

AGM – Public Questions	
Lawrence Rayment	18/08/2025
Question: Re: Wheelchairs for Outpatient use There is always great difficulty finding a wheelchair for outpatient use at Musgrove Park Hospital. Your staff tell me that it is allegedly because they are not returned by members of the public. I attend Urology appointments at Southmead Hospital in Bristol and never have a problem obtaining a wheelchair because they operate a "Supermarket Trolley System" of a £1 deposit or a trolley coin. The public are well used to this. See attached photos. My question is:- "Why are you incapable of operating the same system as Southmead at Musgrove Park Hospital ?"	
Response: We appreciate the frustration of visitors not being able to locate an accessible wheelchair when visiting one of our hospital sites. We thank you for your suggestion of using a 'supermarket trolley' styled system, which we are reviewing and may undertake a trial following further research and consultation. We are investing in a digital solution to enable rapid location of any wheelchair at Musgrove Park Hospital. Each wheelchair will carry a digital sensor that will be visible to our portering team and allow them to locate more wheelchairs, more quickly; even when hidden from sight; and return these into public use. This system will be undergoing trials from September 2025 and if successful, will be fully developed and proposed for introduction across the Musgrove site by January 2026.	

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Shirley Jordan	18/08/2025
Question: Why are medical staff allowed to wear their uniforms to work/go shopping in them? This is why germs/bugs are in all hospitals. Many years ago, when my mother was a nurse, you had to change at work and leave uniform at work. They were laundered in house. Don't say it's the cost because although there would be financial costs, it would save lives and keep bugs out of hospitals.	
Response: Thank you for your question. We understand that seeing staff in uniform outside of healthcare settings can raise concerns. We'd like to provide reassurance that wearing uniforms outside of work is not considered an infection risk. National NHS guidance, based on robust evidence, shows no link between this practice and the spread of infections either into or out of hospitals. At our Trust, we do ask staff to cover or change out of uniforms when travelling to and from work. This is not due to infection risk, but to maintain professionalism and public confidence. However, some staff, such as community nurses and hospital-at-home teams, may need to wear uniforms while working in the community. Our policy is that uniforms are to be changed daily and washed at high temperatures. Studies show that even a 30°C wash with detergent removes most microorganisms, and a 60°C wash eliminates all that could cause concern. Staff also wear protective equipment during care activities and must change if uniforms become soiled. As an organisation, we follow national NHS England guidance on uniforms and workwear, which is based on the latest evidence. Our policies are designed to keep patients, staff, and the public safe.	

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Ray Tostevin	25/09/2025
Question: The Stroke Association reported earlier this month that a stroke patient makes their own way to A&E, instead of arriving by ambulance, every 22 minutes. In 2024/25, a total of 23,491 people (representing more than a quarter of all stroke patients) had made their own arrangements to get to hospital, according to the Sentinel Stroke National Audit Programme (SNAPP). It is the highest number since the stroke audit began more than a decade ago. Professor Deb Lowe, the Stroke Association’s medical director, stated: "Stroke is a medical emergency so anyone who is experiencing symptoms should call 999 and wait for an ambulance. It is vital, says Professor Lowe, “that each and every person affected by stroke gets the evidence-based treatment and care they need, as quickly as possible. The best way to do that is to call 999 and wait for an ambulance to take you there. And with an ageing UK population, the Stroke Association predicts a 50% rise in the number of people having strokes, by 2035. So WHY are more than a quarter of all stroke patients making their own way to A&E – rather than wait for an ambulance? New figures from South Western Ambulance Foundation Trust and the Sentinel Stroke National Audi Programme for 2024, confirm a shocking statistic: 85 per cent of Yeovil stroke patients would have EXCEEDED a call-to-needle time of 180 minutes (the NHS target) had they been taken by ambulance to Taunton, instead of Yeovil Hospital. If timely emergency stroke treatment and care is so critical, as the Stroke Association states, why are Somerset NHS Foundation Trust and the Somerset ICB, still so determined to CLOSE the Yeovil Hyper Acute Stroke Unit, next spring?	
Response: Thank you for your question. Stroke is a medical emergency, and we strongly support the Stroke Association’s advice to call 999 and wait for an ambulance. We are working closely with South Western Ambulance Service NHS Foundation Trust (SWASFT) to improve emergency response, including: • The implementation of a new model for pre-hospital video consultations between SWASFT and clinicians to reduce unnecessary conveyance for stroke mimics. • “Call Before You Convey” protocols and alternative pathways to reduce the number of conveyances and demand on the ambulance services to allow appropriate response times for emergencies. • Improvements in ambulance handover times.	

The decision to centralise Hyper Acute Stroke Unit (HASU) services at Musgrove Park Hospital is based on national evidence that specialist centres improve outcomes.

Yeovil District Hospital will retain an acute stroke unit, and we are working to ensure safe and timely access to emergency care, including collaboration with Dorset County Hospital and enhanced rehabilitation services.

The Somerset ICB is leading this reconfiguration, and we encourage further questions to be directed to them. The Somerset ICB AGM is taking place this afternoon at 4:45pm.