



CITY OF WESTMINSTER

DRAFT MINUTES

Health Policy & Scrutiny Urgency Sub-Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health Policy & Scrutiny Urgency Sub-Committee** held on **Tuesday 30th June 2015**, at 2.00pm at Westminster City Hall, 64 Victoria Street, London SW1E 6QP

Members Present: Councillors David Harvey, Barbara Arzymanow and Patricia McAllister.

1 MEMBERSHIP

- 1.1 There were no changes to membership.

2 DECLARATIONS OF INTEREST

- 2.1 The Chairman sought any personal or prejudicial interests in respect of the item to be discussed from Members and officers, in addition to the standing declarations previously tabled by the Adults, Health & Public Protection Policy & Scrutiny Committee. No further declarations were made.

3 MINUTES

- 3.1 Resolved that the Minutes of the meeting of the Health Policy & Scrutiny Urgency Sub-Committee held on 27 February 2015 be approved as a correct record.

4 IMPERIAL COLLEGE HEALTHCARE NHS TRUST: RECONFIGURATION OF STROKE SERVICES

- 4.1 As part of the wider 'Shaping a Healthier Future' NHS reconfiguration across North West London, the Hyper-Acute Stroke Service (HASU) currently based at Charing Cross Hospital was due to move to St Mary's Hospital within the next few years to be co-located with Major Trauma services.
- 4.2 Imperial College Healthcare NHS Trust had requested that they met with Committee Members so they could obtain their views on proposals for a

temporary reconfiguration of stroke services at St Mary's Hospital as part of the reconfiguration. As there was no capacity for an additional agenda item at the recent meeting on 24 June, and as the next scheduled meeting of the main Committee was not until 24 September, it had been agreed that that Imperial would be invited to present their proposals at a meeting of the Health Urgency Sub-Committee.

- 4.3 The Sub-Committee accordingly now received a presentation on the temporary reconfiguration at St Mary's from Dr Tracey Batten (Chief Executive), Prof Tim Orchard (Divisional Director of Medicine), Michelle Dixon (Director of Communications & External Relations) and Mick Fisher (Head of Public Affairs), from Imperial Healthcare. Imperial also presented the engagement paper through which patients, carers, local residents and other stakeholders were being consulted.
- 4.4 There was a strong clinical consensus within the Trust that providing stroke services across two hospital sites was not sustainable in terms of quality or efficiency. Initial investigations and MRI scans made during the first 24 hours to determine the type of stroke the patient has had currently took place at Charing Cross. Transient Ischaemic Attack (TIA) or "mini stroke" victims received a full medical check from the TIA service, which would put in place measures to minimise the higher risk of having a stroke in the future.
- 4.5 As a temporary measure, Imperial were proposing that the overall quality of care available to stroke patients, their families and carers could be raised, through moving Westminster's regular stroke services from St Mary's while the redevelopment was taking place. Under this proposal, the 14 beds currently at St. Mary's would be co-located with the 20 beds at the Charing Cross HASU. The proposed transfer would be for an anticipated 5 year period, with the longer-term plan being for fully integrated stroke services providing seven-day access to senior specialist clinicians, therapists and MRI scanning services to be located at St. Mary's once the redevelopment had been completed. The Sub-Committee noted that the availability of services at one location would result in a shorter length of stay for patients, and better chances of recovery.
- 4.6 Although the two week in-patient services would move, outpatient services following discharge from Charing Cross would remain at St. Mary's, and out of hospital services would be unaffected. Members noted that the impact on post care should be minimal, and that services may be improved.
- 4.7 The engagement paper additionally sought to determine the number of patients currently being seen within the stroke unit at St. Mary's, together with where they came from and the travel times that were involved. Imperial were also consulting with staff on accommodation and travel; and with a range of patient and clinical groups to ensure that they were well prepared for the changes that were proposed. Members noted that feedback from the engagement and on the clinical case around stroke services had been largely supportive.

- 4.8 The Sub-Committee discussed possible transport problems Westminster's residents may have when visiting Charing Cross Hospital. Members recognised that the change to service would be easier for people in the south of the borough, and highlighted the need for equal support to be provided to patients from the north and south of Westminster after they had been discharged.
- 4.9 Imperial Healthcare confirmed that they had commissioned a study of current car and public transport routes, together with the options that could be considered for parking and to support visitors. The findings of the study were due to be reported on 14 July, and would be shared with the Committee. Members highlighted the importance of accessible transport being available, and suggested that Imperial Healthcare discuss options with the City Councils' Director of Transport.
- 4.10 The Sub-Committee discussed the improvements which co-location and the consolidation of services would bring, and highlighted the importance of patient outcomes. Members noted that of the patients that were currently admitted to the stroke unit, 40% returned home; 16% were discharged into a nursing home; 17% went into rehabilitation; 7% died; and 20% were transferred either internally, to another hospital, or to a stroke unit outside of Westminster.
- 4.11 Sub-Committee Members also commented on the reconstruction of St. Mary's Hospital, and asked whether the 5 year timescale that had been given was achievable. Imperial Healthcare confirmed that the timetable was considered realistic. The proposals had been included in the Implementation Planning Business Case (IPBC) for North West London, which had been produced by the Clinical Commissioning Groups and submitted to NHS England for approval. It was anticipated that the IPBC would be cleared during the summer in 2016, and then be followed by the planning process and a 3 year building programme. Imperial also confirmed that they had received reassurance that the cash receipts from the sale of NHS estate in Westminster would be used for the redevelopment of St. Mary's Hospital.
- 4.12 Sub-Committee Members asked why the changes were taking place now, and not earlier. Imperial confirmed that they routinely reviewed how services were delivered, and that concentrating expertise and centralising specific medical conditions was key to obtaining better outcomes and reducing mortality rates.
- 4.13 Other issues discussed included clinical changes that may affect stroke services that were anticipated over the next 5 years, such external ultrasound and the surgical removal of clots; St. Mary's as a teaching hospital; and audit processes.
- 4.14 The Chairman thanked the representatives from Imperial Healthcare, on behalf of the Sub-Committee, for attending the meeting and for their contributions.

4.15 **RESOLVED:** That the Adults, Health& Public Protection Policy & Scrutiny Committee:

- 1) Be kept informed of progress in the reconfiguration of stroke services in Westminster, and on the plans for redevelopment;
- 2) Receive a copy of the final engagement document once consultation had ended; and
- 3) Receive a copy of the study of current car and public transport routes, options for parking and to support for visitors, once it has been completed.

5 ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT

5.1 There was no urgent business to raise.

The Meeting ended at 3:07pm.

CHAIRMAN: _____

DATE _____