

Walsall Stroke report

October 2017

Healthwatch Walsall

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Executive summary

Walsall CCG carried out a consultation on the future of Stroke Services in Walsall.

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.

There are two types of stroke:

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

A *transient ischaemic attack* or 'mini-stroke' is a sign that a person is at risk of going on to have a full stroke.

Access to the right stroke care at the right time not only helps to reduce death rates, it also improves the resulting condition for the two thirds of patients who survive a stroke, leading to a reduced risk of disability.

Walsall CCG worked with clinicians, patients and the public to develop a proposal to improve local stroke services. The aim is to ensure that there is a consistent level of service for all residents in Walsall. The proposal to the public was:

- Centralise hyper and acute stroke services at New Cross Hospital, Wolverhampton with stroke rehabilitation provided in Manor Hospital, Walsall.
- All patients across Walsall would go to the Hyper-Acute and Acute Stroke Unit at New Cross Hospital in Wolverhampton.
- They would be diagnosed and treated there until they are ready for rehabilitation closer to home, either in a bedded rehabilitation unit at Manor Hospital, Walsall or in their own home with clinical support.
- The Acute Stroke Unit at Manor Hospital, Walsall would no longer operate as all patients would be treated in one specialist centre. However, community-based rehabilitation beds would be available in Walsall.

The aim of this new model would be to provide a 'Centre of Excellence' for patients in the whole of the Walsall area, meaning that all stroke patients would receive the same level of specialist care in hospital, and the same level of rehabilitation, as near to their homes as possible. All the hospitals, community beds and care in people's homes would have their part to play in providing this 'Centre of Excellence'.

A total of 360 surveys were completed with participants across Walsall. 60 venues were visited during the consultation period to promote the opportunity to participate in this consultation and complete a survey. Healthwatch Walsall supported the CCG in the promotion and collection of survey responses both face to face and online. Two specific consultation events were run by Walsall CCG, one at Forest Arts Centre and the other at Aldridge Community Centre.

There were a large number of people, under 60's, that declined the opportunity to complete the survey on the basis that they nor their family or friends had been affected by Stroke, they perceived this was a long term issue that may not impact on them. Those over 60 were more inclined to complete the survey but anecdotally they were more concerned about their care needs for the future.

The response for the statement 'If I have a stroke, I do not mind where my initial diagnosis and treatment takes place, as long as I receive the expert quality of care I need' 69.3% agreed or strongly agreed with it while 25.44% disagreed or strongly disagreed.

In response to the statement 'If I have a stroke I do not mind where my rehabilitation takes place, as long as I receive the expert quality of care I need to recover as best I can' 61.72% agreed or strongly agreed with it while 27.30% disagreed or strongly disagreed.

For the proposal 'Do you think that stroke services proposal would meet patients' needs in terms of ease of access to diagnosis and treatment?' 44.83% agreed or strongly agreed with it while 28.61% disagreed or strongly disagreed but with a notable 26.25% who neither agree nor disagree.

For the proposal 'Do you think the stroke services proposal would meet patients' and carers' needs in terms of rehabilitation in the community after a stroke?' 55.29% agreed or strongly agreed with it while 20.29% disagreed or strongly disagreed but with a notable 22.94% who neither agree nor disagree.

However, the proposal 'Do you think the stroke services proposal would make access to stroke services fairer for all people across Walsall?' drew a much closer result with 38.17% agreeing or strongly agreeing with it while 38.32% disagreeing or strongly disagreeing.

The proposal 'Do you think the stroke services proposal would mean stroke services would be safe for all patients across the whole of Walsall?' saw 39.52% agreeing or strongly agreeing with it while 31.74% disagreeing or strongly disagreeing.

People stated in response to 'When thinking about the new proposed model for stroke services is there anything else that you would like us to take into consideration' the following issues:

- Transportation
- Staffing
- Local service
- Time factor
- Clear information process
- Further consultation needed
- Capacity
- Quality of care

Our Summary and Conclusions based on the quantitative and qualitative findings of this report are at page 42 together with some further action points for consideration.

Introduction

Healthwatch Walsall (HWW) is the independent consumer champion for health and social care in Walsall, delivered by Engaging Communities. Our job is to Champion for the consumer interests of those using health and social care services across the borough, and give local people an opportunity to speak out about their concerns including their health and social care priorities.

Our reports are designed to be transparent, clear, and easily accessible that create sustainable improvements in the delivery of services.



Background

Walsall CCG carried out a consultation on the future of Stroke Services in Walsall.

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.

There are two types of stroke:

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Access to the right stroke care at the right time not only helps to reduce death rates, it also improves the resulting condition for the two thirds of patients who survive a stroke, leading to a reduced risk of disability.

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The aim of this new model would be to provide a 'Centre of Excellence' for patients in the whole of the Walsall area, meaning that all stroke patients would receive the same level of specialist care in hospital, and the same level of rehabilitation, as near to their homes as possible. All the hospitals, community beds and care in people's homes would have their part to play in providing this 'Centre of Excellence'.

Plan & Methodology

Methodology

A total of 360 surveys were completed with participants across Walsall. 60 venues were visited during the consultation period to promote the opportunity to participate in this consultation and complete a survey. Healthwatch Walsall supported the CCG in the promotion and collection of survey responses both face to face and online. The types of groups/communities visited comprised:

- Homeless x 5
- GP Surgeries x 12
- Asian Women's Group x 2
- Asian Men's Groups x 2
- Carers groups x 3
- NHS venues, mixed Patients and Visitors x 15
- Young adults / parents x 5
- Aged Groups x 9
- ESOL Group x 2
- Mental Health related groups / patients and Carers x 10
- Stroke / Heart groups x 2
- Public mixed at community events/ centres x 5

There were a large number of people, under 60's, that declined the opportunity to complete the survey on the basis that they nor their family or friends had been affected by Stroke, they perceived this was a long term issue that may not impact on them. Those over 60 were more inclined to complete the survey but anecdotally they were more concerned about their care needs for the future.

Two specific consultation events were run by Walsall CCG, one at Forest Arts Centre and the other at Aldridge Community Centre.

Findings are divided into 3 sections: statements for consideration, proposal and consultation. Findings of the surveys and consultation events are presented alongside each other in each section. Quotes from free-text survey questions are reflected in blue boxes in the text.

Data regarding demographics and percentages are weighted for to ensure that the sampling is representative. However, this is not the case for postcode data that are free text-based and therefore, cannot be weighted.

Quality plan

Healthwatch Walsall abides by the quality standards and data protection policy as set by ECS. ECS has a responsibility to ensure that the research it undertakes and creates is of high quality and aligned to best practice across the industry. Research ultimately provides the evidence on which sound decisions should be made, which is why it is important to state up front how quality was ensured during this project. The Research team underpins its research activities by applying the Market Research Society Codes of Conduct (MRS, 2014). ECS is a company partner of the Market Research Society. During this project, Healthwatch Walsall adhered to a strict data protection policy that ensured that:

- Everyone handling and managing personal information internally understands they are responsible for good data protection practices;
- There is someone with specific responsibility for data protection in the organisation;
- Staff who handle personal information are appropriately supervised and trained;
- Queries about handling of personal information are promptly and courteously dealt with if received;
- The methods of handling personal information are regularly assessed and evaluated;
- Necessary steps are taken to ensure that personal data is kept secure at all times against unlawful loss or disclosure.

ECS have firm guidelines for data storage, data retrieval, data security and data destruction. There is also a strict process in place should a data breach occur (which includes containment and recovery, assessment of ongoing risk, notification of breach, evaluation and response). Where data is not robust, it will be statistically suppressed to prevent disclosure.

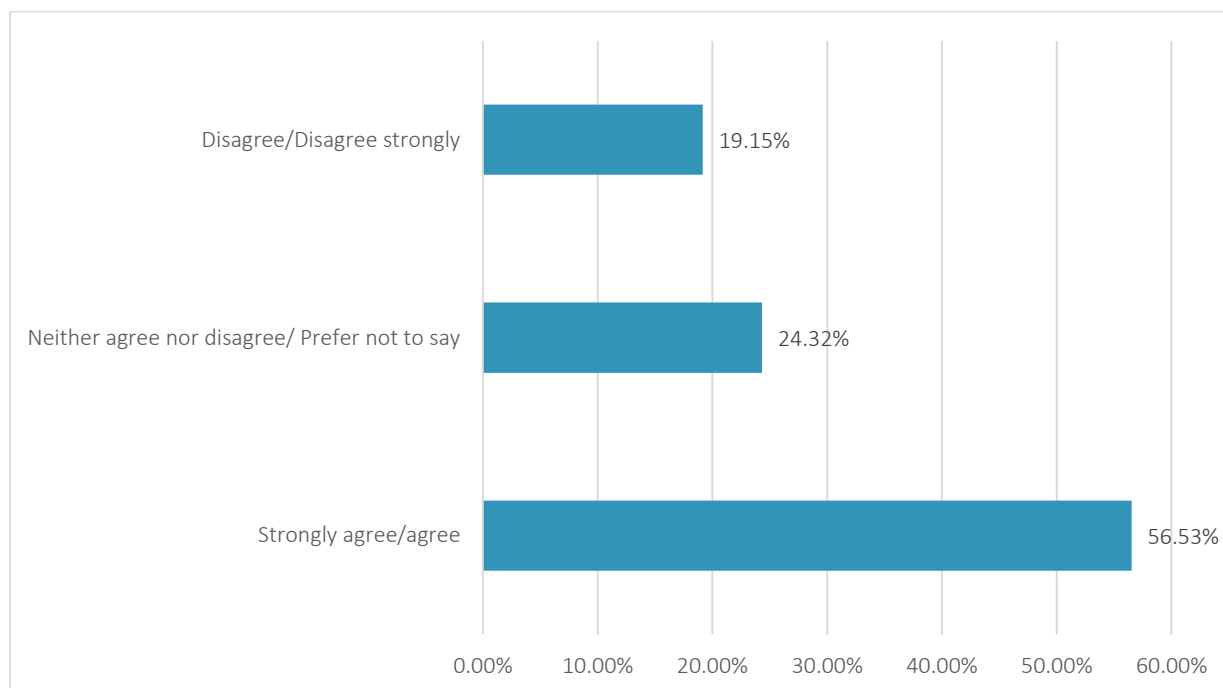
Findings

Findings are divided into 3 sections: statements for consideration, proposal and consultation. A demographics section can also be found at the end of this.

- **Statements for consideration:** To understand what were priorities for patients, a series of questions and statements were asked to participants.
- **Proposal:** How participants felt about the proposal to change how hyper acute stroke services were delivered
- **Consultation:** How participants felt the consultation was conducted overall and their experience regarding it

Statements for consideration

Consider this statement as if you were a stroke patient, and respond: "If I have a stroke, I do not mind where my initial diagnosis and treatment takes place, as long as I receive the expert quality of care I need."



#	Answer	%	Count
1	Strongly agree/agree	69.30%	237
2	Neither agree nor disagree/ Prefer not to say	5.26%	18

3	Disagree/Disagree strongly	7.89%	27
	Total	100%	342

When asked the reason for their choice, participants highlighted the:

- **Need for treatment to be quick**

Participants report that treatment for stroke needs to be quick and efficient due to the nature of the condition. Therefore, they highlight that it is not just a quality of care that is key but also access to quick care that is essential.

- **Venue of care to be well-equipped**

It was also reported that as initial diagnosis and treatment are critical stages for stroke patients, these activities need to take place in a venue that has the capability to handle this. This would include having enough beds and having specialised staff and equipment.

"The initial diagnosis and treatment are the critical stages, these need to be carried out at the location best equipped to deal with this."

– Quote about 'venue of care to be well-equipped'

- **Good quality of care as key**

Some participants also agree that great quality of care is key, compared to any other factor.

"Time is critical in stroke care and I would be very worried about not being able to receive care locally." –
Quote about 'care to be accessible'.

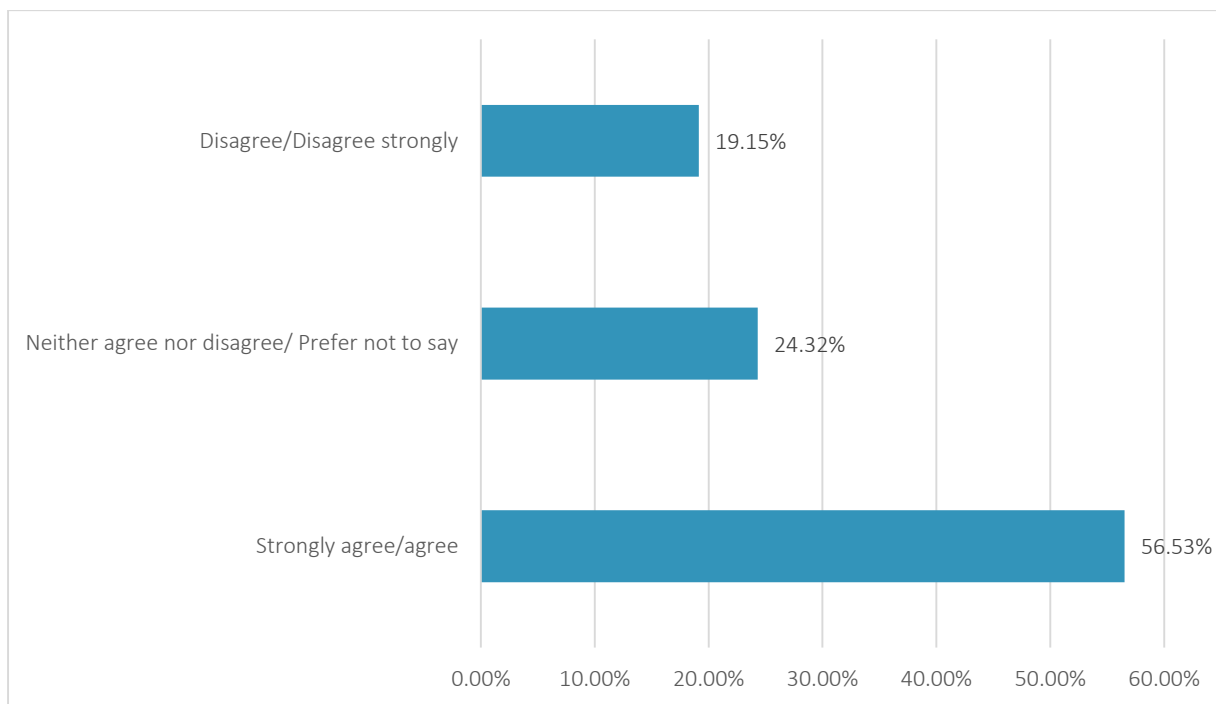
- **Care to be accessible**

Participants report that care needs to be local and accessible so that people are able to access further treatment, or have their carers be able to take them for treatment nearby.

"I would want rehabilitation to be at home or local to my home to reduce the stress on myself and family in terms of travel and access."

– Quote about proximity/accessibility to home

Consider this statement as if you were a stroke patient, and respond: "If I have a stroke I do not mind where my rehabilitation takes place, as long as I receive the expert quality of care I need to recover as best I can."



#	Answer	%	Count
1	Strongly agree/agree	61.72%	208
2	Neither agree nor disagree/ Prefer not to say	10.98%	37
3	Disagree/Disagree strongly	27.30%	92
	Total	100%	337

When asked for their reasons, participants highlighted the following as key factors:

- **Proximity/accessibility to home**

Participants' report that is key that they have good care that is still accessible and is close to their home. They report that travel costs, difficulties getting access to transport, making it easy for their families and friends to be involved in their care and to account for disabilities that would make travel harder.

- **Good care is more important**

However, other participants also report that while they would prefer accessibility, the quality of care, competent staffing and an overall good care is more important to them.

"Going to the centre of excellence means that care and recovery will be fast and hopefully fewer days in hospital." – Quote about good care

- **Quality of treatment should be unvaried regardless of venue**

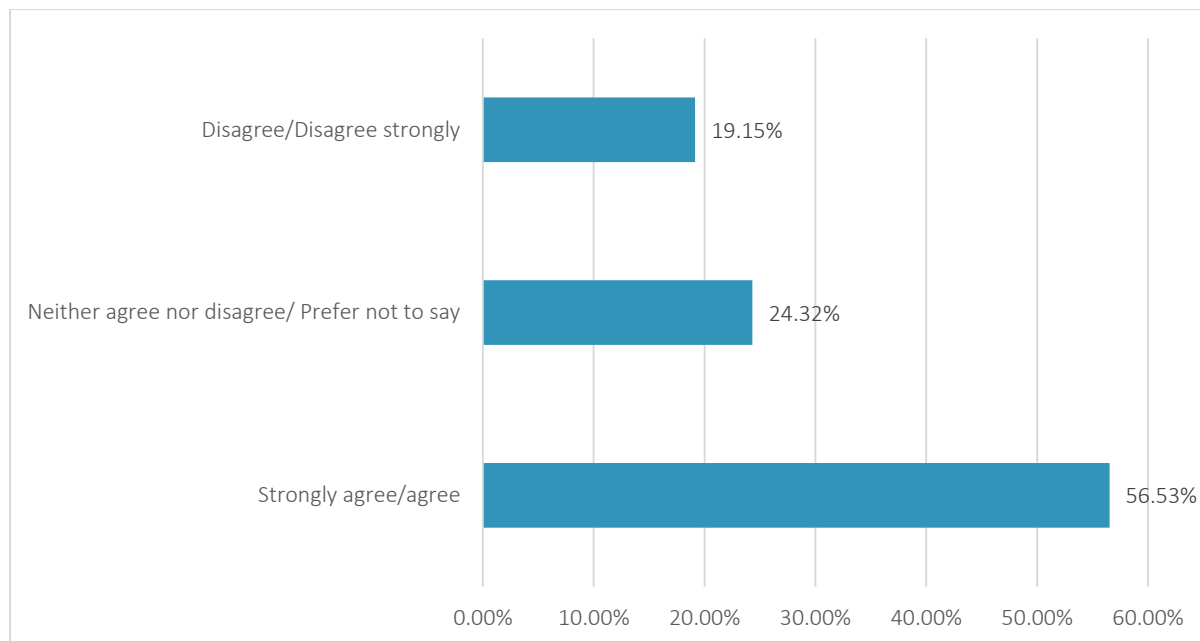
Additionally, some participants also highlight that they should not have to pick between what is accessible and what is good. They report that all treatment in all venues need to be of a high quality, regardless of its accessibility so any venue accessed for treatment has the same, high level of care.

"I would expect the same level of treatment in any part of the UK."

– Quote about quality of treatment

Proposal

Do you think that stroke services proposal would meet patients' needs in terms of ease of access to diagnosis and treatment?



#	Answer	%	Count
1	Strongly agree/agree	44.83%	152
2	Neither agree nor disagree/ Prefer not to say	26.54%	90
3	Disagree/Disagree strongly	28.61%	97
	Total	100%	339

When asked for their reasons why, participants reported that:

In agreement

- **Specialist centres more equipped**

Participants agree that having specialist centres would mean that more specialized services are under one roof and therefore can offer better care. They also report that it would be good to have everything in one place so patients do not have to travel to multiple venues.

- **Reduced travel**

Some participants agree that the change will reduce travelling time and makes services more accessible.

- **Access to transport**

Some participants agree that due to the accessibility of transport to the venue, it will make it easy for people who do not have their own transport to access public transport.

Disagreement

- **Time limit for care too long**

The length of time of care to be provided (72 hours) has also been described by participants as being too long and that care should be administered faster to prevent any further problems.

- **Inaccessible travel**

Some participants disagree that transport to the venue is accessible and that it will not be for people who do not have their own transport. Additionally, they also report that travel time to access these services could be problematic

- **Need to look at improving Walsall services**

Instead of outsourcing services to out-of-area services, respondents also report that service improvements could be made to services that are already in Walsall, since the infrastructure is already in place and local residents are more aware of them.

- **Higher demand**

Respondents also reports fears that this will increase the demand for services and more patients will be using these services, making it difficult for patients to be seen quickly.

“Given that stroke recovery depends on early diagnosis and appropriate treatment in 'the golden hour', it seems foolhardy to risk patient recovery by sending them to a more distant, busier unit. The very fact that Walsall deals with fewer cases should work in favour of retaining the service as it already has the necessary expertise. And if it hasn't, the staff should be trained. Walsall has a growing aged population and should look,prepare and invest for future needs, not penny pinch now and run around in a panic of crisis management when Wolverhampton is unable to cope.”

– Quote about time limit for care

“A whole community of people will have to be transferred miles out of area for diagnosis and treatment of a problem for which the length of time before initial treatment dramatically affects the severity of damage caused.”

– Quote about inaccessible travel

“Instead of out sourcing to out of area hospital it would be more beneficial to improve the service already existing in Walsall - to meet needs closer to home.”

– Quote about improving Walsall services.

“If New Cross hospital seen over 600 patients and Walsall see 400, will New Cross hospital cope with 1000 patients for diagnostics?”

– Quote about higher demand

Unsure

- **Need to see outcomes**

Participants report being unsure about making a decision and that they would have to wait and see regarding the outcomes before they are able to decide.

- **Not enough information**

Some participants do not feel they have enough information from the proposal to be able to make a decision.

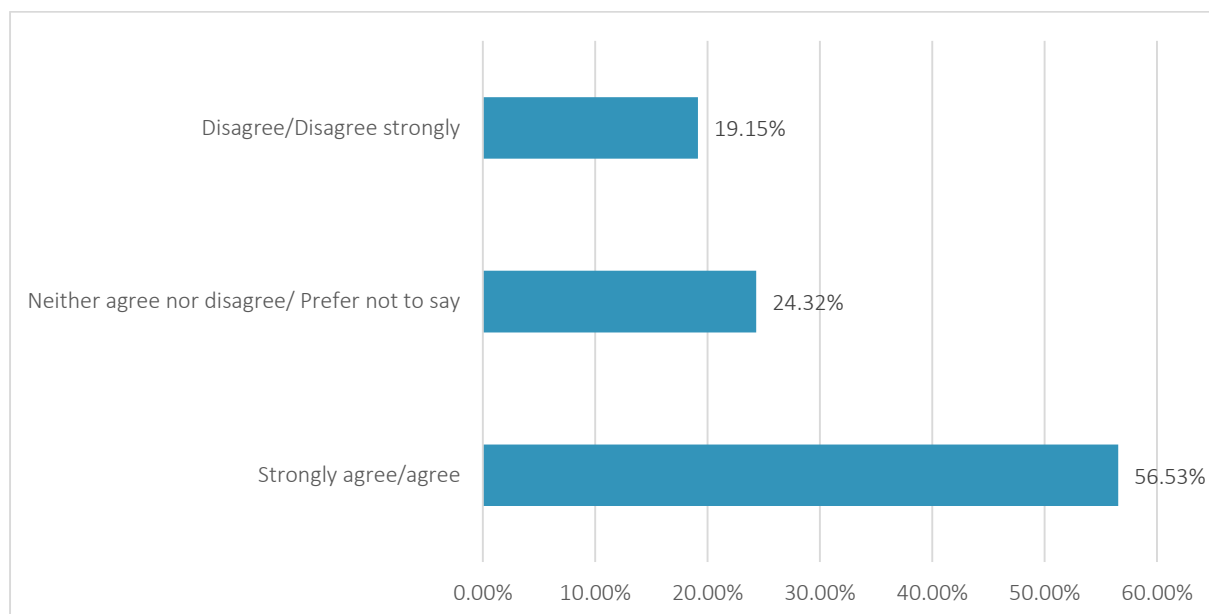
- **Need for specialized and sufficient staff**

Participants also report that they are unsure of the outcomes as they are contingent upon having skilled, competent staff who are available 24/7 to be able to deliver the quality of care described.

“Only if this unit has sufficient qualified staff 24 hours a day 7 days a week. Promises are not always reliable.”

– Quote about need for specialized and sufficient staff

Q8 - Do you think the stroke services proposal would meet patients' and carers' needs in terms of rehabilitation in the community after a stroke?



#	Answer	%	Count
1	Strongly agree/agree	55.29%	188
2	Neither agree nor disagree/ Prefer not to say	24.41%	83
3	Disagree/Disagree strongly	20.29%	69

Total	100%	340
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When asked for their reasons why, participants reported that:

In agreement

- **Stated procedure followed**

Participants report that they would be in agreement if all of the stated procedures outlined in the proposal is followed.

- **Shorter travel**

As services are based in Walsall, some participants report that they are happy with the reduced travel.

“Creating central locations will increase numbers accessing services & distance delays for patients & caters making travelling more difficult.” – Quote about shorter travel

Disagreement

- **Local care is vital**

However, some participants do not feel that care was local and highlighted concerns with travel and accessibility.

Unsure

- **Need to see outcomes**

Participants report being unsure about making a decision and that they would have to wait and see regarding the outcomes before they are able to decide.

- **Dependent on community service access**

Participants also report that they are unsure about the provision of community services after rehabilitation and the plans for this. They report that without adequate investment and preparation for community service access, the proposal still may not meet carers and patients' needs.

“This would be dependent on ensuring appropriate investment in community services to enable 7 day working and evidence based levels of intervention.” – Quote about community service access

- **Joined up services**

Participants were also concerned that services, especially hospitals and GPs will need to be able to communicate with each other about the patients so that holistic care can be provided effectively. They were interested to identify if there were systems in place to be able to do this.

"Would the hospitals communicate with each other regarding if the patient had other illness so that all knew the patients treatment?" – Quote about joined up services

- **Sufficient staff**

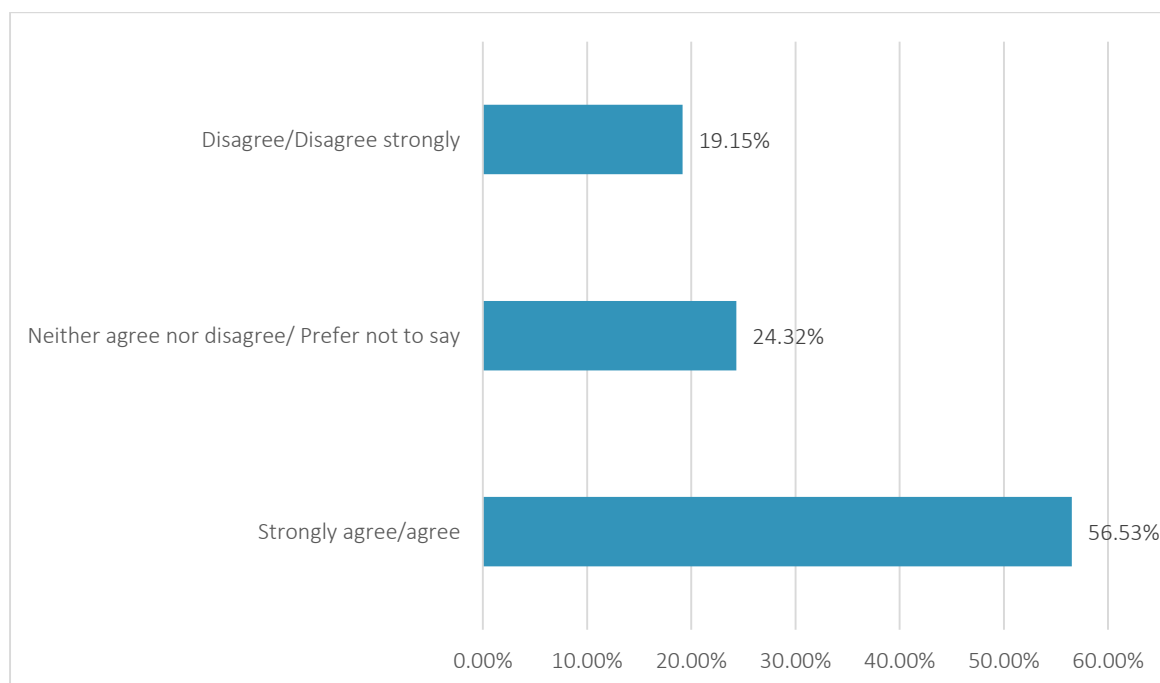
Participants also highlighted that they were unsure due to the lack of information around staffing. They report the importance of having enough staff to be able to keep up with the increase capacity.

- **Patient support system**

Participants also report that it is important to consider their external support system during a stroke and not considering how difficult it may be for their families, could be problematic.

"Clinically yes. But being around family and friends is also part of rehabilitation and reduce physiological effects. This is difficult if there is too many miles between them." – Quote about patient support system

Do you think the stroke services proposal would make access to stroke services fairer for all people across Walsall?



#	Answer	%	Count
1	Strongly agree/agree	38.17%	129
2	Neither agree nor disagree/ Prefer not to say	23.96%	81
3	Disagree/Disagree strongly	37.87%	128
	Total	100%	338

When asked for their reasons why, participants reported that:

In agreement

- Centralised access point

Participants reported that it would be helpful to have a single, specialized access point for all Stroke patients to attend where they would have access to specialist staff and care.

"A single centralised unit means equal/similar care access Walsall."

-Quote about centralized access

Disagreement

- Transport

Some participants feel that the differences in transport access to the venue makes it unfair, especially for people who do not have their own transport. Additionally, they also report that travel time to access these services could be problematic.

- Accessibility

Participants' report that is key that they have good care that is still accessible and is close to their home. They report that travel costs, difficulties getting access to transport, making it easy for their families and friends to be involved in their care and to account for disabilities that would make travel harder.

"Not everyone, as some people may not want to commute and not all family members drive a car to be able to visit."

- Quote about accessibility

- Need for a local service

Participants feel that it is only fair that there are services that are more local, rather than services they would have to travel further to.

"What would be fairer would be to have an excellent offer in Walsall. Clearly, government cuts preclude this being an option."

-Quote about local provision

Unsure

- Remains to be seen

Participants report being unsure about making a decision and that they would have to wait and see.

- If procedure is followed

Participants report being unsure about making a decision and that they would have to wait and see regarding the outcomes before they are able to decide.

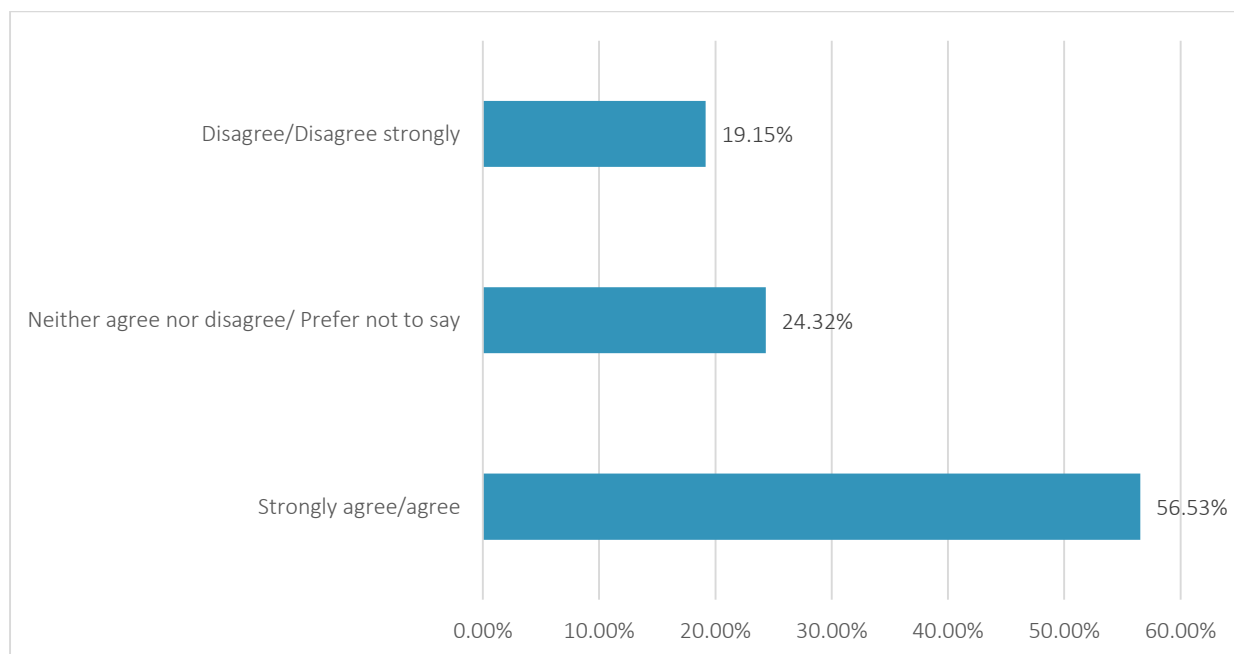
- Capacity

Participants also highlighted that they were unsure due to the lack of information around staffing. They report the importance of having enough staff to be able to keep up with the increase capacity.

"Depends on capacity of the new stroke unit would need regular reviewing to ensure capacities are dealt with."

- Quote about capacity

Do you think the stroke services proposal would mean stroke services would be safe for all patients across the whole of Walsall?



#	Answer	%	Count
1	Strongly agree/agree	39.52%	132
2	Neither agree nor disagree/ Prefer not to say	28.75%	96
3	Disagree/Disagree strongly	31.74%	106

Total	100%	334
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When asked for their reasons why, participants reported that:

Disagreement

- **Travel issues**

Participants report that travel and distance to the service would be largely the problem. If travel time is long, stroke patients may not get the fast help they require to prevent further damage. In addition, they also highlighted general travel difficulties for patients and carers/family to visit the services.

“No, it will take Walsall people longer to access these services therefore they would be at increased risk. My mother had three strokes and I understand that time is critical.” – Quote about travel

- **Fears about safety**

A number of participants also had concerns about the safety of patients due to these changes and whether changes are a result of cost-cutting measures rather than specifically about patient needs.

“No I feel this proposal is unsafe, dangerous and detrimental to all future users of the stroke services in Walsall. This is obviously a money saving exercise but how many people need to die or live a life severely impaired in the name of cost cutting before the people making these decisions stop and listen.”
– Quote about safety

Unsure

- **Need to see outcomes**

Participants report being unsure about making a decision and that they would have to wait and see regarding the outcomes before they are able to decide.

- **Need for more information**

Participants feel unable to make a decisions due to not having clear, complete information regarding the proposal.

“No because we haven't been told what the service would look like. Just what you intend to do.” –
Quote about lack of information

- **Issues with survey questions**

Participants report issues with this survey questions, highlight that they are unsure what is being asked or that it was poorly worded

“Poor questionnaire. Due to time limits in travel valuable time would be lost.” – Quote about survey questions

When thinking about the new proposed model for stroke services is there anything else that you would like us to take into consideration?

The following quotes highlight some of the key themes as reported by participants:

- **Transportation**
 1. *"Would all patients transport be considered as for many people Wolverhampton may be a long journey."*
 2. *"Because of my Health and I am alone so difficult to travel when I have a stroke. It is too far to go."*
- **Staffing**
 1. *"The quality and amount of staff to deliver the service matters the most."*
 2. *"Need to think carefully about the model for therapy services and their ability to respond to demand."*
- **Local service**
 1. *"I am confident feel far more comfortable being treated and rehabilitated in their own proximity instead of the inconvenience and cost of having to travel to an park in unfamiliar circumstances."*
 2. *"It concerns me about the extra distance to be travelled to go to new cross instead of being admitted to Walsall manor which is closer."*
- **Time factor**
 1. *"With a stroke I would think speed is essential."*
 2. *"Time factor getting the initial treatment how to guarantee getting to new cross within critical time scale for a stroke."*
- **Clear information provision**
 1. *"Why is the proposal being forwarded? Is it cost? How would community support systems be assessed and allocations decided?"*
- **Further consultation needed**
 1. *"Similar survey in the community will provide more accurate view point in this regard."*
 2. *"I think you should judge from a patient's perspective what is already on offer and be guided by people who have experience of both and listen accordingly."*
- **Capacity**
 1. *"Has new cross got the capacity to handle the extra workload - If not, what plans are there to increase their capacity? Do they need extra staff, extra resources etc?"*
 2. *"Will there be the amount of beds available as there would be when there was Walsall and Wolverhampton stoke services separately?"*
 3. *"If stroke services are abolished at Walsall NHS Manor Hospital, then an expectation of services will diminish by the public. Through recent reports,*

closure of stroke services would not provide reassurances to the people of Walsall. In regards to rehab times, would there be an increased capacity for beds within Holybank house- or another rehab location?"

- **Quality of care**

1. *"You should be fighting to maintain equitable, high quality services for all. Not facilitating the dismantling of our healthcare by an ideologically bankrupt ruling party."*
2. *"If you move to Wolverhampton, will you put the extra building, beds, staff and parking before you start the service or will it take lost lives for you to see that you are behind schedule and over-budget before you review the service?"*
3. *"Yes the NHS is in crisis and money needs to be saved where possible but the NHS should always put the welfare of its users before any other consideration. This proposal will not only result in patients waiting longer to be treated but also as someone who relies on public transport this would mean that if one of my relatives need stroke treatment I would not be able to visit them as often as I could now. What impact would this have on patients mental health at what is a terribly stressful time for patients having to come to terms with life post-stroke?"*

In addition to survey respondents, notes from the consultation event highlighted similar themes:

Themes	Notes from consultation	Consultation venue
Transportation	<i>Travelling distance for stroke services is a concern</i>	Forest Arts Centre Consultation
	<i>Cost and distance is an issue for carers and visitors</i>	Forest Arts Centre Consultation
	<i>Expense and access difficulties for visitors and carers having to travel to a specialist unit at New Cross. Public transport is not good enough and parking is difficult and expensive.</i>	Aldridge Community Centre
	<i>A volunteer transport scheme could help with the travel to and from a specialist centre for all concerned.</i>	Aldridge Community Centre
Time factor	<i>Journey time is important for certain aspects of hyper acute stroke care and could have a negative impact for some patients, depending on where they live.</i>	Forest Arts Centre Consultation
	<i>Concern about ambulance travel time to Wolverhampton</i>	Aldridge Community Centre

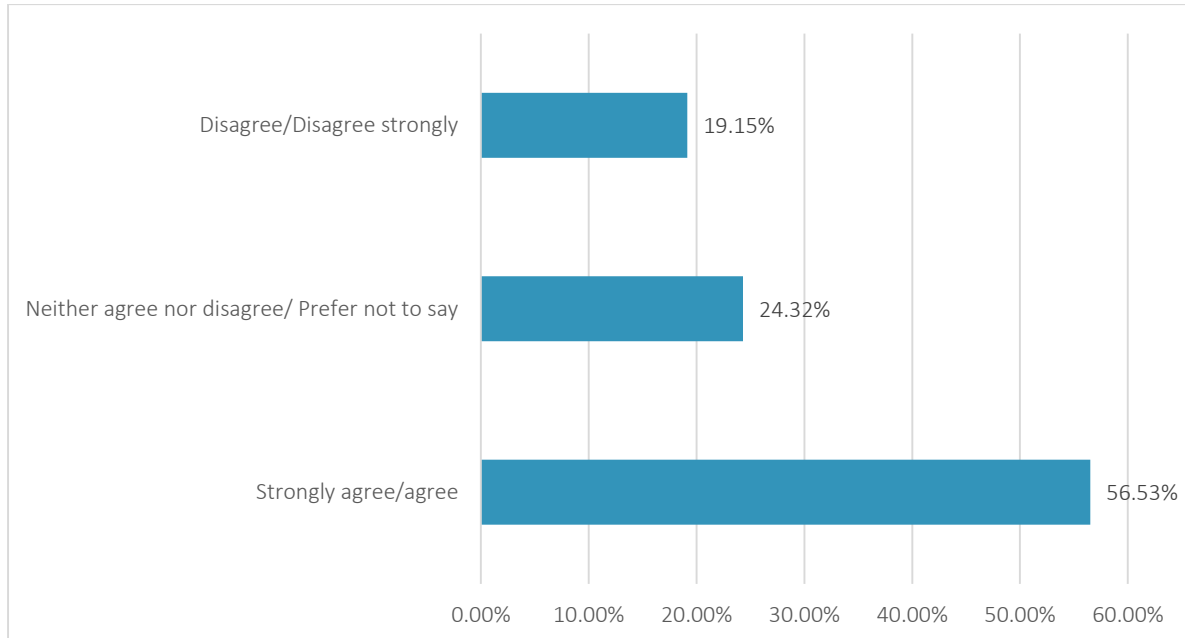
Clear information provision	<i>Patients need educating on the benefits of a specialist centre.</i>	Forest Arts Centre Consultation
	<i>Communication is key to reassuring people and enabling them to recognise signs of a stroke</i>	Forest Arts Centre Consultation
	<i>Stroke proposals need more communication and media coverage – information needs to be consistent and ongoing</i>	Forest Arts Centre Consultation
Further consultation needed	<i>There is cynicism amongst patients that supposedly the decision is not already made. Healthwatch are already informing people that services are going to change.</i>	Forest Arts Centre Consultation
Capacity	<i>Concern about the extra pressure on the ambulance service</i>	Forest Arts Centre Consultation
	<i>Current lifestyles / obesity etc. will lead to an increase in the number of strokes in the future. How will the system cope?</i>	Aldridge Community Centre
Quality of care	<i>Stroke would be category red ambulance response and it would take only a few extra minutes to transport a patient to specialist hyper acute stroke services that would ultimately be of more benefit to the patient's care and recovery</i>	Forest Arts Centre Consultation
	<i>Patients need reassurance that paramedics can recognise vital signs of a stroke and respond accordingly taking them to where they need to be</i>	Forest Arts Centre Consultation
	<i>Excellent patient experience of stroke care at Manor</i>	Aldridge Community Centre
	<i>It has taken years to build the exceptional patient experience in Walsall and this should not be lost</i>	Aldridge Community Centre

Additional concerns from consultation

- **Community Care Support**
 - Rehab and social care needs addressing, particularly for young stroke patients, who need extra support with e.g. working, caring for children. - *Forest Arts Centre Consultation*
 - Community rehab is not always adequate at the moment, carer support etc. There is concern about losing community services - *Aldridge Community Centre*
 - One patient participating in the discussion had spent 13 weeks in the hyper acute stroke care setting due to the grey areas around health and social care boundaries. - *Aldridge Community Centre*

Consultation

Are you happy with the way that you have been consulted with about this proposal?



#	Answer	%	Count
1	Strongly agree/agree	56.53%	186
2	Neither agree nor disagree/ Prefer not to say	24.32%	80
3	Disagree/Disagree strongly	19.15%	63
	Total	100%	329

When asked for their reasons why, participants reported that:

Positives

- Told in advance
- Neutral presentation
- To be able to have a say

- Friendly researchers

"Friendly staff capturing the opportunity to target people from different backgrounds who have time on their hands." –

Quote about researchers

Negatives

- Not enough information
- Confusing questionnaire

"The questions are ambiguous and confusing to select real meaning." – **Quote about questionnaire**

- Local community should have been consulted as well

"You have not made face to face consultation available to people who work. All the events are weekdays during work times. Why no evening sessions?" – **Quote about community**

"The patients and consultants should have been more extensively consulted with beforehand. " – **Quote about community**

- Not enough publicity
- Not heard anything about this till survey
- Pointless consultation

"With most of these - it's an exercise (tick box). I think it always ready been decided." – **Quote about consultation**

If you would like to comment on the way the consultation has been run, please add your comment here:

Theme	Sub-themes (Quotes)
Positive	Well-conducted <i>"Explained to me very well; under stood everything which was said"</i> <i>"The gentleman explained everything very well and it has opened my eyes on how little I consider strokes."</i>
Negative	Cost of consultation <i>"I think all these forms and two hour sessions have cost a lot of NHS money when I could have made my points in a brief one to one session (5 minutes)."</i> <i>"Must have cost a great deal of NHS money. Although advertised in local papers, I find many of my friends do not appear to read the papers. Attendance at meeting I attended was in my opinion, poorly attended whereas a Public Meeting on Policing/Security there were between 200/300 attending."</i> Need for more information <i>"I am not very happy about it till we are given all the information."</i> Lack of public engagement <i>"Besides the area meeting which you are holding for a limited number of the Walsall population, why not consider a television debate on one of the main channels, or perhaps via 'Made in Birmingham' channel, from which you would receive a wider response, which might have more value. You are making some major proposals. The small number of meetings organised is appalling and the venues are not sufficient to cover the Borough - what a waste of a 'full consultation. The deadline needs to be extended and a wider number of venues offered, with evening and weekend timings involved."</i> Longer consultation period <i>"Our PPG could canvas views of a wider group of patients if given more notice/consultation period was increased."</i> Need for patient involvement

- *"We may feel the pain of stroke. It's better to do targeted marketing you can learn from patient who have been there."*
- *"I'm surprised that you haven't asked whether the people responding have experienced the current service either as a former patient or relative of a former patient. Surely you would want to understand their views and then compare them to those of people with no knowledge of the current service?"*

Survey impartiality

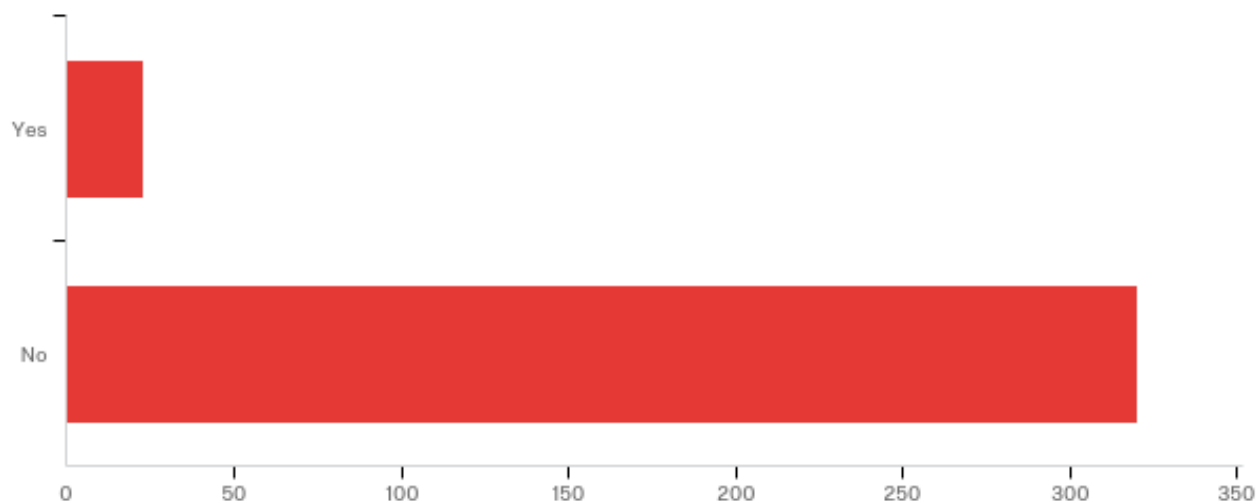
- *"The wording of the survey disguises the true questions that should be asked in that you are alleging that Wolverhampton is a superior service to Walsall, why are you not investing in Walsall as you will have to in Wolverhampton. Bigger is NOT better, when will you realise this, how many deaths will it take?"*
- *"Only asking respondents to comment on one set of options and not providing any alternatives isn't best practice by any means. Also the lack of context (e.g. could distance effect care and recovery rate, why is it felt the changes need to be made) makes it very difficult to provide a full and reasoned response. It may well be the case that this is the best proposal for people in Walsall, but how can we judge this when we only have one option presented?"*

Pointless consulting

- *"I like the online questionnaire- I think people tend to respond more candidly on this platform. But I imagine it's probably too late for any of our opinions to really matter toward the decision."*
- *"Seemingly pointless exercise as decision has already been made."*

Demographics

Are you responding on behalf of an organisation?



#	Answer	%	Count
1	Yes	6.71%	23
2	No	93.29%	320
	Total	100%	343

If yes, please state the name of the organisation

Organisation name	Number of responses
Homeless organization	1
Walsall NHS	2
Walsall Housing Group	1
Walsall Healthcare	1
Carers Support group	2
Healthwatch	3
Reedwood Residents Association (Chairman)	1
Walsall Black sisters collective	1

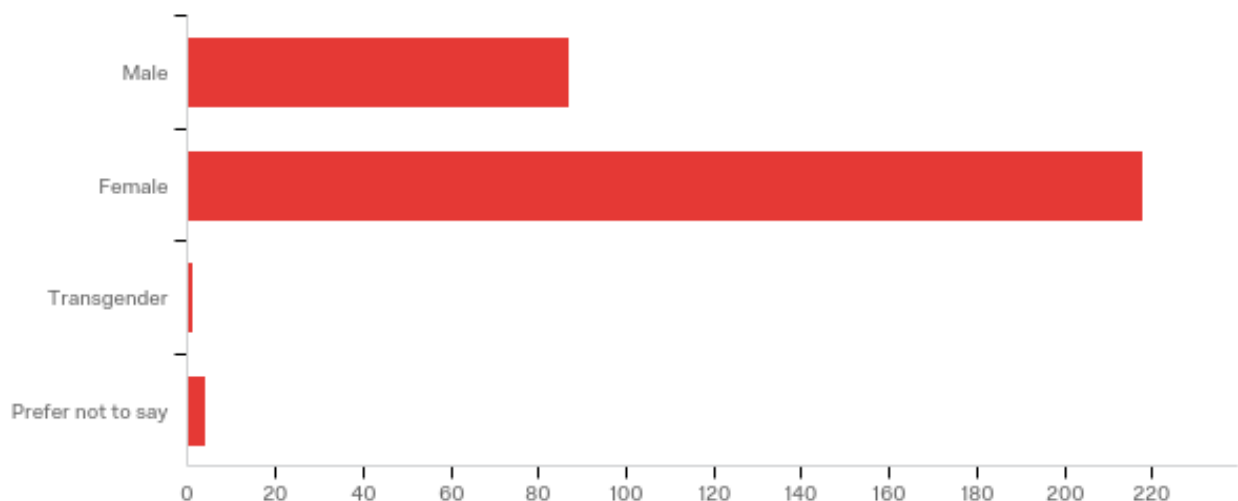
What is the first part of your postcode? e.g. WS13

Postcode area

Number of responses

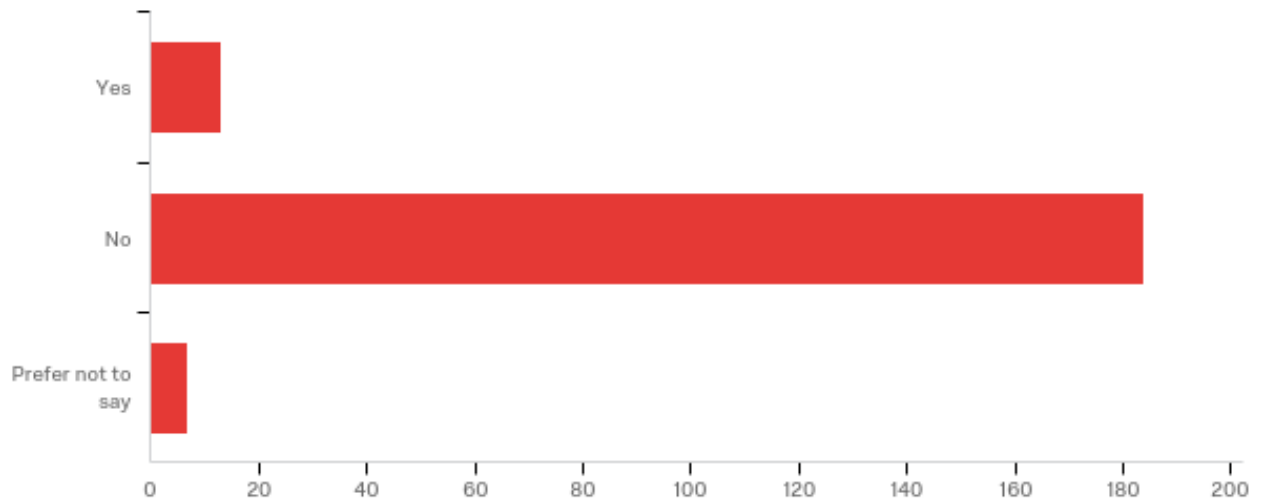
WS1	29
WS2	39
WS3	55
WS4	22
WS5	20
WS6	4
WS7	2
WS8	3
WS9	40
WS10	11
WS11	3
WS12	5
WS13	2
WS14	2
WV10	1
WV12	9
WV13	5
WV14	2
B14	1
B20	1
B42	1
B43	3
B70	1
B74	3
DY4	1
DY6	1
ST18	1

What is your gender?



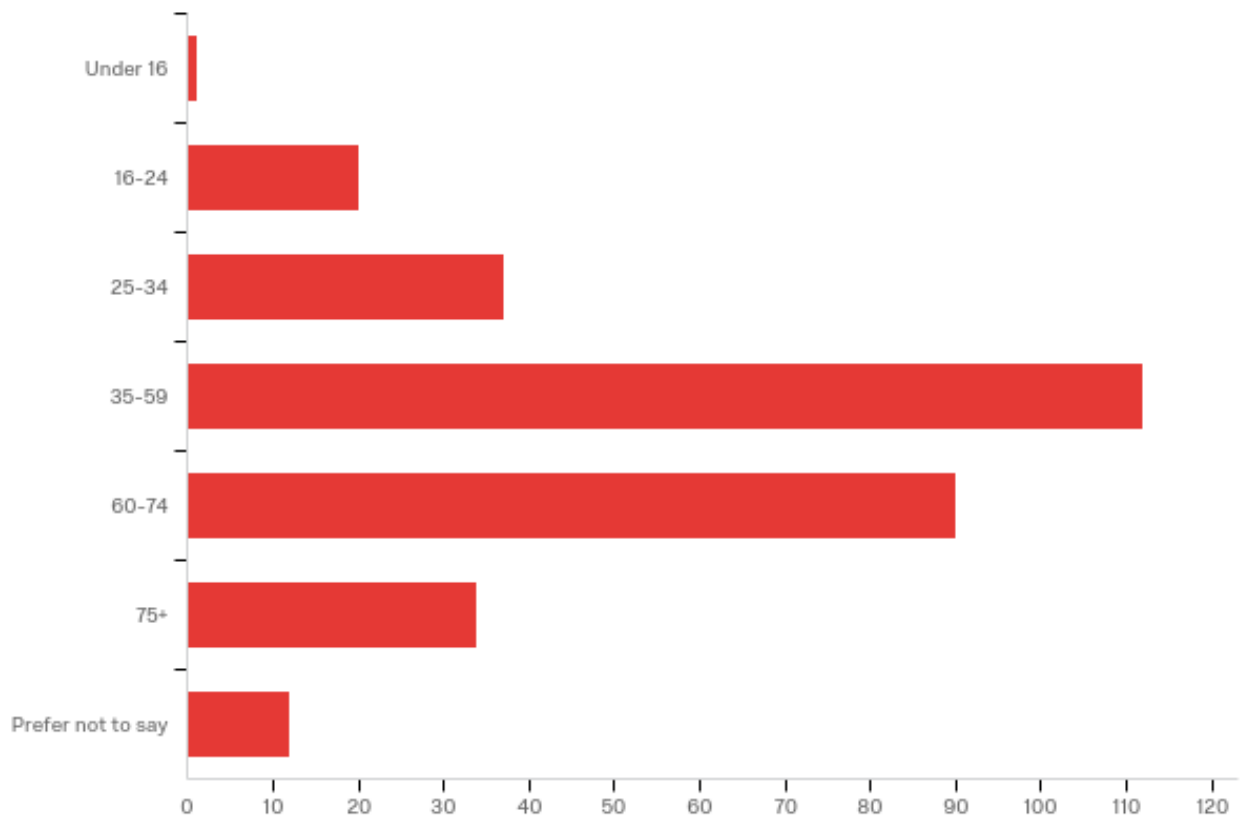
#	Answer	%	Count
1	Male	28.06%	87
2	Female	70.32%	218
3	Transgender	0.32%	1
4	Prefer not to say	1.29%	4
	Total	100%	310

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



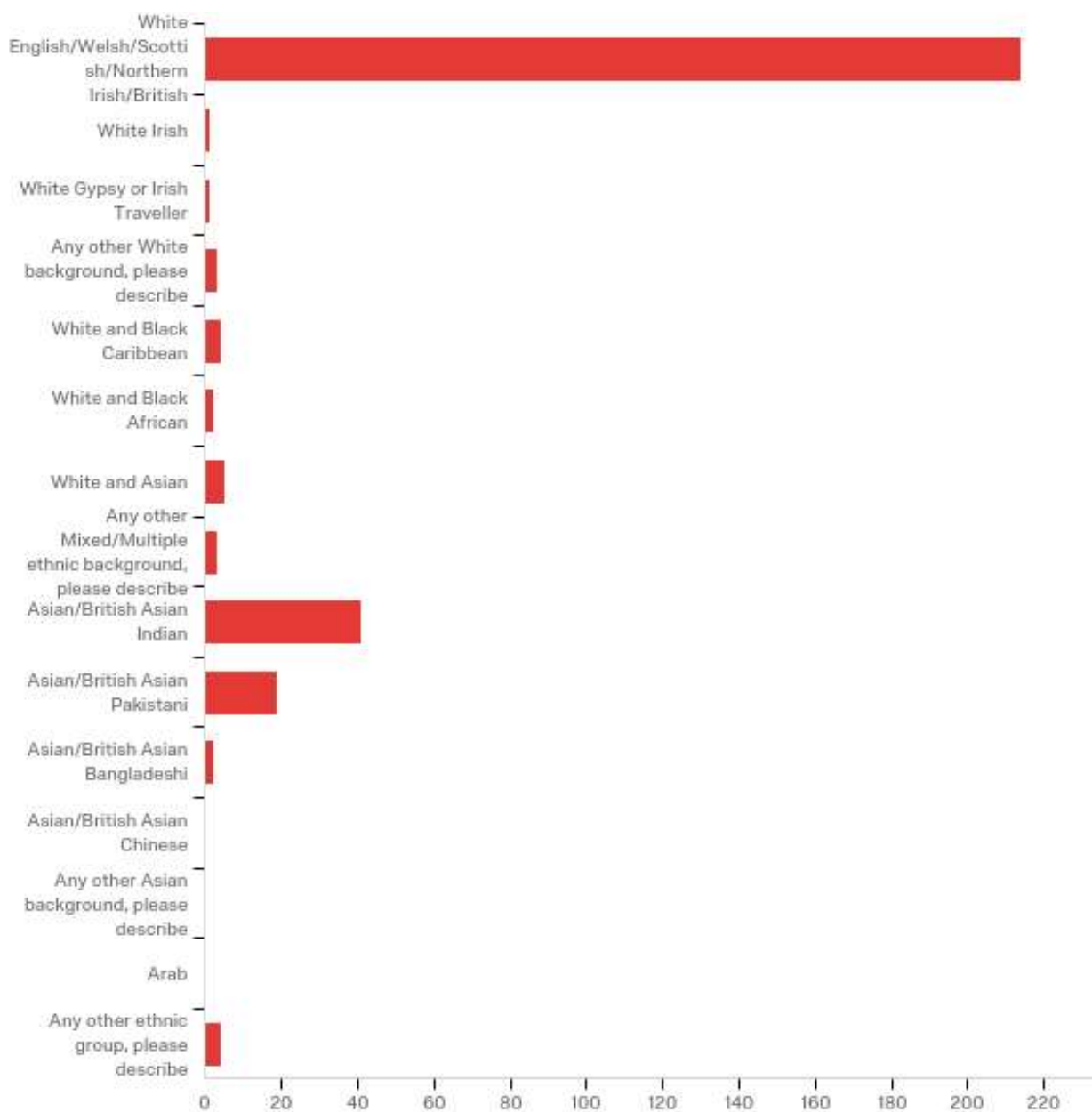
#	Answer	%	Count
1	Yes	6.37%	13
2	No	90.20%	184
3	Prefer not to say	3.43%	7
	Total	100%	204

What is your age?



#	Answer	%	Count
1	Under 16	0.33%	1
2	16-24	6.54%	20
3	25-34	12.09%	37
4	35-59	36.60%	112
5	60-74	29.41%	90
6	75+	11.11%	34
7	Prefer not to say	3.92%	12
	Total	100%	306

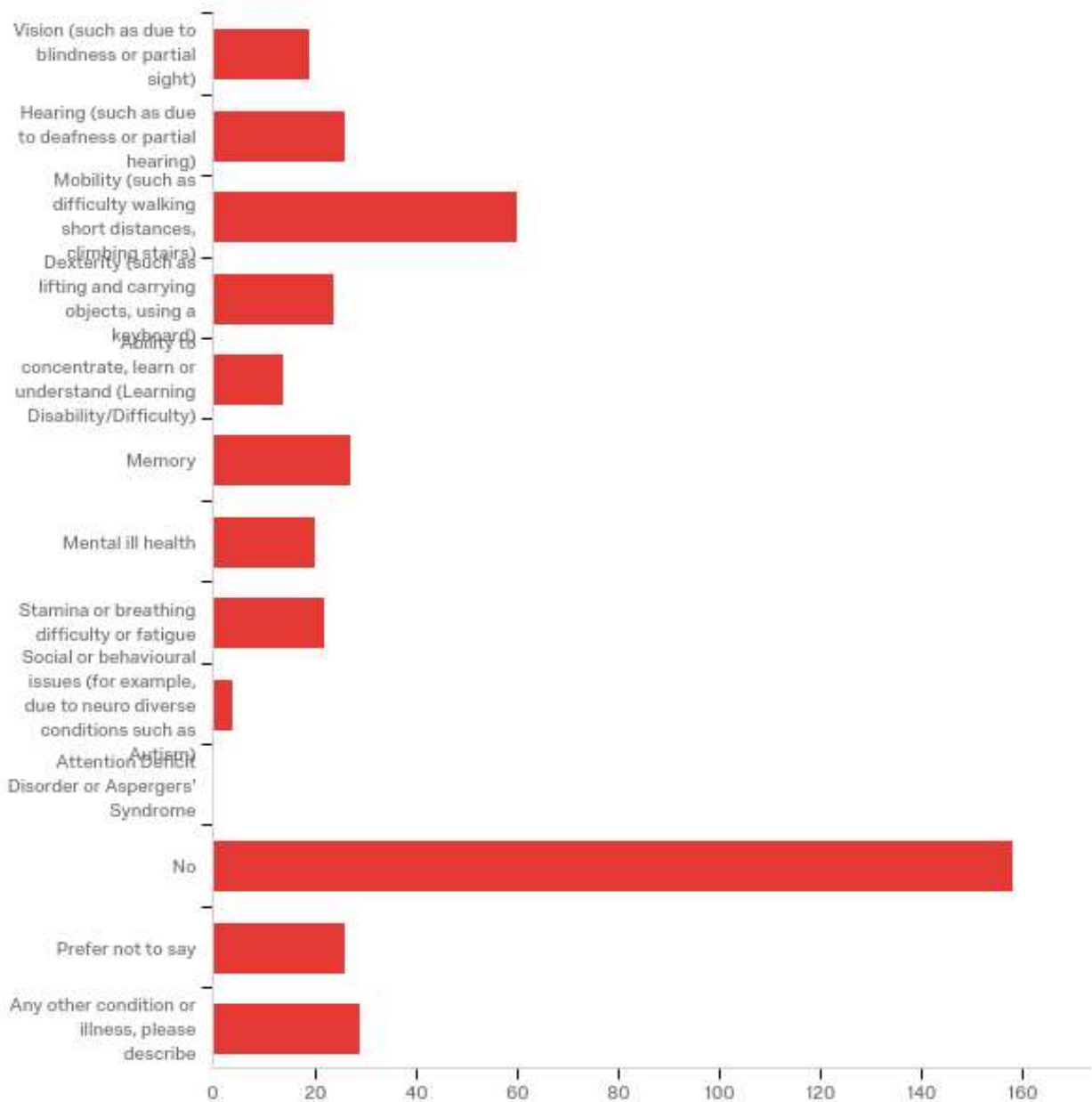
What is your ethnic group?



#	Answer	%	Count
1	White English/Welsh/Scottish/Northern Irish/British	71.57%	214
2	White Irish	0.33%	1
3	White Gypsy or Irish Traveller	0.33%	1
4	Any other White background, please describe	1.00%	3
5	White and Black Caribbean	1.34%	4

6	White and Black African	0.67%	2
7	White and Asian	1.67%	5
8	Any other Mixed/Multiple ethnic background, please describe	1.00%	3
9	Asian/British Asian Indian	13.71%	41
10	Asian/British Asian Pakistani	6.35%	19
11	Asian/British Asian Bangladeshi	0.67%	2
12	Asian/British Asian Chinese	0.00%	0
13	Any other Asian background, please describe	0.00%	0
14	Arab	0.00%	0
15	Any other ethnic group, please describe	1.34%	4
	Total	100%	299

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)



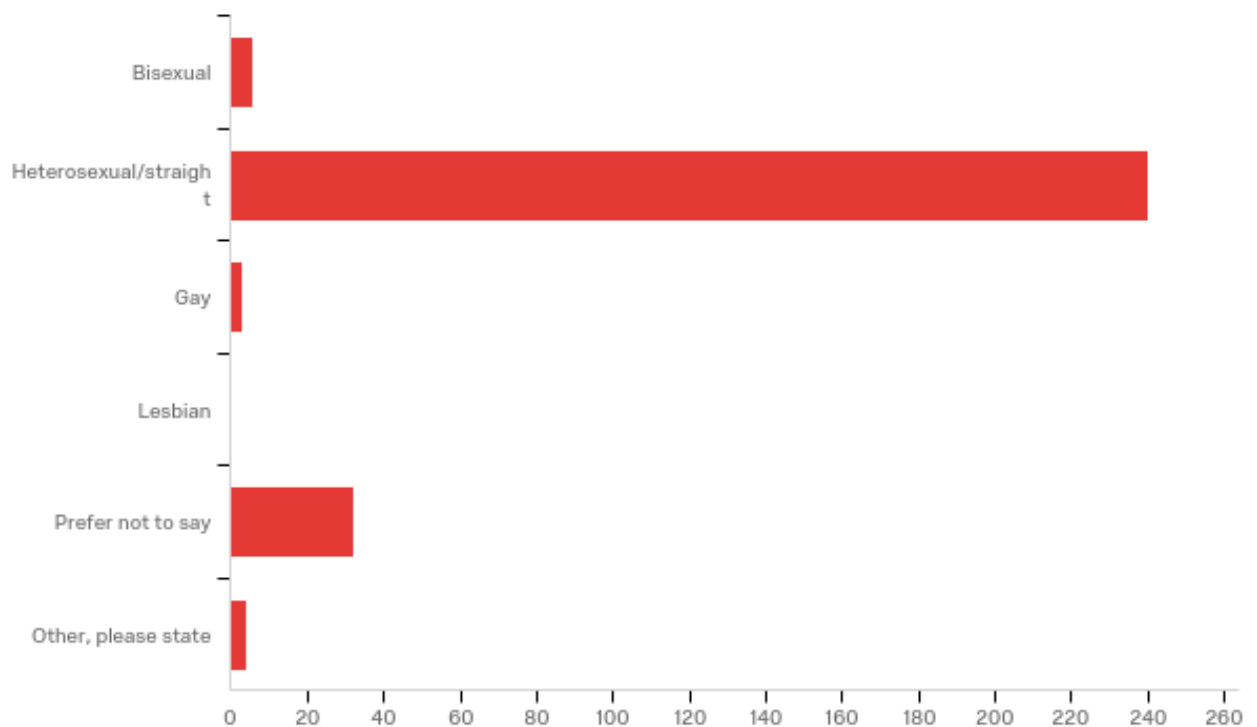
#	Answer	%	Count
1	Vision (such as due to blindness or partial sight)	4.43%	19
2	Hearing (such as due to deafness or partial hearing)	6.06%	26
3	Mobility (such as difficulty walking short distances, climbing stairs)	13.99%	60
4	Dexterity (such as lifting and carrying objects, using a keyboard)	5.59%	24
5	Ability to concentrate, learn or understand (Learning Disability/Difficulty)	3.26%	14
6	Memory	6.29%	27

7	Mental ill health	4.66%	20
8	Stamina or breathing difficulty or fatigue	5.13%	22
9	Social or behavioural issues (for example, due to neuro diverse conditions such as Autism)	0.93%	4
10	Attention Deficit Disorder or Aspergers' Syndrome	0.00%	0
11	No	36.83%	158
12	Prefer not to say	6.06%	26
13	Any other condition or illness, please describe	6.76%	29
	Total	100%	429

Any other condition or illness, please describe:

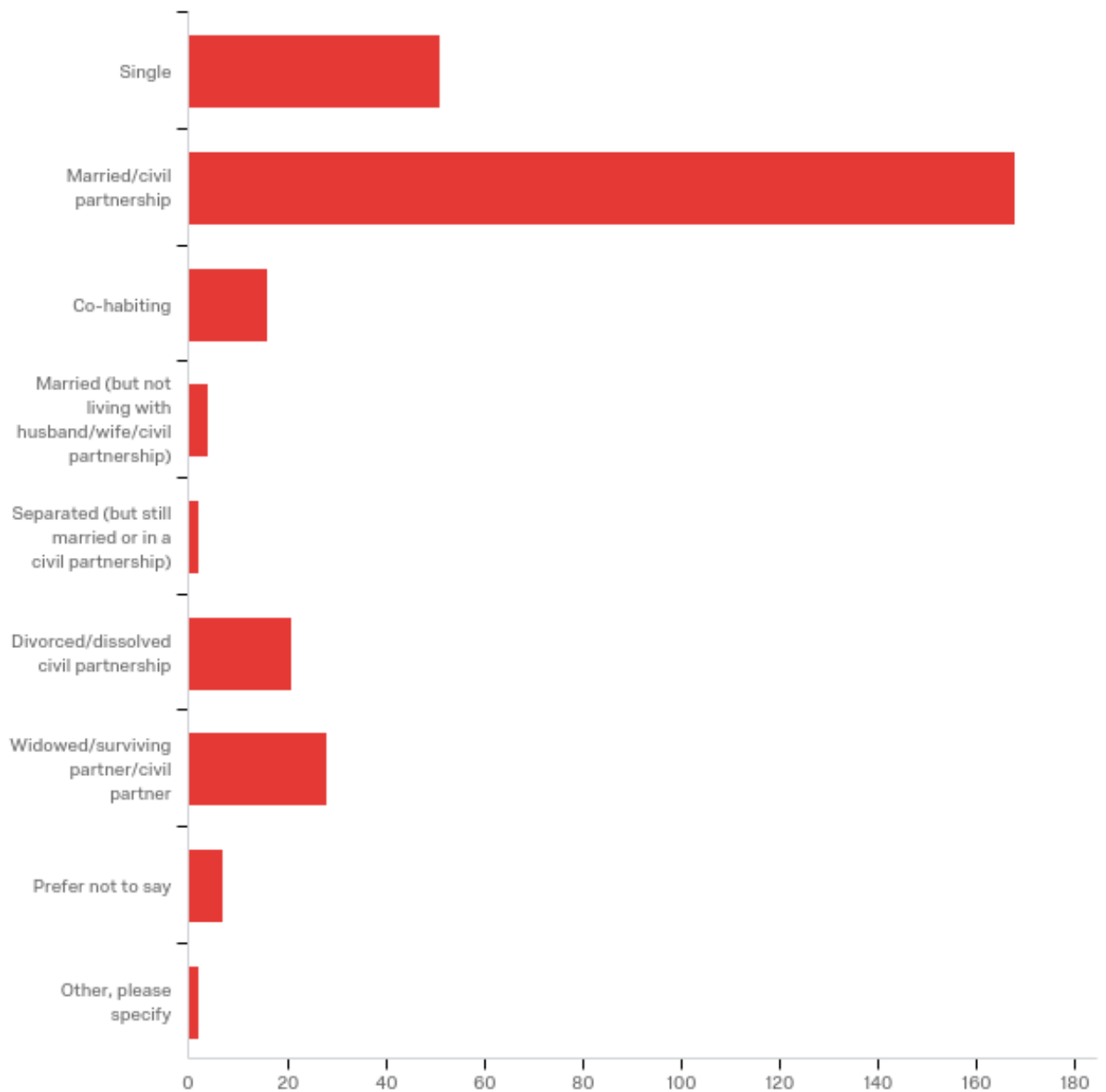
Condition	Number of responses
Joint pain	1
Asthma	3
Diabetes	5
Chronic Migraines	1
High blood pressure	2
Arthritis	5
Psoriasis	1
Under-active Thyroid	1
Depression	1
Coronary Heart Disease	1
TIA	2
Speech difficulties	1
Fibromyalgia	1
Barrett's oesophagus	1
MS	1
Stroke	1
Glaucoma	1
High Cholesterol	1
Mild Anxiety	1
Other unstated chronic conditions	2

What is your sexual orientation?



#	Answer	%	Count
1	Bisexual	2.11%	6
2	Heterosexual/straight	84.21%	240
3	Gay	1.05%	3
4	Lesbian	0.00%	0
5	Prefer not to say	11.23%	32
6	Other, please state	1.40%	4
	Total	100%	285

Are you?



#	Answer	%	Count
1	Single	17.06%	51
2	Married/civil partnership	56.19%	168
3	Co-habiting	5.35%	16
4	Married (but not living with husband/wife/civil partnership)	1.34%	4
5	Separated (but still married or in a civil partnership)	0.67%	2

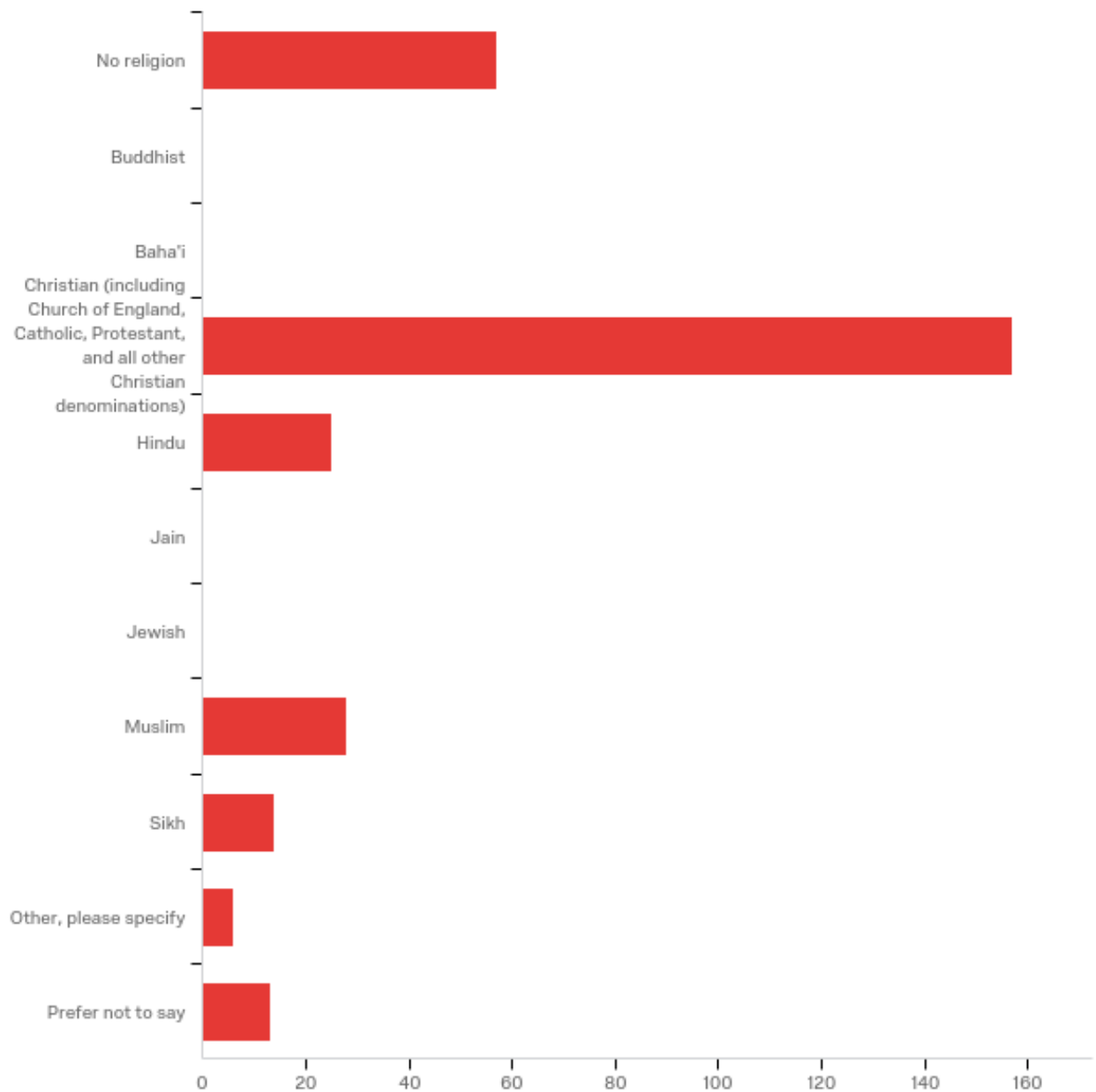
6	Divorced/dissolved civil partnership	7.02%	21
7	Widowed/surviving partner/civil partner	9.36%	28
8	Prefer not to say	2.34%	7
9	Other, please specify	0.67%	2
	Total	100%	299

Other, please specify

Other, please specify

Engaged but not living together

What is your religion or belief?



#	Answer	%	Count
1	No religion	19.00%	57
2	Buddhist	0.00%	0
3	Baha'i	0.00%	0
4	Christian (including Church of England, Catholic, Protestant, and all other Christian denominations)	52.33%	157
5	Hindu	8.33%	25

6	Jain	0.00%	0
7	Jewish	0.00%	0
8	Muslim	9.33%	28
9	Sikh	4.67%	14
10	Other, please specify	2.00%	6
11	Prefer not to say	4.33%	13
	Total	100%	300

Other, please specify

Other, please specify

Jehovah Witness

Ravidassia

atheist

Methodist

Agnostic

Summary and Conclusion

Statements for consideration

- For statement stating, "If I have a stroke, I do not mind where my initial diagnosis and treatment takes place, as long as I receive the expert quality of care I need", 42.98% of participants strongly agreed.
- The themes arising from the reasons provided for these were *need for treatment to be quick, venue of care to be well-equipped, good quality of care as key* and *care to be accessible*.
- For statement stating, "If I have a stroke I do not mind where my rehabilitation takes place, as long as I receive the expert quality of care I need to recover as best I can", 32.64% of participants strongly agreed.
- The themes arising from the reasons provided for these were *proximity/accessibility from home, good care is important* and *quality of treatment should be unvaried regardless of venue*.

Proposal

- 26.25% of participants neither agreed nor disagreed that stroke services proposal would meet patients' needs in terms of ease of access to diagnosis and treatment. They reported that this is because they would *need to see outcomes*, have *not enough information* and that it is dependent on *specialised and sufficient staff*.
- 35.29% of participants felt that the stroke services proposal would meet patients' and carers' needs in terms of rehabilitation in the community after a stroke. They reported that this would be the case if *stated procedure is followed* and also due to the *shorter travel time*.
- 23.67% of participants agreed that the stroke services proposal would make access to stroke services fairer for all people across Walsall. They felt that this was because there was a *centralised access point*.
- 26.95% of participants neither agreed nor disagreed that the stroke services proposal would mean stroke services would be safe for all patients across the whole of Walsall. They reported that there is a *need to see outcomes, need for more information* and the fact that there were *issues with survey questions*.
- When asked about things to take into consideration about the new proposed model, survey respondents and notes from the consultation event reported *transportation, staffing, local service, time factor, clear information provision, further consultation, capacity, quality of care* and *community services* as key areas.

Consultation

- 37.99% of participants agree that they were happy with the way that you have been consulted with about this proposal. They report that this was largely due to being *told in advance*, the *neutral presentation*, *to being able to have a say* and the *friendly researchers*.
- Participants also commented that the consultation was well-conducted. However, negative comments included the *cost of consultation, need for more information, lack of public engagement, need for a longer consultation period, need for patient involvement, survey impartiality* and the *pointless consulting*.

Recommendations

- TUPE recommendations need to not only consider moving all specialised staff across to the centralised access point.
- Cost saving measures that can help patients deal with the changes better for e.g. a volunteer run Ring & Ride system that can help with those who struggle to get to the new services.
- Detailed information about the proposal should be forwarded to all Walsall GP practices so that all Walsall residents are able to have access to the detailed proposal and what changes they can expect to happen.
- Further consultation to give an event greater insight into previous experiences of care, travel and accessibility as well as the specific needs of a stroke patient, could look to contacting all previous Stroke patients rather than those currently attending local support groups to identify any issues they faced with their care. This data could then be mapped against data gathered from this survey to understand key issues that are universal across the community. Additionally, previous Stroke patients and their families may also be able to give key insight into the experience

Appendix

Q3 - Why do you say this? In response to Q2 - Consider this statement as if you were a stroke patient, and respond: "If I have a stroke, I do not mind where my initial diagnosis and treatment takes place, as long as I receive the expert quality of care I need."

Would need a quick recovery time as i am needed and relied upon at home

I think you should be treated as quickly as possible.

We do want the quick and best care fast so not alot of damage is avoided

Need to be treated asap

Need to be treated asap

F.A.S.T

Need to be treated asap

The initial diagnosis and treatment are the critical stages, these need to be carried out at the location best equipped to deal with this.

I thin the nearer to hospital then the best chance you are seen quickly which is important.

Quality of care matters the most to me.

More students better for the resource

Because aftercare is important

Need to be treated asap

to be more local when ever possible

Distance - Stroke needs immediate attention.

Need treatment ASAP

I would like treatment closer to home and family

as long as the treatment is very good i dont mind

But the only problem is of transport ie family visiting the patient in Wolverhampton

Time taken to travel to place of diagnosis and treatment is likely to matter

Prefer a more local hospital

I would strongly agree if I was sure that the travelling time did not cause a problem/delay in initial diagnosis.

Because its true

i would not like to be treated at the Manor Hospital as i do not trust it.

I understand that the treatment for stroke should be swift and performed by competent staff

i would like to be closer to my home address so it is convenient for me and my family

Time is critical in stroke care and i would be very worried about not being able to receive care locally

Commuting Distance Travel Access for relatives

Because the sooner i get the initial diagnostic treatment the better promise will be

prefer to be closer to my family , also would cost family members more money to visit the further away i was

Because I would have to be taken further to receive treatment

New cross has a good stroke unit

i would like the best treatment- so would go anywhere

As long as you're getting the treatment you need it doesn't matter

Quick speedy treatment is best

Best care straight away

Need to support family close

Stroke is serious and to have great treatment I would travel the world if I had to ' I want to live @

it is the best option for me

It's all about the care you receive and quickly

Best chance of making a full recovery

Need to be local so treatment can be provided quickly and effectively

Best chance of a full recovery

Wolverhampton isn't far

I live in Scotland

I would want to receive the best expert care

Because that is what I would need

Important stroke is diagnosed quickly to prevent further damage

Obviously i would want the best care for everyone

as long as the issue is resolved

I would like treatment locally

need urgent care treatment with a stroke

Best care is essential with a stroke to help to speed of your recovery sooner

Either hospital as both are similar distance from where we live

My understanding is of prime service given them more easy to treat and recover

Quick treatment would be my main concern

Because a stroke needs urgent care to prevent further deterioration

Family history of strokes

Hopefully less damage occurs to mind and body functions

as i live the fastest place in walsall from new-cross can it be 45 mins critical time to get to new cross

Would prefer to be local and would expect my local hospital to provide the expert care i needed rather than travel and perhaps lose valuable time

It can be very serious so getting diagnosed and a care plan in place is the key.

Need the best possible care

Local services are much easier, in terms of patient confidence and communication. Access to visitors is extremely important in the recovery process

I dont mind as long as im treated and im looked after

want best and quickest treatment at local hospital

As long as i get the right care specialist i am in safe hands and will have the best recovery. i am happy to travel as family member drive

best treatment is what you hope for regardless where it is!

I wouldnt mind travelling further if i am receiving the very best care

With stroke patients - it is valuable time for treatment that is important - Longer delays for Walsall

We should have the opportunity for local based care

Urgent initial diagnosis is critical, if a stroke is suspected

I want to go to walsall

The only thing that matters is the quality of care

Travel time shouldnt be an issue if it saves someones life

Need quick treatment - Doesnt matter where that comes from

Familiarity and care most important

As long as i get quicker accurate diagnosis i don't mind where

So you can receive treatment straight away

want to stay in walsall

would want walsall

becuase they reckon they've made a breakthrough in treatment of stroke, they have developed an injection/treatment if get to hospital within 1/2 hour they can stop paralises

Joint of the centre of excellence is efficient for patient health and NHS

Then they can save lives

need the best treatment right away

as long as we all get the best treatment

get night care and care is good- don't care where have to go

See Q3

Needs to be close to home

As long as I'm being treated less rate of getting worse

Most important to get important to get top notch treatment straight away - Site not important

I would expect the same level of treatment in any part of the UK

My only reservation would be the distance between me and my daughter for visits etc

Need stroke service in Walsall

Want this service local

Because expert care would be my priority at first.

Needs to be close to family/ friends

I think everyone should have good quality care at every hospital and care home

I would prefer my treatment to be closer to home

I would like to know where I go

I have not had a lot of health issues myself and know how important it is to get the right care

Location is important

worried about travel time to new centre but want really good services

Money travel problem

See question 3

The current provision is close to home in Walsall and time was essential in providing life saving treatment

Time is of essence therefore the quicker the diagnosis and treatment the better

Should be local - speed is of essence when people have a stroke, early care aids faster recovery

I had a stroke in 2011 and my care at my local hospital was excellent and the after care offered continuity. It was a very large part of the rehabilitation process to be visited by my friends and relatives at a hospital they could travel to easily. Being a smaller hospital I found the care to be very personal and geared to me as a person. It enabled me to build up a mutual relationship with the stroke team that had care for you from your admission until discharge. As an outpatient you are still seen and treated by the same professionals. At a larger hospital I find it is much more

impersonal and this does not help with a complete recovery. Any stress caused by this can be a major factor in delaying a positive outcome.

may be extra time to get the care

The delay in taking me out of borough for treatment when I am in a critical condition could be detrimental to my health

I understand the importance of speedy attention

stroke services are vital

if i am to have my treatment locally why cant i be told locally, it would add more stress to travel, what if i am too ill to travel?

most importantly is speed of diagnosis and rapid treatment

The best place for treatment should be decided by facts and not figures - i.e. the cheapest.

I think that the time taken before diagnosis is made and treatment initiated is also an important factor

need something closer to home

Prefer to be closer to home. Difficult and costly transport links

The Manor Hospital has a high enough population density to justify its own stroke unit especially as it is much closer to J10(M6) than Wolverhampton.

Because I have had two strokes and have been well cared for by Walsall Manor Hospital. To be near home is important to me.

It is for a condition that needs quick treatment and experts who know what they are doing.

I live less than one mile from the manor hospital

I want to be treated as quickly as possible locally, and stay in hospital locally so that my family can easily support me

N.B. I do not live in the Walsall area, I am commenting based on my position as an ED consultant at New Cross

As long as I get the required treatment in an appropriate time I will be happy

As long as treatment is given

strokes require urgent attention, initial treatment should be wherever can provide the treatment the soonest

time is important and Walsall people should have same the same opportunity for care closer to home especially when relatives need to visit and be reassured at such a worrying time

In regards to acute illness- more specifically a stroke, time is a crucial factor for reverting prolonged illness and further damage. The golden standard time frame for thrombolytic treatment would be significantly affected by travel time to New Cross Hospital. Consequently, with a worsened treatment time, would provide a poorer prognosis for treatment, therefore increasing the demand for rehab upon Walsall NHS trust.

If im having a stroke i want to get to the nearest hospital possible, not the one that is further away because you decided to shut down stroke ward at the Manor. Remember F.A.S.T!!!!

I wouldn't want my treatment to be far from my family and friends and support network- I believe it would have a negative impact on my mental health during recovery if i was far from them.

I want the best care alongside the quickest diagnoses and treatment

I would like diagnosis to be done as quickly as possible in my local health authority and treatment commenced quickly as I know time is an important factor when dealing with stroke patients.

As long as the experts are based at Wolverhampton & Staffing to the correct level

I worry about the distance to Wolverhampton as time is of the essence when treating a stroke victim

Because time is critical

Because I'd want the best chance of as full a recovery as possible.

I would like my care to be local. I do not wish to travel to access NHS care, I want my local hospital to provide for my needs.

Surely having to travel to Wolverhampton could have very adverse effects in my recovery!!

Fast treatment locally is more important

The venue needs to be quickly accessible to patients, to prevent worsening symptoms

Time is the essence when it comes to initial care following a stroke so I would want to be treated in a hospital that is close to my home, where I would receive care sooner rather than later.

Because I want to get the best care possible

The most important thing is getting the best care

I would rather be in Walsall as it is local my family could visit without travelling further and having parking problems .

Time is paramount and distance would be a disadvantage

would like the best care available

I would like to think that high quality, expert care would be available in all locations but I realise that to achieve high quality specialist services, sometimes requires centres of excellence.

This is a idiotic idea. As someone who lives close to the Manor Hospital having to transfer to a hospital further away with such a time sensitive problem seems dense at best and unsafe at worst.

Wolverhampton Royal is quite a long way to travel. If you have a stroke the quicker it can be treated the less damage is done.

Because travelling time to receive initial treatment will be dramatically increased which also will affect A&E ambulance provision which is already in very short supply.

prefer the Manor hospital has a good reputation

It's the care that matters but travelling from home to the stroke unit or A&E to New Cross could pose a problem clinically.

Time is critical & would not want to lose that valuable time travelling to New Cross Hospital

The quality of care is more important to me than location of the treatment.

I WOULD WANT TO BE TREATED AS CLOSE TO MY HOME ADDRESS AS POSSIBLE. NOT TRANSPORTED MILES TO HOSPITAL IN ANOTHER TOWN; JUST TO FIT IN WITH AN ACCOUNTANTS IDEA OF HOW THE NHS SHOULD BE RUN. PATIENT CARE NOT BEANCOUNTING SHOULD APPLY TO HEALTH SERVICES.

The timing, diagnosis and early treatment of stroke is paramount to a favourable outcome.

Therefore the place of diagnosis should be as close as possible to where the patient is located.

After first hand knowledge of the Manor hospital's stroke unit I would prefer to go to Wolverhampton New Cross hospital.

Walsall is in my home town, i want treatment i. Walsall

common sense

Dependant of where you live in the borough the time taken to reach new cross could impede on my consideration for thrombolysis, also at such a worrying time for myself and my-family I would want to be cared for at the manor.

The trust say it is to centralise sevices, this is a cheep way of saving money

not sure where i will be if i have a stroke.

Time is of the essence with strokes.

i would expect to be treated quickly to minimise disability

I want ti be near my lived ones wolverhsmpron is far im ill

I would want my treatment to be closest to home, time matters

standard of care is utmost

Expert treatment is important but time is also of the essence.

Good medical help is key, but knowing my family are just down the road is more essential for me getting better. And knowing they ain't got to stress by travelling miles when walsall manor is just down the road would make me stress less.. stress free me equal better and faster rehabilitation

Because I do not feel comfortable being so far away from home, family would struggle to get to the hospital and would take a very long time to get to the hospital

Travel time from Aldridge & streetly to new cross hospital? Time is brain the tv advert said so moving a service further saves the risk of a damaging stroke ?

'Time is brain'

..

if the quality of service provison meets expectation travel to wolves would not be an issue.

I would like he best service possible

Q5 - Why do you say this? 4 - Consider this statement as if you were a stroke patient, and respond: "If I have a stroke I do not mind where my rehabilitation takes place, as long as I receive the expert quality of care I need to recover as best I can."

I would like my rehabilitatin to be shared between a hospital and my house

I would want to get urgent care

Aftercare is important for recovery

Aftercare is important for recovery

I would proffer to be nearer home and would expect quality of care wherever I was.

For health because of travel

as above

Becasue of health and travel

Becuase of health and travel

Againrightcare is important for recovery

because aftercare is important for good recovery

Surely it would benefit me more being closer to home.

Aftercare is important for recovery, so would go where available

as above, number 1

see question one

I would want rehabilitation to be at home or local to my home to reduce the stress on myself and family in terms of travel and access.

I would prefer best chance of recovery a long way away rather than lesse chance near home.

Same as above

Progress post stroke should be based on proximity to family/home., so that relatives can provide easy support throught the rehabilitation stage

As above

i would want to rehabilitate locally close to home and family

As above

Travel time moved from walsall area

would need to be accessible for family

because the sooner effect i start rehabilitation the quicker my recovery will be

People have alot of struggles with money at the moment would it be fair with all the extra costs and stress

This would out me and my family at a disadvantage as they would have to trabel out of the area to visit . This would impacy on my mood

Travel Time if moved from walsall area

i would like the best treatment

as long as its a safe enviroment

I would want to be closer to loved ones but again if I had to be far I would to survive

whilst the inital diagnostic and treatment is important the secondary rehabilitation is the long tech option and transport may be an option

Good care is important to recovery after a stroke

Need to be local to my family and support network.

You need to have confidence in the people looking after you

Again happy to travel as long as I receive best treatment

Good quality of care

Best care available is most important to me

as long as the recovery/care is the best

Need to be at hospital

I want to be treated locally. i do not want to travel a distance to get treatment

Aftercare is important

both hospitals should have same level of facilities

As above

so the ward is acute and ready for them instead of A&E waiting times

It would be beneficial to be closer to home RE transport

I would like to be near where my relatives could come to see me

I dont agree that the patient should have to travel far, it is also hard for carer if they have arthritis

Family history of strokes

I would like to be where my visitors could easily visit on a regular basis not travelling for hours and not visiting

Made it after a stroke would like it nearer to home than far away at newcross

as above - Locality is important

Effective treatment should be delivered

Same as above

Refer to above - Locality is important

I would rather have my rehabilitation done to where i live

I dont mind travelling this will be extra burden for family members. but happy to travel if thats where the care takes place

need to be near family

The quality of care is priority

some of previous questions should have good care regardless

It would be better from rehabilitation to be carried out as close to home as possible

Along as it can be good care

It is to gain rehab firstly not location

as long as i get good care

I would prefer local treatment

This service needs to be as near to patients home as possible. EG transport/parking/public transport/travelling difficulties

Same as first answer

Personally would rather be close to home but ultimately is important to get better

If treatment is needed then time can be an issue if delayed

because of health and travel

want walsall

want walsall

Time factor

Gointo the centre of excellence means that care and recovery will be fast and hopefully fewer days in hospital

So they can save lives

as above

same as above

See Q3

I do not mind where it takes place as long as i am recovering

Have to consider family/friends who may wish to visit - Distance would be an issue

I would expect the same level of treatment in any part of the UK

Same as above

I would want rehab near to me so it is easy for family/ friends to visit

Manor should offer same level of service. Invest in Walsall

See answer Q1

I would like to know where im going Than it shall all be good

As i think you need somewhere you feel comfy but also where you can get right care

important to have family near.

Be near family for recovery period

See question 3

After care can be managed, initial stroke diagnosis and treatment is required immediately

however, having experienced the problems encountered by family and friends who visit a patient and have to travel considerable distances i am concerned about the distances to designated hospitals especially the costs and time involved.

there should be quality local provision so that family members can support recovery

I think as long as you can be treated, it would be nice to be closer to home but in the current climate things do need to change. I think as long as people can access the service easily without too much cost i.e ridiculous parking charges

because after care can be anywhere as long as you get it

I would want rehab to take place as close to my place of residence as possible, to make it easier for my support network of friends and family to access me in my time of need

I just want to get well

Hollybank rehab is vital to stroke patient recovery and is in walsall

if closer to me than good

close to home is important for rehab

The choice must be made on facts and not on costs as some places are totally unsuitable.

I believe that where the rehabilitation takes place is also important (as close to home as possible or with good transport links)

need somewhere close to home

Prefer to be closer to home. Difficult and costly transport links

as long as friends and family can visit me easily preventing isolation and loneliness

The Manor Hospital has a high enough population density to justify its own stroke unit especially as it is much closer to J10(M6) than Wolverhampton.

Again, being near home was and is extremely important, and vital for recovery, with easier access for family to visit.

As it would be good to have it close to home and easy to access

I would like my rehabilitation to be as close to my home as possible

I want to be as close to home and family as possible, so that my family can take an active role in my recovery

Again appropriate speed treatment is the priority

stroke patients requiring rehab can be severely disabled... therefore i feel they should not have to travel far.. maybe 30 mins max

In the acute phase I would prefer to be treated in a specialist centre. However, in the rehab phase which may be long lasting, I would prefer to be treated as close to home as possible for ease of access/transport for me and for family members involved in my care.

I want to be cared for close to home so my family are not stressed by having to travel to visit me especially as my close relatives will be elderly themselves

The key fundamentals of effective treatment before rehab is the priority. Thereafter, as long as rehab was within an adequate time frame- location to said rehab would not be an issue.

As long as initial treatment is rapid i wouldn't mind having rehabilitation somewhere else

I don't want to be far from home, for the same reasons previously stated.

I think having visits from family and friends is also important to recovery. Distance can impact on this.

Again, I prefer local authority practices as I know they will care for me well. They have so far.

As long as the experts are based at Wotton & the staffing levels are correct

Being near family and friends is a very important aspect of recovery

Because the location affects the patient's recovery and their families' ability to proactively support

I can understand that in the early days it's best if the patient is in a centre of excellence, recognising though that the family of the patient may find travel to New Cross difficult or even impossible. Once the immediate danger is past, and recovery is about rehabilitation, that's exactly when the people who will effectively be the patient's support team need to be involved. To do that, they need to be able to get there. There are still plenty of people with no access to a car.

I would like my care to be local. I do not wish to travel to access NHS care, I want my local hospital to provide for my needs.

It is important that my recovery takes place in the closest hospital to my home. Thus allowing my family and friends to visit me with more ease, a fact in itself which would aid and speed my recovery

How would I get to the venue when it would be at least three buses away from where I live.

Transportation for patients who rely on public transport may find it difficult to access rehab care particularly if

There is more to rehabilitation than hospital care. Friends and relatives play an important part in rehabilitation and if they are unable to access a hospital due to it being further away, the patient loses out

I want the best care but I would like it to be close to home

The best care is very important but I also need to think about travel time if rehabilitation takes a long time

I have experienced the care given to my husband within Walsall and it was exceptional and that is what I would want. Local services

If you can attend rehabilitation then clearly the urgency and distance would not matter

Prefer rehab to be at home / closer to home

Rehabilitation should be as close to home as possible but needs to be in an environment or setting which can meet the specialist needs of the stroke patient. If the location or environment for rehabilitation creates a barrier to care and therapy, then progress will be more limited.

If my rehabilitation is on an in-patient basis it would be very difficult for me to have visits from relatives as they would be travelling out of our area into an area we are completely unfamiliar with. I can only imagine that at such a hard (mentally and physically) time this would be detrimental.

Same as above

Travelling, parking etc further than is necessary is stressful for patients and relatives.

I would need care wherever could provide it

Where rehabilitation is concerned I don't think the distance is so crucial

I WOULD WANT AND EXPECT REHABILITATION AS CLOSE TO MY HOME ADDRESS AS POSSIBLE. IN A SUPPOSED TOP ECONOMY COUNTRY I WOULD EXPECT THE BEST POSSIBLE TREATMENT IN MY HOME TOWN. I DO NOT ACCEPT THE ACCOUNTANTS IDEAS OF SUPER CENTERS MILES AWAY FROM PATIENTS NEEDING TREATMENT.

Stroke recovery can be long and intensive, often requiring time consuming repetitive exercises taking up valuable time. If a patient is treated in a location where family or friends are able to visit easily, they can be enlisted to assist the patients recovery, both physically and emotionally. They would also be able to assist with other tasks, such as feeding, washing etc.

Would prefer to recover at home or with ongoing help in the community.

NEED TO BE AS NEAR TO HOME AS POSSIBLE

Rehab is specialised, so i dont mind travelling for this

common sense

Need to be nearer home so family can visit.

The journey of a stroke patient is very stressful and can take a long time to recover. To be put in a rehab unit far from my home would be really difficult to cope with.the residents of walsall particularly those patients who have severe strokes which in patient-rehabilitationis essential to optimise recovery deserve a dedicated facility that is currently offered in the walsall borough.

it's not just about the location to another Trust. It's about contineuity and locality

Prefer to be near home and loved ones if possible

I want the best medical care.

i would expect to be treated in a professional way to meet my needs as an individual

As above

I would want to be close to home so that my family had access

standard of care is key

Family need to be able to visit to aid recovery.

I don't want stress of travelling miles for treatment & with my anxiety a local hospital & service would give me peace of mind, been some where further away from home would trigger my anxiety

Why would anyone want to recover 9/10 miles away from home?

If my family friends or myself had a stroke and I use ambulance service would it be beneficial for me to have a follow up at new cross or Walsall ? We all know how stretch our ambulance transportation is

Rehab needs to happen in the best place for the patient, one model does not cover all stroke patients and rehab is the key once the medics have stabilised

Q7 - Why do you say this? In response to Q6 - Do you think that stroke services proposal would meet patients' needs in terms of ease of access to diagnosis and treatment?

This would be better equipt to deal with in a specialist centre

We need fast care

The longer it takes worse is will be

Need to see the outcome

Need to see some outcome first

F.A.S.T.

Need to see the outcome

It would be ideal to have a fully comprehensive service in one location, but not sure about it not being local.

yes because it will be purpose derived.

becasue fo health and travel - shorter to travel

Results showikng better recovery an quicker.

Because its in Walsall, Shorter travel time

Need to see some outcomes

No idea of outcomes at the moment

ifd you move servies it cauese major distractions

The practice of detction of strole and treatment within 72 hours seems to onlong, dependant upon the seventy of the episode. I wouldhave considered a timelimit of ones to 6 hours preferrable

Too far

Depends on where people live.

As long as i get my treatment

Walsall communities need services in their area local personal consideratin should be available

Instead of out sourcing to out of area hospital it would be more beneficial to improve the service already existing in Wlasall - to meet needs closer to home.

Would want my needs to be achieved

Until it shows an ease I cant comment

Closer to home

MAY OR MAY NOT DEPENDS ON INDIVIDUALS LOCATIONS AT THE TIME

i would think so being more concentrated in one area

because moving about wont help people

Because the health professionals dealing with stroke are all in the same place

It would not be local

With a specialist team you will get excellent care

Because they are receiving the nbest care

Travel time for patient from our address

if the place has a better care then it would be better

Travel may be an issue but bus service are regular

someone in aldridge would have a long way to travel

Here it taking longer to get rehab

Family history of strokes

Dont know capabilities of new cross for strokes

Locality is a must for treatment, access to travel is not always available

Personally I think Wolverhampton is a better Hospital I would feel more comofrtable receiving care from there.

I believe a local service provision is extremely important

A centralised specialised centre would mean better care due to all services being under one roof. They may mean having to travel longer distances for access to treatment

Patient would like to have treatment near to where they live

Time to travel and getting to know the new hospital

I believe it wont be ease with all patients as worrying about how to get to a further hospital can be hard for a patient

Due to travel - Further away

Would meet needs in diagnosis and treatment

Consider elderly - Public travel - Also elderly partner - it far to Wolverhampton for must other privileged

Initial diagnosis would be delayed

I dont have enough knoweldge or stroke services to make an informed decision

The move around would stop treatment being given straight away

More choice - More ward spaces, doctors and nurses etc

Not sure of services available

new cross is difficult to get to

because of health and travel

becuase of health and travel

because of health and travel

no because there will be a higher demand

people from brownhills how will go to new cross

I would be happy to receive medical care at either Walsall or Wolverhampton but the extra travelling could a real problem not just for the patient but also elderly relatives

I dont think it matters as much as long as people are getting treated

Hopefully everything would run smoothly - If so, great, if not, it could be a problem. Will have to wait and see

Not sure - Not enough information known at this moment

Go where the best care is all the time

More professional staff on hand

Needs to stay local

Others may have to travel further. I know my parents in theri 70s find New Cross a stressful journey copared to WMH and its two bsues if they dont drive.

No Reduction

Best to have excellent Treatment

Content to receive treatment at Walsall or Wolverhampton. My main concern is the extra travelling time, both for ambulance and relatives. If you have a stroke and an ambulance is capped, patient assessed, and them onto New Cross you cannot meet the 1 hour deadline.

only if this unit has sufficient qualified staff 24 hours a day 7 days a week. Promises are not always reliable.

local treatment should be provided

No. You are not taking into account the distance involved and the difficulty of finding your way around such a large hospital providing you can find somewhere to park your car I can not see any advantage in this proposal to what already exists at the Manor Hospital.

I think it really depends on individual circumstances and whether the person involved has other family support. Some people have no one to support them

to

Cutting services is never in patients interests. Especially when we are facing an aging population.

I have faith in New Cross

not in Walsall

if you can find local places

Service provisions must be based on facts and not costs

I agree that under the proposal these will be done by better experienced staff. However, the longer time to enter the process still concerns me

walsall is quicker to access

Too far away. Not local.

ease of access i.e. time taken, transport may not be practical for some walsall patiets and families

The Manor Hospital has a high enough population density to justify its own stroke unit especially as it is much closer to J10(M6) than Wolverhampton.

Local services are important, and the staff are wonderful. Parking is also much easier in Walsall Manor Hospital than in Wolverhampton.

All test and treatment in one place

treatment at the manor hospital is excellent.

I am concerned by the additional stress of a longer journey time and delay in assessment and treatment

Currently there is not 24h stroke consultant cover at New Cross, cover out of hours is currently provided by the ED consultant, I have had minimal training in acute stroke management but am expected to provide specialist support! Out of hours cover is currently provided at Walsall so I do not see the rationale for moving.

Appropriate treatment is essential within budgetary restraints

this is convenient to the organisation but not caring for patients and at the cost of care for W'ton patients

As commented above- the further the distance of primary treatment, effects the chances of receiving key treatment within the golden time frame.

This depends on the individual person and their needs

I believe that treatment would be more difficult. Stroke patients require lots of support to make a good recovery and a couple of visits now and again from a community service is not enough. They may also require access to expensive specialist equipment- will every patient have this in their own homes? Or would they just be left in bed because they can't mobilise or support themselves in a normal chair?

Distance can impact on visits and recovery

As long as treatment is within a local radius to me (at Walsall or New Cross) then I agree. I wouldn't want to go to Birmingham or Dudley area.

It depends on staffing & quality of care provided at Wton

No, too centralisation treating too many people

The theory is fine but in practice geography makes a big difference

In completing this survey, I'm trying to be as objective as I can be, given that my Mom (and thus my Dad and I also) had a pretty awful time at the Manor Hospital in 2008. As the service is now apparently rated 'good', maybe things have changed. With all the public sector cuts going on, I accept that we may have to have the best services for patient outcomes, the experience may be trying for family members in terms of travel.

This proposal would bring great problems for patients and their families. Both will be forced to travel at their time of great need.

Perhaps if the original diagnosis was made at the manor hospital but i do not see how transferring to Wolverhampton could possibly help in recovery!

Creating distance & central locations increases number accessing services & delays

First you wait for an ambulance and then if you live in certain parts of Walsall you are faced with extra travelling time to a vile part of Wolverhampton, known for its bad traffic delays. Ease if access to diagnosis and treatment would be denied to patients living furthest from Wolverhampton

Patients need to have the best care following a stroke

It is a very good balance of best care v access

I feel local services best meet the needs of patients

it could delay urgent treatment required

Patients do not necessarily know they have had (or are having) a stroke until they are assessed by medical professionals. Transferring patients to a hyper acute stroke unit containing hospital from one without will undoubtedly create a delay in assessment and treatment, which may be to the detriment of patient survival or outcome.

Patients would have further to travel to New Cross

Of course it wouldnt. A whole community of people will have to be transfered miles out of area for diagnosis and treatment of a problem for which the length of time before initial treatment dramatically affects the severity of damage caused.

As already stated.

Potential delays in getting there which is not going to make it easy at all

Could the new plan ensure that patients could be seen timely? I would suggest that stroke patients may worry if any extra journey could impede their diagnosis with access to crucial treatment

Time is crucial so the closer to home for diagnosis & initial treatment is vital

HOW CAN ANYONE BE FOOLED BY THE CURRENT TREND OF STATEMENTS " WE ARE CREATING A SUPER CENTER FOR THE BENEFIT OF PATIENTS". WHEN THESE CENTRES ARE MANY MILES FROM THOUSANDS OF PATIENTS NEEDING QUICK TREATMENT, NOT AN AMBULANCE JOURNEY OF MANY MILES WHICH WILL INEVITABLY CAUSE PATIENT DEATHS.

Given that stroke recovery depends on early diagnosis and appropriate treatment in 'the golden hour', it seems foolhardy to risk patient recovery by sending them to a more distant, busier unit. The very fact that Walsall deals with fewer cases should work in favour of retaining the service as it already has the necessary expertise. And if it hasn't, the staff should be trained. Walsall has a growing aged population and should look,prepare and invest for future needs, not penny pinch now and run around in a panic of crisis management when Wolverhampton is unable to cope.

I believe the facilities at New Cross hospital are better than Walsall Manor, and in terms of distance their is not much in it.

Local people need a local service

common sense

Very little information to make a judgement on this

There should continue to be a walsall stroke service for the residents of walsall

No. I had several TIA's 10 years ago and was very happy with the service I recieved locally

to have more staff to deal with stroke and to have diagnosis more quickly

As above stroke effects u disorientates u .i wany to be nesr my fsmily

Would be concerned about the potential delay caused by time travelling to New Cross if thrombolytic therapy is indicated

Not an easy journey

improve the care at Walsall to prevent time delays

The population will drop dramatically in walsall, with having to travel further treatment will be delayed, things such as thrombosis won't happen as time slow will be missed for walsall people, more of walsall will die or be paralysed from stroke & those going to visit relatives especially the elderly will become increasingly different & stressful for them

Ease of access from rushall/Aldridge to Wolverhampton? I strongly disagree with this.. 11/12 miles from the nearest hyper acute or even stroke service? That's disgusting

If new cross hospital seen over 600 patients and Walsall see 400 will new cross hospital cope with 1000 patients for diagnostics ?

New cross is a short distance from the manor hospital

People need family around when they are ill

Q9 - why do you say this? In response to Q8 - Do you think the stroke services proposal would meet patients' and carers' needs in terms of rehabilitation in the community after a stroke?

It would need good follow up and training for carers for the specialist condition

You care after a stroke

If the procedure is followed

If the procedures is followed as stated

If the procedure is followed as stated

If procedure is followed as stated

Being closer to or at home would be best not being in familiar surroundings could cause stress and isolation for some.

Because of health and travel

It depends on staffing and the understanding of diversity and needs

Again need to see some outcomes

Need to see outcomes first

If procedure is followed as stated

Surely issue is whether feeling across wider area involves/ Walsall

This would be dependent on ensuring appropriate investment in community services to enable 7 day working and evidence based levels of intervention.

hopefully it would take care and look after those who need it.

As long as the bed availability or day care space is available when required. Also transportation where necessary for either treatment/physio or follow up.

As above

Closeness to family and friends helps with recovery

As above

Best service would be required

Not first cuty off could aid that help

you are better in your own community

Best care straight away

Again you have consider transport

Specialist care is vital

Urgent Treatment for stroke is proven to save more of the person

Too far

Because the care would be by a specialist team

Offering good rehabilitation closer to home

Because the services would be concentrated the issue at risk ATT time

people getting to an hospital travel?

rehabiliitiation would be better locally

As above

Would the hospitals communicate with each other regarding if the patient had other illness so that all knew the patients treatment

yes keep it in walsall

Who would provide community services

rehabilitations ervices my family have received through Wolverhampton have all been more positive

Who provided community service. Walsall or Wolverhampton. Question not particularly user friendly

closer to home

Dependant upon the amount of rehab time is given

Would meet the needs of community rehabilitation as long as there is good communication pathways between hospital and community service

as long as its good care

Providing this was close to patients home

As above

As above

carers would have trouble parking / cos of travel to hospital

because it's in Walsall. Shorter travel

Because it's in walsall, shorter travel time

becuase it's in walsall, shorter travel time

depends where rehabilitation will take place

not enough staff or money - to many cutbacks to provide enough rehabilitation

As above

Not sure - Not enough information known at this moment

The need for patients and carers to ask questions

Clinically yes. But being around family and friends is also part of rehabilitation and reduce physcological eeffects. This is difficult if there is too many miles between them.

if they dont run out of money

No reduction

Need to be near Family

Agree nut rehabilitation centre would need to be in a suitable location bearing in mind again that relatives/firends with more than likely to be elderely.

Again only if sufficient funding is available to provide qualified staff to support initiative.

Imossible to say for certain but I have already said why I think the service should be more accesible.

I think people will recover more if it is in the comfort of their own home or somewhere that is easily accessible

Cutting services is never in patients interests.

I have faith in New Cross

they dont see the patient as an individual

can always do more - what if there is no spaces to acocmodate i.e. shortages

only providing close to home rehab

There must be an independent body to ensure that costs are not the only prime concern.

keeping local walsall services is very important

No details have been given about community rehab and where this will take place, so how can I decide?

Walsall services are good.

depends were it is

rehabilitation closer to home is important

I am glad rehab would take place closer to home, but concerned about rehab taking place at home rather than in a local hospital initially

I have not studied the rehab aspects closely as am not involved in this part of the patient pathway

As above

without the detail of how this will be delivered together with the care continuity needed in the community when I am discharged

There would be an increased number of rehab with limited bed spaces at the rehab center neither alleviates the situation that people require rehab.

Again this would depend on the individual person

For reasons previously described. I believe that stroke patients need extra time in a rehabilitation environment where they are challenged to regain independence and improve their lives. If this service is going to be in their own homes, there are a lot of challenges. Maybe they don't have room to do physiotherapy, maybe they don't see their carers often enough to reduce pressure sores or change splints.

Staff involved in the rehabilitation must work with all dept.

Not enough information to make a proper decision.

Depends on what support is given?

As long as its close to home or at home, fine.

Again having to travel is a huge issue. We need to minimise the adverse affects of a stroke on patients and families, forcing both to travel will increase stress for all.

How can rehabilitation in a hospital in Wolverhampton, an area i dont know, many miles from family and friends (who COULD help me recover) be good for me as the patient?

Creating central locations will increase numbers accessing services & distance delays for patients & caters making travelling more difficult

What community are we talking about? Walsall or Wolverhampton? Wolverhampton is not part of my community

Because patients will get good care in the community

Self-explanatory

If I understand correctly they will still be managed by Walsall

services would be local to walsall people

The increased demand on community stroke services will create additional pressures on services. Waiting lists will rise, as travelling time needs to be factored in for rehabilitation staff to visit patients in their own homes. Functional outcomes will likely be achieved to a lesser degree or over a much longer time frame, as frequency/ intensity of treatment sessions is likely to be reduced with a much larger caseload.

Patients would have further to travel and there relatives would to if they needed to visit as they would not be local

If the same level of rehabilitation could be offered as an in-patient programme then this may be OK but would the patients being treated be given the same care and treatment as patients do now. Would they be able to access support for people going through the same problem or would they be shuffled off home and have a visit for an hour a day???

Walsall manor is quicker to get to.

I am sure that patients would have equitable access to rehabilitation

Once initial treatment has been put in place then travelling time isn't so important

ANYONE RECOVERING FROM A STROKE IS VERY VULNERABLE. TO FORCE EXTENSIVE AMBULANCE JOURNEYS OR SIMILAR TRANSPORT IN ANY VEHICLE IS TANTAMOUNT TO PERSONAL TORTURE, AND CANNOT BE ALLOWED IN TODAY'S SOCIETY.

Patient and carer needs will not be met within this proposal, as access is a priority and anything that removes a patient from their locale or makes it more difficult for carers to visit is a negative. Not everyone has a car,

It really depends on what type, and quality of care people will receive at home and in the community.

The residents of Walsall need to know what is on offer and where/ what the facility would offer in order to answer

Part of Rehab is the location of services in your area.

Having to travel to New Cross wouldn't be good if you lived in and around Walsall

when the type of stroke has been diagnosed to have consultation quickly and resources made known to patients and carers

It could cause stress me

If Walsall is the provider for rehab it would need to be funded appropriately to ensure all patients receive the appropriate care they need

this matters less than the initial emergency care

Some of therapies at Manor inadequate i.e. physio and speech and language.

I think this whole idea of getting rid of the stroke services from Walsall is an utter disgrace & is going to be a complete shambles.. bye population of Walsall

As above said!!!

The current inpatient rehab services is very limited and cannot accommodate the majority of dependent strokes. So far all that is being said is 'enhanced' rehab service but no consideration to where or who will staff this. Also New Cross only plan to keep patients for 10 days at the most, where will the more complex strokes go. Returning them to the Manor hospital to a general medical ward with no specialist neuro trained staff will have a detrimental effect on their long term disability!

It may be better for a patient to be in their own surroundings but the quality of community care MUST be high and consistently provided. Not just nurses dropping in to complete records.

Concerned regarding accessing relatives if the distance is too far

Q11 - Why do you say this? In response to Q10 - Do you think the stroke services proposal would make access to stroke services fairer for all people across Walsall?

It would remain to be seen

Depends where you live.

If they will

Because not everyone has transport travel outside the area could be an issue

Because not everyone has transport travel outside the area could be an issue.

Because not everyone has transport travel outside the area could be an issue

Some people would prefer a more local service than going to Wolverhampton

It is difficult to say due to differences in people and acceptance of various religion, race and culture.

Difficult to travel old and frail

Travel could be an issue for some

If procedure is followed then agree

It would be difficult for relatives to get to as well as patients.

Because not everyone has transport, so travel out area could be an issue.

see comments above.

some people need the care and are going without.

The practice responding to a stroke in the future that you are proposing needs to be tested before the question of it being can be qualified.

People are less familiar with services in wolverhampton

Care all in one place

Depends on how quickly they need treatment

Some people don't have transport and buses are not regular all the time

Yes because it's specialist care

Too far

No everyone as some people may not want to commute and not all family members drive a car to be able to visit

Because everyone would get the best care available

Depends on capacity of the new stroke unit would need regular reviewing to ensure capacities are dealt with

because of travelling

not necessary if strategy aren't put in place properly

New cross is not near for all people

As above

Only people/relatives who have had strokes could answer

of, if you live in Wolverhampton side of walsall not far from aldridge

It would be further to come to local hospital

Wolverhampton hospital offer help with funding travel expenses for patients so this is helpful to people who may struggle within travel costs.

re

Obviously not, distance could be an issue

because to some people are close to walsall and some people don't drive to get there everyday to visit there loved ones

A single centralised unit means equal/similar care access walsall

again - travel for people who like the other side of the town

Slow - If you have travel to Wolverhampton

These services to be local to the people of walsall

As above

Depending on how for people have to travel as people who have experienced strokes

Some people have no means of travel

Some people will always want to stay in walsall but should go where the care is

As above

distance for certain people in walsall

Walsall will get access to better services but would this be at the cost of Wolverhampton, Wednesfield patients

the service will be held in Wolverhampton, ambulance journey will take longer no specialist tegarding stroke will be available in walsall

further distance to travel

Easier access

Some people might feel we are being down graded. But i disagree - More important to get the best treatment possible

Not sure - Not enough information known at this moment

unsure if amount of facilities would decrease and make it more difficult

Travelling times and expenses

As above.

impact to local business. find it difficult to travel

No

Concerns about travel and cost

Not always as some patients needs are greater than others, this depends on providing funding for sufficient resourcess to support individual patients and can become overwhelming.

the travel distanced could be signifiant, ie streety to wolverhampton

I think its all about quality of personal, individual care and I cant see why this move would offer something that already is in place.

I would like to think so

Sending people out of borough and to an already overcrowded and difficult to visit hospital would negatively impact upon patient care.

because I don't know

not sure until we test it

travel to wolverhampton is not easy for all ---- Parking at Wolverhampton is a nightmare

Provision at Walsall Manor hospital would be nearer in most instances which is a major factor.

I don't think it will effect fairness very much at all - there will still be winners and losers but a different set than before

Taking away a local service.

great if you live near wolverhampton border, not so good if have to travel from further parts of walsall

A local hospital services is fairer for local people.

would know were to go

the services at the manor hospital and aftercare are excellent

yet again the people of Walsall have to access services out of their local area, rather than having the best provision in Walsall

As above

those that live further afield from new cross are at a disadvantage

Patients such as me living in the east of the borough would have considerably further to travel for acute care.

no, the further from W'ton you live, the poorer the service, this is post-code care

How is it fairer if your moving it to new cross and removing the service from walsall

Walsall it a big area and some people would be a very long way from their families in New Cross- and a lot of people rely on public transport. Services for people in their own homes do not meet the needs of a stroke patient going through rehab. Good outcomes require specialist care and the ward at the Manor has been praised for this in the past.

Distance of treatment can impact on the patient relative and friends visits. No visits or fewer visits could have a detrimental affect.

Not enough information to make decision.

It depends on what priority the Wton NHS gives to Walsall people or whether its WTON PEOPLE FIRSTre

Too far away from Walsall

It cant, resource and geography are essential

Sorry, but that's a daft question. What would be fairer would be to have an excellent offer in Walsall. Clearly, government cuts preclude this being an option.

I cannot make access fairer because we have to travel to Wolverhampton, whereas those local to Wolverhampton will not. Hence from the outset we are at a disadvantage.

Due to the limited stroke services proposed to be offered

I live 10 miles from new cross, and there is no direct bus route.

As above, the change will cause huge delays & increase risks & anxiety to patients in need of urgent, follow up & rehab treatment

For those who live furthest away from Wolverhampton access would be most unfair

it will be further to go for some patients more than others in Walsall but the benefits would be worth it

Everyone would get the best care irrespective of where they live

I was under the impression that the service already was fair

Walsall people would be travelling outside of their area

Transferring from an acute trust to a different organisation for continuation of care/ rehabilitation is potentially problematic. Transfer across organisations to achieve hospital discharge is already problematic and this is being proposed on a much larger scale. Due to bed pressures, it is likely that patients will be discharged earlier in their rehabilitation journey. It will be necessary to plan effectively to meet the needs of the patient population, to ensure that the right support is available in the right environment/ setting and with the right access to rehabilitation therapy services.

NO it is a completely unfair proposal for every member of the Walsall community and those that have proposed it should hang their heads in shame at such a obvious decision to put money over the safety of the people in your care.

Less fair for people in north of borough

Walsall is easier and quicker to get to.

No because those furthest away from New Cross will have much further to travel, it will only benefit those on the West of the Borough

People travelling and more expense for the families who need to visit. This may affect the older patient and their loved ones not used to new cross

When we have a hospital in Walsall why travel to Wolverhampton & elderly patients spouse don't always have transport

can't speak for people across Walsall but some people may find it difficult to travel to Wolverhampton

HOW CAN A PROPOSAL TO MOVE A SUPERB DEPARTMENT TO A HOSPITAL MILES AWAY, THAT IS ALREADY THE SIZE OF A SMALL TOWN, CANNOT BE IN THE INTERESTS OF WALSALL PATIENTS OTHER THAN IN THE MINDS OF COST SAVING BUREAUCRATS AND MAYBE POWER HUNGRY CIVIL SERVANTS. JUST BECAUSE A HOSPITAL DEPARTMENT DOES NOT MEET A "MAGIC" NUMBER [WHO WORKED THIS OUT IN THE FIRST PLACE??] IT DOES NOT MEAN IT SHOULD BE MOVED, WHICH IS THE CURRENT MIND-SET OF THE PEOPLE RUNNING OUR NHS. NOTE OUR NHS NOT THEIRS.

Access, access, access!

I can only say from my experience at Walsall Manor that it must be fairer.

Its not fair for a service to be taken away from

How can it be fair when residents of walsall do not have their own service

Combing services with other areas only increases work load for that 1 trust

it should be that way

I'd be worried about the service moving out of Walsall.

stroke services should be made available to everyone being treated fairly and individually

It causes more stress

further to travel

need to improve Walsall's standards

The stroke service Walsall already has is second to none, yes there could be improvements but it is recommended by many

Stroke services being in Walsall NOW is what is fair to us patients, I am not happy to travel to Wolverhampton to receive treatment!

Travel time ,

Disagree unless better consideration is provided to inpatient rehab beds

Some people, family members may find it difficult to travel to Wton.

I can only comment for myself

Q13 - Why do you say this? In response to Q12 - Do you think the stroke services proposal would mean stroke services would be safe for all patients across the whole of Walsall?

Too far - DOA

I do not think so

If you have the facility

If you have the facility

For some, yes but the travelling time may be critical in some cases.

because of Health and travel very far for patient

Good

Although today is the first communication

good

Outside Walsall could be an issue for some

Accessibility for some would be more difficult

Time, someone could die.

Would need to see outcomes first

Would need to see the details of the proposal and be assured that robust seamless and timely care.

Travel time initially

Travel maybe

i think the stroke patients should feel safe and looked after.

This question cannot be answered with surety until a satisfactory response to a number of varied degree of stroke has been established over a period of time.

Longer traveling times for people living in the east of the borough.

Extra Travel time would delay treatment

There should be these kinds of services in there area and restrict stress to the patient and family

No

It seems the best option

No thanks

Great

not for all

Because moving from one hospital then going to another just stresses people out

After specialist care patients will be transferred back to walsall

Too far

Travel could be a problem for alot of people

Again everyone is not willing to commute

People living in Walsall would be convenient to be treated in Walsall

Best quality of care in a specialised centre

because newcross is not really that far from walsall so it shouldn't be a problem

im sure strategies are put in lace to ensure things are put into place properly

No

n/a

May be difficult for all to access

Family history of strokes

Will the wolverhampton hospital provide more car parking spaces for all the extra visitors

As previously it depends where in walsall you live

Poor questionnaire. Due to time limits in travel valuable time would be lost

Reduce the number of work within the NHS

Again distance would be an issue. Difficult to respond objectively. Question not specific or clear

Some people it wouldn't be safe to people living in Walsall it would be to crowded if all goes to new-cross

Likely so, due to centralisation of services

depends on who delivers the care - not really where. Can have state of art unit - Poor doctors and nurses

Its all about the golden hour in which to received appropriate treatment

These services need to remain local

Not enough knoweldge to make an informal decision

Patients would be arriving at a hospital instead of arriving to a building thats down a road with no other buildings which can be dangerous at night

it would be safe but psychological care / contact with family would be lower as wouldn't attend appointments

Some stroke services still need to remain in Walsall

longer journey into hospital delayed treatment

think will be about the same

See previous answers regarding travelling

Feel more confident closer to home

It would depend on the type of stroke

Time difference could be an issue - IE someone having a stoke in brownhills, streetly, aldridge etc. would have a longer journey to new cross, rather than the manor

I would hope so

would distance make more difficult to see patients in time required

I would imagine the clinical care would be safe. but with stroke quicker help is given the better the recovery and some have longer ambulance journey.

urgent care needs urgent attention. Traffic and time to new cross is a concern

Walsall is under special measures so there is lack of confidence is walsall health care

Concerned about impact on relatives

Worried about family, travel and costs.

Again travelling to New Cross would be exteremely inconvenient for elderely relatives. Also parking at New Cross is almost impossible and costly.

Again time and distance of travel need consideration.

no they would not be safer

Do not understand this question. I thought this was a safe and well run service anyway.

I think it needs to be put into practice and given a trial to see how it supports stroke patients

The physical distance and logistics of pushing Walsall patients into Wolverhampton would put patients at risk

because I trust New Cross specialist services.

The requirements and provisions for all patients must be considered and not costs alone!

It may be pedantic but I could agree to safer rather than safe

Longer travel time when treatment is critical.

Local services are better and more reassuring for the patients.

Better treatment will be safer

time is a main factor when someone has a stroke

We are told time is critical with stroke, and yet this proposal looks to increase the time people in Walsall take to reach services, and takes them further from family support at a critical time

As above

further to travel means further wait for treatment

Further travelling time in acute stage

no, post-code care that is not patient centred but for organisational benefit and cost savings

As reiterated above.

This would not be safe and potentially causing further disability to the patient by trying to get them to new cross and what if there's a delay in the ambulance getting to the patients home in the first place. More time lost in trying to save the actual person

I don't think that they would be safe in their own homes with no professional support.

Again distance

There's always "someone" who falls through the net.

It depends on who sets the priorities & what they are.

Too far, ambulance services not good enough

Because the current system is stretched and this would stretch it further.

Who can argue about safety when all the experts are in one place?

No, it will take Walsall people longer to access these services therefore they would be at increased risk. My mother had three strokes and I understand that time is critical.

What is 'safe' about transferring to Wolverhampton!!

As above, this decision is hugely unfair & will increase risk to Walsall residents

For reasons already stated. Time is of the essence and therefore some people will be extremely disadvantaged

Because Walsall patients who have a stroke need to get the best care possible

Having a big unit delivering best care in Wolverhampton makes it less likely that the stroke service will be moved further away, eg to Stoke or Birmingham

I feel that the service is safer by being local

they would have to travel outside walsall for treatment

I would hope that the safety of patients would be a priority but am not sure that there will be no impact to Walsall stroke patients through having to be transferred across organisations.

No I feel this proposal is unsafe, dangerous and detrimental to all future users of the stroke services in Walsall. This is obviously a money saving exercise but how many people need to die or live a life severely impaired in the name of cost cutting before the people making these decisions stop and listen.

Longer journeys. If it's not broken why fix it.

Because of increased travelling times and ambulance availability

Not sure that being fair is the way we should look at it. We should ideally have access to services when living in walsall and not have to travel because the numbers aren't ideal. The hospital still treats a lot of patients yearly

Time is crucial

don't know as I am not a clinician

THE STROKE SERVICES BOSSES OBVIOUSLY HAVE THE "STRANGE" NOTION THAT BECAUSE A MAGICAL FIGURE IS NOT ACHIEVED THE PEOPLE OF WALSALL WILL BE BETTER CARED FOR IF THEIR SUPERB DEPARTMENT IN THEIR LOCAL HOSPITAL IS MOVED MILES AWAY " FOR THEIR BENEFIT". THIS IS BLATANT LIES NO ONE CAN ACCEPT THAT A MOVE OF THIS MAGNITUDE IS IN ANY WAY FOR THE BENEFIT OF WALSALL STROKE VICTIMS. IT'S JUST ANOTHER PROPAGANDA STATEMENT THAT THESE BUREAUCRATS TO TRY AND CON US INTO THINKING SUPER BIG IS SUPER GOOD. IT MIGHT BE IF YOU MANAGE TO STAY ALIVE LONG ENOUGH TO REACH IT.

The effect of additional time on patient lives

I suppose as safe as it can be in the NHS today.

Travelling for treatmnt is not safe, will there be enough beds in wolverhampton

It is not clear whether additional distance (from Walsall to Wolverhampton) would make a difference to the treatment

No because we haven't been told what the service would look like just what you intend to do. It seems that the people of walsall will have to get used to having treatment at new cross and all that the manor will continue to become less and less a healthcare provider to the people of walsall

No It Is much safer to Keep Stroke Services in Walsall

stroke services should always be available and treatment and rehabilitation as soon as made available

Mire waiting

See above comment about Thrombolytic therapy

It feels like another erosion of patient services in the Borough

increased travel time

No way, walsall will be in great decline getting rid of this essential service

Again, how can it be safe?? How will new cross deal with 460 extra patients on their walready heaving wards??

If you stop stroke you may as well shut the hospital it's the only good service Walsall has to offer

Good for better recovery strokes but not for the dependent rehabable ones

as above

Q14 - When thinking about the new proposed model for stroke services is there anything else that you would like us to take into consideration?

When thinking about the new proposed model for stroke services is there any...

taking patient from the area of Walsall to Wolverhampton could i believe would lesson their chance of recovery.

No you don't need service if you are dead.

Transport for families

Would all patients transport be considered as for many people Wolverhampton may be a long journey.

Because of my Health and I am alsone so difficult to travel when I have a stroke. It is too far to go.

The quality and amount of staff to deliver the service matters the most.

no

Need to think carefully about the model for therapy services and their ability to respond to demand.

Just look and care after the patients who need it.

Yes, Walsall patients and their relatives would. I am confident feel far more comfortable being treated and rehabilitated in their own proximity instead of the inconvenience and cost of having to travel to an dpark in unfamiliar circumstances

Elderly People - people who has disabilities and cannot trael taxi fairs

Travel not very good

Two ways to learn Learn from others mistakes. Learn from others success. Bonus. Learn from our mistakes You are asking to the people who may have suffered from any strokes. Ask New Cross How can we develop the new centre

No

Why shut local hospitals and make people travel even further than they need to

our grammer, nothing else, otherwise

It very much depends on area patient lives and travelling time to wolverhampton

Previous page

It concerns me about the extra distance to be travelled to go to new cross instead of being admitted to walsall manor which is closer

With a stroke I would think speed is essential

time factor getting the initial treatment how to guarantee getting to new cross within critical time scale for a stroke

My main concern is speed of treatment. I am concerned about being shunted around other areas

I think Wolverhampton are a brilliant hospital and provide a brilliant service so if they can deal with the volume of patients effectively then it should be followed

Why is the proposal being forwarded? is it cost? How would community support systems be assessed and allocations decided?

Similar survey in the community will provide more accurate view point in this regard

Travel time. Using the consultants at walsall manor hospital as they have experience with treating strokes. Also the rest of the health care team such as nurses

Keeping public informed

Facilities for elderly visitors

Im not well educated when it comes to strokes or the services for strokes. Maybe more advertising and group talks to help educate people on the subject,

DONT CHOOSE WALSALL

Why can't it be all stroke concerns and treatments all in one place. Outreach centre not Manor Hospital

parking and travelling

I'm old and find it difficult to travel

I'm alone and old. I would find it difficult to travel

How will New Cross, cope with the additional patients. Would this limit the current care per patient.

time factor

Strokes can be on a spectrum of mild to severe for those patients where the Stroke is severe and an ambulance is called then these patients can be taken to Wolverhampton. however mild patients who are able to attend Walsall A & E should be able to access healthcare at the Manor

I am old, I'd find it difficult to travel

patient transport - car not what all people have

Not applicable

should be more staff understands not due to cutbacks

Travel not very good

Has new cross got the capacity to handle the extra workload - If not, what plans are there to increase their capacity? do they need extra staff, extra resources etc

Ease of access for visitors

How to get to closest hospital. Travel arrangements if having to get buses

People of walsall need these services in walsall

Travelling for patient and visitors

Will there be the amount of beds available as there would be when there was walsall and wolverhampton stoke services separately?

Why not create manor as a super centre?

just work with everyone that can help or deal with stroke patients

Travelling for patient and visitors

Travel

N/A

keep the stroke unit in Walsall and use other hospitals if necessary for aftercare

Yes, car parking at hospitals is very expensive and therefore will impact on the support a patient may have. the Wolverhampton hospital is much further away for some people.

points earlier made

I think you should judge from a patients perspective what is already on offer and be guided by people who have experience of both and listen accordingly.

just where the services would be and whether there is easy access for patients and the cost of attending appointments e.g parking

You should be fighting to maintain equitable, high quality services for all. Not facilitating the dismantling of our healthcare by an ideologically bankrupt ruling party.

no

stroke rehab cant and doesn't work in nursing homes as they need to fill beds as Hollybank does it to give independacne

transportation costs / named nurses that would support and care for you on dischrge to home

Evaluate the needs of patients properly based on information from the consultants involved.

I think having 'stroke ambulances' with specialist stroke-trained paramedics who could stabilise the patient during transport could help

More details needed about community rehab

The Manor Hospital has a high enough population density to justify its own stroke unit especially as it is much closer to J10(M6) than Wolverhampton.

I would be very unhappy to have to visit Wolverhampton for follow up appointments, and the stress of parking, even as a passenger.

The service at Walsall is very good, I have had to use it. Would be good if an specialist center could be at the Manor and patients from other hospitals attend there. As New Cross is already having more patients from Stafford and Cannock than it used too.

as a strok

Walsall has a larger population than Wolverhampton but we are again losing access to an important service at the Mnaor Hospital. We live in a very congested area and greater journey time for the patient and relatives have an impact

As above, I do not think that New Cross currently provides good 24h acute stroke care and cannot see the rationale for taking what is a good service away from walsall.

No further comments

the urgency of initial stroke treatment

time to take in reaching hoital

patients best interests

Improve access to therapy services such as speech and language therapy and physiotherapy, both in terms of speed of response and intensity of treatment in the early rehab stages.

if you move to W'ton, will you put the extra building, beds, staff and parking before you start the service or will it take lost lives for you to see that you are behind schedule and over-budget before you review the service

If stroke services are abolished at Walsall NHS Manor Hospital, then an expectation of services will diminish by the public. Through recent reports, closure of stroke services would not provide reassurances to the people of Walsall. In regards to rehab times, would there be an increased capacity for beds within Holybank house- or another rehab location?

That this service and the team who work in it are an asset to the Manor hospital- good reports have been made by their patients to newspapers and losing it may actually damage the reputation of the trust among the public.

Feeling isolated during treatment can have a detrimental affect on recovery

A good liason with patients own GP surgery?clinic

If it does go aheah make sure it is audited correctly

Keeping some emergency stroke care in Walsall

Yes support is currently sporadic and ineffective the new model would make this worse

Visiting hours in the context of people having further (and longer) to travel, particularly if using public transport, to visit their loved ones. It wuld also be good if the patient didn't have occupational health, speech therapist or whatever else appointments during visiting time. It should be common sense really, but my experience at the Manor Hospital suggests that it isn't.

The NHS and the government need to understand that most people do not want to travel, they want and expect their local hospital to care for them.

Stroke services should stay and be invested in Walsall

Dont do it!!

Keep the service at Walsall manor. This is an excellent unit which delivers first class service to residents in need. Put patient & resident needs above cost & centalisatikn

Yes, Wolverhampton is a long way for those who rely upon public transport and do not live on the right side of the borough.

All heart and vascular services should be placed in the same unit because stroke patients often have other major circulatory problems

why is funding more important than life itself

Examples of patient rehabilitation journeys under the current model of care should be viewed, to help to establish areas of current best practice and potential pitfalls. The needs of stroke patients in terms of equipment, environment, care and therapy should be carefully considered before deciding on a final model.

Yes the NHS is in crisis and money needs to be saved where possible but the NHS should always put the welfare of its users before any other consideration. This proposal will not only result in patients waiting longer to be treated but also as someone who relies on public transport this would mean that if one of my relatives need stroke treatment I would not be able to visit them as often as I could now. What impact would this have on patients mental health at what is a terribly stressful time for patients having to come to terms with life post stroke.

What will happen to tia patients seen by gp's

The more stress patienta are put under is not good and will not aid recovery

travel cost out of our town

The. Roe of the staff and medical teams and all the other professions who care for the patients in walsall

I do not agree with patients travelling to another hospital when we have a perfectly good one in Walsall

OH YES!!! FORGET THE PROPOSAL. LEAVE THE STROKE UNIT AT THE MANOR HOSPITAL ALONE AND LET THE PEOPLE OF WALSALL ENJOY THE SUPER CARE THEY HAVE AT THEIR LOCAL HOSPITAL.

Walsall has invested in a long running improvement policy at the Manor hospital and it should not be let down and dissipated by the removal or lack of forward planning for emergency facilities. Don't cut back, plan better!

To make sure that New Cross hospital will be prepared and ready for the bigger intake of stroke patients.

I think providing further information regarding any risks in delaying treatment (due to distance) + the lack of any alternative proposal should be taken in consideration when analysing the results of this survey. It may well be the case that this is best for patients in Walsall, however the lack of information is a serious flaw in your consultation process.

Not enough room. Utilise Neurology with Sroke, TBI, and Other Brain Conditions

No

consideration should be about family and freinds able to visit patients easily to support and give reassurance

Patients at the centre of the care provided, not finances

Stop! It's a complete shambles, instead of wasting money, put that money into improving the already great stroke services walsall has got

public transport to new cross from walsall is awful

I would like the CCG to actually think about the negatives of this proposal and not just 'numbers and stats'. Patients are PEOPLE and PEOPLE want to recover and receive treatment at home. How would you feel if you were 80 yo visiting your elderly wife, having to leave at 9am to catch 3/4 buses to get to a hospital for 1pm and have to leave at 3 to get 3/4 home????

What about early warning signs ? Would I have to go all the way to new cross hospital? Walsall has a service to see you the next day and I was treated in the outpatient clinic had my scans all in under 24h imagine if that clinic was for 1000 patients

Staff who currently work on the stroke unit in walsall need to be engaged into the process

Access, resources and delivery must meet needs and expectations. Communiciaions and care should be high and fit for purpose.

Q16 - Why do you say this? In response to Q15 - Are you happy with the way that you have been consulted with about this proposal?

was explained well at the meeting I attended.

No Comment

Had no input what so ever.

I think they may think about our age.

Because we have been told in advance

Because we have been told in advance

It was presented neutrally

Because we have been told in advance

It's a good thing to be able to have a say

Have not been consulted

Good

Very friendly and easy to talk to staff

Yes because advised in advance

Because told in advance of changes

Dont think the change would make it easier

Because we have been told in advance of these changes

as long as you act in the outcome

It was only by coincidence that I happened to be at the hospital today

I think something needs to be said.

I found out about the consultation process through a local newspaper. How many other ways have the 'plans' been exposed. The success of the

To much information to read

Would have been better to have advertised changed to local community

Ask doctor and their relatives who have suffered from stroke

Full proposal

yes it was done to convenient for myself

Doesn't really mean anything to me at the moment

If I was at the clinic with a very serious issue I wouldn't want to be approached and filling out a survey

Friendly staff capturing the opportunity to target people from different backgrounds who have time on their hands

From carers group

Had not hear about the proposal until today

surely it has already been decided to go to newcross so why bother asking for input

Poor questionnaire. Questions appear to be duplicated

I really would have proffered longer to consider. Questions some explaining would have assisted

i think people could have a choice where to go where its near to then to travel

It was more abrupt approach during lunch time

With most of these - its an exercise (tick box) put i think it always ready been decided

Not enough information/consultation

The gentleman explained everythin very well

No consulting knew nothing until receive questionnaire

Yes

if walsall health watch hadn't of contacted support GP i wouldn't have know about it.

Healthwatch helped

Healthwatch keeps us updates

very happy

Havent been consulted

friendly professional approach from tom

Comprehensive Questions

Didnt know anything until informed by healthwatch

We was asked politely and also explained about thing.

Comprehensive questionnaire

we were the last to be consulted healthwatch worked with other communities and neglected the affrican carrabeen organisation we were an after thought.

there has not been enough publicity regading the consultation out and about. Not everyone reads papers or has access to a computer!

I saw it at work but not at home

Yes. I think such imporant and possible life changing decisions should always be open to discussion and consultation.

It is important that the community is involved in the process

I am appreciative of consultation

what consultation - managers in glass houses who don't know what the ground floor are doing?

The patients and consultants should have been more extensively consulted with beforehand.

More details needed about community rehab

the questions are ambiguous and confusing to select real meaning

I have not had any information, except the mention in the local press a while ago, and this questionnaire.

I was given all the information via Twitter and then the link to all the proposals, etc

not heard anything about this outside of my workplace

Short consultation period

more people should know about this especially with the spoken word around several places in Walsall and W'ton

The decision to remove stroke services have already undergone- therefore the 'democratic' decision to ask for opinions by those whom it affects the most post change is a true reflection of how the CCG is being run.

I was only informed of this by a friend

I feel that it probably doesn't matter what I say, the decision has already been made.

Only aware due to social media

Questions asked are not necessarily clear enough for the average person to respond to.

Not enough questions asked or statements made.

Only found out through word of mouth

Because I only heard about it by accident !

Happy that I heard of it (via facebook)

I was given the chance to comment, but I hope that these comments will actually have some effect on the eventual decision.

I fear these decisions have already been made and this survey is a waste of time!!

You have not made face to face consultation available to people who work. All the events are weekdays during work times. Why no evening sessions?

Consultation can always be improved. Evaluating such a question once consultation closes would be more accurate to identify whether the consultation has been effective

The information. presentation and distribution is clear

There are opportunities to have your say p

I came across this by accident

The questions are framed in a way that leads to a potential misinterpretation of results giving a bias towards a desired response. The way I found out about the survey was by a forum that has not

been widely advertised. I expect that there are a number of people who this proposal would directly affect who will not be aware that they have the opportunity to have their say.

This is being advertised as a consultation process when the decision has already been made. The stroke services ward at the manor hospital has been informed they will close by no later than March 2018 but it could be as early as November 2017. Why pretend that this survey or any other consultation period will make a single difference to a decision that has already been made.

Need staff opinion

I was only aware of this by a tiny advert in The Chronicle, no info in my doctors or health centre

I THINK THAT NOT ENOUGH PUBLICITY HAS BEEN GIVEN TO WALSALL PEOPLE, TO MAKE THEIR VIEWS KNOWN ON SUCH A VITAL CHOICE.

This is an issue that could potentially affect every resident in the Manor hospital catchment area, therefore I feel that every household should be receiving a hard copy mailshot of this proposal and survey to enable a realistic unbiased view point of all residents.

It is important to involve the public in decision regarding their healthcare.

Trust has probably made decision to move Stroke services to New Cross. COST CUTTING

People use it and should be asked

Only found through the media. No info through letterbox.

to give a view on the new proposals and for my view to be taken into consideration with this new proposal

I believe the decisions have already been made

it probably won't make any difference what is said as its often all about cost

Ridiculous

Where is an official voice? How do the staff feel? Has anyone actually spoken to staff and their opinions or patients LIVING in walsall??

Strongly disagree this is the first I've heard and it's outrageous

Staff are not being informed as we are told that you don't have the answers for where rehab will take place. This is a money driven decision which hopefully will give better acute care however, no consideration is happening for where the client group will go after 10 days

I would have liked more information

Q17 - If you would like to comment on the way the consultation has been run, please add your comment here:

What consultation

I am not very happy about it till we are given all the information

Explained clearly

Besides the area meeting which you are holding for a limited number of the Walsall population, why not consider a television debate on one of the main channels, or perhaps via 'Made in Birmingham' channel, from which you would receive a wider response, which might have more value. You are making some major proposals. The small number of meetings organised is appalling and the venues are not sufficient to cover the Borough - what a waste of a 'full consultation. The deadline needs to be extended and a wider number of venues offered, with evening and weekend timings involved.

If it is a long stroke i dont think a long journey is any good

the massive amount of stress you will put on all the patients and their family.

We may feel tha pain of stroke. Its better to do targeted marketing you can learn from patient who have been there.

Brilliant

No comment

Explained to me very well under stood everything which was said

was told 5 weeks ago stroke unit was going to newcross surely this is to late to make a difference

Very hadoc - Not a good way to approach people on limited time at lunch time

No

Face to face communication would prove to be more beneficial

The gentleman explained everything very well and it has opened my eyes on how little I consider strokes.

if not turned up at stroke club would have knolon

Good

good

good

Happy way they made me understand healthwatch

I think all these forms and two hour sessions have cost a lot of NHS money when I could have made my points in a brief one to one session (5 minutes)

very professional

Quite Happy

Very good by healthwatch

N/A

Mst have cost a great deal of NHS money. Although advertised in local papers, I find many of my friends do not appear to read the papers. Attendance at meeting I attended wasm in my opinion, poorly attendedm whereas a Public Meeting on Plicing/Security there were between 200/300 attending.

Would have like to have seen more time for discussions.

Alternative operating models could be considered

The consultation should have been more fully carried out by Healthwatch beforehand

The Consultation does not ask if I or my family have experience of stroke

No further comments

Our PPG could canvas views of a wider group of patients if given more notice/consultation period was increased.

the wording of the survey disguises the true questions that should be asked in that you are alleging that W'ton is a superior service to Walsall, why are you not investing in Walsall as you will have to in W'ton. Bigger is NOT better, when will you realise this, how many deaths will it take

See above.

I like the online questionnaire- I think people tend to respond more candidly on this platform. But I imagine it's probably too late for any of our opinions to really matter toward the decision.

See comments above

Advertise more widely and on social media

I'm surprised that you haven't asked whether the people responding have experienced the current service either as a former patient or relative of a former patient. Surely you would want to understand their views and then compare them to those of people with no knowledge of the current service?

See above

Poorly executed and not taking any consideration of working people accessing the consultation process.

No further comment

no

I have only been aware of the public consultation through my professional role. It has not been widely enough publicised.

Seemingly pointless exercise as decision has already been made.

Something as important as this should be a proper questionnaire to all residents

I FEEL THAT NOT ENOUGH CHOICE WAS GIVEN TO PEOPLE TO HAVE THEIR SAY. I THINK THAT THERE SHOULD HAVE BEEN WELL PUBLICISED LEAFLETS PUT AROUND THE MANOR HOSPITAL AND PEOPLE ENCOURAGED TO USE THEM. TO RESPOND TO THIS PROPOSAL.

Not enough publicity, why no consultation in Walsall town hall?

Only asking respondents to comment on one set of options and not providing any alternatives isn't best practice by any means. Also the lack of context (e.g. could distance effect care and recovery rate, why is it felt the changes need to be made) makes it very difficult to provide a full and reasoned response. It may well be the case that this is the best proposal for people in Walsall, but how can we judge this when we only have one option presented?

Shambles

Terribly if I'm honest, from what I have been told by staff they are unsure of their futures and the futures of their patients of which they care for dearly. A

Why change if it's working ?