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HCCA Submission on the Elective Surgery Access Policy, Information Brochure and Notification Letter

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Background

The **Health Care Consumers' Association (HCCA) of the ACT** was incorporated in 1978 and exists to provide a voice for consumers on local health issues. We now provide opportunities for health care consumers in the ACT to participate in all levels of health service planning, policy development and decision making.

Introduction

HCCA welcomes the opportunity to provide feedback to ACT Health on the Revised Elective Surgery Access Policy 'Managing elective surgery patients in ACT public hospitals', as well as the information brochure and notification letter for consumers. HCCA understands that improving elective surgery access is a very difficult task, but one that is of great importance for consumers. We consider that the consumer's right to access, communication and participation are extremely relevant when addressing the issue of elective surgery and have focused primarily on these areas in our feedback.

We will first raise a number of general comments about the policy before providing feedback on specific sections of the policy document and then moving on to the notification letter and brochure.

General comments on the policy

We note that there has been an emphasis on collecting informed consent as early as possible. While we support the effort to ensure that the informed consent procedure is carefully followed, there are concerns that the consent may become out-dated. For instance, if informed consent is collected straight away for a person listed as Category 3, they may not have surgery for another 365 days and have no further interaction with the person who collected the consent in the first place. We suggest that consent could be collected at the initial point for referral and then confirmed just prior to beginning the procedure.

1. Responsibilities

We assume that it is also the responsibility of the patient to consult their GP and advise the hospital if their clinical condition changes.

When talking about who needs to explain different aspects of the elective surgery process, it should be made explicit that they are explaining things for the patient and that they also need to answer their questions.

2. (Policy) Introduction

There are approximately 11,000 people from the ACT and surrounding region that have elective surgery in the ACT public hospital system each year¹, not 10,000.

Referring patients for elective surgery

The first part of this section contains information that is absolutely essential for consumers needing to access elective surgery. We highly recommend that this be either included in the information brochure for consumers or as a separate fact sheet that is circulated throughout GP clinics.

Section 2.2 is unclear as to who would be responsible for conducting a clinical review. Again, this information is very relevant to consumers and needs to be included in the brochure. Section 2.4 also contains important information for consumers that is not currently well publicised. Fact sheets would be useful to explain the difference between 'elective' and 'discretionary' surgery and which procedures can be performed in ACT public hospitals.

Information about reduction mammoplasty could also be included in the table about discretionary and cosmetic procedures instead of in a separate paragraph.

Under Demand Management, it needs to be clearly explained how the procedures outlined to ensure effective demand management will be monitored. This should be listed as section 2.5 instead of a sub-section of 'Cosmetic/discretionary surgery'.

It may be worth noting that the Quality and Safety unit are currently undertaking work regarding patient information and consent, which may be relevant to section 2.6.

5. Managing patients on the waiting list

We suggest that a flow chart or visual aid would be useful here to depict the patient journey from referral to receiving access to elective surgery. We believe this would benefit staff as well as consumers.

In Section 5.1, it states that waiting lists are kept by the individual hospital. What about the single waiting list for the ACT? We understand that there was agreement at the recent surgical taskforce planning day to program this.

Information brochure for consumers

In general, the language used in the brochure is clear and appropriate for the intended audience. However, there are some parts which consumers may find abrasive or confronting, which will be discussed below.

We also urge that the final version include information about the following:

- what RFA forms are and how they can be used;
- informed consent;
- the procedure for reclassification of clinical urgency category;
- the transfer of patients to another surgeon or hospital to improve access;
- the procedure for patients who are staged of not ready for surgery; and,

¹ ACT Health Directorate Annual Report, 2011-2012.

- short notice patients.

On the first page, it would be better to use the term 'surgery' or 'procedure' instead of 'treatment', as treatment may not necessarily include elective surgery.

When describing elective surgery, it would be useful to include examples of elective surgery to help distinguish between elective surgery and discretionary/cosmetic surgery.

The first sentence on the second page, 'the surgeon allocates you a clinical priority category', sounds somewhat arbitrary. It needs to be explained this decision is made based on the patient's condition during a (presumably?) face to face consultation and consideration of results from diagnostic tests.

The last sentence in this section is unclear. We suggest changing it to 'the time patients wait for their procedure is *determined by* this clinical priority category'.

Under the section 'what happens now?', we suggest including a sentence about the possibility of needing to cancel and reschedule elective surgery due to demand for emergency surgery. This occurrence is highly frustrating for patients, so it would be useful to explain in advance that this might happen and why.

The first sentence under 'what do we need from you?' is abrasive and reads as though health staff are reprimanding patients for holding up the system. This is unlikely to be well received from someone who has been waiting in pain for a long time. We suggest replacing the sentence with 'you can help us by letting us know if... '.

The section referring to non-contactable patients is also abrasive. There could be many reasons why a patient is unable to be contacted that are beyond their control. It would be better to explain that a patient may be removed from the waiting list if they are non-contactable for X length of time, or after Y attempts, they will be removed from the waiting list. The section could include a reminder such as 'this is why it is so important to ensure that your contact details are up to date'.

Under 'Deferring treatment', it is not clear what is meant by exceeding maximum cumulative timeframes. This needs to be explained in more detail.

Finally, we suggest that the last heading could be changed to 'If you have a concern or *complaint* about a health service'. This section could also include contact details for the Consumer Engagement Team at TCH for patients on that waiting list.

Notification letter

More information could be included in this letter to clearly explain what is required of the patient and what is going to happen to them next. We suggest the following:

"We have a triage process to ensure that people have their surgery completed in a timeframe that is based on their status. You have been classified to Category X. This means that _____ and you can expect to have the surgery within XX weeks/months. We will contact you by phone (?) to inform you of the date for your surgery."

It could be considered quite unreasonable to simply demand that a patient must contact a phone number without explaining why it is important or necessary. Instead, the letter could read:

“There are many people waiting for surgery and we want to run smoothly so we can help people as quickly as possible. One way to reduce delays is to make sure you provide us with the information we need. You can help us by contacting the number below if.”

It would also be good to include the name of the Elective Surgery Access Coordinator, so patients know who to contact.

We are happy to discuss our submission with you further,

A handwritten signature in blue ink, appearing to read 'Darlene Cox', with a stylized, cursive script.

Darlene Cox

Executive Director