

Stroke Rehabilitation Engagement Summary Walsall Health Overview and Scrutiny Panel

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Working in partnership

The Royal Wolverhampton NHS Trust
Walsall Healthcare NHS Trust



Care Colleagues
Collaboration Communities

Purpose

“To ensure stroke rehabilitation redesign reflects patient, carer, and community voices.”



Why We Listened

- Hear directly from patients and carers
- Understand access barriers
- Explore preferred care locations
- Identify opportunities for improvement
- Strengthen trust and co-design



How We Listened

- Community events & outreach
- Carer and family conversations
- Patient Involvement Partners workshops
- Voluntary sector discussions
- One-to-one interviews



“We listened to over 200 voices across surveys, focus groups, and community events.”

Who Took Part

- Stroke patients and survivors
- Carers and family
- Community rehab patients
- Patient Involvement Partners
- Faith & cultural groups
- Voluntary and Community Sector organisations and Groups
- Healthwatch Walsall and Wolverhampton



“Groups like this give us purpose, friendship, and belonging.”
(Stroke & Heart Support Group)

Inclusion & Reach

- Older adults
- Ethnically diverse communities
- Carers under strain
- Digitally excluded
- Isolated individuals
- Underrepresented voices



“Please don’t just rely on digital, many of us need printed or face-to-face.”

(Friendship Group Brownhills)

Key Themes

Access & Practical Barriers:

- Travel difficulty and cost
- Digital exclusion

Consistency & Quality:

- Variation in rehab
- Staffing continuity

Communication:

- Unclear pathways
- Carer involvement inconsistency

Preference

- Home/Community Rehab

“It’s better for patients to be treated at home, improves mental wellbeing.”

(WEAP Energy Café)

What People Need

- Transport support
- Clear referral pathways
- Consistent therapy
- Carer training
- Better communication
- Joined-up working



“Make sure carers are included in care plans, we need support too.”

(Diwali event attendee)

Opportunities

- Community champions
- Stronger Voluntary Community Sector partnerships
- Local recovery hubs
- Peer mentors
- Triaged digital support
- Co-designed resources



“Voluntary groups are vital for reducing isolation and aiding reintegration.”

(Senior Mens Group – Nashdom)

Recommended Actions

1. Map patient journey for the community rehab model
2. Transport support
3. Standardise rehab quality
4. Carer training & respite
5. Continuous feedback
6. Accessible information

“Significant trust will depend on assurances about staffing and investment.”

(Patient Involvement Partners)

What Happens Next

- Share findings
- Co-design improvements
- Develop pilot timeline
- Regular HOSC updates
- Continued engagement

“Be sure the information on the changes are clear, well explained and publicly available”

(Survey respondent, WV12 aged 77)

Thank you

Patient Voice (Experience) Team

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**Patient Experience
Enabling Strategy**

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Hear it. Learn it. Change it.

