Imperial College Healthcare NHS
NHS Trust

Trust Board - Public

Agenda Item	3.1
Title	Proposal for co-location of stroke services
Report for	Decision
Report Author	Prof. Tim Orchard, Divisional Director, Medicine
Responsible Executive Director	Steve McManus, Chief Operating Officer

Executive Summary

Currently, Imperial College Healthcare NHS Trust provides two stroke units – at Charing Cross Hospital in Hammersmith and St Mary's Hospital in Paddington - as well as a hyper acute stroke unit (HASU) at Charing Cross Hospital.

There is a strong clinical consensus within the Trust that providing our stroke services across two hospital sites is not sustainable in terms of quality or efficiency. We believe there are significant benefits in creating a fully integrated service on one site in terms of seven-day access to senior specialist clinicians, therapists and MRI scanning services.

The stroke unit at St Mary's Hospital, caring for around 180 patients per year, is based in the Grafton Ward which features old and outdated facilities. There is no prospect of significantly improving these facilities in advance of the planned major redevelopment of the St Mary's estate which is at least five years away. There is an opportunity to re-provide this service in larger, modern facilities at Charing Cross Hospital in the interim.

St Mary's Hospital is a major acute hospital for the region, with the designated major trauma centre for north west London. Given the important connections between Accident and Emergency (A&E), major trauma and the HASU, our longer term plan is for all stroke services to be co-located on a re-developed St Mary's site.

This proposal is about raising the overall quality of care available to stroke patients, their families and carers through the co-location of the Trust's stroke services on one site. The total number of inpatient beds and stroke service staff would remain unchanged.

The main reasons underlying the proposal to change our current stroke services are to:

- Provide the best outcomes and experience for patients, their families and carers
- Improve access to therapy services
- Provide 7-day, 24-hour consultant cover for all our patients, in line with best practice guidelines set out by the Royal College of Physicians
- Co-locate stroke and neurosurgical services
- Provide 24 hour availability of MRI scanning service
- Reduce the average length of stay for all stroke patients
- Have the best trained stroke specialist teams.

Recommendation to the Board

The Board is asked to approve that engagement and communications on the proposed stroke service co-location proceeds followed by a further report for consideration by the Board on the outcomes of this process.

Trust strategic objectives supported by this paper:

- To achieve excellent patient experience and outcomes, delivered efficiently and with compassion.
- To educate and engage skilled and diverse people committed to continual learning and improvement.
- As an Academic Health Science Centre, to generate world leading research that is translated rapidly into exceptional clinical care.
- To pioneer integrated models of care with our partners to improve the health of the communities we serve.

Imperial College Healthcare NHS
NHS Trust

Proposal for co-location of stroke services

Purpose of the report

This proposal is about raising the overall quality of care available to stroke patients, their families and carers through the co-location of the Trust's stroke services on one site.

Currently, Imperial College Healthcare NHS Trust provides two stroke units – at Charing Cross Hospital in Hammersmith and St Mary's Hospital in Paddington - as well as a hyper acute stroke unit (HASU) at Charing Cross Hospital.

There is a growing clinical impetus for moving the St Mary's Hospital stroke unit to Charing Cross Hospital to enable us to create a fully integrated service on one site as soon as possible. This is supported by the clinical stroke lead clinician for London and the NHS.

The proposed move would be an interim measure for approximately five years until the stroke service could be permanently centralised in new facilities at St Mary's Hospital as set out in the Trust's clinical strategy published in July 2014 and as agreed as part of the London-wide improvement of stroke services agreed in 2008.

The Trust Board is asked to approve proceeding with a process of engagement on the proposal. Once timelines are agreed, the engagement with staff directly affected by the proposed change would run concurrently with the public engagement.

Background

In 2008, as part of the London-wide improvement of stroke services, the Trust successfully bid to run a HASU as well as two stroke units.

Subsequently, the HASU opened at Charing Cross Hospital in December 2009. The public consultation that informed the London stroke services improvement project showed a preference for co-locating HASUs on the same site as major trauma centres, as they need similar back-up and support. The longer term agreement was therefore to move the HASU to St Mary's Hospital, which runs the major trauma centre for north west London, as part of the future redevelopment of the St Mary's site.

Our two stroke units are based at Charing Cross Hospital, next to the HASU, and at St Mary's Hospital.

We provide outpatient follow-up services and TIA (transient ischaemic attack) investigation services at both Charing Cross and St Mary's hospitals.

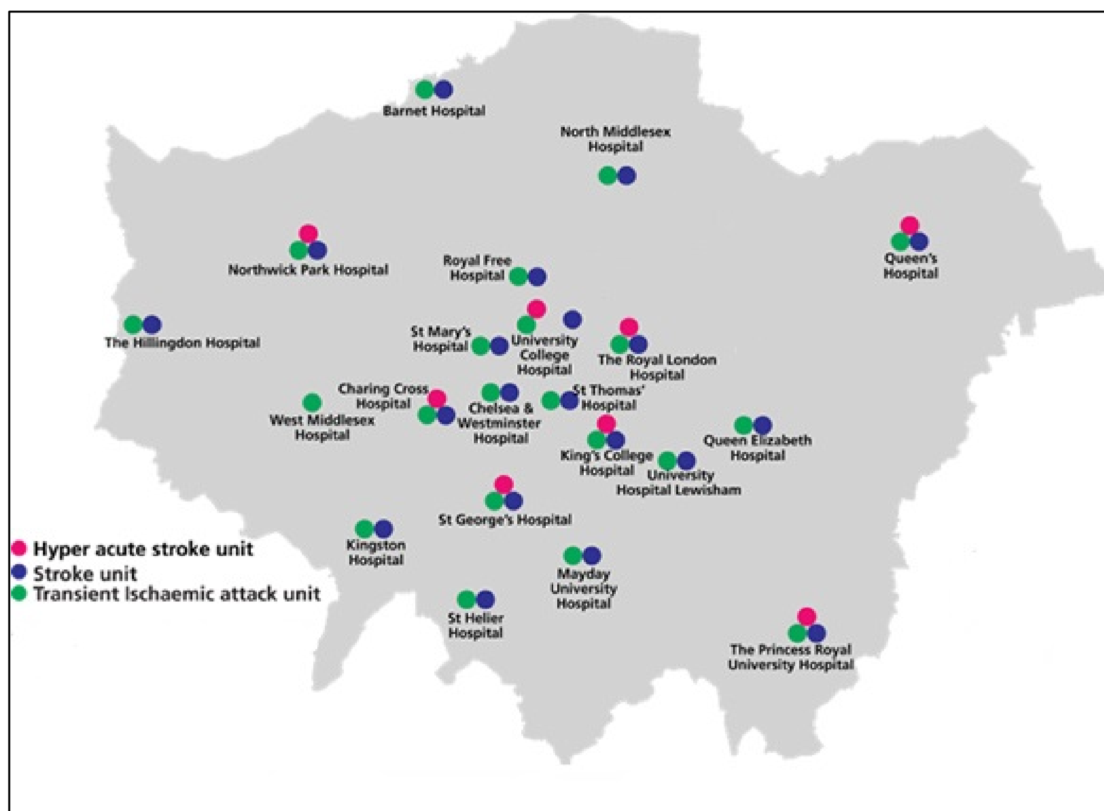
During the year 2014/15, we treated 1,745 patients in the HASU, 379 in the Charing Cross stroke unit and 186 in the St Mary's stroke unit.

Patient admissions 2014/15

Site	Stroke	TIA	Other
Charing Cross HASU	1111	162	472
Charing Cross Stroke Unit	343	7	26
St Mary's Stroke Unit	186	-	-

London Stroke Network

There are eight HASUs and 24 stroke units across London.



The case for change

There is a strong clinical consensus within the Trust that providing stroke services across two hospital sites is not sustainable in terms of quality or efficiency. The main benefit of the proposed co-location would be better patient outcomes and experience with improved continuity of care. The entire stroke specialist team would be on one site and would be better equipped to deliver the quality of service for all stroke patients within the recommendations of the Royal Colleges for working seven days per week.

The proposal is in line with the Trust's clinical strategy, approved by the Board in July 2014, which set out the case for co-locating stroke services. The strategy states:

"4.2.4 Stroke and neurosciences
There is strong clinical consensus that providing inpatient stroke and neurosciences services across three sites is not sustainable from a safety and quality perspective. There are critical clinical adjacencies with A&E, major trauma and the hyper acute stroke unit and so all stroke services plus a neurosurgical elective spinal service will be based alongside those services on the St Mary's major acute site. Remaining elective neurosciences

services will be based at Hammersmith Hospital alongside related specialties, particularly head and neck/base of skull surgery."

The main reasons underlying the proposal to change our current stroke services are to:

- **Provide the best outcomes and experience for patients, their families and carers.** The current stroke unit at St Mary's Hospital is based in old and outdated facilities. There is no prospect of significantly improving these facilities in advance of the planned major redevelopment of the St Mary's estate which is at least five years away. The current facilities are cramped, reducing privacy for patients, and do not include a day room where patients can spend time with visitors during their recovery period in hospital. There is an opportunity to re-provide this service in larger, modern facilities at Charing Cross Hospital in the interim.
- **Improve access to therapy services.** Having all specialist therapy staff on one site, with an expanded and improved gym, would enable us to provide high-quality, seven day services to all stroke patients. The more therapy stroke patients receive, the better their potential outcome.
- **Provide seven-day consultant review for all our patients, in line with best practice guidelines set out by the Royal College of Physicians.** As there is a much smaller service at St Mary's Hospital, there have not been enough patients to support the workload for a specialist consultant to be on duty for routine work at the weekends. Instead, there is daily consultant review from Monday to Friday only. Integrating the two stroke units and co-locating them with the HASU, would enable us to have seven day access to a stroke consultant on site for all stroke patients.
- **Co-location of stroke and neurosurgical services**
  Charing Cross Hospital has neuro-surgeons on-site and bringing together specialist services will mean better clinical outcomes and safer services for patients.
- **24-hour availability of MRI scanning service**
  Linked to the HASU and neuro-surgery services, Charing Cross has 24-hour availability of MRI scanning services. With a co-located stroke service at Charing Cross, all stroke patients would have access to 24-hour MRI if their condition should deteriorate.
- **Reduce the average length of stay for all stroke patients.** The average length of stay for a stroke patient at Charing Cross is 18 days compared with 26 days at St Mary's. This is partly linked to increased access to specialist consultants and other specialist clinicians and greater availability of therapy services.
- **Have the best trained stroke specialist teams.** By creating an integrated stroke service on one site, rather than being split over two sites, we would be able to deploy our doctors, nurses and therapists more effectively. This would improve rota cover, training opportunities, communication and shared learning.

Proposed service model for stroke care

The Trust wants to deliver the best outcomes and experience for all our stroke patients. We believe that the proposed changes would enable us to meet fully best practice standards seven days a week, enabling patients to have the fullest and speediest recovery possible.

Current stroke services at the Trust:

- Hyper acute stroke unit (HASU), with 20 beds at Charing Cross Hospital
- A stroke unit at Charing Cross Hospital with 20 beds, a gym, and day room
- A stroke unit at St Mary's Hospital with 14 beds and a small gym
- TIA (transient ischaemic attack) investigation services at Charing Cross and St Mary's hospitals
- Outpatient follow-up clinics at Charing Cross and St Mary's hospitals

Proposed stroke services at the Trust:

To support best practice, we propose moving the St Mary's Hospital stroke unit to Charing Cross Hospital to create a fully integrated service on one site. The service would be provided across one floor and would include:

- Hyper acute stroke unit (HASU), with 20 beds at Charing Cross Hospital
- A stroke unit at Charing Cross Hospital with 34 beds, an expanded gym, and day room
- TIA (transient ischaemic attack) investigation service at Charing Cross Hospital
- In addition, there would be outpatient follow-up clinics at Charing Cross and St Mary's hospitals

The total number of inpatient beds and stroke service staff would remain unchanged.

Benefits of the proposed co-location would be realised through:

- Better usage of beds allowing consistency of management, reduction in the average length of stay by avoiding internal waits for transfers, availability of senior therapy and nursing staff expertise.
- Better staff utilisation:
  - Consultants able to participate in combined clinics.
  - Additional flexibility to provide internal cover.
  - No requirement to maintain consultant cover on both sites.
  - More efficient use of therapy staff and strengthened cover with senior staff all on one site.
  - Ability to increase the critical mass of staff to cross cover sickness and annual leave.
  - Ability to increase the critical mass of patients in order to run efficient models of working such as group exercise classes and stroke education groups for patients.
- Management issues will be improved significantly with standardised operating procedures and consistency of pathways.
- Better informed staff who will be able to access teaching and departmental meetings on one site.
- More efficient stroke departmental management eg: audits, infection control issues and other trust procedures.
- Less duplication of meetings.
- More rapid referral of patients from HASU to the stroke unit.
- Improved TIA service running seven days a week with a simpler referral system for primary care physicians.

- Overall improved access to training, teaching and research. There are currently no training grade junior staff within the existing stroke service on the Charing Cross Hospital site where there is a wealth of clinical material available for teaching and training purposes.

There are also opportunities for efficiencies:

- Improved bed usage through reduced average length of stay
- Reduction in the use of bank and agency staff due to greater staffing resilience
- Improved efficiency due to reduction in transferring between sites
- Larger potential for research opportunities because of the larger cohort of patients available in one place
- The ward foot print would allow for future re–design for the rehabilitation pathway.

Public engagement

If given the go ahead by the Trust Board, we would proceed with a process of enagement on the proposal. The purpose of this engagement would be to give service users, partner organisations, other interested individuals and organisations, and the public the opportunity to:

- Understand how the Trust wants to improve the stroke service.
- Make any comments or raise any questions about the proposed change.

Once timelines are agreed, the consultation process with Trust staff directly affected by the proposal would run concurrently.

Trust staff engagement

There would be a robust plan for engaging with all staff directly involved in the proposed change along with a restructure consultation to further underpin the leadership of the services. It is planned to undertake this internal consultation concurrently and alongside the external process.

Access and travel issues

We appreciate the proposed changes may result in increased travelling times for some patients and visitors but we believe this would be more than offset by the improvements in outcomes and experience.

There would still be outpatient stroke services at both Charing Cross and St Mary's hospitals so there would be no travel impact for patients once they were discharged from hospital.

We recognise however, that this will form an important issue to be addressed during the engagement process.

Additional benefits for emergency services at St Mary's Hospital

The Trust has been working on how we can best develop our existing services and sites to meet changing health needs, both in the longer term as set out in our clinical strategy and

estates redevelopment plans, as well as in the short term over the next five years.

St Mary's Hospital is a major acute hospital for the region, with the designated major trauma centre for north west London. Given the important connections between A&E, major trauma and the HASU, our longer term plan is for all stroke services, plus a neurosurgical elective spinal service, to be co-located on a re-developed St Mary's site.

In the short term, however – at least over the next five years - we need to find solutions to the capacity pressures at St Mary's Hospital caused by our old and outdated estate. We will also be looking at how best to utilise each of our hospital sites through reviewing opportunities to consolidate or optimise clinical adjacencies.

Stakeholder engagement on the proposal

This proposal is supported by Professor Tony Rudd, the National Clinical Director for Stroke at NHS England, London Stroke Clinical Director and Stroke Programme Director, Royal College Physicians London. NHS England is the lead organisation for commissioning stroke services across London. We have begun close liaison with our local authority partners, clinical commissioning groups, patient groups and other key local stakeholders on this proposal.

Potential timescales

The proposal is for the co-location to take place during the second half of 2015 before the winter period, subject to the outcomes of the engagement process and further consideration of these by the Trust Board before reaching its decision.

Finance issues

While finance is not the primary reason for the proposed co-location there are opportunities for savings which arise from the efficiencies outlined above:

- Reduction in transfers of patients between sites.
- Reduced average length of stay for patients and improved bed usage.
- Avoiding use of agency staff.
- Larger cohort for research opportunities.
- Junior doctors' rotas being made more robust.

There would however, be a small, non-recurrent capital cost for refurbishing the area for the expanded stroke unit at Charing Cross Hospital.

Risks

Risk	Likelihood	Mitigation
Lack of wider staff support for the changes	Low	Clinical consensus on the need to co-locate services to improve quality and efficiency and full staff consultation on changes to roles and main place of work
Impact on junior grade doctors covering the medical acute rota at St Mary's Hospital	Low	This would be reviewed alongside a proposal for a new junior grade rota at Charing Cross Hospital. Furthermore, co-location of services would increase consultant presence on one site providing additional flexibility.
Access issues for some patients impacts negatively on patient experience	Medium	Ensure access/transport – and any other concerns – are fully covered and addressed as part of the public engagement.

References:
http://www.londonhp.nhs.uk/wp-content/uploads/2011/03/London-Stroke-Strategy.pdf
https://www.rcplondon.ac.uk/sites/default/files/national-clinical-guidelines-for-stroke-fourth-edition.pdf

Recommendation to the Board

To approve that engagement and communications on the proposed stroke service co-location proceeds followed by a further report for consideration by the Board on the outcomes of this process.