

2019



Clinical Commissioning Groups

National Rehabilitation Centre
Programme



TRANSFORMING REHABILITATION SERVICES

A document to provide readers with the information to help inform our process of transforming rehabilitation services.

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Foreword (by Allan Cole)

I have required substantial rehabilitation after I suffered a serious accident three years ago which resulted in multiple injuries, including a head injury, a broken back along with many other broken bones, an amputated leg and significant neurological damage. It was life threatening but after much skilful surgery, expert intensive care and many weeks, I eventually woke up and the slow process of re-building my life had to begin. I am also a doctor (a Consultant in Anaesthesia) which has enabled me to have a unique perspective on the requirement for and process of rehabilitation.

The most important thing that I learned is that rehabilitation is not a passive repair process – the repair process needs to be combined with a very active management to ensure the body adapts, rebuilds and retains the strength and flexibility to move and undertake the activities of daily living. This active process is time consuming, exhausting and requires guidance and care from many different healthcare professionals if a return to as full a life as possible, is to occur.

Compared to the amazing expertise and resources that I received in the acute care of my multiple injuries, what is available in the NHS for rehabilitation is very limited. My own experience has illustrated this. After I woke up, I remained in a hospital bed for more than three months and the amount of rehabilitation care that I received during this time was almost non-existent. For example, the time allowed for physiotherapy was very little and what I did get was aimed at getting me out of hospital rather than being structured rehabilitation. What I required was a course of intensive rehabilitation with facilities, equipment and expertise entirely targeted towards getting my body adapted and into condition to ensure that I could minimise the effects of my disability. Such rehabilitation has been shown to speed up recovery and to be highly cost-effective for society.

Using my own medical experience and knowledge, together with the ability to pay for some of my own rehabilitation, I have managed to return to a reasonably active life, including returning to work. I have found that overcoming disabilities and increasing self-reliance improves one's psychological state and self-esteem which then reinforces the will to improve further. It is therefore self-perpetuating and improvements are sustained for the long-term.

The opportunity that is presented to develop a specialist centre for the rehabilitation of NHS patients in the East Midlands is more than welcome.

Purpose of this paper

This paper outlines the vision for rehabilitation services within the East Midlands (Nottinghamshire, Derbyshire, Lincolnshire and Leicestershire), explaining how using modern techniques, skilled knowledge and the right infrastructure could deliver world-class rehabilitation at the right time, in the right place by professionals whose motives are to support you in having the best possible chance of returning to a level of independent living.

We recognise that we need to adapt to close the gap in outcomes that our colleagues are delivering both in Europe and to members of the armed forces. This transformation paper, enables us to highlight how we can embark on a programme of excellence that will not only transform rehabilitation service to address the known gap, but to also bring in multi-skilled dimensional professionals and research changing the way that rehabilitation services are delivered in the East Midlands region.

While our intentions is to enhance and improve services as mentioned above, we also feel it is important to listen to views and experiences of rehabilitation across a range of organisations, community groups, staff groups, patients and carers. We are asking people who have had experience of rehabilitation in the past, who are currently needing rehabilitation and those who may potentially need rehabilitation in the future to be involved in shaping the new service. This will help to inform the range of potential solutions in terms of how we deliver the new service for us to consider and develop into a new model for rehabilitation in the East Midlands and potentially wider.

We recognise that service change to any degree can feel challenging for us all. This paper is the starting point in our engagement with you, to help to design a new and innovative approach to rehabilitation. Please read this document carefully – it contains a lot of information and outlines how we will involve patients and carers in shaping the changes and also lets you know how you can get more involved.

Rehabilitation in the East Midlands

Since 2012, through the success of our major trauma centres in England, more people's lives are being saved and the demand on our rehabilitation services is even greater than ever. This is also the case in the East Midlands. Rehabilitation, like many services has challenges with resourcing. Whilst the NHS does well at saving lives, we believe it is necessary to focus on multi-faceted care that enables an individual to lead a fulfilling life, ensuring that we at all times maximise the potential for an individual to live independently and have choice and control over their life. The likelihood of you returning to work after a period of injury or illness requiring rehabilitation is less than that of either other countries in Europe or indeed much less than if you were in the military. We want this figure to change, and know that the National Rehabilitation Centre could help us to do this for our populations through modern medicine and techniques to improve on the foundations of good care.

The East Midlands has an opportunity to address these problems in the form of the development of the first National Rehabilitation Centre in our region. This could be a regional centre which, like other regional centres such as for Major Trauma or neurosciences, people will be given the choice of travelling potentially further but for significantly better long term outcomes, meaning your chances of returning to full life and work will be increased. Since this will be a regional service the travelling times to the new facility will obviously depend on where you live. For some it will be a shorter

journey but if it is greater we would like to hear from you in terms of transport links, fast broadband so that you can keep in contact and any other practical issues that you would like to be considered.

In the Commissioning Guidelines for rehabilitation published by NHS England in March 2016 it was stated that:

A modern healthcare system must do more than just stop people dying. It needs to equip them to live their lives, fulfil their maximum potential and optimise their contribution to family life, their community and society as a whole.

The types of conditions which benefit from rehabilitation are those where patients find themselves having physical and or cognitive problems as a result of injury or illness. These physical problems often restrict what people can do and how much they can return to their previous life. If these problems aren't addressed then people find themselves unable to return to the role in the family, or participate in their previous social activities or, significantly, return to work. This can have a huge impact on families not only financially but also in terms of individuals' own mental health and sometimes the well-being of those around them too.

Rehabilitation can make a big difference after injuries such as major trauma or breaking some bones, perhaps after a fall, or following an illness such as meningitis. Rehabilitation will enable people to get back to as full a life as possible including return to work but to have the maximum effect it must be available at the right time – often as soon as possible after the event. The services which exist are mainly for those with neurological problems such as brain injury after an illness such as Guillain-Barre Syndrome and long term conditions such as Multiple Sclerosis. Patients with a spinal cord injury and who have had a major trauma (1,750 per year in the East Midlands) would benefit from intensive rehabilitation early on.

While the East Midlands does try to give the best possible care, specialist rehabilitative care can often result in patients waiting a very long time to access beds. The average wait time to get into the rehab bed is 19 days. During this time patients often deteriorate, therefore we recognise we need more focussed rehabilitation services for patients who find themselves in hospital for a long time. The patients who come into this category are those with broken bones and some amputations, or those patients who have been in and out of theatre and critical care for a long time and are very weak. Major trauma and indeed the causes of rehabilitation in general are thankfully relatively rare compared with cancer and cardiovascular disease; however, the effects of not getting rehabilitation right can be devastating for the rest of someone's life as well as costing a lot of money both personally and for the NHS and social care.

It is increasingly acknowledged that effective rehabilitation delivers better outcomes and improved quality of life and has the potential to reduce health inequalities and make significant cost savings across the health and care system. (March 2016 commissioning guidelines)

Part of the reason for this poor provision is due to chronic under resourcing of rehabilitation beds. Some facts and figures about the East Midlands:

- BSRM recommendations for rehabilitation beds is 270 in patient rehab beds in the East Midlands
- East Midlands has **85 beds – 185 less than recommended**
- Wait time of mean **29 days for a rehab bed** across the region
- **UK has among the poorest outcomes for rehabilitation in Europe**

The table below shows how we compare

RM = rehabilitation specialists	France	Germany	Sweden	Italy	UK
No of RM specialists	1760	1571	160	2200	152
No of RM trainees	125	65	20	350	57
RM specialists per 100k of the population	2.9	2.0	1.9	3.7	0.2
RM as % of all specialists	1.87	0.61	0.92	1.36	0.55

Gaps in our rehabilitation services provision and the impact

In 2014, the East Midlands Major Trauma Network conducted a gap analysis, in which all rehabilitation units participated, in order to reveal in detail where there were no rehabilitation services at all. It showed that there were no rehabilitation services for the following:

Inpatient orthopaedic rehabilitation

Currently in the East Midlands there is no designated in-patient rehabilitation for orthopaedic patients with complex needs – this includes patients with two or more broken bones whose injuries are severe but who do not qualify for the major trauma pathway.

This amounts to long periods of time recovering from orthopaedic injury and in some cases devastating effects on lives and work.

Vocational rehabilitation

Vocational rehabilitation is a process which enables people to overcome barriers to access, maintain or return to work following a period of illness or injury. The only vocational rehabilitation service in the East Midlands is specifically for people who have had a traumatic brain injury. This gap means that most people are not supported in getting back to work.

This amounts to only a very small number of patients having support to return to work or important activities in life. There is often a huge impact on peoples’ mental health , financial situation and family circumstances.

Training and recruitment

Rehabilitation medicine is currently a very difficult area of medicine to attract professional staff into. The reason for this is not very clear, however, it is clear that the shortage of specialists choosing to come into the field is not providing the best rehab outcomes for patients. The British Society of Rehabilitation Medicine (BSRM) which represents doctors and other professionals such as physiotherapists and occupational therapists has stated that there needs to be a 38% increase in rehabilitation consultants to meet the needs of our patients across the country.

There is no formal educational or training route for rehabilitation medicine and with it being such a complex area with many professionals involved it has been suggested that addressing this would go towards improving the outcomes for patients. A National training and Education centre at the NRC is part of this proposal so that patients will benefit from the best clinical experts in the field.

Research

Research in this field of medicine is also not well supported with networks. Other diseases such as cancer have very well established networks and large scale studies with good funding and formal structures. Advances in this field could be gained by a strategy for rehabilitation research which involves medical and clinical teams but also engineers and biomedical experts to innovate. An important part of the NRC proposal is that we bring research experts, clinicians and patients together to push advances in technology and rehabilitation techniques.

The newly built Defence Medical Rehabilitation Centre (DMRC)

Many of you will be aware from media coverage over the past four years that a new Defence rehabilitation facility near Loughborough has been created. Since October 2018 this bespoke Defence Military Rehabilitation Centre (known as the DMRC) on the Stanford Hall Rehabilitation Estate has been treating serving members of the armed forces injured in training or on active service. It has replaced the former Defence establishment, Headley Court in Surrey. The new 360 acre estate near Loughborough has been developed not only to house the new Defence establishment and a civilian facility as well, but also to be a rehab asset in its own right with many facilities for all patients to use such as hand cycle tracks, trim trails, a golf course, sports facilities and much more.

In 2009 the Secretary of State of Defence was asked to support the development of a replacement for Headley Court to be funded by private means. He gratefully accepted this generous offer but also asked that a rehab facility for the nation be considered too. He asked because, having read just read the 2008 report by Dame Carol Black on the health of Britain's working age population, he recognised that rehabilitation services for civilians were not producing the same outcomes as Defence. In 2008 this deficiency was costing the country £60 billion annually and that figure is now thought to be closer to £100 billion. The Secretary of State's request was accepted and led to the creation of the Defence and National Rehabilitation Programme (DNRC), announced to Parliament in 2009 and examined for feasibility across Government in 2010.

Achievement of the DNRC Programme has been funded by the Black Stork Charity and has included acquisition of the site, planning permission and construction of the Defence (DMRC) facility. The Charity will make the civilian site and the accompanying detailed planning permission and designs available to the NHS as a gift. The Department of Health has now earmarked the capital to build the National centre. There will be facilities and expertise at the DMRC which the NHS will be able to share such as the hydro therapy pools, gait laboratory and a new CAREN 3D virtual reality gait re-education plate as well as all the facilities on the Rehabilitation Estate. This is the proposal for how we develop and change our rehabilitation service which we shall be exploring with you.

Proposal for the development of the National Rehabilitation Centre

Our vision is to transform rehabilitation services for patients within the East Midlands. We want to improve the quality of life for patients after their serious injury or illness, and make rehabilitative care equitable for all. In order to do this, we would like to build a new NHS facility, known as the National Rehabilitation Centre (or NRC), located on the Stanford Hall Rehabilitation Estate (SHRE) near Loughborough 400m from the military centre. In doing this we would share knowledge and expertise as well as the state of the art facilities already outlined with the military and will transform clinical rehabilitation in England. It will do so by delivering the specific, sophisticated rehabilitation people need at the right time to give them back their lives after the setback of serious injury or illness – for example a road traffic accident, broken bones, meningitis or multiple sclerosis.

The proposal for the NHS services could be that we take advantage of the gift of the site, the planning permission and the sharing offer to build a new NHS facility, known as the National Rehabilitation Centre (or NRC), located on the Stanford Hall Rehabilitation Estate (SHRE) near Loughborough, 400 metres from the Defence centre. In doing this we would share knowledge and expertise as well as the state of the art facilities already outlined with Defence and in the process shall transform clinical rehabilitation in England. It will do so by delivering the specific, sophisticated rehabilitation people need at the right time to give them back their lives after the setback of serious injury or illness – for example a road traffic accident, broken bones, meningitis or multiple sclerosis.

The new centre being considered by the NHS will be something entirely new – a place where patients, innovation and expertise combine to push boundaries beyond that achieved in this domain to date. It should be viewed as a start-up and a flagship project in technology terms in the NHS Transformation programme now underway. The intention is that it will pave the way for similar clinical centres across NHS England. The government has earmarked £70m of the required £108m to build the new facility.

Under one roof it could be:

1. A unique opportunity to share Defence and NHS expertise and facilities to improve, and deliver, world class outcomes for patients requiring rehabilitation
2. A regional facility offering innovative ways of working, including return to work, rehabilitation for patients with brain and limb problems
3. A national resource for Rehabilitation Research, closely aligned to University teams
4. A national Training centre of multi-professional Rehabilitation teams across the NHS

The big question

The BlackStork Charity will generously make the land available for construction of the civilian facility and will also donate the detailed planning permission for the building that it has obtained as well as the designs to support it. The government has set aside £70 million if approved to build the facility and we are currently applying for permission to spend that money. We know that change where rehabilitation are located would affect patients, and therefore before we make that application we want to know what patients and stakeholders think about it and how it might impact you.

How you can help shape our thinking

We would like you to be involved in shaping our proposals for a new service. Our aim is to make sure more patients get the rehabilitation treatments they need without having to wait. This means more people will recover more fully and ultimately increase the opportunity to return or stay in work and participate in meaningful family and social lives. We think that means we will have to change the way rehabilitation services are delivered.

We would like to hear the views and experiences of patients, carers and other people with an interest in rehabilitation services from across the region. It would be really useful if you were able to indicate if you fall into one of those groups.

We would like to hear your views on anything on the proposal we are currently developing, but the following questions might guide what you share with us.

- Please tell us about any experience you have had of rehabilitation services in the East Midlands
- What things about your experience of rehabilitation would you like to keep in any proposed new service?
- What would you like us to change in any proposals that are developed?
- How would you feel about travelling to a different location for rehabilitation or to visit a patient?
- What would the impact be if the location for rehabilitation was nearer/further away than you presently travel?
- How do you travel to a rehabilitation service now and how would you travel to a different location?

You can send your feedback to:

Nottingham University Hospitals NHS Trust: NRC@nuh.nhs.uk or

Greater Nottingham Clinical Commissioning Group: ncccg.team.communications@nhs.net

The closing date for feedback is: **Friday 24 May 2019.**

Processes we will be undertaking and timescales

We will be running patient focus groups across the region to involve patients who are currently undergoing rehabilitation and also those who have been through our rehabilitation services to tell us what was good, what could be better and what they would like to see done entirely differently.

This document will be sent to a wide range of people including the following:

- Key charities involved in rehabilitation
- Patient and partnership groups for the acute trusts,
- The regional Academic Health Sciences Network Patient and Partnership Group – this is across the East Midlands.

It will be on the following websites:

www.nuh.nhs.uk

www.nottinghamcity.nhs.uk

www.thednrc.org.uk

Frequently asked questions

- **How quickly could this happen?**
The aim is to have the new centre open for patients in early 2022
- **Who will immediately benefit?**
People who have rehabilitation needs as we have described either following an accident or an illness or with a long term condition.
- **Will access to research really help?**
Yes – research in any field is how advances are made and in rehabilitation there is much to do.
- **Will the general public be able to access military care?**
The two units will be separate but close together (400m apart) and while the public won't be treated by the Defence staff, they will have access to some facilities such as hydrotherapy pool, laboratories and highly specialised gait re-education technology.
- **Who will use the service?**
Patients who have rehabilitation needs following neurological, musculo-skeletal (broken bones), traumatic amputation, major trauma or long periods in hospital. Everyone will be assessed individually.

- **What will be different about the new service at Stanford Hall Rehabilitation Estate?**
 - The purpose built centre would be a space where people with physical difficulties will be able to be as independent and self-reliant as possible rather than being in a hospital environment.
 - The whole estate is designed to be used by patients to aid the rehabilitation process
 - The rehabilitation programme patients would benefit from being able use the state of the art equipment and hydrotherapy pools in the Defence centre.
 - The rehabilitation would be delivered at the right time as there are 15 additional beds
 - The centre will be used by researchers in the field to push forwards technology and techniques for rehabilitation.

- **Where is Stanford Hall Rehabilitation Estate?**
 - It is roughly midway between Derby, Nottingham and Leicester and very close to Loughborough.



- **How would I get there?**
 - Driving it is on the A6006 and there is free parking on site.
 - It is on the bus route 1 from Nottingham and Loughborough which runs every 20 minutes.

- **How long might I stay?**

How long patients stay would depend on individual need but it is likely that most people will benefit from a period of intensive rehabilitation lasting between three weeks and three months.