

| <b>Committee</b>  | <b>Date</b>            | <b>Classification</b>  | <b>Report No.</b> | <b>Agenda Item No.</b> |
|---|------------------------|--|-------------------|------------------------|
| <b>Overview and Scrutiny Committee</b>  | <b>13 January 2009</b> | <b>Unrestricted</b>  |                   | <b>9.1</b>             |
| <b>Report of:</b><br><b>Assistant Chief Executive</b>                                 |                        | <b>Title:</b>  |                   |                        |
| <b>Originating Officer(s):</b><br><b>Afazul Hoque, Acting Scrutiny Policy Manager</b> |                        | <b>Acute Stroke and Major Trauma – Establishment of Pan London Joint Overview and Scrutiny Committee</b> |                   |                        |
|   |                        | <b>Ward(s) affected: All</b>   |                   |                        |

## **1. Summary**

- 1.1 This report provides the Committee with details of the consultation process for proposals to develop NHS services for acute stroke and major trauma services in London and to agree for Tower Hamlets participation in a Joint Overview and Scrutiny Committee to look at the report in detail.

## **2. Recommendations**

- 2.1 Overview and Scrutiny Committee is asked to agree that Tower Hamlets participate in the proposed London-wide Joint Overview and Scrutiny Committee (JOSC) being established to respond to the consultation document issued by the Joint Committee of PCTs on proposed changes to NHS services for acute stroke and major trauma.
- 2.2 That the Committee appoint a Member and a deputy Member from the Overview and Scrutiny Committee and/or the Health Scrutiny Panel to represent the authority on the London-wide JOSC.
- 2.3 That the Service Head Scrutiny and Equalities be authorised to agree the detailed terms of reference for how JOSC will operate in consultation with the appointed Members.

### 3. **Background**

- 3.1 *Healthcare for London; A Framework for Action* was published in July 2007 by NHS London. It was written by Professor Lord Darzi and outlined a number of proposals which were needed to improve the health of Londoners. These specific proposals were outlined in the *Healthcare for London: Consulting the Capital* report which went out to consultation from November 2007. The consultation was led by a Joint Committee of London PCTs and, as part of this, a Joint Overview and Scrutiny Committee (JOSC) of local authorities affected by the proposals was set up to respond.
- 3.2 The JOSC took evidence from a range of stakeholders and made 34 recommendations which were considered by the Joint Committee of PCTs (JCPCTs) on 12<sup>th</sup> June 2008. The JOSC reconvened in October 2008 to receive the formal *Healthcare for London* response to their report. The JCPCT found the comments of the JOSC to be helpful and recognised the importance of engagement with Councils and their Overview and Scrutiny Committees to transform health and social care services.

### 4. **Acute Stroke and Major Trauma Services.**

4.1 Included within the initial consultation document were proposals for:

- The development of a stroke strategy and seven hyper-acute stroke centres;
- The development of trauma networks with three major acute centres.

4.2 The proposals were underpinned by a clinical case for change for stroke and major trauma services. Following the consultation, the JCPCTs accepted the clinical evidence and acknowledged the strong patient and public support (64% for specialised trauma centres, 67% for specialised stroke centres). The Joint Committee agreed:

- To develop some hospitals to provide more specialised care to treat the urgent care needs of trauma patients – probably between three and six hospitals. The number and location of these hospitals to be subject to further consultation by PCTs.
- To develop some hospitals to provide more specialised care to treat the urgent care needs of patients suffering a stroke (about seven hospitals in London providing 24/7 urgent care, with others providing urgent care during the day). The number and location of these hospitals to be subject to further consultation by PCTs.

#### **Stroke Services**

- 4.3 Stroke is the second most common cause of death and the single most important cause of disability in London. In 2007, stroke accounted for over 4,400 deaths in London, of which it is estimated nearly 25% may have been preventable. Around one percent of Londoners have suffered a stroke and many of these have suffered more than one. The impact on hospital services is considerable with over 11,000 admitted to hospital each year.
- 4.4 The majority of the strokes are age-related, with over 75% occurring in people over 65 years of age. The incidence is higher within black communities and tends to occur at a younger age and is approximately 60% higher than that of London's white population.
- 4.5 The poor quality of stroke services in England has been widely acknowledged. In 2006, figures for London showed that the two very best stroke units in London were meeting key targets only 90% of the time. The performance of some other units fell well below

this level and many figures actually worsened between 2004 and 2006. This has led to inequalities in access and quality of services. Although a number of units in London have significantly improved since 2006, it is considered that pan-London services need substantial improvement if patients are to have equality of access to the highest standard of care.

### **Major Trauma Services**

- 4.6 Approximately 3000 people per year suffer a major trauma in London. The standard of care delivered to the majority of trauma patients across the UK, including London, has been shown to be sub-standard in a number of crucial areas, including provision of suitably experienced staff and correct clinical decision making. It is felt that services are insufficiently co-ordinated to provide the best care for patients.
- 4.7 Currently two thirds of severely injured patients have to be transferred between hospitals as their local hospital does not provide the specialist care required. This increase in time to definitive care worsens outcomes for the severely injured. Patients transported directly to the most appropriate hospital have been shown to have a mortality of 12% whilst patients initially treated at a local hospital and subsequently transferred have an overall mortality of 19%. It is estimated by the NHS that a network of trauma centres could save over 500 lives a year.

### **Potential Benefits of Changes**

#### *Stroke*

- 4.8 Measures of success are currently being developed for the following benefits:
- Awareness of stroke to increase, resulting in more people being treated urgently following a stroke;
  - Increase in the number of patients able to be thrombolysed by ensuring people get to a specialist hospital as quickly as possible;
  - More patients receiving high dependency care in the first 72 hours following a stroke;
  - More patients receiving thrombolysis following a stroke resulting in more patients having a good outcome (independent or minimal help required) at three months from onset;
  - More patients receiving their total hospital care in a stroke unit, resulting in a greater number of patients having a good outcome at three months from onset;
  - More patients assessed as high risk following a Transient Ischaemic Attack (TIA) (mini-stroke) to be assessed by specialist TIA clinic within 24 hours, thus reducing the risk of a major stroke; and
  - Stroke patients to receive earlier assessment from community rehabilitation providers so as to plan transfer into community more effectively.

#### *Major Trauma*

- 4.9 It is intended that a trauma system for London would:
- Reduce mortality and disability;
  - Improve communication and collaboration between hospitals providing care;
  - Provide a higher quality service which is faster, providing the right care, with better clinical outcomes, and improved patient satisfaction; and

- Improve equality of access.

4.10 A trauma system would minimise the time to definitive care by delivering patients straight to the most appropriate facility rather than taking them to the nearest hospital and transferring them. The benefits of introducing a regionalised trauma system reach beyond the improvement of patient outcomes. Whilst not part of this consultation, a system-wide prevention strategy would reduce the number of people suffering severe injury. The majority of injuries are preventable, consisting mainly of motor vehicle accidents and falls. A pan-London approach to prevention has the potential to save a significant number of lives and the burden of injury.

4.11 The establishment of a London-wide trauma system made up of networks would facilitate more effective educational programmes for all those involved in trauma care and therefore improve the skills of clinicians and other staff. Rotation of staff between centres would support the retention of skills across the network and encourage a culture of co-operation. The links and co-operation present in a trauma system would ease the activation and implementation of the Major Incident Plan with hospitals having recognised roles within it

### **Consultation on Proposed Changes**

4.12 Consultation on the proposed changes will be run by all 31 London PCTs and PCTs in neighbouring strategic health authorities through the establishment of a Joint Committee of PCTs.

4.13 The consultation will cover:

- Services for acute stroke care and the location of hyper-acute services and acute services and coverage in London.
- Services for acute trauma care and the location and coverage of major trauma services In London.

4.14 The current plans are for public consultation on stroke and trauma services to take place for 12 weeks, from 5 January to 30 March 2009. The consultation will be run as if it is one consultation. A single JCPCT will again be established to lead the consultation and they will:

- Approve the pre-consultation business case and consultation documentation for improving the acute phase of adult services for stroke and major trauma;
- Relate formally to the Joint Overview and Scrutiny Committee which corresponding local authorities would be required to establish;
- Receive the report on the outcome of the consultation;
- Consider the impact assessments and any other relevant material;
- Take decisions on the issues being consulted upon, taking into account the outcome of consultation, the impact assessments and any other relevant material.

### **Establishment of JOSOC**

4.15 Healthcare for London has invited all London Boroughs to consider establishing a JOSOC to respond to the consultation. Boroughs will only have the legal power to scrutinise the report as part of the JOSOC and not individually.

- 4.16 The large scale changes proposed will clearly constitute substantial variations or development to services for all London Boroughs and maybe some local authorities outside of London, as defined under Section 7 of the Health and Social Care Act 2001. It is therefore likely that there will be a statutory duty for all such local authorities affected to establish and participate in a JOSC. Preliminary discussions on the setting up of the JOSC have already taken place between NHS London and the London Scrutiny Network (LSN).
- 4.17 These reconfigurations are likely to have significant implications for Tower Hamlets residents. Furthermore, with the proposed development of London's leading trauma centre at the new Royal London Hospital site and a leading stroke centre at the Barts site this will have significant implications for local residents in ensuring the Trust can meet the high expectations of a leading London hospital with that of local needs. It is therefore recommended that we agree to participate through the nomination of one Member and one Deputy Member.
- 4.18 At an informal meeting of the JOSC on 17<sup>th</sup> December 2008 discussions took place around the practicalities of operating this JOSC and a decision will be made at the next London Scrutiny Network meeting. The Health Scrutiny Panel (HSP) at its review group meeting on 18<sup>th</sup> December 2008 were informed of the proposals and they expressed their willingness for Tower Hamlets be involved in the JOSC and asked that regular updates be provided to the Panel. .

## **5 Concurrent Report of the Assistant Chief Executive (Legal)**

- 5.1 Sections 7 and 8 of the Health Care Act 2001 (the '2001 Act') provide a power for local authority overview and scrutiny committees to review and scrutinise health matters. This is confirmed by the Local Authority (Overview and Scrutiny Committees' Health Scrutiny Functions) Regulations 2002 (the '2002 Regs') which make provision in relation to the health scrutiny functions.
- 5.2 Regulation 4 deals with consultation of overview and scrutiny committees by local NHS bodies of proposals for substantial development of the health service or for any substantial variations in the provision of the health service.
- 5.3 The Secretary of State for Health State can exercise his powers under the Act 2001 and regulation 10 of the 2002 Regs, that where a local NHS body consults with more than one overview and scrutiny committee pursuant regulation 4 of the Regs, he can make a direction that the local authorities shall appoint a joint overview and scrutiny committee for the purposes of consultation and only that joint overview and scrutiny committee may comment on the proposals consulted on to the local NHS body. Such a Direction was made by the Secretary of State for Health on 17 July 2003.
- 5.4 Accordingly, in order to comply with the Direction this report seeks Members to be appointed to a joint overview and scrutiny committee for purposes of this consultation.

## **6 Comments of the Chief Financial Officer**

- 6.1 There are no direct financial implications arising from this report.

## **7 One Tower Hamlets Considerations**

- 7.1 The consultation report aims to address health inequalities that exist within London. The JOSC will, as part of its work, need to consider carefully the equalities implications of

the proposals within the report and in particular, the Equality impact Assessment undertaken by the Joint Committee of PCTs. The JOSOC will also address consultation with hard to reach communities and ensure the proposed changes have a positive impact on all sections of the community.

## **8 Sustainable Action for a Greener Environment**

8.1 There are no direct environmental implications arising from this report.

## **9 Risk Management**

9.1 There is a risk that the operation of the JOSOC may become overly bureaucratic and local issues may not be fully considered.

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### **LOCAL GOVERNMENT ACT 1972 (AS AMENDED) SECTION 100D**

#### **LIST OF "BACKGROUND PAPERS" USED IN THE PREPARATION OF THIS REPORT**

Background paper

Name and telephone number of and address where open to inspection

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