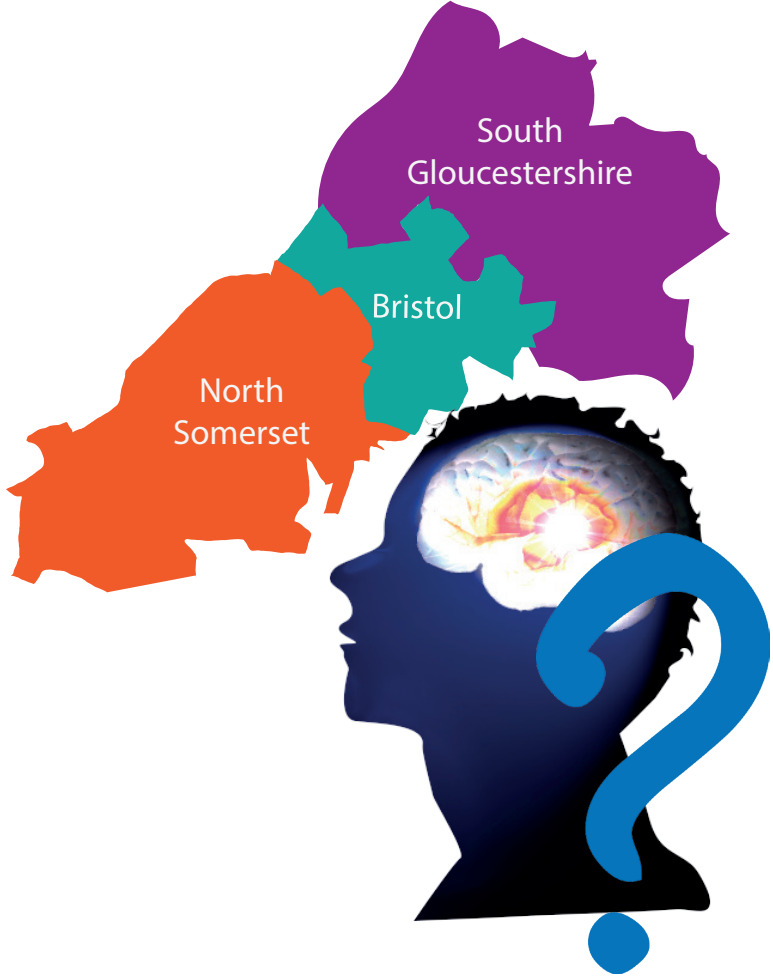


Improving stroke services

in
**Bristol,
North Somerset and
South Gloucestershire**

**Have your say:
7th June to 3rd September**



June

		1	2	3	4		
5	6	7	8	9	10	11	12
17	18	19	20	21	22	23	24
29	30	31					

September 2021

		1	2	3	4		
5	6	7	8	9	10	11	12
19	20	21	22	23	24	25	26
27	28	29	30	31			

Three overlapping speech bubbles in orange, teal, and purple are positioned at the bottom left of the calendar.

Who are we?

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG)

We **buy** and **plan health services** for the **1 million people** who live in **our area**.

We have put forward proposals to **improve stroke services** across the area.

NHS

Bristol, North Somerset
and South Gloucestershire
Clinical Commissioning Group



This **public consultation** is to ask the **wider community** to share **their views**

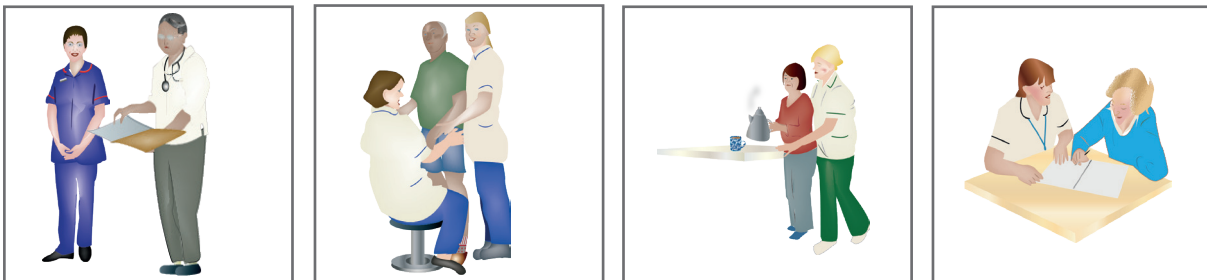


Over the last two years we have asked

People who've had a stroke, their carers and families



Doctors, nurses, therapy staff and health and social care professionals



Local charities, councils and members of the public



Contents

Foreword

1	What is a stroke?	page 8
2	Why do we need to change stroke services in our area?	page 12
3	Improving emergency treatment	page 16
4	Improving ongoing acute hospital treatment	page 18
5	Improving rehabilitation services	page 21
6	Integrated Community Stroke Service	page 24
7	What would the changed stroke journey look like?	page 25
8	How would our proposed changes improve treatment and care?	page 28
9	Have your say	page 29
10	What happens next?	page 31

Foreword



Stroke is a serious life threatening condition



In our area
5 people
have a stroke **every day.**



1 in 8 people
who have a stroke
will die
within one month.



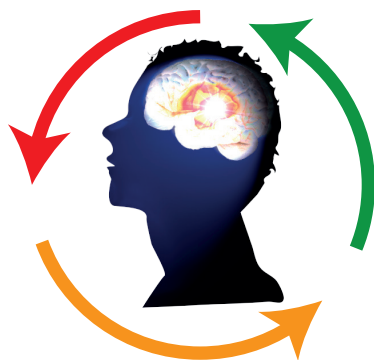
Two thirds of people
who have a stroke
will leave hospital
with a **disability.**

With the right **specialist treatment**, care and support,
people can go on to live full and **independent** lives.



Our Vision

We want to **change** the way stroke services are run in our area, so that **everyone** will have the **best opportunity** to **survive** and **thrive**



Bring our **specialist teams** and **resources together**



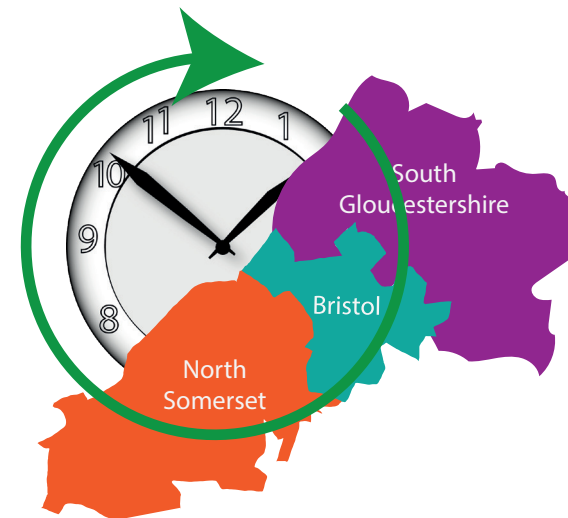
Improve people's care and **outcomes**



Achieve the latest **clinical quality standards**

Everyone would have access to **highly specialist treatments**

24 hours a day
7 days a week



Our Proposal

Aims to **improve survival** and **recovery rates**

Has been **co-designed** with **local people** who have experience of stroke

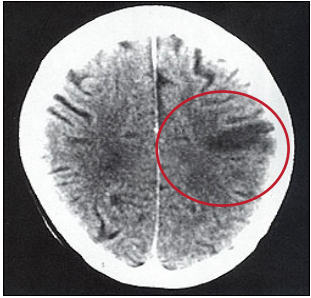
Is **evidence based**

Supports the **NHS long term plan**

Builds on current prevention and **long term rehabilitation plans**

1 What is stroke?

Stroke is a serious, life-threatening condition



This **CT scan** shows part of the **brain damaged** by stroke.

Stroke happens when the **blood supply** to the brain is cut off.

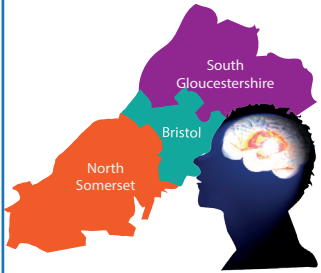


Stroke can affect how the **body works,**



how **people think, feel** and **communicate.**

In our area



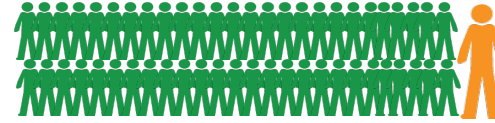
1,500
people a
year have
a **stroke**



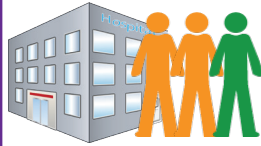
5 people a
day



1 in **50** people in our area
live with the **long term**
effects of stroke



1 in **4**
people **die**
within a year
of stroke



2 in **3**
people leave
hospital with
a **disability**



3 in **4**
have **arm or**
leg
weakness



1 in **2** find
it **hard to**
swallow

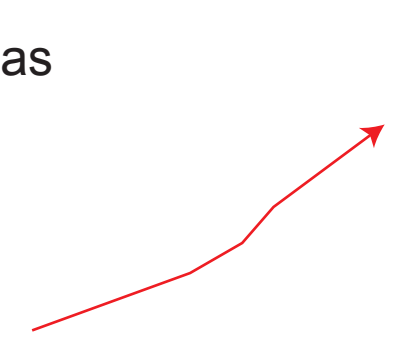


1 in **3**
find it hard to
speak



1 in **2**
have
problems
with **vision**

These **statistics** will **rise** as
population grows and
people live longer



Stroke is **life-changing**.

It is the **4th biggest killer** in the UK.
The **NHS Long Term Plan**
identifies stroke as a **national priority**.



More and more people are surviving and making better recoveries,

thanks to
better stroke prevention and emergency treatment within 72 hours of a stroke



We think we can **do more** to give everyone in our area the **best opportunity to survive and thrive after stroke.**



How does the NHS currently care for people who've had a stroke?

There are five recognised stages of treatment and care for stroke.

Prevention

Reducing **risk** factors for stroke.



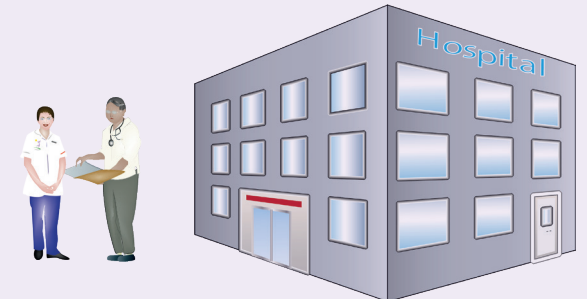
Emergency treatment

Getting people to hospital **fast**.



Acute hospital treatment

with **specialist** staff who are experts in **stroke**.



Inpatient rehabilitation

for those who need **additional** specialist treatment and **rehabilitation**.



Community care and life after stroke

Ongoing treatment where you live.

This may be at home in gyms and/or community hubs, depending on the support required.



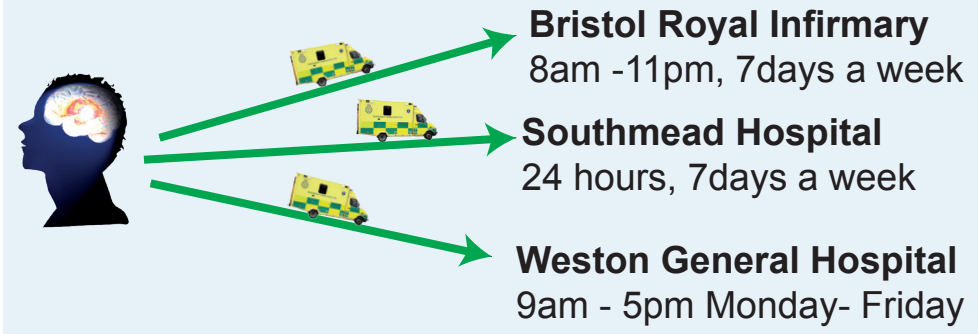
We're already taking action on prevention, improving Community Care and Life After Stroke.

You can **read more** about our new **Integrated Community Stroke Service** on **page 24** or www.bnssghealthiertogether.org.uk/stroke-services/.

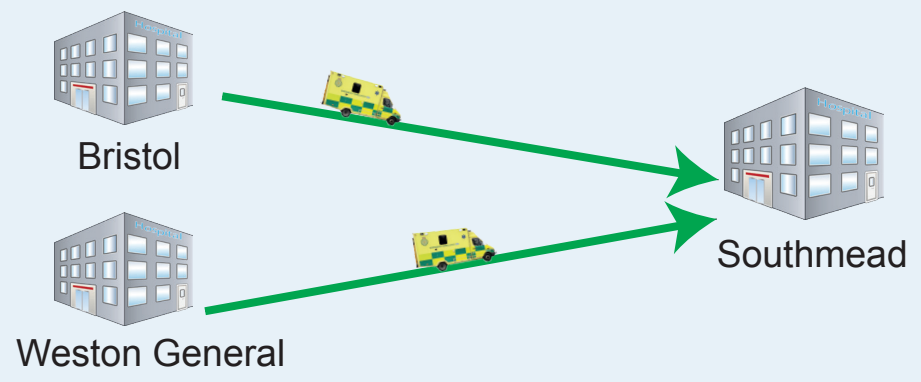
2 Why do we need to change stroke services in our area?

At the moment

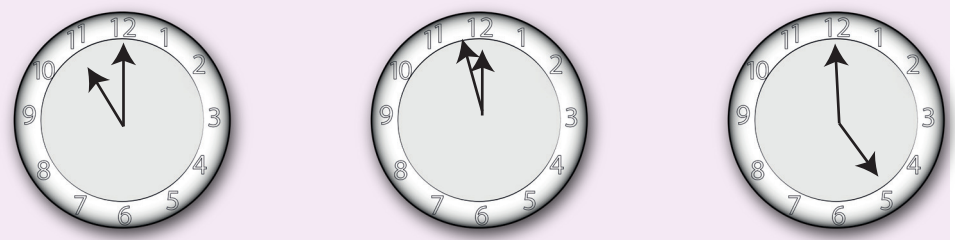
stroke care **differs** depending on the **time** and where people **live**.



Specialist treatment (such as brain surgery).
is **only available** at **Southmead Hospital**.



Not all services are **available** all of the **time**.

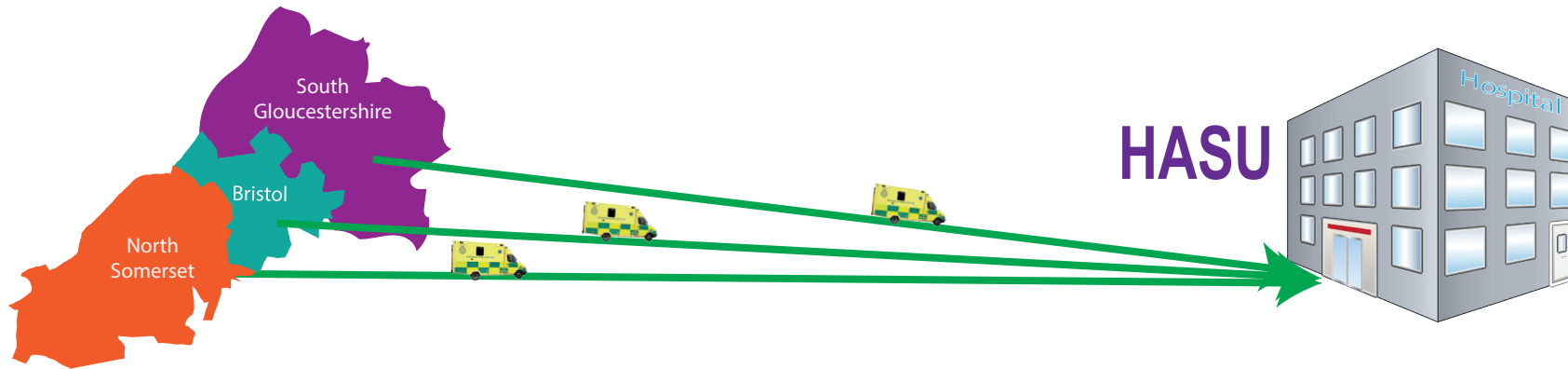


Not all areas have the **same services**.



This can impact recovery.

National guidelines say everyone should get emergency treatment and advanced care immediately at a specialist Hyper-Acute Stroke Unit (HASU).



A **HASU** provides **emergency treatment** for people with a stroke (or suspected stroke), usually in the **first 72 hours**.



We don't have a specialist HASU in our area.

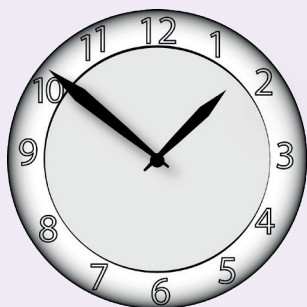
It's **not possible** for a **specialist stroke team** to be on **three sites**, **24 hours a day**, **7 days a week**.

Rehabilitation plays a significant role in helping people regain their independence and live well after a stroke.



At the moment

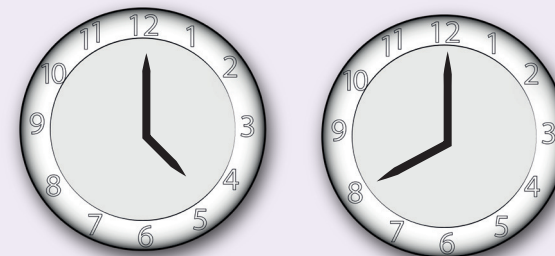
the length,



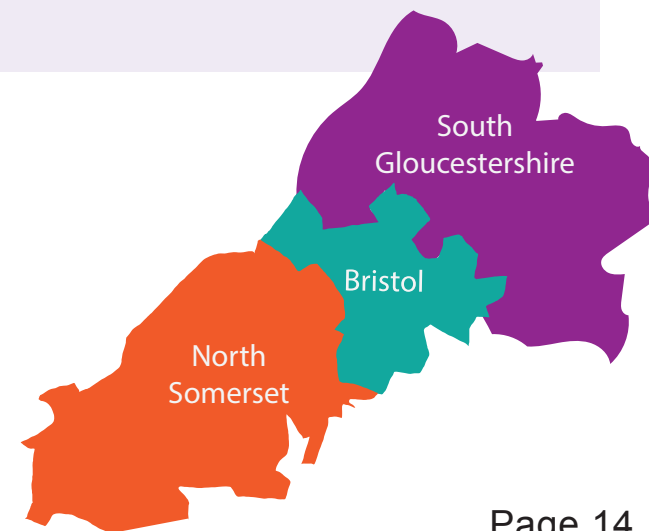
type,



time,



of rehabilitation available varies.



What do we propose?

Our vision is that everyone in Bristol, North Somerset and South Gloucestershire will have the best opportunity to survive and thrive after stroke.

We are proposing these key changes:

- ➔ Improving emergency treatment
- ➔ Ongoing acute hospital treatment and care
- ➔ Inpatient rehabilitation



3 Improving emergency treatment

A Hyper-Acute Stroke Unit (HASU) at Southmead Hospital.

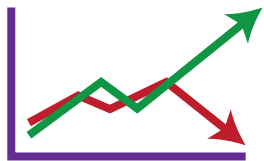
Open 24 hours,
7 days a week
with specialist staff



Why do we need this?

Evidence shows

health and quality of life improves when specialised stroke services are all in one place



Better survival rates
post stroke



Better access to specialist treatment



Faster recovery



More likely to live independently

Considerations:



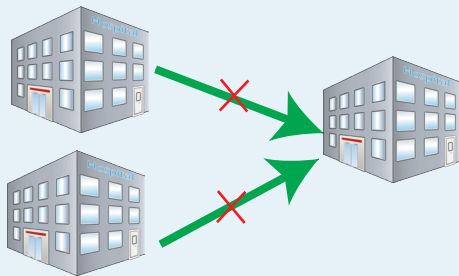
7 out of 10
people can get to
Southmead Hospital
in **30 minutes**.



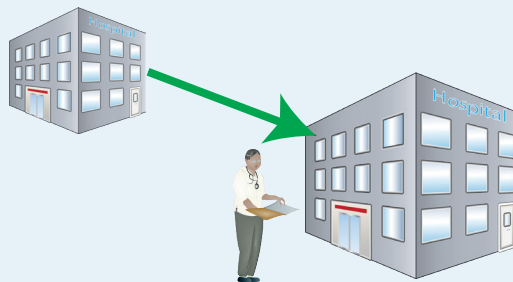
It would take some people
longer to get to
Southmead Hospital,
but they would get
specialised treatment
faster



Ambulances could get
those who need
emergency treatment
to a **HASU** within
45 minutes.



People **wouldn't** have to
transfer between hospitals.
They'd get specialised
treatment faster.



Some **staff** would have
to **change location** or
team.



It may take a
little **longer** for family and
friends **to visit**.
But people will spend less
time in hospital and go
home with the right
support more quickly.

4

Improving ongoing acute hospital treatment

An **Acute Stroke Unit (ASU)** providing ongoing acute hospital treatment and care.

An Acute Stroke Unit has **staff specialised in stroke care.**

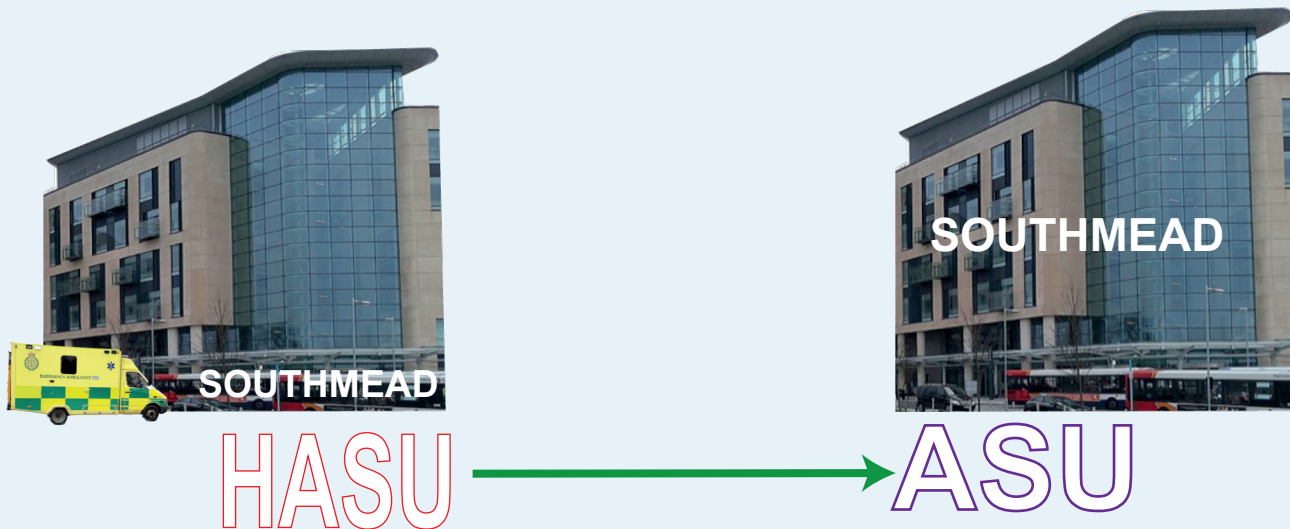
We are proposing one ASU at Southmead Hospital.



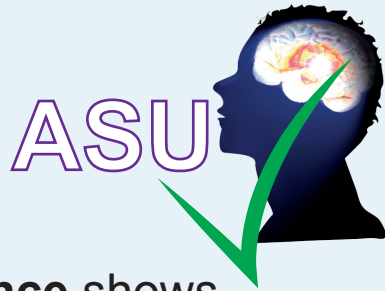
Most people would stay at Southmead Hospital providing **continuity of specialised stroke care.**

Some specialist stroke staff would stay at **Bristol Royal Infirmary.**

They would **care for people who can't be moved** for medical reasons, such as heart conditions or cancer.



Considerations:



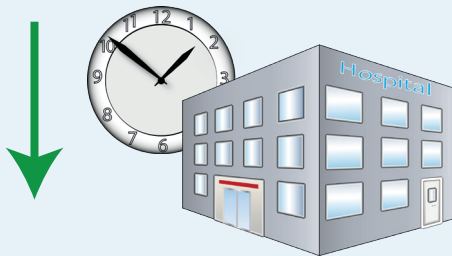
Evidence shows people recover best on a specialist Acute Stroke Unit



Overall our current care is not meeting **National Standards**



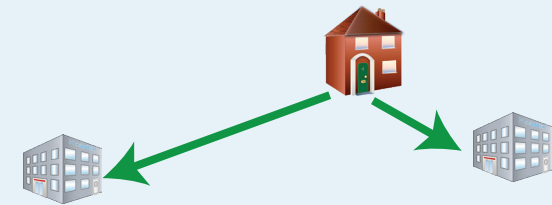
Southmead Hospital already has **advanced equipment** and the **latest treatments**



An ASU would potentially reduce the amount of **time spent in hospital**



By prioritising one ASU we can **invest** more in **community services**



Some people from Bristol and North Somerset would have to travel **longer to visit** friends and relatives in hospital

Other options:



Southmead Hospital

Another possibility is to have **two Acute Stroke Units**.
One at Southmead Hospital and one at Bristol Royal Infirmary.



Bristol Royal Infirmary

Bristol Royal Infirmary is the **second choice** as it has other specialist services, such as; cardiac (heart) and cancer.

A **dedicated stroke team** at Bristol Royal Infirmary would also provide specialist stroke care to patients that needed it in other parts of the hospital.

This option:

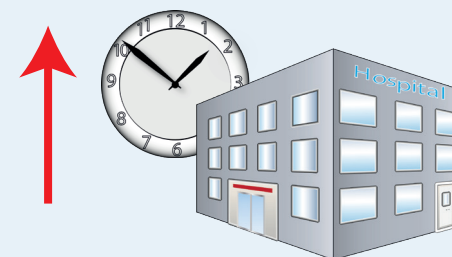


Would **cost more**:
£500,000 / year

Southmead Hospital → Bristol Royal Infirmary



About **400 people a year** would be **transferred** between hospitals



It could **increase** the amount of **time** people spend in **hospital**

5 Improving rehabilitation services

Inpatient rehabilitation

Specialist **stroke rehabilitation** at home

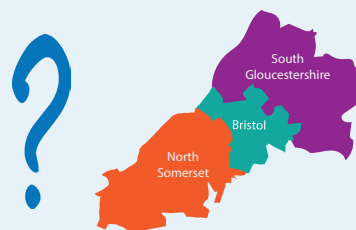
or at a specialist **inpatient stroke rehabilitation** facility near home.

We propose 2 specialist inpatient Stroke Sub-acute Rehabilitation Units (SSARU) in our area.



SSARU 1: 12-15 beds

Weston General Hospital site



SSARU 2: 27-30 beds

We are considering the best location.

We are thinking about gym, therapy, quiet space, parking and transport links.

People start stroke therapies in hospital. This can continue where people live in the community.

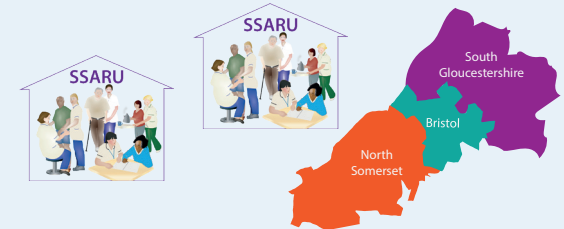
Considerations:



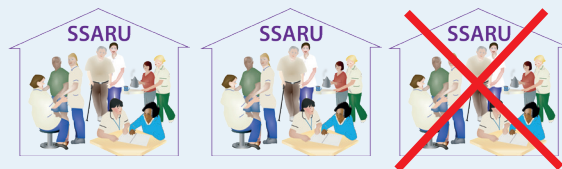
People go home faster and live more independently with specialist stroke support.



Two units would ensure we have **enough beds** to meet local needs. Specialist staff would deliver good quality, timely and effective care.

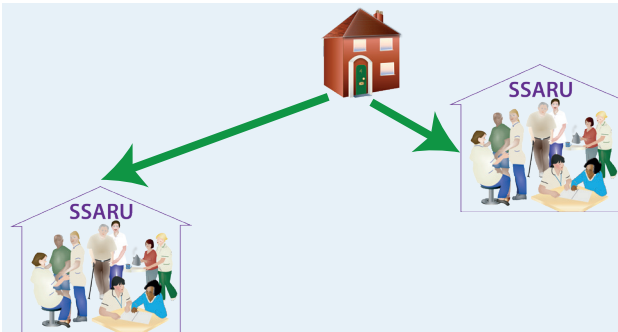


The **location** of the SSARUs would consider best and **equal access** for all.

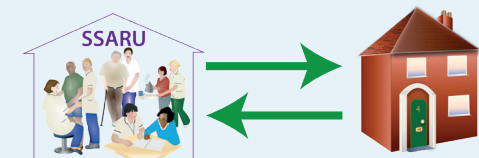


Three units would **not** be viable.

Our specialist support staff would be too stretched. It could delay care and cost £1 million more.



Some **family and friends** would have to **travel longer to visit**. Some staff would need to change location to work.



An **Integrated Community Stroke Service** will help make sure health and social care services are co-ordinated.

Where are the options for a second rehab unit?

Benefits

Considerations

Elgar Unit,
Southmead Hospital,
Bristol

- ✓ **Same site** as HASU
- ✓ General **rehab facilities** available
- ✓ **North Bristol location**

Alternative rehab services would need to be established

Frenchay site,
South Gloucestershire

- ✓ **Site** being re-developed
- ✓ Potential for **purpose built stroke facilities**

Interim arrangements would be needed until new facility available

Skylark Unit at
The Meadows Care Home,
Yate,
South Gloucestershire

- ✓ **Current provider of community care** with **general rehab**
- ✓ **South Gloucestershire location**

Alternative general rehab services would need to be established
Limited gym and therapy space
Limited parking

South Bristol Community Hospital,
Hengrove, Bristol

- ✓ **Purpose built stroke rehab unit,** already has good facilities
- ✓ **Good parking** available

Closer to Weston General Hospital
Rehab units not as well spread out across the area as they could be

6 New Integrated Community Stroke Service

This is not part of the formal consultation but we thought you would like to know more about the wider services being developed to help people with longer term rehab after stroke.

The **Integrated Community Stroke Service** will help all services (NHS, local authorities, voluntary organisations and charities) **work together**.

It will be **co-designed with people affected by stroke**.

We estimate every person would have about **60 contacts** with community teams after leaving hospital (the average now is 15). It would include emotional and psychological support.

It will ensure the **right support** (physio, speech and language therapy, dietetics, occupational therapy, psychology, nursing and key workers) is **delivered where and when most needed**.

Support can be in people's homes, work and leisure places and for as long as required to support the **best possible quality of life after stroke**.



7

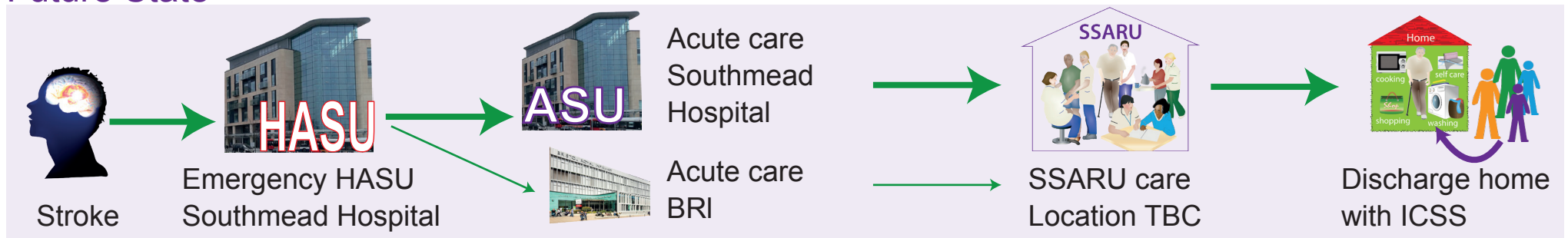
What would your stroke journey look like?

for people living in Bristol

Current State



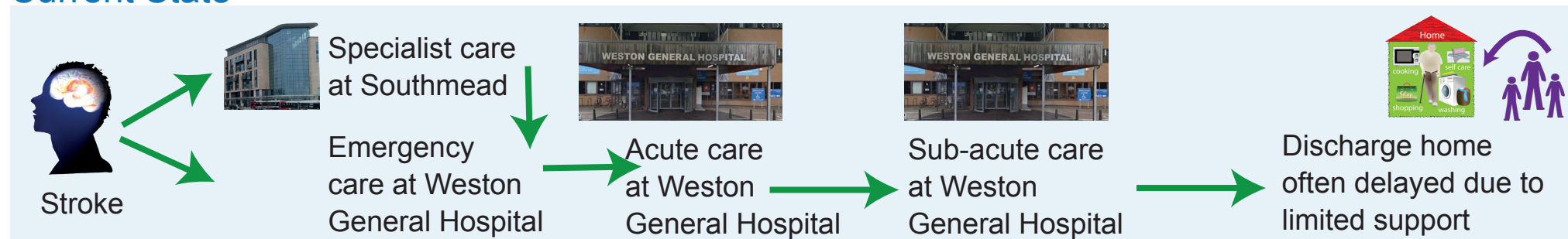
Future State



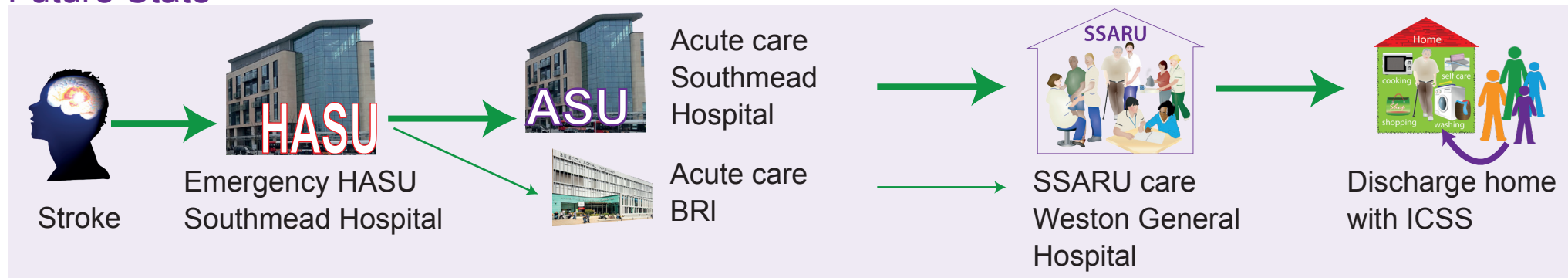
What would your stroke journey look like?

for people living in North Somerset

Current State



Future State



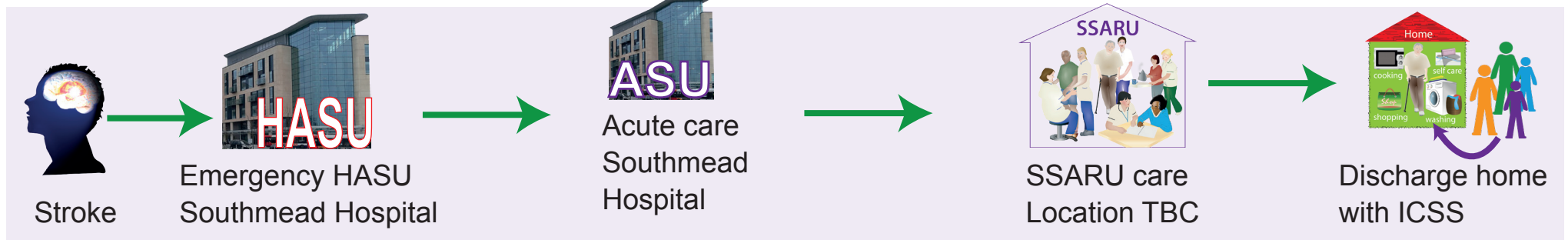
What would your stroke journey look like?

for people living in South Gloucestershire

Current State

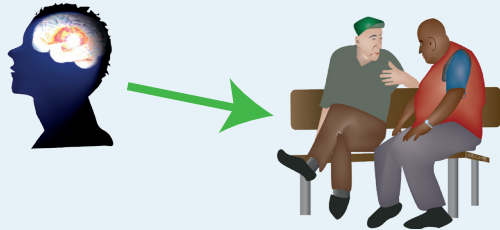


Future State



8

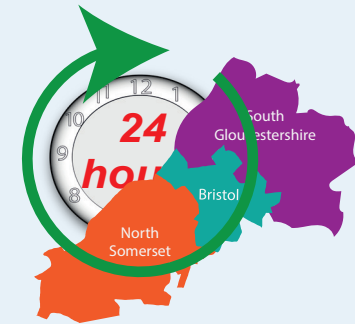
How would the proposed changes improve care?



More people would **survive**, **live independently** and have a **better experience**



We would have enough **specialist stroke staff** to help everyone, **24 hours a day 7 days a week**



People would get the **best care**, **wherever they lived**



Local people would have care that **meets national standards**



We would make the **best use of tax payers money** to serve our whole population

“No matter who you are, where you live - you will get the best stroke care immediately and for as long as you need.”

Clare, Stroke Survivor

9 How can you have your say?

7th June to 3rd September



As part of this public consultation, **we want to know what you think:**

Is it a **good idea** to **change** stroke services?



Change



Should there be **one Hyper-acute stroke unit** for emergency specialist treatment?



Should there be **one Acute Stroke unit** at Southmead hospital **or a second one** at Bristol Royal Infirmary too?



We know we need one inpatient rehabilitation unit (SSARU) on the Weston General Hospital site.

Where should the second SSARU be?



You can find out more about our proposals or take part in our survey at bnssghealthiertogether.org.uk/stroke-services

Any questions?



Email: bnssg.strokeprogramme@nhs.net



Call: 0117 900 3432



Write: Freepost STROKE CONSULTATION.
You don't need a stamp.

10 What happens next?

Learning from your feedback

We will be **listening to and reading all the ideas** you give us **between 7 June and 3 September 2021**.

An **independent organisation** will **summarise everyone's feedback**.

The **summary will be published** on our **website**.

We will let you know how we are responding.

The **BNSSG CCG's Governing Body** members will **meet** when the **public consultation** has **finished** to look at all the **information** and **evidence**.

The Governing Body will:

Decide the **location of a Hyper-acute Stroke Unit (HASU)** for emergency treatment

Confirm the **location of the one (or two) Acute Stroke Units (ASU)** for on-going hospital treatment

Confirm the **location of two Stroke Sub-acute Rehabilitation Units**

If we decide to **make changes**, **new services** would begin towards the **end of 2022**.

BNSSG CCG will also consider:



1

Quality of care: making sure care is safe, effective and good quality



2

Access to care: travel time, opening hours and whether people have choices



3

Workforce: how changes may affect staff skills, recruitment and retention



4

Value for money: how much services will cost to change and run, and the longer term costs and benefits



5

Deliverability: how easy it will be to make changes, what else is needed and how services fit with other plans

This information is presented in an **aphasia-friendly** format.

This information is also available in Easy Read and large print.

It can be made available in one of the many alternative languages spoken in Bristol, North Somerset and South Gloucestershire, including Arabic.

