



# A New Aged Care Act: Exposure Draft (Consultation Paper no. 2)

Submission by

Australian Podiatry Association (APoDA)

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# Australian Podiatry Association

The Australian Podiatry Association (APodA) is Australia's national peak body representing podiatrists.

The Association is steeped in a long history of integrity and community care and advocating for the profession.

The APodA is committed to advancing podiatry to improve foot health in the community and to improve national standards. The positive impact of podiatric care changes the lives of one in five Australians who suffer from foot pain.

It is through the profession's support the APodA can direct advocacy efforts to emphasise removing or minimising barriers to providing a better quality of life for all Australians.

# APodA's Response – Addressing the Aged Care Exposure Draft

The proposed Aged Care Act Exposure Draft signifies a pivotal shift in the legislative landscape governing aged care services, aiming to replace outdated legislation with a more robust framework centred on older people's safety, health, and well-being. By prioritising the needs and preferences of older individuals, the draft seeks to establish a simplified, rights-based regulatory structure, consolidating primary legislation and subordinate rules for greater clarity and coherence.

While the APodA commends the initiative to enhance the protection and quality of care for older Australians, it's imperative to acknowledge the potential flow on impacts these changes may impose on an already strained podiatry workforce. The transition to a new legislative framework demands careful consideration of the practical challenges that allied healthcare practitioners, such as podiatrists, service providers, and regulatory bodies, may encounter during implementation.

## Areas of focus:

1. The role of Independent Professional Advocates must be recognised in the Act

2. Disability supports must be explicitly referenced in the Act

3. Clearer consultation timelines for the Support at Home amendments to the new Act

4. Access to appropriately qualified workers

## WHY AGING FEET MATTER<sup>1</sup>

Foot problems affect between 20 - 45% of older people

Foot problems have been shown to contribute to falls

Foot pain, lesser toe deformities and plantar fasciitis have been contributed to falls

Ill-fitting footwear can impair balance and increase risk of falls

With the government's revitalised focus on the person rather than the condition or service, there is an opportunity to support and drive towards older people's goals to live pain-free and have the standards we all expect<sup>2</sup>.

Podiatry is vital in preserving older people's independence, dignity, and overall quality of life. However, aging brings specific challenges to foot health management and treatment. With the average person striving for 10,000 steps daily, an 80-year-old foot may have traversed over 290 million steps in a lifetime<sup>3</sup>. This extensive use often results in structural changes and compromised foot health.

As our population ages, various factors such as declining eyesight, flexibility, and balance can complicate self-care, particularly when it comes to foot care<sup>4</sup>. Additionally, age-related changes, such as reduced hand strength, can further hinder individuals from reaching their feet or providing necessary care like toenail trimming and treating blisters, calluses, and corns. Furthermore, aging often leads to decreased fatty padding under the heel or ball of the foot, leaving older adults susceptible to pressure-related issues like

<sup>1</sup> Dallimore S, Brown L, Hogg J, Moss R. A pilot study exploring the relationship between memory, foot ulceration and footwear fit in older people. *Maturitas*. 2018;117:76-79. doi:10.1016/j.maturitas.2018.10.001

<sup>2</sup> Aged Care Quality and Safety Commission. Quality Standards. Available from: <https://www.agedcarequality.gov.au/providers/quality-standards>

<sup>3</sup> Podiatry Australia. Submission to the Royal Commission into Aged Care Quality and Safety. February 2020. Available from: <https://www.podiatry.org.au/documents/item/2133>

<sup>4</sup> Mohammad Khani K, Karimizadeh Ardakani M, Mansori MH. Investigating the Relationship Between Lower Limb Flexibility With Motor Function and Risk of Falling in Visually Impaired Individuals. *PTJ*. 2021;11(2):93-102. Available from: <http://ptj.uswr.ac.ir/article-1-457-en.html>

calluses, corns, heel pain, neuromas, and bursitis<sup>5</sup>. Cognitive impairments associated with chronic diseases can exacerbate these challenges, affecting personal care and emphasising the need for specialised foot care services tailored to older adults' needs<sup>4</sup>.

As the aging population continues to grow and more individuals transition to aged care facilities, the demand for podiatry services is on the rise. It is crucial to allocate podiatry resources efficiently to ensure older adults receive timely and comprehensive foot care. By adopting patient-centered approaches, podiatrists can not only address physical foot ailments but also take into account the individual's overall health, lifestyle, and preferences. This personalised approach often involves providing regular assessment, treatment, and care for older patients' feet, which is essential for maintaining independence, mobility, and overall quality of life

## Key Recommendations

### **Recommendation 1: The role of Independent Professional Advocates must be recognised in the Act**

Recognising the role of Independent Professional Advocates in the new Aged Care Act is vital for aged care participants as it ensures their rights, preferences, and quality of care are upheld. These advocates are essential safeguards against neglect or abuse and facilitate patient-centred care by advocating for individual needs and goals. For podiatrists and allied health practitioners, acknowledging the role of advocates is equally crucial. This recognition ensures collaborative care delivery, addresses disparities and enhances communication within aged care settings. By recognising the role of advocates, podiatrists can work more effectively, knowing that residents' holistic well-being and rights are supported, ultimately leading to improved outcomes and quality of life for all participants.

### **Recommendation 2: Disability supports must be explicitly referenced in the Act**

The reference to disability support in the Act affords additional support, ensuring aged care participants that they receive tailored and comprehensive care that addresses their specific needs. This inclusion promotes person-centred, holistic well-being and ensures equitable access to services. Recognising podiatrists offering care in these settings and explicitly recognising Disability supports is essential. This inclusion supports practitioners in planning interventions effectively without financial constraints. Moreover, legal recognition

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<sup>5</sup> Jahss MH, Kummer F, Michelson JD. Investigations into the Fat Pads of the Sole of the Foot: Heel Pressure Studies. *Foot Ankle*. 1992;13(5):227-232. doi:10.1177/107110079201300501

enhances accountability and coordination among healthcare providers, fostering collaboration with disability support services. This collaboration leads to more integrated care plans, improved outcomes, and better advocacy for residents with disabilities. Ultimately, referencing Disability supports in the Act benefits aged care participants and podiatrists by promoting inclusive, coordinated, and high-quality care delivery.

### **Recommendation 3: Clearer consultation timelines for the Support at Home amendments to the new Act**

In developing confidence, credibility and transparency in the New Act and the changes to come, it is vital for podiatrists and other allied health practitioners in aged care that the government provides clearer consultation timelines for the Support at Home amendments to the new Act. This is particularly important as peak bodies need sufficient time to consult with their members and the broader profession. Adequate time for feedback ensures practitioners can contribute valuable insights, advocating effectively for the needs of aged care recipients. Without clear timelines, rushed or incomplete feedback risks overlooking critical issues, potentially resulting in amendments that inadequately address recipients' needs or burden healthcare providers. In summary, providing clear consultation timelines is essential to facilitate meaningful engagement and ensure the profession can effectively advocate for policies supporting optimal outcomes in aged care.

### **Recommendation 4: Access to funded aged Care services being delivered by appropriately qualified, skilled and experienced workers**

It's essential for residents and aged care participants to have access to funded aged care services delivered by appropriately qualified, skilled, and experienced workers to ensure optimal care outcomes. Specifically, the appropriate use of podiatrists within their role is crucial for supporting residents and participants in achieving their goals and maintaining mobility and comfort. Podiatrists play a vital role in assessing, diagnosing, and treating foot-related issues, which can significantly impact an individual's ability to remain ambulant and pain-free by ensuring access to skilled podiatrists, aged care facilities can address foot health proactively, reducing the risk of falls, improving overall well-being, and enhancing residents' quality of life. This underscores the importance of prioritising qualified professionals to deliver specialised care within aged care settings.

## Survey Questions - in Focus

**Some First Nations stakeholders would also like to add a right to stay connected to Island Home in the Statement of Rights. This would be in addition to 'Country'. Do you agree? We would like to get feedback from First Nations people about whether we should include Island Home in the rights and in other parts of the new Act**

Adding the right to stay connected to Island Home in the Statement of Rights, alongside 'Country', is an important step toward respecting and honouring the spiritual, emotional, and psychosocial needs of First Nations people in their senior years. The broader significance of this change offers a commitment to cultural inclusivity and respect, aligning with efforts to create more responsive and equitable aged care services.

By embracing such additions, we acknowledge diverse cultural connections and foster a more inclusive and supportive environment for all aged care participants. This reflects our dedication to evolving practices that prioritise respect, dignity, and the holistic well-being of individuals within aged care settings.

**Do you think the updated definition of high-quality care will encourage providers to do better? Does the definition match your idea for aged care in the future?**

The updated definition of high-quality care presents both opportunities and challenges for providers. While it sets clear expectations and encourages adherence to standards, concerns remain about staffing difficulties and the absence of client responsibilities. Moreover, the inclusion of "aged care home" in certain points may inadvertently limit the scope of care rights. Addressing these issues is crucial to ensure equitable access to quality care for all aging individuals. Ultimately, the definition should evolve to reflect a more balanced approach that considers the complexities of aged care provision and prioritises the well-being and rights of providers and care recipients.

**Do you think a single list of services will make it clearer which services the funded aged care system provides?**

The proposal for a single list of services per care facility is crucial to enhance transparency and accessibility for all residents or aged care participants. This streamlined approach ensures clarity regarding the services available, facilitating informed decision-making for consumers. Confusion is minimised by providing a

comprehensive and easily understandable list of services in plain language, empowering individuals to navigate their options effectively.

Developing a single list of services promotes equity by ensuring that all essential services, including podiatry and other Allied Health services, are explicitly included and accessible to everyone. This initiative aligns with the goal of promoting transparency, inclusivity within the aged care system and individual choice, ultimately enhancing the overall quality of care and support provided to residents.

**What plans would you like to see put in place to make sure there is a smooth change to the new rules around who is eligible for aged care services? And to manage how this affects people who don't meet the rules?**

A clear and timely communication plan regarding action deadlines is essential for all stakeholders. While the proposed rules may reflect current challenges, there exists concerns over the effectiveness of new assessments without addressing funding constraints and staff shortages.

The current waitlist for Home Care Packages has raised concerns from podiatrists surveyed, and the additional assessments required may further exacerbate the workload for providers. Moreover, the requirement for AHPRA-registered staff for higher needs assessments poses potential issues. The absence of information on client contributions is also concerning, potentially excluding some from accessing aged care services. It's imperative to ensure eligibility criteria are well-defined, alongside clear guidance on accessing alternative funding sources like NDIS or Transport Accident Commission (TAC) for those ineligible for My Aged Care funding (MAC). This ensures equitable access to essential aged care services for all individuals in need.

**Do you think there are other services that can or should be available for Aboriginal or Torres Strait Islander people aged 45 to 49 who are homeless or at risk of becoming homeless? Do the current aged care services meet their needs? We would like to hear from First Nations people about their experiences. Or the experiences of their family and community.**

Expanding services for Aboriginal and Torres Strait Islander individuals aged 45 to 49 who are homeless or at risk of homelessness is imperative. Access to public spaces for personal hygiene, like showers and toilets, is crucial, as cleanliness impacts both health and dignity. Additionally, tailored services addressing their

specific needs and access requirements are essential for effective support. While current aged care services sometimes meet their needs, there's inconsistency across geographical areas.

Achieving health equity requires a concerted effort and investment in resources. It's imperative to prioritise the well-being of First Nations people, recognising that addressing their unique needs may require additional funding and time.

### **Is there anything else about the needs assessment process that you think we should include in the laws?**

In refining the needs assessment process, it's crucial to ensure comprehensive evaluations that address cognitive and psychosocial aspects, ideally conducted by a geriatrician. This helps prevent misuse of the Aged Care System and ensures fairness in service allocation. Specifying health concerns eligible for podiatry care within the assessment criteria also enhances clarity and accessibility to necessary services.

Through incorporating these considerations, we promote equitable access to care while safeguarding against potential misuse of resources.

### **Online/Digital platform: What kind of information should aged care digital platforms show?**

Aged care digital platforms should promote and support transparency by displaying essential information, such as the number of staff available to deliver services, allowing consumers to make informed decisions. Additionally, visibility into past and present service usage, allocated budget, assessment dates, and eligibility criteria empowers consumers and facilitates effective communication between providers and clients. Implementing a provider lookup feature akin to the NDIS would further enhance accessibility by enabling individuals to locate approved service providers in their local area easily.

All providers operating digital platforms should be registered, ensuring accountability and adherence to quality standards. Ultimately, these measures promote transparency, efficiency, and improved access to essential aged care services for all individuals.

### **Do you think having 'person-centred' and 'provider-based' types of subsidies reflects the person-centred approach of the new Act?**

The new Act incorporates both 'person-centred' and 'provider-based' subsidies, reflecting its commitment to this approach. By tailoring subsidies to individual needs, the Act aims to ensure proper and accurate services that meet the specific requirements of older persons.

Achieving health equity requires recognising the diversity of needs within the aged care sector. While provider subsidies incentivise adherence to standards and reporting on specific outcomes, it's essential to address the unique challenges different types of providers face. For instance, allocating subsidies for additional costs like sterilising and consumables in certain professions, such as podiatry, can promote fairness and sustainability across the sector. Balancing person-centred and provider-based subsidies enhances the Act's effectiveness in delivering equitable, high-quality aged care services.

In addition, the APodA advocates for service equity, transparency, and empowering the aged care patients and podiatrists who provide essential care and services. By allowing podiatrists to register with My Aged Care (MAC) to provide services directly to participants and bill MAC directly, participants will be offered great choice regarding their health needs and services. Through this patient-centric approach, there is a clear level of patient empowerment. Allowing patients to choose their health professionals instead simply using the ones their case manager assigns to them, thus increasing choice and respect.

### **Are there any other ways you think we could improve the subsidy framework for the new Act?**

Prioritising implementation and adaptability is crucial to enhance the subsidy framework for the new Act. Moving from drafting to practical service provision allows for real-world evaluation and iterative improvements. With the aging population, particularly the baby boomers, demanding more diverse experiences and longevity, the Act must balance the interests of providers and consumers equitably. This entails ensuring fair protection for providers and sole traders, alongside meeting older individuals' evolving needs and expectations. Continuous evaluation and responsiveness to feedback will be essential in refining the subsidy framework to support the effective delivery of high-quality aged care services for all.

**Do you agree with registered providers getting access to extra Government funding that they can use for a particular purpose? This would be rather than using it to deliver specific aged care services. For example, a one-off subsidy payment for extra equipment in a pandemic situation.**

Providing registered providers access to additional government funding for specific purposes, rather than solely for delivering aged care services, is essential for addressing critical needs, especially in emergencies like the COVID-19 pandemic. The pandemic highlighted the strain on organisations in procuring essential equipment like PPE, impacting budget allocations and staff morale. Such targeted funding alleviates financial burdens, enabling organisations to enhance workplace safety and support frontline staff promptly. However, strict governance and auditing measures must ensure transparency and accountability in fund allocation and utilisation.

This approach fosters organisational resilience and facilitates effective response to emergent challenges, ensuring the continued delivery of high-quality aged care services.

## Conclusion

The APodA welcomes the chance to contribute to the discourse surrounding the New Aged Care Act: Exposure Draft. As a member of Allied Health Professions Australia (AHPA), the APodA aligns with its submission.

AHPA's submission predominantly focuses on the ramifications for allied health service provision outlined in the Exposure Draft of the proposed new Aged Care Act. However, it's worth highlighting that certain sections of the Exposure Draft remain undrafted, and critical elements slated for inclusion in the Rules have yet to be released for consultation. This presents a challenge in providing comprehensive feedback with absolute certainty, as the complete picture is still unfolding.



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