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Somerset Integrated Care System

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Our Ref: JH/mh/rjb/310822-19

31 August 2022

CONFIDENTIAL

Cara Charles-Barks, Chief Executive
Royal United Hospitals Bath NHS Foundation Trust
(via email to: cara.charlesbarks@nhs.net)

Stacey Hunter, Chief Executive
Salisbury NHS Foundation Trust
(via email to: stacey.hunter7@nhs.net)

Sue Harriman, Chief Executive
NHS Bath and North East Somerset, Swindon and Wiltshire
(via email to: sue.harriman1@nhs.net)

Dear Cara, Stacey and Sue

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 Bath and North East Somerset, Swindon and Wiltshire (BSW) ICS.

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 have reviewed a number of options for improving hospital-based stroke care in Somerset 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 RUH of approximately one patient a week and minimal impact on Salisbury of approximately one patient per month 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%
Royal United Bath	52	11.2%
Salisbury Hospital	17	3.7%
Southmead Hospital	2	0.4%
Royal Devon & Exeter	1	0.2%

Our expectations are that we would repatriate patients back to Somerset where they fall out of your traditional catchment areas for Somerset residents have included this element in our capacity modelling.

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.

We have been in discussion with a number of colleagues at RUH about our proposals (Sarah Hudson, Divisional Director of Operations, Dr Louise Shaw, Stroke Physician and Marjolein Grubb, Clinical Service Manager) and would welcome the opportunity for our teams to discuss our proposals in more detail and understand the potential impact on your services. There are several specific asks that I would make of you:

- To work with us as we continue to develop our proposal
- Confirmation of what you would like from us in terms of engaging with you on our proposals
- For a letter of support for our proposals from your respective organisations as part of the NHSE Service Reconfiguration Assurance process

If you would like to discuss the Somerset stroke workstream in more detail, I would be happy to do this. Alternatively, your teams may wish to approach Julie Jones julie.jones@somersetft.nhs.uk or Maria Heard maria.heard1@nhs.net directly.

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