

What is a DNRC and why is it needed?

WHAT IS A DNRC?

The Defence & National Rehabilitation Centre (DNRC) is an initiative by the Duke of Westminster to provide 21st century clinical rehabilitation for the armed forces and the nation.

This combination of the 2 elements (Defence – the 'D' in DNRC and the nation, the 'N') on the same site has the potential to be game-changing.

The opportunities created by co-locating these 2 facilities as one single and comprehensive facility for clinical rehabilitation will enable the DNRC to achieve far more than the sum of its parts. By combining excellence in clinical medicine with the right physical environment and the right location, we intend to create a facility which will deliver remarkable outcomes for the people who attend it.

Defence: the 'D' element would be a 21st century military rehabilitation establishment for servicemen and women and will be a 21st century version of the existing armed forces facility, Headley Court in Surrey. It would provide sophisticated trauma rehabilitation, neurological care for those undertaking rehabilitation and a 'back to life' capability which would, in conjunction with other Defence assets, ensure that the transition for people leaving Headley Court, principally returning to armed forces units but in some cases leaving the Service, was well attended to.

National: the 'N' element would provide vocational clinical rehabilitation facilities for the civilian population in a way that does not exist at present.

Rehabilitation of those disabled and unable to work in civilian life is a major policy area within Government, and a combination of Defence and civilian medicine in one location could provide a combination unique in the world.

The area around Stanford Hall would provide the geographical focus of the Defence establishment. The National development would be located on the western side of the site, focusing on the area that is outside the registered parkland designation. The 2 developments are physically separate to avoid over-development around the Hall and within the registered parkland. That said, whilst the Defence and National facilities are likely to be developed on different timescales, the intention is that they will complement each other in terms of best practice, research and training and will share facilities where appropriate.

THE NEED FOR A DNRC

The armed forces of the Crown have a duty to use significant force when necessary in pursuit of the nation's interests.

In training and on operations, the risks are high and physical hardship, and often injury, are willingly accepted parts of their lives.

Whilst current involvement in Afghanistan may be drawing to a close, the Government's foreign and security policy means that the British Armed Services are likely to continue to engage in armed conflict overseas. When Servicemen and women are injured, by whatever means, it is essential that they are treated brilliantly and, if possible, are returned to service quickly – as they cannot be replaced.

There is also a recognized and urgent need for improvement in the nation's approach to getting people back to work.

The cost to the taxpayer of lost working days was estimated in 2006 to be over £60bn. The focus on work-related interventions, looking at what people can do, rather than what they cannot, has the potential to bring huge benefits to the nation through reducing the social and economic costs of ill-health in working age adults.

Professor Dame Sally Davies, the Chief Medical Officer of the Department of Health and the NHS in England, and the Surgeon General in the MOD strongly support the development of a DNRC, and the trustees of the Headley Court Trust also support the project.



HEADLEY COURT

Rehabilitation medicine is advancing rapidly in terms of how technology can help people recover and the extent to which modern medical science might offer new possibilities in the rehabilitative field.

The existing Defence rehabilitation facility at Headley Court, established in 1947, is widely admired for achieving remarkable results for those injured in conflict. But it is important that Defence is in a position to benefit to the maximum degree from advances in technology and science.

Headley Court is a small site and, despite continuing investment, the ability to modernize it to the fullest degree may soon be limited.

So the issue is whether it is possible to create a 21st century replacement which can readily take account of the advances in technology and clinical research that promise dramatically to alter the nature of rehabilitation medicine.



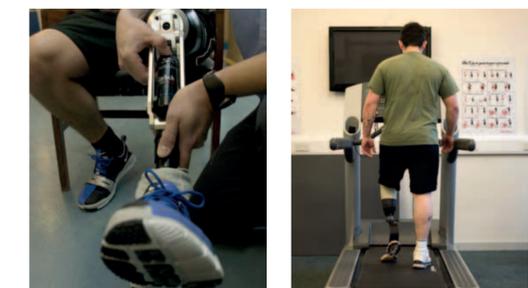
REHABILITATION MEDICINE

Rehabilitation medicine is the specialty that is concerned with the prevention, diagnosis, treatment and rehabilitation management of people with disabling medical conditions.

It was developed primarily to meet the needs of young adults and those of working age, but aspects of the specialty, particularly relating to technical aids, provision of wheelchairs, orthotics or prosthetics, are relevant to people of all ages.

Rehabilitation medicine covers a large number of disabling conditions. The majority of conditions are acquired, such as traumatic brain injury, stroke, spinal cord injury, multiple sclerosis, limb loss and musculo-skeletal injury. Also congenital conditions or those arising in childhood, such as cerebral palsy, muscular dystrophies and limb deficiency, will continue into adulthood and require ongoing support, advice and assistance.

The specialist services that deal with these are neurological and spinal cord injury rehabilitation, limb loss or deficiency rehabilitation and prosthetics, and musculoskeletal rehabilitation.



The DNRC offers a real and exciting opportunity for Defence, the NHS and sporting fraternities to improve patient outcomes and to improve quality of life for people who have been injured