

PRESS RELEASE

Monday 22 July 2013

Improving stroke services in Worcestershire

Stroke services across Worcestershire are set to improve following their centralisation at Worcestershire Royal Hospital.

In 2012 a decision was passed at Worcestershire's Health Overview and Scrutiny Committee on the basis that it will save more lives. The decision was made by NHS Worcestershire following a review process involving patients, senior clinicians and GPs before the launch of the Joint Service Review.

All stroke patients will be treated at Worcestershire Royal Hospital or their nearest hospital with a stroke unit from Wednesday 24 July 2013.

This is a result of 12 months hard work from the Worcestershire Acute Hospitals NHS Trust, West Midlands Ambulance Service and the county's three clinical commissioning groups to improve stroke services in Worcestershire.

Patients from the Evesham and Broadway area are already being treated at Worcestershire Royal, this change has been in place since Monday 15 July.

By centralising stroke services at Worcester, the acute trust is able to provide complete and specialised treatment for patients suffering from a stroke.

The stroke unit has been expanded to provide an acute stroke ward, two additional specialised consultants, a dedicated nursing team and consolidated support from physiotherapists, dieticians, occupational therapists and speech and language therapists.

From Wednesday all suspected stroke patients will be taken directly to Worcestershire Royal Hospital or their nearest hospital with a stroke unit. The Stroke beds at the Alexandra Hospital will be closed to new admissions. Anyone who self-presents at the Alexandra Hospital with a suspected stroke will be transferred to the Worcestershire Royal Hospital. TIA (High risk) clinics will not change and will continue to be held in Worcester, Kidderminster and Redditch.

Dr Carl Ellson, Chief Clinical Officer for NHS South Worcestershire Clinical Commissioning Group, said: “We know that people are more likely to survive, make a better recovery and spend less time in hospital if they are admitted directly to a high quality stroke unit and receive specialist care.

By centralising stroke services for patients across the county we can save more lives, improve the quality of care and reduce the long-term effects for stroke survivors.

Simon Hairsnape, Chief Officer for NHS Redditch and Bromsgrove Clinical Commissioning Group, added: “The decision to improve and centralise stroke services has been made after a very thorough review process involving patients, senior clinicians, GPs and external clinical advisers, who considered a number of different options. Similar changes have been made in other parts of the country and have resulted in more lives being saved.”

Jane Schofield, Director of Emergency Care and Stroke at Worcestershire Acute Hospitals NHS Trust, said: “This is a significant move for the population of Worcestershire and has been 12 months in planning.

“The centralisation of the acute stroke service is part of a phased approach in moving the service towards the standard required by the Midlands and East Stroke service specification.”

Matt Ward, West Midlands Ambulance Service’s Head of Cardiac and Stroke Management said: “There is significant evidence that centralisation of specialist stroke services improves patient outcomes. West Midlands Ambulance Service has been working with all partners involved to ensure that there is a continuous improvement in patient care.”

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Note to Editors:

What is a stroke?

A stroke is a condition where the blood supply to part of the brain has been cut off.

A transient ischaemic attack (TIA), also called a ‘mini stroke’, is a condition where the blood supply to part of the brain has temporarily been disrupted.

Strokes are a medical emergency and prompt treatment is essential because the sooner a person receives treatment for a stroke, the less damage is likely to happen.

The main symptoms of stroke can be remembered with the word FAST: Face-Arms-Speech-Time.

- **Face** – the face may have dropped on one side, the person may not be able to smile or their mouth or eye may have dropped
- **Arms** – the person with suspected stroke may not be able to lift one or both arms and keep them there because of arm weakness or numbness
- **Speech** – their speech may be slurred or garbled, or the person may not be able to talk at all despite appearing to be awake
- **Time** – it is time to dial 999 immediately if you see any of these signs or symptoms

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