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AMA Queensland Surgical Wait List Roundtable Action Plan

Supporting Queensland doctors, creating better health

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Patients in Queensland's regional and rural communities have been suffering from inequitable access to elective surgery for too long. Their doctors are increasingly distressed by the consequent poorer health outcomes and a lack of concerted government action to reverse the decline in regional surgical services.

In response to these concerns, AMA Queensland established the Surgical Wait List Roundtable. The Roundtable consisted of senior medical practitioners in the fields of anaesthetics, general surgery, obstetrics and gynaecology, orthopaedics and general practice from Hospital and Health Services (HHSs) across Queensland, including our regional facilities. It was tasked with identifying recommended solutions for implementation by Queensland Health, the Australian Government and other relevant stakeholders.

To guide its work, the Roundtable articulated the current key barriers to regional elective surgery access for which solutions must be developed. The most prominent included flawed **structural and governance arrangements**, particularly **funding models** and lack of **collaborative teams**, that perpetuate a siloed culture and hinder teamwork in and between HHSs. Clinicians overwhelmingly agreed reform was urgently needed to reorient Queensland Health to a guiding principle that ensures:

One Patient, One Team, One Queensland

A similarly critical barrier was inadequate investment in our regional health workforce. Quite simply, Queensland Health has not supported the regional doctors, nurses and other health professionals who provide the foundation for competent, safe and timely surgical services close to home. Our clinicians are the most vital element in promoting health equity for regional Queensland patients. Queensland Health must create a culture that enables our health workforce to **STRIVE**:

Safe workplace
Team collaboration
Recognition of effort
Inclusivity and sense of belonging
Valued and appreciated for work contribution
Excellence

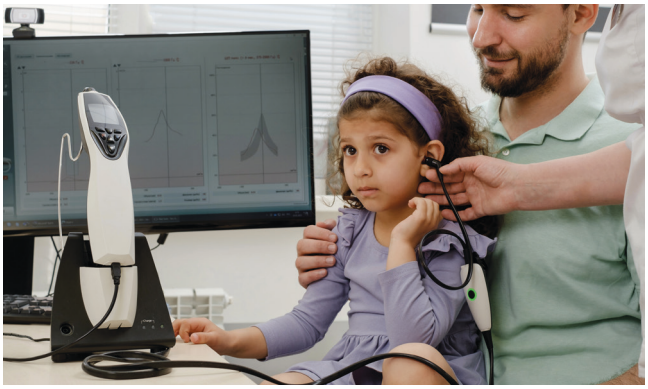
Considering the key barriers, the Roundtable developed a series of **pragmatic solutions for implementation in the short-to-medium and medium-to-long term**, set out in this Action Plan. Stronger, more capable regional and remote healthcare will reduce interhospital transfers and free up tertiary hospital beds. Thriving regional health services create system efficiencies, improve patient satisfaction and strengthen our valuable communities.

AMA Queensland urges Queensland Health to implement these recommended strategies in collaboration with its dedicated regional health workforce and offers to work with the Department to support that aim. This includes continuing to build on these recommendations as the short-term priorities are implemented in consultation with our members to achieve better outcomes for all regional Queensland patients.

Structural and governance reform

Action 1: Queensland Health must restructure its **governance frameworks** to solve the current crisis in elective surgery in our regional areas.

- Restructuring must prioritise a shift to **collaborative teams** that are appropriately constituted and medical-led
- There must be fundamental **reform of both Queensland and National Activity Based Funding** (ABF) to appropriately reflect regionality and remoteness in the Queensland context.
- Queensland Health systems must be reorganised so **patient pathways** are clear regardless of the location of individual patients or clinicians.
- Reporting structures must enable **transparent assessment of patient outcomes across geographical areas**.



Short-to-medium term solutions

Action 2: Prioritise **key locations** in the short term

- Key isolated inner-regional and outer-metropolitan locations:
  - Central Queensland HHS (Rockhampton and Gladstone Hospitals)
  - Mackay HHS
  - Wide Bay HHS (Hervey Bay Hospital)
  - Caboolture, Redland, Redcliffe and Logan Hospitals
  - West Moreton HHS.

Action 3: Prioritise **key specialties and specialists** in the short term

- Essential reestablishment of the following surgical specialties and services:
  - Anaesthetics
  - Obstetrics and gynaecology
  - Urology
  - Otolaryngology (ENT)
  - Orthopaedics
  - Plastics
  - Ophthalmology
  - Vascular

- Surgeries where similar outcomes have been demonstrated in both regional and metropolitan areas in Australia and comparable health systems internationally (e.g. colorectal surgery), including supporting existing services to remain operational rather than outsourcing to private or tertiary services.

There are also issues with access to some procedural medical services, particularly interventional cardiology and interventional gastroenterology.

- Immediate uplift in (and maximisation of existing) **incentives, pay and conditions** for regionally-based clinicians in key specialties identified above:
  - Offered to early-adopters to attract base-level staffing for service provision in the short to medium term (e.g. 3-5 year incentive-based retention contracts)
  - Review of the eligibility criteria under the Queensland Government's Workforce Attraction Incentive Scheme to expand Scheme 2 to all healthcare workers relocating to key regional locations (whether interstate or from within Queensland). Currently, the incentives provided to interstate practitioners to relocate to regional areas are the same as that for metropolitan areas and metropolitan-based clinicians receive no incentive to move to a regional service.
  - Flexible supports for partners and families willing to relocate to priority locations, particularly where partners are Queensland Health employees

    Employment positions **must** be created in the regions for Queensland Health-employed partners of in-need specialists (e.g. to a minimum of 0.5 FTE with requisite clinic space if required), including centrally available funding to start new services if required
  - Provision of additional incentives for doctors to accept employment above 0.5FTE, such as payment at overtime rates for that additional work (including members of collaborative teams; excluding locums)
  - Provision of adequate, safe and comfortable housing and transport where necessary
  - Urgent and immediate implementation of digital passport for credentialling across all hospitals, with priority roll-out in prioritised HHSs and key specialty areas.
- Increased use of **locums** in the short term:
  - Provision of locum rates that are demonstrably competitive with interstate jurisdictions
  - Transparent and clear advertising of locum rates
  - Approval for Queensland Health employees to work as locums in priority areas and specialties for appropriate periods.
- Consideration of a **MOCA 7 regional and remote stream**, including non-financial incentives for permanent relocation to regional areas such as:
  - Competitive rostering
  - Minimum on-call requirements and extra remuneration for working additional on-calls
  - Skills maintenance and upskilling guarantees
  - Enabling private practice in public hospitals
  - Professional growth opportunities, including research
  - Protected leave
  - Additional 'travel to city' leave to maintain contact with metropolitan-based family and friends and fulfil personal development requirements to reduce isolation
  - Enhanced personal and professional supports, particularly for International Medical Graduates (IMGs) via pathways and formalised clinician relationships.

Action 4: Clear the elective surgery **backlog** in the short term:

- Increasing **outpatient surgical activity** to free up surgical theatres for more complex cases requiring general anaesthesia (implemented in the short and long term), particularly for:

- Hysteroscopy
- Large Loop Excision of the Transformation Zone (LLETZ) to remove cervical cell changes
- Endometrial ablation
- Polyp resection
- Endoscopy
- Skin procedures
- Carpal tunnel.

- **Expand operating hours** and surgical scheduling to deliver all-day lists (where workforce permits), including use of efficiency bonuses
- **Surgery Connect uplift**
- Permit **treatment of private patients** with private billings **in public hospitals**.

Action 5: Medium-term **outsourcing reform** and options

- Regional elective surgical services are not sustainable unless **emergency and elective work are linked**. Queensland Health must acknowledge that a significant part of the current workforce crisis in regional areas has been the separation of emergency from elective work, resulting in the loss of skills, professional satisfaction and valuable clinicians to the cities. There will be no improvement in regional health equity unless this is rectified. A phased approach must be used to reverse this separation.
- **Fee-for service models**
  - In areas with fewest specialists per-capita to drive efficiency and incentivise regional work
  - In public hospitals for elective and trauma cases.
- **Surgery Connect reform**
  - Must be linked to on-call requirements
  - Must be encumbered model to reward public doctors for hard work
  - Areas with clinician shortages in public hospitals enabled to grant 'preferred provider' status to public hospital specialists
  - Consideration of a regional/rural loading.
- Prioritisation of specialties with **no current service delivery**, e.g. neurology
- **Public-Private Partnerships**
  - To share resources, expertise and facilities, increasing capacity, reducing wait times and leveraging best practices from both sectors.
- **Seven-day elective surgical lists** where workforce permits
  - Optimise theatre utilisation and reduce backlog by spreading surgical activity more evenly across the week, including use of efficiency bonuses
  - It must be noted that this is only possible in locations with sufficient workforce, meaning it will not be achievable in many priority locations until the medium-term.
- In the medium term, AMA Queensland reiterates our call for Queensland Health to **fund and implement the outstanding recommendations of our *Ramping Roundtable Action Plan*** to relieve pressure on the public hospital system.

  Specific and urgent measures include **operating our hospitals at 90 per cent capacity and seven days a week across the entire hospital**, including outpatients. This will improve patient flow and reduce bed block, creating capacity for elective surgery.

Action 6: Collaborative teams

- Existing Queensland Health policies have resulted in service centralisation which significantly harms skills maintenance and causes the inevitable loss of specialty service provision. The current metrics driving HHS service planning also result in silos and must be amended to ensure collaboration across HHSs.

- A **range of collaborative models** is needed, preferencing collaborative teams over traditional 'hub and spoke' networks.
  - Different sized locations will require tailored solutions, including ongoing outreach models for smaller centres, however, there must be acknowledgement and commitment to reestablishing functional elective surgical services in regional centres.
  - Different specialties will require nuanced collaborative networks (e.g. plastic surgery).
- Collaborative models also have the potential to positively influence broader Queensland Health **culture**, both within and among HHSs.
- Models must ensure **rotation of regional specialists through tertiary centres** in addition to city specialists through regional and rural locations.
  - This enables skills maintenance and upskilling to facilitate practice at top of scope and enable clinicians to perform a variety of procedures.
  - Increasing the scope of procedures performed in our regional centres improves service provision, career satisfaction and employee retention while reducing demand in metropolitan services and wait lists statewide. It also ensures a future workforce pipeline by guaranteeing ongoing accreditation necessary to retain doctors-in-training.
- Creation of **high-function operating teams** through targeted training and team-building initiatives. Enhanced team cohesion and skills can lead to improved surgical outcomes and operational efficiency.
- Ensure **research opportunities** available to metropolitan clinicians are available to all clinicians within the collaborative team/grouped HHSs. Research and training to be flexible and able to be tailored to the particular location.
- Use of **multidisciplinary** groups within the collaborative team, particularly GPs with procedural experience and appropriately trained nursing, allied health and administrative staff, working under the supervision and direction of specialists.

Action 7: Funding reform

- Urgent recognition that current funding models are not fit for the Queensland context, including ABF. Fundamental **reform of both Queensland and national ABF** is needed to appropriately reflect regionality and remoteness in the Queensland context. This also necessitates requisite review of:
  - the Independent Health and Aged Care Pricing Authority's (IHACPA) funding outcomes that result in areas such as Mackay, Rockhampton, Bundaberg and Gladstone receiving funding per Weighted Activity Unit (WAU) in line with metropolitan areas despite their remoteness from supporting tertiary services
  - the use of the Accessibilty/Remoteness Index of Australia (ARIA) and Modified Monash Model (MMM) in healthcare funding and workforce allocation which likewise operate to disadvantage Mackay, Central Queensland and Wide Bay HHSs.
- Immediate increase in funding for **regional centres between Sunshine Coast and Townsville** to reflect their remoteness from supporting tertiary services.

Medium-to-long term solutions

Action 8: Prioritise **key locations** in the medium-long term.

- Medium-term: key outer regional (and remaining outer metropolitan) locations – prioritisation to be data-driven with a focus on those locations with the longest wait times for specific services and specialties.
- Long-term: metropolitan HHSs.

Action 9: Prioritise **key specialties** in the medium-long term:

- Enabling **specialist trainees to work in private facilities** conducting Surgery Connect procedures and other outsourced work.
- Increased **specialist and subspecialty training in regional Queensland**. This requires an increase in specialist services in regional areas to support medical education.
- Prioritisation of **doctors from rural/regional areas** in specialist trainee selection processes. This requires investment in primary and secondary education programs for children and young people from disadvantaged backgrounds.
- Establishment of **non-clinical Queensland Health positions in regional areas** to improve Departmental understanding of the challenges facing regional facilities.

Action 10: Development and implementation of a long-term viability strategy to ensure public hospitals meet community demand.

- Development of a **comprehensive workforce plan** that takes into account local community need.
- Queensland Government advocacy for increased Commonwealth Supported Places for Queensland school leavers to study medicine and requisite training pathways on completion.

Action 11: Funding reform

- **Health equity** must be the central factor in funding models.
- Reform of the **ABF** model, particularly efficacy of using ARIA to make funding adjustments, in the Queensland context:
  - Service need must not be determined on current activity. It must be modelled on population, community health condition profile and ethnicity to ensure future services are established. A lack of current service provision and activity is a false indicator of need and severely disadvantages regional communities by erroneously diverting future funding.
  - The current model enables patient poaching and inhibits delivery of care closer to home. This can be rectified by:
    - Increasing ABF for all HHSs between the Sunshine Coast and Townsville by at least 10 per cent at the next review of service agreements (due in November 2024)
    - Metropolitan HHSs funding patient travel from the patient's regional/remote HHS if the patient's regional/remote HHS provides the service (e.g. gastroscopy). In addition, the metropolitan HHS must refund 20 per cent of the activity fee to the patient's regional/remote HHS
    - Metropolitan HHSs being permitted to charge a small percentage of the activity-based funding for a service performed in a regional or remote HHS by a specialist from the metropolitan HHS.
- The Queensland Government to advocate for Australian Government **reform of workforce areas of need** to better assess remoteness to reflect the realities in Queensland.
  - In particular, any hospital located more than 300km (maximum range for return rescue helicopter journey) must be automatically treated as an area of need.
  - This enhances the ability of specialist IMGs to work in private and relieve pressure on the current public and private workforce.

Action 12: Data and digital technology

AMA Queensland acknowledges that Queensland Health has recognised that it must improve its use of data and digital technology to identify gaps and direct service provision. The Department has also made significant progress in increasing data transparency, including the publication of some key, albeit limited, health performance data on its website.

Despite this, substantial work remains outstanding. It is essential that public servants and clinicians alike can understand the problems facing regional patients in real time if meaningful improvements to patient outcomes are to be achieved. Such data must also be published across a range of metrics and presented in a format that allows comprehensive and ready interrogation and analysis. Stakeholders must then be able to raise concerns about possible errors and inconsistencies which currently appear to exist in the department's data and obtain timely resolution.

While this Action Plan focuses on elective surgery inequities, patients and clinicians are also reporting increasingly unacceptable wait times for outpatient appointments. The 'hidden wait list' – the stage during which patients wait to see a specialist before they can be put on an elective surgery wait list or access non-surgical medical treatments – is a looming issue which appears to be worsening. AMA Queensland urges Queensland Health to turn its attention to outpatient access in conjunction with implementing the elective surgery solutions identified in this Action Plan.

- Queensland Health must measure and publish data on **specialists per capita**.
- Queensland Health must set **targets for specialists per capita** in regional areas.

- Auditor-General reporting must be based on a **division of HHSs that truly reflects remoteness** rather than the current outdated classification system, including reforming classifications as follows.

HHS	Current classification	Reformed classification
Metro North	Metropolitan	Metropolitan
Metro South	Metropolitan	Metropolitan
Gold Coast	Metropolitan	Metropolitan
Sunshine Coast	Large Regional	Metropolitan
West Moreton	Other Regional	Metropolitan
Central Queensland	Other Regional	Inner Regional
Mackay	Other Regional	Inner Regional
Wide Bay	Other Regional	Inner Regional
Darling Downs	Large Regional	Inner Regional
Townsville	Large Regional	Outer Regional
Cairns	Large Regional	Outer Regional
Central West	Remote	Remote
North West	Remote	Remote
South West	Remote	Remote
Torres and Cape	Remote	Remote

Such classification will enable comparison of HHSs, including highlighting issues within outer metropolitan services and the inadequacies of ARIA in the Queensland context, which is particularly crucial for improving service provision in Central Queensland and Mackay HHSs.

- Genuine investment to **accelerate adoption of ieMR** in Central Queensland, Wide Bay and remote HHSs so patient services and travel can be tracked.
- Adoption of a **unique statewide URN** (Uniform Resource Number), similar to that used in New Zealand. This will enable statewide understanding of service need based on patient geographic location rather than the current model which is based on the services' geographic location.

  It is also noted that the current system is limited to just under one million unique identifiers, resulting in multiple patients having the same number, presenting risks for patient safety and barriers to accurate patient tracking.

Action 13: Policy reform

- **Review of surgical services capability standards** and alignment with interstate jurisdictions, particularly New South Wales
- Education and awareness campaigns to **change cultural perceptions of regional practice**
- Genuine investment in **wellbeing and culture reform** across all Queensland Health facilities and workplaces to address entrenched, ongoing and unacceptable levels of bullying and harassment.
- **Broader health policy reform that reduces demand for elective surgery** as set out in AMA Queensland's *Advocacy Priorities 2024-26* including:
  - Preventive health
  - Primary-tertiary integration
  - First Nations health
  - Women's health
  - Climate and sustainability
  - LBTQIASB+ community
  - Aged and end-of-life care
  - Substance-related harm.

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Acronyms

ABF	Activity-based funding
HHS	Hospital and Health Service
MOCA	Medical Officers' Certified Agreement
ARIA	Accessibility/Remoteness Index of Australia
MMS	Modified Monash Model
IHACPA	Independent Health and Aged Care Pricing Authority
WAU	Weighted Activity Unit
IMG	International Medical Graduate
ieMR	Integrated Electronic Medical Record
URN	Uniform Resource Number
LLETZ	Large Loop Excision of the Transformation Zone to remove cervical cell changes

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