



Improving stroke services in Bristol, North Somerset and South Gloucestershire

Factsheet: Listening to you

In the last 18 months we've worked with over 500 local people to help review and plan stroke services including over 200 people who've had a stroke and their families.

Local doctors, nurses and other health professionals have led this process, working with lived experience groups and charities like The Stroke Association and Bristol After Stroke.

Step 1: Exploring the options

Our first step was to explore what matters most to those with lived experience, carers and staff in relation to stroke recovery and rehabilitation.

We gathered feedback from over 250 people through working with patient advisory groups and running listening workshops.

We used this insight alongside national research, experience and expertise to aid the design of the new stroke services to help more people survive and thrive following their stroke.

Step 2: Refining the options

When refining the options for the changing of stroke services, we used the following set criteria to weigh up the benefits and considerations:

- Quality and safety of care
- Access to care, including travel time
- Impact on the workforce
- Value for money
- How easy it would be to make it happen

We then gathered feedback on the proposed options through surveys, interviews and listening workshops with the public, stroke survivors, health care professionals and specialist stroke staff. We also carried out targeted engagement with high risk and seldom heard groups to ensure that their voices were heard and reflected in the proposals.

Step 3: Reviewing ongoing hospital care and inpatient rehabilitation

We looked at the best approach for providing ongoing treatment and care for those who need it, including the provision of inpatient rehabilitation units for those who need additional specialist treatment and rehabilitation after the emergency and acute hospital stages.

Here we reflected on the impact on service users, their families and on staff, as well as considering travel times, opening hours and the impact on people's choices. We also checked that we would have enough staff, equipment and money to run services safely and well.

All of this insight was then refined based on national, clinical evidence on best ways of organising stroke services so everything works well together.

Step 4: Received expert advice

The **South West Clinical Senate** brings together medical experts to provide independent advice about how to design services to get the best care and outcomes. They reviewed our models and agreed with the proposals.

NHS England and NHS Improvement is responsible for checking that we're doing things properly. They have also looked at what we've done and how we're involving people. They agreed that we should consult the public about the changes we are suggesting.

We assessed the impacts of our proposals on **quality** and on **equality and diversity**. We summarised all our steps and evidence in a '**Business Case**' which is available on our website.

Step 5: Now, have your say as part of the public consultation

Now you can have your say as part of the public consultation:

- We need to hear your views on our proposed changes
Have Your Say About Stroke Services Survey (surveymonkey.co.uk)
- We have more information on our website. Visit bnssghealthiertogether.org.uk/stroke-services/
- You can also email, telephone or post a letter if you have any questions or want to tell us what you think:
 - Email us: **bnssg.strokeprogramme@nhs.net**
 - Call us: **0117 900 3432**
 - Write to us: **Freepost STROKE CONSULTATION**

We need to hear from you by **12pm on 3 September 2021**.

Come and chat

Subject to Government restrictions, you can speak to us face to face or online. We're having informal meetings where you can learn more, ask questions and share your thoughts. We can provide extra support at these discussions for people who find it hard to speak, those who have eyesight or hearing difficulties and for those whom English is a second language. Visit our website or call or email to see when we're meeting. We're also holding meetings for staff.

Invite us to speak with your group

If you belong to a group for people affected by stroke, a community group, support group, charity or staff group, we can attend one of your meetings by video or in person. Use our email or phone number to contact us.

Factsheet: Listening to you (appendix)

Local people and health professionals told us what was most important when reorganising stroke services in our region and we considered their feedback in our proposals:

You said...	We propose to...
People want to get the most effective and advanced treatments quickly in an emergency, no matter where they live.	Bring together our specialist staff and equipment at a centre of excellence, to provide emergency and acute stroke services in one place. This would serve everyone in our area, no matter where you live.
Family members want to visit people who've had a stroke when they need ongoing support.	<p>Organise our stroke services across the geographical area.</p> <p>We have analysed travel times and some visitors would have to travel further to visit relatives receiving emergency or acute treatment and care. However, people who have had a stroke would get faster access to specialist stroke services. Evidence shows when people get specialist stroke within 24 hours of a stroke, they are more likely to survive, and with less disability.</p> <p>Also, with specialist inpatient rehabilitation units and the new Integrated Community Stroke Services, people would also be able to go home more quickly.</p>
People said all types of NHS services, social services and charities should work together, providing care organised around the needs of people who've had a stroke.	<p>Develop a 'single stroke workforce' where all teams are working towards the same goals and are managed the same way.</p> <p>Co-designed with people affected by stroke, we're investing in a new Integrated Community Stroke Service, where all services (NHS, local authorities and voluntary organisations such as charities) work together more effectively.</p>

You said...

People most wanted to:

- have good support after leaving hospital
- have clear information
- be able to get help with feelings
- become as mobile and active as possible
- have access to specialist care, no matter where they live

People considered all areas of the stroke programme (prevention, emergency hospital treatment, ongoing hospital care, and rehabilitation) to be of equal importance.

We propose to...

Have an **Integrated Community Stroke Service** where the NHS, social services and charities provide good care, rehabilitation and psychological support in or close to where people live.

The service would include teams with occupational therapists, physiotherapists, speech and language therapists, nursing, rehab support workers, psychologists, dieticians, voluntary sector workers and social workers. This service will also support family members, as they play such a big role in people's long-term care and wellbeing.

Invest more in rehabilitation and care outside hospital, as well as staff for the most specialist hospital services.