



Proposed co-location of stroke services

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Executive summary

Imperial College Healthcare NHS Trust is asking patients, carers, local residents and other stakeholders about the proposal to bring its inpatient stroke services together at Charing Cross Hospital in Hammersmith later this year.

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, the 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.

We see significant benefits in moving the St Mary's Hospital stroke unit to Charing Cross Hospital to create a fully integrated service on one site. The total number of inpatient beds and stroke service staff would remain unchanged.

The current stroke unit at St Mary's Hospital is based in old and outdated facilities.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 re-development 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.

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 services
- reduce the average length of stay for all stroke patients
- have the best trained stroke specialist teams

The Trust wishes to engage as widely as possible on the proposal outlined in this document. We will review and consider all the feedback we receive as we consider the Trust's decision.

Introduction

The Trust wants to deliver the best possible care for patients who experience a stroke.

This document explains the changes that we are proposing to seek to achieve this vision. We welcome any comments on the proposals outlined in this document and will endeavour to answer any questions.

About the Trust

Imperial College Healthcare NHS Trust provides acute and specialist healthcare for a population of just under two million people in north west London, and more beyond. Formed in 2007, we are one of the largest NHS trusts in the country.

With our academic partner, Imperial College London, we are one of the UK's seven academic health science centres, working to ensure the rapid translation of research for better patient care. We are also part of Imperial College Health Partners, the academic health science network for north west London, spreading innovation and best practice in healthcare more widely across our region.

In July 2014, the Trust published our new clinical strategy which set out how our clinicians would like to connect our many different services and specialties across our three main sites in order to achieve the best clinical outcomes. To support this, we proposed re-developing our three main sites to have their own distinct, yet interdependent, offer.

Our hospitals

There are five hospitals in the Trust.

Charing Cross Hospital, Hammersmith – providing a range of acute and specialist care, it also hosts the hyper acute stroke unit for the region and is a growing hub for integrated care in partnership with local GPs and community providers. Our clinical strategy envisages Charing Cross evolving to become a new type of local hospital, offering a wide range of specialist, planned care as well as integrated care and rehabilitation services for older people and those with long-term conditions. Charing Cross has a 24/7 A&E department.

Hammersmith Hospital, Acton – a specialist hospital renowned for its strong research connections. It offers a range of services, including renal, haematology, cancer and cardiology care, and runs the regional specialist heart attack centre. As well as being a major base for Imperial College, the Acton site also hosts the Clinical Sciences Centre of the Medical Research Council. Under our clinical strategy, the hospital would build further on its specialist and research reputation.

Queen Charlotte's & Chelsea Hospital, Acton – a maternity, women's and neonatal care hospital, also with strong research links. It has a midwife-led birth centre as well as specialist services for complicated pregnancies, foetal and neonatal care. Our clinical strategy sets out a continuing role for both of our specialist hospitals sharing the Acton site, alongside major facilities for Imperial College London.

St Mary's Hospital, Paddington – the major acute hospital for north west London as well as a maternity centre with consultant and midwife-led services. The hospital provides care across a wide range of specialties and runs one of four major trauma centres in London in addition to its 24/7 A&E department. We are proposing a major redevelopment of the St Mary's site to bring together more of our acute care in state-of-the-art facilities.

Western Eye Hospital, Marylebone – a specialist eye hospital with a 24/7 A&E department. We are planning to relocate the whole service to new facilities on the redeveloped St Mary's site.

You can read more about the Trust's vision, objectives and future plans on our website at www.imperial.nhs.uk

How stroke services are currently provided

About strokes

A stroke is a serious medical condition that occurs when the blood supply to part of the brain is cut off. Strokes are a medical emergency and prompt treatment is essential - the sooner a person receives treatment for a stroke, the less damage will be caused.

If you have a stroke, you will be taken to the A&E department of the nearest hospital with a hyper acute stroke unit – often referred to as a ‘HASU’. These designated HASUs have a range of clinical professionals who are specifically trained and experienced in stroke care. There are eight HASUs in London – Charing Cross Hospital currently provides the HASU for the whole of north west London.

Once in the appropriate hospital, the patient will have a series of medical tests to show where the stroke is, how serious it is, and what caused it. The sooner these tests are carried out the better, because some treatments are only effective if given within a short period of time after the onset of the stroke.

All stroke patients admitted to the HASU can be assessed, undergo a brain scan, be diagnosed and given life-saving clot-busting drugs within 30 minutes of arriving at the hospital, 24 hours a day, seven days a week.

For the first few days following a stroke, a patient in the HASU will receive intensive care from a specialist team of doctors, nurses and therapists. After about three days, as soon as the patient is well enough, they will be transferred to one of 24 stroke units across London as they do not need such intensive care and where the focus is on rehabilitation. There is currently a stroke unit at both Charing Cross Hospital and St Mary’s Hospital.

In the stroke unit, a specialist team will continue to care for each stroke patient’s often complex needs, setting out the best medication and treatment, providing therapy and helping plan for life after stroke, until the patient is well enough to go home or move to a rehabilitation unit for further intensive therapy.

The duration of the inpatient stay will depend on the severity of the impact of the stroke and the subsequent symptoms.

London has also improved its response to transient ischaemic attack – ‘TIA’ or a ‘warning stroke’ - and now has 24 TIA services across the capital. These services make a fast diagnosis and provide access to a specialist within 24 hours for people at high risk of a more severe stroke or within seven days for those at low risk. There is currently a TIA service at both Charing Cross Hospital and St Mary’s Hospital.

Our current stroke services

In 2009, as part of the London-wide improvement of stroke services, the Trust successfully bid to run a HASU and 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.

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

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

We provide outpatient follow-up services and TIA 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. In addition, some 1,000 patients attended one of our TIA investigation services in the same 12-month period.

The case for change

This section summarises the main issues driving us to propose changes to our current stroke services.

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. 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.

Main reasons for the proposal to change our current stroke services

We want 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 side rooms or 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.

We want to 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.

We want to provide seven-day consultant cover 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.

We want to co-locate stroke and neurosurgical services. Charing Cross Hospital has neurosurgeons on-site and bringing together specialist services will mean better clinical outcomes and safer services for patients.

We want to provide 24-hour availability of MRI scanning services. Linked to the HASU and neuro-surgery services, Charing Cross Hospital 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 scanning if their condition should deteriorate.

We want to reduce the average length of stay for all stroke patients. The average length of stay for a stroke patient at Charing Cross stroke unit is 18 days compared with 26 days at St Mary's stroke unit. This is partly linked to increased access to specialist consultants and other specialist clinicians and greater availability of therapy services.

We want to 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.

What is our 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.

This proposal is supported by NHS England which is the lead organisation for commissioning stroke services across London.

Proposal for co-location of stroke services on one site

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

Benefits of proposed change

Under this proposed new model all stroke patients would have access to a seven-day service provided by a team of specialist stroke and neurology consultants and therapists.

A single stroke unit located in the same hospital as the HASU would help improve clinical outcomes for patients through quicker referral of patients between the units, including in the case of a patient deteriorating and needing to be moved back to the HASU.

The move to a single stroke unit on the Charing Cross site would also improve patient experience with better continuity of care, more access to skilled doctors, nurses and therapists, and a more modern environment.

In summary, we believe that the proposed integrated service would bring significant benefits for patients, their families and our staff, through:

- Improved outcomes for patients
- Better patient experience with improved continuity of care and a more modern environment
- Increased availability of expert consultants, senior nurses and specialist therapists
- Improved access to therapy services

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- Co-located stroke and neurosurgical services
 - 24-hour availability of MRI scanning services
 - Reduced average length of stay for all patients
 - Improved working arrangements for staff
 - Better professional skills development and access to education and training
 - More efficient use of beds.

This move would be an interim measure for approximately five years until the whole, integrated stroke service was re-located in new facilities at St Mary's Hospital as described earlier.

Access and travel issue

We appreciate the proposed changes may have an impact on travelling times particularly for some visitors, but we believe this would be more than offset by the improvements in patient outcomes and experience.

A single, integrated stroke unit at Charing Cross Hospital could mean a potentially longer journey for visitors of patients who would currently be cared for in the St Mary's Hospital stroke unit – specifically, those from the boroughs of Brent and Westminster.

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.

Potential timescales

The proposal is for the changes to take place during the second half of 2015 before the winter period, subject to the outcome of 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 are therefore considering which non-emergency services – such as the stroke unit – could be safely relocated to other Trust sites during the period before the redevelopment and modernisation of St Mary's Hospital is completed.

Have your say

The Trust wishes to engage as widely as possible on the proposal outlined in this document. The purpose of this process is to give you, the public and service users, the opportunity to:

- understand how we want to improve this service, and
- make any comments or raise any questions that you might have about the proposed change we outline.

The timeline for comments is a four week period commencing Monday 15 June and ending Friday 10 July 2015.

We will review and consider all the feedback we receive as we consider the Trust's decision.

Your comments

Please provide any comments you wish to make on the proposals outlined within this document.

Please send your comments to: trust.communications@imperial.nhs.uk

The deadline for submitting your comments is Friday 10 July 2015.

All enquiries regarding this document should be directed to:

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Foundation trust

We are committed to achieving foundation trust status to bring us closer to our patients, local communities, staff and partner organisations.

Becoming a foundation trust will demonstrate the care we provide meets the highest standards of safety and quality and the Trust is a well-organised and well-governed organisation.

Foundation trusts offer patients, members of the public, the people who work for them and other partners, the opportunity to become a member of the Trust and have more of a say in how the Trust is run.

You can find out more at our website: www.imperial.nhs.uk/foundation-trust

If you have any questions about membership, please email: ft@imperial.nhs.uk

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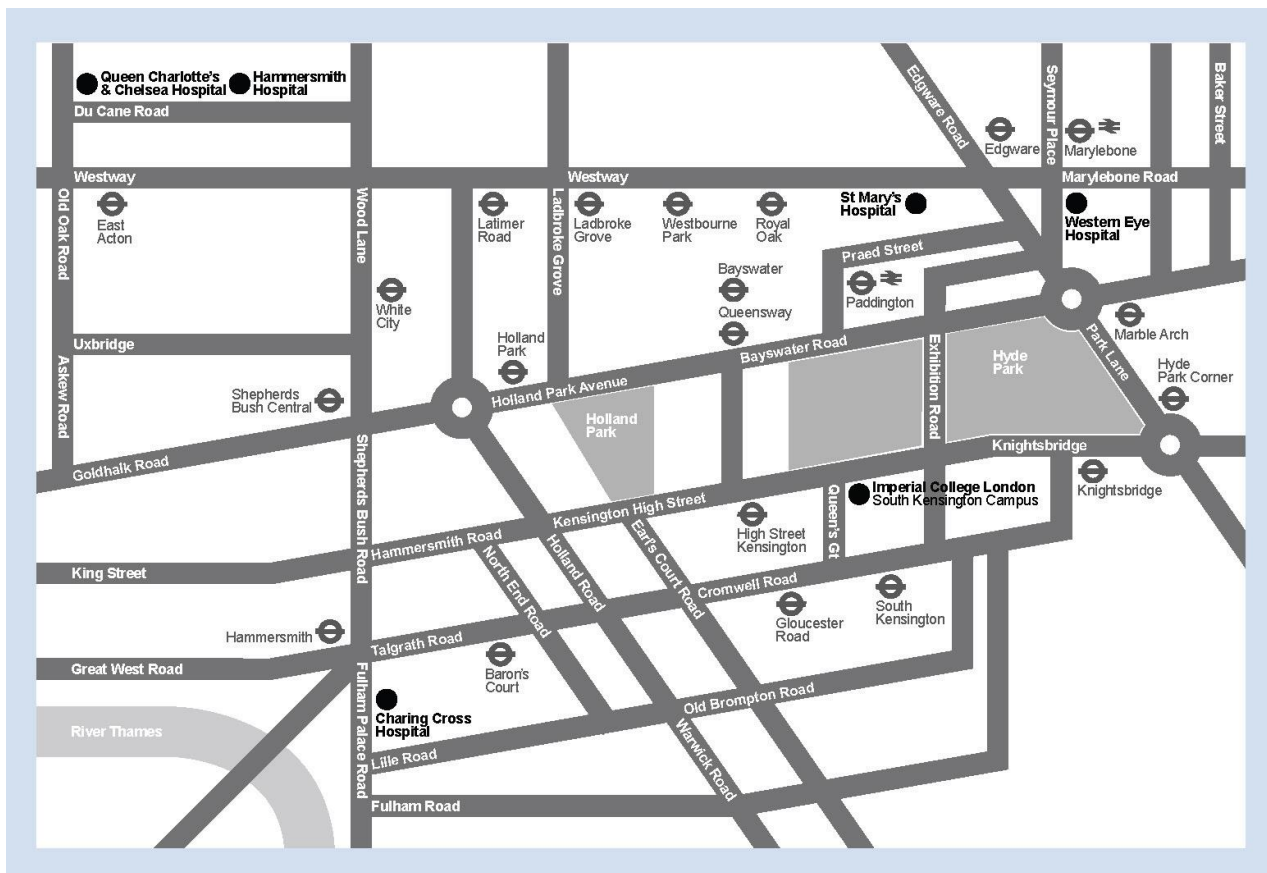
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