



**Health Select Committee
31st March 2009**

**Report from the Director of
Policy & Regeneration**

For Action

Wards Affected:
ALL

**Developing new, high quality major trauma and stroke
services for London**

1.0 Summary

1.1 Primary Care Trusts in London are consulting on proposals to deliver new specialist major trauma and stroke services at specific hospitals across London. They are seeking the views of stakeholders on:

- A new trauma network based around three or four new trauma centres
- New hyper acute stroke units, local stroke units and transient ischaemic attack (sometimes known as mini strokes) services

1.2 A London-wide Joint Overview and Scrutiny Committee has been set up to look at the proposals for stroke and trauma services. Cllr Chris Leaman is Brent's representative on this. However, this does not stop the Health Select Committee considering the proposals and sending in their views to Healthcare for London. The consultation closes on 8th May 2009.

2.0 Recommendations

2.1 The Health Select Committee considers the options for stroke and trauma services set out in the consultation paper, *The shape of things to come: Developing new, high quality major trauma and stroke services for London*, and decide how it wishes to respond to Healthcare for London.

2.2 NHS Brent will also give a presentation to the Health Select Committee to explain the options in more detail and highlight the specific issues for Brent.

3.0 Detail

3.1 In *Healthcare for London: A Framework for Action*, Professor Lord Darzi set out an ambitious vision to transform health and healthcare in London. As a first step towards achieving this vision, all Primary Care Trusts across London, supported by Healthcare for London, are consulting on proposals to deliver new specialist major trauma and stroke services at specific hospitals across London. This process is being coordinated through a Committee of all London PCTs and NHS South West Essex. This committee will consider the outcome of the consultation and will make the decisions about the new specialist services. The consultation closes on 8th May 2009.

3.2 Major Trauma Services

3.3 Healthcare for London is proposing that three or four major trauma centres are established in London, with a network of local trauma centres. There are around 1600 major trauma cases in London each year – 0.1% of all A&E cases. There are a number of clinical reasons for establishing a small number of specialist trauma centres:

- Major trauma patients often have complex injuries and need expert care to have the best chance of survival. Few of London's hospitals are set up to provide that care.
- Evidence shows that dedicated trauma centres with expert teams of professionals can save more lives, and improve quality of life for survivors of trauma.
- Death rates for trauma patients, alive when they reach hospital, are 40% higher in the UK than some parts of the USA, where they have developed effective trauma systems.

3.4 Each major trauma centre will provide immediate treatment to people with severe injuries 24 hours a day, seven days a week. Local trauma units will treat people with less severe injuries and provide high-quality, ongoing treatment and rehabilitation services.

3.5 Healthcare for London is consulting on three options for trauma services:

Option 1 – Four trauma networks	Option 2 – Four trauma networks	Option 3 – Three trauma networks
Major trauma centres – - The Royal London Hospital - King's College Hospital - St George's Hospital - St Mary's Hospital This is Healthcare for London's preferred option	Major trauma centres – - The Royal London Hospital - King's College Hospital - St George's Hospital - The Royal Free Hospital	Major trauma centres – - The Royal London Hospital - King's College Hospital - St George's Hospital

3.6 The Royal London, King's College and St George's can all provide major trauma services by April 2010. St Mary's and the Royal Free would need more time to meet clinical requirements and would be unable to provide services until April 2012.

3.7 Healthcare for London is recommending the establishment of four trauma networks in London, with a fourth trauma centre at St Mary's Hospital as opposed to The Royal Free Hospital. It prefers four trauma networks to three because:

- Four trauma networks will be better able to deal with high numbers of patients
- They will be more able to cope in a major incident
- Managing smaller trauma networks, the trauma centres should be able to help achieve more improvement in local trauma centres

3.8 However, three trauma networks have their advantages, not least each centre would treat more patients, therefore building up greater levels of expertise and it would be quicker to establish three trauma networks than four.

3.9 St Mary's and Royal Free submitted bids of the same quality to Healthcare for London that showed they could meet the standards required to lead a trauma network by April 2012. Healthcare for London prefers St Mary's because:

- The St Mary's option would enable greater coverage of London by 2010, as the Royal London network could be extended into north and west London, building on the strengths on London's only existing major trauma centre
- St Mary's would manage a smaller number of trauma centres, already aligned through existing clinical networks (Northwick Park and Central Middlesex would be local centres)
- St Mary's is better placed to deal with major incidents, given its proximity to central London and Heathrow.

3.10 Stroke Services

3.11 Healthcare for London is proposing a new model of stroke care bring hyper-acute stroke services into eight specialist units. Stroke is the second highest cause of death in London and the most common cause of disability. There are around 11,000 people admitted to London hospitals as a result of a stroke each year. In London there are big differences in the quality of stroke care on offer and people in outer London have the most limited access to high quality stroke services. However, more strokes occur in outer London than in inner London.

3.12 The new model of stroke care proposes:

- Eight hyper acute stroke units in London providing immediate care for stroke victims for the first 72 or until the patient is stabilised. Anyone having a stroke in London will be taken to one of these units and given a brain scan and if necessary, clot busting drugs within 30 minutes of arrival at the hospital. Eight hyper acute stroke units will optimise the number of patients treated on each site, ensure expert teams are available 24 hours a day, improving survival and reducing disability from stroke.
- More than 20 stroke units will provide ongoing care and rehabilitation services once a patient is stabilised.

- Transient ischaemic attack (mini-stroke) services will provide rapid assessment and access to specialist services for high risk patients in 24 hours.

3.13 Time to definitive treatment is crucial for stroke patients. All Londoners will live within 30 minutes ambulance drive of a hyper-acute stroke unit and all patients should be assessed, diagnosed and treated within 30 minutes of arrival in hospital. This should be within three hours of having a stroke.

3.14 Northwick Park Hospital has been selected as a preferred location of a hyper acute stroke unit. It is also one of the sites of the proposed local stroke units and transient ischaemic attack service provider.

3.15 The other seven preferred sites for hyper acute stroke units are:

- Charing Cross Hospital, Hammersmith
- King's College Hospital, Denmark Hill
- Queen's Hospital, Romford
- St George's Hospital, Tooting
- The Princess Royal Hospital, Orpington
- The Royal London Hospital, Whitechapel
- University College Hospital, London

3.16 Northwick Park has been selected as a preferred site ahead of Barnet Hospital for the following reasons:

“Both hospitals showed they could equally meet future standards. Northwick Park is our preferred site for the hyper-acute stroke unit as it provides better travel times and its location better reflects existing patient flows”. *The shape of things to come* – stroke and trauma consultation document, page 23

3.17 Conclusions

3.18 The Health Select Committee should consider the information in this report, plus that provided by NHS Brent (appendix 1), and the consultation booklet sent out with the meeting agenda and decide how it wants to respond to the consultation. NHS Brent will also be giving a presentation at the committee meeting on this consultation.

3.19 Clearly the changes to stroke and trauma services will have an impact on people in Brent. The Health Select Committee should weigh up the options for both services and ask the Policy and Performance Officer to respond to Healthcare for London on its behalf, in consultation with the chair of the committee.

4.0 Financial Implications

5.0 Legal Implications

6.0 Diversity Implications

7.0 Staffing/Accommodation Implications (if appropriate)

7.1 None

Background Papers

Appendix 1 - Consultation on developing new, high-quality major trauma and stroke services in London

The shape of things to come – Developing new, high quality major trauma and stroke services for London. Healthcare for London consultation booklet

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