

Royal Commission into Aged Care Quality and Safety – Counsel Assisting’s Final Submissions Proposed Recommendations

Submission by the
Australian Physiotherapy Association

November 2020

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Contents

3.1 Principles of the New Care Act.....	5
Recommendation 2: Integrated long-term support and care for older people	5
3.2 Design of the new aged care system	5
Part 3.3 Aged Care Program Design.....	6
Recommendation 8: A new aged care program.....	7
Recommendations 9-11	7
The APA supports these recommendations. We note:	7
• 10.1 We contend care finders	7
Recommendation 12: A single comprehensive assessment process	8
Recommendation 14: Approved provider's responsibility for care management	8
Recommendation 16: Assistive technology and home modifications category	8
Recommendation 17: Residential care category	8
Recommendation 18: Residential aged care to include allied health care	9
Recommendations 19-20.....	9
Part 3.4 Quality and safety	10
Recommendations 21-24.....	10
Recommendation 25-28:.....	10
Recommendation 29: Regulation of restraints	10
Recommendation 30-31.....	11
Part 3.5 Aboriginal and Torres Strait Islander people.....	11
Recommendation 32: Aboriginal and Torres Strait Islander service arrangements within the new aged care system	11
Recommendation 33: An Aged Care Commissioner within the Australian Aged Care Commission with oversight of Aboriginal and Torres Strait Islander aged care	12
Recommendation 34: Cultural safety	12
Recommendation 35: Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers	12
Recommendation 36: Employment and training for Aboriginal and Torres Strait Islander aged care	12
Part 3.6 Aged care workforce	13
Recommendation 39: Aged care workforce planning	13
Recommendation 40: Aged Care Workforce Council	13
Recommendation 45: Review of health professions' undergraduate curricula.....	13
Recommendation 47: Minimal staff time standard for residential care.....	14
Recommendation 56: Data governance and an aged care national minimum dataset	14
PART 3.13 Better access to health care	14
Recommendation 64 Access to specialists and other health practitioners through Multidisciplinary Outreach Services	14
Recommendation 67: Short-term changes to the Medicare Benefits Schedule to improve access to medical and allied health services	15

Recommendation 69: Access to specialist telehealth services 15

Recommendation 72-73..... 15

Recommendation 75-76..... 16

Recommendation 86: Immediate funding for education and training to improve the quality of care 16

Recommendation 88: Case mix adjusted activity based funding in residential aged care 17

Recommendations 90-91 17

Part 3.17 Effective regulation 18

 Recommendation 112: Strengthened powers for the quality regulator to undertake investigations and inquiries 18

 Recommendations 113-114..... 18

 Recommendation 118: Serious incident reporting 18

Conclusion..... 18

Australian Physiotherapy Association..... 19

Executive Summary

The Australian Physiotherapy Association (APA) welcomes this opportunity to respond to the Counsel Assisting's Final Submissions to the Royal Commission into Aged Care Quality and Safety.

The Counsel Assisting's report proposes holistic and systemic change addressing many of our concerns and with the view to the establishing a high quality, safe, transparent and consumer-centric aged care system.

We welcome the recognition of the important role of allied health, including physiotherapy, in care provision and management.

Importantly, the Counsel Assisting has recognised the need for restorative and reablement care for older Australians to improve their quality of life and reduce the need for acute services.

The APA supports greater accountability, regular reviews and greater attention to appropriate governance and structures to advise government and administer a more effective aged care system.

However, we caution against over regulation of already highly regulated professions and additional burden in terms of accreditation and compliance on community providers who work across community, aged care and NDIS sectors.

In our view, a national minimum dataset is critical to ensure understanding of consumer needs, effective distribution of healthcare services and attraction and retention of healthcare practitioners to the aged sector.

By effectively mapping provider and consumer demand and gaps, it will be easier to distribute services more effectively to where they are required.

The APA believes that staff delivering services to older Australians should focus on high quality and evidence-based care that results in positive outcomes for consumers.

Consumer benefit, not a focus on the number of providers should drive demand. Multi-disciplinary teams can deliver care when and where is needed via a case mix approach.

The APA supports the development of the AN-ACC funding and assessment model but urges the Government to allocate funding for ongoing and episodic reablement and restorative care

In this submission, we have addressed recommendations most pertinent to the physiotherapy profession and allied health more broadly.

Responses to Counsel Assisting's recommendations

3.1 Principles of the New Care Act

The APA supports replacing the Aged Care Act 1997 with a new Act and we agree with the outlined definitions proposed, particularly the emphasis on restorative and reablement care. In addition, we recommend the inclusion of the word prevention. For example, it may include:

- “care and support should aim to improve the health of older Australians through preventative and early intervention approaches”

Physiotherapists play a critical role in delivering the necessary high-quality care outlined and ensuring systems do not silo practice. Physiotherapists embedded as part of the onsite workforce, provide highly skilled and safe services across the health care spectrum, including RACFs.

It is important older people have access to physiotherapy care when and how they need it. In particular, we note:

- 1.3c (iii) Consumers must have independence from the providers in their care finding and their care management.
- 1.4a (i) Counsel Assisting Tony Rozen QC told the Commissioners that “the weight of the evidence before the commission supports a finding that high quality aged care is not being delivered on a systemic level and that the amount of substandard care is unacceptable.” Physiotherapists, working as part of a multidisciplinary team that works together with the older person, their family and friends, are part of the systemic solution.

[Recommendation 2: Integrated long-term support and care for older people](#)

The APA strongly supports integrated long-term support and care, health and wellbeing of older people providing for their needs for welfare support, community services directed at enhancing social participation, affordable and appropriate housing, high quality health care, and aged care- and the mechanisms proposed to advance work on this.

3.2 Design of the new aged care system

Greater oversight by dedicated bodies governing the aged care system is welcomed. The APA supports the proposal to introduce new entities – Australian Aged Care Commission, Aged Care Advisory Council, Aged Care Pricing Authority and Inspector-General of Aged Care with clear roles and responsibilities. We recommend consideration be given to how these entities function alongside each other to avoid overburdening healthcare providers with additional layers of administrative and compliance requirements.

Physiotherapists are AHPRA registered and self-regulated. Physiotherapists working in the sector in the future may also be required to undertake NDIS registration and accreditation, aged care accreditation, public hospital or facility credentialing, credentialing if they visit a private hospital and requirements put in place by private health insurers. This administrative burden may act as a commercial barrier without improving quality and safety. We note, in particular:

- 3.1b the emphasis on complaints, and workforce and training are positive proposals.
- 3.1f (vii) The APA believes that staff delivering services to older Australians should focus on high-quality and evidence-based care, that results in positive outcomes for consumers.
- Consumer benefit, not a focus on the number of providers should drive demand. By effectively mapping provider and consumer demand, it will be easier to distribute services more effectively to where they are required. We propose a case mix approach, not quantity over quality. The APA supports a flexible and individualised care delivered by high quality multidisciplinary teams.
- 3.1i (iv) transparency of costs of care are vital to ensuring consumers know that they are getting what they pay for, can compare services and providers and are enabled in decision-making.
- 4 The APA recommends the establishment of a clinical subcommittee consisting of allied health, nursing, GPs and gerontologists as a subset of the Aged Care Advisory Council. Its role would be to advise and monitor best practice. Allied health is a broad sector encompassing a number of registered and non-registered professions with vastly different areas of expertise. Adequate representation of the depth and breadth of the sector is important, including physiotherapy.
- 5 Determining of prices (inclusive of subsidies and user contributions) for specified aged care services so as to meet the reasonable and efficient costs of delivering those services will help ensure consistency and transparency across the sector, helping to retain and attract practitioners. The APA would like to contribute to the work of the Aged Care Pricing Authority.

Part 3.3 Aged Care Program Design

While we are broadly supportive of the Aged Care Program Redesign, we recommend that screenings of older Australians entering the system and the role of Care Finders is undertaken by allied health professionals, including physiotherapists.

Highly qualified allied health professionals, working as part of a multi-disciplinary team, provide consistent, correct and timely support and advice – which we know is crucial among frail older people.

Recommendation 8: A new aged care program

The APA broadly supports this recommendation. We contend fundamental reform is needed. Seamless, accessible aged care services are essential.

Physiotherapy as part of the regular workforce is vital. For example, physiotherapists work alongside staff in manual handling, to reduce falls risks and to mitigate the need for restraints. Physiotherapy has a role in addressing the everyday needs of older Australians. We argue early comprehensive assessment by a qualified health professional can detect health concerns, and possibly prevent/delay the onset of chronic conditions and ensure the needs of the older person are met. In particular, we note:

- 8a: In our January 2020 submission to the Royal Commission (recommendation 11), the APA recommended that a 12-week, restorative and reablement program of physiotherapy at admission into a residential aged care facility and after a significant trigger event such as a hip fracture be funded. Restorative and reablement care must underpin the system to maximise health, wellbeing and quality of life in older people.
- 8c: The APA supports the development of the AN-ACC funding and assessment model but urges the Government to allocate funding for ongoing and episodic reablement and restorative care.
- 8f: The APA supports the recommendation to enable older people to access one or multiple categories of the aged care program simultaneously base on need.

Recommendations 9-11

Recommendation 9 Meeting preferences to age in place

Recommendation 10 Care finders to support navigation of aged care

Recommendation 11 Improved public awareness of aged care

The APA supports these recommendations. We note:

- 10.1 We contend care finders must be independent of the provider and have no commercial or other interest. We recommend preferential appointment of allied health workforce to conduct early screenings of older people to assess needs. We argue allied health is ideally suited to the role of Care Finders, who should ensure older Australians receive correct and expert advice.
- 11.1 and 11.2 The APA strongly supports awareness raising. In our January 2020 submission we recommended the development of a comprehensive consumer-facing campaign to educate the broader community about new changes to the aged system, including education about the value allied health providers can make to an older person. We contend this work should be expanded to include public education campaigns to counter ageism. The need for this type of investment has become clearer during COVID-19, in which indifference and/or negativity toward residential aged care residents by some parts of the community has been revealed.
- 11.2b Primary-contact health professions, such as physiotherapy, are appropriately qualified and trained to assess and monitor a wide range of health needs and should

play a more central role to the health and wellbeing of consumers, where clinically appropriate.

Recommendation 12: A single comprehensive assessment process

The APA supports the AN-ACC model and physiotherapists are integral to the current assessment trial underway. We note:

- 12.1a Independent of and consultation – by appropriately skilled assessors - are both vital.
- 12.1g The APA seeks that the term "more complex" is defined. We argue early comprehensive assessment by a qualified health professional can detect health concerns, and possibly preventing/delaying the onset of chronic conditions and ensure and ensure the needs of the older person are met.

Recommendation 14: Approved provider's responsibility for care management

The APA welcomes Counsel Assisting's recognition of allied health in care management, a role already undertaken by physiotherapists informally and as part of multidisciplinary team.

This formalised structure of care management has the potential to significantly improve the individualised and specific care needs of older people. The APA recommends:

- Independence must be maintained to avoid conflict of interest and ensure consumers are referred to services required.
- Care managers have understanding of the roles and scope of practice of all allied health professions.

Recommendation 16: Assistive technology and home modifications category

The APA supports this recommendation and believes it will enable greater access to assistive technology to those who within the aged care system who need it.

Recommendation 17: Residential care category

The APA supports the Commonwealth's proposed new funding model, Australian National Aged Care Classification (AN-ACC) but has argued the model requires an additional layer of restorative and reablement therapy funding. This would require AN-ACC to expand to three layers of funding for ongoing, episodic and targeted restorative/reablement care.

For example, in the APA's January 2020 Programme Design submission, we recommended funding for a 12-week, restorative and reablement program of physiotherapy at admission into a residential aged care facility and after a significant trigger event such as a hip fracture.

- 17.1a The APA supports in principle the Counsel Assisting's residential aged care recommendations to introduce a blended model of funding but seeks further clarity on capped base payments covering only half of the costs of establishing ongoing engagement of allied health professionals.
- 17.1c (iii) Allied Health Assistants are part of the aged care workforce and support physiotherapists in their work in RACFs. Allied health assistants are supported and supervised by physiotherapists to ensure the care they are providing is conducted in a safe, effective and appropriate way. We believe the formal partnership between physiotherapists and their therapy assistant to improve consumer and provider understanding would be valuable.

Recommendation 18: Residential aged care to include allied health care

The APA strongly supports the Counsel Assisting's inclusion of a recommendation specific to allied health in residential aged care. There is a need in the sector to engage appropriate levels of physiotherapists based on need.

It is important that responsibility of allied health assessments remains with allied health professionals.

There is an opportunity to address shortages of allied health professionals in rural and remote areas via workforce planning recommendations including workforce data collection, modelling and planning.

Considering these recommendations in the context of a potential new Aged Care Pricing Authority, we note that the focus must remain on the provision of high quality, evidence-based care, not price.

The APA supports the proposed AN-ACC funding model alongside an additional layer of funding for restorative and reablement care.

We welcome the Counsel Assisting's proposed two-tiered funding model recommend is a step in the right direction and an improvement on the Aged Care Funding Instrument. We contend extensive trialling of the model would need to be undertaken.

Recommendations 19-20

Recommendation 19: Designing for diversity

Recommendation 20: Planning based on need, not rationed

The APA supports these recommendations and note:

- 19.1b (i) We strongly support this recommendation to enable deeper understanding of cultural diversity and need.

Part 3.4 Quality and safety

Recommendations 21-24

Recommendation 21: Embedding high quality aged care

Recommendation 22: A general duty to provide high quality and safe care

Recommendation 23: Aged care standard setting by the re-named Australian Commission on Safety and Quality in Health and Aged Care

Recommendation 24: Urgent review of the Aged Care Quality Standards

The APA supports these recommendations and proposes:

- 24.1a this clause be amended to also include mobility enablement - “requiring best practice oral care, medication management, pressure injury prevention, wound management, continence care, *mobility enablement*, falls prevention, and infection control, and providing sufficient detail on what these requirements involve and how they are achieved”.

Recommendation 25-28:

Recommendation 25: Priority issues for periodic review of the Aged Care Quality Standards

Recommendation 26: Aged Care Quality Standards

Recommendation 27: Establishment of a dementia support pathway

Recommendation 28: Specialist dementia care services

The APA supports these recommendations and notes:

- 25.1 We support the appropriate practice of regular review.
- 25.1d We propose further review and consideration before making the Aged Care Diversity Framework and underlying actions plans mandatory.
- 27.2 The Australian Government should provide information and material to general practitioners and geriatricians on the pathway and encourage them to refer people to the pathway at the point of diagnosis. Information should be available to nursing, medical and allied health - including physiotherapy.

Recommendation 29: Regulation of restraints

In the APA’s August 2020 submission to the Review of Restraints Principles, we noted:

The APA supports using restraints as a “last resort”. However, current definitions capture many necessary safety aids as restraints – having an impact on the care of older people. For

example, applying brakes on a wheelchair may be a restraint but in many circumstances, applying the brakes is enabling a person to move from sitting to standing and walk.

We are seeking clearer definitions and terminology to ensure older people do not miss the care they need.

We recommend the government:

- Enable person-centred multidisciplinary assessment and care planning with the consumer that explores the “intent to restrain” versus the “intent to enable” on an individual basis.
- Recognise allied health as a professional group to work more fully across their scope of clinical knowledge and assess, provide guidance and evaluate restraints in RACF.
- Align terminology with that used to support people living with disability and terminology moves towards the words “restrictive practice”.
- Align community and residential aged care standards with the NDIS to support continuity of care with consistent terminology across both sectors.

Recommendation 30-31

Recommendation 30 Quality indicators

Recommendation 31: Using quality indicators for continuous improvement

The APA has been integrally involved in PwC workshops centred on expanding Mandatory Indicator Program and supports this recommendation. We note:

- 31.1 c the publication of provider performance against benchmarks is essential to supporting consumer choice. We contend all mechanisms put in place should enable true like for like comparisons.

Part 3.5 Aboriginal and Torres Strait Islander people

Recommendation 32: Aboriginal and Torres Strait Islander service arrangements within the new aged care system

The health needs of Aboriginal and Torres Strait Islander peoples differ from wider population and the APA supports the recommendation for the new aged care system to make specific and adequate provisions for Aboriginal and Torres Strait Islander peoples.

To ensure the needs of Aboriginal and Torres Strait Islander peoples are met we feel it is imperative the development of a new system is done in partnership with Aboriginal and Torres Strait Islander people. This is to ensure any system changes are based on the community’s needs and to provide a level of accountability when implementing the recommendations.

Recommendation 33: An Aged Care Commissioner within the Australian Aged Care Commission with oversight of Aboriginal and Torres Strait Islander aged care

The APA agrees with the recommendation for an Aboriginal and Torres Strait Islander Aged Care Commissioner. We feel the person in this position should be of Aboriginal and Torres Strait Islander descent and are pleased this has been highlighted in the recommendation.

Although we are happy with this recommendation, we feel it is important to ensure the position is adequately funded and supported to enable the role to be effectively executed.

Recommendation 34: Cultural safety

A culturally safe workforce is paramount to ensuring the best outcomes for Aboriginal and Torres Strait Islander peoples and we support the recommendations pertaining to cultural safety. This recommendation will also align with upcoming changes to AHPRA and the National Law where AHPRA-registered professionals will need to be culturally safe as a part of their registration.

Recommendation 35: Prioritising Aboriginal and Torres Strait Islander organisations as aged care providers

Wherever possible we feel existing services which are embedded into Aboriginal and Torres Strait Islander communities should be encouraged to expand to provide aged care services. This not only contributes to the provision of services from trusted care providers but also provides benefits to the community overall through increasing employment opportunities.

We are pleased it has recommended a degree of flexibility to ensure already existing Aboriginal and Torres Strait Islander organisations and those wishing to enhance aged care services to Aboriginal and Torres Strait Islander peoples are not disadvantaged. It is important trusted services are able to expand and support their communities and, as such, we support the recommendation for financial and capacity assistance.

Recommendation 36: Employment and training for Aboriginal and Torres Strait Islander aged care

Increasing the number of Aboriginal and Torres Strait Islander aged care workers is essential in establishing a culturally safe workforce and we support this recommendation. We are pleased there is acknowledgement of the need to ensure this is undertaken in partnership with Aboriginal and Torres Strait Islander peoples. We feel this is required to ensure the strategy meets not only the needs of those receiving care but also Aboriginal and Torres Strait Islander people training to be aged care workers.

Part 3.6 Aged care workforce

Recommendation 39: Aged care workforce planning

The APA supports this recommendation. The 10-year strategy is necessary however; we are concerned at the extended timeframe for its development. It is clear that there is a dearth of data about best practice workforce models in the aged care sector to inform future approaches. Yet, this modelling is precisely what is required to understand the complex mix of skills, staffing ratios, training and commitment required in a sustainable aged care sector.

Workforce planning – underpinned by clear career pathways and professional development opportunities – is the key to attracting and retaining high-quality physiotherapists in the sector.

- 39.1c The APA believes this work presents an opportunity to align with the work of the National Rural Health Commissioner.

Recommendation 40: Aged Care Workforce Council

The APA supports in principle the establishment of an Aged Care Workforce Council. We believe the council should include physiotherapy, as the largest allied health profession, in its membership. We also note:

- 40.2a Physiotherapy has well established and respected career pathways and is a highly regulated and self-regulated profession. Further information about occupational profiling is required and the APA believes any occupational profiling of physiotherapy would need to align with existing competencies, and work within existing mechanisms.
- 40.4a The APA believes this recommendation should be expanded to highlight and increase opportunities for advancement including managerial roles for allied health professionals, including physiotherapists.

Recommendation 45: Review of health professions' undergraduate curricula

The APA support this recommendation in principle. Consideration may be given to reviewing post graduate curricula where appropriate. This needs be considered in relation to how much is already in course content already exists within the courses and to align the content between professions.

The exposure to aged care work is critical to attracting practitioners to the sector and clinical placement opportunities should be made a priority.

Recommendation 47: Minimal staff time standard for residential care

The APA believes setting of minutes as a mechanism to ensure adequate care and support is too arbitrary. We support the adoption of a more flexible and individualised case mix approach based on consumer need.

The APA notes the omission of allied health, including physiotherapy, from this workforce recommendation (47.2 and 47.3).

Allied health professionals are an integral part of the residential aged care multi-disciplinary team and contribute to the appropriate skills mix for delivering high quality care.

Recommendation 56: Data governance and an aged care national minimum dataset

The APA strongly supports these recommendations. The APA strongly supports Counsel Assisting's recommendations for introduction of national minimum dataset and other data collection and dissemination in aged care. (19.1bi, 19.1bii; 73)

A national minimum allied health data set to:

- enhance responsiveness to economic and health changes, for example, meeting the needs of an ageing population
- identifying consumers in the aged care system, their diversity, location and needs in order to increase access to healthcare
- assist in planning responsiveness and workforce agility in times of crisis
- Identify areas of acute need, for example by identifying shortages of practitioners, training and other resources in regional and remote areas, and
- enable better workforce planning, and support economic analysis to provide transparency of value for funding and service delivery.

Data collection and analysis to identify the supply and demand factors impacting the physiotherapy workforce will support better understanding of the critical risks and opportunities facing the workforce. Effective data collection will build cumulative insight and consensus on these risks and opportunities to inform future action. The APA believes there is a critical need to improve data collection and analytics across aged care and the related primary and acute health systems.

For data to drive effective policy, it will be important to support the development of minimum datasets and the linking of data across health and aged care, and to support access to the tools for data extraction for allied health providers, specialists and aged care providers.

PART 3.13 Better access to health care

Recommendation 64 Access to specialists and other health practitioners through Multidisciplinary Outreach Services

The APA believes the introduction of the hospital-led Multidisciplinary Outreach Services will increase access to healthcare and supports this recommendation.

Recommendation 67: Short-term changes to the Medicare Benefits Schedule to improve access to medical and allied health services

Many older Australian living in their homes only have access to physiotherapy via Chronic Disease Management plans – and that is limited to a maximum of five sessions shared with other allied health services.

We believe older Australians require at least 12 sessions of physiotherapy to address lack of mobility, but quite possibly more depending on the progression or development of chronic conditions.

The APA believes there is an opportunity to expand the Counsel Assisting's recommendation to create new MBS items numbers for mental health to include other allied health professions, including physiotherapy.

Recommendation 69: Access to specialist telehealth services

The APA supports this recommendation. The introduction of telehealth service delivery during COVID-19 has opened a gateway to health care for many Australians who previously could not access treatment due to their location, mobility, economic status or personal circumstances. We believe all Australians, regardless of location, demographics or socio-economic status, should be able to access high quality and safe care in the environment of their choosing. MBS funding of telehealth has demonstrated that video conferencing consultations for physiotherapy services are safe and cost effective, where clinically appropriate.

The APA is conducting a comprehensive evaluation of telehealth services provided by physiotherapists during COVID-19. The results of the preliminary evaluation show the majority of consumers accessing telehealth services feel safe and secure during and after the consultation. The results suggest that consumers find the services received of a high quality and comparatively effective to face to face.

Overwhelmingly, consumers that accessed telehealth services sought services for chronic conditions and had an established relationship with the provider for that condition – demonstrating that continuity of care had been maintained.

Recommendation 72-73

Recommendation 72: Improving the transition between residential aged care and hospital care

Recommendation 73: Improving data on the interaction of health and aged care systems

The APA strongly supports both recommendations. There is great scope to improve the interface between health and aged care where the needs of older people may not be met due to their location, poor communication and inadequate systems.

Recommendation 75-76

Recommendation 75: Clarification of roles and responsibilities for delivery of health care to people receiving aged care

Recommendation 76: Improved access to State and Territory health services by people receiving aged care

The APA believes all Australians should be able to access high quality and safe care in the environment of their choosing, and living in an aged care home should not be barrier.

The APA strongly supports these recommendations and believes they may help address the inconsistencies of approach to services, including rehabilitation. Continuity of care is very important.

Currently many older people in Commonwealth funded aged care packages are excluded from health care services. We suggest better coordination between state and federal services will ensure people living in residential facilities can access much-needed post-operative rehabilitation, which they currently cannot access. They may need to be funded to provide services via outreach teams.

- 75.1a We recommend removing the word “generally” from this recommendation to remove possible ambiguity about the requirement for the aged care providers to provide allied health services in residential facilities.
- 75.1c Physiotherapists and other allied health professionals are qualified to manage complex cases and we recommend they are specifically included in this recommendation.
- 75.2 The APA strongly supports the amendment of the Quality of Care Principles 2014 to clarify the role and responsibilities of approved providers to deliver health care to people receiving aged care, including but not limited to their particular role and responsibilities to deliver allied health care, mental health care, and oral and dental health care.

Recommendation 84: Immediate funding for education and training to improve the quality of care

The APA supports the funding of education and training across the sector to improve the quality of care of older Australians.

- 84.1b We recommend the inclusion of falls in the list of conditions “to continuing education and training courses (including components of training courses, such as ‘skill sets’ and ‘micro-credentials’) relevant to direct care skills, including, but not limited to, dementia care, palliative care, oral health, mental health, *falls*, pressure injuries and wound management.

Recommendation 88: Case mix adjusted activity based funding in residential aged care

- 88.1 The model proposes no dedicated funding for preventive, reablement and restorative care. We are concerned that without a carved out financial incentive for preventive, reablement and restorative care, it will not occur.

The AN-ACC reassessment study, presented in Report Two, confirms the current availability of reablement and restorative care is limited. Of the 775 residents who were reassessed after 4-6 months, only 6 (0.8%) had participated in a structured reablement or restorative care program during that time. We are concerned by the current limited availability of these services in residential aged care, and this may continue without a dedicated funding stream.

Reablement and restorative care should not be considered a 'nice to have' addition in the variable or fixed component of the funding model. Rather, it should be considered as an integral part of the proposal.

As the AN-ACC model does not stipulate how the fixed and variable costs are distributed or utilised by a residential aged care facility, there is a risk that consumer choice will be diminished and RACFs may prioritise spending on infrastructure or acute services.

- 88.2 The experience of the National Disability Insurance Scheme (NDIS) shows the serious and systemic problems that arise when a price is set that does not cover the true cost of delivering a service. In the NDIS, inadequate prices have resulted in a number of organisations ceasing to provide services, and others challenged to cover funding shortfalls. It is critical that this does not occur with any new funding model for aged care.

A robust analysis of best practice service delivery cost is required to guide annual costing. Costing must reflect and support high value care, including restorative and reablement care, rather than minimal care focusing on pain management.

It is vital the annual costing is determined in consultation with the aged care sector.

Recommendations 90-91

Recommendation 90: Framework for the assessment of funding to incentivise and enablement approach to residential care

Recommendation 91: Reporting of staffing hours

The APA supports these recommendations. In particular, we note:

- 90.1b The APA strongly supports that in order to promote an enablement approach in care at a residential aged care home, a resident should not be required to be reassessed if their condition improves under the care of a provider.
- 91 The APA believes the reporting of staffing hours for services including allied health will help ensure consumers have access to the services they need and to enable data capture. We recommend these hours are broken down by profession across the allied health sectors and made publicly available.

Part 3.17 Effective regulation

Recommendation 112: Strengthened powers for the quality regulator to undertake investigations and inquiries

The APA is concerned about the impact of these recommendations on the health and wellbeing of both consumers and workers.

112.1b,c,d The proposed enter and search without warrant powers, and power to compel the handing over of documents and information, and officers to be examined have the potential to be viewed as extreme. Physiotherapists are concerned about these recommendations and their potential impact on health professionals within their workplace and consumers.

Recommendations 113-114

Recommendation 113: Greater weight to be given to consumer experience

Recommendation 114: Improved complaint management

The APA supports these recommendations in principle. We believe the aged care system needs to be consumer-centred meaning consumers are properly informed about their support and care, involved in decision-making and able to provide feedback and make complaints.

Recommendation 118: Serious incident reporting

The APA supports the development of a new and expanded serious incident reporting scheme that includes all serious incidents, including in home care, regardless of whether the alleged perpetrator has a cognitive or mental impairment, and supports the matching of names of individuals accused of being involved in a serious incident with previous serious incident reports.

Conclusion

The APA believes the Counsel Assisting's Final Report provides proposed recommendations that have the potential to vastly improve the aged care sector. We look forward to the Royal Commission's final recommendations in 2021.

Australian Physiotherapy Association

The APA vision is that all Australians will have access to quality physiotherapy, when and where required, to optimise health and wellbeing, and that the community recognises the benefit of choosing physiotherapy.

The APA is the peak body representing the interests of Australian physiotherapists and their patients. It is a national organisation with state and territory branches and specialty subgroups. The APA represents more than 29,100 members who conduct more than 23 million consultations each year.

The APA corporate structure is one of a company limited by guarantee. The APA is governed by a Board of Directors elected by representatives of all stakeholder groups within the Association.