

CONSULTATION DOCUMENT



Have your say on the development of an NHS Rehabilitation Centre on the Stanford Hall Rehabilitation Estate – part of the vision for a National Rehabilitation Centre.

This consultation will run from 27 July 2020 through to 18 September 2020.

About this consultation

What we are consulting on

We are consulting on the development of a new rehabilitation centre for NHS patients, transferring some services and increasing inpatient rehabilitation beds. The new facility would provide a new and enhanced rehabilitation service for patients and enable development of new ways of delivering services.

How our proposals came about

In 2018 the government provided £70m for the construction of an NHS Rehabilitation Centre (NHSRC) on the Stanford Hall Rehabilitation Estate (SHRE). This is part of the vision for a National Rehabilitation Centre (NRC).

The aim is to create a centre of excellence for rehabilitation. The government funding has been allocated specifically for that purpose. Over time, the development would enable further collaboration between NHS and military experts in rehabilitation, education and research in specialist rehabilitation.

The NHSRC would be a standalone NHS facility, located close to the Defence Medical Rehabilitation Centre (DMRC) at the SHRE. Patients referred there would have access to some of the military rehabilitation facilities, but would be treated by NHS staff in a separate building. This is a unique opportunity to provide NHS services to NHS patients while benefitting from a co-located site with specialist military rehabilitation services.

The whole development at SHRE is a key part of the Midlands Engine, a partnership of organisations driving economic growth and development in the Midlands.

Why SHRE

The owner of the Stanford Hall Rehabilitation Estate (SHRE) is prepared to provide the land needed for the NHS facility at no cost. Planning permission has already been granted for the construction of this facility and detailed designs have been developed. The Ministry of Defence has agreed to share the advanced facilities in the DMRC with the NHS. This means that NHS patients would be treated at the facility, but separately from military personnel.

The NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) is considering the opportunity to commission NHS rehabilitation services to be provided at SHRE. This would mean transferring existing NHS rehabilitation services in Nottingham at Linden Lodge on the City Hospital campus to the new facility. It would also enable the development of rehabilitation services for more patients and create new ways of delivering rehabilitation. The centre will be purpose built for rehabilitation and will provide an enhanced service for patients, with access to state-of-the-art facilities.

We are consulting on whether or not to take forward this opportunity, including the proposed transfer of existing services to the new facility.

The funding and land are only available to develop an NHS Rehabilitation Centre at the SHRE, so we are consulting on this single option.

No decision will be made until after the consultation has closed. After this consultation closes, the responses we receive will be independently analysed and a report on the data received prepared for the NHS organisations leading the consultation. The consultation report will be shared on the Nottingham and Nottinghamshire CCG website and be available on request. The NHS organisations leading on the consultation will consider the views of the participants, any impact they may have on the proposals, and the effect these views and any impacts may have on the decision-making process. Any decision will include provision to refer patients to the NHSRC from Nottingham and Nottinghamshire and across the East Midlands. Depending on clinical need, some patients may be referred from outside the East Midlands.

Have your say

We want to hear from everyone who has an interest in improving NHS services. They may have had direct or indirect experience of rehabilitation - either as patients or through family members or friends.

While this consultation is focused on the potential impact of taking forward this opportunity for patients across Nottingham and Nottinghamshire, we are interested in hearing from those in neighbouring areas who may also be affected because of their proximity to existing specialist rehabilitation services in the area. We will be undertaking work with neighbouring NHS commissioners in Leicestershire, Derbyshire and Lincolnshire to determine which of their patients might benefit from treatment at the NHSRC.

How services are currently delivered

Rehabilitation is a process of assessment, treatment and management by which the patient is supported to achieve their maximum potential for physical, mental, social and psychological function. It aims to enable people to participate in society and enjoy their usual day-to-day quality of life.

This consultation is about specialist rehabilitation services. Generally, patients who need specialist rehabilitation have complex disabilities, often with a range of medical, physical, sensory, mental, communicative, behavioural and social problems. This means that their treatment is best provided by a range of specialists.

There is evidence to suggest that patients will receive better care and have an improved chance of returning to their lives quicker if they have access to a specialist team and facilities all coordinated together under one roof during their time in hospital.

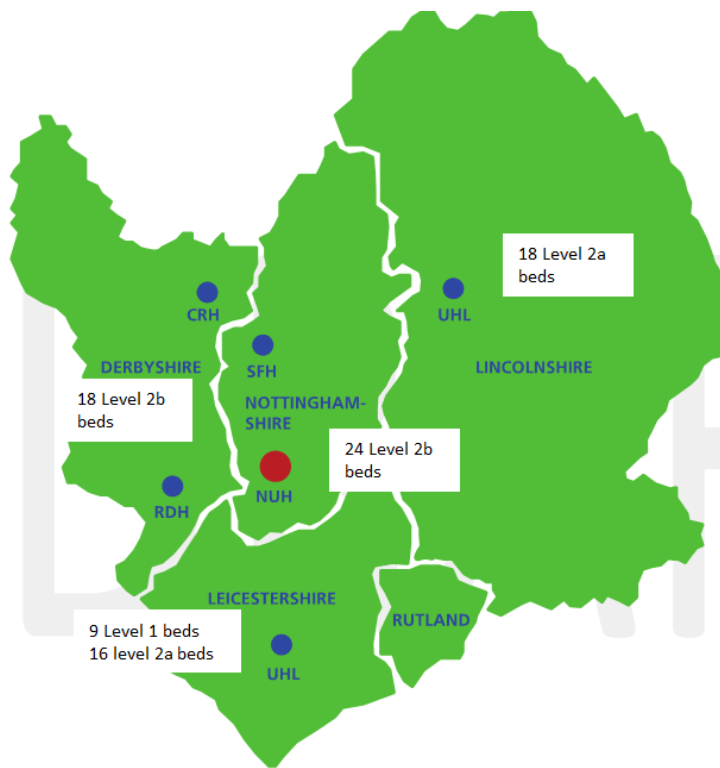
Rehabilitation patients may have experienced the following:

- Major trauma following, for example, a road traffic collision or an accident at work
- Neurological problems such as an injury to the brain
- Complex musculoskeletal injury with damage to bones, joints and muscles
- Traumatic amputation
- Incomplete spinal cord injury resulting in paralysis.

Rehabilitation is provided by a team that includes a medical consultant, nurses, physiotherapists, occupational therapists, speech and language therapists, dieticians, psychologists, case managers and exercise therapists.

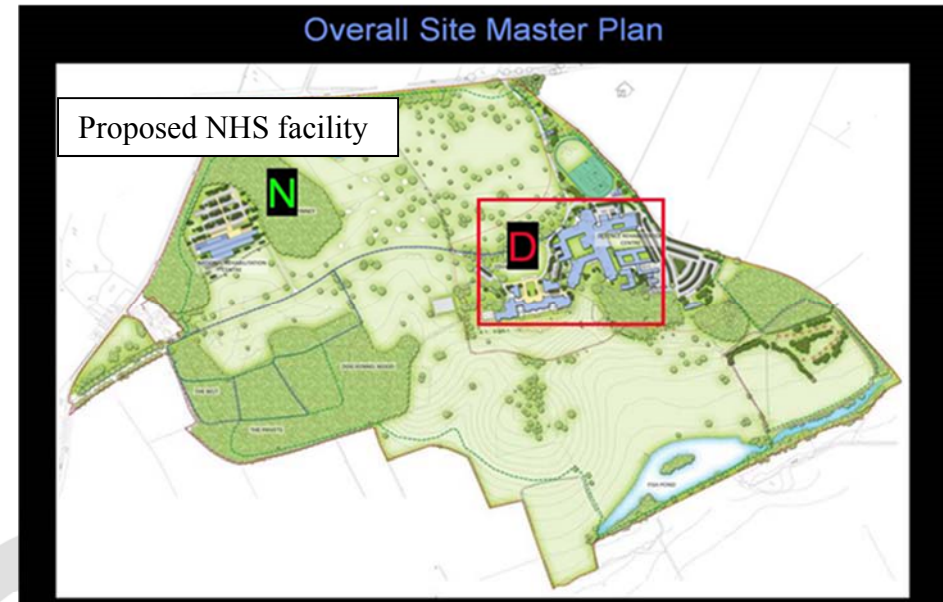
The map below shows where neurological rehabilitation services at the level of those proposed to be provided at the NHSRC are currently provided across the East Midlands and also indicates where the SHRE is located. Musculoskeletal rehabilitation is not currently provided in the East Midlands but would be available at the NHSRC

[Map will be amended to only show Kings Lodge in Derbyshire and Linden Lodge in Nottingham – remove all the other locations and the ‘Level’ information. And the location of the SHRE will be added. Retain the County labels]



The British Society of Rehabilitation Medicine (BSRM) recommends that the ideal level of rehabilitation beds should be 45 to 65 beds per million people. There is currently a significant shortfall of these beds in the East Midlands, which the proposed NHSRC would contribute to improving.

How SHRE came to be developed



The defence facility moved from Headley Court in Surrey to the SHRE in 2018 to be located in the centre of England. The DMRC is a key part of the Defence Medical Rehabilitation Programme. This delivers rehabilitation for complex musculoskeletal disorders and injuries, complex trauma and rehabilitation following neurological injury or illness. It also provides education and training in military rehabilitation and is the home of the Academic Centre for Rehabilitation Research.

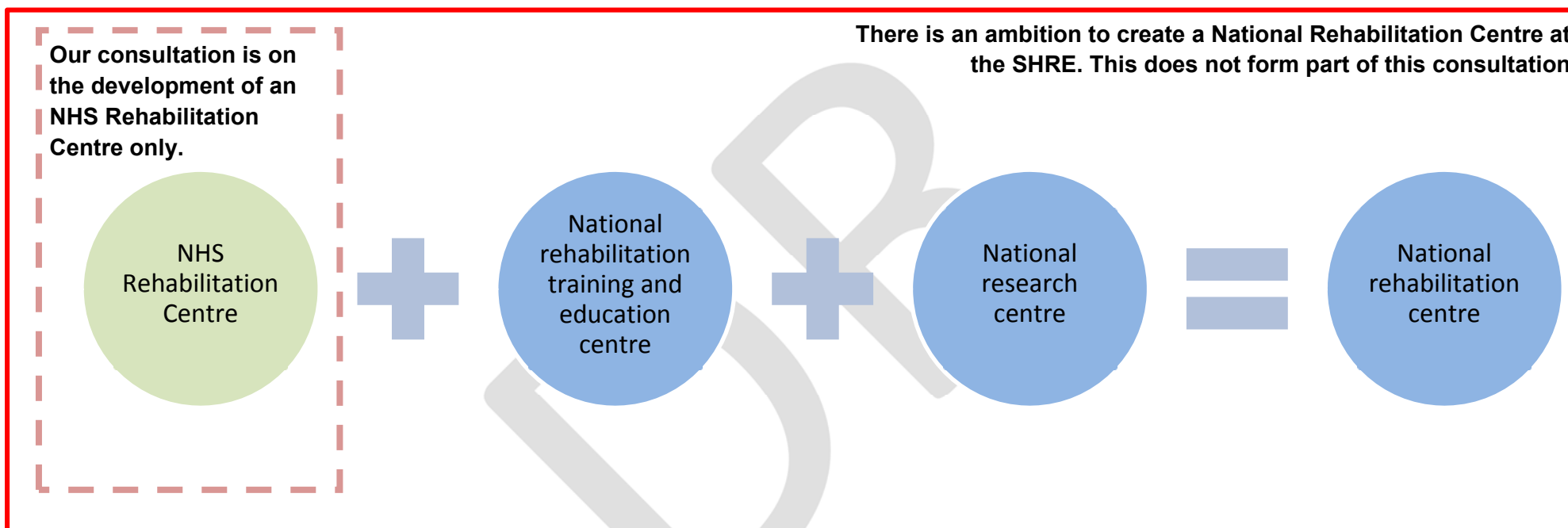
The DMRC was created as part of a plan called the Defence and National Rehabilitation Programme (DNRC). From the outset of this programme, it was planned to have an NHS centre alongside a military facility. The DMRC would continue to operate independently to provide military rehabilitation, while the NHSRC would provide treatment for NHS patients only. When NHS patients use the facilities, they would be treated by NHS staff.

By locating the proposed NHSRC on the same site as the DMRC, and joining up the approaches to rehabilitation, NHS patients would benefit from the military expertise developed over many years and also from access to the advanced equipment in the DMRC. This is a unique opportunity to provide NHS services to NHS patients, while benefiting from a co-located site with state-of-the-art military rehabilitation facilities.

As well as treating NHS patients, the vision is to develop a hub for staff development, research and education. This means that it could lead the way in developing and deploying the best techniques for rapid and effective rehabilitation across the NHS. The ultimate vision is to be the hub

for a network of outstanding NHS rehabilitation services across England. This is the vision for a National Rehabilitation Centre (NRC), which incorporates the NHS care facility.

How the proposed NHSRC and the vision for the NRC link together is set out in the diagram below. **This consultation is about the proposed NHS Rehabilitation Centre only, as shown below.**



To take forward this opportunity, rehabilitation services would need to be commissioned to be provided at the NHSRC. The CCG has undertaken a range of analysis on the impact of this. This includes relocating existing inpatient rehabilitation services to the NHSRC. This would incorporate the closure of Linden Lodge at Nottingham City Hospital, with existing patients either transferring to the NHSRC or to one of three specialist rehabilitation beds being retained at City Hospital in a dedicated rehabilitation unit.

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How we have listened to patients in developing this proposal

In developing this proposal, we have listened to patients, carers and staff working in our rehabilitation services. During two periods of patient and staff engagement in July 2019 and October 2019 we held a series of meetings and events with patients who would potentially be eligible to benefit from access to the NHSRC because of the complexity of their rehabilitation needs.

While the people we spoke to were mostly positive about the proposal, a number of concerns were also raised. These were around the location and accessibility of the facility; the potential for patients to feel lonely and isolated, and the impact on local services. In developing the proposal we are now consulting on, we have considered how best to respond to these concerns.

Location and accessibility of the facility

Some patients felt that the provision of free parking at the facility was a benefit, particularly in relation to parking access for current services which was felt to be poor. However, patients also felt that those without a car may struggle to access the centre. While a bus service is in place that runs from Nottingham to the facility, in response to feedback we have opened conversations with voluntary and public transport providers to explore options to enhance public transport availability and support visitors with paying for transport and voluntary transport schemes.

The potential for patients to feel isolated and lonely

The rural location of the facility was a concern for some people we spoke to, who felt that this could contribute to feelings of isolation and loneliness. While people recognised that the immersive nature of being an in-patient at a purpose-built facility would aid the rehabilitative experience, they were also concerned that patients should not feel cut-off from family, friends and carers. We have listened to these concerns and our proposals now include the following:

- A mix of single and multi-occupancy rooms to provide accommodation for patients, helping reduce the chance of isolation
- Psychological support would be provided as necessary, with input from an appropriate mental health specialist
- Mental health needs assessments would be undertaken at least three times a week if required
- A rehabilitation flat would be included at the centre – providing an opportunity for patients to begin to live independently before they are discharged

- Three rooms would be available for overnight accommodation for visitors
- High speed broadband would be provided to enable patients and families to keep in contact via web-based communication channels such as FaceTime and Skype.

Impact on local services

While people were mostly supportive of our proposals, some raised concerns about the impact on local services. In particular, people were concerned that the new facility would mean that Linden Lodge at Nottingham City Hospital would close. We have been clear within this consultation that to fund the new facility we would need to transfer the existing services from Linden Lodge. We have also highlighted the benefits of the new facility as a purpose-built centre for rehabilitation that, we believe, provides a better rehabilitation service for our patients.



The proposed service

We are asking for views on whether or not the NHS should take up the opportunity to develop a new rehabilitation facility at SHRE, transferring existing services to the facility. This also represents the introduction of new services, with some patients who currently do not receive specialist rehabilitation services able to access the centre.

We believe that establishing the NHS Rehabilitation Centre will provide a better specialist rehabilitation service than currently exists. NHS patients will be treated by NHS staff but will have access to the state-of-the-art facilities of the military rehabilitation services. The centre will be purpose built for rehabilitation, with patients benefiting from access to state-of-the-art equipment.

| | | |
|---|--|--|
| <p>The NHSRC would be an NHS facility, co-located with the DMRC at the SHRE. Patients referred to the NHSRC would have access to the military rehabilitation facilities, but would be treated by NHS staff in a dedicated NHS facility separate to the military facility.</p> | <p>The SHRE is located near Loughborough. It is 13 miles from Nottingham, 4 miles from Loughborough, 32 miles from Mansfield, 19 miles from Leicester and 47 miles from Lincoln.</p> | <p>The establishment of the NHSRC would result in a net increase of 40 rehabilitation beds across the East Midlands.</p> <p>21 of the 24 specialist rehabilitation beds in Linden Lodge at Nottingham City Hospital would be transferred to the NHSRC, with 3 specialist rehabilitation beds retained with Nottingham at the City Hospital in a dedicated rehabilitation unit.</p> |
| <p>The referral criteria for the NHSRC would be based on the level of rehabilitation need and the potential of the patient to benefit from treatment.</p> <p>Patients and families would have a choice on whether to be referred to the facility or not and their care would be provided by the NHS no matter what they choose.</p> | <p>A case management model would provide a single point of referral for patients needing specialist rehabilitation, with the referral criteria applied and suitability for the NHSRC discussed with the patient.</p> <p>A dedicated person (clinical case manager) would coordinate patients' care throughout their treatment, from referral through to discharge.</p> | <p>While at the NHSRC patients would benefit from intensive treatment delivered six days per week by a multi-disciplinary team of specialists.</p> <p>During the times that they are not involved in their programme, the facilities and grounds within the Estate would also contribute to patients' efforts to rehabilitate.</p> |

| | | |
|--|--|---|
| <p>Once referred to the NHSRC patients would receive care from a team of rehabilitation specialists including medical, nursing, therapeutic and technical support staff.</p> | <p>Patients would benefit from access to the state-of-the-art facilities at the centre such as the gait analysis system and hydrotherapy pool.</p> | <p>NHS patients would benefit from the collaboration between the NHS and the military – sharing expertise and techniques.</p> |
|--|--|---|

What patients could expect

Patients at the NHS Rehabilitation Centre would take part in intensive rehabilitation tailored to their needs and aimed at improving functional ability and getting them ready to return to their day-to-day living as quickly as possible.

For example, a patient with a disorder to their brain and nervous system (neurological) would have one-to-one treatment sessions with rehabilitation experts and have access to specialist facilities such as a hydrotherapy pool and equipment that helps them to adjust and transfer their body weight correctly. A patient in need of rehabilitation as a result of acute treatment involving bones and muscles (orthopaedic) would benefit with gym sessions and hydrotherapy.

There would be access to state-of-the-art facilities such as a gait analysis laboratory and Computer Aided Rehabilitation Environment, a system that analyses movement in real time, a hydrotherapy pool, as well as a prosthetic laboratory and access to a range of rehabilitation specialists.

The centre would also have two gyms that would allow patients to continue their own rehabilitation outside of formal sessions, supported by a member of staff.

Social workers would be part of the team based at the NHSRC, allowing early assessment of home needs in-line with any vocational needs to help the discharge process.

The SHRE also provides the space to allow therapists to work outside with patients on more physical activities. This might include taking part in light sports.

Patients' mental wellbeing would be considered alongside their physical programme. This is particularly relevant for patients who have suffered a major injury or illness. There may also be some problems with how the brain is working. This could include managing symptoms of post-traumatic stress disorder, coming to terms with potentially life changing injuries or support with pre-existing mental conditions leading up to the event.

Mental wellbeing would also be as important while patients are not actively involved in their daily programme. Plans for the rehabilitation centre would take isolation into consideration in relation to the design of social facilities and use of the grounds, as well as the staffing model. It would ensure that staffing responsibilities include socialisation. The centre experience would focus on active time and down time, so that feelings of isolation and potentially boredom do not impact on the ability to recover. A clinical case manager would ensure that the full patient experience considers mental wellbeing.

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How we have considered the opportunity

In considering this opportunity we have undertaken a range of activities to assess its potential impact:

- An Equality Impact Assessment (EIA)
- A Travel Impact Assessment (TIA)
- Clinical engagement
- Patient engagement
- Local Authority engagement.

This section provides a summary of this analysis.

Equality Impact Assessment

An Equality Impact Assessment (EIA) is a way of considering the impact of a proposal on different groups protected from discrimination by the Equality Act.

An independent EIA was carried out in July 2019 and updated in October 2019. The EIA noted that the development of the NHSRC had the potential to improve clinical outcomes, reduce disability and address geographical inequalities in clinical outcome for patients in the East Midlands. The EIA highlighted a number of potential impacts on people with Protected Characteristics and concluded that these could be successfully mitigated. The following is a summary of the mitigations that have been made in response to the EIA:

- Admission criteria have been revised to reduce the risk of groups of patients being excluded from the opportunity to benefit from referral to the centre.
- Older patients with traumatic injuries will benefit from an early assessment of their needs with input from specialist older people's physicians. Older people also often benefit from being managed in specialist facilities that can respond to complex needs.

- Long hospital stays can be a stressful time for people who identify as trans or non-binary, and for gay, lesbian and bisexual patients. The provision of single rooms at the centre helps to mitigate this, providing privacy for trans people and to patients with visiting same sex partners. These mitigations reduce the risk of harassment by other patients and the risk of people being placed in a ward that does not fit their gender identity.
- The NHS will continue to negotiate with public transport providers and the Highways Authority to improve bus services to the centre.
- As part of the consultation we have commissioned Healthwatch Nottingham and Nottinghamshire to proactively reach out to and engage people who may face barriers to accessing services.

Travel Impact Assessment

The proposal involves the transfer of existing services in Nottingham to the NHSRC, which would be located at the SHRE. This would mean, in many cases, increased travel times for patients and their families. To understand this impact, a Travel Impact Assessment (TIA) has been carried out. This TIA includes analysis for all patients in the East Midlands.

The findings of this analysis confirm that the average distance between patients' homes and their nearest rehabilitation hospital would more than double from 10.7 to 24.6 miles. On average, journey times by car would increase from 20 minutes to 39 minutes.

The average journey times on public transport for a single journey would increase from 60 minutes to 126 minutes. Estimated travel time by public transport includes estimated time walking to and from bus points.

For some patients not currently receiving specialist rehabilitation services the travel times may be less relevant as they may have had to travel to facilities outside of their home location anyway

Clinical engagement

To obtain clinical feedback on the potential impact of the proposal, a Clinical Senate Panel was held in July 2019. Clinical senates are regional, independent bodies that provide advice to NHS organisations to support them to make the best decisions about healthcare for the populations they represent.

The Clinical Senate Panel were supportive of the proposal to develop an NHS rehabilitation centre. They recommended that a tool should be developed to assess patients against the referral criteria for the facility; that a workforce plan should be developed; that a detailed discharge

planning process should be developed and that further cost-benefit analysis on the potential improvement in clinical outcomes should be carried out. These recommendations are currently being addressed.

In addition to the input of the Clinical Senate, a Clinical Reference Group (CRG) has provided input and guidance throughout the development of proposals for the NHSRC. The CRG is chaired by a senior NHS Medical Director and includes patients, GPs and hospital doctors, managers who plan and monitor NHS services as well as representatives from Defence Medical Services, The British Society of Rehabilitation Medicine and the Royal College of Physicians.

Patient engagement

We talked to patients, carers and staff through two periods of patient engagement in July 2019 and October 2019. This engagement involved a series of events and meetings with patients who would be eligible for referral to the NHSRC because of the complexity of their rehabilitation needs.

Overall, most of the people we spoke to were positive about the proposal and welcomed having a state-of-the art facility with all services required available under one roof. The main concerns raised were around the location and accessibility of the facility; the potential for patients to feel lonely and isolated, and the impact on local services.

Local Authority engagement

We have worked closely with Nottingham City and Nottinghamshire County Health Scrutiny Committees in developing our proposals, providing updates in July 2019, November 2019 and January 2020. In January we formally notified both Committees of our intention to consult the public on our proposal, outlining our consultation plans.

Overall the Nottingham City and Nottinghamshire County Health Scrutiny Committees have been supportive of our proposals. Their feedback has reflected wider patient and clinical feedback, with a focus on mitigations for public transport access and the potential for isolation and loneliness.

Impacts of the proposed facility

Our analysis of the feasibility of taking up this opportunity has highlighted a number of potential benefits and impacts. These are summarised below.

| | | |
|--|--|--|
| <p>Providing rehabilitation services has to be achievable within existing budgets, so that other services are not negatively affected.</p> <p>This would mean transferring existing services from Linden Lodge at Nottingham City Hospital to the NHSRC, with Linden Lodge closing.</p> <p>Three specialist rehabilitation beds would be retained within Nottingham at Nottingham City Hospital.</p> | <p>For many, the location of the NHS Rehabilitation Centre at SHRE could present issues for people who have to travel by private or public transport, with an overall increase in travel time for most people.</p> <p>This could impact family members, carers and friends who wish to visit patients.</p> | <p>The central aim of the rehabilitation centre would be to return patients to life and work thereby reducing long-term dependency on health care, financial and other support.</p> <p>This means a significant benefit for the patient and for wider society.</p> |
| <p>There would be a risk of isolation and loneliness for patients during their time at the NHSRC, given its rural location and increased travel times for family and carers.</p> | <p>The establishment of the proposed NHSRC would mean that there are more beds available for rehabilitation in the East Midlands – meaning more patients can get the care that they need.</p> | <p>Patients with a need for specialist rehabilitation would have access to state-of-the-art facilities in a purpose-built centre. They would benefit from a team of specialists supporting them and access to facilities that are also used to help military personnel to return to active duty.</p> |
| <p>The way that the NHSRC is planned means that patients who have suffered from a serious musculoskeletal injury would be able to access specialist rehabilitation for the first time in the East Midlands.</p> | | |

Steps that could help with impacts of the proposed new facility

To improve how the NHSRC would deliver services for patients, family members and carers, our proposal has been developed to include the following:

- A mix of single and multi-occupancy rooms would provide accommodation for patients helping reduce the chance of isolation.
- Psychological support would be provided as necessary, with input from an appropriate mental health specialist.
- Mental health needs assessments would be undertaken at least three times a week if required.
- A rehabilitation flat would be included at the centre – providing an opportunity for patients to begin to live independently before they are discharged.
- Three rooms would be available for overnight accommodation for visitors.
- High speed broadband would be provided to enable patients and families to keep in contact via web-based communication channels such as FaceTime and Skype.
- Free parking is provided at the centre and options are being explored to enhance the current public transport availability and support visitors with paying for transport and voluntary transport schemes.

How we would fund rehabilitation services

Providing rehabilitation services has to be achievable within existing budgets, so that other services are not negatively affected. Within our proposals we will achieve this through transferring existing beds within Linden Lodge at Nottingham City Hospital to the NHSRC and also releasing other beds within Nottingham University Hospitals that will no longer be required for the recovery of patients who will instead be using the new NHSRC.

The amount of money that we currently spend on these services is shown in the table below. The table also shows the funding that would be released from existing services for the running of the new centre. By transferring current costs to the new centre, we would be able to afford to run the proposed service at the new facility.

| How we would fund the running of the NHS Rehabilitation Centre at SHRE | | | | | |
|--|---------------|---------------|---------------|---------------|---------------|
| | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| Current spending on these services | £11,623,987 | £12,791,088 | £12,733,189 | £12,675,289 | £12,617,390 |
| Funding that would move from current services into the NHS Rehabilitation Centre at SHRE | £11,771,217 | £12,449,462 | £12,449,462 | £12,449,462 | £12,449,462 |
| Overall difference in costs when in the new facility | -£147,230 | £341,626 | £283,727 | £225,827 | £167,928 |

What happens next?

After this consultation closes, the responses we receive will be independently analysed and a report on the data received prepared for the NHS organisations leading the consultation.

They will consider the views of the participants, any impact they may have on the proposals, and the effect these views and any impacts may have on the decision-making process. The findings of the consultation will be considered by a Findings Consideration Panel (FCP), which will make recommendations on how best to reflect the consultation findings in our final proposals. A Decision Making Business Case (DMBC) will be developed and considered by the CCG's Governing Body, which will make a final decision on the development of NHS rehabilitation services at the SHRE. The final decision is scheduled to be taken at the CCG's July Governing Body meeting.



Have your say

We would like you to provide your feedback on the proposal to establish a NHS Rehabilitation Centre and you can do this in a number of ways, as set out below.

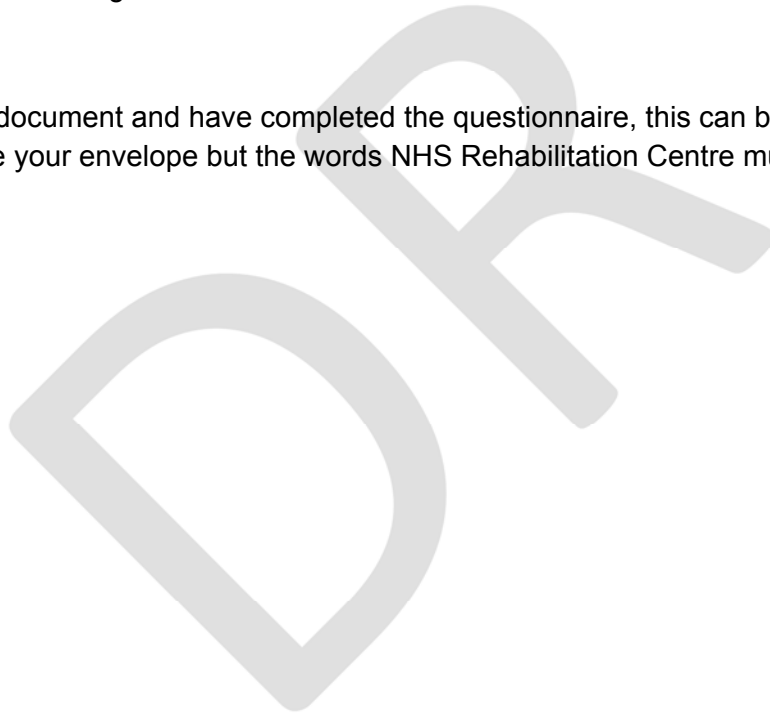
To find out more about the consultation on the future of specialist rehabilitation services in the East Midlands and complete a survey on-line, visit: [add survey link](#).

Or to request a copy of the consultation email: NECSU.engagement@nhs.net or call 0115 906 8846.

To hear first-hand from clinical leaders about the consultation on the future of specialist rehabilitation services in the East Midlands and ask questions, register to attend one of the following virtual vents events:

[Insert schedule of online events](#)

If you have a copy of the consultation document and have completed the questionnaire, this can be returned to the following address: [Freepost xxxxxxxxxx](#). You can handwrite or type your envelope but the words NHS Rehabilitation Centre must be in capital letters after the word Freepost.



Questionnaire

We want you to have your say

The views of the public, patients, staff, family members and carers are very important to us and we want to hear your views on our proposal to develop a NHS Rehabilitation Centre for the East Midlands.

All the feedback gathered will be treated in strictest confidence and fed back to the programme team to help inform future decisions. No decision can be made until after the consultation has closed. The consultation report will be shared on the [Nottingham City CCG] website and is available on request.

This survey is available to complete between 27 July 2020 and 18 September 2020. It can also be completed online by using the following link [\[Add survey link\]](#).

If you have any other questions or concerns regarding this survey and/or the consultation please email us at NECSU.engagement@nhs.net or call 0115 906 8846.

This document can be made available in large print and in other formats and languages on request.

If you would like to read more detail and analysis about the proposals, a number of documents are available on the [xxxxx](#) website and via the following links:

Pre-Consultation Business Case available at www.XXX.nhs.uk.

Equality Impact Analysis available at www.XXX.nhs.uk.

Travel Impact Analysis available at www.XXX.nhs.uk.

Clinical Senate Panel report available at www.XXX.nhs.uk.

Public and Patient Engagement Reports are available at www.XXX.nhs.uk.

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Section 1: Your views on the NHS Rehabilitation Centre

1. To help us understand your response better, please can you tell us if you are answering this questionnaire as...
(Please tick one only)

| | |
|--|---|
| A current or former patient of rehabilitation services | 1 |
| A member of the public | 2 |
| A member of NHS staff | 3 |
| A carer/friend/family member of an individual who is accessing/has accessed rehabilitation service | 4 |
| An organisation (please specify in the box below) | 5 |
| <input type="text"/> | |
| Rather not say | 6 |

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

| | | | | |
|------------------|------------------|---------------------------|-----------------|-----------------|
| Strongly support | Slightly support | Neither support or oppose | Slightly oppose | Strongly oppose |
| 1 | 2 | 3 | 4 | 5 |

The NHS Rehabilitation Centre would provide 64 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 NHSRC.

- 3. 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? (Please tick one only)**

| | | | | |
|------------------|------------------|---------------------------|-----------------|-----------------|
| Strongly support | Slightly support | Neither support or oppose | Slightly oppose | Strongly oppose |
| 1 | 2 | 3 | 4 | 5 |

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

- 5.**

Section 3: Location of the NHS Rehabilitation Centre

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 and National Rehabilitation Centre would continue to operate independently and prioritise military rehabilitation, while a NHS 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.

5. Do you think treating NHS patients on the same site as military personnel will be suitable? (Please tick one only)

| Yes definitely | Yes, to some extent | No/not sure |
|----------------|---------------------|-------------|
| 1 | 2 | 3 |

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

b)

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

An NHS Rehabilitation Centre as part of the National 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 |
|-----------|------|----------------------------|-----------|----------------|
| 1 | 2 | 3 | 4 | 5 |

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

To reduce the travel impact for relatives, friends and carers, it is proposed that the NHS Rehabilitation Centre would provide some family accommodation, free parking as well as superfast 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.

7. Do you feel that the factors listed above (i.e. family rooms, free parking and superfast broadband) would help reduce the impact of increased travel time that some might face? (Please tick only one)

| Yes definitely | Yes, to some extent | No/not sure |
|----------------|---------------------|-------------|
| 1 | 2 | 3 |

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

Empty rectangular box for response.

b)

8. What do you think the benefits are of being located on the SHRE?

Empty rectangular box for response.

9.

9. What do you think the issues are of being located on the SHRE?

Empty rectangular box for response.

10.

Section 4: Model of care at the NHS Rehabilitation Centre

The NHS Rehabilitation Centre will take a fresh and innovative approach to rehabilitation, putting the patient at the centre of care. Full details of this can be found in the consultation document, however in brief:

- 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 coordinate 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.

10. What are your thoughts about the care that patients would receive at the NHS Rehabilitation Centre? (Please tick one only)

| | | | | |
|-----------|-----------|------|------|------|
| Excellent | Very good | Good | Fair | Poor |
| 1 | 2 | 3 | 4 | 5 |

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? (Please tick one only)

| | | | | |
|-----------|-----------|------|------|------|
| Excellent | Very good | Good | Fair | Poor |
| 1 | 2 | 3 | 4 | 5 |

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 work (ensuring that staffing responsibilities include socialisation).
- Making assessment of patient’s mental health part of ongoing assessments at least three times a week.
- Providing psychological input as necessary, with input from a mental health nurse.
- The design of the social facilities and use of the grounds.

12. 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 patient’s mental health has been taken into account but more needs to be done. | I feel more needs to be done to manage patients’ mental health. |
| 1 | 2 | 3 |

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

b)

Section 5: Final comments

Q13. Do you have any other comments that you would like to make with regard to the development of the NHS Rehabilitation Centre?

Section 6: About you

It would help us to understand your answers better if we knew a little bit about you. These questions are **completely optional**, but we hope you will complete them. The information is collected anonymously and cannot be used to identify you personally.

Q14. How old are you?

(Please select only one)

| | | | | | | | | |
|---------|---------|---------|---------|---------|---------|---------|-------------|-------------------|
| 16 – 17 | 18 – 24 | 25 – 34 | 35 – 44 | 45 - 54 | 55 – 64 | 65 – 74 | 75 or older | Prefer not to say |
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |

Q15. What is your gender?

(Please select only one)

| | | | |
|------|--------|-------|-------------------|
| Male | Female | Other | Prefer not to say |
| 1 | 2 | 3 | 4 |

Q16. Does your gender identity match your sex as registered at birth?

(Please select only one)

| | | |
|-----|----|-------------------|
| Yes | No | Prefer not to say |
|-----|----|-------------------|

| | | |
|---|---|---|
| 1 | 2 | 3 |
|---|---|---|

Q17. Are you currently pregnant or have you been pregnant in the last year? (Please select only one)

| | | | |
|-----|----|-------------------|----------------|
| Yes | No | Prefer not to say | Not applicable |
| 1 | 2 | 3 | 4 |

Q18. Are you currently...? (Please select only one)

| | |
|---|---|
| Single (never married or in a civil partnership) | 1 |
| Cohabiting | 2 |
| Married | 3 |
| In a civil partnership | 4 |
| Separated (but still legally married or in a civil partnership) | 5 |
| Divorced or civil partnership dissolved | 6 |
| Widowed or a surviving partner from a civil partnership | 7 |
| Prefer not to say | 8 |

Q19. Do you have a disability, long-term illness, or health condition?

(Please select only one)

| Yes | No | Prefer not to say |
|-----|----|-------------------|
| 1 | 2 | 3 |

Q20. Please can you tell us what your disability, long-term illness or health condition relates to? (Please tick all that apply)

| | |
|---|---|
| A long-standing illness or health condition (e.g. cancer, HIV, diabetes, chronic heart disease, or epilepsy) | 1 |
| A mental health difficulty (e.g. depression, schizophrenia or anxiety disorder) | 2 |
| A physical impairment or mobility issues (e.g. difficulty using your arms or using a wheelchair or crutches) | 3 |
| A social / communication impairment (e.g. a speech and language impairment or Asperger's syndrome/other autistic spectrum disorder) | 4 |
| A specific learning difficulty (e.g. dyslexia, dyspraxia or AD(H)D) | 5 |
| Blind or have a visual impairment uncorrected by glasses | 6 |
| Deaf or have a hearing impairment | 7 |
| An impairment, health condition or learning difference that is not listed above | 8 |

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Q21. Do you have any caring responsibilities? (Please tick all that apply)

| | |
|--|---|
| None | 1 |
| Primary carer of a child or children (under 2 years) | 2 |
| Primary carer of a child or children (between 2 and 18 years) | 3 |
| Primary carer of a disabled child or children | 4 |
| Primary carer or assistant for a disabled adult (18 years and over) | 5 |
| Primary carer or assistant for an older person or people (65 years and over) | 6 |
| Secondary carer (another person carries out main caring role) | 7 |
| Prefer not to say | 8 |

Q22. What is the first half of your postcode? (For example – SR1 or NE38).

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Q23. Which race or ethnicity best describes you? (Please select only one)

| | |
|---|---|
| Asian/British Asian: Bangladeshi 1 | Mixed Race: Black & White 10 |
| Asian/British Asian: Chinese 2 | Mixed race: Asian & White 11 |
| Asian/British Asian: Indian 3 | |
| Asian/British Asian: Pakistani 4 | Gypsy or traveller 12 |
| White: British 5 | Rather not say 13 |
| White: Irish 6 | |
| White: European 7 | Another race or ethnicity 14 |
| | Please write in below: |
| Black/British Black: African 8 | |
| Black/British Black: Caribbean 9 | |

Q24. Which of the following terms best describes your sexual orientation? (Please select only one)

| | |
|--------------------------|---|
| Heterosexual or straight | 1 |
| Gay man | 2 |
| Gay woman or lesbian | 3 |
| Bisexual | 4 |

| | |
|-------------------|---|
| Asexual | 5 |
| Prefer not to say | 6 |
| Other | 7 |

Q25. What do you consider your religion to be? (Please select only one)

| | |
|--------------|---|
| No religion | 1 |
| Christianity | 2 |
| Buddhist | 3 |
| Hindu | 4 |
| Jewish | 5 |

| | |
|-------------------|---|
| Muslim | 6 |
| Sikh | 7 |
| Prefer not to say | 8 |
| Other religion | 9 |
| | |

Thank you completing this survey and for taking the time to contribute to our survey.

Personal and confidential information

We can only use any information that may identify individuals (known as personal information) in accordance with the Data Protection legislation and other laws such as the Health and Social Care Act 2012. <http://www.legislation.gov.uk/ukpga/2018/12/contents> and www.legislation.gov.uk/ukpga/2012/7/contents/enacted.

We also have a Common Law Duty of Confidentiality to protect your information. This means that where a legal basis for using your personal or confidential information does not exist, we will not do so.

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[Outer]

Contact us

Please call us on: 0115 906 8846.

Email: NECSU.engagement@nhs.net.

To request this document in an alternative format contact us using the details above.

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