



Improving stroke services in Bristol, North Somerset and South Gloucestershire

Factsheet: Why do we need to change stroke services?

1. We could save more lives and help people live better after a stroke

- **15 fewer people would die each year.**
In 2019/20, 1,561 people were admitted to hospital with a stroke in Bristol, North Somerset and South Gloucestershire. 139 of these people died (8.9%). By setting up our specialist stroke services in one place, we would reduce the death rate by 1%¹ and 15 more people would survive each year.
- **23 people would have the same level of independence they had before the stroke.**
An increase in provision of a specialist treatment such as a 'thrombectomy'² would mean more people leave Southmead Hospital with the same level of independence they had before stroke.

- **70 people would live with increased independence and less disability and 68 people would avoid living permanently in a care home.**³
Immediate access to the latest, emergency treatments saves lives and reduces disability, meaning more people can go home more quickly to continue their recovery.

2. More people would benefit from specialist staff and advanced treatments, no matter where they live

- By having a centre of excellence (hyper acute and acute specialist units) and dedicated inpatient rehabilitation units, everyone in our area would be taken immediately to a specialist stroke service and would have faster access to specialist treatment 24 hours a day, 7 days a week wherever they live.
- Rehabilitation and therapy services would be more consistent. Everyone would have access to therapies 7 days a week, removing the current inequality when treatment is determined by where people live and the time / day of the week they require treatment.

3. We can improve the standard of care for everyone

- There are many new treatments available that reduce brain damage and disability after a stroke. It's not possible for all hospitals to offer all clinical services because it needs specialist staff, facilities such as theatres and large equipment such as scanners.

This means, despite the excellent work and dedication of our staff, not all our stroke services are meeting national guidelines for the highest quality stroke care.

The UK Sentinel Stroke National Audit Programme (SSNAP) measures the quality and organisation of stroke care in hospitals across the NHS

(A – E, with A being the highest grade.)

Location	Overall grade	Oct-Dec 2018	Oct-Dec 2019	Oct-Dec 2020
Southmead Hospital	B	C	B	B
Bristol Royal Infirmary	D	C	C	D
Weston General Hospital	D	D	D	D

However, with a single specialist Hyper-Acute Stroke Unit and specialist stroke services, we would improve the quality and consistency of treatment and care for everyone in the area.

4. We can use our resources better to reduce inequality

- The cost of health and social care for people with stroke will triple in the next 15 years⁴. At the same time, local people told us it is important to spend money on prevention and rehabilitation, as well as hospital treatment and care.
- We plan to invest in specialist stroke services in Bristol, North Somerset and South Gloucestershire. Our proposals include an additional investment of £3 million per year:
 - To spend more on preventing stroke
 - To increase survival rates
 - To reduce disability and improve people's independence after a stroke (potentially reduce cost of long-term care)
 - To provide more rehabilitation and help people with other conditions
 - To use NHS resources wisely and deliver effective, sustainable and efficient services⁵

¹ <https://evidence.nihr.ac.uk/alert/centralising-stroke-services-can-save-lives/>

² A type of surgery to remove a blood clot from inside an artery or vein

³ Local assessment based on national evidence of best practice outcomes

⁴ In 2018/19, our hospitals cared for 1,561 people with a stroke. The cost of hospital and NHS community stroke services was £29.7million. an average cost of £18,000 per stroke per year (not including all the extra ambulance, general practice and social care costs).

⁵ Comprehensive Stroke Centres are more likely to be clinically effective and financially sustainable if they see between 600-1500 people with a stroke per year. Breakeven point is about 900 admissions for stroke per year.