



Enquiries to: Mr Nick Steele  
Deputy Director-General  
Healthcare Purchasing and  
System Performance Division  
Telephone: 3708 5820  
Our ref: C-ECTF-20/7756  
Your ref:

**Queensland Health**

Dr Dilip Dhupelia  
President  
Australian Medical Association Queensland  
PO Box 123  
RED HILL QLD 4059

Email: [amaq@amaq.com.au](mailto:amaq@amaq.com.au)  
[j.schmitt@amaq.com.au](mailto:j.schmitt@amaq.com.au)

Dear Dr Dhupelia

I write to provide you with advice regarding Queensland Health's response to the National Cabinet meeting on 15 May 2020 and agreement to further lift the limitations placed on elective surgery activity. Some of the key points agreed at National Cabinet are as follows:

- National Cabinet agreed to reopen elective surgery, by removing restrictions and restoring hospital activity involving 3 stages. It is a decision of each jurisdiction to determine which stage applies to its particular circumstances:
  - Stage 1 – up to 50 per cent of normal surgical activity levels (including reportable and non-reportable);
  - Stage 2 – up to 75 per cent of normal surgical activity levels (including reportable and non-reportable); and
  - Stage 3 – up to 100 per cent of normal surgical activity levels (including reportable and non-reportable) or as close to normal activity levels as is safely possible.
- Equity of access for all patients is to be determined by clinical decision making and safety. Patients should be prioritised on the basis of clinical urgency and those patients whose health may deteriorate should there be further delay to their elective surgery.
- Preservation and appropriate use of Personal Protective Equipment (PPE) is important. There should be compliance with national PPE guidelines and, as a minimum, there should be weekly reporting of PPE usage in public and private settings. Furthermore:
  - states will continue to source PPE for public patients;
  - private hospitals will continue to source PPE through their own procurement processes; and
  - the National Medical Stockpile should not be used for elective activity.

- Private Hospitals should mirror their own state's approach to surgical activity unless agreed otherwise with the relevant state. For private hospitals, restoration of elective surgery needs to be agreed with the respective state government, to ensure adherence to state-based surgery restrictions, and to ensure there is ample hospital capacity for COVID-19 health response.

Queensland Health has determined that private hospitals can undertake up to 100 per cent of normal elective surgical activity levels (including reportable and non-reportable) subject to the availability of PPE. Please note the determination to maintain elective surgery at this level (Stage 3, in alignment with the National Cabinet guideline) will be regularly reviewed and may be subject to change.

Private Operators that have entered into a Private Health Facility Funding Agreement (PHFFA) are able to undertake private work at their facilities, where it will not diminish their ability to perform public work (including elective surgery) under the PHFFA. Having taken this into consideration, Queensland Health has written to all Private Operators to seek their detailed plans and will be having urgent bilateral meetings with a number of private hospital providers to agree how much private elective surgical capacity and PPE will be required to be available to undertake public activity for the remainder of this financial year. We will seek to finalise these plans within the next week to enable private hospitals to plan their private activity.

I understand that private hospital providers have all commenced negotiations with Visiting Medical Officers regarding these new contracts but the advice I have received is that they have largely been unable to reach agreement with private specialists on remuneration. As such, given the growing waiting list across Queensland and the need to see patients within clinically recommended timeframes, I have determined that from this point Surgery Connect contracts should be used as the vehicle for all referrals of public work to private hospital providers. With this change, I would expect private hospital providers to significantly increase the number and speed with which public patients are being accepted and treated by a private hospital provider.

Please note that Queensland Health will be monitoring the progress of elective surgery across both the public and private sectors carefully. With Private Operators required to provide weekly reports on elective surgery volumes and PPE usage.

I plan to review these arrangements in four weeks, considering the status of the pandemic, the levels of elective surgery delivered, and the stock of PPE across both public and private sectors.

Finally, can I take this opportunity to thank the Australian Medical Association Queensland for your collaboration during this COVID-19 pandemic and ask you to support these new arrangements so that patients can receive their elective surgery within the clinically recommended time.

If you have any questions on these changes please contact Nick Steele, Deputy Director-General, Healthcare Purchasing and System Performance Division, on telephone (07) 3708 5820.

Yours sincerely



Dr John Wakefield PSM  
**Director-General**  
**20/05/2020**

CC: Jane Schmitt, Chief Executive Officer, AMA Queensland