

Surgery Connect

Why the public and the private sectors are getting a raw deal

AMA Queensland recently learnt Queensland Health is rolling out a programme - 'Surgery Connect' - that the Association believes has the potential to undermine both the public and private hospital sectors.

This is an entirely different initiative to a proposal of the same name originally floated by AMA Queensland, but 'Surgery Connect' has been publicly touted as having the Association's support.

From the outset it must be made clear that, in its present form, Queensland Health's version of 'Surgery Connect' is not an initiative the AMA endorses.

Indeed the Association has some grave concerns which have been made clear to Queensland Health.

Originally, AMA Queensland was approached by Queensland Health to submit a proposal that would assist in addressing the burgeoning public elective surgery waiting lists.

AMA Queensland's proposal came with a number of caveats, all of which were designed to provide both patients and their doctors with the best possible outcomes. These caveats included:

- Extra surgery should be done in the hospital where the patients were being treated by the existing salaried doctors and VMOs to ensure continuity of care and teaching
- In the event it was not possible to find extra theatre time in the public system, the patient's public doctor (accompanied by their trainee/s) would be invited to perform surgery in private theatres, with follow up in the public system
- Should salaried doctors or VMOs be unable to provide the surgery it could be

outsourced to private surgeons, as a last resort, on a case by case basis, in consultation with the Director General and the Chairman of the VMO committee. Even then trainees should accompany the patient to provide continuity of training

- Indemnity for the public hospital surgeon and trainee should be provided by Queensland Health
- When the private sector was to be used, preference was to be given to a hospital that could provide specific accommodation for these patients to lessen the disincentive for holding private insurance.

While AMA Queensland has received assurances that its concerns will be recognised, it has become apparent that in some cases 'Surgery Connect' has been rolled out without there having been consultation with either public or private specialists.

In some cases, salaried specialists and VMOs found out about the initiative from their patients, who showed them letters informing the patient their surgery would be performed privately.

AMA Queensland President Dr Ross Cartmill has labelled such a practice completely unacceptable, saying it disregards the patient/doctor relationship and is interpreted as a lack of respect for the State's hard-working public hospital doctors.

"Doctors are baffled by the selection process, telling us some patients selected were not patients they would have recommended for urgent surgery had they been consulted," Dr Cartmill says.

A good example set by the Princess Alexandra Hospital (PAH) this year - whereby

staff reduced Category One waiting lists down to zero, improved efficiency by around seven per cent, and kept theatres open longer - proves waiting lists can be reduced in our public hospitals.

But Dr Cartmill says staff and patients are getting mixed messages with Queensland Health complaining about hospital budgets on one hand and outsourcing surgery to the private sector on the other.

The potential exists for a significant amount of the 'Surgery Connect' surgery to be scheduled over the Christmas period, when public theatres are shut down, and public surgeons find themselves with little to do.

Dr Cartmill says this would be an unacceptable waste of money and resources.

"Essentially Queensland Health would be paying surgeons twice - once in the public sector to do nothing, and once in the private sector to do the surgery the public sector could be doing," he says.

AMA Queensland believes patient care is paramount, and would never deny Queensland patients the opportunity for much needed surgery, but the AMA believes the 'Surgery Connect' initiative is not the best option.

Particularly worrying is the issue of indemnity.

AMA Queensland's view is public doctors and their trainees should accompany their patients if surgery is to be performed in the private sector, and indemnity should be provided by Queensland Health.

The Association has no guarantee from a major indemnity provider that there will be any indemnity provided for surgeons treating public patients in the private sector.



Dr Cartmill says surgeons should not assume they will be covered, and should check with their indemnity providers before committing to the project.

"I have contacted my own provider and they tell me I would need to specifically apply for indemnity with no guarantee it would be granted," he says.

"It would be very foolish to assume indemnity will automatically be provided by your insurer."

Cartmill says the indemnity issue is further complicated by follow up.

"The surgical principal is the surgeon should provide follow up, but in some cases this may be as long as 12 months, and for joint replacement surgery the Orthopaedic Association suggests follow up should be for life. It is not acceptable to simply transfer follow up to another doctor: the complete episode of care must be provided."

Recent discussions indicate that Queensland Health agrees with this principle.

Meantime the Association has made it clear it cannot support 'Surgery Connect' as it is being implemented.

"There is a risk to morale and it is not an economically efficient way of getting these patients treated," Dr Cartmill says. ■