



Partners in improving local health

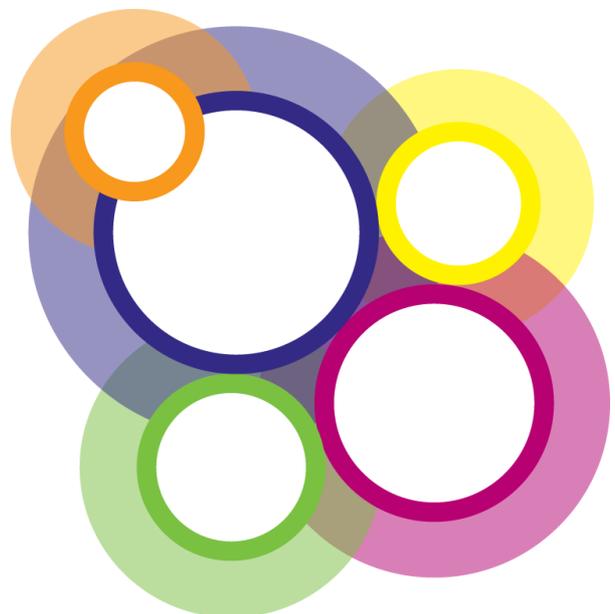


North of England
Commissioning Support

Rehabilitation Services in the East Midlands

Engagement findings

November 2019
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1 Background

The NHS has an ambitious vision to transform rehabilitation services in the East Midlands and to establish a world-class centre of excellence for rehabilitation in the region.

The NRC is being developed on the Stanford Hall Rehabilitation Estate, situated in Nottinghamshire, close to Loughborough, which hosts the Defence Medical Rehabilitation Centre (DMRC) and currently provides high quality clinical services to defence personnel.

The NRC was developed with the intention of treating NHS patients as well as military personnel, bringing mutual benefit to both the defence medical services and the NHS in regards to knowledge sharing and expertise.

To help inform the business case and to build upon the engagement that has already been undertaken, NHS Newark and Sherwood Clinical Commissioning Group (CCG), Mansfield and Ashfield CCG and Greater Nottingham CCG encouraged patients, carers, relatives, staff and others with an interest in rehabilitation services to have their say on proposals around the NRC over a four-week period of engagement (9th October – 5th November 2019).

The report sets out the findings from this engagement.

2 Methodology

The aim of the engagement was to obtain insight from patients, their carers and relatives, staff and any other individuals with an interest in rehabilitation services in relation to:

- What they feel is most important about specialist rehabilitation services
- Their views on the development of the NRC
- The location of the NRC and any difficulties this might cause
- Their views of having the NRC as a single point of referral.

Insight was obtained from a series of meetings with existing groups as well as an online survey.

2.1 Meetings

Each meeting was facilitated by two members of staff from the North of England Commissioning Support Unit as well as a representative from Greater Nottingham CCG. A discussion guide was developed to provide structure and consistency for the meetings. However, the format was relatively flexible due to the differing needs of the patient groups engaged with. Each session included a brief presentation on what is being proposed in the East Midlands with regard to specialist rehabilitation services, the vision for the NRC, why change is needed and the potential benefits.

The table below provides details of the meetings conducted, with the total number of individuals engaged through this method being 47.

Date	Venue	No. of people	Participant details
Wednesday 9 th October 12.30 - 2pm	Brainwaves Maggie's Centre City Hospital Campus Nottingham	12	1 trustee 8 patients 2 family members 1 practitioner
Wednesday 23 rd October 12 noon -1pm	Headway House Day Centre 11 St. Agnes Close Bilborough Nottingham	10	1 manager 2 trustees 7 patients
Wednesday 23 rd October 3 – 4pm	Linden Lodge Nottingham City Hospital Hucknall Road Nottingham	2	1 patient 1 family member
Thursday 24 th October 1 – 4pm	Trauma Clinic, Queen's Medical Centre,	5	3 patients 2 family members

	Nottingham Derby Rd, Nottingham NG7 2UH		
Monday 28 th October	The Mobility Centre Nottingham City Hospital Hucknall Road Nottingham	18	8 patients 1 chair of support group 1 centre manager 8 practitioners

2.2 Survey

The survey was available for completion online with paper versions of the survey being provided at each of the meetings listed above. In total 150 individuals responded to the survey.

Notes on survey analysis:

- *For open questions, individual responses were coded, with codes being grouped into categories. In some cases it was appropriate for more than one code to be assigned. This technique allowed a quantifiable account of responses. Percentages were calculated as proportion of the number who responded to each question.*
- *For closed questions, percentages were calculated as a proportion of those that responded to each question.*

Note: the results from the survey and the themes identified from the meetings with patients, family members, carers and staff members are by no means representative, but provide insight into perceptions of the NRC among these individuals.

3 Summary of meetings

Throughout the conversations with service users and practitioners, some clear themes emerged.

A qualified welcome

“It has amazing facilities for soldiers. The NHS would benefit from that experience.”

The basic premise of the NRC was positively received, with many participants giving a cautious welcome to the proposals.

There was an acknowledgement that having specialist services in one world-class facility, was a positive idea in theory.

“It sounds good, having it all in one place.”

“It’s a good idea, to share information and expertise, all in one place”

“We need all of the best things in one place. Like I’ve got to come here to see the consultant and then somewhere else to see the OT.”

Some participants were positive about specific aspects of the NRC:

“I’d like the hydrotherapy pool.”

“Anything that makes you feel good is great. The difference of being able to look outside at birds [is significant].”

In addition, a cautious (and highly qualified) welcome was given to the location also, with one participant stating that:

“The site is a beautiful location, if you are able to walk. It’s fantastic”.

Another participant commented:

“It’s a beautiful location.”

However, they then followed this up with a question:

“Family rooms are to be built aren’t they?”

In general, this was a familiar response - welcoming the idea of the NRC and speaking positively about the location from an aesthetic point of view, whilst providing significant qualifications around access and suitability.

The following response from this participant summarised this view:

“Very nice there. I’ve never been but it looks beautiful. I’m a minor expert on local transport. If you’re a patient from Nottingham it may be impossible to get to if you don’t drive.”

Concern over suitability for non-military / non-physical rehab

“The military are a different breed! [It can be] hard work working with a squaddie!”

Many of the participants, whilst being praise-worthy of the standard of care they would expect to receive in a facility designed for military rehabilitation, had concerns of whether this would actually be suitable for their situations.

Indeed, this was a view that was also voiced by some of practitioners that attended.

The main areas of concern around this theme were to do with:

- **Suitability**

One participant questioned whether being treated in the same way as military patients would be right for them, and voiced a concern about the intensity of the care:

“We are not like recovering military. We are unlikely to be competing in marathons. It is about our basic quality of life.”

On viewing the [information video used to provide further detail of the NRC](#), this concern was voiced again by a participant undergoing rehabilitation for a brain tumour:

“Emphasis seems to be totally on physical [rehab]. How does it fit with people with brain tumours?”

One practitioner also talked about how military patients can be seen as “a different breed”, suggesting a concern about how military and “civilian” rehab would work in practice.

- **Capacity and referral**

Some participants also had concerns about how they would access or be referred into the centre, if the priority was around the rehabilitation of military veterans.

“We get how this would work for a soldier injured in conflict, but in what circumstances would people like us be referred to the centre?”

This led to further concerns about how this would be managed – given the limited capacity of 63 beds at the centre.

“Would only the most complex conditions be referred to the centre? Is it about cherry-picking?”

“What's to say there isn't another way and then military have priority? Could it be overtaken by them?”

Concern and anger over closing of current services

Many participants had significant concerns around the impact that the proposal would have on the current services that they access, including community services such as Headway.

“Headway is the only place that I come. We hugely value it.”

Participants were informed that part of the premise of the move to the NRC was that the facilities at Linden Lodge were considered to be “not fit for purpose”.

Many felt very passionate about this, with their concerns about the implications on Linden Lodge in particular being strongly expressed:

“It’s absolutely disgusting that they are moving services to Loughborough. My family wouldn’t be able to see me. I had my accident in Nottingham. I expect to be treated in Nottingham. Being treated in Nottingham means a lot to me. Linden Lodge is a great place. [It] has all the facilities.”

“The rehabilitation in Nottingham is second to none.”

Among some participants, this discussion opened up a potentially damaging theme around a distrust of decisions being made, at a regional and national level in relation to the reconfiguration of NHS services:

“There’s a lot of mistrust for the government.”

“You’re saving money and this is a cost-cutting exercise.”

“It seems they want to steam-roll over the little people.”

Many of these strongly-held emotive opinions appeared to stem from perceptions (or misconceptions) about how decisions are made about the reconfiguration of services, rather than the reality of the actual proposal. However, this concern is very real among participants, and should be considered a key factor as part of any further communication with service users and the public.

Proximity, travel and convenience

“It’s in the middle of nowhere. Transport links aren’t great to where it is.”

The most significant concern and over-riding qualification for the enthusiasm participants had for the basic concept of the NRC, was around the accessibility and convenience of its location.

In addition to participants’ concern of the potential loss of their local services that they have come to trust and rely on, the practical implications of how they might access the NRC in the future was a source of significant concern for participants in all sessions:

“It would be hard to get to the centre. Nearly all of us are not able to drive due to our condition.”

“Further away from home would make me anxious. Public transport is important.”

“It’s a beautiful place, but very isolated and remote.”

“Working age finances are a big issue. Taxi fares are not an option.”

“Will they improve transport links to make it more accessible? It’s in the middle of nowhere. Transport links aren’t great to where it is.”

“As far I am aware Nottingham is the best place for head injury treatment. This NRC would be in the wilderness.”

“Imagine trying to travel in bad weather.”

“Impact on the family is really high if they’re there for a large time period.”

Participants discussed the impact this would have both on their care and on the convenience for family members with some using words such as “wilderness” or “the middle of nowhere” to express concerns on its accessibility.

Proximity > isolation > mental health

Whereas many of the concerns raised about the NRC’s proposed location centred around the practicalities involved in attending appointments, or family visits for inpatients; participants also discussed the negative impact that isolation could bring to those during rehabilitation.

One practitioner expressed concerns over the potential implications of the additional travel involved to the NRC:

“Social isolation is an issue, with travel being a huge burden for families.”

One service user also raised this risk by highlighting how important it is to support the mental health aspect of rehabilitation for inpatients:

“It’s very depressing. Mental health support is so important, it’s all in your mind-set.”

This would suggest that the concern around the perceived remoteness of the NRC centres not just around day-to-day practicalities, but also the impact that this could have on patients’ rehabilitation if they become more socially isolated as a result.

Indeed, one practitioner in particular argued that being in a more urban, connected environment is actually helpful for patient’s rehabilitation, contradicting the apparent premise of the NRC being in a more remote, albeit peaceful and pleasant, location:

“I think the location is a rehabilitation issue. If you have a rehabilitation centre in a hospital setting there is an easy transition to community services. Part of the rehabilitation process for brain injury patients is learning how to use the bus, public transport, going into shops. And that won’t be available in this rural facility.”

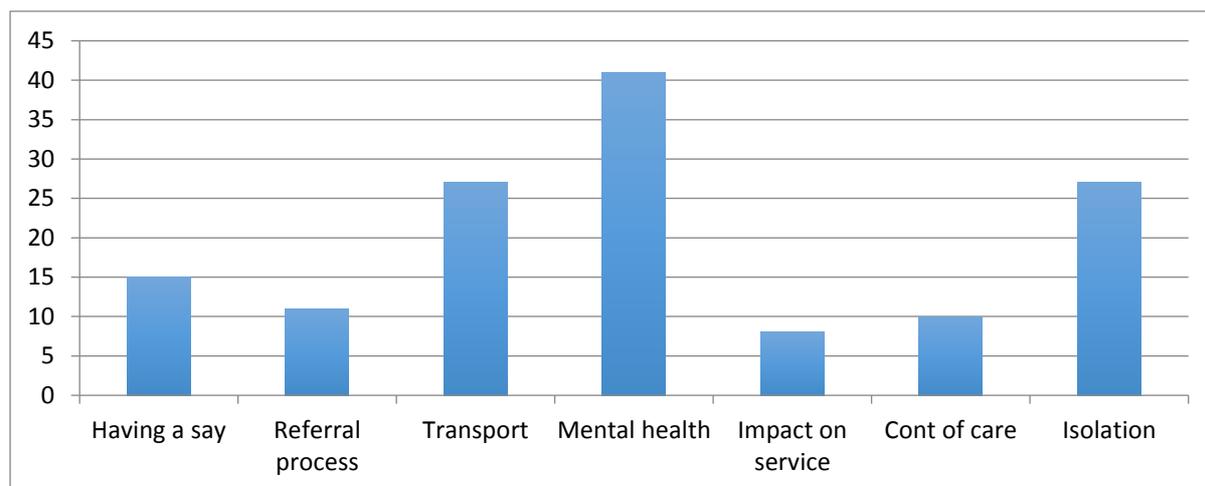
What matters most

Participants were asked to rank a number of issues in terms of what is most important to them when considering the NRC. During this process, each participant was given seven votes and was asked to put as many votes as they saw fit on the issues that they felt were of more importance.

They were asked to vote on:

1. Having a say on the options
2. Clear referral process and discharge process planning
3. Transport/ease of visiting and staying with patients
4. Mental health support
5. Impact on local rehab services
6. Continuing care when leaving specialist rehab
7. Patients not being isolated

Not all participants undertook this exercise, but of those that did, some clear trends emerged.



Transport/ease of visiting and staying with patients, mental health support and social isolation were found to be the most critical factors when thinking about the NRC.

This would appear to corroborate the general view that access, and the impact of that access on patient wellbeing (in terms of isolation and mental health generally) is of primary concern to participants when considering any proposals around the further development of the NRC project for civilian rehabilitation patients.

4 Summary of survey

4.1 Survey findings

A total of 150 individuals responded to the survey, the majority of which were either members of the public (34%) or NHS staff (34%). 11% were current or former patients of rehabilitation services. Those responding on behalf of an organisation or stated 'other' included:

- PPG members
- Lincolnshire Neurological Alliance
- Physiotherapy / physiotherapist
- Spinal Injuries Association
- Over the Rainbow Parkinson's Support Group.

Q: Individual responding on behalf of... (n=150)

	%
Member of public	34%
Member of NHS staff	34%
Current or former patient of rehabilitation services	11%
Other	8%
Carer/family/friend	5%
Stakeholder	4%
Rather not say	2%
Organisation	1%

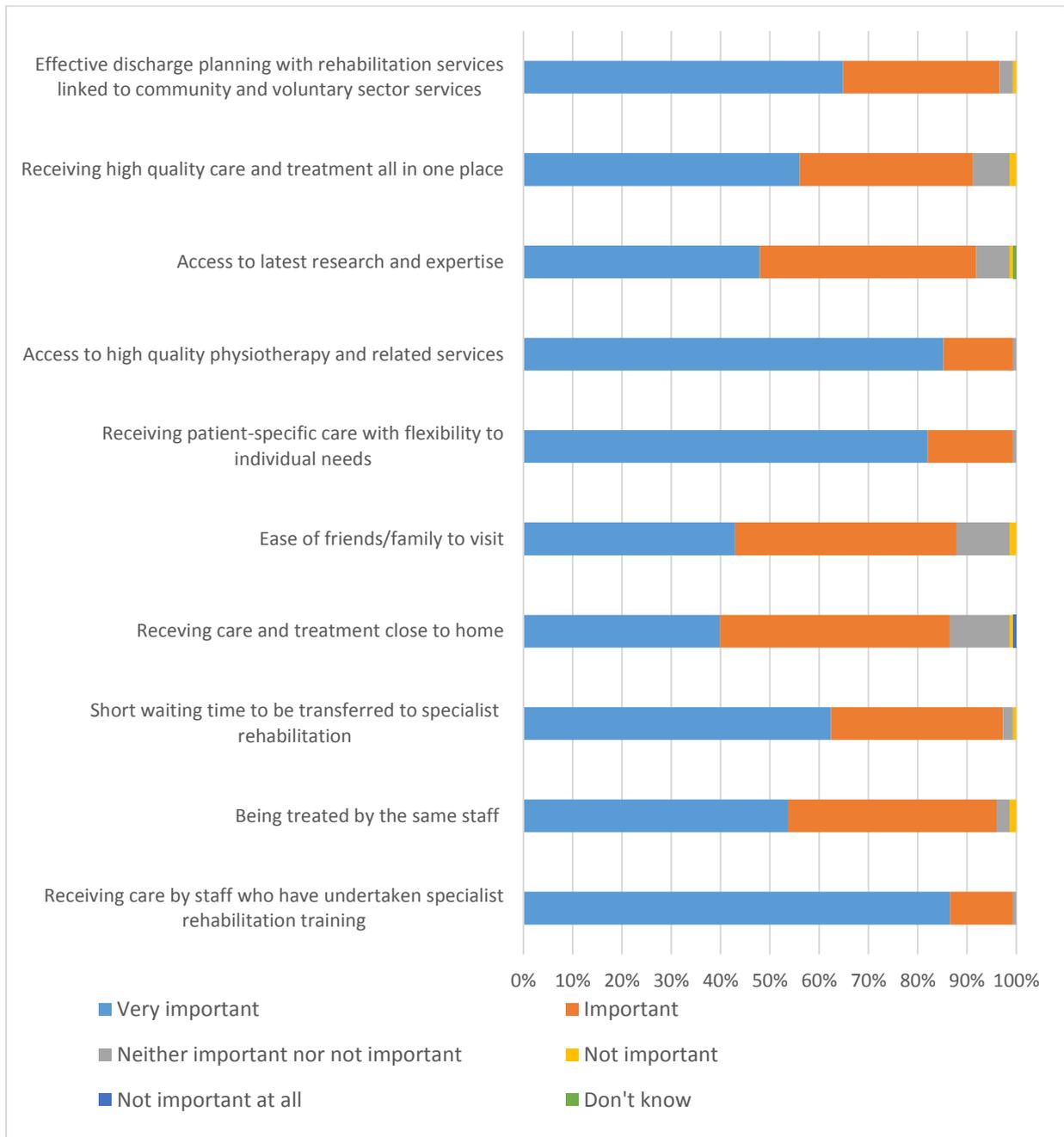
The majority of respondents resided within Nottingham (85%), with just 7% from Leicester, 5% from Lincoln and 5% an 'other' area.

In terms of specialist rehabilitation services, the following factors emerged as the most important:

- Receiving care by staff who have undertaken specialist rehabilitation training (99% rating this as very important or important)
- Access to high quality physiotherapy and related services (including mental health) (99% rating this as very important or important)
- Receiving patient-specific care with flexibility to individual needs (99% rating this as very important or important).

In contrast, receiving care and treatment close to home and ease of friends/family to visit had the lowest proportions rating each as either very important or important (86% & 88%, respectively).

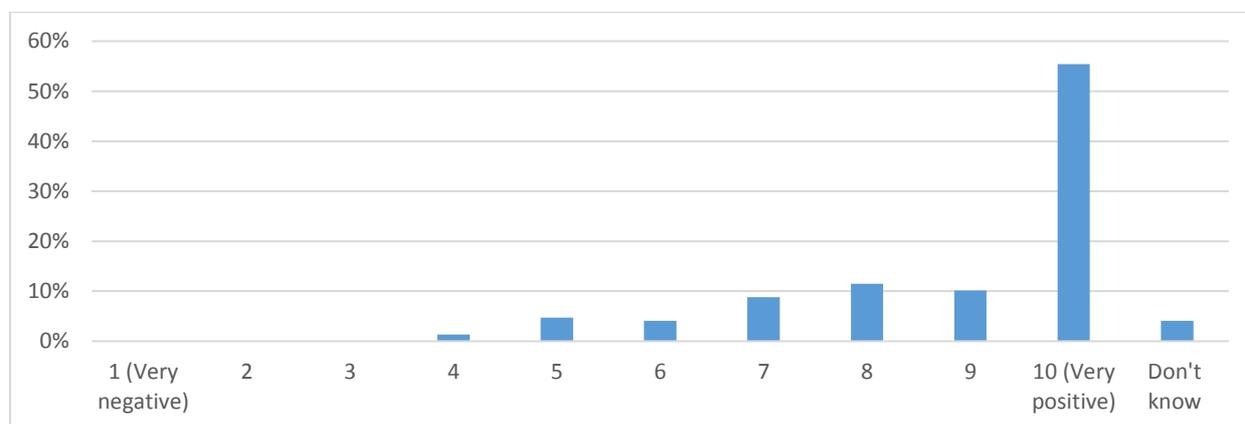
Q: When thinking about specialist rehabilitation services, what do you feel is important? (n=149)



The National Rehabilitation Centre

When asked to describe their views of the NRC on a scale of 1 to 10 – 1 being very negative and 10 being very positive; over half gave the maximum score of 10 – very positive (55%), with a further 21% rating them as a ‘8’ or a ‘9’. In contrast, no respondents rated their views very negatively (scale choice 1, 2 or 3).

Q: How would you describe your views of the NRC? (n=148)



Respondents were asked to identify the benefits that a NRC would bring. A total of 136 individuals responded to the open question. The main benefit was felt to be the development of a national centre of excellence which brings together all expertise, facilities and equipment under one roof - 44% of those that responded to this question providing a response in relation to this.

“It will act as a centre of excellence, ensuring that treatment is evidence based. Patients will be at the centre and treated holistically”

“Pooling of expertise which in turn should lead to further improvement of skills and expertise. Continuity and consistent support for patients, not having to start from the beginning each time, minimising the likelihood of conflicting advice, strategies which can happen currently”

“Develop expertise in staff, hotbed for research and development as a unique unit, excellent joined up care for patients”

Other benefits identified, but to a lesser extent, included:

- Improved outcomes for patients – through a faster and improved rehabilitation process (15%)
- Providing access to high-quality, specialised rehabilitation care (15%)
- Access to state-of-the-art facilities and equipment (12%).

Q: What benefits do you think this NRC would bring? (n=136)

	%
Concentration of expertise all in one place / national centre of excellence	44%
Improved patient outcomes	15%
High-quality rehabilitation care and attention	15%
State-of-the-art facilities and equipment	12%
Individual, tailored, holistic care	9%
Research and development opportunities	7%
Joined-up / consistency of care	7%
Help to reduce bed blocking / relieve pressure on the system	7%
An improvement to current rehabilitation provision	5%
Many benefits (not specified)	4%
Rehabilitation for a wider range of health conditions	4%
Access to specialist rehabilitation services which are not available in Lincolnshire or Leicestershire	4%
Improved discharge planning and reintegration into normal life	2%
Other, including; <ul style="list-style-type: none"> - Negative comment - A positive rehabilitation environment - Reduces long-term costs (i.e. social care) - Care closer to home - Location easy to access (less parking strain) - Opportunity for patients to interact with others - A more appropriate environment for younger adults - Provides confidence to relatives. 	10%

Furthermore, patients were then asked to think about the challenges that the NRC would bring, a total of 129 individuals responded to the open question.

Participants raised a large number of issues, which are presented in the table below. However two main concerns emerged:

- The location of the centre (28%) - individuals perceived that the remoteness of the estate would cause difficulties for people to travel to access it. Additional comments were made about the poor public transport and road links that are currently in place as well as the distance of the estate from an acute care centre.

“It is not located in an accessible area for people using public transport”

“Not the easiest place to access by public transport and the quiet roads nearby aren't suitable for possible increased traffic so transport definitely needs to be looked into.”

- The referral process and the demand for beds (26%) - there was concern that demand would exceed capacity of the centre and that this would impact negatively on patient waiting times and recovery outcomes. Furthermore, there was concern about what would happen to those who did not meet the referral criteria or simply couldn't be accommodated in the centre.

“Limited beds therefore not all patients would be able to get the service”

“The demand for specialist rehab beds in the NHS is massive. Challenges would be meeting the demand for the service and this would need to be met by appropriate goal setting and effective discharge planning for patients admitted to the rehab centre to ensure no delays in their eventual discharge due to non-rehab needs as is the current problem in the NHS”

“High demand. Some people need lead in time to get to the point where they can participate fully in rehab.”

The location of the centre additionally raised specific concerns about access for visitors, particularly those on a low income, those who work full-time, rely on public transport or have mobility issues themselves (16%). Support from family / carers was felt to play an important role in the patient's rehabilitation process (8%).

“Transportation and visitation issues for patients, family and friends”

“Not very easy for elderly relatives to travel to especially if out of the area, costly for relatives who live out of the area”

Another challenge related to staffing, specifically the travel / movement of staff from hospital services, the ability to staff the centre correctly, the recruitment of specialist staff as well as ensuring that staff receive appropriate training (16%).

“Recruiting specialist staff with top-level expertise”

“Staffing, the NHS is struggling to recruit and retain, where would the staff come from?”

A number of comments were also made in relation to the funding and sustainability of the centre (16%).

“Funding will be the biggest challenge! Who will pay? CCGs are cutting their funding as are social services!”

“Continued funding beyond the initial investment being made. What is the long term commitment being made by the government to the Centre?”

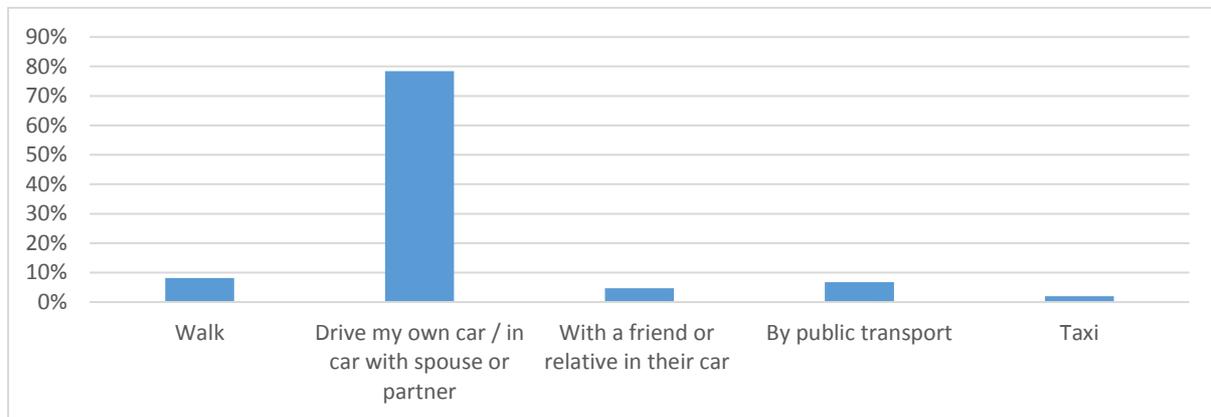
Q: What challenges or issues do you think this NRC would bring? (n=129)

	%
Location of centre	28%
Referral process and demand	26%
Access for visitors	16%
Staffing issues	16%
Funding and sustainability	16%
Patient isolation / patient motivation with less family support	8%
Discharge and community support (questions raised about outpatient care, reliance on family at point of discharge & concern over disjointed, non-existent community support)	6%
Patient access	5%
Reduced local service provision / reduction in skills / loss of local jobs	4%
Question: <ul style="list-style-type: none"> - How does NRC fit into network of specialist spinal cord injury centres? - How will the centre accommodate out of county referrals? - Will the centre take patients with long-term tracheostomy or locked-in syndrome? 	2%
Differing patient issues	2%
Adequate accommodation for visitors	2%
Rehabilitation care for children and young people	2%
Unrealistic timescale for build	2%
Patients miss out on local rehabilitation who are not stable enough to be transferred to NRC	2%
Mental health support	2%
Other; <ul style="list-style-type: none"> - On-site security - Fair sharing of resources with the military - Layout and services offered do not fulfill current need - Strong management required to succeed as centre of excellence - Accommodation of other medical needs 	5%

Location of the National Rehabilitation Centre

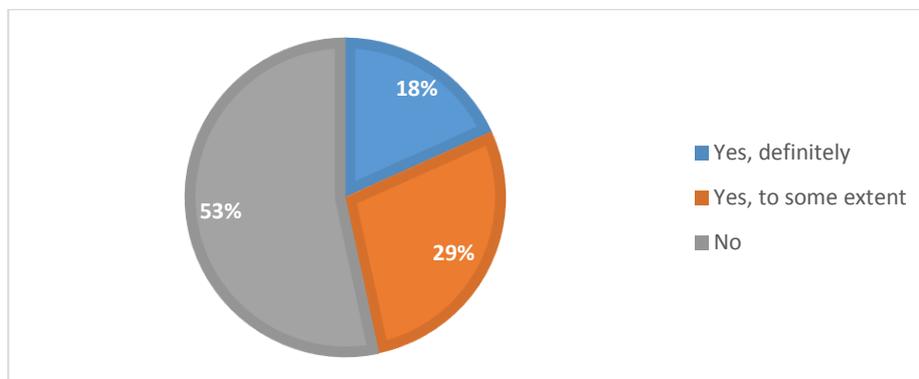
The most frequent mode of transport used by respondents is driving in their or their spouse/partner's car (78%). Much smaller proportions walk (8%), rely on public transport (7%), travel with a friend or relative in their car (5%) or by taxi (2%).

Q: What mode of transport do you most frequently use? (n=148)



Over half would not face any problems accessing the NRC at Stanford Hall Rehabilitation Estate (53%). In contrast however, 18% would definitely have problems and 29% would to some extent.

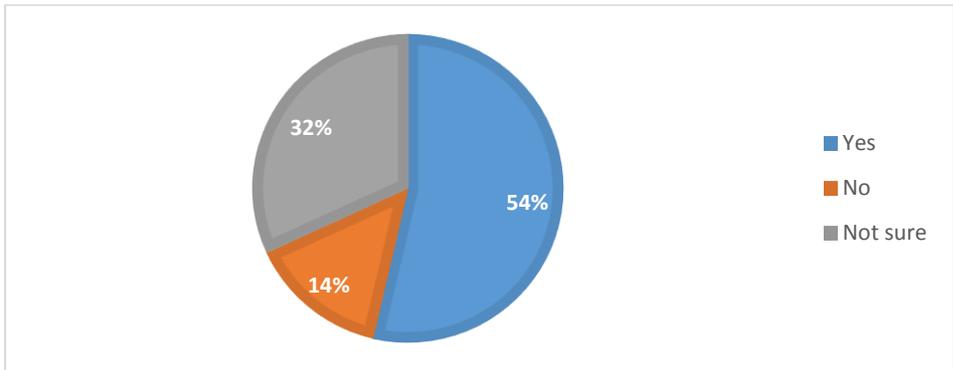
Q: Would you face any difficulty accessing the NRC at Stanford Hall Rehabilitation Estate, near Loughborough? (n=148)



Those who would have problems were asked whether certain provisions would help improve their access. These provisions included; overnight accommodation for relatives, free and ample car parking, superfast broadband and ensuring that existing bus routes provide good access.

In response to the question, 54% felt these provisions would help address their difficulties. In contrast, 14% stated that they wouldn't, whilst 32% were unsure.

Q: Do you think these provisions would help address any difficulties you might have? (n=69)



Respondents were given the opportunity to provide any further comments on the location of the NRC. In total 53 individuals provided a response to the open question. For clarity, categories were split into positive, negative and neutral, in the table below.

As can be seen there is a split in those that feel the location will provide peaceful surroundings for individuals to recover whilst being easy to access or relatively close to home (28%) and those that feel the location will be difficult to access (23%), is too remote (11%) and/or not in a central location (7%).

“Seems an ideal opportunity particularly given that it is in the heart of our local area”

“From what I've seen of the centre on the news reports, it looks stunning, idyllic and providing a peaceful place in which patients can recuperate and learn to adjust to their new lives. I truly hope it can be developed to help non-service personnel too”

“It's in the middle of nowhere, it's not near any other NHS facilities & public transport is poor”

A number of respondents highlighted that the public transport services to the estate would have to be improved (13%).

“My main concern is the fact that it would be unlikely that the Council/transport companies would be able to provide a regular bus link as it would not prove cost effective to them. This would mean that 'rehab' back into 'real' life would have its limitations”

Q: Do you have any further comments about the location of the NRC? (n=53)

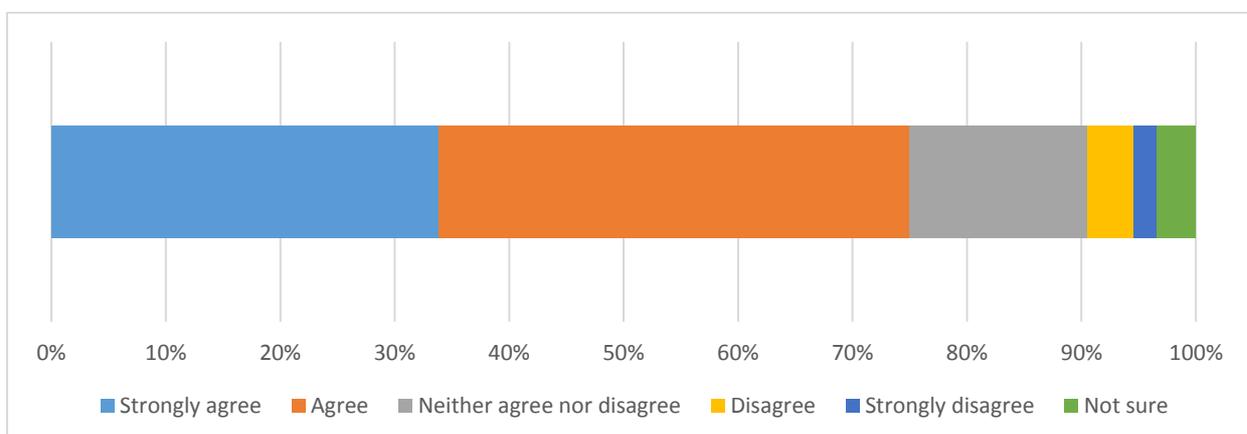
		%
Positive	Great location	28%
	Visitor arrangements well thought out / would be helpful	4%
	Provide employment in the area	2%

Negative	Difficulty in access (particularly for those who don't drive, can't afford public transport or can't physically manage)	23%
	Remote location (impact on re-integration of patients to society and winter challenges)	11%
	Not a central location	8%
	Care will not be delivered closer to home	4%
	Site set up differently to NHS / public services	2%
	Might be inaccessible due to family situation/employment status/anxiety complications	2%
Neutral	New/additional transport services will need to be commissioned (e.g. courtesy vehicles)	13%
	Assurance required that the centre will take Lincolnshire patients / those on the M1 corridor	6%
	Greater accommodation needed for family/carers so they are in hand to provide support	6%
	How will cross over with Leicester NHS services be managed?	2%
	Patient won't care where they receive treatment	2%

Referral process

Three quarters strongly agree or agree with having a single point of referral to the NRC (34% strongly agree & 41% agree). In contrast, 4% disagree and 2% strongly disagree (16% neither agree nor disagree).

Q: To what extent do you agree or disagree with having a single point of referral to the NRC? (n=148)



Those who disagree were asked to provide further comment, to which 32 individuals responded. The concerns raised by these individuals are grouped in the table below.

Respondents most frequently raised concern about the alternative provision that will be available for those that aren't eligible to access the centre (16%), felt that a 'proper' and 'fair' process is needed with more specific detail (16%) and/or felt it was important that patients are given the chance to input into the decision (13%).

"I don't disagree with that process but I worry that other rehab options will become limited so patients could be left with barely any"

"Of course it needs a proper process, not as simple as outlined. Needs input from patients, service providers, funders and public"

"As always, no mention is given to what the patient wants"

Q: If you disagree with this referral process, please tell us why (n=32)

	%
Concern about the alternative options available for those not eligible	16%
Requires a proper, fair process with input from patients, public and service providers	16%
Patient should be given an opportunity to input into the decision	13%
'Pot luck' in whether individual is referred by clinician / competition for beds	9%
Process will not alleviate hospital pressure	3%
Judgement made by practitioner who has had little contact with patient	3%
All referring units need to have training in how to refer	3%
Requires appeal process	3%
Referral should be a MDT decision	3%
Query about timescale for referral process / discharge from acute care needed ASAP	3%
More than one entry point required	3%
Other comment (unrelated to referral criteria)	19%

Finally, respondents were given the opportunity to provide any additional comments, to which 58 individuals responded. The majority of these responses were positive (55%) with individuals discussing the opportunities that the NRC will bring, some examples are provided below:

"I feel it will be an amazing asset to everyone who needs to use the facility"

"I greatly benefitted from having the privilege of going to the Joint Forces Rehabilitation Centre, Hedley Court Surrey in 1982-3 and owe my improvement from being paralysed with Guillain-Barre syndrome to being an inpatient. The stimulation of the environment, staff and other patients is ideal for rehabilitation from neurological illnesses"

"I shall look forward to the centre being available & the fabulous care/support it will bring to those able to be referred there."

The other comments made by individuals are summarised in the table below.

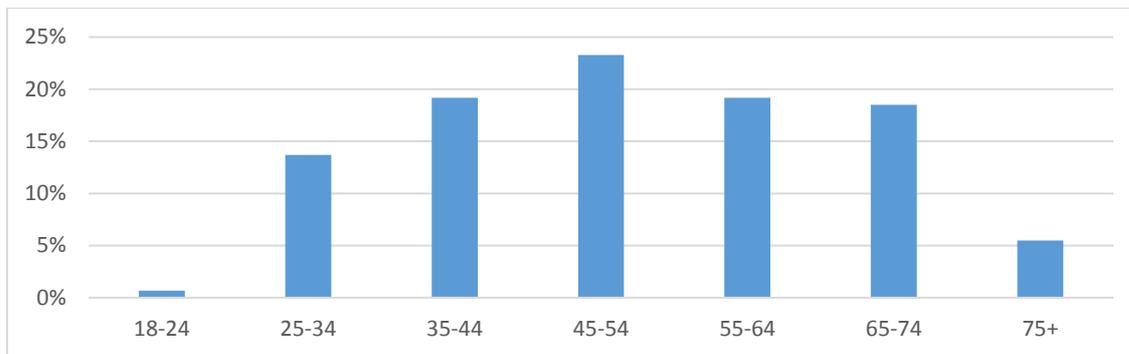
Q: Do you have any additional comments? (n=58)

	%
Positive comment about the NRC	55%
Other comment	10%
Question: <ul style="list-style-type: none"> - How will outpatient care work? - How will existing services be affected? - How will staff be consulted? - How will you ensure that all areas of the East Midlands are fairly referred? - What happens if there is a waiting list? - Do you admit from home for spells of rehab? - Will facilities genuinely be shared between MOD and NHS? Or will NHS have less priority? 	9%
Preference for local treatment / investment in local services	9%
Ensure centre equitable for all / some cases aren't clear cut and require expert knowledge in specialism	7%
Provides a great opportunity for staff	3%
Consider input of dietetic & nutrition service / music therapy	3%
Capacity issues / may require more than one point of referral	3%
Service provision for children and young people	3%
Provision for short-stay rehabilitation / rehabilitation for those who haven't suffered 'trauma'	3%
Facilities for staff to cycle to work	2%
Transport links must be considered	2%

4.2 Demographics of respondents

Age (n=146)

The age distribution of respondents is shown in the figure below, the greatest proportions were aged 45-54 years (23%), 55-65 years (19%) and 35-44 years (19%).



Gender (n=146)

79% were female and 21% male; 99% indicated that their gender identity matched their sex registered at birth.

Pregnant or have been in the last two years (n=150)

Just 2% indicated that they are currently pregnant or have been in the last two years.

Marital status (n=137)

60% were married, 16% single and 9% cohabiting.

	%
Married	60%
Single (never married or in a civil partnership)	16%
Cohabiting	9%
Divorced or civil partnership dissolved	9%
Widowed or a surviving partner from a civil partnership	3%
In a civil partnership	1%
Separated (but still married or in a civil partnership)	1%

Disability, long-term illness or health condition (n=147)

41% indicated that they have a disability, long-term illness or health condition, the breakdown of these health complaints are shown in the table below (percentages are shown as a proportion of the whole sample).

	%
A long-standing illness or health condition	19%
A mental health difficulty	5%
A physical impairment or mobility issues	21%
A social / communication impairment	1%
A specific learning difficulty	1%
Blind or have a visual impairment uncorrected by glasses	1%

Deaf or have a hearing impairment	5%
An impairment, health condition or learning difference that is not listed above	8%

Caring responsibilities (n=150)

54% did not have any caring responsibilities, the breakdown of responsibilities for those that indicated that they did are shown in the table below.

	%
Primary carer of a child or children (under 2 years)	4%
Primary carer of a child or children (between 2 and 18 years)	15%
Primary carer or assistant for a disabled adult (18 years +)	9%
Primary carer or assistant for an older person or people (65 years +)	10%
Secondary carer	9%

Postcode (n=147)

85% resided in Nottingham, 7% in Leicester, 5% in Lincoln and 5% in an 'other' area.

	%		%
LN1	1%	NG8	3%
LN2	1%	NG9	6%
LN5	1%	NG10	2%
LN6	1%	NG11	1%
LN9	1%	NG12	10%
LE2	1%	NG13	14%
LE10	1%	NG14	1%
LE12	4%	NG15	2%
LE13	1%	NG16	5%
LE14	1%	NG17	5%
NG	1%	NG18	3%
NG1	1%	NG19	2%
NG2	7%	NG20	1%
NG4	3%	NG21	1%
NG5	9%	NG23	2%
NG6	1%	NG24	1%
NG7	5%	NG34	2%
Other	5%		

Race / ethnicity (n=146)

92% of the sample were White British, the breakdown for the remaining sample is shown in the table below.

	%
White: British	92%

White: European	4%
Another race or ethnicity	1%
Asian/British Asian: Pakistani	1%
Black/British Black: African	1%
White: Irish	1%

Sexual orientation (n=138)

96% indicated that they were heterosexual or straight.

	%
Heterosexual or straight	96%
Asexual	1%
Bisexual	1%
Gay man	1%
Other	1%

Religion (n=135)

Just over half were Christian (56%), whilst 40% had no religious beliefs.

	%
Christianity	56%
No religion	40%
Other religion	2%
Jewish	1%
Muslim	1%

5 Conclusion

The following summarises the insight gathered through the different methodologies.

What is most important about specialist rehabilitation?

Survey respondents identified the most important aspects of specialist rehabilitation services as:

- Receiving care by staff who have undertaken specialist rehabilitation training (99% rating this factor as very important or important)
- Having access to high quality physiotherapy and related services (including mental health) (99% rating this factor as very important or important)
- Receiving patient-specific care with flexibility to individual needs (99% rating this factor as very important or important).

These factors were considered to be slightly more important than receiving care and treatment close to home and ease of friends/family to visit (86% & 88%, rating these factors as very important or important respectively).

Perceptions of the proposal for a NRC

Over half of the survey respondents (55%) rated their views of the NRC as very positive, the maximum score on a positivity scale. A further 21% also rated their views highly, selecting a score of '8' or '9' on the scale.

Survey respondents and those that participated in the meetings felt the main benefit of the NRC was the development of a national centre of excellence which brings together all rehabilitation expertise, facilities and equipment under one roof.

Other benefits identified by survey respondents, included:

- Improved outcomes for patients through a faster and improved rehabilitation process
- Providing access to high-quality, specialised rehabilitation care
- Access to state-of-the-art facilities and equipment.

However, the development of the NRC also raises a number of challenges which need to be carefully considered, in particular:

- The location of the NRC at the Stanford Hall Rehabilitation Estate – many individuals (patients, family members / carers and staff) are concerned about the difficulties that people will have in travelling and accessing the centre
 - There was concern that these difficulties might impact negatively on the mental health of inpatients as visits from family, carers and friends might be more difficult and therefore less frequent. Access issues were a particular concern for visitors on a low income, those who work full-time, those who rely on public transport or have mobility issues themselves
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- It was felt that the demand for beds at the centre would exceed capacity with concerns about the impact that this would have on patient waiting times and recovery outcomes
- Questions were asked about the rehabilitation services that would be available for those that do not meet the referral criteria or are unable to be transferred to the NRC due to capacity issues
- Staffing was considered a concern in relation to the travel / movement of staff from hospital services, the ability to staff the centre correctly and the recruitment of specialist staff
- Some raised concern about the funding and sustainability of the centre, with some of those involved in the meetings sceptic as to the motive for the move to the NRC ('is it a cost-cutting exercise?')
- Those involved in the meetings questioned the suitability of the centre for NHS patients given its current focus on physical injury sustained in military conflict and the differing expectations of rehabilitation for NHS patients
- Individuals were concerned about the impact the proposal will have on local services, which individuals have come to trust and rely on.

Access to the NRC

Over half of survey respondents stated that they would not face any problems accessing the NRC at Stanford Hall Rehabilitation Estate (53%). In contrast however, 18% would definitely have problems and 28% would to some extent.

For those who would experience problems, 54% felt that provisions such as overnight accommodation for relatives, free and ample car parking, superfast broadband and ensuring that existing bus routes provide good access would help alleviate their difficulties. In contrast, 14% stated that they wouldn't, whilst 32% were unsure.

Referral criteria

Three quarters of survey respondents strongly agree or agree with having a single point of referral to the NRC (34% strongly agree & 41% agree). In contrast just 4% disagree and 2% strongly disagree (16% neither agree nor disagree). For the small number who disagree, there was a feeling that a 'proper' and 'fair' process is needed with more specific detail and that patients should be given the opportunity to input on the decision. Questions were also asked about what would rehabilitation services would be available for those that don't meet the criteria.

Next steps

The findings from this report will be used to develop the business case for the NRC and to help decide the next steps of the proposal.
