Australia: More than 100,000 patients waiting for elective surgery in NSW public hospitals

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Waiting times for elective surgery in New South Wales (NSW) public hospitals significantly increased in the first quarter of this year, according to the "Healthcare Quarterly" report released by the Bureau of Health Information, a state government funded research body.

At the end of March, 100,678 people were awaiting elective surgery, 348 more than in the June quarter of 2020, when many such surgeries were suspended due to the onset of the COVID-19 pandemic.

In the first three months of this year, 8,587 patients were forced to wait longer than the time clinically recommended for their conditions. That figure is 5,170 higher than for the same period last year, a 151.3 percent increase.

Patients requiring "semi-urgent" elective surgery, known as Category 2, waited an average of 65 days longer than recommended. Category 2 surgeries, which include heart valve replacements, hernia or ovarian cyst removal and non-healing fractures, are supposed to be performed within 90 days.

Those in line for so-called "non-urgent" surgeries waited 322 days on average—up 32 days from the same quarter last year. These Category 3 surgeries should be performed within 365 days and include reconstruction surgery, joint replacements, colonoscopies and tonsillectomies.

In the case of Category 1 patients, who require surgery within a month of being referred to a hospital, none were recorded as waiting longer than clinically recommended. However, recent media reports suggest that this may not be entirely accurate.

On Thursday night, around 200 senior doctors at Westmead Hospital unanimously passed a no-confidence motion in Western Sydney Local Health District chief executive Graeme Loy, prompting his resignation. A week earlier, the doctors had written to management, raising that "Delayed cancer diagnoses are now a regular occurrence which is devastating for patients and demoralising for staff."

According to the *Sydney Morning Herald* (SMH), the letter noted that, as of last month, there were 3,356 patients on the endoscopy waiting list, half of them Category 1. The average wait time for those eventually diagnosed with cancer was 178 days. The shortest wait time was 47 days, meaning not one patient had their cancer diagnosed within the 30 days recommended by the National Bowel Cancer Screening Program.

Last month, Dr Rob Knox, director of the surgical department at Orange Hospital, in the central tablelands of NSW, told the Australian Broadcasting Corporation (ABC) some of his cancer patients had been downgraded from Category 1 to Category 4 by hospital administrators.

Category 4, or "not ready for care," means that no date is set for surgery. Knox said the non-clinical reclassifications were imposed on his patients without consulting him because their operations could not be performed within the recommended time frame. This was likely due to the lack of hospital resources and surgeons to cover all booked Category 1 procedures.

Reclassifying a patient to Category 4 has the effect of removing them from the waiting list, thereby improving the hospital's performance figures.

Knox told the ABC that delaying surgery for a few days would not necessarily impact a cancer patient, but a four-week suspension could increase the mortality rate by as much as 5 percent. He said: "The reality is, a cancer doesn't know what time it is, or what day of the week it is. It's growing, so you want to be able to do it as quickly as possible."

Knox also claimed that he and his colleagues had been directly asked by hospital management to downgrade urgency categories.

A spokesperson for the Western NSW Local Health District, which includes Orange, told the ABC the health authority "rejects claims that surgeons have been asked to reclassify surgical procedures and prioritise waiting list targets over patient care."

However, doctors elsewhere in the state have alleged similar practices. Senior specialists from Westmead and Royal Prince Alfred (RPA) hospitals told the SMH that their hospitals have refused to add referred patients to the

Category 1 list when theatres, resources and surgeon availability cannot be guaranteed within the clinically recommended timeframe.

One of the specialists said RPA management was "obsessed with its surgery KPIs [Key Performance Indicators]" and that refusing a recommendation for admission, although not permitted under NSW Health's clinical guidelines, was done "all the time."

Dr Fred Betros, vice president of the Australian Medical Association NSW, told the SMH the refusal to accept Category 1 patients means "they won't breach the publicly reported KPI. Everything looks like it's under control, so we don't get the resources and future funding we need to keep up with demand."

The comments of another senior clinician cited by the SMH indicate that the pressure to cover up excessive wait times does not originate with hospital management, but with the state government: "I always thought that the focus of an individual hospital's executive would be, 'Okay, we've got patients breaching [waiting times]. That means we should tell the ministry we've got patients breaching, so we need more resources,' and the ministry would go, 'Okay, there's your resources because your KPIs show that you're breaching,' but they don't. [The hospitals] get told to make the problem go away."

In other words, rather than hospitals that lack the staff or resources to handle patient need being given additional funding to address the shortfall, they are expected to cover up the dire state of the public health system and shield the government from criticism.

With outcomes for patients already worsening amid widespread staff shortages, the NSW Labor government has stepped up its assault on the wages and conditions of public health workers, including nurses, midwives, doctors, psychiatrists, allied health professionals and other health workers.

Labor's claim, backed up by the unions, to have ended the public sector wage cap after taking office in 2023 is a fraud. The government of Premier Chris Minns has pursued a pay policy that is no less punitive than that of the previous Liberal-National government, imposing nominal wage rises of 3–3.5 percent per annum, far short of the soaring cost of living.

Moreover, the Minns government is openly hostile to the struggles of health and other public sector workers, denouncing strikes in the media and working with the industrial courts to suppress and illegalise industrial action.

There is strong opposition to the worsening public health crisis among staff throughout the sector, but their attempts to fight back have been repeatedly sabotaged and shut down by the health unions:

• Nurses and midwives carried out several mass strikes last year demanding a pay increase of 15 percent. This was shut down by the NSW Nurses and Midwives Association (NSWNMA), which agreed to uphold a nine-month ban on industrial action imposed by the Industrial Relations Commission (IRC).

• More than 200 staff psychiatrists threatened to resign en masse earlier this year over low pay and chronic understaffing, in a stunt promoted by the Australian Salaried Medical Officers Federation (ASMOF).

• More than 5,000 public hospital doctors stopped work for three days in April, their first strike in 27 years, demanding a 30 percent pay increase to bring their wages in line with other states, and an end to understaffing and unsafe working conditions. ASMOF shut down further action, agreeing to a three-month strike ban and arbitration before the IRC.

Health workers across the country, including mental health staff in Victoria and nurses in Queensland, are also trying to fight back against similar attacks. But they cannot take their struggle forward within the framework of the unions, which have collaborated with one government after another over decades to enforce the erosion of public health.

Rank-and-file committees, democratically controlled by workers, not union bureaucrats, must be built in hospitals and other health facilities. Through such committees, staff from all corners of the health sector can prepare a unified struggle for good pay and conditions and a high quality public health system, free and accessible to all.

Such a fight raises broader political questions. The deepening crisis of public health is just one stark demonstration that capitalism, in which everything is subordinated to the profit demands of big business, is fundamentally incapable of satisfying the needs of humanity, including for decent health care.

Therefore**,** what must be fought for is a political alternative, socialism, under which society's vast resources can be used to serve the needs and interests of the whole population, not the wealthy elite.