

Item: Orthotic Services and Neurorehabilitation

By: Kay Goldsmith, Scrutiny Research Officer

To: Health Overview and Scrutiny Committee, 17 July 2024

Subject: Orthotic Services and Neurorehabilitation

Summary: This report provides the response to a Member enquiry. It is a written briefing only and no guests will be present to speak on this item.

Recommendation: The Health Overview and Scrutiny Committee is asked to NOTE the report and its contents.

1. Introduction

1.1. In late 2020, the Chair asked the NHS two questions about orthotic and neurorehabilitation services. He wanted to understand:

1.1.1. How the care offered meets the NICE guidance for the basic management of spasticity for the under 19's.

1.1.2. How the guidelines for the intensive rehabilitation for under 19's for post brain surgery are met, including physiotherapy.

1.2. Due to a combination of pandemic pressures and finding the most appropriate service, a response has taken some time to achieve. However, answers are now available and are shared below for the Committee's information.

2. Background

2.1. **What is neurological rehabilitation?:** Neurological rehabilitation aims to improve function, reduce symptoms and improve the wellbeing of people with diseases, trauma or disorders of the nervous system. Two physiotherapy techniques used to improve upper limb function and reduce spasticity after neurological damage are constraint-induced movement therapy (CIMT) and functional electrical stimulation (FES).

2.2. **What are the local services for neurological rehabilitation in Kent and Medway?:** There are different providers across Kent and Medway, such as Kent Community Health NHS Foundation Trust (KCHFT), Kent and Medway NHS and Social Care Partnership Trust (KMPT), and various acute trusts. The regional neuroscience centre is at King's College Hospital in London.

2.3. **What does NICE recommend for stroke rehabilitation?:** NICE recommends considering CIMT for people with stroke who have some movement of wrist and fingers, and a trial of electrical stimulation for people who have muscle contraction but cannot move their arm against resistance.

- 2.4. What are orthotic services and what are the challenges?:** Orthotic services provide prescription insoles, braces, splints, and other devices that help people recover from or avoid injury or live with lifelong conditions. Nationally, there is a shortage of staff and data, as well as a large variation in waiting times, product entitlements and outcome measures.
- 2.5. What has been done to improve the quality of orthotics services in England?:** In 2015, NHS England released guidance to help local CCGs address service variation. Locally, Medway NHS Foundation Trust orthotic service was the first in the UK to be a Centre of excellence for the provision of orthotics.
- 2.6. What is the referral pathway for accessing services?** Referral criteria for KCHFT's Children's Therapies is available on their website, [Children's Therapies | Kent Community Health NHS Foundation Trust \(kentcht.nhs.uk\)](https://www.kentcht.nhs.uk/Childrens-Therapies). Referrals for physiotherapy and occupational therapy must be made by a health, education or social care professional.

3. Response from KCHFT

3.1. How the care offered meets the NICE guidance for the basic management of spasticity for the under 19's.

- 3.1.1. Kent Community Health NHS Foundation Trust (KCHFT) confirmed that their Children's Therapies inclusion criteria was for children aged 0-19, and included post head injury with spasticity impacting on their gross motor and/or function. The criteria was as follows:
- 3.1.1.1. Present with an identified neurodevelopmental condition or physical disability, which is impacting on or has the potential to impact upon their gross motor development and/or function.
 - 3.1.1.2. Demonstrate non-typical development of posture and movement resulting in difficulties with movement and functional skills (e.g. asymmetry, abnormal muscle tone).
 - 3.1.1.3. Present with developmental delay (e.g. not sitting independently by 8 months, not walking by 18 months).
- 3.1.2. The levels 2 – 5 care pathways were followed for patients receiving a referral. An integrated pathway was used based on an assessment of a child's needs.
- 3.1.3. The level 5 care pathway was for urgent referrals received from a professional within a hospital setting. The response time was within 5 working days. There would be an immediate intervention of up to one month following major surgery/Botox intervention/tertiary centre discharge. This could be a responsive and integrated approach adhering to the basic management of spasticity in 0-19's; postural management including equipment as necessary, orthoses, graded therapy activities and individualised programme with task orientated functional activities, as well as the integrated therapy team.

3.2. How the guidelines for the intensive rehabilitation for under 19's for post brain surgery are met, including physiotherapy.

3.2.1. Following an initial period on a level 5 Care Pathway, a patient's care can be continued on a Level 4 care pathway for Parents – Early and School Years. This could include:

3.2.1.1. Ongoing intervention and review – a child/young person may require therapy equipment, regular home/nursery/school support and medium to long term therapy involvement.

3.2.1.2. Rehabilitation according to referral and guidance from Consultant/Specialist/Tertiary centre and with child's needs at centre, through a holistic, integrated approach;

3.2.1.3. Postural management including equipment as necessary, orthoses, graded therapy activities and individualised programme with task orientated functional activities, hip surveillance, integrated therapy team assessments, blocks of treatment across variety of settings, according to the patient's need and agreed Care Pathway.

3.2.2. If prolonged intensive rehabilitation is required, this is greater than KCHFT's service offer, and currently an individual case would need to be raised.

3.2.3. KCHFT are not a specialist head injury service, however children presenting with neuro-disability affecting their ability to function and participate, would be included in their neuro-disability caseload.

3.2.4. Following a traumatic brain injury, any subsequent acute surgery or Botulinum Toxin occurs at a specialist / tertiary centre such as The Evelina Children's Hospital, London and Kings College Hospital, London. There would be collaboration across the multi-disciplinary team within the Integrated Care System.

3.3. Recommendation

3.3.1. RECOMMENDED that the Committee consider and note the report.

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Background Documents

- [NICE Spasticity in under 19s: management](#), Clinical guideline [CG145]
Published: 25 July 2012 Last updated: 29 November 2016
- [Head injury: assessment and early management](#), NICE guideline [NG232]
Published: 18 May 2023

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