

3 May 2023

Dear Chair or Clerk of the Council,

I am writing on behalf of Quicksilver Community Group, to draw your attention to the imminent closure of the Hyper Acute Stroke Unit (HASU) at Yeovil District Hospital (YDH). The closure has been previously agreed by NHS Somerset Integrated Care Board (ICB) and is being implemented by Somerset Foundation Trust (SFT).

South Western Ambulance Service (SWAST) data shows that stroke patients from your postcode will be impacted by this closure, as they will be re-routed to alternative more distant provision, mainly Musgrove Park Hospital, (MPH), or Dorset County Hospital (DCH).

*Stroke treatment is time critical and a major reason for stroke victims to not be treated is because it is too late.*

Currently 520+ people every year who suffer a stroke are taken to YDH as their nearest HASU. Data provided in the SFT/ICB business case indicated there will be an average 24 minutes additional travel time for these patients going to their nearest alternative HASU.

There is a national standard that 90% of stroke patients receive treatment within 3 hours of a call for an ambulance.

Quicksilver Community Group and local GP Patient Groups have taken data directly from the ambulance and health services. Our analysis of that data indicates that of ALL Somerset stroke patients currently taken to either YDH or MPH, **only 55% get treatment within 3 hours**. A poor performance compared to the national standard.

However, with the closure of YDH HASU, only 28% of the 520+ patients per year redirected to other hospitals will receive treatment within the 3-hour window. **An appalling deterioration from the current poor performance.**

It is claimed that having fewer and larger HASUs will improve the outcomes for patients. However, recent health data for HASUs in Bristol, Gloucester, Swindon, Taunton, Bath, Salisbury, Yeovil, Dorchester, Portsmouth, Winchester, Southampton, Isle of Wight, and Bournemouth, show no correlation between size of unit and treatment outcomes.

SFT and the ICB claim that within hospital improvements could possibly save 26 minutes based on a study in Northumbria. However, these practices have not been implemented locally, and the senior Stroke Consultant at MPH could not give a confident indication that such a level of improvements could be achieved. More

worryingly, SFT have received no indication if improved practices would or could be adopted at DCH, where more patients will go, instead of YDH.

SWAST (the ambulance service), have run a pilot using Pre Hospital Video Triage with Dorchester Hospital, although no estimate of the level of improvement is available. There is no agreement, as yet, that this would be taken forward beyond the pilot or extended to Somerset in respect of patients impacted by the closure of Yeovil HASU.

The closure of the HASU at YDH leaves stroke patients in your area in a very vulnerable position. Patients who unknowingly self-present to their local hospital at YDH will have to be transferred elsewhere, incurring a further time penalty.

We call on Councils representing people in these postcode areas to make representations, individually or jointly with other Councils, to SFT and the ICB to cancel their plans for the closure of the YDH HASU. Or at the very least, postpone it until they have implemented within-hospital and handover changes, and rigorously evaluated them to ensure they fully mitigate against the additional travel time.

We hope you will be able to consider this within your council.

Thank you in anticipation.

Data sources and analyses available on request.

**Ray Tostevin**  
chair, Quicksilver Community Group

