



What you told us about our plan to make stroke services better

in Bristol, North Somerset and South Gloucestershire



Easy read booklet

Who we are and what this booklet tells you about



We are the **NHS** in **Bristol, North Somerset** and **South Gloucestershire**.



We want to make stroke services in our area better. We made a plan about our ideas.



We wrote some questions for you to answer so you could tell us what you thought about our plan. This is called a **consultation**.



This booklet tells you what we found out from our consultation.

Who took part in our consultation



About 2,200 people and 4 organisations took part in our consultation. We had 1833 responses.



- We had 32 meetings with 403 people either face to face or online.
- 658 people and organisations answered our questions and posted their answers to us or sent them to us online.



- We went from door to door in our area and did interviews with 1126 people.

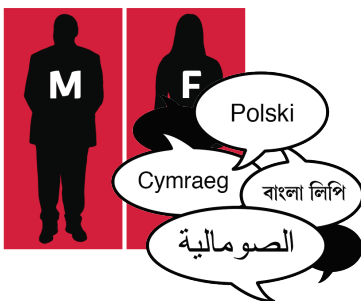
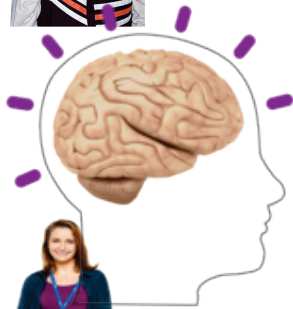


- We sent letters or emails or had phone calls with 19 people and organisations.



We had answers from lots of different types of people in our area including

- people from different age groups.
- people with different **genders**.
- people from different **ethnic groups**.
- people who have had a stroke.
- family members of people who have had a stroke.
- health and care workers.
- people with different types of jobs.



Gender means male, female or something different. **Ethnic group** means the language you speak, your religion or the country you come from.



An **independent** team looked at your answers and worked out the main ideas you told us.

Independent means not part of our services.

Emergency care in hospital



At the moment people who have had a stroke or might have had a stroke are taken to the nearest hospital with an emergency department.



Their condition is checked and if it is serious they stay in hospital or get moved to a special hospital unit.



What our plan said about emergency care in hospital



We want people who have had a stroke or might have had a stroke to be taken to an **Hyper Acute Stroke Unit** (called an **HASU** for short) at Southmead Hospital.



An **HASU** is an emergency unit with health workers who have training in strokes and special equipment and technology for strokes.



The HASU would be open 24 hours a day, 7 days a week.



Musgrove Park

People who live in the Sedgemoor area of Northern Somerset would be taken to their nearest HASU at Musgrove Park Hospital.



What your responses told us

Responses are the answers a person or an organisation gave about our plan.



- About 75% of your responses said you understand why the NHS wants to make stroke services in our area better.



- About 69% of your responses said you would want to go to a hospital with special stroke staff and equipment more than a hospital close to your home.



- About 50% of your responses said you support having 1 HASU at Southmead Hospital to look after all the people in our area.



- Organisations who run hospitals that give emergency stroke care in our area said they support having 1 HASU at Southmead Hospital.



A health organisation said

We have made changes like this in other areas and the results are very good for people who have had a stroke.

HASU



Southmead



Why you support having 1 HASU at Southmead Hospital

You think

- 1 HASU would give people the best care because stroke health workers and equipment would be in 1 place.
- Southmead Hospital is accessible for people in our area because it is in a central place, you can use a motorway to get there and it has parking.
- Southmead Hospital already gives high quality specialised care 24 hours a day, 7 days a week.
- There would be better outcomes for people who have had a stroke, like less chance of dying or disability, less time in hospital and better ongoing care.
- It is better to have 1 HASU than no HASU.
- Having health workers and equipment in 1 place would save money.



Why you don't support having 1 HASU at Southmead Hospital

You think



- 1 HASU might not be enough for all the people who have strokes. Our area is large and the number of older people is growing which means more people are likely to have strokes.



- It might take longer to travel to the HASU which could be bad for people who have had a stroke.

You are worried



- not everyone would get to the HASU in 45 to 60 minutes of calling an ambulance.
- there are not enough ambulances.



- It might take longer for friends and family from North Somerset and South Bristol to travel to the HASU to visit people who have had a stroke.

Ongoing care in hospital



This is care you get at a hospital after your emergency care.



At the moment people who have had a stroke normally get ongoing care at the hospital where they got emergency care.



This might be on a special stroke ward or on a general ward with other patients.



What our plan said about ongoing care in hospital



We want people who have had a stroke to be cared for in an **Acute Stroke Unit** (called an **ASU** for short).



An **ASU** is a special stroke unit.

We want to have 1 or 2 ASUs in our area.

- **1 ASU**

1 ASU at Southmead Hospital for all of our area.

Or

- **2 ASUs**

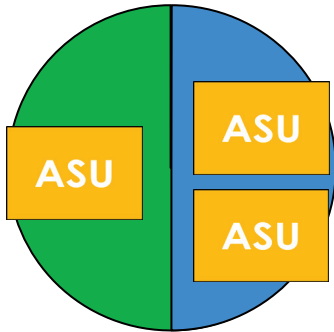
1 ASU at Southmead Hospital and 1 ASU at Bristol Royal Infirmary.

This means everyone goes to Southmead Hospital for emergency care then some people go to Bristol Royal Infirmary for ongoing care.





What your responses told us



- 50% of your responses said you support having 1 ASU and 50% said you support having 2 ASUs.
- Responses were similar from all age groups, genders, ethnic groups and people who have had a stroke.
- Carers of people who have had a stroke were more likely to support having 2 ASUs to make it easier to visit.
- Responses from South Gloucestershire were a bit more likely to support having 1 ASU.
- Responses from North Gloucestershire were a bit more likely to support having 2 ASUs.

South Glos.

ASU

North Glos.

ASU

ASU

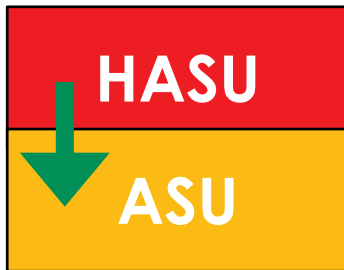
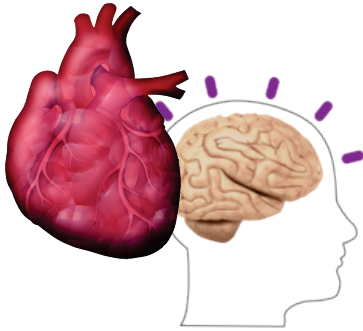


People at a public meeting said

Having 1 HASU and 1 ASU in the same place is best. People who have had a stroke should not be moved to get ongoing care.

A health worker said

Bristol Royal Infirmary needs stroke services because it has a heart unit and the two conditions are connected.



Why you support having 1 ASU

You think

- 1 HASU and 1 ASU in the same place is better for people who have had a stroke.

They wouldn't have to move, they would spend less time in hospital and there would be less work for ambulances.



- Southmead hospital is accessible for our area with good parking.
- Care is better when all stroke services are in 1 place.
- It will cost less money.



Why you support having 2 ASUs

You think



- 1 ASU might not be enough for all the people who need ongoing care in our area.
- 2 ASUs would be fairer for people in North Somerset and South Bristol. More people likely to have strokes live in these areas.
- It would be easier for families to visit an ASU close to their home including people who use buses or trains.
- It would be better for people who have a stroke while they are at Bristol Royal Infirmary and for heart patients who can't be moved.
- It would mean better outcomes for people who have had a stroke, like more choice, better health and more personal care.

Live-in Rehabilitation



Some people who have had a stroke are not well enough to go home when their hospital care ends.



At the moment these people might stay in hospital a bit longer or they might go to a **live-in rehabilitation** unit or a care home.



Rehabilitation means support to help people live good and healthy lives.



Live-in means you live where you can get support 7 days a week.



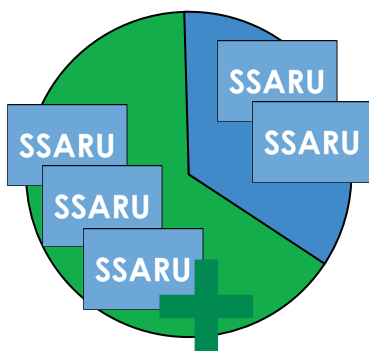
What our plan said about live-in rehabilitation



We want people who need live-in rehabilitation to be cared for in 2 **Stroke Sub-Acute Rehabilitation Units** (called **SSARUs** for short).

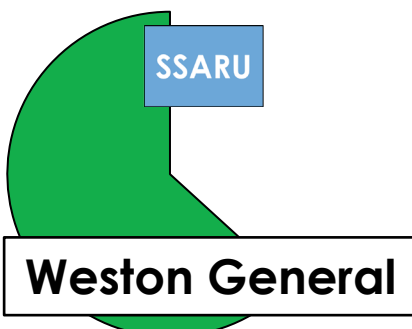


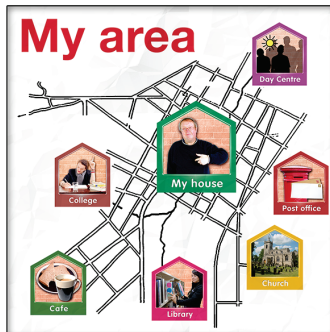
1 of the 2 SSARUs would be at Weston General Hospital.



What your responses told us

- About 34% of your responses said you support having 2 SSARUs.
- About 65% of your responses said you support having 3 or more SSARUs.
- About 60% of your responses said you support having 1 SSARU at Weston General Hospital.





- You want us to think about these things when we choose where an SSARU will be
 - How long it will take friends, family and workers to get there.
 - How easy it is to get there on a bus or a train.
 - How many units are in the area.
 - What the **facilities** are like. **Facilities** means things like a kitchen, a gym or a pool that can be used.

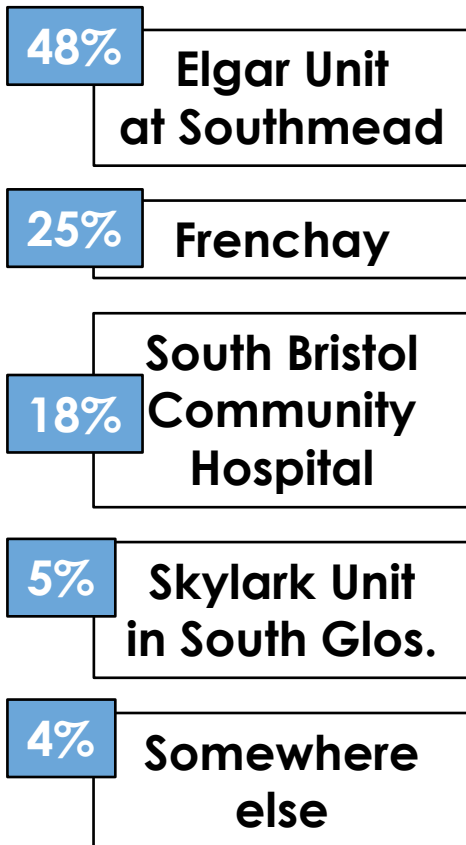
A carer said

There should be more than 2 SSARUs. Friends and family need to be able to get to a unit easily so they can learn how to support the person who has had a stroke.

A person who has had a stroke said

Rehabilitation should be close to people's homes so it is easy for friends and family to visit.

2 SSARUs is a good idea because it will be cheaper than having lots of units.



Where you want a 2nd SSARU to be

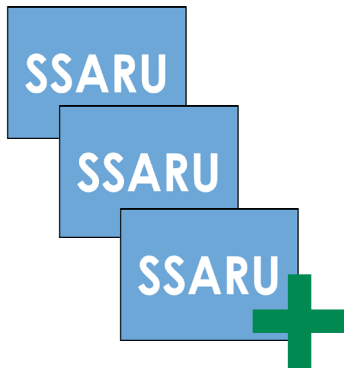
- 48% of responses said Elgar Unit at Southmead Hospital.
- 25% of responses said Frenchay Hospital.
- 18% of responses said South Bristol Community Hospital.
- 5% of responses said Skylark Unit in South Gloucestershire.
- 4% of responses said somewhere else like Bristol Royal Infirmary or Cosham Hospital.

Why you support having 2 SSARUs

You think

- Health workers would be brought together in 2 SSARUs instead of being spread out in more units.
- The North and South of our area would each have a unit which is good for friends and family.
- People would get better care in 2 SSARUs than they would in lots of less specialised units.
- 2 SSARUs will cost less money than more than 2 SSARUs.



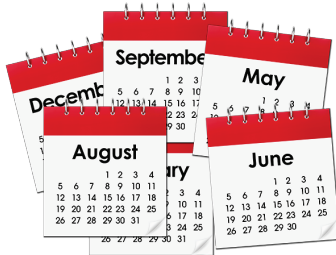


Why you support having 3 or more SSARUs

You think



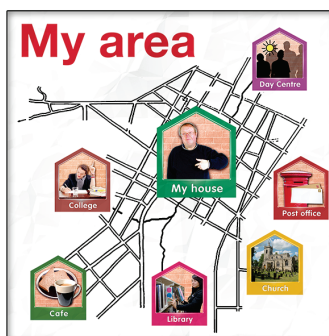
- 2 SSARUs might not be enough for all the people who need rehabilitation in our area.



- Rehabilitation can take a long time and SSARUs might get full which means hospitals would be overloaded.



- 2 SSARUs would mean some friends and family have a long way to travel which could be difficult especially using buses or trains.



- It would be better to have rehabilitation units in local areas so it is easier for people when they leave hospital and easier when they go back home.

Other things your responses told us



- Most responses said having a new **Integrated Community Stroke Service** (called **ICSS** for short) to help people with rehabilitation was a good idea.



- About 10% of responses said we should make sure there were enough workers to manage stroke services in hospitals and in the community.



- About 10% of responses didn't think our plan was correct when it talked about things like travel times or the number of beds needed.



- Some responses asked us to think about people who live on the edge of our area and how they would be supported.

What happens next



We will think about what you told us when we make decisions about stroke services in our area.



The full version of this document is called
Consultation Themes Summary