



NHS Rehabilitation Centre Report

September 2020

Commissioned by
Nottingham and Nottinghamshire Clinical Commissioning Group



‘I don't want to go onto a waiting list for getting help. When people need services they have already been through enough trauma and they need help now!’



Comment from respondent



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Who are Healthwatch Nottingham & Nottinghamshire?

Healthwatch Nottingham & Nottinghamshire is an independent organisation that helps people get the best from local health and social care services. We want to hear about your experiences, whether they are good or bad.

We use this information to bring about changes in how services are designed and delivered, to make them better for everyone.

Why is it important?


You are the expert on the services you use, so you know what is done well and what could be improved.


Your comments allow us to create an overall picture of the quality of local services. We then work with the people who design and deliver health and social care services to help improve them.


How do I get involved?


We want to hear your comments about services such as GPs, home care, hospitals, children and young people's services, pharmacies and care homes.


You can have your say by:

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Executive summary

In 2020 Healthwatch Nottingham and Nottinghamshire were commissioned by Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) to find out from people with protected characteristics and health inclusion groups what their views were about moving the current rehabilitation services based at Linden Lodge, City Hospital, Nottingham to The NHS Rehabilitation Centre, Stanford Hall Estate, Loughborough.

Ninety-one telephone interviews were carried out over a seven week period using a survey designed in conjunction with the CCG. The target population for this survey was people of different ages, abilities, ethnicities, religions, sex and sexuality, people living in poverty, who were homeless, unemployed and at risk of poor health outcomes.

The interviews aimed to find out:

- what specific needs people have that NHS England should consider in planning rehabilitation services
- the barriers people face in being able to access and benefit from rehabilitation services

Specific needs to consider

People expressed a wide range of needs most significantly about things that would maintain and improve their mental wellbeing. These are detailed below:

- Two thirds felt there would be a need for mental as well as physical rehabilitation and 15 require ongoing support with their existing mental health condition.
- Parents with babies want to be able to share a room with them and assistance provided if required. For people who have other dependents e.g. older parents, on site social care advice would be helpful.
- Over half of the people would like their own room, over one third their own bathroom and nearly a quarter would like a TV. Sharing a room for company was important to 17 people as was a homely space for 14. Being able to accommodate visiting children and family in their room was also an important consideration for some. More than half would like some sort of privacy; staff knocking before entry was requested by 17 people, and a confidential place to discuss their health was also needed.
- More than half have their own phone or laptop and would like to use this to communicate with family and friends.
- Accessing outside space was a necessity for over two thirds of people for fresh air, exercise, and to maintain good mental health. In addition over one fifth of people would like to be able to go off site, with assistance if necessary.
- While over a half of people had no special dietary requirements the rest would like a choice at each mealtime, a balanced diet and vegan, vegetarian, diabetic etc. options.
- Two thirds of people felt a 'neutral' religious space onsite was required, however for 12 having someone to talk to was more important than the space itself.
- Over a quarter of people would like access to a GP/Medical Centre onsite; those with existing conditions require prescriptions and medication to be continued along with access to their existing specialist.
- Nearly half described the necessity for public transport for themselves, family and friends to get to The Centre.
- More than one third of people require occasional accommodation for family and friends with one quarter requesting reasonable hostel rates.
- Two thirds of people would like an on-site shop. Newspapers, magazine and books were the first preference followed by snacks, sweets, crisps and toiletries. A café, chemist, cash machine and restaurant were also mentioned.

Barriers

- Concerns were raised about the different culture between civilians and military, the increased security levels, interacting with military patients who have PTSD, and regimented routines.
- Access to a landline preferably in their own room was important to nearly a third of people. Access to Wi-Fi was a necessity for over a third of people and, if charged for, would be prohibitive to eight.
- Fourteen people said that unless the cost of public transport was reasonable it would be prohibitive for them. Over a third would like free or cheap car parking.

In order to address these specific needs and barriers to access, it is recommended that the CCG takes the following actions:

Specific needs to consider

- Continue to provide mental health support for people with existing conditions from the service they are in contact with. Where new services are provided, ensure that this is tailored to the needs of the individual.
- Where new mental health conditions arise, ensure that people are able to talk to a professional about this.
- Ensure there is provision for parents to care for babies on site. Provide social care guidance to support and care for young children and adults in order to reduce the stress on the patient.
- Offer a variety of accommodation options and allow patients to give their preference to assist their recovery.
- Allow patients to use their own phone/laptop while at The Centre with free Wi-Fi access for all patients, and landline in their own room on request. Consider individual needs on a case-by-case basis for example voice recognition and 24-hour access.
- Provide easy independent access to outside space with a large range of facilities to meet different people's needs.
- Ensure that civilians and military patients are aware they will be sharing certain spaces at The Centre. Staff to consider the different needs and culture of military and civilian patients.
- Provide a range of choices at mealtimes including healthy balanced diets and occasional 'treats'. Ensure that specific dietary needs are met for individuals and that people have the implements to allow them to eat independently.
- Provide at least a multi-faith room to allow people to practise their religion as well as facilitating access to visiting faith leaders. Consider whether a separate room would be required for certain faiths.
- Address people's privacy needs on an individual basis and ensure there are private places to speak to health professionals and relatives if requested.
- Ensure swift transfer of medical files and continue to provide repeat prescriptions and GP check-ups as required where possible on site or with transport provided for specialist services. Consider people who require other ongoing treatment, either providing transport to their facility or bringing in medical specialists.
- Provide public transport to the door of The Centre, preferably by a shuttle service from the train and bus stations for patients, family and friends. Provide free parking for patients.
- Provide onsite accommodation for family and friends at reasonable rates.
- At minimum a hospital shop with basic items is required. A café / restaurant is also important for both patients and visitors.

Barriers

- Provide information about The Centre to patients to address concerns about being on the same site as military personnel.
- Ensure that all patients have affordable ways to communicate with their family and friends.
- Ensure that affordable public transport to The Centre is available.

In December 2019 Healthwatch Nottingham and Nottinghamshire (HWN) was commissioned by Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) to carry out a part of the formal consultation on the development of inpatient rehabilitation services (following serious illness or injury) at the NHS Rehabilitation Centre (NHS RC). The proposal is that the NHS RC would be developed on the Stanford Hall Rehabilitation Estate, Loughborough which hosts the Defence Medical Rehabilitation Centre (DMRC). This is a 360-acre countryside estate providing high quality clinical rehabilitation services to defence personnel.

The aims of this project were to:

- Find out what specific needs people have that NHS England should consider in planning rehabilitation services
- Find out what are the barriers people face in being able to access and benefit from rehabilitation services
- Focus on the views of people who have protected characteristics and are in health inclusion groups

Background

The population of the East Midlands is 4.6 million and there are 79 rehabilitation beds - a shortfall of 191 beds for the region (according to the British Society of Rehabilitation Medicine). The East Midlands trauma region treats over 1,700 major trauma patients per year (approximately 15,000 hospital bed-days), most of whom will require some form of rehabilitation.

The proposed NHS RC facility would contain 63 beds, comprising 40 neurological rehabilitation beds, 19 complex MSK beds and four traumatic amputee rehabilitation beds treating 796 patients per year. Part of the proposal is that Linden Lodge at Nottingham City Hospital will close. This is because the estate is no longer at the required standard and there is no space to expand. Twenty-one of the current 24 beds at Linden Lodge would be moved to the NHS RC, with three rehabilitation beds moving to another location within the Nottingham City Hospital campus. Eighteen beds for musculoskeletal (MSK) rehabilitation may also be relocated to the NHS RC.

Patients would be referred to the service based on clinical need. These will include the most seriously injured patients from accidents including sporting accidents, road traffic accidents, farming accidents and urban crime, neurological patients, complex MSK, traumatic amputees, incomplete spinal cord injury and severely deconditioned patients. (A deconditioned patient is one who has potentially reversible changes in body systems brought about by physical inactivity and disuse).



Between January and June 2020 HWNN worked with the NHS RC team to develop the survey questions, pilot them and write the information leaflet and A5 promotional flyer.

An orientation workshop was held on 22nd July 2020 attended by two Healthwatch staff and three Healthwatch volunteers. The aims of this workshop were to fully understand the rationale for the project, refresh participants' knowledge of how to carry out 1-to-1 interviews, familiarise staff and volunteers with the materials and resources to be used, and to practice asking and answering the survey questions.

HWNN carried out a mapping exercise to identify groups across Nottinghamshire County and Nottingham City to ensure a demographic and geographical spread of groups. HWNN targeted a diverse range of community and self-help groups focusing on:

Protected Characteristics

- Age
- Disability
- Parents with young children
- Ethnicity
- Religion or belief
- Sex
- Sexual orientation

Inclusion Health Groups

- People who are homeless
- People who live in poverty
- People who are long-term unemployed
- People in stigmatized occupations
- Other groups at risk of poor health outcomes



Demographics of participants

Between 30th July 2020 and 11th September 2020 a total of 91 surveys were carried out by telephone. Interviewees were from the following cohorts:

Cohort	Number
Female	48
Male	43
At risk of poor health outcomes/long term health condition	35
Have a physical disability	19
Have a learning disability	12
Have an existing mental health condition	15
Aged 25 years and younger	23
Aged 75 and over	15
Christian	42
Other religion, Buddhist, Muslim, Sikh	7
BAMER	18
Cared for	17
Carer	10
Pregnant/ Parent with child/children under the age of 5	11
Unemployed	12
LGBT+	9
Living in poverty	10
Homeless	4

Table 1

NB some people fitted into multiple categories

The full breakdown can be found in Appendix 1.

Former experience of rehabilitation services

Former experience of rehabilitation services	Number	Percent
Someone with no experience of rehabilitation services	64	70.3%
A current or former patient of rehabilitation services	15	16.5%
A family member of someone who has been through rehabilitation services	12	13.2%
TOTAL	91	100%

Table 2

We asked each person what their former experience of rehabilitation services was. The majority 70.3% (n=64) had no experience of rehabilitation services, 16.5% (n=15) had been a former patient and 13.2% (n=12) had a family member who had been through rehabilitation services.

What do you think about being in the same place that military personnel are being rehabilitated?

Two thirds of people surveyed (n=60) had no problem being in the same place as military personnel with a further 13 thinking it was a good idea. The reasons given included social aspects, *'We can help each other get better and gain friendships' and 'It could give more social interacting with other people, maybe share different experiences'* and secondly respect for the armed forces, *'I would love it because they are here to protect the country, they are very motivated and very respectful. I don't mind even sharing a room with one' and 'I have great respect for the forces and would be proud to be in their company'.*

Ten people thought it would be better than the current service at Linden Lodge. The main reason given was better facilities and more experienced staff, *'I think rehabilitation for military is the best in the world, I think it is an advantage' and 'the staff will have proper experience to rehabilitate people with serious injuries'*. The other reasons given were, *'Linden Lodge has been there a long time so is probably getting old' and 'avoids wasting facilities that are already there'.*

Seven people said they would feel safer being there, *'I would have no worries in principle and would find it reassuring because of the security' and 'I would feel safer if they had armed soldiers on the gates'.*

However 18 people raised concerns. Of these eight people were worried about potential tensions between civilians and military for example, *'I do think it might cause a bit of us and them' and 'it could be a challenge for both military and NHS people sharing a facility. Military find the public ill-disciplined, and the public might find the military too intimidating'*. Others felt it was important that there are *'different wings', 'space between them and civilians' and 'clear that it is not just for NHS patients'.*

Two people were worried about the higher security e.g. *'I would feel uncomfortable, if they walk around with guns around the site', 'I worry a bit about how security on the site might be handled. Answering to uniformed soldiers makes me nervous' and 'I would not want to run into them on-site on my own'.*

Further there was a feeling that the experiences of military personnel may be different e.g. *'[I] think it's not a good idea because soldiers have been through different experiences'*. Five others had concerns about soldiers with Post Traumatic Stress Disorder (PTSD), *'I am OK with it so long as they are not suffering from PTSD as that might make them a bit unpredictable'* and *'I worry about PTSD and triggering for different people to be around them. Might upset NHS patients to be around if PTSD is triggered'*.

Lastly four people were concerned that The Centre might be *'regimented'*, *'military style'*, *'could be less freedom'* and *'will things take time to be processed?'*

Conclusion: Two thirds of people had no problem about being on the same site as military personal and ten felt that it would have better facilities. Seven said they would actually feel safer knowing the military were around. However 18 raised concerns. These were around the themes of the differences in culture between military personal and civilians, sharing the same space/keeping separate, higher security which might make them 'nervous', side effects of PTSD and a more 'regimented' regime.

Recommendation: Ensure that civilians and military patients are aware they will be sharing certain spaces at The Centre. Staff to take into consideration the different needs and culture of military and civilian patients'

What do you think your specific needs would be using this service? Likewise what might be barriers to making use of such a service?

Accommodation

The table below shows the accommodation preferences of the people surveyed.

Accommodation preference	Number
Single room	49
Own toilet/bathroom	34
TV	24
Shared room	17
Homely	14
Shared bathroom	11
Space to see family and friends in own room	11
Chair/sofa in own room	8
Tea and coffee making facilities in own room	8
Smoking area	8
Books	6
Comfy bed	5
Inviting colour scheme	4
A window that can be opened, wardrobe	3 each
Fridge, toaster, laptop, radio, room with a view, desk, large room, access to washing machine	2 each
Cooking facilities, microwave, games console, barber/hairdresser	1 each

Table 3

Over half of the people surveyed would prefer a single room (n=49) and 34 with an en suite bathroom. Ten people stated the reason was for privacy, *'I'm not very choosy, just a room to myself not big, a bit of privacy. If they had an en suite - especially if I am not in the best shape, it would be perfect'*.

Other reasons given for preferring a single room were, *'I would need accommodation like an individual room with an en suite - to cope with body difficulties (managing personal illnesses and injuries like a stoma)'. 'I need my own room to be able to cope and sleep' and 'as a women and a member of the South Asian community it needs to be individual accommodation with an en suite bathroom'.*

Having a TV in their room was preferred by 24 people, *'I would like a TV to make me comfortable', 'own bedroom with a TV as the TV in the communal area might be noisy or might be showing something I don't want to watch'.*

In contrast 17 people would prefer to share with one or more other people of the same sex for company, to help them get better and to reduce isolation. These views are expressed in the quotes below,

'I think a single room could be very isolating, seeing other people would be good. I suppose a small room/single or up to 2-3 people'.

'I'd like to be in a dorm because the problem when you are going through therapy you want someone to talk it through with rather than going through it on your own'.

'I would like the choice of a single room or a dormitory (6 people at most) - I would want to choose before getting there, with the option of changing my mind when I got there or while there. It would depend on how much I wanted to socialise'.

Having a room that was *'homely'* or to make your own was mentioned by 14 people, *'if I would need to stay there longer I don't want to feel like in hospital', 'I'd want my own little haven', 'it needs to feel homely and have some space for personalization, like pictures, posters, warm colours - not just white walls' and 'cultural needs authentically met'.*

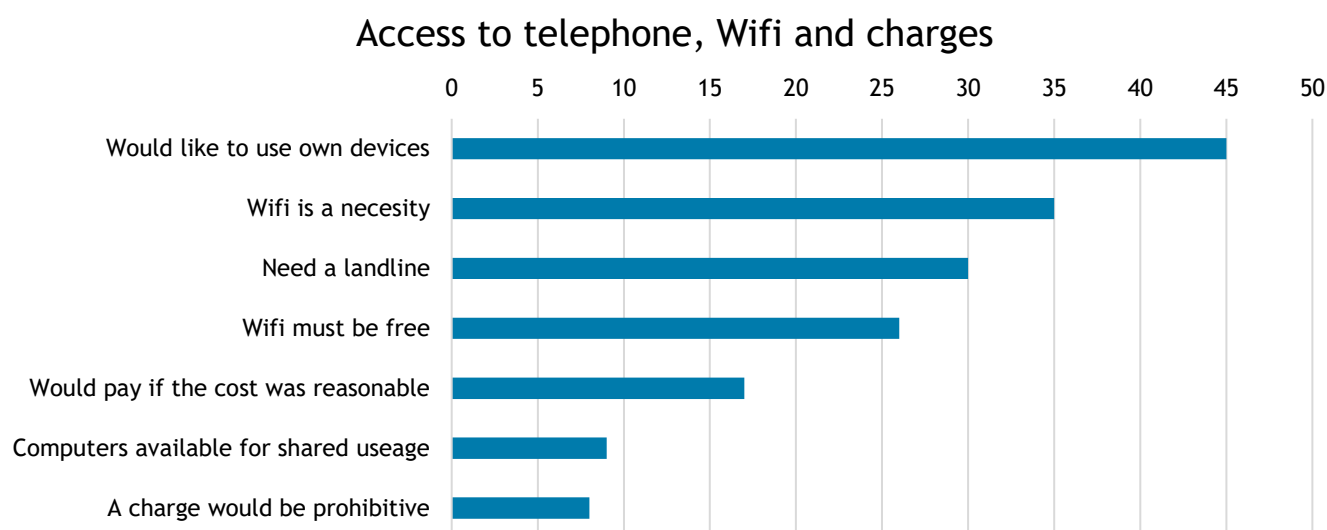
For those with family, a partner or young children, being able to accommodate them in their own private space was important, *'I want a good bed with a couple of chairs so family can spend time with you', 'I would need my family to be with me, so some space in the room for family, for my son' and 'I would want space for a partner or friend to stay if needed'.*

It was also suggested by a couple of people that maintaining their independence and trying to live independently while on site would be helpful, *'An adjustable bed and hoists so you can move independently', 'I am a very independent person so I would need this place to be as normal as possible, so if I could cook I would want to do that' and 'might want to offer some 'moving on' accommodation so you can try on your own'.*

Lastly on accommodation, other facilities such as a comfy chair, tea and coffee making facilities, a smoking area etc. would be appreciated.

Conclusion: People have different accommodation needs based on their sleep patterns, sex, culture and existing health conditions.

Recommendation: Offer a variety of accommodation options and allow patients to give their preference in order to best aid their recovery.



Graph 1

The graph above shows the range of communication needs from the people surveyed. Almost half of the people (n=45) have their own phone/laptop which they would like to be able to use. Thirty-five people said that Wi-Fi is a necessity for example because, *'I would expect that [Wi-Fi] be provided. If you were incapacitated in bed you would want to be able to communicate with family and loved ones'* and *'it's a therapy when you talk to someone like your friend'*. Of these, 26 people expected that Wi-Fi would be provided free.

Some people had a specific need for Wi-Fi, *'I have small children so not seeing them (even on screen) would be heart-breaking'*, *'I am here alone in UK, I need to have a contact with family in Poland'*, *'I would want 24 hour internet access as an absolute necessity to... allow for the fact that I have family who live in other time zones'* and *'I would need access to speech recognition software to work equipment. Verbal technologies need to be there to make access possible'*.

Of similar importance (n=30) was a landline in their own room, or for some a communal one, *'at end of corridor'* or *'a call box for people to pay'*. For some people this was of greater importance than Wi-Fi, for example, *'I need a telephone - a landline to talk on. In case I need things from my Mum or from my friends. I need them to be able to telephone me as well. I don't want to be lonely'* and *'I would want a landline. I have a mobile phone but I am hopeless - I don't know my number'* and *'I am not used to technology. (I have been blind for 17 years.) I would like a landline to ring out and receive calls from my family and friends'*.

While 17 people would pay for Wi-Fi at a reasonable charge, eight people said a charge would be prohibitive, *'I don't have the money to pay for it'* and *'I would have difficulty paying for this especially if I wasn't getting my pension paid whilst in hospital'*. It was suggested by eight people that that communal internet/computer facilities could be provided for those without devices.

Conclusion: Being able to communicate with friends and family was seen as a basic necessity for most people who responded to our survey in particular being able to use their own devices with access to free or minimal charge Wi-Fi while at The Centre.

Recommendation: Allow patients to use their own phone/laptop while at The Centre with free Wi-Fi for all patients, and landline in their own room on request. Consider individual needs on a case by case basis, for example voice recognition and 24 hour access.

Accessing specific diets e.g. vegan, halal

The table below shows the specific dietary needs of the people who answered our survey.

Dietary needs	Number
No special diet	40
A menu with choice	16
Healthy balanced diet	15
Vegetarian	5
Gluten free	4
Diabetic	4
Vegan	3
Alcohol	2
No lactose	2
Halal	1
Low residue diet	1
Appropriate implements	1

Table 4

Nearly half had no special dietary requirements and were prepared to eat *'anything'*. Having a daily choice or menu was important to 16 people closely followed by a healthy balanced diet for 15 people. Five people told us they were vegetarian and four that they were vegan. Four people were gluten free and two lactose free. Three people would not eat tripe. Two would like to have the option of having alcohol with their meals. Other special dietary needs are described in the quotes below:

'I have chronic renal failure with low potassium and also gluten-reduced and no dairy - The Centre needs to be able to take this into account'.

'I would expect no cross-contamination with diets for religious reasons, and offer a vegetarian option to help a broad group of people'.

'I'm on a low residue diet now so I would need that to be allowed for to help me manage my stoma'.

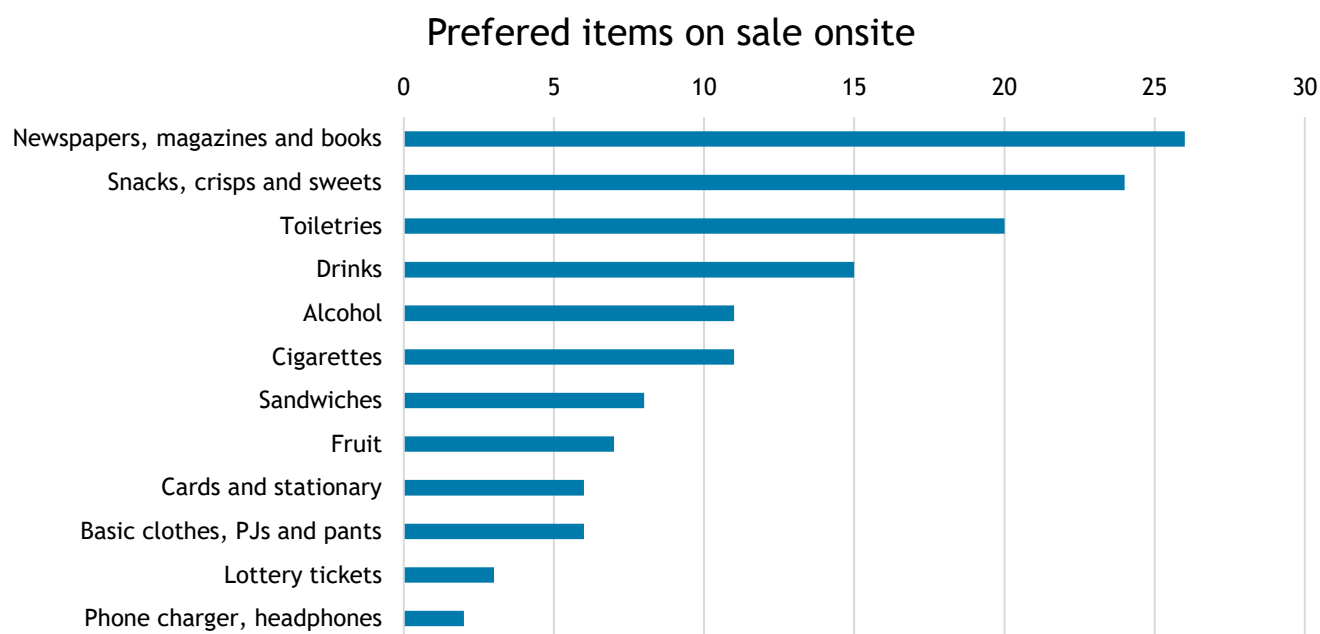
'The right implements to be able to eat my meals. I also worry about swallowing - that means appropriate meals and drinks'.

Conclusion: There were a range of dietary needs across the sample of people surveyed. Both choice and a healthy balanced diet were particularly important to one fifth of people.

Recommendations: Provide a range of choices at mealtimes including healthy balanced diets and occasional 'treats'. Ensure that specific dietary needs are met for individuals and that people have the implements to allow them to eat independently.

Access to shops to buy toiletries, newspapers, magazines, snacks etc. onsite

When asked, 'Would you need a shop onsite?' 76 people agreed they would. The top items they would like to see stocked are shown in the graph below.



Graph 2

The highest answers were newspapers, magazines and books with 26 people requesting this, followed by 24 people wanting snacks, crisps and sweets and 20 toiletries. One person summed up the general feeling from respondents as, *'because of where it is not having local shops, it will be really important for the shop to offer a good range of things'*. For others a shop meant more than just the need for an item, *'God yes! I must have a degree of independence and choice!'* and it's *'part of the rehab'*, *'it keeps people in contact-they start a conversation. Talking makes people better'*.

Specific requests for certain cohorts were made such as, *'for women there should some service that you can order the hygiene products'* and *'I want the shop to have the Nottingham Post so I can follow Nottingham Forest'*.

While eleven people would like or were happy if the shop stocked cigarettes and alcohol, nine people were against the sale of alcohol and seven did not want cigarettes to be sold. There were also mixed feelings about lottery tickets - seen by some as gambling.

In addition to this *'hospital shop'* 13 people would like to see a café on site, *'Also a coffee shop to make things feel more normal. Want to be able to keep up with what's going on'* and *'not just for the patient but for families visiting'*. Five people asked for a chemist, five to be able to order items online (perhaps reflecting how shopping has changed due to lockdown) and have them delivered to them at The Centre, four for a cash machine, two each for a restaurant, hairdresser/barber and library and one each to be able to rent movies and have a gaming kiosk.

Conclusion: The answers to this question illustrated the range of needs people have not only for the items, but to be able to have independence, choice, have a walk and meet others.

Recommendation: At minimum a hospital shop with basic items is required. A café / restaurant is also important for both patients and visitors.

Accessing inside and outside space independently, and off-site facilities

Sixty-three people said that accessing outside space was important to them. Primarily for fresh air, *'I would like some outside space, garden and be able to go for a walk to have fresh air'* and *'that would be one of the most important things, if I was in a wheel chair to be able to get out into a garden, if I couldn't I would probably kill myself!'* Ten people suggested that an outside gym or pool would be nice in addition to the gardens, *'maybe outside exercise equipment to do your exercises on'* and *'being outdoors should be part of therapy, I think there should be pool there'*. Other suggestions included a water feature, picnic areas for families, a sensory garden and bird feeders, *'room to socialise, classes, art sessions, animations'* and five people would like an outside smoking area.

For others it was seen as important for their mental health, *'I absolutely need access to outside spaces on my own to help with my mental health'*, *'Being stuck in a room for weeks is too hard on mental health'*, *'Can't think of anything better than to get outside and heal yourself'* and *'I have got to have an outside space to just let my head breathe where I can walk away to'*.

Forty-five people recognised the importance of accessibility and suggested the need for mobility scooters, wheel chairs, benches, grab rails, lifts, even ground and lowered pavements and, *'benches so people can rest and relax'*. *'All the places should be wheelchair friendly, ramps instead of stairs. No one should be limited'*. *'As much independence as possible - I'd want to be independent and be able to explore on my own'*. For 19 people having assistance from staff and volunteers was very important, *'it would be nice to go out and have assistance in doing so'*, *'There should be a park or garden outside and there should be support for people to go out (even if you are in a wheelchair)'*. *'There should be additional help for people who are not mobile to get outside, maybe volunteers?'*

Over a fifth of people (n=19) would like to be able to go off site. The reasons given included, *'my mental health would suffer if I would be just onsite for more than 2-3 weeks, so off site trips would be a must'*, *'if I could go off site on my own then I would like to play snooker or go to the cinema or go for a walk'* and for one, *'depending on how injured I was, it would be nice to go down the pub for a Sunday session'*. Others felt they might require assistance to go off site, *'able to be escorted to Loughborough so you can keep a toe in normal life'*, *'transport provided if possible - to go off-site, e.g. a shuttle service'*.

A few had individual needs, *'I would have to be shown where places were, inside and outside, so that I could remember where to go. I would need flat surfaces and lowered pavements. I would need to be on the ground floor (though I prefer to see the view from higher up); a lift would not help as I would not be able to see the buttons'*.

Conclusion: Being able to access outside space was essential for over one third of people surveyed to aid their physical and mental recovery. People felt that outside spaces would need to be accessible and where possible wheelchairs and mobility scooters provided. In addition, being able to get off site was important to one fifth of people.

Recommendations: Provide easy independent access to outside space with a large range of facilities to meet different people's needs.

Accessing religious spaces to practice your religion

Over two thirds of people (n=67) said that a space for people to practice their religion was of importance though not necessarily for them personally, *'do the same as in hospitals, with one room for all religions. No icons etc. just a vase of flowers'*. *'There would be no need for visual symbols - they get in the way'*. *'A cosy room, like the one at City Hospital'*. *'All faiths welcome'* and *'a multi-use prayer room or space is required, this will help some people to recover, and it is a part of the way some people heal'*.

However, there was also recognition that it may not be possible to accommodate all faiths in one room, *'A Christian chapel, and separate from other religions. I would prefer it not to be multi-faith'*. *'Muslim patients would need to have an ablution facility nearby so that they could observe their prayer sessions'*. *'I am worried that that some religious [people] might feel excluded and how The Centre would accommodate all?'* and *'Have space that is culturally appropriate with the resources, like Bible, Quran, devotion books, or able to access over internet'*.

Nine people described how important it was to them personally, a *'place where you can restore and pray'* and *'I would like to have a special place to practice my religion, because I'm a Christian'*. For others it was the sense of community that religion brings, *'I need someone to take me to my church. I normally go with my Mum and see friends there as well. Also a space inside [The Centre] where my friends could come and worship with me!'*, *'Prayer room is very important for me. This maybe could create a community'*.

Twelve people put the emphasis on someone to talk to rather than a room to pray, *'A quiet room, with someone sympathetic to talk to, and to listen to me'*, *'perhaps a chaplain able and willing to talk to me when I am feeling down'* and it *'would be good to offer appointments to access priests, vicars, imams'*.

Conclusion: Both religious and non-religious people recognised the importance of having a space for people to practice their belief system. However, there were conflicting views as to whether a neutral prayer room would be appropriate to all. For others it was more important to have someone to talk to and suggestions were made to have a range of faith leaders visiting for this purpose.

Recommendations: Provide at least a multi faith room to allow people to practise their religion as well as facilitating access to visiting faith leaders. Consider whether a separate room would be required for certain faiths.

Privacy

The table below shows the privacy needs of people we spoke to.

Privacy needs	Number
I require privacy - my own space	51
Please knock before you enter my room	17
I would like to speak to health professionals in a private space	16
I would like a safe place to keep my things	6

Table 5

More than half of the people surveyed (n=51) said they need their own private space, *'I wouldn't be able to hack it. Sometimes I have to walk off so it would be bad if there was nowhere to go'*, *'Absolute privacy. I would decide what I wanted to do, and when - nobody decides for me'* and *'I am very very private, a space where I can be on my own, maybe quiet rooms to be away from other people, literally alone'*.

Seventeen people said it was important for them that staff knock before entering their room, *'people just bursting in is embarrassing', 'no one barging in' and 'Knock first! That would be polite.'* A similar number of people (n=16) would like to be able to discuss their condition in private with health professionals, *'if there is a need to talk to someone it should be done in a consultation room not in shared spaces'* and *'if I was talking about personal stuff with a doctor to have a private place to do this'*. However this was not the case for everyone, *'If I am in my bed and I cannot move then I don't want to go anywhere so tell me here', 'just draw the curtains that would be fine. That is not important for me'*.

It was also recognised that certain people may have specific privacy needs, for example, *'make sure nurses who help are the same sex as the patient', 'the texture of clothes can be difficult for me and I can't cope'* and *'I wouldn't be comfortable using bedpans on a ward.'* Lastly one person shared a different concern, *'worry about the needs of gay patients, transgender patients, to make sure they can be who they are without bullying'*.

Conclusion: Different individuals have different privacy needs, where some people have no need for a space of their own, others require this. Knocking before entry was seen as polite and important to a number of people, as was being able to speak to health professionals about their condition confidentially.

Recommendations: Address people's privacy needs on an individual basis, ensure consultation rooms are provided if requested.

Support for care of my dependents (e.g. children or another person you care for)

Eleven people who answered this survey were either pregnant or had a child under the age of five years. People with babies felt that mother and baby should be together as explained below:

'As I have small baby there should be support for me to be with baby all the time. Even with help but with me at all times. It is important for mother baby bonding (my baby is 3 weeks old).'

'As a single mother with a toddler, maybe they could accommodate the baby with you'.

'I would need someone to care for my child. I would want them to be with me with some additional help, depends on my mobility'.

For parents with older children most would make their own arrangements, *'my family would take over - I would arrange that', 'I would probably sort this out myself', 'my children would stay at home I'd leave them with my parents'*. However, this brought about other worries, *'I'd find it hard without him [my son], not having a cuddle or play or taking him out in the car. I would be torn as I know that I would have to be focussed and get better. He is 4 years old', 'I would want them to be able to come in to see me. So I can read stories, give them a cuddle. Children need to be able to see a parent' and 'I think without mental health support this stay could become traumatic for my children'.*

Schooling for children was also a concern for some parents, *'A collective own private space for my dependents. So we can stay together. Some sort of nursery/schooling?', 'if my dependent children were out there [at The Centre], they would need schooling and some kind of entertainment' and 'if the centre could provide some child care or after school care that would be really good'.*

Ten further people were carers for others and stated the support they would need, *'I need to know that my parents and my kids will be fine when I am gone - social services need to be in touch so kids are still attending school etc.', 'I would want an office or representative to guide me about what I could do, to signpost me to services who can offer help to the people I care for. Keep in contact with them to explain what is needed. Help with emotional issues too', 'I am a carer so I would expect them to be able to help me arrange continuity of care through the rehab centre', 'the centre needs*

to offer some support for setting up care and help, because the patient might not be in a position to help'.

One young person described their caring responsibilities as, *'I (aged 15) look after my younger brother he is 10. Possibly my mum could look after him but sometimes she is out working. If no one could look after him then he might have to come with me'.*

Three people also mentioned the importance of pets, *'If I was there for a long time it might be too much for neighbours, relative or friends and kennels are very expensive'* and *'children and pets need to be able to come along to help people recover'.*

Conclusion: Parents with babies felt they should be able to bring them with them and extra support provided on site, most parents with young children said they would be able to make their own arrangements but for some this would present a problem. In these incidences the parent would need support and guidance from social services. Similarly, people caring for adults would need guidance and support to access services to do this, particularly if they were too unwell to make the arrangements themselves.

Recommendation: Ensure there is provision for parents to care for babies on site. Provide social care guidance to support and care for young children and adults in order to reduce the stress on the patient.

Other health and social care needs (e.g. support for my diabetes, facilities for my carer to be with me, accessing chronic care e.g. cancer treatment)

Seven people described specific ongoing health needs that they would need support with while at The Centre, these included, *'I have a lung condition and I have a consultant who normally I see', 'I have regular visits to QMC and I think transport should be provided for them', 'I had a quadruple heart bypass that failed so I would need careful monitoring', 'for myself, I would need to be able to order stoma supplies', 'I can manage my diabetes myself now but I may not always be able to' and 'might be dead if other treatment not continued'.*

Twenty-three people stressed the need to have a GP/Medical Centre/Nurse on site, *'there should be medical services on-site - nurses and doctors. I have regular blood tests as I take warfarin for my heart condition (hereditary irregular heart beat)', 'A medical centre would be necessary for routine care of people with extended stays at the RC' and 'I don't have any long term need, but there should be GP accessible'.*

Three people described specific barriers that could hamper them from going to The Centre, these were, *'I would worry if I couldn't continue to attend meetings around transgender health to help me cope' and 'will they understand where I am coming from, as a BME patient? This is really important to offer. It needs a culturally reflective workforce and intervention. Communication is key to help people cope and feel understood' and 'I would expect them all [my medication and treatment] to be provided for whilst I am getting rehab. If they cannot then I cannot go along'.*

Conclusion: While some people assumed that their regular treatment and repeat prescriptions would continue others were less confident and stressed the need for good communication and transfer between existing and new health professionals.

Recommendation: Ensure swift transfer of medical files to ensure on site staff have access to the patients' medical history, continue to provide repeat prescriptions and GP check-ups as required where possible on site or with transport provided for specialist services. Consideration needs to be made for people who require other ongoing treatments either providing transport to the service or by bringing medical specialists in.

Support with my existing or new mental health condition

Fifteen people told us they have an existing mental health condition that they would like/need support with. Some of the examples are described by the quotes below:

Mental Health support needs now

'I have depression, stress and worry so mental health support is important'.

'There should be someone accessible to talk to about the mental health. Those meetings should be scheduled as well so I don't need to reach out'.

'I would need access to my family. I do get depressed when I feel lonely - the rehab centre is very far out'.

'I would want to have unrestricted visits from friends and family'.

'I do get called by a CAMHS worker every two weeks, I'd need to talk to them every 2 weeks'.

'Recognising that I have good days and I have bad days, and sometimes I won't be able to cope with rehab objectives'.

'I want someone to be able to talk to get things off my chest. Also able to offer some more intense therapy. Able to handle coping with changes to my body and identity'.

These people went on to describe aspects of therapy they had received before that didn't work for them as shown in the table below:

Things that don't work for me

'I don't think group therapy is the best one. I would not like to talk to other people'.

'I don't want to go onto a waiting list for getting help. When people need services they have already been through enough trauma and they need help now!'.

'If it takes a long time to see a professional over mental health issues it would undermine the value of rehabilitation to me'.

'If they keep changing who I see I wouldn't bother'.

'Help with coping with being away from family and work - recognising the struggle'.

'Need to be able to offer more than short courses of therapy. Don't waste time offering a short course - it won't be any real help'.

'Female, experienced, not too young'.

'No Tai-Chi as it is against my Christian belief'.

Sixty-two people described what they thought their future needs might be:

Things that don't work for me

'If I developed a new mental health condition while I was there, I would want someone to be available for me to speak to and to give me all the help I needed. Talking therapies should be available'.

'I don't know how I would be if I was in that place, if I was in a wheelchair I wouldn't be talking like this and that would change my life completely and I would probably need some counselling'.

'The centre needs to be laid out and considered in its design: natural light, a homely place. Plenty of information on route to go down for new mental health problems'.

‘There should be support for people who develop mental health conditions; people to talk to, to listen to them’.

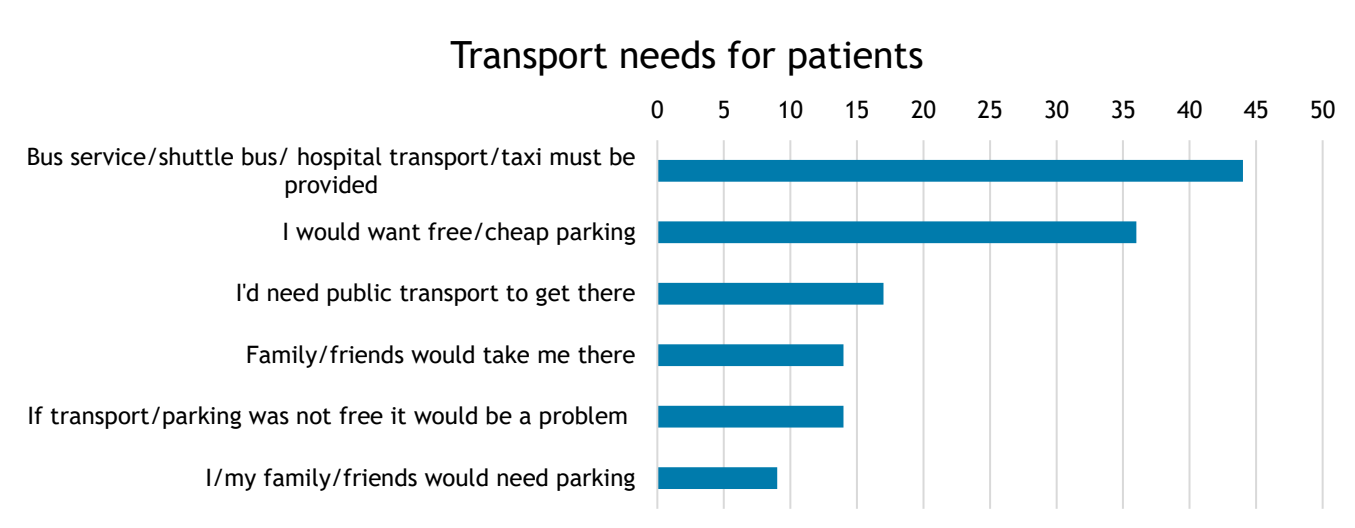
‘I need them to be able to offer support for mental health, because you don’t know how things might push you’.

Conclusion: It was clear that those people with existing mental health conditions would need continued support ideally from their exiting service/contacts to ensure continuity of care. For some, access to friends and family was an important aspect of maintaining their wellbeing. Many people imagined needing new mental health support as a result of their illness or injury and that mental rehabilitation was as important as physical rehabilitation.

Recommendation: Continue to provide mental health support for people with existing conditions from the service they are in contact with. Where new services are provided ensure that this is tailored to the needs of the individual.

Cost of public & personal transport: convenience and frequency, parking

The graph below shows the transport needs of the people we spoke to:



Graph 3

Nearly half of the people (n=44) said a bus service, shuttle bus, hospital transport or taxi would need to be provided to transport patients to The Centre, *‘Public transport is important for me as I have no private transport’*, *‘May be additional transport should be provided. It is not very good location if someone is using public transport’* and *‘I would most likely have to go on the bus as my Dad is the only one who drives and he is only there on the weekend’*.

The cost of public transport/car parking would be prohibitive to 14 people, *‘[I] worry about the cost of transport, I would go without it [treatment] because I couldn’t afford it’*, *‘cost might stop me accepting help if say I need to take taxis there and back’*, *‘yes cost it is a worry, the price of public transport, especially train’* and *‘If I as a patient have to go to and fro, then public transport costs become critical to being able to access help’*.

Thirty-six people would want free or cheap parking, *‘don’t take the “Mick” over parking!’*, *‘Don’t “fleece” people as they do in hospitals’* and *‘when I have been with my child in hospital we spend almost £60 for parking it was terrible. Paid parking when you have no other option but pay is devastating for family’*.

Distance was also a worry for some, *‘the place is very far away I don't know exactly how I could get there’* and *‘there should be a bus services to this place, it's very far away from where I live’*. Concerns were also raised about how much walking from the bus stop there would be, *‘Loughborough is a long way, and catching lots of buses would be a no-no for me. I need to be able to get directly there - don't expect to have to walk!’*, *‘Again it depends how much walking would be involved to get on the public transport so might need taxis but if there was a bus stop right next to the place and you could get connected to other buses that would be okay’*.

Other people had individual needs and concerns, *‘my family do not speak English and it would be difficult for them to get there’*, *‘public transport would only be feasible if I were not having dizzy spells’*, *‘many of my friends don't drive and for older friends who no longer have cars, getting to the centre from Nottingham would be a problem’*, *‘if you were feeling fragile, or even unwell, would you want to be so far away? Away from your own surroundings - this would impact on your physical and mental health because nothing and no one would be familiar’*, *‘[it would be barrier for me] if they didn't have any space to charge or store mobility scooters to be able to let me get around. Need secure storage’*, *‘I don't know how I would get there, I would feel scared’* and *‘if I am coming a long distance I won't be able to start early’*.

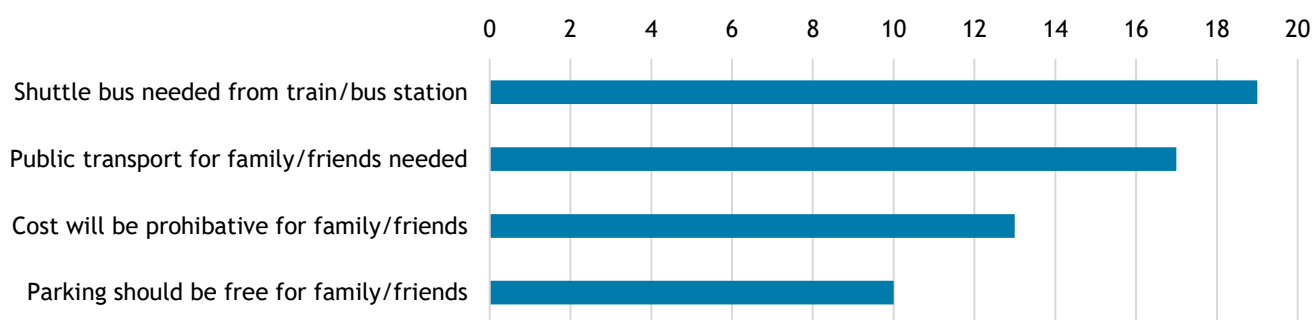
Conclusion: It is essential that public transport is provided preferably in the form of a regular shuttle service from the train and bus station. Long stay patients require free car parking close to the entrance.

Recommendation: Provide public transport to the door of The Centre, preferably by a shuttle service from the train and bus stations. Provide free parking for patients.

Transport for yourself/friends and relatives - getting there and back for ongoing treatment

The graph below shows the transport needs for family and friends of people who completed our survey.

Transport needs for friends/family



Graph 4

As before a shuttle bus from the bus/train station was seen as very important by 19 people, *‘because of the location if there is no shuttle service it will affect my family visiting’* and *‘some of my family members don't drive and without regular public transport they would not be able to reach me’*. The cost of transport was also seen as a barrier for visitors by 13 people, *‘if it would be too expensive it will impact how often people visit me’*, *‘cost can be hard on some friends and relatives who are on benefits and might mean they cannot visit’* and *‘In my case my partner doesn't drive so she would have to use public transport it would a pain and it would be expensive’* People also worried about the cost of taxis, *‘If public transport was not available and they had no car, taxis would be expensive’*.

Distance and rural location was seen as a barrier for visitors too, *'the downside to the rehab centre could be difficulty in getting there', 'it's not a convenient location', 'the distance would be an issue for people coming from Nottingham' and 'it would be hard for my Mum, it would be a little bit difficult for her and she doesn't drive'.*

The cost of parking came up again as an issue for family and friends in some cases impacting on the number of visits patients could expect, *'paid parking and paid transport would affect how often family would be visiting', 'my friends and family are using their own cars. Parking should be free also for family visiting' and 'If there was paid parking it would affect the length of a stay my visitors'.*

Other issues that were raised are listed below:

'I think there could be a transport for family. If my family would come to visit me someone need to pick them up from airport'.

'Many of my friends don't drive and for older friends who no longer have cars, getting to the centre from Nottingham would be a problem. Public transport would be difficult for most of my friends to use'.

'My partner might not be able to drive or use public transport so there would need to be some kind of assisted travel facility'.

'Public transport would be stressful for my partner and would be quite a journey with my son [who is autistic]. Dealing with the public transport, getting there for the allocated time, and getting there early for the bus then waiting and you don't know how long it will take etc.'.

'Worries around reliability of public transport, getting there in time. Also transport offered - we need to be able to get in with disabilities'.

'Worries about disruption around education for children to visit'.

'Always awkward to park - need enough space. They need to let people who have disability have proper parking spaces or spaces where disabled people can get'.

Conclusion: Public transport and shuttle buses are required for family and friends to visit patients at The Centre. In some cases, people felt the cost of transport and parking would impact on the number of and frequency of visits they have. For those whose friends and relatives who do not drive/do not have a vehicle the logistics of using public transport was also an issue for example, journey time, disabled access, walk from bus stop etc.

Recommendation: Provide a regular shuttle service for family and friends from the bus and train station to the door of The Centre to facilitate access.

Accommodation for your family and friends

The table below shows what the accommodation needs are for family and friends of the people we spoke to.

Family and friend accommodation needs	Number
Accommodation for family/friends is a necessity for me	35
It would be nice to have this accommodation option	24
Hostel rather than hotel prices or free for close family	23
My family/friends would not need to stay	14
There needs to be things for children to do	4

Table 6

For over a third of people (n=35) additional accommodation was a necessity. Firstly to provide emotional support, *'I don't think I could stay more than few days without seeing my children this would seriously affect my mental state'*, *'If there was no accommodation for my kids I would be very anxious'* and *'It would do me no end of good to be able to have a friend come over from time to time, to provide company and activity'*.

Secondly for practical reasons, *'I think my family would stay as my mother is in Slovakia, when coming she would need to stay at least few days maybe even for full length of my stay'*, *'because it is far away from city and some of my family travel by buses I think they would need to stay on site when visiting me'* and *'I think my family members would like to stay with me as it is quite a distance from Newark'*.

Cost of this accommodation was a concern to 23 people, *'It should be basic hostel, maybe paid to avoid people staying over just because it is free, - low cost'*, *'A nominal charge to cover the cost of laundry and cleaning'* and *'charge if they can afford to pay'*.

Twenty-four people said it would be nice to have this option on site but otherwise family and friends would stay in a hostel, B&B or cheap hotel nearby. Fourteen people had no need for onsite accommodation for family and friends, *'I don't think any of my family members would stay overnight, if they would gather together it would be difficult for other people'*, *'My family live nearby so I don't think they would use it'* and *'I wouldn't want them staying on-site'*.

Other needs are described below:

'I have small child and there should be some playground so I could have a positive time with my child'.

'Security so it is not one big party'.

'It needs to be accessible too, as you can't assume that friends and relatives are able-bodied'.

'Some attraction for families so they can focus on something else then rehabilitation. Bingo maybe'.

'Some play area for my kids. If there was nothing for kids there to do it would affect how often they would visit me'.

Conclusion: In order to provide emotional support and reduce the inconvenience of The Centre being out of the way, over one third of people require accommodation for family and friends. Cost of this accommodation would be a barrier if it was hotel, rather than hostel prices, so this needs to be factored in.

Recommendation: Provide onsite accommodation for family and friends at reasonable rates

Support/opposition of the proposal to create NHS RC at Stanford Hall

The table below shows the level of the support the people we spoke to have for NHS RC.

Support of proposal to create NHS RC at Stanford Hall Estate	Number	Percent
Strongly support	57	62.6%
Slightly support	24	26.4%
Neither support or oppose	8	8.8%
Slightly oppose	1	1.1%
Strongly oppose	1	1.1%
TOTAL	91	100%

Table 7

Nearly two-thirds of people (n=57) strongly support the creation of the NHS RC with over a quarter (n=24) responding slightly support. Ten people were either not sure or slightly or strongly opposed to this proposal. When asked to elaborate on their answers, views fell into positives and negatives as shown below.

Positive comments

'I think patients who would be treated in this place will get better quicker with so packed rehabilitation in one place'.

'It seems that new centre will be better and modern. It is nice countryside area'.

'I think it is very good idea to make a highly specialist facility to treat people'.

'I fully support because people need access to and will take a pressure off the NHS buildings'.

'A whole team of specialists meeting different needs all in one place would really benefit patients. Dealing with a whole person to achieve a good quality'.

'The idea for Stanford Hall is fairly central and it will bring together expertise'.

'The defence centre is already there and I like the idea of using an existing space instead of using tax payers money to build it somewhere from zero'.

'It is military centre so it will be much better'.

'The more NHS buildings, the better - the more spaces for patients, the better. The fewer people suffering, the better'.

'It gives people time to get back on their feet instead of being stuck in a hospital'.

'A real sense of camaraderie and community around being with others who are being rehabilitated'.

'It would be nicer to look out the window at a nicer surroundings'.

'I think it is a good idea because it is in a quiet place not a busy, busy place, sometimes people need a quiet place to get better'.

'It would be better for your well-being some of the City hospitals have horrible views out of the window'.

'It will help people out. Being away from life and just focus on rehabilitation would be beneficial'.

Negative comments

'Translator services on demand should be provided for non-English-speaking people - in person not by phone'.

'More staff will be needed'.

'Location is not great, I use public transport that is why I gave this answer'.

'I don't have a car so I would worry to be placed in this centre as it is not central and my family would have a problems to reach me'.

'I am slightly nervous about public transport links might not be efficient and cause a problems, it might be not efficient for patients'.

'I don't want it to feel military'.

'The main problems would be loneliness because of where it is and people having to spend lots of money on transport because it's hard to get to'.

'If it is a cost-cutting exercise, I am against it'.

'So long as everything was properly co-ordinated, with patients' records to hand, it would be a huge help'.

'City Hospital is much more convenient to get to'.

'I hope the NHS doesn't lose good staff in bringing facilities together'.

'It would be nice if there was one in the City as well, not a full move'.

'It needs to be a large enough facility to be able to host enough people to be useful - don't want it to be a lottery if you get care'.



Unanswered questions

People who were interviewed raised a number of questions. It might be useful to include these in a 'Frequently asked questions' booklet if the proposal for The Centre goes ahead.

- I don't understand the context in which this is being built how necessary is it to have this facility?
- Would the facilities be relevant for civilians?
- What would the staffing be? How many staff would there be?
- If there were another war - always a possibility - what would happen to the NHS civilian patients?
- Is Linden Lodge to be closed?
- When will it be opening?
- I'm not sure about the facts, why is it being moved?
- Could he [my partner] stay in our motorhome at The Centre?
- Why is it being moved in the first place?
- Is the contract to be given out fairly, or will politicians decide?
- Is the centre going to be cost effective for the number of patients?
- I would want to know far more about the plans and proposals
- [Could there be] a simple camping area or the like?
- What mode(s) of transport would be available for visitors? Who would pay for taxis if these were necessary?
- How do military families of military personnel cope currently with transport issues?
- Could there be a Shuttle bus?
- What would access be like for people who live out in the countryside?
- Would bookable transport be available like Easylink or Arriva?
- Is it down a country lane?
- Can public transport get you to The Centre?
- Can I see the same people to help me with my existing mental health condition?
- Would people who need dialysis be able to come in?
- Who would make the arrangements for support of dependents (children and parents people care for) would it be the patient or The Centre itself?
- Is the NHS going to impose on the military or be quite separate? Are there separate regimes? What's the agreement going to be? Who's going to be the "holder of the key"?
- Will there be curfews for going off campus?
- Will there be a space to smoke outside?
- Would someone keep track of me if I go offsite?
- Depending on my ability, would someone be able to shop for me?
- How do patients get cash?
- Would I be able to order items online and have them delivered to the site?
- Will there be an additional charge for charging my mobile phone?
- Will there be a good O2 signal?

Two thirds of people had no problem about being on the same site as military personal and ten felt that it would have better facilities. Seven said they would actually feel safer knowing the military were around. However, 18 raised concerns. These were around the themes of the different culture between military personal and civilians, sharing the same space/keeping separate, higher security which might make them 'nervous', side effects of PTSD and a more 'regimented' regime.

People have different accommodation needs based on their sleep patterns, sex, culture and existing health conditions, so it is important to provide a variety of options.

Being able to communicate with friends and family was seen as a basic necessity for most people, in particular being able to use their own devices with access to free or minimal charge Wi-Fi while at The Centre.

There were a range of dietary needs across the sample of people surveyed. Both choice and a healthy balanced diet were particularly important to one fifth of people.

It is important that the onsite shop stocks a range of items in order to meet the variety of needs of patients, family and friends. Access to an onsite shop also provides a sense of independence, choice, exercise and social contact with others.

Being able to access outside space was essential for over one third of people surveyed to aid their physical and mental recovery. They felt that outside spaces would need to be accessible and where possible provide wheelchairs and mobility scooters.

Both religious and non-religious people recognised the importance of having a space for people to practice their belief system. However, there were conflicting views as to whether a neutral prayer room would be appropriate to all. For others it was more important to have someone to talk to. Suggestions were made to have a range of faith leaders visiting for this purpose.

Different individuals have different privacy needs: where some people have no need for a space of their own, others require this. Knocking before entry was seen as polite and important to a number of people, as was being able to speak to health professionals about their condition confidentially.

Parents with babies felt they should be able to bring them with them and extra support provided on site. Most parents with young children said they would be able to make their own arrangements but for some this would present a problem. In these instances the parent would need support and guidance from social services. Similarly, people caring for adults would need guidance and support to access services to do this, particularly if they were too unwell to make the arrangements themselves.

While some people assumed that their regular treatment and repeat prescriptions would continue, others were less confident and stressed the need for good communication and transfer of medical files between existing and new health professionals.

It was clear that those people with existing mental health conditions would need continued support ideally from their existing service/contacts to ensure continuity of care. For some, access to friends and family was an important aspect of maintaining their mental wellbeing. Many people imagined needing new mental health support as a result of their illness or injury and that mental rehabilitation was as important as physical rehabilitation.

It is essential that public transport is provided, preferably in the form of a regular shuttle service from the train and bus station. Long stay patients require free car parking close to the entrance.

Public transport and shuttle buses are required for family and friends to visit patients at The Centre. In some cases, people felt the cost of transport and parking would impact on the number and frequency of visits they have. For those whose friends and relatives who do not drive/do not have a vehicle, the logistics of using public transport was also an issue, for example journey time, disabled access, the length of the walk from bus stop, etc.

In order to provide emotional support, and reduce the inconvenience of The Centre being out of the way, over a one third of people require accommodation for family and friends. Cost of this accommodation would be a barrier for some if it was charged at hotel rather than hostel prices.



Recommendations

In order to address these specific needs and barriers to access, it is recommended that the CCG takes the following actions:

Specific needs to consider

- Continue to provide mental health support for people with existing conditions from the service they are in contact with. Where new services are provided, ensure that this is tailored to the needs of the individual
- Where new mental health conditions arise, ensure that people are able to talk to someone about this.
- Ensure there is provision for parents to care for babies on site. Provide social care guidance to support and care for young children and adults in order to reduce the stress on the patient.
- Offer a variety of accommodation options and allow patients to give their preference to assist their recovery.
- Allow patients to use their own phone/laptop while at The Centre with free Wi-Fi access for all patients, and landline in their own room on request. Consider individual needs on a case-by-case basis for example voice recognition and 24-hour access.
- Provide easy independent access to outside space with a large range of facilities to meet different people's needs.
- Ensure that civilians and military patients are aware they will be sharing certain spaces at The Centre. Staff to consider the different needs and culture of military and civilian patients.
- Provide a range of choices at mealtimes including healthy balanced diets and occasional 'treats'. Ensure that specific dietary needs are met for individuals and that people have the implements to allow them to eat independently.
- Provide at least a multi-faith room to allow people to practise their religion as well as facilitating accessing to visiting faith leaders. Consider whether a separate room would be required for certain faiths.
- Address people's privacy needs on an individual basis and ensure there are private places to speak to health professionals and relatives if requested.
- Ensure swift transfer of medical files to ensure on site staff have access to the patients' medical history, and continue to provide repeat prescriptions and GP check-ups as required where possible on site or with transport provided for specialist services. Consideration needs to be made for people who require other ongoing treatment, either providing transport to their facility or bringing in medical specialists.
- Provide public transport to the door of The Centre, preferably by a shuttle service from the train and bus stations for patients, family and friends. Provide free parking for patients.
- Provide onsite accommodation for family and friends at reasonable rates.
- At minimum a hospital shop with basic items is required. A café / restaurant is also important for both patients and visitors.

Barriers

- Provide information about The Centre to patients to address concerns about being on the same site as military personnel.
- Ensure that all patients have affordable ways to communicate with their family and friends.
- Ensure that affordable public transport to The Centre is available.

Appendix 1: Demographics of respondents

District	Number	Percent
Ashfield	14	15.4%
Bassetlaw	1	1.1%
Broxtowe	6	6.6%
Gedling	25	27.5%
Mansfield	6	6.6%
Newark & Sherwood	13	14.3%
Nottingham City	22	24.2%
Rushcliffe	4	4.4%
Total	91	100.0%

Age Group	Number	Percent
1 - 15	8	8.8%
16-17	3	3.3%
18-24	11	12.1%
25-34	13	14.3%
35-44	13	14.3%
45-54	10	11.0%
55-64	11	12.1%
65-74	7	7.7%
75-85	11	12.1%
85+	4	4.4%
Total	91	100.0%

Gender	Number	Percent
Female	47	51.6%
Male	43	47.3%
Not answered	1	1.1%
Total	91	100.0%

Sexuality	Number	Percent
Heterosexual	68	81.9%
Homosexual	6	7.2%
Prefer not to say	4	4.8%
Asexual	2	2.4%
Bisexual	2	2.4%
Not answered	1	1.2%
Total	83	100.0%

Are you a carer for anyone?	Number	Percent
No	80	87.9%
Yes	10	11.0%
Not answered	1	1.1%
Total	91	100.0%

Are you a cared for by anyone?	Number	Percent
No	74	81.3%
Yes	17	18.7%
Total	91	100.0%

Pregnant/children age < 5	Number	Percent
No	78	85.7%
Yes	11	12.1%
Not answered	2	2.2%
Total	91	100.0%

Homeless	Number	Percent
No	87	95.6%
Yes	4	4.4%
Total	91	100.0%

Employment status	Number	Percent
Retired	24	26.4%
Full time	23	25.3%
Student	16	17.6%
Part time	13	14.3%
Not working	12	13.2%
Unable to work	3	3.3%
Total	91	100.0%

Ethnicity	Number	Percent
White	73	80.2%
Black	5	5.5%
Mixed/Multiple ethnic	4	4.4%
South Asian	3	3.3%
Asian	2	2.2%
Gypsy or Traveller	1	1.1%
Other	1	1.1%
White - Latin American	1	1.1%
White - of mixed heritage	1	1.1%
Total	91	100.0%

Religion	Number	Percent
Christian (all denominations)	42	46.2%
No religion	35	38.5%
Prefer not to say	5	5.5%
Atheist	2	2.2%
Muslim	2	2.2%
Sikh	2	2.2%
Buddhist	1	1.1%
Other - Agnostic	1	1.1%
Other - Spirituality	1	1.1%
Total	91	100.0%



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