

ELECTIVE SURGERY — PRE-SURGICAL ASSESSMENT WAITLIST

605. Mr P. ABETZ to the Minister for Health:

I know that access to health services such as elective surgery is a big issue for people. Can the minister tell us how our hospitals compare with other states in waiting times for elective surgery?

Dr K.D. HAMES replied:

Needless to say, the answer is a good one. Our waiting times for elective surgery compare very well with those in the other states, and we have been working very hard at it. It is never easy to balance the needs and demands that come through the front door of an emergency department with the need for people who are on the waiting list to have their surgery done within a reasonable time, because those two things tend to be contradictory. The more patients we get through emergency departments, the less we are able to deal with the patients on the elective surgery waiting list.

The previous Labor Minister for Health had a big focus on getting waitlist surgery numbers down and he did very well to get the waitlist surgery numbers down. But the price that was paid was the blowout in eight-hour waiting times through emergency departments, so Western Australia had the worst record of any state; in fact, we had the hospital with the worst record in any state—that is, Fremantle Hospital—with people who were ready for admission waiting longer than eight hours for a bed. That contributed significantly to increased morbidity and mortality amongst those patients.

We think we have been able to get the balance right. Our emergency departments now have the best national emergency access target figures of any hospitals in Australia. Although it is true that we have been struggling to continue to improve those figures, I am told that every other state is miles behind the national targets. At the same time, the wait times for surgery in Western Australia have become the second best in Australia. The average median wait time in Australia is 36 days. At 30 days, we are second only to Queensland. We are performing more surgery than is performed in any other state. Our admission rate is 34.4 procedures per 1 000 head of population, whereas the national figure is 29.4. So we are a full five points in front of every other state. In Aboriginal health, the wait time for Indigenous patients to get treatment is 34 days, which is six days fewer than the national average.

The area in which we have had the most success is reducing wait times for category 2 patients. Category 2 patients are those whose surgery is not classified as urgent but must be done within 90 days, so I guess we could regard them as semi-urgent. I do not have the figures going back to when the Labor Party was in office because I could not get them in time, but in the order of 2 500 patients were over boundary—that is, people in that category whose surgery was not getting done in time. We have now got that number down to 384 patients. I have to admit that I despaired about ever getting close to that figure. The numbers for patients on the waiting list are from May 2012, at which time 88 per cent of patients were being treated within boundary and 2 000 were over boundary. Now, 97.5 per cent of patients are being treated within boundary and only 2.5 per cent are over boundary. In May 2012, 11.6 per cent were over boundary and this year only 2.5 per cent were over boundary. I think we have the balance right. Work is still to be done on the number of people waiting to get on the waiting list. Now that we have the surgery under control because enough surgery is being done to get the numbers down, we can start working backwards to get those people who are waiting to get on the waiting list seen quicker and to have their surgery quicker when that is required.