

Acute hospital based stroke services consultation - FAQs

What are you asking for people's views on?

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. Hyper acute stroke care is the emergency care received in the first 72 hours after having a stroke. Acute stroke care is the specialist acute hospital rehabilitation in the first few weeks following a stroke, for those who need it.

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

- Musgrove Park Hospital, Taunton
- Yeovil District Hospital, Yeovil.

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.

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 was the only solution that could feasibly deliver a high quality, safe, and clinically sustainable hyper acute service. The evaluation identified two potential options for future acute stroke services in Somerset.

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

- 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
- 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.

When does the consultation close?

The consultation is open from Monday 30 January 2023 and closes on midnight Monday 24 April 2023.

Are you planning changes for all stroke services in Somerset?

No, 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.

This consultation does not include the support and rehabilitation that is provided when patients are discharged from an acute 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.

The proposals include two options for acute stroke care but only one option for hyper acute stroke care. Does this mean that everything else has been decided?

No. 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.

There is a new NHS National Service Model that all areas in England are trying to achieve, so people can survive and thrive after a stroke. This includes having a Hyper Acute Stroke Unit to provide the most specialist care immediately, having dedicated Acute Stroke Units with expert staff and having dedicated short stay units providing stroke rehabilitation.

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 was the only solution that could feasibly deliver a high quality, safe, and clinically sustainable hyper acute service.

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.

If these changes went ahead, if someone had a stroke and arrived by car at Yeovil District Hospital, what would happen?

If you arrived by car at Yeovil District Hospital Emergency Department with a suspected stroke and there was no longer a hyper acute stroke unit there, you would still be assessed by a consultant in the emergency department. The consultant would be supported by a stroke specialist via the Somerset stroke clinical network. Together they would make a clinical decision and decide on the best treatment. You might be transferred via ambulance to the Hyper Acute Stroke Unit at Musgrove Park Hospital for specialist treatment.

Are changes being proposed to save money?

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.

If it takes some people longer to get to hospital, won't they be more likely to die or be left disabled if it takes them longer to get treatment?

No, when you have a stroke, you're more likely to survive and live with less disability if you go straight to a place that offers the most specialist treatment. This already happens for people who have a heart attack or major trauma.

National guidance and research says that people need to get to specialist hospital care within 4.5 hours after a stroke to have the best chance of surviving and avoiding severe disability. That's why we want to centralise hyper acute stroke services at one hospital.

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 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.

What about the 'golden hour'? Will your proposals mean that this is not achievable from some parts of the county?

The 'golden hour' is a term commonly used as the benchmark for intervention following severe trauma or injury and is seen as a critical timeframe in which these patients should be seen. It is also sometimes used as a broader term for timings in which a patient with a particular presenting condition should be seen, for example, stroke.

For patients who have experienced a stroke, the formal clinical target is related to treatments such as thrombolysis, which should be given within the first 4.5 hours following a stroke. In this case the 'golden hour' 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, treatment commences once the trained paramedics arrive, and continues throughout the ambulance journey until they reach the hospital. The stroke team currently communicate closely with the ambulance crew throughout this journey time, and use it to order investigations, review past medical history and many other necessary actions that then save time when the patient arrives at the hospital.

Would these proposals put extra pressure on the ambulance service by increasing travel for some patients?

We've worked with South Western Ambulance Service NHS Foundation Trust (SWASFT) to understand how these proposals would impact on patients' ambulance travel time to hospital. SWASFT has been involved in developing these proposals, which has also involved modelling future activity if the changes went ahead, and no issues have been highlighted.

Under our proposal to create one central hyper acute stroke unit at Musgrove Park Hospital in Taunton, most stroke patients would be taken to Musgrove Park Hospital in Taunton. Some 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.

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 can reach a hyper acute stroke unit within 45 minutes.
98% can reach a hyper acute stroke unit within 60 minutes.

Examples of increased travel times based on modelling of the travel times of an example of 1,197 patients:

12 people would experience less than a 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 25 – 30 minutes
33 people would experience an increase of between 30 - 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.

Have you taken into account how the extra travel times would affect family and friends visiting people in hospital?

As part of developing our proposals we've worked with people who have experienced a stroke and their loved ones to understand and develop the proposals from their perspective.

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.

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.

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.

The extra travel time for visitors would mean:

- Patients have access to our specialist teams and treatments 24 hours a day, 7 days a week.
- People who have a stroke would be able to be assessed, diagnosed and treated quicker.
- We could meet the national standards for stroke care.
- We could support our staff better, and attract and retain the specialist staff needed.

Ultimately, we could save more lives and help more people live well after stroke. Getting the highest quality care when you first have a stroke would mean people can leave hospital earlier. This should mean less travel time for people's families overall.

Are there enough staff to support these proposed changes?

There is a national shortage of stroke consultants, specialist stroke nurses and therapists. The shortage of specialist staff is a key driver of our proposals. We want to organise services so that we can use the staff we have more effectively. If our specialist stroke staff were based at one hyper acute unit, we would be better able to provide high-quality care 24/7, rather than spreading staff across two hyper acute units.

What happens if we are not able to recruit enough staff in stroke services?

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 impact will the changes have on surrounding areas? Dorset for example?

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 would currently go to Yeovil District Hospital would go to Dorset County Hospital, Dorchester
- 10% (around 50 people) of the people who would currently go to Yeovil District Hospital would go to Royal United Hospitals, Bath
- 4% (around 17 people) of the people who would currently go to Yeovil District Hospital 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. They will be taking these proposals into account as they develop their own plans for their hyper acute stroke unit at Dorset County Hospital.

Would Dorset County Hospital be able to cope with the extra people who need emergency stroke care?

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

We will continue to work alongside our colleagues in Dorset to make sure the right processes and resources are in place to support any changes.

Would Musgrove Park Hospital be able to cope with the extra people who need emergency stroke care?

Yes. As part of developing these proposals we have worked out what resource is required to deliver the changes successfully.

What would the benefit be for patients if these changes went ahead?

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.

What would the benefit be for staff if these changes went ahead?

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.

What do stroke staff think of the proposals?

People working in stroke services have helped to shape our proposals, alongside people who've had a stroke and their carers. Health professionals from stroke services led the development of the proposals. People working in voluntary groups supporting people with stroke have also been heavily involved.

We have run workshops and co-design sessions for staff working in stroke services. So far, staff have been supportive. We are continuing to engage and consult with our staff during the public consultation period and afterwards.

If stroke services change, what would the implications be for staff?

One of the reasons we are reviewing hyper acute stroke services is because local stroke services need to be more sustainable. There is a shortage of stroke doctors, nurses and other specialists and our current local expert staff are spread across two hospital sites Musgrove Park and Yeovil Hospital. It would be easier to fill rotas at a single specialist hyper acute stroke unit, and staff would have more opportunities to develop their skills and experience.

The staff at both hospitals have been involved in the development of the proposed solutions and these conversations will continue as the work progresses and during the public consultation. If the decision was taken to go ahead with these changes, then further engagement with staff would take place.

If the changes go ahead, when will staff be consulted on changes which affect them?

Once a final decision has been made on the future of hyper acute and acute stroke services a formal HR consultation process with any staff who would be directly affected would take place. The HR consultation would cover any proposed changes to job roles, base location, and TUPE arrangements in line with the recommended organisational changes. Staff will be kept up to date as plans progress.

If these changes go ahead, how will the changes be implemented, and what is the timeline?

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.

How can people who don't have access to the internet find out more about the proposals?

We want everyone in our area to have the opportunity to have their say on our proposals. We will be hosting a range of consultation engagement events, where people can hear more about our proposals, these will be a combination of online and face-to-face events.

You can call us to find out more about these events or to request printed copies of our consultation materials: 01935 384 124.

How can I tell you what I think about the proposed changes?

Your views are important to us and we would like to hear from you.

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

Complete the questionnaire or write to us:

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



SOMERSET

www.somersetics.org.uk/stroke

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

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

To request a paper copy of the consultation document and questionnaire call us on 01935 384 124.

Why has Musgrove Park Hospital been proposed for the hyper acute stroke, was Yeovil considered?

As part of the long list of options we did consider options which included having a hyper acute stroke unit 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.
- There would be a more significant increase in the travel times for patients and families.

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.

Our consultation document and Pre-consultation Business Case provide more details on the other options considered. These can be found on our website – www.somersetics.org.uk/stroke