

FOI REF: 23/215

26th April 2023

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FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

Enquiry for Post Acute Inpatient & Community Stroke Rehabilitation teams.

REHAB IN COMMUNITY SETTINGS

- 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.***

Intermediate Care

Device use within rehabilitation is dependent on the patient's need. There are a number used within Intermediate Care to include: Saebostim, Saeboflex, saeboglove – supplied by Saebo. A mobile arm support can be used and therapist for upper and lower limb exercise.

Community Stroke Rehabilitation

The Trust's Community Stroke Rehabilitation Team currently have a Sabeo One, and electrical stimulation devices that has been approved by the Trust's Procurement department. This is used alongside both functional activities and repetitive task training in the stroke upper limb group running currently at Firwood House, Eastbourne.

- 2. What is the average length of therapy per patient per session (in minutes)?**

Intermediate Care

Stroke guidelines are up to 45 mins of rehabilitation and non-stroke patients are provided between 30-45 mins of rehabilitation however these sessions are based on the individual's needs.

These interventions are carried out by registered and non-registered therapy staff. Intermediate care promotes a 24/7 approach to rehabilitation which includes support from our rehabilitation nursing team.

Community Stroke Rehabilitation

30 minutes in group work.

3. **Do you monitor outcomes: intensity and adherence (%) for this type of therapy?**

Intermediate Care

Therapy teams complete a database around rehabilitation dosage on a daily basis. This highlights duration and number of staff required to support Physiotherapy, dietetics, Speech and Language Therapy and Occupational therapy sessions. It also shows when a patient has not received therapy input and provides a reason. In addition to the database, all staff are required to document in the patient's medical notes daily.

Community Stroke Rehabilitation

The outcome measurement we have used is the stroke capacity upper limb scale before and after 8 week group sessions.

4. **What are the limitations of current devices?**

Intermediate Care

Some devices cannot be used by patient's alone and may require support to set up or monitor use.

Community Stroke Rehabilitation

High tone in the upper limb.

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?**

Intermediate Care

These devices are not single use. They are not rented out to patients and are only used within the rehabilitation setting. Should we require further devices, funding can come via charitable bids or within service budget depending on price.

Community Stroke Rehabilitation

Allocated budget for electrical stimulation, and the Sabeo One approval by procurement panel via allocated budget.

6. What are the criteria of selection for this type of devices?

Intermediate Care

Following assessment by a qualified therapist, the use of a device will be prescribed based on the need of the patient to support them to achieve their rehabilitation goals. Devices are not used with every patient as are based on need.

Community Stroke Rehabilitation

Clinical reasoning / stroke guidelines.

REHAB AT HOME

7. Do you provide devices to patients for remotely monitored RTT at home? *If not, please explain why?*

Electrical stimulation devices that have been approved by procurement in the Trust, this is used alongside both functional activities and repetitive task training in the patients homes as part of their rehabilitation client lead goals.

8. If yes, are these devices portable and would they be suitable for diverse environment (chair, table, wheelchair, or bed)?

They are portable and suitable for diverse environments.

9. Alternatively, do you recommend devices or services to patients, for home RTT therapy? *If so, please indicate device name and supplier.*

We do not recommend specific devices.

10. What is the average length of therapy per patient per session (in minutes)?

30 minutes.

11. Do you monitor outcomes: intensity and adherence (%) for this type of home therapy?

Functional tasks reviewed with quality of range of movement and return of functional tasks.

12. What are the limitations with current home devices?

High tone, cognitive impairment to follow instructions correctly of terms of use.

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?

Allocated budget for electrical stimulation.

14. What are the criteria of selection for this type of devices?

Clinical reasoning of therapists and referenced by stroke guidelines.

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours sincerely

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Corporate Governance Manager
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