

The shape of things to come

Developing new, high-quality major trauma
and stroke services for London

Compact consultation document



The shape of things to come



Developing new, high-quality major trauma and stroke services in London

In *Healthcare for London: A Framework for Action*, Professor Lord Darzi set out an ambitious vision to transform health and healthcare in London. This consultation proposes some of the first steps we would like to take in making this vision a reality: stroke and trauma services delivered to the highest standards across the capital.

The need for changes that could save 500 lives a year

Every year, thousands of people in London suffer a stroke or are victims of a major trauma injury. These patients need the highest-quality specialist care to give them the best chances of survival and speedy recovery. But at the moment, the standard of care varies considerably across London. While some people are receiving good-quality care, far too many are not.

The clinical evidence behind our plans for new major trauma and stroke services is clear. We believe the proposals could save up to 500 lives a year and significantly reduce disability for thousands of others.

We want to develop new world-class trauma networks and specialist stroke services with far higher standards than are currently available in London.

“London is one of the greatest cities in the world. We believe Londoners deserve the very best healthcare system in the world and we want to develop a service that meets your needs and expectations.”

Consulting the Capital,
November 2007

About this consultation

Primary care trusts (PCTs or local NHS organisations), supported by Healthcare for London, are consulting on proposals to deliver new specialist major trauma and stroke services at specific hospitals across London. We are asking for your views on developing:

- new trauma networks based around three or four new major trauma centres
- new hyper-acute stroke units, local stroke units and transient ischaemic attack (sometimes called mini stroke) services.

In July 2009, a committee of all London PCTs and NHS South West Essex will make decisions about these new specialist services.

To ensure the best options for delivering new services were included in this consultation, the committee developed the following criteria:

- quality – to ensure hospitals can deliver services to the highest standards
- coverage – to ensure all Londoners can access services in acceptable times
- strategic coherence or ‘best fit’ – to ensure that stroke and major trauma services are provided in the same hospital where there are benefits.

We propose that these criteria will also be used to make decisions at the end of consultation.

The committee will consider your comments and views to help ensure we buy, develop, and deliver services that:

- offer world-class quality
- ensure equality of care for all Londoners
- are sustainable and encourage strategic partnerships and collaboration.

“Specialist care will enable faster uptake of treatment and better standards of care for patients.”

The London Health Forum



Benefits of strategic coherence or best fit

In *Consulting the Capital*, a consultation on a ten-year framework for improving London's healthcare services, we described our plans to establish a limited number of major acute hospitals to provide world-class specialist care. Some of these hospitals would take stroke patients 24/7. Some would take the most severely injured patients.

Providing both major trauma and hyper-acute stroke care at the same major acute hospital could maximise the use of clinical expertise and investigative facilities.

This is because treatment for stroke and major trauma patients uses common facilities and services which need to be provided immediately or urgently 24 hours a day.

In its review of our proposals, the independent National Clinical Advisory Team (NCAT) said there should be a hyper-acute stroke unit at each proposed major trauma centre.

How you can comment

This booklet briefly sets out our proposals for new stroke and major trauma services. Anyone can take part in this consultation. But if you visit, live or work in London we are especially keen to hear your views. You can complete the questionnaire at the back of this booklet or online, call us, visit a local consultation health fair, or simply send us your comments and thoughts. We can provide the information in this booklet in a range of formats. Turn to the back cover for all the details about how to get involved, find out more, and have your say.

You can get our more detailed consultation document from our website **www.healthcareforlondon.nhs.uk** or by calling us free on **0808 238 5481**. Our website also gives more background, research and other documents on major trauma and stroke.

All comments must be received by 5pm on 8 May 2009.

Major trauma



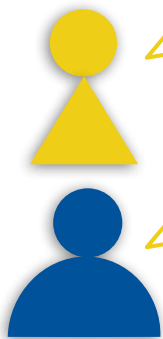
Why do we need a new system for dealing with major trauma?

There are about 1,600 major trauma cases each year in London – or about one patient per hospital each week (0.1% of all A&E cases). Most of these cases happen in central London.

Major trauma patients often have complex injuries and need expert care to have the best chance of surviving and recovering. Few of London's hospitals are set up to provide highly specialised care for major trauma patients, and services are often poorly co-ordinated. The best evidence shows that dedicated major trauma centres with expert teams of professionals can save more lives.

At the moment, most trauma patients in London and across the UK receive poor care. The *National Confidential Enquiry into Patient Outcome and Death* in 2007 found that over 50% of patients receive sub-standard care.

International comparisons show London lagging behind other major cities in its treatment of trauma patients. Death rates for severely injured patients who are alive when they reach a hospital are 40% higher in the UK than in some parts of the US, where they have developed effective trauma systems.

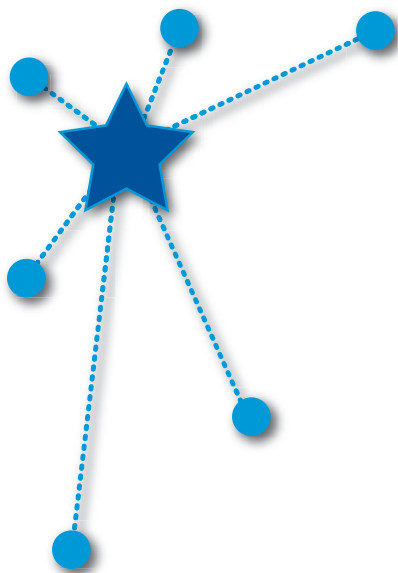


What is trauma?

Trauma includes injuries such as a fractured hip or ankle or minor head injury.

What is major trauma?

The term 'major trauma' is used to describe the most severe life-threatening injuries, or multiple injuries. It can include arm or leg amputations, severe knife and gunshot wounds, and major spinal or head injuries.



A new model for trauma care **Getting to the right hospital**


We are proposing to establish three or four trauma **networks** in London to give injured patients direct access to dedicated specialists and treatment.

Each network will have:

- **a major trauma centre** providing immediate treatment to people with the most serious injuries 24 hours a day, seven days a week. These centres will have the equipment, facilities and teams of trauma experts to ensure effective diagnosis and early treatment of seriously injured patients. Patients in major trauma centres would then be transferred to local hospitals for ongoing care
- **first-class local trauma centres** based at A&E departments. These centres will treat people with less severe injuries and also provide high-quality, ongoing treatment and rehabilitation for all patients.

Getting to a hospital with the right team of specialists, even though it takes a few more minutes, is more important than reaching the nearest hospital. Research proves that specialist treatment at a major trauma centre has more impact than journey time on medical outcomes. The Royal London Hospital in Whitechapel has cut deaths of its most severely injured patients by 28% compared with the national average.

Under our proposals, all Londoners will be within 45 minutes' ambulance journey of a major trauma centre.



**How many
trauma networks
are right for
London?**

We believe **three** or **four** major trauma centres would provide the best care for Londoners for several reasons:

- **centres seeing more patients have better clinical outcomes** as clinical teams develop and maintain their expertise. Five or more centres would treat too few patients to achieve excellence.
- **capacity** – we believe having only two centres would not give us the capacity to cope with the expected numbers of patients.
- **major incident capacity** – the NHS London Department of Emergency Preparedness considers that two networks would be too few to be able to cope properly in an emergency.
- **co-ordination of networks** – major trauma centres will improve trauma care across London by leading and managing all A&E trauma centres. Networks of a few hospitals each will be easier to set up and manage than bigger networks. Two major trauma centres could make it difficult to bring about the changes we want.

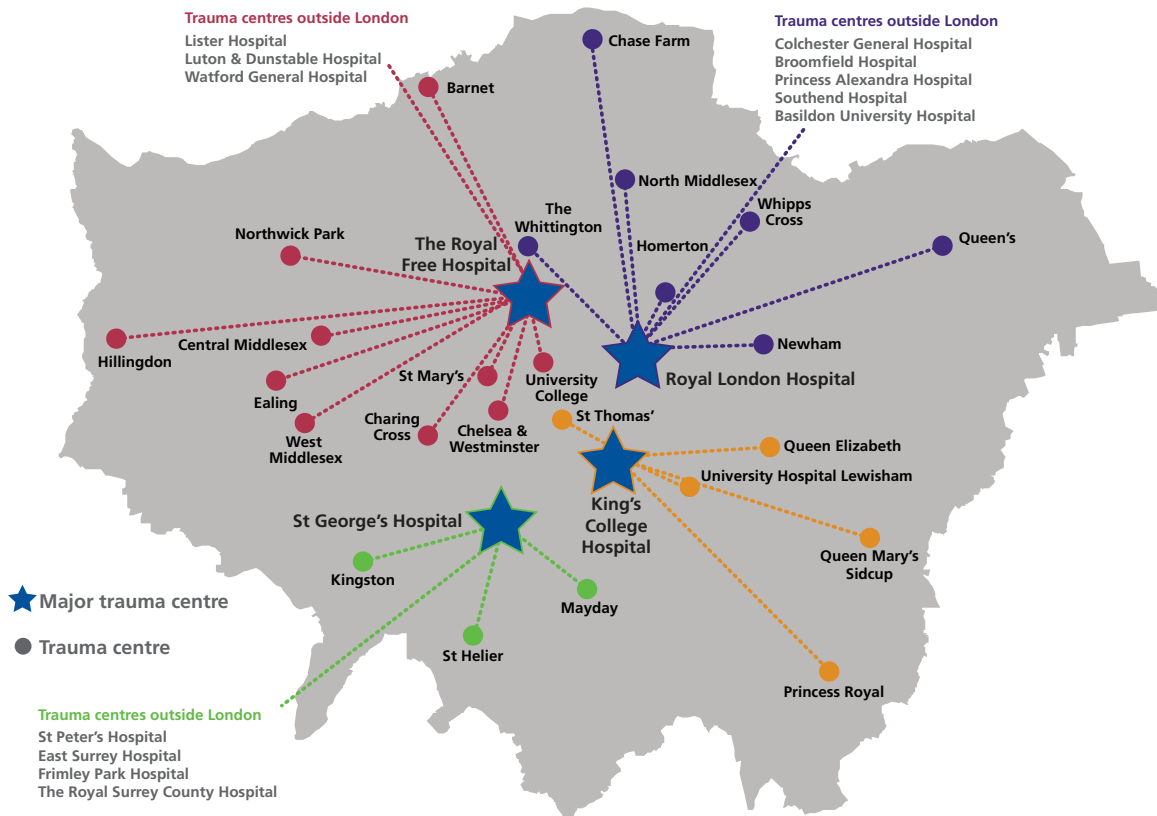
Our proposals

Doctors, nurses and other healthcare professionals from across London have helped us develop these proposals. They have worked closely with charities such as Headway and the Spinal Injuries Association and members of the public to develop their ideas on how to improve services for every single Londoner.

London hospitals were invited to make proposals for trauma networks that could deliver services to high standards in the future. These were judged by an independent expert panel of trauma specialists and other health experts. Based on this assessment, we believe there are three options for establishing trauma networks in London:

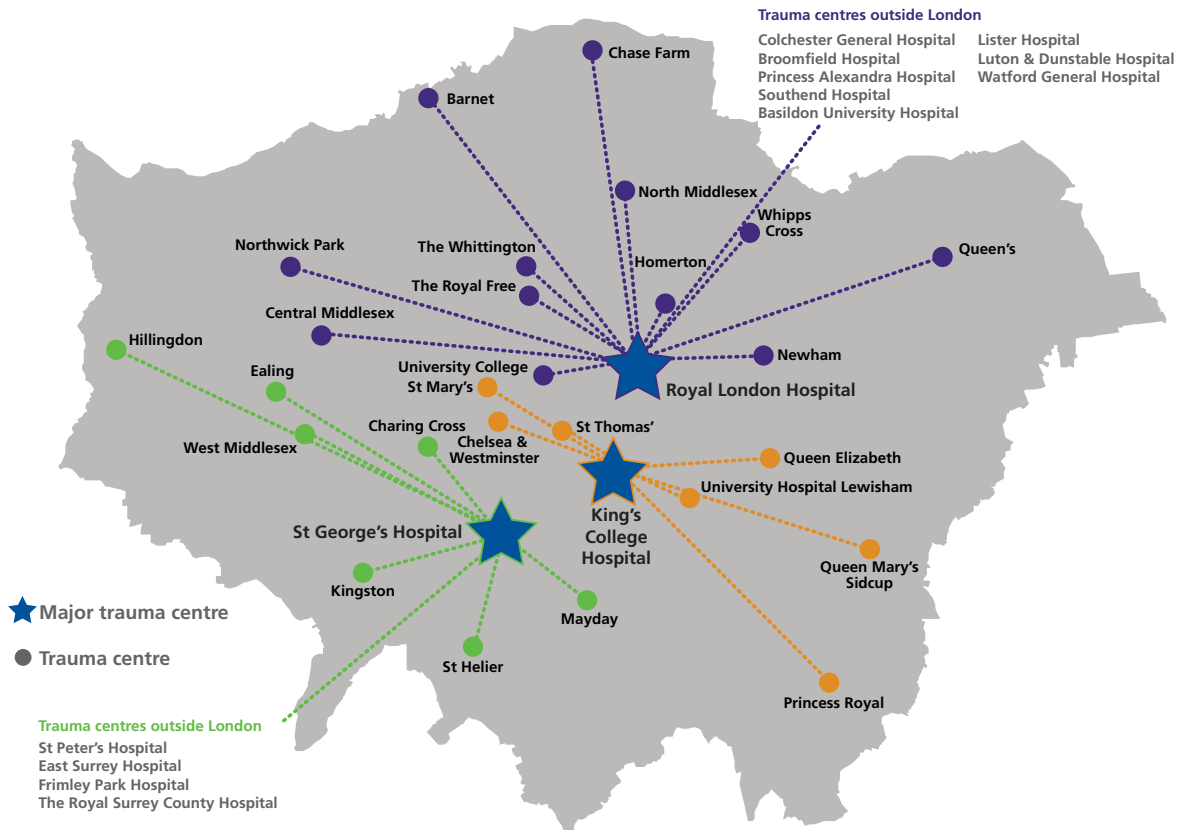
Option 2: Four trauma networks – with major trauma centres at:

- The Royal London Hospital
- King's College Hospital
- St George's Hospital
all working by April 2010, and
- another at The Royal Free Hospital working by April 2012.



Option 3. Three trauma networks – with major trauma centres at:

- The Royal London Hospital
 - King's College Hospital
 - St George's Hospital
- all working by April 2010.





Option 1 Our preferred option
Four trauma networks

Major trauma centres at:

- The Royal London Hospital
- King's College Hospital
- St George's Hospital
- St Mary's Hospital



Option 2
Four trauma networks

Major trauma centres at:

- The Royal London Hospital
- King's College Hospital
- St George's Hospital
- The Royal Free Hospital



Option 3
Three trauma networks

Major trauma centres at:

- The Royal London Hospital
- King's College Hospital
- St George's Hospital



Why do all the options include The Royal London, King's College and St George's hospitals?

The Royal London, King's College and St George's hospitals can all start providing services to Londoners by April 2010, whereas St Mary's or The Royal Free would need more support and time – up to April 2012 – to meet the required clinical standards.

Three versus four – weighing up the benefits

Three trauma networks:

- + each major trauma centre would treat more patients
- + quicker to set up than four centres (all of London would be covered by April 2010).

Four trauma networks:

- + better able to deal with high numbers of patients
- + more able to cope in a major incident
- + with smaller networks to manage, should achieve more improvement in all local trauma centres in A&Es, not just major trauma centres.



Recommended option

We recommend establishing **four** trauma networks. This would give each major trauma centre enough patients to become truly world-class – while also being able to cope with unexpectedly high numbers of patients (particularly in a major incident) and able to manage networked trauma centres across London.

The Royal Free and St Mary's sent bids of exactly the same quality and showed they could meet the required clinical standards by 2012 (up to two years later than the three networks led by King's College, St George's and The Royal London).

St Mary's Hospital (option 1) is our preferred option over The Royal Free Hospital (option 2) for the fourth major trauma centre for the following reasons.

- The St Mary's Hospital option would **enable greater coverage of London by 2010** – more Londoners would have access to an established trauma system. This is because with this option the Royal London Hospital could extend its networked coverage further into north and north west London. This builds on the strengths of London's only existing major trauma centre.
- St Mary's would **manage a smaller number of trauma centres**, which are already aligned through existing clinical networks and relationships. This would reduce the pressure on St Mary's to improve services in its networked trauma centres and ease the challenge of delivering services by 2012.
- St Mary's would **be better placed to deal with major incidents**, as stated by the NHS London Department for Emergency Preparedness. This is due to transport and road-access issues and because it is close to high-risk areas such as central London and Heathrow.

Making the new trauma services a reality

Hospitals that provide major trauma services in the future will need support to develop sustainable, high-quality services.

It will cost £9–12 million a year to improve services for people suffering trauma injuries.

If the Joint Committee of PCTs decides that four trauma networks would provide the best arrangement of services for London, a **transition plan** will be developed for handling major trauma cases in north west London from April 2010 until a major trauma centre is set up at either St Mary's or The Royal Free.

New services will be closely monitored to make sure they are improving care for all Londoners.

Our proposals will increase opportunities for staff to gain skills and experience. There will be changes in staff roles, so we will need to fully assess and plan any workforce changes to anticipate the effects of the proposals.

“Travelling to the appropriate hospital to receive the best possible care is the most important consideration when dealing with major trauma patients.”

Major trauma patient panel member



"We are confident that we can meet targets for delivering patients to major trauma centres within 45 minutes. Furthermore, given that most major trauma occurs in the centre of London the average journey time will be much lower."

Peter Bradley, Chief Executive,
London Ambulance Service



Stroke

Why do we need a new system for treating stroke?

The UK has the highest proportion of deaths due to stroke compared with Australia, Germany, Sweden and the US – and almost double the deaths occurring in France. Clinical evidence shows that patients are 25% more likely to survive or recover from a stroke if they get treated in a specialist centre.

In London there are big differences in the quality of stroke care. Rates of death in different hospitals vary considerably – and people in outer London have the most limited access to high-quality stroke services.

For some strokes, clot-busting drugs (thrombolysis) can stop and reverse the damage caused by stroke. But only a high-quality scan can show whether a patient is suitable for these drugs, so stroke patients need fast access to scanning facilities to have the best chance of recovery. Currently less than 10% of suitable patients are offered thrombolysis.

In London, stroke is the second-highest cause of death and the most common cause of adult disability. More than 11,000 people having a stroke are admitted to London hospitals each year – one person every hour – and one in six people dies.



What is stroke?

A stroke is a type of brain injury. There are two types of stroke:

- **ischaemic:** when blood flowing to the brain is blocked
- **haemorrhagic:** when blood vessels burst.

Almost 75% of all strokes in London are ischaemic.



What is a 'mini stroke' or TIA?

A **transient ischaemic attack** (TIA) happens because of a temporary lack of blood to part of the brain, and causes short-term problems. A TIA is sometimes called a 'mini stroke' but, unlike a stroke, the symptoms do not last and patients recover within a few hours. However, 10% of patients go on to have a full stroke within a week of having a TIA.

A new model for stroke care

We are proposing three new stroke services:

- Hyper-acute stroke units will provide the immediate response to a stroke for the first 72 hours, or until a patient is stabilised. The units will be open 24 hours a day, seven days a week (24/7). Anyone having a stroke in London will be taken to one of eight units to have a brain scan and, if appropriate, receive clot-busting drugs within 30 minutes of arriving at the hospital.
- More than 20 stroke units will provide ongoing care once a patient is stabilised, including multi-therapy rehabilitation. This care may be provided in the same hospital as the hyper-acute unit, or in a hospital nearer to a patient's home.
- Transient ischaemic attack (TIA or mini-stroke) services will provide rapid assessment and access to a specialist – within 24 hours for high-risk patients, or within seven days for low-risk patients.

Fast access to specialist care

Under our proposals, all Londoners will live within 30 minutes' ambulance drive of world-class specialist stroke services. We believe that all Londoners should be assessed, diagnosed and treated within 30 minutes of arriving at hospital, and within three hours of having a stroke. This 'gold standard' is supported by clinicians and patient organisations like The Stroke Association.

The 'three-hour window' allows for:

- discovery that a person has had a stroke
- an ambulance to arrive and assess the patient using the FAST test
- transfer of the patient to a specialist centre
- a hospital to do a brain scan (CT) and, if appropriate, give clot-busting drugs (thrombolysis).

Journey times for stroke patients have been tested with the London Ambulance Service (LAS). The LAS supports our proposals and is confident that all Londoners can be taken to a hyper-acute stroke unit within 30 minutes.

"I was admitted at night – the scanning unit was closed. She [friend who called ambulance] was told I wouldn't have a scan until the next day."

Stroke patient



How can I avoid a stroke?

Simple steps can help reduce your risk:

- **stop smoking** – smoking can double your risk of having a stroke.
- **eat healthily** – eat five portions of fruit and vegetables a day and reduce your salt intake.
- **drink alcohol sensibly** drinking too much alcohol raises your blood pressure.
- **exercise more** – exercise helps lower your blood pressure.
- **get your blood-pressure checked.**

Recognising a stroke – FAST

Time is critical in stopping brain cells dying after a stroke. A 'FAST' test will help you decide if a person has had a stroke:

Facial weakness – can the person smile? Has their mouth or eye drooped?

Arm weakness – can the person raise both arms?

Speech problems – can the person speak clearly and understand what you say?

Time to call 999. If the person has failed any one of these tests, you should call an ambulance.

Where specialist stroke care could be delivered

Clinicians across London have worked with charities such as The Stroke Association and Connect and hundreds of members of the public to develop ideas on how services could be improved for every Londoner.

Hyper-acute stroke units

We believe that hyper-acute stroke care should be delivered in no more than eight sites across London. This would optimise the number of patients being treated at each site, ensure expert teams are available 24 hours a day – improving survival and reducing disability, and mean all Londoners would be within a 30-minute ambulance drive of a hyper-acute unit.

We recommend the creation of eight new hyper-acute stroke units at:

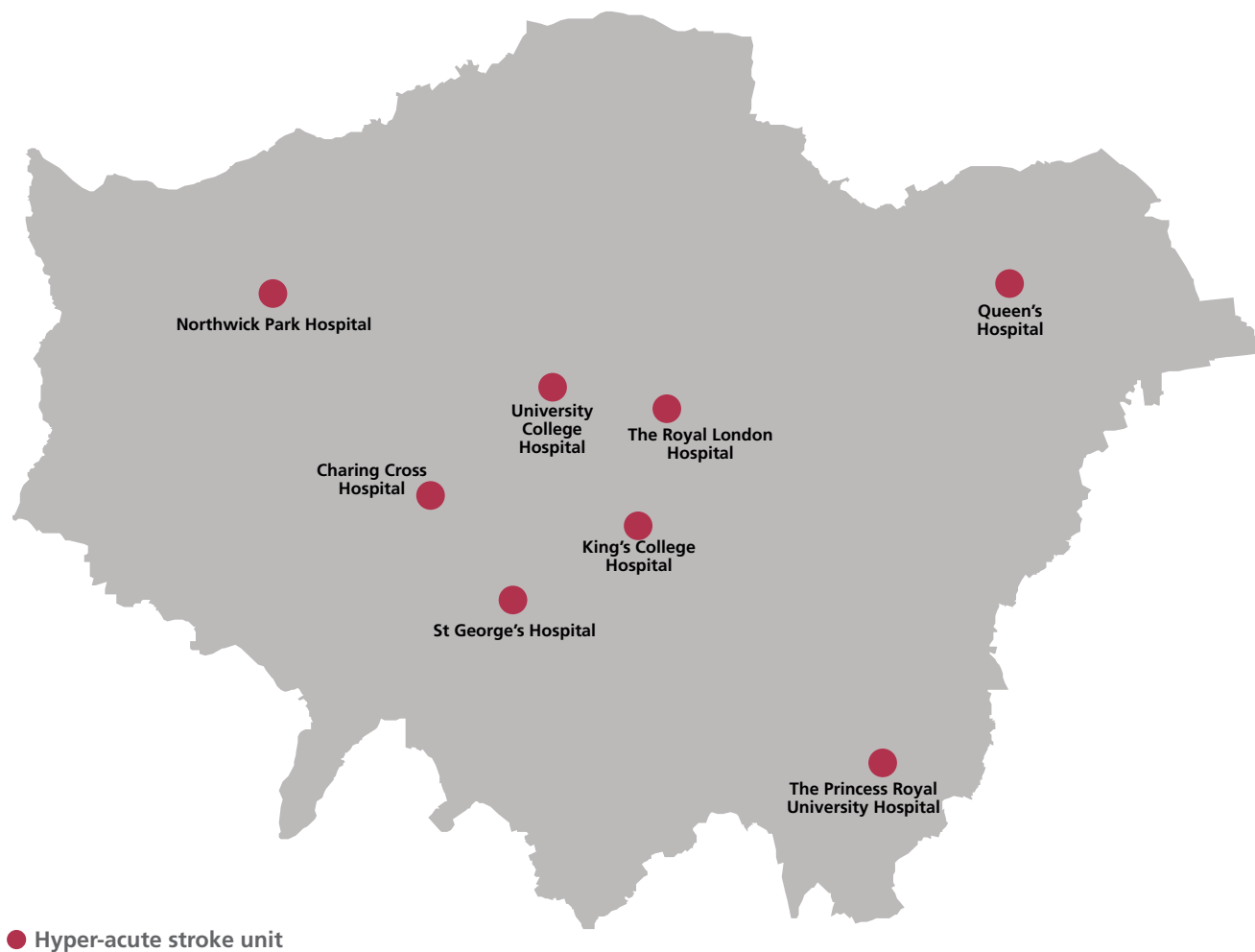
- 1 Charing Cross Hospital, Hammersmith*
- 2 King's College Hospital, Denmark Hill
- 3 Northwick Park Hospital, Harrow
- 4 Queen's Hospital, Romford
- 5 St George's Hospital, Tooting
- 6 The Princess Royal University Hospital, Orpington
- 7 The Royal London Hospital, Whitechapel
- 8 University College Hospital, London**

All the hospitals were independently assessed on their ability to provide future hyper-acute stroke services. They will need to meet tough new standards, and will be supported in planning and delivering the new services. The Princess Royal University Hospital, The Royal London Hospital and Queen's Hospital need a lot of development alongside strong and intensive support. However, we believe services at these locations are needed – particularly to ensure that residents in east London can get hyper-acute care within 30 minutes' ambulance journey.

* Should Charing Cross Hospital be designated as a hyper-acute stroke unit and St Mary's Hospital be designated as a major trauma centre, a plan would be developed to realise the benefits of future co-location on the St Mary's site. This would be the responsibility of the relevant commissioners and Imperial Healthcare NHS Trust which runs both St Mary's and Charing Cross hospitals. Clinical standards of these services would need to be at least the same, if not higher, than the current proposed configuration. All planning and associated decision-making processes would be informed by appropriate stakeholder engagement.

** See column three, page 23

Preferred option for hyper-acute stroke units



Alternatives to our recommended option

We have described our recommended option, but several other hospitals showed they could also meet future standards for hyper-acute stroke units. We have outlined alternatives below for hospitals that could serve similar populations to our recommended option. We welcome your views on these options.

Please note that this concerns hyper-acute stroke care. Whatever the decision on hyper-acute stroke units, we are proposing that **all the hospitals listed below** would provide dedicated local stroke units and transient ischaemic attack (TIA) services.

The Royal London Hospital or St Thomas' Hospital

St Thomas' Hospital showed it could meet future standards and could provide services to people in north east London. The Royal London Hospital would need more support in meeting future standards for stroke care. However, its location gives better journey times for stroke, and we propose it as a major trauma centre with neurosurgery services. The Royal London Hospital is our preferred site for the hyper-acute stroke unit.

Charing Cross Hospital or Chelsea and Westminster Hospital

Both hospitals showed they could equally meet future standards. However, Charing Cross Hospital is the preferred site for the hyper-acute stroke unit as it would be co-located with neurosciences facilities and gives better travel times. Should Charing Cross Hospital be designated as a hyper-acute stroke unit and St Mary's Hospital be designated as a major trauma centre, a plan would be developed to realise the benefits of future co-location (set out on page 4) on the St Mary's site. This would be the responsibility of the relevant commissioners and Imperial Healthcare NHS Trust (which runs both St Mary's and Charing Cross hospitals). The clinical standards of these services would need to be at least the same, if not higher, than the current proposed arrangement. All planning and associated decision-making processes would be informed by appropriate engagement with stakeholders.

King's College Hospital or St Thomas' Hospital

Both hospitals currently provide first-class stroke care and showed they could equally meet future standards. King's College Hospital is our preferred site for the hyper-acute stroke unit as it provides better access for people in south east London. It also meets the strategic criteria more closely and has onsite neurosciences facilities. We strongly expect that King's College Hospital and St Thomas' Hospital will work closely in shaping and delivering stroke services for the population they serve. This is particularly likely in light of their developing partnership as an emerging Academic Health Science Centre.

Northwick Park Hospital or Barnet Hospital

Both hospitals showed they could equally meet future standards. Northwick Park Hospital is our preferred site for the hyper-acute stroke unit as it provides better travel times and its location better reflects existing patient flows.

St George's Hospital or Mayday University Hospital

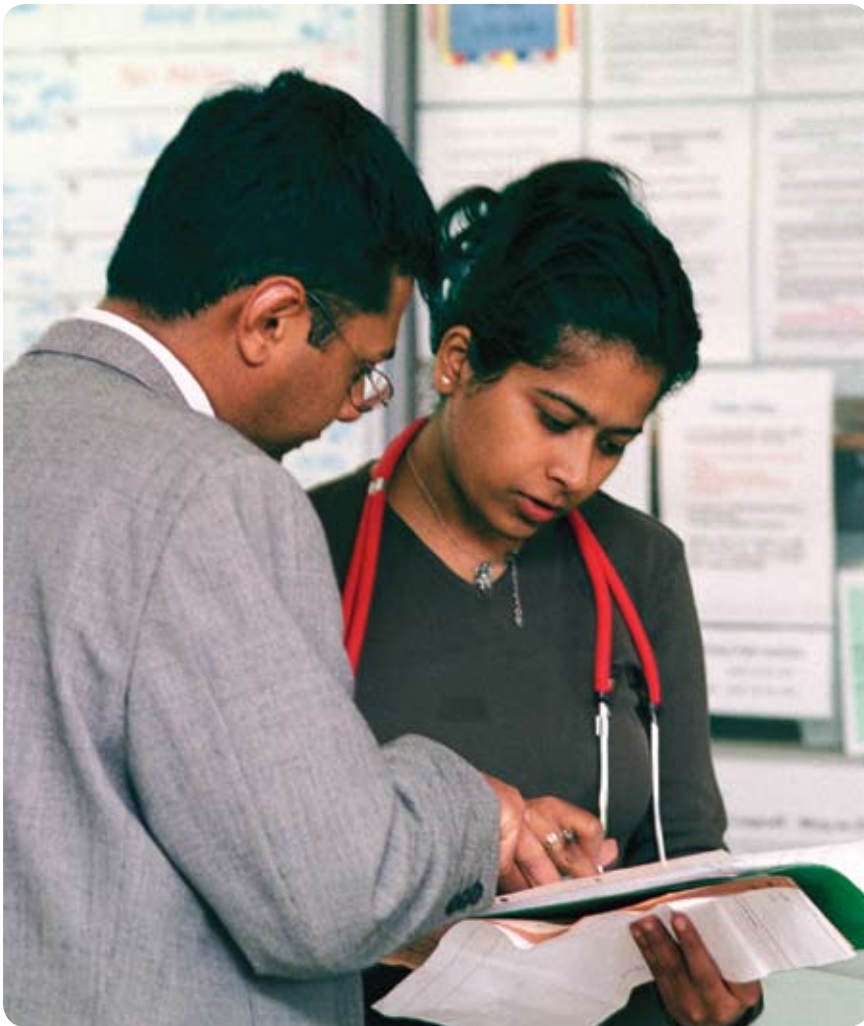
There is no overall advantage in travel times between the two hospitals. However, St George's Hospital scored higher than Mayday University Hospital on the ability to meet future standards, and we propose it as the site for a major trauma centre with neurosciences facilities. St George's is our preferred site for the hyper-acute stroke unit.

University College Hospital or The Royal Free Hospital

University College Hospital scored higher on ability to meet future standards than The Royal Free Hospital. While The Royal Free would give better travel times, University College is our preferred site for the hyper-acute stroke unit. We strongly expect University College and The Royal Free will work closely together in support of the hyper-acute stroke unit, reflecting their proposed partnership agreement as an Academic Health Science Centre.

The Royal Free could become a major trauma centre. The JCPCT will take account of the benefits of locating facilities on one site in making its decision.

In reviewing the options for people in north London, we also considered Barnet Hospital. Both University College and The Royal Free scored higher on ability to meet future standards than Barnet Hospital. Though Barnet has a slight advantage on travel times, it is not our preferred site.



"London's stroke services are in need of urgent improvement...if implemented these proposals could achieve dramatic improvements in... the quality of life for thousands of people who have had their lives shattered by stroke in London every year."

The Stroke Association



International case study: Ontario

In 2000, stroke services in Ontario, Canada, were redesigned to provide specialised centres, ensuring patients were quickly assessed and treated with clot-busting drugs if appropriate. Ambulance staff take patients directly to the specialist centre rather than the nearest hospital.

Hundreds of Canadians are now recovering from stroke who otherwise would have needed long-term care. The system-wide change achieved real results:

- people dying from stroke in hospital fell by 7.6%;
- appropriate patients receiving thrombolysis within two-and-a-half hours increased by nearly 30%;
- stroke patients left hospital around two days earlier;
- fewer stroke and mini-stroke patients were admitted to hospital in the first place.



Local stroke units and transient ischaemic attack services

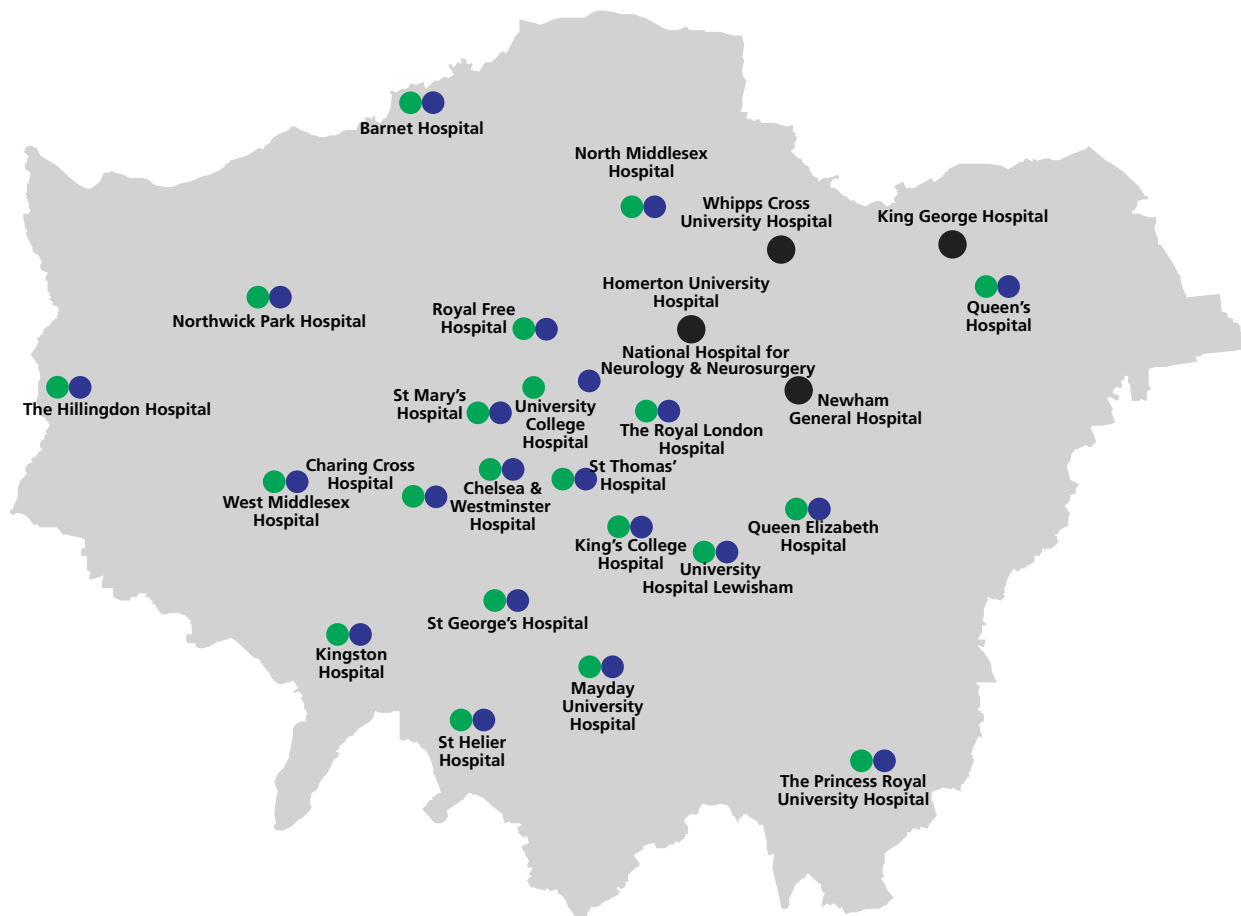
The hyper-acute units will treat patients in the important period immediately after suffering a stroke – usually around 72 hours. But **local stroke units** are where patients will spend most of their time in hospital. Developing dedicated stroke units will give patients a much better chance of recovering from stroke.

Transient ischaemic attack (TIA) services for people who have had a mini-stroke will be provided at hospitals with hyper-acute stroke units or stroke units. These assessment services could reduce the chance of someone going on to have a full stroke by 80%.

We recommend developing stroke units and TIA services at:

- Barnet Hospital, Barnet
- Charing Cross Hospital, Hammersmith
- Chelsea and Westminster Hospital, Fulham
- King's College Hospital, Denmark Hill
- Kingston Hospital, Kingston upon Thames
- Mayday University Hospital, Croydon
- North Middlesex Hospital, Edmonton
- Northwick Park Hospital, Harrow
- Queen Elizabeth Hospital, Woolwich
- Queen's Hospital, Romford
- St George's Hospital, Tooting
- St Helier Hospital, Carshalton
- St Mary's Hospital, Paddington
- St Thomas' Hospital, Waterloo
- The Hillingdon Hospital, Uxbridge
- The Princess Royal University Hospital, Orpington
- The Royal Free Hospital, Hampstead
- The Royal London Hospital, Whitechapel
- University College Hospital, (TIA services) Euston / National Hospital for Neurology & Neurosurgery (stroke unit)
- University Hospital Lewisham, Lewisham
- West Middlesex Hospital, Isleworth

Local stroke units and TIA services



- Stroke unit
- Transient ischaemic attack services
- Services do not change whilst review is undertaken

All the hospitals were independently assessed on their ability to provide future services for stroke and TIA patients – and all will need support to meet tough new standards.

St Helier Hospital, Queen Elizabeth Hospital, Queen's Hospital, The Royal London and The Princess Royal University Hospital would need significant development and more support to develop their local stroke unit services. But we believe that stroke units at these sites are necessary to meet demand for stroke beds in south west and east London and provide local services.

Queen's Hospital, The Princess Royal University Hospital, Queen Elizabeth Hospital and West Middlesex Hospital would need more support to develop TIA services.

We propose that the following hospitals, which currently provide acute stroke services, should not provide them in future:

- Ealing Hospital, Southall*
- The Whittington Hospital, London*
- Queen Mary's Hospital, Sidcup*
- Central Middlesex Hospital, Park Royal**
- Chase Farm Hospital, Enfield**.

Rehabilitation and other stroke services could be provided at these sites and others.

Stroke units and TIA services in north east London

PCTs in north east London are leading a general review of their acute services until April 2009. Proposals for the location of stroke units and TIA services in north east London (except for those located alongside hyper-acute stroke units) will form part of the general review. During the review, stroke services at Whipps Cross University Hospital, Homerton University Hospital, Newham General Hospital and King George Hospital will continue. After the review is complete, the PCTs involved will put specific proposals for highest-quality local stroke services in north east London to the Joint Committee of PCTs for consideration and, if appropriate, approval in July 2009.

* These sites would need significant support to meet future standards, and extra capacity is not needed in this area.

** Did not bid to provide stroke services.



Putting the new stroke services into action

Depending on the outcome of this consultation, we will support hospitals providing the new stroke services to develop sustainable, high-quality care for London.

Local NHS organisations plan to invest over £23 million a year in new stroke services. More and better-trained doctors, nurses and therapists will be needed to deliver these new services.

Not all hospitals in London that currently provide acute stroke services will do so in the future. We will need to make sure that systems, capacity and quality care services for all Londoners are in place and working well before phasing out these existing stroke facilities. We recognise this will be difficult. We will need to manage the transition well and make the most of current high-quality expertise – including some at hospitals that are not to become new hyper-acute stroke units.

Next steps

The results of this consultation will be presented to the Joint Committee of PCTs. As part of their decision-making, the committee will consider various reports, including:

- Ipsos MORI's independent analysis of this consultation and all the responses and comments we receive

- a Joint Overview and Scrutiny Committee report using evidence heard by the committee from a range of stakeholders
- an equalities impact assessment and health inequalities report.

Once the committee has considered all this feedback, it will decide how major trauma

and stroke services will be provided in future. We expect that this will take place in July at a meeting held in public.

We will publish all these reports on our website, along with the news about the committee's decisions, and plans for making the new services happen.

How to give your comments

By 8 May 2009, we want to hear your views on the options described in this document for how these new, additional services could be organised.

To make your views known you can:

- Complete the questionnaire at the end of this booklet and post to:

**Freepost RSAE-RCET-ATJY
Healthcare for London
Harrow, HA1 2QG**

- Visit our website **www.healthcareforlondon.nhs.uk**.
- Write a letter and post it to us free at the address above or
- fax us on **0808 238 5480**.
- Call us free: **0808 238 5481**.
- Email: **hfl@ipsos.com**.

Your comments will go direct to our independent assessors, Ipsos MORI.

Please feel free to answer any or all of the questions. We would also be interested in any other comments you want to make.

If you want to find out more, you can also come and talk to local clinicians and NHS staff running a health fair or consultation meeting where you live or work. These events will happen in every borough across the capital between February and April. You can find details of dates and venues on our website www.healthcareforlondon.nhs.uk – or call us free on 0808 238 5481.

All comments and questionnaires must be received by 5pm on 8 May 2009.



Questionnaire



Healthcare for London is keen to receive your feedback on the proposals and invites you to complete the following questions – you may answer as few or as many as you wish.

Confidentiality

Responses from individuals will be shared with Healthcare for London and the consulting PCTs to enable them to consider respondents' views fully, but will otherwise be kept confidential. Your name will be kept confidential and will not be disclosed except as may be required by law.

Personal details

We would be grateful if you could provide personal information as it will enable us to check we have received personal responses from a representative group of people, and identify trends. All consultation responses will be fully taken into account when decisions are made, irrespective of whether or not you provided personal details.

QA Please tell us your name:
PLEASE WRITE IN BELOW

QB Are you:
PLEASE TICK ✓ ONE BOX ONLY

- Providing your own response
- Submitting your response on behalf of an organisation (GO TO QI)

QC How old are you?
PLEASE TICK ✓ ONE BOX ONLY

- Under 25
- 25-34
- 35-44
- 45-54
- 55-64
- 65 or over
- Prefer not to say

Please tear pages out carefully and send back to the freepost address at the end of this questionnaire.



QD **Are you?**
PLEASE TICK ✓ ONE BOX ONLY

- Male
- Female
- Prefer not to say

QE **Which ethnic group do you consider yourself to belong to?**
PLEASE TICK ✓ ONE BOX ONLY

- White
- Mixed
- Asian or Asian British
- Black or Black British
- Chinese
- Other (please write in)
- Prefer not to say

QF **Do you consider yourself to have a disability? By disability, we mean “All physical or mental impairment which has a substantial and long term adverse effect on your ability to carry out normal day to day activities” (Disability Discrimination Act, 2005).**
PLEASE TICK ✓ ONE BOX ONLY

- Yes
- No
- Prefer not to say

QG **Please can you give your full postcode below. This will be used to assess whether we are receiving responses from across London.**
PLEASE WRITE IN BELOW

QH **Are you employed by the NHS?**
PLEASE TICK ✓ ONE BOX ONLY

- Yes
- No



Details of your organisation

Please complete the following section if you are responding on behalf of an organisation. If you are submitting a personal response please go to Q1.

QI

What is the name of the organisation you are submitting this response on behalf of?

PLEASE WRITE IN BELOW

QJ

Please tell us who the organisation represents and, where applicable, how you assembled the views of members:

PLEASE WRITE IN BELOW

Major trauma

Q1

Which option do you think would provide the best trauma care for Londoners? (page 7-13)

PLEASE TICK ✓ ONE BOX ONLY

- Four trauma networks, with major trauma centres at The Royal London Hospital, King's College Hospital, St George's Hospital and St Mary's Hospital **(our preferred option)** OR
- Four trauma networks, with major trauma centres at The Royal London Hospital, King's College Hospital, St George's Hospital and The Royal Free Hospital OR
- Three trauma networks, with major trauma centres at The Royal London Hospital, King's College Hospital and St George's Hospital.



Please tear pages out carefully and send back to the freepost address at the end of this questionnaire.



+

Q2 Why do you think this is the best option? Or use this space for any other comments.
PLEASE WRITE IN BELOW

Stroke

Q3 Do you agree or disagree with our proposal on how (not where) we provide stroke care in the future? (page 18)

PLEASE TICK ✓ ONE BOX ONLY

- Agree
- Disagree
- Don't know

Q4 If you disagree with our proposal on how we provide stroke care in the future, please tell us why. (page 18)

Q5 For good urgent care for stroke patients it is important to reach excellent quality care, fast. Do you agree that eight hyper-acute stroke units would provide the best urgent care for stroke patients in London? (page 20-23)

PLEASE TICK ✓ ONE BOX ONLY

- Yes
- No (GO TO Q.7)
- Don't know

+

Q6

Do you agree or disagree that our preferred option of hyper-acute stroke units at the following hospitals will provide high-quality specialist care for residents of London? (page 20-21)

- Charing Cross Hospital, Hammersmith
- King's College Hospital, Denmark Hill
- Northwick Park Hospital, Harrow
- Queen's Hospital, Romford
- St George's Hospital, Tooting
- The Princess Royal University Hospital, Orpington
- The Royal London Hospital, Whitechapel
- University College Hospital, Euston

PLEASE TICK ✓ ONE BOX ONLY

- Agree (GO TO Q.8)
- Disagree
- Don't know

Q7

We would like you to tell us your preferred configuration. When responding you may like to consider the following options:

Preferred option

Queen's Hospital
Princess Royal University Hospital
The Royal London Hospital
Charing Cross Hospital
King's College Hospital
Northwick Park Hospital
St George's Hospital
University College Hospital

Alternative sites

OR St Thomas' Hospital
OR Chelsea and Westminster Hospital
OR St Thomas' Hospital
OR Barnet Hospital
OR Mayday University Hospital
OR The Royal Free Hospital

Please describe your preferred configuration and please explain your reasons. (page 20-23)

+

Please tear pages out carefully and send back to the freepost address at the end of this questionnaire.

+

Q8

Do you agree or disagree that the proposed configuration of stroke units (below) will provide the best care possible for Londoners? (page 26-28)

- Barnet Hospital, Barnet
- Charing Cross Hospital, Hammersmith
- Chelsea and Westminster Hospital, Fulham
- King's College Hospital, Denmark Hill
- Kingston Hospital, Kingston upon Thames
- Mayday University Hospital, Croydon
- National Hospital for Neurology & Neurosurgery (part of University College Hospital), Bloomsbury
- North Middlesex Hospital, Edmonton
- Northwick Park Hospital, Harrow
- Queen Elizabeth Hospital, Woolwich
- Queen's Hospital, Romford
- St George's Hospital, Tooting
- St Helier Hospital, Carshalton
- St Mary's Hospital, Paddington
- St Thomas' Hospital, Waterloo
- The Hillingdon Hospital, Uxbridge
- The Princess Royal University Hospital, Orpington
- The Royal Free Hospital, Hampstead
- The Royal London Hospital, Whitechapel
- University Hospital Lewisham, Lewisham
- West Middlesex Hospital, Isleworth

PLEASE TICK ✓ ONE BOX ONLY

- Agree (GO TO Q.10)
- Disagree
- Don't know

Q9

If you disagree with our recommended configuration of stroke units (see Q8), please tell us your preferred option(s) and why. (page 26-28)

+

Q10

Do you agree or disagree that the proposed configuration of transient ischaemic attack (TIA or mini-stroke) services (below) provides the best possible care for Londoners? (page 26-28)

- Barnet Hospital, Barnet
- Charing Cross Hospital, Hammersmith
- Chelsea and Westminster Hospital, Fulham
- King's College Hospital, Denmark Hill
- Kingston Hospital, Kingston upon Thames
- Mayday University Hospital, Croydon
- North Middlesex Hospital, Edmonton
- Northwick Park Hospital, Harrow
- Queen Elizabeth Hospital, Woolwich
- Queen's Hospital, Romford
- St George's Hospital, Tooting
- St Helier Hospital, Carshalton
- St Mary's Hospital, Paddington
- St Thomas' Hospital, Waterloo
- The Hillingdon Hospital, Uxbridge
- The Princess Royal University Hospital, Orpington
- The Royal Free Hospital, Hampstead
- The Royal London Hospital, Whitechapel
- University College Hospital, Euston
- University Hospital Lewisham, Lewisham
- West Middlesex Hospital, Isleworth

PLEASE TICK ✓ ONE BOX ONLY

- Agree (GO TO Q.12)
- Disagree
- Don't know

Q11

If you disagree with our recommended configuration of transient ischaemic attack (TIA or mini-stroke) services (above), please tell us your preferred option(s) and why. (page 26-28)

+

Please tear pages out carefully and send back to the freepost address at the end of this questionnaire.

Next steps

Q12 The results of this consultation will be presented to the Joint Committee of PCTs which will make a decision on how services will be provided in future. We believe it is important that, along with the views of consultees, the committee consider:

- Which option is likely to give the best clinical quality for all Londoners, both once established and for years to come;
- Which option provides the best geographical coverage – particularly ensuring that no Londoner is more than 30 minutes travel time from a hyper-acute stroke unit;
- Which option is the best fit when considering the two services together (we believe there are advantages in locating hyper-acute stroke services with major trauma services wherever possible) or when considering other services or strategic objectives.

Do you agree or disagree with these criteria? (page 3)

- Agree
- Disagree
- Don't know

Please tell us the reason(s) for your answer.

Please mail completed questionnaires to the address below.

No postage stamp is required.

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Healthcare for London
Harrow
HA1 2QG

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