National Rehabilitation Centre

Introduction to the NRC

1. The 'National' element of the DNRC Programme involves creation of the first national specialist clinical rehab capability for the NHS in the UK. It is now in its early stage of development on the 360 acre Stanford Hall Rehabilitation Estate (SHRE) near Loughborough. It involves creating a purpose built 63 bed facility that will deal with a wide range of rehab conditions. The underlying aim is to return people to their former life and some form of worthwhile work. It will also host Research & Innovation and undertake clinical training and education in rehab on a national and international basis.

2. The opportunity sits within the Defence and National Rehabilitation Centre (DNRC) Programme. The Defence element of the Programme (the 'D') is in place and is already treating serving members of the armed forces. The concept of a National component (the 'N') was at the specific request of the then Defence Secretary in 2009. It is well advanced with the capital cost of the patient facility (£70M) being secured in the 2018 autumn budget statement. The NHS process to prove the business case and the operating cost model is underway with a target for completion by the end of this year to fit an (ambitious) target for the 'N' being operational in early 2023 (the design and build probably being procured by NHS Estates). Nottingham University Hospitals Trust (NUH) is the NHS sponsor and leads the National Rehabilitation Centre (NRC) Programme. The range of conditions to be treated is likely to include (patients who require an intensive period of rehabilitation not in an acute setting following major trauma, neurological disease or trauma such as multiple sclerosis or brain injury, traumatic amputees and complex musculoskeletal).

3. It is also the intention that treatment of patients from outside the East Midlands Region will be available on a spot purchase basis.

4. In practical terms, the DNRC (Black Stork) Charity's 'N' deal for the NHS will be:

- Effectively a free gift of a plot of land valued at £5M on the basis that the Charity will grant it a long lease on a peppercorn rent.
- The free gift of the detailed planning permission (already granted to the Charity) to build the facility plus the designs, developed with the NHS, that go with it (a gift of about £1.5M).
- The ability to share facilities and expertise with the Defence establishment 400 metres away on the basis of principles already agreed with the MoD.
- Use of the rehab facilities (trim trails, hand cycle tracks etc) on the wider SHRE, maintained by the Charity for which there will be a small service charge (as with the MoD).

5. The clinical context for the NHS facility is:

- The UK has the smallest proportion of rehabilitation consultants in Europe so consultant-led care in clinical rehab is amongst the lowest of all the disciplines in the NHS.
- Across the NHSE there is a very significant shortfall of rehabilitation beds against the British Society of Rehabilitation Medicine standard. In the East Midlands alone (population 4.6 million) there are 81 rehab beds, a shortfall of 189. The major trauma network in place since 2012 is saving 20% more lives so the shortfall above is even more significant as there has been no additional provision made for these extra patients.
- In the absence of a national rehab strategy to reinforce the major trauma network success, current commissioning arrangements result in a rehab pathway with long delays and sub-optimal outcomes.

Three months after discharge from hospital, peoples' mental health has deteriorated significantly as they have not returned to almost any aspect of their former life, notably some form of work.

- It is known that after 6 months perhaps 35% of major trauma patients with repairable injury have returned to work. The Defence figure is about 85%.

- The 2016 NHS evidence gathering exercise revealed the positive clinical outcomes of a specialist clinical rehab capability in the East Midlands mix, but also the wider socio-economic benefits of such additional capability across England in due course. It concluded that the payback would be reduction in the overall length of stay in rehab, improved clinical outcomes, increased return to work rates and reduction in the ongoing costs of care. The economic benefits over 30 years were predicted to be very high with net benefits in the first decade and generation of positive cash returns across government, principally to DWP, local government health providers and HMRC.

6. The Health Secretary is very supportive of the NHS facility not least in the context of the NHS transformation programme and the question of whether other private partners would wish to play a part in this development is being explored.

7. In terms of training and education, the intention is to create a centre of excellence that provides medical, other healthcare professionals and all related roles with a full range of training and education in clinical rehabilitation. The Centre would be closely linked to ongoing research and emerging technology and include innovative remote learning platforms. It would promote rehabilitation medicine and other related professions as a career, and enhance recruitment and retention in the specialty. It would be of national, and potentially international, benefit because:

- The British Society of Rehabilitation Medicine has reported that there is a need for an increase of up to 32% in the rehabilitation medicine workforce, from a comparison with Europe's largest economies.

- For most other rehabilitation roles, recognized formal education and training structures are fragmented and incomplete.

- Existing rehabilitation training and education is not integrated between professions.

- Returning people to a normal life and some form of work is not a focus in existing education and training.

Education and training services at the Centre could be based on a skills escalator including apprentices, remedial instructors (a role currently only existing in the MoD), assistant practitioners or associate nurses and healthcare professions such as medicine, physiotherapy and occupational therapy. There would also be continuing professional development. Multi and intra professional training programmes relating to rehabilitation technology and cutting edge remote learning technology could be used to widen access and have impact nationally and internationally.

8. Whilst £70M was earmarked in the 2018 budget for the clinical facilities, the cost of the education and training element and R&D provision has still to be identified. Partners and funders are being sought to ensure that the full potential of a national rehabilitation centre on the SHRE is achieved. This work is being developed with the Midlands Health Innovation group, a collection of research intensive universities in the Midlands.

Current progress

9. The programme is currently being taken through the NHS business case process being supported by both NUH and the Nottingham Clinical Commissioning Groups. The development of a Pre Consultation Business Case (PCBC) is underway ahead of taking the clinical proposal out to public consultation. The consultation is due to be conducted in early 2020.

10. On completion of the public consultation, a Decision Making Business Case will be written and submitted for the views of the County Council's Health Scrutiny Committee. This will assess the merits of the business case against the feedback from the public engagement.

11. The programme team has started to engage with academic partners to now progress the education and research work streams. It is likely that an announcement of partner universities will be announced in early 2020. The partnership will lead to an academic strategy for the NRC being developed before looking to seek additional support from other organisations in regards to funding.

12. The programme is currently on track to open the NRC in summer 2023 before accepting patients in the autumn.