QON No. 31

Legislative Assembly for the Australian Capital Territory
Standing Committee on Social Policy

Inquiry into annual and financial reports 2024–2025

Answer to question on notice

Asked by: Mr Rattenbury MLA

Addressed to: Minister for Health

Reference: Health – Canberra Health Services

Hearing: 11 November 2025
In relation to: Ophthalmology
Question received: 19 November 2025
Answer Due: 26 November 2025

According to Medical Costs Finder | Australian Government Department of Healthcataract surgeries in the ACT are, by a wide margin, the most expensive in Australia (over 3 times higher cost for patients than the next jurisdiction).

1) Why is that?

2) What is ACT Health doing to bring that cost into line with the average?

3) Those who rely on the public system for cataract surgeries in the ACT are also facing longer waits. Public system capacity in 2023/24 for cataract surgery in the ACT is only 60% of what it was 10 years ago. What is the reason for this?

4) What is ACT Health doing to fix this problem?

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

1) The website referred to states that for public hospital patients "you have no costs for the procedure as a public patient in a public hospital under Medicare". The ACT Government cannot comment on costs in the private sector.

   The Australian Government's Medical Cost Finder aims to provide transparency on average fees and out-of-pocket costs for private health procedures by geographic location. Patients choosing to seek treatment privately may pay directly or utilise private health insurance, which often includes an out-of-pocket co-payment in addition to health insurance premiums. Eligible patients may also receive a partial rebate through Medicare. Under the *Competition and Consumer Act 2010*, private specialists are permitted to set their fees independently. The ACT Government cannot provide advice on the factors influencing costs for specific surgeries performed by private specialists.

2) Private specialist fees are not in the control of the ACT Government. However, the Government is aware of workforce challenges. As a result, Ophthalmology was identified as an early focus for work with the Australian National University under the ACT Health Workforce Strategy to better understand medical workforce in the ACT. In addition, Canberra Health Services is accredited until 2028 as a training post for Royal Australian and New Zealand College of Ophthalmologists specialist training. Evidence shows that training location closely corresponds to where an individual continues practising once they gain Fellowship in a specialty.

3) The ACT public health system performed 1,656 ophthalmology cases in 2013-14 and 1,856 ophthalmology cases in 2023-24 – an increase of 12 per cent.

   The data used in developing this question may be related to known data issues associated with the implementation of the Digital Health Record (DHR). In the initial DHR build the "intended procedure codes" became a non-mandatory field, and specific procedure codes (not specialty codes) were only entered about 50 per cent of the time. There is also a definitional difference between the Australian Institute of Health and Welfare (AIHW) reporting which calls the procedure "cataract extraction" and the more modern term used in the DHR of "intraocular lens insertion". This led to an under-reporting of specific procedures such as "cataract extraction" in the AIHW report for 2023-24, despite it also showing an increase in ophthalmology cases overall during the same period.

   According to AIHW 2023-24 reporting, the median wait time for "cataract extraction" in the ACT was 133 days, compared with 262 days in NSW and 119 days nationally.

4) ACT Budget measures for more elective surgeries in recent Budgets have included funding for expected additional cataract procedures. In addition to the ophthalmology services provided in our two public hospitals, Canberra Health Services also purchases ophthalmic procedures from four private hospitals through the Private Provider Program in 2025-26, as it did in 2024-25.

Approved for circulation to the Standing Committee on Social Policy

Signature: 

Date: 27/11/25

By the Minister for Health, Rachel Stephen-Smith