

HEALTH SCRUTINY COMMITTEE
16 JANUARY 2020
THE NATIONAL REHABILITATION CENTRE – PUBLIC CONSULTATION
REPORT OF HEAD OF LEGAL AND GOVERNANCE

1 Purpose

- 1.1 To receive information on the formal public consultation proposals in relation to the National Rehabilitation Centre (NRC).

2 Action required

- 2.1 To consider the public consultation proposals and provide feedback.

3 Background information

- 3.1 At its meeting on 12 September 2019 the Committee considered information on the proposals for the introduction of the NRC.
- 3.2 It was provided with the following information:
- (a) planning permission had been granted on land donated to the NHS for a regional rehabilitation clinical facility and national research and innovation hub. It was proposed that the facility consist of 63 single and multi-bed rooms to act as a regional clinical service;
 - (b) NHS patients would have access to the state of the art Ministry of Defence facilities which would be located next to the site of the proposed regional centre;
 - (c) the 6 CCG's within Nottingham had been working alongside Nottingham University Hospitals Trust in the review to develop plans, working towards establishing services and considering how they would link with local services and fit with local populations;
 - (d) this development would give the opportunity to deliver more capacity to services and strengthen the overarching national strategy for rehabilitation;
 - (e) the facility would link with the regional trauma unit at Queens Medical Centre and provide services where there was currently a gap. It would provide targeted and intensive rehabilitation which would not only improve patient outcomes but would reduce the amount of time patients were in hospital;
 - (f) the current rehabilitation service was based at Linden Lodge at Nottingham City Hospital and consisted of 24 rehabilitation beds. There were additional secondary facilities that provided other aspects of rehabilitation but these were based across a number of different sites. The rehabilitation centre would ensure that services were based at one site;
 - (g) referral criteria were yet to be confirmed but would rely on the need for patients to be able to cope with, and benefit from, the intensive rehabilitation that would be offered at the centre;

- (h) referral would take place through a single point and would be reviewed by experts through the East Midlands Trauma Network. Programmes of rehabilitation would be tailored to suit each individual patient;
- (i) the centre would aim to deliver a net increase of 39 specialist beds across the East Midlands Region, and it was estimated that the centre would treat up to 800 patients a year. Individual stays at the centre would not be time limited;
- (j) the aim was for the centre to be cost neutral for commissioning and to provide services within current budgets, achieved by system wide reviews of currently commissioned services and transfer of current services/activities. It was projected that this would lead to a reduction in the cost of ongoing care, release acute trauma beds more quickly, and would attract central funding;
- (k) following a review by the Clinical Senate there had been a number of recommendations. The referral criteria would need to ensure equality across patient groups and conditions, there needed to be consideration of workforce planning, discharge planning process must be considered and interface with the community ensured. There needed to be more consideration of the cost/benefit relative to potential capacity gap in the system;
- (l) following engagement with patient groups the following points were raised:
 - quality of care was important, as was access to care all in one place;
 - concerns were raised about losing access to personal connections;
 - most people were willing to increase travel time to reach better services;
- (m) there would also be a focus on mental health rehabilitation for patients built into the physical rehabilitation programmes. This supported the NHS Long Term Plan;
- (n) an impact analysis had been conducted. It found that travel would be impacted significantly. On average, patients would need to travel further and travel time would increase from 20 minutes to 39 minutes. Those using public transport would be greatest impacted with an average regional travel time of 2 hours;
- (o) key benefits would include improved patient outcomes, minimised waiting times, access to state of the art equipment, vocational rehabilitation, longer term savings in community and social care and research opportunities including integration with military education and training;
- (p) concerns were raised about the significant impact on travel time for Nottingham City patients. Travel time to the new facility would impact everyone, but especially those using public transport. This would impact out-patients as well as families visiting in-patients, both in terms of travel time and cost. Consideration was being given to whether it was possible to subsidise travel in any way;
- (q) there were early stage discussions with local transport companies looking the possibility of adding new routes to the infrastructure to help with transport times and accessibility of the site. The number one bus already served the site from Nottingham city centre;
- (r) the site of the facility had been predetermined by the donation of land to the NHS. It was beneficial to be sited close to the MoD rehabilitation

centre as it allowed access to the state of the art facilities not currently available to NHS patients. It also allowed better education, training and research;

- (s) the commissioning of the services would be subject to all of the proper processes and would be open competition. Nottingham University Hospitals Trusts would have to bid alongside other trusts if they wished to deliver the service;
- (t) a centralised, regional facility combined with a National Research centre would allow for the opportunity to increase bed count, offer the opportunity for efficiency savings, as well as help to shape the national strategy for rehabilitation which were not things that could occur if the local services were retained;
- (u) there was a need for further engagement with patient groups, service users and the public. Healthwatch could facilitate with this engagement to feed into the business case;

3.3 The Committee indicated that it would be interested in hearing future developments on this project, so colleagues from the CCG are attending the meeting to update the Committee on the proposals for formal public consultation.

4 List of attached information

4.1 Briefing note from the CCG.

5 Background papers, other than published works or those disclosing exempt or confidential information

5.1 None.

6 Published documents referred to in compiling this report

6.1 Health Scrutiny report and minutes dated 12 September 2019.

7 Wards affected

7.1 All.

8 Contact information

8.1 Laura Wilson
Senior Governance Officer
0115 8764301
laura.wilson@nottinghamcity.gov.uk