



Improving stroke services in Coventry and Warwickshire

Engaging with you

15 June - 16 July 2017



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Foreword

Welcome to our engagement on stroke services in Coventry and Warwickshire. We are keen to outline the pre-consultation and planning work we have undertaken so far, with the help of our local clinicians, patients, carers, community groups and our dedicated patient advisory group, which has led to the proposed options for the future of this important service. The proposals outlined in this document have been co-developed by local health and social care professionals, stroke survivors and their carers and members of the public who participated in our earlier engagement, and national experts who have tested our proposals.

There is national and regional guidance for the delivery of stroke services. This guidance covers the care to be provided to prevent a stroke, and during and after having a stroke. Through our review of this guidance and feedback from our pre-consultation work, we have identified local variations in stroke care, in primary care and in both the hospital and rehabilitation services, which has led to an inequitable service across our city and county.

When we looked into this more, it was clear that the services differed in what they offered from place to place, delivering different outcomes for patients, and they did not meet some of the principles of good care set out in national guidance. Unless we change the stroke service, we cannot guarantee that every patient is receiving the best possible care.

It was also clear from public feedback, from our partners at the Stroke Association and our dedicated group of patient and public representatives, that high quality, specialist stroke services were valued by people but there was also a desire for local rehabilitation services where possible.

You will discover, as you read on, that we have looked in great detail at these concerns and have reviewed all the data and information available to us. This means we have a clear picture of how to make sure the right stroke services are available at the right locations, when people need them most.

In this document you will find details of the current service and options for the future of stroke services. We want to assure you that what we're trying to do is not about saving money and that the future options may cost slightly more than the services available now. It is our aim to provide better patient care and a better quality of life for local people after they have had a stroke or TIA (Transient Ischaemic Attack), sometimes called a mini-stroke.

Following our earlier engagement, and testing our proposals out with national stroke experts last year, we are now looking for your views on the next stage of our planning. Your feedback will help us develop options for consultation. This engagement opportunity runs from 15 June to 16 July 2017.



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About this document

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. Nationally, there is a shortage of specialist stroke doctors and nurses. This means that it is very important to make best use of the specialists' skills by concentrating them at central points.

The NHS local Clinical Commissioning Groups (CCGs) are working to develop proposals to reconfigure stroke services. To do this, we have taken into account national best practice, the regional stroke specification and feedback from clinicians, patients and the public. Current services in the region do not meet the national best practice guidance. Other areas have already made changes to improve services and we must now do the same in Coventry and Warwickshire.

In the early stages of this work, we spoke with patients, the public, carers, doctors, nurses and other clinicians and stakeholders, to understand people's views and concerns. We have also met regularly with a Patient and Public Advisory Group, comprising stroke survivors, carers, Healthwatch and a representative of the Stroke Association. In these conversations, we looked at a number of options, and focused particularly on optimising 'acute' stroke care – the help people receive when they first have a stroke, and need urgent treatment.

We listened to what people told us, and it has influenced our ideas both about acute care, and about the other key aspect of stroke services – recovery and rehabilitation after a stroke. We are therefore carrying out a second stage of formal engagement to understand the views of as many people as possible about all aspects of our proposals for stroke services, particularly our ideas about the rehabilitation phase.

As you will see later in the document, we have taken notice of what people have said in the earlier engagement. This told us that people would like to have local services wherever that was possible, but understood that some very specialist care might have to be in a specialist centre, and therefore we are looking at a service where rehabilitation and recovery wherever possible takes place in people's own homes. We also noted concerns about transport and access if we change where services are provided, and we have thought about this when developing our ideas. So, for example, we will look at transport solutions for those who may find it more difficult to access services or visit loved ones under the new arrangements. We also want to make sure that the proposals do not cause difficulties for people in our society who already have disadvantages because of disability, low income, or other factors.

This document shows how stroke services are currently managed in Coventry and Warwickshire and lays out ideas for changes and the reasons for making them. All proposals have been co-developed with local stroke clinicians with an in-depth knowledge of the needs of patients in our region; taken account of the opinions and views collated from our pre-engagement work with stroke survivors, those who care for them, and local people; and tested with a panel of around 25 national experts at a Clinical Senate review held during 2016. At the end of the document we ask what you think of these ideas and what we should consider when making changes. We hope that this will lead to our final proposals being a true 'co-production' with patients, those who care for them, the public and staff.

Who we are

We are three NHS clinical commissioning groups (CCGs): Coventry and Rugby, South Warwickshire and Warwickshire North. Clinical commissioning groups are the organisations which plan and pay for many of the major NHS healthcare services across the area. They are overseen by NHS England.

The CCGs, along with Healthwatch Warwickshire and Coventry, the Stroke Association and other social care colleagues, have worked with a number of key partners in this engagement. They are:

- **University Hospitals Coventry and Warwickshire NHS Trust (UHCW)**
- **South Warwickshire NHS Foundation Trust**
- **George Eliot Hospital NHS Trust**
- **Coventry and Warwickshire Partnership NHS Trust**
- **West Midlands Ambulance NHS Foundation Trust**
- **Warwickshire County Council**
- **Coventry City Council**

These organisations cover services which are provided from a main hospital, and rehabilitation services, which could be provided from a hospital rehabilitation bed or at home to support stroke survivors regain their health following a stroke. This may include care such as physiotherapy and speech therapy.

What is a stroke?

A stroke is a rapid loss of brain function that occurs when the blood supply to part of the brain is cut off, leading to brain cells either being damaged or destroyed. Whilst largely preventable, stroke is one of the main causes of deaths in the UK and is also the leading cause of adult disability. Strokes are medical emergencies and urgent treatment in the first 72 hours is essential, because the sooner a person receives an effective diagnosis and treatment for a stroke, the less brain damage is likely to occur.

There are two types of stroke:

- An **ischaemic stroke** resulting from a blockage in one of the blood vessels leading to the brain.
- A **haemorrhagic stroke** resulting from a bleed in the brain.

In addition, a **transient ischaemic attack (TIA)** or 'mini-stroke' is a sign that a person is at risk of going on to have a full stroke.

Although people often assume that only older people have strokes, in fact young and middle-aged people also experience strokes and these can have a huge impact on their life.

National best practice

Evidence shows that patients are more likely to survive and have the best chance of recovering the greatest level of independence after a stroke if treated in a specialist centre. Patients need fast access to specialist stroke clinicians and high-quality scanning facilities in order to diagnose the type of stroke, and assess those who are suitable for thrombolysis and those who would benefit from other treatments. The evidence also shows that specialist stroke rehabilitation care immediately after the acute episode is key to reducing disability for most stroke survivors.

According to the National Stroke Strategy (created by the Department of Health in 2007), key changes in stroke care have contributed to a reduction in the chances of a patient dying within 10 years of having a stroke, from a 71% chance in 2006 to a 67% chance in 2010.

The reduction is largely due to improved co-ordination in stroke care, more patients receiving clot-removing thrombolysis when needed, and more patients receiving scans within 24 hours of admission to hospital, so that the optimum treatment and care can start as soon as possible.

Regional Stroke Specification

Work has already been done regionally on designing a model of stroke care such as that described here. This Midlands and East Stroke Specification has already been put in place in Nottingham, Birmingham and Worcestershire. This regional specification builds on the national guidance.

Our proposal is based on this model which can be summarised as follows:

Reducing the risks of stroke

Atrial Fibrillation

Some people are more at risk of a Stroke than others these are those who suffer a condition known as Atrial Fibrillation. All patients with atrial fibrillation should be identified and their anticoagulation therapy optimised.

Transient Ischaemic Attack Treatment (TIA) (sometimes known as a mini-stroke)

Rapid diagnosis and access to specialist care for high-risk patients, so lowering the risk of a full stroke.

Surgery to open up narrowed arteries in the neck.

Access to services seven days a week, with the facilities to diagnose and treat people with confirmed TIAs, and to manage people with conditions which appear similar to a TIA.

Service led by a Specialist Stroke Consultant and provided by a suitable specialist with access to the Consultant Lead or Specialist Stroke Nurse.

Hyper-Acute Care (the first 3 days following a stroke)

All patients with a suspected stroke should be admitted to a hospital with a Hyper-Acute service to be seen immediately by a Stroke Team.

They will be assessed by appropriately trained staff in a consultant-led Team, to determine likely diagnosis and suitability for thrombolysis and assessment of on-going care needs.

The unit should have on site access to brain and artery scanning, and access to a Consultant Stroke Specialist 24 hours a day.

Acute Stroke Care (the remaining days whilst stroke is the main health issue)

Access to a stroke-trained multi-disciplinary team should be available seven days a week.

Access to (but not necessarily on site) brain and artery scanning.

Surgery to open up narrowed arteries in the neck.

Rehabilitation Services

Services can be delivered from a variety of settings, including an inpatient rehabilitation bed in a hospital, an inpatient rehabilitation bed in a specialist unit, or in a patient's home with healthcare support provided at home.

Stroke services in Coventry and Warwickshire

In 2015-16 around  **1200** people in Coventry and Warwickshire were suspected of having a stroke and were taken to one of our three local hospitals. Just under 800 of these were diagnosed as having suffered a stroke

 There were over **15k** stroke survivors on local GPs' stroke registers

 Over **700** people were diagnosed with a 'transient ischaemic attack' (TIA) sometimes called a 'mini-stroke'

Current stroke services in Coventry and Warwickshire have developed over time as a result of local planning by individual healthcare organisations. While improvements in stroke and TIA or 'mini stroke' care have been made, further work is needed so more patients survive their stroke, and achieve the best level of recovery possible for them.

The three CCGs are working on this in partnership with local authorities and social care commissioners, hospital and community service providers and the Stroke Association.

The scope of our project is firstly, trying to prevent people having a stroke and then to look at how we best configure hyper-acute, acute and rehabilitation services. It will be useful for you to know about these three key parts of the stroke service and what they do for patients.

Hyper-Acute Stroke Unit (HASU)

- The most specialist type of stroke unit.
- Patients are normally treated here when they have first had a stroke.
- Available in a small number of hospitals.
- Services include: thrombolysis (clot dissolving); immediate access to brain scans; experienced stroke physician 24 hours a day.
- 'Mini strokes' also treated here.

Acute Stroke Unit (ASU)

- A specialist stroke unit.
- Patients are treated here after the initial few days of having a stroke and after having been in a Hyper-Acute Stroke Unit.

Rehabilitation Services

Services can be delivered from a variety of settings, including:

- In a patient's home with stroke specialist clinical healthcare support provided.
- Rehabilitation and assessment in a specialist unit which can be in a hospital or other appropriate setting.

Current local stroke services

Current stroke services in Coventry and Warwickshire are as follows:

UNIVERSITY HOSPITAL IN WALSGRAVE, COVENTRY

- The service covers Coventry and Rugby and some patients from across Warwickshire
- Hyper-Acute Stroke Unit with 6 beds (Coventry)
- Acute Stroke Unit with 30 beds (Coventry)
- Treatment for Transient Ischaemic attacks 7 days a week. High risk cases from all of Coventry and Warwickshire
- Inpatient rehabilitation with 6 beds (Hospital of St Cross, Rugby)

WARWICK HOSPITAL, WARWICK

- The Acute Stroke Unit and the Stroke 'step-down' Unit are at Warwick Hospital
- The Stroke Rehabilitation Unit is at Royal Leamington Spa Rehabilitation Hospital and covers South Warwickshire
- 12 Acute Stroke Unit beds (Warwick)
- Treatment for low risk Transient Ischaemic Attacks (Warwick), Monday to Friday, 5 days a week.
- Inpatient rehabilitation in 20 beds (Leamington)
- Outreach rehabilitation in patients' homes
- Patients needing thrombolysis are sent to University Hospital in Walsgrave, Coventry

GEORGE ELIOT HOSPITAL, NUNEATON

- The service covers Nuneaton and Bedworth, North Warwickshire, South West Leicestershire and parts of North Coventry
- 18 Acute Stroke Unit beds plus 1 assessment bed
- Treatment for Transient Ischaemic Attacks 7 days a week for low risk patients
- Outreach rehabilitation in patients' homes
- Patients needing thrombolysis are sent to University Hospital in Walsgrave, Coventry

The current services in Coventry and Warwickshire are providing a good standard of care but they are not meeting national guidance and offer different levels of care depending on where you live in the area. Firstly, the evidence suggests that although we are identifying most, we are not identifying everyone who has atrial fibrillation and who can reduce their risk of stroke by optimising their drug therapy.

Patients may be moved through the stroke services system for diagnosis and treatment in a variety of ways, depending on where they were first taken ill. For example, patients sometimes have to be transferred between hospitals in the early stages of their stroke care for specialist treatment. Patients can also often stay longer in a main hospital than they need to, and when they would be happier and recover more quickly in a community bed or in their own homes, receiving the care they need. A small number of patients who have strokes have specialist needs so may go to relevant specialist units, for example specialist neurorehabilitation.

In this area we have struggled to recruit stroke specialist doctors and our stroke doctors, nurses and therapists are not supported to deliver an integrated, seamless service, because we have not had the best model of service. Introducing a better service will help us to recruit and develop the right number of stroke specialists.

National clinical guidance is that all patients with a suspected stroke should be treated in a **Hyper Acute Stroke Unit** as already established at University Hospital in Walsgrave, Coventry. However, at the moment this is not happening for everyone that could benefit from this.

The current configuration of services is not giving everyone the best opportunity for optimum recovery from a stroke. If someone has a stroke, the first 72 hours are crucial. The quality of care people receive makes all the difference in how well they recover from the stroke, or whether they do recover. Particularly important are the first four to six hours. If people need to have thrombolysis to dissolve a clot, it is best for this to happen within a few hours as then the patient has a greater chance of a better recovery.

Clinical and stakeholder feedback

Taking into account national best practice and the Midlands and East Stroke Specification, our initial work to develop stroke services looked at four options for configuring stroke care, including options which kept small stroke units at both George Eliot Hospital and Warwick Hospital.

However, clinicians have told us that the best clinical outcomes for patients will only be achieved if there is centralised specialist care, with more extensive community support in the rehabilitation phase, in line with the new guidelines for stroke services.

Key areas the clinicians and stakeholders considered:

Thrombolysis (dissolving of blood clot)

- University Hospital in Walsgrave, Coventry has the essential expertise in relation to thrombolysis. The clot busting drug ideally needs to be administered within four to six hours following a stroke. Locally, this is only done at University Hospital in Walsgrave, Coventry.

Hyper-Acute and Acute hospital beds

- As a specialist unit would provide the best possible outcome for patients, there would be less need for beds in the other hospitals.
- Patients would not need to remain in beds in hospitals when they actually need rehabilitation in the community.

Clinical skills

- The current model does not always have enough patients coming to some units to provide enough practice for clinicians to hone and maintain their skills in hyper-acute stroke care, meaning that sometimes patients may need to be transferred between hospitals, using up valuable time.

Equity of service across the area

- Clinicians were keen that there was clinical safety, quality, viability and equal provision across Coventry and Warwickshire, so it doesn't matter where people live, they have access to the same range of stroke services, based in hospital and the community.
- More centralised acute services with rehabilitation would also help improve clinical practice, as we can bring together the limited number of stroke specialist doctors we already have and the specialists would be working alongside each other, learning from each other and sharing expertise.

Rehabilitation

- Clinicians and the public have all told us of the importance of providing rehabilitation services as close as possible to people's homes. This would involve, for the majority, a stroke specialist multi-disciplinary team going into people's homes, and for those with more complicated recovery, rehabilitation in a nurse led stroke specialist rehabilitation bed. The multi-disciplinary team would include medical care, physiotherapy and occupational therapy and social care, as required.

Public and patient feedback

Our aim is to put patients and those who care for them at the centre of our plans, at every stage. We carried out extensive engagement with patients, carers, the public and stroke services providers, as well as doctors, nurses and other clinicians, to understand their views, needs and concerns. A public and patient advisory group, comprising several stroke survivors, carers of stroke survivors, Healthwatch and the Stroke Association has provided regular comment as our proposals have developed.

Clinicians, including GPs and stroke specialists, the review by the national experts for the Clinical Senate, and Professor Tony Rudd, National Clinical Director for Stroke, advised us about best practice for stroke services. A copy of the outcome of the Clinical Senate Review can be found at www.wmscnsenate.nhs.uk/files/7114/6366/4877/Final_WMCS_v1.0_CW_SS_6.5.16.pdf

Generally, the feedback supports the fact that services cannot stay as they are, with most respondents acknowledging that something needed to change.

Although we had many points of support for improvement, below we summarise key points of concern that were made in the feedback.

Travel time

The responses were mixed, mainly depending on location. The key issues are outlined below:

- People living near University Hospital in Walsgrave, Coventry were happy with the scenario of immediate admission to the hyper-acute unit and longer term care on the acute ward. However many people living further afield throughout the county were very concerned about transport difficulties and expense that could be incurred if a longer term stay was necessary.
- Another concern raised is the potential for increased travelling for relatives and carers if a patient remains at a central location, rather than being transferred back to a local hospital.
- Public transport links are currently available between George Eliot Hospital, Nuneaton, and University Hospital in Walsgrave, Coventry. There are links between University Hospital in Walsgrave, Coventry and Warwick Hospital but these involve a change of bus at Coventry rail station.

The proposed service will firstly reduce the number of people who need a stroke service; and secondly reduce the time carers have to travel for the majority as after a shorter period in the acute beds, we will be transferring the majority of people home for their specialist rehabilitation. However, some people will need to be transferred to a specialist bedded rehabilitation unit which may not be closer to some people's homes. We will look at the transport needs of the relatively small number of people who are likely to be affected. For example, we may provide a leaflet about transport options you can choose.

Ambulance travel times

- Consideration needs to be given to people's concerns that, during a stroke episode, if they are some distance from University Hospital in Walsgrave, Coventry, the increased travel time in an ambulance would negate the specialist care at the Hyper-Acute Stroke Unit.

However, evidence shows that the benefits of this specialist care outweigh the additional travel time in an ambulance and all ambulance times are still well within emergency travel standards.

Impact on other services

- Respondents raised the question that, if the stroke facilities were closed down at one hospital, would this mean subsequent closure of other facilities? CCGs have been conscious of ensuring that proposed changes to the stroke service do not impact negatively on other services.
- Whilst in the proposals George Eliot hospital and South Warwickshire NHS Foundation Trust will no longer be providing acute stroke services, they will be providing specialist rehabilitation beds for stroke patients.

Capacity in Coventry

- Respondents have asked that consideration is given to the potential for over-crowding at University Hospital in Walsgrave, Coventry if all patients are transferred there initially. Concern was raised about the possibility of lack of beds for those most in need.

CCGs are aware of the increased demand on this hospital - that is why they are also considering the best options for follow-on care, to ensure that people are transferred out of this hospital and returned to their local area as soon as their medical condition allows. By optimising rehabilitation services so shortening their stay in acute beds, and also stopping around 97 people a year from suffering a stroke, this will not add more demand at University Hospital in Walsgrave, Coventry.

Detailed work has been done to understand bed and staff numbers needed to meet future demand and University Hospital in Walsgrave, Coventry staff are confident that they can deliver the proposed new model.

Communication

- Consideration should also be given to the need for better communication between hospital units and consultants. There is a perception that one stroke team doesn't (or can't) communicate with their opposite numbers when a patient is transferred.

By developing the proposed integrated stroke service across acute and community settings in Coventry and Warwickshire we can create a new stroke service which would operate as a seamless, integrated team to ensure communication and seamless care is delivered.

Cost of the proposal

The proposals will require investment in the improved and new services, including investment in identifying more people with atrial fibrillation and drug therapy for those who can benefit by reducing their risk of stroke, early supported discharge and community stroke rehabilitation services. There is national evidence that making these improvements not only significantly reduces the burden of disability for those who suffer a stroke, but also reduces the cost of social care as fewer people will need ongoing support due to disability. The clinical commissioning groups are committed to putting in additional investment to give patients the best possible stroke services in line with national guidance.

The proposal for future stroke services

Taking into account this guidance, information and feedback, we would like future stroke services to focus on preventing a stroke where we can but where we cannot, on providing the safest possible initial care, combined with recovery and rehabilitation for the majority of people either in patients' own homes or where this is not appropriate in community settings.

Our future approach to stroke services can therefore be summarised as follows:

- Prevention where possible – our help for atrial fibrillation could save 97 people a year from having strokes and there would be an essential service for anyone who suffers a TIA and is at high risk from a stroke
- A centralised hyper-acute and acute stroke service in line with evidence based national guidance, where all those who are having or suspected of having a stroke would go for specialist care
- Rehabilitation and recovery in patients' own homes where possible, or in a recovery bed with specialist teams

The proposal is therefore summarised below:

PREVENTION

Identifying everyone with atrial fibrillation and optimising drug therapy for those where it reduces the risk of stroke; and a central TIA service for everyone who is high risk.

UNIVERSITY HOSPITAL IN WALSGRAVE, COVENTRY

- Hyper-acute Stroke Unit and Acute Stroke Unit only in University Hospital in Walsgrave, Coventry for patients from the whole of Coventry and Warwickshire
- There will be 12 beds for the Hyper Acute Stroke Unit and 31 beds for the Acute Stroke Unit
- If you need a rehabilitation bed that will be provided in either Leamington Hospital or George Eliot Hospital
- Treatment for Transient Ischaemic Attacks would be available 7 days a week
- Specialist stroke rehabilitation in patients' homes as required

WARWICK HOSPITAL, WARWICK

- The acute stroke service at Warwick Hospital would close
- Rehabilitation beds would be provided in Leamington for South Warwickshire and Coventry and Rugby patients
- Specialist stroke rehabilitation in patients' homes, as required

LEAMINGTON HOSPITAL

- A rehabilitation service with 19 beds would be provided in Leamington for South Warwickshire and Coventry and Rugby patients

GEORGE ELIOT HOSPITAL, NUNEATON

- The acute stroke service at George Eliot Hospital in Nuneaton would become a rehabilitation service with 20 beds for patients from North Warwickshire, Nuneaton and Bedworth and Coventry and Rugby
- Specialist stroke rehabilitation in patients' homes as required

The ideas we are thinking about for the future of stroke services aim to ensure that those recovering from a stroke can move from 'acute' care into the community as quickly as possible. The aim is that people should be able to recover at home, where feedback has shown they would like to be, and we will be providing more home-based care. However, there will be 39 beds available in dedicated stroke rehabilitation units for those who need further specialist hospital support before they can return home. All patients across the city and county would go to the Hyper-acute and Acute Stroke Unit at University Hospital in Walsgrave, Coventry. They would be diagnosed and treated there until they are ready for rehabilitation. We would provide a 'networked' service where all stroke specialists would work together at the acute and rehabilitation stages to provide the best possible patient pathway.

What does the proposal mean for patients?

To help you understand how the proposed changes might affect you, we have given you examples of two typical cases below. These are based on real stories from stroke survivors:

Lucy's story...



What happens now: Lucy was 41 and working as a deputy head teacher in Nuneaton when she was taken ill. She was not sure what was happening to her but a colleague thought that she had had a stroke, so she went to Accident and Emergency at George Eliot Hospital. She says: "I sat in the A&E for about an hour with no one around, and then had another TIA (sometimes known as a mini-stroke), so I was then rushed to the University Hospital in Walsgrave, Coventry."

Lucy was then in A&E at University Hospital in Walsgrave, Coventry for a further 2-3 hours, where she was monitored every 15 minutes by a dedicated stroke sister. She was then admitted to the stroke ward where she then had a major stroke in the evening.

Following her stroke, Lucy was in University Hospital in Walsgrave, Coventry for five months receiving rehabilitation.

What could happen in the future: If Lucy was taken ill with a suspected stroke she would be taken straight to University Hospital in Walsgrave, Coventry, as this would be where the centralised acute stroke services would be located. She would then be assessed by the stroke team to determine whether she had had a stroke.

Having been diagnosed as having had a stroke, she would be treated according to her clinical needs, and would receive this treatment on the stroke unit at University Hospital in Walsgrave, Coventry. Over the next few days her condition would be closely monitored and she would be encouraged to start her rehabilitation as soon as possible, and be involved in the development of her rehabilitation goals.

Depending upon her medical and rehabilitation progress, she would be considered for discharge home, supported by the Early Supported Discharge (ESD) service, to continue her intensive rehabilitation, or, if this is not possible, she would be considered for transfer to a local stroke rehabilitation unit who would support her until she was ready to be safely discharged home. If required, she would also be offered community stroke rehabilitation after ESD on the bedded rehabilitation service; this would enable her to work towards achieving her jointly agreed rehabilitation goals.

David's story...

What happens now: It was a Sunday night. David, aged 63, was tired and went to bed early at home in Leamington Spa.

During the middle of the night he felt that he needed to go to the bathroom. However he couldn't sit up and so went back to sleep.

In the morning he sat up but when he stood up he collapsed. His wife called an ambulance at 9am. As he had been asleep the paramedics were unsure of exactly when his stroke had happened, as it could have been anytime during the night or early hours of the morning.

The paramedics decided he had passed the time limit for early thrombolysis treatment and so took him to Warwick Hospital. The paramedics made this decision, as they did not know the time of the onset for the stroke.

David believes that if he had gone to the hyper acute stroke unit at University Hospital in Walsgrave, Coventry, he would not have had as many problems following his stroke. The hyper acute unit would have provided more specialist treatment that he believes would have been a better choice for him.

What could happen in the future: The paramedics would take David, like all suspected stroke patients, to University Hospital, Coventry and Warwickshire (Walsgrave) for assessment, as the clinical evidence is that receiving stroke specialist care within the first 72 hours of when the stroke is thought to have happened has a direct impact on the outcome for the stroke patient.

On arrival at University Hospital in Walsgrave, Coventry, David would be assessed by the stroke team to determine whether he had had a stroke, and once this was confirmed, he would enter onto the stroke care pathway. This would involve being admitted directly to the stroke unit for further assessment and treatment, and then the onward care would be determined by David's particular clinical needs.



The questions

Your views are very important to us. Please tell us what you think about the proposed changes by answering the questions below. Thank you for your time.

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

- Yes, I have experienced a stroke / TIA
- Yes, I care for someone who has experienced a stroke / TIA
- No
- Prefer not to say

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.

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Prefer not to say

Q2b: Why do you say this?

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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.

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Prefer not to say



Q3b: Why do you say this?

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

- No impact
- Positive impact
- Negative impact
- Prefer not to say

Q4b: Why do you say this?

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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.

- Strongly Agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Prefer not to say

Q5b: Why do you say this?

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

- No impact
- Positive impact
- Negative impact
- Prefer not to say



Q6b: Why do you say this?

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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?

- No impact
- Positive impact
- Negative impact
- Prefer not to say

Q7b: Why do you say this?

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Q8: What might help with any travel difficulties?

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

- No impact
- Positive impact
- Negative impact
- Prefer not to say

Q9b: Why do you say this?

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

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

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Q12: What else do you think we need to do to make people feel they have been adequately involved and engaged in our planning?

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.....
.....

Please tell us a few things about you?

Q13: Are you responding on behalf of an organisation?

- Yes
- No

If yes, please state the name of the organisation

.....
.....

If no, and you are responding as an individual, please complete the rest of the questionnaire to help our equalities monitoring.

Equalities monitoring

We recognise and actively promote the benefits of diversity and we are committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that our services are designed for the population we serve, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties.

Q14: Please state which area of Coventry or Warwickshire you live in.

.....

Q15: Please state your postcode below

.....

Q16: What is your gender?

- Male
- Female
- Transgender
- Prefer not to say



Q17: If female, are you currently pregnant or have you given birth within the last 12 months?

- Yes No Prefer not to say

Q18: What is your age?

- Under 16 16-24 25-34 35-59 60-74 75+ Prefer not to say

Q19: What is your ethnic group?

White

- English/Welsh/Scottish/Northern Irish/British
 Irish
 Gypsy or Irish Traveller
 Any other White background, please specify:

.....
.....

Mixed/Multiple ethnic groups

- White and Black Caribbean
 White and Black African
 White and Asian
 Any other Mixed/Multiple ethnic background, please specify:

.....
.....

Asian/Asian British

- Indian
 Pakistani
 Bangladeshi
 Chinese
 Any other Asian background, please specify:

.....
.....

Black/ African/Caribbean/Black British

- African
 Caribbean
 Any other Black/African/Caribbean background, please specify:

.....
.....



Other ethnic group

- Arab
- Any other ethnic group, please specify:

.....

.....

- Prefer not to say

Q20: Do you look after, or give any help or support to family members, friends, neighbours or others because of either:

- Long-term physical or mental-ill-health/disability
- Problems related to old age
- No
- I'd prefer not to say
- Other, please specify:

.....

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Q21: Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months? (Please select all that apply)

- Vision (such as due to blindness or partial sight)
- Hearing (such as due to deafness or partial hearing)
- Mobility (such as difficulty walking short distances, climbing stairs)
- Dexterity (such as lifting and carrying objects, using a keyboard)
- Ability to concentrate, learn or understand (Learning Disability/Difficulty)
- Memory
- Mental ill-health
- Stamina or breathing difficulty or fatigue
- Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Aspergers' Syndrome)
- No
- Prefer not to say
- Any other condition or illness, please specify:

.....

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Q22: What is your sexual orientation?

- Bisexual
- Heterosexual/straight
- Gay
- Lesbian
- Prefer not to say
- Other, please specify

.....

.....



Q23: Are you?

- Single - never married or partnered
 - Married/civil partnership
 - Co-habiting
 - Married (but not living with husband/wife/civil partner)
 - Separated (still married or in a civil partnership)
 - Divorced/dissolved civil partnership
 - Widowed/surviving partner/civil partner
 - Prefer not to say
 - Other, please specify
-
-

Q24: What is your religion and belief?

- No religion
 - Baha'i
 - Buddhist
 - Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
 - Hindu
 - Jain
 - Jewish
 - Muslim
 - Sikh
 - Prefer not to say
 - Other, please specify
-
-

How to submit your answers and comments

When you have answered the questions and made your comments in this printed version, please post the questionnaire to:

Freepost NHS QUESTIONNAIRE RESPONSES

Please ensure you use the capital letters as shown above, so that the Post Office's machines can read the address automatically. You just need this one line address, which will be delivered to us.

If you would prefer to answer and comment online, anonymously, please use the following link:

<https://www.surveymonkey.co.uk/r/NHSstrokeservices>

This engagement exercise finishes on 16 July 2017.



What happens next?

Your feedback will be analysed and the results and comments will be combined into a report. The findings will be examined thoroughly and discussed by doctors, healthcare professionals and managers. We will then produce our final proposals, which will take into account the feedback. After this we will publicise any further consultation.

Making sure we consider equalities

We are seeking to contact and considering the views of people of all backgrounds, including those who are not usually heard. An integrated impact assessment was commissioned to determine the impact of the proposed scenarios on health, travel, access and equality. A number of recommendations were made.



Do you need further help?

We can provide versions of this document in other languages and formats such as Braille and large print on request. Please contact the Engagement and Communications Team, telephone 0121 611 0231

Somali

Waxaan ku siin karnaa bug-yarahaan oo ku qoran luqado iyo habab kale sida farta indhoolaha Braille iyo daabacad far waa-wayn markii aad soo codsato. Fadlan la soo xiriir qaybta Ka-qaybgalka iyo Dhex-gelidda, lambarka telefoonka waa **0121 611 0231**.

Polish

Jeżeli chcieliby Państwo otrzymać kopię niniejszej ulotki w tłumaczeniu na język obcy lub w innym formacie, np. w alfabecie Braille'a lub w powiększonym druku, prosimy skontaktować się telefonicznie z zespołem ds. zaangażowania pod numerem telefonu **0121 611 0231**.

Cantonese

如有要求，我們可以將本宣傳手冊用其他語言或格式顯示，如盲文或大號字體。請致電我們的“參與部門” **0121 611 0231**

Gujarati

અમે આ ચોપાનિયાનું ભાષાંતરો બીજી ભાષાઓમાં અને શૈલીઓમાં જેમ કે બ્રેઇમાં અને વિનંતી કરવાથી મોટા અક્ષરોમાં છાપેલા પૂરાં પાડી શકીએ છીએ. ઇંગેજન્ટ અને ઇન્વોલ્વમન્ટ વિભાગનો ટેલિફોન **0121 611 0231** દ્વારા સંપર્ક કરો.

Hindi

हम आपको यह परचा दूसरी भाषाएँ में और ब्रेल एवं बड़े अक्षरों जैसी रूपरेखा में निवेदन करने पर प्राप्य कर सकते हैं। कृपया कर के इनगेज्मन्ट और इन्वाल्वमन्ट विभाग में टॅलिफॉन द्वारा **0121 611 0231** पर संपर्क कीजिए।

Urdu

ہم درخواست کرنے پر لیفلٹ کے اس ترجمے کو دیگر زبانوں اور صورتوں مثال کے طور پر بریل اور بڑے حروف میں بھی فراہم کر سکتے ہیں۔ براہ کرم اس ٹیلی فون نمبر **0121 611 0231** پر اینگیجمنٹ اینڈ اینوالومنٹ ڈیپارٹمنٹ کے ساتھ رابطہ قائم کریں۔

Arabic

يمكننا تقديم نسخ من هذه النشرة بلغات أخرى وصيغ مثل برايل والطباعة الكبيرة في الطلب. يرجى الاتصال انخراط وإشراك وزارة، والهاتف **01216110231**



Coventry and Warwickshire Stroke Review
c/o NHS Warwickshire North CCG
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Heron House
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Nuneaton
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<http://www.strokecovwarks.nhs.uk/>

www.nhs.uk

