Improving hospital stroke care

Public consultation

22 November 2021 to 14 February 2022

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

Introduction

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.

Strokes are a medical emergency and urgent treatment is essential. The sooner you are treated, the better your chance of recovery. The term 'hyper-acute' means the hospital care provided in the 72-hours immediately after a stroke happens. After this, you move to either acute stroke care or rehabilitation in hospital, or go home to continue your recovery.

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

Between **22 November 2021 and 14 February 2022** we are holding a public consultation about proposals for a **Comprehensive Stroke Centre at Aintree University Hospital**, which would bring together the hyper-acute care currently provided at Aintree, the Royal Liverpool, and Southport hospitals.

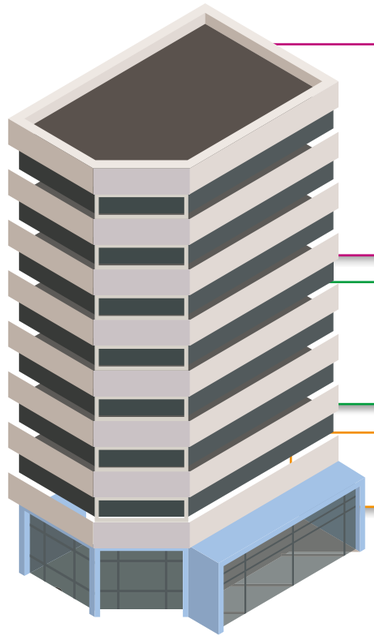
Please read through this booklet and complete a short survey to share your views.

You can complete the survey online at **www.liverpoolccg.nhs.uk/stroke** or request a paper copy – contact details are on page 31 of this booklet, along with information about some public online events we're planning.

We use quite a lot of different terms and descriptions in this booklet - you'll find more information about what they mean on pages 29-30.

Which services are included?

This consultation is about stroke care at the following hospitals:



- **Aintree University Hospital, Broadgreen Hospital, and the Royal Liverpool University Hospital** - together these three hospitals are part of an organisation called Liverpool University Hospitals NHS Foundation Trust.
- **Southport and Formby District General Hospital** - part of Southport and Ormskirk Hospital NHS Trust.
- **The Walton Centre NHS Foundation Trust.**

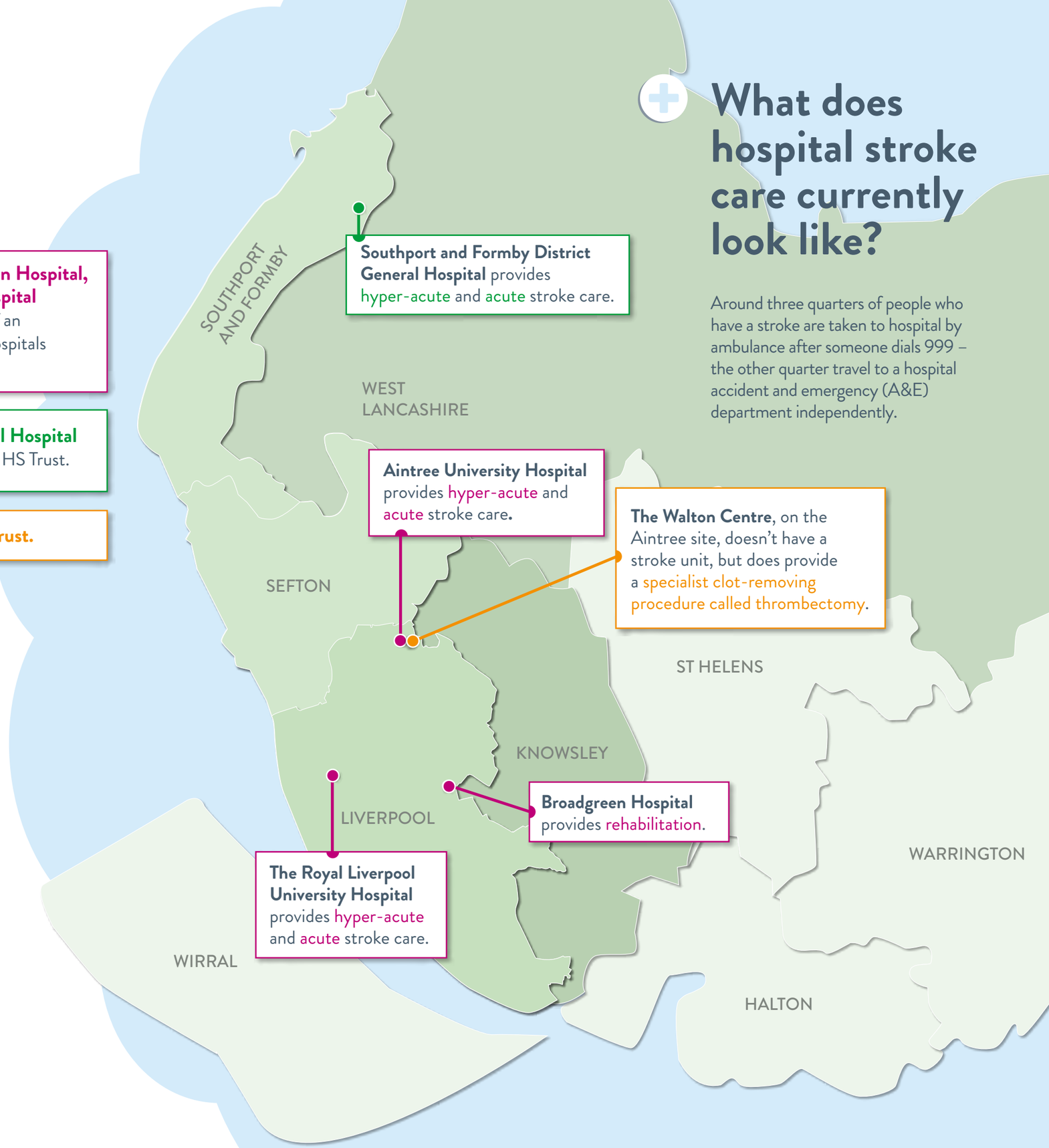
The stroke care we are talking about is mostly used by people living in Knowsley, Liverpool, Sefton and West Lancashire – where we use the term 'local' in this booklet, we're talking about these areas.

Some people in these areas might also receive stroke care at other hospitals around the region, however only the hospitals named above are involved in these proposals. If you would be taken to a different hospital now (not one of the three hospitals named above) this would still happen if this change went ahead.

This consultation doesn't cover the support and rehabilitation that is provided when patients are discharged from hospital following a stroke. We know from our conversations with stroke survivors and their families that people have strong views about this care. Improving community-based stroke rehabilitation services has been agreed as a priority by the NHS in Cheshire and Merseyside, with proposals due to be developed in 2022/23.

What does hospital stroke care currently look like?

Around three quarters of people who have a stroke are taken to hospital by ambulance after someone dials 999 – the other quarter travel to a hospital accident and emergency (A&E) department independently.



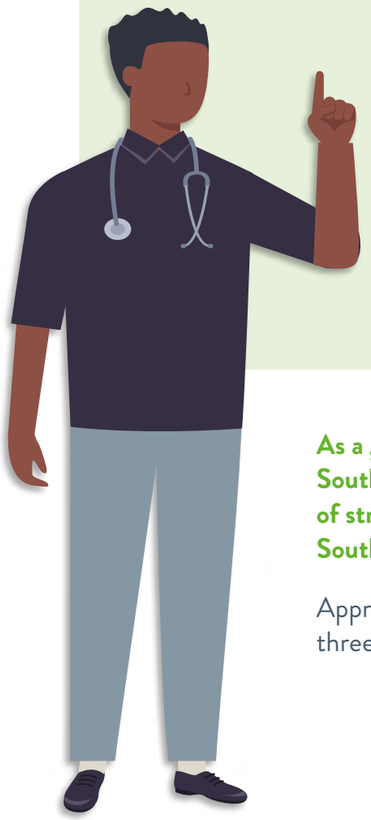
How many people use local stroke services?

A total of around 1,500 people are admitted to our three local hospitals each year after having a stroke.

A further group of people are also admitted to hospital following a transient ischaemic attack (TIA) or 'mini stroke', which is caused by a temporary disruption in the blood supply to part of the brain. This results in a lack of oxygen to the brain and can cause sudden symptoms similar to a stroke, such as speech and visual disturbance, and numbness or weakness in the face, arms, and legs. A TIA doesn't last as long as a stroke - effects often only last for a few minutes or hours and fully disappear within 24-hours.

A note about data:

Because of the different ways that patient data is recorded in hospitals, figures can vary, depending on exactly what is being included, and the way that different doctors and nurses use codes to describe someone's condition.

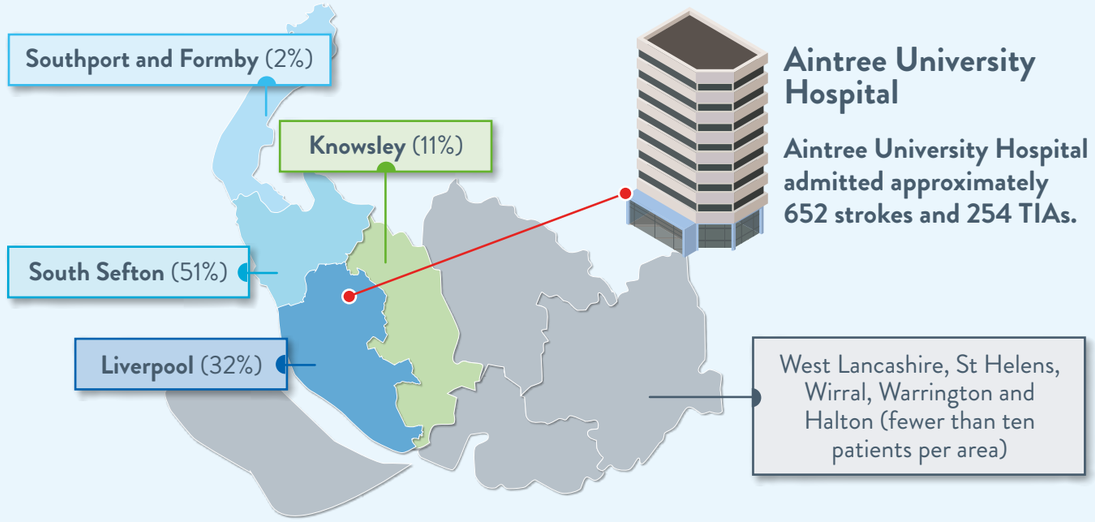


This means that some of the figures we provide here are different to the ones used in the pre-consultation business case (PCBC), which uses information from a number of different sources to help come up with the most accurate numbers for planning services in the future.

The figures in this section use information from 2019/20. We haven't used the most recent figures because temporary changes made during the COVID-19 pandemic meant that stroke services weren't delivered in the same way as they usually would be.

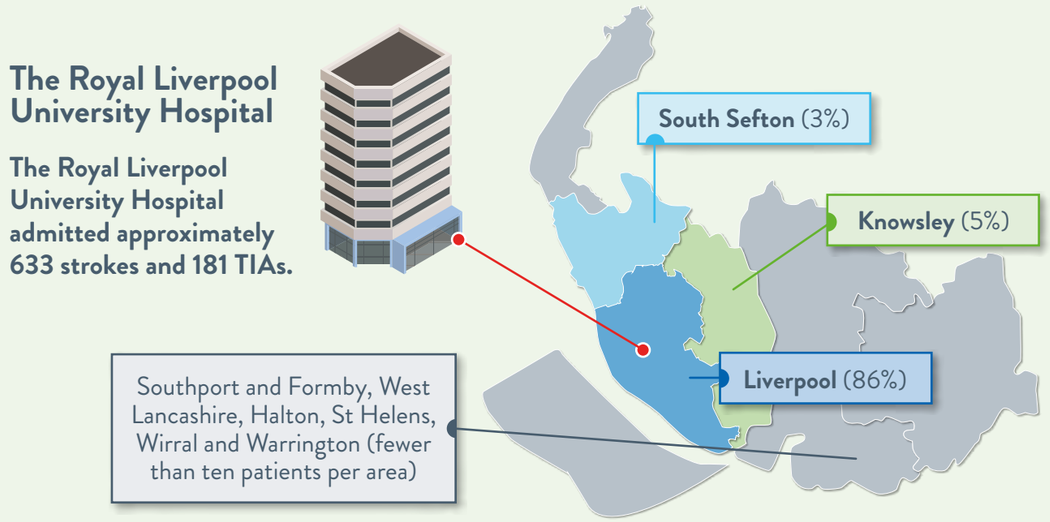
As a group, patients from Knowsley, Liverpool, South Sefton, Southport and Formby, and West Lancashire accounted for 95% of stroke and TIA admissions to Aintree, the Royal Liverpool and Southport hospitals in 2019/20.

Approximate admission figures for strokes and TIAs at each of the three hospitals involved in these proposals are as follows:



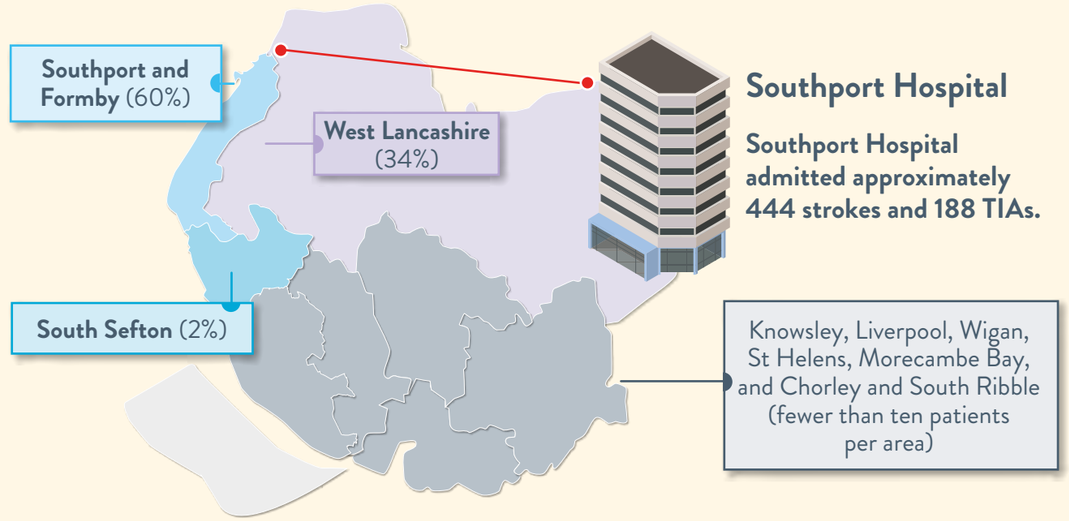
Aintree University Hospital

Aintree University Hospital admitted approximately 652 strokes and 254 TIAs.



The Royal Liverpool University Hospital

The Royal Liverpool University Hospital admitted approximately 633 strokes and 181 TIAs.



Southport Hospital

Southport Hospital admitted approximately 444 strokes and 188 TIAs.

This proposal would mean that in the future all those suspected of having a stroke or TIA would be taken to the Comprehensive Stroke Centre at Aintree.

Some people who are suspected to have had a stroke or TIA are later found to have other conditions – including seizures and migraine – which 'mimic' the same symptoms. In the future, if someone arrives at the Royal Liverpool or Southport hospitals with mimic symptoms, the doctors and nurses there would be able to link with the Comprehensive Stroke Centre using video to assess them and decide whether they needed to be transferred. If they didn't, any further hospital care would be provided by either the Royal Liverpool or Southport.

Why is change needed?

Staff in our hospitals work hard to provide the best care possible for patients, however the way that local stroke services are currently organised means that they can't always meet national guidelines for providing the very highest quality care, or make the most of the specialist stroke workforce.

There is a national shortage of stroke nurses, therapists and doctors, and our local expertise is currently stretched across three different sites. This makes it very difficult to ensure that patients have access to the care that they need all of the time, especially during the critical period immediately after a stroke has taken place.

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. Currently this is not always the case.

Stroke care is a priority in the NHS Long Term Plan, which points to strong evidence that treatments like thrombolysis (using medication to break down blood clots formed in blood vessels) and thrombectomy (a clot removing procedure) are best delivered from bigger, centralised services.

How our local services currently perform against national care standards

Key areas where local NHS stroke services are failing against national standards:

We can't always provide 24/7 care.

Currently, we can't provide consistent access to scanning equipment,clot-busting drugs, and stroke specialists 24-hours a day, seven days a week.

We do not have enough specialist stroke staff.

There are not enough specialist stroke staff at any of our three hospitals to allow 95% of patients to be assessed within 24-hours. The current performance is 81% based on 2019/20 data.

We're not set up to maximise the skills and experience of our staff.

Currently, not all of our hospitals individually see the minimum recommended number of stroke patients (500–600 per year) for staff to maintain their skills and build expertise.

We cannot always administer the correct drug treatment fast enough.

Following a brain imaging scan, suitable patients should have thrombolysis (clot-busting drugs) as soon as possible. These scans are essential to determine whether the stroke has been caused by a bleed or a blockage and to indicate the right treatment. Thrombolysis was provided to 7.2% of local patients in 2019/20 – the target in the NHS Long Term Plan is 20% by 2025.

We can't always administer the correct surgical treatment fast enough.

Following a brain imaging scan, suitable patients should have a mechanical thrombectomy as soon as possible, and within six hours of arriving at hospital. Mechanical thrombectomy was provided locally to 1.4% of patients in 2019/20 – the NHS Long Term Plan target is set at 10% by 2022.

The proposed solution: A Comprehensive Stroke Centre at Aintree University Hospital

Doctors, nurses, and other professionals involved in stroke care, have been looking at different ways that we could improve local services.

They believe that the best solution would be to create one Comprehensive Stroke Centre at Aintree University Hospital, which is located alongside The Walton Centre (which provides thrombectomy for patients across Cheshire and Merseyside). This is the local NHS's 'preferred option' for the future.

As part of this change:

- The Royal Liverpool Hospital and Southport Hospital 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.
- Under the proposals there would be no stroke unit offering acute care at the Royal Liverpool, however Broadgreen Hospital would continue to be used for **stroke rehabilitation** services.
- Aintree Hospital would provide acute stroke care, as well as **hyper-acute** stroke care, as it does now.

The changes would mean that some people who have a stroke would be taken to a hospital further away than the one they might be taken to currently.

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.

This change would increase the number of patients receiving high-quality specialist care, and mean that we could meet the standards for providing stroke care in line with national clinical guidelines, seven days a week.

Although the journey time to hospital might be longer, the care people receive when they arrive should be much quicker.

Reorganising stroke services in this way has already delivered significant benefits for people in other parts of the country, by saving lives and reducing disability.

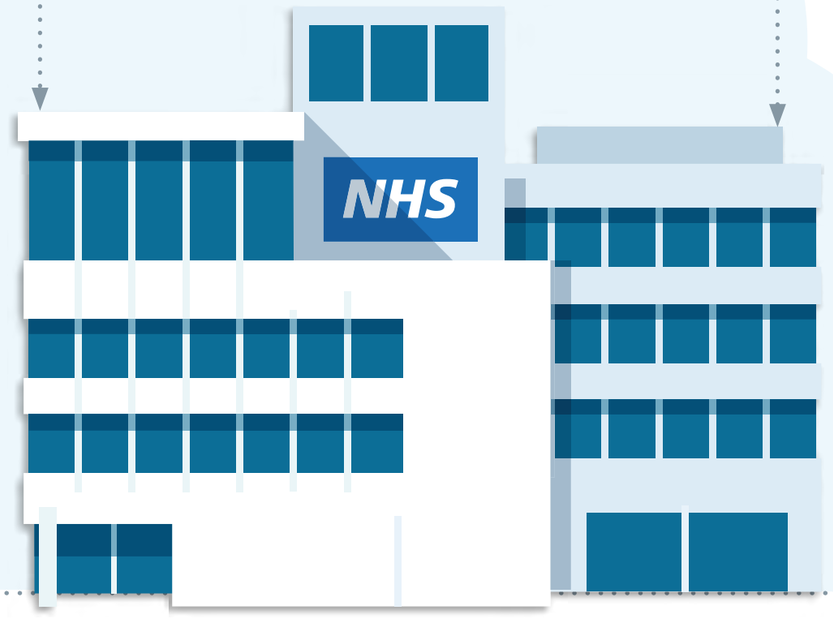
For example, in Greater Manchester and London, reorganising stroke services means that patients now spend less time in hospital and are less likely to die as a result of their stroke.

Other areas of treatment have also followed the same approach. This includes major trauma care, with Aintree Hospital providing specialist life and limb-saving treatment for patients across Cheshire and Merseyside.

Patients are transferred direct from the scene of their accident or injury – or from other hospitals around the region – to be treated at Aintree by a highly specialised team.

Both thrombectomy and thrombolysis can significantly reduce the severity of disability caused by a stroke.

Bringing stroke services together in a specialist centre would increase the use of these two treatments.



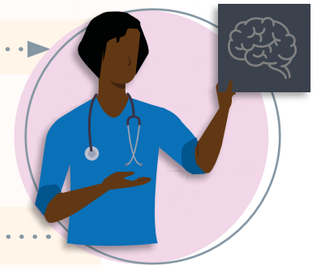
What would the change look like?

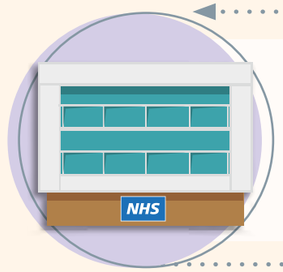
If there was a Comprehensive Stroke Centre at Aintree Hospital, everyone believed to have had a stroke would be taken there for their care.

People would go straight to the Comprehensive Stroke Centre by ambulance if they called 999. If they arrived at accident and emergency at the Royal Liverpool or Southport hospitals, people would be transferred by ambulance to Aintree.

There would be a stroke admission unit located next to accident and emergency (A&E) at Aintree Hospital, which would receive patients as they arrived at hospital.

The service would have direct access to specialist scanners in order to maximise the number of patients who are able to receive thrombectomy and thrombolysis.





Being on the same site as The Walton Centre's thrombectomy service would significantly increase the number of patients able to access thrombectomy within the appropriate time window. This is crucial as outcomes are better the sooner this treatment is delivered.

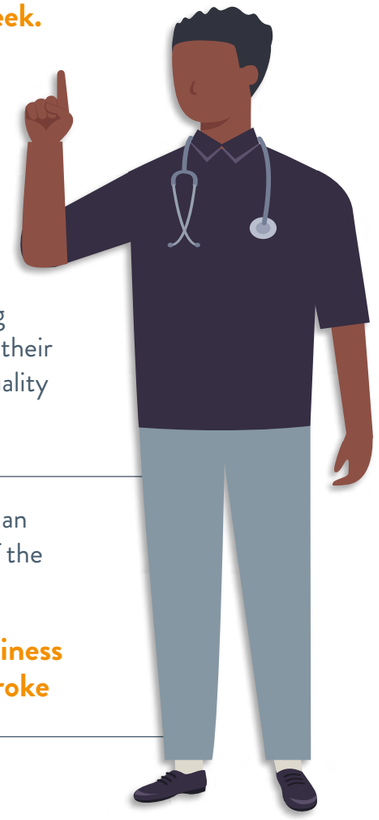
After the first 72-hours, up to half of patients could leave the Comprehensive Stroke Centre with support from an early supported discharge team, to continue their recovery in their own home.

Those patients who weren't ready to go home, and still needed specialist stroke care, would have this at either Aintree, Broadgreen or Southport, depending on which was closest to home for them. They would be transferred to these hospitals by ambulance.

What impact would the Comprehensive Stroke Centre have on care?

Local stroke specialists believe that bringing services together in a Comprehensive Stroke Centre would mean:

- **Patients receive specialist stroke care as soon as they arrive at hospital**. For the small number of patients who arrived at A&E at the Royal Liverpool or Southport themselves, specialist stroke care would start as soon as they were transferred to Aintree.
- **Rapid and accurate diagnosis, to help decide on the best course of treatment.**
- **The ability to provide thrombectomy to 95% of patients who require this treatment** (at The Walton Centre, via a covered walkway which links it to Aintree Hospital.)
- **Access to stroke specialists 24-hours a day, 7-days a week.**



Together, 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.

Doing so 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 their patients.

The proposal for a Comprehensive Stroke Centre was reviewed by an independent Clinical Senate - a group of clinicians from outside of the area - who agreed that it would benefit patients and services.

You can read more about this in the pre-consultation business case, which is available here: www.liverpoolccg.nhs.uk/stroke

What would a patient journey look like in the future?

In this example, we look at how the care of a typical patient – who we've called Angela – might look now, compared to how it could be in the future if a local Comprehensive Stroke Centre was created.

Timeline of how Angela's care might look now

7.30am Angela, aged 70, has sudden loss of speech, and a loss of movement in her right arm and leg at 7.30am Saturday morning.

8.00am Her family ring 999 at 8.00am.

8.15am An ambulance arrives within 15 minutes. The crew spend 15 minutes at the scene before a 20-minute journey to her nearest hyper-acute stroke unit.

8.50am After arriving at hospital Angela is assessed by a stroke nurse and an urgent CT brain scan is performed.

10.00am There's no specialist stroke consultant on duty, so a consultant at a different hospital site confirms a stroke diagnosis by video call at 10.00am, and agrees that Angela should have thrombolysis (a blood clot-busting injection).

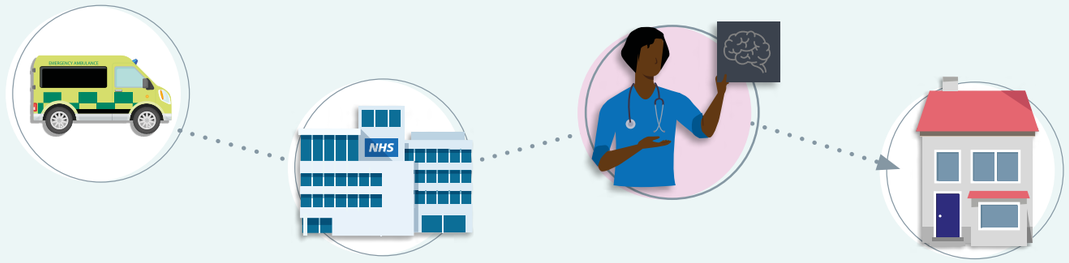
11.00am Angela's condition hasn't improved an hour after thrombolysis starts, so the consultant advises that a CT angiogram (which involves injecting a special dye) should take place.

12.00pm The consultant reviews the results which show that Angela would benefit from thrombectomy (a procedure which mechanically removes blood clots).

12.50pm The thrombectomy centre – in a different location – accepts Angela as a patient, and she's taken there by ambulance, arriving half an hour later.

1.20pm Angela arrives at the thrombectomy centre, however, as the procedure could not take place by 1.30pm, the six-hour window for performing thrombectomy – which starts when stroke symptoms begin – has closed.

3.00pm Angela is transferred back to her original hospital without the treatment, having suffered persistent symptoms and signs of a severe stroke.



How Angela's care might look at a Comprehensive Stroke Centre

7.30am Angela, aged 70, has sudden loss of speech, and a loss of movement in her right arm and leg at 7.30am Saturday morning.

8.00am Her family ring 999 at 8.00am.

8.15am An ambulance arrives within 15 minutes. The crew spend 15 minutes at the scene before a 40-minute journey to the Comprehensive Stroke Centre.

9.10am Angela is assessed by a stroke nurse and given a CT brain scan 15 minutes after arriving at hospital.

9.20am Angela is seen by a consultant after being scanned, and thrombolysis is started at 9.20am. A CT angiogram is also performed at this point, showing Angela is suitable for thrombectomy.

9.45am Angela is transferred to a bed in the hyper-acute stroke unit, while her thrombolysis continues, then transferred for thrombectomy via a covered walkway at 9.45am.

10.00am Thrombectomy gets underway at 10.00am.

11.00am Angela is transferred back to the hyper-acute stroke unit at 11.00am, with the clot now removed. The fact that this treatment would have happened just two hours and 30 minutes after her stroke took place would give Angela a much better chance of recovery.

In Angela's story, the initial ambulance journey time was less significant to her experience than the care she received when she arrived at hospital. It took less time to travel to hospital in the first example, but the treatment that the team was able to provide was slower and less joined up than it would be at a Comprehensive Stroke Centre.

The need to travel by ambulance for thrombectomy created a significant delay in Angela's care which meant she missed the opportunity to have this treatment.

How was a Comprehensive Stroke Centre at Aintree identified as the preferred option?

During 2019, a series of workshops were held with people working in stroke services and other key stakeholders – including a group of stroke survivors – to begin looking at how local stroke services could be improved.

These sessions were used to develop a long-list, then a short-list, of potential solutions for the future. These were assessed to decide how they would:

- **Create a high-quality stroke service that would reduce death and disability, and provide more equitable services.** This means making sure that people in different areas have access to the same level of care.
- **Be deliverable on a practical level, taking into account things like the buildings available.**

- **Fit with local and national NHS strategy, including the NHS Long Term Plan.**
- **Maintain and improve the way we meet requirements and targets for stroke services.**

- **Be clinically sustainable, including making it easier to recruit and keep staff, and improving training and research.**
- **Offer value for money, by reducing waste and duplication, and making the most of the resources we have.**

Full details of the long-listed and short-listed options are available in the pre-consultation business case (PCBC), which you can find at **- www.liverpoolccg.nhs.uk/stroke**

A summary of the other short-listed options that were looked at is as follows:

Do nothing - leave services as they currently are.

This wouldn't help to improve patient care, address staffing shortages, or help meet national guidelines.

Make enhancements to the existing services at Aintree, Broadgreen, and the Royal and Southport hospitals.

This would mean some improvements to care, and so make it easier to meet some national standards, but it wouldn't address the fact that in the long-term it isn't sustainable to run three smaller hyper-acute stroke units locally.

Merge the Royal Liverpool and Aintree hyper-acute stroke units to create a single Comprehensive Stroke Centre on the Aintree site but keep Southport as a separate hyper-acute stroke unit.

This option would improve the service significantly for those patients who accessed the newly merged unit at Aintree, but it would have limited positive impact for Southport patients. Also, if Southport staff chose to move to the newly merged unit at Aintree, this could destabilise the service at Southport even more.

Merge Aintree and Southport hyper-acute stroke units to create a single Comprehensive Stroke Centre on the Aintree site but keep the Royal as a hyper-acute stroke unit.

Again, this would improve hyper-acute stroke services for some patients (those using the newly merged unit at Aintree), but those who continued to use the Royal would not benefit from an improved service. Again, this plan could also mean that if staff from the Royal chose to move to the new Comprehensive Stroke Centre at Aintree, this could destabilise the service at the Royal even more.

Merge Aintree, Southport and the Royal hyper-acute stroke units into a single Comprehensive Stroke Centre at Aintree, and also have one acute stroke unit at Broadgreen.

This would mean a Comprehensive Stroke Centre which could provide direct access to specialist urgent care, but many patients would not have the option for rehabilitation services closer to home after their first 72-hours of care.

Merge Aintree, Southport and the Royal hyper-acute stroke units into a single Comprehensive Stroke Centre at Aintree, and also have one acute stroke unit at Southport.

This would mean a Comprehensive Stroke Centre which could provide direct access to specialist urgent care, but many patients would not have the option to have rehabilitation services closer to home after their first 72-hours of care.

Those involved in local stroke care believe that none of these other potential solutions would offer the same overall benefits as the preferred option: one Comprehensive Stroke Centre at Aintree University Hospital providing the first 72-hours of care, with Broadgreen and Southport hospitals offering care beyond this initial period (where one of these hospitals would be closer to a where a patient lived than Aintree).

This is not just the preferred clinical option, but also the option preferred by the stroke survivors and families/ carers who took part in the workshops held to look at potential solutions for the future.

What would need to happen for this change to take place and what would the cost be?

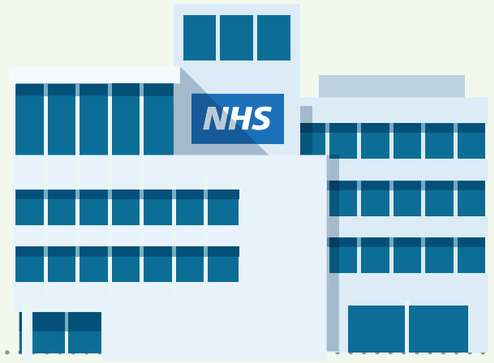
The creation of a Comprehensive Stroke Centre does not involve any reduction in hospital beds, or the amount of money spent on care – it would actually mean more investment in local services.

Currently, local stroke services cost around **£9.2million a year,** and employ the equivalent of **242 full-time staff.**

The preferred option would involve two main additional costs:

1

Approximately **£1.9million extra** each year to run the service.



2

A one-off capital cost of approximately **£4million** to make the changes required to set up the new Comprehensive Stroke Centre – for example, creating a new stroke unit alongside A&E at Aintree Hospital, and improving diagnostics.

It is likely that the costs of setting up the service would be spread across two years, with the changes implemented in stages rather than all in one go.

It is believed that the preferred option also has the potential to save the NHS around **£1.2million a year,** by improving people's chances of recovering from a stroke, and therefore reducing some of the costs that come with providing ongoing support. This is of course in addition to the huge benefit that better recovery brings to the individual and their family.

When options for the future were looked at, the preferred option was the second most cost-effective – the most cost-effective option would be to do nothing, but this wouldn't offer any improvements in quality of care.

The increase in ongoing costs for the Comprehensive Stroke Centre are because of the need to increase staffing levels. We have set local standards for these improvements which would cost around £1.9million extra a year, but in the longer term we would hope to move towards an even higher standard, which would cost around £2.9million.

The Cheshire and Merseyside Health and Care Partnership – which is the Integrated Care System (ICS) for our region – has recommended that the proposals for stroke are a priority for funding support, subject to the outcome of this public consultation.

What would this change mean for journey times?

Ambulance journeys to hospital

For some people, this change would mean that their initial journey to hospital by ambulance could take longer, because they might not be taken to their nearest hospital. We've worked with North West Ambulance Service (NWAS) to understand how this would impact on journey times.

Using data from previous ambulance transfers, the tables below show the postcode areas that would be likely to see an increase of more than ten minutes (we've rounded up or down to the nearest minute) because patients would be taken to the Comprehensive Stroke Centre at Aintree Hospital, rather than the Royal Liverpool or Southport hospitals. These times are averages, and will depend on the exact addresses, and road conditions on the day, so they're only meant to give a rough indication of the change.

Liverpool postcodes which would see an increase of more than ten minutes journey time if patients were taken to Aintree rather than the Royal:

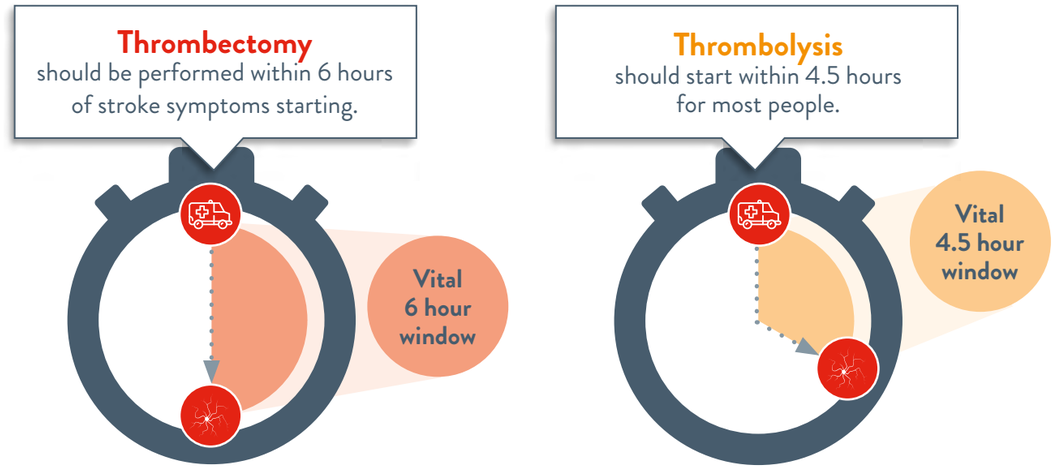
Postcode	Journey time to the Royal Liverpool Hospital	Journey time to Aintree Hospital
L1	9 minutes	20 minutes
L3	8 minutes	20 minutes
L7	9 minutes	19 minutes
L8	11 minutes	27 minutes

West Lancashire and Southport and Formby postcodes which would see an increase of more than ten minutes journey time if patients were taken to Aintree rather than Southport Hospital:

Postcode	Journey time to the Southport Hospital	Journey time to Aintree Hospital
L40	20 minutes	32 minutes
PR4	26 minutes	39 minutes
PR8	9 minutes	36 minutes
PR9	13 minutes	44 minutes

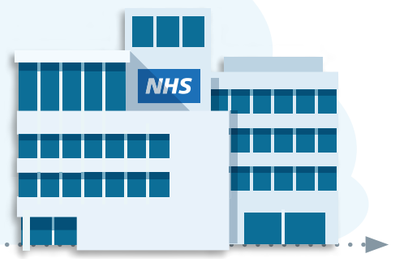
Some other areas would also see increases – or decreases – in journey times, however we have only highlighted those where the change would mean an increase of more than ten minutes. Also, it's important to remember that although patients are currently more likely to be taken to a hospital closer to where they live, ambulance crews make decisions based on a number of different factors – there aren't set rules about which hospitals people in each area are taken to.

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, so that you receive the best treatment available. You need to be assessed using the right equipment to do this, and treatment often must start within a short period of time.



The new Comprehensive Stroke Centre will be better able to support this care by providing rapid access to the right expertise and specialist equipment, which isn't always possible in the three separate hospital services we currently have.

This means that even if some journeys to hospital were slightly longer, there would still be an overall benefit to patients.



Travel times for visitors

Family and friends play a really important part in a patient's recovery. The COVID-19 (coronavirus) pandemic means that hospital visiting hasn't always been possible recently, but when visiting is allowed, it can make a big difference to see the people you care about.

Because some patients would have to travel further if these changes went ahead, travel times for visitors would increase too in some cases. However, it's important to remember that after three days, up to half of patients will be ready to go home, and for those who aren't, many will be transferred to either Broadgreen Hospital or Southport Hospital if this is closer to where they live.

Also, we increasingly have the option of using technology to help people stay in touch when a face-to-face visit might not be possible.

Travel times will vary, depending on the time of day, method of transport, and where in each area people are travelling from.

Some of the current and potential impacts around travel are:

Challenges around public transport	We know that there are already challenges around public transport for some areas. For example, it can currently take people in parts of West Lancashire more than 60 minutes to travel to Southport Hospital on public transport. These journeys can be two or three times longer compared to using a car.

Increased travel times for some areas by car	People in some areas of south Liverpool can travel to the Royal Liverpool Hospital in 10–20 minutes by car; the journey to Aintree takes around 20–30 minutes. For Speke residents, car travel times to Aintree and the Royal are broadly the same. The journey to Aintree by car takes around 30–45 minutes for Southport residents.

Increased travel times for some areas by public transport	People in Toxteth can currently access stroke services at the Royal Liverpool in 20–30 minutes by public transport, while Aintree is a 30–60-minute journey. Speke residents can currently access the Royal Liverpool in 45–60 minutes using public transport, while Aintree takes around 60–90 minutes. Southport residents can reach Southport Hospital within 30 minutes on public transport, while Aintree is a 45-90-minute journey.

We understand that for some people, including those who rely on public transport, the idea of a longer journey to visit someone in hospital might be a concern.

We believe the benefits of reducing deaths and long-term disability caused by strokes outweigh the short-term inconvenience for people visiting stroke patients in hospital.

What have people told us so far?

During autumn 2019, CCGs worked with the Stroke Association to visit a number of local groups for stroke survivors, to talk about this piece of work and gather feedback from those with experience of hospital stroke services.

During this engagement, a majority of stroke patients and their carers were in favour of bringing stroke services together in a single location – they felt there was a benefit to developing a centre of excellence staffed by specialists and providing a comprehensive range of support. Some did raise concerns about stroke support and rehabilitation services, and families of patients highlighted the importance of good transport links, and adequate car parking facilities.

You can read a report about this engagement here: www.liverpoolccg.nhs.uk/stroke

Who is involved in this work, and how will a decision be made?

This public consultation is being held by five Clinical Commissioning Groups (CCGs). They are:

- **NHS Knowsley CCG**
- **NHS Liverpool CCG**
- **NHS Southport and Formby CCG**
- **NHS South Sefton CCG**
- **NHS West Lancashire CCG**

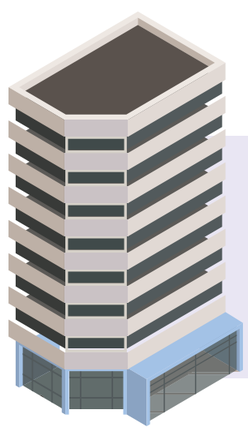
NHS Liverpool CCG is coordinating the consultation, because Liverpool has the most patients using local stroke services, but this consultation is open to everyone living in the areas above.

When this consultation closes on 14 February 2022, the feedback will be used to produce a report which will inform a final business case. NHS Liverpool CCG will oversee the writing of the consultation report, but it will be produced by an external organisation.

We hope to be able to publish this report during spring 2022.

The final business case will then be presented to NHS commissioners (the organisations who plan local services) and to NHS England, for them to decide whether the change should go ahead – they will look at the findings of the consultation report when they do this.

As CCGs are due to be abolished at the end of March 2022, it is likely that the Integrated Care Boards for Cheshire and Merseyside and Lancashire and South Cumbria will make the final decision.



If commissioners and NHS England decide to go ahead with the changes, the NHS Trusts involved will then also need to agree the business case. They are:

- **Liverpool University Hospitals NHS Foundation Trust** (Aintree, Broadgreen and the Royal Liverpool hospitals)
- **Southport and Ormskirk Hospital NHS Trust**
- **The Walton Centre NHS Foundation Trust**

Following this, local authority overview and scrutiny committees (OSCs) will be asked to look at the final business case – including the consultation report – to decide whether the change is in the best interests of their populations.

A single OSC has been created for the review of hyper-acute stroke services, made up of representatives from Knowsley, Liverpool, Sefton and Lancashire councils.

Depending on how long it takes to work through these steps, we would expect to have a final decision about hyper-acute stroke services by autumn 2022.

The Cheshire and Mersey Integrated Stroke Delivery Network, the Stroke Association and North West Ambulance Service (NWAS) have also been involved in the review of hyper-acute stroke services.

Shaping Care Together

Improving stroke care fits with the aims of Shaping Care Together, work led by NHS leaders across West Lancashire, Formby and Southport. It aims to 'future-proof' health services by exploring new ways of working.

Shaping Care Together is about better care for patients and about using money, staff, and buildings to maximum effect. It will prepare our local NHS to meet the challenges of the future, such as stroke care, by delivering high-quality services that are affordable, efficient and, above all, safe.

How does the public consultation process work?

Public consultation is an opportunity to share your views, and help ensure we have all the information we need to make a final decision about how services should look in the future.

We want to understand whether you feel there are any alternatives we should have considered - and if so, why? We also want to understand how you feel that the proposal would impact on people, and whether this would be a positive or negative effect, or whether it wouldn't make any difference.

This consultation will run for 12 weeks from 22 November 2021 to 14 February 2022.

Once it has finished, we will take all of the feedback we've gathered and use it to write a report. We will publish this report when it is ready, and it will be used as part of the final decision-making process.

How can you share your views?

We want to know what you think about the proposal to create a Comprehensive Stroke Centre at Aintree University Hospital, merging the three separate hyper-acute stroke units which currently exist at Aintree, the Royal and Southport hospitals.

Please fill in a short questionnaire to share your views at:

www.liverpoolccg.nhs.uk/stroke

Terms used in this booklet

Acute stroke care:
Hospital care for people who are beyond the initial 72-hours since having a stroke, but are not yet ready for rehabilitation care or to go back home.

Admission:
When people are 'admitted' to hospital for a stay of one night or more.

Clinical Commissioning Group (CCG):
NHS organisations currently responsible for planning and buying local health services – the process known as 'commissioning' – including the care provided by hospitals, GP practices, community, and mental health services. Subject to new legislation, the functions of CCGs will be transferred to Integrated Care Boards by April 2022.

Comprehensive Stroke Centre (CSC):
A stroke unit which can offer a full range of specialist stroke care – hyper-acute, acute, and inpatient rehabilitation.

CT scan:
A computerised tomography (CT) scan uses X-rays and a computer to create detailed images of the inside of the body.

Diagnostics:
A test or procedure used to identify or monitor a person's disease or condition, so that they can be diagnosed.

Health Overview and Scrutiny Committee (OSC):
Local authority committees, made up of councillors, which are responsible for holding NHS bodies to account. Their role involves looking at proposals to change local health services.

Hyper-acute stroke unit (HASU):
The hospital care given in the first 72-hours after having a stroke.

NHS England/Improvement (NHSE/I):
The organisation responsible for leading the National Health Service. NHSE/I is also a commissioner, responsible for planning and buying care like local dental and pharmacy services, and some very specialist hospital care.

NHS Long Term Plan (NHS LTP):
A plan published in 2019 which sets out how the health service will develop over the coming years to ensure that it is fit for the future: www.longtermplan.nhs.uk

NHS trust/hospital trust:
NHS organisations which run hospitals, community or mental health services. Sometimes these organisations are known as 'providers', as they are responsible for providing services.

Pandemic:
The worldwide spread of a new disease. The World Health Organisation declared COVID-19 (coronavirus) a pandemic in March 2020.

Pre-consultation business case (PCBC):
A document which sets out full details of why a change to a health service is being proposed, and what it would mean. After a public consultation has taken place, if the change is going ahead, this is used to create a full business case.

Preferred option:
A potential solution for the future which is believed to offer the most benefits, following a process to assess options. The public consultation described in this booklet is about the local NHS's preferred option for hospital stroke services.

Public consultation:
A formal process which involves speaking with members of the public about proposed changes to services, to give them an opportunity to comment on issues which affect them, and ensure that their views are taken on board during decision-making.

Public engagement/involvement:
Actively seeking feedback from the public about their experiences, which can be used to help make plans for the health service in the future.

Rehabilitation:
Care and support provided after a stroke, to help people regain as much independence as possible. It often starts in hospital and continues at home or in the community.

Thrombectomy:
A procedure which involves using a specially designed device to remove a clot to restore blood flow. For people in Cheshire and Merseyside this takes place at The Walton Centre, which is on the same site as Aintree University Hospital.

Thrombolysis:
The use of clot-busting medicine to dissolve blood clots and restore blood flow to the brain.

Contact us

Share your views

Please fill in a short questionnaire to share your views at: **www.liverpoolccg.nhs.uk/stroke**

EMAIL US	CALL US	TEXT US
csc.consultation@nhs.net	0151 247 6406	07920 206 386

Our email account and phone lines are monitored **Monday to Friday, 9.00am to 5.00pm.**

During the public consultation we'll be providing updates:

www.facebook.com/NHSLiverpoolCCG/

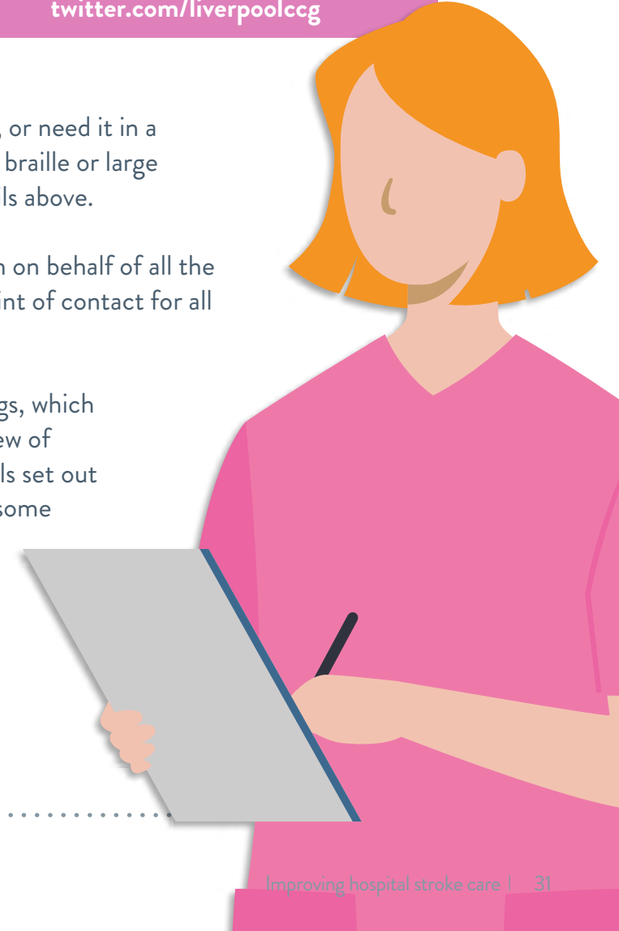
twitter.com/liverpoolccg

If you would like a paper copy of the questionnaire, or need it in a language other than English, or in a format such as braille or large print, contact NHS Liverpool CCG using the details above.

NHS Liverpool CCG is organising this consultation on behalf of all the CCGs and hospital trusts involved, so we're the point of contact for all enquiries, not just those from Liverpool residents.

We're organising a number of online public meetings, which will be a chance to hear people involved in the review of hyper-acute stroke services talk about the proposals set out in this booklet. We're planning to include time for some smaller focus-group discussions as part of this.

Visit www.liverpoolccg.nhs.uk/stroke for details of when these events are taking place and how to sign up.



Thank you for reading

To share your views about creating a Comprehensive Stroke Centre at Aintree University Hospital visit:
www.liverpoolccg.nhs.uk/stroke