

National Rehabilitation Centre – Update to the Nottinghamshire County Health Scrutiny Committee

Purpose and background

On 10 September the Nottingham and Nottinghamshire Clinical Commissioning Groups (CCGs) presented proposals to the Committee on the development of a National Rehabilitation Centre, which will be located Stanford Hall Rehabilitation Estate, which hosts the Defence Medical Rehabilitation Centre (DMRC) and is a 360-acre countryside estate providing high quality clinical rehabilitation services to defence personnel.

The Committee indicated that they would be interested in hearing about future developments on this project. The CCGs also received feedback from a series of patient engagement events, the regional Clinical Senate and CCG Governing Bodies. Some of the themes within the feedback we received are:

- The accessibility of the NRC site, including transport issues
- Links between the NRC and other local services, including discharge and referral
- The impact of potential isolation on patients
- The impact of transition from existing services to the proposed model for the NRC.

As a result of this feedback we are currently undertaking the following action:

- Further patient engagement, exploring the issues already raised by patients in more depth
- Further staff engagement
- Refining a pre-consultation business case
- Further engagement with Health Scrutiny Committees on the potential impact of the proposals, and to ascertain if a full public consultation should be launched
- Development of options for a potential public consultation.

This paper provides an update on the above work and seeks to discuss with the Committee the appropriate next steps for involving patients and the wider public in the proposals. We will provide a full report and presentation for the committee meeting, including a report on the findings of our ongoing engagement and an updated pre-consultation business case.

Focus of presentation

This section provides a summary of the developments we will present to the committee for discussion.

Referral criteria

We have amended the proposed referral criteria for the NRC based on feedback received through engagement with patients, staff and clinicians. Referrals will be based on the Rehabilitation Prescription, a nationally recognised tool that is already in use for local services through the Major Trauma Centre. It will be used to aid assessment of the patient's suitability for the NRC, which includes their potential to benefit from the service.

The referral criteria are included at Appendix 1.

Staffing model

The proposed staffing model for the NRC now includes Clinical Case Manager roles. The Clinical Case Managers will support patients' transition into the NRC and their discharge from the service. These new roles will support patients throughout their journey, from referral through to discharge.

The staffing model will consider the patient's mental, physical and social care needs. It includes a combination of existing roles with an increased emphasis on certain skills, including rehabilitation assistants and exercise therapists.

The model will also include a trusted assessor across the region to support planning for discharge and ensure coordination of bed capacity across the region. The model also includes occupational therapists, clinical psychologists, social workers and mental health nurses.

Mental health support

A principle of the NRC will be to consider patients' mental wellbeing alongside their physical wellbeing. There will be a particular focus on potential feelings of isolation during the patient's stay.

Mental health assessments will be made at least three times a week during the patient's stay. Where mental health support is identified as being required, this will be carried out through a range of cognitive and mental health programmes delivered by specialist staff.

Impact on local services

Part of our proposals will include the transfer of beds at Linden Lodge to the NRC. We also propose to keep three beds at Nottingham University Hospitals. This will ensure that Nottinghamshire retains local rehabilitation capacity for patients who cannot transfer to the NRC.

We are currently exploring options for working with an NRC charity to support patients, families and carers with travel. Other factors to mitigate the impact of increased travel times are being considered including overnight accommodation for

relatives; links to community and voluntary transport schemes; negotiations on the diversion of existing bus routes.

Options and timescales for a potential public consultation

We are considering a full public consultation to launch on 30 December for a four-week period. This will allow us six weeks to consider the feedback received through the consultation and make any amendments to our proposals before final presentations to Health Scrutiny Committees and our Governing Bodies in March 2020.

We will provide details of our options for consultation with a full report for the Committee.

Appendix 1 – Referral Criteria

1. The patient has significant functional deficits and demonstrates a need for rehabilitation with a positive rehabilitation prescription. The patient also demonstrates potential to benefit from a specialist rehabilitation programme at NRC as measured by the rehab complexity score.
2. The patient is medically appropriate for specialist rehabilitation service (as part of overall assessment against the three levels of rehabilitation need). The patients will need to 'R' or transfer ready and the following circumstances cannot be supported at NRC
 - a. Ongoing delirium or dementia diagnosis
 - b. Level of fluctuating consciousness
 - c. Patients on a ventilator
 - d. Other clinical complications impacting on capability to undertake rehabilitation
3. Through consultation with the patient, including shared decision making and support planning as relevant, the patient has the capacity of working towards personal functional goals (including vocational where relevant). Assessment will include:
 - a. Patient choice (where able) and commitment to rehabilitation
 - b. Through shared decision making, the identification of personal goals (relevant to specialist rehabilitation and post discharge)
 - c. Capability in relation to current and expected level of therapy intensity is conducive to rehabilitation