

Proposed changes to stroke rehabilitation services:

a consultation for Barking and Dagenham,
Havering and Redbridge



What do you think?

Consultation closes at 5pm, 1 April 2016



Foreword from GP stroke leads

As local GPs, we know that people don't always get the right rehabilitation care after a stroke and we want this to change.

Changes across London have seen all patients with a suspected stroke taken to one of eight specialist stroke centres, known as hyper acute stroke units (HASUs), for immediate, expert care from specialised staff. Seven days a week, 24 hours a day, all stroke patients are assessed, undergo a brain scan, are diagnosed and given life-saving clot-busting drugs within 30 minutes of arriving at hospital, and within four and a half hours of having a stroke. This has transformed stroke care and outcomes, saving hundreds of extra lives each year and improving people's chances of rapid and lasting recovery.

The priority now is for us to build on this and continue improvements by looking at stroke rehabilitation services and longer term recovery and making them better and fairer, so that wherever you live, you get the same excellent care, whether at home or in a hospital.

Over the past year, we've been working with partners to identify what needs to change about stroke rehabilitation and develop solutions to make sure stroke rehabilitation users gets the best possible outcomes.

Locally, the demand for stroke rehabilitation services is anticipated to grow by 35% in the next 20 years as the number of older people living locally increases. We want to make changes to stroke rehabilitation services now, to make sure people recover and live the fullest life possible.

This consultation document explains why and how we want to make changes to stroke rehabilitation services across Barking and Dagenham, Havering and Redbridge. Please read it and let us know what you think by filling in the questionnaire at the back.



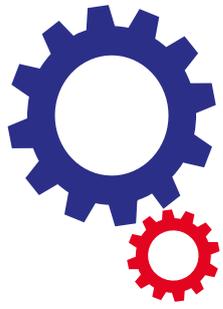
Dr Ravali Goriparthi
Barking and Dagenham CCG



Dr Alex Tran
Havering CCG



Dr Sarah Heyes
Redbridge CCG



Foreword from hospital stroke lead

The NHS in London has transformed its system of hospital stroke care. This has saved hundreds of extra lives each year and hugely improved people's chances of rapid and lasting recovery following a stroke.

What matters with a stroke is getting the right treatment, in the right place, at the right time. All patients with a suspected stroke are now taken to one of eight hyper acute stroke units (I lead one, at Queen's Hospital in Romford) for expert care from specialised staff, without delay. This centralised model of care has made a very real difference with more people than ever now surviving a stroke.

Now, the priority needs to be getting the next step – rehabilitation – right, so that people recover and live the fullest life possible.

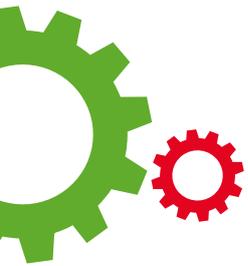
These improvements are all about the opportunity to receive world class health care – I encourage you to make the most of it.



Dr Sreeman Andole

Divisional Director and Clinical Lead in Stroke
Barking, Havering and Redbridge University
Hospitals NHS Trust





About this consultation

Barking and Dagenham, Havering and Redbridge Clinical Commissioning Groups (CCGs) are working together to improve how people recover from a stroke after their initial treatment. This is known as stroke rehabilitation.

This consultation document explains how and why we want to change stroke rehabilitation services in Barking and Dagenham, Havering and Redbridge (BHR).

We want to make stroke rehabilitation services more joined up with each other and focused on what individual people need, regardless of where people live. We believe doing this would mean people receive specialist care, tailored to their needs, that would help them to recover better and more quickly.

Our population is growing and changing. Around 9,000 people living in in the three boroughs are registered as having had a stroke and this will increase. We need a stroke rehabilitation system that will provide good quality care for people now and can also care for more people in years to come.

In this consultation document we have set out different options and explained what we think is the best option and why. We want to know what you think, whether you agree or disagree, and if there is anything else you want us to consider.

We'd like to hear from as many local people as possible about our proposals. We would especially like to hear from people who have had a stroke, or have been a carer/family member/friend of someone who has. We'd also like to hear from carers and people aged 65 years and over (as most of the people who suffer from a stroke are in this age group).

Comments from health professionals and our partners in the community and voluntary sector about whether they think our proposals would improve stroke rehabilitation services for local people are also welcomed.

To tell us what you think, you can fill in the online questionnaire on our websites or complete the questionnaire at the back of this document and send it back to **FREEPOST BHR CCGS**, free of charge.

All comments must be received by 5pm, on Friday 1 April 2016.

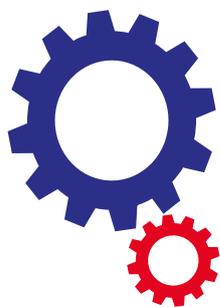


How to find out more

To get more information about our work to change stroke rehabilitation services you can:

- Look on our websites (addresses on next page)
- Come and see us – visit our websites or give us a call to find out when we will be near you
- Ask us to come and see you - if you would like someone to come and talk to your community group, email haveyoursay@onel.nhs.uk or call 020 3688 1615.

N.B. This consultation is about making changes to stroke rehabilitation services for adults, not children.



Glossary

ASU	acute stroke unit
BHR	Barking and Dagenham, Havering and Redbridge boroughs
BHRUT	Barking, Havering and Redbridge University Hospitals NHS Trust
CCG	clinical commissioning group
CRS	community rehabilitation service
ESD	early supported discharge
Inpatient unit	provides treatment and support to people in a hospital setting
HASU	hyper acute stroke unit
NELFT	NELFT NHS Foundation Trust

Rehabilitation – after having a stroke you recover by regaining strength, relearning skills or finding new ways of doing things. This process is called rehabilitation. Rehabilitation often focuses on:

- physical therapy to help your movement, strength and fitness
- occupational therapy to help you with daily activities
- speech and language therapy to help with speaking, understanding and swallowing
- treatment of pain

A stroke rehabilitation programme could involve:

- physiotherapy to help with muscle weakness
- speech and language therapy to help with swallowing and communication
- sessions with a clinical psychologist to help with emotional problems
- support from an occupational therapist on how to do everyday tasks such as washing, getting dressed dressing, shopping and cooking.

To respond to this consultation online or find out more about our work on stroke rehabilitation visit:



www.barkingdagenhamccg.nhs.uk/stroke



www.haveringccg.nhs.uk/stroke



www.redbridgeccg.nhs.uk/stroke





What is a stroke?

A stroke is a serious, life-threatening medical condition that occurs when the blood supply to part of the brain is cut off. The brain needs the oxygen and nutrients provided by blood to function properly. If the supply of blood is restricted or stopped, brain cells begin to die. This can lead to brain injury, disability and possibly death.

Strokes are a medical emergency. The sooner you receive treatment for a stroke, the better your chances of recovery. If you think you or someone else is having a stroke, call 999 immediately and ask for an ambulance.

The impact of a stroke is instant and unpredictable. You are more likely to have a stroke if you are over 65 years old, smoke, have high blood pressure, diabetes, high cholesterol or an irregular heart rate or are of South Asian, African or Caribbean descent.

When you have a stroke, the first stage of care (known as acute care) focuses on providing life-saving treatment and then stabilising you. This takes place in a hyper-acute stroke unit (HASU), which is a 24-hour specialist centre providing high quality expertise in diagnosing, treating, and managing stroke patients. On arrival, you are assessed by a specialist, have access to a brain scan and receive clot-busting drugs (thrombolysis) if appropriate, all within 30 minutes.

Locally, there is a HASU at Queen's Hospital in Romford and some people go to the HASU at the Royal London Hospital in Whitechapel.

TIAs (mini-strokes)

You may have heard of what some people call a mini-stroke, this is a related condition known as a transient ischaemic attack (TIA).

This is where the supply of blood to the brain is temporarily interrupted, causing a mini-stroke often lasting between 30 minutes and several hours. TIAs should be treated seriously as they are often a warning that you are at risk of having a full stroke in the near future. People who have had a TIA do not need stroke rehabilitation.

After one or two days of intensive treatment at the HASU, some people go home to recover, but most patients will then be transferred to an acute stroke unit (ASU). ASUs provide physiotherapy, occupational therapy, speech and language therapy, rehabilitation and ongoing medical supervision and people stay there while they recover. Most people are ready to move on from the ASU after two to three days.

There are ASUs at Queen's Hospital in Romford and Whipps Cross Hospital in Leytonstone.

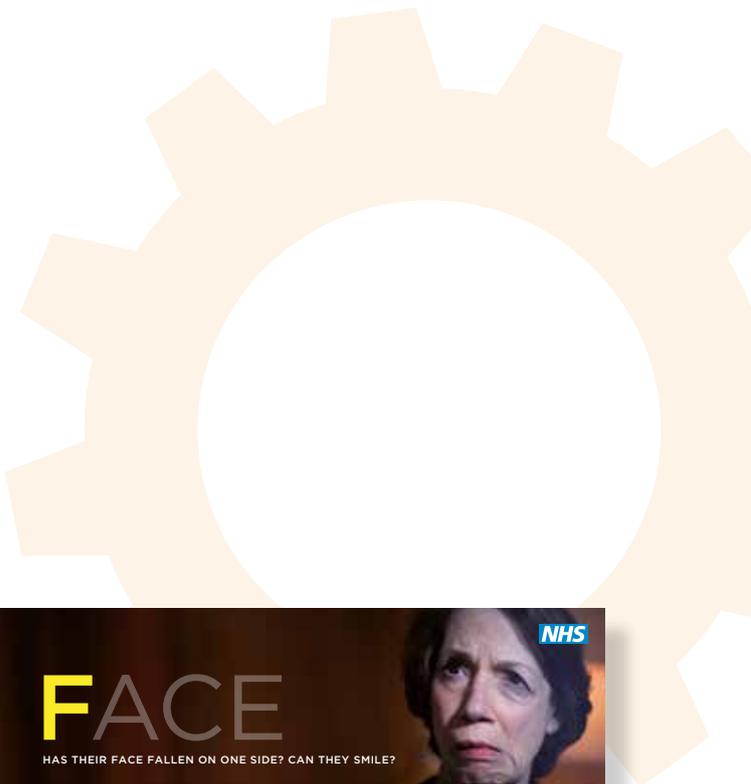


Recovering from a stroke

What happens after you have a stroke will depend on how serious it is. Once you've been stabilised, the next step is rehabilitation. Stroke rehabilitation aims to support people to adapt to the physical, mental and social complications resulting from their stroke.

A stroke can result in arm/leg weakness, visual problems, facial weakness, slurred speech, bladder control issues, difficulty swallowing and problems using language correctly (aphasia).

Your rehabilitation will depend on what you need to get better. Some people will leave hospital fairly quickly to have intensive rehabilitation at home. Others will need more support and may need to stay in a hospital for longer. Unfortunately, some people never fully recover and will need long term support adjusting to living with the effects of their stroke. Thirty per cent of people who have had a stroke live with the effects of it, and so they especially need effective rehabilitation to help them live as full a life as possible.



FACE
HAS THEIR FACE FALLEN ON ONE SIDE? CAN THEY SMILE?

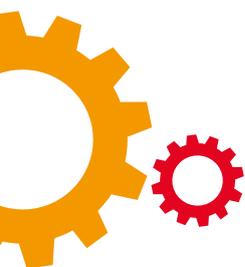
ARMS
CAN THEY RAISE BOTH ARMS AND KEEP THEM THERE?

SPEECH
IS THEIR SPEECH SLURRED?

TIME
TO CALL 999 IF YOU SEE ANY SINGLE ONE OF THESE SIGNS

WHEN STROKE STRIKES, ACT F.A.S.T.
nhs.uk/actfast - stroke.org.uk





Types of stroke rehabilitation

Locally, there are three types of stroke rehabilitation services:

1. Early Supported Discharge (ESD) – provided by BHRUT and NELFT

Early Supported Discharge offers regular intensive rehabilitation in your own home, five days a week for up to six weeks, depending on your needs. It is as intensive as the rehabilitation you would receive in an inpatient unit and is for people expected to make a good recovery from their stroke. The ESD service helps you recover by practising everyday tasks such as speaking, walking, washing, dressing and cooking and is staffed by physiotherapists, speech and language therapists and occupational therapists.

Evidence shows that a good ESD service can significantly reduce the amount of time a stroke patient stays in hospital and helps them to recover better after a mild to moderate stroke. The National Institute for Health and Care Excellence (NICE) recommends that 40% of all stroke rehabilitation should be delivered through ESD. Locally, only around 20% of stroke rehabilitation is through ESD at the moment.

2. Community Rehabilitation Service (CRS) – provided by NELFT

The Community Rehabilitation Service is for people who don't need to be in hospital but the level of disability following their stroke means they are unlikely to make a full recovery. CRS is less intensive and less frequent and works to help people regain confidence by providing treatment, advice and support. The CRS team includes occupational therapists, physiotherapists, rehabilitation nurses and therapy assistants.

Note: People do not receive home-based services such as ESD and CRS unless doctors are sure that they are well enough to go home and it is safe for them to do so. If a patient is not ready to go home they will go to a stroke inpatient unit and we expect this to continue.

3. Inpatient rehabilitation unit

Some patients with a higher level of need after their stroke need to spend more time in a hospital-like setting so they will stay in an inpatient rehabilitation unit. On average, people should spend around 20 days here but at the moment they often spend longer, in part because the rehabilitation they get isn't right or isn't available.

There are two stroke rehabilitation inpatient units locally: Grays Court and Beech Ward.



Grays Court in Dagenham (run by NELFT)

John Parker Close, Dagenham, RM10 9SW

Grays Court is mostly used by stroke patients who live in Barking and Dagenham and Havering.

Capacity and facilities:

17 beds; 13 single rooms with en-suites (which make it harder to watch patients and for patients to interact) and one room with four beds for high risk patients. There is a physiotherapy gym, day room/dining area and consultation rooms. It does not have 24/7 medical cover, so in an emergency an ambulance is called to take patients to hospital.

Public transport:

There are infrequent buses and the nearest underground station is 15 minutes' walk away.

Parking:

Free limited parking on site, used by staff and visitors so it is often full. Limited parking on nearby residential streets.



Beech Ward at King George Hospital (run by BHRUT)

Barley Lane, Goodmayes, IG3 8YB

Beech Ward is mostly used by patients who live in Redbridge.

Capacity and facilities:

15 stroke beds in one ward, with separate bays for men and women and three single rooms. There is a day room, physiotherapy gym and access to a larger hospital gym. Being located at King George Hospital means easy access to other hospital services and facilities. There is 24/7 medical cover and in an emergency doctors on the hospital site are able to respond quickly.

Public transport:

Four bus routes stop in the King George grounds. Nearest train station is 20 minutes' walk (or a short bus ride) away.

Parking:

Large on-site carpark for staff and visitors, charges apply.





Current stroke services

If you have a stroke at the moment, wherever you live, the current rehabilitation available means:

- You'll spend more time in hospital than you need to, even when it is better for you to be at home
- You won't always have specialist stroke staff taking care of you
- Your recovery will take longer.

If you live in Redbridge

- If you need inpatient rehabilitation you'll go to Beech ward at King George Hospital
- If you live in west Redbridge (Wanstead area) you can't have ESD, so you have to recover in an inpatient ward, which will mean you're in a hospital bed for longer
- If you can have ESD, you can't have the full range of therapies that should be on offer under ESD.

If you live in Barking and Dagenham

- If you need inpatient rehabilitation you'll go to Grays Court
- You'll spend longer in an acute stroke unit because it takes longer to be admitted to Grays Court
- If you can have ESD, you can't have the full range of therapies that should be on offer under ESD.

If you live in Havering

- If you need inpatient rehabilitation you'll go to Grays Court.







Improving stroke rehabilitation services

Over the past year, we have been looking at how local stroke rehabilitation services could be improved, based on what clinicians and stakeholders told us, what was best practice, and what was happening locally. From this we developed a case for change, which sets out in detail what needs to change and why. As part of this we drew up a list of options for stroke rehabilitation services. To read about this in detail, visit our websites.

We held a workshop to discuss the options, the advantages, disadvantages and implications of each one and decided through a scoring process what was the best option. Details of this process and the evidence considered is on the stroke page on our websites.

The workshop involved doctors with an interest in stroke, representatives from all three councils, patient representatives, Healthwatch representatives, carer organisation representatives, stroke specialists and local NHS managers.

The group discussed the pros and cons of each option, using the following criteria:

Clinical outcomes and safety

- Does the option improve patient outcomes and patient safety?

Patient/carers' experience

- Does the option improve patient / carers' experience?

Access to services

- Can everyone use the services, wherever they live?

Deliverability

- Can the option be delivered without significant risk or disruption to business as usual?
- Is the option likely to deliver the benefits identified?

Flexibility

- Is the option able to respond to demand and future population growth?

Using these criteria, the group considered the following options:

Option 1: Do nothing – services stay the same as they are now.

The group decided that this option was not practical – stroke rehabilitation services need to change and can't stay as they are. The group agreed that the current service is unfair as the rehabilitation people receive depends on where they live and this shouldn't be the case.

Option 2: A single separate ESD service and a single separate CRS service, covering all three boroughs.

The group was of the opinion that while it was positive that all three boroughs would receive the same services, running ESD and CRS separately would mean that care would have to be handed from one team to another, which would mean patients would have to wait while this happened, leading to delays across stroke care.

Option 3: A combined ESD and CRS service covering all three boroughs, offered by one provider, with one inpatient unit.

Every participant in the group scored this as the best option. They decided this model of care would mean better, more joined up care which means patients would not have to wait for three working days (as they do at the moment) after leaving the HASU or ASU before they are seen by the ESD team.

The ESD and CRS services would be delivered by the same team which follows nationally-recognised best practice models that combine ESD and CRS functions.

Where the inpatient stroke rehabilitation beds should be

The group then looked at where the inpatient stroke rehabilitation service should be. The group decided it was important that a stroke inpatient unit should:

- be able to provide emergency medical cover (24/7)
- provide care to all BHR stroke patients
- be able to respond flexibly to changes in demand over time
- be 'reasonably accessible' to all BHR residents
- have good transport links and parking for disabled people.

Providing all inpatient rehabilitation in one place would mean that:

- care is provided by staff who specialise in caring for stroke patients, so patients would receive better care
- we could use staff much more efficiently and flexibly and develop their expertise
- relationships and communication with other parts of the NHS would improve, resulting in better care.

The two locations that could provide inpatient stroke rehabilitation were Grays Court and King George Hospital.

<p>Option A: King George Hospital in Goodmayes</p>	<p>Option B: Grays Court in Dagenham</p>
<p>Basing the inpatient unit at King George Hospital would mean that:</p> <ul style="list-style-type: none"> • Patients would have 24/7 emergency medical cover on site • There are other services on the King George Hospital site that stroke patients can use • It is easier for most families and carers to visit because transport links are better. 	<p>Basing the inpatient unit at Grays Court would mean that:</p> <ul style="list-style-type: none"> • Patients would not have 24/7 medical cover and would have to go to hospital by ambulance in an emergency • Family and friends who rely on public transport and aren't able to walk far may struggle to visit easily • Pressure on limited car parking would increase.





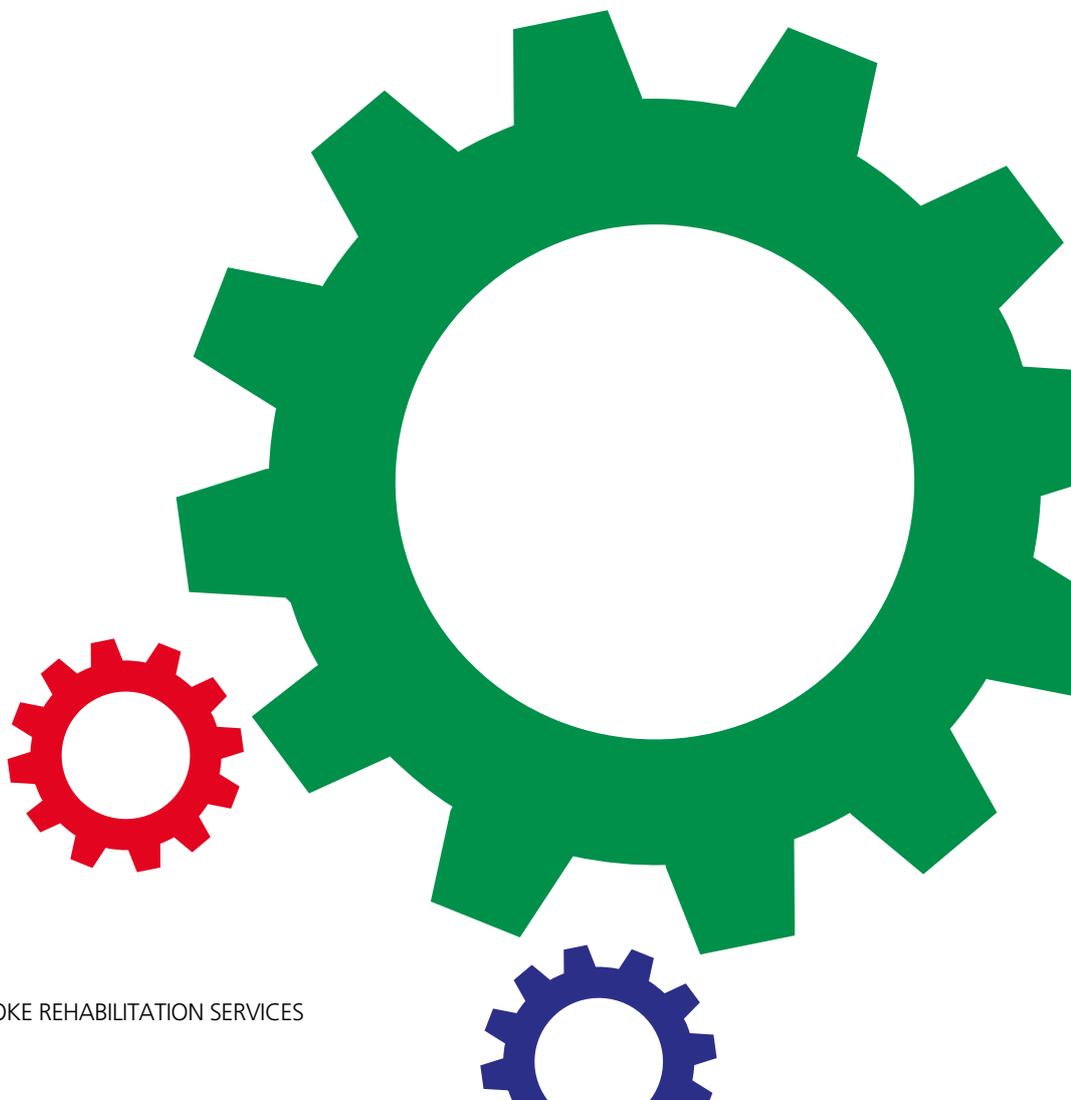
Following discussion, it was agreed that Option A: locate the inpatient unit at King George Hospital was the preferred option.

This means the preferred option (option 3A) is:

A combined ESD and CRS service covering all three boroughs, offered by one provider, with one inpatient unit based at King George Hospital.

Detail of the scoring processes and the evidence behind our thinking, including information on finances and the pre-consultation business case is on our websites.

Note: The scoring group only considered what was best for patients – they did not talk about money or how much any changes might cost. Separately, finance experts looked at how much each option would cost. It was agreed that any stroke rehabilitation service should cost no more than the current service, but the money we spend on stroke rehabilitation can be spent in a better way, so that people recover more quickly and fully.





Why stroke services should change

We believe that by making changes to stroke rehabilitation services we can help people to recover better and more fully. The way stroke rehabilitation is provided currently means people don't always recover as fully or as quickly as they should.

What recovery means depends on the individual patient, but can be helping them to stay at home, rather than going into a care home, being able to speak without slurring or being able to do things that are important to them, such as baking a cake or going fishing.

At the moment, when it comes to receiving rehabilitation, stroke survivors face a 'postcode lottery' based on where they live or what hospital they've been in, and this shouldn't happen.

With more people expected to need stroke rehabilitation services in the future, we need to improve them now. This means moving towards a model of care, based on best practice and evidence, which involves:

- providing more rehabilitation in patients' own homes, so it can be tailored towards their individual circumstances
- offering Early Supported Discharge for up to six weeks (length depending on need) for all suitable stroke survivors, wherever they live, so they receive the rehabilitation and support they need in their own homes
- one provider to offer Early Supported Discharge (at the moment, two providers offer it) meaning more joined-up care for patients and less administration
- combining the provision of Early Supported Discharge and Community Rehabilitation Service, to make sure

patients move seamlessly through the stroke rehabilitation pathway, avoiding unnecessary transfers and delays in care

- Having one specialist stroke rehabilitation inpatient unit at King George Hospital, which would mean patients would have better access to specialist therapy and nursing support.

We want to make sure all stroke survivors:

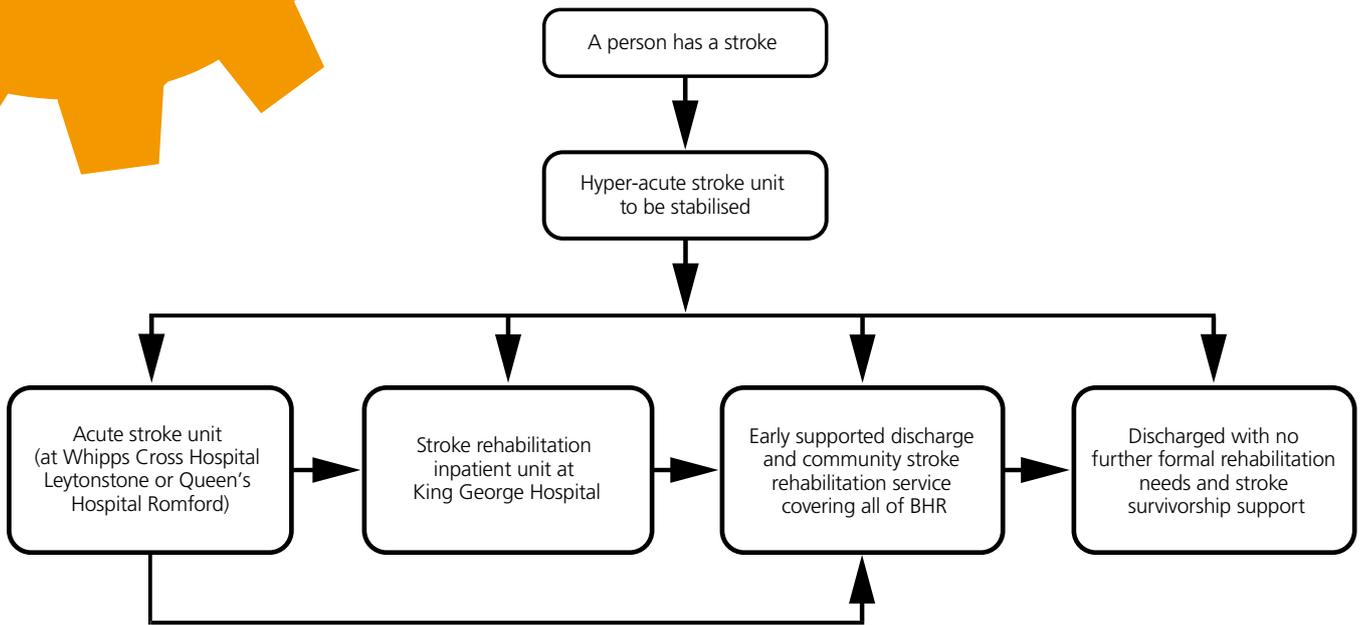
- receive regular checks and assessments looking at how they are living with the effects of stroke and what support they need
- are referred to a disability employment adviser or vocational rehabilitation team if they want to go back to work after their stroke
- are assessed by a clinical psychologist if they need it
- receive six and 12 monthly reviews of their health and social care needs
- receive ongoing support to help their recovery.

Changing the way stroke rehabilitation services are delivered will mean stroke survivors will receive care from staff with the specialist stroke skills and can have speech and language therapy and psychological support.

They will have an improved quality of life, are less likely to have a long-term disability and will be able to go back to work or do other meaningful activity. They will spend less time waiting in a hospital bed for the right sort of care, and will receive rehabilitation services more quickly and go home sooner.



The ideal stroke pathway



Scoring group members were very clear in their discussions that stroke rehabilitation services need to change – they can't continue as they are because people are not recovering as well or as quickly as they should. This is why it is so important that you tell us what you think of our proposals. If you don't agree with what we want to do, please tell us what you think we should do instead.



Question and answers

Q Do local authorities and NHS providers support these proposals?

A Local authority representatives were in the scoring workshop and providers have been involved in discussions about what the stroke pathway should look like. We are asking all these partners what they think of our proposals as part of the consultation process.

Q If the preferred option was agreed, when would the changes happen?

A We need to take the time to make any changes properly, with minimum disruption to patients. We would need to have further discussions with Barking and Dagenham Council, which owns Grays Court, and BHRUT, which owns King George Hospital. We'd also need to look at how we could offer ESD and CRS across all three boroughs and what staff we would need.

Q Have you factored population changes into the planning?

A Yes. We always use the most up-to-date population information and projections to make sure we plan for current and future healthcare needs.

Q Isn't this just all about saving money?

A No. These proposed changes don't save us any money, but people will receive better care – which is more important to us.

Q Why just one stroke rehabilitation ward?

A The safest way to provide high quality stroke rehabilitation care is to have one stroke inpatient unit rather than a number of smaller units. One unit would mean we could use staff much more efficiently and flexibly and develop their expertise. A single stroke rehabilitation unit would be much better able to cope with fluctuations in demand. We would cut down on duplication of tasks, which would mean staff would have more time to spend with patients. Patients would have better access to specialist therapy and nursing support. The links with other parts of the NHS would be better too.

Q What would happen to Grays Court if the decision is made to centralise services?

A We do not own Grays Court – it belongs to Barking and Dagenham Council, so they would need to decide what to do with it. We would need to work with the council and other local stakeholders to help decide how best use the building. We'd also need to talk to Grays Court staff about the impact it might have on them and how to manage this.



Q Does King George Hospital have space for a stroke rehabilitation unit?

A Yes. We would need to talk to BHRUT (as owner of King George Hospital) about where this would be.

Q What about having a stroke rehabilitation inpatient unit on the St George's Hospital site in Hornchurch?

A Havering CCG is still working with the site's owners and NHS England to develop a new health centre on the site. That is still in the planning stage and so any new centre is some way off.

Q How does social care fit into this?

A We are asking social care teams what they think of our proposals as part of the consultation process. If we went ahead with the changes, social care would be arranged more quickly as there would be only one inpatient unit and care would be consistent wherever you live. There would only be one team to work with and so the relationship between the teams and ways of working together would improve.

Q How will the ESD/CRS work? When will it operate and who will staff it?

A If the preferred option is agreed, we'd need to work this out with the organisation that would provide ESD and CRS. The team would consist of occupational therapists, physiotherapists, speech and language therapists, rehabilitation nurses and therapy assistants and we'd want it to operate seven days a week, at times convenient to patients.

Q If you decide to centralise stroke rehabilitation beds at King George Hospital, how many beds will there be?

A We don't know this yet as we're still working it out. We currently have 32 stroke rehabilitation beds across two sites and there is space for all of these at King George Hospital. We would expect that the number of beds needed would reduce as more people use home-based services such as ESD.

To find out more about our work on stroke rehabilitation services visit our websites.



What happens next?

When the consultation closes, we will read and consider all the responses we receive – we appreciate you taking the time to respond.

We will use what you tell us to write a report for the three CCGs' decision-making governing bodies to consider, alongside any other evidence and/or information available (for instance the equalities impact assessment) and they will make a decision about what to do.

We will put the dates of the CCG governing bodies' decision-making meetings on our websites. These are meetings held in public, so you can come along, and all the reports that governing body members read will be on our websites so you can read them too.

If you are responding on behalf of an organisation or you represent the public (as an MP, councillor or similar) your response may be made available for the public to look at. If you are responding in a personal capacity, we will not publish your name or response in full but we may use some of what you've said to show particular points of view.

If you let us know your contact details (by filling this in on the questionnaire), we can keep you up to date about any decisions we make.

If you want to comment on our proposals, we must receive it by 5pm on Friday 1 April 2016.

Please send your completed questionnaire to: FREEPOST BHR CCGS (please write this in capital letters on the front of the envelope - no stamp is needed).

Equality impact assessment

We use equality impact assessments (EIAs) to identify the positive and negative impacts of a particular piece of work on equality and help us to identify actions which will build on the positive and mitigate the negative impacts. An EIA looking at the impact of potential changes to stroke rehabilitation services will be drafted during the consultation period, and will be on our websites. A final version will be published after the consultation has ended. If you would like a copy of either of these please let us know.



Questionnaire

We want to know what you think about our proposals

Tell us about yourself...

Are you responding as ... (tick as many as apply)

- Someone who has had a stroke
- Someone who has experience of a friend or family member having a stroke
- A NHS staff member
- A carer
- A local resident
- Other
- Prefer not to say

Are you? (please tick)

- Male
- Female
- Other
- Prefer not to say

What is the first half of your postcode?

Are you providing this response as a representative of a group?

- Yes – what is the name of the group
- No

Have you or someone you know used or worked in stroke rehabilitation services in any of the following areas: Barking and Dagenham, Havering, Redbridge?

- Yes
- No

Now we want to know what you think about our proposals to change stroke rehabilitation services...

Rank the following inpatient (care in hospital) stroke rehabilitation services in order of how important they are to you (1 is the most important, 6 the least)

- 24/7 medical cover
- Specialist stroke staff
- Easy to get to by public transport
- Easy to get to by car
- Rehabilitation facilities such as a gym
- Pleasant environment and surroundings

Tell us what you think of the following statements...

Inpatient stroke rehabilitation should be provided at one specialist rehabilitation unit

- Strongly in favour
- in favour
- against
- strongly against
- no opinion

If you are in favour of this, where do you think the specialist inpatient unit should be?

- King George Hospital in Goodmayes
- Grays Court in Dagenham
- Somewhere else - please tell us where in the text box on the next page
- No opinion

All stroke patients should have access to the same stroke rehabilitation services, regardless of where they live

- Strongly in favour
- in favour
- against
- strongly against
- no opinion

The local NHS should provide more stroke rehabilitation services in patients' homes, provided it is safe for them to be there

Strongly in favour in favour against strongly against no opinion

The local NHS should reduce the number of stroke beds if it can be shown that they are not used and are not needed.

Strongly in favour in favour against strongly against no opinion

Please tell us anything else about our stroke rehabilitation proposals that you think is important for us to know

Please write on another piece of paper and attach it to the questionnaire if you want to say more.

Thank you for completing this questionnaire.

Monitoring questions

We would find it useful if you could tell us a bit about yourself so we can see what sorts of people are responding to this consultation and whether they think differently from other groups. That helps us to understand if the changes we want to make might have more of an impact on some groups of people than others. You don't have to give us your name if you don't want to and we will still take your views into account.

Name (optional)

Would you like to be kept up to date with information about the NHS (including this consultation?)

Yes No

If yes, please give us your email or postal address

Are you?

Male Female Prefer not to say

Do you have a disability?

Yes No Prefer not to say

How old are you?

Under 16 16-25 26-40 41-65 66-74 75 – 79 80 or over Prefer not to say

What is your ethnic background? (tick)

- Any White background
- Any mixed ethnic background
- Any Asian background
- Any Black background
- Any other ethnic group (please tell us what)
- Prefer not to say

Which belief or religion, if any, do you most identify with? (tick)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> Agnosticism | <input type="checkbox"/> Islam |
| <input type="checkbox"/> Atheism | <input type="checkbox"/> Judaism |
| <input type="checkbox"/> Buddhism | <input type="checkbox"/> Sikhism |
| <input type="checkbox"/> Christianity | <input type="checkbox"/> Other |
| <input type="checkbox"/> Hinduism | <input type="checkbox"/> Prefer not to say |

This document is about changes we want to make to some health services in Barking and Dagenham, Havering and Redbridge. We want to know what you think about this. If you would like to know more, please contact us on haveyoursay@onel.nhs.uk or 020 3688 1615 and tell us what help you need. Let us know if you need this in large print, easy read or a different format or language.