NHS Mansfield and Ashfield Clinical Commissioning Group

NHS Newark and Sherwood Clinical Commissioning Group

NHS Nottingham City Clinical Commissioning Group

NHS Nottingham North and East Clinical Commissioning Group

NHS Nottingham West Clinical Commissioning Group

NHS Rushcliffe Clinical Commissioning Group

# Consultation Plan

## NHS National Rehabilitation Centre

## June 2020

## 1. Introduction

The purpose of the consultation plan is to describe our approach to communications and engagement for the formal public consultation on the development of inpatient rehabilitation services at the NHS Rehabilitation Centre. The NHS Rehabilitation Centre is being developed on the 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.

We have already undertaken patient, staff, clinical and wider stakeholder engagement to inform our proposals. This consultation plan sets out how we will undertake a public consultation on a set of options for developing NHS services at the facility. These options are informed by our pre-consultation engagement activity.

This plan aims to ensure that our public consultation enables those affected by our proposals, and the wider public, to give their views and for those views to be considered in our final model for the Rehabilitation Centre. The plan also aims to ensure that our consultation is presented in a way that enables proper, informed consideration of our proposals by clearly articulating the impact of each option under consideration.

**This plan has been updated to reflect how we would carry out the consultation during restrictions on contact due to the Covid-19 pandemic.**

## 2. Background to the consultation

In 2012 there was a breakthrough in the ability to treat serious injury in England with the establishment of 22 trauma centres across the country. These centres have ensured that those who suffer serious injury receive the full range of treatment and care within the shortest possible time. The trauma centres have been an undoubted success with 19% more people now surviving despite having sustained a serious injury.

An NHS Rehabilitation Centre is being developed as a centre of excellence in patient care and training and research. Serving patients across the East Midlands the centre will be created on the 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.

Following a period of pre-consultation engagement, which has involved patient, staff, clinical and wider stakeholder engagement, we are launching a public consultation to enable our proposals to be considered prior to implementation. The proposal we are consulting on is informed by that engagement and will be clearly set out in our consultation document.

## 3. Aims and objectives

We will deliver a best practice consultation, accessing advice and guidance from the Consultation Institute and drawing on our local Healthwatch organisation's access to marginalised and seldom heard communities.

The Consultation Institute will undertake an advice and guidance role, providing feedback on this Consultation Plan, our Consultation Document and other materials. We have worked with the Consultation Institute in an advisory capacity throughout our pre-consultation period.

Our local Healthwatch form part of a task and finish group drawn together to oversee our patient engagement activity throughout our pre-consultation engagement and into the formal consultation period. Healthwatch will be supporting our consultation more directly through the consultation period, providing engagement support to enable us to reach some of our most marginalised and seldom heard communities. The engagement Healthwatch will carry out as part of the consultation responds directly to the Equality Impact Assessment carried out on the proposals.

Our high-level objectives are:

- Ensure that our consultation is transparent and meets statutory requirements and best practice guidelines
- Undertake significant and meaningful engagement with local stakeholders, building on the findings of our pre-consultation engagement activity by using a range of digital, 1-1 telephone and hardcopy survey engagement methods
- Clearly articulate the implications, impact and benefits of our proposals
- Create a thorough audit trail and evidence base of feedback
- Collate, analyse and consider the feedback we receive to make an informed decision.

**It is worth noting that although this plan describes the approach we will take for a consultation without face-to-face activity, the aims and objectives remain the same and we are confident we can achieve them by providing alternative methods of engagement.**

## 4. Principles for the consultation

We will undertake our consultation in line with the legal duty on NHS organisations to involve patients and the public in the planning of service provision, the development of proposals for change and decisions about how services operate AND with The Gunning Principles, which are:

- That consultation must be at a time when proposals are still at a formative stage
- That the proposer must give enough reasons for any proposal to permit of intelligent consideration and response
- That adequate time is given for consideration and response
- That the product of consultation is conscientiously taken into account when finalising the decision.

In addition, we will adopt the following principles to ensure best practice:

- Make sure our methods and approaches are tailored to specific audiences as required
- Identify and use the best ways of reaching the largest amount of people and provide opportunities for vulnerable and seldom heard groups to participate
- Provide accessible documentation suitable for the needs of our audiences, including easy read
- Offer accessible formats including translated versions relevant to the audiences we are seeking to reach
- Undertake equality monitoring of participants to review the representativeness of participants and adapt activity as required

- Use different virtual/digital methods or direct and 1-1 telephone activity to reach certain communities where we become aware of any underrepresentation
- Arrange our engagement activities so that they cover the local geographical areas that make up Nottingham and Nottinghamshire
- Arrange meetings in accessible venues and offer interpreters, translators and hearing loops where required
- Inform our partners of our consultation activity and share our plans.

**In light of the restrictions currently in place as a result of the Covid-19 pandemic, we have sought professional and legal advice on whether we can realistically undertake this consultation at this time. The consensus of this advice, from the Consultation Institute and Browne Jacobson Solicitors respectively, is that removing face-to-face engagement from the consultation does not weaken the exercise and would mean that the consultation would still be valid for use in the decision-making process. This advice is based on the consultation finding suitable alternative methods to face-to-face engagement.**

## 5. Resources

We have accessed external support throughout our pre-consultation activity, working with communications and engagement agencies that specialises in consultation work and with the Consultation Institute. For our public consultation, we will allocate resources according to our strategic approach, seeking external support for:

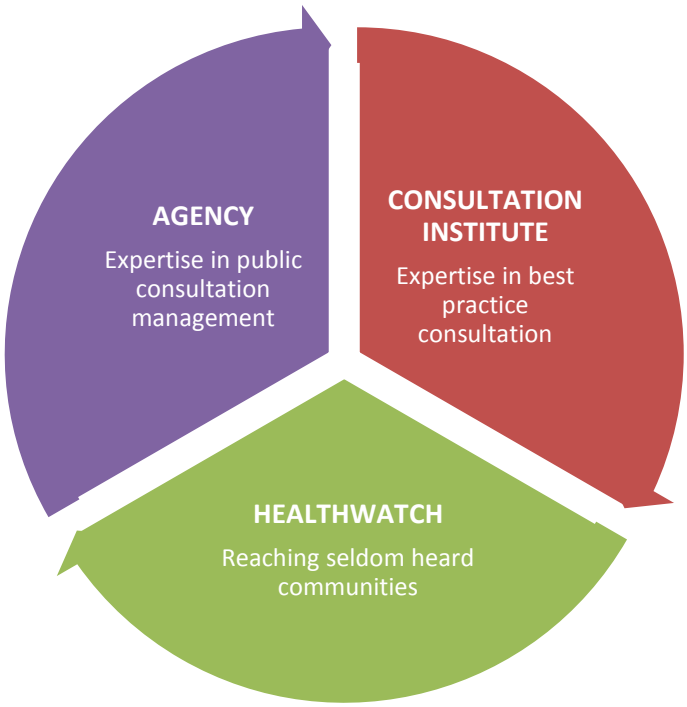
- Overall management and delivery of the consultation (agency support)
- Analysis and reporting of findings (agency support)
- Specialist advice and guidance (Consultation Institute)
- Community engagement and targeting of seldom heard communities (Healthwatch).

Our internal Communications and Engagement Team will provide coordination to support consultation activity. They will also support the production of materials and delivery of engagement activities.

## 6. Strategic approach

We will draw on three core areas of support to ensure our consultation meets its objectives. Each of these areas brings a specific benefit to the consultation:

*Figure 1*




1. Expertise on best practice - Consultation Institute
2. Ability to reach seldom heard communities across Nottingham and Nottinghamshire - Healthwatch
3. Expertise in the management of public consultation – Agency.

**As we are unable to undertake face-to-face engagement, our approach will instead focus on hard copy and online survey responses; telephone interviews and events and focus groups run virtually through video conferencing software. In light of this, we will provide the following to maximise participation:**

- **Video and other visual resources to support the Consultation Document**
- **Paid-for Facebook advertising to boost completion of the survey**
- **Press advertising to boost completion of the survey**
- **Freepost address for return of hard copy surveys**
- **A phone line for people to request a call-back for telephone completion of the survey.**

## 7. Key milestones

Table 1 below provides a summary of the key milestones that should be considered as part of the consultation.

*Table 2*

| Phase | Action | Date | Lead |
|---|---|---|---|
| PHASE 1 - Pre consultation assurance | | | |
| | National Finance Director sign off | By 26/05 | CCG |
| | Consultation Doc and plan to County for comment and feedback | By Fri 26/06 | CCG |
| | Feedback on approach from Health Scrutiny Committees | Fri 03/07 | CCG |
| | Formal notification to Health Scrutiny Committees of intention to consult | Fri 10/07 | CCG |
| | Extra-ordinary Governing Body meeting to approve consultation | Tue 21/07 | CCG |
| PHASE 2a - Public consultation | | | |
| | Public consultation period | Mon 27/07 – Fri 18/09 | Agency |
| PHASE 2b - Resolving outstanding issues from PCBC + building info for DMBC | | | |
| | Workshop 1 - Clinical model | Fri 19/06 | CCG |
| | Workshop 2 - Activity assumptions | Fri 26/06 | CCG |
| | Workshop 3 - Workforce | Fri 10/07 | CCG |
| | Workshop 4 - Finance / contracting model | Fri 17/07 | CCG |
| PHASE 3 - Consideration of consultation findings | | | |
| | Analysis and reporting | Mon 21/09 – Fri 02/10 | Agency |
| | Circulate Report from Consultation | Fri 09/10 | CCG |
| | CCG Governing Body – Update on consultation findings | Wed 07/10 | CCG |
| | Findings Consideration Panel | Fri 09/10 | CCG |
| | Findings Consideration Panel | Fri 23/10 | CCG |
| PHASE 4 - Finalisation and approval of DMBC | | | |
| | Draft DMBC completed | Mon 26/10 – Fri 06/11 | CCG |
| | CCG Prioritisation and Investment Committee review draft | Wed 11/11 | CCG |
| | Clinical Senate review draft | TBC | CCG |
| | DMBC Finalised | Mon 09/11 - Tue 17/11 | CCG |
| | DMBC to GB for papers deadline | Wed 25/11 | CCG |
| | Governing Body sign off | Wed 02/12 | CCG |

## 8. Summary of findings from pre-consultation activity

We have undertaken the following activity through our pre-consultation engagement period to inform our options for consultation, and this consultation plan:

**Phase 1 patient engagement**

We have undertaken two periods of patient involvement. For our first round of patient engagement, three focus groups were held in July with patients who are likely to be eligible for treatment at the RRC. These focus groups helped us identify patients' views of our early RRC proposals, patient-identified impacts and concerns. This engagement was specifically targeted for those who would be eligible for inpatient rehabilitation services at the RRC.

**Clinical and stakeholder engagement**

We presented our early, draft proposals to Health Scrutiny Committees; the regional Clinical Senate and our Governing Bodies.

**Staff engagement**

Staff who may be affected by the relocation of existing inpatient rehabilitation services have been engaged throughout the pre-consultation period, with fortnightly face-to-face briefings held with staff at Linden Lodge, which may be relocated as part of our proposals. While the relocation of existing services is not yet determined, we have proactively engaged with staff early on who may be affected.

**Travel Impact Analysis (TIA)**

A TIA was held to identify the impact on patients, carers and families' travel times to the RRC.

**Equality Impact Assessment**

An EIA was undertaken based on our early, draft proposals. A second EIA was undertaken following patient, clinical and stakeholder engagement and subsequent changes to the PCBC. The EIAs have informed development of our proposals and our approach to engagement and consultation. Equality and health inequalities will be a continuing consideration for our proposals.

**Findings**

The following were identified as key themes to explore through further engagement:

- The potential benefits for and impact on patients of each option for change
- Views on specific relocation of service proposals
- Levels of support for the options for change
- General views on the RRC, its location and its co-location with a military site
- Feedback on the referral criteria
- Impact on accessibility including travel and visitation
- Impact on and mitigations for potential isolation
- Continuity of care including interdependency with other services
- Discharge planning
- Mental health support.

The following were identified as areas to refine for our pre-consultation business case:

- Refine the financial case
- Clarify how accessibility will be addressed, particularly with regard to travel, visitation and isolation
- Clarify interdependency with wider clinical pathways
- Undertake further analysis of the impact of referral criteria on patient journeys
- Clarify impact on flow and capacity i.e. what we have now and what we are proposing to replace it with
- Provide more detail on access to the defence facilities
- Provide more detail on discharge and links to community services
- Clarify the workforce plan
- Provide more detail on mental health provision
- Describe the procurement implications.

**Phase 2 patient engagement**

During October we carried out a second round of patient engagement. The purpose of this was to explore the key themes from all of the above in more depth. We held six focus groups specifically targeted to gather feedback from neurological patients, major trauma, complex MSK, traumatic amputees, incomplete spinal cord injury and severely deconditioned patients. A survey was also developed for this period of engagement, which generated 150 responses.

The key themes from the findings of the engagement can be summarised as follows:

- Patients were mostly supportive of the proposals for an RRC, citing the quality of the facilities
- Concern about potential loneliness and isolation, given the remote location of the centre
- Issues with access to the centre, including transport – although parking was seen as a positive, particularly compared to parking facilities for current inpatient rehabilitation services
- Concern about being treated on a military site and uncertainty around how this would work in practice
- Concern that referrals would be cherry-picking of the patients with the best potential for positive outcomes
- Families, carers and partners ability to visit and to stay overnight
- Concern about existing rehabilitation services, including wider outpatient services.

## 9. Summary of consultation activity

**Pre-launch**

**We will continue with a thorough programme of key stakeholder engagement** leading up to the start of the consultation. This includes meetings scheduled with Health Scrutiny Committees; Governing Bodies and staff briefings.

**We will issue a stakeholder briefing, proactive press release and social media promotion** to share details of the consultation and how people can feedback. We will target local, regional and national charities who represent patients who may be affected by our proposals (e.g. brain injury charities) and encourage them to respond directly to our consultation.

**A core consultation document and supporting materials will be developed for the consultation.** This will include information about our proposals and a questionnaire to gather feedback. Our consultation document and supporting materials will all be available online, in printed format on request and in other languages and formats as required.

**We will develop a bespoke web presence for the consultation**, acting as a one-stop-shop for all consultation materials and information. This will provide a simple signposting solution for all our consultation activity.

**We will secure external support for the consultation**, including expert advice and guidance; overall management and delivery of outreach engagement.

**Launch and consultation period**

**The survey within our consultation document will be available online and in hard copy on request**, and for telephone completion. We will regularly monitor responses and take action to target any groups who are underrepresented.

**A series of online engagement events will be held with affected patients, charities, families and carers.** We will continue an on-going dialogue with patients, drawing insights from previous engagement to inform discussions throughout the consultation.

**We will supplement our online engagement with targeted telephone interviews for affected groups e.g. Linden Lodge patients.** While we are able to use online conferencing facilities to hold public events and small group workshops and focus groups, we will also provide opportunity for those who are directly affected to talk to us 1-1.

**We will commission our local Healthwatch to undertake engagement to reach communities who are vulnerable and seldom heard.** This activity will be shaped to respond to the Equality Impact Assessment (EIA) carried out on our proposals. This will be delivered primarily through telephone and online methods.

**The consultation launch will take place in the first week of formal consultation**. We will issue briefings to stakeholders and undertake promotional activities through our digital channels and local media.

## 10. Channel and methods

| Audience | Method |
|---|---|
| Service users affected by proposals | Targeted engagement online events/focus groups; feedback via telephone; briefings through existing forums and groups; media; social media |
| General public | Media; social media |
| Staff | Staff briefing document; Trust's internal communication channels; media; social media |
| Health Scrutiny Committees | Formal presentations; phone and online briefings (Chairs); media; social media |
| MPs and Councillors | Stakeholder briefings; media; social media |
| Local, regional and national charities representing patients affected by proposals | Direct letter inviting feedback in writing; Stakeholder briefings; media; social media |
| Local VCS | Stakeholder briefings; media; social media |
| GPs | GP newsletters; stakeholder briefings |
| Media | Proactive press release; stakeholder briefing |

Key messages and FAQs are included at Appendix 1.

## 11. Consultation document and supporting materials

The following will be developed to support the consultation:

- Consultation document (digital and hard copy/paper formats)
- Questionnaire (digital and hard copy/paper formats)
- Easy-read questionnaire (digital and hard copy/paper formats)
- Live FAQs document
- Stakeholder briefing
- Staff briefing
- Press release
- Web page housing all consultation information
- Discussion guide for focus groups
- Feedback forms (digital and hard copy/paper formats)
- Letter to local, regional and national charities
- Phone-line for further information and support in completing questionnaire
- Email address for comments and feedback on proposals
- Range of social media assets promoting the consultation.

## 12. Capturing feedback, analysis and reporting

We are providing a range of channels, detailed in this plan, to facilitate feedback on our proposals. We will commission an independent organisation to assist in the design of the survey, collation of feedback, analysis and reporting. This will include feedback received through:

- On-line/Digital and hardcopy/paper Survey responses
- Qualitative responses through direct emails, feedback forms and telephone calls
- Transcripts of virtual/on-line focus group discussions
- Minutes of meetings
- Letters
- Petitions
- Direct social media messages.

There will be an interim analysis report two-weeks into the consultation. The findings of this review will inform action to be undertaken over the final two weeks of the consultation.

Once the formal consultation data input has taken place and the data analysed, we will ensure that all the intelligence is captured into one report. This report will provide a view from staff, public, patients, carers and key stakeholders on the proposals.

## 13. Meeting our legal duties on equality and health inequalities

CCGs have separate legal duties on equality and on health inequalities. These duties come from:

- The Equality Act 2010
- The NHS Act 2006 as amended by the Health and Social Care Act 2012

In developing our Consultation Plan we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a

relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

To inform our proposals and to help shape our pre-consultation engagement and this Consultation Plan, independent Equality Impact Assessments (EIAs) have been carried out in June 2019 and October 2019. This analysis has informed our approach to ensuring we meet our duties under the Equality Act 2010. It has also informed how we consider our duties to reduce health inequalities.

To respond directly to the recommendations in the EIAs we have commissioned Healthwatch to undertake targeted engagement with a range of groups during the consultation. They will undertake this engagement using 1-1 telephone interviews and an on-line survey specifically tailored for the groups identified within the EIA. This engagement will focus specifically on how a person's specific needs, identity or characteristics may affect their experience of inpatient rehabilitation services, and thus what mitigations we need to consider in our plans.

Healthwatch will be undertaking engagement with the following Inclusion Health Groups (as defined by the NHS Equality Delivery System):

- Homeless people
- People living in poverty
- People who are long-term unemployed
- People in stigmatised occupations
- People experiencing poor health outcomes

Healthwatch will also be undertaking targeted engagement to help us understand the views of those that share the following protected characteristics:

- Age
- Disability
- Race
- Religion and belief
- Sex
- Sexual orientation.

To ensure the consultation process meets the requirements to evidence that due regard has been paid to our equality duties, all the consultation activity will be equality monitored routinely to assess the representativeness of the views gathered during the formal consultation process. Where it is not possible to gather such data, such as complaints and social media we will record any information provided. Halfway through the consultation we will review responses so far and adapt our approach to seek more feedback from any groups that might not so far have fed back.

Once gathered the consultation data will be independently analysed. At a mid-point in the consultation, analysis will be reported to highlight any under-representation of patients who we believe could be potentially affected by any change in services, and if this is demonstrated further work will be undertaken to address any gaps.

Once complete the analysis will consider if any groups have responded significantly differently to the consultation or whether any trends have emerged which need to be addressed in the implementation stage. This data will also be used as part of the evidence to support the equality impact assessment process which will be carried out simultaneously.

**Appendix 1 – Key messages and FAQs**

# Regional Rehabilitation Centre consultation

## Key messages

- The NHS in the East Midlands is consulting on the opportunity to create an NHS Rehabilitation Centre [the Centre], part of the vision for a National Rehabilitation Centre on the Stanford Hall Rehabilitation Estate, near Loughborough.
- This represents a £70m investment by the government in the rehabilitation facilities on the Stanford Hall Rehabilitation Estate which is already developing a reputation for rehabilitation expertise
- Patients and public can have their say on this opportunity from 8 June 2020 to 17 July 2020
- This presents an opportunity for the NHS to transform rehabilitation services in the region by creating a specialist regional clinical facility on the Stanford Hall Rehabilitation Estate and at the same time take advantage of the state-of-the-art facilities used for the military in the Defence Medical Rehabilitation Centre.
- There is currently a shortage of beds for specialist rehabilitation in the East Midlands.
- The opportunity will mean that in-patient rehabilitation services will be available for individuals who have had a complex fracture following an injury. Currently in-patient rehabilitation is available in the regional for neurological patients only.
- The opportunity will increase access to more rehabilitation beds with all the services and staff patients need under one roof.
- We believe that the services proposed will provide better outcomes for patients and, crucially, help them get back to their lives sooner because they will receive intensive rehabilitation.
- To transform services there will be change, and in this case the proposal is to transfer services from Linden Lodge at Nottingham City Hospital to the centre.
- It is easy for the public to have their say on the opportunity by completing either an online survey or by attending events staged across the county. More information is available online at: [add link to website].

## Q&A (for spokespeople and to inform statements to media)

**Q1. What are you asking the public to consult on?**

We are consulting on whether or not to take forward the opportunity to create a £70m NHS Rehabilitation Centre on the Stanford Hall Rehabilitation Estate.

The Centre would be co-located with the Defence Medical Rehabilitation Centre.

The owner of the Stanford Hall Rehabilitation Estate 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 will mean NHS patients would be treated at the estate, but in a separate facility from military personnel.

**Q2. Who is behind the consultation?**

NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) are proposing to commission rehabilitation services to be provided at the regional rehabilitation centre. This would be an NHS-run facility, separate to the military rehabilitation service and building, but providing NHS patients with access to state-of-the-art facilities (for example a hydrotherapy pool).

**Q3. Where will the centre be located?**

Stanford Hall Rehabilitation Estate 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.

**Q4. Why do you think this is needed?**

The NHS believes that an NHS Rehabilitation Centre could deliver better outcomes for patients with the development of a strategy that includes rehabilitation for a range of complexities and injuries and reduced delays to access services.

There are a number of reasons for the recommended change to services, which we have set out in the public consultation:

- Creating a high-quality centre of rehabilitation excellence
- Contributing to a deficit in rehabilitation capacity
- Improving access to services
- Improving outcomes and the patient experience through a new clinical model
- Ability to respond to changes in future service needs and models
- Reducing pressures on the acute bed base.

The Centre would provide high quality care, underpinned by leading expertise and best practice, in one of the best facilities in the NHS.

There is a significant opportunity to improve lives, develop leading expertise in rehabilitation and, at the same time, use NHS resources more efficiently.

**Q5. What is different about what is proposed and what is already provided in existing NHS hospitals?**

Rehabilitation services for neurology patients are provided at hospitals across the East Midlands. The opportunity to create a regional centre that can provide care for patients with fractures as well as many neurological conditions represents a ‘step change’ in the provision of specialist rehabilitation services for patients in the East Midlands.

While a regional rehabilitation centre will expand services, neurological rehabilitation will continue to be provided in hospitals across the region.

**Q6. What is the distinction between an NHS regional rehabilitation Centre and a national rehabilitation centre?**

The proposed development of an NHS Rehabilitation Centre on the Stanford Hall Rehabilitation Estate is part of a vision for a future National Rehabilitation Centre (NRC). The vision for the NRC is for it to provide 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 for the NRC is for it to be the hub for a network of outstanding NHS rehabilitation services across England.

**Q7. What have people said already?**

We have spoken to patients, carers, NHS staff, charities and others over two phases of engagement. While people we spoke to were generally positive about the prospect of improved facilities at Stanford Hall, some had some concerns about the impact on rehabilitation services provided at Nottingham City Hospital. Others had concerns about travelling to visit patients at Stanford Hall by public transport.

The engagement we have undertaken has informed the development of our proposals and the focus of our consultation.

**Q8. How would patients benefit from being treated at the Centre?**

The aim is to support patients in their rehabilitation and recovery following serious injury or illness. There are state-of-the-art facilities wherever you look at Stanford Hall, such as the £1.8m Computer Assisted Rehabilitation Environment which uses virtual reality to track movement, allowing medical experts to correct their gait and work out what areas of their body may be under pressure, or acclimatise them to different conditions.

**Q9. What conditions would be rehabilitated there?**

A team of expert staff would provide treatment for patients, mainly from the East Midlands, who will have complex and specific needs, including:

- 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.

**Q10. How would families and friends without private transport get to the centre?**

The centre would be located on the Stanford Hall Rehabilitation Estate, near Loughborough. The site is serviced by a bus that runs from Nottingham to Loughborough every 20 minutes. The NHS is negotiating with public and voluntary sector transport providers and the Highways Authority to improve bus services to the centre.

Stanford Hall Rehabilitation Estate lies approximately 5 km northeast of Loughborough and is located at the southern tip of the county of Nottinghamshire, on the border with Leicestershire.

**Q11. What would the impact be on NHS rehabilitation services in Nottingham and surrounding areas?**

The impact will be that a wider cohort of patients have access to specialist rehabilitation services with more beds provided for neurological patients. To achieve this, in-patient specialist rehabilitation in Nottinghamshire will be provided at the regional rehabilitation centre.

Providing rehabilitation services has to be achievable within existing budgets, so that other services are not negatively affected. This would mean relocating existing services from Linden Lodge at the City Hospital in Nottingham to the Centre.

**Q12. Will this be better than what is already provided for patients?**

Yes. A team of multi-disciplinary staff will be able to provide rehabilitation for patients in purpose-built surroundings with all services under one roof. Patients will be supported throughout their recovery and with access to the facilities and services in a specialist rehabilitation centre and return to their lives sooner. Overall, there will be more rehabilitation beds, so we are increasing capacity to treat patients in the region.

**Q13. How would inpatient beds be allocated?**

The referral criteria for the Centre would be based on the level of rehabilitation need and the potential of the patient to benefit from treatment.

Patients and families would have a choice on whether to be referred to the Centre or not. Their care would be provided by the NHS no matter what they choose.

**Q14. How does it work with a military facility being located on the same estate?**

The NHS Rehabilitation Centre will be an NHS facility, co-located with the Defence Military Rehabilitation Centre at the Stanford Hall Rehabilitation Estate. Patients referred to the NHS Rehabilitation Centre would have access to the defence rehabilitation facilities but be treated by NHS staff separate to the military facility.

**Q18. Who will work there?**

Rehabilitation would be provided by an NHS team that includes medical consultants, junior doctors, nurses, physiotherapists, occupational therapists, speech and language therapists, dieticians, psychologists, case managers, exercise therapists and local authority social workers.

**Q19. Could the £70m allocated for the centre be spent on anything else?**

No. The funding has been allocated by the government for the construction of a clinical rehabilitation facility on the Stanford Hall Rehabilitation Estate, not for other NHS services. We are consulting on whether or not to take forward this opportunity, including the transfer of existing services to the new facility.

**Q20. What would it be like to be a patient at the Centre?**

Patients at the Centre will take part in intensive rehabilitation tailored to their needs and aimed at improving functional ability.

For example, a patient with a disorder to their brain and nervous system (neurological) will 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, along with a hydrotherapy pool, prosthetic laboratory and access to the entire rehabilitation estate.

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

While everyone involved in care will be focussed on returning patients to their daily lives, the multi-disciplinary team will be supported by social workers allowing early assessment of home needs in line with any vocational needs to help the discharge process.

**Q21. What will the facilities be like at the NHS Rehabilitation Centre?**

There will be three wards, plus space for activities and a rehabilitation flat for patients to experience living back at home before being discharged. For visiting families there will be overnight accommodation available.

Ends