



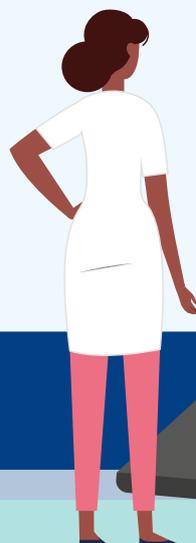
Public consultation

Improving acute hospital based Stroke services in Somerset

Have your say:

Monday 30 January 2023 – Monday 24 April 2023

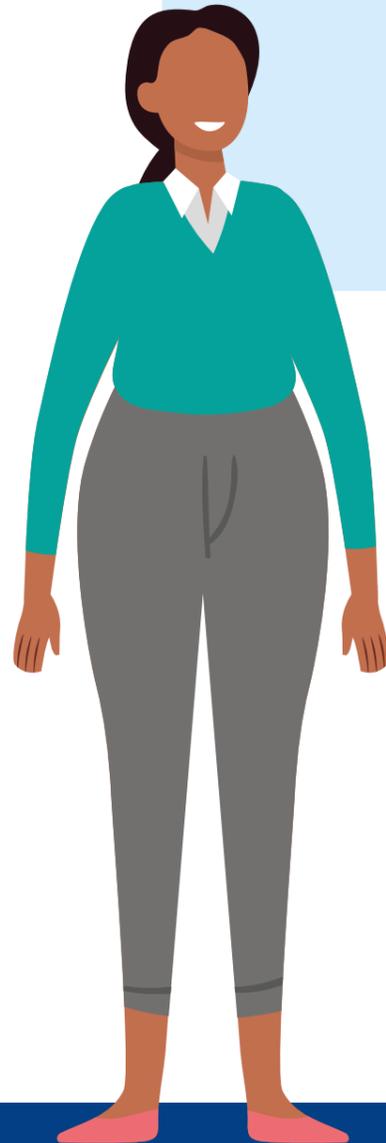
www.somersetics.org.uk/stroke



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If you need this document in another language or format please contact us: Tel: 01935 384 124 or email: somicb.fitformyfuture@nhs.net



What this document is about

NHS Somerset is running a public consultation to gather feedback about the future of acute hospital based stroke services in Somerset, from people living in Somerset and people who use Somerset hospitals. Acute hospital based stroke services is the specialist hospital care people receive in the first few days and weeks when they first have a stroke.



To help us develop our proposals, we've been working with people with lived experience of stroke, including their carers, staff and voluntary sector support organisations to understand what matters if you, or a loved one, had a stroke.

All the feedback has been used to develop our proposals for the future of acute hospital based stroke services in Somerset and we want to know what you think.

We explain our proposals on pages 20-23.

Between Monday 30 January 2023 and Monday 24 April 2023, you can tell us what you think by completing the questionnaire contained in this booklet and returning it to us or by completing the questionnaire online at www.somersetics.org.uk/stroke

We explain the range of ways you can get involved and share your views on page 34.

Who are we?

NHS organisations in Somerset are working together to improve acute hospital based stroke services in Somerset. This public consultation is led by NHS Somerset Integrated Care Board (NHS Somerset). NHS Somerset is the statutory NHS organisation responsible for implementing Somerset's health and care strategy. Working collaboratively with primary care partners, foundation trusts, local councils, voluntary sector organisations and other partner organisations, we oversee the planning, performance, financial management and transformation of local NHS services. **All partners working together form the Somerset Integrated Care System (ICS).**

This consultation is part of our Fit for my Future strategy. Our strategy explains how we will support the health and wellbeing of the people of Somerset by changing the way we commission and deliver health and care services. It is jointly led by NHS Somerset and Somerset County Council, and includes the main NHS provider organisations in the county.

Our aims:



Improve the health and wellbeing of the population



Provide the best care and support to people



Strengthen care and support in local communities



Reduce inequalities



Respond well to complex needs

Introduction



NHS organisations in Somerset are working together to improve acute hospital based stroke care – this is the specialist care people receive in an acute hospital when they first have a stroke.

Strokes are a medical emergency and urgent treatment is essential. The sooner you are treated, the better your chance of recovery.

Our staff are working hard to provide the best care possible for people, but we know that our current acute hospital based stroke services are not set up in the best way.

Currently, there are differences in the way we provide acute hospital based stroke care in Somerset. We want every stroke patient in Somerset to have the safest and best possible care so they get better quicker and have less chance of living with a disability when they go home.

With a growing, ageing population and an expected increase in the demand for services, we need to make sure our services are fit for the future.

Staff, people with lived experience including carers, and community and voluntary sector support organisations have been working together to develop the best solutions for transforming acute hospital based stroke services in Somerset. We've listened to what people have told us is important to them to help us develop our solutions to provide better services.

What is a stroke?

A stroke is a life-threatening medical condition that happens when the blood supply to part of the brain is cut off, either from a clot or if a blood vessel in the brain bursts (also known as a haemorrhage).

Stroke is a sudden and life-changing event, and is a leading cause of death and disability in the UK. The sooner you're treated, the better your chance of recovery. The type of treatment needed depends on the type of stroke, and whether it is caused by a bleed or a blockage, which can only be determined by expert diagnosis.

The NHS Long Term Plan sets out the ambitions for the NHS over the next 10 years, identifying stroke as a national clinical priority. We share this ambition and want everyone in Somerset to have the best opportunity to survive and thrive after stroke.

With advances in effective stroke treatment, we can improve the way our acute hospital based stroke services are organised, preventing more stroke deaths each year.

What are acute hospital based stroke services?

Acute hospital based stroke services provide the specialist care people receive in an acute hospital when they first have a stroke. In Somerset, this care currently takes place at Musgrove Park Hospital in Taunton and Yeovil District Hospital in Yeovil.

This includes both hyper acute stroke care and acute stroke care.

By centralising our hyper acute stroke services at one hospital, aligning our services to the best practice national guidance, we could offer better stroke care for our patients.

National evidence shows that when emergency stroke treatment and care is centralised in a hyper acute stroke unit, more people survive a stroke. People can get effective treatment quicker, spend less time in hospital and go on to live fulfilling lives.

Public consultation gives people the opportunity to provide their views before any decisions are taken. We want to hear from you to understand what the potential benefits and impacts are to our proposals from a range of perspectives.

Please do respond and tell us what you think of our proposals and about anything of importance to you that you want us to consider before we make a final decision on the way forward.

Bonnie Marden Chief Medical Officer, NHS Somerset



Stages of stroke care:

Prevention

Focuses on reducing factors that put people at risk of having a stroke, like high blood pressure.

Hyper acute care

The specialist critical care received in the first 72 hours (or sooner if medically stable) after having a stroke. This includes rapid access to a specialised hyper acute stroke unit (HASU) for specialist assessment, scanning, diagnosis and treatment.

Acute care

Acute hospital rehabilitation for those who need it, providing daily specialist input from medical, nursing and therapy staff.

This could also be provided through early supported discharge, where rehabilitation is done at home by specialist stroke staff at the same intensity as your acute hospital rehabilitation. No changes are being proposed to this care provided in your home as part of this review.

Sub Acute care

Inpatient rehabilitation for those who need additional specialist treatment and rehabilitation after their hyper acute and acute hospital stroke care. This may be provided at a hospital site, in the community or in your home.

Community care and life after stroke

Ongoing treatment and care following a stroke. This can be provided at home, or a care home, and at a variety of community based facilities such as physio centres, gyms or community hubs, in the area where people live, and depending on the support required.

What are we consulting on?

We are consulting on the future configuration of acute hospital based stroke services, which includes hyper acute stroke and acute stroke services. This is the specialist hospital care people receive in the first few days and weeks after a stroke.

Acute hospital based stroke treatment in Somerset currently takes place at:



Some people who live in Somerset may receive stroke care at other hospitals in neighbouring counties. Only the two hospitals in Somerset are part of these proposals.

This consultation does not include the support and rehabilitation that is provided when patients are discharged from hospital following a stroke. Patients would continue to receive community rehabilitation stroke care, provided in the local community as they would do now. No changes are being proposed to the stroke rehabilitation services provided at South Petherton Community Hospital or Williton Community Hospital. The early supported discharge at home scheme where rehabilitation is provided in your home would continue to be offered.

An evaluation process by clinicians, staff, people with lived experience and community and voluntary sector organisations, **identified that hyper acute stroke services would be better delivered from one hospital site in Somerset**, instead of two. They also concluded that if hyper acute services were to be consolidated and in future delivered from a hyper acute stroke unit at only one hospital site in Somerset, Musgrove Park Hospital in Taunton would be the only solution that could feasibly deliver a high quality, safe, and clinically sustainable hyper acute service.

On this basis, the evaluation identified two potential options for future acute stroke services in Somerset.

We are therefore asking for your views on the following proposals:

- 1 To provide hyper acute stroke services at one hyper acute stroke unit in Somerset and, if that is the right way forward, whether the unit be located at Musgrove Park Hospital in Taunton
- 2 To provide acute stroke services at either:
 - Two acute stroke units one at Musgrove Park Hospital, Taunton and one at Yeovil District Hospital; or
 - One acute stroke unit, which would need to be located at the same hospital as the hyper acute stroke unit proposed to be Musgrove Park Hospital, Taunton.

Option A	Option B
A single hyper acute stroke unit at Musgrove Park Hospital, Taunton	
An acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital.	A single acute stroke unit at Musgrove Park Hospital, Taunton.

No decision has been made yet. Public consultation gives people the opportunity to provide their views before any decisions are taken. We want to understand as many different views on our proposals as possible, including potential benefits or impacts, other ideas or adjustments that could be considered before a decision is made. Once the consultation ends, an independent research organisation will analyse all the responses and report the feedback. We will carefully consider all feedback, alongside other evidence and information gathered, such as further workforce and financial data. A final decision on the future configuration of hyper acute and acute stroke services will then be made by the NHS Somerset Board.

How to respond

Your views are important to us and we would like to hear from you. This document provides you with the information you need in order to respond to the questions about our proposals for acute hospital based stroke services in Somerset. The questions are set out in the questionnaire inserted into this booklet.

Before completing our questionnaire, you may want to look at the detailed supporting information at www.somersetics.org.uk/stroke. The Pre-consultation Business Case or PCBC, is a technical document which provides a wide range of information and evidence to support the proposals. If you don't have access to the internet, you can call us on 01935 384 124 and we can send you a paper copy of the PCBC.

The public consultation takes place from **30 January 2023 to 24 April 2023**.

Once you have completed the questionnaire, you can **post it free of charge to:**

**Opinion Research Services,
FREEPOST SS1018, PO Box 530,
Swansea, SA1 1ZL**

You can also complete the questionnaire online at www.somersetics.org.uk/stroke

Throughout the public consultation there will be opportunities for you to find out more about our proposals. These will include public drop-ins, meetings and events throughout Somerset, and through regular updates on our website and social media accounts.

f @FFMFSomerset
t @FFMFSomerset
@ @FFMFSomerset

All completed questionnaires should be returned by Monday 24 April 2023.

Background

Improving stroke care fits with the aims of the joint health and care strategy of Somerset Integrated Care System (ICS), created in partnership with NHS Somerset, Somerset County Council, hospitals and health and care providers in Somerset.

In 2018, the Getting it Right First Time programme led a review of stroke care in Somerset to identify examples of high-quality service delivery and to look at where there was variation in the care provided. The review identified that whilst our stroke services performed well there were areas for improvement relating to our hyper acute care services.

In 2019, a review of Somerset’s stroke services was carried out. A key recommendation was to review the way hyper acute stroke and acute stroke services are provided in Somerset. Due to the Covid-19 pandemic this review work was paused and restarted in spring 2022.

Our review also fits with national guidance. Transforming stroke care is a priority within the NHS Long Term Plan. The plan points to strong evidence that hyper acute interventions, such as brain scanning and thrombolysis (clot busting treatment), are best delivered as part of a networked 24/7 service. The national plan supports centralised hyper acute stroke care delivered by a smaller number of well-equipped and staffed hospitals.

Our vision:

Following a stroke people have quick access to the best possible care and treatments to increase their chance of recovery, regardless of where they live in Somerset.

Many areas of the country have undertaken similar reconfigurations, which provides us with an opportunity to learn from their experiences.



How acute hospital based stroke services are configured in Somerset now

In Somerset two hospitals provide acute hospital based stroke services, Musgrove Park Hospital, Taunton and Yeovil District Hospital, Yeovil. Both acute hospitals have a hyper acute stroke unit and an acute stroke unit.

At the moment, acute hospital stroke care varies across both acute hospitals in Somerset, depending on where people live and when they require care. Our hospital stroke services are not achieving all performance standards and we have significant staffing vacancies.

Not all hyper acute stroke services are available or are provided by specialist stroke teams all of the time and this can impact an individual’s long-term recovery.

There are a number of ways patients may arrive at the hyper acute stroke unit. The majority of patients with a suspected stroke arrive by ambulance. A small number of patients may arrive at the Emergency Department (ED) without an ambulance (often called walk-ins). Patients may also already be in the hospital, receiving treatment for another condition, when they have a stroke and are transferred to the hyper acute stroke unit for specialised care.

The number of stroke patients admitted via each route between 2018 and 2021:

	Brought in by ambulance	Self-presentation “walk-in”	Onset whilst an inpatient
Musgrove Park Hospital (MPH)	76.4% (1992)	18.1% (470)	5.5% (144)
Yeovil District Hospital (YDH)	76.3% (1345)	16.6% (293)	7.1% (125)

Current acute hospital stroke services are delivered by two separate teams, one at each hospital. There is a national shortage of specialist staff, which means locally we have difficulty recruiting stroke staff. This means there is not enough specialist stroke staff to provide 24 hour a day, 7 days a week consultant cover at both hyper acute stroke units – as recommended nationally.

Musgrove Park has specialist stroke consultant cover available between 9.00 am and 5.00 pm Monday to Friday, and 9.00 am and 3.00 pm on weekends.

There are also three stroke practitioners who respond to thrombolysis calls from the Emergency Department 7 days a week between 8.00 am and 8.00 pm. These skilled clinicians can interpret CT scans and assess patients prior to thrombolysis being given. They also see referrals for suspected strokes across the hospital wards.

Yeovil District Hospital has specialist stroke consultant cover between Monday and Friday. At weekends there is a daily telephone consultation for stroke patients.

There are also specialist stroke nurses who provide stroke care and support with thrombolysis 7 days a week, from 8am to 6pm Monday to Friday and 9am to 5pm on weekends.

Background continued...

Both hospitals also have other professionals who provide rehabilitation support including occupational therapists, physiotherapists, speech and language therapists, rehabilitation assistants and psychologists.

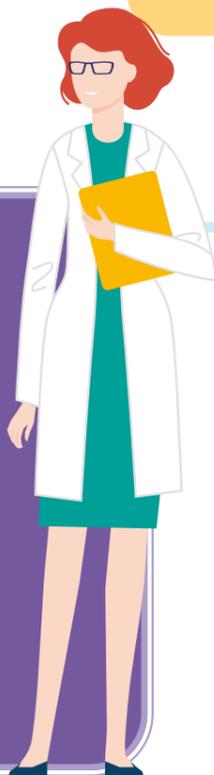
The range of professionals are vital in the treatment and recovery of people who have had a stroke.

Due to the national shortage of specialised staff, recruiting the specialist staff needed is challenging and both hospitals have staff vacancies within the stroke service.

You can find more details on the specialist stroke workforce available in the Pre-consultation Business Case at www.somersetics.org.uk/stroke.

Patients are less likely to be assessed by a stroke consultant if they arrive at hospital at night or at the weekend. If a person arrives in the Emergency Department with a suspected stroke when there is no specialist stroke consultant working, they will be seen by an Emergency Department consultant who will contact a stroke consultant, via our stroke network, for specialist advice.

After receiving urgent treatment in a hyper acute stroke unit, people are usually moved to an acute stroke ward to continue short-term treatment and care. Not all people who have a stroke in Somerset will go to a hyper acute stroke unit in an acute hospital in Somerset.



In 2020/2021, 246 Somerset patients (people registered with a Somerset GP) were taken by ambulance to hospitals outside of Somerset for their suspected stroke. This is usually because there is a hospital outside of Somerset which is closer to them. Most of these patients were treated at either Royal United Hospitals Bath (8%) or University Hospitals Bristol, which includes both Weston General Hospital (7%), and Bristol Royal Infirmary (1%).

Currently, people living in Sedgemoor are taken to Weston General Hospital for hyper acute stroke services. Under proposals by NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board to reconfigure stroke services, in the future these patients would be taken by ambulance to their nearest hyper acute stroke unit at Musgrove Park Hospital in Taunton.

A number of people who don't live in Somerset are treated for stroke each year in Somerset's acute hospitals.

If patients from Somerset are identified as needing a thrombectomy, they are transferred out of Somerset to Southmead Hospital, North Bristol NHS Trust to receive treatment.



A small number of severe strokes can be treated by an emergency procedure called a thrombectomy. This removes blood clots and helps restore blood flow to the brain. It's most effective when started as soon as possible after a stroke.

Around 20% of stroke patients treated at Yeovil District Hospital live in Dorset

Around 5% of stroke patients treated at Musgrove Park Hospital live in Devon or North Somerset

Once well enough, rehabilitation plays a significant role in helping people to regain their independence and live well after stroke.

We're not proposing any changes to our stroke rehabilitation services as part of this consultation. After their acute hospital care, individuals would continue to receive community rehabilitation

stroke care, either provided in the local community, or through the early supported discharge at home scheme where rehabilitation is provided at home.

No changes are being proposed to the stroke rehabilitation services provided at South Petherton Community Hospital or Williton Community Hospital.

How many people use local stroke services?

A total of around 1100 people are admitted to our two hospitals each year following a stroke.

Strokes admissions:	2018	2019	2020	2021
Musgrove Park Hospital (MPH)	657	708	536	705
Yeovil District Hospital (YDH)	429	468	412	454
Total	1,086	1,176	948	1,159

A further group of people, around 250 each year, are also admitted to hospital following a transient ischaemic attack (TIA) or 'mini stroke'. A TIA is caused by a temporary disruption in the blood supply to part of the brain. This results in a lack of oxygen to the brain and can cause sudden symptoms similar to a stroke. A TIA doesn't last as long as a stroke - effects often only last for a few minutes or hours and disappear within 24-hours.

TIA admissions:	2018/19	2019/20	2020/21	2021/22
Musgrove Park Hospital (MPH)	160	161	127	120
Yeovil District Hospital (YDH)	113	94	106	98
Total	273	255	233	218

Why do hyper acute stroke services in Somerset need to change?

NHS Somerset is proud of the care that our stroke staff provide. While our staff are working hard to provide the best care possible for people who have had a stroke, we know that our acute hospital based stroke services are not set up in the best way.

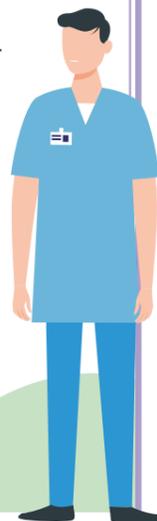
Somerset is a rural county with an older than average population, with the number of people over 75 expected to double in the next 25 years. This will result in a significant rise in demand for health and care services as more people are living with long term health conditions, especially frail and elderly people. We need to make sure our services are fit for the future.

In Somerset, our ageing population means demand for stroke care will increase. The specialist stroke workforce available to provide care is limited. There is a shortage of the specialist workforce, locally and nationally, needed to deliver hyper acute stroke care. This means there are problems with medical cover in our local hospitals.

We can't provide 24/7 specialist stroke care. Neither hyper acute stroke unit in Somerset has the number of specialist staff needed to provide consultant cover 24 hours a day, 7 days a week. This means that both hyper acute stroke units have different hours when a stroke consultant and specialist stroke staff are available.

We're not set up to maximise the skills and experience of our staff.

Currently, Yeovil District Hospital doesn't see the minimum recommended number of stroke patients (500–600 per year) for staff to maintain their skills and build expertise.



We don't always provide treatments fast enough. Increasingly, there are new and specialised treatments to reduce brain damage and disability after a stroke. These require highly skilled staff, and the latest technology and services. As our expertise is currently spread over two sites, we're unable to offer this level of service at both acute hospitals all of the time.

For example, national targets expect 95% of patients to have a specialist stroke assessment, either in person or via telemedicine, within 30 minutes of arrival at hospital. Neither hospital in Somerset is meeting this target due to the availability of specialist stroke staff.

National evidence shows that when emergency stroke treatment and care is centralised into a centre of excellence, known as a hyper acute stroke unit, more people survive a stroke. This means individuals can get home quicker and go on to live fulfilling lives.

By changing the way stroke services in Somerset are organised we could:

- **Make sure that everyone has access to our specialist teams and treatments 24 hours a day, 7 days a week.**
- **Meet the national standards for stroke care.**
- **Support staff better, and attract and retain the specialist staff needed.**
- **Make the best use of resources to create a service fit for the future.**
- **Save more lives and help more people live well after stroke.**



What changes are we proposing...

An evaluation process by clinicians, staff, people with lived experience and community and voluntary sector organisations, identified two potential options for the future configuration of acute hospital based services in Somerset.



Option A	Option B
A single hyper acute stroke unit at Musgrove Park Hospital, Taunton	
An acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital.	A single acute stroke unit at Musgrove Park Hospital, Taunton.

Both options would create one centralised hyper acute stroke unit in Somerset at Musgrove Park Hospital, Taunton.

This would mean most people in Somerset would receive their first 72 hours of stroke care at Musgrove Park Hospital. People who live closer to hyper acute stroke units out of Somerset would be taken to their closest unit, for example at Dorset County Hospital, Dorchester.

Under option A: A single hyper acute stroke unit at Musgrove Park Hospital, Taunton and an acute stroke unit at both Musgrove Park and Yeovil District Hospital.

- Musgrove Park Hospital, Taunton would continue to provide hyper acute stroke care, as it does now.
- Patients would be taken to their nearest hyper acute stroke unit, this could be out of Somerset if it was closer to you, such as Dorset County Hospital, Dorchester.
- Yeovil District Hospital would no longer provide hyper acute stroke care but would continue to provide acute stroke care.
- This means that patients who receive their hyper acute stroke care at another hospital outside of Somerset or in Taunton and live nearer to Yeovil, could have their next stage of treatment in Yeovil if this was closer to home.

Under option B: A single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital, Taunton.

- Musgrove Park Hospital, Taunton would continue to provide hyper acute stroke care and acute stroke care, as it does now.
- Yeovil District Hospital would no longer provide hyper acute stroke care or acute stroke care.
- Patients would be taken to their nearest hyper acute stroke unit, this could be out of Somerset if it was closer to you, such as Dorset County Hospital, Dorchester.
- Patients would have their acute stroke care at the same hospital as their hyper acute stroke care, for example Somerset patients at Dorset County Hospital would continue to have their acute stroke care at Dorset County Hospital.

We are not reducing the number of beds as part of this review. Under both options we would need to increase the number of hyper acute stroke beds at Musgrove Park Hospital.

Developing the solutions

Doctors, nurses, other professionals involved in stroke care, people with lived experience including carers, and community and voluntary sector support organisations have been working together to develop the best solutions for transforming acute hospital based stroke services in Somerset.

Throughout the development of the solutions we have gathered insights and feedback from a range of people, including people with lived experience of stroke, to inform and develop the proposals.

A series of workshops were held with people working in stroke services, other key stakeholders including the Stroke Association, and people with lived experience of a stroke. Together they looked at how local stroke services could be improved.

These sessions were used to develop a long list, then a short list, of potential solutions for the future. These were assessed to decide how they would meet the following criteria:

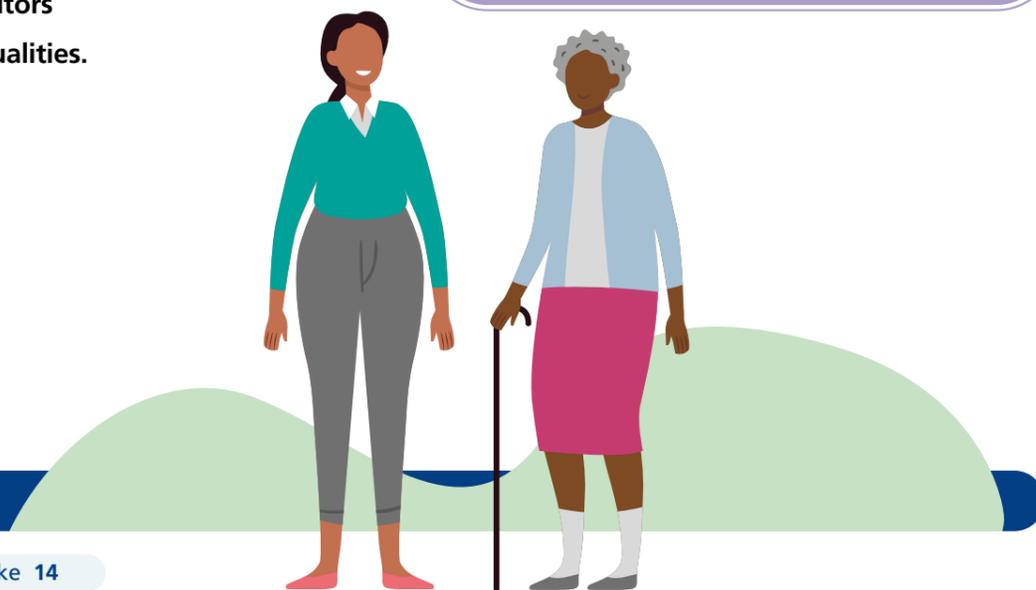
- **Quality of care – impact on patient outcomes**
- **Quality of care – impact on patient experience and on carer experience**
- **Deliverability**
- **Workforce sustainability**
- **Affordability**
- **Travel times for patients and their carers and visitors**
- **Impact on equalities.**

“We were very pleased to be involved with helping to shape the stroke pathway for Somerset.

We want to bring the voice of stroke survivors and their families to drive better outcomes in stroke prevention, treatment and lifelong support for everyone affected by stroke.

We have been able to connect the team with stroke peer support groups and individual stroke survivors to ensure their views are taken into account with any future developments with stroke care.”

The Stroke Association



The long list of options were then given a pass or fail score to decide which solutions would be taken forward for further assessment in a short list.

Long list assessment

Solution	Comments	Outcome
No change to current delivery model	Pass	Shortlisted
Establish a single shared stroke medical team working across both sites	Pass	Shortlisted
A shared hyper acute stroke unit at Yeovil District Hospital and Dorset County Hospital on weekends and bank holidays	Fail <ul style="list-style-type: none"> • Confusing for ambulance services and the public. • Won't address staffing issues. 	Discounted
A hyper acute stroke unit at Yeovil District Hospital only on weekdays, no unit at weekends or bank holidays	Fail <ul style="list-style-type: none"> • Confusing for ambulance services and the public. • Won't address staffing issues. 	Discounted
A single hyper acute stroke unit at Musgrove Park Hospital and an acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital	Pass	Shortlisted
A single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital	Pass	Shortlisted
No hyper acute stroke unit in Somerset	Fail <ul style="list-style-type: none"> • Negative impact on other areas. • Increased travel times for patients and their families. • Multiple patient transfers may be needed. 	Discounted
A single hyper acute stroke unit at Yeovil District Hospital	Fail <ul style="list-style-type: none"> • Increased travel times for patients and their families. • Infrastructure needed for scanning and beds not available. • Won't address staffing issues. 	Discounted
A single hyper acute stroke unit and a single acute stroke unit at Yeovil District Hospital	Fail <ul style="list-style-type: none"> • Increased travel times for patients and their families. • Infrastructure needed for scanning and beds not available. • Won't address staffing issues. 	Discounted

Full details of the longlisted and shortlisted options are available in the Pre-consultation Business Case (PCBC), which you can find at www.somersetics.org.uk/stroke

“The voices of patients, carers, families, and colleagues are a crucial part of achieving our vision. Our stroke transformation group have been working hard on this clinically led review of acute hospital based stroke services to ensure people in Somerset receive the best care possible.

We believe that our local population should have access to the very best quality of care.”

Julie Jones, Community Hospital, Stroke and Neurorehabilitation Development Programme Manager, NHS Somerset

The four solutions shortlisted were examined further and following insights from the public and patient group, were refined and reduced to two potential options.

The potential pros and cons of each of the shortlisted options were discussed through the following perspectives:

- **Patients**
- **Clinical outcomes**
- **Workforce**
- **Inequalities**
- **Finance**
- **Family and carers.**



“For many years, I cared for my husband who had a stroke that left him unable to speak and needing help with walking.

My experience caring has led me to becoming a Carers UK Volunteer Ambassador in Somerset, advocating for carers at a number of committees within the NHS and social care.

It is important that the voice of carers is represented - being involved in all stages of planning and care means that carers’ voices are heard when any programme is considered.”

Caroline Toll, former carer and Volunteer Ambassador for Carers UK.

	Option 1	Option 2	Option 3 – final Shortlist	Option 4 – final Shortlist
Option	No change to current delivery model.	Establish a single shared stroke medical team working across both sites.	A single hyper acute stroke unit at Musgrove Park Hospital, Taunton and an acute stroke unit at both Musgrove Park and Yeovil District Hospital.	A single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital, Taunton.
What does this mean?	There would be no changes to patient care, patients would go to their nearest stroke unit as they do now.	There would be no changes to patient care, patients would go to their nearest stroke unit as they do now. Staffing would be shared across both hospitals.	Ambulances would take suspected stroke patients to their nearest hyper acute stroke unit. Patients would no longer receive hyper acute care at Yeovil District Hospital. Patients would continue to receive acute stroke care at Yeovil District Hospital.	Ambulances would take suspected stroke patients to their nearest hyper acute stroke unit. Patients would no longer receive hyper acute or acute stroke care at Yeovil District Hospital.
Emergency Departments	Yeovil District Hospital and Musgrove Park Hospital Emergency Departments would continue to receive suspected stroke patients.	Yeovil District Hospital and Musgrove Park Hospital Emergency Departments would continue to receive suspected stroke patients.	Yeovil District Hospital Emergency Department would not receive suspected stroke patients.	Yeovil District Hospital Emergency Department would not receive suspected stroke patients.
Hyper acute stroke care	Hyper acute stroke services would continue in the same way.	Hyper acute stroke services would continue in the same way.	Most patients who would normally go to Yeovil District Hospital would be taken to Musgrove Park Hospital, Taunton or Dorset County Hospital, Dorchester for their hyper acute stroke care.	Most patients who would normally go to Yeovil District Hospital would be taken to Musgrove Park Hospital, Taunton or Dorset County Hospital, Dorchester for their hyper acute stroke care.

Option	No change to current delivery model.	Establish a single shared stroke medical team working across both sites.	A single hyper acute stroke unit at Musgrove Park Hospital, Taunton and an acute stroke unit at both Musgrove Park and Yeovil District Hospital.	A single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital, Taunton.
Acute stroke care	Patients would receive their acute care in the same way they do now.	Patients would receive their acute care in the same way they do now.	After their hyper acute care, patients would return to Yeovil District Hospital for their acute stroke care if it was closer to their home.	Patients would remain in Musgrove Park Hospital, Taunton or Dorset County Hospital, Dorchester for their acute stroke care.
Transient Ischaemic Attack (TIA) services	TIA service would remain the same, with a 7 day service at Musgrove Park Hospital and 5 day weekday service at Yeovil District Hospital.	TIA service would remain the same, with a 7 day service at Musgrove Park Hospital and 5 day weekday service at Yeovil District Hospital.	The TIA service could remain the same, we would look at the possibility of increasing the TIA service at both hospitals to offer 7 day services or a 5 day service at Yeovil District Hospital and 7 day service at Musgrove Park Hospital. This would mean that Yeovil residents would need to travel to Taunton at weekends for a TIA appointment.	The TIA service could remain the same, we would look at the possibility of increasing the TIA service at both hospitals to offer 7 day services although this would be more difficult without the stroke workforce in place at Yeovil District Hospital.
Workforce	There would be no workforce changes.	There would be a single medical workforce shared across both sites. There would be no changes to the nursing, Allied Health Professionals, or support staff workforce.	There would be some changes to the medical, nursing and Allied Health Professionals workforce.	There would be some changes to the medical, nursing and Allied Health Professionals workforce.

Option	No change to current delivery model.	Establish a single shared stroke medical team working across both sites.	A single hyper acute stroke unit at Musgrove Park Hospital, Taunton and an acute stroke unit at both Musgrove Park and Yeovil District Hospital.	A single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital, Taunton.
Rehabilitation in the community and at home	Rehabilitation in the community and at home would continue in the same way it does now.	Rehabilitation in the community and at home would continue in the same way it does now.	Rehabilitation in the community and at home would continue in the same way it does now.	Rehabilitation in the community and at home would continue in the same way it does now.
Impact on hospitals outside of Somerset	There would be no impact on hospitals outside of Somerset.	There would be no impact on hospitals outside of Somerset.	There would be an impact on hospitals outside of Somerset, mainly Dorset County Hospital, Dorchester.	There would be an impact on hospitals outside of Somerset, mainly Dorset County Hospital, Dorchester.
Comments	<ul style="list-style-type: none"> • Wouldn't meet the more than 600 stroke admissions a year criteria • Won't improve the access time to critical interventions • Won't address staffing issues. 	<ul style="list-style-type: none"> • Wouldn't meet the more than 600 stroke admissions a year criteria • Won't improve the access time to critical interventions • Won't address staffing issues. 	<ul style="list-style-type: none"> • We would meet the more than 600 stroke admissions a year criteria • Would help address staffing issues • Staff expertise in acute stroke care would be retained across both hospitals. 	<ul style="list-style-type: none"> • We would meet the more than 600 stroke admissions a year criteria. • Would help address staffing issues • Specialist stroke staff would all be on one site, meaning we could make the best use of our workforce.
Outcome	Fail Discounted option.	Fail Discounted option.	Pass Proposed option A	Pass Proposed option B



Our proposed solutions

Option A	Option B
A single hyper acute stroke unit at Musgrove Park Hospital, Taunton	
An acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital.	A single acute stroke unit at Musgrove Park Hospital, Taunton.

This review is not looking at community or at home stroke rehabilitation care. Under both options rehabilitation in the community and at home would continue in the same way it does now.

What would this mean for hyper acute stroke care – the urgent care you receive in the first 72 hours after a stroke?

Both potential options would create one centralised hyper acute stroke unit in Somerset at Musgrove Park Hospital, Taunton. This would mean that most people in Somerset would receive their first 72 hours of stroke care at Musgrove Park Hospital, Taunton. People who live closer to hyper acute stroke units out of Somerset would be taken to their closest unit, for example at Dorset County Hospital, Dorchester.

- ✔ If a patient arrived at Yeovil District Hospital Emergency Department as a walk in, they would be seen by an Emergency Department consultant or doctor. The patient would have a scan and the consultant would contact the on-call clinician at the hyper acute stroke unit for specialist guidance. If appropriate, the patient would be transferred to Musgrove Park Hospital for treatment.
- ✔ Patients with a suspected stroke arriving at Musgrove Park Hospital Emergency Department, would be taken for a scan. The unit would have access to specialist scanners so that patients can be scanned quicker and treatment can start sooner.
- ✔ Patients would then be admitted straight to the hyper acute stroke unit for assessment and treatment from the specialist stroke team.
- ✔ There would be a consultant stroke physician present on site at Musgrove Park Hospital from 8am – 8pm, 7 days a week, and available on call outside these times to offer senior specialist support for stroke patients' care.
- ✔ There would be stroke advanced clinical practitioners present on site from 8am – 10pm, 7 days a week to provide specialist input to stroke patients.

- ✔ The proposed changes would mean that some people who have a stroke would be taken to a hospital further away than the one they might be taken to currently for their emergency stroke care.
- ✔ At the moment, patients are usually taken to the closest hospital that offers emergency stroke care, which in Somerset could be Musgrove Park Hospital, Taunton or Yeovil District Hospital. If these proposals went ahead, in the future all patients would continue to go to their nearest hyper acute stroke unit. This could be at Musgrove Park Hospital or another hospital if this is closer, such as Dorset County Hospital, Dorchester.
- ✔ People would be taken straight to their nearest hyper acute stroke unit by ambulance. For most people in Somerset this would be Musgrove Park Hospital, Taunton. Somerset patients who live closer to another hyper acute stroke unit, such as Dorset County Hospital, would be taken there.



Following rapid diagnosis, the hyper acute stroke unit would still refer appropriate patients to Bristol Southmead Hospital for thrombectomy or neurosurgical management, as they do now.

By creating one centralised hyper acute stroke unit we would increase the number of patients receiving high-quality specialist care, and would mean that we could meet the standards for providing stroke care in line with national clinical guidelines, seven days a week.

Although the journey time to hospital might be longer, the care people receive when they arrive should be much quicker.

What would this mean for acute stroke care – the acute hospital care you receive after your hyper acute stroke care?

On average, patients spend around four to seven days on an acute stroke unit following their hyper acute stroke care.

The evaluation process identified two potential options for future acute stroke services in Somerset.

- Delivering acute stroke services at either:
 - Two acute stroke units at both Yeovil District Hospital and Musgrove Park Hospital, Taunton; or
 - One acute stroke unit, which would need to be located at the same hospital as the hyper acute stroke unit proposed to be Musgrove Park Hospital, Taunton.



Option A

A single hyper acute stroke unit at Musgrove Park Hospital, Taunton and an acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital

Overview:

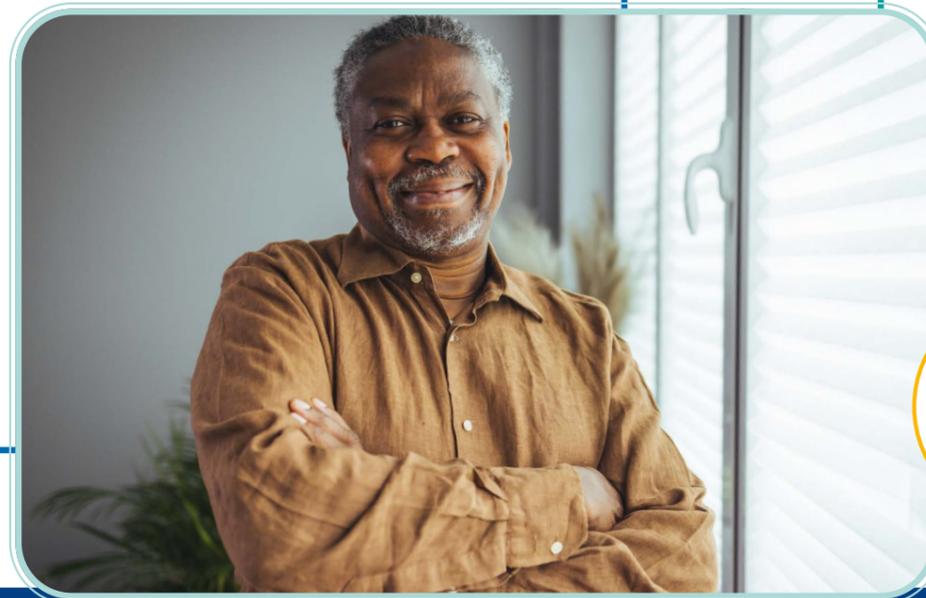
- Stroke patients would be taken to their nearest hyper acute stroke unit. For most people in Somerset this would be at Musgrove Park Hospital, Taunton. Somerset patients who live closer to another hyper acute stroke unit, such as Dorset County Hospital, would be taken there.
- Stroke patients would spend up to 72 hours in the hyper acute stroke unit before being moved to the acute stroke unit in Musgrove Park Hospital, or transferred to their local acute stroke unit in Yeovil District Hospital.
- Acute stroke care would be provided by dedicated stroke teams at both Musgrove Park Hospital and Yeovil District Hospital.
- Patients who do not need acute stroke unit care would be transferred to the stroke recovery unit in either Williton Community Hospital or South Petherton Community Hospital, or discharged home with early supported discharge or community rehabilitation follow-up.

Benefits:

- Patients could be transferred to Yeovil District Hospital for their acute stroke care if this was closer to their home following their hyper acute stroke treatment.
- Staff expertise in acute stroke care would be retained across both hospitals.
- There would be less impact on hospitals in neighbouring counties as Somerset residents could transfer to their closest acute stroke unit.

Impact:

- More patient transfers may be needed to transfer patients closer to home at Yeovil District Hospital.
- The number of beds needed in the hyper acute unit at Musgrove Park Hospital would need to increase.



Option B

A single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital, Taunton

Overview:

- Stroke patients would be taken to their nearest hyper acute stroke unit. For most people in Somerset this would be at Musgrove Park Hospital, Taunton. Somerset patients who live closer to another hyper acute stroke unit, such as Dorset County Hospital, would be taken there.
- Stroke patients would spend up to 72 hours in the hyper acute stroke unit at Musgrove Park Hospital, Taunton.
- Acute stroke care would be provided by the dedicated stroke teams at Musgrove Park Hospital.
- Patients who do not need acute stroke unit care would be transferred to the stroke recovery unit in either Williton Community Hospital or South Petherton Community Hospital, or discharged home with early supported discharge or community rehabilitation follow-up.

Benefits:

- Stroke patients would spend up to 72 hours in the hyper acute stroke unit before being moved to the acute stroke unit in Musgrove Park Hospital.
- Patients would receive their acute stroke care at the same hospital they received their hyper acute stroke care, resulting in better continuity of care.
- There would be a reduced number of handovers of care for patients.
- The specialist stroke staff would all be on one site, meaning we could make the best use of our workforce.

Impact:

- Patients would remain at the hospital they received their hyper acute stroke care and not be transferred to Yeovil District Hospital resulting in longer travel times for family and friends for a longer amount of time.
- The number of beds needed in the hyper acute unit at Musgrove Park Hospital would need to increase.
- New patient pathways for acute care would need to be put in place, this includes for Dorset County Hospital.
- There would be more impact on Dorset County Hospital as they would need to ensure they had enough acute stroke beds as Somerset patients would remain there for their acute stroke care rather than being transferred back to Somerset.
- There would be a greater impact on staff as more staff would move to Musgrove Park Hospital.



Why Musgrove Park Hospital, Taunton for the centralised hyper acute stroke unit?

As part of the long list of options we did consider if the hyper acute stroke unit could be at Yeovil District Hospital instead of Musgrove Park Hospital. During the evaluation of the long list of options, this was discounted because:

- Musgrove Park Hospital has access to a wider range of scans required to help doctors make quick treatment decisions.
- Centralising the hyper acute stroke unit would increase the number of stroke patients arriving in the Emergency Department at one hospital. By utilising the existing direct admission pathways to the stroke unit and increased specialist stroke staff, Musgrove Park Hospital would be in a better position to manage this.
- Musgrove Park Hospital has an onsite neurology service which can respond to inpatient referrals to the neurology service. This helps with prompt diagnosis and treatment for patients with a stroke mimic condition. Yeovil District Hospital does not offer the same service.
- Musgrove Park Hospital has a vascular surgery team which assists in rapid assessment by vascular surgeons. Yeovil District Hospital patients wait until a vascular surgeon from Musgrove Park Hospital attends Yeovil, patients then need to be transferred to Musgrove Park Hospital if surgery is needed.

The evaluation identified that if hyper acute services were to be consolidated and in future delivered from a hyper acute stroke unit at only one hospital site, Musgrove Park Hospital in Taunton would be the only solution that could feasibly deliver a high quality, safe, and clinically sustainable hyper acute service.

Impact on neighbouring hospitals

Suspected stroke patients would be taken to their nearest hyper acute stroke unit, this may not be in Somerset. We would expect this, per year, to affect approximately:

56% (around 255 people)

of the people who currently go to Yeovil District Hospital in the future would go to Dorset County Hospital, Dorchester.

10% (around 50 people)

of the people who currently go to Yeovil District Hospital in the future would go to Royal United Hospitals, Bath.

4% (around 17 people)

of the people who currently go to Yeovil District Hospital in the future would go to Salisbury District Hospital, Salisbury.

We have been working closely with colleagues in neighbouring areas to ensure they have the capacity to manage an increase in stroke patients and are supportive of our proposals.

Dorset County Hospital have been active members of our review and are supportive of the changes these proposals would bring to Dorset County Hospital, Dorchester. Dorset County Hospital will be taking these proposals into account as they develop their own plans for their hyper acute stroke unit at Dorset County Hospital.

Patient story examples. George's story:

60-year-old George lives alone, in Wincanton. Thankfully, his friend Iris was popping round to visit him and have Friday evening dinner. Whilst rushing around in the kitchen, George became very unbalanced, Iris suggested he take the weight off and sit down for a minute or two. When sitting down he tried to take a sip of water and struggled lifting his left arm. Iris calls an ambulance at 6pm.

What happens now?

Option A - a single hyper acute stroke unit at Musgrove Park Hospital, Taunton and an acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital

Option B - a single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital, Taunton

The ambulance arrives and the crew do a FAST assessment. They take George to Yeovil District Hospital Emergency Department (ED) as they think he is having a stroke.

The ambulance crew ring through to the ED to pre-alert them that they have a suspected stroke coming in.

George arrives and goes straight to the ED and is taken off the ambulance trolley. As it is out of hours, George is seen by the on-call medical registrar who after assessment orders a CT scan.

George goes for a CT scan and once done the senior ED doctor calls the on-call regional stroke network consultant and asks them to review the scan. Once the scan is reviewed the network stroke doctor decides on treatment and lets the on-call registrar know.

George has had a stroke that requires clot busting treatment so the medical registrar orders and starts treatment. George is then transferred to a hyper acute bed in the Coronary Care Unit where he is monitored for three days by the specialist skilled nursing staff.

George is informed about his diagnosis and treatment by the doctor and nursing staff. George's relatives are also contacted.

The ambulance arrives and the crew do a FAST assessment. They take George to Musgrove Park Hospital Emergency Department (ED) as they think he is having a stroke.

The ambulance crew ring through to the ED to pre-alert that they have a suspected stroke coming in.

When George arrives he would be taken straight to the CT scanner on the ambulance trolley with a stroke specialist nurse. Once on the scanner table the ambulance crew leave.

The stroke consultant would then review the scan and see that George has had a stroke that requires clot busting treatment.

George would be taken straight to the hyper acute stroke unit and the clot busting treatment would be started by the specialist stroke team.

George would be informed about his diagnosis and treatment by the doctor and nursing staff. George's relatives would be contacted if they hadn't already been.



George's story continues on the next page...



Patient story examples. George's story continued:

What happens now?	Option A	Option B
George stays at Yeovil District Hospital and is transferred into an acute stroke unit bed following three days in the hyper acute bed. As it's Friday evening George is not seen by a stroke consultant until Monday morning, he is seen by other specialist stroke staff.	George would stay in the hyper acute stroke unit at Musgrove Park Hospital for up to three days and would be seen twice daily by the stroke specialist consultant.	
George's rehabilitation goes well and he stays on the acute stroke unit for five days. George's family also live in Wincanton and travel to Yeovil to visit him.	After three days George would be transferred from the hyper acute stroke unit at Musgrove Park Hospital to the acute stroke unit at Yeovil District Hospital, as this is closer to his home. He would receive specialist stroke rehabilitation on the acute care stroke unit. He would be seen daily by the stroke consultant during the week. At weekends the specialist nurse would see George and there would be a set virtual ward round with the stroke consultant at Musgrove Park Hospital who would support with any medical issues that George may have. George's family would need to travel from Wincanton to visit him in Yeovil.	After three days George would be transferred from the hyper acute stroke unit to an acute stroke unit bed at Musgrove Park Hospital. He would receive specialist stroke rehabilitation on the acute care stroke unit. George's family would need to travel from Wincanton to Musgrove Park Hospital in Taunton to visit him.
Once George has completed his acute stroke care rehabilitation he would either: <ul style="list-style-type: none"> • Be discharged home if he is well enough. • Be discharged home with early supported discharge for up to six weeks by a specialist stroke team. • Be transferred to a stroke rehabilitation bed for ongoing rehabilitation. 		

Current impact:

- George would go straight into the ED and not wait outside in an ambulance.
- There may be a delay in the response from the stroke network doctor in reviewing the scan and treatment being started.
- He would not be seen by a stroke specialist consultant until Monday morning.
- George would have his acute stroke care closer to home.

Impacts of Option A:

- George would go straight into ED and on to the scanner without having to go through the ED.
- The stroke consultant would quickly review the scan and decide on the diagnosis and treatment.
- George would start his treatment earlier and on the most appropriate unit.
- George would be seen twice daily on the hyper acute unit by the stroke specialist consultant.
- George would have his acute stroke care closer to home.
- George's family would have to travel to visit him during his hyper acute care.

Impacts of Option B:

- George would go straight into ED and on to the scanner without having to go through the ED.
- The stroke consultant would quickly review the scan and decide on the diagnosis and treatment.
- George would start his treatment earlier and on the most appropriate unit.
- George would be seen twice daily on the hyper acute unit by the stroke specialist consultant.
- There would be better continuity of care for George as George's hyper acute and acute care take place in the same hospital.
- George's family would have to travel to visit him during his hyper acute and acute stroke care.

Patient story examples. Arun's story:

45-year-old Arun was in Yeovil doing a late-night grocery shop with his wife on Tuesday. Arun picked up a pint of milk and dropped it, he had lost the feeling in his arm and felt very unwell. Instead of calling an ambulance Arun's wife drives him to Yeovil District Hospital Emergency Department (ED).

What happens now?	Option A - a single hyper acute stroke unit at Musgrove Park Hospital, Taunton and an acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital	Option B - a single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital, Taunton
Arun and his wife arrive at Yeovil District Hospital and check into reception in ED.		
Arun is triaged by the ED nurse who suspects a stroke. As it is out of hours, Arun is seen by the on-call medical registrar who after assessment orders a CT scan. Arun goes for a CT scan and once done the on-call medical registrar calls the on-call regional stroke network consultant and asks them to review the scan. Once the scan is reviewed the network stroke doctor decides on treatment and lets the on-call registrar know. Arun has had a stroke that requires clot busting treatment so the medical registrar orders and starts treatment. Arun and his wife are kept informed about his diagnosis and treatment by the doctor and nursing staff.	Arun would be triaged by the ED nurse who suspects a stroke. As it is out of hours, he would be seen by the on-call medical registrar who after assessment would order a CT scan and contact the stroke specialist consultant at Musgrove Park Hospital who would be ready to review the scan remotely. Once the scan is reviewed the stroke consultant at Musgrove Park Hospital would discuss the treatment Arun needs with the medical registrar at Yeovil District Hospital and thrombolysis (the clot busting treatment) would be started in Yeovil ED. The ambulance service would be called to transfer Arun to Musgrove Park Hospital for his hyper acute stroke care. Arun and his wife would be informed about his diagnosis and treatment by the doctor and nursing staff.	
Arun is then transferred to a hyper acute bed in the Coronary Care Unit where he is monitored for three days by the specialist skilled nursing staff. Arun is seen the next morning by the stroke consultant on the hyper acute unit and reviewed daily.	Following the clot busting treatment, Arun would be transferred by ambulance to Musgrove Park Hospital in Taunton where he would receive his hyper acute stroke care for up to three days. He would be reviewed twice daily by the stroke consultant during that time.	



Arun's story continues on the next page...

Patient story examples. Arun's story continued:

What happens now?	Option A	Option B
<p>Arun is transferred into an acute stroke unit bed following three days in the hyper acute bed.</p> <p>His rehabilitation goes well and Arun spends six days on the acute unit.</p> <p>Arun's wife visits him daily as she lives in Yeovil.</p>	<p>After three days, Arun would be transferred back to the acute stroke unit at Yeovil District Hospital where he would receive specialist acute stroke care. He would be seen daily by the stroke consultant during the week.</p> <p>Arun's wife would be able to visit daily as she lives in Yeovil.</p>	<p>After three days, Arun would be moved from the hyper acute stroke unit to the acute stroke unit and continue his acute rehabilitation at Musgrove Park Hospital for around five days, depending on how his recovery is going.</p> <p>Arun's wife would need to travel from where she lives in Yeovil to Musgrove Park Hospital in Taunton to visit him.</p>

Once Arun has completed his acute stroke care rehabilitation he would either:

- Be discharged home if he is well enough.
- Be discharged home with early supported discharge for up to six weeks by a specialist stroke team.
- Be transferred to a stroke rehabilitation bed for ongoing rehabilitation.

Current impact:

- Arun could have to wait in the waiting room if ED is busy.
- There may be a delay in the response from the stroke network doctor in reviewing the scan and treatment being started.
- Arun would not be seen by a specialist stroke consultant until the next morning.
- Arun would have his acute stroke care near to his home.



Impacts of Option A:

- The review of Arun's scan and decision on treatment would be done quicker by the stroke consultant at Musgrove Park Hospital than the network consultant.
- Arun would have to travel to Musgrove Park Hospital and there may be a delay in the ambulance arriving to transfer him.
- Arun would be seen twice daily on the hyper acute unit by the stroke specialist consultant.
- Arun would have his acute stroke care nearer to home.
- Arun's family would have to travel to visit him during his hyper acute care.

Impacts of Option B:

- The review of Arun's scan and decision on treatment would be done quicker by the stroke consultant at Musgrove Park Hospital than the network consultant.
- Arun would have to travel to Musgrove Park Hospital and there may be a delay in the ambulance arriving to transfer him.
- Arun would be seen twice daily on the hyper acute unit by the stroke specialist consultant.
- There would be better continuity of care for Arun as his hyper acute and acute stroke care take place in the same hospital.
- Arun's family would have to travel to visit him during his hyper acute care and his acute stroke care.

The impact of change

Benefits of having one centralised hyper acute stroke unit in Somerset, proposed in both options A and B:

- ✓ Centralising emergency stroke services to one hyper acute stroke unit would mean access to a centre of excellence, operating 24/7 with the best equipment and specialist clinicians.
- ✓ This would provide a larger and more sustainable specialist stroke workforce, which would enable faster decision making and improved continuity of care 24/7, leading to improved equity of service and improved outcomes.
- ✓ Reorganising stroke services in this way has already delivered significant benefits for people in other parts of the country, by saving lives and reducing disability. For example, in Greater Manchester, Northumberland and London, reorganising stroke services means that patients now spend less time in hospital and are less likely to die as a result of their stroke.
- ✓ **Patients would receive specialist stroke care as soon as they arrive at hospital** - rapid and accurate diagnosis, to help decide on the best course of treatment with access to stroke specialists 24-hours a day, 7-days a week. This could result in a shorter stay in hospital and a better chance of recovery for patients.
- ✓ **Staff would maintain their skills and build expertise** - the team at one hyper acute stroke unit would treat a much higher number of patients than they currently see at each individual hospital. This fits with national guidance which says that centres providing hyper acute care should receive a minimum number of patients - 500-600 per year. Doing so means that they are clinically sustainable by being able to have the right levels of specialist staff, better able to keep their workforce highly skilled, and are in a position to provide the highest quality of care for their patients.



The proposals were reviewed by an independent Clinical Senate, a group of clinicians from outside of the area, who agreed that it would benefit patients and services. You can read more about this in the Pre-consultation Business Case www.somersetics.org.uk/stroke.



More example patient stories can be found on our website www.somersetics.org.uk/stroke

What would the change mean for journey times?

At the moment, someone who is thought to be having a stroke will usually be taken to the closest hospital that offers emergency stroke care. In Somerset, for most people this is Musgrove Park Hospital in Taunton or Yeovil District Hospital in Yeovil.

In the future, most patients would go to Musgrove Park Hospital in Taunton. Some Somerset patients who live close to the border of surrounding counties would go to their nearest hospital which could be in a neighbouring county such as Dorset County Hospital in Dorchester.

For some people this change would mean that their initial journey to hospital by ambulance could take longer. We've worked with South Western Ambulance Service NHS Foundation Trust (SWASFT) to understand how this would impact on ambulance travel time to hospital.

Blue light ambulance travel times impact on having one hyper acute stroke unit in Taunton based on modelling travel times for 1,197 people:

77% of the population would be able to reach a hyper acute stroke unit within 45 minutes.

98% would be able to reach a hyper acute stroke unit within 60 minutes.

Examples of potential future increase in travel times compared to now - based on the modelling of travel times of an example of 1,197 patients:

- 12 people would experience less than 5 minute increase
- 77 people would experience an increase of up to 15 minutes
- 102 would experience an increase of between 15 and 25 minutes
- 201 would experience an increase of between 25 and 30 minutes
- 33 people would experience an increase of between 30 and 35 minutes.



Although patients are more likely to be taken to a hospital closer to where they live, ambulance crews make decisions based on a number of different factors – there aren't set rules about which hospitals people in each area are taken to.

Getting to hospital quickly is really important when you have a stroke, but it's also really important to be seen by specialist staff quickly when you arrive and to have access to the best treatment available.

One hyper acute stroke unit at Musgrove Park Hospital would be better able to support this care by providing rapid access to the right expertise and specialist equipment.

This means that even if some journeys to hospital were slightly longer, there would still be an overall benefit to patients.

"We know that travelling further to get to the right hospital might be concerning. With stroke what matters is the total time it takes from calling 999 to having a scan and starting the right treatment. Spending an extra 20 or 30 minutes in an ambulance going to a specialist stroke unit that can scan you and start treatment when you arrive, is better than going to your closest Emergency Department where specialist treatment can take longer to receive. It is vital for patients' recovery that during those first three days after having a stroke they are seen by stroke specialists everyday - which is something we can't always offer at the moment."

**Dr Rob Whiting,
Consultant Stroke
Physician and
Clinical Director
for Neuroscience
and Stroke,
Somerset NHS
Foundation Trust.**



Under option A, there would still be an acute stroke unit at Yeovil District Hospital.

For those patients who aren't ready to go home following their hyper acute stroke care, many would be transferred to Yeovil District Hospital - if this is closer to where they live - to receive their acute stroke care. Once they have finished their acute stroke care their rehabilitation care will continue, as it does now, at home or in the community closer to where they live.

Under option B, there would no longer be an acute stroke unit at Yeovil District hospital meaning patients may spend longer further away from home, and family members and loved ones may have to travel further for longer to visit.

For those patients who aren't ready to go home following their hyper acute stroke care, once they have finished their acute stroke care their rehabilitation care would continue, as it does now, in the community closer to where they live or at home.

South Western ambulance service is only used for the transport of patients requiring urgent or emergency care, all other patient transfers would be provided by non-emergency patient transport services. This reduces pressure on the ambulance service and ensures there is a dedicated patient transport resource available to support hospital transfers.

Family and friends play a really important part in a patient's recovery. As some patients would have to travel further if these changes went ahead, travel times for some visitors would also increase.

We understand that for some people, including those who rely on public transport, the idea of a longer journey to visit someone in hospital might be a concern.

We believe the benefits of reducing deaths and long-term disability caused by strokes outweigh the short-term inconvenience for people visiting stroke patients in hospital.

Stroke services need to focus on maximising the likelihood that the local population can receive the best stroke care at the right time, even if it may slightly disadvantage a very small number of people. Not reconfiguring acute stroke services because of this would potentially disadvantage all their residents, by preventing access to best quality stroke care.

**Stroke
Association,
Transforming
and reorganising
acute stroke
services 2022**

Transient Ischemic Attack (TIA)

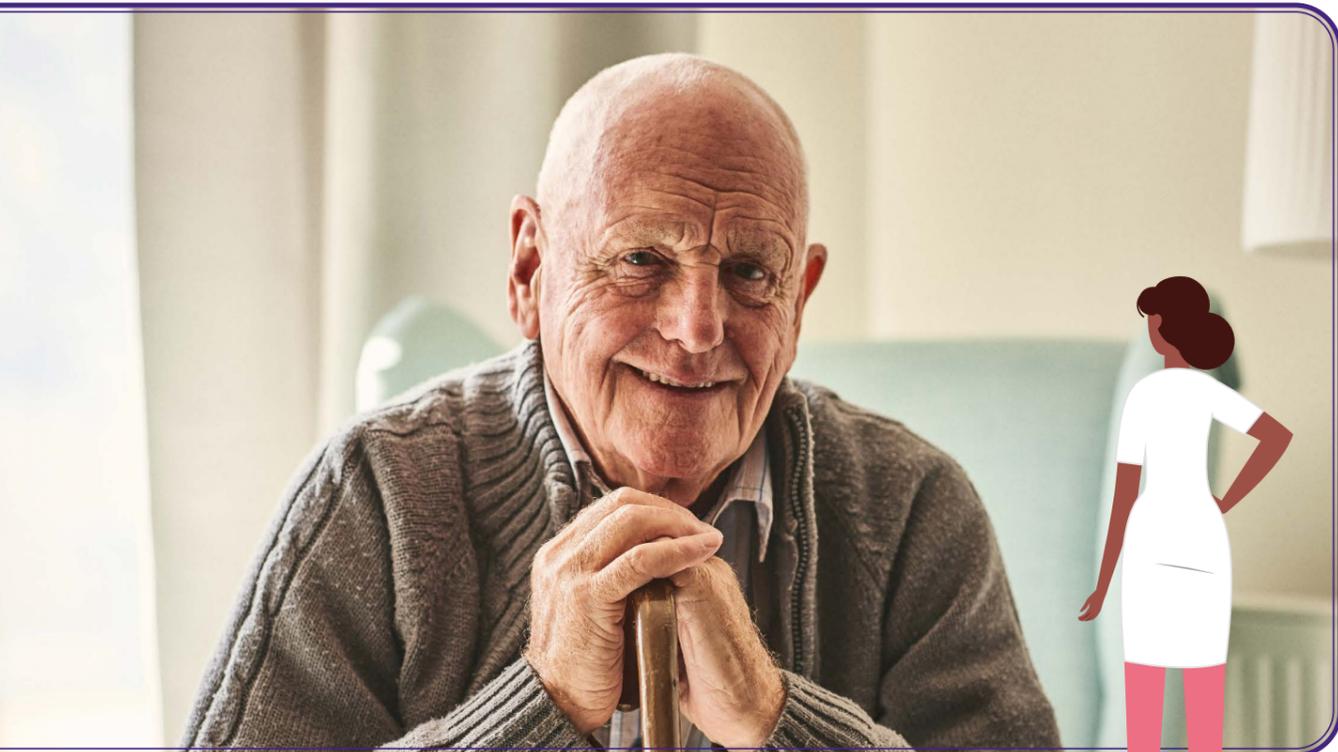
Although not part of this formal consultation, we have also been looking at our Transient Ischemic Attack (TIA) services to see how we could offer a better service. It would also be useful for you to know how we plan to develop this service.



Transient ischaemic attack (TIA) is often referred to as a mini stroke. A TIA is caused by a temporary disruption in the blood supply to part of the brain. This results in a lack of oxygen to the brain and can cause sudden symptoms similar to a stroke. A TIA doesn't last as long as a stroke - effects often only last for a few minutes or hours and disappear within 24-hours.

At the moment, Musgrove Park Hospital offers a 7 day TIA service. Yeovil District Hospital offers a 5 day service. We're looking at how we could offer a service across more days at both hospitals. The outcome of this will be determined once a decision has been made on the future of hyper acute and acute stroke services.

If option A was the future model for acute hospital based stroke services, with an acute stroke unit at both hospitals, we could look to offer a 7 day TIA service at both Musgrove Park Hospital and Yeovil District Hospital. However, if option B was the future model with only an acute stroke unit at Musgrove Park Hospital, offering a 7 day service across both sites would be more difficult as there would not be the workforce in place at Yeovil District Hospital to deliver this extended service. We would then look to offer a 7 day service at Musgrove Park Hospital and a 5 day service at Yeovil District Hospital with access to Musgrove Park Hospital at weekends.



What would the cost be for these changes to happen?

We have modelled the financial cost that would be needed to make these changes. The proposals would not result in a reduction in the amount of money spent on stroke care, but would actually mean more investment in acute hospital based stroke services in Somerset.

If we were to make no changes to our acute hospital based stroke services there would be no additional cost. However, we would still need to invest in stroke services at both Musgrove Park Hospital and Yeovil District Hospital to bring the services up

to the required national standards and introduce 24/7 consultant cover. To do this would cost an additional £2.163 million.

Not only would this cost more than the proposed options, it also would not solve the staffing challenges and we still would not meet the stroke admissions criteria of more than 600 admissions a year at each hospital.

The financial impact of the changes of the proposed solutions would be:



	Option A	Option B
	A single hyper acute stroke unit at Musgrove Park Hospital, Taunton and an acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital	A single hyper acute stroke unit and a single acute stroke unit at Musgrove Park Hospital, Taunton
Extra cost to deliver compared to services now	+ £1.015 million	-£0.255 million
Impact on the financial deficit	Increase by £1.862 million	Increase by £0.5 million

More information on the financial modelling can be found in the PCBC document available online www.somersetics.org.uk/stroke. If you don't have access to the internet, you can call us on 01935 384 124 and we can send you a paper copy of the PCBC.

Get in touch

Share your views

We want to know what you think about our proposals for acute hospital based stroke services in Somerset before we make any final decisions about the future of hyper acute stroke and acute stroke services.

Our consultation runs from Monday 30 January 2023 for 12 weeks, and you can share your views with us until midnight on Monday 24 April 2023. There are several different ways you can get involved and tell us what you think.

Attend an in-person event or virtual meeting

During the public consultation, we are holding a series of drop in events and meetings to gather feedback and hear what people think. You can find details of all events on our website:

www.somersetics.org.uk/stroke

If you can't access the internet, please call us for details of events on **01935 384 124**.



Invite us to your group

We will also visit local support groups to gather feedback. If you're a member of a community group and you would like us to come and talk to your group, get in touch on **01935 384 124** or somicb.fitformyfuture@nhs.net

You can formally respond to the consultation via our consultation questionnaire, or by sending a letter or email.

- Complete the questionnaire online at www.somersetics.org.uk/stroke
- Return a paper questionnaire, which can be found inserted in this consultation document, and post it to us at: Opinion Research Services, FREEPOST SS1018, PO Box 530, Swansea, SA1 1ZL
- Email somicb.fitformyfuture@nhs.net

Call us

If you can't complete the questionnaire or send an email or letter, please call us to share your views on **01935 384 124**.

What happens next

We have not made any decisions yet and we will remain open-minded about the solution until after all the feedback, evidence and information has been gathered and considered.

After the consultation closes on 24 April 2023, all the feedback gathered will be analysed by an independent research organisation. They will prepare a report setting out what people have said about the proposals for the NHS Somerset Board. The Board will consider the feedback, along with a wide range of other information and evidence, such as workforce data and financial data. The Board will use all the feedback, evidence and information to decide how to proceed.

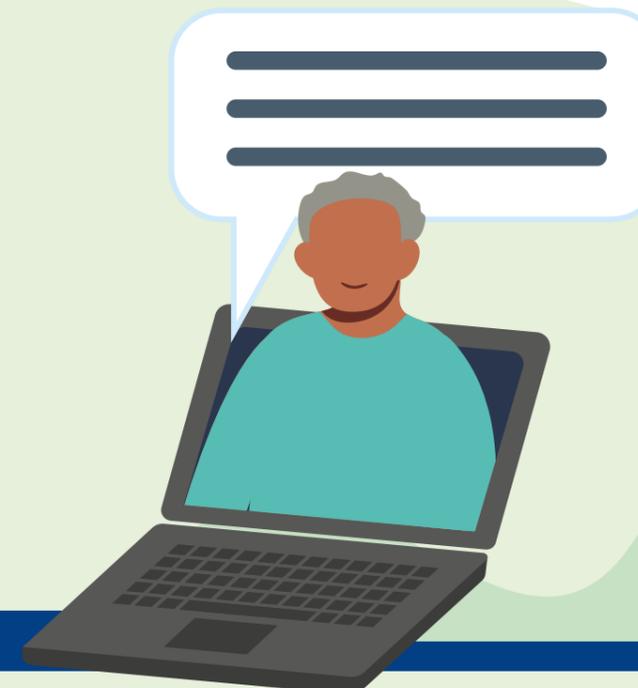
We will continue to share information and updates about this programme of work. We will publish the consultation findings report and key papers that will inform decision making. The final decision making meeting will be held in public to allow those interested to hear the discussion and how the decision is made. We will publish details of this public Board meeting on the NHS Somerset website:

www.nhssomerset.nhs.uk

After the final decision has been made, changes to acute hospital based stroke services would take place in a phased approach, with changes taking place in Spring 2024. During this time we will work closely to support any staff who may be impacted by these changes.

We are committed to continuing to engage with a range of people as changes are made. Details about progress will be shared on our website:

www.somersetics.org.uk/stroke



Public consultation

Improving acute hospital based Stroke services in Somerset

Have your say:

Monday 30 January 2023 – Monday 24 April 2023

www.somersetics.org.uk/stroke

