

Australian and New Zealand Association of Urological Surgeons Suite 84, Level 4 Sandford Jackson Building 30 Chasely Street, Auchenflower QLD 4066 Tel: +61 7 3876 0212 Email: secretary@usanz.org.au

12 July 2024

Mr Scott Phillips Assistant Director, Prescribed List Reform Taskforce Technology Assessment and Access Division Department of Health and Ageing

Via email: prosthesesreforms@health.gov.au Cc: minister.butler@health.gov.au

Dear Mr Phillips

Re: Removal of Medicines from Part D of the Prescribed List effective 1 November 2024

I acknowledge the stakeholder communication issued on 26 June 2024 regarding the removal of fibrin tissue sealant items from Part D of the Prescribed List (PL).

The Australian and New Zealand Association of Urological Surgeons (ANZAUS) strongly opposes the removal of these haemostatic sealants from the PL. These sealants play an important role in reducing haemorrhagic surgical complications. There are many instances in surgery where agents such as those listed are the only agents that are able to effectively control bleeding. In some procedures, the use of these agents has become the standard of care.

These agents are proven to decrease haemorrhagic complications and improve patient outcomes. Bleeding complications worsen operative outcomes, lead to significant morbidity and mortality, increase in-hospital length of stay, increase the need for corrective interventions, and increase the need for blood and blood products. The aim of these agents is to achieve the best possible outcomes for patients. It is vitally important that surgeons are free to have full access to all the tools at their disposal to deliver optimal care for their patients and minimise haemorrhagic complications.

Furthermore, removing these items from the PL will add a significant cost burden to private hospitals and threaten their viability, particularly in the not-for-profit sector which is already facing significant financial challenges. Additionally, the increase in bleeding complications and resultant poorer patient outcomes will add to the financial burden of private hospitals due to the additional care required to manage the resultant complications and adverse events.

In summary, ANZAUS members oppose the proposed removal of these items from Part D of the PL in the strongest possible terms. We ask that the DOHA seriously reconsider the removal of these haemostatic agents from the PL.

Yours sincerely

J. Simo

A/Professor Troy RJ Gianduzzo MBBS, MPhil, MBA(UQ), MAICD, AFRACMA, FRACS (Urol), FUSANZ Chair, Australian and New Zealand Association of Urological Surgeons Director, Urological Society of Australia and New Zealand (USANZ) Associate Professor of Medicine, University of Queensland Chair, Medical Advisory Committee, The Wesley Hospital Chair, Urology Craft Group, The Wesley Hospital Chair, Robotic Advisory Committee, The Wesley Hospital