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## Day surgery on the table to ease hospitals crisis

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Radical changes to hospital funding and service delivery are being negotiated by health ministers as the private sector launches a renewed bid for greater commissioning to offload patients from critically overloaded public elective surgery lists.

The nation's health ministers met in Brisbane on Friday and unanimously acknowledged that public hospitals were under unsustainable pressure following an Australian Medical Association report card that found planned surgery and emergency department wait times had deteriorated to their worst performance levels on record.

People are now waiting more than twice as long for Category 2 surgery as they were 20 years ago, with the national proportion of people receiving such surgery on time dropping by almost 25 per cent in the past five years alone.

Federal Health Minister Mark Butler agreed health funding could not proceed on a "business as usual" basis given the marked deterioration in public hospital performance amid the knock-on effects of the pandemic, a workforce crisis and the growing pressures of an ageing population.

"None of us are under any illusions about the pressure on our hospital systems ... that inexorably rising pressure in demand on hospital systems is something we very much need to deal with in the negotiation of a new modern hos-

pital funding agreement. We're determined to do that," he said.

As negotiations heat up over the new National Health Reform Agreement – aimed to be finalised by the end of June to take effect from mid-2025 – there is intense discussion over how services can be shifted out of hospitals and out of acute care settings to relieve public hospital logjams.

A communique issued following Friday's meeting stated the ministers pledged the new NHRA

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"should support models of care outside hospitals, including community-based and virtual care".

States are already moving to implement these models.

The private sector is pushing to be included in those discussions, saying their facilities have significant capacity to help ease the public system burden, and that many of the procedures performed in large public hospitals as overnight stays could be undertaken as day surgery at much lower cost to taxpayers. Public hospitals do have day surgery facilities but they are not standalone outfits, aside from a couple of public day hospitals in Queensland.

Day Hospitals Australia – the peak body for hundreds of small private facilities around the country – said the sector as a whole had around 25 to 30 per cent spare capacity but state governments were commissioning their services to "only a small degree".

"The public sector could be outsourcing to the day hospital sector which is very cost effective and very efficient," said Day Hospitals Australia CEO Jane Griffiths. "They could get a lot of the work that's sitting on the public hospital surgical waiting list done in a very short space of time.

"That would significantly reduce the pressure on the public system and allow the more complex cases to be done in the overnight public hospital."

Members Health Funds Alliance CEO Matthew Koce backed the call. "To address long public waits, the new funding agreement should embrace adoption of the new and innovative models of care that are proving so successful in the Australian private health system and overseas. That includes the shift to more day surgery facilities and out-of-hospital care," Mr Koce said.

"While big expensive acute public hospitals are important for complex cases, day hospitals are best placed to efficiently and effectively address long public elective surgery waits."

Private Healthcare Australia CEO Rachel David said significant reform would be required to enable more day surgery and care out of hospital, in particular to clinicians' training and processes.