The use of rehabilitation services by private nursing homes in Nottingham

Sir—The recent UK guidelines, Enhancing the Health of Older People in Long Term Care [1], recommend multi-disciplinary rehabilitation. However, the document fails to address the differences between policy and practice and the inequality of access to services [2–4].

We have surveyed access to and use of rehabilitation services by nursing homes in Nottingham.

Our questionnaire included items on use of rehabilitation and other services (e.g. chiropody, dietetics, audiology) and the three most common reasons for referral to these services. We sent questionnaires to all 81 nursing homes (providing 2467 beds for elderly people) registered with the health authority. We sent non-responders a repeat questionnaire 1 month after the initial contact. We telephoned the 24 homes that still had not responded and asked them to complete a shortened questionnaire describing the use of physiotherapy, occupational therapy and social activity services. All gave this information.

Fifty-seven (7%) of the 81 homes returned the questionnaires; the remaining 24 (30%) completed the shortened questionnaire by telephone, giving a response rate of 100% for those questions.

Three reasons for referral were given by each of the respondents for each discipline; 112 reasons were given in all (Table 1).

Only two homes contacted the occupational therapist for advice on aids and appliances and for the treatment of dressing problems. Surprisingly, two homes referred residents to the social activity organizer for depression and one referred those with breathing difficulties to an alternative therapist.

We found that only one of the occupational therapists and four of the physiotherapists identified by the homes were qualified: the rest were social activity
organizers with no formal qualifications and, in one instance, an unqualified ‘physiotherapist’.

Most homes reported using the hearing, ophthalmic, dietetic and chiropody services, but only infrequently. Physiotherapy was reportedly provided often in 64% of the homes, which is similar to other surveys [2, 4]. Only one-third of homes reported making use of a speech and language therapist or an occupational therapist. Of the services not normally available to elderly people living at home, social activity organizers were used at half of the homes and an alternative therapist at one-quarter of them.

None of the staff interviewed was providing aids and appliances effective in reducing physical decline, improving quality of life or reducing healthcare expenditure [5]. There appears to be confusion between occupational therapy and social activity, which was confirmed by the reasons for referral.

Our study was limited to one city, which reduces its generalizability. Only a small number of interviews were conducted with qualified staff. However, some of the problems encountered during the research (such as the inability of the staff to identify an occupational therapist) indicate that there are some educational obstacles to providing rehabilitation services in nursing homes.

We doubt whether the Royal College of Physicians’ [1] guidelines, especially those for ‘overcoming disability’ can be implemented in Nottingham. It also seems that the quality of occupational therapy or physiotherapy in nursing homes is not comparable with National Health Service care, where practitioners have to be qualified and registered, and will soon have to demonstrate continuing professional development.


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