



**HEALTH OVERVIEW AND SCRUTINY COMMITTEE –
WEDNESDAY 9 SEPTEMBER 2020**

**QUESTIONS SUBMITTED UNDER STANDING ORDER 7(3) and
(5)**

The following questions are to be put to the Chairman of the Health Overview and Scrutiny Committee.

1. Question by Mr Max Hunt CC:

Since the covid-19 pandemic arrived, to what extent are more consultations with patients, with life threatening conditions, being conducted by telephone, rather than face to face? If so, why and what measures are in place to correct this?

To what extent are patients allowed to be accompanied by family members for such life critical consultations? If family members are not permitted to accompany patients to face to face appointments what measures are being put in place to correct this?

How do these matters affect Oncology, in particular?

Reply by the Chairman:

Prior to the onset of the COVID-19 pandemic, the NHS Long Term Plan (released in January 2019) required NHS organisations to expand the usage of digital & telephone technologies within outpatients (to meet the year 33% target of reducing face to face outpatient appointments). The COVID-19 pandemic has acted as a catalyst for this programme and technology has been a key tool in ensuring vital outpatient appointments are not lost because of either national/local lock downs and/or population shielding.

The use of technologies such as virtual & the telephone have grown from approximately 20% of all appointments to between 50-60% and have supported the reduction in waiting times for outpatient new/follow up appointments to lower than before the onset of COVID-19 (approximately 2,500 patients are now no longer waiting for an appointment as opposed to the same time in January 2020).

Face to Face outpatients (where medically required), were not stopped (in their entirety) throughout the pandemic and technology was utilised on a patient by patient basis (based on clinical need) as part of a varied landscape of appointments types.

A standard Operating Procedure (SOP) is in place for the delivery of virtual outpatients, which ensures the nature of the conversation and attendance by family members is assessed before the appointment takes place.

There have been no known instances of telephone/virtual technologies being used inappropriately and feedback from patient surveys has demonstrated 88% satisfaction with the use of technologies such as telephone/virtual.

Patients are able to request the support of family members/carers during a non-face to face appointment (telephone and virtual) and clinician's will also ensure this is the case (where required).

At the current time UHL continues to have more restricted visiting and attendance for face to face appointments than usual to try and provide the required level of protection for all and to decrease the possibility of spread. UHL are continuously reviewing their policy triangulating with national guidance, specialty guidance and the local prevalence of infection rates. They do however aim to assess each case on an individual basis at the discretion of the clinician and the nature of that particular consultation (breaking bad news for example). Throughout the pandemic UHL has tried to always assess the needs of its patients and their families and react with a compassionate manner whilst maintaining everyone's safety. UHL has just recently updated its visiting policy in line with the national restoration and recovery phase. Specific paragraphs from the revised guidance are set out below and UHL are in the process of developing a patient and family leaflet to further explain.

In specific circumstances it is beneficial for carers or family members to be invited into the clinical areas to support adult patients, such as patients with learning disabilities or who are cognitively impaired. There are also specific circumstances where the individual needs of a patient warrant the presence of a family member or carer, such as patients with communication difficulties. If a patient is to receive bad news in relation to their healthcare prognosis or general well-being, it may be in their best interests to invite a relative / carer or significant other to provide support during or after receiving this news.

The current visiting restrictions also apply to Outpatients Facilities, and each clinic should undertake an assessment to ascertain the feasibility of implementing the relevant exceptions for a patient attending an outpatient clinic accompanied by their relative. The physical layout of the clinic; the risk to the patients attending and the number of clinic attenders will need to be considered. It is anticipated that only a small number of patients will fall into the exception criteria and if the physical environment means that the clinic is unable to accommodate relatives attending then the clinic should consider other support mechanisms, such as (where appropriate) involving a clinical nurse specialist or using a virtual clinic format so the relatives can be present and offer support.

Maternity Specific

Scan Facilities - Partner may attend scan ensuring social distancing is maintained.

Antenatal Facilities – restricted visiting however each clinic will undertake individual assessments, and if social distancing can be maintained then partners may attend. Will be communicated on an individual clinic basis.

The use of virtual and telephone technologies have been vital in ensuring that patients within UHL oncology (and wider cancer services) did not have their care negatively impacted during the first phase of the pandemic (especially for those shielding). Medical oncology are currently delivering 50-60% of appointments virtually and this has risen from approximately 10% pre COVID-19. Each patient's needs were assessed prior to making the decision on whether or not to proceed with a virtual outpatient and this includes the appropriateness of the conversation in terms of the non-face to face context and the attendance of family members. Appointments will not take place virtually if the clinical teams assess the needs as not meeting the requirements within the Standard Operating Procedures.

The meeting of the Leicestershire, Leicester and Rutland Health Overview and Scrutiny Committee on 23 September 2020 will have an agenda item relating to the response of the health service to the covid-19 pandemic and the report will make specific reference to cancer treatment performance. I will ensure that the Democratic Services Officer forwards a copy of the report to Mr Hunt CC.

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Nottingham and Nottinghamshire
Clinical Commissioning Group

NHS Rehabilitation Centre consultation: Frequently Asked Questions

Q1. What are we consulting on between 27 July and 18 September 2020?

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

The Centre would be co-located with the Defence Medical Rehabilitation Centre (DMRC) on the SHRE.

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 has launched the consultation?

NHS Nottingham and Nottinghamshire Clinical Commissioning Group (CCG) are proposing to commission rehabilitation services to be provided at the 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. How can people have their say on the consultation if they do not have access to the Internet?

We want to hear views from everyone with an interest in improving healthcare services, including patients and families that have experienced rehabilitation services.

Due to Covid-19 and social distancing measures we need to run the consultation engagement events online and provide an online survey for people to register their views and opinions. However, we will offer paper versions of the survey and consultation document (as well as a summary and an easy-to-read version) plus a dedicated telephone number to call to request copies and complete a survey over the phone.

More details are available on the Nottingham and Nottinghamshire CCG and ICS website <https://nottsccg.nhs.uk/rehab-centre-consultation/>

Q4. Where will the Centre be located?

The Stanford Hall Rehabilitation Estate (SHRE) is situated in Nottinghamshire, about four miles northeast of Loughborough. It is 13 miles from Nottingham, four miles from Loughborough, 32 miles from Mansfield, 19 miles from Leicester and 47 miles from Lincoln.

Q5. Why do we need the Centre?

The NHS believes that the 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, all of 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.

Q6. 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 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.

Q7. What is the distinction between an NHS 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.

Q8. 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 the City Hospital in Nottingham. Others had concerns about travelling to visit patients at Stanford Hall by public transport.

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

Q9. 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.

Q10. 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
- Post-Covid-19 (Coronavirus) conditions.

Q11. 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 to improve bus services to the Centre.

There will be free parking on-site and accommodation if families want to stay overnight.

Q12. What would the impact be on NHS rehabilitation services in Nottingham and surrounding areas?

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

Q13. Will the Centre provide better services than what is already offered to 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.

Q14. 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.

Q15. How does it work with a military facility being located on the same estate?

The NHS Rehabilitation Centre would 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.

Q16. 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.

Q17. 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.

Q18. What would it be like to be a patient at the Centre?

Patients at the Centre would 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) would have one-to-one treatment sessions with rehabilitation experts and have access to specialist facilities such as a hydrotherapy pool and equipment that helped 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.

Q19. What will the facilities be like at the Centre?

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

Q20. How much interaction would NHS Patients have with defence personnel, including on site.

A. NHS patients would have no interaction with defence personnel when receiving rehabilitative treatment. NHS patients will be treated in the NHSRC by NHS staff, separate from the DMRC. If capable, and/or supported by staff patients will be able to take advantage of the areas on the estate, without encountering any security issues. There would be a separate entrance and visitors would be sign-posted to the Centre.

Q21. Will patients have to attend the NHSRC for ongoing treatment?

A. It is possible, but that will be a decision for the case manager and the clinical team based on the patient's progress.

Q22. Why are you running this consultation during the Coronavirus pandemic?

The consultation has the endorsement and support of the NHS and the Department of Health and Social Care and is in-line with the government's strategy of restoring NHS services for patients.

Taking the development of the NHS Rehabilitation Centre forward is important in terms of improving health and wellbeing outcomes for people requiring specialist rehabilitation services in a purpose-built facility with access to the latest therapeutic treatments. The consultation is a key stage in the process.

Q23. How can people have their say on the consultation if they do not have access to the Internet?

We want to hear views from everyone with an interest in improving healthcare services, including patients and families that have experienced rehabilitation services.

Due to Covid-19 and social distancing measures we need to run the consultation engagement events online and provide an online survey for people to register their views and opinions. However, we will offer paper versions of the survey and consultation document (as well as a summary and an easy-to-read version) plus a dedicated telephone number to call to request copies and complete a survey over the phone.

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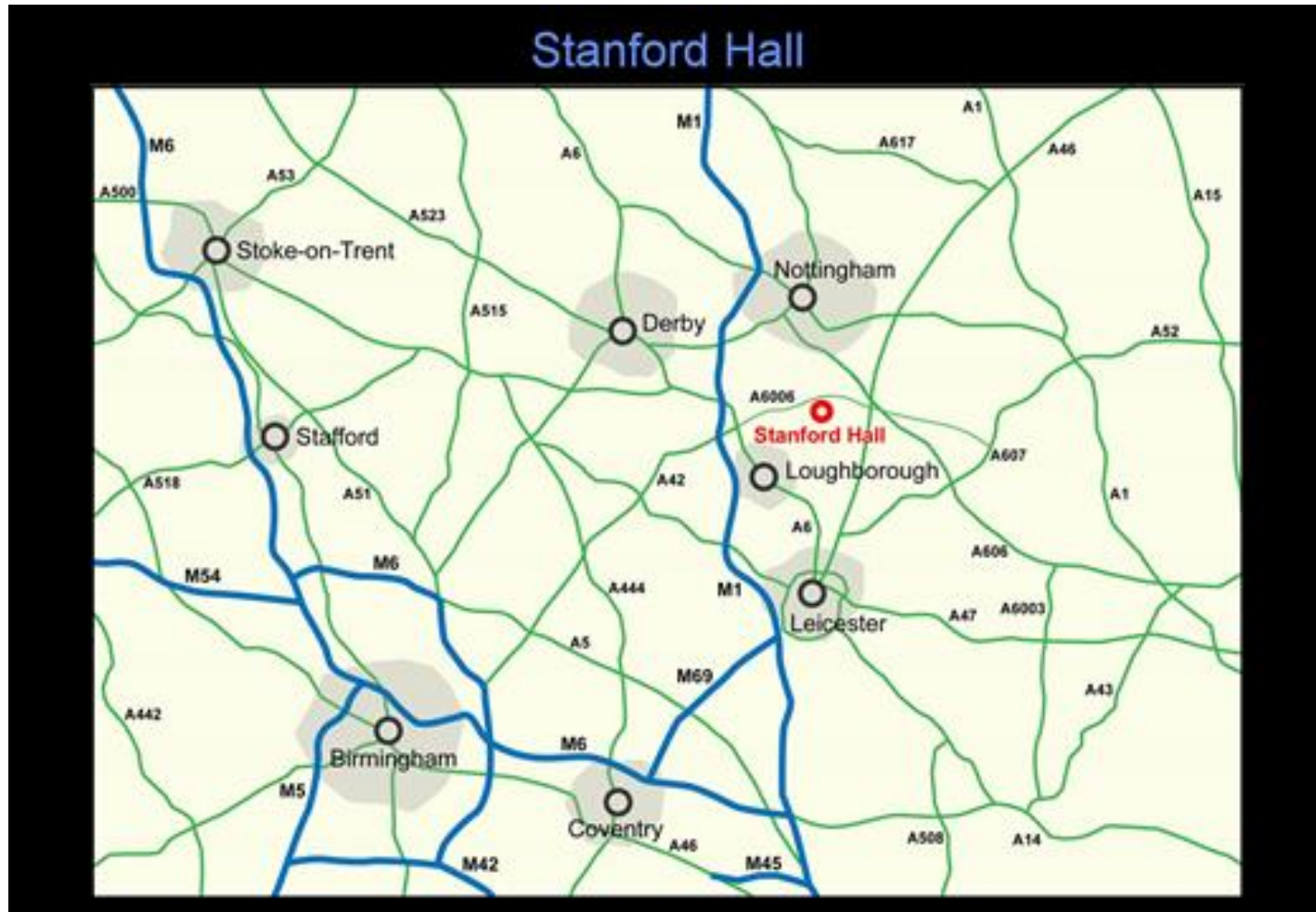
Rehabilitation Centre Stanford Hall – Part of the Vision for a National Rehabilitation Centre



National Rehabilitation Centre

- A “state of the art” MoD National Rehabilitation facility opened in 2018
- Black Stork Charity donated land for the NHS
- Planning permission received for a rehabilitation facility that includes:
 - A regional clinical facility
 - A national research and innovation hub
 - A national training and education centre
- Capital funding allocation of £70m approved for clinical facility

The Location



Neuro Rehab-East Midlands Trauma Network

| Provision | Nottinghamshire | Leicestershire and Rutland | Derbyshire | Lincolnshire |
|---|--|---|---|-------------------------------------|
| Level 1 Brain Injury Unit (regional service commissioned by NHS England) | | | | |
| Location | Provided in Leicester | Leicester General Hospital | Provided in Leicester | Provided in Leicester |
| Bed provision | | 9 beds | | |
| Level 2a Neuro Rehabilitation (regional service commissioned by NHS England) | | | | |
| Location | Provided in Leicester or Lincoln | Specialised Rehabilitation Unit, Leicester General Hospital | Provided in Leicester or Lincoln | Ashby Ward, Lincoln County Hospital |
| Bed provision | | 16 beds | | 12 beds |
| Level 2b Neuro Rehabilitation (local services commissioned by CCGs) | | | | |
| Location | Linden Lodge, City Hospital Nottingham | No commissioned service | Kings Lodge, London Road Community Hospital | No commissioned service |
| Bed provision | 24 beds | | 18 beds | |

Patient Cohorts

- Patient Cohorts
 - Neurological patients with complex rehab needs (2b)
 - MSK = complex fractures post-surgery with an injury severity score ≥ 9 and rehab potential
 - Severely deconditioned post-surgical patients with rehab potential
 - Traumatic amputees

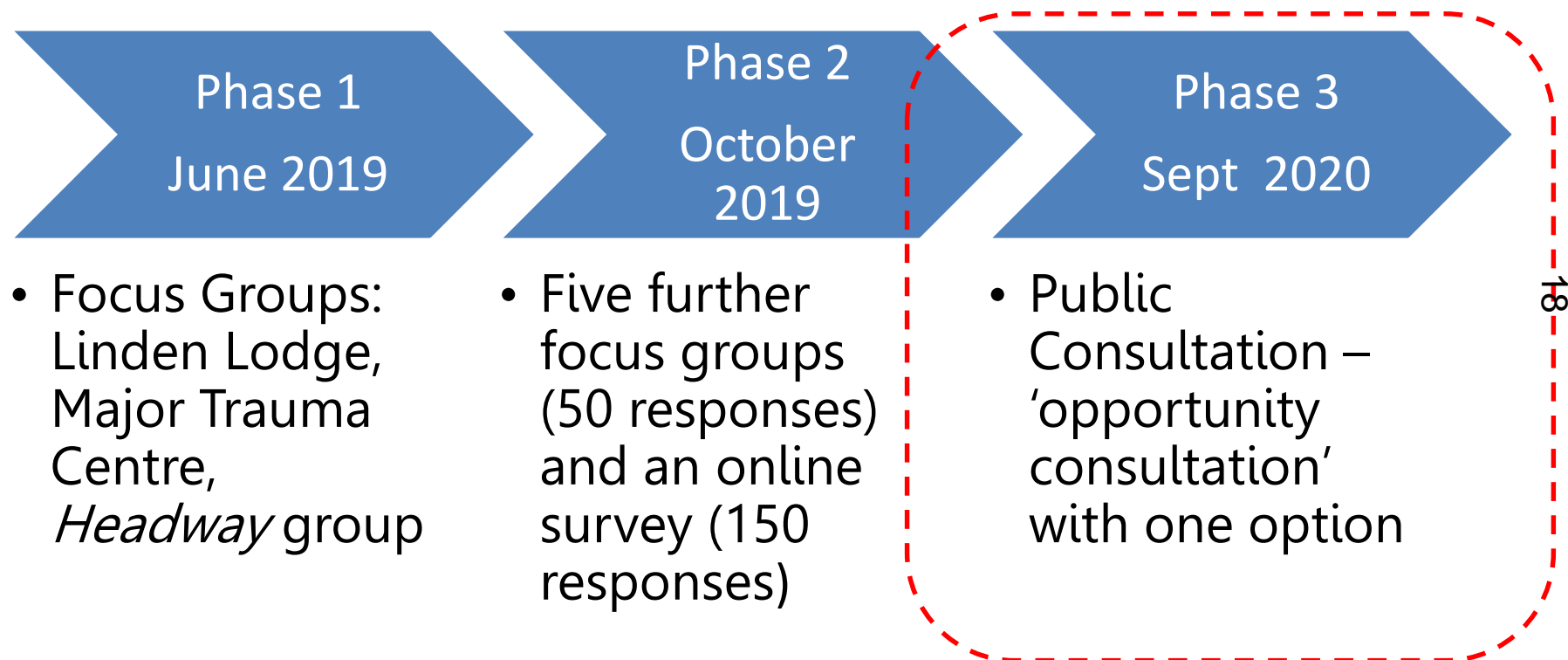
NHS Rehabilitation Centre

- 64 bed in-patient service with three wards
- Estate designed around optimising rehabilitation capabilities
- Access to military facilities and equipment including CAREN, Gait Lab, Prosthetics Lab, x-ray, MRI, Hydrotherapy Pool
- Overnight accommodation for families
- Two gyms and therapy rooms

The Clinical Model

- Referral through a single point
- Multi-disciplinary review weekly, 1:1 direct therapy input, hydrotherapy, group exercise sessions, vocational rehabilitation, occupational assessments , early access to support services
- Intensive individualised programmes – 5-6 sessions throughout each day (mental and physical health)
- Access to facilities at DMRC
- Supported discharge through Clinical Case Managers and Trusted Assessor model

Engagement and Consultation- Methodology



Consultation

- 8 weeks closing 18 September
- Virtual events and focus groups
- Different ways to complete the survey including over the phone
- Healthwatch have carried out targeted engagement with vulnerable groups

QUESTIONS

Comments from Leicester, Leicestershire and Rutland CCGs on NHS Rehabilitation Centre

The proposals for the NHS Rehabilitation Centre do not fit with the LLR Home First Strategy. We believe keeping patients in a hospital environment is not positive for their general health. In LLR we have heavily invested in outpatient rehabilitation and are looking to improve day case rehabilitation services, not inpatient services. Work is taking place to ensure that our community neuro rehab team is more joined up with the acute teams.

There is no trauma centre in LLR. Patients are sent to Nottingham or Coventry/Warwick. Therefore there is little need for LLR CCG to refer patients to a Rehabilitation Centre. Reviewing the data we have small numbers of neuro rehab patients who would require this type of facility. We currently have an eight bedded brain injury centre which functions well and there is no desire to close this facility. For stroke patients we have a cohesive acute and community team delivering rehab to this patient group. This pathway is currently being reviewed as part of specialty reviews. The service is based around outpatient / home visits. Therefore at this time LLR CCG does not feel it can support the inpatient model proposed for the National Rehabilitation Centre. Were the NHS Rehabilitation Centre to be based on a day case rather than inpatient model then Leicester, Leicestershire and Rutland CCGs may be able to support it.

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