background**

1. The elective surgery wait times, and figures on emergency surgery for Calvary Public Hospital Bruce and Canberra Hospital & Health Services are as follows.

**Table 1: ACT Health (Territory Wide) Elective Surgery Timeliness Total and per category for 2016-2017**

Fin Year	Urgency	Added	Removed Surgically	Removed Surgically Overdue	On Time Removals	Median wait times Days
2016-17	1	4630	4253	364	91.44%	17
2016-17	2	5215	4618	883	80.88%	56
2016-17	3	5752	3955	467	88.19%	182
2016-17	All	15597	12826*	1714	86.64%	46
<p><i>Data provided by BPID's with the following disclaimer: "There are no known issues with the data contained in this Report however ACT Health is undergoing a system-wide data review that will be finalised 31 March 2018. Prior to the publication of any data contained within this report, written approval must be sought from ACT Health".</i></p> <p><i>*458 cases were subcontracted to the Elective surgery Joint program performed at Calvary John James Hospital by ACT Health staff.</i></p>						
<p><b>Note:</b></p> <p><b>Definitions of Table headings:</b></p> <p><b>Urgency:</b> Category 1 – Clinically recommended for surgery within 30 days  Category 2- Clinically recommended for surgery within 90 days  Category 3- Clinically recommended for surgery within 365 days</p> <p><b>Added:</b> Number of patients added to the elective surgery waiting list (ESWL)</p> <p><b>Removed Surgically:</b> the number of patients removed from the ESWL due to receiving their procedure</p> <p><b>Removed Surgically Overdue:</b> the number of patients removed from the waiting list due to receiving their procedure, however they were outside of their clinically recommended timeframe</p> <p><b>On Time Removals:</b> the number of patients removed from the ESWL due to receiving their procedure within the recommended timeframes.</p> <p><b>Median Wait</b> – time in days: the median (middle) waiting time for patients waiting to have their procedure per category</p>						

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**Table 2: Calvary Public Hospital Bruce Elective Surgery Timeliness per category for 2016-2017**

Urgency	Added	Removed Surgically	Removed Surgically Overdue	On Time Removals	Median wait times Days
1	1254	1143	166	85.48%	21
2	1840	1627	398	75.54%	63
3	3266	2320	243	89.53%	151
<b>All</b>	<b>6360</b>	<b>5090</b>	<b>807</b>	<b>84.15%</b>	<b>67</b>
<i>Data provided by BPID's with the following disclaimer: "There are no known issues with the data contained in this Report however ACT Health is undergoing a system-wide data review that will be finalised 31 March 2018. Prior to the publication of any data contained within this report, written approval must be sought from ACT Health".</i>					

**Table 3: Canberra Hospital & Health Services Elective Surgery Timeliness per category for 2016 - 2017**

Fin Year	Urgency	Added	Removed Surgically	Removed Surgically Overdue	On Time Removals	Removed Average Waiting Days
2016-17	1	3357	3090	196	93.66%	15
2016-17	2	3249	2801	392	86.00%	53
2016-17	3	2118	1387	190	86.30%	236
<b>2016-17</b>	<b>All</b>	<b>8724</b>	<b>7278</b>	<b>778</b>	<b>89.31%</b>	<b>34</b>
<i>Data provided by BPID's with the following disclaimer: "There are no known issues with the data contained in this Report however ACT Health is undergoing a system-wide data review that will be finalised 31 March 2018. Prior to the publication of any data contained within this report, written approval must be sought from ACT Health".</i>						

## UNCLASSIFIED

## UNCLASSIFIED

**Table 4: ACT Health Elective Surgery Timeliness for 2017-2018**

Fin Year	Urg	Added	Removed Surgically	Removed Surgically Overdue	On Time Removals	Median wait times Days
2017-18	1	739	723	71	90.18%	19
2017-18	2	879	866	240	72.29%	68
2017-18	3	1077	662	131	80.21%	218
2017-18	All	2695	2251	442	80.36%	56
<i>Data provided by BPID's with the following disclaimer: "There are no known issues with the data contained in this Report however ACT Health is undergoing a system-wide data review that will be finalised 31 March 2018. Prior to the publication of any data contained within this report, written approval must be sought from ACT Health".</i>						

**Table 5: Non Elective Surgery completed at Canberra Hospital & Health Services**

Month ending	Emergency Surgeries CHHS	Emergency Surgeries Calvary
31/07/2016	741	143
31/08/2016	885	156
30/09/2016	835	179
31/10/2016	894	165
30/11/2016	880	150
31/12/2016	886	167
31/01/2017	934	178
28/02/2017	803	157
31/03/2017	902	176
30/04/2017	836	163
31/05/2017	853	170
30/06/2017	854	170
<b>Total 2016-17</b>	<b>10,305</b>	<b>1,974</b>

**Issues****Elective Surgery**

- ACT Health achieved 86.64 per cent timeliness for elective surgery for 2016-2017.
- Median wait times across the territory for Category 1, 2, and 3 are 17, 56, 182 days respectively. (Table 1.)

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4. Median wait times for Canberra Hospital & Health Services (CHHS) as demonstrated in Table 3 were superior to Calvary Public Hospital Bruce (CPBHB) as demonstrated in Table 2 at 34, and 67 days respectively. CHHS was lower for Category 3, but this fails to take into account the proportion of patients waiting longer than clinically indicated, which as a proportion of patients waiting on the waitlist, is greater at CPHB than CHHS. This is reflected in the lower proportion of patients treated in a timely fashion at CPHB.
5. CHHS achieved 89.31 per cent and CPHB reached 84.15 per cent for 2016-2017.
6. 2017-2018 YTD has seen ACT Health reach 80.36 per cent timeliness for elective surgery year to date against the Local Health Network target of 90 per cent.
7. A Whole of Territory elective surgery plan has been developed aimed at achieving an objective of less than 144 long wait patients. This plan will boost surgical operating lists in areas where demand exceeds current list availability. We will continue to partner with private hospitals.
8. The drop in timeliness in early 2017-18 is due to the continuation of managing long wait patients accumulated in last quarter 2016-7, from issues related to decreased activity at CHHS related to urgent maintenance work and lack of available funds to continue strategies that were used in the blitz program. This is reflected in the increase in the median weight times for ACT Health YTD which overall is 56 days, and Categories 1,2, and 3 respectively 19, 68, and 218 days.

Emergency Surgery

9. CHHS achieved 10,303 emergency surgery cases for 2016-2017 compared to 1,974 emergency cases completed at CPHB.
10. It should be noted that trend data across previous years shows emergency surgery is growing at approximately twice the rate of elective surgery (6 per cent versus 3 per cent).
11. CHHS remains the major tertiary site for emergency and trauma surgery providing approximately five times the emergency surgeries compared to CPHB.

**Financial Implications**

12. Not applicable.

**Consultation**Internal

13. All data contained in this brief has been supplied by BDIPS.

Cross Directorate

14. Not applicable.

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External

15. Not applicable.

**Benefits/Sensitivities**

16. Not applicable.

**Media Implications**

17. There is the possibility of media attention given the attention for Elective Surgery Waiting times.

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Phone: 43125

Action Officer: Dr Andrew Mitchell

Phone: 76277

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# ACT HEALTH

## ASSEMBLY BRIEF

21

Minister: Health

Cleared as correct and accurate as at: 2/12/16

By Director: Elizabeth Tobler

Telephone: 6207 5853

Action Officer: Jack Walsh

Telephone: 6205 2105

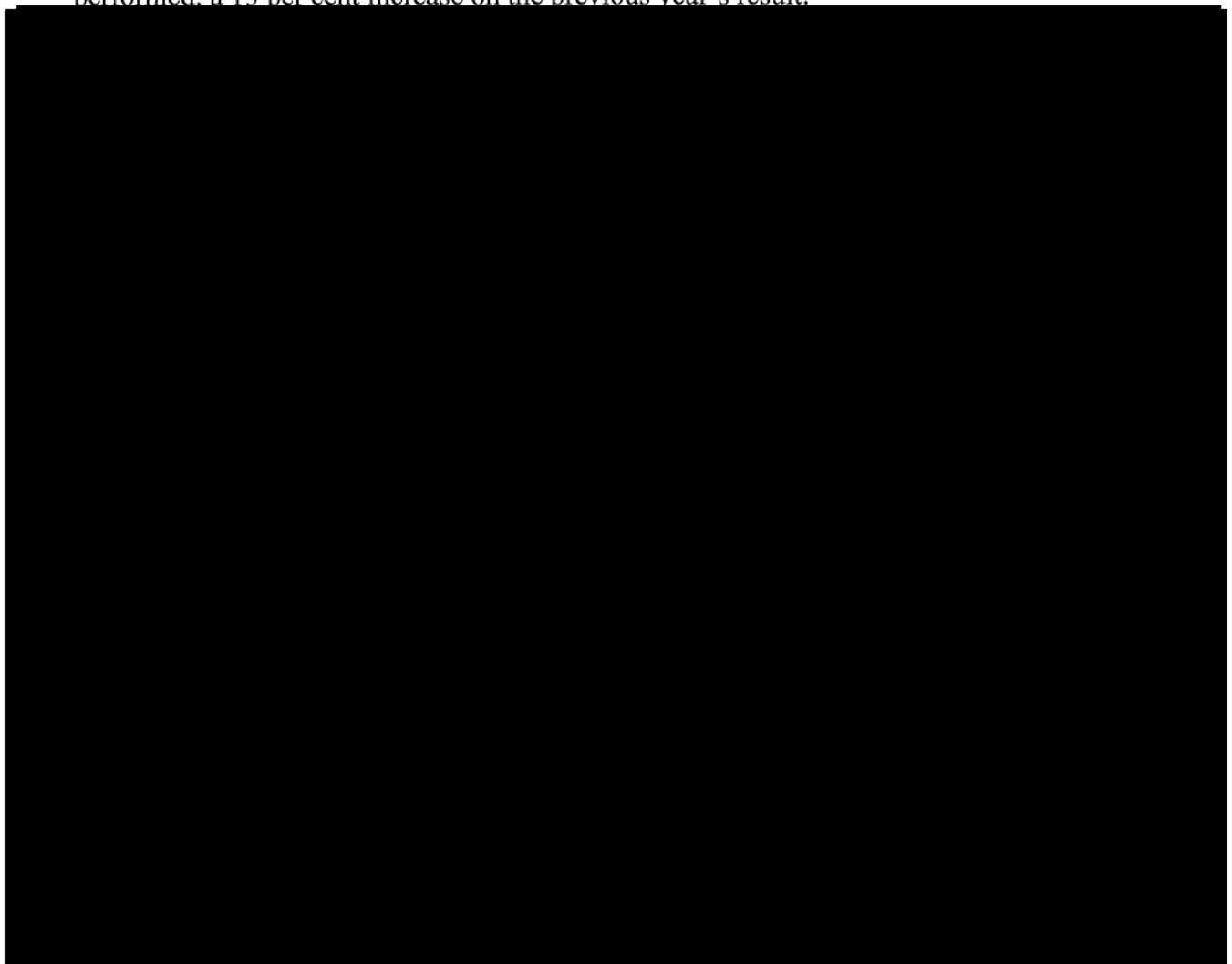
**ISSUE: ACT Health Annual Report 2015-2016**

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### Key Talking Points



2. ACT public hospitals provided record levels of elective surgery with 13,396 operations performed, a 13 per cent increase on the previous year's result.



9. Elective surgery timeliness also experienced below target results in 2015-16. This was primarily due to ACT Health undertaking a targeted long wait reduction program over the last eight months of 2015-16. This program focused on removing existing long wait patients and the

results for category two and three patients are directly related to the blitz focusing on existing long wait patients.



# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health

Cleared as correct and accurate as at: 16/3/2017

By DDG / Executive Director: Ian Thompson

Telephone: 6205 2248

Action Officer: Brendan Hall / Andrew Mitchell

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**ISSUE: ACT Public Hospital Performance (across both public hospitals)**

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### Key Talking Points



### ACT Elective Surgery Performance

1. This Government has done a lot to increase access to elective surgery. In 2015-16 a 'blitz' was undertaken to provide additional surgical capacity to address the numbers of people on the elective wait list who were waiting longer than clinically recommended times.
  2. The blitz resulted in a reduction from 1,461 patients on 30 June 2015 waiting longer than the clinically recommended timeframe to 403 patients on 30 June 2016.
  3. In many specialties there are now very few if any long waiting patients, with orthopaedics, and ear, nose and throat surgery being the only areas with some more work needing to be done over the coming months.
  4. In total over the 2015-16 financial year we achieved 13,396 elective surgeries; the highest on record.
  5. The ACT has experienced a 13 per cent increase in removals from the elective surgery waiting list for surgery from 2014-2015 to 2015-16, and a 12 per cent increase in removals from the waiting list for other reasons.
  6. As the focus of the blitz was on patients on the waiting list who had waited longer than recommended waiting times, the proportion of clients seen within recommended waiting times was lower despite the increased volume of surgery. This also contributed to the increased the median wait time for elective surgery.
  7. In the majority of surgical specialties, people are getting their surgery on time. There are a few areas where demand is currently greater than the number of theatre sessions available to manage that demand (particularly in relation to ear, nose and throat surgery and urology). ACT Health is looking at ways to enhance service delivery in these specialties.
  8. We will deliver on our commitment to significantly reduce the number of people waiting beyond recommended timeframes for surgery, and we will also work to change systems and processes to ensure that we manage demand into the future.
-

# ACT HEALTH

## ASSEMBLY BRIEF

**Minister:** Health

**Cleared as correct and accurate as at:** 20/04/2017

**By DDG / Executive Director:** Shaun Strachan

**Telephone:** 62050925

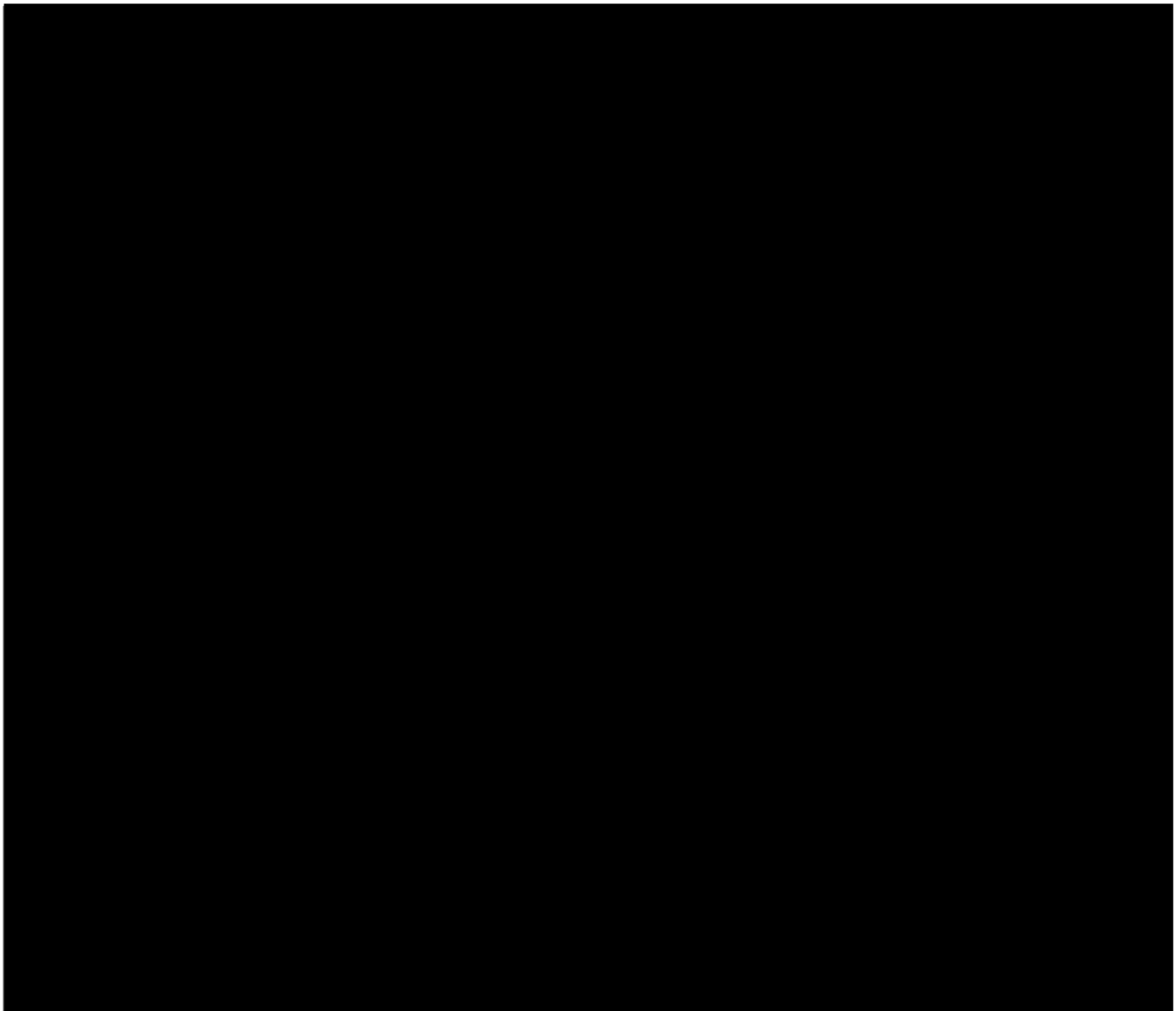
**Action Officer:** Brendan Hall / Andrew Mitchell

**Telephone:** 6207 2321 / 6207 6277

**ISSUE: ACT Public Hospital Performance (across both public hospitals)**

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### Key Talking Points



## ACT Elective Surgery Performance

1. This Government has done a lot to increase access to elective surgery. In 2015-16 a 'blitz' was undertaken to provide additional surgical capacity to address the numbers of people on the elective wait list who were waiting longer than clinically recommended times.
  2. The blitz resulted in a reduction from 1,461 patients on 30 June 2015 waiting longer than the clinically recommended timeframe to 403 patients on 30 June 2016.
  3. In total over the 2015-16 financial year we achieved 13,396 elective surgeries; the highest on record.
  4. The ACT has experienced a 13 per cent increase in elective surgery procedures performed from 2014-2015 to 2015-16.
  5. It should be noted that ACT Health is currently in the process of reviewing all published figures relating to elective surgery in line with the System Wide Data Review announced in February 2017. As such, more recent figures for elective surgery are not available and further work is being undertaken to ensure the accuracy and integrity of this information.
  6. As the focus of the blitz was on patients on the waiting list who had waited longer than recommended waiting times, the proportion of clients seen within recommended waiting times was lower despite the increased volume of surgery. This also contributed to the increased the median wait time for elective surgery.
  7. In the majority of surgical specialties, people are getting their surgery on time. There are a few areas where demand is currently greater than the number of theatre sessions available to manage that demand (particularly in relation to ear, nose and throat surgery and urology). ACT Health is looking at ways to enhance service delivery in these specialties.
  8. We will deliver on our commitment to significantly reduce the number of people waiting beyond recommended timeframes for surgery, and we will also work to change systems and processes to ensure that we manage demand into the future.
-



# ACT HEALTH

## ASSEMBLY BRIEF

27

Minister: Health

Cleared as correct and accurate as at: 26/06/2017

By DDG / Executive Director: Shaun Strachan

Telephone: 62050925

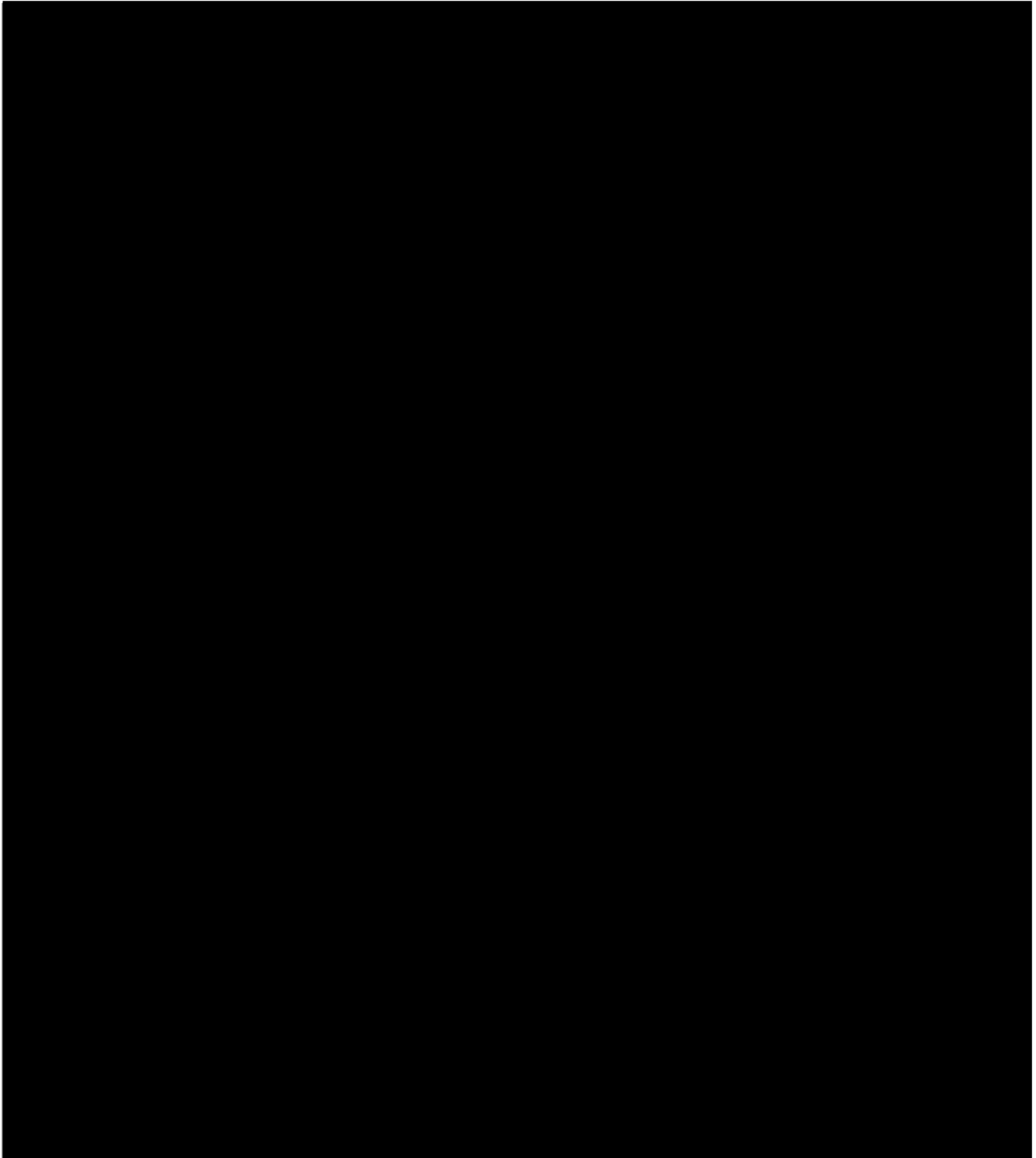
Action Officer: Brendan Hall / Andrew Mitchell

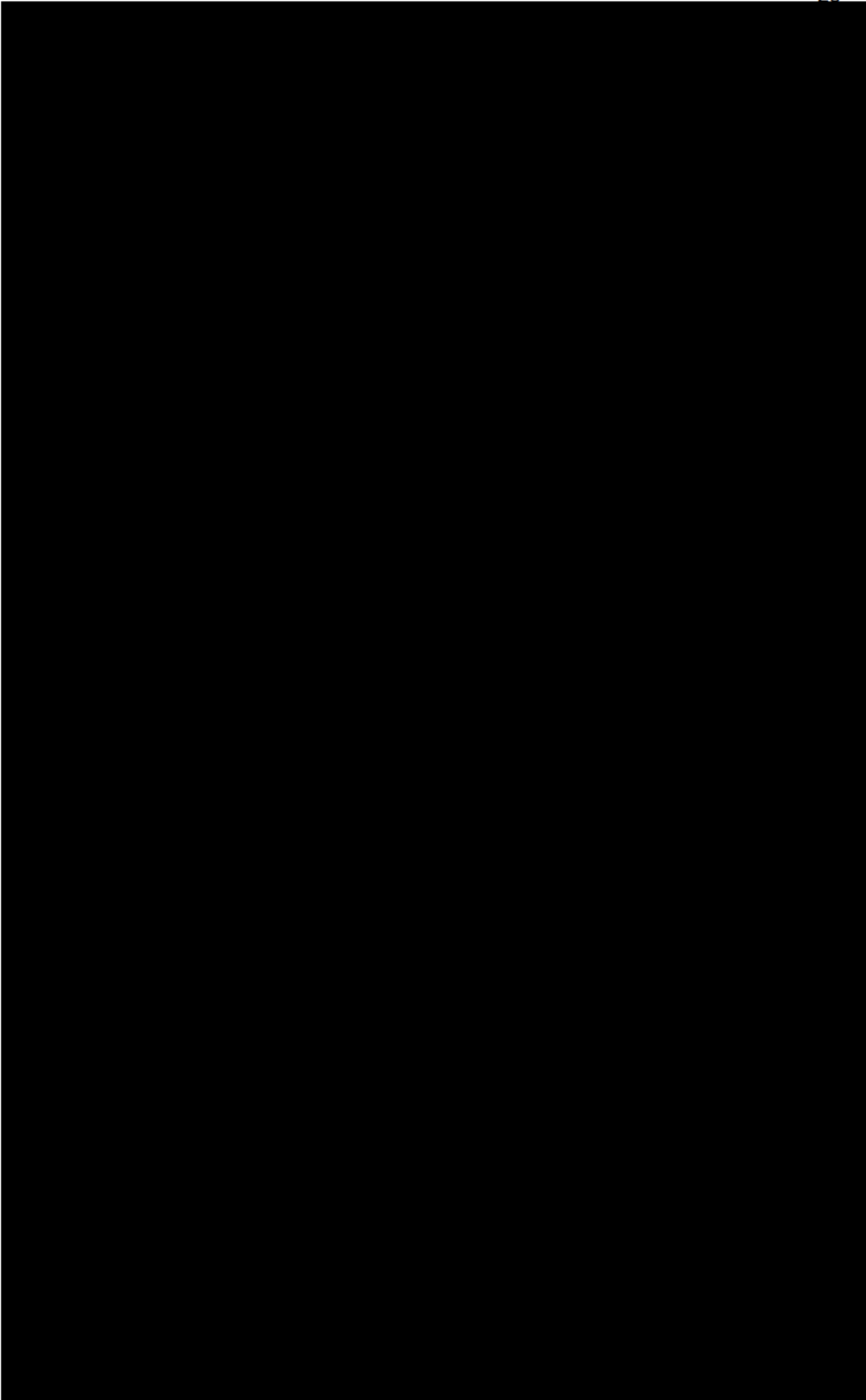
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**ISSUE: ACT Public Hospital Performance (across both public hospitals)**

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### Key Talking Points





### ACT Elective Surgery Performance

1. This Government has done a lot to increase access to elective surgery. In 2015-16 a ‘blitz’ was undertaken to provide additional surgical capacity to address the numbers of people on the elective wait list who were waiting longer than clinically recommended times.
2. The blitz resulted in a reduction from 1,442 patients on 30 September 2015 waiting longer than the clinically recommended timeframe to 292 patients as at 31 March 2017, an improvement of 80%.
3. It should be noted that ACT Health is currently in the process of reviewing all published figures relating to elective surgery in line with the System Wide Data Review announced in February 2017. However, *provisional data* for the elective surgery strategic indicator for 2016-17 is as follows:

**Table 1 – Provisional Indicator Data from Source Systems that may change as data matures**

Reducing the amount of long wait patients waiting to receive their elective surgery			
	As at 30 Sept 2015	As at 31 Mar 2017	% change
Total Long Waits	1442	292	80%
Paediatrics Long Waits	95	14	85%

4. The focus of the blitz was on patients on the waiting list who had waited longer than recommended waiting times.
5. The goal of the blitz in relation to paediatrics was to achieve zero long waits.
6. In the majority of surgical specialties, people are getting their surgery on time. There are a few areas where demand is currently greater than the number of theatre sessions available to manage that demand (particularly in relation to ear, nose and throat surgery and urology). ACT Health is looking at ways to enhance service delivery in these specialties.
7. We will deliver on our commitment to significantly reduce the number of people waiting beyond recommended timeframes for surgery, and we will also work to change systems and processes to ensure that we manage demand into the future.
8. The System-Wide Review is underway and Elective Surgery List data is a priority to ensure robust data is available.

# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health

Cleared as correct and accurate as at: 12/6/2017

By DDG / Executive Director: Daniel Wood

Telephone: 62443515

Action Officer: Sue Simpson

Telephone: 61747061

### ISSUE: **Obesity Management Service and Bariatric Surgery**

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#### Key Talking Points

##### Obesity Management Service

1. The Obesity Management Service (OMS) was funded by the ACT Government in the 2013/14 budget following the Obesity Service Redesign Project.
2. The OMS started to receive referrals in January 2014 and saw its first patient in February 2014 at the Belconnen Community Health Centre (BCHC).
3. The service is staffed with a multidisciplinary team including a dietician, psychologist, physiotherapist and exercise physiologist as well as doctors and nursing staff. The service is part of the Chronic Disease Management Unit within the Division of Medicine at Canberra Hospital and Health Services (CHHS).
4. The OMS is located at BCHC and patients have access to the centre's facilities for non-surgical management of their condition. In addition, discussions are taking place with three local general surgeons to provide bariatric surgery to those patients who are deemed clinically appropriate for this surgery.
5. The OMS serves people with Class III obesity, which is defined by a Body Mass Index (BMI) of 40kg/m<sup>2</sup> and over. The service prepares and supports individual Obesity Management Plans for patients, focusing on improving patient risk factor profiles and wellbeing through physical activity, education, and psychological and community support. Care coordinations is also provided where necessary for patients with particularly complex needs. This involves more intensive support from a case manager in order to help patients reach their goals.
6. The service also champions the improvement of health outcomes for this often disadvantaged patient group by providing support for policy development, collaborative community development, research and professional education.

##### Bariatric Surgery

7. The Government provided funding to establish bariatric (gastric sleeve) surgery for public patients who meet the requirements for this surgery as determined by the OMS. Only current OMS patients who have met the criteria will be offered access to gastric sleeve surgery.
8. The funding provides for 50 gastric sleeve procedures to be conducted each year, over four years, with a review after that time to consider further expansion of the service, after evaluation of its effectiveness.
9. There have been delays in establishing the service with no gastric sleeve procedures undertaken on public patients to date.

10. The Clinical Director, Territory Wide Surgical Services (TWSS) has met with three general surgeons who are able to provide gastric sleeve surgery. Negotiations are currently underway to ensure that the necessary equipment to support bariatric patients within the operating theatre and clinical areas is available.
11. Discussions continue between the Clinical Director TWSS, Clinical Director OMS and the three General Surgeons to review the model of care and the clinical pathway for those patients who are eligible to access gastric sleeve surgery.

## **Background**

12. The establishment of the OMS at CHHS was part of the Obesity Service Redesign Project, to review available evidence and data relating to the growing number of adults in the ACT who were obese and living with chronic diseases and/or other co-morbidities. The project team held discussions with health professionals and patients to redesign the models of care for obese patients, towards a model that appropriately managed and supported their condition as a chronic disease.
  13. In April 2012, the ACT Obesity Interest Network was established with the aim of improving the health outcomes for people with obesity through improved clinical data collection and policy improvements for existing services. In June 2013, CHHS was successful in its funding proposal for the OMS to commence in early 2014.
  14. In October 2013, the ACT Government released “Towards Zero Growth Health Weight Action Plan”(Towards Zero Growth), which set the target of “zero growth” for obesity in the ACT by 2020. The action plan identified six themes where regulatory control and preventative initiatives would be implemented. Meanwhile, the planning for the Obesity Management Service continued, and a location for the new service was identified at the new BCHC.
  15. After it was determined that significant infrastructure was required to provide bariatric surgery to the relatively small number of cases appropriate for surgery which were identified in the initial years of the OMS, ACT Health sought to tender this service to the private sector, rather than establish a service at CHHS. Only two private hospitals in the ACT conduct bariatric surgery: Calvary Private Hospital and Calvary John James Hospital. Tendering for the provision of bariatric (gastric sleeve) surgery was unsuccessful on two attempts.
  16. In late 2016, the clinical director TWSS and the executive director, Division of Surgery and Oral Health met with the three local general surgeons with an interest in bariatric surgery. Discussions have continued into 2017, with equipment needs being identified in May 2017 and the necessary submission made for purchase.
  17. Currently, the executive director Division of Surgery and Oral Health is awaiting feedback on the current OMS Model of Care (MoC) and clinical pathway for bariatric surgery patients. After this, a consultative meeting will be held with the three surgeons and the OMS to further progress a bariatric surgery service for public patients.
-

# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health and Wellbeing  
Cleared as correct and accurate as at: 17/07/2017  
By DDG / Executive Director: Daniel Wood  
Telephone: 6244 3515  
Action Officer: Sue Simpson  
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### ISSUE: **Bariatric Surgery – Update on delays and progress**

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#### **Key Talking Points**

- The Government provided funding to establish a bariatric surgery service for public patients who meet the requirements for this surgery as determined by the Obesity Management Service (OMS).
- The funding provides for a program of surgeries to be delivered over four years with a review after that time to consider further expansion of this service after an evaluation of its effectiveness.
- Only people referred from the OMS will be able to access public bariatric surgery.
- There are currently five patients who have been identified by the OMS as being suitable for bariatric surgery and are awaiting potential surgery.
- Of these five patients, two have been seen by a general surgeon and three will see the general surgeon in the coming weeks for pre-operative assessment, with surgery planned for completion by the end of 2017.

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#### **Background**

In October 2013, the ACT Government released the Towards Zero Growth Healthy Weight Action Plan (Towards Zero Growth), which set the target of ‘zero growth’ for obesity in the ACT by 2020.

The action plan identified six themes where regulatory control and preventative initiatives would be implemented, and these included: food environments, schools, workplaces, urban planning, social inclusion and evaluation.

The initiative included \$1.03 million over four years for bariatric surgery. Bariatric surgery provides a surgical option for people struggling with obesity and it is closely linked to the OMS.

The OMS is identified as being the pathway for patients who were assessed as being suitable, to gain access to bariatric surgery

The Government made a commitment to provide public bariatric surgery from February 2015.

The approach was based on informal, yet sound agreements between ACT Health and the sole private provider of these services.

It is acknowledged that there have been significant delays in establishing access to bariatric surgery.

Given the infrastructure required and the relatively small number of cases in the initial years of the bariatric surgery program, ACT Health sought to tender this work to the private sector.

Only two private hospitals provide bariatric surgery Calvary Private Bruce and Calvary John James Hospital.

Two tender processes failed due to neither hospital providing a response to the tender (despite consultation with both hospitals suggesting that a response would be submitted).

In 2016, discussions with the two General Surgeons who conduct private bariatric surgery in the ACT recommenced.

In 2017, a commitment was gained from the two General Surgeons, that bariatric surgery would be conducted at Canberra Hospital and Health Services (CHHS).

The equipment and resources necessary to support bariatric surgery at CHHS have been purchased and is being put in place.

The OMS has recently redesigned their Model of Care to strengthen the criteria and clinical pathway for patients to include post-operative review and management.

One patient originally identified by the OMS as a suitable candidate for pre-surgical assessment with the general surgeon has since elected to undergo bariatric surgery as a private patient.

# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health and Wellbeing

Cleared as correct and accurate as at: 18/07/2017

By DDG / Executive Director: Karen Chudleigh

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Action Officer: Silvoja Stefanovic

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**ISSUE: ACT Public Hospital Performance – Elective Surgery (across both public hospitals)**

### Key Talking Points

#### ACT Elective Surgery Performance

- This Government has done a lot to increase access to elective surgery. In 2015-16 a ‘blitz’ was undertaken to provide additional surgical capacity to address the numbers of people on the elective wait list who were waiting longer than clinically recommended times.
- The blitz resulted in a reduction from 1,451 patients on 30 September 2015 waiting longer than the clinically recommended timeframe to 464 patients as at 30 June 2017, an improvement of almost 70 per cent.
- It should be noted that ACT Health is currently in the process of reviewing all published figures relating to elective surgery in line with the System Wide Data Review announced in February 2017. However, *provisional data* for the elective surgery strategic indicator for 2016-17 is as follows:

**Table 1 – Provisional Indicator Data from Source Systems that may change as data matures**

Reducing the amount of long wait patients waiting to receive their elective surgery	As at 30	As at 30	% change
	Sept 2015	June 2017	
Total Long Waits	1451	464	-68%
Paediatrics Long Waits	58	30	-48%

- The focus of the blitz was on patients on the waiting list who had waited longer than recommended waiting times.
- The goal of the blitz in relation to paediatrics was to achieve zero long waits.
- In the majority of surgical specialties, people are getting their surgery on time. There are a few areas where demand is currently greater than the number of theatre sessions available to manage that demand (particularly in relation to ear, nose and throat surgery and urology). ACT Health is looking at ways to enhance service delivery in these specialties.



- The following table shows the number of long wait patients by specialty by quarter since September 2015:

Specialty	30/09/2015	31/12/2015	31/03/2016	30/06/2016	30/09/2016	31/12/2016	31/03/2017	30/06/2017
Cardiothoracic surgery	3	1	0	0	0	0	0	0
Ear nose and throat	349	354	278	161	96	63	83	137
General surgery	64	63	37	15	12	9	28	42
Gynaecology	55	43	37	15	5	6	6	14
Gynaecological oncology	0	1	0	0	0	0	0	0
Head and neck surgery	0	2	4	4	0	0	1	0
Neurosurgery	6	4	1	1	1	2	4	3
Ophthalmology	47	35	42	6	3	9	17	28
Oral maxillofacial surgery	13	5	5	0	0	2	4	6
Orthopaedics	540	501	278	119	49	29	51	47
Oral Surgery	2	5	1	3	7	8	10	16
Paediatric day surgery	58	43	31	7	0	0	11	30
Plastic surgery	28	32	26	13	7	5	10	18
Thoracic surgery	1	0	0	0	0	0	0	0
Urology	156	162	169	12	32	38	96	119
Vascular surgery	129	150	144	14	0	5	4	4
<b>Total</b>	<b>1451</b>	<b>1401</b>	<b>1053</b>	<b>370</b>	<b>212</b>	<b>176</b>	<b>325</b>	<b>464</b>

- We will deliver on our commitment to significantly reduce the number of people waiting beyond recommended timeframes for surgery, and we will also work to change systems and processes to ensure that we manage demand into the future.
- The ACT Health System-Wide Data Review is underway and Elective Surgery List data is a priority to ensure robust data is available.

# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health and Wellbeing  
 Cleared as correct and accurate as at: 29/08/2017  
 By DDG / Executive Director: Daniel Wood  
 Telephone: 6244 3515  
 Action Officer: Sue Simpson  
 Telephone: 61747061

### ISSUE: Bariatric Surgery – Update on delays and progress

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#### Key Talking Points

- The Government provided funding to establish a bariatric surgery service for public patients who meet the requirements for this surgery as determined by the Obesity Management Service (OMS).
  - The funding provides for a program of surgeries to be delivered over four years with a review after that time to consider further expansion of this service after an evaluation of its effectiveness.
  - Only people referred from the OMS will be able to access public bariatric surgery.
  - A number of patients have been identified by the OMS as being suitable for bariatric surgery and are awaiting potential surgery. These patients are being reviewed by a general surgeon, with surgery anticipated by the end of 2017, dependent on surgical review.
- 

#### Background

In October 2013, the ACT Government released the Towards Zero Growth Healthy Weight Action Plan (Towards Zero Growth), which set the target of ‘zero growth’ for obesity in the ACT by 2020. The action plan indentified six themes where regulatory control and preventative initiatives would be implemented, and these included: food environments, schools, workplaces, urban planning, social inclusion and evaluation.

The initiative included \$1.03 million over four years for bariatric surgery. Bariatric surgery provides a surgical option for people struggling with obesity and it is closely linked to the OMS.

The OMS is identified as being the pathway for patients who were assessed as being suitable, to gain access to bariatric surgery

The Government made a commitment to provide public bariatric surgery from February 2015. The approach was based on informal, yet sound agreements between ACT Health and the sole private provider of these services.

It is acknowledged that there have been significant delays in establishing access to bariatric surgery. Given the infrastructure required and the relatively small number of cases in the initial years of the bariatric surgery program, ACT Health sought to tender this work to the private sector.

Only two private hospitals provide bariatric surgery Calvary Private Bruce and Calvary John James Hospital. Two tender processes failed due to neither hospital providing a response to the tender (despite consultation with both hospitals suggesting that a response would be submitted).

In 2016, discussions with the two General Surgeons who conduct private bariatric surgery in the ACT recommenced. In 2017, a commitment was gained from the two General Surgeons, that bariatric surgery would be conducted at Canberra Hospital.

The equipment and resources necessary to support bariatric surgery at Canberra Hospital have been purchased and are being installed.

The OMS has recently redesigned their Model of Care to strengthen the criteria and clinical pathway for patients to include post-operative review and management.

ACT Health anticipates completing six surgeries in the initial phase, and planning further surgeries after review of the initial six cases.

# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health and Wellbeing  
Cleared as correct and accurate as at: 10/10/2017  
By DDG / Executive Director: Daniel Wood  
Telephone: 6244 3515  
Action Officer: Sue Simpson  
Telephone: 61747061

### ISSUE: Bariatric Surgery – Update on delays and progress

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#### Key Talking Points

- The Government has provided funding to establish a bariatric surgery service for public patients who meet the requirements for this surgery as determined by the Obesity Management Service (OMS).
- The funding provides for a program of surgeries to be delivered over four years with a review after that time to consider further expansion of this service after an evaluation of its effectiveness.
- Only people referred from the OMS will be able to access public bariatric surgery.
- The first cohort of patients have been identified by the OMS as being suitable for bariatric surgery after assessment by the General Surgeon.
- The first surgeries have been completed. Review of cases during this initial phase of the new service is ongoing.

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#### Background

In October 2013, the ACT Government released the Towards Zero Growth Healthy Weight Action Plan (Towards Zero Growth), which set the target of ‘zero growth’ for obesity in the ACT by 2020. The action plan identified six themes where regulatory control and preventative initiatives would be implemented, and these included: food environments, schools, workplaces, urban planning, social inclusion and evaluation.

The initiative included \$1.03 million over four years for bariatric surgery. Bariatric surgery provides a surgical option for people struggling with obesity and it is closely linked to the OMS.

The OMS is identified as being the pathway for patients who were assessed as being suitable, to gain access to bariatric surgery.

The Government made a commitment to provide public bariatric surgery from February 2015. The approach was based on informal, yet sound agreements between ACT Health and the sole private provider of these services.

It is acknowledged that there have been significant delays in establishing access to bariatric surgery. Given the infrastructure required and the relatively small number of cases in the initial years of the bariatric surgery program, ACT Health sought to tender this work to the private sector.

Only two private hospitals provide bariatric surgery Calvary Private Bruce and Calvary John James Hospital. Two tender processes failed due to neither hospital providing a response to the tender (despite consultation with both hospitals suggesting that a response would be submitted).

In 2016, discussions with the two General Surgeons who conduct private bariatric surgery in the ACT recommenced. In 2017, a commitment was gained from the two General Surgeons, that bariatric surgery would be conducted at Canberra Hospital.

The equipment and resources necessary to support bariatric surgery at Canberra Hospital have been purchased and are being installed.

The OMS has recently redesigned their Model of Care to strengthen the criteria and clinical pathway for patients to include post-operative review and management.

# ACT HEALTH

## ASSEMBLY BRIEF

**Minister:** Health and Wellbeing  
**Cleared as correct and accurate as at:** 12/10/2017  
**By Executive Director:** Mark Dykgraaf  
**Telephone:** 43125  
**Action Officer:** Pieta McCarthy  
**Telephone:** 45221

### ISSUE: Elective Surgery Waiting Lists

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#### Context

ACT Health has done a lot to increase access to elective surgery. In 2015-16 a 'blitz' was undertaken to provide additional surgical capacity to address the numbers of people on the elective wait list who were waiting longer than clinically recommended times.

#### Key Talking Points

- At the end of September 2017, there were 5,137 patients waiting on the ACT Elective Surgery Waiting Lists, see Table 1. This is a decrease of 64 patients from the previous quarter.

**Table 1: ACT Public Elective Surgery Waiting Lists as at 30 September 2017**

Specialty	On Census	Long Wait Patients
<b>Total</b>	<b>5,137</b>	<b>505</b>
Cardiothoracic surgery	8	0
Ear nose and throat	1,088	174
General surgery	575	54
Gynaecology	421	19
Gynaecological oncology	4	0
Head and neck surgery	0	0
Neurosurgery	109	8
Ophthalmology	756	35
Oral maxillofacial surgery	86	1
Orthopaedics	1,012	39
Oral Surgery	136	31
Paediatric day surgery	216	53
Plastic surgery	237	24
Thoracic surgery	3	0
Urology	352	57
Vascular surgery	134	10

- At the end of September 2017, there were 505 patients waiting longer than clinically recommended for their elective surgery, see Table 1. This is an increase of 41 patients, see Table 2.

Table 2: Patients waiting longer than clinically recommend Quarterly July 2015-Sep 2017

Q1 9/15	Q2 12/15	Q3 3/16	EOFY16	Q1 9/16	Q2 12/16	Q3 3/17	EOFY 17	Q9 9/18
1451	1401	1053	370	212	176	325	464	505

- Planning for 2017-2018 Elective Surgery Plan is near finalisation. Activity Targets have been set so that they include the projected number of patients waiting longer than clinically recommended in this years' activity requirements.
- Performance Indicators for 2017-18 include:
  - a. There are less than 144 patients waiting longer than clinically recommended;
  - b. Zero general surgery paediatric patients waiting longer than clinically recommended;
  - c. 90 per cent of patients added to the Elective Surgery Waiting List receive their surgery on time; and
  - d. Reinforcement and monitoring of the Waiting Time and Elective Surgery Access Policy.

#### Media Dot Point

ACT Health is committed to significantly reducing the number of people waiting beyond the recommended timeframes for surgery.

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# ACT HEALTH

## ASSEMBLY BRIEF

Minister: Health and Wellbeing

Cleared as correct and accurate as at: 10/10/2017

By DDG / Executive Director: Daniel Wood

Telephone: 6244 3515

Action Officer: Sue Simpson

Telephone: 61747061

### ISSUE: Bariatric Surgery – Update on delays and progress

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#### Key Talking Points

- The Government has provided funding to establish a bariatric surgery service for public patients who meet the requirements for this surgery as determined by the Obesity Management Service (OMS).
- The funding provides for a program of surgeries to be delivered over four years with a review after that time to consider further expansion of this service after an evaluation of its effectiveness.
- Only people referred from the OMS will be able to access public bariatric surgery.
- The first cohort of patients have been identified by the OMS as being suitable for bariatric surgery after assessment by the General Surgeon.
- The first surgeries have been completed. Review of cases during this initial phase of the new service is ongoing.

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#### Background

In October 2013, the ACT Government released the Towards Zero Growth Healthy Weight Action Plan (Towards Zero Growth), which set the target of ‘zero growth’ for obesity in the ACT by 2020. The action plan identified six themes where regulatory control and preventative initiatives would be implemented, and these included: food environments, schools, workplaces, urban planning, social inclusion and evaluation.

The initiative included \$1.03 million over four years for bariatric surgery. Bariatric surgery provides a surgical option for people struggling with obesity and it is closely linked to the OMS.

The OMS is identified as being the pathway for patients who were assessed as being suitable, to gain access to bariatric surgery.

The Government made a commitment to provide public bariatric surgery from February 2015. The approach was based on informal, yet sound agreements between ACT Health and the sole private provider of these services.

It is acknowledged that there have been significant delays in establishing access to bariatric surgery. Given the infrastructure required and the relatively small number of cases in the initial years of the bariatric surgery program, ACT Health sought to tender this work to the private sector.



Only two private hospitals provide bariatric surgery Calvary Private Bruce and Calvary John James Hospital. Two tender processes failed due to neither hospital providing a response to the tender (despite consultation with both hospitals suggesting that a response would be submitted).

In 2016, discussions with the two General Surgeons who conduct private bariatric surgery in the ACT recommenced. In 2017, a commitment was gained from the two General Surgeons, that bariatric surgery would be conducted at Canberra Hospital.

The equipment and resources necessary to support bariatric surgery at Canberra Hospital have been purchased and are being installed.

The OMS has recently redesigned their Model of Care to strengthen the criteria and clinical pathway for patients to include post-operative review and management.

# ACT HEALTH

## ASSEMBLY BRIEF

**Minister:** Health and Wellbeing  
**Cleared as correct and accurate as at:** 12/10/2017  
**By Executive Director:** Mark Dykgraaf  
**Telephone:** 43125  
**Action Officer:** Pieta McCarthy  
**Telephone:** 45221

### ISSUE: Elective Surgery Waiting Lists

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#### Context

ACT Health has done a lot to increase access to elective surgery. In 2015-16 a 'blitz' was undertaken to provide additional surgical capacity to address the numbers of people on the elective wait list who were waiting longer than clinically recommended times.

#### Key Talking Points

- At the end of September 2017, there were 5,137 patients waiting on the ACT Elective Surgery Waiting Lists, see Table 1. This is a decrease of 64 patients from the previous quarter.

Table 1: ACT Public Elective Surgery Waiting Lists as at 30 September 2017

Specialty	On Census	Long Wait Patients
<b>Total</b>	<b>5,137</b>	<b>505</b>
Cardiothoracic surgery	8	0
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General surgery	575	54
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Oral Surgery	136	31
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Plastic surgery	237	24
Thoracic surgery	3	0
Urology	352	57
Vascular surgery	134	10

- At the end of September 2017, there were 505 patients waiting longer than clinically recommended for their elective surgery, see Table 1. This is an increase of 41 patients, see Table 2.

Table 2: Patients waiting longer than clinically recommend Quarterly July 2015-Sep 2017

Q1 9/15	Q2 12/15	Q3 3/16	EOFY16	Q1 9/16	Q2 12/16	Q3 3/17	EOFY 17	Q9 9/18
1451	1401	1053	370	212	176	325	464	505

- Planning for 2017-2018 Elective Surgery Plan is near finalisation. Activity Targets have been set so that they include the projected number of patients waiting longer than clinically recommended in this years' activity requirements.
- Performance Indicators for 2017-18 include:
  - a. There are less than 144 patients waiting longer than clinically recommended;
  - b. Zero general surgery paediatric patients waiting longer than clinically recommended;
  - c. 90 per cent of patients added to the Elective Surgery Waiting List receive their surgery on time; and
  - d. Reinforcement and monitoring of the Waiting Time and Elective Surgery Access Policy.

### Media Dot Point

ACT Health is committed to significantly reducing the number of people waiting beyond the recommended timeframes for surgery.

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# ACT HEALTH

## ASSEMBLY BRIEF

**Minister:** Health and Wellbeing

**Cleared as correct and accurate as at:** 27/10/17

**By Director:** Elizabeth Tobler

**Telephone:** 6207 5853

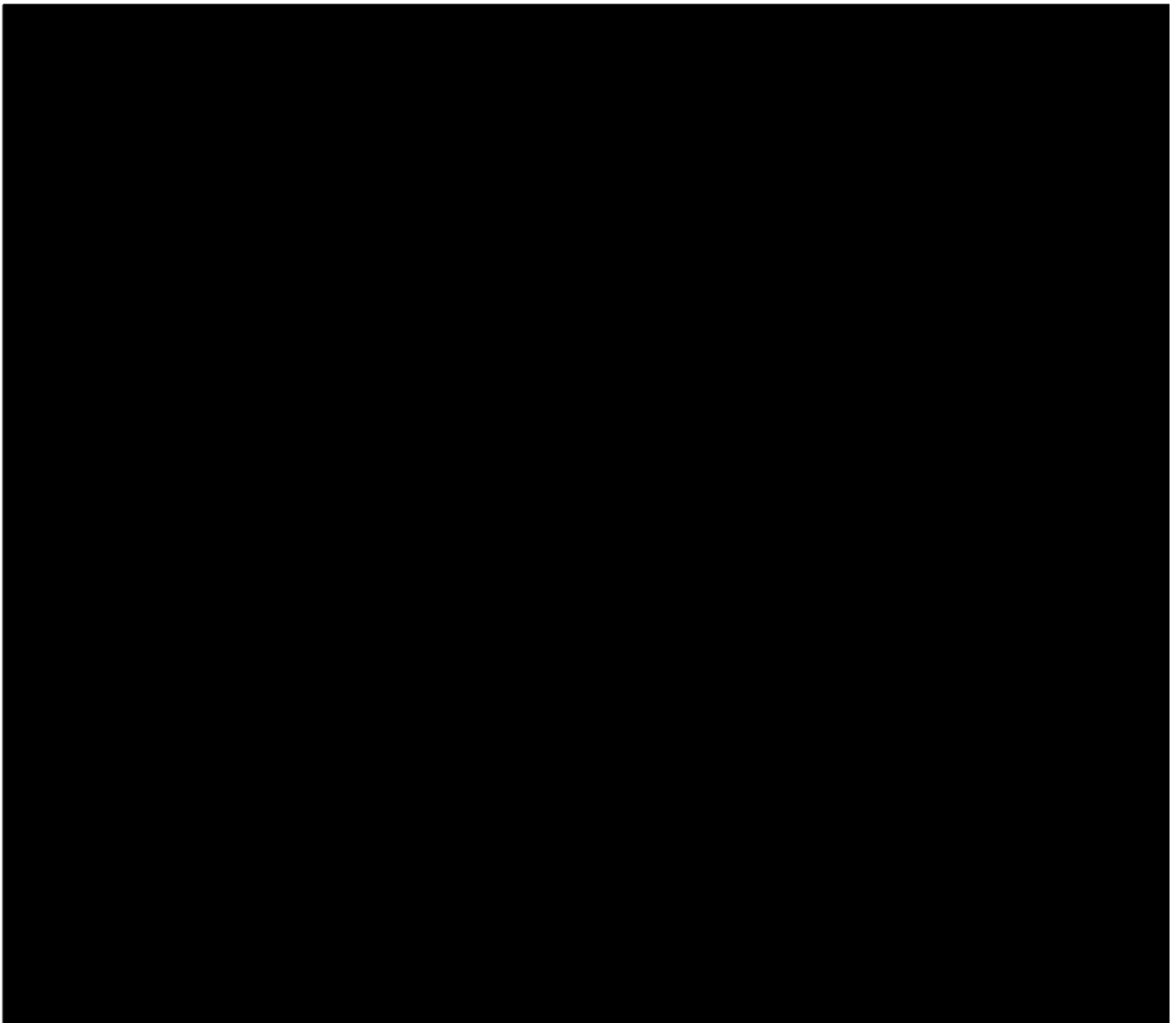
**Action Officer:** Krystal Craig

**Telephone:** 6207 5901

**ISSUE:** ACT Health Annual Report 2016-2017

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### Key Talking Points



- The 2016-17 target of 78 per cent for semi urgent elective surgery cases admitted on time was exceeded (achieved 81 per cent). When compared to 2015–16, the percentage of elective surgery cases admitted on time improved in 2016-17:
  - 92 per cent of urgent cases were admitted on time, compared to 87 per cent in 2015-16
  - 81 per cent of semi urgent cases were admitted on time, compared to 59 per cent in 2015-16
  - 88 per cent of non nurgent cases were admitted on time, compared to 71 per cent in 2015-16.







## Is the ACT showing improvements in elective surgery waiting times?

- ACT Health is committed to providing care for the right patient at the right time in the right place. As part of this, we are also committed to minimising the number of people waiting beyond clinically recommended timeframes for surgery in the ACT.
- In recent years, the ACT Government has done a lot to increase access to elective surgery with record levels of procedures being achieved. For example, in 2016-17, there were a total of 12,826 surgical removals from the ACT Health Elective Surgery Waiting list. This was well over our target of 12,500 for the year.
- Although it is pleasing to see we are reaching our targets for the number of procedures performed, the demand for both emergency and elective surgery continues to grow.
- As a result of this demand, what the ROGS report shows is that the ACT has higher median wait times for certain elective surgery procedures than the national median wait times.
- ACT Health recognises that getting on top of the wait list is a challenge for a small jurisdiction like the ACT and this will continue to be a key priority in 2018.
- ACT Health is committed to addressing elective surgery waiting lists so that more people can come off the waiting list and get the care they need when they need it.
- To build on the work that has been done in recent years to increase access to surgery, the ACT Government is providing \$6.372m to enable ACT Health to achieve a target of 13,660 elective surgery procedures territory wide. This funding will provide an additional 834 cases across the territory. ACT Health has commenced cross territory planning to complete a range of surgeries for patients, with a key focus on those who are currently waiting beyond the recommended timeframes.
- With our continued focus on reducing our waiting lists for all categories of elective surgery, ACT Health anticipates minimising the number of patients who are waiting longer than clinically recommended by June 2018.

### Specifications

Data Reviewed:

*“There are no known issues with the data contained in this Report however ACT Health is undergoing a system-wide data review that will be finalised 31 March 2018. Prior to the publication of any data contained within this report, written approval must be sought from ACT Health”*



**ISSUE: BARIATRIC SURGERY****Talking points:**

- The Government has provided funding to establish a public bariatric surgery service.
- Clinical eligibility for this surgery is determined by doctors in the Obesity Management Service (OMS), followed by an assessment with a general surgeon, who performs the procedure.
- Canberra Hospital began delivering bariatric surgery in late 2017. By the end of December 2017, three surgeries had been completed, with further patients identified for review to establish their clinical eligibility for this procedure.
- Assessment of the pathway and model of care is ongoing.

**Key Information**

- Bariatric surgery provides a surgical option for people struggling with obesity and is closely linked to the OMS.
- In 2017, the OMS Model of Care was revised to strengthen the criteria and clinical pathway for patients who may benefit from bariatric surgery, including post-operative review and management.

**Background Information – may not be suitable for public disclosure**

- In October 2013, the ACT Government released the Towards Zero Growth Healthy Weight Action Plan (Towards Zero Growth), which set the target of 'zero growth' for obesity in the ACT by 2020. The Action Plan identified initiatives including \$1.03 million over four years for bariatric surgery.
- Towards Zero Growth identified six themes where regulatory control and preventative initiatives would be implemented, including: food environments, schools, workplaces, urban planning, social inclusion and evaluation.
- The Government committed to providing public bariatric surgery from February 2015 based on informal, yet sound agreements between ACT Health and the entity who was then the sole provider of these services. However, there were delays in establishing the service. Infrastructure requirements and a relatively small number of cases led ACT Health to consider a tender to the private sector.

Cleared as complete and accurate: 18/01/2018  
Cleared by: Chris Bone Deputy Director-General Ext: 6244 2728  
Contact Officer Name: Daniel Wood Ext: 6244 3515  
Lead Directorate: Health

## QUESTION TIME BRIEF

- In 2016, discussions occurred with two General Surgeons who conduct private bariatric surgery in the ACT. In 2017, the surgeons committed to conducting bariatric surgery for public patients at Canberra Hospital.

Cleared as complete and accurate: 18/01/2018  
Cleared by: Chris Bone Deputy Director-General Ext: 6244 2728  
Contact Officer Name: Daniel Wood Ext: 6244 3515  
Lead Directorate: Health

**ISSUE: ELECTIVE SURGERY WAITING LIST****Talking points:**

- ACT Health is committed to reducing the number of people waiting beyond clinically recommended timeframes for surgery. Overall, there have been challenges in managing demand for elective surgery in the last twelve months, with more people being added to the waiting list than removed from it.
- ACT Health performed well in many specialties last year. High rates of timeliness for elective surgery were achieved in cardiac, thoracic, gynaecology, head and neck, obstetrics and vascular surgery.
- However, we are still seeing a growth in the need for more emergency and elective surgery. To build on the good work that has been done in recent years, we have announced that the ACT Government is funding an additional \$6.3 million for more surgeries, including elective surgery.
- Workforce issues in the attraction and retention of surgeons and anaesthetists in the public sector are a key challenge, most notably in the specialities where wait times are longer, and are being worked through by ACT Health through a workforce attraction strategy that will play a large part in making sure we have the skills and expertise for elective surgery and our growth in ehealth and hospital services.

**Key Information**

- Nil

**Background Information – may not be suitable for public disclosure**

- 7602 patients were added to the ACT Elective Surgery Waiting List (ESWL) between 1 July and 31 December 2017, and 6431 were removed, bringing the total number of people waiting on 31 December 2017 to 5312. This is an increase of 114 patients on the number waiting at 30 June 2017.
- Of the 5312 patients on the ESWL on 31 December 2017, 584 had waited longer than clinically recommended for their elective surgery. This is an increase of 408 patients compared to 31 December 2016, and an increase of 120 compared to 30 June 2017, equating to a four per cent decrease in timeliness of surgery in the six months to 31 December 2017.

Cleared as complete and accurate: 19/01/2018  
Cleared by: Mark Dykgraaf Executive Director Ext: 42169  
Contact Officer Name: Andrew Mitchell Ext: 76277  
Lead Directorate: Health

## QUESTION TIME BRIEF

- Under the 2017-18 Elective Surgery Plan, activity targets have been set to reduce the number of patients waiting longer than clinically recommended. Comments against the performance indicators are as follows:
  - There are currently 584 patients waiting longer than clinically recommended, against a target of 144 by 30 June 2018;
  - Currently, 33 per cent of general paediatric surgery patients are waiting longer than clinically recommended against a target of zero by 30 June 2018;
  - Currently, 80 per cent of patients added to the ESWL receive their surgery on time, against a target of 90 per cent by 30 June 2018; and
  - Reinforcement and monitoring of the Waiting Time and Elective Surgery Access Policy is ongoing.

Cleared as complete and accurate: 19/01/2018  
Cleared by: Mark Dykgraaf Executive Director Ext: 42169  
Contact Officer Name: Andrew Mitchell Ext: 76277  
Lead Directorate: Health

**ISSUE: ELECTIVE SURGERY WAITING LIST****Talking points:**

- ACT Health is committed to reducing the number of people waiting beyond clinically recommended timeframes for surgery. Overall, there have been challenges in managing demand for elective surgery in the last twelve months, with more people being added to the waiting list than removed from it.
- ACT Health performed well in many specialties last year. High rates of timeliness for elective surgery were achieved in cardiac, thoracic, gynaecology, head and neck, obstetrics and vascular surgery.
- However, we are still seeing a growth in the need for more emergency and elective surgery. To build on the good work that has been done in recent years, we have announced that the ACT Government is funding an additional \$6.4 million for more elective surgery.
- Workforce issues in the attraction and retention of surgeons and anaesthetists in the public sector are a key challenge, most notably in the specialities where wait times are longer. ACT Health is addressing this issue through a workforce attraction strategy that will play a significant role in ensuring we have the skills and expertise for elective surgery to meet the growth in demand.

**Key Information**

- Nil

**Background Information – may not be suitable for public disclosure**

- 8610 patients were added to the ACT Elective Surgery Waiting List (ESWL) between 1 July and 31 January 2018, and 8426 were removed, bringing the total number of people waiting on 31 January 2018 to 5315. This is an increase of 168 patients on the number waiting at 30 June 2017.
- Of the 5315 patients on the ESWL on 31 January 2018, 562 had waited longer than clinically recommended for their elective surgery. This is an increase of 78 patients compared to 30 June 2017.

Cleared as complete and accurate: 06/03/2018  
Cleared by: Mark Dykgraaf Executive Director Ext: 42169  
Contact Officer Name: Andrew Mitchell Ext: 76277  
Lead Directorate: Health

## QUESTION TIME BRIEF

- Under the 2017-18 Elective Surgery Plan, activity targets have been set to reduce the number of patients waiting longer than clinically recommended. Comments against the performance indicators are as follows:
  - There are currently 584 patients waiting longer than clinically recommended, against a target of 144 by 30 June 2018;
  - Currently, 33 per cent of general paediatric surgery patients are waiting longer than clinically recommended against a target of zero by 30 June 2018;
  - Currently, 80 per cent of patients added to the ESWL receive their surgery on time, against a target of 90 per cent by 30 June 2018; and
  - Reinforcement and monitoring of the Waiting Time and Elective Surgery Access Policy is ongoing.

Cleared as complete and accurate:	06/03/2018	
Cleared by: Mark Dykgraaf	Executive Director	Ext: 42169
Contact Officer Name:	Andrew Mitchell	Ext: 76277
Lead Directorate:	Health	

Portfolio/s Health &amp; Wellbeing

**ISSUE: BARIATRIC SURGERY****Talking points:**

- The Government has provided funding to establish a public bariatric surgery service.
- Clinical eligibility for this surgery is determined by doctors in the Obesity Management Service (OMS), followed by an assessment with a general surgeon, who performs the procedure.
- Canberra Hospital began delivering bariatric surgery in late 2017. By the end of January 2018, three surgeries had been completed.
- A further three patients have been identified by the OMS for review by the surgical consultant to establish their clinical eligibility for this procedure.
- Assessment of the pathway and model of care is ongoing.

**Key Information**

- Bariatric surgery provides a surgical option for people struggling with obesity and is closely linked to the OMS.
- In 2017, the OMS Model of Care was revised to strengthen the criteria and clinical pathway for patients who may benefit from bariatric surgery, including post-operative review and management.
- ACT Health is looking to identify a further number of patients whose surgery would be completed by December 2018.

Cleared as complete and accurate: 06/03/2018  
Cleared by: Chris Bone Deputy Director-General Ext: 6244 2728  
Contact Officer Name: Daniel Wood Ext: 6244 3515  
Lead Directorate: Health

## QUESTION TIME BRIEF

### Background Information – may not be suitable for public disclosure

- In October 2013, the ACT Government released the Towards Zero Growth Healthy Weight Action Plan (Towards Zero Growth), which set the target of 'zero growth' for obesity in the ACT by 2020. The Action Plan identified initiatives including \$1.03 million over four years for bariatric surgery.
- Towards Zero Growth identified six themes where regulatory control and preventative initiatives would be implemented, including: food environments, schools, workplaces, urban planning, social inclusion and evaluation.
- The Government committed to providing public bariatric surgery from February 2015 based on informal, yet sound agreements between ACT Health and the entity who was then the sole provider of these services. However, there were delays in establishing the service. Infrastructure requirements and a relatively small number of cases led ACT Health to consider a tender to the private sector.
- In 2016, discussions occurred with two General Surgeons who conduct private bariatric surgery in the ACT. In 2017, the surgeons committed to conducting bariatric surgery for public patients at Canberra Hospital.
- ACT Health are committed to forming a list of 42 patients to have bariatric surgery by the end of December 2018.

Cleared as complete and accurate:	06/03/2018	
Cleared by: Chris Bone	Deputy Director-General	Ext: 6244 2728
Contact Officer Name:	Daniel Wood	Ext: 6244 3515
Lead Directorate:	Health	



## Select Committee on Estimates 2017 – 2018 Budget

June 2017

### Strategic Indicator 1

Reducing the number of people waiting longer than clinically recommended timeframes for elective surgery.

			FY 15/16				FY 16/17		
			As at 30 Sep 2015	As at 31 Dec 2015	As at 31 Mar 2016	As at 30 Jun 2016	As at 30 Sep 2016	As at 31 Dec 2016	As at 31 Mar 2017
Reducing the amount of long wait patients waiting to receive their elective surgery	Total Long Waits	ACT	1,442	1,403	1,063	403	173	157	292
	Paediatrics Long Waits	ACT	55	40	31	6	0	0	14

**CAVEAT:**

*Results up to and including September 2016 are calculated using methodology produced and agreed with PWC during Q1 2016-17 processes. This process is currently under review due to data quality concerns.*

*Results post September 2016 are produced directly from source systems in accordance with direction from the system wide review.*

### Key points

- Cabinet Submission 15/528 identified that ACT Health reduce the number of patients classified as 'long wait' by 90 per cent. Therefore, ACT Health is proposing to change Strategic Indicator 1: Number of People Removed from Waiting list to be replaced with the indicator "Reducing the number of people waiting longer than clinically recommended timeframes for elective surgery". The notion to discontinue this throughput measure is in line with the strategic direction of ACT Health to improve timeliness to elective surgery.
- The number of adult patients waiting longer than clinically recommended has been reduced from 1,442 at end of September 2015 to 292 at end of March 2017.
- At the end of December 2016 there were 157 adult patients waiting longer than clinically recommended. This was the lowest number of patients waiting longer than the clinically recommended time.
- The number of paediatric patients waiting longer than clinically recommended decreased from 55 at the end of September 2015 to zero at the end of December 2016.
- Quarterly figures indicate an increase in trends of patients waiting longer than clinically recommended due to increased demand particularly in urology; ear nose and throat surgery (ENT); and unexpected urgent building work taking place at Canberra Hospital.
- At the end of March 2017, the number of paediatric patients waiting longer than clinically recommended had increased to 14. This figure continues to increase due to high demand. Teams are currently developing plans to reduce this number within current availability
- Planning is currently underway for elective surgery during 2017-18, with a commitment to reduce the number of patients waiting longer than clinically recommended by 90% in conjunction with the expected demand.

## Background

- The Government made a commitment as part of its 2012 election platform to fund an additional 5,000 elective surgery operations over the four years from 2013-14.
- The additional funding for elective surgery has the potential to reduce the number of people with extended waiting times to the lowest levels in ACT history should additions to the list grow at current levels.
- 2015-16 there were a total of 13,396 surgeries performed across ACT public hospitals.
- The Government has made a commitment to provide 12,500 for the year 2016-17.
- There has been a major focus on increasing activity in areas with the highest demand, and higher number of people waiting for surgery longer than we would like, those being in orthopaedics and ENT surgery.
- ACT Health has continued to work with our private partners to identify opportunities to provide public surgeries in private facilities.
- ACT Health continues to work with Southern NSW Local Hospital District, in the “reversal of flow” project. ACT Health central waitlist service identifies approximately 10 patients a week which it forwards to Southern NSW facilities.
- Despite this, ACT Health may fall short of reaching the 12,500 throughput target for 2016-17. At this stage, our predictions suggest approximately 12,310 elective surgery procedures will be completed by 30 June 2017, with work continuing to identify capacity in the public system to provide further access to care.

**CONTACT:**            **Mark Dykgraaf, Ag Chief of Clinical Operations**            **PHONE:**

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**Select Committee on Estimates  
2017 – 2018 Budget**

**June 2017**

**Key statistics and performance**

**Key points**

**General Statistics**

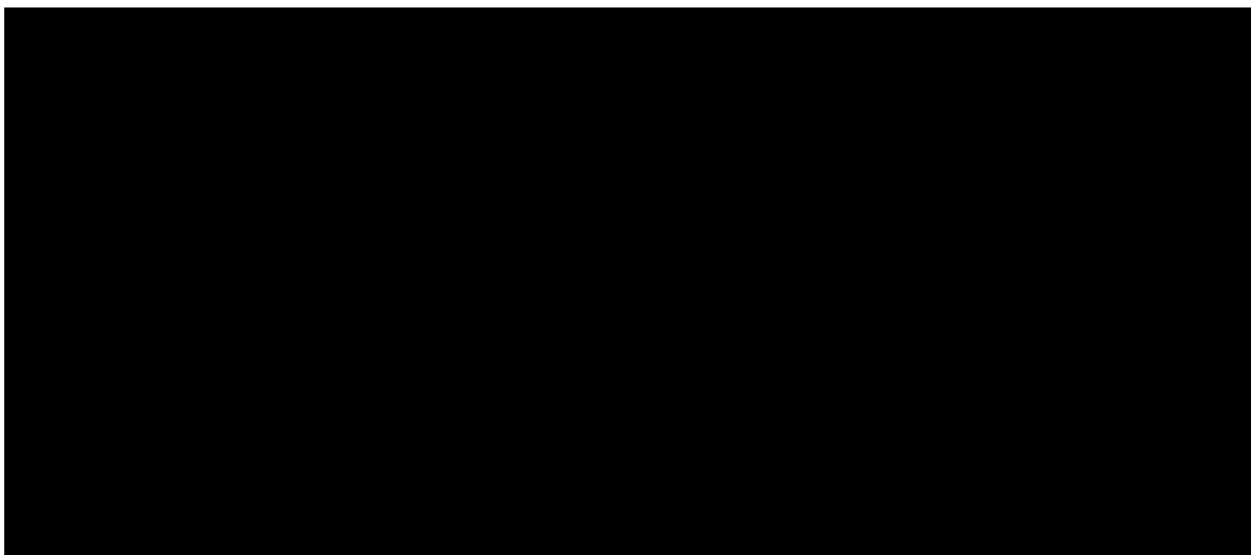
Key Statistics	2015-16 Outcome	2016-17 Estimated Outcomes
Elective surgery Removals	13,396	12,500
Elective surgery Long Wait Numbers	403	367**

**\*\* As at 21 May 2017**

**Note:**

All data is sourced from the ACT Health Data Warehouse.

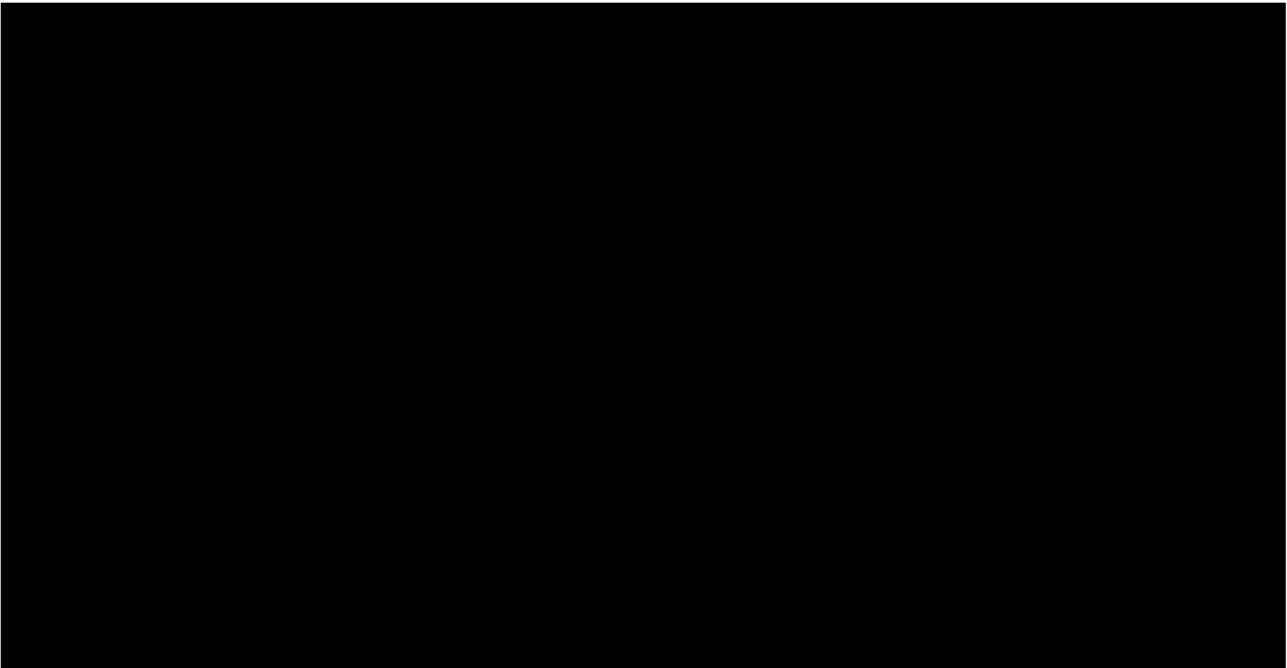
The System-Wide Review is underway and therefore all data reported from the warehouse should be considered with caution.

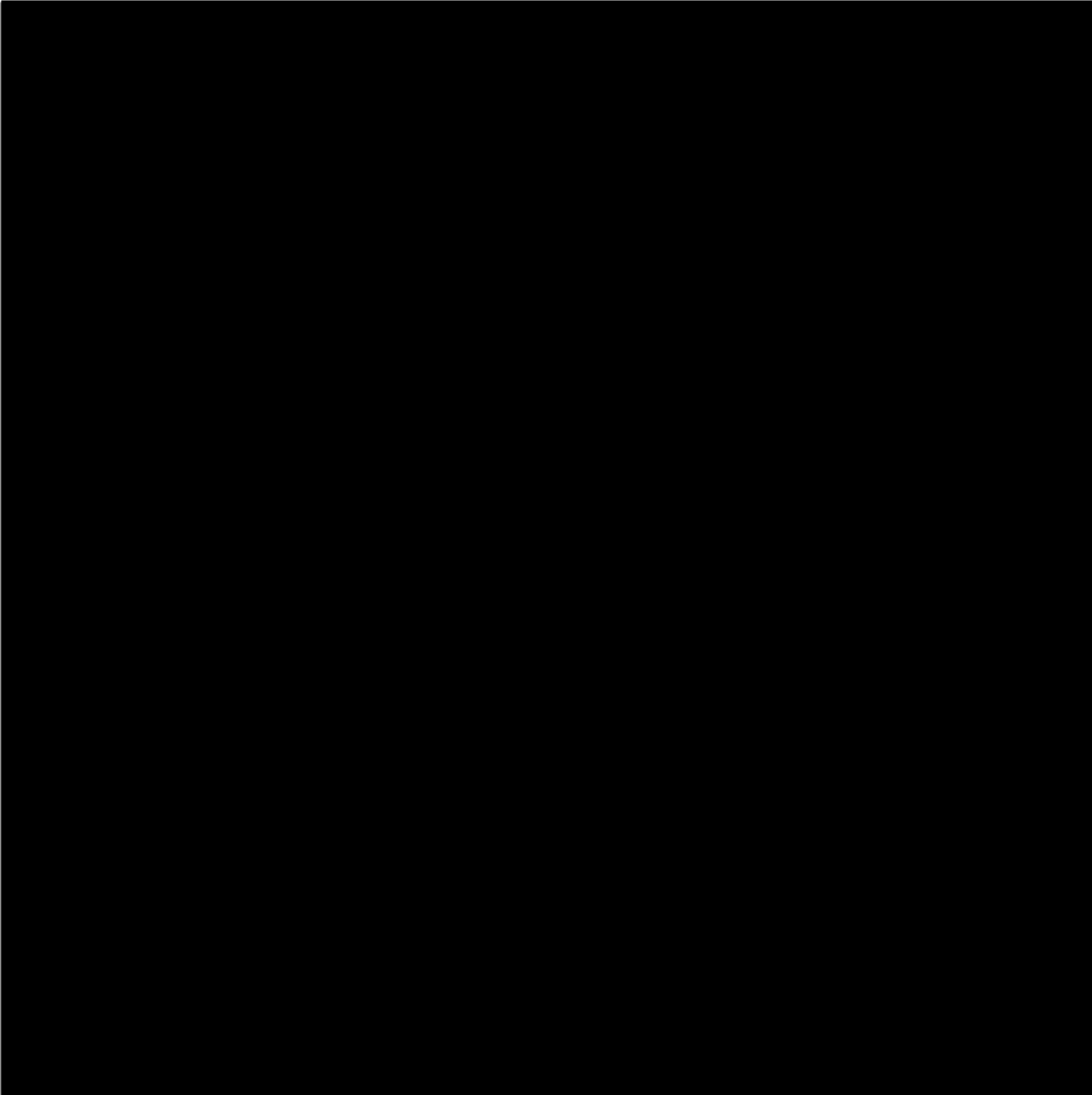




### **Elective Surgery Performance**

Based on the best available data:

- There were 13,396 elective surgery separations in 2015-16, a record level of surgery which was impacted by the elective surgery blitz undertaken to reduce the number of patients who were waiting too long for surgery (long waits).
  - ACT Health has committed to achieving 12,500 elective surgery procedures in 2016-17, with 10,495 procedures performed in the first ten months of 2016-17, therefore targets are expected to be achieved.
  - Furthermore, ACT Health continues to reduce the number of patients who were waiting too long for surgery (long waits). The estimated long waits as at 21 May 2017 are 367, down from 403 at June 2016.
  - Part of ACT Health's success in reducing the number of overdue patients is due to the arrangement with private hospitals. These partnerships assist ACT Health in reducing the number of overdue patients waiting for their elective surgery.
- 



**Contact:**

**Peter O'Halloran**

**Phone: 620 51100**

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## Annual Report Hearing 2016-17

November 2017

### Strategic Objectives 1 – Removals from Waiting List for Elective Surgery

Table 1 The number of people removed from the ACT elective surgery waiting lists

	2015-16	2016-17
People removed from the ACT elective surgery waiting list	13,396	12,826

### Key Points

1. ACT Public Hospitals performed 12,826 elective surgery procedures exceeding the target of 12,500.
  - Canberra Hospital performed 7278 cases
  - Calvary Public Hospital Bruce performed 5090 cases
  - Private Providers were utilised to complete 458 cases
2. The decrease in comparison to the previous year is due to the 'elective surgery blitz' in 2015/16 that was conducted to reduce the number of patients waiting longer than clinically recommended.
3. ACT Health continues to monitor and evaluate timely access to surgery, across all specialties while working collaboratively with surgeons to continue to minimise patients waiting longer than clinically acceptable times.
4. ACT Health is now endeavouring to match additions to the waitlist with removals, through close monitoring of the demand and surgical throughput; and future demand planning.
5. We are on target to reach our ESWL numbers overall for this financial year.
6. We will deliver on our commitment to significantly reduce the number of people waiting beyond recommended timeframes for surgery, and we will also work to change systems and processes to ensure that we manage demand into the future.

### Background

- A Whole of Territory elective surgery plan has been developed. This will increase capacity within surgical operating lists, in areas where demand exceeds current list availability. We will continue to partner with private hospitals and Southern NSWLHD, whom we hope will have an increased role in orthopaedic surgery.
- From October 2017 monthly activity reports will be produced to match surgical activity with monthly targets to achieve the territory performance for 2017/18.
- Overall a target of 13,477 is being aimed for in 2017-2018, increasing access for orthopaedics, ear, nose and throat and urology is a priority as they have the most long waits.

CONTACT: Mark Dykgraaf

PHONE: 620 42169

**Annual Report Hearing  
2016-17**

**November 2017**

**Local Hospital Network (LHN)**

**Strategic Objective 1: Percentage of elective surgery cases admitted on time by clinical urgency**

	ACT rate	Target
Urgent – Admission within 30 days is desirable for a condition that has the potential to deteriorate quickly to the point that it may become an emergency	92%	100%
Semi Urgent – admission within 90 days is desirable for a condition causing some pain, dysfunction or disability which is not likely to deteriorate quickly or become an emergency	81%	78%
Non Urgent – admission within 365 days is desirable for a condition causing minimal or no pain, dysfunction or disability, which is not likely to deteriorate quickly and which does not have the potential to become an emergency	88%	91%

**Key Points**

- ACT Health public hospitals improved performance against targets for the percentage of elective surgery cases admitted by clinical urgency, exceeding performance targets for semi urgent cases and improving on others compared to 2015-16.
- When compared to 2016–17, the percentage of elective surgery cases admitted on time improved against all 3 categories.
- ACT public hospitals achieved 92 per cent of category one patients receiving their surgery on time in 2016--17, compared to 86 per cent in 2015-16.
- ACT public hospitals reported 81 per cent of category two patients receiving their elective surgery on time in 2016-17, 57 per cent in 2015-16.
- ACT public hospitals reported 88 per cent of category three patients receiving their elective surgery on time in 2016-17, 71 per cent in 2015-16.

## Background

- A Whole of territory elective surgery plan has been developed. This will boost surgical operating lists, in areas where demand exceeds current list availability. We will continue to partner with private hospitals and Southern NSW.
- Further efforts are being implemented to further boost elective surgery numbers in the 2016-17 financial year. This includes further activity at ACT public hospitals and additional contracting with private providers.
- Overall a target for 2017-2018 is 13,477 elective surgery procedures.

CONTACT: Mark Dykgraaf

PHONE: 6244 3125

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**Annual Report Hearing  
2016-17**

**November 2017**

## **Output 1.1 – Acute Services - Elective Surgery – Demand and Performance**

### **Key Points**

- ACT Health completed 12,826 elective surgery procedures for 2016-17.
- ACT Health continues to work to reduce the number of patients waiting longer than clinically recommended. The Strategic indicator for 2017-2018 has a target of less than 144 'long wait patients'.
- When compared to 2015–16, the percentage of elective surgery cases admitted on time improved against all 3 categories.
- ACT public hospitals achieved 92 per cent of category one patients receiving their surgery on time in 2016--17, compared to 86 per cent in 2015-16.
- ACT public hospitals reported 81 per cent of category two patients receiving their elective surgery on time in 2016-17, 57 per cent in 2015-16.
- ACT public hospitals reported 88 per cent of category three patients receiving their elective surgery on time in 2016-17, 71 per cent in 2015-16.
- In 2017, ACT Health is undertaking an in-depth analysis of elective surgery in the Territory, with a focus on improving theatre utilisation and session allocation to meet demand for specialty groups.

### **Background**

- A Whole of territory elective surgery plan has been developed. This will boost surgical operating lists, in areas where demand exceeds current list availability. We will continue to partner with private hospitals and Southern NSW.
- Further efforts are being implemented to further boost elective surgery numbers in the 2016-17 financial year. This includes further activity at ACT public hospitals and additional contracting with private providers.
- Overall a target for 2017-2018 is 13,477 elective surgery procedures.

CONTACT: Mark Dykgraaf

PHONE: 6244 3125

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## Elective Surgery

### **What strategies are in place to reduce elective surgery waiting times?**

ACT Health is committed to providing care for the right patient at the right time in the right place. As part of this, we are also committed to minimising the number of people waiting beyond clinically recommended timeframes for surgery in the ACT.

In 2016-17, there were a total of 12,826 surgical removals from the ACT Health Elective Surgery Waiting list. This was well over our target of 12,500 for the year.

Although it is pleasing to see we are reaching our targets for the number of procedures performed, the demand for both emergency and elective surgery continues to grow. Even with increased demand for surgery, 80 per cent of patients added to the elective surgery waiting list receive their surgery on time in ACT hospitals. There continues to be high demand specialties where patients are waiting longer than clinically recommended.

To build on the work that has been done in recent years to increase access to surgery, the ACT Government is providing \$6.372 million to enable ACT Health to achieve a target of 13,660 elective surgery procedures territory wide. This funding will provide an additional 834 cases across the territory. ACT Health has commenced cross territory planning to complete a range of surgeries for patients, with a key focus on those who are currently waiting beyond the recommended timeframes.

With our continued focus on reducing our waiting lists for all categories of elective surgery, ACT Health anticipates minimising the number of patients who are waiting longer than clinically recommended by June 2018. This will be achieved by increased utilisation of Calvary Public Hospital Bruce, Calvary John James Hospital and increases in the allocation of operating sessions to those specialties with high demand.

### **How will these strategies reduce the waiting lists and when will they reduce (response two minutes)?**

We know we are meeting our targets for the number of elective surgery procedures performed each year – which demonstrates our system is working. However, we know demand is increasing and this is putting pressure on our wait times. By working collaboratively with Calvary Public Hospital Bruce and the private sector, ACT Health is taking a territory wide approach to allocation of operating sessions, surgeon and anaesthetist availability, maximum utilisation of theatre sessions and our human resources.

ACT Health has recently extended the contract with Calvary John James Hospital for joint replacement surgeries. This will enable people to have access to primary joint replacements, whilst freeing up space at Canberra Hospital.

### **What particular surgical waiting lists will benefit (response two minutes)?**

In recent years, the ACT Government has done a lot to increase access to elective surgery with record levels of procedures being achieved. For example, there were 12,826 surgical removals in 2016-17 which was well over our target of 12,500. In 2017-18, we are expecting to achieve 13,660 surgery removals, which is an additional 834 cases above target.

As has been mentioned, we are meeting our targets for the number of procedures performed – which demonstrates our system is working. However, we know demand is increasing and this is putting pressure on our wait times.

Our focus will be on optimising the number of surgeries we are performing and to continue to prevent patients waiting longer than clinically recommended for their surgery.

This includes targeting specialties with high demand on their services. For example, both paediatric and adult general surgery, orthopaedic surgery, urology and gynaecological surgery continue to experience high demand and in particular, category 1 additions to their waitlist.



### **Elective Surgery Waiting Lists**

- The ACT Government's additional funding for elective surgery has gone a long way to reducing the number of people waiting longer than the clinically recommended timeframe for surgery.
- ACT Health is partnering with private hospitals to improve access to surgery. These partnerships have demonstrated how we can improve outcomes for our community by working together – and I want to thank the private hospitals involved for their efforts.
- Demand for elective surgery continues to grow in the ACT so there is more work for us to do to manage those patients on the list, to ensure that they receive surgery within timeframes set by their surgeon.
- If you are concerned about your waiting time for surgery, you should contact the **elective surgery access team on telephone (02) 620 51122**. This number is provided to all people as part of the information they receive when they are put on the waiting list for surgery.















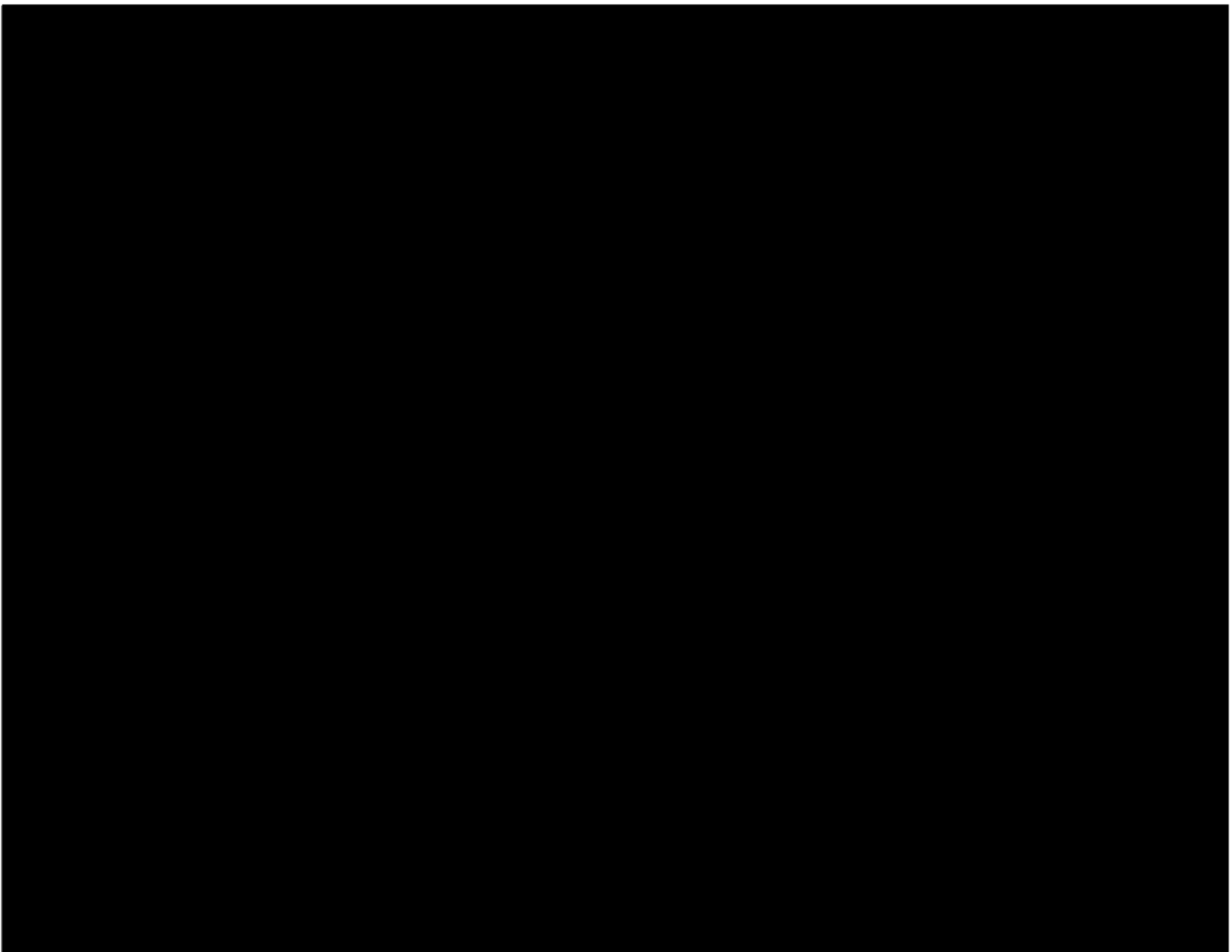








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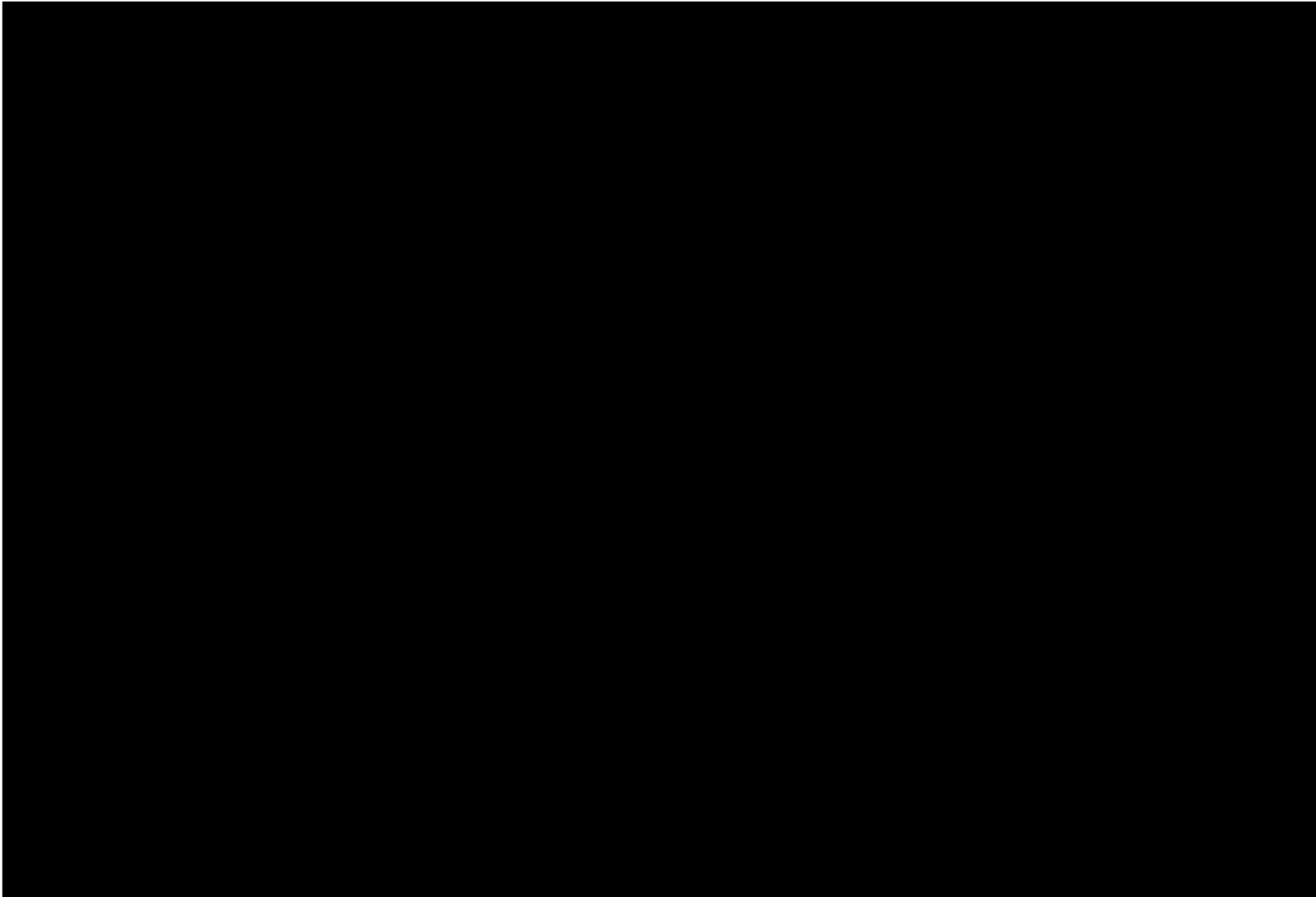


## Chief Minister Talkback Brief

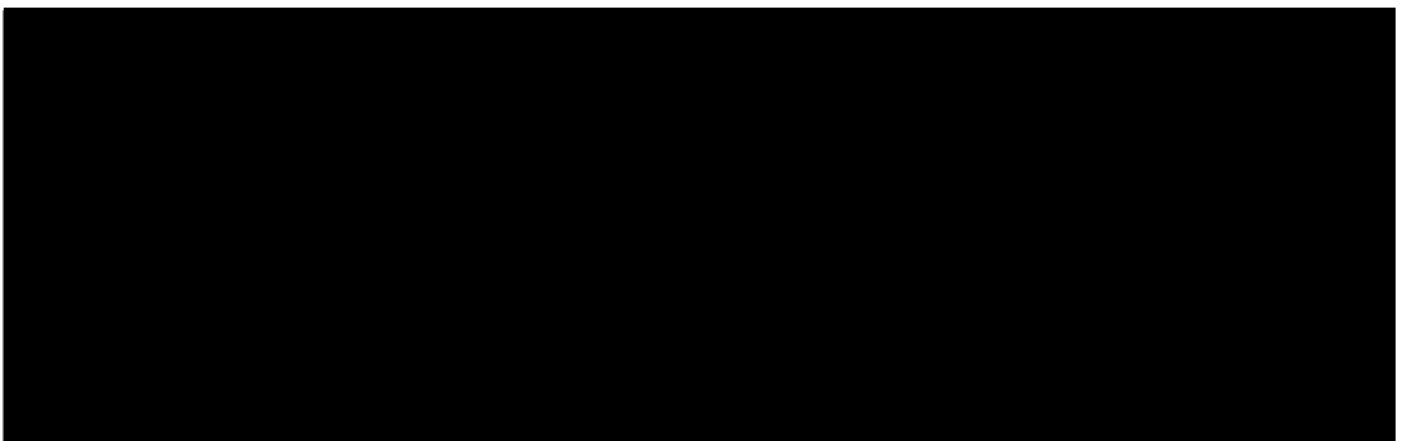
Date: 7 April 2017

Directorate: Health

Hot issues:

**Elective Surgery Waiting Lists**

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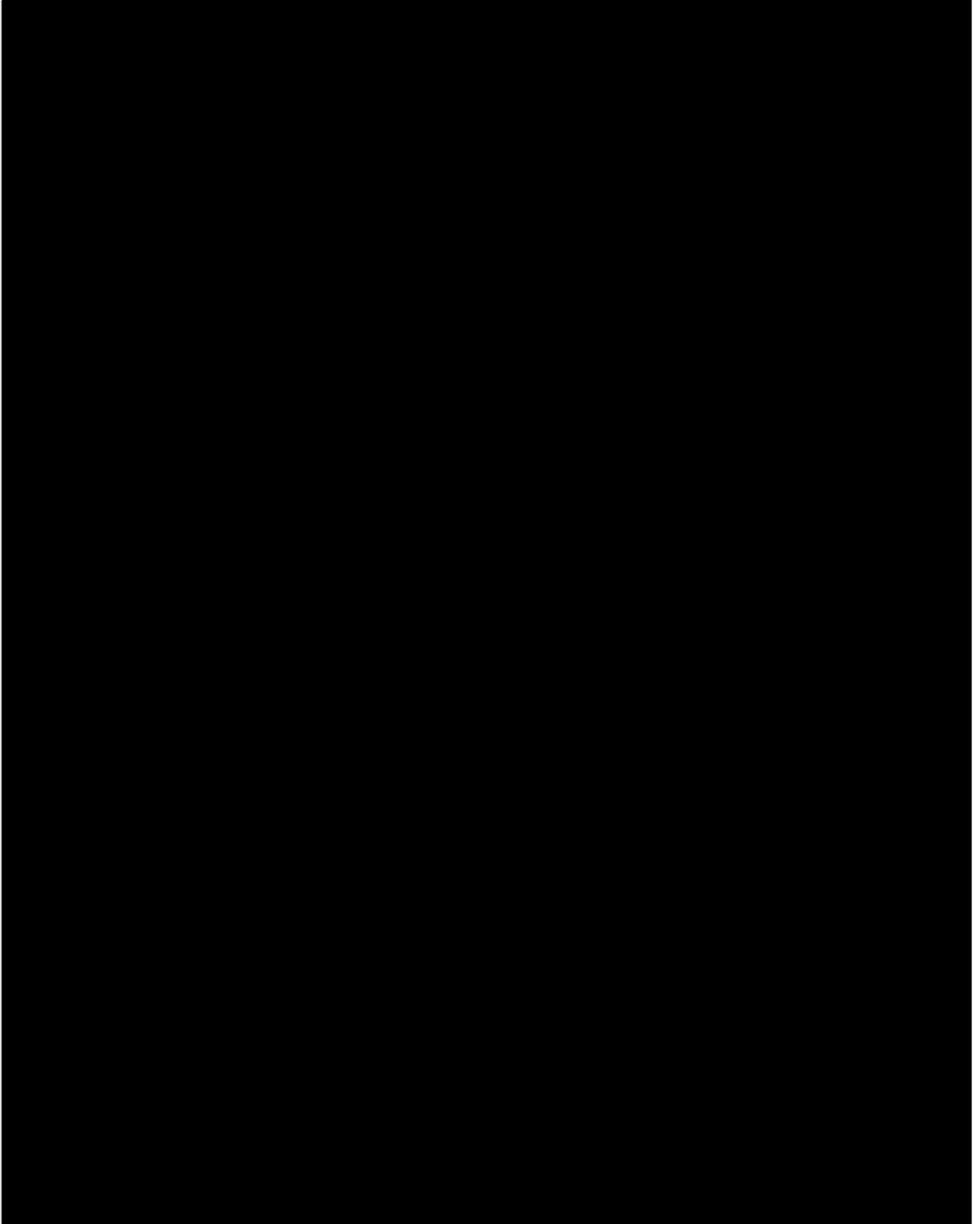


Chief Minister Talkback Brief

Date: 21 April 2017

Directorate: Health

Hot issues:



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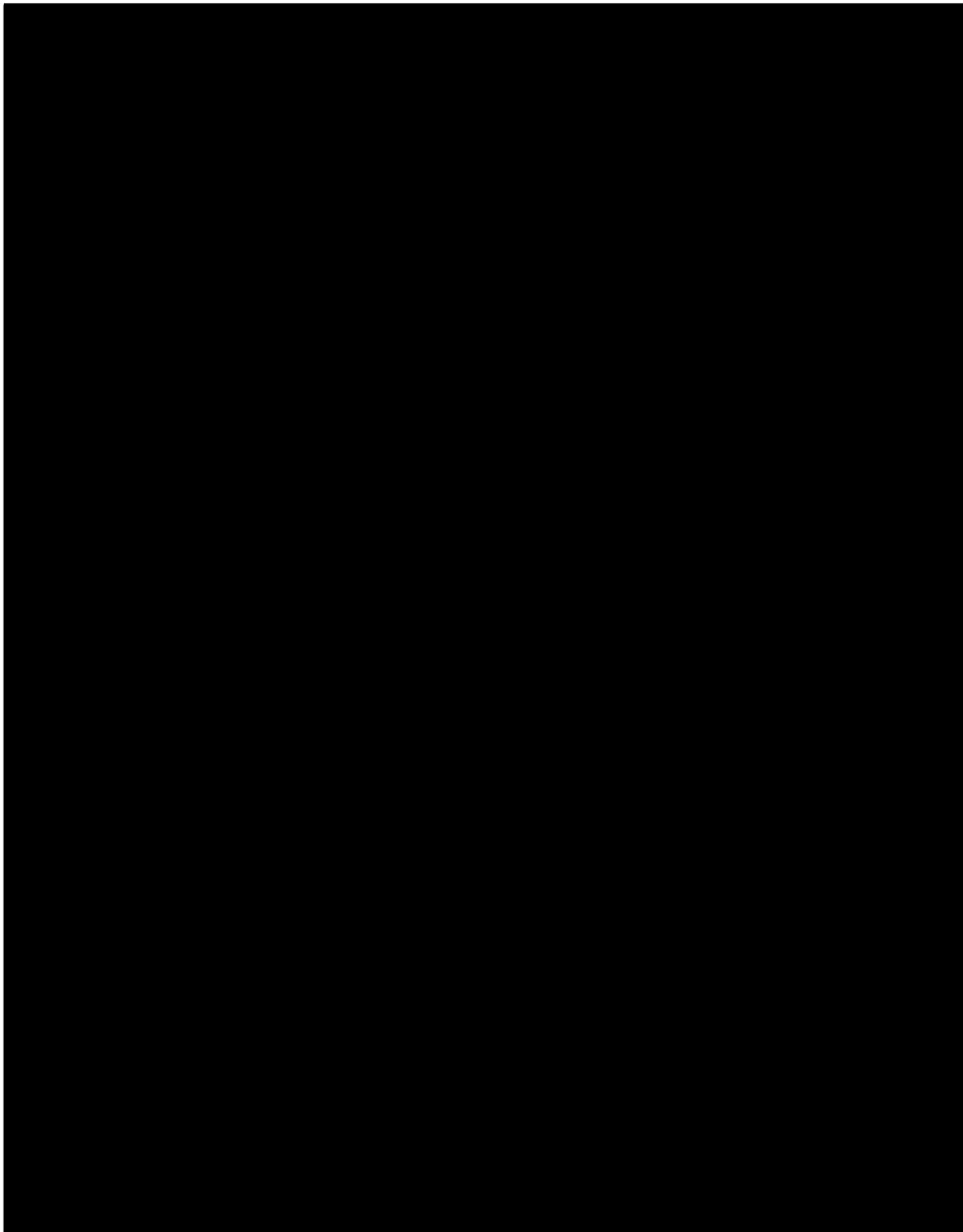




Chief Minister Talkback Brief

Date: 5 May 2017

Directorate: Health





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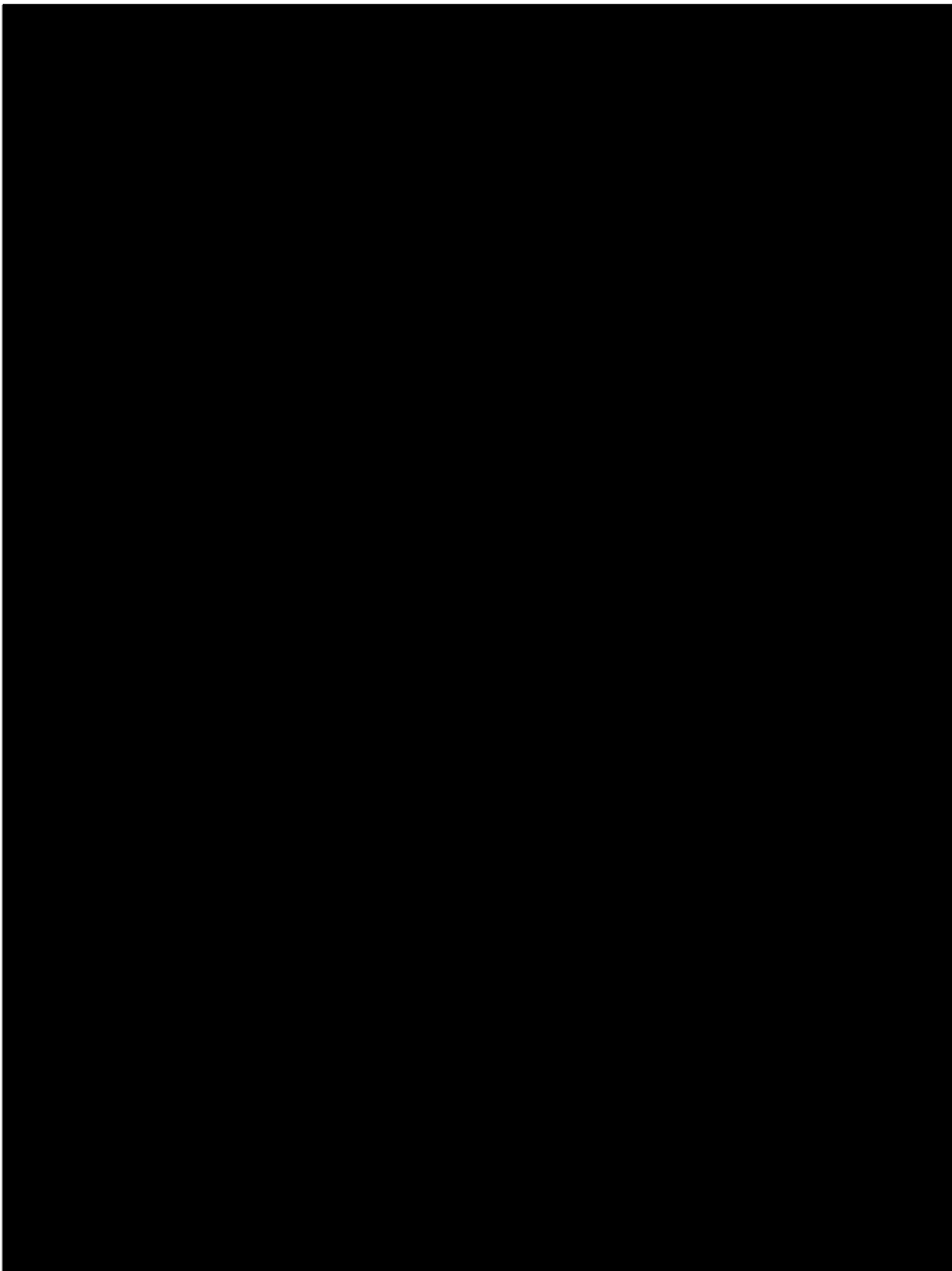


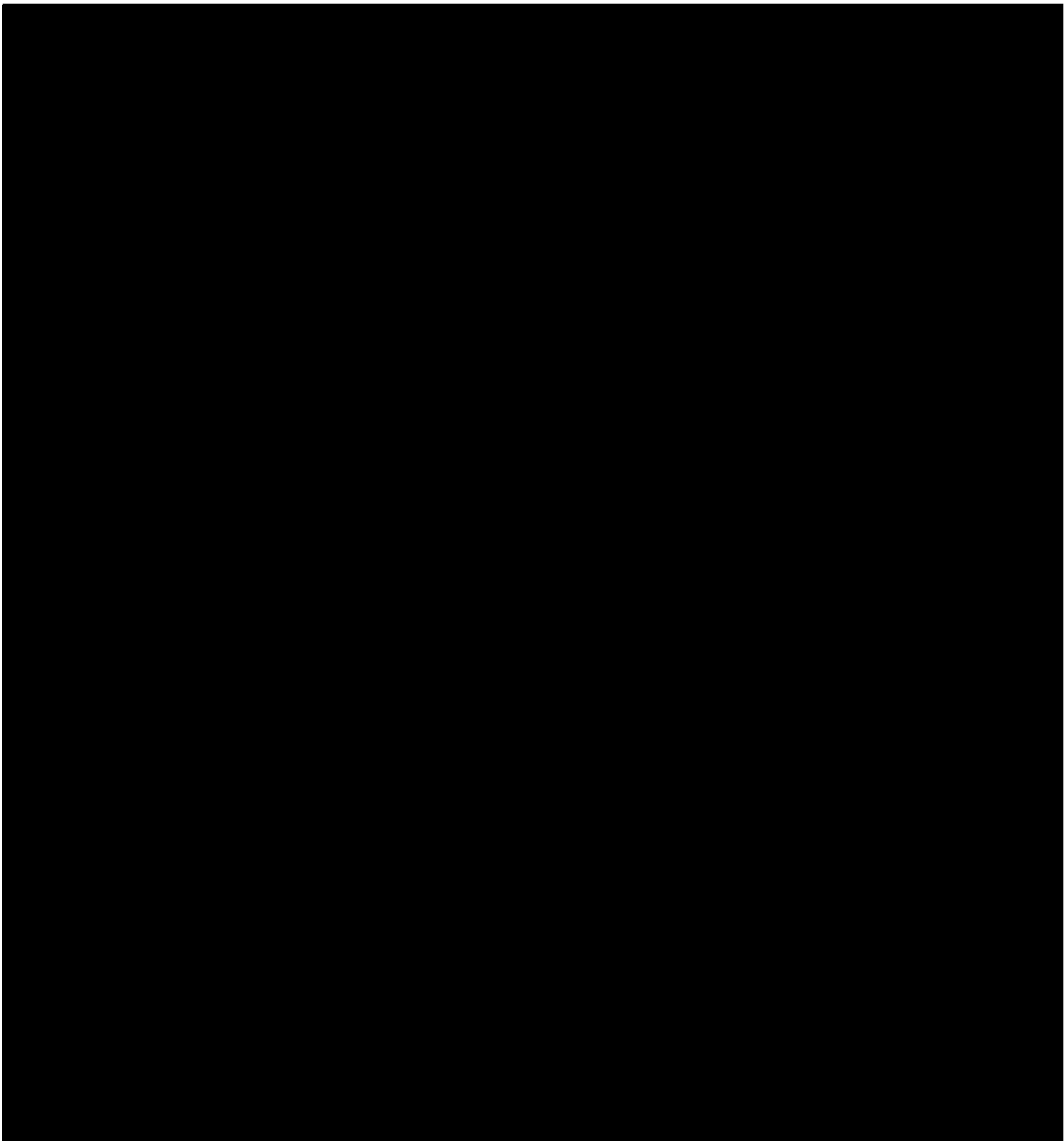
Chief Minister Talkback Brief

Date: 19 May 2017

Directorate: Health

Hot issues:





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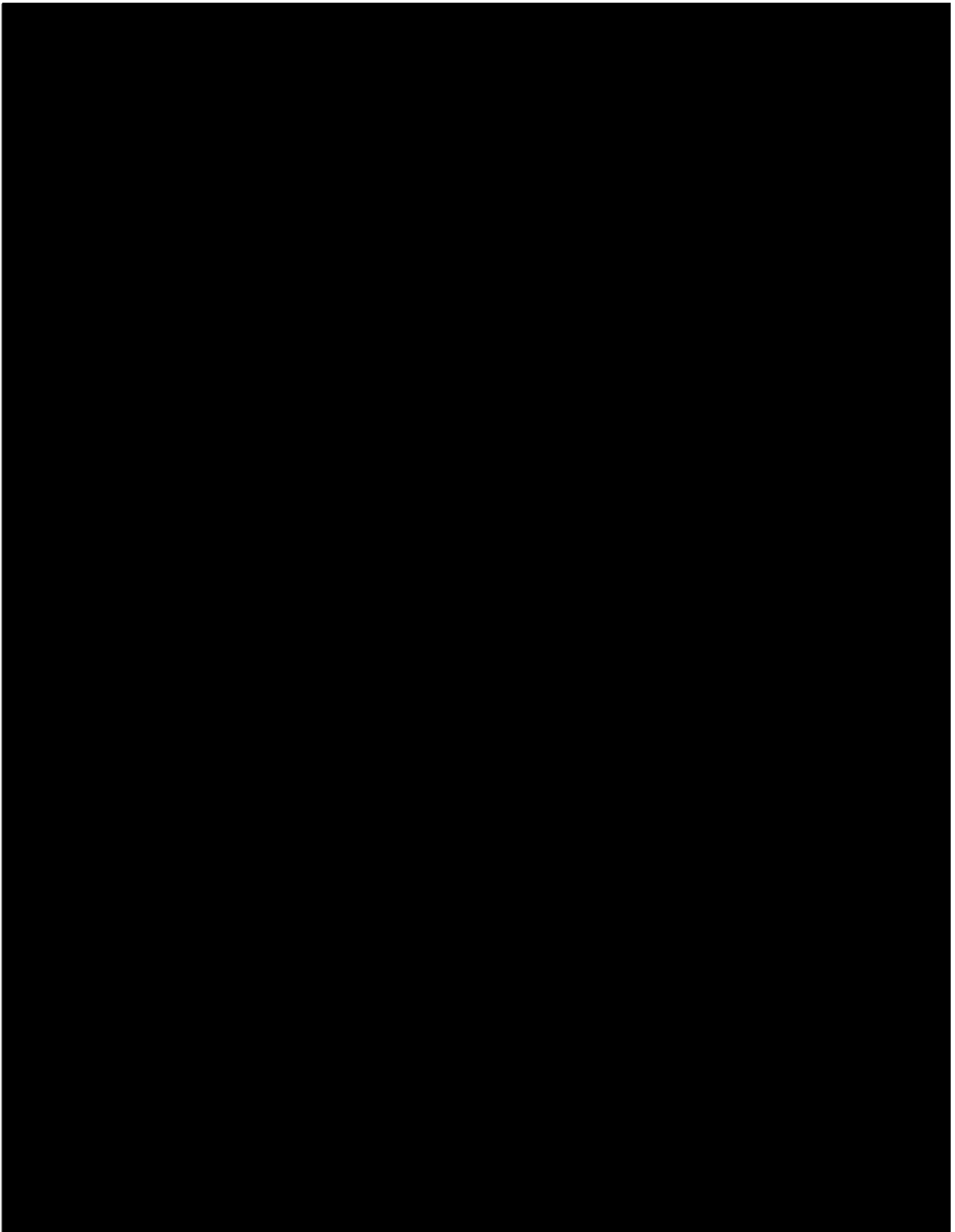


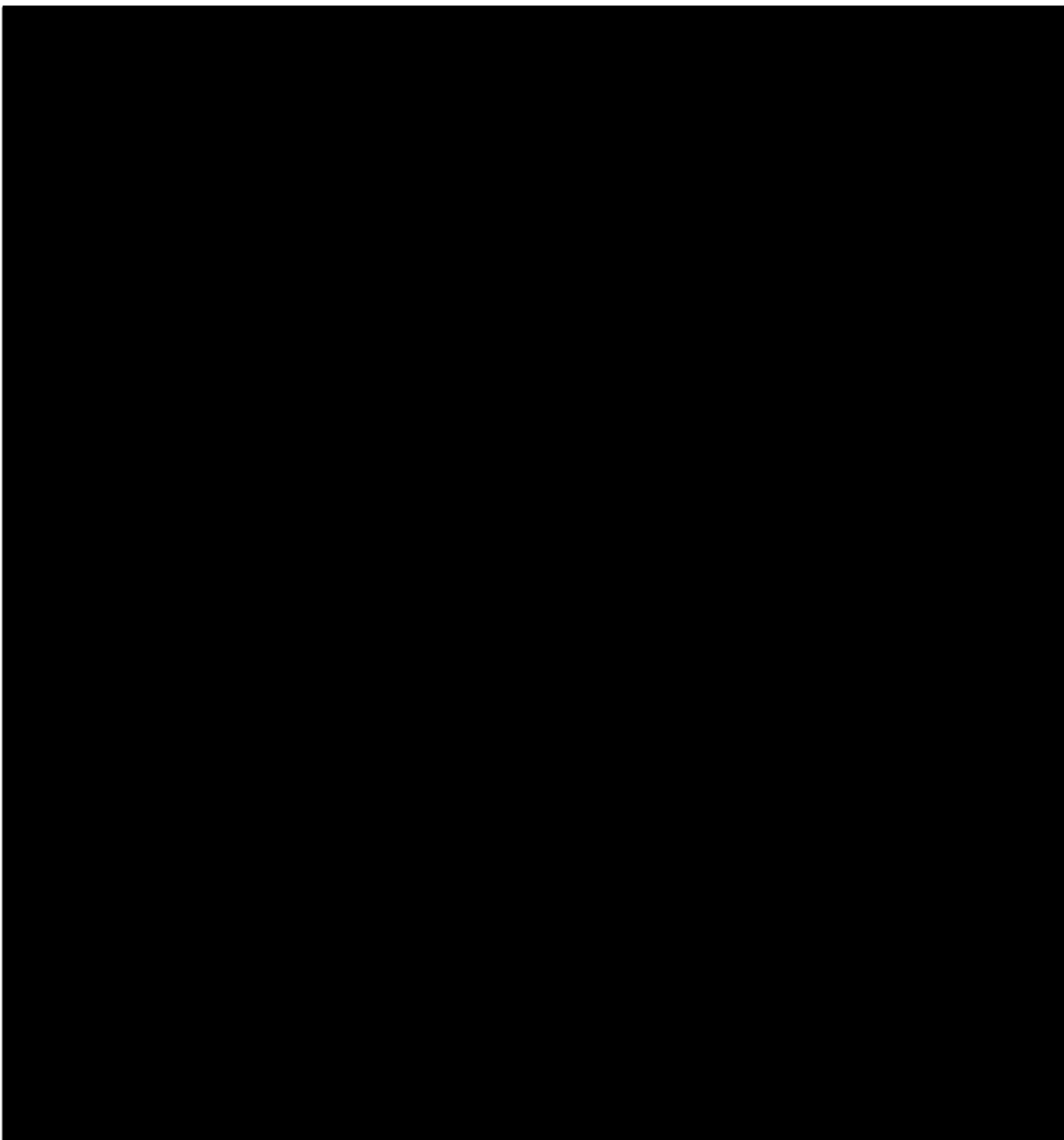
Chief Minister Talkback Brief

Date: 16 June 2017

Directorate: Health

Hot issues:





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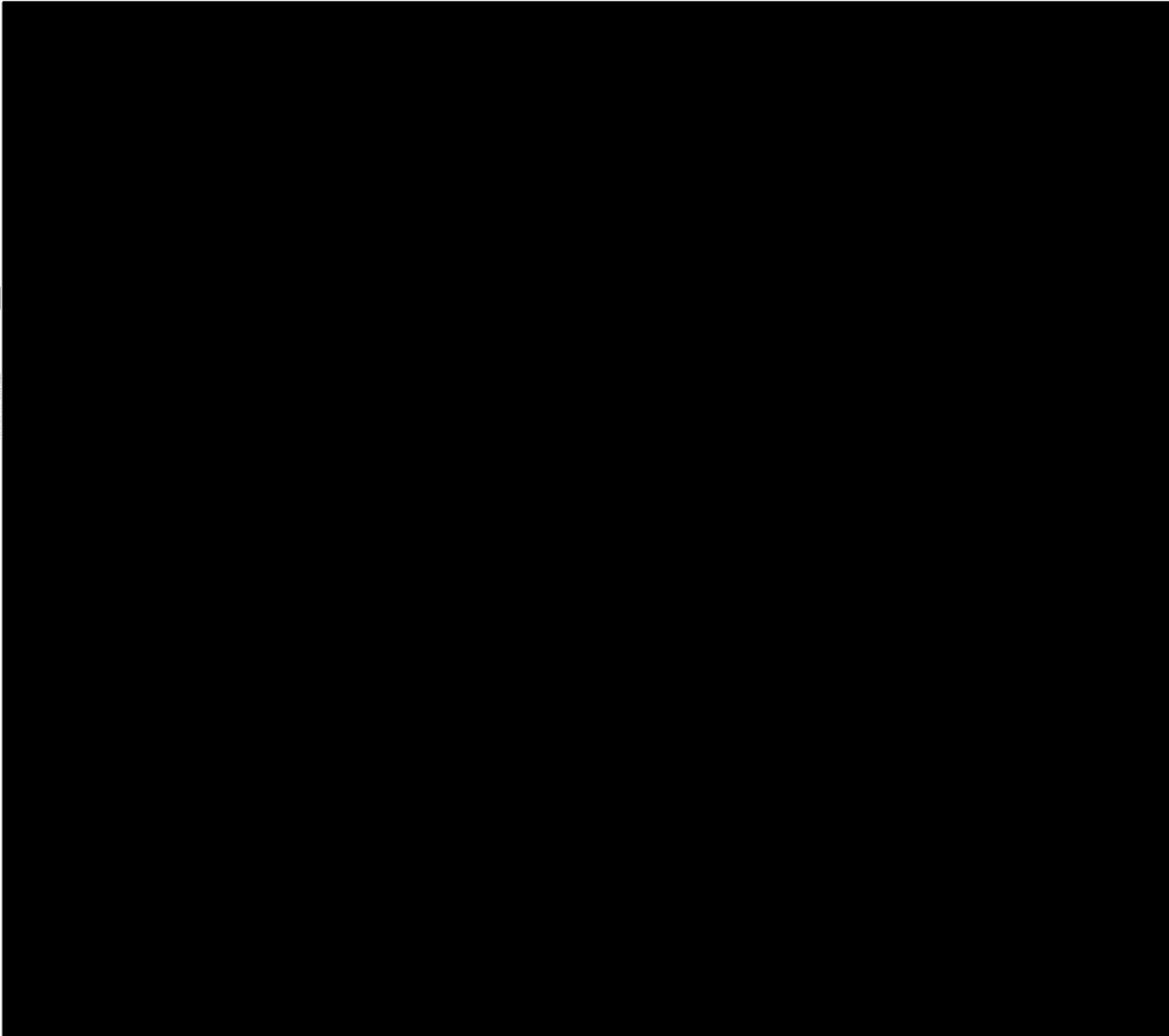


Chief Minister Talkback Brief

Date: ~~30 June~~14 July 2017

Directorate: Health

Hot issues:





#### Elective Surgery Waiting Lists

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02 620 51122  
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ACT Health

































## CHIEF MINISTER'S TALKBACK – HOT ISSUE

Complete and accurate as at: 25 July 2017

### ISSUE: Elective Surgery Waiting Lists

#### Talking Points

- The ACT Government's additional funding for elective surgery has gone a long way to reducing the number of people waiting longer than the clinically recommended timeframe for surgery.
- ACT Health is partnering with private hospitals to improve access to surgery. These partnerships have demonstrated how we can improve outcomes for our community by working together.
- Demand for elective surgery continues to grow in the ACT so there is more work for us to do to manage those patients on the list, to ensure that they receive surgery within timeframes set by their surgeon.

#### Key Points

- If you are concerned about your waiting time for surgery, you should contact the **elective surgery access team on telephone (02) 620 51122**. This number is provided to all people as part of the information they receive when they are put on the waiting list for surgery.

#### Background Information

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Contact Officer:

Pieta McCarthy

Ext:XXXXX