



Improving hospital stroke care

Report into public consultation

(22 November 2021 to 14 February 2022)

Undertaken on behalf of the NHS in Knowsley, Liverpool, South Sefton, Southport & Formby, and West Lancashire

Review of North Mersey Hyper-Acute Stroke Services

Public Consultation

Report prepared for NHS Liverpool CCG

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Part One: Introduction to Review of Hyper-Acute Stroke Services

1. Background

A stroke is a life-threatening condition that occurs when the blood supply to part of the brain is cut off by a blood clot or bleeding from a blood vessel. Strokes are a medical emergency and urgent treatment is essential. The sooner a person receives treatment for a stroke, the better the chance of recovery.

The term 'hyper-acute' covers the hospital care provided in the 72-hour period immediately after someone has a stroke. The NHS in Knowsley, Liverpool, South Sefton, Southport & Formby (collectively known as North Mersey) and West Lancashire began a review of these services locally during 2019.

Currently, hyper-acute stroke services in North Mersey are delivered at the Royal Liverpool University Hospital, Aintree University Hospital and Southport Hospital. The Walton Centre, on the Aintree site, provides a specialist clot-removing procedure called thrombectomy. Broadgreen Hospital provides stroke rehabilitation care.

Transforming stroke care is a priority in the NHS Long Term Plan¹, which points to strong evidence that hyper-acute interventions such as brain scanning, and treatments such as thrombolysis (using medication to breakdown blood clots formed in blood vessels), are best delivered as a centralised service.

The way that local stroke services are currently organised means that they can't always meet best practice guidelines for providing the very highest quality care or make the most of the specialist stroke workforce. There is a shortage of stroke nurses, therapists and doctors, and local expertise is currently spread across three different sites. This makes it very difficult to ensure that patients have access to the care that they need all the time, especially during the critical period immediately after a stroke has taken place.

It's important to give people the best chance of getting specialist treatments as soon as possible. This means making sure that stroke patients see specialist stroke staff who can make fast decisions about their treatment – and have access to the specialist scanning equipment needed to help make these decisions.

Local clinicians have developed a case for change which sets out the vision for a **Comprehensive Stroke Centre**, bringing together teams providing hyper-acute services alongside those able to offer thrombectomy. This would see an increase in the number of patients receiving high-quality specialist care, meeting seven-day standards for stroke care which meet national clinical guidelines. Both thrombectomy and thrombolysis can significantly reduce the severity of disability caused by a stroke and bringing stroke services into a specialist centre would increase the use of these two treatments. This approach has already delivered significant benefits for patients in other parts of the country.

2. Progress to Date

In 2019, to better understand how and where a Comprehensive Stroke Centre might be delivered for North Mersey, a series of workshops were held with people working in stroke services and other key stakeholders (including a group of stroke survivors), to help work through and refine potential solutions.

¹ www.longtermplan.nhs.uk/

In the autumn of 2019, a piece of targeted engagement was held with stroke survivors and their families, as part of preparation for a pre-consultation business case (PCBC), which it was planned would inform a public consultation due to take place during summer 2020 (a report into this engagement is available at www.liverpoolccg.nhs.uk/stroke) However, due to the Covid-19 pandemic, the review was paused.

Work restarted in late 2020, and a clinical senate review² of the refreshed PCBC took place at the end of April 2021, paving the way for public consultation to begin.

3. Scope

The references to clinical commissioning groups (CCGs) in this paper cover: NHS Knowsley CCG, NHS Liverpool CCG, NHS South Sefton CCG, NHS Southport & Formby CCG, and NHS West Lancashire CCG.

The references to trusts cover: Liverpool University Hospitals NHS Foundation Trust (LUHFT) (encompassing Aintree University Hospital, Broadgreen Hospital, and the Royal Liverpool University Hospital); Southport & Ormskirk Hospital NHS Trust (SOHT); and The Walton Centre NHS Foundation Trust (TWCFT). Some people in North Mersey and West Lancashire might also receive stroke care at other hospitals around the region, however only the trusts named are involved in these proposals – patients would still be taken to other hospitals if the changes went ahead.

There are several interdependencies within the stroke review, particularly in terms of the relationship between hospital stroke care and community rehabilitation services. During the patient engagement which took place in autumn 2019, many stroke survivors shared their experiences of getting support and after-care following discharge from hospital, and it was clear that this is an important issue for many people. Although the North Mersey Stroke Board is currently looking at this area of care as part of its wider remit, the public consultation detailed in this plan only covered hyper-acute stroke services. This was clearly set out in the consultation materials.

4. Public Consultation

The CCGs named above, in partnership with the two hospital trusts, held a 12-week public consultation about the future of hyper-acute stroke services between 22 November 2021 and 14 February 2022.

The consultation presented a preferred option for the creation of a single Comprehensive Stroke Centre on the Aintree University Hospital site, which would receive all patients believed to have had a stroke. This includes those who arrive following a 999 call for an ambulance, and people who present in person at the accident & emergency departments of the Royal Liverpool Hospital and Southport Hospital with a suspected stroke (at which point they would be transferred to Aintree by ambulance). Where a stroke diagnosis is subsequently confirmed, the first 72-hours of care would then take place at the Comprehensive Stroke Centre at Aintree, located alongside the existing thrombectomy service provided by The Walton Centre (also on the Aintree site).

After the initial 72-hours of stroke care it is expected that up to half of patients could leave hospital with support from an early supported discharge team, to continue their recovery in their own homes. Those

² A clinical senate is a panel of clinicians who work outside of the region, which reviews health service plans and proposals to produce an independent report. This will include feedback and recommendations.

patients who weren't ready for discharge and who still needed specialist stroke care, would go to one of three stroke units – Aintree, Broadgreen, or Southport.

As part of this change, the Royal Liverpool Hospital and Southport Hospital would no longer provide hyper-acute stroke care. Southport would continue to provide acute stroke care, so that patients who would previously have been admitted to Southport could have their next stage of treatment closer to home. Under the proposals there would be no stroke unit offering acute care at the Royal Liverpool Hospital, however Broadgreen Hospital would continue to be used for stroke rehabilitation services. Aintree University Hospital would provide acute stroke care, as well as hyper-acute stroke care.

In the public consultation the clinical case for changing services, the process that took place to explore potential solutions and arrive at the preferred option, and details of the potential impacts for patients were clearly outlined. People had the opportunity to share their views and provide any additional information that they felt should be considered in final decision-making.

5. Previous Engagement Findings

During autumn 2019 Liverpool CCG worked with the Stroke Association to visit several local groups for stroke survivors, to talk about the review and gather feedback from those with experience of hospital stroke services. More information about this engagement and a report are available at www.liverpoolccg.nhs.uk/stroke

The key themes from this engagement were:

- A majority of both stroke patients and their carers were in favour of bringing stroke services together in one single location. They could see the benefit of developing a 'centre of excellence' staffed by specialists and providing a comprehensive range of support services at one centralised location.
- However, there was both concern and some scepticism from stroke survivors and their carers that such a centre could operate without substantial changes being made to the current structure relating to admissions and post stroke support services. Much of the criticism about the treatment of stroke patients was about getting to the hospital in the first place and what happened immediately after being discharged in terms of quality, quantity, and a range of support services.
- The families of stroke patients made the point that any centralised centre must have good communication/transport links and adequate car parking facilities.
- Stroke patients and their families viewed the treatment of stroke survivors as a process that should move smoothly from one phase to the next. The current treatment of stroke patients does not achieve that objective for all patients. Whilst the engagement was originally designed to get specific feedback about the potential for centralising hospital stroke services, the conversations ranged over a much broader set of issues. Respondents wanted to talk about their experiences of stroke care and life after stroke, which highlighted opportunities for improvements across several areas. Some stroke patients experienced delays in getting to hospital once stroke symptoms were confirmed and others talked about the lack of aftercare and support after leaving hospital. These shortcomings can have long lasting impacts.
- The experience of stroke survivors and their families was not defined by their hospital care alone. The review should also consider how these wider issues impact on patient outcomes, including rehabilitation support, and how they plan to be addressed.

- There are a minority of stroke patients who disagree with the concept of centralisation, favouring instead the existing provision of the three providers of stroke services. They were concerned about the elimination of stroke services close to home and doubted that ability of a centralised unit to cope with the volume of demand, particularly at a time of financial constraints and staffing shortages. They favoured increased investment in existing provision.

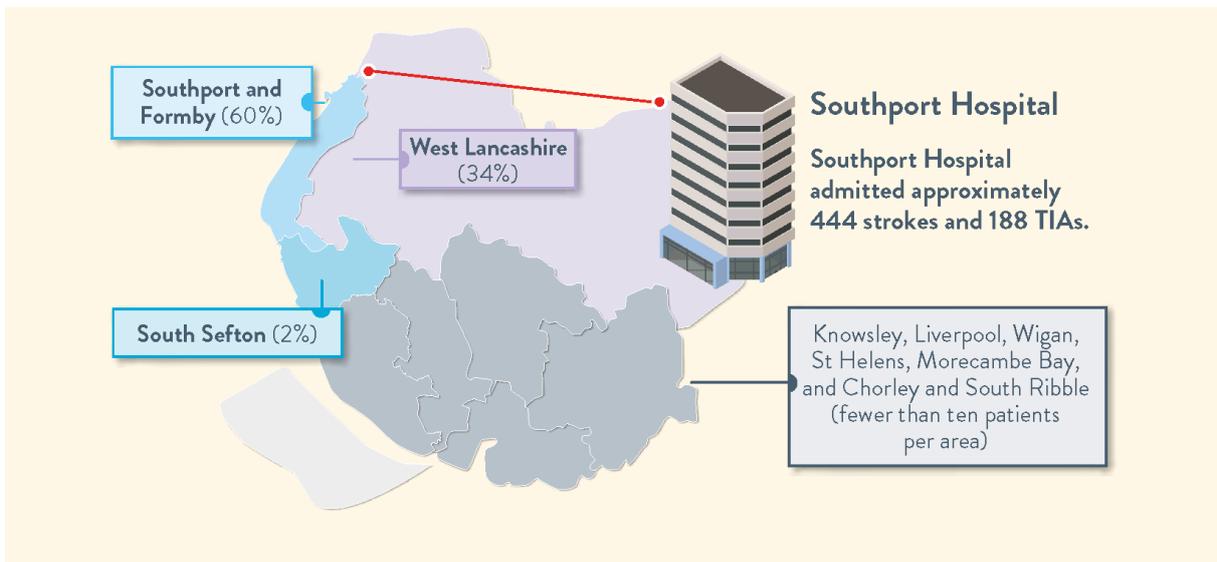
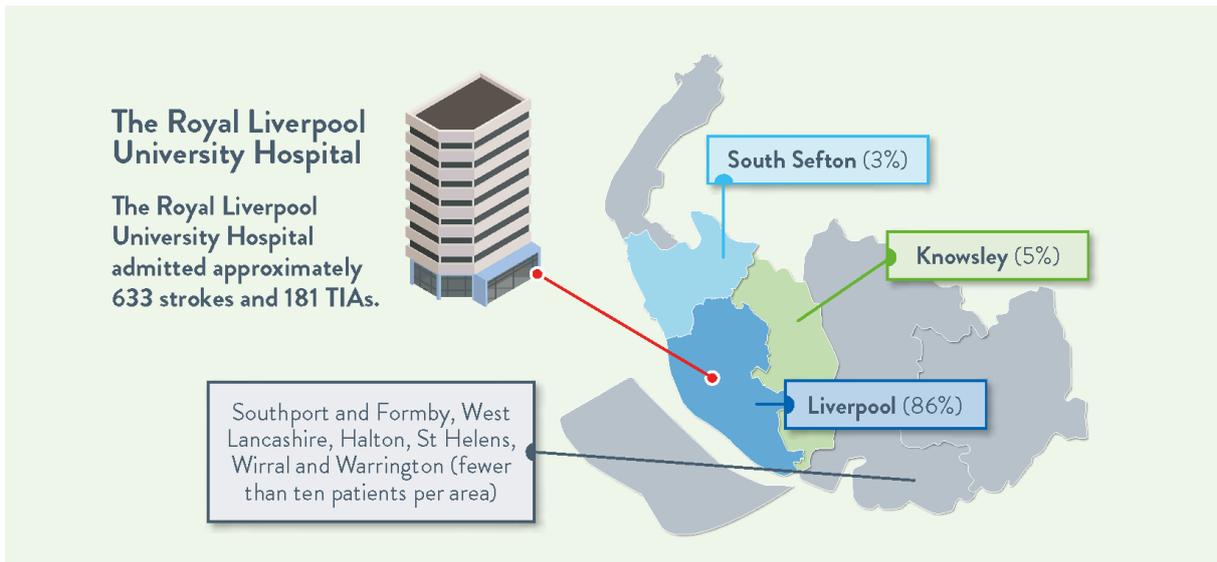
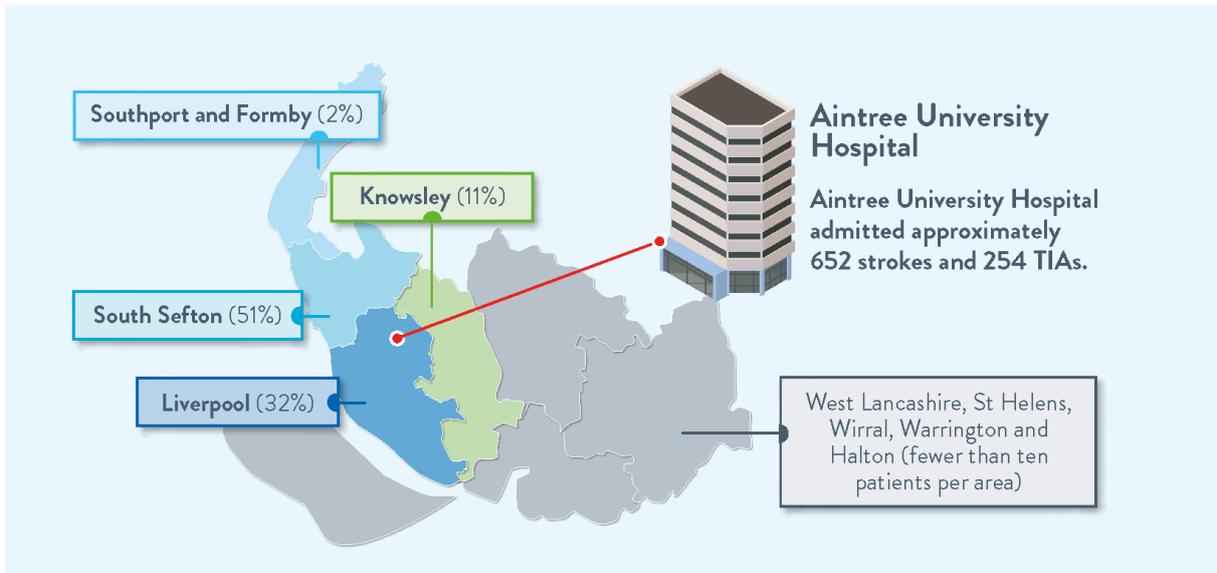
Part Two: Engagement Objectives and Methodology

6. Engagement Objectives

1. Increase understanding among stroke survivors, their families and carers, and the public about the issues prompting the review of hyper-acute stroke services in North Mersey.
2. Share the potential solutions that have been considered in the review and present the preferred option.
3. Clearly explain the expected impact(s) of the change for patients, both in terms of improvements in quality of care, and practical implications for things such as travel time.
4. Gather feedback on the preferred option and views about how the impact for patients and their families/carers would be felt.
5. Ensure that responses are specifically sought out from people who have used Liverpool University Hospitals (Aintree and Royal Liverpool sites) and Southport & Ormskirk Hospital hyper-acute stroke services in the past.
6. Understand whether there are differences in views among specific communities/groups and whether any adjustments/mitigations might be required as a result, in line with equalities duties.
7. Ensure that a range of routes are used to promote the consultation and allow people to share their views, recognising that people have different communication needs and preferences.

7. Engagement Approach and Methodology

During public consultation, a range of methods were used to capture views and feedback from Knowsley, Liverpool, South Sefton, Southport and Formby and West Lancashire residents. These geographical areas accounted for 95% of stroke and TIA admissions to Aintree, the Royal Liverpool and Southport hospitals in 2019/20 – as indicated below.



Given the uncertainty around face-to-face contact created by the Covid-19 pandemic, most of this public consultation was conducted using remote methods. However, during the 18 months ahead of consultation starting, CCGs and trusts had carried out several pieces of patient engagement in this way, which provided important experiences for ensuring an inclusive approach. For example, during 2020 NHS Liverpool CCG carried out separate public engagement exercises about accessing services during the pandemic and local language services, while LUHFT led a piece of targeted engagement around complex spinal services.

Although it is important to ensure that remote techniques don't exclude or disadvantage individuals who might be more comfortable with in-person methods of engagement, this approach did also present potential benefits. For example, those who might find it difficult to attend a physical event or focus group, whether because of accessibility concerns or another issue, are sometimes more easily able to take part when these sessions are held online.

Nine key approaches were utilised to create opportunities and mechanisms for people to engage. These were:

7.1 Online

NHS Liverpool Clinical Commissioning Group (LCCG) coordinated the consultation on behalf of the local NHS. The CCG's website was used as a central repository of information for the consultation – using the shortened URL www.liverpoolccg.nhs.uk/stroke – and hosting links to documents and the online questionnaire. This web page received 4,230 visits during the consultation period.

Partner organisations, including NHS Knowsley CCG, NHS South Sefton CCG, NHS Southport and Formby CCG, NHS West Lancashire CCG, NHS Liverpool University Hospitals Trust (LUHFT) and NHS Southport and Ormskirk Hospitals (SOHT), promoted the consultation through their own online channels. All directed people to NHS Liverpool CCG's website for further information and to complete the online questionnaire.

The following statistics are for organic social media activity during the consultation:

Facebook

- Total Impressions: 32331 (the number of people who had the post appear in their newsfeed – this does not mean they have interacted with the post)
- Total reactions: 190 (the number of likes, comments, and shares on the post)
- Total clicks: 399 (the number of clicks through to the website)

Twitter:

- Impressions: 32027 (the number of people who had the post appear in their newsfeed).
- Engagements: 150 (the number of likes, retweets, and replies)

Instagram

(NB: Only a few of the NHS partner organisations involved in this consultation used Instagram)

- Impressions: 51 (the number of people who had the post appear in their newsfeed)

Videos/Animation

- Total views for the consultation animation: 63 (the number of times the animation has been played)
- Total views of British Sign Language video discussing the proposals: 39

In addition, targeted paid for social media advertising (1 February 2022 – 13 February 2022) was utilised, with the following results:

Overall/combined

- Ad reach: 55,421
- Link clicks: 2,542
- *Reactions: 100*
- *Comments: 36*

Postcodes L1, L3, L7, L40, PR4

- Ad reach: 15,710
- Link clicks: 790
- *Reactions: 16*
- *Comments: 5*

Over 55s

- Ad reach: 39,711
- Link links: 1,752
- *Reactions: 84*
- *Comments: 31*

7.2 Questionnaire

A set of questions was designed to gather both qualitative and quantitative data about people's experiences. The questionnaire was hosted online, with paper copies and alternative languages/formats made available on request (by emailing, texting, or calling NHS Liverpool CCG). All communications about the consultation encouraged people to complete the questionnaire where possible.

In total, 580 people responded to the online questionnaire.

At regular intervals throughout the consultation, the feedback received was reviewed. This enabled response levels to be monitored and provided an opportunity to look whether there are any gaps in responses from different areas and/or groups, and to offer insights into consultation planning and process. An example of an outcome of this approach was the decision in January 2022 to carry out paid-for social media advertising, targeted at both postcodes more likely to be affected by increased travel times to Aintree Hospital, and older age groups – aged 55 plus. A communications toolkit was also provided to social housing providers (housing associations) in relevant areas, so that they could contact residents in their neighbourhoods to make them aware of the consultation.

7.3 Phone line and dedicated email account

NHS Liverpool CCG's communications and engagement team took feedback from a number of members of the public over the phone. In the first instance, people who called were also asked to complete the questionnaire – either online or on a printed copy which could be sent to them – if this was possible. However, given that there were no face-to-face events for this consultation, it was also important to capture the views of those who might not feel comfortable working through the questionnaire. The same telephone number was used to request alternative versions of materials.

Similarly, the dedicated email account was used in the administration of online public events, organising one to one telephone conversations, resolving queries and requests for printed consultation resources.

7.4 Partnership with the Stroke Association

During autumn 2019, the Stroke Association had provided access to its network of local support groups to facilitate direct discussions with stroke survivors and their families. This engagement involved a mixture of structured group and individual conversations at six sessions across Knowsley, Liverpool, Sefton, and West Lancashire. The relationship was utilised once again for public consultation on the Comprehensive Stroke Centre.

The Stroke Association oversees a range of volunteer-led and service-led groups of varying sizes. As a result of the pandemic, some of these groups were meeting virtually during the consultation period. There is currently no Stroke Association group dedicated to West Lancashire, however people in this area do attend some Merseyside-wide sessions, and there were opportunities for them to join the virtual groups taking place.

The following table shows the Stroke Association sessions where it was possible to arrange a discussion about this public consultation:

Event Name	Date & Time	Venue	Number of Attendees	Notes
Stroke Association (SA)- Southport and West Lancashire	8 December 2021 at 2.30pm – 3pm	online	11	Southport online peer support group - also advertised to West Lancashire stroke survivors for this session
SA – Vienna Court, Liverpool	12 January 2022 at 10.30am – 12 noon – 2pm	online	6	Liverpool stroke survivors and their family/carers - usually meet face to face
SA - Merseyside Life After Stroke MLAS	20 January 2022 – 2pm – 3pm	online	4	Merseyside Life After Stroke – members of the online quiz group

7.5 Contact with patients

Previous patients

During the consultation, LUHFT and SOHT wrote to patients who had used stroke services during the last two years (October 2019 – October 2021) to explain the proposals and give them an opportunity to share their views, either online or by requesting a paper copy of the questionnaire. These letters were also used as an opportunity to highlight the virtual events. As well as reaching out direct to those who had experience of local stroke services, this activity was designed to help to mitigate some of the potential limitations on face-to-face contact because of the pandemic.

In total, LUHFT and SOHT wrote to 3,283 previous patients.

Existing patients

Teams which work with patients, such as speech and language therapists, were briefed on the consultation so that they could encourage patients to share their views. To help facilitate these discussions an aphasia-friendly version of the questionnaire was developed – aphasia is when a person has difficulty with their language or speech and can occur after a stroke. Several iPads were provided so that clinical staff working in the community could complete the questionnaire with patients. Unfortunately, due to winter pressures these tools to help facilitate discussions with patients weren't used to their full capacity. However, it provided important experience in considering additional channels for engagement and will be explored further for future consultations.

7.6 Virtual events

With continued high levels of Covid-19 infection locally at the time of preparing for the consultation, and the likelihood of this remaining a challenge over the winter period, face-to-face events were not organised. Instead, two virtual events on Microsoft Teams were scheduled (one to take place in the evening and one during the day), which were widely promoted as part of the communications around the consultation. Due to low interest in the first event, the decision was taken to hold a single evening session. This took place during early December 2021. It started with an introductory briefing from a local stroke clinician about the hyper-acute stroke review, the case for change and the proposals being put forward in the consultation, before pausing to give people an opportunity to complete the online questionnaire. The second half of the event was for those who felt that they had further views to contribute, or questions to ask, making it more of a focus group rather than a general information session.

7.7 Utilising existing networks and groups

In addition to working with the Stroke Association, a list of wider groups and networks was developed and used for sharing information about the consultation. Groups which met online were also invited to request a presentation about the consultation, with the following groups doing so:

Event Name	Date & Time	Venue	Number of Attendees	Notes
Sefton Healthwatch (SH) – South and central community champions	25 January 2022, 10am – 12 noon	online	12	Members who attend are leads for local voluntary sector groups who provide services for mainly south and central Sefton, and some also provide services Sefton wide

SH – Southport and Formby Community Champions	27 January 2022, 10am – 12 noon	online	13	Members who attend are leads for local voluntary sector groups who provide services for Southport and Formby
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7.8 Briefings/communications with wider stakeholders

A range of other stakeholders, including local politicians, were contacted regarding the consultation, and asked to use their own channels and networks to help promote the opportunity to take part.

In order to extend the reach of the consultation, a variety of general communications were also issued, including press releases to local media. This resulted in articles in the Southport Champion online Lancs Live and Liverpool Echo, and interviews on BBC Radio Merseyside, (25 January 2022). In addition, a full-page advert was taken out in the winter 2021 edition of All Together NOW! a newspaper, which is distributed at supermarkets, hospitals, and health centres across the northwest.

NHS Liverpool CCG, South Sefton CCG and Southport and Formby CCG each hold a database of stakeholders, including members of the public. Information about the consultation was sent to these subscribers on a number of occasions.

7.9 Staff engagement

LUHFT and SOHT arranged briefings ahead of the public consultation, specifically for staff groups who were affected by the proposals. The public consultation questionnaire gave people the opportunity to state their interest in stroke services, and several respondents indicated that they worked for one of the two trusts.

8 Audiences and Channels, Assets and Materials and Governance and Scrutiny

See Appendix A for further details about the materials developed for public consultation, the channels they were distributed through, and the governance and scrutiny process, as set out in the public consultation plan.

Part Three: Summary of findings

9. Summary of Findings from Semi-Structured Questionnaire and Qualitative Engagement Activities

9.1 Introduction

580 people took time to complete, in full or in part, the self-completed semi-structured questionnaire, and 55 people participated in online or phone qualitative engagement sessions. Therefore, in total, more than 630 people, participated in the project. The main purpose of the public consultation was to gather views on proposals for a Comprehensive Stroke Centre at Aintree University Hospital, which would bring together the hyper-acute services currently provided at Aintree, the Royal Liverpool and Southport hospitals.

9.2 Main Findings

(N.B. throughout this summary we are using statistics as a guide only to summarising and communicating the main findings from the public engagement.)

9.2.1. 44% (255) of respondents agreed that bringing staff from different hospitals together to create a Comprehensive Stroke Centre at Aintree University Hospital was the best plan for improving the care people receive in the first 72 hours after having a stroke.

9.2.2. Of those disagreeing with the proposal, or who were unsure about the consequences of the proposal, approximately half felt there was a better potential solution which hadn't been considered. These respondents were asked what their concerns were about the proposal. Two main concerns were expressed. The first was the view that such a specialist centre should be located as close as possible to where patients live to ease access for family members. The second was concern about ambulance journey times and the potential traffic congestion delaying both collection and delivery of the patients to The Walton Centre (where thrombectomy – a specialist stroke treatment – takes place).

9.2.3. Several NHS staff expressed concern about the availability of appropriately skilled staff to support such a specialist centre. Other NHS staff raised the prospect of staff being taken from Southport Hospital and the Royal Liverpool, leaving these hospitals without appropriately skilled staff who could recognise stroke symptoms.

9.2.4. One main group of objectors to the proposal for a Comprehensive Stroke Centre came from people who self-classified themselves as having a disability – a physical or mental condition which has a substantial and long-term impact on their ability to do normal day to day activities.

9.2.5. The above results are broadly in line with the findings from the 2019 engagement with stroke survivors and their families conducted in partnership with the Stroke Association and reproduced below:

Most of both stroke patients and their carers were in favour of bringing stroke services together in one single location. They could see the benefit of developing a 'centre of excellence' staffed by specialists and providing a comprehensive range of support services at one centralised location.

However, there was both concern and some scepticism from stroke survivors and their carers that such a centre could operate without substantial changes being made to the current structure relating to admissions and post stroke support services. Much of the criticism about the treatment of stroke patients was about getting to the

hospital in the first place and what happened immediately after being discharged in terms of quality, quantity, and a range of support services.

9.2.6. 47% of people agreed the proposal could be improved or partly improved. These respondents were in favour of improving existing services and facilities as opposed to creating a completely new Comprehensive Stroke Centre at Aintree. Their arguments were very similar to those expressed in 9.2.2. above – the ability of the ambulance service to get patients to the centre in a timely manner being of major concern and were the consequences of reduced numbers of skilled staff at Southport and Royal Liverpool.

9.2.7. About one third of people indicated that some key information had not been considered in arriving at the proposal. Their major concerns were again ambulance availability and travelling times but also other personal related issues such as, access for family and friends, the financial impact on families because of increased travelling costs, poor public transport options and the suggestion it would impact on Formby and Southport residents more because of a higher proportion of elderly people within their immediate catchment areas.

9.2.8. 52% of people said they would be happy to be treated at a hospital that was further away from the one they might be treated at now if it meant they would be getting the best care. By contrast, 40% indicated that they would not be happy with this arrangement. Younger people were more supportive of the idea of travelling greater distances to get the best care.

9.2.9. 40% of people indicated that the proposal could have a negative effect on them and potentially put them at disadvantage with other people. The same arguments were repeated from earlier questions including the need for relatives to travel increased distances, this would be more stressful and particularly so for people on low incomes. Others repeated the claim that Aintree is difficult to get to by public transport and questioned if there would be enough ambulances to cover the need to transport patients' greater distances.

9.2.10 Respondents to the semi-structured questionnaire were given the opportunity to share any new or additional information they thought should be considered before making a final decision about the future of local hyper-acute stroke services. This gave respondents a final opportunity to share their thoughts and opinions. In practice it resulted in a restatement of earlier comments:

- There was support for the creation of a Comprehensive Stroke Centre at Aintree University Hospital. Respondents could see the benefit of a well-equipped facility staffed by well trained and dedicated professionals.
- However, this support was conditional on a range of factors that respondents identified as critical to its success, namely an efficient ambulance service that could respond quickly to patient need, better access for friends and family and the consequences of post-stroke support services.
- NHS staff were concerned about the availability of trained staff to deliver such a service and the range of necessary support services for post-stroke patients.
- By contrast there were respondents who wanted to preserve and improve existing stroke services at their local hospital.

9.2.11. The findings from the engagement discussions highlighted and confirmed similar issues found in the semi-structured questionnaire. A thematic analysis identified five key themes:

- There is support for the concept of a Comprehensive Stroke Centre because it is believed it will improve patient care and experience.

- Support for the concept of a comprehensive stroke centre is conditional upon associated and integrated services being able to support the new concept.
- Participants questioned the ability of the ambulance service to provide the appropriate level of service to get patients to the stroke centre in a timely manner.
- Participants also questioned the ability of the NHS to provide the appropriate rehabilitation services once the patient leaves the stroke centre.
- Some of those who identified themselves as NHS staff raised a concern about the ability of the staff at Southport and the Royal Hospitals to recognise the symptoms of a stroke victim once key staff have been transferred to the new stroke centre.

Part Four: Public Consultation – Main Findings

10. Improving Hospital Stroke Care – The semi-structured questionnaire

10.1 Introduction

A self-completed, semi-structured questionnaire was employed to gather information about people’s experiences and their opinions about the proposed changes for improving hospital stroke care. The methodology is described above in Part Two, Section 7. The questionnaire is shown in Appendix B.

10.2 Respondents and their characteristics

The semi-structured questionnaire was applied over a wide geographical area (covering the local authority areas of Knowsley, Liverpool, Sefton, and West Lancashire) encompassing a wide range of public, patient, and professional respondents during the period 22nd November 2021 to 14th February 2022. The profiles of respondents by geographical area and status are shown in Tables 1 to 2 below. Further descriptions about respondent profiles are shown in Tables 3 to 12.

The results are presented as statistical summaries for the fixed response questions together with, where relevant, a thematic analysis of the free-response questions. The aim of the thematic analysis is to identify themes or patterns in the data that are relevant to the objective of the engagement and identifying interesting side issues. This analysis is a way of identifying deeper insights and meanings about the views of stroke survivors, carers, professionals and interested members of the public. Not all respondents provided a comment justifying their response and therefore the number of free responses are always fewer than the number of people answering the fixed response question.

The total number of respondents fully completing the main semi-structured questionnaire was 444. (Note: Some respondents chose not to answer the Equality Monitoring Questions – which was an option made clear to them. The consequence of this, is that the number of respondents answering the equality monitoring questions (Tables 3 – 12) is approximately 13% less than the total number of respondents answering the main semi-structured questionnaire questions.)

N.B. 1. Throughout the report, and to simplify tables, percentages have been rounded to the nearest whole number. 2. Where a specific classification variable recorded no responses, it has been excluded from this section of the report. The full range of classification variables is shown in the questionnaire in Appendix B.

10.2.1 Area of Residence

Table 1. Please choose which area you live in from the list below:			
Answer Choice		Response Percent	Response Total
1	Knowsley	5%	24
2	Liverpool	30%	135
3	Southport & Formby	37%	166
4	South Sefton	9%	39
5	West Lancashire	12%	51

6	None of the above	7%	29
answered			444

10.2.2. Respondent Interest in Stroke Services

Table 2. Please tell us about your interest in stroke services. (Choose as many as apply)			
Answer Choice		%	No.
1	Public and Patient		
	I have used/am using stroke services at Aintree University Hospital	6	25
	I have used/am using stroke services at Broadgreen Hospital	3	14
	I have used/am using stroke services at the Royal Liverpool University Hospital	6	26
	I have used/am using stroke services at Southport Hospital	11	49
	Someone close to me is using/has used stroke services at Aintree University Hospital	12	52
	Someone close to me is using/has used stroke services at Broadgreen Hospital	7	30
	Someone close to me is using/has used stroke services at the Royal Liverpool University Hospital	8	34
	Someone close to me is using/has used stroke services at Southport Hospital	15	65
	I am interested in stroke services, but I haven't had experience of them.	41	180
2	Professional		
	Aintree University Hospital	7	30
	Broadgreen Hospital	2	7
	Royal Liverpool University Hospital	7	33
	Southport Hospital	3	13
	The Walton Centre	3	13
	A clinical commissioning group (CCG)	1	3
	A GP practice	1	4
	I work with people who use stroke services (but I don't work in/for the NHS)	3	11
	Other (please specify):	11	48
answered			444

The following tables describe the profile of respondents who chose to answer all or some of the optional Equality Monitoring Questions.

10.2.3. Age

Table 3. What is your age group?		
Answer Choice	Response Percent	Response Total
1 Under 18	-	0
2 18-25	1%	5
3 26-44	12%	46
4 45-64	45%	174
5 65-75	29%	112
6 Over 75	13%	48
<i>answered</i>		385
<i>Respondents not answering Equality Monitoring Questions</i>		59

10.2.4. Disabilities

Table 4. Do you have a disability? This is any physical or a mental condition which has a substantial and long-term impact on your ability to do normal day to day activities.		
Answer Choice	Response Percent	Response Total
1 Yes	33%	127
2 No	67%	258
<i>answered</i>		385
<i>Respondents not answering Equality Monitoring Questions</i>		59

10.2.5 Nature of Disability

Table 5. If you do have a disability, please tell us more about it:			
Answer Choice		%	Tot.
1 Physical disability		26	37
2 Learning Disability		1	2
3 Mental health condition		8	11
4 Long term illness that affects your daily activity or progressive condition (for example, cancer, multiple sclerosis, HIV)		20	29
5 Sight Loss / Blind / Partially sighted		1	2
6 Hearing Loss / Deaf		4	5
7 Other		39	56
<i>answered</i>			142
<i>The numbers above reflect multiple responses from some individuals</i>			

10.2.6. Pregnancy

Table 6. Are you pregnant or have you had a baby in the last 12 months?			
Answer Choice		Response Percent	Response Total
1	Yes	1%	4
2	No	99%	375
<i>answered</i>			379
<i>Respondents not answering Equality Monitoring Questions</i>			65

10.2.7 Religious Belief

Table 7. What is your religious belief?			
Answer Choice		Response Percent	Response Total
1	No religion	25%	96
2	Buddhist	1%	5
3	Christian	71%	270
4	Jewish	1%	2
6	Muslim	1%	2
8	Other (please specify if you wish):	2%	6
<i>answered</i>			381
<i>Respondents not answering Equality Monitoring Questions</i>			63

10.2.8 Ethnicity

Table 8. Which of the following best describes your ethnicity?			
Answer Choice		Response Percent	Response Total
12	Asian & White	1%	2
13	Black African & White	1%	2
15	Chinese & White	1%	2
16	Other Mixed background	1%	5
18	British	91%	351
19	Irish	3%	12
20	Polish	1%	1
25	Other White background	2%	7
27	Arabic	1%	1

29	Other (please specify if you wish):	1%	3
			answered
			386
			Respondents not answering Equality Monitoring Questions
			58

10.2.9 Sexual Orientation

Table 9. Which of the following best describes your sexual orientation?			
Answer Choice		Response Percent	Response Total
1	Asexual	1%	5
2	Bisexual	1%	5
3	Gay man	2%	9
4	Gay woman / Lesbian	1%	5
5	Straight / Heterosexual	91%	340
7	Other (please specify if you wish):	2%	9
			answered
			373
			Respondents not answering Equality Monitoring Questions
			71

10.2.10 Sex

Table 10. What is your sex?			
Answer Choice		Response Percent	Response Total
1	Female	73%	275
2	Male	27%	102
3	Intersex	1%	1
4	Other (please specify if you wish):	1%	1
			answered
			379
			Respondents not answering Equality Monitoring Questions
			65

10.2.11 Gender Identity

Table 11. Which of the following best describes how you think of your gender identity?			
Answer Choice		Response Percent	Response Total
1	Female	71%	271
2	Male	27%	102
3	Transgender	1%	1
4	Other (please specify if you wish):	2%	6
			answered
			380

10.3 Respondents’ Opinions About How Hospital Stroke Care Could be improved

The main purpose of the consultation was to gather views on the proposals for a Comprehensive Stroke Centre at Aintree University Hospital, which would bring together the hyper-acute currently provided at Aintree, the Royal Liverpool and Southport hospitals. For a full list of engagement objectives please see section 6.0.

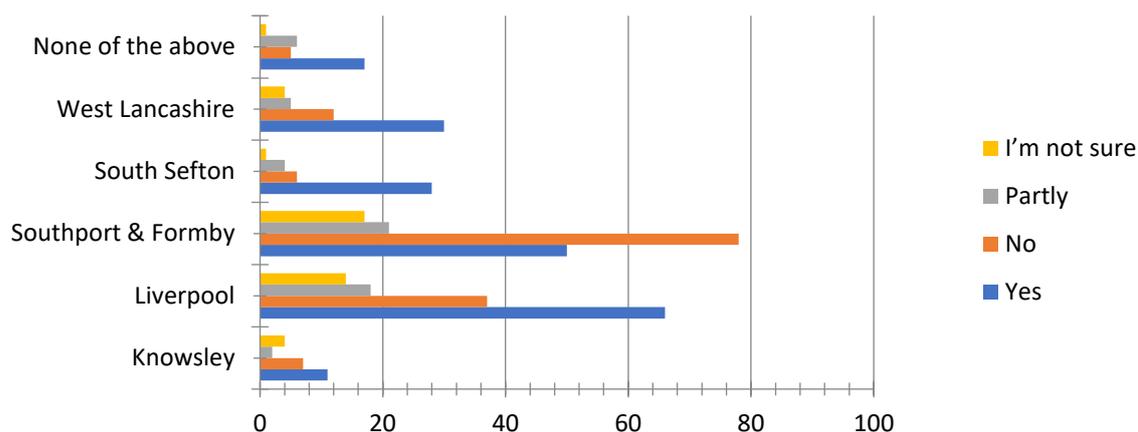
10.4 Response to Proposal for Improving Hospital Stroke Care

Respondents were asked the question “Do you think the proposal to bring staff from different hospitals together to create a Comprehensive Stroke Centre at Aintree University Hospital is the best plan for improving the care people receive in the first 72 hours after having a stroke?” The summary results are shown here:

Table 12. Do you think that the proposal to bring staff from different hospitals together to create a Comprehensive Stroke Centre at Aintree University Hospital is the best plan for improving the care people receive in the first 72 hours after having a stroke?			
Answer Choice		Response Percent	Response Total
1	Yes	44%	255
2	No	32%	183
3	Partly	13%	77
4	I’m not sure	11%	65
answered			580
<i>N.B. The total of 580 responses includes 136 respondents who answered this question but did not continue with the rest of the questionnaire including Equality Monitoring Questions.</i>			

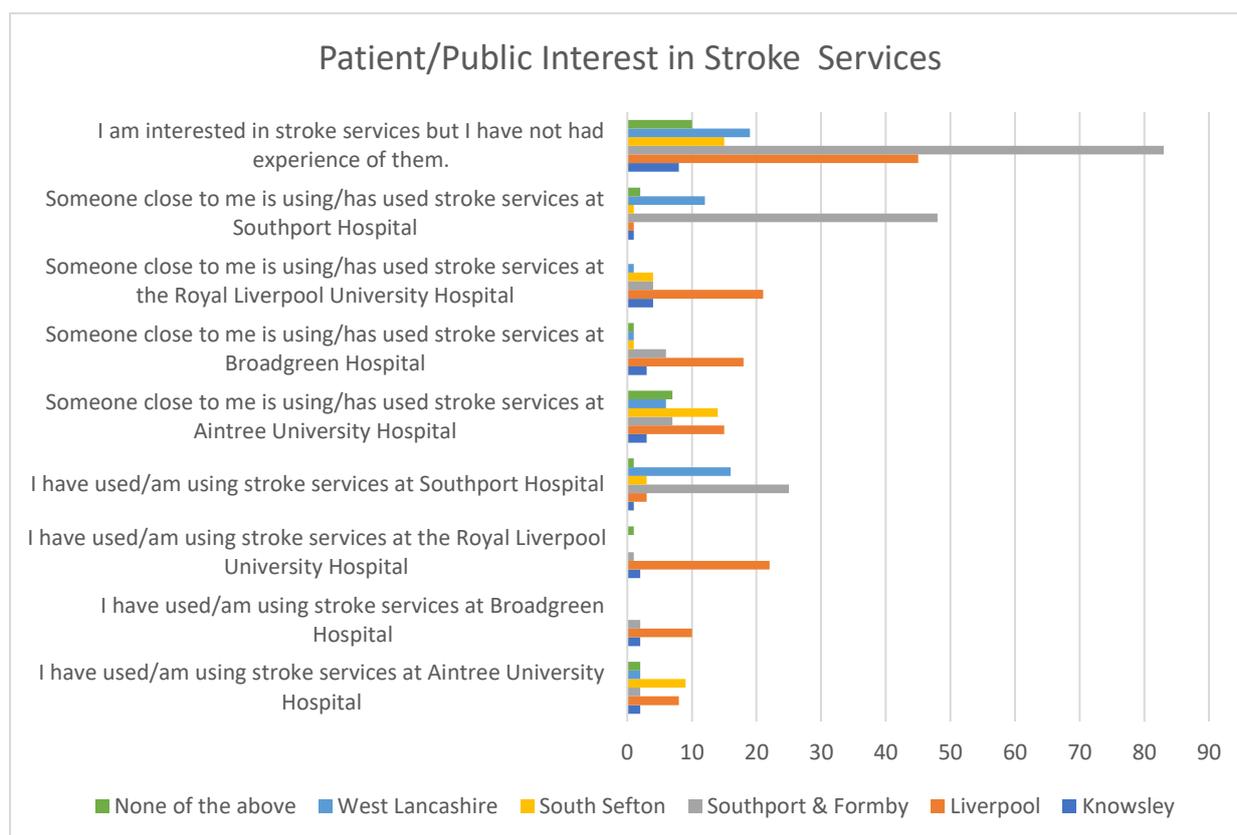
Of the 444 respondents who completed the main semi-structured questionnaire beyond the above question - question 4, Southport and Formby was the only area where more answered ‘no’ than ‘yes’ (to Do you think that the proposal to bring staff from different hospitals together to create a Comprehensive Stroke Centre at Aintree University Hospital is the best plan for improving the care people receive in the first 72 hours after having a stroke?) - 166 Southport and Formby respondents with 78 answering ‘no’ compared to 135 Liverpool respondents with 37 answering ‘no’. This is shown in the following table:

Comparison by area



All geographical areas saw a higher response rate from respondents who identified as being interested in stroke services but hadn't had experience of them. This response was more apparent from respondents living in Southport and Formby, accounting for 83 out of the 180 (Liverpool 45/180) who indicated that they were interested in stroke services but had not had experience of them as shown in this table:

Patient/Public Interest in Stroke Services



Respondents who answered 'no', 'partly' or 'I'm not sure' (to 'Do you think that the proposal to bring staff from different hospitals together to create a Comprehensive Stroke Centre at Aintree University Hospital is the best plan for improving the care people receive in the first 72 hours after having a stroke?') were asked if there was a better solution which hadn't been considered. Their answers are shown below.

Table 13.
Do you think there is a better potential solution which we haven't already considered? (The base figure of 238 represents the respondents who did not agree with the proposal. This figure also excludes the 136 respondents who did not continue after answering question 4.)

Answer Choice		Response Percent	Response Total
1	Yes	47%	112
2	No	9%	22
3	I'm not sure	44%	104
<i>answered</i>			238

Those respondents who claimed that a better solution to this problem existed were asked to explain, in their own words, what it was and why it should be considered. To better understand the reasons behind their response, these comments were subjected to a thematic analysis looking to identify the key message they were communicating. The summary results appear in Table 14.

Table 14.
Do you think there is a better potential solution which we haven't already considered and if 'Yes' why this is and why it should be considered?

Theme		Response Percent	Response Total
1	Keep things as they are – very happy with the experience – close to family.	39%	46
2	Keep things as they are – speed is of the essence – need to avoid traffic congestion and potential delays.	48%	57
3	A centralised unit will need more beds and staff and not enough staff to deal with stroke patients as it is.	8%	9
4	Centralising doesn't prevent delays – may exacerbate problem if bottlenecks occur	3%	3
5	Centralising hasn't worked for other services so why would this work?	2%	2
6	Good idea – but other emergency centres may become 'de-skilled'.	1%	1
118			

10.4.1. Percentage of Respondents Agreeing with Proposal

Table 15 is based on an analysis of people who continued answering the questionnaire after question 4. (136 did not continue after question 4.) In addition, approximately 13% did not complete the Equality Monitoring Questions and are not included in the following analyses. Table 15 compares the percentage of respondents agreeing with the proposal by the key equality monitoring classifications.

Table 15.
Percentage of Respondents Agreeing with Proposal. Do you think that the proposal to bring staff from different hospitals together to create a Comprehensive Stroke Centre at Aintree University Hospital is the best plan for improving the care people receive in the first 72 hours after having a stroke?

Respondent Classification		% Agreeing with Proposal	Response Yes/Total
	TOTAL	47%	182/385
1	Age 18 - 25	60%	3/5
2	Age 26 – 44	54%	25/46
3	Age 45 – 64	50%	87/174
4	Age 65 - 75	38%	42/112
5	Age 75+	52%	25/48
6	Respondents with a disability	33%	127/385
7	With physical disability	49%	18/37
8	With mental health cond.	45%	5/11
9	With long term illness	62%	18/29
10	With hearing loss	80%	4/5
11	All other disabilities	40%	24/60
12	Christian	50%	136/271
13	No religion	41%	39/96
14	British	48%	171/353
15	All other ethnicities	36%	12/33
16	Asexual	20%	1/5
17	Bisexual	20%	1/5
18	Gay man	67%	6/9
19	Gay woman/lesbian	20%	1/5
20	Straight/heterosexual	49%	167/340
21	Female	51%	139/275
22	Male	41%	42/102

10.5 Could the Proposal be Improved?

Respondents were asked to consider if the proposal to create a Comprehensive Stroke Centre at Aintree University Hospital could be improved in any way?

Table 17. How could the proposal be improved or partly improved?			
Theme	Response Percent	Response Total	
1	Keep things as they are – to avoid delays/ambulance response times/improve all centres and staff/need thrombolysis close to home/for the sake of families	46%	56
2	There needs to be more investment in community stroke support rehab services.	13%	16
3	Need for more specialist stroke nurses to ensure best care 24/7 both centrally and local sites. Regular training and dissemination of knowledge from Walton	13%	16
4	Good idea if it reduces death and long-term disability and outweighs inconvenience for people visiting stroke patients/better chance of recovery for stroke patients.	11%	13
5	Better transport links needed between hospital sites/staff need compensation for travel between centres/unfair to expect staff to travel between centres.	7%	9
6	Would bigger central facility be less personal? More pressure on one hospital/danger it becomes overwhelmed.	6%	7
7	Greater awareness of needs of deaf and hard of hearing/transport issues for elderly.	2.4%	3
8	NHS is not a joined-up service – patient records difficult to access.	2.4%	3
		123	

The summary results are shown below.

Table 16.			
Do you think the proposal to create a Comprehensive Stroke Centre at Aintree University Hospital could be improved?			
Answer Choice		Response Percent	Response Total
1	Yes	37%	158
2	No	20%	87
3	Partly	10%	44
4	I'm not sure	32%	141
<i>answered</i>			430

Those respondents who said the proposal could be improved, or partly improved were asked to explain how. The summary results appear in Table 17.

10.5.1. Percentage of Respondents Who Thought the Proposal Could be Improved

Approximately 13% did not complete the Equality Monitoring Questions and are not included in the following analyses. Table 18 compares the percentage of respondents agreeing with the proposal by the key equality monitoring classifications.

Table 18.			
Percentage of Respondents Agreeing Who Thought the Proposal Could be Improved. Do you think this proposal could be improved?			
Respondent Classification		% Agreeing proposal could be improved	Response Yes/Total
	TOTAL	37%	158/430
1	Age 18 - 25	40%	2/5
2	Age 26 – 44	29%	13/45
3	Age 45 – 64	34%	57/169
4	Age 65 - 75	48%	50/105
5	Age 75+	33%	16/48
6	Respondents with a disability	33%	122/372
7	With physical disability	39%	14/36
8	With mental health cond.	11%	1/9
9	With long term illness	32%	9/28
10	With hearing loss	80%	4/5
11	All other disabilities	48%	29/60
12	Christian	36%	94/262
13	No religion	42%	39/92

14	British	38%	129/340
15	All other ethnicities	30%	10/33
16	Asexual	40%	2/5
17	Bisexual	20%	1/5
18	Gay man	56%	5/9
19	Gay woman/lesbian	50%	2/4
20	Straight/heterosexual	36%	118/331
21	Female	33%	87/267
22	Male	47%	46/98

10.6 Additional Information

Respondents were asked if they felt that some information had not been considered in arriving at the proposal.

The summary results are shown below.

Table 19.		
Is there any information you feel was not considered in arriving at the proposal?		
Answer Choice	Response Percent	Response Total
1 Yes	37%	155
2 No	31%	130
3 Don't know	32%	135
<i>answered</i>		420

Respondents answering 'yes' to the above were asked to explain why. These responses are summarised below.

Table 20.
What information was NOT considered before arriving at the proposal?

Theme		Response Percent	Response Total
1	Travelling times and the need for speedy transfer to hospital/ambulance availability and response times. Access for family and friends/financial impact on families. Poor public transport options.	65%	67
2	Southport and Formby have higher proportion of elderly potential patients.	10%	10
3	Transport for staff/electric charging points for staff/parking and costs associated with travel. Staffing levels and training requirements.	9%	9
4	Community support services need improving/made readily available	5%	5
5	Other health services impacted by this development. Need thrombolysis close to home. Will Aintree be adequately staffed.	4%	4
6	Waiting time for scanners if all stroke victims go to one site/ability to cope with surges in demand	3%	3
7	How would someone with mild symptoms know where to go?	1%	1
8	Nothing about treating patients with hearing difficulties and ability to lip read.	1%	1
9	Mobility issues could make it increasingly difficult for disabled people.	1%	1
10	Nothing about patients self-presenting.	1%	1
11	Does this include Treat and Transfer Thrombectomy service at Walton as this is a seriously flawed system?	1%	1

Long waiting times for ambulances and poor management of beds.		
103		

10.6.1. Profile of Respondents Who Suggested Some Information Had Not Been Considered.

Approximately 13% did not complete the Equality Monitoring Questions and are not included in the following analyses. Table 21 compares the percentage of respondents who suggested some information had not been considered in arriving at proposal by equality monitoring questions.

Table 21.
Percentage of Respondents Suggesting Some Information Had Not Been Considered. Is there any information you feel we did not consider in arriving at proposals

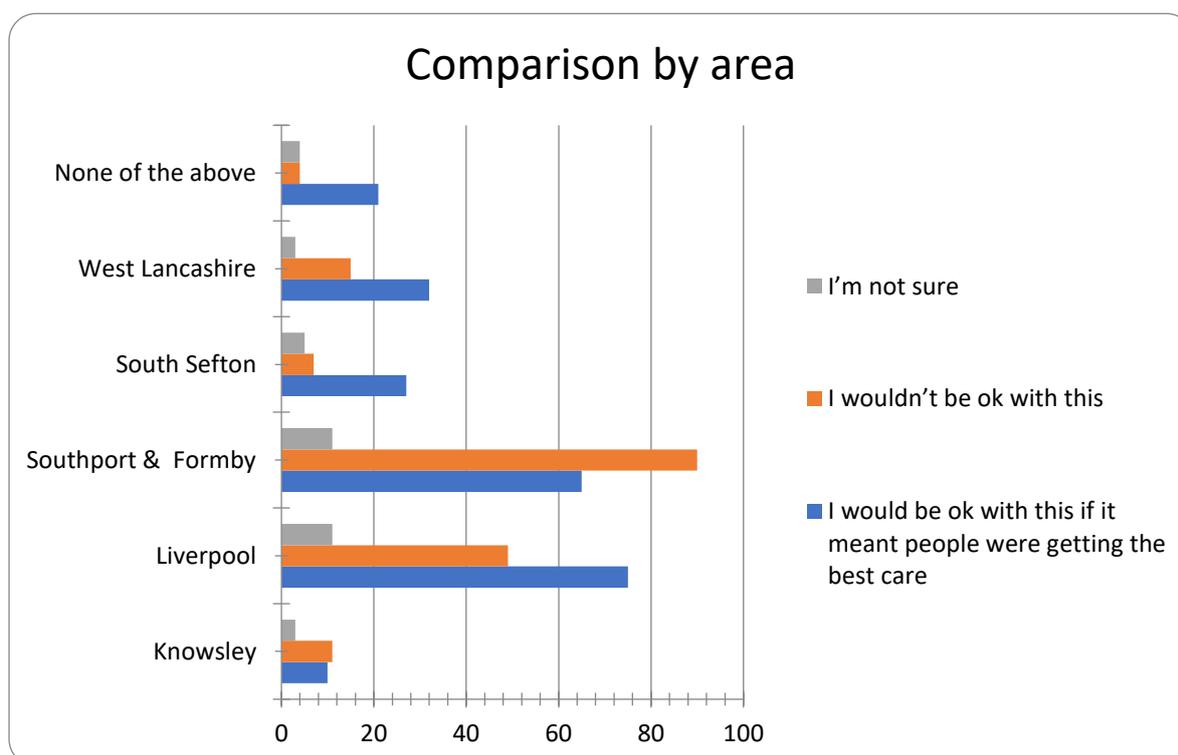
Respondent Classification	% Agreeing some info. had not been considered	Response Yes/Total
TOTAL	37%	155/420
1 Age 18 - 25	25%	1/4
2 Age 26 – 44	29%	13/45
3 Age 45 – 64	38%	62/164
4 Age 65 - 75	36%	38/105
5 Age 75+	43%	20/46
6 Respondents with a disability	39%	47/120
7 With physical disability	36%	13/36
8 With mental health cond.	0%	0/10
9 With long term illness	36%	10/28
10 With hearing loss	0%	0/5
11 All other disabilities	51%	27/53
12 Christian	37%	95/258
13 No religion	41%	37/91
14 British	37%	124/334
15 All other ethnicities	39%	12/31
16 Asexual	60%	3/5
17 Bisexual	60%	3/5
18 Gay man	38%	3/8
19 Gay woman/lesbian	75%	3/4
20 Straight/heterosexual	35%	113/325
21 Female	37%	95/259
22 Male	38%	37/98

10.7 Being treated further away

Respondents were asked how they felt about being treated at a hospital further away from the one they might be treated at now?

The summary results are shown below.

Table 22. The proposed changes would mean that some people would be treated at a hospital that was further away from the one they might be treated at now. How would you feel about this?		
Answer Choice	Response Percent	Response Total
1 I would be OK with this if it meant people were getting the best care.	52%	230
2 I wouldn't be OK with this	40%	176
3 I'm not sure	8%	37
<i>answered</i>		443



When comparing areas Southport and Formby, and Knowsley respondents indicated that they wouldn't be ok with some people being treated at a hospital that was further away from the one they might be treated at now. For Southport and Formby of the 166 respondents, 90 answered 'I wouldn't be ok with this' and for Knowsley 11 out of 24 respondents answered this way.

10.7.1. Profile of Respondents Who Would be Happy to be Treated Away from Local Hospital.

Approximately 13% did not complete the Equality Monitoring Questions and are not included in the following analyses. Table 23 compares the percentage of respondents who would be OK with being treated away from their local hospital if it meant they were getting the best care.

Table 23.
Percentage of Respondents Happy to be Treated Away from Local Hospital if Getting Best Care.
The proposed changes would mean some people would be treated at a hospital that was further away from their local hospital – how would you feel about this?

Respondent Classification		% Agreeing to be treated away from local hospital	Response Yes/Total
	TOTAL	52%	230/443
1	Age 18 - 25	80%	4/5
2	Age 26 – 44	78%	36/46
3	Age 45 – 64	55%	95/173
4	Age 65 - 75	41%	46/112
5	Age 75+	48%	23/48
6	Respondents with a disability	53%	67/127
7	With physical disability	46%	17/37
8	With mental health cond.	64%	7/11
9	With long term illness	66%	19/29
10	With hearing loss	60%	3/5
11	All other disabilities	43%	26/60
12	Christian	54%	146/269
13	No religion	52%	50/96
14	British	53%	186/352
15	All other ethnicities	55%	18/33
16	Asexual	20%	1/5
17	Bisexual	80%	4/5
18	Gay man	44%	4/9
19	Gay woman/lesbian	40%	2/5
20	Straight/heterosexual	55%	187/339
21	Female	57%	155/274
22	Male	46%	47/102

10.7 Potential negative effect of proposal on respondent or disadvantage compared to other people

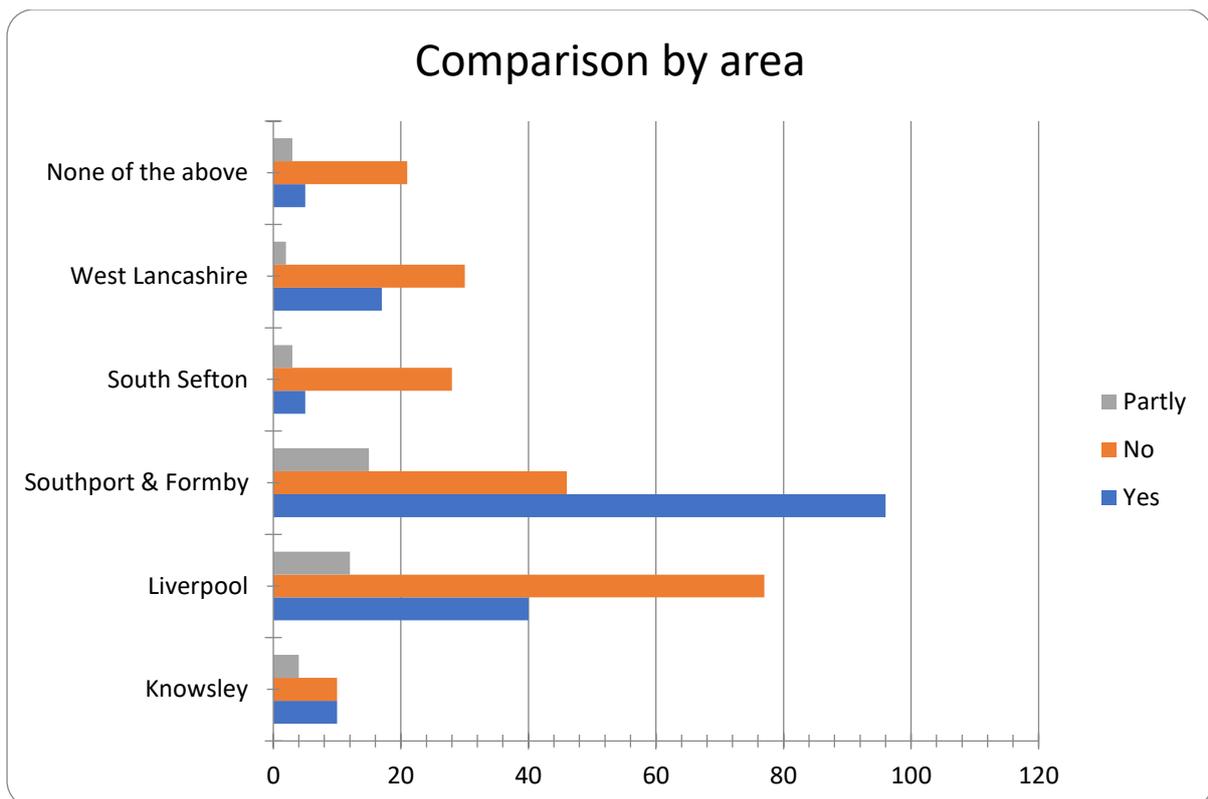
Respondents were asked if there was anything in the proposal which could have a negative effect on them or put them at a disadvantage compared with other people.

The summary results are shown below.

Table 24
Potential negative effect of proposal on respondent or disadvantage compared to other people.

Answer Choice		Response Percent	Response Total
1	Yes	40%	151
2	No	50%	186
3	Partly	10%	36
<i>answered</i>			373

For comparison by geographical area Southport and Formby was the only area where respondents answered, 'yes' more often to the question 'Is there anything about this proposal which you feel could have a negative effect on you, or would put you at a disadvantage compared with other people?' Of the 157 Southport and Formby respondents 96 answered 'yes' in contrast of the 129 Liverpool respondents only 40 answered 'yes'.



Respondents answering 'yes' or 'partly' were asked to explain. These responses are summarised below.

Table 25		
Is there anything about this proposal which you feel could have a negative effect on you, or would put you at a disadvantage compared with other people?		
Theme	Response Percent	Response Total
1 Travelling the increased distance both for patient and family/too far to travel/increased risk to patient/more stressful for patient/availability of ambulances	53%	83
2 Aintree difficult to get to by public transport/difficult for elderly to visit patients/people on low incomes can't afford travel cost/what about people without car and to rely on others	24%	38
3 Because of increased distances impact on mental health of patient/older people and family not being able to visit patient	8%	12
4 Treated very well at Southport so wouldn't want to change/poorer outcome for Southport people	8%	12
5 More pressure on medical staff/therapists/imaging/additional workload on staff/longer travel times/staff worried about their jobs	4%	7
6 Taking support away from local hospital for stroke sufferers/lack of continuity of treatment	1%	2
7 Have limited mobility making visiting difficult/anxiety and mobility was a huge issue	1%	2
8 Negative view of staff at Aintree/staff shortages	1%	2
		158

10.8.1. Profile of Respondents Who Believe Proposal Would Have a Negative Effect on Them.

Approximately 13% did not complete the Equality Monitoring Questions and are not included in the following analyses. Table 23 compares the percentage of respondents who believe the proposal would have a negative effect on them or put them at a disadvantage compared with other people.

Table 26.

Percentage of Respondents who believe the proposal would have a negative effect on them. Is there anything about the proposal which could have a negative effect on you, or put you at a disadvantage compared with other people?

Respondent Classification		% Agreeing this proposal would put them at a disadvantage.	Response Yes/Total
	TOTAL	41%	152/370
1	Age 18 - 25	40%	2/5
2	Age 26 – 44	17%	8/46
3	Age 45 – 64	39%	67/174
4	Age 65 - 75	48%	54/112
5	Age 75+	42%	20/48
6	Respondents with a disability	43%	53/122
7	With physical disability	57%	20/35
8	With mental health cond.	30%	3/10
9	With long term illness	31%	9/29
10	With hearing loss	0%	0/5
11	All other disabilities	48%	28/58
12	Christian	39%	101/260
13	No religion	47%	45/95
14	British	41%	138/338
15	All other ethnicities	44%	14/32
16	Asexual	80%	4/5
17	Bisexual	0%	0/5
18	Gay man	33%	3/9
19	Gay woman/lesbian	75%	3/4
20	Straight/heterosexual	40%	130/327
21	Female	39%	102/261
22	Male	46%	46/101

10.9 Additional information from respondents

Respondents were asked if they wished to share any new or additional information that should be considered before a final decision is made about the future of local hyper-acute stroke services. We have selected a small sample of individual comments, reflecting different personal perspectives on the proposal.

(These comments are for illustration purposes only and cannot be used to imply anything about the frequency with which they occur within the total number of individual responses or the general population.)

Comments in favour of the proposal:

“I think that a centre of excellence for Stroke Services is a good idea. People who have strokes are mostly initially managed by Paramedics who are trained in treating stroke patients during the time in their care and so any additional journey time to a central hub will hopefully not be detrimental to a patient’s recovery.”

“I think it’s an excellent idea. When my husband was taken to Southport Hospital, he had excellent care but there was a delay in diagnosing the type of stroke due to A&E being busy and therefore they were unable to check him in quickly enough so that a scan could be performed.”

“I think you should consider mental health facilities or specialist staff being available at hyper-acute stroke services because my wife has lost full mental capacity since suffering a stroke. If that facility was provided at a Comprehensive Stroke Centre, then that would convince me that it would provide better facilities than the existing set up.”

“The treatment that I received from Southport Hospital was good but the team who looked after me had to consult with Aintree hospital about my condition. I was discharged from a ward in Southport Hospital three times having been admitted following 999 calls. I think that a dedicated centre at Aintree would have been better for me.”

“The life of my relative was saved by taking him urgently straight to Aintree for brain scan then thrombosis drug, whereas some patients were being taken to local hospitals first then to Aintree where brain damage was done due to the time and distance issue. This care was not coordinated, and timely meaning early intervention and recovery were a lottery. Provided this Aintree centre of excellence hub is properly funded and totally supported by the ambulance service it will be a great improvement.”

“Better for a patient to spend another 20 mins in an ambulance and taken to a centre of world renown than a provincial hospital that offers less chance of recovery. Also, ambulance drivers should be able to take patients to the hospital that gives the patient best chance of recovery rather than the nearest one.”

Comments in favour of the status quo:

“Southport Stoke unit is brilliant, 9 years ago my dad had a Stoke if it wasn’t for Southport AE stroke unit my father would have passed away 9 years ago. We don’t need to travel in rush hour to Aintree hospital. If that was the case 9 years ago by father would never got there in 3 hours to receive treatment which saved his life. Please keep Southport Stroke unit.”

“Just do what you are doing I had amazing care.”

“It would be morally and ethically wrong to remove existing excellent services in Southport just to make monetary savings. The centre for acute stroke services should be based in Southport where they already provide the excellent care which the NHS can be extremely proud of.”

“Every hospital should be able to treat a stroke.”

“I think if patients are to be treated in a hospital which is not their local hospital, then consideration must be given to how family members can visit the patient. This is very important for patient wellbeing & recovery.”

Comments opposed to the proposal:

“Speed of treatment and access to treatment. The more departments we amalgamate, the more will follow. The NHS is not broken but it is breaking, because we are allowing it to be broken up.”

“With ambulance services stretched to capacity and significant delays in getting to people’s homes during busy times, what impact would the extra travelling times have on those living in areas furthest away from Aintree?”

“Patients are not asking for services to be transferred to Aintree because it is inaccessible & only serving the people who live local to it.”

“Southport Hospital is now being rundown just like Ormskirk hospital before it. I remember at that time being promised a better service for the people of West Lancs. I think that this is really a continuation of wanting to have a central hub for all hospital treatments without any consideration of how people can get to and attend these hospitals. Even if not using public transport the car parks at the Aintree Hospital are woefully inadequate in my previous experience (these should be considered if moving staff and increasing patient numbers at this hospital).”

“Centralisation is the opposite to what stroke victims require, a diffuse service, close to sufferers is the only way forward.”

Comments about the implications for staffing:

“More training will be required for occupational therapists with regards to complex stroke patients. Physios who aren't respiratory competent will require training to meet the needs of the patients.”

“Please consider staffing, only recruit staff who are interested and experienced in treating people who have had a stroke, this also includes OTs and SALT. especially as the first 72 hours can be crucial. Please consider the aftercare, Aintree, Broadgreen and Southport, ensure that the allocated stroke wards aim to achieve the best care and treatment for the stroke patient to have the best outcome, health, speech, mobility.”

“You need to assess the impact on the allied services such as social services, occupational health, imaging. I can't envisage large numbers of staff members wanting to relocate from their base hospital to Aintree. So, before you make this decision, I would suggest a proper consultation and evaluation takes place.”

Comments about equality and diversity:

“Deaf and disability awareness and protocol for dealing with patients who have additional needs who may be supported by family members who may have to travel further to be their advocates.”

“Southport is a large town with an above average number of older people. Such residents are in need of emergency care for stroke victims closer than Aintree.”

“Southport’s main demographic age group has, for many years, been of the older generation. Are strokes more common in this age group? Even if the answer to that is no, the fact that a high proportion of the town is elderly, ease and simplicity of access will always be the preferred choice.”

11 Improving Hospital Stroke Care – Discussion and Engagement Sessions

11.1 Introduction

A series of discussion/engagement sessions were held during the period December 2021 and February 2022. Seven groups were conducted on-line. There were also several telephone calls with individuals. The moderators were all NHS staff. Details of the groups were as follows:

Partnership with Stroke Association – 8th December 6 – 8pm. 2 NHS staff, 2 Stroke Association staff and 11 members of the public.

Public Event, focus group– 9th December 6 – 8pm. 2 NHS staff and 2 members of the public.

Public Event, focus group– 9th December 6 – 8pm. 4 NHS staff and 1 member of the public.

Partnership with Stroke Association – 12th January – 10:30 -12 noon. 4 NHS staff, 1 Stroke Association staff, 6 members of the public.

Partnership with The Stroke Association – 20th January – 2 – 3pm. 4 NHS staff, 1 member of Stroke Association and 4 members of the public.

Sefton Healthwatch Meeting– 25th January 10 – 11am. 3 NHS staff and 1 Healthwatch staff 12 members of the public.

Sefton Healthwatch Meeting – 27th January 10 – 12 noon. 3 NHS staff and 1 Healthwatch staff, 13 members of the public.

11.2 Methodology

Each of the discussion/engagement sessions were summarised by the moderator and reproduced in a typed document. This document was then subjected to a thematic analysis. The aim of the thematic analysis was to identify themes or patterns in the data that are relevant to the objective of the engagement and identifying interesting side issues. This analysis is a way of identifying deeper insights and meanings about the views of stroke survivors, carers, professionals and interested members of the public.

11.3 Thematic Analysis

Comments are recorded under each of the questions used by the moderator and are then further classified by specific response themes.

Q1. What do think about the proposal for hyper acute services?

Theme 1. General agreement with proposal

- Broad agreement from members of the public that the proposed Comprehensive Stroke Centre (CSC) was a good idea if it was to improve patient care and experience. (Multiple comments)
- Some agreed that good quality care was essential to reduce death and disability but there were concerns about accessing care at Aintree rather than Southport.
- Getting the right treatment by specialist staff is way more important than the inconvenience of extra travel time for hospital visitors. (Multiple comments)

Theme 2. General disagreement with proposal/or concerns about proposal

- There are barriers to accessing the proposed Comprehensive Stroke Centre at Aintree Hospital – such as having Accident & Emergency staff at other hospitals recognise a stroke, timely assessments, and transfer to Aintree. (Multiple comments)
- The overriding concern is the travel time, cost, and potential barriers of getting to Aintree Hospital. (Multiple comments)
- One participant commented that they were against *'more centralisation of services and the resultant degradation of skills and equipment elsewhere: especially as stroke/TIA is time-critical from the onset of the initial event. Primary diagnosis and treatment are vital, which means we need specialist staff, diagnosis, and treatment facilities as close as possible to the point of need.*
- There was concern about logistics and capacity at Aintree Hospital and The Walton Centre.
- Some felt there was a need to improve communication between hospitals when a patient moves from hyper-acute (Aintree) to acute care. (Southport/Broadgreen)
- Some felt there was a need to look at the whole patient pathway as people without families would struggle when leaving hospital.
- Some commented that it was important to make sure staff can communicate appropriately and clearly with patients and families.
- Some felt that more help is needed following discharge – emotional/mental health in recovery – including support for younger age groups.

Theme 3. Ambulance Service

- Having enough ambulances and the time this takes to transfer patients from one hospital to another. (Multiple comments)
- Cost in money and transfer times for the ambulance service.
- Would these proposals put extra pressure on NWAS by increasing travel times for some patients and creating additional costs?

Q2. Is there anything else we haven't thought of?

Theme 1. Quality of information provided to residents about the proposal.

- One participant felt that there had been little engagement with Knowsley residents and there should have been more.

Theme 2. Reaction of staff to the proposal/staff related issues.

- A member of staff taking part in a session she previously felt that the care she and her team had been providing had been failing patients, but now she has been engaged in service change design she wholeheartedly agrees that the proposal will provide better care for patients.
- There were multiple questions about whether staff at Southport and the Royal Liverpool hospitals will still be skilled enough to recognise a typical stroke and organise for a patient to be transferred in good time to Aintree?

Theme 3. Holistic care of stroke survivors.

- This shouldn't be about saving lives but also improving lives – what are you doing about out of hospital care?
- You can't just 'fix' this bit of the journey – needs to think about rehabilitation – physical and wellbeing therapies. (Multiple comments)
- **Case Study** – Participant described how they had received excellent care initially out of hospital from the early discharge team – but this was only for 6 weeks and then nothing except remote online sessions with speech and occupational therapists.
- Look at the whole patient pathway as those people without families would struggle when leaving hospital.
- **Case Study** – Participant shared experience of being a family member of stroke survivor and the difficulties they faced when their mother was discharged from hospital. The bureaucracy and hassle that had to be gone through to make sure the patient was safe and getting the care and therapies she needed at home.
- Is there going to be adequate provision for rehabilitation? Community services doesn't appear to be part of the future plans.

Theme 4. Economic issues

- How much is the Comprehensive Stroke Centre at Aintree going to cost and who is paying for it? (Multiple comments)

11.4 Summary

The findings from these engagement discussions highlighted and confirmed similar issues found in the results from the semi-structured questionnaire. A thematic analysis of the comments recorded by the moderator and summarised above identified five key themes:

- There is support for the concept of a Comprehensive Stroke Centre because it is believed it will improve patient care and experience.
- Support for the concept of a Comprehensive Stroke Centre is conditional upon associated and integrated services being able to support the new concept.
- Participants questioned the ability of the ambulance service to provide the appropriate level of service to get patients to the stroke centre in a timely manner.
- Participants also questioned the ability of the NHS to provide the appropriate rehabilitation services once the patient leaves the stroke centre.
- Staff members of the NHS raised a concern about the ability of the staff at Southport and the Royal Hospitals to recognise the symptoms of a stroke victim once key staff have been transferred to the new stroke centre.

APPENDICES

A. Audiences and Channels, Assets and Materials and Governance and Scrutiny.

Audiences and channels

The table below sets out some of the key stakeholders for the public consultation, and details how they were informed and engaged about the process.

Audience	Proposed channel/method of communication and engagement
Internal	
Governing bodies at Knowsley, Liverpool, Southport & Formby, South Sefton, and West Lancashire Clinical Commissioning Groups (CCGs)	<ul style="list-style-type: none"> • Papers shared with governing bodies about formation of Joint Committee of CCGs during late May/early June 2021 – completed • Each CCG communications team to share stakeholder briefing note (produced by NHS Liverpool CCG) ahead of consultation launch
Trust boards for Liverpool University Hospitals NHS Foundation Trust, Southport & Ormskirk Hospital NHS Trust, and The Walton Centre NHS Foundation Trust.	<ul style="list-style-type: none"> • Trust communications teams to share stakeholder briefing note ahead of consultation launch
Other trust boards in North Mersey	<ul style="list-style-type: none"> • Liverpool CCG to issue stakeholder briefing note ahead of consultation launch
Joint Committee of CCGs	<ul style="list-style-type: none"> • Joint committee to receive and approve consultation plan ahead of process getting underway (5 November 2021)
GP practices	<ul style="list-style-type: none"> • Each CCG to share toolkit copy on their own channels for communicating with GPs and practice staff (intranets, email bulletins, etc)
Staff involved in stroke services at LUHFT, SOHT and WCFT	<ul style="list-style-type: none"> • Each Trust to brief relevant staff (using single, consistent briefing) ahead of consultation getting underway • Where relevant, staff to be provided with information/materials to allow them to promote the consultation to

	patients, to encourage people to take part
Wider trust workforce	<ul style="list-style-type: none"> • Each trust to brief staff with copy from toolkit using their existing internal communications channels
CCG staff	<ul style="list-style-type: none"> • Each CCG to brief staff with copy from toolkit using their existing internal communications channels
NHS England/Improvement (NHSE/I)	<ul style="list-style-type: none"> • Updates have been provided through the NHSE/I assurance process • Regional communications colleagues to be kept informed about consultation plans and materials
External	
Stroke survivors and their families/carers	<ul style="list-style-type: none"> • Presentations at Stroke Association groups (whether face-to-face or virtual, depending on arrangements at time of consultation) • Information to be shared directly with local patients using Stroke Association channels • Direct letters to be sent to previous patients at LUHFT and SOHFT inviting them to share their views • When possible and appropriate, current patients to be made aware of consultation during virtual clinics.
General public	<ul style="list-style-type: none"> • Information (using copy from toolkit) on CCG/Trust websites, social media channels, and in email newsletters/briefings • Each CCG to encourage GP practices to share information using their websites, newsletters, and with patient participation groups • Information sharing through other local networks and organisations, including Healthwatch, VCSEs and housing associations • Press release issued to local/regional media – see below

Local authority scrutiny	<ul style="list-style-type: none"> • Consultation plan to be presented to joint Overview and Scrutiny Committee (OSC) for Knowsley, Liverpool, Sefton and West Lancashire ahead of process starting (11 November 2021)
Local authority executive teams and councillors	<ul style="list-style-type: none"> • Each CCG to share stakeholder briefing with its own local authority ahead of consultation launch
MPs	<ul style="list-style-type: none"> • Each CCG to share stakeholder briefing with its own MPs ahead of consultation launch
Steve Rotheram, Mayor of the Liverpool City Region	<ul style="list-style-type: none"> • Liverpool CCG to share stakeholder briefing ahead of consultation launch
Local voluntary, community and social enterprises (VCSEs)	<ul style="list-style-type: none"> • Each CCG to share stakeholder briefing with VCSEs ahead of consultation launch, in line with local briefing arrangements
Local Healthwatch organisations	<ul style="list-style-type: none"> • Joint briefing meeting for Healthwatch to be organised in advance of consultation launch • Healthwatch to be asked to share materials from consultation toolkit using their channels
The media	<ul style="list-style-type: none"> • Press release to be issued at start of consultation • Key clinicians offered up for interview

Assets and materials

Item	Details
Main consultation booklet – available for download from websites or as a printable document (can also be requested in paper copy – or an alternative language/format – by telephone)	Most of the content from the booklet will be available online, however for maximum accessibility we will pull it together into a document which can either be printed at home or requested via NHS Liverpool CCG.
Talking head videos	Short videos with key clinical spokespeople, explaining key issues and encouraging people to share their views, for use online and in patient areas where screens are available (including GP practice waiting rooms, where applicable).
Short slideshow overview video	High-impact content designed running through key issues.
Web-banners/graphics promoting consultation (to be produced in-house on request according to specific requirements)	Graphics that promote the consultation that can be used on CCG and trust websites.
Communications toolkit – pulling together web/newsletter copy, images, social media content, etc – to help partner organisations promote the consultation. Toolkit also to be shared with venues hosting roadshow visits.	Partner organisations – including local NHS Trusts, other public sector organisations such as local authorities and housing associations, and VCFSE organisations – can help support the consultation by sharing information on their internal and external communications channels. We will make this as easy as possible by compiling content into a toolkit.
Presentation for use at events/meetings	A PowerPoint presentation covering the key points of the consultation which can be used during online, including during local authority overview and scrutiny discussions, and as part of any group sessions for patients.

Governance and scrutiny

I. Project governance

The North Mersey Stroke Board was established to oversee the review of hyper-acute stroke services, which includes both clinical and non-clinical representatives from local CCGs and Trusts, as well as The Stroke Association. During the course of the review, the Board has received recommendations from the Clinical Reference Group (CRG) – a group of senior clinicians from each of the hospitals involved in the review – which have been informed by a series of stakeholder workshops about potential solutions for the future.

The North Mersey Stroke Board agreed the final proposal sent to the CCG Committees in Common (CIC). The CIC has agreed for the PCBC and public consultation plan to be presented to a joint committee of CCGs on 5 November 2022. The joint committee is made up of representatives from the governing bodies of each of the five CCGs and has delegated decision-making powers in relation to the hyper-acute stroke review.

II. Consultation governance

This consultation plan has been shared with the North Mersey Stroke Board, before being shared with the CCG Committees in Common. It is now being presented to the CCG Joint Committee for final approval ahead of the consultation starting.

Where individual CCGs have local processes for engagement and involvement, these will take place alongside the wider governance process (for example, by organising extraordinary meetings where the timelines do not fit with existing dates).

III. Local authority scrutiny

CCGs must consult local authorities when considering any proposal for a substantial development or variation of the health service. The local authority may scrutinise such proposals and make reports and recommendations to the CCG, or referrals to the Secretary of State for Health.

This consultation plan will be presented to a joint Overview and Scrutiny Committee (OSC) for the relevant local authorities (Knowsley, Liverpool, Sefton and West Lancashire) for information and final input, once it has been approved by the joint CCG Committee. The public consultation will launch shortly after this step.

Once the consultation has concluded, and the consultation report is finalised, it will be presented back to the joint OSC to help inform the scrutiny process.

Responding to enquiries

A process will be put in place to ensure consistent responses to general questions and queries received during the public consultation (where appropriate these will be used to populate a website Q&A), as well as stakeholder enquiries (including MPs).

Analysis and reporting

This proposal would represent a significant change, reflected in the fact that a clinical senate was asked to carry out a review of the pre-consultation business case, and it is important that the public consultation findings are robustly analysed to produce a final report. The public consultation report will be produced by an external organisation, as has been the case for other large-scale public consultations, such as orthopaedics and ear, nose & throat (ENT) in 2017.

Evaluation

Although the report referenced above will provide commentary on the overall number of responses, and the routes through which people heard about and took part in the exercise, we will also seek to evaluate throughout the 12-week consultation period. By monitoring which methods and channels are most effective – as well as where there might be gaps in our demographic reach – we will seek to maximise responses to

the consultation while it is still live. For example, if the direct letter to previous patients generates good engagement with the consultation, we will explore the possibility of re-running this in early 2022 using the most recent data. Similarly, if the virtual events being planned for early December 2021 are well-received, we will schedule further dates.

Roles and responsibilities

NHS Liverpool CCG is leading public consultation activity by developing this plan and producing central resources such as the consultation survey, working in close partnership with the other CCGs whose patients use North Mersey stroke services, and the trusts involved.

NHS Liverpool CCG will develop a specific plan for engaging with its own population, based on internal requirements and processes, taking the pre-consultation equality analysis into account and any requirements identified for specific groups. This plan will reflect the aims and activity set out in this overarching plan and will be shared with other CCGs for them to adapt and adopt for their own area, as required. Each CCG will be responsible for delivering against its own local processes and requirements (for example, presenting to engagement groups).

NHS Liverpool CCG is developing core materials and content (such as text for patient leaflets, website articles and stakeholder briefings), but each CCG will be responsible for using this to engage with their own population. There will be a single, co-ordinated consultation process, with delivery at a local CCG level.

NHS Liverpool CCG will host a single questionnaire using the SmartSurvey system. Respondents will be asked to indicate which CCG area they live in, so that the data can be separated out during analysis (although it will be used to develop a single report).

Staff engagement

Staff engagement has been a key strand running throughout the review. Although the public consultation itself will be aimed at the local population, it will be important to ensure that staff are fully briefed and understand the process. Individual Trusts (Liverpool University Hospitals, Southport & Ormskirk Hospitals, and The Walton Centre) will be responsible for communicating with their staff about the consultation, as well as continuing to engage with them about the wider review programme.



Improving hospital stroke care

Share your views about creating a Comprehensive Stroke Centre at Aintree University Hospital

Introduction

A stroke is a life-threatening condition that happens when the blood supply to part of the brain is cut off by a blood clot or bleeding from a blood vessel. Strokes are a medical emergency and urgent treatment is essential. The sooner you are treated, the better your chance of recovery.

The term 'hyper-acute' means the hospital care provided in the 72-hours immediately after a stroke happens. After this, you move to either acute stroke care or rehabilitation in hospital, or go home to continue your recovery.

The NHS in Knowsley, Liverpool, South Sefton, Southport & Formby and West Lancashire has been looking at how it can improve local hyper-acute stroke care.

Between 22 November 2021 and 14 February 2022, we are holding a public consultation about proposals for a Comprehensive Stroke Centre at Aintree University Hospital, which would bring together the hyper-acute care currently provided at Aintree, the Royal Liverpool, and Southport hospitals.

We would encourage you to read the consultation booklet before completing the semi-structured questionnaire, you can find this at <https://www.liverpoolccg.nhs.uk/stroke>

Confidentiality Statement

NHS Liverpool CCG is coordinating responses on behalf of the local NHS for this consultation. Your responses to these questions are anonymous - we don't link this information with any that identifies you. Your data will be treated confidentially and stored in accordance with Data Protection law and NHS Liverpool CCG's Privacy Notice. You can read NHS Liverpool CCG's Privacy Notice at <https://www.liverpoolccg.nhs.uk/privacy-policy/>

If you would like us to keep in touch with you about this consultation and other news from the local NHS, please sign up to our mailing list <https://www.liverpoolccg.nhs.uk/get-involved/sign-up-to-receive-updates/> or call 0151 247 6406 or text 07920 206386.

The survey should take about ten minutes to complete.

Any questions marked with a * are must answer questions. Thank you.

We need your help improving hospital stroke care.

1. Please tell us your postcode

(We will only use this information to help us analyse our consultation responses – we will not contact you or pass this on to third parties) *

Please choose which area you live in from the list below: *

- Knowsley
- Liverpool
- Southport & Formby
- South Sefton
- West Lancashire
- None of the above

3. Please tell us about your interest in stroke services. (Tick as many as apply) *

Public and Patient

- I have used/am using stroke services at Aintree University Hospital
- I have used/am using stroke services at Broadgreen Hospital
- I have used/am using stroke services at the Royal Liverpool University Hospital
- I have used/am using stroke services at Southport Hospital
- Someone close to me is using/has used stroke services at Aintree University Hospital
- Someone close to me is using/has used stroke services at Broadgreen Hospital
- Someone close to me is using/has used stroke services at the Royal Liverpool University Hospital
- Someone close to me is using/has used stroke services at Southport Hospital
- I am interested in stroke services, but I haven't had experience of them.

Professional (if you work for NHS Liverpool University Hospital Foundation Trust, please choose your main site from Aintree, Broadgreen, and the Royal)

- Aintree University Hospital
- Broadgreen Hospital
- Royal Liverpool University Hospital
- Southport Hospital
- The Walton Centre
- A clinical commissioning group (CCG)
- A GP practice
- I work with people who use stroke services (but I don't work in/for the NHS)
- Other (please specify):

We need your help improving hospital stroke care.

4. Do you think that the proposal to bring staff from different hospitals together to create a Comprehensive Stroke Centre at Aintree University Hospital is the best plan for improving the care people receive in the first 72 hours after having a stroke? (Choose one) *

- Yes (please go to Question 6)
- No
- Partly
- I'm not sure

We need your help improving hospital stroke care.

5. Do you think there is a better potential solution which we haven't already considered?

- Yes
- No
- I'm not sure

If yes, please say what this is and why it should be considered

6. Do you think this proposal could be improved?

- Yes
- No
- Partly
- I'm not sure

7. Is there any information you feel we did not consider in arriving at proposals? If yes, please explain

- Yes
- No
- Don't know

If yes, please explain.

8. The proposed changes would mean that some people would be treated at a hospital that was further away from the one they might be treated at now. How would you feel about this?

I would be ok with this if it meant people were getting the best care

I wouldn't be ok with this

I'm not sure

9. Is there anything about this proposal which you feel could have a negative effect on you, or would put you at a disadvantage compared with other people? If yes or partly, please explain.

Yes

No

Partly

If yes or partly, please explain.

10. Please use this box to share any new or additional information you think we should consider before making a final decision about the future of local hyper-acute stroke services.

11. Where did you hear about this public consultation?

I received a letter from the hospital where I (or the person I care for) received stroke care

I was sent an email about it

- Social media (Facebook, Twitter, etc)
- NHS website (for example, a CCG or hospital trust website)
- Through the Stroke Association
- Other (please specify):

Equality Monitoring Questions

These questions will help us make sure that we offer services to everyone in our diverse communities. We also have to ask these questions as part of our duty under the Equality Act 2010.

However you do not have to answer them if you don't want to.

Thank You.

12. Are you happy to complete the section 'About You' to help us better understand who we are reaching? *

- Yes
- No

6. About You

13. What is your age group?

- Under 18
- 18-25
- 26-44
- 45-64

65-75

Over 75

14. Do you have a disability?

This is any physical or a mental condition which has a substantial and long-term impact on your ability to do normal day to day activities.

Yes

No

15. If you do have a disability, please tell us more about it:

Physical disability

Learning Disability

Mental health condition

Long term illness that affects your daily activity or progressive condition (for example, cancer, multiple sclerosis, HIV)

Sight Loss / Blind / Partially sighted

Hearing Loss / Deaf

Other (please specify):

16. Are you pregnant or have you had a baby in the last 12 months?

Yes

No

17. What is your religious belief?

- No religion
- Buddhist
- Christian
- Jewish
- Hindu
- Muslim
- Sikh
- Other (please specify, if you wish):

18. Which of the following best describes your ethnicity?

Asian or Asian British:

- Bangladeshi
- Chinese
- Indian
- Pakistani
- Other Asian background

Black or Black British:

- African
- Caribbean
- Other Black background

Mixed Ethnic Background:

- Asian & White
- Black African & White
- Black Caribbean & White
- Chinese & White
- Other Mixed background

White:

- British
- Irish
- Polish
- Latvian
- Romanian
- Bulgarian
- Gypsy / Traveller / Roma
- Other White background

Other Ethnic Group:

- Arabic
- Latin American
- Other (please specify, if you wish):

19. Which of the following best describes your sexual orientation?

- Asexual

- Bisexual
- Gay man
- Gay woman / Lesbian
- Straight / Heterosexual
- I'm not sure
- Other (please specify, if you wish):

20. What is your sex?

- Female
- Male
- Intersex
- Other (please specify, if you wish):

21. Which of the following best describes how you think of your gender identity?

- Female
- Male
- Transgender
- Other (please specify, if you wish):

22. Have you gone through, or are you intending to go through, any process to change from the sex you were assigned at birth to the gender you identify with?

(This could include changing your name, or wearing different clothes, or taking hormones or having any gender reassignment surgery)

Yes

No

You have completed this survey!

Thank you for taking the time to answer this survey.

If you are interested in taking part in an online focus group to share more information about your views, please email csc.consultation@nhs.net with the subject line 'Online Focus Group'.

Thank you for reading

You can request this report in a different language or format by emailing liverpool.involvement@nhs.net, calling **(0151) 247 6406** or texting **07920 206 386**.

