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Improving Stroke Services in Coventry and Warwickshire

Frequently Asked Questions – Dec 2019

Background

1) What is a stroke?

A stroke is a rapid loss of brain function that occurs when the blood supply to part of the brain is cut off, leading to brain cells being damaged or destroyed. Although it is largely preventable, stroke is one of the main causes of death in the UK and is also the leading cause of adult disability. There are two types of stroke – ischaemic and haemorrhagic, and there are also mini strokes called transient ischaemic attacks or "TIAs."

2) Why do we need to change stroke services in Coventry and Warwickshire?

The current service doesn't meet the requirements of the NHS regional stroke services specification and the hyperacute stroke unit (HASU)/acute stroke unit (ASU) beds and rehabilitation services do not meet all the national performance standards for best practice care. There are also sometimes different services available in different areas and inequality of access to key services as well as inadequate provision in primary prevention. The Sentinel Stroke National Audit Programme results show that Coventry and Warwickshire stroke services are poor when compared to the national average performance in delivering rapid access to appropriate services. There is also considerable variation in the acute care provided across the three current sites, particularly in relation to length of stay and there are insufficient specialist stroke consultants to operate an improved and effective service within the current configuration. There is strong and growing evidence that prompt, specialist treatment and assessment significantly improve a person's chance of surviving with the least complications and disabilities following a stroke.

3) How are you proposing to change stroke services?

We are proposing to have one hyperacute stroke unit located at University Hospitals Coventry and Warwickshire where all patients in the county would go straight after they have a to be treated and stabilised. After a short period in this unit (usually around 72 hours), depending on their condition, patients would go to the acute stroke unit at UHCW. After approximately 7-10 days providing, they are medically stable, they will either be transferred back home with rehabilitation support or transferred to either George Eliot Hospital in Nuneaton or Leamington Spa Hospital for ongoing rehabilitation. We would also strengthen the services available to help to prevent people from having a stroke in the first place.

NHS

4) What's a hyperacute stroke unit (HASU)?

A hyperacute stroke unit has specialist facilities, equipment and staff that are best able to assess and treat people who've recently had a stroke. Patients will normally stay in a HASU for the first 72 hours after they've had a stroke while they are stabilised before being transferred to an acute stroke unit for further rehabilitation or back home for local community rehabilitation.

5) Will there be better outcomes for patients who have had a stroke under this new model?

Yes, there will be better outcomes for patients because having specialist facilities and specialist doctors and nurses in one place means that patients can get the right treatment first time and therefore are more likely to survive and less likely to have a disability as a result of their stroke. There's lots of national evidence available that demonstrates this including the National Stroke Strategy and the Midlands and East Regional Stroke Services Specification, which you can find at: **www.strokecovwarks.nhs.uk**

6) What do these proposed changes mean for patients?

Our proposals mean that patients who have a stroke living in Coventry and Warwickshire would have the best care from specialist stroke staff in a specialist stroke facility more quickly and that the care they receive would be the same no matter where they live in the county. This also means that they would have a higher chance of survival and are less likely to have severe disability as a result of their stroke. We would also reduce the number of patients who have a stroke in the first place by identifying people who are most at risk and reducing their level of risk. More investment in Early Supported Discharge would also mean that patients would receive the rehabilitation support they need at home and in their local community if they don't need to stay in hospital.

7) Who has been involved in developing these proposals?

We have been looking at how we could improve stroke services in Coventry and Warwickshire over the past four years and lots of different people have been involved in helping us to develop our proposals, including: clinicians including stroke consultants and specialist nurses and therapists, GPs, patients, carers, community groups, seldom heard groups and our dedicated Patient and Public Advisory Group (PPAG.) We have also tested our proposals with national experts in stroke care as part of the review led by the NHS West Midlands Clinical Senate.

8) Is this all about saving money?

No, this isn't about saving money at all. The main aim of our review is to improve the service that is available to stroke patients across Coventry and Warwickshire. To

enable us to do this, we will need to invest more money in community rehabilitation services, medicines and ambulance services.

9) What would happen to the staff and the facilities in the hospitals that wouldn't be used anymore to treat stroke patients?

The staffing structure to provide the proposed model requires recruitment of additional staff and not a reduction in staff. Facilities that are identified as not required for stroke care would be used to support the delivery of other acute hospital activity.

10)How is the proposal different from what we do now?

Not all patients who have a stroke currently are treated in the hyperacute stroke unit in Coventry with access to specialist staff and facilities. Specialist community stroke rehabilitation, inpatient rehabilitation care and early supported discharge are also not available everywhere. Our proposals would make the same, high quality care available to stroke patients across the whole county.

11) Aren't the mortality rates at UHCW for stroke worse than the other hospitals?

The last published data on standardised mortality rates is from 2016/17. This showed that UHCW had a slightly higher rate than the other two local hospitals, but that mortality was within the expected range for the level of complexity of patients received by UHCW.

Figures from 2015/16 had shown a higher rate for UHCW. When the hospital looked into its data collection for mortality figures it discovered that the complexity of strokes was not being taken into account when the information was being recorded and so this had affected the data for that year. This was remedied for the 2016/17 data.

12) Aren't people in Rugby who've had a stroke going to be in a worse position under these proposals than they are now?

Under our proposals, everyone who has a stroke in Coventry and Warwickshire in the future would receive consistent and high quality care, which would increase their chance of survival and reduce the risk of long term disability. This would mean that fewer people would need a long period of rehabilitation in hospital and that the most patients, if they need on-going care like physiotherapy, would receive it in or near to their homes. This includes patients living in Rugby.

The six beds at the Hospital of St Cross which are currently available for inpatient rehabilitation are only available for patients from Rugby aged 65 years and over, which means that anyone under the age of 65 who has a stroke would not be able to use these. These beds form part of a larger, general rehabilitation ward, and do not offer the same specialist facilities and care that are available on the stroke rehabilitation wards on other sites.

NHS

We undertook a full risk assessment involving both patients and clinicians about having a bedded rehabilitation service for stroke patients in Rugby in addition to the ones at Leamington Spa Hospital and George Eliot. This concluded that developing a third rehabilitation unit in Rugby poses the high risk of not being able to recruit the required nursing and therapy staff, which could have a significant negative impact on wider NHS provider sustainability in the health system and this could mean the need for changes in other local services.

We remain committed to St. Cross as a site and recognise the importance of it in delivering services for the residents of Rugby. The six beds on the rehabilitation ward would not be removed but would be available for general rehabilitation for the over 65s.

Acute Care

13) What would happen if I had been in the hyperacute stroke unit for 72 hours and I was stable but not well enough to go home?

If your condition warranted, you would stay on the hyperacute stroke unit located at University Hospitals Coventry and Warwickshire. However, if you needed a longer stay in hospital as part of your rehabilitation, you would be transferred to either George Eliot Hospital in Nuneaton or Leamington Spa Hospital. This would apply to about 30% of stroke patients. 90% of these patients would go on to receive further community stroke rehabilitation after leaving hospital.

14) Where will I receive hospital treatment just after I've had a stroke and I live in:

- **Nuneaton and Bedworth/North Warwickshire?**
- **Warwick/Stratford-upon-Avon/South Warwickshire?**
- **Coventry and Rugby?**

Under our proposals, if you have had a stroke and you live in any part of Warwickshire, you would be treated at the hyperacute stroke unit in Coventry. Once you had been stabilised, you would either be discharged home with rehabilitation in your local community or if you needed to continue to have rehabilitation in hospital, you would be transferred to Leamington Spa Hospital or to the George Eliot Hospital in Nuneaton.

15) Will there be enough capacity for all stroke patients at University Hospitals Coventry and Warwickshire?

We have looked at several years of hospital data to identify the number of patients who've had a stroke and those who require an extended hospital stay. The bed numbers at UHCW, GEH and SWFT have been modelled to confirm the needs of this number of patients and to allow for periods of pressure, such as during the

winter. We have also considered that patients staying less time in hospital under our proposals would mean that fewer acute beds would be needed; and patients who still need to continue their rehabilitation in hospital (after the first 72 hours) would be transferred to George Eliot Hospital in Nuneaton or Leamington Spa Hospital. We will also be doing more work to prevent people from having a stroke in the first place.

16) What would happen if f its suspected that I have had a transient ischaemic attack (TIA)?

Under our proposals, if you are suspected of having had a TIA and you live in any part of Warwickshire, you will be seen within 24 hours of referral at the hyperacute stroke unit in Coventry which will give you access to specialist assessment, investigations and to vascular surgery if you need it..

Prevention

17) How can you help to reduce the number of people who have a stroke?

We want to identify more people who have got atrial fibrillation (AF) and improve how we manage Atrial Fibrillation (AF), hypertension and diabetes. This includes using medicines to reduce blood pressure and cholesterol and anti-coagulation treatment, which would reduce the risk of people having a stroke. Each clinical commissioning group, that buys health services in Warwickshire, has plans in place to improve primary and secondary prevention of stroke, including:

- Identification of patients with Atrial Fibrillation in primary care; and
- Increased anticoagulation rates for those diagnosed with Atrial Fibrillation.

During August and September 2017, primary and secondary care professionals involved with the AF and anticoagulation pathway started regular meetings to discuss, plan and agree collaborative working practices to deliver an integrated anticoagulation pathway.

The CCGs are already commissioning primary prevention improvements where there are opportunities for the better management of AF, hypertension and diabetes. Opportunistic screening for AF is underway to increase the identification of patients to bring prevalence up to the expected 2%. Work is progressing across Coventry and Warwickshire to put contracts in place with general practice. It anticipated that contracts will be in place across the region by 31 March 2020.

The CCGs are already putting in place primary prevention improvements where there are opportunities for the better management of AF, hypertension and diabetes. Screening for AF is underway to increase the identification and treatment of patients.

Rehabilitation

18) What do rehabilitation services include?

After someone has had a stroke, they require different levels of rehabilitation. This might be in a hospital or at home and rehabilitation services available in both locations would include: physiotherapy, speech therapy, occupational therapy, dietetic and emotional support.

19) What's an early supported discharge service?

Early supported discharge is when a stroke patient leaves hospital to continue their recovery at home and are provided with on-going rehabilitation at home.

20) What would the impact of more early supported discharge and community rehabilitation be on social care services?

The proposed new stroke service is expected to improve patient outcomes, leading to a reduction in the cost of long-term packages of care. The level of dependency of patients should be reduced through enhanced rehabilitation and therefore costs are not expected to increase for our local authorities. Similar models piloted in other parts of the country have seen significant reductions in post-stroke social care packages. In Essex, a shift took place from 8.9% of strokes requiring a social care package before implementation of the new stroke pathway to 2.7% after implementation.

21) Where will I receive any treatment I need after I've had a stroke after I've left hospital?

- **Nuneaton and Bedworth/North Warwickshire?**
- **Warwick/Stratford-upon-Avon/South Warwickshire?**
- **Coventry and Rugby?**

Once you have been discharged from hospital, there will be community rehabilitation available near to where you live in all parts of Warwickshire

22) What would happen if I needed rehabilitation after having a stroke? Would I have to pay?

Early Supported Discharge and CSR are funded by the NHS and do not require payment by patients so if you are identified as requiring rehabilitation it would be provided free-of-charge by the NHS.

Travel and Transport

23) Will there be enough ambulances available?

We have worked closely with West Midlands Ambulance Service (WMAS) and the detailed work we have done means that we know we would need to invest more money in ambulance services and extra funding has been identified to ensure that

NHS

we have enough ambulances available. We asked WMAS to model patient journeys under the proposed future model and this has identified that implementation of the proposed new model would result in about 2.78 additional ambulance journeys per day. WMAS has confirmed that this increase could be planned into their annual workload.

24) If a family member or friend has a stroke, how would I be able to get to the hospital?

We have reviewed and updated an information pack for stroke patients and their families about the different travel and transport options to local hospitals, and will make sure this is kept up-to-date. We have had discussions with bus companies to investigate additional bus routes and bus passes to make it easier for people to travel by public transport.

25) If I'm travelling by car to visit someone who's had a stroke where would I park?

There are various parking options at the hospitals providing stroke services in Warwickshire. For more information about parking at University Hospitals Coventry and Warwickshire, please go to https://www.uhcw.nhs.uk/contact-us/university-hospital/

There are three main car parks on the George Eliot hospital site; at the front of the main hospital building, outside the rehabilitation unit at the rear of the main hospital building and outside the maternity unit. For more information please go to: http://www.geh.nhs.uk/patients/car-parking/

For information about where to park at Leamington Spa Hospital, please go to: https://www.swft.nhs.uk/our-hospitals/leamington-spa-hospital/car-parking

26) What happens if a patient has had a stroke and they have to travel further to hospital?

27) Will more people die if they have to travel further to a stroke unit in Coventry?

We have carefully considered travel distance and the impact that this may have on patients, relatives and carers as part of an Integrated impact assessment completed in 2018. As a result, we are aware that some patients might feel that there would be an increased risk if they have to travel further. There is, however, no evidence to say that mortality rates would increase and in fact, the opposite is true as evidence from other parts of the country tells us that there is a reduced risk of mortality and long term disability if all patients who have had a stroke go to a central hyperacute stroke unit with specialist staff and facilities. The detailed modelling we have done means that we know that we would need more investment into ambulance services and extra funding has been identified to ensure that adequate ambulance service provision is commissioned.

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Consultation

28) How can I give my views on the proposed changes?

We are running a public consultation from 2 October 2019 to 2 February 2020 and you will be able to tell us your views in several ways including by attending an event, completing an online survey at www.strokecovwarks.nhs.uk or by completing the questionnaire ion our consultation document and sending it back to us. We will also be attending meetings to talk to people whose voices aren't often heard. Please find our event dates below:

Date	Time	Venue
Mon 6 January 2020	10am-12noon	Townsend Hall, 52 Sheep Street, Shipston-on-Stour.CV36 4AE
Mon 6 January 2020	3pm-5pm	Benn partnership Trust, Railway Terrace, Rugby. CV21 3HR
Mon 6 January 2020	6pm-8pm	Benn partnership Trust, Railway Terrace, Rugby. CV21 3HR
Wed 8 January 2020	10am-12noon	The SYDNI Centre, Cottage Square, Leamington Spa. CV31 1PT
Thurs 9 January 2020	6pm-8pm	Foundation House, Masons Road, Stratford-upon-Avon. CV37 9NF
Mon 13 January 2020	10am-12 noon	Chess Centre, 460 Cedar Road, Nuneaton. CV10 9DN
Tues14 January 2020	6pm-8pm	Atherstone Memorial Hall, Long Street, Atherstone. CV9 1AX
Mon 20 January 2020	3pm-5pm	Queens Road Baptist Church, Queens Road, Coventry. CV1 3EG
Mon 20 January 2020	6pm-8pm	Queens Road Baptist Church, Queens Road, Coventry. CV1 3EG

29) Has the decision to change stroke services already been made?

This definitely is not the case. We want to hear everyone's views as part of our public consultation and all the feedback we receive will be collated into a report, which will be considered by the decision-makers, the boards of the clinical commissioning groups in Coventry and Warwickshire.

30) If the proposals are agreed, when would the changes take place?

If the proposals are agreed by the clinical commissioning group boards, we would be looking to implement the changes in two phases. Phase 1 relating to Early Supported Discharge and community stroke rehabilitation would start in May 2020 and would be fully implemented by Jan 2021. Phase 2 relating to acute or emergency care and stroke rehabilitation beds would take place in April 2021.

Updated 23 December 2019