Save Calvary Submission

Legislative Assembly Standing Committee on Health Community and Social Services

Inquiry into Calvary Public Hospital Options

Who we are

The Save Calvary group was formed late in 2009 by a group of concerned residents of Belconnen and Gungahlin who became worried that that the ACT Government would succeed in its quest to acquire Calvary Hospital or otherwise take it over and, as a result, the community would lose a much valued long-standing hospital which provides exemplary health care.

Everyone in the Save Calvary group has had personal and family contacts with Calvary, its services and its special caring atmosphere, often for many years. As a group we are familiar with the range of health services offered in the ACT. The more we discussed our worries and talked to our friends and acquaintances, the more concerned we became that the special level of health care offered by Calvary would disappear when its unique culture was inevitably extinguished by the ACT Government following a takeover.

At the same time we struggled to understand the reasons advanced by the ACT Government for its takeover. We found then, and we continue to find, that those professed reasons do not stand up to scrutiny either in their own right or as reflecting what we can only guess are the Government's real underlying motives.

And so we determined to form a community-based group to focus on community outcomes, to be open to new ideas and new members and to engage in the public debate concerning the future of Calvary.

Our Goal

The goal of the Save Calvary group is to save Calvary as a caring hospital with a unique culture providing exemplary health services on the Northside of Canberra.

Inquiry into Calvary Public Hospital options

One of the key difficulties faced by the Save Calvary group in advancing our goals is that it is very evident that the government's professed reasons for seeking to acquire Calvary do not seem to reflect their real underlying motives. While we can make some informed guesses about what the underlying motivations might be, as a community group we also feel constrained by the reality that we can never be completely sure about these motives until the government itself articulates those views. Moreover any alternative possible motivations can always be denied.

The government's professed prime motivation for forcefully acquiring Calvary until a few months ago has now faded away, as we always expected. Up until a few months ago, the ACT Government asserted that it needed to acquire Calvary so that it could include the buildings on the Calvary campus as an asset in the statement of ACT Government owned assets and liabilities used by ratings agencies and relied upon by financial markets to price Government debt.

In the latest iteration of the Government's position, it is said that the Government has four options in mind and the committee has invited us to respond to each option. But as with other propositions advanced, it is very clear that the options do not stand in their own right. Rather the current four options cross over one another and intertwine to a confusing degree. In reality these four options embody various elements of other underlying options and some options are simply sub-sets of others.

First Term of Reference: Evaluate the Relative Merits of the Four Options:

As stated by the Minister on 19 August 2010, and reiterated in the Committee Terms of Reference, the Government's apparent preferred options are as follows:

1. Little Company of Mary maintains the Crown lease on the land with the establishment of a new activity funding agreement;

2. The ACT Government proceeds with the network agreement in its current form;

3. The ACT Government assists the Little Company of Mary Health Care in developing a stand-alone private hospital as a public-good investment; and

4. The ACT Government builds a new acute public hospital on Canberra's northside

Briefly, it appears to us that:

Options 1 and 2 are really part of the same policy mix in which the ACT Government would work with the Little Company of Mary to continue to provide hospital health services on the Calvary campus.

This set of options would cover our preferred way forward as it would essentially reflect the existing underlying arrangements and hopefully update those arrangements so they are modernised and integrate with the overall Territory health plan.

However it is difficult for a community group to comment further particularly as we understand from Hansard that the government is keeping the so-called "new activity funding agreement" under a confidentiality cloak. Similarly a confidentiality blanket has been thrown over "the network agreement in its current form".

Nonetheless some combination of options to 1 and 2, and other measures necessary to keep Calvary operating in its current framework, would constitute our preferred way forward.

By contrast option 3 appears to be strangely misplaced. As in so many other areas, one has to imagine what option 3 is designed to achieve. Perhaps option 3 is, in reality, a possible gambit to encourage the Little Company of Mary to enter into an arrangement which would involve implementation of some combination of options 1 and 2, i.e. the Calvary structure is retained in essence. If this is the case, transferring the existing private hospital from the existing main hospital building to a stand-alone site might be meant as a bargaining sweetener.

For our part, we support the further development of the Calvary campus. We believe this is long overdue and we would imagine this would include a variety of different facilities including private hospital facilities, a mental health facility, an intensive care unit and so on.

Accordingly, from this perspective there may not necessarily much for us to comment on, provided the private hospital stands on its own merits within an overall arrangement that meets the community interest. But we would ask: is this the intent of the option, or is something else at play?

In our view it would be essential for any arrangement to also pass a broader public interest test, and for the government to clearly articulate the costs and benefits to the ACT community from the arrangements they are entering into and, to the maximum extent possible, provide the key information to enable an informed observer to reasonably verify that the arrangements did in fact reflect the professed community goals.

Option 4, to us, reflects the other end of the spectrum to Options 1 and 2. Option 4, as we understand it, says the government would go it alone and presumably build a new campus on the northside and bypass the Calvary campus.

This would be the least preferred option. We reject option 4. In our view any health strategy for Canberra should be designed to deliver positive health outcomes through an appropriate geographic grouping and distribution of services. Given so much investment has already occurred at the Calvary campus, and the campus is well situated in the heart of the North Canberra area close to major arterial roads, it would seem to us that is far and away the ideal site for any foreseeable expansion of hospital services. By contrast, to look to a future in which there was a fragmentation of the existing hospital site with the inherent inefficiencies in servicing that would bring seem to us to be far less preferable. As with Option 3, as much as anything else this seems to be an option which is erected for the purposes of creating some negotiating currency.

Second Term of Reference: Identify and Evaluate Further Options

The Government has already indicated by its past actions in offering the Little Company of Mary $77 million to simply acquire formal title to assets it now says it owns.

In these circumstances, it ought to be possible for the ACT government to come to a mutually satisfactory arrangement with the Little Company Mary to provide the full desirable range of public and private hospital services at the Calvary site.

Moreover, given that other jurisdictions in Australia do not seem to suffer from the same difficulties in dealing with benevolent and non-government hospital providers, it seems to us that might be wiser for the ACT Government to model itself on successful arrangements already operating in other States.

Conclusion

We trust that this submission will be of interest to the Standing Committee and we look forward to being given the opportunity to further outline our views.