

# SARRAH

Services for Australian Rural and Remote Allied Health

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ACQSC Independent Capability Review Support Team

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## **Independent capability review of the Aged Care Quality and Safety Commission SARRAH submission**

Thank you for the opportunity to contribute to the *Independent capability review of the Aged Care Quality and Safety Commission*. Services for Australian Rural and Remote Allied Health (SARRAH) strongly supports the Review.

SARRAH is the peak body representing rural and remote allied health professionals (AHPs) working in the public, private and community sectors, across primary and other health settings, disability, aged care, and other service systems. SARRAH was established in 1995 by a network of rurally based allied health professionals and continues to advocate on behalf of rural and remote communities to improve access to allied health services and support equitable and sustainable health and well-being. SARRAH maintains that every Australian should have access to health services wherever they live and that allied health services are fundamental to the well-being of all Australians.

We note the purpose of the Review is to help develop a response *to recommendations 10 and 104 of the Aged Care Royal Commission and The findings will be used to support the Commission's capacity to ensure safe and high-quality care for older Australians now and into the future. The review will identify improvements to support the aged care regulator to undertake strong regulatory activities, embed best practice, increase accountability and to enhance its quality and prudential activities.*

The Purpose of the review, as described in the [Terms of Reference](#), includes the following statement

*The full spectrum of regulatory functions will be considered, across both home care and residential aged care, now and into the future. **This will include all activities that ensure the safety and protection of older Australians, risk monitoring and management, quality monitoring and reviews, compliance intervention, accreditation, approval and audit, financial and compliance reporting, complaints management and resolution, education – of aged care consumers and providers, and engagement/communication with the community.***

(Note: bolding added by SARRAH)

SARRAH supports a thorough, forward-looking review, with a central focus on the role of the Commission (or other similar body) in protecting and enhancing the health and safety of Aged Care recipients.

Allied health is referenced more than 30 times in the [Recommendations of the Aged Care Royal Commission](#), most particularly in:

- **Recommendation 36: Care at home to include allied health care** and
- **Recommendation 38: Residential aged care to include allied health care.**

In the Recommendations the Commissioners were responding to expert evidence produced for the Commission that indicated Aged Care residents were receiving on average eight minutes per day of allied health care. The evidence indicated international best practice was in the order of 22 minutes per day. The Commissioners' recommendations indicate the level of allied health care provided at eight minutes a day on average was not adequate.

Unfortunately, to date the previous and current Federal Governments have not prioritised addressing the need to improve access to and delivery allied health care (such as physiotherapy, speech pathology, mental health support etc) in responding to the Commission's Recommendations. The position of the Department has generally been to suggest adequate funding exists within the AN-ACC (in particular) to enable a standard of 8 minutes a day to be delivered. There is no direct or explicit requirement on providers to deliver a standard of care in this regard.

SARRAH is not aware of the extent of work undertaken by the Aged Care Safety and Quality Commission in relation to allied health, however the Commissioner was asked specifically about these concerns when providing evidence on 25 August 2022 to the Senate Community Affairs Legislation Committee in the [public hearing of the Committee's Inquiry](#) into the *Aged Care Amendment (Implementing Care Reform) Bill 2022* (from pages 34 and 35 of the transcript) – as quoted below:

**Senator RICE:** *Ms Anderson, are you watching very closely to see what the behaviour of the facilities is already, because there is certainly ample evidence of physio contracts being cancelled?*

**Ms Anderson:** *We watch closely, full stop. We have a monitoring brief across the entire sector and for particular services, and in particular we monitor those services which have a high-risk profile. Where we find shortcomings in care and poorer outcomes for consumers, we track that back and reach an understanding of how that is the case. Sometimes it is a shortage of allied health input, sometimes it is to do with other profiling issues in relation to staffing and sometimes it is to do with numbers and capability in terms of their training requirements. The short answer is back where I started. We are watching closely, and we will certainly be looking at a system level and also in relation to individual providers and services.*

In answer to an earlier question on the legislation, referring to the provision of always having registered nurses on site at residential aged care facilities, Commissioner Anderson commented on the Commission's attitude to risk.

**Ms Anderson:** *As Ms Metz has indicated, a provider either will have 24/7 cover or won't, but the consequences of not having it are a matter for the regulator—the commission I lead—to judge in the context of broader risks. We're not just interested in the setting; we're also interested in the outcome.*

Given the Commission's concern about contextual factors and broader risks there appears to be an anomaly between that view of the Commission's role and the apparent lack of action or obvious priority in the decline in allied health services (essential to the maintenance and/or recovery of independence, mobility, cognitive and other capacity related wellbeing indicators) for aged care recipients.

- The Stewart Brown [Aged Care Financial Performance Survey Sector Report June 2022](#) reported (page 16) that the average minutes of allied health care provided per day in 2022 was 5.07 compared with 6.33 in 2021, and further below the average of 8 minutes per day identified by the Royal Commission as delivering inadequate results.

- An associated issue and substantial risk to recipients (and providers) potentially, is whether reported allied health care is being delivered by or under the supervision of a qualified allied health practitioner or is being misreported.
- Further, Industry based analysis reported by Aged Care industry services company *Mirus Australia* in their [September 2022 on-line analysis](https://www.mirusaustralia.com/mirus-industry-analysis-september-2022/) (based on sector reporting) indicated average allied health minutes per day showed average Allied Health minutes per in August was only 2.36 minutes per day, having been **as low as 1.77 minutes** in July 2022.

<https://www.mirusaustralia.com/mirus-industry-analysis-september-2022/>

Workforce management			
	July 2022	August 2022	Change
Care Minutes (PBPD)	140.01	164.63	▲ 17.59%
Non Care Minutes (Hospitality)	24.60	28.66	▲ 16.52%
RN Minutes	22.68	27.69	▲ 22.11%
AIN Minutes + EN minutes	117.33	136.94	▲ 16.71%
Agency Minutes	2.90	4.23	▲ 45.62%
Allied Health Minutes	1.77	2.36	▲ 33.52%
DT/AO Minutes	5.73	7.09	▲ 23.75%
Allied Health and DT/AO combined	7.50	9.45	▲ 26.05%

Notwithstanding, the many factors that might constrain the capacity of the Aged Care Quality and Safety Commission to act or intervene in the face of such a widespread systemic decline in services, identified by the Royal Commission, as being a substantial concern, they should not distract from the clear and evident risk to older Australians associated with this information coming from the sector itself.

The Review will probably identify numerous procedural, resource related, systemic or other factors that may have contributed to situations such as that identified above. Whatever the contributing factors, the Aged Care Quality and Safety Commission (or a similar body) would arguably have an inherent responsibility to identify and act on this information.

SARRAH also encourages the Review to conduct a rigorous analysis of the proper role of the Commission regarding accountability around systemic matters that signal a significant failure of the Aged Care system to deliver appropriate levels of care, include such contextual considerations as widespread and chronic shortage of workforce and service capacity to enable appropriate care to be delivered.

This is not to suggest it would be an appropriate role for the Commission to have an explicit role in detailed aged care workforce and service policy and program development, implementation and distribution. However, where that capacity is insufficient and/or not being engaged to meet the reasonable service

needs of Aged Care recipients on a substantial national or geographic or other basis, it seems consistent with the purpose of the Commission to identify widespread, system risks and shortfalls and take action to have them addressed.

- Those shortages are especially severe in rural and remote Australia, adding to the risks of aged care recipients.
- The present workforce and service shortages across the aged care sector are not new and evidence suggests have been worsening in some respects over many years, with very clear and reported reduction in service delivery and recipient health and well-being.
- Health workforce shortages and maldistribution remain a major obstacle to access and improved health outcomes.

There are further questions relating to the pro-activity of the Commission's risk assessment and mitigation roles and the extent to which it extends specific, reported incidents and takes adequate account of major service gaps.

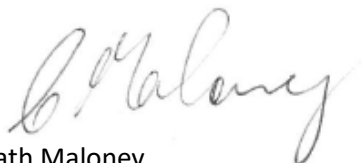
- For example, if someone does not receive the physiotherapy, speech therapy (including swallowing), mental health, hearing, podiatry or other allied health care they might reasonably have been assessed as requiring – is it noticed, looked for or acted on?
- If such a situation were to occur on a systemic scale, would that be identified and acted on?
- If there is an expectation on the Commission to identify such issues and take steps to address them, did this occur in relation to the widespread malnutrition among aged care residents (in particular) as highlighted by the Royal Commission?

Another matter that raises questions about the role and functions of the Commission is the prevalence of falls among aged Australians and the high rate of Emergency Department attendances and hospital admissions associated with falls in nursing homes and aged care facilities.

- Was this situation identified by the Commission, investigated or in any way acted on to address safety and quality issues in the sector?
- If not, what prevented that action and what might be instituted to help address avoidable falls and other potentially catastrophic incidents?

Unfortunately, we have not had the capacity to prepare a more extensive submission to the Review at this stage. We would welcome the opportunity to be further involved in the Review if that opportunity were available. If you would like to discuss issues raised in SARRAHs response or require further information, please contact me at [catherine@sarrah.org.au](mailto:catherine@sarrah.org.au) or Allan Groth at [allan@sarrah.org.au](mailto:allan@sarrah.org.au). More information about SARRAH is available on our [website](#).

Yours Sincerely



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