MINUTES

The Chair welcomed members to the meeting of the Operational Working Party (OWP) and noted apologies from Mr. John McNeill. The Chair welcomed Ms Natasha Cole, First Assistant Secretary, and Clients’ Benefits Division.

# Agenda Item 1. Opening Remarks

The Chair advised that it is his first meeting as the Chair and acknowledged the traditional owners.

# Agenda Item 2. Minutes & Actions Arising

The minutes of the 17 April 2019 meeting were accepted as a true and accurate record of the meeting. Members agreed to close all action items.

# Agenda Item 3. Productivity Commission Final Report

Mr Neil Bayles, Assistant Secretary Portfolio Assurance and Risk presented this item. The Productivity Commission final report on *A Better Way to Support Veterans* makes 69 recommendations and 26 findings. The government has not released a response at the time of the meeting. It is important to note that public dialogue in response to the final report will assist the Government in drafting its response to it.

Mr Bayles highlighted the main recommendations of the report which are that:

* The support system must be fit for purpose for the future;
* The Department of Defence (Defence) should focus on whole of life wellbeing for all current serving members which should include injury prevention;
* The three Act system must be harmonised with the intention that a two Act system be in place – MRCA and DRCA by 2025.
* Health treatment to be easier to access, particularly for Mental Health;
* A review of the Gold Card should be undertaken as the Commission did not see veteran wellbeing as its focus, the Gold Card being better suited to only those with assessed severe impairments;
* The interaction between Defence and DVA is dysfunctional and must improve;
* ESO’s were referenced in the report under a standalone chapter which noted that

The Government will consider the recommendations in consultation with government agencies, veteran service agencies and the veteran community in the coming months. Members were encouraged to provide submissions to the Government which will assist the Government with drafting a response to the report.

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| ***Item***  | ***Action*** | ***Assigned to***  |
| 2019/37 | Confirmation on whether a Legislative workshop is to be organised for OWP members for 2019. |  Secretariat |

# Agenda Item 4. DVA Support for ATDP Regional Mentors, ESO Mentors and ATDP Trainers and Assessors

Ms Alison Hale, Assistant Secretary, Community Policy Branch, Veterans’ Services Design Division presented this item. The Advocacy Training and Development Program (ATDP) recognises there is an on-going demand for advocacy services and that the training and development of volunteer ESO and regional mentors, trainers and assessors is critical to meeting this need for accredited advocates both currently and into the future.

To address demand the ATDP has implemented a comprehensive training mentoring program which is a modified version of an accredited two day mentoring course specifically adapted to meet ATDP needs. The current ADTP website assists with finding advocates in location but does not provide the ability to search for and locate Mentors. Work is currently being undertaken on a new ADTP website, which will be launched shortly, with the current website running parallel for two to three months. Members asked that they be informed when this new website is launched.

Access to a mentor is critical for those advocates who are undergoing an RPL process. Two issues arise in accessing a mentor. The first is being able to locate one and the second is the mentor’s capacity to mentor as these advocates are usually in high demand and have a high ‘case’ load which impacts the time they are able to dedicate to the mentee. The Department is aware of this issue and is championing the use of a range of technologies including Skype which is designed to provide practical solutions to the shortage of mentors in a number of regional areas. The Department will also endeavour to share the list of Mentor’s it currently holds with members.

Members discussed the issues in locating a mentor, noting that privacy issues impact on them being listed on the current website. The Department will address the privacy issue while Terry Meehan indicated that an ADTP workshop was scheduled in the week commencing 15 July, at which he will raise the issue and provide feedback to the Secretariat.

Members also raised the situation that results when an advocate has not logged onto the ADTP website in less than 10 days, the requirement for the advocate to again reset their log on. The Secretariat will follow up with the business area and ask if this can be addressed.

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| ***Item***  | ***Action*** | ***Assigned to***  |
| 2019/38 | Members to be advised when the ATDP revised website is launched.  | Mark Cormack |
| 2019/39 | List of Mentors to be provided to members.  | Mark Cormack |
| 2019/40 | Outcome of discussion on Mentor privacy issue at the ADTP workshop to be provided to the Secretariat. | Terry Meehan |
| 2019/41 | Reset of log on to the ADTP website after more than 10 days from last log on will be investigated.  | Secretariat |

# Agenda Item 5. Member Submission: Claim Times

Ms Natasha Cole, First Assistant Secretary, Client’s Benefits Division responded to this member submission. The claim wait times quoted in the submission were the oldest liability claims under each Act at a point in time and were not the median time taken to process liability claims.

In response to a Question on Notice from Senator Gallacher (February 2019 Additional Senate Estimates Hearing) the Department advised that the oldest liability claims under each Act as at 4 March 2019 were between 504 and 548 days old. The reasons for the delays in finalising these cases included awaiting medical reports and information from clients.

As at 31 March 2019, under the VEA only 4.3 per cent of claims were over 300 days while only 2.2 per cent of liability claims under the MRCA and 4.5 per cent of liability claims under the DRCA were over 300 days. The Department monitors the top 20 oldest cases under each Act on a regular basis. The most common reasons for the delay in determining the oldest claims include: awaiting diagnostic and medical impairment reports, and awaiting further information from the client including statutory declarations.

Members raised various issues that have an impact on the determination of claims including:

* Medical specialists not completing reports if they have outstanding invoices from the Department for previous reports drafted by them.
* Delegates on receipt of a claim not performing quality assurance of documents from the outset.
* Improved decision support systems need to be available to delegates.
* DVA fee schedule payments are not on par with other Government departments which is resulting in the withdrawal of Medical care from Veterans.

The Chair noted these issues raised mirror those made in the Productivity Commission report, increased delegate training and improved quality assurance will be a focus of the Department in the short term. DVA may also undertake a review of its fee schedule in the near future.

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| ***Item***  | ***Action*** | ***Assigned to***  |
| 2019/42 | The department will review outstanding medical report accounts. |   |
| 2019/43 | Members to be provided with the locations which process primary claims and medical approvals. |  |

# Agenda Item 6. Member Submission: MRCA and Military Superannuation

Ms Jenny Cotton, Assistant Secretary, Client Benefits Processing Team 3 responded to this submission.

The submission raised processes involved with the advice, assistance and support to a wholly dependent partner (Widow/ widower/ partner), dependent children and other dependents eligible for support and financial benefits under the MRCA and Military Superannuation.

The Department assists widow(ers) and their families whose case is complex by working closely with Advocates and Ex-Service Organisations (ESO’s). A key strategy of the initial claims process is to engage widow(ers) and their families by assisting with any issues identified and ensuring an integrated communication process. Delegates view their cases holistically, which may involve case conferencing to identify other entitlements, whether further evidence is required and predicted timeframes, working closely with the ESO advocate, client and their family.

Where a case is complex, the delegate will work closely with the Coordinated Client Support – Service Coordination team if additional support is required to assist the widow(ers) and their families. The Department recognises many widow(ers) and/or other dependants where a death is linked to service can require different support needs to those of DVA’s traditional cohort, in particular where there are young children involved.

Members raised issues around the need to:

* Confirm entitlement from the outset, this can be very difficult in particularly in the first instance when dealing with Defence;
* lodge a claim for every payment;
* have a very committed advocate to support these dependants as these claims take up to 12 months to finalise;
* manage expectations of other family members;
* be aware there are up to twenty different options to take in some instances;
* include a training module on these claims in the ADTP.

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| ***Item***  | ***Action*** | ***Assigned to***  |
| 2019/44 | DCO to provide members with an outline of the process which occurs on the death of a serving member at the next meeting. | Secretariat |
| 2019/45 | Provide members with a copy of widow/widowers and dependents entitlements following the death of a member under the three Acts.  | Mark Cormack  |
| 2019/46 | ATDP module on Death specific actions under the three Acts to be created.  | Mark Cormack |
| 2019/47 | Family support package and CCS arrangements following death notification. | Mark Cormack |
| 2019/48 | List of locations and functions delivered out of them to be provided to members. | Mark Cormack |

# Agenda Item 7. Member Submission: Smoking Guidelines

Ms Edel Kairouz, Assistant Secretary Policy Development, responded to this submission. The 2017 changes to the DRCA Smoking Policy, are clear that claims may be considered where:

* the applicant’s smoking habit can be related to service (caused by or contributed to by service); or
* service-related smoking caused or contributed to the disease or injury that is the subject of the claim; and
* the disease manifested itself after 1 September 1971; and
* the relevant period of service is between 3 January 1949 and 30 June 2004; and
* the member did not continue to serve (and smoke while serving) on and after 1 July 2004.

There have been instances in the past where delegates have relied on the smoke free policy enacted across Government on 1 December 1986 to deny claims on the understanding that the introduction of this policy demonstrates that the effects of smoking were well understood by the Australian community by 1986. ADF employment isdistinct to a civilian context and when made aware of these decisions DVA has instructed delegates that the 1 December 1986 smoke free policy is an irrelevant consideration in the assessment of a smoking claim.

As a consequence the Department has provided delegates with training, reinforcing this with revised policy reminders. Members asked to be provided with a copy of the Policy Guidelines regarding smoking claims.

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| ***Item***  | ***Action*** | ***Assigned to***  |
| 2019/49 | Members to be provided with Policy Guidelines on Smoking Claims.  |  Mark Cormack |

# Agenda Item 8. Transformation Q&A

Members asked the following questions, with answers following.

Q. Could consideration be given to a ‘roadshow’ – possibly one or two people – visiting meetings of practitioners at such venues as regional veteran centres, ATDP training activities or appropriate gatherings to conduct an on-site demonstration of the actual use of the systems and allay any doubts address any concerns and encourage their implementation?

A. The Transformation team intends on implementing roadshows in which a team attends capital cities and some regional areas providing the opportunity to give information on the new tools such as MyService and their implementation.

Q. Has there been a decision not to update/maintain the ESO Portal in the same manner as was the case with the VPAD in recent years? If not, can we anticipate some revision?

A. Work on the development of a Third Party Portal (TPP) which will replace the ESO Portal has commenced but is in its early stages. In the interim only critical issues with the ESO Portal will be addressed. Members noted that it is difficult to upload supporting documentation to the portal. This would be viewed as a critical issue and so will be addressed accordingly.

Q. Why has the OWP, of which many members are daily users of the online lodgement systems, not been utilized as a part of the consultation process?

A. The Transformation team are happy to receive anyone’s feedback. The team does not go to the same people all the time. A recent offer was made to the YVF members a few weeks ago. The team will tap into the OWP from time to time.

Members also raised the issue of Factsheets and the Letters project. A request was made that the members be provided with an update on progress of this project as an out of session item.

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| ***Item***  | ***Action*** | ***Assigned to***  |
| 2019/50 | The inability of the ESO Portal to upload supporting documentation is a critical issue and will be addressed as soon as possible. |  Mark Travers |
| 2019/51 | Out of Session update to be provided to members on the Factsheet and Letters project.  | Secretariat |

# Agenda Item 9. Member Submission: Cataract Surgery

There are two predominant techniques used in Australia to remove cataracts: the standard surgical technique and the laser-assisted technique. Laser-assisted cataract surgery is a modification of the standard technique which uses a laser to make incisions instead of steel blades.

DVA fees for cataract surgery range from around $464 to $1,367. Since 2012, DVA has provided $77 million in funding for cataract surgery for over 34,000 clients. In 2016, DVA conducted a review of the benefits of laser-assisted cataract surgery compared with standard cataract surgery. This review concluded that the visual and safety outcomes for laser-assisted surgery were no better than standard cataract surgery. In light of this outcome, an increase to DVA fees to cover the substantial additional cost of laser-assisted surgery is not being considered at this time.

# Agenda Item 10. Treatment Cycle

Members were provided with an update on the recent Government announcement regarding the changes to referrals from GPs to allied health services, known as the treatment cycle, which were due to be implemented on 1 July 2019. The treatment cycle will now be introduced on 1 October 2019.

Until 1 October 2019 there are no changes to existing referral arrangements for DVA clients. Allied health providers will be able to continue to provide DVA clients with clinically necessary treatment under existing referrals. The Department has disseminated the announcement to defer the introduction of the treatment cycle through DVA e-News, social media, and through provider associations. The Department has also written to ex-service organisations to inform them of the deferral.

The Department will continue consulting and communicating with key stakeholders to ensure clients and allied health providers are prepared for the treatment cycle when it commences on 1 October 2019.

Clients with a Totally and Permanently Incapacitated (TPI) Gold Card are excluded from the treatment cycle for physiotherapy or exercise physiology only. For all other allied health services, TPI veterans will be subject to treatment cycle arrangements. When the treatment cycle is introduced on 1 October 2019, referrals from GPs to allied health providers will be valid for up to 12 sessions or one year, whichever ends first. This aims to improve the quality of care for DVA clients.

# Agenda item 11. Open Arms Neurocognitive Health Program

Dr Stephanie Hodson, National Manager Open Arms presented this item. The Neurocognitive Health Program (NHP) will enable Open Arms to deliver an improved service response to veterans and family members, where the veteran has a presentation which may indicate symptoms of a neurocognitive disorder (NCD) or concerns about neurocognitive decline. The primary focuses of the program will be on assessment, prevention and early intervention, ongoing monitoring of cognitive function and pathways to effective treatment and support for veterans and their families and carers.

The NHP is being designed and implemented using a co-design approach with a steering committee comprising clinical expertise, military and brain injury lived experience, and Department of Veterans’ Affairs (DVA) and Open Arms representation. The steering committee has participated in a number of regional co-design activities such as focus groups, workshops and meetings to design an accessible, veteran centred, evidence based, family inclusive and coordinated service delivery model.

Procurement activities have commenced to enable the program to utilise innovative technology to conduct neurocognitive screening and baseline testing. The NHP will be piloted in 2019 through the Open Arms Office in Townsville, Queensland, for a 12 month period. The program will be available for all veterans in the region who are concerned about their cognitive functioning. The program and its outcomes will be evaluated, with the evaluation and learnings from the pilot used to inform a potential national roll out of the program.

# Agenda item 12. Other Business

Internal Distribution List Shared Between Forum Members – Members discussed the need to make out of session contact and agreed to share their email addresses, members are aware the email addresses should not be shared outside of the OWP member group.

Section 137 Reports – Members discussed the poor quality of these reports and the recent situation where not enough adequate/correct information is being included. Delegates are being required to follow up and obtain further information and the full file is not getting to the VRB. It was agreed that an agenda item on how Section 137 Reports are compiled will be included for the next meeting.

Standardisaton of Needs Assessment across the three Acts – Members raised the issue which sees the standardisation of needs assessments under the DRCA and MRCA but not the VEA. Members would like to see the same for those veterans covered by the VEA. Members were made aware that Delegates are encouraged to do an informal needs assessment as provided under the DRCA and MRCA. Clients under the VEA are also able to access entitlements to home assistance under the DRCA in some instances.

Clem Russell raised issues around the Lifestyle rating form, the incorrect options listed on relevant letters and the DVA Factsheet which supports the form.

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| ***Item***  | ***Action*** | ***Assigned to***  |
| 2019/52 | The Secretariat to provide list of OWP member emails to all members. |  Secretariat |
| 2019/53 | The next OWP meeting will include an agenda item on how Section 137 Reports are compiled.  | Secretariat |
| 2019/54 | Information on how a client under the VEA can access services under the DRCA to be provided to members.  | Mark Cormack |
| 2019/55 | DVA to review the various issues raised regarding the Lifestyle Rating form and provide feedback to members at the next meeting.  | Mark Cormack |

# Meeting Closed

The Chair thanked all members for their attendance and participation. The meeting closed at 3.00pm. The next meeting is scheduled for 21 November 2019.