

24 January 2017

Committee Secretary  
Senate Standing Committees on Community Affairs  
PO Box 6100  
Parliament House  
Canberra ACT 2600

Dear Committee

**Regarding: “Price regulation associated with the Prosthesis List Framework”**

Herewith a submission compiled with valuable input from Professor Peter Thursby who chairs the Vascular Prosthesis List Advisory Committee.

1. Consider broadening the clinical assessment process so that it may be used in the public sector too.
2. Develop a more complementary arrangement with the TGA around assessments, costing, withdrawals of products and clinician-led early warning arrangements about possible concerning outcomes due to lack of device durability.
3. Recognise that in Vascular Surgery (given that vascular prostheses are used in many rescue operations for elderly frail patients with limited life spans) that a two year comparative clinical outcomes assessment, quite suitable for orthopaedics, may be inappropriate for some devices we use, even though they are Class 3 devices.  
(Please note the definition of Class 3 devices may not include some vascular devices that, if failing, impose serious risks to the patient).
4. Recognise the CAGs including Vascular, have little or no input into the costing process for prostheses for this is mainly handled by the Prosthesis List Advisory Committee (PLAC).
5. Ensure that high quality, high cost prostheses are not blocked from being accessible in both the public and private sectors; understanding that such costs should not be borne by the individual patient.
6. Recognise that appropriate, ethical research for the outcomes of new emerging products not currently available be allowed to continue, with clear guidelines, in Australia so that vascular surgeons continue to be world leaders in this speciality.

Yours Sincerely

Dr Bernie Bourke  
President  
Australian and New Zealand Society for Vascular Surgery