



Australian Government
Department of Veterans' Affairs

ELECTRONIC RECORDS

NB: These documents have been obtained from an electronic record. An original hard-copy version of this record does not exist.



Senator the Hon. Michael Ronaldson

Minister for Veterans' Affairs
Minister Assisting the Prime Minister for the Centenary of ANZAC
Special Minister of State

s 47F

Dear s 47F ,

Thank you for your email of 15 December 2014 concerning the Government's decision to abolish three Veterans' Medicines Advice and Therapeutic Education Services (MATES) groups (Practitioner Reference Group; Veterans Reference Group and the Writing Group).

I assure you the Government is committed to delivery of the Veterans' MATES program. As you know the Veterans' MATES program successfully provides support to the veteran community and health professionals as a quality use of medicines program, with valuable input from the ESO community and health professionals.

To clarify the context of the Government's announcement concerning the three Veterans' MATES groups I can advise that these bodies will merge into a new arrangement which will be informed by an independent review. Until then, the three affected Veterans' MATES advisory groups will continue to meet as usual under the current arrangements.

The Department of Veterans' Affairs (DVA) has contracted the University of SA (UniSA) to deliver the Veterans' MATES program since 2004; the current arrangements expire 30 June 2015. The three affected Veterans' MATES advisory groups exist within the bounds of the current contract under the auspices of the UniSA.

DVA will be undertaking a procurement activity for the future delivery of the Veterans' MATES program, with supporting governance and delivery arrangements to be developed as part of future contract arrangements from 1 July 2015.

Thank you once again for your email.

Yours sincerely,

SENATOR THE HON. MICHAEL RONALDSON



INFORMATION BRIEF

Minister for Veterans' Affairs

Brief No. B15/ 0235

VETERANS' MEDICINES ADVICE AND THERAPEUTICS EDUCATION SERVICE (VETERANS' MATES) PROGRAMME RELEASE OF MODULE 41 – 'At Ease' – promoting mental fitness

Critical Date: Nil.

Purpose: To inform you about the content and upcoming release of Veterans' MATES Module 41, 'At Ease' – promoting mental fitness.

Key Issues:

- The *Veterans' MATES* programme has been delivered by the Department of Veterans' Affairs (DVA) since June 2004 under contract with the University of South Australia. The programme promotes the quality use of medicines and health literacy for prescribers and veterans.
- Every three months a chosen health topic is distributed as module material to targeted members of the veteran community and health professionals. Maintaining mental fitness was selected as the topic for Module 41 to improve use of health services and medication for mental health in contemporary veterans, including guidance on the limited use of medicines for mild mental health issues. The Veterans' MATES Programme has collaborated extensively with the DVA Mental Health Adviser and the Mental and Social Health Branch to develop the module.
- Module 41 aims to promote the importance of mental fitness by encouraging awareness of mental health issues and the kinds of DVA resources and support available to targeted veterans and their health professionals. It is scheduled to be distributed to approximately 10,000 veterans on 2 April 2015. Their General Practitioners and pharmacists will receive information on this module by the end of March 2015. Once released, Module 41 will be available online, along with material for past modules, at www.veteransmates.net.au.

Financial Impact: N/A.

Regulation Impact: No.

Sensitivity: None expected.

Consultation: Yes – DVA Mental Health Adviser, Mental and Social Health Branch; Veterans' MATES Editorial Committee; Veterans' MATES Veteran and Practitioner Reference Groups.

Recommendation: That you note the information provided about Veterans' MATES Module 41, 'At Ease' – promoting mental fitness.

Contact:

Letitia Hope, Assistant Secretary
Primary Health Care Branch

Phone: s 47F

s 47F

Jucy Daniel
First Assistant Secretary
Health and Community Services
Ph: s 47F

25 March 2015

MO comments:

NOTED / PLEASE DISCUSS

SENATOR THE HON. MICHAEL RONALDSON

/ /

- Attachment A – Veterans' MATES Background; Attachment B – Module 41, 'At Ease' – promoting mental fitness; Attachment C – List of Veterans' MATES modules released to date

Background

Veterans' MATES Programme

The *Veterans' MATES* programme has been delivered by the Department of Veterans' Affairs (DVA) since June 2004 under contract with the Quality Use of Medicines and Pharmacy Research Centre at the University of South Australia (UniSA). The programme aims to provide advice to prescribers to promote quality use of medicines, with the result of better health outcomes for the veteran community. It promotes health literacy by providing educational material targeting members of the veteran community on specific health topics.

UniSA undertakes a range of analyses to inform and evaluate the programme using administrative claims data from the spectrum of health care provided by DVA. DVA pharmacy, allied health and hospital datasets are used to identify medication-related issues in the veteran community and are also used to evaluate the impact of each module on prescribing trends, veteran behaviour, and resource use. Past module topics are also reviewed to consider the need for provision of updated educational material as part of a future topic.

Every three months a chosen health topic is distributed to targeted veterans, their main General Practitioner (GP), and community pharmacists and other relevant health professionals. Veterans, GPs, and other professionals are sent different materials:

- Veteran – introductory letter, patient educational material (veteran brochure) and a response form (assists in assessing impact of the module);
- GP – introductory letter, specific feedback regarding their targeted veteran patients, technical educational material (therapeutic brief), a response form (assists in assessing impact of the module) and a copy of the veteran brochure;
- Pharmacists and other health professionals – introductory letter and educational material (therapeutic brief and veteran brochure) and a response form (assists in assessing impact of the module).

GPs and pharmacists are entitled to receive Continuing Professional Development points towards their accreditation through participation in the *Veterans' MATES* programme.

The *Veterans' MATES* programme has delivered 40 modules since 2004. A full list of module topics is provided at [Attachment C](#). The programme has targeted over 280,000 veterans, 30,000 GPs, and 8,500 pharmacists. The programme delivers information to other health professionals relevant to the health topic; to date this has included ophthalmologists, directors of care at residential aged care facilities, and continence nurses. *Veterans' MATES* continues to monitor the potential for expansion of delivery of the programme to other health professionals.

A booklet is prepared for each module release, with copies provided to DVA, key members of the UniSA team, and to members of the programme's writing group, reference group, and editorial committee. The booklet includes a copy of educational material provided to veterans and their health professionals, as well as the module plan outlining the basis for the intervention and the material to evaluate the topic. All educational material for past and current modules is available online at the programme's website, www.veteransmates.net.au.

The contract with UniSA to deliver the *Veterans' MATES* programme expires on 30 June 2015, and an open tender procurement process will be undertaken for the continued delivery of the programme.

Module 41 – 'At Ease' – promoting mental fitness

Module 41 is scheduled to be released to health professionals on 20 March 2015 and to targeted veterans on 2 April 2015. This module aims to educate contemporary veterans and their health professionals around common mental health issues and medicine use. It also promotes a number of DVA initiatives and support services like the At Ease Portal, the Veterans and Veterans Families Counselling Service and the Australian Defence Force Post Discharge GP Health Assessment.

Almost half of Australians will experience a mental health problem in their lifetime, and veterans are no exception. Depression and anxiety affect a significant proportion of the Australian population each year and are particularly prevalent in the 25-34 age group.

UniSA analysis of gold card holders under 65 found high use of antianxiety (anxiolytic) and antidepressant medications. Anxiolytic use was the most prevalent among those aged 26 to 35. However, medication use is only one strategy to support the mental health and wellbeing of veterans. Psychological therapies, particularly cognitive behaviour therapy (CBT), play a key role in the treatment of both anxiety and depression, with or without pharmacological support.

Despite different pharmacological and psychological therapies available to aid in the management of mental health issues, many people do not seek help for their concerns. Research from the United States found that of military personnel deployed to Iraq and Afghanistan, only 23-40 per cent of those with a mental health condition received appropriate health care and support. The perceived stigma associated with having a mental illness was identified as a major barrier.

This module aims to build on the messages provided in the Veteran Mental Health Strategy and promote the importance of mental fitness to contemporary veterans. The educational material aims to engage contemporary veterans and provide them with the information to recognise the symptoms of common mental health problems. The module also aims to make readers aware of the varied resources available to support mental fitness for themselves, family members, or fellow veterans. The material provided to GPs will reinforce the benefits of psychological therapies to treat anxiety and depression, the role of medicines as a component of treatment for some including the limited role of benzodiazepines, as well as the range of resources available to their veteran patients through DVA.

This module was prepared in consultation with the Veterans' MATES Editorial Committee, the Veterans' Reference Group and the Practitioner Reference Group, as well as the department's Mental Health Adviser and the Mental and Social Policy Branch.

Module 41 materials will be distributed to approximately 10,000 veterans. Veterans targeted for this module are those who are aged 55 years or younger, are living in the community, and who are not receiving ongoing psychiatric support as of 30 November 2014. Approximately 7,000 LMOs, who are the primary providers for the targeted veterans and 8,500 pharmacists will also receive the module materials.



Therapeutic Brief

41

www.veteransmates.net.au

Topic 41: 'At Ease' – promoting mental fitness

Mental health problems are common.¹ Almost half of the Australian population aged 16-85 years has experienced a mental health problem at some stage in their lives and one in five has experienced a mental health problem during a twelve month period. Anxiety, depression and harmful use of alcohol are the most common problems.²

The prevalence of mental health disorders in the Australian Defence Force (ADF) and veteran communities is similar to that of the general population. However, the profile of disorders associated with the ADF and veteran communities differs, reflecting the unique demands of military service (Box 1).^{3,4} Today's ADF and veteran communities have a greater diversity in their experiences and demographics, including an increasing number of women. Younger or 'contemporary' veterans may have engaged in a range of confrontational, peacekeeping and humanitarian operations in areas such as Cambodia, Somalia, Rwanda, East Timor, Afghanistan and Iraq.^{5,6}

Many veterans successfully adjust to civilian life after military service. However, for some, their experiences have a profound and lasting impact on their lives. For all military personnel, whether or not deployed overseas, adjusting to civilian life can be challenging and stressful due to the military culture of strict conformity and high standards of behaviour, and the nature of traumatic

events often experienced.⁶ Early recognition of symptoms and appropriate treatment is recommended to prevent long term problems.⁷

This therapeutic brief provides information to help identify those veterans who may benefit from additional professional support or treatment, self-help strategies and general information about mental health and wellbeing.

Inside

- 2 When support might be needed
ADF Post-discharge GP Health Assessment
- 3 When treatment is required
- 4 Improving outcomes with therapy
- > Insert – Mental health resources for health professionals & Mental health resources for veterans

Key points

- > Mental health problems are common
- > Patients may present with vague somatic symptoms
- > The ADF Post-discharge GP Health Assessment can help identify veterans who might benefit from support or treatment
- > Appropriate use of medicines is improved by agreeing on a treatment approach with the patient

Box 1: Common mental health problems in the veteran community⁶

- > Mood disorders including major depressive disorder
- > Dysthymia
- > Generalised anxiety disorder
- > Panic disorder with/without agoraphobia
- > Social anxiety
- > Post-traumatic stress disorder (PTSD)
- > Complicated grief
- > Alcohol misuse and dependence
- > Misuse of prescribed medicines
- > Misuse of other substances

✓ When support might be needed

Many people are hesitant to seek treatment for mental health issues even though symptoms may impact on their everyday life. Some people feel they do not need treatment or that their symptoms will improve with time.⁶ Others are unaware of the treatments that could benefit them.⁸ Many veterans are able to recognise the impact of their service-related experiences on their feelings and behaviours and the need for treatment; others may not readily acknowledge or accept the connection.⁶

For many veterans there is a stigma associated with mental health issues.^{3,7} Currently serving ADF personnel may have concerns that identifying a mental health issue will limit their career progression and opportunities for re-deployment or that people will treat them differently. They may believe they should be able to cope without help and that seeking help is a sign of weakness.^{3,6,7}

Hence, veterans with mental health problems, may present with vague psychological or physical complaints.⁶ There may be no explained medical cause for their symptoms.¹ Because mental health disorders often overlap, veterans diagnosed with one disorder have a high likelihood of a co-morbid disorder.³ The veteran may not acknowledge their problem is multifactorial. For example, PTSD is commonly associated with alcohol and other substance misuse, problem gambling, depression and conflict or disengagement in the family.^{6,7,9}

Behaviours often associated with poor mental health, such as smoking, substance misuse, in particular cannabis and alcohol, over-eating and a sedentary lifestyle, may increase the incidence of physical illness.^{6,10} A physical injury that has resulted in chronic pain is a significant risk factor for depression and anxiety-related disorders, which may lead to an inability to work and function in society.¹¹ Patients with depression

and anxiety report a significantly higher somatic symptom burden, increased daily functional impairment and poor quality of life.^{10,12} Given the bidirectional effects between psychological and physical illness, early recognition of symptoms and appropriate treatment is critical to avoid serious long term problems.⁷

If you are aware that your patient has a history of military service, be alert to potential mental health issues.⁶

Allow for a longer initial consultation time or suggest subsequent consultations to engage your patient and discuss potential support mechanisms and treatment options.^{1,6} The Australian Centre for Posttraumatic Mental Health Australian Guidelines for the Treatment of Acute Stress Disorder & Posttraumatic Stress Disorder (2013) provide a valuable resource for general practitioners. See: http://www.acpmh.unimelb.edu.au/site_resources/guidelines/ACPMH_Full_ASD_PTSD_Guidelines.pdf



ADF Post-discharge GP Health Assessment

All former serving personnel can access a comprehensive health assessment from their GP, funded under Medicare.

One of the key objectives of this assessment is to help GPs in identifying and diagnosing the early signs of physical and/or mental health problems among former serving ADF members. In supporting this, DVA has funded the development of a specifically designed screening tool.

The assessment tool is available on the DVA At Ease Professional portal (<https://at-ease.dva.gov.au/professionals/clinical-resources/general-resources/>).



- Former ADF members are eligible for this resource
- The tool includes specific screening tools and questions to assess factors such as:
 - physical activity;
 - chronic pain;
 - sleep;
 - any alcohol and substance use;
 - psychological health; and
 - sexual health.
- Medicare Item numbers (701,703,705,707) – a new eligible ADF target group has been added to the existing health assessment items
- Referral notes for GPs, providing some guidance on how to access DVA services and a number of veteran specific referral options.



✓ When treatment is required

A personally tailored approach that integrates physical, psychological and social factors, along with cultural attitudes and beliefs of the patient delivers the best outcomes.¹⁴ Successful results are more likely when the family is involved and there is a sense of connection and belonging which is essential for recovery from mental health problems.⁶

A supportive family may also help reduce the risk of suicide as family conflict, relationship breakdown and social isolation are strong predictors of suicidal behaviour.¹⁵ **When treating your veteran patient, consider the impact of mental health issues on all family members.** The impact on partners and children can be significant and long lasting.⁶

Encourage self-help strategies such as reconnecting with social supports, including veterans' support groups, physical exercise and maintaining daily routines in conjunction with more specific psychological and pharmacological treatments.⁶ Careful assessment and accurate diagnosis with clear definition of the type of mental health disorder is important for the patient to receive appropriate treatment.

Consider cognitive behaviour therapy (CBT) and interpersonal therapy for patients with mild to moderate anxiety and depressive disorders as first line therapies. Trauma-focused therapy and eye movement desensitisation and reprocessing (EMDR) for appropriate patients with PTSD has been shown to be effective.^{6, 16}

Medicines are an important component of the treatment plan for some patients. Consider pharmacological therapies for those patients:

- not sufficiently stable to commence with psychological therapies
- with moderate to severe mental health disorders
- unwilling or unable to engage in psychological therapies
- when psychological therapies have failed to produce a sufficient response.

If medicines are required, selective serotonin reuptake inhibitors (SSRIs) or serotonin-noradrenaline reuptake inhibitors (SNRIs) are considered first line therapies for most disorders. Best results are achieved when used in conjunction with self-management strategies and psychological therapies.^{6, 7, 13}

- Refer to the **Therapeutic Guidelines: Psychotropic** and the **Australian Medicines Handbook** for detailed medicines information.
- Refer to the **Mental Health Advice Book for treating veterans with common mental health problems** for general management strategies, available at: <http://at-ease.dva.gov.au/professionals/files/2014/09/P01621-Mental-Health-Advice-Book.pdf>
- Find a psychologist to suit your patient's needs at: <http://www.psychology.org.au/FindaPsychologist> Psychologists can also be sourced through the Veterans and Veterans Families Counselling Service. For more information see www.vvcs.gov.au/Services/providers.htm

Some patients will benefit from both psychological therapies and medicines. In some cases medicines may be urgently indicated because of a need to address co-morbid disorders or associated symptoms. For example, patients with severe depression, psychotic features or very disabling anxiety or agitation may require prompt pharmacological intervention in conjunction with psychological therapies.⁷

If alcohol misuse is evident, CBT and motivational interviewing, in conjunction with pharmacological intervention to help manage cravings and withdrawal symptoms provides the best outcomes.⁶ Because key components of CBTs are specific to individual disorders, consider referral to a psychologist with expertise in CBT and addiction disorders.

Avoid long term use of Benzodiazepines^{7, 13, 17, 18}

- Benzodiazepines are appropriate for short term (2-4 weeks) treatment of severe anxiety or agitation in depressed patients waiting for a response to antidepressants
- Avoid benzodiazepine use as a sole treatment
- Long term use may result in tolerance and dependence:
 - patients with current or previous alcohol problems are at risk
 - PTSD patients are commonly associated with alcohol and other substance misuse disorders
- Risk of overdose is greatest and most dangerous when benzodiazepines are combined with other sedatives, such as alcohol or opioids
- Benzodiazepines commonly cause drowsiness, over-sedation, light-headedness, memory loss, ataxia and slurred speech
- Benzodiazepine users are at a significantly increased risk of motor vehicle accidents and other accidental injuries including falls, compared with non-users
- Benzodiazepines may be misused for their euphoric and sedative effects
- If ceased abruptly in dependent patients, withdrawal symptoms may include anxiety, dysphoria, irritability, insomnia, nightmares, sweating, memory impairment, hallucinations, psychosis, tremors and seizures
- Benzodiazepines can reduce the effectiveness of CBT

Improving outcomes with therapy

Patients are more likely to follow a treatment regimen when they feel they have an alliance with their doctor, are empowered and have choices with joint responsibility and ownership in the decision-making process.^{6, 13, 19}

Not taking or forgetting to take medicines as prescribed, or not persisting with psychological therapies is common among patients with mental health disorders. Not taking medicines as prescribed may have serious consequences in the long term and may:

- increase the likelihood of illness relapse
- risk greater disability
- result in poor quality of life
- have a devastating impact on family and friends.¹³

There are many reasons why patients do not take their medicines. Explore your patient's attitudes and beliefs towards taking medicines and allay any fears and misconceptions they might have. A key component of improving concordance is to educate your patient about their illness and treatment (Box 2).¹⁹ Give them information about the time over which medicines may be required, a review date, and the expected outcomes. Develop the treatment plan with your patient, clearly identifying goals and how they might be achieved through negotiation and agreement. Non-adherence during the planned treatment period is more likely if the patient feels well and hasn't been told of the need to complete the treatment.^{6, 13, 19}

Full reference list
available on the website:
www.veteransmates.net.au

Box 2: Developing a treatment plan with medicines^{13, 19}

Develop an agreed treatment plan with your patient and provide information on:

- rationale for choosing the medicine
- advantages of taking the medicine and disadvantages of reducing or ceasing the medicine
- frequency of dosing
- likely length of time required to take the medicine and expected outcomes
- likely length of time before the patient will feel the benefits of the medicine
- potential adverse effects and what to do if they occur
- a review date
- medicines prescribed:
 - consumer medicine information
 - any personalised instructions
- encourage your patient to use a medicines list available from NPS MedicineWise at: www.nps.org.au/about-medicines-list/

A word of caution about antipsychotics^{13, 17, 20, 21}

- If possible, avoid use for treatment of non-psychotic illnesses, such as anxiety, aggression or for sedation
- If unavoidable, use the lowest dose for the shortest possible time
- Sedation, dizziness, postural hypotension, sexual dysfunction and anticholinergic effects are common dose related adverse effects
- Inappropriate use of antipsychotics, quetiapine in particular, is increasing, especially for 'off-label' purposes²¹
 - be aware of their potential for serious harm, such as development of tardive dyskinesia, diabetes, dyslipidaemia, weight gain, stroke and sudden cardiac death
 - quetiapine and olanzapine may be abused for their sedative, anxiolytic and calming effects
 - the potential for misuse is greatest when the patient is taking multiple medicines, such as opioids, alcohol or benzodiazepines.



Mental health resources for health professionals

- The **Mental Health Advice Book for treating veterans with common mental health problems** provides general management strategies to assist health professionals. It is available at: <http://at-ease.dva.gov.au/professionals/mental-health-advice-book/>
- The **Veteran Mental Health Consultation Companion (VMHC²)** is an electronic supplement to the Mental Health Advice Book. The VMHC² is a free mobile application (app) that contains clinical assessment tools, patient handouts and summaries of information in the book. It is available from both the iOS App Store and android Google Play. Further information can be found at http://at-ease.dva.gov.au/professionals/clinical-resources/vhmc2_app/
- Evidence based assessment and outcome tools, treatment options and the latest military mental health research are available at the **At Ease Professional portal**: www.at-ease.dva.gov.au/professionals
- A comprehensive summary of **DVA mental health related resources and services** can be accessed from the clinical resources page of the At Ease Professional website at <http://at-ease.dva.gov.au/professionals/clinical-resources/general-resources/>
- **Understanding the Military Experience** is a free online training program that helps providers understand how military service can impact upon the mental health and wellbeing of current and ex-serving personnel. Training is eligible for Continuing Professional Development (CPD) points. Go to <http://dva.interactiontraining.net/registerexternal> and enter the registration code 'ext'.
- Some veterans present with co-morbid disorders and complex needs. **Case Formulation** is a free online training program that helps health providers to focus on the presenting problems that are likely to have the most impact on recovery and to set priorities for treatment. Training is eligible for Continuing Professional Development points. Go to <http://dva.interactiontraining.net/registerexternal> and enter the registration code 'ext'.
- **vetAWARE** is a free online training program designed to assist community nurses, aged care providers and other health providers to better understand the common mental health challenges faced by veterans and war widows. Nurses who complete the training are eligible for Continuing Professional Development points. Go to <http://dva.interactiontraining.net/registerexternal> and enter the registration code 'ext'.
- **Working with Veterans with Mental Health Problems** is a free online training program that helps GPs better understand common veteran mental health conditions, how military service can affect the mental health of serving and ex-serving personnel and where to refer DVA clients for mental health treatment. All GPs with access to RACGP's *gplearning* can undertake the program and the training is eligible for Continuing Professional Development points. See <http://at-ease.dva.gov.au/professionals/professional-development/>

Referral services available to veterans

- **In the case of a mental health emergency, such as risk of self-harm, suicide or homicide, the most appropriate course of action is to first call 000 or, if appropriate, refer your patient to a hospital or acute psychiatric intervention team.**¹³
- The Veterans' and Veterans' Families Counselling Services (VVCS, www.vvcs.gov.au) offers counselling and group programs for veterans and their families Australia-wide, 24 hours a day on 1800 011 046.
- A range of community and veteran-specific services and resources are available at: www.at-ease.dva.gov.au/professionals/referrals/
- DVA provides funding for a comprehensive suite of mental health services including GP services, psychologist and social work services, specialist psychiatric services, pharmaceuticals, in-patient and out-patient hospital treatment and services through the Veterans and Veterans Families Counselling Service (VVCS).
- DVA purchases trauma recovery programs for PTSD in a range of private and public hospitals across Australia. These programs treat both current and former serving members of the Australian Defence Force, including veterans. To find out more information about these programs you can contact the hospitals directly and speak to the program coordinators. A list of programs and relevant contact details are available at www.acpmh.unimelb.edu.au/trauma/ptsd_programs.html
- If a veteran has diagnosed PTSD, anxiety, depression, alcohol use or substance use disorder, cancer or pulmonary tuberculosis, DVA can pay for their treatment, even if the condition is not related to their Defence service. Treatment is available for anyone who has been deployed on operations overseas, and many who have served for more than three years at home. Treatment is available before, during or after a compensation claim, or even if the veteran is not intending to make a claim for compensation.
- In complex clinical situations where symptoms are severe and unrelenting or if you are uncertain about diagnosis or management, refer your patient to a psychiatrist.^{6,13} Find a psychiatrist at: www.ranzcp.org/Resources/find-a-psychiatrist.aspx
- The Australian Centre for Posttraumatic Mental Health offers information and services for veterans at: <http://www.acpmh.unimelb.edu.au/help.html>



Mental health resources for veterans



The DVA At Ease portal, www.at-ease.dva.gov.au has up-to-date and comprehensive information, resources and self-help strategies and tools that promote mental fitness for ADF personnel and the veteran community and their families. The Wellbeing Toolbox is an example of an online interactive tool that helps veterans to develop skills in problem solving, building support, helpful thinking, getting active, keeping calm, and sleeping better.

Encourage all your veterans to visit the DVA At Ease portal at: www.at-ease.dva.gov.au



Other useful resources:

- > Wellbeing Toolbox: www.wellbeingtoolbox.net.au
- > The PTSD Coach Australia app can help patients learn about and manage symptoms that commonly occur after trauma*
 - 
 - 
- > The Right Mix, – DVA's alcohol management site that provides practical information and strategies to raise awareness about alcohol-related harm and achieve the 'right balance' with alcohol, diet and exercise, www.therightmix.gov.au
 - 
 - 
- > Veterans and Veterans Families Counselling Service (VCS), www.vvcs.gov.au: 24 hour confidential support. Phone 1800 011 046
- > Operation Life Online – a website to raise awareness about, and help prevent suicide in the veteran community, www.at-ease.dva.gov.au/suicideprevention
- > YouTube videos – 'Don't Suffer in Silence' is the key message in a series of online videos about the impact of mental ill health on current and former serving personnel and their families. www.youtube.com/DVAAUS or via the DVA Facebook page www.facebook.com/DVAAUS
- > beyondblue: www.beyondblue.org.au
- > Lifeline: phone 13 11 14
- > National domestic violence hotline: a 24 hour confidential hotline. Phone 1800 200 526
- > NPS MedicineWise provides options for using a medicines list to help keep track of medicines. www.nps.org.au/about-medicines-list

* Mobile apps available free for Android and Apple devices



DRAFT

Veterans' MATES



Australian Government
Department of Veterans' Affairs

Therapeutic Brief 41: 'At Ease' – promoting mental fitness

References

1. Tiller J. Depression and anxiety. *The Medical Journal of Australia*. 2012;1 Suppl 4:28-32.
2. Australian Bureau of Statistics. National Survey of Mental Health and Wellbeing: Summary of Results. 2007. Canberra available at: <http://www.abs.gov.au/ausstats/abs@.nsf/latestproducts/4326.0main%20features32007?open> [Accessed January 2014].
3. Hodson S. et al. Mental Health in the Australian Defence Force – 2010 ADF Mental Health Prevalence and Wellbeing Study: Executive Report. Department of Defence, Canberra.
4. Ikin J. et al. War-related psychological stressors and risk of psychological disorders in Australian veterans of the 1991 Gulf War. *The British Journal of Psychiatry*. 2004;185:116-126.
5. Australian Government. Repatriation Commission. Military Rehabilitation and Compensation Commission. Department of Veterans' Affairs: Annual Reports 2010-2011. Available at: <http://www.dva.gov.au/aboutDVA/publications/corporate/annualreport/2010-2011/Financial/Documents/annrepfull.pdf> [Accessed February 2014].
6. Australian Centre for Posttraumatic Mental Health. 2012. Mental Health Advice Book for treating veterans with common mental health problems. Department of Veterans' Affairs, Canberra. Available at: <http://at-ease.dva.gov.au/professionals/files/2013/05/Mental-Health-Advice-Book.pdf> [Accessed January 2014].
7. Australian Centre for Posttraumatic Mental Health. 2013. Australian Guidelines for the Treatment of Acute Stress Disorder & Posttraumatic Stress Disorder. ACPMH, Melbourne, Victoria.
8. Andrews G. et al. Why does the burden of disease persist? Relating the burden of anxiety and depression to effectiveness of treatment. *Bulletin of the World Health Organization*. 2000;78(4):446-454.
9. Biddle D. et al. Problem gambling in Australian PTSD treatment-seeking veterans. *Journal of Traumatic Stress*. 2005;18(6):759-767.
10. Katon W. Clinical and health services relationships between major depression, depressive symptoms, and general medical illness. *Society of Biological Psychiatry*. 2003;54:216-226.
11. Gauntlett-Gilbert J & Wilson S. Veterans and chronic pain. *British Journal of Pain*. 2013;7(2):79-84.
12. Katon W, Lin E & Kroenke K. The association of depression and anxiety with medical symptom burden in patients with chronic medical illness. *General Hospital Psychiatry*. 2007;29:147-155.
13. Therapeutic Guidelines: Psychotropic. Version 7. 2013. Melbourne: Therapeutic Guidelines Ltd.
14. Commonwealth of Australia. 2013. Australian Government. Department of Veterans' Affairs. Veteran Mental Health Strategy. A ten year framework 2013-2023. Available at: <http://at-ease.dva.gov.au/veterans/files/2013/06/Veteran-Mental-Health-Strategy.pdf-V050613.pdf> [Accessed January 2014].
15. Van Orden K. et al. The interpersonal theory of suicide. *Psychological Review*. 2010;117(2):575-600.
16. Cuijpers P. et al. Interpersonal psychotherapy for depression: a meta-analysis. *Am J Psychiatry*. 2011;168(6):581-592.
17. Australian Medicines Handbook. Adelaide: Australian Medicines Handbook Pty Ltd. 2014.
18. Rapoport M. et al. Benzodiazepine use and driving: a meta-analysis. *Journal of Clinical Psychiatry*. 2009;70(5):663-673.
19. Brown M & Bussell J. Medication adherence: WHO cares? *Mayo Clinic Proceedings*. 2011;86(4):304-314.
20. Monasterio E & McKean A. Prescribing atypical antipsychotics in general practice. *Best Practice Journal*. 2011;40:14-23.
21. DUSC Review on the Utilisation of Antipsychotics. 2013. Available at: <http://www.pbs.gov.au/industry/listing/elements/pbac-meetings/psd/2013-08/antipsychotics-psd-08-2013.pdf> [Accessed April 2014].



University of
South Australia

Veterans' MATES

Provided by: University of South Australia | Quality Use of Medicines and Pharmacy Research Centre

In association with: Discipline of General Practice, The University of Adelaide | Discipline of Public Health, The University of Adelaide |

Repatriation General Hospital, Daw Park | NPS MedicineWise | Australian Medicines Handbook | Drug and Therapeutics Information Service

NOTES FOR CONFIDENTIAL PATIENT INFORMATION

The patients¹ listed were identified from health claims data for the Repatriation Pharmaceutical Benefits Scheme (RPBS). Listed patients are those who are aged 55 years or younger, living in the community, and who are not receiving ongoing psychiatric support², as of 30th November 2014. For each listed veteran, we have identified whether they have received medicines or services that may indicate they are likely to have received treatment for a mental health condition. We have also noted the date of their last GP visit. Please retain this sheet for your records and use it to review your patients. This information is also available as an electronic version via the *Veterans' MATES* website and can be completed online and saved to the patient's records.

Some of the medicines listed may have been prescribed by other doctors or for other conditions. As the doctor who has had the most recent contact with these patients, you have been identified as being most likely to be responsible for their ongoing care.

Please note that all of your veterans listed on this feedback will receive a copy of the veteran information brochure in order to promote awareness of mental health issues and the available DVA resources, regardless of whether they have received treatment that indicates they are likely to have a mental health condition.

If you are unfamiliar with any of the patients listed, it may be because:

- a patient no longer under your care may still be receiving repeats dispensed from your original prescription
- your prescription pad may have been used by a locum or other doctor in your group practice and the pharmacy claims data has attributed the prescription to you, or
- errors can occur during the RPBS claiming process.

¹ This report contains confidential patient information, is a record of dispensed medicines or services claimed according to the DVA Health Claims Database at the time of printing and is a partial record only. Patients are selected from all sites at which you practice.

² Listed patients may include those who have received a psychiatric assessment.

DRAFT

PLEASE DO NOT RETURN TO DVA: FOR YOUR RECORDS

PLEASE DO NOT RETURN TO DVA: FOR YOUR RECORDS

DRAFT

Dr P Smith

Ann T Sample	SUBURB: Parkside	ACCOMMODATION: Community
Medicine	Last Dispensing	Other Prescriber
Fluoxetine (Lovan) Cap 20 mg	19/02/2014	N
Diazepam (Antenex 5) Tab 5 mg	05/02/2014	Y
Date of last GP visit	17/02/2014	
DVA funded psychologist visit claimed	None claimed in last 12 months	
DVA funded mental health social worker visit claimed	None claimed in last 12 months	

John E Citizen	SUBURB: Glenelg	ACCOMMODATION: Community
Medicine	Last Dispensing	Other Prescriber
Alprazolam (Alprax 0.5) Tab 500 mcg	22/12/2013	N
Date of last GP visit	20/12/2013	
DVA funded psychologist visit claimed	14/01/2014	
DVA funded mental health social worker visit claimed	18/01/2014	

Robert J Brown	SUBURB: Norwood	ACCOMMODATION: Community
Medicine	Last Dispensing	Other Prescriber
Venlafaxine (Altven) Cap 75 mg	10/02/2014	N
Quetiapine (Seroquel) Tab 150 mg	19/02/2014	Y
Date of last GP visit	14/05/2013	
DVA funded psychologist visit claimed	27/10/2013	
DVA funded mental health social worker visit claimed	None claimed in last 12 months	

Mary B Jane	SUBURB: Brighton	ACCOMMODATION: Community
Medicine	Last Dispensing	Other Prescriber
Haloperidol (Serenace) Tab 1.5 mg	12/01/2014	N
Date of last GP visit	24/02/2014	
DVA funded psychologist visit claimed	None claimed in last 12 months	
DVA funded mental health social worker visit claimed	18/01/2014	

PLEASE DO NOT RETURN TO DVA: FOR YOUR RECORDS

PLEASE DO NOT RETURN TO DVA: FOR YOUR RECORDS

DRAFT

Paul Smith	SUBURB: Kent Town	ACCOMMODATION: Community
Medicine	Last Dispensing	Other Prescriber
Escitalopram (Escicor 20) Tab 20 mg	07/11/2013	N
Date of last GP visit	13/09/2013	
DVA funded psychologist visit claimed	None claimed in last 12 months	
DVA funded mental health social worker visit claimed	None claimed in last 12 months	

Sally A White	SUBURB: Parkside	ACCOMMODATION: Community
Medicine	Last Dispensing	Other Prescriber
No psychotropic medicine/s identified		
Date of last GP visit	25/01/2014	
DVA funded psychologist visit claimed	10/04/2013	
DVA funded mental health social worker visit claimed	None claimed in last 12 months	

Mary-lou Lee	SUBURB: Prospect	ACCOMMODATION: Community
Medicine	Last Dispensing	Other Prescriber
No psychotropic medicine/s identified		
Date of last GP visit	01/07/2013	
DVA funded psychologist visit claimed	None claimed in last 12 months	
DVA funded mental health social worker visit claimed	None claimed in last 12 months	

William B Macy	SUBURB: Norwood	ACCOMMODATION: Community
Medicine	Last Dispensing	Other Prescriber
No psychotropic medicine/s identified		
Date of last GP visit	10/02/2014	
DVA funded psychologist visit claimed	None claimed in last 12 months	
DVA funded mental health social worker visit claimed	None claimed in last 12 months	

DRAFT

PLEASE DO NOT RETURN TO DVA: FOR YOUR RECORDS



Veterans' MATES
Response Form

DRAFT

General Practitioner

Your completion and return of this Response Form is greatly appreciated and will help us gain further insight into the factors impacting on the care of members of the veteran community. It will also provide valuable information to guide us in future work in this area.

Note: This Response Form can now be completed online.
www.veteransmates.net.au

For details please see the accompanying letter.

RACGP QI & CPD and ACRRM PDP points are available to participants submitting this response form. RACGP and ACRRM requirements are available at www.veteransmates.net.au. If you wish your participation in this topic to be recorded, please provide your reference number in the appropriate boxes on the questionnaire.

Veterans' MATES Topic 41
'At Ease' – promoting mental fitness

Please place a cross in the appropriate box using a black or blue pen. Mark one box only for each question.

<p>1. How useful have you found the therapeutic brief 'At Ease' – promoting mental fitness?</p> <p><input type="checkbox"/> Very useful <input type="checkbox"/> Useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Not useful</p>
<p>2. How much has the therapeutic brief helped raise your awareness of mental health issues in your veteran patients?</p> <p><input type="checkbox"/> A lot <input type="checkbox"/> Somewhat <input type="checkbox"/> A little <input type="checkbox"/> Not at all</p>
<p>3. Did the data provided in the accompanying letter assist you in reviewing your veteran patients?</p> <p><input type="checkbox"/> Greatly assisted <input type="checkbox"/> Assisted <input type="checkbox"/> Somewhat assisted <input type="checkbox"/> Did not assist</p>
<p>4. When managing a veteran patient with mental health issues, how likely are you to discuss the points outlined in Box 2 of the therapeutic brief as part of an agreed treatment plan?</p> <p><input type="checkbox"/> Very likely <input type="checkbox"/> Likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Not likely</p>
<p>5. How likely are you to use the ADF Post-discharge GP Health Assessment to help identify veterans who may benefit from support or treatment?</p> <p><input type="checkbox"/> Very likely <input type="checkbox"/> Likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Not likely</p>
<p>6. When managing a veteran patient with mental health issues, how likely are you to refer him/her to a psychiatrist?</p> <p><input type="checkbox"/> Very likely <input type="checkbox"/> Likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Not likely</p>
<p>7. When managing a veteran patient with mental health issues, how likely are you to refer him/her to other allied health professionals, for example a psychologist or social worker?</p> <p><input type="checkbox"/> Very likely <input type="checkbox"/> Likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Not likely</p>
<p>8. How much new information has the therapeutic brief provided about DVA resources available for veterans?</p> <p><input type="checkbox"/> A lot <input type="checkbox"/> Some <input type="checkbox"/> A little <input type="checkbox"/> None</p>
<p>9. After reading the materials, how likely are you to recommend the DVA At Ease portal to your patients?</p> <p><input type="checkbox"/> Very likely <input type="checkbox"/> Likely <input type="checkbox"/> Somewhat likely <input type="checkbox"/> Not likely</p>

Please refer to www.veteransmates.net.au for RACGP and ACRRM requirements.

RACGP QI & CPD reference number

ACRRM PDP reference number



Thank you for your support.
Please return in the REPLY PAID envelope provided:
Veterans' MATES Reply Paid 10279 ADELAIDE BC SA 5000.

DRAFT



DRAFT



Get the best from
your medicines

www.veteransmates.net.au

TALKING ABOUT MENTAL FITNESS – IT'S OK

We hear a lot about physical fitness and its importance for good health. Mental fitness is just as important, in fact physical and mental wellbeing are closely related. Mental fitness and emotional wellbeing allow us to recognise our strengths and abilities, to cope with the stresses of life, to build strong relationships and to contribute to our family and community. It means we can enjoy life.

Mental fitness is more than the absence of mental health conditions. It affects every aspect of our lives, how we feel about ourselves, how we feel about others and how we meet the demands of everyday life. You can take steps to improve your mental and physical wellbeing.

Both our physical and emotional wellbeing can vary from day to day. We all experience life's challenges and stresses, but being mentally fit gives us the resilience to bounce back when times are tough. Building strong relationships, enjoying a healthy lifestyle and developing coping strategies can promote mental fitness, both now and in the future.

Mental health problems are common in the Australian community; about one in two Australian adults experience a mental health problem such as anxiety, depression or post-traumatic stress disorder (PTSD) at least once in their life.



DRAFT

Thinking about your mental fitness – it's OK

Many veterans adjust successfully to civilian life, but for some the experience of transitioning from full time service can be stressful and challenging. It's OK to question your own mental health, to recognise when you have a problem, and to know where to go to seek help.

Returning to civilian life is a major change in lifestyle for both you and your family. It can affect the mental health and wellbeing of the whole family as stresses and challenges arise. It can be a struggle to understand your feelings. Talk to a friend or loved one, someone you trust who is a good listener, or attend a support group for friends and family. Sometimes professional help is required to help you get back on track. Take action.



Staying physically and mentally fit is a goal for all of us. The following simple strategies can set up good habits to help build confidence and resilience and get more out of life.

- Set goals and enlist a peer or family member to help monitor your progress
- Aim to be active every day
- Enjoy a balanced diet and limit alcohol intake to low risk drinking
- For your general health, don't smoke
- Develop good sleep habits (see www.veteransmates.net.au/VB_insomnia)
- Learn a new skill, interest or hobby
- Connect with others; join in community activities such as volunteering
- Set time to do things you enjoy such as going to the beach or having a coffee with friends
- Mindfulness, an awareness technique, can help with negative thoughts and emotions
- Consider strategies to relax and unwind, such as yoga or meditation

The excellent interactive resource 'The Wellbeing Toolbox' (www.at-ease.dva.gov.au) is part of the Australian Government Department of Veterans' Affairs (DVA) At Ease portal. It can help with problem solving, building support, helpful thinking, getting active, keeping calm, and sleeping better.



Recognising when help is needed – it's OK

DRAFT

Seeking help early is important. It's a way of empowering yourself, not a sign of weakness. Talk to your GP to determine what support you need. He/she may recommend psychological support or counselling, or in some cases, medicines. If you are a former serving member, you can also access a health assessment from your GP. A Medicare rebate is available for this assessment.

Answering the following questions may help you decide when to seek help:

- Have you felt sad or depressed most of the time lately?
- Have you been feeling anxious or had distressing thoughts most of the time lately?
- Have you had trouble working or meeting your daily responsibilities?
- Have you had problems in your relationships, or trouble taking care of the family?
- Have you increased your use of alcohol, illicit drugs or prescription medications?
- Are you having trouble sleeping?
- Are you having trouble eating, or have you gained a lot of weight?
- Are others concerned about you?

If you answered 'yes' to any of these questions, consider talking to a health professional.

See your GP or call the Veterans and Veterans Families Counselling Service (VVCS, www.vvcs.gov.au), available 24 hours a day on 1800 011 046. VVCS provides specialised, free and confidential counselling to Australian veterans, peacekeepers and their families.

If you are having thoughts of hurting yourself or someone else talk to your GP or contact VVCS, www.vvcs.gov.au. Phone **1800 011 046**.

If you are severely distressed or thinking of acting on your thoughts of self harm or harm to others, call **000** or Lifeline (**13 11 14**), or go immediately to the nearest hospital emergency department.

NOTE: DVA can pay for treatment for diagnosed PTSD, anxiety, depression, alcohol use disorder or substance use disorder, whatever the cause. The condition does not have to be related to service. This is available to anyone who has deployed on operations overseas, and many who have served for more than three years at home. These arrangements, known as non-liability health care (NLHC), can help with early intervention through treatment to lessen the impact of a mental health condition.

More information about these arrangements is available from <http://www.dva.gov.au/health-and-wellbeing/treatment-your-health-conditions>

Keep an eye out for your own mental wellbeing as well as that of your family and mates.

Seeking help – it's OK

Working with your GP to develop a treatment plan specifically for you might include referral to a mental health care professional such as a psychiatrist, psychologist, or social worker. Often more than one person will be involved in your care. Your health care team can help you to:

- develop a step-by-step approach to problem solving
- help manage day to day challenges
- challenge negative thinking, promote a positive and realistic view of yourself and your situation
- build strategies to establish a routine.



Sometimes medicines may be needed long term; sometimes medicines are needed short term. Be guided by your GP and be aware of the things you need to know to make an informed medical decision. If your treatment plan includes a medicine, ask:

- What is the name of the medicine and why has it been prescribed?
- When should I start the medicine?
- How often and how much do I take?
- When might I start to feel better?
- What are the possible side effects and what should I do if I experience any?
- When should the treatment be reviewed?
- How long will I have to take the medicine?

If taking a medicine, be sure to take it as prescribed, and for the time agreed as outlined in your treatment plan, even if you are feeling better. Not taking your medicine(s) may cause a relapse.

If you need help, it is important to reach out to others. Help is out there. Help can make a difference.

List of Veterans' MATES modules released to date

Module	Topic	Released
41	Mental fitness – <i>awaiting distribution</i>	March 2015
40	Dehydration	November 2014
39	Anticholinergics	September 2014
38	Musculoskeletal pain	March 2014
37	Anticoagulants	November 2013
36	Statins	September 2013
35	Neuropathic pain	June 2013
34	Recently diagnosed diabetes	March 2013
33	Dermatitis	November 2012
32	Proton pump inhibitors	September 2012
31	Insomnia management	June 2012
30	Renal impairment	March 2012
29	Home Medicines Reviews	November 2011
28	Osteoporosis management	September 2011
27	Opioid-induced constipation	June 2011
26	Urinary incontinence	March 2011
25	Dementia	November 2010
24	Acute coronary syndrome	September 2010
23	Glaucoma	June 2010
22	Prochlorperazine	March 2010
21	Gout management	November 2009
20	Assessing the risk of falls	September 2009
19	Heart failure	June 2009
18	Insomnia management	March 2009
17	Optimising warfarin therapy	November 2008
16	Dose Administration Aids	September 2008
15	Osteoporosis and reducing fracture risk	June 2008
14	Chronic obstructive pulmonary disease and inhaler devices	March 2008
13	Aspirin and clopidogrel in cardiovascular disease	November 2007
12	Antipsychotics in dementia	September 2007
11	Diabetes cycle of care	June 2007
10	Bowel health and constipation	March 2007
9	Home Medicines Reviews	November 2006
8	Reducing adverse drug events	September 2006
7	Proton pump inhibitors and gastro-oesophageal reflux disease	June 2006
6	Chronic obstructive pulmonary disease and inhaled medicines	March 2006
5	Safer use of antidepressants	November 2005
4	Non-steroidal anti-inflammatory drugs	September 2005
3	Diabetes	June 2005
2	Heart failure and beta blockers	March 2005
1	Home Medicines Review	November 2004



INFORMATION BRIEF

Minister for Veterans' Affairs

Brief No. B15/0406

VETERANS' MEDICINE ADVICE AND THERAPEUTICS EDUCATION SERVICE (MATES) OPEN TENDER PROCUREMENT PROCESS

Critical Date: Nil.

Purpose: To inform you about the Veterans' MATES Open Tender Procurement Process.

Key Issues:

- The Department of Veterans' Affairs (DVA) is currently undertaking an Open Tender Procurement process for future delivery of the Veterans' MATES program (MATES).
- MATES has been delivered by DVA under contractual arrangements since 9 June 2004. The contract expires on 30 June 2015.
- Healthcare Management Advisers (HMA) completed an independent review of the program in November 2014. The review identified the program as being delivered effectively, contributing to improved health outcomes for veterans and an effective education of health professionals. The review also informed considerations for future procurement.
- At its meeting on 16 December 2014, Commissions noted the independent review and agreed to an Open Procurement process for the future delivery of MATES from 1 July 2015.
- The Request for Tender will be released on 1 May 2015 with a closing date of 5 June 2015.
- It is anticipated that a new contract will be in place by on later than the end of July 2015.
- The new governance arrangements will comply with Australian Government Governance Policy (AGGP) under the Smaller Government Tranche 3 measures.
- There will not be any disruption to service delivery as arrangements are in place to ensure continuity of the program.

Financial Impact: Nil.

Regulation Impact: No.

Sensitivity: Yes – Some organisations have raised concerns about the future of the Veterans' MATES program.

Consultation: No.

Recommendation: That you note the information provided.

Contact: Letitia Hope
 Assistant Secretary, Primary Health Care
 Phone: s 47F
 s 47F

Sue Campior
 First Assistant Secretary
 Health and Community Services Division
 Ph: s 47F
 | May 2015

MO comments:
NOTED / PLEASE DISCUSS
SENATOR THE HON. MICHAEL RONALDSON / /

Program Review Background

DVA's Veterans' MATES Program has been delivered under contractual arrangements by the University of South Australia (UniSA) since June 2004. These contractual arrangements expire on 30 June 2015. The program aims to provide advice to general practitioners (GP) to promote quality use of medicines, with the result of better health outcomes for the veteran community. It promotes health literacy by providing educational material targeting members of the veteran community on specific health topics.

UniSA undertakes a range of analyses to inform and evaluate the program using administrative claims data from the spectrum of health care provided by DVA. Every three months a chosen health topic is distributed to targeted veterans, their main GP and community pharmacists and other relevant health professionals.

An external review of the program was identified as necessary in advance of the contracting process considerations for delivery of the program after 30 June 2015. In August 2014, Healthcare Management Advisors (HMA) was engaged to undertake the review. The review assessed the extent to which the program's goals and objectives were being achieved as well as the effectiveness of the program in terms of targeting and delivery of qualitative assessment. The value of continuing the program and suggestions for future delivery was also assessed.

As a result of this review, HMA identified 18 key findings. HMA found that the program has been delivered effectively, contributing to improved health outcomes for veterans and effective education of health professionals. In terms of future procurement, HMA identified the need to update the scope of the program to meet the needs of the changing veteran demographic. The program review identified other potential market providers that could deliver this program in the future. Given the market has not been tested since the original tender process was conducted resulting in the engagement of UniSA, it was recommended to the Repatriation Commission and Military Rehabilitation and Compensation Commission Sub-Committee that an Open Tender Procurement process be undertaken. This approach is inline with Commonwealth Procurement Rules.

Following consideration of these recommendations on 16 December 2014, Commissions noted that an independent review of the program had been conducted and agreed to an Open Procurement process for the future delivery of the program from 1 July 2015.

Open Tender Procurement Process

As a result of a Request for Quotation process in early 2015, Qp3 was engaged to assist DVA to undertake an Open Tender Procurement process. An external Probity Adviser, Apis Group Pty Ltd has also been engaged to ensure compliance with the procurement process.

The Request for Tender (RFT) is due to be released on 1 May 2015 with a closing date of 5 June 2015. An early notification of the tender was placed on Austender on 7 April 2015. The RFT is seeking ongoing delivery of the program and specifies elements of current arrangements that must be maintained. DVA is seeking to enhance the program by including a broader range of health professionals, use of new technologies and health education. There are also opportunities to extend the Veterans' MATES program to support the management of good primary health care and to develop a 'whole of health' approach to veteran healthcare.

Program Continuity During the Tender Process

DVA will progress the evaluation of tenders as quickly as possible, but it is likely that a new contract will not be in place for 1 July. In addition, should an organisation other UniSA be the successful tender, there will be a transition period during which there will be a hiatus in the development of modules.

Given the important support that the program provides targeted veterans and their health professionals to support medication management, DVA is putting in place arrangements to maintain continuity of the program while the tender process is finalised. This will be achieved through the dissemination of a previously released topic on diabetes. It is acknowledged that the modules have a saturation time of 18 months to 2 years. The diabetes module was originally released as Module 34 in 2013, it targets GPs, pharmacists and veterans with the aim of increasing the utilisation of diabetes care services for people recently initiated on diabetes medicines or those who are not on medicines but have claims for diabetes services. This has a preventative focus by targeting early onset diabetes and promotes the use of tools and services in the management of this disease to reduce the risk of escalation to a chronic condition. Ongoing

support for the veteran community in this early management remains particularly beneficial and pertinent.

Smaller Government Tranche 3

The Government's announcement of Tranche 3 of the Government's smaller government reform as part of the Mid Year Economic and Fiscal Outlook in December 2014 reported that the three Veterans' Medicines Advice and Therapeutic Education Services (MATES) groups (Practitioner Reference Group; Veterans Reference Group and the Writing Group) would cease by 30 June 2015.

The three affected Veterans' MATES advisory groups exist within the bounds of the current contract under the auspices of the UniSA.

The three Veterans' MATES groups will merge into a new arrangement which will be informed by an independent review and will comply with Australian Government Governance Policy. Until then, the three affected Veterans' MATES advisory groups will continue to meet as usual under the current arrangements.



Australian Government

Department of Veterans' Affairs

INFORMATION BRIEF

Minister for Veterans' Affairs

Brief No. B15/0657

OUTCOME OF VETERANS' MATES TENDER

Critical Date: Nil.

Purpose/Reason: To inform you of the outcome of the tender for the provision of the Veterans' Medicines Advice and Therapeutics Education Services (MATES) Programme.

Key Issues:

- On 1 May 2015, you were provided with an Information Brief (B15/0406 - Attachment B) advising that the Veterans' MATES programme was undergoing an Open Tender Procurement process for future delivery following the end of the current contract arrangements.
- Three tenders were received, from the University of South Australia (Uni SA), Monash University (MU) and Choice QUM. A summary of the tender proposals is at Attachment C.
- The Tender Evaluation Panel considered both UniSA and MU offered suitable solutions and had proven capabilities within their consortia personnel.
- The MU bid was rated slightly higher than Uni SA's against the evaluation criteria, however on a value for money basis the panel rated Uni SA well ahead.
- Uni SA will be notified as the preferred tenderer and the Department of Veterans' Affairs will commence negotiations with them. All tenderers will be offered a post decision briefing.

Financial Impact: \$14.9 million over three years, already included in forward estimates

Regulation Impact: No.

Sensitivity: None expected.

Consultation: No.

Recommendation: That you note the outcome of this Tender.

Contact: Letitia Hope
Assistant Secretary, Programme Management
Phone: s 47F

s 47F

Sue Champion
First Assistant Secretary
Health and Community Services Division
Ph: s 47F

3/08/2015

MO comments:
NOTED / PLEASE DISCUSS
SENATOR THE HON. MICHAEL RONALDSON / /

- Attachment A – Background; Attachment B – B15/0406; Attachment C – Tender proposal summaries

Background

The Veterans' MATES programme has been in operation since June 2004 and was delivered by the University of South Australia (Uni SA) under contractual arrangements which expired on 30 June 2015. The most recent contract with Uni SA ran from 1 July 2013 to 30 June 2015 and was valued at \$7,113,586.

The aim of the Veterans' MATES programme is to optimise the use of medicines to improve health outcomes and quality of life for veterans. Through Veterans' MATES, administrative claims data is used to provide direct patient-based feedback to medical practitioners regarding medications dispensed to their veteran patients. Supporting educational material is sent to the medical practitioners, community pharmacists and accredited pharmacists. Identified veterans are also mailed educational brochures. The programme has focused on increasing use of under-used medicines, reducing adverse drug events, reducing use of unnecessary medicines and improving the utilisation of health services. The programme is well regarded in the veteran community.

An external review of the programme was identified as necessary in advance of the contracting process for delivery of the programme after 30 June 2015. Healthcare Management Advisers (HMA) undertook an independent review of the programme between September and November 2014. As a result of this review, HMA identified that the programme has been delivered effectively, contributing to improved health outcomes for veterans and effective education of health professionals. The review also informed considerations of future procurement, identifying other potential market providers that could deliver the programme.

At its meeting on 16 December 2014, the Repatriation Commission and the Military Rehabilitation and Compensation Commission Subcommittee noted the review's findings and agreed to an open procurement process for the future delivery of the programme from 1 July 2015.

A Request for Tender (RFT) was placed on Austender on 5 May 2015 to source an external service provider to manage and deliver the programme.

DVA engaged the services of Qp3 Consulting to assist with the tender and the APIS Group was engaged to provide independent probity advice.

Response to, and outcome of, the RFT

Tenders closed on 9 June 2015. Three responses to the RFT were received. All three were from consortia, lead respectively by the University of South Australia (Uni SA), Monash University (MU) and Choice QUM. (Choice QUM is an Australian organisation that provides quality use of medicine resources to the Australian health sector.) All three were complying tenders. Tenders were evaluated against four criteria:

- Organisational Capability, Capacity and Experience (30 per cent);
- Key Personnel (25 per cent);
- Approach (40 per cent); and
- Whole of Health Care Future Innovation (5 per cent).

The Choice QUM response was seen as high risk as they demonstrated an ability to deliver only a very limited part of DVA's requirements. The other tenders, Uni SA and MU, were both rated as very good with little difference between their scores. Both tenderers were invited to an interview with the Tender Evaluation Panel, where clarification from tenderers was sought in relation to individual areas in each response that were not fully or clearly addressed. This included the tenderers' relationship with its partners, availability of key personnel, more detailed information of what was covered by certain costs and what might be additional, timing for the delivery of innovation benefits etc.

Following the interview, the panel made some small adjustments to the ratings based on the interview responses, which brought the scores even closer together. However, once a value for money (VFM) process was conducted it was determined that the Uni SA proposal was 15 per cent cheaper over the first three years, and if extended for another three years, this difference would increase.

Based on the closeness of the technical solution and the clear difference in VFM, the panel recommended that Uni SA be notified as the preferred tenderer. The new contract will commence as soon as a contract can be finalised. The initial contract period will be for three years, with an option to extend for a further three years.

Choice QUM and its subsidiaries (Choice Aged Care Pty Ltd and Smart Nation Education Pty Ltd); with subcontractors:

- Health Communication Network Limited – trading as MedicalDirector (a subsidiary of Primary Health Pty Ltd) to provide the technology in epidemiological data capture, analysis and evaluation; and
- YesIT.

3 year cost – N/A

Choice QUM and its subsidiaries (Choice Aged Care Pty Ltd and Smart Nation Education Pty Ltd) is an Australian, privately owned and independent health professional organisation with 10 years of experience in the development and provision of Quality Use of Medicine (QUM) resources to the Australian health sector. They state that they have an extensive network of GP, community and residential care provider, and industry stakeholder clients. Their team of 20 clinical pharmacists have conducted in collaboration with approximately 4500 separate GPs, approximately 80,000 RMMRs and 10,000 HMRs. Through this work, Choice QUM claims strong understanding of the unique health needs of the veteran community.

Choice QUM is partnered with two subcontractors:

- a) Health Communication Network Limited, trading as MedicalDirector (a subsidiary of Primary Health Pty Ltd) to provide the technology in epidemiological data capture, analysis and evaluation; and
- b) YesIT is an IT company, which will be responsible for the electronic dissemination strategy.

Choice QUM proposed an approach that focused on providing support and educational services to DVA clients and health professionals at the 'coal-face'.

This involved identifying 22 unique regional zones in Australia to facilitate targeting of the Veterans' MATES programme. The DVA data relating to veterans living in these 22 regional zones would be further segmented and analysed for veterans who were born before or after 1970. The proposed service targeted data analysis, health issue identification and subsequent educational and support interventions based on these different DVA sub-groups.

Choice QUM proposed to utilise their existing benchmarking software and expertise to help identify and track health and QUM issues. In each of the 22 regional zones, team leaders would be recruited to obtain, among other services, feedback and anecdotal information about the impacts of education materials. These team leaders would also have gauged and reported on the non-objective perceptions of health delivery shifts at the 'coal-face'.

Choice QUM's solution was focused on their experience in utilising mature digital technologies (such as Facebook, Twitter as well as building apps or interfaces) to communicate with the younger veterans and health professionals, respectively. Some education material would continue to be disseminated via existing postal delivery for the older veterans.

Choice QUM's proposed to leverage their existing corporate governance and management structure to manage Veterans' MATES. In particular, Choice QUM proposed that its senior management team (a group of five senior managers, including the owner and CEO of Choice QUM) would spend 75 per cent of their time each week in managing Veterans' MATES.

Monash University (Monash) as lead for the Veterans' Healthcare National Innovation Alliance (VHNIA), which comprises:

- Monash University Centre for Medicine Use and Safety (CMUS);
- Monash University's Department of Epidemiology and Preventive Medicine (DEPM) and Melbourne EpiCentre;
- Fred IT;
- Telstra Health;
- The Royal District Nursing Service Ltd (RDNS).

3 year cost - \$17.6 million

Monash's approach to delivering the Veterans' MATES programme included:

- placing innovation at the centre of service delivery via the establishment of a Clinical Data Innovation Group;
- assembling a multidisciplinary Clinical Writing Group to expand the Veterans' MATES program to whole of health;
- transitioning to electronic provision of targeted educational materials directly to pharmacy and GP desktops through Fred IT and Telstra Health; and
- sourcing world leading experts in clinical and economic evaluation at DEPM and Melbourne EpiCentre for the analysis of DVA data.

Monash also proposed a range of specific innovations using the front line and eHealth capabilities of their Alliance partners including:

- Telstra Health telemonitoring for veterans considered at high risk of adverse events;
- provision of targeted in-home, nurse-led health education for veterans identified as being at high risk of adverse events; and
- development of an eHealth gateway for veterans developed by Telstra Health. This could be utilised in addition to, or as a replacement for, the hard copy printed brochures (at the request of the veteran).

Monash proposed to implement a six-phase process to service provision with clear deliverables, which corresponded to DVA Services 1-5 in the Statement of Requirements.

Monash proposed to:

- disseminate the veteran brochure in printed hard copy to veterans identified for inclusion in each education programme;
- transition to eHealth provision of the therapeutic brief and veteran specific prescriber feedback. This approach would have strengthened engagement with younger health care professionals, who have expressed a desire to receive information electronically;
- conduct process, impact and outcome evaluation for each targeted health education programme. Process evaluation would include evaluation of veteran and health professional satisfaction. The impact evaluation, led by DEPM and Melbourne EpiCentre, would involve analysing DVA data to determine changes in the use of medicines and health services following each health education program. Clinical evaluation would have included analysing DVA data to determine the clinical outcomes resulting from each programme. Economic modelling undertaken by Melbourne EpiCentre would have used innovative and best practice methodologies; and
- with the permission of DVA, disseminate program outcomes at professional and scientific conferences, as well as in leading peer reviewed journals.

It was proposed that a Global Governance Group, comprising Alliance partners, would function as a governance group whose purpose would be to oversight the operation of Monash and its delivery of services to DVA. Service delivery would be led by Monash University with regular management meetings of the Global Governance Group to support communication between the partners. The Global Governance Group would have provided strategic overview of the cycle of analysis, recommendation, development of the program of health education, and evaluation. This was envisaged to support ongoing learning from each cycle to enhance the continuing programme.

Veteran communities and health practitioners would have been engaged through Veterans' and Practitioners' Reference Groups. These Reference Groups would assist Monash in identifying health issues and inform targeted education and dissemination approaches. Monash expected to include DVA representation on these engagement groups and stated that it would seek DVA input on the most appropriate membership of these bodies. Monash envisaged that group composition would be expanded to reflect the whole of healthcare approach.

University of South Australia (UniSA), represented by the Quality Use of Medicines and Pharmacy Research Centre (QUMPRC) in collaboration with:

- NPS MedicineWise;
- Drug and Therapeutics Information Service (DATIS) – SA Pharmacy;
- Orion Health;
- The Australian Medicines Handbook (AMH);
- University of Adelaide Discipline of General Practice;
- University of Adelaide Discipline of Public Health (encompassing the Data Management and Analysis Centre (DMAC) and the Adelaide Health Technology Assessment (AHTA)).

3 year cost - \$15.0 million

Except for Orion Health, the UniSA consortia consists of the same organisations that delivered the Veterans' MATES programme under the just recently concluded contract.

The UniSA consortia's approach to delivering the Veterans' MATES programme includes:

- maintaining and extending their analytics capability;
- developing a 'veteran-centred' approach to the delivery of materials for the changing demographic profile of veterans, so that veterans receive follow-up materials two to three times a year;
- providing materials for veterans via multiple media, where appropriate, including print, audio and video;
- transforming the delivery of the programme to include electronic delivery through the partnership with Orion Health, which will enable delivery of materials directly to the GP desktop so that it is integrated into the GP workflow;
- maintaining stakeholder involvement, whilst streamlining their governance processes through the use of existing DVA stakeholder groups to provide stakeholder input;
- supporting capacity building in pharmacoepidemiology by the inclusion of three Ph.D scholarships in research areas that develop the discipline.

The UniSA consortia proposed innovations include:

- funding for up to three Ph.D students to develop research methods to support whole of health approaches to utilising DVA data, while at the same time building the pharmacoepidemiological workforce and Australian capacity. The proposed research areas are developing: measures of frailty using DVA data; predictive modelling tools; and data visualisation techniques;
- the veteran-centred approach, which aims initially to focus on younger veterans with chronic musculoskeletal pain;
- expanding the range of health professionals that is targeted to include all members of the veteran's care team;
- dissemination of education material through digital technologies.

The UniSA consortia provided a draft annual Work Plan that sets out the delivery of the required services and activities in accordance with the Statement of Requirements.

Management of the Veterans' MATES programme will be subject to a Project Management Plan that will be approved by DVA. This overarching document will document the scope and deliverables of the Veterans' MATES programme, along with roles and responsibilities, and include a number of detailed plans (such as the annual Work Plan, risk plan, communication plan). A number of committees (some internal to the UniSA consortia) and others (joint DVA-UniSA consortia) are proposed.

UniSA propose that stakeholder engagement would be through existing or proposed DVA stakeholder groups to inform the programme about emerging issues and topics of relevance to veterans and health providers. The DVA stakeholder groups would be consulted on an annual or biannual basis by submitting agenda items to DVA for approval and inclusion in the committee's regular meeting schedule. All contact with stakeholder groups and members would be facilitated by DVA. The UniSA Programme Director or Programme Manager would seek to attend the meetings to brief participants and gain their feedback.



Australian Government
Department of Veterans' Affairs

MINISTERIAL CORRESPONDENCE

M14/3969

TITLE: COMPLAINTS - **s 47F**
RODERICK, DR (EMAIL) - AXING OF MATES.

OBO BAIN,

Recommendation: That you sign the attached correspondence to Dr Roderick Bain.

Key Points:

- On 13 December 2014, Dr Bain emailed the RSL National President regarding changes to the Veterans' Medicines Advice and Therapeutic Education Services (MATES) Programme, specifically the three Veterans' MATES groups (Practitioner Reference Group; Veterans Reference Group; and Writing Group).
- The email was subsequently forwarded to a number of ex-service organisation members and Department of Veterans' Affairs (DVA) staff including the Secretary of the Department, Mr Simon Lewis PSM.
- The Secretary responded to Dr Bain on 16 December 2014 – Attachment A.
- As part of the Mid Year Economic and Fiscal Outlook, the Government announced a third tranche of Smaller Government reform which relate to the streamlining of government bodies.
- For DVA, this means around 20 advisory groups in the health, research and commemorations areas will either cease, sunset, merge with new arrangements, or be subject to review.
- The three MATES advisory groups are currently required by contract and will cease once the current contract expires on 30 June 2015.
- New arrangements will be determined to ensure veterans, practitioners and providers continue to have access to advice about the provision of pharmaceuticals. Until then, the three affected Veterans' MATES advisory groups will continue to meet as usual under the current arrangements.

Attachments to coversheet

- A – Secretary response to Dr Bain

Enclosures to correspondence

- Nil

Contact officer: Michelle **s 47F**

Phone: **s 47F**

MINISTER'S OFFICE COMMENTS

Approved by:

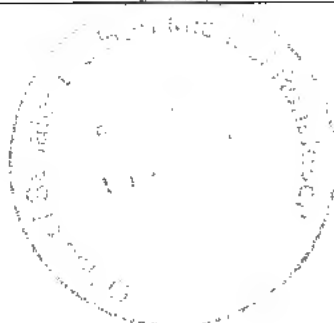
Cleared electronically

signature

Letitia Hope
Assistant Secretary
Primary Health Care Branch
Health and Community Services Division
17 December 2014

22/12

Date signed by
SENATOR THE HON. MICHAEL RONALDSON




s 22 - Out of scope

M14/3969

From: s 47F Catherine
Sent: Monday, 15 December 2014 1:11 PM
To: s 47E
Subject: Required by 22 December - Corro for tasking - s 47F [DLM=For-Official-Use-Only]
Attachments: FW: Simon Lewis FAILS the Veteran Community MATES Axed [TO BE CLASSIFIED] [DLM=For-Official-Use-Only]; FW: GROSS GOVERNMENT DEPARTMENT OVERSPENDING BY SENIOR FEDERAL GOVERNMENT OFFICIAL [TO BE CLASSIFIED] [DLM=For-Official-Use-Only]

Hi MCU

Please find attached two exceptional pieces of correspondence that require a draft response in the MO by 22 December.

 The email from s 47F should have a ministerial response drafted to Rod Bain, the originator of the email

s 22 - Out of scope

Catherine

Catherine s 47F

Departmental Liaison Officer (Department of Veterans' Affairs)

Office of Senator the Hon. Michael Ronaldson

Minister for Veterans' Affairs | Minister Assisting the Prime Minister for the Centenary of ANZAC | Special Minister of State

M1-49 Minister's Office | Parliament House CANBERRA ACT 2600

s 47F

M14/3969

Sent: Monday, 15 December 2014 1:09 PM
Subject: FW: Simon Lewis FAILS the Veteran Community MATES Axed [TO BE CLASSIFIED]
[DLM=For-Official-Use-Only]

From: s 47F
Sent: Monday, 15 December 2014 12:52 AM
To: Anzac Disabled
Cc: Killer, Graeme; Media.Team; DVA Min Robert Hardie; Lewis, Simon; senator.ronaldson@aph.gov.au
Subject: Simon Lewis FAILS the Veteran Community MATES Axed [TO BE CLASSIFIED]

Bcc. Veterans and ESO lists.

Another example of how Department Secretary Simon Lewis FAILS the Veteran Community.....

From: Roderick Bain
Date: 14/12/14 3:42:59 PM
Subject: MATES Axed

Ladies and Gentlemen,

If I'm intruding on your personal space I apologise. This is such a far reaching and unnecessary action, by our government, that has just occurred. I would like you to be aware of it and just pass this letter on to your local federal member as it will affect us all with the passage of time if not right now.

Regards for the Christmas Season and your New Year.

Rod. Bain.

THE RSL NATIONAL PRESIDENT

CANBERRA

ACT. 13 DECEMBER, '14.

Dear s 47F

It's with great regret I note that, despite some departmental successes recently, three veteran related government groups were abolished in an announcement published in this Weekend's "The Australian".

They are:

Medicines Advice and Therapeutics Education Services (MATES) Practitioner Reference Group.

(MATES)... Veterans' Reference Group.

(MATES)... Writing Group.

This is a working reference group which is part of the Adelaide University School of Pharmacology and is just a small portion of the extensive work load undertaken by that University Department. By abolishing this reference group the number of departmental employees will remained essentially unchanged and the Federal government has thus saved on a few airfares for those of us who gather bi-annually to discuss therapeutic matters as they affect the veteran community IE. the various ESOs and Legacy meet the Departmental heads and discuss the education program for veterans and practitioners during the next six months. Plus they will have saved on some bulk mailing and printing costs of no great significance for the benefit.

These discussions do provide specific education updates to patients and medical practitioners regarding selected medications on a rotating basis according to changes and developments in medications as they occur.

It is not possible for any medical practitioner to remain current on all medication changes occurring for all his/her patients over a whole range of pharmacological activity without regular, reliable and accurate updates. eg. How to avoid new drug interactions and unwanted side effects, etc.

However, it is possible for this group to focus on all DVA patients and treating doctors as we know the medications being prescribed for them at any given time via DVA listings. Hence our ability to target patients and practitioners accurately.

Not only have we benefited the veteran, the doctor's practice benefits as he/she can now apply this same knowledge to all their non-departmental patients where the same medications are in use. This program involves many thousands of general practitioners nation wide plus more than two hundred thousand (200,000) DVA health card holders. The knowledge can apply to all similar patients within the community and thus the reduction in hospital admissions from side effects and drug interactions is significantly reduced along with the enormous costs such admissions bring about.

I cannot begin to believe the Department of Veterans' Affairs has allowed this to occur without an enormous challenge to it. The Minister promised there would be no reduction in monies available for veteran medical services and this is a very clear example of where this is now incorrect and a serious reduction in a prominent service has occurred.

I've been on this board now for seven years or so and along with Wendy Batemen from the Victorian RSL Aged Care Committee am greatly saddened to see this disassociation come about.

It will not only prove expensive to the federal government in the short term it will prove to be an ongoing cost increase as more and more hospital beds are occupied by admissions that should never have taken place. If MATES had been a gathering without a benefit to the community, if it had been too costly or if there were people being employed unnecessarily I could have supported the abolition.

- However, now the government has created a problem that previously did not exist and it will prove expensive, immediately. Quite the reverse of the initial intent. This has been an exercise in paperwork by individuals who possessed no understanding of the benefits that the Adelaide MATES group bestowed, both therapeutically and financially on our whole national health framework. We will all regret this unjustified action.

Most sincerely,

Rod.

Dr R G Bain MBBS FRCA FANZCA MRACGP RAN (Rtd)

RSL State Councillor (NSW)

Medical Adviser to the RSL National Board

s 47F

s 22 - Out of scope

From: s 47F Catherine
Sent: Tuesday, 20 January 2015 12:58 PM
To: s 47E
Subject: Corro for tasking: Prentice OBO s 47F Optometry Australia, s 47F OBO
s 47F [DLM=For-Official-Use-Only]
Attachments: Jane Prentice MP OBO Noel Fairley - MATES.PDF; Letter from Optometry Australia regarding DVA schedule indexation freeze [TO BE CLASSIFIED]; Ex-service persons hearing aids [TO BE CLASSIFIED]; s 47E : DVA CURRENT HEALTH SURVEY [TO BE CLASSIFIED]; DVA Ref No. LAK0001-02 [TO BE CLASSIFIED]

MCU

Corro for tasking:

The Member for Ryan has written to AMINDEF OBO s 47F regarding an email sent by Rod Bain before Christmas and the axing of the MATES program. Minister Ronaldson responded to Mr Bain on this matter at M14/3969. **Can the business area please draft a response to the Member for Ryan – simply a cover letter over the top of M14/3969 and supply that original response to Mr Bain.**

s 22 - Out of scope

M1510152

Catherine

Catherine s 47F

Departmental Liaison Officer (Department of Veterans' Affairs)

Office of Senator the Hon. Michael Ronaldson

Minister for Veterans' Affairs | Minister Assisting the Prime Minister for the Centenary of ANZAC | Special Minister of State

M1-49 Minister's Office | Parliament House CANBERRA ACT 2600

s 47F



Jane Prentice MP
Federal Member for Ryan



12 January 2014

The Hon Stuart Robert MP
Assistant Minister for Defence
PO Box 6022
Parliament House
CANBERRA ACT 2600

Dear Minister

I write on behalf of my constituent, **s 47F** who has contacted me regarding the cessation of the MATES practitioner reference group.

It would seem that **s 47F** is seeking to gain some clarity about the issues surrounding this closure as there is claim and counter claim.

Enclosed is a copy of **s 47F** correspondence for your information.

Would you please address **s 47F** concerns and respond to the issues he raises.

Yours sincerely


JANE PRENTICE MP
FEDERAL MEMBER FOR RYAN

enc.

Cox, Lee (J. Prentice, MP)

From: s 47F
Sent: Sunday, 11 January 2015 1:53 PM
To: s 47F Prentice, Jane (MP)
Subject: FW: MATES Axed
Categories: Harrison

Hi All,
FYI,
I WISH WE COULD GET THE FULL TRUTH ON ALL THIS COMING OUT.

s 47F

It is an undoubted fact that Veterans Affairs Minister Sen Ronaldson is a seat warmer, who occupies his Ministerial leather seat to do as PM Abbott tells him to do. PM Abbott clearly displays a jealousy of and contempt for War Veterans, which has been evident ever since his submission to Clarke circa 2002 when he was Workplace Relations Minister. In this submission Abbott recommended that all disabled war Veterans should be treated the same as injured police and emergency workers.....

From: s 47F

Date: 14 December 2014 5:30:42 pm AWST
Subject: FW: MATES Axed

Well said Rod Bain, please pass this on

Cheers
s 47F

From: Roderick Bain
Date: 14/12/14 3:42:59 PM

Subject: MATES Axed

Ladies and Gentlemen,

If I'm intruding on your personal space I apologise. This is such a far reaching and unnecessary action, by our government, that has just occurred. I would like you to be aware of it and just pass this letter on to your local federal member as it will affect all with the passage of time if not right now.

Regards for the Christmas Season and your New Year,



Australian Government
Department of Veterans' Affairs

MINISTERIAL CORRESPONDENCE

M15/1043

TITLE: VETERANS SERVICES - GREEN, MEG, NATIONAL PRESIDENT, WAR WIDOWS' GUILD OF AUSTRALIA – VETERANS' MATES PROGRAM

Recommendation: That you sign the attached correspondence to Mrs Meg Green, National President of the War Widows Guild of Australia.

Key Points:

- You wrote to Ex-Service Organisation Round Table (ESORT) members on 22 December 2014, following the Mid Year Economic and Fiscal Outlook announcement in relation to the Smaller Government Tranche 3 decisions. A further update was provided to ESORT members at the 24 March 2015 meeting.
- The War Widows' Guild is represented on the ESORT by Mrs Meg Green, National President.
- The Guild is also represented on the Veterans' Medicines Advice and Therapeutics Education Services (Veterans' MATES) programme Veterans Reference Group. This reference group together with the Veterans' MATES practitioner and writing groups were included in the Tranche 3 decisions.
- In the March 2015 issue of the Guild's South Australia branch magazine, Mrs Green makes reference in her article at page 5 to some Tranche 3 decisions, including impacts to the Veterans' MATES programme.
- Mrs Green's article may lead some readers to assume the Veterans' MATES programme is ceasing.
- There has been no departmental or Ministerial correspondence received to date in relation to the Guild's article.
- The suggested reply provides clarification regarding the Smaller Government Tranche 3 impacts on the Veterans' MATES programme.

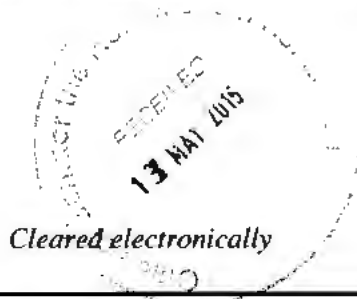
Attachments to coversheet - Nil
Enclosures to correspondence - Nil

MATES contact officer:
Mitchell s 47F Director, s 47F

SGT3 contact officer:
Michelle s 47F Assistant Director, s 47F

MINISTER'S OFFICE COMMENTS

Approved by:

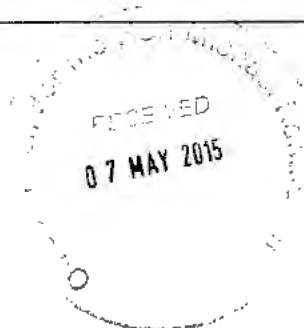


signature

Mark Travers
A/g Assistant Secretary
Primary Health Care Branch
5 May 2015

Date signed by
SENATOR THE HON. MICHAEL RONALDSON

1415



s 22 - Out of scope

From: s 47F Catherine
Sent: Friday, 17 April 2015 11:48 AM
To: s 47E
Subject: RE: corro in tghe bag for clarification [DLM=For-Official-Use-Only]

Hi Kerryn

Sorry I was in DVA – Ministerial response please

Catherine s 47F
Departmental Liaison Officer (Department of Veterans' Affairs)
Office of Senator the Hon. Michael Ronaldson
Minister for Veterans' Affairs | Minister Assisting the Prime Minister for the Centenary of ANZAC | Special Minister of State

M1-49 Minister's Office | Parliament House CANBERRA ACT 2600
s 47F

From: s 47F Kerryn On Behalf Of s 47E
Sent: Friday, 17 April 2015 11:23 AM
To: s 47F, s 47E Catherine
Cc: s 47E, s 47F
Subject: corro in tghe bag for clarification [DLM=For-Official-Use-Only]

Good morning Catherine

I am sending back a piece of correspondence that was sent across in the bag recently for your review and advice.

The item is a War Widows Guild Magazine with a post it from one of the advisers to write a letter to Meg Green re MATES program. It doesn't have a tasking stamp so the team weren't clear if the Office is after a departmental, adviser or ministerial reply.

We would appreciate it if you could clarify.

Thanks
Kind regards

Kerryn s 47F | Assistant Director
Ministerial and Parliamentary Support | Parliamentary and Governance | Corporate
Department of Veterans' Affairs
s 47F, s 47E

MIS/1043

misl1043



WAR WIDOWS' GUILD
OF
AUSTRALIA (S.A.) INC.

MAGAZINE



ANZAC DAY SATURDAY 25TH APRIL 2015

*"We all belong to each other...
We all need each other...
It is in serving each other
And in sacrificing for
Our common good that we
Are finding our true life."*

*Vol. 56. No 1
March 2015
PUBLISHED
3 TIMES A YEAR*



WAR WIDOWS' GUILD OF AUSTRALIA
South Australia



NATIONAL PATRON

**His Excellency, General the Honourable Sir Peter Cosgrove AK MC (Retd),
Governor General of the Commonwealth of Australia**

PATRON IN SOUTH AUSTRALIA

**His Excellency The Honourable Hieu Van Le AO
Governor of South Australia**

NATIONAL PRESIDENT

Mrs Meg Green

SOUTH AUSTRALIAN EXECUTIVE COMMITTEE

President	Mrs H. Adamson
Immediate Past President	Mrs K. Harrison
Vice Presidents	Mrs C. Cream OAM
	Mrs J. Milham
Hon. Secretary /Treasurer	Mrs C. M. Fowler

COMMITTEE

**Mesdames S. Cockshell, J. Davidson, B. Fergusson, N. Freeman,
G. J. Hanley, R. O'Leary, M. Pomeroy, M. Speck and T. Zimmerman.**

COUNCIL

**Mesdames M. Nichol, K. Burton, N. Freeman,
M. Pomeroy and M. Stevens.**
Office Secretary – Mrs Bernice van der Schyff

**141 Fullarton Road,
ROSE PARK S.A. 5067
TELEPHONE: (08) 8431 1422
FAX: (08) 8364 1677
Email address: wwgsa@adam.com.au**

BUSINESS HOURS

**10.00 a.m. to 4.00 p.m.
Monday, Tuesday, Thursday, Friday
CLOSED WEDNESDAY**

Disclaimer: The information contained in this magazine has been checked and to the best of our knowledge is correct. However, errors may occur which are beyond our control. If this should occur, we apologise most sincerely.



PRESIDENT'S LETTER

Hello Ladies,

I was checking back in last year's Guild magazine and I saw I made mention there of the heat and something called "rain".

I hope we do not have to wait much longer to have some decent rain, after all, there are lots of songs about summer rain. While thinking of our gardens, if you are lucky enough to produce more than you can eat, or give away, why not consider bringing in some to the trading table on Friday General Meetings. It will be happily received by the ladies at the trading table, and enjoyed even more by the person who is able to buy it.

I rang the Mt Gambier ladies a short time ago, and Maisie (past secretary) said that one of their members had to go to hospital for some tests. Now you would think that was at the Mt Gambier Hospital right? Wrong, how about travelling to a hospital in Hamilton, Victoria. The Guild has written letters on behalf of the Guild members to state and local Government protesting the proposed closure of the Repat Hospital.

As I told the ladies at the Guild General Meeting on Friday 6th February, a miracle has occurred whereby I am able to go on three Blue Wattle Tours. Actually I have been on the first, which was to Tailem Bend, next was Friday 20th March to Angaston, the third is on Friday 17th April to Hindmarsh Island. I hope many other members will join us. Please see Mary Thomas' article on pg 6 for details about the tours

In early February, I drove over to Ballarat to attend the 11th Memorial Service for Australian POW's all conflicts. It was a lovely ceremony. The Memorial is on the north side of Lake Wendoree, set in lovely grounds. Maybe a 100 odd people were in attendance with the Salvation Army providing the hot tea and coffee - which was needed in the morning as it was very cool with a lot of low cloud. To add to the atmosphere, there was a fly past of hundreds of Corellas, - I was glad I was under the marquee!

Everyone take care in this heat on, heat off weather.



HELEN ADAMSON
President

FROM OUR NATIONAL PRESIDENT

Dear Members,

I do hope that you all had an enjoyable Christmas and New Year with lots of festivities to attend. It is hard to imagine that another year has passed us by and I am sure that I will say the same again next year.



I was fortunate enough to attend the Remembrance Day service at the Australian War Memorial with Mrs. Elaine Pennock, ACT State President. This was a particularly moving ceremony at which I laid a wreath on behalf of all War Widows at this, the 96th anniversary of the Armistice. The commemorative address was delivered by The Hon. John Howard, OM AC.

Whilst in Canberra I was able to meet with the Grants Division of the Dept. of Veterans Affairs and following that meeting the National Guild will be submitting an application to obtain a grant to cover travel and accommodation costs and website update. I also attended the Ex-Service Organisations Round Table meeting at Dept. of Veterans Affairs chaired by Mr. Simon Lewis. This was an interesting event with a very full agenda.

On 24th November 2014 I attended the Queensland War Widows' Guild Christmas party in the Grand Ballroom at the Tattersals Club in the Tattersals Arcade, Queen Street, Brisbane. Ms. Alison Stanley, Deputy Commissioner for DVA in Queensland was also in attendance. This was a beautifully organised function, arranged by the Events Committee. My thanks to all the organisers of this function and also to Mrs. Gynith Whatmough and other Guild members for their hospitality.

On 26th November 2014 I attended the Victorian War Widows' Guild AGM and Christmas party. William McInness was the guest speaker at the luncheon and he is certainly a very witty and entertaining gentleman. At the AGM Mrs. Wendy Charlton announced her intention of standing down from her role as State President for family reasons. Our best wishes to go Wendy for her future endeavours and also our thanks for her tireless work for the Victorian Guild.

On 28th November 2014, in the company of Mrs. Wendy Thompson, NSW State President, I attended a Diplomatic Reception at the Canberra Convention Centre to celebrate Timor-Leste's 39th anniversary of the Declaration of Independence and the 12th anniversary of the reclaiming of Independence. His Excellency Abel Guterres and Mrs. Ana Guterres were hosts for this evening.

On 1st December 2014 I attended the Veterans 'Mates' meeting in Adelaide. A valuable and extremely informative committee for the Veteran community.

As you may have heard or read, the Government has announced a number of reform measures with the release of the Mid Year Economic and Fiscal Outlook (MYEFO) in an attempt to streamline services to ensure resources are targeted in the appropriate areas. There were a total of approximately 175 agencies targeted. Some 138 of these will be abolished. The National Health, Aged and Community Care

Forum has been replaced by the National Aged and Community Care Forum – the National Treasurer attends this forum. The Medicines Advice and Therapeutics Education Services (MATES), attended by myself, will cease to operate on 1 July 2015. This committee was a contractual program between the Department of Veterans Affairs and the University of South Australia. This group provided valuable information and education to Veterans and General Practitioner on the use and abuse of medicines and the general community also benefited from this information. The Vietnam Veterans Education Centre Advisory Panel provided support for the content to be included in the education centre to be built in Washington, DC. This Advisory Panel will be cut as of 1 July 2015 but will continue as a working group under the National Consultative Framework. There are a number of Vietnam Veterans Groups who are most unhappy with this outcome.

The Alliance of Defence Service Organisations (ADSO) as well as the RSL Board also continues to lobby government regarding the 1.5% pay increase awarded to serving men and women of the ADF and continues also to lobby regarding the winding back to CPI only the compensation payment indexation arrangements for disabled veterans and War Widows.

Letters have also been received at the National Office regarding a consultation period related to the Veterans' Access Network (VAN) shopfront potential closure in Tweed Heads, NSW and Geelong, Victoria. The consultation is to establish sustainability of continuing to provide services in those regions in stand-alone offices or whether there is a more efficient method of delivery of services. The second letter relates to the recent enhancements to the DVA Rehabilitation Appliances Program (RAP). These enhancements will see the inclusion of several falls prevention items in the program's National Schedule of Equipment. The expansion of RAP will mean a more streamlined assessment process for those who are eligible. The RAP will replace the HomeFront Programme and the Veterans' Home Maintenance Line both of which will cease on 6 February, 2015. Information regarding the RAP services are available on the DVA website. Fact Sheet HSW107.

On 20 January, 2015 I received notification from the Victorian Guild the results of their committee meeting. The National Executive would like to extend our congratulation to Mrs. Margaret Miles on becoming the Victorian State President and also to Mrs. Kath Banks and Mrs. Gail Best on their Joint Vice Presidency role. Congratulations also to the General Committee.

I took the opportunity to visit the Queensland State Branch office while I was in Brisbane visiting family. The State Branch has recently moved to new premises in George Street, Brisbane. New address details can be found on their website.

I wish all members and their families a very happy and safe 2015. I feel that it is going to be a busy year ahead for members of the Executive with much to do and plan.

Meg Green
National President

BLUE WATTLE DAY TRIPS

"HAPPY TRAVELLERS"

Are you looking for a really nice day out, in a comfortable bus, with good company?

If your answer is "Yes" the Guild has the answer for you.

Join "The Happy Travellers" as on the third Friday of each month - we have a most enjoyable trip arranged by Blue Wattle Tours – they cater especially for people like us. We travel in a comfortable 20-seater air conditioned bus, and if it is possible Allen, our driver, will pick you up at your own home, and drop you back there at the end of the trip.

We always enjoy a very nice morning tea, with lunch at a hotel in the district we are visiting, and always learn something new and interesting. In February we travelled to Tailem Bend, through Jervois, and over on the ferry for an extensive tour of the town before lunch.

On Friday March 20th Angaston is our destination, with lunch at The S A Company Kitchen in the old S A Company Store, and a visit to Gully Garden – it has a large range of local and Australian products. The cost of the trip is \$80.

Do give it some thought, and if you are interested, please contact Allen and Dianne at Blue Wattle Tours phone 8395 8747, or contact the Guild Office for more particulars.

- **MARY THOMAS**



APOLOGY: In the November 2014 issue of the magazine an error was made with the publishing of the article regarding Blue Wattle Tours. We apologise for the mistake and for any embarrassment it caused.



& CRAFT GROUP &

Many thanks to the members who donate and buy goods at the trading table on our General Meeting days. Your support is much appreciated.

-Thelma Zimmerman



CHANGES TO THE HOME-FRONT AND REHABILITATION APPLIANCES PROGRAM (RAP) PROGRAM

The main points regarding the changes to HomeFront Program are:

- The HomeFront Program ended on 5 February 2015.
- Where previously clients may previously have had to have two assessments, one for HomeFront items and another for the Rehabilitation Appliances Program (RAP), now only one will be required.
- High-demand falls prevention items have now been included on the Rehabilitation Appliances Program (RAP) National Schedule of Equipment: indoor and outdoor non-slip mats; improved illumination lighting such as sensor lights, touch lamps and 3-in-1 night lights; a retractable garden hose and a clothes handy line.
- An annual subsidy applied to items under HomeFront, so if an item was requested that cost in excess of this, the client would have to pay the balance, or if several items were suggested and the cost was more than the subsidy, they would have to defer some for 12 months when the next year's subsidy could be accessed. Under RAP, DVA will cover the full cost and clients are able to receive a number of items where the prescriber determines there is a clinical need for them.
- Assessments are required to determine the clinical need for any RAP items. The Veterans Home Maintenance Line (VHML), the advisory service which connected the veteran community with local tradespersons, also ceased on 5 February. If the services of a tradesperson are required, there are usually sources available in the general community to enable this, e.g. local services directories, yellow pages, word of mouth, etc.

Questions regarding Rehabilitation Appliances Program (RAP)

- Occupational Therapists (OT) and assessment – waiting times
Generally shouldn't be a problem as most OTs providing services to DVA clients work in private practice, particularly metro but also in some country areas. In some country areas where OT services are provided through local health services, there may however be slight delays as visits are often only carried out on a given day, e.g. Naracoorte services are provided through the Mt Gambier Health Service and they may only visit the area one day a week or fortnight.
- Referrals
While HomeFront allow clients to self-refer, they could only have one assessment in a 12 month period. A referral from a GP or specialist to a health prescriber for a RAP assessment is valid for 12 months and allows a client to be prescribed items to meet the immediate need, If, within that 12 month referral period their circumstances change and a further assessment is

required, they may contact the health prescriber and arrange a visit without the need to obtain a new referral.

Although RAP items may be prescribed by a variety of health practitioners (the type of health assessor able to prescribe a particular category of item is listed in the RAP National Schedule of Equipment), most in-home assessments are undertaken by OTs. The GP, or their practice staff, should know of private OTs that work in the local area, other than that, the OT Australia website has a search facility to locate private practice OTs (www.otaus.com.au).

- Assessments

Depending on the type of equipment being ordered, in-home assessments are best for a number of reasons, e.g. they allow for the prescriber to ensure that larger equipment items prescribed will fit, or, if a walking aid is being considered that the client would be able to manoeuvre around the house with it. Referrals are often made to a prescriber for an assessment for a particular piece of equipment, so by undertaking a review in the home, the prescriber may identify potential falls risks in the home, or other items which could help the client maintain their independence, such as minor home modifications or equipment. Assessments by OTs are preferred as they generally have a broader knowledge of the types of equipment available under RAP and which will best meet the clinical needs of the client.

- Aids/appliances

Most items can be provided by a contracted supplier on receipt of the order from the prescriber. Some require approval from DVA, e.g. electric wheelchairs/scooters may only be provided where the need is as a result of a service-related condition. Approval is also required if modifications will require structural changes to the client's residence e.g. installation of large ramps or bathroom modifications (removal of bath and replacement with a shower alcove). Requests requiring approval are reviewed by DVA's advisers.

DVA has contracted suppliers for provision of: Mobility & Functional Support items, Continence; Oxygen and CPAP; Personal Response Systems; and Low Vision Aids. Prescribers would be aware of these arrangements.

- Approval 'levels'

Where DVA gives approval for equipment or home modifications, the full cost is usually covered. The usual exception is for bathroom modifications, i.e. if a bath is removed and replaced with a shower alcove, only the areas affected by the removal will be retiled/refurbished. Entire floors or walls will not be retiled if matching tiles are unavailable as the closest match to existing tiles is considered adequate. If the client chooses to completely retiling, they will have to pay an extra costs.

- DVA advisers

One of the tasks of an adviser is to provide advice to DVA on requests received, and liaise with prescribers where necessary. As provision of major modifications can be disruptive and, in some cases, take some time, the Adviser will ask whether simpler solutions have been trialled and, if not effective, why? In the case of bathroom modifications, this may be to see whether a bath board or transfer bench is able to be used, or if the client uses a shower chair, is a simpler option of having the client shower over a drain in the laundry feasible. If a ramp is required for access, the Adviser will check that the ramp meets any relevant building codes or standards, e.g. for height, gradient, width, etc. They may also ask whether using another access is more practical or suggest alternative layouts.

Advisers aren't available to liaise with the members of the veteran community.

- Delay in receiving appliances

Delivery timeframes form part of the agreements that DVA has with contracted suppliers. If, for any reason, delivery will be delayed, the supplier must liaise with the prescriber to check that this won't adversely affect the client. If it will cause a problem, the prescriber may decide to cancel the order and place it with another supplier.

DVA should be advised of any issues with supply, including unreasonable delays in provision of equipment or modifications, so that we can take the matter up with the supplier. There may be a valid reason why this has occurred, e.g. item required on backorder, unable to contact client to arrange delivery due to hospitalisation, etc., however the supplier should be keeping the prescriber up-to-date with the progress of the order.

- GP's in remote areas

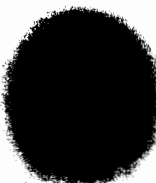
While they may not have been familiar with the HomeFront program, most GP's are aware of the RAP and the types of services available under it. GP's are also able to prescribe a wide range of RAP items and, in remote areas, by doing so can circumvent potential delays in obtaining assessment by an Occupational Therapist (OT).



FILM AFTERNOONS – are held on the **First Sunday of each month at**

2 p.m. in the Guild meeting room at Rose Park.

All members, their family and friends are welcome. The film group have a very pleasant time watching a film and having afternoon tea together.



Our next film afternoon will be Sunday 3rd May and we will be watching the comedy called "Green Card" followed by "Blue Jasmine" on 7th June and "Mrs Arris goes to Paris" on 5th July.

- Marguerite Pomeroy

WHATS HAPPENING TO THE REPAT?



Earlier this year the Government announced plans for the Closure of the Repatriation General Hospital at Daw Park.

Unveiling the Transforming Health agenda, Health Minister Jack Snelling revealed plans to fold the Repat and Hampstead services into Flinders Medical Centre and the Queen Elizabeth Hospital respectively. The long-speculated closure of the Repat will not occur until the building of a new rehabilitation facility at Flinders and the Transforming Health proposals paper says some significant areas will be retained. A new post-traumatic stress centre will be built to replace some of the services now offered at the Repat. (Adevertiser Feb 3rd)

As a result of these announcements the Veteran Health Advisory Council (VHAC) has met with the Minister to discuss the proposals outlined in the paper that are likely to impact on veterans. There have been further announcements by the Minister regarding the appointment of panel of experienced veteran's representatives and clinical experts to advise on the location and model of the new Post-Traumatic Stress Centre for Excellence to replace the existing Ward 17. There has also been significant concern expressed by the community regarding the future of the Repat.

The War Widows' Guild has sent letters and petitions to the Minister for Health and the Minister for Veterans Affairs as well as our local Member for parliament asking that the closure be re-considered as the Repat and its services are highly valued by Veterans and their families.



ANZAC DAY SERVICES **25 APRIL 2015**



As many members may be aware, Adelaide city council kindly provides stands for viewing the Anzac Day March. Our stand is adjacent to the official saluting dais near the corner of King William Rd and Victoria Drive. This year there have been changes to the allocation of seating. If you require seating on the stand you must the RSL on 8232 0322 (if you were not at the Guild meeting on 6th March and added your name to the list.)

Numerous services are held across the State and Territory. For more details of where to attend a local service the Guild office can be contacted on (08) 8431 1422

GENERAL MEETINGS

– are held on the **FIRST FRIDAY** of each month at **10.30 A.M.** except **December and January.**

The meetings take place in the Guild Meeting Room at the rear of 141 Fullarton Road, Rose Park. Telephone: 8431 1422

The short business meeting is usually preceded by a Guest Speaker.

BUSES to catch are: *144, or 144G* leaving the city from NORTH TERRACE. Alight at Stop 1 on the Corner of Fullarton Road and Hewitt Avenue.

TO RETURN to the City, via BUS STOP 1, (141, 142) Kensington Road to Grenfell / Currie Streets, City.

GUEST SPEAKERS FOR 2015

April	NO MEETING - EASTER
Friday 1 st May	Peter Ali – CEO Legacy
Friday 5 th June	Mrs Meg Green - War Widows' Guild National President
Friday 3 rd July	Mrs Veronic Surunic – Occupational Therapist



GENERAL MEETING LUNCHEONS

Members are reminded that a light luncheon will be held following the June and October general meetings.



War Widows' Guild Scarves

The War Widows Guild scarves are available for purchase, bearing the Guild name and Kookaburra Logo. These scarves are rectangular, 140cm long by 30cm wide, and navy blue with the logo and name printed in white, all framed with a double white lined border.

The cost to members will be \$10 per scarf + \$4 Postage and Handling (=\$14 if posted out), or \$10 if picked up directly from the Guild Office.

Please contact the office 08 8431 1422 should you be interested in purchasing one of these items.

27th Battalion Descendants

As part of its Anzac centenary commemorations, The City of Unley is seeking descendants of 27th Battalion soldiers who fought in the First World War. The City of Unley closely identifies with the 27th Battalion, known as "Unley's Own", and whose first Commanding Officer was a former Mayor of the City of Unley. The City of Unley would like to invite descendants to particular events being held. Please contact: pobox1@unley.sa.gov.au **or** the City of Unley on 08 8372 5111 or visit its Facebook page: 27th Battalion Descendants – WW1.



Macclesfield Anzac Memorial Gardens



The Opening Ceremony of the Macclesfield Anzac Memorial Gardens was held at Macclesfield Oval, Strathalbyn Road, Macclesfield on Sunday 15 March 2015. The Macclesfield community, in conjunction with the District Council of Mt Barker has turned two acres of disused land into a community garden that provides a place of relaxation and contemplation for war veterans and the public while providing a focus on the service provided by local men and women during times of war. The service included a Dedication and wreath laying ceremony followed by displays and demonstrations by re-enactment groups covering the different periods of service, as well as the works of local artists who have contributed to the garden.



BOER WAR DAY – Adelaide Sunday 31 May

The 31st May is the anniversary of the signing of the Treaty of Vereeniging that ended the South African War in 1902. Boer War Day itself is held on the Sunday before 31st May or near thereto to enable working people to attend.



The annual service will be held on Sunday 31 May 2015 at 11:00 at the Boer War monument on the corner of North Terrace and King William Street in the city. Our theme this year is Fathers of the Anzacs.

Following the official tributes Boer War Descendants and Friends will have an opportunity to lay their own personal tributes. All former and present servicemen and women are invited to wear their service medals. Descendants are invited to wear their ancestor's medals on the right chest.

All registered Descendants and Friends will receive official invitations. The service is open to the public and children are also welcome to attend. Enquiries to: 08 8662 4085

Do Not Call Register

Companies are barred from phoning anyone who lists residential or mobile phone numbers with the Australian Government's Do Not Call Register. Most telemarketing firms will be barred but some groups including charities, religious organisations and political parties will still be allowed to call those who have registered.

Register online <http://www.donotcall.gov.au> **OR** telephone 1300 792 958.

Note that you will need to re-register every six years to ensure your contact numbers remain on the Register.



READERS QUESTIONS:

What happens to my pension when I die?

The War Widows pension ceases on the death of the war widow. War widows pensions are paid in advance eg the payment into your bank account on Thursday is for the forthcoming fortnight, not in arrears as eg wages are paid. The last pension paid is retained.

What are Advance Care Directives?

In SA a person can prepare an Advance Care Directive. The new Advance Care Directive is an important step forward in planning for health care and replaces the existing *Enduring Power of Guardianship, Medical Power of Attorney and Anticipatory Direction* with a single Advance Care Directive Form from 1 July, 2014 (if you have previously completed one of these documents, they will continue to have legal effect post 1 July, 2014, unless you complete a new Advance Care Directive which will replace your old documents).

An advance Care directive gives those who care for you a clear understanding of your needs and wishes should you lose the ability to communicate them yourself. (This could be because of a sudden accident or a serious mental health episode, dementia or similar condition or a sudden serious stroke or if you are unconscious or in a coma.) It can also give you peace of mind to know that your wishes are known and will be respected, if others need to make decisions for you.

The new Advance Care Directive empowers you to make clear legal arrangements for your future health care, end of life, preferred living arrangements and other personal matters and/or appoint one or more Substitute Decision-Makers to make these decisions on your behalf if you are unable to do so in the future. *The Advance Care Directive is not a Will.* It also cannot be used to make financial or legal decisions. It is recommended you think about appointing an *Enduring Power of Attorney* to make decisions about your future finances and legal matters.

Advance Care Directive Forms can be obtained from the Advance Care Directives website www.advancecaredirectives.sa.gov.au or at a Service SA Centre or call Service SA on 13 23 24.

What is an Enduring Power of Attorney (EPA)?

This document allows a person to appoint a friend, family member or another trusted person to make financial decisions, including property transactions.

How do I arrange one?

This may be done through a private lawyer, the Public Trustee, COTA SA (08)8232 0422) or by purchasing an Enduring Power of Attorney: a Do-it-Yourself Kit. The kit is available from the Legal Services Commission of SA (Tel. 1300 366 424) or Service SA (Tel: 132 324 324)

Note: Enduring Power of Attorney is different from a General Power of Attorney. Use a General Power of Attorney to give someone else the power to make financial decisions on your behalf for a specific period/event. For example, you might choose to appoint an attorney if you were going overseas and needed someone else to sell your house or pay your bills. The General Power of Attorney will end when you lose capacity to make your own decisions.

What if there is no Advance Care Directive or Enduring Power of Attorney?

If there is no Advance Care Directive (or a previous document covering the same issues) or an Enduring Power of Attorney and a person loses the ability to make decisions, the Guardianship Board may appoint guardians and/or administrators to make personal and financial decisions for that individual. This can be a relative, friend or the Public Advocate/Public Trustee.

Useful contact numbers for more information:

COTA SA (08) 8232 0422

Service SA (Tel: 132 324 324)

Legal Services Commission of SA

Offers free legal advice to the general public. It has offices in the Adelaide CBD, some suburban and country towns. (Tel. 1300 366 424)

Public Trustee

Provides assistance to prepare legal documents such as wills and power of attorney for a fee. Tel. 8226 9200, or 1800 673 119 (country callers)



Marguerite Pomeroy, Coralie Chapman, Margery Stevens, Shirley Cockshell, Ruth O'Leary and Colleen Fowler at the Joint Commonwealth Societies Council Commonwealth Day Celebrations which was held in Wyatt Hall at Pulteney Grammar on 16th March.



SUBSCRIPTION REMINDER

THE SUBSCRIPTION FOR THE YEAR 2015/2016 YEAR IS \$20.00.
THIS IS PAYABLE ON THE 1ST APRIL, 2015.

A SUBSCRIPTION PAYMENT FORM IS ENCLOSED FOR YOUR CONVENIENCE.

We are aware that some members may have paid their subscriptions in advance.
PLEASE DO NOT HESITATE TO CONTACT OUR OFFICE ON 8431 1422
FOR FURTHER INFORMATION.

Membership of the Guild is not about being able to attend meetings, it is about presenting a unified front to support the Official Representatives of the War Widows Guild who work on National and State levels to ensure widows benefits and compensations are maintained.

NOTICE

is hereby given that the



ANNUAL GENERAL MEETING

of the

WAR WIDOWS' GUILD OF

AUSTRALIA (S.A.) INC.

WILL BE HELD ON

FRIDAY 5th JUNE, 2015 AT 10.30 A.M.

in the GUILD HALL

rear of 141 Fullarton Road, Rose Park

*Please consider supporting your Guild
by nominating as a committee member
or suggesting another member to
nominate.*



Australian Government
Department of Veterans' Affairs

MINISTERIAL CORRESPONDENCE

M15/0153

**TITLE: COMPLAINTS - PRENTICE, JANE MP / FAIRLEY, NOEL
- AXING OF MATES PROGRAMME. RELATES TO M14/3969.**

Recommendation: That you sign the attached correspondence to Mrs Jane Prentice MP.

Key Points:

- On 12 January 2015, Mrs Jane Prentice MP, Federal Member for Ryan wrote to the Hon. Stuart Robert MP, the Assistant Minister for Defence on behalf of her constituent, **s 47F** enclosing an email he received from Dr Roderick Bain, RSL NSW State Councillor and medical advisor to the RSL National Board concerning changes to the Veterans' Medicines Advice & Therapeutic Education Services (MATES) program advisory groups. This issue was referred to you for response.
- Dr Bain sent his email to members of the veteran community in response to an article published in The Australian on 13 December 2014 in advance of the Government's MYEFO Smaller Government Tranche 3 announcement on 15 December 2014.
- You wrote to Dr Bain on 22 December 2014 to advise of the continuation of the MATES programme. A copy of this letter has been enclosed in your response to Mrs Prentice.

Attachments to coversheet

- NIL

Enclosures to correspondence

- M14/3969 – Minister's reply to Dr Roderick Bain

Contact officer: Michelle **s 47F**

Phone: **s 47F**

MINISTER'S OFFICE COMMENTS

Approved by:

Cleared electronically

signature

Letitia Hope
Assistant Secretary
Primary Health Care Branch
Health and Community Services Division
28 January 2015

Date signed by

SENATOR THE HON. MICHAEL RONALDSON

09/02

