[redacted]

Dear Mr Hennessy

Re: Health Funding letter.

apologies for hand writing - in transit -

I write about Radiation Oncology services and its funding

Cancer is the second biggest killer of Australians and 1 in 3 Australians will experience cancer treatment at some point in their lives - (excluding skin cancers)

Radiation is the second most common form of effective treatment to CURE cancer. (after surgery)

However, predominately - most Radiation Oncology services are provided by state government run hospitals

Privately funded Radiation Oncology departments are few (cf Radiology & surgical services)

This probably reflects the extremely poor medicare rebates for Radiation Oncology services.

Radiation Oncology services require a purpose-built building, specially trained radiation therapists, Radiation Physicists, nurses and Radiation Oncologists.

A basic department requires 2 linear accelerators, 1 CT scanner / similator, consultation rooms, a treatment planning system, oncology information system. [redacted]

Staffing would include 3 Radiation Oncologists, 4 Physicists, 20 Radiation Therapists and 5 Admin staff. For this, up to 80 patients treated per day.

In 1995, Townsville Hospital set up a basic department and total cost was $20 million.

Recently, the Federal Govt looked at giving Toowoomba $10 million for a simple machine [illegible]

There is a shortage of skilled staff meaning that good staff command over-award wages.

Recently, a patient with prostate cancer receiving Radiotherapy is charged at the 85% medicare rebate a total of $6,000. To avoid going into the red, a colleague in private needs to charge at least 145% of the Medicare schedule fee (.35 cost based on fractions over 7 wks, 4 fields per day).

Until the Federal government lifts Medicare schedule fees by significant amounts and indexes annually to CPI, there will be few private providers of radiation oncology services due to

(a) huge capital cost to start
(b) long commissioning time of a department - linear accelerator and planning system ~>1 year
(c) licenses required from state + federal govts
(d) staff shortages in all fields
(e) high cost of employing staff
(f) need to find a suitably large population to service 2 machines ~ 500,000 minimum - north queensland population ~ 600 000
(g) WAITING TIMES WILL CONTINUE TO GROW - CURRENTLY 3 MONTHS

Further, Radiation Injuries occur to at least 5% of the cancer population. Hyperbaric Oxygen is a proven effective treatment. Medicare rules do not allow hyperbaric oxygen facilities to charge for treatment of cancer-related injuries. Again this is an anomaly.

Many thanks would be happy to expand further - return to Australia on November 13 2005

Kellie Toy