

Procedures Not Funded to be Routinely Performed in Tasmanian Public Hospitals

Effective Date:	1 January 2010
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Custodian	Strategy, Planning and Performance

Policy Statement

The policy of the Department of Health and Human Services (DHHS) is that public hospital elective surgery is prioritised to treat patients who have a clinical need for surgery to improve their health. This augments the current approach to prioritisation of elective surgery.

This policy is accompanied by *Guidelines on Procedures Not Funded to be Routinely Performed in Tasmanian Public Hospitals*. These guidelines strengthen Tasmania's position by clearly detailing the surgical procedures not funded to be routinely performed (PNFRP). The guidelines contain information on the hospital approval processes to be followed to enable a PNFRP to be performed and the process for managing patients already on waiting lists for these procedures.

Scope

The policy and *Guidelines on Procedures Not Funded to be Routinely Performed in Tasmanian Public Hospitals* are designed to be used by general practitioners, surgeons and other hospital staff working in the delivery of elective surgery services.

The policy applies to surgery provided to public and privately insured patients at the Royal Hobart Hospital, Launceston General Hospital, North West Regional Hospital (Burnie) and the Mersey Community Hospital. It is also applicable to surgery provided to public patients by private hospitals under arrangements with the public hospitals.

While the procedures listed in the guidelines will not be routinely performed in Tasmanian public hospitals, they can be undertaken in exceptional circumstances, where a patient meets a clinical indication for a procedure or where the patient has "other" circumstances which demonstrate an overriding need for surgery. In the latter instance, the final determination as to whether surgery will be provided rests with the Director of Surgery, or in certain circumstances, the Tasmanian Statewide Surgical Services Committee. These exceptional circumstances and associated approval processes are detailed in the guidelines.

Objective

The policy and guidelines will assist in improving:

- access to elective surgery by prioritising public elective surgery to patients with a clinical need for surgery
- the transparency of the elective surgery waiting list system, making it “fairer” for patients
- the consistency in the types of surgical procedures available across the State, thereby making the system more equitable for patients.

Expected outcomes

The Tasmanian public hospital system is committed to reducing long waiting times. The policy and guidelines contribute toward this outcome by strengthening Tasmania’s position to ensure that public hospital elective surgery is appropriately prioritised to treat patients who have an identified clinical need for surgery to improve their health.

Goals related to elective surgery access and key performance indicators are incorporated into the Resource and Performance Agreements that are negotiated with Tasmania’s major public hospitals on an annual basis.

Elective surgery data analysis and monitoring of patient volumes on elective surgery waiting lists for PNRP will also be undertaken.

Policy

The policy and guidelines provide direction to general practitioners, surgeons and other hospital staff working in the delivery of elective surgery services.

The policy and guideline development process provided the opportunity for hospitals to examine the types of surgical procedures that the public hospital system should be providing.

Rationale/Evidence Base

The Tasmanian public health system, like systems throughout Australia and around the world, is experiencing increasing demand for admissions. In this environment, maintaining an appropriate focus on public elective surgery is challenging. Increasingly attention is being focussed on how public hospital resources should be used and on what is appropriate for public hospital systems to provide. This has resulted in some jurisdictions (at least 4 Australian states and the National Health System, United Kingdom) determining that public resources should not be used to provide procedures that, in the absence of a clinical reason for surgery, do not solve a health problem.

The Tasmanian policy and guidelines are consistent with this approach.

Responsibilities/Delegations

The policy and guidelines apply to all Tasmanian DHHS employees and agents (including visiting medical officers) involved in the delivery of elective surgery services.

The Secretary DHHS and the Area Health Service Chief Executive Officers hold ultimate responsibility for ensuring the policy and guidelines are enforced by DHHS hospitals.

Any breach of this policy may lead to disciplinary action.

Audit and Compliance

This policy and guidelines will be reviewed by the Tasmanian Statewide Surgical Services Committee in 2011, or sooner if required.

Related Documents/Resources

Guidelines on Procedures Not Funded to be Routinely Performed in Tasmanian Public Hospitals. These guidelines accompany the *2009 Procedures Not Funded to be Routinely Performed in Tasmanian Public Hospitals* policy document. This policy is a deliverable of *Improving Time to Treatment - Tasmania's Elective Surgery Improvement Plan 2008*.

The policy and guidelines are incorporated into *Improving Time to Treatment – Tasmania's Elective Surgery Access Policy*.

Admission for Elective Surgery – a patient information pamphlet produced by the DHHS

Information for General Practitioners on Surgery Not Funded to be Routinely Performed in Tasmanian Public Hospitals

DHHS Internet site

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