Developing Safe and Sustainable acute services in South Central:
Stroke, major trauma and vascular surgery

Summary

- We are reviewing the current provision of services against national best practice, with the aim of improving the quality of care for patients while producing a long term sustainable health system within the South Central area.
- For stroke, major trauma and vascular surgery services, there is considerable clinical evidence that shows when services are changed to a centralised model, more lives can be saved and patient outcomes improved.
- To inform our proposals we have worked closely with clinicians and in some parts of the programmes have involved a small number of stakeholders, patients and the public. We are now formally asking patients and the public for their views.
- **Major trauma:** It is proposed that a major trauma network is established across South Central with two major trauma centres (John Radcliffe Hospital, Oxford and Southampton General Hospital) and a number of trauma units. The major trauma centres would provide emergency access to a wide range of clinical services and expertise for the most serious injuries. Trauma units would receive those with all but the most serious injuries, and local A&E departments would manage injuries not requiring specialist services.
- **Stroke:** Across South Central improvements have already been made to some stroke services to ensure patients are provided with the same standard of high quality care. The model used is based on national best practice for stroke care and will be organised into four levels of care; hyper acute stroke units; acute stroke units, rehabilitation stroke units and TIA services.
- **Vascular services:** Since South Central SHA's appearance before the HOSP in June we have noted the panel's concerns about the proposal to move emergency vascular surgery to Southampton General hospital. Work has gone into developing additional options for vascular surgery and these are included in the engagement document for the public to provide feedback on.

Introduction

In 2007 The Department of Health published a report, 'Our Future, Our NHS' which set out a vision for improving health services across the country. In 2008 South Central SHA responded to this report by publishing its own vision, 'Towards a Healthier Future'. These strategies have set out the national and local frameworks within which stroke, trauma and vascular surgery systems of care will improve the quality of care and save lives.

In order to meet these requirements, we are reviewing the current provision of services against national best practice, with the aim of improving the quality of care for patients while producing a long term sustainable health system within the South Central area.

The case for change

There is strong clinical evidence that a change to the provision of services will make a real difference to the number of lives saved and to the future quality of those lives.

Stroke is the third largest cause of death in England. A quarter of strokes occur in people who are under 65. 20 – 30% of people who have a stroke die within a month, and a third of people who have a stroke are left with a long-term disability. The 2007 National Stroke Strategy recognised the potential benefits for all patients if effective early treatment and fast rapid access to acute stroke services were provided. As a result it is imperative that we ensure that patients across the South Central area have access to the highest standard of care.

Major trauma is the biggest killer of people under 40 in this country. In England, there are 5,400 deaths due to major trauma each year and many more than that suffer permanent disability as a result. Whilst all hospitals with A&E departments across the South Central area treat both adults and children involved in major trauma, good patient outcomes in South Central are falling or are lower than in healthcare systems in equivalent western economies. As a result there is frequently a need to transfer patients to more specialist centres for treatment which can result in an unacceptable delay. Both the *Trauma: Who Cares?* Report from the National Confidential Enquiry into Patient Outcome and Death (2007) and the National Audit Office report, Maj*or trauma care in England (*2010) found that patients were more likely to receive good care in centres treating a higher volume of patients.

Currently different hospitals treat different numbers of patients for vascular surgery across the South Central area, and operations may sometimes be undertaken by general surgeons rather than vascular specialists. Clinical evidence from the Vascular Society of Great Britain and Ireland shows that patients with a vascular condition do better if they are treated by a vascular specialist. It also shows that if an aneurysm does rupture the person has a better chance of survival if they are operated on by a vascular specialist.

The proposals in detail

Major Trauma

It is proposed that a major trauma network is established in South Central which would provide high-quality specialist trauma care and rehabilitation across the region. The proposed network would consist of two major trauma centres and a number of trauma units.

It is proposed that the two major trauma centres would be established at the John Radcliffe Hospital in Oxford and the Southampton General Hospital. Major trauma centres are specialist hospitals and would provide emergency access to a wide range of clinical services and expertise.

Major trauma units would receive all but the most serious major trauma patients and would have the ability to rapidly assess, resuscitate and transfer patients onto a major trauma centre as appropriate. Major trauma units would also receive patients discharged from the major trauma centre requiring ongoing treatment and rehabilitation. The proposed locations of the major trauma units are:
Royal Berkshire Hospital, Reading
Queen Alexandra Hospital, Portsmouth
St Mary's Hospital, Isle of Wight
Stoke Mandeville Hospital, Aylesbury

Basingstoke and North Hampshire Hospital
Wexham Park Hospital, Slough

Local A&E departments would also manage adults and children with injuries that do not require specialist services.

Introducing a major trauma network across South Central would:

- Improve patient outcomes
- Lower mortality rates
- Have better and stronger clinical teams
- Reduce costs and improve use of resources
- Allow for sustainable services

Stroke

A model has been developed which proposes that everyone with stroke and TIA (sometimes referred to as a 'mini stroke') across the South Central area should have access to a fully integrated acute stroke service for patients. Some of these changes are already being implemented and will result in:

- Improved outcomes for stroke patients by reducing the level of death and disability following a stroke
- Reduced length of inpatient stay of stroke patients Improve access to stroke services provided
- Equity for patients across South Central

Stroke care service provision will be organised into four levels of care:

a) Hyper acute stroke units, – these highly specialised units would:

- provide 24/7 thrombolysis (use of 'clot busting' drugs) to patients within three hours of the onset of a stroke
- provide 24/7 access to brain imaging and diagnostics
- provide specialist stroke doctors 24/7
- ensure 95% of patients requiring thrombolysis are treated within 60 minutes of arriving at hospital
- **provide all the services at (b) and (c)**

b) Acute stroke units – these units, which would provide care for new stroke patients 24/7, would:

- receive patients directly if the onset of stroke is greater than three hours
- receive repatriated patients from hyper acute stroke units
- provide 24/7 access to brain imaging, diagnostics
- provide 24/7 stroke specialist nurses
- provide in hours (9am-5pm) provision of specialist stroke doctors
- have 24/7 access to neurosurgical facilities, neuro-critical care and interventional radiology
- have access to vascular surgeons either direct or via telemedicine
- provide acute stroke inpatient care and rehabilitation services.
- **provide all the services at (c)**

c) Rehabilitation stroke units – these units would:

- receive stroke patients from hyper acute or acute stroke units
- provide comprehensive rehabilitation services provided by a multidisciplinary team of health care professionals – stroke physicians; stroke trained nurses; physiotherapists, speech and language therapists and occupational therapists.

d) TIA Services– Access to TIA services is important in reducing the risk of patients going on to have a stroke. Patients are assessed as either high or low risk. High risk patients are seen within 24 hours and low risk patients within seven days of the patient contacting a health professional. All TIA service improvements have now been made across South Central.

In Portsmouth City the Queen Alexandra Hospital already provides a hyper acute unit and seven day high and low risk TIA services.

Vascular Services

In June the panel were briefed on the development of proposals for vascular surgery in Portsmouth and members raised some concerns about the implications for the Queen Alexandra Hospital. These concerns have been noted and additional options explored, as requested by the panel. It is important to note that any additional options would need to meet the South Central specification for vascular surgery.

Three options are presented in the engagement document. These are:

1. Southampton General Hospital to provide emergency and elective complex inpatient vascular surgery for the populations of Portsmouth, Southampton, Winchester and the Isle of Wight.
2. Queen Alexandra Hospital in Portsmouth to provide emergency and elective complex inpatient vascular surgery for their current population and for the population of Chichester.
3. Some elective complex vascular surgery is retained at Portsmouth. This would need to be agreed between the Queen Alexandra and Southampton General hospitals.

Throughout the engagement period we are seeking views on the options presented before deciding next steps.

Next steps/Public engagement

Once the engagement phase is complete at the end of September we will prepare a report summarising the feedback received. The report will be shared with all those who have responded and requested to hear more. It will also be available on our website. The report will also be fed into the decision making about the stage of this work, which includes a SHIP wide Health Overview and Scrutiny Committee being planned for early October.