



Restoring elective surgery in South Australia

Health Consumer Advocacy Network of South Australia

The Health Consumer Advocacy Network of South Australia (Health CAN SA- the Network) is a group of health consumers who believe the people, who pay for, fund and use health services in South Australia should be able to inform and influence how those services are designed and delivered.

The Network provides an independent health consumer voice in South Australia to inform Government, Service Providers and Policy Makers about the experiences, issues and concerns of health consumers and contributes to shared planning and problem solving. Since the closure of HCASA in October 2020 the Network is committed to ensuring independent health consumer advocacy continues in South Australia.

Health CAN SA acknowledges and supports the Position Statement Working with Consumer Advocates and Representatives originally developed by Health Consumer Alliance of SA and endorses this updated Statement.

Our Position

This position statement outlines the imperative for health, research and other organisations/services to ensure health consumers and the community have access to essential elective surgery.

Health CAN SA calls on the South Australian Government and health service providers to ensure:

- Every person awaiting elective surgery receives appropriate risk assessment to continue to assess and determine clinical urgency, quality of life and risks due to further delays
- Particular priority is given to those health consumers whose surgery is or has become urgent, who have already waited longer than their specified category wait time
- Health consumers/patients and the public are informed about and have access to;
 - How elective surgery is being restored across the South Australian health system
 - Elective surgical waiting times in each health service
 - Clinical decision-making about each individual case and how they are being prioritised
 - Clinical urgency, quality of life and risks due to further delays to their elective surgery

- Elective surgery data and justifiable decision-making including what pathway ensures individual health consumers get 'back in line' after significant delays to surgery and the continued growing number of people on the waiting list

Context

Although most surgery and procedures are described as *elective*, these interventions are an essential contributor to a person's health outcomes, the wellbeing of vulnerable groups and communities and the solvency of Australia's health care system. The term *elective* is potentially misleading to the public who may assume this to mean *non-essential* or *minor* surgery that is a choice rather than a necessary treatment to ensure optimum health outcomes and quality of life.

Elective surgery is not optional surgery and the term *non-emergency* would be more accurateⁱ.

Temporary cancellation to elective surgery was a necessary response to mitigate the risks of virus transmission, to preserve and divert the health workforce to respond to the pandemic, hospital bed capacity, key equipment and specialist services (eg ICU) and as a means to balance health resources availability and free these resources to manage COVID 19. This has added to already extended elective surgery waiting times.

Whilst it was necessary to implement such strategies, this did not account for the physical and emotional challenges of delayed surgery experienced by many, if not most health consumers awaiting elective surgery. The delays to screening and diagnostic evaluation will also contribute to the backlog of elective surgeries and a potential decline in diagnosis of some conditions.

The burden of disease will continue to accumulate while health consumers continue to wait for surgery.ⁱⁱ

We are yet to fully realise the impacts these delays will continue to have, as delays to elective surgery become a chronic disruption in care.

Potential deterioration of symptoms will lead to poorer health outcomes for many people such as increased risk of acute/life threatening events, chronic pain, loss of mobility and independence, reduced social functioning, prolonged sick leave, loss of income and financial insecurity.

The system comes apart when the assessment criteria for elective surgery is no longer as important as the impact of the delay on the person's health and wellbeing. When does elective surgery become urgent and how is this assessed? Will we see more events where this delay creates an increase in emergency intervention directly related to the period of delay?

Little evidence has been gathered on the impact of delays to surgical treatment of many health conditions, however there is evidence that non-urgent surgeries effectively treat conditions that can become urgent if left untreated.

Extended wait times for elective surgeries is only one of the myriad problems facing the health system during the ongoing pandemic, problems that do not have simple solutions.

Even when the immediate stakes are not life threatening, the long-term costs to health consumers, health systems, and the community are high, and individuals cannot and should not be ignored.ⁱⁱⁱ

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ⁱ Meredith, Wayne J., High, Kevin P., Freischlag, Julie Ann, *Preserving Elective Surgeries in the COVID 19 Pandemic and the Future* 2020 JAMA Nov 3 Vol 324 No 17

ⁱⁱ Fu, Sue J., George, Elizabeth L., Maggio Paul M., Hawn, Mary, Nazerli, Rahim *The Consequences of Delaying Elective Surgery: Surgical Perspective* 2020 Ann Surg 272, p79-80

ⁱⁱⁱ Editorial *Too long to wait: the impact of COVID-19 on elective surgery* The Lancet Rheumatology 2021 Volume 3, ISSUE 2, p83