



Wednesday 26 October 2022

Location:	Hobart and Launceston – Tasmania
Time:	14:00 – 15:35

DVA Participants

Luke Brown	Deputy Commissioner Tas (Chair)
Anne James	Executive Officer
Rochelle Devlin	Executive Assistant - Scribe

Attendees

Name	Organisation
Ray Williams OAM	TPI Assn.
John Findlater	APPVA
Barry Quinn	RSL Tasmania
Terry Roe	VVAA – Tas
BRIG John Withers	Veterans Reference Group
Terese Smith	State Government, Dept. of Premier & Cabinet
Kevin Evorall (via video conf.)	Launceston Legacy
Brian Ellis (via video conf.)	NAA

Apologies

Name	Organisation
Elaine Devlin	Open Arms
Catherine Starling	Mates4Mates
Alan Robertson OAM, CSM, RFD, JP	RAAF-A
Jacinta Leahy	PVA
LTCOL Paul O'Donnell CSM	SADFO
David Waddle OAM	Advocacy
Peter Hodge	Hobart Legacy
Peta Fletcher	Soldier On

Meeting chaired in Hobart and held via video conference in Launceston.

Apologies noted.

Chair Luke Brown shared the Secretary's October Budget 2022-23 presentation:



The Australian Government have committed \$537.5 million to DVA in the 2022–23 October Budget. In 2022–23, \$11.5 billion will be allocated to the veteran support system.

The Veterans' Affairs Budget package includes a range of measures to implement and support the Government's response to the Interim Report from the Royal Commission into Defence and Veteran Suicide whilst implementing the Government's election commitment

Pre question – Barry Quinn asked around the provision of White Cards: Does DVA capture this (serving members') information on enlistment or discharge?

Generally, a White card is issued on transition but the process has changed marginally with the introduction of the Veterans' Recognition Package (VRP). Currently, the Secretary writes to transitioning members inviting them to apply via MyService for a VRP, this includes a White card for non-liability health care. Gaps in the process appear when members have accepted claims while serving; the Department relies on a Veteran Support Officer (VSO) to notify the Department of transition.

Issue recognised as a DVA matter; system should auto identify member as transitioning and activate a White card distribution.

Action Items

Slide 9: Investing in front line service delivery

John Findlater asked if those 500 new staff will continue processing old claims or will there be a section focusing on the new claims.

Queue management methodology points to oldest first and this will continue. There are exceptions to this rule such as prioritising veterans at risk, members being medically discharged or involuntarily discharged as a result of drugs or alcohol will also be prioritised. There's also been a team established to identify 'investigation ready' claims to speed up determination.

John F noted an occasion whereby a suicidal veteran's claim was prioritised by notification to the Deputy Commissioner's (DC's) office and questioned 'what's to stop others feigning the same dire situation to get their claim prioritised?'

The Department maintains other referral processes including social workers as well as other supports that check in with clients that have presented as a suicide risk. It is anticipated that any fraudulent prioritisation would be identified. Certainly we'd rather a few that didn't particularly need prioritisation receive it than miss any that definitely need it.

Terry Roe asked if the 'backlog' included those claims sitting with the Veterans' Review Board. (VRB)

No. The 'backlog' referred to is primarily the compensation backlog. A build up in Reviews and Appeals and VRB is recognised as a number of downstream consequences coming from the compensation backlog, another being the recent backlog of household services accounts. Needless to say, 500 staff are very welcome to assist all affected areas of DVA.

Terry asked after the number of compensation delegates within the Tasmanian DVA offices.

Currently 40 and plans to grow beyond 60 in the coming months. The DC mentioned plans for expansion within the Hobart office with a lease recently signed on a surge site in Collins Street.

Slide 10: Modernisation to reduce wait times to access support and services.

General discussion around MyService and potential improvements to encourage efficient use with 'behavioural nudges' to urge lodgement of more complete claims.

The DC noted that within the Departments' current intake, around 65% of MRCA claims received are from serving members. Forum discussed filtration of claims between serving and not and current serving members' access to health care as well as income.

John F asked about technical support or hints and tips on navigating MyService and lodging claims as 'most people these days get their information from platforms like Facebook.'

Advances like [DVA TV](#), the Departments YouTube channel, aim to assist in bringing DVA into the social and technical landscape. Admittedly, the Department currently lacks a presence to head off social media operators that disperse misleading information. Another recent advancement is the [Claims Transparency Page](#) which holds monthly claim statistics as well as basic check lists to assist in claim lodgement. Improvements to come include a more sophisticated tracker within MyService.

In reference to recent cyber security breaches, Terry asked about security of these and any new systems DVA implement.

Cyber security within the Government is heavily regulated and DVA's IT systems are provided by Services Australia, one of the largest IT providers in the Southern Hemisphere. It's difficult to comment after recent attacks especially on larger corporations. Forum discussion around ID requirements and what information corporations or Government Departments need to hold. The DC mentioned where often it's a point of contention, when the Department cannot share information with families of veterans and Ex-Service organisations due to privacy restrictions; perhaps a greater appreciation for privacy may be a result from recent events.

Slide 11: Expanding the demand driven funding model (DDFM)

Barry Quinn asked if the ADF collects data on injuries within the force and if so, can DVA tap into that data to assist in forecasting demand?

Yes, the Department receives that information now and this measure is about building the Departments capabilities to use it.

Slide 13: Veterans' Wellbeing Package – Veteran Employment Program

Forum discussion around the practicality of qualifications and further education being offered to transitioning members. Acknowledgement that issue lies predominantly with Defence. Anne James mentioned [Churchill Education](#) as being used by a lot of veterans to recognise their Defence prior learning.

Slide 14: Increasing the Totally and Permanently Incapacitated (TPI) payment for veterans.

Ray Williams commented on this being an ongoing plight by TPI for 8-9 years and although the increase is appreciated, it doesn't go far enough to combat the increasing costs of living.

Slide 22: Cross Portfolio measure with Department of Social Services, “Lifting the Income Threshold for the Commonwealth Seniors card”

Barry Quinn asked if this will flow on to the Service Pension.

No, only Commonwealth Seniors Health Card.

Barry also asked if there are any measures in this budget to raise fee's payable to Doctors and other healthcare providers.

No. Forum identified growing pressure around the dissatisfaction of DVA's fee schedule, especially when compared to the structure of the National Disability Insurance Scheme. The DC mentioned the Government honouring commitments made by the previous Government in its March 2022 Budget, one of which was 'Sustaining a Care and Support Workforce for the Veterans' Community: A Viability Supplement' – this included an increase in fees to providers of Veterans Home Care but nothing specifically for GP's and health care providers.

Terry Roe raised that the new Government has not committed to the \$6 million as promised by the previous Government to acknowledge the 50th Anniversary of the Cessation of Hostilities in Vietnam.

This spending was identified in Budget papers post meeting and discussed with Terry offline.