

Access and timeliness

Healthcare services for patients when and where they need them

Ensuring people receive health services when and where they need them is a central element of quality healthcare.

Available evidence suggests access and timeliness of appropriate healthcare are important because:

- Availability of good primary care delivers better access to care and achieves better health outcomes, often at a lower cost
- Waiting times can influence the way patients seek care, such as visiting a hospital emergency department rather than a GP
- If healthcare services and diagnostic test results are not available or not delivered in a timely way, patients can experience emotional distress, physical harm, and higher treatment costs
- Long-term disability or risk of death from acute conditions such as stroke and heart attack are greatly influenced by timeliness of treatment
- Prolonged waiting for certain procedures such as hip replacement and spinal surgery may reduce patients' quality of life, their productivity at work, and the likelihood of achieving good health outcomes.

For most types of elective (or planned) surgery, there is little evidence that moderate waits harm patient health.

This chapter covers:

- Patient assessments of how easily they are able to access healthcare
- Hospital information collected on waiting times for elective surgery and length of waits for specialist appointments
- Barriers to access, such as lack of personal or public transport, and costs.

Although we examine separate data for primary, specialty and surgical care, it is important to note that patients experience a 'healthcare journey' when they are ill and need care, which may include access to different healthcare professionals and services.

What we learnt about NSW

How does NSW compare internationally?

	Higher ranking	Middle ranking	Lower ranking
Six in 10 adults say that the last time they were sick or needed medical attention they were able to get an appointment to see a doctor or nurse on the same day (43%) or the next day (20%)		■	
Less than half of adults who needed out of hours care said it was either very easy (14%) or somewhat easy (23%) to get medical care without going to an emergency department		■	
Around eight in 10 adults (82%) who visited an emergency department in the past two years report waiting less than four hours the last time they went		■	
Around three in 10 adults (33%) report using emergency departments for conditions that could be treated in primary care		■	
Over one in 10 adults (14%) who received elective surgery in the previous two years report waiting more than six months			■
Over three in 10 adults (36%) who were referred to a specialist in the previous two years report waiting more than one month for an appointment			■
Almost one in 10 adults (9%) adults do not visit the doctor because of travel difficulties			■
Around one in seven adults (14%) had a medical problem in the previous year but did not see a doctor because of cost.			■

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Access and timeliness: primary care

Access to primary care is difficult after-hours

In 2010, 92% of NSW adults reported that they had a regular place providing most of their medical care.*

Six in 10 adults said that the last time they were sick or needed medical attention they were able to get an appointment to see a doctor or nurse on the same day (43%) or the next day (20%) (Figure 3.1).

On evenings, weekends or holidays though, less than half of NSW adults who needed out of hours care said it was either very easy (14%) or somewhat easy (23%) to access medical care without going to an emergency department. The percentage of NSW adults who said it was

either somewhat (24%) or very difficult (39%) to access medical care out of hours was higher than in almost all other countries (Figure 3.2).

The ABS Patient Experience Survey conducted in 2009 asked about waiting times for an *urgent* GP appointment, and more than six in 10 people aged 15 years or over in NSW (64%) were able to obtain an appointment within four hours. Almost nine out of every 10 (88%) were seen on the same or next day (Figure 3.3).

Yet the same survey found that almost one in five people aged 15 or over (18%) considered the wait to see a GP on their last visit unacceptable.[◇]

Figure 3.1: Survey 2010: Last time you were sick or needed medical attention, how quickly could you get an appointment to see a doctor or nurse? Please do not include a visit to the hospital ED*

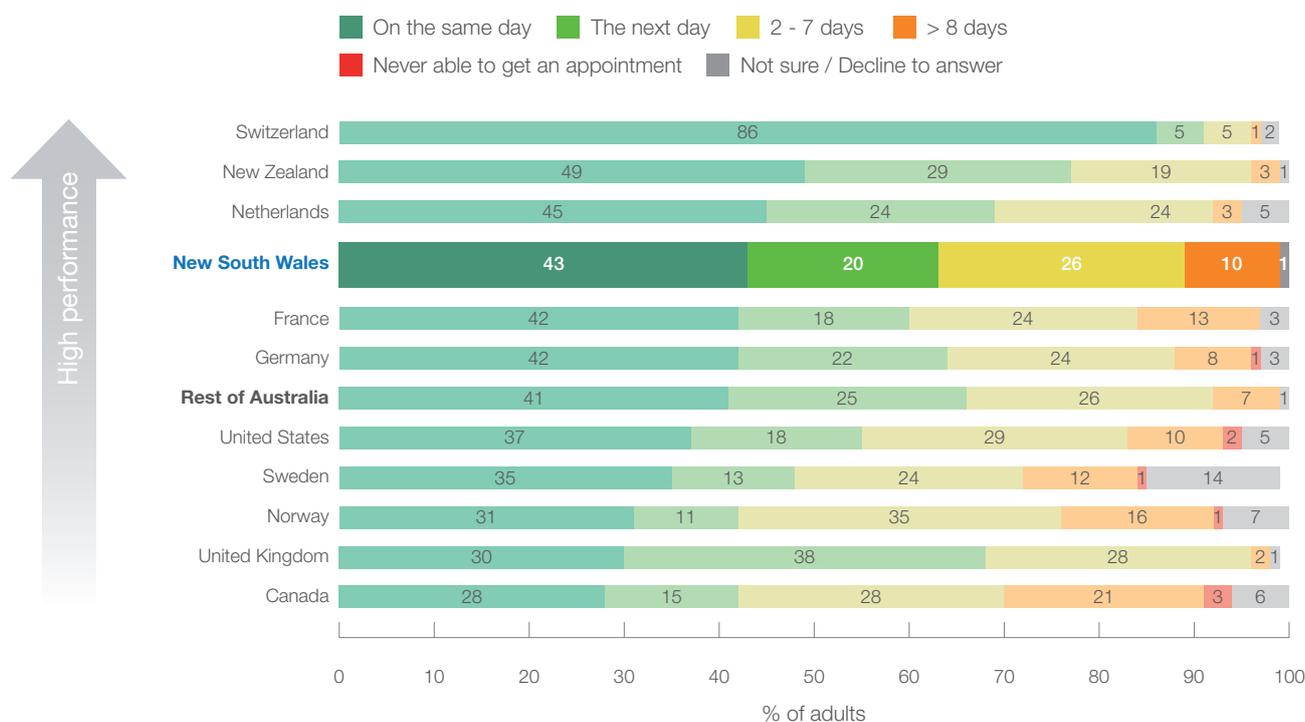


Figure 3.2: Survey 2010: How easy or difficult is it to get medical care in the evenings, on weekends, or holidays without going to the hospital ED?*

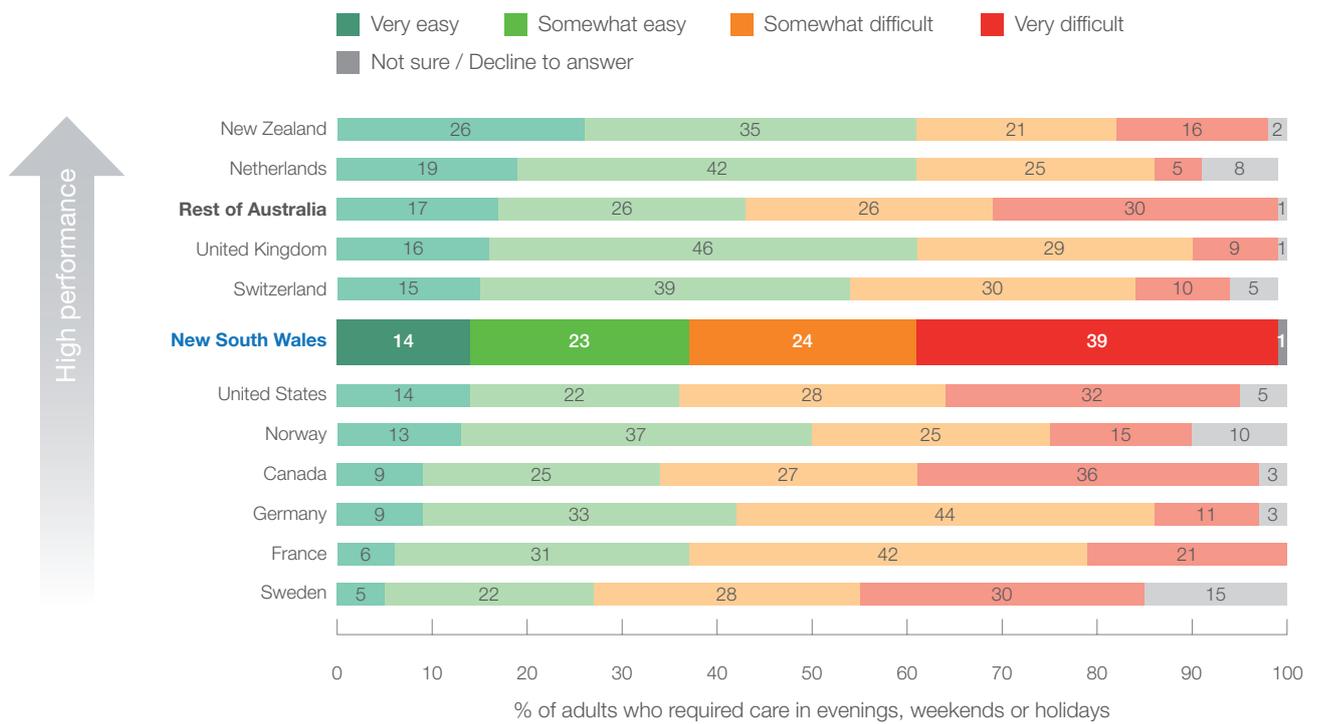
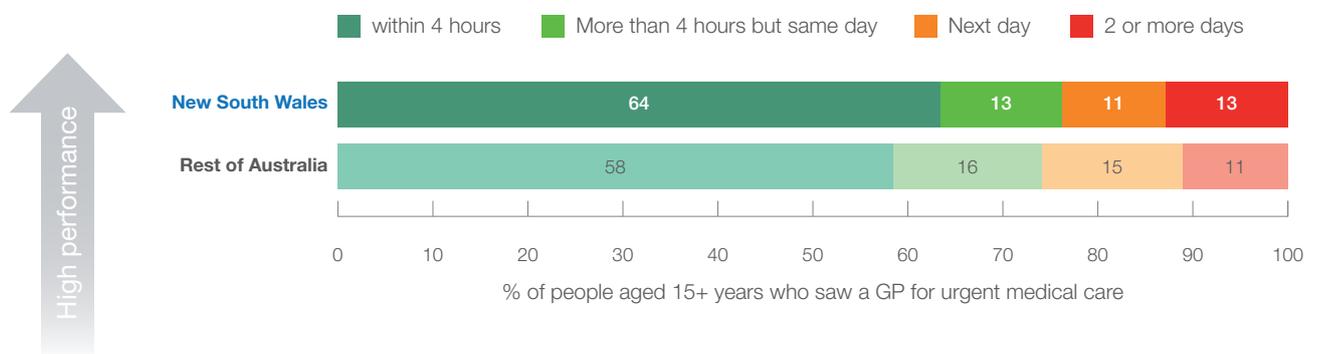


Figure 3.3: Survey 2009: Waiting times for urgent GP appointment, NSW and rest of Australia[⊙]



(*) 2010 Commonwealth Fund International Health Policy Survey (Notes: Percentages may not add up to 100 due to rounding; Figure 3.2 excludes those who never needed out of hours care).

(⊙) ABS Patient Experiences Survey, 2009 (Note: Percentages may not add up to 100 due to rounding).

Access and timeliness: emergency departments

Around eight in 10 people wait less than four hours in NSW emergency departments

According to the ABS Patient Experience Survey in 2009,¹ more than one in ten (13%) people in NSW aged 15 years or over visited the ED at least once in the previous year. About 3% made multiple visits. Australia-wide figures were 13% and 4% respectively.

In 2010, when asked to recall the time they waited at their last ED visit, 82% of NSW adults reported waiting less than four hours – a percentage similar to that reported in other countries (Figure 3.4).

More detailed data on timeliness of ED care across NSW are available in reports released on a quarterly basis from the Bureau of Health Information (www.bhi.nsw.gov.au).²

There has been some concern across Australia that difficulties accessing primary care may have a knock-on effect on ED workloads and contribute to long treatment delays. This is an important consideration, since there are over two million ED visits annually in NSW.²

More than three in 10 NSW adults (33%) who have a regular GP or general practice and used an ED in the previous two years, reported in 2010 that their most recent ED visit was for a condition they thought could have been treated by doctors or staff at their regular general practice had they been available (Figure 3.5).

NSW performance on this measure sits in the middle of other countries surveyed.

Figure 3.4: Survey 2010: The last time you went to the hospital ED, how long did you wait before being treated?*

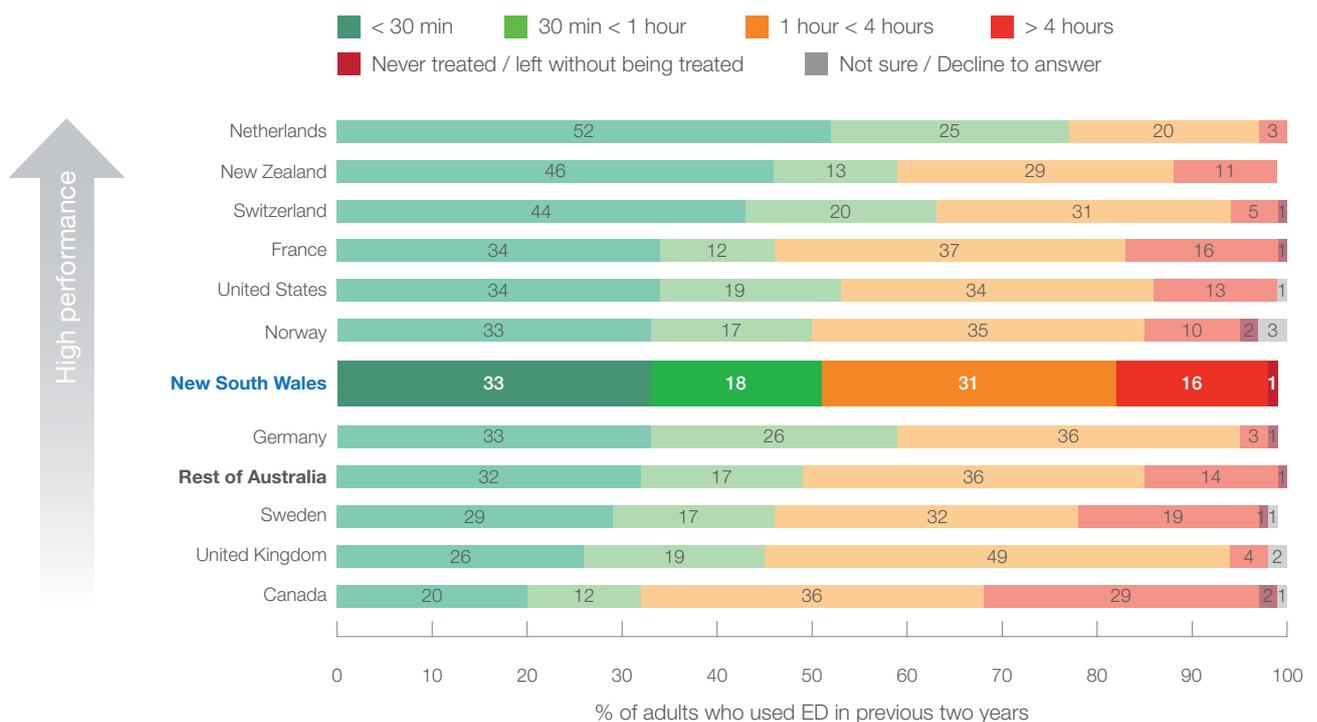
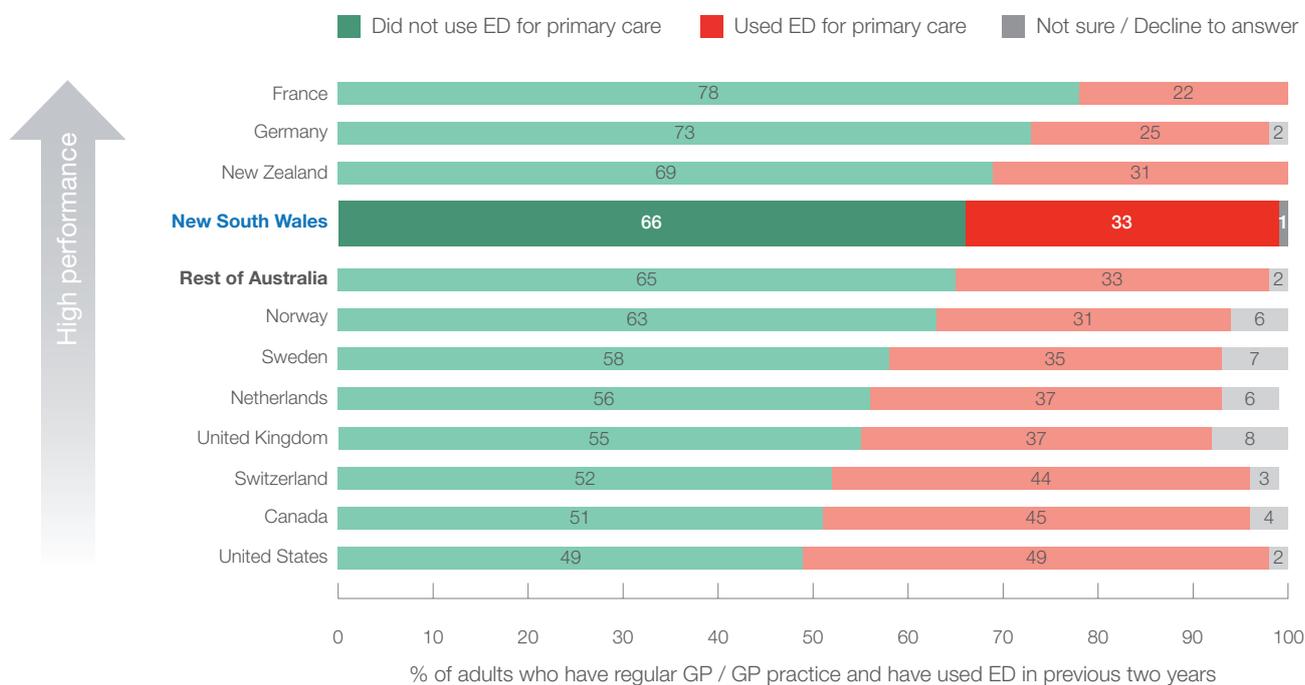


Figure 3.5: Survey 2010: The last time you went to the hospital ED, was it for a condition that you thought could have been treated by doctors or staff at the place where you usually get medical care if they had been available?*



High performance

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(*) 2010 Commonwealth Fund International Health Policy Survey (Note: Percentages may not add up to 100 due to rounding).

Access and timeliness: elective surgery

Many NSW adults have long waits for elective surgery in public and private hospitals

Elective or 'planned' surgery is defined as surgery that a doctor or other health professional believes to be clinically necessary, but which can be delayed for at least 24 hours. These operations are booked in advance, following medical assessment of the patient.

About eight in 10 NSW adults (85%) receiving elective surgery in the previous two years, reported in 2010 that they waited less than six months. More NSW adults wait longer than six months for elective surgery (14%) than in many of the other countries surveyed (Figure 3.6).

In 2008-09, interstate data show that nine in 10 NSW surgery patients (91%) received elective surgery within the timeframe recommended by

their surgeon – a higher percentage than any other state and Australia as a whole (86%).³

Despite this, in 2009-10 NSW had longer median wait times for surgery (44 days) than all other states except the ACT (73 days) and Northern Territory (46 days) (Figure 3.7). The median wait refers to the number of days that the 'middle' patient waited i.e. half of all patients had a shorter wait and half of all patients had a longer wait.

Median waits for specific procedures reveal some differences between NSW and Australia as a whole (Figure 3.8). More detailed and recent data on timeliness of elective surgery across NSW public hospitals are available from the Bureau of Health Information (www.bhi.nsw.gov.au).

Figure 3.6: Survey 2010: After you were advised you needed surgery, how long did you have to wait for the non-emergency or elective surgery (public and private hospitals)?*

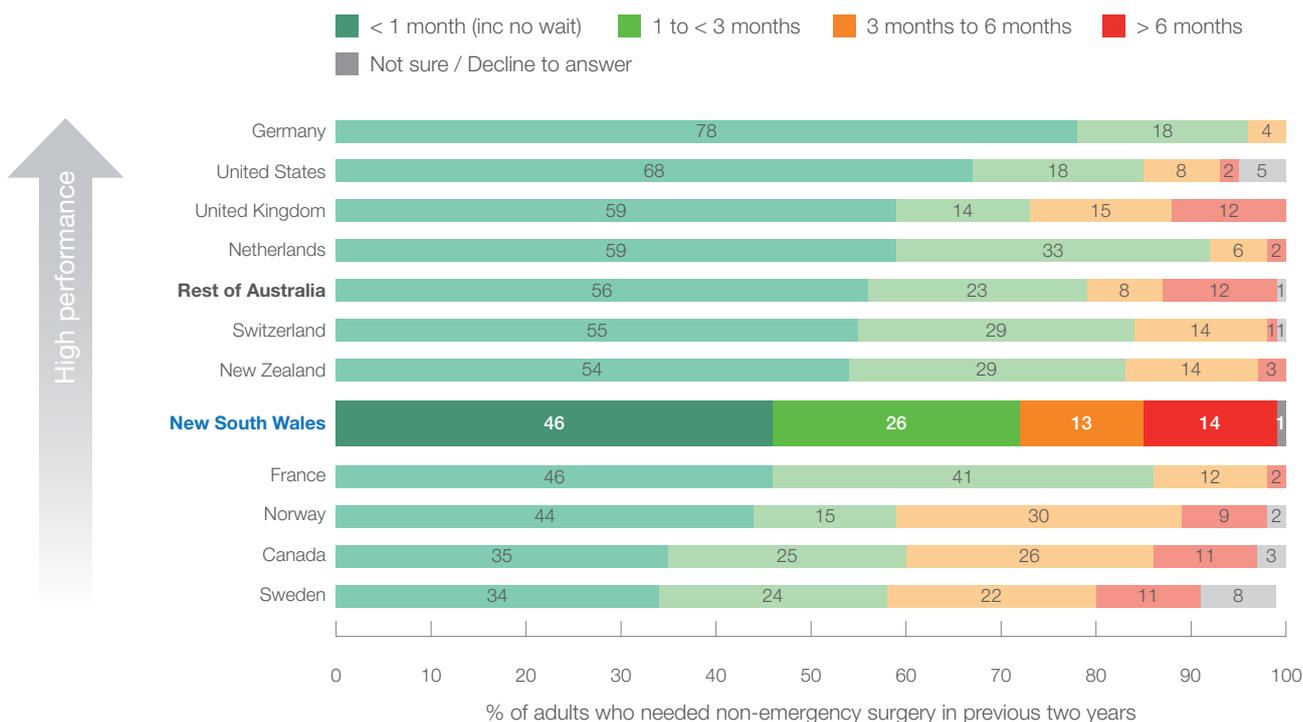
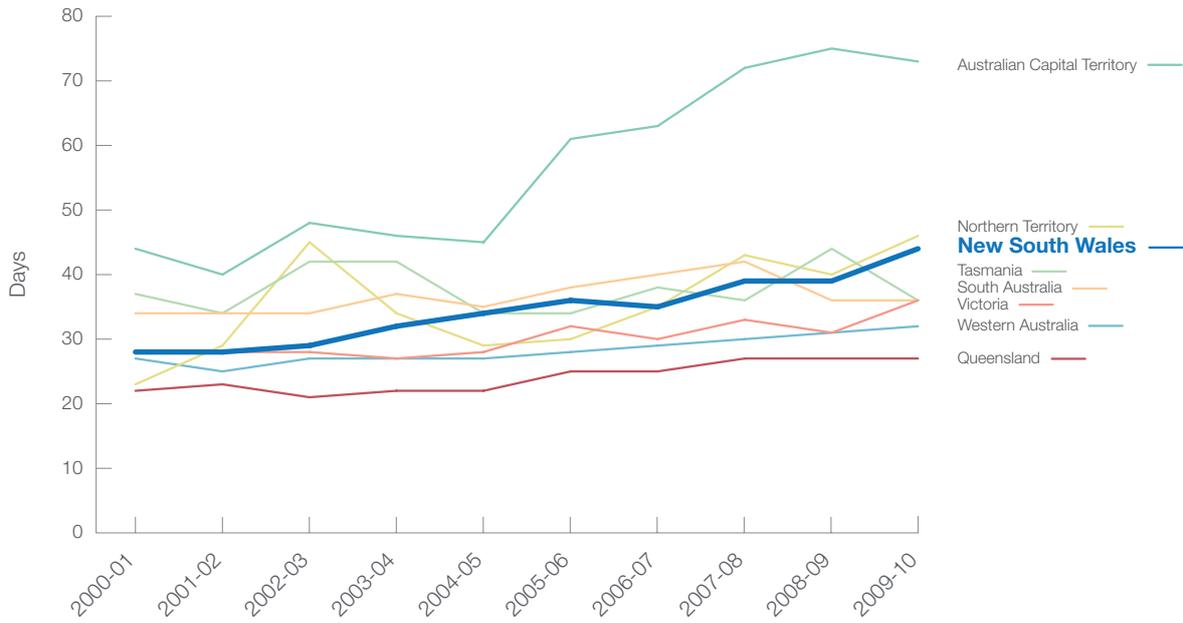


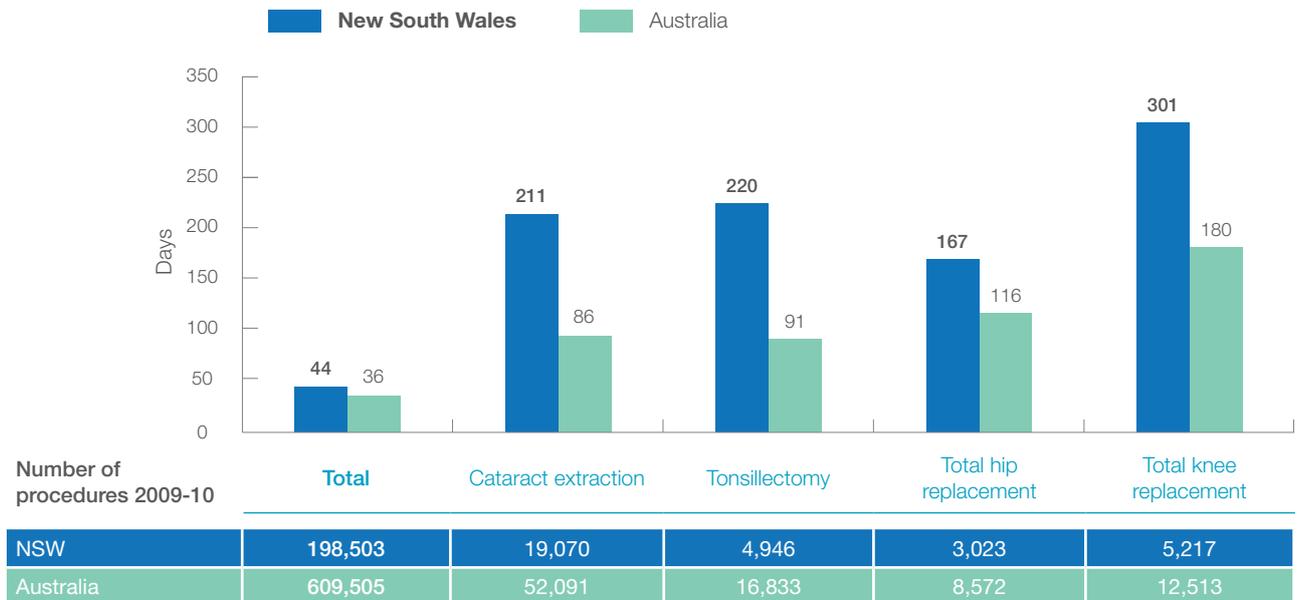
Figure 3.7: Median waits for all elective surgery, public hospitals, 2000-01 to 2009-10^Σ



2000-01 to 2009-10

	Tasmania	South Australia	Queensland	Victoria	New South Wales	Western Australia	Northern Territory	Australian Capital Territory
Change in median waits (days)	-1	+2	+5	+8	+16	+12	+21	+29
% change in elective surgery admissions	+28%	+24%	+9%	+41%	+3%	+55%	+72%	+43%

Figure 3.8: Median waits, selected surgical procedures, public hospitals, NSW and Australia 2009-10^Σ



(*) 2010 Commonwealth Fund International Health Policy Survey (Note: Percentages may not add up to 100 due to rounding).
 (Σ) AIHW, Australian Hospital Statistics, citing National Elective Surgery Waiting Times Data Collection, 2000-10.

Access and timeliness: barriers to healthcare

Cost is an important barrier to care in NSW

The 2009 ABS Patient Experience Survey¹ found that around one in 20 people in NSW (5%) had needed healthcare in the previous year on at least one occasion but were unable to access it.

Barriers to accessing healthcare can be caused by a range of factors, including difficulties travelling, lack of health insurance coverage, the availability of services, limited health literacy and costs.

Access to healthcare can be a problem in countries like Australia where distance can pose significant travel difficulties.

In 2010, almost one in 10 (9%) adults in NSW said there was a time in the previous year when they did not visit the doctor because of difficulties travelling. This was among the highest rates seen internationally but not dissimilar to other large countries (Figure 3.9).

More than one in 10 NSW adults reported that concerns about costs created a barrier to accessing healthcare – discouraging them from seeing a doctor (14%), from having a recommended medical test, treatment or follow-up (15%), or from filling or fully following a prescription (13%).

Generally, adults from NSW were more likely to report cost concerns as a barrier to healthcare than those from any other surveyed country except the United States (Figure 3.10).

Figure 3.9: Survey 2010: During the past 12 months, was there a time when you did not visit a doctor because of difficulties travelling?*

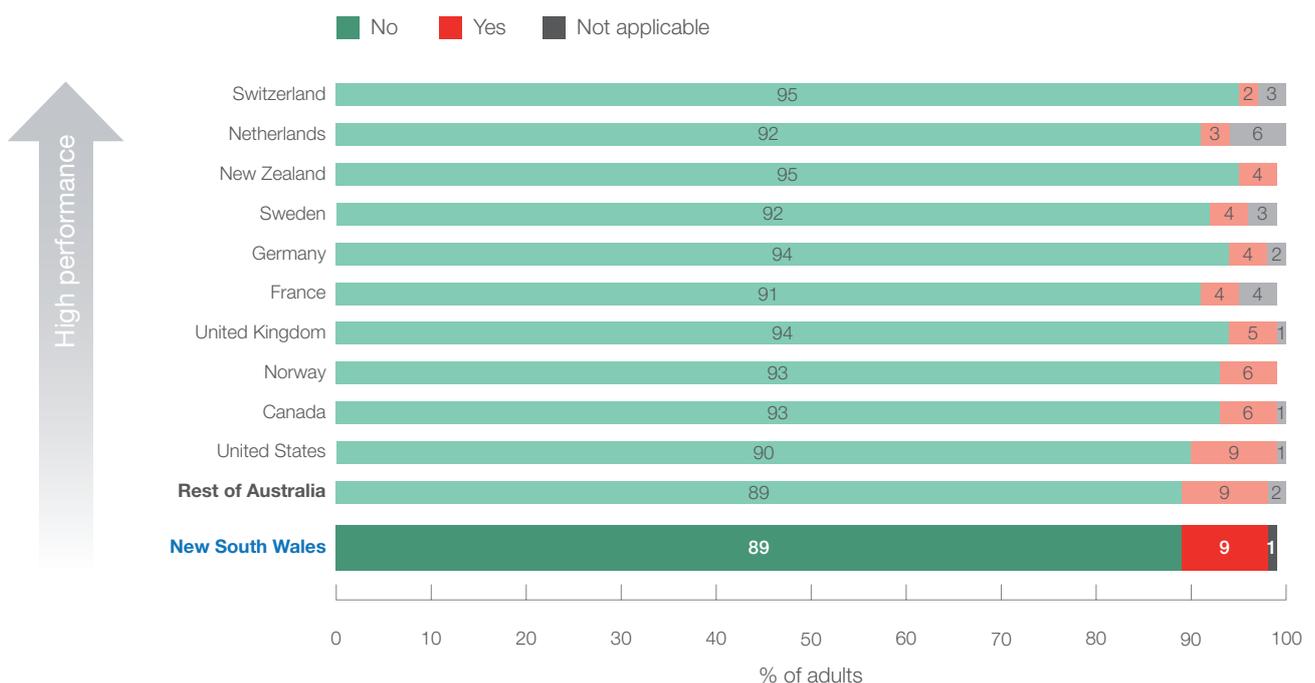
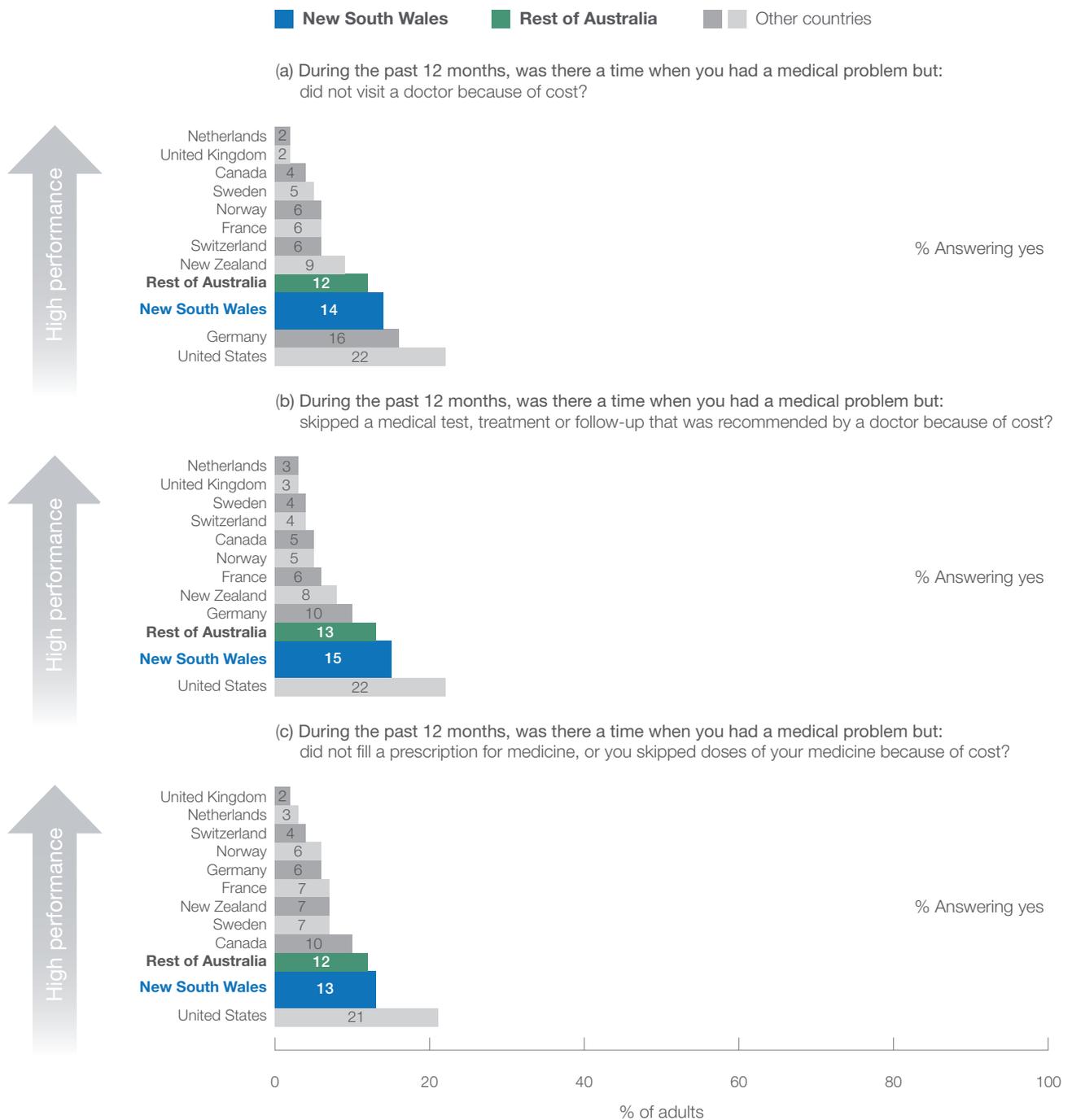


Figure 3.10: Survey 2010: During the past 12 months, was there a time when you had a medical problem but (a) did not visit a doctor because of cost; (b) skipped a medical test, treatment or follow-up that was recommended by a doctor because of cost; (c) did not fill a prescription for medicine, or you skipped doses of your medicine because of cost?*



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(*) 2010 Commonwealth Fund International Health Policy Survey (Note: Percentages may not add up to 100 due to rounding).

Access and timeliness: specialist care

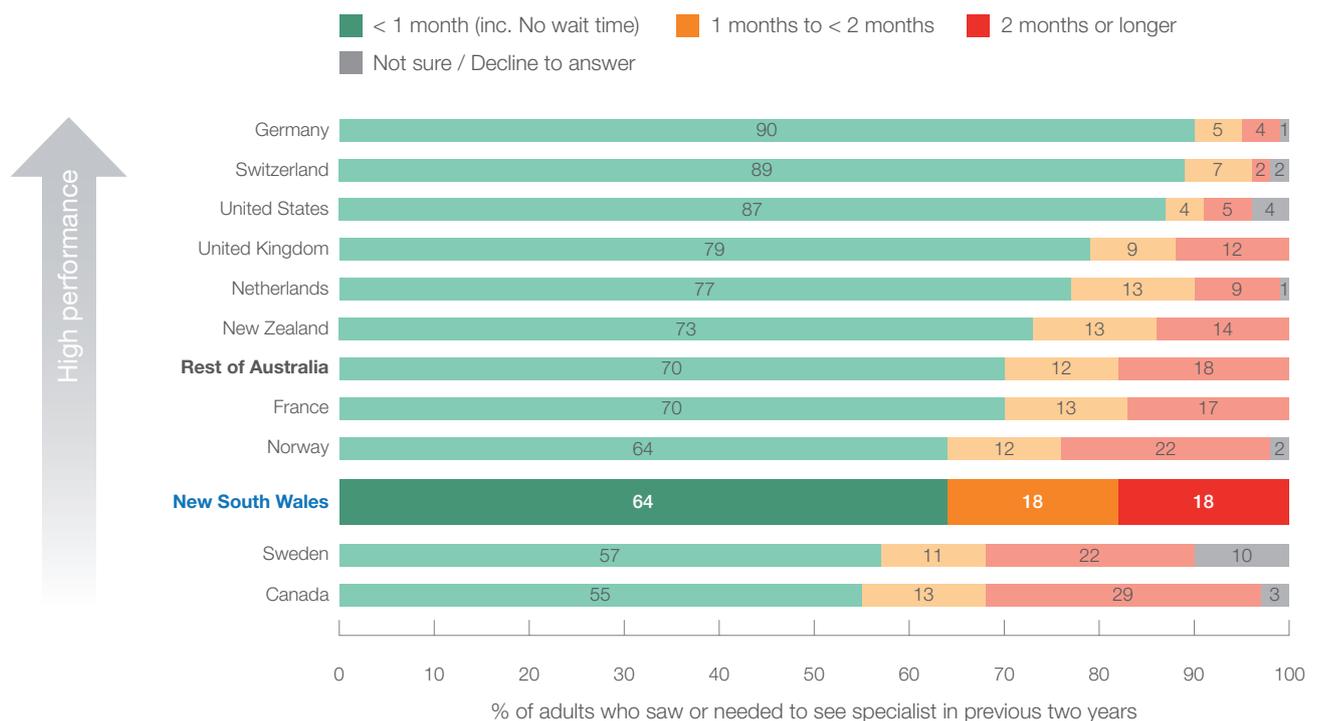
Many patients have considerable waits for specialist appointments

Patients visit specialists for an array of different reasons such as for diagnosis, treatment and monitoring of significant illnesses and injuries; as well as dedicated services related to the health of children, pregnant women and older adults.

The 2009 ABS Patient Experience Survey¹ found that one in five people (19.7%) aged 15 years or over in NSW said they had an unacceptably long wait for a specialist appointment. This is similar to the 20.5% reported for the rest of Australia.

In 2010, among NSW adults who reported they were referred to a specialist in the previous two years, (64%) waited less than one month for an appointment. More than a third (36%) waited one month or longer (Figure 3.11).

Figure 3.11: Survey 2010: After you were advised to see or decided to see a specialist doctor or consultant, how long did you have to wait for an appointment?*



(*) 2010 Commonwealth Fund International Health Policy Survey (Note: Percentages may not add up to 100 due to rounding).

