



# Parliamentary Budget Office - Election Policy Costing

NSW Parliament • Parliament House, Macquarie Street Sydney NSW 2000

Referred By: Australian Labor Party  
Date Referred: 24/01/2023

Proposal No: C1206  
Date Published: 20/03/2023

Proposal Title: Surgical Care Taskforce

Cluster: Health

## General Government Sector Impacts

	2022-23 \$'000	2023-24 \$'000	2024-25 \$'000	2025-26 \$'000	4 year Total \$'000
Expenses (ex. depreciation)	-	-	-	-	-
Depreciation	-	-	-	-	-
Less: Offsets	-	-	-	-	-
Revenue	-	-	-	-	-
<b>Net Operating Balance:</b>	-	-	-	-	-

Capital Expenditure	-	-	-	-	-
Capital Offsets	-	-	-	-	-
<b>Net Capital Expenditure:</b>	-	-	-	-	-

<b>Net Lending/(Borrowing):</b>	-	-	-	-	-
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## Total State Sector Impacts

<b>Net Lending/(Borrowing):</b>	-	-	-	-	-
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## Notes and costing assumptions

This policy would see the formation of a Surgical Care Taskforce made up of clinical experts, logistics, and operations experts, including past and present senior NSW Health public servants, and other Department representatives. The proposed start date is July 2023.

The role of the taskforce would be to audit and implement improvements to surgery across NSW, with a view to reducing the elective surgery waiting list, targeting that as close to 100 per cent of patients are seen within clinically recommended time as possible.

The taskforce's proposed scope includes:  
audit review and site by site analysis

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- looking at the three efficiency measures (operating theatre utilisation, starting on time targets, reducing cancellation on the date of surgery) and conducting efficiency programs in high priority sites, and
- looking at options to better work with private hospitals to reduce the wait list.

It is anticipated that any costs be met from existing resources, resulting in a nil impact on the State Budget.

**Notes and costing assumptions continued:**

**Key Assumptions and Notes**

NSW Health has advised that the existing NSW Surgical Services Taskforce could be used, resulting in minimal additional costs to the Health budget. For example, NSW Health has advised that based on existing committee arrangements, of the total \$0.5 million estimated annual costs to run the Taskforce, approximately \$470,000 per annum might be met internally from visiting medical officers already remunerated by Health and from other Health staff who might provide their time in kind from their existing roles.

The PBO consider that the health budget could readily meet the Taskforce's annual \$30,000 costs from existing budget savings, therefore the total costing will have nil impact on the State Budget.

This costing excludes any costs resulting from recommendations, and implementation of actions by the Taskforce, which would need to be considered and budgeted for separately.