



Berkshire

Developing safe and sustainable acute services in South Central: Stroke, major trauma and vascular surgery

Health overview and scrutiny committee engagement briefing
September 2011

Introduction

The NHS is seeking views on proposed changes to three major services in the NHS South Central region which includes Berkshire. The proposals are to concentrate stroke, major trauma and vascular surgery services in places where there are specialists and support services available around the clock. Details are set out in a document entitled *Developing Safe and Sustainable acute services in South Central - stroke, major trauma and vascular surgery*. It explains each of the three services and the proposed changes and is available on the website www.berkshirewest.nhs.uk

Recommendations

NHS Berkshire would like feedback from OSCs on the following questions:

- Do the proposals benefit your local population with no negative aspects?
- If so, are you happy for the NHS to proceed with these changes without further consultation?

Why are we doing this?

National clinical experience shows that concentrating services saves lives, improves patient recovery and reduces the likelihood of patients suffering long-term disabilities. The main change will be that stroke, major trauma and vascular surgery patients will be treated by specialist staff concentrated in a smaller number of hospitals meaning that some patients travel further than their local hospital to be treated.

What are the proposals for Berkshire?

Stroke

The Royal Berkshire Hospital in Reading has a hyper acute unit and also provides a seven-day high-risk and low-risk TIA service. Doctors from Wycombe Hospital and Wexham Park Hospital in Slough are working together

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providing 24/7 hyper acute stroke services from Wycombe for patients eligible for thrombolysis. Wexham Park provides acute services and Heatherwood Hospital in Ascot provides rehabilitation services. High-risk TIA patients are seen at Wycombe Hospital; low risk TIA patients are seen at Wexham Park. Frimley Park Hospital in Surrey (outside of the South Central region) also provides hyper acute services and seven-day high- and low-risk TIA services for patients in the Bracknell area.

Case study: Harry- how the proposed changes could lead to better care

- Harry's wife has seen the FAST stroke campaign on telly and calls 999 when she recognises his symptoms.
- An ambulance arrives and within an hour Harry is in a hyper acute stroke unit.
- Harry is admitted and seen immediately by a full stroke specialist team. Clot-busting drugs are administered within four and a half hours of the stroke.
- Harry receives care from staff with specific expertise in stroke. This includes physiotherapy, occupational therapy and speech therapy.
- After seven days Harry is transferred to a specialist stroke rehabilitation community hospital where this therapy continues.
- Harry is discharged home. He has some speech difficulties and walks with a stick. The Community Communication Support Service and Return to Work Service are helping him.
- Harry returns to work, initially part-time. His speech has progressed considerably and his walking has strengthened.

Major trauma

The proposal is that adults and children who suffer major trauma are taken directly to the major trauma centre at the John Radcliffe Hospital in Oxford, rather than to the local A&E. Patients would stay in the John Radcliffe until they were stable. They would then be transferred to a dedicated local trauma unit closer to home or other appropriate, specialist rehabilitation location for ongoing care. This could be at the Royal Berkshire Hospital in Reading, or Wexham Park Hospital in Slough. This proposal makes clear to emergency services the care pathway for major trauma patients as this already happens for some patients.

Case study: William - how the proposed changes could lead to better care

- An ambulance crew identifies that William has a life-threatening head injury. An enhanced care team arrives shortly after. He is sedated, put on a breathing machine and transferred to a major trauma centre.
- Following a rapid assessment, William has a brain scan and is transferred to the neurosurgical operating theatre for an operation.
- After two days William can hold a conversation and move his limbs normally. After four days he is transferred back to his local hospital for rehabilitation.

- After ten days in hospital William goes home and receives community rehabilitation. Within four months he is back at work.

Vascular surgery

The proposal is that the John Radcliffe Hospital in Oxford would provide all emergency and elective complex inpatient vascular surgery. The Royal Berkshire Hospital in Reading and Wexham Park Hospital in Slough would retain vascular surgeons for day case, diagnostics and local outpatient services. These surgeons would travel to Oxford as part of an emergency rota covering the north of the region and to carry out elective complex inpatient surgery on their local patients.

What is the engagement process?

NHS Berkshire and the other primary care trust clusters in the region are carrying out engagement work on all three services at the same time because they are interconnected. Each requires a range of specialist support services including access to specialist theatres, x-ray, scanning and intensive care. We are asking stakeholders and local people for their views over a six-week period **until 30 September 2011**. There are a number of ways of doing this:

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A report on the feedback received will be considered by primary care trust boards before deciding next steps.