To: Warwickshire Health and Wellbeing Board **Date: 26th July 2017**

From: Andrea Green

Title: Redesign and Improvement of Stroke Services

1 Purpose

The purpose of this report is to update the Board on the progress of improvement proposals and to seek a view from the Board about the proposals coherence with the Health and Wellbeing Strategy.

2 Recommendations

Health and Wellbeing Board Members review the proposals to improve stroke services from NHS Coventry and Rugby, NHS Warwickshire North, and NHS South Warwickshire Clinical Commissioning Groups (CCGs) noting that the CCGs are a) completing a further phase of engagement as the scenarios for improvement have now been translated from the feedback from patients, the public and clinicians into proposals attached at appendix A; b) commissioned another integrated impact assessment of the proposals, and c) are about to enter the final stage of assurance with NHS England.

3 Information/Background

As part of the regional approach to improve Stroke services in 2012, NHS Midlands and East issued a Stroke Service Specification, which set out a fully integrated end to end pathway for pre- hospital, assessment, treatment, rehabilitation, and long term care.

In April 2014, Warwickshire and Coventry Clinical Commissioners (CCGs) initiated a project to improve local services for those who have a Stroke, or have a Transient Ischemic Attack (TIA – sometimes known as a mini stroke). The CCGs established a project governance structure that has ensured full engagement of patient and carer voices, local clinical leaders for Stroke care, Warwickshire County and Coventry City Council officers, and the Stroke Association as an advocate and local expert patient/carer voice on the Project Stakeholder Board. The CCGs established an expert Patient and Public Advisory Group as part of the project Governance structure, the group is chaired by a Stroke Association lead, and includes a Healthwatch Member. The CCGs established an Expert Clinical Advisory Panel with national clinical stroke experts. This Panel have provided external clinical assurance to the review and provided confirm and challenge assurance in developing proposals for improvement as have the WM Clinical Senate.

Based on the earlier feedback received from the public and patients, the CCGs expanded the scope of the improvements from the original scenarios for hospital service improvements, and the proposal includes improvements to acute services, specialist rehabilitation and primary prevention of strokes.

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Appendices

Warwickshire Health and Wellbeing Board
Redesign and Improvement of Stroke Services

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3. Background

3.1 Introduction

As part of the regional approach to improve Stroke services in 2012, NHS Midlands and East issued a Stroke Service Specification, which set out a fully integrated end to end pathway for pre- hospital, assessment, treatment, rehabilitation, and long term care.

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Based on the earlier feedback received from the public and patients, the CCGs expanded the scope of the improvements from the original scenarios for hospital service improvements, and the proposal includes improvements to acute services, specialist rehabilitation and primary prevention of strokes.

3.2 Key facts about stroke

Third largest killer in the UK and the largest cause of adult disability.

- The brain equivalent of a heart attack - ischemic; haemorrhagic; TIA
- NAO estimated direct care costs c£3-4.4billion, rising to c£8-8.9Billion if informal care costs and those to the wider economy included
- Effective primary and secondary prevention has significantly reduced mortality from Stroke
- Population growth and ageing and most recent evidence of more younger people having a Stroke
- Recognised national shortfall of Consultant Stroke Specialists, c163 post (BASP 2011)

Overview

- Perceptions of stroke have recently shifted from an inevitable consequence of old age to a potentially preventable and sometimes treatable disease.
- Modelling of future trends in stroke prevalence indicates that numbers will increase in the coming decades.
- New treatments have improved the care of some types of stroke, but not others.
- Services are being restructured nationwide, but provision is not uniform, and there are challenges to providing urgent specialist care in rural areas.
- Difficulties persist with the provision of long-term support and care for survivors, with many unable to re-engage with society and achieve a good quality of life.

3.3 The prevalence of stroke, and the configuration of local services

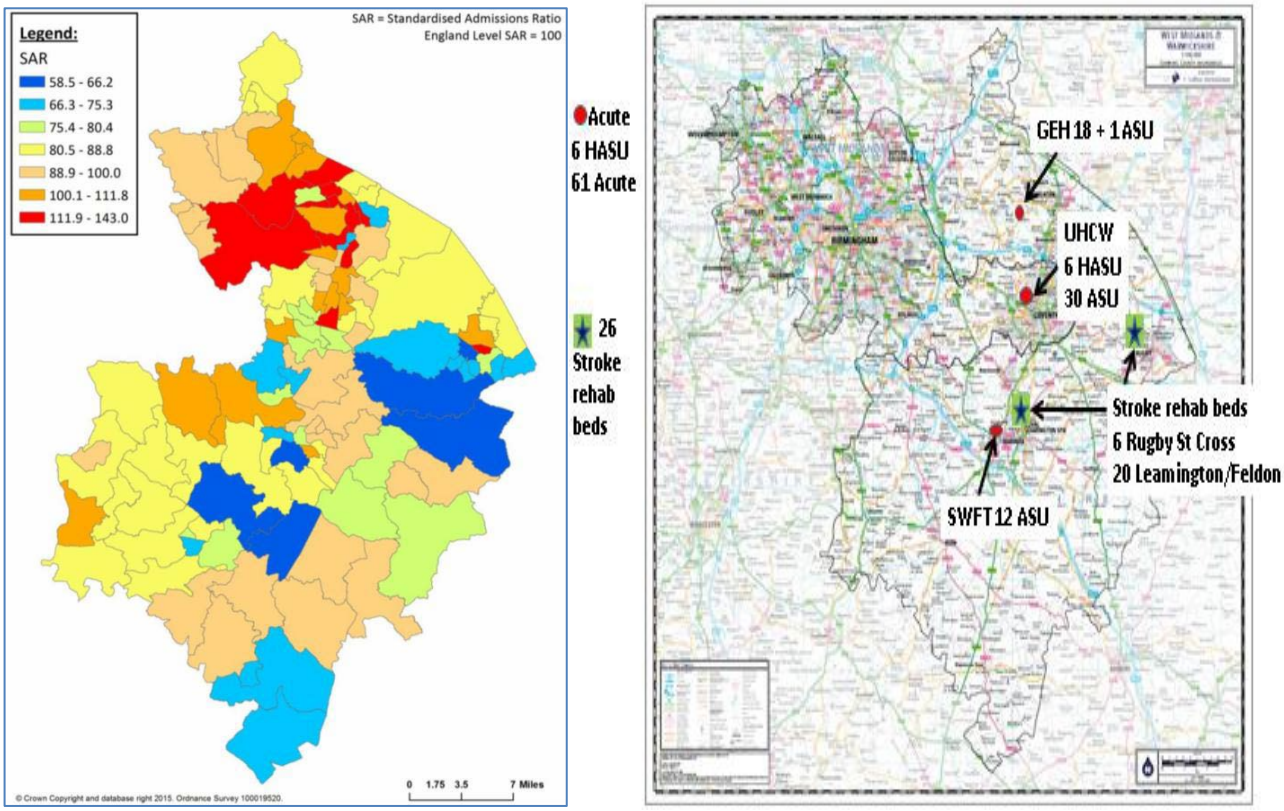
Figure 1 shows the emergency hospital admissions over 5 years (2008/9 – 2012/13) compared with the resident population in each ward. The largest ratio of emergency admissions to the resident population were from 11 wards, 7 within Nuneaton & Bedworth, 2 in North Warwickshire, 1 in Coventry and 1 in Rugby.

Figure 2 shows the current configuration of acute hospital services and stroke rehabilitation beds at Leamington and Rugby St Cross. As well as the hospital based care, South Warwickshire NHS Foundation Trust (SWFT) and George Eliot Hospital NHS Trust (GEH) have stroke outreach teams to support patients discharge home and to provide some rehabilitation. The Stroke Association are also commissioned in some areas to support discharge home.

Where people live closer to, or have faster travel time to a specialist hospital outside the County and City boundary, they receive care from specialist hospitals other than University Hospital Coventry and Warwickshire NHS Trust (UHCW), such as Heart of England NHS Foundation Trust, Worcester Acute Hospitals NHS Trust etc. In the review, it has been assumed that there will be no change to this.

Figure 1: Emergency Stroke Hospital Admissions SAR acute unit at 2008/9 – 2012/13, Coventry and Warwickshire. GEH and SWFT Source: Public Health Warwickshire Intelligence Team.

Figure 2: Map and location of Hyper UHCW, Acute Stroke Units at UHCW, Warwick Hospital plus Stroke rehab beds



HASU – Hyperacute Stroke Unit; **ASU** – Acute Stroke Unit; Each type of service has very specific workforce, equipment, and service standards to meet, in order to be defined as either type of unit.

3.4 The Case for Change – Key Issues for service delivery and current gaps

Access to service is time critical both to save lives and reduce disability

The evidence base is well established in showing the organisation and timeliness of access to the right specialist stroke service is critical to give people who have a stroke or TIA the opportunity to achieve the best recovery. “Time is brain” as described by leading Stroke Physicians.

The standard set for time to access services for those who have a stroke and those with a TIA are different. People who stroke need access in minutes and hours of onset of symptoms, and people with a TIA classified as high risk, need access within 24 hours, or access within 7 days for those with a TIA not diagnosed as high risk.

A suite of best practice standards for delivery of acute stroke services have been defined and all providers of acute stroke care participate in a national audit programme to compare how well they have met these standard. The data are collated and published so that clinical teams and the public can see how each stroke unit is progressing. The audit shows each hospitals performance against the national average performance.

Local gaps in timeliness for people who stroke

Improvements were introduced by the local Primary Care Trusts to commission a service where all patients assessed in the pre-hospital phase as having met the stroke criteria known as “FAST (Face, Arm, Speech, Time) positive”, and are within 4 hours of the onset of Stroke symptoms, are transferred to the Hyper Acute Unit at UHCW for the specialist care and treatment in that critical first phase of a stroke.

The new NHS Midlands and East stroke service specification expands on this, and defines that all people within the first 72 hours can benefit from assessment and treatment in a specialist hyper acute stroke unit. The extension from 4 hours to 72 hours means that we have inequity across the geography and on average 4 more patients a day could benefit from a hyperacute assessment if our services were configured optimally. Assessing people in the hyperacute unit has been shown to reduce complications following a stroke, and thereby reduce disability.

Local TIA (mini stroke) service variation

Unwarranted variation currently exists in how people who are diagnosed as having a TIA and are classified as “high risk”, access a service.

Workforce gaps - Stroke Specialist Consultants

The British Association of Stroke Physicians have defined set criteria which doctors have to meet to be classified as a Stroke Specialist Consultant, these doctors are needed to lead each acute Stroke Unit and nationally c75% of patients who have a stroke are assessed by this kind of Stroke Specialist with 24 hours of their admission.

The 3 local hospitals have struggled to consistently achieve this standard, and a review of the local medical workforce revealed that, consistent with the national picture, the clinical developments in stroke services have overtaken the specialist resources needed to support them. Locally there are 4 Stroke Specialist Consultants across the 3 acute hospitals. These Stroke specialists are working alongside other skilled doctors who have experience of working with Stroke patients, and although they have improved the timeliness of assessments, there are insufficient numbers to operate a 24/7 rota to ensure equity of access for all Coventry and Warwickshire patients.

Nationally, there is a shortage of Stroke Specialist Consultants which makes recruitment difficult, so local improvements need to support optimum use of the Stroke specialist doctors, and support delivery of a 24/7 rota for a hyperacute and acute service for all those within 72 hours of onset of stroke symptoms.

Unwarranted variation and inequity in stroke specialist rehabilitation services

The review identified that currently patients are spending too much time in acute stroke beds as we do not have the right type of specialist stroke rehabilitation services across the area. The proposal is now to expand early supported discharge (ESD) and introduce a new stroke community rehabilitation service to everyone who is suitable for this at home. The evidence shows that this will improve care outcomes and reduce the demand for acute beds; evidence shows that 40% of those who stroke would be suitable for ESD, and 30% suitable for community rehabilitation.

There is another cohort of stroke patients, about 10%, who after they have completed their acute care need stroke community rehabilitation in a bedded service before longer term decisions can be made. The evidence for other areas suggests that running a unit of 10 beds or less is not practical for these services, and the proposal is that there will be 2 locations for these beds, at George Eliot Hospital and Leamington Hospital.

3.5 Engagement with patients, carers and key stakeholders

A pre-consultation engagement programme was undertaken in the initial stage of the project, to understand the views of key stakeholders and local people about the potential scenarios for a new stroke pathway, in order to help shape the future of stroke services in Coventry and Warwickshire. 24 Stroke Clubs, 17 disability networks of individuals or groups and a range of public, staff and other stakeholders were engaged and regular meetings were held with the Stroke Public and Patient Advisory Group established as part of the project.

The aims of the discussions have been to ensure that everyone has a clear understanding of the services delivered now, the evidence base and rationale for any proposed changes and what scenarios are being discussed. This was an introductory phase that gave people, particularly those who had not engaged as yet, time to understand the overall aims of the review, background context and progress to date. Throughout the project there has been ongoing internal communication with staff and external communication with the public. The engagement built on significant work over recent years to help improve stroke services.

The engagement materials presented to groups and individuals described the rational for change and four possible scenarios for the future of acute stroke care;

1. Do nothing
2. Maximise centralisation of acute care at UHCW. All patients across the City and County go to the Hyper Acute and Acute unit.
3. All patients go to UHCW Hyper Acute unit for 2-3 days. People from the Warwickshire North area transfer to GEH and people from South Warwickshire area transfer to SWFT.
4. All patients go to UHCW Hyper Acute unit for 2-3 days then north and south Warwickshire patients transfer to one other hospital, either GEH or SWFT, with closure of stroke facilities at the other hospital.

It became clear from the feedback of stroke survivors and carers, that to consider configuration of acute services in isolation from community stroke rehabilitation services was not supported, patients and the public were also concerned about action to prevent strokes. The feedback was discussed with other Stakeholders, and it was agreed to expand the scope of the project to include specialist community stroke rehabilitation services and to look at where improvements could be made to prevent a stroke.

The original scenarios have been developed into the proposals set out in the current engagement document attached, and include improvements in prevention, acute and rehabilitation care. These proposals have been assessed for deliverability and sustainability, a key factor in achieving and sustaining improvement, has been the need to maximize the Stroke specialist staff and skills available and the current proposals create the opportunity for an integrated Stroke service, where staff can work, learn and develop together irrespective of where they deliver care, be that in hospital or at patients home.

An integrated impact assessment was commissioned from Public Health Warwickshire, to evaluate the potential impacts of any stroke service redesign on health, equality and travel/access. The assessment has informed actions during the current phase of engagement to ensure that all potential users and cares are considered, with the intention of enhancing the positive effects of the proposals and minimisation of detrimental effects of proposals. Further impact assessments are being completed as the scenarios have been further developed into the current proposals.

The key themes received from the early engagement with stroke survivors, carers and the public were related to: Transport issues, Communication difficulties, Compassion and dignity, Staffing, and Discharge support.

Additional to this engagement, each of the lead service providers Communications and HR professionals, worked together to ensure that staff are kept informed of the review, have had their say through the Project Team meetings, as well as newsletters and internal provider briefings.

3.6 Options for service configuration/ redesign, for improvement in stroke outcomes

From all of the evidence collated from clinicians, patients, carers and the public, Commissioners took account of the criticality of the timeliness of access to specialist assessment and treatment, alongside the national shortage of Stroke Specialists and the need to ensure the new service specification can be met sustainably. The improvements we aim to see are:

- Reduced the number of people who stroke
- Reduce the deaths from stroke
- Reduced disability for those who suffer a stroke
- Improved cognitive function for people after a stroke.

The review identified that there is only one clinically viable and sustainable future model of stroke service across Coventry and Warwickshire which will deliver the improved outcomes sustainably, this is an integrated service with acute care delivered by a centralised Hyper Acute and the Acute Stroke Unit on the UHCW site with patients transferring to one of five settings to meet their rehabilitation or ongoing needs, this will be either be,

- home with Early Supported Discharge service;
- cared for in a nurse led stroke “bedded” rehabilitation service at a local hospital;
- home with Stroke Community Rehabilitation service;
- home with a package or care;
- nursing or residential care for those with more complex needs.

Some people may have more than one type of service described above, and a small number of patients may have more specialist rehabilitation needs beyond those above for which a specialist rehabilitation service will be commissioned as now.

Following an extensive clinical assurance process during January and February 2016, which involved the West Midlands Clinical Senate of national experts on Stroke care led by NHS England the purpose of which was to assess the strength of the clinical case for change, and

- Check alignment with clinical guidelines and best practice
- Ensure a full range of options have been considered and that potential risks are identified and mitigated
- Assess alignment between the proposed change and strategic commissioning intentions
- Identify key areas where there is no need to repeat work which has been undertaken, ensure independent and impartial input to the Board and meet the formal requirements within the framework to which the Clinical Senate must adhere.
- Assess the scope of the review across the whole of the stroke pathway
- Assess the clinical case for change for the proposed future stroke model and future hyper-acute stroke configuration proposal in order to provide clinical assurance and sign off from the West Midlands Clinical Senate.

In May 2016, the Clinical Senate published the outcome of their review, which had identified support for the model alongside 11 recommendations which we have been working to conclude in the pre-consultation business case. Having completed the work to address the recommendations, to complete and consider the current phase of engagement, NHS England will be asked to complete their assurance process in order to test whether the CCGs might proceed to consultation.

3.8 The next phase of testing the proposals - Public and Patient Engagement underway

The public and patient engagement underway is a 4 week period to test out the revised proposals as we have now addresses the issue of including community rehabilitation and primary prevention of strokes. This period can be extended by a couple of weeks if necessary to get sufficient comments and views about the proposals.

In outline the engagement includes:

- Stakeholder briefings have been distributed to key groups including stroke patient groups and community groups, local authorities and voluntary sector bodies.
- An engagement document has been distributed electronically and in printed form to libraries, community venues and other public venues. An easy read document is available next week
- The engagement document and communications has been sent to Local Authority Health and Scrutiny portfolio holders, local MPs.
- An electronic questionnaire is available and publicised widely, including the electronic link.
- Meetings are being held with 'seldom heard groups' such as Black and Minority Ethnic Groups, disability groups, older people's groups.
- Additional to the engagement above, 4 public meetings are planned in Coventry, Rugby, Bedworth and Warwick. Details attached appendix B.

Appendix A – Engagement Document
Appendix B – Public meeting venues/dates in each area

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Appendix A

Better stroke services in Coventry and Warwickshire

Questionnaire

15th June to 16th July 2017

Easy Read

Contents

Introduction

We are looking at how we can improve the services for people who have had a stroke in Coventry and Warwickshire.

This report explains:

- More about stroke
- How the treatment for stroke has improved
- How we want to change the way we work to provide the best for people who have had a stroke

We also want to know what you think about our plans.

Please read this report and answer the questions which start on page 13.

Stroke

A **stroke** is where part of someone's brain does not get enough blood.

Their face may drop on one side.

They may not be able to lift their arms.

They may not be able to speak - or their speech may be blurry.

You must dial 999 straight away. It is important to act fast.

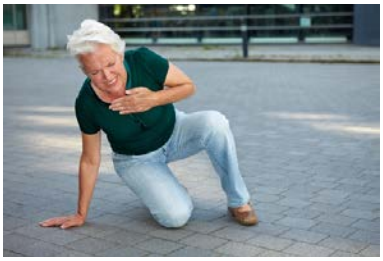
A mini stroke

Some people have a mini stroke.

They will usually fully recover.

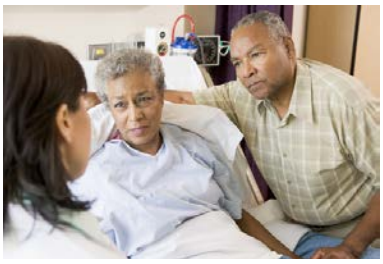
People who have had one mini stroke are likely to have a full stroke.

Stroke in Coventry and Warwickshire



Stroke is common. About 800 people have a full stroke every year in Coventry and Warwickshire.

About 700 people a year have a mini stroke.



There are about 15,000 people in our area who have had a stroke.

Treatment for stroke

There have been improvements to the treatment of stroke recently.

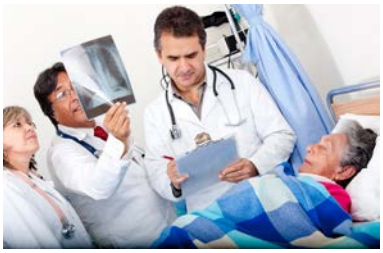
Many people make a good recovery if they get the right treatment quickly.

Preventing stroke

Your local doctor can check if you are at risk of having a stroke.

They can arrange some treatment for you which will help to prevent a stroke.

Stroke services



If you think you have had a stroke you need to get help straight away.

We can help people best if:

- They get emergency help in a specialist stroke unit in the first 3 days

- They get help to recover afterwards near to where they live

Emergency help

We want to give people emergency help in the first 3 days.

This will include:

- Scans

- Special drugs

- Maybe surgery to get rid of a blood clot

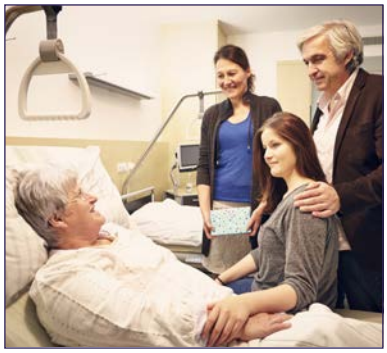
This is best in specialist centre with staff who understand the issues.

These specialist centres don't need to be near to where people live - but they do need to have the best staff who have been trained to work with stroke patients.

Recovery

After the first three days patients need time to recover.

It can take time to start talking again and using arms and legs.



It is important that this is near to home so that family and friends can visit.

Some issues for stroke services

We have been talking to patients, staff and other people about how we should change the services.

The main issues were:

Travel time

People were worried that they might have to travel further to get to the right hospital.

Our plan will mean that:

- Fewer people will need stroke services
- People will only need to be in hospital for a short time
- People will be at home while they recover

Ambulance travel times

People were worried that the ambulance would have to travel further to get to the right hospital.

But having the specialist stroke staff in one place is best, even if it takes a little longer to get there.

The effect on other services

Some people were worried that if stroke services moved away from certain hospitals, other services might suffer.

We will make sure that changes to stroke services will not affect other services.

Overcrowding at University Hospital

People were worried that if all the specialist stroke services were put in University Hospital, Coventry and Warwickshire (Walsgrave), it would become overcrowded.

We think that we can manage because:

- There will be fewer people suffering from stroke
- People will only need to be in hospital for a short time

Communication

In the past the different hospital staff have not always been good at passing on information.

This will improve with the specialist team in one hospital.

Our plans

We want to improve our services for people with stroke by:

- Giving treatment to people who are likely to have a stroke. We think that this will save about 100 people a year from having a stroke

- Having one specialist stroke team based at University Hospital, Coventry and Warwickshire (Walsgrave). This team will be experts in stroke services. They will treat people in the important first few days after the stroke.

- A community support service for people who are recovering at home.

The specialist stroke services at Warwick Hospital and George Eliot Hospital would close.

There will be some hospital beds for people who need to be in hospital while they recover at:

- Leamington Hospital
- George Eliot Hospital Nuneaton

What do you think?

Please answer these questions and post them back to us by Sunday 16 July.

Q1: Have you ever had a stroke? or do you care for someone who has had a stroke?

- ☐ Yes, I have had a stroke
- ☐ Yes, I care for someone who has had a stroke
- ☐ No
- ☐ I don't want to say

Q2: What do you think about our plans to:

- Treat people who are likely to have a stroke
- Putting all the specialist stroke team in one place

Not at all important	Not very important	Quite important	Very important	Don't know
☐	☐	☐	☐	☐

Q2b: Why do you say this?

Q3: What difference will our plans make to you, your family or friends?

- ☐ No impact
- ☐ Positive impact
- ☐ Negative impact
- ☐ Prefer not to say

Q3b: Why do you say this?

Q4: What do you think about our plans to move all the specialist stroke treatment to University hospital, Coventry and Warwickshire (Walgrave)?

Not at all important	Not very important	Quite important	Very important	Don't know
☐	☐	☐	☐	☐

Q4b: Why do you say this?

Q5: What difference will our plans make to you, your family or friends?

- ☐ No impact
- ☐ Positive impact
- ☐ Negative impact
- ☐ Prefer not to say

Q5b: Why do you say this?

Q6: What difference will our plans make to you being able to get to a hospital for stroke services?

- ☐ No impact
- ☐ Positive impact
- ☐ Negative impact
- ☐ Prefer not to say

Q6b: Why do you say this?

Q7: What might help with any travel difficulties?

Q8: What difference will our plans have on safety and on people getting better?

- ☐ No difference
- ☐ It will be better
- ☐ It will be worse
- ☐ Prefer not to say

Q8b: Why do you say this?

Q9: What could we do to stop our plans making things worse?

Q10: What else do we need to think about with these plans?

Q11: What else should we do to involve people in making our plans?

About you

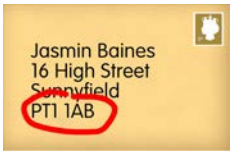
Please answer these questions to help us to be sure that we are getting the views from all different communities in Coventry and Warwickshire.

Q12: Are you answering these questions on behalf of an organisation?

- ☐ Yes
- ☐ No

If yes, please state the name of the organisation

Q13: Which area of Coventry or Warwickshire do you live in?



Q14: What is your postcode?

Q15: What is your gender?

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Prefer not to say

Q16: Are you pregnant or have a new baby?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Q17: How old are you?

- ☐ Under 16
- ☐ 16-24
- ☐ 25-34
- ☐ 35-59
- ☐ 60-74
- ☐ 75+
- ☐ Prefer not to say

Q18: What is your ethnic group?

White

- ☐ English/Welsh/Scottish/ Northern Irish/British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background, please say what:

Mixed race

- ☐ White and Black Caribbean
- ☐ White and Black African
- ☐ White and Asian
- ☐ Any other mixed race, please say what:

Asian

- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Chinese
- [ ] Any other Asian background, please say what:

Black

- [ ] African
- [ ] Caribbean
- [ ] Any other Black background, please say what:

Other ethnic group

- [ ] Arab
- [ ] Any other ethnic group, please specify:

[ ]

- [ ] Prefer not to say

Q19: Do you look after someone with:

- [ ] Long-term physical or mental-ill-health/ disability
- [ ] Problems related to old age
- [ ] No
- [ ] I'd prefer not to say
- [ ] Other, please specify:

[ ]

Q20: Are your day-to-day activities limited because of any of these? (Please select all that apply)

- [ ] A problem with your vision - difficulty with seeing?
- [ ] A problem with your hearing

- [ ] Difficulty walking short distances or climbing stairs
- [ ] Difficulty with using your hands and arms, lifting and carrying objects or using a keyboard
- [ ] Learning disability or difficulty

- [ ] A problem with your memory
- [ ] Mental health problem
- [ ] Difficulty with breathing or getting tired

- [ ] Autism, Attention Deficit Disorder or Aspergers
- [ ] No problems
- [ ] Prefer not to say

- [ ] Something else, please say:

Q21: Are you...

- [ ] Bisexual
- [ ] Heterosexual/straight
- [ ] Gay
- [ ] Lesbian
- [ ] Prefer not to say
- [ ] Other, please say

Q22: Are you?

- [ ] Single - never married or partnered
- [ ] Married/civil partnership
- [ ] Co-habiting
- [ ] Married (but not living with husband/ wife/civil partner)
- [ ] Separated (still married or in a civil partnership)
- [ ] Divorced/dissolved civil partnership
- [ ] Widowed/surviving partner/civil partner
- [ ] Prefer not to say
- [ ] Other, please say

Q23: What is your religion and belief?

- [ ] No religion
- [ ] Baha'i
- [ ] Buddhist
- [ ] Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- [ ] Hindu
- [ ] Jain
- [ ] Jewish
- [ ] Muslim
- [ ] Sikh
- [ ] Prefer not to say
- [ ] Other, please say

Thank you

Please post your answer to:

Freepost NHS QUESTIONNAIRE RESPONSES

(That's all you have to write on the envelope. You don't need a stamp)

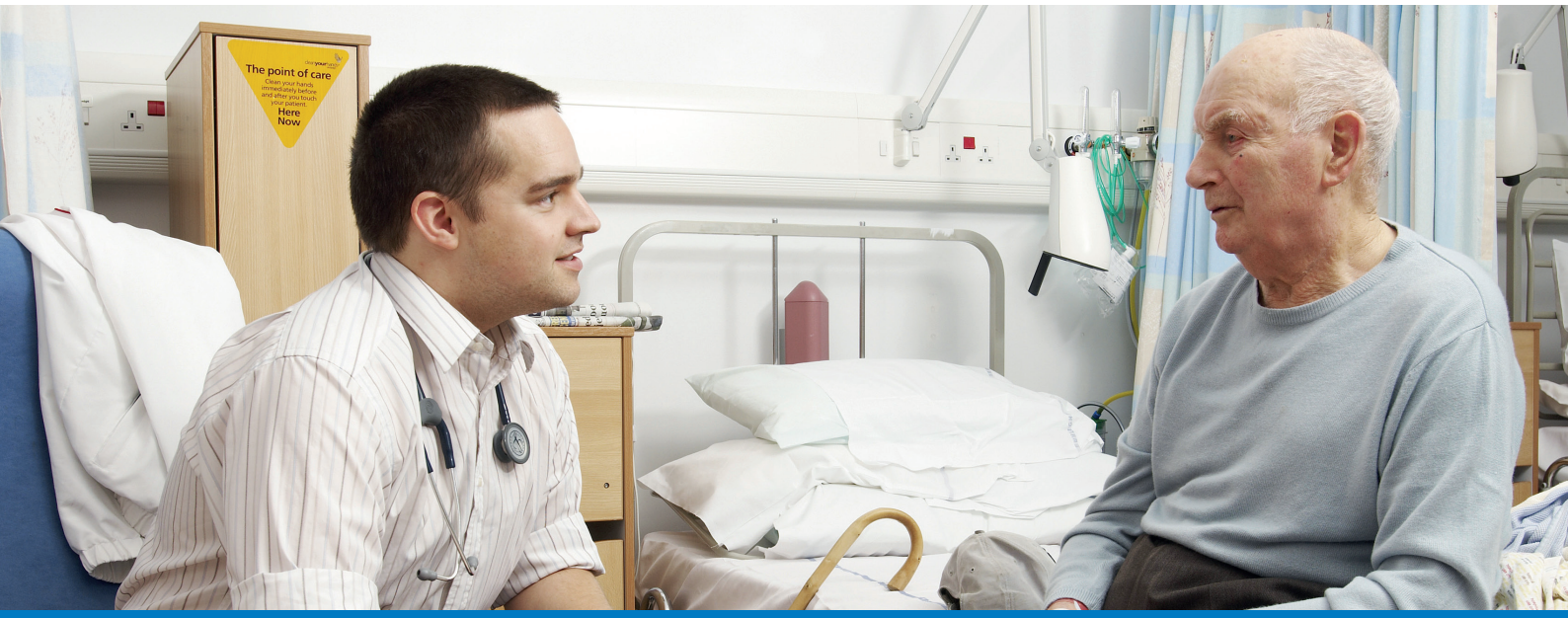
More information

If you need any help or more information please contact us on:

Telephone:
0121 611 0231

Web:
www.strokecovwarks.nhs.uk/

Appendix B



Improving stroke services in Coventry and Warwickshire Engagement Events

The NHS local Clinical Commissioning Groups (CCGs) are working to develop proposals to improve stroke services.

The proposals have been co-produced from engagement previously undertaken with local clinicians, patients, carers, community groups and our dedicated patient and public advisory group.

We need to hear your views to inform any future decisions and hope that you will be able to attend one of the engagement events.

Friday 14 July 2017
10am - 12noon
The Civic Hall,
High Street,
Bedworth,
CV12 8NF

Tuesday 18 July 2017
3pm - 5pm
Benn Partnership Centre
Railway Terrace,
Rugby,
CV21 3HR

Wednesday 19 July 2017
1:30pm - 3:30pm
Warwick Gates
Community Centre,
Cressida Close, Heathcote,
CV34 6DZ

Friday 21 July 2017
10:30am-12:30pm
Koco Community
Resource Centre,
15 Arches Industrial
Estate, Coventry
CV1 3JQ

To register for an event call the Engagement Team on 0121 611 0231 or visit:
www.surveymonkey.co.uk/r/stroke-events

To read the full details and proposals you can visit the engagement page and download a copy of the engagement document by visiting:
www.warwickshirenorthccg.nhs.uk/Get-Involved/Get-Involved/Stroke-Engagement