

Acute Stroke and Major Trauma Integrated Health Impact Assessment

Emerging Findings

JOSC

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Purpose of Today's Presentation

- Introduce the Mott MacDonald/PHAST Project Team
- Provide a brief explanation of an Integrated Health Impact Assessment
- Outline the scope of the assessment
- Present the emerging findings
- Outline the next steps

The Mott MacDonald/PHAST Team

In January 2009 the following team was commissioned to carry out the assessment of the HfL proposals for acute stroke and major trauma

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What Is An Integrated Health Impact Assessment (HIA)?

- Considers both the negative and positive impacts of any proposed changes to health care services upon the population they serve
- Is presented in four phases – scoping (emerging findings), assessment, decision making and monitoring
- These impacts are considered from a number of dimensions
 - Population
 - Access
 - Outcome
 - Wider social determinants e.g. environment, employment
 - Patients, visitors, carers and staff (is possible)
- Offers mitigating factors

Scope of the Acute Stroke and Major Trauma HIA

The impact of the development of the following in London are considered within the scope of this assessment:

- 8 Hyper Acute Stroke Centres
- 21 Stroke Centres
- 21 TIA Centres
- 3 Major Trauma network options

The impact of the following are **not** considered within the scope of this assessment:

- Paediatrics
- Burns
- Detailed options for North East London
- The paired centre combinations for acute stroke services

Emerging Findings – Acute Stroke

Although the overall impact of the proposals for acute stroke services will be beneficial, we have identified that they have the potential to have significant impact upon the following groups:

- **Women** -- ↑ numbers of death from stroke than men
- **Older People** -- 80% of all deaths from stroke occur in the 75+ age group
- **BME Groups** -- 60% greater incidence amongst black Africa and black Caribbean population
- **Mental health and learning disabilities** -- ↑ possibility of suffering from a stroke before the age of 55 and a poorer prognosis
- **Socially deprived** -- ↑ risk of suffering from a stroke and resultant poor prognosis
- **Certain geographical areas** -- effect of density of numbers of the elderly. Requires further investigation
- **Late presenters** -- lack of clarity re: process for those who have not presented to hospital immediately following symptoms of an acute stroke

Emerging Findings – Major Trauma

Although the overall impact of the proposals for major trauma services will be beneficial, we have identified that they have the potential to have significant impact upon the following groups:

- **Young Men** -- the principal presenters with major trauma are young men
- **BME Groups** – there is a perception amongst some that black men are more susceptible to gun and knife crime. Requires further investigation
- **Certain geographical areas** – major traumas appear highest in central London and particular issues are expected in NW London. Further investigation is required following receipt of data.

Emerging Findings – Generic Issues

Although the overall impact of the proposals for both acute stroke and trauma services will be beneficial, we have identified that they have the potential to have the following generic impacts:

- **During and after care** -- transporting and discharge arrangements could be disorientating for certain groups of patients eg. elderly, BME
- **Visitors, relatives and carers** -- transport times will be increased to the specialist centres for these groups, especially if public transport is being relied upon
- **Non specialist centres** -- there maybe an impact upon the quality of care provision at these centres due to a redistribution of resources, including ambulance provision
- **Commissioning** -- consideration needs to given to the commissioning of services across the patient pathways
- **Data availability** – the lack of a systematic approach may create difficulties in making definitive impact assessments

Next Steps

- Detailed work planning for the next phase based upon the scope informed by these emerging findings
- Further collection and analysis of qualitative and quantitative data -- stakeholder interviews with traditionally under represented groups and the development of transport and carbon models
- Regular updates upon progress to IASG, JCPCT and JOSCC
- Production of draft HIIA reports for acute stroke and major trauma on 8th June 2009
- Production of final HIIA reports for acute stroke and major trauma on 29th June 2009