

Meeting:	Overview and Scrutiny Committee
Date:	28 July 2009
Subject:	Healthcare for London Consultation on Acute Stroke and Major Trauma Services – Responses from Harrow Overview and Scrutiny Committee and pan-London Joint Overview and Scrutiny Committee
Responsible Officer:	Alex Dewsnap, Divisional Director Partnership Development and Performance
Exempt:	No
Enclosures:	<b>Appendix A:</b> Response to the consultation from Harrow Overview and Scrutiny Committee

## Section 1 – Summary and Recommendations

This report sets out the progress of the Healthcare for London consultation on acute stroke care and major trauma services. This includes the outcomes of the pan-London Joint Overview and Scrutiny Committee and the Harrow scrutiny working group for Healthcare for London consultations.

### **Recommendations:**

The Overview and Scrutiny Committee is asked to:

- a) Note the progress of the Healthcare for London consultation on acute stroke care and major trauma services.
- b) Note the response to the consultation from the Joint Overview and Scrutiny Committee, of which Harrow Council is a member.
- c) Note the response to the consultation from Harrow Overview and Scrutiny Committee.

### **Reason: (For recommendation)**

To inform members of progress on a project included in the scrutiny work programme 2009/10.

## Section 2 – Report

### Background and current situation

The first stage of consultation on *Healthcare for London: A Framework for Action* ('The Darzi Review') on the principles for change and models of healthcare in London was considered by a pan-London Joint Overview and Scrutiny Committee (JOSC) which completed its deliberations in May 2008<sup>1</sup>. A second stage of consultation by Healthcare for London (through each of London's individual Primary Care Trusts) on two specific clinical areas ran from 30 January to 8 May 2009<sup>2</sup>. The two clinical areas consulted upon were:

- a) acute stroke services
- b) major trauma care

Healthcare for London asked all PCTs in London to ask themselves: "Could the implementation of the models of care and delivery proposed for acute stroke and major trauma services amount to a substantial variation or development for all or part of the population served by my PCT?". The answer in the case of all 31 PCTs was 'yes' and therefore the PCTs formed a Joint Committee of PCTs (JCPCT).

#### Joint Overview and Scrutiny Committee (JOSC)

As these new proposals are a 'substantial variation or development' to local healthcare services, again a public consultation by the PCTs statutorily required the corresponding Overview and Scrutiny Committees to form a pan-London JOSC to consider the implications of proposals and the consultation process from a scrutiny perspective.

Harrow's Full Council in February appointed Councillor Vina Mithani as Harrow's representative on the JOSC (Stage 2) with Councillor Margaret Davine as the reserve member.

#### *Terms of reference for the JOSC*

The terms of reference for the JOSC were to:

1. Consider and respond to proposals set out in the 'Healthcare for London' consultation document 'The shape of things to come: Developing new, high-quality major trauma and stroke services for London', with reference to any related impact assessments or other documents issued by or on behalf of 'Healthcare for London' in connection with the consultation;
2. Consider whether the 'Healthcare for London' proposals affecting stroke and major trauma are in the interests of the health of local people and will deliver better healthcare for the people of London and people travelling across the GLA boundary, having due regard to cross-border issues;
3. Consider the 'Healthcare for London' consultation arrangements - including the formulation of options for change, and whether the formal consultation process is inclusive and comprehensive.

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<sup>1</sup> All papers from the JOSC Stage 1 including the original Healthcare for London report, minutes of JOSC meetings and the final JOSC report can be found on Harrow's scrutiny webpages:  
[http://www.harrow.gov.uk/site/scripts/documents\\_info.php?documentID=958&pageNumber=3](http://www.harrow.gov.uk/site/scripts/documents_info.php?documentID=958&pageNumber=3)

<sup>2</sup> Consultation entitled 'The shape of things to come: Developing new, high-quality major trauma and stroke services for London'.

### *Consultation – acute stroke and major trauma services*

#### a) Adult services for acute stroke care

The consultation included the provision of hyperacute stroke unit (HASU) services, stroke unit (SU) services and transient ischaemic attack (TIA) services. The consultation contained details of the specific hospital sites proposed to provide these services in London.

All London NHS acute providers were invited to bid for all aspects of the service. Northwick Park Hospital was judged to have met the specified requirements for all of the stroke services – alongside 11 other HASU successful bids, 18 SU successful bids and 20 TIA services successful bids<sup>3</sup>.

#### b) Adult services for acute trauma care

The consultation included major trauma networks for the whole of London, comprising a major trauma centre linked with a number of trauma centres. The consultation specifically identified hospitals and provided options for three-centre and four-centre networks.

### *Final report of the JOSC*

The JOSC produced its final report in June 2009, making 39 recommendations. Due to the size of the document, it is not attached to this report. It is available from the Scrutiny Unit upon request or downloadable from the Healthcare for London website<sup>4 5</sup>.

### Harrow scrutiny's response to Healthcare for London consultation

Running in parallel to the JOSC, the Healthcare for London scrutiny working group in Harrow was re-established to consider the local implications of the Healthcare for London proposals and receive updates on JOSC deliberations. This working group produced Harrow's submission to the JOSC.

### *Terms of reference for the scrutiny working group*

The terms of reference for this group, as agreed by the Overview and Scrutiny Committee on 26 January 2009, were to:

1. Consider the proposals for change as set out in the PCT consultation document relating to Healthcare for London's 'The shape of things to come: Developing new, high-quality major trauma and stroke services for London' consultation.
2. Consider whether the Healthcare for London proposals are in the interests of the health of local people and will deliver better healthcare for Harrow residents.
3. Consider the PCT consultation arrangements and whether this is inclusive and comprehensive for local people.
4. Develop a Harrow perspective on the Healthcare for London proposals and consultation process and their impact on Harrow residents.
5. To support Harrow's representative on the JOSC in feeding in Harrow's experiences, needs and concerns into JOSC deliberations.

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<sup>3</sup> Specific details of bidders are contained in the report to Harrow PCT Board's 9 December 2008 meeting entitled 'Stroke and Trauma Consultation Update' (agenda item 2.5).

<sup>4</sup> A copy of the final JOSC report is available on the Healthcare for London website at: <http://www.healthcareforlondon.nhs.uk/papers-for-pct-board-meetings> (Appendix 6).

<sup>5</sup> All papers from the JOSC are also available on Harrow's scrutiny webpages at [http://www.harrow.gov.uk/site/scripts/documents\\_info.php?documentID=958&pageNumber=3](http://www.harrow.gov.uk/site/scripts/documents_info.php?documentID=958&pageNumber=3)

The scrutiny working group facilitated Harrow's contribution to the JOSC, as well as being responsible for putting together Harrow scrutiny's individual response to the Healthcare for London consultation. In order to put this together the working group held an extremely valuable challenge session with key stakeholders to identify local concerns and views on the proposals. Through this, evidence was gathered from North West London Hospitals Trust, NHS Harrow, Harrow Association of Voluntary Services, Harrow Local Involvement Network, Harrow Council Adult Services, Harrow Council's Executive Member for Adults and Housing, Imperial College Healthcare Trust and the London Ambulance Service.

The Harrow Overview and Scrutiny Committee response was submitted to Healthcare for London by the time public consultation closed on 8 May 2009, as well as provided as evidence to the JOSC. The Chairman of the Overview and Scrutiny Committee 'signed off' the response in liaison with the members of the scrutiny working group.

The response to the consultation from Harrow Overview and Scrutiny Committee is attached as Appendix A.

#### Decisions on the outcomes of the consultation

On 26 June, Healthcare for London published a summary of analysis of the responses received to the consultation<sup>6</sup>. In total, 9,621 responses were received by questionnaire, email and letter. The analysis of responses at PCT level<sup>7</sup> shows that there were 475 responses for the Harrow PCT area – this represented the fourth highest response rate following Barnet, Ealing and Wandsworth respectively.

The London Joint Committee of Primary Care Trusts will be meeting on 20 July 2009 to take decisions around the outcomes of the consultation and the future configuration of acute stroke services and major trauma networks in London.

### **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.

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<sup>6</sup> The communications activity report for the Healthcare for London consultation is available at <http://www.healthcareforlondon.nhs.uk/papers-for-pct-board-meetings> (Appendix 2) and includes details of the consultation activities carried out by each PCT.

<sup>7</sup> The Ipsos MORI consultation analysis is available at <http://www.healthcareforlondon.nhs.uk/papers-for-pct-board-meetings> (Appendix 3) and includes analysis of the consultation responses at PCT level.

## Implications of the Recommendation

### Resources, costs and risks

There are no resource or risk implications arising directly from this report.

### Staffing/workforce

There are no immediate staffing and workforce considerations specific to this report.

### Equalities impact

The provision of and access to services that meet high standards in terms of equality and that recognise diversity within London's boroughs is central to the Healthcare for London proposals. Consideration of health inequalities relating to the acute stroke services and major trauma care proposals formed part of the JOSC's work.

### Legal comments

There are no legal implications arising directly from this report.

### Community safety

There are no particular community safety considerations specific to this report.

### Financial Implications

There are no financial implications arising directly from this report.

## Section 3 - Statutory Officer Clearance

Not required for scrutiny reports.

## Section 4 - Contact Details and Background Papers

### Contact:

Nahreen Matlib, Senior Professional – Scrutiny

Email: [nahreen.matlib@harrow.gov.uk](mailto:nahreen.matlib@harrow.gov.uk)

Telephone: 020 8420 9204

### Background Papers:

Papers from the JOSC are posted on Harrow's website:

[http://www.harrow.gov.uk/site/scripts/documents\\_info.php?documentID=958&pageNumber=3](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



**Scrutiny**

Councillor STANLEY SHEINWALD  
Chairman, Overview and Scrutiny Committee

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Healthcare for London  
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Friday 8 May 2009

**Harrow Overview and Scrutiny Committee's response to the  
Healthcare for London consultation 'The shape of things to  
come: Developing new, high-quality major trauma and stroke  
services for London'.**

We write in response to the consultation conducted by NHS Harrow (on behalf of Healthcare for London) on 'The shape of things to come: Developing new high-quality major trauma and stroke services for London'. We are sharing this response with the pan-London Joint Overview and Scrutiny Committee (JOSC) on Healthcare for London which may consider this evidence to inform deliberations at a wider pan-London level.

By way of background to our processes, to facilitate our contributions to the JOSC, in Harrow we established a cross-party working group of scrutiny councillors to lead on the *Healthcare for London* scrutiny work. This working group<sup>8</sup> has pulled together this response on behalf of scrutiny in Harrow. We are clear that this response represents a Harrow scrutiny perspective and as such does not preclude any other groups/organisations/individuals from our organisation or the wider health and health and social care economy from submitting their own views. We acknowledge that as a JOSC has been established to consider Healthcare for London, NHS bodies are not obliged to respond to our individual Overview and Scrutiny Committee's comments.

Our comments are based on evidence from previous scrutiny work in Harrow, as well as conversations we have had with key players in the local health and social care arena. This culminated in a scrutiny challenge session on 28 April 2009 to explore the local ramifications of the Healthcare for London proposals around major trauma and stroke services<sup>9</sup>. This meeting involved colleagues

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<sup>8</sup> The working group consists of Councillors Vina Mithani, Margaret Davine, Rekha Shah, Stanley Sheinwald, Dinesh Solanki and Mark Versallion. The following declarations of interest are to be recorded: Councillor Vina Mithani is an employee of the Health Protection Agency and Councillor Mark Versallion is a Non-Executive Director of North West London Hospitals Trust.

<sup>9</sup> Scrutiny councillors in attendance: Councillors Mithani, Shah and Sheinwald.

from North West London Hospitals Trust, NHS Harrow, Harrow Council Adults and Housing Directorate, Harrow Local Involvement Network, Harrow Association of Voluntary Services, as well as Harrow's Adults and Housing Portfolio Holder<sup>10</sup>. In addition we have considered written evidence from the Imperial College Healthcare Trust and verbal evidence from the London Ambulance Service<sup>11</sup>.

We welcome the opportunity to comment on proposals that will undoubtedly affect the healthcare for Harrow residents. This paper sets out Harrow Overview and Scrutiny's comments on both major trauma and stroke services. Should you need any elaboration on the evidence used in our comments, please do not hesitate to contact us through the Scrutiny Unit - details as given at the bottom of this page.

## **Major trauma**

We are convinced by the argument for reconfiguring major trauma services in London to a model of major trauma networks with a number of major trauma centres (MTC). It is our belief that a four trauma network model better serves London as it offers resilience in a city with the size and complexities as London, as well as meeting the requirements of critical mass to achieve optimal clinical outcomes.

We support the consultation's preferred option of four network trauma networks with major trauma centres at:

- The Royal London Hospital
- King's College Hospital
- St George's Hospital
- St Mary's Hospital

We are of this view for a number of reasons which are detailed below.

### *Resilience*

We are satisfied that a four-network model will provide enough patients to develop the expertise needed to improve outcomes for trauma patients, as well as provide London with a system with enough resilience to cope with major unforeseen incident(s).

### *History and experience*

The Royal London Hospital has been an established major trauma centre for London for the past twenty years and therefore it would be best to make use of the history and the experience of dealing with major trauma that the institution has built up over the years. To site a fourth MTC at Royal Free Hospital would seem to impinge on this expertise and experience in that the Royal Free would then share some of the geographical area that the Royal

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<sup>10</sup> Those who gave evidence at the scrutiny challenge session were: David Cheesman and Claire Walker (NW London Hospitals Trust), Anne Whitehead and Karen Butler (NHS Harrow), Julia Smith (Harrow Association of Voluntary Services), John Hunter (Harrow Local Involvement Network), Barbara Huggan (Harrow Council Adult Services), Councillor Barry Macleod-Cullinane (Harrow Council Executive Member).

<sup>11</sup> Further evidence: 1) Letter from Rachel Barlow, Head of Operations, Surgery and Cancer Clinical Practice Group, Imperial College Healthcare Trust, dated 27 April 2009 and 2) Telephone conversation with Nick Lawrance, Head of Policy Evaluation and Development, London Ambulance Service on 27 April 2009.

London currently has and thus affect patient flow to reflect this. Given that the Royal Free would also be unable to implement a MTC with immediate effect, this would appear to be a counter-productive option to pursue. Furthermore the London Ambulance Service has established robust protocols and working relationships with a MTC at the Royal London and to disrupt this relationship in order to site a MTC at the Royal Free would seem unnecessary. The consultation document states that the bids for a fourth MTC from the Royal Free and St Mary's were of equal clinical standards and it seems to us therefore that considerations around history and experience hold even more weight if clinical standards are equal.

#### *Accessibility to serve North West London*

It is our belief that a three-network model does not serve North West London well. A four-network model with St Mary's Hospital as the fourth MTC option best fits the needs of our local residents and that of the rest of North West London. St Mary's scored higher than the Royal Free when compared on overall accessibility and has good accessibility to NW London along major roads, as well as good coverage of central London and Heathrow – a factor that must be taken into consideration when planning for major trauma incidents.

#### *Strategic links*

St Mary's has worked in established NW London networks for a number of years across a range of disciplines. Our local hospital trust (NW London Hospitals Trust) has established shared working practices and strategic links with St Mary's and we would like to see this developed under the major trauma network model. The Imperial College Healthcare Trust has a wealth of expertise in this area and first class training/research facilities. We would hope that local trauma centres could benefit from strategic links with and learn from such an institution. We are glad to learn that the Imperial College Healthcare Trust is committed to supporting improvements in trauma services in North West London.

#### *Implementation*

In addition to St Mary's strength in accessibility for the NW London sector which is otherwise poorly covered in the three-MTC model, we understand that a fourth MTC could be delivered before the date given in the consultation document. It is our understanding that a MTC at St Mary's could be delivered by October 2010.

The transition period whilst a fourth MTC positions itself well enough to implement the major trauma model will be critical and we support the view that the Royal London should extend its coverage to parts of north and NW London in the meantime.

#### *Investment*

We welcome the investment in implementing major trauma networks, given as £9-12million per year in the consultation document. Whilst appreciating that the focus may turn on the major trauma centres, we would urge that equal consideration is given to building up the local trauma centres which will continue to deal with the majority of trauma injuries in London, and that investment allocations reflect this. We would anticipate that investment flows equally to local trauma centres, for example Northwick Park Hospital in NW London, as to the major trauma centres. Investment should be seen not only in fiscal terms but also in workforce training and development, and improved



performance management systems to facilitate continuous service improvement.

## Stroke

We believe that it is unacceptable that currently whether a patient has access to 24 hour stroke treatment depends upon the hospital to which they are taken – all Londoners should have equitable access to high quality stroke care and treatment. Therefore having considered the clinical arguments relating to the reconfiguration of stroke services, we agree that stroke services would be more equitable and better provide care in a networked system of hyper-acute stroke units, supported by a larger number of stroke units and Transient Ischaemic Attack (TIA) services.

We strongly support the preferred option as stated in the consultation document, which includes the creation of a new hyper-acute stroke unit (HASU) at Northwick Park Hospital, to sit alongside a stroke unit and TIA services. We are assured that Northwick Park Hospital is proactively preparing and forward planning to facilitate an efficient implementation should its bid to become a HASU be successful. Northwick Park Hospital should be ready to implement the new services from November 2009 if its bid for all levels of stroke services is successful.

### *Prevalence and prevention - meeting the needs of our diverse communities*

The consultation document uses the London School of Economics predictive model of stroke prevalence in London. This shows that there are vast areas of Harrow and Brent with a high prevalence of stroke.

Harrow has an ageing population. 13.6% of Harrow's population are 65+ and this is greater than the London average. The projections for older people estimate that by 2027, there will be an increase of 11% of older people aged 65+ and within this the 85+ population will increase by 24%. The number of strokes in older people (aged 65+) is expected to rise quite significantly. It is predicted that in 2015, 899 older people in Harrow will be admitted into hospital having suffered a stroke – an increase of 91 (11.3%) since 2008. This may actually be a conservative estimate and the actual figure may be higher than predicted for Harrow due to poorer health amongst older Asians<sup>12</sup>.

Harrow and Brent are both in the top ten most ethnically diverse boroughs in England and Wales. Having a large local BME population is particularly pertinent to discussions around stroke as people from BME communities are disproportionately affected by stroke<sup>13</sup>. Considering that Brent and Harrow have significant BME populations and Harrow has an above average number of older residents, this adds weight to the argument that Northwick Park Hospital is best placed to provide the range of stroke services (HASU, stroke unit and TIA services) so that large numbers of people who are statistically more likely to suffer from stroke are close to the facilities.

We believe that given the stroke profile and projections for North West London, a greater emphasis must be given to work around stroke prevention, and that the development of local TIA services will be pivotal to this.

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<sup>12</sup> Harrow Joint Strategic Needs Assessment, November 2008.

<sup>13</sup> Stroke Strategy for London, 2008.

Enhanced TIA services must be aligned with work to raise local public awareness around stroke prevention and also build upon the national FAST campaign. In a Harrow context, NHS Harrow's commissioning strategy prioritises vascular and stroke care. We would encourage that this joins together stroke prevention, public health promotion and continues to work with primary health professionals, for example GPs, to consider the whole stroke care pathway. Harrow's multi-agency joint stroke strategy group should play a critical role in this development. Whilst much of the attention in the discussions around the stroke model has focussed on the HASUs, the importance of getting TIA services right must not be underestimated. Investment and efforts must reflect this.

#### *Access to care*

With regard to effective stroke care and rehabilitation, accessing the appropriate treatment in a timely fashion is critical. It is critical that people having suffered a stroke reach a hospital with the appropriate stroke services as quickly as possible.

Northwick Park Hospital is geographically excellently positioned to serve the people of North West London, as it is located on the borders of Brent and Harrow. We are concerned that if the other option of locating a HASU at Barnet Hospital was pursued, the proximity to the necessary stroke services would make it very difficult to access, not only for client groups in Harrow and Brent, but also other parts of the region such as Hillingdon and Ealing. Given the time critical nature of accessing effective stroke treatment this is most definitely a concern. Indeed this would reinforce the consultation document's analysis that Northwick Park Hospital has better travel times and location to reflect existing patient flows.

Northwick Park Hospital scores better on the Public Transport Accessibility Levels (PTALs) – which are used to measure the quality of access to the transport network - than Barnet Hospital<sup>14</sup>. Furthermore as we have heard from London Travel Watch through the JOSC<sup>15</sup>, Northwick Park Hospital has a particularly active travel and transport plan that is commended by Travel Watch. This plan should form a good foundation upon which to further improve travel and accessibility to the hospital site.

#### *Care package for stroke care pathway*

We would strongly urge that the investment in acute stroke, which is highly welcomed, is matched by appropriate levels of investment in rehabilitation services, so as to ensure a more seamless care package for patients. The stroke care pathway must be seen holistically and from the eyes of patients – the importance to whom is the high quality of the care, not the health or social care organisation which provides it.

We are convinced that the new stroke model will deliver better clinical outcomes for patients and this will place additional emphasis on the need for equally improved rehabilitation services. This will impact upon social care budgets to provide ongoing care in home or residential care settings. And

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<sup>14</sup> Evidence from Transport for London at the Joint Overview and Scrutiny Committee on 24 April 2009.

<sup>15</sup> Evidence from London Travel Watch at the Joint Overview and Scrutiny Committee on 24 April 2009.

therefore we must also see an investment in rehabilitation services matching that of acute care.

*Workforce development*

Part of the success in implementing the new stroke model will rest with a skilled workforce. Northwick Park Hospital is currently recruiting extra stroke nursing staff as well as investing in upskilling current nurses, so as to be in a better position to meet the needs of enhanced stroke care provision should its bid to host stroke services be successful.

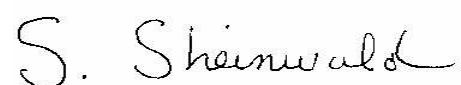
*Ongoing support and partnership working*

At a trust level, should the preferred proposals be accepted, Northwick Park Hospital would need to ensure that the decommissioning of services at Central Middlesex Hospital and more widely at regional level at Ealing Hospital for example, are fully supported and a seamless transition achieved. We understand that senior managers at North West London Hospitals Trust have already been discussing potential arrangements for repatriation with commissioners at Ealing Hospital. The repatriation of patients after the critical 72-hour period will be vital and we would encourage trusts to prepare for this at the earliest opportunity.

Northwick Park Hospital has an innovative early discharge scheme for cardiac patients which involves effective partnership working between the Trust and the voluntary sector. We support plans to further open this out to stroke rehabilitation. The development of community support packages is also encouraged.

The proposals for a new model of stroke care are ambitious and welcomed. The success of their implementation will heavily rest upon effective change management within the NHS and more broadly with partner organisations involved in health and social care – Healthcare for London will need to provide ongoing support to facilitate this. The best way forward will be to continue to build on the strong existing strategic links with partners and expanding existing shared working arrangements.

Yours faithfully



Councillor Stanley Sheinwald,  
Chairman of Harrow Overview & Scrutiny Committee