

## PERSONAL RESPONSE

In my car on the 17th of May 2007, I slammed into a tree on Mt Cootha, Brisbane. I would later score 3 on the Glasgow Coma Scale, giving me a statistical probability of survival of 15%. Three years later, I am working in Engineering, and physically 100%. What happened to me that allowed such recovery?

I will try to break down steps the health system can take to give everyone this opportunity. Firstly, I went to ICU in a public hospital. I succeeded in swallowing some tasty yoghurt in preference to blue dye, so my eating resumed. After 90 days I emerged from Post Traumatic Amnesia. This great length of time signifies a severe brain injury.

For the next 6 months I would stay in Public care, experiencing their lack of staff and lack of funds. Then I flew down to Epworth Hospital at Richmond in Melbourne. This is a private rehabilitation facility, which meant an exponentially higher level of comfort for me, due to the appetising dinners and the world-class physio twice a day. Under this care I began to run again and my speech became clear, although I would still have difficulty for 2 more years.

Most of my care options were given to me clearly by ABIOS or ISIS case management. However my sister previously provided OT in the public rehab hospital where I was admitted, and my mother was an OT years earlier, before moving on to management. I cannot expound enough the necessity for a service like ABIOS or ISIS to be immediately available to patients without families with care experience.

It isn't asking too much for there to be a public case manager for everyone using health services, as in my case I had two public managers from CRS and ABIOS in addition to one private from ISIS. In every case I found these people to know what funds are available, and all helped me find funding for the services I needed and find additional relevant services.

In summary, I think there needs to be

- individual case managers to advise, and allocate services and funds
- more funding for the public sector to enable services to compare with the private sector

In addition, my answers to some of the mentioned questions follow.

*Who should be in the new scheme and how could they be practically and reliably identified?*

The new scheme should extend to all citizens, as all that I propose is a strengthening of an already great public health system.

*Which groups are most in need of additional support and help?*

Assume most citizens do not have experienced care providers in their family, as I do. Then they need a 'case manager' on the scene from their entry into acute care.

*What could be done about reducing unfairness, so that people with similar levels of need get similar levels of support?*

The only unfairness is the lack of funds, some people do not have cover and they can suffer reduced care standards. Public hospitals need much more funding to enable therapists to see more of clients.

*Who gets the power?*

Similar to the current public system, the doctors will make the final decisions with the patient's consent, as they are advised by their case manager.

*How could people with disabilities or their carers have more power to make their own decisions (and how could they appeal against decisions by others that they think are wrong)?*

In this case the client has complete control over decisions. They are advised by professionals to ensure they get the best care. Some decisions will probably still be made by others — such as whether a person is in the scheme or not, or the amount of financial support and services they get.

*How should the amount of financial support and service entitlements of people be decided (and by whom)?*

This is where I think a combined case manager could help. Because of my case managers, the system in Victoria worked quite well for me. There are already in place plans to deal with or fund most needs, if the patient knows about them. However it has been much harder for a friend of mine in Queensland, who has received little or no support after discharge.

A few previous documents follow. Some are dated.

[18/12/2007]

## Petition to support the implementation of a Transport Accident Commission in all States

This petition will show the high number of people who recognise the significance of a TAC and would like to see it nation-wide. On top of the people in this petition are all the people who do not know what a Transport Accident Commission even is, which would probably apply to 98% of Queensland residents, as well as those in other states. It is safe to assume all of those people would support this initiative if they have private health cover, and probably a good 50% who don't.

[This petition will be mailed in]

Email to Nicola Roxon 26/1/2008

Hi, I am from Queensland and think you are lucky to live in the only state with a TAC. I now live there also, coincidentally in your federal electorate, Gellibrand. (Williamstown specifically) As a single vehicle accident victim, I am wondering why I had to move down here, away from my entire friendship network, to get the services I needed. The TAC (and associated funding) is the answer and it would have been nice if it was an Australia wide scheme. But it's too late for anything but improving the situation for the next poor guy, who will almost definitely not have the option of transferring to the excellent private services here. I have sent a couple of letters requesting, as a member of your electorate, I would like to speak with you about this issue. It would be nice if Queenslanders even knew what they were missing so they could fight for it, even if only 40% of them did.

Email to Nicola Roxon 20/6/2008

Hi Ms Roxon.

I have been in touch before (letter Jan, phone call March) regarding a standard Australian TAC (or similar). As I had a transport accident in Queensland, I decided my best option was to make use of the TAC-funded Epworth Hospital, Richmond. Thankfully my health insurance covered it. So for a while I am local in Williamstown with my Mum.

Anyhow, you have heard my story before and it isn't the issue. So why did I have to move interstate to find a private hospital who handles brain injury? I did get a call from someone in your office (didn't catch her name, Ruth Kerry?) who asked further and said she would raise my issue at the next meeting. I'd like to hear how that went.

To be clear the issue is the severe deficit in health services in some states relative to others. (eg Qld/Vic) This is simply because there is less money in Health, as there is no TAC.

It would be nice if Queenslanders even knew what they were missing so they could fight for it, even if only 40% of them did.

Nicola Roxon  
Hon Minister Health & Aging  
Federal Minister for Gellibrand  
204 Nicholson St  
Footscray  
VIC 3011

Kent Slaughter  
2/9 Roche's Tce  
Williamstown  
VIC 3016

15<sup>th</sup> January 2008

Dear Ms Roxon,

I would like to meet with you to discuss the difference in health funding between Victoria and the other Australian states. I have experienced this firsthand in the context of traumatic brain injury.

I am an engineering student who would have graduated by now had it not been for my accident. I was in a car accident in Queensland (May 07) and I am now living here with my mum to take advantage of the services in Victoria. But why are they so different in Victoria, to warrant an interstate move? The difference is the Transport Accident Commission and the associated funding.

Whilst I am not covered by the TAC, private health funding lets me take advantage of the services its funding allows. I want people in my situation to have access to this level of services in their home state.

Please meet with me so I can give you information to help improve the health systems in all states. My mum (xxxx xxxx) can help set up a meeting time.

Yours sincerely,

Kent Slaughter

[unmailed 3/1/2008]

Queensland Health has many problems involving number of beds, and even keeping rural hospitals open. The most significant difference between the health systems of Queensland and Victoria is the Victorian Government's Transport Accident Commission (TAC). This article aims to persuade the Federal Government that there needs to be a Transport Accident Commission (such as in Victoria) in every state. At the opposite extreme is Queensland, where there is no cover except the third party insurance of the second party, if any.

Firstly, let me introduce myself. My name is Kent Slaughter, and I am 21 years old. On May 17<sup>th</sup> 2007, I had a car accident, which was quite severe. From this accident, I sustained a closed head injury. After being at the Royal Brisbane Hospital for intensive care (10 days) and the first stages of my recovery (like talking and eating) I was transferred to the Princess Alexandra hospital, where I was a patient in their Brain Injury Rehabilitation Unit (BIRU). I stayed there until the 14<sup>th</sup> of October, before transferring again to Epworth Hospital (a private service) in Melbourne, courtesy of my private health insurance. I stayed here as an inpatient until the end of January 2008.

I am in a unique situation where I can compare the health services in Queensland and Victoria. And after experiencing the service at the mostly TAC-funded Epworth, the benefit of a TAC has become obvious to me, a Queensland resident! See Appendix A for some differences between the Princess Alexandra and Epworth Richmond. My accident would have been covered if Qld had a TAC, but the public system was all that was available there. The hospital was very good, but suffered from lack of funding: not enough therapists, and not enough contact. I travelled to Melbourne, where better services were available.

The TAC is a government scheme that provides health cover for all transport accident victims. I have seen that people from Melbourne do not realise there is no TAC in Queensland. People in Queensland do not even know what a Transport Accident Commission even is! This is surely the reason the Queensland Government has not come under a lot of pressure previously. And people haven't been wondering, "Why does Victoria have this and we don't?" Because as seen by the accompanying petition, it is obvious to people how beneficial a TAC would be.

A few years ago, the federal government looked at the idea of setting up a TAC in every state, but the problem was initial funding. Perhaps we should look at the amount of money the Victorian TAC makes the state government, and use funds with these future gains in mind.

Queensland would be far better off with a scheme in place such as the state of Victoria's Transport Accident Commission. This scheme provides private health insurance for any motor vehicle occupants or riders, including bus and train passengers. It also covers anyone who is hit by a vehicle, or in public transport accidents.

The Victorian TAC actually makes money for the state government. A small surcharge (less than \$50) is added to vehicle registration, which is effectively the premium. This is if the TAC is thought of as an insurance provider, which it is essentially. Set up in 1986, it is a true "no-fault" scheme, which works in favour of victims of motorcycle or single vehicle accidents.

The main beneficiaries of an incentive such as a TAC are surely the people with lower incomes, who cannot afford private health insurance and in the event of a transport accident, would be relegated to the public health system. Kevin Rudd says that he is a prime minister for all the people, and the Labor party tradit battlers. If the Labor party wants first major achievement under belt

In the context of my accident: I should have been covered by a TAC in Qld, and had the best in medical care, straight from the ambulance. Failing that, there might have been a suitable private hospital in Queensland that I could have transferred to, instead of having to travel to Melbourne. But without more private health customers, there is not even a private hospital for brain injury in Qld. This is another important beneficiary: is the health system in general. The extra funding from vehicle registration could be put towards new hospitals, or used to upgrade or otherwise improve service in existing hospitals.

Recovering from a transport accident can be a very emotional and challenging time. It's important that you get the right treatment, support and information to help you move on with your life as soon as possible. This is why it's essential to have the best in health care for transport accident victims. Beyond that, we have all heard of 'comfort foods.' A decent kitchen which serves "wow" meals, not "what is that?" meals makes the experience of being in hospital entirely more tolerable. This is possible with the funding from the Victorian TAC, as shown by Epworth Richmond.

12<sup>th</sup> November 2008

The Hon Kevin Rudd MP  
Prime Minister  
630 Wynnum Rd  
Morningside QLD 4170

Dear Prime Minister Rudd,

I'm writing in support of the proposed Lifetime Insurance. Although it's too late to benefit me (I had a car crash on May 17, 2007 – see appendix) I'd like to see the situation improve for future accident victims. Because right now the health system in Queensland (and I'm sure other states) is stretched so thin people aren't getting the care they need.

The extra funds from an insurance scheme will permit the founding of some excellent health services, similar to Epworth Richmond, Melbourne's leading hospital in brain injury. This will reduce the load on the public system to a level where all patients can get the care they need. For example, currently there are only 26 beds with brain injury specific care in Brisbane. These beds are shared between Queensland, Northern Territory, and part of NSW that can't access Victoria's facilities. All the extra brain injured patients (and I was in the lucky 20%) must make do with general medical care.

In Victoria, there is Epworth Richmond – a private service that I transferred to when I was able. And I was impressed by their service, and am glad I could experience the differing standards between states. Epworth Richmond is maybe 80% TAC funded – I was of the minority who were only there on private insurance. Victoria is in a better position medically because of the TAC – and everyone knows it. Or rather, they are shocked to hear that other states have no TAC. And people from these other states don't know the benefit they're missing out on.

As such, if lifetime insurance was to merely raise the Australian standard to that experienced in Victoria, it would be a great benefit to our health system in Queensland and in other states. The extra funding in health promises services of the standard of Epworth Hospital in any state.

Lifetime insurance will answer this question, from the 2020 Summit website:

“How can we ensure that there is greater equity across the population, so everyone does share in these (health) benefits?” Obviously the lack of TAC in other states is stopping ‘everyone’ from sharing in these benefits. Lifetime insurance will ensure ‘equity’ in these respects, as it will be a national scheme.

People from states other than Victoria may see lifetime insurance as a cost that doesn't give them (individually) any benefit. Clever advertising could easily expose this as a fallacy- would they drive uninsured just because they're “naturally careful people?” Lifetime Insurance represents a great step forward for Australia's health systems. Thankyou for considering this so closely.

Yours sincerely,  
Kent Slaughter