



Somerset stroke services public consultation – you said, we are doing

A 12 week public consultation on acute hospital based stroke services in Somerset ran from 30 January 2023 to 24 April 2023. During the consultation, people and communities living and accessing health and care in Somerset were asked to share their feedback on two options:

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

A range of methodologies and channels were used throughout the consultation to encourage as many local people, patients, their families and carers, health and care staff, partners and key stakeholders to make their views known to us.



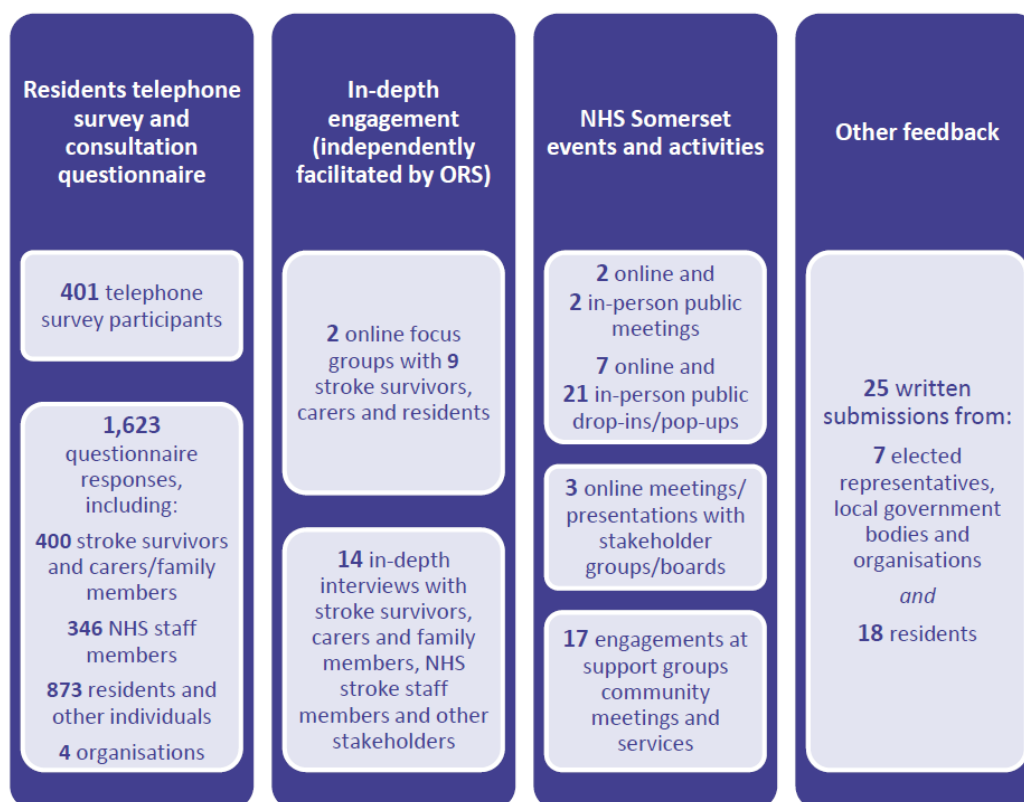
Please see appendix 1 for more information on how we reached people during the consultation.

During the consultation period, residents and other stakeholders were invited to provide feedback on the stroke proposal through a wide range of methods. A consultation questionnaire for residents, staff members, stakeholders and organisations was available online and paper questionnaires were circulated widely and available on request. Easy read, an aphasia-friendly version, and other accessible and translated were also available.

NHS Somerset received written and email submissions from residents, stakeholders and organisations. Opinion Research Services (ORS) also independently facilitated in-depth engagement with staff at the Trust and representatives from communities that NHS Somerset were less able to reach.



ORS also conducted a resident’s telephone survey. The purpose of the telephone survey was to achieve a broadly representative set of views on the proposals from residents. The survey was conducted using a quota sampling approach with targets set on the numbers of interviews required by age, gender, area and working status.



ORS are independently analysing all the feedback received. The themed report is informing the development of the decision-making business case (DMBC).

Consultation findings analysis and deliberations

A detailed programme of meetings and workshops were organised to ensure that the consultation responses were shared and evaluated with members of our stroke steering group and programme team. A workshop, conducted by ORS, was also held with our Board to provide them with opportunity to examine the consultation findings.

The findings have and continue to be shared with the stroke steering group and the stroke programme team.

A brief summary of meetings held to date includes:

Date	Meeting	Purpose	Stakeholders
24/07/2023	Stroke Steering Group meeting	To review the draft feedback from the public consultation and consider actions which need to be taken.	Stroke Steering Group

13/09/23	Stroke Public and Patient Stakeholder Reference Group	To gather further feedback on two questions raised during the public consultation relating to travel times.	Stroke Public and Patient Stakeholder Group
28/09/2023	NHS Somerset Board meeting – development session	To provide the Board with an opportunity to hear from ORS and explore in more detail the feedback given during the consultation.	NHS Somerset Board
7/11/2023	Stroke Public and Patient Stakeholder Reference Group	To gather further feedback and insights on the main topics arising from the consultation feedback.	Stroke public and patient stakeholder group

The feedback will continue to be utilised to inform the development of the decision-making business case.

What you told us in the public consultation and what we are doing

- There was broad recognition of the need for change to address challenges in delivering acute stroke services in Somerset. Moreover, many respondents said they had not previously been aware that 24/7 consultant-led stroke care is not already in place at both current stroke units.
- Overall views on the proposal to deliver hyper acute stroke services from a single hyper acute stroke unit (HASU) at one Somerset hospital were more negative, with a majority of residents (via the representative telephone survey) and respondents to the open consultation questionnaire disagreeing. Agreement varied based on geography, questionnaire respondents living nearest to Musgrove Park Hospital in Taunton were much more likely to agree with the proposal than those living nearest to Yeovil District Hospital.
- When asked if hyper acute stroke services were to be delivered from one hospital in future, whether this should be from Musgrove Park hospital, agreement was stronger among residents (via the representative telephone survey) than it was among respondents to the consultation questionnaire. Similar geographical variations to those outlined above were observed via both methodologies.
- Overall, focus group participants, interview participants, some written submissions and many attendees at the NHS Somerset-run events were more positive about the proposed model for hyper acute stroke services, seeing it as having potential to improve efficiency and quality of care, and make the service more attractive to new recruits. There were, though, concerns about ambulance waiting times, the impact of having to travel further to hospital on patient journey times and outcomes, and the possibility that consolidating hyper acute services would impact visiting.
- Most questionnaire respondents and residents thought acute stroke care should be provided at both Musgrove Park Hospital and Yeovil District Hospital if hyper acute stroke services were to be delivered from only one hospital. This was also echoed across the other

consultation strands. The reasoning for most people was wanting to keep services local and the potential impacts of increased journey times to reach an acute stroke unit on patients, visitors and staff members.

Key themes	Key areas and concerns raised	Further actions we're taking
Transport and travel times	<ul style="list-style-type: none"> • Concerns around increased travel times to other hospitals for emergency stroke care, especially in the context of the time critical nature of stroke. • Suggestions were made around making travel easier for visiting family, helping with car parking costs and having available accommodation nearby. • The importance of easy access for visitors was stressed, as visits from loved ones was seen as being crucial to stroke patients' recovery. • Concerns raised around the current ambulance waiting times adding to the delay in getting treatment. 	<ul style="list-style-type: none"> • The programme team are undertaking significant work to further assess travel times with a deeper dive into travel time modelling. • We took the question of 'how long is acceptable to travel to visit a loved one by car or public transport' to our stakeholder reference group to hear in more detail what matters for those with lived experience. • We are sharing concerns with the Sustainability Steering Group. We are also working with the council to inform their travel plan. • We are looking in more detail on the ambulance handover times and actions in place to improve. • This further analysis will inform the recommendations in the decision-making business case.
Clinical risk / quality of care	<ul style="list-style-type: none"> • Concerns raised around the risk of worse patient outcomes and recovery due to delayed treatment for patients who would have to travel further to access emergency (hyper acute) stroke care. • An under resourced workforce could impact the quality of care received. • An increase in the number of patients at one hospital could impact the quality of care received. • Concerns around the impact on other hospitals if Yeovil District Hospital did not have a hyper acute or acute stroke unit. 	<ul style="list-style-type: none"> • In discussion with our clinical advisors, the programme team reviewed the travel time concerns and suggested mitigations. The steering group reviewed the national recommendations for best practices. • Bed numbers/capacity at each site are being reviewed as part of the development of the decision-making business case, this builds on the beds modelling in the pre-consultation business case and includes work with NHS Dorset to develop their own plans. • Further detailed financial analysis of the two proposed options is being undertaken as part of the decision-making business case development.

		<ul style="list-style-type: none"> We are developing and will recommend some key outcome measures to monitor improvements in the delivery of specialist stroke care once the outcome of the decision-making business case is known.
Equality of access	<ul style="list-style-type: none"> The need for loved ones to travel via public transport was a concern particularly for older people, people living in rural areas, and people who rely on public transport. Concerns were raised about potential difficulties faced by people on low incomes who need to visit loved ones in hospital, particularly those with young children and without access to private transport. People with learning disabilities and other special needs were identified as potentially being put further at risk if their carers are unable to visit or be with them due to distance, traffic or access issues. The potential impact on people on probation who are not able to travel out of county was highlighted. Potential impact on people who experience domestic violence. 	<ul style="list-style-type: none"> Our Equality Lead has met with probation services to explore further any impact and any mitigation required that the changes may have on people on probation restrictions. Our Equality Lead has met with domestic violence specialists to explore further any impact and any mitigation required that the changes may have on people experiencing domestic violence. The Equality Impact Assessment is being reviewed and updated. We are also working with the council to inform their travel plan.
Inpatient environment	<ul style="list-style-type: none"> Visits from family and friends were consistently noted as a key aspect of stroke recovery, the hospital environment needs to support and enable this. Suggestions were made to make it easier for patients to stay in touch with family and loved ones, including better use of technology. 	<ul style="list-style-type: none"> The steering group have reviewed the suggestions made. We are undertaking a review of the options available to enable family and friends to visit and stay in touch including the use of technology and visiting hours.
Workforce	<ul style="list-style-type: none"> Concerns were raised about the impact on staff in rural areas and on low incomes who may need to travel further to work. 	<ul style="list-style-type: none"> A further detailed workforce analysis is being undertaken as part of the production of the decision-making business case.

	<ul style="list-style-type: none"> • Concerns stroke staff at Yeovil District Hospital could become deskilled if they are not seeing hyper acute stroke patients. • Risk losing skilled staff thereby creating more of a recruitment problem. • The impact on the work life balance of staff if they have to travel further to work. • Concerns around the recruitment of the specialist workforce needed at Musgrove Park Hospital and at Dorset County Hospital. 	<ul style="list-style-type: none"> • Further analysis of staff travel is being undertaken. • We are developing a workforce plan which will include training and development of the workforce, recruitment strategies, and new roles that can support health care professionals to deliver care. • We will continue to visit both stroke units in Yeovil and Taunton to keep staff up to date and continue to involve them in discussions around the workforce plan and the environment.
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The public consultation is one part of a bigger piece of ongoing work, that continues to consider all aspects of the proposed changes to stroke services, including financial, geographical, logistic and operational considerations. Part of the process includes a further options appraisal where a range of information will be reviewed to get to a preferred option for the future. Following further modelling, this preferred option will then go to the NHS Somerset for a final decision.

We expect to have this work completed early next year, so we will be able to put forward a final decision-making business case to the NHS Somerset Board.

The final decision-making business case will take into account all of the aspects considered, including the public consultation feedback. This review is not about saving money, but focuses on creating safe and sustainable stroke services in Somerset. All of the evidence gathered will enable the Board to make an informed decision on the best way forward.

