



COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

ADJOURNMENT

Hospitals: South Australia

SPEECH

Tuesday, 3 October 2000

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

SPEECH

Date Tuesday, 3 October 2000
Page 20659
Questioner
Speaker Cox, David, MP

Source House
Proof No
Responder
Question No.

Mr COX (Kingston) (10.38 pm)—The crisis in our public hospitals continues to worsen. Tonight I want to draw attention to the number of patients waiting more than a clinically desirable amount of time for elective surgery. Across the Adelaide metropolitan area, the number of patients on the list for elective surgery waiting more than 12 months has grown steadily in recent years, both in absolute numbers and as a proportion of the total waiting list.

In March 1998, there were 567 patients who had been waiting longer than 12 months for surgery. By March 1999, that number had grown to 601. Over the following 12 months to March 2000, it almost doubled to 1,167. The latest figures I have been able to obtain show it continuing to grow strongly, reaching 1,348 in June and 1,409 by July 2000. We are now looking at a situation where around one in eight patients requiring elective surgery wait more than 12 months.

The South Australian Department of Human Services breaks waiting lists into urgent, semi-urgent and non-urgent categories. Urgent cases are to be admitted within 30 days, semi-urgent within 90 days and non-urgent to be admitted at some stage in the future. In March 1998, seven per cent of urgent cases had not been admitted within 30 days. By March 2000, that had grown to 15.4 per cent. There has been similar growth in the number of semi-urgent cases not being admitted within 90 days. In March 1998, 11.7 per cent of semi-urgent cases had not been admitted within 90 days. By March 2000, that figure had grown to 20.2 per cent, although it moderated to 15.4 per cent in June.

So we have seen a significant deterioration over the last couple of years across metropolitan Adelaide in the proportion of patients waiting longer than is clinically desirable for urgent and semi-urgent elective surgery. Because it is the principal hospital serving my electorate, I want to focus on Flinders Medical Centre. In August, FMC had 2,002 patients on its waiting list for elective surgery. Of those, 127 cases were urgent and, based on the average experience of the patients who had received surgery in the last two months, they faced a wait of 27 days; 348 cases were semi-urgent and, on the same basis, faced an average wait of 105 days; and 1,527 cases were non-urgent and could expect an average wait of 264 days. However, I point out that 292 of those non-urgent cases were waiting for plastic surgery, such as tattoo removals. If you exclude plastic surgery, the average waiting time for non-urgent elective surgery has been 191 days. What these weighted averages show is that, with limited resources, FMC gives priority to urgent cases that are dealt with as expeditiously as resources allow. However, waiting times for semi-urgent elective surgery are often longer than is clinically desirable. Waiting times also vary for different types of surgery.

I want to draw attention to some types of surgery where waiting times at Flinders are in excess of the standards for urgent, semi-urgent and non-urgent cases. Average waiting time for urgent cardiac surgery that had been only eight days in August 1999 had increased to 55 days in the two months to August 2000. However, in August 2000, there were only two patients on that waiting list. For semi-urgent cardiac surgery, average waiting time had increased from 77 days in the two months to August 1999 to 123 days in the same period to August 2000. At that time there were 80 patients on the list for semi-urgent cardiac surgery. In August 2000, there were nine patients on the waiting list for urgent colon and rectal surgery. In the previous two months, patients treated for those types of conditions had experienced an average wait of 45 days. In August 2000, there were 11 patients on the waiting list for semi-urgent general surgery; the average wait of recently treated patients had been 239 days. In August, semi-urgent plastic surgery had 63 patients on the waiting list; recently treated patients had had an average wait of 137 days.

Labor's solution to these problems is to increase the real level of funding to our public hospitals. That is why Kim Beazley recently signed a Medicare alliance with the four state Labor Premiers and four state and territory Labor opposition leaders. The Medicare alliance commits Labor to negotiate a common commitment by both levels of government to a decade of real growth in public health funding to provide for population growth, ageing, increasing demand and the rising cost of health care. That is Labor's priority: a long-term commitment to properly fund our public hospital system.