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Department of Health and Human Services
OFFICE OF THE SECRETARY

Level 1, 99 Bathurst Street, Hobart, Tasmania
GPO Box 125, HOBART TAS 7001, Australia
Ph: (03) 6166 3530
Web: www.dhhs.tas.gov.au

Contact: Martin Hensher
Phone: (03) 6166 1074
E-mail: martin.hensher@dhhs.tas.gov.au
WITS No.: 89573

Mr John Ramsay, Chair
Dr. Anne Brand, CEO
Tasmanian Health Service

Dear Colleagues

Subject: Cardiothoracic surgery in Tasmania

The Department of Health and Human Services (DHHS) has recently undertaken a preliminary analysis of cardiothoracic surgery in Tasmania, in particular looking at the number of Tasmanian residents receiving surgery from interstate providers. I would like to share the results of this analysis with you in brief, as there are implications for the planning and delivery of cardiothoracic surgical services in Tasmania across both the public and private sectors.

The data shows that cardiothoracic activity has remained relatively stable over the past number of years: the public waitlist for cardiothoracic patients who are 'ready for care' has not changed significantly; removals from the wait list for cardiothoracic cases have declined in recent years; interstate public and private activity for cardiothoracic services also show stability over several years, and has increased only in the last year according to national data on public hospitals and information provided by Victoria for their private hospitals.

Analysis of currently available data indicates that there are around 100 cases per year that are performed interstate – in various public hospitals and some private hospitals in Victoria – that could possibly be provided in Tasmania (i.e. for cardiothoracic procedures already routinely provided in Tasmania). This is in addition to around 280 public and private cases already undertaken locally at the Royal Hobart Hospital.

This may have implications for proposed developments in the provision of cardiothoracic surgical services involving local private hospital providers. Some stakeholders have asserted that the number of Tasmanian residents referred interstate for private cardiothoracic treatment is on a scale sufficient to support the establishment of a private cardiothoracic surgical service, to operate alongside the current single statewide service provided at the Royal Hobart Hospital. Our analysis of available data indicates that the confirmed potential pool of interstate referrals is rather smaller than had been hoped. In reality, it is also unlikely that all of these interstate cardiothoracic patients would choose to be treated privately in Tasmania. Taken together, these findings may impact on the viability of proposals to establish a second (private) cardiothoracic service in Tasmania.

This analysis also highlighted the fact that comprehensive data on private cardiothoracic surgical activity in every state and territory is not currently available to inform planning and regulatory decisions, and that the interstate data that the DHHS holds is not well organised, consistent, timely, or sufficiently granular for detailed and robust analysis. Actions are in hand to rectify both these problems for the future.

In conclusion, the analysis notes that, due to a lack of reliable and readily accessible data, it is not possible to determine the true extent of the demand for Tasmanian patients obtaining interstate referrals for cardiothoracic services. However, based on the data that are available to us (i.e. nationwide public cases and Victorian private cases), the confirmable volume of cardiothoracic cases risks falling below the minimum required for two sustainable units (i.e. 200 procedures per unit p.a.).

The risk of using over-optimistic assumptions on the potential demand for cardiothoracic surgery that could be repatriated to a putative private unit in Tasmania is clear – optimism bias could lead to two units (one public, one private) competing for a pool of patients which is, in reality, insufficient to allow both to function at safe and sustainable volumes. The potential consequences for public cardiothoracic surgery within the THS would need to be considered in this light.

I hope that this information is useful to you in your service planning. My team would, of course, be delighted to present these findings to you if that would be helpful.

Yours sincerely

Michael Pervan
Secretary

8 December 2015

CC Dr. John Burgess - Chair, CAG Convenors
Dr. Paul Macintyre – Chair, Cardiac CAG
Mr. Brian Kirkby – Chair, TSSSC