Proud to be part of
Somerset Integrated Care System

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CONFIDENTIAL

Nick Johnson, Interim Chief Executive,
Dorset County Hospital NHS Foundation Trust
(via email to: Nicholas.johnson@dchft.nhs.uk)

Patricia Miller, Chief Executive,
NHS Dorset
(via email to: Patricia.miller@nhsdorset.nhs.uk)

Dear Patricia and Nick

Somerset Acute Stroke Service Review

The Somerset ICS has, for some time, been reviewing the model of hospital-based stroke services delivered within the county. Progress on this slowed as a result of the pandemic but, as we take the work forward again, we are keen to ensure engagement with the Dorset ICS and, given the potential impact, alignment of plans across our two systems.

The work leads on from the development of the Somerset stroke strategy (2019) in which we identified that:

- demand for stroke care will increase and the specialist stroke workforce available to provide care is limited
- the provision of acute stroke services in Somerset does not currently meet National Guidance resulting in variable outcomes for patients
- poorer outcomes from stroke result in higher financial costs for health and care

Our stroke transformation group (which includes representatives from Dorset ICB and DCH) have reviewed a number of options for improving hospital-based stroke care and are currently developing the evidence base to consider four shortlisted options:

- Option A: Keep Somerset stroke services as they are (the do-nothing option)
- Option B: Keep Somerset services as they are, but develop a combined workforce between Musgrove Park and Yeovil hospitals
- Option C: Relocate Hyper Acute Stroke Services to Musgrove Park Hospital and retain Acute Stroke Services at both Musgrove Park and Yeovil hospitals
- Option D: Relocate all hyper acute and acute stroke services to Musgrove Park hospital

A more detailed summary of these options can be found in the appendix 1 of this letter. Our current modelling demonstrates a potential impact on Dorset if we were to relocate the Hyper Acute Stroke Unit from Yeovil District Hospital to Musgrove Park Hospital. The current modelling of the potential impact is shown below.

Hospital Site	Activity	Proportion of YDH activity
Musgrove Park Hospital	124	27.3%
Dorset County Hospital	259	57.0%
RUH Bath	51	11.2%
Salisbury Hospital	17	3.7%
Southmead Hospital	2	0.4%
Royal Devon & Exeter	1	0.2%

Of the 259 patients who have been identified as having DCH as the nearest HASU, 66 of these patients are Dorset residents and 193 are Somerset residents. We are continuing to work with both SWAST and yourselves to refine and agree the activity modelling under each option.

In terms of our timescales, the key dates are as follows:

- 28 September – Clinical Senate Review Panel
- w/c 7/15 November – NHSE Stage 2 Assurance
- 1 December – Somerset ICB Board

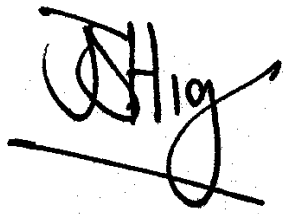
Consultation launch will either be immediately after our December Board meeting or early in 2023. There are several asks that I would make of you in Dorset:

- To continue to work with us to refine the modelling of the impact on Dorset
- To work with us to agree the financial impact on DCH
- To include Somerset activity within your review of HASU services in DCH as you consider bringing this up to a 24/7 service
- Confirmation of what you would like from ourselves in terms of navigating your governance processes
- For a letter of support for our proposals from your respective organisations as part of the NHSE Service Reconfiguration Assurance process

I would also like to make the offer of a seat to both Dorset ICB and DCH on our Fit for my Future programme board for this agenda item to ensure we are fully considering the impact on Dorset in our decision making.

If you would like to discuss the Somerset stroke workstream in more detail, I'd be happy to do this.

Yours sincerely



Jonathan Higman
Chief Executive

Enc: Appendix 1

Appendix 1:

Option A	Option B	Option C	Option D
Do Nothing No change to current model	**Do Minimum** As for option A, but with shared medical workforce	**1 HASU** Located at Musgrove Park Hospital in Taunton, no HASU in Yeovil	**1 HASU and ASU** Located at Musgrove Park Hospital in Taunton, no HASU or ASU in Yeovil
There would be **no change** to the current delivery model	There would be **no change** to the current delivery model	SWASFT would take all suspected stroke patients to **nearest HASU**	SWASFT would take all suspected stroke patients to **nearest HASU**
Yeovil emergency department (A&E) would continue to receive suspected stroke patients	Yeovil emergency department (A&E) would continue to receive suspected stroke patients	Yeovil emergency department (A&E) **would not** receive suspected stroke patients at any time	Yeovil emergency department (A&E) **would not** receive suspected stroke patients at any time
HASU services would continue to be delivered in both Taunton and Yeovil in the same way	HASU services would continue to be delivered in both Taunton and Yeovil in the same way	Most patients who would normally go to Yeovil would go to **Taunton or Dorset for their HASU** care	Most patients who would normally go to Yeovil would go to either **Taunton or Dorset for their HASU** care
Patients would receive their ASU care in the same way they currently do	Patients would receive their ASU care in the same way they currently do	Patients would return to **Yeovil for their ASU** care	Patients would remain in **Taunton or Dorset for their ASU** care
There would be **no change** to the workforce	There would be a **single medical workforce** would be shared across both sites. There would be no change to the nursing, AHP or support staff workforce	There would be **some changes** to the medical, nursing and AHP workforce	There would be **some changes** to the medical, nursing and AHP workforce
Once ready for rehabilitation, patients would ideally be **discharged closer to home** following their acute care – either home or to a community hospital	Once ready for rehabilitation, patients would ideally be **discharged closer to home** following their acute care – either home or to a community hospital	Once ready for rehabilitation, patients would ideally be **discharged closer to home** following their acute care – either home or to a community hospital	Once ready for rehabilitation, patients would ideally be **discharged closer to home** following their acute care – either home or to a community hospital
There will be **no impact** on other health systems in this option	There will be **no impact** on other health systems in this option	There will be **an impact on other health systems** in this option, primarily Dorset	There will be an **impact on other health systems** in this option, primarily Dorset