

Freedom of Information Act 2000

Wiltshire Health & Care LLP Response to Information Request

Date Request Received: 27th March 2023

FOI Ref: 21_22-23

Requested Information

Review of rehabilitation of patients presenting with upper limb weakness following a neurologic event, such as a stroke, head injury or spinal cord injury.

Response

Thank you for your request for information as detailed below, together with our reply.

Ref:	Question:	Response:
1	Do you currently use a device for repetitive task training (RTT) as part of upper limb rehabilitation? If so, please indicate device name and supplier.	Saebo flex dynamic hand splint Microstim electrical stimulation
2	What is the average length of therapy per patient per session (in minutes)?	45 mins
3	Do you monitor outcomes: intensity and adherence (%) for this type of therapy?	Monitor for clinical changes, not intensity or adherence of use specifically in %. Patients independent use and practice is discussed inc. barriers
4	What are the limitations of current devices?	Only appropriate for small amount of patients. Both saebo and microstim require a level of motor activity but hindered by spasticity. Patients very often require assistance to get them on. Require a reasonable level of cognition and motivation.
5	What are the funding sources (Allocated budget? Spend limit before panel approval?) and procurement routes (direct purchase, rental, framework, tender...) for this type of rehabilitation devices?	Both standard stock as rehab resources within the service. Consumables ordered by service budget when required (ie electrode pads and saebo liners).

6	What are the criteria of selection for this type of devices? REHAB AT HOME –	Use of criteria developed by manufacturers- require 10-20' active finger flexion, adequate PROM at finger and wrist. Ideally shoulder and elbow activity to be able to perform more tasks for training. Cognitive ability, motivation, carer to support if required to assist. No exclusions as per electrical stim advice (pacemaker, active cancer at site, poorly controlled seizures, poor skin, pregnant).
7	Do you provide devices to patients for remotely monitored RTT at home? If not, please explain why?	No devices available for remote monitoring
8	If yes, are these devices portable and would they be suitable for diverse environment (chair, table, wheelchair, or bed)?	N/A
9	Alternatively, do you recommend devices or services to patients, for home RTT therapy? If so, please indicate device name and supplier.	N/A
10	What is the average length of therapy per patient per session (in minutes)?	N/A
11	Do you monitor outcomes: intensity and adherence (%) for this type of home therapy?	N/A
12	What are the limitations with current home devices?	N/A
13	What are the funding sources (Allocated budget? Spend limit before panel approval?) and procurement routes (direct purchase, rental, framework, tender...) for this type of home rehabilitation devices?	N/A
14	What are the criteria of selection for this type of devices?	N/A

Exemption(s)

NA

Attachment(s)

NA

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