



AAC – Allied Aged Care

**QLD GOVERNMENT HEALTH AND ENVIRONMENT COMMITTEE
SUBMISSION**

**INQUIRY INTO THE PROVISION OF PRIMARY, ALLIED AND PRIVATE
HEALTH CARE, AGED CARE AND NDIS CARE SERVICES AND ITS
IMPACT ON THE QUEENSLAND PUBLIC HEALTH SYSTEM**

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Blue Ribbon Allied Health Pty Ltd trading as AAC – Allied Aged Care
 ABN: 89634628318
 Level 3/826 Ann Street
 Fortitude Valley, 4006
 PO Box 304 Cooroy 4563
 Phone 1300 574 462
www.alliedagedcare.com.au/doac/



22nd December 2021

Dear esteemed committee members of the Health and Environment Committee,

Preamble - Thank you for the opportunity for our team at [AAC Allied Aged Care](http://www.alliedagedcare.com.au/doac/), a physiotherapy and allied health provider in regional QLD, to provide a submission to the inquiry into the provision of primary, allied and private health care, aged care and NDIS care services and its impact on the Queensland public health system.

Why we are writing a submission to the QLD government

- **We are very concerned** about how our mums, dads, partners and family members living in QLD nursing homes will continue to receive physiotherapy and allied health services after October 2022. **We were contacted by many other concerned Queenslanders to make this submission. You can see their concerns in their own words in our attached Submission letters and comments.** Dozens of people have written similar letters and comments to QLD federal MPs and senators.
- **We've also had 11,970 (at time of submission) sign our [change petition](#) to save physio and allied health in nursing homes. These numbers are incredible and show how many in QLD are concerned given we launched this campaign JUST THREE WEEKS AGO.**
- **Now celebrities Tracey Spicer, David Campese and Danny Green, as well as best-selling authors Dr Joanna Nell, Josephine Moon and many others are supporting our campaign also** We will be lodging with a senator to table in the new year.
- **We are afraid** that under the Federal Governments' new aged care funding model (the AN-ACC), QLD nursing home residents will miss out on physiotherapy and allied health services, which are vital for their care, or the families will have to pay for this themselves and be unable to afford it.
- **We are very worried** about the effect that a lack of allied health in QLD nursing homes will have on the entire QLD health system, especially in regional QLD. Nursing home residents without allied health fall more (55% more without physio). They have more pressure injuries, pain (and therefore pain medication and associated side effects). This leads to more preventable hospital admissions and sadly, even deaths. Falls are the leading cause of death in older people. 37% of all deaths from injury occur from falls, with older people far more likely to die from falls, or have decreased quality of life after a fall, and an earlier death ([source](#))
- **Not having allied health embedded in aged care causes more stress and cost** to the resident, families, nurses and nursing homes as well as more load on the QLD public and private health system, as well as QLD taxpayers. Falls cost QLD taxpayers \$101 million a year. Around 50% of the cost of falls in QLD is hip fractures, almost exclusively older people, and often in nursing homes. There are 10 falls a day of over 65s in QLD hospitals resulting in a fracture, which costs an average of \$15,000 per a person, or \$155000 a day to treat [Source](#) Having a physio and allied health professional regularly in nursing homes can significantly decrease these costs. Physio alone has been shown to decrease falls 55% which in this case could save up to \$55 million per a year in preventable falls.

What are we asking the QLD government to do? We are asking for the QLD government to lobby the Federal Government to ensure that physiotherapy and allied health for nursing home residents is separately funded in the AN-ACC from October 2022. We are asking that physiotherapy and allied health is funded and mandated at 22 minutes per a resident per a day as per international standards and the Royal Commission into Ageing recommendations.

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How have we come to this situation where physio and allied health will disappear in October 2022?

- Our mums, dads and partners in QLD currently living in Residential Aged Care receive physiotherapy and allied health without cost to them delivered via the Aged Care Funding Instrument (ACFI) which has been in place since 2008. Medicare or private health is very rarely used to fund any services in Residential Care in our experience. Before 2008, there was very infrequent allied health in aged care, mostly physio on average at a lot of sites we were at only every 6 weeks.
- After 2008, there was an increase in onsite physios and allied health, because of financial incentives for nursing homes in the ACFI to deliver pain management (mostly massage) from physiotherapists and occupational therapists especially. This is a passive intervention and does not fund specifically exercise and falls prevention, but by having funding in place for pain it at least allows nursing homes to have regular allied health onsite, who can also offer other treatments like falls prevention. There are still nowhere near enough physios especially in regional areas and aged care. Of the 7265 registered physios in QLD as of 30th June 2021, only 1670 of these worked in regional areas Modified Monash Model 2-7 [\(Source\)](#).
- Only 6.54% of physios however work in aged care according to the 2016 Department of Health workforce survey. In QLD in the 2020 DOH workforce survey only 1655 allied health professionals who answered were working in aged care. [\(Source\)](#)
- Aged Care is not a “sexy” profession to work in for physios and allied health, particularly younger physios wanting to work in inner city hospitals and clinics rather than with older people, and in regional QLD.
- The Royal Commission into Aged Care Quality and Safety heard many horror stories about older residents in nursing homes, and failures of standards and care, including many examples of allied health not occurring or being not beneficial to residents. The commissioners found that current allied health levels, including those in QLD, of 8 minutes per a resident per a day, were inadequate compared to international levels of 22 minutes per a resident per a day. Only 2% of Australian nursing homes had this level of Allied Health [\(Source\)](#).
- The commissioners, in their final report, recommended that the ACFI be scrapped and a new funding system, the AN-ACC be adopted. This AN-ACC model, based on research from the AHRSI, included embedded allied health of 22 minutes per a resident per a day.
- The Royal Commissioners also significantly more allied health be funded in Recommendation 38. The Morrison government in May 2021 ACCEPTED this recommendation in their response to the Royal Commission final report, to include allied health in a residential aged care funding model (see below) [\(Source\)](#).

<p>Recommendation 38: Residential aged care to include allied health care</p> <p>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:</p> <ol style="list-style-type: none">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 planCommissioner Briggs: require approved providers to:<ol style="list-style-type: none">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 therapisthave arrangements with optometrists and audiologists to provide services as required to people receiving careprovide funding to approved providers for the engagement of allied health professionals through a blended funding model, including:<ol style="list-style-type: none">a capped base payment per resident designed to cover about half of the costs of establishing ongoing engagement of allied health professionalsan 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	<p>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.</p>
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- Despite agreeing to this recommendation, the Morrison government then when they funded the AN-ACC with a great big \$17.7 billion over five years, could find next to NOTHING for physio and allied health in aged care. Roughly half of funding went on nursing mandated minutes. However only funded \$27.9 million over 4 years for “access to allied health” in the May 2021 budget. This equates to a pitiful 2 seconds a resident per a day of allied health from October 2022.
- As a result of this decision there was widespread concern amongst allied health professionals working in the aged care industry, including QLD, that this would have significant impact on the provision of allied health. The Royal Commissioner, authors of the ANACC and many others said “[allied health was the real loser in the budget](#)”.

The common concern many expressed to us, is that ***If Physio and allied health is not funded separately in aged care, it will be the death of physiotherapy and allied health in QLD nursing homes.*** The need for separate funding for allied health in the AN-ACC was confirmed by OT Australia, SARRAH, ACSA, LASA and Palliative Care Australia in written and public hearing submissions at the Senate Standing Committee on Community Affairs in November 2021 ([Source](#)) . and occupational therapy) every day to older residents living in Residential Aged Care facilities.

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 ([Source](#)). OT Australia said “Many RACFs lack the necessary resources to engage allied health staff, requiring some form of funding assistance to do so, especially smaller, regional facilities. Since AN-ACC omits all reference to allied health, allied health professionals and the residents they currently support fear for the very existence of allied health services in the sector” ([Senate Community Affairs submission](#))

OTA is concerned, therefore, that the Australian National Aged Care Classification (AN-ACC) as currently proposed does not explicitly address allied health services.

Despite its shortcomings, the existing ACFI does explicitly include occupational therapy and other allied health professions, thereby enabling RACFs to at least employ these health professionals. Although they work primarily to the ACFI guidelines, some occupational therapists are able to branch out and provide valuable services to residents and staff.

Many RACFs lack the necessary resources to engage allied health staff, requiring some form of funding assistance to do so, especially smaller, regional facilities. Since AN-ACC omits all reference to allied health, allied health professionals and the residents they currently support fear for the very existence of allied health services in the sector.

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Older Australians set to lose physiotherapy care with physiotherapy job losses ahead

Media Release
Oct 13 2021

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- Despite this evidence, the Morrison government and Department of Health has responded to concerns about this lack of funding by saying the Quality Standards and strengthened compliance will ensure nursing homes in QLD and other states still need to provide allied health. They have not said that Medicare or private health funding will be needed in order to provide allied health. They are simply saying that nursing homes, in financial distress already and faced with workforce shortages, and an average loss of \$2.1 million per a home should provide allied health. [\(source\)](#)
- However, the Morrison government position relies on nursing homes being able to find allied health. As many organisations, including those who have made submissions to this committee have shown, finding allied health is challenging already, especially in regional QLD. As we will go through later in this submission, physio alone was 6500 short of required numbers in 2019 before the COVID pandemic. COVID and an inability for overseas trained staff to travel to QLD worsened this situation, especially in regional QLD. There is simply not the allied health there now to provide a service that isn't funded, no matter what compliance steps federal government put in place.
- Nursing homes are already well aware of this shortage. That coupled with 62% of homes being under financial stress, losing an average \$2.1 million, means that homes are not going to spend money on allied health when they aren't required to, and also won't likely be able to find. As a result Nursing homes are already openly or behind the scenes transitioning to "user pays" models. This is confirmed by groups such as Mirus Australia who advise nursing home stating homes should "workforce plan" and "transition from 4B pain management to wellness programs" i.e. lifestyle officers, physio assistants and yoga classes.
- The Quality Standards however are part of the old ACFI (Aged Care Funding Instrument) model which funds aged care. These standards are so vague and non-specific they are unenforceable which is why we don't have enough allied health right now in QLD. The Quality Standards from this system are not suitable for a completely different funding model with only 13 resident classifications without significant amendment.
- THE NUMBER ONE QUESTION we and nursing home staff who've contacted us get asked by QLD families is "HOW WILL WE GET PHYSIO AND ALLIED HEALTH AFTER OCTOBER 2022, and who will pay?"
- QLD Residents and their families are very concerned about how their mum and dad and partners will get physio and that they will have to pay for this because the Morrison government and Department of Health have not provided specific detail, answers and assurances to their concerns. It is an open secret in nursing home management, advisors and financial planners, that families will end up paying for physio and allied health, despite detailed questions and evidence that we and others submitted to the Senate Community Affairs Committee.
- There are already significant shortages however of allied health across Australia, and particularly in QLD regional areas and nursing homes this shortage is at crisis point. The department of health says "Australians living in rural and remote areas have less access to allied health services than those living in more built-up areas" [\(Source\)](#). This is confirmed by

2020 workforce data that shows 480 FTE allied health per 100,000 of population overall but only 261 FTE allied health per 100,000 in regional and remote areas. ([Source](#))

- This allied health crisis will be worsened in the new year as we get closer to the October 2022 date. Many thousands of physios and allied health working in regional QLD areas will lose jobs, go to casual employment or change fields entirely, dissatisfied with the way they have been treated working in aged care. A lot are based in regional QLD areas also work in NDIS, private practice, see veterans etc. This work is only sustainable because of the aged care work they do. Without funding for allied health, nursing homes won't be the only ones missing out, regional communities will miss out on allied health when they leave as well.



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Allied Health Workforce

- Physiotherapy is the most common allied health profession in aged care. A study in 2019 by Dr Brett et al of 222 aged care physios “found that the narrow and restrictive rules of the ACFI model is the predominant barrier to implementing effective physiotherapy in Australian aged care facilities. The dictative nature and perverse incentives of ACFI prevent allied health professionals from practising autonomously and severely limits choice for aged care residents. As one participant said: “This ridiculous, outmoded model delivers the worst possible outcomes with rewards for disability and limiting physiotherapy input to treatment modalities that are evidenced to be ineffective. Exercise is not funded as a treatment by physiotherapy staff.
- Only 4% of Residential aged care staff and contractors are allied health. [\(Source\)](#). This means that the proportion of allied health working in aged care is already significantly less compared to the overall health workforce. Almost a third of the overall health workforce is allied health according to the Allied Health Professionals Australia [\(Source\)](#).
- However, QLD has less allied health than other states. This was shown in 2020 workforce survey data that showed QLD had only 2037 allied health (employees and contractors) out of 12603 for all respondents of Australia. This means QLD only has 16% of Australia’s allied health workforce despite QLD making up 20% of Australia’s population. [\(Source\)](#) Victoria for example has 3881 out of 12603 (31%) despite only having 26% of Australia’s population.
- AHPRA 30th June physiotherapy report also showed this. QLD had 19.3% of Australia’s physios.

Table 1: Number of physiotherapists (including pandemic response sub-register) as at 30 June 2021

Registrants	ACT	NSW	NT	QLD	SA	TAS	VIC	WA	No PPP ¹	Total
2020/21 total registered physiotherapists	769	11,009	214	7,265	2,928	596	9,268	4,305	1,296	37,650
2019/20 total registered physiotherapists	734	10,850	225	7,044	2,909	568	9,198	4,277	1,308	37,113
% change from 2019/20 to 2020/21	4.8%	1.5%	-4.9%	3.1%	0.7%	4.9%	0.8%	0.7%	-0.9%	1.4%
All registered health practitioners 2020/21	14,895	233,387	8,653	168,279	63,830	18,390	216,134	82,411	19,741	825,720
All registered health practitioners 2019/20	14,209	227,530	8,445	161,813	62,047	17,540	210,730	79,568	19,777	801,659

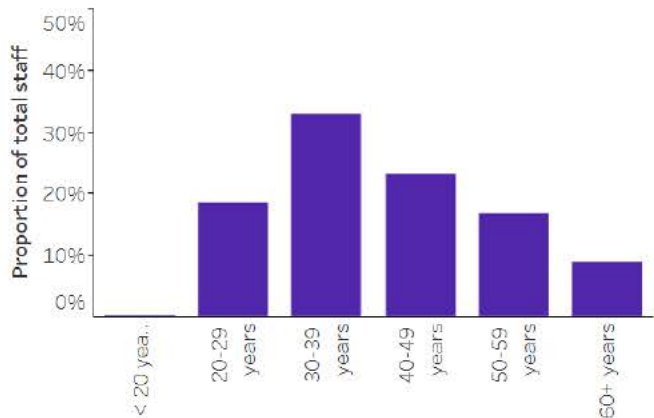
1. No principal place of practice (No PPP) includes practitioners with an overseas or unknown address.

2.04% 29.24% 0.57% 19.30% 7.78% 1.58% 24.62% 11.43%

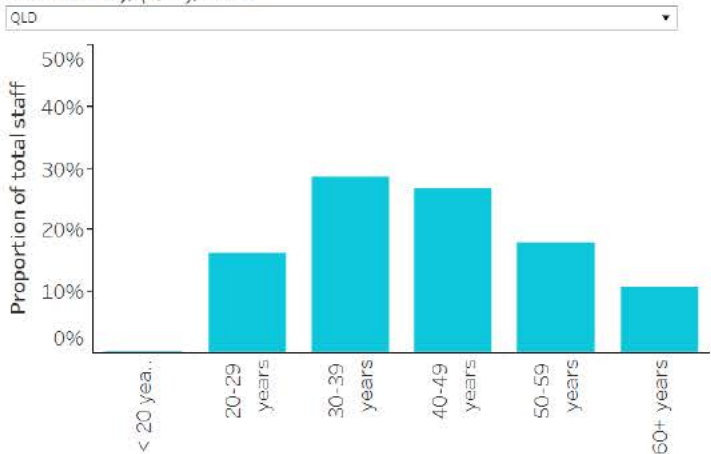
- This was confirmed by 2020 workforce data for QLD “Recruitment and retention of the allied health workforce in remote, rural and even regional areas appears to be a common challenge experienced across all professions with psychology, social work, speech pathology and occupational therapy rating highest in our workforce gap analysis for Queensland this year.” Only 23% of physiotherapists for example work in areas defined as Modified Monash 2-7 compared to 77% who work in MM 1 in QLD [\(Source\)](#)
- The workforce gap for allied health has significantly increased in QLD between 2018 and 2020 especially for allied health working in nursing homes. For example, physiotherapy has increased its gap rating by 55% in three years. Occupational Therapy gap has increased by 37% in 3 years. The two most often mentioned workforce gaps in QLD were around mental health and aged care. The aged care gap in QLD grew 32% between 2018 and 2021 [\(Source\)](#)
- The Final Council Assisting the Royal Commission (ACRC) Report (Volume 2) noted the declining trend in allied health service capacity and the shift toward personal care workers. “The proportion of direct care employees working in allied health roles also dropped from around 7% to around 5%. Over the same period, the proportion of the residential direct care workforce who were personal care workers increased from around 58% to around 70%.”
- The allied health workforce is ageing especially in QLD. Most are over 30 as this data from 2020 workforce survey DOH shows

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Age distribution of RAC direct care staff by job role (Allied Health Professional), Australia, 2020



Age distribution of RAC direct care staff by job role (Allied Health Professional), (QLD), 2020



- Physiotherapists working in residential aged care facilities are highly compromised in their treatment options.” [\(Source\)](#). Time being spent on pain management rather than other physiotherapy interventions such as falls prevention and exercise is confirmed in another ACFI workforce survey, “Australian physiotherapists’ time was spent completing pain management services (46%), non-pain management services (25%) or paperwork and administrative tasks (27%)”. This means 75% of time is spent on pain management or paperwork currently by physiotherapists [\(Source\)](#)
- The Counsel assisting the Royal Commission were very clear that allied health for older people was vital, and stated in their draft proposition that **“An approved provider of a residential aged care facility should be required by law to have a minimum ratio of care staff to residents working at all times. The ratio should be set at the level that is necessary to provide high quality and safe care to the residents in its facility and should include at least 22 minutes of allied health care per resident per day.”**



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 as sent to the Senate Community Affairs Standing Committee

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.

Even the authors of the new funding model had an issue with this omission of allied health from the model they recommended. Professor Kathy Eagar 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. [\(Source\)](#) Anita Westera said, "It has always been our position that allied health should be embedded within the AN-ACC". [\(Source\)](#)

What are you calling for in regard to how to ensure QLD nursing home residents receive allied health?

The Key Message:

To ensure that older people in QLD actually do end up with access to allied health as per the Royal Commission recommendation 38 that the government accepted.

There is a need for the AN-ACC funding model to be amended 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 of 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 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 are funded via NDIS, DVA and Medicare care plans, 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.

<https://www.agedcarequality.gov.au/providers/standards>

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Conclusion

We would like to thank the QLD government and the Health and environment committee for their time considering the needs of QLD nursing home residents, and particularly in relation to the rights of these residents to access physiotherapy and allied health. We believe without inclusion of separately funded physiotherapy and allied health minimum minutes for nursing home residents, that they will miss out on the vital care they need. This will have disastrous effects on the overall QLD health system.


(Blayse) PT

Alwyn Blayse CEO and Principal Physiotherapist
AAC - Allied Aged Care and Campaign Director of death of allied health





***LETTERS AND COMMENTS FROM
CONCERNED QUEENSLANDERS
(In support of submission from AAC – Allied
Aged Care)***

Stephanie L [REDACTED]

Title I am a physiotherapist working in aged care in Rothwell. I have an integral part in the health and wellbeing of every resident I care for here at Peninsula Palms Rothwell. Please do not allow for me to lose my Job and for residents to go without such essential treatments from a highly qualified university trained clinician

to Luke, Matthew, Anthony, Nita, Pauline, Susan, James, Gerard, Malcolm, Paul, Amanda, Larissa, Murray, Greg.Hunt.MP, Senator.Colbeck

Dear Luke Howarth MP,

I am writing to you as my representative because I am concerned about nursing homes in our electorate will get physio and other allied health after October 2022.

Physio and Allied Health are vital for vulnerable older Australians in nursing homes and the introduction of the new funding model the government has announced means older people will miss out on the care they deserve.

I agree with the Royal Commission into Ageing recommendations that residents need MORE Physio and Allied health than the 8 minutes a resident a day they get now, not less. I object to the decision of the Morrison Government to exclude Physio and Allied Health almost entirely in the new funding model that starts in October 2022, which only funds 2 seconds a day.

I am very concerned how older people in our electorate will be looked after in nursing homes after October 2022. I don't believe the government responses to date that nursing homes are required in the Quality Standards to provide allied health, and that there will be more compliance and checks on allied health hours. Nursing homes can't afford allied health without separate funding from government of mandated allied health time. If there is no funding and minimum amount of allied health prescribed, then allied health won't happen no matter how much compliance is put in place. If allied health and physio don't happen, I believe this will be because of the Morrison Government's actions, not nursing homes.

As a voter my family, friends, and people I speak with in our community all want older people looked after. I've attached or can send you names of those I've spoken to about this issue if you would like, so you know they are real voters in your electorate watching how you respond on this important issue.

I am kindly asking you to also pass on our concerns to The Hon Greg Hunt and Senator Richard Colbeck the Ministers for Ageing.

We want Physio and Allied Health to be funded separately with a minimum of 20 minutes per a resident per a day in the AN-ACC model that starts in October 2022. Older people built this country, and we need to make sure our mums and dads get physio and allied health.

Yours sincerely,

Stephanie L
[REDACTED]

Dear Bob Katter MP,

I am writing to you as my representative because I am concerned that after October 2022, all the mums and dads in nursing homes will have less access to allied health services, than the better services they require, and that the Royal Commission into Ageing recommended.

While it has been clear, since its inception, the previous funding model for physiotherapy and occupational therapy services was severely lacking, the new model only funds 2 seconds a day. Such a requirement will almost certainly lead to no more than formalised tick-the-box contract of allied health services. It is quite possible rural nursing homes will not even have access to that meagre level of service.

I am very concerned how older people in our electorate will be looked after in nursing homes after October 2022. Due to the competing needs of a nursing home at any phase of the year, nursing homes will find themselves unable to afford allied health without separate funding from government of mandated allied health time. If there is no funding nor minimum amount of allied health prescribed, then allied health won't happen no matter how much compliance is put in place. If allied health and physio don't happen, I believe this will be because of the Morrison Government's actions, not nursing homes.

I am kindly asking you to also pass on our concerns to The Hon Greg Hunt and Senator Richard Colbeck the Ministers for Ageing.

We want Physio and Allied Health to be funded separately with a minimum of 20 minutes per a resident per a day in the AN-ACC model that starts in October 2022. Older people built this country, and we need to make sure our mums and dads get physio and allied health.

Yours sincerely,

Owen A

[Redacted Signature]

Dear Keith Pitt MP,

I am writing to you as my representative because I am concerned about how mums and dads in nursing homes in our electorate will get physio and occupational therapy after October 2022.

Physio and Occupational Therapy are vital for vulnerable older Australians in nursing homes and the introduction of the new funding model the government has announced means older people will miss out on the care they deserve.

I agree with the Royal Commission into Ageing recommendations that residents need MORE Physio and Allied health than the 8 minutes a resident a day they get now, not less. I object to the decision of the Morrison Government to exclude Physio and Allied Health almost entirely in the new funding model that starts in October 2022, which only funds 2 seconds a day.

I am very concerned how older people in our electorate will be looked after in nursing homes after October 2022. I don't believe the government responses to date that nursing homes are required in the Quality Standards to provide allied health, and that there will be more compliance and checks on allied health hours. Nursing homes can't afford allied health without separate funding from government of mandated allied health time. If there is no funding and minimum amount of allied health prescribed, then allied health won't happen no matter how much compliance is put in place. If allied health and physio don't happen I believe this will be because of the Morrison Government's actions, not nursing homes.

As a voter my family, friends and people I speak with in our community all want older people looked after. I've attached or can send you names of those I've spoken to about this issue if you

would like, so you know they are real voters in your electorate watching how you respond on this important issue.

I am kindly asking you to also pass on our concerns to The Hon Greg Hunt and Senator Richard Colbeck the Ministers for Ageing.

We want Physio and Allied Health to be funded separately with a minimum of 20 minutes per a resident per a day in the AN-ACC model that starts in October 2022. Older people built this country and we need to make sure our mums and dads get physio and allied health.

Yours sincerely,

Desley S

[Redacted signature]

Dear Jim Chalmers MP,

I am writing to you as my representative because I am concerned about how mums and dads in nursing homes in our electorate will get physio and other allied health after October 2022. My mum is still able to live on her own, but it's only a matter of time before she needs additional care, either in home or in a facility. She's had some falls and has arthritis and even though she is still very active for her age, she would benefit from some support for previous injuries and current conditions.

Physio and Allied Health are vital for vulnerable older Australians in nursing homes and the introduction of the new funding model the government has announced means older people will miss out on the care they deserve.

I agree with the Royal Commission into Ageing recommendations that residents need MORE Physio and Allied health than the 8 minutes a resident a day they get now, not less. I object to the decision of the Morrison Government to exclude Physio and Allied Health almost entirely in the new funding model that starts in October 2022, which only funds 2 seconds a day .

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We want Physio and Allied Health to be funded separately with a minimum of 20 minutes per a resident per a day in the AN-ACC model that starts in October 2022. Older people built this country and we need to make sure our mums and dads get physio and allied health.

Yours sincerely,

Kathy B

[Redacted signature]

Stephanie L [REDACTED]

Title I am a physiotherapist working in aged care in Rothwell. I have an integral part in the health and wellbeing of every resident I care for here at Peninsula Palms Rothwell. Please do not allow for me to lose my Job and for residents to go without such essential treatments from a highly qualified university trained clinician

Tue, 21 Dec, 14:18 (16 hours ago)

to Luke, Matthew, Anthony, Nita, Pauline, Susan, James, Gerard, Malcolm, Paul, Amanda, Larissa, Murray, Greg.Hunt.MP, senator.colbeck

Dear Luke Howarth MP,

I am writing to you as my representative because I am concerned about nursing homes in our electorate will get physio and other allied health after October 2022.

Physio and Allied Health are vital for vulnerable older Australians in nursing homes and the introduction of the new funding model the government has announced means older people will miss out on the care they deserve.

I agree with the Royal Commission into Ageing recommendations that residents need MORE Physio and Allied health than the 8 minutes a resident a day they get now, not less. I object to the decision of the Morrison Government to exclude Physio and Allied Health almost entirely in the new funding model that starts in October 2022, which only funds 2 seconds a day .

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Yours sincerely,

Stephanie L
[REDACTED]

Dear Mr O'Brien

I am writing to you because I am worried about the upcoming changes to funding for allied health in nursing homes, which is due to come into effect in October next year (AN- AAC). My mum is nearing the age where she might well need to enter a nursing home and she already has complex pain management needs. These changes suggest she won't be getting the care she needs. I'd appreciate it if you could use your position to advocate for the elderly.

J.S. QLd

.....

Having had my mother and mother-in-law both in residential aged care facilities, I have had the opportunity to experience firsthand the detrimental effects on the body caused by immobility which is well documented. If physiotherapy provides the possibility of reablement and pain reduction, especially in our vulnerable elders, it is something that should not be underestimated and should always be available to those in need. Please don't let our elderly and vulnerable population down.

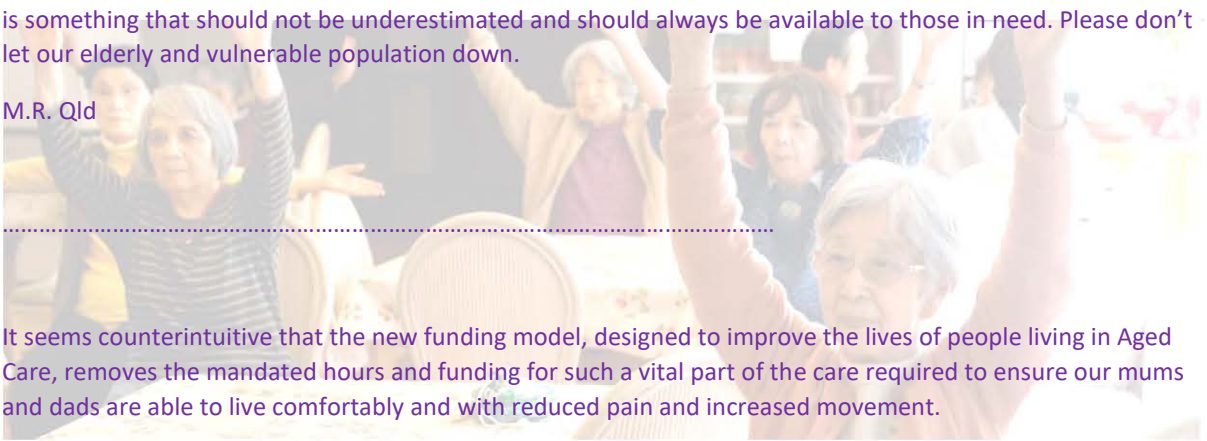
M.R. Qld

.....

It seems counterintuitive that the new funding model, designed to improve the lives of people living in Aged Care, removes the mandated hours and funding for such a vital part of the care required to ensure our mums and dads are able to live comfortably and with reduced pain and increased movement.

The current funding model doesn't provide enough allied health or scope of practice - but fixing it by simply removing it altogether is just creating a much bigger problem. I can't imagine how pensioners are going to be able to afford to pay privately for ongoing services. I think it's horrific that some of our most vulnerable are having funding cut so dramatically in an area that significantly improves their quality of life - and I would like to know how the government plans to address this gap in the AN-ACC.

ML [REDACTED]



QUEENSLAND PUBLIC COMMENTS ON OUR CHANGE PETITION TO SUBMIT TO SENATE (suburb and name and date of signing supplied)

Leanne S [redacted] [redacted] 29/11/2021 "We should be providing every service possible to assist our elderly folk."

Lynne C [redacted] [redacted] 29/11/2021 "I work in ACF's for many years in a number of positions and have observed how effective allied health interventions can be. They were minimised by the introduction of the ACFI in 2014 and it was expected by some that it was a phasing out! Now contrary to the Royal Commission this is being proposed. Why?"

Cathy H [redacted] [redacted] 30/11/2021 "I'm getting older and know I will need this help as older people do now"

linda r [redacted] [redacted] 30/11/2021 "I'm signing because both my partner and I are getting older and believe we deserve good health care if and when we end up in a nursing home."

desley y [redacted] [redacted] 30/11/2021 "I would liked it to be available for mum when in the nursing home. Only available privately but got very expensive when on going fulltime & not in private funds"

Helen N [redacted] [redacted] Australia30/11/2021 "Our elderly are vulnerable and need our assistance. Cut political wages and spend on the needy."

Patricia D [redacted] Australia30/11/2021 "I'm signing it because I am 82 and I will soon be in an aged home"

Rachel R [redacted] Australia30/11/2021 "Thank you for putting this petition together. It's such an important issue."

Suzy K [redacted] [redacted] Australia1/12/2021 "My Mum has now passed but her time in care I saw an incident concerning her to which I reported the incident I witness . Mum had dementia & couldn't tell me about how long it had been happening so angry at the time"

pamela w [redacted] Australia1/12/2021 "This problem needs to be addressed as soon as possible."

JULIE HAustralia4/12/2021

"I have a father in aged care and see first hand how important these services are...both physically and mentally"

Una SAustralia4/12/2021

"We need the elderly to be given good free Health Care. It's these people have helped make Australia with the struggles they had to endure during their young lives & it's an insult that they are having to pay for the hard times"

Casey SAustralia4/12/2021

"Do the right thing."

marcus rAustralia4/12/2021

"Allied health is an essential service in aged care. Allied health have decreased falls prevalence. Increased staff knowledge of pressure care and manual handling. Correct equipment prescription is vital to resident care and maintaining current function without burdening/ increasing staff load."

Sarah CAustralia4/12/2021

"As a retired physiotherapist i totally understand the benefits of our elderly Nursing Home residents receiving phyiotherapy, occupational therapy and other Allied Health proffessionals' care. I have worked in Nursing Homes in the UK and it witnessed first hand how valuable these services are in maintaining or even improving mobility, self-care functioning pain management and helping in respiratory care, as well as preventing undesirable complications such as pressure sores. This has a direct effect on self-esteem and morale of the residents and enables the care staff to perform their duties more easily. The sign or a good, caring society is how we treat our most vulnerable. We will be one of them one day."

Jen MAustralia5/12/2021

"Allied health is essential in residential care"

erin fAustralia5/12/2021

"It is important to help the elderly"

Carolyn MAustralia5/12/2021

"I care for elderly consumers in residential aged care.The Allied health team is a large part of helping the elderly maintain mobility and some quality of life."

Debra FAustralia5/12/2021

"I'm signing because I'm in my 60's and not sure what my future will be. I may be in a nursing home and require these services. I'd like to know the government is there to help me with physical well-being. This is not an area that the government should abolish or decrease. Please listen to aging Australians. We need this to remain the same. Kind regards Debra Finnigan"

Bernice KAustralia6/12/2021

"It's a breach of Australian citizen rights under the TAX ACT 1921"

Lindsay SAustralia6/12/2021

"The days are long and hurtful in nursing homes when an elder has painful conditions. They need care back from the country they've supported all their life."

Marnee KAustralia6/12/2021

"I think this is downright despicable and inhumane to do this to the elderly! Yes something needs to be done about it."

Leah BAustralia7/12/2021

"Because our older generation needs to be looked after. It's called respect and we should all be grateful to them."

Lori CAustralia8/12/2021

"I'm signing because I am of an age where a nursing home could become a possibility in the near future. I would like to know that the Government will be funding Allied Health."


(Blayse) PT

Alwyn Blayse CEO and Principal Physiotherapist AAC - Allied Aged Care and Campaign Director of death of allied health