

Acute hospital based stroke services consultation

Online public event question summary – 13 March 2023

This is a summary of the questions asked during the online public consultation event held on Monday 13 March 2023. It also includes questions asked via the chat which we did not get an opportunity to answer in the meeting.

You said there are many specialist centres, but I've only found 3 are there more?

Yes, many urban areas have done this. Northumberland is a rural area which has centralised hyper acute stroke services. The Stroke Association has examples for other areas where hyper acute stroke services have been consolidated.

Further information can be found online:

Stroke Association position paper – [‘What we think about: Reorganizing acute stroke services.’](#)

[The impact of acute stroke service centralisation: a time series evaluation - PMC \(nih.gov\)](#)

[Impact of centralising acute stroke services in English metropolitan areas on mortality and length of hospital stay: difference-in-differences analysis | The BMJ](#)

What would happen if I had a stroke in Sherborne and called 999?

You would be taken to the most appropriate hospital for your suspected stroke. This would be the nearest hyper acute unit at that time. Paramedics would make a decision as to where, at that time, was the best place to take you.

In the future, if these changes went ahead, for people in Sherborne this would most likely be Dorset County Hospital, but this is an individual decision paramedics would make based on all the information available to them at that time.

Is this just a cost cutting exercise?

No. To make the proposed changes to urgent stroke services we would need to invest more money in stroke services and recruit more staff. The changes are focused on ensuring the best care and outcomes for people who have a stroke, meaning faster diagnosis and treatment, fewer deaths, and less disability.

Time is an important factor in stroke treatment. If people take longer to get to hospital will they have worse outcomes?

A longer ambulance journey but resulting in being met by specialist stroke staff means your treatment would begin quicker.

We know that treatments given by a registrar rather than by a stroke consultant take longer to be administered. Getting patients to the right place to be seen by the right specialist staff is of the

utmost importance. If we can improve the time stroke patients receive their initial treatment, we would mitigate the increase in journey times for those people whose journey times would increase.

For patients who have experienced a stroke, the formal clinical target relates to treatments such as thrombolysis, which should be given within the first 4.5 hours following a stroke. In this case the treatment time would relate to the 4.5-hour window to treatment time, though it is always best to be given as soon as possible. Thrombolysis is an appropriate treatment for approximately 20% of people who suffer a stroke.

It is important to remember that, as the majority of patients who have suffered a suspected stroke are attended by an ambulance, once the trained paramedics arrive, the stroke team communicate closely with the ambulance crew throughout this journey time, and use the time to order investigations, review past medical history and undertake many other necessary actions that save time when the patient arrives at the hospital.

Given that Dorset will be getting more patients, how much does it cost to look after a patient for 72 hours in a hyper acute stroke unit and how much does it cost to look after a patient in an acute stroke unit?

The average stroke tariff is £3,702 per patient. This includes hyperacute and acute hospital-based stroke care. It is difficult to break this down into the separate parts of hyperacute and acute stroke care.

What happens to all of the feedback you gather as part of the consultation

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**.

After the consultation closes, all the feedback gathered will be analysed by an independent research organisation. They'll prepare a report setting out what people have said about the proposals for the NHS Somerset Board.

Hearing the views of people throughout the consultation process is an important part of the decision making and will be fully taken into account alongside other essential factors such as clinical, financial and practical considerations. Any decision to proceed with the proposals will be informed by the feedback from the consultation.

We'll continue to share information and updates about this review. We'll 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](https://www.nhs.uk/somerset).

What would the timeline be for implementation?



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Subject to the outcome of the public consultation and a decision taken by NHS Somerset, changes to stroke services would take place over a period of time. We would hope to be able to start implementing the new services in Spring 2024. This will give us time to make sure we have everything in place to start the new services including recruiting staff.



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