

Reconfiguration of stroke services in Somerset

Stakeholder update #4 – July 2026

This stakeholder update is jointly produced by NHS Somerset Integrated Care Board, Somerset NHS Foundation Trust (Somerset FT) and Dorset County Hospital NHS Foundation Trust (DCHFT) to support the implementation phase of work to reconfigure and improve stroke services in Somerset.

1. Background

Following a full statutory public consultation in early 2023, NHS Somerset made a formal decision in January 2024 to provide hyper acute stroke units (HASUs) at Musgrove Park Hospital (MPH) in Taunton, Dorset County Hospital (DCH) in Dorchester, an acute stroke unit (ASU) at both Musgrove Park and Yeovil District (YDH) hospitals and a TIA (Transient Ischemic Attack) service seven days a week at MPH and five days a week at YDH.

The decision was taken after full consideration of the Decision-Making Business Case (DMBC). There was support from people who responded that there was a need to change how stroke services in Somerset are organised. Currently, access to the best standards of care varies depending on where you live and the time of day you have a stroke. The improved service aims to eliminate that variation and ensure that the very best specialist emergency care is available, 24/7.

The decision will mean better emergency treatment and better recovery for stroke patients. A significant amount of work has gone into the programme, including hugely valuable input from clinicians, staff, stroke survivors and their loved ones.

The reconfiguration is not about saving money; the improvements require a considerable amount of investment.

The project works closely with a Stroke Stakeholder Reference Group which includes stroke survivors, carers, the Stroke Association and Healthwatch.

Since NHS Somerset's 2024 decision, a number of requests have been made to the Secretary of State for Health and Social Care to 'call-in' the decision – all of which have been declined. The Secretary of State has been clear that the requests for a call-in do not meet the threshold for ministerial intervention and the Government's view is that NHS Somerset is best placed to determine the needs of our local population.

The project is now in its implementation phase.

2. Implementation update

The new and improved stroke facilities are opening on a phased basis, starting in June 2026, with the full service expected to go live in September 2026.

Only when the full service is up and running at the three hospitals – Musgrove Park Hospital in Taunton, Dorset County Hospital in Dorchester, and Yeovil District Hospital – will patients who would previously have had their emergency stroke care (first 72 hours) at Yeovil be treated in Taunton or Dorchester.

The Acute Stroke Unit at Yeovil District Hospital will remain open and, following emergency stroke treatment, patients can move to YDH if this is closer to home, to continue their rehabilitation.

To enable the full service to start, NHS colleagues are working together to develop and refine ‘clinical pathways’ – the journeys patients take through the healthcare system, from first contact to treatment and follow-up. A comprehensive assurance process is also in place to ensure that all elements of the new service are clinically safe before they are opened and continue to be monitored once operational.

The clinical pathways are being developed between South Western Ambulance Service NHS Foundation Trust (SWASFT), Somerset NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust and Royal United Hospitals Bath NHS Foundation Trust (RUH) and are being finalised into Standard Operating Procedures.

This work is clinically led by the stroke teams with involvement from other departments such as the Emergency Department, Imaging, Clinical Site and Pharmacy.

Further progress has also been made to improve access to digital systems between NHS partners so teams at DCH and RUH can access vital patient information.

3. Implementation timeline – 2026

- **End of May** – estates work on the HASU beds at Musgrove Park Hospital completed.
- **June** – with building work complete and new staff teams recruited and currently undergoing training, the refurbished and expanded HASU at DCH is opening.
 - However, no additional Somerset patients will be treated there until all the other components of the transformation plan are up and running, expected in September, as below.
 - There will be no changes to clinical pathways for Somerset patients until September.
- **July and August** – Patient pathway testing will take place ready for go-live in September
- **End of August**
 - Estates work on the remaining stroke ward improvements at MPH will conclude.
 - The new workforce needed at MPH and YDH is expected to be in place.
- **Spring and summer** – estates work to deliver investment in the improved ASU at YDH will be completed.

- Plans to redevelop the current stroke ward, (8b) have been changed in response to new building safety regulations which made them much harder to deliver.
- The new plan will provide an enhanced rehabilitation environment, including a larger combined therapy gym and an Activities of Daily Living (ADL) kitchen. To deliver it, wards will be relocated within the hospital.
- **First week of September** – the full new stroke service – the two HASUs at MPH and DCH and the ASU at YDH – is due to start.
 - Starting the new HASUs at MPH and DCH will mean the HASU at YDH stops.
 - From this time onwards, patients with a suspected stroke from the Yeovil area will first be taken to MPH or DCH where they will receive expert care from the HASU regardless of the day or time. In normal circumstances, they will be transferred back to the ASU at YDH after 72 hours.

4. Update from Dorset County Hospital NHS Foundation Trust

The refurbishment work on Stroke Unit at Dorset County Hospital in Dorchester is complete – *see photos below.*



The new and improved space allows DCHFT, which runs the hospital, to increase its capacity to 30 beds, as well as build upon the amazing care that the stroke service team already provides.

In spring, teams were busy moving in furniture and equipment, and patients were then moved back onto the unit in phases in June.

The refurbished space includes additional HASU capacity, and will allow DCH to provide high dependency, 72-hour specialist care for patients. For now, there is no change to the units that patients in Dorset and Somerset will be treated at, but, once the new and improved service is fully operational – in September 2026 – the HASU will take patients from Dorset and parts of Somerset.

DCH has been successfully recruiting staff to run the new HASU service, including consultants, nurses and therapists. Recruitment has gone well and staff are undergoing their induction and training, which includes stroke-specific competencies.

5. Update from Somerset NHS Foundation Trust

A key milestone has been reached in the stroke transformation programme at Musgrove Park Hospital, as phase one of the Dunkery Stroke and Neurology refurbishment is now complete – see *picture*.

Clinical colleagues have moved from Dunkery North into the newly refurbished Dunkery South, with work underway to transform Dunkery North.



The changes are already making a difference, with new hyper acute stroke beds, an improved rehabilitation space and a more practical ward layout that will enable the service to operate as a single unit in future.

Planning is also progressing at pace to enhance the rehab space at Yeovil District Hospital, due for completion later this summer.

6. Stroke Stakeholder Reference Group updates

Below is a summary of the most recent meeting in **May 2026**. Information reported at the meeting but covered elsewhere in this briefing is not included.

- The group received updates on progress towards implementing a new stroke care model across Somerset and Dorset, focusing on hospital readiness, transport arrangements, communications, and ongoing stakeholder involvement.
- An update from DCH highlighted significant progress. Major building works have now been completed, creating improved stroke facilities with enhanced patient privacy, better infection control measures, and dedicated rehabilitation and staff spaces.
- Across the wider system, work is progressing to strengthen rehabilitation capacity, particularly at YDH, where improved therapy and recovery facilities are being developed. A new patient transport service is also being introduced to support transfers between hospitals, with clinically trained staff expected to

be part of this provision. Extensive joint work between organisations is underway to ensure clinical safety, including pathway testing and readiness checks before the service goes live.

- Transport and ambulance arrangements were a key area of discussion. Stakeholders raised concerns about how decisions are made on where patients are taken and whether this could affect treatment times or increase travel distances. It was explained that ambulance services prioritise taking patients to the most appropriate specialist unit as quickly as possible, supported by clinical assessment and system coordination. The group recognised the importance of balancing rapid access to specialist care with maintaining local rehabilitation and support services.
- Communications and engagement plans are being expanded to support public understanding. While overall stakeholder support remains positive, some concerns persist, particularly around travel and changes to local services. A phased communications approach will include media engagement, public information campaigns, and opportunities for stakeholders to visit hospital sites. Members emphasised the importance of clearly communicating that patient pathways will not change until the full service is introduced in September 2026.
- Members discussed the future role of the group, highlighting the importance of continuing engagement, monitoring patient experience during implementation, and maintaining opportunities for feedback as the new stroke pathway is introduced.

Summary of updates from the meeting held in **January 2026**:

- The Group discussed progress in implementing a new stroke care model, with a focus on transport arrangements, hospital readiness, and system-wide improvements.
- Carer and Family Transport was a key area of concern for visiting a patient. Members were informed that the Integrated Care Board (ICB) and wider Joint Collaboration Programme Board would not support a transport pilot, as doing so could create expectations that could not be consistently met across other services in the county. In addition, there is no funding available and no organisation (healthcare, council or voluntary sector) identified to be able to deliver this level of support. This has led to disappointment, particularly regarding the impact on carers and families. Participants emphasised the importance of distinguishing between clinical patient transport and travel support for relatives, noting that the latter remains an unresolved issue. Concerns were raised that limited support for carers could negatively affect patient outcomes. It was agreed that wider stakeholder feedback would be gathered to inform further discussions with system leaders.
- An update on implementation highlighted ongoing progress as well as challenges.
- Digital and pathway improvements are also being developed.
- Overall, members agreed on the importance of continuing regular engagement as the programme progresses towards implementation, ensuring that stakeholder concerns – particularly around transport and patient experience – are addressed.

Update from the meeting held in **November 2025**:

- Most areas of discussion covered by more recent updates above.
- There was feedback from the visit of David Hargreaves, National Clinical Director for Stroke Medicines, who commended the team for high standards of care, strong teamwork, and patient-centred multidisciplinary coordination during his visit to South Petherton Community Hospital and MPH. He also reiterated the need to align transport services with clinical pathways for effective patient repatriation.

7. Sentinel Stroke National Audit Programme (SSNAP) data

The Sentinel Stroke National Audit Programme (SSNAP) is a national NHS audit that assesses the quality of stroke care.

It collects detailed information from hospitals and community teams about how quickly patients are diagnosed and treated, and the support they receive during recovery. This helps build a picture of how well stroke services are performing. SSNAP uses this data to produce regular reports and rankings.

The rankings are based on a scoring system that measures key aspects of stroke care, such as speed of assessment, access to specialist treatments, and quality of rehabilitation. Each service is given a rating from A to E which reflects how well it meets best practice standards. Higher rankings indicate more timely and effective care, while lower rankings highlight areas where improvements are needed.

In 2025, the method for assigning the rankings changed to reflect higher standards and expectations. After the change, only a small proportion of trusts were found to be in the top segments (A & B), compared to more than half in 2024. This doesn't mean that services are suddenly worse, but that there is now considerable scope for raising standards further as new evidence and understanding emerges about best practice

The most recent rankings published, based on stroke patients admitted to and/or discharged from hospital between October and December 2025, are set out in the table below:

Hospital	SSNAP rating
Dorchester County Hospital	C
Musgrove Park Hospital	D
Yeovil District Hospital	E

The SSNAP website address is: www.strokeaudit.org

Note: Due to major server problems, the website is currently offline. It is due to be back online in early July 2026.

SSNAP contextual information from Somerset NHS Foundation Trust

Our most recent SSNAP rating of 'E' for stroke services at Yeovil District Hospital is driven by challenges in some areas. We are working through an improvement plan to

address these issues, and our most recent internal data shows early signs of improvement.

Our improvement plan includes strengthening our hyperacute pathway by improving rapid triage, assessment and direct admission to our stroke units, alongside closer working with our ambulance service and emergency department colleagues to reduce delays. We are also expanding our specialist workforce and increasing cover across evenings and weekends.

We are also improving therapy intensity and rehabilitation by prioritising early assessments within 24 hours and increasing the frequency and consistency of therapy in line with national standards. Work is also underway to improve patient flow, including reducing the number of stroke patients cared for outside the specialist units and strengthening repatriation and bed management processes. At Yeovil District Hospital, a planned ward move will create additional therapy space and support new ways of working, including joint therapy sessions, helping reduce delays and improve the experience for colleagues and patients.

We will continue to monitor progress closely, using weekly data reviews to drive further improvements and ensure patients receive the high-quality stroke care they deserve.

SSNAP contextual information from Dorset County Hospital

DCH is currently working with NHS Elect on the Thrombolysis and Thrombectomy Acute Stroke Collaborative (TTASC) as part of its third national cohort of trusts to improve rates of thrombolysis and thrombectomy. While DCH currently performs favourably with national performance levels in these areas, this is an area where further work can be undertaken to improve patient pathways and outcomes.

All partners are continuing to develop local services leading up to and beyond go-live. This includes bringing together our governance in order to discuss, share, learn and improve together for the benefit of all our patients.

8. Further reading

- [This article](#), by the Stroke Association, shows there is strong evidence that reorganised acute stroke care provides better care, improved clinical outcomes and makes services more cost effective.
- [Update provided to Somerset Council's Adults and Health Scrutiny Committee](#)
- [Summary of communications approach provided to the committee](#)

9. Previous stakeholder updates

Previous stakeholder updates on the reconfiguration of stroke services in Somerset [can be read here](#).

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