Arden&GEM

NHS
Arden and
Greater East Midlands
Commissioning Support Unit

Developing stroke services in Coventry and Warwickshire

Public Consultation 9 October 2019 - 2 February 2020

Public Consultation Report

NHS Arden and GEM CSU were commissioned by:

NHS Warwickshire North CCG

NHS South Warwickshire CCG

NHS Coventry and Rugby CCG

To analyse all feedback from the consultation and produce this report

Contents

Appendices:

1.0 Executive Summary

1.1 Background

There is a strong and growing evidence base, that the organisation and timeliness of stroke specialist assessment and treatment significantly affects outcomes. The current service provision across Coventry and Warwickshire does not meet the requirements of the NHS England Midlands and East Stroke Service Specification: https://www.strokecovwarks.nhs.uk/Documents/Documents). This means that the people of Coventry and Warwickshire do not currently have equitable access to stroke services designed to provide the best outcomes for those who have had a stroke.

1.2 Introduction

Over recent years, clinicians, commissioners and providers from across the health economy have designed a proposed new model for stroke services in Coventry and Warwickshire that meets the clinical best practice outlined in the NHS England Midlands and East Stroke Service Specification. The development of the proposed model has been informed by the latest clinical research and intelligence from other areas across the UK where improved stroke services have been developed and implemented. The proposed model has also been shaped by continuous stakeholder, patient and public engagement, supported by the stroke patient and public advisory group (PPAG). PPAG representatives include for example, stroke survivors, Healthwatch, representatives from patient and public groups and the Stroke Association.

This report details feedback from the public consultation undertaken from October 9 2019 to February 2 2020 on the proposed new model for stroke services in Coventry and Warwickshire. Full details of the development of the proposed model can be found in the business case as well as reports detailing all stakeholder patient and public feedback ascertained to inform the proposed model at: https://www.strokecovwarks.nhs.uk/

1.3 The consultation process and feedback

The consultation ran from October 9 2019 to February 2 2020. The online questionnaire remained open throughout the consultation, but face-to-face engagement activity was paused in accordance with pre-election guidance from November 6 2019 until December 16 2019.

Consultation documents were produced in three versions: a full consultation document; a summary consultation document and an easy read version of the summary document (please see appendices A-C). The consultation document included a questionnaire for people to feed back their views.

Online information about the consultation including supplementary documents such as the business case and previous engagement reports, the consultation document and the

online questionnaire were available on the bespoke stroke website at: https://www.strokecovwarks.nhs.uk/ All three CCG and partner websites displayed information on the consultation and linked through to the stroke website.

One thousand printed copies of the full consultation document, 4,710 summary consultation documents and over 400 posters advertising the stakeholder events were distributed across Coventry and Warwickshire to places of public access such as libraries, all GP surgeries, voluntary organisations and community venues. Over 400 stakeholders were contacted twice to invite them to feedback into the consultation and cascade information on to their contacts.

1.4.1 Responses from Organisations

Responses to the consultation were received from:

- Coventry and Warwickshire Joint Health Overview and Scrutiny Committee
- Keep Our NHS Public
- Healthwatch Coventry
- The Stroke Association
- A petition was received by the CCGs from Keep Our NHS Public

1.4.2 Consultation Public Events

Stakeholders, patients and members of the public were invited to attend nine consultation events across Coventry and Warwickshire. Around 500 stakeholders were invited to the events and asked to cascade the information provided to their networks. The events were also publicised on the CCG and stroke websites, in the press and via social media.

117 people attended the consultation events and they included stroke survivors, members of the public, councillors, Healthwatch, the Stroke Association, members of Keep Our NHS Public, members of the Stroke Patient Advisory Group and staff from Rugby, Nuneaton and South Warwickshire hospitals currently working with stroke patients.

What attendees told us:

Most people attending the events supported the proposed model for acute stroke services. The main concerns shared included:

1. Difficulties with travel to UHCW both in terms of ambulance times and to visit relatives. Most people were reassured about travelling times by ambulance following discussions at the events.
2. Difficulty with parking at UHCW.
3. People needed reassurance that the same standard of rehabilitation currently available in hospital would remain as part of Early Supported Discharge (ESD).
4. The impact on relatives and carers if patients are discharged much earlier than currently causing increased anxiety from a heightened sense of responsibility.
5. The need to support the carer. This was felt to be an integral part of ESD to enable full recovery for the patient and maintenance of good health for the carer.

6. The most frequently expressed concern was in relation to the proposed model for hospital rehabilitation. This was due to increased travel for relatives and friends. People told of the long and difficult journeys to be made using public transport, and included cost as a concern, especially for those who needed to travel by taxi due to frailty or disability. People understood the benefits of patients being looked after in a specialist stroke rehabilitation unit but feared the impact on a patient's recovery caused by the lack of visitors.
7. Some attendees were concerned about national shortages in specialist stroke staff and were aware of staff vacancies across the NHS. They asked for reassurance that there would be enough staff to support the new model. Clinical and commissioning staff in attendance talked about the workforce modelling that had been undertaken as part of the proposed model development. It was also explained that implementation would be a stepped process meaning implementation of the proposed model would only happen across areas when an adequate workforce was in place to deliver the specialist care needed.
8. Some concern was expressed by people attending events about the bed numbers in the new model. Once the bed modelling was explained by clinicians and commissioners in attendance, most people were reassured. However, great concern was expressed at the Rugby events in relation to the proposed lack of hospital rehabilitation in the area and people felt strongly that the current general medical beds should be used for hospital stroke rehabilitation. The main reason given was the distance to travel to hospital rehabilitation beds in Nuneaton and Leamington in the proposed new model.

1.4.3 Community Engagement

- Outreach engagement took place with 16 community groups across Coventry and Warwickshire. The purpose of this engagement was to hear from as many different communities as possible including stroke survivors; those considered to have a protected characteristic under equality law and support groups with relevance to possible increased incidence of stroke, for example, substance misuse. Face-to-face engagement took place with over **300** people from seldom heard and community groups.

Summarised feedback:

- Overall people supported the proposed centralised acute stroke services model.
- Concerns for the acute model were mainly around travel, particularly for the old, frail and disabled.
- Parking at UHCW was also seen as problematic. Disabled people explained that having to park further away from the wards they were visiting at UHCW was difficult for them due to mobility problems.
- People supported early supported discharge and agreed that people recovered quicker in their own homes.
- Most concern was expressed for the proposed model for rehabilitation in hospital and was around travel to visit relatives. Long and difficult journeys to the hospitals in Nuneaton and Leamington and the inability to support relatives by frequently

visiting as they recovered worried many of the people attending the community groups.

1.5 Responses to the Questionnaire (336 people completed the questionnaire)

1. 89.91% respondents had not experienced a stroke or TIA (Transient Ischemic Attack).
2. 52.4% respondents identified themselves as a carer, friend or relative of someone who had experienced a stroke or TIA.
3. 63.5% (207 respondents) disagreed to some extent with the proposal to locate all acute or emergency stroke services in Coventry; 51.84% of who strongly disagreed
4. Most respondents (55.9%:184 people) who answered this question said that locating all acute or emergency stroke services in Coventry would have a negative impact on them.
5. 62.01% respondents said the impact on carers/family/friends would be negative.
6. 68.91% respondents agreed to some extent with early supported discharge (ESD)
7. 36.78% respondents said ESD would have a positive impact on them.
8. 41.10% felt the impact of ESD would be positive for carers/family/friends.
9. 62.46% of respondents agreed to some extent with rehabilitation being available at South Warwickshire Foundation Trust in Leamington Spa and at the George Eliot Hospital in Nuneaton.
10. 41.90% or respondents felt the hospital rehabilitation model would have a positive impact.
11. 44.75% of respondents felt the hospital rehabilitation model would have a positive impact for carers/relatives/friends.
12. 206 people gave written comments in answer to: Is there anything you would like to add regarding stroke services in Coventry and Warwickshire that has not been covered by an earlier question. Most comments were from people living in Rugby asking for hospital rehabilitation in the area.

1.6 Key findings

Feedback from the face-to-face engagement at the nine consultation events and 16 community events confirmed support for the centralisation of acute stroke services at UHCW. Following conversations with experts, concerns around ambulance travel, bed numbers and capacity at UHCW were to a large extent alleviated. Concerns about travel for visitors and parking were further discussed but, for many attendees, once the improved clinical outcomes to result from a centralised model were explained by the experts present, they understood and accepted the proposed acute model, and although travel and parking was still of concern, the improved outcomes for patients were largely seen as of greater importance.

However, most respondents (63.5%:207 people) fed back via the questionnaire that they disagreed with the proposed acute stroke model, (51.4%:169 people strongly disagreed and 11.66%:38 people disagreed).

In terms of impact, feedback from the questionnaire told that most people felt the impact of the proposed acute model would be negative (55.59%:184 people). The main reason people disagreed with the proposals and felt the impact will be negative is around travel to UHCW. This includes concern about ambulance travel times and travel difficulties for relatives when visiting. Difficulty parking and the cost of parking is also a concern and anxiety also expressed about capacity and resources at UHCW.

The difference in opinion between the face-to-face engagement and the questionnaire responses on the proposed acute stroke model may to some extent suggest the importance of face-to-face engagement for a heightened understanding of the proposal. It may also be relevant that most of the questionnaire responses came from people living in Rugby.

Most questionnaire respondents and those attending both consultation events and community groups supported ESD. However, points to be considered were discussed, for example, the standard of rehabilitation in the community and more. Please see the full report.

Most respondents to the questionnaire (40.92%:133 people) agreed with rehabilitation being available at South Warwickshire Foundation Trust in Leamington Spa and the George Eliot Hospital. However, this was the area of greatest concern expressed by attendees at the consultation events and community groups. Reasons given included the increase in travel for relatives and friends from areas such as Rugby, Coventry and rural Warwickshire relating to the lack of public transport, increased travel time, increased cost and concern for the frail, elderly and disabled. People understood the benefits of patients being looked after in a specialist stroke rehabilitation unit but feared the negative impact on a patient's recovery due to the lack of visitors.

Many of the 21:53%: 78 respondents who disagreed with the proposed hospital rehabilitation model gave the same explanations for their answer. Many (but not all) respondents mentioned in their written comments Rugby as being particularly disadvantaged. There was also strong resistance to the hospital rehabilitation model at the consultation events.

When asked in the questionnaire if there was anything else people wanted to add to their previous answers 206 people responded. Comments related to the following areas of concern:

- Lack of rehabilitation beds in Rugby:
  - People felt rehabilitation beds in Rugby were essential due to the expanding population, the amount of new housing planned and difficulties in travel to Nuneaton and Leamington Spa.
- Capacity at UHCW:
  - People felt UHCW was already under-resourced and overstretched.
- Where people live:
  - Comments on support for or lack of support for the proposals to improve stroke services largely depended on the where people live.

1.7 Recommendations

- All findings of this report are taken into consideration to inform the decision- making process on the future of stroke services in Coventry and Warwickshire.
- All possible solutions to improve travel and transport to UHCW, south Warwickshire and Nuneaton continue to be explored.
- All possible solutions to parking difficulties at UHCW continue to be explored.
- The importance of good communication skills and good relationship-building between patients, their relatives and carers and specialist stroke staff is embedded into job descriptions and training. Good communication skills and relationship-building were particularly important to consultation respondents if relatives were unable to visit patients frequently and when specialist staff were delivering care in the home.
- Information technology solutions such as easy access to Skype and FaceTime should be explored to keep staff and patients involved with relatives, friends and carers in order to impact positively on patient recovery if frequent visiting is not possible.
- Ongoing and continuous communication on other future service development plans for St Cross Hospital and the CCGs overall commitment to sustainability of the hospital.

This page has intentionally been left blank

2.0 Background

There is a strong and growing evidence base that the organisation and timeliness of stroke specialist assessment and treatment significantly affects outcomes. The current service provision across Coventry and Warwickshire does not meet the requirements of the NHS England Midlands and East Stroke Service Specification: https://www.strokecovwarks.nhs.uk/Documents/Documents). This means that the people of Coventry and Warwickshire do not currently have equitable access to stroke services designed to provide the best outcomes for those who have had a stroke.

3.0 Introduction

Over recent years, clinicians, commissioners and providers from across the health economy have designed a proposed new model for stroke services in Coventry and Warwickshire as outlined in the NHS England Midlands and East Stroke Service Specification. The development of the proposed model has been informed by the latest clinical research and intelligence from other areas across the UK where improved stroke services have been developed and implemented. The proposed model has also been shaped by continuous stakeholder, patient and public engagement, supported by the stroke patient and public advisory group (PPAG). PPAG representatives include, for example, stroke survivors, Healthwatch, representatives from patient and public groups who support GP practices and the Stroke Association.

The following report details feedback from the public consultation undertaken from October 9 2019 to February 2 2020 on the proposed new model for stroke services in Coventry and Warwickshire. Full details of the development of the proposed model can be found in the business case on the dedicated stroke website at: https://www.strokecovwarks.nhs.uk/

The proposed model for consideration during the consultation:
Acute or emergency stroke services

- Acute stroke services would be located at University Hospitals Coventry and Warwickshire with stroke rehabilitation provided closer to people's homes.
- All patients across the city and county would go to the hyperacute and acute stroke unit at University Hospitals Coventry and Warwickshire
- Patients would be diagnosed and treated there until they are ready for rehabilitation closer to home, either in a bedded rehabilitation unit or in their own home with clinical support.
- The acute stroke units at Warwick Hospital and the George Eliot Hospital in Nuneaton would no longer operate because all patients would be treated in one specialist centre.

Rehabilitation stroke services

- There would be an Early Supported Discharge service (ESD) (where patients are given support to leave hospital as soon as they are able to) and community

rehabilitation in all areas of Coventry and Warwickshire for patients after they leave the acute stroke unit.

- Patients who need rehabilitation in hospital would receive care and treatment at Leamington Spa Hospital or the George Eliot Hospital in Nuneaton.

4.0 The Consultation Process and Feedback

4.1 Consultation Activity

The consultation ran from October 9 2019 to February 2 2020. Consultation documents were produced in three versions, a full consultation document; a summary consultation document and an easy read version of the summary document (please see Appendices A-C). The consultation document included a questionnaire for people to feed back their views.

Information about the consultation and access to an online questionnaire were available on a bespoke stroke website. The CCG and partner websites linked directly to the stroke website. Information included not only the consultation documents and a questionnaire but useful background information including the full consultation business case and previous stakeholder, patient and public engagement reports. Details of the nine consultation events taking place across Coventry and Warwickshire were also available.

Information on the stroke consultation and how to get involved was shared on two occasions electronically to 470 stakeholders across the NHS, local authority partners, Healthwatch and the voluntary sector. All recipients were asked to cascade the information via their own networks.

One thousand printed copies of the full stroke consultation document, 3,710 summary documents and 465 posters were distributed to libraries, GP practices, Healthwatch, council offices and the voluntary sector.

People were also informed about the consultation and how to get involved via the media including press releases and social media.

To see all consultation activity please see the table overleaf.

4.11 Consultation Activity

5000 consultation documents distributed.
Up to **500** stakeholders directly invited twice to get involved.

9 public consultation events across Coventry and Warwickshire. Clinicians, commissioners and engagement experts available at all events.
117 people attended.

16 community outreach events diarised for face-to-face engagement – over **300** people engaged with.

Consultation document available in three formats:

- Full version
- Summary version
- Easy read

Different languages and formats available on request.

336 completed questionnaires

Media coverage:
Media articles: **23** (including 3 radio broadcasts)
95% positive or balanced
Total reach: **357,233**
Total coverage value **12,364.32**

Stroke consultation website: **5,628** views

South Warwickshire CCG: Tweets 24; Likes 1; Retweets 0; Impressions 3115
Warwickshire North CCG: Tweets 25; Likes 2; Retweets 0; Impressions 2619
Coventry and Rugby CCG: Tweets 11; Likes 3: Retweets 3;Impressions 1995

4.2 Responses from Organisations

4.2.1 Response to the consultation from the Coventry and Warwickshire Joint Health Overview and Scrutiny Committee

29th January 2020
The Joint Health Overview and Scrutiny Committee had some concerns over the proposed model. However, following the responses to questions asked during the meeting on 22nd January 2019, the Committee was reassured that there was a clear understanding and rationale for the service changes and that these were being complemented by investment into the service to improve patient outcomes. Both Coventry and Warwickshire Health Overview and Scrutiny Committees will require regular updates to monitor actual performance against the anticipated outcomes in the business case.

The Committee also stated in its letter to the CCGs its appreciation of the time taken for the review to reach this stage and the hope for a swift and successful implementation. They also thanked the CCGs and all the partner organisations who attended the meetings about the consultation for their valuable contributions, particularly thanking the clinicians who emphasised the potential benefits to patients across the Coventry and Warwickshire footprint of this proposal and noted they had received assurance. They also commented on their appreciation of the extensive public consultation which had taken place and which had been extended due to the General Election.

For the full response please see Appendix D.

4.2.2 Response to the consultation from Healthwatch Coventry

30th January 2019
In its response to the consultation Healthwatch Coventry said it felt well informed about the proposals. They commented on their involvement in the development of proposals as follows:

- A member of the Steering Group taking part in the Patient and Public Advisory Group for this work
- Attendance at workshops and events related to the plans and involvement
- Through representation on the Health and Social Care Scrutiny Board
- Its observer role on the STP Board and seat on the Coventry Health and Wellbeing Board.

Healthwatch Coventry state it feels the clinical case for change is well made within the stroke proposals and supports the implementation of national best practice in the treatment of stroke emergencies and prevention of stroke. It shares concerns however, around staffing, ESD, travel and prevention.

Staffing
Concern around the national shortages of specialist stroke consultants and nurses and the need to have a full complement of staff as fundamental for the new proposals to be successful.

Early supported discharge and community rehabilitation
Concern about potential staff shortages in relation to ESD:

We are also concerned that there will be not be sufficient trained staff available to provide the home- based rehabilitation services for Coventry residents that form a significant part of the new model. This is a significant risk and if it does not work will result in hospital based stroke beds becoming jammed with patients due to a lack of community based support delaying discharge.
In our submission to 2017 stroke engagement exercise we highlighted our concerns that the inter-related needs of couples who have been living independently are not necessarily considered. A couple may have been living independently because they support each other. If one has a Stroke the other may have significant difficulty. The new support needs resulting from a Stroke can also be a significant challenge for a partner who becomes a family carer. Therefore, it is imperative support needs are looked at holistically and that support is co-ordinated across health and social care in order to sustain independence and prevent a family caring relationships breaking down. A purely health model will not work.

Travel is also of concern:
The document does not address the concerns we and others have raised about transport and travel for Coventry residents who wish to visit their relative placed within stroke rehabilitation services within Leamington Spa or George Eliot and may not have easy means to do so. Relatives, spouse etc can play an important part in supporting rehabilitation.

Prevention is felt to need further consideration:
There is insufficient detail in the plans regarding the prevention of Stroke. This must be an important part of stroke services as the best thing for an individual is not to have a stroke in the first place. How work to prevent stroke will be co-ordinated and resourced is not clear from the consultation document. How will people access timely early interventions? What resource is available for this?

For the full response please see Appendix E.

4.2.3 Response to the consultation from Keep Our NHS Public

1. Submit that there should be at least one lay person and one GP member on the Implementation Board.
2. Submit that the Implementation Board should report any recommendation it makes on stop/go issues and on risk issues of workforce and capacity such as identified at 8.1.5 of the PCBC to the relevant CCG body/bodies.

3. Submit that any updated appendices be published and notified to the CCGs, and particularly that updated WMAS reports and an updated project management GANT charts be provided at a minimum of every 6 months starting March 2020.
4. Submit that updated current and proposed workforce analyses (as per pp71/2 PCBC) be published at least every 4 months from March and reported to the relevant CCG Board(s).
5. Submit that ongoing performance Ambulance journey times to UHCW are a standard matter of report to CCG boards.
6. Submit that ongoing performance times to patient scan completion are a standard matter of report to CCG boards.
7. Submit that any proposal significantly to vary "Plan A" as in the PCBC be a matter of public engagement/consultation.
8. Submit that work continues to capture workforce, patient and visitor feedback and that this be a matter of report to the Implementation Board.
9. Submit that work continues to ensure that Stagecoach and other providers, including commercial and voluntary, sustain good public transport links to and from UHCW and the Rehabilitation Hospitals; and that updated accurate information be published for patients and visitors.

For the full response please see Appendix F.

4.2.4 Response to the consultation from the Stroke Association

The Stroke Association supports the centralisation of the acute stroke service:

We believe that due to the national shortage in appropriately trained stroke professionals, reconfiguration of acute services as outlined in the consultation will make more efficient use of the existing hospital workforce – resulting in better care overall for stroke patients across Coventry and Warwickshire

While being treated on any stroke unit is better than not being treated on a stroke unit, we know that larger stroke units (HASUs) work more efficiently than smaller ones. Better organised stroke care – as in HASUs – has been shown to reduce mortality. They are better staffed, have the latest equipment, are open 24 hours a day and patients are more likely to get the treatment they need as a result. Research has shown that reconfiguring stroke services makes the service more cost effective.

The Stroke Association are encouraged by the CCGs' approach to the proposed reconfiguration and the extensive pre-consultation engagement and the opportunity to be involved via the Patient and Public Advisory Group.

It has felt like a very inclusive conversation so far.

The Stroke Association acknowledges the better chance of survival and fuller recovery if patients are treated right away in a specialist stroke unit and feels the resulting better outcomes are more important than the inconvenience for some people of being treated further away from home:

We are mindful that it may also be difficult for some patients and their families, if they are transferred to in-patient rehabilitation units at either South Warwickshire Foundation Trust (SWFT) in Leamington Spa or the George Eliot Hospital in Nuneaton. However, ongoing specialist care at these units is vital and ensures that not all services are being delivered solely in Coventry.

The Stroke Association asked that six month post-stroke reviews be embedded within all local stroke pathways, with reviews being undertaken between 4 and 8 months post-stroke. It feels this review process is vital '*to ensure a robust, equitable provision for all patients across Coventry and Warwickshire'.*

It goes on to explain the importance of this review:

A six-month post-stroke review should provide an opportunity to increase the choice that people have over the way their care is delivered and planned, based upon what matters to them and their individual strengths, needs and preferences. It provides an opportunity to identify unaddressed needs and consider wider support such as social prescribing.

Further longer-term support for patients is asked to be considered:

In addition, longer term support for patients is varied across the region. Currently, the Stroke Association is commissioned to support stroke survivors in Warwickshire North and Coventry only. However, there is also variance in the services provided To achieve full parity across Coventry and Warwickshire, we feel that this consultation should include reference to long term support so that all patients receive equal support during these critical periods of their recovery.

For the full responses from the organisations above please see Appendix G.

4.2.5 Additional consultation feedback

A petition from Keep Our NHS Public 452 signatures was presented to the CCG before the end of the consultation. The petition was headed Save Our Stroke Services and stated:

We the undersigned protest at the cuts planned in stroke care in Coventry and Warwickshire.

There will be a net loss of 30 acute stroke beds by closure of existing facilities in Nuneaton and Warwick. The transfer of all emergency care to University Hospitals Coventry and Warwickshire at Walsgrave will put further pressure on an already overstretched hospital.

Additional ambulance travel times bringing patients from Warwickshire to Coventry, could put lives at risk.

We are also concerned to learn that 70% of Coventry Stroke patients will be discharged to at home care when community health and social care services are already overstretched and under- funded.

Travel times will be increased for families visiting those Coventry patients relocated to facilities in Leamington or Nuneaton.

We demand a full and proper public consultation and a stroke service designed around the needs of patients and communities not financial targets.

4.2.6 Individual emails

During the consultation individuals emailed the CCG to ask questions on the proposals for an improved stroke service, these included:

- how improved stroke services in other areas of the country had informed the design of the proposed stroke services for Coventry and Warwickshire
- Workforce plans for ESD and community rehabilitation
- ambulance service modelling and travel times
- bed modelling.

All questions were answered on an individual basis.

4.3 Public consultation events

Stakeholders, patients and members of the public were invited to attend nine consultation events across Coventry and Warwickshire. The purpose of the events was for people to find out more information about the proposed model for improving stroke services in Coventry and Warwickshire, have any questions answered, discuss their views and give feedback. Present at each event were stroke clinicians, Clinical Commissioning Group (CCG) representatives and members of the Arden and GEM Commissioning Support Unit (AGEM CSU) consultation and engagement team.

The consultation events were designed to enable feedback from all those attending. The design of the consultation events was carefully considered to meet the needs of attendees. For this reason, an exhibition-style format was used rather than the more traditional event style of a presentation followed by a question and answer panel. In an exhibition-style event all information is displayed on A1 notice boards. The information was based on the frequently asked questions collated from the four years of patient and public engagement. A PowerPoint presentation ran on continuous loop. Expert clinicians and commissioners were available to listen and answer questions. All feedback was recorded.

The style of these events allowed people to access information in a variety of ways, either by watching the PowerPoint presentation; reading information on the display boards or by having a conversation with the experts present (or all the aforementioned). Attendees expressed their liking for this style of event.

Around 500 stakeholders were invited to the events and asked to cascade the information provided to their networks. The events were also publicised on the website, in the press and via social media.

117 people attended the consultation events and included stroke survivors, members of the public, councillors, Healthwatch, the Stroke Association, members of Keep Our NHS Public, members of the Stroke Patient Advisory Group and staff from Rugby, Nuneaton and South Warwickshire hospitals currently working with stroke patients. The table below details the events:

Date and venue	Time
Monday 6 January Townsend Hall – Shipston-on-Stour Ben Partnership Trust – Rugby Ben Partnership Trust – Rugby	10am to 12noon 3pm to 5pm 6pm to 8pm
Wednesday 8th January Syndi Centre – Leamington Spa	10am to 12 noon
Thursday 9th January Foundation House- Stratford Upon Avon	6pm to 8pm
Monday 13 January Chess Centre, Nuneaton	10am to 12 noon
Tuesday 14 January Atherstone Memorial Hall	6pm to 8pm
Monday 20 January Queen's Road Baptist Church, Coventry	3pm to 5pm 6pm to 8pm

4.3.1 What event attendees told us

Most people attending the events supported the proposed model for stroke services. Below are the main concerns shared:

Majority support for the hyper acute/acute model
Most people attending the events agreed with the proposed hyper acute/acute model where all people experiencing a stroke or transient ischemic attack (TIA) would be taken immediately to University Hospitals of Coventry and Warwickshire (UHCW) for treatment in the acute phase of their stroke and understood the improved outcomes this would achieve.

Travel to UHCW
There was concern from some people attending the events about the extra distance for some people to travel to UHCW and questions were asked around ambulance journey times and the availability of enough ambulances to take all those experiencing a stroke or TIA to UHCW (currently 70% of such patients are taken to UHCW). Information and data

were shared to explain that journey times and the number of ambulances had been calculated and planned for, including the allocation of funding, and this alleviated most concerns.

Parking
Difficulty parking at UHCW was also mentioned as a cause for concern. Reassurance was given that every option to improve this situation was currently being explored.

Early Supported Discharge
Attendees at the events agreed that people recovered quicker from illness in their own home and understood the benefits that early supported discharge would offer. Reassurance was needed for some that the same standard of rehabilitation services would be available in the community as currently provided by allied health professionals in hospital e.g. physiotherapy, speech and language therapy, psychological support. Clinicians explained that early supported discharge had been piloted in Coventry and was working well. It was also explained that if the proposed model was agreed following public consultation by the CCG boards, the process of change in the provision of the new service would be a stepped process, meaning that people would not be sent home from hospital following a stroke until services were in place in the community to aid their continued recovery and rehabilitation.

Concern was also expressed about the impact on relatives and carers if patients are discharged much earlier than people are currently used to, and increased anxiety from a heightened sense of responsibility was predicted. People raised the need for staff going into people's home to be aware of this. The need to support the carer was felt to be an integral part of early supported discharge to enable a full recovery for the patient and maintain good health of the carer.

Hospital Rehabilitation
The most frequent concern expressed by attendees was in relation to hospital rehabilitation in the proposed model. This was due to the increase in travel for relatives and friends from areas such as Rugby, Coventry and rural Warwickshire who would need to visit patients staying at the two rehabilitation centres in Nuneaton at the George Eliot Hospital and in Leamington Hospital (SWFT). This was due to increased travel for relatives and friends. People told of the long and difficult journeys for people using public transport, and included cost as a concern, especially for those who needed to travel by taxi due to frailty or disability. People understood the benefits of patients being looked after in a specialist stroke rehabilitation unit but feared the impact on a patient's recovery caused by the lack of visitors. Many stroke survivors attending the events supported the model for rehabilitation in specialist stroke centres. One person told us:

I may have been in hospital for many weeks recovering from my stroke but this was about the rest of my life.

Good communication
As people discussed the difficulties in visiting, they emphasised the importance of good communication between staff and relatives. If relatives are going to be less present at the bedside due to transport difficulties, it was felt to be even more important that they are kept fully informed in order to contribute to the recovery of the patient.

Possible solutions
A member of the public attending the consultation event in Leamington Spa suggested that the number 18 bus could be diverted on its journey from Stratford to Coventry to go via South Warwickshire Foundation Trust (SWFT.) Other people suggested using a voluntary driver service to visit those in hospital rehabilitation. People were told of the transport group which has been convened by the CCGs to look at any possible public transport/transport solutions.

Following rehabilitation
Stroke survivors also discussed the importance of continued support once input from the NHS was no longer needed and the value of peer to peer support schemes, stroke survivor support groups and social prescribing in ongoing and long term recovery from stroke.

Workforce
Some attendees were concerned about national shortages in specialist stroke staff and were aware of staff vacancies across the NHS. They asked for reassurance that there would be enough staff to support the new model. Clinical and commissioning staff in attendance talked about the workforce modelling that had been undertaken as part of the proposed model development. It was also explained that implementation would be a stepped process meaning implementation of the proposed model would only happen across areas when an adequate workforce was in place to deliver the specialist care needed.

Bed numbers and modelling
Some concern was expressed by people attending events about the bed numbers and modelling in the new model. Once the bed modelling was explained by the clinicians and commissioners in attendance, most people were reassured. However, great concern was expressed at the Rugby events for the proposed lack of bedded rehabilitation in the area and people felt strongly that the current general medical beds should be used for bedded stroke rehabilitation. The main reason given was the distance to travel to bedded community beds in Nuneaton and Leamington proposed in the new model.

4.4 Community Engagement

As part of the consultation, outreach engagement took place with 16 community groups across Coventry and Warwickshire. The purpose of this engagement was to hear from as many different communities as possible including stroke survivors; those considered to have a protected characteristic under equality law and support groups with relevance to and increased incidence of stroke, for example, substance misuse.

Face-to-face engagement took place with over **300** people from seldom heard and community groups.

What people told us

Acute and emergency stroke services
Following discussion, most people understood and supported the benefits of centralised specialist acute care and the resulting better outcomes for stroke patients treated in a hyper acute and acute specialist unit. Remaining concerns were mainly around travel to University Hospitals Coventry and Warwickshire (UHCW). For example, groups representing the disabled felt that the time it takes to travel to UHCW either by ambulance or car could be an issue for them and were concerned about the impact on patient care. However, stroke survivors in Bedworth talked about the fear and trauma they had experienced when being transferred from GEH to UHCW and said knowing beforehand that they'd go directly to UHCW would've eased that fear.

Parking at UHCW was also seen as problematic. People explained that having to park further away from the wards they were visiting at UHCW was difficult for them due to mobility problems. A group from south Warwickshire was concerned how people living away from the centre would get to UHCW.

Early Supported Discharge
People supported early supported discharge and agreed that people recovered quicker in their own homes. A stroke survivor who lost her sight following her stroke explained how early supported discharge had accelerated her journey to full independence by enabling her to recover in her own home with familiar surroundings.

Discussions were also had on the importance of building a relationship with the therapists coming into the home. Relatives explained the need for enough time for the patient to get to know the therapist, in order to respond positively to treatment. People said it was also important for the family to be involved in the patient's care. Good communication was felt to be essential between the therapists, patient and their family. People stressed the importance of the contribution family members would make to treatment and recovery as by knowing the patient so well they had insight into why the patient may be responding/reacting in a particular way to therapy or therapist. It was also important that people felt reassured that the people coming into their home were experts and had the patient's best interests at heart.

The importance of keeping the option for continued support if needed further on in the recovery process to allow people the opportunity to reach maximum independence was also seen as important. One person told of her husband's experience where at a point in his recovery it was felt that the speech therapy provided was no longer needed. Later in her husband's recovery she felt her husband would now benefit from further speech therapy input.

Rehabilitation in hospital

Most concern in relation to the proposed model for rehabilitation in hospital was around travel to visit relatives. Long and difficult journeys to the hospitals in Nuneaton and Leamington worried many of the people attending the community groups. For example, a retired GP attending an Age UK group in Coventry attended by people of South Asian descent reiterated the concerns of many, explaining that he was now over 75yrs and didn't know how much longer he would be able to drive. If his wife was in hospital in Leamington or Nuneaton it would be very difficult for him to visit as public transport would be difficult and time consuming and for the frail not possible. He also worried that as English was not his wife's first language, him not visiting frequently would not only impede the emotional support so important in recovery from illness but communication difficulties would also have a negative impact on her recovery.

4.4.1

Please see below the community groups visited during the consultation:

Date	Group	Location
Thursday 17 November 2020	Healthwatch AGM and Conference	Leamington Spa
Wednesday 6 November 2020	Age UK	Coventry
Wednesday 8 January 2020	CAVA Health Living Session	Nuneaton
Monday 13 January 2020	Lunch Club Graham Adams Centre	Leamington Spa
Tuesday 14 January 2020	Warwickshire Vision	Stratford upon Avon
Wednesday 15 January 2020	Coventry and Warks MIND	Coventry
Friday 17 January 2020	Carers Heart of England	Rugby
Tuesday 21 January 2020	Chess Centre	Nuneaton
Thursday 23 January 2020	Elsdon Stroke Club	Coventry
Thursday 23 January 2020	Stratford Upon Avon Stroke Club	Stratford
Saturday 25 January 2020	Rugby Sport for the Disabled Association (RSDA)	Rugby
Monday 27 January 2020	Arley Stroke Club	Coventry
Monday 27 January 2020	Change Grow Live Warwickshire	Leamington Spa
Wednesday 29 January 2020	Rugby library	Rugby
Thursday 30 January 2020	Healthy Living Network	Bedworth
Saturday 1 February 2020	Warwickshire Pride	Leamington Spa

5.0 Responses to the Questionnaire (336 people completed the questionnaire)

Question 1

Have you experienced a stroke or transient ischaemic attack (TIA)?

Answer choices	Responses	
Yes, I have experienced a stroke or TIA	10.21%	(34)
No, I have not had a stroke or TIA	86.19%	(287)
Prefer not to say	3.60%	(12)
Answered		333
Skipped		3

Most respondents to question 1 had not had a stroke or transient ischemic attack.

Question 2

Are you a carer, friend or relative of someone who has had a stroke or TIA?

Answer choices	Responses
Yes, I am a carer, friend or relative of someone who has had a stroke or TIA	52.42% (173)
No, I am not a carer, friend or relative of someone who has had a stroke or TIA	42.42% (140)
Prefer not to say	5.15% (17)
Answered	330
Skipped	6

Over 50% of respondents identified themselves as a carer, friend or relative of someone who has had a stroke.

Question 3

To what extent do you agree or disagree with our proposal to locate all acute or emergency stroke services in Coventry?

Answer choices	Responses
Strongly Agree	16.26% (53)
Agree	12.27% (40)
Neither Agree nor Disagree	7.67% (25)
Disagree	11.66% (38)
Strongly disagree	51.84% (169)
Prefer not to say	0.31% (1)
Answered	326
Skipped	10

- 28.53% (93 respondents) agreed to some extent with the proposal to locate all acute or emergency stroke services in Coventry
- 63.5% (207 respondents) disagreed to some extent with the proposal to locate all acute or emergency stroke services in Coventry; 51.84% of who strongly disagreed

Respondents gave reasons for their answers. Although some comments expressed support for the new model for acute and emergency stroke care, the majority expressed concerns about the proposal to move services to Coventry. The main concerns related to distance to travel and included difficulty with public transport, travel times by ambulance, distance to travel to visit relatives, the cost implications of travelling to Coventry and the impact on extra travel for the frail and elderly. Other concerns included parking and capacity at UHCW. Some examples of the comments made can be found below:

- *Logical to have all emergency stroke specialists at Coventry.*
- *Specialist care in specialist unit*
- *We believe that improving access to Acute Stroke Therapy within the 41/2 hour target with Imaging and subsequent Thrombolytic Treatment where appropriate for all patients across Coventry and Warwickshire is to be welcomed by use of a dedicated single Hyper Acute Centre. Improving health outcomes for patients with Stroke in all areas of our Health Economy again is vital.*
- *While people often want medical services available at their 'local' hospital, it clearly makes sense to have a specialist centre for something such as a stroke*
- *Time matters! It can take an hour to travel from Rugby to Walsgrave. Even longer for visitors who need to take a bus because parking at Walsgrave is hardly possible*.
- *Coventry hospital is too big and busy with not enough parking. Invest some proper money into bringing back services to Rugby, take some of the pressure away from Coventry.*

- *It is too far to visit, especially if you are a non driver. It would take me and my sons for instance 6 buses to get there and back. Which would leave someone who was a patient isolated due to difficulty getting in there to visit. Not very good at a time when they needed lots of support.*
- *Concerned that people further distance away will not get treatment in time i.e. person has a stroke, ambulance takes an hour to two hours to get to person, trip to Walsgrave hospital takes an hour and the acute service unit is full. The person may not get the treatment in time*
- *Whilst I agree with a specialist centre for treatment. I am concerned that closing the acute services at Warwick hospital will reduce the numbers of people that live in more rural areas accessing specialist services in a timely fashion. It would take a long time to get to coventry from shipston, Tysoe etc in an ambulance. Will those patients lose out on the specialist care they need?*

For the full list of written comments please see Appendix H.

Question 4

Please tell us about the impact our proposal to locate all acute or emergency stroke services in Coventry would have on you:

Answer choices	Responses
No impact	18.43% (61)
Positive impact	19.64% (65)
Negative impact	55.59% (184)
Prefer not to say	5.74% (19)
Answered	331
Skipped	5

Most respondents (55.59%:184 people) who answered this question said that locating all acute or emergency stroke services in Coventry would have a negative impact on them.

People gave reasons for their answers. Most of the comments expressed concerns related to travelling to Coventry and include difficulty with public transport, parking at UHCW, travel times by ambulance, distance to travel to visit relatives, the cost implications of travelling to Coventry and concern for the frail and elderly. Some examples of the comments made can be found below:

- *It's a long way from Stratford on an extremely busy bus route and the ambulance journey could be slowed even with blue lights*
- *Accessibility and transport costs.*
- *I would prefer to be local to my family and friends so that they can visit easily. I would feel isolated and that could hinder my recovery.*
- *Difficult to visit patients if live a distance, despite the extra bus services. It would be difficult for a frail relative to visit if they have no family available to take them by car.*
- *Further stress & anxiety. Travel further for patient & carers. Diabolical parking facilities for carers/ visitors.*

A full list of comments is available at Appendix I.

Question 5

Please tell us about the impact our proposal to locate all acute or emergency stroke services in Coventry would have on your family/friends/carer:

Answer choices	Responses
No impact	18.54% (61)
Positive impact	13.98% (46)
Negative impact	62.01% (204)
Prefer not to say	4.26% (14)
Answered	329
Skipped	7

When asked about the impact on their family/friends or carer, most respondents (62.01%: 204 people) felt the proposed move of acute and emergency stroke services to Coventry would be negative.
In the written comments where people gave reasons for their answers most concerns related to the extra distance for them to travel to Coventry and included poor public transport links, traffic congestion, cost of travel, the difficulty travelling to Coventry will cause for relatives and the impact on visiting and support for patients. Difficulty parking and the cost of parking are also concerns and as well as the anxiety expressed about the perceived extra demand on the capacity and resources at UHCW. Some examples of the comments made can be found below:

- *No joined up public transport between Gloucestershire/Warwickshire border to get to Coventry. Too expensive to use taxi. Volunteer drivers are limited.*
- *Extremely difficult to get to unless you can drive and not an easy journey depending on the time of day*
- *Unable to visit family member as don't drive and a bus from Warwick would be a very difficult and unlikely to have confidence to attempt*
- *Wife not drive so travelling from Rugby would need to catch bus or £50 for taxi. (low income family so would catch bus for cost if many journeys needed)*
- *Visiting would be difficult for my friends and family if all the beds are in Coventry*
- *Having to find care for family whilst travelling further for longer*
- *UHCW are already unable to cope with the demand*
- *My family would be disadvantaged in that travelling distances would be greater. The road network is very congested and the infrastructure at the hospital and parking*
- *The further away from UCHW people live then greater care needs to be given to ensure there needs are really catered for*
- *Urgent care may be subject to delay in this area as roads are so busy and can be closed frequently if accidents occur.*
- *No afternoon visiting, high car parking charges, not enough parking spaces, inadequate access between Rugby and Coventry for non-car owners. Need I go on?*

For the full list of comments please see Appendix J.

Question 6

To what extent do you agree with patients who have had a stroke being given support to leave hospital as soon as they are able to (early supported discharge?)

Answer choices	Responses
Strongly Agree	34.76% (114)
Agree	34.15% (112)
Neither Agree nor Disagree	17.99% (59)
Disagree	5.79% (19)
Strongly Disagree	5.49% (18)
Prefer Not to Say	1.83% (6)
Answered	328
Skipped	8

Most respondents (68.91%:226 people) agreed to some extent with early supported discharge for patients who have had a stroke in comparison to 11.28% (37 people) who did not.

When asked to give reasons for their answers people said they agreed with early supported discharge as people recovered much quicker in their own homes:

- *Again research has demonstrated improved outcomes*
- *This will help the recovery journey*
- *Familiar surroundings are always good in the aid of recovery*
- *Much better to be at home, less likely that patients become institutionalised*
- *Better to start being independent and confident asap, rehab will be quicker in a familiar and more comfortable environment*
- *A person who is fully supported can recover better in their own home*.

Many people as in the previous comment agreed with early supported discharge as long as assessment and full support is in place:

- *Personally, I would rather leave hospital at the earliest opportunity provided the support is sufficient and of a high enough quality to be safe and effective*
- Only if that support is truly comprehensive and there are services in the community to provide it
- *Only with full support and if a patient returning home is fully assessed and where no family support is taken into consideration*
- *I believe a complete review of patient's circumstances should ensure a safe discharge including reviewing personal circumstances, i.e. support, on-going therapy, housing*,
- *They should have that option so long as adequate services are in place - also support from stroke association. Mine was amazing!*

Many of those who disagreed with early supported discharge did so as they were not convinced that adequate assessment of need and appropriate care in the community would not be available:

- *You cannot leave the hospital until you are actually in the clear as you'll probably most likely to have another STROKE*.
- *Said neither as it depends on each case. Concerned this could result in people being sent home before they are ready and without proper support as already happens in some cases of physical or mental health issues as is widely known.*
- *Because the community support always becomes non existent or poor or expensive and people will be left in vulnerable position*
- *There is little evidence that support is available.*

For the full list of comments please see Appendix K.

Question 7

Please tell us about the impact that early supported discharge services would have on you.

Answer choices	Responses
No impact	28.57% (94)
Positive impact	36.78% (121)
Negative impact	17.33% (57)
Prefer not to say	15.20% (15)
Answered	329
Skipped	7

Most respondents answered that Early Supported Discharge would have a positive effect (36.78%:121people). Only 17.33% of respondents felt the impact would be negative.

People told us the reasons for their answers in the written comments supplied Some examples of the comments made about the benefits of going home to recover can be found below:

- *Happier at home*.
- *I feel comfortable at home and feel i could recoup better in this environment*
- *Recovery would hopefully be quicker in known surroundings with professional support*.
- *I would prefer to be in my own home than in hospital*
- *When I had my stroke, I was lucky in that I was able to leave fairly soon after my initial hospitalisation and I believe this helped my long term recovery*
- *As with most other people, I would prefer to be in my own home, adapting to the consequences of stroke in the environment in which I would want to continue to function independently.*

Some people agreed that the impact of early supported discharge would be positive but added conditions to qualify their answers:

- *Impact for patient probably good, but carers and family also need time to come to terms with the traumatic experience of a stroke and the necessary adjustment required.*
- *In your home environment with family and friends to give you confidence providing professional support is also there as it is very scary.*
- *In theory would be better. In reality depends if patient can safely be at home and adequate support being in place.*
- *This could be positive if sufficient appropriate and SUSTAINED community services were provided. It would have to be a vast improvement for this not to be detrimental.*
- *We would need back up support but it's better to be at home if possible.*

People also felt other benefits of Early Supported Discharge would include:

- *In addition to visiting benefits, any patient would prefer to be at home provided they received good care*
- *Much easier for friends & family to help at patient's home than hacking across the county for limited visiting and extortionate car parking charges - assuming you can get a space!*
- *Reduce costs of travel/parking to visit*
- *If needed it would mean less travel for family to visit*
- *I would not have to travel to UHCW from Leamington, try and park at UHCW and pay the high parking charges*

For those who felt Early Supported Discharge would have a negative impact the fear of lack of support and inability to cope themselves or added pressure on carers and relatives were explained as reasons for their answers:

- *It would create a heavy burden on family's and care givers*
- *Not sure. I believe patients make better recoveries in their own homes but I am concerned how the services will be funded and how this will impact already struggling families. May cause unnecessary hardship .*
- *There is already a strain on community care this will only increase that strain*
- *Too great demand and stress on family.*
- *Live on my own and there would not be sufficient care*

For the full list of comments please see Appendix L.

Question 8

Please tell us about the impact that early supported discharge services would have on your friends/ family/carer:

Answer choices	Responses
No impact	22.09% (72)
Positive impact	41.10% (134)
Negative impact	21.78% (71)
Prefer not to say	11.96% (39)
Answered	326
Skipped	10

Most respondents when asked about the impact of early supported discharge services on friends, family and carers felt that the impact would be positive (41.10%:134 people). Some of the reasons people gave for feeling the impact would be positive can be found below:

- *Family and friends are more likely to visit at home than in hospital resulting in better mental stimulation*
- *They will be able to provide more support without having to travel long distances and fit in with their working day*
- *Less travel and cost*.
- *Helps family member get back quicker and reduce need and expense of visiting*
- *They would not have to que to find a parking place*
- *More family contact would be possible*
- *They would be able to visit more frequently. Help with physio, support with daily activities...meals, medication. Get back to normal more quickly. independence.*

Some respondents explained they thought the impact would be positive but only if certain adequate support would be in place:

- *Yes it would cut down on visiting etc but it could make carers very anxious and restricted if as at present truly comprehensive person centred support is not supplied.*
- *Easier transitions to home. Longer discharges can create more worry and be mentally difficult for patients. However, support needs to suit their needs correctly and not be a fast fix!*
- *Positive if all the processes are robust to set everything up. Everyone is educated in what to look for how to support. Support available for carers/family in terms of adjusting to a different person coming home.*
- *I would like to think it would be positive but only if everyone works together.*

For those who felt the impact of early suggested discharged would be negative, their explanations included not being able to cope alone, the impact/burden on families and carers and disbelief that adequate support would be provided. Comments included:

- *Couldn't manage patient at home. Dragged down with caring 24/7*
- *Inadequate support will put pressure on family who don't live near*
- *high anxiety levels*
- *Family will be left to care for patient with inadequate support*
- *If I were the stroke patient, who has no 'carer' at home I would be concerned that friends and family would be unfairly burdened with my care.*
- *Caring for stroke victims is desperately hard.*
- *Need to cope with care for patient whilst juggling own family and work commitment*
- *May be not able to cope with night- time when care not there*
- *As family members and close friends are not, on the whole, in this immediate area, early discharge would be likely to impact negatively on them*

For the full list of comments please see Appendix M.

Question 9

To what extent do you agree or disagree with rehabilitation being available in hospital at Leamington Spa Hospital and the George Eliot Hospital in Nuneaton?

Answer choices	Responses
Strongly Agree	40.92% (133)
Agree	21.54% (70)
Neither Agree nor Disagree	14.15% (46)
Disagree	6.15% (20)
Strongly Disagree	15.38% (50)
Prefer Not to Say	1.85% (6)
Answered	325
Skipped	11

Most respondents 62.46% (203 people) agreed to some extent with rehabilitation being available at Leamington Spa Hospital and the George Eliot Hospital in Nuneaton.

Some people explained the reasons for their agreement with the proposed model for rehabilitation although most of the written comments were from people who didn't agree. Please see below examples of the reasons people gave for their agreement:

- *Will help to keep services more locally available.*
- *South Warwickshire Foundation Trust in Leamington Spa is a specialist centre. Access to the site needs to be enhanced.*
- *It makes sense for people to be as close to Home as possible. UHCW is a difficult place to get to.*
- *Geographically located in good location and rehab is needed for many patients.*

21.53%: 70 people did not agree to some extent with the proposed model for hospital rehabilitation. Many (but not all) respondents mentioned Rugby as being particularly disadvantaged by the proposed bedded rehabilitation model:

- *16,500 extra new houses at Rugby, close down resources at Rugby St Cross! Not everyone has a car to travel to Leamington or Nuneaton. We keep being told by government to reduce travelling/emmissions, how is this helping?*
- *I am concerned that there are not enough rehab beds for stroke patients in the north and south combined. I am concerned that pressure will be greater on discharging these patients quicker to accommodate for the continuous flow of new patients waiting for a bed. If there are not enough beds in either unit both patients relatives may end up travelling a long distance to visit and the stroke patient would benefit from family support. Once a bed is available and they go back to their local area they will have to meet new staff and would the length of stay be extended to accommodate the disruption?*

- *The Royal College of Physicians London Stroke Guidelines policy [2016] states that Rehabilitation should take place near patients home so that there is better engagement for patients and carers with the rehabilitation. The lack of rehabilitation beds in Rugby contradicts this policy. The development of the existing general beds at St Cross would complement the two stroke rehab units at the George Eliot and South Warwickshire hospitals. Restricting inpatient beds in either George Eliot site in Nuneaton or South Warwickshire will mean that patients and relatives from Coventry and Rugby will have to make long journeys, some by public transport. From some parts of Rugby borough this could mean over three hours. What extra transport provision is in place? It may well lead to some patients refusing inpatient rehabilitation they require and would benefit from.*
- *I think services like this should be available across Coventry and Warwickshire.*
- *What about the patients from the Stratford area. Both Leamington and Nuneaton are a long way from Stratford and surrounding areas.*

For full list of comments please see Appendix N.

Question 10

Please tell us about the impact that having hospital rehabilitation at Leamington Spa Hospital and the George Eliot Hospital in Nuneaton would have on you:

Answer choices	Responses
No impact	25.08% (82)
Positive impact	41.90% (137)
Negative impact	20.80% (68)
Prefer not to say	10.09% (33)
Answered	327
Skipped	9

Most people (41.9%:137) said that the proposed model for bedded rehabilitation in Leamington Spa and Nuneaton would have a positive impact on them.

The reasons they gave for a positive impact is explained by a few people in the written comments below:

- *Closer to home, easier for friends and family to visit*
- *Closer to Gloucestershire/Warwickshire border, with better transport links*
- *I would not have to go to university hospital*
- *Far easier to get to the Eliot*
- *As we live in Leamington access would be easier than Coventry*
- *Difficult to get to but I understand the rationale so would have to manage*
- *No matter where one resides it is better to have certain hospitals specializing in this field*
- *Both are not that near, but neither are they that far..*
- *Expertly trained staff and facilities*

Some of the 68 respondents who felt the proposed model for bedded rehabilitation would have a negative impact on them also gave reasons for their answers in the written comments, for example:

- *They're too far from Rugby for visiting. Too far away from where I live.*
- *Too far and no transport links available*
- *Prefer to have rehab for me or my family at St Cross where perfectly good services already exist*
- *It is too far for me to travel to*
- *There's no provision for rugby residents*.

For full list of comments please see Appendix O.

Question 11

Please tell us about the impact that hospital rehabilitation at Leamington Spa Hospital and the George Eliot Hospital in Nuneaton would have on your family/friends/carers:

Answer choices	Responses
No impact	20.37% (66)
Positive impact	44.75% (145)
Negative impact	24.07% (78)
Prefer not to say	8.33% (27)
Answered	324
Skipped	12

When asked about the impact that hospital rehabilitation at Leamington Spa Hospital and the George Eliot Hospital in Nuneaton would have on their family/friends/carers, most people 145 (44.75%) felt the impact would be positive.

People were asked to give reasons for their answers. Some people commented on the benefits of specialist stroke rehabilitation care, other comments appear to be largely dependent on where people live.

Some people considered the benefit of having a specialised stroke unit:

- Quality care is all they would be interested in, despite any inconvenience
- If unable to return home with supported discharge this is a good alternative to then get home.
- It must be appreciated that the patient must be given the best possible available treatment
- It is important to the viability of hospitals such as GEH that they retain services. These hospitals are well loved by local people and viewed as 'their own' - the delivery of rehab is an important support service that can be delivered at these sites and so it is vital that they are involved.

Other comments appear to depend on where people live and how far family/friends and carers would need to travel to visit:

- *Be easier for them to visit or help me get there if I was affected by a stroke*
- *Increased distances to travel*
- *Closer to travel to*
- *I don't live or have relatives in either town so it would have no effect PROVIDED rehabilitation was available in Rugby. If not available in Rugby then it would be impossible for my wife to get to either.*
- *living in Warwick, service at Leamington would have been very helpful.*

- *Many stroke victims will be elderly with elderly spouses and friends who may be unable to travel long distances regularly. This could leave the patient isolated and impede recovery.*
- *Stroke patients are very dependent on visits from family, friends and neighbours and for this reason the ability to visit a local hospital is important.*
- *Not so far to travel for family & friends. Volunteer drivers prefer to travel to Leamington. Some volunteer drivers do not volunteer to travel to UHCW because of traffic congestion (A46/A45 Toll Bar (TGI islands) + queuing to get access to UHCW and no/limited car-parking on arrival.*
- Easier visiting. reduced stress compared with management in a pressurised and busy environment in the acute unit.

For full list of comments please see Appendix P.

Question 12

Is there anything you would like to add regarding stroke services in Coventry and Warwickshire which has not been covered by earlier questions (for example, can you suggest another option?).

206 respondents made written comments. Many of the comments give strong voice to the request to keep stroke rehabilitation beds in Rugby. Reasons given for the importance of this to people include the expanding population, the amount of new housing and difficulties in travelling to Nuneaton and Leamington Spa. Please see a selection of the comments made below:

- *Keep at least 6 rehabilitation beds in Rugby, the town has 80,000 residents yet we have to travel to Nuneaton or Leamington! Rugby St Cross should be expanded to cope with local residents, not as it appears, the hospital is being shut down and the land sold off for more houses!*
- *Staffing of the Rehab beds at Rugby could be achieved by rotating staff across the 3 sites thus meeting the necessary training standards, maintenance of skills, helping recruitment and staff retention. A Rugby Stroke Rehab unit would also provide a flexible bed resource if there were gaps in the Community Rehab Staff especially in the initial transition period or if there was pressure on the Hyper Acute Stroke Centre beds at University Hospital.*
  Fully staffing a new Community Rehab specialist team is in itself a challenge but it will require input from Warwickshire Social Services with a dedicated budget and commitment for Care services which is not yet agreed. Having appropriate Care services is essential to support both patient and in many circumstances elderly and/or infirm family carers.

- *Yes, Rugby is a large expanding town. The hospital of St. Cross needs to be utilised and all services increasing, not taking away. Don't allow any more cuts to services. Fundamentally, your ideas are good ones to improve the care of the patient. But to cut the beds from Rugby is a disastrous idea.*
- *Stop stripping facilities from St. Cross rugby. Rugby needs this hospital. Rugby population is growing at a larger rate than Coventry.*
- *Rehabilitation should continue in Rugby taking the growing size of population into consideration.*
- *As a short fix to lack of specialist stroke staff the proposals make sense - but 5000 new Rugby houses are on build, and 10000+ for Warwick District in local plan: Warwick & Nuneaton specialist stroke units need upgrading - not closure!*

Concern about capacity at University Hospitals Coventry and Warwickshire was also expressed in the written comments:

- *Coventry UCH is overstretched according to some reports and as Rugby is a rapidly expanding town, with a growing population more, not less rehabilitation beds are required. More services are required at St. Cross*
- *Do not believe there should be a net loss of 18 beds across Warwickshire. All the adverts promote FAST if you suspect a stroke, so how can it be effective to travel further for treatment. If everything moves to UHCW there will be more strokes from the stress caused to family members as UHCW is completely inadequate for the number of cases referred there now.*
- *I agree that patients who meet the fast positive criteria should be treated at UHCW. The stroke care I have witnessed at George Eliot has been outstanding. I am concerned about the impact on patient safety if the demand increases further at UHCW.*
- *I, along with many other people that have used the Stroke services at GEH feel that things ought to be left well alone or the continuation of acute stroke services and further Stroke rehab facility alongside it. The GEH already has a shortage of around 300 beds to serve the population that it serves. Taking away the acute service at GEH would only lead to greater pressure on the hospital and on UHCW beds which at present neither cannot cope with demand leading to patients being discharged before they are entirely medically fit. Resulting in failed discharge due to readmission and the likelihood of individuals succumbing to worst disability rather than reducing it. This then puts further strain on Social Services and not least the patient and their relatives whom often end up having to be the carer and their own health deterioration as a result.*
- *Considering its only fast positive that usually go to Coventry, it doesn't make sense to send all stroke patients there and increase their workload when they are already understaffed, short of beds, short of parking etc.. Keeping the service at Warwick for those that can't be treated within the window or are fast negative ensures those local to the area don't have to travel, and also shares the workload. There are already nurses at Warwick passionate about their job in stroke who won't relocate to Coventry. It seems a shame to lose them when morale in nursing is already low and so many wish to leave the profession.*

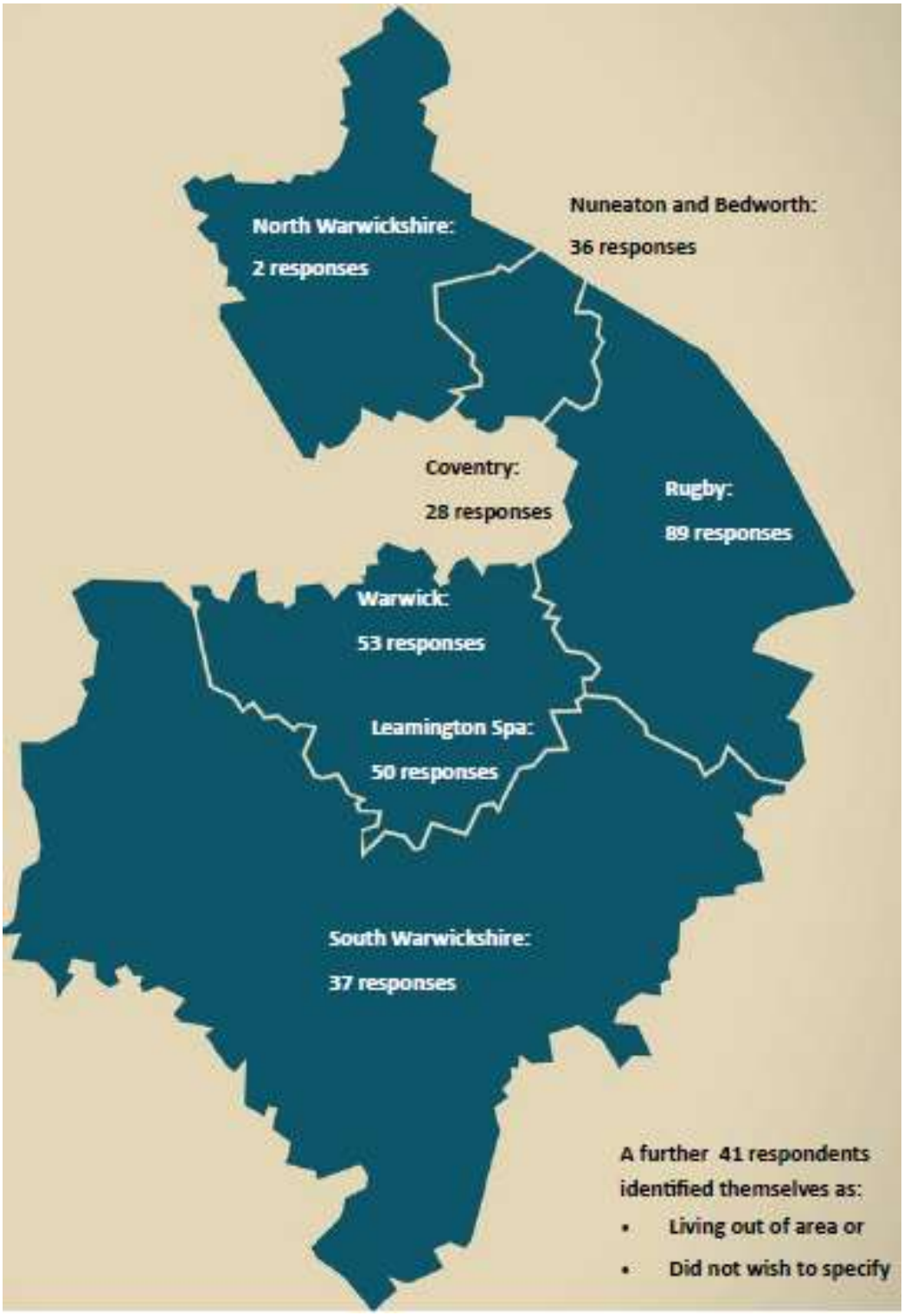
Travel is also mentioned in the comments to this question:

- *Emergency services need to be together. For those further away they do not need the extra pressure of travel.*
- *Time delays from Gloucestershire/south Warwickshire to get emergency services to someone experiencing signs/symptoms of a stroke. This are necessitates air ambulances.*
- *I am concerned about the availability of emergency transport and who will be responsible for the initial (accurate!) stroke diagnosis.*
- *Sizes of the services on multiple acute sites could have the same benefits in recruitment without increasing the travel risks.*
- *Invest in better facilities and training locally instead of creating one 'hub' which will increase travel time and health complications for many patients and also causing inconvenience for family and visitors by forcing them to travel to a hospital that already has logistical problems.*
- *am concerned about travel distances/transport for south Warwickshire residents. Would suggest a coordinated response from Warwick/Stratford/Leamington hospitals.*

Please see Appendix Q for a full list of comments.

Question 13

Please state which area of Coventry or Warwickshire you live in?
Responses were gathered from several areas as shown below.



Please see Appendix R for Equality Data Analysis.

6.0 Key Findings

Feedback from the face-to-face engagement at the nine consultation events and 16 community events confirmed support for the centralisation of acute stroke services at University Hospitals Coventry and Warwickshire (UHCW). Following conversations with experts, concerns around ambulance travel, bed numbers and capacity at UHCW were to a large extent alleviated. Concerns about travel for visitors and parking were further discussed but, for many attendees, once the improved clinical outcomes to result from a centralised model were explained by the experts present, people understood and accepted the proposed acute model, and although travel and parking were still of concern the improved outcomes for patients were largely seen as of greater importance. However, most respondents (63.5%:207 people) fed back via the questionnaire that they disagreed with the proposed acute stroke model (51.84%:169 people strongly disagreed;11.66%:38 people disagreed).

In terms of impact, feedback from the questionnaire told that most people felt the impact of the proposed acute model would be negative for themselves (55.59%:184 people). For carers, relatives and friends the impact was also felt to be negative. The main reason people disagree with the proposals and feel the impact will be negative is around travel to UHCW. This includes concern about ambulance travel times and travel difficulties for relatives when visiting. Difficulty parking and the cost of parking is also a concern and anxiety is expressed about the capacity and resources at UHCW.

The difference in opinion between the face- to-face engagement and the questionnaire responses on the proposed acute stroke model may to some extent suggest the importance of face-to-face engagement for a heightened understanding of the proposal. It may also be relevant that most of the questionnaire responses came from people living in Rugby.

Most questionnaire respondents (68.91%:226 people) agreed to some extent with early supported discharge for patients who have had a stroke in comparison to 11.28% (37 people) who did not. Attendees at the events and community meetings also supported ESD, although they did need reassurance that the same rehabilitation services would be available in the community as currently provided by allied health professionals in hospital They were also concerned about increased anxiety for carers and family members if patients were discharged early.

At the community events people supported ESD. People also made the following points:

- The importance of building a relationship with the therapists coming into the home.
- The importance of having enough time for the patient to get to know the therapist, in order to respond positively to treatment
- The importance of family involvement in the patient's care.
- Good communication was felt to be essential between the therapists, patient and their family.

- People stressed the importance of the contribution family members would make to treatment and recovery as by knowing the patient so well they had insight into why the patient may be responding/reacting in a particular way to therapy or therapist.
- It was also important that people felt reassured that the people coming into their home were experts and had the patient's best interests at heart.
- The importance of keeping the option for continued support if needed further on in the recovery process to allow people the opportunity to reach maximum independence was also seen as important.

Most respondents to the questionnaire (40.92%:133 people) agreed with rehabilitation being available at Leamington Spa Hospital and the George Eliot hospital. However, this was the area of greatest concern expressed by attendees at the consultation events and community groups. Reasons given include the increase in travel for relatives and friends from areas such as Rugby, Coventry and rural Warwickshire relating to lack of public transport; travel time; cost; concern for the frail, elderly and disabled. People understood the benefits of patients being looked after in a specialist stroke rehabilitation unit but feared the negative impact on patient's recovery due to the lack of visitors.

Many of the 21:53%: 78 respondents who disagreed with the proposed hospital rehabilitation model gave the same explanations for their answer. Many (but not all) respondents mentioned in their written comments Rugby as being particularly disadvantaged. There was also strong resistance to the hospital rehabilitation model at the consultation events.

When asked in the questionnaire if there was anything else people wanted to add to their previous answers 206 people responded. Comments related to the following areas of concern:

- Lack of rehabilitation beds in Rugby:
  - People felt rehabilitation beds in Rugby were essential due to the expanding population, the amount of new housing planned and difficulties in travel to Nuneaton and Leamington Spa.
- Capacity at UHCW:
  - People felt UHCW was already under resourced and overstretched.
- Where people live:
  - Comments on support for or lack of support for the proposals to improve stroke services largely depended on the location of residence.

7.0 Recommendations

- All findings of this report are taken into consideration to inform the decision- making process on the future of stroke services in Coventry and Warwickshire
- All possible solutions to improve travel and transport to UHCW, South Warwickshire and Nuneaton continue to be explored.
- All possible solutions to parking difficulties at UHCW continue to be explored.
- The importance of good communication skills and good relationship building between patients their relatives and carers and specialist stroke staff is embedded into job descriptions and training. Good communication skills and relationship building was particularly important to consultation respondents if relatives were unable to visit patient's frequently and when specialist staff were delivering care in the home.
- Information technology solutions such as easy access to skype and face time is explored to keep staff and patients involved with relatives, friends and carers in order to impact positively on patient recovery if frequent visiting is not possible.
- Ongoing and continuous communication on other future service development plans for St Cross Hospital and the CCGs overall commitment to sustainability of the hospital.

.