



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

SELECT COMMITTEE ON THE COVID-19 PANDEMIC RESPONSE
Mr Alistair Coe MLA, Mrs Vicki Dunne MLA, Ms Tara Cheyne MLA,
Mr Michael Pettersson MLA, Ms Caroline Le Couteur MLA

Submission Cover Sheet

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April 9-12 2020

Dear ACT Members of the Select Committee on the COVID 19 pandemic response,

I write with urgency and grave concern about the ACT government's decision to build a temporary Emergency facility staffed and operated by Aspen Medical for COVID 19 patients on Garran oval at the cost of \$23 million dollars.

I observe with dismay and alarm the commencement of the works on April 9 coincident with the Easter long weekend and absence of scrutiny.

I write with my concerns because they are shared by a number of my specialist medical colleagues who do not feel they have a voice.

I realise that COVID 19 is a world-wide catastrophe in both health and economic terms, and that this is an unprecedented event. I am concerned that this decision has resulted from the consequent fear and modelling from European and US experience and that has circumvented adequate consultation and consideration.

I ask that the Select Committee on the COVID 19 pandemic response reassure me that this plan was made in consultation with local health and federal health experts and in keeping with local directives for the response to the likely requirement for emergency health and critical care facilities in the event of a "surge" of infections.

I ask assurance also that this decision was made with modelling that reflects the Australian trends for COVID 19 infections.

I also ask whether the decision was robustly debated and challenged given its \$23 million dollar cost to the ACT taxpayer; and the possibility mentioned by Mrs Stephens Smith on ABC news on April 9 that the "best case scenario would be that this facility is not required".

My concerns are:

1. \$23 million spent on a temporary and perhaps unused facility when such a significant sum of money could be better used differently for many more people and for lasting benefit.
2. The lack of consultation and transparency with which this decision was made. Particularly the failure to consult senior doctors and heads of specialist departments who provide public hospital services in the ACT,

and who are aware of the existing capacity amongst the hospitals in Canberra, both private and public.

3. Whether current capacity in the ACT and existing facilities may have been overlooked, such as the under-utilised sixth floor of Calvary Public Hospital; the 7 bed ICU at Calvary Bruce Private hospital and its empty second floor and large 8 theatre complex and recovery and skilled critical care staff; and the substantial facilities at Canberra Private and Calvary John James Hospitals and National Capital Private hospitals, including ICU at both John James and National Capital Private. All of these facilities have the pre-existing structures such as theatre and recovery rooms; oxygen supply from on-site vacuum insulated evaporators for ventilation and to drive the mechanical ventilators; plumbing and piped gas supply, skilled nursing and critical care staff to name some of the many resources required. As an example I use this article which reports Victoria's response to the COVID 19 crisis by repurposing existing facilities; and which draws attention to the limitations of our health resources that are staffing rather than venues:

The hospital currently has 32 staffed beds in its intensive care unit. They're looking to increase that to 100 by repurposing other parts of the precinct, including the old ICU that closed in 2016, and the recovery room of the Peter MacCallum Cancer Centre. Even that might not be enough.

MacIsaac says right now they could ventilate 50 patients. The hospital is in negotiations with the Victorian government as to what their allocation from any new supplies will be.

But it is his view that "the rate-limiting step" in their capacity to treat people will not be equipment.

"What we're putting a lot of effort into is staffing," he says.

Across the country, state health departments have been seeking expressions of interest from nurses and midwives, medical workers, allied health professionals, paramedics and patient services assistants.

<https://www.theguardian.com/australia-news/2020/apr/05/like-preparing-for-war-australias-hospitals-brace-for-coronavirus-peak>

4. The loss of an **extremely important** community facility, used by local residents, local children, and Garran School children for recreation and exercise at a time when there is very little else available to us in social distancing practice.
5. The ACT has the highest cost of health care nationally, in part due to the inefficiencies and waste that occurs in the public system and of which there are many instances to recount, such as the under-utilised interventional MRI suite at The Canberra Hospital. This may well be another example or such waste. It is a confronting reality that our

health resources are not limitless, but it does not justify the \$23 million dollar reaction.

<https://www.aihw.gov.au/reports-data/myhospitals/hospital/h0742>

6. I ask that a review of current COVID 19 disease modelling that is specific to the ACT be undertaken to review whether the ED facility should proceed bearing in mind that the COVID 19 patients in the ACT at April 12 was 102, with 2 deaths and static figures, with “nationwide flattening of the curve”.
7. I also wish to point out that transport of critically ill patients via long walkways from the oval facility to the ICU and theatres at the Canberra Hospital could be a difficult task, and risk the need to perform emergent interventions en-route to the ICU and theatre facilities. Not to mention the clinical phenomenon where a critically ill patient may not even tolerate the seemingly small physiological insult of movement. I ask assurance that those experienced with retrieval and transport were appropriately consulted.
8. The final concerns I share with many of my specialist colleagues are that clinical decision-making can have non-clinical, political, economic and other interferences and influences. Many of these colleagues are constrained from speaking their views by the culture of the ACT health system and their employment contracts, and the treatment of people who have different opinions. I seek assurance that “outside” influence has not occurred.

[REDACTED]

I am happy to be contacted should you feel a need.

I would be able to find a number of specialist ACT medical professionals to speak with you should you wish to hear their views.

Many thanks for receiving this letter and considering my concerns.

Regards

[REDACTED]

References which would seem to best inform the ACT practice.

1. NSW Health pandemic plan PD2016_016

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2016_016.pdf

2. NSW Health Critical care in influenza pandemicPD2010_028

https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2010_028.pdf