Extract from Hansard

[ASSEMBLY — Wednesday, 12 March 2014] p1075b-1076a Mr Ian Britza; Dr Kim Hames

ELECTIVE SURGERY WAITLIST

111. Mr I.M. BRITZA to the Minister for Health:

Could the Minister for Health please update the house on how the Liberal-National government is assisting patients on the state's elective surgery waiting list, particularly those who have waited longer than is clinically recommended?

Dr K.D. HAMES replied:

Absolutely I can give the member some information on that, and I am surprised to know that he is so well versed on this issue—so well done!

The issue of waiting lists has long been a troublesome problem for ministers over successive governments. I know from being in government previously, and in the last government, it was always a struggle to try to get those numbers of patients waiting for surgery to have their surgery within the appropriate time. There was always a list of people who were outside the boundary, so we had three recommended time framescategories 1, 2 and 3, each depending on urgency. The time frames were 30 days for category 1, 90 days for category 2 and up to a year for category 3. But there were always patients outside that who did not get their surgery within the appropriate time. I know that the former Labor government worked very hard at this, and the former Minister for Health, during his time in government, improved the numbers of those who were not outside of boundary from 68 per cent back in 2006—I do not have figures previous to that—to about 86 per cent when the Labor Party lost government. When we got into government, we tried to continue that trend, but it was difficult because we brought in the four-hour rule to stop the huge queues of patients stuck in emergency departments, desperately waiting for a bed, under the former government. These were the things that led to headlines about the hospital system being in crisis over and over again. We were determined to fix that problem—and we have, by bringing in the four-hour rule. That put pressure on our waiting lists for surgery and the people feeding through, because there are only so many theatres available and so much capacity in the system to feed it through. We held that figure for a long period. It was roughly 86 per cent when we came to government, through to about 87 per cent by 2010, and we worked it up to 89 per cent. That is 89 per cent of all people waiting for surgery having it done within the appropriate time—that is, 11 per cent were not; 11 per cent were waiting too long. Over the last two years, we have got that figure up. Our staff have really hit their straps. They have the application of the four-hour rule getting better and better, and they have got up to 98.2 per cent of people having their surgery done within the appropriate time.

Just to give members some idea of the number of patients over boundary, it was something in the order of 2 000 to 3 000 in the early years of the last Labor government. From recollection, there were about 2 500 category 2 patients waiting too long. Now we have gone from 800 over boundary last year to only 462 people in total who are over boundary for their surgery. Normally there are reasons for that—say, a category 1 patient who needed urgent surgery, but something else happened, such as they had a heart attack or their diabetes got out of control, and they could not have their surgery within the appropriate time. Over the last year, we have done 1 717 more cases of surgery than was the case last year, and our figures for the three categories are 97.2 per cent for category 1, 94.8 per cent for category 2, and 98.7 per cent for category 3, which is a remarkable turnaround from what was the case in the early years of our government. I am very proud of all of our staff, who have worked exceptionally hard to bring in the four-hour rule and to get rid of those long queues of patients waiting in EDs, and at the same time have got all this additional surgery done so that people are not waiting beyond an acceptable time for their surgery.