



Draft Determination and interim authorisation

Application for authorisation AA1000605 lodged by
the State of Western Australia as represented by the Department of
Health

in respect of

co-ordination of healthcare services in response to COVID-19

Date: 17 March 2022

Commissioners: Sims
Keogh
Rickard
Brakey
Carver
Crone
Ridgeway

Summary

The ACCC proposes to grant authorisation to the State of Western Australia, as represented by the Department of Health (the Department), and relevant healthcare providers, in relation to arrangements for the purpose of maximising healthcare capacity and ensuring Western Australia-wide coordination of healthcare services while responding to issues arising from COVID-19.

In broad terms, the arrangements involve the Department, participating private healthcare providers, and public hospitals in Western Australia sharing information about capacity and resources and, under the oversight and direction of the Department, coordinating their activities in relation to the provision of certain medical services or the treatment of particular groups of patients at particular hospitals. The arrangements also allow coordination of the procurement of medical equipment and supplies and the sharing of resources to meet demand.

The arrangements for which authorisation is sought are similar to those previously authorised by the ACCC on 13 August 2020. The previous authorisation expired on 30 September 2021.

The Department seeks authorisation for 18 months. The ACCC accepts there is inherent uncertainty as to the period of time COVID-19 will continue to impact the health system. Given the ACCC's consideration of the balance of public benefits and detriments likely to result from the arrangements and the potential benefits in having the certainty of ongoing authorisation, the ACCC proposes to authorise the Proposed Conduct until 24 June 2023. This is consistent with similar authorisations recently granted in other jurisdictions.

The ACCC has also granted interim authorisation to enable the Department, the Participating Providers and the Western Australian Public Providers to commence the arrangements while the ACCC completes its assessment of the substantive application.

The ACCC proposes a condition which requires reporting of conduct engaged in under the authorisation, similar to the requirements of the previous authorisation.

The ACCC invites submissions in relation to this draft determination by 8 April 2022 before making its final decision.

1. The application for authorisation

1.1. On 28 February 2022, the State of Western Australia as represented by the Department of Health (the **Department**) lodged an application for authorisation AA1000605 with the Australian Competition and Consumer Commission (the **ACCC**). The Department seeks authorisation, for a period of 18 months, on behalf of itself and the following parties who are engaged, or propose to engage, in the Proposed Conduct:

- specified private healthcare providers, residential aged care providers, and disability support service or accommodation providers operating in Western Australia as listed in **Attachment 1** (and their related bodies corporate), as well as any other private providers notified to the ACCC by the Department from time to time (the **Participating Providers**),

- all public hospitals operating in Western Australia, as listed in **Attachment 2**, and any other healthcare facility, residential aged care provider, disability support service or disability accommodation provider, owned or operated by the State of Western Australia or an authority of the State of Western Australia (**the Western Australian Public Providers**),
 - the Australian Medical Association (WA) Inc., Day Hospitals Australia, Australian Private Hospitals Association, and Catholic Health Australia (**Representative Bodies**),
 - any other person notified to the ACCC as intending to engage in the Proposed Conduct.
- 1.2. Similar arrangements were previously authorised by the ACCC on 13 August 2020. This previous authorisation expired on 30 September 2021. The current application seeks to extend the conduct to include residential aged care providers and disability support service or accommodation providers.
- 1.3. The Department seeks authorisation for the broad purpose of maximising healthcare capacity and ensuring the Western Australian-wide coordination of healthcare services to facilitate the most efficient and effective allocation of healthcare services while responding to issues arising from COVID-19. To achieve this purpose, the Department intends to enter into separate but substantially similar agreements with the Participating Providers and may enter into further agreements in the future (together, the **Agreements**) in order to achieve the Objectives defined at paragraph 1.6 below.
- 1.4. The Department also requested interim authorisation to enable the parties to engage in the Proposed Conduct while the ACCC is considering the substantive application. The request for interim authorisation is discussed further in section 6.
- 1.5. The ACCC may grant authorisation, which provides businesses with protection from legal action under the competition provisions in Part IV of the Act, for arrangements that may otherwise risk breaching those provisions in the Act but which are not harmful to competition and/or are likely to result in overall public benefits.

The Proposed Conduct

- 1.6. The Department's objectives include to:
- (a) work cooperatively to ensure that the public and private hospital and healthcare sectors respond successfully to the COVID-19 pandemic;
 - (b) ensure the ongoing sustainability and operation of private operators' facilities during the COVID-19 pandemic so that they are able to resume operations once the COVID-19 response ends;
 - (c) ensuring that Participating Providers make available sufficient capacity and resources and provide the healthcare services and workforce required by the Department to respond to COVID-19;
 - (d) ensure that Participating Providers provide equitable access to healthcare services in accordance with required standards;
 - (e) ensure that the Department obtains healthcare services and access to Private Providers' facilities, equipment and workforce in an efficient, cost-effective and flexible manner; and

- (f) collaborating in an environment that fosters cost-efficiency, transparency and open, honest and timely communication.

(the **Objectives**).

1.7. The Department is seeking authorisation to:

- (a) negotiate and enter into new Agreements;
- (b) engage in conduct consistent with the Objectives, coordinating:
 - a. service and patient allocation between the Participating Providers and Western Australian Public Providers
 - b. the restriction of the type of services provided by the Participating Providers, or their capacity to provide services
 - c. the sharing, procurement and allocation of resources, including staff and medical supplies and equipment, between the Participating Providers and Department Facilities
- (c) some or all of the Participating Providers and Representative Bodies engaging in coordinated group discussions and sharing information, including through a Private Health Coordination Group as required or contemplated by the Agreements or otherwise reasonably necessary to facilitate the Objectives and effectively and efficiently coordinate healthcare services across Western Australia, and
- (d) engaging in any other conduct that is necessary to facilitate the efficient integration of healthcare services across Western Australia and give effect to the Agreements, at the request or direction of the Department or a Western Australian Public Provider.

(the **Proposed Conduct**).

1.8. The key features of the Agreements entered into with the Participating Providers are:

- (a) the Department will provide funding to the Participating Providers on condition they provide certain services to public patients, being:
 - i) any services which the Participating Provider performs or is authorised to perform immediately prior to the commencement of the Agreement,
 - ii) each Participating Provider making available to the Department its specified healthcare facilities (including beds, healthcare and other

services required to support the operation of each of its healthcare facilities), and

- iii) any other healthcare services reasonably necessary to respond to a patient who has been (or is suspected to have been) infected with the COVID-19 virus;
 - iv) any services delivered in the community and social care services, including accommodation and nursing for quarantine and isolation cases, and
 - v) the temporary redeployment of personnel and equipment at the direction of the Department to assist its response to COVID-19.
- b) each Participating Provider will continue to hold operational control of their respective healthcare facilities, but must ensure they cooperate with and provide access for public hospital staff at their facilities;
 - c) subject to its obligations to the Department, each Participating Provider will be permitted to continue to provide healthcare services to private patients;
 - d) the Department may request the Private Providers participate in a 'Private Health Coordination Group' which is a group that will have a representative from some or all of the Participating Providers and which will be the forum for coordinating resources between the Participating Providers, each of their facilities and the Western Australian Public Providers;
 - e) each Participating Provider will continue to maintain all categories of employees in the ordinary course of business with the provision of secondment of staff to public healthcare facilities in certain circumstances;
 - f) public patients will not be required to pay any amount arising from or in connection with healthcare treatment by a Participating Provider; and
 - g) the parties participating in the Proposed Conduct will cooperate in respect of the procurement and supply of personal protective equipment and other medical supplies.

1.9. The Agreements are not intended to, and do not extend to, coordination or any agreement between Participating Providers other than as necessary or desirable to give effect to the Agreements and facilitate the Objectives at the request or direction of the Department or one or more of the Western Australian Public Providers.

1.10. A copy of the application for authorisation is available on the [ACCC's Public Register](#).

2. Background

2.1. The ACCC recognises the significant challenges that continue to exist as a result of the ongoing impact of COVID-19. There is risk that Australia's health services may continue to be put under pressure in responding to increasing COVID-19 case numbers, as state and international borders re-open.

The National Partnership on COVID-19 Response

- 2.2. On 13 March 2020, the Commonwealth of Australia and each of the states and territories, signed the National Partnership on COVID-19 Response¹ (the **National Partnership**). The National Partnership is a commitment between the Commonwealth and the states and territories to respond to COVID-19.
- 2.3. The National Partnership provides that each state, as system managers of public hospitals, will enter into agreements with existing private hospitals (including day hospitals) within their jurisdiction, through a consistent agreement, to ensure:
 - (a) increased capacity for the Commonwealth and states to rapidly respond to COVID-19; and
 - (b) the viability of private hospitals is maintained and they are able to resume operations once the COVID-19 response ends.

3. Consultation

- 3.1. Given the urgency of the application due to the evolving situation relating to COVID-19 and its management in Western Australia, along with the ACCC's previous authorisation of similar conduct in Western Australia and more recently, in other states and territories, the ACCC has not sought the views of interested parties prior to the release of this draft determination and the grant of interim authorisation.
- 3.2. The ACCC now seeks the views of interested parties on the application for authorisation, this draft determination and interim authorisation. The ACCC will consider any views prior to making its final determination.
- 3.3. Public submissions by the Department and interested parties will be placed on the Public Register.

4. ACCC assessment

- 4.1. The ACCC's assessment of the Proposed Conduct is carried out in accordance with the relevant authorisation test contained in the Act.
- 4.2. The Department has sought authorisation for the Proposed Conduct in relation to Division 1 of Part IV of the Act, and sections 45, 46 and 47 of the Act. Consistent with subsections 90(7) and 90(8) of the Act, the ACCC must not grant authorisation unless it is satisfied, in all the circumstances, that the Proposed Conduct would result or be likely to result in a benefit to the public, and the benefit would outweigh the detriment to the public that would result or be likely to result from the Proposed Conduct (the **authorisation test**).
- 4.3. The ACCC's assessment of this application is made in the context of the ongoing impacts of COVID-19. Consistent with the purpose of the Act which is to enhance the welfare of Australians by promoting fair trading and competition, when considering applications for authorisation in response to issues arising from COVID-19, the ACCC is seeking to ensure that any changes to the competitive landscape are, wherever possible, temporary.

¹ See <https://www.coag.gov.au/sites/default/files/communique/covid19-npa.pdf>

4.4. In making its assessment of the Proposed Conduct, the ACCC has considered:

- the relevant areas of competition likely to be affected by the Proposed Conduct. These areas of competition encompass a diverse range of healthcare services provided to persons in the state of Western Australia, in both the private and public healthcare systems, including:
 - the supply of overnight and day hospital healthcare services
 - the supply of surgical and other related healthcare services
 - the supply of residential aged care services, disability support services and disability accommodation services
- the likely future with the Proposed Conduct that is the subject of the authorisation compared to the likely future in which the Proposed Conduct does not occur. In the future without the Proposed Conduct the ACCC considers that the Western Australian Government would be likely to enter into contracts with private healthcare providers on a bilateral basis. These contracts may be on broadly similar terms and would still seek to meet the National Partnership and other requirements implemented as part of the response to the Pandemic. However, the contracts would not establish the cooperation and coordination mechanisms between private healthcare providers provided for by the Proposed Conduct.

Public benefits

4.5. The Act does not define what constitutes a public benefit. The ACCC adopts a broad approach. This is consistent with guidance from the Australian Competition Tribunal (the **Tribunal**) which has stated that in considering public benefits:

*...we would not wish to rule out of consideration any argument coming within the widest possible conception of public benefit. This we see as anything of value to the community generally, any contribution to the aims pursued by society including as one of its principal elements ... the achievement of the economic goals of efficiency and progress.*²

- 4.6. The Department submits that the Proposed Conduct is likely to result in the same public benefits identified by the ACCC in the previous authorisation, and that there is a continued and growing need to allow for coordination as contemplated in the Proposed Conduct, given likely increases in COVID-19 case numbers.
- 4.7. The Department advises that, under the previous authorisation AA1000505, it entered into and gave effect to agreements with private healthcare providers to facilitate its response to COVID-19 in an integrated and coordinated manner. These agreements have subsequently expired, and the Department advises it intends to enter into new agreements in order to respond to COVID-19.
- 4.8. As noted in paragraph 4.4, the ACCC considers that, without the Proposed Conduct, the Department would be likely to enter into bilateral contracts with private healthcare providers to facilitate access to the private healthcare system's resources; and that such agreements would be on broadly similar terms and would seek to meet the National Partnership and other requirements implemented as part of the response to the issues arising from COVID-19. In these circumstances it is likely that some of the

² Queensland Co-operative Milling Association Ltd (1976) ATPR 40-012 at 17,242; cited with approval in Re 7-Eleven Stores (1994) ATPR 41-357 at 42,677.

public benefits arising from the ongoing viability of the private healthcare system could be achieved without the Proposed Conduct.

- 4.9. However, the ACCC considers that the Proposed Conduct will allow the parties to coordinate the medical response to COVID-19 in Western Australia as efficiently and effectively as possible, including by facilitating swift responses to outbreaks in Western Australia. The ACCC considers that this is likely to contribute to public confidence in the response to COVID-19. The ACCC considers that the Proposed Conduct is likely to result in a significant benefit to the public by supporting the timely deployment of critical resources.
- 4.10. In addition, the ACCC considers that there are likely to be some contracting efficiencies resulting from the Proposed Conduct, and these may be more difficult to achieve in the future without the Proposed Conduct.

Conclusion on public benefits

- 4.11. The ACCC considers that the Proposed Conduct is likely to deliver significant public benefit through the enhanced coordination and improved responsiveness of the Western Australian healthcare system to COVID-19.

Public detriments

- 4.12. The Act does not define what constitutes a public detriment. The ACCC adopts a broad approach. This is consistent with guidance from the Tribunal which has defined it as:

...any impairment to the community generally, any harm or damage to the aims pursued by the society including as one of its principal elements the achievement of the goal of economic efficiency.³

- 4.13. The Department submits that no public detriment arose as a result of the previous authorisation, and that no public detriments are likely to arise as a result of substantially the same Proposed Conduct in the future.
- 4.14. The ACCC considers that providing a mechanism for the healthcare system to coordinate its response to COVID-19 may restrict competition and cause detriments. For example, private patients with non-COVID-19 conditions may experience fewer options or longer wait times for healthcare services, including because COVID-19 patients are prioritised over other patients. To a large extent, however, many of these detriments would be likely to arise due to increased demand on healthcare resources as a result of COVID-19, and by public policy decisions in response to it. In that sense, many of these detriments would occur with and without the Proposed Conduct.
- 4.15. The Proposed Conduct also allows for increased cooperation and coordination between competitors. Agreements between competitors can give rise to competition concerns if the horizontal agreement makes coordination (rather than competition) between firms beyond the terms of the authorised agreement more likely and also across the market more generally. In general, coordination between competitors can cause significant detriment to the public.

3 Re 7-Eleven Stores (1994) ATPR 41-357 at 42,683.

- 4.16. However, the ACCC considers that, in the current circumstances, this likely public detriment resulting from the Proposed Conduct is limited by a number of factors:
- (a) to the extent that Participating Providers retain the capacity to do so, nothing in the Agreements is intended to affect the normal competitive process vis-à-vis the provision of healthcare services to private patients;
 - (b) the Proposed Conduct does not extend to any price agreements between private hospitals for non-COVID-19 services;
 - (c) the Proposed Conduct does not extend to any coordination or agreement between Participating Providers or between Participating Providers and the Western Australian Public Providers other than as necessary or desirable to give effect to the Agreements and facilitate the Objectives. Coordination between the participating parties can only occur at the request or direction of the Department or one or more of the Western Australian Public Providers;
 - (d) there will be continued transparency around the Proposed Conduct as the Department will notify the ACCC of additional Participating Providers, and the ACCC's proposed condition requires the Department to provide regular updates to the ACCC;
 - (e) any information shared under the Proposed Conduct is likely to lose relevance following the cessation of the Proposed Conduct;
 - (f) the Proposed Conduct provides a temporary response to COVID-19. The measures are not designed or intended to provide a permanent restriction on competition; and
 - (g) the ACCC has the power to revoke authorisations in certain circumstances set out in s91B of the Act (for example, due to a material change in circumstances since the authorisation was originally granted).

Conclusion on public detriments

- 4.17. The ACCC considers that the Proposed Conduct is likely to result in some public detriment in the short term because it will reduce competition, including in the supply of overnight and day hospital healthcare services to particular patients in Western Australia. However, there are a number of factors that mean the ACCC considers it unlikely that the Proposed Conduct will significantly impact competition in the longer term, including oversight by the Department and as a result of the transparency provided by the proposed condition.

Balance of public benefit and detriment

- 4.18. The ACCC considers that the Proposed Conduct is likely to result in significant public benefit through the enhanced coordination and improved responsiveness of the Western Australian healthcare system to COVID-19.
- 4.19. The ACCC also considers that the Proposed Conduct is likely to result in some public detriment over the short term because it is likely to reduce competition in the supply of hospital healthcare services to certain patients in Western Australia. In the circumstances, the ACCC considers that the reduction in competition is limited (see paragraph 4.16 above) and is not likely to continue in the longer term. The ACCC also considers that the proposed condition will provide important transparency.

4.20. Overall, the ACCC considers that the Proposed Conduct is likely to result in a public benefit and that this public benefit would outweigh any likely detriment to the public from the Proposed Conduct.

Length of authorisation

- 4.21. The Act allows the ACCC to grant authorisation for a limited period of time.⁴ This enables the ACCC to be in a position to be satisfied that the likely public benefits will outweigh the detriment for the period of authorisation. It also enables the ACCC to review the authorisation, and the public benefits and detriments that have resulted, after an appropriate period.
- 4.22. In this instance, the Department seeks authorisation for 18 months from the date of a final determination by the ACCC. The Department submits that the impacts of COVID-19 are likely to result in increased demand on the Western Australian healthcare system for more than just the next 12 months.
- 4.23. The ACCC accepts that there is inherent uncertainty as to the period of time COVID-19 will continue to impact the health system, and that this impact is likely to differ from that on other sectors of the economy. Given the ACCC's consideration of the balance of public benefits and detriments likely to result from the Proposed Conduct, and the potential benefits in having certainty of ongoing authorisation, the ACCC proposes to authorise the Proposed Conduct until 24 June 2023. This is consistent with authorisations for similar conduct the ACCC recently granted to six other jurisdictions.

5. Draft determination

The application

- 5.1. On 28 February 2022, State of Western Australia as represented by the Department of Health (the **Department**) lodged application AA1000605 with the ACCC, seeking authorisation under subsection 88(1) of the Act.
- 5.2. The Department seeks authorisation for the Proposed Conduct described at paragraph 1.7, on behalf of itself, Participating Providers and Western Australian Public Providers (as defined at paragraph 1.1), for the broad purpose of maximising healthcare capacity and ensuring the Western Australia-wide coordination of healthcare services to facilitate the most efficient and effective allocation of healthcare in response to issues arising from COVID-19. As part of these arrangements, the Department will enter into Agreements with Participating Providers to plan for and, if necessary, respond to outbreaks of COVID-19 in particular geographic regions in Western Australia.
- 5.3. Subsection 90A(1) of the Act requires that before determining an application for authorisation, the ACCC shall prepare a draft determination.

The authorisation test

- 5.4. Under subsections 90(7) and 90(8) of the Act, the ACCC must not grant authorisation unless it is satisfied in all the circumstances that the Proposed Conduct would or is likely to result in a benefit to the public and the benefit would outweigh the detriment to the public that would result or be likely to result from the Proposed Conduct.

⁴ Subsection 91(1)

- 5.5. For the reasons outlined in this draft determination, the ACCC is satisfied, in all the circumstances, that the Proposed Conduct would be likely to result in a benefit to the public and the benefit to the public would outweigh the detriment to the public that would result or be likely to result from the Proposed Conduct.
- 5.6. Accordingly, the ACCC proposes to grant authorisation.

Proposed condition of authorisation

- 5.7. The ACCC may specify conditions in an authorisation.⁵ The legal protection provided by the authorisation does not apply if any of the conditions are not complied with.⁶
- 5.8. The ACCC may specify conditions in circumstances where, although the relevant public benefit test is met, without the conditions the ACCC would not be prepared to exercise its discretion in favour of the authorisation.⁷
- 5.9. In this instance, the ACCC proposes to grant authorisation with the following condition:

Reporting Requirements

- (a) Subject to paragraph (b) below, the Department must provide updates to the ACCC on a quarterly basis (or as otherwise agreed with the ACCC), describing any conduct engaged in during that quarter in reliance upon this authorisation.
- (b) If no conduct was engaged in during that quarter in reliance upon this authorisation, or if there has been no change in conduct since the last update was provided, the Department is not required to provide an update.
- 5.10. Under the condition, the ACCC may authorise a Committee or Division of the ACCC, a member of the ACCC or a member of the ACCC staff, to exercise a decision making function under the condition of this authorisation on its behalf.

Conduct which the ACCC proposes to authorise

- 5.11. With the proposed condition, the ACCC proposes to grant authorisation AA1000605 to enable the Department and Participating Providers and Western Australian Public Providers to coordinate healthcare services to facilitate the most efficient and effective allocation of healthcare while responding to issues arising from COVID-19 as described in paragraph 1.7 and defined as the Proposed Conduct. The ACCC proposes to grant authorisation to the Proposed Conduct only in so far as it is for the sole purpose of dealing with the effects of COVID-19 in Western Australia.
- 5.12. Authorisation is proposed to be granted in relation to Division 1 of Part IV of the Act, and sections 45, 46 and 47 of the Act.
- 5.13. The ACCC proposes to grant conditional authorisation AA1000605 until 24 June 2023.
- 5.14. This draft determination is made on 17 March 2022.

⁵ Section 88(3) of the Act.

⁶ Section 88(3) of the Act.

⁷ Application by Medicines Australia Inc (2007) ATPR 42-164 at [133].

Interim authorisation

- 5.15. At the time of lodging the application, the Department requested interim authorisation to enable the Department, the Participating Providers and the Western Australian Public Providers to engage in the Proposed Conduct while the ACCC is considering the substantive application. The Department submits interim authorisation is required to ensure that the Department can efficiently and effectively respond to COVID-19, particularly given the current rising case numbers.
- 5.16. The ACCC has decided to grant interim authorisation with a condition for the following reasons:
- A. The possibility of harm to the Department and other interested parties if interim authorisation is not granted may be substantial, because it may reduce the effectiveness and/or efficiency of the Western Australian health system's response to ongoing issues arising from COVID-19.
 - B. Interim authorisation will allow the Department and Participating Providers and Western Australian Public Providers to coordinate healthcare services to facilitate the most efficient and effective allocation of healthcare while responding to issues arising from COVID-19, while also minimising uncertainty and disruption that will be experienced if interim authorisation is not granted.
 - C. for the reasons set out in this draft determination, the ACCC considers the conduct specified in relation to authorisation AA1000605 is likely to result in public benefits, and that these public benefits outweigh the likely limited public detriment as a result of this conduct.
- 5.17. The ACCC grants interim authorisation with the reporting condition outlined at paragraphs 5.9 – 5.10 above.
- 5.18. Interim authorisation commences immediately and remains in place until it is revoked, the date the ACCC's final determination comes into effect, or the application for authorisation is withdrawn.

6. Next steps

- 6.1. The ACCC now invites submissions in response to this draft determination **by 8 April 2022**. In addition, consistent with section 90A of the Act, the Department or an interested party may request that the ACCC hold a conference to discuss the draft determination.

Attachment 1 – Participating Providers

1. Specified private healthcare providers

Abbotsford Private Hospital - Healthe Care
Absolute Cosmetic Medicine at Image 21
Academy Day Hospital
Albany Community Hospice
Albany Day Hospital
AME Hospitals Pty Ltd
Bethesda Hospital Inc (trading as Bethesda Health Care)
Bunbury Day Hospital
Cambridge Day Surgery
Churchill Day Surgery
Concept Day Hospital
Craigie Day Surgery
Fresh Start Recovery Programme
Genesis Care
GI Clinic Perth
Healthe Care Marian Centre
Healthscope Limited
Icon Cancer Centre Midland
Icon Cancer Centre Rockingham
Joondalup Hospital Pty Ltd
Kings Park Day Hospital
Lions Eye Institute Day Surgery Centre
Marie Stopes Australia - Midland Centre
McCourt Street Day Surgery
Murdoch Surgicentre
Nanyara Medical Group
Ngala Family Services
Oxford Day Surgery
Perth Clinic
Perth Day Surgery Centre
Perth Dermatology Clinic
Perth Eye Hospital
Ramsay Health Care Australia Pty Ltd
Skin Rejuvenate Day Hospital
SleepMed Healthcare
South Perth Hospital
Southbank Day Surgery
St John of God Health Care Inc
Subiaco Private Hospital
Sundew Day Surgery
The Park Private Hospital
Waikiki Private Hospital
Walcott Street Surgical Centre
West Coast Endoscopy Centre
West Leederville Private Hospital
Western Haematology and Oncology Clinics
Woodvale Private Hospital for Women

2. Any other private healthcare operator (including operators of residential aged care facilities, disability support services facilities, or disability support accommodation facilities) in Western Australia who seeks to engage in conduct the subject of this application provided the ACCC is notified by the Department.

Attachment 2 - The Western Australian Public Providers

The Western Australian Public Providers, being those providers listed below and any other healthcare facility owned or operated by the State of Western Australia or an authority of the State of Western Australia (including operators of residential aged care facilities, disability support services facilities, or disability support accommodation facilities):

Child and Adolescent Health Service

Perth Children's Hospital

North Metropolitan Health Service

Graylands Hospital, Frankland Centre and Selby Older Adult Mental Health Unit

King Edward Memorial Hospital for Women

Osborne Park Hospital

Sir Charles Gairdner Hospital

South Metropolitan Health Service

Fiona Stanley Hospital

Fremantle Hospital

Murray District Hospital

Rockingham General Hospital

Rottnest Island Nursing Post

East Metropolitan Health Service

Armadale-Kelmscott Memorial Hospital

Bentley Hospital

Kalamunda District Community Hospital

Royal Perth Hospital

WA Country Health Service

Albany Hospital

Augusta Hospital

Bayulu Health Centre

Beverley Hospital

Boddington Hospital

Boyup Brook Soldiers Memorial Hospital

Bremer Bay Health Centre

Bridgetown Hospital

Broome Hospital

Bruce Rock Memorial Hospital

Bunbury Hospital

Burringurrah Health Centre

Busselton Hospital

Carnarvon Hospital

Collie Hospital

Coolgardie Health Centre

Coral Bay Health Centre

Corrigin Hospital

Cue Health Centre

Cunderdin Health Centre

Dalwallinu Hospital

Denmark Hospital

Derby Hospital

Dongara Health Centre

Donnybrook Hospital

Dumbleyung Memorial Hospital

Esperance Hospital
Exmouth Hospital
Fitzroy Crossing Hospital
Geraldton Hospital
Gnowangerup Hospital
Goomalling Hospital
Halls Creek Hospital
Harvey Hospital
Hedland Hospital
Jerramungup Health Centre
Jurien Bay Health Centre
Kalbarri Health Centre
Kalgoorlie Hospital
Kalumburu Health Centre
Kambalda Health Centre
Karratha Health Campus
Katanning Hospital
Kellerberrin Memorial Hospital
Kojonup Hospital
Kondinin Hospital
Kukerin Health Centre
Kununoppin Hospital
Kununurra Hospital
Lake Grace Hospital
Laverton Hospital
Leonora Hospital
Lombadina Health Centre
Looma Health Centre
Marble Bar Health Centre
Margaret River Hospital
Meekatharra Hospital
Menzies Health Centre
Merredin Hospital
Moora Hospital
Morawa Hospital
Mount Magnet Health Centre
Mukinbudin Health Centre
Mullewa Hospital
Nannup Hospital
Narembeen Memorial Hospital
Narrogin Hospital
Newman Hospital
Nookanbah Health Centre
Norseman Hospital
North Midlands Hospital
Northam Hospital
Northampton Hospital
Northcliffe Health Centre
Nullagine Health Centre
One Arm Point Health Centre
Onslow Health Service
Paraburdoo Hospital
Pemberton Hospital
Pingelly Health Centre

Plantagenet Hospital
Quairading Hospital
Ravensthorpe Hospital
Roebourne Hospital
Sandstone Health Centre
Southern Cross Hospital
Tambellup Health Centre
Tom Price Hospital
Varley Health Centre
Wagin Hospital
Wangkatjunka Health Centre
Warren Hospital
Wickepin Health Centre
Williams Health Centre
Wongan Hills Hospital
Wundowie Health Centre
Wyalkatchem-Koorda and Districts Hospital
Wyndham Hospital
Yalgoo Health Centre
York Hospital