

WORK CARE PRODUCTIVITY COMMISSION

Statement by Mick Spooner

1. Introduction

Name: Michael Philip Spooner
Age: 44
Address: Vic
Qualifications: Fitter and Turner

The purpose of this statement to highlight some of the flaws in my Workcare rehabilitation. This is a personal account of what I experienced after being injured at work. I feel I am qualified to speak on Workcare matters because after 12 months of rehabilitation it has been a diverse but disappointing exposure to the Workcare system.

The last year has given me the opportunity to experience first hand emergency medical procedures, surgery, skin grafts and considerable post operative care from district nurses, physios, and of course litigation and compensation procedures.

2. Outline of accident

The accident occurred in July last year. My right forearm was almost severed and crushed in an industrial accident. Once rescued, I was taken to the Royal Melbourne Hospital.

Not unlike being involved in a car accident for the first time, while trying to deal with the physical and psychological trauma, you are faced with rehabilitation procedures which cannot be taken lightly, yet you are not in a state of mind to fully understand both your needs and the needs of the Workcare system

3. Stay In Hospital

My stay in hospital was approximately 3 week. I had emergency surgery on arrival when they reattached my arm. The following day I had skin grafts and further skin grafts, two weeks later. The OT department provided me with splints and a small amount of physical therapy and arranged for me to see a hand therapist after I left the hospital. A Social Worker came to see me and helped me fill out the Work Care claim form and gave me a Work Care booklet. No further assistance was provided by the Social Worker!!!!!!

4. Leaving the Hospital and Rehabilitation

The very process of asking for assistance is likened to the injured worker being the mouse, the claim being the cheese and the agent the cat. They have no positive reasons to approve any claim because they are responsible to their shareholders and directors.

District nursing staff caring for me at home gave me more information regarding the claim procedures than any booklet and or agent that was offered to me. E.g. I should keep the receipts if I want to claim the out of pocket expenses for dressings and medication. They also advised that I should keep photocopies of all receipts as it is common for insurance companies to mislay the receipts, which turned out to be true.

5. The Workcare agent

What qualifications and or experience does the Workcare agent need to have in order to assess the effect long term rehabilitation has on family life? Medical experience? Social work experience? Legal qualifications?

A few days after I was out of hospital I was contacted by a person I assumed was from a Workcare Branch, but as I later found was acting as an agent for the insurer. She said she was responsible to seeing to what rehabilitation I would need (she gave the example that perhaps I might need wheelchair access). As she only worked part-time, she was not able to see me until a fortnight after I was out of hospital. It was a further 4 weeks before I received any home care help.

She was not forthcoming in any detail regarding what expenses I could claim and could give no hint as to the extent of my rehabilitation program, yet was in control of the assessment that governed my return to work. In fact sometimes I received misinformation – e.g. – travel expenses.

6. Training

Upon asking if I should do some retraining, I received a negative response. Although, my injury involves long term rehabilitation, the issue of my not returning to my previous employment was not really in any doubt from early days. However, I was informed that any re-training I pursued, without approval, would affect any future claim. Twelve months later I am still waiting.

7. Work Care Booklet

Both the Workcare booklet and the Workcare certificates cannot be classified as user friendly. Although I feel that I am literate, I continue to require translations e.g. Page15 regarding pay rates.

Apart from not knowing if I am dealing with Worksafe, Workcare or Workcover, I feel the brochure is set up for people with experience in the industry.

8. Conciliation

I feel that small claims for assistance that have previously been approved become admin dramas because the agent's attitude is negative and they can wear the claimant down with requests for continual medical approvals, To go through a conciliation process for small claims, such as home maintenance, is not productive.

I think there should be an independent small claims office with the power to force insurers to approve small claims immediately.

9. Benefits

Upon returning to work Worcover benefits after 13 weeks are set at 60% of pre-injury pay. By my calculations if you work less than 25 hours a week your take home pay reduces if you return to work.

10. What the Future Holds

On one side of the hospital bed you have carers, doctors, nurses, all professionals doing their utmost to help your recovery and return to work. On the other side you have the insurance company keeping shareholders happy. A regulatory authority to control insurers and their agents is badly needed and may possibly be a career option for me to consider.