



Improving Stroke Care in West Surrey

SHARE YOUR VIEWS

Public consultation 6 February to 30 April 2017



Guildford and Waverley
Clinical Commissioning Group



North West Surrey
Clinical Commissioning Group

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This document describes plans to improve future stroke care in West Surrey in good faith so as to inform, engage and consult with the public about their impact and scope for improvement.

We can provide other versions of this document such as Easy Read, Braille or other languages. Please email gwccg.consultations@nhs.net or call 01483 405468 to request a different version.

Stroke Improving services in West Surrey
Public Consultation 6 February to 30 April 2017
Find out more and take our survey via www.guildfordandwaverleyccg.nhs.uk

NHS Guildford and Waverley Clinical Commissioning Group
NHS North West Surrey Clinical Commissioning Group

Please share your views with us online email post engagement events

Introduction

Stroke is the fourth single leading cause of death and one of the largest causes of disability in the UK¹. Over a third of stroke survivors in the UK are dependent on others; of those, one in five is cared for by family and/or friends.

Between April 2015 and March 2016, just over 700 people in Guildford, Waverley and North West Surrey had a stroke².

Over the past two years, the NHS in Surrey has been working with local people and health and care professionals to plan ways to improve stroke care. We have compared stroke services across Surrey to national standards and clinical guidelines. We have talked to patients, carers, clinicians and national experts, including the Stroke Association. This helped us understand what is working well and where change is needed.

Stroke care is better in some parts of the UK than in Surrey. The NHS in West Surrey has therefore developed plans to improve stroke services in this part of the county. By improving services, we can prevent more people from dying or being disabled after a stroke.

Which organisations are involved?

NHS Guildford & Waverley Clinical Commissioning Group (CCG) is leading this consultation across West Surrey in partnership with NHS North West Surrey CCG. These organisations plan and buy healthcare to meet the needs of local people.

These CCGs have worked closely with the following local organisations that provide stroke services, in order to review the current service and develop these plans:

- Ashford and St Peter's Hospitals NHS Foundation Trust
- Frimley Health NHS Foundation Trust
- Royal Surrey County Hospital NHS Foundation Trust
- The Stroke Association and other local stroke voluntary groups
- Virgin Care Services Limited

Why have changes been planned?

CCGs must ensure local health care is high quality and safe for patients who need it. We consider that stroke care needs to change because of the following findings:

- Rates of death and disability following stroke are higher in Surrey compared with some parts of England and Wales.
- There is evidence which proves better health outcomes - that is reduced death rates and disability - can be achieved with a new model of stroke care.
- There are not enough specialised stroke staff to provide services safely in every hospital.

¹ State of the Nation Stroke Statistics, The Stroke Association, January 2017, https://www.stroke.org.uk/sites/default/files/state_of_the_nation_2017_final_1.pdf

² Sentinel Stroke National Audit Programme, April 2015 to March 2016, CCG data for Guildford & Waverley, North West Surrey and Surrey Heath CCGs <https://www.strokeaudit.org/results/national-results.aspx>

- Our specialists need to see and treat more people with stroke to obtain the experience they need to keep their skills up to date.

Is this about cost-cutting?

This is not about saving money, but about investing more money in the whole care pathway. Stroke can have devastating impacts on patients, carers and their families; we want to achieve better outcomes for all and plan to devote more funding towards this.

How can I find out more?

The public consultation starts on 6 February 2017 and ends on 30 April 2017 and we have organised a number of opportunities for you to meet clinical specialists to find out more:

- Evening events
- Drop-in daytime sessions

Please see page 26 for a list of dates and venues.

As well as this booklet, a shorter summary has been produced. These will be posted to a wide variety of stakeholders including community groups, parish councils and voluntary organisations at the start of the consultation. They will also be made available in places such as libraries, GP practices and health centres.

If you would like to receive printed copies of this booklet or the summary please email gwccg.consultations@nhs.net with your address or call the CCG on 01483 405468.

How can I share my views?

We welcome your feedback about how we could improve stroke services further. A questionnaire is available for you to complete **by hand or online**. You are encouraged to feedback using this questionnaire. There is space for you to write freely with your comments.

- Go to our [website](#). See full web address below³. The survey can be linked to from there.
- Tear or print off the questionnaire at the back of this booklet and complete by hand. Use extra blank pages if you would like. You can then post this free to:

FREEPOST
NHS G&W CCG

We look forward very much to hearing from you.



Dr David Eyre-Brook
Chair
NHS Guildford & Waverley CCG



Dr Charlotte Canniff
Chair
NHS North West Surrey CCG

³ <http://www.guildfordandwaverleyccg.nhs.uk/page1.aspx?p=20>

What local people told us was important



In 2014 and 2015, the NHS across Surrey worked with the Stroke Association, service user groups, clinicians and other partners to review stroke care.

We collected information about the quality of current services, learnt from national experts and research and talked to health and care professionals about the best way forward.

350 members of the public and people using services told us what good care means for them and what we should focus on to improve stroke services.

The following aspects of stroke care were identified as being very important by over 70% of respondents:

- Being in a hospital with the most experienced doctors and nurses, even if the hospital is a little further away
- Having access to treatment seven days a week
- Being better supported after leaving hospital
- Having a medical review six months following a stroke

By comparison, the same people said the following aspects of stroke care were less important to them:

- Being in the hospital nearest to where I live
- Staying in hospital until I am fully able to support myself
- Having a helpline for stroke care
- Having professionals visiting me at home for more than two months following a stroke

Feedback from national experts

Taking into account that death rates after stroke are higher in West Surrey than other areas of the country, we asked a national panel of experts for their recommendations about the best way to provide stroke services in hospital.

After looking at all the evidence and hearing the views of local people and clinicians, the national expert panel recommended that specialist stroke care should be provided at three hospitals throughout all of Surrey. This would include East Surrey Hospital (outside the scope of this document).

This specialist care should include a hyperacute stroke unit (intensive care given during the first three days after a stroke) alongside an acute stroke unit (care given after the first three days and usually up to about seven days). This would mean enough specialist staff would be available to provide seamless and continuous care during the first stages of someone's care.

Why we are proposing changes to how stroke services are provided in West Surrey

More people die or suffer severe disability in Surrey following a stroke compared to many other parts of the country

We want to make sure local residents have access to the best care to save lives and reduce disability

Local people and staff have told us there need to be smoother transitions between services

People still require support after they leave hospital and they do not feel that this is adequate at the moment

Services in different parts of West Surrey vary

We want to make sure that wherever people live, they have access to the same good quality care, with the best possible outcomes

Specialist stroke units need to see between 500 and 1,500 people with a stroke every year so that staff keep up their skills

Most hospitals in West Surrey do not see this many people with a stroke each year; we need to consolidate so fewer hospitals care for a larger number of people

There are not enough specially trained and highly experienced staff to offer stroke services in every acute hospital in West Surrey

There is a shortage of specialist stroke doctors, nurses and therapists throughout England

Services are not all meeting best practice standards

Providing better care for more people suffering a stroke would save lives and reduce levels of disability

Summary of our plans

Based on the evidence from places that have centralised stroke care such as London and Manchester, we have developed plans to improve health outcomes and patient and carer experience.

We want to ensure that we have considered these plans from all angles and we want to hear from you about whether we could improve them further.

1. We want to improve hospital care for patients by consolidating specialist stroke services at two hospital sites in West Surrey. This would enable seven day stroke specialist care to be provided, which is known to improve outcomes.

The following hospitals have been chosen to provide this care:

- Frimley Park Hospital in Camberley
- St. Peter's Hospital in Chertsey

Under these plans specialist stroke care will no longer be provided at:

- Royal Surrey County Hospital in Guildford

2. We want to improve specialist stroke rehabilitation for patients who do not need to stay in the acute hospital but who are not quite well enough to go home. Changing how this is provided will enable patients to receive more intensive therapy, according to their needs, and therefore go home earlier.

In order to make best use of specialist skills, we want to consolidate the number of hospitals providing this specialist care at Farnham Hospital with other possible options including Ashford Hospital, Milford Community Hospital and Woking Community Hospital.

Further consultation and planning is required to settle on the most suitable base from the three above and your views through this consultation are welcomed.

3. We want to improve community-based rehabilitation services so that patients and carers feel better supported when they return to their own home.

- Increase the number of people able to return home sooner with stroke specialist rehabilitation. This is known as Early Supported Discharge or ESD
- Increase the number of people able to access psychology services
- Ensure that everyone who has a stroke has a review 6 months afterwards
- Develop and support initiatives aimed at preventing stroke

Equality analysis



Clinical Commissioning Groups have a duty to reduce health inequalities experienced by their populations.

All service change plans must be assessed and analysed with respect to their potential impact on individuals with any of the nine protected equality characteristics defined under the Equality Act 2010.

- Age
- Disability
- Ethnicity
- Gender
- Gender reassignment
- Marriage & civil partnership
- Religion & beliefs
- Pregnancy & maternity
- Sexual orientation

Impacts may be positive, negative or neutral (no impact at all).

In addition to these equality groups, the CCGs assess the impact of plans on

- Carers
- Particular geographical locations and areas of deprivation

Findings

An equality analysis of these plans was carried out in December 2016.

All people in West Surrey will have access to the best pathway of stroke care recommended by experts. Overall, the plans will have a positive impact on the majority of equality groups and a neutral impact on the remainder. No equality group will experience a negative impact.

However, it is fully recognised that carers, family members and friends in some parts of West Surrey would need to travel further to visit a friend or relative. This would have most impact on those who are completely reliant on public transport because of the potential financial implications of finding alternative transport.

Through consultation we will need to ensure we fully understand the impact on this group to ensure they are not significantly disadvantaged by these plans.

To read the full equality analysis, go to www.guildfordandwaverleyccg.nhs.uk and click on Stroke Consultation.

What should happen when you have a stroke?

What is a stroke?

A stroke is caused when the blood supply to the brain is interrupted usually due to the following:

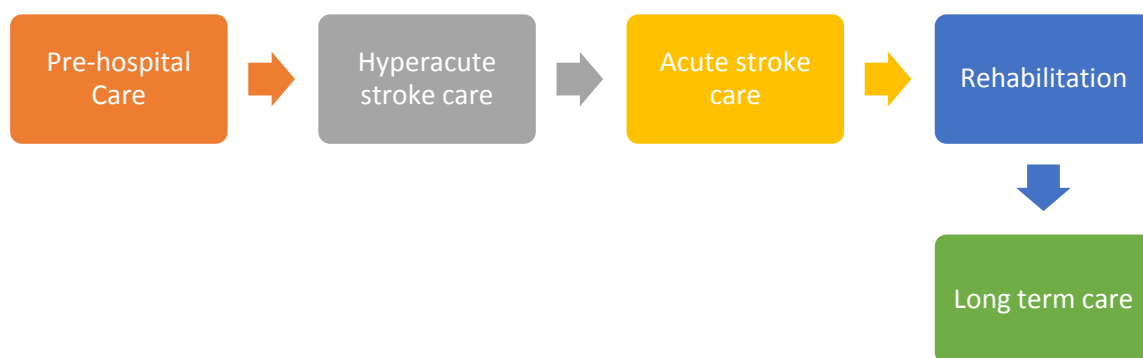
- a blood vessel is blocked by a clot
- a blood vessel bursts causing a bleed

This cuts off the supply of oxygen and nutrients, which can damage the brain tissue. The effects of a stroke depend on which part of the brain is injured and how severely it is affected.

The type of treatment needed depends on the type of stroke, but everyone who has a stroke benefits from receiving care in a hospital with stroke specialist staff followed by stroke specialist rehabilitation and support in the community if needed.

Best practice stroke care

When someone has a stroke, they have a 'pathway' of care to support their recovery. This is illustrated below in the flow diagram and explained in the narrative below.



Getting to hospital

People do best if they receive care in a specialist hospital unit immediately after having a stroke; life-saving treatments such as clot busting drugs need to be given within two hours of a stroke occurring. The first step in the pathway is therefore getting to hospital, which is usually by ambulance with trained paramedics **monitoring patients and pre-alerting the specialist hospital** to enable potential stroke patients to be met on arrival by a member of the stroke team

Not all patients suspected of suffering a stroke will be diagnosed with stroke; but all of these patients should be taken to a hyperacute stroke unit for diagnosis (see next section).

Immediate care in hospital

Evidence shows that good quality stroke care when people arrive at hospital is the most important contributor to survival. The first four hours of care is critical.

Patients should be cared for in a **hyperacute stroke unit (HASU)**. A high-performing HASU would be expected to have highly trained doctors, nurses and therapists and specialised equipment to provide high quality stroke care **24 hours a day, 7 days a week**.

People might stay in a HASU for about three days, though this will vary based on individual needs.

Follow on care in hospital

After about three days in a hyperacute stroke unit, some people might be ready to go home.

However, many people need a few extra days in hospital where they are cared for by specialist staff. This would be less intensive care than their initial treatment but would still take place in an acute hospital. This is referred to as **acute stroke unit care**.

Usually people stay in these units for about seven days after having a stroke. The exact number of days people stay depends on their individual needs. The preferred location for an acute stroke unit would be in the same hospital as the hyperacute unit, as this provides continuity of care and enables better use of staff resources.

Care in the community

After people leave specialist hospitals, they might need further in-hospital rehabilitation, which could either be provided in a community hospital or co-located with the acute stroke unit.

Some people return home with '**early supported discharge**' (**ESD**). These people leave hospital as early as possible and get ongoing help at home for around six weeks provided by a specially trained team. This type of intensive, specialist rehabilitation carried out as early as possible in the familiar setting of a patient's own home has been shown to improve overall recovery from stroke.

Some people obtain help with changes to their home, like installing handrails. People may have physiotherapy or speech and language therapy. As well as these NHS services, there are a wide variety of voluntary groups providing exercise sessions, social groups and other support.

Long term care

Stroke survivors and their carers should be enabled to live a full life in the community, building up over the medium and long term. On-going therapies should be provided to ensure maximum recovery.

Carers of stroke survivors should be provided with a named point of contact for stroke information, written information about the stroke survivor's diagnosis and a personal care plan together with sufficient practical training to enable them to provide care.

After six months everyone should have a review to see how they are getting on and to ensure the right care is being provided.

Transient Ischaemic Attacks

Transient Ischemic Attacks (TIAs) are often referred to as mini-strokes. The risk of a stroke is high following a TIA – approximately four to ten per cent of patients who have a TIA will go on to have a stroke within seven days.

Specific TIA services provide rapid diagnostic assessment and access to specialist care for high risk patients thereby lowering the risk of a subsequent stroke. Such services benefit from being based in a highly specialist stroke centre.

Current services

Currently, three hospitals in West Surrey provide some specialist stroke care, to patients living in Surrey and surrounding counties:

CURRENT	Frimley Park Hospital	Royal Surrey County Hospital	St. Peter's Hospital
Location	Camberley	Guildford	Chertsey
Stroke care provision	Full hyperacute stroke unit and a separate acute stroke unit	Combined hyperacute and acute stroke care.	Combined hyperacute and acute stroke care
Number of patients cared for who have been diagnosed with a stroke ⁴	540	342	520



Full hyperacute care

Full hyperacute care, covering the first three days is not currently available in all three hospitals.

We want to ensure all our patients can benefit from this intensive stroke care.

Number of patients

The national recommendation, endorsed by the National Clinical Director for Stroke, is that there **should ideally be a critical mass of at least 500 stroke patient admissions per year for each unit**. The table above shows that this is not currently happening. Whilst this does not mean that current services are not good, we know that they can be improved and, importantly, they need to be sustained in the future.

This has been identified as the scale which makes a hyperacute stroke service clinically sustainable, to maintain specialist expertise and to ensure good clinical outcomes.

Not all our hospitals are seeing enough patients to maintain this expertise.

⁴ Stroke Sentinel National Audit Programme, Annual Results Portfolio, March 2015 to April 2016
<https://www.strokeaudit.org/results/Clinical-audit/Regional-Results.aspx>

Staff

With a 40% vacancy rate for stroke consultants across the country, there are insufficient specialists for all of three hospitals in Surrey to be able to provide the very best stroke care.

We want to attract the very best stroke specialists to work in Surrey and we can only achieve this if our hospitals can offer a range of specialist training and development opportunities.

Seven day care

There are variations in whether the hospitals are meeting best practice standards, such as:

- Whether people are assessed quickly by a specialist stroke doctor and
- Whether people receive the recommended amount of therapy to help them recover

Increasing access to care **seven days a week** is a major improvement programme across the NHS as we know this improves care and how well patients recover. For specialist services like stroke, access to the right specialist staff and treatments seven days a week is proven to be a crucial element in a patient's recovery.

TIA Service

All three hospitals currently provide TIA clinics. Future guidance, which will come into operation in September 2017, states that all suspected TIAs should be treated as urgent and seen within 24 hours.

As with stroke, rapid access to diagnostic equipment and the right specialist staff seven days a week is required.

Summary

We need to consolidate services in two hospitals across West Surrey (in line with recommendations from the panel of national experts) so that each hospital providing stroke care is seeing at least 500 people with strokes each year and is able to recruit the highly qualified stroke specialist staff required to care for people who have a stroke or a TIA.



Our plans to improve stroke care in hospital

We want to improve immediate hospital care by having **two larger hyperacute stroke units** providing highly specialist care at:

- Frimley Park Hospital in Camberley
- St Peter's Hospital in Chertsey

After the first three days, if needed, people would continue their care in **acute stroke care units at the same hospitals** with access to specialist doctors, nurses and therapists. This is usually for a further period of up to seven days.

In other words, the plan is for Frimley Park Hospital and St Peter's Hospital to have hyperacute and acute stroke units located on the same site.

Similarly, TIA clinics would be provided at Frimley Park Hospital and St Peter's Hospital.

There would be no specialist stroke care or TIA clinics at the Royal Surrey County Hospital under these plans.

Why are we proposing these two hospitals?

We consider that Frimley Park Hospital and St Peter's Hospital are the best option for hyperacute stroke units because they build on the good services already in place and offer the best access to specialist stroke services for our population.

Frimley Park Hospital

Frimley Park Hospital is a major hospital serving the west of Surrey and the borders of Hampshire. It already offers all specialist stroke services so there is no reason to change the good work happening here and the outcomes are being achieved.

St Peter's Hospital

It is important to understand that St Peter's Hospital and the Royal Surrey County Hospital worked together to consider and recommend which site overall would be best for stroke services.

Both sites already met important criteria regarding travel times for ambulances. This means that patients throughout the catchment area would be able to get to either hospital within the time required for stroke patients to receive the recommended clinical care processes such as clot-busting drugs.

Both hospitals examined different criteria that are important to care delivery. Each option was scored from 1 to 5 according to how well they met these criteria.

The scoring was done by specialist stroke doctors, nurses, therapists, managers and other senior staff from Royal Surrey County Hospital and St Peter's Hospital in May 2016.

Criterion	Weighting (%)	Criterion	Weighting (%)	Criterion	Weighting (%)
Opportunity to provide the best quality services	20%	Good access and transport links	15%	Cost and affordability	18%
Fits well with broader strategic vision	19%	Availability of staff	15%	Practical deliverability & timescale	13%

Outcome

Using this structured process, both Royal Surrey County Hospital and St Peter's Hospital could both be considered safe, viable options based on staffing and set up costs. However, St Peter's Hospital scored higher overall as the best site for a hyperacute stroke unit because:

a) St Peter's Hospital already offers many services that need to be provided alongside specialist stroke care.

These 'co-dependencies' include interventional cardiology, vascular and interventional radiology services. These services are not all available at Royal Surrey County Hospital.

b) A panel of national experts recommended that units should be located where the largest proportion of people would have to travel the least.

There is a large population living in North West Surrey. If the hyperacute stroke unit was at Royal Surrey County Hospital, a larger proportion of people would need to travel a greater distance.

c) A larger number of older people live nearer to St Peter's Hospital⁵.

Older people are at greater risk of having a stroke, so it makes sense to have the most specialist hospital care nearest to the largest population of older people.

For these reasons, our recommended plan is to provide specialist stroke services at St Peter's Hospital rather than Royal Surrey County Hospital. This decision was reinforced and supported by national clinical experts.

⁵ July 2015 Health Profiles state there are 38,000 people aged 65yrs and older in Guildford & Waverley CCG and 59,000 in North West Surrey CCG

How will these changes improve things?

Acute hospital stroke units will be big enough to give the best care, which will save lives and reduce disability

- **Specialist units mean patients have access to life-saving treatments and specialist care immediately they arrive at hospital.**
- **Having two hospitals in West Surrey offering specialist stroke care is an improvement because units have to be big enough to support (a) the right number of stroke specialists and (b) a critical mass of stroke patients to allow clinicians to develop their expertise and skills.**



40% of all stroke consultant posts nationally are vacant.

There is simply not enough specialist staff to deliver high quality stroke services in each hospital seven days a week, even with unlimited resources.

Both hospitals planned to offer a hyperacute stroke unit would have up to six specialist stroke doctors, which is an increase on what is currently available. A larger, specialist service offers more opportunities for clinicians to build skills and knowledge as well as providing essential professional support in what is a complex, high risk environment. It also makes the service more resilient, which in turn benefits patients.

- **Having the right number of specialist stroke staff means stroke patients can be seen every day.**

Currently, if you are admitted with a stroke on a Friday afternoon you may not see a specialist stroke consultant until Monday morning because the existing stroke units are too small and don't have enough specialist doctors.

Providing specialist care seven days a week is an important improvement programme across the NHS, and is particularly important for specialist services such as stroke. With services available seven days per week, care plans can be reviewed more regularly to reflect changes in condition and meet health needs.

Providing specialist input seven days per week will result in fewer deaths and less disability, as has been clearly evidenced elsewhere.

- **Locating acute stroke units in the same hospitals with a hyperacute stroke unit would mean that people will not need to move hospitals.**

They can continue receiving care and rehabilitation from the same team of stroke specialists. Consolidating services in this manner also means that there is a critical mass of specialist staff able to provide a more robust service.

What does this mean for you?

Everyone in West Surrey who is suspected of suffering a stroke would go to either Frimley Park Hospital or St Peter's Hospital for all their immediate specialist stroke care, as described below.

People from Guildford, Waverley and part of South East Hampshire who would usually go to Royal Surrey County Hospital would notice a change in where they receive specialist stroke services. They would go to another hospital as follows:

- a) People nearest to St. Peter's Hospital, mainly those in the Guildford area, would receive all their specialist stroke care at St Peter's Hospital.
- b) People nearest to Frimley Park Hospital, mainly those in the Waverley area and parts of South Eastern Hampshire, would receive all their specialist stroke care at Frimley Park Hospital.

Some people may live in Guildford borough but be closer to Frimley Park Hospital so they would receive all their specialist stroke care at Frimley Park Hospital.

People from North West Surrey who would usually go to St Peter's Hospital won't notice any change in where they receive specialist stroke services.

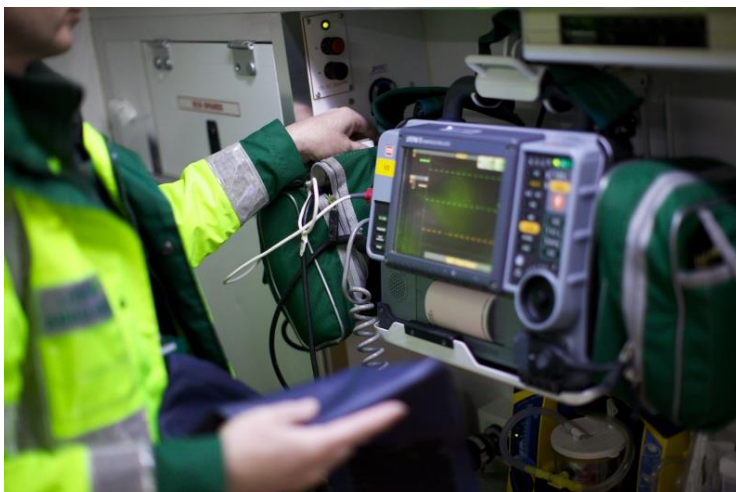
People from Farnham and nearby areas who would usually go to Frimley Park Hospital won't notice any change in where they receive specialist stroke services.

All these people would receive specialist care in the same hospital up to about seven days, depending on their individual needs



Travel Times

Ambulances



South East Coast Ambulance Service has confirmed they can travel to either Frimley Park Hospital or St. Peter's Hospital from both the Guildford and Waverley areas and North West Surrey within the time required for stroke patients to receive the recommended clinical care processes.

South Central Ambulance Service has also advised us that they can transport stroke patients in villages close to the border with Surrey to Frimley Park Hospital in the time required for recommended care processes

to be carried out.

These care processes include receiving a CT scan and, if clinically indicated, receiving a clot-busting drug, a procedure known as thrombolysis.

Clinical guidelines state that these diagnostic and treatment processes should be completed within 2 hours of a 999 call being made. What is most important to overall health outcomes following a stroke is that this treatment is provided within two hours of a stroke taking place.

The time it takes an ambulance to get to hospital is clearly a contributing factor, but so is quicker access to specialist staff and care on arrival at hospital.

Pre-Alerts

Paramedics are trained to administer pre-hospital care and to pre-alert the hospital so that the patient is met by the stroke specialist team on arrival rather than going through A&E departments.

Although for some people it will take longer than at present to get to hospital, travelling directly to a specialist centre means quicker access overall to life saving treatment.

We consider that slightly longer travel times, which will affect some people, are outweighed by the benefits of being treated in a specialist centre by the right, highly skilled staff.

Visitors

We do recognise that family and friends are vital in supporting the recovery of people who have had a stroke. They may have further to travel to visit them than they do now to the Royal Surrey County Hospital. Increasing the number of patients who go home with Early Supported Discharge teams, which these plans may enable, should reduce this travel burden overall.

As CCGs, our primary responsibility is to secure the best health care outcomes for the population we serve and we believe that these plans will reduce deaths and levels of disability following stroke, based on experience elsewhere where services have been consolidated in this manner.

Possible advantages and disadvantages of plans to consolidate stroke services in two hospitals in West Surrey

Situation	Possible advantages	Possible disadvantages
<p>Current services:</p> <p>Some stroke services at Frimley Park, Royal Surrey County and St Peter's Hospitals</p>	<ul style="list-style-type: none"> • If stroke services were at Royal Surrey County Hospital, it may be quicker for people from the Guildford and Waverley areas and their visitors to get to hospital 	<ul style="list-style-type: none"> • Not enough staff at each hospital to provide safe high quality services at all locations. • Stroke units are not big enough to see the required number of patients to meet clinical guidelines and ensure staff keep their skills up to date to provide the best care
<p>Proposed improvement:</p> <p>Hyperacute and acute stroke units at Frimley Park and St Peter's Hospitals.</p> <p>No stroke services at Royal Surrey County Hospital</p>	<ul style="list-style-type: none"> • Rates of survival after stroke should improve • Fewer people should have serious disability after stroke • Bigger hyperacute stroke units will mean all the right staff and equipment are on hand to treat people quickly • Meets national quality standards • No need to transfer between hospitals i.e. from hyperacute stroke care to acute stroke care, when most unwell • Frimley Park and St Peter's hospitals have all the related clinical services that need to be provided alongside stroke services e.g. vascular service • Supports access to specialist care seven days/week • Fits in with what local people have said they would be prepared to do i.e. travel further for highly specialised care • Fits with the outcome from the options appraisal that clinicians and managers at Royal Surrey County Hospital and St Peter's Hospital carried out 	<ul style="list-style-type: none"> • Some people will have to travel further to get to a specialist stroke unit for their immediate care. • Some visitors will have to travel further to visit relatives and friends

**You may think of other consideration or solutions.
See page 30 to find out how you can let us know.**

Our plans to improve stroke care in the community



Current services

At the moment, there is wide variation in the care that people who have suffered a stroke receive after leaving hospital in West Surrey.

We want to improve stroke care in the community so people have access to good follow on care no matter where they live.

Planned improvements

- Provide **specialist stroke rehabilitation** services at two hospitals.
- Have an **early supported discharge (ESD) team as part of the hospital team** to help people go home more quickly where appropriate and feel supported
- Make **psychological therapies** more available to help people cope after a stroke
- Assign a **Stroke Care Navigator** to help coordinate care, make transitions between services easier and be a link for people and their carers after hospital
- Offer everyone **reviews** six weeks and six months after hospital discharge
- Provide good information about what makes people more likely to have a stroke and **how to prevent stroke**
- **Signpost** people who have had a stroke and their visitors to information about the services and support available

Rehabilitation in hospital

All people who suffer a stroke require some form of stroke specialist rehabilitation to recover as well as they possibly can. Some people get better more quickly with the help of rehabilitation in hospital, whilst the majority of people would be better rehabilitated in their own home.

Currently, people in West Surrey who require rehabilitation in hospital are usually transferred from the acute hospital looking after them to one of four hospitals:

- Ashford Hospital
- Farnham Hospital
- Milford Community Hospital
- Woking Community Hospital

We want to consolidate the number of hospitals providing this specialist care at Farnham Hospital with other possible options including Ashford Hospital, Milford Community Hospital and Woking Community Hospital.

Further consultation and planning is required to settle on the most suitable base from the three above and your views through this consultation are welcomed.

We want to ensure there are enough staff with specialist stroke rehabilitation skills to provide the level and intensity required to reduce the impact of stroke-related disability. This can only be achieved if we concentrate specialist staff in two hospitals rather than four sites.



Early Supported Discharge

Evidence shows that people who receive specialist rehabilitation at home in familiar settings are able to live more independently than those who have all their rehabilitation in hospital.

Currently, only a quarter of patients are able to go home early with this specialist support and rehabilitation in place. We estimate that up to half of people who have a stroke could leave hospital earlier with Early Supported Discharge (ESD). Our plans seek to increase availability of ESD for more people at the intensity required.

Each hospital with specialist stroke units will provide an Early Supported Discharge team of nurses, therapists and social care staff who link with hospital teams to help people leave hospital earlier. They would provide intensive rehabilitation at home for around six weeks.

This improvement will help people get better faster, increasing people's independence and quality of life.

Transition between services

A Stroke Navigator will be introduced to act as a single point of contact for families to signpost appropriate services following discharge home. Once discharged from acute care, patients will be contacted by their Navigator to check that they understand agreed next steps and identify ongoing needs to ensure the best possible recovery.

This includes linking patients and carers to appropriate voluntary and community services, social services and NHS services.



Support and advice

Each hospital has worked with service users and carers to plan a Stroke Survivors Passport.

The passport will keep clear and up-to-date records of treatment and support available throughout rehabilitation. It will encourage the use of monthly goal setting targets which can be referred to by those professionals helping the patient in their recovery.

Reviews

People told us that they experienced a sudden reduction in support and care following discharge from care. This was described as a 'cliff-edge'.

We propose that every person who has a stroke will be offered a medical review at six weeks and again at six months after discharge. This will mean that people's needs can be assessed and they can be signposted to useful and supportive services.

How will these changes improve things?

Our plans respond to what local people said was most important. They would like to:

- Spend fewer days in hospital
- Have better access to stroke rehabilitation specialists, such as occupational therapists and psychologists
- Be better supported after the initial acute phase of their stroke and when they leave hospital
- Know what services are available and be supported to access it

Everyone in West Surrey will have better access to high quality stroke specialist rehabilitation whether they go straight home or via a community hospital

There will be a more streamlined pathway of care overall

- Up to half of people could be discharged home early from specialist stroke units. This is an increase compared to now
- More people will stay fewer days in hospital
- More people will be cared for by rehabilitation teams with enough staff with the right specialist skills e.g. physiotherapists, occupational therapists, speech and language therapists and psychologists
- Carers and family members will have one team to liaise with during rehabilitation, so there will be more continuity and less duplication



What does this mean for you?

Overall, these changes will mean more services will be available in the community, such as psychology, and services will be more joined-up.

The main change that people may want to comment about is the location of in-hospital stroke specialist rehabilitation services.

For people living around Farnham there would be no changes to the location of in-hospital rehabilitation, which would continue to be offered at Farnham Hospital.

We are still exploring options for people living in Guildford, Waverley and North West Surrey.

We want to consolidate specialist resources in fewer community hospitals to ensure patients requiring in-hospital specialist stroke rehabilitation receive this to the intensity required to maximise recovery.

As well as Farnham Hospital, other possible options include:

- Woking Community Hospital
- Milford Community Hospital
- Ashford Hospital

Please complete the survey at the end to let us know your views on these sites.

The decision regarding this will be based on where we can best consolidate specialist resources.

We recognise that some visitors may need to travel further to visit people receiving rehabilitation in hospital, depending upon where these services are concentrated. However, having increased access to teams with specialist stroke skills should mean that people can go home earlier and visitors would need to travel on fewer days overall.



Summary of plans to improve stroke care

	Care in hospital		Follow on care / community	
	<i>What happens now</i>	<i>Proposed change</i>	<i>What happens now</i>	<i>Proposed change</i>
Farnham area	Specialist care at Frimley Park Hospital	<u>No major change:</u> Specialist care at Frimley Park Hospital	Early supported discharge linked to Frimley Park Hospital In-hospital rehabilitation at Farnham Hospital	<u>No major change:</u> Early supported discharge team linked to Frimley Park Hospital In-hospital rehabilitation at Farnham Hospital.
Waverley area Parts of South Eastern Hampshire	Specialist care at Royal Surrey County Hospital	<u>Location change:</u> Specialist care at Frimley Park Hospital	Early supported discharge available through adult community services team In-hospital rehabilitation at Milford Community Hospital or Woking Community Hospital	<u>Location change:</u> Early supported discharge team linked to Frimley Park Hospital In-hospital rehabilitation at Farnham Hospital with other possible options including Ashford Hospital, Milford Community Hospital and Woking Community Hospital.
Guildford area	Specialist care at Royal Surrey County Hospital	<u>Location change:</u> Specialist care at St Peter's Hospital	Early supported discharge available through adult community services team In-hospital rehabilitation at Milford Community Hospital or Woking Community Hospital	<u>Location change:</u> Early supported discharge team linked to St Peter's Hospital In-hospital rehabilitation at Farnham Hospital with other possible options including Ashford Hospital, Milford Community Hospital and Woking Community Hospital.
North West Surrey area	Specialist care at St Peter's Hospital	<u>No major change:</u> Specialist care at St Peter's Hospital	Early supported discharge available through community team. In-hospital rehabilitation at Ashford Hospital or Woking Hospital	<u>Location change:</u> Early supported discharge linked to St Peter's Hospital. In-hospital rehabilitation at Farnham Hospital with other possible options including Ashford Hospital, Milford Community Hospital and Woking Community Hospital.

Ways to get involved and find out more

We want to know what you think about these plans to improve stroke services before we make decisions about next steps.

Everyone affected by these proposed changes is invited to find out more and let us know their views.

Share your views by midnight on Sunday 30 April 2017.

Read about the proposed changes

Visit the dedicated [Stroke Consultation webpage](#) at www.guildfordandwaverleyccg.nhs.uk

Come and speak with us

You are welcome to come to one of our planned events. Daytime and evening events are being run throughout the consultation period.

See the next page for a calendar of events. No prior booking is required but if you require arrangements to help you participate e.g. a British Sign Language interpreter, please do contact us in advance so we can arrange this for you. See contact details below.

Invite us to speak with your group

As well as the pre-planned events, we would be delighted to attend any interested community groups e.g. stroke support groups, disability alliance meetings. Please get in touch so that this can be arranged, using the contact details below.

Send us your feedback

Online Survey

www.surveymonkey.co.uk/r/strokeconsultationwestsurrey

Postal Survey

Tear off the survey at the back of this booklet, complete by hand and post free to:

**FREEPOST
NHS G&W CCG**

Email

gwccg.consultations@nhs.net

Events

We will be holding a range of different events at different times of day and evening to explain more about the plans and ensure you know how you can provide feedback.

There is no need to register for any of the events in advance. No prior booking is required but if you require arrangements to help you participate e.g. a British Sign Language interpreter, please do contact us in advance so we can arrange this for you:

Email: gwccg.consultations@nhs.net

Telephone: 01483 405450.

EVENING EVENTS

Date	Time	Venue
Monday 20 th February	7pm to 9pm	Godalming Masonic Hall, Godalming
Thursday 2 nd March	7pm to 9pm	Education Centre, Ashford Hospital, Ashford
Tuesday 7 th March	7pm to 9pm	Glass Room, GLive, Guildford
Wednesday 15 th March	7pm to 9pm	Millennium Hall, Liphook
Tuesday 21 st March	7pm to 9pm	Goldwater Lodge, Woking
Tuesday 28 th March	7.30pm to 9.30pm	Haslemere Hall, Haslemere
Wednesday 5 th April	7pm to 9pm	Hythe Centre, Staines

DAYTIME DROP-IN SESSIONS

Date	Time	Venue
Thursday 23 rd February	10am to 12pm	Level B, Royal Surrey County Hospital
Tuesday 28 th February	2pm to 4pm	Haslemere Hospital
Friday 17 th March	2pm to 4pm	Room 3, Postgraduate Education Centre, St Peter's Hospital
Wednesday 22 nd March	10am to 12pm	Cranleigh Medical Centre
Monday 27 th March	2pm to 4pm	Milford Community Hospital
Monday 10 th April	2.15pm to 4pm	Room 3, Education Centre, Ashford Hospital

Please check our website in case there are any changes to these arrangements or extra events are added.

What happens after the consultation has ended?

After 30th April 2017, all the feedback we have received will be compiled and considered by the clinical commissioning groups (CCGs) alongside the clinical evidence that has informed this review.

The CCGs will use the following criteria to ensure that the changes described above will offer an improved stroke care service overall compared to the current arrangements:

Potential to
improve quality
of care

Potential to
improve patient
safety

Potential to
improve patient
experience

Potential to
improve clinical
effectiveness

Potential to
reduce health
inequalities

Potential to make
stroke services
more sustainable

In addition, the CCGs will feed back how they intend to address any comments and concerns that people raise.

Guildford and Waverley CCG and North West Surrey CCG will meet together in public to report back on the consultation and make this decision.

It is expected that this public meeting will take place in June or July 2017.

Details will be made available as soon as possible on our website at www.guildfordandwaverleyccg.nhs.uk or you can telephone Guildford & Waverley CCG to find out on 01483 405450.

Map of West Surrey showing acute trusts and community hospitals



Reports that have informed these plans

The following reports can all be accessed from our [website](#):

- Stroke Pathway Project Report, Healthwatch Surrey (2012)
- Surrey Stroke Review report on engagement activity (2014)
- 6 month review commissioning pack, South East Coast Strategic Clinical Networks (2014)
- Life after Stroke commissioning pack, South East Coast Strategic Clinical Networks (2014)
- Stroke Service Specification, South East Coast Strategic Clinical Networks (2015)
- Stroke and TIA Quality Core Standards, South East Clinical Networks (2016)

Have your say



The banner is blue with a pink bar at the bottom. On the left is the Stroke logo. The main text reads: 'Improving services in West Surrey', 'Public Consultation 6 February to 30 April 2017', and 'Find out more and take our survey via www.guildfordandwaverleyccg.nhs.uk'. On the right are two NHS logos for 'Guildford and Waverley Clinical Commissioning Group' and 'North West Surrey Clinical Commissioning Group'. The bottom pink bar contains the text: 'Please share your views with us' followed by icons for online, email, post, and engagement events.

We want to understand the impact of these plans on patients and carers so that we can improve things further. You will find a survey starting on the next page (page 30).

Please let us know what you think about our plans to improve stroke care **by midnight on the 30th April 2017**.

Complete the survey online at: www.surveymonkey.co.uk/r/strokeconsultationwestsurrey

You can also access this survey via our [website](#)

Or you can complete it by hand – turn to the next page to start. Please use additional paper if you want to write more. Once completed, post it free to:

FREEPOST
NHS G&W CCG

Survey: Stroke Consultation West Surrey

Q1. Do you agree or disagree with the following statements?

STATEMENT	Strongly agree	Agree	Disagree	Strongly disagree
Access to seven day specialist stroke services should be provided at Frimley Park Hospital and St Peter's Hospital to enable more people to survive a stroke and minimise risk of disability				

Please explain further if you would like to:

STATEMENT	Strongly agree	Agree	Disagree	Strongly disagree
Seven day clinics for transient ischaemic attacks (TIA) should be provided at Frimley Park Hospital and St Peter's Hospital as part of the specialist stroke service				

Please explain further if you would like to:

STATEMENT	Strongly agree	Agree	Disagree	Strongly disagree
The reason for concentrating in-patient stroke specialist rehabilitation services in fewer hospitals in West Surrey is justified and supported				

Please explain further if you would like to:

Q2. How could the plan for seven day hyperacute and acute stroke care at Frimley Park Hospital and St Peter's Hospital be improved?

Q3. Please let us know your thoughts on the potential choices for where in-hospital specialist stroke rehabilitation could be provided?

Q4. What comments do you have about these plans overall?

Finally a little about you ...

Please tell us a few details about yourself. You do not have to complete this but it does help us ensure we have a wide range of views.

Q5. Have you had a stroke or do you care for someone who has had a stroke?

Yes No

Q6. What age group are you in?

Under 18 18 to 24 25 to 44 45 to 64 65 to 74 75 to 84 85+

Q7. What is your gender?

Male Female

Q8. What is your ethnic group?

a. White

English/Welsh/Scottish/Northern Irish/British Irish

Gypsy / Roma / Traveller Any other White background

b. Mixed / multiple ethnic groups

White and Black Caribbean White and Asian

White and Black African Any other Mixed / multiple ethnic background

c. Black / African / Caribbean / Black British

African Caribbean Any other Black / African / Caribbean background

d. Asian / Asian British

Indian Bangladeshi Pakistani Chinese Nepalese

Any other Asian background

e. Any other Please describe: _____

Q9. Do you have a disability⁶? Please tick all that apply

No disability Physical impairment Sensory impairment

Mental health condition Long-standing illness or health condition

Learning disability

Other (please specify): _____

Q10. Are you a carer? Yes No

Q11. In which area do you live? Please tick

Guildford Waverley Woking Weybridge & Chertsey

Staines Farnham East Hampshire

⁶ The Equality Act 2010 considers a person to be disabled if they have “a mental or physical impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities.”