



## LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

---

### SELECT COMMITTEE ON ESTIMATES 2022-2023

Mr James Milligan MLA (Chair), Mr Andrew Braddock MLA (Deputy Chair),  
Dr Marisa Paterson MLA

### ANSWER TO QUESTION ON NOTICE

---

**MS LEANNE CASTLEY MLA:** To ask the Minister for Health

Ref: Health

In relation to: Specialist units in the ACT

According to the AIHW MyHospital report, the ACT has the joint lowest number of public hospitals providing specialised service units in 2020-21.

For the following health services at the Canberra Hospital and Calvary Public Hospital:

- a) how many presentations have there been at each hospital that would have required the below units?
- b) How many patients have been referred to the units below in other states and territories?
- c) what is the cost for sending these patients to the units below in other states and territories?
- d) Have there been any cases where there have been adverse effects from transportation of patients to the below units in other states and territories
- e) Has there been any work done to incorporate the below specialised service units into the ACT health system?
  - 1) Acute spinal cord injury
  - 2) Acquired Immune Deficiency Syndrome
  - 3) Burns unit level 3
  - 4) In-vitro fertilisation unit
  - 5) Maintenance renal dialysis
  - 6) Nursing home care unit
  - 7) refractory epilepsy unit
  - 8) Transplantation unit-bone marrow
  - 9) Transplantation unit-heart (including heart/lung)
  - 10) Transplantation unit-liver
  - 11) Transplantation unit-pancreas
  - 12) Transplantation unit-renal

**MINISTER STEPHEN-SMITH:** The answer to the Member's question is as follows: –

- a) Many of the specialist services listed are an existing service provided in the ACT or are provided as part of networked service arrangements with other jurisdictions (see response to part e of the question). It is difficult to accurately quantify the number of hospital presentations associated with a specialist service not provided in the ACT as patients may present to hospital for a range of reasons. To obtain this information in the timeframes required would be an unreasonable diversion of resources.
- b) As above, it is difficult to accurately quantify the number of patients referred to specialist services in other states and territories as patients may be referred directly by their GP or specialist to an appropriate unit in another jurisdiction. To obtain indicative information for patients that remain linked with the ACT public system in the timeframes required would be an unreasonable diversion of resources.
- c) The ACT Government meets the cost of hospital services (exclusive of a Commonwealth contribution) when patients who normally reside in the ACT are treated interstate. The price of Activity Based Funded (ABF) services is the National Efficient Price (NEP), as determined annually by the Independent Health and Aged Care Pricing Authority.

The National Health Funding Body (NHFB) produces an annual report which includes cross-border payments from the Australian Capital Territory State Pool Account to other States and Territories - [The National Health Funding Pool Annual Report 2020-21 | National Health Funding Body \(publichospitalfunding.gov.au\)](#). It would be an unreasonable diversion of resources to accurately analyse cross-border activity data to extract the number and cost of referrals to the specialist services listed.

- d) CHS is not aware of any adverse events specifically related to the transportation of patients to the specialty units described.
- e) Many treatments need to have a reasonable number of patients to meet safety and quality thresholds. Highly specialised services are typically high cost, low volume interventions and treatments for patients, and often even large states such as NSW will only have a small number of some specialised services. Accordingly for many specialised services with low volumes the ACT Government will deliver the best outcomes for patients through networked service arrangements with other jurisdictions.

With respect to Calvary Public Hospital Bruce, it is a general hospital and therefore transfers most patients requiring these specialist services directly to Canberra Hospital for care and management as the ACT and surrounding region's primary tertiary hospital.

Specialised service unit	Plan to establish	ACT/Networked arrangement
1) Acute spinal cord injury	No	Acute emergency care provided until transfer can be safely arranged.  Networked with NSW State Spinal Cord Injury Service.
2) Acquired Immune Deficiency Syndrome	This is an existing service in the ACT	CHS Canberra Sexual Health Centre manages care for all people with HIV wishing to attend a public clinic. Specialist units at CHS provide inpatient care if required. If higher level specialist care is required, patients will be referred to Sydney (but not commonly required).  <a href="#">Canberra Sexual Health Centre (CSHC) - Canberra Health Services (act.gov.au)</a>
3) Burns unit level 3	No	Acute emergency care provided until transfer can be safely arranged.  Networked with NSW Statewide Burn Injury Service.
4) In-vitro fertilisation unit	Yes	On 3 August 2022, the ACT Government committed to a suite of reforms regarding Assisted Reproductive Technology, including a commitment to explore options for increasing affordability and accessibility of ART, including a potential low-cost ART service in the ACT.
5) Maintenance renal dialysis	This is an existing service in the ACT	CHS provide a comprehensive renal service including maintenance renal dialysis at multiple sites in ACT, including in people's homes.  <a href="#">Renal Service - Canberra Health Services (act.gov.au)</a>
6) Nursing home care unit	No	Once assessed as eligible for nursing home care, health services work with Commonwealth funded aged care facilities for patients' placement in Residential Aged Care.  This is not an appropriate unit to have in a metropolitan hospital, however there are units

Specialised service unit	Plan to establish	ACT/Networked arrangement
		that support acute and sub-acute aged care patients as well as services that provide outreach to the community and Residential Aged Care Facilities.
7) Refractory epilepsy unit	Treatment for refractory epilepsy is an existing service in the ACT	<p>CHS and Calvary Public Hospital Bruce provide services for Refractory Epilepsy. Patients are seen in the General Neurology Outpatient Clinic.</p> <p>Networked with NSW Complex Epilepsy Supra LHD Services.</p> <p>Patients referred interstate continue to receive care locally as a ‘dual management’ arrangement with interstate specialists with pre and post care provided in ACT.</p>
8) Transplantation unit-bone marrow	Partial service – no current plan to expand	<p>CHS undertakes autologous stem cell transplants for adults.</p> <p>Networked with NSW Supra LHD Services for Blood and Marrow Transplantation – Allogeneic and Blood and Marrow Transplant Laboratory.</p> <p>Pre and post care provided in ACT.</p> <p><a href="http://act.gov.au">Haematology Clinic - Canberra Health Services (act.gov.au)</a></p>
9) Transplantation unit-heart (including heart/lung)	No	<p>Networked with Heart, Lung and Heart Lung Transplantation Supra LHD Service (St Vincent’s).</p> <p>Pre and post care provided in ACT.</p>
10) Transplantation unit-liver	No	<p>Networked with Adult Liver Transplant Supra LHD Service (Royal Prince Alfred). Paediatric Liver Transplantation – Nationally Funded Centre (Westmead).</p> <p>Pre and post care provided in ACT.</p>

Specialised service unit	Plan to establish	ACT/Networked arrangement
11) Transplantation unit-pancreas	No	Networked with Pancreas Transplantation – Nationally Funded Centre (Westmead).  Pre and post care provided in ACT.
12) Transplantation unit-renal	No	Networked with NSW Kidney Transplant Service.  Pre and post care provided in ACT.

Approved for circulation to the Select Committee on Estimates 2022-2023

Signature:



Date:

16/9/22

By the Minister for Health, Rachel Stephen-Smith MLA