Travis Review – Interim report
1 April 2015

The Premier, Minister for Health, and Dr Doug Travis today released the interim report on the Travis Review of Victoria’s public hospital capacity (the Review), as committed to by the Labor party while in opposition. The Review has identified the number of Points of Care (POC) available within the Victorian hospital sector, and has pleasingly recommended a departure from using “beds” as a gold standard to measure hospital capacity. The interim report is available at http://www.health.vic.gov.au/travis/

Key Results
The Review has highlighted the importance of meaningful data reporting for health services, and availability of such health data to consumers. Rather than focussing on numbers of beds, the Review recommends that state-wide capacity would be better communicated through data such as the average time to clear waiting lists, the percentage of people treated within a clinically appropriate time, and the average waiting time from referral to first consultation in outpatient clinics. Furthermore, Dr Travis has identified that the concept of “beds” to reflect or measure capacity is no longer relevant, particularly to consumers seeking care.

The Review identified 1,436 inpatient POC that could be used immediately if there was sufficient funding, staff, and local demand. It is also acknowledged that a significant increase in workforce would be required to utilise these POC, requiring planning.

Also measured was the ability to deliver home-based care to patients, allowing patients to remain in the comfort of their own home. It is estimated that home-based care has freed up more than 900 inpatient POC for consumers not eligible for home-based care arrangements.

In relation to capacity, the Review identified significant improvements in public hospital productivity, with more patients being treated and reduced length of stay for patients, largely due to improvements in technology and clinical care pathways. However, improving the functional capacity of Victorian hospitals will require long-term planning, which includes strategic service and infrastructure planning to identify present, and predict future, demand for services.

“Beds Rescue Fund”
The Andrews Government’s commitment to $200 million over four years in the form of a “Beds Rescue Fund” is intended to work towards increasing service capacity on an ongoing basis through unused and under-utilised public hospital infrastructure. Health services were asked to submit proposals with an annual budget cost range of $1 to $5 million per annum. A total of 213 proposals were received, and assessment for consideration of funding is currently underway as part of State Budget deliberations.

VHA response
The VHA welcomes the Travis review of Victoria’s public hospital capacity which identifies the mismatch between demand and the financial support Victoria’s health services currently receive from government for delivering quality care. We are pleased the Review is moving the dialogue of hospital capacity away from “beds”. We support the notion that the number of beds is an arbitrary and inaccurate measure of health system capacity, especially today where quality health services can be and are being delivered in a variety of settings both in hospitals and in the community. The Report also recognises the need for a long-term service and capital plan, which we have been seeking a commitment to for some time to ensure funding is matched to demand across metropolitan and regional Victoria. Any further investment in the state’s health system should be additional to the usual growth funding received to meet the needs of an ageing and growing population. We look forward to working with the Andrew’s Government as it responds to and implements Dr Travis’ recommendations.
Report Recommendations

Recommendation 1. Reporting of hospital capacity on a state-wide basis should focus on:
   a. the average time to clear waiting lists – that is, the number of patients on the waiting list divided by the number of patients removed from the waiting list, expressed in months
   b. the percentage of people treated within a clinically appropriate time
   c. the average waiting time from referral to first consultation in outpatient clinics.

Recommendation 2. Reporting of capacity measures in recommendation 1 should also be readily available to the public and detailed to the level of health service and service type.

Recommendation 3. Collection and reporting of waiting times for first consultations in outpatient clinics, detailed to the level of health service and type of service, should commence within six months.

Recommendation 4. Health services with theatre capacity problems that are unable to be solved in-house should be encouraged and facilitated to form partnerships with neighbouring health services to enhance treatment options for patients.

Recommendation 5. The capacity survey should be repeated every four years, using similar methodology, to allow comparison of levels of infrastructure.

Recommendation 6. The capacity survey should occur in the spring quarter as this better suits the operational planning cycle of health services.

Recommendation 7. A strategic state-wide service and infrastructure plan ('the plan') should be developed.

Recommendation 8. The plan should aim to align health service demand with both recurrent and infrastructure (replacement and new) funding.

Recommendation 9. The plan should take a 20-year forward view but have a sharper focus on the first five years.

Recommendation 10: The plan should be reviewed every four years.

Recommendation 11. The first plan should be completed by the middle of 2017, recognising this is a major undertaking and will require extensive consultation and analysis.

Recommendation 12. An independent expert panel should be appointed to help guide the Department of Health & Human Services in preparation of the plan and provide independent advice to the Minister for Health about the plan.

Recommendation 13. The plan should be published.

Recommendation 14. Systems should be put in place to encourage and facilitate the expansion of appropriate home-based care supervised from health services.

Recommendation 15. Consideration is given to the best value proposals for the Beds Rescue Fund.