

Changes to Stroke Services

Insight Report



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Executive Summary

- 1.1 When Midland Metropolitan University Hospital (MMUH) opens its doors later this year, we will be delivering care differently across the Trust. We will be using our retained estate which includes the Birmingham Treatment Centre, Sandwell Hospital (to be known as Sandwell Treatment Centre), Rowley Regis Hospital to its full potential ensuring that we provide the right care at the right time in the right place for our patients and people who use our services.
- 1.2 In preparation for this Sandwell and West Birmingham NHS Trust has agreed that changes need to be made to the way several services are provided. This includes the way in which we currently provide inpatient Stroke rehabilitation. This report presents an overview of the proposed changes, the approach taken to involve a wide range of stakeholders and the insight we gathered during the 'conversation period.'
- 1.3 90 questions were completed and returned. Of these 90 respondents:
- 73 were patients/local people.
 - 13 were carers or relatives of someone who has used/ is using services currently.
 - 2 expressed an interest in the subject matter.
 - 1 works/support a local voluntary/community sector organisation.
 - 1 works for the Trust.
- 1.4 We asked people to tell us, how aware of the new hospital they were. 48 of respondents said that they were aware of the new hospital in Smethwick. With 39 respondents having little to no awareness.
- 1.4 The questionnaire asked people to indicate whether they understood why we are wanting to co-locate inpatient Stroke rehabilitation at Rowley Regis Hospital. Out of the 86 people who responded to this question, 66 respondents indicated that they understood.
- 1.5 When asked to what extent they agree with the move to co-location Stroke inpatient services only 6 (%) people answered yes. Most respondents (67) choosing not to answer the question.
- 1.6 When asked about, 'What matters to you' after having a Stroke. The following themes emerged:
- Assessment – "Being assessed properly, with a proper plan for my care."
 - Consistent and improved care – "There is such a difference between the care you get through the night to the care you get during the day."
 - Access to therapy staff – "Never sure when the therapist is coming."
 - Timely response – "Being able to speak to someone and get a response quickly."
 - Access and visiting – "Better transport links to the hospitals."
 - More nursing staff – "not enough nursing staff, they are running around trying to care for everyone."

- More compassionate and caring staff – “some staff are rude and come across as not caring.”
- Patient support – “More help for patients who cannot feed themselves or get themselves to the toilet.”
- Better communications – “I have to ask what’s going on with my mom, I am not told unless I ask.”
- Patient Information – “Unsure what will happen when I leave hospital, will I get rehabilitation at home.”
- Food – “Some of the food is not nice. More quality and variety of food is needed.”
- Accessible services – “Services should be provided close to where people live, its difficult to travel if you haven’t got your own transport or the money to.”

“Getting well and getting home to my family and my surroundings.”

2.0 Introduction

- 2.1 This report provides an overview of the communications and involvement around the recommended changes to Inpatient Stroke Rehabilitation as part of the move to Midland Metropolitan University Hospital (MMUH).
- 2.2 The insight gathered will be used to inform and support a conversation with our workforce through the Management of Change process, used to continue to provide high quality, safe care and to inform the decision on the future service provision of our Inpatient Stroke rehabilitation.
- 2.3 Further information on the Midland Metropolitan University Hospital and how patients and the public can get involved with the work of the Trust can be found here: www.swbh.nhs.uk

3.0 Background and purpose

- 3.1 It is difficult to talk about any proposed change without putting into context of MMUH. The conversation on ‘Changes to Stroke Services’ put MMUH at the heart of the conversation and shared our rationale for the proposed change. MMUH always stimulates a great discussion.
- 3.2 The purpose of the conversation was to outline the proposed ‘Changes to the Stroke service at Sandwell and West Birmingham NHS Trust’, as part of the opening of Midland Metropolitan University Hospital later this year.
- 3.2 There will be three strands of stroke care:
 - 3.2.3 For those who need inpatient medical treatment, care will be delivered at Midland Metropolitan University Hospital. This will include rehabilitation where it is suitable for the person.
 - 3.2.4 When the person’s medical condition is stable enough for them to leave the acute hospital, we will aim to continue their care and rehabilitation in their own home. To do this,

we have expanded our previous home-based rehabilitation team in Sandwell, which is now known as our Integrated Community Stroke Service (ICSS).

3.2.5 If it is not possible to meet the person's rehabilitation needs in their own home at that time, for example, if they require specialist equipment which is not suitable for the home environment, inpatient rehabilitation will be offered. The proposal is for this to be located at our Rowley Regis Hospital site. This is the Trust's preferred option as outlined below.

4. Overall Aims

4.1 The overall aims of the involvement activity were to understand:

- General awareness of the new hospital.
- People's understanding of why we are proposing the changes.
- People's views on our preferred option.
- Whether or not they agree.
- When improving Stroke services what matters to them.
- What impact the proposed changes might have on them and their family.
- How people want to be communicated with or engaged in the future.

4.2 The insight gathered through the conversation period will be considered throughout the design and delivery process. Using the insight to improve patient care.

5. Our Approach

5.1 Involving People in the Conversation

5.1.1 In order to present as rounded and robust set of insights as possible, several connected strands of activity were used to ensure widespread awareness and to gather as much insight as possible between 4th December 2023 and 12th January 2024 (6 weeks). An Involvement plan was produced to shape and steer the conversation.

5.1.2 This includes both qualitative and quantitative methods as follows:

1. Formal conversation with the Chairs of the Birmingham and Sandwell Joint Health Overview and Scrutiny Committee; the Black Country and Birmingham Solihull ICB.
2. In-person engagement event and conversations to allow people the opportunity to hear about the future of Stroke services as we move to MMUH. The event was attended by a cross section of people, including Stroke survivors, their families, and specialist charitable organisations who support people after a Stroke or brain injury.
3. The Engagement Team encouraged and supported patients, and their family members to complete the questionnaire by undertaking bedside visits to our acute ward on Priory 4 and our rehabilitation ward on Newton 4.
4. Targeted conversations for example through Sandwell Consortium to ensure that those communities which suffer some of the worse health inequalities had the opportunity to listen to the proposed changes and comment accordingly.

5. An online survey to collect both qualitative and quantitative feedback from members of the public, current and previous patients, people with caring responsibilities, staff, and other stakeholders. There were 87 responses to the online survey.
 6. Text messaging to patients on General Practice Stroke registers.
 7. Use of social media widely to promote all the above opportunities for involvement up to and during the 6-week period.
 8. Throughout the 6-week period we included the Stroke conversation on the MMUH Roadshow where we visited the following locations to take about MMMUH:
 - Wednesbury Family Hub
 - Ladywood Children's Centre
 - Tipton Family Hub
 - Rowley Regis Family Hub
 - Soho Children's Centre
 - Soho Baptist Church
- 5.1.3 The changes to Stroke Services were also promoted at our MMUH Near Neighbours meetings, with a few people expressing interest.
- 5.1.4 The conversation phase was informed by both the Equality Impact Assessment and detailed data analysis undertaken by our business intelligence team.
- 6. Findings summary**
- 6.0 Feedback from the Public Meeting**
- 6.1 The meeting was held at the YMCA, West Bromwich on 23rd November. We invited 750 people off our 'Get Involved' database and were joined on the day by 12 people, which included charitable organisations representing the views of Stroke survivors and their relatives. Sarah Oley, our Clinical Directorate Leda – iBeds and Clair Finnemore, Therapy lead for Stroke Services were present, along with Jayne Salter-Scott, Head of Public and Community Engagement on the day to talk through the background and context for the change, and why we have a preferred option and to answer any questions people had. It was a positive meeting with no outright concerns about the proposed changes being made.
- 6.2 There were, however, a number of related questions and points raised as below:
- What do mean when you say, "MMUH will provide a 7-day service".
 - What facilities will there be for general trauma services?
 - Better communications and co-ordination required with Birmingham Stroke leads, particularly with Stroke patients who live on the borders.
 - There was a comment that "The community Stroke Nurses are brilliant, but after that when we land back with the GP, the wheels fall off." It was explained that there will be more GP involvement with the Rowley Regis model.
 - Will it still be called the Stroke Unit and have dedicate staff.
- 6.3 We took the opportunity to ask people present what they considered the biggest challenges were, challenge and response laid out as below:

Challenge - Communication and information – provide simple, straightforward, and timely information.

Response – we have an opportunity to work with our Stroke Reference Group to co-design suitable patient information, and to collaborate with our staff our continuing to improve the way we communicate with our patients and their relatives.

Challenge - Will patients (and their relatives) be introduced to the team who will be looking after them upon discharge back home.

Response – Members of the Integrated Community Stroke Service visit patients on the ward before being discharged home. This is a way that you can discuss any concerns you may have and meet the team.

Challenge – working with the Stroke Association and their commissioned referral upon discharge service.

Response – Potential to undertake staff briefings and ensure that the Stroke Association are an integral part of the discharge planning process.

Challenge – Improve Discharge

Response – We need to ensure that patients letters are ready, their takeout meds are in place along with transport plans.

Challenge – More needs to be done to support people who live on their own after having a Stroke.

Response – We need to consider this as part of the complex discharge service.

Challenge – Need to improve the relationship and response time with Community Social Workers.

Response – Happy to feedback this back and look at it being part of the formal 6-month review.

Challenge – Appropriate and timely patient information, particularly on discharge. Need to understand what services are where, what happens next etc.

Response – Happy to work with our Stroke Reference Group on co-producing patient information that can form part of a discharge pack.

Challenge – What are your plans to use AI scans?

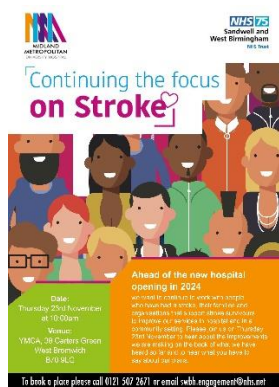
Response – As far as we are aware there are conversations being held with WMAS about AI being available in ambulances on the way to the hospital.

Challenge – Will 12 beds be enough.

Response – Our Therapy lead for Stroke Services explained that this was based on detailed bed modelling which has been undertaken based on the information/data we hold.

6.4 It was clear however, that there is a continued need for consistent and timely information around the wider changes taking place as we open MMUH. People present at the meeting were interested a wider conversation on MMUH which included:

- The opening date of the MMUH?
- Blue badge parking and access?
- Will there be more than one A&E?
- Will the new hospital cater form patients suffering from a brain injury?



7.0 Feedback from online survey findings

- 7.1 This section of the report summaries feedback from the online survey which sought feedback from patients, carers, the public, staff, and wider stakeholders on our preferred option for Inpatient Rehabilitation Stroke services.
- 7.2 The Changes to Stroke Services documentation were shared widely through our partner organisations, for example Healthwatch, Black Country and BSOL ICBs, the Voluntary, Community and Social Enterprise Sector along with the promotion we ran through our SWBH.nhs.uk website, our @SWBHnhs, and our @SWB_engagment X social media accounts.
- 7.3 We worked closely with colleagues from the Business Intelligence team who identified 1'127 people who had received Stroke care from us over the past 2 years. Out of the 1'127 we sent letters a copy, link to the documentation and survey to 667 people and a letter and copy of the documentation and survey to the remaining 450 people.
- 7.4 Our primary care colleagues across Sandwell and West Birmingham also agreed to send out a message to patients on their Stroke registers through their various text messaging platforms.
- 7.5 At the time of writing this report we know that Tower Hill Primary Care Centre sent the link to document and survey to 371 patients on their register and our Heath Street practice sent it out to 71 patients on their Stroke/TiA register. Soho Primary Care Centre also sent the information out to patients on their register.



8.0 Feedback from the bedside Conversations

8.1 Over a period of 2 days we conducted bedside conversation with a combination of 27 patients and their relatives. They shared the following views with us:

- Why can't all the hospital Stroke services stay together, too confusing?
- Rowley Regis Hospital is too far to travel for relatives and visitors.
- Additional cost associated with going to Rowley "it'll cost me more to get the bus there, and I can't afford it."
- It means I will visit less as too far to go.
- More nursing staff needed on the wards.
- Why are people who have not had a Stroke on the Stroke ward?
- Should not mix people with Dementia and Stroke patients, we get treated like we're children.
- Not enough help with feeding.
- Wait ages for someone to come when you ring the buzzer.
- Better, more consistent care needed.
- Big difference between daytime and night staff attitude and care.
- Better and more frequent communication needed between staff and relatives.

8 Summary of Communications and Engagement Activities

8.1 Involvement Plan

8.1.2 The conversation around ‘Changes to Stroke Services’ was launched in November 2023 and was supported by an Involvement Plan, which is embedded at the bottom of this section of the report. The public conversation document set out our approach to encouraging people to share their views with us. We signposted people to the many ways in which they could get involved and give us their feedback:

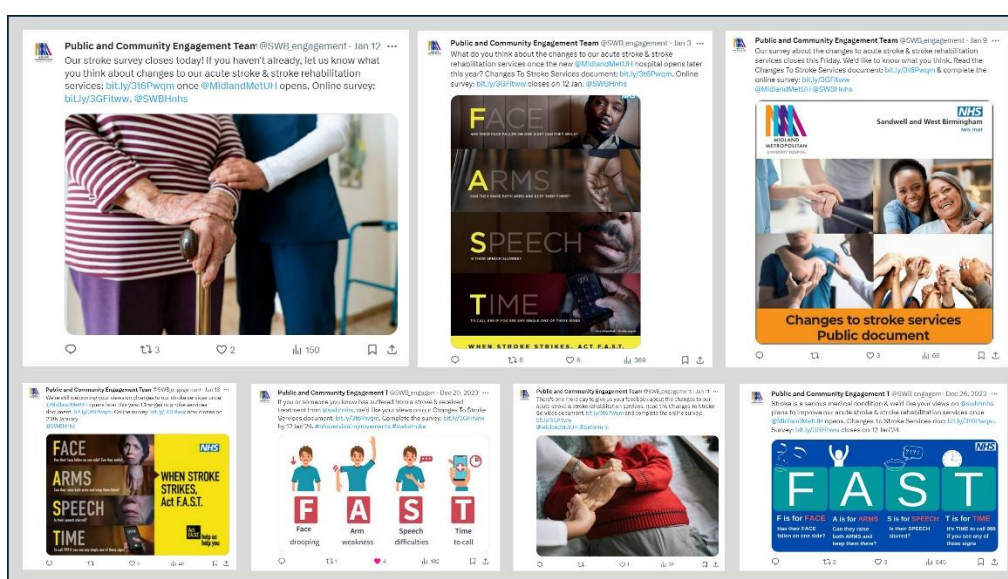
- In-person meeting.
- An online Survey.
- Freepost survey, enabling people who did not have access to the internet to participate.
- 1:1 bedside conversation.

- Face-to-face conversation with the engagement team on the MMUH Bus.

8.1.3 The formal conversation document was produced to inform local people about the proposed changes to Stroke services and to our Inpatient Stroke Rehabilitation Services. These information resources were shared with a wide range of stakeholders across Sandwell and West Birmingham.

8.1.4 Our website hosted a range of information about the new hospital and the proposed changes Stroke services.

8.1.5 Using our social media channels to reach local people has proved particularly successful. As you can see from the screen shots below.



Post Insights

Total insights

See more details about your post.

Post impressions

2,675

Post reach

2,418

Engagement

42



Keep boosting to grow your audience.

Sandwell and West Birmingham NHS Trust could reach 16852 more people for every £200 that you spend.

[Learn more about reach estimates](#)

- 8.1.5 The documentation supporting, Changes to Stroke Services are embedded below. The key documents were the Equality Impact Assessment (EQiA), the Involvement Plan and the public consultation document.



Stroke EQiA.docx



Continuing the
Conversation on StrolService Publication (el



ML6756 Stroke

9.0 Next Steps

- 9.1 The insight from the public conversation will be considered at several internal meetings including the Primary Care, Communities and Therapy Group (PCCT), the Stroke Decoupling Group, the MMUH Clinical Reference Group.
- 9.2 The above groups will consider the feedback relevant to their specialty area and explore how to mitigate any associated risks or potential negative impact on our patients caused by the proposed changes. In this case when acute Stroke services move to MMUH, and inpatient Stroke rehabilitation moves to Rowley Regis Hospital.
- 9.2 When asked, 'what matters to you.' The following themes emerged:
- Better communication and information.
 - Free transport between hospitals.
 - Assistance with additional travel/fuel costs.
 - Free parking.
 - More nursing staff.
 - Being clear on personal care plan.
- 9.3 After the feedback has been considered an implementation plan will be drawn up and that along with the decision and the report findings will be shared formerly with the new Black Country and West Birmingham Integrated Care Board, the Joint Health Overview and Scrutiny Committee and shared widely with all key stakeholders and participants.

10.0 In Conclusion

- 10.1 This report presents the findings from the 'Changes to Stroke Services' conversation on the proposed changes to Stroke Services ahead of MMUH opening later this year.
- 10.2 Disappointing, all the efforts of the team and our wider partners has only resulted in 90 surveys being returned. However, we take confidence on the fact that we gave people the opportunity to share their views with us on numerous occasions and in numerous ways.
- 10.3 Many people we spoke to had not expressed Stroke or knew of anyone affected by Stroke and therefore declined the opportunity to complete the survey or offer a view.

- 10.4 The survey responses have been analysed, along with questions and comments captured during the period, received by a range of stakeholders. A representative selection of comments and opinions have been included in the report to illustrate commonly expressed views. The report does not speculate upon the reasons for the views given, other than those stated by respondents, it simply presents a balanced summary of the responses received.
- 10.5 The conversation findings will contribute to a conversation with our workforce, enabling a safe move of services, and the continued provision of high-quality, safe care given after MMUH opens.
- 10.6 It was very evident from the engagement activity undertaken during the formal conversation that further work needs to be undertaken to ensure that our communities across Sandwell and West Birmingham and beyond are not only aware of the new hospital, but understand what services and facilities will be delivered out of the Midland Metropolitan University Hospital and how to access them, and what will be provided out of the Birmingham Treatment Centre, Sandwell Treatment Centre and what we will continue to deliver through our community and primary care services.

11.0 Recommendations

- 11.1 Continue to inform and involve local people in the conversation around the new hospital to ensure that we take all the steps necessary to ensure that our local population and key stakeholders including our clinical providers for example West Midlands Ambulance Service, General practice, other neighbouring acute providers, local authorities etc are aware of what services are moving to MMUH and what services will remain on our retained estates at Sandwell, City, Rowley and Leasowes IMC.