Some advice for COAG

Despite reporting on a range of specific performance benchmarks, the COAG Reform Council report fails to make a recommendation for surgical waiting times

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The Council of Australian Governments (COAG) established the COAG Reform Council as part of the arrangements for federal financial relations to assist COAG to drive its reform agenda. Independent of individual governments, the council's mission is to assist COAG to strengthen the performance and public accountability of governments.

In mid-June, the COAG Reform Council released a report called Healthcare 2011-12: Comparing Performance across Australia.

This was the council's fourth report on the National Healthcare Agreement, which governs the roles and responsibilities of the commonwealth and state governments in relation to the delivery of services through the Australian healthcare system.

The report notes that the good health and quality healthcare enjoyed by Australians continues to improve, citing indicators where we outperform OECD averages, such as life expectancy, smoking rates and infant mortality. Potentially preventable hospitalisations, deaths from avoidable causes and emergency department waiting times have all decreased.

The report also finds that five years of data show little progress on elective surgery waiting times at a national level. Indeed, average waiting times at both the 50th and 90th percentile have increased over this period, despite the commonwealth throwing hundreds of millions of additional dollars at the states.

And while the change in waiting times is reported, there is another surgical indicator upon which the council could not report: the percentage of patients removed from elective surgery waiting lists within the clinically recommended time. The reason? Because the states cannot agree how to compare the data.

Interestingly, there are a range of specific performance benchmarks set under the agreement for things like emergency department waiting times, healthcare acquired infections and smoking rates. But there is no specific benchmark for surgical waiting times!

Based on the findings in the report, the council makes three recommendations. In summary, these include that COAG note either progress or lack of progress against certain indicators, that COAG agree better data is needed for some indicators and that COAG develop better performance indicators and new benchmarks for certain outcomes.

Surprisingly, COAG is not asked to note the poor performance in relation to surgical waiting times, nor is it asked to note that more work needs to be done in this area. In fact, there is not a single mention of anything related to surgical waiting times in any of these recommendations.

If I may offer some gratuitous advice, perhaps COAG can consider the following recommendation: that COAG note the increase in waiting times for elective surgery in public hospitals and note that if the number of private patients in public hospitals had remained the same as a decade ago, there would have been capacity for public hospitals to treat an additional 340,000 patients from elective surgery waiting lists, each and every year for the past 10 years. PH

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