



Chris Lemmer
Executive Officer
LITTLEHAMPTON SA 5250

Mr Robert Fitzgerald AM
Presiding Commissioner
Compensation and Rehabilitation for Veterans
Productivity Commission
Email: veterans@pc.gov.au

VHAC Submission - Productivity Committee Draft Report - A Better Way to Support Veterans

Introduction

Thank you for the opportunity to provide a submission regarding the Productivity Commission (PC) draft report 'A Better Way to Support Veterans' (the Draft Report).

The Veterans' Health Advisory Council (VHAC) is established pursuant to the South Australian Health Care Act to advise the Minister for Health and Wellbeing on matters relating to the health care need of veterans and the provision of health care to veterans. However, this submission is the views of the VHAC, not necessarily the Minister for Health and Wellbeing.

The Council comprises volunteers who are appointed by the Minister, the majority of who are current or ex-serving Defence Force members not all of whom have seen active service. Members also have experience in health service delivery and management.

General Comment on the Draft Report

- VHAC is aware that the veteran community generally agrees that improvements are warranted in how physically and psychologically injured defence personnel are supported both within and on exiting the Defence Force. The Productivity Commission (PC) review identifies potential for positive improvements, but it also has risks of reduced entitlements for defence force members. The Draft Report identifies positive improvements such as increased client focus, emphasis on wellness, prevention, early intervention, return to work, reducing complexity, greater focus on effectiveness of outcomes and better use of data. Another important opportunity is a more co-ordinated approach by the Defence Force and DVA in managing a smooth transition of personnel from the Defence Force. Regrettably, for some personnel leaving the Defence Force, particularly those with some form of injury, the transition

can be destabilising leading to health and social issues, including suicide, which could be avoided or minimised with better practices.

- There is healthy scepticism amongst veteran bodies based on the review being initiated by Treasury and that the terms of reference and the tone and language of the Draft Report indicate a significant objective to reduce Federal financial outlays. Any proposal to remove or restrict access to the Gold Card for veterans is opposed by VHAC and veterans. The introduction of the Gold Card ensured that eligible veterans were able to continue to receive appropriate health care when Repatriation General Hospitals throughout the nation were closed. However the benefit of the Gold and White Cards have been eroded over time as a consequence of Medicare rebates to private practitioners not keeping pace with inflation. As a result some private practitioners are refusing to accept the cards and/or applying co-payments which is detrimental to veterans.
- There is also concern that the PC does not fully understand the nature of Defence Force service where members willingly and knowingly put themselves into harm's way in the execution of government policy making their circumstances substantially different to a civilian worker's compensation arrangements or similar. Comparing veteran compensation and rehabilitation schemes to civilian schemes is not appropriate as it does not adequately recognise the consequences all too often experienced in military service.
- VHAC supports an increased emphasis of clinical governance within DVA including independent input. Greater use of data in support of clinical governance and veteran health research including by third party bodies is to be encouraged.

Comments on specific recommendations

Not all of the recommendations in the Draft Report are within the remit or expertise of VHAC. Where such is the case the particular recommendation will be marked as "Not Relevant"

Draft Recommendation 4.1 - Agree:

VHAC strongly supports the intent of this recommendation that "The overarching objective of the veteran support system should be to improve the wellbeing of veterans and their families (including by minimising the physical, psychological and social harm from service) taking a whole-of-life approach." VHAC also supports the examples given as to how this might be achieved.

An increased focus on clinical governance, clinical practice and research will assist in achieving the objective of this recommendation.

Draft Recommendation 5.1 – Not Relevant:

Draft Recommendation 5.2 - Agree:

VHAC supports injury prevention programs being trialled by the ADF and used as pilots to test the merit of a new approach to injury prevention to apply across the Australian Defence Force (ADF) accepting always that operational capability must be maintained.

Draft Recommendation 6.1 - Not Relevant:

Draft Recommendation 6.2 – Agree:

Draft Recommendation 6.3 – Agree:

VHAC supports measures that that promote evidence based best practice

Draft Recommendation 7.1 - Agree:

VHAC agrees that Defence has the primary responsibility for the wellbeing of discharging ADF members. The health and social consequences of getting this wrong are significant. VHAC supports an increased emphasis on the management of Defence Force personnel as they transition from service. This is consistent with an objective of early intervention and prevention.

It is not relevant for VHAC to comment as to whether this is best achieved by establishing a Joint Transition Command.

Draft Recommendation 7.2 – Not Relevant

Draft Recommendation 7.3 – Agreed:

VHAC considers employment to be a significant contributor to wellness and therefore supports any initiative to prepare Defence Force personnel for employment post transition from service.

Recommendation 8.1 –Not Relevant

Recommendation 8.2 - Agree:

VHAC strongly supports any proposal that will ensure appropriate medical and epidemiological research into unique veteran health issues.

Recommendation 9.1 – Not Relevant

Recommendation 9.2 – Agree

VHAC agrees that any person who is required to interact with veterans and their families should receive appropriate training relevant to their role.

Recommendation 9.3 – Agree

Evidence base Quality Assurance is a key element to good clinical governance.

Recommendation 10.1 – Not Relevant

Recommendation 10.2 – Not Relevant

Recommendation 10.3 – Not supported

VHAC is of the view that the current role of the Veterans' Review Board and its processes do contribute to appropriate outcomes for veterans and that careful consideration be given before any changes to its operation are made.

Recommendation 10.4 – Not Supported

Refer comment 10.3 above

Recommendation 11.1 – Not Relevant

Recommendation 11.2 – Not Supported

VHAC is opposed to the establishment of a new entity to administer the veteran support system. VHAC acknowledges that there have been and are problems with the existing arrangements. VHAC is aware that DVA have embarked on an improvement and reform strategy and have successfully implemented a number of reforms. VHAC seen no merit at this time in establishing a new entity to assume the responsibilities currently undertaken by DVA and believes that disruption and loss of corporate knowledge would result to the detriment of veterans should such occur.

Recommendation 11.3 – Agree

VHAC supports the establishment of a Veterans’ Advisory Council and advocates that its membership should include persons with experience in dealing with matters related the wellness of veterans.

Recommendation 11.4 – Not Relevant

Recommendation 11.5 – Not Relevant

Recommendation 12.1 – Agree

VHAC supports the harmonisation of all Acts relevant to veteran compensation and rehabilitation subject to consideration of how such harmonisation will occur.

Recommendation 13.1 - Opposed:

VHAC does not agree with this recommendation. VHAC supports the retention of different standards of proof and rates of compensation for those veterans who have rendered “active service” and those who have not.

Recommendation 13.2 – Not Relevant

Recommendation 13.3 – Not Relevant

Recommendation 13.4 – Not Relevant

Recommendation 13.5 – Not Relevant

Recommendation 13.6 – Not Relevant

Recommendation 13.7 – Not Supported

In most cases the partner of the veteran who has died acted as a carer, often for a long period, which would have had a detrimental impact on the ability of the carer to earn an income. They too, have served.

Recommendation 14.1 – Not Relevant

Recommendation 14.2 – Not Relevant

Recommendation 14.3 – Not Relevant

Recommendation 14.4 – Not Relevant

Recommendation 14.5 – Not Relevant

Recommendation 14.6 – Not Relevant

Recommendation 15.1 – Not Supported:

As mentioned earlier VHAC is opposed to any proposal to remove or restrict access to the Gold Card for veterans. It is noted that Information Request 15.1 refers to co-payments. VHAC opposes the application of co-payments as being detrimental to veterans and contrary to proposed model of early intervention and proactive management of medical conditions. As indicated in earlier comments, DVA payment to service providers should keep pace with reasonable cost increases and not be discounted by co-payments. Good clinical governance practices should confirm good practice and identify potentially inappropriate service delivery practices/patterns.

Recommendation 15.2 – Not Relevant

Recommendation 15.3 – Agree

VHAC supports efforts to ensure the currency and relevance of veteran mental health strategies.

Recommendation 15.4 – Agree

VHAC supports efforts to ensure the currency and relevance of veteran mental health strategies.

Recommendation 16.1 – Agree

Recommendation 16.2 - Agree

Recommendation 16.3 - Agree

Recommendation 17.1 – Not Relevant

**Geoff Tattersall
Presiding Member
Veterans Health Advisory Council**

11 February 2019