

Improving Stroke Care in Bristol, North Somerset and South Gloucestershire

Lead Officer: Sian Barry BNSSG CCG/Maria Heard Somerset CCG

Author: Sian Barry

Contact Details: sian.barry5@nhs.net

Cabinet Member:

Division and Local Member:

1. Summary

- 1.1.** This report sets out the proposals to improve Stroke care in Bristol, North Somerset and South Gloucestershire; to inform the Somerset Health Overview Scrutiny Panel (HOSP) of the proposals to support the HOSP to consider the impact on Somerset residents.
- 1.2.** The proposals for improving Stroke care are centred on the Bristol, North Somerset and South Gloucestershire population. The impact of the proposals on Somerset providers has been assessed as part of extensive capacity and demand modelling and has been assessed as less than 1 additional patient per week being treated at Musgrove park Hospital.

2. Issues for consideration / Recommendations

- 2.1.** Scrutiny Committee is asked to consider and comment on the proposals for improving Stroke care in Bristol North Somerset and South Gloucestershire.

3. Background

- 3.1.** Stroke is the fourth biggest killer in the UK and a leading cause of disability.

Stroke is firmly on the National health agenda and NHSEI have recognised the opportunity to improve the mortality and quality of life of people who have had a stroke. The National Stroke Programme, which is a collaboration between NHSEI and the Stroke Association, supports local organisations to meet the ambitions for stroke set out in the NHS Long Term Plan and deliver better prevention, treatment and care for the 85,000 people who have a stroke in England each year.

- 3.2.** It has been a longstanding ambition of the Bristol, North Somerset and South Gloucestershire Healthier Together Partnership to improve stroke services and outcomes for everyone in its area. The Bristol, North Somerset and South Gloucestershire Stroke Programme Board – made up of people with lived experience of stroke, senior clinicians and staff – has worked together over a number of months

to redesign stroke services in line with national standards and ensure that more lives are saved each year.

A pre-consultation business case detailing proposals for a future model of Stroke care was approved by BNSSG CCG Governing Body on 1 June 2021; approval of the business case supported commencement of a formal public consultation on 7 June 2021.

- 3.3.** The current model of Stroke care in BNSSG does not have a designated Hyper Acute Stroke Unit (HASU) despite BNSSG having a supra-regional thrombectomy centre at Southmead Hospital. Suspected strokes are taken to the closest one of three acute hospitals: Southmead Hospital, Bristol Royal Infirmary (BRI) and Weston Hospital. Each of these hospitals provides consultant-led acute care, including thrombolysis. However, Weston Hospital does not accept suspected stroke patients conveyed by ambulance after 5pm (or at weekends) and the BRI does not accept patients after 11pm.
- 3.4.** A clear case to change the provision of stroke care in BNSSG has been put forward by the BNSSG Stroke Programme. This case has been reviewed and tested with clinicians and patients with lived experience through extensive engagement. The case for change demonstrates that:
- Demand for stroke care will increase and the specialist stroke workforce available to provide care is limited.
 - The provision of stroke services varies depending on where people live in BNSSG.
 - Outcomes for people that have a stroke in BNSSG vary depending on where they receive treatment.
 - NHS commissioners have a responsibility to ensure that every pound
 - spent on behalf of tax payers offers as much health benefit to the population as possible.

When fully implemented, the BNSSG Stroke Service will result in demonstrable improvements in clinical outcomes for people that have experienced a stroke and ensure that everyone that lives in BNSSG, has the same access to highly specialised life-saving interventions through a single specialist centre.

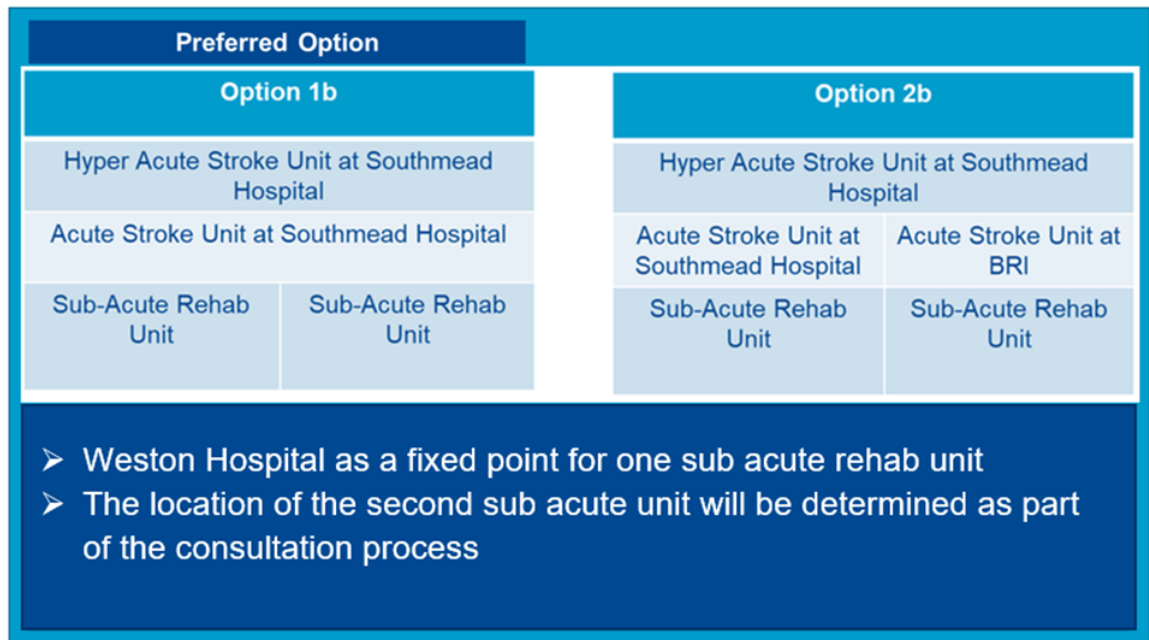
- 3.5.** The pre-consultation business case outlined proposals for the future model of Stroke services in BNSSG. These proposals are centred on the population of Bristol, North Somerset and South Gloucestershire.

The proposals for change are the result of in-depth review of current service provision, best practice guidance from the National Stroke Programme and NICE and detailed clinical evaluation to determine a preferred configuration of stroke care across BNSSG.

The proposals for change were considered in March 2021 by the South West Clinical

Senate as part of the NHS E/I Stage Two Assurance (Clinical Review); this review concluded that a “Robust case for change and model supported by evidence and best practice” was demonstrated by the PCBC.

The below diagram summarises the proposals put forward for improving Stroke care in BNSSG.



3.6. Improving Emergency Care

The proposed model for BNSSG centralises hyper acute care for stroke patients at a single site in Southmead Hospital, which will have a “hyper acute stroke unit” (HASU) and become a “Comprehensive Stroke Centre” under the new National Stroke Service Specification.

Evidence shows that reorganising stroke services and creating large Hyper Acute Stroke Units (HASUs) with the equipment and expertise to treat patients all day, every day, can save lives and improve outcomes.

This means that ambulances would no longer convey people with suspected strokes to Weston Hospital’s A&E or the Bristol Royal Infirmary’s (BRI’s) A&E. South West Ambulance paramedic crews that attend a patient with a possible stroke diagnosis within the past 24 hours convey them to the HASU at Southmead Hospital for immediate care and treatment, regardless of where they live in the BNSSG area (the only exception to this are patients in the Sedgemoor area, whose closest hospital in place of Weston Hospital is Musgrove Park Hospital in Taunton); this has been modelled and will affect less than one patient per week.

3.7. Improving Ongoing Hospital Care

There are two clinically viable options to consider for acute care following on from the hyper-acute episode:

Option 1 proposes that a single acute stroke unit (ASU) is established, co-adjacent to the HASU, based at Southmead Hospital. In this Option, a specialist stroke workforce would be provided onsite at the BRI to support patients whose specialist needs mean that they cannot be transferred to the Southmead Hospital HASU/ASU (e.g. patients needing cardiac specialist support). The service model at Weston Hospital means that there are unlikely to be patients in that hospital who could not be transferred, therefore stroke patients in Weston Hospital would all transfer to Southmead Hospital.

Option 2 proposes that two ASUs are established, one would be co-adjacent to the HASU based at Southmead Hospital and one would be based within the BRI. The ASU based at the BRI would support patients who have other specialist needs that can only be provided on the BRI site. As above, stroke patients in Weston Hospital would all be transferred to Southmead Hospital for HASU care, but they would “step down” to the ASU at the BRI, as patients currently in the BRI catchment area would, once the HASU episode was complete.

Both options for the future configuration of Stroke care have been included within the public consultation. However based on advice from the Clinical Senate, a preferred option that reduces handovers in care for patients, most consolidates the workforce and improves the affordability has been identified by health system partners. This is: a single HASU (Hyper-Acute Stroke Unit) and ASU (Acute Stroke Unit) located at Southmead Hospital with two SSARUs (Stroke Sub-Acute Units).

3.8. Improving Rehabilitation

Rehabilitation is a key Under the proposed changes many people will be supported directly home from hospital supported by a new integrated community stroke service (ICSS).

For those that need continued inpatient care in a stroke sub-acute rehabilitation unit (SSARU), care is desirable as close to home as possible. This has to be balanced against the available workforce. Smaller units also require more flexibility in their inpatient capacity and this could lead to more stroke patients not being treated in a designated community stroke bed. To balance the provision of local care, meet population health needs and ensure equity of access, with a model that consolidates the clinical workforce and is more affordable, a proposal to have two Stroke Sub-Acute Rehabilitation Units has been put forward.

For a small number of patients from North Somerset whose acute care is transferred by these proposals to Musgrove park Hospital capacity has been modelled and planned for continuation of care within the BNSSG Sub-Acute Rehabilitation Units and further rehabilitation at home.

3.9. Population health information demonstrates that the population of Weston are at high risk of stroke and Healthier Together partners have therefore confirmed that one of the SSARUs should be located in the Weston area; Weston Hospital site is therefore proposed as a fixed location for a SSARU in the South of the BNSSG area. A second

site for a SARU is subject to consultation and further refinement of potential estate options. However this will be based in the Bristol/South Gloucestershire area and a commitment to use existing or planned NHS estate has been made.

4. Consultations undertaken

4.1. Following approval by the Bristol, North Somerset and South Gloucestershire CCG (BNSSG CCG) Governing Body of a pre-consultation business case on 1 June 2021 a public consultation was launched on 7 June 2021 for a period of 12 weeks. At the point of completion of this report a total of 1,550 responses to the consultation had been received. The below bullet points summarise the engagement undertaken to publicise and share the consultation proposals:

- 7 Public events
- 20 outreach meetings/events across BNSSG
- 5 staff events
- 456 attendances across events (includes outreach meetings guided by the EIA, staff and open public events)
- 132k organic social media impressions
- 230k paid social media impressions
- 8,182 website visits

Regular media coverage (including local print and tv media), paid advertising and door-drop partnership with Reach PLC has been undertaken. Information regarding the proposals have been shared with district councils (including Sedgemoor DC) and Somerset CCG to publicise through newsletters, members bulletins and local voluntary and community sector.

4.2. Prior to approval of the pre-consultation business case engagement and support to the proposals as set out in the business case was sought and received from Somerset FT and Somerset CCG.

4.3. On 28th April 2021, a meeting with the Chair of the Somerset Scrutiny Committee confirmed that the BNSSG Stroke Programme would attend a Somerset Scrutiny Panel meeting in public in September 2021 to receive informed feedback from all members.

5. Implications

5.1. The BNSSG Stroke Programme proposals has been underpinned by detailed financial and capacity planning (baseline 2018/19 activity) and detailed modelling of ambulance flows. The planned bed capacity has been tested using a simulation model, which was developed in the local health system and has been published in a peer-reviewed journal, to check and validate the operational assumptions. The modelling has further been tested by the South West Clinical Senate and NHSEI through the Stage 1 & 2 Assurance Process.

- 5.2. Detailed modelling of the impact on ambulance response times and travel times has been undertaken as part of the BNSSG stroke programme to ensure that patients and their families are not disadvantaged as a result of the proposals for change.
- 5.3. This modelling has demonstrated that less than one patient per week will be diverted from Weston Hospital (site of current treatment pathway) to the HASU at Musgrove Hospital in Taunton.
- 5.4. The modelling has also demonstrated that less than one Somerset patient currently treated at Weston General Hospital will be affected by the proposed changes to Stroke care. These patients will benefit from transfer to the centralised specialist emergency care at the proposed HASU at Southmead.
- 5.5. The Stroke Programme has modelled the benefits and outcomes from the proposals to improve Stroke care in BNSSG and determined that:
 - Survival rates could improve by 1% - 15 lives saved
 - 70 more people living independently at home (58 in BNSSG)
 - 68 new people living permanently in care homes would be avoided (57 in BNSSG).

6. Background papers

- 6.1. Improving Stroke Services in Bristol North Somerset and South Gloucestershire: A public consultation <https://bnssghealthiertogether.org.uk/stroke-services/>
BNSSG Stroke Programme Pre-Consultation Business Case
<https://bnssgccg.nhs.uk/library/governing-body-paper-1-june-2021-item-61/>

Note For sight of individual background papers please contact the report author