

Agenda Item 9

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Nottingham and Nottinghamshire Clinical Commissioning Groups

Report to	Health Scrutiny Committee for Lincolnshire
Date:	19 February 2020
Subject:	NHS Rehabilitation Centre Stanford Hall

Summary:

A strategic planning document called a pre-consultation business case (PCBC) has been developed for an NHS Rehabilitation Centre at Stanford Hall and outlines the case, in preparation for consultation, for a new clinical facility that will be part of a National Rehabilitation Centre.

The NHS Rehabilitation Centre is a proposal for a new state of the art NHS facility that will sit alongside the Defence Medical Rehabilitation Centre, at Stanford Hall Rehabilitation Estate (SHRE) near Loughborough and is planned to open February 2024. The National Rehabilitation Centre includes a research and innovation hub, education and training centre and clinical facility and is expected to be a catalyst for the transformation of rehabilitation services across the East Midlands Trauma Network.

The NHS proposal has been made possible through a donation of land and approval from the Government for capital funding for the clinical facility. The NHS Rehabilitation Centre will have state of the art facilities including 64 clinical beds across three wards. It is expected that the new NHS Centre will help to address a current gap in specialist rehabilitation by increasing capacity across the East Midlands Trauma Network including treating a wider cohort of patient conditions.

The Nottingham and Nottinghamshire CCGs are intending on holding a six week consultation in order to inform the decision on whether to take forward the option of a NHS Rehabilitation Centre, including the proposed transfer of existing services to the new facility. The proposal is currently progressing through the NHS England Assurance Process as part of Planning, Assuring and Delivering Service Change which will inform the next steps.

Actions Required:

To provide feedback on the proposal.

1. Background

The clinical commissioning groups (CCGs) in Nottingham and Nottinghamshire, along with Nottingham University Hospitals NHS Trust (NUH), are preparing a Pre-Consultation Business Case (PCBC) on the proposed development for the NHS Rehabilitation Centre Stanford Hall, on the same site as the military centre. This is part of a wider vision for a National Rehabilitation Centre (NRC) that will consist of an NHS clinical service, an education centre and research and innovation hub on the Stanford Hall Rehabilitation Estate, near Loughborough.

The Defence Medical Rehabilitation Centre (DMRC) at Stanford Hall opened in 2018. The Stanford Hall Rehabilitation Estate (SHRE), as the estate is now known, was conceived from the outset as an opportunity where serving defence personnel and NHS patients could all benefit from a bespoke state-of-the-art environment for rehabilitation where facilities and expertise could be shared.

The proposal outlines the case for a new 64-bed clinical facility which will support NUH as a Major Trauma Centre and as such, provide services to the East Midlands Trauma Network including the NHS in Derbyshire, Lincolnshire, Leicestershire and Nottinghamshire. Detailed planning consent has been received for the proposed NRC and the Government has agreed an allocation of £70m capital funding specifically for an NHS Rehabilitation Centre on the Stanford Hall Estate.

It is proposed that the NHS Rehabilitation Centre would provide the opportunity for an increased number and a wider cohort of patients to access rehabilitation. The proposal for the NHS Rehabilitation Centre will result in a net increase of 40 rehabilitation beds across the East Midlands Trauma Network and the facilities will allow for a clinical model providing services to patients with fractures following trauma and other conditions, where currently rehabilitation is provided predominantly for neurological patients.

Provision is to be managed within existing budgets and it is expected that this can be achieved by transferring services and beds from NUH and through the cashable benefits of rehabilitation.

Context and Case for Change

There is a substantial body of trial-based evidence and other research to support both the effectiveness and cost effectiveness of specialist rehabilitation for neurological conditions and injuries.¹ Despite their longer length of stay, the cost of providing early specialist rehabilitation for patients with complex needs is rapidly offset by longer term savings in the cost of community care, making this a highly cost-efficient intervention². Applying a recent study to the opportunity for additional neurological capacity, cost efficiency is demonstrated

¹ Turner-Stokes L, Disler PB, Nair A, Wade DT. Multi-disciplinary rehabilitation for acquired brain injury in adults of working age. Cochrane Database of Systematic Reviews July 2005, 20(3): Cd004170. Updated 2015.

² Turner-Stokes L, Williams H, Bill A, Bassett P, Sephton K: Cost-efficiency of specialist inpatient rehabilitation for working-aged adults with complex neurological disabilities: a multicentre cohort analysis of a national clinical data set. *BMJ Open* 2016, 6 :e010238

through net lifetime savings for informal and formal care costs of the unmet need for neuro patients equating to £39,269,237. The evidence is not as available for the cost-efficiency for patients receiving specialist in-patient rehabilitation for a fracture however it is recognised that a multi-disciplinary approach to rehabilitation after major trauma can optimise care, minimise mortality and provide a framework for an accelerated post-injury programme.

There is currently no national strategy for rehabilitation and this has resulted in disjointed services across each region which creates delays in the pathway rather than a smooth transition in a timely manner between acute care and rehabilitation. This is particularly relevant where there is a Major Trauma Centre as with NUH, impacting on accessibility in the East Midlands. A series of reports have identified that the UK and in particular the East Midlands are underprovided for in rehabilitation. In the East Midlands rehabilitation bed provision is at 31% of the level recommended by the British Society of Rehabilitation Medicine (BSRM) indicating a shortfall of 174 beds across the region. Owing to the under provision, patients endure long waits for access to rehabilitation and often need to be repatriated to their local district hospitals or trauma units from a Major Trauma Centre, to wait for a specialist rehabilitation bed to become available.

Specialist rehabilitation services are commissioned and provided across two different levels based on complexity of need. Level 1 and 2a services are the most complex and are provided across a wider area than level 2b services. Within current services across the East Midlands Trauma Network, specialist rehabilitation is only accessible to neurological patients with a level 1 unit in Leicestershire, level 2a units in Leicestershire and Lincolnshire and level 2b units in Nottinghamshire and Derbyshire. Patients are referred to services based on complexity of need however access may be impacted by location and waiting times.

It is expected that the proposal will deliver a step change in the provision of rehabilitation services for the East Midlands Trauma Network by addressing the following:

- Creating a high-quality centre of rehabilitation excellence
- Contributing to a deficit in rehabilitation capacity
- Improving access to services
- Improving outcomes and the patient experience through a new clinical model
- Ability to respond to changes in future service needs and models
- Reducing pressures on the acute bed base
- Reducing system financial pressures and providing a saving to the health and social care system and wider economy by:
 - reducing waits in acute beds
 - reducing the overall length of inpatient stay
 - delivering better outcomes, reducing the need for ongoing health and social care costs
 - returning more people back to work, contributing significantly to the economy through taxes and increased spend of individuals
 - reducing the burden on family members to be main carers.
- Returning people to work and active lives

- Improving recruitment, retention, education, training and skills for clinical staff with a specialty in rehabilitation.

Clinical and Staffing Model

The central aim of the NHS Rehabilitation Centre will be to return patients to life and work thereby reducing the long-term dependency on health care, financial and other support. Nationally, there is the opportunity for the NHS Rehabilitation Centre to provide the clinical model to be used across other major trauma networks.

The enhanced offer delivered through the clinical and staffing model can be summarised as follows:

- Timely access managed by a responsive referral system
- Active management of the patient journey through the whole pathway with the introduction of clinical case managers
- Three weekly assessments of mental health status for all patients
- Input from a wider range of professionals with a focus on vocation where appropriate
- Access to the wider facilities and an environment fully conducive to rehabilitation created by the estate
- New building designed to facilitate independence and therefore encouraging patients to do as much as they can for themselves.

Locally and regionally the rehabilitation centre will be the hub of a hub and spoke rehabilitation network, where services work together to provide a seamless transition for the patient. The NHS Rehabilitation Centre's programme will enable patients to benefit from a more intensive treatment regime delivered six days per week by a multi-disciplinary team of specialists. During the times that they are not involved in their programme, the facilities and grounds within the Estate will also contribute to patients' efforts to rehabilitate.

Clinicians in the NHS Rehabilitation Centre will be fully focused on rehabilitation and they will benefit from the knowledge sharing with other, equally focused, clinicians from both the NHS Rehabilitation Centre and the DMRC. The staff skill mix will provide a greater focus on rehabilitation assistants and exercise instructors, or similar roles to support patients with fitness sessions based on their own motivation and capabilities. This will also enable the approach to rehabilitation to be reinforced throughout the day and accelerate recovery. Also, new roles will be introduced as well as new ways of working, including the opportunity for staff to have rotations that include community services, acute trusts and the rehabilitation centre.

Early planning for discharge and return to life and work will be offered through the support of clinical case managers, enabling the transition from inpatient rehabilitation to home and community-based services, if required, to be timely and smooth.

As part of the business case, it is recognised that travel distances may be longer than travelling to local acute trusts and for some, public transport may be prohibitive. This has been taken into consideration in relation to the mitigating actions which will be explored through the consultation. It is also expected that the consultation will provide additional opportunities for consideration by the programme.

In order to mitigate longer travel times the proposal includes three family rooms, free parking and fast speed broadband. Options are being explored further in relation to enhancing public transport, supporting visitors with paying for transport through charitable funds and voluntary transport schemes.

Finance Case

The finance case describes the impact of the option for a 64-bed NHS Rehabilitation Centre at a cost of approximately £13m per annum. It has been prepared on the basis of the proposed activity model and a cost neutral position. The finance case has been developed to understand the likely impact from the provision of a net increase of 40 specialist rehabilitation beds across the East Midlands Trauma Network and associated transfers of agreed activity and beds from the system.

The finance case takes into account the currently known capital and revenue consequences from the increase in specialist rehabilitation provision and accompanying decrease in acute beds. Specifically the finance case proposes the transfer of 21 beds from the current 2b rehabilitation facility at NUH, Linden Lodge, the release of the equivalent of 33 beds at NUH and meeting the current demand for NHS funded specialist neuro rehab currently provided outside of NHS facilities.

The capital case provides for an NHS Rehabilitation Centre within a £70m capital budget. The design of the new building allows for extensive rehabilitation facilities providing a combination of single and multi-bed rooms, a rehabilitation flat, rooms for families to stay, two gyms plus therapy rooms.

2. Consultation

The proposal is an exciting opportunity for the East Midlands Trauma Network with the impact predominantly being on Nottingham and Nottinghamshire. This is therefore a significant change for Nottinghamshire, particularly due to the transfer of Linden Lodge and a consultation is being planned on this basis.

Extensive engagement has been carried out to inform the PCBC and plans for consultation. The following themes emerged from the focus groups and survey.

- Participants were positive about bringing specialist rehabilitation services together, with specially trained staff
- There was a consensus on and understanding of the benefits including improved outcomes, access to high-quality, specialised rehabilitation care and state-of-the-art facilities
- Many people were concerned about the difficulties that people will have in travelling to and accessing the NHS Rehabilitation Centre
- Questions were asked about the rehabilitation services that would be available for those that do not meet the referral criteria
- Some raised concern about the funding and sustainability of the NHS Rehabilitation Centre
- People were concerned about the impact the proposal may have on local services

Following the NHS England Assurance process, the current aim is for consultation to begin in April for a period of six weeks. Promotion of the consultation will be made to patients and public in areas outside of Nottingham and Nottinghamshire due to the opportunities this provides as an additional service accessed through NUH as a major trauma centre.

3. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

Although the number of patients for Lincolnshire is low, it is expected that there will be the opportunity to contribute to the Health and Wellbeing Strategy aim of equitable provision of services including those that promote health and wellbeing. The NHS Rehabilitation Centre may also contribute to a narrowing of inequalities through reducing disability and improving clinical outcomes. Widening the cohort of patients is expected to support more people returning to their usual activities and a reduction of long term disability and dependence and in turn, reduce the risk of family members becoming carers. Population growth across all areas has been taken into consideration in the demand and capacity modelling.

4. Conclusion

The PCBC has been prepared to make a compelling case for an NHS centre which will transform rehabilitation provision across the East Midlands Trauma Network, acting as an example of national best practice for the whole country.

The new centre involves transferring services and providing rehabilitation in a new way for patients in the region of the East Midlands Trauma Network, making the most of the unique opportunity presented to the region by the development of the DMRC site at Stanford Hall. This is part of a wider vision for an NRC that includes a research and innovation hub and education and training centre.

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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