

## Acute hospital based stroke services consultation

### Online public event question summary – 8 March 2023

This is a summary of the questions asked during the online public consultation event held on Wednesday 8 March 2023. It also includes questions asked via the chat which we did not get an opportunity to answer in the meeting.

**Do you have clinical evidence which shows that patients who take longer to be treated have worse outcomes than someone who is treated within 30 minutes? Will the extra time travelling to hospital result in worse outcomes for some patients?**

There is strong evidence that the quicker you get treatment for a stroke the better your outcomes. However, we know that if you are taken to a specialist hyper acute stroke unit, and you are seen by a general register rather than a stroke specialist your treatment will take longer.

Evidence shows that by centralising hyper acute stroke care you minimise the 'door to needle' time, meaning people get treatment quicker when they are seen straight away by stroke experts. So you can reduce the overall time to treatment even if there is a longer journey time for some people.

Getting to hospital quickly is really important when you have a stroke, but it's also really important to be seen quickly by specialist staff 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.

The treatment options available for stroke patients are becoming more complex. Patients need to be seen by stroke specialist staff to ensure the best treatment options can be decided. In the future, the treatments available for stroke patients will be even more advanced. This complex decision making would need to be made by a specialist stroke consultant.

The reality is that if you have a stroke and you receive treatment from a medical registrar rather than a specialist stroke consultant your treatment may take longer, and your outcomes may not be as good. This means that even if some journeys to hospital were slightly longer, there would still be an overall benefit to patients.

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 to hospital. They 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.

**If we can't find stroke staff for Yeovil, how will Dorset and Somerset find more staff for their improvements to their hyper acute stroke unit?**

When you have small hyper acute stroke units it is difficult to recruit the specialised staff because the on call requirements are very onerous for the on-call staff. Having larger hyper acute stroke units attracts more staff and enables staff to see enough patients to ensure they maintain and build their expert skills.

In Somerset, we are already working to develop collaborative recruitment plans to understand and deliver future stroke staffing levels which will mitigate this risk.

If needed, we would look at flexible deployments from other areas or temporary staffing solutions to supplement any short-term gaps which may occur as part of the ongoing management of services. We would of course take into account staff specialisms and skill sets in relation to the individual situation and demand to do this most effectively and efficiently.

**What training do ambulance staff have when they pick up suspected stroke patients and how important is the care that they provide?**

Paramedics are trained in recognising strokes and there are screening tools they use to diagnose a suspected stroke. They will take patients to the closest hyper acute stroke unit at that time.

Paramedics will check which is the closest hyper acute stroke unit and they will alert the hyper acute stroke unit that a suspected stroke patient is coming in. The paramedics will give an estimated time of arrival so specialist stroke staff would be ready to meet the patient at ED. Specialist stroke staff would take the patient directly to the CT scanner for a scan, this helps to cut out any delays. If the scan confirms it is a stroke, the patient will be taken straight to the hyper acute stroke unit for treatment.

Until we know what type of stroke it is there is little more treatment we can give. The suspected stroke patient will need a scan to determine the type of stroke and the treatment options.

Paramedics also convey people to hospital who they think have had a stroke, but it later turns out to be another condition. There are new developing technologies which can help paramedics triage suspected stroke patients, such as using video technology to link to a stroke consultant. We will explore the use of these developing technologies to streamline the triage process in the future.

**As Yeovil District Hospital doesn't meet the 500 patients a year, does this mean that the decision to close the hyper acute stroke unit at Yeovil has already been made?**

500 strokes a year is a minimum number of strokes hyper acute stroke units should see, this is to ensure staff maintain their skills and build expertise.

There has been a lot of work done already, including with people with lived experience and voluntary support groups. We have been working with a range of people, communities and organisations to look at ways to improve stroke services.

We have been through a process which started with 9 options and narrowed it down to 2 options. 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.

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.

Based on all the evidence looked at so far, we believe the only viable option for hyper acute stroke services is to have one hyper acute stroke unit at Musgrove Park Hospital.

In regard to the acute stroke unit, we have two proposals. One option is to maintain an acute stroke unit at Yeovil as well one Musgrove Park Hospital. The second option is to have just one acute stroke unit at Musgrove Park District Hospital.

We have not made any final decisions yet and we will remain open-minded about the final 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.

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.

**People who have had a stroke need to be seen as quickly as possible. Early intervention is key. How will you get the best recovery for patients?**

We don't have enough specialist staff to maintain sustainable 24/7 hyper acute stroke units at every hospital. We need to have the right service in the right place for the population we serve. As much as we can we want to provide services locally but with some specialist services this isn't possible.

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

**Is the hyper acute stroke unit at Yeovil smaller than the hyper acute stroke unit at Musgrove Park Hospital?**

The catchment population for Musgrove Park Hospital is around double that of Yeovil District Hospital. Yeovil District Hospital is one of the smaller district hospitals in the country.

The table below shows the number of stroke admissions to both Yeovil District Hospital and Musgrove Park Hospital.

	2018	2019	2020	2021
<b>Musgrove Park Hospital</b>	657	708	536	705
<b>Yeovil District Hospital</b>	429	468	412	454

### **If you maintained two acute stroke units in Somerset, would all the latest equipment be in Musgrove?**

If we retained two acute stroke units we would ensure that the standard of care at both hospitals was the same and in line with national recommendations.

### **Why are strokes not a category 1 call for ambulance services?**

The category of ambulance calls is determined nationally. A category 1 call is for immediately life-threatening illnesses, for example where the patient's heart has stopped. Nationally they are looking at category 2 calls to see if there is a need to prioritise some illness within category 2.

### **Do you think staff will move from Yeovil District Hospital to Musgrove Park Hospital, or do you think you will lose that expertise?**

Throughout this programme of work, we have been talking to stroke staff. If the proposal went ahead to have either a hyper acute or acute stroke unit at Yeovil District Hospital, we don't think many staff will move across to Musgrove from Yeovil and may choose to work in another speciality or may decide to go to Dorchester if this is nearer to their home. If an acute stroke unit remained at Yeovil, we believe more staff would want to stay working within the stroke service at Yeovil.

### **Could you make facilities available for families with loved ones at Musgrove Park Hospital to stay overnight?**

Both hospitals have facilities available where families can stay overnight when people are really unwell.

### **Could the space used for hyper acute stroke services at Yeovil District Hospital be used for other things?**

We would make use of the space at Yeovil District Hospital if there were no longer a hyper acute or acute stroke unit there.

### **Could the stroke staff be retrained and moved to other services at Yeovil District Hospital?**

Yes, we would want to retain the staff at Yeovil where we can. Our stroke staff are doing a fantastic job under often difficult circumstances. We want to continue to look after our staff and retain them where we can.

### **Does your modelling for the number of stroke patients, take into account the population changes expected?**



Yes, we have looked at the here and now and the next 5 and 10 years. We've modelled the number of beds we would require over the next 10 years.

There is a predicted increase in the number of strokes in the next few years. This still wouldn't add enough patients to Yeovil District hospital to meet the minimum guidelines for the number of stroke patients seen in a hyper acute stroke unit. The number of consultants needed to run two hyper acute stroke units 24/7 would also still be too great. You would need at least 12 consultants to maintain 2 units.

Prevention is also key. We want to prevent people from having strokes where possible. The best thing we can do for our population is to help people to not have a stroke in the first place.



# SOMERSET

[www.somersetics.org.uk/stroke](http://www.somersetics.org.uk/stroke)