

Improving hospital stroke care

Share your views about Creating a
Comprehensive Stroke Centre at Aintree
University Hospital

Public consultation from 22 November 2021 to 14 February
2022



What is a stroke?

A stroke is a life-threatening condition that happens when the blood supply to part of the brain is cut off by a blood clot or bleeding from a blood vessel.

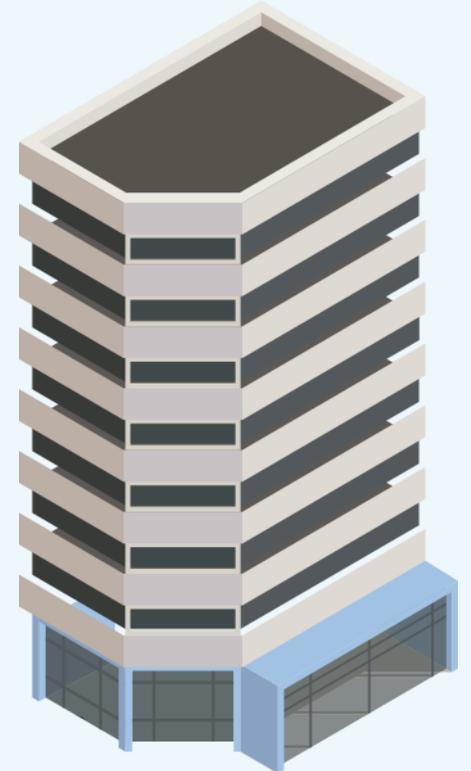
The sooner you are treated, the better your chance of recovery.



What's happening?

The NHS in Knowsley, Liverpool, South Sefton, Southport & Formby and West Lancashire has been looking at how it can improve local hyper-acute stroke care.

‘Hyper-acute’ is the hospital care provided in the 72-hours immediately after a stroke happens.



We're holding a public consultation about proposals for a Comprehensive Stroke Centre at Aintree University Hospital.

This would bring together the hyper-acute care currently provided at Aintree, the Royal Liverpool, and Southport hospitals.

During the public consultation you can find out more about the plans and share your views. We'll use this feedback to make a final decision.

Why is change needed?

The way local stroke services are organised means we can't always meet national guidelines, or make the most of specialist staff.

There's a shortage of stroke nurses, therapists and doctors, and our local expertise is currently stretched across three different sites.

It's difficult to give patients the care they need all of the time, especially during the critical 72-hour period immediately after a stroke.

We want to give people the best chance of getting specialist treatments as soon as possible.

This means making sure that stroke patients see specialist stroke staff who can make fast decisions about their treatment – and have access to the scanning equipment needed to help make these decisions.

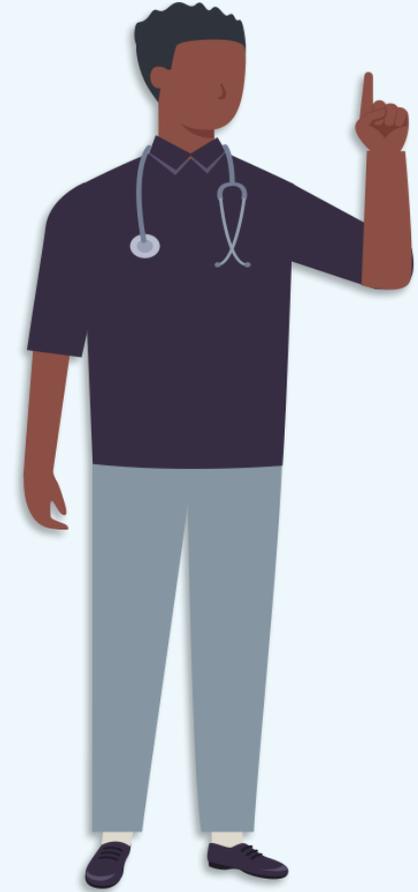
Stroke care is a priority in the NHS Long Term Plan – it points to evidence that some specialist treatments are best delivered from bigger, centralised services.

How people have been involved so far

Stroke survivors, their families and their carers took part in workshops to work through potential solutions for local services.

We also worked with the Stroke Association to engage with around 100 stroke survivors, carers and volunteers.

The feedback we received has been used to develop our consultation plans.



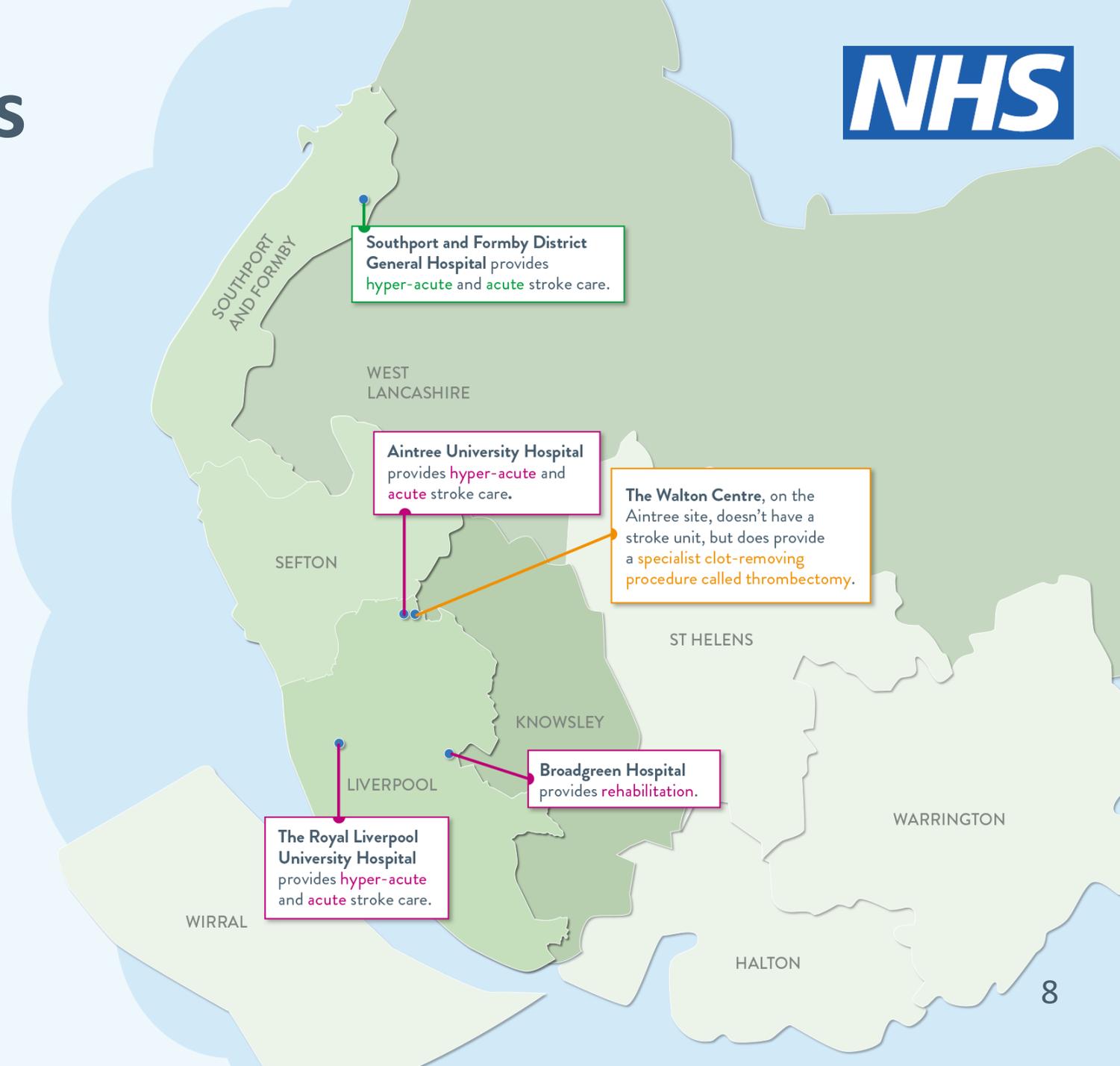
How local services currently look

At the moment, three local hospitals provide hyper-acute stroke care:

Aintree Hospital

The Royal Liverpool

Southport Hospital



What are we proposing?

The local NHS's preferred option for the future is to create a single Comprehensive Stroke Centre on the Aintree University Hospital site, which would receive all patients believed to have had a stroke.

When a stroke is confirmed, the first 72-hours of care would take place at the Comprehensive Stroke Centre at Aintree.

After 72-hours, up to half of patients could leave hospital to continue their recovery in their own homes.

Those not ready would go to one of three sites— Aintree, Broadgreen, or Southport.

The Royal and Southport hospitals would no longer provide hyper-acute stroke care.

Southport would continue to provide acute stroke care, so that patients who would previously have been admitted to Southport could have their next stage of treatment closer to home.

There would be no stroke unit offering acute care at the Royal, but Broadgreen hospital would continue to be used for stroke rehabilitation.

Aintree University Hospital would provide acute stroke care, as well as hyper-acute stroke care.

What would this change mean?

More patients receiving high-quality care that meets national standards – including access to stroke specialists 24-hours a day, 7-days a week.

Giving people specialist stroke care as soon as they arrive at hospital – allowing rapid diagnosis to decide on the best course of treatment.

Thrombolysis (medication to breakdown blood clots) and thrombectomy (a clot removing procedure) are treatments which can significantly reduce the severity of disability caused by a stroke – bringing services together would increase the use of these two treatments.

Other benefits

The team at the Comprehensive Stroke Centre would treat a much higher number of patients than are currently seen at each individual hospital.

This fits with national guidance that says that centres providing hyper-acute care should receive a minimum number of patients.

This means that they are clinically sustainable (including being able to have the right levels of specialist staff), better able to keep their workforce highly skilled, and in a position to provide the highest quality of care for patients.

Impact on ambulance journeys

At the moment, you tend to be taken to the closest hospital that offers emergency stroke care, which could be Aintree, the Royal Liverpool, or Southport, but in the future all patients would go to Aintree.

For some people, this would mean that their initial journey to hospital by ambulance could take longer.



Getting to hospital quickly is really important when you have a stroke, however it's also really important to be seen by specialist staff quickly when you arrive, and to have access to the best treatment available.

The new Comprehensive Stroke Centre would be better able to support this care. This means that even if some journeys to hospital were longer, there would still be an overall benefit to patients.



Visitor travel

Family and friends play a really important part in a patient's recovery.

Because some patients would have to travel further if these changes went ahead, in some cases travel times for visitors would increase too.

It's important to remember that after three days, up to half of patients will be ready to go home again, and for those who aren't, many will be transferred to either Broadgreen or Southport if this is closer to where they live.

What would this cost?

The creation of a Comprehensive Stroke Centre wouldn't involve any reduction in hospital beds, or the amount of money spent on stroke care – it would actually mean more investment in local services.

The preferred option would involve two main costs:

- A one-off cost of approximately £4 million to make the changes required – e.g. creating a new stroke unit alongside A&E at Aintree Hospital, and improving diagnostics.
- Approximately £1.9 million extra invested each year into running this specialist service.

How can you share your views?

You can fill out a short questionnaire at:
www.liverpoolccg.nhs.uk/stroke

You can also provide your feedback – or ask us for printed information – by contacting us:

- Email: csc.consultation@nhs.net
- Telephone: (0151) 247 6406
- Text: 07920 206 386

This public consultation starts on 22 November 2021 and closes on 14 February 2022.

