Somerset County Council
Scrutiny for Policies, Adults and Health Committee

7 December 2023

Update on Hyper Acute Stroke Care

Lead Officers: Maria Heard, Deputy Director of Innovation and Transformation, NHS Somerset ICB
Julie Jones, Programme Manager for Stroke, Neurorehab and Community Hospitals, Somerset NHS FT

Author: Julie Jones, Programme Manager for Stroke, Neurorehab and Community Hospitals, Somerset NHS FT
Contact Details: julie.jones@somersetft.nhs.uk

Cabinet Member:
Division and Local Member:

1. Summary

1.1 The stroke strategy for Somerset was drafted in 2019 and provides a direction of travel for the next five years, setting out how stroke services should operate across the pathway from prevention to living with the impacts of stroke. Many of the recommendations within this strategy have been implemented.

1.2 This report provides an update following the 12 week public consultation on acute hospital based stroke services in Somerset (which ran from 30 January 2023 to 24 April 2023) and describes the next steps which will be taken on the future of acute hospital-based stroke services.

1.3 The final decision-making business case is expected to be considered by the NHS Somerset Board in January.

2. Issues for Consideration / Recommendations

2.1 Members are asked to note the update.

3. Public Consultation – You Said, We are Doing

3.1 The paper attached in Appendix One provides an overview of the key insights gathered during the 12-week public consultation on hyper acute and acute stroke services in Somerset. During the consultation period, residents and other stakeholders were invited to provide feedback on the stroke proposal through a wide range of methods. The findings have and continue to be shared with the stroke steering group and the stroke programme team.

The findings from the consultation have been independently reviewed by Opinion Research Services (ORS) and a summary of the key insights from this report are being shared at the November NHS Somerset ICB Board meeting[1].

[1] Board papers and meetings - NHS Somerset ICB

The paper highlights the actions we are taking to consider the feedback. The feedback will continue to be utilised to inform the development of the stroke decision-making business case.

4. Update following the Public Consultation

4.1 Stroke is both a sudden and devastating life event, with 100,000 new strokes a year and over a million people living with the consequences of stroke. It is the single largest cause of complex disability and therefore has a significant impact on health and social care, unpaid carers, and lost productivity.

Demand for stroke care is predicted to increase over the coming years. As such, the number of specialist stroke staff will need to increase to ensure the delivery of safe and effective stroke care, in line with national guidance.

It is widely accepted that to provide sufficient patient volumes to make a hyperacute stroke service clinically sustainable, to maintain expertise and to ensure good clinical outcomes, 600 stroke patient admissions per year are required.

This is achieved in Musgrove Park Hospital, (MPH) however Yeovil District Hospital (YDH) does not achieve the required yearly numbers to be able to deliver a clinically sustainable hyperacute stroke service.

4.2 This section of the paper provides an update on the viability of the options which were contained within *Somerset Acute Hospital-based Stroke Services Reconfiguration: Pre-Consultation Business Case*[2] considered by the ICB Board on 26 January 2023 and the two options for change were taken to Public Consultation between January and April 2023.

Figure 1 Options taken to public consultation.

OPTION A	OPTION B
A single **hyper acute unit** in Somerset at Musgrove Park Hospital, Taunton Patients will be taken to their nearest Hyper Acute Stroke Unit (this could be Dorchester, Bath, Salisbury or Taunton)	
An **acute stroke unit** at **both** Musgrove Park Hospital and Yeovil District Hospital.	A **single acute stroke unit** at Musgrove Park Hospital, Taunton.

Figure 2 options description

Option A Hyperacute and acute stroke care and TIA services	**Option B** 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.	Single HASU at Musgrove Park Hospital in Taunton. No HASU in Yeovil. No HASU or ASU at Yeovil
SWASFT would take all suspected stroke patients to **nearest HASU**	SWASFT would take all suspected stroke patients to **nearest HASU**

[2] FINAL-Somerset-Hyperacute-Stroke-PCBC-V4.0.pdf (oursomerset.org.uk)

Yeovil emergency department (A&E) **would not** receive suspected stroke patients at any time unless patient walks in	Yeovil emergency department (A&E) **would not** receive suspected stroke patients at any time unless patient walks in
Patients who would normally go to Yeovil would go to **Taunton or Dorset for their HASU** care	Most patients who would normally go to Yeovil would go to either **Taunton or Dorchester for their HASU** care
Somerset patients would return to **Yeovil for their ASU** care	Patients would remain in **Taunton or Dorchester for their ASU** care
There would be **some changes** to the medical, nursing and AHP workforce	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	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	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.	**TIA** services would be delivered 7 days a week in Taunton. There would be no TIA service at Yeovil.

4.3 Somerset ICB undertook a twelve-week period of consultation[3], 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.

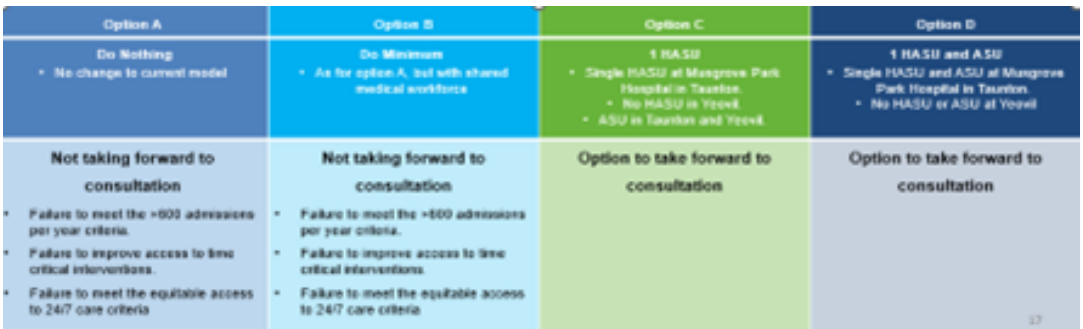
The findings from the consultation have been independently reviewed by ORS and a summary of the key insights from this report are being shared at the November ICB Board meeting[4].

5. Process for developing the original options.

5.1 The options were developed with substantial engagement from local clinicians and staff, people with lived experience, community and voluntary sector partners and colleagues from neighbouring health systems.

At the start of the process a long list of options was developed then using the hurdle criteria a shortlist with 6 options were developed. The stroke steering group reviewed these options, and they were reduced to 4.

Figure 3 shortlisted 4 options



[3] Documents, information sheets and videos - Our Somerset
[4] Board papers and meetings - NHS Somerset ICB

5.2 The four shortlisted options were assessed by a Clinical Review panel of the South West Clinical Senate in September 2022[5]. The panel deemed that the first two options would not address the reasons set out in the Case for Change and provided assurance for two options that were consistent with strong clinical evidence base.

Further modelling and appraisal were done which resulted in the two options that went out to public consultation.

6. Actions taken since the consultation

6.1 Feedback from the consultation has been gathered and analysed. This analysis has been considered by the Stroke Steering Group, Stakeholder Reference Group and the Stroke Project Board.

6.2 We have developed a 'You said, we are doing report' which was published at the November 2023 ICB Board to set out the actions we are taking in response to what we heard during the consultation.

6.3 Additional modelling and analysis at a more detailed level about the two shortlisted options which formed the basis of consultation has identified a number of areas which were not available at the time of commencing the consultation.
This additional information can be summarised under two main themes:

- There was significant concern heard during the consultation that family and loved ones play an important role in the patient's recovery and the impact of not being able to see loved ones could have on the wellbeing of patients
    - 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.
- It is not possible to deliver the entirety of Option B at the Dorset County Hospital (DCH) site and even a partly implemented solution would require significant capital investment which would have to be diverted from other planned improvements in Somerset, to support both Dorset County Hospital and Musgrove Park Hospital to provide stroke services and could not be implemented within the two-year timetable set.

7. Process for reviewing the viability of the two remaining options

7.1 Following the public consultation, the two options have been going through some detailed work up by system colleagues, along with Subject Matter Experts within Somerset Foundation Trust and continuing discussion with Dorset County Hospital senior management and clinical staff.

To assess these findings, we used the same process which was originally undertaken to move from a long list of options to a short list of options which involved the application of a series of "pass/fail" criteria. The detail of this is contained within the PCBC[6] and were adapted from those used by Bristol, North Somerset and South Gloucestershire (BNSSG) in their stroke review.

[5] Somerset-Stroke-CRP-Report-Sept-2022-V1.1_FINAL_.pdf (swsenate.nhs.uk)
[6] FINAL-Somerset-Hyperacute-Stroke-PCBC-V4.0.pdf (oursomerset.org.uk)

A summary of these hurdle criteria is shown below.

- Quality of Care - impact on outcomes
    - Clinical Effectiveness / Patient Safety / Access to care
- Quality of Care – impact on patient and carer experience
- Deliverability
    - Expected time to deliver / Co-dependencies
- Workforce sustainability
    - Scale of Impact for Current staff / Future staff
- Travel times for patients, carers, and their visitors
    - Distance, cost, and time to access services
- Impact on equalities

At the initial application of the hurdle criteria, we did not consider the financial impact as this was not available at the time. On the reapplication of the hurdle criteria, we have considered the financial impact of both options.

This has enabled us to evidence whether anything has changed since the initial application of the hurdle criteria which would rule out an option. The same range of expert groups were asked to review the Options and support the application of the hurdle criteria, as follows:

- Experts by Experience
- MPH Stroke Team
- YDH Stroke Team
- Dorset Stroke team
- SWASFT
- MPH Emergency Department
- YDH Emergency Department

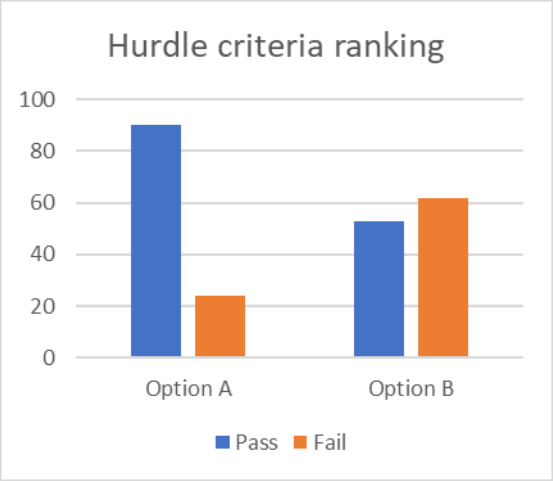
In addition, we asked the Directors of Finance within Somerset ICS, working with Dorset colleagues to assess the options from a financial perspective.

8. Findings of the reapplication of the hurdle criteria

8.1 The reapplication of the hurdle criteria demonstrated that Option B was no longer viable, with more fails than passes, particularly within the deliverability element and travel times for carers.

Option B would require a temporary solution at Dorset County Hospital of a temporary ward, before a final solution was made. This could not be implemented within the next two years.

	Pass	Fail
Option A	90	24
Option B	53	62

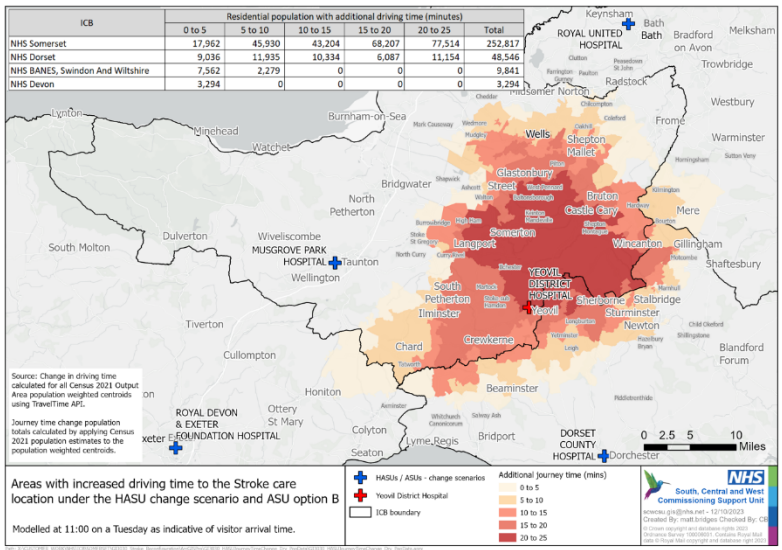


The main hurdle criteria where there were more passes than fails were on deliverability within two years and travel times. Workforce sustainability also had a higher fail score for Option B.

We know that having carers and family being part of and supporting rehabilitation after having a stroke is key to recovery and this was consistently noted in the consultation feedback.

Further analysis was undertaken to understand the increase in travel time to a stroke care location under the options. The map below shows that a lower proportion of Somerset residents are able to access an Acute Stroke Unit in Option B within the time bandings set out. The increase in modelled journey time at 11.00 and is intended to illustrate the increase in journey time by private car during the daytime. This is most relevant to journeys by friends and family to visit stroke patients at a HASU or ASU

ICB	Residential population with additional driving time (minutes)					
	0 to 5	5 to 10	10 to 15	15 to 20	20 to 25	Total
NHS Somerset	17,962	45,930	43,204	68,207	77,514	252,817
NHS Dorset	9,036	11,935	10,334	6,087	11,154	48,546
NHS BANES, Swindon And Wiltshire	7,562	2,279	0	0	0	9,841
NHS Devon	3,294	0	0	0	0	3,294



Support for providing acute stroke care at both Taunton and Yeovil hospitals was also echoed across the other consultation strands. The reasoning for most 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. Early transfer back to their local area would allow carers/relatives to be more easily involved in patients' on-going care.

The hurdle criteria set deliverability criteria of two years. At the time of the reapplication of the criteria, it was expected that to deliver Option B at Dorset County

Hospital would require a temporary ward to provide the bed capacity required before a final permanent solution was made, which could not be delivered within the two years.

Since the reapplication of the hurdle criteria, it has emerged that it is not possible to deliver the entirety of bed requirements for Option B at Dorset County Hospital site and even a partly implemented solution would require significant capital investment which would have to be diverted from other planned improvements in Somerset, to support both Dorset County Hospital and Musgrove Park Hospital to provide stroke services and could not be implemented within the two-year timetable set.

9. Understanding the financial impacts of the options

9.1 Further financial modelling of both capital and revenue requirements has been undertaken on the two options. This has included a more detailed analysis by Dorset County Hospital NHS Foundation Trust.

Capital

Indicative estimates for the implementation of Option B are that the capital required for the temporary solution at DCH is approximately £7.8m, however this would still not provide a solution to accommodate the increased demand in a 38 bed stroke unit on the DCH site, therefore Dorset ICS cannot support option B. Even if this option could accommodate the required number of beds, this represents 25% of the Somerset system capital allocation and by investing this money in stroke services means that we could not invest in other priority areas such as Electronic Health Records and a reduction in addressing the backlog maintenance requirements in Somerset.

The indicative capital costs of option A are £3.5m, and whilst this would have an impact on other areas of the system capital programme, is more manageable than option B.

The SFT capital costs of both options are relatively modest and will be managed within existing operational capital programme allocation.

Revenue

The indicative additional revenue costs at DCH of Option A is £2.63m in comparison with £3.2m for option B.

The indicative annual additional revenue costs at SFT of Option A are £2.1m and for Option B are £0.9m.

10. Summary

10.1 Implementation of the bed requirements under Option B is not deliverable on the Dorset County Hospital site. Even a part implemented solution would require significant capital investment which would have to be diverted from other planned improvements in Somerset, to support both Dorset County Hospital and Musgrove Park Hospital to provide stroke services and could not be implemented within the two-year timetable set. Put alongside the strong public opinion heard through the public consultation around the adverse impact on families and carers if stroke services were completely removed from Yeovil, a recommendation is being made to the ICB Board on 30 November to discount Option B and to work with Option A as a preferred Option.

10.2 No final decision has been made. Based on the modelling and work we have done so far; we think that the only deliverable option for the future of the hyper acute stroke services is for there to be one hyper acute stroke unit at Musgrove Park Hospital in

Taunton and an acute stroke unit at both Yeovil District Hospital and Musgrove Park Hospital.

11. Next Steps

11.1 Before a final decision on the future of stroke services can be made, further modelling of the preferred option needs to be completed. This includes further analysis of the financial, geographical, and operational impact, and public feedback.

Only once this work has been completed, a recommendation for the future of hyper and acute stroke services in Somerset will be made to the NHS Somerset Board to enable them to make a final decision on the future of stroke services.

11.2 We expect our work on acute hospital-based stroke services to be completed in January 2024, and expect a final decision-making business case to be considered by the NHS Somerset Board on 25 January 2024.

Background papers
Background papers can be found on the Our Somerset website Acute hospital-based stroke services - Somerset Integrated Care System (somersetics.org.uk)