

Bath & North East Somerset Council

MEETING/ DECISION MAKER:	Health & Wellbeing Select Committee	
MEETING/ DECISION DATE:	27th January 2016	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Royal United Hospitals Bath NHS Foundation Trust update on the proposed Royal National Hospital for Rheumatic Diseases clinical service relocations	
WARD:	All	
AN OPEN PUBLIC ITEM		
<p>List of attachments to this report: None</p> <p>Appendix 1: Report on the outcomes of Patient and Public Engagement activities on the proposal to relocate the Specialist Paediatric CFS/ME and Paediatric Rheumatology services from the Mineral Water Hospital.</p> <p>Appendix 2: Equality Impact Assessments</p> <p>Appendix 3: Summary Impact Assessments</p>		

1 THE ISSUE

This paper has been prepared to ensure that the B&NES Health and Wellbeing Select Committee are kept up-to-date with proposals to relocate Royal National Hospital for Rheumatic Diseases (RNHRD) clinical services from their current location at the Mineral Water Hospital site to ensure sustainable high quality service delivery.

The attached report (see appendix 1) provides the Committee with the outcomes of Patient and Public Engagement activities completed relating to the proposed relocation of the Paediatric Specialist CFS/ME and Paediatric Rheumatology services from their current location. This paper includes an Impact Assessment and Equality Impact Assessments for both service areas (see appendices 2 and 3).

Panel members have received previous reports and briefings which outlined the rationale for change and provided an update on activities at their July 2015 and November 2015 committee meetings. The Royal United Hospital (RUH) Commercial Director also invited panel members to suggest any questions they would like asked during patient and public engagement activities in a letter dated 6th October 2015 and circulated via the Committee's Policy Development and Scrutiny Project Officer.

2 RECOMMENDATION

The committee are asked to: Note the outcome of the impact assessments and patient and public engagement activities which provided opportunities for patients, carers and the public to influence the proposals, and which confirmed that the effects of this change are considered minimal and that there are a number of positive aspects to the change.

The committee are asked to: Endorse the proposal to relocate the Paediatric Specialist CFS/ME and Paediatric Rheumatology Services from the Mineral Water Hospital to the dedicated children's unit on the RUH site.

3 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

In order to ensure the continued sustainability of the services currently provided at the Mineral Water Hospital site the ability to fully integrate and align services on a single site was a core component of the original business case for the acquisition of the RNHRD by the Royal United Hospitals Bath (RUH). It will improve efficiency and effectiveness, improving patient experience, ensuring continuity of care, and quality of service delivery as well as increasing value for money from the public purse. Clinicians continue to be integral to planning the future of their services to ensure the delivery of high quality effective services.

4 STATUTORY CONSIDERATIONS AND BASIS FOR PROPOSAL

Patient and Public Engagement (PPE) activities will be conducted in line with the Government's Consultation Principles for Public Bodies (October 2013), the Equality Act (2010) and Section 242, Subsection (1B)(b) of the Health Act 2006 (as amended).

5 THE REPORT

A phased approach to support Patient and Public Engagement (PPE) relating to the continued integration of the two hospitals is considered most appropriate by the Local Health Economy (LHE) Forum, providing general context of the full relocation at the outset but planning and completing each programme of PPE service by service. The RUH is working with CCG and NHS England Engagement leads, and patients to ensure PPE is carried out in line with the Government's Consultation Principles for Public Bodies (October 2013). The first phase of activities related to PPE activities on proposals to relocate the Paediatric Rheumatology and Specialist Paediatric CFS/ME services is now complete.

Relocating the Specialist Paediatric CFS/ME and Paediatric Rheumatology Services service to the RUH site would ensure continuity of care for patients and their families, enable the services to be co-located with wider paediatric services in a designated paediatric department, and provide an improved environment and dedicated facilities for younger patients.

As part of a larger acute hospital, it also further strengthens governance and safe guarding processes and increases the clinical team's access to peer support and clinical guidance. There will be no impact to patients accessing the Specialist Paediatric CFS/ME community or satellite clinics, all of these clinics will continue in their usual location, only the location of the Mineral Water Hospital based service and the administrative base will change.

There will be no change in the level of service provision for Paediatric CFS/ME and Rheumatology patients they will have access to the same clinical teams and benefit from wider clinical support. There are no impacts on patient choice for either service by the proposal to relocate the services to the RUH site and there is support from senior clinicians whose services will be affected.

Scale and scope

The RNHRD Paediatric Specialist CFS/ME and Paediatric Rheumatology services are relatively small services. The CFS/ME service provides 2-3 outpatient clinics a week from the Mineral Water Hospital site, with the Paediatric Rheumatology service providing 2 outpatient clinics per month from this site.

In 2014/15 the Paediatric Rheumatology service served approx. 30 patients from B&NES, with the Paediatric CFS/ME service serving 55 patients from B&NES over the same period. Activity information for each of these services is highlighted in the tables below:

Paediatric Rheumatology

CCG	2013/14	2014/15	2015/16 (Part year)
	Number of Patients	Number of Patients	Number of Patients
NHS WILTSHIRE CCG	41	53	24
NHS BATH AND NORTH EAST SOMERSET CCG	27	30	11
NHS SOMERSET CCG	12	13	7
NHS SOUTH GLOUCESTERSHIRE CCG	2	4	0
NHS GLOUCESTERSHIRE CCG	2	2	0
NHS BRISTOL CCG	1	2	1
NHS SWINDON CCG	1	1	1
All CCGs	91	111	49
All Specialised	41	42	30
All Commissioner types	129	150	79

Paediatric CFS/ME Services

CCG	2013/14	2014/15	2015/16 (Part year)
	Number of Patients	Number of Patients	Number of Patients
NHS WILTSHIRE CCG	47	72	58
NHS GLOUCESTERSHIRE CCG	32	68	56
NHS SOMERSET CCG	34	53	50
NHS BATH AND NORTH EAST SOMERSET CCG	46	55	44
NHS BRISTOL CCG	21	38	26
NHS SOUTH GLOUCESTERSHIRE CCG	18	35	16
NHS NORTH SOMERSET CCG	22	22	24
NHS SWINDON CCG	8	11	8
All Commissioner Types	291	461	333

Impact of proposals to relocate the Paediatric Rheumatology and Specialist Paediatric CFS/ME services

Focused clinical and patient and public engagement on the relocation of the Paediatric Rheumatology and Paediatric CFS/ME services from the Mineral Hospital site commenced in October 2015 and ceased on 6th January 2016.

During this period of public and patient engagement the requirement to relocate the paediatric services from the Mineral Water hospital site, with one proposed new home being the dedicated

children's unit on the RUH site. Where clinically appropriate and to maximise patient benefit, suitable community settings could also be considered.

During Patient and Public Engagement activities 350 past and current paediatric CFS/ME patients and 120 past and current paediatric rheumatology patients were sent a letter outlining the proposals, the rationale for change and inviting them to the service specific engagement events held in December 2015. A survey was also attached with the option to complete hard copy or online.

Overall respondent's feedback positively on the service they are currently receiving, and there have been positive comments in relation to the proposed new location in the dedicated children's unit on the RUH site.

- *"I think they will get a better service here because there are more facilities at RUH and more services we can access – we don't know yet if she just has one thing or several things wrong with her so we don't know what services we might need."*
- *"I can't wait to move to RUH because they have patients my own age here. The Min is full of old people."*
- *"...RUH is more accessible, which is what we need..."*

The majority of respondents felt that the level of expertise of the people treating the patient was the most important thing to consider in relation to the care of young people with CFS/ME.

- *"We have received excellent care and advice from the specialist team so far and we hope that the service will continue to provide the same into the future."*
- *"They have been really supportive and have helped me use methods to try and cope with CFS/ME."*

The Impact and Equality Impact Assessments indicate no adverse impact to patients in relocating the services to the RUH site, and feedback obtained during PPE activities indicate that some service users felt that access would improve in relation to parking. Parking at the Mineral Hospital site was mentioned by several patients and carers as an issue, particularly when considering that often patients are unable to walk long distances.

- *"RNHRD is an awful location – parking isn't on site and ill children with CFS/ME have to walk too far from the car to the hospital. The difficulty in parking and then getting my child to hospital has been too much for her in the past."*

Throughout the period of patient and public engagement just one respondent specifically said that they would prefer the service to remain at the RNHRD.

- *"Attending RNHRD is the best place for this service as it's more relaxed than a main hospital setting.... Keep it the same as now."*

Further details, an outline of PPE activities and feedback can be found in Appendix 1.

Next steps:

Subject to the Committee's endorsement of the proposal to relocate these two paediatric services to the RUH, the Specialist Paediatric CFS/ME service will relocate from its current location on the Mineral Water Hospital site to the dedicated children's unit at the RUH at the end of the 2015/16 financial year. The Paediatric Rheumatology service may relocate slightly later than this.

The next phase of Public and Patient Engagement activities relate to proposals to relocate the RUH Sexual Health services and the RNHRD Adult Fatigue Management services. PPE activities will commence in February 2016.

6 RATIONALE

This paper has been prepared to ensure that the committee are kept up-to-date with the integration of the two hospitals post-acquisition, and the outcomes of impact and equality impact assessments and Public and Patient Engagement activities completed relating to the proposed relocation of the Paediatric Specialist CFS/ME and Paediatric Rheumatology services from their current location.

7 OTHER OPTIONS CONSIDERED

As part of original business case for acquisition of the RNHRD options were considered in relation to services continuing on the Mineral Hospital site or relocating services. The ability to fully integrate and align services on a single site, when clinically appropriate, was a core component of the original business case for acquisition and sustainability of services.

8 CONSULTATION

In addition to the service related public and patient engagement activity outlined in this report, the RUH is working with the Local Health Economy (LHE) Forum, whose membership includes Executives from B&NES, Wiltshire and Somerset Clinical Commissioning Groups (CCGs), NHS England, RUH Governor and patient representation, to agree the process for communication and engagement activities to support the potential relocation of clinical services over the next three years.

To support this activity, the RUH has established an LHE Communications Working Group (which is comprised of RUH and NHS England and CCG communications and engagement leads and a patient representative) to ensure all service related PPE is conducted in line with the Government's Consultation Principles for Public Bodies (Oct 2013).

9 RISK MANAGEMENT

An integration programme governance structure is in place to ensure that any programme issues are identified and, if required, added to the RUH risk register.

Contact person	<i>Clare O'Farrell, Associate Director for Integration, RUH</i> <i>Tracey Cox, Chief Officer, NHS Bath and North East Somerset Clinical Commissioning Group</i>
Background papers	<i>Update to Health and Wellbeing Select Committee 29th July 2015</i> <i>Update to Health and Wellbeing Select Committee 25th November 2015</i>
Please contact the report author if you need to access this report in an alternative format	