



City of Westminster

Committee Agenda

Title: **Health Policy & Scrutiny Urgency Sub-Committee**

Meeting Date: **Tuesday 30th June, 2015**

Time: **2.00 pm**

Venue: **Room 7 - 17th Floor, City Hall**

Members: **Councillors:**
David Harvey Patricia McAllister
Barbara Arzymanow

Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 1.30pm. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.



An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Andrew Palmer.

**Tel: 020 7641 2802
Email: apalmer@westminster.gov.uk
Corporate Website: www.westminster.gov.uk**

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Legal & Democratic Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To note any changes to the membership.

2. DECLARATIONS OF INTEREST

To receive declarations by Members and Officers of any personal or prejudicial interests.

3. MINUTES

To approve the Minutes of the meeting of the Urgency Sub-Committee held on 27 February 2015.

(Pages 1 - 4)

**4. IMPERIAL COLLEGE HEALTHCARE NHS TRUST:
RECONFIGURATION OF STROKE SERVICES**

The Committee is being consulted for its views on proposals made by Imperial College Healthcare NHS Trust to change stroke services in Westminster.

(Pages 5 - 30)

5. ANY OTHER BUSINESS

Peter Large
Head of Legal & Democratic Services
22 June 2015



CITY OF WESTMINSTER

MINUTES

Health Policy & Scrutiny Urgency Sub-Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health Policy & Scrutiny Urgency Sub-Committee** held on **Friday 27th February, 2015**, at 10.00am at Westminster City Hall, 64 Victoria Street, London SW1E 6QP

Members Present: Councillors David Harvey, Barbara Arzymanow and Barrie Taylor.

1 MEMBERSHIP

1.1 There were no changes to membership.

2 DECLARATIONS OF INTEREST

2.1 The Chairman sought any personal or prejudicial interests in respect of the item to be discussed from Members and officers, in addition to the standing declarations previously tabled by the Adults, Health & Public Protection Policy & Scrutiny Committee. No further declarations were made.

3 MINUTES

3.1 Resolved that the Minutes of the meeting of the Health Policy & Scrutiny Urgency Sub-Committee held on 7 August 2014 be approved as a correct record.

4 CENTRAL LONDON COMMUNITY HEALTHCARE: FUTURE STRATEGY AND FOUNDATION TRUST STATUS

4.1 Central London Community Healthcare (CLCH) had requested that they met with Members of the Adults, Health & Public Protection Policy & Scrutiny Committee so their Integrated Business Plan for the next five years could be assessed, and progress made towards Foundation Trust status be reviewed. As the next scheduled meeting of the Committee was not until 11 March, it had been agreed that that CLCH would be invited to make their presentation at a meeting of the Health Urgency Sub-Committee. The Sub-Committee accordingly now received a presentation on commissioner priorities from Pamela Chesters CBE (Chairman, CLCH), James Reilly (Chief Executive, CLCH) and Julie Harris (Divisional Director of Operations, CLCH).

- 4.2 James Reilly outlined the Commissioner Priorities for CLCH, which were based on the Shaping a Healthier Future Programme and jointly owned Better Care Fund. The Priorities included themes that would establish multi-disciplinary teams based around General Practitioners, and seek to provide better support for people to continue living independently. As one of 19 NHS Trusts that only provided community services, CLCH currently offered a wide range of 74 services which ranged from dentistry and the management of long-term conditions, to the prevention of falls among elderly people and prisoner health care at Wormwood Scrubs. Preventative public health services included weight management and sexual health. CLCH operated in a wide range of locations, with approximately 40% of their work being done individually in people's homes. The Sub-Committee noted that it was the Government's intention that all NHS Trusts should gain Foundation Trust status. In response to the publication of the Francis Report, changes were also taking place across London to ensure that the quality of patient care was maintained.
- 4.3 High quality multi-disciplinary care was being co-ordinated at locality levels, with patients being supported to self-manage with a named GP acting as care co-ordinator. A positive impact was also being made in working with people with complex needs, and in ensuring a timely response across all services. The Sub-Committee noted that CLCH was moving towards providing seven day and walk-in services to reduce the need for people to go to A&E, and were focusing on patients who were most at risk of repeated admission to hospital and managing their care in a much more proactive way.
- 4.4 In order to enable people who were nearly medically fit for discharge to return home for treatment, in-reach staff were working in hospitals to assist in early supported discharges. For the second year, CLCH had been commissioned to manage a ward of 20 beds at Charing Cross Hospital, to which people were referred who were medically fit for discharge, but needed rehabilitation or had problems in their care packages. CLCH was also seeking to make changes to end of life services, as at least 30% of people were still dying in hospital.
- 4.5 The Sub-Committee noted that 90% of Clinical Business Unit Managers were clinicians, and that leadership changes at CLCH had supported more timely decision making which was responsive at a local level. Twenty-three Clinical Business Units had been created, structured into 4 divisions, which would make it easier to work more specifically with local authorities and engage more proactively with local managers.
- 4.6 CLCH commented that the market had become more based on a commissioned, value for money tendered provision, which focused on the quality and effective use of excellent services. Commissioning also included the intention to achieve economies of scale and growth, and the Sub-Committee noted that CLCH had achieved a 30% reduction in the cost of corporate services. Further savings and efficiencies were being sought, and members acknowledged that as a Foundation Trust, the minimum 1% annual surplus that was currently required could be kept and reinvested in local services. Budgets were also being made more effective through the optimisation of medicine, to ensure the appropriate use of drugs. Foundation

Status would also give the Trust more strategic and financial flexibility to identify step changes and to seek funding.

- 4.7 Members discussed the recruitment and retention of staff and the process for pay awards, and noted that regular, significant changes occurred as NHS staff changed their employer. Pamela Chesters commented that becoming a Foundation Trust would enable CLCH to provide certainty of employment, which was a business and commercial advantage and would add a depth of opportunity that would also help retain staff. The introduction of mobile working with the use of hand devices would also benefit staff by reducing office and travelling time, and improve the number of hours spent with patients.
- 4.8 The Sub-Committee discussed how the Trust would be organised, and noted that Governance arrangements would be much more thoughtful in engaging with residents and in being held to account. James Riley commented that the new arrangements would provide for appointed Governors to include an element of staff, alongside resident and commissioner representatives. The Governors would be required to approve the strategy of the organisation, and would have the power to appoint non-executive directors and to veto the appointment of the Chief Executive. CLCH considered the range of Governors to be a statement of their intention to become a community rooted organisation, and to create a standard that would help retain staff.
- 4.9 Members discussed the availability of property for health care, and noted that 18 of the 116 properties that had been previously owned by the Primary Care Trust had transferred to Community Health, with the remainder transferring to NHS Property Services. The Sub-Committee acknowledged that the availability of premises and the age of the General Practitioners presented specific difficulties within Westminster, and noted that gaining Foundation Trust status would give CLCH the ability to operate on a more commercial basis and borrow funding to buy property.
- 4.10 CLCH acknowledged the role of Scrutiny in their relationship with the City Council, and noted that following legislation, public health and children's services were now commissioned by the local authority. The Sub-Committee commented on the need for Health Scrutiny to focus on outputs and the quality of performance by CLCH rather than on management, and highlighted the value of effective engagement and consultation. CLCH acknowledged the need to be proactive in partnership working, and similarly recognised the value of joint discussions in cases which involve large contracts, substantial change, or the commission of new services.
- 4.11 It was suggested that Directors of the Trust attend meetings of the Scrutiny Committee, and that the Foundation Trust application be presented to the main Policy & Scrutiny Committee for discussion and to enable the application to include details of the formal relationship with Westminster. It was also suggested that Committee Members similarly attend the Trust Board to speak about the role of Scrutiny, and it was agreed that this proposal would be discussed with the City Council's Tri-Borough Scrutiny partners in order that it may be taken forward.

- 4.12 Other issues discussed at the Sub-Committee included the inter-operability between the information systems of different organisations, and the move toward establishing a single, shared care record; integrating services; and implementation of the 2014 Care Act.
- 4.13 CLCH agreed that it would be beneficial for the City Council to be kept aware of the Trust's Work Programme, and the Sub-Committee proposed that specific issues could be considered jointly through the City Council's Task Groups, which had proved to be an effective approach.
- 4.14 The Sub-Committee agreed that a joint working protocol between CLCH and Westminster's Health Scrutiny Committee would be drawn up and agreed, which would improve the effectiveness of partnership and improve health outcomes for residents.
- 4.15 The Sub-Committee thanked the representatives from CLCH for attending the meeting, and for the useful presentation and discussion.
- 4.16 **RESOLVED:** That
- 1) A protocol be established for partnership working between the City Council and Central London Community Healthcare; and
 - 2) The Chairman meet with the other Tri-Borough Scrutiny Chairmen to discuss how best to talk to the Directors of Central London Community Healthcare.

5 ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT

- 5.1 There was no urgent business to raise.

The Meeting ended at 11:40am.

CHAIRMAN: _____

DATE _____



Health Urgency Policy & Scrutiny Committee

Date:	30 th June 2015
Classification:	General Release
Title:	IMPERIAL COLLEGE HEALTHCARE NHS TRUST: RECONFIGURATION OF STROKE SERVICES
Report of:	Policy & Scrutiny Manager
Cabinet Member Portfolio	n/a
Wards Involved:	All
Policy Context:	City for All: Choice
Cover Sheet and Contact Details:	Mark Ewbank x2636 mewbank@westminster.gov.uk

1. Executive Summary

- 1.1 Imperial College Healthcare NHS Trust has contacted the Council in respect of a temporary reconfiguration of stroke services at St Mary's Hospital. The Hyper-Acute Stroke Service (HASU) is currently based at Charing Cross Hospital but, as part of 'Shaping a Healthier Future' (the wider NHS reconfiguration across North West London), it is due to move to St Mary's Hospital in the next few years (as it needs to be located next to Major Trauma for clinical reasons). However, Imperial are proposing that Westminster's regular stroke services (i.e. inpatient beds) are moved from St Mary's to be co-located with the HASU at Charing Cross whilst the redevelopment of St Mary's is underway. It is a proposed transfer out from St Mary's but just in the short- to medium-term. The longer-term plan is for all stroke services to be co-located on a re-developed St Mary's site.

2. Key Matters for the Committee's Consideration

- The Committee is being consulted for its views under the Health and Social Care Act 2012.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Mark Ewbank x2636 in the first instance mewbank@westminster.gov.uk

BACKGROUND PAPERS

Nil return

APPENDICES

Appendix A: Proposed co-location of stroke services

Appendix B: Proposal for co-location of stroke services – Board Paper

Trust Board - Public

Agenda Item	3.1
Title	Proposal for co-location of stroke services
Report for	Decision
Report Author	Prof. Tim Orchard, Divisional Director, Medicine
Responsible Executive Director	Steve McManus, Chief Operating Officer

Executive Summary

Currently, Imperial College Healthcare NHS Trust provides two stroke units – at Charing Cross Hospital in Hammersmith and St Mary’s Hospital in Paddington - as well as a hyper acute stroke unit (HASU) at Charing Cross Hospital.

There is a strong clinical consensus within the Trust that providing our stroke services across two hospital sites is not sustainable in terms of quality or efficiency. We believe there are significant benefits in creating a fully integrated service on one site in terms of seven-day access to senior specialist clinicians, therapists and MRI scanning services.

The stroke unit at St Mary’s Hospital, caring for around 180 patients per year, is based in the Grafton Ward which features old and outdated facilities. There is no prospect of significantly improving these facilities in advance of the planned major redevelopment of the St Mary’s estate which is at least five years away. There is an opportunity to re-provide this service in larger, modern facilities at Charing Cross Hospital in the interim.

St Mary’s Hospital is a major acute hospital for the region, with the designated major trauma centre for north west London. Given the important connections between Accident and Emergency (A&E), major trauma and the HASU, our longer term plan is for all stroke services to be co-located on a re-developed St Mary’s site.

This proposal is about raising the overall quality of care available to stroke patients, their families and carers through the co-location of the Trust’s stroke services on one site. The total number of inpatient beds and stroke service staff would remain unchanged.

The main reasons underlying the proposal to change our current stroke services are to:

- Provide the best outcomes and experience for patients, their families and carers
- Improve access to therapy services
- Provide 7-day, 24-hour consultant cover for all our patients, in line with best practice guidelines set out by the Royal College of Physicians
- Co-locate stroke and neurosurgical services
- Provide 24 hour availability of MRI scanning service
- Reduce the average length of stay for all stroke patients
- Have the best trained stroke specialist teams.

Recommendation to the Board

The Board is asked to approve that engagement and communications on the proposed stroke service co-location proceeds followed by a further report for consideration by the Board on the outcomes of this process.

Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To educate and engage skilled and diverse people committed to continual learning and improvement.
- As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

Proposal for co-location of stroke services

Purpose of the report

This proposal is about raising the overall quality of care available to stroke patients, their families and carers through the co-location of the Trust's stroke services on one site.

Currently, Imperial College Healthcare NHS Trust provides two stroke units – at Charing Cross Hospital in Hammersmith and St Mary's Hospital in Paddington - as well as a hyper acute stroke unit (HASU) at Charing Cross Hospital.

There is a growing clinical impetus for moving the St Mary's Hospital stroke unit to Charing Cross Hospital to enable us to create a fully integrated service on one site as soon as possible. This is supported by the clinical stroke lead clinician for London and the NHS.

The proposed move would be an interim measure for approximately five years until the stroke service could be permanently centralised in new facilities at St Mary's Hospital as set out in the Trust's clinical strategy published in July 2014 and as agreed as part of the London-wide improvement of stroke services agreed in 2008.

The Trust Board is asked to approve proceeding with a process of engagement on the proposal. Once timelines are agreed, the engagement with staff directly affected by the proposed change would run concurrently with the public engagement.

Background

In 2008, as part of the London-wide improvement of stroke services, the Trust successfully bid to run a HASU as well as two stroke units.

Subsequently, the HASU opened at Charing Cross Hospital in December 2009. The public consultation that informed the London stroke services improvement project showed a preference for co-locating HASUs on the same site as major trauma centres, as they need similar back-up and support. The longer term agreement was therefore to move the HASU to St Mary's Hospital, which runs the major trauma centre for north west London, as part of the future redevelopment of the St Mary's site.

Our two stroke units are based at Charing Cross Hospital, next to the HASU, and at St Mary's Hospital.

We provide outpatient follow-up services and TIA (transient ischaemic attack) investigation services at both Charing Cross and St Mary's hospitals.

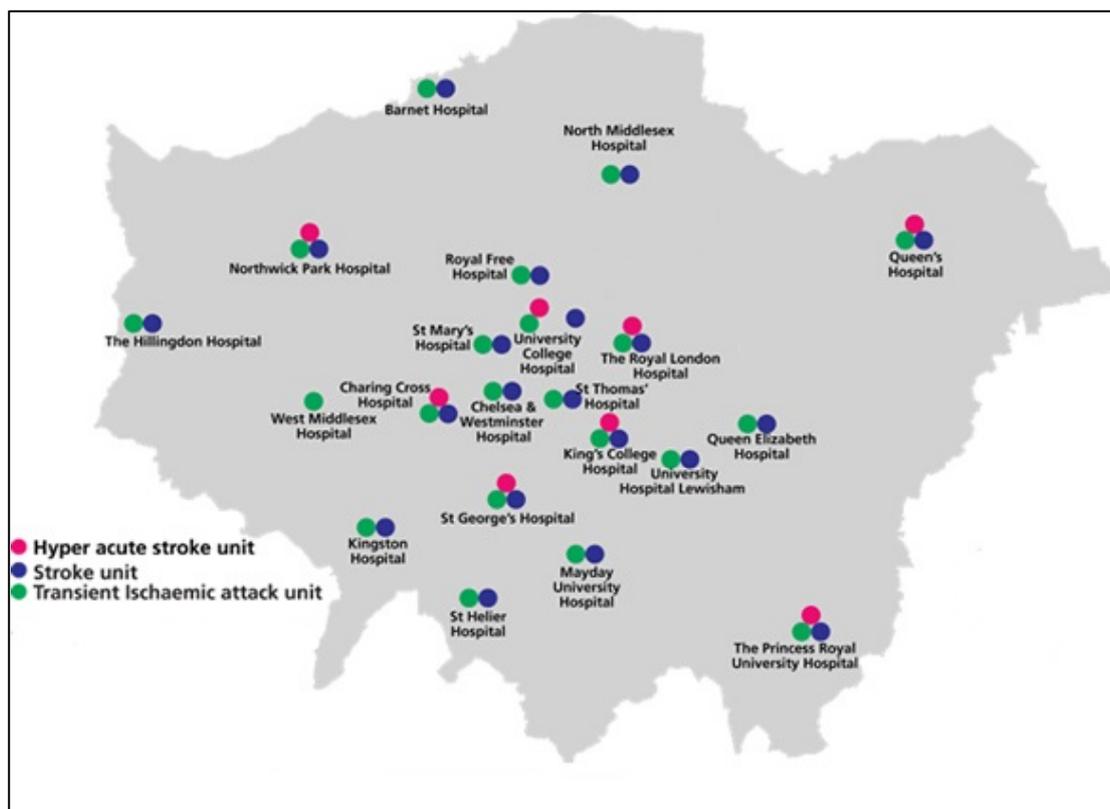
During the year 2014/15, we treated 1,745 patients in the HASU, 379 in the Charing Cross stroke unit and 186 in the St Mary's stroke unit.

Patient admissions 2014/15

Site	Stroke	TIA	Other
Charing Cross HASU	1111	162	472
Charing Cross Stroke Unit	343	7	26
St Mary's Stroke Unit	186	-	-

London Stroke Network

There are eight HASUs and 24 stroke units across London.



The case for change

There is a strong clinical consensus within the Trust that providing stroke services across two hospital sites is not sustainable in terms of quality or efficiency. The main benefit of the proposed co-location would be better patient outcomes and experience with improved continuity of care. The entire stroke specialist team would be on one site and would be better equipped to deliver the quality of service for all stroke patients within the recommendations of the Royal Colleges for working seven days per week.

The proposal is in line with the Trust's clinical strategy, approved by the Board in July 2014, which set out the case for co-locating stroke services. The strategy states:

“4.2.4 Stroke and neurosciences

There is strong clinical consensus that providing inpatient stroke and neurosciences services across three sites is not sustainable from a safety and quality perspective. There are critical clinical adjacencies with A&E, major trauma and the hyper acute stroke unit and so all stroke services plus a neurosurgical elective spinal service will be based alongside those services on the St Mary's major acute site. Remaining elective neurosciences

services will be based at Hammersmith Hospital alongside related specialties, particularly head and neck/base of skull surgery.”

The main reasons underlying the proposal to change our current stroke services are to:

- **Provide the best outcomes and experience for patients, their families and carers.** The current stroke unit at St Mary’s Hospital is based in old and outdated facilities. There is no prospect of significantly improving these facilities in advance of the planned major redevelopment of the St Mary’s estate which is at least five years away. The current facilities are cramped, reducing privacy for patients, and do not include a day room where patients can spend time with visitors during their recovery period in hospital. There is an opportunity to re-provide this service in larger, modern facilities at Charing Cross Hospital in the interim.
- **Improve access to therapy services.** Having all specialist therapy staff on one site, with an expanded and improved gym, would enable us to provide high-quality, seven day services to all stroke patients. The more therapy stroke patients receive, the better their potential outcome.
- **Provide seven-day consultant review for all our patients, in line with best practice guidelines set out by the Royal College of Physicians.** As there is a much smaller service at St Mary’s Hospital, there have not been enough patients to support the workload for a specialist consultant to be on duty for routine work at the weekends. Instead, there is daily consultant review from Monday to Friday only. Integrating the two stroke units and co-locating them with the HASU, would enable us to have seven day access to a stroke consultant on site for all stroke patients.
- **Co-location of stroke and neurosurgical services** Charing Cross Hospital has neuro-surgeons on-site and bringing together specialist services will mean better clinical outcomes and safer services for patients.
- **24-hour availability of MRI scanning service** Linked to the HASU and neuro-surgery services, Charing Cross has 24-hour availability of MRI scanning services. With a co-located stroke service at Charing Cross, all stroke patients would have access to 24-hour MRI if their condition should deteriorate.
- **Reduce the average length of stay for all stroke patients.** The average length of stay for a stroke patient at Charing Cross is 18 days compared with 26 days at St Mary’s. This is partly linked to increased access to specialist consultants and other specialist clinicians and greater availability of therapy services.
- **Have the best trained stroke specialist teams.** By creating an integrated stroke service on one site, rather than being split over two sites, we would be able to deploy our doctors, nurses and therapists more effectively. This would improve rota cover, training opportunities, communication and shared learning.

Proposed service model for stroke care

The Trust wants to deliver the best outcomes and experience for all our stroke patients. We believe that the proposed changes would enable us to meet fully best practice standards seven days a week, enabling patients to have the fullest and speediest recovery possible.

Current stroke services at the Trust:

- Hyper acute stroke unit (HASU), with 20 beds at Charing Cross Hospital
- A stroke unit at Charing Cross Hospital with 20 beds, a gym, and day room
- A stroke unit at St Mary's Hospital with 14 beds and a small gym
- TIA (transient ischaemic attack) investigation services at Charing Cross and St Mary's hospitals
- Outpatient follow-up clinics at Charing Cross and St Mary's hospitals

Proposed stroke services at the Trust:

To support best practice, we propose moving the St Mary's Hospital stroke unit to Charing Cross Hospital to create a fully integrated service on one site. The service would be provided across one floor and would include:

- Hyper acute stroke unit (HASU), with 20 beds at Charing Cross Hospital
- A stroke unit at Charing Cross Hospital with 34 beds, an expanded gym, and day room
- TIA (transient ischaemic attack) investigation service at Charing Cross Hospital
- In addition, there would be outpatient follow-up clinics at Charing Cross and St Mary's hospitals

The total number of inpatient beds and stroke service staff would remain unchanged.

Benefits of the proposed co-location would be realised through:

- Better usage of beds allowing consistency of management, reduction in the average length of stay by avoiding internal waits for transfers, availability of senior therapy and nursing staff expertise.
- Better staff utilisation:
 - Consultants able to participate in combined clinics.
 - Additional flexibility to provide internal cover.
 - No requirement to maintain consultant cover on both sites.
 - More efficient use of therapy staff and strengthened cover with senior staff all on one site.
 - Ability to increase the critical mass of staff to cross cover sickness and annual leave.
 - Ability to increase the critical mass of patients in order to run efficient models of working such as group exercise classes and stroke education groups for patients.
- Management issues will be improved significantly with standardised operating procedures and consistency of pathways.
- Better informed staff who will be able to access teaching and departmental meetings on one site.
- More efficient stroke departmental management eg: audits, infection control issues and other trust procedures.
- Less duplication of meetings.
- More rapid referral of patients from HASU to the stroke unit.
- Improved TIA service running seven days a week with a simpler referral system for primary care physicians.

- Overall improved access to training, teaching and research. There are currently no training grade junior staff within the existing stroke service on the Charing Cross Hospital site where there is a wealth of clinical material available for teaching and training purposes.

There are also opportunities for efficiencies:

- Improved bed usage through reduced average length of stay
- Reduction in the use of bank and agency staff due to greater staffing resilience
- Improved efficiency due to reduction in transferring between sites
- Larger potential for research opportunities because of the larger cohort of patients available in one place
- The ward foot print would allow for future re-design for the rehabilitation pathway.

Public engagement

If given the go ahead by the Trust Board, we would proceed with a process of engagement on the proposal. The purpose of this engagement would be to give service users, partner organisations, other interested individuals and organisations, and the public the opportunity to:

- Understand how the Trust wants to improve the stroke service.
- Make any comments or raise any questions about the proposed change.

Once timelines are agreed, the consultation process with Trust staff directly affected by the proposal would run concurrently.

Trust staff engagement

There would be a robust plan for engaging with all staff directly involved in the proposed change along with a restructure consultation to further underpin the leadership of the services. It is planned to undertake this internal consultation concurrently and alongside the external process.

Access and travel issues

We appreciate the proposed changes may result in increased travelling times for some patients and visitors but we believe this would be more than offset by the improvements in outcomes and experience.

There would still be outpatient stroke services at both Charing Cross and St Mary's hospitals so there would be no travel impact for patients once they were discharged from hospital.

We recognise however, that this will form an important issue to be addressed during the engagement process.

Additional benefits for emergency services at St Mary's Hospital

The Trust has been working on how we can best develop our existing services and sites to meet changing health needs, both in the longer term as set out in our clinical strategy and

estates redevelopment plans, as well as in the short term over the next five years.

St Mary's Hospital is a major acute hospital for the region, with the designated major trauma centre for north west London. Given the important connections between A&E, major trauma and the HASU, our longer term plan is for all stroke services, plus a neurosurgical elective spinal service, to be co-located on a re-developed St Mary's site.

In the short term, however – at least over the next five years - we need to find solutions to the capacity pressures at St Mary's Hospital caused by our old and outdated estate. We will also be looking at how best to utilise each of our hospital sites through reviewing opportunities to consolidate or optimise clinical adjacencies.

Stakeholder engagement on the proposal

This proposal is supported by Professor Tony Rudd, the National Clinical Director for Stroke at NHS England, London Stroke Clinical Director and Stroke Programme Director, Royal College Physicians London. NHS England is the lead organisation for commissioning stroke services across London. We have begun close liaison with our local authority partners, clinical commissioning groups, patient groups and other key local stakeholders on this proposal.

Potential timescales

The proposal is for the co-location to take place during the second half of 2015 before the winter period, subject to the outcomes of the engagement process and further consideration of these by the Trust Board before reaching its decision.

Finance issues

While finance is not the primary reason for the proposed co-location there are opportunities for savings which arise from the efficiencies outlined above:

- Reduction in transfers of patients between sites.
- Reduced average length of stay for patients and improved bed usage.
- Avoiding use of agency staff.
- Larger cohort for research opportunities.
- Junior doctors' rotas being made more robust.

There would however, be a small, non-recurrent capital cost for refurbishing the area for the expanded stroke unit at Charing Cross Hospital.

Risks

Risk	Likelihood	Mitigation
Lack of wider staff support for the changes	Low	Clinical consensus on the need to co-locate services to improve quality and efficiency and full staff consultation on changes to roles and main place of work
Impact on junior grade doctors covering the medical acute rota at St Mary's Hospital	Low	This would be reviewed alongside a proposal for a new junior grade rota at Charing Cross Hospital. Furthermore, co-location of services would increase consultant presence on one site providing additional flexibility.
Access issues for some patients impacts negatively on patient experience	Medium	Ensure access/transport – and any other concerns – are fully covered and addressed as part of the public engagement.

References:

<http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/London-Stroke-Strategy.pdf>
<https://www.rcplondon.ac.uk/sites/default/files/national-clinical-guidelines-for-stroke-fourth-edition.pdf>

Recommendation to the Board

To approve that engagement and communications on the proposed stroke service co-location proceeds followed by a further report for consideration by the Board on the outcomes of this process.

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Proposed co-location of stroke services

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Executive summary

Imperial College Healthcare NHS Trust is asking patients, carers, local residents and other stakeholders about the proposal to bring its inpatient stroke services together at Charing Cross Hospital in Hammersmith later this year.

This proposal is about raising the overall quality of care available to stroke patients, their families and carers through the co-location of the Trust's stroke services on one site.

Currently, the Trust provides two stroke units – at Charing Cross Hospital in Hammersmith and St Mary's Hospital in Paddington - as well as a hyper acute stroke unit (HASU) at Charing Cross Hospital.

We see significant benefits in moving the St Mary's Hospital stroke unit to Charing Cross Hospital to create a fully integrated service on one site. The total number of inpatient beds and stroke service staff would remain unchanged.

The current stroke unit at St Mary's Hospital is based in old and outdated facilities. There is no prospect of significantly improving these facilities in advance of the planned major re-development of the St Mary's estate which is at least five years away. There is an opportunity to re-provide this service in larger, modern facilities at Charing Cross Hospital in the interim.

St Mary's Hospital is a major acute hospital for the region, with the designated major trauma centre for north west London. Given the important connections between Accident and Emergency (A&E), major trauma and the HASU, our longer term plan is for all stroke services to be co-located on a re-developed St Mary's site.

The main reasons underlying the proposal to change our current stroke services are to:

- provide the best outcomes and experience for patients, their families and carers
- improve access to therapy services
- provide 7-day, 24-hour consultant cover for all our patients, in line with best practice guidelines set out by the Royal College of Physicians
- co-locate stroke and neurosurgical services
- provide 24-hour availability of MRI scanning services
- reduce the average length of stay for all stroke patients
- have the best trained stroke specialist teams

The Trust wishes to engage as widely as possible on the proposal outlined in this document. We will review and consider all the feedback we receive as we consider the Trust's decision.

Introduction

The Trust wants to deliver the best possible care for patients who experience a stroke.

This document explains the changes that we are proposing to seek to achieve this vision. We welcome any comments on the proposals outlined in this document and will endeavour to answer any questions.

About the Trust

Imperial College Healthcare NHS Trust provides acute and specialist healthcare for a population of just under two million people in north west London, and more beyond. Formed in 2007, we are one of the largest NHS trusts in the country.

With our academic partner, Imperial College London, we are one of the UK's seven academic health science centres, working to ensure the rapid translation of research for better patient care. We are also part of Imperial College Health Partners, the academic health science network for north west London, spreading innovation and best practice in healthcare more widely across our region.

In July 2014, the Trust published our new clinical strategy which set out how our clinicians would like to connect our many different services and specialties across our three main sites in order to achieve the best clinical outcomes. To support this, we proposed re-developing our three main sites to have their own distinct, yet interdependent, offer.

Our hospitals

There are five hospitals in the Trust.

Charing Cross Hospital, Hammersmith – providing a range of acute and specialist care, it also hosts the hyper acute stroke unit for the region and is a growing hub for integrated care in partnership with local GPs and community providers. Our clinical strategy envisages Charing Cross evolving to become a new type of local hospital, offering a wide range of specialist, planned care as well as integrated care and rehabilitation services for older people and those with long-term conditions. Charing Cross has a 24/7 A&E department.

Hammersmith Hospital, Acton – a specialist hospital renowned for its strong research connections. It offers a range of services, including renal, haematology, cancer and cardiology care, and runs the regional specialist heart attack centre. As well as being a major base for Imperial College, the Acton site also hosts the Clinical Sciences Centre of the Medical Research Council. Under our clinical strategy, the hospital would build further on its specialist and research reputation.

Queen Charlotte's & Chelsea Hospital, Acton – a maternity, women's and neonatal care hospital, also with strong research links. It has a midwife-led birth centre as well as specialist services for complicated pregnancies, foetal and neonatal care. Our clinical strategy sets out a continuing role for both of our specialist hospitals sharing the Acton site, alongside major facilities for Imperial College London.

St Mary's Hospital, Paddington – the major acute hospital for north west London as well as a maternity centre with consultant and midwife-led services. The hospital provides care across a wide range of specialties and runs one of four major trauma centres in London in addition to its 24/7 A&E department. We are proposing a major redevelopment of the St Mary's site to bring together more of our acute care in state-of-the-art facilities.

Western Eye Hospital, Marylebone – a specialist eye hospital with a 24/7 A&E department. We are planning to relocate the whole service to new facilities on the redeveloped St Mary's site.

You can read more about the Trust's vision, objectives and future plans on our website at www.imperial.nhs.uk

How stroke services are currently provided

About strokes

A stroke is a serious medical condition that occurs when the blood supply to part of the brain is cut off. Strokes are a medical emergency and prompt treatment is essential - the sooner a person receives treatment for a stroke, the less damage will be caused.

If you have a stroke, you will be taken to the A&E department of the nearest hospital with a hyper acute stroke unit – often referred to as a ‘HASU’. These designated HASUs have a range of clinical professionals who are specifically trained and experienced in stroke care. There are eight HASUs in London – Charing Cross Hospital currently provides the HASU for the whole of north west London.

Once in the appropriate hospital, the patient will have a series of medical tests to show where the stroke is, how serious it is, and what caused it. The sooner these tests are carried out the better, because some treatments are only effective if given within a short period of time after the onset of the stroke.

All stroke patients admitted to the HASU can be assessed, undergo a brain scan, be diagnosed and given life-saving clot-busting drugs within 30 minutes of arriving at the hospital, 24 hours a day, seven days a week.

For the first few days following a stroke, a patient in the HASU will receive intensive care from a specialist team of doctors, nurses and therapists. After about three days, as soon as the patient is well enough, they will be transferred to one of 24 stroke units across London as they do not need such intensive care and where the focus is on rehabilitation. There is currently a stroke unit at both Charing Cross Hospital and St Mary’s Hospital.

In the stroke unit, a specialist team will continue to care for each stroke patient’s often complex needs, setting out the best medication and treatment, providing therapy and helping plan for life after stroke, until the patient is well enough to go home or move to a rehabilitation unit for further intensive therapy.

The duration of the inpatient stay will depend on the severity of the impact of the stroke and the subsequent symptoms.

London has also improved its response to transient ischaemic attack – ‘TIA’ or a ‘warning stroke’ - and now has 24 TIA services across the capital. These services make a fast diagnosis and provide access to a specialist within 24 hours for people at high risk of a more severe stroke or within seven days for those at low risk. There is currently a TIA service at both Charing Cross Hospital and St Mary’s Hospital.

Our current stroke services

In 2009, as part of the London-wide improvement of stroke services, the Trust successfully bid to run a HASU and two stroke units.

Subsequently, the HASU opened at Charing Cross Hospital in December 2009.

The public consultation that informed the London stroke services improvement project showed a preference for co-locating HASUs on the same site as major trauma centres, as they need similar back-up and support. The longer term agreement was therefore to move the HASU to St Mary's Hospital, which runs the major trauma centre for north west London, as part of the future redevelopment of the St Mary's site.

Current stroke services at the Trust:

- Hyper acute stroke unit – (HASU), with 20 beds at Charing Cross Hospital
- A stroke unit at Charing Cross Hospital with 20 beds, a gym, and day room
- A stroke unit at St Mary's Hospital with 14 beds and a small gym
- TIA (transient ischaemic attack) investigation services – at Charing Cross and St Mary's hospitals
- Outpatient follow-up clinics – at Charing Cross and St Mary's hospitals

Our two stroke units are currently based at Charing Cross Hospital, next to the HASU, and at St Mary's Hospital.

We provide outpatient follow-up services and TIA investigation services at both Charing Cross and St Mary's hospitals.

During the year 2014/15. We treated 1,745 patients in the HASU, 379 in the Charing Cross stroke unit and 186 in the St Mary's stroke unit. In addition, some 1,000 patients attended one of our TIA investigation services in the same 12-month period.

The case for change

This section summarises the main issues driving us to propose changes to our current stroke services.

There is a strong clinical consensus within the Trust that providing stroke services across two hospital sites is not sustainable in terms of quality or efficiency. We believe there are significant benefits in creating a fully integrated service on one site in terms of seven-day access to senior specialist clinicians, therapists and MRI scanning services.

Main reasons for the proposal to change our current stroke services

We want to provide the best outcomes and experience for patients, their families and carers. The current stroke unit at St Mary's Hospital is based in old and outdated facilities. There is no prospect of significantly improving these facilities in advance of the planned major redevelopment of the St Mary's estate which is at least five years away. The current facilities are cramped, reducing privacy for patients, and do not include side rooms or a day room where patients can spend time with visitors during their recovery period in hospital. There is an opportunity to re-provide this service in larger, modern facilities at Charing Cross Hospital in the interim.

We want to improve access to therapy services. Having all specialist therapy staff on one site, with an expanded and improved gym, would enable us to provide high-quality, seven-day services to all stroke patients. The more therapy stroke patients receive, the better their potential outcome.

We want to provide seven-day consultant cover for all our patients, in line with best practice guidelines set out by the Royal College of Physicians. As there is a much smaller service at St Mary's Hospital, there have not been enough patients to support the workload for a specialist consultant to be on duty for routine work at the weekends. Instead, there is daily consultant review from Monday to Friday only. Integrating the two stroke units and co-locating them with the HASU, would enable us to have seven-day access to a stroke consultant on site for all stroke patients.

We want to co-locate stroke and neurosurgical services. Charing Cross Hospital has neurosurgeons on-site and bringing together specialist services will mean better clinical outcomes and safer services for patients.

We want to provide 24-hour availability of MRI scanning services. Linked to the HASU and neuro-surgery services, Charing Cross Hospital has 24-hour availability of MRI scanning services. With a co-located stroke service at Charing Cross, all stroke patients would have access to 24-hour MRI scanning if their condition should deteriorate.

We want to reduce the average length of stay for all stroke patients. The average length of stay for a stroke patient at Charing Cross stroke unit is 18 days compared with 26 days at St Mary's stroke unit. This is partly linked to increased access to specialist consultants and other specialist clinicians and greater availability of therapy services.

We want to have the best trained stroke specialist teams. By creating an integrated stroke service on one site, rather than being split over two sites, we would be able to deploy our doctors, nurses and therapists more effectively. This would improve rota cover, training opportunities, communication and shared learning.

What is our proposed service model for stroke care?

The Trust wants to deliver the best outcomes and experience for all our stroke patients. We believe that the proposed changes would enable us to meet fully best practice standards seven days a week, enabling patients to have the fullest and speediest recovery possible.

This proposal is supported by NHS England which is the lead organisation for commissioning stroke services across London.

Proposal for co-location of stroke services on one site

Proposed stroke services at the Trust:

To support best practice, we propose moving the St Mary's Hospital stroke unit to Charing Cross Hospital to create a fully integrated service on one site. The service would be provided across one floor and would include:

- Hyper acute stroke unit – (HASU), with 20 beds at Charing Cross Hospital
- A stroke unit at Charing Cross Hospital with 34 beds, an expanded gym, and day room
- TIA (transient ischaemic attack) investigation service at Charing Cross Hospital
- In addition, there would be outpatient follow-up clinics at Charing Cross and St Mary's hospitals

Benefits of proposed change

Under this proposed new model all stroke patients would have access to a seven-day service provided by a team of specialist stroke and neurology consultants and therapists.

A single stroke unit located in the same hospital as the HASU would help improve clinical outcomes for patients through quicker referral of patients between the units, including in the case of a patient deteriorating and needing to be moved back to the HASU.

The move to a single stroke unit on the Charing Cross site would also improve patient experience with better continuity of care, more access to skilled doctors, nurses and therapists, and a more modern environment.

In summary, we believe that the proposed integrated service would bring significant benefits for patients, their families and our staff, through:

- Improved outcomes for patients
- Better patient experience with improved continuity of care and a more modern environment
- Increased availability of expert consultants, senior nurses and specialist therapists
- Improved access to therapy services

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- Co-located stroke and neurosurgical services
 - 24-hour availability of MRI scanning services
 - Reduced average length of stay for all patients
 - Improved working arrangements for staff
 - Better professional skills development and access to education and training
 - More efficient use of beds.

This move would be an interim measure for approximately five years until the whole, integrated stroke service was re-located in new facilities at St Mary's Hospital as described earlier.

Access and travel issue

We appreciate the proposed changes may have an impact on travelling times particularly for some visitors, but we believe this would be more than offset by the improvements in patient outcomes and experience.

A single, integrated stroke unit at Charing Cross Hospital could mean a potentially longer journey for visitors of patients who would currently be cared for in the St Mary's Hospital stroke unit – specifically, those from the boroughs of Brent and Westminster.

There would still be outpatient stroke services at both Charing Cross and St Mary's hospitals so there would be no travel impact for patients once they were discharged from hospital.

We recognise however, that this will form an important issue to be addressed during the engagement process.

Potential timescales

The proposal is for the changes to take place during the second half of 2015 before the winter period, subject to the outcome of the engagement process.

Additional benefits for emergency services at St Mary's Hospital

The Trust has been working on how we can best develop our existing services and sites to meet changing health needs, both in the longer term as set out in our clinical strategy and estates redevelopment plans, as well as in the short term over the next five years.

St Mary's Hospital is a major acute hospital for the region, with the designated major trauma centre for north west London. Given the important connections between A&E, major trauma and the HASU, our longer term plan is for all stroke services, plus a neurosurgical elective spinal service, to be co-located on a re-developed St Mary's site.

In the short term, however – at least over the next five years - we need to find solutions to the capacity pressures at St Mary's Hospital caused by our old and outdated estate.

We are therefore considering which non-emergency services – such as the stroke unit – could be safely relocated to other Trust sites during the period before the redevelopment and modernisation of St Mary's Hospital is completed.

Have your say

The Trust wishes to engage as widely as possible on the proposal outlined in this document. The purpose of this process is to give you, the public and service users, the opportunity to:

- understand how we want to improve this service, and
- make any comments or raise any questions that you might have about the proposed change we outline.

The timeline for comments is a four week period commencing Monday 15 June and ending Friday 10 July 2015.

We will review and consider all the feedback we receive as we consider the Trust's decision.

Your comments

Please provide any comments you wish to make on the proposals outlined within this document.

Please send your comments to: trust.communications@imperial.nhs.uk

The deadline for submitting your comments is Friday 10 July 2015.

All enquiries regarding this document should be directed to:

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Foundation trust

We are committed to achieving foundation trust status to bring us closer to our patients, local communities, staff and partner organisations.

Becoming a foundation trust will demonstrate the care we provide meets the highest standards of safety and quality and the Trust is a well-organised and well-governed organisation.

Foundation trusts offer patients, members of the public, the people who work for them and other partners, the opportunity to become a member of the Trust and have more of a say in how the Trust is run.

You can find out more at our website: www.imperial.nhs.uk/foundation-trust

If you have any questions about membership, please email: ft@imperial.nhs.uk

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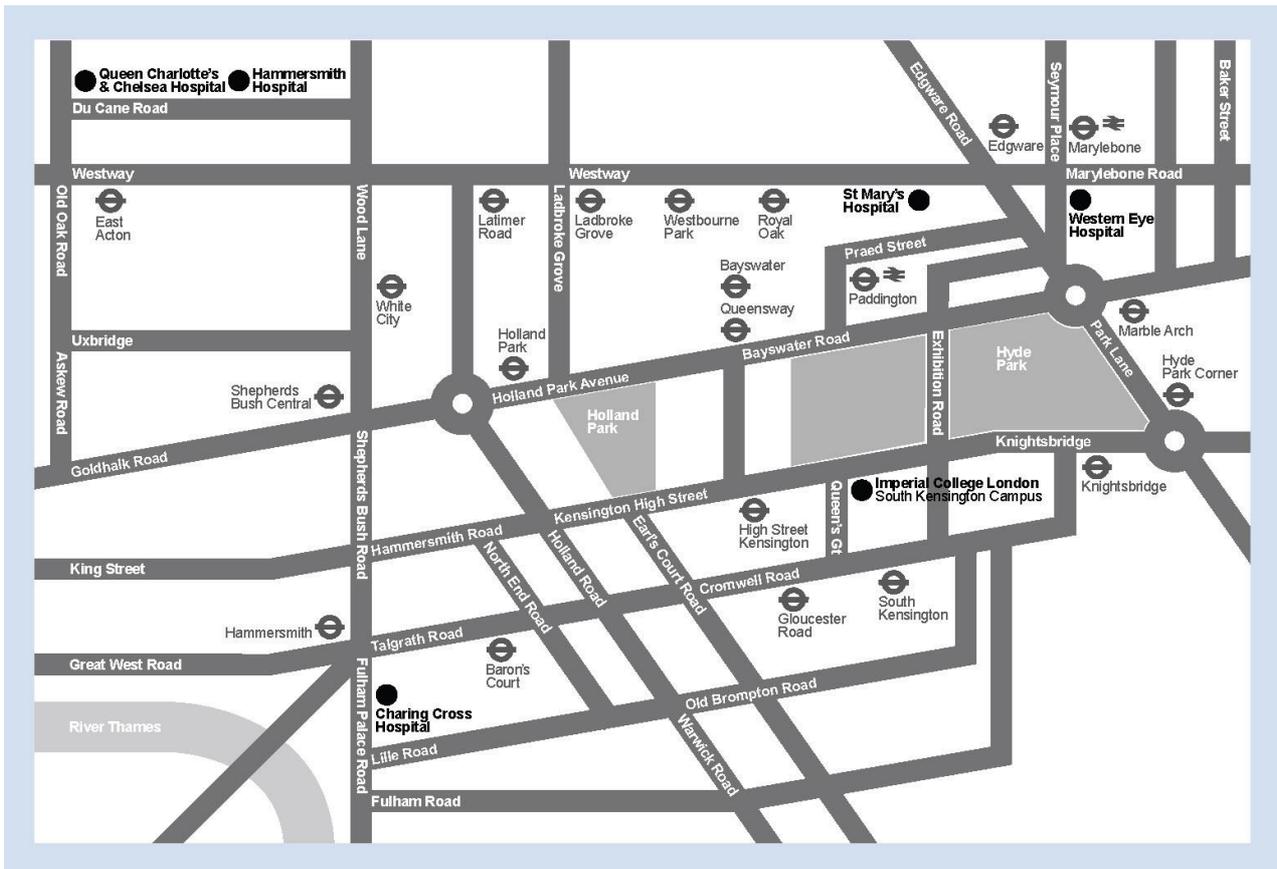
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