

Public Accounts and Estimates Committee

Inquiry into the 2020-21 Financial and Performance Outcomes

8 November 2021

Department of Health

Witnesses:

a. Professor Euan Wallace	b. Mr Greg Stenton
c. Professor Brett Sutton	d. Ms Jodie Geissler
e. Mr Jeroen Weimar	f. Mr Chris Hotham
g. Ms Katherine Whetton	h. Dr Zoe Wainer
i. Professor Tony Walker	j. Professor Christopher Michael Roberts

QUESTIONS ON NOTICE

QUESTION 1

How many additional ICU-trained nurses do we have that we did not have on 1 April last year?

CONTEXT [section below is inserted from Transcript to provide context for Authors]

Mr D O'BRIEN: How many additional ICU-trained nurses do we have that we did not have on 1 April last year?

Prof. WALLACE: If we have that total number—I will take it on notice. We have continued to expand our ICU beds. So today, say, we have 1593 ICU beds. We would normally operate around 450 to 500 or 515 in the public and private sectors. So we have tripled our ICU capacity today compared to before the pandemic, and those beds are staffed.

Mr D O'BRIEN: Okay, so triple the ICU capacity, but we still only have 515 open literally as at now.

Prof. WALLACE: Yes. I mean, thankfully, today—I will give you the number from today—

Mr D O'BRIEN: Can I just clarify. We will get the number of new ICU nurses since the start of the pandemic—so let us pick 1 April, given that was the date that the media release went out—and also the number of ICU specialist intensivists if you are able to provide that.

Prof. WALLACE: There is some nuance to the answer because there is a difference between an ICU specialist and retraining medical staff to be ICU competent in a situation where we are facing 4000 ICU admits, which thankfully we never got to. Again, the system has retrained clinical staff to be competent in ICU should we need them, including nurses and medical staff.

FPO Hearing Transcript, p. 5

Name of Committee member asking question: **Mr Danny O'Brien—Deputy Chair**

RESPONSE**Answer:**

12,532 nurses were enrolled in critical care upskilling training in the past 18 months.

Of these 12,532 nurses, 10,730 nurses received training in 2020-21 and 1,622 nurses received training in 2021-22.

Source:

Reported enrolments from training providers.

QUESTION 2

How many additional ICU-specialist intensivists do we have that we did not have on 1 April last year?

CONTEXT [section below is inserted from Transcript to provide context for Authors]

Mr D O'BRIEN: *How many additional ICU-trained nurses do we have that we did not have on 1 April last year?*

Prof. WALLACE: *If we have that total number—I will take it on notice. We have continued to expand our ICU beds. So today, say, we have 1593 ICU beds. We would normally operate around 450 to 500 or 515 in the public and private sectors. So we have tripled our ICU capacity today compared to before the pandemic, and those beds are staffed.*

Mr D O'BRIEN: *Okay, so triple the ICU capacity, but we still only have 515 open literally as at now.*

Prof. WALLACE: *Yes. I mean, thankfully, today—I will give you the number from today—*

Mr D O'BRIEN: *Can I just clarify. We will get the number of new ICU nurses since the start of the pandemic—so let us pick 1 April, given that was the date that the media release went out—and also the number of ICU specialist intensivists if you are able to provide that.*

Prof. WALLACE: *There is some nuance to the answer because there is a difference between an ICU specialist and retraining medical staff to be ICU competent in a situation where we are facing 4000 ICU admits, which thankfully we never got to. Again, the system has retrained clinical staff to be competent in ICU should we need them, including nurses and medical staff.*

FPO Hearing Transcript, p. 5

Name of Committee member asking question: **Mr Danny O'Brien—Deputy Chair**

RESPONSE

Answer:

Between 2019 and 2020, the number of intensive medicine specialists increased by 8 per cent (from 165 to 179 intensivists) and critical care qualified staff increased by 2.6 per cent (from 4,673 to 4,797 critical care nurses). This is in addition to the 12,532 nurses who upskilled in critical care training.

Source:

National health workforce dataset 2019, 2020

QUESTION 3

What has been the cost of agreements signed between the department and Victoria's private health sector to manage the surge?

CONTEXT [section below is inserted from Transcript to provide context for Authors]

Mr D O'Brien: *Can I perhaps just move on to one of those issues, and it may well have been in the quantum of funding you talked about. There was \$30 million allocated to upgrade the old Peter MacCallum, which I think is now called St Vincent's on the park, run by St Vincent's. Can you tell me how many COVID patients have been treated there?*

Prof. WALLACE: *I do not think we treated any COVID patients there. What we used that space for was to create capacity in the system, and it goes to—on the slide I said that we made changes to create capacity in the system. We created capacity in the system at the old Peter Mac so that St Vincent's then had capacity in St Vincent's proper to look after COVID. You might recall last year there was all sorts of planning going on to create capacity in the system. But when we planned that work, I think the original intent—and Mr Hotham may want to comment—was 'Could we use those wards in the old Peter Mac for COVID?'. When we had a look at them they were not COVID fit.*

Mr D O'Brien: *Right. So is there any ICU capacity there?*

Prof. WALLACE: *No, we did not plan to put ICU beds there. So those beds, still in use by St Vincent's, created the additional capacity at St Vincent's proper for the expected ICU intake.*

Mr D O'Brien: *Yes. And there were 84 beds announced.*

Ms GEISSLER: *Yes. That is correct and they are still—*

Mr D O'Brien: *That is what is available now.*

Ms GEISSLER: *Eighty-four went to old Peter Mac, and all 84 are still used.*

Mr D O'Brien: *Okay. Can we just confirm: was it \$30 million spent on that refurbishment?*

Ms GEISSLER: *I will have to—*

Mr D O'Brien: *Can we perhaps take on notice what the final figure was? Secretary, what has been the cost of the agreements signed between the department and Victoria's private health sector to manage the surge, if you like?*

Prof. WALLACE: *The commonwealth actually picks up the funding for the private sector, so the private hospital sustainability or viability fund is funded by the commonwealth.*

Mr D O'Brien: *Okay. But do you have that figure? Presumably you need to tell them what it is, or does it go straight to the commonwealth?*

Ms GEISSLER: *We would have to provide that to you on notice if that is okay, because it is constantly evolving. As you will appreciate, the private sector continues to provide services and work alongside—*

Mr D O'Brien: *Yes. If we could get it at least for the year in question, that would be good.*

FPO Hearing Transcript, p. 6

Name of Committee member asking question: **Mr Danny O'Brien—Deputy Chair**

RESPONSE

Answer:

The recommissioning of 84 beds at the former Peter MacCallum Cancer Centre cost \$30.5 million.

Under the *National Partnership Agreement on COVID-19 Response*, Victoria and the Commonwealth share the costs associated with use of private hospital and day procedure centre

capacity required for the COVID-19 response, with the following delineation in responsibilities in place:

- The Commonwealth is responsible for 100 per cent of private hospital and day procedure centre financial viability payments to cover the gap between each private hospital's minimum viability costs and any revenue received by that private hospitals
- The Commonwealth and Victoria each contribute 50 per cent of the costs related to hospital services delivered to public patients in private hospitals and day procedure centres and where any equipment or workforce from a private hospital is redeployed to a public hospital
- In terms of aged care support, the Commonwealth and Victoria each contribute 50 per cent of the costs for the first three days, with the Commonwealth contributing 100 per cent from day four onwards.

As part of the *National Partnership Agreement on COVID-19 Response*, Victoria entered into Private Hospitals Funding Agreements with operators of private hospital and day procedure centres.

In 2020-21, combined funding from both the Commonwealth and Victorian governments to private hospitals and day procedure centres in Victoria through Private Hospital Funding Agreements was \$413.7 million for service provision and financial viability.

Consistent with the delineation of responsibilities outlined above, of the total 2020-21 funding provided to private hospitals in Victoria of \$413.7 million, the Commonwealth solely funded \$305.4 million in service provision and viability payments. Remaining funding of \$108.3 million in 2020-21 were shared equally between the Commonwealth and Victorian Governments.

Payments are reconciled quarterly and independently audited. Total cash paid to private hospitals in 2020-21 was \$491 million. This includes adjustments paid in 2020-21 for activity completed in 2019-20 and identified through the reconciliation process. Note that adjustments may be made in 2021-22 for activity completed in 2020-21 and identified through the reconciliation process.

Source:

Department of Health, 2021

QUESTION 4

Can the department provide a table with an update on the progress against the Mental Health Royal Commission, (interim report and final report)?

CONTEXT [section below is inserted from Transcript to provide context for Authors]

Mr D O'BRIEN: Okay. Can I quickly put a couple on notice. We asked last time for a table updating the mental health royal commission recommendations and progress against those. Could we actually ask for that again on notice for an update?

Prof. WALLACE: We can.

Mr D O'BRIEN: That would be great.

Prof. WALLACE: And remember that 2020–21 was really around the nine interim recommendations and the 65 are in this current one, but we can provide you with an update for both.

Mr D O'BRIEN: That would be great if you could. Likewise the Minister for Mental Health announced funding in May 2021 to support 3000 jobs. Could I get an update on what the number of mental health professional jobs was originally and then how that has changed up until now?

FPO Hearing Transcript, p. 7 and 8

Name of Committee member asking question: **Mr Danny O'Brien—Deputy Chair**

RESPONSE

Answer:

A table outlining progress on the Royal Commission Recommendations is attached at **Question 4 Attachment A**.

Source:

Department of Health, November 2021

QUESTION 5

The government announce(d) that we were going to give a thousand to India as part of a foreign aid thing? Did that actually happen?

CONTEXT [section below is inserted from Transcript to provide context for Authors]

Mr LIMBRICK: Thank you, Chair. And thank you, Secretary and team, for appearing again today. I just wanted to start on a couple of questions around ventilators. We were talking about those before. In the presentation there is a statement that says there were 931 new ventilators distributed. I think you mentioned earlier, maybe it was to Mr Newbury, there were 4000 ventilators purchased at one point, I think in planning for worst-case scenarios or something. So how many ventilators do we have in our stockpile at the moment to draw on in the unfortunate event that we would actually need them?

Prof. WALLACE: Several thousand we have in warehousing.

Mr LIMBRICK: So how many?

Prof. WALLACE: About 4000.

Mr LIMBRICK: Okay. So if we had 4000 in our stockpile, I would have been thinking that there were around 3000, because didn't the government announce that we were going to give a thousand to India as part of a foreign aid thing? Did that actually happen?

Prof. WALLACE: So the government did announce that, and I am not sure—we might come back to you. We will take it on notice.

Mr LIMBRICK: Because my understanding was that we were overstocked and we were going to give a thousand to India. I think that was announced on 6 May—that part of the stockpile was going to go to India.

Ms GEISSLER: I think that was intended, but we will have to get back to you to confirm. But I can absolutely confirm that just over 4000 ventilators are in our warehouse.

Mr LIMBRICK: Yes, so that would seem to indicate that a thousand did not go to India.

Ms GEISSLER: We would have to confirm.

FPO Hearing Transcript, p. 22

Name of Committee member asking question: **Mr David Limbrick**

RESPONSE

Answer:

Suitable shipping arrangements for the ICU ventilators were being identified, when in early June 2021, the Indian Government advised that the donations of medical equipment, including the ICU ventilators offered by Victoria, were no longer required.

The offer of 1,000 ICU ventilators and supporting equipment for India was made in May 2021, during a severe outbreak of COVID-19 in that country.

The Victorian Government first sought to arrange the donation through the Commonwealth, which was coordinating donations for India from across Australia. The Commonwealth was not able to facilitate shipping of Victoria's donation offer and the state was identifying appropriate shipping arrangements for the ICU ventilators.

During that time the Indian Government advised the Commonwealth through the Indian High Commission in Canberra that it no longer required donations of ventilators, oxygen concentrators

and some medications. As a result, they would not proceed with Victoria's offer of 1,000 ICU ventilators.

Source:

Department of Health, 2021.

QUESTION 6

What does a ventilator cost on average per unit?

CONTEXT [section below is inserted from Transcript to provide context for Authors]

Mr LIMBRICK: Yes. The federal government announced that there were just over 1000 ventilators sent to India the day before the state government announced that. So we do not know that they came from Victoria, or you will have to get back to me on that.

Prof. WALLACE: Yes.

Mr LIMBRICK: Okay. And what does a ventilator cost on average per unit, roughly?

Prof. WALLACE: I do not know. But again I will come back. They will obviously vary in their capacity, but I will come back with the unit cost.

FPO Hearing Transcript, p. 22

Name of Committee member asking question: **Mr David Limbrick**

RESPONSE

Answer:

The 1,000 ventilators which formed part of the Commonwealth's announcement and were sent to India were not donated by Victoria.

The ventilators procured by Victoria during the pandemic range in purchase cost price depending on the capability of the ventilator to provide neo-natal, pediatric, non-invasive, invasive or more than one type of ventilation modes. The price range of the ventilators procured during the pandemic is between AUD \$9,000 and AUD \$55,000 with the average purchase cost price of a ventilator being circa AUD \$32,400.

Source:

Department of Health, 2021.

QUESTION 7

How many patients that were discharged from a mental health bed prematurely subsequently presented to an emergency department for self-harm or suicidal ideation or succumbed to death by suicide?

CONTEXT [section below is inserted from Transcript to provide context for Authors]

Mrs McARTHUR: Some questions on notice in relation to mental health, please, if you would not mind. How many patients that were discharged from a mental health bed prematurely subsequently presented to an emergency department for self-harm or suicidal ideation or succumbed to death by suicide? That is the first one.

FPO Hearing Transcript, p. 28

Name of Committee member asking question: **Mrs Beverley McArthur**

RESPONSE

Answer:

The Department of Health does not hold data applicable to the question.

Discharge from a mental health bed is a clinical decision, and as there is no set time for admission, a patient is not discharged early.

The question would require an in-depth clinical review by a senior clinician of every case file to assess discharge, follow up and re-presentations, including the presenting issue.

Source:

N/A

QUESTION 8

Could you please provide a breakdown of this data indicating the total number of patients waiting for more than 8 hours and more than 24 hours by health services over the past year, broken down month by month?

CONTEXT [section below is inserted from Transcript to provide context for Authors]

Mrs McARTHUR: Page 62 of the annual report refers to just 54.4 per cent of emergency patients being admitted to a mental health bed within 8 hours, so on notice could you please provide a breakdown of this data indicating the total number of patients waiting for more than 8 hours and more than 24 hours by health services over the past year, broken down month by month?

FPO Hearing Transcript, p. 28

Name of Committee member asking question: **Mrs Beverley McArthur**

RESPONSE

Answer:

Question 8 Attachment B Includes data as requested reporting

1. Number of ED presentations departing to a mental health bed, by health service over 2020-21 by month
2. Number of ED presentations departing to a mental health bed more than 8 hours, by health service over 2020-21 by month
3. Number of ED presentations departing to a mental health bed more than 24 hours from arrival, by health service over 2020-21 by month

Notes on data presentation:

All values under 5 are denoted as <5, as per standard data presentations.

In presenting numbers of patients waiting for more than 8 hours and more than 24 hours by health service, by month, data that were <5, have been denoted as np.

Source:

Victorian Emergency Minimum Dataset (VEMD).

Date extracted: 5 November 2021.

QUESTION 9

Could the Secretary please provide the number of mental health workers, broken down by full-time equivalent hours, the total number of staff by classification and/or profession and the location of these positions for the time periods of the start of the 2021 year, at May 2021 when the announcement was made and the end of the 2021 year?

If these figures are not available, how will the department measure how many of the 3000 promised mental health jobs will actually be delivered?

CONTEXT [section below is inserted from Transcript to provide context for Authors]

Mrs McARTHUR: And, Mr O'Brien, the Deputy Chair, began another question on notice, so just to repeat, because I do not think it all was concluded because time ran out: in May 2021 the Minister for Mental Health announced—

The CHAIR: Sorry, Mrs McArthur, just to clarify, are you asking this question now that you believe Mr O'Brien did not have the opportunity to ask?

Mrs McARTHUR: Yes.

The CHAIR: Because we do not just repeat questions to take on notice.

Mr D O'Brien interjected.

The CHAIR: Okay, so you are asking that question. That is okay, no worries. Just so long as the Secretary has an opportunity to answer.

Mrs McARTHUR: I am not sure that he ended, Chair, so it is easier to get the whole question out. So, yes, in May 2021 the Minister for Mental Health announced funding to support 3000 jobs in the mental health sector. Could the Secretary please provide the number of mental health workers, broken down by full-time equivalent hours, the total number of staff by classification and/or profession and the location of these positions for the time periods of the start of the 2021 year, at May 2021 when the announcement was made and the end of the 2021 year? If these figures are not available, how will the department measure how many of the 3000 promised mental health jobs will actually be delivered? Those are on notice, Secretary, if that is okay.

Prof. WALLACE: Thank you.

FPO Hearing Transcript, p. 28 and 29

Name of Committee member asking question: **Mrs Beverley McArthur**

RESPONSE

Answer:

The Department of Health can provide a high-level summary of mental health specialist workers in public mental health services by FTE workers (below) for the start of 2021 year (at May 2021 when announcement was made), and the end of 2020-21 year.

Payroll data has been used to generate this response. It should be noted that this data is limited and cannot be used as a basis from which to measure delivery of funded FTE into the future as:

- It does not capture the community sector (where a portion of new positions are expected to be created).
- The majority, but not all health services, reported for all of the period. For those that did not, substitute steps were taken to account for this.
- Data is as health services reported to the department, no alterations or additions have been made to the data.

- It does not include any staff that are not paid through the payroll system, e.g. contractors paid on invoice.

As the Royal Commission into Victoria’s Mental Health System identified, the current data picture as it relates to the mental health workforce is limited due to differences in data systems across services, a lack of clear responsibility for maintaining accurate data, limitations in gathering comprehensive data, data integrity and scope across different parts of the system such as the community sector. This results in multiple parties holding different datasets which do not align and do not provide a full picture of current or future supply and demand.

The department has commenced work to better measure the growth of the workforce by designing a new workforce data dashboard that will be used internally to inform planning. The dashboard will draw on a range of datasets to establish a consistent counting methodology. A manual workforce census and personnel survey are currently being implemented to inform a more complete baseline from which workforce can be measured over time.

Beyond this early data collection, and as recommended by the Royal Commission, the introduction of a new workforce data and modelling system will support a more sophisticated picture of the future workforce profile, providing greater surety of estimated workforce demand.

FTE Current Month	Reporting Period		
	Jun-20	May-21	Jun-21
Administration & Clerical	629.92	648.79	647.78
Allied Health - Science	6.04	3.99	4.24
Allied Health - Therapy	1595.81	1660.92	1675.33
Ancillary Clinical Services	279.2	302.12	304.53
Hotel Services & Maintenance	52.62	70.52	70.19
Human Services	35.94	44.99	48.51
Medicine	832.04	887.03	900.17
Nursing/Midwifery	4282.09	4481.23	4525.99
Oral Health	0.85	0	0.17
Other			1
Research	1	2.16	1.8
Grand Total	7715.51	8101.75	8179.71

Source:

Submitted Health Service Payroll Data to the department. Payroll data is provided to the department through Corporate Services.

QUESTION 10

Can you provide a breakdown of how many beds in private hospitals have been used to treat public patients throughout the pandemic and how many elective procedures have been carried out on public patients in private hospitals?

CONTEXT [section below is inserted from Transcript to provide context for Authors]

Mrs McARTHUR: *Okay. So, Secretary, can I ask you to take something on notice? Can you provide a breakdown of how many beds in private hospitals have been used to treat public patients throughout the pandemic and how many elective procedures have been carried out on public patients in private hospitals? I will just leave it on notice.*

Prof. WALLACE: *In the 2020–21 year?*

FPO Hearing Transcript, p. 30

Name of Committee member asking question: **Mrs Beverley McArthur**

RESPONSE

Answer:

In 2020-21, a total of 26,881 public patients were admitted for care in private hospitals and day procedure centres on behalf of public hospitals and public health services. This number includes public patients treated under the Private Hospital Funding Agreement, the elective surgery blitz, and 'normal' contractual arrangements between public and private hospitals

The top five specialty areas are general surgery, general medicine, gastroenterology, renal dialysis, and urology.

Under the *National Partnership Agreement on COVID-19 Response*, Victoria collects information on the number of public patients admitted for care in private hospitals. In 2020-21, there were 85 Operators who participated in the Private Hospital Funding Agreement (PHFA), of which 77 were Private Hospitals and eight were Day Procedure Centres.

Source:

Victorian Admitted Episodes Dataset (VAED) FY 2020-21

QUESTION 11

Can you tell us how much of the total funds spent on contracts for hotel quarantine went to entities owned by Dr Henry Pinski and Mr Nathan Pinski?

CONTEXT [section below is inserted from Transcript to provide context for Authors]

Mrs McARTHUR: Well, the Auditor-General has queried this contract in a report tabled in September, and he raised concerns that the proper review process for this contract was not undertaken. So, Secretary, can you tell us how much of the total funds spent on contracts for hotel quarantine went to entities owned by Dr Henry Pinski and Mr Nathan Pinski?

Prof. WALLACE: Well, I will—

Mrs McARTHUR: Take it on notice?

Prof. WALLACE: I will take it on notice, but again remember that the Department of Health was responsible for hotel quarantine only until 27 July. So in the financial year 2020–21 we were responsible for, what, 27 days of the contract.

FPO Hearing Transcript, p. 30

Name of Committee member asking question: **Mrs Beverley McArthur**

RESPONSE

Answer:

2020-21 Hotel Quarantine contract expenditure with the Pinskis' entity was \$11.7 million.

Source:

Oracle Financial System (2020-21 Hotel Quarantine identifiers)

QUESTION 12

Can (the department) confirm that there are 16 (surgical) robots in private hospitals but only three in the public health system?

CONTEXT [section below is inserted from Transcript to provide context for Authors]

Mr HIBBINS: All right. Thank you. I want to ask now about surgical robots. I know this is a particular passion of the Member for Brunswick. The budget contained \$21.5 million in the forward estimates to driving shorter wait lists and better outcomes from elective surgery. Could I ask whether this includes funding for additional surgical robots in the public hospital system to perform computer-assisted keyhole cancer surgery?

Prof. WALLACE: It does not.

Mr HIBBINS: It does not. Okay. Now, obviously a benefit of such surgery is that patients spend one week in hospital and are back at work in a week. But for those who cannot have it, it is longer—they might be off for a month and spend longer in hospital. Can I confirm that there are 16 of these robots in private hospitals but only three in the public hospital system?

Prof. WALLACE: I think—how many do we have in public?

Ms GEISSLER: I am not sure. I will have to get back to you on that, I think.

FPO Hearing Transcript, p. 12 and 13

Name of Committee member asking question: **Mr Sam Hibbins**

RESPONSE

Answer:

While public health services are not obliged to provide advice regarding the implementation of surgical robot platforms, the Department of Health understands there are four robot-assisted surgery platforms in the following Victorian public health services:

- Peter MacCallum Cancer Centre
- Royal Melbourne Hospital
- Geelong University Hospital
- Austin Hospital

The department also understands that 12 robot platforms are in place across in the following private hospitals:

- Richmond and Eastern Epworth sites
- Cabrini
- Bendigo, Ballarat and Geelong St John of God sites

Private health services are not obliged to provide advice to the Department of Health regarding the use of robot platforms. The above advice reflects available information following a review of publicly available information and information provided as part of a 2018 survey.

Source:

DHHS & NSW Health, Review of robot assisted surgery report 2019.

QUESTION 13

Can the department make public the analysis on robotic surgery lead by Safer Care Victoria in 2019?

CONTEXT [section below is inserted from Transcript to provide context for Authors]

Prof. WALLACE: *I do not know how many there are in private. We probably do have three in the public system. There have been randomised trials of robotic surgery. I think it depends on the disease and the operation and the procedure that is being done. Robotic surgery has been most commonly and most frequently used for prostatic surgeries, so prostatic cancer or prostatic surgery, and then expanded out for lots of other things. At Safer Care we looked at this back in 2019 and really made our health, economic and patient outcome assessment of 'Has the case been made that robotic surgery improves patient outcomes?'. Never mind the cost, does it improve patient outcomes? And the answer is no. There was a landmark randomised trial run out of Brisbane by the Queensland group, and robotic surgery—this was for prostate—does not improve outcomes for patients, so it does not reduce impotence, it does not reduce complications. And there is very, very modest, if any, shortened hospital time, in-patient time, which is what you have alluded to, because it is not keyhole surgery by robotic surgery versus open surgery—it is robotic keyhole surgery versus keyhole surgery. Now, if there is any benefit of robotic surgery—and I am not saying there is not, but the randomised trials currently do not support it, so you certainly would not buy one. If you had the cash in your back pocket to buy one, you are better spending your money on something else. But if there is any benefit of robotic surgery, it is actually for the surgeon—the wear and tear on the surgeon—and we just do not have those data yet.*

Mr HIBBINS: *Okay. Thank you. Well, I do not have the cash in my back pocket. But just in relation to that, was that a formal cost-benefit analysis or a formal study undertaken within the department?*

Prof. WALLACE: *We looked at robotic surgery, yes.*

Mr HIBBINS: *Is that potentially a document able to be made public?*

Prof. WALLACE: *If it is, I will make it available.*

FPO Hearing Transcript, p. 13

Name of Committee member asking question: **Mr Sam Hibbins**

RESPONSE

Answer:

Commissioned jointly by the Department of Health Victoria and NSW Health, permission for public release of the 2019 evidence review on robot-assisted surgery has not been provided.

The report, however, has been shared with sector stakeholders and findings have informed a state and nationally endorsed policy position that there is insufficient evidence to support public sector funding for robot surgery platforms at that time.

Source:

DHHS & NSW Health, Review of robot assisted surgery report 2019.