Lincolnshire COUNTY COUNCIL Working for a better future		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 Andrew Crookham
Executive Director - Resources

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**16 September 2020**
Subject:	**Consultation on NHS Rehabilitation Centre, Stanford Hall Estate Near Loughborough**

Summary

On 19 February 2020, the Committee agreed to engage in the consultation on the proposed NHS Rehabilitation Centre on the Stanford Hall estate, near Loughborough. The consultation was launched on 27 July 2020 and concludes on 18 September 2020. This item invites the Committee to consider its response.

Actions Required

That arrangements for a response to the consultation by Nottingham and Nottinghamshire Clinical Commissioning Group on the NHS Rehabilitation Centre on the Stanford Hall Estate, near Loughborough, be approved

1. Background

Previous Committee Consideration

On 19 February 2020, the Committee considered a report on proposals for the NHS Rehabilitation Centre on the Stanford Hall Estate, near Loughborough. The Committee agreed to engage in the consultation, which at that time was expected in April 2020. (The Committee's relevant minute from 19 February is attached as Appendix A.)

Launch of Consultation

On 27 July 2020, NHS Nottingham and Nottinghamshire Clinical Commissioning Group, which is the leading on the consultation, launched an eight week public consultation on the proposed £70 million rehabilitation centre. The consultation period continues until 18 September 2020. Details of the consultation materials and events (see below) were sent to members of the Committee.

Consultation Materials

Below is a link to the CCG web page which contains all of the information and materials for this consultation, including the full consultation document:

https://nottsccg.nhs.uk/rehab-centre-consultation/

Consultation Events

Three online events have taken place on 4, 10 and 19 August, with two focus groups on 24 August and 1 September.

Responding to the Consultation

If members of the Committee are able to attend the consultation events, they can pass on their views to Simon Evans. Following this, a draft consultation response may be prepared for consideration at the Committee's meeting on 16 September 2020.

2. Conclusion

The Committee is invited to make arrangements responding to the consultation by Nottingham and Nottinghamshire Clinical Commissioning Group on the proposed NHS Rehabilitation Centre on the Stanford Hall Estate, near Loughborough

3. Appendices

The following documents are appended to this report.

Appendix A	Minute 61 (NHS Rehabilitation Centre Stanford Hall) of Health Scrutiny Committee for Lincolnshire – 19 February 2020
Appendix B	Extracts from Pre-Consultation Business Case - NHS Rehabilitation Centre Stanford Hall Part of the Vision for a National Rehabilitation Centre July 2020
Appendix C	Draft Response of the Health Scrutiny Committee for Lincolnshire to the Consultation on the NHS Rehabilitation Centre at the Stanford Hall Estate.

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

This report was written by Simon Evans, Health Scrutiny Officer, who can be contacted on 07717 868930 or by e-mail at Simon.Evans@lincolnshire.gov.uk

APPENDIX A

EXTRACT FROM MINUTES OF HEALTH SCRUTINY COMMITTEE

19 FEBRUARY 2020

61 NHS REHABILITATION CENTRE STANFORD HALL

Consideration was given to a report and presentation by Hazel Buchanan (Director of Strategy, Greater Nottinghamshire Clinical Commissioning Groups (CCGs)) and James Wright (Project Manager, National Rehabilitation Centre Programme), which provided information on the proposal for an NHS Rehabilitation Centre at Stanford Hall.

The Committee was advised that the CCGs in Nottingham and Nottinghamshire, along with Nottingham University Hospitals NHS Trust (NUH), were preparing a pre-consultation business case on the proposed development for the NHS Rehabilitation Centre (NRC) at Stanford Hall near Loughborough, on the same site as the Defence Medical Rehabilitation Centre. This formed part of a wider vision for a National Rehabilitation Centre that would consist of an NHS clinical service, an education centre and research and innovation hub on the Stanford Hall Rehabilitation Estate.

A six week consultation period was planned in order to inform the decision on whether to take forward the option of an NRC, including the proposed transfer of existing services to the new facility. The proposal was currently progressing through the NHS England Assurance Process as part of Planning, Assuring and Delivering Service Change, which would inform the next steps.

The proposal outlined a case for a new 64-bed clinical facility which would support Nottingham University Hospitals NHS Trust (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 had been received for the proposed NRC and the Government had agreed an allocation of £70m capital funding specifically for an NHS Rehabilitation Centre on the Stanford Hall Estate.

The proposal for an NRC would result in a net increase of 40 rehabilitation beds across the East Midlands Trauma Network and the facilities would allow for a clinical model providing services to patients with fractures following trauma and other conditions, where currently rehabilitation was provided predominantly for neurological patients. It was hoped that the NRC would open in February 2024.

In response to a question, it was noted that specialist rehabilitation services were commissioned and provided across two different levels based on complexity of need. Level 1 and 2a services were the most complex and were provided across a wider area than level 2b services. Within current services across the East Midlands Trauma Network, specialist rehabilitation was 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.

During discussion of the report, the following points were noted:

- The Committee welcomed and supported the proposal, as set out in the report, and wished to participate in the forthcoming consultation.
- The Committee was pleased that family rooms would be provided at the Centre and at no charge to the families. It was recognised that this would help reduce feelings of isolation.
- Reference was made to the central aim of the NRC to *return patients to life and work thereby reducing the long-term dependency on health care, financial and other support*. It was confirmed that it would not always be possible for patients to return to work and therefore it was about the centre supporting patients to achieve personal goals and to improve their quality of life.
- The cohort of patients and the proposed criteria of accessing the NRC were discussed. It was confirmed that the CCGs did not want to restrict the admission criteria and they would be dependent on individual need.
- The current waiting times to access rehabilitation services across the East Midlands was as follows: Nottinghamshire: 11 days in Derbyshire: 24 days; and the Ashby Unit in Lincolnshire: 43 days. It was anticipated that the proposed NRC would free capacity and reduce waiting times at these centres.
- The six week consultation would involve engaging with focus groups; surveys; and liaising with engagement leads in relevant CCGs. It was noted that two local groups in Lincolnshire had requested to be involved in the consultation. The Committee was requested to advise officers of any interest groups that may wish to be involved.

RESOLVED

(1) That the report and comments be noted.

(2) That the Committee be engaged on the six week consultation.

APPENDIX B

Extracts from Pre-Consultation Business Case

NHS Rehabilitation Centre Stanford Hall
Part of the Vision for a National Rehabilitation Centre
July 2020

Executive Summary

The clinical commissioning groups (CCGs) in Nottingham and Nottinghamshire, along with Nottingham University Hospitals NHS Trust (NUH) have prepared the Pre-Consultation Business Case (PCBC) on the proposed development for the NHS Rehabilitation Centre Stanford Hall. This is part of a wider vision for the defence and NHS to be on the same site and to have a National Rehabilitation Centre (NRC) that will include 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 PCBC therefore presents 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 provided 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.

Following an options appraisal, the shortlisted options considered include the following:

- Do nothing and maintain business as usual
- Implementation of a new centre with a clinical facility only and the introduction of a new clinical model serving a wider cohort of patients. This option includes transferring existing services from NUH

- Do maximum option of the implementation of a NRC with a clinical facility, education and training centre and research and innovation hub. Due to the allocation of capital funding and the identification of a NHS Rehabilitation Centre as the preferred way forward, the PCBC considers this option along with the transfer of relevant services from NUH. The value for money economic assessment of this as a shortlisted option offers positive benefit to cost ratios compared to business as usual.

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. 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 intervention. Applying a recent study to the opportunity for additional neurological capacity, cost efficiency is demonstrated 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.

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 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.

Pre-Consultation Business Case Objectives and Next Steps

This 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.

NUH runs the programme team that will take the proposal through to full implementation. The PCBC is based on planning undertaken by the CCGs, in conjunction with the programme team established by NUH, and has used the relevant national guidance for rehabilitation services and outcomes from across Europe as its benchmark. In drafting the PCBC, provider and commissioner system partners in the East Midlands, along with clinicians and patients, have had the opportunity to input to development of the options. The programme governance arrangements include a monthly programme board which key commissioning, Department of Health and Social Care and clinical stakeholders attend.

The PCBC seeks to demonstrate that we have embarked on developing a transparent planning process with NHS England (NHSE), other CCGs, providers, patients and carers, the public, staff and stakeholders. It demonstrates, as a minimum, compliance against the four key tests set by the Secretary of State for Health and Social Care:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- A clear clinical evidence base
- Clinical commissioner support.

a. Current provision of specialist rehabilitation services

Specialist rehabilitation services are commissioned and provided across England at three different levels dependent on complexity of need. The most complex is level 1, complex specialised rehabilitation services, the next level down is level 2 specialist rehabilitation services and then level 3, non-specialist rehabilitation services. The levels are further defined into categories a, b, c and d based on rehabilitation needs of patients. Further information is provided in the Context section. For the purposes of this Introduction, this PCBC considers changes to Level 2b rehabilitation services only.

Specialist rehabilitation in England is currently predominantly focused on those patients with neurological needs or injuries, unlike European countries whose in-patient rehabilitation focuses on a wide range of patients requiring rehabilitation. Also, the rehabilitation units in England have not been co-ordinated to follow a regional pathway; unlike many of the acute regional services they serve, for example, major trauma and neurosciences.

It is important to note that the PCBC is considering rehabilitation services within the East Midlands Trauma Network which includes Derbyshire, Leicestershire, Lincolnshire and Nottinghamshire. As NUH is a Major Trauma Centre, it is important that any consideration of rehabilitation needs adequately provides for this cohort of patients. Also, within the context of the wider services across the different levels, it is expected that with increased beds and access, all rehabilitation services will be positively impacted by the provision of a more effective clinical pathway.

Rehabilitation services are commissioned by either NHSE or CCGs. NHSE commission specialised services on a regional basis and CCGs commission local services. NHSE also commission major trauma services. Table 2.1 provides an overview of the rehabilitation services capacity currently provided within the East Midlands Trauma Network.

Provision	Nottinghamshire	Leicestershire and Rutland	Derbyshire	Lincolnshire
Level 1 Brain Injury Unit (regional service commissioned by NHS England)				
Location	Provided in Leicester	Leicester General Hospital	Provided in Leicester	Provided in Leicester
Bed Provision		9 beds		
Level 2a Neuro Rehabilitation (regional service commissioned by NHS England)				
Location	Provided in Leicester or Lincoln	Specialised Rehabilitation Unit, Leicester General Hospital	Provided in Leicester or Lincoln	Ashby Ward, Lincoln County Hospital
Bed Provision		16 beds		12 beds
Level 2b Neuro Rehabilitation (local services commissioned by CCGs)				
Location	Linden Lodge, City Hospital Nottingham	No commissioned service	Kings Lodge London Road Community Hospital	No commissioned service
Bed Provision	24 beds		18 beds	

The overall provision of rehabilitation beds is currently 79 for the East Midlands Trauma Network including levels 1, 2a and 2b. The British Society of Rehabilitation Medicine (BSRM) recommends rehabilitation provision of between 45 and 65 beds per million people, or 60 per million excluding stroke services. With a population of 4.6 million people and taking a mid-point of 55 beds per million, this would indicate an overall requirement for 253 beds, indicating a shortfall of 174 rehabilitation beds across the region. Put another way, only 31% of the recommended level of provision is currently being provided in the region with the busiest Major Trauma Network in England.

Categories for Rehabilitation Needs

The table below explains the four types of rehabilitation needs for patients as categorised by the British Society of Rehabilitative Medicine.

Definitions of Patient Rehabilitation Needs
Category A
• Patient goals for rehabilitation may include: O Improved physical, cognitive, social and psychological function/independence in activities in and around the home O Participation in societal roles (such as work, parenting and relationships) O Disability management, for example, to maintain existing function, manage unwanted behaviours, facilitate adjustment to change O Improved quality of life and living including symptom management, complex care planning, support for family and carers, including neuro-palliative rehabilitation • Patients have complex or profound disabilities, for example, severe physical, cognitive communicative disabilities or challenging behaviours • Patients have highly complex rehabilitation needs and require specialised facilities and a higher level of input from more skilled staff than provided in the local specialist rehabilitation unit. In particular rehabilitation will usually include one or more of the following: ○ Intensive, co-ordinated interdisciplinary intervention from four or more therapy* disciplines, in addition to specialist rehabilitation medicine/nursing care in a rehabilitative environment ○ Medium to long term rehabilitation programme required to achieve rehabilitation goals – typically two to four months, but up to six months or more, providing this can be justified by measurable outcomes ○ Very high intensity staffing ratios, for example, 24-hour one-to-one nurse “specialling”, or individual patient therapy sessions involving two to three trained therapists at any one time ○ Highest level facilities/equipment, for example, bespoke assistive technology/seating systems, orthotics, environmental control systems/computers or communication aids, ventilators ○ Complex vocational rehabilitation including inter-disciplinary assessment/multi-agency intervention to support return to work, vocational retraining, or withdrawal from work/financial planning as appropriate • Patients may also require: ○ Highly specialist clinical input, for example, for tracheostomy weaning, cognitive and/or behavioural management, low awareness states, or dealing with families in extreme distress ○ Ongoing investigation/treatment of complex/unstable medical problems in the context of an acute hospital setting ○ Neuro-psychiatric care including risk management, treatment under sections of the Mental Health Act ○ Support for medico-legal matters including mental capacity and consent issues ○ Patients are treated in a specialised rehabilitation unit such as a level 1 unit • Patients may on occasion be treated in a level 2 unit depending on the availability of expert staff and specialist facilities as well as appropriate staffing ratios.

Category B

Patient goals for rehabilitation may be as for category A patients

- Patients have moderate to severe physical, cognitive and/or communicative disabilities which may include mild to moderate behavioural problems
- Patients require rehabilitation from expert staff in a dedicated rehabilitation unit with appropriate specialist facilities
- In particular, rehabilitation will usually include one or more of the following:
  - Intensive co-ordinated interdisciplinary intervention from two to four therapy disciplines in addition to specialist rehabilitation medicine/nursing care in a rehabilitative environment
  - Medium length rehabilitation programme required to achieve rehabilitation goals – typically one to three months, but up to a maximum of six months, providing this can be justified by measurable outcomes
  - Special facilities/equipment, for example, specialist mobility/training aids, orthotics, assistive technology or interventions such as spasticity management with botulinum toxin or intrathecal baclofen
  - Interventions to support goals such as return to work, or resumption of other extended activities of daily living, for example, home-making and managing personal finance
- Patients may also have medical problems requiring ongoing investigation/treatment
- Patients are treated in a local specialist rehabilitation unit - a level 2 unit.

Category C

- Patient goals are typically focused in restoration of function/independence and co-ordinated discharge planning with a view to continuing rehabilitation in the community
- Patients require rehabilitation in the context of their specialist treatment as part of a specific diagnostic group
- Patients may be medically unstable or require specialist medical investigation/procedures for the specific condition
- Patients usually require less intensive rehabilitation intervention from one to three therapy disciplines in relatively short rehabilitation programmes (up to six weeks)
- Patients are treated by a local specialist team (a level 3a service) which may be led by consultants in specialties other than rehabilitative medicine (for example, neurology) and staffed by therapy and nursing teams with specialist expertise in the target condition.

Category D

- Patient goals are typically focused in restoration of function/independence and co-ordinated discharge planning with a view to continuing rehabilitation in the community if necessary
- Patients have a wide range of conditions but are usually medically stable
- Patients require less intensive rehabilitation intervention from one to three therapy disciplines in relatively short rehabilitation programmes (typically six to 12 weeks)
- Patients receive an inpatient, local non-specialist rehabilitation service (level 3b) which is led by non-medical staff.

Rehabilitation Service Levels

Level 1 – Specialised Rehabilitation Services

- Tertiary specialised rehabilitation services - provided at regional/national level
- Provided by specialised rehab teams led by consultants trained and accredited in the specialty of

- rehabilitation medicine and/or neuropsychiatry
- Serve a regional or supra-regional population (catchment of 1-3 million) and taking patients with category A needs – for example, severe physical, cognitive communicative disabilities or challenging behaviours, with highly complex rehabilitation needs* that are beyond the scope of their local specialist rehabilitation services, and have higher level facilities and skilled staff to support these
- Predominantly highly complex caseload:
    - At least 85% patients have category A needs on admission
    - At least 70% patients with Rehabilitation Complexity Scale – Trauma (RCS-E) score ≥11 cross-sectionally
- Collect and report full National Specialist Rehabilitation Dataset.

Level 2 – Local Specialist Rehabilitation Services – Provided at District Level

- Local (district) specialist rehabilitation services.
- Provided by inter-disciplinary teams led/supported by a consultant in rehabilitation medicine, and meeting the BSRM standards for specialist rehabilitation services.

Level 2a – Supra District Services

- Led by consultant in rehabilitation medicine. Serving an extended local population (catchment 600,000-1 million) in areas which have poor access to level 1 services
- Take patients with a range of complexity, including category B and some category A with highly complex rehabilitation needs*
- Mixed caseload
    - 50-80% category A needs on admission
    - 50-70% Rehabilitation Complexity Scale – Trauma (RCS-E) score ≥11 cross-sectionally
- Collect and report full National Specialist Rehabilitation Dataset.

Level 2b – Local District Services

- Led/supported by a consultant in rehabilitation medicine. Serving a local population (catchment: 250,000-500,000), predominantly patients with category B needs
- Less complex caseload:
    - For example, 30-50% category A needs on admission
    - 30-50% RCS-E Rehabilitation Complexity Scale – Trauma (RCS-E) score ≥11 cross-sectionally
- Collect and report at least the minimum national dataset.

Level 3 - Local non-specialist services - includes generic rehabilitation for a wide range of conditions, provided in the context acute, intermediate care and community facilities, or other specialist services
Level 3a • Other specialist services led or supported by consultants in specialties other than rehabilitation medicine, such as services catering for patients in specific diagnostic groups (for example, stroke) with category C needs • Therapy/nursing teams have specialist expertise in the target condition.
Level 3b • Generic rehabilitation for a wide range of conditions, often led by non-medical staff, provided in the context acute, intermediate care and community facilities, for patients with category D needs.

APPENDIX C

Lincolnshire COUNTY COUNCIL Working for a better future		**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

RESPONSE OF THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE TO NATIONAL REHABILITATION CENTRE CONSULTATION (July – September 2020)

1. To help us understand your response better, please can you tell us if you are answering this questionnaire on behalf of…

☐ A current or former patient of rehabilitation services

☐ A member of the public

☐ A carer/friend/family member of an individual who is accessing/has accessed rehabilitation service

☐ An organisation (please specify in the box below)

Health Scrutiny Committee for Lincolnshire

2. To what extent do you support or oppose the proposal to create a NHS Rehabilitation Centre at the Stanford Hall Estate near Loughborough?

☐ Strongly support

☐ Slightly support

☐ Neither support or oppose

☐ Slightly oppose

☐ Strongly oppose

3. The NHS Rehabilitation Centre would provide 63 rehabilitation beds – an increase of 39 beds across the East Midlands. As a result, we propose to transfer the service currently provided at Linden Lodge at Nottingham City Hospital to the Regional Rehabilitation Centre.

   To what extent do you support or oppose the transfer of the service at Linden Lodge at Nottingham City Hospital to the NHS Rehabilitation Centre?

   ☐ Strongly support

   ☐ Slightly support

   ☐ Neither support or oppose

   ☐ Slightly oppose

   ☐ Strongly oppose

4. If you have any comments about the transfer of Linden Lodge, please provide them in the comment box below.

5. The NHS Rehabilitation Centre would be located at the Stanford Hall Rehabilitation Estate near Loughborough. The 360-acre countryside estate hosts the Defence and National Rehabilitation Centre, which provides rehabilitation facilities for military personnel.

   The Defence Medical National Rehabilitation Centre would continue to operate independently and prioritise military rehabilitation, while a regional rehabilitation centre would provide treatment for NHS patients only. NHS patients would be able to benefit from the state-of-the-art facilities that the DNRC has (for example the hydrotherapy pool, the gait analysis system and the Computer Aided Rehabilitation Environment).

   The location would provide peaceful, tranquil surroundings for NHS patients to focus on their rehabilitation.

Do you think treating NHS patients on the same site as military personnel will be suitable?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ Not sure
- ☐ No

If no, please explain why in the comment box below.

6. If you wanted to visit patients at the NHS Rehabilitation Centre, how easy would this be for you?

A regional rehabilitation service as part of the NHS Rehabilitation Centre development would be situated on the Stanford Hall Rehabilitation Estate at Stanford Hall near Loughborough.

- ☐ Very easy
- ☐ Easy
- ☐ Neither easy nor difficult
- ☐ Difficult
- ☐ Very difficult

If you feel this would be difficult, please provide a brief explanation in the comment box below.

7. To reduce the travel impact for relatives, friends and carers, it is proposed that the NHS Rehabilitation Centre would provide free family accommodation with three family rooms available, free parking as well as super-fast broadband to enable patients to keep in touch with their families via communication channels such as FaceTime and Skype. Discussions are also taking place around enhancing local public transport.

Do you feel that the factors listed above (i.e. family rooms, free parking & super-fast broadband) would help reduce the impact of increased travel time that some might face?

- ☐ Yes, definitely
- ☐ Yes, to some extent
- ☐ Not sure
- ☐ No

If no, do you have any further suggestions in how we could support family, friends and carers who may be visiting someone at the Regional Rehabilitation Centre?

8. What do you think the benefits are of being located on the Stanford Hall Rehabilitation Estate?

9. What do you think the issues are of being located on the Stanford Hall Rehabilitation Estate?

10. The NHS Rehabilitation Centre will take a fresh and innovative approach to rehabilitation, putting the patient at the centre of care.

    It would be staffed by a multi-disciplinary team consisting of rehabilitation consultants, orthopaedic consultants, other speciality consultants (e.g. for cancer treatment), therapy assistants, physiotherapists, mental health nurses, occupational therapists, speech and language therapists, social workers and other professionals as needed.

    There would be a focus on occupational and vocational rehabilitation to help people get back to work.

    Each patient would be assigned a dedicated person (a clinical case manager) to co-ordinate their care throughout – from referral through to discharge.

There would be an increase in the number of hours of therapy per patient per week (both one-to-one and group sessions), with patients being able to spend their additional time on the rehabilitation estate supported by occupational and vocational therapists.

Patients would have access to facilities such as a gym, hydrotherapy pool and a system to help patients practice their mobility and balance on a range of different surfaces.

What are your thoughts about the care that patients would receive at the NHS Rehabilitation Centre?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

11. What are your thoughts about the range of health and social care professionals that patients would have access to at the NHS Rehabilitation Centre?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

12. We recognise that it is important that a patient's mental wellbeing is equally considered alongside their physical rehabilitation. It is therefore essential that proposals for the NHS Rehabilitation Centre take mental health, particularly helping patients to avoid feelings of isolation and boredom, into consideration. This will be done in relation to:

- The way in which clinical and other staff will help patients create an environment of support, helping to minimise any feelings of social isolation.
- Making assessment of patient's mental health part of ongoing assessments at least three times a week.

- Support provided by a mental health nurse.

- The design of the social facilities and use of the grounds. Evidence suggests that ‘green spaces’ are linked to improvements in patient wellbeing, mental health, levels of stress and positive behaviours.

Based on the information above, what are your thoughts on the approach to managing the mental wellbeing of patients during their time at the NHS Rehabilitation Centre?

☐ I feel confident that patients' mental health has been taken into account.

☐ I feel that patients' mental health has been taken into account, but more needs to be done.

☐ I feel that more needs to be done to manage patients' mental health.

If you feel more needs to be done to manage patients' mental health, please provide your suggestions in the box below.

13. Do you have any other comments that you would like to make with regard to the development of the NHS Rehabilitation Centre?