



# Elective Services Access and Management Policy

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## 1. Purpose

The *Elective Services Access and Management Policy* (the policy) has been developed to ensure clinically appropriate, consistent and equitable management of elective services patients and waiting lists in hospitals across Western Australia where public elective services are delivered. It sets out the mandatory requirements for Health Service Providers with respect to the delivery of patient-focused, evidence based elective services.

This policy must be read in conjunction with the *Elective Services Access Standard, the Excluded Procedures Manual*, [MP 0175/22 Consent to Treatment Policy](#), [MP 0164/21 Patient Activity Data Policy](#) and [MP 0111/19 Performance Management Policy](#).

This policy is a mandatory requirement for Health Service Providers under the *Clinical Services and Planning Policy Framework* pursuant to section 26(2)(c) of the *Health Services Act 2016*.

## 2. Applicability

This policy is applicable to all Health Service Providers that provide elective services. This includes elective services provided to patients that choose to be treated as private patients.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

## 3. Policy Requirements

Health Service Providers are responsible for managing elective waiting lists and ensuring they have local policies and procedures that ensures compliance with this policy. Health Service Providers must nominate, a responsible officer for the elective waiting list at each hospital where elective services are offered.

### 3.1 Timeliness of Elective Services

Waiting lists must be actively managed by hospitals to ensure all patients are treated within clinically appropriate timeframes as per the [National Elective Surgery Urgency Categorisation Guideline \(2015\)](#).

Category 1 – Procedures that are clinically indicated within 30 days.
Category 2 – Procedures that are clinically indicated within 90 days.
Category 3 – Procedures that are clinically indicated within 365 days.

- All patients must receive a clinical urgency category before they are registered on the elective waiting list.
- Following receipt of a Request for Admission and documented patient consent, the receiving hospital must determine whether the request is to be accepted or refused within five (5) working days.
- This five (5) day period does not apply to Requests for Excluded Procedures which must follow the sites documented approvals process.
- Where a direct access referral pathway has been established, referrals are to be accepted if they meet the specified Referral Access Criteria. Mandatory referral content as stipulated needs to be included and referrals must be submitted via the Central Referral Service (for access to metropolitan sites only).
- Health Service Providers are responsible for ensuring waiting lists are coordinated to promote the most effective and efficient use of resources across facilities under their jurisdiction.
- Where patients have been waiting longer than the clinically recommended time for their urgency category, Health Service Providers must actively implement strategies to ensure the patient receives the care they need as soon as possible. This may include contracting private providers to perform the elective service via the Elective Services Panel Arrangement.

### 3.2 Equity of Access

Patients are to be prioritised on their assigned clinical urgency category, individual clinical urgency and length of wait. In paediatrics only, prioritisation within urgency categories for children in care, is permitted. A summary of usual urgency categories for common procedures, is advised in the National Elective Surgery Urgency Categorisation Guideline (2015).

Where no clinical urgency differentiation exists within an urgency category, patients are to be treated in order of their registration onto the waiting list in accordance with the 'treat in turn' principle as defined in this policy.

- All Medicare-eligible patients receiving public healthcare services in Western Australian hospitals can choose to receive free care as a public patient, or if they have private health insurance, they can elect to be treated as a private patient with no out of pocket expenses (unless otherwise advised by the treating specialist).
- Where no clinical urgency differentiation or exceptional circumstances exist, patients referred from private consulting rooms for registration onto the elective services waiting list are to be clinically prioritised and managed in accordance with the requirements of this policy and the 'treat in turn' principle.
- To ensure safe and equitable care, patients transferring or transitioning between Health Service Providers (e.g. Child and Adolescent Health Service to North Metropolitan Health Service) will maintain their original waitlist date to ensure waiting time is accurately captured and reported.

- Health Service Providers are responsible for establishing and agreeing Executive approved processes to ensure no patient is disadvantaged by either transfer or transition.

### 3.3 Value Based HealthCare

Health Service Providers must ensure site specific procedures and processes are in place to optimise the safety and quality of the elective services journey.

Clinical decisions to undertake elective services must be based on the best available evidence of good practice and take into account individual patient needs and preferences to ensure appropriateness of care provided. Namely, elective services should avoid low value care procedures such that due consideration is given to:

- strength of the evidence base for the intended procedure
- expected benefits for the individual patient
- associated clinical risks
- opportunities for alternative treatment(s).

Excluded procedures, as listed in the Excluded Procedures Manual, are not to be performed unless under exceptional circumstances and where the request for the procedure has been formally approved by the Director of Medical/Clinical Services (or their delegate). Health Service Providers are responsible for ensuring each site under their jurisdiction has in place a documented process for the approval of excluded procedures.

## 4. Compliance Monitoring

The System Improvement Unit, on behalf of the System Manager, will monitor compliance with this policy by reviewing Health Service Provider performance indicators reported in the Health Service Performance Report (HSPR).

The performance indicator used to monitor and evaluate elective services access and waiting list management within the WA health system is the WA Elective Services Target (WEST). This indicator measures the proportion of elective waitlist patients waiting longer than the clinically recommended time for their urgency category. The target for all elective services (Commonwealth data reporting requirement reportable and non-reportable) is 0%.

Longest over boundary waiting times by urgency category are included in a System Manager WEST report to monitor compliance with the 'treat in turn' principle.

Where HSPR elective performance targets are not being met, the System Manager may conduct audits and/or elect to access a range of other indicators available via the Information and Performance Governance Unit to confirm compliance with this policy (refer to [MP 0111/19 Performance Management Policy](#) for more information). In addition, all related local documentation including policy, procedures and/or processes are to be provided by Health Service Providers to the System Manager upon request.

## 5. Related Documents

The following documents are mandatory pursuant to this policy:

- [Elective Services Access Standard](#)

- [Excluded Procedures Manual](#)

## 6. Supporting Information

The following information is not mandatory but informs and/or supports the implementation of this policy:

- [WA Aboriginal Health and Wellbeing Framework 2015 – 2030](#)
- [WA Health Clinical Services Framework 2014 – 2024](#)
- [Elective care waiting list episode – Elective care type, code N \(2021\), METeOR, Australian Institute of Health and Welfare](#)
- [National Elective Surgery Urgency Categorisation Guideline \(2015\), Australian Health Ministers' Advisory Council](#)
- Duckett et al (2015) [Questionable Care: Avoiding ineffective treatment, Grattan Institute](#)
- Badgery-Parker et al (2019) [Low-value care in Australian public hospitals: prevalence and trends over time, BMJ Quality & Safety](#)

## 7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Children in care	A child that is in the CEO's care of the Department of Communities, as defined in section 30 of the <a href="#">Children and Community Services Act 2004</a> .
Direct access	Direct access services are those which, by prior agreement, routinely accept requests for registration onto the elective waiting list (where specified referral guidelines are met) from external sources (e.g. General Practitioner), without assessment of the patient by a specialist in an outpatient clinic. E.g. Adult Gastrointestinal Endoscopy Services.
Elective services	Elective services are defined as planned surgical and non-surgical procedures that can be booked in advance following a specialist clinical assessment resulting in placement on the elective waiting list.
Equitable	For the purposes of this policy, means that irrespective of financial capacity to pay, patients are treated in order of their registration on the waitlist (treat in turn principle).
Excluded procedure	Any procedure not routinely performed in the Western Australian public health system as defined in the Excluded Procedures Manual.
Low value care	The use of an intervention where evidence suggests it confers no or very little benefit on patients, or risk of harm exceeds likely benefit.

Over boundary	Term used to identify cases that have waited longer than the clinically recommended timeframe for their urgency category.
Request for Admission (RFA) Form	Request for admission to hospital needs to be on an approved form (paper or electronic) with all mandatory fields as marked completed.
Responsible officer	A Health Service Provider nominated person who is responsible for managing the elective waiting list at each hospital.
Treat in turn	The principle by which all patients are to be treated in order of their registration onto the waiting list unless clinically indicated and/or in exceptional circumstances.
Treating specialist	Credentialed specialist medical practitioner eligible to request admission of patients to a public hospital and who has operating rights to that public hospital.
Working days	Days that fall between Monday and Friday inclusively (excluding public holidays).

## 8. Policy Contact

Enquiries relating to this policy may be directed to:

Title: Director, System Improvement Unit

Directorate: System Improvement Unit

Email: [SIU.CED@health.wa.gov.au](mailto:SIU.CED@health.wa.gov.au)

## 9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0169/21	4 October 2021	April 2022	Original version
MP 0169/21 v.1.1	27 September 2022	June 2023	Minor amendments to related document: Elective Services Access Handbook.
MP 0169/21 v.2.0	28 September 2023	June 2023	Amendments as detailed below.
<ul style="list-style-type: none"> <li>• Related Document: Excluded Procedures Manual updated following the release of the ICD-10-AM/ACHI/ACS 12th edition.</li> </ul>			
MP 0169/24 v.3.0	5 September 2024	September 2027	Policy review and amendment, details below.
<ul style="list-style-type: none"> <li>• Policy requirements section amended to clarify clinical governance requirements relating Children in Care, transfer and transition of patients, value based care and the responsible officer.</li> <li>• Compliance monitoring section amended to align with mandatory policy governance requirements.</li> <li>• Related documents: 'Elective Services Assess Handbook' updated and renamed 'Elective Services Access Standard,' 'Excluded Procedures Manual' updated.</li> <li>• Definitions section amended to include 'children in care.'</li> </ul>			

- Policy contact updated.

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

## 10. Approval

<b>Approval by</b>	Nicole O'Keefe, Assistant Director General, Strategy and Governance, Department of Health
<b>Approval date</b>	30 September 2021

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