



SCRUTINY COMMITTEE - ADULTS AND HEALTH

Wednesday, 31 May 2023

10.00 am

Luttrell Room - County Hall, Taunton TA1 4DY

SUPPLEMENT TO THE AGENDA

To: The members of the Scrutiny Committee - Adults and Health

We are now able to enclose the following information which was unavailable when the agenda was published:

Agenda Item 8 Stoke Services (Pages 3 - 16)

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Fit for
my future
Somerset



NHS

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Acute Hospital Based Stroke Services Public consultation

Somerset Council Scrutiny - Adults and Health
31 May 2023



Somerset
Integrated
Care System

Agenda Item 8

Prevention

Focuses on reducing factors that put people at risk of having a stroke, like high blood pressure.

Acute care

Acute hospital rehabilitation for those who need it, providing daily specialist input from medical, nursing and therapy staff.

This could also be provided through early supported discharge, where rehabilitation is done at home by specialist stroke staff at the same intensity as your acute hospital rehabilitation. No changes are being proposed to this care provided in your home as part of this review.

Hyper acute care

The specialist critical care received in the first 72 hours (or sooner if medically stable) after having a stroke. This includes rapid access to a specialised hyper acute stroke unit (HASU) for specialist assessment, scanning, diagnosis and treatment.

Sub Acute care

Inpatient rehabilitation for those who need additional specialist treatment and rehabilitation after their hyper acute and acute hospital stroke care. This may be provided at a hospital site, in the community or in your home.

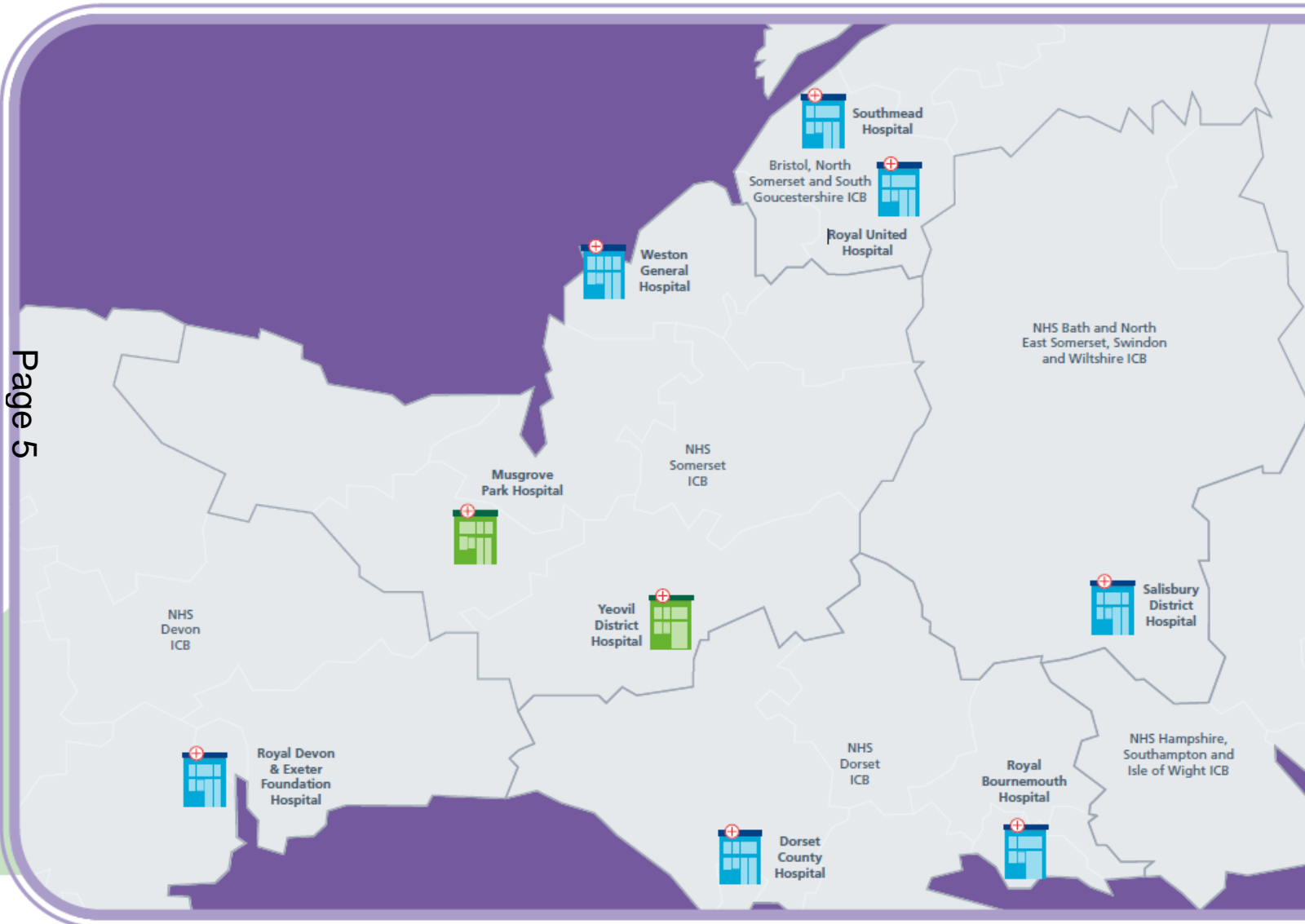
Community care and life after stroke

Ongoing treatment and care following a stroke. This can be provided at home, or a care home, and at a variety of community based facilities such as physio centres, gyms or community hubs, in the area where people live, and depending on the support required.

We are reviewing:

- Hyper acute stroke care
- Acute stroke care

Current acute hospital stroke care



This map shows the current hospitals providing hyper acute stroke care in and around Somerset. The hospitals coloured green are in Somerset, the hospitals coloured blue are in neighbouring counties.

Why stroke services in Somerset need to change

Our staff are working hard to provide the best care possible for people who have had a stroke, but we know that 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.

‘Following a stroke people have quick access to the best possible care and treatments to increase their chance of recovery, regardless of where they live in Somerset’.

What are we trying to achieve clinically?

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- Ambulance crews should be trained to recognise people who have had a suspected stroke as an emergency requiring transfer to a hyperacute stroke centre (HASU) with pre-alert notification to the stroke team so a brain scan can be performed within one hour of arrival
- People suspected of a stroke should be admitted directly to a HASU that cares predominantly for stroke patients
 - Patients with acute ischaemic stroke (clot) within 4.5 hours of known onset, or who were last known to be well within the last 4.5 hours should be considered for thrombolysis*
 - A hyperacute stroke unit should have continuous access to a consultant physician with expertise in stroke medicine, with consultant review 7 days per week
 - An acute stroke unit should have continuous access to a consultant physician with expertise in stroke medicine, with consultant review 5 days per week
 - Hyperacute, acute and rehabilitation stroke services should provide specialist medical, nursing and rehabilitation staffing levels matching the recommendations in the Guidelines.

*12% of people who have had a stroke are suitable for thrombolysis treatment

Where we are now



OPTION A

OPTION B

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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.

Hyper acute stroke care:

- People who have had a suspected stroke would be taken to their **nearest** hyper acute stroke unit.
- For most people in Somerset, their first 72 hours of emergency stroke care would take place at **Musgrove Park Hospital**.
- People who live closer to hyper acute stroke units out of Somerset would be taken to their closest unit, for example at Dorset County Hospital, Dorchester.
- NHS Dorset and Dorset County Hospital have been active members of our review and are **supportive** of these proposals.
- By creating one hyper acute stroke unit in Somerset we would **increase** the number of patients receiving high-quality specialist care, and we could meet the national standards for providing stroke care.

Acute stroke care – option A: two acute stroke units:

- **Acute stroke care** would be provided by dedicated stroke teams at both **Musgrove Park Hospital** and **Yeovil District Hospital**.
- Patients could be transferred to Yeovil District Hospital for their acute stroke care - if this was **closer to their home** - following their hyper acute stroke treatment.
- Staff expertise in acute stroke care would be retained across **both hospitals**.
- There would be **less impact** on hospitals in neighbouring counties as Somerset residents could transfer to their closest acute stroke unit.

Acute stroke care – option B: one acute stroke unit at Musgrove Park:

- **Acute stroke care** would be provided by the dedicated stroke teams at **Musgrove Park Hospital**.
- Patients would receive their acute stroke care at the same hospital they received their hyper acute stroke care, resulting in **better continuity of care**.
- There would be a **reduced** number of handovers of care for patients.
- The specialist stroke staff would all be on one site, meaning we could make the **best use of our workforce**.



- People would continue to go to their **closest hyper acute stroke unit**.
- For some people these proposals would mean a longer initial journey to hospital.
- Getting to hospital quickly is important when you have a stroke, but it's also important to be seen by specialist staff quickly and to have access to the best treatment available.
- This means that even if some journeys to hospital were slightly longer, there would still be an overall benefit to patients.

Blue light ambulance travel times modelling:

77% of the Somerset 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.

The vision

By changing the way **hyper acute stroke** and **acute stroke** services in Somerset are organised we could:

- Make sure that everyone has access to specialist teams and treatments 24 hours a day, 7 days a week.
- Meet the national standards for stroke care.
- Support staff better, and attract and retain the specialist staff needed.
- Make the best use of resources to create a service fit for the future.
- Save more lives and help more people live well after stroke.

- Now the consultation has closed all the feedback gathered will be analysed by an independent research organisation.
- They will prepare a report for the NHS Somerset Board setting out what people have said about the proposals.
- The Board will consider the feedback, along with a wide range of other information and evidence to inform their decision.
- We will continue to share information and updates about this programme of work and will publish the consultation findings report.
- The final decision-making meeting will be held in public to allow those interested to hear the discussion and how the decision is made.

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