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Dear Sir/Madam

Re: New Aged Care Act Rules – Release 1 – Service list

Stroke Foundation is a national charity that partners with the community to prevent stroke, save lives and enhance recovery. We do this through raising awareness, facilitating research, and supporting survivors of stroke. Stroke Foundation is dedicated to empowering health professionals to deliver high quality best-practice care to stroke patients. We advocate for better systems, processes and resources to help health professionals deliver world class stroke care.

In 2023, an estimated 45,785 Australians experienced stroke,¹ and there were more than 440,000 survivors of stroke living in our community.¹ Unless action is taken, it is estimated by 2050, Australians will experience almost 72,000 strokes annually.¹

Ageing is the strongest non-modifiable risk factor for stroke, and older survivors of stroke have higher mortality, morbidity, and poorer functional recovery than their younger counterparts. In 2023, 75 percent of Australians who had a stroke for the first time were aged 65 years and over.¹

For survivors of stroke, their families and carers, the experience of navigating the aged care service system mirrors that of the broader community. They often describe the system as complex, confusing and fragmented, requiring contact with multiple agencies, and an understanding of a system with which they have had little or no previous contact. The result is that many survivors of stroke do not receive the services and care they need to support their independence. Survivors describe this as feeling as if they are 'falling into a black hole'. Often, they may only receive care when acutely unwell, rather than rehabilitation that may improve their recovery and increase their independence.

As the voice of stroke in Australia, Stroke Foundation welcomes the opportunity to provide input on the care and services that will be available to older Australians, including survivors of stroke, under the new Aged Care Act.

Please see our response below which outlines our key concerns with the Service list.

Part 2—Definitions

5 Definitions

For many survivors of stroke, the health impacts due to stroke remain well beyond their discharge from hospital. Importantly, recovery after stroke can occur over several months, and even years, with many survivors reporting that adjusting to the impacts of stroke is a life-long journey. Issues with strength, sensation, range of movement and coordination are common post-stroke, and can result in loss of body control and movement dexterity, impacting an individual's ability to walk, use their hands and arms in daily tasks such as showering or personal grooming, as well as their speech or swallowing. Changes in communication can also occur after a stroke, with many survivors struggling to express themselves or to understand others. Other common post-stroke disabilities include 'hidden' impairments, such as mood disorders, fatigue, and changes in

cognition. Some survivors have difficulties with memory, learning, or focusing on, planning or sequencing tasks, which can impact their ability to complete daily tasks such as getting dressed, or more complex activities such as driving.

Every stroke recovery journey is unique, and rehabilitation is a proactive, person-centred and goal-oriented process that should begin the first day after stroke. Rehabilitation should be timely, equitable and comprehensive and have as the ultimate aim that the person with stroke will maximise their function and achieve the highest possible level of independence — physically, psychologically, socially and financially.²

Rehabilitation should be provided by a specialised interdisciplinary team of health professionals throughout the care continuum.² A variety of allied health professionals, including physiotherapists, occupational therapists, speech pathologists, dietitians, social workers, psychologists and exercise physiologists, play a critical role in stroke rehabilitation and recovery, and optimise the function and independence of survivors of stroke.

We note that the **definition of an allied health professional** in the Service list Consultation Draft is ‘a person who is registered under the National Law in an allied health profession’, which includes professions regulated through the National Registration and Accreditation Scheme (NRAS) that is maintained by the Australian Health Practitioner Regulation Authority (AHPRA). Importantly, it does not include allied health professions that are self-regulated, including speech pathology, dietetics, and exercise physiology, where the accreditation process is managed by the relevant professional peak body, supported by the National Alliance of Self Regulating Health Professions (NASRHP), which maintains benchmark standards in alignment with (or in some cases modelled on) NRAS standards. **This definition should be broadened to include self-regulating allied health professions that play a critical role in treating and caring for older Australians, including survivors of stroke.**

Part 4—Aged care service list

Division 2—Home support service types

32 Allied health and therapy

We know that an unacceptable number of survivors of stroke in Australia do not undergo an assessment to determine their need for rehabilitation.³⁻⁵ In 2023, only 83 percent of stroke patients were assessed for rehabilitation while in acute care, and 66 percent of these patients were found to have ongoing rehabilitation needs.⁵ Of those who are assessed, and are identified as requiring rehabilitation, only a small proportion are able to access the amount and type of rehabilitation services they need, either in in-patient or community settings.^{3,4} The 2024 Stroke Foundation National Stroke Audit Rehabilitation Services Report showed that the average therapy time for survivors of stroke was only 10 hours per week, significantly lower than the recommended levels.⁴ For those survivors of stroke who are able to access the rehabilitation services they need, many will have ongoing deficits post-rehabilitation, and will need further allied health support in order to improve their quality of life and live well. This support will vary depending on an individual’s needs.

Currently, older Australian survivors of stroke in aged care face challenges when trying to access the specialised allied health services they need, or the right amount of services, to maximise their functional gains and achieve their desired goals, for a variety of reasons.

Stroke Foundation, together with the Australian and New Zealand Stroke Organisation (ANZSO), co-chairs the Australian Stroke Coalition (ASC), which brings together groups and organisations working in stroke treatment and care to tackle agreed priorities, reduce duplication amongst groups and strengthen the voice for stroke treatment and care at a national and state and territory level. The ASC, in its position statement on ‘Addressing the needs of older Australian survivors of stroke in aged care’, has recommended that the Australian Government implement a new aged

care funding model to ensure all older Australian survivors of stroke in aged care have access to services that address their assessed needs.

Importantly, in the Service list Consultation Draft, one of the requirements for allied health services that will be delivered as part of the new 'Support at home' program, is that they are for the **management of conditions related to age-related disability or decline**. Stroke Foundation is concerned that based on this description, survivors of stroke may not be eligible to access allied health services as part of the 'Support at home' program in order to address their stroke-related disability.

Division 8—Residential care service types

60 Residential clinical care

A previous review of the literature failed to identify any indicators (clinical or otherwise), including setting, that could be used to definitively confirm someone as ineligible or unlikely to benefit from rehabilitation.⁶ Australian data has shown that clinicians prioritise rehabilitation for survivors of stroke who are expected to be discharged to the community, rather than residential care.⁷ In addition, residential aged care facilities do not have sufficient funding to cover all of the allied health needs of survivors of stroke, and in fact, allied health professionals deliver just one percent of individual care time in residential aged care facilities.⁸ Therefore, the only option older Australian survivors of stroke living in residential aged care currently have if they want to access allied health services, is to pay for these services out of pocket, which is something many survivors and their families cannot afford.

We note that in the Service list Consultation Draft, individual rehabilitation or allied health therapy programs that will be delivered in residential aged care will include **ongoing maintenance therapy**, and if needed, **more focused restorative care therapy on a temporary basis**, aimed at maintaining and restoring an individual's physical ability to perform daily tasks for themselves. Importantly, **intensive, long-term rehabilitation services** required following a serious illness for example, are not included in the list of services that will be delivered in residential aged care. Stroke Foundation is concerned that based on this description, not all survivors of stroke in residential aged care will be able to access the allied health services they need to address their stroke-related disability. **We suggest broadening the individual allied health therapy programs that will be delivered in residential aged care to include longer-term restorative care therapy.**

In summary, Stroke Foundation commends the Department of Health and Aged Care on its work to date to develop a new model for aged care in Australia, and bring about real and long-lasting structural reform that will enable the aged care system to better meet future demands. Importantly however, we believe there are opportunities to refine the current Service list to better ensure older Australians, including survivors of stroke, have access to appropriate care and services that are person-centred, optimise their wellbeing and quality of life, and support their independence.

Thank you for the opportunity to provide input into this consultation.

Yours sincerely



Dr Lisa Murphy
Chief Executive Officer
Stroke Foundation

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