



**Developing stroke services  
in Coventry and Warwickshire  
Public Consultation - Full Document  
9 October 2019 - 21 January 2020**



**NHS Coventry and Rugby CCG, NHS South Warwickshire CCG  
and NHS Warwickshire North CCG**

# Contents

<b>Foreword</b>	<b>2</b>
<b>About us</b>	<b>3</b>
<b>About stroke</b>	<b>4</b>
<b>Why we are developing proposals to change stroke services</b>	<b>4</b>
<b>Current stroke services</b>	<b>6</b>
<b>How we have developed our proposals</b>	<b>7</b>
<b>Patient and public involvement in developing proposals for the future</b>	<b>8</b>
<b>How we developed possible ideas for hospital care when people first have a stroke</b>	<b>9</b>
<b>Outcome of the engagement work to look at the different ideas for hyperacute and acute stroke services</b>	<b>11</b>
<b>Review of ideas for inpatient rehabilitation services</b>	<b>12</b>
<b>Concerns expressed during patient and public engagement and how we have addressed them</b>	<b>15</b>
<b>Review of ideas for community rehabilitation beds</b>	<b>17</b>
<b>Our proposal for local stroke services</b>	<b>18</b>
<b>Tell us your views</b>	<b>19</b>
<b>Consultation survey</b>	<b>20</b>

## Foreword

### Welcome to our public consultation on developing stroke services in Coventry and Warwickshire.

The consultation document explains why we need to change the way stroke services in Coventry and Warwickshire are delivered, how the proposals for change have been developed and our preferred proposals for an improved stroke service.

We started by considering changes to hospital services, but it became clear that we needed to review the whole patient pathway, including rehabilitation services (such as physiotherapy) and stroke prevention, in order to make the biggest difference to the health outcomes of stroke patients.

From the work we have done it is evident that services across our area differed from place to place and also did not meet some of the principles of good care set out in national guidance.

It was also clear from public feedback that high quality specialist stroke services were valued by people, but there was also a desire for localised rehabilitation services where possible.

We have listened to all feedback from the extensive public engagement over the last four years and taken it into account in the final proposals we are bringing to you for public consultation.

We are clear from what people have said through the engagement so far, that should the proposals be approved, the home-based rehabilitation services must be in place before any changes to hospital services are made.

We are now looking for your views as we need your assistance to help us gain feedback on our final proposals. Our objectives are about developing a pathway of excellence for stroke care which results in real improvements in health outcomes for local people.

Our proposals would need more investment in specialist rehabilitation services (such as physiotherapy), medicines and more ambulance transfers than the services available now. But we feel that it is important to make this £3.1 million investment in order to reduce the chances of having a stroke and the disability resulting from a stroke.

**Thank you for taking the time to read this document. Please complete the questionnaire at the end of this document, attend one of our consultation events or complete the online survey at [www.strokecovwarks.nhs.uk](http://www.strokecovwarks.nhs.uk). Your contributions and opinions really do count and will help in making the decisions about future stroke services in the area.**

## About us

We are three NHS Clinical Commissioning Groups (CCGs): NHS Coventry and Rugby, NHS South Warwickshire and NHS Warwickshire North. The CCGs plan and buy the majority of NHS healthcare services across the area and are overseen by NHS England.

The key partners in this consultation are:

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

UHCW, SWFT and GEH currently provide acute stroke services. Rehabilitation services are currently provided by Leamington Spa Hospital, Hospital of St Cross in Rugby, CWPT and GEH. Rehabilitation services provided from a hospital bed or at home are to support stroke survivors to regain their health following a stroke. Rehabilitation may include a package of care such as physiotherapy, speech therapy and emotional support at home.

### Acknowledgements:

This public consultation is the culmination of a long journey to develop a pathway of excellence for stroke services in Coventry and Warwickshire. We have been through a process of co-production of proposals that includes pre-consultation engagement and planning work with the help of our local patients, carers, clinicians, community groups and our dedicated Stroke Patient and Public Advisory Group. This work has led to the proposed options for the future of this important service. The input we have received has made a real difference in the production of our plans and we would like to thank everyone that has contributed.



## About stroke

Stroke, a preventable disease, is the fourth single leading cause of death in the UK and the single largest cause of complex disability.

(Source: Stroke Association (2018) *State of the nation: Stroke statistics*).

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 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. A stroke can have a huge impact on the quality of someone's life, irrespective of age.

## Why we are developing proposals to change stroke services

There is strong and growing evidence, that quick specialist assessment and treatment significantly improves a person's chance of surviving with the least complications and disabilities following a stroke. When we reviewed our services we discovered that we have some gaps against these specifications. We want to change these services so that all patients get the best outcomes.

The CCGs are clear on the improved outcomes they want to see delivered through this change. By ensuring a consistent, high quality service offer, improvement will be made against the following three key clinical outcomes:

1. Reduced levels of mortality for people who have suffered a stroke
2. Reduced levels of dependency for those who have suffered a stroke
3. An improvement in cognitive function for people after suffering a stroke

We also want to ensure that we are in the best position to develop the Integrated Stroke Delivery Networks described in the new NHS Long Term Plan published in January 2019. These networks would, over the next five years ensure our services meet the NHS seven-day standards, National Clinical Guidelines for Stroke and higher intensity models of stroke rehabilitation. We would also be prepared for adoption of the latest medical advances such as mechanical removal of a blood clot in the brain (this is called a thrombectomy). The increased use of this process (from 1% to 10% in the future) is predicted to mean that 1,600 more people a year in England, would be able to live an independent life after their stroke.

(Source: NHS Long Term Plan - stroke care).



## We have used this important clinical evidence to help develop our plans:

- 1** The National Stroke Strategy  
Key changes were identified in stroke care and has contributed to a reduction in the numbers of patients dying within 10 years of having a stroke.  
[www.strokecovwarks.nhs.uk](http://www.strokecovwarks.nhs.uk)
- 2** Evidence that hyperacute interventions such as brain scanning and thrombolysis are best delivered as part of a networked 24/7 service.  
<https://doi.org/10.1371/journal.pone.0070420>
- 3** Areas that have centralised hyperacute stroke care into a smaller number of well-equipped and staffed hospitals have seen the greatest improvements in patient care (<https://doi.org/10.1136/bmj.g4757>)
- 4** The NHS Long Term Plan, <https://www.longtermplan.nhs.uk>
- 5** The Midlands and East Regional Stroke Services Specification sets out expected standards to achieve the best outcomes for patients, in particular in relation to:
  - **Pre-hospital care**
  - **All patients suffering from a stroke receive appropriate hyperacute care within the first 72 hours**
  - **Full access to Early Supported Discharge services and specialist community stroke rehabilitation**
  - **Greater focus on prevention**
  - **Long term care.**

To view the complete Midlands and East Stroke Service Specification, please go to [www.strokecovwarks.nhs.uk/Documents/Documents](http://www.strokecovwarks.nhs.uk/Documents/Documents)

## Current stroke services

Current stroke services in Coventry and Warwickshire are providing a good standard of care but they are not meeting the latest national and regional guidance and evidence. They could be better. There are also different services available in different areas and we want to address this through our proposed improvements.

The main gaps we have identified from working with the professionals and patients, carers and the Stroke Association are:

- Not everyone who could benefit (ie within the first 72 hours of having a stroke) is being taken to the hyperacute unit at University Hospital Coventry and Warwickshire.
- Although we have tested out a model of the best practice specialist rehabilitation services in one area, we don't have these available for everyone after their stroke.
- We struggle to recruit specialist stroke doctors and there is growing evidence that there are not enough specialist stroke nurses. Our stroke doctors, nurses and therapists are not organised in a way to deliver a joined-up, seamless service for patients. Introducing a better integrated and networked stroke service will help us to recruit, develop and retain the right number of stroke specialists.
- Although we are already preventing stroke by identifying patients with AF in primary care and increasing anticoagulation rates for diagnosed patients, we know we aren't identifying everyone. We could reduce stroke risk by optimising drug therapy and early intervention could save around 100 local people a year from having strokes.
- People want more local co-ordinated action and information on how to prevent strokes, so that they can easily find out how to help themselves and loved ones.
- Having looked at our services, we are also clear that we are not in the best place to develop services in line with the ambitions in The NHS Long Term Plan which are nationally set.

By 2020 we would begin improved post-hospital stroke rehabilitation models with full roll out over the period of the Long Term Plan.

By 2022 we would deliver a ten-fold increase in the proportion of patients who receive thrombectomy after a stroke, so that each year 1,600 more people will be independent after their stroke.

By 2025 we would be amongst the best performers in Europe for delivering thrombolysis to all patients who could benefit.

In summary we have considered the evidence, what local people and professionals have told us and taken advice from experts, to come to a conclusion that we need to make improvements that would require change now.

## How we have developed our proposals

### Clinical involvement in developing proposals for the future

We have looked at national and regional evidence and best practice for delivering stroke services and have taken advice from a range of experts at different stages of the development. This included Professor Tony Rudd, National Clinical Director for Stroke.

We have worked with local doctors, specialist nurses and therapists - including GPs and stroke consultants, nursing and therapy specialists and tested our proposals with a panel of national experts in stroke care, as part of the review led by the NHS West Midlands Clinical Senate. This work led us to understand what the best clinical model is for stroke patients in Coventry and Warwickshire.

#### **Dr Gavin Farrell, Consultant Clinical Neuropsychologist, Head of Neuropsychology Services Central England Rehabilitation Unit, and Chair of the Stroke Clinical and Operations Group explains:**

“The whole redesign of the stroke pathway came about when NHS East and Midlands published the new stroke specification, and we have been working over the last few years as a senior group of people, senior doctors, nurses, therapists and commissioners across Coventry and Warwickshire to implement the recommendations of the specification.

Really, the specification was designed to increase the level of provision for stroke and increase the ability for people with stroke to get to the acute hospitals as quickly as possible and to get the specialised interventions they need in order to help survival. The level of rehabilitation people should receive after leaving hospital was also specified so that they could have the care they need when they're back at home.”

#### **Claire Quarterman Clinical Lead for the Early Supported Discharge Team and Community Rehabilitation Team, and a member of the clinical and operations group says:**

“I have been part of a clinical and operational working party discussing the stroke services we currently offer to patients and trying to think about how we can improve services to make them equitable and accessible. We want everybody who has had a stroke, no matter where they live in the region, to get access to the best possible acute stroke care and following on from that, the rehabilitation they need to live the best life they can.”

Throughout the development of the proposals clinical involvement has been continuous. The clinical and operations group of local stroke service providers has provided clinical expertise into the development and evaluation advising on:

- Potential scenarios for improved service delivery.
- Staffing models of each aspect of the proposed options.
- Ability to implement scenarios and more latterly proposals.



## Patient and public involvement in developing proposals for the future

At the same time as getting information from clinical experts over the last five years, we have held an extensive programme of pre-consultation engagement with the public including stroke survivors and carers. Just as we created a local group of clinical experts, we also created a group of stroke patient and carer experts. This group, known as the Patient and Public Advisory Group (PPAG), is chaired by a representative from the Stroke Association. It includes people who have experienced a stroke, carers and family members of those who have experienced a stroke and Healthwatch representation.

Initially, we asked local stroke survivors and carers about how we could improve hospital stroke services and through this work tested out some scenarios. A clear outcome of this work was a message that they wanted us to plan improvements in hospital services, but also to look at preventing more strokes and rehabilitation after the stroke.

It was at this stage that we established the Patient and Public Advisory Group to act as a critical friend to guide and feedback on the engagement process. We also went back with the patient and public feedback, to look at how we might design an overarching stroke service that included preventing more strokes, providing the right type of hospital care and then more specialist rehabilitation for those who have had a stroke.



## How we developed possible ideas for hospital care when people first have a stroke

In 2014/15 we began talking with local stroke survivors and carer groups, as well as other members of the public who could be affected by a change to gather their views on how we could improve stroke services sharing with them reasons why change was necessary - such as the national shortage of expert stroke doctors and the new evidence about timeliness and organisation of care that improves the chances of recovery.

### **After the discussions we asked people whether:**

- We should do nothing and leave services as they are.
- We should centralise the hyperacute and acute service at University Hospitals Coventry and Warwickshire. All patients across the city and county would go to the Hyperacute and Acute unit rather than as currently, some go to their local hospital – George Eliot Hospital or South Warwickshire Foundation Trust.
- All patients go to University Hospitals Coventry and Warwickshire Hyperacute unit for 2-3 days. After this, people from the Warwickshire North area transfer to George Eliot Hospital and people from South Warwickshire area transfer to South Warwickshire Foundation Trust.
- All patients go to University Hospitals Coventry and Warwickshire Hyperacute unit for 2-3 days. Then Warwickshire North and South Warwickshire patients transfer to one other hospital, either George Eliot Hospital or South Warwickshire Foundation Trust, with the closure of stroke facilities at the other hospital.

At that time, we were only looking at the hospital services and we collated the feedback from engagement we did with them on this. However, the groups asked that we also look at stroke rehabilitation and how people can prevent a stroke. Along with other views, they were clear that travelling to a specialist centre when you first have a stroke was acceptable if your rehabilitation could be closer to home.

### **Areas of concern included:**

- Transport and travel
- Travel time by ambulance
- Having enough staff and beds at University Hospitals Coventry and Warwickshire
- Parking at University Hospitals Coventry and Warwickshire

Commissioners in Coventry and Warwickshire considered all feedback and worked with clinicians, senior managers and local authority colleagues to address the concerns.

At the same time, the commissioners who buy health and care services reviewed the available evidence and guidance, and developed some principles for the potential scenarios for hospital services which included:

- All scenarios must meet the requirements of the NHS Midlands and East Regional Stroke Service Specification, and therefore provide:
  - A Hyperacute Stroke Unit (HASU) – should remain at University Hospitals Coventry and Warwickshire as the specialist hospital and trauma centre;
  - Acute Stroke Unit (ASU) care: one to be next to the Hyperacute Stroke Unit at University Hospitals Coventry and Warwickshire as a minimum;
  - An Early Supported Discharge (ESD) service should be available for everyone who needs it after their stroke.
- Stroke rehabilitation beds would be provided locally for the post-acute phase of care: for those patients who no longer require acute stroke care, but have ongoing care and rehabilitation needs that prevent them from returning home. All high risk TIAs (mini stroke) would be seen at UHCW as a location near to the HASU is critical.

Based on these principles, a list of scenarios for the provision of hyperacute and acute services was developed by the clinical leads as follows:

- **Scenario 1** - Hyperacute Stroke Unit at University Hospitals Coventry and Warwickshire / 1 Acute Stroke Unit at University Hospitals Coventry and Warwickshire
- **Scenario 2** - Hyperacute Stroke Unit at University Hospitals Coventry and Warwickshire / 3 Acute Stroke Units at University Hospitals Coventry and Warwickshire, South Warwickshire Foundation Trust & George Eliot Hospital
- **Scenario 3** - Hyperacute Stroke Unit at University Hospitals Coventry and Warwickshire / 2 Acute Stroke Units at University Hospitals Coventry and Warwickshire and South Warwickshire Foundation Trust
- **Scenario 4** - Hyperacute Stroke Unit at University Hospitals Coventry and Warwickshire / 2 Acute Stroke Units at University Hospitals Coventry and Warwickshire & George Eliot Hospital

**These scenarios were then assessed to see if they met various clinical conditions including:**

1. Scenarios are capable of meeting the NHS Midlands and East Stroke Service Specification.
2. Scenarios must be clinically viable in terms of both workforce and number of patients treated; the latter is critical for staff to maintain their stroke specialist knowledge and skills.
3. Scenarios must be no less than 10 bedded units, as the findings from the visits to stroke units already identified as providing the best practice was that this was the minimum for the service to be clinically sustainable.

It was agreed that the only clinically viable option for the acute phase of the stroke pathway would be to centralise hyperacute and acute services at University Hospitals Coventry and Warwickshire. There is clear evidence that hyperacute stroke/acute stroke units need to treat a minimum number of cases to be able to recruit specialist staff and maintain their skills. There isn't enough stroke activity in Coventry and Warwickshire to sustain more than one hyperacute service.

## Outcome of the engagement work to look at the different ideas for hyperacute and acute stroke services

Feedback from public engagement in 2014/15 led to the extension of the stroke patient pathway to include stroke community rehabilitation and proposals to improve stroke prevention. During 2016 the clinical group developed specialist stroke home based community rehabilitation and a proposal for how to prevent more strokes. A second stage of formal engagement was undertaken to understand the views of the proposals:

- 5000 questionnaires were circulated across Coventry and Warwickshire
- 23 public meetings took place
- 27 newspaper articles were published
- 3 radio interviews were undertaken
- Social media reached 800,000 people
- Over 300 people completed questionnaires to feedback their views.

People were asked if they agreed with the proposal to prevent more strokes by:

- Making the most effective use of the treatments available
- Centralising the service for everyone who suffers a TIA and is at high risk of a stroke.

173 respondents agreed with the proposals to prevent more strokes, 70 disagreed.

People were also asked what they thought about the proposal for a stroke rehabilitation service. The proposal includes Early Supported Discharge where people would receive rehabilitation at home. For those not well enough for Early Supported Discharge, community based beds would be available in hospital at South Warwickshire Foundation Trust (SWFT) in Leamington Spa and the George Eliot Hospital (GEH) in Nuneaton.

- 160 people agreed with the developed proposal for stroke rehabilitation
- 133 people disagreed with the developed proposal for stroke rehabilitation.

Key concerns were raised during the engagement relating to travel and the requirement for Coventry and Rugby residents to travel to the George Eliot Hospital in Nuneaton or South Warwickshire Foundation Trust to receive bedded stroke rehabilitation.

In response, the Clinical and Operational Group considered alternative scenarios for delivering bedded rehabilitation for the population of Coventry and Warwickshire (for more information please see the business case at): [www.strokecovwarks.nhs.uk/Documents/Documents](http://www.strokecovwarks.nhs.uk/Documents/Documents)

## Review of ideas for inpatient rehabilitation services

This further work identified that there were a number of potential scenarios for providing bedded rehabilitation. A long list of potential scenarios was developed by the Clinical and Operational Group. These scenarios were assessed against their ability to:

- Meet national guidance and the requirements of the NHS Midlands and East Regional Stroke Service Specification
- Demonstrate at least the minimum levels of delivery of: quality; being safe; being sustainable and better outcomes for patients.

Following these clinical assessments two viable stroke rehabilitation options remained:

### Option 1

Early Supported Discharge Service (ESD) and community rehabilitation in all areas of Coventry and Warwickshire. Bedded rehabilitation at South Warwickshire Foundation Trust (SWFT) in Leamington and George Eliot Hospital (GEH) in Nuneaton

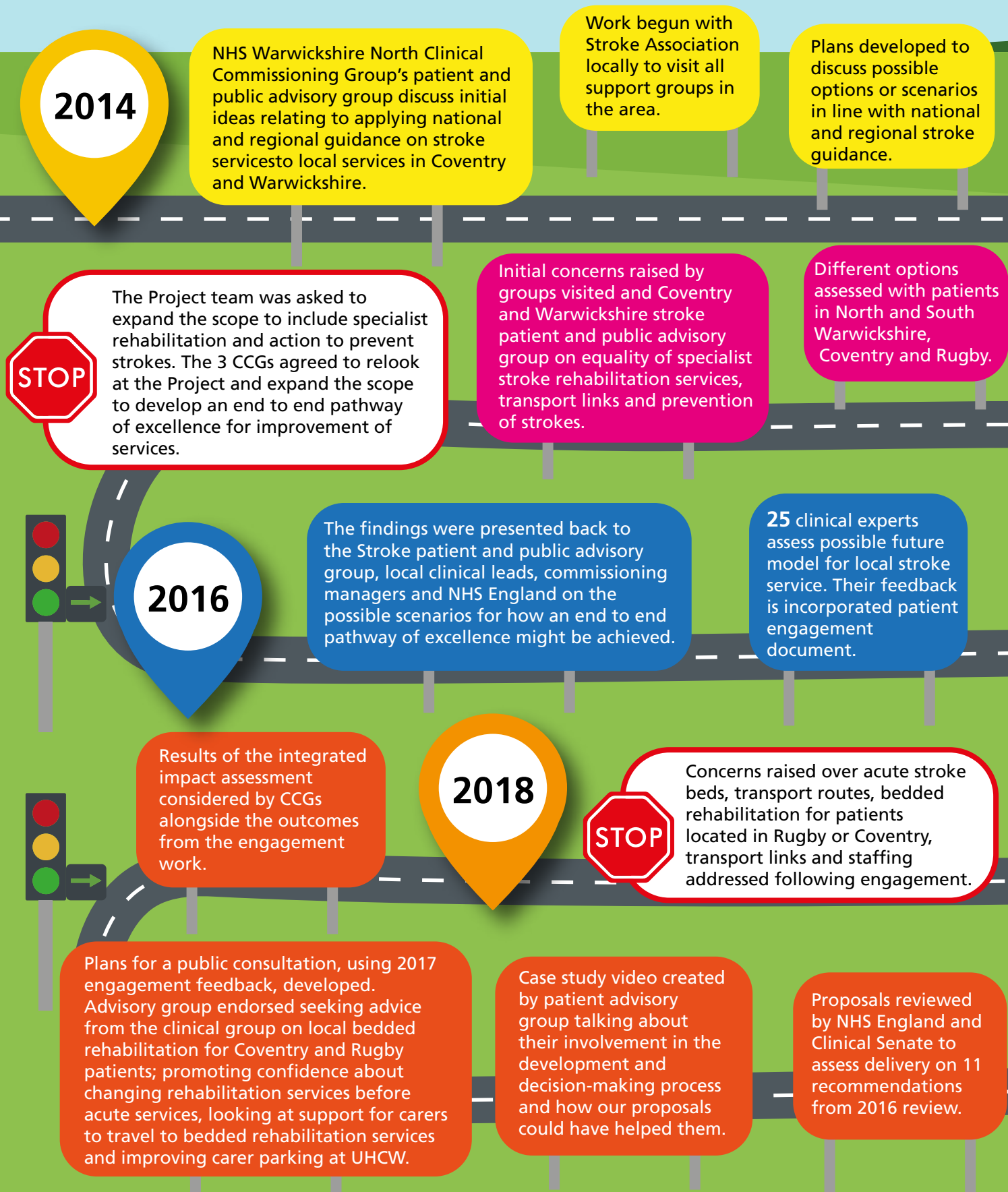
### Option 2

ESD and community rehabilitation in all areas. Community bedded rehabilitation provision in Coventry with specialist therapy in-reach. Bedded rehabilitation at SWFT in Leamington and GEH in Nuneaton

These options were then taken forward for full non-financial appraisal by all key stakeholder groups.

Details of the options appraisal are provided in the Redesigning Stroke Services in Coventry and Warwickshire Engagement Report August to November 2018 and in the business case at: [www.strokecovwarks.nhs.uk/Documents/Documents](http://www.strokecovwarks.nhs.uk/Documents/Documents) and under the heading non-financial options appraisal later in this document.

**Patient and public engagement has informed the development of proposals for an improved stroke service since 2014 to the present (please see the infographic below).**





2015

Dedicated stroke patient and public advisory group formed, chaired by the Stroke Association and including membership of stroke survivors, carers and Healthwatch. The Coventry and Warwickshire stroke patient and public advisory group has met regularly from then until now.

Four possible scenarios to improve local stroke services in the future assessed and discussed with stroke patients and stakeholders.

STOP

Visits to **EVERY** Stroke Association public support group in Coventry and Warwickshire, reaching over **150** stroke survivors, their carers and families.

Warwickshire Public Health's Impact Assessment identified the groups at risk that needed to be included in engagement. Feedback from additional groups identified as at risk of stroke in the future included discussions with alcohol and substance support groups, Age UK and diabetes support groups.

Stroke patient and public advisory group support stronger clinical scenario to centralised hyper-acute and acute stroke services. The group help to communicate this option through coproduction of future public engagement materials.

Stroke patient case studies developed on how the proposed new service could have helped their outcomes.

Work is undertaken on implementing the 11 recommendations from the Clinical Senate. An Integrated Impact Assessment is commissioned of the emerging pathway of excellence as an alternative to the 'Do Nothing' option.

STOP

Almost **5000** questionnaires distributed across Coventry and Warwickshire to gather views. **23** public meetings, **27** newspaper articles, **3** radio interviews took place and social media reached almost 800,000 people.

Prevention of stroke and development of rehabilitation services are tested in a further six week engagement exercise.

2017

Public non-financial options appraisal criteria co-produced by PPAG and tested at engagement events August to October 2018.

Stakeholder, patients and public non-financial options appraisal November 2018.

2019

NHSE approvals process completed August 2019.

Stroke consultation begins October 2019.

## Concerns expressed during patient and public engagement and how we have addressed them

### Consistent areas of concern included:

- Transport and travel including travel time by ambulance
- Capacity at University Hospitals Coventry and Warwickshire
- Parking

Commissioners considered all feedback and worked with clinicians, senior managers and local authority colleagues to address the concerns.

We have constantly considered patient and public feedback in the development of proposals for an improved stroke service. Commissioners throughout the development of the new model have listened and responded to concerns expressed by patients and the public, these have included the following:

### Travel

#### **People are worried that there won't be enough ambulances to take additional patients if the hyperacute unit and acute unit are centralised at University Hospitals Coventry and Warwickshire.**

The detailed modelling we have done means that we know that we would need more investment into ambulance services. Extra funding has been identified to commission adequate ambulance service provision.

#### **People are concerned about how they would travel to visit family and friends.**

It is important that patients and relatives have the right information at the right time and we have reviewed and refreshed the information pack, currently being piloted, to provide stroke patients with information on public transport, patient and voluntary transport and private transport. This includes useful information from bus timetables to the local area, how stroke survivors aged 50 plus and/or their carers can attend NHS related appointments all the way through to social and wellbeing activities for low cost.

We're changing bus routes - the number 65 hourly bus service, operated by Arriva, is now extended to service Tamworth Hospital to George Eliot Hospital, Nuneaton. This gives a new direct service from several North Warwickshire communities.

Keeping information accurate - transport planners regularly send the latest public transport timetables to named representatives on stroke wards to make sure information is up to date.

Getting more from bus transport - bus operators have agreed the principles of a bus pass plus across Coventry and Warwickshire, costs are to be agreed.

Posters detailing voluntary car schemes in Warwickshire advertise in local hospitals and are available on stroke units.

For information on travel and transport please visit: [warwickshire.gov.uk/activetravel](http://warwickshire.gov.uk/activetravel)

## Capacity at University Hospitals Coventry and Warwickshire

**People are concerned about beds, they worry that moving the acute stroke services at George Eliot Hospital and Warwick Hospital would mean there would not be enough beds for stroke patients in hospitals.**

Faster discharge where appropriate - the new model offers Early Supported Discharge and community rehabilitation. This means that patients can continue their recovery at home and in the community. The new model has taken into account population growth and busiest times.

Our review of established services show that because of shorter stays in hospital for the majority of stroke patients (70%), fewer acute beds will be needed. Community stroke rehabilitation beds have been allocated for patients who are not fit enough for Early Supported Discharge and community rehabilitation. Please see 'staffing tables by Provider' detailed in the business case at:

[www.strokecovwarks.nhs.uk/Documents/Documents](http://www.strokecovwarks.nhs.uk/Documents/Documents)

**People are aware and concerned about national shortages in specialist stroke consultants and difficulties in recruitment**

Bringing the workforce together - a more centralised model for the acute stroke service would optimise the specialist workforce available and improve recruitment, retention, education and training and workforce sustainability (for further detailed information please visit the business case at): [www.strokecovwarks.nhs.uk/Documents/Documents](http://www.strokecovwarks.nhs.uk/Documents/Documents)

**People are concerned about busy times at A & E and delay in reaching the Hyperacute Stroke Unit or the Acute Stroke Unit.**

Getting you to where you need to be - clinicians have developed a protocol to ensure patients are handed over quickly to the hyperacute stroke unit and do not get delayed in the Emergency Department. To inform the protocol, clinicians looked at peak and surge demand times (busiest times) and developed plans to make sure patients would reach the right service even at these times.

**People are worried about the difficulty in parking at UHCW**

A new car park would provide an additional 1,600 car parking spaces (awaiting planning decision).

## Review of ideas for community rehabilitation beds

At a meeting in August 2018, the Stroke Patient and Public Advisory Group worked to co-produce a set of desirable criteria and the process to be used to assess the options for bedded rehabilitation. The group also confirmed their support for the preferred option for acute and hyperacute stroke services to be centralised at University Hospital, Coventry.

The assessment criteria co-produced by the Patient and Public Advisory Group and subsequently tested at further public engagement events in Autumn 2018 were:

- Services should be equitable, consistent and always available
- Services should focus on the best possible outcomes and recovery
- Services should be personalised with a package of care that is right for each individual patient
- We should create an environment where experiences, knowledge and information can be shared to benefit stroke survivors and their carers
- Professional who are delivering services should understand the stroke patients' feelings and the consequences of having a stroke
- All stroke services should work together with a smooth transition at all points in the stroke patients' care.

At the patient and public engagement events in autumn 2018 the preferred option for stroke hyperacute and acute services was also revisited, as well as discussing the options for stroke rehabilitation. The findings from these engagement events then fed into a formal public and stakeholder non-financial options appraisal event for bedded stroke rehabilitation services.

To ensure a mix of people offering a range of perspectives attended the meeting, invitations were sent to people of different ages, religions, ethnicity, gender etc. More than 40 people attended, including staff members who would be involved in delivering a future improved service. They were asked to consider the relative importance of each of the criteria and score each option out of 10 for how well they met (or did not meet) each of the desirable criteria. There was overwhelming support for the option of one bedded rehabilitation unit at Leamington Spa Hospital and one at George Eliot Hospital (to view the full report on the non-financial options appraisal please visit: [www.strokecovwarks.nhs.uk/Documents/Documents](http://www.strokecovwarks.nhs.uk/Documents/Documents))

The Clinical and Operational Group then completed a financial option appraisal (for more detail please see the business case at: [www.strokecovwarks.nhs.uk/Documents/Documents](http://www.strokecovwarks.nhs.uk/Documents/Documents))

## Our proposal for local stroke services

Over the last four years we have worked with clinicians, stakeholders, patients and the public collaboratively which has led to a proposed new clinical model for stroke services. The new model will provide a pathway of excellence for stroke services, removing the current differences in services and access for the population of Coventry and Warwickshire (for more detail please see the business case at [www.strokecovwarks.nhs.uk/Documents/Documents](http://www.strokecovwarks.nhs.uk/Documents/Documents).)

### Acute or emergency stroke services

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

### Rehabilitation stroke services

- There would be an Early Supported Discharge Service (ESD) (where patients are given support to leave hospital as soon as they are able to) and community rehabilitation in all areas of Coventry and Warwickshire for patients after they leave the acute stroke unit.
- Patients who need rehabilitation in hospital would receive care and treatment at Leamington Spa Hospital and the George Eliot Hospital in Nuneaton.

## Tell us your views

Your views are important to us and you can feed back to us in the following ways:

1. Complete the questionnaire on the next pages and post it back to us to. You can post the questionnaire free to: Freepost **NHS QUESTIONNAIRE RESPONSES**. Please ensure you use capital letters as shown in the address, so the Post Office machines can scan the address.
2. Complete the online survey at: <http://www.strokecovwarks.nhs.uk>
3. Attend one of our events at the times and in the locations below:

Date	Time	Venue
Thursday 7 November 2019	6pm-8pm	Foundation House, Masons Road, Stratford-upon-Avon. CV37 9NF
Tuesday 12 November 2019	6pm-8pm	Atherstone Memorial Hall, Long St, Atherstone. CV9 1AX
Thursday 21 November 2019	1pm-3pm	Benn Partnership Trust, Railway Terrace, Rugby. CV21 3HR
Monday 25 November 2019	6pm-8pm	Queens Road Baptist Church, Queens Road, Coventry. CV1 3EG
Thursday 5 December 2019	6pm-8pm	Benn Partnership Trust, Railway Terrace, Rugby. CV21 3HR
Thursday 12 December 2019	11am-1pm	The SYDNI Centre, Cottage Square, Leamington Spa. CV31 1PT
Monday 6 January 2020	11am-1pm	Townsend Hall, 52 Sheep St, Shipston-on-Stour. CV36 4AE
Monday 13 January 2020	10am-12 noon	Chess Centre, 460 Cedar Road, Nuneaton. CV10 9DN
Monday 20 January 2020	3pm-5pm	Queens Road Baptist Church, Queens Road, Coventry. CV1 3EG



# Consultation survey

**Q1: Have you experienced a stroke or transient ischaemic attack (TIA)?**

- Yes, I have experienced a stroke or TIA
- No, I haven't had a stroke or a TIA
- Prefer not to say

**Q2: Are you a carer, friend or relative of someone who has had a stroke or TIA?**

- Yes, I am a carer, friend or relative of someone who has had a stroke or TIA
- No, I am not a carer, friend or relative of someone who has had a stroke or TIA
- Prefer not to say

**Q3: To what extent do you agree or disagree with our proposal to locate all acute or emergency stroke services in Coventry?**

- Strongly Agree
- Agree
- Neither agree / disagree
- Disagree
- Strongly disagree
- Prefer not to say

Please tell us the reason for your answer

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**Q4: Please tell us about the impact our proposal to locate all acute or emergency stroke services in Coventry would have on you:**

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

Please tell us the reason for your answer

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**Q5: Please tell us about the impact our proposal to locate all acute or emergency stroke services in Coventry would have on your family/ friends/carer:**

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

Please tell us the reason for your answer

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**Q6: To what extent do you agree with patients who have had a stroke being given support to leave hospital as soon as they are able to (early supported discharge?)**

- Strongly Agree
- Agree
- Neither agree / disagree
- Disagree
- Strongly disagree
- Prefer not to say

Please tell us the reason for your answer

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**Q7: Please tell us about the impact that early supported discharge services would have on you:**

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

Please tell us the reason for your answer

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**Q8: Please tell us about the impact that early supported discharge services would have on your friends/family/carer:**

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

Please tell us the reason for your answer

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**Q9: To what extent do you agree or disagree with rehabilitation being available in hospital at Leamington Spa Hospital and the George Eliot Hospital in Nuneaton?**

- Strongly Agree
- Agree
- Neither agree / disagree
- Disagree
- Strongly disagree
- Prefer not to say

Please tell us the reason for your answer

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**Q10: Please tell us about the impact that having hospital rehabilitation at Leamington Spa Hospital and the George Eliot Hospital in Nuneaton would have on you:**

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

Please tell us the reason for your answer

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**Q11: Please tell us about the impact that hospital rehabilitation at Leamington Spa Hospital and the George Eliot Hospital in Nuneaton would have on your family/friends/carers:**

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

Please tell us the reason for your answer

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**Q12: Is there anything you would like to add regarding stroke services in Coventry and Warwickshire which has not been covered by earlier questions (for example, can you suggest another option?)**

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### Equalities monitoring - optional

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. This is optional and 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.

**Q13: Please tell us which area of Coventry or Warwickshire you live in.**

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**Q14: Please tell us your postcode below**

Please use all capital letters eg CV34 4DE

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**Q15: What is your gender?**

- Male
- Female
- Prefer to self-define .....
- Prefer not to state

**Q16: If female, are you currently pregnant or have you given birth within the last 12 months?**

- Yes
- No
- Prefer not to state



**Q17: What is your age?**

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

**Q18: What is your ethnic group?**

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

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**Mixed/Multiple ethnic groups**

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

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**Asian/Asian British**

- Indian
- Pakistani
- Bangladesh
- Chinese
- Any other Asian background, please describe

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**Black/African/Caribbean/Black British**

- African
- Caribbean
- Any other Black/African/Caribbean background, please describe

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**Other ethnic group**

- Arab
- Any other ethnic group, please describe:

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**Q19: 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 health problems/disability
- Problems related to old age
- No
- Prefer not to say
- Other, please describe

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**Q20: 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 conditions or illness, please describe

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**Q21: What is your sexual orientation?**

- Bisexual
- Heterosexual / straight
- Gay or Lesbian
- Prefer to self-define
- Prefer not to state
- Don't know / not sure

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**Q22: 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 describe:

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**Q23: 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 describe

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You can post the questionnaire free to: Freepost **NHS QUESTIONNAIRE RESPONSES**. Please ensure you use capital letters as shown in the address, so the Post Office machines can scan the address.





Engagement team  
c/o NHS Arden&GEM  
Westgate House  
Market Street  
Warwick  
CV34 4DE

For more information about this consultation and our proposals, please go to <http://www.strokecovwarks.nhs.uk/>

This consultation document is available in different formats and languages on request. Please contact us for further information on:

**Tel:** 0121 611 0611

**Email:** [agem.communications@nhs.net](mailto:agem.communications@nhs.net)

