

Acute hospital based stroke services consultation

Yeovil public event question summary – 21 February 2023

This is a summary of the questions asked during the public consultation event held on 21 February 2023 at Yeovil Rugby club. It also includes questions asked via the paper forms provided.

What are the expected travel times for an ambulance to convey a patient to the hyper acute stroke unit?

We have modelled the expected travel times. This is done using mapping software which calculates the expected blue light travel time.

The modelled travel times indicate:

- 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 increased travel times based on the 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.

We have to balance the geographical travel times with the resources needed to provide adequate staffing for a hyper acute stroke unit to ensure patients are seen by stroke specialist staff. There is a configuration guide written by national stroke experts, including Professor Tony Rudd the National Clinical Director for Stroke for NHS England. The guide looks at commissioning stroke services and includes a section on factors to consider for stroke services in rural areas. It highlights the importance of seeing a specialist within 24 hours.

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.

Will stroke patients have any choice which hospital they are taken to?

Although patients are more likely to be taken to a hyper acute stroke unit 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.

Our modelling indicates that:

- 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.

In terms of acute stroke care, have you considered how family and friends who don't drive and rely on public transport will visit stroke patients if they are further away?

This is essentially why we have two options for acute stroke care, with one option retaining an acute stroke unit at Yeovil District Hospital. We recognise that family and friends play a really important part in a patient's recovery.

If there was an acute stroke unit at Yeovil District Hospital, patients who received their hyper acute stroke care elsewhere would be transferred to Yeovil District Hospital for their acute stroke care, if this was closer to their home. Meaning family and friends could visit more easily.

Most people are aware of the FAST campaign for stroke and the emphasis on time. Is time not the most important aspect?

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, treatment commences once the trained paramedics arrive, and continues throughout the ambulance journey until they reach the hospital. 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.

A number of people who live in Somerset would be taken to Dorset County Hospital and not Musgrove Park if they had a stroke. What would the service be like at Dorset County Hospital? Would it be a similar service to the one you propose for Musgrove Park Hospital?

Dorset County Hospital have been active members of our stroke 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. NHS Dorset are in the process of reviewing their hyper acute service and have had a business case approved to enhance their hyper acute service 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.

If the proposals went ahead NHS Somerset, as the commissioner of services for people in Somerset, would work with NHS Dorset to ensure the level of service we commission for our residents who use Dorset hospitals is at the standard we require.

If a patient is sent to Dorset County Hospital, will they still receive joined up after care in Somerset? How will you guarantee that there will be beds available for people who need to be brought back to Somerset from hospitals outside of Somerset?

This is a really important factor which will we continue to take into close consideration as we develop these plans to ensure this is what we deliver. The detail of this is dependent on which proposals are taken forward.

Somerset residents who have hyper acute stroke treatment outside of Somerset would return to Somerset at the appropriate time, depending on the changes that were implemented. New pathways would need to be created to ensure that this transition of care was joined up.

Will paramedics take patients straight to the stroke unit or will they have to take them through the Emergency Department (ED)?

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.

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.

How have you listened to stroke survivors in developing these proposals?

Throughout the development of the proposals we've sought the views of people who have survived a stroke, and people who support stroke survivors including voluntary organisations, families and carers. Their insights and feedback have helped shape these proposals.

What we've heard so far, is that patients want to get care close to home when that's the right time.

We want to continue to hear feedback from people with lived experience of stroke. 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

What is the minimum number of stroke consultants needed to run a hyper acute stroke unit?

National guidelines state that the minimum number of consultants required for a hyper acute stroke unit is 6. This is the minimum based on the need to cover a 24/7 shift rota. Taking into account our population demographics and prevalence of stroke in Somerset, we estimate that we would need 8 consultants to cover a single hyper acute unit in Somerset.

If there was no hyper acute stroke unit or acute stroke unit at Yeovil District Hospital, what will happen to patients who come to the Emergency Department for another suspected illness and then once in ED it's discovered that they have in fact had a stroke?

We have begun to look at pathways for these patients. Not everyone with a suspected stroke arrives at hospital via an ambulance. Pathways for these patients would also be in place.

If an acute stroke unit remained at Yeovil, the pathway would be that the patient would have an urgent scan and there would be a discussion with a specialist stroke consultant - who may not be on site. The stroke consultant would advise on the best course of treatment. The patient may need to be transferred to a hyper acute stroke unit for treatment.

If there was no acute stroke unit at Yeovil, the patient may need to be transferred to a hyper acute stroke unit for diagnosis and treatment.

The plans include reducing the stroke service at Yeovil District Hospital. What will be improved by the changes you are proposing?

Our proposals have been developed to improve stroke services for people in Somerset and people who use Somerset hospitals. At present in Somerset, we are not meeting the national standards for stroke care.

A national audit of stroke care highlighted that there were too many hyper acute stroke units in the country and by having fewer, larger units there could be an improvement in the quality of care for stroke patients.

There is a great stroke service in Yeovil, but we need to be able to maintain our stroke services into the future. There aren't the specialist stroke staff available to continue to maintain two hyper acute stroke units in Somerset.

By enhancing the service and the number of specialist staff working at one hyper acute unit, we could improve the quality of care and ensure better outcomes for patients. We would also make Somerset a more desirable place to work and attract more stroke staff to Somerset.

Would your proposals mean more investment in stroke services in Somerset?

These proposals will not save us money, but would cost more. More money and resources would need to be invested in stroke services.

Our estimated financial modelling predicts that:

	<p>One hyper acute unit at Musgrove Park Hospital and an acute stroke unit at both Musgrove Park Hospital and Yeovil District Hospital</p>	<p>One hyper acute unit at Musgrove Park Hospital and one acute stroke unit at Musgrove Park Hospital</p>
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Cost to deliver	£1.1015m more than doing nothing	£0.255m less than doing nothing
Income (from patients out of county being treated in Somerset)	Loss of income of £0.322m	Loss of income of £0.322m
Cost of Somerset patients being treated in other counties	£0.38m	£0.38m
Cost of repatriating Somerset patients back to Somerset	£0.145m	£0.053m
Impact of system financial deficit	Increase by £1.862m	Increase by £0.5m

Both options would also require additional hyper acute stroke unit capacity.

Did Dorset look at centralising it's hyper acute stroke units and then decide to maintain two units in Dorset? Why did they choose to do this?

NHS Dorset have reviewed their stroke services. NHS Dorset maintains a 5 day hyper acute unit at Dorchester County Hospital. Dorset County Hospital also has an acute stroke unit. University Hospitals Dorset provide a 7 day hyper acute stroke service at Royal Bournemouth Hospital, and an acute stroke unit at Poole Hospital and Royal Bournemouth Hospital.

Dorset County Hospital are active members of our review and are supportive of the changes these proposals would bring to Dorset County Hospital. They have recently had a business case approved to enhance their hyper acute stroke service at Dorset County Hospital to create a 7 day service. They are taking our proposals into consideration as they make their own improvements.

Could Yeovil not become the main hyper acute stroke unit instead of Dorset County Hospital?

No, this would not be feasible. As part of the long list of options considered we did look at whether Dorset County Hospital and Yeovil District Hospital could work together to share a hyper acute stroke unit. The evaluation process ruled this out as it would not address the workforce issues and would also be confusing for the ambulance service and patients.

Will Somerset have to pay Dorset if Somerset patients go to Dorset County Hospital?

Yes, the NHS in Somerset will have to pay for Somerset patient activity in Dorset. This is how NHS services work. The NHS in Dorset also pay the NHS in Somerset when their residents use NHS services in Somerset.

When will you make a decision around Transient Ischemic Attack (TIA) services? Where will people who are thought to have had a TIA be sent?

TIA services are not part of this consultation but we have begun looking at how these proposals will affect our TIA services. 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 TIA service across more days at both hospitals.

Some patients conveyed by ambulance initially thought to have had a stroke have had a TIA – often referred to as a mini stroke. This is why TIA services are often run alongside hyper acute stroke services.

We will only be able to determine how we develop our TIA clinics when we know where the hyper acute and acute stroke services will be located. The outcome of TIA services will only be decided once a decision has been made on the future of hyper acute and acute stroke services.

Would people who live in Yeovil be taken to Musgrove Park Hospital or Dorchester County Hospital if they had a stroke?

Paramedics would take people suspected of having a stroke to their closest hyper acute stroke unit. If the proposals went ahead, people who live in Yeovil would be taken to Dorchester County Hospital, Dorchester.

Have you already made a decision?

No, no decision has been made. Public consultation gives people the opportunity to provide their views before any decisions are taken. We want to understand as many different views on the proposals as possible, including potential benefits or impacts, and other ideas or adjustments that could be considered before a decision is made.

Once the public 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 the service will then be made by the NHS Somerset Board.

Currently patients have to go to Bristol Southmead Hospital for a thrombectomy, would this still be the case in the future?

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.

As a highly specialised service, thrombectomy services are centralised in neuroscience centres. Bristol Southmead offer a 24/7 service for Somerset stroke patients who would benefit from a thrombectomy.

Where else are you holding events?

During the public consultation - which runs from Monday 30 January to Monday 24 April 2023 - we will be out and about across Somerset and in the neighbouring areas of Dorset which border Somerset.

We are holding a series of pop up events where people can drop in and speak to us. We're also visiting voluntary sector support groups to hear from people with lived experience of stroke and their families.

Our public events can be found on our website, including a series of online events. You can also call or email to find out where we will be.

<https://somersetics.org.uk/working-together/stroke/stroke-events/>

01935 384 124 or somicb.fitformyfuture@nhs.net

What discussions have you had with stroke staff at Yeovil District Hospital?

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 have led the development of these proposals.

We have run workshops and co-design sessions for staff working in stroke services. An independent research organisation, Opinion Research Services (ORS), will also be holding an independent focus group with staff to gather more in depth feedback and insights.

We are continuing to engage and consult with our staff during the public consultation period and afterwards.

Have you engaged with neighbouring areas?

Yes, Dorset are members of our steering group. We have also engaged with neighbouring areas and have received letters of support for our proposals.