

# Our questions to you

Now that you have read the proposals outlined in this document, we'd like to hear what you think about them. If you would prefer, you can complete the survey online at [www.kentandmedway.nhs.uk/stroke](http://www.kentandmedway.nhs.uk/stroke).

To reply by post, tear out and complete the survey below then send it free of charge to **FREEPOST KENT AND MEDWAY NHS**. You can include additional pages if you need more room for comments. Please clearly mark the relevant question number against any comments on additional pages.

1. How strongly do you agree or disagree with the following five statements:

*(please tick the box)*

Statement	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don't know
1: There are convincing reasons to <b>establish hyper acute stroke units</b> in Kent & Medway. <i>(See sections 3 &amp; 4 of document)</i>						
2: There are convincing reasons to have <b>3 hyper acute stroke units</b> in Kent and Medway. <i>(See page 24 of document)</i>						
3: Creating 3 hyper acute stroke units would <b>improve the quality</b> of urgent stroke care for patients in Kent and Medway. <i>(See section 6 of document)</i>						
4: Creating 3 hyper acute stroke units would <b>improve access</b> to diagnosis and specialist treatment in the 72 hours following a stroke for patients in Kent and Medway. <i>(See section 6 of document)</i>						
5: There are convincing reasons to <b>locate acute stroke units and TIA ('mini stroke') clinics</b> on the same sites as hyper acute stroke units. <i>(See pages 24/25 of document)</i>						

Thinking about your response to the five statements for the previous question, do you have any comments to make on the potential advantages or disadvantages of the proposed changes to urgent stroke services in Kent and Medway?

No comments

3. We have used 5 criteria to help us weigh up the pros and cons of potential locations for hyper acute stroke units. We will continue to consider the criteria in our decision-making and would like your views on which are most important.

Please rank the criteria in your order of importance, with 1 being the most important and 5 the least important.

Criteria	Order of importance
The option would <b>improve access</b> to urgent stroke services for patients	
The option would be <b>straightforward to implement</b>	
The option would represent <b>good value for money</b>	
The option would <b>improve the quality</b> of urgent stroke services for patients	
The option would <b>help recruit and retain staff</b> for urgent stroke services	

4. Are there any other criteria you think we should consider in our decision-making?

No comments

5. Thinking about the criteria above, please rank the 5 shortlisted site options in order of preference, with 1 being your preferred option.

Option	Order of importance
A. Darent Valley, Medway Maritime, William Harvey	
B. Darent Valley, Maidstone, William Harvey	
C. Maidstone, Medway Maritime, William Harvey	
D. Tunbridge Wells, Medway Maritime, William Harvey	
E. Darent Valley, Tunbridge Wells, William Harvey	

Please tell us a bit more about why you have given this ranking.

No comments

6. Should we consider any other ways for how we organise specialist urgent stroke services in Kent and Medway, and/or where those services are located?

No comments

7. When thinking about these proposals for stroke services in Kent and Medway, is there anything else you would like us to take into consideration, or any other comments that you would like to make?

No comments

8. Please indicate how happy you are with the way you have been consulted with about these proposals.  
*(please tick the box)*

Very happy	
Happy	
Neither happy nor unhappy	
Unhappy	
Very unhappy	
Don't know	

9. If you would like to comment on the way the consultation has been run, please add your comment here.

No comments

10. Where did you hear about this consultation?

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## Please tell us a few things about you.

11. What is your postcode (e.g. ME20 6WT)?

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

12. Are you responding on behalf of an organisation?

Yes  No

If yes, please state the name of the organisation:

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If no, and you are responding as an individual, please complete the rest of the questionnaire to help our equalities monitoring.

13. Which of the following best describes you?

- A patient or member of the public
- Healthcare professional
- Social care professional
- Public health professional
- Board member/governor/non-executive director
- Another type of NHS or Council colleague (e.g. management, administration, clinical support)
- Third sector/voluntary/charity
- worker Other (please state)
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### Equalities monitoring

We recognise and actively promote the benefits of diversity and we are committed to treating everyone with dignity and respect regardless of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. To ensure that our services are designed for the population we serve, we would like you to complete the short monitoring section below. The information provided will only be used for the purpose it has been collected for and will not be passed on to any third parties. This information is optional to complete.

14. What is your gender?

- Male
- Female
- Transgender
- Prefer not to say

15. If female, are you currently pregnant or have you given birth within the last 12 months?

- Yes
- No
- Prefer not to say

16. What is your age?

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

17. What is your ethnic group?

#### White

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

#### Mixed/Multiple ethnic groups

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other Mixed/Multiple ethnic  
background, please describe:
- 

#### Asian/Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background,  
please describe:
- 

#### Black African/ Caribbean/ Black British

- African
- Caribbean
- Any other Black/African/  
Caribbean background,  
please describe:
- 

#### Other ethnic group

- Arab
- Any other ethnic group,  
please describe:
- 
- Prefer not to say

18. Are your day-to-day activities limited because of a health condition or illness which has lasted, or is expected to last, at least 12 months?

*(Please select all that apply)*

- Vision (such as due to blindness or partial sight)
- Hearing (such as due to deafness or partial hearing)
- Mobility (such as difficulty walking short distances, climbing stairs)
- Dexterity (such as lifting and carrying objects, using a keyboard)
- Ability to concentrate, learn or understand (learning disability/difficulty)
- Memory
- Mental ill health
- Stamina or breathing difficulty or fatigue
- Social or behavioural issues (for example, due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Aspergers' Syndrome)
- No
- Prefer not to say
- Any other condition or illness, please describe

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19. What is your sexual orientation?

- Bisexual
- Gay
- Heterosexual/straight
- Lesbian
- Prefer not to say
- Other (please state)

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20. Are you:

- Single
- Living in a couple
- Married/civil partnership
- Married (but not living with husband/wife/civil partner)
- Separated (but still married or in a civil partnership)
- Divorced/dissolved civil partnership
- Widowed/surviving partner/civil partner
- Prefer not to say
- Other relationship (please state)

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21. What is your religion and belief?

- No religion
- Buddhist
- Baha'i
- Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Hindu
- Jain
- Jewish
- Muslim
- Sikh
- Other (please specify)

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Prefer not to say

22. Caring responsibilities

Do you currently look after a relative, neighbour or friend who is ill, disabled, frail or in need of emotional support?

- Yes     No

Thank you for taking the time to review our proposals and respond to this survey.

Please post your completed survey to

**FREEPOST KENT AND MEDWAY NHS**  
to arrive by the **13 April 2018.**