This standard identifies those services that will not be undertaken in Queensland Health facilities (for either public or private patients) or subsidised by Queensland Health.

From 1 April 2011, certain procedures will not be provide by Queensland Health.

This standard applies to all Queensland Health employees (permanent, temporary and casual) and all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers).

This standard applies to all contracted services, including Mater Health Services, for services delivered under contract to Queensland Health, as well as All clinical services provided by Queensland Health, regardless of the type of facility in which they are provided, including but not limited to community clinics, hospitals and in-home services.

3. Supporting documents

Authorising Policy:

- Scope of Publicly Funded Services Policy

4. Related documents

- Queensland Health Clinical Governance Policy
- Queensland Health Clinical Services Capability Framework
- National Healthcare Agreement 2011
5. **Requirements**

5.1 **In-scope services**

5.1.1 District CEOs shall ensure that services that are in-scope shall be provided only if consistent with the role of the facility (designated using the Clinical Services Capability Framework) as specified in the District Health Service Plan.

5.1.2 Regardless of whether the service would attract a Medicare Benefit, the following services are deemed to be in-scope:

- services undertaken and funded as part of a research project approved by an appropriately constituted Human Research Ethics Committee
- allied health, nursing and midwifery services consistent with the role of the facility (designated using the Clinical Services Capability Framework), and for which there is an established evidence base
- transplantation and burns procedures undertaken by Statewide super-speciality services
- the following plastic and reconstructive surgery procedures, when undertaken by, or in the presence of, a Registrar or other supervised medical officer:
  - fat grafting, fillers and transfer for medical conditions (e.g., restoration of post traumatic contour deformity)
  - down-sizing of implant size with removal and replacement implants
  - contralateral augmentation following mastectomy reconstruction
  - liposuction for medical conditions (e.g., lipodystrophies falling outside medical criteria)
  - mastopexy.

5.2 **Out-of-scope services**

5.2.1 District CEOs shall ensure that out-of-scope services are not provided by the services or facilities for which they are responsible.

5.2.2 Services that are out-of-scope include any medical service that, if undertaken in a private hospital or other private facility, would not attract a Medicare Benefit from Medicare Australia. These services are not to be undertaken in Queensland Health facilities or subsidised or funded by Queensland Health.

5.2.3 Except where they would attract a Medicare Benefit, or as provided in section 5.2.4 below, services principally characterised in the following
categories are not to be undertaken in Queensland Health facilities or subsidised or funded by Queensland Health:

- appearance medicine
- aesthetic or cosmetic surgery

5.2.4 Regardless of whether the service would attract a Medicare Benefit, the following services are deemed to be **not** in scope:

- varicose veins (except where there is significant dysfunction or disability, or venous ulcers)
- vasectomies and reversal of vasectomies
- laser refraction.

5.3 Referrals

5.3.1 If a patient is referred to a Queensland Health service for a condition that is out-of-scope, the Accountable Officer shall inform the referring practitioner and patient and advise them to explore alternative options.

5.3.2 Out-of-scope services may be provided to patients placed on the elective surgery waiting list prior to 1 April 2011.

5.4 Exceptions

5.3.1 Where a patient and their surgeon believe that provision of an out-of-scope procedure is clinically indicated, a request for exception outlining the details of the case may be lodged with the Director of Surgery, or other appropriate senior manager of surgical services as determined by the District CEO.

5.3.2 The Director of Surgery or approved other person shall assess the request and provide written advice of the assessment and outcome to the requesting surgeon. A copy of both the request and the outcome should be placed on the patient’s medical record.

6. Review

This Standard is due for review on: 1 April 2014

Date of Last Review: new standard

Supersedes: new standard
7. Business Area Contact
Access Improvement Service, Centre for Healthcare Improvement.

8. Responsibilities

<table>
<thead>
<tr>
<th>Position</th>
<th>Responsibility</th>
<th>Audit criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director, Access Improvement Service</td>
<td>• Monitoring of implementation of the policy, standard &amp; procedure&lt;br&gt;• Review of policy, standard and procedure.</td>
<td>Review of Queensland Health waiting list and admitted patient data collections by the Access Improvement Service</td>
</tr>
<tr>
<td>District CEOs</td>
<td>• Ensure in-scope service delivery is consistent with the CSCF&lt;br&gt;• Ensure out-of-scope services are not delivered to patients referred after 1 April 2011, and only to patients referred prior to 1 April 2011 who were placed on the elective surgery waiting list prior to this date.&lt;br&gt;• Delegate responsibility for management of exceptions to a suitably senior member of the surgical team.</td>
<td></td>
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</tbody>
</table>

9. Definitions of terms used in this policy and supporting documents

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicare Benefit</td>
<td>Refers to the benefit patients receive from Medicare based on a schedule of fees set by the Australian Government.</td>
<td>Medicare Australia</td>
</tr>
</tbody>
</table>

10. Approval and Implementation

Policy Custodian
Director, Access Improvement Service

Responsible Executive Team Member:
CEO, Centre for Healthcare Improvement

Approving Officer:
Dr Grant Howard, Acting Chief Executive Officer, Centre for Healthcare Improvement

Approval date: 28 June 2011
Effective from: 1 April 2011