Elective surgery is defined as surgery for patients whose clinical condition requires a procedure that can be managed by placement on a waiting list.

Patients are not to be assigned ‘not ready for surgery’ on the day that they are registered on the elective surgery waiting list unless it is for a staged procedure.

Patients who require elective surgery must be assigned an urgency category by the treating clinician or an appropriate clinical delegate prior to registration on the elective surgery waiting list. Where a procedure is listed in the National Elective Surgery Urgency Categorisation Guideline – April 2015, the recommended urgency category should be assigned unless there is a clinical reason not to do so.

1. Purpose
The Elective Surgery Standard outlines the suite of business rules and processes required to ensure that all patients requiring elective surgery at Queensland public hospitals are treated within the clinically recommended timeframe.

This standard does not replace, but is additional to, the professional self-regulation and individual accountability for clinical judgement that are an integral component of healthcare.

2. Scope
The standard applies to all patients who are registered on an elective surgery waiting list at a public hospital in Queensland, referred to hereafter as Hospital and Health Services (HHSs).

Compliance with this standard is mandatory for all employees, contractors and consultants within Queensland HHSs, departmental divisions and commercialised business units that are involved directly or indirectly (via support services or management functions) in the provision of elective surgery services as defined by the Australian Institute of Health and Welfare Metadata Online Registry (METeOR) – elective surgery waiting list episode – surgical specialty.

2.1 Out of scope
This standard does not apply to the following services:

- Emergency surgery is surgery to treat trauma or acute illness subsequent to an emergency presentation. The patient may require immediate surgery or present for surgery at a later time following this unplanned presentation. This includes where the patient leaves hospital and returns for a subsequent admission. Emergency surgery includes unplanned surgery for admitted patients and unplanned surgery for patients already awaiting an elective surgery procedure (for example, in cases of acute deterioration of an existing condition).

- Any surgery that is excluded from the national definition of elective surgery (e.g. transplants, endoscopic procedures,
diagnostic/investigative procedures (biopsies), cosmetic procedures, non-Medicare Benefits Schedule rebatable dental procedures, in-vitro fertilisation/assisted reproductive technology procedures).

- Elective caesareans and medical inductions of labour—appropriate guidance on business rules and clinical decision-making for patients requiring these procedures should be obtained from Queensland Health’s *Maternity Clinical Guidelines*.

- Procedures that are not publicly funded in Queensland.

### 3. Supporting documents

**Authorising Policy and Standard/s:**
- Hospital and Health Service Agreements

**Procedures, Guidelines and Protocols:**
- Specialist Outpatient Implementation Standard—Queensland Health

**Forms and templates:**
- Elective admission booking form
- Queensland Health elective surgery letter suite v2.0
- Queensland Health consent form
4. Related documents

- Australian Charter of Healthcare Rights


- Australian Institute of Health and Welfare Metadata Online Registry (METeOR)
  [http://meteor.aihw.gov.au/content/index.phtml/itemId/344850](http://meteor.aihw.gov.au/content/index.phtml/itemId/344850)

- Private Patients and Queensland Health—Guidelines on Australian Government Requirements


- IRM 11.1-3 Leave – General – Notice for Absences – Visiting Medical Officers

5. Requirements

5.1 Eligibility

Eligible patients are those patients who are registered on an elective surgery waiting list and:

- are ready for surgery

- have a condition that cannot be managed by a primary healthcare practitioner and for whom there is evidence that all non-surgical treatment options have been pursued unsuccessfully prior to registration on the elective surgery waiting list.

5.2 Access

Access to publicly funded elective surgery is only possible through registration of patient details on the elective surgery waiting list of a HHS.

The responsibility of HHSs to provide elective surgery is determined by:

- The geographic catchment or population that HHS is responsible for providing health services for, as articulated in their service agreement with the department. In the case of state-wide surgical services, HHSs have a responsibility to provide services to the whole of Queensland.

- Self-assessed surgical service capability (as defined by Queensland Health’s Clinical Services Capability Framework).

- The volume and type of surgical activity that a HHS has agreed to provide in the current service agreement with the department. This may include activity that has historically flowed...
from one geographic catchment to another because a patient’s place of residence does not have the service capability to safely provide the surgical service.

It is mandatory for HHSs to accept elective surgery registrations for patients outside of their geographic catchment where:

- they have the surgical service capability to provide the service
- the service is not available in the patient’s usual place of residence (this information must be formally documented in the referral letter from the original HHS)
- historical flows of activity have been incorporated into their service level agreement with the department.

If a HHS refuses to accept an elective surgery registration for a service that is not available within the patient’s usual place of residence, the HHS where the patient resides should table the issue for discussion at the Relationship Management Group meeting or contact the relevant locality director of commissioning.

Patient flows between HHSs will be monitored by the department and where there is an indication that a HHS has declined to accept registration of a patient who resides outside their geographic catchment for a service that is not available within their place of residence, or has not delivered purchased activity in relation to a specialty or sub-specialty service as per the current service agreement, the department reserves the right to transfer the activity to another public or private provider with the appropriate capability to deliver the service.

The department will annually assess the performance of each HHS in relation to the delivery of elective surgery, and assess if the current level of self-sufficiency in relation to elective surgical services is appropriate to meet the needs of the population that the HHS serves, using estimated future activity projections. Any changes in the volume or type of activity purchased will be negotiated with HHSs and incorporated into their service agreement with the department.

5.3 Service continuity

HHSs must be able to demonstrate to the department that they have taken all reasonable steps to maintain continuity locally for services that they have agreed to deliver under the current service agreement. Deferment, suspension or discontinuation of services for periods greater than 30 days for elective surgical services agreed to under the current service agreement may result in activity being transferred to another public or private provider with the appropriate capability to deliver the service, unless the HHS can demonstrate that they have secured an alternate service provider with equivalent service capability and capacity to provide the service.

HHSs are required to notify the department (via the relevant locality director of commissioning) in writing, that a service has, or will, cease temporarily (for a period exceeding 30 days) or for the foreseeable future, within five days of being notified internally.

HHSs must not register patients on the elective surgery waiting list for the discontinued service from the date that they notify the department that the service has ceased until an alternate service
provider with the required service capability can be secured, unless directed to do so by the department.

HHSs that cease provision of elective surgery services will continue to be obliged to ensure treatment within the clinically recommended timeframe for patients accepted onto the elective surgery waiting list prior to the date that services were suspended.

5.3.1 Referral sources

Patients can be referred for registration onto the elective surgery waiting list from a Queensland public hospital specialist outpatient clinic, a specialist within a Queensland public hospital or a specialist working from private consulting rooms.

Only specialists with admitting and operating rights for the hospital can request registration of a patient on the hospital’s elective surgery waiting list.

Patients referred from the private rooms of a specialist with admitting and operating rights for the hospital, who elect to be treated as a public or private patient shall not be referred to outpatient clinics for review prior to placement on the elective surgery waiting list unless further assessment by another specialist from a different specialty is required.

If assessment by another specialist is required to determine fitness for surgery, the patient is not to be registered on a public hospital elective surgery waiting list until the results of specialist assessments are known and it has been determined that the patient is a surgical candidate.

5.3.2 Waiting list registration

Regardless of the source of referral, patients may only be registered on a public hospital elective surgery waiting list once all of the following have been completed by the referring specialist:

1. A valid and complete request for elective surgery (elective admission booking form) has been received.
2. The medical officer who completed the elective admission booking form (the referring specialist) is prepared to commence the procedure without requiring further review or investigation to determine if the patient is fit to undergo surgery or medical clearance has been obtained from the relevant healthcare professionals and the patient has been assessed as being anaesthetically and/or medically fit for surgery. If the referring specialist suspects that the patient is a high risk for anaesthesia at the time of initial consultation, the patient must be referred to, and assessed by, an anaesthetist prior to registration on a public hospital elective surgery waiting list.
3. A valid Queensland Health consent form, signed by the relevant specialist/s and the patient or their legal guardian has been received by the relevant area in the facility that manages elective surgery bookings or verbal informed consent has been obtained from the patient or their legal guardian and a notation made in the patient’s medical record. In circumstances where it is only practical to obtain verbal informed consent for surgery prior to registration on the elective surgery waiting list (e.g. telehealth / telephone consultations), the following processes must be followed:
   a. A notation must be made in the patient’s medical record, documenting the verbal informed
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consent process.

b. The patient or their legal guardian must return the signed Queensland Health consent form in person, or by mail, prior to the day of surgery. Patients may bring the original, signed consent form with them on the day of surgery only in exceptional circumstances (e.g. Category 1 patients who will present for surgery before a form could reasonably be returned by mail), due to the risk that they may forget to bring the form with them on the day of surgery.

c. The ‘verbal informed consent’ box on the elective admission booking form must be completed by the specialist who obtained verbal informed consent from the patient or their legal guardian. If this section on the form is not signed and dated, the patient cannot be registered on the elective surgery waiting list.

Elective admission booking forms that are submitted without evidence of informed consent will not be accepted by the hospital and patients will not be registered on the facility’s elective surgery waiting list (no consent, no registration business rule).

4. The patient is personally ready and available for surgery.

Upon receiving a completed and signed elective admission booking form and patient consent form, an appropriate delegate of the HHS chief executive will determine whether a request for registration onto the elective surgery waiting list will be accepted or refused within:

- one business day for urgency category 1 patients
- two business days for urgency category 2 and 3 patients.

If a request for registration is not accepted, the HHS chief executive’s delegate will inform the referring specialist of the reason for refusal within one business day (for category 1 patients) or two business days (for category 2 and 3 patients) from the date the request is not accepted. It is then the responsibility of the referring specialist to advise the patient that the request has not been accepted. The reason for refusal must be documented in the patient record.

If a request for registration is accepted, urgency category 1 patients should be registered on the elective surgery waiting list within 24 hours of receiving the elective admission booking form and must be given a scheduled surgery date at the time of placement on the elective surgery waiting list. The listing date on the elective surgery waiting list information system will be the date that the elective admission booking form was completed by the referring specialist or the date that final medical clearance was obtained from another healthcare professional to determine fitness for surgery—not the date that the patient’s details were registered on the information system.

Urgency category 2 and 3 patients should be registered on the elective surgery waiting list within five business days of receiving the elective admission booking form.

The date recorded on the elective admissions booking form (when signed by the medical officer) is to be used as the patient’s listing date on the elective surgery waiting list, unless further medical clearances are required, in which case the date that the final medical clearance was obtained by another healthcare professional (as recorded in the ‘Pre-operative clearance section’ of the elective admission booking form) will become the date entered as the listing date in the elective
surgery waiting list information system. This date is referred to as the *listing date* on the public hospital elective surgery waiting list.

**Informed consent**

Patient consent must be obtained prior to registration on the elective surgery waiting list. Elective admission booking forms that are submitted without a completed Queensland Health consent form, or without the verbal informed consent box completed on the elective admission booking form, will not be accepted by the hospital and will be returned to the referring specialist. Patients will not be registered on the elective surgery waiting list unless there is evidence that the referring specialist has completed the informed consent process with the patient and the patient has agreed to proceed with surgery (no consent, no registration).

**Urgency category assignment**

Patients who require elective surgery must be assigned an urgency category by the treating clinician or an appropriate clinical delegate prior to registration on the elective surgery waiting list. Where a procedure is listed in the *National Elective Surgery Urgency Categorisation Guideline – April 2015*, the recommended urgency category should be assigned unless there is a clinical reason not to do so. The decision to assign a category other than the nationally recommended urgency category can only be approved by a delegate of the HHS chief executive and the reason/s must be documented in the patient’s medical record.

Where a national urgency category recommendation does not exist, the urgency category should be appropriate to the patient and their clinical situation and not influenced by the perceived or actual availability of resources.

The clinical situation is taken to encompass the patient’s medical condition and the patient’s life circumstances, including issues related to activity limitations, restrictions in participation in employment and other life situations, carer responsibilities and access to carer and other supports.

Elective admission booking forms that are submitted without an urgency category will be returned to the referring specialist on the grounds that they are incomplete. Patients will not be registered on the elective surgery waiting list until information on the patient’s urgency category is completed.

**Procedure code assignment**

A planned procedure code, using the Australian Classification of Health Interventions (ACHI), must be assigned at the time of registration on the elective surgery waiting list. Elective admission booking forms that are submitted without surgical procedure details (to enable assignment of an ACHI procedure code) will be returned to the referring specialist on the grounds that they are incomplete. Patients will not be registered on the elective surgery waiting list until information on the patient’s planned surgical procedure is completed.

**Ready for surgery**

Patients will only be registered onto the elective surgery waiting list if they are *ready for surgery* or *not ready for surgery - staged*. Patients are not to be assigned as *not ready for surgery* on the day that they are registered on the elective surgery waiting list unless it is for a staged procedure.
HHSs will actively monitor the number of patients who are assigned a not ready for surgery status for personal or clinical reasons on the day that they are registered on the elective surgery waiting list.

Where further assessment or review is required to determine if a patient is anaesthetically or medically fit to undergo surgery, the patient will not be registered on the elective surgery waiting list until these assessments or reviews are completed by the relevant specialist or anaesthetist. HHSs must ensure that they have local procedures and processes in place to monitor and coordinate care across healthcare providers where medical clearance is required from multiple healthcare professionals.

Once all pre-operative assessments and reviews are completed, the relevant specialist/s or anaesthetist/s or healthcare professional/s will sign and date the ‘Pre-operative clearance’ section of the elective admission booking form. The date that the final clearance is obtained will become the listing date on the elective surgery waiting list information system.

**Patients requiring multiple procedures**

Patients waiting for multiple procedures that will not occur within the same admission will require case by case assessment by the treating specialists to determine the order in which the procedures should be performed and registered on an elective surgery waiting list.

If one procedure is not going to alter the indications or fitness for surgery of a subsequent procedure/s, the following business rules should be applied:

1. Waitlist the patient as ready for surgery for both surgical procedures
2. Schedule the highest urgency category first
3. Once a date has been arranged for the first procedure, insert NRFS (clinical) loop for the subsequent surgery from the first procedure surgery date until expected fitness for subsequent surgery date post recovery (noting that this may exceed NRFS maximum days)
4. Schedule the subsequent surgery within clinically recommended timeframe; this may be immediately at exit of NRFS loop.

If the two surgeries are such that one may impact on fitness for the next, the patient should not remain on the elective surgery waiting list for the subsequent surgery. The patient should be referred back to the General Practitioner or specialist outpatient department specialist for a review, to reassess the indication and suitability for surgery.

**Outreach/visiting services**

HHSs that manage elective surgery waiting lists for outreach/visiting surgical services are responsible for ensuring that patients are only waitlisted for elective surgery at facilities where the schedule of visits is such that the surgery can reliably be delivered within clinically recommended timeframes. Category 1 patients should not be waitlisted at facilities where the provider’s schedule between visits is 30 days or more.
5.3.3 Waiting list registration information

Requests for registration on an elective surgery waiting list must include the following information at a minimum:

- patient identification details
- patient contact details
- referral source
- planned admission accommodation status (private, public)
- ready for surgery status
- planned procedure details (ACHI procedure code to be assigned at the time of elective surgery waiting list registration)
- clinical urgency category - category 1, 2 or 3
- anaesthetic type
- planned patient admission type (day surgery, day of surgery admission, inpatient)
- estimated length of stay
- pre-admission details (investigations and results)
- specialist details
- specialist signature
- date the elective admission booking form was completed.

Patients must be notified, in writing, of the date that they were registered on the elective surgery waiting list. The listing date in the elective surgery waiting list information system is the date that a hospital should include in correspondence to the patient.

5.3.4 Waiting list registration exclusions

A patient cannot be registered on an elective surgery waiting list if they:

- are not ready for surgery for clinical or personal reasons at the time of the request for placement on the elective surgery waiting list (with the exception of staged procedures) or
- are already on an elective surgery waiting list at another hospital for the same procedure.

In the event that a duplicate listing for the same patient is detected within or across HHSs, a clinical review of the patient’s medical record must be undertaken by an appropriately qualified specialist (or their clinical delegate) at each facility to confirm that the patient is waiting for the same procedure.

If it is confirmed that the patient is waiting for the same procedure at more than one public facility and one facility has offered the patient a date for surgery, the facility that has scheduled the patient will retain registration of the patient on their elective surgery waiting list and all other facilities will
remove the patient from their waiting list (and advise the patient and the referring practitioner that the patient has been removed from the elective surgery waiting list as they are scheduled to be treated at another public hospital).

If it is confirmed that the patient is waiting for the same procedure at more than one public facility and both facilities have offered the patient a date for surgery, the facility closest to where the patient resides will retain registration of the patient on the elective surgery waiting list and all other facilities will remove the patient from their waiting list (and advise the patient and the referring practitioner that the patient has been removed from the elective surgery waiting list as they are scheduled to be treated at another public hospital).

If the patient is confirmed to be waiting for the same procedure at more than one public facility but the patient has not been offered a date for surgery by any facility, the facility closest to where the patient resides will retain registration of the patient on their elective surgery waiting list and all other facilities will remove the patient from their waiting list (and advise the patient and the referring practitioner that the patient has been removed from the elective surgery waiting list at that facility as they are already registered on another public hospital elective surgery waiting list).

At all times, consideration should be given to the patient's social circumstances in relation to post-operative care and family support when determining which facility the patient should be wait listed.

5.3.5 Pre-admission assessment

A pre-admission assessment is required for all patients scheduled for elective surgery and may be undertaken via a screening questionnaire, or a telehealth or face-to-face consultation. The pre-admission assessment should be completed at least six weeks in advance of the expected date of surgery for category 2 and 3 patients, and at least seven days prior to surgery for category 1 patients, in order to:

- determine the patient's readiness for the planned procedure/s
- optimise the patient's health status prior to admission
- ensure adequate preparation for hospitalisation and discharge
- maximise service efficiency.

Where a patient fails to attend a pre-admission assessment, surgery may be postponed until the pre-admission assessment is completed. Failure to attend two pre-admission assessments may result in removal of the patient from the elective surgery waiting list.

5.4 Elective surgery waiting list management

5.4.1 Calculating waiting time

Waiting time is defined as the time elapsed (in days) for a patient on the elective surgery waiting list from the date they were registered on the waiting list to a designated census date or the removal date, exclusive of any not ready for surgery periods and of any time the patient was listed at a less urgent category.
5.4.2 Urgency recategorisation

Reclassification of clinical urgency category can occur following a review of the patient by the treating specialist, or an appropriate clinical delegate acting on behalf of the treating specialist. The reason for change shall be recorded in the patient’s medical record and updated on the elective surgery waiting list information system.

For corporate reporting purposes and in respect to the urgency category at a census date or removal date, any days the patient was waiting at a less urgent category are excluded from the total days waiting calculation. This means that any period a patient waited at a more urgent category and any previous period waiting at the same urgency category are included in the total days waiting calculation method.

5.4.3 Not ready for surgery

Patients who are not ready to be admitted to hospital for surgery or to begin the process leading directly to admission for surgery are classified as not ready for surgery. There are three national listing statuses for patients who are not ready for surgery.

- **Clinical**—Patients for whom surgery is indicated but not until their clinical condition is improved. Given that recovery times from illness or injury are variable and unpredictable, patients whose clinical condition would prevent them from undergoing surgery immediately should not be added to the waiting list until their clinical condition improves. Therefore, NRFS – clinical can only be used for patients whose clinical condition alters in such a way that it would prevent them from being able to immediately undergo surgery during the time that they are waitlisted. These patients will be assigned code ‘C’ denoting not ready for surgery - clinical.

- **Personal**—Patients who for personal reasons are not yet prepared to be admitted to hospital. Patients who are unable to accept an immediate offer of surgery due to personal reasons should not be added to a waiting list until their personal circumstances mean that they are ready for surgery. Therefore, NRFS - personal can only be used for patients whose personal circumstances alter in such a way that it would prevent them from accepting an immediate offer of surgery during the time that they are waitlisted. These patients will be assigned code ‘D’ denoting not ready for surgery - deferred for personal reasons.

- **Staged**—Patients who have undergone a procedure or other treatment and are waiting for follow-up elective surgery, where the patient is not in a position to be admitted to hospital or to begin the process leading directly to admission for surgery, because the patient’s clinical condition means that the surgery is not indicated until some future, planned period of time. Patients who are identified as NRFS - staged should be placed on the elective surgery waiting list, with a not ready for surgery status in place until the last day of the preceding month when treatment is due. These patients will be assigned code ‘S’ denoting not ready for surgery—staged.

Once registered on an elective surgery waiting list, the patient’s condition may change such that they are no longer ready for surgery (due to personal or clinical reasons), in which case they will be
reclassified as not ready for surgery on the elective surgery waiting list information system, and the reason for the change in status will be documented in the patient’s medical record. The department will monitor and benchmark the number and lengths of time patients are classified as not ready for surgery.

Additionally, patients who refuse a first offer of a booking date for surgery will be assigned not ready for surgery - deferred for personal reasons from the date that they refused the first offer until they advise that they are available for surgery, acknowledging that this should not exceed the maximum thresholds periods for not ready for surgery.

HHSs will be required to undertake a formal case review to determine if a patient should remain on the elective surgery waiting list, if a patient is not ready for surgery for clinical or personal reasons, and the patient indicates non-availability for treatment for a period exceeding the following maximum number of cumulative days:

- 15 days—urgency category 1
- 45 days—urgency category 2
- 90 days—urgency category 3

If a formal case review has been undertaken and the decision has been made not to remove the patient from the elective surgery waiting list, the HHS must notate the date that the initial formal case review was undertaken in the patient’s medical record and in the elective surgery waiting list information system. If it is determined that the patient is still not clinically or personally ready for surgery the HHS may, at their discretion, extend the not ready for surgery period for a further:

- 15 days—urgency category 1
- 45 days—urgency category 2
- 90 days—urgency category 3

If the patient is still not clinically or personally ready for surgery after the second not ready for surgery period, they must be removed from the elective surgery waiting list and a new referral initiated when they are clinically and/or personally ready for surgery. Days waited from the previous listing are unable to be carried forward and will not be included in the waiting time calculation for the new listing.

Patients who are removed from the waiting list will receive written notification of their removal by the hospital that clearly states:

- reason for removal
- date of removal
- who the patient should contact if they have a query or concern.

The hospital will liaise with the patient’s treating specialist prior to removal and advise the patient’s general practitioner, in writing, when a patient is removed.
Patients are entitled to appeal the decision to be removed from a public hospital elective surgery waiting list through the HHS’s complaint management process.

**Pregnancy**

If a patient becomes pregnant while waiting for an elective surgical procedure, a clinical review must be undertaken by an appropriate clinical delegate and a determination made as to whether or not surgery will be performed during the gestation. If it is determined that surgery will not proceed, the patient and their referring practitioner are to be contacted and advised that they are being removed from the elective surgery waiting list for clinical reasons. In removing these patients from the elective surgery waiting list, the patient must be given an appointment date for review in a specialist outpatient clinic postpartum. The date of this review must be included in correspondence to the patient and their referring practitioner. If it is determined at the outpatient review that the patient is clinically and personally ready for surgery, the patient is to be assigned an urgency category and registered on the elective surgery waiting list. Days waited from the previous listing are unable to be carried forward and will not be included in the waiting time calculation for the new listing.

### 5.4.4 Scheduling surgery

Patients will only be offered a *maximum* of two booking dates for surgery at the facility at which they are registered on the elective surgery waiting list. This excludes offers made and withdrawn by the provider (i.e. hospital-initiated cancellations). Patients who refuse a second offer of a booking date for surgery at the facility at which they are registered will be removed from the elective surgery waiting list on the basis that they are not ready for surgery, unless there are extenuating circumstances which the HHS chief executive’s delegate agrees warrants offering the patient a third booking date for surgery.

All booking dates for surgery that are offered to patients must be documented by the provider who contacted the patient along with the reason for any refusals. Patients must be advised verbally at the time that the second offer is made that refusal will result in removal from the elective surgery waiting list.

The hospital will liaise with the patient’s treating specialist prior to removal and advise the patient’s general practitioner, in writing, when a patient is removed from the elective surgery waiting list, with the reason for removal.

Patients are entitled to appeal the decision to be removed from a public hospital elective surgery waiting list through the HHS’s complaint management process.

**Treat-in-turn**

Treat-in-turn is a model of care for waiting list management that ensures patients are treated in the order that they were placed on the list—first on, first off. It is reasonable that some elective surgery patients are seen more urgently within an urgency category because of their condition so the treat-in-turn principle allows for flexibility for these patients. To balance clinical need with equity of access, at least 60 per cent of patients within each urgency category should be treated in waiting time order. The order of treatment should not be based on admission accommodation status (public/private).
Patients who are registered on an elective surgery waiting list but subsequently present and are treated as an emergency patient are excluded from treat-in-turn calculations. Category 2 and 3 elective surgery patients who have been reclassified during the period will have the treat-in-turn calculation adjusted to take account of their new urgency category and time waited in that category as in accordance with the business rules specified in Section 4.4.1 of this implementation standard—Calculating waiting time.

5.5 Transferring patients to other public and private providers

It is expected that HHSs will proactively monitor waiting times and take decisive action to ensure patients are treated within the clinically recommended time. Decisive action should include:

- transfer of care from one Queensland Health employed specialist to another within the same specialty
  - HHSs will have the right to construct a single specialty elective surgery waiting list through combining or pooling waiting lists for specialties or subspecialties and allocate patients to any appropriately credentialed specialist with the required scope of practice to deliver the surgery. Patients on pooled lists can expect to be treated in turn by any appropriately credentialed specialist.
- transfer to another public hospital that provides the services and where a shorter waiting time for elective surgery is available
- transfer to a private facility with appropriate service capability to deliver the service
  - it is the responsibility of Queensland Health (HHSs and the department), to collectively establish and monitor the safety, quality and efficiency of agreements with private providers to enable the transfer of patients in a timely manner.

The treatment option chosen should result in the patient receiving their surgery as close as possible to the clinically recommended timeframe for the patient’s urgency category. The option should take account of the time it typically takes to transfer the care of a patient to another public or private provider, including the time it takes for the alternate provider to conduct a clinical review prior to accepting the care of the patient, as well as the typical time lag in securing a booking date with the provider.

Where a patient accepts an offer for transfer to another treating specialist or hospital, appropriate arrangements will be made for:

- notification of changes to the initially allocated treating specialist and referring practitioner
- assessment of the patient by the newly appointed treating specialist who will undertake the surgery (where required)
- documentation of the transfer in the patient’s medical record and elective surgery waiting list information system.

5.5.1 Transferring patients between facilities

Patients who permanently relocate from one HHS to another
Patients who are currently registered on a public hospital elective surgery waiting list, who
permanently relocate more than 50 kms from the facility where they are currently waitlisted, may
request transfer to another public hospital elective surgery waiting list closer to their new place of
residence, provided:

- there is a public hospital closer to where they now permanently reside that has the service
capability to safely perform the procedure
- they are currently waitlisted for an urgency category 2 or 3 procedure at a Queensland public
hospital
  - patients who have been waitlisted as urgency category 1 will not be transferred to another
  public hospital waiting list, except in extenuating circumstances (e.g. natural disaster or
  unforeseen workforce supply issues such as death or injury of surgeon), due to operational
delays in safely transferring patients between providers, which would cause a breach of the
maximum timeframe clinically recommended for their urgency category.
- they have not waited longer than clinically recommended for their procedure at the time of the
  request for transfer, or will not become a long-wait patient within 45 days of transfer
  - if the patient is, or will become, a long-wait patient, the HHS where the patient is currently
    registered must organise, and fund, treatment in the closest public or private hospital where
    the patient currently resides.

Transfer to another public hospital is to be organised by the HHS where the patient is registered at
the time of the request. Once the transfer is accepted, the receiving hospital must backdate the
placed on list date to match the date the patient was originally added to the waiting list of the
sending hospital. Any prior periods of deferment must also be recorded in the elective surgery
waiting list information system at the receiving hospital.

Patients who are transferred from one public hospital to another

- Where a patient consents to being treated in another public facility the HHS where the patient
  is currently registered must organise treatment in another public hospital with the capability to
  provide the surgical service. The public hospital where the patient is registered must retain the
  patient on their public hospital waiting list until such time as the alternate public provider has
  clinically reviewed the patient and confirmed in writing that they will provide surgery for the
  patient on a given date. This is done to mitigate the risk of the patient becoming lost in the
  transfer process and to ensure that responsibility for the finalisation of the patient’s care is
  retained by the originating facility. Upon confirmation that the alternate public hospital provider
  has accepted the patient, the patient’s waiting list status will be updated to transferred to other
  Queensland Health facility at the hospital where the patient was originally waitlisted.

- The alternate public provider that agreed to accept the patient will register the patient on their
  elective surgery waiting list and record the date as when they were initially registered on the
  originating hospital elective surgery waiting list. In addition, details of any category changes
  and not ready for surgery periods are to be provided to the alternate public provider to allow
  the total days waiting for the patient to accurately reflect the original patient record.

If the patient’s planned surgery date at the alternate provider’s hospital is cancelled, the
patient must be scheduled on the next available booking date at that hospital. On the date that
the patient is treated by the alternate provider, the patient’s waiting list status will be updated to the appropriate treated status in the alternate provider’s waiting list management system.

**Outsourcing patients**

Where a patient consents to being treated in a private facility, the HHS where the patient is currently registered must either:

- independently organise and pay for treatment in a private facility with the capability to provide the surgical service, using locally negotiated or state-wide contracts
- refer the patient to the Surgery Connect program to locate an alternate provider with the capability to deliver the surgery.

When a patient is transferred to another facility at a cost to the transferring facility, or where the patient is transferred to Surgery Connect, the Outsource Entry screen within HBCIS EAM is to be used (once available) and the following business rules applied:

- The outsource request date is the date the originating facility requests a transfer to another hospital or to Surgery Connect.
- The acceptance date is the date that the contracted facility or Surgery Connect accepts the patient.
- The Referred Facility is the facility code of the hospital that the transfer request is sent to. If the transfer request is sent to Surgery Connect, the facility code will automatically be set to 95003.
- When the originating facility receives notification that the patient was treated or removed at the contracted facility or Surgery Connect, the originating facility records this as the removal date with an appropriate removal reason.

The patient is classified as not waiting at the originating facility from the outsource acceptance date and will be reported by the Department as having been removed from the elective surgery waiting list from that date.

If the patient is accepted for treatment at another facility but is subsequently unable to be treated and is returned to the originating facility, the return date within the Outsource Entry screen is to be completed and should reflect the date of return notification.

Until such time as the Outsource Entry screen in HBCIS EAM is available, the following actions should be undertaken:

- Suspend the count of days waiting by changing the patient’s not ready for surgery status to *not ready for surgery - outsourced* in the patient’s chart and in the elective surgery waiting list information system. Patients may only be assigned *not ready for surgery - outsourced* from the date that the patient is accepted for treatment by the private sector (i.e. after the pre-procedure
outpatient consultation in the private sector). Regular audits will be conducted by the department to ensure that HHSs are appropriately using not ready for surgery periods.

- Upon confirmation that the private provider has treated the patient, the patient is removed from the public hospital elective surgery waiting list using removal reason transferred to a non-QH facility.

HHSs that refer patients to the Surgery Connect program must retain patients on their hospital elective surgery waiting list and continue to accrue days waiting, until the referral is accepted by Surgery Connect. Once a patient has been accepted by the Surgery Connect team, the hospital must follow the same steps as described above, the only difference being that the hospital will assign not ready for surgery - Surgery Connect as the status instead of not ready for surgery – outsourced.

Conflicts of interest

HHSs are responsible for monitoring and managing actual, or perceived, conflicts of interest in relation to the flow of publicly waitlisted patients to private providers.

It is recommended that patients who are registered on an elective surgery waiting list only be treated by the surgeon who waitlisted them (the ‘listing surgeon’) in the private sector where it can be demonstrated that:

- the urgency category assigned by the listing surgeon aligns with the nationally recommended urgency category for that procedure (where applicable) or there is documented evidence that the HHS chief executive’s delegate has endorsed assignment of an urgency category that differs from the nationally recommended urgency category for clinical reasons
- the proportion of patients assigned to each urgency category by the listing surgeon has been reviewed by the HHS chief executive’s delegate and they are satisfied that it is appropriate for the case-mix
- the listing surgeon can demonstrate compliance with the ‘treat-in-turn’ principle, specifically within each urgency category (excluding urgency category 1) greater than 60% of patients are treated in the order in which they have been registered on the elective surgery waiting list
- the listing surgeon has submitted a proposed date for surgery in the private sector to the HHS - this is recommended to ensure the listing surgeon has the capacity to treat the patient in the private sector in a timely manner
- another publicly employed surgeon from within (or outside of) the HHS could not treat the patient within the clinically recommended timeframe or on a date prior to the date that the listing surgeon could treat them in the private sector (it is recommended that documentation to support this is included in the patient’s medical record)
- the Surgery Connect team has been contacted and has confirmed that the panel of private providers could not treat the patient prior to the date that the listing surgeon could treat them in the private sector (it is recommended that documentation to support this is included in the patient’s medical record).
5.5.2 Elective surgery cancellations

When a scheduled elective surgery is not performed on the intended date, a cancellation code must be applied. Depending on the timing and the reason for the cancellation, a cancellation code may need to be applied to both the operating theatre information system and the HBCIS EAM module.

The Cancellation codes used to cancel a procedure in the operating theatre information system should be identical to the codes used in the HBCIS EAM module to allow read/write capabilities between the two systems. See HBCIS EAM Reference files ‘Booking Status Codes’ and ‘Waiting List Status Codes’ for a full list of the current codes and corresponding cancellation group codes (i.e. whether the cancellation code is patient related or other related).

Hospital-initiated cancellation

A hospital-initiated cancellation is defined as any rescheduling of a patient’s surgery booking date, for a reason that is related to the hospital’s inability to proceed with the surgery. When a hospital-initiated cancellation occurs, the hospital is required to:

- notify the patient as soon as possible that their surgery has been cancelled
- make arrangements for the surgery to be undertaken on the next available list
- keep an accurate record of the postponement and the reason
- maintain the patient’s current ready for surgery status on the elective surgery waiting list.

Urgency category 1 patients who have already arrived at the hospital will not be postponed without the approval of a member of the executive management team (Director of Surgery, Executive Director of Medical Services or another appropriate delegate) under delegation of the HHS chief executive.

Patients should not incur a second hospital-initiated cancellation of their date for surgery if it will cause the patient to wait longer than their clinically recommended timeframe. Where this is clinically unavoidable, the patient should be appropriately booked on the next available list, or arrange alternative treatment at another public or private hospital.

When a hospital-initiated cancellation occurs, the patient will be advised of:

- the reason for cancellation
- a rescheduled surgery date
- what to do if their condition deteriorates.

Where the patient has already been admitted to the hospital and is cancelled at the hospital’s initiation, a subsequent surgery date should be provided prior to discharge.

The count of the number of days that a patient has waited since the elective surgery listing date will accrue continuously, despite any hospital-initiated cancellations, until such time as the patient receives their surgery. HHSs are not permitted to suspend the count of days waiting for hospital-initiated cancellations by assigning patients a not ready for surgery period, under any circumstances.
5.5.3 Patient-initiated cancellation

When a patient cancels a date for surgery for personal or clinical reasons, a patient-initiated cancellation will be recorded.

Patients who decline a surgery date on two occasions will be deemed to have declined treatment. A patient can be removed from the elective surgery waiting list if they decline a second surgery date, or fail to arrive for a second surgery date.

The hospital will notify the patient’s treating surgeon and nominated general practitioner, in writing, of the removal of these patients from the elective surgery waiting list, within five days of removal, where the patient is classified as urgency category 2 or 3.

Urgency category 1 patients are not to be removed from the elective surgery waiting list without the approval of the treating specialist and a member of the executive management team under the delegation of the HHS chief executive.

If a patient cancels a date for surgery for personal or clinical reasons, or fails to arrive for surgery, the hospital can suspend the count of days waiting from the date of the cancellation or failure to attend by assigning not ready for surgery—personal or clinical until the patient advises the hospital that they are ready for surgery.

The proportion of patient-initiated cancellations will be monitored, benchmarked and audited by the department to ensure that not ready for surgery periods applied in relation to patient-initiated cancellations are being appropriately used.

5.6 Validation of waiting lists

HHSs will manage a system of administrative and clinical audits to ensure that the elective surgery waiting list provides an accurate record of patients waiting for elective surgery.

Regular administrative audits of the elective surgery waiting list should include, at a minimum:

- a weekly audit of category 1 patients who have waited longer than 20 days for treatment and who do not have a booking date for surgery
- a monthly audit of category 2 patients who have waited longer than 60 days for treatment and who do not have a booking date for surgery
- a six-monthly audit of category 3 patients who have waited longer than 300 days for treatment and who do not have a booking date for surgery
- an annual audit of the complete waiting list identifying waiting list records that are incorrect.

The administrative audit of the elective surgery waiting list requires contacting patients via telephone, letter or other appropriate method to obtain the following information:

- current contact details
- details of current general practitioner
- confirmation that surgery is still required (i.e. has not had the surgery elsewhere)
- clarification that the patient is ready for surgery

Effective From: 3 June 2015
Department of Health: Elective Surgery Implementation Standard

- clarification regarding whether the patient is on a waiting list at another hospital for the same or another procedure.

The hospital should ensure processes including audits are in place to conduct clinical review of patients on the hospital’s waiting list to determine if:

- the surgery is still required (i.e. they have not been treated elsewhere or have declined to be treated)
- there is any change in clinical status, or change in priority
- the clinical urgency category remains appropriate
- the patient is fit to proceed to surgery
- the patient should be removed from the elective surgery waiting list.

Clinical audits should also be undertaken in the following circumstances:

- on the request of the referring practitioner or attending medical officer
- category 1 patients who have waited more than 20 days since last review, or are not ready for surgery for personal or clinical reasons for more than 15 cumulative days and who do not have a booking date for surgery
- category 2 patients who have waited more than 60 days since last review, or have been not ready for surgery for personal or clinical reasons for more than 45 cumulative days and who do not have a booking date for surgery
- category 3 patients who have waited more than 300 days since last review, or who have been not ready for surgery for personal or clinical reasons for more than 90 cumulative days and who do not have a booking date for surgery.

All reasonable efforts should be made to contact the patient including:

- contacting the patient’s referring medical practitioner or nominated general practitioner
- accessing the hospital’s medical records
- contacting the patient’s nominated next of kin or contact
- searches of the telephone directory.

Enterprise reports will be established to alert the elective surgery coordinator or equivalent (and other relevant staff) when an urgency category 1 patient has waited more than 20 days, an urgency category 2 patient has waited more than 60 days or an urgency category 3 patient has waited more than 300 days, and does not have a scheduled theatre date, to allow prospective intervention to ensure patients are treated within the clinically recommended timeframe.

5.6.1 Removing patients from the elective surgery waiting list

A patient should only be removed from a hospital’s elective surgery waiting list for any of the following reasons:

- the patient’s treatment has been finalised
• the patient fails to attend two pre-admission appointments
• the patient fails to attend two surgical appointments
• the patient declines an offer of a booking date for surgery on two occasions
• the patient fails to respond to two audit measures
• the patient no longer requires surgery for which they are listed
• the patient requests to be removed from the waiting list
• the attending medical officer requests removal of the patient from the waiting list for clinical reasons
• the patient exceeds their deferred not ready for surgery threshold for their assigned category (not applicable to staged deferments)
• the patient dies.

Where a patient is removed from the waiting list due to failure to respond to two audit measures, evidence of a reasonable effort to contact the patient should be recorded in the patient’s electronic and medical records at the time the patient is removed from the waiting list.

When a patient is removed from the elective surgery waiting list:
• the patient (except where deceased), the referring medical practitioner and the attending medical officer should be notified
• appropriate documentation should be maintained in the patient’s electronic and medical records.

6. Review

This Standard is due for review on: 01/06/2016.

Date of Last Review: 01/02/2015


7. Business Area Contact

Clinical Access and Redesign Unit, Health Systems Innovation Branch, Health Service and Clinical Innovation Division
8. Responsibilities

<table>
<thead>
<tr>
<th>Position</th>
<th>Responsibility</th>
<th>Audit criteria</th>
</tr>
</thead>
</table>
| Chief Executive                    | ▪ Appoint an Accountable Officer for elective surgery at each hospital where elective surgery is offered.  
▪ Ensure appropriate resources and infrastructure essential to the efficient operation of elective surgery services are in place.  
▪ Endorse compliance with Departmental Elective Surgery Policies / Implementation Standards.  
▪ Ensure the delivery of local services as agreed under the current Service Agreement.  
▪ Advise the Department of Health when an agreed service has/will cease for a period of greater than 30 days.  
▪ Nominate a delegate to enable the approval of a clinical urgency category that does not align with the National Elective Surgery Urgency Categorisation Guideline (NESUCG). | ▪ Accountable Officer is appointed  
▪ Electronic administration system established and maintained.  
▪ Surgical services are delivered in accordance with Service Agreement.  
▪ Delegate nominated to approval allocation of urgency category not consistent with NESUCG. |
| Accountable Officer at hospital    | ▪ Ensure compliance with the Elective Surgery Implementation Standard v 2.0  
▪ Ensure regular administrative and clinical audits of elective surgery waiting list.  
▪ Ensure mechanisms are in place for district load sharing of patients.  
▪ Ensure processes are in place to minimise the incidence of hospital-initiated postponements.  
▪ Ensure processes are in place for optimising utilisation of available theatre resources.  
▪ Ensure processes are in place to manage patients who are “not ready for surgery” | |
Ensure clinical management plans are in place for patients who have waited longer than clinically recommended.

Assist in the co-ordination of the transfer of patients to other facilities where appropriate.

### Attending Medical Officers
- Communicate relevant information to patients.
- Obtain informed consent.
- Complete elective surgery booking form.
- Allocate urgency category as per the NESUCG, unless there is a clinical reason not to do so.
- Communicate promptly with the referring practitioner or referral source regarding management of the patient.
- Advise in writing of any change in urgency category following a clinical review.
- Ensure adequate notification of planned leave (minimum of 4 weeks) is provided to the Accountable Officer and ESC or equivalent.
- Liaise with the Elective Surgery Coordinator or equivalent to ensure scheduling of the longest waiting patients first where possible.

### Executive Director Clinical Access and Redesign Unit
- Provide custodianship to Elective Surgery Implementation Standard.
- Monitor hospital performance.
- Collect and disseminate state-wide elective surgery waiting list information as required.
- Develop, maintain and support information systems, which facilitate the effective management of elective surgery waiting lists by hospitals

### Elective Surgery Coordinator
- Manage and maintain hospital elective surgery waiting list.
- Supervise and provide education to elective surgery support staff.
- Provide attending medical officers with accurate details of patients on their elective surgery waiting lists to facilitate

Complete elective surgery booking form at time of decision for surgery.

Consent form completed at time of placement on waiting list.

Four weeks leave notification provided.

Adherence to NESUCG

Publication of confirmed elective surgery waiting list data.
<table>
<thead>
<tr>
<th>Department of Health: Elective Surgery Implementation Standard</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>scheduling of the longest waiting patients first where appropriate.</strong></td>
</tr>
<tr>
<td>- Identify 'long wait' patients on the elective surgery waiting list and advise appropriate medical staff to enable progression of admission.</td>
</tr>
<tr>
<td>- Facilitate, in liaison with pre-admission clinic where appropriate, the timely processing of admissions including coordination of the relevant patient information required for admission.</td>
</tr>
<tr>
<td>- In consultation with the attending medical officer, facilitate transfer of patients between medical officers, specialty units and facilities in cooperation with medical administration to minimise waiting time where necessary.</td>
</tr>
<tr>
<td>- Conduct regular administrative audits of the elective surgery waiting list.</td>
</tr>
<tr>
<td>- Communicate as required with:</td>
</tr>
<tr>
<td>- patients</td>
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<tr>
<td>- attending medical officers</td>
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<tr>
<td>- accountable officer</td>
</tr>
<tr>
<td>- referring practitioner</td>
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<tr>
<td>- other hospitals.</td>
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<table>
<thead>
<tr>
<th>Specialty Directors / Divisional Directors</th>
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<tbody>
<tr>
<td>- Provide clinical management plans for patients waiting longer than their allocated clinical urgency category.</td>
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<tr>
<td>- Monitor surgical performance and initiate improvement strategies.</td>
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<tr>
<td>- Monitor compliance with and performance against the NESUCG.</td>
</tr>
<tr>
<td>- Implement local escalation / approval process for the allocation of clinical urgency category other than the nationally recommended.</td>
</tr>
<tr>
<td>- Liaise with the Accountable Officer and elective surgery co-ordinator or equivalent to facilitate patient transfers where appropriate to ensure equity of access.</td>
</tr>
</tbody>
</table>
# 9. Definitions of terms used in the policy

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition/Explanation/Details</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Census date</td>
<td>Date on which the hospital takes a point in time (census) count of and characterisation of patients on the waiting list.</td>
<td>Australian Institute of Health and Welfare – Metadata Online Registry</td>
</tr>
<tr>
<td>Clinical audit</td>
<td>Clinical audit is a quality improvement process that seeks to improve patient care and outcomes through systematic review of care against explicit criteria and the implementation of change.</td>
<td>National Institute of Health and Clinical Excellence</td>
</tr>
<tr>
<td>Clinical urgency</td>
<td>A clinical assessment of the urgency with which a patient requires elective hospital care, as represented by a code.</td>
<td>Australian Institute of Health and Welfare – Metadata Online Registry</td>
</tr>
<tr>
<td>Day surgery</td>
<td>An operation/procedure, excluding an office or outpatient operation/procedure, where the patient would normally be discharged on the same day.</td>
<td>Australian Day Surgery Council</td>
</tr>
<tr>
<td>Elective surgery</td>
<td>Elective surgery is planned surgery that can be booked in advance as a result of a specialist clinical assessment resulting in placement on an elective surgery waiting list.</td>
<td>Australian Institute of Health and Welfare – Metadata Online Registry</td>
</tr>
<tr>
<td>Not ready for surgery</td>
<td>Clinical - Patients for whom surgery is indicated, but not until their clinical condition is improved. Personal - Patients who for personal reasons are not yet prepared to be admitted to hospital. Staged - Patients who have undergone a procedure or other treatment and are waiting for follow-up elective surgery, where the patient is not in a position to be admitted to hospital or to begin the process leading</td>
<td>Australian Institute of Health and Welfare 2013. National definitions for elective surgery urgency categories: Proposal for the standing council on Health. Cat. No. HSE 138. Canberra: AIHW</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
<td>Source</td>
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<tr>
<td>Directly to admission for surgery</td>
<td>Because the patient’s clinical condition means that the surgery is not indicated until some future, planned period of time.</td>
<td></td>
</tr>
<tr>
<td>Ready for surgery</td>
<td>Patients who are prepared to be admitted to hospital or to begin the process leading directly to admission for surgery.</td>
<td>Medical Board of Australia</td>
</tr>
<tr>
<td>Specialist</td>
<td>A registered medical professional who has been assessed by an Australian Medical Council accredited specialist college as having the necessary qualifications in the approved specialty to be included on the Specialist Register.</td>
<td>Medical Board of Australia</td>
</tr>
<tr>
<td>Waiting time</td>
<td>The time elapsed (in days) for a patient on the elective surgery waiting list from the date they were added to the waiting list for the procedure to the date they were removed from the waiting list.</td>
<td>Waiting time Metadata Online Registry</td>
</tr>
<tr>
<td>Treat-in-turn</td>
<td>Patients are treated in accordance with their urgency category but, within each urgency category, most patients are treated in the same order as they are added to the waiting list.</td>
<td>Australian Institute of Health and Welfare – Metadata Online Registry</td>
</tr>
</tbody>
</table>
10. Approval and Implementation

Policy Custodian:
Executive Director, Clinical Access and Redesign Unit

Responsible Executive Team Member:
Deputy Director-General, Health Service and Clinical Innovation Division

Approving Officer:
Deputy Director-General, Health Service and Clinical Innovation Division

Approval date: 03 June 2015
Effective from: 03 June 2015

Version Control

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<th>Prepared by</th>
<th>Comments</th>
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<td>V 0.1</td>
<td>27/03/2015</td>
<td>Kylie Lindsay</td>
<td>First draft</td>
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<td>V 0.2</td>
<td>01/04/2015</td>
<td>Kylie Lindsay</td>
<td>Feedback from Hospital Access and Analysis Team, Health Systems Development Team, Director, CARU</td>
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<td>V0.3</td>
<td>09/04/2015</td>
<td>Kylie Lindsay</td>
<td>Discussion to achieve consensus on feedback from HAAT, HSDT and Director, CARU</td>
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<td>V0.4</td>
<td>30/04/2015</td>
<td>Kylie Lindsay</td>
<td>Outsourcing section updated to reflect pending HBCIS EAM update.</td>
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<td>V0.5</td>
<td>30/04/2015</td>
<td>Kylie Lindsay</td>
<td>Roles and responsibilities added to document</td>
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<tr>
<td>V0.6</td>
<td>May 2015</td>
<td>Kylie Lindsay</td>
<td>Post ESC consultation – additional information added re cancellations and finalisation of UC section due to clarification of DoH position re NESUCG.</td>
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<tr>
<td>Final</td>
<td>1/06/2015</td>
<td>Kylie Lindsay</td>
<td>Spell and grammar check completed.</td>
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