

Extending Rehabilitation to Long Term Care Home Residents in the UK

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United Kingdom

The United Kingdom of Great Britain and Northern Ireland, commonly known as the United Kingdom and Britain, is a sovereign state located off the north-western coast of continental Europe. [Wikipedia](#)

Capital: [London](#)

Dialing code: 44

Area: 243,600 km²

Population: 62,641,000 (2011) [World Bank](#)

Government: Hereditary monarchy, Constitutional monarchy, Parliamentary system, Unitary state

GDP: 2.432 trillion USD (2011) [World Bank](#)

Points of interest



Stonehenge



Big Ben



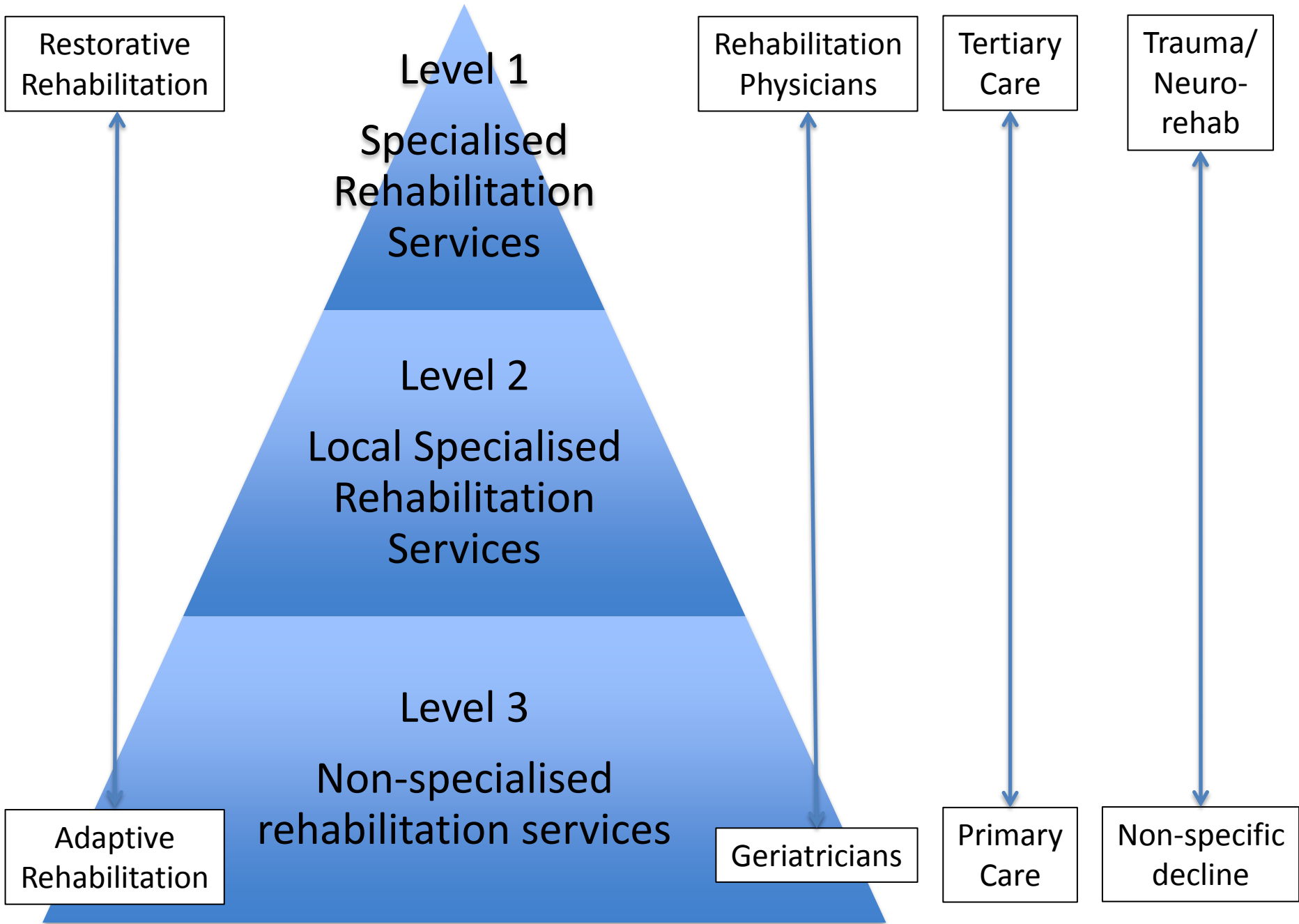
Buckingham
Palace



London Eye



Alton
Towers



Restorative Rehabilitation

Level 1

Specialised Rehabilitation Services

Rehabilitation Physicians

Tertiary Care

Trauma/ Neuro-rehab

Level 2

Local Specialised Rehabilitation Services

Level 3

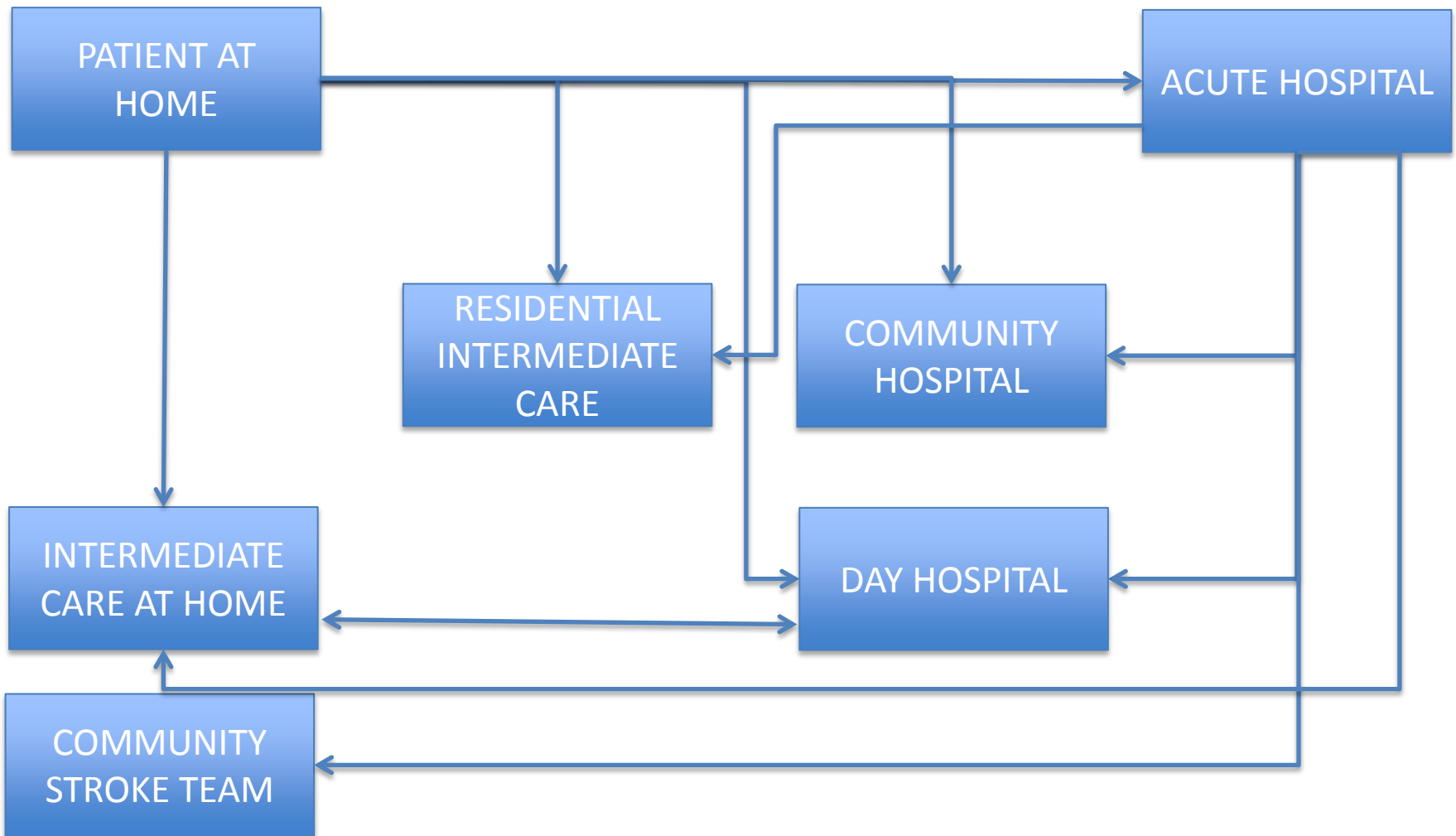
Non-specialised rehabilitation services

Geriatricians

Primary Care

Non-specific decline

Adaptive Rehabilitation



“COMMUNITY”



“HOSPITAL”

“PRIMARY CARE”

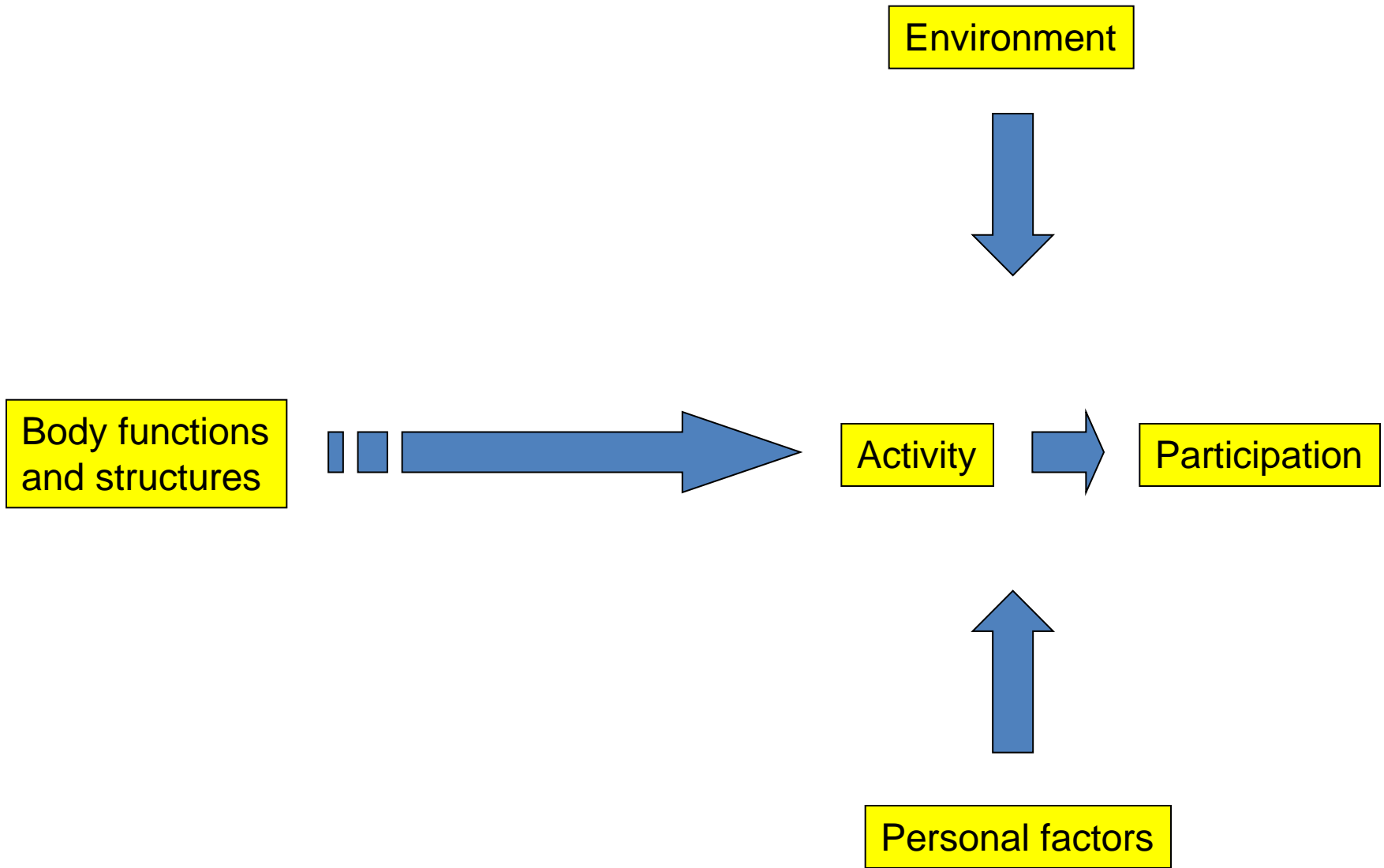


“SECONDARY CARE”

“LESS ACUTE”



“MORE ACUTE”



Perspective

Comprehensive geriatric assessment – a guide for the non-specialist

T. J. Welsh*, A. L. Gordon and J. R. Gladman

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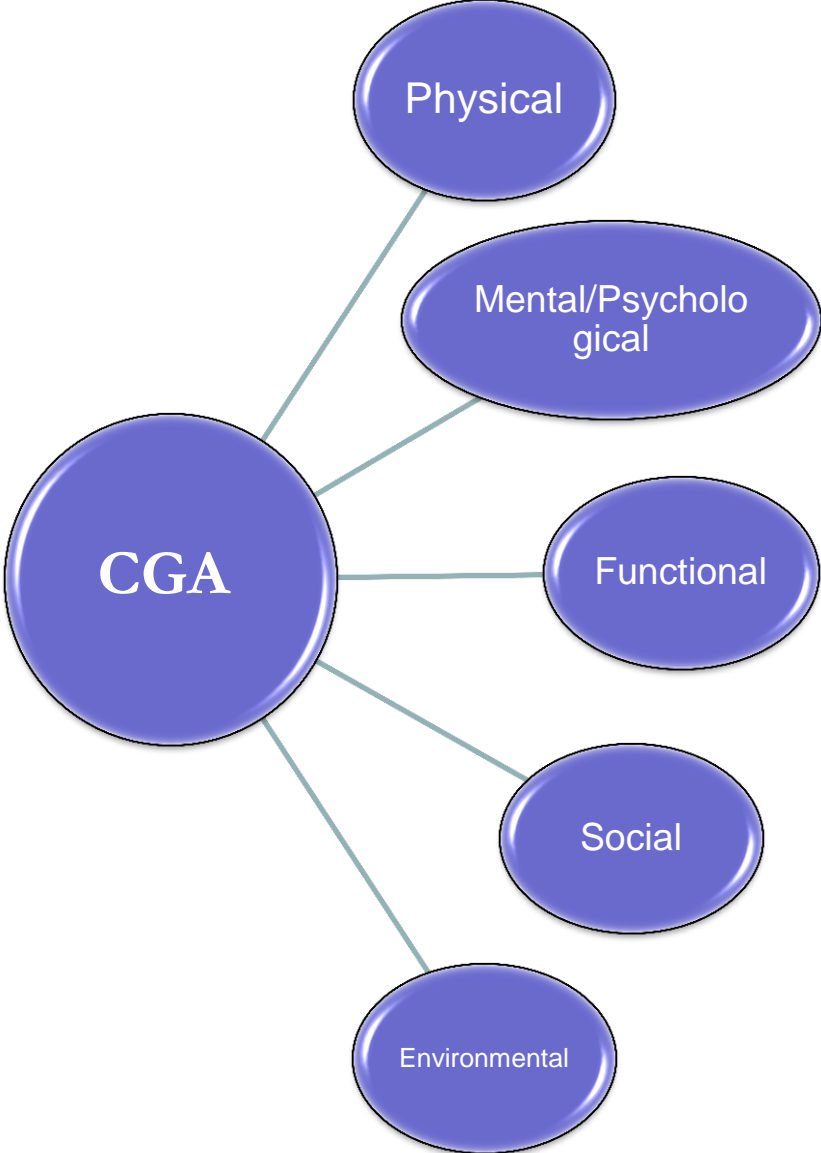


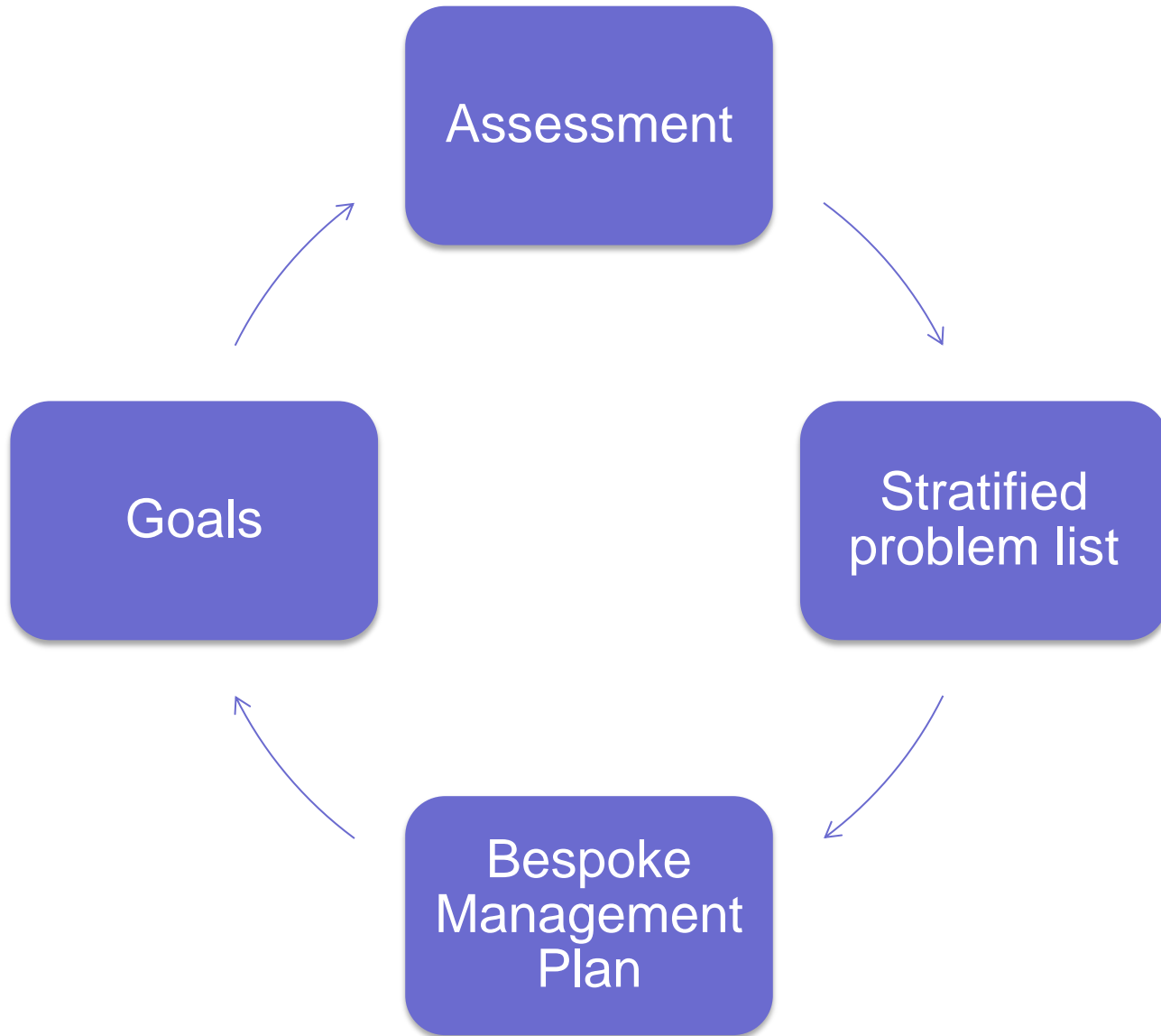
Issue



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290–293, March 2014**









Provision of NHS generalist and specialist services to care homes in England: review of surveys

Steve Iliffe¹, Susan L. Davies², Adam L. Gordon³, Justine Schneider⁴, Tom Dening⁴, Clive Bowman⁵, Heather Gage⁶, Finbarr C. Martin⁷, John R.F. Gladman⁸, Christina Victor⁹, Julienne Meyer⁵ and Claire Goodman¹⁰

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What currently happens

- General practitioner:care home ratio between 30:1 and 1:1.
- Some doctors did weekly clinics, while others visited only on request.
- Up to 8 different types of nurses providing in-reach services
- 25% of regions reported unequal access to physiotherapy and occupational therapy
- 35% reported unequal access to district nursing

Age and Ageing 2014; **43**: 97–103
doi: 10.1093/ageing/aft077
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Health status of UK care home residents: a cohort study

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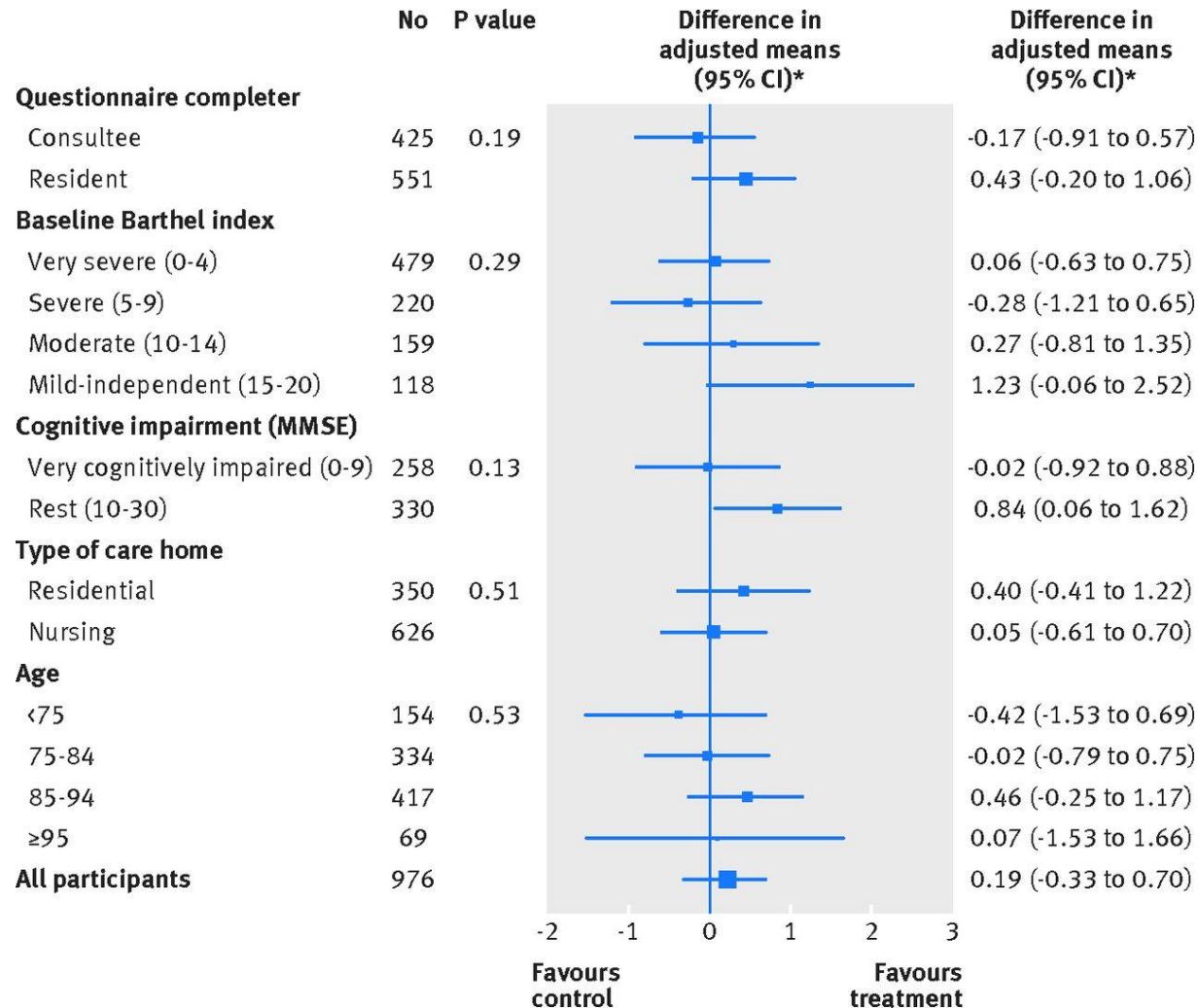
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Some headline figures....

- Median Barthel Index – 9
- Median MMSE - 11
- Average number of diagnoses – 6.2
- Median number of medications – 8
- 2/3 had some form of behavioural symptom
- 30% malnourished
- 56% at risk of malnutrition
- Average life expectancy
 - 1 year for nursing homes
 - 2 years for residential homes

Fig 3 Exploratory subgroup analysis: comparison of Barthel index at three months. *Type of care home means were adjusted for care home as a random effect and baseline Barthel index score and trial administrative centre as fixed effects.



Catherine M Sackley et al. BMJ 2015;350:bmj.h468




Does a functional activity programme improve function, quality of life, and falls for residents in long term care? Cluster randomised controlled trial

Ngair Kerse, associate professor,¹ Kathy Peri, research fellow,² Elizabeth Robinson, biostatistician,³ Tim Wilkinson, professor of geriatric medicine,⁴ Martin von Randow, statistician,⁵ Liz Kiata, research fellow,¹ John Parsons, research fellow,² Nancy Latham, senior research fellow,⁶ Matthew Parsons, senior lecturer,² Jane Willingale, research fellow,⁷ Paul Brown, associate professor,⁷ Bruce Arroll, professor of general practice and primary health care¹

Exercise for depression in elderly residents of care homes: a cluster-randomised controlled trial



Martin Underwood, Sarah E Lamb, Sandra Eldridge, Bart Sheehan, Anne-Marie Slowther, Anne Spencer, Margaret Thoroood, Nicky Atherton, Stephen A Bremner, Angela Devine, Karla Diaz-Ordaz, David R Ellard, Rachel Potter, Kathleen Spanjers, Stephanie J C Taylor

 OPEN ACCESS

An occupational therapy intervention for residents with stroke related disabilities in UK care homes (OTCH): cluster randomised controlled trial

Catherine M Sackley,¹ Marion F Walker,² Christopher R Burton,³ Caroline L Watkins,⁴ Jonathan Mant,⁵ Andrea K Roalfe,⁶ Keith Wheatley,⁷ Bart Sheehan,⁸ Leslie Sharp,⁹ Katie E Stant,⁶ Joanna Fletcher-Smith,² Kerry Steel,¹⁰ Kate Wilde,⁹ Lisa Irvine,⁹ Guy Peryer,⁹ on behalf of the OTCH trial investigators

“Do we expect too much from this predominantly frail population, with a high incidence of cognitive impairment, depression, and dementia, to respond to individual activity based interactive interventions?”

“Observations from therapists administering the intervention were that the level of adaptive equipment in use in the participating care homes was relatively low and highly variable”

“Future research needs to identify applicable criteria to promote an enabling environment within care homes”

The Falls In Care Home study: A feasibility randomized controlled trial of the use of a risk assessment and decision support tool to prevent falls in care homes

**CLINICAL
REHABILITATION**

**Gemma M Walker^{1,2}, Sarah Armstrong³,
Adam L Gordon², John Gladman², Kate Robertson⁴,
Marie Ward⁵, Simon Conroy⁶, Gail Arnold²,
Janet Darby², Nadia Frowd⁷, Wynne Williams⁸,
Sue Knowles⁹ and Pip A Logan^{2,5}**

Robinson et al. *BMC Geriatrics* 2014, **14**:65
<http://www.biomedcentral.com/1471-2318/14/65>



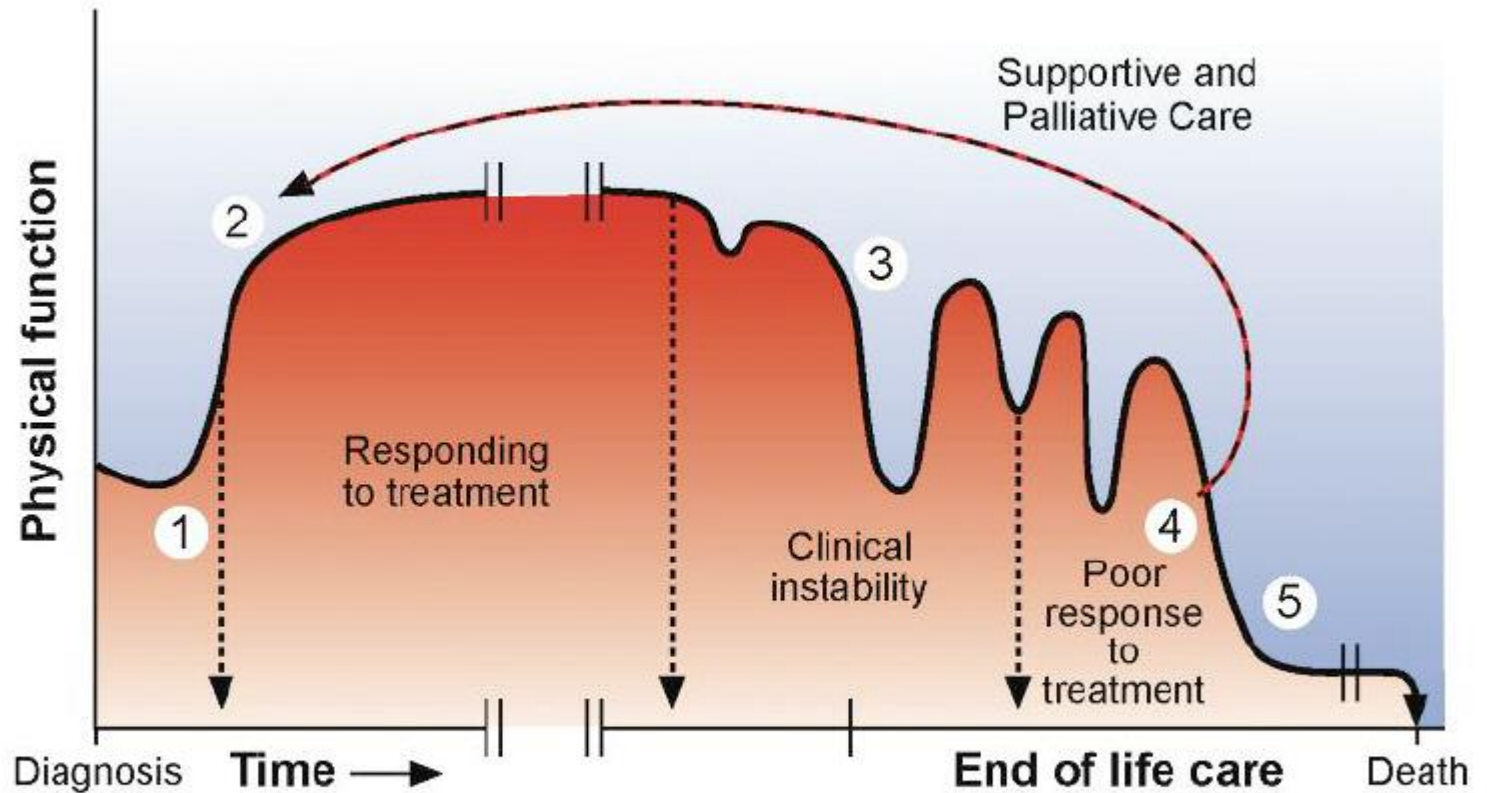
RESEARCH ARTICLE

Open Access

Developing the principles of chair based exercise for older people: a modified Delphi study

Katie R Robinson^{1,2*}, Paul Leighton³, Philippa Logan², Adam L Gordon^{1,2}, Kevin Anthony⁴, Rowan H Harwood^{1,2},
John RF Gladman^{1,2} and Tahir Masud^{1,2}

Managed decline



Formative Care: defining the purpose and clinical practice of care for the frail

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Symposium review

J R Coll Physicians Edinb 2015; 45: 148–53

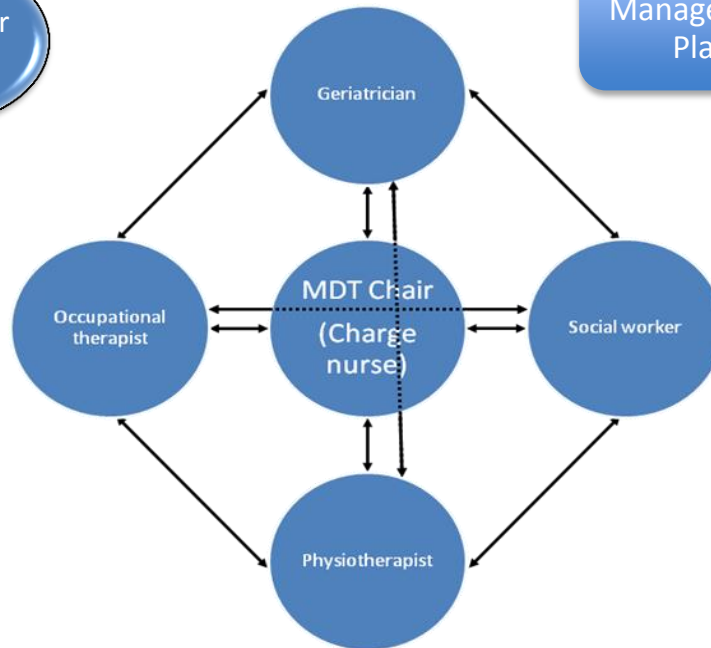
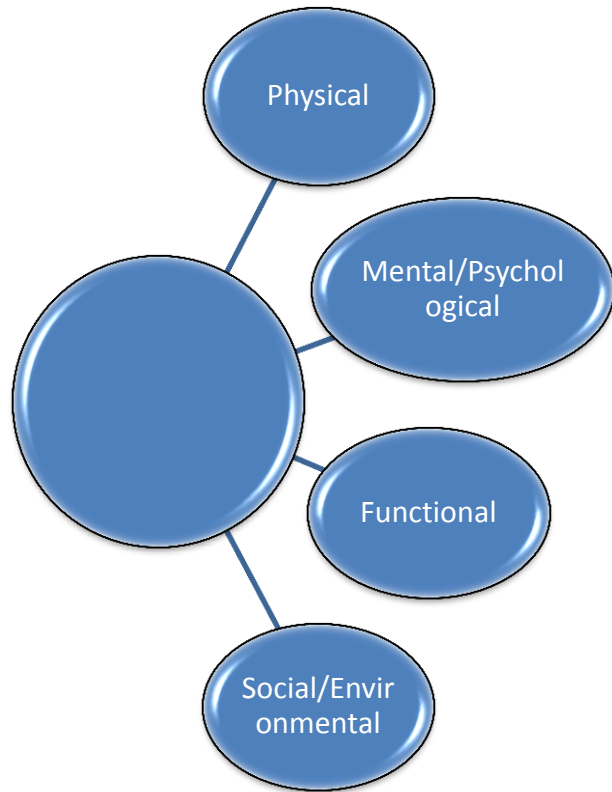
<http://dx.doi.org/10.4997/JRCPE.2015.213>

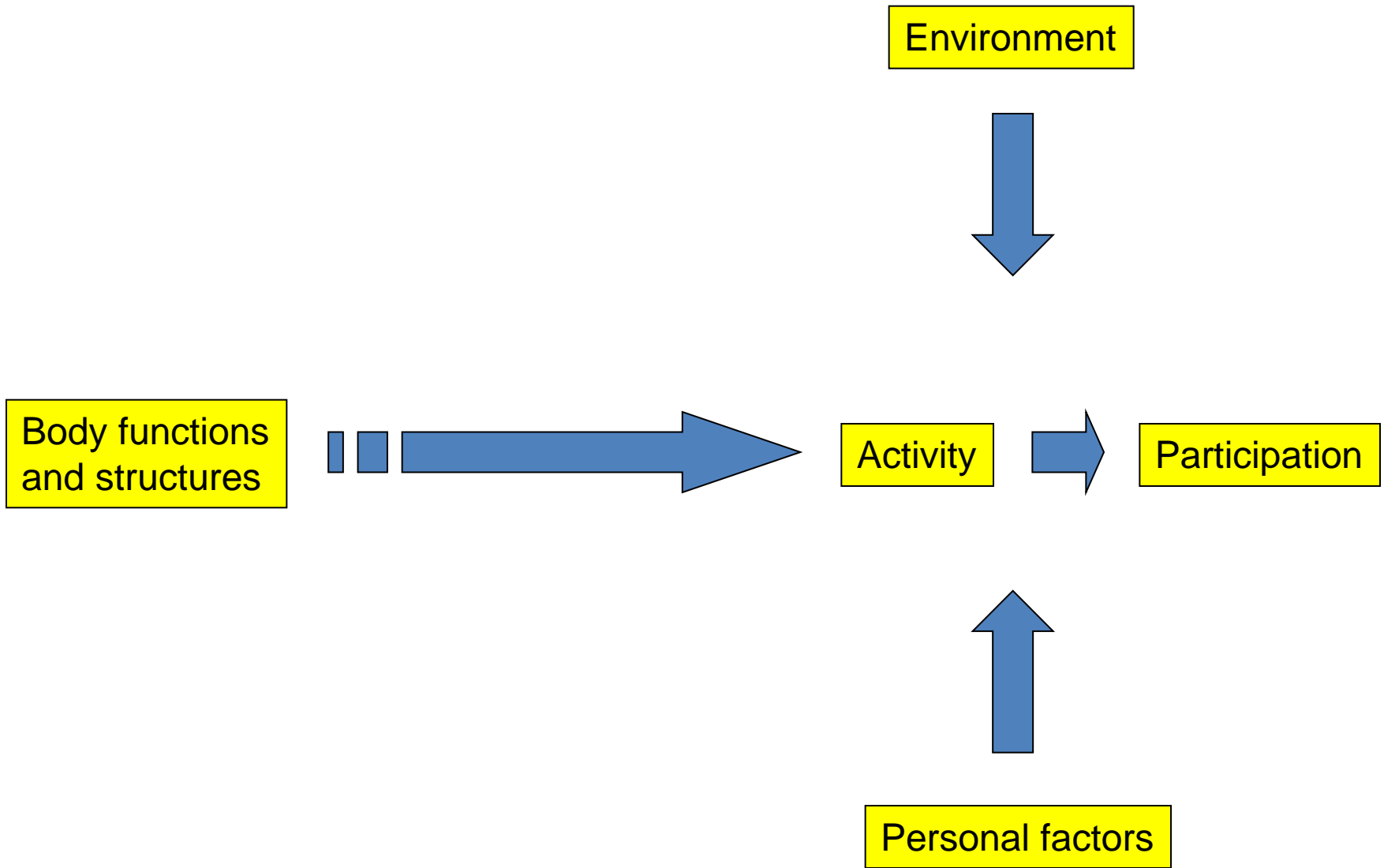
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What is the case for care home medicine? The geriatrician's perspective

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Conclusion

- Rehabilitation probably has a place in UK care homes.
- But perhaps only in its broadest sense.
- For all rehabilitation interventions:
 - What it might be SMART to achieve?
 - What will appropriate outcome measures look like?