The Whittington Hospital NHS
NHS Trust

ITEM: 08/149
DOC: 5

MEETING: Trust Board
15 October 2008

TITLE: **Healthcare for London – progress report**

Executive Summary:

The paper provides the Board with a progress report on the work being undertaken by Healthcare for London, PCTs and care networks to implement the changes in care provision for trauma, stroke, urgent care and primary care patients.

The paper details for the Board the Whittington's expression of interest in:

- being designated as a level 1 trauma centre in partnership with the Royal Free Hospital as the level 2 major trauma centre
- being designated as a stroke unit in partnership with either UCLH or the Royal Free as the designated Hyper Acute Stroke Unit, providing step down acute care and acute rehabilitation

The paper provides details of Islington PCT's urgent care proposal for a GP led urgent care centre based at the Whittington and acting as the first point of contact for adult patients attending the Emergency Department (ED), to either treat redirect or transfer through to ED management.

Also included is an outline of IPCT's federated GP 'virtual polyclinic' model which is included in its 3-5 year primary care strategy, and the role the Whittington will play in the provision of expert specialist consulting, rapid access out patient appointments and rapid access diagnostics to support the model of care.

ACTION:

- To note the rapid progress with the implementation of the HfL strategy and the Whittington's position in provision of new care models.
- To support the Whittington's involvement in a networked approach to stroke and trauma care
- To agree to receive and discuss IPCT's proposals for urgent care and Polyclinic developments at future Board meetings

REPORT FROM: Fiona Elliott, Director of Planning & Performance

SPONSORED BY: David Sloman, Chief Executive

Financial Validation Lead: Director of Finance	N/A

Compliance with statute, directions, policy, guidance Lead: All directors	N/A

Compliance with Healthcare Commission Core/Developmental Standards Lead: Director of Nursing & Clinical Development	**Reference:** N/A

Compliance with Auditors' Local Evaluation standards (ALE) Lead: Director of Finance	**Reference:** N/A

Compliance with requirements of FT application and monitoring regime Lead: Director of Strategy & Performance	**Reference:** N/A

1. Healthcare for London progress report.

Healthcare for London (HfL) implementation is being led at a local level by PCTs with expert input from existing local networks or working parties. The drive is to implement new care models quickly with, for example, a networked approach to Stroke Care implemented by Q2 of 2009/10.

The Whittington is involved in the work streams locally and this paper provides the Board with an update on progress and requests the Board's support for Whittington's involvement in the development of network care models.

2. Trauma Care

HfL proposes the introduction of a trauma system within London, integrating hospital and pre-hospital care to identify and deliver patients to a specialised place of care quickly and safely. At the centre of this system would be the major trauma centres.

New major trauma centres would complement the existing provision at the Royal London Hospital, which has a multi-specialty trauma service and currently manages over 950 trauma patients per year. The Royal London is the only large academic unit in the UK that demonstrates a significant improvement in trauma patient outcomes. Their 2006 figures demonstrate 28 per cent reduction in mortality in the most severely injured patients when compared to the national average.

Locally the Royal Free Hospital (RFH) is the preferred provider of a Level 1 Major Trauma Centre, providing trauma care to very severely injured people typically with multiple injuries and often major head and chest trauma. The RFH would be supported by other local hospitals acting as Level 2 Trauma Centres, for example providing trauma care to people who do not have head, chest or penetrating abdominal injuries.

A project Board has been established at the RFH and is chaired by Professor George Hamilton, Vascular Surgeon. The Whittington, UCLH, London Ambulance Service, local GPs and PCT commissioners have representation on the Board.

The Board is currently focussing on the workforce model required to support 24/7 Consultant led trauma care, which is seen as the major challenge to the proposal locally.

HfL have asked for submissions of expressions of interest and the RFH Project Board has submitted the North Central London proposal for a networked approach to Trauma Care. Within this the Whittington and UCLH are designated as a Level 2 Trauma Centres. Other submissions to cover all areas of London have come from Guys & St Thomas' Hospital with Kings College Hospital, St George's Hospital, Imperial College Hospital and Bart's and the London Hospital, an existing major trauma centre.

HfL will now develop an option appraisal from the submissions, and this will go out to consultation by the end of December 2008.

Based upon this networked model of trauma care consultants and managers have reviewed the impact assessment previously seen by the Board as the 'Darzi Grid' and confirmed that the assumed loss of 45 trauma cases is an accurate measure of the numbers of major trauma cases the Whittington would no longer receive.

Should the north central submission be successful, the network will need to provide evidence of all organisations approval to pursue delivery of the network model for trauma care.

The Board is now asked to support the Whittington's involvement in a networked approach to trauma care.

3. Stroke care

In the past, the only good care for stroke was rehabilitative treatment. However technological advances have made interventional treatment for some stroke patients possible, if done soon after a stroke's onset. Such interventions are dependent on skilled staff and dedicated technologies that cannot operate at every district general hospital.

Treating stroke victims in specialist treatment centres saves lives and reduces disability. Professor Alistair Buchan found in his work in Canada and Oxford that patients who receive rapid access to a CT scan followed by thrombolytic treatment (using a drug called tPA) within 90 minutes of onset are more than twice as likely to have favourable outcomes after three months compared to a control group. This approach is supported by both the Stroke Association and in the National Service Framework for Older People. Patient satisfaction with specialist stroke care is also reported to be higher.

HfL's preferred model of care is again based on a network arrangement with several sites providing CT scans 24 hours a day, seven days a week, specialist consultants on standby to deliver thrombolysis to suitable patients and physiotherapists available to start the rehabilitation process at an early stage.

So called Hyper Acute Stroke Units (HASUs) will be complemented by Stroke Units (SU) on other hospitals sites such as the Whittington, where patients that have been taken to HASUs, when stable would be repatriated to for inpatient rehabilitation and then, when safe to do so, back home. Such an approach will ensure that whatever time of day a patient had a stroke they would receive a CT scan within one hour, allowing rapid thrombolysis if required.

The Whittington is involved in the stroke network for North Central London. The Whittington currently has a well developed care pathway which is coherent with its designation as a SU within the HfL stroke care model of step down care. Neurologists from UCLH work at the Whittington to provide specialist input for our patients. The care protocols are well tested and provide optimum care in the current system.

HfL have now requested expressions of interest from HASUs by 17 October 2008. Both the RFH and UCLH are in a position to be providers of such specialist stroke care. UCLH is submitting an expression of interest whereby both it and the North Middlesex Hospital jointly bid to become HASUs with UCLH supporting the development of the North Middlesex HASU. The Royal Free Hospital is submitting an expression of interest whereby it and Barnet and Chase Farm jointly bid to become HASUs with FRH supporting the development of the Barnet HASU. Neither centre will have sufficient capacity to provide the SU, acute in-patient and acute rehabilitation, element and the Whittington is working with both UCLH and the Royal Free Hospital to be the named SU provider of acute step down care.

Of concern within the network is the review of the payment mechanism under payment by results. The proposed change to the nature of the tariff for stroke care may act as a disincentive for patient step down within both the acute and community settings, with obvious deleterious consequences to the success of the model. It is unknown at this point what funding will become available to develop community based rehabilitation and this is seen as a major bottleneck within the stroke pathway. HfL has suggested that PCTs will be required to find an additional £23m across London to fund the changes in stroke care however they suggest that the majority of this is badged for the payment to HASUs. Further guidance is due from HfL in the coming weeks.

Should either of the north central HASU expressions of interest be successful, the network will need to provide evidence of all organisations approval to pursue delivery of the network model for stroke care.

The Board is now asked to support the Whittington's involvement in a networked approach to stroke care.

4. Urgent Care Centres

Islington PCT have now developed their urgent care strategy which outlines the development of a primary care led urgent care centre placed at the Whittington to act as the first point of contact for ambulatory patients attending the Emergency Department. Patients would be 'triaged' and those with urgent primary care conditions treated in the centre. Those who can be redirected to their GP will be, and those unregistered patients will be registered and redirected. All other patients would be transferred through to the Emergency Department. IPCT have at this point excluded paediatric patients from the model of care, however this may change in the future. IPCT intend to tender for the provision of the urgent care centre.

IPCT are presenting the strategy for London Borough of Islington Overview and Scrutiny in October and the strategy will go out to public consultation from October to January.

The Board is asked to agree that the urgent care strategy and a proposed Whittington response to the consultation be brought to the Board for discussion in November.

5. Polyclinic development

Islington PCT has included the development of a polyclinic in their 3-5 year primary care strategy. The proposed model is for a federated GP 'virtual polyclinic' model of care whereby local GP practices act as centres for the management of patients with Long Term Conditions. Specialist input will be provided by Whittington consultants either providing out patient clinics in the community or rapid access to out patient appointments within the hospital setting. Rapid access to diagnostics would also be provided by the Whittington.

The polyclinic will be linked to the Urgent Care Centre and unregistered redirected patients would attend one federated GPs. Out of hours GP services would be provided out of the urgent care centre.

IPCT primary care strategy is being presented to their Board in October.

The Board is asked to agree that the polyclinic proposal is brought for discussion once it is made available by IPCT.