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Commentaries: The availability and use of allied health care in care homes in the Midlands, UK

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The demographic trends of continuing growth of the number of older people will lead to an increasing need for long-term services such as nursing homes. The intensive work delivered by the rehabilitative services provided in the nursing homes includes care by a variety of allied health care personnel, including physiotherapists, occupational therapists, speech and language therapists and dieticians. Allied health care plays an important role not only in the scope of improvement of health conditions, but also in the increase in self-coping strategies of residents. In this article, the authors address the important issue of older people living in care homes not receiving the appropriate levels of allied health care.

In the Netherlands, we performed a national study to examine how many nursing home residents receive physiotherapy and the extent to which the provision of physiotherapy varies across homes (De Boer et al, 2007). We found on average 69% of residents were receiving physiotherapy, which is a rather high percentage in comparison with the international literature.

This high percentage is probably partly owing to the fact that physiotherapists are almost always employed by Dutch nursing homes, making referral easier compared to the more complex system of accessing external specialist health care described by the authors for the UK. However, despite this relatively straightforward system of internal referral to the physiotherapist by the nursing home physician, the percentage of residents receiving physiotherapy ranged significantly from 35% to 90%. Since we controlled for residents' characteristics, this difference could not be explained by a variation in the characteristics of the nursing home population, but was mainly explained by the availability of physiotherapy.

In the Netherlands, nursing homes are mainly covered by the Exceptional Medical Expenses Act, including the allied health care provided. In addition, residents contribute to the nursing home, depending on their personal financial resources or income. Inequalities in the financial resources of nursing homes owing to differences in the socioeconomic background of their residents, may therefore explain some of the differences in the availability of physiotherapists. However, in agreement with the authors, we expect that funding is only part of the issue of inequality of care received. Divergent management policies of the nursing homes may also play a role, and allied health care facilities will not always be given priority by management.

Another important finding in our study was the fact that the chance of residents receiving physiotherapy differed within one and the same nursing home (Leemrijse et al, 2007). Residents admitted for rehabilitation and residents living on a somatic ward were more likely to receive physiotherapy than residents admitted for long-term care or residents living at a psycho-geriatric ward, irrespective of their medical diagnoses. Without wanting to deny the great need of most residents admitted for rehabilitation for physiotherapeutic treatment, this suggests a potential under-use of physiotherapy for long-term residents with cognitive problems. Probably, therapists assume that treatment is less effective for this group. However, there is evidence from the literature that residents with cognitive problems and residents receiving long-term care may also benefit from physiotherapy (Diamond et al, 1996; Przybylski et al, 1996; Heyn et al, 2004; Rolland et al, 2007).

Participating therapists and nursing home physicians in our study suggested that the fact that no standard procedures exist for the assignment of physiotherapy might explain the differences in the provision of physiotherapy, both between and within nursing homes. This suggestion led to a new study in which we developed criteria for referral to physiotherapy in the nursing home, based on evidence found in the literature. The central aim of these criteria is to structure the process of detecting the need for physiotherapy of older nursing home residents. We agree with the authors that care home staff should know when to refer to allied health care professionals. In the criteria that we have developed, the nursing staff plays an important role in detecting health problems in residents, which might be influenced by physiotherapy, while eventual decisions on providing physiotherapy are made by the physiotherapist and the nursing home physician.

Hopefully, structuring the process of detecting the needs of residents will reduce the inequality in access to these health-care services for this vulnerable group of people, because it offers an opportunity to claim the care that is needed. Finally, we emphasize the need for more research on the effectiveness of allied health care for older people, so that a consensus can be reached on the optimal availability rates of these services in nursing homes, based on available evidence and tuned to the demand.

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