NHS Somerset Stroke Review

Westlands Entertainment Centre, Yeovil

1 March 2024

Introduction

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- 25 January 2024, NHS Somerset Board unanimously agreed recommendations to improve stroke services in Somerset.
- The plans, developed by clinicians, people working in stroke services, key stakeholders and people with lived experience of stroke, will mean changes to: emergency hyper acute stroke services (up to the first 72 hours) and TIA services.
- The changes planned mean there will be one hyper acute stroke unit at Musgrove Park Hospital. Patients would be taken to their nearest hyper acute stroke unit which could be outside of Somerset if that was closer such as at Dorset County Hospital.
- This will mean some people will have a longer journey to hospital but when they arrive they will be seen by specialist stroke staff meaning they will be able to access any specialist treatment they need quicker – meaning you will have a better recovery and reduce long term disability.

Why stroke services need to change

NHS Somerset

Our staff are working hard to provide the best care possible for people who have had a stroke, but our hyper acute and acute stroke services are not set up in the best way.

- Our ageing population means demand for stroke care will increase
- There is a shortage of the specialist workforce, locally and nationally, needed to deliver hyper acute and acute stroke care.
- Neither hyper acute stroke unit in Somerset has the number of staff needed to provide 24/7 consultant cover.
- Our hyper acute stroke units are not set up to maximise the skills and experience of our staff
- We don't always provide treatments fast enough. There are new specialised treatments that require highly skilled staff and the latest technology.
- Yeovil District Hospital does not have a clearly defined Hyperacute Stroke Unit or Acute Stroke Unit with staffing levels matching the National Stroke guideline recommendations.
- Yeovil Hospital consistently does not meet the recommended 600 stroke patients a year.

Options Process

Option A	Option B	Option C	Option D
Do Nothing • No change to current model	**Do Minimum** • As for option A, but with shared medical workforce	**1 HASU** • Single HASU at Musgrove Park Hospital in Taunton. • No HASU in Yeovil. • ASU in Taunton and Yeovil.	**1 HASU and ASU** • Single HASU and ASU at Musgrove Park Hospital in Taunton. • No HASU or ASU at Yeovil
Not taking forward to consultation • Failure to meet the >600 admissions per year criteria. • Failure to improve access to time critical interventions. • Failure to meet the equitable access to 24/7 care criteria	**Not taking forward to consultation** • Failure to meet the >600 admissions per year criteria. • Failure to improve access to time critical interventions. • Failure to meet the equitable access to 24/7 care criteria	**Option to take forward to consultation**	**Option to take forward to consultation**

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Consultation process

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- Somerset ICB undertook a 12-week period of consultation, from January to April 2023, which gathered feedback on the future of acute hospital-based stroke services in Somerset, from people living in Somerset, people who use Somerset hospitals and partner organisations who are impacted by these proposals.
- The findings from the consultation have been independently reviewed by ORS and the analysis was reviewed in detail by the programme team and the NHS Somerset Board.
- The consultation activity and responses have been utilised to gain a wider understanding of the views of people who could potentially be impacted by the proposed changes which helped inform the plans.

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Response to Consultation

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Following the public consultation, the Stroke Team, Stroke Steering Group, Stroke Public and Patient Reference Group, Stroke Project Board and the ICB Board considered the consultation feedback, and this influenced our final recommendations.

Key themes from the consultation feedback include:

- Travel and transport – travel times
- Travel and transport - Transport issues for visiting family and friends
- Clinical risk / quality of care
- Equality of access
- Inpatient environment
- Workforce
- Alternative models proposed.

The decision making business case sets out the actions taken, additional analysis done and how we considered and took account of a range of evidence.

Quote from our person with lived experience

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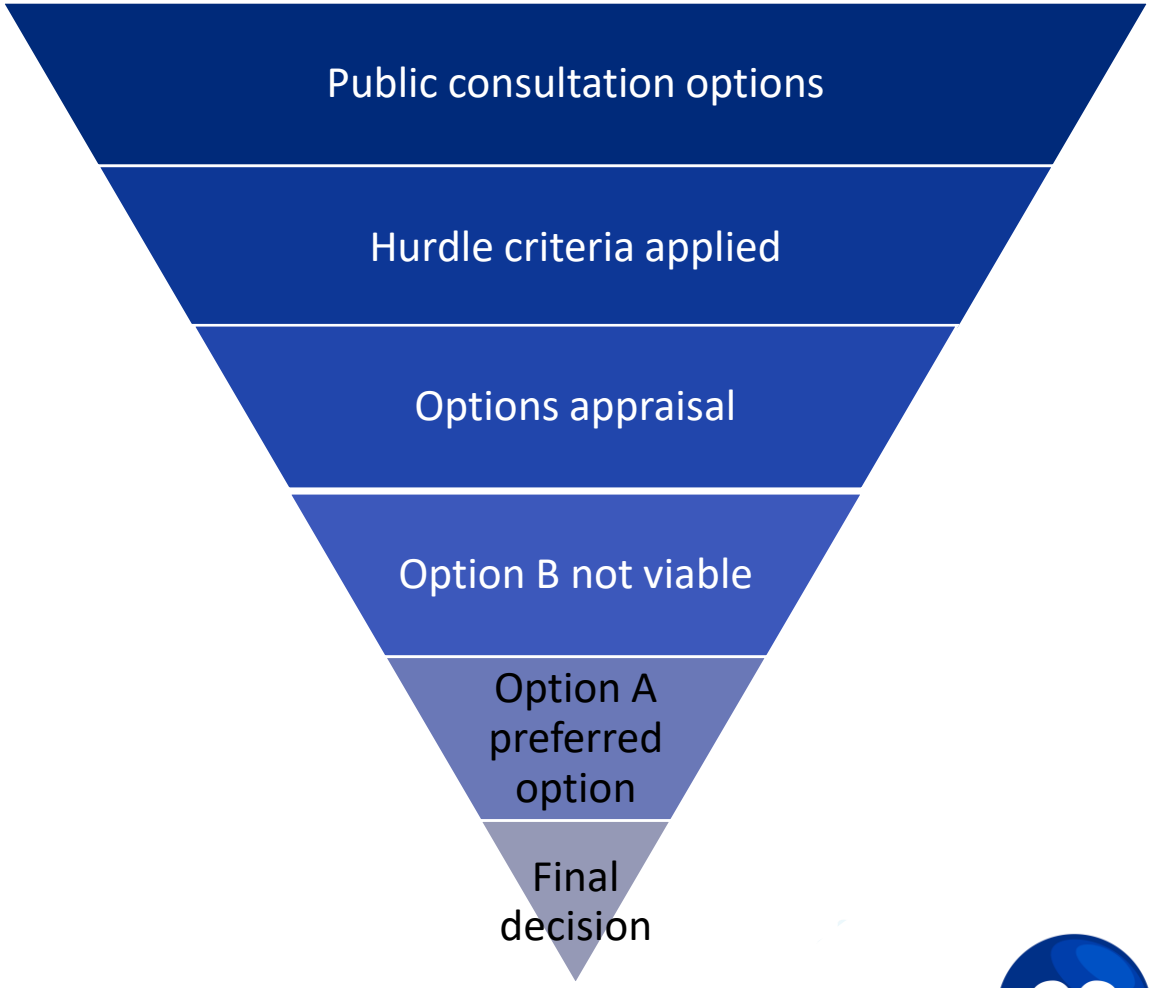
“I am pleased to have been involved in shaping and designing these services alongside other people with experience of stroke. It’s so important for the development of new services to take on board both the personal experiences of local people alongside the expertise of clinicians.

“I know from my own experience of stroke and from hearing from other stroke survivors and their loved ones, that far too many people have had varying experiences of stroke services. The changes agreed will help to make sure stroke patients in Somerset can access the specialist emergency stroke care they need when they need it.”

Final decision

Preferred option Hyperacute and acute stroke care and TIA services
Single HASU at Musgrove Park Hospital in Taunton. No HASU in Yeovil. ASU at Taunton and Yeovil
SWASFT would take all suspected stroke patients to **nearest HASU**
Yeovil emergency department (A&E) **would not** receive suspected stroke patients at any time unless patient walks in or has a stroke as an inpatient
Patients who would normally go to Yeovil would go to **Taunton or Dorchester for their HASU** care
Any Somerset people and those people who live nearer to Yeovil even though they have a Dorset postcode i.e., Sherbourne and other surrounding villages that have had their HASU care at Dorchester will be repatriated back to Yeovil following their HASU care.
There would be **some changes** to the medical, nursing and AHP workforce
Once ready for rehabilitation, patients would ideally be **discharged closer to home** following their acute care – either home or to a community hospital
There will be **an impact on other health systems** in this option, primarily Dorset
TIA service would be delivered 5 days a week in Yeovil and at weekends patients would be directed to Taunton service.



How do we compare currently?

	DCH	YDH	MPH	Comments
Dedicated HASU with dedicated staffing as per national guidance	No within stroke unit	No within CCU	Yes	DCH implementing HASU bay on stroke unit spring 2024
7/7 ward round of HASU	No	No	Yes	DCH will be yes once HASU bay implemented in spring 2024
Assessed by stroke skilled specialist clinician within 1 hour	No	No	No	Not 24/7
Assessed by a consultant within 14 hours (can be by telemedicine) and seen within 24 hours face to face.	Yes	No	Yes	
24/7 specialist stroke service	No	No	No	
A pre-alert system is needed to communicate patient characteristics and ensure all patients are met by the stroke team on arrival at the ASC or CSC.	Yes	Yes	Yes	
Patient conveyed straight to the CT scanner on arrival	Yes	No	Yes	
Access to consultant advice out-of-hours by telephone or telemedicine where appropriate	No	No	No	Not 24/7 for all stroke patients
Clearly defined ASU with dedicated staffing as per national guidance	Yes	No	Yes	
5/7 ASU ward round by specialist stroke team	Yes	Yes	Yes	For YDH those stroke patients on 8B
ESD and community service	Yes	Yes	Yes	

RW

Target model

	DCH	YDH	MPH
Dedicated HASU with dedicated staffing as per national guidance	Yes		Yes
7/7 ward round of HASU	Yes		Yes
Assessed by stroke skilled specialist clinician within 1 hour	Yes		Yes
Assessed by a consultant within 14 hours (can be by telemedicine) and seen within 24 hours face to face.	Yes		Yes
24/7 specialist stroke service	Yes		Yes
A pre-alert system is needed to communicate patient characteristics and ensure all patients are met by the stroke team on arrival at the ASC or CSC.	Yes		Yes
Patient conveyed straight to the CT scanner on arrival	Yes		Yes
Access to consultant advice out-of-hours by telephone or telemedicine where appropriate	Yes	Yes	
Clearly defined ASU with dedicated staffing as per national guidance	Yes	Yes	Yes
5/7 ASU ward round by specialist stroke team	Yes	Yes	Yes
ESD and community service	Yes	Yes	Yes

RW

Strokes can occur any day of the week, and not just 9am – 5pm

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SWASFT Patient at First Hospital Handover by Hour of Day of Week in 2022/23 (Somerset Registered Patients)

MUSHGROVE PARK HOSPITAL

MPH	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Unk
Mon	1	4	2	1	1		4	4	4	8	8	14	9	9	10	6	9	10	7	4	5	5	7	3	1
Tue	3	2	1		1		2	1	6	7	12	8	12	7	8	9	4	8	8	10	6	5	5	10	
Wed	5	4	1	2	3	2	3	1	4	5	9	8	6	9	10	7	7	9	5	5	10	8	5	3	
Thu	5	1	1		1		2		2	5	8	9	9	10	3	12	7	12	8	3	8	7	8	3	
Fri	6	3	1	2	1	2	4	3	5	8	13	10	2	5	15	6	5	6	11	2	6	5	2	11	
Sat	2	2	2	1	1	2	3		3	4	12	10	10	10	1	14	8	7	10	11	7	7	7	3	1
Sun	7	3	2	2	3	1	3	2	5	3	3	5	12	7	14	13	8	5	8	4	4	7	5	6	

YEOVIL DISTRICT HOSPITAL

YDH	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Unk
Mon		1	1	1		1	1		2	3	5	2	5	5	4	4	6	2	6	1	3	7	4	3	
Tue	1	3	1		1	1	2	1	2	5	2	2	5	3	3	2	7	7	7	8	2	4	3	4	
Wed	1			1	2		3		3	4	4	7	7	2	7	1	4	2	8	4	5	6	3	2	
Thu	3	3	1		1		2	3	1	4	2	8	5	4	5	4	4	4	7	5	1	2	3	2	1
Fri	4				1	1				4	6	7	6	5	6	2	2	4	10	3	6	9	3	3	
Sat	1	2				1	1			3	7	5	4	3	4	1	7	4		4	2	1	7	3	
Sun	1		1					2		4	5	5	3	5	6	2	7	7	6	1	9	4	2	2	1

- **<u>Current M-F 9-5 model</u>**: only 35% all stroke patients attend when stroke physician available in person
- **<u>New 7-day 8am - 8pm model</u>:** 70% of all stroke patients attend when stroke physician available in person
- Thrombolysis door-to-needle times in Somerset are consistently longer than the National median, by up to 30 minutes
- Stroke thrombolysis delivered in person by stroke physician is ***much quicker*** (*Northumbria*: 26 minutes; *local audit*: 30 minutes)
- This can mitigate against longer pre-hospital travel times
- Current out-of-hours AGWS stroke telemedicine network ***only*** provides support for reperfusion cases (20-25% of all cases)
- New local specialist videotelemedicine rota could offer support and advice for ***any*** stroke patient (on HASU or ASU

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Balancing travel times to hospital against treatment efficiency in hospital

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- Geospatial modelling was undertaken to understand the impact of the proposed model on ambulance journey times to hospital

- At a population level in Somerset the following changes were noted:
  - 64% population: no change in travel time
  - 5% population: up to 15 minute increase in travel time
  - 31% population: 15 – 35 minute increase in travel times

- This needs to be balanced against the anticipated improvement in speed of treatment on arrival to hospital

- Applying a realistic improvement in speed of treatment ("door-to-needle" times) of 26 minutes to the changes in travel times for Somerset population above, the preferred option would see:

- 64% population: 26-minute ***improvement*** in overall time to thrombolysis

- 5% population: up to 11-minute ***improvement*** in overall time to thrombolysis

- 31% population: between 11-minute ***improvement*** and 9-minute ***deterioration*** in overall time to thrombolysis

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Area	Benefit
Workforce sustainability	Lower turnover rates
	Improved staff satisfaction
	Reduction in agency spend
	Lower vacancy rates
Clinical Outcomes - HASU	Patient with expected stroke should have CT scan in 60 minutes of hospital arrival (BASP CS 2.2)
	People with suspected acute stroke should be admitted directly to HASU within 4 hours of arrival (NICE QS1)
	All eligible patients should receive thrombolysis within 60 minutes of arrival to hospital (BASP CS 1.4)
	A HASU should have continuous access to a consultant stroke physician, with consultant physician review 7 days a week
	Assessed by a consultant within 14 hours (can be telemedicine) and seen within 24 hours face to face
	Patient should receive swallow screening within 4 hours of arrival (BASP CS 3.5)
	Patients should be assessed by members of a stroke MDT within 72 hours (BASP CS 3.10)
Clinical Outcomes – ASU	Patients should have rehabilitation goals agreed within 5 days and regular review of goals (NICE QS 6)
	Patients should receive at least 4 hours of rehabilitation covering a range of multi-disciplinary therapy for minimum of 5 days a week (NOCE QS 2)
	All appropriate patients should receive at least 45 minutes therapy a day (BASP CS 3.11 – 1.13)
	An ASU should have continuous access to a stroke physician with expertise in stroke medicine, with consultant review 5 days a week
Equity of service	% of patients being seen by a specialist within 30 minutes of arrival
	Repatriation rates back to Somerset
	24/7 stroke and 7 day TIA service for all Somerset patients
Financial	Reduction in spend on bank and agency
	Reduced Length of stay
	Reduction in long term care costs
	Reduction in admissions to hospital in the first 90 days post stroke

Opportunities and trade offs

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- The evidence is strong that admission to a specialist stroke centre with 24/7 access to stroke expertise results in better outcomes than being managed without these resources.
- Reperfusion (thrombolysis and/or thrombectomy) given to the right patients also increases the likelihood of avoiding long-term disability.
- NHS England in their Stroke Configuration Support Guidance specify that, in rural areas, compromises might need to be made as achieving a well-staffed unit working 24/7 that is also within a 45-60 minute drive in a blue light ambulance might not be possible.
- There is a balance between volumes, travel times and financial viability. Increases in journey time to the hospital can be mitigated by significant improvements in the speed of assessment and treatment in hospital.
- NHS England in their Stroke Configuration Support Guidance state that the following Standards must not be compromised:
  - Specialist assessment on admission (24 hours a day) and daily thereafter during hyperacute phase
  - Stroke unit staffed and equipped in line with best practice specification
  - 24-hour access to scanning
  - Access to thrombolysis, but reportedly less important than other aspects of care
  - Access to therapy
  - Clinical model delivers the above standards and more.
- Consistency in delivering the clinical model mitigates the increase travel time.
- Clear public messaging is crucial to delivering the clinical model and providing reassurance that the increased travel time will not impact improved outcomes.

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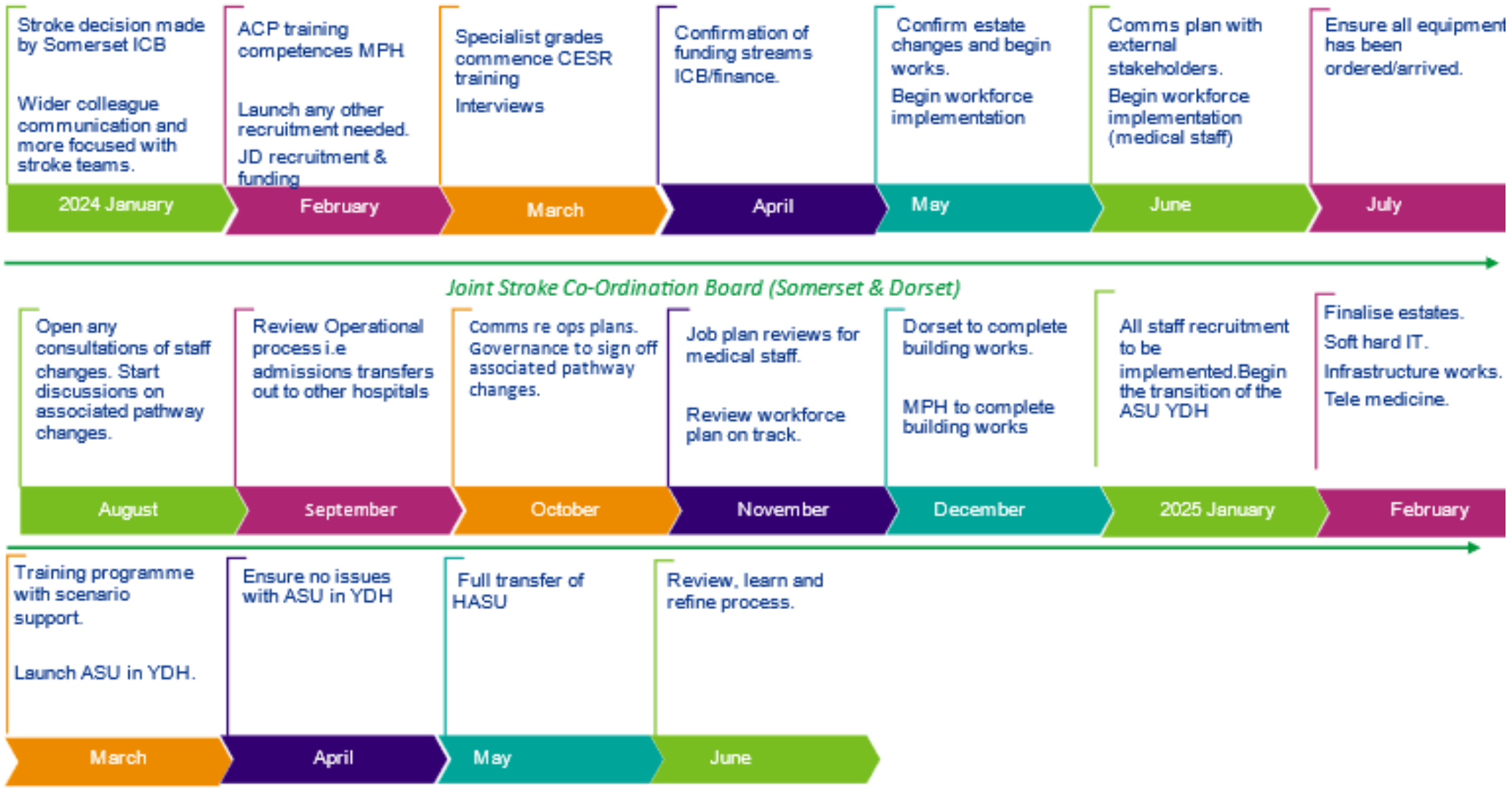
Implementation



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Yeovil District Hospital

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Kindness, Respect, Teamwork
Everyone, Every day

PL

Thriving hospital - activity in 2022/23

Somerset NHS Foundation Trust

Our year 2022/23

47,697 patients admitted

159,915 radiology tests

66,479 ED attendances

2,688 children admitted

4,460 admissions avoided through AEC

58.4% Cancer 2 Week Wait (Target 93%)

91.3% Cancer 31 Day First (Target 96%)

65.8% Cancer 62 Day Standard (Target 85%)

1,253 babies born

1,817 patients treated for cancer

67.9% referral to treatment within 18 weeks (Target 92%) up to March 2023

410 stroke patients treated

27 new doctors

23 new nurses inc. unregistered & students

3,008 treated for COVID-19

2,833 recovered from COVID-19

73.1% ED patients seen within 4 hours (Target 95%)

353 fractured hips mended

543 patients assessed by the frailty team

66.1% Diagnostic six week performance (Target 99%)

Kindness, Respect, Teamwork
Everyone, Every day

PL

Current investment at YDH

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- £18 million investment in new ward and fifth operating theatre to help us reduce waiting times for patients.
  - Autumn 2024 - 20-bed ward due to open
  - Spring 2025 - fifth operating theatre and refurbishment of theatres due to open
- Winter 2024 - Yeovil Diagnostic Centre to open providing over 70,000 diagnostic tests and outpatient appointments a year (£15 million build).
- Concluded in 2024 - £11 million in electrical infrastructure at YDH
- Autumn 2024 - £3.5 million Breast Care Unit
- April 2023 – surgical robot arrives at YDH (£1.5 million).
- May 2023 - £6 million day theatre opened. Suite includes recovery rooms, reception and waiting areas, office space and a dedicated rest area for colleagues.
- July 2022 – Yeovil Ophthalmology Diagnostic Centre opened in Yeovil town centre, providing a one-stop shop for up to 20,000 patients a year.

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Tea and Coffee Break

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Information stands

- Implementation and governance
- Options development and clinical outcomes
- Yeovil District Hospital improvements
- Public consultation

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Somerset

Thank you

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