Arden&GEM

NHS
Arden and Greater East Midlands
Commissioning Support Unit

Engagement report

Improving Stroke Services in Coventry and Warwickshire

15 June – 28 July 2017

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1. Executive Summary

1.1 Introduction

The NHS local Clinical Commissioning Groups (CCGs) are working to develop proposals to reconfigure stroke services. Initial proposals have now been produced, and during June and July we carried out an engagement exercise to hear people's views about these proposals. This report summarises the results of our engagement.

1.2 The Process

An engagement document with questionnaire, together with an Easy Read version, was produced. The engagement ran from 15 June to 28 July. The information and questionnaire was distributed electronically to more than 500 stakeholders, via NHS and local authority partners, Healthwatch and the voluntary sector. 4,440 hard copies of the document and questionnaire were distributed.

Five public meetings were held, and stroke services were discussed at a further nine community engagement events and meetings.

The engagement was publicised in local media, resulting in two items on local radio repeated throughout 27 July, and 27 articles in local newspapers.

1.3 There were written responses from Health Overview and Scrutiny Committees, Warwickshire Health and Wellbeing Board, Coventry Healthwatch, University Hospitals Coventry and Warwickshire, staff at South Warwickshire Foundation Trust, Keep Our NHS Public and a number of local individuals.

1.4 343 people completed the questionnaire, and 12 people completed the easy read version of the questionnaire.

1.5 Key Issues Raised

In summary, the key issues raised were:

In summary, the greatest areas of concern are:

- Travel, transport and parking, including costs of travel and difficulty in parking at UHCW, and the impact on both patients and family/carers/visitors, and ambulance travel times
- The loss of rehabilitation beds in Rugby
- Concerns about capacity in UHCW
- Concerns about recruitment to serve the new model

Questions have also been raised how improving stroke services fits in with the Sustainability and Transformation Partnership (STP).

1.6 Recommendations

It is recommended that the feedback is taken into consideration in the final proposal that goes out to public consultation.

2. Introduction

Over the last few years, the NHS has been making improvements in stroke care as increasing evidence has been building about how the most effective diagnosis and treatment can be achieved.

The NHS local Clinical Commissioning Groups (CCGs) are working to develop proposals to reconfigure stroke services.

The CCGs carried out initial engagement with patients, the public, carers, doctors, clinicians and stakeholders, to understand people's views and concerns. The findings in this report are from second phase of engagement, carried out during June and July 2017. The second phase of engagement was undertaken as the scope of the original scenarios on which we engaged has been expanded as a direct result of what the patients, carers and public said - and we now have proposals that also include stroke specialist rehabilitation and primary prevention of strokes, neither of these were in our original scenarios.

This report summarises the results of our engagement.

3. The Process

The engagement ran from 15 June to 28 July 2017. An engagement document **(Appendix A)** was developed including a questionnaire, with the help of the stroke patient group, made up of stroke survivors, carers, the stroke association and Healthwatch. The questionnaire was also available online. In addition, an easy read version of the document (**Appendix B**) and questionnaire was also available.

3.1 Document and questionnaire

Printed copies of the engagement document were distributed to the following throughout Coventry and Warwickshire:

Destination	Distribution	Numbers
GP practices	20 per surgery x 135	2,700
Libraries	20 x 48	960
Hospitals	30 per site x 8	240
Warwickshire North CCG	30	30
South Warwickshire CCG	30	30
Coventry and Rugby CCG	30	30
Five public events	200	200
Overview and Scrutiny Committees	100	100
Contingency	150	150
Total		**4,440**

Information and a link to the electronic questionnaire was sent to partner organisations including:

- University Hospitals Coventry and Warwickshire NHS Trust
- South Warwickshire NHS Foundation Trust
- George Eliot Hospital
- Coventry City Council
- Warwickshire County Council

The information and link were also sent to Healthwatch Coventry and Healthwatch Warwickshire, and to voluntary sector bodies.

Altogether, more than 500 stakeholder organisations were invited to distribute the information and link onward to their members and stakeholders. This included community organisations representing the equalities ‘nine protected characteristics’ and ‘seldom heard’ groups.

3.2 Face to face engagement - **(Appendix D**)

Five public meetings took place during the engagement period, in North Warwickshire (Bedworth), South Warwickshire (Heathcote, Warwick), Coventry (two events) and Rugby. There was also an opportunity to publicise the engagement at Coventry Healthwatch AGM. In addition, information about the engagement was taken to the following venues, groups and meetings, with the invitation to complete questionnaires:

- Wild Earth young people's group, Coventry
- Brunswick Community Hub (people with mental health problems and with learning disabilities), Leamington Spa
- Warwickshire North CCG patients' forum
- Warwickshire North CCG People's Commission
- TIA Outpatients Clinic, South Warwickshire Foundation Trust
- Atherstone Library – rhyme time (Mum's, pregnancy; grandparents;BME)
- Coventry Library launch of 'reading well for long term conditions (BME; LBGT; BME; Eastern European)
- Warwickshire North AGM

The printed version of the document and the Easy Read version were available at all these meetings.

3.3 Media

- Three media releases were sent out publicising the engagement:
  - 20 June: Improving Stroke Services In Coventry And Warwickshire
  - 7 July: Your Chance to Feedback on Plans to Improve Stroke Services in Coventry and Warwickshire
  - 24 July: Have your say on plans to improve stroke services in Coventry and Warwickshire
- This resulted in radio coverage on BBC Coventry and Warwickshire on 18 separate occasions during 27 July. There was an interview with Andrea Green on the Trish Adudu show and the public rang into the Vic Minett show to comment on the stroke engagement.
- This also resulted in 27 articles in local newspapers

With regard to social media:

- Twenty one tweets were sent out by Warwickshire North CCG and South Warwickshire CCG during the engagement period
- The total number of opportunities for individuals to see tweets about the consultation within the engagement period was 2680
- There were 13 retweets and six people clicked through to the stroke engagement website information from Twitter
- 25 tweets were sent out by Coventry and Rugby CCG
- There were six likes and 11 people retweeted
- Coventry and Rugby CCG had 24 Facebook posts, six likes and 2,964 'impressions' ie opportunities for individuals to see the posts
- Coventry and Rugby CCG website had 515 page hits to the stroke engagement page

The total audience reach was 717,810.

4. Responses from organisations and other correspondence - (**Appendix C**)

In this section, we summarise responses from organisations, including councils and other bodies, and from individuals, including councillors and members of the public.

4.1 Health Overview and Scrutiny Committees

There was correspondence about the stroke engagement with the following council committees:

- Warwickshire Adult Social Care and Health Overview and Scrutiny Committee
- Coventry Health and Social Care Scrutiny Board 5
- Brooke Overview and Scrutiny Committee (Rugby Borough Council
- Nuneaton and Bedworth Health Overview and Scrutiny Panel

The committees were invited to circulate information about the engagement to their members.

Arrangements are in development for a joint Overview and Scrutiny Committee for **Warwickshire County Council** and **Coventry City Council**, which will be able to consider health issues which impact on the whole of Coventry and Warwickshire. However, this was not yet in place at the time of the stroke engagement process.

Andrea Green, Senior Responsible Officer for the Improving Stroke Outcomes Project on behalf of the Coventry and Warwickshire CCGs and Chief Officer NHS Warwickshire North and NHS Coventry and Rugby Clinical Commissioning Groups and Dr Adrian Canale-Parola Chairman of Coventry and Rugby Clinical Commissioning Group attended **Rugby Borough Council's Brooke Overview and Scrutiny Committee** meeting on 13 July 2017. The minutes record the key points made at the meeting, and thanks to those who attended. It was noted that *'The six beds at St Cross Hospital are not included in the proposal. For safety reasons, a minimum of 10 beds is required. The stroke service is also facing national challenges in terms of the specialist consultant and nursing workforce'*.

Nuneaton and Bedworth Health Overview and Scrutiny Panel considered the stroke engagement document at their meeting on 6 July 2017. Following the meeting they sent a letter including the following expression of concerns:

1) Transport / Access / Parking

a) the current public service transport to UHCW is infrequent and not accessible to residents in the north of the County;
b) the current parking capacity at UHCW is poor and also the cost of this would be prohibitive for some relatives;
c) the report also states that "if you need a rehabilitation bed, this will be provided either in Leamington Hospital or George Eliot" and also "some people will need to be transferred to a specialist bedded rehabilitation unit which may not be closer to some peoples' homes", this may result in a possibility for travel to Leamington if George Eliot is full?

It is concerning that the report notes these points but gives no firm proposals on how they will be dealt with except to say “we will look at the transport needs of a relatively small number of people who are likely to be affected" (how this has been quantified is not evident) and the only solution offered is a leaflet. This is clearly an inadequate response/solution. There is a need therefore for transportation solutions to be identified.

2) Bed Capacity across the Estate

Whilst it is noted that within the proposals the future approach to stroke services will focus more on prevention where possible, and notwithstanding the logistics issues, it is concerning that there will be a 12% bed capacity loss across the hospital estate as follows:

The Panel is therefore concerned that the report gives no firm evidence on how this need for reduced bed capacity has been arrived at, particularly in the early stages of implementation when the early prevention strategy will not have been fully realised. There are assumptions made about the numbers of patients being rehabilitated within their own homes which have not be clearly thought through or demonstrated in the document.

3) Staffing/Services

The proposals to move the specialist staff and services to UCHW from George Eliot are understood but this raises issues in regard to;

a) the overall loss of staff from George Eliot;
b) the loss of these acute and specialist services will result in a de-skilling of remaining staff and make services more vulnerable as has happened previously;
c) the case studies that are used in the document are used to give a positive picture of the proposed service. However, this is not a very balanced view and could be misleading.

4.2 Warwickshire Health and Wellbeing Board

Warwickshire Health and Wellbeing Board considered the stroke engagement document at its meeting on 26 July. Andrea Green and CCG representatives presented the information to the Board.

The following points are made in the draft minutes (which are due to be agreed at the Board’s next meeting):

The Board was supportive of the proposals, with a number of comments and questions being submitted. In particular, it was questioned whether there were enough specialist staff at UHCW and concerns about travel times to UHCW from some parts of the county, given the target for treatment within 30 minutes of the stroke occurring. Getting a referral for preventative treatment due to GP waiting times was raised. It was suggested that the new measures be implemented and evidence of reductions in demand provided, before withdrawing the existing services at other Warwickshire hospitals. Lifestyle choices and identifying those most at risk of a stroke were further aspects discussed.

Andrea Green gave an update on feedback to the engagement, with 300 comments being received to date. It was requested that the feedback be provided to the Board and this was agreed. In terms of staffing, she acknowledged there was a shortage of specialist consultants, nurses and therapists. The proposals sought to make best use of existing staff, but some additional recruitment would be required. The delivery and implementation plan would be formulated once the engagement had concluded and the way forward had been agreed. The points on travel to treatment time were also acknowledged. This aspect

of the proposals had been scrutinised closely by the clinical senate. A few Warwickshire residents might need to travel to specialist centres in neighbouring areas, but the majority could reach UHCW within 30 minutes. Use of a 'pull through' system meant staff were notified and assembled in readiness for the patient's arrival at hospital. Rehabilitation at home was a key element of the proposals.
A councillor drew comparison to the previous review of maternity services and retention of the existing service following significant public opposition to proposals. Encouraging people to visit their GP surgery for an assessment of risk of a stroke and preventative treatment were also discussed.

Resolved
That the Health and Wellbeing Board notes the proposals to improve stroke services from NHS Coventry and Rugby, NHS Warwickshire North, and NHS South Warwickshire CCGs, noting that the CCGs are:

- *Completing a further phase of engagement as the scenarios for improvement have now been translated from the feedback from patients, the public and clinicians into the proposals submitted*
- *Commissioning another integrated impact assessment of the proposals*
- *About to enter the final stage of assurance with NHS England.*

4.3 Response from a councillor

Cllr Margaret Bell, Health and Wellbeing Portfolio Holder North Warwickshire Borough Council.
Cabinet Support Adult Health and Social Care, Warwickshire County Council welcomed the following:

- Forming a single coordinated stroke service across Coventry and Warwickshire
- All suspected stroke patients being diagnosed and treated in a Hyper Acute Stroke Unit
- Locating a single Hyper Acute Stroke Unit in UHCW
- The recognition that the reorganisation is unlikely to save money but may indeed cost more
- The recognition that transport to UHCW is an issue for both patients and carers living in the more rural areas of the region.

However, Cllr Bell had severe reservations about some of the proposals.
Cllr Bell was felt that there was a risk with '*the capacity of UHCW to take all suspected stroke cases in a timely manner, in deed, the report concedes UHCW could not accommodate all current stroke patients'.*
Cllr Bell therefore suggested:
'that the Acute Stroke Services currently operating in GEH and SWFT are removed ONLY when it can be demonstrated that UHCW has the capacity to treat all stroke patients in their Hyper Acute and Acute phases in a timely manner'.
Cllr Bell also expressed concerns about transport solutions, citing the difficulty of organise a return journey from North Warwickshire to UHCW in one day, and asking whether *there (is) a formal agreement with the ambulance service on the priorities to be given to suspected stroke patients and the maximum travel time to UHCW?*

4.4 Response on behalf of other organisations

University Hospitals Coventry and Warwickshire Chief Finance and Strategy officer (12 July)

A letter was received from David Moon, Chief Finance and Strategy officer at UHCW. The document expressed overall support for the proposals in the engagement document, but raised a number of issues in connection with numbers of patients treated, and clinical matters which it would like to be addressed in any follow up consultation.

Staff at South Warwickshire Foundation Trust (10 July)

Union representatives emphasised that staff had fed back that the stroke proposal document did not acknowledge fully the good work that is already happening caring for stroke patients.

Keep Our NHS Public (29 June)

A letter was received from Prof Anna Pollert on behalf of Keep Our NHS Public. In summary, the organisation has the following concerns:

- A feeling that in general the questionnaire lacked clarity, and therefore some of the questions could not be answered in a meaningful way
- A major concern that the proposals would mean a cut in the number of beds available to treat stroke patients
- Concern about transport difficulties if services are centralised at UHCW

Healthwatch Coventry

In summary, Healthwatch Coventry made the following points:

- Healthwatch supports the implementation of national best practice in the treatment of stroke emergencies and steps to prevent more strokes.
- With regard to rehabilitation, Healthwatch Coventry recognises the important role of family carers and care at home. It says that there should be a clear route for family carers/service users to raise any concerns about the package of support provided. Healthwatch also has concerns about the ability to recruit sufficient rehabilitation staff to support home based rehabilitation services
- Healthwatch is concerned about the congestion on the UHCW site, with a request to increase car part capacity and additional entrance/exit Rehabilitation
- Healthwatch does not feel that the suggestion of unit based rehabilitation services at either George Eliot or Leamington Hospital is sufficient, because of transport issues for Coventry patients. They request that thought is given to providing an accessible transport service
- Healthwatch also state that there is a need for improved referral pathways for TIA clinic and wonders if all acute stroke patients need to go through A&E or if a more direct route of access could be used.

4.5 Responses from members of the public

In addition to those people who attended meetings and completed questionnaires, emails and letters were received from the following members of the public:

- Steven and Linda Howe (3 July)
- Christine Black (28 July)
- An anonymous member of the public (27 July)
- Willy Goldschmidt (12 July)

In summary, they made the following points:

- Strong objections to the proposals because they seem to reduce the total of acute stroke beds, increase time taken to arrive a central stroke unit and place the central stroke unit in ‘what is possibly the most difficult hospital to attend and at which to park’
- Further objections to UHCW because of the time taken to travel there and difficulty parking *‘I had to attend University Hospital three times in 2012 with my late husband (for an unrelated condition) and the whole experience of getting there and parking was a nightmare that I would not wish to repeat’.*
- Concern that not enough people have had the opportunity to comment on proposals
- Further concern about the difficulty of getting to hospital in Coventry if someone cannot drive
- Concern about the loss of rehabilitation beds at St Cross Hospital in Rugby, and also about the lack of adequate transport links to George Eliot or Leamington Hospitals

4.6 Summary of responses from organisations and correspondence

In summary, the key points raised are:

- There is some support for the proposals, particularly from UHCW, but with the request that specific clinical and capacity issues are addressed
- There is concern about capacity at UHCW
- There is concern about capacity of rehabilitation services in people’s homes
- There is concern about transport to UHCW and to the two rehabilitation units if the proposals are implemented, particularly from those who live some distance from Coventry
- The proposal to close the six rehabilitation beds at Rugby St Cross Hospital is questioned
- There is a fear that the proposals will mean a cut in hospital beds
- The next phase of consultation should ensure it is publicised as widely as possible

5. Outreach and engagement meetings and events

Detailed reports of the engagement meetings and events are available at Appendix D)

5.1 Public meetings

Five public meetings took place during the engagement period, in North Warwickshire (Bedworth), South Warwickshire (Heathcote, Warwick), Coventry (two events) and Rugby.

The public meetings were attended by patients and members of the public, staff, and interested groups. All those who attended had the opportunity to fill out a questionnaire.

The spoken feedback indicated that the main issues raised by members of the public were:

- Transport – people who lived outside Coventry were anxious about difficulties getting the Coventry, the cost and the length of time taken, including ambulance time if someone offered a stroke. Solutions such as community transport (which existed but has been withdrawn)
- Support for early discharge and support at home as long as there is good support in the community, including support for family (including children) and carers
- Concern about the logistics of care at home, for example, older people going home to an empty cold house, how would physiotherapists cope if there are soft furnishings, long term care for stroke survivors,
- Concern about how rehabilitation will be funded, worry about whether people will have to pay for care that is 'social care'
- Opposition to the loss of stroke beds in Rugby, mainly because of transport and access issues
- Concern about capacity in UHCW, particularly as more new homes are built
- Questions about the nature of the TIA service

The key issues raised by staff included:

- Transport and the difficulties the model would raise, the fact that rural bus services have been cut, travel times for relatives and carers
- Concern that stroke therapists would be stretched, particularly in rural areas
- What will happen to patients with no rehabilitation potential
- Queries about how the system would work, for example would thrombectomy be available in Coventry
- Concern to know more detail about the community rehabilitation, including benchmarking and specification
- Concern about where patients will be treated under the new model if they need readmission
- Concern about administrative issues such as record sharing and cross border matters
- The importance of involving paramedics

5.2 Warwickshire North CCG AGM

At Warwickshire North CCG AGM the key points raised were:

- Difficulty with transport
- Concern about parking at UHCW as it is really difficult.
- Concern about hyper-acute beds being used when there is a bed crisis
- Concern around how long will specialist teams be able to attend those discharged home early and whether there is enough funding for specialist community teams to be sustainable and enough specialist staff to look after patients in their own homes
- What if patients have a crisis six months into their recovery, will they have a contact point?

5.3 Community groups and venues

In addition, information about the engagement was taken to the following venues, groups and meetings, with the invitation to complete questionnaires:

- Wild Earth young people's group, Coventry
- Brunswick Community Hub (for people with mental health problems and with learning disabilities), Leamington Spa
- Warwickshire North CCG patients' forum
- Warwickshire North CCG People's Commission
- TIA Outpatients Clinic, South Warwickshire Foundation Trust
- Atherstone Library
- Coventry Library

Key points raised in discussion at these meetings were:

- Travel and transport, including the lack of availability of public transport, costs and difficulty parking at UHCW. A shuttle bus was suggested as a solution
- The importance of good communication with relatives and friends
- The importance of a good discharge process with carer support
- Concerns about the process in the new model
- Questions about how the stroke proposals are linked to the Sustainability and Transformation Partnership (STP)

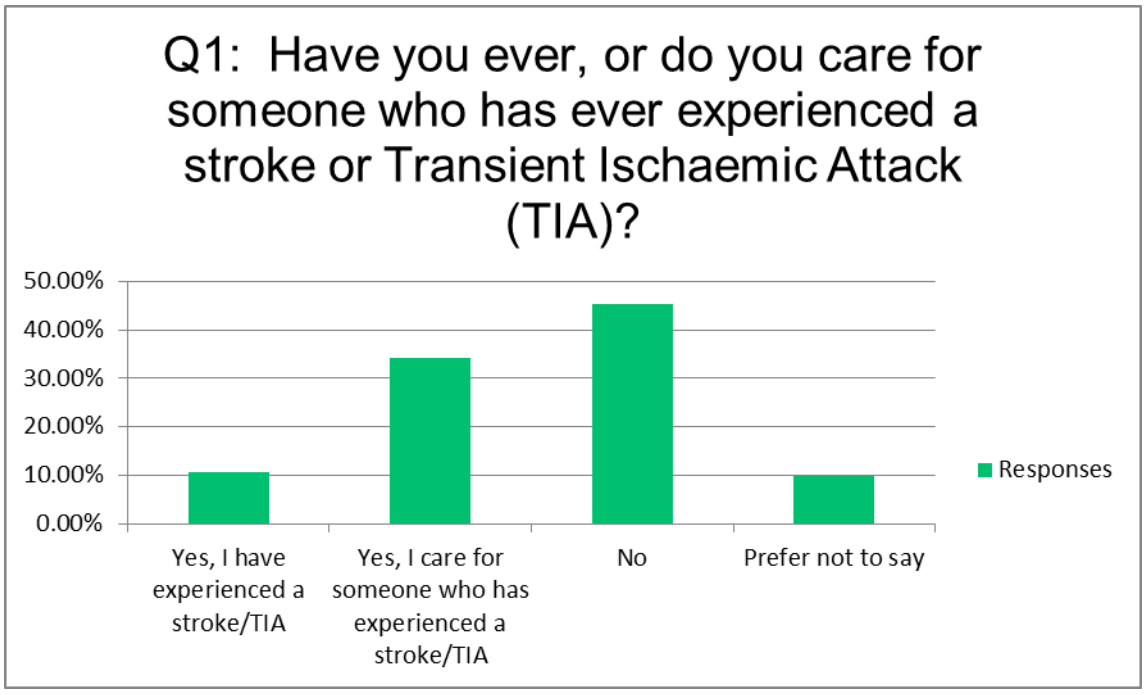
The printed version of the document and the Easy Read version were available at all these meetings, including questionnaires for individuals to complete. Questionnaire feedback is analysed in Section 6.

6. Responses to the questionnaire

Altogether, 343 people completed a questionnaire either in hard copy or online. Their responses are analysed below.

Q1: Have you ever, or do you care for someone who has ever experienced a stroke or Transient Ischaemic Attack (TIA)?

Answer Choices	Responses	
Yes, I have experienced a stroke/TIA	10.65%	36
Yes, I care for someone who has experienced a stroke/TIA	34.32%	116
No	45.27%	153
Prefer not to say	9.76%	33
	Answered	**338**
	Skipped	**5**



- Of the 338 respondents, 152 respondents had some experience of TIA or stroke, either as a patient (36 people) or as a Carer (116 people).
- The number of those who had not experienced or cared for someone who had experienced a TIA or stroke was 153.
- Respondents who answered this question were fairly evenly divided into those who had experience of the illness and those who had not (44.97% who had some experience of the condition and 45.27% who had not). This is particularly useful as it shows that any proposed changes have been considered both by those who have already used a stroke/TIA service and those who have not but may need such a service for themselves or others they care about in the future. It is important to have received views from the both groups to inform proposals for new service delivery.

Q2: What do you think about these proposals for preventing strokes?
• Identifying more people with Atrial Fibrillation and optimising treatment for those appropriate, to reduce the risk of people at greater risk of stroke.
• Centralising the service for everyone who suffers a TIA and is at high risk of a stroke

Answer Choices	Responses	
Strongly Agree	27.38%	92
Agree	24.11%	81
Neither Agree nor Disagree	12.20%	41
Disagree	11.61%	39
Strongly Disagree	22.62%	76
Prefer not to say	2.08%	7

- When considering proposals for preventing strokes 173 (51.49%) people said they agreed with the proposals to some extent (92 strongly agreed, 81 agreed)
- 115 people (34.23%) disagreed with the proposals on prevention to some extent (39 disagreed, 76 strongly disagreed)
- 58 more people agreed with the proposals to some extent than disagreed to some extent

Q2b: Why do you say this?
Answered 278
Skipped 65

This question gave people the opportunity to expand on their answer to question 2 by writing comments, and 278 responded. As we analyse these comments we find themes emerging.

Those who agreed with the proposals explained how important they felt it was to prevent and reduce the number of people experiencing a stroke; people saw centralising the acute care for TIAs and Strokes as positive due to the access to expertise and timely, effective treatment for all, so leading to better outcomes. Some examples of their comments are below, grouped according to themes (All comments are available at **Appendix E**):

Prevention and reduction in stroke:

- *Anything that reduces the risk of stroke has to be a great thing*
- *Important to prevent such a catastrophic event*
- *My husband's stroke was out of the blue he had not seen a doctor for about two years for any sort of check- up. I do think if this had been detected earlier it would have helped.*
- *Most important to obtain the quickest diagnosis of condition this allows prompt and correct treatment to begin*
- *Early prevention and treatment help prevent long-term complications - some very disabling.*
- *Trying to support those who have had a TIA early on, will hopefully prevent a full blown stroke*
- *Prevention is better than cure and if you need medical advice you should get the best available advice wherever it may be situated*

Access to expertise and treatment improves outcomes:

- *Services beneficial to reduce the risk of having a stroke (more proactive approach) and if services are centralised the specialist skills of staff groups can be utilised more effectively*
- *Clear national research evidence that centralised service with immediate 24-7 diagnostics and treatment reduces mortality and morbidity. And given that this evidence is at least 10 years old, why haven't we done this before?*
- *Hopefully means TIA patients can be seen quickly*
- *More expertise in centralised services lead to better outcomes*
- *Early thrombolysis is vital*
- *Highly experienced staff at a dedicated stroke unit can enable diagnosis to be rapid and treatment started*
- *Greater expertise in a centralised service*
- *Better service and potential outcome for more patients*
- *Swift response to achieve fast diagnosis*

Some respondents agreed with part of the proposals but not all. They often agreed with the first part of the question but not the second. The main reasons for this were around timely access, not wanting to centralise services because of capacity concerns and wanting a local service, and worries about distance and travel, including the cost of travel. (All comments are available at **Appendix E**). A sample of comments reflecting these responses is given below:

- *A centralised unit may work due to having experts available to achieve the best outcome, however, as treatment for stroke requires treatment within the first hour moving services further away from patients cannot be the solution. The ability to access services quickly is vital, the issues at UHCW with access and waiting times go against this.*
- *Identifying people with AF and optimising treatment is, of course essential. I don't agree with centralising the service for sufferers of a TIA. - NB shouldn't combine the two aspects in one question.*
- *First one: Strongly agree, Second one: Disagree. Because I do not agree with centralising the service - need to increase service at Warwick Hospital instead.*
- *I think centralising services and having a centre of 'excellence' can be beneficial however I would be concerned with that one centre coping with the demands caused by increased caseload and with the patient being able to make the journey required to reach the centre. The patient demographics in this area and the large catchment could create significant difficulties.*
- *I agree with the proposals to identify more people, this is a fantastic idea and could help to reduce strokes in the long term. However, centralising the service would put a tremendous stress and burden on people to travel potentially far so that they could receive treatment. It may put people off.*
- *I partly agree with the first and totally disagree with the second. Why should I have to go to Walsgrave when there is a good hospital at St. Cross*
- *Identifying people with AF is a good idea - moving all acute beds to Coventry is terrible news for families and carers who want to actually see their loved ones.*
- *Centralising concentrates expertise which is good! However, it means longer travel for some and not everyone drives, and, if they do drive the usual horrendous, extortionate parking issues.*

- *Paying more attention to AF is self-evidently sensible, and centralising such services concentrates expertise. However, for those without transport links to Coventry, the access disadvantages may well outweighs this advantage.*
- *I agree with identifying more people with AF is a good thing. However, I am not convinced it will work. Currently High risk patients from Warwick are meant to go to UHCW, However, many refuse and these people are currently seen at Warwick, which means under the new pathway, they might not get seen at all leading to a poorer service. Also, currently patients from Warwickshire who should be seen at the weekend/ bank holidays are often missed because the booking centre at UHCW closes on Saturday afternoon. This means that referrals from GP's who refer to the number on the form; do not get seen until the Monday. Therefore the service for TIA's being seen at UHCW needs to be massively improved.*
- *I agree fully with the first part of this statement that identifying more people with AF and optimising treatment is essential. However, I feel that centralising the service may well result in some patients not accessing the service at all and therefore increasing the risk of having a stroke. I feel that initially people don't have a full grasp of the seriousness of a TIA and as a result would be better to be seen locally to have this process started.*

The strongest concerns expressed in the written comments in answer to this question overall were about travel:

- *Ambulance transit times from South Warwickshire to Coventry will be far too long*
- *It is more than a little inconvenience to get too Coventry by public transport, these services should be in both hospitals to serve the local community.*
- *The length of time to transfer patients from scene of incident to university by road at certain parts of the day would severely be prolonged, and could possibly cost a patient urgent medical intervention, after all, us the public have always been led to believe that a stroke patient should receive hospital treatment at the very earliest opportunity.*
- *Access to Walsgrave is a nightmare. Taxis are expensive and some won't go to Walsgrave. People are reluctant to take you because parking is so difficult. It would help to have a shuttle bus service with disabled access*.
- *Unfortunately centralising services does mean some people will not travel the distances to attend clinics. Currently some patients chose to wait to go to local hospital rather than to central place therefore unlikely to reduce strokes significantly but enforcing travel.*
- *Stress for family having to travel so far away from area.*
- *UHW is too far away from Rugby for stroke victims, the traffic is too heavy to get there in time to save part of the person's symptoms*
- *By moving services to Coventry we remove ambulances from south Warwickshire as they will be transporting patient out of area in non-emergency transfers (not blue lights) and so leaving south Warwickshire without emergency cover.*
- *Nuneaton and Bedworth have the highest rates of social deprivation in Warwickshire and one of the highest in the UK many people in this town don't have cars and will struggle to visit relatives being treated outside of town.*
- *It's just an excuse to close beds in Rugby. Why can it not close the beds in Coventry and operate from Rugby. It's hard enough as it is to park in Coventry without centralising it there it's a half hour wait to park every time you go for an appointment.*

Some people commented on the importance to them of keeping their local stroke services:

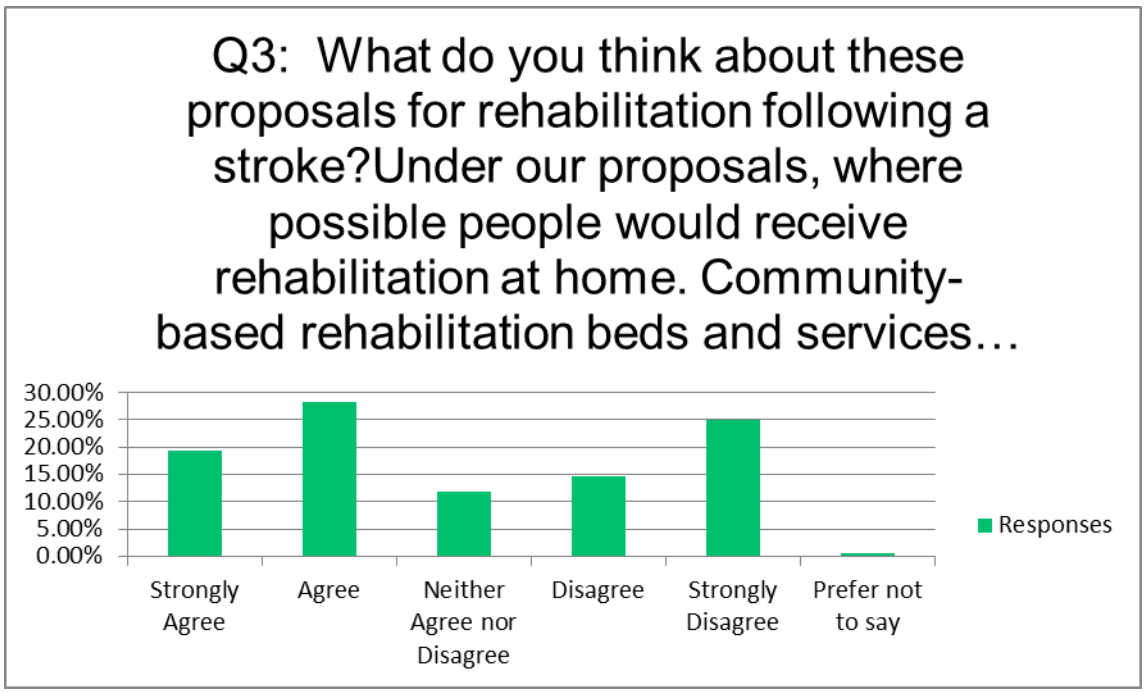
- *As a resident in Rugby, I'm fed up with being 'at the end of the line' for services to have to travel 18 miles to access treatment is just NOT good enough. Rugby is the fastest growing town around the area and as such we should be increasing services*
- *Warwick Hospital has an excellent stroke ward and needs to remain*
- *We need services local*
- *Local hospital Rugby better*

A few people expressed concerns around the impact on other services:

- *Dilution of services at UHCW for those with other neurological conditions, such as brain tumours*
- *You are reducing the total amount of beds available on Warwickshire, the numbers simply do not add up*
- *This document contains no details on how patients will AF will be identified in order to be treated to prevent them later developing a stroke. It's easy to say we will identify people with AF to treat it, but surely since the basis of this proposal is that you will identify and treat AF to reduce the number of stroke admissions to make the massive reduction in acute stroke beds work the proposal should at least contain an outline of how that will be done, with no info it appears to be a pie in the sky rather than the basis of a firm proposal. The centralisation of stroke services in itself is probably a good thing, but only if that central place has sufficient capacity and this proposal appears to provide a worryingly large reduction in the number of acute stroke beds which could result in the other Neuro beds in UHCW becoming overrun with stroke patients.*

Q3: What do you think about these proposals for rehabilitation following a stroke? Under our proposals, where possible, people would receive rehabilitation at home. Community-based rehabilitation beds and services would be available for those who still need care in hospital during rehabilitation. These would be in Leamington Hospital, and in George Eliot Hospital.

Answer Choices	Responses	
Strongly Agree	19.40%	65
Agree	28.36%	95
Neither Agree nor Disagree	11.94%	40
Disagree	14.63%	49
Strongly Disagree	25.07%	84
Prefer not to say	0.60%	2
Q3b: Why do you say this?		1
	Answered	**335**
	Skipped	**8**



- 47.6% (160 people) agreed or strongly agreed with the proposals for rehabilitation following a stroke
- 37.01% (124 people disagreed or strongly disagreed with the proposals for rehabilitation following a stroke

In answer to question 3b below 266 people give reasons for their answers:

Q3b: Why do you say this?

Answered	**266**
Skipped	**77**

When people express their agreement with the proposals for rehabilitation following a stroke it is because there is a general feeling that people recover well in their own homes:

- *Best in comfort of own surrounding*
- *People would be happier at home*
- *Home helps recovery.*
- *Stroke can cause mental health issues and being in a home environment is more supportive to the individual and the family*
- *My wife released home 9th December 2016 - Erect air bed downstairs everything supplied excellent care - and has helped her to slowly progress - now with stair lift able to sleep upstairs since March 2017.*
- *It's a shame the rugby beds are going, but larger rehab units should be able to provide a more specialised service, and ideally people getting help at home should help them recover more quickly rather than being stuck in hospital*
- *People are more comfortable in the comfort of their own home, so by doing this not only are you helping someone stay relaxed, but you are also giving them the opportunity to be able to have somewhere in a hospital if needed*.

Some people agree with the proposals for rehabilitation in principle but also share their reservations:

- *I feel that you recover quicker in your own surroundings; absolutely every effort should be made to ensure that if hospital is the right place it should be near. Not everyone drives and public transport between Warwick and Coventry hospital is unreliable.*
- *As long as there is enough support for people receiving rehabilitation at home this should work, but some people might need 24/7 care which puts a large burden on their family as there seems to be a lack of 24 hour assistance at Home (presumably because 24hour s of care at home is even more expensive than someone staying in hospital or a care home).*
- *I think it is fantastic to enable those patients that are appropriate to access rehabilitation at home or in community, whichever is most appropriate. My concern is for those patients that are unable to be discharged home due to ongoing medical issues or feeding concerns but that do not suit the criteria that will be required to access rehabilitation at Leamington and George Eliot. Where would these patients go while ongoing and quite lengthy decisions are made as to their medical conditions and/or long term feeding plans?*
- *There again, two issues addressed. Agree with community based rehab in local hospitals but what staff and funding is available for home rehab? Details not provided*
- *I agree with rehabilitation at home, but why not more facilities at St Cross. It would be difficult for me to have any visitors in Leamington or Nuneaton*
- *The question conflates two issues. I agree with community based rehabilitation in local hospitals. The first part of the question 'where possible people would receive rehabilitation at home' is vague. What is 'where possible'? What is the staff and funding for home rehabilitation? The question is meaningless without the provision of details.*

People also share reasons why they disagree with the proposed rehabilitation model. See below:

Lack of adequate support available in the community to support early discharge; the need for rehabilitation services to be local:

- *Where are the community nurses to rehabilitate or physiotherapists - under present NHS there's no money to staff anything!*
- *We all know that poorly people allowed to recover at home inevitably end up back in hospital as they are let out into the community too quickly*
- *I am concerned that community support would not be adequate. I would therefore prefer to go to a rehabilitation hospital until any adaptations needed were in place and I had confidence that community care was in place. People need to be assessed at home.*
- *Because some elderly people have no-one at home to care for them and possibly could not afford to pay for carers.*
- *Community care is not usually as intensive as hospital care should be and relies mostly on family and friends if available and able to help. No good for those living along with no local family and friends able to help.*
- *A lot of elderly stroke victims live on their own: where are the resources coming from to provide care - council budgets are already stretched.*

- *Clearly a cost saving measure with no benefit to the patients - long term lack of care putting more pressure on unpaid carers*

The need for rehabilitation services in hospital to be local - many comments cite Rugby as an example:

- *Coventry patients need a Coventry location for rehab*
- *There is no provision for Rugby residents. Public transport to Leamington is poor and UH car parks are already oversubscribed. Again the bus service to Coventry is inadequate and not very accessible for elderly people. Most people in Rugby having a stroke are in their 80's and 90's. Travel for Rugby residents will add to people's distress and cost. Car parks at UH are near to capacity by 9:00 am. The Early supported discharge service in Rugby is ill thought out and is not fully funded. How are community services expected to pick up extra work for rehabilitation with inadequate resources? There are already issues about lack of care in the community and patients regularly block beds as there are no care home places or care packages available. This will result in Rugby patients potentially being stuck in George Eliot or Leamington or being discharged into the community with inadequate care packages. The population of Rugby are quite elderly and so public transport be inaccessible or people will be reliant on others for transport resulting in lack of opportunity to visit their loved ones. Visits from family and friends are an important part of someone's rehabilitation. UH is already oversubscribed with patients. There have been numerous code blacks in the last 12 months, meaning the hospital is full. I do not believe it has enough capacity for these changes.*
- *The poorer people in Rugby may not be able to visit relatives*
- *Home care is not always an option for someone who has been severely affected if they need constant care that cannot be given at home, also for elderly Rugby residents being moved to Leamington or further could be incredibly stressful thus increasing the strain on them.*
- *People who have had a stroke need to be closer to home Rugby is growing bigger all the time (check number of houses being built)*
- *Rugby will soon be the largest town in Warwickshire, why send people to Leamington or Nuneaton, this is very difficult for the patients and their carers and visitors, surely having regular visitors helps recovery, this is not about care for the patients, disgusting.*
- *Longer to travel more costs for people to visit petrol, car parking fees etc. Also a reduction in beds overall*
- *Currently, there is a severe shortage of rehab beds at Coventry, GEH & Leamington. Community based rehabilitation is insufficient in many cases following a stroke, due to short staffing in Stroke Outreach/ Early Supported*
- *That's only useful for those local to those hospitals, not the other towns in the county. When my father was in this stage of treatment he was 12 miles from home and had no visitors except me for a month, which was very difficult for him. Discharge AND Intermediate Care. Each hospital needs inpatient Acute Stroke beds; not just one!*
- *I agree that rehabilitation services need to be provided locally, these services need to be provided on an individual basis. Patients are ready for rehabilitation at different times and don't fit one model. In my opinion there are two crisis points for a patient and their family in the stroke pathway- the first when they have the stroke and the second when they leave hospital and return to a community setting. This needs to be fully supported for all patients not just those that reach a particular criteria.*

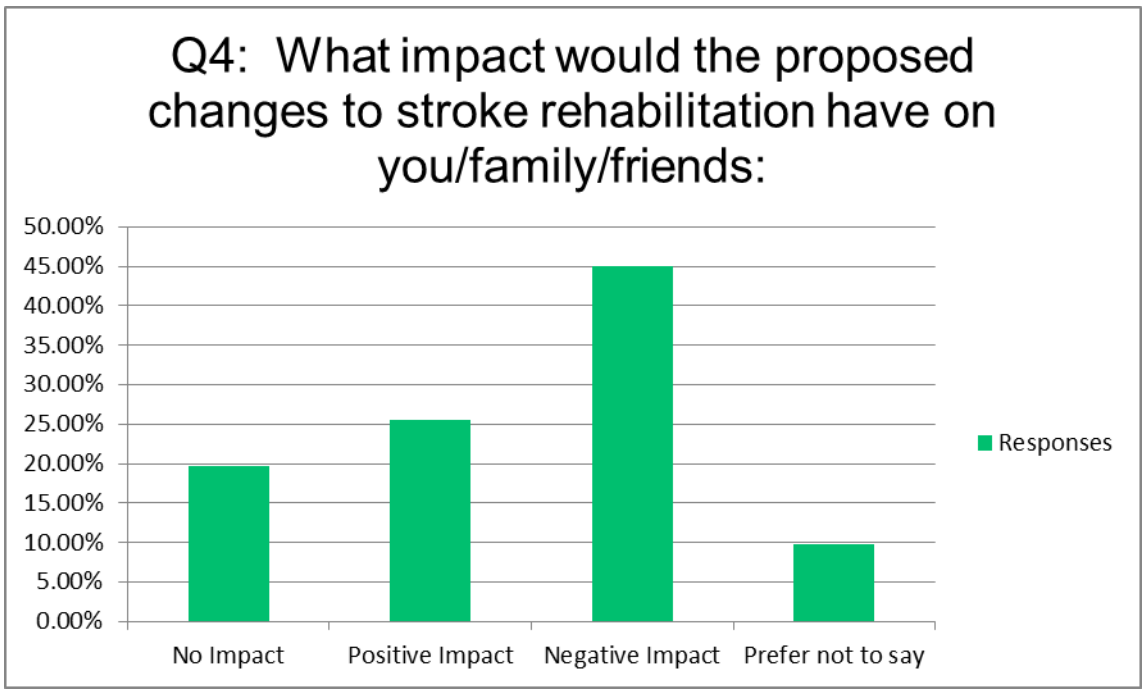
- *Is two sites sufficient for a footprint of 800 square miles and a distance of some 60 miles north to south*
- *This is a ridiculous recommendation. Throughout the whole document you mention how important local rehabilitation is yet go on to ignore the 6 beds in St Cross which are currently available to the residents of Rugby. If these were to be used it would provide benefits for the ambulance services .the patients .the family visiting and use fully the hospital facilities which are currently available and benefitting us all*
- *Not everyone in South Warwickshire has transport links to Whitnash. If rehab beds cannot be provided at the Ellen Badger Hospital in Shipston, they need to be provided at the North Cotswold Hospital in Moreton-in-Marsh (which is under-utilised, albeit not within SWCCG area).*

Some people express their concerns on the feasibility of implementing the proposed rehabilitation model:

- *It won't get the appropriate funding or staffing. Increase in failed discharges back to AE via ambulance*
- *The document suggests that the majority of pts will have rehab in their own homes and I think this is misleading. The numbers of stroke may have gone down but the severity has gone up with more people with pre-existing co-morbidities having strokes. These people are requiring 24 hour care alongside rehab. Enteral feeding needs also can't be met in the community unless it is a PEG/RIG. Although you have mentioned rehab at the GEH I am concerned that you feel that the outreach are going to have more involvement then is presently possible.*
- *Not all patients if they live on their own would benefit from rehab at home. They do not get social support from being in a rehab ward. Also concerned that you do not have enough rehab beds because you are losing 12 rehab beds at Warwick Hospital. Concerned about capacity of patients and throughput ie those patients waiting for care packages/ nursing homes stops new stroke patients coming in. Also what happens if a patient is discharged straight to a nursing home and then improves. Where would they get their rehab? They might need intensive rehab and specialist equipment that only inpatient rehab gym can provide!*

Q4: What impact would the proposed changes to stroke rehabilitation have on you/family/friends:

Answer Choices	Responses	
No Impact	19.76%	65
Positive Impact	25.53%	84
Negative Impact	44.98%	148
Prefer not to say	9.73%	32
Q4b: Why do you say this?		1
	Answered	**329**
	Skipped	**14**



- One hundred and forty nine people (45.29%) say that proposed changes to stroke rehabilitation on the respondent/family or friends will have a positive impact or no impact
- One hundred and forty eight (44.98%) people consider the impact to be negative

As we examine written comments given in answer to the question below, we understand why people feel this way:

Q4b: Why do you say this?

Answered	**235**
Skipped	**108**

In the 235 written comments people explain the impact of the proposed model on themselves/family and friends. The positive impact is generally seen as having people back home as quickly as possible, to aid recovery in familiar surroundings and be with their loved ones.

Negative impact is linked to further distances to travel; extra pressure on families and carers and the number of beds allocated in the proposed model:

Positive impact:

- *I would prefer to nurse any members of my family myself - I would pay privately for rehabilitation*
- *Surrounded by family and people close to you*
- *The aftercare at home is superb. Physio Therapy etc. I have my husband at home who helps tremendously.*
- *Would enable relatives/carers to fully engage with patients' improvement/recovery.*
- *Family can care as well if not better than care homes in some respects*
- *Close contact maintained at home*
- *If people can get back to their own environment quicker that will be better for them*
- *We would see patients progressing back to their home environment quicker, patients with more rehab needs can be offered rehab beds and those more independent would potentially be able to return home quicker*
- *If support is provided to all patients and it is suitably funded then this could have a positive impact.*

Negative impact:

- *The proposal means that patients from Rugby will no longer be able to receive care at St Cross and the distance for friends and relatives to travel is actually greater than to go to UH!*
- *Distance for treatment, distance for visiting*
- *Many patients visitors normally elderly or frail themselves would have to travel long distances daily to visit loved ones suffering a stroke.*
- *Negative depending on how far relatives have to travel*
- *Travelling for relatives who live outside the Coventry area will be ridiculous*
- *Travel, cost, time etc plus risk to patients and difficulty for carers and visitors*
- *Poor or non-existent public transport links to UHCW and Whitnash. The journey to UHCW from Shipston requires 3 bus changes and a journey time of 3.5 hours.*

Impact on families and carers:

- *Since the whole plan is to cut costs, how likely is it that families will be pressurised into taking on home care that they are not qualified for and may not be prepared for or supported*
- *Coventry/Leamington/Nuneaton will not help patient/families in Rugby.*

Concern around number of rehabilitation beds in the proposed model:

- *I receive treatment at UHCW for my brain tumour, and they are already short of beds, nurses, parking. This will make it worse!*
- *1. The total number of beds for patients are reduced, so the total number of stroke patients that can be treated at one time will be reduced. 2. There is apparently no increase in staff for stroke treatment or rehabilitation, so all stroke patients at Coventry Hospital will have a reduced standard of care. 3. Coventry hospital has a poorer than average stroke treatment rate. It has a poorer patient recovery/treatment compared with UHNS and Salford Hospital. This needs to be rectified before making Coventry Hospital the sole stroke treatment unit for the Coventry and Warwick area.*
- *It's reducing the service offered and the current beds are always full so how w*
- *Because it is often older people who have strokes and their partners need to be able to see them locally. Why should they have to travel to George Elliot or Leamington. Not everyone has relatives, can drive have people to take them to*

these places. Surely the people of Rugby deserve six stroke care beds. I was grateful when I had a stroke to be treated excellently at St Cross. I am still monitored and have regular checks- sixteen years later I can vouch for the excellent care St Cross have given me.

Q5: What do you think about these proposals to centralise the treatment when first experiencing a stroke? Under the proposals acute stroke services would be centralised at University Hospital in Walsgrave, Coventry in a Hyper-Acute Stroke Unit and an Acute Stroke Unit, allowing for maximum specialisation. The services in the stroke units in George Eliot Hospital and Warwick Hospital would move to University Hospital in Walsgrave, Coventry.

Answer Choices	Responses	
Strongly Agree	16.47%	55
Agree	15.57%	52
Neither Agree nor Disagree	9.88%	33
Disagree	20.06%	67
Strongly Disagree	37.43%	125
Prefer not to say	0.60%	2
Q5b: Why do you say this?		1
	Answered	**334**
	Skipped	**9**

- When asked to what extent people agreed or disagreed with the proposals to centralise acute services at UHCW 107 people (32.04%) agreed to some extent: 55 people (16.47%) strongly agreed and 52 (15.57%) people agreed.
- 192 people disagreed with the proposals to centralise acute service to some extent: 125 people strongly disagreed (37.43%); 67 people disagreed (20.06%)
- This means that 85 (25.44%) more people disagreed with the proposals than agreed
- People told us their reasons in the 272 written comments in answer to question 5b below

Q5b: Why do you say this?

Answered	**272**
Skipped	**71**

The reasons given for agreeing with the proposal to centralise acute services included access to expert staff and a sense that this decision made sense:

- *Expert staff could diagnose and treat more quickly*
- *Need to access expert people and equipment*
- *A Center of excellence is good in the initial stage providing the longer journey does not impact on the initial treatment to s detrimental effect.*
- *Should receive best possible treatment from Specialists.*
- *The numbers of patients is not huge so a centralised highly specialised service is sensible*

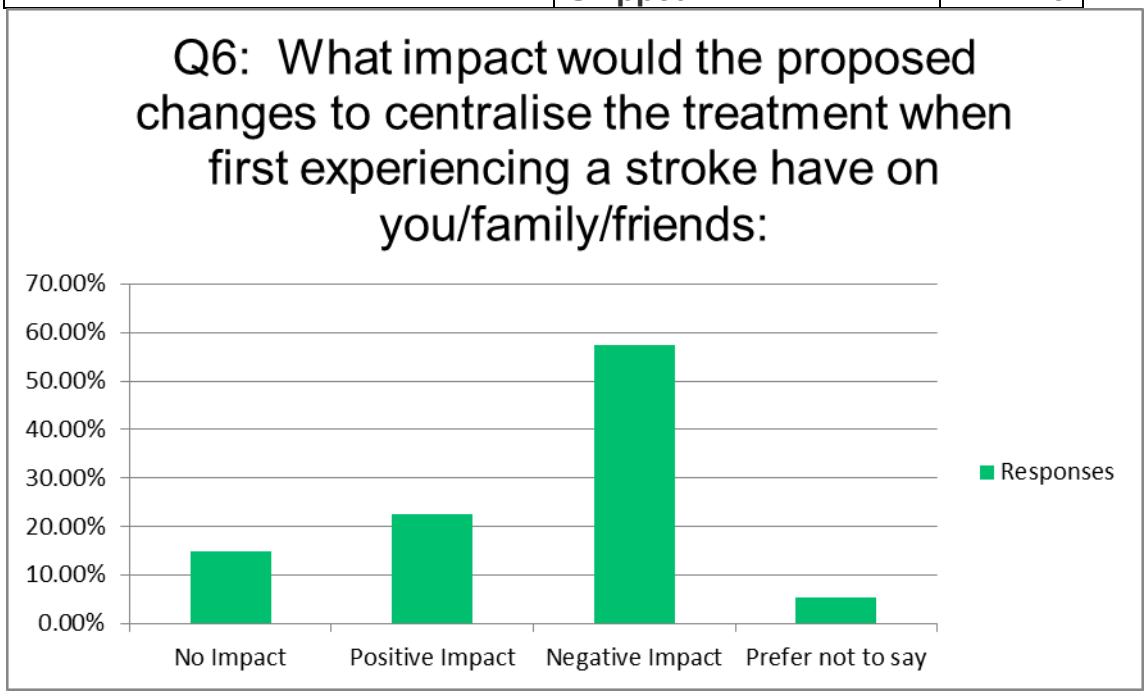
- *Centralised specialist services are the right way forward for NHS treatment of acute conditions*
- *All efforts are focussed on getting the patient to the hyper acute/acute unit asap, then this would be a good thing, rather than having to make a borderline decision as to whether the patient is hyper acute/acute, risking them being in the wrong place.*

The reasons people disagreed with the proposal to centralise acute services include difficulty in travel, distance and parking at UHCW; lack of support from visitors due to the need to travel further and more restricted visiting times; loss of local service including number of beds; satisfaction with treatment received at current more local hospitals:

- *A centralised service would mean longer time for patients in North and South Warwickshire between attack and receiving treatment.*
- *I agree with hyper acute being centralised, however for patients to benefit from the services provided they need family and friends to be able to visit. Transport issues are likely to be difficult for many relatives trying to travel from rural areas to UHCW and for Coventry patients trying to get to Leamington and GEH. Having families available can help with mood, motivation, emotional support etc.*
- *I can see initial centralised specialist treatment helping but only if same number of beds kept from totalling up all 3 hospitals... but travel and visiting consequences - both cost and time wise are detrimental. My parents are 90 and mobility is not good, this would mean fewer visits to the patient which would be detrimental to patient morale.*
- *Terrible idea to centralise services. Coventry hospital is always overcrowded, so don't know where they will care for extra stroke patients. Have had good care at Warwick. Also very difficult to get to Coventry for visiting and follow up*
- *Elderly patients and their relatives may struggle to access Coventry hospital. I'm thinking of patients/families on the periphery of our south warks area such as Mickleton etc*
- *I say this because the question is disingenuous. While I agree that hype-acute services need to be centralised, and expanded, for people who have just had a stroke, the acute services from the other two hospitals should not be cut, as is for the follow-on from hyper-acute, and cutting acute beds reduces stroke expertise in other hospitals, and forces visitors to travel further. Moreover, the acute service from the other hospitals is not being 'moved', but simply cut. According to the Engagement document, George Eliot and Warwick Hospital between them have 30 acute beds. Moving this number to University Hospital Coventry would mean it would gain 30 beds, and have 60. But the Engagement document states the number will be 31 - one more bed than at present.*
- *The acute stroke unit works very well at the George Eliot Hospital and patients and relatives need to have a local service*
- *The ambulance couldn't get me to Coventry when I had my stroke because of flooding so took me to Worcester. Therefore all hospitals must have some level of specialisation.*

Q6: What impact would the proposed changes to centralise the treatment when first experiencing a stroke have on you/family/friends:

Answer Choices	Responses	
No Impact	14.81%	48
Positive Impact	22.53%	73
Negative Impact	57.41%	186
Prefer not to say	5.25%	17
Q6b: Why do you say this?		1
	Answered	**324**
	Skipped	**19**



When asked about the impact centralising stroke services would have more people felt the impact would be negative (186 people; 57.4%). Those who felt the impact would be positive or have no impact totalled 121 people; (37.34%).

In answer to question 6b below, 227 people tell us their reasons why centralisation will have a positive or negative impact for them;

Q6b: Why do you say this?

Answered	**227**
Skipped	**116**

Positive impact

- *The right skills will be available "straight away"*
- *Knowing patients will receive very rapid diagnosis/treatment.*
- *Less long term complications of a disabling nature*
- *Knowing patient would be getting the best possible attention.*
- *Secure that the best possible treatment is being done for my stroke patient, the inconvenience of travelling to visit is secondary. I'd still have to drive to wherever you send him/her hopefully for a shorter time, because you have treated the stroke survivor better and quicker in the acute stage*
- *Experts all in one place*
- *Potential for better outcome for patient*

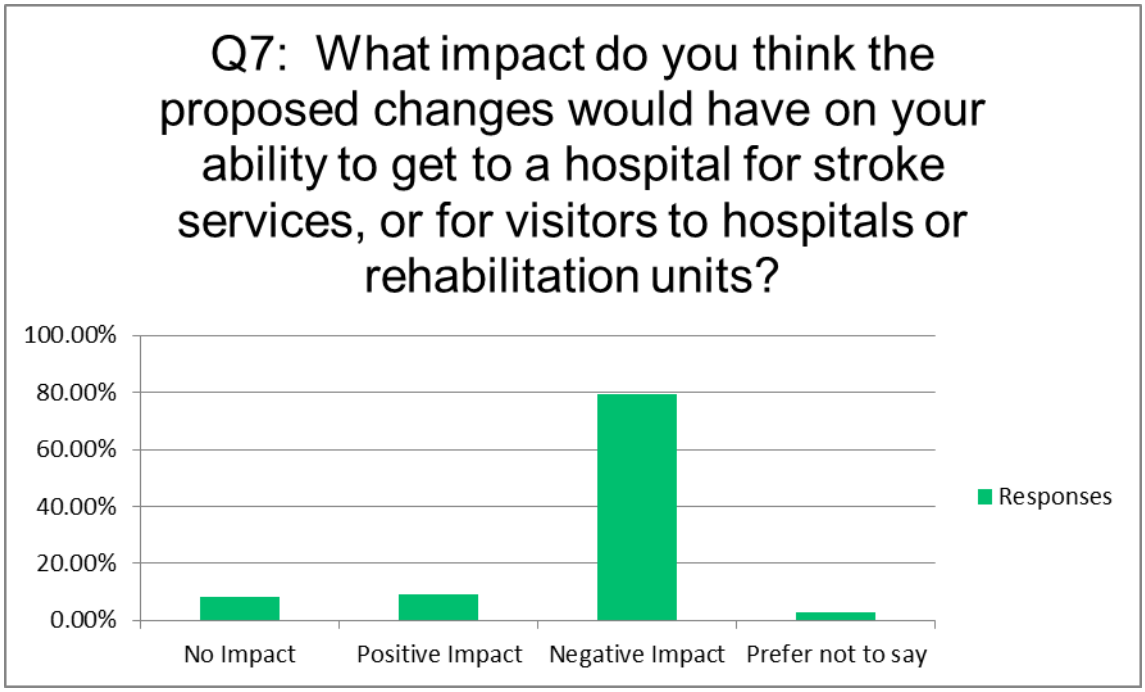
Negative impact – the majority of comments give travel, distance and parking as the reasons they see the proposed model to centralise as having a negative impact:

- *Too far away*
- *Transport to get there.*
- *Creates lot more anxiety and stress having to travel greater distances along with parking charges etc*
- *My father, in particular, is always fearful of having another stroke. Living so close to Warwick Hospital has been a great reassurance to him. He would find it distressing if stroke services were withdrawn from Warwick Hospital. Walsgrave is a long distance to be taken to when you are unwell. I do not think that it can possibly be an improvement in the treatment of stroke services to make people travel so far before treatment can begin.*

Please see the full comments at **Appendix E.**

Q7: What impact do you think the proposed changes would have on your ability to get to a hospital for stroke services, or for visitors to hospitals or rehabilitation units?

Answer Choices	Responses	
No Impact	8.33%	27
Positive Impact	9.26%	30
Negative Impact	79.63%	258
Prefer not to say	2.78%	9
Q7b: Why do you say this?		1
	Answered	**324**
	Skipped	**19**



When asked about the impact of the proposed model on people's ability to get to a hospital for stroke services or for visitors to hospitals or rehabilitation units most people said the impact would be negative (258 people;79.63%).

Fifty seven people felt there would be a positive impact or no impact

In answer to question 7b below, 264 people tell us why they think this:

Q7b: Why do you say this?

Answered	**264**
Skipped	**79**

Positive impact:

- *For the patient positive & for that the family would support for initial treatment*

- *It was good for me as I had time. Best treatment as Walsgrave HAD the resources for me. Had to travel 20 miles though by ambulance.*
- *Some may have to travel but given benefit I think it is still a good idea.*
- *Access for some visitors may be more difficult but hopefully patients will be discharged to home or a more local unit more quickly*
- *Both positive and negative - positive in terms of best care post diagnosis and acute treatment, but further to travel for some in the first day/days.*

Negative impact:

The remaining written comments all cite transport issues, distance and parking as the reasons for negative impact. Examples include:

- *this must be the worst hospital to get to and one of the most expensive for parking charges*
- *It will be a postcode lottery. For those patients who suffer a stroke further from University Hospital and eligible for thrombolysis, could be detrimental to their recovery.*
- *Difficult journey poor parking and if really worried probably dangerous to drive never mind find a parking space. Look and prepare for the future with the increase in the elderly*
- *Much further to travel. Free transport should be provided between hospitals for relatives.*
- *The distance will impact as rural area, travel time, plus traffic to Coventry and entering the hospital alone can take over an hour just to park. Many older spouses rely on friends, family and/or voluntary drivers to transport for visiting. This would have a massive impact*
- *Especially as TIA cannot drive. Stroke patients cannot drive. This is for up to a month or even up to a year for professional drivers. How are they to get there? This will discourage attendance.*

Q8: What might help with any travel difficulties?

Answered	**273**
Skipped	**70**

Suggestions on what might help with any travel difficulties include: improved public transport; improved parking; keeping services local; an improved ambulance service, and a taxi service.

Improved public transport

- *Shuttle bus organised transport*
- *Transport directly there (hosp)*
- *Free patient transport, suitable for a wheelchair user*
- *regular frequent free transport from the towns outside Coventry that would be affected by this move*
- *Better public transport infrastructure. Warwickshire has many rural areas, especially at its southern tip.*
- *More investment in ambulance services for patients. Cuts and centralisation will put patients and visitors in difficulty re: transport*
- *1) Transport provided for patients if needed (directly). 2) Transport provided for less abled/frail family and friends ("Ring and Ride" available daytime to hospitals). 3) Voluntary driver scheme that would take wheelchair or mobility aids.*
- *Regular DIRECT subsidised public transport to all Rehab and Outpatient hospital beds. Connecting directly to all stroke services. Give the patient a temporary bus pass for the duration of his/her treatment.*
- *Availability of overnight accommodation nearby, reasonably priced. Availability of volunteer drivers. Access to a person who would be prepared to talk through the options of help. Most people are already stressed and not thinking properly*.

Improved parking:

- *More parking and significant reduction in cost of*
- *A direct bus from Warwick and better car parking with concession for longer stay patients families*
- *If UHCW had several hundred more parking spaces added as well that would help.*
- *The old issue - extend the car parking to the "rough" space behind the hospital. I believe this was the hope when the hospital was built, but …*
- *??Multi-storey parking options at UHCW or longer visiting hours to spread out when parking busier*
- *Park and ride from local hospital.*
- *Free bus transport from local hospital; access to effectively funded and established neuro rehab teams in the community to provide effective pull into the community once medically stable; inreaching of the community neuro rehab teams into UHCW wards 41 and 42; to provide effective communication with therapists and medical team; promoting pull and challenging for safe and timely discharge. the rehab teams will need to be funded to ensure that this can be achieved as the impact will be positive for both the wards and the community*

Keeping services local:

- *Having a unit locally at St Cross. There is no sensible solution Too many people are accessing Walsgrave*

- *Keeping services local in Warwick and Nuneaton.*
- *Patients taken to local hospital unless they are fast positive and within treatment window*

Improved ambulance service:

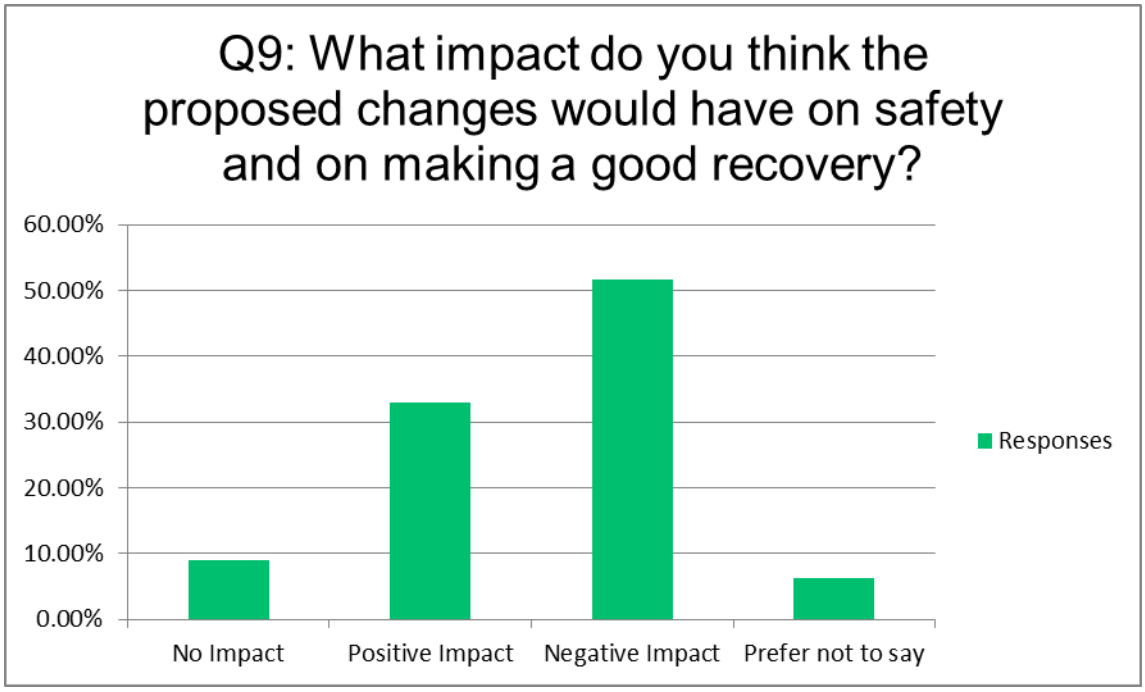
- *More investment in ambulance services for patients cuts and centralisation will put patients and visitors in difficulty re: transport.*
- *door to door ambulance service*
- *more consideration for ambulance use to get there to reduce travel time*
- *Better road access from m6 for ambulance*
- *In general, more investment in the ambulance service would help*
- *More ambulances with fast response teams.*

Taxi Service

- *Access by free taxi service from rural areas.*
- *Don't know. I guess having someone deliver and collect the patient and carer would make a huge saving or being reimbursed for taxis*
- *Provision of taxi might be helpful as bus service to Coventry is very poor*

Q9: What impact do you think the proposed changes would have on safety and on making a good recovery?

Answer Choices	Responses	
No Impact	9.03%	29
Positive Impact	33.02%	106
Negative Impact	51.71%	166
Prefer not to say	6.23%	20
Q7b: Why do you say this?		0
	Answered	**321**
	Skipped	**22**



When asked what impact respondents felt the proposed changes would have on safety and on making a good recovery,135 (42.05% people said the impact would be positive or have no impact; 166 people (51.71%) said that proposals would have a negative impact.

Therefore 31 more people who answered this question in terms of positive or negative impact felt the impact would be negative.

In answer to question 9b below, people write their comments to explain why they feel this way:

Q9b: Why do you say this?	
Answered	**232**
Skipped	**111**

As we examine the 232 written comments we see that people believe the impact of the proposals on safety and on making a good recovery to be positive because more specialist care would be available:

- *More specialist expertise available*
- *More Expertise in centralised services lead to better outcomes*
- *I support the concept of centralising specialist services and expertise and the potential for better outcomes, supported by LOCAL stroke rehabilitation services.*
- *Treating someone who has suffered a stroke requires specialist equipment and knowledge - especially if clot busting drugs are required*
- *Treatment needs to start immediately. Immediate diagnosis is paramount.*
- *Treatment given asap without the gate keepers on A and E reception*
- *The patient is likely to get the best possible treatment for the immediate stroke, and for any secondary issues that rise*
- *Earliest diagnosis/treatment/rehabilitation. Early supported discharge.*
- *Early diagnosis and treatment better outcome/quality of life for patient and family/friends generally.*
- *Likely to improve recovery if, in UHCW there will be more specialist, up-to-date treatment available. Rehab at home may help speed recovery and prevent complications of infection*.

The reasons for considering the impact on safety and making a good recovery as negative are concerns over further distance to travel meaning a delay in initial diagnosis and treatment and negative impact on recovery due to lack of visitors, and also concerns about there being enough beds available:

- *It will take longer to get immediate treatment and recovery like be affected because friends and relatives would find it hard to visit*
- *Treatment for stroke can happen the same whichever hospital you are in if the service is provided there.*
- *delay in initial treatment will result in worse outcomes*
- *Initial Specialist treatment should be as safe as possible, but recovery 18 miles from Rugby with no visitors, would not help my recovery.*
- *Speed to help is very important. 2 miles takes much less than 18.*
- *Stroke victims need urgent treatment to limit the damage the 1 hour or more trip to Walsgrave at rush hour can only be detrimental to this.*
- *Very upsetting for the relatives, which upsets patients if they are unable to visit relatives.*
- *Depression is an expected side effect of stroke, and making it harder to visit would have a negative impact on patient's state of mind at a vulnerable time*
- *Possibly a negative impact if relatives and friends unable to visit. A stroke is very frightening and reassurance by familiar people is an excellent recovery tool.*

Availability of beds:

- *If there were definitely enough beds at a specialist centre it should be positive, but give the savage cuts in bed numbers I fear there will be delays that will cost patients brain.*
- *Only 12 beds. you must be anticipating either lower instances of diagnosis and/or rapid turnover of beds*

- *Increased pressure for beds to be created could mean that decisions that might make a massive impact on a patients long term condition and quality of life could be forced to be made too quickly. Increased stress for all involved.*
- *I know that I would be very anxious about my husband getting to Coventry and my family live 16 miles the other side of Stratford-upon-Avon. Cutting beds will mean patients being sent home too early or being sent even further away for treatment*
- *Coventry Hospital will see a much higher rise in patients sent there for stroke treatment, yet the provisions of beds and staff have not been significantly increased in line with the expected numbers of patients. Diagnosis will be delayed, which will delay treatment time and impinge heavily on patient recovery*
- *Worried about no beds available at Coventry, so unable to be cared for on stroke unit.*
- *It will take longer to get immediate treatment and recovery likely be affected because friends and relatives would find it hard to visit*
- *Initial Specialist treatment should be as safe as possible, but recovery 18 miles from Rugby with no visitors, would not help my recovery.*

Q10: Please tell us what we could do to reduce any negative impact from the changes we propose?

253 people answered
90 skipped

Suggestions include:

- *A working party made up of a selection of people patients, visitors, bus company, hospital logistics local council, to include a high percentage of over 60's to discuss as a community the way forward. Better advertising in local press to ensure that everyone interested can have their say*
- *Increase the number of beds by building an extra stroke ward at the hyper-acute centre you're proposing, also add more parking for visitors.*
- *Appropriate staffing, flexibility in service and length of rehab as depends on patient need progress. Strong communication between services, transport for relatives. Appropriate outpatient/ longer term rehab for patients. A stroke patient cannot be treated like a patient with a hip replacement as they can have a variety of cognitive, physical and psychological issues. Also some patients due to life changing condition are not always ready to go into rehab straight away and sometimes take longer to rehab.*
- *There is a congestion problem at Walsgrave at certain times which will be made worse by focussing all acute services there. Look at specialist services being developed elsewhere. The principle idea of one acute service is great as you get equality of service provision and economies of scale but not all on the same place as it's causing an infrastructure problem.*
- *Ensure that all stroke patients are diagnosed and treated within three hours of being first identified by the paramedics. Increase the number of beds available for stroke patients at Covnetry Hospital by at least the 30 that have been cut elsewhere. This should mean creating new beds, rather than reasigning existing ones*

Other suggestions included the need to address transport; distance and parking:

- *More parking much lower cost.*

- *It is the old problem of car parking at Walsgrave. It would be nice to have "park and ride" areas around the hospital, say within a radius of 3-4 miles*
- *The main thing is to CHANGE CAR PARKING which causes many people anxiety trying to find a place to park. You can circle for 30 minutes making a patient worried and nervous. Then ie: you are ill, the walk from car parks to the actual hospital along corridors which are very long, put seats!! People are ill and weak.*

Many people suggest keeping services local:

- *Maybe local centres in gyms/community centres to rent space to have rehabilitation for small groups near people's homes where more equipment could be used?*
- *Build better facilities in all local hospitals*
- *Retain local provision*
- *Allow some stroke services/skills to remain in the local hospitals. Be honest about how the figures do not add up and how UHCW will actually manage the doubling of numbers and provide good care.*
- *Reconsider the stroke rehab. proposals for Rugby and retain locally in line with the concept stressed in your own paper.*
- *Continue with acute stroke services locally for those not eligible for thrombolysis. Local hospitals have the facilities for initial scanning and identification on type of stroke without subjecting patients to unnecessary long journeys. Then sent back to the local hospital regardless or home without meeting best potential.*

Q11: When thinking about the proposed new model for stroke services, what else do you think we need to consider or plan for?

Answered	**234**
Skipped	**109**

As we consider comments suggesting what else respondents think we need to consider or plan for, examples of people's answers according to themes are:

To consider carers:

- *Ensure adequate services to ensure everyone can be treated. Provide funding for carers when leaving hospital to avoid prolonger hospital stays.*
- *Supporting carers of stroke victims rehabilitation*
- *Good outreach rehab and counselling for patient & carer*
- *Co-ordinated planned discharge with Social services and the family before leaving hospital. Not rocket science to have everything in place on going home.7 Day services and staff working 24/7to get a discharge done well. No Bank holidays and days off having to wait for someone to return from annual leave. If the Dr says you are ready to leave I cannot do anymore for you here in the ward. Get your act together, Training for carers (hoists etc) and drugs should be ready for the way home within 6-8Hours.*
- *The impact the proposal will have on the already stretched UCHW, the increased stress on family/carers re distance*
- *the ongoing check ups and the carer who has the long term work giving them support too*

To plan for adequate care once the patient is back in the community:

- *More community nurses for nursing at home to recover and better GP services. At present it's a 3 week wait to see your named GP*

- *Interface of community care as Coventry have different teams than Warwick*
- *Rehab and community services need considerable funding to allow for a comprehensive service. How long will patients get rehab for- this needs to be led by patient need and not a tickbox. Not all patients need intensive input but they all require support at this stage*

Planning for ambulance services

- *If only two centres then each district needs dedicated paramedic team to get to patient quickly to decide if air ambulance is required and to provide immediate care.*
- *The increased burden on paramedics to make an accurate diagnosis of stroke at the roadside. - this will certainly lead to more stroke mimics being taken to the Coventry stroke unit. 2. Availability of CT and MRI scanners for diagnosing all stroke patients quickly. 3. Implimenting a roadside test that paramedics can use to accurately determine stroke status at the roadside. 4. Making accurate long-term*
- *The increased burden on paramedics to make an accurate diagnosis of stroke at the roadside. - this will certainly lead to more stroke mimics being taken to the Coventry stroke unit. 2. Availability of CT and MRI scanners for diagnosing all stroke patients quickly. 3. Implimenting a roadside test that paramedics can use to accurately determine stroke status at the roadside. 4. Making accurate long-term*
- *There needs to be some system for fast tracking patients through A+E to teh stroke team*
- *This will pull more ambulances that should be in other parts of Warwickshire over to Coventry so it's possible more ambulances will be needed to cover the county.*

Q11b: What else do you think we need to do to make people feel they have been adequately involved and engaged in our planning?

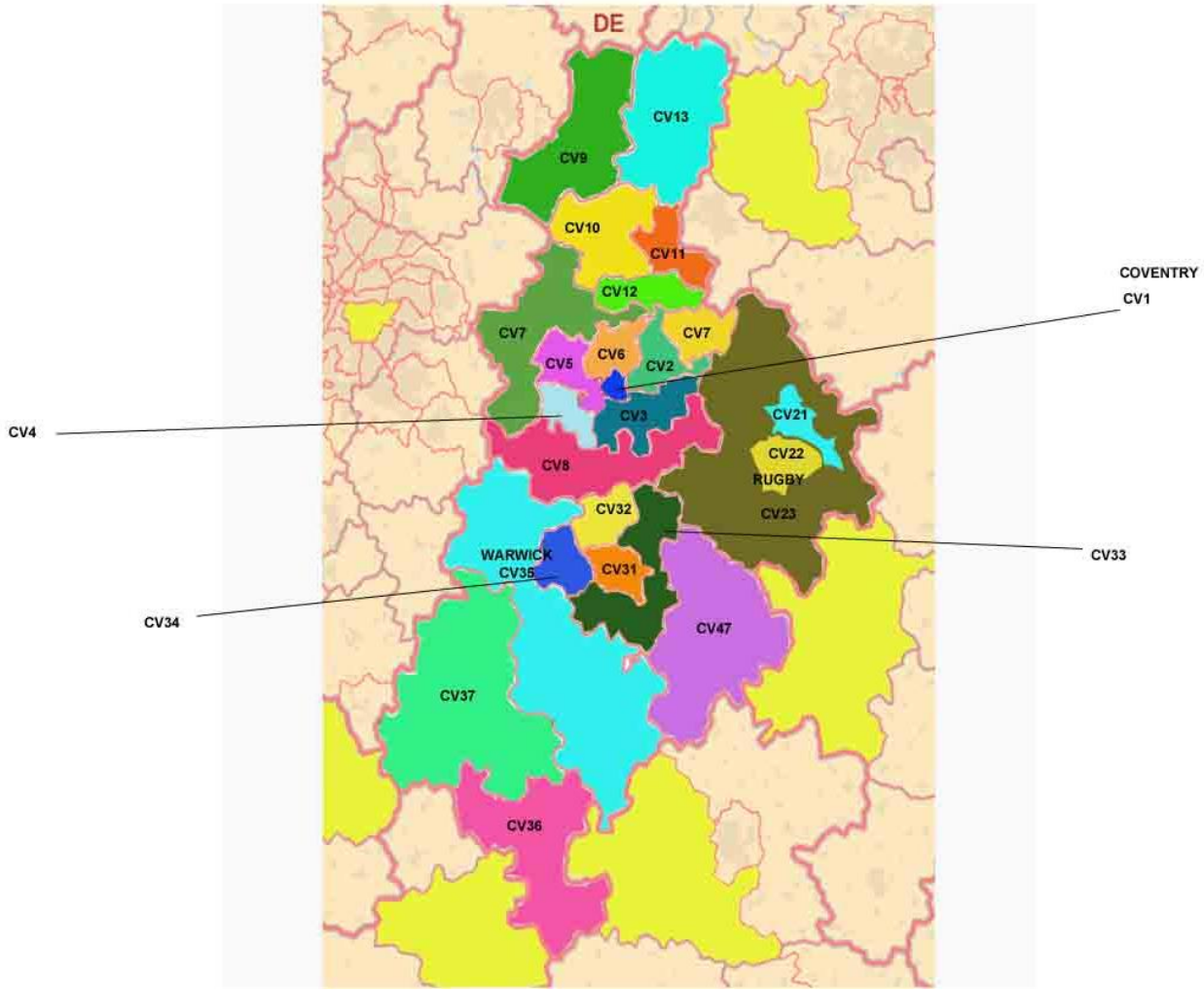
Answered	**49**
Skipped	**294**

Please see below a sample of the suggestions people made:

- *Interview patients and families on how they would feel about the changes*
- *Make sure the patient and family fully understand all the implications following a stroke*
- *Really talk and get communities involved*
- *To change some of your ideas - not consult and ignore*
- *Feedback to the people who complete your questionnaires about about how the inputs are being addressed*
- *Organise a full, open, public consultation.*

Demographic data

The demographic data relating to those who completed the questionnaire is available at Appendix F. Further detail about the towns and number of people that responded from each postcode is at Appendix H. The map below shows the distribution of people who answered the questionnaire according to postcode, and illustrates that the engagement attracted a wide geographical response from across Coventry and Warwickshire.

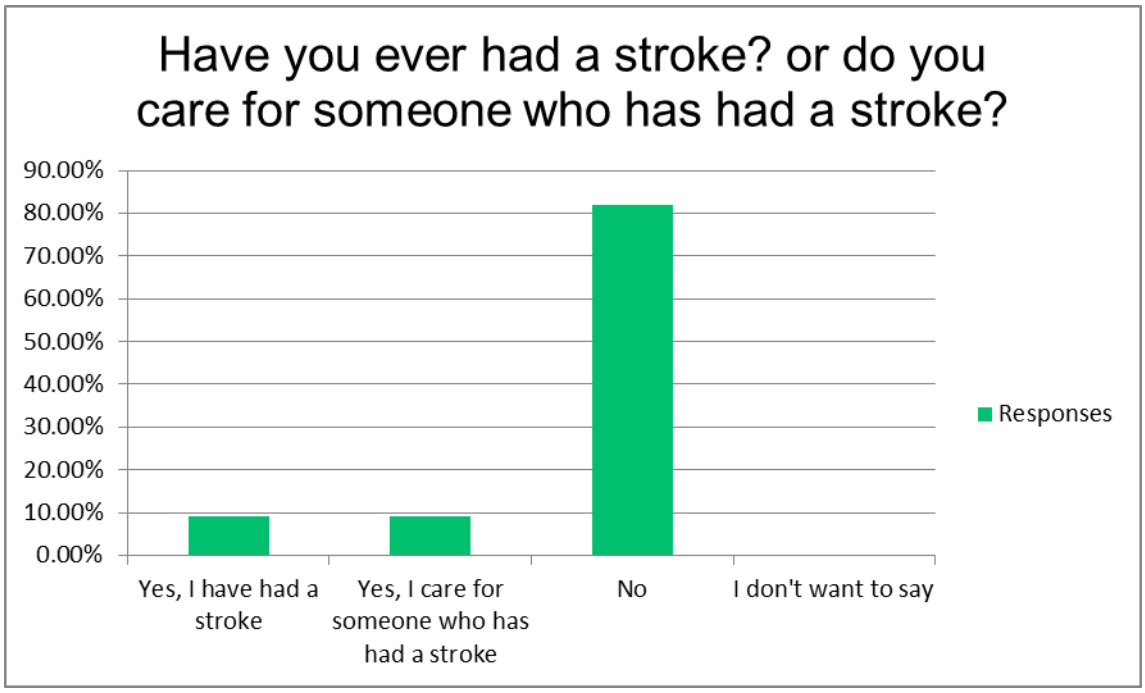


7. Responses to the easy read questionnaire

NHS Better stroke services in Coventry and Warwickshire

1. Have you ever had a stroke? or do you care for someone who has had a stroke?

Answer Choices	Responses	
Yes, I have had a stroke	9.09%	1
Yes, I care for someone who has had a stroke	9.09%	1
No	81.82%	9
I don't want to say	0.00%	0
	Answered	**11**
	Skipped	**1**



Most people answering the easy read version of the questionnaire had not had a stroke or cared for someone who has had a stroke

2. What do you think about our plans to treat people who are likely to have a stroke - Putting all the specialist stroke team in one place

Not at all important	
0.00%	0
Not very important	
0.00%	0
Quite important	
8.33%	1
Very important	
91.67%	11
Don't know	
0.00%	0
Total	Weighted Average
12	3.92
Answered	**12**
Skipped	**0**

All those answering the easy read version of the questionnaire felt it was important to treat people who were likely to have a stroke by putting all the experts in one place.

2b Why do you say this?

Answered	**10**
Skipped	**2**

To summarise, respondents supported the plans for a centralised specialist stroke team. Reasons given were the benefits of all the experts in one place, improved communication, a joined up service, early diagnosis and urgent treatment. One respondent who lives in Alcester expressed a concern about the distance to travel.

- Communication essential
- Think services should be centralised for access
- A joined up service is necessary
- Catch people likely/or have had/a stroke early. Specialist teams are better than scattered individuals
- All the experts in one place
- Urgent care is vital
- Important to get best treatment straight away. Concerns about distance (live in Alcester)
- Because it is important
- Because they need specialist care
- They need special care

3. What difference will our plans make to you, your family or friends?

Answer Choices	Responses	
No impact	16.67%	2
Positive impact	58.33%	7
Negative impact	25.00%	3
Prefer not to say	0.00%	0
	Answered	**12**
	Skipped	**0**

83% of respondents to the easy read questionnaire felt that the proposals would have a positive impact for them, their families and friends.

3b Why do you say this?

Answered	**9**
Skipped	**3**

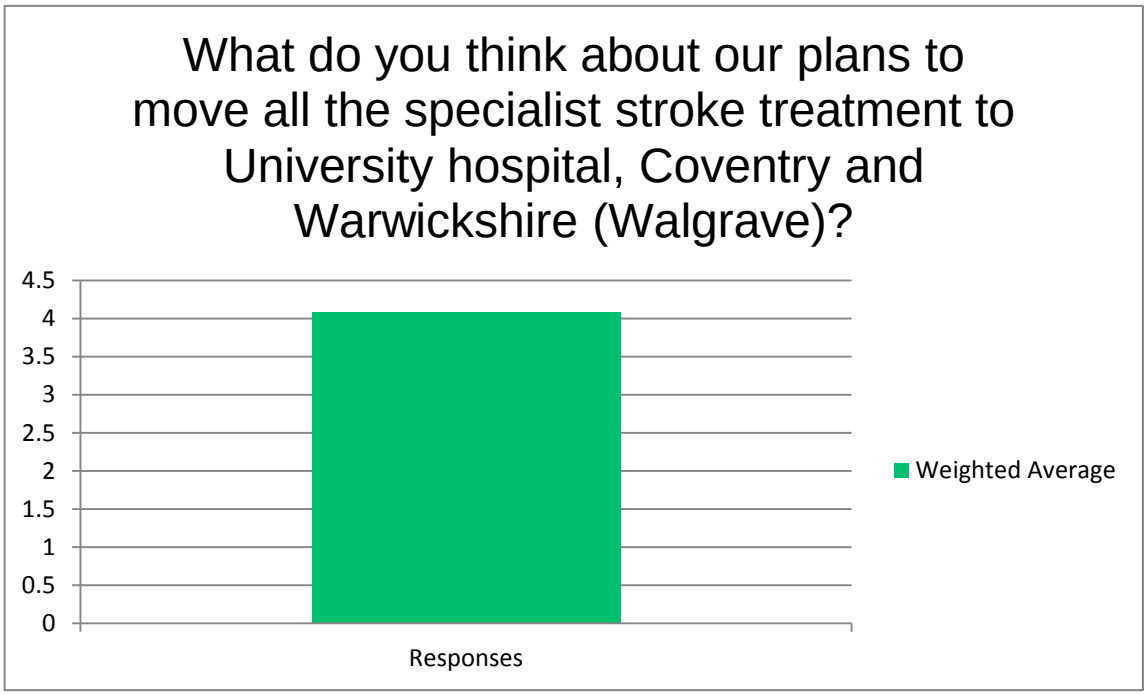
For most respondents, the impact would be positive, but 2 people responded that distance and transport issues would have a negative impact for them

- Transport issues inc cos
- As the services will be in Coventry mainly where we live and rehab quite close by
- It is better for the community as a whole
- At present no impact re strokes
- My children live away and would have to travel anyway
- Generally well
- Negative due to distance (positive if better for mum)
- Quicker care and returning home sooner
- Because they will know we are being taken care

4. What do you think about our plans to move all the specialist stroke treatment to University hospital, Coventry and Warwickshire (Walsgrave)?

Not at all important	
0.00%	0
Not very important	
0.00%	0
Quite important	
8.33%	1
Very important	
75.00%	9
Don't know	
16.67%	2

Total	Weighted Average
12	4.08
Answered	**12**
Skipped	**0**



83.33% of respondents felt that it was important to move all the specialist stroke treatment to University Hospital Coventry and Warwickshire

4b Why do you say this?

Answered	**7**
Skipped	**5**

10 respondents thought the plans were important for the purpose of centralising services and getting prompt diagnosis and treatment but some concern about transport and distance to travel were expressed.

- To get early, expert treatment and prevent after disabilities made worse
- To centralise it
- Transport especially for those with no immediate relations. Cost of private transport
- Don't know how to answer this question because I don't know why important to actually be a UHCW as against another hospital
- Urgent care is vital
- Important due to the impact on family distance and isolation
- Will have an impact on people affected could cause travel problems for visitors. But positive if return home sooner

5. What difference will our plans make to you, your family or friends?

Answer Choices	Responses	
No impact	16.67%	2
Positive impact	66.67%	8
Negative impact	16.67%	2
Prefer not to say	0.00%	0
	Answered	**12**
	Skipped	**0**

- 83.34% of respondents said that the proposals would have a positive or no impact on them, their family or friends
- 16.67% said they would expect to experience a negative impact

5b Why do you say this?

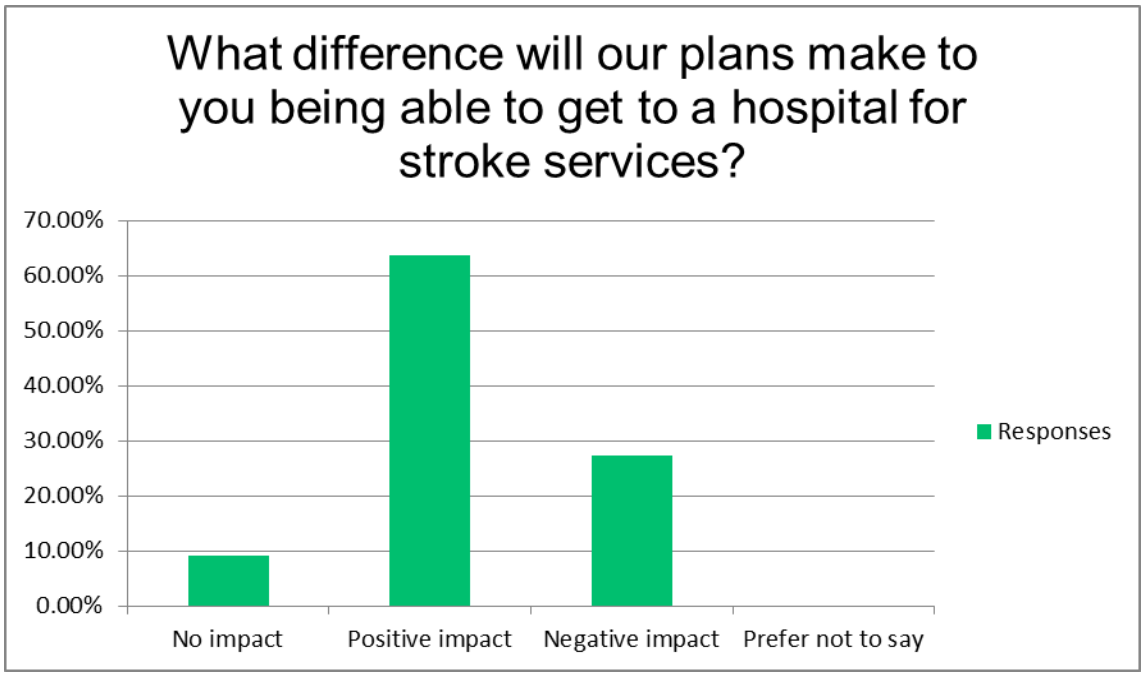
Answered	**7**
Skipped	**5**

Most respondents thought the plans would have a positive impact but again transport and travel was an issue for some people.

- Transport
- Because we live in Coventry
- If you can make the system more smoothly for all.
- No impact currently but might have in future
- Generally well
- Its positive if results in better treatment. Negative due to distance visiting/isolation/parking
- Further to travel

6. What difference will our plans make to you being able to get to a hospital for stroke services?

Answer Choices	Responses	
No impact	9.09%	1
Positive impact	63.64%	7
Negative impact	27.27%	3
Prefer not to say	0.00%	0
	Answered	**11**
	Skipped	**1**



6b Why do you say this?	
Answered	**8**
Skipped	**4**

For most people the plans would have a positive impact but distance and transport issues were a concern for some people.

- Transport issues - limited ability and only one space on bus for wheelchair and need to get 2 buses
- Due to cost of taxi's
- Joined up services are necessary
- Walsgrave is local to me personally
- Travel consideration to UHCW
- Much longer journey. Previous experience nightmare, journey and nightmare to park strict visiting
- Too far to go
- Not affected currently. No family in area anyway

7. What might help with any travel difficulties?

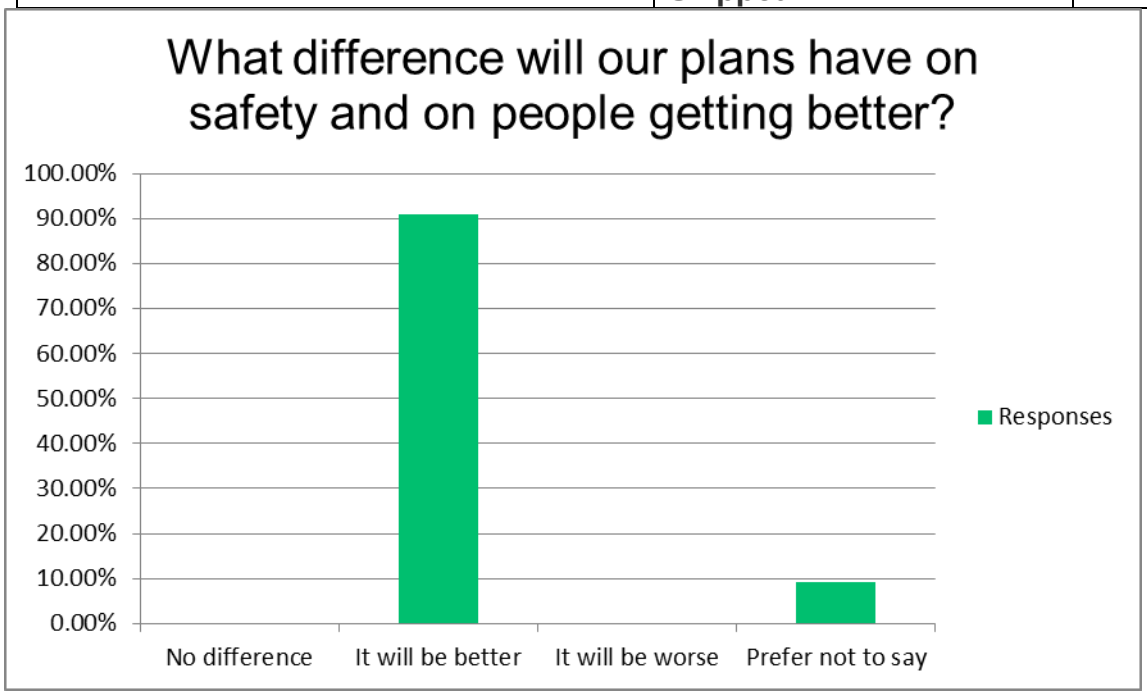
Answered	**9**
Skipped	**3**

Suggestions included bookable, disabled friendly community transport service, subsidised travel, flexible appointments, flexible visiting, easier parking, park and ride and patient transport services.

- 1. ring and ride able to provide service to hospital (UHCW) during the day 2. Community voluntary drivers who will transport a wheelchair"
- A reduced priced transport service or access to patient transport
- Choice of appointment times at suitable times for those who have no personal transport. Is public transport available?
- People coming from other areas will have problems getting to and from services not only cost but time of travel. This impacts on patients and carers, family support
- I drive and have a bus pass
- "More regular inter connecting
- Public transport services"
- "Easier parking
- Park & ride? for patients and visitors
- Flexible visiting "
- Bus facilities
- special ambulances

8. What difference will our plans have on safety and on people getting better?

Answer Choices	Responses	
No difference	0.00%	0
It will be better	90.91%	10
It will be worse	0.00%	0
Prefer not to say	9.09%	1
	Answered	**11**
	Skipped	**1**



8b Why do you say this?

Answered	**7**
Skipped	**5**

Most respondents believe that the plans would make a positive difference to safety and people getting better, but transport was again raised as an issue of concern.

- Better transport service
- Because it covers all aspects of care and rehabilitation in one place
- It will be good if services groups join together
- Better to have specialist together -however, may be worse for those who live further away.
- Centralised urgent care
- Studies show results are better for patients as long as discharge follow up is very good
- Hopefully should be better

9. What could we do to stop our plans making things worse?

Answered	**9**
Skipped	**3**

Suggestions included provision of patient transport, working together, investment in current services in Warwick.

- "1. Transport provided
  2. Communication/information to public"
- Consult with public who will use service
- working together
- Ensure easily accessible reliable, cheap, transport to each venue and between each venue e.g. Rugby, Leamington etc. Not only for patients but carers/family.
- Transport
- So far seem to be going in the right directions
- Not having the specialist care doctors/nurses in place
- Invest in current services(Stoke) at Warwick to ensure more patients can be treated
- there.
- Access travel facilities

10. What else do we need to think about with these plans?

Answered	**9**
Skipped	**3**

Suggestions included sufficient numbers of beds, support and provision of information for carers and families, accessible rehab facilities and effective discharge procedures and follow up care.

- Sufficient acute beds and rehab beds
- Carer needs to travel with patient. Plus needs of people who are disabled with no family or carer
- Coordination knowledge by staff of the possibilities of staff in homes (etc) being able to do the things suggested
- Rehab centres - locality e.g. not at top of hill and with easy access to local transport, bus stops
- Making sure my family were contacted on how I am and where I am. Keeping my family informed
- That the service is not reduced because of finance
- The patient's feelings and getting visitors. Also that the discharge is correctly organised and followed up with patient caseworkers"
- Heavy traffic between here and Coventry will increase ambulance times
- Work commitments

11. What else should we do to involve people in making our plans?

- Early notification to public and in various forecast
- Surveys, meetings public notifications
- Education

- Actually listen and make changes necessary to benefit of patients
- Having community events is good
- Keep engaging the population in the service provisions
- Ask for opinions from previous patients

The demographic data relating to the easy read questionnaire is at Appendix G.

8. Conclusion and recommendations

In conclusion, with regard to **prevention,** people are in favour of identifying risk factors for stroke such as Atrial Fibrillation (AF) at the earliest opportunity but want to know how this would be funded. There was also significant concern about treatment of AF being centralised as there was concern that people from areas a long distance from Coventry would not travel to their appointment due to difficulty with travel, transport and parking, this concern was particularly expressed with regard to older people.

With regard to **centralisation**, people do understand to some extent the advantages of a hyper-acute unit with access to stroke expertise and are in favour of early discharge with rehabilitation in the community wherever possible. There is a general understanding that people recover better in their own homes with the relevant rehabilitation support from specialist teams.

However, there is lack of understanding and support on how the benefit of receiving treatment in a hyper acute stroke unit outweighs the further distance travelled and time it will take for many residents who live long distances away to reach the unit. There is a belief by many residents that they would still benefit more from being taken to their nearest acute hospital.

Capacity at UHCW in terms of having enough beds allocated for stroke patients, keeping the beds ring fenced for stroke patients when in bed crisis and having enough specialist staff is another concern.

People are concerned about traffic congestion and how long it will take the ambulances to get to University Hospitals of Coventry and Warwick (UHCW) and about there being enough ambulances to cope with the demand. People are also concerned that long waits in the emergency department may delay the early treatment intervention required for stroke patients.

With regard to **rehabilitation**, in general people were very supportive of the idea of being cared for at home. However, in these times of financial challenge for health and social care, and workforce recruitment challenges for more specialist staff and therapists, there was concern about the reality of being able to provide enough appropriate staff to support stroke survivors in the community, with an added concern about what happens after the early discharge teams hand over to other community support. There was additional concern about the potential loss of rehabilitation beds in Rugby St Cross.

Overall, many people said that they were worried about having to travel further both for initial stroke care, and for rehabilitation, particularly if they lived in Coventry or Rugby. Those who lived in rural areas talked about the difficulties of using public transport, the potential length of time spent travelling to visit people in hospital, particularly for older family and carers, and the potential costs of travel.

The difficulties of parking at UHCW were mentioned many times.

People emphasised the importance of good planning, coordination, communication and training for carers.

In summary, whilst many people responded positively to the proposals, or aspects of the proposals, the greatest areas of concern are:

- Travel, transport and parking, including costs of travel and difficulty in parking at UHCW, and the impact on both patients and family/carers/visitors, and ambulance travel times
- The loss of rehabilitation beds in Rugby
- Concerns about capacity in UHCW
- Concerns about workforce and recruitment to serve the new model
- Request for good planning and coordination and support for stroke patients and their families and carers

Questions have also been raised how improving stroke services fits in with the Sustainability and Transformation Partnership (STP).

It is recommended that the feedback from the engagement is taken into consideration in the final decision about proposals with which to go out to public consultation.

It is suggested that the following in particular are considered:

- To note concerns raised, and consider suggestions by patients and the public about how to alleviate perceived transport difficulties **(see Appendix E)**
- To consider whether future options should include rehabilitation beds in Rugby
- Carry out a widespread communications campaign to promote understanding on all aspects of stroke care in the new pathway
- Publicise recruitment of specialist staff such as interventionist radiologists and others, and how other staff will be recruited if needed
- Continuing to engage with as many people in as many communities as possible to promote further understanding

End
August 2017