AAC – ALLIED AGED CARE

AGED CARE AND OTHER LEGISLATION AMENDMENT (ROYAL COMMISSION RESPONSE NO. 2) BILL 2021

AAC – ALLIED AGED CARE RESPONSE TO THE STANDING COMMITTEE ON COMMUNITY AFFAIRS (November 2021)

Aged Care and Other Legislation Amendment (Royal Commission Response No. 2) Bill 2021 Submission

AAC – ALLIED AGED CARE

Contents

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November 4, 2021

Senator Wendy Askew
Chair, Senate Standing Committee on Community Affairs
C/O the Committee Secretary
Department of the Senate
PO Box 6100
Parliament House
CANBERRA ACT 2600

Dear Senator Askew,

Aged Care and Other Legislation Amendment (Royal Commission Response No.2) Bill 2021

Preamble - Thank you for the opportunity for our team at AAC Allied Aged Care, a physiotherapy and allied health provider in QLD, to provide a submission to the Senate Committee Inquiry on Community Affairs in relation to the Aged Care and Other Legislation Amendment (Royal Commission Response No.2) Bill 2021 (Aged Care Amendment Bill).

Executive Summary

- Physiotherapy and allied health is vital for older Australians to manage pain, prevent falls, and keep older people moving. That is not in dispute and well recognised in research and government and Department of Health publications.
- Mums and dads currently living in Residential Aged Care receive 8 minutes per a resident per a day of physiotherapy and allied health. Many, including the Royal Commission said this was inadequate and more was recommended in Recommendation 38. The government accepted this recommendation.
- Despite this, the government only funded $27.9 million over 4 years for “access to allied health” which equates to 2 seconds a resident per a day from October 2022. If physio and allied health is not funded, it will be the death of physiotherapy and allied health in nursing homes.
- The government has responded to concerns about this lack of funding by saying the Quality Standards and strengthened compliance will ensure nursing homes still need to provide allied health.
- The Quality Standards however are part of the old ACFI model, and they are so vague and non-specific they are unenforceable which is why we don’t have enough allied health right now. The Quality Standards from this system are not suitable for a completely different funding model with only 13 resident classifications without significant amendment.
- Residents and their families are very concerned about how mum and dad will get physio if it is not mandated in terms of minimum minutes and clear who pays for this.

AAC Allied Aged Care is a private Pty Ltd company which started in 2015 to provide much needed allied health (physiotherapy and occupational therapy) every day to older residents living in Residential Aged Care facilities.

Our CEO and sole director Alwyn Blayse is a physiotherapist who has worked and continues to work in aged care and regional areas for the last 22 years. We typically work in regional QLD locations like Cairns, Goondiwindi, Mackay, Atherton, Noosa, Gympie, Kilcoy, Toowoomba that struggle to find and retain physios and other allied health.

There is a widespread allied health shortage already in aged care. Even before COVID the Australian Physio Council said there was a shortage of 6000 physiotherapists. 62% of aged care facilities don't get access to regular physio and allied health right now. We've had letters of support from Government members George Christensen, Warren Entsch, Llew O'Brien and David Littleproud about the difficulty of finding allied health especially for older residents in nursing homes in these regional areas.

We have been closely following for the last 12 months the Royal Commission and the government's response to this in terms of replacing the current ACFI funding system with the proposed AN-ACC system starting in October 2022. We were very concerned about the shortage of detail around allied health, as well as the lack of separate dedicated funding for physio and allied health in the AN-ACC. We and others in our industry such as the Australian Physiotherapy Association are on record that they believe this will lead to significant less physio and allied health for older people than they receive now. This seems to be opposite of what the Royal Commission recommended, and the government said they would provide when they accepted recommendation 38 that more allied health access was needed.

We, and others such as the Australian Physiotherapy Association believe that the lack of specific and mandated funding for physiotherapy and allied health will lead to widespread job losses for the over 6,000 physios and other allied health currently working in Residential Aged Care. We have not had satisfactory assurances to the contrary from the Department of Health or Minister Colbeck (which we will outline below), so we started a public campaign to pass on information we had received called "Death of Allied Health" through our website www.deathofagedcare.com.au

We launched this campaign because we found most people we spoke with were unaware that physiotherapy and allied health wouldn't be funded from October 2022. We were concerned and felt the public had the right to know what would happen if their mums and dads needed physiotherapy after October 2022. Many who have come to us are concerned that their parents on pensions will not be able to afford physiotherapy and allied health, and that the nursing home won't provide anything other than very basic and infrequent physio like a falls review.

AAC – Allied Aged Care are funding this "Death of Allied Health campaign" entirely ourselves without any public donations at present.

We started this campaign and are funding ourselves privately from our company, at considerable cost, because we believe that physiotherapy and allied health are essential to older people and a lot of older people cannot advocate for themselves. Despite government assurances to the contrary, without separate, dedicated funding in the AN-ACC, older people will not magically get physiotherapy and allied health. Nursing homes in financial distress and regional areas especially

cannot be expected to provided physio and allied health if they are not funded and required to, with defined amounts of allied health prescribed.

We work on the frontline in nursing homes and can assure you that despite the best intentions of this bill that the end result of the current AN-ACC funding model will be the death of physiotherapy and allied health in aged care, with residents getting significantly less allied health than they are getting now. This is confirmed by one of the authors of the new funding AN-ACC model themselves Professor Kathy Eagar, and many other people who we will include in this submission. We ask the committee and the government to urgently include dedicated and separate funding for physiotherapy and allied health for nursing home residents in the new AN-ACC funding model. Thank you for your consideration.

Official AAC – Allied Aged Care and Death of Allied Health campaign **response to the Aged Care and Other Legislation Amendment (Royal Commission Response No.2) Bill 2021**

Schedule 1 – Residential aged care funding

Schedule 1 amends the Aged Care Act 1997 (Aged Care Act) and the Aged Care (Transitional Provisions) Act 1997 (Transitional Act) to enable the introduction of a new residential aged care basic subsidy calculation model, the Australian National Aged Care Classification (AN-ACC). This model will replace the Aged Care Funding Instrument from 1 October 2022.

General Comments

AAC – Allied Aged Care welcomes the government's commitment to implementing the recommendations and the intentions from the Royal Commission into Aged Care Quality and Safety Final Report. We agree that the current ACFI model is outdated and not providing adequate physiotherapy and allied health. The current ACFI model does not allow allied health to do the most evidence-based care such as exercise with its focus on massage and pain management.

We were heartened when we heard that the AN-ACC model was purported to be about reablement and rehabilitation in particular and that recommendations for more allied health were accepted by government in their response to the Royal Commission recommendation 38. We were therefore very disheartened when we heard in the May 2021 federal budget that allied health was **NOT** funded.

We are specifically commenting on the lack of detail on physiotherapy and allied health in this funding model in Schedule 1, and the lack of change to the Quality Standards to define rehabilitation, allied health frequency and cost.

There is a glaring and concerning oversight in this Bill in regard to physiotherapy and allied health. We could also not find a single mention of this in any documentation on the AN-ACC on government websites/response (which we will attach below). Nor could we find either of the terms “physiotherapy” or “allied health” in any proposed amendment in this bill. We do not believe that the measures in this schedule and bill or existing legislation are sufficient to ensure older Australians will have access to physiotherapy and allied health. Without separate dedicated funding for allied health with a minimum number of minutes of care, physio and allied health will NOT occur. This was confirmed by one of the authors of the new funding model, Professor Kathy *Eagar who said “In the long run, if you’re going to have staff ratios and public reporting, and if you don’t include allied health, then they’re left out. It’s as simple as that.”*

If the government wishes to ensure that physiotherapy and allied health are actually provided as per the Royal Commission recommendations, we believe that the Bill needs to include the following:

What are you calling for in regard to amendments to the AN-ACC bill before the committee?

The Key Message:

To ensure that older people actually do end up with access to allied health as per the Royal Commission recommendation 38 that the government accepted, then there is a need for the AN-ACC funding model to include separate and mandated funding for physio and allied health in nursing homes after October 2022.

The Detail:

We are calling for separate dedicated funding for physio and other allied health professionals in nursing homes for at least 20 minutes per a resident per a day from October 2022. We don’t want this to come out of already mandated nursing hours, as residents need every minute of nursing. We want to make sure these physio and allied health minutes are clearly defined, funded and enforced with checks and balances to make sure that nursing homes do provide the allied health minutes that are funded.

We want the 20 minutes per a day to be tailored to what the client, the nursing home and the allied health professional feel is needed and not limited to what we have now (i.e., massage only not exercise). If a client needs exercise and wants this, this could be part of their 20 minutes. The key thing is the older person (or their advocate) should get to choose in consultation with the physio and allied health provider providing the service. Physios and other allied health professionals can then provide exercise, reablement, falls prevention, pressure care, or whatever the client wants and needs in the time that is allocated.

We want these 20-minute individualised allied health professional treatments from university qualified and registered Physiotherapists, Occupational Therapists, Exercise Physiologists, Dietitians, Speech Pathologists, Osteopaths, Chiropractors, Podiatrists and Psychologists. We want the allied health professional’s treatments to be individualised, not group sessions, or sessions replacing allied health with lifestyle co-ordinators, music therapists and therapy assistants.

We recommend that it be clearly defined what types of allied health are considered to avoid confusion, also possible use of “lifestyle co-ordinators” and “physiotherapy assistants” to count allied health hours. Allied health hours reporting needs to be broken down into categories including university trained allied health professionals such as physiotherapists and Occupational therapists.

We want these physio and other allied health professional treatments to be clearly defined, and their minimum minutes to be mandated and monitored to ensure compliance.

Who pays?

This is the biggest question we’ve had. “How will mum and dad have physio after October 2022 and who pays?”. The Quality Standards and government responses to date about monitoring through compliance checks do not answer this question and the public deciding on care for their parents who clearly need to know.

At the moment it is very unclear how much is paid for by nursing homes, and what types of allied health are paid for by families. More transparency around what allied health is provided currently, and who pays, will help ensure compliance checks are effective in the new system, especially if coupled with minimum mandated and funded 20 allied health minutes per a resident per a day.

We want to make sure that every resident accesses the allied health they need as a minimum without cost to them. If there are extra services needed for example longer term rehabilitation, this should be clearly defined how it is paid for and means tested to ensure those with financial disadvantage can still pay.

Different types of funding exist for clients already in Aged Care. For example, a veteran funded through Department of Veteran affairs may receive some limited treatment in some situations depending on their level of care as defined currently in the 64 categories of ACFI. This is not clear in amendments what criteria exist for veterans to access physio, Occupational Therapy, and other allied health in the new 13 classifications in the AN-ACC. At the moment because it is seen as the responsibility of the homes to fund not DVA, a lot of veterans don’t receive physio and OT unless they are receiving pain management under the current ACFI. When this finishes how will veterans be looked after if the rules that allow a veteran to be seen aren’t changed?

Similarly, those under 65 under the National Disability Insurance Scheme (around 6000 people at the time of the Royal Commission but has reduced to around 4800 now) who live in nursing homes CAN access allied health and physiotherapy in the current funding model, however in a lot of cases this has not occurred.

Medicare funding for allied health exists as well through care plans, temporarily extended to 10 sessions until June 2022 before the new AN-ACC starts.

Will clients when the AN-ACC starts in October 2022 have to use their funding packages for allied health?

If the government is tracking allied health hours as they say they will be now that nursing homes are reporting their staff hours and costs, will these be broken down into how many hours residents funded via NDIS, DVA and Medicare care plans receive, as well as what a facility pays for themselves, and how much private physio and allied health do residents and their families need to pay for?

This was recommended in recommendation 38 which the government accepted.

d. ensure that providers provide allied health services to residents in accordance with their individual care plans through the strict monitoring of the level of allied health services that are actually delivered, including the collection and review of data on: i.e., the number of full-time equivalent allied health professionals delivering services ii. the number of current allied health assessments iii. the volume of service provision, and iv. expenditure on allied health services.

Access to guaranteed health treatment including physiotherapy and allied health is a human right. The Quality Standards and the AN-ACC do not guarantee older Australians have this human right met.

The Quality Standards only refer to restorement of function, not improving the lives of those with disabilities in aged care.

This is contrary to the Attorney Generals site about Australia's commitment to the right to health.

The right to health is the right to the enjoyment of the highest attainable standard of physical and mental health.

Australia is a party to seven core international human rights treaties. The right to health is contained in article 12(1) of the International Covenant on Economic Social and Cultural Rights (ICESCR)- external site.

The UN Committee on Economic Social and Cultural Rights has stated that health is a fundamental human right indispensable for the exercise of other human rights. Every human being is entitled to the enjoyment of the highest attainable standard of health conducive to living a life in dignity.

The Royal Commission final report agreed *xi. care and supports should, as far as possible, emphasise restoration and rehabilitation, with the aim of maintaining or improving older people's physical and cognitive capabilities and supporting their self-determination.*

And in recommendation 36 *ensure that the funding assigned to the older person following theassessment includes an amount to meet any identified need for allied health care, whether episodic or ongoing. This allocation must be spent on allied health care and be consistent with practice guidelines developed by the System Governor.*

By not having clarity around funding of physiotherapy and allied health, as well as less allied health being available because of lack of funding there is a real potential for increased complaints to nursing homes about the lack of physio in particular. This will lead to more compliance costs for nursing homes, and government as well who need to manage this complaints.

There is a very real chance that a human rights complaint may occur if a resident was not able to access physiotherapy and other allied health, or was made to pay for it, if it is proven that this was basic health care and that being able to receive this is a fundamental human right.

The Quality Standards

General

AAC position is that the Quality of Care Principles 2014, specifically the care and services that must be provided in residential care services and the Aged Care Quality Standards, need significant amendment to ensure that physiotherapy is not just "a nice thing to have" and only able to be received by those who can afford it.

Allied health is vital for older consumers/residents and should be accessible with guaranteed and separately funded minimum minutes of care with clear definitions of what is funded and what is not, so that any resident who needs allied health will be able to receive it.

Our campaign has been told in letters responding to our questions from Senator Colbeck and Llew O'Brien, as well as emails from the Department of Health, that the AN-ACC is just a funding model and doesn't provide specific funding or requirements for physiotherapy or other allied health. They state that the requirement to provide physiotherapy and other allied health will be the responsibility of the homes and will continue to be required with the existing Quality Standards.

We understand the AN-ACC model and how it was worked out, however our central question remains unanswered, and the existing Quality Standards do NOT address these questions.

1. How will the government ensure that older people receive guaranteed minimum amounts of allied health regardless of their financial status? The international benchmark of allied health recommended by the authors of the AN-ACC funding model was 22 minutes per a resident per a day. How will the government ensure that nursing homes provide this amount of care, or even the same amount of physiotherapy and allied health they receive now which is 8 minutes a resident per a day which was considered inadequate by the Royal Commission?

2. For physiotherapy and allied health that is received, how much will be paid for by nursing homes and how much will nursing home residents and their families have to pay for?

3. If a nursing home resident or their family paying for their care is financially disadvantaged, how can the government ensure that the resident will still receive the allied health they need?

4. If the government felt that the Quality Standards themselves were sufficient to guarantee nursing homes would provide care, why do they feel the need to specify minimum care minutes for nursing care as specific as 200 minutes of care per a resident per a day, and not then specific exact allied health minutes?

5. The current Quality of Care Principles says that they "set out the care and services that must be provided to residents, however, fees may apply for residents depending on their ACFI classification."

Which residents will have to pay for physiotherapy services under the new AN-ACC funding model and which residents will be provided the physio services as set out in the care and services for all residents who need them?

According to the Quality of Care Principles, "The Aged Care Quality Standards apply equally for the benefit of each care recipient being provided with care mentioned in subsection (1) through an aged care service, irrespective of the care recipient's financial status, applicable fees and charges, amount of subsidy payable, agreements entered into, or any other matter." However, under the care and services that must be provided, it specifies that additional fees may apply depending on a resident's classification.

6. The current care and services set out in the Quality of Care Principles are not specific enough regarding how much physiotherapy must be provided to residents and the conditions to be met. Currently, providers are heavily relying on the ACFI model to provide physiotherapy services to residents as part of their pain management program. How will the care and services be amended to guarantee residents will be provided with the physiotherapy services they need, regardless of their financial status?

Why is physiotherapy and allied health so vital, and not just for older residents, but our entire community?

It is well recognised and accepted by research, the public, government and the Royal Commission into Quality and Safety in Ageing that allied health, including physiotherapy, is VITAL for older Australians living in Residential Aged Care.

The work of physiotherapists and allied health has been shown to help manage older people in pain, prevent falls, keep moving and have a good quality of life. Physiotherapy for example has been shown to decrease falls by 55%, leading to less mortality , preventable hospitalisations and cost and load on hospital systems, communities and individuals. Not funding and having allied health in RAC will stress many other parts of the health system.

Compared to international benchmarks the authors of the new AN-ACC funding model found 22 minutes a resident per a day of allied health were needed and that only 2% of Australian nursing homes actually received this level of allied health. Most were much less, on average receiving only 8 minutes of allied health per a resident per a day. The Royal Commission however found that these current levels of allied health are inadequate.

The Royal Commission's final report recommendation 38 below, was that residential aged care "include a level of allied health appropriate to each person's needs". Both commissioners encouraged a blended funding model with a capped base payment per a resident for half of the costs of establishing ongoing engagement of allied health professionals, and then an activity based payment for each item.

Recommendation 38: Residential aged care to include allied health care To ensure residential aged care includes a level of allied health care appropriate to each person's needs, the System Governor should, by no later than 1 July 2024: a. **Commissioner Pagone:** require providers to have arrangements with allied health professionals to provide services to people receiving care as required by their assessment or care plan b. **Commissioner Briggs:** require approved providers to: i. employ, or otherwise retain, at least one of each of the following allied health professionals: an oral health practitioner, a mental health practitioner, a podiatrist, a physiotherapist, an occupational therapist, a pharmacist, a speech pathologist, a dietitian, an exercise physiologist, and a music or art therapist ii. have arrangements with optometrists and audiologists to provide services as required to people receiving care c. provide funding to approved providers for the engagement of allied health professionals through a blended funding model, including: i. a capped base payment per resident designed to cover about half of the costs of establishing ongoing engagement of allied health professionals ii. an activity based payment for each item of direct care provided with the Pricing Authority determining the quantum of funding for the base payment and the level of activity based payments, including by taking into account the extra costs of providing services in regional, rural and remote areas	The Government **accepts-in-principle** this recommendation. The Government is acting to improve allied health and palliative care services through the design of the Australian National Aged Care Classification (AN-ACC) funding model and a new support at home program, as well as through measures to support increased access to allied health care appropriate to each person's needs. These measures include allied health training, increasing virtual access to primary care and allied health professionals in residential aged care facilities, and building an evidence base to inform allied health workforce planning.

This recommendation, which this current government accepted in principle, is that older people need more physio and allied health than they are receiving now (8 minutes per a resident per a day), and this needed to be funded separately. The government said in their response to improve allied health, this would be achieved through the AN-ACC (and did not mention anything about the quality standards in this response).

The increased access to allied health that the government agreed to, was also only funded though in the May budget with $27.9 million over 4 years, which equates to 2 seconds of allied health per a resident per a day. There was no mention in the budget of blended funding models or separate funding for allied health in the AN-ACC funding.

When we and others cited concerns about this inadequate funding, the government response has now been to cite that the Quality Standards are sufficient to ensure providers will provide enough physiotherapy and allied health.

However, these are the same Quality standards that exist now, and the Royal Commission found that these Quality standards were not enough to ensure older people received the allied health they needed. "Mobility is closely linked with people's health and their quality of life. However, we heard numerous examples of aged care providers not supporting people to maintain and improve their mobility, including limited access to allied health professionals critical to promoting mobility, such as physiotherapists. Poor mobility increases the risk of falls and fall-related injuries due to deconditioning and reduced muscle strength.' Royal Commission into Quality and Safety in Aged Care Executive report p 79

The reason that the Quality Standards do not work now to ensure residents receive adequate allied health is the same issue that will stop them working in the new funding model.

This is because currently the quality standards and relevant provisions in the Quality of Care Principles are vague, not specific in terms of detail and who pays. They are completely unenforceable and do not work now and will not work or be enforceable in a new model without significant change.

Royal Commissioner Briggs noted “providers have demonstrated little curiosity or ambition for care improvement and have not prioritised enablement and allied health care.” And “throughout our inquiry, many witnesses described the crucial role of allied health in maintaining mobility and functionality and providing restorative care in response to acute events. We also learned that many people receiving aged care services do not have sufficient access to allied health services.” P 110

The Royal Commission recommended amending the Quality Standards in regard to Allied Health.

We recommend that the Australian Government should amend the Quality-of-Care Principles to clarify the role and responsibilities of approved providers to deliver health care to people receiving aged care, including allied health services, mental health care, and dental health care. P 119

The government also said that they would strengthen compliance and monitor how much money is spent on allied health hours.

However, comparing allied health hours currently in one system with different resident classifications and treatments will not work.

Providers will not provide the same level of allied health hours they provide now where there is a financial incentive to provide allied health to receive funding for pain management (which the Royal Commission said caused allied health to be inadequate in terms of rehabilitation and reablement particularly).

Many homes are in financial distress, according to Stewart Brown losing over $2 million a home on average. With the increased cost of providing minimum nursing minutes, and need for pay rises for existing staff, nursing homes will not provide allied health other than the minimum if they are not specifically funded and required to with minimum allied health minutes.

The Quality Standards do not work now and will not translate to the AN-ACC to make sure that homes actually provide reablement and allied health. This is because the Quality of Care Principles do not currently specify clearly (other than in reference to the ACFI classifications)

1. Who pays for different types of allied health services i.e., is it the nursing home or a family member/resident who needs to pay?
2. Exactly how frequently different allied health services need to be provided?
3. What is defined as rehabilitation and more intensive therapy? Who pays for this?
4. What is defined as maintenance therapy? Who pays for this?
5. How exactly would these standards and Principles based on sixty-four different ACFI classifications currently, translate to thirteen completely new categories in the AN-ACC?
6. How much allied health and how often would be expected for each of the thirteen categories in the AN-ACC?

For example, the Quality of Care Principles say in this section below that rehabilitation support must be provided by a nursing home to all residents who need them. This section uses the word "rehabilitation support" however then talks about maintenance therapy, not actually helping a resident become more mobile and leading their best life as independently as possible (it is only about returning to a baseline level not about improving)

2.6	Rehabilitation support	Individual therapy programs designed by health professionals that are aimed at maintaining or restoring a care recipient's ability to perform daily tasks for himself or herself or assisting care recipients to obtain access to such programs.

The World Health Organisation defines rehabilitation as "***a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment" and … help an older person to be as independent as possible in everyday activities.***

And then when the Quality of Care Principles mention specialized therapy services, it does not define when these would be needed. The Quality standards only talk about "making arrangements" to visit care recipients but do not specify who pays and how often

2.8	Assistance in obtaining access to specialised therapy services	Making arrangements for speech therapists, podiatrists, occupational or physiotherapy practitioners to visit care recipients, whether the arrangements are made by care recipients, relatives or other persons representing the interests of care recipients.

This section from the Quality of Care Principles that mentions "fees may apply" for more intensive therapy AND maintenance therapy (even though in the section above it said that it must be provided to all residents who need this).

3.11	Therapy services, such as, recreational, speech therapy, podiatry, occupational, and physiotherapy services	(a) Maintenance therapy delivered by health professionals, or care staff as directed by health professionals, designed to maintain care recipients' levels of independence in activities of daily living (b) More intensive therapy delivered by health professionals, or care staff as directed by health professionals, on a temporary basis that is designed to allow care recipients to reach a level of independence at which maintenance therapy will meet their needs. Excludes intensive, long-term rehabilitation services required following, for example, serious illness or injury, surgery, or trauma.

This means that when a nursing home has to meet Quality standard 3f below it is not clear who pays for this, only that it is referred in a timely and appropriate way.

(f) timely and appropriate referrals to individuals, other organisations and providers of other care and services.

And then also mentions in Standard 3, 3aiii that the organisation ensures a resident get the clinical care that

(iii) optimises their health and well-being

This seems to be against the definition of rehabilitation support in the Quality of Care Principles, that only mentions restoring function, not optimising function.

From the Quality of Care Principles 2014 made under section 96-1 of the
Aged Care Act 1997 (registered 3rd September 2021)

Conclusion - We would like to thank the committee for their time considering the needs of older Australians and particularly in relation to the rights of older people to access physiotherapy and allied health. The ANACC and the extra funding the government has committed to provide is a great opportunity to improve an outdated system and replace with a quality and simpler system built on re-ablement and rehabilitation. We believe that the ANACC and its stated purpose of rehabilitation and re-ablement can be achieved with some modification of the Quality standards, with mandated and separately funded physiotherapy and allied health minimums. Making sure older people can access the physio and allied health they need is too important an issue to risk getting it wrong. Thank you again for your consideration and care of older Australians.

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AAC - Allied Aged Care and Campaign Director of death of allied health.