

EALING HOSPITAL NHS TRUST

REPORT TO TRUST BOARD – 26 March 2009

Response to the Healthcare for London consultation on developing new, high-quality major trauma and stroke services in London “The shape of things to come”

1. Summary

- 1.1. This paper provides background information on the consultation on changes to stroke services across London. It recommends that the Board does not support the recommended options within the consultation.
- 1.2. The proposed changes to major trauma services are covered in a separate paper.

2. Introduction

- 2.1. Healthcare for London (HfL) published a public consultation document outlining its plans for the future of stroke and trauma care in London. This is attached at appendix 1. If the preferred options described in the document are implemented, the existing Stroke Unit at Ealing Hospital will be closed.

3. Background

- 3.1. Stroke is a major public health challenge across the world. It is the second most common cause of death in the United Kingdom, and one of the leading causes of disability. There have been significant advances in stroke care over the last two decades, driven by the Royal College of Physicians’ clinical guidelines on stroke, and by the biannual National Sentinel Stroke Audit. This has led to the establishment of Stroke Units (SUs) in virtually every major hospital in the United Kingdom, and thereby to significant decreases in mortality and morbidity attributable to stroke. In the last five years several centres have introduced thrombolytic (‘clot-busting’) treatment for acute stroke. The decision whether to give this treatment is complex, and the infrastructure required to deliver treatment within the required 3 hour time-window is extensive; a consensus view has emerged therefore – both within London and more generally across the UK – that this treatment is best centralised in a small number of Hyperacute Stroke Units (HASUs).

- 3.2. These plans were first outlined by Lord Darzi in his review of health services in London, published in 2007. Lord Darzi's guiding principle in this review was 'centralise where necessary, localise where possible'. This principle applies to stroke services. Patients will be taken to HASUs for initial assessment and treatment, before being returned to their local hospital for ongoing medical treatment and rehabilitation in the local Stroke Unit (SU). This ties in well with Department of Health policy, outlined in the Green Paper *Our Health, Our Care, Our Say*, which emphasises the importance of delivering care locally.
- 3.3. The current HfL proposals envisage 7 or 8 such centres in London. Within North West London HASUs are proposed at North West London Trust (Northwick Park site) and Imperial College Trust (Charing Cross site). Stroke units and TIA services are proposed at Hillingdon, Chelsea and Westminster and West Middlesex as well as co-located with the HASUs.

4. Stroke is a major problem for Ealing residents

- 4.1. Figures produced for NHS Ealing indicate that 170 people died from stroke in Ealing in 2006/7; that year there were also approximately 1600 admissions for stroke-related conditions, with admissions from Southall wards running at twice the national levels. Approximately 4000 people in Ealing have had a stroke at some time, so there is an existing population who experience problems with speech, mobility and daily life activities as a result of stroke.

5. The current Ealing Hospital stroke unit

- 5.1. The hospital currently has a 12 bedded stroke unit (which at times increases to as many as 18 beds). The community arm of the service is based at Clayponds Hospital (and managed by the provider arm of NHS Ealing), where there are 18 beds for continued rehabilitation of which approximately 12 are occupied by stroke patients. The multidisciplinary team consists of a consultant stroke physician, five junior doctors, a stroke specialist nurse, nurses, physiotherapists, occupational therapists, speech and language therapists, dieticians, psychologists, and rehabilitation assistants. The stroke service receives significant support from three consultant neurologists, radiologists (one of whom has a particular interest in neuro-imaging), and a vascular surgeon. The SU has recently been refurbished to a high standard, with dedicated ceiling mounted hoists, and a gymnasium for patient rehabilitation.

6. Stroke services at Ealing have improved significantly year-on-year

- 6.1. The results of the National Sentinel Stroke Audit show that the performance of the Ealing Hospital SU has improved steadily over recent years. The most recent report, based on our performance in 2008, puts Ealing in the top 25% of SUs in the country for the total process score. We perform in the top 25% in four of the nine key performance indicators. We also demonstrate excellence in previously unaudited areas such as secondary prevention of stroke and discussion of risk factors with patients. There remain areas in which further work is necessary (early assessment by occupational therapists), but overall the Audit demonstrates a SU that is providing excellent care to its patients. These results reflect the efforts of clinical staff on the SU, and also the success of recent new initiatives to improve the organization of stroke and TIA care at Ealing Hospital. For example, a neurovascular clinic was established in April 2008, providing a consultant-delivered Transient Ischaemic Attack (TIA) (sometimes referred to as a "mini stroke") service for low-risk patients, to complement the in-patient investigation and management of high-risk patients. This has led to an increase in the referrals to our vascular surgeon, who now performs approximately 20 carotid endarterectomies at Ealing Hospital each year, with excellent results and very low levels of morbidity or mortality. Comparative data with other units is due to be published in April 2009.

7. Further developments are planned to achieve future high standards that will be required of SUs

- 7.1. The National Stroke Strategy, published by the Department of Health in 2008, sets high standards for the future management of stroke services in the UK. This has been taken on board by HfL, who have required every SU to demonstrate how it will achieve the necessary standards by April 2011 at the latest. Considerable support will be required throughout London to meet these standards, but this is a challenge for which Ealing Hospital is prepared. As a concrete example, the radiology department has recently purchased a new MDCT scanner, which will provide ever more rapid access to state-of-the-art brain imaging for stroke and TIA patients.

8. The Trust's response to the designation process

- 8.1. HfL asked Trusts to express an interest in becoming a HASU, Stroke Unit (SU) and/or TIA service in September 2008. Ealing expressed an interest in a Stroke Unit and a TIA service. Interest was not expressed in a HASU

on the basis that the Trust could not realistically provide a 24/7 thrombolysis service given the level of investment this would require for a small number of patients and the fact that HASUs are probably best sited within tertiary centres. A copy of the Trust's bid is attached at appendix 2. These bids were then evaluated and a copy of the evaluation report is attached as appendix 3. On 8th January 2009 the Chief Executive wrote to express concern about the process and a copy of this letter is attached as appendix 4. A meeting was held with the Medical Director, Director of Operations, Consultant-Neurologist and Consultant-Elderly Care on 19th January 2009 with Rachel Tyndall, Chief Executive of NHS Islington and Senior Responsible Officer (SRO) for stroke. At the meeting Rachel agreed to review the process and evaluation. A copy of her response was received on 6th March 2009 and is attached as appendix 5.

9. What would happen if the Ealing stroke unit were closed?

- 9.1. 350 patients each year are managed in the Ealing SU. Of these approximately 250 are found to have had a stroke or TIA. Current plans envisage that these patients will have their initial assessment carried out at a HASU (either Charing Cross or Northwick Park) but then they will be returned to their local Stroke Unit within 72 hours. It is not clear who will look after the patients currently managed at Ealing Hospital. The HfL consultation document states that the patient capacity currently supplied by Ealing Hospital is 'not required'. HfL have indicated at recent meetings that final decisions on capacity have not in fact yet been made, and that designated SUs will be asked to provide information on how many beds they will provide. In reality if there is no Stroke Unit at Ealing, Ealing residents will be sent from the HASU to Hillingdon or West Middlesex for SU care, even when they have had no previous contact with these hospitals. The proposed HASUs at Charing Cross and Northwick Park have already expressed concerns about their ability to repatriate Ealing residents in a timely fashion if there is no SU at Ealing Hospital. If patients cannot be moved away from the HASUs efficiently, then they may have to close to new admissions, and the London Ambulance Service would then have to take patients to HASUs in other parts of London.
- 9.2. If there is no SU at Ealing, then this will have serious implications for the running of other local services, both in the hospital and in the community. There are specialist acute services and procedures available at EHT which will be under threat if the SU is removed. These include acute surgery (especially vascular) and coronary angiography. Patients undergoing these procedures are at an increased risk of stroke and the removal of an on-site SU means that if they suffer stroke as a complication their treatment

then optimal subsequent management may be compromised. If a patient does have a stroke whilst in the hospital, they will be unable to access immediate stroke care, which significantly worsens outcome, and they will then have to be transferred away from Ealing for further management. Access to key therapists (speech and language therapists, physiotherapists and occupational therapists) will also be impaired, as they will not be available on site.

10. Alternative options

- 10.1. The bid was based on a SU and TIA service located at Ealing Hospital and managed by the Trust. This remains the preferred option. However, rather than provide no service on the Ealing site, it might be possible to consider providing space on the Ealing site that is managed by one of the sites that is accredited.

11. The Financial Impact of removing stroke services from Ealing Hospital

- 11.1. Whilst the prime reason for the stroke bid was not financial there are, nevertheless, costs associated with losing stroke services, as there would also be with a successful bid.
- 11.2. It is estimated that direct income of c. £1.5m would be lost if stroke is no longer provided at Ealing, losing a £600k contribution to fixed costs and overheads. Variable costs associated with this income are only £100k, whilst the remaining £800k is in semi-fixed ward costs. Therefore the net loss to the Trust will be between £0.6m and £1.4m.
- 11.3. A successful stroke unit bid has an increased cost of between £1.2m and £1.7m attached to it (associated with additional staff and therapy costs), although this is based on provisional changes to stroke income tariffs which Healthcare for London have said may be subject to further review.

12. Conclusion

- 12.1. No clear evidence has been produced by HfL to justify their proposals to i) decommission the current successful SU at EHT or ii) non-designate our current TIA service. Stroke care at Ealing is currently of a standard which meets the needs of the population it serves. The self-assessment suggested that the Trust could meet the standards required of a modern stroke unit and TIA service. The evaluation downgraded the self-assessment scores but the reasons for this remain unclear. The most recent National Sentinel Stroke audit shows Ealing Hospital is delivering

care that places it in the top 25% of all Trusts nationwide, and has made major improvements since the last audit. It is expected that when the full results of this independent national audit are made public in the near future, Ealing Hospital's position will be very favourable when compared with other Trust's in the NW London area. NHS Ealing's own study looking at stroke needs of their population (drafted before the recent audit results became available), attached as appendix 6, showed that in many areas Ealing Hospital's performance was equivalent to neighbouring North West London hospitals over a range of different indices.

- 12.2. There is real concern that the capacity issues caused by the removal of the SU at Ealing Hospital cannot be managed by other local providers. There is also a significant potential adverse impact on other services provided by the Trust.

13. Recommendation

- 13.1. The Board is asked to:

- Support the attached response to the consultation document which recommends locating a SU and TIA service on the Ealing site.
- Mandate the Executive team to continue to work towards a stroke unit and TIA service at Ealing.
- Highlight concerns to a range of local partners via the Executive team and senior clinicians.
- Consider potential partners who might be willing to provide and manage an SU on the Ealing site.

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