



Developing stroke services in Coventry and Warwickshire

Public Consultation - Summary Document

9 October 2019 - 2 February 2020



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

Contents

Foreword	.....	2
About stroke	.....	3
Why change is needed for our local stroke services	.....	3
Current services	.....	4
Developing our proposals	.....	5
Our proposal for local stroke services	.....	6
Tell us your views	.....	7
Consultation survey	.....	8



Foreword

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

We want fewer people in Coventry and Warwickshire to have a stroke and for those that do to have better outcomes, meaning that they are less likely to have a disability. To make this happen we know we need to change services and invest £3.1 million in specialist rehabilitation such as physiotherapy, ambulance transfers and medicines. We feel that it is important to make this investment.

Over the past five years we have looked at the whole patient pathway for stroke services; including prevention through to rehabilitation services. We have listened to feedback from our extensive public engagement and taken this into account in our final proposals for public consultation.

This 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 options for an improved stroke service.

We want to hear your views on our final proposals.

Please complete the questionnaire at the end of this document or attend one of our consultation events. You can also complete an online survey at www.strokecovwarks.nhs.uk. Your contribution and opinions really do count and will help us to make decisions about stroke services in our area for the future.

Thank you

Thank you to our partners: University Hospitals Coventry and Warwickshire NHS Trust (UHCW), South Warwickshire NHS Foundation Trust, George Eliot Hospital NHS Trust, Coventry and Warwickshire Partnership NHS Trust, Warwickshire County Council, Coventry City Council, West Midlands Ambulance NHS Foundation Trust.

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 who has contributed.

About 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. Although largely preventable, stroke is one of the main causes of death 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, regardless of age.

Why change is needed to our local 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 patients get the best outcomes.

The CCGs are clear on the improved patient outcomes they want to see delivered through this change. By ensuring a consistent, high quality service, 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. 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).

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 doctors and nurses, patients, carers and the Stroke Association are:

- Not everyone, who could benefit (i.e. within the first 72 hours of having a stroke), is being taken to the hyperacute unit at University Hospitals Coventry and Warwickshire.
- We do not have best practice specialist rehabilitation services available for everyone in all areas 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 Atrial Fibrillation (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.
- We are not in the best place to develop services in line with the ambitions in The NHS Long Term Plan which are set by the NHS nationally.



Developing our proposals

To develop our proposals, we have:

- Looked at national and regional evidence and best practice for delivering stroke services
- Worked with local doctors, specialist nurses and therapists to develop the clinical model of how we might deliver stroke services
- Created a group of stroke patient and carer experts to advise us, chaired by the Stroke Association
- Delivered an extensive programme of pre-consultation engagement with the public including stroke survivors and carers.

The extensive journey we have undertaken to develop and review our proposals by working closely with clinicians, patients and the public is described in the full version of our public consultation document.

The NHSE Regional Stroke Service Specification outlines services that we must provide locally. This means that we had to have the hyperacute stroke unit, the first place patients are taken after they have a stroke, at University Hospitals Coventry and Warwickshire as our local specialist hospital and trauma centre. Acute stroke unit care should be aligned to the hyperacute stroke unit. We were also required to provide an early supported discharge service for patients after they have had a stroke.

We considered various scenarios including keeping the services the same and as well as having a hyperacute stroke unit in Coventry, having a number of acute stroke units in different locations. We looked at the different scenarios and considered how many patients could be treated and whether we could staff them with the right clinicians so it was safe. We call this assessing clinical viability.

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.

All of the feedback we have been given led us to widen the scope of our review to include prevention of stroke and rehabilitation services in addition to looking at how we could improve hospital care and outcomes for stroke patients. Alternative options were then also considered for delivering rehabilitation for stroke patients in hospital if this was required.

We have looked in detail at travel and how people will get to hospital if they have had a stroke or if they are visiting a family member and we are working to reduce the impacts of increased travel. We have also considered people's concerns about bed capacity at University Hospitals Coventry and Warwickshire and we have included early supported discharge to home, community rehabilitation and community stroke rehabilitation beds in our proposals to help this.

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.

The preferred option for delivering an improved stroke service for Coventry and Warwickshire patients is:

Acute 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) 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.

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

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
Monday 6 January 2020	10am-12 noon	Townsend Hall, 52 Sheep Street, Shipston-on-Stour. CV36 4AE
Monday 6 January 2020	3pm-5pm	Benn Partnership Trust, Railway Terrace, Rugby. CV21 3HR
Monday 6 January 2020	6pm-8pm	Benn Partnership Trust, Railway Terrace, Rugby. CV21 3HR
Wednesday 8 January 2020	10am-12 noon	The SYDNI Centre, Cottage Square, Leamington Spa. CV31 1PT
Thursday 9 January 2020	6pm-8pm	Foundation House, Masons Road, Stratford-upon-Avon. CV37 9NF
Monday 13 January 2020	10am-12 noon	Chess Centre, 460 Cedar Road, Nuneaton. CV10 9DN
Tuesday 14 January 2020	6pm-8pm	Atherstone Memorial Hall, Long Street, Atherstone. CV9 1AX
Monday 20 January 2020	3pm-5pm	Queens Road Baptist Church, Queens Road, Coventry. CV1 3EG
Monday 20 January 2020	6pm-8pm	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

.....

.....

.....

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

.....

.....

.....



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

.....

.....

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

.....

.....

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

.....

.....

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

.....

.....



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

.....

.....

.....

.....

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

.....

.....

.....

.....

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

.....

.....

.....

.....



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?)

.....
.....
.....
.....
.....
.....
.....
.....

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.

.....
.....

Q14: Please tell us your postcode below

Please use all capital letters eg CV34 4DE

.....

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

Q18: What is your ethnic group?

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

.....

.....

Mixed/Multiple ethnic groups

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

.....

.....

Asian/Asian British

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

.....

.....

Black/African/Caribbean/Black British

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

.....

.....

Other ethnic group

- Arab
- Any other ethnic group, please describe:

.....

.....



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

.....

.....

.....

.....

.....

.....

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

.....

.....

.....

.....

.....

.....

.....



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

.....

.....

.....

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:

.....

.....

.....

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

.....

.....

.....

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

