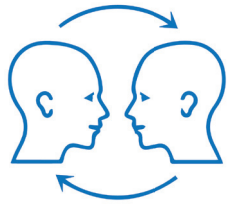
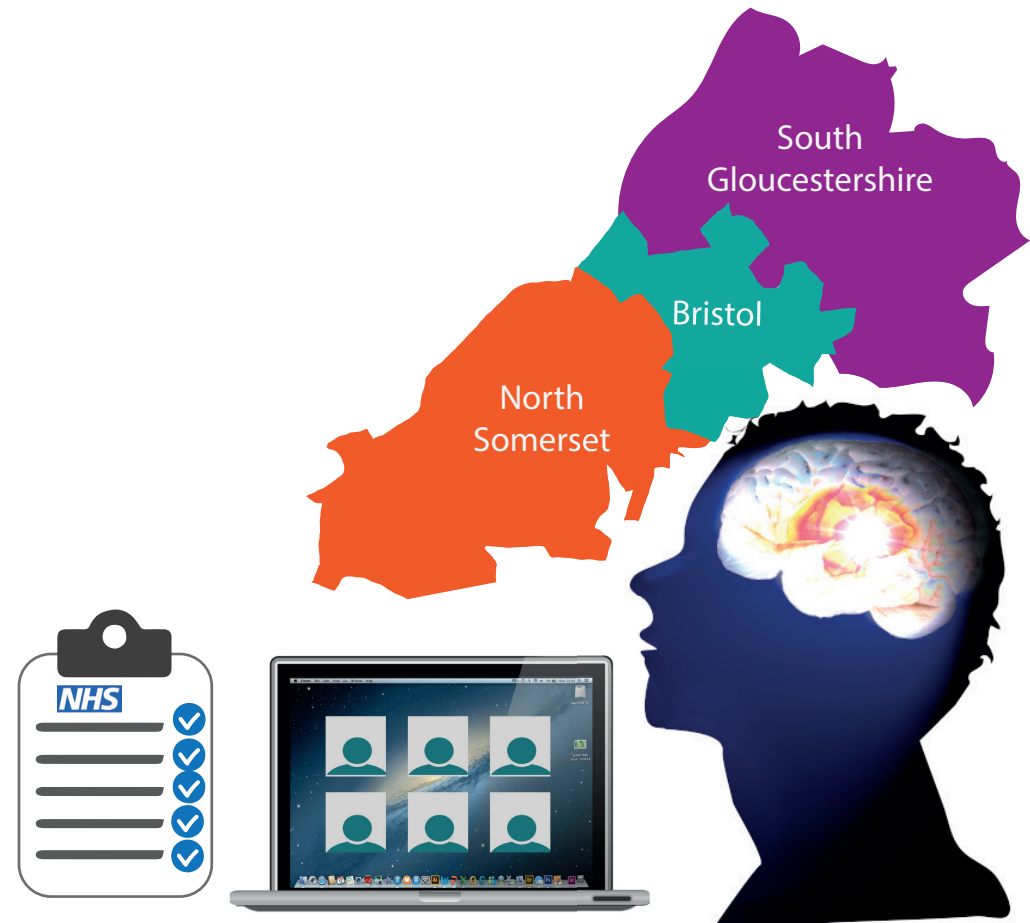


BNSSG Stroke Services Reconfiguration Programme

Decision Making Business Case Executive summary

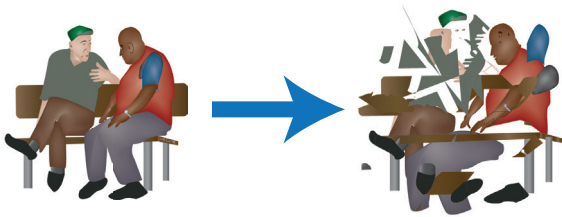


Communication
Access format

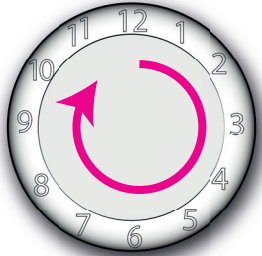




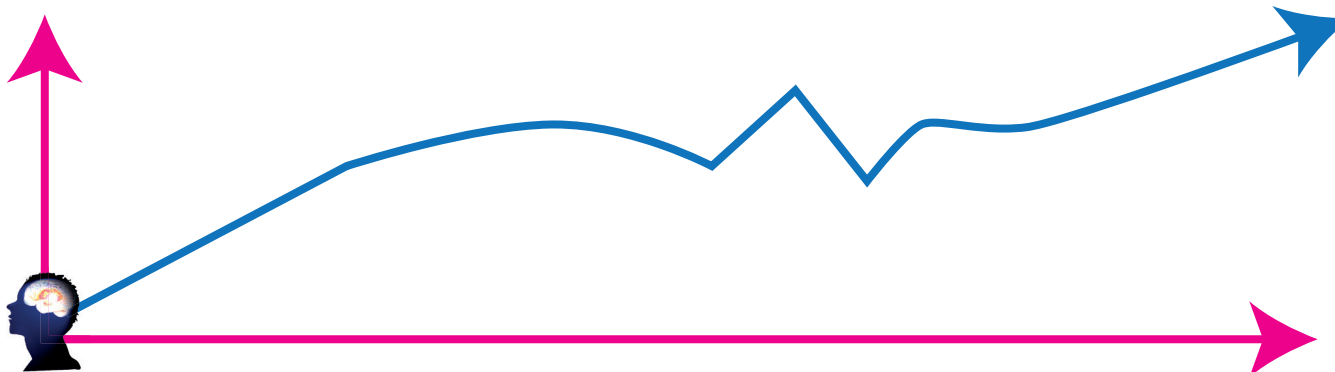
Stroke happens suddenly.



Stroke can be a **devastating** life event.

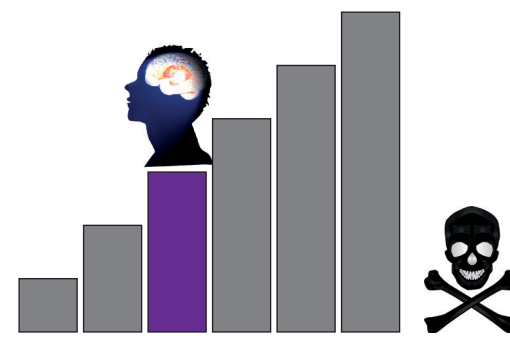


Recovery from stroke **takes time**.

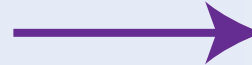
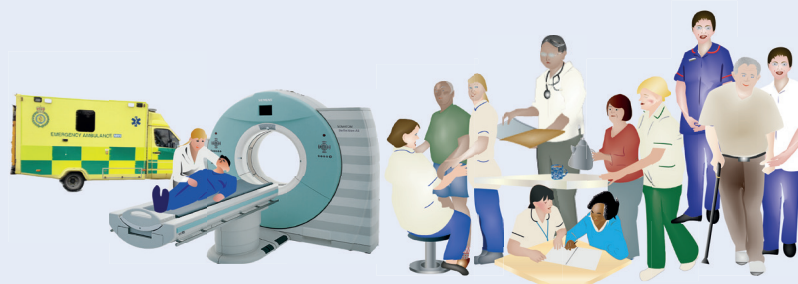


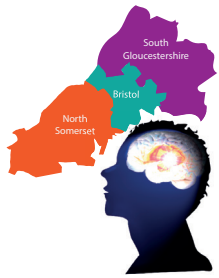
Stroke is the **fourth biggest killer** in the UK

and a leading cause of **disability**.



Stroke care and treatment has advanced significantly over recent years.





Bristol, North Somerset and South Gloucestershire (BNSSG)

Stroke Programme



is in line with national guidance and supported by NHS England.

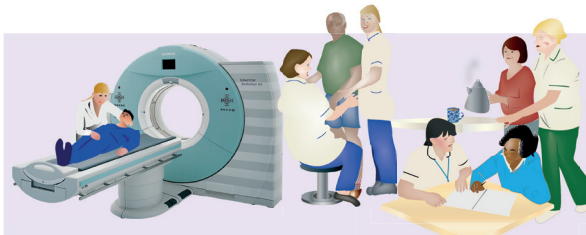


The proposal's vision is to give everyone in BNSSG the best opportunity to survive and thrive after stroke.

The aims of the proposal:



Fewer deaths
from stroke

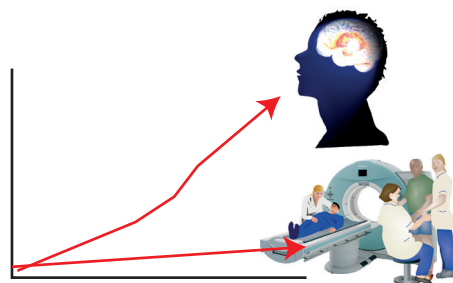


Expert care in
hospital, home and
the community



High quality
and sustainable
services

The case for change:

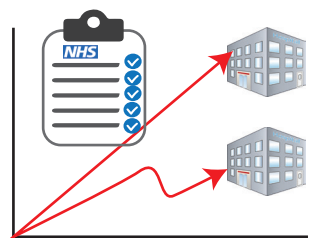


Demand for stroke care will increase.

The specialist workforce is limited.



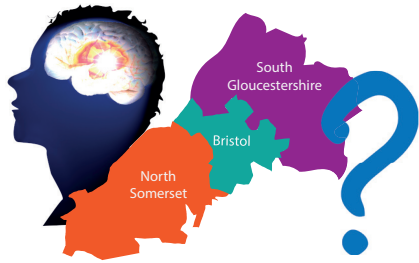
Provision of stroke services varies depending on where people live.



Outcomes vary depending on where people receive treatment.



NHS commissioners must ensure that every pound spent offers maximum benefit to health.



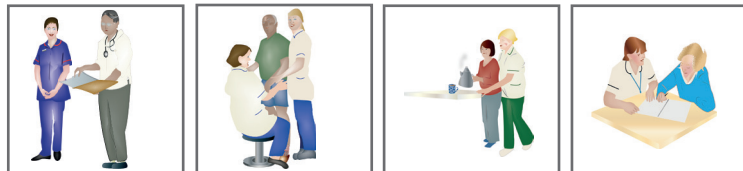
A public consultation was run
from the 7th June to 3rd September 2021.



It considered the views of



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

The **outcome** of this work is a **stroke pathway** that

- ✓ has **listened** to the voice of those that use and understand current services
- ✓ considered **what matters most** to local people
- ✓ meets detailed **quality** and **equality criteria**
- ✓ delivers the **best outcomes**

The **proposals for change** meet the requirements of the draft

National Stroke Service Model

and **address** the **current inequalities** in stroke care provision across BNSSG.

1.1 Proposals for Governing Body Decision

This document asked

the **Governing Body** as the Consulting Authority for the **BNSSG Stroke Programme** to **approve key changes** to the configuration of commissioned **stroke services** across BNSSG.

These **proposals**

have the **full support** of local senior **clinicians** and **health providers** across Bristol, North Somerset and South Gloucestershire.

1.1.1 Improving emergency treatment

The programme has confirmed a **single centre** for **hyper acute stroke care** will result in the best care for stroke.

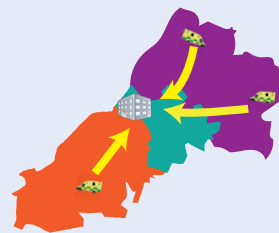


Consolidate specialist work force

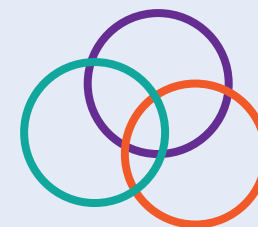


	1	2	3	4	5
✓	✓	✓	✓	✓	✓
13	14	15	16	17	18

Open 24 / 7



Achieve parity of service across BNSGG



Align with other services, e.g: thrombectomy, neurosciences



Meet national stroke standards

The **Comprehensive Stroke Centre** with **Hyper Acute Stroke Unit (HASU)** will be based at **Southmead Hospital**



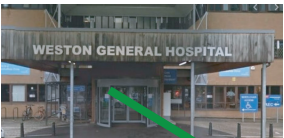
Ambulances will no longer take people with suspected strokes to Weston Hospital's A&E or the Bristol Royal Infirmary's (BRI) A&E.

1.1.2 Improving ongoing acute hospital treatment

There will be a [single Acute Stroke Unit \(ASU\)](#) adjacent to the HASU at [Southmead Hospital](#).



The [BRI](#) would have a [specialist stroke workforce](#) for those [who cannot be transferred](#) to the Southmead Hospital HASU/ASU (e.g. patients needing cardiac specialist support).



Any stroke patients at [Weston Hospital](#) would [transfer](#) to [Southmead Hospital](#).

1.1.3 Improving rehabilitation services

There will be two **stroke sub-acute units (SSARU)**



One at the **Weston Hospital** site



One at **South Bristol Community Hospital (SBCH)**



The **SSARU** is for people who require **continued inpatient care** after their acute hospital episode.

The decision for the number and location of the units was based on:



population data
including stroke
prevalence, travel
time, accessibility



safe provision of
specialist staffing



quality of care
and current
services



review of **evidence**
by those living and
working with
stroke

South Bristol Community Hospital was chosen for:



Quality of care

SBCH already provides general rehabilitation.

Stroke service at SBCH best supports overall patient care.

Other services useful to stroke (e.g: radiology) will be in the same location.

Stroke staff will be part of a larger community rehab facility.

This will support staff flexibility and resilience at times of pressure.

This is not an acute hospital.

The less medical environment will help patients feel like they are moving forward.

This is likely to improve the outcomes of the rehabilitation phase.



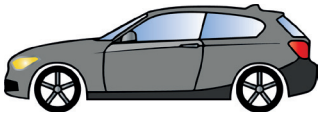
Workforce

SBCH already has an **established**, high quality **stroke rehabilitation workforce**.

SBCH does **not require** significant **capital investment**.

The SBCH estate already has high quality facilities for rehabilitation.

SBCH is an existing facility that can **meet the timeline** of the programme.

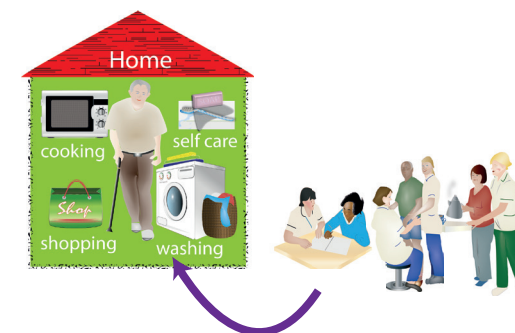


Accessibility and travel times

100% of the BNSSG population can reach South Bristol Community Hospital within **60 minutes by car**.

1.1.4 Interdependencies

A new **Integrated Community Stroke Service (ICSS)** will support people who are discharged home from hospital.



The ICSS will address the current inequity in the provision of stroke services.

Other proposed service improvements for stroke:



- Development of a **24/7** specialised stroke **thrombectomy** service



- Improved services for **transient-ischaemic attack (TIA)**.



- Flexible and integrated stroke services through the development of a **'single stroke workforce'**



- Significant **digital advancements** will support the whole pathway. This will enhance the 'reach' of clinicians and allow ways of working not currently seen.

1.2 Benefits of the proposals for change

The **new model** for stroke care in BNSSSG means:



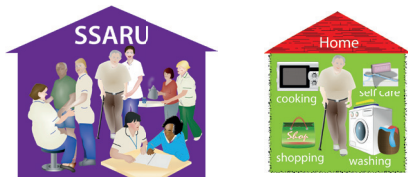
all patients can reach **Southmead Hospital HASU** by **ambulance** in **45 mins**



everyone will have **access** to rapid, equitable and life changing **specialist treatment** for **stroke**



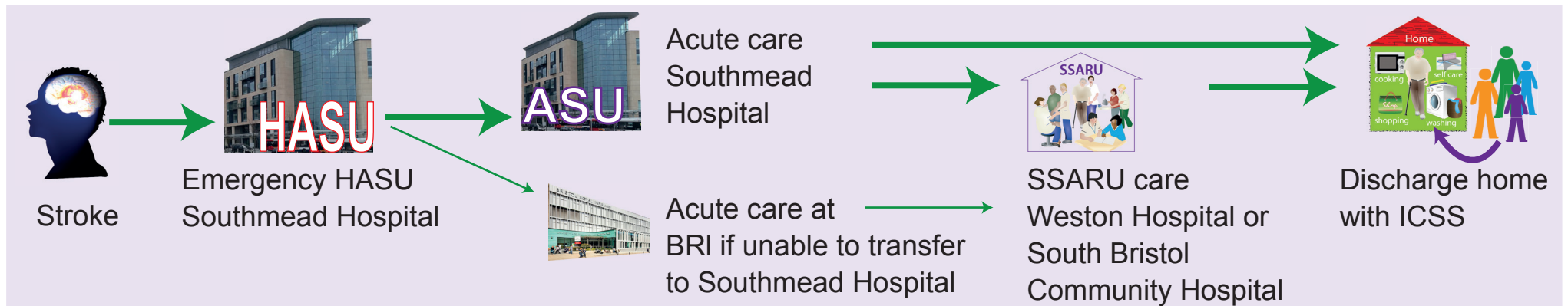
improved outcomes



community rehabilitation at **home** or in a **SSARU**



'Life After Stroke' support delivered by a partnership between healthcare and voluntary sector providers.



The **new model** will provide a **seamless** pathway of **care**.

It will **maximise** each person's **potential** through proactive rehabilitation and patient-led goal setting.

It will **shift focus** from **hospital** to **community** support and improve the experience for patients and families of the care they receive.

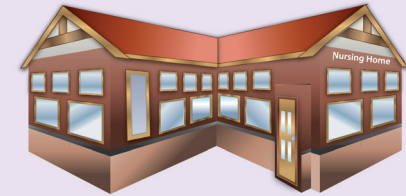
Each year:



Survival rates
improve by **1%**
15 more **lives saved**
a year



70 more people
living **independently**
at home



68 fewer people
living permanently in
care homes

1.3 Next Steps

On the 1st February the governing body of the CCG agreed to the Decision-Making Business Case for stroke services.

Engagement and scrutiny of the proposals will be ongoing throughout their implementation.

We will ensure the proposals meet the needs of the BNSSG population.

The implementation of these proposals will be led by the service providers and delivered via a collaboration between Healthier Together system partners and the voluntary sector.

Timeline

