Canberra DOCTOR
Informing the Canberra medical community since 1988
November/ December 2009
Canberra Doctor is proudly brought to you by the AMA (ACT) Limited
Serving the medical community for 21 years

Calvary public hospital and Clare Holland House sale?

Although somewhat dwarfed by ACT Government's capital development plans for the TCH campus, its current proposals to acquire Calvary Public Hospital and sell Clare Holland House have raised a disproportionately greater public outcry, writes Ian Pryor, chair of the Canberra Doctor editorial committee.

Because of the importance of the issue to doctors, Canberra Doctor has canvassed and published a considerable range of views from key players which include the ACT Health Minister Katie Gallagher, The Opposition Shadow Minister Jeremy Hanson, The Greens Health Spokesperson Amanda Bresnan, the ANF Secretary Jenny Muragaya, Archbishop of Canberra and Goulburn the Most Reverend Mark Coleridge and the Palliative Care Society President David Lawrence and Walter Kmet, Director of public hospitals within Little Company of Mary Health Care.

In many respects these well-expressed statements do not need further commentary. However a number of the matters raise further issues so I will take the liberty of offering Editorial comment.

Firstly, I do not have a predetermined view on the matter, although I admit that I find it to be a fascinating exercise from so many viewpoints. It is a credit to the Canberra community that it is able to have open dialogue without avoiding important social, political and religious aspects of the debate.

It is clear that, for the Government's health agenda, there are potentially many synergies which can be anticipated by bringing Calvary Public under the same umbrella as the rest of the ACT public hospital services. The Government has made statements to the effect that it is committed to keeping the essence of Calvary the same as it is currently, however, one can only assume that in making promises to spend an extra $200 million on the site, there are real changes envisaged for its further development so that it will augment the TCH conglomerate. A clarification of the plans for this future expenditure would in all probability ease the concern of many and make it more apparent how the community will gain benefit.

It has to be said that the community holds Calvary and its services in high esteem and the assumption that unifying it within the ACT health portfolio will de facto lead to the best heath outcomes needs greater examination and argument particularly when comparing with the option of a new agreement of service and funding with the Little Company of Mary. Of course these considerations will have been examined but it is hard for the community to get behind the Government's proposal without some fleshing out of this scenario.

Like most doctors, my financial and accounting skills are not well honed, however I do have concerns about the dollars. Whilst $77 million seems little enough compared with say the cost of building National Capital Private Hospital some years ago, when one considers the $1,400 million ticket for upgrading and modernising TCH one might wish to ask whether a completely new hospital would be a better venture than purchasing and refurbishing the now ageing Calvary public hospital complex. No doubt this also has been modelled in detail and should be part of the open discussion.

Clearly there are differing opinions amongst prominent economic experts which have been expressed regarding the economic implications of purchasing Calvary compared with the alternatives. Such widely differing estimates of financial impact are so often with us when considering major capital outlays but they also add to the uncertainty of opting for change versus the status quo and somehow need to be addressed.

One of the more intriguing aspects of the whole matter is the complementary and apparently deal-breaking sale of Clare Holland House to the Little Company of Mary. This part of the deal has animated discussion at least as much as the Calvary proposal itself. In essence, it would appear that Canberrans consider the Hospice to be a great community asset which meets their needs so compassionately and well in its current form, that there is no compelling argument for transferring its ownership and long term management. The valuation of the site and facility and future possible development of the site probably warrants further public discussion also.

There are many other issues relating to the sales, many of which are conjecture or unresolvable and ultimately come down to personal weighting of the pros and cons. With the Catholic Church itself having to deal with assessing both the relevant economic and commercial factors and the Church's own mission, it is not surprising that Canberrans generally find the debate stimulating and emotive, particularly as it is likely to effect their own and their families' health care and as taxpayers, their pockets.

Governments and Ministers should not have free reign on such major decisions as these and the public consultation processes should be allowed to be comprehensive, honest and transparent. At the end of the day, however, as a community we have to trust our elected representatives to conscientiously look after our interests after having heard us out.

More stories inside...

Read what they say about the sale!

From the President's pen...

Before I began to write this piece I revisited last year's "final" report. It reminded me that the challenges facing the health system are as ever, ongoing and at times disturbingly unchanged. We seem to spend a great deal of time restating the "problems" and perhaps too little time celebrating the victories. Australia in general and the ACT in particular remain at the forefront of health care in the world. Our outcomes are good by world standards and our Doctors, Nurses and Allied Health professionals are all acknowledged world wide as being of the highest standards. My hope is that we won't head too far down the path of diluting those standards in the name of "solutions" to the "looming crisis in health care".

We do need to have a debate as a community about where our priorities lie, because the pockets of taxpayers and patients are not infinitely deep, but we should not lose sight of what is good about our system. Our system was built on people looking after people, on individuals taking responsibility for what they do every day at work, and I hope we can give our young doctors in their future training a sense of that individual responsibility which is not a consequence of the system, but of a belief that it's a good thing to do, to help someone else in their quest for health or in their journey to the end of their life. Our health system should make it easier, not harder, for us to say "What would be best for this patient, this person I am with now, who needs my help?" We need to be careful that the right person is giving that help in as timely a way as possible.

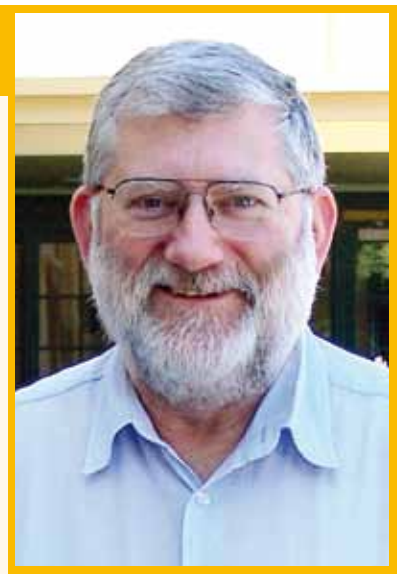
At the same time we need to acknowledge that systems don't always look after people who work in them, and that "tradition" used to allow for the beating of "fags" in schools only a few generations ago. We should find ways both to train our young doctors and support them through their careers.

The AMA aspires to be an organisation with a sense of the (usually fascinating) journey through a doctor's career and to be a broad church representing the needs of students, doctors-in-training, salaried doctors in administrative roles, salaried specialists, GPs and specialist VMOs, as well as having an eye on the welfare of those who have retired. Any of you can have our help and we aim to look after your interests wherever you work, in whatever field.

Sadly, we have to acknowledge the death during this year of a number of our colleagues, some after a long and distinguished career and happy retirement, some sadly after serious illness, including depression. We doctors are a strange and diverse community but we do need to look after one another.

We are sad but proud to remember the contributions to our profession of Philip Deck, John Horsley, Barrie Moran, Sir William Refshauge, D'Arcy Webling, David Barton and recently of Margaret Keaney, a stalwart of Calvary Hospital in its infancy and during it's growth.

Those of you who manage to tear yourselves away from my column will see that we've devoted much of this issue to the proposed sale of Calvary Hospital. I won't rehash my previous musings on this, but encourage you all to read the interesting contributions from a diversity of perspectives which have been presented by those who have contributed.



Dr Paul Jones.

Finally, most of you will hope to get at least some sort of break soon, so be safe on the roads, don't get sunburned, drink moderately, eat sensibly and come back after the silly season refreshed and ready for more interesting challenges ahead.

Calvary public hospital and Clare Holland House sale?

Health Minister, Katy Gallagher, MLA

As you would be aware, the ACT Government has been consulting the community over proposed changes to the ownership and governance arrangements for Calvary Public Hospital and Clare Holland House. As would be expected, there has been considerable interest in the proposal and much media commentary about the issue. I appreciate this opportunity to provide Canberra doctors with information about the proposed changes and to clear up some of the myths and misunderstandings that have arisen in recent weeks.

The proposal in brief involves the ACT Government purchasing Calvary Hospital from the Little Company of Mary Health Care (LCMHC) for $77 million and transferring ownership of Clare Holland House to LCMHC for $9 million. The purchase would be funded through the Government's unencumbered cash and return to the Government's balance sheet as an asset of the same value. Importantly, over a twenty year period, the ACT's operating budget is $145 million better off if we buy the hospital than if we maintain the status quo.

Why now?

As we embark on our $1 billion "Your health – our priority" redevelopment of our public hospital and health care system here in Canberra, now is the time to consider the most efficient and effective means for delivering health services to the people of the ACT and surrounding region over the coming decade. This is particularly important as we prepare for the peak in demand due largely to an ageing population and the increased prevalence of chronic disease in the community. This massive redevelopment does create challenges for the Government in relation to Calvary and we have to consider how we fund such large scale capital investment in assets the community does not own.

The current discussions with LCMHC also reflect the fact that contemporary public hospital and health services are delivered in a networked model, recognising that no single health facility is able to comprehensively meet the needs of all the patients in its local area. Hospital and health service providers work together to provide the range of health services needed by any community. Government ownership and management of the Territory's two public hospitals is important to ensure we are able to more effectively network hospital services across the ACT.

It is fair to say that the original design of the ACT's public hospital system did not envisage a non-government provider managing almost 30 per cent of all public hospital beds – a situation that exists in no other jurisdiction in Australia. A number of reviews, including last year's Auditor-General's report, have highlighted the challenges and complexities that arise from the current ownership and governance arrangements which effectively mean the ACT has two managers for its two public hospitals. This dual governance complicates the planning and delivery of services and does create some inefficiencies in the system through the duplication of some functions.

In recognition of LCMHC's willingness to consider changes to the ownership arrangements for the hospital, LCMHC asked the Government to consider allowing it to strengthen its commitment to palliative care in the ACT through the purchase of Clare Holland House and the development of a long-term service contract with the Government.

In withdrawing from public hospital care, LCMHC wishes to secure its role in the provision of public palliative care services and demonstrate its ongoing commitment to public health care in Canberra. As LCMHC is already the provider of the services at Clare Holland House and those services are highly regarded by the community, the Government was willing to agree to this request.

The Government's vision for health care

Our vision for the future is to develop one seamless and integrated public hospital and health care system for the ACT. Transferring direct responsibility for Calvary to the ACT Government will provide an opportunity to maximise efficiencies through a single governance arrangement with consistency in policy, planning and management.

As part of this vision, the transfer of ownership would also enable the Government to make significant capital investments on the Bruce site – investments that would build modern health care assets that are owned by the community. This future investment plan foreshadows a potential injection of $200 million into the Calvary campus. Given the level of investment required, the Government feels it is not the most efficient use of public funds to continue to provide capital grants to a third party for a facility that is not owned by the Government. If the proposal does not go ahead, we will have to consider how we fund capital investments given this currently results in a transfer of cash from the Government's balance sheet to assets on the balance sheet of LCMHC.

Another exciting part of the proposal is LCMHC's plans to build a new private hospital to complement the expanded public hospital. This would see Canberra's north much better served by an expanded, state-of-the-art health precinct, providing Canberrans with greater choice in service provision and boosting overall capacity of hospital services. It would also provide doctors with a new and modern operating environment, helping us to attract and retain the nation's best health professionals.

During the consultation period, several myths about the proposal have surfaced which I would like to briefly address.

Continued page 3

... continued from page 2

Myth: The Government already owns Calvary Hospital

Some people have expressed a view that the Government should not have to pay LCMHC $77 million for the land and assets, given the hospital was built on Commonwealth land with public funds prior to ACT self-government. There have also been suggestions that the Government should be able to make significant capital investments on the Bruce site while maintaining ownership of those new investments.

The Government's legal advice shows that until the Crown lease expires, is terminated or surrendered, Calvary owns the buildings and improvements on the land. The advice also confirms that Calvary has an exclusive right of possession in respect of the buildings and improvements on the land, regardless of who funds the construction or improvements. To regain possession and control of the campus, the Territory would have to terminate the lease. However, in the absence of a breach of contract by Calvary, the Territory is unable to terminate the arrangements in relation to the operation of the public hospital without the consent of Calvary. Furthermore, Calvary is entitled to the grant of a further lease on the expiration of the current 99 year Crown lease. Essentially, what is being acquired is the unexpired portion of the Crown lease and its rights to occupy and use the land, buildings and assets over that term. Calvary may elect to surrender the Crown lease, however, the Territory cannot compel it to do so.

Myth: Calvary Hospital has been deliberately underfunded

The Government has always provided sufficient funding to the hospital to deliver the services required and has always met budget overruns. In 2009-10, the Govern-ment, through its service contract with Calvary, will provide approximately $120 million in funding for the delivery of public hospital services. Recurrent funding for operating Calvary Public Hospital has risen by 77 per cent since 2002-03. The Government has also provided about $45 million in capital funding to Calvary during that period to ensure the hospital is maintained in good condition.

Myth: The proposal is based on an accounting argument

To meet our objectives for health service delivery, the Government needs to invest more than $200 million in the Calvary campus. The question for the Government is whether it invests in an asset that it owns, or provides taxpayer funds as a grant to LCMHC. To simply refer to this as an accounting issue is to trivialise this important investment decision.

Investment and expenditure decisions affect the financial position of the Territory which is reflected through its accounts. The Government would be remiss in its duty to prudently manage the Territory's finances if it did not take into account the impact on the operating budget from maintaining the status quo. The operating budget and balance sheet positions are central to the overall financial position and capacity of any jurisdiction. The financial position of a jurisdiction guides taxation and expenditure decisions and impacts on credit ratings which in turn affect the cost of borrowings and confidence levels in the economy. Budget considerations are critical for any Government and to dismiss such considerations would be irresponsible.

Myth: The money could be spent on more nurses

Some have suggested that the $77 million could be better spent on more nurses, general health staff or other health initiatives. This view misunderstands the nature of capital and recurrent expenditure. As the name suggests, recurrent expenditure is a recurring expense that is generally ongoing. Capital and recurrent expenditures have different financial impacts, and are funded through different parts of the budget.

Myth: The proposal is ideologically driven

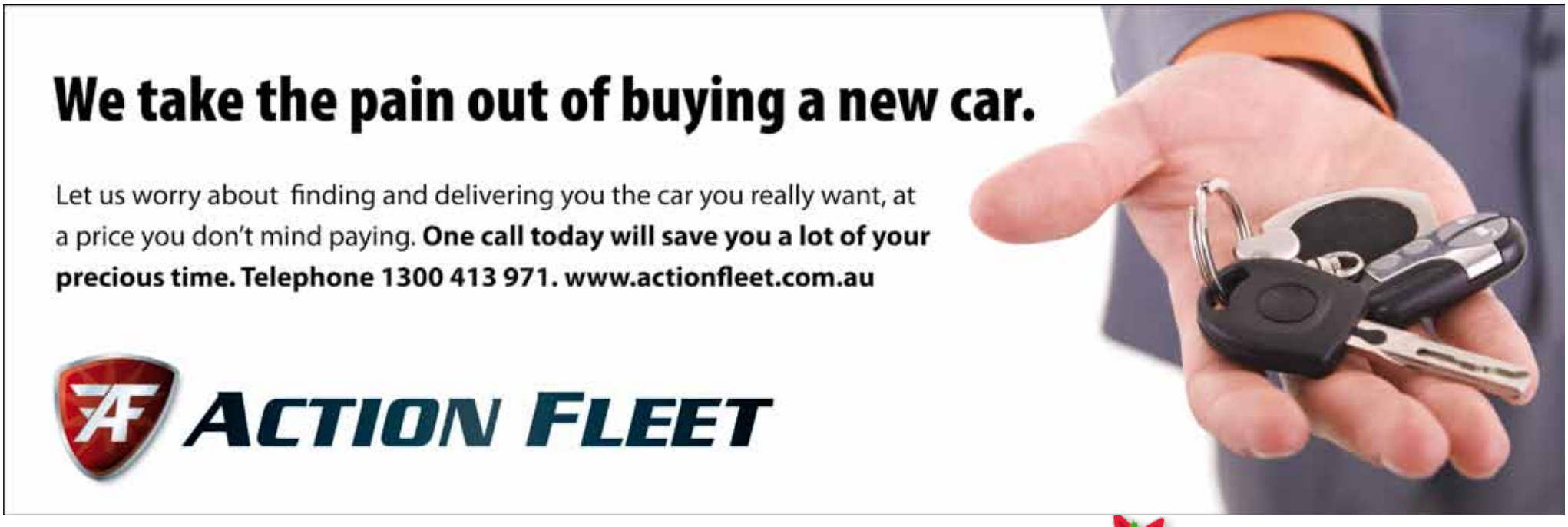
The potential sale of Calvary Hospital is not and has never been about religion. This proposal has nothing to do with whether the hospital is run by a Catholic organisation or about being anti-Catholic, rather it is about how our community pays and prepares for the ACT's future health care needs, and we believe it is more sustainable for the Government to own and operate such a critical community asset.

Myth: Clare Holland House will be fully privatised

Clare Holland House will remain a public palliative care hospice, fully funded by the ACT Government. The Government does not anticipate any changes to the services delivered at the hospice – services which are already delivered by LCMHC. The proposal is only about ownership of the building itself. A new Crown lease for the hospice will be created and will stipulate that the facility is only to be used for public palliative care. Furthermore, future transfers of the lease will be confined to a related entity of LCMHC with the same principal purpose or the Territory. ACT Health anticipates there will be growing de-mand for palliative care but this is expected to be largely in home based services.

Should the proposal go ahead, there will not be any sudden changes to the operation of Calvary Public Hospital. The Transfer Agreement sets out a five year transition period during which no major changes will be made to the mix of services provided at Calvary. This will also give us the time to integrate the two hospitals, recognising that there are some great things about Calvary that we would like to see extended to other parts of ACT Health.

I would encourage you to log on to the ACT Health website www.health.act.gov.au/calvary-consultation where you'll find more information about the proposal including ACT Treasury's analysis of the proposal and a summary of the legal advice.



Calvary public hospital and Clare Holland House sale?

Opposition Health Spokesperson, Jeremy Hanson, MLA

Why the Canberra Liberals do not support the Calvary proposal

The ACT Government's proposal to purchase Calvary Hospital and sell Clare Holland House has been the subject of much debate in the Canberra Community. Although there may be some further detail in the appropriation bill to be tabled in the Assembly, the Canberra Liberals have reached a point where there is sufficient information available to make a decision on our position. The Canberra Liberals will oppose the purchase of Calvary Hospital, and will oppose the sale of Clare Holland House.

The ACT Liberal Opposition has maintained an open mind about the proposal while we have sought to separate the fact from the fiction, scrutinise the details of the deal, and discuss the proposal with all of the affected stakeholders. Our most important consideration has been whether the proposed deal will result in improved health services in the ACT.

It is vitally important to remember that Calvary is already a public hospital that currently delivers health services to the ACT, and will continue to do so regardless of the ownership arrangements. Owning the hospital will not improve that health service one iota.

If there is any evidence that health outcomes would be improved, or that our hospitals would be any more efficient or effective as a result of this proposal, why has that evidence not been presented? The Treasury analysis and the Government's consultation papers fail to provide any evidence that this would be the case.

The simplistic argument that our hospital system would be less complicated and more effective if Calvary was owned by ACT Health is flawed. This point was well made in the Canberra Times editorial of 5 October:

"More likely than not, however, Calvary will continue best if managed separately… All too often amalgamation leads to more, not less bureaucracy, stifles rather than allows innovation, and restricts rather than increases opportunity. If that is a consequence of the takeover, it will have been a bad thing."

Calvary Hospital's culture results in a very high quality of care, and we risk this being lost.

The next question is; are there financial benefits to the deal? The answer is no.

No matter how the accountants treat the purchase, $77 million of cash will be borrowed or taken from government savings in order to 'own' an asset that is already providing a public health service. This will result in an 'opportunity cost' of the same amount.

For example, the $77 million could be used to significantly increase the capacity of our health system. This could fund such facilities as; a neurosurgery operating theatre ($10.5m), a surgical assessment and planning unit ($4.1m), an adult mental health inpatient facility ($2.29m), the Gungahlin Health Centre ($18m) and the Aboriginal and Torres Strait Islander drug and alcohol rehab facility ($5.8m). That is just over $40 million of health assets but illustrates the opportunity that will be lost.

The 600 plus people who have been waiting over a year for elective surgery might ask why we are not using $77 million to reduce elective surgery waiting lists that are the longest in the country. Nurses who are under great pressure working overtime to cover ACT Health's vacant nursing positions might ask why some of the $77 million could not be used to recruit more staff. People who can't access a GP might wonder whether $77 million could be used to roll out some of the 30 recommendations from the Government's GP Task Force.

> The cash versus asset accounting argument has been used as a major part of the Government's rationale for the whole deal. The ACT Government's accounting argument that they must move the Calvary hospital assets to their balance sheet before making any additional investment in the hospital is flawed, and in my view is a poor public policy decision. This view is supported by the respected RMIT economist Professor Sinclair Davidson, who has described the Government's budgetary arguments as "*simply nonsense*" and has described the ACT Treasury analysis as "*the snow-job the ACT government is pulling over the numbers.*" His assessment is that rather than supporting the Government's case, "*the ACT Treasury analysis shows that cost-effective manner to be the maintenance of the status quo.*"

Terence Dwyer, who has a PhD in economics from Harvard, also made a damning analysis of the Government's financial arguments in his Calvary consultation submission. He makes the case that *"The accounting "analysis" has nothing to do with the real economic cost to the community — which is the cash cost." and, "It does not matter who owns the assets so long as they are used for health care in the ACT."*

His assessment of the Government's Treasury analysis is that *"…the Treasury analysis shows that, far from saving money, the proposed Government takeover of Calvary Hospital means the people of the ACT are to be made to pay extra tax to the tune of $160 million extra in cold hard cash."*

The question of ownership is also an important one. Many people in the Canberra community have raised serious concerns with the Little Company of Mary Health Care (LCMHC) walking away with $77 million by selling a facility originally paid for by the tax payer. Regardless of the argument about who should own and operate the public hospital, I am yet to meet anyone who does not agree that $77 million is too much public money to pay for a hospital that the public has already paid for!

The Government's plan to sell Clare Holland House as part of the deal to acquire Calvary clearly exposes the utterly flawed nature of the entire proposal. Clare Holland House is being used as a bargaining chip by the Government to get LCMHC over the line on the Calvary deal. The Government has not even bothered to present a business case or any justification for the sale. The use of Clare Holland House as a pawn by the Government has upset those close to the facility such as the Palliative Care Society and the Health Care Consumers Association, who both oppose the sale.

The question of why LCMHC is apparently such a willing participant in the proposal is also worthy of examination. It is clear that the desire to reclaim Calvary has been part of the Government's agenda for years and they have applied pressure on LCMHC to sell previously.

The Government's previous attempts to take ownership of the hospital when Simon Corbell was the Health Minister and the unwillingness of the Government to commit additional funding to Calvary hospital in the future have left LCMHC with little choice but to sell.

Some see the Government's actions as tantamount to holding a gun to LCMHC's head and forcing them to sell. Archbishop Coleridge, the head of the Catholic Church locally, has provided a comprehensive summation of his concerns with the Government's proposal that is available on the Archdiocese of Canberra and Goulburn website. Clearly he is dissatisfied with not only the proposal but also the process when he says:

"…this whole episode has been puzzling to me and left me with the sense after twelve months that something fundamental has gone wrong in the process, at least at the level of communication."

The final criticism I have of the Government's proposal is the way in which the whole process has been conducted. Prior to the last ACT election the Government and LCMHC were engaged in private discussions. Katy Gallagher wrote to the Chairman of LCMHC on 20 August 2008 outlining a deal and requesting that a 'heads of agreement' be signed before the election caretaker period. So when Katy Gallagher said on eve of the 2008 ACT election, 'all of our plans are on the table', this was, to put it simply, not true.

Ultimately, the deal only came to light in April this year, six months after the election, when details were leaked to the Canberra Times. Many people have asked me why the proposal was not taken to the election and I agree that it should have been. The Government's agenda was hidden from the electorate, and no matter how much 'consultation' they attempt at the eleventh hour, it is seen for what it is, a done deal.

The period of consultation from 1 October to 12 November has actually been an exercise in advocacy and public relations rather than a genuine attempt at consultation. The consultation process has been viewed by many who have participated, including me, as a sham.

> In conclusion, our analysis has found no health benefits or sound economic arguments for the proposal. The actions of the ACT Labor Government, from secret negotiations before the last election, to the threat to choke funds and build another hospital, through to the use of Clare Holland as a 'sweetener', and the sham consultation, has been very poor public process.

For the reasons outlined, the Canberra Liberals will not be supporting the appropriation bill to purchase Calvary Hospital and sell Clare Holland House when it is brought forward in the Assembly for debate.

A key priority for a future Seselja Liberal Government would be to deliver the most effective health services possible, and this would include expansion of public hospital facilities and services in the north of Canberra. We believe that this could be achieved without the need to spend $77 million on a public hospital that is already there or by selling Clare Holland House.

Calvary public hospital and Clare Holland House sale?

Greens Health Spokesperson, Amanda Bresnan, MLA

The ACT Greens believe that public health facilities should be in public hands. For that reason, we support the ACT Government's proposed purchase of the Calvary Public Hospital, but have a number of concerns about Little Company of Mary Health Care acquiring Clare Holland House.

The ACT community, and Members of the Legislative Assembly on its behalf, are faced with a difficult and compromising situation where to achieve one form of government ownership we must give up another. Rather than accept this proposal as is, the Greens MLA's wish to see the Government pursue an arrangement where it has ownership of both Calvary Public Hospital and Clare Holland House.

We acknowledge that Little Company of Mary Health Care has a position of great power in this situation. It's Board has indicated that it is unwilling to sell the Hospital if it is unable to purchase the Hospice. Public consultations conducted by the ACT Government have shown that the

ACT community would like both facilities to be under government ownership, and it is on this basis that I moved a motion in the Legislative Assembly calling on Little Company of Mary Health Care to reconsider the inclusion of the Hospice in the deal.

The Greens do not question the commitment that Little Company of Mary Health Care has to providing quality health care services, including palliative care services, in the ACT and around Australia, nor do we question its experience. We appreciate that when a person is experiencing or witnessing the dying process, their spiritual needs are often at their greatest. The ability to provide caring and quality palliative care services that incorporate a client's unique spiritual needs is of vital importance.

We do however question the appropriateness of an organisation that is not government directed and fully accountable to the people to have such an influence on where and how public health services are delivered. While we respect the need for each health specialist to be able to determine what services they are personally willing to engage in, it is not appropriate for a large section of public health care services in the ACT to be limited to an organisation's religious ideology. With respect to palliative care, we do not wish to see non-Catholic patients in a public palliative care system have to make decisions about their health care utilising a Catholic ethical model, if that is not what is appropriate for them.

The Greens also recognise the structural deficiencies that exist where public and private arrangements operate within the one facility. Our health dollars are precious and already they total some one billion dollars on an annual basis in the ACT. And yet we are in a situation where those dollars are inadvertently cross subsiding private health care at Calvary Public Hospital. The ACT Auditor Generals' 2008 report on the 'Management of Calvary Hospital Agreements' found that the Territory's financial interests were not being protected through the existing structure, and there were a number of examples where major cross-charge calculations by Calvary Health Care featured omissions and incorrect charges. Unfortunately Calvary Health Care often disputed claims of under-payments and subsequent discussions with ACT Health led to agreed, often lower, amounts being repaid.

Beyond the exchange of ownership of ACT public health care facilities, the community is being tasked to agree to providing a 30 year contract to Little Company of Mary Health Care to maintain its current level of palliative care service provision. The ACT Government wishes to provide us the assurance that nothing will change, services will remain the same. One of the key reasons why the Greens believe public health care facilities should be in public hands is because the world does change, and without government ownership we can not control the manner in which our services and facilities adapt with the times.

The other factor that may change is the staff, and I would argue that it is the staff of a health facility that make it what it is. Clare Holland House has been described as a jewel in Canberra's health system, but if staff choose to leave the Hospice after its sale, loss of such experience and insight into this specialist service can not be easily replaced.

It is true that the ACT Greens MLAs are yet to make a final decision on how we will vote in the ACT Legislative Assembly when any such proposal is debated early next year. Some are pushing us to decide sooner, but we do not wish to rush such an important decision. More information arrives on our desks about the proposal each and every day, and we recognise the impact any decision we make will have on the ACT public health system. But, if you agree that public health care facilities should be in public hands, you can be assured that we have been campaigning hard to alter the Government's proposal to reflect this principle.

Calvary public hospital and Clare Holland House sale?

National Director, Public Hospitals, Little Company of Mary Health Care, Walter Kmet

The proposed transfer of Calvary Public to the ACT Government and the purchase of Clare Holland House (CHH) by Little Company of Mary Health Care (LCMHC) is an issue that has occupied the opinion and letter pages of the ACT press and taken up air time on local radio over the past eight months.

Much of the debate has centred on the continuing role of Little Company of Mary Health Care in the provision of health services in the ACT and the finances of the proposed sales.

In all the commotion, little has been heard about what opportunities the changes might open up for new investment and initiatives by Calvary Health Care (CHC) both in the facilities and services offered through Clare Holland House.

For Doctors and General Practitioners (GP's) the issues around palliative care are important and poised to become more important as the total population in Canberra ages rapidly and the burden of chronic disease grows.

The critical questions include: How does a patient transition from one service to another? Where can I find all the information I need? What training and resources are available for me to better deal with what is becoming a more prevalent need?

Most patients in the advanced stage of cancer or organ failure will be hospitalised and receive much of their care, at least initially, in tertiary care settings.

While they will mostly be surrounded by specialists in the acute care setting, the GP has an essential role in ensuring continuity of care. This requires coordination and planning, including knowing when and how a patient transitions from hospital or acute care to palliative care.

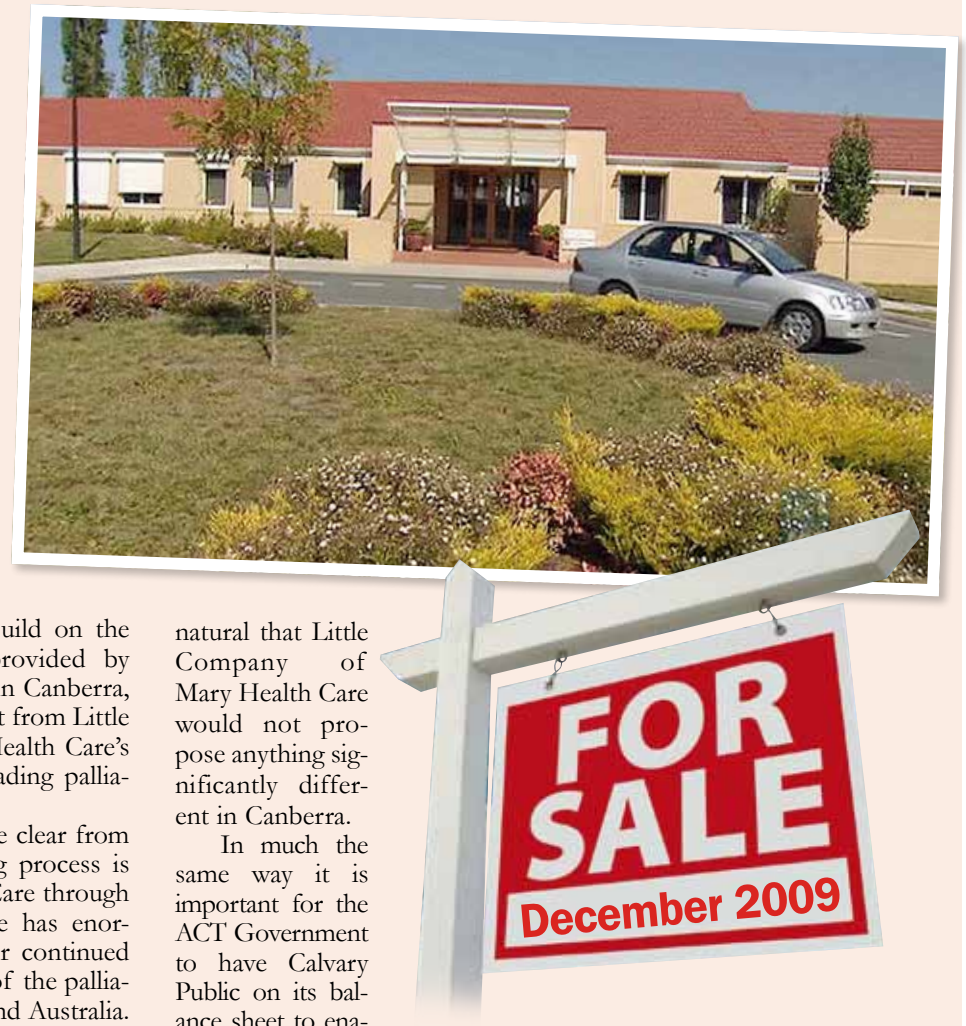
For the past six months, Calvary Health Care has been talking to a range of key stakeholders about how palliative care services across the ACT could be improved and what a strategic plan for the future of these services might look like.

This has involved, amongst other things, weekly visits by senior executives from Calvary Health Care with Clare Holland House staff to talk about and plan for the future.

The planning process culminated in a two day community workshop in September which involved ACT Health and Community Health, the Palliative Care Society, GP referrers, Carers ACT, amongst others. Discussions have also been held with Palliative Care Australia and Catholic Health Australia, peak bodies deeply involved in the future of palliative care in Australia, particularly at this time as the Commonwealth Government moves towards a new National Palliative Care Strategy.

This forum identified more than 460 issues and opportunities, and mapped the major elements of the patient journey. It also developed a picture of what the "ideal" palliative care environment would look like .

What this means on the ground and how these ideals will be realised is a work in progress but at a minimum Calvary Health Care is looking closely at a number of initiatives that range across increased community engagement, increased investment and increased academic and research partnerships. An emerging need will be how specialist services such as CHH can further support primary care providers in end of life supportive care as well as the management of chronic diseases associated with end of life care.



This would all build on the services currently provided by Calvary Health Care in Canberra, which can also benefit from Little Company of Mary Health Care's network of world leading palliative care services.

What has become clear from the strategic planning process is that Calvary Health Care through Clare Holland House has enormous opportunity for continued proactive leadership of the palliative care agenda around Australia.

In every health and aged care service that is sponsored by the Little Company of Mary Sisters, palliative care and care of the dying, is a central part of the ministry.

To achieve a model of palliative care in the ACT that will benefit from the experience and size of the Little Company of Mary Health Care Palliative Care network ownership of Clare Holland House has been proposed. The model of ownership proposed is consistent with one that works and has worked in Australia for many years, so it is natural that Little Company of Mary Health Care would not propose anything significantly different in Canberra.

In much the same way it is important for the ACT Government to have Calvary Public on its balance sheet to enable it to invest at Bruce, so too it is for Little Company of Mary Health Care and Clare Holland House. The institutional strength that the ACT Government wants through ownership of Calvary Public Hospital is the equivalent for Little Company of Mary Health Care in respect of Clare Holland House.

Should Little Company of Mary Health Care own Clare Holland House, Clare Holland House will continue to operate as a public hospice facility and its services will be available to all without any consideration of race, faith or economic circumstance. Indeed the roots of Clare Holland House under the auspices of Calvary Health Care, originally in Acton, are in caring for those suffering from HIV/AIDS free from judgement and indeed full of respect for each individual and life itself.

Clare Holland House will maintain its role as a specialist palliative care facility focusing on the complex needs of patients and their families.

Calvary public hospital and Clare Holland House sale?

ACT ANF Secretary, Jenny Miragaya

The following is an edited version of the submission made by the ACT Branch of the Australian Nursing Federation to the government's information paper.

The Australian Nursing Feder-ation (ANF) recognises the unique position of Little Company of Mary Health Care in the provision of publicly funded health care services within the ACT, and the complexity that the management of almost 30 per cent of all public hospital beds in the ACT, by an independent and non-government provider, poses for both the ACT Government and Little Company of Mary Health Care.

However, the Australian Nursing Federation ACT Branch joins with the Minister for Health in hoping that should the sale proceed the ACT Government will have (as mentioned on page 3 of the Information Paper) "the opportunity to develop one seamless and integrated public health system for the ACT, and maximise efficiencies through a single governance arrangement, with consistency in policy, planning and management." The Australian Nursing Federation ACT Branch has difficulty reconciling this version, which is readily identifiable with the proposal to purchase the public hospital, with the concomitant proposal to sell the hospice.

While generally supportive of the overall proposal, the Australian Nursing Federation ACT Branch has considerable concerns in respect of the inconsistency of the Government's approach when viewing the proposed purchase of the public hospital, and the rationale put forward in its support, when viewed against the proposal to sell the hospice. Of additional concern is the employment status of public sector employees employed at the hospital and in palliative care as this remains unclear especially when considered against the unequivocal clarity in respect of public sector employees currently employed at Calvary public hospital. It is these concerns and inconsistencies which form the basis of the Australian Nursing Federation ACT Branch's response.

Australian Nursing Federation ACT Branch agrees with, and is supportive of, the contention that the sale of Calvary public hospital to the ACT Government will result in the hospital being fully integrated into the ACT public health care system and deliver a more consistent and comprehensive network of service delivery across the ACT and region. For the most part, the members employed at Calvary public hospital are very supportive of the proposal and are looking forward to being employed by ACT Health. However, members currently employed at the hospital have expressed considerable concern in relation to the proposed sale of the hospice to the Little Company of Mary Health Care as part of the arrangements for the sale of Calvary public hospital.

The Australian Nursing Federation ACT Branch understands that currently Little Company of Mary Health Care is contracted to provide palliative care services "on a year-to-year basis" at the hospital and through the home-based palliative care service. The Australian Nursing Federation ACT Branch further understands that the hospice is a purpose built facility, wholly funded by the ACT taxpayer. It would therefore seem inappropriate to sell this facility to Little Company of Mary Health Care and still require ACT Health to fund the services provided by the hospital through a contractual arrangement with Little Company of Mary Health Care. Of additional concern is the proposed length of the contract. The Australian Nursing Federation ACT Branch considers that a new operating agreement "for a term of not less than 30 years" is unusual, particularly given the acknowledged difficulties identified in respect of governance and transparency which have been the subject of a "string of reviews, investigations and audits since 2002" in relation to the co-located Calvary public and private hospitals located at Bruce.

While acknowledging, and supporting in the preamble above, the Minister's vision of a fully integrated public health system for the ACT, and accepting this argument in favour of the sale of Calvary public hospital, the Australian Nursing Federation ACT Branch cannot accept the converse. The sale of the hospital will result in the hospice no longer being fully integrated into the ACT health care system and will deliver less consistent and a less comprehensive network of service delivery across the ACT and region. It is therefore incongruous that the ACT government would consider selling the publicly owned hospice. Hence the Australian Nursing Federation ACT Branch is unable to support the sale of a publicly funded health care asset and service to a private company and questions the advisability of such an action, particularly given the stated commitment to providing the ACT community with publicly-funded palliative care services.

Apart from these philosophical concerns in relation to the provision of publicly funded health care services are industrial and professional concerns in respect of the public sector employees employed at Calvary public hospital, the hospice and in palliative care.

The Australian Nursing Federation ACT Branch is concerned that it is the intention of Little Company of Mary Health Care to employ hospice and palliative care employees under a separate private sector Agreement and these employees would become private sector employees through the transmission of business arrangements. Clarification in respect of the status of these public sector employees is therefore imperative if employees are to make an informed decision regarding their ongoing employment should the sale proceed.

Further the Australian Nursing Federation ACT Branch has been informed by members that even though they are currently employed as public sector employees working at the hospital or in home-based palliative care they have been requested by Little Company of Mary Health Care to meeting additional performance indicators in relation to the Mission and Values of Little Company of Mary Health Care. These requests would appear to be contrary to the principles of merit selection, equity and diversity expressed in the Public Sector Management Act and Standards.

The Australian Nursing Federation ACT Branch while broadly supportive of the overall proposal, has considerable concerns in respect of the inconsistency of the Government's approach when viewing the proposed purchase of the public hospital, and the rationale put forward in its support, when viewed against the proposal to sell the hospice. Of additional concern is the status of employees employed at the hospice and in palliative care as this remains unclear especially when considered against the unequivocal clarity in respect of public sector employees currently employed at Calvary public hospital.

In summary, the Australian Nursing Federation ACT Branch seeks further clarification:

- The apparent dichotomy in respect of the rationale articulated in support of the purchase of Calvary public hospital when compared with the rationale articulated in respect of the proposed sale of the hospice
- The current and ongoing status of employees employed at Calvary public hospital, the hospice and through palliative care
- How the provision of publicly funded palliative care services can be reconciled with the Mission and Values of a private religious based organisation
- How the provision of secular public palliative care services within a fully integrated ACT health care system will be achieved.

Calvary public hospital and Clare Holland House sale?

For more than a year I've been grappling with the many questions and issues involved in the proposed takeover of Calvary Public Hospital by the ACT Government.

I've also been trying to know the facts, which has been harder than it sounds. My prime assumption was that the Hospital should not be sold, since it was performing well and was highly regarded in the community. Therefore, the burden of argument was upon those who proposed or favoured the sale. Moreover, the Little Company of Mary Sisters have contributed magnificently to the ACT community through the years, and I felt bound to honour their legacy of service.

I've considered the arguments put forward by both the ACT Government and the Board of Little Company of Mary Health Care which advises the Little Company of Mary Sisters. I've listened to voices of every persuasion and tried to sift what I've heard. I've tried not to be obstructionist, nor to play the sectarian card in any way. My overriding concern has been the good of the whole ACT community and the good of Catholic health care generally.

I am no health care expert, no medico, lawyer or accountant. I am a bishop. Some have wondered why a bishop should be involved at all in a negotiation like the proposal to sell Calvary. What's it got to do with him, or the Church, let alone the Vatican? The fact is that it has a fair bit to do with all three, because the Little Company of Mary is part of the Church's mission. It's not – as one caller suggested on ABC radio – a private company whose business it is to make money. Little Company of Mary is a body whose calling it is to serve the sick and dying in the name of the Church, which means in the name of Jesus Christ. Little Company of Mary can't afford to lose money, but it's not in the business of making money. As Archbishop, one of my main tasks is to oversee and coordinate the apostolic works in the Archdiocese; and Calvary has been one of the most important of these. That's why I haven't simply looked the other way or applauded from the sidelines.

Calvary Hospital has never been easy. There were protests on the day it opened; and dealings with successive governments have been difficult. But it's never easy for a private provider to run a public hospital; there's always tension with the funder. But the fact that it's difficult doesn't mean that a private provider should withdraw from the fray. Withdrawal might be dictated at times by commercial or financial considerations, but it's unlikely ever to be dictated by Gospel considerations which are at the heart of Catholic health care. In all health care, management has responsibility for the finances and medical staff has responsibility for patient care. That's no less true of Catholic health care. But in Catholic health care there's one extra element: the Church has responsibility for mission. And that's why I've been involved in the negotiation over the proposed sale of Calvary. Those who think that the Church and the Archbishop should mind their own business fail to understand not only the Church but also Catholic health care.

Through this negotiation, I've come to see clearly that the ACT Government has a duty to plan in an economically responsible way for the future of health care of an ageing population with ever more complex health needs. The costs of health care are vast and they are rising. Therefore, no government can sit on its hands and do nothing; and the ACT Government is making a serious attempt to plan for the future. One might question some of the Government's strategies or tactics, but no-one could doubt the seriousness of their attempt to plan ahead.

Into the future, no jurisdiction – least of all the ACT – can afford ruinously expensive duplication of facilities and services. There has to be greater coordination and streamlining in the interests not only of cost-saving but also patient care. That's why no-one who knows the facts could defend the *status quo*. Rejection of the proposed sale of Calvary doesn't necessarily mean a defence of the *status quo*. Things have to change; the only question is, How?

What I fail to understand is why the need for change should mean a totalitarian approach to provision which would exclude in principle any provider other than the ACT Government. Such an approach has never been Labor Party policy. For Federal Labor, an appropriate public-private mix of provision seems to be the best way forward for health care. Perhaps there is in the ACT Government an ideological bias not found elsewhere – a bias which claims that private providers, let alone Catholic providers, have no place in public hospitals. This may relate to a larger pressure pushing religion of any kind from the public square. Why could not the necessary changes be made to Calvary with Little Company of Mary remaining as a private provider working in a new kind of cooperation with the ACT Government?

There's no evidence to suggest that government bureaucracies run better hospitals than private providers. If anything, the evidence points in the opposite direction. The recent AMA Annual Report on public hospitals made it clear that public hospitals across the nation are going from bad to worse, despite the recent injection of funds from the Commonwealth. In a television interview after the Report's release, Dr Andrew Pesce, National President of the AMA, said bluntly: "Governments aren't up to the task". This was because the AMA Annual Report year after year was saying much the same thing and tracing a downward spiral despite all the talk of reform and the injection of funds. Something is wrong in the system. The Federal Government has spoken repeatedly of the need for radical hospital reform and has raised the prospect of the Commonwealth assuming responsibility for public hospitals, given the ongoing failure of State and Territory Governments to deal with the chronic problems and stop the downward spiral which sees costs rising and patient care deteriorating. What sense does it make in such a situation for the ACT Government to want to assume total control of public hospital care? Would such a takeover be in the best interests of the ACT community or even the ACT Government's own finances, for all the talk of the large savings that would come with a takeover of Calvary?

During the public consultation, the ACT Minister for Health has said she wants to dispel the myths about a takeover of Calvary Public Hospital. But she may be peddling a few of her own. There's the oft-made claim that the ACT Government *cannot* invest major capital funds in a facility like Calvary which it doesn't own. However, it's been pointed out by former Health Department Secretary and now National President of the Institute of Public Administration Australia, Andrew Podger, that the claim is unconvincing. The truth is that the ACT Government will not invest capital funds in Calvary, and it seems to be using this as a kind of threat to drive Little Company of Mary or any other provider from the Hospital.

If the Government wanted to provide capital funding, they would simply have to ask the accountants to work out how to do it without doing damage to either the Government's bottom line or credit rating. So why will the Government not provide proper capital funding to Calvary either now or into the future, despite its legal obligations set out in the various agreements which regulate dealings between the ACT Government and Little Company of Mary? The answer seems to be that the Government wants bureaucratic control, because they believe that any other provider than themselves is incapable of working in the way required by planning for the future. But why couldn't Little Company of Mary or some other provider cooperate in the way required if they really had the good of the ACT community at heart?

Another of the Minister's myths is that the proposed takeover is only about governance not quality of care. In fact, the two may be more closely linked than the Minister suggests, given the recent AMA Annual Report on our Hospitals. A change of governance may well affect the quality of care. The Minister has also been keen to claim that the character of Calvary will remain intact. The character of Calvary is largely the fruit of the distinctive Catholic ethos of health care brought to the Hospital by Little Company of Mary, and therefore it's hard to see how this will continue. The Minister seems to think that it's a question of pastoral care. But the character of a Catholic hospital is about more than pastoral care, however important that is. It involves a whole approach to health care which embodies a distinctive view of the human person and looks ultimately to the healing ministry of Jesus Christ.

It may have become harder to maintain the Catholic identity of our health care institutions, and there is an evident gap between the rhetoric and the reality. Because of this, some would say, we should get out of large

health care institutions and confine ourselves to smaller institutions over which we have more control. Not in my view. It may have become more difficult to maintain a genuinely Catholic identity in our hospitals. But the difficulty doesn't mean that we withdraw to a smaller, safer world which we ourselves can control.

Moral and ethical questions also arise. For instance, is it morally and ethically justifiable for the Government to say to the citizens of North Canberra, "We will provide you with proper health care – but only if we can own Calvary; if the takeover doesn't happen, then you'll have to make do with what's on offer or come to Woden, unless we spend a vast sum of money building a new hospital elsewhere in North Canberra". The claim that, if Little Company of Mary won't sell, the Government will build a third public hospital in North Canberra and leave Calvary to wither has been heard from time to time. Is it fact or bluff? It's hard to know, given the different things I've been told.

Or again: is it morally and ethically justifiable for the Government to withhold capital funds from a Hospital which, whilst not perfect, has given good service to the ACT community for thirty years? If Calvary were a basket case, things would be different, but Calvary is far from that, whatever the tensions between Little Company of Mary and the ACT Government from time to time.

Tensions there have been, but do any of these or all of them together mean that the question of ownership should arise? Why couldn't there be a new service agreement in the light of changed circumstances – a thoroughly revised and updated service agreement which dealt explicitly with the points of tension and forged a new level of cooperation within the context of the ACT Government's 2020 health care plan? Such a new agreement would have at least as much chance of producing the synergies and savings of which the Health Minister has spoken as would a takeover of the Hospital. The Minister has spoken as if a takeover will inevitably bring these synergies and savings. But are they inevitable? They may be possible, even probable, but they are not certain. What is certain is that if Little Company of Mary were to retain ownership of Calvary and the ACT Government continued to address their health care responsibilities in line with their State counterparts, it would save the ACT Government $77 million. That's a fact, whereas the Government's projection of a twenty-year saving of $145 million is founded on a simplistic modelling at a time of unprecedented concern about health care provision. In the circumstances, I would prefer to deal with facts rather than a simplistic projection into a future two decades hence.

Little Company of Mary Health Care has been in a difficult position, and I can appreciate their arguments, even if they are framed at times in commercial or legal terms which are always important but never enough for Catholic health care. Over the years, ACT Governments have made no secret of their desire to assume control of Calvary. A concerted attempt came in 2005 when Little Company of Mary Health Care rebuffed the Government's approach in very clear and forceful terms. The Government's most recent approach came in the middle of 2008 when Little Company of Health Health Care were in dire financial straits. Perhaps the Government saw its moment with Little Company of Mary Health Care as vulnerable as they then were. Certainly Little Company of Mary Health Care responded very differently than they did in 2005. In 2008, they showed themselves a willing seller, as they have through the last twelve months. That has been a remarkable shift. Much has changed since 2005, but enough to justify such a shift? I doubt it.

It must be said too that Little Company of Mary Health Care have in recent times improved their financial position substantially – to the point where it could not be said now that they need the cash injection that would come with the sale of Calvary. However, I've been surprised that Little Company of Mary Health Care have seemed so willing to accept the claims and arguments of the ACT Government. But they clearly felt and still feel that they face a stark choice: either to accept the offer on the table or lose everything in the ACT eventually.

The Government's offer in 2008 came at a time when Little Company of Mary Health Care's commitment to public hospital ministry seemed to be wavering and when there was a sense that the distinction between public and private hospitals was not as clear as it once was. The claim has been made, for instance, that the most vulnerable in society – always of prime concern to Catholic health care – could now be cared for as well in private hospitals as in public hospitals. That is not my view. Thanks to the Religious Congregations, Catholic health care founded public hospitals in Australia and came only late and – in Canberra at least – somewhat reluctantly to private hospitals. This is not to say that private hospitals don't matter: they do. Nor is it to say that the relationship between public and private hospitals is the same as it was in the past: it isn't. But it is to say that public hospitals remain fundamental to Catholic health care in Australia. Therefore, the Church cannot simply abandon public hospitals and concentrate our efforts and resources where we might be freer to do what we are supposed to do best.

Many eyes around Australia are watching what happens with the proposed takeover of Calvary. Calvary and Little Company of Mary are part of the national network of Catholic health care; and whatever about the peculiarities of the ACT, what happens with Calvary will inevitably have some effect on other Catholic health care institutions – if not obviously and in the short term, then less obviously and in the middle or long term. For one thing, a sale will give the impression that, with the right kind of pressure over time, you can wear the Catholics down and more generally push religion further from the public square.

The loss of Calvary will also diminish the Catholic voice in the ethics debate which is crucial at this time and to which the Church has a unique contribution to make. But that contribution is vitally linked to institutional presence which will be diminished if the Catholic public hospital in the national capital is lost to the Church.

In the end, I find it hard to believe that Little Company of Mary Health Care's willingness to sell Calvary is driven primarily by a sense of mission. It may have been driven by an understandable desire to save the mission in the middle of 2008 when disaster loomed. But now that the moment of crisis has passed, it's not easy to know why exactly Little Company of Mary Health Care is still so keen to sell. Various reasons have been given, but none of them quite convinces. Little Company of Mary Health Care certainly don't have to sell. They have a choice, though they have seemed reluctant to consider seriously other options or to devise a Plan B.

This is not to say that the Little Company of Mary Board is acting in bad faith; far from it. No-one but God sees things whole and mistakes have been made by all involved; but all have been acting in good faith. That's why this whole episode has been puzzling to me and left me with the sense after twelve months that something fundamental has gone wrong in the process, at least at the level of communication. As we move into the future, it may be important to ask what went wrong and why.

I have spoken at times of an ecclesial deficit in this process, by which I mean a diminished understanding of the mission of health care within the larger mission of the Church – and this at a time when the whole Church is being called to become more missionary. Concern for the Church's health care mission is not at odds with concern for the ACT community; on the contrary, one demands the other. After twelve months of grappling, I remain unconvinced that a takeover of Calvary would be in the best interests of either the Church's health care mission or the ACT community. Whatever the fate of Calvary, all parties will need to work more cooperatively to build a new future for Catholic health care in the ACT and beyond.

Calvary public hospital and Clare Holland House sale?

The Palliative Care Society expressed its opposition on the sale of Clare Holland House (CHH) to the Little Company of Mary Healthcare Ltd (Little Company of Mary Health Care Ltd) or to any other private Corporation in a submission as part of the community consultative process.

The Society has not expressed a formal view on the purchase by the ACT Government of the public hospital facilities at Calvary Bruce.

Clare Holland House as a bargaining chip

Extensive investigations by the Society, of this proposed transaction, makes it abundantly clear that the hospice has been treated as a throw away item to be used by the ACT Government to provide a further inducement to Little Company of Mary Health Care to co-operate in the proposed purchase of Calvary Hospital.

The Society considers this to be insulting to the families of all the people who have died at Clare Holland House and in the associated home based palliative care program.

On the other hand it appears that Little Company of Mary Health Care, in their reluctance to sell Calvary to the Government saw the acquisition of the hospice and the beautiful lakeside land it stands on, as an extra inducement, over and above the agreed value of the lease at Bruce.

The Society considers this to be opportunistic and selfish.

Subsequently, both parties have suggested that the idea of this 'deal sweetener' came from the other party. It does not matter who thought of it first: what matters is that it is an ill-conceived proposition which, paradoxically, is likely to scuttle the whole deal and has brought disrepute on both parties.

The Society submits that the question of selling the community's one and only hospice (Clare Holland House) should be subjected to proper enquiry and extensive due diligence investigations in its own right. Clearly, such investigations were not carried out because both parties were blinded by their desire to bring about the sale and purchase of Calvary hospital.

The lack of consultation

The Society points to the flaws in the Government's consultation process. It was particularly evident that the process lacked sincerity when it was announced by the Government that 'even massive public objection to the transaction would not deter the parties from their objective'.

This assertion is supported by the following-

- Only three consultation sessions were scheduled and these were held at times and in places where it was inconvenient for the public to attend. Evidence of this is that each meeting attracted less than 40 people-a percentage of which were officials and political staffers.
- The Government agreed to hold additional sessions at times and in places where ordinary citizens could easily attend. These additional consultation sessions were never offered, causing distress and confusion in the community.
- The Government was asked on several occasions to extend the consultation period beyond today as many citizens were finding great difficulty in understanding the complex issues involved. These requests were ignored.
- The Society found it necessary to run two consultation sessions of its own, just to look at the proposed sale of the hospice. These sessions attracted far more attendance than the Government consultations. This would suggest that the Government was deliberately manipulating the consultation process in order to force its proposals on an unwilling electorate.
- The Government consistently declined to release the legal advice on which its proposals rested until very late in the consultation period. Even then the documentation released was superficial and incomplete.
- Neither the Government nor the Company has been able to offer any rational basis for selling the hospice. It appears that no independent review of the delivery of palliative care services in the ACT has been done that would support an urgent need to sell Clare Holland House.
- Both parties, at different times, have tried to characterise the community's objections to the sale of Clare Holland House as being anti-catholic. This is far from the truth: the objections are better classified as anti-monopoly. The Society would be equally distressed if the Government attempted to sell it to any other private company whether or not it could claim religious antecedents.

The hypocrisy of running both the arguments for bringing Calvary hospital into public ownership and privatising Clare Holland house

Every argument advanced by the Government, for the urgent purchase of Calvary Public Hospital is an argument for retaining Clare Holland House in public ownership.

It is intellectually dishonest to say that the public good is served by removing the private operators of Calvary Public Hospital and at the same time advocating that it is good public policy to sell the only hospice in the Territory to that same private Corporation. When challenged on this point the Government's reply is that principles don't apply when the scale reduces. This is unsupportable.

If Calvary Public Hospital is sold to the ACT Government, then it is going to be very difficult for Little Company of Mary Health Care to clinically support dying patients in Clare Holland House. This will be particularly so, in the period between the sale and the construction and commissioning of Little Company of Mary Health Care's proposed new private hospital

It is understood that the chairman of Little Company of Mary Health Care is about to announce that some of the $77 million the company obtains from the ACT taxpayer will be returned to the community in the form of improvements to Clare Holland House. This is cynical if it is true

The Government has told the community on several occasions that it would remain responsible for funding, in both capital and recurrent terms for Clare Holland House. Obviously, such basic issues as these have not been resolved by the parties to this proposed transaction. A major reason given for the necessity of selling Calvary Public Hospital to the Government was that the Government would decline to provide adequate capital funding to Calvary because it did not own that facility. Concurrently, both parties are arguing opposite sides of this contention simultaneously.

Both parties have neglected to explain the consequences of transferring staffing, supply and support services away from a large public hospital.

The fallacy that Little Company of Mary Health Care Ltd must own Clare Holland house if it is to continue its role in the ACT and give effect to the legacy of the sisters of the Little Company of Mary.

The chairman of the Little Company of Mary Health Care Ltd has said on numerous occasions that ownership of the real estate is an essential part of his corporation's ability to provide and enhance palliative care services in the ACT. This is patently not so as he also says that subsequent to the proposed sale, nothing will change. Little Company of Mary Health Care Ltd already has other facilities under its management in the ACT. The Corporation has been assiduous in physically branding every building with which

it is associated. This is quite evident if one looks at Calvary Hospital, John James Hospital and Clare Holland House, which it does not yet own. Consequently, most observers believe that the Company already owns Clare Holland House.

It is understood that Little Company of Mary Health Care also requires a 30 year contract to provide palliative care services in the ACT. This combined with ownership of Clare Holland House would establish an incredible monopoly. It is most unlikely that this proposal has been fully disclosed to the ACCC.

There is absolutely no reason why the Company cannot continue its vocation in Clare Holland House under the contract awarded to it by the Government combined with a licence to occupy the hospice for the duration of the contract. A future ACT Government would be at a substantial disadvantage if it decided to offer the palliative care contract to another contractor while Little Company of Mary Health Care Ltd owned the ACT's only hospice. This would also be the case if the Government decided to provide palliative care services through its own resources as it intends to do with public health services at Calvary Public Hospital after the proposed purchase.

There is no necessary connection between owning the real estate and providing services. There is any amount of evidence to support this contention. It is possible that some of the anti-Catholic criticism of the Government's proposal stems from this focus on owning the land and buildings beside the lake.

What does this mean for people wanting to access palliative care in the next 30 or more years?

If the two transactions mentioned above were to proceed it would be necessary for any Canberra Citizen requiring palliative care to submit him or herself to the services provided by the Little Company of Mary Health Care Ltd. This is quite different to other parts of Australia where a choice exists.

The current situation in the ACT is that there is a tripartite involvement in palliative care: the funding and the ownership of the hospice lies with the ACT Government while clinical services are provided under contract by the Little Company of Mary Health Care Ltd and the volunteer service together with advocacy for palliative care in the ACT is provided by the Society

This situation has served our community extremely well for many years. To change it now, for no reason connected with palliative care, is unthinkable.

What does this mean for the staff of Clare Holland House?

Although existing staff will continue on their current awards, all new staff will be the subject of arrangements decided by Little Company of Mary Health Care Ltd and are likely to be disadvantaged compared with existing staff. We are aware that many of the current staff at Clare Holland House have indicated that they will move on to other areas if the sale proceeds.

This will bring about the dreadful loss of compassionate and skilled clinical staff which will take a long time to repair.

Anecdotal evidence from staff employed at John James Hospital indicates that Little Company of Mary Health Care Ltd is not a preferred employer.

What does this mean for palliative care volunteers in the ACT?

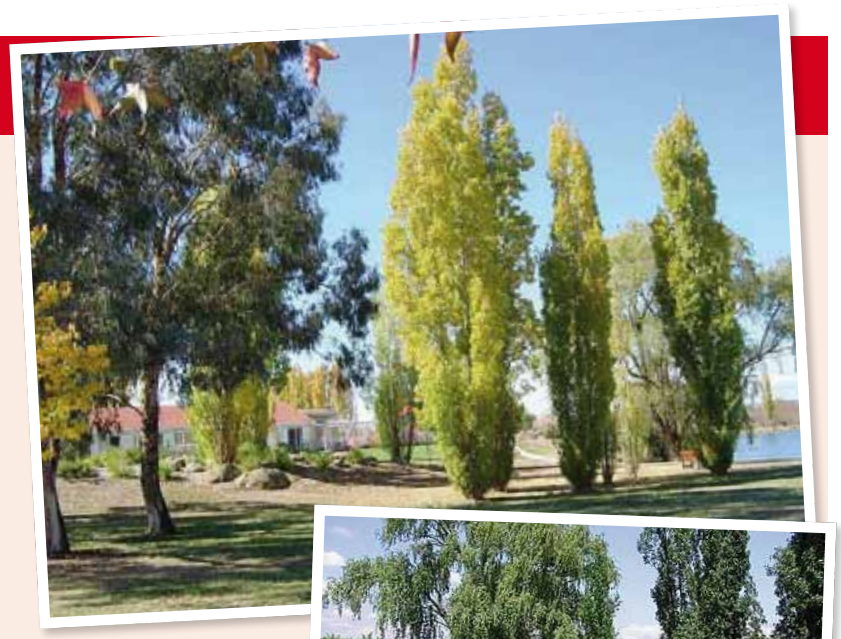
Little Company of Mary Health Care Ltd has indicated that there will be no change in the role of the Society's volunteer program. While this is reassuring, the Society wonders how long it would be before the arrangements employed in respect of volunteers in other facilities owned by Little Company of Mary Health Care Ltd, will be instituted at Clare Holland House.

It is likely that the other services provided by the Society would become irrelevant in view of the dominance, in palliative care, of the Little Company of Mary Health Care Ltd.

Conclusion

No sensible rationale has been advanced for selling Clare Holland House.

Including the sale of Clare Holland house in the larger transaction relating to Calvary hospital appears to have been a knee-jerk reaction to the reluctance of Little Company of Mary Health Care Ltd to the Government's offer to acquire that hospital. It is insulting and trivialising to treat Clare Holland House in this way.



If the Government needs to offer a further inducement to buy Calvary Public Hospital, over and above the agreed value, then it should make this obvious and find a sensible way to offer it.

If the Little Company of Mary Health Care Ltd wishes to continue providing palliative care in the ACT under contract to the Government, it should be satisfied with normal commercial terms. It should not seek special privileges that would not be available to anyone else in their situation. Many other Organ-isations may be interested in providing clinical services to Clare Holland House. The contract awarded to Little Company of Mary Health Care Ltd 14 years ago has never been market tested.

The proposed transaction is simply bad public policy.

Recommendations

- That both parties withdraw Clare Holland House from the negotiating table
- That the Government makes a specific decision about the desirability of selling Clare Holland House.
- That if the Government is of the view that Clare Holland House must be privatised, an independent review of the provision of palliative care services in the ACT be established to inform that decision.

Pain Day report

"Many learned people gathered in Canberra on October 10, 2009 for the Annual Canberra and Region Pain Day. This event is probably the first event in the world to celebrate the IASP Annual Global Pain Day which, as the picture shows, had as its theme this year of 'Musculoskeletal Pain.

"As we come to terms with the sudden passing of our esteemed colleague Dr Jay Govind of The Canberra Hospital Pain Unit we were very pleased with the recent Annual Canberra and Region Pain Day", writes Dr Geoffrey Speldewinde, Convenor and Australian Pain Society Director.

"We commemorated Jay with a memorial lecture delivered by Professor Nik Bogduk in which he presented (perhaps for the first time publicly) their last work together- a RCT of 150 patients demonstrating the remarkable usefulness of transforaminal steroid for acute and chronic radicular pain in the lower limb. The controls were deep intramuscular injections as well as transforaminal non-steroid injections. There was a convincing NNT of 3 for 'medium-term' clinically meaningful relief of radicular pain whether acute or chronic even after 8 years!"

The Day was well-rounded out with excellent and informative presentations from

- Prof George Mendelson on Compensation not overly influencing outcomes, and forms of stress in chronic pain which are NOT malingering,
- an overview of Acupuncture from Roberta Chow,
- the fascinating brain-related implications of chronic spine pain and how these new insights may inform future physically cognitive therapies
- and Brett Todhunter presenting an overview of some of the effective Spine Interventions available including of the sacroiliac joint.

It was a very well attended day with 120 attendees of the typical APS wide range of disciplines."

Back Row L:R Heather Collin, Prof George Mendelson, Geoffrey Speldewinde, Prof Nik Bogduk, Henry Tsang;

Front Row L:R Brett Todhunter, Marion Swetenham, Rebecca Chow, Joy Burdack, Rowena Kilpatrick-Lewis.

What's on for general practice

Saturday 28 November	**Young minds @headspace: Treating depression and anxiety in young people.** 9am – 5pm at headspace ACT, University of Canberra. For more information call Rosemary on 6287 8099.
Monday 30 November	**Dermatology – Event 4 – Inflammatory dermatosis + skin biopsying** 6.30–9.30pm at The Boat House by the Lake. For more information call Bronwyn on 6287 8099.
Thursday 3 December	**Testing your palliative care IQ** – case studies and multiple choice questions to review basic principles of symptom management in palliative care. 6 – 8pm at Clare Holland House, Menindee Drive, Barton For more information call PEPA Manager Annette Cole on 6264 7338.
Monday 7 December	**Therapeutic choices for menopause symptoms** with guest speaker Dr Linda Welberry. 6:30 for 7pm at The Boathouse by the Lake. For more information call Rick on 6287 8099.

Please visit our WebCalendar at **www.actdgp.asn.au/events** to RSVP to any of the above.

Canberra Doctor Anniversary Dinner and ...

... Graduation Breakfast

RADAR

Rapid Assessment of the Deteriorating Aged at Risk (RADAR) is a rapid response program to support older people in the community, when they are becoming unwell and their own GP requires assistance with medical management.

The goal of the program is to provide an older person with a rapid medical intervention to prevent a subsequent hospital admission.

The RADAR team (comprising medical staff, aged care nurse practitioner, other nursing staff) will remain closely in contact with the GP and will liaise with available services (pathology, imaging, hospital in the home, domiciliary allied health, community rehabilitation, ACAT) to ensure that timely investigation and multidisciplinary management is available for the older person in the appropriate environment.

The GP is an active member of the team and is expected to contribute to the management plan to ensure ongoing care once the period of unwellness has resolved.

Service Access

- A GP referral will be required prior to the patient being assessed.
- Other persons may flag the possibility that a patient can benefit from the program e.g. ACAT, nursing home staff but the patient will not be assessed without a signed GP referral.

Referral can be made by completing the ACRS Calvary and Radar Clinic referral form and faxing to fax number 6244 4036.

Download: ACRS Calvary and Radar Clinic referral form (Microsoft Word Document - 25k).

- The person is aged 65 years or over (younger patients may be seen if already known to aged care team or in residential care facility) or over 50 for Aboriginal or Torrens Strait Islander
- The person has suffered a decline in function/ability, which the referring doctor anticipates will result in a likely hospital admission within the next two weeks
- The person does not appear to require immediate hospital admission for acute unwellness
- There is a high likelihood that the person will be able to stay in their usual place of residence while the reason for the deterioration in health is managed.

Opening Hours: during working hours Monday to Friday.

Location

Where possible patients will be seen in our "hot clinic" at The Canberra Hospital. For those patients who cannot be transported, they will be seen in their own home (including Residential Aged Care Facilities where that is the persons home).

Cost

This is a free service.

Contact us

Please contact the Aged Care Nurse Practitioner on (02) 6244 2222

Canberra DOCTOR

Informing the Canberra medical community since 1988

Canberra Doctor is proudly brought to you by the AMA (ACT) Limited — Serving the medical community for 21 years

The Canberra Doctor team would like to wish you the compliments of the season and thanks its contributors – without whom there would be no Canberra Doctor worth reading and thanks the advertisers, who provide financial support to Canberra Doctor.

Contributors:

Medical students:
Alex Matthews
Alicia Heald
Carly Neller
Dr Tom Ward
Emma Warn
Kass Thomas
Linda Marshall
Mina Nafari
Nushin Ahmed
Konrad Reardon
Rosemary Habib
Yinan Zhang
Assoc Prof Jeffrey Looi
Dr Alex Stevenson
Dr Bob Allan
Dr Charlotte Palmer
Dr Christine Phillips
Dr Clare Willington
Dr Fiona Mcdonald
Dr Gary Jones
Dr Geoffrey Speldewinde
Dr Helen Doyle
Dr Ian Brown
Dr Ian Pryor
Dr John Donovan
Dr Paul Jones
Dr Peter Hughes
Dr Peter Sharp
Dr Rashmi Sharma
Dr Ray Cook
Dr Rosemary Yuille
Dr Stan Doumani
Dr Steven Kennealy
Mr Anthony Noakes, Office of Regulatory Services
Mr Jeremy Hanson, MLA
Mr Phil Thompson, Rise Financial
Mr Robert Cook, Minter Ellison Lawyers
Mr Walter Kmet, Little Company of Mary
Ms Amanda Bresnan, MLA
Ms Katy Gallagher, MLA
Prof Nicholas Glasgow

Please accept our apologies if your contribution has not been acknowledged above. Please advise editorial@ama-act.com.au and you will be acknowledged in a forthcoming edition.

The editorial committee of Canberra Doctor wish to thank the following advertisers for their support during 2009:

Advertisers:

Ageing Well Clinic, Dr Sue Richardson
Bonsella Wealth
Brindabella Hearing Centre
Canberra Cosmetic Surgery, Dr Robert Drielsma
Canberra Hip and Knee Replacement Calvary Clinic, Drs Michael Gillespie, Peter Morris and Mark Porter
Canberra Injury Management Centre
Capital Day Surgical Centre, Drs Andrew Foote and Simon McCredie
Capital Rehabilitation and Pain Management Centre, Dr Geoffrey Speldewinde
Caps Clinic, Dr Alistair Taylor
CB Richard Ellis
Dr Catherine Drummond
Dr David McGrath
Dr Gerry Miller
Dr Ian Jeffery
Dr Ian Prosser
Dr Philip Mutton
Dr Tony Tonks
Dr Vladimir Milovic
Gynaecology Centres Australia
Hertz
Hesta Super Fund
ISIS Fertility, Dr Nicole Sides
Jamison Medical Centre
King Financial
LJH Commercial
Marie Stopes International
Medfin finance
National Capital Diagnostic Imaging (NCDI)
National Capital Private Hospital
Sydney IVF, Drs Simone Campbell and S.Tween Low
The Foot Clinic
Travelscene Manuka
Whitsunday Private Yacht Charters
Winnunga Nimmityjah AHS
The Surgery at Jerra

Nurse Practitioners: How will the turf war end?

By Adam Keighley, Year 1, ANU Medical School

"As part of health care reform, breaking down the legislative and professional barriers to enhance the professional role of nurses, nurse practitioners and other allied health workers is an important issue, and one that needs addressing. Making the patient 'the centre of care' needs more than rhetoric and access to professional health care by the community is a basic right, not something that is to be restricted due to territorial disputes, or a view that the patient belongs to any particular primary health carer" - Australian Primary Care Community Partnership.

Largely due to the aging population, there is a significant shortage of medical practitioners in Australia, leading to inadequate health care delivery. Recent methods put in place to address this deficiency including an increase in the number of medical student places in universities around the country and additional foreign medical graduates provide longer-term solutions. In an innovative climate where significant technological and educational advances have been made, new ways to tackle the issue of health care delivery are being explored, one example being the introduction of Nurse Practitioners to help alleviate the burden upon Medical Practitioners. This imported idea which has worked well in Europe and Canada has created unfortunate and unproductive conflict in Australia.

The Australian Nursing Federation and many other nursing associations have long argued that Nurse Practitioners should be granted access to the Medical Benefits Scheme (MBS) and the Pharmaceuticals Benefits Scheme (PBS). Indeed this was reflected in the numerous responses to the National Health and Hospital Reform Commission's Report: "A Healthier Future for All Australians". Nurse Practitioners are registered nurses who have undergone further clinical training to perform a small range of duties traditionally ascribed to doctors, in a highly prescribed manner and only in specific contexts. The precise role of the Nurse Practitioner varies slightly from state to state. In the ACT, a recognised Nurse Practitioner Masters Degree must be obtained, requirements for which include meeting most of the following criteria:

- holding a current nursing degree,
- a minimum of 3-5 years post-registration clinical experience,
- recognition as an advanced practising nurse within a specific area of practice and demonstrating excellence in this role, and
- having employer support necessary to undertake the extended clinical practice components of the course within their workplace.

The length of the Masters degree varies from 1 to 2 years of full-time study and allows specialisation within a specific field. The title of "Nurse Practitioner" is protected by legislation in all States and Territories in Australia, requiring registration by the relevant Nursing and Midwifery Regulatory Authority. In addition to this, registration includes the name of the Nurse and the specific field within which they are authorised to practice: aged care, for example. Qualification as a Nurse Practitioner extends the Nurse's scope of practice to provide a Medicare-subsidised service, prescription of certain medications under PBS, ordering of diagnostic investigations and referral of patients to specialists, as outlined in their field-specific Clinical Practice Guidelines.

The AMA has made it clear that it does not believe that Nurse Practitioners provide a viable solution stating "categorically that nurses are no substitute for doctors". The AMA does not believe that Nurse Practitioners are provided with sufficient scientific and clinical training and experience to provide correct medical diagnoses and administer medical treatments. Nurses "should use their skills in a way that complements the work of the doctor – under the guidance of the doctor who provides the overarching care and who takes ultimate responsibility".

Such an uncompromising view fails to provide leadership on an issue which requires a solution. Where there should be open discussion and compromise; the AMA has alienated the government as well as the nursing profession. Indeed, the Minister for Health and Aging, Nicola Roxon, said that "the government is not interested in and won't defend turf wars" in regard to the AMA's views on Nurse Practitioners.

The AMA also makes several valid points. Introducing legislation to allow Nurse Practitioners access to PBS and MBS numbers could lead to "fragmentation of patient care, which is the enemy of quality health care". Secondly, the shortage exists not only for medical practitioners, but also for nurses and that increasing the workload for one group of nurses may not adequately address the concern. They also assert that with only 370 Nurse Practitioners around Australia, they will not have much of an impact on the overall status of health care.

Perhaps the 150 Nurse Practitioner-led walk-in clinics are not the answer to the increased demand for medical services – especially since there are not nearly enough Nurse Practitioners to staff them. However the approach taken by the AMA is not very helpful to the situation, and tends to focus on the vested interests of involved parties, rather than on the patient. In countries including England, Canada and the United States of America, Nurse Practitioners have practised for up to 40 years and have been found to be invaluable assets to medical teams.

It is reassuring to note that the AMA and the government are starting to work together on some issues. Dr Pesce, head of the AMA, announced his pleasure that the "Government recognises the centrality of general practice" in health care and that the two health care delivery models were starting to become one. While progress is being made, we still have some way to go before this turf war is behind us.

In order to find the best solution for the patient, the AMA needs to accept the role of the Nurse Practitioner and incorporate this into a collaborative care model that best suits the patient. Nurse Practitioners are not, and are not trying to be, doctors. They can, however, relieve some of the burden faced by some doctors; be it filling repeat prescriptions or providing analgesia for chronic disease patients or taking a larger role in the management of elderly people. Nurse Practitioners may perform triage roles, treating conditions that they are trained to treat, and referring as required to a GP or a specialist. The way forward is a collaborative relationship which, while beneficial for both doctors and nurses, still holds the wellbeing of the patient foremost.

Canberra DOCTOR
A News Magazine for all Doctors in the Canberra Region
ISSN 13118X25
Published by the Australian Medical Association (ACT) Limited
of the AMA Ltd
42 Macquarie St Barton
(PO Box 560, Curtin ACT 2605)
Editorial:
Christine Brill
Ph 6270 5410 Fax 6273 0455
editorial@ama-act.com.au
Typesetting:
DFS Design Graphix
PO Box 580, Mitchell ACT 2911
Ph 6238 0863
Editorial Committee:
Dr Ian Pryor – Chair/Editor
Dr Jo-Anne Benson
Dr Keith Barnes
Mrs Christine Brill – Production Mngr
Dr Ray Cook
Dr John Donovan
A/Prof Jeffrey Looi
Dr Peter Wilkins
Dr Alex Stevenson
Mr Konrad Reardon
Dr Helen Doyle
Advertising:
Ph 6270 5410, Fax 6273 0455
advertising@ama-act.com.au
Copy is preferred by Email to
editorial@ama-act.com.au
or on disk in IBM "Microsoft Word" or RTF format, with graphics in TIFF, EPS or JPEG format. Next edition of *Canberra Doctor* – February 2010.

gca
GYNAECOLOGY CENTRES AUSTRALIA

Canberra Gosford Wollongong Newcastle Sydney

Pregnancy Termination

- Private & individual treatment
- Consultation, ultrasound & counselling prior to procedure
- Only a 2 hour visit
- 24 hours on call advice
- IUD insertion with sedation or under local anaesthetic 4-8 weeks post TOP
- D&C for incomplete miscarriage, foetal demise

All Hours: 6299 5559
www.gcaus.com.au

WINNUNGA NIMMITYJAH
Aboriginal Health Services

Want to make a difference?

Are you a GP?

If you are, and if you want to make a difference, then Winnunga Nimmityjah Aboriginal Health Service, would like to hear from you.

Winnunga Nimmityjah AHS is an Aboriginal Community Controlled Health Service located in Narrabundah.

Sessions are available and you are invited to contact the medical director, Dr Peter Sharp, on 6284 2222 or mobile 0418 203 856 for further information.

"Dr Roger Tuck, Consultant Neurologist, has temporarily closed his practice at 4A/20 Napier Close, Deakin because of illness.

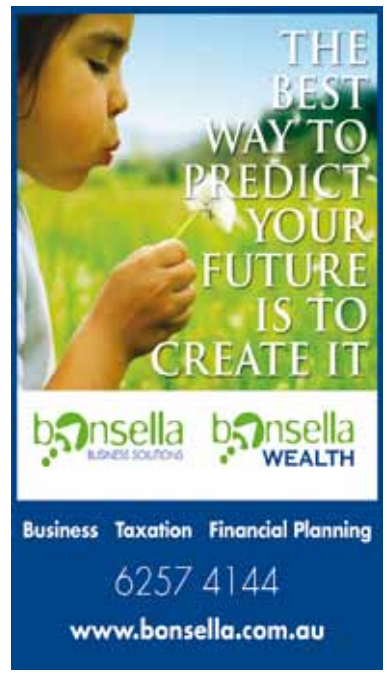
The rooms will re-open on Tuesday, 6th January 2010 for patients already known to the practice.

For further information, including access to patients' records, please call 6285 2177."

---

the Surgery at Jerra

Requires a GP – VR, PT or FT to join David Yates at this state of the art practice. Excellent remuneration negotiable at this privately billing surgery. Practice nurse, in-house podiatrist, massage therapist, physiotherapist and dietitian.
Anne Davis 0417 438 423 adavis@profsol.com.au



bonsella BUSINESS SOLUTIONS bonsella WEALTH

Business Taxation Financial Planning

6257 4144

www.bonsella.com.au

PREGNANCY TERMINATION

Caring, Immediate, Confidential.

• National Licenced and Accredited centres • No referral necessary
• Same day services available • Medicare rebates available

Give your patients the care they deserve.
For advice and support phone:

1300 550 690 (24hrs)
Book online www.mariestopes.com.au
1st floor, ACT Health Building, Canberra

MARIE STOPES INTERNATIONAL

Capital Day Surgical Centre

Attention GPs, Radiologists & Specialists – Lease space available 2010

~ Support for local specialists
~ Efficiencies and increased volume on each list
~ Flexible and extended lists
~ Patient satisfaction: staggered admission times, minimal waiting, increased privacy and postoperative comfort in our "business class" cubicles
~ Multiple specialties including: ENT, gastroenterology, general surgery, gynaecology, plastics, ophthalmology, orthopaedics, and urology
~ Run by doctors for doctors
~ Proudly supported by over 20 specialists

CDSC

Directors – Dr Andrew Foote & Dr Simon McCredie
Address ~ Suite 2, 9 Sydney Ave, Barton
Phone ~ 6253 2514
Website ~ www.CapitalDaySurgicalCentre.com

AUTISM ASPERGER ACT

Helping Children with Autism

The Australian Government's Helping Children with Autism initiative helps to address the need for support and services for children with Autism. The package includes new Medicare benefits; professional development for school staff; workshops for parents; early intervention funding; Autism playgroups; Autism-specific Care Centres; and Autism information on the Raising Children website. For information contact the Autism Advisory Service ACT on 6140 1061 or at advisor@autismaspergeract.com.au

---

CANBERRA LASER AND GYNAECOLOGY CENTRE

colposcopy & laser
endoscopic surgery
specialist gynaecology
treatment of prolapse

Dr. P.M.V. Mutton

MBBS, FRCOG, FRANZCOG

for prompt, personalised and experienced care

6273 3102

39 GREY STREET DEAKIN ACT 2600
FAX 6273 3002
EMAIL drmutton@bigpond.net.au

ISIS FERTILITY

Dr Nicole Sides

Fertility Specialist and Gynaecologist

Offering a holistic, Canberra based approach to becoming pregnant

- Ovulation tracking and induction – Intrauterine Insemination
- IVF – IVF/ICSI for male infertility including vasectomy
- Known donor program – surrogacy

Dr Sides' rooms located in Deakin, Clinic located in Barton

www.isisfertility.com.au P 02 6282 5577 F 02 6282 5622

Capital Rehabilitation & Pain Management Centre

15 Napier Close, Deakin, ACT 2600

is your ONE-STOP MULTIDISCIPLINARY CENTRE for:

• Physical therapies *(Enhanced Primary Care Plans)*
• Psychological services *(Specialist and General)*
• Acupuncture • Massage

Backed by a full range of medical support:
• Medications • Specialist advice
• Spine interventions • Joints/Discs/Stimulators
• Nerve conduction and EMG studies

Dr Geoffrey Speldewinde, Medical Director and Director of Rehabilitation at Calvary John James Hospital.

Dr Keith Chan, Rehabilitation Physician.

Janet Fabbri, Musculoskeletal Physiotherapist.

Andrew Powell, Exercise Physiologist & **Kirra Rankin**, Exercise Physiologist and Active Hydrotherapy.

Amanda Lucas, Tom McHugh, Randolph Sparks & Heather Lyall, Psychologists.

Dennis Yu, Acupuncture and Massage Therapist.

Diana Misiak, Massage Therapist.

We also have a Practice Nurse, **Deb Sims**, who assists at procedures, aftercare and medication reviews, and patient assessment.

Please contact: **(02) 6282 6240**
DIRECT REFERRAL TO ANY OF OUR THERAPISTS IS ENCOURAGED

To Advertise
email: advertising@ama-act.com.au

AMA (ACT) LIMITED

AGEING WELL CLINIC

Dr Sue Richardson
Consultant Physician in Geriatric Medicine
Emphasis on Healthy Ageing

Other areas of interest:
- Cognitive Impairment/Dementia
- Medication Management
- Falls

Geriatric Medicine Comprehensive Assessment & Management Reports & Consultant Physician Patient Treatment & Management Plans provided which can be incorporated into GP & Team Care Management Plans
Residential Aged Care Facility & Private Hospital Consultations provided.
Veterans Welcome

Unit 10,
Brindabella Specialist Centre
Dann Close, Garran ACT

APPOINTMENTS
02 6285 1409