local healthwatch
working together

Stroke Services

Engagement report

April 2017

Report foreword

Thank you to everyone who shared their views in February and March 2017 on how stroke services across West Yorkshire and Harrogate could be further improved to make sure they are fit for the future and meet peoples' needs across the area.

Over 900 people completed our engagement survey and we spoke to over 1500, providing us with many comments, all of which are very important to us.

The engagement work was led by Healthwatch and is all about the sustainability of quality stroke services and reducing the incidence of stroke happening in the first place, wherever possible. When we say engagement, what we really mean is conversations with the public and staff. This report sets out the findings from this important piece of work.

Further improving hyper- acute stroke and acute stroke services (hyper-acute refers to the first few hours and days after the stroke occurs) and making sure all stroke care services are 'fit for the future' has been highlighted as a priority in the draft Sustainability and Transformation Plan (STP) for the area.

There is strong evidence that outcomes following stroke are better if people are treated in specialised centres, even if this increases travelling time following the event. This is likely to be the case in West Yorkshire and Harrogate. Ongoing rehabilitation should, however, be provided at locations closer to where people live and they should be transferred to these as soon as possible after initial treatment.

The engagement work highlighted many findings including concern that a decision had already been made to reduce the number of hyper-acute stroke units (HASUs). **It's important to note that no decision at this stage of our review process has been made to reduce the number of units across West Yorkshire and Harrogate.**

A snap shot of some of the comments we received include:

- Many people said that they would travel further if it meant they were able to receive the best treatment and to be treated by specialists; however, they wanted their rehabilitation to be available closer to home. Although some people were worried that if they had to travel further the extra journey time could negatively affect their health, and would make it more difficult for their family to visit them.

- Those who had experienced a stroke described the excellent levels of care that they received in hospital, from being seen quickly, to accessing the most appropriate treatments and being kept informed throughout. They talked about staff being willing to help, whilst recognising that some were extremely busy. It was also felt that there should not be a difference in care during the week and at the weekend.

- Many described how stroke can be a life changing event which can be difficult for the patient and their families to deal with. It was felt that there was a need to ensure that the patient and their family are provided with the appropriate levels of emotional support and advice.

- The valuable role of voluntary and community organisations specialising in stroke support, particular on hospital wards, was recognised in the report.

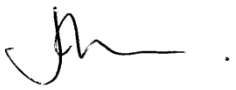
- Many felt that there was a need to raise awareness of the signs and symptoms of a stroke, and what to do if you think someone is having a stroke.

We hope you find the report both interesting and informative.

Over the next few months we will be having more conversations with staff, partners, public, communities and stakeholders to develop options to further improve stroke services from prevention to after care for people living in West Yorkshire and Harrogate. Consultation will follow as appropriate in 2018.

Providing the best stroke services possible across the area is a priority is to us all and something we are committed to achieving.

Thank you again.



Dr Andy Withers
Chair of West Yorkshire and Harrogate Clinical Forum

Jo Webster
Senior Responsible Officer for West Yorkshire and Harrogate and Accountable Chief Officer for Wakefield Clinical Commissioning Group

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1.0 Executive summary

Across West Yorkshire and Harrogate, health and social care services, including the NHS, are working together to look at better ways of delivering care for people who have a stroke. This has been highlighted as a priority in the draft Sustainability and Transformation Plan (STP) for the area.

The NHS is developing proposals to make sure everyone in our region gets the specialist care they need in the first few hours after a stroke and that stroke care and support is sustainable and fit for the future. We also know that preventing stroke taking place in the first place, and ongoing care, such as physiotherapy, speech therapy or emotional support is really important. The NHS thinks that by coordinating services better, more people could receive the care they need in a community setting, closer to home.

And by improving people's health and supporting people to stay well, health services could prevent people from having strokes and going to hospital in the first place.

Before decisions are made on the future of stroke services in West Yorkshire and Harrogate, Healthwatch organisations across the area wanted to find out what people think about the services that are currently provided and what would be important to them should they have a stroke, or care for someone who has now or in the future.

The engagement ran for six weeks, commencing on Wednesday 1st February until Wednesday 15th March 2017. A survey was designed to gain feedback from people who had experienced a stroke, the wider public and key stakeholders. This was shared via our communication and engagement channels and with a wide range of organisations.

We also used Facebook, Instagram and third party website advertising to promote the survey. The advert generated the following engagement:

Over **98,000** people saw the advert
1,628 people clicked to find out more about the advert

The work has also been supported by the West Yorkshire and Harrogate Communications and Engagement network which includes colleagues from clinical commissioning groups, hospitals, community care providers and local authorities. This approach has enabled us to raise awareness of the stroke engagement work across the whole of the area using existing internal and external communication channels, for example information was sent to over 4,000 people who subscribe to the Kirklees Staying healthy e-bulletin.

Staff were also asked for their views on how best we move forward, with some hospitals, for example Harrogate and District NHS Foundation Trust, holding staff engagement sessions.

Health and Wellbeing Boards, Clinical Commissioning Group Governing Bodies, MP's and the Joint Health Overview Committee were also updated on the engagement work and asked to encourage people to have their say.

Regional and local media were also kept informed, and around 80 people who had registered an interest in STP updates were sent the stroke engagement survey link to complete.

We received **940** completed surveys either via face to face engagement activities **(830, 88%)** or social media advertising **(110, 12%)**. Of these, **49.2%** had previously had a stroke.

In addition to the survey we also received feedback via:

- **54 outreach sessions** meeting with voluntary and community groups, attending GP practices, rehab units, stroke wards, and libraries talking to approximately **1,544 people**
- **5 voluntary and community sector clinician led events** attended by **78 people**
- **15 semi-structured interviews** with people who had experience of stroke services in Bradford. It should be noted that as engagement had already taken place in Airedale, Wharfedale, Craven and Bradford in 2015, Healthwatch Bradford and District adopted a different approach

The key themes from the existing data and the engagement were as follows:

Changes to stroke services

There was some concern that a decision had already been made to reduce the number of hyper acute stroke units (HASUs), with some questioning the value of the engagement.

People were concerned that if the number of units were reduced this could lead to the remaining units being unable to cope with demand and impact negatively on health outcomes.

It was suggested by many that funding should be increased to ensure all patients are able to access the best treatment immediately. There was a range of opinions as to whether this should be available in all local hospitals or whether it should be based in a few specialist centres. Many people said that they would travel further if it meant they were able to access the best treatment and to be treated by specialists; however, they wanted their rehabilitation to be available closer to home.

The main reasons for people wanting the services to be available in all hospitals were the distance, time and cost to travel, along with the challenges of parking. People were worried not only about how the extra journey time could affect the treatment and outcome for stroke patients but also how this would impact on the ability of carers and families to visit their loved one at this critical time, particularly those reliant on public transport.

Of those people that had experienced the newly reconfigured service in Airedale, Wharfedale, Craven and Bradford and had travelled further to access a HASU, and were then transferred to a hospital closer to home for their ongoing care were satisfied that it gave them the best clinical outcomes. People highly valued the specialist staff and treatments available during the first few hours after a stroke. Even when patients were in hospital far from home, most people did not identify the distance to travel as a significant problem – for some it was an inconvenience but they understood the need for the patient to be treated in the hospital which could give them the best chance of recovery. The main criticism was the difficulties visitors encountered trying to park at the hospital.

Acute stroke services

Many people described the excellent levels of care that they received in hospital, from being seen quickly, to accessing the most appropriate treatments and being kept informed throughout. They talked about staff being willing to help, although some did feel that the staff were overworked so were sometimes unable to meet the needs of the patients.

Some reported an absence of specialist care at the weekend – no specialist consultants, and agency/bank nurses who some felt deliver poor quality care. It was also felt that there should not be a difference in care during the week and at the weekend.

Some people felt that paramedics and A&E staff need to receive more training on how to recognise and manage strokes. Particular reference was made to young people and how they are more likely to be misdiagnosed.

There were many instances where people reported delays in being seen and treated in A&E. Once they had been diagnosed some then had to wait a long time before a bed became available and they were not always admitted to a stroke ward. They felt that these delays in accessing treatment and not being admitted to a stroke ward had resulted in long term damage and had impacted negatively on their recovery.

Some people would have liked to have been given the choice of being admitted to a side room or a bay, as some felt isolated being in a side room on their own. They would have preferred to be in a bay so they could be near other people and be more visible to staff.

Whilst on the ward some patients were given the opportunity to speak to people from the Stroke Association that had experienced a stroke, they had found this very useful and felt it should be offered on all stroke wards.

Discharge process

Comments on discharge ranged from people feeling that they were in hospital longer than they needed to be, to those that felt pressured to leave too soon.
When people were discharged, some were sent home without the appropriate aids, adaptations and home care being in place, and some had to source the support they required themselves.

Many people reported delays in accessing rehabilitation, such as physiotherapy and speech and language therapy.

They advised that they want to have a thorough assessment prior to being discharged, to ensure that they are ready to go home, and if they are, to have all the appropriate aids, adaptations and home care support in place prior to them being discharged. This should include assessing the needs of the whole family, especially in situations where the patient had previously been a carer for either their own children or partner.

That they, and their families are kept informed and involved throughout, so they know what to expect once they are discharged, are aware of what support is available and how to access it, this should include emotional support and financial advice. They would like to have a named person who is responsible for co-ordinating their care and who can provide them with support and advice.

For all organisations who are involved in their care to communicate with each other to ensure that the patient receives a seamless service. To support this, a suggestion was made that teams should be multi-disciplinary and include social care, speech and language therapy, physiotherapy and occupational therapy.

Stroke services in the community

Many reported difficulties in being able to access rehabilitation services quickly once they were discharged, and when they did access it they were only provided the service for a limited time period which many felt was insufficient for their needs. They told us that they would like to receive regular reviews to ensure that they are receiving the appropriate level of care and support.

Stroke can be a life changing event which can be difficult for the patient and their families to deal with. It was felt that there was a need to ensure that people are provided with the appropriate levels of emotional support and advice, and where necessary have access to psychological therapies.

It was felt that more support should be provided for carers, so they know what to expect and how to support the person they are caring for. For many people this is the first time they have had to care for their loved one, and can be a very difficult time adapting to their new role. And as such they require emotional support, guidance and to be offered respite care.

Many people were unaware of the support the voluntary and community sector could provide, and requested that more information be provided to patients and their families / carers.

Of those that were aware of the support available they talked positively of the services provided by the following organisations; the Stroke Association, Speakability, Speak with It, Age UK and Scope.

They valued the support groups that they had attended and welcomed the opportunity to be able to speak to other people that had experienced a stroke. They felt that there should be more support groups, with specific groups for younger people and carers. Some were concerned that the funding of these organisations was inequitable and as such the provision of services was inconsistent across West Yorkshire and Harrogate. Of those that did provide services in their areas, there was some concern that the services may be cut.

People wanted the voluntary and community sector to provide befriending services to help reduce isolation; and support people in making meals, gardening, taking people shopping and supporting them to attend appointments. To support their recovery they also wanted to be able to access leisure facilities, such as swimming pools and gyms.

Awareness and prevention

It was felt that there was a need to educate people on how to lead a healthier lifestyle using a wide range of approaches, such as leaflets, posters, social media, radio, television adverts, apps, delivering talks to people in a range of venues including community groups, places of worship, workplaces, schools and colleges.

It was suggested that having a patient talking about the impact stroke has had on their life and their families would be a powerful message that could support behaviour change. It was also felt that any campaign should make it clear that stroke can happen at any age.

GPs should undertake regular health checks of patients, especially those that are deemed to be high risk, and provide advice and support to lead a healthier lifestyle. Including providing access to smoking cessation, weight management, and exercise classes.

Many felt that there was a need to raise awareness of the signs and symptoms of a stroke, and what to do if you think someone is having a stroke. Some felt that the F.A.S.T. campaign didn't raise awareness of all the signs and symptoms, and that some strokes could be missed.

2.0 Introduction

Across West Yorkshire and Harrogate, health and social care services, including the NHS, are working together to look at better ways of delivering care for people who have a stroke.

Stroke is a life changing event. And the care people receive in the first few hours after a stroke makes a difference to how well they can recover. This includes scans, tests and clot-busting drugs, which have to be delivered by highly trained staff working in specialist units at hospitals.

Evidence from elsewhere suggest outcomes following hyper-acute stroke are likely to be better if patients are treated in specialised centres, even if this increases travelling time following the event. Ongoing rehabilitation should however be provided at locations, closer to where people live, and they should be transferred to these as soon as possible after initial treatment.

At the moment, depending on where people live, they might experience different standards of care if they have a stroke. More needs to be done to make sure that no matter where people live they have access to specialist, high quality care - twenty four hours a day, seven days a week.

The NHS is developing proposals to make sure everyone in our region gets this specialist care they need in the first few hours after a stroke and that stroke care and support is sustainable and fit for the future. We also know that preventing stroke taking place in the first place, and ongoing care, such as physiotherapy, speech therapy or emotional support is really important. The NHS thinks that by coordinating services better, more people could receive the care they need in a community setting, closer to home.

And by improving people's health and supporting people to stay well, health services could prevent people from having strokes and going to hospital in the first place.

Before decisions are made on the future of stroke services in West Yorkshire and Harrogate, we wanted to find out what people think about the services that are currently provided and what would be important to them should they have a stroke, or care for someone who has now or in the future.

3.0 Our responsibilities, including legal requirements

3.1 Our responsibilities

Engaging people is not just about fulfilling a statutory duty or ticking boxes, it is about understanding and valuing the benefits of listening to patients and the public in the commissioning process.

By involving local people we want to give them a say in how services are planned, commissioned, delivered and reviewed. We recognise it is important who we involve through engagement activity. Individuals and groups play different roles and there needs to be engagement opportunities for both.

Engaging people who use health and social care services, and other stakeholders in planning services is vital to ensure services meet the needs of local communities. It is also a legal requirement that patients and the public are not only consulted about any proposed changes to services, but have been actively involved in developing the proposals.

3.2 Legal requirements

There are a number of requirements that must be met when discussions are being made about the development of services, particularly if any of these will impact on the way these services can be accessed by patients. Such requirements include the Health and Social Care Act 2012 and the NHS Constitution.

Health and Social Care Act 2012, makes provision for CCGs to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners, and it also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution - and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- in their planning of commissioning arrangements
- in the development and consideration of proposals for changes in the commissioning arrangements, where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- in decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSC) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The duties to involve and consult were reinforced by the NHS Constitution which stated: 'You have the right to be involved directly or through representatives, in the planning of

healthcare services, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services'.

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act, age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation.

Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'Equality of Opportunity', and c) foster good relations. To help support organisations to meet these duties a set of principles have been detailed in case law. These are called the Brown Principles;

- The organisation must be aware of their duty.
- Due regards is fulfilled before and at the time any change is considered as well as at the time a decision is taken. Due regards involves a conscious approach and state of mind.
- The duty cannot be satisfied by justifying a decision after it has been taken.
- The duty must be exercised in substance, with rigour and with an open mind in such a way that it influences the final decision.
- The duty is a non-delegable one.
- The duty is a continuing one.

An Equality Impact Assessment (EQIA) will need to be undertaken on any proposals for changes to services that are developed through the programme, in order to understand any potential impact on protected groups and ensure equality of opportunity. Engagement must span all protected groups and other groups, and care should be taken to ensure that seldom-heard interests are engaged with and supported to participate, where necessary.

The Gunning Principles of Consultation are recommended as a framework for all engagement activity but are particularly relevant for consultation and would be used, in the event of a judicial review, to measure whether the process followed was appropriate. The Gunning Principles state that:

- Consultation must take place when the proposal is still at a formative stage
- Sufficient reasons must be put forward for the proposal to allow for intelligent consideration and response.
- Adequate time must be given for consideration and response
- The product of consultation must be conscientiously taken into account

4.0 Engagement process

Healthwatch organisations across West Yorkshire and Harrogate wanted to find out what people think about the services that are currently provided and what would be important to them should they have a stroke, or care for someone who has now or in the future. An engagement plan supporting this work was developed (see Appendix A). The engagement ran for six weeks, commencing on Wednesday 1st February until Wednesday 15th March 2017.

Existing data was collated and analysed to form part of the engagement process. The information considered as part of this exercise was any data from previous engagement and patient experience relating to stroke services.

As part of the plan a survey (see appendix B) was designed to gain feedback from people who had experienced a stroke, the wider public and key stakeholders. This was shared via our communication and engagement channels and with a wide range of organisations.

It should be noted that as engagement had already taken place in Airedale, Wharfedale, Craven and Bradford in 2015, Healthwatch Bradford and District adopted a different approach. This involved 15 semi-structured interviews with patients and carers identified through liaison with stroke rehabilitation wards at local hospitals.

Staff and volunteers from all West Yorkshire and Harrogate Healthwatch organisations (excluding Bradford and District as they took a different approach) contacted key organisations that were most likely to have an interest in stroke services and arranged outreach sessions. This included meeting with voluntary and community groups, attending GP practices, rehab units, stroke wards, and libraries. Overall, 54 face to face sessions were held across West Yorkshire and Harrogate talking to approximately 1,544 people.

In addition to the outreach sessions, 5 voluntary and community sector clinician led events were held in Calderdale, Kirklees, Leeds, Harrogate and Wakefield, for representatives from the voluntary and community sector (VCS) to talk to lead clinicians about stroke services across West Yorkshire and Harrogate and to provide an opportunity to take part in discussions.

We also used Facebook, Instagram and third party website advertising to promote the survey. The advert generated the following engagement:

Over 98,000 people saw the advert
1,628 people clicked to find out more about the advert

The work has also been supported by the West Yorkshire and Harrogate Communications and Engagement network which includes colleagues from clinical commissioning groups, hospitals, community care providers and local authorities.
This approach has enabled us to raise awareness of the stroke engagement work across the whole of the area using existing internal and external communication channels, for

example information was sent to over 4,000 people who subscribe to the Kirklees Staying healthy e-bulletin.

Staff were also asked for their views on how best we move forward, with some hospitals, for example Harrogate and District NHS Foundation Trust, holding staff engagement sessions.

Health and Wellbeing Boards, Clinical Commissioning Group Governing Bodies, MP's and the Joint Health Overview Committee were also updated on the engagement work and asked to encourage people to have their say.

Regional and local media were also kept informed, and around 80 people who had registered an interest in STP updates were sent the stroke engagement survey link to complete.

Equality

Engagement activity should include all protected groups and other relevant groups. Care should be taken to ensure that seldom-heard interests are engaged with and supported to participate, where necessary.

We monitored responses mid-way through the engagement to establish if any additional, more targeted engagement was required, to ensure that we were gaining views from the relevant protected groups. During the mid-point review it was highlighted that responses from key protected groups were low. To try to address this, it was agreed that the social media advertising should target males, people under the age of 65 and BME groups. In addition to the targeted social media advertising, Healthwatch organisations targeted their outreach sessions with key protected groups.

All engagement activity has been equality monitored to assess the representativeness of the views gathered during the engagement process. Where there are gaps in gathering the views of specific groups relating to the protected characteristics, this will need to be addressed as part of the next phase of engagement (pre-consultation) and prior to any formal consultation.

The data from the engagement activity will be combined with other data and research to develop the EQIA. This will help us to understand the potential impact of the proposals on different groups so that these can be fed into the decision making process.

5.0 Analysis of existing engagement

West Yorkshire and Harrogate STP have produced a report that pulls together all relevant engagement activity that has taken place during April 2012 to February 2017, across West Yorkshire and Harrogate. The report can be viewed here:

https://www.wakefieldccg.nhs.uk/fileadmin/STP/Publications/Engagement_and_consultation_mapping_document_-_March_2017_final.pdf

This report has been reviewed to establish if any engagement has previously taken place on stroke services. Airedale, Wharfedale, Craven and Bradford undertook engagement during 2015. The engagement that took place aimed to:

- communicate the change in hyper acute stroke unit arrangements (hyper-acute refers to the first few hours and days after the stroke occurs)
- understand the impact the change would have on local people
- find out what was important to people when accessing stroke services
- identify areas for potential service improvements

A range of engagement activities took place over a nine week period, from 13 July to 11 September 2015, and over 300 people's voices (views, opinions, insights, comments, experiences and suggestions) were heard.

In addition to this, during January to April 2016 Wakefield had also undertaken engagement as part of the pre-consultation phase that is taking place in South and Mid Yorkshire, Bassetlaw and North Derbyshire. By the end of the pre-consultation phase, they had received 247 online responses as well as written feedback from each of the events. They estimate that more than 500 face to face conversations took place.

South Yorkshire and Bassetlaw and North Derbyshire are proposing to make changes to hyper acute stroke services to improve the experience of patients needing stroke care in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield. Their consultation closed on the 14 February 2017. Report findings are expected soon and you can view this here http://www.smybndccgs.nhs.uk/what-we-do/critical-care-stroke-patients

This may have an impact on people living on the boundary of West Yorkshire in regard to Pinderfields hospital admissions and we are working together with South Yorkshire , Bassetlaw and North Derbyshire commissioner to ensure any proposed changes (subject to the outcome of their consultation) inform our future proposals

The key themes raised across both pieces of engagement were:

- Fast ambulance response times / journey times to receive treatment
- Transfer times to receive treatment if presenting at other hospital sites
- Being seen quickly when get to a hospital

- Being seen and treated by knowledgeable staff
- Journey time and distance for visitors, and the cost of parking at the hospital
- More emotional support for patients, carers and family members
- To be able to access rehabilitation locally to aid recovery
- Information and communication need to be improved across services
- Involving family and carers (as they know the patient best and can advise while in critical condition)
- More education on the prevention of strokes

Discharge and aftercare

Concerns were raised about aspects of discharge, rehabilitation and aftercare. These covered a wide range of specific issues including a reported under provision of speech therapy and physiotherapy; gaps in the provision of emotional support for patients, carers and family members, along with a lack of consistency when providing aids and adaptations to patients.

It was suggested there should be an increased focus on re-enablement and recovery and that more resources be put into rehabilitation and aftercare services locally, as getting the right information and support were deemed important to aid patient recovery and relieve anxiety and stress for patients and carers.

Travel, transport and parking

The distance, time and cost to travel, along with the challenges of parking, were a concern. People were worried not only about how the extra journey time could affect the treatment and outcome for stroke patients but also how this would impact on the ability of carers and families to visit their loved one at this critical time, particularly those reliant on public transport.

Suggestions to address the concerns highlighted included providing help with travel costs for immediate family members e.g. a travel card, extended or open visiting times in order to avoid peak travel times, and some level of concession for parking.

Treatment and care

There were concerns about moving the existing HASU at AGH to BRI and the impact, the additional distance, time and potentially different levels of service could have on the treatment and outcome of stroke patients living in Airedale, Wharfedale and Craven. Concerns were also raised for those people who self-present at AGH A & E not realising they are having a stroke; then having to be transferred to BRI before receiving treatment.

Suggestions proposed in relation to improving treatment and care included improving ambulance response time, ensuring there is a sufficient number of acute beds and creating a joined up fast track service from 999 and arrival through to assessment, tests and treatment.

Staff

Whilst there were many positive comments in relation to staff and the care they provide, especially on Ward 5 at AGH, there were concerns about inadequate staffing levels, particularly specialist stroke staff and how staff shortages can result in delayed response time and limited contact time for patients. Also raised was whether general and agency nurses had the level of knowledge and skill, required for stroke care. There were also concerns raised in relation to the poor attitude of some staff and the impact of this on the patient/carer experience.

It was suggested that more specialist stroke staff were needed and that stroke training should be provided for general and agency nurses and, A & E staff.

Information and communication

The need for improved information and communication between staff, patients and carers and between departments and across organisations were highlighted. In particular was the need of stroke patients and carers' to understand what has happened to them/their loved one during and after the stroke. Also raised was the need for appropriate forms of communication to be used with those patients whose ability to communicate has been impaired by the stroke.

It was suggested more information and advice about prevention of strokes, strokes and after care was required and that the patient information currently provided is reviewed to ensure it is easily understood and fit for purpose.

Further improving hyper acute stroke services (hyper-acute refers to the first few hours and days after the stroke occurs) and making sure all stroke care services are fit for the future has also been highlighted as a priority in the draft Sustainability and Transformation Plan (STP) for the area. This outlines how we want to improve people's health and wellbeing, for example by reducing incidence of stroke, premature mortality and further improving care quality, such as increasing the proportion of people scanned within 12 hours. As this engagement was limited to a few areas, it was agreed that engagement also needed to take place in the rest of West Yorkshire and Harrogate.

6.0 Analysis of engagement feedback

We received **940** completed surveys either via face to face engagement activities **(830, 88%)** or social media advertising **(110, 12%)**. In addition to the survey we also received feedback via:

- **54 outreach sessions** talking to approximately **1,544 people**
- **5 voluntary and community sector clinician led events** attended by **78 people**
- **15 semi-structured interviews** with people who had experience of stroke services in Airedale, Wharfedale, Craven and Bradford

6.1 Profile of the survey respondents

Appendix E provides a breakdown of the protected characteristics of the survey respondents. However it should be noted that approximately **25%** of people did not complete the equality monitoring form. In summary the survey respondents were:

- **60.3% (452)** were female and **38.3% (287)** were male
- **0.1% (1)** stated that their gender was different to the sex they were assumed to be at birth
- Respondents were aged between **17 and 101, with an average age of 58**
- **89.1% (636)** described themselves as heterosexual, **1.1% (8)** as lesbian, **1.3 % (9)** as gay, and **0.7% (5)** as bisexual.
- The majority of respondents, **88% (652)** described themselves as White, **5.1% (38)** as Asian or Asian British, **0.7% (5)** as Black or Black British, and **1.1% (8)** as Mixed or multiple ethnic groups
- **55.8% (406)** stated that they identified with Christianity, **27.7% (202)** no religion, **3.8% (28)** Islam, **0.8% (6)** Hinduism, **0.8% (6)** Judaism, **0.5% (4)** Buddhism, and **0.1% (1)** Sikhism
- **27.8% (203)** provide care for someone
- **23.6% (175)** described themselves as being disabled. With the majority having a disability that was physical or mobility impairment.

Where appropriate we analysed the data to establish if there were any variations in the views expressed by protected characteristics. These findings can be found in section 7.0.

6.2. Survey responses

Q1. Which area do you live in?

Answer Options	%	No.
Bradford Metropolitan District	8.8%	82
Calderdale	7.9%	74
Harrogate and Rural District	10.6%	99
Kirklees	18.8%	176
Leeds	20.0%	187
Wakefield District	30.7%	287
Other	3.2%	30
answered question		**935**
skipped question		**5**

Other included Barnsley, Doncaster, Leicester, North Yorkshire, Rochdale, Selby, Sheffield, and York

Q2. Are you completing this questionnaire as…

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
A member of the public	79.4%	740	75.6%	62	73.0%	54	62.6%	62	77.1%	135	79.2%	145	89.5%	256
On behalf of a voluntary or community organisation	3.1%	29	1.2%	1	5.4%	4	2.0%	2	5.1%	9	1.1%	2	3.5%	10
A health professional responding in a professional capacity	11.1%	103	13.4%	11	10.8%	8	27.3%	27	9.7%	17	14.2%	26	3.5%	10
Other	6.4%	60	9.8%	8	10.8%	8	8.1%	8	8.0%	14	5.5%	10	3.5%	10
Answered question		**932**		**82**		**74**		**99**		**175**		**183**		**286**
Skipped question		**8**		**0**		**0**		**0**		**1**		**4**		**1**

Other included:

- Carer / family member / friend of someone who had a stroke

- Councillor
- Volunteer for Stroke Association
- CCG staff member
- Patient champion
- Physiotherapist
- Local government officer
- Press
- Retired health professional
- Speech and language therapy assistants
- Sensory services
- Retired health professional

Q3. Have you or the person you care for had a stroke or a suspected stroke?

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Yes	49.2%	455	58.5%	48	63.0%	46	55.7%	54	42.6%	75	58.0%	105	41.1%	116
No	50.8%	469	41.5%	34	37.0%	27	44.3%	43	57.4%	101	42.0%	76	58.9%	166
Answered question		**924**		**82**		**73**		**97**		**176**		**181**		**282**
Skipped question		**16**		**0**		**1**		**2**		**0**		**6**		**5**

The area with the highest percentage of respondents who had a stroke or a suspected stroke was Calderdale with 63% of respondents, and Wakefield was the lowest with 41.1%

Q4. Which hospital did you / or the person you care for initially attend when you had a stroke or a suspected stroke?

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Airedale General Hospital	2.0%	8	17.9%	7	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Bradford Royal Infirmary	7.0%	28	53.8%	21	0.0%	0	0.0%	0	5.1%	3	3.1%	3	0.9%	1
Calderdale Royal Hospital	12.3%	49	10.3%	4	79.5%	35	2.3%	1	13.6%	8	1.0%	1	0.0%	0
Dewsbury and District Hospital	5.8%	23	0.0%	0	0.0%	0	0.0%	0	27.1%	16	1.0%	1	4.7%	5
Friarage Hospital	0.5%	2	0.0%	0	2.3%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Harrogate District Hospital	9.0%	36	0.0%	0	0.0%	0	72.7%	32	0.0%	0	2.1%	2	0.9%	1
Huddersfield Royal Infirmary	3.5%	14	0.0%	0	2.3%	1	2.3%	1	20.3%	12	0.0%	0	0.0%	0
Leeds General Infirmary	17.5%	70	7.7%	3	0.0%	0	4.5%	2	6.8%	4	60.8%	59	0.9%	1
Pinderfields General Hospital	24.1%	96	2.6%	1	0.0%	0	4.5%	2	13.6%	8	5.2%	5	74.5%	79
Pontefract General Infirmary	2.8%	11	2.6%	1	2.3%	1	0.0%	0	0.0%	0	1.0%	1	7.5%	8
Skipton General Hospital	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
St James's University Hospital	4.5%	18	0.0%	0	0.0%	0	0.0%	0	0.0%	0	16.5%	16	0.0%	0
Other	11.0%	44	5.1%	2	13.6%	6	13.6%	6	13.6%	8	9.3%	9	10.4%	11
Answered question		**399**		**39**		**44**		**44**		**59**		**97**		**106**
Skipped question		**541**		**43**		**30**		**55**		**117**		**90**		**181**

Other included:

- Barnsley
- Blackburn
- Bristol
- Burton on Trent
- Cyprus
- Darlington
- East Kilbride
- France
- Greece
- Ireland
- Hull

- Lanarkshire
- London
- Salford
- Scarborough
- Sheffield
- Tenerife
- U.S.A.
- York

Q5. Was this the closest hospital to you when you had a stroke or a suspected stroke?

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Yes	79.5%	314	89.7%	35	90.9%	40	88.4%	38	65.5%	38	67.0%	65	85.6%	89
No	17.2%	68	7.7%	3	6.8%	3	9.3%	4	34.5%	20	25.8%	25	11.5%	12
Not sure	3.3%	13	2.6%	1	2.3%	1	2.3%	1	0.0%	0	7.2%	7	2.9%	3
Answered question		**395**		**39**		**44**		**43**		**58**		**97**		**104**
Skipped question		**545**		**43**		**30**		**56**		**118**		**90**		**183**

The area with the highest number of respondents that attended the hospital closest to them was Calderdale with 90.9% of people, whilst 65.5% of respondents from Kirklees stated that they attended the hospital closest to them.

Q6. Were you transferred to another hospital to continue with your treatment?

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Yes	27.4%	108	35.9%	14	6.8%	3	20.9%	9	48.3%	28	26.3%	25	25.7%	27
No	69.8%	275	61.5%	24	93.2%	41	72.1%	31	51.7%	30	69.5%	66	73.3%	77
Not sure	2.8%	11	2.6%	1	0.0%	0	7.0%	3	0.0%	0	4.2%	4	1.0%	1
Answered question		**394**		**39**		**44**		**43**		**58**		**95**		**105**
Skipped question		**546**		**43**		**30**		**56**		**118**		**92**		**182**

The area with the highest number of people that were transferred to another hospital was Kirklees with 48.3% of respondents, and the lowest was Calderdale with 6.8%.

Q7. Overall, how would you describe your experience of care when you had a stroke or a suspected stroke?

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Very Good	44.7%	174	55.3%	21	50.0%	22	55.0%	22	31.0%	18	50.0%	47	39.0%	41
Good	21.9%	85	15.8%	6	11.4%	5	15.0%	6	25.9%	15	27.7%	26	21.0%	22
Acceptable	15.7%	61	10.5%	4	13.6%	6	20.0%	8	22.4%	13	11.7%	11	18.1%	19
Poor	10.3%	40	10.5%	4	18.2%	8	5.0%	2	10.3%	6	5.3%	5	14.3%	15
Very poor	7.5%	29	7.9%	3	6.8%	3	5.0%	2	10.3%	6	5.3%	5	7.6%	8
Answered question		**389**		**38**		**44**		**40**		**58**		**94**		**105**
Skipped question		**551**		**44**		**30**		**59**		**118**		**93**		**182**

Across West Yorkshire and Harrogate, 66.6% of respondents rated their experience as either very good or good. The area with the highest number of respondents rating their experience as very good or good was Leeds at 77.7%, and Kirklees had the lowest with 56.9%.

285 people (58.7% of respondents that had a stroke or a suspected stroke) provided an explanation for their answer. The main themes were:

- Many people described the excellent levels of care that they received in hospital, from being seen quickly, to accessing the most appropriate treatments and being kept informed. They talked about staff being willing to help although some felt that they were overworked so were sometimes unable to meet the needs of the patients.
- Many reported delays in being seen and treated in A&E. They felt that these delays in accessing treatment had resulted in long term damage. Some examples were given of where patients were waiting many hours in A&E before being seen, even when their GP had rung through to let the hospital know that the patient was having a stroke. Patients felt that they should be fast tracked to a stroke unit to start receiving the appropriate care as soon as possible.
- There were a few comments about patients being misdiagnosed and being sent home from A&E, even though it would transpire at a later date that they had had a stroke or TIA.
- There were reports of long waits in A&E following diagnosis whilst patients waited for a bed to become available. And when they were admitted it wasn't always to a stroke ward, which patients felt impacted negatively on their recovery.
- A few people commented that once admitted to a ward that they had been placed in a side room, which they had found quite stressful and isolating, and would have preferred the choice to be in a bay so they could be near other people.
- Comments on discharge ranged from people feeling that they were in hospital longer than they needed to be, to those that felt pressured to leave too soon.
- Some felt that there was a lack of co-ordination between services, and this was seen as more problematic when trying to organise across geographical boundaries.
- Many reported a lack of ongoing support once they were discharged from hospital, examples were given of aids, adaptations and home care not being in place, and having to source the support they required themselves.
- Some mentioned the lack of assessment of the needs of the patients and their families, particularly for those patients that had previously been carers for either their own children or partner.
- Some reported delays in accessing rehabilitation, such as physiotherapy and speech and language therapy. And when it was provided it was only for a short period of time and insufficient for the needs of the patients.

Q8. Please tell us what could have improved your experience.

268 people (58% of respondents that had a stroke or suspected stroke) told us what could have improved their experience. Many people were happy with the care they had received and didn't feel that it could be improved. Of those that made suggestions the main themes were:

- Upon arrival at A&E people want to be able to access the right treatment and tests immediately, such as thrombolysis and scans. And to be cared for by staff who are stroke specialists.

- Once they have received a diagnosis they want to be admitted to a stroke unit, where they can start receiving physiotherapy and other rehabilitation services immediately.
- They want to be given the choice of being admitted to a side room or a bay, as some feel isolated being in a side room and prefer to be in a ward near other people.
- Whilst on the ward they would like the opportunity to speak to people that have experienced a stroke. Age UK and the Stroke Association were cited as examples of organisations that had provided useful support and advice to patients.
- They want to have a thorough assessment prior to being discharged, to ensure that they are ready to go home, and if they are, to have all the appropriate aids, adaptations and home care support in place prior to them being discharged.
- For all organisations who are involved in their care to communicate with each other to ensure that the patient receives a seamless service.
- That they, and their families are kept informed and involved throughout, so they know what to expect once they are discharged, are aware of what support is available and how to access it.
- Once they have been discharged, to receive regular reviews to ensure that they are receiving the appropriate level of care and support.
- To be able to access physiotherapy and other rehab services for as long as required, and for it not to be time limited.
- Raise awareness of the signs and symptoms of a stroke, and what to do if you think someone is having a stroke. Some people had gone to their GP rather than going straight to A&E.
- Ensure that stroke services also cater for younger people; it was felt by some that there is an assumption that strokes just affect older people.

Q9. How important do you think the following are when accessing care in the first few hours after a stroke or a suspected stroke?

a. Fast ambulance response times

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Very important	96.5%	761	100%	68	95.2%	59	94.8%	73	95.4%	144	96.8%	152	96.7%	237
Important	3.0%	24	0.0%	0	1.6%	1	5.2%	4	4.0%	6	3.2%	5	2.9%	7
Slightly important	0.1%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.4%	1
Not important	0.4%	3	0.0%	0	3.2%	2	0.0%	0	0.7%	1	0.0%	0	0.0%	0
Answered question		**789**		**68**		**62**		**77**		**151**		**157**		**245**
Skipped question		**151**		**14**		**12**		**22**		**25**		**30**		**42**

b. Being treated at a hospital close to home

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Very important	61.6%	476	77.9%	53	68.3%	41	72.0%	54	51.0%	75	57.4%	89	61.1%	146
Important	25.7%	199	13.2%	9	18.3%	11	18.7%	14	28.6%	42	31.6%	49	26.8%	64
Slightly important	9.6%	74	7.4%	5	10.0%	6	6.7%	5	15.0%	22	7.7%	12	9.6%	23
Not important	3.1%	24	1.5%	1	3.3%	2	2.7%	2	5.4%	8	3.2%	5	2.5%	6
Answered question		**773**		**68**		**60**		**75**		**147**		**155**		**239**
Skipped question		**167**		**14**		**14**		**24**		**29**		**32**		**48**

Responses were analysed to establish if there was any variation in responses from those people that had had a stroke or a suspected stroke and had been transferred to another hospital. Results showed that those people that had a stroke and were transferred to another hospital 56% felt it was very important to be treated close to home, compared to 70% who had had a stroke but had not been transferred to another hospital.

c. Being treated at a hospital where I can receive the scans, tests and drugs that I need

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Very important	92.9%	724	95.6%	65	93.3%	56	96.0%	72	91.3%	136	96.2%	151	90.0%	217
Important	6.7%	52	4.4%	3	6.7%	4	4.0%	3	8.7%	13	3.2%	5	9.1%	22
Slightly important	0.4%	3	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.6%	1	0.8%	2
Not important	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Answered question		**779**		**68**		**60**		**75**		**149**		**157**		**241**
Skipped question		**161**		**6**		**14**		**24**		**27**		**30**		**46**

d. Being treated by highly trained specialists

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Very important	93.5%	729	100%	68	90.2%	55	94.6%	70	91.9%	137	95.5%	149	92.2%	224
Important	6.2%	48	0%	0	9.8%	6	4.1%	3	8.1%	12	4.5%	7	7.0%	17
Slightly important	0.3%	2	0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.8%	2
Not important	0.1%	1	0%	0	0.0%	0	1.4%	1	0.0%	0	0.0%	0	0.0%	0
Answered question		**780**		**68**		**61**		**74**		**149**		**156**		**243**
Skipped question		**160**		**6**		**13**		**25**		**27**		**29**		**44**

e. Being seen quickly when I get to a hospital

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Very important	96.2%	753	100%	68	96.7%	59	96.1%	73	94.6%	141	95.5%	150	95.9%	233
Important	3.7%	29	0%	0	3.3%	2	3.9%	3	5.4%	8	4.5%	7	3.7%	9
Slightly important	0.1%	1	0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.4%	1
Not important	0.0%	0	0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Answered question		**783**		**68**		**61**		**76**		**149**		**157**		**243**
Skipped question		**157**		**14**		**13**		**23**		**27**		**30**		**44**

f. Safety and quality of the service

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Very important	89.6%	695	97.1%	66	83.3%	50	90.7%	68	93.1%	135	92.4%	145	86.4%	209
Important	10.1%	78	2.9%	2	15.0%	9	9.3%	7	6.2%	9	7.0%	11	13.6%	33
Slightly important	0.4%	3	0.0%	0	1.7%	1	0.0%	0	0.7%	1	0.6%	1	0.0%	0
Not important	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Answered question		**776**		**68**		**60**		**75**		**145**		**157**		**242**
Skipped question		**165**		**14**		**14**		**24**		**31**		**30**		**45**

g. Involving family and carers

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Very important	89.6%	695	73.5%	50	65.0%	39	72.0%	54	66.4%	97	73.7%	115	67.8%	164
Important	10.1%	78	25.0%	17	35.0%	21	22.7%	17	28.8%	42	24.4%	38	26.9%	65
Slightly important	0.4%	3	1.5%	1	0.0%	0	4.0%	3	4.1%	6	1.9%	3	4.5%	11
Not important	0.0%	0	0.0%	0	0.0%	0	1.3%	1	0.7%	1	0.0%	0	0.8%	2
Answered question		**776**		**68**		**60**		**75**		**146**		**156**		**242**
Skipped question		**165**		**14**		**14**		**24**		**30**		**31**		**45**

h. Other

97 people (10.3% of all survey respondents) commented on what else they viewed to be important within the first few hours of having a stroke or a suspected stroke. The main themes were:

- To be treated by qualified ambulance staff who have access to the appropriate equipment, and to be taken to a hospital that will provide the best care.

- When attending A&E to be seen immediately and to be able to access the latest treatments such as thrombolysis, thrombectomy and scans, and to be treated by staff who are stroke specialists.
- To be able to be admitted to a stroke unit to ensure that they receive the best care.
- Many people said that they would travel further if it meant they were able to access the best treatment and to be treated by specialists; however, they wanted rehab to be available closer to home. Although, it should be noted that some people wanted all services to be available locally.
- There was some concern that the number of stroke units would be reduced, and this reduction could lead to the remaining units being unable to cope with demand and impact negatively on health outcomes. Some people also expressed concern that their families would have to travel further to visit them in hospital or attend appointments.
- Ensure patients and their families are provided with appropriate levels of aftercare and support, and that this should include emotional support.
- For all organisations who are involved in their care to communicate with each other to ensure that the patient receives a seamless service.
- That they, and their families are kept informed and involved throughout, so they know what to expect once they are discharged, are aware of what support is available and how to access it.

Q10. How important do you think the following are when accessing after care for people who have had a stroke?

a. Be able to access rehabilitation services close to home to help you recover

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Very important	79.7%	623	88.2%	60	70.5%	43	88.3%	68	76.4%	113	76.4%	120	81.0%	196
Important	18.4%	144	8.8%	6	26.2%	16	11.7%	9	21.6%	32	19.1%	30	18.6%	45
Slightly important	1.7%	13	2.9%	2	3.3%	2	0.0%	0	1.4%	2	3.8%	6	0.4%	1
Not important	0.3%	2	0.0%	0	0.0%	0	0.0%	0	0.7%	1	0.6%	1	0.0%	0
Answered question		**782**		**68**		**61**		**77**		**148**		**157**		**242**
Skipped question		**158**		**14**		**13**		**22**		**28**		**30**		**45**

b. Be able to access a range of rehabilitation services, such as physiotherapy, speech and language therapy, emotional support

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Very important	87.7%	682	97.1%	66	83.6%	51	90.7%	68	89.9%	134	81.5%	128	87.9%	210
Important	12.1%	94	2.9%	2	16.4%	10	9.3%	7	9.4%	14	18.5%	29	11.7%	28
Slightly important	0.3%	2	0.0%	0	0.0%	0	0.0%	0	0.7%	1	0.0%	0	0.4%	1
Not important	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Answered question		**778**		**68**		**61**		**75**		**149**		**157**		**239**
Skipped question		**162**		**14**		**13**		**24**		**27**		**30**		**48**

c. Be involved in decisions about my care

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Very important	84.0%	652	89.7%	61	80.0%	48	85.3%	64	87.8%	129	79.6%	125	83.3%	200
Important	14.8%	115	10.3%	7	20.0%	12	14.7%	11	10.2%	15	19.1%	30	15.4%	37
Slightly important	0.9%	7	0.0%	0	0.0%	0	0.0%	0	2.0%	3	0.6%	1	0.8%	2
Not important	0.3%	2	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.6%	1	0.4%	1
Answered question		**776**		**68**		**60**		**75**		**147**		**157**		**240**
Skipped question		**164**		**14**		**14**		**24**		**29**		**30**		**47**

d. Being treated by highly trained specialists

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Very important	87.0%	676	94.1%	64	76.7%	46	88.0%	66	89.8%	132	82.2%	129	90.9%	219
Important	12.1%	94	5.9%	4	18.3%	11	10.7%	8	9.5%	14	17.2%	27	8.7%	21
Slightly important	0.8%	6	0.0%	0	5.0%	3	0.0%	0	0.7%	1	0.6%	1	0.4%	1
Not important	0.1%	1	0.0%	0	0.0%	0	1.3%	1	0.0%	0	0.0%	0	0.0%	0
Answered question		**777**		**68**		**60**		**75**		**147**		**157**		**241**
Skipped question		**163**		**14**		**14**		**24**		**29**		**30**		**46**

e. Safety and quality of the service

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Very important	86.8%	670	97.1%	66	75.0%	45	88.0%	66	89.8%	132	82.6%	128	89.1%	212
Important	12.8%	99	2.9%	2	23.3%	14	12.0%	9	10.2%	15	16.8%	26	10.9%	26
Slightly important	0.4%	3	0.0%	0	1.7%	1	0.0%	0	0.0%	0	0.6%	1	0.0%	0
Not important	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Answered question		**772**		**68**		**60**		**75**		**147**		**155**		**238**
Skipped question		**168**		**14**		**14**		**24**		**29**		**32**		**49**

f. Involving family and carers

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Very important	75.7%	578	85.3%	58	63.2%	36	82.2%	60	75.5%	111	78.3%	123	73.9%	173
Important	21.6%	165	14.7%	10	35.1%	20	12.3%	9	22.4%	33	21.0%	33	22.2%	52
Slightly important	2.2%	17	0.0%	0	1.8%	1	4.1%	3	2.0%	3	0.6%	1	3.0%	7
Not important	0.5%	4	0.0%	0	0.0%	0	1.4%	1	0.0%	0	0.0%	0	0.9%	2
Answered question		**764**		**68**		**57**		**73**		**147**		**157**		**234**
Skipped question		**176**		**14**		**17**		**26**		**29**		**30**		**53**

g. Other

88 people (9.3% of all survey respondents) provided comments on other areas that they viewed to be important when accessing aftercare following a stroke. The main themes were:

- They want to have a thorough assessment prior to being discharged, to ensure that they are ready to go home, and if they are, to have all the appropriate aids, adaptations and home care support in place prior to them being discharged.
- To ensure that the needs of the whole family are assessed, especially in situations where the patient had previously been a carer for either their own children or partner.
- For all organisations who are involved in their care to communicate with each other to ensure that the patient receives a seamless service.
- That they, and their families are kept informed and involved throughout, so they know what to expect once they are discharged, are aware of what support is available and how to access it.
- Once they have been discharged, to receive regular reviews to ensure that they are receiving the appropriate level of care and support.
- To be able to access physiotherapy and other rehab services close to home for as long as required, and for it not to be time limited.
- Stroke can be a life changing event which can be difficult for the patient and their families to deal with. Need to ensure that people are provided with the appropriate levels of emotional support and advice, and where necessary have access to psychological therapies.

- There was some concern that services may be reduced which could result in patients and their families having to travel further to attend appointments.

Q11. Please let us know if you have any suggestions on how social care could support patients and their families / carers following a stroke.

414 people (45.3% of all survey respondents) provided suggestions on how social care could support patients and their families / carers following a stroke. The main themes were:

- For a social worker to be assigned to each stroke unit / ward, to make sure that a thorough assessment of needs can take place prior to discharge, and to ensure that all the appropriate aids, adaptations and home care support are in place prior to them being discharged.
- For those people that are not ready to go home, to be provided with an intermediate care beds / rehabilitation unit to support them in their recovery.
- For all organisations who are involved in their care to communicate with each other to ensure that the patient receives a seamless service. To support this, a suggestion was made that teams should be multi-disciplinary and include social care, speech and language therapy, physiotherapy and occupational therapy.
- That they, and their families are kept informed and involved throughout, so they know what to expect once they are discharged, are aware of what support is available and how to access it, this should include emotional support and financial advice. They would like to have a named person who is responsible for co-ordinating their care and who can provide them with support and advice.
- Once they have been discharged, to receive regular reviews to ensure that they are receiving the appropriate level of care and support.
- To be able to access physiotherapy and other rehab services close to home for as long as required, and for it not to be time limited.
- Access to support groups and social activities, to help reduce isolation and to give people an opportunity to speak to other stroke patients. Specific mention was made to the services provided by the Stroke Association and Speakability.
- To provide support for carers, so they know what to expect and how to support the person they are caring for. For many people this is the first time they have had to care for their loved one, and can be a very difficult time adapting to their new role. And as such they require emotional support, guidance and to be offered respite care.

Q12. Please let us know if you have any suggestions on how the voluntary and community sector could support patients and their families / carers following a stroke.

381 people (40.5% of all survey respondents) provided suggestions on how the voluntary and community sector could support patients and their families / carers following a stroke. The main themes were:

- Many people were unaware of the support the voluntary and community sector could provide, and requested that more information be provided to patients and their families / carers. They want to know what is available and how to access it.
- Of those that were aware of the support available they talked positively of the services provided by the following organisations; the Stroke Association, Speakability, Speak with It, Age UK and Scope. Some were concerned that the funding of these organisations was inequitable and as such the provision of services was inconsistent across West Yorkshire and Harrogate. Of those that did provide services in their areas, there was some concern that the services may be cut.
- People wanted the voluntary and community sector to provide befriending services to help reduce isolation; and support people in making meals, gardening, taking people shopping and supporting them to attend appointments.
- They valued the support groups that they had attended and welcomed the opportunity to be able to speak to other people that had experienced a stroke. They felt that there should be more support groups, with specific groups for younger people and carers.
- To support their recovery they wanted to be able to access leisure facilities, such as swimming pools and gyms.
- They wanted to be able to access support and advice on how to cope with a stroke, and for this to include emotional support and financial advice. It was suggested by some that a telephone helpline should be available.
- To provide support for carers, so they know what to expect and how to support the person they are caring for. For many people this is the first time they have had to care for their loved one, and can be a very difficult time adapting to their new role. And as such they require emotional support, guidance and to be offered respite care.

Prevention

Q13. Did you know that having a healthy diet, exercising regularly, stopping smoking and cutting down on the amount of alcohol you drink can reduce your risk of having a stroke?

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Yes	96.1%	742	92.4%	61	95.1%	58	98.7%	74	96.6%	144	98.1%	151	94.6%	226
No	1.8%	14	3.0%	2	1.6%	1	0.0%	0	2.0%	3	0.6%	1	2.9%	7
Not sure	2.1%	16	4.5%	3	3.3%	2	1.3%	1	1.3%	2	1.3%	2	2.5%	6
Answered question		**772**		**66**		**61**		**75**		**149**		**154**		**239**
Skipped question		**168**		**16**		**13**		**24**		**27**		**33**		**48**

Q14. Please let us know if you have any suggestions on how we can support and educate people to help reduce their risk of having a stroke.

384 people (40.8% of all survey respondents) made suggestions on how we can support and educate people to help reduce their risk of having a stroke. The main themes were:

- Many felt that there was already enough support and education available, and some questioned whether it had any impact on changing people's behaviour.
- It was suggested that children should be taught in school how to lead a healthy lifestyle, and the impact on their health if they don't.
- Many were aware of the F.A.S.T. campaign and felt that there needed to be similar campaigns to educate people on prevention. It was suggested that having a patient talking about the impact stroke has had on their life and their families would be a powerful message that could support behaviour change. It was also felt that any campaign should make it clear that stroke can happen at any age.
- Some felt that the F.A.S.T. campaign didn't raise awareness of all the signs and symptoms, and that some strokes could be missed. People also felt that there needed to be more awareness of what to do if they suspect they are having a stroke.
- GPs should undertake regular health checks of patients, especially those that are deemed to be high risk, and provide advice and support to lead a healthier lifestyle.
- Provide services to support people to lead a healthier lifestyle, such as smoking cessation, weight management, and exercise classes.
- Deliver talks to people in a range of venues including community groups, places of worship, workplaces, schools and colleges.
- Educate via leaflets, posters, social media, radio, television adverts, and apps.

Q15. Please tell us if you have any further comments about how we can improve stroke services across West Yorkshire and Harrogate

282 people (30% of all survey respondents) made comments on how we can improve stroke service across West Yorkshire and Harrogate. The main themes were:

- Ambulances to arrive quickly and commence treatment.
- Recruit and train more specialist stroke staff.
- Upon arrival at A&E people want to be able to access the right treatment and tests immediately, such as thrombolysis, thrombectomies and scans. And to be cared for by staff who are stroke specialists.
- To increase the numbers of bed in stroke units to ensure all stroke patients are able to be admitted to the best place to support their recovery.
- Increase funding to ensure all patients are able to access the best treatment immediately. There was a range of opinions as to whether this should be available in all local hospitals or whether it should be based in a few specialist centres. Of those that commented, most felt that it should be provided in their local hospital, as they were concerned that the additional travel time could lead to negative health outcomes, and would mean their families having to travel further to visit them.
- That they, and their families are kept informed and involved throughout, so they know what to expect once they are discharged, are aware of what support is available and how to access it. This should include information on emotional support and financial advice.

- They want to have a thorough assessment prior to being discharged, to ensure that they are ready to go home, and if they are, to have all the appropriate aids, adaptations and home care support in place prior to them being discharged.
- For all organisations who are involved in their care to communicate with each other to ensure that the patient receives a seamless service.
- Once they have been discharged, to receive regular reviews to ensure that they are receiving the appropriate level of care and support.
- To be able to access physiotherapy, clinical psychology and other rehab services close to home for as long as required, and for it not to be time limited.
- To raise awareness of how to prevent a stroke, the signs and symptoms of a stroke, and what to do if you think someone is having a stroke.

6.3 Feedback from outreach sessions and VCS events

Calderdale

Calderdale Healthwatch met with Heath Stroke Group, Calderdale Stroke Support Club, Calderdale Health Forum and held an event for the VCS. During these activities they spoke to 70 people. The main themes raised were:

Future of stroke services

- There was concern that decisions had already been made and that the stroke unit in Calderdale would be closing, and patients would have to travel to Huddersfield which they didn't want to do.
- There was concern that an increase in travel time to access a HASU could result in negative health outcomes. And some questioned whether a HASU would deliver any better care, citing examples of other areas that had adopted this model and had seen no benefits or improvements. It was felt that the proposals were finance driven as people were happy with the care they currently received, so didn't feel it needed to be changed.
- There was concern that if people had to travel further this would impact on their families being able to visit them in hospital. Families and friends were seen as vital in supporting people in their recovery.
- There was concern that HASUs wouldn't be able to cope with the demand placed upon them if the number of units were reduced. It was felt that there was a need to look at recruitment and retention of stroke specialists, and there was some concern that if units are closed staff may leave.
- Queried how patient records would be shared between Hyper Acute Stroke Units (HASU) and stroke units in different locations. As currently there is no process in place and communication between different organisations is poor.

Staffing

- Paramedics and A&E staff need to receive more training on how to recognise and manage strokes. Particular reference was made to young people and how they are more likely to be misdiagnosed.
- To increase the amount of space on the wards for patients with immediate care needs, there should also be a specialist intermediate facility built for stroke survivors who need ongoing care to get back on their feet before they go home.
- Some reported an absence of specialist care at the weekend – no specialist consultants, and agency/bank nurses who deliver poor quality care. It was felt that there should not be a difference in care between during the week and at the weekend, and felt that if the new HASUs would be staffed appropriately 24/7, then this could be an improvement.

Discharge process

- Patients should have a thorough assessment prior to being discharged, to ensure that they are ready to go home, and if they are, to have all the appropriate aids, adaptations and home care support in place prior to them being discharged.

There was some concern that social workers at the hospital were inexperienced and they didn't know about the community support that is available for people, so often stroke survivors are left not knowing what support is out there.

- People should be able to access rehab immediately upon discharge, currently they have to wait approximately 10 weeks for a physiotherapy appointment.
- The process for ensuring you have the funding you need in place for the care you have been assessed as needing should be simplified and more clearly explained. Some people are told "you need this service" but then told "you'll have to pay £45 per day for it though". Then when they find out they have to pay, they turn the support down.

Prevention

- Need to raise awareness with the public on how to prevent a stroke, signs and symptoms of a stroke, and what to do it you suspect someone is having a stroke. Awareness needs to be raised with younger people as there is an assumption that strokes only affect older people.

Support groups

- People that attended support groups and clubs were very positive about the support that they provided. There was some conern about the long term funding of these groups. In a climate where money is tight, they would like to see more VCS organisations pooling their resources and sharing buildings so they can keep services open.
- They felt there needed to be an acknowledgement of the increasing need for stroke support services - more people having strokes and more people surviving them - so why are we reducing funding for support in the community and the hospitals? Why aren't there intermediate care beds?
- There needs to be variety in the types of support available – different things are appropriate for different people – a day centre is not right for everyone, but it is for some. There is very limited choice in Calderdale – even less so now that Heath Stroke Club is closing. Stroke survivors felt it was so important to have community support available – something that's like a family wrapped around you to stop you from feeling alone and to help you get through.
- Many people told us about the need for more support for their relatives such as briefings on possible changes for the person they care for – these could be minor attitude changes or personality differences – and these can be life changing.
- Younger patients were not always listened to and often were not treated with dignity.
- There was a really strong focus from the group that stroke was an emotionally life-changing event – there is a great deal of medical/clinical care available to help people to move on from stroke, but there is not the corresponding emotional support to help you to move forward. Giving time to addressing emotions was essential. When members of the Stroke Association came onto the ward and told them they also had had a stroke, they immediately experienced empathy and realised for the first time that someone understood what they were feeling. This bonding helped with their adapting to all the changes that were happening to them.

- There is a need for more support from voluntary sector/local authority/community services with less eligibility criteria. At the moment, it can feel like there are a lot of barriers to access these types of support and that your need has to fit certain criteria for you to be able to get help you need.
- There is now a carers station at Ward 7 in Calderdale delivered by the Stroke Association, where carers and people who have had strokes can get information about how to manage after stroke. There is also a 6 month review that takes place, where people who were provided with some information are then seen 6 months down the line to see how their support needs have changed.

Harrogate

Healthwatch North Yorkshire met with exercise groups, attended outpatients, stroke units and held an event for the VCS. During these activities they spoke to 62 people. The main themes raised were:

- Lack of support from rehabilitation, in particular mental health services, services tend to be focused on physical health.
- People needed to be reassured about preventative measures and the provision of rehabilitation services.
- Some questioned the use of the term hyper acute stroke units, and suggested that should use the term emergency or something more understandable.
- There was some concern about the possible reduction in the number of HASUs, and that a decision had already been made.
- Some felt that the survey had been designed to get buy in for a change in the number of HASUs, and were cynical about the purpose of the survey and engagement process.

Kirklees

Healthwatch Kirklees met with community groups and held an event for the VCS. During these activities they spoke to 171 people. The main themes raised were:

- People were aware that the first few hours after a stroke are crucial, so they want to be seen quickly and to be treated by highly trained specialists, with access to the best treatment such as scans and thrombolysis.
- To receive this treatment most people were happy to travel to access it, their priority wasn't location but ability to have the best treatment quickly. Although there was concern about being taken in an ambulance further away and whether this could delay them receiving treatment. Some people also expressed concern that if they were taken to a hospital further away it may be difficult for family to attend.
- People trust that paramedics will take the patient to the best hospital for their condition. They expect that the paramedics will have had the appropriate training to start treating patients whilst in the ambulance. And that they will liaise with the hospital that they are bringing in a potential stroke patient, so the patient can be seen and treated upon arrival.

- There was some concern around the number of HASU's being reduced and the increase in patients. This led to some questions around whether funding will be available to pay for the increase in stroke patients? If the number of HASUs are reduced this will lead to a decrease in beds, how will they cope with demand? Even if the numbers of HASUs are not reduced, would they be able to cope with the 20% increase in number of stroke patients by 2020 as predicted?
- Many felt that there was a need to increase awareness with the general public of the signs that a stroke is occurring and what to do if you suspect someone is having a stroke.
- Whilst most people were happy to be treated in a hospital further away within the first few hours, for ongoing rehabilitation they wanted to be treated closer to home, where they could have the support of their family and friends.
- They want to be able to access rehabilitation immediately and do not want to have to wait.
- They want to be treated by highly trained staff. Specialist care is key but there was some concern about the ability to recruit the right people.
- Need high standard of care across the patch and to ensure that there isn't a postcode lottery.
- Stroke impacts on patient and the family / carers too, need a key link person / co-ordinator to support people through the change, and to provide practical advice such as how to access support groups, care packages, funding etc. Also need to be mindful about those people that don't have family / carers close by to provide the ongoing support.
- Need to involve patients and their family / carers in decisions about their ongoing care.
- GPs need to be better at referring patients to the third sector, as patients can usually access these services quicker than NHS / Social Care services.
- Need integration across NHS, VCS, and Social Care. To ensure that provide a seamless service throughout.

Leeds

Healthwatch Leeds met with stroke groups, attended outpatients, stroke units and held an event for the VCS. During these activities they spoke to 94 people. The main themes raised were:

- Importance of listening to patients
- Rehabilitation services, such as physiotherapy should not have a cut-off point and they should be available as long as patients need them, funded by the NHS. Physio should continue for a minimum of 1-2 years to maximise the 'potential' rehabilitation of the person. Likewise specialist speech therapy should be available longer as communication difficulties cause so many other barriers to recovery.
- Improving communication between wards, hospitals, clinics and the community teams
- More consistent approaches across stroke services- Increase or decreases services appropriately based on patient's individual condition
- Involvement of the 3rd sectors organisation

- Sharing feedback between hospital, community and other related stroke service such as community support groups
- Stroke associations will arrange feedback from patients to LGI and on how best to improve services
- Electronic record sharing will help to improve the efficiency of the stroke service.
- Improve coordination of appointments between each service in the stroke support package provided in the first 6 weeks.
- Involving community dietician in stroke management
- Be able to access rehabilitation services close to home
- Every stroke is different, they need to explain how it affects me individually and then put appropriate social care in place.
- Support groups are extremely useful, needs to be more groups with more funding for activities that help people recovering from stroke.
- Suggested that could have a 'one stop shop', where you can go for speech, physio, and luncheon club, socialising, activities to reduce loneliness and isolation.

Wakefield

Healthwatch Wakefield met with stroke groups, community groups, attended outpatients, stroke units, libraries and held an event for the VCS. During these activities they spoke to approximately 1,225 people. The main themes raised were:

- People understood the clinical case for a change to fewer, more specialised stroke units once it was explained by a stroke specialist.
- One person felt that the survey itself wasn't focused well enough for 'at risk' groups.
- People felt more attention / education should be given to what one should do when someone has a stroke, i.e. that time is of the essence, call an ambulance don't take someone to A&E yourself because otherwise there are pathways that you might miss and so on.
- In Wakefield there is an assumption that a specialised stroke unit would stay in Pinderfields or at worst be at Leeds which doesn't feel like a big issue for most.

6.4 Feedback from interviews undertaken in Airedale, Wharefedale, Craven and Bradford

6.4.1 Introduction

In 2015 stroke services in Airedale, Wharfedale, Craven and Bradford were reconfigured, with a single Hyper Acute Stroke Unit based at Bradford Royal Infirmary receiving patients from across the area. At the time of this change, engagement was carried out by the local CCGs and Healthwatch with local stroke support groups and the wider public; the findings from this engagement have already been considered as part of the current project.

To add further insight, Healthwatch Bradford and District carried out in-depth interviews with patients and carers who have experienced the new stroke pathway in the area. Our conversations with people covered their journey through the pathway, from the onset of stroke through hospital treatment and rehabilitation:

- Pre-hospital (Symptoms - including F.A.S.T. -/+, ambulance response, pathway decisions)
- At hospital (pathway, communication, treatment by staff, information and attitude)
- Visiting (including: transport, parking, visiting times)
- Discharge (communication, speed, information, community support)
- Anything you would improve or change?
- What made the biggest difference?

Our aim was to test out whether the issues that people had raised during previous engagement as potential concerns were reflected in the experiences of people who had received care for a stroke since the new pathway was introduced.

In this report we provide a summary of people's experiences through each stage of the patient journey. Four detailed case studies illustrate the overall experience of stroke care in Airedale, Wharfedale, Craven and Bradford.

6.4.2 Method

Healthwatch Bradford and District carried out fifteen interviews with stroke survivors and/or members of their families to gain an in-depth understanding of people's experiences of stroke services in our district. The one criterion was that their stroke had occurred since August 2015, which was when the HASU at Airedale General Hospital (AGH) relocated to Bradford Royal Infirmary (BRI).

A semi-structured style of interview was chosen because it would provide comparable, qualitative data whilst allowing the people we met to talk about what was important to them, in their own words. We drew up open-ended questions to cover someone's experience of the different stages in the pathway from first symptoms to post-discharge (if applicable) and to cover visiting and communication. Prompts were added to the

interviewer's document to help the interviewer guide the people we spoke to. A note taker was present at every interview to capture the responses.

It was important to Healthwatch Bradford and District to speak to people who were treated in Bradford hospitals alone as well as people whose treatment was split between Bradford and Airedale as a result of the pathway change in 2015.

We organised visits to two stroke rehabilitation wards – Ward 5 at AGH and Ward F3 at St Luke's Hospital, Bradford. Over three visits to these hospitals we completed seven interviews with patients or visiting family members. Before our visits, staff on the wards had identified specific patients or families who were well enough and willing to speak to us and we were introduced on arrival.

We also spoke to eight people who had been discharged from hospital in the last year to hear about the whole pathway through to support after discharge. Initial contact with these people was made by the stroke specialist nurse at AGH and a community stroke nurse from Bradford Teaching Hospitals Foundation Trust (BTHFT). We then made arrangements to carry out interviews in people's own homes.

6.4.3 Profile of people interviewed

- **9** were male and **6** were female
- They were aged between **32 and 82, with an average age of 65**
- **12** described themselves as White, **2** as Black or Black British, and **1** as Asian or Asian British
- **10** stated that they identified with Christianity, **3** no religion and **1** Islam
- All people who gave their sexual orientation identified as **heterosexual**
- **3** provide care for someone
- **3** described themselves as having a disability.

6.4.4 Findings

Overall we found that most people we spoke to from the Airedale area of the district understood why they had been taken to Bradford for their initial care, knew they would be transferred back to a local hospital as quickly as possible and were satisfied that it gave them the best clinical outcomes. People highly valued the specialist staff and treatments available during the first few hours after a stroke.

a. Pre-hospital

F.A.S.T. test

During our conversations with people, five described initial symptoms that wouldn't be picked up by the F.A.S.T. (Face Arms Speech Time) test, for example: dizziness, nausea, confusion, loss of mobility, difficulty walking, and loss of consciousness. One of these people specifically suggested that awareness should be raised about the additional symptoms of stroke that are not picked up by the F.A.S.T. test. We were told by one person that it was the F.A.S.T. campaign that enabled them to positively identify stroke.

Calls to 999/111

Most people called 999, two people called 111, one person took their husband directly to the hospital and another person was taken to hospital by the family after a visit from the GP, who made a referral to the Ambulatory Care Unit at Airedale General Hospital. Most people were happy with the help they received from the services prior to an ambulance arriving, and several told us that someone stayed on the line until the ambulance or first responder arrived.

Ambulance response

In the majority of cases the ambulance arrived promptly, within 10-20 minutes, although there were a couple of occasions when delays occurred for up to an hour. Delays in the cases highlighted were due to difficulty in moving the patient, requiring a second crew, or due to being in a rural location, when an ambulance was some distance away.

An example of a delay is when a relative called 999 for a woman who had started to feel dizzy, started slurring her words, collapsed and lost consciousness. An ambulance arrived within 10 minutes. A second crew was requested to assist in moving the patient, as she was on a second floor and access was limited. There was a delay of around an hour before the second crew arrived due to the rural location at the far end of the Craven area. The family wondered why the ambulance service didn't request help from the Fire Service or Mountain Rescue who were closer at hand.

All of the people who talked directly about the ambulance crews were complimentary; comments included 'the crew were lovely' and 'the crew were very fast, really professional'.

All of the patients who were F.A.S.T. positive were correctly taken to BRI. Some people were taken to AGH, when it wasn't clear they had suffered a stroke and were F.A.S.T. negative. The people who were taken by ambulance to AGH initially and subsequently received a diagnosis of a stroke were then transferred by ambulance to BRI.

b. At hospital

During our conversations, people rated different periods of their care. Most people rated their care highly.

Q1. Overall, how would you rate your initial treatment (HASU)?
Not all respondents were able to remember the HASU stage of their care.

Answer Options	No.
Excellent	9
Good	3
Fair	0
Poor	0
Inadequate	0
Answered question	**12**
Skipped question or n/a	**3**

Q2. Overall, how would you rate your experience of the rehabilitation ward?

Answer Options	No.
Excellent	8
Good	5
Fair	0
Poor	1
Inadequate	0
Answered question	**14**
Skipped question or n/a	**1**

Single pathway

Almost all people from the Airedale area were accepting of having to go to BRI because they knew it was where they'd get the treatment they needed, despite the further distance and travelling time: 'care over two hospitals doesn't matter as long as you're getting the treatment. BRI is travelling distance so it's fine'.

People recognised that their stay in BRI wasn't for long and were pleased to be transferred to AGH as it was closer to home. There was an understanding that living in a rural area often means having to travel further for health services.

One person who had experienced several strokes would have rather not gone to BRI; this was the one thing he would have changed about his experience. His wife said 'it wasted time. It wasted a bed for someone at BRI'. This seemed to be in light of feeling that care at AGH was better and that he didn't receive thrombolysis or specialist treatment at BRI.

One patient said they didn't really know which hospital they were at, 'it was all a bit of a blur'.

Hyper Acute Phase

Most people were satisfied with their initial care and treatment during the Hyper Acute phase; they valued the speed and efficiency of tests/treatment and the caring attitude of staff who kept them informed.

Four of the patients from our fifteen interviews received thrombolysis, two were unsure about what treatment they had received. Of those who did not receive thrombolysis, one patient was told that he could have had thrombolysis but did not get to BRI within the required time window.

Several people talked about how much they noticed a difference between the highly specialised care and treatment during the Hyper Acute phase and the care they received after moving on to other wards or a different hospital. People were still broadly positive about the care but expressed concerns that there were fewer nurses and therefore they were 'stretched' and couldn't provide the same level of care. The sister of a patient discussed the difference between initial treatment in intensive care at BRI and on the stroke ward, saying 'it's a different ball game on there'. She said that the nurses on Ward 9 were very busy and overstretched.

Information & communication

Overall the majority of people felt aware of what was going on and where possible they were involved and informed about decisions affecting them.

One person at AGH told us, 'I don't like taking pills, so I've been pushing to ease off on my medication in here, and they've let me. It was the wrong thing to do it turns out, but they were supportive'. He felt that he has been making progress and staff have encouraged him to do more on his own. He is now standing, rather than sitting in the shower. 'Without doubt they've communicated well and involved me'.

At AGH a carer told us that she was given lots of time to ask questions and if the stroke specialist nurse didn't have time to talk to her, she made sure someone else would. The stroke specialist nurse also gave her a book about stroke, which explained about the specific stroke her husband had suffered. As a family, they felt supported and that communication had been clear.

c. Visiting

Transport

Healthwatch interviewed people from across the Bradford & Airedale area, including some who lived who lived as far away as Settle and Upper Wharfedale areas. Most people had access to a car and visitors either drove themselves or were offered a lift. Two people caught a bus to visit patients at the hospital, one specifically because of the difficulty of parking. She walked for 25 minutes after getting off the bus. Another person said that as her husband was at the BRI for one night she didn't visit him there but if he was there for longer she would have caught the train and got a taxi from the station rather than take her car.

Even when patients were in hospital far from home, most people did not identify the distance to travel as a significant problem – for some it was an inconvenience but they understood the need for the patient to be treated in the hospital which could give them the best chance of recovery.

Parking

The majority of people we spoke to mentioned parking as an issue and many were very critical, especially of Bradford Royal Infirmary. One interviewee told us 'It was difficult for people to visit due to the parking… There is even less parking at the moment due to all the building work'. She told us that her husband had two small children when he visited. He had to find a street to park in and then take the children and car seat with him, which he found stressful.

At BRI other people described parking as 'horrendous' or 'a nightmare', 'the car park is busy and too expensive and there's never any space on the road'. One person told that her family tried for 1.5 hours to find a parking space, which resulted in them missing most of visiting time.

Parking permits were mentioned by about a third of people we spoke to. At BRI one person highlighted that staff told the family about parking permits, which made life easier for them. Another person said that another visitor told her about that she could get a parking permit after two weeks. At AGH two people said that staff had let them know about concessionary parking; another stated that friends told her about the permit and staff didn't mention it.

Visiting times

The majority of people interviewed were offered flexible times to visit patients, especially when they had further to travel and when the person was very unwell. One person said 'He could pop in when he wanted' – she didn't think it could always have been at visiting times. Another person said that on Ward 9 at BRI the staff didn't restrict her to visiting times because they knew she was coming a long way, which she was grateful for. She did suggest this might be because they were short staffed and at least she could help make him a cup of tea and keep an eye on him.

This was reiterated by another person stating that staff let her stay most of the day near the beginning of her husband's stay. She said that staff encouraged visitors because 'each looked after their own… I shaved, cleaned his eyes, which meant one less job for the orderlies'.

There were a few negative comments. One person said that not receiving visitors until 2pm on the main ward at BRI was hard. A person staying at St. Luke's said 'visiting times were very strict and need to adopt the LGI (Leeds General Infirmary) stroke department hours, which are 2pm – 9pm'.

Patients and family members highlighted the importance of visiting. One younger patient said, 'We have a big family and we were allowed to use the family room. We had 12 people at one time! It was important to see the kids but not on the ward. My husband could see me whenever he wanted to with our 4 year old'.

There was one comment about a nurse not being happy that a patient had too many visitors around his bed. Another patient with a large family made sure they visited on a rota system so as to avoid this issue.

d. Discharge

Seven of the people we spoke to were still in hospital and unable to answer questions about leaving hospital or support in the community.

For one patient who had been in hospital for several months following a severe stroke, it was frustrating that going home didn't seem to be in sight. There had been a visit from the team to the family home to assess what might be needed for discharge, but it was decided that her circumstances meant it was not currently realistic. 'There doesn't seem to be any kind of halfway house option, like a cottage hospital or anything like there used to be.'

Some people told us how they felt that therapy built up to discharge – 'they were quite active, trying to build your confidence to come home'. Even though some patients we spoke to in the hospitals didn't know when they would be going home, they said that staff were talking to them about progress towards discharge and being encouraged to go off the ward for short periods or out with family for 'a change of scene'. People felt this was important for their wellbeing and helpful to the rehabilitation process.

We spoke to one patient who had experienced several strokes. He told us that on a previous occasion he had a long wait for an ambulance – it was meant to take him home in the morning and hadn't arrived by 8.30pm. So when he came to be discharged after his most recent stroke, the family decided to pay for a taxi instead.

We asked people to rate support after leaving hospital.

Overall, how would you rate the support after leaving hospital?

Answer Options	No.
Excellent	3
Good	3
Fair	1
Poor	0
Inadequate	0
Answered question	**7**
n/a	**8**

A few people waited 4-8 weeks for physiotherapy or speech therapy after discharge and felt that this wait was too long and had held back their recovery, but they were positive about therapy once it started, one saying that he'd 'never been let down - can't grumble'.

People were positive about visits from community stroke nurses and phone calls from stroke specialist nurse at Airedale.

e. What made the biggest difference to people?

People mentioned a range of different aspects including: caring staff, flexibility of visiting times, honesty, effective communication, ambulance response, prescribing the right drugs/treatment at the right time, physiotherapy and other therapists, and the specialist stroke nurses.

'How they dealt with us in A&E. Straight away they said "we're going to be coming at you quick and fast with questions but that's how we've got to work." It's people being up front with you and telling you exactly what you need'.

The majority of respondents highlighted the physiotherapists, speech therapists and specialist stroke nurses as making the biggest difference to them. One person said that the physio was really important and he couldn't have progressed without it. He said that it helped him psychologically that he was being told he was progressing. Another person highlighted that the physiotherapists at St. Luke's hospital had a positive impact on his mood.

The specialist stroke nurses at both BRI and AGH were mentioned as making a big difference to people. '*She knows her stuff and helps you understand, and she's very approachable.'*

One person said that different people were important during different phases – 'The stroke nurse was a rock in the beginning but the OT gave vital support to feel how I was feeling'. She also said that a senior nurse while she was on the ward gave her one-to-one time, and drew diagrams to explain her stroke, which she really appreciated.

Whilst there were a number of factors that people considered to make the biggest difference to them, staff who cared and took time to talk and explain what was going on had a positive impact for both patients and families.

f. What would people change or improve about stroke care?

There were a range of suggestions mentioned including: improving staffing levels, greater education about stroke, reducing the waiting time to see the physio after leaving hospital, adding a TV to side rooms, more gel dispensers on the ward, improved access to the consultant and greater consideration for the emotional impact of stroke.

One person told us about the 'hello my name is' campaign, which they thought was important. She stated:

'At BRI they're really good at "hello my name is" and that really made a difference. Even if you'd met them before they'd still introduce themselves again because when you're stressed you can't remember who's who…they don't do that at Airedale, and although now I've got to know everyone, at first I didn't. It made a big difference to the family at BRI and they should do it at Airedale more.'

Another person thought that more staff, especially at night, would be beneficial as it took two staff members every time he needed to be hoisted e.g. for going to the loo.

One man thought a family member should be allowed to stay overnight. Due to his Islamic beliefs he was concerned about being tended to by a female nurse or carer when visiting the toilet and was 'more comfortable with his wife'. However, he did note a male nurse has supported him.

Case studies

The following four case studies illustrate some of the emerging themes and highlight different elements of a patient's journey through the current stroke pathway in Bradford & Airedale.

Case study: S

Healthwatch interviewed S, a woman in her early fifties from North Yorkshire who had a stroke in 2016, though she had none of the lifestyle risk factors. She was alone and out of the house when she began to feel sick and dizzy and 'couldn't walk right'. Her husband picked her up and rang 111 who said they'd ring an ambulance once the couple had reached home, which was a few minutes away. By this time she couldn't move her left hand side and her speech was affected. 111 called an ambulance and it arrived promptly. S was taken to resus in A&E at BRI.

S said she didn't recognise her first symptoms through F.A.S.T.; she told us that after her experience of stroke, she thought that additional symptoms such as difficulty walking, nausea and dizziness should also be advertised in awareness campaigns.

The doctor she saw at BRI explained thrombolysis to her clearly and after receiving it she was moved up to Ward 9. S told us that the thrombolysis had a very quick and visible effect - her movement increased and her speech improved. The nurses carried out some tests such as the sip test and communicated really clearly with her about why they were doing things. S said she couldn't fault the ward.

Her husband and daughter visited her at BRI; she said "parking's a nightmare at Bradford but I don't think it would really matter which hospital you go to. Never enough parking." After two nights at BRI, S was transferred to Ward 5 at AGH, which was full. She said that 'they worked very hard but were probably understaffed'.

Being treated in two different hospitals didn't bother S, especially because treatment at BRI was excellent. She said it was nice to be transferred back to AGH though, because it was closer for her husband and their children to visit.

S saw a physiotherapist once at AGH but told us that no emotional or psychological support was offered to her. She thought a family member could have benefited from some support and that 'there's the physical side of the stroke, but no talking about "how are you doing in yourself?"'.

Discharge a few days later was smooth and the stroke specialist nurse gave her a booklet with lots of information in it. S's stroke has left her largely unaffected apart from some weakness on her left hand side. A physiotherapist has visited her twice and she feels that the level of help has been appropriate. She would have liked to talk more with a consultant about the chances of having another stroke.

Case study: T

Healthwatch spoke to both T and his wife, who live in Bradford. T is in his sixties and had a stroke in early 2016. At the time we spoke to him, he still couldn't walk, had some left hand side paralysis and his speech was affected. He had retired not long before the stroke and used to be active. They said that getting out is hard because they have to order a wheelchair taxi.

On the morning of T's stroke his wife discovered him unconscious. She called 999 and a rapid response team arrived in less than ten minutes. An ambulance was called because two people weren't enough to get T downstairs. T's wife said that the crew were 'very fast, really professional' and someone stayed on the line until they arrived.

It was a quick journey to BRI A&E, where T had a scan that identified a brain stem stroke. T was very ill and was treated in intensive care before being transferred to Ward 9.

T gradually improved, though he still 'couldn't talk, couldn't eat, couldn't do anything'. T's wife said that Ward 9 was 'fabulous' though she thought it was understaffed. Communication was very good.

Visiting was really important to both T and his family. T's wife said that 'parking's horrendous' at BRI. They found out from another visitor that after two weeks they were eligible for a parking permit – no staff member had informed them.

T was at BRI for a couple of months before spending a similar length of time on ward F3 at St Luke's. Therapy sessions increased and staff were responsive to T's needs.

After T was discharged an occupational therapist came regularly and both T and his wife have been pleased with the community stroke nurses and the information they have provided.

T was told upon discharge that he'd have to wait eight weeks for physiotherapy at home, so the family decided to hire someone privately for that time. T's wife felt very frustrated that all the good work done by the physiotherapists at St Luke's could have been undone by such a long period without therapy, and thinks that physiotherapy after discharge should be a priority.

T and his wife agreed that it was the caring attitude and communication from staff throughout his treatment that made the biggest difference to them.

Case study: M

Healthwatch spoke to M and his wife who live in the Airedale area. M is in his late seventies and had a stroke late in 2016, which has left him with some right hand side paralysis and difficulty speaking. At the time of M's stroke, his wife noticed that 'he was thrashing around and didn't sound right'. She rang 999 an ambulance arrived in 15 minutes but another had to be called due to steep access to the house. M was taken to BRI. His wife decided not to go with him but rang later that morning and visited in the afternoon.

M has no memory of being taken to BRI, or of his initial treatment there. By the time M's wife visited, he was on a general ward. She doesn't know what treatment he had or whether he had been on Ward 9 at all – 'they may well have told me but I wouldn't have been in the state of remembering'.

M's wife was very negative about him being on the general ward, telling us that an instance of poor communication could have put M's life at risk, which she felt might not have happened if M had been on the specialist stroke ward. She told us that the ward 'looked a mess and was very cluttered' and that she thought it was understaffed. M spent two days on the ward at BRI, and he was told they were waiting for a bed at AGH before he could be transferred.

On both days that M was at BRI, M's wife visited him. She chose to take the bus and then walk for 25 minutes because of how bad parking is, telling us 'I didn't even try with the car - you'd be mad. The facility for people travelling a distance isn't great. It wouldn't be okay if you couldn't walk.'

M's wife was pleased when M was transferred back to AGH but it 'wasn't a problem with him going to BRI in the first place - that's where the systems are'.

M spent seven weeks at AGH on Ward 5. Both M and M's wife were positive about the treatment, facilities and quality of care. M's wife compared BRI and AGH, saying the difference was 'one star - five stars' but realises that M's negative experience at BRI was not of a stroke ward. M had some sort of therapy most days at AGH.

When asked what had made the biggest difference, M's wife said it was 'the aftercare - the visits of the physios and speech therapists. You can't get that everywhere. That makes the difference between, say, coming home and then what happens?' As M appeared to still be benefiting from physiotherapy at the time of the interview, M's wife was hoping that the standard eight weeks' support would be extended.

Case study: C

Healthwatch spoke to C, a 50 year old man from North Yorkshire who had a stroke in 2017, just a fortnight before our interview.

On the day of his stroke, C felt dizzy and vomited before realising he couldn't walk. His wife called 999. 'Everything felt wrong. I said to my wife, I think I've had a stroke.'
The ambulance arrived and took him to Airedale A&E where he had some tests and scans; he was there for three hours before it was confirmed that he'd had a stroke and would have to be taken to BRI.

By the time C arrived at BRI, the window to receive thrombolysis had passed. He was told that he'd had an unusual type of stroke, which meant his symptoms weren't detected by the FAST test. He said that the hospital team were great; he was constantly monitored, and saw a specialist consultant.

C received quite a few visitors at BRI and told us that it was really good to see them. He said that his parents struggled a bit with travelling all the way into Bradford, and they found it hard to park, but he was only there one night.

The transfer back to Airedale was quite late in the evening; 'it was a well-run operation, no waiting about or anything'. The crew knew that the motion was really difficult for him and they were really good at trying to make the journey as comfortable as possible.
At the time Healthwatch spoke to C, he was still being treated at AGH. He told us that staff on Ward 5 had all been good and that he was pleased with the communication. He was receiving occupational therapy and physiotherapy every day and had had some speech therapy.

Psychological support was offered to him, but at the time he had felt he didn't need it. He said he now realises the impact and talked about how devastating the stroke was – 'I thought I was fit, I never thought something like this could happen.'

C highlighted physiotherapy as making the biggest difference and told us that he's been reassured that therapy will continue after he's been discharged. He feels he is making progress, that nurses encourage him to do more by himself, and talk things through with him.

'I wish I hadn't had a stroke, obviously, but I've no complaints at all.'

7.0 Equality

The survey had a full equality monitoring form. We monitored responses mid-way through the engagement to establish if any additional, more targeted engagement was required, to ensure that we were gaining views from the relevant protected groups. During the mid-point review it was highlighted that responses from key protected groups were low. To try to address this, it was agreed that the social media advertising should target males, people under the age of 65 and BME groups. In addition to the targeted social media advertising, Healthwatch organisations targeted their outreach sessions with key protected groups. This did see a slight increase in responses.

The data has been analysed to understand if the respondents were a match to the local demographic profiles and also to understand if there were any trends or differences in responses by particular communities or groups. Where there are gaps in gathering the views of specific groups relating to the protected characteristics, this will need to be addressed as part of the next phase of engagement (pre-consultation) and prior to any formal consultation.

Approximately 25% of survey respondents chose not to complete the equality monitoring form, and some were partially completed. Equality monitoring data from the interviews have also been included in the following tables.

Sex

From experience of previous surveys we know that women are much more likely to respond to surveys and often take more responsibility for family health, so the increased response rate is somewhat expected.

Area	Local profile %	Respondents profile %	Differential
West Yorkshire & Harrogate			
Male	49.1%	38.7%	-10.4
Female	50.9%	59.9%	+9.0
Bradford			
Male	49.2%	41.8%	-7.4
Female	50.8%	55.7%	+4.9
Calderdale			
Male	51.1%	40.3%	-10.8
Female	48.9%	59.7%	+10.8
Harrogate			
Male	48.8%	39.7%	-9.1
Female	51.2%	57.4%	+6.2
Kirklees			
Male	49.4%	34.9%	-14.5
Female	50.6%	65.1%	+14.5
Leeds			
Male	49.0%	41.9%	-7.1
Female	51.0%	57.4%	+6.4
Wakefield			
Male	49.1%	37.0%	-12.1
Female	50.9%	61.3%	+10.4

Age

Area	Local profile %	Respondents profile %	Differential
West Yorkshire & Harrogate			
16-24	12.7%	2.5%	-10.2
25-44	27.5%	17.0%	-10.5
45-59	18.9%	27.5%	+8.6
60-64	5.8%	11.4%	+5.6
65-74	8.0%	25.9%	+17.9
75-84	5.2%	12.8%	+7.6
85 and over	2.0%	2.9%	+0.9
Bradford			
16-24	12.2%	5.1%	-7.1
25-44	28.2%	35.6%	+7.4
45-59	17.8%	23.7%	+5.9
60-64	5.1%	15.3%	+10.2
65-74	6.8%	16.9%	+10.1
75-84	4.7%	3.4%	-1.3
85 and over	1.8%	0.0%	-1.8
Calderdale			
16-24	10.5%	0.0%	-10.5
25-44	26.5%	13.3%	-13.2
45-59	20.8%	33.3%	+12.5
60-64	6.5%	15.0%	+8.5
65-74	8.6%	28.3%	+19.7
75-84	5.2%	10.0%	+4.8
85 and over	2.1%	0.0%	-2.1
Harrogate			
16-24	9.3%	1.6%	-7.7
25-44	24.5%	12.7%	-11.8
45-59	21.5%	25.4%	+3.9
60-64	6.8%	9.5%	+2.7
65-74	10.1%	30.2%	+20.1
75-84	6.6%	20.6%	+14.0
85 and over	2.9%	0.0%	-2.9
Kirklees			
16-24	12.0%	2.4%	-9.6
25-44	27.1%	15.0%	-12.1
45-59	19.2%	30.7%	+11.5
60-64	6.1%	11.0%	+4.9
65-74	8.3%	28.3%	+20.0
75-84	5.0%	10.2%	+5.2
85 and over	1.9%	2.4%	+0.5
Leeds			
16-24	15.4%	1.5%	-13.9
25-44	28.7%	20.6%	-8.1
45-59	17.7%	21.3%	+3.6
60-64	5.3%	8.1%	+2.8
65-74	7.5%	25.7%	+18.2
75-84	5.1%	16.9%	+11.8
85 and over	1.9%	5.9%	+4.0
Wakefield			
16-24	10.9%	2.8%	- 8.1
25-44	26.4%	13.8%	-12.6

Area	Local profile %	Respondents profile %	Differential
45-59	20.8%	29.8%	+9.0
60-64	6.5%	10.6%	+4.1
65-74	9.3%	25.2%	+15.9
75-84	5.6%	13.8%	+8.2
85 and over	2.0%	4.1%	+2.1

Religion

Area	Local profile %	Respondents profile %	Differential
West Yorkshire & Harrogate			
Christian	55.6%	56.1%	+0.5
Buddhism	0.3%	0.5%	+0.2
Hindu	0.6%	0.8%	+0.2
Judaism	0.3%	0.8%	+0.5
Muslim	10.6%	3.9%	-6.7
Sikhism	0.8%	0.1%	-0.7
Other religion	0.3%	3.8%	+3.5
No religion	24.9%	27.6%	+2.7
Bradford			
Christian	45.9%	51.3%	+5.4
Buddhism	0.2%	0.0%	-0.2
Hindu	0.9%	1.3%	+0.4
Judaism	0.1%	0.0%	-0.1
Muslim	24.7%	12.8%	-11.9
Sikhism	1.0%	0.0%	-1.0
Other religion	0.3%	2.6%	+2.3
No religion	20.7%	21.8%	+1.1
Calderdale			
Christian	56.3%	48.3%	-8.0
Buddhism	0.3%	1.7%	+1.4
Hindu	0.3%	0.0%	-0.3
Judaism	0.1%	0.0%	-0.1
Muslim	7.3%	3.3%	-4.0
Sikhism	0.2%	1.7%	+1.5
Other religion	0.4%	1.7%	+1.3
No religion	28.1%	38.3%	+10.2
Harrogate			
Christian	68.6%	64.7%	-3.9
Buddhism	0.3%	0.0%	-0.3
Hindu	0.1%	0.0%	-0.1
Judaism	0.2%	1.5%	+1.3
Muslim	0.4%	0.0%	-0.4
Sikhism	0.1%	0.0%	-0.1
Other religion	0.3%	8.8%	+8.5
No religion	22.9%	23.5%	+0.6
Kirklees			
Christian	53.4%	58.4%	+5.0
Buddhism	0.2%	0.0%	-0.2
Hindu	0.4%	0.7%	+0.3
Judaism	0.0%	0.7%	+0.7
Muslim	14.5%	2.2%	-12.3
Sikhism	0.8%	0.0%	-0.8

Area	Local profile %	Respondents profile %	Differential
Other religion	0.3%	7.3%	+7.0
No religion	23.9%	29.2%	+5.7
Leeds			
Christian	55.9%	50.0%	-5.9
Buddhism	0.4%	1.4%	+1.0
Hindu	0.9%	0.7%	-0.2
Judaism	0.9%	2.1%	+1.2
Muslim	5.4%	2.8%	-2.6
Sikhism	1.2%	0.0%	-1.2
Other religion	0.3%	7.7%	+7.4
No religion	28.2%	27.5%	-0.7
Wakefield			
Christian	66.4%	61.6%	-4.8
Buddhism	0.2%	0.0%	-0.2
Hindu	0.3%	1.3%	+1.0
Judaism	0.0%	0.4%	+0.4
Muslim	2.0%	4.4%	+2.4
Sikhism	0.1%	0.0%	-0.1
Other religion	0.3%	3.5%	+3.2
No religion	24.4%	25.3%	+0.9

Ethnic Group

It should be noted that:

- White British includes English, Welsh, Scottish, Northern Ireland, British.
- White Other includes Irish, Gypsy or Irish Traveller, any other white groups.
- Asian/Asian British includes Indian, Pakistani, Bangladeshi, Chinese and any other Asian background.
- Mixed/multiple ethnic background includes White and Black Caribbean, White and Black African, White and Asian and other mixed/multiple ethnic background.
- Other ethnic group includes Arab and any other ethnic group.

Area	Local profile %	Respondents profile %	Differential
West Yorkshire & Harrogate			
White/White British	79.3%	86.0%	+6.7
White other	3.4%	0.9%	-2.5
Mixed/multiple ethnic group	2.1%	1.1%	-1.0
Asian/Asian British	12.3%	5.2%	-7.1
Black/African/Caribbean/ Black British	2.0%	0.9%	-1.1
Other ethnic group: Arab	0.9%	0.2%	-0.7
Bradford			
White/White British	63.9%	72.2%	+8.3
White other	3.6%	2.5%	-1.1
Mixed/multiple ethnic group	2.5%	0.0%	-2.5
Asian/Asian British	26.8%	13.9%	-12.9
Black/African/Caribbean/ Black British	1.8%	2.5%	+0.7
Other ethnic group: Arab	1.5%	0.0%	-1.5

Area	Local profile %	Respondents profile %	Differential
Calderdale			
White/White British	86.7%	88.7%	+2.0
White other	3.0%	1.6%	-1.4
Mixed/multiple ethnic group	1.4%	1.6%	+0.2
Asian/Asian British	8.3%	4.8%	-3.5
Black/African/Caribbean/ Black British	0.4%	0.0%	-0.4
Other ethnic group: Arab	0.2%	0.0%	-0.2
Harrogate			
White/White British	91.7%	91.2%	-0.5
White other	4.7%	1.5%	-3.2
Mixed/multiple ethnic group	1.1%	0.0%	-1.1
Asian/Asian British	1.5%	0.0%	-1.5
Black/African/Caribbean/ Black British	0.7%	1.5%	+0.8
Other ethnic group: Arab	0.3%	1.5%	+1.2
Kirklees			
White/White British	76.7%	90.8%	+14.1
White other	2.5%	1.4%	-1.1
Mixed/multiple ethnic group	2.3%	0.7%	-1.6
Asian/Asian British	16.0%	2.1%	-13.9
Black/African/Caribbean/ Black British	1.9%	0.7%	-1.2
Other ethnic group: Arab	0.6%	0.0%	-0.6
Leeds			
White/White British	81.1%	80.8%	-0.3
White other	4.0%	3.5%	-0.5
Mixed/multiple ethnic group	2.6%	3.4%	+0.8
Asian/Asian British	7.8%	4.8%	-3.0
Black/African/Caribbean/ Black British	3.4%	0.7%	-2.7
Other ethnic group: Arab	1.1%	2.1%	+1.0
Wakefield			
White/White British	92.8%	87.9%	-4.9
White other	2.6%	1.3%	-1.3
Mixed/multiple ethnic group	0.9%	0.4%	-0.5
Asian/Asian British	2.6%	6.5%	+3.9
Black/African/Caribbean/ Black British	0.8%	0.4%	-0.4
Other ethnic group: Arab	0.3%	0.0%	-0.3

Disability

It should be noted that census data collected asks people to identify if their day to day activities are limited a lot or a little, where as our equality monitoring asks people if they would describe themselves as disabled. This data has been combined to create an overall percentage of people that have some level of difficulty with day to day activities.

Area	Local profile %	Respondents profile %	Differential
West Yorkshire & Harrogate	17.8%	23.5%	+5.7
Bradford	17.3%	7.6%	-9.7
Calderdale	18.0%	20.0%	+2.0
Harrogate	15.6%	26.8%	+11.2
Kirklees	17.7%	22.2%	+13.3
Leeds	16.7%	21.8%	+5.1
Wakefield	22.1%	32.0%	+9.9

Carers

Area	Local profile %	Respondents profile %	Differential
West Yorkshire & Harrogate	10.1%	27.7%	+17.6
Bradford	9.8%	35.4%	+25.6
Calderdale	10.5%	29.8%	+19.3
Harrogate	10.3%	15.9%	+5.6
Kirklees	10.3%	32.9%	+22.6
Leeds	9.5%	23.8%	+14.3
Wakefield	11.3%	28.6%	+17.3

Lesbian, Gay, Bisexual and Transgender

It should be noted that accurate demographic data is not available for these groups as it is not part of the census collection. The most up to date information we have about sexual orientation is found through the Office of National Statistics (ONS), whose Integrated House Survey for April 2011 to March 2012 estimates that approximately 1.5% of the UK population are Gay/Lesbian or Bisexual. However, HM Treasury's 2005 research estimated that there are 3.7 million LGB people in the UK, giving a higher percentage of 5.85% of the UK population.

Transgender and Trans are an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. One study suggested that the number of Trans people in the UK could be around 65,000 (Johnson, 2001, p. 7), while another notes that the number of gender variant people could be around 300,000 (GIRES, 2008b).

Area	Lesbian, Gay and Bisexual %	Transgender %
West Yorkshire & Harrogate	3.0%	0.1%
Bradford	2.5%	0.0%
Calderdale	3.6%	0.0%
Harrogate	1.5%	0.0%
Kirklees	5.0%	0.7%
Leeds	0.7%	0.0%
Wakefield	4.0%	0.0%

Under representation

As can be seen from the tables above the reach of the survey has met with a representative sample of some of our communities. However to understand what, if any, under representation existed between known demographic profiles and people responding to the survey, the section below highlights any difference of -5.0 or more;

- Males were under represented across all geographical areas
- People under the age of 44 were under represented across all geographical areas except Bradford where under representation was just for people under the age of 24.
- Muslims were under represented in all geographical areas except Wakefield.
- Asian or Asian British were under represented in all geographical areas except Wakefield.
- Black / Black British were under represented across all geographical areas except Harrogate.
- Disabled people were under represented in Bradford.

Where there are gaps in gathering the views of specific groups relating to the protected characteristics, this will need to be addressed as part of the next phase of engagement (pre-consultation) and prior to any formal consultation.

Analysis

Utilising the themes identified across the survey in the open questions, analysis has been undertaken to understand if there is any difference in the responses to these questions by people from protected groups. Caution should be applied as some themes are raised by relatively few people.

Younger people

Some younger people described being misdiagnosed when they first presented at A&E, the assumption was that this was because they were younger and that clinicians assume strokes occur in older people. They want to ensure that clinicians receive appropriate stroke awareness training to prevent these misdiagnoses occurring.

They also described how services that were in place to support people following a stroke were designed for older people and as such did not always meet their needs. They mentioned the negative impact on their finances and childcare, and how they want services to support them in returning to work. They felt that there should be more support groups, with specific groups for younger people.

Asian or Asian British

A few people mentioned the need to have support groups that meet the needs of different community groups, with specific mention made for support groups for South Asian women, and rehabilitation services that were culturally sensitive.

Muslim

One man thought a family member should be allowed to stay overnight. Due to his Islamic beliefs he was concerned about being tended to by a female nurse or carer when visiting the toilet and was 'more comfortable with his wife'.

Disability

Some people highlighted the need for staff to be trained so they understand how they should support the needs of those patients that have existing conditions. Specific mention was made to dementia patients, people with mental health conditions, and learning disabilities.

Information should be provided in a range of formats to ensure that they are accessible, specific mention was made to people with hearing impairments and the need for staff to be deaf aware.

Carers

In the assessment that is undertaken to assess the patients' needs prior to discharge, this should include assessing the needs of the whole family, especially in situations where the patient had previously been a carer for either their own children or partner. The patient may no longer be able to continue with their caring role and as such additional support may need to be put in place.

Support should be provided for carers, so they know what to expect and how to support the person they are caring for. For many people this is the first time they have had to care for their loved one, and can be a very difficult time adapting to their new role. They require emotional support, guidance and to be offered respite care.

They felt that there should be more support groups, with specific groups for carers.

The data from the engagement activity will be combined with other data and research to develop the EQIA. This will help us to understand the potential impact of any proposals on different groups so that these can be fed into the decision making process.

This will subsequently inform any further consultation activity.

8.0 Summary of key themes from existing data and the engagement

Changes to stroke services

There was some concern that a decision had already been made to reduce the number of hyper acute stroke units (HASUs), with some questioning the value of the engagement.

People were concerned that if the number of units were reduced this could lead to the remaining units being unable to cope with demand and impact negatively on health outcomes.

It was suggested by many that funding should be increased to ensure all patients are able to access the best treatment immediately. There was a range of opinions as to whether this should be available in all local hospitals or whether it should be based in a few specialist centres. Many people said that they would travel further if it meant they were able to access the best treatment and to be treated by specialists; however, they wanted their rehabilitation to be available closer to home.

The main reasons for people wanting the services to be available in all hospitals were the distance, time and cost to travel, along with the challenges of parking. People were worried not only about how the extra journey time could affect the treatment and outcome for stroke patients but also how this would impact on the ability of carers and families to visit their loved one at this critical time, particularly those reliant on public transport.

Of those people that had experienced the newly reconfigured service in Airedale, Wharfedale, Craven and Bradford and had travelled further to access a HASU, and were then transferred to a hospital closer to home for their ongoing care were satisfied that it gave them the best clinical outcomes. People highly valued the specialist staff and treatments available during the first few hours after a stroke. Even when patients were in hospital far from home, most people did not identify the distance to travel as a significant problem – for some it was an inconvenience but they understood the need for the patient to be treated in the hospital which could give them the best chance of recovery. The main criticism was the difficulties visitors encountered trying to park at the hospital.

Acute stroke services

Many people described the excellent levels of care that they received in hospital, from being seen quickly, to accessing the most appropriate treatments and being kept informed throughout. They talked about staff being willing to help, although some did feel that the staff were overworked so were sometimes unable to meet the needs of the patients.

Some reported an absence of specialist care at the weekend – no specialist consultants, and agency/bank nurses who some felt deliver poor quality care. It was also felt that there should not be a difference in care during the week and at the weekend.

Some people felt that paramedics and A&E staff need to receive more training on how to recognise and manage strokes. Particular reference was made to young people and how they are more likely to be misdiagnosed.

There were many instances where people reported delays in being seen and treated in A&E. Once they had been diagnosed some then had to wait a long time before a bed became available and they were not always admitted to a stroke ward. They felt that these delays in accessing treatment and not being admitted to a stroke ward had resulted in long term damage and had impacted negatively on their recovery.

Some people would have liked to have been given the choice of being admitted to a side room or a bay, as some felt isolated being in a side room on their own. They would have preferred to be in a bay so they could be near other people and be more visible to staff.

Whilst on the ward some patients were given the opportunity to speak to people from the Stroke Association that had experienced a stroke, they had found this very useful and felt it should be offered on all stroke wards.

Discharge process

Comments on discharge ranged from people feeling that they were in hospital longer than they needed to be, to those that felt pressured to leave too soon. When people were discharged, some were sent home without the appropriate aids, adaptations and home care being in place, and some had to source the support they required themselves.

Many people reported delays in accessing rehabilitation, such as physiotherapy and speech and language therapy.

They advised that they want to have a thorough assessment prior to being discharged, to ensure that they are ready to go home, and if they are, to have all the appropriate aids, adaptations and home care support in place prior to them being discharged. This should include assessing the needs of the whole family, especially in situations where the patient had previously been a carer for either their own children or partner.

That they, and their families are kept informed and involved throughout, so they know what to expect once they are discharged, are aware of what support is available and how to access it, this should include emotional support and financial advice. They would like to have a named person who is responsible for co-ordinating their care and who can provide them with support and advice.

For all organisations who are involved in their care to communicate with each other to ensure that the patient receives a seamless service. To support this, a suggestion was made that teams should be multi-disciplinary and include social care, speech and language therapy, physiotherapy and occupational therapy.

Stroke services in the community

Many reported difficulties in being able to access rehabilitation services quickly once they were discharged, and when they did access it they were only provided the service for a limited time period which many felt was insufficient for their needs. They told us that they would like to receive regular reviews to ensure that they are receiving the appropriate level of care and support.

Stroke can be a life changing event which can be difficult for the patient and their families to deal with. It was felt that there was a need to ensure that people are provided with the appropriate levels of emotional support and advice, and where necessary have access to psychological therapies.

It was felt that more support should be provided for carers, so they know what to expect and how to support the person they are caring for. For many people this is the first time they have had to care for their loved one, and can be a very difficult time adapting to their new role. And as such they require emotional support, guidance and to be offered respite care.

Many people were unaware of the support the voluntary and community sector could provide, and requested that more information be provided to patients and their families / carers. Of those that were aware of the support available they talked positively of the services provided by the following organisations; the Stroke Association, Speakability, Speak with It, Age UK and Scope.

They valued the support groups that they had attended and welcomed the opportunity to be able to speak to other people that had experienced a stroke. They felt that there should be more support groups, with specific groups for younger people and carers. Some were concerned that the funding of these organisations was inequitable and as such the provision of services was inconsistent across West Yorkshire and Harrogate. Of those that did provide services in their areas, there was some concern that the services may be cut.

People wanted the voluntary and community sector to provide befriending services to help reduce isolation; and support people in making meals, gardening, taking people shopping and supporting them to attend appointments. To support their recovery they also wanted to be able to access leisure facilities, such as swimming pools and gyms.

Awareness and prevention

It was felt that there was a need to educate people on how to lead a healthier lifestyle using a wide range of approaches, such as leaflets, posters, social media, radio, television adverts, apps, delivering talks to people in a range of venues including community groups, places of worship, workplaces, schools and colleges.

It was suggested that having a patient talking about the impact stroke has had on their life and their families would be a powerful message that could support behaviour change. It was also felt that any campaign should make it clear that stroke can happen at any age.

GPs should undertake regular health checks of patients, especially those that are deemed to be high risk, and provide advice and support to lead a healthier lifestyle. Including providing access to smoking cessation, weight management, and exercise classes.

Many felt that there was a need to raise awareness of the signs and symptoms of a stroke, and what to do if you think someone is having a stroke. Some felt that the F.A.S.T. campaign didn't raise awareness of all the signs and symptoms, and that some strokes could be missed.

9.0 Conclusion

This engagement process has provided a snapshot of the views of the public, from across West Yorkshire and the Harrogate District on stroke services.

The report will be shared with the West Yorkshire and Harrogate health partners, to support them in the development of proposals for the future of stroke services in West Yorkshire and Harrogate.

This report will be made publically available and feedback provided to those respondents who have requested it.

We would like to thank all respondents who have given their time to share their views.

Appendix A – Communications and engagement action plan

WEEK COMMENCING																	
Activity	12/12	19/12	26/12	2/1	9/1	16/1	23/1	30/1	6/2	13/2	20/2	27/2	6/3	13/3	20/3	27/3	April
Develop survey to gather patient views																	
Healthwatch in West Yorkshire and Harrogate to contact organisations to set up outreach sessions																	
Healthwatch in West Yorkshire and Harrogate to set up an event in their area for VCS																	
Commence engagement across West Yorkshire and Harrogate																	
Healthwatch in West Yorkshire and Harrogate to attend VCS outreach sessions																	
Healthwatch in West Yorkshire and Harrogate to host VCS event in their area																	
Healthwatch in West Yorkshire and Harrogate to raise awareness of the engagement.																	

WEEK COMMENCING																	
Activity	12/12	19/12	26/12	2/1	9/1	16/1	23/1	30/1	6/2	13/2	20/2	27/2	6/3	13/3	20/3	27/3	April
Survey and information to be uploaded to website and intranet.																	
STP partners to be provided with a communications pack to support communications with staff, key stakeholders, PRGs and VCS																	
Survey to be shared on social media																	
Analysis of both existing and data from current engagement.																	
Production of engagement report.																	
Present the report to Stroke Task and Finish group and make any final amends.																	
Feedback to the public on the outcome of the engagement and next steps.																	

Appendix B – Survey

Stroke services survey

Across West Yorkshire and Harrogate, health services are working together to look at better ways of delivering care for people who have a stroke and making the services sustainable and fit for the future.

Stroke is a life changing event. And the care you receive in the first few hours after a stroke can make difference to how well you can recover. This includes scans, tests and clot-busting drugs, which have to be delivered by highly trained staff working in specialist units at hospitals.

Evidence from elsewhere suggest outcomes following hyper-acute stroke are likely to be better if patients are treated in specialised centres, even if this increases travelling time following the event. Ongoing rehabilitation should however be provided at locations, closer to where people live, and they should be transferred to these as soon as possible after initial treatment.

At the moment, depending on where you live, you might experience different standards of care if you have a stroke. More needs to be done to make sure that no matter where you live you have access to specialist, high quality care - twenty four hours a day, seven days a week.

Health services are developing proposals to make sure everyone in our region gets this specialist care in the first few hours after a stroke. We also know that ongoing care, such as physiotherapy, speech therapy or emotional support is really important. The NHS think that by coordinating services better, more people could receive the care they need in a community setting, closer to home.

We want to make sure our services are fit for the future and that we make the most of new technology, the skills of our valuable workforce whilst maximising opportunities to improve outcomes for local people.

And by improving people's health and supporting people to stay well, the NHS could prevent people from having strokes and going to hospital in the first place.

Before decisions are made on the future of stroke services in West Yorkshire and Harrogate, we want to hear from you.

The survey has been created jointly by all of the Healthwatch organisations across West Yorkshire and Harrogate. Healthwatch is independent of the NHS and has been asked by West Yorkshire and Harrogate health services to engage with patients, carers and the wider public. We are working together to find out more about what you think about possible new ways of providing the care that you need when you have a stroke or care for someone who has.

Healthwatch Kirklees are pulling together all the feedback that people have shared with Healthwatch across West Yorkshire and Harrogate, and they will be sharing it with the West Yorkshire and Harrogate health services. Please note that any views you share will remain confidential, and no personal identifiable information will be shared when reporting on the findings of the engagement.

The survey can also be completed online at:
https://www.surveymonkey.co.uk/r/WYStrokeServices

Thank you for taking the time to complete this survey.

About you

Q1. Are you completing this questionnaire as…	
	A member of the public
	On behalf of a voluntary or community organisation
	A health professional responding in a professional capacity
Other (please say)	

Q2. Which area do you live in?	
	Bradford Metropolitan District
	Calderdale
	Harrogate
	Kirklees
	Leeds
	Wakefield
Other (please say)	

Q3. Have you or the person you care for had a stroke or a suspected stroke?	
	Yes (please go to question 4)
	No (please go to question 9)

Your experience of stroke services

If you or the person you cared for has had a stroke or a suspected stroke, we would like to know a little bit more about what your experience was like.

Q4. Which hospital did you / or the person you care for initially attend when you had a stroke or a suspected stroke?	
	Airedale General Hospital
	Bradford Royal Infirmary
	Calderdale Royal Hospital
	Dewsbury and District Hospital
	Friarage Hospital
	Harrogate District Hospital
	Huddersfield Royal Infirmary
	Leeds General Infirmary
	Pinderfields General Hospital
	Pontefract General Infirmary
	Skipton General Hospital
	St James's University Hospital
Other (please say)	

Q5. Was this the closest hospital to you when you had a stroke or a suspected stroke?	
	Yes
	No
	Not sure

Q6. Were you transferred to another hospital to continue with your treatment?	
	Yes
	No
	Not sure

Q7. Overall, how would you describe your experience of care when you had a stroke or a suspected stroke?	
	Very Good
	Good
	Acceptable
	Poor
	Very Poor
Please explain your answer	

Q8. Please tell us what could have improved your experience.

Stroke services

Q9. How important do you think the following are when accessing care in the first few hours after a stroke or a suspected stroke?				
	Very important	**Important**	**Slightly Important**	**Not Important**
Fast ambulance response times				
Being treated at a hospital close to home				
Being treated at a hospital where I can receive the scans, tests and drugs that I need				
Being treated by highly trained specialists				
Being seen quickly when I get to a hospital				
Safety and quality of the service				
Involving family and carers				
Other (please say)				

Q10. How important do you think the following are when accessing after care for people who have had a stroke?

	Very important	Important	Slightly Important	Not Important
Be able to access rehabilitation services close to home to help you recover				
Be able to access a range of rehabilitation services, such as physiotherapy, speech and language therapy, emotional support				
Being treated by highly trained specialists				
Be involved in decisions about my care				
Safety and quality of the service				
Involving family and carers				
Other (please say)				

Q11. Please let us know if you have any suggestions on how social care could support patients and their families / carers following a stroke.

Q12. Please let us know if you have any suggestions on how the voluntary and community sector could support patients and their families / carers following a stroke.

Prevention

Q13. Did you know that having a healthy diet, exercising regularly, stopping smoking

and cutting down on the amount of alcohol you drink can reduce your risk of having a stroke?	
	Yes
	No
	Not sure

Q14. Please let us know if you have any suggestions on how we can support and educate people to help reduce their risk of having a stroke.

Q15. Please tell us if you have any further comments about how we can improve stroke services across West Yorkshire and Harrogate.

Equality monitoring

In order to ensure that we provide the right services and to ensure that we avoid discriminating against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical

data and data will be protected and stored securely in line with data protection rules. This information will be kept confidential.

1. What is the first part of your postcode?

Example	HD6
Yours	

☐ Prefer not to say

2. What sex are you?

☐ Male ☐ Female

☐ Prefer not to say

3. How old are you?

Example	42
Yours	

☐ Prefer not to say

4. Which country were you born in?

☐ Prefer not to say

5. Do you belong to any religion?

☐ Buddhism
☐ Christianity
☐ Hinduism
☐ Islam
☐ Judaism
☐ Sikhism
☐ No religion
☐ Other (Please specify in the box below)

☐ Prefer not to say

6. What is your ethnic group?

Asian or Asian British:

☐ Indian
☐ Pakistani
☐ Bangladeshi
☐ Chinese
☐ Other Asian background (please specify)

Black or Black British:

☐ Caribbean
☐ African
☐ Other Black background (please specify)

Mixed or multiple ethnic groups:

☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Other mixed background (please specify)

White:

☐ English/Welsh/Scottish/Northern Irish/British
☐ Irish
☐ Gypsy or Irish Traveller
☐ Other White background (please specify)

Other ethnic groups:

☐ Arab
☐ Any other ethnic group (please specify)

☐ Prefer not to say

7. Do you consider yourself to be disabled?

☐ Yes ☐ No

☐ Prefer not to say

Type of impairment:

Please tick all that apply

☐ **Physical or mobility impairment**
(such as using a wheelchair to get around and / or difficulty using their arms)

☐ **Sensory impairment**
(such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)

☐ **Mental health condition**
(such as depression or schizophrenia)

☐ **Learning disability**
(such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)

☐ **Long term condition**
(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

☐ Prefer not to say

8. Are you a carer?

Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

☐ Yes ☐ No

☐ Prefer not to say

9. Are you pregnant?

☐ Yes ☐ No

☐ Prefer not to say

10. Have you given birth in the last 6 months?

☐ Yes ☐ No

☐ Prefer not to say

11. What is your sexual orientation?

☐ Bisexual (both sexes)

☐ Gay (same sex)

☐ Heterosexual/straight (opposite sex)

☐ Lesbian (same sex)

☐ Other

☐ Prefer not to say

12. Are you transgender?

Is your gender identity different to the sex you were assumed at birth?

☐ Yes ☐ No

☐ Prefer not to say

Thank you for taking the time to complete this survey.

Thank you for taking the time to complete this survey. Please return to:

FREEPOST NHS PMO
Healthwatch Bradford and District
Alice Street
Keighley

BD21 3JD

Please return no later than Wednesday 15th March 2017. Unfortunately, we cannot accept any responses after this date.

If you would like to know more about the results of this survey or if you want more information about what will happen to your feedback, please leave your name and contact details for how you would prefer us to get in touch on the contact form below. Please note this will be kept separate from your survey so we will not be able to trace your comments back to you

Name:	
Address:	
Telephone number:	
Email address:	

Preferred method of contact (please tick one)	
Email	
Post	
Telephone	

Appendix C – Timetable of outreach sessions

Date	Healthwatch	Activity	Number of participants
13/2/2017	Calderdale	Calderdale Stroke Support Group - presentation and discussion	20
14/02/2017	Wakefield	Wakefield Over 50's Action Group – presentation and discussion	45
16/02/2017	Wakefield	St George's Community Centre - stall	40
16/02/2017	Wakefield	City of Sanctuary – presentation and discussion	32
20/02/2017	Wakefield	Ossett Stroke Club – presentation and discussion	23
20/02/2017	Wakefield	South Elmsall Library – stall	50
21/02/2017	Wakefield	Pinderfields Hospital – stall	300
21/02/2017	Harrogate	Exercise with Parkinson's class - presentation and discussion	8
21/02/2017	Harrogate	Exercise after Stroke class - presentation and discussion	18
21/02/2017	Leeds	Stroke Outpatient clinic Leeds General Infirmary- 1.1 conversations	7
21/02/2017	Wakefield	Stroke Support Group – presentation and discussion	21
21/02/2017	Wakefield	TIA Clinic at Pinderfields Hospital – 1.1 conversations	20
22/02/2017	Kirklees	Dewsbury Sports Centre – PALS exercise session – 1.1 conversations	25
22/02/2017	Kirklees	Healy community centre stay and play children centre – presentation and discussion	10
22/02/2017	Kirklees	Staincliff and Healey Children centre – presentation and discussion	8
22/02/2017	Wakefield	Age UK Friendship Group – presentation and discussion	21
22/02/2017	Wakefield	Hemsworth Community Centre – stall	28
23/02/2017	Leeds	Stroke Outpatient clinic - Seacroft hospital - 1.1 conversations	33
23/02/2017	Harrogate	Outpatients Ward, Harrogate Hospital – 1.1 conversations	15
23/02/2017	Harrogate	Oakdale Ward (Stroke, Neurology, Oncology and Haematological conditions) Harrogate Hospital – 1.1 conversations	5
23/02/2017	Wakefield	Pinderfields Hospital Stroke Clinic – 1.1 conversations	37
23/02/2017	Wakefield	5 Towns Stroke Club – presentation and discussions	42
24/02/2017	Wakefield	Warrengate surgery – 1.1 discussions	154
24/02/2017	Harrogate	Exercise after Stroke class - presentation and discussion	10
27/02/2017	Leeds	Morley / Gildersome Stroke Club – focus group	13
27/02/2017	Wakefield	Lupset Stroke Club – presentation and discussion	12

Date	Healthwatch	Activity	Number of participants
28/02/2017	Kirklees	Trinity Centre Luncheon Club - 1.1 conversations	20
01/03/2017	Wakefield	Pontefract Library – stall	N/A
01/03/2017	Kirklees	Batley Resource Centre – Young at Heart Group - 1.1 conversations	9
01/03/2017	Leeds	Stroke rehabilitation, hyper acute, acute ward and CDU at LGI – 1.1 conversations	30
02/03/2017	Wakefield	Outwood Stroke Group – presentation and discussion	N/A
02/03/2017	Wakefield	Pinderfields Hospital – stroke clinic – 1.1 conversations	26
03/03/2017	Kirklees	One stop shop Carlinghow and Wilton Children's Centre - 1.1 conversations	10
06/03/2017	Wakefield	St Georges Community Centre – presentation and discussion	18
06/03/2017	Wakefield	South Elmsall Stroke Group – presentation and discussion	13
06/03/2017	Wakefield	Westfield Centre – stall in library	26
07/03/2017	Wakefield	Speakability – presentation and discussion	25
07/03/2017	Wakefield	Prospect surgery – 1.1 conversations	23
07/03/2017	Wakefield	Hemsworth Library – stall	23
08/03/2017	Kirklees	Batley East Children's Centre - 1.1 conversations	7
08/03/2017	Kirklees	Batley Resource Centre Foyer- 1.1 conversations	10
08/03/2017	Wakefield	Pontefract Library – stall	12
09/03/2017	Calderdale	Heath Stroke Club - 1.1 conversations	12
09/03/2017	Wakefield	Pinderfield Hospital – stroke clinic – 1.1 conversations	62
09/03/2017	Wakefield	Kinsley and Fitzwilliam Community Centre – presentation and discussion	25
09/03/2017	Kirklees	Batley Resource Centre Lunch Club- 1.1 conversations	25
13/03/2017	Wakefield	TIA Clinic Pinderfields – 1.1 conversations	32
13/0/2017	Wakefield	Westfield Resource Centre – presentation and discussion	14
13/03/2017	Wakefield	South Elmsall Library – stall	17
14/03/2017	Kirklees	Dewsbury Hospital Ward 4, Stroke Rehab Unit- 1.1 conversations	15
14/03/2017	Wakefield	TIA Clinic Pinderfields – 1.1 conversations	27
14/03/2017	Wakefield	Eastmoor Surgery – 1.1 conversations	18
14/03/2017	Wakefield	Lift Up Friends – presentation and discussion	23
14/03/2017	Calderdale	Calderdale Health Forum - presentation and discussion	25

Appendix D - Activity undertaken by STP partners to raise awareness

Activity	Number of people
Bradford, Airedale, Wharfedale and Craven	
Board papers to governing body meetings	Approx 15-20
Staff bulletins	125 staff
Staff briefings	125 staff
Calderdale	
Email to VCS, PRG Network members, Practice managers, and VAC database	
VAC weekly newsletter	
Website	
Social media	Twitter account has 3,183 followers
Calderdale Health Forum – discussion item	25 members of the public
Harrogate and Rural District	
GP newsletter	50+
Staff briefing	40 at HaRD CCG and 112 at HDFT
Staff bulletin	4,000 at HDFT
Social media	HaRD CCG - Near 7000 twitter followers and Facebook posts shared on local community group pages with over 35,000 followers HDFT – 1,500 views of Twitter posts and 1,600 Facebook reach
Website	
Stakeholder newsletter - NHS Staff, Public Health Leads, Local Authority	4,500 (HaRD CCG) and 400 (HDFT)
Kirklees	
Board papers to governing body meetings	
GP newsletter	60 (across GHCCG and NKCCG)
Staff briefing	80 (across GHCCG and NKCCG)
Staff bulletin	
Intranet	
Website	
Social media	GHCCG Twitter account has 5,395 followers and NKCCG has 4,171 followers
PRG Networks – dicussion item	32 (across GHCCG and NKCCG)
Engagement assurance groups – discussion item	13 members
Email to PRG's, VCS, Community Partnership, KOP Network and Voluntary Kirklees	320 members / organisations (across GHCCG and NKCCG)
Al Mubarak Radio - information included in stroke campaign piece about engagement work.	App/Website listeners – 1400+ (713 via website plus app listeners) Facebook views – 950 in total Home receivers – cannot quantify but approximating 450-500
Kirklees Staying healthy e-bulletin	4,000 people who subscribe
Leeds	
Patient Champion training - discussed in the training and emailed everyone with the link to the survey for completion.	21

Activity	Number of people
Email to Community Network members and engagement assurance group members	742 members
Website	41 people viewed the page
Social media	Over 9,000 people viewed the tweet
PRG Network – item for discussion	5 people
Wakefield	
Social media	Twitter account has 9,601 followers, had over 2,000 impressions
Intranet	170 staff
Staff newsletter	170 staff
Email to Community Engagement Partnership, VCS organisations, PRG members, colleges, hospices	255 members / organisations

Appendix E – Equality monitoring data

What is the first part of your postcode? e.g. HD1, WF10, BD4, LS13, HX6. If you would prefer not to say, please leave the box blank

	%	No.
BD1	0.1%	1
BD3	0.4%	3
BD4	0.1%	1
BD5	0.3%	2
BD6	0.4%	3
BD7	0.1%	1
BD8	0.3%	2
BD9	0.4%	3
BD10	1.0%	7
BD11	0.6%	4
BD12	0.9%	6
BD13	0.6%	4
BD16	0.9%	6
BD17	0.3%	2
BD18	0.9%	6
BD19	1.3%	9
BD20	1.2%	8
BD21	0.1%	1
BD22	0.1%	1
BD23	0.4%	3
BD24	0.1%	1
DL7	0.1%	1
DN2	0.1%	1
DN4	0.1%	1
HD1	1.0%	7
HD2	0.9%	6
HD3	1.3%	9
HD4	1.3%	9
HD5	1.3%	9
HD6	1.2%	8
HD7	1.2%	8
HD8	1.9%	13
HD9	1.6%	11
HG1	1.7%	12
HG2	2.5%	17
HG3	2.0%	14
HG4	0.6%	4
HG5	1.6%	11
HX1	0.6%	4
HX2	1.7%	12
HX3	2.0%	14

	%	No.
HX5	0.7%	5
HX6	0.3%	2
HX7	0.9%	6
LS1	0.1%	1
LS2	0.1%	1
LS4	0.4%	3
LS5	0.1%	1
LS6	0.3%	2
LS7	1.0%	7
LS8	0.9%	6
LS9	0.3%	2
LS10	0.6%	4
LS11	0.4%	3
LS12	0.6%	4
LS13	1.0%	7
LS14	1.3%	9
LS15	1.0%	7
LS16	0.6%	4
LS17	2.0%	14
LS18	0.7%	5
LS19	0.4%	3
LS20	0.3%	2
LS21	0.7%	5
LS22	0.9%	6
LS23	0.4%	3
LS24	0.1%	1
LS25	1.2%	8
LS26	1.2%	8
LS27	1.0%	7
LS28	1.9%	13
LS29	0.4%	3
OL14	0.9%	6
OL15	0.1%	1
PO12	0.1%	1
S72	0.3%	2
S75	0.1%	1
WF1	4.5%	31
WF2	6.8%	47
WF3	2.0%	14
WF4	3.5%	24
WF5	2.9%	20
WF6	2.3%	16
WF7	1.6%	11
WF8	3.2%	22
WF9	4.2%	29
WF10	1.5%	10

	%	No.
WF11	0.4%	3
WF12	0.9%	6
WF13	0.9%	6
WF14	2.0%	14
WF15	1.2%	8
WF16	0.7%	5
WF17	1.2%	8
WF19	0.1%	1
YO1	0.1%	1
YO26	0.3%	2
YO51	0.1%	1
Answered question	**73.0%**	**687**
Skipped question	**27.0%**	**253**

What sex are you?

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Male	38.3%	287	37.5%	24	40.3%	25	39.7%	27	34.9%	51	41.9%	62	37.0%	87
Female	60.3%	452	59.4%	38	59.7%	37	57.4%	39	65.1%	95	57.4%	85	61.3%	144
Prefer not to say	1.3%	10	3.1%	2	0.0%	0	2.9%	2	0.0%	0	0.7%	1	1.7%	4
Answered question	**79.7%**	**749**	**78.0%**	**64**	**83.7%**	**62**	**68.7%**	**68**	**82.9%**	**146**	**79.1%**	**148**	**81.8%**	**235**
Skipped question	**20.3%**	**191**	**22.0%**	**18**	**16.3%**	**12**	**31.3%**	**31**	**17.1%**	**30**	**20.9%**	**39**	**18.2%**	**52**

How old are you? e.g. 42

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
16 and under	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
17-25	2.9%	20	6.8%	4	0.0%	0	1.6%	1	3.1%	4	2.2%	3	2.8%	6
26-35	6.8%	47	16.9%	10	5.0%	3	3.2%	2	6.3%	8	7.4%	10	6.0%	13
36-45	11.2%	77	18.6%	11	11.7%	7	9.5%	6	9.4%	12	14.0%	19	9.2%	20
46-55	19.5%	134	13.6%	8	16.7%	10	20.6%	13	25.2%	32	16.2%	22	21.1%	46
56-65	21.5%	148	28.8%	17	28.3%	17	20.6%	13	20.5%	26	14.0%	19	21.1%	46
66-75	23.1%	159	11.9%	7	30.0%	18	23.8%	15	24.4%	31	24.3%	33	22.9%	50
76-85	12.4%	85	3.4%	2	8.3%	5	20.6%	13	8.7%	11	16.9%	23	13.8%	30
86 and over	2.5%	17	0.0%	0	0.0%	0	0.0%	0	2.4%	3	5.1%	7	3.2%	7
Answered question	**73.1%**	**687**	**72.0%**	**59**	**81.1%**	**60**	**63.6%**	**63**	**72.2%**	**127**	**72.7%**	**136**	**75.9%**	**218**
Skipped question	**26.9%**	**253**	**28.0%**	**23**	**18.9%**	**14**	**36.4%**	**36**	**27.8%**	**49**	**27.3%**	**51**	**24.1%**	**69**

Which country were you born in?

Answer Options	%	No.
Africa	0.3%	2
Bangladesh	0.1%	1
Canada	0.1%	1
China	0.3%	2
East Africa	0.1%	1
England	53.4%	363
Former Yugoslavia	0.1%	1
France	0.1%	1
Gibraltar	0.1%	1
Great Britain	2.5%	17
Guyana	0.1%	1
Hong Kong	0.1%	1
India	0.9%	6
Ireland	0.1%	1
Isle of Man	0.1%	1
Jamaica	0.1%	1
Malaysia	0.1%	1
Northern Ireland	0.6%	4
Pakistan	0.1%	1
Poland	0.1%	1
Romania	0.1%	1
Russia	0.1%	1
Scotland	1.9%	13
UK	36.5%	248
USA	0.3%	2
Yorkshire	0.9%	6
Zimbabwe	0.1%	1
Answered question	**72.3%**	**680**
Skipped question	**27.7%**	**260**

Do you belong to any religion?

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Buddhism	0.5%	4	0.0%	0	1.7%	1	0.0%	0	0.0%	0	1.4%	2	0.0%	0
Christianity	55.8%	406	46.9%	30	48.3%	29	64.7%	44	58.4%	80	50.0%	71	61.6%	141
Hinduism	0.8%	6	1.6%	1	0.0%	0	0.0%	0	0.7%	1	0.7%	1	1.3%	3
Islam	3.8%	28	14.1%	9	3.3%	2	0.0%	0	2.2%	3	2.8%	4	4.4%	10
Judaism	0.8%	6	0.0%	0	0.0%	0	1.5%	1	0.7%	1	2.1%	3	0.4%	1
Sikhism	0.1%	1	0.0%	0	1.7%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0
No religion	27.7%	202	21.9%	14	38.3%	23	23.5%	16	29.2%	40	27.5%	39	25.3%	58
Other (please specify)	6.5%	47	12.5%	8	1.7%	1	8.8%	6	7.3%	10	7.7%	11	3.5%	8
Answered question	**77.4%**	**728**	**78.0%**	**64**	**81.0%**	**60**	**68.6%**	**68**	**77.8%**	**137**	**75.9%**	**142**	**79.7%**	**229**
Skipped question	**22.6%**	**212**	**22.0%**	**18**	**19.0%**	**14**	**31.4%**	**31**	**22.2%**	**39**	**24.1%**	**45**	**20.3%**	**58**

Other

- Animism/Paganism
- Ascension
- C of E
- Catholic
- Church of England
- Failed atheist
- InterFaith
- Methodist
- non-practicing Christian
- Pagan
- Pentecostal
- Protestant
- Roman Catholic
- Spiritualist

What is your ethnic group?

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Indian	1.3%	10	1.6%	1	1.6%	1	0.0%	0	1.4%	2	1.4%	2	1.7%	4
Pakistani	2.6%	19	12.5%	8	1.6%	1	0.0%	0	0.7%	1	1.4%	2	3.0%	7
Bangladeshi	0.7%	5	1.6%	1	0.0%	0	0.0%	0	0.0%	0	0.7%	1	1.3%	3
Chinese	0.5%	4	0.0%	0	1.6%	1	0.0%	0	0.0%	0	1.4%	2	0.4%	1
Other Asian background	0.0%	0	0.0%	0	0.1%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
Caribbean	0.4%	3	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.7%	1	0.4%	1
African	0.3%	2	0.0%	0	0.0%	0	1.5%	1	0.7%	1	0.0%	0	0.0%	0
Other Black background	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
White and Black Caribbean	0.3%	2	0.0%	0	0.0%	0	0.0%	0	0.7%	1	0.7%	1	0.0%	0
White and Black African	0.3%	2	0.0%	0	0.0%	0	0.0%	0	0.0%	0	1.4%	2	0.0%	0
White and Asian	0.5%	4	0.0%	0	1.6%	1	0.0%	0	0.0%	0	1.4%	2	0.4%	1
Other mixed background	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0
English, Welsh, Scottish, Northern Irish, British	86.1%	638	70.3%	45	88.7%	55	91.2%	62	90.8%	128	80.8%	118	87.9%	204
Irish	0.8%	6	1.6%	1	1.6%	1	0.0%	0	0.7%	1	1.4%	2	0.4%	1
Gypsy or Irish Traveller	0.1%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.7%	1	0.0%	0
Other White background	0.9%	7	1.6%	1	0.0%	0	1.5%	1	0.7%	1	1.4%	2	0.9%	2
Arab	0.1%	1	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.7%	1	0.0%	0
Any other ethnic group	0.1%	1	0.0%	0	0.0%	0	1.5%	1	0.0%	0	0.0%	0	0.0%	0
Prefer not to say	4.9%	36	10.9%	7	3.2%	2	4.4%	3	4.3%	6	6.2%	9	3.4%	8
Answered question	**78.8%**	**741**	**78.0%**	**64**	**83.8%**	**62**	**68.7%**	**68**	**80.1%**	**141**	**78.1%**	**146**	**80.8%**	**232**
Skipped question	**21.2%**	**199**	**22.0%**	**18**	**16.2%**	**12**	**31.3%**	**31**	**19.9%**	**35**	**21.9%**	**41**	**19.2%**	**55**

Other

- South American

Do you consider yourself to be disabled?

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Yes	23.6%	175	4.7%	3	20.0%	12	26.8%	19	22.2%	32	21.8%	32	32.0%	73
No	73.5%	545	90.6%	58	78.3%	47	69.0%	49	72.2%	104	76.9%	113	66.2%	151
Prefer not to say	3.0%	22	4.7%	3	1.7%	1	4.2%	3	5.6%	8	1.4%	2	1.8%	4
Answered question	**78.9%**	**742**	**78.0%**	**64**	**81.0%**	**60**	**71.7%**	**71**	**81.8%**	**144**	**78.6%**	**147**	**79.4%**	**228**
Skipped question	**21.1%**	**198**	**22.0%**	**18**	**19.0%**	**14**	**28.3%**	**28**	**18.2%**	**32**	**21.4%**	**40**	**20.6%**	**59**

Types of impairment:

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using your arms)	65.9%	120	60.0%	3	50.0%	6	55.0%	11	67.6%	23	58.1%	18	72.4%	55
Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)	18.7%	34	20.0%	1	8.3%	1	10.0%	2	29.4%	10	19.4%	6	18.4%	14
Mental health condition (such as depression or schizophrenia)	17.6%	32	0.0%	0	25.0%	3	15.0%	3	29.4%	10	19.4%	6	13.2%	10
Learning disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)	3.3%	6	0.0%	0	0.0%	0	0.0%	0	2.9%	1	9.7%	3	2.6%	2

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	37.4%	68	20.0%	1	41.7%	5	30.0%	6	41.2%	14	51.6%	16	32.9%	25
Prefer not to say	8.2%	15	20.0%	1	8.3%	1	15.0%	3	8.8%	3	6.5%	2	6.6%	5
Answered question	**19.4%**	**182**	**6.1%**	**5**	**16.2%**	**12**	**20.2%**	**20**	**19.3%**	**34**	**16.6%**	**31**	**26.5%**	**76**
Skipped question	**80.6%**	**758**	**93.9%**	**77**	**83.8%**	**62**	**79.8%**	**79**	**80.7%**	**142**	**83.4%**	**156**	**73.5%**	**211**

Are you a carer? Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Yes	27.8%	203	39.1%	25	29.8%	17	15.9%	11	32.9%	48	23.8%	34	28.6%	64
No	69.2%	505	57.8%	37	66.7%	38	78.3%	54	64.4%	94	73.4%	105	69.6%	156
Prefer not to say	3.0%	22	3.1%	2	3.5%	2	5.8%	4	2.7%	4	2.8%	4	1.8%	4
Answered question	**77.6%**	**730**	**78.0%**	**64**	**77.0%**	**57**	**69.7%**	**69**	**82.9%**	**146**	**76.5%**	**143**	**78.0%**	**224**
Skipped question	**22.4%**	**210**	**22.0%**	**18**	**23.0%**	**17**	**30.3%**	**30**	**17.1%**	**30**	**23.5%**	**44**	**22.0%**	**63**

Are you pregnant?

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Yes	0.8%	6	1.6%	1	0.0%	0	0.0%	0	0.7%	1	0.7%	1	1.3%	3
No	96.7%	703	96.9%	62	98.2%	55	94.1%	64	97.9%	140	97.2%	139	96.0%	217
Prefer not to say	2.5%	18	1.6%	1	1.8%	1	5.9%	4	1.4%	2	2.1%	3	2.7%	6
Answered question	**77.3%**	**727**	**78.0%**	**64**	**75.7%**	**56**	**68.7%**	**68**	**81.3%**	**143**	**76.5%**	**143**	**78.7%**	**226**
Skipped question	**22.7%**	**213**	**22.0%**	**18**	**24.3%**	**18**	**31.3%**	**31**	**18.7%**	**33**	**23.5%**	**44**	**21.3%**	**61**

Have you given birth in the last 6 months?

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Yes	0.7%	5	3.1%	2	0.0%	0	0.0%	0	0.0%	0	0.7%	1	0.9%	2
No	96.9%	697	95.3%	61	98.2%	54	95.5%	64	98.6%	140	97.1%	134	96.4%	217
Prefer not to say	2.4%	17	1.6%	1	1.8%	1	4.5%	3	1.4%	2	2.2%	3	2.7%	6
Answered question	**76.5%**	**719**	**78.0%**	**64**	**74.3%**	**55**	**67.7%**	**67**	**80.7%**	**142**	**73.8%**	**138**	**78.4%**	**225**
Skipped question	**23.5%**	**221**	**22.0%**	**18**	**25.7%**	**19**	**32.3%**	**32**	**19.3%**	**34**	**26.2%**	**49**	**21.6%**	**62**

What is your sexual orientation?

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Bisexual (both sexes)	0.7%	5	3.1%	2	0.0%	0	1.5%	1	0.7%	1	0.0%	0	0.4%	1
Gay (same sex)	1.3%	9	0.0%	0	0.0%	0	0.0%	0	2.9%	4	0.7%	1	1.8%	4
Heterosexual/straight (opposite sex)	89.1%	636	85.9%	55	92.9%	52	90.9%	60	89.2%	124	88.4%	122	88.8%	198
Lesbian (same sex)	1.1%	8	0.0%	0	3.6%	2	0.0%	0	1.4%	2	0.0%	0	1.8%	4
Other	0.4%	3	0.0%	0	0.0%	0	0.0%	0	0.7%	1	0.0%	0	0.4%	1
Prefer not to say	8.3%	59	10.9%	7	3.6%	2	7.6%	5	9.4%	13	10.9%	15	6.7%	15
Answered question	**75.9%**	**714**	**78.0%**	**64**	**75.7%**	**56**	**66.7%**	**66**	**78.9%**	**139**	**73.8%**	**138**	**77.7%**	**223**
Skipped question	**24.1%**	**226**	**22.0%**	**18**	**24.3%**	**18**	**33.3%**	**33**	**21.1%**	**37**	**26.2%**	**49**	**22.3%**	**64**

Are you transgender? Is your gender identity different to the sex you were assumed at birth?

	WY&H		Bradford		Calderdale		Harrogate		Kirklees		Leeds		Wakefield	
Answer Options	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.
Yes	0.1%	1	0.0%	0	0.0%	0	0.0%	0	0.7%	1	0.0%	0	0.0%	0
No	96.0%	677	93.7%	59	98.2%	54	94.0%	63	96.4%	133	94.7%	126	97.3%	217
Prefer not to say	3.8%	27	6.3%	4	1.8%	1	6.0%	4	2.9%	4	5.3%	7	2.7%	6
Answered question	**75.0%**	**705**	**76.8%**	**63**	**74.3%**	**55**	**67.7%**	**67**	**78.4%**	**138**	**71.1%**	**133**	**77.7%**	**223**
Skipped question	**25.0%**	**235**	**23.2%**	**19**	**25.7%**	**19**	**32.3%**	**32**	**21.6%**	**38**	**28.9%**	**54**	**22.3%**	**64**

healthwatch Calderdale

The Elsie Whiteley Innovation Centre
Hopwood lane
Halifax
HX1 5ER
Tel: 01422 399433
Email: info@healthwatchcalderdale.co.uk

healthwatch Bradford and District

Central Hall
Alice Street
Keighley
BD21 3JD

Tel: 01535 665 258
Email: info@healthwatchbradford.co.uk

healthwatch Kirklees

Unit 11 Empire House
Wakefield Road
Dewsbury
West Yorkshire
WF12 8DJ
Tel: 01924 450379
Email: info@healthwatchkirklees.co.uk

healthwatch Leeds

Ground Floor
Unit 8 Gemini Park Sheepscar Way
Leeds
LS7 3JB

Tel: **0113 898 0035**
Email: info@healthwatchleeds.co.uk

healthwatch North Yorkshire

The Priory Street Centre
15 Priory Street
York
North Yorkshire
YO1 6ET

Tel: 01904 621631
E-mail: healthwatchny@nbforum.org.uk

healthwatch Wakefield

11-13 Upper York Street
Wakefield
WF1 3LQ

Tel: 01924 787379
Email: enquiries@healthwatchwakefield.co.uk