

Meeting:	Overview and Scrutiny Committee
Date:	21 April 2009
Subject:	Progress report on Harrow scrutiny's response to Healthcare for London consultation on stroke and major trauma services in London
Responsible Officer:	Tom Whiting, Assistant Chief Executive
Exempt:	Part 1
Enclosures:	<ol style="list-style-type: none">1) Update reports from the pan-London Joint Overview and Scrutiny Committee and Harrow's scrutiny working group2) Project plan for Harrow's Healthcare for London scrutiny working group

Section 1 – Summary and Recommendations

This report follows the report presented to Overview and Scrutiny Committee on 26 January 2009 on the Healthcare for London (HfL) consultation on proposals for stroke and major trauma services in London. This report provides an update on the work of the pan-London Joint Overview and Scrutiny Committee (JOSC) and also that of the Harrow HfL scrutiny working group.

Recommendations:

It is requested that the Overview and Scrutiny Committee:

- 1) Note the progress of the pan-London JOSC and Harrow scrutiny working group.
- 2) Identify any local issues that it would like given particular consideration, by the working group, in developing Harrow scrutiny's response to the HfL consultation.
- 3) Agree that the Harrow scrutiny response to the HfL consultation, be 'signed off' by the Chairman of Overview and Scrutiny Committee, in liaison with members of the scrutiny working group.

Section 2 – Report

Background

In *Healthcare for London: A Framework for Action*¹, Professor Lord Ara Darzi set out a vision for the transformation of health and healthcare in London. The public consultation on the principles for change and models of healthcare in London *Consulting the Capital* ran from November 2007 to March 2008.

A second consultation² proposes some of the first steps to make the vision reality, by focusing on particular clinical areas that have been identified as needing immediate attention – adult services for acute stroke care³ and adult services for acute major trauma care⁴. 64% of respondents from the first consultation had agreed with the proposal for specialised trauma centres and 67% had agreed with specialised stroke centres. The proposals contained within the second consultation have been developed based on clinical evidence and examples of best practice.

As the proposals are considered a ‘substantial variation or development’ to local healthcare services, a public consultation statutorily requires the affected authorities’ Overview and Scrutiny Committees to form a pan-London Joint Overview and Scrutiny Committee (JOSC) to consider the implications and the consultation process from a scrutiny perspective. Therefore a pan-London JOSC will look at both acute stroke and major trauma care proposals, to work in the same way as the JOSC which responded to the consultation on the models of healthcare.

Current situation

Each Overview and Scrutiny Committee participating in the pan-London JOSC is represented by one elected member of their authority. Harrow’s representative is Councillor Vina Mithani and the reserve member is Councillor Margaret Davine. Harrow scrutiny has reconvened its scrutiny working group for Healthcare for London, which is charged with facilitating the Harrow representative’s contribution and input at the JOSC, as well as drafting Harrow scrutiny’s individual response to the Healthcare for London consultation.

The terms of reference for this working group⁵ are to:

- Consider the proposals for change as set out in the PCT consultation document relating to Healthcare for London’s Improving Stroke and Major Trauma Services in London consultation.
- Consider whether the Healthcare for London proposals are in the interests of the health of local people and will deliver better healthcare for Harrow’s residents.
- Consider the PCT consultation arrangements and whether this is inclusive and comprehensive for local people.

¹ *Healthcare for London: A Framework for Action*, NHS London, July 2007.

² *The Shape of Things to Come – Consultation on developing new, high-quality major trauma and stroke services in London*, Healthcare for London, January 2009.

³ A stroke is a type of brain injury. There are two types of strokes. Almost three-quarters of all strokes are ischaemic caused when blood flowing to the brain is blocked. The other type of stroke is haemorrhagic - when blood vessels burst.

⁴ ‘Trauma’ includes injuries such as fractured hip or ankle or minor head injury. ‘Major trauma’ describes the most life-threatening injuries or when people suffer from multiples injuries. This can include arm or leg amputations, severe knife or gunshot wounds, and major spinal or head injuries.

⁵ Agreed by Overview and Scrutiny Committee at its meeting on 26 January 2009.

- Develop a Harrow perspective on the Healthcare for London proposals and consultation process and their impact on Harrow residents.
- Support Harrow's representative on the JOSC in feeding in Harrow's experiences, needs and concerns into JOSC deliberations.

Appendix 1 provides update reports on the deliberations of the pan-London JOSC and also the Harrow scrutiny working group. This is updated as meetings take place and is not intended to provide formal minutes of events, but rather the key points arising from each meeting.

Appendix 2 gives the project plan for the Harrow HfL scrutiny working group. This was agreed at the first meeting of the working group on 2 April 2009.

Why a change is needed

Not appropriate to this report.

Main options

Not appropriate to this report.

Other options considered

Not appropriate to this report.

Implications of the Recommendation

Resources, costs and risks

Scrutiny work on responding to the Healthcare for London proposals are contained within the agreed scrutiny work programme for 2008/09 and draft work programme for 2009/10. Any costs associated with the delivery of the work programme will be met from within the existing resources/budget.

Staffing/workforce

There are no staffing/workforce considerations specific to this report.

Equalities impact

There are no equalities considerations specific to this report.

Community safety (s17 Crime & Disorder Act 1998)

There are no community safety considerations specific to this report.

Legal Implications

There are no legal implications arising directly from this report.

Financial Implications

There are no financial implications arising directly from this report.

Performance Issues

There are no performance issues directly associated with this report.

Section 3 - Statutory Officer Clearance

No longer required for reports to scrutiny.

Section 4 - Contact Details and Background Papers

Contact:

Nahreen Matlib, Senior Professional - Scrutiny

Email: nahreen.matlib@harrow.gov.uk

Tel: 020 8420 9204

Background Papers:

Healthcare for London website pages giving the background for the consultation and relevant documents:

<http://www.healthcareforlondon.nhs.uk/consultation-on-developing-new-high-quality-major-trauma-and-stroke-services-in-london>

Harrow scrutiny's own pages on Healthcare for London, including all agenda papers for the JOSC:

http://www.harrow.gov.uk/site/scripts/documents_info.php?documentID=958&pageNumber=3

If appropriate, does the report include the following considerations?

1.	Consultation	YES / NO
2.	Corporate Priorities	YES / NO

APPENDIX 1: Update reports on Healthcare for London (Stage 2 – stroke / major trauma) Joint OSC and Harrow’s scrutiny working group

OVERVIEW & SCRUTINY COMMITTEE 2008/09

HEALTHCARE FOR LONDON 2 (STROKE AND MAJOR TRAUMA) SCRUTINY WORKING GROUP



Pan-London Joint Overview and Scrutiny Committee on Healthcare for London Consultation on Developing New, High-Quality Major trauma and Stroke Services in London⁶

Preliminary informal meeting – 17 December 2009 (at Marylebone Town Hall)

- Informal meeting of the JOSC aimed at providing a networking opportunity for new JOSC members and to discuss some of the preparations for developing the Stage 2 JOSC work programme e.g. favoured mode of operation, draft terms of reference, meeting times/venues, witnesses to call.
- Members also discussed the possibility of establishing a standing pan-London committee for health matters and the financing of future joint work, for example through a support officer from the Centre for Public Scrutiny. It was decided that it was best place to continue these ongoing discussions through the London Scrutiny Network.
- The officer group remained in place to support the work of the JOSC, with again each region providing an officer. For NW London, this role is shared between Gavin Wilson (Kensington and Chelsea) and Deepa Patel (Hounslow).

Meeting 1 – 4 February 2009 (at Kensington Town Hall)

- The first formal meeting of the JOSC agreed the terms of reference and mode of operation (one pan-London JOSC to consider stroke and trauma proposals).
- Councillor Buckfield (Kensington and Chelsea, Conservative) was elected as Chairman, with Councillor McShane (Hackney, Labour) as one of the vice-chairs. One vacancy for vice-chair remains.
- The public consultation on the stroke and major trauma models will run from 30 January to 8 May 2009.
- The JOSC hopes to have completed its evidence gathering by the end of April and publish its report by early June. Thereafter the Joint Committee of London PCTs will respond to the JOSC findings and recommendations, making its final decisions by the end of July.
- The JOSC identified a number of witnesses it would like to attend JOSC meetings.
- The meeting heard from the Healthcare for London (HfL) project lead officers for stroke and major trauma – powerpoint presentations on these are available from Nahreen in the Scrutiny Unit.

⁶ Please note that provided here is a brief summary of the key points covered at JOSC meetings. Full minutes of formal proceedings and any actions arising can be found on Harrow scrutiny’s webpages: http://www.harrow.gov.uk/site/scripts/documents_info.php?documentID=958&pageNumber=3

- There are about 1600 major trauma incidents per year in London so they are very specific and rare events. International evidence shows the benefits of major trauma centres (concentrating clinicians' skills and equipment) on mortality rates.
- The closest London has to a major trauma centre (MTC) is at the Royal London Hospital. The consultation consults on three options with the preferred model of a configuration of four hospitals as MTCs.
- Stroke is the second biggest killer in the UK. Vital to treating stroke successfully is the '3 hour pathway to treatment'.
- No trust currently provides stroke care to the clinical standards specified by Healthcare for London. £23mill has been set aside by PCTs as investment in improving stroke care.

Meeting 2 – 5 March (at Redbridge Town Hall)

- The meeting heard from the Kings Fund as a policy critique of the HfL proposals. It is not always the case reconfiguration proposals are supported by an evidence base showing that critical mass leads to better clinical outcomes. However where stroke care and major trauma networks are concerned the evidence base is there, especially for major trauma. Stroke care is currently very poor in some areas.
- Hospitals do not work in isolation so HfL is to be applauded for looking at the bigger picture more strategically.
- The Kings Fund would raise the following pointers to look out for in evidence around major trauma – ensuring that evaluation takes place, acknowledging the critical dependence on the London Ambulance Services and ensuring that resource commitments are followed up through steady investment. There is widespread clinical support for 4 MTCs which have been working informally in London to some extent.
- For stroke, concerns raised include the transfer of ill patients early on in their treatment (need to evaluate the impact of transfers on patients), the protocols and processes required to ensure quick transfers (hospitals must have the beds). There is no international evidence on this model of stroke care of rapid access followed by transfers to other stroke units.
- The JOSOC received two presentations from 1) Royal Free Hospital and 2) Imperial College Healthcare Trust (of which St Mary's Hospital is a part). Both of these trusts are bidding to provide the 4th MTC should a 4-MTC model be accepted.
- Royal Free Hospital (RFH) put its case forward highlighting its uniqueness in linking cardiac and stroke in the same clinical pathway. The Hospital could be ready for 2010. The Hospital already operates a HASU and the HfL proposals would disestablish that. RFH believe that 5 MTCs would be a better option for London. With regard to stroke, in discussions numbers varied between 5 and 14 HASUs and therefore 8 HASUs may fit short-term needs only.
- St Mary's is part of the largest NHS trust in England. A major trauma accounts for about 0.1% of A&E admissions so a MTC in one hospital should not adversely impact on others' A&E functions.
- A strength of the St Mary's bid include accessibility for the NW London sector which is otherwise poorly covered in the 3-MTC model. This could be delivered by October 2010. St Mary's has worked in established NW London networks for a number of years.
- The St Mary's stroke bid was put together in conjunction with NW London Hospitals Trust who would provide for those in the outskirts on NW London. St Mary's could have provided 100% of care for the NW London sector however chose to develop a bid with NWLH, building in flexibility across sites. If Northwick Park Hospital could not get all the stroke services off the ground immediately, St Mary's could pick up the slack in the interim.

Meeting 3 – 23 March (at Lambeth Town Hall)

- The first witness session was with the Royal College of Nursing (RCN). In general, RCN supports the direction of travel of the HfL proposals. The nursing workforce is crucial to the success of the HfL proposals and the RCN feels that this has not been emphasised enough. RCN has concerns about staffing HASUs. The projection of an additional 600 nurses required by April 2010 to meet the HfL proposals has implications for the workforce and opportunities for training and development. Historically, stroke nursing has not been seen as attractive so there may be a challenge in recruiting. In the long-term, stroke nursing may become attractive to new recruits. Recurring investment is required.
- RCN concerns include aligning the demographics of stroke sufferers with HASU locations, investing in rehabilitation and ongoing care, bringing the workforce on stream rapidly and securing a commitment to predictive spending.
- The Royal London Hospital gave evidence as a hospital that had been designated as a trauma centre since 1988. The determining factors for good outcomes in trauma are time to operation and also critical mass. There is clear clinical evidence that better clinical outcomes are associated with the increased number of cases a hospital sees every year.
- There is a risk of diluting critical mass by having too MTCs as has been demonstrated in Sydney (9 MTCs) and New York (18 MTCs) where they are now trying to decommission the MTCs. RLH has enough to perform well.
- Headway provided evidence from a patient's perspective as a support group for people suffering major head injuries. 60% of major trauma is a brain-related injury. Current procedures are not adequate. Much more investment in rehabilitation services to reflect the proposals to improve the acute care stage.
- The last witness represented the Association of Directors of Social Services. In general they support the proposals as they will lead to better clinical outcomes. However the proposals focus on specific pathways and do not give similar detail to the end of the process (i.e. the rehabilitation end after acute care). More attention also needs to be given to the transferring between stages where often patients can get frustrated. Changes in the community service offer needs to be considered in a whole system redesign. Health and social care need to continue to work together to keep people out of hospital.

Meeting 4 – 7 April (at Camden Town Hall)

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Meeting 5 – 24 April

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Meeting 6 – 7 May

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Healthcare for London 2 (Stroke and Major Trauma) Scrutiny Working Group

Terms of reference (as agreed by Overview and Scrutiny Committee, 26 January 2009) to:

- Consider the proposals for change as set out in the PCT consultation document relating to Healthcare for London's Improving Stroke and Major Trauma Services in London consultation.
- Consider whether the Healthcare for London proposals are in the interests of the health of local people and will deliver better healthcare for Harrow's residents.
- Consider the PCT consultation arrangements and whether this is inclusive and comprehensive for local people.
- Develop a Harrow perspective on the Healthcare for London proposals and consultation process and their impact on Harrow residents.
- Support Harrow's representative on the JOSC in feeding in Harrow's experiences, needs and concerns into JOSC deliberations.

Meeting 1 – 2 April 2009

- It was agreed that Councillor Mithani would chair this scrutiny working group. Councillor Mithani is also Harrow's member representative on the JOSC.
- A project plan for the working group was agreed. This aligns Harrow scrutiny's own activities around Healthcare for London (HfL) with that of the pan-London JOSC and HfL consultation on stroke and major trauma. The HfL public consultation deadline for responses is 8 May 2009 and the working group will tailor its work to this deadline. Please note that the deadline for a JOSC response extends beyond the public consultation deadline.
- With the 8 May deadline in mind, the working group agreed to hold a challenge session with local health stakeholders near the end of April so that evidence to frame a local response could be gathered and a Harrow scrutiny perspective submitted to HfL.
- The challenge session will be the main source of evidence gathering (face-to-face dialogue) although the working group will also ask for written submission where appropriate and of course continue to draw upon pan-London JOSC evidence.
- The working group decided to invite the following witnesses to a challenge session: NHS Harrow (PCT), NW London Hospitals Trust, Regional London Ambulance Service representative, local GP representative, Harrow LINK, plus written evidence from Imperial Healthcare Trust (for stroke and major trauma) and the Royal Free Hospital (for major trauma only).
- Some draft lines of enquiry for the challenge session had been prepared by the Scrutiny Officer. These will form the basis of the challenge session following expansion on some areas as identified by members.
- It should be noted that two members declared interests: Councillor Versallion as a non-executive director of NW London Hospitals Trust and Councillor Mithani as an employee of the Health Protection Agency.

Meeting 2 – Date tbc

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APPENDIX 2: Healthcare for London 2 (Stroke and Major Trauma) Scrutiny Working Group - Project Plan

OVERVIEW & SCRUTINY COMMITTEE 2008/09

HEALTHCARE FOR LONDON 2 (STROKE AND MAJOR TRAUMA) SCRUTINY WORKING GROUP



MEMBERSHIP:

Councillor Vina Mithani – Harrow’s representative on the JOSCS
Councillor Margaret Davine – Harrow’s reserve on the JOSCS
Councillor Rekha Shah
Councillor Stanley Sheinwald
Councillor Dinesh Solanki
Councillor Mark Versallion

SCRUTINY OFFICER SUPPORT:

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BACKGROUND TO HEALTHCARE FOR LONDON CONSULTATION

In *Healthcare for London: A Framework for Action*⁷, Professor Lord Ara Darzi set out a vision for the transformation of health and healthcare in London. The public consultation on the principles for change and models of healthcare in London *Consulting the Capital* ran from November 2007 to March 2008.

A second consultation⁸ proposes some of the first steps to make the vision reality, by focusing on particular clinical areas that have been identified as needing immediate attention – adult services for acute stroke care⁹ and adult services for acute major trauma care¹⁰. 64%

⁷ *Healthcare for London: A Framework for Action*, NHS London, July 2007.

⁸ *The Shape of Things to Come – Consultation on developing new, high-quality major trauma and stroke services in London*, Healthcare for London, January 2009.

⁹ A stroke is a type of brain injury. There are two types of strokes. Almost three-quarters of all strokes are ischaemic caused when blood flowing to the brain is blocked. The other type of stroke is haemorrhagic - when blood vessels burst.

of respondents from the first consultation had agreed with the proposal for specialised trauma centres and 67% had agreed with specialised stroke centres. The proposals contained within the second consultation have been developed based on clinical evidence and examples of best practice.

As the proposals are considered a 'substantial variation or development' to local healthcare services, a public consultation statutorily requires the affected Overview and Scrutiny Committees to form a pan-London Joint Overview and Scrutiny Committee (JOSC) to consider the implications and the consultation process from a scrutiny perspective. The favoured mode of operation is a pan-London JOSC to look at both acute stroke and major trauma care proposals, to work in the same way as the JOSC which responded to the consultation on the models of healthcare.

TERMS OF REFERENCE FOR SCRUTINY WORKING GROUP

Each Overview and Scrutiny Committee participating in the pan-London JOSC is represented one elected member of their authority. Harrow Council at its Full Council agreed that Harrow's representative is Councillor Vina Mithani, reserve member Councillor Margaret Davine. Harrow scrutiny has reconvened its scrutiny working group for Healthcare for London, which is charged with facilitating the Harrow representative's contribution and input at the JOSC, as well as drafting Harrow scrutiny's individual response to the Healthcare for London consultation.

The terms of reference for this working group¹¹ are to:

- Consider the proposals for change as set out in the PCT consultation document relating to Healthcare for London's Improving Stroke and Major Trauma Services in London consultation.
- Consider whether the Healthcare for London proposals are in the interests of the health of local people and will deliver better healthcare for Harrow's residents.
- Consider the PCT consultation arrangements and whether this is inclusive and comprehensive for local people.
- Develop a Harrow perspective on the Healthcare for London proposals and consultation process and their impact on Harrow residents.
- Support Harrow's representative on the JOSC in feeding in Harrow's experiences, needs and concerns into JOSC deliberations.

¹⁰ 'Trauma' includes injuries such as fractured hip or ankle or minor head injury. 'Major trauma' describes the most life-threatening injuries or when people suffer from multiples injuries. This can include arm or leg amputations, severe knife or gunshot wounds, and major spinal or head injuries.

¹¹ Agreed by Overview and Scrutiny Committee at its meeting on 26 January 2009.

DRAFT CALENDAR OF ACTIVITY – Pan-London JOSC and local activities

Date	Activity	Intended Aim/Outcome	Type ¹²
17 December 2008	<u>Informal JOSC meeting (Westminster)</u>	<ul style="list-style-type: none"> To prepare for Stage 2 JOSC work To offer networking opportunities, especially for members new to the JOSC 	PL
26 January 2009	<u>Harrow O&S</u> Report from Scrutiny Officer on Stage 2 Healthcare for London work	<ul style="list-style-type: none"> To inform members around Stage 2 of Healthcare for London proposals – consultation on stroke and major trauma To agree to reconvening the local scrutiny working group and its terms of reference 	H
30 January	Public consultation on Healthcare for London's proposals for stroke and major trauma care begins		PL
4 February	<u>JOSC meeting 1 (Kensington & Chelsea)</u>	<ul style="list-style-type: none"> To appoint Chairman and Vice-Chairmen To finalise operational arrangements To receive overview presentations from Healthcare for London project groups on Stroke Services and Major Trauma 	PL
5 March	<u>JOSC meeting 2 (Redbridge)</u> Models of care	<ul style="list-style-type: none"> To receive evidence on both proposed models To consider in-depth impact of travel times To further explore the fourth option for trauma 	PL
16 March	<u>Harrow O&S</u> Health themed meeting – includes attendance from all 4 NHS trusts to discuss their Annual Health Check declarations		H
23 March	<u>JOSC meeting 3 (Lambeth)</u> Trauma proposals and Stroke care proposals	<ul style="list-style-type: none"> To receive evidence from clinicians (trauma), nurses, aftercare support group on the trauma proposals To explore the impact of the stroke model on aftercare providers, for example local authority 	PL

¹² PL = Pan-London activity; H = local Harrow-specific activity

Date	Activity	Intended Aim/Outcome	Type 12
		social services	
2 April	<u>Scrutiny Working Group meeting 1</u> Planning for evidence gathering	<ul style="list-style-type: none"> • To receive update from the JOSCS meetings and pan-London evidence to date • To agree working group's project plan • To identify ways in which to gather local evidence (e.g. oral evidence through meetings or invite written submissions) and from whom to do so (e.g. service providers – NHS/Council, service users – LINKs, HAVS)¹³ • To identify question areas to raise with local witnesses 	H
7 April	<u>JOSCS meeting 4 (Camden)</u> Stroke care proposals and Trauma proposals	<ul style="list-style-type: none"> • To explore the stroke model, especially focusing on the views of users and support groups • To explore the models and figures on which the trauma network model is based, taking account of international comparisons 	PL
w/c 20 April	<u>Scrutiny Working Group meeting 2</u> Local evidence gathering	<ul style="list-style-type: none"> • To gather the views of local stakeholders so as to identify Harrow concerns/aspirations • Reflect upon the evidence so as to arrive at a Harrow perspective – with a view to drafting Harrow scrutiny's individual response to the Healthcare for London consultation 	H
21 April	<u>Harrow O&S</u> Final meeting of 2008/09 municipal year and last committee meeting before Healthcare for London consultation ends	<ul style="list-style-type: none"> • To inform O&S of progress on the Healthcare for London scrutiny working group • To include a draft Harrow response – if available at that time 	H
w/c 27 April	<u>Scrutiny Working Group meeting 3</u>	<ul style="list-style-type: none"> • To finalise Harrow scrutiny's individual response to the Healthcare for London consultation 	H

¹³ See list of suggested stakeholders in the next section.

Date	Activity	Intended Aim/Outcome	Type 12
		Please note: it is highly unlikely that the draft response will be available for presentation at O&S 21 April, therefore the responsibility for 'signing off' Harrow's response can be given to the O&S Chairman, in liaison with the Working Group	
24 April	<u>JOSC meeting 5 (Westminster)</u> Aftercare issues	<ul style="list-style-type: none"> To explore the impact of the stroke model on aftercare providers, for example local councils and carers 	PL
7 May	<u>JOSC meeting 6</u>	<ul style="list-style-type: none"> To address any outstanding issues To discuss proposed JOSC report 	PL
8 May	Public consultation ends		PL
June (date tbc)	<u>JOSC meeting 7</u> Possible further date to discuss draft JOSC report	<ul style="list-style-type: none"> To finalise JOSC report 	PL
Early June	JOSC to have published its final report to the Joint Committee of PCTs	<ul style="list-style-type: none"> To publish and submit final report to JCPCT 	PL
End of July 2009	The Joint Committee of PCTs to decide upon the stroke and major trauma proposals, taking account of the outcomes of consultation and the JOSC report	<ul style="list-style-type: none"> To decide upon future stroke and major trauma provision for London 	PL

GATHERING LOCAL EVIDENCE

Suggested stakeholders from whom to gather local evidence include:

- NHS colleagues:
 - Harrow Primary Care Trust (as a local NHS provider/commissioner and also the body with the responsibility to carry out local consultation on behalf of NHS London)
 - North West London Hospitals Trust
 - Royal National Orthopaedic Hospital
 - Central and NW London Foundation Trust
- Patient and public involvement:

- Local Involvement Network
- Harrow Association of Voluntary Services
- Any local stroke care users groups
- Council:
 - Corporate Director Adults and Housing
 - Adults and Housing Portfolio Holder

Evidence could be gathered either through a meeting or asking for written submissions, which the Working Group could compile to inform Harrow's JOSC representative in JOSC deliberations, as well as inform Harrow scrutiny's individual response to the Healthcare for London consultation.

USEFUL WEBSITES

Healthcare for London website pages giving the background for the consultation and relevant documents:

<http://www.healthcareforlondon.nhs.uk/consultation-on-developing-new-high-quality-major-trauma-and-stroke-services-in-london>

Harrow scrutiny's own pages on Healthcare for London, including all agenda papers for the JOSC:

http://www.harrow.gov.uk/site/scripts/documents_info.php?documentID=958&pageNumber=3

The national Stroke Organisation:

www.stroke.org.uk

Nahreen Matlib
Senior Professional – Scrutiny
March 2009