



A comparison of  
**wait times for public and  
private hospitals**

*hbf*

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# Executive Summary

Confidence in the public hospital system is at an all-time high.<sup>1</sup> But is this confidence misplaced?

The national median waiting time (time within which 50 per cent of cases are seen) for elective surgery in the public system is 38 days.<sup>2</sup> However, the data is incomplete and does not reflect the reality experienced by many public patients.

Depending on the procedure, urgency category and hospital attended, public patients can wait months or even years longer than reported waiting times suggest.

Doctors and patients confirm significantly shorter waiting times in the private system; however, there are no publicly available reports to quantify by how much, or compare by hospital, specialist or procedure.

In this report, we piece together available data from the public system, as well as newly attained information from WA's two largest private hospital networks, to provide the first ever comparison between public and private hospital wait times across the entire patient journey.

1 IPSOS Healthcare and Insurance Australian Report 2017

2 AIHW Australian Hospital Statistics: Elective surgery waiting times 2016–17 pix



## Confusing medians and the undisclosed 10 per cent

The focus on overall median and 90<sup>th</sup> percentile hides significant variation experienced between patients.

According to the **Elective Surgery Waiting Times 2016–2017 report**, the overall median waiting time at a national scale was **38 days**. However:



The primary waiting time measure – median – represents just 50 per cent of patients, meaning the remaining 50 per cent wait longer than the median time reported.



Waiting times vary dramatically between procedures. For example, the national median waiting time for a heart bypass was 13 days, while the median waiting time for a knee replacement was 195 days.<sup>3</sup>



Further variation in waiting times occurs by hospital. For a tonsillectomy in Western Australia, Royal Perth Hospital recorded a median waiting time of 29 days, while Rockingham Hospital recorded 368 days.<sup>4</sup>



A second measure – the 90<sup>th</sup> percentile – is used to report the time within which 90 per cent of cases were seen. Waiting times experienced by the remaining 10 per cent are *not reported*. For these cases, patient accounts suggest waiting times can extend into years, with some patients reporting waits of 2–5 years for surgery.



There is significant variation in waiting times as a median versus 90<sup>th</sup> percentile. Nationally, for a tonsillectomy, 50 per cent of patients were seen within 97 days (median), while 90 per cent of patients were seen within 347 days (90<sup>th</sup> percentile).<sup>3</sup>

<sup>3</sup> AIHW Australian Hospital Statistics: Elective surgery waiting times 2016–2017 p43–44

<sup>4</sup> AIHW My Hospitals: Elective surgery data 2016–2017

## Missing data and the 'wait-to-wait'

Waiting times reported by the Department of Health in major reports such as the Elective Surgery Waiting Times report refer only to the time between placement on the Elective Surgery Waiting List (ESWL) and receiving surgery. The data excludes significant parts of the patient journey, including what some doctors call the 'hidden wait list' or the 'wait-to-wait'.

The 'wait-to-wait' refers to the time between a patient first presenting to a GP and their first visit with a specialist.

According to the Australian Medical Association, people can wait longer for a first appointment with a specialist than they do between placement on the Elective Surgery Waiting List and receiving surgery.<sup>5</sup>

The median waiting time for a first appointment with a specialist in WA is just under nine months.<sup>6</sup> Data on the 'wait-to-wait' broken down by procedure, ailment or urgency category is not available.

Majority of patients (92%) require several specialist appointments before being placed on a public hospital waiting list. The time between a first specialist visit and placement on the waiting list is not reported.

<sup>5</sup> Australian Medical Association Public Hospital Report Card 2018 p10

<sup>6</sup> WA Department of Health, Referrals to Public Outpatient Surgical Clinics Report December 2017 pi

## The private system – faster, but by how much?

Data provided by private hospital networks St John of God and Ramsay Health Care show the average wait-to-wait (from presenting to a GP to seeing a specialist) is around two to three weeks, while the average wait time (from booking surgery to receiving it) is two to four weeks.<sup>7</sup>

This is compared to, in Western Australia, a median wait-to-wait of 8.78 months<sup>8</sup> and a median wait time of 34 days<sup>9</sup> in the public hospital system.



### However:

- The public system records a median - the time in which 50 per cent of patients are seen. This means 50 per cent of people wait longer than the median time recorded.
- Differing data collection methods mean the private system data is not directly comparable with public system data. The public hospital system data includes public hospitals across Australia, while the private system data in this report was collected from select WA hospitals only.
- Both figures exclude the period between a first specialist consultation and the decision to treat with surgery.
- In the public system waiting times would likely vary significantly based on hospital location, urgency category and procedure.
- In the private system, waiting times are largely steady across hospitals and procedures, but may vary depending on demand for your chosen specialist.

7 There is no official wait-to-wait or waiting times data for the private hospital system. The private waiting time data in this report was provided by Ramsay Health Care, who conducted interviews with 50 specialists across WA, and St John of God, who provided a data analysis of 48,500 hospital admissions. The wait-to-wait data was a qualitative assessment, provided by both private hospital networks.

8 WA Department of Health, Referrals to Public Outpatient Surgical Clinics Report December 2017 pi

9 AIHW Australian Hospital Statistics: Elective surgery waiting times 2016–2017 p29

## Conclusion

Public hospital waiting times data is fragmented, making it difficult to understand the total length of the patient journey.

With private insurance affordability an increasing concern, a false picture of public hospital elective surgery waiting times could lead to more people cancelling their private hospital cover, placing even greater demand on an already struggling system.

To maintain the balance between our private and public hospital systems, and ensure consumers can make informed decisions about their healthcare, both the public and private system must act.

There is a compelling need for a single, easy to understand report that sets out the total waiting time for the end-to-end patient journey, from a first visit to a GP to receiving elective surgery in the public hospital system.

A central resource recording quantitative private waiting time data would also be beneficial, providing consumers with an easy way to compare public and private waiting times.





# 1. Accessing Elective Surgery in Australia



Australia's health care system is widely recognised as one of the best in the world.

Millions of hospital admissions occur every year, with most patients receiving high quality care in a timely manner. This is thanks in large part to the symbiotic relationship between our public and private hospital systems.

Admissions to public hospitals are triaged to make the most of limited resources. In an emergency, you will be seen straight away. However, if you need elective surgery you will go on a public hospital waiting list and will be seen based on the severity of your condition relative to other patients.

This is where the private system earns its keep. Private hospitals specialise in non-emergency care and handle around seven in 10 cases of elective surgery.<sup>10</sup> This eases pressure on the public hospital system.

## Emergency surgery:

Surgery which is medically necessary and requires attention within 24 hours.

Source: AIHW Australian Hospital Statistics: Admitted Patient Care 2016–2017 p311

## Elective surgery:

Surgery which is medically necessary but can be delayed for at least 24 hours.

Also known as non-emergency surgery.

Where you go for treatment – public or private – depends on your situation. In an emergency, you will most likely go to the emergency department closest to you – the majority of which are attached to public hospitals. If you need non-emergency surgery (known as 'elective surgery') you can go to a public or private hospital.

While there are many factors that go into this decision, two major considerations are the level of control you want over your experience and the amount of time you can expect to wait for surgery.

**Did you know?** In Australia, the public hospital system handles around nine in 10 emergency admissions, while the private hospital system handles around seven in 10 cases of elective surgery.<sup>10</sup>

<sup>10</sup> AIHW Australian Hospital Statistics: Admitted Patient Care 2016–2017 pix-x



⊕ Public

⊕ Private

## Step 1: General Practitioner (GP) Referral

Regardless of whether you go public or private for elective surgery, your journey begins the same way: usually with a visit to your local GP.

If they're unable to treat you and determine your condition requires more care, they will refer you to a specialist.

At this point, you can nominate whether you'd like to be a public or private patient.

If you present to an emergency department and your situation is considered non-urgent or requires follow-up surgery, you will be referred to a specialist.

### Going public

If you opt to go public, your GP will refer you to a hospital, which will then allocate your doctors. The doctors involved in your care often include trainees.

The time between your first interaction with the health system (visiting your GP) and first seeing a specialist is known as the 'wait-to-wait', and is generally the longest part of the patient journey.

Referred to by some in the industry as the 'hidden wait list', data on the wait-to-wait is not included in reports on elective surgery waiting times, however, a separate [report by the Western Australian Department of Health](#) puts the median 'wait-to-wait' at public tertiary hospitals at **just under nine months**.<sup>11</sup>

### Going private

If you go private, your GP will provide several specialists that you can choose from, or you can request an open referral and do your own research. Alternatively, you can start by choosing a private hospital and the GP will provide a list of specialists that operate out of that hospital.

The time between your first interaction with the health system (visiting the GP) and your first appointment with a specialist is significantly shorter in the private system – usually about two to three weeks.

<sup>11</sup> WA Department of Health, Referrals to Public Outpatient Surgical Clinics Report December 2017 pi

### 'Wait-to-wait'

The length of time between receiving a referral to having your first appointment with a specialist.

#### Public: 9 months

The time within which 50% of patients will receive their first specialist appointment at public tertiary hospitals in WA.



#### Private: 2-3 weeks

On average, private patients attend their first specialist appointment within 2-3 weeks.

## Step 2: Specialist Appointment

Depending on the complexity of your issue, you may be referred for surgery at your first specialist visit, or you may need multiple consultations. Once the specialist has diagnosed your issue, they'll either recommend surgery or alternative treatment.



## Going public

If you need surgery, you will be placed on the Elective Surgery Waiting List (ESWL) – which is when your ‘official’ waiting time (the time captured in majority of waiting time reports) begins.

Based on the specialist’s assessment of your condition, you will be allocated to one of three urgency categories that will help inform how long you wait for surgery:

Category	Clinical description	Desirable waiting time
<b>Category 1 – Urgent</b>	<ul style="list-style-type: none"> <li>Has the potential to deteriorate quickly to the point where it may become an emergency</li> </ul>	Admission within 30 days
<b>Category 2 – Semi urgent</b>	<ul style="list-style-type: none"> <li>Causes pain, dysfunction or disability</li> <li>Unlikely to deteriorate quickly</li> <li>Unlikely to become an emergency</li> </ul>	Admission within 90 days
<b>Category 3 – Non-urgent</b>	<ul style="list-style-type: none"> <li>Causes pain, dysfunction or disability</li> <li>Unlikely to deteriorate quickly</li> <li>Does not have the potential to become an emergency</li> </ul>	Admission within 365 days

Table 1

These categories represent what the Royal Australasian College of Surgeons (RACS) and the Australian Institute of Health and Welfare (AIHW) have deemed clinically appropriate timeframes between placement on the Elective Surgery Waiting List (ESWL) and receiving surgery.

## Triage

A process in the public hospital system whereby patients waiting for treatment are prioritised with relation to other patients depending on the severity of their condition.

## However:



The wait times represented are just targets. The time patients actually wait varies significantly between procedures, as well as for the same procedure at different hospitals.

For example, at a national level, majority of patients (90 per cent) waiting for a heart bypass received surgery within 62 days, while for patients in need of a knee replacement, 90 per cent received surgery within 358 days.<sup>12</sup>

Within WA, 50 per cent of patients on the waiting list to have their tonsils removed received surgery within 29 days at Royal Perth Hospital, while 50 per cent of patients awaiting a tonsillectomy at Rockingham hospital were seen within 368 days. In both cases, the 50 per cent of patient waited longer than that time.<sup>13</sup>

<sup>12</sup> See page 37 of the report for a breakdown of national waiting times for common procedures.

<sup>13</sup> See page 35 of the report for a breakdown of waiting times in WA for common procedures, broken down by hospital.

## 1. Accessing Elective Surgery in Australia

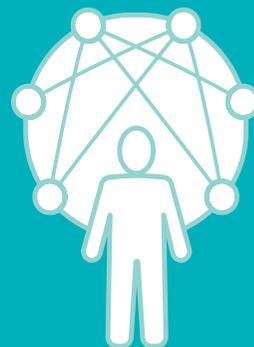
In the public system you cannot choose your hospital and must serve the waiting time for the hospital you have been assigned.

As soon as a spot becomes available, you will be contacted with a date for your surgery.

For a breakdown of waiting times for common procedures at WA hospitals, check out our [waiting times calculator](#).

In Western Australia, there are government guidelines that suggest an urgency category for every procedure; however, these are guidelines only and are not enforced. Ultimately, your urgency category is determined by your specialist and their assessment of your condition.

The amount of time you wait between placement on the Elective Surgery Waiting List and going into hospital for surgery is largely dependent on your assigned urgency category. If you feel your urgency category has been inaccurately assigned, you can make an appeal through consumer advocacy groups such as the WA based [Health Consumers' Council](#).



### Casey appeals to Health Consumers' Council to have her urgency category re-assigned

Casey had been experiencing severe pain from the moment she had an intra uterine device inserted.

She was forced to visit emergency departments on several occasions because she was having difficulty walking.

Doctors eventually realised the IUD had perforated her uterus, causing the pain and multiple infections but each time she visited the ED she was sent home with pain and antibiotic medication and told she would have to wait her turn for surgery to remove the implant.

In desperation, she consulted a private doctor who agreed to carry out the procedure, but at a cost of \$9,000.

She contacted Fiona Stanley Hospital and begged for an appointment, but was advised nothing could be done to expedite her case management.

Unable to take the pain any longer, she contacted the Health Consumers' Council. At an appointment to review her case, it was revealed the IUD had travelled to 3cm below the left iliac crest of the hipbone and the GP upgraded her referral to the urgent category.

At the next specialist appointment, Casey was told she would have to wait another 22 days for surgery even though there was a severe risk of damage to the bowel.

The specialist finally agreed to operate as a matter of urgency and the surgery took place two days later.

## Going private

There are no waiting lists for elective surgery in the private system. If your specialist determines you require surgery, you simply book in a hospital date with the specialist's receptionist.

The date you book is up to you, the only variables being the availability of the specialist and, at times, their estimation of how urgently you need surgery.

Data from private hospital networks St John of God and Ramsay Health Care suggests that – from the time of booking – on average, patients receive surgery within 2-4 weeks. This is consistent for all patients across all private hospitals and procedures.

In addition to shorter waiting times, the ability to select your date for surgery is a major advantage of going private. If you have a holiday booked or urgently need to recover to get back to work, surgery can be booked at a time that suits you.

In the public system, the date of surgery is largely out of your hands.

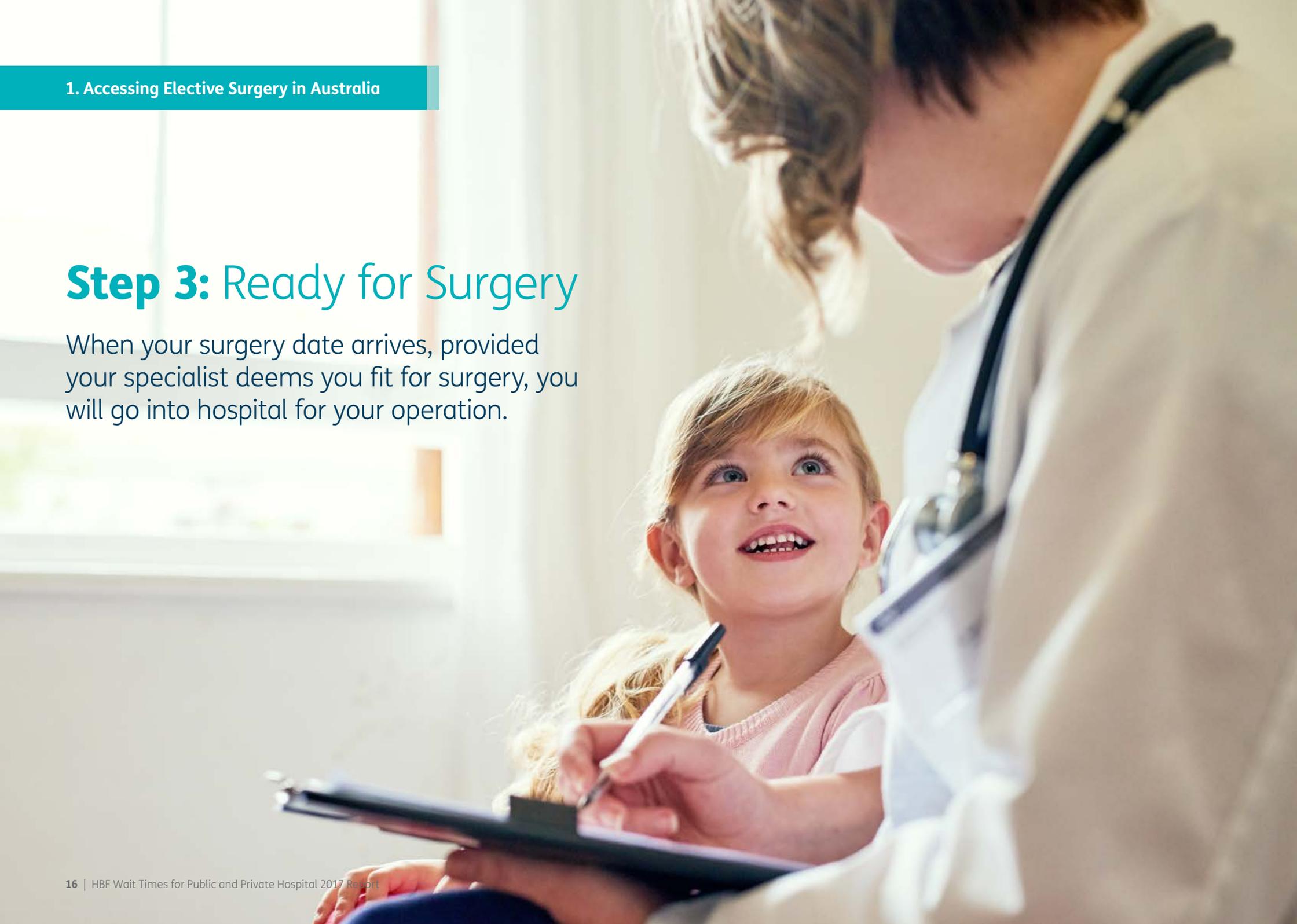
According to the [Elective Surgery Access and Waiting List Management Policy](#), once you have progressed to the front of the waiting list you will be contacted with a time and date for surgery. If it doesn't suit, you will have the option to reschedule to the next available slot. If you decline the second slot or need to postpone your surgery date a second time without good cause, you may be removed from the Elective Surgery Waiting List entirely and must start the process all over again.

### 1. Accessing Elective Surgery in Australia



## Step 3: Ready for Surgery

When your surgery date arrives, provided your specialist deems you fit for surgery, you will go into hospital for your operation.



## Going public

When you go into a public hospital for treatment, surgery often involves a team of doctors, including trainees. It is also likely you will stay in a shared room, unless your condition means you need a private room (e.g. if you're contagious).

Sometimes, the date of your surgery may be postponed if a patient is in a more critical condition than you – this is because hospital beds in the public system are in short supply, and will always be given to patients who need them most.



### Christena Kelly gets gastric sleeve surgery in the public system

Christena Kelly's blood pressure had been dangerously high for 16 years and she'd had an aneurysm in her brain when she decided it was time to do something about her weight.

"Both my parents had diabetes as well, so I was high risk for a lot of things," she said. "I was referred to Joondalup hospital by my GP in August 2015 so that I could see a bariatric doctor about getting a gastric sleeve."

"I saw the bariatric GP in May 2016 and then the surgeon in August 2016 and was given a date for surgery in September 2017. But that was changed to November 2017.

"Basically, when you see your bariatric GP they weigh you and you can't gain anything from then on. If you lose weight, they love it.

"So a few weeks pre-op you go and see the dietician and they give you a full body analysis and print out your body composition including weight. If you have gained they bump your date. They also tell you how many Optifast products to take to help shrink the liver because a fatty liver can cause problems during surgery.

"A lot of people do whatever they can to lose weight because they don't want to be bumped."

Christena says she has lost 21kg since getting her gastric sleeve.

"It is 150,000,000 per cent the best thing I have ever done for myself and for my family. My surgeon was amazing and I feel very lucky. Some people wait years and years for this surgery so I guess being an unhealthy mid-30s woman can be a positive thing in some aspects."

Her total wait was more than two years and her other health conditions meant she was a high-risk patient.



### Going private

In a private hospital, your treatment will be provided by a team of experienced specialists.

You will also gain access to a private room (so long as you're covered for one and it's available).

It's at the point of admission to hospital that your private health insurance kicks in – it provides cover for 'inpatient' services. All consultations prior to admission are considered 'outpatient' services, and will be covered between Medicare and you.



#### Deidre Palmer goes private to treat breast cancer

Deidre Palmer's parents were lifelong HBF members and they instilled in her the value of private health insurance, encouraging her to move to her own policy as soon as she could afford it.

Now aged 65, Deidre could not be more grateful for their wisdom.

"It's one of the last things I would go without," she said.

Diagnosed last year with breast cancer, Deidre's doctor sent her to see the best surgeon he could find and her treatment began immediately.

"I couldn't be happier with the treatment and the service I have had," she says. "Obviously it would be a lot better if I didn't get this stupid disease but if you are going to get it, you need insurance like this. All of my doctors and treatment has been absolutely top notch."

Deidre is booked in for surgery in a few months' time, her treatment at St John of God Hospital in Subiaco to date has been fantastic and when she has surgery she will also be admitted there.

"I am sure the public system is fantastic too, but I am really glad I am a private patient and I do not have to worry about huge out of pocket expenses, and I know when I go in for surgery I will have the best team imaginable looking after me and the facilities at that hospital are first class. It is peace of mind for me and for my family, I think in these situations the whole family is affected and it is good for everyone to know I am in good hands."

Prior to this diagnosis, Deidre has been in exceptional health and has only had to use her insurance for a few small procedures. But she says she was never tempted to let it go.

"It's just one of those things. My mum and dad told my sisters it was important and they were 100 per cent right."



## Other considerations

### Going public as a private patient

You can also use your private health insurance in a public hospital. Some reasons for doing this include living in a rural area that only has a public hospital, or if a public hospital is closest to your home.

As a private patient in a public hospital, you can choose your doctors and if you're covered for it, you're entitled to a private room where one is available. However, private rooms in public hospitals are usually reserved for patients who really need them (e.g. carrying an infectious disease).

Whether you choose to be a public or private patient in a public hospital, you will be placed on a public hospital waiting list to access elective surgery.

### Using private health insurance vs. self-funding

If you do not have private health insurance, you can still access private hospital care by paying the full cost of treatment out of your own pocket. This is called 'self-funding'.

Private treatment can get very expensive, so most people choose to use private health insurance to help costs.



## 2. How long will you wait if you go public

The amount of time you can expect to wait for elective surgery in a public hospital is difficult to estimate. There is no single report that reveals the total amount of time it takes to get elective surgery, from the point of first seeing your GP to going to hospital.

Instead, data is separated into two distinct categories: **Elective Surgery Waiting List** (ESWL) waiting times (the time between placement on a waiting list and receiving surgery) and **'wait-to-wait' times** (the period between first visiting a GP and a first consultation with a specialist). **The time it takes between a first specialist consultation and placement on the Elective surgery waiting list is not reported.**

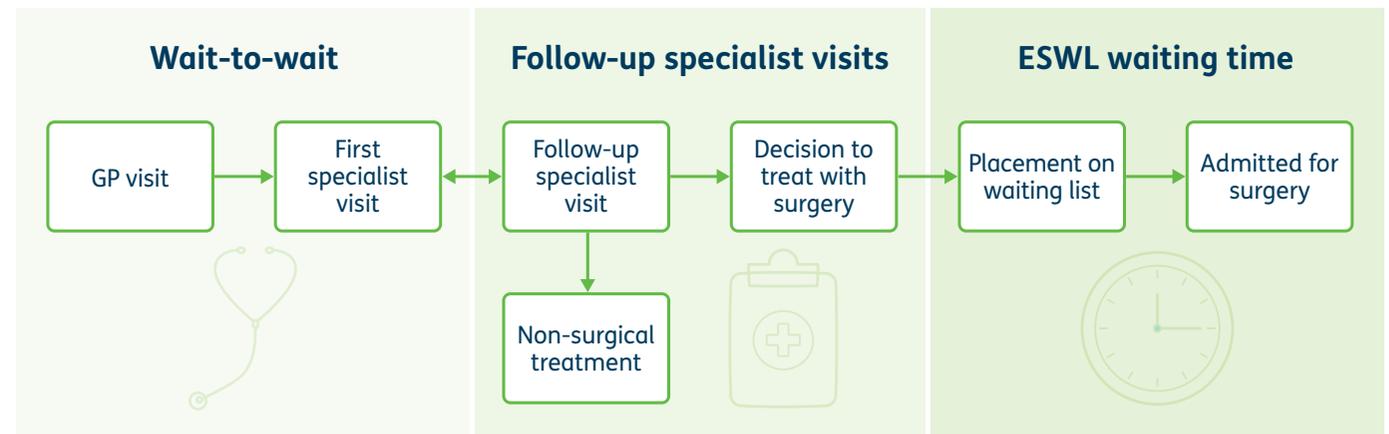


Diagram 1

## 2. How long will you wait if you go public

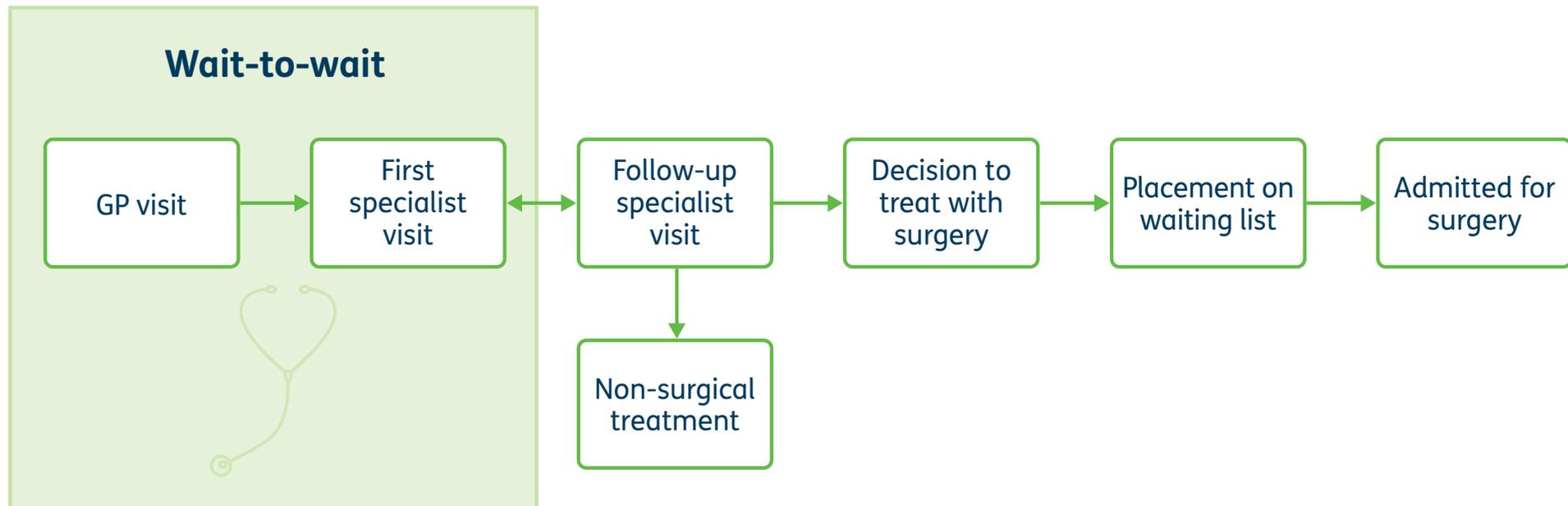


Diagram 3

## 2.1 Wait-to-wait (the ‘hidden wait list’)

While there is no national authority on ‘wait-to-wait’ times, the amount of time a patient waits between first presenting with a health issue and getting a first consultation with a specialist is available in WA, recorded in the [Referrals to Public Outpatient Surgical Clinics report](#).

The most recent ‘Referrals to Public Outpatient Surgical Clinics’ report revealed that, at the end of December 2017, almost 80,000 people (79,517) were still waiting for a first appointment with a specialist in Western Australia.<sup>14</sup>

Of those, 50 per cent had been waiting more than eight months (8.78).<sup>15</sup>

The report also indicated the time people waited for a first appointment was on the rise, from a median of 7.5 months in December 2016 to 8.78 months in December 2017 – an increase of 17.1 per cent.<sup>15</sup>

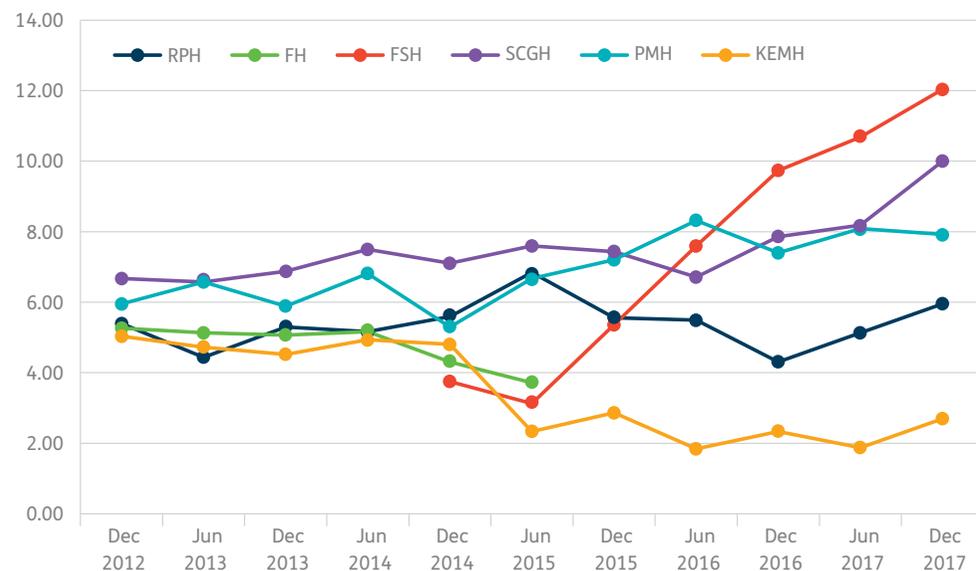
Fiona Stanley Hospital and Sir Charles Gairdner recorded the two longest median waiting times for a first appointment with a specialist, at approximately 12 months and 10 months respectively at the end of December 2017.<sup>15</sup>

There are no targets in place for the time it should take between a GP referral to surgical care. The state government is currently working with providers to develop targets for wait-to-wait.

<sup>14</sup> WA Department of Health, Referrals to Public Outpatient Surgical Clinics Report December 2017 pi

<sup>15</sup> WA Department of Health, Referrals to Public Outpatient Surgical Clinics Report December 2017 p4

## Median Waiting Time (months)



## 2. How long will you wait if you go public

### Referral waiting time (in months) for referrals yet to be seen for a first attended appointment

End of month	Adult Tertiary Hospitals							Total
	Royal Perth Hospital	Fremantle Hospital	Fiona Stanley Hospital	Transfers to Fiona Stanley Hospital from other Tertiary Hospitals	Sir Charles Gairdner Hospital	Princess Margaret Hospital	King Edward Memorial Hospital	
December 2012	5.39	5.26	-	8.45	6.67	5.95	5.03	<b>5.92</b>
June 2013	4.44	5.13	-	6.84	6.58	6.58	4.72	<b>5.49</b>
December 2013	5.29	5.06	-	3.91	6.87	5.88	4.52	<b>5.75</b>
June 2014	5.16	5.16	-	3.80	7.50	6.81	4.93	<b>5.95</b>
December 2014	5.59	4.31	3.75	-	7.10	5.29	4.80	<b>5.54</b>
June 2015	6.84	3.72	3.12	-	7.59	6.67	2.33	<b>5.49</b>
December 2015	5.56	-	5.36	-	7.43	7.20	2.86	<b>6.21</b>
June 2016	5.49	-	7.59	-	6.71	8.32	1.84	<b>6.87</b>
December 2016	4.31	-	9.73	-	7.86	7.40	2.33	<b>7.50</b>
June 2017	5.13	-	10.68	-	8.19	8.09	1.87	<b>7.73</b>
December 2017	5.95	-	12.03	-	9.99	7.92	2.70	<b>8.78</b>

Table 6

Source: WA Department of Health, Referrals to Public Outpatient Surgical Clinics Report December 2017 p4

# Wait-to-wait **data limitations** (what these stats don't tell you)

### Median only – no 90th percentile or worst-case scenario

Only half the picture is present in the [Referrals to Public Outpatient Surgical Clinics](#) report. That's because median (50 per cent of cases) is the only measure used in reporting the amount of time it takes to see a specialist for a first consultation.

Without other reporting measures like the 90th percentile used in the [Elective Surgery Waiting Times](#) report, it is difficult to determine the length of time most people can expect to wait.

### No distinction between urgency categories

The urgency category assigned to a patient's case is an important factor in determining wait-to-wait. A median can disguise the amount of time patients with different assigned urgency categories wait to be seen. It is acceptable for category three patients to wait up to a year for their surgery, while patients in category one and two must be seen with 30 and 90 days respectively.

If only 50 per cent of cases are accounted for in wait-to-wait figures, there is potential that category three patients may not be included in the median wait-to-wait time (depending on the proportion of category one and two cases, which need to be seen faster).

### No data for surgical speciality or procedure

There is no data for wait-to-wait time broken down by procedure and surgical speciality. This makes it impossible to get an accurate picture of how long the wait-to-wait will be for a specific situation, for example, a tonsillectomy, or even how long it would take to see a specialist, like an Ear, Nose Throat specialist.

The amount of time it takes to get a first specialist appointment in the public hospital system is balanced between how urgently care is needed and how busy the required specialist is. For that reason, wait-to-wait time can vary significantly by speciality, as well as by procedure.

### No indication of number of specialist appointments it takes before you get put on the waiting list

The wait-to-wait data only captures the time between the initial GP visit and the first consultation with a specialist. Several appointments with a specialist may be required before a diagnosis is made – this time is not accounted for in reporting, and is a missing piece of information that is required to calculate the total waiting time.

## 2. How long will you wait if you go public

### Father of two lives in pain for two years while waiting for surgery in the public hospital system

Stonemason and father of two Michael Harcourt's GP diagnosed him with severe exostosis of the ear and sent a referral off to Fiona Stanley Hospital so that he could be booked in for surgery.

"Basically, his ear canal is being crushed because bone is growing into it," his wife Kristy said.

"The doctor said the canal is almost fully closed off. That was two years ago.

"He has trouble hearing and it gets really sore. To fix it, they need to drill the bone out."

Kristy said there had been no indication of when Michael will get an appointment.

When they get the appointment, they will be placed on a waiting list for surgery and nobody can give them any indication as to how long that wait will be.

"I called the hospital and told them he is in pain and that it affects his balance but all they would say is that the wait list to see the specialist is very long.

"It is quite hard to believe that it takes two years and more to even get to see the specialist and then the real wait begins.

"I don't think people really understand that when they hear about waiting lists. What no one tells you is that you have to wait a really long time to even get on to the waiting list."



### Mother of three, Jade Tinson, has been waiting five years for a first appointment with a specialist

Mother of three Jade Tinson has always had problems with enlarged and infected tonsils. In November 2012 the pain got so bad she had to go to the emergency department at Peel Hospital.

After being assessed, she was transferred to Fremantle Hospital where a specialist decided the tonsils needed to come out on the spot.

But she was 16 weeks pregnant so the operation could not proceed.

About six months later, after giving birth, Jade visited her GP to get antibiotics to treat yet another bout of the painful condition. The GP referred her to Fiona Stanley Hospital for assessment by a specialist. By early 2014 when she had not heard from the hospital, she phoned to find out when she was likely to get an appointment.

“I was told that I had been lost on the system and that I needed to get my GP to do another referral,” she said.

“That referral was done in mid-2014. Since then, partly due to having enlarged tonsils, I have developed sleep apnoea and need to use a CPAP machine. I can stop breathing up to 30 times an hour even with the machine.”

Jade’s GP updated her referral with the new information about her breathing in 2016 but she is still waiting to even get in front of the specialist so she can go on the waiting list.

“I have thought about going in as a private patient, but I am on a low income and I have three kids and I just can’t afford to do that,” she said.

“I get a letter from Fiona Stanley Hospital every six months asking if I still need the appointment and I always send back that I do.”

To complicate the problem, Jade has been told by her GP that she can only be treated at Fiona Stanley because her BMI is too high.

“I am a heavy girl, but I am mobile and I exercise three times a week and I run around after three kids,” she said. “I know our society says we shouldn’t complain because we have access to free healthcare and, to be honest, on the surface it really is a great system. If you are having a baby or you have a life-threatening emergency, most of the time it works and it works well.

“But it is when you scrape past the initial layer of emergency stuff that you see the problems and it becomes about who yells the loudest or has the most money.”

She said when she calls the hospital to check if there are any updates, she always gets the same response.

“It is very scripted, you can almost predict the exact words they are going to say. They say it is a very long list and you are seen in the order of need. If your condition has changed, get your GP to send through and updated referral. The clerks are only doing their job, I feel for them too.”

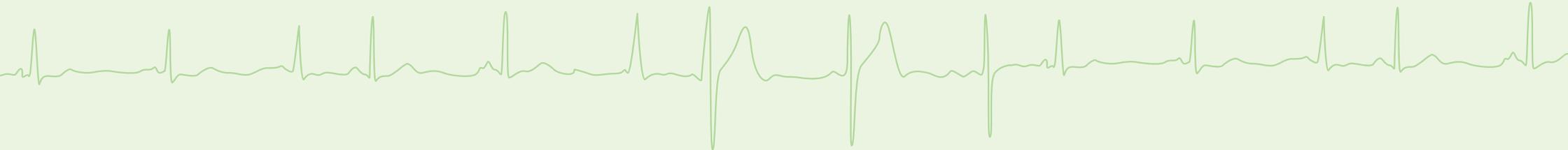




## Other issues

While waiting times are largely determined by your urgency category, the surgery you need, and the hospital you attend, there are other factors that can affect your waiting time.

In some states, certain criteria must be met before getting a referral to a specialist in the public hospital system.



Depending on your health issue, some states have certain criteria you must meet before your GP will refer you to a public hospital specialist for further diagnosis or treatment.

For example, in WA, according to the [Department of Health's website](#), to get a non-urgent referral to an ear, nose and throat (ENT) specialist for tonsillitis you must meet the following conditions:

- Recurrent sore throat due to acute tonsillitis where the episodes of sore throat are disabling and prevent normal functioning (i.e. tonsillitis indicated for tonsillectomy).

- Episodes must be well documented, clinically significant and adequately treated as per best practice guidelines for primary care:
  - seven or more episodes in the preceding year **or**
  - five or more episodes in each of the preceding two years **or**
  - three or more episodes in each of the preceding three years **or**
  - extraordinary circumstances, for example excessive time off work (>three weeks per year) or school (>four weeks per year), documented if frequency above not met.

In WA, meeting these criteria will only get you in-front of an ENT specialist for the first time – then, if they decide you need surgery, you will be placed on public hospital waiting list.

Median waiting times for a tonsillectomy in WA are up to 368 days,<sup>16</sup> which means from your placement on the waiting list you could wait over a year to access surgery.

If you do not meet the criteria for a specialist referral, the [Department of Health's website](#) states you “...will be returned for ongoing management in the community but may be re-referred if the condition becomes appropriate for specialist review”.

<sup>16</sup> AIHW My Hospitals: Elective surgery data 2016–2017

## 2. How long will you wait if you go public



## 2. How long will you wait if you go public

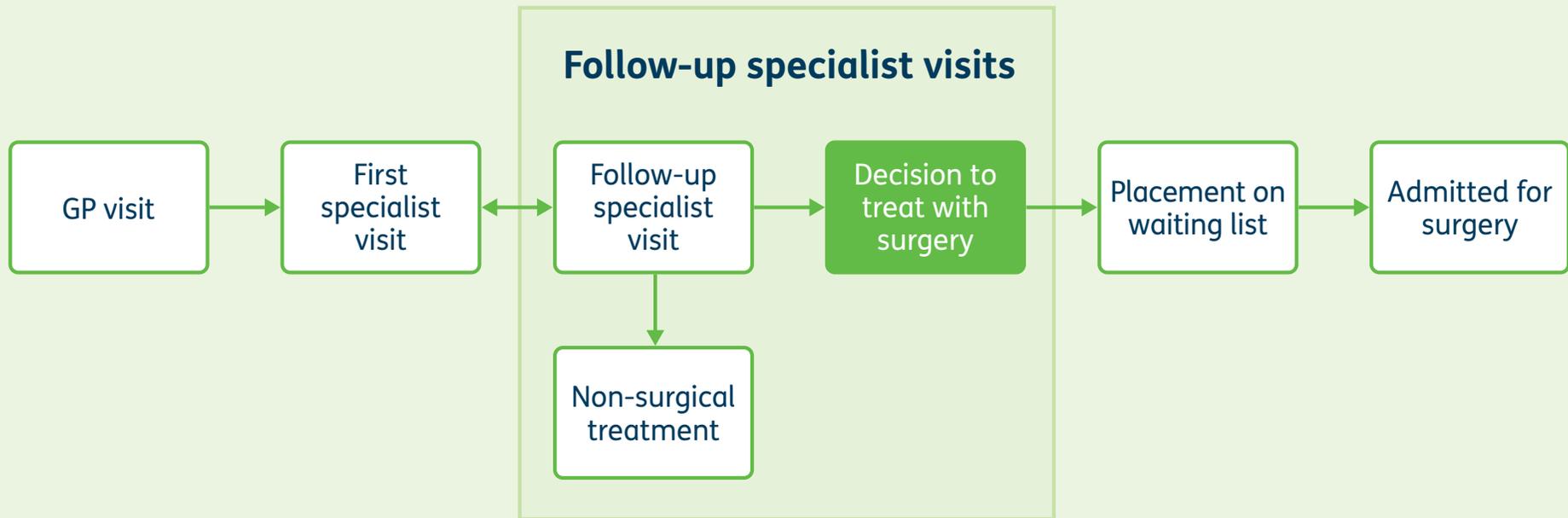


Diagram 3

## 2.2 Follow-up specialist visits

There is no data available for the time it takes between a first specialist consultation and placement on a waiting list.

Cathy Ryan, Group Manager of Health Funding & Performance at SJOG, says the time it takes for this part of the health journey varies depending on your condition.

“If you require surgery, the consultant will give you an indication quickly... for example if you’ve had 6 bouts of tonsillitis in the last month, then you know that you need your tonsils out. Most of the time it’s a relatively clear-cut decision.”

Several appointments with a specialist may be required before a diagnosis is made—this time is not accounted for in reporting, and is a missing piece of information that is required to calculate the total waiting time.

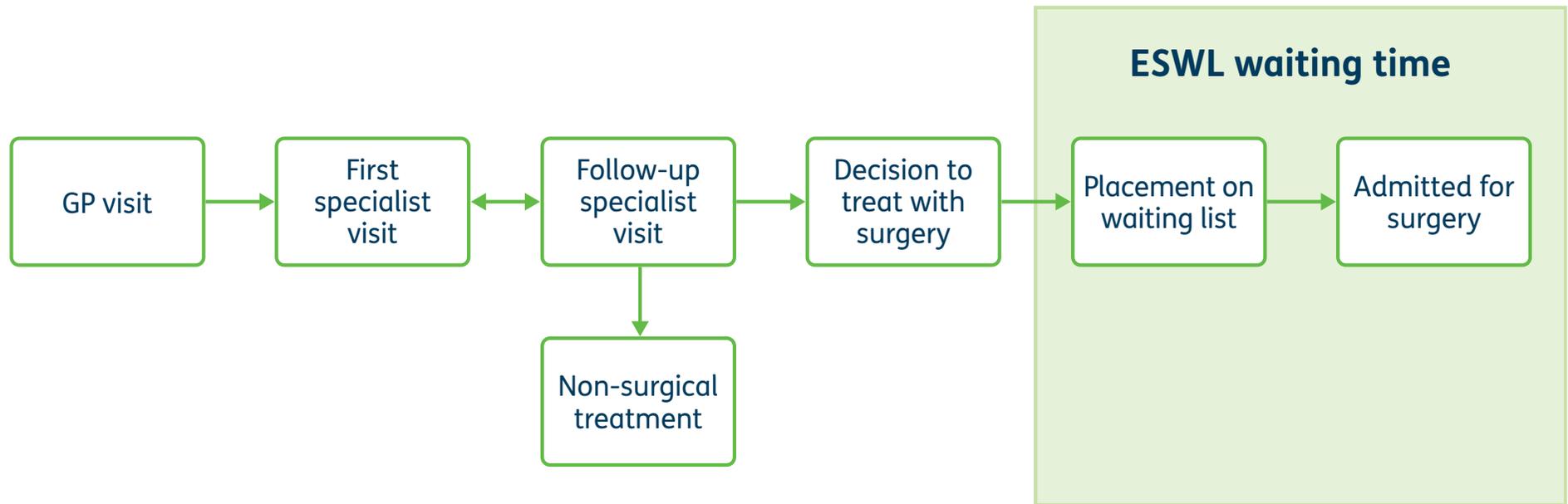


Diagram 4

## 2.3 Waiting times

To understand waiting times in the public hospital system, the best place to start is the [Elective Surgery Waiting Times](#) report, an annual report by the Australian Institute of Health and Welfare (AIHW). This report captures the amount of time between placement on the Elective Surgery Waiting List (ESWL) and receiving surgery, and is considered the national authority on waiting times.

It states that at the end of June 2017, the median waiting time for all patients on elective surgery public hospital waiting lists was 38 days.<sup>17</sup> This is the national figure most often cited by the media.

The AIHW also reported 90 per cent of cases were seen within 258 days.<sup>18</sup>

That means in the 2017 financial year, 50 per cent of patients were seen within 38 days, while the remaining 40 per cent waited up to 258 days for surgery. For the final 10 per cent of patients, the waiting time would have exceeded 258 days.

For a patient, that means the difference between waiting just over a month for surgery, or up to a year.

<sup>17</sup> AIHW Australian Hospital Statistics: Elective surgery waiting times 2016–17 p29

<sup>18</sup> AIHW Australian Hospital Statistics: Elective surgery waiting times 2016–17 p30

## 2. How long will you wait if you go public

### Why the variation?

A possible explanation is the assigned urgency category.

In 2016–2017, there were around 748,000 cases of elective surgery in public hospitals across Australia.<sup>19</sup> Of these, approximately 66 per cent were category one and category two cases – which need to be attended to within 30 days and 90 days respectively.<sup>19</sup>

Approximately 34 per cent of cases were category three – needing to be seen within 365 days.<sup>19</sup> The wait of up to 258 days for 40 per cent of patients is likely to have affected category two and three patients.

The AIHW report also reveals the proportion of patients waiting more than a year for elective surgery decreased, from 2.7 per cent to 1.7 per cent.<sup>20</sup> In real terms, that means around 12,000 people waited longer than a year for surgery.

### Admissions from public hospital elective surgery waiting lists, by clinical urgency category, states and territories, 2016–17

Clinical urgency category	NSW	Vic	Qld	WA	SA	Tas	ACT	NT	Total
Category 1	49,454	55,536	51,155	22,504	15,855	7,100	4,251	2,875	208,730
Category 2	74,525	89,825	56,066	27,176	21,189	7,160	4,620	3,601	284,162
Category 3	98,914	50,725	36,226	37,067	21,611	4,927	3,955	1,774	255,199
<b>Total admissions</b>	<b>222,893</b>	<b>196,086</b>	<b>143,447</b>	<b>86,747</b>	<b>58,655</b>	<b>19,187</b>	<b>12,826</b>	<b>8,250</b>	<b>748,091</b>
Percentage of admissions									
Category 1	22.2	28.3	35.7	25.9	27.0	37.0	33.1	34.8	27.9
Category 2	33.4	45.8	39.1	31.3	36.1	37.3	36.0	43.6	38.0
Category 3	44.4	25.9	25.3	42.7	36.8	25.7	30.8	21.5	34.1

Table 2

Source: AIHW Australian Hospital Statistics: Elective surgery waiting times 2016–17 p56

<sup>19</sup> AIHW Australian Hospital Statistics: Elective surgery waiting times 2016–17 p56

<sup>20</sup> AIHW Australian Hospital Statistics: Elective surgery waiting times 2016–17 p28

Despite variation by urgency category, the fact remains 50 per cent of patients were seen within 38 days for the 2016–2017 financial year.

On face value, that time seems reasonable, especially when you consider public patients in public hospitals access those services for free thanks to Medicare.

However, the 38-day median is a national figure – waiting times often differ based on where you live. In Western Australia, the median waiting time was 34 days, while in New South Wales, the median waiting time was 54 days.<sup>21</sup>

Waiting times also vary significantly by surgical speciality, procedure and by hospital – this is arguably the most important thing to understand because at that level of granularity, far greater variations in waiting times occur.

21 AIHW Australian Hospital Statistics: Elective surgery waiting times 2016–17 p29

## How much do Western Australia waiting times vary by procedure and hospital?

Data for the [2016–2017 financial year](#) released by the Australian Institute of Health and Welfare (AIHW) shows public hospital patients experienced significant variations in waiting times depending on their procedure and hospital.

In WA, median waiting times were relatively short for heart bypass surgery and gall bladder removal, but particularly long for cataract extraction, correction of a deviated septum and tonsil removal.<sup>22</sup>

In terms of variation in waiting times by hospital, Joondalup Health Campus appeared to have consistently shorter waiting times than other WA hospitals, with the shortest waiting time for key procedures like gall bladder removal and knee reconstructions.

On the other end of the spectrum, Albany Hospital's waiting times seemed longer overall, with long waiting times for cataract removal, gall bladder removal, uterus removal and total hip replacement.

<sup>22</sup> AIHW MyHospitals: Elective surgery data 2016–2017

### Western Australia Median Wait Times by Common Surgical Procedures in Key Metropolitan and Regional Hospitals 2016–2017

Surgical Procedure	Albany Hospital	Armadale-Kelmscott Memorial Hospital	Fiona Stanley Hospital	Fremantle Hospital	Joondalup Health Campus	Kalgoorlie Hospital	Princess Margaret Hospital	Rockingham Hospital	Royal Perth Hospital (Wellington Street Campus)	Sir Charles Gairdner Hospital
Cataract removal (Cataract extraction)	164	-	-	49	153	65	41	-	138	70
Gall bladder removal (Cholecystectomy)	62	20	34	39	17	42	NP	41	26	28
Heart bypass (Coronary artery bypass graft)	-	-	12	-	-	-	-	-	-	8
Endoscopy of the bladder (Cystoscopy)	89	24	39	NP	15	NP	80	89	56	25
Haemorrhoid removal (Haemorrhoidectomy)	73	31	-	65	36	NP	NP	42	197	NP
Uterus removal (Hysterectomy)	80	71	50	74	52	14	-	41	-	7
Repair of a groin hernia (Inguinal Herniorrhaphy)	48	22	60	71	21	43	23	64	36	47
Repair of perforated ear drum (Myringoplasty/tympanoplasty)	NP	354	133	263	NP	3	245	NP	138	NP
Surgical incision into eardrum to drain fluid or release pressure (Myringotomy)	NP	335	132	NP	66	20	56	133	NP	NP
Prostate gland removal (Prostatectomy)	35	89	38	-	29	-	-	53	65	32
Correction of deviated septum (Septoplasty)	162	341	NP	450	267	-	NP	NP	400	132
Tonsil removal (Tonsillectomy)	89	350	238	343	136	-	79	368	29	58
Total hip replacement	155	74	-	73	73	-	-	146	137	85
Total knee replacement	178	102	-	85	93	-	-	189	232	120
Varicose vein treatment	NP	73	-	-	12	NP	-	NP	NP	NP
Knee reconstruction (Anterior cruciate ligament repair)	52	62	-	73	32	NP	69	88	68	47
Shoulder reconstruction	-	97	-	99	69	NP	NP	167	79	86

Table 3

Source: AIHW My Hospitals: Elective surgery data 2016 - 2017

#### About the data

This data represents the time within which 50 per cent of patients were seen. The remaining 50 per cent of patients would have waited longer than this time to access elective surgery.

#### KEY

NA Data for this hospital were not available

- There were no patients reported for this indicator in this time period

NP Reported data did not meet the criteria to calculate this indicator\*

\*Only surgery data which met certain criteria are included in the calculation. The criteria for calculating and presenting results are:

- Valid dates for: addition to waiting list, admission as an emergency or elective patient for awaited procedure
- A valid urgency category
- 10 or more surgeries in the category (in the denominator).

## How much do national waiting times vary by procedure?

National waiting time data reflected a similar story to WA, showing great variation by intended surgical procedure. The shortest median waiting time across all states and territories was for heart bypass surgery (13 days). On the other end of the scale, the longest median waiting time was for septoplasty, to fix a deviated septum (209 days).

At the 90th percentile, the story changes. While the shortest waiting time remains coronary artery bypass grafts (62 days), the longest waiting time becomes myringoplasty – surgery that repairs a perforated eardrum (368 days).



## National waiting times by intended surgical procedure 2016–2017

Procedure	Recommended Urgency Category as defined in the National Elective Surgery Urgency Categorisation guideline	Days waited at 50th Percentile	Days waited at 90th Percentile	Admissions that waited more than 365 days (rounded to nearest whole number)
Cataract removal (Cataract extraction)	Category 1, 2 or 3 depending on the required procedure.	85	330	999
Gall bladder removal (Cholecystectomy)	Category 1, 2 or 3 depending on the required procedure.	41	132	56
Heart bypass (Coronary artery bypass graft)	Category 2	13	62	0
Prostate gland removal (Prostatectomy)	Category 2	41	132	58
Endoscopy of the bladder (Cystoscopy)	Category 3	24	92	279
Haemorrhoid removal (Haemorrhoidectomy)	Category 3	49	196	32
Uterus removal (Hysterectomy)	Category 3	55	236	115
Repair of perforated ear drum (Myringoplasty/tympanoplasty)	Category 3	170	368	200
Surgical incision into eardrum to drain fluid or release pressure (Myringotomy)	Category 3	56	225	74
Correction of deviated septum (Septoplasty)	Category 3	209	364	461
Tonsil removal (Tonsillectomy)	Category 3	97	347	662
Total hip replacement	Category 3	110	344	435
Total knee replacement	Category 3	195	358	1028
Varicose veins treatment	Category 3	90	328	153
Repair of a groin hernia (Inguinal herniorrhaphy)	Category 3	52	242	151
Other procedures	N/A	29	196	7884

Table 4

Source: AIHW Australian Hospital Statistics: Elective surgery waiting times 2016–17 p43-44

# A proportion of patients wait more than the recommended time for surgery

Sometimes, patients may not receive surgery within the clinically recommended timeframe. These cases are known as ‘over boundary’.

According to the Australian Institute of Health and Welfare, in Western Australia for the 2016–2017 reporting period, 92 per cent of cases were admitted within the clinically recommended time.<sup>23</sup>

For the 8 per cent of over boundary cases the average overdue waiting time was around 12 days for category one patients, 73 days for category two patients and 82 days for category three patients.<sup>23</sup>

To better manage over boundary cases, in 2016, the WA health system introduced new [state-wide performance targets for elective surgery](#). This target was set to 0 per cent, meaning the state government aimed to eradicate over boundary cases altogether.

At the time of writing this report, that target has not been met for the past 12 months.

In Western Australia at the end of August 2018, there were 23,851 patients on public hospital waiting lists. About 7 per cent of these patients had been waiting more than the recommended time as indicated by their urgency category.<sup>24</sup>

Almost 15 per cent of category one patients – those in the most urgent need of care – had been waiting more than the clinically recommended time of 30 days.<sup>25</sup>

<sup>23</sup> AIHW Australian Hospital Statistics: Elective surgery waiting times 2016–17 p58

<sup>24</sup> WA Department of Health, Elective Surgery Wait List reports: Number of Elective Surgery Cases on Wait List at End of Month August 2018

<sup>25</sup> WA Department of Health, Elective Surgery Wait List reports: Western Australia Elective Services Target Performance as at End of Month August 2018

## 2. How long will you wait if you go public

### Total number of elective surgery cases on wait list and percentage of over boundary as at end of month

End of month	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018
<b>Category 1</b>													
Total Cases	1,144	1,132	1,146	1,209	960	1,090	1,108	1,119	1,219	1,199	1,163	1,144	1,166
% over boundary	17.8%	19.1%	14.7%	16.1%	24.7%	16.5%	11.6%	16.2%	19.5%	16.0%	14.8%	16.6%	14.5%
<b>Category 2</b>													
Total Cases	4,936	5,164	4,965	4,749	4,870	4,761	4,843	4,825	4,861	4,947	5,068	5,276	5,544
% over boundary	12.9%	12.8%	13.1%	13.8%	14.9%	17.8%	16.6%	15.9%	13.6%	13.4%	12.7%	14.1%	14.0%
<b>Category 3</b>													
Total Cases	14,980	15,059	15,226	15,561	16,146	16,415	16,354	16,364	16,623	16,788	16,982	17,044	17,141
% over boundary	2.9%	3.0%	3.0%	3.0%	3.2%	3.1%	3.1%	3.5%	3.7%	3.7%	3.9%	3.9%	3.8%
<b>All Categories</b>													
Total Cases	21,060	21,355	21,337	21,519	21,976	22,266	22,305	22,308	22,703	22,934	23,213	23,464	23,851
% over boundary	6.1%	6.2%	6.0%	6.1%	6.7%	6.9%	6.4%	6.8%	6.7%	6.4%	6.4%	6.8%	6.7%

Table 5

Source: WA Elective Surgery Wait List Data Collection, Information and System Performance Directorate, Department of Health WA. Data extracted 1 Sep 2018

A majority of West Australian hospitals met the 0 per cent over boundary cases target.<sup>26</sup> Select public hospitals were responsible for pulling down overall performance.

For category one cases, most hospitals met the 0 per cent over boundary target. Notable exceptions included Fremantle Hospital (22.2 per cent), Fiona Stanley Hospital (20.8 per cent) and Royal Perth Hospital (26 per cent).<sup>26</sup>

Royal Perth Hospital and Fiona Stanley Hospital recorded the highest percentage of over boundary category two cases, at 31.3 per cent and 26 per cent respectively.<sup>26</sup>

For category three patients – those who waited more than 365 days for surgery – hospitals with the highest percentage of over boundary cases were Bunbury Hospital (11.1 per cent), Royal Perth Hospital (12.9 per cent) and Fiona Stanley Hospital (10.9 per cent). Most other hospitals sat at 0-6 per cent.<sup>26</sup>

<sup>26</sup> WA Department of Health, Elective Surgery Wait List reports: Total Number of Elective Surgery Cases on Wait List and Percentage of Over Boundary as at End of August 2018

## Public waiting times **data limitations** (what these stats don't tell you)

### Unpacking median and 90th percentile reporting

Looking at median to understand waiting times for elective surgery can be confusing. In the context of elective waiting time reporting, a median represents the amount of time within which 50 per cent of patients were admitted for surgery (i.e. actually received treatment). The remaining 50 per cent are not captured by the median figure – these people wait longer than the median waiting time reported.

This is why the 90th percentile is also used in reporting – it represents the amount of time it takes for 90 per cent of patients to be seen for surgery.

However, the length of time it takes for all patients to be seen is not reported. The remaining 10 per cent of patients are unaccounted for, which means the absolute worst-case scenarios are never revealed.

### No data for ‘the hidden wait list’

While some states record ‘wait-to-wait’ data, there is no national report that shows the amount of time it takes between first seeing a GP or visiting an emergency department to a first consultation with a specialist.

A lack of ‘wait-to-wait’ data in major publications like the [Elective Surgery Waiting Times](#) report and the [Elective Surgery Waiting List](#) report is a serious issue because without ‘wait-to-wait’ data, these reports underestimate the actual time people wait for surgery.<sup>27</sup>

The [AMA Public Hospital Report Card](#) notes that people can wait longer for a first appointment with a specialist than they do between placement on the waiting list and surgery.<sup>27</sup>

The AIHW recognises this issue, and is working with states and territories to develop a national approach to measuring ‘wait-to-wait’.<sup>28</sup>

<sup>27</sup> Australian Medical Association Public Hospital Report Card 2018 p10

<sup>28</sup> AIHW Australian Hospital Statistics: Elective surgery waiting times 2016–17 p29

# Other issues



## Privately funded patients in the public system get seen faster

Released by the AIHW, the most recent [Admitted Patient Care](#) report revealed that, in public hospitals, public patients had higher median waiting times for all surgical procedures compared with patients who were privately funded.

AIHW statistics show that in the public system, 50 per cent of public patients on waiting lists for elective surgery were seen within 42 days. By 273 days, 90 per cent of people had been operated on. Private patients in public hospitals had significantly shorter waiting times overall, with 50 per cent of all patients seen by 21 days and 90 per cent of patients by 113 days.<sup>29</sup>

A larger portion of public patients also waited longer than a year for surgery. 1.8 per cent of public patients waited more than 365 days for surgery, while just 0.7 per cent of private patients waited more than a year.<sup>29</sup>

According to the Department of Health WA's [Elective Surgery Access and Waiting List Management Policy](#), patients in need of elective surgery in a public hospital must be prioritised based on clinical need.

This means, all other things being equal, patients on the waiting list must be seen on a 'first on, first off' basis.

The policy clearly states that all patients should be treated equally, regardless of funding source.

It is unclear why private patients are seen faster than public patients. Possible reasons include funding-based prioritisation; alternatively, it is also possible that private patients' diagnoses are more severe than public patients'.

[Research by the Queensland Audit Office \(QAO\)](#) suggests prioritisation based on funding source does occur.

According to their report, category two private patients were more consistently seen within the recommended timeframe of 90 days than public patients of the same urgency category. 97 per cent of private patients were seen within the timeframe compared to 69 per cent of public patients. There was no statistically significant variation for private and public patients of category one and three.<sup>30</sup>

<sup>29</sup> AIHW Australian Hospital Statistics: Admitted Patient Care 2016–2017 p222

<sup>30</sup> Queensland Audit Office Right of Private Practice in Queensland Public Hospitals 2013–2014 p 36–38

### Pressure to meet performance targets results in manipulation of waiting lists

There are reports of practices that potentially place patients at risk to meet national waiting time benchmarks. Over the past 12 months, reported practices include:

- Downgrading patients' urgency category to give hospitals more time to provide surgery. For example, placing a patient in category three (needs to be seen within 12 months), that has a medical condition that requires them to be a category two (needs to be seen within 90 days).<sup>31</sup>
- Operating on patients newer to wait lists, rather than those who had been waiting the longest.<sup>32</sup>
- Hospital staff asked to “cherry pick” patients to meet performance targets.<sup>32</sup>

### Less complex cases with shorter wait lists prioritised over more complex cases

Public hospital theatre lists are constructed to best maximise the time available. According to the [Elective Surgery Access and Waiting List Management Policy](#), less complex cases with shorter wait lists are, where appropriate, prioritised over more complex cases. This practice can explain why the waiting time for certain procedures such as total knee replacement is often drawn out.

### Inconsistent assignment of urgency categories

Another problem lies in the inconsistent classification of cases.

Released in April 2015, the [National Elective Surgery Urgency Categorisation Guideline](#) promotes national consistency and comparability in urgency assessment. The guideline was co-developed by the Royal Australasian College of Surgeons (RACS) and the Australian Institute of Health and Welfare (AIHW) and is meant to ensure all patients are treated equally.

The guidelines can be overridden as the urgency category assigned to a patient is ultimately up to the treating specialist.

Unfortunately, the human element of assigning urgency categories results in significant inconsistencies.

The guideline also doesn't overrule state or territory policies so it is difficult to compare figures from state to state; although in Western Australia, the national guidelines are the gold standard.

<sup>31</sup> Dunlevy, S. (2018, March 9). Hospitals doctoring wait lists. Daily Telegraph, Sydney, pp. 15.

<sup>32</sup> Brown, A. Calvary Hospital staff ordered to 'manipulate' waiting lists by ACT Health, documents show (2018, May 27), The Sydney Morning Herald. Retrieved from [https://www.smh.com.au/national/act/calvary-hospital-staff-ordered-to-manipulate-waiting-lists-by-act-health-documents-show-20180507-p4zdw2.html?utm\\_medium=rss&utm\\_source=rss\\_feed](https://www.smh.com.au/national/act/calvary-hospital-staff-ordered-to-manipulate-waiting-lists-by-act-health-documents-show-20180507-p4zdw2.html?utm_medium=rss&utm_source=rss_feed)

## 2. How long will you wait if you go public

### **Patients told to re-submit paperwork/lost paperwork**

Anecdotal evidence suggests patient paperwork can get lost in the system, and that affected patients must ask their GP to resubmit it. Recorded waiting times then start from the time the replacement paperwork is submitted. Often it is not until the patient has been waiting for an excessive amount of time that they contact the hospital to find out what is happening, usually when they are well beyond boundary.

### Sophie Ward's paperwork goes missing – to avoid the hospital waiting list, she funds her own private care

Administrator Sophie Ward had been dealing with regular bouts of debilitating tonsillitis for a few years when her GP finally decided it was time to get them removed.

The fit and active 23-year-old did not have private health insurance because she thought it was mostly for old people or women planning to have children.

“I never really thought it was something I would need and I know Australia has such a good health system so I just thought there were a lot of better ways to spend my money,” she said.

When her GP referred her to see an ear, nose and throat specialist, she expected the ball would start rolling quickly.

The bouts of tonsillitis started to become more frequent and she was constantly taking antibiotics.

“When I got sick, it would happen quickly and I would feel awful. Everything just seemed to be a big effort. My family was getting frustrated too, because I was always sick.”

Eight months went by and she still did not have an appointment to see the specialist.

So she phoned her GP who told her it was normal to wait for an appointment.

Nonetheless, she phoned the hospital herself to see if she could get an update and it was discovered her paperwork had been lost.

She went back to her GP and got another referral and everything was resubmitted to the hospital.

More than a year passed and still no appointment.

“At that point, I was so sick and I just realised I would have to save up and pay for everything myself.”

Within a few days of getting a referral to the specialist as a privately funded patient, Sophie was booked in for surgery and the tonsils were removed.

“I had to save up a few thousand dollars but it was worth it,” she said.

“I felt so much better and I just was able to get on with my life.”

Two months after she had the operation, the hospital rang to offer her an appointment to see the specialist.

“I said to them, ‘Thanks so much, but it is a bit late. I have already paid for my own surgery,’” she said.

“I was a bit upset because I had paid all that money and then finally they called, but what I didn’t know is that I hadn’t even gone on the waiting list and who knows how long I might have waited for the actual operation.”



### Less funding pushing out public hospital waiting times because of reduced resources

Appropriate funding is crucial in ensuring public hospitals are adequately resourced to meet demand.

Public hospitals are funded by the state and federal governments. According to the AIHW, combined state and federal government funding for public hospitals in the most recently reported financial year (2015-2016) totalled almost \$27 billion, a 3.8 per cent rise on the previous year.

These funds are distributed to hospitals based on demand for services.

Former Australian Medical Association (AMA) President, [Dr Michael Gannon](#) believes that the current funding model is not sustainable.

“The average annual growth in federal health funding of 2.8 per cent over the past five years and 4.3 per cent over the decade is too low. Equally, funding by the states has not kept pace with health inflation, with average growth rates of just 3.2 per cent over the last five years and 4.3 per cent over the decade.

“Put bluntly, the current Council of Australian Governments (COAG) agreement is a funding formula for failure.”

HSUWA secretary Dan Hill agrees, saying, “There is a lot of stress on the public hospital system because more resources are required to meet the demands of an ageing population and instead of more money being spent, budgets are being wound back.”



### 20-year-old loses job, car and motivation while waiting 18 months for surgery in the public hospital system

Janet Jackson's son was three months away from completing his apprenticeship as an automotive spray painter when, at the age of 20, he had an accident and injured his shoulder.

The GP referred him to Fremantle Hospital and he waited 12 months for a reconstruction.

"The day he finally went in for the operation, they were going through the paperwork and discovered an error on one piece of paper. Someone had written that he needed a knee reconstruction. They couldn't do the operation and rescheduled him for another six months."

She said in that 18 months, he lost his job, lost his car, lost his motivation and had struggled to get his life back on track ever since.

"The public health system is a joke," she said.

"What no one thinks about is that when people are forced to wait in pain, they very quickly develop addictions to pharmaceutical pain killers. My son lost heart. He spent day and night in his room doped up on painkillers because he just couldn't do anything else. It changed his life for the worst. He lost his car, sold his motorbike, broke up with his fiancé and I basically just watched him fall apart. He lost a lot of friends because he couldn't go out and do the things he used to do.

"He still suffers pain in his shoulder, has restricted movement and can't find a secure job. People look at his resume and see two years of unemployment due to a shoulder reconstruction and they just throw it in the bin.

"It's not fair."





# 3. How long will you wait if you go private

In the private hospital system, there is no waiting list. If you need elective surgery, you simply book it in with the specialist's receptionist on a date that suits you, or on a date the specialist recommends based on the urgency of your condition.

The time it takes between booking surgery and receiving surgery in the private hospital system is not officially recorded in a central source.

To determine private hospital waiting times, a mix of qualitative and quantitative data was provided by national private hospital networks Ramsay Healthcare and St John of God (SJOG). This data shows you will generally access elective surgery faster in the private hospital system.

Both private hospital networks provided qualitative data for the **average wait-to-wait,<sup>33</sup> showing this part of the health journey takes approximately two to three weeks.**

A mix of quantitative and qualitative data showed **once a specialist deems you require surgery, the average length of time to receiving surgery is two to four weeks.**



<sup>33</sup> Qualitative data provided by Ramsay Health Care and SJOG. This information represents the average wait-to-wait time recorded through interviews with 50 specialists across WA, as well as interviews with key senior stakeholders from Ramsay Health Care and SJOG.

### 3. How long will you wait if you go private

#### Average waiting times in Western Australian private hospitals for key elective surgeries

Procedure	Average waiting time (Time between decision to treat with surgery and admission to hospital for surgery)
Cataract extraction (Cataract removal)	No data available
Cholecystectomy (Gall bladder removal)	2 weeks
Coronary artery bypass graft (Heart bypass)	No data available
Cystoscopy (Endoscopy of the bladder)	2 weeks
Haemorrhoidectomy (Haemorrhoid removal)	2–3 weeks
Hysterectomy (Uterus removal)	2–3 weeks
Inguinal herniorrhaphy (Repair of a groin hernia)	2–3 weeks
Myringoplasty/tympanoplasty (Repair of perforated ear drum)	2 weeks
Myringotomy (Surgical incision into eardrum to drain fluid or release pressure)	2 weeks
Prostatectomy (Prostate gland removal)	2–3 weeks
Septoplasty (Correction of deviated septum)	2 weeks
Tonsillectomy (Tonsil removal)	2 weeks
Total hip replacement	2–4 weeks
Total knee replacement	2–4 weeks
Varicose vein treatment	2 weeks
Anterior cruciate ligament repair (Knee reconstruction)	2–4 weeks
Shoulder reconstruction	2–4 weeks

Table 8

Source: Qualitative data collected by Ramsay Health Care. This information represents the average waiting time recorded through interviews with 50 specialists across WA.



#### Phil Nell uses his private health insurance to skip the public hospital waiting list for a tonsillectomy



Phil Nell, 38, made the decision to invest in private health insurance in 2008 and the move has paid off on several occasions. He realised in 2010 that his cover wasn't great when he needed to have his tonsils removed and had to cover some out of pocket expenses. But he upgraded his policy and has thanked his lucky stars ever since.

"I had to pay for some of my tonsillectomy because my cover wasn't that great at the time," he said.

"But it was lucky I did have it because I saw the specialist quickly and had a short wait for surgery, which was actually shorter than I expected because the surgeon had a cancellation so I went in very quickly."

In 2015 he needed elective surgery to remove a titanium screw in his leg.

"It was a relic from a knee recon I had back in 2002, long before I had any private health insurance," he says. "I used an HBF approved doctor and anaesthetist and HBF covered every single cent, including the hospital stay.

"I was so lucky because that went so smoothly and I didn't have to pay anything."

"Since then I have had a lot of trouble with a shoulder injury and HBF has helped so much with that. I had to have a lot of physio and so much of that has been covered, I really can't believe that some people go without insurance because it is such an important thing to have, you never know when you will need it.

"It was lucky in a way that I discovered my coverage wasn't that great when I had my tonsils out because now I have a lot of peace of mind."

### 3. How long will you wait if you go private

#### Average waiting times in Western Australian private hospitals by surgical speciality

Surgical Speciality	Average waiting time from notification from Specialist ('Doctor's rooms') "decision to admit for treatment" to admission to hospital for non-emergency care (Days)
Cardiology (e.g. Heart treatment)	5.55
Cardiothoracic surgery (e.g. Heart surgery)	6.68
Chemotherapy cancer treatment	No wait
Ear, nose and throat surgery	9.97
Endocrinology (e.g. Diabetes, thyroid problems)	4.93
Gastroenterology (e.g. Colonoscopy)	8.65
General surgery (e.g. Hernia repair, appendicectomy)	8.24
Gynaecology (e.g. Hysterectomy)	8.5
Obstetrics (e.g. Childbirth)	No wait
Ophthalmology (e.g. Cataract surgery, glaucoma treatment)	8.41
Oral faciomaxillary (e.g. Complex dental surgery, jaw surgery)	9.89
Orthopaedics (e.g. Hip and knee replacement surgery, knee cartilage repair)	9.54
Pain management (e.g. Chronic pain management)	6.57
Plastic surgery (e.g. Removal of skin cancers, breast cancer reconstruction)	7.94
Respiratory medicine (e.g. Sleep studies, chronic breathing disorders)	4.82
Spinal surgery (e.g. Laminectomy, spinal fusion, "slipped disc")	7.05
Thoracic surgery (e.g. Lung surgery)	4.2
Urogynaecology (e.g. Management of urinary/prolapse problems)	9
Urology (e.g. Prostatectomy, cystoscopy)	10.36
Vascular surgery (e.g. Peripheral vascular disease, varicose veins)	10.62

Table 9

Source: Booking module, Patient Administration System 'WebPAS'. Quantitative data analysis of 48,500 episodes admitted to WA SJOG hospitals from January to June in 2018 (SJOG Murdoch, Mt Lawley & Subiaco hospitals).

There is variation in waiting times between procedures and by surgical speciality, but nowhere near as significant as that seen in the public hospital system.

Cathy Ryan, Group Manager of Health Funding & Performance at SJOG suggests this is because the private system is optimised for elective surgery, with variation in waiting times only occurring when a specialist is in high demand.



## Why are waiting times for elective surgery not currently recorded in the private hospital system?

Doctors and patients consistently report experiencing shorter waiting times in the private system, however, quantitative private system waiting time data is not currently reported.

Why is this?

In the private system, there are no waiting lists - and therefore, no waiting times to report.

Kevin Cass-Ryall, Ramsay Health Care Operations Executive Manager for WA and SA, explains that waiting times for elective surgery in the private hospital system are simply not an issue.

"We've never had any complaints from patients saying that they're having trouble accessing elective surgery in the private system. I think the private system is so focused on the patient flow and the patient journey that we are able to get them through the system in a timeframe that is acceptable to them."

#### **Sheridan Dalby gets five surgeries in eight years as a private patient in private hospitals**

Mother of three Sheridan Dalby has been fit and active for most of her life.

But about eight years ago, she ran into some bad luck and her health took a beating.

After a few episodes of painful tonsillitis, she went to see an ear, nose and throat specialist and, within weeks, had her tonsils removed.

Next, tests revealed she needed her parathyroid gland removed and it was whipped out before she had a chance to think about anything.

Then her gall bladder started causing problems and that too was removed. Next it was her ovaries and a burst cyst that caused intense pain.

She was diagnosed with endometriosis and was operated on before doctors finally decided she needed a hysterectomy.

“I have had five surgeries in eight years. Thank goodness I had private health insurance,” she said.

“There is absolutely no way anyone could ever have predicted that all that would happen to me. I hate to think how things would have played out if I was a public patient waiting for surgery. It is a scary thought. I have kids to look after, I can’t afford to be out of the game for any length of time.

“I have had a bit of a bad run, but thankfully it is all behind me now and I can get on with my life.”



### 3. How long will you wait if you go private

#### **In 2007, during his second year of Colts football, Matthew Crommelin had a catastrophic mid-air collision that tore his ACL and damaged parts of his knee.**

Doctors had no choice but to operate.

“I had the complete knee re-construction to my left knee using a patellar tendon graft, which was a successful surgery although my knee was left less than perfect even after rehab,” he says.

After avoiding football for five years or so, Matthew made the decision to have another kick.

“I played the full season in 2011 and in our grand final, with ten minutes remaining of the game, I injured my right knee.”

Scans showed he had torn his ACL and another recon was needed, this time on the other side.

After the second surgery, Matthew stayed away from the game he loved for two years before making yet another brave comeback.

“I managed to play consecutive seasons without any re-injury to either of my knees until in 2017 I decided to go to New Zealand for a snow-boarding trip.

“Luckily I escaped this trip unscathed although I believe that the strain of snowboarding significantly weakened all the supporting muscles around my knee as my first game back in July 2017 following this trip - I picked

up the ball, stepped left and re-injured my left knee tearing the left ACL again and yet another surgery was required.”

Now six months down the track, Matthew says he’s feeling stronger and better than ever.

Thanks to his private health insurance, all his surgeries were conducted quickly and with little fuss.

“On all three occasions I could have had surgery immediately, however I delayed it until it best suited me and my schedule,” the 29-year-old says.

“I got to choose my own surgeon, which was really important because I chose someone who was recommended to me and who had done work on my grandfather and since I had to keep going back for more surgeries I was relieved to keep going to someone who knew my history.”

He says his insurance covered almost all the cost of all three surgeries.

“All I had to pay was the cost of the anaesthetic and to upgrade to a private room.

If I didn’t have insurance, I think I would have been out of pocket for more than \$20,000.”



## Other issues

Accessing elective surgery in the private hospital system is generally faster than going through the public hospital system. The only issue is:

### Select specialists are sometimes in high demand

While there isn't a waiting list in the private system (as there is in the public system), some specialists are more popular than others – for these specialists, it can take longer to get a first appointment.

Once you have seen a specialist and they determine you need surgery, treatment usually happens within a matter of weeks, and can be booked in at a date of your choosing provided the specialist has a slot available.



# 4. Public and private waiting times compared

While differing data collection methods mean the private and public waiting time data in this report cannot be directly compared, the available data does support doctor and patient reports that it is generally faster to receive elective surgery in the private hospital system.

Data provided by private hospital networks St John of God and Ramsay Health Care show the average wait-to-wait (from presenting to a GP to seeing a specialist) is around two to three weeks, while the average wait time (from booking surgery to receiving it) is two to four weeks.

This is compared to, in Western Australia, a median wait-to-wait of 8.78 months<sup>34</sup> and a median wait time of 34 days<sup>35</sup> in the public hospital system.

<sup>34</sup> WA Department of Health, Referrals to Public Outpatient Surgical Clinics Report December 2017 pi

<sup>35</sup> AIHW Australian Hospital Statistics: Elective surgery waiting times 2016-17 p29

#### 4. Public and private waiting times compared

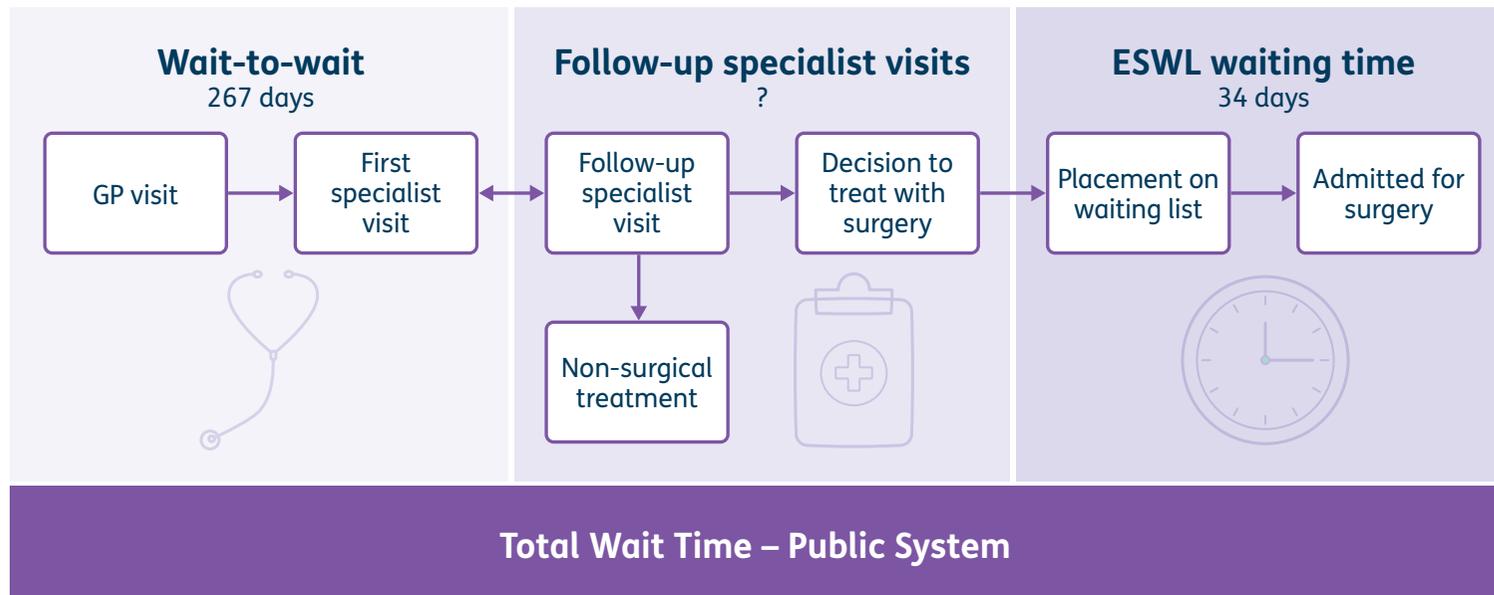


Diagram 5:  
Public hospital waiting time in WA

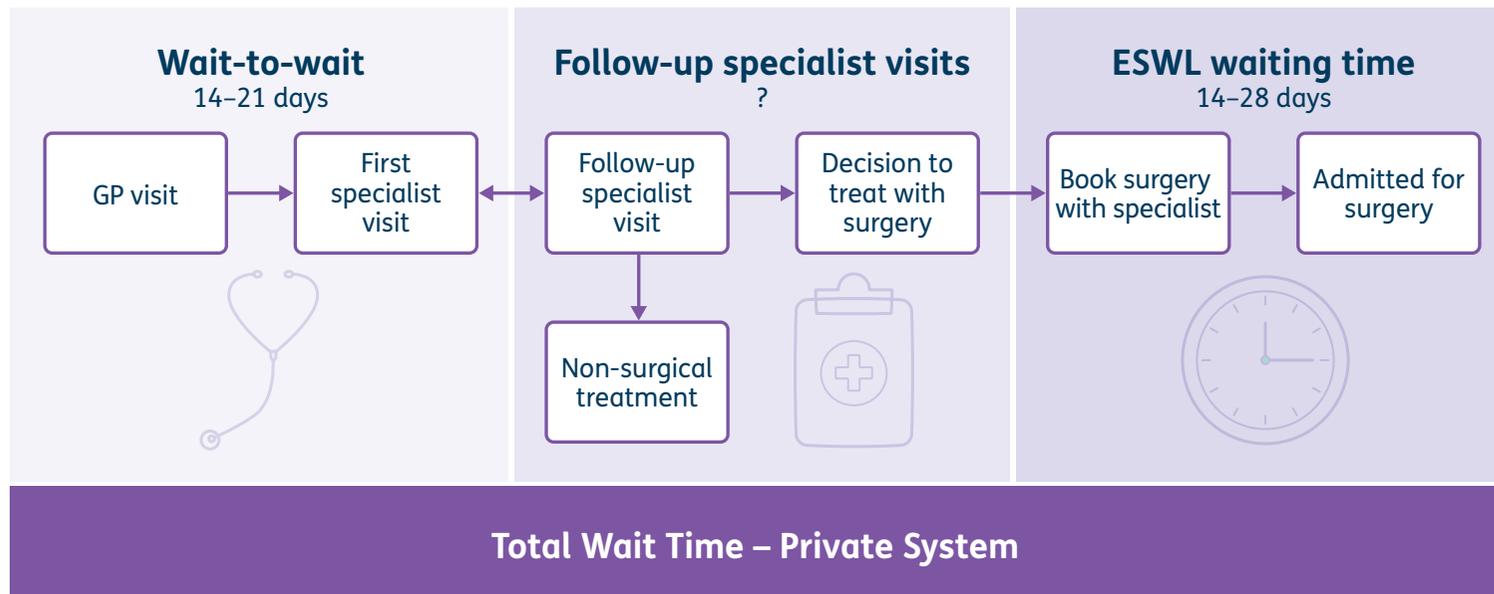


Diagram 6:  
Private hospital waiting time in WA

## However:



When considering the data, it is important to remember that:

- The public wait-to-wait and wait time figures are from two separate data sources, with each measure representing different time periods, hospitals and patient groups. Because of this, the figures cannot be added together to create an overall wait time estimate—what they can do is show approximately how long you will wait at each part of the health care journey in the public hospital system.
- Public waiting time figures represent waiting times overall in WA, combining urgency categories, surgical procedures and hospital data into a single number. All those variables can significantly affect waiting times, and should be taken into consideration.<sup>36</sup>
- The data collection methods are not directly comparable, but do provide a strong indication of how long you can wait in both systems. Public waiting time data collection involves a robust process, while private waiting times were collected using a mixture of quantitative and qualitative methods, and were limited to specific private hospital networks.
- Data for the time it takes between a first specialist consultation and placement on a waiting list/booking of surgery is unavailable for both systems. This time could potentially increase total waiting times.

<sup>36</sup> More granular WA public waiting time data is available by procedure and hospital in Table 3 (waiting times by procedure and hospital in WA)

## Which is better for elective surgery – public or private?

While an estimate of the waiting times for elective surgery are useful, there are many more factors to consider when deciding whether to go public or private.

Getting elective surgery in the public hospital system is free (or heavily subsidised), thanks to Medicare. This is a major consideration if you don't have health insurance to go to a private hospital, or if you're concerned about private out-of-pocket costs.

Going public means not worrying about expenses while still receiving a high quality of care – this is its main advantage. But it does mean worrying about waiting times, which are entirely out of your hands.

In the public hospital system, there's also less choice. A hospital, specialist and date of surgery will all be assigned to you. Your treatment will also involve trainee doctors.

In the private system, you have more choice and you will be taken care of by a team of fully qualified specialists.

Getting elective surgery in the private hospital system is funded between your health fund and Medicare. If there are any gaps, you will pay for these out of your own pocket.

The main advantage of going through the private system for elective surgery is the ability to choose your time of treatment, skipping the public hospital waiting list.

Other advantages of private include the ability to choose your specialist and gain access to a private room.

Occasionally, a specialist may be in such high demand that getting a first appointment could take some time.

Another disadvantage of elective surgery in the private system is the possibility of out-of-pockets. These can occur when your bill isn't fully covered between Medicare and your health fund.

### In her late 30s, Trish Gentry was unexpectedly diagnosed with osteoarthritis and required joint replacement surgery

Mother of two Trish Gentry was finding it hard to walk when her doctor told her osteoarthritis in her hip had caused severe degeneration of the joint.

The marketing executive was only in her late 30s at the time.

“I checked my private health insurance but I didn’t have cover for joint replacements,” she said.

“I was so young, I thought that kind of thing was only a problem for older people.”

Trish said she didn’t even consider attempting to navigate the public system.

“I just knew the wait would be too long,” she said. “So I upgraded my private health cover and waited out the period for pre-existing conditions.”

“I was in pain but I knew I would be able to have surgery after the waiting period and that kept me going. Now that I think about it, the whole thing was over much faster than it would have been if I had gone public. Even when I think about the increased costs of upgrading my insurance, I know that waiting as a public patient would have actually ended up costing more because I would have needed too much time off work. I’m a single mum so I carry a lot of responsibility to provide for my children.”

She said one of the best things about having insurance was that she got to choose her surgeon.

“That gave me a lot of peace of mind,” she said. “It would be horrible to have no control over something like that. It is quite a big procedure.”

When the operation was completed, Trish returned to normal life quickly and says she has never looked back.

“I am just so grateful I had the operation and I really recovered quickly. If I had to wait much longer it really would have started to interfere with my life and also mentally, you have to be quite tough to cope with that. I guess I am one of the lucky ones.”





# Conclusion

The way Australia's healthcare system works is simple in principle.

The private hospital system services the needs of those who can afford to go private, freeing up the public hospital system for those who can't afford private care. The public system also plays an integral role in servicing emergency and acute cases.

For the public system to work at its best, it needs some of the load to be distributed to the private system. Thankfully, there is currently demand for private services.

But that may not always be the case. Confidence in the public system is at an all-time high,<sup>37</sup> while the percentage of Australians with hospital insurance is on the decline. [According to recent data from the Australian Prudential Regulatory Authority \(APRA\)](#), the proportion of Australians holding hospital insurance has dropped to its lowest level in five years.

Around one in three cases of elective surgery occur in public hospitals, and around two in three in private,<sup>38</sup> so if the private hospital system were to fail, it is likely our health system would collapse unless governments agreed to divert massive amounts of funding into the system from other areas.

Part of the problem lies in the reporting of figures released by state and federal governments and their interpretation by the media.

<sup>37</sup> IPSOS Healthcare and Insurance Australian Report 2017

<sup>38</sup> AIHW Australian Hospital Statistics: Admitted Patient Care 2016–2017 px



With media focus on national waiting times (38 days for 2017),<sup>39</sup> public perception of elective surgery in public hospitals is naturally, very positive. However, that dial could shift if reporting included the significant variation in waiting times by location and procedure, and incorporated wait-to-wait data (median 8.78 months in WA).<sup>40</sup>

When data released by the government does not reveal the complete length of time a patient can expect to wait for elective surgery, the resulting positive perception of the public system could lead to more people leaning on it, placing greater demand on an already struggling system.

As consumers continue to struggle with the cost of their health insurance, there is also a risk that more people will simply not be able to afford private hospital care.

To ensure waiting times remain acceptable in the public hospital system, it's imperative the balance between private and public hospitals for elective surgery is maintained. But how can we do this?

While there is no cure-all, improving waiting time reporting in both systems and addressing health insurance affordability would be a good place to start.

For the public system, that means reporting on the total waiting time, from the first visit to a GP through to surgery. A break-down by procedure and urgency category would also be useful to consumers, particularly as waiting times differ significantly based on the surgery required.

For the private system, waiting time data needs to be collected and reported in a way that's comparable with the public system so consumers can make more informed choices about their care. Health funds must also ensure health insurance remains affordable for their members so they can continue to access elective surgery in the private hospital system.

39 AIHW Australian Hospital Statistics: Elective surgery waiting times 2016-17 p29

40 WA Department of Health Referrals to Public Outpatient Surgical Clinics December 2017





# Appendix

The WA Department of Health is currently progressing projects to improve outpatient data and reporting quality. These projects include:

## Outpatient Data Quality Improvement Project

The Outpatient Data Quality Improvement Project is designed to improve the transparency of outpatient information, including publication of waiting times broken down by specialty and urgency category.

## Outpatient Reform Program

The Department of Health has commissioned a comprehensive Outpatient Reform Program that includes multiple project streams:

- Outpatient data quality project to support new and improved reporting
- Review of the Central Referral Service to improve referral intake and management processes, reporting and process transparency
- Improved provision of information for GPs and patients having more ready access to information including waiting times to inform decision making

## Operational reporting

A significant body of work is underway nationally to develop public wait time data as a part of a broader National initiative funded by the Australian Health Ministers' Advisory Council. The Measurement of Access Time to Elective Surgery (MATES) project has developed a number of new data items for consideration to enhance and improve the reporting of waiting times:

- Service request received date (already in the Non- Admitted Patients National Best Endeavours Data Set)
- Service date (already in the Non- Admitted Patients National Best Endeavours Data Set)
- Service request issue date
- Service request acceptance date
- First service event indicator
- Urgency category
- First service event date offered

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