

## Continuing the Conversation on Stroke

### Involvement Plan

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| <b>Project Title:</b>    | Continuing the Conversation on Stroke  |
| <b>Project Dates:</b>    | 4 <sup>th</sup> December 2023 – 12 <sup>th</sup> January 2024  |
| <b>Involvement Lead:</b> | Head of Public and Community Engagement:<br>Jayne Salter-Scott<br><a href="mailto:Jayne.salter-scott@nhs.net">Jayne.salter-scott@nhs.net</a> |

### Context

At Sandwell and West Birmingham NHS Trust, we want to ensure that our patients, population, and people (staff) are at the heart of everything we do.

This document talks about our recommendation to improve Stroke services in line with our aim to continuously improve the number of patients who survive a Stroke and to enable them to live as fuller life as possible with less disability.

As we move towards the opening of our new hospital Midland Metropolitan University Hospital in 2024 it is necessary to ensure that we are providing the right care, in the right place at the right time.

Working alongside our Stroke Reference Group and our internal Stroke Decoupling Group a business case was developed that set out the current Stroke inpatient bed base, which co-locates acute and rehabilitation services at Sandwell.

The Midland Met model provides one 32 bed ward which will primarily provide acute Stroke beds, which increases the current acute bed capacity for those with ongoing complex needs. Decoupling of Stroke services to deliver rehabilitation outside the acute hospital environment is therefore required.

An initial business case to support Stroke decoupling was submitted which describes 2 main phases of Stroke specific care:

- Acute Stroke care.
- Inpatient community-based Stroke Rehabilitation (delivered at Sandwell Treatment Centre).
- Integrated Stroke Community Services - extending the scope of the existing community offer.

Since the initial business case was submitted, Phase 1 of the Decoupling project (the ICSS component) has been approved, staff have been recruited and the service launched in June 2023.

Phase 2 of the project will be decoupling the acute level care from the community based inpatient ward which are currently co-located. This will take effect when MMUH opens in 2024.

The third and final phase of this project is the work that continues around the community inpatient model. Currently, there is insufficient space to accommodate the plans for a 32 bedded

unit with a specialist rehabilitation gym. In addition, there is also an identified risk associated with being the only inpatient ward at the site.

A full options appraisal and renewed consideration has been developed to approve the final model and was presented and discussed at the Trusts Midland Met Clinical Reference Group (CRG). After discussion the CRG have put forward a recommend option, which would see the Stroke inpatient service co-located at Rowley Regis Hospital which would see the service co-located with ICSS, supporting 'pull' model and offering continuity of care for transition of patients from inpatient to domiciliary/home setting.

With this in mind and before implementation the Midland Met Programme Board, asked for the views of our patients, their families and local specialist organisations who support people who have suffered a Stroke.

This next section of document aims to:

- Set out the 'Objective' for this piece of work.
- Set out the approach to involving stroke survivors, their families, people who care for them and the voluntary, community, charity and faith sector who support them.
- Set out the timeline for this piece of work.

## **Objective**

Involvement is planned with patients who have suffered a Stroke, their families, the organisations that support them to specifically consider the option to co-locate the current inpatient Stroke services.

We want to understand the views of those above associated with the Trusts recommended option to co-locate Stroke services to Rowley Regis Hospital which would see the service co-located with ICSS, supporting 'pull' model and offering continuity of care for transition of patients from inpatient to domiciliary/home setting making a more coherent journey for people who have suffered a Stroke.

## **Approach**

This piece of work is divided into three main areas:

1. Preparation and planning
2. Delivery of Involvement activity
3. Timeline for reporting

### **1. Preparation and planning**

This Continuous Conversation Involvement plan.

Documentation to support conversation.

Review Stakeholders to ensure timely conversations with key stakeholders e.g. JHOSC.

Work with Business Intelligence colleagues to extract Stroke data covering previous 2 years.

Refer to EQiA to ensure appropriate reach and access to conversation.

## 2. Involvement approach and activities

The continuing conversation around Stroke launches on Monday 4<sup>th</sup> December 2023 and will run for a period of 6 weeks, unto and including Friday 12<sup>th</sup> January 2024. We are taking multiple approaches to reach out to people who have been affected by Stroke, whether directed or indirectly.

People can choose to get involved by:

- Attending in-person meetings.
- Dropping by the MMUH bus on its tour of the towns and neighbourhoods across Sandwell and West Birmingham.
- Completing the on-line Survey through [www.swbh.nhs.uk](http://www.swbh.nhs.uk)
- Freepost survey, enabling people who do not have access to the internet to participate.
- Freepost survey sent to people who have had a Stroke in the past 2 years and were under our care.
- Speaking with specialist local support charities and local community-based organisations.
- Talking to a member of the Engagement Team on their visit to the Stroke wards
- Accessing information through SWB social media channels
- General getting in touch with the Engagement Team on 0121 507 2671 or [swbh.engagemnt@nhs.net](mailto:swbh.engagemnt@nhs.net)

See appendix 1 for sample Involvement Plan

## Timeline for reporting

The continuous conversation around Stroke services closes on Friday 12<sup>th</sup> January 2024. The analysis of any feedback we receive will be completed by 19<sup>th</sup> January 2024. A feedback report will be available and presented to the Stroke Reference Group, Stroke Decoupling Group, MMUH CRG and to the MMUH Programme Board for final decision.

## Appendix 1

### Involvement Approach

**Sample Involvement Plan** (note the plan make flex and change according to response rates, implementation of the considerations under the EQiA etc.)

| Stakeholder | Area of Interest | Involvement Approach | Involvement Tools | Output |
|-------------|------------------|----------------------|-------------------|--------|
|-------------|------------------|----------------------|-------------------|--------|

|  |   |  |   |  |
|--|---|--|---|--|
| Joint Chairs of Health Overview and Scrutiny | High/impact on approach and decision  | On-line  | Verbally outline approach and share documentation   | Understanding and appreciation of case for change<br><br>Agree approach  |
| Healthwatch                                  | High/impact on approach   | On-line  | Conversation documentation  | Understanding and appreciation of case for change<br><br>Agree approach  |
| Stroke Reference Group                       | High/impact on our approach and documentation                                   | In-person meetings   | Presentation, documentation   | Agree documentation and approach   |
| Stroke Survivors                             | High/Lived experience   | Using data identified by our BI team reach out to people who have suffered a Stroke and received care from SWBHT over the past 2 years | Letter or email outlining potential changes to Stroke inpatient services with accompanying/attached freepost conversation document. | Completed surveys returned   |
| Family members                               | High/associated lived experience  | On-line, bedside conversation; in-person meeting;  | Online documentation; conversation document and survey.   | Completed surveys returned   |
| Specialist support organisation (VCSE)       | High/ expertise and knowledge in supporting Stroke survivors and their families | On-line resource; in-person conversation   | Online documentation; conversation document and survey.   | Support in accessing Stroke survivors and their families.<br><br>Understanding and appreciation of case for change.<br><br>Completed surveys returned. |
| Local community-based organisations          | High/expertise and knowledge of local community who may experience poorer       | Work in partnership with local community-based   | Online documentation; conversation document and survey.   | Support in accessing Stroke survivors and their families from  |

|   |   |  |   |  |
|---|---|--|---|--|
|   | access to, experience of Stroke   | organisations who support people from different communities and cultures                               | Focus group approach to conversation.                               | across some of our under-represented communities.<br><br>Completed surveys returned.                         |
| MMUH Near Neighbours  | Medium/potential lived experience or knowledge of people in local community with lived experience of Stroke | In-person meeting  | Conversation documentation  | Support in accessing Stroke survivors and their families in the community.<br><br>Completed surveys returned |
| Partners across place (Sandwell and the West of Birmingham) | Medium/interest in subject matter.  | Sharing documentation and involvement opportunities through their networks and social media platforms. | Online documentation and survey.                                    | Support in accessing Stroke survivors and their families in the community.<br><br>Completed surveys returned |
| General Practice  | High/interest in impact on their patients who have had a Stroke and patient pathways.                       | Working in partnership with general practice to access all patients on their Stroke registers.         | Message and documentation link sent through GP messaging platforms. | Support in accessing Stroke survivors and their families in the community.<br><br>Completed surveys returned |

Other useful links/documentation

<https://www.swbh.nhs.uk/get-involved/>.

The QR code on poster attached.

# Continuing the focus on Stroke



**Scan Me**



Midland Metropolitan University Hospital, or Midland Met as it's affectionately known, is our new hospital in Smethwick which will open in the Autumn of 2024. In preparation for the opening of the new hospital we need to make changes to some of our services.

From next year those who need inpatient medical treatment for acute stroke care will receive their care at Midland Met. This will include rehabilitation where it is suitable.

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. If this is not possible, for example they need specialist equipment, inpatient rehabilitation will be offered at our proposed site of Rowley Regis.

We would very much welcome your opinion on our plans for improving Stroke Services. Please use the QR code to go to our stroke booklet and complete the survey to tell us what you think.

Any queries please call 0121 507 2671 or email [swbh.engagement@nhs.net](mailto:swbh.engagement@nhs.net)

Tweets which include the link to the document and the survey:

Read the Changes To Stroke Services document: <https://bit.ly/3t6Pwqm> & then complete the survey: <https://bit.ly/3GFitww> by 12 Jan'24.

Find us on social media @swb\_engagment and @SWBHnhs corporate account.