1. Statement
This Guideline identifies services that will and will not be undertaken in Queensland Health facilities (for either public or private patients), or purchased by Queensland Health.

2. Scope
This Guideline provides information for all Queensland Health employees, contractors and consultants purchasing services on behalf of Queensland Health. This includes Hospital and Health Services purchasing public services from private providers.

3. Requirements
3.1 In scope services
The Deputy Director-General Health Commissioning Queensland will ensure services that are in-scope to be purchased (according to the Clinical Services Capability Frameworkv3.2) as specified in the Service Agreements.

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

3.1.1 services undertaken and funded as part of a research project approved by an appropriately constituted Human Research Ethics Committee

3.1.2 allied health, nursing and midwifery services consistent with the role of the facility (designated using the Clinical Services Capability Frameworkv3.2), and for which there is an established evidence base

3.1.3 transplantation and burns procedures undertaken by Statewide superspecialty services

3.1.4 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.

3.2 Out of scope services
The Deputy Director-General Health Commissioning Queensland will not purchase out-of-scope services from any public or private provider or health services.

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.
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

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.

Clinical Prioritisation Criteria are currently being developed and will further define services in scope and out of scope.

3.3 Referrals

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

3.4 Exceptions

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 Health Service Chief Executive.

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.

4. Supporting documents

- Queensland Health Clinical Services Capability Frameworkv3.2
- National Healthcare Agreement 2012
- Scope of Publicly Funded Services QH-POL-336

5. Definitions

<table>
<thead>
<tr>
<th>Term</th>
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<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. (Source – Medicare Australia)</td>
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<td>Accountable Officer</td>
<td>The designated officer, as nominated by the Health Service Chief Executive, accountable for all aspects of the management and provision of services at a specific facility</td>
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Version Control

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<tbody>
<tr>
<td>1</td>
<td>25 June 2015</td>
<td>New guideline (replacing implementation standard of 1 April 2011)</td>
</tr>
<tr>
<td>2</td>
<td>19 October 2015</td>
<td>Change of custodian</td>
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