

Newman Weekly

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The New Zealand Centre for Political Debate

Waiting for Help

Emily, like 180,000 or so other New Zealanders, is on a hospital waiting list.

The problem is this “queue” of people waiting for surgery is no longer called a “waiting list”. It was changed when lengthening hospital waiting lists became politically embarrassing in the late nineties.

Growing waiting lists are a symptom of a sick health system: a “Schindler's list” of 180,000 sick and dying people is hardly the sort of image wanted by a government trying to claim it is running a modern and effective health system!

Waiting lists have now been replaced with a “tiered” booking and management system. Patients needing non-urgent surgery are referred to a specialist by their GP. They then join the hundreds of thousands of patients waiting for a specialist assessment. Once seen by the specialist, they will receive a 'points' score, which will either qualify them for the hospital booking system, or they will remain under assessment by the specialist or their GP until their condition deteriorates to a stage that justifies surgery.

In other words, the single old-fashioned waiting list has now been replaced by a modern version - several separate waiting lists operating at different levels of prioritisation. At the highest level are those patients who are booked in for surgery with a date for their operation. Next are those who are booked in but are still waiting for a date. Then, there are those waiting to get onto the booking list, those waiting to be assessed, and those waiting for their conditions to deteriorate. But no matter what they want to call it, there are still 180,000 people waiting for surgery.

Whether or not Emily and others on the waiting list get their surgery is determined by the policies of the 21 District Health Boards, which operate between a rock

and a hard place under the directive of a Government that wants to pretend that there is no hospital waiting list, only waiting times!

On the one hand, Labour is requiring the DHBs to minimise their budget deficits, while on the other hand it is imposing massive cost pressures on the health system: under their watch, there has been a dramatic expansion in the health bureaucracy to the point where there are now an estimated 12,000 administrators for New Zealand's 12,000 hospital beds. Further, tens of millions of dollars are now being poured into the administration of DHBs, Maori health units, PHOs, and a massively expanded Ministry of Health, with hundreds and hundreds of millions of dollars a year being consumed in pay settlements and Holiday Act changes.

As a result of this cost explosion, health funding has increased from \$6.6 billion a year when Labour took office in 1999 to \$10 billion today. Yet, in spite of that fifty per cent increase in funding, there has only been an 8 per cent increase in operations over that time, with elective surgery numbers having risen from 99,000 to 107,000. This means that over the last seven years the public health system has become increasingly costly, focused on serving the bureaucracy, rather than patients.

According to a news report last month, Auckland Public Hospital now charges about four times as much as the private Auckland based Ascot Hospital for some identical services: a night in intensive care at Auckland Hospital cost \$3901, compared to \$929 at Ascot, and ambulance costs for Ascot were a flat \$100, compared to \$600 for Auckland Hospital.

The increasing cost of public health is one of the reasons why, some years ago, ACC established a partnership with the private sector. This has enabled

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ACC to not only significantly save costs, but to also get procedures carried out in a timely fashion: patients unable to return to work until they'd had a minor operation used to have to wait on ACC for an average of two years, but after the private hospital tendering system was put in place, the average waiting list reduced to just 44 days.

As a result of increased cost pressures, many DHBs are being forced to raise their surgery eligibility thresholds in order to reduce the number of patients who qualify for operations. Some are even cutting their specialist assessment waiting lists: Canterbury DHB has dropped over 2,500 patients from its waiting list over the last year, with the Hawke's Bay DHB dropping 1800 in the last week.

This could well be just be the tip of the iceberg as more and more DHBs cut their lists to try to stay within budgets, forcing their patients to have to become sicker and sicker before they can qualify for an operation. This unsatisfactory state of affairs has caused some community groups like the Northland District RSA to establish a Cataract Project to help fund RSA members who are stuck on hospital waiting lists, to get their surgery done privately (see www.nzcpd.com for a description of the venture by the Trust Chairman, Marian Barclay).

Some Health Boards are also looking at providing subsidies to help patients on their waiting lists - who realistically would not qualify for surgery

in the foreseeable future - go private, with the Hutt Valley DHB investigating a plan to pay up to 30 per cent of the private surgery costs for some of its patients.

Waiting lists for elective surgery are a key concern for DHBs nationwide as they struggle to manage demand for services within tight budgets. But putting patients at risk, by not treating them in a timely fashion, is not only inhuman, but it can also be the cause of dramatic cost increases as well.

Take eighty-five year old Emily: all she needed was to have her cataracts removed, to reverse her deteriorating vision. However, as a result of her impaired ability to judge distances, she ended up having a fall. While bones were not broken, she had to be taken to accident and emergency, has needed weeks of rest-home care, hospital rehabilitation, some home modifications, on-going home-based nursing care - and the cataracts still need to be removed!

Something that should have been a simple \$2,000 procedure will end up having cost many tens of thousands of dollars, not to mention all the distress and suffering. Surely our public health system can do better than this?

The poll this week asks whether you would like to see District Health Boards reduce their hospital waiting lists by making greater use of the private sector?

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