AMA
(ACT) LIMITED

SUBMISSION TO THE LEGISLATIVE ASSEMBLY INQUIRY INTO THE FUTURE OF CALVARY HOSPITAL

The AMA ACT considers a robust, well-resourced public hospital system offering excellence in health care as the keystone in health service provision for the ACT.

In order to protect and enhance these assets we assert that planning for public hospital services should take place as a coordinated process linking primary, secondary and tertiary services. In this context the planning for the future of Calvary Hospital cannot ignore an analysis of the general state of health care in the ACT, including the role and performance of the Canberra Hospital.

The AMA ACT is concerned that the pressing issues facing health care delivery in the ACT will not be addressed by the construction of a third public hospital facility. The AMA ACT considers the current two pillars model with Calvary Hospital located centrally in north Canberra and the Canberra Hospital located in the south is most appropriate foundation for health planning for the future.

Currently primary and secondary health care services are provided by both Calvary and Canberra Hospital.

The AMA ACT considers that these facilities are not and cannot operate at full capacity due to under-resourcing and administrative inefficiencies.

The bulk of highly specialised tertiary facilities are concentrated at Canberra Hospital. We consider that provision of a third centre would introduce unacceptable duplication of infrastructure and administrative systems and dilute case loads attending specialist units at Calvary and Canberra Hospital.

There is no evidence that a third facility would improve cost effectiveness and efficiency in health care delivery.

It is a well-accepted principle that specialised medical units require a threshold case loading in order to maintain skill levels amongst staff and critical efficiencies in care systems. The AMA ACT is concerned that current and projected case loads for specialist (secondary and tertiary) services at Calvary and Canberra Hospital are adequate to ensure the maintenance of appropriate skill levels amongst health care staff; including students, trainees,

medical practitioners, nurses and allied health professionals. The dilution of case-load that would occur with the establishment of a third public hospital would imperil these standards.

The AMA ACT does not support any plan for a diminution of the role played by Calvary, but sees instead an opportunity for an expanded facility to provide an improved case-load service, complementing the acute care and tertiary role that Canberra Hospital is moving towards. It is likely that such a policy would serve to reduce elective surgical and other waiting lists.

Much has been made of the coming wave of medical and other graduates that will apparently shift the paradigm of health facility staffing and vocational education. The AMA ACT remains concerned about the short-term difficulties that the ACT public hospital sector is experiencing in recruiting trainees. It considers that poor morale amongst staff will continue to hamper recruitment into the future. What is certain, however, is the likelihood of a future shortage of trainers impairing ongoing vocational training in our public hospital facilities. The AMA ACT considers it unlikely that a third facility would be able to recruit adequately qualified and experienced staff to enable it to discharge the joint responsibilities of health service provision and vocational education.

The AMA ACT considers that the clinical role of and administrative pathways at Canberra Hospital need clarification and streamlining. The clinical relationships between Calvary and Canberra Hospital need to be developed cooperatively and the clinical activities of both centres need to be better coordinated. Both centres need an expansion of their bed capacity and an expansion of allied facilities. The model for funding such services is outside the AMA ACT's immediate concerns; our focus remains on improved health outcomes through the provision of timely and high quality health care by adequately resourced and trained health professionals.

Consideration should be given to building a dedicated day-surgery suite on the Calvary campus.

Human capital and better staff retention and recruitment strategies need to be developed in concert with any infrastructure capital development strategy.

The AMA ACT is unable to support a proposal to build another acute-care hospital in Canberra's north, in the short to medium term, and supports investing in the current campus for the reasons above.

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