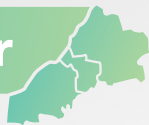


Healthier **Together**



Improving health and care in Bristol,
North Somerset and South Gloucestershire



Improving stroke services in Bristol, North Somerset and South Gloucestershire

Have your say: 7 June to 3 September 2021

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group – who are we?

Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group (BNSSG CCG) is responsible for planning and buying health services for the 1 million people who live in our area. BNSSG CCG is carrying out this public consultation on behalf of our wider Healthier Together Partnership of ten local health and care organisations.

Over the last two years we have worked with more than 500 people to look at ways to improve stroke services. These include:

- People who've had a stroke, their carers and families
- Doctors, nurses, therapy staff, and health and social care professionals
- Local councils
- Charities like The Stroke Association and Bristol After Stroke
- Members of the public.

Research and insight has informed the proposals set out in this booklet and now we would like people to have their say as part of this public consultation.

This booklet summarises the changes BNSSG CCG proposes and why. You can find out more about who we are at <https://bnssgccg.nhs.uk/>

You can read more about the consultation at bnssghealthiertogether.org.uk/stroke-services/



Contents

Introduction	04
1. What is a stroke?	05
2. Why do we need to change stroke services in our area?	11
Improving emergency treatment	13
Improving ongoing acute hospital treatment	19
Improving rehabilitation services	24
3. Integrated Community Stroke Service	28
4. What would the changed stroke journey look like?	30
5. How would our proposed changes improve treatment and care?	33
6. Have your say	35
7. References	39

This document sets out proposed changes to stroke services in Bristol, North Somerset and South Gloucestershire. It focuses on services at Weston General Hospital, Bristol Royal Infirmary and Southmead Hospital.

Following consultation and once a decision has been made by the Governing Body of BNSSG CCG; the changes could be put into place over a 12-month period.

Introduction

Stroke is a serious, life-threatening condition that affects around five people in our area every day. One in eight people who have a stroke will die within a month, and two thirds leave hospital with a disability¹.

With the right specialist treatment, care and support, people can go on to live full and independent lives. We are proposing to change the way stroke services are organised and run in our area, so that everyone in Bristol, North Somerset and South Gloucestershire will have the best opportunity to survive and thrive after stroke.

Our vision – designed in partnership with people and communities – is an ambitious one. Under our proposals, we would bring our specialist teams and resources together, to improve people’s care and outcomes and achieve the latest clinical quality standards. Everyone would have access to highly specialised treatments immediately on arrival in hospital, 24 hours a day, 7 days a week, wherever they live.

Over the last two years, we have reviewed the latest national evidence, and engaged with more than 500 people in our community. Our proposals have been co-designed with people including senior doctors, frontline stroke

services staff, people who have experienced stroke, and those from partner organisations.

The proposals support the [NHS Long Term Plan](#) to make the NHS fit for the future, and to get the most value for patients. These proposals also build on the stroke prevention and longer term rehabilitation programmes already underway, and represent an exciting opportunity to improve survival and recovery rates for people affected by stroke in Bristol, North Somerset and South Gloucestershire.

Now we need to hear from you on the proposed changes. This is the opportunity to have your say and help us to transform stroke care for everyone in our area and ensure a high-quality and sustainable service for the future.

Dr Jonathan Hayes

Clinical Chair
of BNSSG CCG

Julia Ross

Chief Executive
of BNSSG CCG



1 What is a stroke?

A stroke is a life-threatening medical condition that occurs when the blood supply to part of the brain is cut off, either from a clot or if a blood vessel in the brain bursts (also known as a haemorrhage).

Stroke is a life-changing event, and a leading cause of death and disability in the UK. The [NHS Long Term Plan](#) set out the ambitions for the NHS over the next 10 years, identifying stroke as a national clinical priority.

We share this ambition and want everyone in our area to have the best opportunity to survive and thrive after stroke.

Stroke is a serious condition.
It is the **4th** biggest killer in the UK



With advances in treatment becoming increasingly specialised, we can improve the way our services are organised, preventing more stroke deaths each year. We can also reduce time spent in hospital so that more people can get home and live more independently, faster. Our aim is to ensure that everyone receives high-quality hospital care and ongoing help to live with the lasting physical, emotional and psychological effects of stroke.

Did you know?

Around
1 in 50

people (approx. 18,700) in our area live with the long-term effects of a stroke, such as physical disability or cognitive impairment.

1 in 8

people who have a stroke die within a month

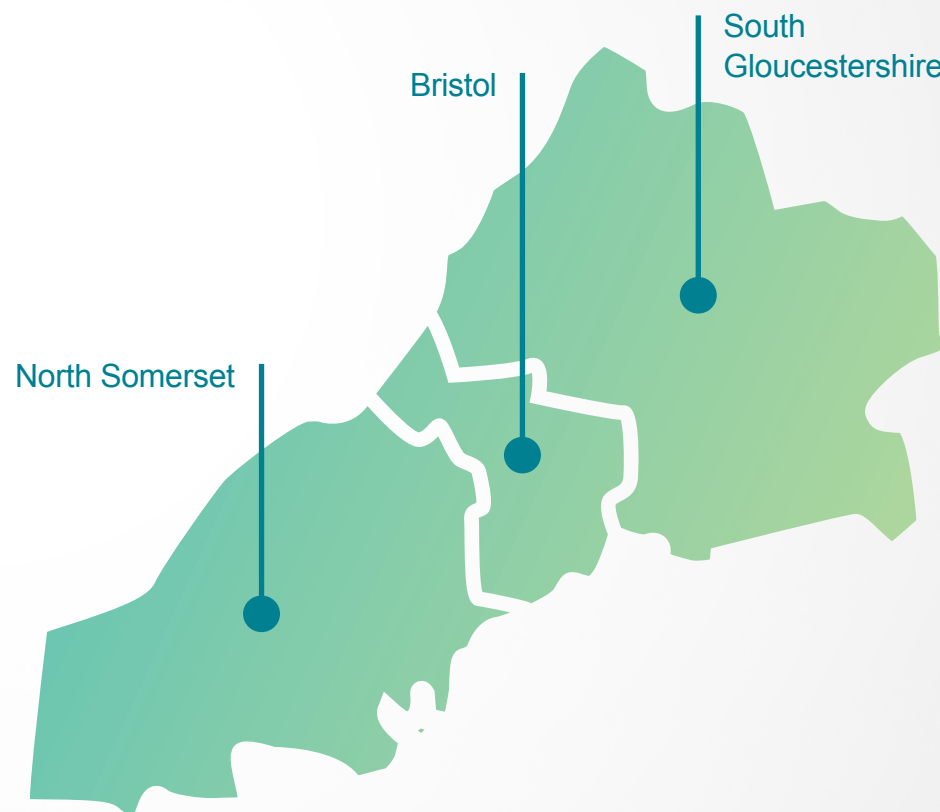
1 in 4

die within a year

Each year, around
1,500

people in Bristol, North Somerset and South Gloucestershire (BNSSG) have a stroke. That's around 5 people each day and this number is set to rise as the population continues to grow and people live longer.

Stroke affects people of all ages



Stroke has significant long term impacts

2 in 3

people who have a stroke leave hospital with a disability

Around
3 in 4
stroke survivors have weakness in an arm or leg

2 in 3

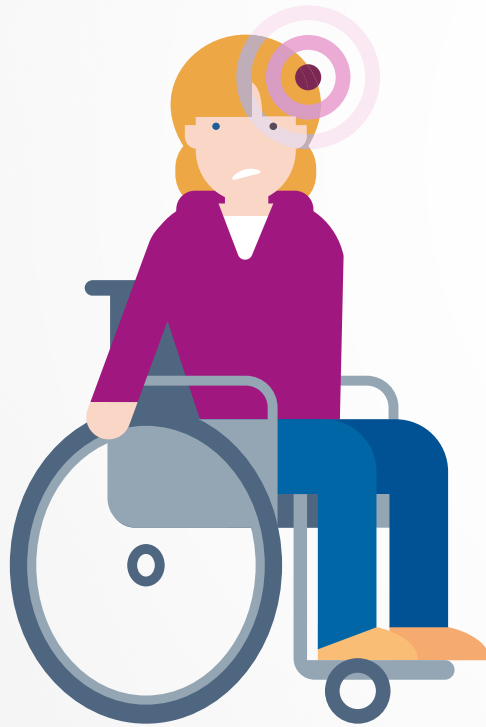
have problems seeing and half find it hard to swallow

1 in 3

find it hard to speak

1 in 2

have problems with vision²



Thanks to a combination of better prevention, and earlier and more advanced emergency treatment and care within 72 hours of a stroke, many more people are surviving and making a good recovery. There are also things we could do differently to give everyone in our area the best opportunity to survive and thrive after stroke.



The Ambulance Service and hospital teams saved my life when I had a stroke. We have first class doctors, nurses and paramedics. I had to stay in hospital much longer than I needed and I didn't get much help after I left except from the voluntary sector. It felt like I fell off the edge of a cliff."

Stephen, stroke survivor

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

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

Emergency treatment

for people with a suspected stroke or immediately after a stroke, usually in the first 72 hours, and where people have surgery if needed.

Ongoing acute hospital treatment and care

for those who need it with specialist staff who are experts in stroke and supporting people until they are well enough for the next stage of care.

Inpatient rehabilitation

(on a hospital site or in the community) for those who need additional specialist treatment and rehabilitation after the emergency and acute hospital stages.

Community care and life after stroke

ongoing treatment and care 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're already taking action on **prevention** and improving **community care and life after stroke**. You can read more about our new Integrated Community Stroke Service on page 28.

We are seeking the public's views on emergency treatment, ongoing hospital treatment and inpatient rehabilitation services as part of this consultation.

How do we currently care for people who've had a stroke in our area?

At the moment, hospital stroke care differs across a number of locations in Bristol, North Somerset and South Gloucestershire, depending on where people live and when they require care.

Not all services are available all of the time and this can impact on an individual's long-term recovery.

- National guidelines³ say everyone should be able to get emergency treatment and the most advanced care immediately at a specialist Hyper-Acute Stroke Unit (HASU).

A HASU provides emergency treatment for people with a suspected stroke or immediately after a stroke, usually in the first 72 hours. Patients have surgery in the HASU if needed.

- We don't have a specialist HASU unit in our area, and instead people who have a stroke or a suspected stroke are taken to the closest hospital:
 - Bristol Royal Infirmary (8am – 11pm 7 days a week)
 - Southmead Hospital (24 hours a day / 7 days a week)
 - Weston General Hospital (9am-5pm Monday – Friday)
- People who need advanced emergency treatments, such as brain surgery, are always treated at Southmead Hospital. This means that while some people are taken to Bristol Royal Infirmary or Weston General Hospital first, once they are assessed, they could need to transfer to Southmead for specialist treatment.
- Due to increasingly specialised treatments and advances in care, as well as the limited number of specialist staff available, it is not possible for a specialist stroke team to be on three sites, 24 hours a day, 7 days a week. Therefore, after 11pm, Bristol Royal Infirmary automatically redirects ambulances with people who have had a suspected stroke to Southmead Hospital. Weston General Hospital does the same after 5pm and at weekends.
- After receiving emergency treatment, people are usually moved to an acute stroke ward to continue short-term treatment and care.
- Once well enough, rehabilitation (rehab) plays a significant role in helping people to regain their independence and live well after stroke. The length and type of rehab available currently varies. The availability of hospital and home-based rehab varies by location, and no area of Bristol, North Somerset and South Gloucestershire is able to provide 7 day a week access currently.

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

More people are at risk of having a stroke because our population is growing, getting older and living with more long-term health conditions.

Our healthcare teams work hard to provide high quality care. By organising our specialist care and resources into specialist units, we can give everyone the best opportunity to survive and thrive after stroke:

- **We could save more lives and help more people live well after stroke.** The evidence shows that when emergency treatment and care is centralised into a centre of excellence, (as mentioned in the NHS Long Term Plan and also known as a Hyper-Acute Stroke Unit), more people survive a stroke, get home quicker and go on to live fulfilling lives.⁴

- **Everyone could have access to our specialist teams and treatments 24 hours a day, 7 days a week.** This would happen regardless of where people live or what time of day or week they require treatment and care.
- **We could meet the National Standards for stroke care.** Increasingly, there are new and specialised treatments to reduce brain damage and disability after a stroke. These require highly skilled staff, and the latest technology and services. As our expertise is currently spread over three sites, we're unable to offer this level of service at all three hospitals. The UK national audit programme grades our hospitals between B and D at the moment, with A being the best grade. We want to change this and improve the quality of care for everyone in our area.



What changes are we proposing?

Our vision is that everyone in Bristol, North Somerset and South Gloucestershire has the best opportunity to survive and thrive after stroke, wherever they live. To achieve this, we're proposing three changes.

1. Improving emergency treatment

For everyone to be able to access highly specialised treatments straight away, 24 hours a day, 7 days a week. We propose taking everyone who has a stroke or a suspected stroke to a single **Hyper-Acute Stroke Unit (HASU)**. This is an emergency unit with specialist staff, equipment and technology.

2. Improving ongoing acute hospital treatment

For everyone who needs it, to receive ongoing hospital care in an **Acute Stroke Unit (ASU)**. This is a specialised stroke unit with staff who are specialists in caring for and supporting people who've had a stroke until they are well enough for the next stage of care. We are proposing that there are one or two Acute Stroke Units in our area.

3. Improving rehabilitation services

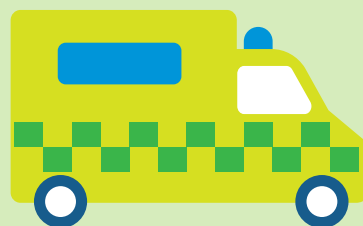
To provide specialist stroke rehab 7 days a week, whenever people are ready, ideally at home or when necessary in a specialist inpatient stroke rehab facility near to where they live. This would give everyone the best chance of fulfilling their goals and being as independent as possible after stroke.

For people who need additional specialist treatment and rehabilitation after the emergency and acute hospital stages but are not ready to return to where they live, we propose two specialist inpatient **Stroke Sub-Acute Rehabilitation Units (SSARU)** in different locations in our area.

We're already doing more to prevent stroke and improve care after people leave hospital or a inpatient rehab unit. Whilst not part of this formal consultation, we are also seeking feedback about the new Integrated Community Stroke Service. You can read more about this on page 20.

Proposal 1:

Improving emergency treatment



What would change?

Currently, ambulances take people who have a stroke or suspected stroke to their nearest hospital.

Not all hospitals have the latest specialist equipment and resources to provide the very best initial, emergency treatment and care. We would like to change this so that everyone who has a stroke or suspected stroke is taken by ambulance to a Hyper-Acute Stroke Unit (HASU) with specialist treatment and care available immediately.

We propose **Southmead Hospital** as the location for our HASU, as:

- Southmead Hospital already has the latest neuroscience facilities and equipment.
- More people in the area would have immediate access to a specialist team and the latest stroke treatment.

- Anyone who had a stroke while they were in another hospital in our area would be transferred to Southmead Hospital, unless they needed to stay at their original hospital for another medical reason. These people would be cared for by local teams who would have direct communications with the specialist stroke team at the HASU.
- Anyone who walks-in to Accident and Emergency (A&E) at the Bristol Royal Infirmary or Weston General Hospital would still be assessed and treated. If a stroke was confirmed, they would be transferred to Southmead Hospital where specialist treatment would be provided.

People living in Sedgemoor District (North of Somerset) are currently taken to Weston General Hospital. Under our proposals, Sedgemoor residents would be taken by ambulance to their nearest HASU, which is at **Musgrove Park Hospital**, Taunton. This would affect around 30 people a year. More information is in the Sedgemoor District Factsheet which accompanies this document.



Why do we need to change?

Research shows that people's health and quality of life improves when the most specialised stroke services are all in one place. A Hyper-Acute Stroke Unit (HASU) would provide immediate emergency treatment, 24 hours a day, 7 days a week, regardless of where people live.

- Evidence shows that survival rates could improve by 1%, meaning around 15 fewer deaths each year.⁵
- Neurological (brain and nervous system) and vascular (blood vessels) treatments are often required as part of emergency stroke treatment. Southmead Hospital is already the area's centre of excellence for treatment for these specialisms.
- Stroke survivors would be able to leave hospital quicker and live more independently after their stroke. Around thirteen people each year would be more independent a few months after stroke.⁶

"The proposed changes are in keeping with the NHS's intention to deliver the right care, in the right place, at the right time. National evidence shows the immediate transfer of patients to a specialist Hyper-Acute Stroke Unit, where specialist clinicians are able to provide the latest stroke treatments, improves patient outcomes such as minimising brain damage and reducing levels of disability.

"This single transfer to the proposed HASU would mean more patients have faster access to specialist emergency treatments, while significantly reducing the number of patients who require a transfer for specialist emergency treatments from one of the existing acute hospital sites. In addition, a single transfer would increase efficiency and the quality of services for the whole patient pathway – and ensure ambulances and paramedics are available for other 999 calls in the community."

Rhys Hancock, Senior Clinical Lead

South West Ambulance Service NHS Foundation Trust

- An increase in provision of a specialist treatment such as a 'thrombectomy'⁷ would mean around 23 people leave Southmead Hospital with the same level of independence they had before stroke.⁸
- Around 57 people each year would avoid living permanently in a care home.⁹
- The creation of a HASU would enable staff to develop specialist knowledge and keep their skills up to date to help deliver the latest treatments and care.

Factors to consider:

Everyone would get the latest life-saving care and **7 in 10** people can reach Southmead Hospital by 'blue light' ambulance in just 30 minutes for immediate specialist care.

Analysis shows that ambulances can get those who need emergency treatment to Southmead Hospital within **45 minutes** which is within the recommended guidance of 60 minutes.

- Southmead Hospital can manage more people needing emergency treatment for stroke. Each week, around 19 people who would have gone to Bristol Royal Infirmary, and around 5 people who would have gone to Weston General Hospital, would go directly to Southmead Hospital to start treatment immediately. Currently, these people are transferred to Southmead Hospital following assessment.
- It would take longer for some people to get to Southmead Hospital, but they would benefit from receiving specialist care immediately, rather than being assessed and transferred for emergency treatment.
- About 30 people per year would attend Musgrove Park Hospital in Taunton.
- The best place for care may not be at the hospital closest to where people live.
- In order to provide specialist treatment at a Hyper-Acute Stroke Unit for everyone in our area, some family and friends would need to travel a little longer to visit someone who has had a stroke. However, under the proposals, people will spend less time in hospital and go home with the right support more quickly. More information is available in the Stroke Consultation Travel Times Factsheet.
- It would mean changes for our staff. Some staff would need to work differently or in a different location as part of a specialist stroke team.
- Under the proposed changes, the number of beds dedicated to supporting people with stroke in North Somerset would stay the same as now. However instead of providing care immediately after a stroke, a new SSARU on the Weston General Hospital site would provide specialist inpatient stroke rehabilitation instead.

What other options are there?

During the pre-consultation phase, we also explored having a Hyper-Acute Stroke Unit (HASU) at Bristol Royal Infirmary or Weston General Hospital, and whether we could have a HASU at multiple locations.

Based on the number of people in our area who have a stroke, one HASU would provide the best treatment and care. Two or more HASUs would not meet the guidelines for the number of admissions required to make the units sustainable. In addition, one unit enables the increasingly specialised range of stroke treatments to be available in a single place for people needing emergency treatment and reduces the number of transfers between hospitals.

Much of the technology and highly specialised neurological (brain and nervous system) and vascular (blood vessels) technology and equipment, often required as part of emergency stroke treatment, is already provided at Southmead Hospital. Southmead is considered to be the area's centre of excellence for stroke treatment.

Due to the specialist staff and equipment required, it is not possible to provide multiple units across the area.

As part of wider improvements to stroke services, we would like to further invest in rehabilitation and community-based services. This would support a greater number of people home to live independent lives, more quickly. Sustained support following hospital care is a critical part of long-term stroke recovery.



One unit
would mean the increasingly specialised range of stroke treatments available in a single place, for those who require emergency care.

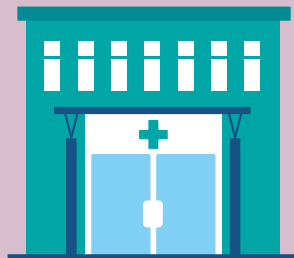


“One thing I found when I was meeting people who had experienced a stroke was that care really varied. It was very dependent on where they were taken that first day by ambulance and which hospital they were taken to. That had a complete knock-on effect to the care they were given and the rehab they were offered which very often led to different outcomes for that individual.”

Claire, stroke survivor

Proposal 2:

Improving
ongoing acute
hospital
treatment



What would change?

After emergency treatment in a Hyper-Acute Stroke Unit (HASU), people receive their ongoing acute treatment and care in hospital.

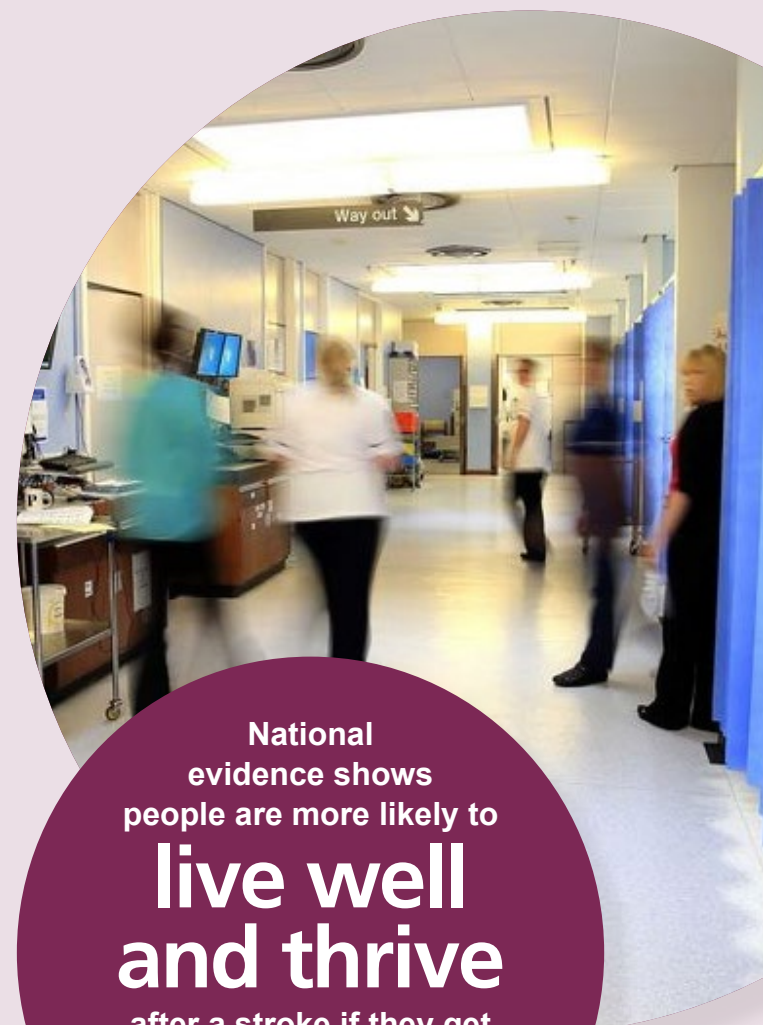
At the moment, with services spread across three hospitals, smaller stroke wards can become full and people might need to stay on a general ward. In addition, access to stroke specialists 24 hours a day, 7 days a week is not possible for everyone.

Under our proposals, more people would receive ongoing hospital treatment in an Acute Stroke Unit (ASU), where staff are specialists in stroke care. This would reduce the number of people admitted onto general wards, and ensure continuity of care following emergency treatment in the HASU.

We are proposing having **one Acute Stroke Unit (ASU) at Southmead Hospital** serving everyone in our area. The unit would be part of a centre of excellence situated alongside the HASU.

Some specialist stroke staff would continue to be based at the Bristol Royal Infirmary. They would care for anyone who has a stroke while they are in that hospital and who cannot be moved for medical reasons to the HASU or ASU at Southmead Hospital. This includes people receiving treatment in the heart hospital, or for cancer.

For the small number of people living in Sedgemoor District (North of Somerset) currently taken to Weston General Hospital, their nearest HASU and ASU is at Musgrove Park Hospital, Taunton. Therefore, once emergency treatment has finished, ongoing treatment and care on an ASU would continue at Musgrove Park Hospital. This would affect less than one person per week (about 30 per year). More information is available in the Sedgemoor District Factsheet.



National evidence shows people are more likely to **live well and thrive** after a stroke if they get ongoing treatment and care on a specialist Acute Stroke Unit (ASU).

Why do we need to change?

- National evidence shows people are more likely to live well and thrive after a stroke if they get ongoing treatment and care on a specialist Acute Stroke Unit (ASU).
- Overall, our current care is not meeting National Standards which means not everyone is getting the same high quality care. We would like everyone in Bristol, North Somerset South Gloucestershire to have all their specialist ongoing hospital stroke care in one place (an ASU), with equal access to the latest treatments and specialist staff.
- Southmead Hospital already has advanced and highly specialised equipment, and the latest treatments.
- Having one ASU at Southmead Hospital where the HASU would also be based, allows for several benefits. Firstly, it would reduce patient transfer between hospitals. It would also potentially reduce delays in treatment and care and would lead to an overall decrease in time spent in hospital.
- This proposal represents an efficient use of our specialist team and resources. By prioritising one ASU, we would be able to make further investment into community-based treatment and care so that more people could leave hospital quicker and live more independently after their stroke.

This proposal would mean some people from Bristol and North Somerset travelling further to visit friends and family in hospital. However, with specialist hospital stroke services and Integrated Community Stroke Services, people would receive ongoing care and support where they live more quickly. This is likely to reduce the length of time people spend in an ASU.



What other options are there?

- Another possibility is to have one Acute Stroke Unit (ASU) for ongoing care and treatment at Southmead Hospital and an additional Acute Stroke Unit (ASU) at Bristol Royal Infirmary - meaning that there would be a number of dedicated stroke beds on the site. Having an additional ASU means there would be a number of dedicated stroke beds on the BRI site.
- Following clinical evaluation, Weston General Hospital would not be a viable additional ASU location. Patients using this hospital do not typically have other complex conditions that require specialist care on site. This means they can be safely transferred in order to receive specialist stroke care, in line with national best practice.
- Bristol Royal Infirmary is the proposed potential second location, because it has other specialist services for conditions with links to stroke. For example, common heart disorders can increase the risk of stroke and sometimes requires a patient to continue to be managed under a cardiac specialist. This is also true for specialist cancer treatment.

Factors to consider

In both options, people being treated at the Bristol Royal Infirmary for other primary conditions, e.g. cardiac care or cancer, would receive outreach care from specialist stroke staff.

A single ASU would mean a larger staff team on a single site, increasing training and development opportunities.

An additional ASU could provide greater resilience to bed pressures, as stroke patients could be accommodated on more than one hospital site.

A single ASU would support standardisation of treatment and care and enable the development of strong links with community services.

A second ASU would **cost £500,000 more per year to run**, as a result of dividing the specialist team across two locations. This would be in addition to the overall **£3m investment being made to improve stroke care** out of hospital and in the community.

About **400 people a year would require an additional ambulance transfer** from Southmead Hospital, to the second ASU at Bristol Royal infirmary following their first few days of emergency treatment. **This would bring people back to their local hospital, but could increase the amount of time spent in hospital overall.**



“Before the stroke I was just a normal, fit bloke but when I left hospital to continue my rehab and therapies at home, I still couldn’t move my right arm at all and I couldn’t stand for any length of time. I would have benefited from more physiotherapy sooner in hospital and with that, potentially, I could have been less disabled.”

Chris, stroke survivor

Proposal 3:

Improving rehabilitation services



What would change?

People who've had a stroke often require rehabilitation from a specialist team of therapists, such as physiotherapy, speech and language or occupational therapy, to help improve independence and develop ways to live well with disability.

This can start in hospital and continue where people live¹⁰ and at a variety of community based facilities.

Currently, we have rehab units in large hospitals or community venues where people can stay for a few weeks if they aren't ready to go back to where they live after their emergency and acute hospital care.

We are proposing to change this and create **two specialist inpatient rehab units called Stroke Sub-Acute Rehabilitation Units (SSARU)**. These units would bring together a range of services and therapies.

1 in 3
people who have
a stroke live in
North Somerset



Given the needs of our communities, we would place one 12-15 bed SSARU on the Weston General Hospital site in North Somerset because:

- 1 in 3 people who have a stroke live in North Somerset.
- We know it is difficult for visitors to travel from North Somerset to other areas and public transport is limited.
- On average, people around Weston are more economically disadvantaged and more likely than others in North Somerset to have a stroke.

People from Sedgemoor District would continue their recovery at one of the specialist inpatient rehab units on the Weston General Hospital site in Weston-super-Mare once emergency and acute treatment at Musgrove Park Hospital had finished. You can read more about this in the Sedgemoor District Factsheet.

The second SSARU would be based in Bristol or South Gloucestershire to spread the services across the area and keep travel times as low as possible for as many people as possible. We would have 27-30 beds in this second unit and need your help to plan where it should be. We've suggested some options on page 27.

Why do we need to do this?

Our aim is for more people to continue their recovery at a Stroke Sub-Acute Rehabilitation Unit (SSARU) because with specialist support, more people are able to return to where they live more quickly, and live more independently after their stroke.

- Two units would ensure enough beds are available to meet the needs of the local population. In addition, we would have the specialist support and staff needed to deliver good quality, timely and effective care.
- The SSARU's would be located in two different areas to help address inequalities in health. For example, older people, those from deprived areas and Black and South Asian people are all more at risk of having a stroke. This would help to address inequalities in health and means everyone would get access to the specialist rehab they need more quickly, wherever they live, and bring our services in line with National Standards.

Factors to consider

Research undertaken during the pre-consultation phase shows three units as unviable, due to the numbers of specialist staff available. Stretching staff resources in this way could lead to delays in care and affect the quality of the service we could offer. To meet the same standards, it would cost £1m more to run three units in comparison to two units.

Some family and friends may need to travel a little longer to visit someone who has had a stroke. More information is in the Stroke Consultation Travel Times Factsheet.

Some health and care staff would need to travel to work in another unit.

It may be a little harder to coordinate with Local Authority social services from two units. However, we are setting up an Integrated Community Stroke service to ensure that coordination takes place.

Where are the options for a second rehab unit?

We're carefully considering the best place for the second SSARU. The location would need to have a gym, therapy space, quiet areas and private consultation rooms, parking and good public transport links. Options include:

Location	Benefits	Considerations
Elgar Unit at Southmead Hospital , Bristol	<ul style="list-style-type: none"> • Situated on the Southmead Hospital site, close to the Hyper-Acute Stroke Unit (HASU) • North Bristol location, accessible to people in both Bristol and South Gloucestershire • Unit already has facilities for providing rehab but is not stroke specific 	<ul style="list-style-type: none"> • Alternative general rehab services would need to be established
Frenchay site , South Gloucestershire	<ul style="list-style-type: none"> • Site being redeveloped. Potential for purpose-built facilities to support stroke care • North Bristol location, accessible to people in both Bristol and South Gloucestershire 	<ul style="list-style-type: none"> • Interim arrangements would be needed until new facility available
Skylark Unit at The Meadows care home , Yate, South Gloucestershire	<ul style="list-style-type: none"> • Current provider of community care with general rehab • Central South Gloucestershire location, improves geographical spread of rehab units 	<ul style="list-style-type: none"> • Alternative general rehab services would need to be established • Limited gym and therapy space • Limited parking
South Bristol Community Hospital , Hengrove, Bristol	<ul style="list-style-type: none"> • Purpose-built stroke rehab unit and already has good facilities • South Bristol location, close to centre of Bristol • Good parking available 	<ul style="list-style-type: none"> • South Bristol is closer to Weston General Hospital (compared to other options), so rehab units not as well spread out across the area as they could be and further from people in South Gloucestershire

4 New Integrated Community Stroke Service

Whilst not part of the formal consultation, we thought it might be useful to know a bit more about new, wider services being developed to support people with their longer-term rehab after a stroke once they leave hospital or a inpatient rehab unit (SSARU).



You can read more about this at:

bnssghealthiertogether.org.uk/stroke-services/

We'd really like your feedback, please see page 25 for more details.

Co-designed with people affected by stroke, we're investing in a new **Integrated Community Stroke Service**, where all services (NHS, local authorities and voluntary organisations such as charities) work together more effectively. The service would include teams with occupational therapists, physiotherapists, speech and language therapists, nursing, rehab support workers, psychologists, dietitians, voluntary sector workers and social workers.

The service would help people in Bristol, North Somerset and South Gloucestershire leave hospital and get the care they need more quickly, including rehab at home and in the community, seven days a week. It would include emotional and psychological support, empower people and their families to manage their own health and wellbeing, and be as independent as possible.

We estimate that every person will have about four times as many contacts or interactions with community teams as they do now.



“An integrated community stroke service will pull together the many different aspects of care and treatment that people need when recovering from stroke. It will ensure that the right support - from 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.

With one integrated community stroke service, there will be less need for people to tell their stories to different therapy providers again and again, and more tailored support wrapped around the individual. We are really excited to be working with acute, community, social care and voluntary sector colleagues to achieve this vision.”

Phillipa Cozens, Specialist Services Manager
Sirona care & health

5 What would your stroke journey look like?

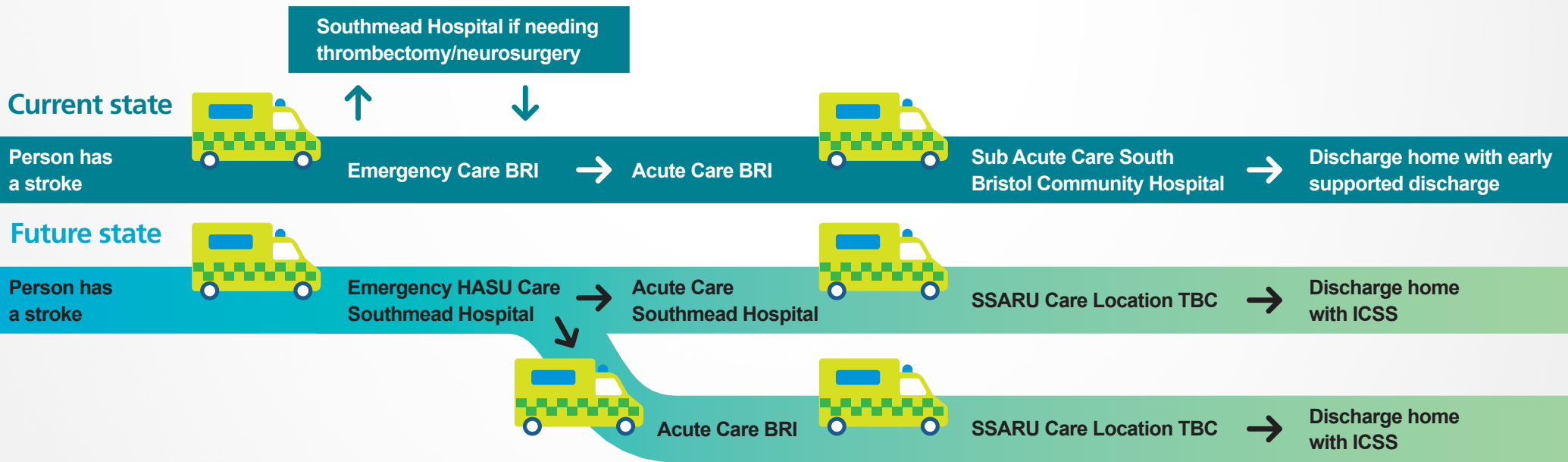
For people in Bristol¹¹

1. Emergency treatment: The Ambulance Service would take anyone in Bristol suspected of having a stroke directly to the Hyper-Acute Stroke Unit (HASU) at Southmead Hospital for emergency specialist treatment and care.

2. Ongoing acute hospital treatment: After treatment on the HASU, people would continue their specialist care on an Acute Stroke Unit (ASU). We're proposing this unit to be at Southmead Hospital.

If there is a second ASU at Bristol Royal Infirmary, the ambulance would take people¹¹ there after their treatment on the HASU at Southmead Hospital.

3. Inpatient Rehabilitation: People would start rehab as soon as they are ready. Once emergency and acute hospital care had ended, people who needed additional specialist treatment or rehab, and were not ready to return home, would go to the Stroke Sub-Acute Rehabilitation Unit (SSARU) in Bristol or South Gloucestershire.



For people in North Somerset¹²

1. Emergency treatment: The Ambulance Service would take anyone suspected of having a stroke directly to the Hyper-Acute Stroke Unit (HASU) at Southmead Hospital for emergency specialist treatment and care.

2. Ongoing acute hospital treatment: After treatment on the HASU, people would continue their specialist care on an Acute Stroke Unit (ASU). We're proposing this ward to be at Southmead Hospital. If there is a second stroke ward at Bristol Royal Infirmary, the ambulance would take people¹² there after their treatment on the HASU at Southmead Hospital.

3. Inpatient Rehabilitation: People would start rehab as soon as they are ready. Once emergency and acute hospital care had ended, people who needed additional specialist treatment or rehab, and were not ready to return home, would go to the Stroke Sub-Acute Rehabilitation Unit (SSARU) on the Weston General Hospital site, North Somerset.

Current state (9-5pm)

Person has a stroke → Emergency Care Weston General Hospital → Acute Care Weston General Hospital → Sub Acute Care Weston General Hospital → Discharge home (often significant delay to discharge; limited home support)

Current state (out of hours)

Person has a stroke → Emergency Care Bristol Royal Infirmary or Southmead Hospital → Acute Care BRI / Southmead → Sub Acute Care BRI / Southmead

Southmead Hospital if needing thrombectomy/neurosurgery

Future state

Person has a stroke → Emergency HASU Care Southmead Hospital → Acute Care Southmead Hospital → SSARU Care Weston General Hospital site → Discharge home with ICSS

Person has a stroke → Emergency HASU Care Southmead Hospital → Acute Care BRI → SSARU Care Weston General Hospital site → Discharge home with ICSS

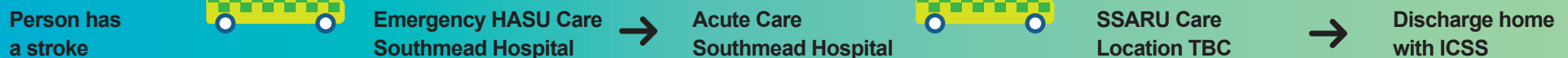
For people in South Gloucestershire¹³

- 1. Emergency treatment:** The Ambulance Service would take anyone suspected of having a stroke directly to the Hyper-Acute Stroke Unit (HASU) at Southmead Hospital for emergency specialist treatment and care.
- 2. Ongoing acute hospital treatment:** After treatment on the HASU, people would continue their specialist care in an Acute Stroke Unit (ASU). We're proposing this ward to be at Southmead Hospital.
- 3. Inpatient Rehabilitation:** People would start rehab as soon as they are ready. Once emergency and acute hospital care has ended, people who needed additional specialist treatment or rehabilitation, and were not ready to return home, would go to a Stroke Sub-Acute Rehabilitation Unit (SSARU) in Bristol or South Gloucestershire.

Current state



Future state



6 How would the proposed changes improve care?

We've described each of our proposed hospital and rehab changes separately so you know what we propose to do and why. The three main changes are all designed to work together to improve stroke care and integrate with existing prevention and community-based rehab programmes:

- 1. More people would survive, live independently and have a better experience.** Evidence shows that survival rates could improve by 1%, meaning 15 fewer deaths and 57 fewer people living permanently in a care home after a stroke each year. People and their families would have a much better experience of care.
- 2. We would have enough specialist stroke staff to help everyone having a stroke.** Our specialist doctors and nurses would be able to provide a range of treatments, 24 hours a day, 7 days a week.

- 3. People would be able to get the best stroke care, no matter where they live.** We would have a Hyper-Acute Stroke Unit (HASU) for the whole area, alongside everyone would be able to have rehab therapy 7 days a week.
- 4. Local people would have care that meets National Standards.** We would have a Hyper-Acute Stroke Unit (HASU) providing the best care. We would be able to consistently support people all the way from having a life-changing event through to a more independent future.
- 5. In line with the NHS Long Term Plan, we would make best use of taxpayers' money to serve our whole population.** We spend about £30 million per year on stroke services now. Our proposals would increase this by another £3 million per year to improve care outside of hospital and in the community while improving quality and effectiveness.



“One of the things the stroke programme tries to address is that everybody in Bristol, North Somerset and South Gloucestershire no matter where they are, are all able to access the best stroke care immediately and that stroke care and rehab is offered for as long as they need it.”

Claire, Stroke Survivor



7 How can you have your say?

You can take part in our survey here
Have Your Say About Stroke Services Survey
(surveymonkey.co.uk)



We want to know what you think before we decide what happens next. Have your say by 12pm on 3 September 2021.

As part of this formal public consultation, we want to know:

- whether you see **why** we think it's a good idea to change stroke services
- what you think about having emergency specialist treatment at **one Hyper-Acute Stroke Unit (HASU)** at Southmead Hospital to support everybody who has a suspected stroke or immediately after a stroke
- what you think of the different options for **ongoing acute treatment in hospital (ASU)** in the first week after a stroke
 - Having our team of expert staff and services across two stroke wards at Southmead Hospital and at Bristol Royal Infirmary

- Having our team of expert staff and services at one stroke ward at Southmead Hospital
- where you think we should have a **second inpatient rehabilitation unit (SSARU)** for people who aren't ready to return home
 - We know we need one rehab unit on the Weston General Hospital site to meet the needs of the population
 - We'd like to know your thoughts about the location of a second rehab unit.

In addition, we'd like to get your feedback on our wider ideas for stroke services including the Integrated Community Stroke Service.

You can also let us know if you have any alternative proposals or ideas for the delivery of stroke services in our area. Either fill in the survey or contact us directly. See page 36 for details.

Get in touch

Learn more

We have more information on bnssghealthiertogether.org.uk/stroke-services/. You can also email, telephone or post a letter if you have any questions or want to tell us what you think.

- Email us :
bnssg.strokeprogramme@nhs.net
- Call us:
0117 900 3432
- Write to us:
Freepost STROKE CONSULTATION
You don't need a stamp

We need to hear from you by
12pm on 3 September 2021.

Invite us to speak with your group

If you belong to a group for people affected by stroke, a community group, support group, charity or staff group, we can attend one of your meetings by video or in person. Use our email or phone number to contact us.

Joint us at an event

We're holding a range of informal events where you can learn more, ask questions and share your thoughts. We can provide extra support at these discussions for people who find it hard to speak, those who have eyesight or hearing difficulties and people who speak various languages.

- Online events:
16 June - 6pm to 8pm
24 June – 12pm to 2pm
30 June – 6pm to 8pm
07 July – 12pm to 2pm
26 August – 12pm to 2pm
- Face-to-face events:
Subject to Government restrictions, we will be holding a number of face-to-face events across Bristol, North Somerset and South Gloucestershire. More information will be available at bnssghealthiertogether.org.uk/stroke-services/ soon.

- Register your interest:
To register your interest in any of our online or face-to-face events, please email us at bnssg.strokeprogramme@nhs.net. If you're interested in an online event, please provide your name the date of your preferred event. If you're interested in a face-to-face event, please provide your name and let us know if you would prefer to attend an event in Bristol, North Somerset or South Gloucestershire.



What happens next?

Learning from your feedback

We'll be listening to and reading all the ideas you give us. Have your say between 7 June and 3 September 2021.

After the consultation ends, an independent organisation will summarise the main ideas from everyone's feedback and we'll:

- publish the summary on our website
- use the summary as one piece of evidence to help plan next steps
- let you know how we're responding to what we've heard

Deciding on the next steps

Your feedback will be one of the things the BNSSG CCG's Governing Body considers when they decide the next steps.

The purpose of a public consultation is to ensure the views of local people have been considered before a final decision is made on changes to stroke services. The public consultation also seeks to identify any information or evidence that hasn't already been considered and could impact on the proposals. This is not a vote or referendum.

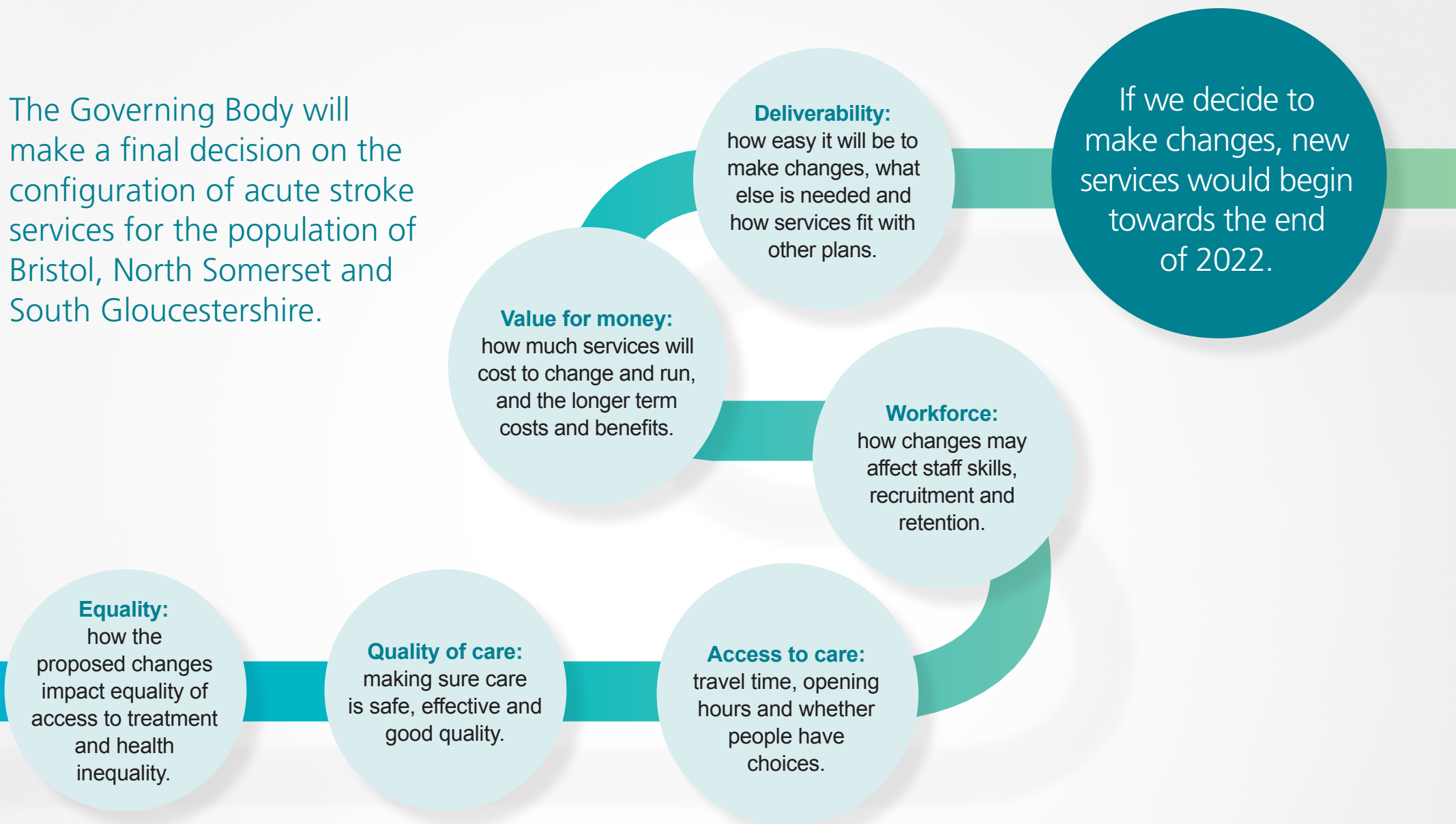
The Governing Body members will meet in early 2022. They will look at all the information and evidence, including the independent summary of consultation feedback.

We'll be listening to and reading all the ideas you give us.

Have your say between 7 June and 3 September 2021.



The Governing Body will make a final decision on the configuration of acute stroke services for the population of Bristol, North Somerset and South Gloucestershire.



8 References

- 1 Stroke Association, State of the Nation, 2018.
- 2 Stroke Association
- 3 [https://www.strokeaudit.org/SupportFiles/Documents/Guidelines/2016-National-Clinical-Guideline-for-Stroke-5t-\(1\).aspx](https://www.strokeaudit.org/SupportFiles/Documents/Guidelines/2016-National-Clinical-Guideline-for-Stroke-5t-(1).aspx)
- 4 <https://evidence.nihr.ac.uk/alert/centralising-stroke-services-can-save-lives/>
- 5 <https://evidence.nihr.ac.uk/alert/centralising-stroke-services-can-save-lives/>
- 6 <https://www.cochrane.org/CD000197/organised-inpatient-stroke-unit-care>
- 7 A type of surgery to remove a blood clot from inside an artery or vein
- 8 Stroke pathway – Evidence Base Commissioning: An Evidence Review for NHS England and NHS Improvement, March 2020
- 9 Local assessment based on national evidence of best practice outcomes
- 10 At home, in a carer's home or in a care home
- 11 Who would usually go to the Bristol Royal Infirmary or Southmead Hospital for treatment
- 12 Who would usually go to the Weston General Hospital for treatment
- 13 Who would usually go to Southmead Hospital for treatment

**NHS Bristol, North Somerset
and South Gloucestershire Clinical
Commissioning Group**

South Plaza, Marlborough Street,
Bristol BS1 3NX.

0117 900 2583

bnssg.strokeprogramme@nhs.net

[bnssghealthiertogether.org.uk/
stroke-services/](http://bnssghealthiertogether.org.uk/stroke-services/)

This information is available in Easy Read, Aphasia-friendly or large print formats. In addition, it can be made available in alternative languages for those whom English is a second language. See page 36 for how to contact us.